

Peer Review File

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Reviewer A

Comment 1: This systematic literature review (SLR) addresses how HRQL assessed with the EQ-5D is reported within H&N cancer studies. It is a well written paper and I have only a few recommendations for consideration by the co-authors. Please see below Lines 90-102 give a detailed description of the EQ-5D. However the prior sentence refers to the QOL Metric which includes the EQ-5D in addition to the EORTC QLQ-C30 instrument. I suggest adding a paragraph describing the EORTC QLQ-C30 and highlight the rationale for this SLR focusing only on the EQ-5D.

Reply 1: Thank you for this comment. We have amended the text to include some information on EORTC QLQ-C30 and discussed why EQ-5D has been the focus of this review.

Changes in text: Please see lines 120 – 130 which has reinforced why we have chosen to focus on EQ-5D, and also discussed EORTC QLQ-C30.

Comment 2: Lines 183-185. This paragraph references 'good' quality but no description is included on how this rating was determined. It also lists scores of 75 and 50%. What do these refer to? Please add more details within the paragraph and add corresponding references.

Reply 2: Thank you for highlighting this. We have removed this quality description as per advice from both Reviewer 1 and 2. We have removed quality appraisal of articles from this structured review.

Changes in text 2: Quality appraisal has been removed from the manuscript.

Comment 3: Lines 193-195. Authors comment on the fact that in some publications, EQ-5D results are not presented. I recommend the authors distinguish between main/overall study publications vs PRO-specific publications. In main/overall study publications, where all study endpoint results are reported, there is often limited space for PRO data reporting and therefore priority might be given to results of PRO

endpoints derived from instruments that are cancer-specific and often more sensitive than the EQ5D. In contracts, PRO-specific publications will have more comprehensive PRO results. Making this distinction, i.e. which type of publications are not reporting EQ-5D results is more informative. Same comment applies to lines 266-267 regarding the EORTC.

Reply 3: Thank you for your comment.

Changes in text 3: We have reinforced within the manuscript that we appreciate research teams may not be able to publish the EQ5D scores within their publications. We have suggested that these research teams publish this material as a supplementary document, as it would be a valuable asset for future research. See lines 327 -330.

Comment 4: Line 282. Authors suggest to 'validate' the EQ-5D alongside other cancer QOL instruments. Please clarify what is meant here by validate as the EQ-5D has undergone extensive psychometric validation across several indications. Is the use of the word 'validate' appropriate here? Suggest to clarify within this sentence.

Reply 4: We agree with your query and have clarified this in the text.

Changes in text 4: We have now changed the word “validate” to “evaluate” (line 308).

Comment 5: Lines 297-298. The authors recommend that at a minimum both VAS and utility values should be presented. Again this may not be feasible for main/overall study publications vs PRO-specific publications.

Reply 5: Please see our response to comment 3.

Changes in text 5: Please see our response to comment 3. See lines 327 -330.

Reviewer B

Comment 6: A very basic question of this paper is whether systematic review is appropriate to answer the research question, the current status of the use of EQ-5D in HNC patients following the diagnosis or treatment of HNC. I think the authors should write this paper as a literature review, because the current study did not meet many criteria for the methodology of systematic reviews, i.e. addressing inconsistent findings on the treatment efficacy, risk factors, and prevalence rates. The current research design is not appropriate.

Reply 6: Thank you for this comment, on reflection we have changed this review to a

structured review.

Changes in text 6: Please see amended title (lines 1-3) and lines 120-125.

Comment 7: The title is misleading and inaccurate. In fact, it is a review on the use of EQ-5D in HNC patients, but the current title looks like too emphasis on quality of life of HNC patients.

Reply 7: We have amended the title following this comment.

Changes in text 7: Please see line 1-3.

Comment 8: Abstract. The background part should clearly tell readers why there is a need for a review of the use of EQ-5D. In the method part, please use PICOS criteria to define studies to be included. The authors need to update their literature search because 20/08/21 is outdated. If the authors' focus were not the quality of life of HNC patients, it is not necessary to assess the risk of bias of included studies by using JBI tools. In the conclusion, I can not see the supporting findings for "HRQOL should be included as an outcome in intervention research in HNC cohorts".

Reply 8: PICOS criteria has been included within the methods section of our abstract (lines 47-63). The literature search has been updated from 20/08/2021 to 27/12/2021.

Changes in text 8: Our abstract has been extensively amended following these comments. Please see lines 47-63.

Comment 9: Introduction. I suggest to rewrite this part. Please clearly answer three basic questions: why there is a need for the focus on EQ-5D in HNC patients, why a focus on QOL tools not QOL per se, and whether systematic review is an appropriate methodology to answer the current research question.

Reply 9: Thank you we have clarified in the introduction the questions posed to us within this comment.

Changes in text 9: We have clarified these points via lines 105-106, lines 120-130.

Comment 10: Methodology. Please update the literature search accordingly. Because of the focus of the use of EQ-5D, it is not necessary to assess the risk of bias of included studies. Was the risk of bias of included studies related to the use of and reporting of EQ-5D?. This is only a descriptive review, so quantitative pooling is not needed. The

authors need to explain how these studies were analyzed and reviewed.

Reply 10: We have amended the methodology following these comments.

Changes in text 10: We have updated our literature search. We have removed risk of bias and quality assessment as per previous comments.