Reviewer’s report

Title: What determines patient preferences for treating basal cell carcinoma? A discrete choice experiment survey from the SINS trial (surgery vs imiquimod)

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Reviewer: Brigitte Essers

Reviewer’s report:

I’ve read with great interest the study by Tinelli et al. regarding patient preferences for treating Basal Cell Carcinoma. This type of skin cancer is the most common worldwide and its incidence continues to increase. For a long time, surgical excision has been the standard treatment for all types of basal cell carcinoma but given the increasing incidence this treatment places a huge burden on the dermatological practice. Hence, the search for new equally effective but potentially cheaper therapies is necessary. Hereby, gaining insight in patient preferences is an essential part.

Overall I thought the rationale for this study was clear and the manuscript well written.

However, I feel that for some parts of the study/manuscript the authors should give a more elaborate explanation so that a reader can judge whether certain choices were justified.

Major compulsory revisions

1) The authors state that they used attributes and levels from a previous DCE applied to BCC and from discussions with the research team and experts. However, I think that this is too concise. Have the authors conducted focus groups (with patients) to gain insight into those treatment characteristics that are considered important by patients? Were the discussions with the research team and experts conducted in a systematic manner?

2) Why was the administration and time period of each treatment not included as an attribute? A difference between surgical excision and imiquimod is that surgical excision is performed on one and the same day in a hospital setting while imiquimod has to be applied by the patient over a number of weeks in his/her home environment. I can imagine that this could be an important attribute for patients when indicating their preference.

3) How was the cost-attribute explained to patients? I assume that in reality treatment for skin cancer is free of charge.

4) The levels of the cost-attribute for surgical excision and imiquimod are similar. Is this accurate? One would expect surgical excision to be more expensive. Hence, the range for the cost-attribute levels would be different between surgical excision and imiquimod.
5) How was the attribute chance of complete clearance explained? Was the time-period also defined and explained to patients? Are the percentages clearance based on three-months or twelve months follow-up? I guess the same is true for appearance. Is this the appearance three months after treatment, six months or one year after treatment?

6) Both patients with nodular or superficial BCC were included. Is it possible to perform a subgroup analysis on type of BCC (nodular and superficial)?

7) The authors state they used a third status quo alternative although for me it is not clear why they used a fixed status quo alternative of which the levels are already included the other option alternative ‘surgery’. Could the authors provide more information about the reason for using this fixed status quo alternative because they also could have chosen (in this particular case) for a forced choice.

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

**Quality of written English:** Acceptable

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**

I declare that I have no competing interests