

Response to Comment on "The Successful Return-To-Work Questionnaire for Cancer Survivors (I-RTW_CS): Development, Validity and Reproducibility"

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Response to Comment on “The Successful Return-To-Work Questionnaire for Cancer Survivors (I-RTW_CS): Development, Validity and Reproducibility”

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In their recent letter to the Editor of The Patient–Patient-Centered Outcomes Research [1], Kobayashi and colleagues reflected on our earlier paper [2], in which we described the development of the Successful Return-To-Work questionnaire for Cancer Survivors (I-RTW_CS) and assessed its construct validity and reproducibility. We appreciate their acknowledgement of the importance and usefulness of the I-RTW_CS. We hereby reply on the points of discussion highlighted in their letter to the Editor.

The key point of discussion of Kobayashi and colleagues concerns the sample used for the development of the I-RTW_CS [1]. Kobayashi and colleagues mention that the issues for successful return to work (RTW) were generated by a relatively small group of 14 cancer survivors, and therefore argue, “...given the heterogeneity of the participants’ backgrounds, it might have been better to increase the number of the study population. Alternatively, stricter

criteria for the selection of participants could have yielded rich data because of the equal quality of the target population” [1]. We must point out that not 14, but 122 cancer survivors contributed to the development of the I-RTW_CS [2]. To explain: 14 cancer survivors participated in the focus groups in which 45 issues were generated that constitute successful RTW [2]. Thereafter, a different group of 108 cancer survivors participated in a two-round Delphi study [2]. In round 1, the list of issues generated during the focus groups was presented and the participating cancer survivors were asked to rate each issue on a 9-point rating scale and, more importantly in this regard, to add issues in case there were issues that constitute successful RTW they considered missing from this initial list [2]. The latter request resulted in 20 extra issues, of which 3 met the criteria to be added to the list of issues for Delphi round 2, such as no overlap with another issue on the list [2]. Given the large, heterogeneous sample, we are of the opinion that the issue generation provided a comprehensive foundation for the development of the I-RTW_CS, and that the I-RTW_CS is therefore relevant for most of the cancer survivors.

As a second point, Kobayashi et al. [1] argue that including RTW experts would have resulted in better outcomes. We agree with them that, in general, consulting experts is an important step in the development of a measurement instrument [3]. However, in our study, we aimed to develop an RTW outcome measure that specifically reflects the perspective of cancer survivors, rather than the common measures of RTW, such as RTW rate and time until RTW [4, 5]. Since the aim of our study was explicitly to develop an RTW outcome measure that reflects the perspective of cancer survivors [2], we chose not to include stakeholders other than cancer survivors themselves, such as RTW experts. Input from other stakeholders would potentially lead to the selection

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of issues that reflect the perspectives of these stakeholders, instead of the cancer survivors' perspective. We therefore strived to include a heterogeneous sample of cancer survivors, which is recommended when developing an outcome measure reflecting the perspectives of all cancer survivors [3], and we succeeded in this with regard to most of the characteristics. However, as pointed out by Kobayashi et al. [1], relatively few low-educated cancer survivors were included [2]. This was also mentioned as a limitation in the original paper [2], as it might have influenced the selection of important issues for successful RTW and has possibly affected the generalizability of the instrument. As mentioned in the original paper [2], we recommend that it be studied whether low-educated cancer survivors would prioritize other issues for a successful RTW compared with high-educated cancer survivors. To summarize, we do not consider composition of the study populations to have affected the validity of the instrument to a great extent, but research into lower-educated groups is desirable.

As a third point, Kobayashi et al., mention that previous studies have measured secondary outcomes such as quality of life, cognitive functioning, psychological distress and illness, satisfaction and the social impact of cancer next to common objective measures of 'employment status', such as time until RTW [1, 4]. We agree with this point and do think that these secondary outcome measures contribute to a broader and more meaningful evaluation of the cancer survivor's wellbeing. However, these measures do not provide a subjective evaluation of 'employment status' from the perspective of cancer survivors. We are therefore of the opinion that future work-related intervention studies should incorporate the I-RTW_CS as a measurement instrument next to the common objective measures of 'employment status' and secondary outcomes from a broader perspective.

A number of interesting topics for future research are suggested by Kobayashi et al. [1]. First, they mention rightly that health-related characteristics of cancer survivors, such as severity of symptoms, type of cancer and life expectancy, influence RTW [1, 5, 6]. However, whether such health-related characteristics also influence the perspectives of cancer survivors on important issues for successful RTW is unclear, and could therefore be determined in future research.

Second, we also agree with Kobayashi and colleagues that the legal and social context could influence cancer survivors' RTW experience and perspectives on important issues for successful RTW [1]. However, scientific evidence on this is lacking, since cross-country comparisons have to the best of our knowledge not yet been studied [7]. There is some evidence that suggests that RTW experiences do not differ much between different countries and welfare systems [8, 9]. A culture's or country's work ethic might, however, affect the issues that are perceived to constitute successful RTW

[10, 11]. We thus encourage researchers in other countries to validate the I-RTW_CS among cancer survivors in their respective countries and make cross-country comparisons [12].

In sum, the large heterogeneous group of cancer survivors that generated issues for successful RTW contributed to a complete and reliable fundament for the development of the I-RTW_CS. This resulted in a patient-reported outcome measure that can be used in research and practice. We thank Kobayashi and colleagues for their remarks and the discussion on developing an instrument to measure successful RTW. Future studies are needed to validate the instrument among subgroups of cancer survivors with respect to sociodemographic characteristics, health and work-related characteristics, as well as among cancer survivors across different countries, cultures and welfare systems.

Declarations

Conflict of interest The authors have no conflicts of interests to declare.

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