PEER REVIEW HISTORY

ARTICLE DETAILS

Title (Provisional)

Are there opportunities to improve care as patient transition through the cancer care continuum? A scoping review

Authors

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VERSION 1 - REVIEW

Reviewer	**1**
Name	**Hoegy, Delphine**
Affiliation	**Hospices Civils de Lyon, pharmacy**
Date	**13-Sep-2023**
COI	**No competing interests**

Thank you for the proposition of this scoping review, in a essential topic in order to optimize cancer care pathway.

This review is well written.

Only few comments :

A strength : the inclusion of grey litterature.

The principal limitation : the search occured on February 09, 2020.

About highlights, please cancel the second one : " adhered to rigorous and transparent methodology" because it is a requirement for all published scoping review.

Giving more results about interventions would be interesting : In perspective, maybe proposing another scoping review focusing on interventions to improve TiC. In the same way, TiC probably learn about covid-19 pandemic (for instance patient technologic support, video consultation, partenarial patient involve in education care), so it would be interesting to give a prospective about it (as the research has been done before covid).

Reviewer **2**

Name	**Boell, Julia E.W.**
Affiliation	**Federal University of Santa Catarina, Nursing**
Date	**26-Sep-2023**
COI	**N/A**

Dear authors,

Very good and meaningful work. I hope your results can contribute to improving transitional care in cancer patients. Please, see below some suggestions

Purpose - line 15: I would like to suggest that the authors expand the concept of care transition in the first paragraph

“CT is an important strategy to operationalize the continuity of care, as it contributes to the coordination and articulation of continuous care, reducing post-discharge complications, as well as adverse events”

“CT is defined as planned actions aimed at ensuring safe coordination and continuity of care, when changes occur in the health situation of patients, or when they need to be transferred between the same service, or different levels of health care [6]. In this sense, if not standardized, community-hospital CT becomes a vulnerable moment for patients and their families [7, 8].”

Trindade, L.F., Boell, J.E.W., Lorenzini, E. et al. Effectiveness of care transition strategies for colorectal cancer patients: a systematic review and meta-analysis. Support Care Cancer 30, 6251–6261 (2022). https://doi.org/10.1007/s00520-022-07033-2

I also suggest this reference:

Coleman EA, Buolt C, The American Geriatrics Society Health Care Systems Committee (2003) Improving the quality of transitional care for persons with complex care needs. American Geriatrics Society Health Care Systems Committee. J Am Geriatr Soc. 51(4):556–7. https://doi.org/10.1046/j.1532-5415.2003.51186.x

Purpose – line 42/43 – I wouldn´t say: “While TiC and the consequences of poor TiC have been investigated in some patient populations, 5,12-18 less is understood about TiC among patients with câncer”.

There is currently strong evidence regarding CT in people with cancer.

Eligibility Criteria

Line 8 – “Evidence sources were eligible if they included eligible and non-eligible populations and stratified results so data on patients with cancer could be abstracted.”

It is not clear – Why did you include non-eligible populations? Who are the eligible and no-eligible populations in the research?

Selection of Evidence Sources

Line 33/34 – “both screening phases screening”. I think you should rewrite or take one screening word in this sentence.

Data Charting Process

Line 13/14 – “The final data abstraction form is provided.” Please consider rewriting the sentence.

Results

Line 6 – “The search strategy yielded 18,405 evidence sources after duplicate removal; 2,502 full-texts were assessed for eligibility, resulting in 383 eligible evidence sources (Figure 1)”

Figure 1 - 30775 screening / 12307 duplicate removed. After 18648 – title and abstract screened; 15964 irrelevant….

I recommend that you keep the same search numbers from Figure 1. The numbers and descriptions are different.

Thematic Analysis from the qualitative data

In this session, you point out statements from other research to exemplify the findings and characterize the category. Wouldn't this be a fact that would require authorization to replicate the use of the speeches in your study?

VERSION 1 - AUTHOR RESPONSE

Reviewer 1

A strength: the inclusion of grey litterature.

Response: Dr. Hoegy, thank you for taking the time to review our manuscript and providing thoughtful feedback.

The principal limitation: the search occurred on February 09, 2020.

Response: We acknowledge that the search strategy is out of date. In fact, we anticipated this limitation and re-ran the search in August of 2023. We present the updated findings throughout the result section and discussion.

About highlights, please cancel the second one: " adhered to rigorous and transparent methodology" because it is a requirement for all published scoping review.

Response: This point has been omitted.

Giving more results about interventions would be interesting: In perspective, maybe proposing another scoping review focusing on interventions to improve TiC. In the same

way, TiC probably learn about covid-19 pandemic (for instance patient technologic support, video consultation, partenarial patient involve in education care), so it

would be interesting to give a prospective about it (as the research has been done before covid). **Response**: Thank you for raising these important points. We are already preparing a manuscript describing the studies that reported interventions, that we hope to submit shortly. This is an interesting future direction for this study. We have also added more information (without a full sub-analysis) in the results section. We have also suggested that this be a future direction of research, in the discussion.

Page 10, paragraph 2: "*Of the included evidence sources 165 described (12.7%, n=21), implemented or evaluated interventions (87.3%, n=144) to improve TiC. There is an increasing trend to develop, implement, and implement intervention; the median year publication was 2020 (IQR=2016, 2021). Most intervention studies were from the USA (40.0%, n=66), Canada (13.9%, n=23), Australia (9.7%, n=16), and the UK (8.4%, n=14); and 4.6% were from low-middle income countries (n=9). The majority of the interventions were designed for patients with multiple types of cancer (53.7%, n=88), breast (13.4%, n=22) and colorectal cancer (6.1%, n=10). Many of interventions were designed to address the transition from treatment to survivorship (23.2%, n=38), from the hospital to home (20.7%, n=34), and from oncologists to general practitioners (10.4%, n=17).*"

Page 20, paragraph 1: "*Many of the interventions identified in this study were related to the transition from active treatment to survivorship, and the evaluation of the effectiveness of interventions was commonly lacking. Further research into the development of interventions, scalable strategies, and rigorous evaluations for a broad range of TiC (including a systematic review of the interventions) is crucial, especially for understudied cancers and TiC*."

In our update, we captured many studies that explored changes to cancer care during COVID-19. We agree with Dr. Hoegy that this is an interesting sub-group to examine. However, this is beyond the original scope of the current study. We excluded 63 studies because they met eligibility but specifically looked at changes to transitions in care among patients with cancer due to the COVID-19 period (we did include studies if they collected data during COVID-19 but not specifically the change due to COVID-19). We chose to exclude these studies because the objectives of these studies were unique and not appropriate to synthesize with the remaining data. We do present the number of studies excluded in the results section.

Reviewer 2

Very good and meaningful work. I hope your results can contribute to improving transitional care in cancer patients. Please, see below some suggestions.
Response: Thank you, Dr. Boell for taking the time to review our manuscript.

Purpose - line 15: I would like to suggest that the authors expand the concept of care transition in the first paragraph
"CT is an important strategy to operationalize the continuity of care, as it contributes to the coordination and articulation of continuous care, reducing post-discharge complications, as well as adverse events"
"CT is defined as planned actions aimed at ensuring safe coordination and continuity of care, when changes occur in the health situation of patients, or when

they need to be transferred between the same service, or different levels of health care [6]. In this sense, if not standardized, community-hospital CT becomes a vulnerable moment for patients and their families [7, 8]."
Trindade, L.F., Boell, J.E.W., Lorenzini, E. et al. Effectiveness of care transition strategies for colorectal cancer patients: a systematic review and meta-analysis. Support Care Cancer 30, 6251–6261 (2022). https://doi.org/10.1007/s00520-022-07033-2
I also suggest this reference:
Coleman EA, Buolt C, The American Geriatrics Society Health Care Systems Committee (2003) Improving the quality of transitional care for persons with complex care needs. American Geriatrics Society Health Care Systems Committee. J Am Geriatr Soc. 51(4):556–7. https://doi.org/10.1046/j.1532-5415.2003.51186.x

Response: Thank you for recommending these references. I particularly like the second quote, which explicitly points out that transitions in care should be planned actions. We have expanded the description of transitions in care and have distinguished transitions in care from continuity of care, which is well aligned with the concept of transitional care.

Page 5, paragraph 1: "*TiC are points in care when the responsibility for a patient's care transfers between healthcare providers, institutions, or settings. [7 8] Examples of TiC include the transition from the operating room to a hospital ward, or from home to an emergency department. [9-11] The concept of TiC is similar to continuity of care in that, if TiC are effective care will be continuous and seamless. However, unlike the concept of continuity of care TiC are distinct periods in care delivery that require a set of actions.[12] [13]*"

Purpose – line 42/43 – I wouldn´t say: "While TiC and the consequences of poor TiC have been investigated in some patient populations, 5,12-18 less is understood about TiC among patients with cancer".
There is currently strong evidence regarding CT in people with cancer.

Response: We agree with Dr. Boell, as our review highlights, there is an abundance of research in this area. We have revised this sentence as suggested.

Page 5, paragraph 2: "*TiC and the consequences of poor TiC have been investigated in several patient populations, [5 14-20] including patients living with and beyond cancer; however, to our knowledge the evidence on TiC for patients with cancer has not been comprehensively mapped and characterized."*

Eligibility Criteria
Line 8 – "Evidence sources were eligible if they included eligible and non-eligible populations and stratified results so data on patients with cancer could be abstracted." It is not clear – Why did you include non-eligible populations? Who are the eligible and no-eligible populations in the research?

Response: We have clarified that studies would be eligible if they included patients with and without cancer, but only if they stratified the data so we could abstract data on only patients with cancer.

Page 7, paragraph 2: "Evidence sources were eligible if they included eligible (cancer) and non-eligible (non-cancer) populations but stratified results so data on

only patients with cancer could be abstracted."

Selection of Evidence Sources
Line 33/34 – "both screening phases screening". I think you should rewrite or take one screening word in this sentence.

Response: Thank you for noting this error. We have revised this sentence.

Page 7, paragraph 3: "*Reliability between reviewers (JK, KS, SK, AT) was calibrated before both phases of screening, with reviewers screening the same 20 potential evidence sources separately and comparing their decisions*."

Data Charting Process
Line 13/14 – "The final data abstraction form is provided." Please consider rewriting the sentence.
Response: We have revised this sentence.

Page 7, paragraph 1: "*The final data abstraction form is provided in Appendix B.*"

Results
Line 6 – "The search strategy yielded 18,405 evidence sources after duplicate removal; 2,502 full-texts were assessed for eligibility, resulting in 383 eligible evidence sources (Figure 1)"
Figure 1 - 30775 screening / 12307 duplicate removed. After 18648 – title and abstract screened; 15964 irrelevant….
I recommend that you keep the same search numbers from Figure 1. The numbers and descriptions are different.
Response: We have updated all the numbers and figures to represent the change in number of screened and included studies to reflect the up-dated search.

Thematic Analysis from the qualitative data
In this session, you point out statements from other research to exemplify the findings and characterize the category. Wouldn't this be a fact that would require authorization to replicate the use of the speeches in your study?
Response: This is a very good question that gave us pause. To ensure we are not breaching any privacy or confidentiality issues we consulted with our ethics board. The ethics board advised that, because the quotes are already in the public domain and they are not identifying there are no ethical concerns or approvals required.