

Peer Review File

Article Information: <https://dx.doi.org/10.21037/fomm-21-90>

Reviewer A

Comment 1: A global description of the cohort is missing (stage, treatment scheme, age, gender...)

Reply 1: We have added a table (Table 1) which describes the sociodemographic and clinical characteristics of the study cohort. We have also added some text to the manuscript to briefly explain the characteristics of the study cohort

Changes in the text: Please refer to the attached file showing Tables. We have added Table 1 as suggested by reviewer. We have added some text to the manuscript (See Page 8, line 196-199)

Comment 2: Be more specific about how you do explain such a high attrition rate

Reply 2: We have discussed further on the high attrition rate

Changes in the text: We have added more clarification in the text of the manuscript as suggested by reviewer (See Page 17-18, line 438-445)

Comment 3: It is not possible to define which aspect of patients' quality of life you are evaluating. That of the patients who has cancer? that of the patient whose treatment has been completed? that of the patient who is in the middle of radiotherapy? that of the patient who is waiting for treatment? this leads to numerous biases. To date and as it stands, the study does not seem to answer the question formulated in the title.

Reply 3: Please refer to methodology section. We have clearly stated that this is a cohort of newly diagnosed patients followed through over a period of 3 months from diagnosis (baseline) until 3 months after treatment has commenced. Types of treatment received and the corresponding number of patients is as shown in Table 1, whereby 64% of patients underwent surgery whereas 36% underwent 'other' types of treatment such as radio only, chemo only and a combination of treatments.

We have added heterogeneity of the cohort as a limitation of this study.

In view of the aforementioned points, we have modified the title of this manuscript

Changes in the text: We have modified the title of this manuscript (See Page 1, line 1-2), and added a statement on limitation of this study (See Page 18, line 458-462)

Comment 4: English might probably be improved

Reply 4: We have improved on English level

Changes in the text: We have made minor changes throughout the text to improve English level

Reviewer B

Comment 1: The collection of quality of life data through the FACT-H & N was carried out through face-to-face structured interviews at three time points for each patient. Why weren't the questionnaires completed by the patients themselves? Did this induce a bias in the data collection? This should be addressed in the "discussion" part

Reply 1: We have already mentioned in the manuscript (under Discussion section) that the mode of face-to-face interview was used as the majority of our patients lacked formal education. Choosing the option of patients completing the questionnaire might significantly impact our data collection, for example questionnaires returned without being completely filled. We have also discussed on the issue of bias, whereby bias would be minimal as we had conducted training and standardization workshop among the data collectors prior to data collection

Changes in the text: We have modified the text of the manuscript to explain further (See Page 18, line 446-452)

Comment 2: Overall for all the results (results and tables part), you must add the exact value of the p-values comparing the groups, the times ... When there is a statistically significant difference, does it induce a clinical difference?

Reply 2: We have inserted the exact p values at relevant places in the tables and text as requested by reviewers

Changes in the text: We have inserted the p values at relevant places under Results section and in the tables/ figures

Comment 3: A table presenting the socio-demographic and medical characteristics of the study population would be interesting as well as a flowchart

Reply 3: We have added a table (Table 1) which describe the sociodemographic and clinical characteristics of the study cohort. We have also added some text to the manuscript to briefly explain the characteristics of the study cohort

Changes in the text: Please refer to the attached file showing Tables. We have added Table 1 as suggested by reviewer. We have added some text to the manuscript (See Page 8, line 196-199)

Reviewer C

Possible suggestions – these might not be feasible – the paper adds to the literature but might be made even better than it already is.

Comment 1: Clinical characteristic on all 76 patients and at each time point – in first table

Reply 1: We have already mentioned that this paper will only focus on patients who were successfully followed up for all three visits. We have added a table (Table 1) which describe the sociodemographic and clinical characteristics of the study cohort (n=42). We have also added some text to the manuscript to briefly explain the characteristics of the study cohort

Changes in the text: Please refer to the attached file showing Tables. We have added Table 1 as suggested by reviewer. We have added some text to the manuscript (See Page 8, line 196-199)

Comment 2: Timing of the second and third questionnaire completion in respect to time from operation and where relevant time to completion of RT /chemo RT

Reply 2: The second questionnaire is meant to be taken 1 month after treatment commenced. In the case of patients undergoing surgery only, it can be deduced that timing of the second questionnaire is 1 month after surgery whereas timing for third questionnaire is 3 months after surgery. For those undergoing RT and/or chemo, we deduced that the questionnaire completion was done in the midst of their treatment regime

Changes in the text: We have added some explanation in the discussion section (See Page 15, line 374-379)

Comment 3: more detail as to the surgery – resections, neck, reconstruction

Reply 3: We did not collect detailed information of the surgical procedure

Changes in the text: -

Comment 4: Add in normative Malaysian reference data

Reply 4: The design of the study was meant to investigate a cohort of oral cancer patients. There were no control group included in the study.

Changes in the text: -

Comment 5: Add a bit more around the cultural aspects if feasible

Reply 5: We have added discussion in terms of cultural aspects

Changes in the text: We have added some discussion as suggested by the reviewer (See Page 13, line 323-326)

Comment 6: First three months – a good time to start to optimise interventions and support perhaps build on this and ways to identify unmet needs – this could include their published work on the PCI

Reply 6: We have added discussion on concerns of patients post-treatment

Changes in the text: We have added some discussion as suggested by the reviewer (See Page 16-17, line 407-429)