Reviewer’s report

Title: Using technology to deliver cancer follow-up: A systematic review

Version: 1
Date: 7 November 2013

Reviewer: Merel Kimman

Reviewer’s report:

This is an important issue and a very useful review.

Major compulsory revisions:

1. My main concern with the paper in its current form is that the search for the systematic review was performed in February 2012. The authors should re-run the search to include any studies published in the last, almost two, years. Especially in the field of telemedicine, developments are fast, so an up to date search is crucial.


3. Please use standard PRISMA flowchart. The current one is unclear/hard to follow

4. Paragraph on "Clinical safety and quality of life". Study by Kimman et al (2011) is missing. This study reported on HRQoL.

5. Paragraph on "Health economic outcomes". I would like to see a more detailed analysis here. E.g. Why was telephone follow-up found to be more costly in both Beaver's and Kimman's studies?

6. "Results". Overall, results could be described in more detail. Were relevant subgroup analyses performed in some of the studies that would give you a better understanding of (cost-)effectiveness? What was the length of follow up in the studies and were they all related to similar phases after treatment? Were patients included generally patients with a positive prognosis (e.g. low grade tumors)? Could you perhaps group per cancer site?

7. "Discussion". Summary of results is rather long and some new results (or different outcomes) are presented/discussed here. All results should go to the "Results" section, only provide a brief summary.

8. "Discussion". I would like to see a more extensive discussion here. Perhaps discuss some results per cancer site. What high-tech technologies do you have in mind, give examples, perhaps from other fields/disease groups? And are you aware of any trials underway? Generalisability issues with most of the RCTs;
cancer patients with good prognosis. Telemedicine perhaps not appropriate (safe) for all cancer types or patients? Why are there only limited RCTs on this subject? Where there any modelling studies (e.g. using a Markov model) that can provide additional evidence on the (cost-)effectiveness of alternative follow-up models?

**Level of interest:** An article of importance in its field

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests