

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Patient and public involvement to inform the protocol of a clinical trial comparing total hip arthroplasty with exercise: An exploratory qualitative case study
AUTHORS	Frydendal, Thomas; Thomsen, Kristine; Mechlenburg, Inger; Mikkelsen, Lone Ramer; Overgaard, Søren; Ingwersen, Kim Gordon; Myburgh, Cornelius

VERSION 1 – REVIEW

REVIEWER	Fokter, Samo University Clinical Centre, Maribor, Slovenia
REVIEW RETURNED	12-Jan-2023

GENERAL COMMENTS	I commend the authors for their research entitled "Patient and public involvement to inform the protocol of a clinical trial comparing total hip arthroplasty with exercise: A qualitative study". The authors aimed to explore patient, clinician, and decision maker perceptions on a clinical trial evaluating the effectiveness of THA compared with exercise to inform the trial protocol. The topic is interesting, the manuscript is well written, the methods are well described, the conclusions are based on the results and the references are contemporary.
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REVIEWER	FALOTICO, GUILHERME UNIFESP, ORTHOPAEDICS
REVIEW RETURNED	18-Jan-2023

GENERAL COMMENTS	This is an interesting and very relevant topic. However for a future RCT the criteria for inclusion and exclusion of patients must be very well thought out in order to avoid a large crossover between groups (example: inclusion of patients with severe limitations in an exercise group). I will send PDF with my questions – contact publisher to view.
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REVIEWER	Inayat, Shahzad University of Calgary
REVIEW RETURNED	16-Feb-2023

GENERAL COMMENTS	Thank you for providing me with the opportunity to review this manuscript. However, I would like to point out that as this is a qualitative study, there is some unnecessary information about the trial included that is not relevant to the qualitative research. The authors could improve the manuscript by focusing only on the qualitative findings and making them more logical. Additionally, some sections require more clarity, and some components are not in accordance with qualitative research practices.
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please refer to my comments to authors.

Thank you very much for providing me with the opportunity to review this work. It is a good read; however, the following points need to be revised before the manuscript reaches a publishable value.

Title

Kindly make it explicit which qualitative design you have used. In qualitative, there are various approaches such as qualitative description, qualitative interpretation, generic qualitative research, etc.

Abstract

In line 23 remove the **open-ended** before the semi-structured guide.

In line 35, the term “theme emerged” was introduced, my suggestion is to use “theme generated”. Themes are not something that emerges on their own but rather something that researchers generate through their active involvement in the data analysis process. The use of the term “theme emerged” indicates a passive approach to data analysis.

Conclusion

The conclusion in the abstract is not congruent with the study findings. Please provide an explicit account of the applicability of the findings.

Strengths and limitations of the study

In line 33, the bullet point indicates an independent researcher conducted data analysis to reduce interpretation bias, and how using an independent researcher overcomes interpretation bias.

In line 40 what do you mean by pragmatic? It is not clear.

Main Manuscript

Study design

Please provide the rationale for using the exploratory qualitative design, and why using this design is appropriate to answer your research questions.

Sampling and participants

In line 30, how do you define decision-makers?

Data collection process

In line 7, the transcripts were not returned to the participants showing the authors did not do member checking, one of the rigor criteria in qualitative research. How did you do member checking then?

Data Analysis

In line 34, which thematic analysis approach was used, reflexive thematic analysis, code book thematic analysis, or code reliability, please clarify. Simply mentioning thematic analysis is not explicit.

	<p>In line 46, the authors mentioned the constant comparison method, which is a technique used in grounded theory, please specify how it is applicable in a descriptive qualitative study.</p> <p>No reference has been provided for the analysis approach. Can you please provide references for the used data analysis method?</p> <p>I recommend you incorporate the six steps of thematic analysis given by Braun and Clark to make the data analysis process clearer (2006, 2021)</p> <p>Results</p> <p>I would recommend replacing results with findings for qualitative studies.</p> <p>Table I</p> <p>I don't understand the reasons for providing participants' height and weight and other variables and what is their relationship with qualitative findings.</p> <p>Themes</p> <p>Perceptions that may influence the management of hip osteoarthritis indicate a lack of abstract thinking in the development of themes, could you develop themes that are more abstract?</p> <p>From my reading, it appears that the authors have only included quotes from the participants, and I cannot discern any of the authors' inputs or thoughts on presenting the findings.</p> <p>The core qualitative findings are challenging to identify aimed at the entire trial process. To better cater to the readers' interest in the qualitative study, it would be best to concentrate solely on the patient and other stakeholders' perspectives. A brief description of the trial in the methods section is sufficient.</p> <p>Discussion</p> <p>The authors again focused on the trial, rather it is more suitable to discuss qualitative findings in the light of existing literature.</p> <p>Limitation</p> <p>I observed that the authors included clinicians and decision-makers in the same focused group. Can you please elaborate on how you distinguish presented the unique views of these two groups?</p> <p>In line 23, the authors mentioned they considered patients' perspectives more important. If this was the case, why you included clinicians and politicians?</p> <p>What do you mean by the generalizability of the findings, the authors consistently refer to the trial though this is a qualitative study.</p> <p>I am not sure how the use of independent researcher decreases the interpretation bias.</p>
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REVIEWER #1

COMMENT 1: The topic is interesting, the manuscript is well written, the methods are well described, the conclusions are based on the results and the references are contemporary.

ANSWERS: Thank you for acknowledging the manuscripts in its entirety.

ACTIONS: None

REVIEWER #2

COMMENT 1: Why not young patients too?

ANSWER 1: Thank you for this relevant question. In Denmark, approximately 94% of the patients who receive a total hip arthroplasty are aged 50 years or above, with a mean age of 70 years for females and 68 years for males (Danish Hip Arthroplasty Register, 2022). Therefore, we chose this inclusion criteria for participants (i.e. 50 years or above) both in this qualitative study and our subsequent randomised controlled trial in order to increase the probability of recruiting participants with similar age distributions as the general population in Denmark.

ACTION 1: None.

COMMENT 2: Some patients in my practice are already in a wheelchair, with intense pain at rest and at night and in my opinion this patient profile is not eligible for treatment with exercises, because if this is done in the RCT, the crossover between the groups could be too big. This kind of patient will be excluded?

ANSWER 2: We agree with the reviewer that these patients are unsuitable for non-surgical management such as exercise. The description of eligibility criteria in this manuscript is a brief outline from the full list of inclusion and exclusion criteria used both in this qualitative study and our subsequent randomised controlled trial. From the full list of exclusion criteria, the first listed is (1) Severe walking deficits (dependency of two crutches or walker) (Frydendal et al., 2021).

ACTION 2: We have added a sentence making it clearer that the full list of in- and exclusion criteria can be located in trial protocol.

(Sampling and Participants, page 7, PROHIP_PPI_Main_Document_20230313)

“The complete list of inclusion and exclusion criteria have been published previously.²⁸”

COMMENT 3: Was any sample calculation performed to define the number of participants?

ANSWER 3: Thank you for addressing this consideration. In qualitative studies, we do not perform sample calculations. Predetermining the required sample occurs using the concept of information power (Malterud, Siersma, & Guassora, 2016). In the manuscript section, Data collection (on page 7) we have described when data saturation was considered attained.

ACTION 3: None.

COMMENT 4: Why include patients who have already undergone the procedure?

ANSWER 4: Thank you for this highly relevant question. We did not exclude patients with previous contralateral total hip arthroplasty in order to make findings from this qualitative study more transferable to our subsequent randomised controlled trial. Furthermore, since previous total hip arthroplasty not was used as an exclusion criteria this will improve the generalizability of the results from our randomised controlled trial to clinical practice.

ACTION 4: None.

REVIEWER #3

COMMENT 1: Kindly make it explicit which qualitative design you have used. In qualitative, there are various approaches such as qualitative description, qualitative interpretation, generic qualitative research, etc.

ANSWER 1: Thank you for highlighting this relevant detail.

ACTION 1: We have added the qualitative design to the title.

(Title page, page 1, PROHIP_PPI_Main_Document_20230313)

“Patient and public involvement to inform the protocol of a clinical trial comparing total hip arthroplasty with exercise: An exploratory qualitative case study”

COMMENT 2: In line 23 remove the **open-ended** before the semi-structured guide.

ANSWER 2: Thank you for addressing this relevant detail.

ACTION 2: We have followed the suggestion and removed the wording open-ended before the semi-structured interview guide.

(Abstract, page 2, PROHIP_PPI_Main_Document_20230313)

“Focus group interviews were conducted according to group status using semi-structured interview guides”

COMMENT

3: In line 35, the term “theme emerged” was introduced, my suggestion is to use “theme generated”. Theme

s are not something that emerges on their own but rather something that researchers generate through their active involvement in the data analysis process. The use of the term “theme emerged” indicates a passive approach to data analysis.

ANSWER 3: Thank you for highlighting this relevant detail.

ACTION 3: We have followed the suggestion and changed the wording to generated throughout the manuscript.

(Abstract, page 2, PROHIP_PPI_Main_Document_20230313)

“Two main themes were generated.”

(Findings, page 10, PROHIP_PPI_Main_Document_20230313)

“Two main themes were generated from the thematic framework.”

COMMENT 4: The conclusion in the abstract is not congruent with the study findings. Please provide an explicit account of the applicability of the findings.

ANSWER 4: Thank you for this highly relevant suggestion. We agree that conclusion was shortened too much from the main text.

ACTION 4: We have followed the suggestion and changed the conclusion in the abstract.

(Abstract, page 2-3, PROHIP_PPI_Main_Document_20230313)

“Based on key stakeholder treatment expectations and beliefs, we implemented three main strategies to improve the methodological rigorousness of our trial protocol. Firstly, we added an observational study investigating the generalizability to address a potential low enrolment rate. Secondly, we developed an enrolment procedure using generic guidance and balanced narrative conveyed by an independent clinician to facilitate communication of clinical equipoise. Thirdly, we adopted change in hip pain and function as the primary outcome. These findings highlight the value of patient and public involvement in the development of trial protocols to reduce bias in comparative clinical trials evaluating surgical and non-surgical management.”

COMMENT 5: In line 33, the bullet point indicates an independent researcher conducted data analysis to b reduce interpretation bias, and how using an independent researcher overcomes interpretation bias.

ANSWER 5: We agree with the reviewer, that this description is unclear.

ACTION 5: We have changed the description of this bullet point to make our statement more clear.

(Strengths and limitations of the study, page 3, PROHIP_PPI_Main_Document_20230313)

“An independent qualitative researcher conducted the data analysis to improve neutrality in the interpretation and development of themes and supporting codes.”

COMMENT 6: In line 40 what do you mean by pragmatic? It is not clear.

ANSWER 6: We agree with the reviewer, that this description for pragmatic reasons is unclear.

ACTION 6: We have changed the description of this bullet point to make our statement clearer.

(Strengths and limitations of the study, page 3, PROHIP_PPI_Main_Document_20230313)

“Only one focus group interview was conducted for each of the groups with clinicians and decision makers due to time limitations. This may impact the certainty of achieving data saturation in these two responder groups.”

COMMENT 7: Please provide the rationale for using the exploratory qualitative design, and why using this design is appropriate to answer your research questions.

ANSWER 7: Thank you for addressing this relevant point. We deemed the explorative qualitative design as an appropriate approach for answering our research question as this was complex, multifaceted, and required a detailed understanding of the experiences, attitudes, and beliefs of the key stakeholders involved in the management of hip osteoarthritis. This approach also enabled us to gather rich and detailed data that provided a comprehensive understanding of our research topic.

ACTION 7: We have included a rationale for using the exploratory qualitative design

(Study Design, page 6, PROHIP_PPI_Main_Document_20230313)

“This approach was used as we aimed to gain a detailed understanding of a multifaceted phenomenon by exploring the experiences, attitudes, and beliefs of the key stakeholder participants.”

COMMENT 8: In line 30, how do you define decision-makers?

ANSWER 8: We agree with the reviewer that this need clarification in the main text.

ACTION 8: We have included a brief definition of decision makers in this study.

(Sampling and Participants, page 6, PROHIP_PPI_Main_Document_20230313)

“Participants were enrolled into three key stakeholder groups: patients, clinicians (orthopaedic surgeons and physiotherapists), and decision makers (members of a political party or non-governmental organization)”

COMMENT 9: In line 7, the transcripts were not returned to the participants showing the authors did not do member checking, one of the rigor criteria in qualitative research. How did you do member checking then?

ANSWER 9: Thank you for providing us with the opportunity to explain this question. The participants were not asked to validate the interview transcripts because we anticipated that their reflective answers would develop during the various interviews. Instead quotes from the interviews were used to support claims and illustrate the identified themes.

Given that patient participants were not directly given an opportunity to recognise their voice in the analysis process, we acknowledge this issue as a potential study limitation. However, a member check of the findings was conducted by several individuals forming part of the project steering committee (an orthopaedic surgeon and four physiotherapists) and representing the clinician stakeholders. These individuals found our initial generated themes to be too abstract and requested that we attempt to simplify these in order to better reach the project's target audience.

ACTION 9: We have included argumentation for the lack of member checking from participants.

(Data collection, Page 8, PROHIP_PPI_Main_Document_20230313)

“The transcripts and findings were not returned to the key stakeholders for comments and validation because we expected that their reflective answers would develop during the focus group interview. Quotes from the interviews are used to support claims and illustrate the generated themes and supporting codes.”

COMMENT 10: In line 34, which thematic analysis approach was used, reflexive thematic analysis, code book thematic analysis, or code reliability, please clarify. Simply mentioning thematic analysis is not explicit.

ANSWER 10: We agree with the reviewer that this need to be clarified in the main text.

ACTION 10: We have included an explicit description of the thematic analysis approach.

(Data analysis, page 8-9, PROHIP_PPI_Main_Document_20230313)

“An independent qualitative researcher (CM) not affiliated with the PROHIP trial group conducted a code book thematic analysis using an inductive approach with no predetermined themes following the six-step framework described by Braun and Clark.^{34 35}”

COMMENT 11: In line 46, the authors mentioned the constant comparison method, which is a technique used in grounded theory, please specify how it is applicable in a descriptive qualitative study.

ANSWER 11: Thank you for giving us the opportunity to explain this. Constant comparison has its roots in classical Grounded Theory, but the constant comparison method is not restricted to Grounded Theory, and is a frequently applied approach to analyzing and exploring qualitative data. In our case, we developed our code book as more interviews were conducted and then adapting the analysis, according to the changes in the coding.

ACTION 11: None.

COMMENT 12: No reference has been provided for the analysis approach. Can you please provide references for the used data analysis method?

ANSWER 12: Thank you for highlighting this, and we agree a reference needs to be provided for the analysis approach.

ACTION 12: We have followed the suggestion and provided reference 34 and 35.

(Data analysis, page 8-9, PROHIP_PPI_Main_Document_20230313)

“An independent qualitative researcher (CM) not affiliated with the PROHIP trial group conducted a code book thematic analysis using an inductive approach with no predetermined themes following the six-step framework described by Braun and Clark.^{34 35}

34. Braun V, Clarke V. Thematic analysis : a practical guide. Los Angeles: SAGE 2022.

35. Attride-Stirling J. Thematic networks: an analytic tool for qualitative research. *Qualitative Research* 2001;1(3):385-405. doi: 10.1177/146879410100100307

COMMENT 13: I recommend you incorporate the six steps of thematic analysis given by Braun and Clark to make the data analysis process clearer (2006, 2021)

ANSWER 13: Thank you for highlighting this, and that this makes the section Data analysis clearer.

ACTION 13: We have followed the suggestion and revised the Data analysis section.

(Data analysis, page 8-9, PROHIP_PPI_Main_Document_20230313)

“An independent qualitative researcher (CM) not affiliated with the PROHIP trial group conducted a code book thematic analysis using an inductive approach with no predetermined themes following the six-step framework described by Braun and Clark.^{34 35} Initially, this process involved familiarisation with the data by reading and re-reading the transcripts. This was followed by generating initial codes, in which line-by-line inductive coding was performed on interviews to define and develop a code list. This code list was used to code subsequent interviews deductively, but according to the constant comparison method, as new codes developed these were again applied across all focus group interviews.³⁶ As the analysis progressed, coding shifted from descriptive to explanatory, resulting in a number of axial codes. Then related axial codes were organised into preliminary main themes. Lastly, main themes and supporting codes were refined and a final thematic network was developed followed by writing of the manuscript.^{34 35} The analysis was performed using Computer Assisted Qualitative Data Analysis software (CAQDAS, Atlas Ti, Version 8).”

COMMENT 14: I would recommend replacing results with findings for qualitative studies.

ANSWER 14: We agree with reviewer, but the wording results was chosen based on previous qualitative studies published in BMJ Open.

ACTION 14: We have followed the suggestion and changed the wording.

(Abstract, page 2, PROHIP_PPI_Main_Document_20230313)

“Findings”

(Results, page 10, PROHIP_PPI_Main_Document_20230313)

“FINDINGS”

COMMENT 15: I don’t understand the reasons for providing participants’ height and weight and other variables and what is their relationship with qualitative findings.

ANSWER 15: Thank you for giving us the opportunity to explain this. We agree that height, weight, BMI, and duration of hip symptoms is unnecessary, but as the target audience for this paper is most likely orthopaedic surgeons and physiotherapists we believe that providing OHS and HOOS is important as this indicates levels of patient-reported hip pain and functional impairments of the included participants in the patient group.

ACTION 15: We have followed the suggestion and removed height, weight, BMI, and duration of hip symptoms from Table 1.

(Table 1, Page 11, PROHIP_PPI_Main_Document_20230313)

Table 1. Characteristics of the Key Stakeholder Groups.*

Characteristic	Patients (N=14)	Clinicians (N=4)	Decision Makers (N=4)
Female sex — no. (%)	8 (57)	1 (25)	2 (50)
Age — yr	68.5 [51.0-80.0]	48.0 [38.00-52.00]	56.5 [23.0-68.0]
Clinical and radiographic hip osteoarthritis — no. (%)	14 (100)	0 (0)	0 (0)
Previous total hip arthroplasty — no. (%)	3 (21)	0 (0)	0 (0)
OHS‡	21.5 [10.0-38.0]	-	-
HOOS subscale scores¶			
Pain	42.5 [20.0-77.5]	-	-
Symptoms	32.5 [15.0-80.0]	-	-
Function in activities of daily living	47.8 [20.6-86.8]	-	-
Hip-related quality of life	31.3 [12.5-68.8]	-	-
Function in sports and recreation	25.0 [0-62.5]	-	-
Clinical profession — no. (%)			
Orthopaedic surgeon	-	2 (50)	-
Physiotherapist	-	2 (50)	-
Clinical experience – yr	-	16.0 [3.0-18.0]	-
Hospital affiliation — no. (%)			
Vejle Hospital	-	2 (50)	-
Odense University Hospital	-	2 (50)	-

Political experience – yr	-	-	5.0 [3.0-5.0]
Political or non-governmental affiliation — no. (%)			
The Liberal Party of Denmark (V)	-	-	1 (25)
The Danish People’s Party (O)	-	-	1 (25)
The Social Democratic Party (A)	-	-	1 (25)
The Danish Rheumatism Association	-	-	1 (25)

* Values are median [range] unless otherwise indicated.

‡ The Oxford Hip Score (OHS) ranges from 0 to 48, with higher scores indicating better disease status.

¶ For all five subscales, the Hip disability and Osteoarthritis Outcome Score (HOOS) ranges from 0 to 100, with higher scores indicating better disease status.

COMMENT

16: Perceptions that may influence the management of hip osteoarthritis indicate a lack of abstract thinking in the development of themes, could you develop themes that are more abstract?

ANSWER 16: Thank you for giving us the opportunity to elaborate on this. We have been through our themes and coding again, and we believe that the themes must be presented in manner that both balances the level of abstract thinking and meaning, so it is clear to our target audience. However, we acknowledge that the themes can be described more precisely.

ACTION 16: We have made changes to both theme names and some of the supporting codes (Findings, Page 12, PROHIP_PPI_Main_Document_20230313)
 “Treatment expectations and beliefs impact management choices”

(Findings, Page 16, PROHIP_PPI_Main_Document_20230313)
 “Factors influencing clinical trial integrity and feasibility”

(Findings, Page 17, PROHIP_PPI_Main_Document_20230313)
 “Facilitators and barriers for surgery and exercise in a clinical trial context”

(Findings, Page 20, PROHIP_PPI_Main_Document_20230313)
 “Improvements in hip pain and hip function are the most important outcomes”

The changes have been revised accordingly throughout the manuscript including tables and figures.

COMMENT 17: From my reading, it appears that the authors have only included quotes from the participants, and I cannot discern any of the authors’ inputs or thoughts on presenting the findings.

ANSWER 17: Thank you for giving us the opportunity to elaborate on this. The degree of narration that is included as part of presenting the data is dependent on the level of abstractness/complexity of the coding. In this instance, we would argue that the data is presented in a manner where the

meaning is clear to the reader. Furthermore, the author input (i.e. methodological implementation strategies to optimize the PROHIP trial protocol) presented in Table 3. As described in the methods, findings were presented to the PROHIP trial group for implementation consideration. We then assessed which methodological strategies could be implemented to improve the trial protocol based on key stakeholder feedback and categorized these across four domains.

ACTION 17: We have included a clearer description in the method section.

(Implementation of findings into the trial protocol, page 9, PROHIP_PPI_Main_Document_20230313)

“After the data analysis was completed, the generated thematic network including main themes and supporting codes were presented to the PROHIP trial group. We assessed these findings and identified methodological implementation considerations and strategies for the trial protocol, and categorized these across relevant identified domains. Disagreements were resolved by discussion until consensus.”

COMMENT

18: The core qualitative findings are challenging to identify aimed at the entire trial process. To better cater to the readers' interest in the qualitative study, it would be best to concentrate solely on the patient and other stakeholders' perspectives.

ANSWER 18: Thank you for giving us the opportunity to elaborate on this. We present both key stakeholder feedback, but also the impact of the patient and public involvement process on the eventual trial protocol. Therefore, we believe these findings are interesting for both those interested in the qualitative data for its own sake, but also the implementation of the recommendations. This presentation is also in line with our aim, which was to explore patient, clinician, and decision maker perceptions on a clinical trial evaluating the effectiveness of total hip arthroplasty compared with exercise to inform the trial protocol.

ACTION 18: None.

COMMENT 19: The authors again focused on the trial, rather it is more suitable to discuss qualitative findings in the light of existing literature.

ANSWER 19: Thank you for giving us the opportunity to elaborate on this. As our findings, consist of key stakeholder feedback and the impact of the patient and public involvement process on the eventual trial protocol (Table 3). We find it essential to discuss qualitative data findings and what impact this could have on our randomised controlled trial, which we believe is in line with our aim (see answer 18).

ACTION 19: None.

COMMENT 20: I observed that the authors included clinicians and decision-makers in the same focused group. Can you please elaborate on how you distinguish presented the unique views of these two groups?

ANSWER 20: Thank you for giving us the opportunity to elaborate on this. We performed the focus group interviews, according to group status (as described in the methods, page 8). Thus, one focus interview was conducted with 4 clinicians, and one focus group interview with 4 decisions makers, separately.

ACTION 20: We have made it clearer that focus group interviews were conducted according to group status.

(Abstract, page 2, PROHIP_PPI_Main_Document_20230313)

“We conducted 4 focus group interviews with a total of 14 patients, 1 focus group interview with 4 clinicians (2 orthopaedic surgeons and 2 physiotherapists), and 1 focus group interview with 4 decision makers.”

(Findings, page 10, PROHIP_PPI_Main_Document_20230313)

“We conducted four focus group interviews with a total of 14 patients, one focus group interview with 4 clinicians (2 orthopaedic surgeons and 2 physiotherapists), and one focus group interview with 4 decision makers (online Supplementary File 2).”

(Discussion, page 27, PROHIP_PPI_Main_Document_20230313)

“A major limitation is that we conducted only one focus group interview for each of the groups with clinicians and decision makers due to time limitations. This may impact the certainty of achieving data saturation, and thus we may have missed important perspectives in these key stakeholder groups.”

COMMENT

21: In line 23, the authors mentioned they considered patients’ perspectives more important. If this was the case, why you included clinicians and politicians?

ANSWER 21: We agree with the reviewer that this sentence is misplaced, as the meaning was unclear and not in line with study aim.

ACTION 21: We have removed this sentence from the limitations and strengths section.

COMMENT

22: What do you mean by the generalizability of the findings, the authors consistently refer to the trial though this is a qualitative study.

ANSWER 22: We agree with the reviewer that this term is used in confusing terms in the limitations and strengths section.

ACTION 22: We have deleted the two sentences in which the term generalizability was used.

COMMENT

23: I am not sure how the use of independent researcher decreases the interpretation bias.

ANSWER 23: We agree with the reviewer, that this description is unclear.

ACTION 23: We have revised this description to make it clearer.

(Limitations and Strengths, Page 27, PROHIP_PPI_Main_Document_20230313)

“Lastly, an independent researcher conducted the data analysis to improve neutrality in the interpretation and development of themes and supporting codes due to clinical interests of conflict amongst the rest of the authors”

REFERENCES

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VERSION 2 – REVIEW

REVIEWER	Inayat, Shahzad University of Calgary
REVIEW RETURNED	16-Mar-2023
GENERAL COMMENTS	No further comments.