## 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)	Recruitment, adherence, and retention of endometrial cancer
	survivors in a behavioural lifestyle programme: the Diet and Exercise
	in Uterine Cancer Survivors (DEUS) parallel randomised pilot trial
AUTHORS	Koutoukidis, Dimitrios; Beeken, Rebecca; Manchanda, Ranjit; Michalopoulou, Moscho; Burnell, Matthew; Knobf, Tish; Lanceley,
	Anne

# **VERSION 1 - REVIEW**

REVIEWER	Hannah Arem
	George Washington University Milken Institute School of Public
	Health, USA
REVIEW RETURNED	20-Jun-2017

GENERAL COMMENTS	survivors in a behavioural lifestyle programme: the Diet and Exercise in Uterine Cancer Survivors (DEUS) parallel randomized pilot trial
	This study clearly and thoroughly explains the feasibility of this diet and exercise trial among endometrial cancer survivors in the UK. The authors are forthcoming with challenges in the process of this trial, making a significant contribution to the literature by focusing not just on outcomes of behavior change, but also the "how" of the trial process. Only very minor changes are needed.
	Comments:
	Although the authors cite the original protocol for details, it would be helpful to add a sentence or two in brief about how measurements and demographics were collected from participants.
	Page 7, line 156-158: how many clinicians were interviewed?
	Page 10, line 219: Authors may want to add a sentence about the 15% of enrolled participants who attended zero sessions. Can list out the reasons in the CONSORT diagram in text.
	Authors may consider collapsing sparse categories in Table 1 such as race, living arrangement, marital status to make Table 1 more concise.
	Table 1: please add units to weight and BMI
	Figure 1: may want to remove the barriers that are 0 or 1% and move to an appendix to highlight the findings that would inform a future trial. May also want to specify whether these responses were

only from those who did not participate (were these non-eligible
women or those who chose not to participate?)

REVIEWER	Jaejoon Song The University of Texas MD Anderson Cancer Center
REVIEW RETURNED	07-Jul-2017

GENERAL COMMENTS	1. Analysis procedure for the qualitative measure (i.e., clinicians' view on recruitment) could be described in more detail, in one or two sentences after lines 176 and 177, before the beginning of the results section. Current description is unclear to readers unfamiliar with qualitative analysis. It would also help to note how many clinicians were interviewed.
	2. In the text, the lower and upper confidence intervals were described with a dash (e.g., 81%; 95% CI: 66%-96% on line 216) or with a comma (e.g., 95% CI: 74%, 89% on line 222). Please be consistent.
	3. Figures 1, 3, and 4 is a good visual, but tables may be a better option.

#### **VERSION 1 – AUTHOR RESPONSE**

- 1. Two sentences have been added (lines 158-160) on the collection of measurements and demographics.
- 2. The number of clinicians interviewed has been added.
- 3. We have added a sentence to aid with clarification, including the reasons for attending zero sessions (lines 223-228).
- 4. Units to weight and BMI have been added.
- 5. Barriers that are 0% and 1% have been moved to the supplementary appendix Table S3. We converted the figure into a table as per the suggestion of the second reviewer and clarified in the table caption that the responses were from those who were eligible and declined participation.
- 6. A sentence on the process of the qualitative analysis has been added (line 178).
- 7. The confidence intervals have been corrected.
- 8. The figures 1, 3, and 4 were converted into tables.

## **VERSION 2 – REVIEW**

REVIEWER	Hannah Arem
	George Washington University, USA
REVIEW RETURNED	27-Jul-2017

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GENERAL COMMENTS	No additional comments.