

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. 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)	To see or not to see: a qualitative interview study of patients' views on their own diagnostic images
AUTHORS	Carlin, Leslie; Smith, H ; Henwood, Flis

VERSION 1 - REVIEW

REVIEWER	Boris Suchan Ruhr University Bochum Germany
REVIEW RETURNED	25-Mar-2014

- The reviewer completed the checklist but made no further comments.

REVIEWER	Frances Griffiths Warwick Medical School University of Warwick UK
REVIEW RETURNED	28-Mar-2014

GENERAL COMMENTS	<p>Overall, this is an interesting exploratory study on a little researched area. It will be of interest to a general medical readership.</p> <p>Introduction – this needs to provide more context for the international and UK based reader about availability of images in clinical consultations in primary care. For example, it is not normal practice everywhere for general practitioners to access their patient's medical images even if in theory it is possible. The introduction should clarify whether the medical practices from which they recruited the patients normally showed their patients their images and how long they had been doing this (as an indication of the degree of normalisation of the practice).</p> <p>Study design/method The study design is appropriate for the aim of the study. The study recruits people who had undergone medical imaging in the previous 12 months. There is no indication of the number of people who were asked to participate in the study – in most general practices there would be many hundreds of patients having imaging in a year – and so how many refused. There is no indication of the range of time since imaging among the participants. These issues need to be addressed.</p> <p>Clarify why and who wrote memos and how they were used in analysis.</p>
-------------------------	--

	<p>Interview M26 is included in the results but the authors state that this is not in the data set. Why is it not part of the data set?</p> <p>Discussion section The text on page 16 lines 27-38 about what friends and acquaintances have said to the first author is not appropriate for a research report and should be omitted.</p> <p>The last paragraph of the discussion needs editing to point towards future research but not to start to answer a new research question with informal data.</p> <p>Study limitations that need to be addressed include: problems of recall and the recruitment rate.</p> <p>Style of writing The style of writing of the introduction and the section of the discussion referring to other studies is appropriate for a social science audience. These sections need rewriting for a general medical audience to make them accessible.</p>
--	---

REVIEWER	Dr.. Nagy Naguib Johann Wolfgang Goethe University Frankfurt am Main Germany
REVIEW RETURNED	29-Mar-2014

GENERAL COMMENTS	<p>The current work covers an interesting topic in which the authors described the patient's point of view regarding the effect of seeing the imaging investigations performed and the impact of this on the patient and the discussion with the treating physician. The main concern here is the lack of any form of analysis of the results. The results section is simply a narration of what the patients said during the interview. I was expecting an analysis of these results in a form which will help the treating physician understanding the impact showing the patient his own images.</p> <p>Specific comments: Introduction: The introduction section needs to be shortened. Some parts of the introduction can be removed or moved to the discussion section. Page 4 line 19 reference writing style needs to be revised throughout the text (e.g. what does the 20 here refer to) Page 5 line 30 is this referring to a page number, please clarify</p> <p>Methods: This section is deficient and the authors are requested to provide more details. A systematized description with subtitles (similar to what the authors provided in the results section) will be very helpful Page 7 line 13 please check the reference style here.</p> <p>Results: As previously mentioned the results section is lacking any sort of analysis. AN important issue and a weakness of the current study is the lack of patient classification based on the pathology, a patient with a fracture following trauma will probably have a different attitude</p>
-------------------------	---

	<p>toward seeing his own images than a patient with a malignancy. Another issue is the imaging modality used, plain x-rays are easier to understand than a CT of the abdomen for example. Patients might find cross sectional images difficult to understand and might have a different attitude towards seeing them.</p> <p>Page 9 line 48 typographic error (Specialist)</p> <p>Page 10 line 20 what was the point of view of the effect of seeing the image on the consultation from the physicians' perspective?</p> <p>Page 12 line 48, please provide numbers here and avoid using non specific quantities like (some participants)</p> <p>Discussion:</p> <p>Page 14 line 26 I think it is difficult to draw such a conclusion since the authors did not provide any sort of analysis of their data</p> <p>Page 14 lines 41-50 I would move this section (limitations) to the end of the discussion</p> <p>References:</p> <p>OK</p>
--	---

VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

Reviewer Name Boris Suchan

Institution and Country Ruhr University Bochum

Germany

Please state any competing interests or state 'None declared': none declared

There are no comments.

No response.

Reviewer: 2

Reviewer Name Frances Griffiths

Institution and Country Warwick Medical School

University of Warwick

UK

Please state any competing interests or state 'None declared': non declared

Overall, this is an interesting exploratory study on a little researched area. It will be of interest to a general medical readership.

Introduction – this needs to provide more context for the international and UK based reader about availability of images in clinical consultations in primary care. For example, it is not normal practice everywhere for general practitioners to access their patient's medical images even if in theory it is possible. The introduction should clarify whether the medical practices from which they recruited the patients normally showed their patients their images and how long they had been doing this (as an indication of the degree of normalisation of the practice).

We have clarified in the manuscript's discussion that sharing of diagnostic images is not typical practice in the UK, particularly in primary care, and added a reference to bolster that statement.

Study design/method

The study design is appropriate for the aim of the study.

The study recruits people who had undergone medical imaging in the previous 12 months. There is no indication of the number of people who were asked to participate in the study – in most general practices there would be many hundreds of patients having imaging in a year – and so how many refused. There is no indication of the range of time since imaging among the participants. These issues need to be addressed.

The Methods section has been strengthened.

At the request of the ethics committee, we did not collect information on the number or characteristics of patients who declined their GP's request to participate in our research.

The inclusion criteria defined that the most recent referral for imaging was within the last 12 months, we did not collect more detailed information.

Clarify why and who wrote memos and how they were used in analysis.

We have commented on this query and re-worded the term 'memo' to 'field notes' and examples provided.

Interview M26 is included in the results but the authors state that this is not in the data set. Why is it not part of the data set?

M26 was the number given to our pilot interviewee, who was not recruited directly through primary care. His comment was evocative of a view that we felt was important to share. If, however, the quote is deemed inappropriate to include, we can remove it.

Discussion section

The text on page 16 lines 27-38 about what friends and acquaintances have said to the first author is not appropriate for a research report and should be omitted.

True. We have removed that text.

The last paragraph of the discussion needs editing to point towards future research but not to start to answer a new research question with informal data.

We have done this.

Study limitations that need to be addressed include: problems of recall and the recruitment rate.

We have included these.

Style of writing

The style of writing of the introduction and the section of the discussion referring to other studies is appropriate for a social science audience. These sections need rewriting for a general medical audience to make them accessible.

We have made alterations to the text that we hope bring it in line with a more general medical tone (for instance, removing discussion of the 'dialectic' nature of tropes that describe the impact of medical technology on patients).

Reviewer: 3

Reviewer Name Dr.med. Nagy Naguib

Institution and Country Johann Wolfgang Goethe University

Frankfurt am Main

Germany

Please state any competing interests or state 'None declared': Nothing to Declare

The current work covers an interesting topic in which the authors described the patient's point of view regarding the effect of seeing the imaging investigations performed and the impact of this on the patient and the discussion with the treating physician. The main concern here is the lack of any form of analysis of the results. The results section is simply a narration of what the patients said during the interview. I was expecting an analysis of these results in a form which will help the treating physician understanding the impact showing the patient his own images.

We are a little uncertain what the reviewer expected in terms of analysis from these exploratory qualitative data. We have added in the final section 'Summary and implications for clinicians and policy-makers' a recommendation for open discussion between clinician and patient of the possibility of sharing the diagnostic image.

Specific comments:

Introduction:

The introduction section needs to be shortened.

Some parts of the introduction can be removed or moved to the discussion section.

We have shortened the introduction a little.

Page 4 line 19 reference writing style needs to be revised throughout the text (e.g. what does the 20 here refer to)

Page 5 line 30 is this referring to a page number, please clarify

We have corrected this error and revised the referencing.

Methods:

This section is deficient and the authors are requested to provide more details. A systematized description with subtitles (similar to what the authors provided in the results section) will be very helpful

We have added subtitles.

Page 7 line 13 please check the reference style here.

This has been corrected.

Results:

As previously mentioned the results section is lacking any sort of analysis.

AN important issue and a weakness of the current study is the lack of patient classification based on the pathology, a patient with a fracture following trauma will probably have a different attitude toward seeing his own images than a patient with a malignancy.

Another issue is the imaging modality used, plain x-rays are easier to understand than a CT of the

abdomen for example. Patients might find cross sectional images difficult to understand and might have a different attitude towards seeing them.

We understand the reviewer's wishes, but with respect, we would like to comment that as the nature of the study is qualitative and exploratory, we do not feel that the breaking-down of the results into such small silos is warranted methodologically. It was not the aim of this particular study but might well be the subject of a subsequent project.

Page 9 line 48 typographic error (Specialist)

Corrected.

Page 10 line 20 what was the point of view of the effect of seeing the image on the consultation from the physicians' perspective?

Another good question, again, not in the purview of this project. We have cited Carlin et al. 2010 for our contribution on that subject.

Page 12 line 48, please provide numbers here and avoid using non specific quantities like (some participants)

We have done so.

Discussion:

Page 14 line 26 I think it is difficult to draw such a conclusion since the authors did not provide any sort of analysis of their data

Page 14 lines 41-50 I would move this section (limitations) to the end of the discussion

We have amended our conclusions to reflect the reviewer's concern (focusing on the need to discuss openly the possibility of sharing diagnostic images), and have moved the 'limitations' section closer to the end, as suggested.

References:

OK

VERSION 2 – REVIEW

REVIEWER	Dr. Nagy Naguib Institute for Diagnostic and Interventional Radiology Frankfurt University Hospital (Johann Wolfgang Goethe University), Frankfurt am Main, Germany
REVIEW RETURNED	19-Jun-2014

GENERAL COMMENTS	<p>The authors did a good job improving the presentation of the current work. Some minor comments still need to be addressed: Although you said you correct this still the text has not been corrected, what is the meaning of (page 20) in page 4 line 19? The same applies for the whole text with several encounters in the text.</p> <p>I still think the introduction should be shortened, the introduction has a specific job; to prepare the audience and to understand the reason why you did this research and to shortly introduce your study aim. I think it will be more impressive if you move the newly added paragraph starting in page 15 line 53 to the end of the discussion to represent your conclusion since this is your take home message.</p>
-------------------------	---

VERSION 2 – AUTHOR RESPONSE

We are pleased you approve of the revisions made.

The citations have now all been corrected as requested, the introduction reduced and the paragraph moved to concluding paragraph.