

December 28, 2019

Ya-Juan Ma, Vice General Manager
Baishideng Publishing Group Inc
E-mail: y.j.ma@wjgnet.com

Dear Dr. Ma:

Re: **Manuscript NO: 51643**

Here is the requested "docx" file which includes a point-by-point response to review, to accompany the revised manuscript which you have in your possession.

To summarize the review received, there were comments from two reviewers. The first reviewer recommended acceptance and had no comments that required addressing. The second reviewer suggested minor revision and included the following specific comments:

SPECIFIC COMMENTS TO AUTHORS

Well written paper which contains useful validating information on the Neurotoxicity sub-scale. The number of respondents (sample size) is rather small to be able to generalize the findings. Although the study provides useful information as a pilot model, refinement of the questions to make them more "lay" friendly and a smaller response scale rather than a ten point scale may yield more meaningful information. Also missing is information on the progress or improvement of the symptoms with time after cessation of therapy.

In reply:

1. "...number of respondents (sample size) is rather small to be able to generalize the findings"

Response: In qualitative research such as this, a sample of 31 patients is actually on the large side. Most qualitative research studies, which aim to gather information until saturation is reached, have sample sizes below 30. We consider this sample size to be sufficient for the research purposes stated in this manuscript.

2. "...refinement of the questions to make them more "lay" friendly and a smaller response scale rather than a ten point scale may yield more meaningful information.

Response: We agree that 5-point Likert-type scales and verbal descriptors for each response category are preferred for patient-reported outcome measures. Indeed, the FACT/GOG-Ntx scale studied here includes such a 5-point scale. We used the 0-10 numeric rating scale to gauge the degree of importance each item has to their quality of life (Table 3), not as a refinement of our FACT/GOG-Ntx questions.

3. "...missing is information on the progress or improvement of the symptoms with time after cessation of therapy."

Response: Correct. This was a one-time interview observational study. Given this, there would be no way to assess change over time. However, we note that this questionnaire has been used in many previous longitudinal research studies and has been found to be responsive to worsening while on treatment, followed by improvement after treatment cessation. We suggest that reporting these results is outside of the scope of the study reported here.

We thank you for your kind and timely consideration.

David Cella and Karen Kaiser, on behalf of the authors.