Author’s response to reviews

Title: Overuse in cancer care: Do European studies provide information useful to support policies?

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Author’s response to reviews:

Dear Dr Gonzalez-Mcquire,

Thank you very much for the opportunity to consider a new version of our paper.

Overall, we found reviewers’ comments constructive and very helpful and the all the points raised well taken. We made changes accordingly, as outlined below:

Reviewer #1:

• The covering letter makes a good case for the relevance of this study; however, this would not really be clear from the title, therefore we suggest that you revise the second half of the title to read something like: ‘A review of whether European studies provide information useful to support policies’.

The title has been changed accordingly

• Document page 4: Box 1 and associated discussion around 'rates'. Since submission of the manuscript there has been a publication by Chalmers et al in BMJ Q&S which adds additional elements to this schematic.

The paper has been added to the reference list, along with this sentence: “Therefore overuse can be assessed from two different and complementary perspectives (12), centred on procedures and patients, respectively, and the extent to which research on patterns of care is actually oriented towards the search for overuse is made evident by the type of measures (i.e rates) adopted.” [the new text is in red]

• Line 54: I am interested to hear from the authors as to why "studies assessing the impact of quality improvement interventions" were excluded. Broadly I understand this rationale but suspect some useful papers may have slipped through this crack. For example, what if studies documented a % improvement in quality of care due to an improvement intervention, including a
target % improvement. Pre and post data could elucidate a delta from which to judge rates of underuse and overuse.

The following comment on this issue has been included in the “discussion” section: “Also our study selection criteria can, of course, be questioned. We did not include studies aimed at assessing the impact of quality improvement interventions, as their primary goal was other than describing patterns of care. Nevertheless, one may argue that we missed potentially relevant information on over or under utilization, at least not considering the baseline (i.e pre-intervention) rates provided in those studies. However, we deemed baseline rates of questionable generalizability (being observed in individual centres “selected” as target of the quality improvement efforts), and that, overall, extrapolation of data on over/under use would have required a high degree of subjective interpretation. Anyhow, had we included those studies, as quality improvement efforts have been so far rarely aimed at de-implementing procedures/interventions, it is likely that the proportion of overuse oriented studies would have been even lower than the one observed.” [the new text is in red]


- Document page 7: Line 3: "Despite its policy relevance, information on how much overuse actually permeates clinical practice has been shown to be relatively scant and unsystematic, as that issue has been addressed only by relatively few studies and on a limited number of procedures and interventions across different practice areas (15, 51)." I think you should probably add the Schwartz et al JAMA Internal Medicine [2014 Jul;174(7):1067-76] paper to this list of papers that have made a big impact on measurement. The paper by Schwartz et al., has been quoted as suggested.

- Line 35-36: Schwartz et al did this also. That is, translated Choosing Wisely recommendations to measures/indicators with explicit denominators and numerators, as have other studies - compiled in Brownlee et al. Lancet. This does not detract from your valid point, but it is proper to point to those that have commenced this process thus far.

Both the suggested references have been included.

Reviewer #2:

- Overall the premise of this paper is to evaluate the extent to which European studies of the quality of cancer care include estimates of overuse. The focus on quality metrics distinguishes it from a study of rates of overuse more broadly, though that distinction should probably be better emphasized. As a general comment, much of the writing is unclear or awkward.
Abstract: The background and methods is generally clear though I'm not sure what the last clause of the first paragraph means ("..., relying on the type of measures adopted in assessing processes of care"). My understanding is that the authors are intentionally looking for literature using quality metrics- if that is correct it should be included in the Abstract. If not, the framework of the paper should be clarified.

The abstract has been clarified [the new text is in red]

• Introduction: The introduction is not clearly written, though I understand what the authors are trying to say. The focus on the quality literature should be clarified, since as currently written the purpose of this paper is somewhat unclear.

We hopefully provide a better explanation of the objectives of our study, with the changes made in abstract and in introduction [the new text is in red]

• Methods: I like the concept behind Box 1, though it took me a while to understand it. I would recommend keeping this figure but perhaps changing it a bit. For example, the "Rates" and "Question addressed by the rates" cells should be more closely aligned to make clear that the "question" is addressing the specific rate described in the abutting box (perhaps use a dotted line rather than a solid line to separate those cells of the table).

Box 1 has been modified accordingly

• Identification of relevant studies: Why was the search limited to English? Since the purpose was to look for European literature I'm not sure why the authors would limit to English. Please include a sentence about search strategy/terms in the Methods, with more detail in the Appendix (as it is currently). Exclusion criteria are reasonable. The authors do not describe who reviewed articles for inclusion and if this was done in duplicate. I would recommend including such a description. Data abstraction. The authors do not describe the process of data abstraction (e.g. which specific authors performed it? Was it done in duplicate or was data checked by a second author?). This process should be fully described. The authors do not mention assessing/recording study design of included studies, though this is reported in the tables. I would recommend describing the fact that study design was abstracted and including operational definitions of the different study types.

The method section has been modified adding more details about the review process adopted [the new text is in red]. As for the language limit, it would have been unmanageable to include all the other possible languages.

• Results: Table 1 is quite clear. In Table 2, some of the interventions/procedures are poorly defined and more detail should be added. For example, in the first row (Wockel) the prevalence of overuse of "Axillary dissection" is presented as 12.5%, but the population in whom axillary dissection was considered inappropriate is not included. I would recommend checking throughout this table for clarity of definition of overuse (it is clear sometimes, e.g. for the Kinderlen paper). The text of the Results is brief but adequate.
Table II has been modified and it is now hopefully more informative

- Discussion: I disagree with the first sentence defining research of quality of care. This whole sentence is probably not necessary anyway.

The first sentence has been removed.

- In the second paragraph you might want to cite Baxi SS et al. Med Care 2017 Jul. 55(7):723-33

Baxi’s paper has been cited.

- The authors say that it is telling that when generic rates are used, they are often used only to address underuse. However, often generic rates only suggest underuse and not overuse, depending on the measure. For example, raw rates of influenza vaccination may vary and lower rates suggest underuse. Because the vaccine is recommended for most patients, higher rates do not suggest overuse. The authors should clarify this point.

A short comment on this issues has been added [the new text is in red]

- The authors should offer suggestions regarding how to make overuse more of a priority for researchers assessing care quality. * The authors should include brief discussion of why there was no increase in overuse measurement over time (despite more emphasis). This is a surprising finding and deserves discussion.

Comments on this issues have been added at the conclusions of the paper [the new text is in red]

We do hope you find our responses satisfactory and that the manuscript could be now be deemed acceptable for publication on the Journal.

Thank you very much again for your consideration.

Yours sincerely,

Roberto Grilli