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The Pediatric Nausea Assessment Tool: French translation and face validity in Francophone-Canadian pediatric oncology patients

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INTRODUCTION

Chemotherapy-induced nausea and vomiting (CINV) continue to negatively influence the quality of life of both adult and pediatric cancer patients (Dupuis et al., 2010; Farrell et al., 2013; Russo et al., 2014; Hinds et al., 2009; Sommariva et al., 2016). Vomiting and retching are symptoms that can be assessed objectively while nausea, a subjective symptom, is more difficult to quantify. Adult cancer patients can usually describe the severity of the nausea they feel using self-report visual analog or adjectival rating scales. Instruments such as the Multinational Association of Supportive Care in Cancer Antiemesis Tool (available from www.mascc.org) have been validated for this purpose and are recommended by experts in the field (Hesketh et al., 2015).

In 2006, we developed the Pediatric Nausea Assessment Tool (PeNAT), a four-face visual analog scale derived from the Wong-Baker pain scale and an accompanying script, for assessment of nausea severity by English-speaking children aged 4–18 years receiving chemotherapy (Dupuis et al., 2006). The English-language PeNAT is reliable and valid (Dupuis

et al., 2006). It has been used to describe the burden of nausea in children receiving various chemotherapies (Vol et al., 2016; Patel et al., 2020; Clinton et al., 2012), to evaluate the efficacy of anti-nauseant interventions (Dupuis et al., 2018; Evans et al., 2018) and to assess nausea severity as part of routine clinical care (McKinnon & Jupp, 2019). However, its use is restricted to English-speaking patients.

Canada has two official languages: French and English. In the 2016 Canadian census, 20% of respondents indicated that French was the language most often spoken in their home (Statistics Canada, 2016). This represents more than seven million Canadians. Francophone children are unable to easily communicate the severity of their nausea without a tool in their language. Thus, symptom severity cannot be accurately assessed, and quality of life may suffer due to unresolved nausea (Dupuis et al., 2016). Further, without a French-language, patient-report tool to assess nausea severity, Francophone children cannot participate in trials evaluating anti-nauseant interventions. We, therefore, undertook to translate the English-language PeNAT into French and test its face validity for the assessment of chemotherapy-induced nausea (CIN) severity by Francophone-Canadian pediatric oncology patients.

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METHODS

We undertook this study in two stages. First, the English-language version of the PeNAT and supporting documents (administration script, diary, and diary instruction sheet) were translated and reviewed. Second, the face validity of the French-language version of the PeNAT and supporting documents was tested in pediatric patients and their parents. In the first phase, healthcare professionals from the Children's Hospital of Eastern Ontario (CHEO) reviewed the French-language version of the PeNAT. In the second phase, patients and parents were recruited at The Hospital for Sick Children (SickKids) and Montreal Children's Hospital (MCH). The Research Ethics Boards of SickKids, MCH, CHEO and McGill University approved the study. All participants provided informed consent or assent, as appropriate.

French translation of the PeNAT

The previously validated English-language PeNAT and supporting documents (Dupuis et al., 2006) were translated into French by a professional translation service. The translation process incorporated current standards (Canadian General Standards Board, 2008) and best practices (Txabarriaga, 2009) and included the following: 1) translation of the source

documents by a professional linguist; 2) verification of the translation against the source documents by a second professional linguist; 3) quality control review for semantics, grammar, syntax, punctuation and reading level; and 4) review by a third linguist to ensure that the translation was complete and read well. The translated documents were revised by the translation service based on feedback from four French-speaking investigators (A-ML, EO, MP-M, LLD).

The French-language PeNAT and supporting documents were then reviewed by three bilingual, pediatric oncology healthcare professionals to ensure that the translated versions reflected the content of the English documents and were likely to be understood by respondents and to capture the intended information from respondents. Each bilingual healthcare professional read both the source (English) and translated documents (French) with the order of document presentation (English versus French) randomized. They then answered a structured questionnaire (Appendix 1) in a face-to-face interview. Any suggestions for revisions that arose during this process were discussed by investigators. The translated documents were revised by the translation service based on this feedback. If significant revisions were made, a second round of reviews by bilingual healthcare professionals was planned. At each stage of this process, the French-language documents were reviewed by investigators to ensure cohesiveness and consistency with the English language documents.

Face validity testing

Eligible patients were age 4 to 18 years, had no cognitive or physical impairments that precluded completion of the PeNAT and were scheduled to receive moderately or highly emetogenic chemotherapy (Dupuis et al., 2011) at SickKids or MCH on an inpatient or outpatient basis. Furthermore, eligible patients spoke French at home. Patients were identified using institutional admission lists or clinic schedules. Sampling was purposive to ensure that children of varied ages were represented. A sample size of seven to 10 participants is considered sufficient to determine understandability (Willis, 2005). Thus, we enrolled patients and their parents until 10 consecutive participants suggested no substantive revisions to the most recent iteration of the French-language PeNAT and indicated the most recent iteration of the French-language documents was easy or very easy to use. Patients were recruited in groups of five. Each patient participated once only and received a gift card as a token of appreciation at the end of the study period.

Within three days after the last day of the study chemotherapy block, a standard questionnaire (Appendix 2) was administered to each patient's parent by a member of the study team, either by telephone or in person. This questionnaire combined solicited information about the parent's use of the French-language PeNAT and supporting documents, with emphasis on ease of use, readability, and clarity with respect to nausea severity. The first half of the questionnaire focused on the PeNAT and consisted of four questions requiring a yes/no response and three open-ended questions to solicit suggestions for improvements to the PeNAT. The second half of the questionnaire addressed the diary and consisted of four

open-ended questions soliciting information about strengths and suggestions for improvement and an assessment by the parent about how easy or difficult the diary was to use on a five-point scale (very easy to very hard). The questionnaire took no more than 10 minutes to complete. Patients could also participate in questionnaire completion if they chose.

The investigators reviewed questionnaire responses from the first group of five participants and decided if revisions to the documents were warranted. Recruitment was paused until this decision was made. Revised versions of the French-language PeNAT and supporting documents were to be reviewed by bilingual healthcare professionals, as described above. As a last step, investigators reviewed the final French-language documents to ensure their cohesiveness and consistency with the English language versions.

Use of the PeNAT and Supporting Documents

A study team member taught each participant how to use the French-language PeNAT and supporting documents and then observed the patient's first use of the PeNAT. Patients were then asked to use the French-language PeNAT to assess their nausea severity at least twice daily on each day of the acute phase of an upcoming chemotherapy block that included MEC or HEC. Patients or parents were also asked to use the French-language diary to record the time of each vomit and each administration of an antiemetic agent during this time. The acute phase was defined as starting with the first chemotherapy dose of the chemotherapy block and continuing for 24 hours after the administration of the last chemotherapy dose of the block. A chemotherapy block was defined as the period of consecutive days where chemotherapy is given on each day. Parents were asked to return the completed diaries to the investigators at a future hospital visit.

Data Collection

Patient demographic, chemotherapy, and antiemetic characteristics were collected from the patient's health record. The diaries completed by participants provided information regarding nausea severity, vomiting control, and antiemetic administration.

Analysis

Parent responses to the questionnaire were collated for review. Face validity was considered to have been demonstrated when 10 consecutive participants indicated that the French-language supporting documents were easy or very easy to use and suggested no revisions to the French-language PeNAT.

Descriptive statistics were used to describe patient demographics and extent of acute phase CINV control that they reported. Complete acute phase CINV control was defined as no emetic episodes and no nausea (maximum PeNAT score of 1). Partial acute phase CINV control was defined as one or two emetic episodes in any 24-hour period or a maximum PeNAT score of 2. Failed acute phase CINV control was defined as more than two emetic episodes in any 24-hour period or a maximum PeNAT score of 3 or 4.

RESULTS

French Translation of the PeNAT

French-speaking investigators found the first translation of the English-language PeNAT and supporting documents to be too colloquial and returned them to the medical translators for revision. The second draft was acceptable. Review by two groups of three bilingual healthcare professionals with three or more years of pediatric oncology experience (five registered nurses; one pharmacist) at CHEO resulted in a few suggestions. One reviewer in the first group suggested that the French term “haut le cœur” used in the diary as a translation of “retching” was unclear. After discussion among the French-speaking investigators and consultation with Le grand dictionnaire terminologique of the Office Québécois de la langue française (<http://www.granddictionnaire.com/index.aspx>) and the professional linguists, this term was changed to “effort pour vomir”. The revised French-language documents were then reviewed by the second group of healthcare professionals and no further changes were suggested. The feedback from the healthcare professional groups is summarized in Table 1.

Face Validity Testing

Two patient cohorts of five patients each were recruited from the MCH. Patient demographic and treatment characteristics are presented in Table 2. All parents believed their

child was able to use the PeNAT to communicate how nauseated they were and considered the diary to be easy or very easy to complete. Three parents suggested that coloured rather than black-and-white faces be used in the PeNAT. Two adolescents suggested that an alternative to a faces scale be used for patients in their age group. One parent stated their child had indicated that their nausea severity was between two faces. No changes were made to the French-language PeNAT documents based on these comments (see Appendix 3 for final versions).

Use of the PeNAT and Supporting Documents

On average, patients returned four completed CINV diary pages (median 3.5; range 2 to 8). A total of 95 individual PeNAT scores were submitted from the 10 patients (mean 9.5 per patient; range 3 to 21). PeNAT scores ranged from 1 to 4 and the maximum PeNAT score reported per patient ranged from 2 to 4 (median 2.5). All patients reported nausea (PeNAT score ≥ 2) at least once during the acute phase. Complete, partial, and failed acute phase CINV control were experienced by zero, four, and six patients, respectively.

DISCUSSION

This study has shown that a French translation of the PeNAT, a valid and reliable tool for nausea severity assessment by English-speaking pediatric cancer patients (Dupuis et al.,

Question	PeNAT Version	Number of responses (%)				
		Very well	Fairly well	Adequately	Poorly	Very poorly
How well do you think that the French documents match the English versions?	1	3 (100)	0 (0)	0 (0)	0 (0)	0 (0)
	2	1 (32)	2 (68)	0 (0)	0 (0)	0 (0)
		Yes	No			
Do you think that French-speaking children or parents will have any trouble understanding the script used to administer the PeNAT?	1	0 (0)	3 (100)			
	2	1 (32)	2 (68)			
Do you think that French-speaking children or parents will have any trouble understanding the instructions for the diary or the diary itself?	1	0 (0)	3 (100)			
	2	0 (0)	3 (100)			
Do you think that children who speak French will be able to tell us about the intensity of their nausea using this tool?	1	3 (100)	0 (0)			
	2	2 (68)	1 (16.7)			
Will the faces be easy for a child who speaks French to understand?	1	3 (100)	0 (0)			
	2	3 (100)	0 (0)			
Do you think that a French-speaking child's response would be influenced by a feeling other than nausea when using this tool?	1	1 (33)	2 ^a (67)			
	2	2 (67)	1 (33)			
Will adolescent patients who speak French be offended by the faces?	1	1 (33)	2 (67)			
	2	0 (0)	3 (100)			

^a 1 respondent answered “Maybe”.

Table 2. Demographic and treatment characteristics of Francophone patients who participated in face validity testing

Characteristic	First Cohort (N = 5)	Second Cohort (N = 5)	All Patients (N = 10)
Patients			
Age			
4 to 8 years (number; %)	1 (20)	4 (80)	5 (50)
8 to 18 years (number; %)	4 (80)	1 (20)	5 (50)
Median age in years (range)	10 (7-14)	7 (5-15)	7.5 (5-15)
Cancer diagnosis			
Acute Lymphoblastic Leukemia	1 (20)	4 (80)	5 (50)
Other ^a	4 (80)	1 (20)	5 (50)
Treatment			
Highly emetogenic chemotherapy			
Bleomycin, cyclophosphamide, doxorubicin, etoposide + vincristine	0	1 (20)	1 (10)
Brentuximab, cyclophosphamide, doxorubicin + etoposide	1 (20)	0	1 (10)
Cyclophosphamide + cytarabine	0	2 (40)	2 (20)
Etoposide + ifosfamide	1 (20)	0	1 (10)
Moderately Emetogenic Chemotherapy			
Cytarabine, methotrexate + rituximab	1 (20)	0	1 (10)
Doxorubicin + vincristine	1 (20)	1 (20)	2 (20)
Erwinia asparaginase + methotrexate	0	1 (20)	1 (10)
Methotrexate + vincristine	1 (20)	0	1 (10)
Antiemetic Prophylaxis Administered			
Ondansetron	1 (20)	4 (80)	5 (50)
Ondansetron + aprepitant	1 (20)	1 (20)	2 (20)
Ondansetron + dexamethasone	2 (40)	0	2 (20)
Ondansetron + dimenhydrinate	1 (20)	0	1 (10)

Abbreviations: N, number
^aIncludes Wilms Tumor, Ewing Sarcoma, Hodgkin Lymphoma, Burkitt Lymphoma

Table 3. Parents responses to questions regarding their experience administering the French-Language PeNAT to their child and using the diary

Question	Response	Number of Parent Responses		
		First Cohort	Second Cohort	All Parents
Do you think that I said enough at the beginning about how to use the tool so that your child was really able to tell us about how much nausea he/she was feeling?	Yes	5	5	10
	No	0	0	0
Do you think that your child was able to tell me how much nausea he/she was feeling using this tool?	Yes	5	5	10
	No	0	0	0
Was it easy for your child to pick a face that matched how he/she was feeling?	Yes	4	5	9
	No	1	0	1
Do you think that your child was influenced by a feeling other than nausea when using this tool?	Yes	2	0	2
	No	3	5	8
Overall, please rate how easy or difficult the diary was to use?	Very Easy	1	4	5
	Easy	4	1	5

2006), has face validity in Francophone-Canadian children and adolescents receiving chemotherapy. Parents believed that their child was able to use the PeNAT to communicate the severity of their nausea and that the French-language PeNAT and supporting documents were easy or very easy to use.

Clinical practice guideline-consistent antiemetic agents are effective at preventing chemotherapy-induced vomiting (Hesketh et al., 2015; Patel et al., 2017; Gilmore et al., 2014). However, they are less effective at controlling nausea (Vol et al., 2016; Patel et al., 2020; Sparavalo, et al., 2012). Validated instruments to assess nausea severity are needed to determine the effectiveness of anti-nauseant interventions in pediatric patients. Such tools have been lacking for children receiving chemotherapy until recently. As a result, the assessment of interventions to optimize CIN control in children has been severely compromised. The PeNAT was originally developed and validated for use by English-speaking pediatric patients. For it to be widely applied both for research and clinical purposes, it must be translated into other languages. We chose to translate the PeNAT into French, one of Canada's official languages, and assess its face validity among Francophone-Canadian children. Face validity is the first step toward comprehensive validity testing.

Similar to what has been reported in other studies evaluating nausea severity in children using a validated tool (Patel et al., 2020; Dupuis, Kelly et al., 2018; Flank, Sparavalo et al., 2017; Flank, Nadeem et al., 2017), nausea was not well controlled in our patients. To fully optimize CINV control, specific anti-nauseant agents may be required in addition to antiemetic agents given to prevent chemotherapy-induced vomiting. Use of the PeNAT will help healthcare professionals and parents understand the pediatric patient's symptom burden more fully. For example, routine administration of the PeNAT to pediatric patients receiving chemotherapy may identify patients who could benefit from adjustment of antiemetic prophylaxis and thus experience improved nausea control.

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The strengths of our study are its adherence to international standards for medical translation and the participation of both pediatric oncology patients and their parents in face validity testing. Our study is limited, however, by its conduct in a single country. This version of the French-language PeNAT may not have face validity in the pediatric oncology population of other French-speaking nations. Another limitation is that validity testing of the French-language PeNAT is incomplete. Future studies should seek to establish other forms of validity such as predictive validity and construct validity.

In summary, we have translated the PeNAT and supporting documents into French and established the PeNAT's face validity in Francophone-Canadian children undergoing cancer chemotherapy, thereby facilitating their access to future, multi-centre trials of interventions aimed at improving CINV control. Furthermore, the use of the French-language PeNAT as a clinical tool to optimize CIN control in French-speaking children can now be explored. Future work will focus on continuing to validate the French- and English-language versions of the PeNAT.

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CONFLICT OF INTEREST

The authors have no conflicts of interest to disclose.

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APPENDICES

Appendix 1: Questionnaire administered to bilingual health care professionals

Type of Healthcare Professional:

Nurse Clinical Nurse Specialist Pharmacist Physician Other:
 Length of time in pediatric oncology: (circle) < 1 year 1 to 3 years 3 to 5 years 5 to 10 years More than 10 years

The introduction to the PeNAT and the PeNAT itself has been explained to you. I would like to ask you some questions so that we can improve the tool that will be used to assess nausea intensity in children who speak French.

1. How well do you think that the French version of the script used to administer the PeNAT, the diary instructions and the diary match the English versions? Very well Fairly well Adequately Poorly Very poorly

What needs to be added or changed:

2. Did you think that French-speaking children or parents will have any trouble understanding the script used to administer the PeNAT
 Yes No

If yes, please explain:

3. Did you think that French-speaking children or parents will have any trouble understanding the instructions for the diary or the diary itself? Yes No

If yes, please explain:

4. Do you think that children who speak French will be able to tell us about the intensity of their nausea using this tool?
 Yes No

5. Will the faces be easy for a child who speaks French to understand? Yes No

6. Do you think that a French-speaking child's response would be influenced by a feeling other than nausea when using this tool?
 Yes No

If yes, please explain:

7. Will adolescent patients who speak French be offended by the faces? Yes No

8. Do you have suggestions about how this tool be improved for children who speak French?

Thank you very much for your cooperation!

Appendix 2: Questionnaire administered to participants

Your child has just assessed the intensity of the nausea he/she is feeling using the PeNAT. May I ask you a few questions about how it went? Your answers will help us make the PeNAT better. It should take about 5 minutes.

I. PeNAT

1. Do you think that I said enough at the beginning about how to use the tool so that your child was really able to tell us about how much nausea he/she was feeling?	Yes	No
2. Do you think that your child was able to tell me how much nausea he/she was feeling using this tool?	Yes	No
3. Was it easy for your child to pick a face that matched how he/she was feeling?	Yes	No
4. Do you think that your child was influenced by a feeling other than nausea when using this tool?	Yes	No
If yes, what do you think the other feeling was and how much do you think it influenced your child's responses?		
5. Can you think of a way we can improve the wording used in the PeNAT?		
6. Are there any other suggestions you would like to make for the PeNAT?		

II. The CINV Diary

1. Was there anything about the diary that you found confusing or hard to understand?	Yes	No
2. Was there anything about the diary that you particularly liked?		
3. Can you think of a way we could improve the wording used in the diary?		
4. Overall, please rate how easy or difficult the diary was to use by ticking one of the boxes below : <input type="checkbox"/> Very hard <input type="checkbox"/> Hard <input type="checkbox"/> Neither hard nor easy <input type="checkbox"/> Easy <input type="checkbox"/> Very easy		
5. Are there any other suggestions you would like to make for the CINV Diary?		

Thank you very much for your cooperation!

Appendix 3: French-language PeNAT and supporting documents

3.1 Scripts for PeNAT administration

SCÉNARIO D'ADMINISTRATION DU PeNAT (outil d'évaluation des nausées chez l'enfant)

Pour les enfants âgés de 4 à 8 ans :

As-tu déjà vomi (ou autre terme employé par la famille)?

Si tu as déjà vomi, as-tu eu mal au ventre juste avant de vomir (ou autre terme employé par la famille)? À quel point? _____

Cette sensation s'appelle la nausée ou se sentir nauséux. Dans ta famille, vous appelez cette sensation _____.

Si tu n'as jamais vomi, as-tu déjà senti que tu allais vomir (ou autre terme utilisé par la famille), mais que tu ne l'as pas fait?

Si tu as déjà senti que tu allais vomir, as-tu eu mal au ventre à ce moment-là? _____. Cette sensation s'appelle la nausée ou se sentir nauséux. Dans ta famille, vous appelez cette sensation _____.

Certains enfants qui ont des traitements de chimio se sentent nauséux (ou autre terme employé par la famille) et d'autres non.

En ce moment, à quel enfant ressembles-tu le plus?

Si l'enfant répond qu'il n'éprouve aucune nausée, montrez-lui les visages 1 et 2.

Certains enfants qui ont des traitements de chimio ne ressentent aucune nausée (ou autre terme employé par la famille), comme pour ce visage, et d'autres ressentent un peu de nausée (ou autre terme employé par la famille), comme pour ce visage-ci.

[Pointez du doigt chacun des visages ainsi que le mot descriptif correspondant (aucune et peu) au moment approprié.]

En ce moment, à quel enfant ressembles-tu le plus?

Si l'enfant répond qu'il éprouve une certaine nausée, montrez-lui les visages 3 et 4.

Certains enfants qui ont des traitements de chimio ressentent de la nausée (ou autre terme employé par la famille), comme pour ce visage, et d'autres ressentent beaucoup de nausées (ou autre terme employé par la famille), comme pour ce visage-ci.

[Pointez du doigt chacun des visages ainsi que le mot descriptif correspondant au moment approprié.]

En ce moment, à quel enfant ressembles-tu le plus?

Pour les enfants âgés de 8 ans et plus :

As-tu déjà vomi (ou autre terme employé par la famille)?

Si tu as déjà vomi, as-tu eu mal au ventre (ou à l'estomac) juste avant de vomir (ou autre terme employé par la famille)? À quel point? _____. Cette sensation s'appelle la nausée ou se sentir nauséux. Dans ta famille, vous appelez cela _____.

Si tu n'as jamais vomi, as-tu déjà senti que tu allais vomir (ou autre terme employé par la famille), mais que tu ne l'as pas fait?

Si tu as déjà senti que tu allais vomir, as-tu eu mal au ventre (ou à l'estomac) à ce moment-là? _____. Cette sensation s'appelle la nausée ou se sentir nauséux. Dans ta famille, vous appelez cela _____.

Certains enfants qui ont des traitements de chimio se sentent nauséux (ou autre terme employé par la famille) et d'autres non.

Ces visages représentent des enfants qui ne ressentent aucune nausée, des enfants qui en ressentent un peu, d'autres qui en ressentent plus et enfin, d'autres qui en ressentent énormément.

[Pointez du doigt chaque visage au moment approprié.] En ce moment, quel visage te représente le mieux?

SCÉNARIO EXPLICATIF POUR L'UTILISATION DU JOURNAL

Pour les enfants âgés de 4 à 8 ans. Le scénario vise le parent ou le tuteur.

Voici une feuille d'instructions et un journal [montrez les feuilles distinctes]. Nous vous donnerons une feuille « Journal du patient » pour chaque jour où vous participez à l'étude. Sur chaque feuille, la date de la journée est indiquée [montrez la date dans le haut de chaque feuille].

Nausée

À l'aide des visages, nous aimerions que vous aidiez à évaluer l'intensité des nausées qu'éprouve votre enfant au lever, au coucher, de même que chaque fois que votre enfant se sent nauséux.

Afin que votre enfant évalue ses nausées :

1. Dites à votre enfant : « Certains enfants qui ont des traitements de chimio se sentent nauséux (ou autre terme employé par la famille), et d'autres non. En ce moment, à quel enfant ressembles-tu le plus? »

Si votre enfant répond qu'il n'éprouve aucune nausée, montrez-lui les visages 1 et 2. → Passez à l'étape 2.

Si votre enfant répond qu'il éprouve une certaine nausée, montrez-lui les visages 3 et 4. → Passez à l'étape 3.

2. Montrez les visages 1 et 2 à votre enfant. Dites-lui : « Certains enfants qui ont des traitements de chimio n'ont pas de nausées (ou autre terme employé par la famille), comme pour ce visage-ci, et d'autres ont un peu de nausées (ou autre terme employé par la famille), comme pour celui-ci. À quel enfant ressembles-tu le plus en ce moment? » [Pointez du doigt chacun des visages ainsi que le mot descriptif correspondant au moment approprié.]

3. Montrez les visages 3 et 4 à votre enfant. Dites-lui : « Certains enfants qui ont des traitements de chimio ressentent une certaine nausée (ou autre terme employé par la famille), comme pour ce visage, et d'autres ont beaucoup de nausées (ou autre terme employé par la famille), comme pour ce visage-ci. À quel enfant ressembles-tu le plus en ce moment? » [Pointez du doigt chacun des visages ainsi que le mot descriptif correspondant.]

4. Cochez la case qui représente le mieux comment votre enfant se sent. Notez l'heure à laquelle votre enfant a évalué son degré de nausée.

Vomissements

Au cours de l'étude, indiquez toutes les fois où votre enfant vomit ou qu'il éprouve de la nausée. Si chaque épisode de vomissements ou de nausée survient à un intervalle de plus d'une minute, veuillez noter dans la case l'heure à laquelle cela se produit [pointez du doigt la case appropriée].

continué...

Médicaments

Indiquez le nom des médicaments que votre enfant prend contre la nausée et les vomissements. Pour chaque jour où votre enfant prend ses médicaments contre la nausée et les vomissements, veuillez écrire dans le journal le nom du médicament et l'heure à laquelle votre enfant l'a pris [pointez du doigt les cases appropriées dans le journal]. Sur la feuille d'instructions se trouve une liste de médicaments contre la nausée et les vomissements [montrez la liste et vérifiez si le patient reçoit certains de ces médicaments].

SCÉNARIO EXPLICATIF SUR LA FAÇON D'UTILISER LE JOURNAL

Pour les enfants âgés de 9 ans et plus. Le scénario s'adresse à l'enfant et au parent ou au tuteur.

Voici une feuille d'instructions et un journal [montrez chacune des feuilles]. Nous vous donnerons une feuille « Journal du patient » pour chaque jour où vous participez à l'étude. Sur chaque feuille, la date de la journée où nous aimerions que vous la remplissiez est indiquée [montrez la date dans le haut de chaque feuille].

Nausée

À l'aide des visages, nous aimerions que vous aidiez à évaluer l'intensité de la nausée qu'éprouve votre enfant au lever, au coucher, de même que chaque fois que votre enfant se sent nauséux.

Afin que votre enfant évalue sa nausée, demandez-lui :

« Certains enfants qui ont des traitements de chimio se sentent nauséux (ou autre terme employé par la famille), et d'autres non. Ces visages représentent des enfants qui ne ressentent aucune nausée, des enfants qui ressentent un peu de nausées, d'autres qui en ressentent encore plus et enfin, d'autres qui en ressentent énormément. Quel visage te représente le mieux en ce moment? » [Pointez du doigt chaque visage au moment approprié.]

Cochez la case qui représente le mieux comment votre enfant se sent. Notez l'heure à laquelle votre enfant a évalué sa nausée.

Vomissements

Pendant ta participation à l'étude, indique toutes les fois que tu vomis ou que tu éprouves de la nausée. Si chaque vomissement ou nausée est espacé de plus d'une minute, écris dans la case l'heure à laquelle cela arrive [pointez du doigt la case appropriée].

Médicaments

Indique le nom des médicaments que tu prends contre la nausée et les vomissements. Pour chaque journée au cours de laquelle tu as pris des médicaments contre la nausée et les vomissements, écris dans le journal le nom de ces médicaments et l'heure à laquelle tu les as pris [montrez les cases appropriées dans le journal]. Sur la feuille d'instructions, il y a une liste de médicaments contre la nausée et les vomissements [montrez la liste et vérifiez si le patient reçoit certains d'entre eux].

Patient Diary

Patient Diary Instruction Sheet

Fiche d'instructions

Étude sur la nausée et les vomissements induits par la chimiothérapie

Nausée

- Évalue ta _____ (nausée) deux fois par jour (au lever et au coucher), et chaque fois que tu te sens _____ (nauséux) pendant la journée.
- Sers-toi des visages pour décrire à quel point tu as le goût de vomir. Coche la case qui représente ce que tu ressens.
- Note les autres moments où tu as évalué ta nausée.
- [Pour les patients âgés de 4 à 8 ans, utilisez les visages au verso. Pliez la page en deux entre les visages 2 et 3. Si votre enfant dit qu'il ne ressent « aucune nausée », demandez-lui d'évaluer sa nausée à l'aide des visages 1 et 2. S'il dit qu'il éprouve « une certaine nausée », demandez-lui d'évaluer sa nausée à l'aide des visages 3 et 4.]



Moment		1	2	3	4
Autres moments	Lever	✓			
	Coucher			✓	
	10 h 45				✓
	19 h 20			✓	
	19 h 55			✓	

Vomissements

Heure du vomissement ou du haut-le-cœur		
10 h	19 h 15	

- Note l'heure de chaque vomissement, haut-le-cœur et

- S'il se passe plus d'une minute entre chaque vomissement ou haut-le-cœur, note l'heure.

Médicaments

- Note le nom des médicaments que tu prends contre la nausée et les vomissements et le moment de la journée où tu les prends.

Médicaments contre la nausée et les vomissements	
Nom du médicament	Heure à laquelle le médicament a été pris
Ondansétron	9 h, 17 h, 20 h 30
Dexaméthasone	9 h, 20 h 30

Voici quelques exemples de médicaments utilisés contre la nausée et les vomissements :

- Ondansétron (Zofran^{MD})
- Dexaméthasone (Decadron^{MD}, Dexason^{MD})
- Aprepitant (Emend^{MD})
- Métoclopramide (Maxeran^{MD}, Reglan^{MD})
- Lorazépam (Ativan^{MD})
- Nabilone (Cesamet^{MD})
- Granisétron (Kytrel^{MD})
- Dimenhhydrinate (Gravo^{MD})