Author’s response to reviews

Title: Talking about Treatment Benefits, Harms, and What Matters to Patients in Radiation Oncology: An Observational Study

Authors:

Laurie Pilote (laurie.pilote.1@ulaval.ca)
Luc Côté (Luc.Cote@fmed.ulaval.ca)
Selma Chipenda-Dansokho (Selma.Chipenda-Dansokho@fmed.ulaval.ca)
Émilie Brouillard (emilie.brouillard.1@ulaval.ca)
Anik Giguère (anik.giguere@fmed.ulaval.ca)
France Légaré (france.legare@mfa.ulaval.ca)
Roland Grad (roland.grad@mcgill.ca)
Holly Witteman (Holly.Witteman@fmed.ulaval.ca)

Version: 1 Date: 13 Nov 2018

Author’s response to reviews:

Thank you to reviewers for their helpful comments and to the editor for the opportunity to revise our manuscript. We detail our responses to each reviewer comment below. We also realized, upon revising the manuscript, that it would be clearer to report the median number of side effects mentioned by clinicians and recalled by patients, rather than mean and median, respectively. Changing from mean to median for clinicians changes neither the number nor the findings, but we hope it will avoid confusion for readers.

Editor Comments:

E1. Are all questionnaires used during your study previously published versions? If not, please could you include a blank English language copy as an additional file so readers can see the questionnaire format if they wish.

AUTHORS’ RESPONSE: We have done this.

E2. List of abbreviations used (if any): If abbreviations are used in the text they should be defined in the text at first use, and a list of abbreviations can be provided.
AUTHORS’ RESPONSE: We have done this, except for the word QSR in QSR International, the name of the company that makes one of the pieces of software we used. We could not identify a long version of their name.

Reviewer reports:

R1-1. Timothy Showalter, MD, MPH (Reviewer 1): This is a mixed methods study that investigates shared decision-making practices in a radiation oncology clinic. The sample included 11 radiation oncologists, 4 residents, 14 nurses and 40 patients, with a mix of tumor types and nearly balanced gender. The methods are described well. The findings are novel and provide insights into presentation and absorption of material related to potential harms of radiation therapy. The authors found that patients retain information when nurses meet with the patient after the physician consultation. They also found that discussions about values and preferences for care are usually initiated by patients and their families. This is new and potentially valuable material for practicing radiation oncologists and also has broad implications.

The analyses are appropriate and the methods are fully described.

AUTHORS’ RESPONSE: Thank you very much for your comments.

Reviewer 2 (Reviewer 2): PEER REVIEWER COMMENTS: To view the full report from the academic peer reviewer, please see the attached file.

REVIEWER COMMENTS FROM REPORT: Brief summary of the research findings presented in the manuscript

R2-1. The authors of the current study aimed to evaluate how shared decision-making practices communicating potential harms and benefits and discussing what is important for patients. The authors conclude that radiation oncology clinics should use interprofessional healthcare and implement more discussions about patients' needs and preferences.

AUTHORS’ RESPONSE: Thank you very much for your comments.

R2-2. Background

The Background section is well-written, supported by several relevant references and clearly states the aim of the study, but it rather short and is recommended to be expanded.

With regard to shared decision-making, the authors may include a very recent publication by Beers et al. as a reference. The study describes the essential steps of shared decision-making, clinical practice guidelines and challenges (Beers et al. The Role of Patients: Shared Decision-Making. Otolaryngol Clin North Am. 2017).
AUTHORS’ RESPONSE: Thank you very much for this suggestion. We have added this reference.

R2-3. Methods and Results

Methods and Results are described in details. The authors used appropriate methods of statistical analysis.

AUTHORS’ RESPONSE: Thank you.

R2-4. Discussion

Discussion is supported by the relevant publications, however, there are several references, which might be useful to include in the Discussion.

One important issue, which would be important to emphasize in the Discussion, is informed consent. An article by Berlin L discusses whether informed consent should be obtained from a patient before the patient undergoes a CT or similar examination (Berlin L. Shared decision-making: is it time to obtain informed consent before radiologic examinations utilizing ionizing radiation? Legal and ethical implications. J Am Coll Radiol. 2014).

In addition, a relevant recent paper on shared decision-making has been published by Bieber et al. The study evaluates how a shared decision-making intervention for oncologists affects patients' decision-making roles (Bieber et al. How Does a Shared Decision-Making (SDM) Intervention for Oncologists Affect Participation Style and Preference Matching in Patients with Breast and Colon Cancer? J Cancer Educ. 2018).

Another topic, which might be important for Discussion for this paper, is the importance of physician communication style. In their study, Martinez et al. have suggested that supportive communication by oncologists can improve patients' perceived decision quality (Martinez et al. Does physician communication style impact patient report of decision quality for breast cancer treatment? Patient Educ Couns. 2016).

Also, the question of palliative care would be important to discuss, since 25% of the study patients were on palliative care (Table 1). In particular, Cain et al. has provided suggestions for improving palliative care with cultural perspectives, highlighting the need to have partnerships with patients, their family members, and communities (Cain et al. Culture and Palliative Care: Preferences, Communication, Meaning, and Mutual Decision Making. J Pain Symptom Manage. 2018).

AUTHORS’ RESPONSE: Thank you for these suggestions. We especially appreciated the specific references. We have added these to the Discussion or to the Background if they supported statements we had already made. We also added a reference to a relevant systematic review that was published between the time we submitted our manuscript and received these
reviews, and a reference to clarify that we don’t believe the need to implement shared decision making in radiation oncology is unique to this specialty. The updated text in the Background reads:

“Patients have unique knowledge of their own situation and preferences, and patient participation in decision making may improve their experience, health outcomes, and the quality of care they receive, as well as health care provider satisfaction and health system sustainability [3-7, added Martinez et al.]. However, as in other specialties [Stiggebout et al.], work remains to be done to implement shared decision-making principles and practices in radiation oncology [7-9, added Woodhouse et al., Bieber et al., Berlin et al.].”

“The three core practices within shared decision making are identifying that a decision must be made, communicating the potential benefits and harms of options (including doing nothing yet), and incorporating what matters to the patient relevant to the decision [6, 10, added Beers et al.].”

The new text in the Discussion reads:

“Discussing patients’ values and preferences may be particularly important in palliative care [Cain et al.]”

R2-5. Editorial corrections. Page 4 lines 20-21, Instead of "… principles and practices, including in radiation oncology", it is better to write: "… principles and practices in radiation oncology".

AUTHORS’ RESPONSE: We have made this change, thank you. We also added text

R2-6. Overall conclusion. The study presented in the manuscript followed the relevant ethical and scientific guidlines. The results of the study would be interesting for oncologists, radiologists and other related healthcare professionals. The authors may add several recent references mentioned in the peer review.

AUTHORS’ RESPONSE: Thank you.