Reviewer's report

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

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**Reviewer:** Karin B Dieperink

**Reviewer's report:**

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

This double-centre retrospective study investigated the use of information technology for a large group of patients with localized prostate cancer, and over a long period.

This manuscript is of interest as health care technology is a raising collaborator in the western health care systems, and prostate cancer is a disease influencing in large-scale families and health care economy. However, major compulsory revisions are recommended to fulfill the standard of a sufficient contribution to the existing literature.

**Title:**

The title is informative, but the authors could add the information that this manuscript is about patients with localized prostate cancer. Patients with advanced cancer may have different educational needs.

**Abstract, results:**

I need information about how many patients logged in more than once.

**Abstract, conclusion:**

The authors conclude that information technology offers clinicians an opportunity to provide a richer educational experience to patients than conventional media, but I don’t think the authors have justification to conclude this as they didn’t compare the different medias.

**Keyword:** The authors use the words “Patient educational technology”, and this should be placed in the keywords instead of health information technologies.

**Background:**

The authors present a short argument that favours the conduct of the study. It would be desirable if the studies were briefly presented with design, patients and primary outcome. In general, I need more information about why it is important to investigate in prostate cancer patients? What is the state of knowledge of how they usually get information, before this study?

In the third paragraph the authors write that “PETs offer more engaging material
through interaction and can provide more individualistic information . . . .” However, it is a claim without support as there is no reference.

Methods:
There is a lack of information about inclusion and exclusion criteria. I presume there must have been some kind of clinical judgment of which the patient could benefit e.g. what about foreign people or patients with cognitive problems?
What was done to educate the patients about the PET e.g. how to login?
The PET was developed between urologists based on research and patients were furthermore included in the development, which is good, but when did this happen?
The statistics seem appropriate, but there is a lack of descriptive statistics.

Results:
It is a strength that it is a large sample size with n=394, but a limitation that this is a retrospective study, and only a third of the patients logged into the library. And we don’t know why.
All patients with localized prostate cancer are having a login to the PET. This means that there must be information available from the medical journals regarding risk group, comorbidity, social information e.g. marital relations, educational level, and lifestyle. I think this is very important information lacking in this study to understand which patients use information technology and which don’t. However, the authors discuss this limitation and if the data is not available there is nothing to do about this, but it limits the interest of the results.
It is very disturbing that the figure legends are placed in the results section.

Discussion:
The authors’ don’t discuss or compare their results with other research results. This is a serious lack and a simple literature search is showing interesting publications within this field.

Quality of Tables/Figures:
A Table/Figure has to be understood without the main text available, but it is difficult to understand Figure 3, as we don’t have information about the columns. The y-axis has to be numbered from 0-100. Furthermore, the number of patients and place of research should be shown in the table and figure legends.

I have not noted any kind of duplication or plagiarism during reviewing this article. I declare that I have no competing interests.

Level of interest: An article of limited interest

Quality of written English: Acceptable

Statistical review: Yes, and I have assessed the statistics in my report.
Declaration of competing interests:

I declare that I have no competing interests.