Reviewer’s report

Title: Ambulatory Medical Assistance-After Cancer (AMA-AC): A model for an early trajectory survivorship survey of lymphoma patients treated with anthracycline-based chemotherapy

Version: 4 Date: 10 July 2015

Reviewer: Debra Howell

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This is an interesting paper describing a novel method for monitoring patients with non-Hodgkin and Hodgkin lymphomas in the post-treatment/survivorship period. The purpose of the study is clear, the methods appear to be well considered and executed, although the sample size is very small. Despite this, a large number of events/observations have been collected.

Major compulsory revisions

1. The participants are younger, fitter (mostly performance status of #1) and more educated than would be expected among the general patient population with the diseases of interest. I would have liked to see more discussion around the study limitations associate with this, particularly with respect to the generalisability of findings.

2. It is likely that adherence will be more of an issue in a wider patient population (who will be older, less fit and less well-educated that the study population) in terms of attending GP appointments, taking NC calls or returning self-reported questionnaires. It would be useful to see more discussion around this and how it would be dealt with if this approach was to be adopted across clinical practice.

3. Although the paper alludes to heterogeneity between diseases, it gives little information about the specific non-Hodgkin lymphoma sub-types that are included in the study within the text (although I see it is included in the table footnote) – this would be better described in the text too.

4. The differences between the diseases included are not described (e.g. DLBCL for example is aggressive, but can be cured, whereas FL is more indolent but generally considered incurable, although its impact on life expectancy may be minimal; the watch and wait approach associated with follicular lymphoma - before and between treatments - can cause particular anxiety for patients). This may mask differences in the findings by sub-type. Have the authors considered looking at differences by the bigger sub-types (e.g. DLBCL compared to FL)? If not, the paper should at least include a discussion around these issues.

Minor essential revisions

1. In Table 1, the reasons underpinning separation of the diagnostic sub-types in the section ‘Histology’ are unclear. ‘Other’, for example, is categorised as Hodgkin lymphoma and NHL, yet DLBCL (which is also an NHL), is categorised
separately. ‘Hodgkin lymphoma’ should be used rather than ‘Hodgkin’s disease’. Separation based on the individual sub-types may be better than the current groups in the Histology section.

2. Line 85 – a list of the disadvantages of GP follow up are presented, but this is followed by a sentence saying it is therefore not surprising that patients prefer regular GP visits – this seems to be a contradiction.

3. Lines 80-85 – the assertions made need references.

Discretionary revisions

1. The acceptability of this novel follow-up process to patients (as well as GPs, NCs and oncologists) does not seem to have been explored within the study? Did you ask about this, or receive any general feedback about this? If so, this would strengthen the discussion. Also, a more detailed study (perhaps qualitative) with GPs, NCs and oncologists about the acceptability of this approach would also be useful to fully assess acceptability before consideration is given to rolling the scheme out into routine practice. Perhaps this should be recommended.

2. I would have liked to have seen a broader discussion around the economics and costs/benefits associated with the proposed follow-up process. Costs would be saved by the 30% reduction in oncology clinical time, but is this balanced by the costs of the extra GP and NC time, or would the proposed scheme be more expensive overall? If this is unknown, it should perhaps be suggested as an area for further research, as this would surely impact on wider adoption of the scheme into routine practice.

Quality of written English

1. The paper would benefit greatly from English language editing, as in its current state it is difficult to read in places and some of the terms are confusing.

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

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

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**

I declare that I have no competing interests.