Reviewer’s report

Title: Is seeing a specialist nurse associated with more positive experiences of care? The role and value of specialist nurses in prostate cancer care

Version: 1 Date: 29 September 2007

Reviewer: Pernilla Lagergren

Reviewer's report:

General
A study addressing a clinically relevant topic.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

1. The methods section in the abstract is unclear. The two methods used should be clearly separated. As currently read the figures presented are confusing. Participation rates should be given.

2. The introduction is too extensive. It needs to be more focused and to the point. I suggest that the introduction is shortened by at least 50%. Parts of the text in the introduction might be better placed in the discussions section.

3. It is unclear how patients were selected in this study. Are there for example any restriction with regard to age? Stage of treatment and diagnosis at the time for evaluation? Criteria for inclusion and exclusion?

4. How was the assessment of contacts with the specialist nurse achieved?

5. How were patients selected for contacts with the specialist nurse? There is a considerable risk of selection bias that needs to be highlighted even more in the discussion section. For example, patients without specialist nurse might have had less need, lack of treatment, more or less advanced disease. Such selection might have severely affected the results of the study, particularly since only 12.8% did not have such contact.

6. The participation frequency in the survey was low. The risk of selection due to non-participation should be discussed more thoroughly in the discussions section.

7. It is quite unclear how patients were selected for the interview study. This should be described.

8. The participation frequency in the interview study should be presented.

9. The specialised functions of the specialist nurse should be more clearly defined in the methods section. What is the role of the specialist nurse in this setting?

10. In the last paragraph in the discussions section the word “provides evidence”
should be changed to for example “indicates”.

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

1. The last paragraph is more like a summary and I suggest that the authors make a short concluding paragraph at the end of the discussions section – a key message, starting with In conclusion, …. 

2. Table 1 should be re-organised into one table. Currently, it seems divided in three. It would be useful to show the separate characteristics among patients with and without contact with a specialist nurse. Categories regarding ethnic origin should be combined as presented in Table 2. Finally, it would be helpful to present stage of disease/treatment in this Table (as in Table 2).

3. Table 2 should be re-organised into one table. Currently, it seems divided in three.

4. Table 3 cannot be read separately. Please provide more information in the text of the table. Omit the footnote, instead just add the words age adjusted odds ratio in the last column. There is a considerable number of missing values, this should be acknowledged. Abbreviations should be defined.

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Discretionary Revisions (which the author can choose to ignore)

What next?: Accept after minor essential revisions

Level of interest: An article whose findings are important to those with closely related research interests

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.