Author's response to reviews

Title: Strategies to improve the efficiency and utility of Multidisciplinary Team meetings in cancer care: a survey study

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Author's response to reviews: see over
Dear Dr Robin Urquhart

Thank you very much for a thorough review of our article “Strategies to improve the efficiency and utility of multidisciplinary team meetings in urology cancer care: a survey study” (MS: 3905509431159240).

We were very pleased to see that the reviewers were positive about our study. We have certainly taken their comments on board, including both compulsory and discretionary revisions, and revised the manuscript accordingly to address them. In what follows we have listed the reviewers’ comments and we have specified how we responded to each one of them (in bold). All changes to the manuscript are also highlighted in bold as required.

**Associate Editor's comments:**
This is an interesting article around use of multidisciplinary tumour conferences for urology patients. A number of issues require revisions. These include:

Further clarification around the methods is required: e.g., more detail/rationale around why this methodology was selected, more description around how many professionals within the overall potential respondent group were surveyed (e.g., how many urological surgeons in UK and how many were surveyed, how many uro-oncologists in UK and how many were surveyed), a rationale for testing differences between professional groups, more detail around qualitative component.

**Thank you for these recommendations. We have taken your advice on board and we have expanded the methodological detail included within the article. We respond below to individual comments.**

**Reviewer: Jane Blazeby**
This is a survey of urologists about MDT working. It is not new, it does not use very valid methodological approaches to design the questionnaire, and perform the survey. It is unclear how it adds to the national MDT audit. I do not recommend publication.

**Thank you for the comments – we do understand these concerns and we explain below how we addressed your points. We also outline, briefly, our views regarding how this study adds to what we know about MDT working.**

Specific issues

1. Why survey urology MDTs only

We would have liked to carry out a larger scale survey – but this was not feasible at the time of the study. We are a team consisting largely of urologists which means that we have a good
network of events and colleagues who can facilitate data collection. We also have a
reasonable understanding of the working of urology MDTs (high caseload, long duration) and
we aim to produce speciality-specific useful views, that can be taken forward in further
descriptive or intervention studies. We have explicitly acknowledged the lack of cross-
tumour data as a limitation of this study.

2. There is a long winded introduction with repetitive paragraphs about MDT working
This is a good point – we have restructured the introduction to make sure the text flows better
and any redundancies between paragraphs have been removed.

3. There are too many objectives – this can only be exploratory
This is another good point – the study was indeed exploratory. The objectives are laid out for
readers to see what we set out to explore. To be as clear as possible, we have specifically
described the study as exploratory and we have provided concrete objectives which map onto
the actual survey content – so readers can clearly see early on in the paper what we asked our
participants.

4. Response rates were poor
Having carried out multiple surveys to date, we would argue that a response rate of more than
50% in such circumstances (we were not permitted to send out reminders) is not a poor
response rate. The problem of course of self selection in this (and any) survey remains – and
we fully concur that this is a limitation, which we have listed in the discussion.

5. Why test differences between professional groups no rationale for this?
This is an exploratory and descriptive study and given the potential difference in how key
MDT team members work there may be value in comparing their views. We did not set out to
investigate such differences – and we have now explicitly described the study as exploratory
where we present our aims. Equally, we have not built the discussion on these differences –
but overall we feel that the readers will want to know if different healthcare practitioners held
different perceptions.

6. Difficult to see how this adds to the UK survey
This is a speciality specific survey – we are building up an evidence base using survey,
interview and observational methodologies across a number of cancers. This study represents
a further step in the overall direction of our research programme. Clinically, we feel that the
urology MDT needs improvement – we all work in a fast paced environment where the
median case discussion time is approx. 2mins, and where cases later in the case list get a
worse discussion (as we get fatigued). This can surely be improved – and we want to build up
an evidence base on what may work within this speciality. The suggestions regarding how best to streamline the MDT are we think clinically very interesting and will generate thinking and discussion with our peers – and wider cancer professionals and health services academics.

Reviewer: Frances Wright

Major Compulsory Revisions

Is the question posed by the authors well defined?

1. I believe the introduction (and discussion) should have more references to the literature. In particular, references for

- “In the UK all cases of new and suspected cancer must be discussed at MDT”: Reference added.

- “consensus over what constitutes effective MDT working is high and MDT members remain positive in their attitude to MDT working and that they save time”. References added.

In the second paragraph, to expand the discussion outside of the UK – you could describe what other cancer conferences around the world do – ie which patients should be discussed. (also for discussion)

The Introduction is now updated to include non-UK MDT working, including supporting references.

“there is evidence that MDT working in cancer can improve the process of care as well as patient outcomes” – needs a reference (either a review or quote multiple papers)

Reference has been added to 2 recent reviews and also to the largest cohort study in the literature that we are aware of.

2. Are the methods appropriate and well described?

I think to give the reader an understanding of the survey methodology – we should understand what % of the overall groups were surveyed i.e how many urological surgeons in the UK are there and how many were surveyed? And why this methodology was picked. Why these particular surgeons (etc) were contacted and not others.

Unfortunately it is very challenging to accurately estimate the number of urologists, or other specialists, in the UK and indeed as stated in the article the sampling was purposive: we aimed to gauge views from 3 key members of the urology MDT, hence we targeted these events. The survey methodology offered significant practical advantages given the nature of the data collection (i.e. at national meetings) - compared, for
example, to in depth interviewing participants. Within our MDT research programme, we have indeed used a range of methods to gauge views on MDT working – including interviews, surveys, and also real-time observation (some of our previous papers have been appropriately cited). We feel that we are building up an evidence base that allows triangulation of findings across different methodologies – expert views from professionals on the ground are important for us to outline possible strategies and interventions that are readily applicable to MDTs and acceptable to their members.

Overall, as we have stated earlier, we are aiming to build up evidence on MDT working, but also to be able to identify similarities and differences between specialties – and the survey methodology with the items chosen contributes to this overall direction.

From a qualitative point of view – how many questions were open ended? How much did people write?

This is a very good remark – we have now provided this information for completeness.

On Fig 3 – I would put themes rather than count on vertical axis.

This has been changed.

Discretionary Revisions

1. In the abstract, ‘CNSs’ should be defined (outside of the UK this is not a known term).

This has been revised – we now use the term ;nurse’ throughout the paper to ensure understanding for international readers.

2. Describing what ‘splitting the MDT’ will make this sentence more understandable.

This has been explained in the Introduction section –and elsewhere, where we explicitly refer to subspeciality meetings.

3. Time spend in meeting the range does not come up clearly in the text

This has been reformatted for clarity.

Reviewer: Richard K Freeman

The authors present an interesting and timely discussion of multidisciplinary tumor conferences. I have two compulsory recommendations for them to consider which I feel would make the manuscript more appealing.
1. I would insert Urology into the title so that the reader knows the specific subject under consideration.

   This has been added as advised.

2. A better review of the existing literature surrounding this topic would assist the reader in understanding the question at hand and the implications of the authors' investigation. Two articles from our group address many of the same concerns and one has cost data, as examples.

   Thank you for highlighting this research – it is now included in the paper. We have also included further literature in the manuscript as well.

On behalf of our team, I would like to take this opportunity to thank the reviewers and the editorial team once again for a thorough reading and assessment of our manuscript. We hope that, following these revisions, the manuscript can now be deemed acceptable for publication in the BMC Health Services Research journal.

I shall be looking forward to hearing from you.

Kind regards,

Mr Ben Lamb

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