Reviewer’s report

Title: A feasibility study of the Mini-AFTER telephone intervention for the management of fear of recurrence in breast cancer survivors: a mixed-methods study protocol

Version: 0 Date: 10 Feb 2017

Reviewer: Bridie Evans

Reviewer's report:

Thank you for the opportunity to review your paper about your proposed interesting study.

General points:

If this is a feasibility study with intention to undertake a full trial, it would be strengthened by including study objectives related to assessing feasibility and progressing the findings. Perhaps authors could consider objectives about identifying what data can be collected, what outcomes measured and what criteria should be met in order to assess whether a full trial can be undertaken. This would then require the addition of prospectively agreed progression criteria. Without predefined boundaries, it will be difficult to interpret feasibility ie how to decide if a trial is worth doing - and know what steps are needed to build on this study. The authors could consider whether a pilot would be required before moving to full trial since this study is only investigating theoretical acceptability by nurses, not actual adoption and implementation nor patient perspectives.

The methods section would benefit from restructuring and better explanation of how the two study phases are planned and build on each other.

The study does not appear to have any public and patient involvement (PPI) which is a concerning omission. PPI is a requirement of much UK funding and is recommended as best practice in undertaking research. There is a strong tradition of involvement by cancer patients, including breast cancer, in relevant research. The authors should review this omission as a matter of urgency. Advice is available from INVOLVE http://www.invo.org.uk/ and other sources which are listed on that website.

Background

P3 para 1 line 7,9 - could authors clarify what they mean by patients' fears not being addressed - is it that clinicians don't recognise or treat FoR or that the fears are unfounded?
P3 para 1 line 10-20 - The background would be easier to follow if the sentence 'this protocol....'
were moved to the end of the introduction before the Aims of the Study paragraph.

P3 para 3 line 58 - Also, what do the authors mean by 'manualised'?

Para 3 pp3 and 4 Please clarify whether AFTER was developed for breast cancer or any cancer.

P4 line 12-17 - 'More generally...follow up services': please provide a bit more information here
to evidence potential of the intervention.

P4 para 2 - The authors state that the mini-AFTER intervention is suitable for breast cancer
nurses to deliver. If the intervention was developed for that patient group, what was the
anticipated route for delivery? Was any work done to establish that nurses are suitable? If so,
what and why is this additional study required. If not, why not and why are nurses now being
identified. I am unclear what the process has been to develop and implement the mini-AFTER
intervention.

Methods

I found the layout of the methods confusing. It would be easier to follow if the detailed methods
were described when each phase is introduced, rather than have these reported afterwards.

Phase 1 domains: could the authors explain how these link to the NPT categories? The survey is
said to investigate barriers but these are not mentioned in the domains.

Table 1: section 4, q2: how can this be measured by a scale when there does not appear to be any
numerical element to the question 'how is the issue of FoR generally raised?' How do
respondents report barriers and challenges to implementation without the opportunity to fill in a
free text box. Please explain how this survey was compiled and what knowledge was it based
on?

Phase 2: issues covered in the domains underpinning the interview schedule don't appear to
match the study objectives. Could the authors look at this again? Could the authors explain how
these link to NPT?

Table 2: some of the example question topics are not questions and some are leading. It would be
helpful if the authors could include something more closely matching the interview schedule
showing how it links to stud objectives. At present, it does not appear to address barriers and
facilitators.

Interview analysis p9: Normal practice is for several study team members to collaborate on
developing analysis themes. More detail would be helpful here with clearer referencing to
support how the process will happen.
The authors do not mention how the data from phase 1 will inform phase 2. There is a strong argument in favour of using the interviews to explore in detail issues which arise in phase 1, particularly as there doesn't appear to be any existing evidence about this population using this intervention. Yet they term it a 'sequential' method. Could the authors look again at this.

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An article of importance in its field

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

Acceptable

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