

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.,

Table 1. Healthcare professionals' responses to a standardized questionnaire regarding versions 1 and 2 of the French-Language PeNAT

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”.