



**SDI Review Form 1.6**

Journal Name:	<a href="#">Asian Journal of Medicine and Health</a>
Manuscript Number:	Ms_AJMAH_48694
Title of the Manuscript:	Performance Status Evaluation in a Tertiary Center in Southern Nigeria
Type of the Article	Original Research Article

**General guideline for Peer Review process:**

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound. To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

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**PART 1: Review Comments**

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
<b>Compulsory</b> REVISION comments	<p><b>Methods – It would be interesting to provide the questionnaire that was used or a reference to the questionnaire.</b></p> <p><b>Methods – It's not clear to me what are registrars. Are they the medical residents? It would be helpful to clarify who are consultants, registrars and senior registrars in the institution, since this may vary in different countries. I understood there is no Medical Oncology specialty in the Hospital. I think it is also important to highlight this.</b></p> <p><b>Results – Authors report a return rate of 70%. Among the questionnaires that were returned, how many or properly filled and were included in the research?</b></p> <p><b>Results – Line 86 and Figure 2 – The text and figure suggest that each respondent only new one PS test. Weren't there respondents who knew both ECOG and KPS, for example? This should be also illustrated in Figure 2.</b></p> <p><b>Table 1, 2 and 3 – A p-value is presented, but there is no mention of any statistical test in the methods section. The statistical test used should be detailed in the methods section.</b></p> <p><b>Discussion – Lines 120 – 121 – When there is no active oncologic treatment adequate for a patient, he usually benefits from best supportive care (BSC). BSC does not mean “leaving the patient”. This phrase should be rewritten.</b></p> <p><b>Discussion – Line 150 – In table 2, it appears that the right number would be 57.4% in place of 50.7%.</b></p>	<p>The questionnaire may be provided but as an appendix.</p> <p>Registrars are residents who have just commenced their surgical training and rotations. They are expected to take the Part 1 Board examinations of the Post Graduate Medical College on passing would be eligible for appointment as Senior Registrars. The period of training is 3years. The Senior Registrar training and rotation is for a minimum period of 3years following which they are eligible for the Part 2 Board Examinations, which on passing certifies the completion of their training. They are then eligible for appointment as Consultant Specialist Surgeons.</p> <p>There is a Radiotherapy Oncology Department, which handles the radiotherapy and most of the chemotherapy, however patients on just adjuvant chemotherapy are routinely managed within the units in surgery primarily managing them.</p> <p>The 70% return rate is the total number of questionnaires that were properly filled and included in the research. It would be rephrased to reflect this. It is a Chi-square test that was done</p>
<b>Minor</b> REVISION comments	<p><b>Abstract – Results: What were the specialties of the doctors who responded the questionnaires?</b></p> <p><b>Abstract – Lines 21 – 24 do not present results. This information should be placed in the Conclusion.</b></p> <p><b>Results – Line 81 – I believe authors mean “were” in place of “where”.</b></p>	<p>They were all within the Surgery Department that includes the specialties stated. The questionnaire deliberately did not identify the sub-units of the respondents to provide anonymity.</p> <p>Noted and corrected</p> <p>Noted and corrected</p>
<b>Optional/General</b> comments	<p><b>Discussion – Lines 131 – 134: Besides depression, palliative chemotherapy for patients with poor performance status is associated with a high frequency of toxicities, complications, and a decrease in quality of life. Frequently, the harms overweight potential benefits in this scenario. Authors could further discuss these points.</b></p>	<p>This is important because the quality of life is more important in end of life care for such patients.</p>



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**PART 2:**

	Reviewer's comment	Author's comment <i>(if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)</i>
Are there ethical issues in this manuscript?	<i>(If yes, Kindly please write down the ethical issues here in details)</i>	No pertinent ethical issues are known since this is a purely anonymised questionnaire survey. However, the authors have sort ethical clearance from the hospital ethical board.