Reviewer's report

Title: A systematic review of Impact of Routine Collection of Patient Reported Outcome Measures on Patients, Providers and Health Organisations in An Oncologic Setting

Version: 4 Date: 22 May 2013

Reviewer: Joanne Greenhalgh

Reviewer's report:

Thank you to the authors for revising the manuscript and fully addressing my previous comments.

In relation to our fruitful debate in the further comments section, the authors make some very important and thought provoking comments. In the interest of space and the patience of the readers I will only respond briefly to them here.

I agree that it would be extremely helpful to produce guidelines and practical examples for conducting an RS. Indeed some have already begun to do this (Rycroft-Malone et al., 2012). However, RS is a more flexible and iterative approach than conventional systematic reviews. As Rycroft –Malone et al (2012) point out, it is based on a set of principles, rather than a formula. So while standards and guidelines are important to ensure the quality of the review, it is much more difficult to mechanise the process in a prescribed set of guidelines.

I agree that new methods of analysis applied to conventional systematic reviews are useful in understanding how the intervention may have a differential effect for different subgroups or in different contexts. However, used alone, they do not offer an explanation as to WHY this differential effect may occur.

The question of ‘best study design’ is dependent on which aspect of the theory is being tested. In RS, there is no single ‘best study design’ and it depends on the suitability and relevance of the study for testing the component of the theory. It is not a question of weighting or favouring one type of study over another. The goal is to use different study designs to make sense of and EXPLAIN the findings of others through the process of theory testing.

For example, systematic reviews of quantitative studies of PROMs feedback demonstrate a pattern of outcomes such that PROMs feedback influences communication within the consultation and increases the detection of problems but has much less impact on patient management or outcomes. RS could then look to qualitative studies to explore potential explanations for these findings – in particular – what do clinicians do with PROMs data in consultations – do they use them to change treatment and under what circumstances do they use them in this way? There are a few qualitative studies that have looked at this (Greenhalgh et al., 2012, Takeuchi et al., 2011, Detmar et al., 2001).
The authors raise an interesting question about what happens when studies produce contradictory results. The goal of RS is NOT to pronounce one set of studies ‘correct’ and the other ‘false’. Rather, RS seeks to develop and refine a theory to explain the whole pattern of findings – so to understand what is it that might explain why one study found X and the other Y? In this way the theory to be tested can be further refined to improve its explanatory value.

References


**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.