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Arabic translation and linguistic validation of the questionnaire Bladder Cancer Index

I. Ziouziou *, **M.A. Touzani**, **T. Karmouni**, **K. El Khader**,
A. Koutani, **A.I. Attya Andaloussi**

Department of Urology B, Ibn Sina Hospital, Faculty of Medicine and Pharmacy, Mohammed V University, Rabat, Morocco

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Abstract

Introduction: The Bladder Cancer Index (BCI) is a validated questionnaire for health-related quality of life in patients with bladder cancer (BC).

Objective: To translate the original BCI into an Arabic validated version.

Subjects and methods: For translation and validation, we proceeded in 5 steps: (1) Authorization of translation by the authors of the original BCI. (2) Translation from English to Arabic. (3) Submission of the translated version into Arabic to a committee of readers. (4) Backward translation to ensure there was no discrepancy between the two versions during the reverse translation. (5) Qualitative linguistic validation of the document obtained from seven patients having BC.

Results: Translation was authorized in February 2015. The reading committee that evaluated the clarity of the text admitted the version with minor revisions. The questionnaire was finally tested on seven patients with bladder tumor treated in the department of urology B at Ibn Sina Teaching Hospital. They all responded to the questionnaire without understanding nor filling difficulty. Therefore, no major changes were made following this qualitative assessment.

Conclusion: This Arabic version of BCI questionnaire will enable researchers from Arab countries to use a measurement tool validated and recognized internationally to assess QOL in patients with BC.

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* Corresponding author.

E-mail address: imadziouziou@hotmail.com (I. Ziouziou).

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Introduction

Bladder cancer (BC) as well as any other cancer affects the Quality of Life (QOL). For this reason Gilbert et al. developed and validated the Bladder Cancer Index (BCI) which was a reliable and disease-specific instrument to evaluate health-related quality of life HRQOL in patients with localized BC [1].

Other specific HRQL questionnaires were developed by the European Organisation for Research and Treatment of Cancer (EORTC) and the American organization for Functional Assessment of Cancer Therapy (FACT) and translated to many languages [2–4]. However, there is a lack of specificity in these HRQL questionnaires as they included common questions on wellbeing for oncologic patients in addition to a specific module for BC.

There is also a limitation in the disease stage as EORTC-QLQ-BLS24 and the FACT-Bladder questionnaires are applicable only for patients with non-muscle invasive bladder tumors (NMIBT) and the FACT Vanderbilt Cystectomy Index was exclusively for patients with muscle-invasive BC (MIBC) [2–4]. Comparative studies of HRQOL in mixed patients with BC at different stages (NMIBT and MIBC) may be difficult using one of these questionnaires.

The BCI questionnaire overcame these limitations. It is entirely specific to BC patients and applicable for NMIBT and MIBC whatever the treatment received.

BCI was developed in 3 steps: review of the literature, development of the questionnaire and validation by assessment of consistency and reproducibility.

The aim of our study was to translate the BCI into Arabic with linguistic validation of this version which may be useful for Arab community and researchers.

Subjects and methods

Original version of BCI

The BCI was developed and validated by Gilbert et al. at the University of Michigan in 2004.

This questionnaire is composed of three parts and a supplement:

- The first part explores the patient's general condition (7 items).
- The second part explores the urinary function (9 items).
- The third part explores the digestive function (6 items).
- The last one provides more information on sexual function, body image and well-being (21 items).

A score of 1–5 is assigned to each response to each item [1].

Translation into Arabic and linguistics qualitative validation of the BCI

We used the “back-translation” technique and proceeded by the following steps [5]:

- Permission from the authors to translate and use the original questionnaire in the Arabic language (the BCI is protected by copyright).
- Translation from English to Arabic.
- Submission of the translated version into Arabic to a committee of readers in order to assess the clarity and consistency of the text.
- Translation from Arabic to English (forward–backward translation sequence) to ensure there was no distortion between the two questionnaires during the reverse translation.
- A qualitative linguistic validation of the document obtained from seven patients with BC. The average time the patient needed to complete the questionnaire was 40 min. This qualitative validation consisted of a personal interview. The following criteria were evaluated:
 - accessibility and understanding of the vocabulary,
 - difficulties and ambiguities,
 - relevance of the questions,
 - comments and suggestions of the participant.

Results

Translation and use of the questionnaire in the Arabic language was authorized in February 2015 by the team from the University of Michigan who developed the BCI [1].

The translation of BCI was performed by a urologist who had satisfactory knowledge of both languages: Arabic and English (IZ).

The reading committee that evaluated the clarity of the text was composed of three urologists (KE, AK, AI) who admitted the version.

The document was finally tested on seven patients with bladder tumor (four with non-muscle invasive BC, and three with muscle-invasive BC) treated in the department of urology B at Ibn Sina Teaching Hospital. Each of these patients was interviewed by the same investigator (AT).

They all responded to the questionnaire without understanding nor filling difficulty. Therefore, no major changes were made following this qualitative assessment.

Discussion

BC is the 7th most frequently diagnosed cancer in the male population worldwide, and the 11th when both genders are considered. Arab world is not an exception from this disease which has had elevated incidence and mortality rates in 2012: incidence ranged from 2.83 (Mauritania) to 21.84 (Egypt) per 100,000 persons/year in male sex, and 0.25 (Yemen) to 5.55 (Egypt) per 100,000 persons/year in female sex. Mortality ranged from 1.16 (Yemen) to 6.51 (Egypt) per 100,000 persons/year (Table 1) [6].

An assessment of QOL in the field of BC is particularly useful. Many treatments are actually developed and may replace classical therapies. These emergent treatments should not be evaluated only on their efficacy but also on their impact on QOL. Objective tools specific to BC are very helpful in assessing such treatments.

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