Reviewer’s report

Title: An electronic registry to improve adherence to active surveillance monitoring among men with prostate cancer at a safety-net hospital: protocol for a pilot study

Version: 1 Date: 11 Jan 2019

Reviewer: Emma King

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I thought this was an interesting protocol that addresses a very pragmatic issue that affects patient care and ongoing treatment outcomes. Whilst I felt overall that the protocol gave a clear overview of the work to be undertaken, there are some points of clarification that I would wish to see addressed.

The Background section could be made more applicable to an international audience if a couple of sentences of explanation were included for those not familiar with the US healthcare context. For example in line 99/100 - is increased uptake of conservative management by those of low socioeconomic status due to active treatment having increased monetary costs?

In the Study Design section it is not made clear whether the newly diagnosed men are being added into your newly developed system, or whether you are just following them to get an understanding of usual care. Similarly are existing patients being added to the system or are you simply following their usual care. I suspect you are using your system, because you mention in line 176 that you will be looking at how well the registry has been integrated, but this needs to be made more explicit at the start of the study design section.

It is also unclear how people are being added to your registry and who is responsible for adding them (hospital staff?)? Do you need consent from individual patients or is this covered by being a study on healthcare implementation and therefore covered by consent at a hospital level? Again this may vary between countries so it might not be evident to all readers.

I appreciate that wordcount might be short but it would be nice to have a bit more info about the staff interviews as an outcome measure. Which staff are you hoping to interview and how many interviews - what proportion of the staff would these represent? Staff come and go so might it be helpful to build in exit interviews for staff who may have been there during the setup period, or are you planning on doing all the interviews at the end of the project?

Overall I feel that whilst the study at the HIT system are well discussed, the protocol paper is missing the human element. In many studies, particularly in healthcare settings, this is a major source of bias or of studies failing to meet their initial expectations. Currently it reads as if the system is simply running by itself with no human involvement. As mentioned above, I would like to see more attention given to who is adding people to the registry, whether or not staff are being trained in its use, is there somebody double-checking to ensure patients do not fall through the net or are deliberately not added (or is this an outcome you want to evaluate), are you
accounting for staff leaving or being on long-term leave and building in opportunities for repeating the training. It is also not clear of the researcher involvement throughout the study, for example in providing training and support, and how data is being gathered and sent back to the researchers during the project. Currently this makes the staff interviews for outcome measures seem a little redundant as it is not apparent that staff have any involvement at all.

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