Author’s response to reviews

Title: "Developing a patient decision aid for the treatment of women with early stage breast cancer: the struggle between simplicity and complexity"

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Author’s response to reviews:

Thank you for taking your time to review and comment this article again. I hope this time I have met your comments sufficiently.

The reviewer has indicated that the language still needs to be improved and we agree.

Reviewer reports:

Elina Farmanova (Reviewer 2): The content and quality has improved compared to the last version. However, the organization, structure and the flow remain problematic, in my view. The quality of written English is a problem; I strongly recommend that authors have this work proof read and edited by a professional editor. There are numerous spelling errors, awkward and long sentences, etc. There are just too many to list them here. Are you suing English UK or English USA, or neither? Please address the quality of writing, the manuscript should not be printed unless proof-read and the content is adjusted accordingly.

The manuscript was revised by a professional English language editing service in Maastricht.

I still did not quite understand why exactly the authors could not reach consensus among their participants... just please state the answer briefly and clearly, without taking the discussion elsewhere.

I adjusted the section. Page 19, line 487.
We spent much time in trying to achieve consensus between the patients and professionals on the content and format of the PtDA. The research team and the professionals involved in the development discussed the impact of all of the comments after each test round. If there were uncertainties, literature was reviewed and clinicians in relevant disciplines were asked for input. After thorough considerations the research team and professionals decided whether or not to adjust the content. We could not honour all of the sometimes conflicting recommendations of the participants, mostly due to lack of scientific evidence. This resulted in a kind of balance between the input of different stakeholders, with professionals being more dominant in defining the final content on risk communication and pros and cons of treatments, while patients were more dominant in defining the value elicitation statements.

In the discussion section please discuss the balance between simplicity and complexity that you evoked in your title. I recommended it the first time I reviewed this work.

I adjusted this section Page 21, line 540.

During the development process it became clear that the clinicians who had to adopt the PtDA opposed the short PowerPoint format that the research group initially developed. The research group had opted for simplicity (brief and compact), inspired by the existing ‘option grid’ on breast cancer [26] that focuses on surgical options. Option grids are one-page leaflets with a summary table to enable rapid comparison between options, structured by the patients’ frequently asked questions. They are designed for use during clinical encounters, with the additional advantages of easier design and dissemination and lower costs. The clinicians objected to such a short version as it ignored the complexity of the decision. They insisted on developing an extensive and expensive PtDA, which not only included the surgical options, but also the adjuvant and neo-adjuvant chemotherapy and breast reconstruction options. The implication of this was that we had to extend our first draft with about 20 slides, which was too much to handle in PowerPoint, so we switched to a web-based format. The clinicians argued that although a web-based PtDA takes time to develop and is expensive and difficult to use during the clinical encounter, it offers more opportunities to provide the comprehensive information required to make complex decisions. Not all treatment options mentioned above are indicated for all patients with early-stage breast cancer. To still incorporate a degree of simplicity, our web-based PtDA offers the option of personalising information to the indicated treatment options only, to enable patients to minimise the information overload.