

## Translation and Cultural Adaptation of the BODY-Q into Italian

Sir:

We read with great interest the article entitled “Development of the BODY-Q Chest Module Evaluating Outcomes following Chest Contouring Surgery” by Klassen et al.<sup>1</sup> We use patient-reported outcome measures in our clinical practice and in research, and now we also use the BODY-Q. In fact, we performed the translation and cultural adaptation of the BODY-Q into Italian. Following the International Society for Pharmacoeconomics and Outcomes Research and World Health Organization recommendations for the translation and cultural adaptation of patient-reported outcome measures provided a rigorous process<sup>2</sup> that led to the development of a high-quality Italian version of the BODY-Q. In medical research, rigorous translation and cultural adaptation studies are an essential first step before using a patient-reported outcome measure in another language or culture.<sup>3,4</sup> Steps taken to translate and culturally adapt the BODY-Q are outlined below, as follows:

1. A member of the team (project manager) reviewed the BODY-Q concepts with the two forward translators. Two individuals whose mother tongue was Italian and were fluent in English performed independent forward translations (English to Italian). A consensus meeting was held between the two forward translators to develop Italian version 1.<sup>5</sup>
2. A professional translator produced a back-translation of BODY-Q Italian version 1. The back-translator had English as a mother tongue and was fluent in Italian.<sup>5</sup> The back-translated version was compared with the original English version of the BODY-Q by a member of the BODY-Q development team. Necessary changes were discussed with the project manager and items considered to have a different conceptual meaning were retranslated and sent back to the BODY-Q developers for review. This process continued until a satisfactory result was achieved, leading to Italian version 2.<sup>5</sup>
3. An expert panel meeting was held to establish whether the Italian version of the BODY-Q was understandable and measured all clinically relevant issues from the perspective of the clinicians.<sup>5</sup>
4. Cognitive debriefing interviews were conducted with patients to determine whether the BODY-Q items, instructions, and response options were clear and resonated with the respondents, resulting in Italian version 3.<sup>5</sup>
5. Italian version 3 was proofread independently by two clinicians, leading to the final Italian version of the BODY-Q.

The BODY-Q was validated in a group of patients aged 18 years or older. A potential limitation of the present study is the use of a sample of patients aged 30 to 50 years only. Excluded were patients aged 18 to 29 years, because only a few of these patients are followed

in the clinic, and none of them had a scheduled visit during the time of the interviews. Although it is unlikely that this age cohort will experience more difficulty with understanding the translation, additional interviews may be necessary to ensure that patients in this age cohort appropriately understand the Italian version of the BODY-Q. The Italian version of the BODY-Q can be distributed to Italian-speaking patients throughout Italy and internationally to inform research and clinical care. DOI: 10.1097/PRS.00000000000005821

Mauro Barone, M.D.

Annalisa Cogliandro, M.D., Ph.D.

Rosa Salzillo, M.D.

Paolo Persichetti, M.D., Ph.D.  
Plastic and Reconstructive Surgery Unit  
Campus Bio-Medico University  
Rome, Italy

Correspondence to Dr. Barone  
Via Alvaro Del Portillo 200  
Rome 00128, Italy  
maurosabbarone@gmail.com

### DISCLOSURE

*The authors do not have any commercial associations that might pose or create a conflict of interest with information presented in this communication. No intramural or extramural funding supported any aspect of this work.*

### REFERENCES

1. Klassen AF, Kaur M, Poulsen L, et al. Development of the BODY-Q chest module evaluating outcomes following chest contouring surgery. *Plast Reconstr Surg*. 2018;142:1600–1608.
2. Barone M, Cogliandro A, La Monaca G, Tambone V, Persichetti P. Cognitive investigation study of patients admitted for cosmetic surgery: Information, expectations, and consent for treatment. *Arch Plast Surg*. 2015;42:46–51.
3. Barone M, Cogliandro A, Di Stefano N, Tambone V, Persichetti P. A systematic review of patient-reported outcome measures following transsexual surgery. *Aesthetic Plast Surg*. 2017;41:700–713.
4. Cogliandro A, Barone M, Persichetti P. Italian linguistic validation of the FACE-Q instrument. *JAMA Facial Plast Surg*. 2017;19:336–337.
5. Wild D, Grove A, Martin M, et al.; ISPOR Task Force for Translation and Cultural Adaptation. Principles of good practice for the translation and cultural adaptation process for patient-reported outcomes (PRO) measures: Report of the ISPOR Task Force for Translation and Cultural Adaptation. *Value Health* 2005;8:94–104.

### Reply: Treatment of Severe Gynecomastia after Massive Weight Loss: Analysis of Long-Term Outcomes Measured with the Italian Version of the BODY-Q

Sir:

We would like to congratulate Barone and colleagues on their rigorous efforts to translate and