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

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Reviewer: Cathal Cadogan

Reviewer's report:

This is manuscript describes a study protocol for a feasibility study involving a mixed methods design. I have outlined some suggestions which I hope that the authors will find helpful.

Abstract:

I am a little unclear as to how the aim of Phase 2 will be achieved if the nurses are not actually delivering the intervention; could this be rephrased in terms of perceived/anticipated feasibility issues with delivery/implementation of intervention?

I think that the section under discussion could be revised and expanded on slightly. I am not clear what a "neglected area of implementation" is. It would also be good to highlight what are the key feasibility issues that this study will address and how the study will be further expanded on in future research (e.g by future pilot evaluation).

Introduction

There seems to be some overlap and repetition between the first and second paragraph; I would suggest merging/condensing into one paragraph. It might also be better to move sentence regarding the protocol towards the end of the introduction, after clinical context/importance has been described.

Do you have any data regarding the % of patients who actually seek help from HCPs regards FoR? Also, what type of HCPs do they typically engage with?

For references 7 and 8, respectively, I don't think it's necessary to quote page number or p-value.

A reference should be included for Mini-AFTER at the end of third paragraph (page 4) and also when referred to in the fifth paragraph.

Reference to secondary outcomes in sentence one line 49 seems strange - would it be better just to state that "the intervention has also been shown to reduce XYZ...."?
Reference 24-28 refer to other nurse led interventions; it would be good to know how these are different to the current intervention and why the proposed research is needed.

When referring to "individuals", do the authors mean breast cancer patients?

Aims

I can't see an explanation in introduction as to FoR is classified; how are "moderate levels" differentiated from other levels of severity? Would the intervention be suitable for patients with severe FoR?

I would suggest rephrasing aims to start each bullet point with an action verb, e.g. to identify, to determine etc.

I don't think separate headings of Design and Methods are needed - suggest using one or the other after the aims

Suggest including a reference for NPT

In describing the four main components of NPT it would be useful to cross-reference to the table which provides examples

It would be useful to expand briefly on the specific data that will be gathered and inform a future RCT.

Is it necessary to refer to "quantitative responses"? Could you not just say that a web based survey will be administered?

I think it would be useful to specify that you are referring to breast cancer patients.

Based on some of the descriptions of issues investigated under various domains, I am not clear if they clearly align with feasibility issues? How does engagement with a training programme assessed integration?

As per previous comment regarding "quantitative responses", I think you could just say that qualitative telephone interviews will be conducted.

The flow/information presented between sections "study population" and "data collection" is not quite right. Recruitment/sampling of interview participants is discussed before sampling of questionnaire recipients. It might be useful to include the heading "sampling and recruitment" after study population; it would also be helpful to highlight how questionnaire respondents will be sampled/recruited before discussing recruitment of interview participants.
How was 20 decided as the number of interview participants? Have the authors considered data saturation with the qualitative interview data?

Data analysis

I am not clear what the "same centre" is? Or how the authors would be able to determine this.

I am not clear as to what the "xtmixed" and "xtmelogit" procedures are - are there more commonly used terms that can be used?

I am not clear how you will be able to "predict effective delivery" if the intervention isn't actually being delivered in the study or assessed under RCT conditions.

It would be useful to include a brief overview of how framework analysis will be employed in the analysis.

The study is described as "sequential explanatory" - so it would be useful to be more explicit as to if/how survey responses will be built into phase 2

Discussion

I am unclear as to what "exacerbated FoR" is and if this is distinct from the "moderate" levels that the authors have previously referred to.

Is this intention to go straight to an RCT after this study?

In the final sentence the authors state that they aim to develop and deliver the intervention - has the intervention not already been developed? Is development part of this study? Were the authors involved in the development process?

It would also be good to highlight what are the key feasibility issues that this study will address and how the study will be further expanded on in future research (i.e. in any future evaluation).

Level of interest

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