Reviewer’s report

Title: Designing a multifaceted survivorship care plan to meet the information and communication needs of breast cancer patients and their family physicians: Results of a qualitative pilot study

Version: 1 Date: 11 March 2013

Reviewer: Sally Thorne

Reviewer’s report:

Review Report

Background
The rationale and goals for this study are clearly and effectively articulated in the introductory material. Although this discussion is necessarily brief, it does not under-represent the complexity of the phenomenon and the claims about it are aligned with an appropriate array of recent and credible source materials.

Methods
I wondered about the use of the expression “therapeutic relationships” in this context, since this can signal what is a contested space between dedicated psychosocial specialists and those who deliver “everyday” clinical care in the cancer context. I believe that the primary focus of this study is everyday care – the supportive, monitoring and coincidental care that cancer survivors so often require – which may or may not include psychosocial specialists. As an option, it may be worth considering the meaning of the expressions “clinical relationships” or “health care relationships.”

I very much appreciate the use of an evolving and reactive data collection approach, in keeping with an auditable logic trail. While there are some inherent advantages to matched pairs, for example, you have clearly balanced these against the comparable relevance of real patients in natural circumstances, which so often will not conform to the ideals of a protocol. I also appreciate your use of both focus group and individual interview, since the two modalities extract distinct forms of data – one emphasizing that which is common and the other allowing for the deep investigation of that which is unique and particular to an individual case. Those two directions of inquiry when analyzed together increase the robustness and richness of your study outcomes. This same iterative approach is apparent in the loosely structured interview guides, clearly allowing room for indepth exploration while maintaining an integrity to the overall purpose. As such, the design demonstrated a commitment to the technique conducive to inductive analysis rather than to the dictates of a conventional formal methodology.

Although the description of most aspects of the design and analysis is coherent and logical, the one issue I would encourage you to reconsider is the use of the
expression “descriptive content analytic approach,” with explicit reference to Sandelowski’s papers on qualitative description. I believe that this descriptor does no justice to your work, and may allow for some confusion as to the extent to which the findings were inductively derived. For the most part, that term is used to reference a pre-determined organizing structure where qualitative “data” are included in an otherwise quantitative report. Since as we see in the findings display, your organizing structure clearly derives from patterns and themes in the data themselves and becomes a significant component of the findings, your depiction of the analysis in this way is somewhat misleading. While you did remain with the pre and post division, the “ingredients” of your depiction of each is clearly an outcome of induction. Using the same cited sources, you could quite easily reference it as a “qualitative description” or an inductively derived “thematic analysis” rather than opening up a new can of worms with the expression “content analysis.”

Results

The study findings are interesting, relevant and logically derived from the data. What may be missing in the report is a transitional comment on how you came to determine the relevance of this particular organizing structure (as compared to others you might have chosen). This could be quite brief, but it would allow the reader to more effectively conceptualize what table 3 represents in the context of the results narrative, rather than assuming that the integration necessarily occurs in the reader’s mind as the two are read concurrently. So I would encourage consideration of a “stage setting” claim at the outset of the results section.

Discussion

I very much appreciate that you have attempted to provide a lens of chronology in the sense of the cancer journey. However, you may have inadvertently fallen into the trap of assuming a particular chronology (p. 17 “from diagnosis and treatment to follow-up”) which fits some patients and does not quite fit many others (chronic metastatic breast cancer patients, patients with recurrence and disease progression, patients discharged without followup etc). The boundaries between these groups seem to be fading over time, and so it is arguable that survivorship models will have to expand to include a range of conditions or to accept hard exclusion delineations. As you have correctly pointed out, such matters as non-oncologic concerns are very much the domain of survivorship plans and models, since the patient experiences health and illness holistically, not as biomedical system categorizations.

I also appreciate the manner in which the findings of this current study have been critically examined in light of the findings of recent RCTs, correctly acknowledging the limits and strengths of each, but moving past the requirement of denoting them and into analysis of what the totality might mean in terms of understanding the phenomenon in question.

The future directions for research followed logically from the discussion. I would have liked to see a more explicit rationale for the idea that a “human factors” approach would be employed in the next iteration. As a reader, I am left with the
feeling that there is a logic underlying this claim that is as yet inaccessible, so if a slightly more fulsome explanation is feasible, it might benefit readers in understanding the implications of the recommendations.

Conclusion

While one can sympathize with the emotive intent of the concluding claims, the “finding” that patients feel lost throughout the journey may in fact extend a bit far beyond the data. Further, there is (in my opinion) evidence in the literature that some of the intensity of the subjective experience of being “lost” in the immediate recovery phase at least is precisely because of the comfort and confidence that some patients experience in the warm embrace of the expert oncology care system during much of the treatment phase. So I would encourage a minor adjustment so that the conclusions refocus on what we are generally considering the survivorship context – ie after initial specialist treatment has concluded and when people are sent back into the conventional primary care system.

- Major Compulsory Revisions
None.

- Minor Essential Revisions
p. 16 “an SCP” should read “a SCP”
Otherwise very cleanly and articulately written

- Discretionary Revisions

1. I wondered about wisdom of the term “therapeutic relationships” (beginning of methods section) and have explained in the report narrative.

2. I would encourage reconsideration of the term “content analysis” within the explanation of the analytic approach, and have provided both rationale and alternative options in the report narrative.

3. I would have appreciated a transitional explanation of the organizing structure for the results to bridge the analytic approach and put the findings we are about to read into context (also explained in the report narrative).

4. I would have been interested in more detail with regard to the rationale for moving toward “human factors” in the next iteration of this work.

5. I would strongly suggest adjusting the second last sentence (first sentence of the conclusion) so that its focus is squarely on survivorship. Please see report narrative for explanation of my rationale. However, I have not listed it as a compulsory revision, as it is not (at least for me) a “deal-breaker.” Rather a very strong suggestion.

Level of interest: An article of outstanding merit and interest 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