Reviewer's report

Title: Components of behavioural interventions aimed at improving swallowing outcomes in head and neck cancer patients: Protocol for a systematic review

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Reviewer: Alison Perry

Reviewer's report:

Overall:
Generally, this protocol is not clearly operationalised and the design lacks a clarity of purpose. There is an absence of any stated hypothesis.

The authors’ stated aim (pp 6) is to, 'identify the behaviour change strategies that HAVE BEEN USED in swallowing intervention programmes' - which differs from their title, stated as to identify the, 'components of behavioural interventions AIMED AT IMPROVING swallowing outcomes IN HEAD AND NECK CANCER PATIENTS.'

Background:
Dysphagia after curative surgery and after curative chemo-radiotherapy should be separately described, as these treatment pathways and swallowing outcomes are quite different, whereas in 'background' section these have been conjoined.

In their proposal, the authors refer to 'behaviour change' and to a number of theories, narrative analysis etc., but the outcome as stated (from the title) is swallowing function - so it is not at all clear how they will get from a to z. Also, the term 'behavioural change' is not patient-focused language.

Methodology:
The following registries for ongoing clinical trials are missing form their search strategy:
- Clinical Trial.gov
- MetaRegistry of Clinical Trials
- WHO International Clinical Trials Registry Platform
- Australia New Zealand Clinical Trials Registry

As the authors have decided (a priori) which tools they will use to classify the behaviours (which reads as only tools designed by staff at their centre) the proposal is not strictly systematic, nor is it at all free from bias.

Frankly, I fail to see how a 'systematic review' can be undertaken on this topic in the way proposed. It would be preferable for the authors to undertake a narrative review and then list and then classify interventions according to their proposed schema.
Although the authors make reference to one published Cochrane protocol (ref 16) on this topic, they do not make any statement about what their proposal will add that will be an addition and/or an improvement.

Knowing the literature, there will be very few papers that can be categorised in the way they propose. The interventions used with HN cancer patients are generally poorly described and most authors will not have any overtly stated, 'theory' to underpin them (which does not mean it does not exist!).

A classification system such as Logemann’s might be more applicable for describing and grouping the treatment of dysphagia in HN cancer patients.

Writing style:

Generally the writing style is dense and a paper from 2009 is not 'recent' (ref 3, pp 4) in this field as HN cancer treatments have altered over the 6 years since, with the widespread use of Intensity Modulated Radiotherapy Treatment (IMRT) for curative treatment of large HN tumours.

Declaration of competing interests:

The authors referenced my published Cochrane protocol (ref 16) but otherwise I have no conflict of interest.