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:** 18 March 2013

**Reviewer:** Ellen Lopez

**Reviewer's report:**

Your article reflects your experiences while informing, developing, and gaining feedback on a new survivorship care plan (SCP). Per the description of your work, there are several strengths to your project. Particularly apparent is the strong use of qualitative methods to gain patient/survivor and provider perspectives. Most impressive is how you have moved from assessment to intervention and feedback.

To aptly reflect and disseminate your work and findings your paper requires clarity, and some restructuring (as detailed below).

**Major Compulsory Revisions**

**Reviewer's General Thoughts**

1) Your paper requires restructuring/reorganization in several areas to increase clarity (see detailed feedback below).

2) Throughout the paper, you should consistently refer to the project components as Phases 1-3 (Phase 1: Assessment, Phase 2: SCP Development and Implementation, Phase 3: SCP Feedback)

3) Your study is described as a pre-post study. But actually you have conducted a sequential qualitative study that involved a formative assessment, SCP development (based on assessment findings), brief pilot-testing, and feedback. The idea of pre-post connotes a study assessing change from baseline to follow-up, which was not the focus of your work.

4) You discuss a multi-component SCP, but it is unclear if and how the paper-based and web-based components differ. Only on page 14 doe you state that the paper-based SCP includes a treatment summary and follow-up care plan. Earlier you describe the Web SCP as including resources and Survivors’ Guide. This should be detailed earlier in the paper – possibly in Methods (when describing Phase 2 of the study). It should be clear that these are two distinct features of your SCP, and that the Web SCP is not an electronic version of the written summary that can be populated automatically.

5) Would consider devoting less space to the qualitative findings (especially the assessment findings), and more to the content/structure of the new SCP.
(paper-based and web), and to the feedback provided by patients and providers who tested it.

Abstract
1) Page 2 – Methods: Be consistent in describing 3 phases of study ("Pre-implementation" and "Post-implementation" is confusing, and should be Phase 1: Assessment…Phase 3: SCP Feedback…)

2) Page 2 – Results: Should not focus on what you had envisioned, but what you learned from this qualitative inquiry.

Introduction
3) Page 3 – Should explain what you mean by “women are living with a chronic condition.”

4) Page 4 – Nice statement of study purpose!

5) Page 4 – Should consistently use past tense when describing the study you already conducted. “Our qualitative pilot study addressed this gap, and focused on understanding and addressing…”

6) Might synthesize more literature re: existing SCP’s (content, barriers, challenges, facilitators). There are several existing SCP’s (especially those focused on breast cancer) – ASCO, Journey Forward. Why did you decide to develop a new SCP, as opposed to adapting ones that already exist?

Methods
7) Page 4 - Nice rationale for using qualitative methods.

8) Page 4 - Again (as described above), you did not essentially conduct a pre-post test design. You have conducted an assessment – and then gained feedback on the product you developed.

9) Page 4-7 - Would restructure Methods section to follow 3 phases (Assessment, SCP Development/Pilot Implementation, Feedback). Starting with Intervention Design (Phase 2) is confusing.

10) Page 5 - Would provide more information on how the SCP was developed (informed by Assessment data) and what each SCP component contains (paper-based vs. web).

11) Page 5 - Table 1 is not worthy of a table. Should incorporate information into the paper.

Sampling and data collection procedures
12) Page 6 - What do you mean by “information-rich cases”?

13) Page 6 - Would devote separate paragraphs to describe inclusion criteria for patients/survivors and providers.

14) Describe how participants were recruited. Were they offered incentives?

15) Page 7 – Why was it not feasible for FPs or OHCPs to conduct focus groups?

16) Page 7 – Include a table to show demographics of participants. Does the
participant data provided reflect that of both Phase 1 (Assessment) and Phase 3 (Feedback) participants? Did any participants from Phase 1 also take part in Phase 3?

17) Page 7 – Description of Pre-implementation interview guides seems out of place. Content provided in Table 2 should be further discussed when describing Phase 1 and Phase 3.

Data Analysis
18) Page 7 - Would omit “In keeping with the study’s qualitative methodology”
19) Page 7 - Why did you conduct data analysis in conjunction with data collection? Did you use techniques of grounded theory? Were preliminary findings incorporated into subsequent data collection activities?
20) Page 7 - Who conducted the analysis? The two experienced qualitative analysts?
21) Page 8 - What is involved in a descriptive content analysis? Can you elaborate on this?
22) Page 8 - Can you elaborate on the listed techniques to ensure analytic rigor? ‘Checking, questioning and coding/data review by two experienced qual analysts. “Checking” and “Questioning” need to be defined. Did the two analysts conduct the analysis – or conduct an external audit to ensure rigor?

Results
23) Page 8 - Table 3 should be condensed or omitted. These findings/themes can be concisely operationalized, described and backed up with 1-2 illustrative quotes.
24) Page 10 – Box 1 is not needed. Summary should be included within text, unless used as a side bar.
25) Page 11 – As with Table 3, Table 4 should be condensed or omitted. Findings should be concisely operationalized, described and backed up with 1-2 illustrative quotes.

Discussion
26) Well done! Would focus more on the surprising findings from your study, and how your SCP enhances survivorship care beyond existing SCPs.

Minor Essential Revisions
• None

Discretionary Revisions
1) You use several acronyms (BCP, FP, OHCP, SCP), which can become cumbersome. Consider replacing BCP and FP with Patient (to denote patient/survivor) and Provider (to denote Family Physician).

Reviewer's finally thoughts: Your study and the findings reflect incredible work on a vital survivorship topic. With organization and clarity, your paper could add extensively to the literature.
Best wishes!

**Level of interest:** An article of limited interest

**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