Reviewer’s report

Title: A controlled pilot trial of a nurse-led intervention (Mini-AFTERc) to manage fear of cancer recurrence in patients affected by breast cancer

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Reviewer: Andreas Dinkel

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The authors present the study protocol of a controlled, non-randomized pilot trial addressing moderate levels of fear of recurrence in patients with breast cancer. FCR is a relevant emotional burden for most of the cancer survivors. In light of the detrimental effect of FCR on well-being and HRQoL interventions targeting FCR are highly welcomed. The authors point out that many of the psychological interventions that have been developed and evaluated in the recent years are time and resource intensive and hard to establish in routine clinical care. As an alternative, the authors developed a low-intensity short-term nurse-based intervention targeting moderate levels of FCR. This intervention has proven feasible in a very small pilot study. Furthermore, nurses expressed interest in training and in applying this phone-based intervention. In light of these positive experiences, the authors designed this pilot controlled trial.

The objective of this study is highly relevant. The authors convincingly justify their therapeutic approach. The theoretical basis of the intervention is clearly presented. The same holds for procedure, measures, and statistical analysis.

I have only a few minor comments:
1. Introduction, p. 5, line 17 (as well as description of intervention): The intervention aims to reduce FCR by targeting "misconceptions about cancer recurrence" - what are possible "misconceptions", how do nurses know that patient's view about recurrence represents a misconception in this very individual case? Will nurses study the patient's record before the phone call in order to get an "objective" assessment of the patient's situation? What would represent a "correct" conception about cancer recurrence? Some examples would be helpful.
2. Intervention training, p. 12: What about "difficult conversations"? For instance, how should nurses respond to patients who don't stop worrying and complaining over the phone? Are nurses trained to terminate the phone call after 30 min? Are nurses allowed to extend the phone call (i.e. the therapeutic dose), how long?
3. Screening and baseline assessment, p. 15: FCR4 scores &gt;14, i.e. high levels of FCR, represent an exclusion criterion for study participation. How will you deal with these patients showing high FCR, are they routinely referred to specialist service?
4. FCR4 - Please add a statement on the reliability of the measure. It is a short screening tool - screening tools are developed for diagnostic reasons, they do not necessarily capture change in symptom level. Please add a statement on the sensitivity to change.
5. The authors will apply the EQ-5D for measuring health-related quality of life. This is a generic questionnaire often used for health economic purposes. Why did the authors decide to use this measure? A cancer-specific questionnaire would represent a viable alternative.
6. References - ref 14, 15, 17, 18, 35 - some of these articles were published in a regular volume in the meantime; for others still in press doi is available, please update bibliographic data.
**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

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