Reviewer's report

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

Version: 1  
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Reviewer: Suzanne Martin

Reviewer’s report:

Dear authors,

thank you for this paper which I really enjoyed. It is well presented in terms of your review design, focus and findings.

Most of my comments sit within Minor Essential Revisions and I hope will further enhance this very good paper.

I have a research interest in both technology and Cochrane systematic reviews so I am well aligned to both your topic and your methodology.

In the background section of the abstract and introduction it would be helpful if you provided some content on technology within healthcare. There are many examples of how it is currently being deployed to change how services are delivered or indeed to support self management of long term conditions. The findings from the Whole System Demonstrators for example are published in the BMJ and could inform the thinking of the authors. In addition to this in the discussion you could show more breath to your reading on technology as a healthcare intervention by referring to the key learning from other clinical areas that may be transferable or certainly worth exploring to see if it is.

In the methods of the paper you don’t specifically deal with the issue of study quality in great depth albeit that the template in appendix 2 does say it is a checklist for measuring study quality. If possible it would be helpful to have some review of the risk of bias (BMJ 2011;343:d5928) within the RCT’s.

In terms of selecting RCT design a little more justification for this should be provided, particularly as this is such a complex intervention and in those situations other methods may be considered for example Interrupted Time Series (ITS) studies. The paper could also expand on the robustness of RCT design and the Consort statement which guides on standards of reporting.

Within the abstract/results I suggest you flag up that most of the technologies were mainly POTS (plain Old Telephone) systems - low level technologies and not particularly novel.

Within the introduction you provide two main reasons for why can care follow up is unsustainable which are fine. However, from a technology perspective it is worth reflecting on the fact that now the capability, functionality (hardware and software) are such that we can explore the efficacy of technology. In addition to
this people want services that are more accessible more of the time and certainly generation z (born 1990's on) will be big consumers of healthcare information and services on digital platforms.

Other points maybe to extend in your discussion:

It also seemed like most of the service offerings were one way from clinical staff to service user.

In the methods section you state that you included RCT or Systematic reviews of RCT. I know what you mean but i suspect this is an error to state it in this way. I suggest that the Systematic reviews of RCT were used as another source to find the included RCT's and you dont really need to say this. I like the inclusion of a narrative analysis on the included papers.

On reading the results in the abstract this suggests that 22445 titles were initially found when the search was conducted. Following removal of duplicates 238 were obtained. However when i look at figure 1 there are two other filter points on your inclusion criteria that drop the numbers down (651 & 367). Text should be provided to justify these stages.

Within the strengths and limitations section i am not sympathetic to your justification for only including papers published in english. I do understand why you took this decision but I suggest you reword the current justification. It is conceivable for example that researchers from Germany may not publish in english. Additionally you could state in this section if searches were completed on global databases that register controlled trials and if other relevant RCTs were found but not in english (maybe cite how many if you still have that information).

The context with other literature is one of the weaker parts of the paper and could be further developed. I do also consider the final statement of the randomised studies corresponding with an emerging vision that modern technologies could enhance current services is much more optimistic that the reality of finding which are summarised at the start of the discussion as saying there is currently insufficient evidence and then on in that the devices were low tech etc. I do think this paper provides the synthesis of the research to demonstrate a need to move beyond the POTS into novel systems and services.

Appendix 2 references Downs et al (23) which doesn't correspond in the reference list.

I hope this review is helpful and wish you well with your paper.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

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.