Reviewer's report

Title: Return to work of breast cancer survivors: a systematic review of intervention studies

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Reviewer: John F Steiner

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In recent years, a number of high-quality observational studies have been published that demonstrate that most cancer survivors are able to return to work, although some of them continue to suffer from disabilities that affect their work. Since the findings of these papers are clear and generally consistent, the focus of the field is turning to intervention studies. In this context, the careful review of the literature on interventions to facilitate return to work after breast cancer by Broekhuizen and colleagues is timely and novel, since I am unaware of a similar paper in the literature. Strengths of the study include the comprehensive and well documented search strategy and the rich descriptions of the individual interventions. Their call for randomized trials of such interventions is important, and well substantiated by the poor methodological quality of the studies they review.

Major compulsory revisions – In most reviews such as this one, the table summarizing the findings of the individual studies is the most useful component. The current table could benefit from several revisions to improve clarity:

1. In column 2, the number of subjects enrolled could be omitted (moved to a new column per my next comment). This information is currently duplicated in a subsequent column.

2. In at least 3 of the studies, some individuals were included who were not working at baseline. It might be clearer to add a column indicating the total number of subjects enrolled, the number working at baseline, and the number in each arm of the study (for Maguire), since all subsequent results are based on this subset of the original enrollees. This is a particularly confusing in the presentation of the Winick study, since only 371 of the 1700 subjects were working at baseline. Other exclusions (currently in a subsequent column of the table) might also be described here.

3. The “Aim intervention” column could be omitted since the aims of all studies are generally similar, and this would provide more space to describe the interventions and their outcomes.

4. The description of the Maguire intervention should be clarified. As written, it is not clear that the “counseling” weeks and the “control” weeks were the means of allocating subjects. Rather, it sounds like individuals crossed over from intervention to control conditions week by week.
5. Information about sample sizes can be removed from the “follow-up and outcomes” column since it will have been reported earlier.

6. It would be helpful to add information from the Fismen study, if available, about the outcomes measured.

7. The “effect interventions” column could be retitled “proportion returning to work”, since all the data reported in the table is for that outcome.

8. If there are other important comments to make about any of the papers, they could be placed in a “comments” column at the end of the table, although this is not necessary.

Minor essential revisions – The authors could emphasize the limitations of these studies more forcefully, to support their call for randomized trials. In particular:

9. They make the point that physical exercise and counseling were the only interventions provided. Comprehensive occupational rehabilitation, in which specific job skills are assessed and targeted rehabilitation provided, has not been assessed. This is a limitation of these older studies, which (as they note) newer studies in other areas of rehabilitation are now addressing.

10. The lack of recent studies is a very important limitation that needs more emphasis, since modern surgical treatment for breast cancer is likely to cause much less residual disability than the radical or modified radical mastectomies received by many women in the older studies they review. Thus, rehabilitation needs may have changed, as well as the likelihood of returning to work.

11. The influence of a review paper like this would be enhanced if they were to propose methodological standards for subsequent studies, rather than simply advocating for randomized trials. In addition, what types of intervention would they proposed, and what types of outcomes (beyond merely whether someone returns to work) would they like to see in these studies?

Discretionary revisions

12. The introduction might flow better if the last paragraph on p. 3 was inserted before the paragraph about interventions.

13. They state on p. 4 that their objective was to “identify” relevant studies. I would encourage the authors to be more assertive about their goals, and include an objective to “critically review” those studies with the goal of informing the design of intervention trials.

14. Can we even draw the conclusion that there is a “positive trend” (p. 10) in return to work after these interventions, given the limitations of study design?

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.