

Quality-of-life questionnaires in Indian languages: An essential resource of clinical outcome measures

Item Type	Other
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Citation	Kar N. (2024) Quality-of-life questionnaires in Indian languages: An essential resource of clinical outcome measures. <i>Cancer Research Statistics and Treatment</i> , 7(2), pp. 262-3.
DOI	10.4103/crst.crst_70_24
Publisher	Wolters Kluwer – Medknow
Journal	<i>Cancer Research, Statistics and Treatment</i>
Download date	2025-05-13 17:15:38
License	https://creativecommons.org/licenses/by-nc-sa/4.0/
Link to Item	http://hdl.handle.net/2436/625565

Quality-of-life questionnaires in Indian languages: An essential resource of clinical outcome measures

The effort by Krishnatry *et al.*^[1] in translating and validating the Quality-of-Life Questionnaire: Anal Cancer (QLQ-ANL27) module into Hindi, Marathi, and Bangla languages was commendable. These translated versions will be useful as clinical outcome measures for patients with anal cancer. These translations shall add valuable resources to the ever-growing quality of life (QOL) scales in Indian languages, both for general and specific patient populations.^[2,3] It is a positive trend to see more and more QOL scales in Indian languages for patients.

I would like to mention a few points about this article that suggest the need for further studies in this area. For example, as noted by Krishnatry *et al.*, women are three times more likely than men to be diagnosed with anal cancer; however, the male-to-female ratio in the study sample was 2:1. The sample size is appropriate for the linguistic validation of the scale, however, as the authors suggested, further validation study with a larger and more representative sample would be required.

It is noteworthy that the authors did not find major difficulties in the translation and linguistic validation of the questionnaire. The majority of the participants in this study had secondary education and others were graduates,^[1] which might reflect the patient population attending tertiary care center. However, the sample could be more representative by taking a wide range of educational levels, such as those who have primary or no formal education. This is specifically important as there may be additional challenges in finding appropriate wording to improve understanding of the questionnaires by patients with lower levels of education.

In addition, patients with psychiatric illnesses were not recruited as participants; the approach can be understood to avoid the confounding factor of mental state influencing the QOL. However, as a considerable proportion of patients with anal cancer have mental health problems,^[4] future studies may look into how the sample can represent the usual clinical population and validate the scales in patients with comorbidities. The use of specific scales, such as QLQ-ANL27,^[1] and screening for mental health problems in these patients may be undertaken to explore the possible contribution of mental health problems to the QOL.

Measuring QOL in patients with cancer has additional challenges with various confounders, including those of fear of death, the meaning of life, and its spiritual dimension as

perceived by the individual. In these circumstances, scales with disease-specific items relevant to the health condition being studied might be useful,^[5] especially to minimize the role of confounding variables.

QOL is a well-established and valued patient-rated outcome measure that should be routinely used in clinical settings. It is essential to make these QOL scales available in local languages with culturally appropriate wordings so that the assessments are more patient-friendly and accurate. It is also important to develop new QOL instruments specific to Indian culture, considering the sociocultural and spiritual nuances, and specificity of the perspectives about life, illnesses, and death in the subcontinent.

Acknowledgments

The Institute of Insight, United Kingdom; and Quality of Life Research and Development Foundation, India.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

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Access this article online	
Website: https://journals.lww.com/crst	Quick Response Code 
DOI: 10.4103/crst.crst_70_24	

How to cite this article: Kar N. Quality-of-life questionnaires in Indian languages: An essential resource of clinical outcome measures. *Cancer Res Stat Treat* 2024;7:262-3.

Submitted: 16-Mar-2024

Revised: 11-May-2024

Accepted: 17-May-2024

Published: 25-Jun-2024

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