

PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form ([see an example](#)) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below. Some articles will have been accepted based in part or entirely on reviews undertaken for other BMJ Group journals. These will be reproduced where possible.

ARTICLE DETAILS

TITLE (PROVISIONAL)	Radiation oncology outpatient perceptions of patient-centred care: A cross-sectional survey
AUTHORS	Mackenzie, Lisa; Sanson-Fisher, Rob; Carey, Mariko; D'Este, Catherine

VERSION 1 - REVIEW

REVIEWER	Dr Georgia Halkett Senior Research Fellow Curtin University, Perth, Western Australia
REVIEW RETURNED	02-Jul-2012

THE STUDY	<p>Further information about inclusion and exclusion should be included in relation to whether patients were receiving radical or palliative treatment. Also, could patients be at any stage of radiation therapy - this may change how they feel about patient care.</p> <p>Additional references relating to research conducted in radiation therapy could be included.</p>
REPORTING & ETHICS	Statement about ethics approval is not provided.
GENERAL COMMENTS	<p>Abstract</p> <p>The authors need to provide more information about "The Institute of Medicine"</p> <p>The conclusion within the abstract presents new results – this information should be evident in results section of abstract as well.</p> <p>Background</p> <p>Further review of the literature is required.</p> <p>A summary of domains should be included within the literature review.</p> <p>In the section on radiation therapy please reword the first sentence to state – "It is recommended that approximately 50% of cancer patients undergo radiation therapy treatment." Less than 50% of patients receive radiation therapy in some areas of Australia and in other countries.</p> <p>Within this section it would also be useful to highlight what studies have been conducted across some of the domains. For example, research has been conducted in the area of information provision in</p>

	<p>radiation therapy.</p> <p>Methods</p> <p>A statement about ethics needs to be provided.</p> <p>For the eligibility criteria, please indicate whether patients were receiving radical, palliative or both treatments. Also, could the patients be at any stage of treatment – this may have affected their responses.</p> <p>Why was a four point Likert scale chosen? What if the participants were “Neutral” about some of the domains?</p> <p>Results</p> <p>A good summary of the results is provided.</p> <p>Please include min and max for age or was this a categorical response?</p> <p>Please include details of age in Table 2.</p> <p>Discussion</p> <p>Please check the accuracy of the second sentence – should it be that Australians perceive that they are receiving good care not that they are provided with better care?</p> <p>It would be useful to acknowledge studies that are already being conducted in the area of culturally and linguistically diverse cancer communities.</p> <p>The authors need to acknowledge that other studies have been conducted on some of the specific domains with patients receiving radiotherapy.</p> <p>Conclusion</p> <p>Again, it would be useful to acknowledge that some intervention studies are already being conducted with radiotherapy patients.</p>
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REVIEWER	Jeff Dunn CEO Cancer Council Queensland Australia
REVIEW RETURNED	29-Oct-2012

RESULTS & CONCLUSIONS	Some exploration of how this approach differs from the unmet supportive care needs concept and what this adds beyond that approach would add value. Particular in relation to informing the development of interventions.
GENERAL COMMENTS	Carefully undertaken and well written piece. Worthy of publication

	but wonder if the article would be of greater value if situated in the broader framework of existing measures/instruments and the authors were to argue up significance/value of the current approach.
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VERSION 1 – AUTHOR RESPONSE

Response to reviewer: Dr Georgia Halkett
Senior Research Fellow
Curtin University, Perth, Western Australia

4) Clarification of inclusion and exclusion related to treatment

Clarification has been added on page 8 indicating that patients receiving both radical and palliative treatment were included. Patients were excluded if they were attending their first treatment appointment, however there were no other limitations on radiotherapy stage.

5) Potential impact of radiotherapy stage on perceptions

Table 2 provides information on the median number of completed radiation therapy appointments completed (median = 9) and the median number of completed appointments with a cancer doctor (median = 3). We have re-run the logistic regression analysis including the number of radiotherapy outpatient appointments as a proxy for treatment stage, however this was not found to be significant in any of the models. We have included details of this addition to the analysis in the background section (see page 7); the statistical analysis section (see page 14) and in Table 2.

6) Additional references relating to research conducted in radiation therapy

As suggested, additional references related to radiation oncology have been included in the background section. (See page 7)

7) Statement about ethics approval

This is now provided in the methods section. (See page 8)

8) Revisions to abstract

a) More information about “The Institute of Medicine”

In order to keep the abstract within the allowable word limit, we have removed the first sentence from the “objectives” and have now provided extra information about the role of “The Institute of Medicine” in the first sentence of the manuscript introduction. (See pages 3 and 5). We have also linked the development of measures of patient-centred care to the IOM in the second paragraph of the manuscript background. (See page 6)

b) Reporting of new results in the abstract conclusion

This information has been made evident in the results section of abstract, and the conclusions section has been reworded to avoid repetition. (See page 4)

9) Background

a) Further review of the literature

The introduction now includes further review of the literature relating to measures and domains used to assess and prioritise quality improvement efforts. (See pages 5-7).

b) Revision of RT utilisation rates

As recommended, the first sentence in the section on radiation has been reworded to state – “It is recommended that approximately 50% of cancer patients undergo radiation therapy treatment.” (See page 7)

c) Domain specific studies conducted in radiotherapy settings

Some studies that have been conducted in radiotherapy setting across specific domains and with

patients diagnosed with specific cancer types are now included. (See page 7)

10) Methods

a) Statement about ethics approval

Please see response to point 7.

b) Clarification of eligibility criteria

Please see response at point 5.

c) Clarification of decision to use a four point Likert scale

This decision was made so that patients were forced in some direction. If patients were “neutral” we would argue that they would disagree that their wellbeing would have been greatly improved. The question stem deliberately included the word “greatly” in order to detect aspects of care where better care would have made a big difference to patients’ perceived wellbeing.

11) Results

a) Age

As recommended, mean age, as well as age range has been included in Table 2.

12) Discussion

a) Revision to “Country of birth” subsection

As pointed out, this sentence should read “It may be that Australian born patients perceive that they are receiving better care than migrants.” (See page 24).

b) Acknowledgement of other studies conducted in CALD cancer populations

Studies that have been conducted with culturally and linguistically diverse cancer communities are now acknowledged in this section (See page 25).

c) Domain specific studies conducted in radiotherapy settings

Again, some research acknowledged in the background section is included in the discussion relating to research looking at specific domains with patients receiving radiotherapy. (See pages 25 and 27)

d) Acknowledgement of intervention studies conducted with radiotherapy patients

We now include a sentence acknowledging that some intervention studies have been conducted with radiotherapy patients and more generally, targeting some patient-centred outcomes that have been assessed within our study. (See page 27)

Response to reviewer: Jeff Dunn

CEO

Cancer Council Queensland

Australia

13) Exploration of how this approach differs from the unmet supportive care needs concept and the broader framework of existing measures

We have slightly reframed the background of the manuscript to argue that although quality of care is typically assessed on the basis of clinical outcomes, it is arguable that patient-centred care should be measured by the assessment of patients’ perceptions. We point out that there are a range of patient reported outcome measures available for assessing patients’ perceptions, including surveys of patient satisfaction, experiences and unmet needs relating to cancer care. Traditional measures of patient-centred care ask whether aspects of care (typically linked to the Institute of Medicine patient-centred care conceptual framework) were delivered or not. This research is novel in that it asks patients to identify whether they perceive that improved delivery of a particular aspect of care would have had a substantial positive impact on their wellbeing. As such, the current approach attempts to determine how patients perceive the relative benefit of the various aspects of patient-centred care. This approach will be helpful for the prioritisation of interventions based of patients’ views of the relative potential for better care across different domains to improve their wellbeing. (See pages 5-7).

Please note that the address of the corresponding author has changed. This information has been updated in the manuscript title page. We hope this revised manuscript meets your approval, and we look forward to receiving your response.