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

Version: 1 Date: 3 February 2014

Reviewer: Roxanne Jensen

Reviewer’s report:

This manuscript presents findings from a patient-focused web-based intervention to promote patient identification of symptoms during active cancer treatment. Current capabilities of electronic patient-reported outcomes systems are increasing quickly, and this paper highlights some of the exciting future opportunities in the field to promote symptom identification and discussion in a clinical care setting.

Overall the study and findings presented here are noteworthy in an understudied area. Further elaboration on the intervention details and delineation among the many domains (symptoms, function, quality of life, and supporting patient constructs) reported would make this work clearer and interpretable. Also, incorporating information about measured symptom severity would complement and enrich the findings presented here.

- Major Compulsory Revisions

(1) Intro: More elaboration on barriers to discussion are needed on both the provider and patient side. On the provider-side, other studies have suggested for broader QOL issues providers may consider these issues for other providers (e.g., PCP) or aren’t sure what to do or address them. On the patient side, please include citations for “time-limitations” and clarify what is meant by “forgotten experiences from inter-visit periods”. (pg. 4)

(2) Intro: Lead-in to previous work (second paragraph) should be condensed and incorporate a more general discussion of the literature on the limited or mixed impact of symptom reports on clinician behavior and patient outcomes in the literature

(3) Methods: Further clarity about the intervention is necessary. What happened when people identified multiple symptoms in the screening—did they receive interventions in every area? Was there any verification that web-participants logged on and viewed the content, if so what percent? What was the agreement between intervention symptom-tailored content and symptoms discussed with their doctor after viewing?

(4) Results. Since participants complete PRO assessments, further elaboration on how identified issues reflect measured severity, especially between the two groups would be helpful. Were the symptoms reported (outcome) reflected by the
participant’s PRO scores? What percent of identified symptoms reflected content providers were alerted to in the PRO reports?

(5) Results. Unprompted symptom reporting is mentioned (Top of pg. 9), however identifying prompted vs. unprompted symptoms reporting was not stated previously as a goal. (it is unclear if unprompted symptoms are the outcome of interest in the tables)

(6) Results. Given the overall similarity of the number of issues discussed between treatment arms (pg. 8), is here anything else about these unprompted symptoms that would be especially interesting to the reader (i.e., more function/QOL related than treatment symptoms).

(7) Results/Discussion: The interpretability of the results are a limited because it incorporates so many different symptom, function and HRQOL domains. An exploration of sub-groupings (e.g., symptoms, function, QOL) would be helpful.

- Minor Essential Revisions

(8) Intro: Second paragraph leads with a run-on sentence. (pg. 4)

(9) Intro: It isn’t clear how the two aims of this study are different are the two aims: any discussion vs. the “quality” of discussion? (pg. 5)

(10) Methods: what was the “pre-defined threshold for symptom severity (pg. 6) and was this used in the analysis?

(11) Methods: Was these any mode difference between rates of symptom reporting for those that received a report immediately prior to their visit

(12) Methods: Were the symptoms included in the counts here limited to the items where the patient selected and viewed related educational content?

(13) Methods: What is a SDS-15 score (pg. 8)? Abbreviation is not seen elsewhere in the manuscript. Text says it was a covariate in the analysis, but not listed in the tables.

(14) Results: Are the main findings unprompted symptoms? Or overall reported symptoms? Please clarify in the text and tables. (see revision #5 )

(15) Table 1: please provide more information about the demographics of your patient group. Including cancer type, advanced/non-advanced cancer stage, and more information about the age of the sample than just above/below 50. Average symptom scores would also be informative for each group.

- Discretionary Revisions

(16) Header on the graph “favor vs. do not favor ESRA-CII” was a bit confusing. At first, I thought it was a measure of patient satisfaction for the intervention. May want to consider a re-naming for clarity.

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