

In addition to the detailed account of several categories of the HRQoL instrument, what is unique about the Shepherd study is that it expressly stated that, for study centers in non-English-speaking countries, only validated HRQoL instruments were used. The validation of HRQoL questionnaires is an ongoing concern, in light of the fact that clinical trials often recruit subjects in various languages, for example Portuguese (44) Chinese (45) German (46) and Italian (47).

2. *The Bezzak study*

Bezzak et al. (48) reported one particular useful aspect of HRQoL, namely, that the adverse influence of study drug on HRQoL was only temporary. Hence, this result might influence the decisions of the physicians and patient to request this chemotherapy. In the author's words, "[f]unctional impairment is not unusual for individuals who are taking chemotherapy...however, by 9 months, when most of the acute adverse effects of chemotherapy have resolved, there is a return to normal function. The only persistent symptom scale score differences, specifically peripheral neuropathy and ototoxicity." The Bezzak study provides an excellent demonstration of good methodology that allows the conclusion that adverse HRQoL data were only of a temporary nature. If the investigator wishes to capture HRQoL data, it is poor methodology to administer the HRQoL instrument only at one time, and good methodology to administer the HRQoL instruments at two or three different time points during the course of the clinical trial.

3. *The Bonomi study*

The Bonomi clinical trial reveals a problem that might arise where the HRQoL instrument is administered at several different times during the course of the study. In a clinical trial of lung cancer, Bonomi et al. (49) collected information on HRQoL. These authors documented the problem that, as the clinical study progressed, compliance with filling out the questionnaire decreased, and that there was some evidence that growing non-compliance introduced bias into the results.

⁴⁴ Pais-Ribeiro J, Pinto C, Santo C. Validation study of the Portuguese version of the QLC-C30-V3. *Psicologia, Saude & Doencas*. 2008;9:89–102.

⁴⁵ Wan C, Meng Q, Yang Z, et al. Validation of the simplified Chinese version of EORTC QLQ-C30 from the measurements of five types of inpatients with cancer. *Ann Oncol*. 2008;19:2053–2060.

⁴⁶ Bestmann B, Rohde V, Siebmann JU, Galalae R, Weidner W, Kuchler T. Validation of the German prostate-specific module. *World J Urol*. 2006;24:94–100.

⁴⁷ Zotti P, Lugli D, Vaccher E, Vidotto G, Franchin G, Barzan L. The EORTC quality of life questionnaire – head and neck in 35 Italian laryngectomized patients. European organization for research and treatment of cancer. *Qual Life Res*. 2000;9:1147–1153.

⁴⁸ Bezzak A, Lee CW, Ding K, et al. Quality-of-life outcomes for adjuvant chemotherapy in early-stage non-small-cell lung cancer: results from a randomized trial, JBR.10. *J Clin Oncol*. 2008;26:5052–5059.

⁴⁹ Bonomi P, Kim K, Fairclough D, et al. Comparison of survival and quality of life in advanced non-small-cell lung cancer patients treated with two dose levels of paclitaxel combined with cisplatin versus etoposide with cisplatin: results of an Eastern Cooperative Oncology Group trial. *J Clin Oncol*. 2000;18:623–631.