Reviewer's report

Title: Feasibility Study of Multidisciplinary Oncology Rounds by Videoconference for Surgeons in Remote Locales

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Reviewer: Richard E Scott

Level of interest: A paper whose findings are important to those with closely related research interests

Advice on publication: Accept after discretionary revisions

a) Discretionary revisions

1. The conclusions drawn (abstract - p2; paper p 10) extend beyond the intent of the study. The study focused on assessing the feasibility of using videoconferencing for interactive and multidisciplinary oncology rounds, which was very well demonstrated through the study with interesting results. The focus of the study was not on investigating telehealth evaluation frameworks, which is included as a peripheral item in the discussion and then added to the conclusion. This 'extension' is unnecessary since the remaining material is of sufficiently high quality and stands alone. (See comments 3 and 4 below)
2. 'Evaluation', p8, 1st para. This paragraph seems a little misleading when reviewing the results. Recommend changing "... and nearly 43% ..." to read "... and 30 to 43% ...". Recommend changing "Oncologists were more satisfied than general surgeons overall (88.3% versus 75%) but more general surgeons than oncologists reported that discussion caused reflection on practice and that current practice would change" to read "Oncologists were more satisfied than general surgeons overall (88.3% versus 75%) but for the three outcomes, more general surgeons than oncologists reported that information revealed was not accessible elsewhere, that discussion provided useful tips for practice, and that discussion caused reflection on practice. Further, only general surgeons but no oncologists indicated the sessions would change their current practice."
3. Discussion, p9, 3rd and 4th paras. Beginning 3rd para "The use of telemedicine has been primarily driven ..." to the end of the 4th para, the discussion strays from the focus of assessing the feasibility of videoconferenced oncology rounds to a new topic of telehealth evaluation frameworks. Although interesting and an important aspect, this seems out of place for the paper.
4. Conclusions, p10, final sentence. Unnecessary if comments 1 and 3 are accepted.
5. Table 1. Inclusion of decimal medians for such discrete data as 'number of participants' and 'evaluations submitted' seems inappropriate.

b) Compulsory revisions

None
Competing interests:

None declared.