Reviewer’s report

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

Version: 1
Date: 13 November 2013

Reviewer: Carmen Desirée Dirksen

Reviewer’s report:

Although the authors are to be complimented for the effort they have taken in trying to synthesize the literature on the topic of using technology in cancer follow up, this paper unfortunately suffers from some problems. I think that they can be handled though (as major compulsory revisions) although this may require quite some additional work.

The selected outcomes are not explained/defined well in the paper. Definitions of selected outcomes are needed. For example, in the results section quality of life results are reported next to clinical safety, whereas quality of life is not defined in the methods section as being one of the outcomes of interest. I also think that quality of life should not be presented next to clinical safety but should be reported separately. May be the authors could re-define and re-order the outcomes as: clinical outcomes (e.g. safety, efficacy), psychosocial outcomes/ patient-reported outcomes (e.g. generic and specific quality of life, satisfaction), costs/cost-effectiveness (e.g. QALYs, costs, ICERS) and provide clear definitions.

I don’t know the full range of studies that have been published on this subject, but the authors at least missed out on one study (published in this journal!), which is about patient satisfaction with nurse-led telephone follow up, data which have been collected alongside the RCT which was selected in this review (Kimman et al. BMC Cancer 2010,10:174). Although I acknowledge that database searching is never 100% sensitive, hand-searching of the references in the selected papers sometimes results in additional papers, as well as checking for additional papers from the authors of the selected papers.

In the tables presenting the outcomes, more types of outcomes than the selected ones are presented. Data extraction and presentation of the outcomes should be restricted to the outcomes of interest according to the authors. I prefer though that all relevant outcomes are selected and discussed.

I feel that the data extraction/data presentation is a bit sloppy on some occasions. As I am one of the co-authors of two of the selected studies I particularly checked how results of our study were presented (sorry for that). For example, the RCT of Kimman et al (reference 16 in this paper) also presented quality of life outcomes (e.g. Fig. 2 and Table 3), which are not discussed under the heading ‘Clinical safety and quality of life’. Quality of life is mentioned though as one of the outcomes of this RCT in Tables 1 and 2. Another example is that in
Table 1 in the last column 'Critical Appraisal score', no score is provided for his RCT (again reference 16) as this study would present a cost analysis. This is not true. Reference 25 on the other hand does include a cost analysis (see Table 5 of this paper) but this is not reported as being one of the outcomes (only QALYs and ICERs). This is what I noticed when only checking our study, and leaves me with the question whether data extraction and presentation has been performed systematically and correctly.

Also I don’t understand why results are presented predominantly in a qualitative manner (except from the p-values and 95%-CIs presented in Table 2). The paper would benefit from a more quantitative presentation of the results. There seems to be some overlap between Tables 1 and 2 as well.

The authors state that they have assessed the studies for their methodological quality but the results are not discussed or used as additional selection criterion. So why was this done?

**Level of interest:** An article whose findings are important to those with closely related research interests

**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'