

PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (<http://bmjopen.bmj.com/site/about/resources/checklist.pdf>) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

ARTICLE DETAILS

TITLE (PROVISIONAL)	Care coordination models for transition and long-term follow-up among childhood cancer survivors: A scoping review
AUTHORS	Wong, Cho Lee; Chan, Carmen Wing Han; ZHANG, Mengyue; Cheung, Yin; Chow, Ka; Li, Chi Kong; Li, William H.C.; Brauer, Eden; Chen, Yongfeng

VERSION 1 – REVIEW

REVIEWER	McLoone, Jordana UNSW
REVIEW RETURNED	24-Apr-2024

GENERAL COMMENTS	<p>Congratulations on completing a systematic literature review, they are always such a huge piece of work. I also greatly appreciate your interest in this topic. We can all really learn from a review of models of survivorship care, as so many centres are struggling to know how to proceed when faced with so many challenges. Given the high rate of disengagement from LTFU care, it is apparent that most clinics haven't mastered this model yet and I am so glad to see a review of this information within the literature.</p> <p>While you have done a terrific job of bringing all of this together, I feel there is scope to tighten your paper, removing much of the repetition, and then freeing up word count to then take a deeper dive into the models of care. For example, often the discussions of care coordination don't go much deeper than its the nurse who coordinates care. I'd love to see a review that looked at implementation challenges around this, whether it worked better if it was a NP vs any level nurse, how much FTE was needed per patient load, what they were able to coordinate vs what was often beyond their scope, etc. All the things that people deciding how to develop their own model of care might want to consider. This lack of depth was apparent throughout the manuscript.</p> <p>That said, I believe that it is such an important topic and so many countries are struggling with this, that it is very important work that you have done. I believe that if you try to cut down on the repetition and try to incorporate more insights, it will be such a valuable contribution to the literature. I highly encourage you to persist. Well done and thank you.</p> <p>Please see two PDF's for more indepth comments.</p>
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REVIEWER	Tanriverdi, Muberra Bezmailem Vakif Universitesi, Physiotherapy and Rehabilitation
REVIEW RETURNED	06-May-2024

GENERAL COMMENTS	<p>Thank you for your work which entitled A review of care coordination models for transition care and long-term follow-up among childhood cancer survivors. You can find some comments on the below.</p> <ul style="list-style-type: none"> - The study design appropriate to answer the research question, however details of the responses of the research questions should be given in the different way of categories of sub-items. - Please, defined the outcomes clearly. - Give the more up-to-date references. - The discussion and conclusions parts are insufficient. You should continue with the fluency as introduction, methods, and results section for following easily. - Add the study limitations more adequately. - Add the specialist statistical review of your research results (medline, embase etc.) <p>Best Regards.</p>
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VERSION 1 – AUTHOR RESPONSE

Response to Reviewer #1:

Dear Authors,

Congratulations on completing a systematic literature review, they are always such a huge piece of work. I also greatly appreciate your interest in this topic. We can all really learn from a review of models of survivorship care, as so many centres are struggling to know how to proceed when faced with so many challenges. Given the high rate of disengagement from LTFU care, it is apparent that most clinics haven't mastered this model yet and I am so glad to see a review of this information within the literature.

Thank you for your interest in this paper and your very helpful suggestions. We greatly appreciate your comments and have responded to them point-by-point. Our responses are as follows:

1. While you have done a terrific job of bringing all of this together, I feel there is scope to tighten your paper, removing much of the repetition, and then freeing up word count to then take a deeper dive into the models of care. For example, often the discussions of care coordination don't go much deeper than its the nurse who coordinates care. I'd love to see a review that looked at implementation challenges around this, whether it worked better if it was a NP vs any level nurse, how much FTE was needed per patient load, what they were able to coordinate vs what was often beyond their scope, etc. All the things that people deciding how to develop their own model of care might want to consider. This lack of depth was apparent throughout the manuscript.

Response to Reviewer comment 1: Thank you for your suggestions! We removed duplicates and free words to discuss more about the model. In particular, we have added the discussion around the challenges nurses face in coordinating care in the discussion section.

2. That said, I believe that it is such an important topic and so many countries are struggling with this, that it is very important work that you have done. I believe that if you try to cut down on the repetition and try to incorporate more insights, it will be such a valuable contribution to the literature. I highly encourage you to persist. Well done and thank you. Please see two PDF's for more in depth comments.

'Implementing care coordination interventions has been shown to improve patient-level health-related outcomes, including decreasing patients' hospitalizations and complications, enhancing symptom management, and increasing patients' satisfaction' could reference Signorell here also;

Response to Reviewer comment 2: We have added the reference following this statement. Please refer to page 4.

3. Identifying research questions: Do you need this second explanatory sentence? It is quite repetitive. Even though you've said it twice, I still don't understand that this question is about. What are the "concepts"? The concept that LTFU care is good? I don't understand what you are referring to.

Response to Reviewer comment 3: To reduce duplication, we have deleted the second explanatory sentence and the word "concept" in the question.

4. 'A systematic literature search was conducted in May 2023 across six databases' This should be updated as it is a full-year-old.

Response to Reviewer comment 4: We have updated it for the full year "The literature search was first conducted in May 2023 and updated in May 2024" on page 8.

5. Exclusion criteria are referred to here and below. But there are non that I can see listed.

Response to Reviewer comment 5: Sorry for missing this part. We have added the exclusion criteria under the section "Inclusion and exclusion criteria" on page 9.

6. Characteristics of the included studies: Do you think this nurse lead model of care should be included? Signorelli C, Wakefield CE, Johnston KA, Fardell JE, McLoone JK, Brierley ME, Schaffer M, Thornton-Benko E, Girgis A, Wallace WH, Cohn RJ. Re-Engage: a novel nurse-led program for survivors of childhood cancer who are disengaged from cancer-related care. Journal of the National Comprehensive Cancer Network, 2020 Aug 1; 18(8):1067-74.

Response to Reviewer comment 6: Thank you for the suggestion! This paper is important and relevant, so we have added it to our review.

7. 'In all/most of the studies in this review,...' how many please. '...the navigator/coordinator was undertaken by the role of nurse 31 33 35' Who was this person in the other half of studies?

Response to Reviewer comment 7: We specified how many studies were conducted specifying nurse practitioner roles and added the following information "We found that in the five care coordination models applied navigators/coordinators, four reported that the navigators/coordinators were undertaken by nurses, one reported both physicians or nurses could be responsible for the coordination, one reported the navigator needed to have social work expertise" on page 12 under the section "Involvement of a navigator/ coordinator".

8. Page 12: I would suggest that most hospital models of care provide needs-oriented services. In what way is this special or different?

Response to Reviewer comment 8: We agreed that most hospital models of care provide needs-oriented services, but some hospitals still primarily employ the traditional model for transition care, lacking sufficient needs-oriented services to survivors. This is important because many survivors face challenges in various areas including psychological/physical health, social support, and education issues after discharge. Needs-oriented services can provide comprehensive, personalized care to facilitate their transition.

9. Primary care-based services: 'In this model, survivors are seen in the tactic clinic and a care plan is developed, which is then sent to their primary care providers to provide guidance for follow-up

care 30' This is also a feature of the Re-engage model of care. In what way/How did they integrate them in first line treatment. Please try to concisely offer the reader new learnings, rather than report in a shopping list style.

Response to Reviewer comment 9: Thank you for your suggestion! We have rewritten the “primary care-based services” section to include the Re-engage model of care and elaborate how to incorporate care plans into first-line treatment on page 13.

10. Health education and counseling: These three long sentences could easily have been summarized as “The nurse coordinator typically delivered patient education (ref 30-33).” Leaving more room for greater depth of insights into how this worked, any implementation challenges reported, etc.

Response to Reviewer comment 10: We have summarized the long sentences as suggested.

11. Financial assistance: Again, you could summarise this as in most models the social worker or nurse supported insurance and employment issues. There is not much greater depth than this in this paragraph. I'd love to learn more.

Response to Reviewer comment 11: We have elaborated the role of nurses and social worker in this paragraph.

12. Outcomes for evaluating performance of models: Lines 40-42, not sure what you mean? Line 47, Compared to receiving it how? Lines 51-52, To what result? Page 16, In what way- cost effective at saving lives, reducing health centre costs?

Response to Reviewer comment 12: We have clarified them on page 18.

13. Discussion, Navigator/coordinator role: a bridge between survivors and healthcare providers: This section of the discussion is largely repetitive of the results section on care coordination.

Response to Reviewer comment 13: We removed repeated information to reduce duplication of the results section on care coordination.

14. Page 22, Be wary of talking about nurse care coordination in the MDT section.

Response to Reviewer comment 14: Thank you for your suggestion.

15. Additional references that we suggest would be helpful to include :
McLoone JK, Chen W, Wakefield CE, Johnston K, Bell R, Thornton-Benko E, Cohn RJ, Signorelli C. Childhood cancer survivorship care: A qualitative study of healthcare professional preferences. *Frontiers in Oncology*. 2022 Oct 4; 12: 945911.

Tonorezos ES, Barnea D, Cohn RJ, Cypriano MS, Fresneau BC, Haupt R, Hjorth L, Ishida Y, Kruseova J, Kuehni CE, Kurkure PA. Models of care for survivors of childhood cancer from across the globe: advancing survivorship care in the next decade. *Journal of Clinical Oncology*. 2018 Jul 7;36(21):2223.

Signorelli C, Wakefield CE, McLoone JK, Fardell JE, Lawrence RA, Osborn M, Truscott J, Tapp H, Cohn RJ; ANZCHOG Survivorship Study Group. Models of childhood cancer survivorship care in Australia and New Zealand: Strengths and challenges. *Asia Pacific Journal of Clinical Oncology*. 2017 Dec;13(6):407-15.

Response to Reviewer comment 15: Thank you for the suggestions! We have added these references to our text to enrich the discussion.

16. Figure 3: I think this third circle is just part of patient level evaluation? Patient satisfaction is usually just a PROM. It is quite odd to have the aims half way through the introduction. The introduction/background was incredibly brief, I think you can improve this. If you count the paragraphs after the aims then it is longer, but they are simple definitions rather than a review of the literature. Possibly each of these definitions could be in an appendix at the back, or a supplementary file. They are fairly standard definitions. Or include briefly in methods section under study selection criteria

Response to Reviewer comment 16: Thanks for your advice. We have revised the Introduction and included a definition of childhood cancer survivor in the introduction, while removing a fairly standard definition from the text.

17. Page 11 – the nurse coordinator role. Other than defining that this person was as dedicated role for coordinating services and care navigation, it doesn't really tell me anything at all. All other sentences were a repetition of this "linkage" role, or coordination between specialists, or was the central connection. But it all said the same thing. It would be a much stronger paper if it was really explored in more depth and the paper was written with a greater density of information in each paragraph.

Response to Reviewer comment 17: Thank you for your suggestion! We have elaborated the nurse coordinator role in the text to provide the reader a more in depth understanding of the role in text.

18. Similarly, the MDT paragraph didn't provide much insight other than they all had one and it sometimes included oncology, endocrinology, psych/soc work, educator, etc. This is all fairly standard, basic, surface level knowledge that anyone in this field would know. Please look deeper into the literature to summarise more nuanced aspects of care models

Response to Reviewer comment 18: Since this is a review of care models, we summarize how MDTs work together to provide transitional care for survivors. Based on your suggestions, we have revised this section and delved deeper into the literature and summarized the nuances of care models.

19. Again, with the individual needs section – I think it is safe to say that most hospitals aim to provide needs based care. In what way is providing needs based care different or special in your models?

Response to Reviewer comment 19: Please refer to our reply in previous section.

20. I find it hard to distinguish how one factor of a model is an "element" (you have used determinant) and another is a "function". Could you please explain how these differ?

Response to Reviewer comment 20: Sorry for the confusion. We have rewritten the part and revised the term used.

21. Really would like to see greater insight into novel innovations rather than shopping list style of one clinic did this another did that. We are not talking about clinic practices, so much as models of care. They are different.

Response to Reviewer 21: As this is a review, the aim is to summarise the current existing literature on different models of care. Based on the research we identified, we attempted to rewrite the discussion section to provide more insights into novel innovations.

22. I am very unsure of how the 3 I's come in. I thought these were a reflection of the elements – integration (the MDT), integration (with the care coordinator) and interaction (with the individual in a personalised way). However you seem to have redefined them. Or if they were never defined to begin with, it seems odd that they only appear at the end of the manuscript. If integration is care coordination, as it is presented in the discussion, then just call it care coordination. Or “integrated care coordination”. However, care coordination seemed to be addressed at the start of the results and then again at the end in the form of integration

Response to Reviewer comment 22: Sorry for the confusion. We have revised the term in text and the discussion part to elaborate on the 3I's.

23. Transition to adult care was very briefly (one sentence) mentioned on page 20, but was otherwise non-existent in the manuscript. However, the manuscript was always about “transition and LTFU care”. Unless there is an exploration of these models in terms of how they supported transition to adult care, this should be taken out of all sentences that refer to “transition and LTFU”.

Response to Reviewer comment 24: Thanks for your suggestion. We have taken it out of all sentences.

Response to Reviewer #2:

Thank you for your work which entitled A review of care coordination models for transition care and long-term follow-up among childhood cancer survivors. You can find some comments on the below.

Thanks for your comprehensive comments. Our point-by-point response is presented below:

1. The study design appropriate to answer the research question, however details of the responses of the research questions should be given in the different way of categories of sub-items.

Response to Reviewer comment 1: Thank you for pointing this. Since we were conducting a review, therefore, we tried to align with the journal's format in listing the sub-items to let the reader clearer about the study.

2. Please, defined the outcomes clearly.

Response to Reviewer comment 2: The aim of this review is to identify care coordination models for childhood cancer survivors in transition and LTFU and synthesise essential components of the models. We have put the definition of “transition” and “LTFU” in the text.

3. Give the more up-to-date references.

Response to Reviewer comment 3: We have included more up-to-date reference in the manuscript.

4. The discussion and conclusions parts are insufficient. You should continue with the fluency as introduction, methods, and results section for following easily.

Response to Reviewer comment 4: Thanks for pointing out this. In response to Reviewer 1's comments and your comment, we have revised the paper to make reader easy to follow.

5. Add the study limitations more adequately.

Response to Reviewer 5: Thank you for the suggestion! We have added the study limitation before the conclusion section.

6. Add the specialist statistical review of your research results (medline, embase etc.)

Response to Reviewer comment 6: We have added them in the text.

VERSION 2 – REVIEW

REVIEWER	Tanriverdi, Muberra Bezmialem Vakif Universitesi, Physiotherapy and Rehabilitation
REVIEW RETURNED	05-Jul-2024

GENERAL COMMENTS	Thank you for revised version of the manuscript.
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