MS ID#: 1417

MS TITLE: Development of an evidence-based symptom checklist for symptoms of recurrence in women with endometrial cancer.

Reviewer 1: Major revision

The manuscript reports a systematic review of relevant contemporary literature to comprehensively generate an updated list of symptoms potentially associated with a recurrence of endometrial cancer for future testing within a prospective study. This review identifies 24 additional symptoms of recurrence. However, the manuscript does not provide any guidelines to use the symptom checklist. The manuscript also does not include any supporting data for the checklists.

The conclusion is not clear. What is the significance of new checklists? The manuscript just describes a review of other papers. Provide some guidelines to use the new symptom checklists.

Figure 1: Provide more detail criteria for the screening (especially, the second and third screening). How is the second screening performed?

Page 3 Line 3: Provide recent cancer statistics.

Reviewer 2: Major revision

This manuscript describes a review to extract symptoms potentially associated with a recurrence of endometrial cancer. It is an extensive review and a well-written paper. I have a few points to make. In general, I think the aims or research questions of the study should be more clearly formulated and the method and results section might need some reorganizing. Moreover, I think the authors are trying to plead for a revision of the follow-up schemes, but the step between the symptom lists and the follow-up schemes is missing.

1) On page 3: The last sentence of the last paragraph should be part of the methods or should be reformulated into aims. Examining the follow-up scheme is not yet included in the aims.

2) On page 4, I would recommend moving the first sentences of 'Study selection' and 'extraction of data' to the results section.

3) Page 5: It is unclear that the paper would cover definition of recurrence. Please include in research questions or aims.
4) Page 6: Again, because the aims are not clearly formulated/don't cover 'recurrence rates', this section comes out of the blue.

5) Tables 3 and 4 have quite some overlap, would it be possible to merge the tables?

6) Page 7: see point 1, examining the follow-up scheme is not yet included in the research aims.

7) Page 7, first paragraph: The authors included many new symptoms, however, most of them only occur in a small portion of the patients with recurrences. Please describe in more detail.

8) Page 7/8: The authors state that patients should be educated on possible recurrence symptoms. Do the authors recommend to provide information on all 38 items? Patients generally have trouble recalling information given (McGuire 1996; Kessels 2003), and there has been research showing that patients tend to experience events they were warned about (Colagiuri et al 2012).

9) Page 8, second paragraph: The authors mention colorectal cancer, however, no references are given for this cancer type.

Reviewer 3: Minor revision

1 The two first sentences of the “objective” should be better formulated, what does “This is based on little evidence and alternative models need to be investigated” mean?

2 Introduction should have more updated refs to cancer incidence, deaths and rank among cancers. For instance global cancer statistics; CA CANCER J CLIN 2011;61:69–90. There should also be a description of the recurrence rate in general for EC, with the distinction in more/less developed countries. Also, the basic features of EC types and clinical assessment would be natural.

3 Key word search term used are not intuitive; or combination (or not)?

4 References included in tables should be marked with corresponding number in ref-list.

5 To what sites do the recurrences occur? And is there a correlation between sites and type of symptom? This would be appropriate to include in the paper.

6 It would also be of interesting if the authors would comment on the recurrence rates identified by symptoms in table 2, e.g Salvesen with 91% hit on recurrence by symptoms and Reddochs 41%. Is this related to the symptoms checklist within these papers?

[end]