Author's response to reviews

Title: Electronic patient self-assessment and management (SAM): a novel framework for cancer survivorship

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Author's response to reviews: see over
Editor

Last year, we submitted a paper entitled “Electronic patient self-assessment and management (SAM): a novel framework for cancer survivorship.” This paper was rejected. In the light of this rejection, we undertook a fundamental rewrite and resubmitted, what we thought would be treated as a novel submission. Our understanding from recent correspondence is that the paper will be reviewed again by the same reviewers, and therefore that a response to the reviewers’ original comments is required.

The overarching criticism of the original manuscript was that the proposed system (SAM) was entirely hypothetical. We have since developed a functional SAM and now discuss how the features of SAM work in practice at two separate institutions. As such, we have removed much of the original theoretical discussions and replaced them with descriptions of our practical experience with well over 1000 patients. So, for example, we have removed the section of “privacy issues”, which stated that “privacy issues would need to be thought through”, on the grounds that our existing system demonstrates that such problems are readily surmountable.

Given the large difference between this manuscript and the original submission, we do not feel it appropriate to make a point by point response to each and every comment made by the reviewers. Instead, we will only specifically address the reviewers’ comments that still are relevant to the current manuscript.

Reviewers 1, 3, and 4 expressed concerns that SAM has not been implemented and is therefore impossible to discuss in concrete terms and evaluate. As such, we now describe in concrete terms two working systems at MSKCC and UCSF. We carefully outline which aspects of the system are currently implemented, and which are under development. These changes are described in the section entitled “Development of SAM at Memorial Sloan-Kettering Cancer Center” and “Development of SAM at the University of California, San Francisco”. As reviewer 1 suggested, specific aspects of SAM are presented as screenshots in the Appendix.

Reviewers 1 and 4 also expressed concerns about patient privacy. We have been able to create a secure system for data transfer and storage. Both the MSKCC and UCSF systems meet extremely strict institutional guidelines for data security and were carefully scrutinized by internal committees before implementation.

Reviewer 2 noted that patients have initial contact with SAM post-operatively and suggested that beginning with the general practitioner (presumably during the diagnostic process) would be more effective at reducing fragmentation of care. While it would be ideal for general practitioners to initiate a process to reduce fragmentation of care before it begins, it is more efficient for specialists to use systems (like SAM) that are specific to the needs of their particular patient population. SAM would assist primary care providers by providing relevant information to patients, who can share it with their primary care providers.
We thank reviewer 2 for suggesting the work of Donna Berry et al. and have added appropriate citations to the text in the “Novel Aspects of SAM” section.

We look forward to hearing the comments of the referees.

Yours sincerely

Andrew Vickers