Reviewer's report

Title: Patient-centered factors associated with hepatitis C treatment: a qualitative study

Version: 4
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Reviewer: Sheryl Szeinbach

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The manuscript is somewhat improved. However, there are still issues that need to be addressed. In summary, this preliminary study is an excellent starting point from which the content can be condensed and included in a future study that is larger and more rigorous.

Major:

General use of the word “factor” is fine when referring to studies other than psychometric-based studies. However, this is a psychometric-based study. Typically in these studies, use of the word “factor” refers to a quantitative approach for data reduction, reliability, and validation of measures. A quantitative approach was not used in this study. Thus, the title of the manuscript appears as if a factor analysis (quantitative analysis) was performed when it was not. Adding to the confusion is the use of the word “qualitative study” in the title. Strongly suggest changing the title to reflect the main purpose of the study – and removing the word factor in the title and throughout the text.

Possible suggestions for title: Qualitative analysis of patient perceptions of HCV treatment: Developing a shared decision-making aid to initiate therapy in patients with chronic HCV; Developing a shared decision-making aid to optimize HCV treatment: A qualitative analysis of patient perceptions

Line 108 & 109 .... “For the purposes of this paper, we define a factor as an influence that contributes to an outcome, such as a decision (e.g., a decision regarding treatment).” No, the information contributing to patient outcomes is patient perceptions of treatment as gleaned from the interviews. Patient perceptions influence the outcome, that is, his or her decision to not undergo/not undergo therapy, which is accomplished in conjunction with input from the prescriber. Hence the major reason for developing this shared decision-making aid. Figure 1 is a conceptual framework, which is a graphical depiction of variables, themes, concepts and the purported interrelationship between these measures. Please see HM Blalock. How variables are operationalized should be explained in the methodology.

In addition, if a data reduction technique was not used, then use of the word “factor” also implies that a rigorous format was used to assess reliability and
validity. Neither reliability nor validity was addressed in the study design or for the data collected in the study. If measures are not reliable or valid, their usefulness to clinicians and other researchers is minimal.

Line 175. “As coding progressed, factors were compared and integrated into broader categorical factor labels.” No, using axial coding, single words or items, and phases were compared and grouped into respective themes or categories. The method section needs to be clearer. Thus, for the future analysis, all the items (X1, X2, X3, etc..) that comprise each theme or category (i.e., construct or factor in the actual quantitative analysis) would hopefully group together in a future factor analysis, which at that point, the emerging theme becomes that factor or construct labeled according to the item with the highest loading. Hence use the word theme to describe the group of items that fit together or the major headings (categories) that emerge – as presented in the saturation grid. Please think about the future analysis when designing the aid. How would the variables presented in Figure 1 fit into the shared decision-making aid so that data could be extracted from the aid and analyzed?

The investigators discuss new therapies in the introduction, which are purported to have fewer side effects, yet side effects were perceived as the most salient theme by patients. Is there an explanation for this observation?

As I read this manuscript, the purpose of this study appears to be to develop this shared decision-making aid, tool or instrument for chronic HCV treatment. This purpose as currently presented and how it relates to shared decision making are not clear. For example, for the discussion and to connect with the content in the introduction: …with shared decision making, a concerted effort between providers and patients can optimize therapy and perhaps convince patients who are avoiding therapy to initiate therapy, especially given the possible perception of some patients who may have derived their views from side effects noted with the older interferon-based treatments of HCV. The shared decision-making aid also serves to educate patients who may not be informed (as mentioned in the introduction) of the newer direct-acting agents and the predilection of these agents to have fewer side effects.

Introduction: To accomplish the goal of developing this aid, investigators need to identify patient perceptions of these treatment options (i.e., now, never, thinking about it) in the management of chronic HCV. Researchers followed a standard procedure – grounded theory, psychometrics – establishing the reliability and validity of measures. Thus, the framework provided in Figure 1 should be “Saturation grid: Themes considered in the development of the shared decision-making aid…..” The investigators should also provide a draft or complete version of this shared decision-making aid in the Appendix. Not being able to do so would suggest that additional data are needed.

The content of the abstract is vague and fails to “connect the dots” in this study. For example, how is the information presented in the background section connected to shared decision making or the development of the shared decision making aid?
As is, the conceptual framework is still not testable and does not adequately align with research findings and the purported purpose of the research. The framework should be rearranged and presented as a recursive model; this is a decision process leading to an outcome. As I understand the goals of this study; the DV appears to be “the treatment decision” or “decision to initiate therapy,” etc…

Please check and reference other studies that already support the emergence of the themes presented in this study. This information would help validate the study findings and guide researchers in the development of future studies.

The research idea is excellent and the preliminary information is promising for the development of future and well-designed studies.

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

**Quality of written English:** Needs some language corrections before being published

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

**Declaration of competing interests:**

Already stated --