Reviewer’s report

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

Version: 0 Date: 13 Sep 2017

Reviewer: Adam Elshaug

Reviewer’s report:

Thank you for the opportunity to review this important and very well written and presented article. Though only focused on European studies I believe it represents a very positive and substantive contribution to the low-value care debate in Europe and internationally. The tables especially are very well presented and clearly outline the main findings of the paper, which I think will be well received by the policy and practice communities the world over. I can't think of another paper that collates in one place the focus (or lack thereof) that has been placed on underuse and overuse in cancer care. The limitations of the paper are well articulated, but in fact these are predominantly NOT limitations of the paper per se but of the field more generally.

Below are specific points for consideration.

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.

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.

Document page 6:

Line 49: Clarify/correct ref number 43.

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.

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.

With best wishes.

Level of interest
Please indicate how interesting you found the manuscript:

An article of importance in its field

Quality of written English
Please indicate the quality of language in the manuscript:

Needs some language corrections before being published

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