Reviewer’s report

Title: Patient-Physician Relationships, Health Self-Efficacy, and Gynecologic Cancer Screening Among Women with Lynch Syndrome

Version: 0 Date: 04 Apr 2019

Reviewer: Stefan Aretz

Reviewer's report:

General

The uptake, efficiency, and hence the benefit of cancer surveillance programmes including risk-reducing surgical procedures for patients with hereditary tumour syndromes is strongly influenced by a number of individual attitudes, personal and psychosocial factors, and the way in which physicians interact with and inform their patients. However, few studies only address these issues, although evaluating and understanding relevant factors may improve strategies to increase uptake and compliance with surveillance recommendations and thus help to better prevent advanced cancer in high-risk individuals.

The present study aims to explore the perception and attitudes of female Lynch syndrome mutation carriers regarding gynecologic cancer screening. The study has some limitations, the majority of which are already addressed by the authors. However, given the clinical relevance and the limited knowledge in this area, the work is of potential interest.

Specific comments

1. Page 3: in LS, considerable gene-phenotype differences have been observed, in particular in MSH6 and PMS2 mutation carriers compared to MLH1 and MSH2 mutation carriers (see e.g. www.plsd.eu). Based on up-to-date prospective data, the life time risk for endometrial cancer ranges from 26-57% and for ovarian cancer between 0-17%, depending on the affected gene. So, I would recommend to provide a range rather than just one risk figure.

2. The authors did not give any information about the mutated gene and mutation type present in their patients; however, in view of the different gene specific cancer risks it would be important to provide this information, e.g. in an additional table.

3. Page 4, participants: the reason for mutation testing is not mentioned. How many patients were tested because of a clinical suspicion of LS (affected index patients) and how many
were tested in an asymptomatic state (predictive testing of relatives)? The reason for testing may also influence the attitude and compliance regarding screening procedures. This also refers to page 6, Baseline characteristics, "a minority reported prior cancer diagnosis". What does that mean? That a minority are clinically affected index patients and the majority of probands are healthy mutation carriers?

4. Page 6, Gynecological cancer screening behaviours: the figures for TVUS and pelvic US are provided, but how many patients obtain at least one type of US examination, i.e. TVUS or pelvic or both?

5. It would be interesting to know why the probands enrolled in this study did not choose risk reducing surgery. Are many of those too young to consider this preventive treatment or do they have specific concerns? In addition, it would be important to know why just a minority of probands underwent endometrial biopsies although this surveillance is recommended by NCCN. Is endometrial biopsy not offered by many physicians outside specialised expert centers? Is it not considered to be effective by the patients or considered to be too laborious or displeasing?

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:

Acceptable

Declaration of competing interests
Please complete a declaration of competing interests, considering the following questions:

1. Have you in the past five years received reimbursements, fees, funding, or salary from an organisation that may in any way gain or lose financially from the publication of this manuscript, either now or in the future?

2. Do you hold any stocks or shares in an organisation that may in any way gain or lose financially from the publication of this manuscript, either now or in the future?

3. Do you hold or are you currently applying for any patents relating to the content of the manuscript?

4. Have you received reimbursements, fees, funding, or salary from an organization that holds or has applied for patents relating to the content of the manuscript?
5. Do you have any other financial competing interests?

6. Do you have any non-financial competing interests in relation to this paper?

If you can answer no to all of the above, write 'I declare that I have no competing interests' below. If your reply is yes to any, please give details below.

I declare that I have no competing interests

I agree to the open peer review policy of the journal. I understand that my name will be included on my report to the authors and, if the manuscript is accepted for publication, my named report including any attachments I upload will be posted on the website along with the authors' responses. I agree for my report to be made available under an Open Access Creative Commons CC-BY license (http://creativecommons.org/licenses/by/4.0/). I understand that any comments which I do not wish to be included in my named report can be included as confidential comments to the editors, which will not be published.

I agree to the open peer review policy of the journal