Reviewer's report

Title: The electronic self-report assessment and intervention for cancer: Promoting patient verbal reporting of symptom and quality of life issues in a randomized controlled trial

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Reviewer: Laura Ashley

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The electronic self-report assessment and intervention for cancer: Promoting patient verbal reporting of symptom and quality of life issues in a randomized controlled trial

Major compulsory revisions

1. It would be helpful to include in the Introduction a description and explanation of the underpinning theoretical framework – in terms of the hypothesised mediators / ‘mediational chain’. For example, if patients communicate more SxQoL issues / communicate these issues ‘better’ in consultations, how is it hypothesised that this then leads to reduced distress? Through clinicians responding with help? Through this initial behaviour being a trigger for the patients to then do something else? Through several mechanisms?

2. The quantitative and qualitative differences between the 2 trial arms, in the reporting of SxQoL issues, needs to be made clearer. In the Results: there was no difference between the 2 arms in the number of problematic SxQoL issues addressed during clinic visits (p=.41). In the Discussion: intervention patients more frequently reported problematic SxQoL than controls. It is not completely clear if/when findings refer to reported more often / reported more often as coached. Has the intervention promoted verbal report of more problematic SxQoL issues and/or promoted use of particular language (coached statements) for reporting SxQoL issues?

3. In the Introduction it is noted that barriers to communication in consultations include clinicians interrupting patients’ reports and changing the subject. The inclusion of some analysis of the clinicians’ behaviours/responses in the clinic visits would greatly enhance the paper and make it more ‘complete’. Clinician responses to patients’ reports is of key importance and presumably one hypothesised mechanism via which patients raising issues in visits could result in reduced distress.

4. The paper would also be enriched by including some analysis of and comment on the proportion of reports made by patients versus caregivers.

5. Statistically it may not be feasible, but if it is, it would benefit the analysis to undertake some form of explicit test of mediation. In a previous paper the authors
showed that the 2 trial arms differed in distress and in this paper they show that they also differ in terms of patients’ verbal reporting of SxQoL issues. Although suggestive, these two findings do not indicate that the reduction in distress in the enhanced intervention arm is (to whatever degree) mediated by the increase in patients’ increased SxQoL reporting.

6. The trial arms differed in age with the intervention arm being significantly younger. As younger patients may well be more vocal in consultations I was surprised that this group difference was not considered in the Discussion.

Minor essential revisions

1. It would be helpful to be clearer in the abstract about how the control and enhanced intervention arms differ.

2. The final sentence of the introduction could be more comprehensive and clearer. It’s slightly confusing if compared with the abstract due to the use of different terms: intensity/severity and duration/pattern, and the fact that requests for help are missing. Also, are ‘individual’ issues ones not on the list of 26 covered by ESRA-C?

3. It would be helpful to have a small diagram/table summarising the similarities and differences between the two interventions (standard and enhanced), including home/clinic, delivered via the internet etc.

4. The regression analysis needs to be more clearly explained in the analysis section of the Methods.

5. The Results say 517 clinic visits were audio-recorded and coded, but the abstract says 515.

6. It’s quite difficult to get a handle on what the report index represents – patients in the intervention group had an average 0.036 higher report index than those in the control group – it would be helpful to illustrate / explain what this means.

7. The first sentence of the last paragraph of the Discussion states that “while our findings from the present analysis clearly suggest that communication between patients and clinicians with regard to SxQoL may be improved with our intervention…”. I think this could be misleading as the analysis doesn’t look at communication BETWEEN patients AND clinicians.

8. Table 2 should present the interquartile range alongside the median values.

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