Reviewer's report

Title: Patient educational technologies and their use by patients diagnosed with prostate cancer

Version: 1  Date: 30 April 2015

Reviewer: Emily Warren

Reviewer's report:

Thank you very much for this interesting article on a PET intervention to address the information needs of people diagnosed with prostate cancer. The manuscript is well written and because of its retrospective design, contributes to filling a current gap in the research on patients’ dynamic information needs.

Discretionary Revisions:

I am not sure if you need to account for the limitation described in lines 183-187. I think it is reasonable to assume that patients get information from other sources, even if it is only from consultations with the clinicians. I don’t think this is a weakness of the study or has implications for the results or discussions.

Minor Essential Revisions:

Line 53: An episode of care is generally something like one doctor’s appointment or one nurse visit. I think for the purpose of this it would be more accurate to write “…at different times throughout their care.”

Line 82: I would add a clause or sentence explaining what accreditation from HOM means.

The figures need to be labelled.

It would be helpful to color-code the figures so that readers could see which categories (as described in table 1) the modules belong to.

I think it would be beneficial for the readers to be able to have a visualization of the changing information needs over time. Perhaps a line chart with modules or categories showing the change between first, second, and subsequent visits? I think that might provide more useful data to readers.

Major Compulsory Revisions:

The background of the paper is clear but could be strengthen by pulling from more published data sources. Most assertions only have one citations which makes them seem less robust than they actually are and consequently weakens the paper’s credibility. Some claims, such as on lines 42-44 and 53-54 have no citations.
In lines 44-48 you explain that some PETs provide individualized information tailored to their particular learning style. Can you please clarify that or explain how that is done. From the description of your intervention, the PETs used in this study seem standardized.

Can you also clarify what is meant by “auditing of relevant data pertaining to their use”? How is this done?

On line 113, you report that the average age of the PET users was 56.4 years old. Are you able to report anything else about the patients? Given that only about one third of patients “prescribed” the library used it, it would be helpful to have any other information about how people who did use it were similar or different from those who chose not to. I understand that an ethics board put limits on what data could be collected, but any other information would be helpful.

I think the first sentence of the discussion is slightly misleading. This paper, while very helpful, does not actually tell us much about “how patients access and interact with information.” This paper does tell readers about changing patterns of information needs after diagnosis with prostate cancer. To know more about how patients access and interact with information, qualitative research would be ideal.

Since the objective of the study is to see how people interact with the PET, it would be useful to acknowledge that, due to the study design, you were unable to assess the implications of receiving additional information. It would be helpful to acknowledge that in future studies, researchers could analyse the associations between PET use, quality of life scores, and treatment choices and outcomes. This intervention could also be evaluated qualitatively to find out how patients felt about using the PET.

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

**Quality of written English:** Acceptable

**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