Reviewer's report

Title: Telehealth System (e-CUIDATE) to Improve the Quality of Life in Breast Cancer Survivors: Rationale and study protocol for a randomized clinical trial.

Version: 2 Date: 13 May 2013

Reviewer: Sarah Damery

Reviewer's report:

This was a well written protocol that outlines a well justified and scientifically sound research study. Before publication, I would like to see the following suggested revisions/clarifications dealt with:

MAJOR COMPULSORY REVISIONS

1. Please clarify what is mean by 'exercise programs following a dose-response pattern'

2. It is unclear from the text whether the 24 weeks follow up is counted from baseline (thus the entire study will last 6 months), or whether it is counted from the end of the 8 weeks intervention period (thus the study will last 32 weeks in total). The usual definition of 'follow-up' is the period after the intervention has been administered, rather than the follow-up period being counted as part of the main study which includes the time taken by the intervention period.

3. The methods section states that exercises will be assigned to women in the intervention group "according to their perceived needs at baseline assessment". How will these be determined? Is there a pre-specified list of categorisations that will determine the specific exercise regime assigned to each woman? And which measures will lead to these decisions - is it baseline levels of pain, fitness, BMI (or all of these)?

4. Is there any particular rationale for assuming a maximum of 10% loss to follow-up? Pilot work for example? It would be useful to see a justification for this assumption.

5. As the unit of randomisation is the individual patient level, how will steps be taken within the study to avoid contamination between the intervention and control arms?

6. How will personalised feedback be given to participants during the intervention period? i.e. there is a possibility of participants receiving conflicting information on the basis of which of the study team they speak to if they ask for feedback. Will there be a single point of contact for all participants so that it can be assured that they receive standardised and comparable feedback and advice? Or if not, how will the study team make sure that they give reliable and comparable advice to all participants in the intervention arm?
MINOR ISSUES NOT FOR PUBLICATION:

1. Background section, paragraph 2: "health related quality of live" should read "health related quality of life".

2. Methods section (throughout). Tests that will be done as part of the data collection and patient assessments are referred to as trials. It would be more correct to refer to them as tests.

3. Methods section (throughout): It is more correct to refer to study participants as "patients" rather than "subjects".

**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.