PEER REVIEW HISTORY

ARTICLE DETAILS

TITLE (PROVISIONAL)	Gynaecological cancer follow-up: National survey of current practice in the UK
AUTHORS	Leeson, Simon; Stuart, Nick; Sylvestre, Yvonne; Hall, Liz; Whitaker, Rhiannon

VERSION 1 - REVIEW

REVIEWER	Professor Sean Kehoe School of Cancer Sciences University of Birmingham Vincent Drive Edgbaston Birmingham B15 UK I am the President of BGCS which is mentioned in this paper.
REVIEW RETURNED	13-Mar-2013

THE STUDY	the question re patients not relevant to this paper the supplements also a no as leave as is
GENERAL COMMENTS	In the discussion I wonder if the last Paragraph would be best shortened - to the authors intent to pilot an RCT on follow - up. It just seems a bit long winded?

REVIEWER	Miss Khadra Galaal Consultant Gynaecological Oncologist Royal Cornwall Hospital NHS Trust Princess Alexandra Wing Truro TR1 3LJ No conflict of interest
REVIEW RETURNED	27-Mar-2013

THE STUDY	This is a questionnaire survey of cancer follow-up in the U.K. there was no statistical methods used except describing the percentage of responses to each question.
REPORTING & ETHICS	questionnaire survey, no checklist

REVIEWER	Miss FM Kew Consultant Gynaecological Oncologist Sheffield Teaching Hospitals UK

REVIEW RETURNED	07-Apr-2013

THE STUDY	The research question is not clearly defined. The aim differs between the abstract and the main text. Furthermore the methods are not appropriate to answer the aim as described in the abstract. The participants in the survey are not adequately described. No information is given on who the members of the PI distribution list of the bgcs are, or how many they are, nor of the ngon membership. The methods used for dissemination of the survey mean that there is no means of determining response rate, but giving an idea of the numbers in these groups would enable the reader to have some idea of the extent of response. The main outcome measure is not clear since the aims are not clearly established. There are several errors/omissions in the references. The first paragraph is totally unreferenced. The second paragraph fails to include reference to systematic reviews published regarding follow up in cervical and ovarian cancer. The final sentence in the third paragraph, lines 38-40, is inaccurate. Follow up in some cancers has been extensively studied including with RCTs. In the discussion, page 8 lines 11-13, has a reference (Rustin) that does not apply to the statement that proceeds it. Furthermore the next reference (Kew 2009) is not the primary reference for this statement.
RESULTS & CONCLUSIONS	The aim of the research is not clearly presented, as discussed above. There are discrepancies in the data that are not adequately addressed in the results and/or discussion. The first paragraph of the results on page 6 are not sufficiently explained. The results suggest that either there is inconsistent practice within networks, or that the two networks that included primary care follow up submitted one response from each. This should be addressed as should any inconsistent reporting from different clinicians within the same networks since this may affect the reliability of the data collected. The second paragraph would be easier to read if percentages of cancer networks providing responses were provided and if the results for individuals and networks were presented the same way around (either report different protocols or same protocols for both analyses). This again shows discrepancies between the percentages of individuals reporting follow up schedules as opposed to networks (eg 70% individuals but 90% of networks offer identical protocols regardless of tumour type). The first paragraph on composition of follow up appointments is very difficult to follow and needs to be rewritten. In particular sentences three and four seem to say the same thing but contain different data. Also this data should be presented in terms of network responses. The percentage in the last sentence is wrong. Page 7 para 2 refers to 'cancer specialists' - this term needs to be defined. The results of the questions about gp use have not been reported. There are other surveys of practice in the literature that have not been referenced. The message is not clearly stated in the discussion, and differs between the abstract and main paper. The statement that 'this is the first study to report the use of patient initiated nurse or telephone follow up' is potentially misleading since this paper is not a report regarding these modalities, it is simply a report of other people's practice. This needs to be made more explicit. The discussion should include discussion about the weaknesses of the study and its strengths as well as what it adds to existing

	knowledge on this subject. Currently these are not clearly addressed.
REPORTING & ETHICS	There is no appropriate check list for this research so its absence is not a problem.

REVIEWER	Mr Derek James Cruickshank Consultant Gynaecological Oncologist Gynaecological Cancer Centre The James Cook University Hospital Marton Road Middlesbrough TS4 3BW England I am co-author with Fiona Kew in the publication referenced on page 9, line 39 "routine follow up after treatment for gynaecological cancer: a survey of practice". In addition, i was the original Principal Investigator for the proposed FIGURE RCT referenced on page 8, line 41. Otherwise i have no competing interests or conflicts of interest.
REVIEW RETURNED	10-Apr-2013

THE STUDY	This is a survey of current practice. As such there is not a specific “research question”. Some of the “yes and no” options above are therefore difficult to answer e.g. there is reference to “patients” and “inclusion and exclusion criteria”. The outcome measure described is “to determine if follow up could be modified to improve the survivorship experience…” Although not a specific criticism of the paper, it is difficult to see how an online survey would deliver on this outcome? Under the strengths it mentions that this is the first study to report the use of patient initiated follow up. I think a more accurate description would be as described in the first sentence of the “discussion section” - …”the first evidence reporting the extent of patient initiated follow up”. We (Kew et al) presented on a pilot/feasibility RCT with the experimental arm being “patient inititated follow up” at the BGCS in 2006. There are supplemental documents.
RESULTS & CONCLUSIONS	The characteristics of respondents are described in table 1 with a spread of clinicians from different specialties and oncology nurse colleagues. Cross referencing the “different respondents” with their Cancer Networks would have provided an indication of the consistency of response by respondent in each of the 30 networks. Discordance/variation in reporting across the respondents is clearly an issue given the content of paragraph 2 on page 6 (lines 12 – 18). 30% of respondents reported different protocols for different tumour types whereas identical protocols for different tumour types were reported from 27 of the 30 networks. In table 3 I wonder if a high use of Ca125 is related to “follow up” during chemotherapy rather than follow up after completing treatment. In addition, the same may be possible for CT follow up assessing response during treatment but in addition Ca125 and CT may be mandated within RTC’s.

VERSION 1 – AUTHOR RESPONSE

The final paragraph of the discussion has been re-written and shortened as requested by Prof Kehoe. Miss Kew requested several alterations. The word 'aim' was removed from the introduction. There is no aim in the abstract. The membership numbers have been added and the membership of the 2 groups clarified. I would dispute that the aims of the survey are not established and the outcomes are unclear. This was not criticised by other reviewers. References have been updated. The second paragraph of the introduction has been expanded as requested. The third paragraph has been modified as requested. The discussion section ll 11-13 have been modified as requested. In the results section, possible inconsistency of reporting network and individual responses has also been noted by Mr Cruickshank and has been modified. The second paragraph has been modified as requested. The following paragraph has been simplified and data corrected. In the section 'duration of follow-up and surveillance tests', the term 'cancer specialist' has been replaced with 'respondent'. GP use has been reported in the 'standard follow-up protocols' section. The message in the discussion section has been clarified as requested by modifying the text mostly in the first paragraph and editing the last paragraph as requested by Prof Kehoe. I don't understand Miss Kew's comment that we are reporting other people's practice. In any event the beginning of the discussion has been modified.
As requested by Mr Cruickshank the 'Outcome measure' has been altered. The text in 'Strengths and limitations of this study' has been corrected. As requested by Miss Kew potential discordance between network and individual responses has been examined. Table 3 reports CA125 use. The comment about CA125 testing during chemotherapy and trials has been added to the discussion as requested.

I hope these modifications are to your satisfaction

VERSION 2 – REVIEW

REVIEWER	Miss Fiona M Kew Consultant Gynaecological Oncologist Sheffield Teaching Hospitals NHS Foundation Trus Competing interests: author of several quoted references, lead clinician for trial team for FIGURE study
REVIEW RETURNED	15-May-2013

THE STUDY	It remains very difficult to determine how representative this survey is of current practice. The data is muddled by reference to network responses as opposed to individual responses. Some of the references are still inaccurately quoted, and other statements are made that have not been referenced.
RESULTS & CONCLUSIONS	Some of the conclusions, especially relating to a future trial, are not bedded in the facts. The original FIGURE study grant application was to look at all gynaecological cancers, not just endometrial.
REPORTING & ETHICS	There is no relevant checklist for a survey
GENERAL COMMENTS	I don't feel that this survey reaches the standard required for BMJ publication. Despite revision the reporting of the results remains confused between network and individual outcomes. The response rate has not been calculated but must be less than 25%, and could be substantially worse. Whilst this paper is eminently publishable, it simply updates previous work in the same field.

VERSION 2 – AUTHOR RESPONSE

In the introduction, comment 5 was based on the number of new ovarian and endometrial cancer cases annually in Wales for 3 monthly review for 2 years. Accepting that some patients die before 2 years and we have not calculated for the less common cervix and other gynaecological cancers as well as less frequent visits after 2 years, the calculation of £1m pa may be a slight under-estimate. Also in the introduction, comment 7 suggested consideration should be given for inserting Rustin 2010 with the Kew et al, 2011 reference. However Rustin examined the value of CA125 testing during follow-up and not the value of follow-up overall. Therefore Rustin has not been included in this part of the manuscript. Concerns about the response rate and variations of network responses have been added to the discussion (comments 9, 10 and 13).

All other comments have been incorporated as suggested.