

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Research priorities in health communication and participation: International survey of consumers and other stakeholders
AUTHORS	Synnot, Anneliese; Bragge, Peter; Lowe, Dianne; Nunn, Jack; O'Sullivan, Molly; Horvat, Lidia; Tong, Allison; Kay, Debra; Gherzi, Davina; McDonald, Steve; Poole, Naomi; Bourke, Noni; Lannin, Natasha; Vadasz, Danny; Oliver, Sandy; Carey, Karen; Hill, Sophie

VERSION 1 – REVIEW

REVIEWER	Soumyadeep Bhaumik Public Health Foundation of India , India
REVIEW RETURNED	29-Sep-2017

GENERAL COMMENTS	<p>Introduction</p> <p>The introduction section is generally defined well but I think a bit of more evidence on the following is required to enrich the manuscript :</p> <ol style="list-style-type: none"> evidence that the improvement of better patient communication and participation in healthcare improves health care outcomes across different settings(primary/ secondary/ tertiary/ emergency setting/ rural/urban/ LMIC countries / different diseases etc.) (the authors state the counterfactual in Page 5 Line 20 to 30 but that is not enough in my opinion as there are many confounders to this association and the direction of affect is not known. Given that in Page 5 , Line 48 to 52 it is stated that research priorities for health communication etc are identified in contexts of priority settings in discrete clinical areas and setting already - if any systematic reviews of the same is available. <p>There is a need to provide the rationale for choosing five as a cut-off. Also rationale for choosing an online survey for the purpose.</p> <p>There is a need to distinguish between priority setting for health research in general and for systematic reviews specifically.</p> <p>Methods</p> <p>The project claims to be from an international setting but the project steering group seems to be based only from one nation. This is a major limitation and contrary to the stated principles in Page 6, Line 24 to 28. Was there any LMIC representation ? As an appendix might be good to put in characteristics of this group . This is crucial because the steering group has set the scope of the project. The use of English only as a language for an international setting and that too of patients consumers and carers and advocates is a major methodological limitation to the claim of international settings. More details on what newsletters were send to and how the list of emails</p>
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	<p>or post were send would be essential.</p> <p>Results :</p> <p>Did the recruitment strategy have an influence on having 81% females ?</p> <p>Discussion</p> <p>Page 16; Line 15 to 29 state "priorities identified cut across acute and community health settings, with relevance for policy and research, and across population groups and health condition" This does not seem to be the case as per above mentioned limitations in methodology and results . In addition, there is no information on health conditions presented. It is also a strange conclusion to draw since the communication and participation needs in chronic and acute condition and emergency and non-emergency setting plausibly cannot be same given the vast difference in contexts. Is this supported by some data ?</p> <p>Page 17, Line 22 to 24 prsents seveal limitations. It is evidently clear from the participant characteristics in results that it is indeed not a global priority and that of only high income OECD countries as only 8% participants are from other countries and that includes only few India, Malaysia and Sri Lanka as LMIC participants. The use of English only as a language for an international setting and that too of patients consumers and carers and advocates is a major methodological limitation to the claim of international settings . I think there is a need to drop the claim from global setting. This is only a priority for only three countries who dominated 90% participants .The counter stated to that does not hold any ground at all . What about male representativeness ?</p> <p>There is also a need for an equity focussed analyses on priority setting based on participant characteristics.</p>
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REVIEWER	Dr. Helen Evelyn Malone, Research Assistant Professor, School of Nursing & Midwifery, Trinity College Dublin, The University of Dublin, College Green, Dublin 2, Ireland.
REVIEW RETURNED	11-Dec-2017

GENERAL COMMENTS	<p>I enjoyed reading this relevant and important work focusing on research priorities from the perspective of stakeholders and consumers. This manuscript requires some adjustments prior to publication.</p> <p>Summary statement:</p> <ul style="list-style-type: none"> • Needs proofreading and editing • The term 'health' and 'health participation' needs to be clarified e.g. consider more informative term/s e.g. 'Healthcare' • Important: Re: Abstract: Participants: Report demographic data i.e. age range and gender. • Important Re: Abstract Methods Section: Report the online survey time-frame.
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	<ul style="list-style-type: none"> • Important Re: Abstract: Conclusion section: This piece of research work warrants stronger conclusion statements. Consider replacing the words which read as follows 'organisational or governance changes' and replace them with conclusions and/or research priority recommendations sourced from key findings. • Important: The definition of stakeholder on page 5 line 35 includes consumers. However the Abstract page 3 line 6 and line 42 suggest that the term stakeholders means initiators of the project and funders page 18, line 39. Minor modifications to the text and a definition of what stakeholder means within the context of this study would provide clarity to the reader. • Important: Define the sampling strategy. A rationale should be provided for using a particular type of sampling. If purposeful sampling was applied this needs to be included in the section called 'Participants and Recruitment' and supported by a reference. • Important: Results section Page 10 line 22 -34 + page 11 line 21-26: The denominator (n=148) and not (n=151) was used to calculate the data presented. Justification for the denominator (n=148) is provided in Table 1 footnotes page 11. line 10, i.e. three non-respondents for demographic data. Consider adding a similar justification in the text. For example, on page 10 line 25 at the location following 8% consider adding the following in brackets: (denominator 148, 3 non-respondents for demographic data). Reason for this suggestion; it will help the reader to differentiate between the three 'non respondents for demographic data' from the three respondents who opted to participate via the postal or phone system. • Important: Consider visually examining the demographic data for the three respondents who opted to participate via postal of phone system and report if these respondents have characteristics that are notably different to the online respondents e.g. age profile and whether any noted difference had an impact on the results. • Important: Pages 13 to 15: Results Section. In keeping with the qualitative approach consider supporting the narrative with some 'direct quotes' identifiable with a respondent ID number or role descriptor. • Important: State the name of software utilised for the analysis or state that the analysis was carried out manually.
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	<ul style="list-style-type: none"> • Important: Outline how the methodology enhanced trustworthiness or rigor. i.e. credibility, dependability, confirmability and transferability. • Important: On page 17 at a suitable location in the existing text add a new heading called 'Strengths and Limitations' • Important: Page 18 line 16: Conclusions section. As mentioned earlier, this piece of research work warrants stronger conclusion statements. Consider replacing the words that read as follows 'organisational or governance changes' and replace them with conclusions sourced from key findings. • Important: Create a section called Recommendations with bullet points and include concise 'research priority' recommendations which relate to the objectives of the study. <p>General Comments:</p> <p>Re: Title: Page 1 line 6: reads as follows: 'Stakeholder priorities for research in communication and participation in health: an international survey' (13 words)</p> <p>Reviewer comments on Title:</p> <p>(1) Minor: Consider changing 'priorities for research' to 'research priorities'</p> <p>(2) Important: need to clarify 'participation in health' possibly change the word 'health' to 'healthcare'</p> <p>(3) Optional: Consider the following alternative titles to render the article more searchable in databases and facilitate more article citations.</p> <p>Research-priorities for Cochrane Consumers and Communication Group: Stakeholder and Consumer perspective: International Survey (13 words)</p> <p>Cochrane Consumers and Communication Group research-priorities: Stakeholder and Consumer perspective: International Survey (12 words)</p> <p>Re: Key words: page 2 Line 13:</p> <p>Reviewer comment on key words:</p> <p>Minor: consider changing the words 'Quality of Care' to 'Quality Healthcare'</p> <p>Important: delete or provide clarification to the term 'Community participation'</p> <p>Optional: Consider including key words such as 'research priorities' 'Cochrane' 'Stakeholders' 'Consumers' 'Service users' 'shared decision-making'</p> <p>Re: Abstract: page 3 line 3</p> <p>Reviewer comments:</p> <p>Page 3 Line 6: Abstract, objective: Important: consider removing last sentence which is enclosed in brackets (i.e. line 8 and 9). Reason: the objective suggests some of the findings ahead of analysis e.g. shared decision-making</p> <p>Page 3, Abstract: Consider adding a new heading called e.g. Design: Survey</p> <p>Page 3 line 6 Abstract: Consider replacing the words 'priorities for research' with 'research priorities'</p> <p>Page 3, Abstract, line 12, Participants: Important: report</p>
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	<p>demographics i.e. age range and gender. Mindful of word count I would suggest replacing the first two lines with the following PARTICIPANTS: A total of 151 participants (18-80 years) (x females X males) across 12 countries took part.....</p> <p>Page 3, Abstract, Line 19: Methods: Important: Need to state length of time the online survey was available.</p> <p>Page 3, Abstract, line 19 Methods: I would suggest replacing the first sentence with text which reads as follows: "Respondents were invited to submit their research ideas via an online line survey available for xxxx weeks"</p> <p>Page 3, Abstract, line 22/23, Results: Consider replacing the text which reads 'These topics most frequently addressed" with text which reads. 'Key research priorities included:'</p> <p>Page 3, Abstract, line 34, Results: Consider replacing the words which read: "cut across" with the word 'encompass'</p> <p>Page 3, Abstract, line 35, Results: Consider replacing the text which reads ' Priority populations included" to "Priority populations of interest included:' or if word count permits "priority populations of interest to the research inquiry included"</p> <p>Page 3, Abstract, line 43, Conclusions: Consider replacing the word 'Health' with the word 'Healthcare'</p> <p>Re: Strengths and Limitations of this study: Page 4, line 3 Reviewer comments: Optional: the first and second bullet points are similar. One approach might be to combine bullet the first two bullets into one sentence and add another bullet (maximum 5 bullets allowed) Could also consider adding the following strength and limitation: We utilised purposeful sampling with the aim of capturing stakeholder and service-user perspective. Utilisation of online survey has the potential disadvantage of failing to capture the perspective of service users who do not have access to the Internet.</p> <p>Page 4, line 5: The text reads as follows: "We partnered with consumers and other stakeholders, and used" Consider deleting the word called 'other'</p> <p>Page 4, line 14: The text reads as follows: "We have demonstrated the feasibility of priority setting with stakeholders in complex areas" Consider adding the word 'healthcare' i.e. 'complex healthcare areas'</p> <p>Re: Introduction page 5 line 3 Reviewer comments: Page 5, Line 10: Paragraph (1) The word 'health' needs clarification. Consider changing the word 'health' to 'healthcare' or some more informative term and apply it consistently throughout the manuscript.</p> <p>Page 5, Line 16: Consider replacing 'We refer' with 'For the purposes of this study we define these concepts.....'</p> <p>Page 5, Line 18: Consider changing the word 'health' to 'healthcare' or 'healthcare decision making' or 'healthcare quality provision' or some more informative term.</p> <p>Page 5 Line 21: the word 'health' needs clarification. Consider changing the word 'health' to either 'Healthcare uptake' or other informative term.</p> <p>Page 5, Line 24: Consider replacing 'inadequate participation in health' with the words which read 'inadequate clinical effectiveness' this terminology would be more consistent with the reference 12 (Doyle et al. 2013)</p> <p>Page 5, Line 34: consider replacing the part sentence which reads: 'in partnership with the people and groups affected by the issues' to</p>
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	<p>'in partnership with consumers and stakeholders' (reference 1 supports the use of consumers and stakeholders)</p> <p>Page 5, Line 44: Consider changing 'Health' to e.g. 'healthcare' or 'healthcare uptake'</p> <p>Page 5, Line 47: Revisit and clarify or amend the words 'discrete clinical areas and settings'. Reference 17 & 21 don't support the use of the word 'discrete' in this context. (reference 21 Domecq et al. 2014 refers to 'discrete themes' and elsewhere in the literature discrete modelling is applied in 'research priority setting')</p> <p>Page 5, Line 57: possibly consider changing the words 'is valuable' to 'have the potential to add valuable information to health provision policy making'</p> <p>Page 6 Line 4: Consider making a new heading called e.g. 'Study aim' or 'study objective' or 'Study aims and objective'.</p> <p>Page 6, line 6: Consider changing the word 'health' to 'healthcare' or other suitable informative term</p> <p>Page 6, line 8: Change the word 'health' to 'healthcare' or other suitable informative term also Consider deleting the words 'broadly and'</p> <p>Page 6, line 10: Consider changing 'Here we describe' to 'The methods section describes'</p> <p>Re: Methods page 6, line 14</p> <p>Reviewer comments:</p> <p>Page 6, line 17: Consider adding 'guidebook' after the word 'Alliance'</p> <p>Page 6, line 19: Add the duration of the survey to the end of the sentence e.g. 'We conducted an International online survey which was available on the Internet for x number of weeks'</p> <p>Page 6, line 24: the manuscript reads as follows: "informed by the principles of co-production' (i.e. stakeholders are active agents with respected expertise, blurred roles between researchers and stakeholders with mutually-beneficial and reciprocal relationships)" [34] [35]</p> <p>Reviewer comment: The mention of co-production followed by brackets would lead the reader to expect some examples of co-production within the brackets and not an attempt to define stakeholder.</p> <p>Consider the following as a possibility: 'Our approach was informed by principles of co-production i.e. recognising expertise, building on strengths and enabling shared control' [34] (NB these examples are extracted from reference [34] Reference [34] is a more relevant reference than [35] for principles of co-production. Consider whether reference 35 is sufficiently supportive of principles of co-production and whether or not [35] should be retained in this context.</p> <p>Page 6, line 24: Consider removing the sentence which reads as follows: i.e. 'stakeholders are active agents with respected expertise, blurred roles between researchers and stakeholders, with mutually-beneficial and reciprocal relationships' Reason (1) : The definition doesn't read proactively especially with the use of the words 'blurred roles' Reason (2) A definition of stakeholder is provided on page 5 line 36.</p> <p>Page 6, line 27: Consider replacing the words 'activities and data' with the words 'for our methodology we took guidance from relevant sections...' or alternatively for 'our health research priority setting we took guidance from relevant sections...'</p> <p>Page 6, line 29: Re: Priority Checklist, Important: The priority setting checklist mentioned in the manuscript seems to have two secondary</p>
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	<p>references. (I may be incorrect). Consider the possibility of replacing them with the primary reference which is very possibly: Viergever RFOS, Ghaffar A, Terry RF. A checklist for health research priority setting: nine common themes of good practice. Health Research Policy and Systems 2010; 8: 36. The reference Viergever et al. outlines co-production principles and is listed in the manuscript reference list but doesn't appear in the manuscript text.</p> <p>Page 6, line 29: Re reference [36] this reference is incomplete in the referencing listing section. It should read as follows: Transplant International 2017; 30: 327–343</p> <p>Page 6, line 31: Possibly delete 'S15-52' or provide justification for its inclusion.</p> <p>Page line 39-40: Consider adding the words 'the' before Cochrane and the word 'group' after (CCC) i.e. 'At this Centre, the Cochrane Consumers and Communication (CCC) group coordinates...'</p> <p>Page 6, line 45 -45: The text claims that Cochrane strategy 2020 encourages the prioritisation of Cochrane reviews? A page number in the strategy document needs to be provided. Alternatively a reference from another source needs to be provided.</p> <p>A quote from the strategy document states 'The Strategy 2020 aims to put Cochrane evidence at the heart of health decision-making all over the world'</p> <p>Consider changing the words 'the prioritisation of Cochrane reviews' to something more consistent with both the strategy document and your project (which is not a review) e.g. 'Evidence based decision making'</p> <p>Page 6, line 47: Reference [38] needs a URL added to the reference list i.e. www. community.cochrane.org/organizational-info/resources/strategy-2020</p> <p>Page 6, line 55: Section called Project Steering Group: Consider changing 'commission for' to 'commission on' This suggested change can be checked online.</p> <p>Page 6, line 55 Add where possible a reference number after mention of each group and update the reference list.</p> <p>Page 6, line 55: Consider adding the number or participants for each mentioned group e.g. the Australian Commission on Safety and Quality in Health Care (n=xx) [reference]</p> <p>Page 6, line 57: Consider changing (with people in clinical and management positions) to (professionals in clinical and managerial roles)</p> <p>Page 7, line 6: Consider changing 'Steering group input was sought to define..' to 'Steering group input defined..'</p> <p>Page 7, line 14: Consider changing the heading called 'Scope of the priorities being set' to 'Scope of priority setting'</p> <p>Page 7 line 30: Re: provided examples. State to whom e.g. participants</p> <p>Page 7, line 32: Consider changing the sentence that starts with ' we sought International priorities that could be answered in , or scoped to inform intervention reviews...' to 'We aimed to identify international stakeholder and consumer research priorities that have the potential to inform priority decisions for future Cochrane systematic reviews'</p> <p>Page 7, line 42: Consider changing 'we sought wide participation in the survey internationally' to 'We sought international participation in the online survey'</p> <p>Page 7, line 45: Consider changing 'and anyone interested in the area' to 'persons interested in health research priority setting'</p> <p>Page 7, line 50: Consider changing the sentence which reads: 'participants could request to complete the survey by post or phone' to a sentence which reads: 'Participants were provided with the</p>
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	<p>option to complete the survey by post or phone'. In the results section state how many respondents opted for postal or phone survey. Page 8, line 5: Consider adding the word 'e-mail' into the sentence i.e. 'e-mail reminder' Page 8, line 8: consider changing the heading called 'Collecting the priorities' to a heading which reads 'Collecting research priorities' Page 8, line 11 to 14: Add the duration of the online survey. e.g. 'via an x week online survey' Page 8, line 22: Indicate if participant instructions or the online system dictated the number of submissions e.g. 'The online system permitted up to four research priority submissions' Page 8, line 25: Consider deleting the word 'aforementioned' and start the sentence with 'The online survey questions were devised...' Page 8, line 29: Consider deleting the words which read; 'We opened with the problem question to (1)' and replace it with the words which read as follows: 'In order to facilitate clarity, context and meaning each question was followed by an illustrative example to:(1).....' Page 8, line 50: Add (n= x) into the sentence. For example, 'We piloted the survey with a sample size of six consisting of consumers (n= 4), health professional (n=1), and a policy maker (n=1) Page 9, line 3 Consider adding the word research to the heading called 'analysing and grouping priorities' i.e. 'Analysing and grouping research priorities' Page 9, line 11: consider changing the word 'like' to 'similar' Page 9, line 26: Provide the long meaning of PICO (participants, intervention, comparator and outcome). Consider mentioning that the PICO framework is commonly applied in Cochrane systematic reviews. Page 9, line 37: Replacing the the term 'like' with the term 'similar' might better facilitate the reader. Page 9, line 40: Consider replacing the sentence which reads as follows: 'and that stayed close to the elements specified by respondents' with the sentence which reads as follows: 'the aim being to adhere closely to the elements specified by the respondents' Page 10, line 26-27: Important: Results section Page 10 line 22 -34 + page 11 line 21-26: The denominator (n=148) and not (n=151) was used to calculate the data presented. Justification for the denominator (n=148) is provided in Table 1 footnotes page 11. Line 10 i.e. three non-respondents for demographic data. Consider adding a similar justification in the text. For example, on page 10 line 25 at the location following 8% consider adding the following in brackets: (denominator 148, 3 non-respondents for this demographic data). Reason for this suggestion; it will help the reader to differentiate between the three 'demographic question non-respondents' from the three respondents who opted to participate via the postal or phone system. Page 10, line 29: Consider whether the word 'nominated' should be replaced with the word 'represented' Page 10, line 49: Consider whether the text should read 'member of family' as opposed to 'member of someone' Page 11, line 21: Consider whether the word 'nominated' should be replaced with the word 'represented' Page 12, line 17 Table 2: re: statement which reads as follows: 'Cultural safety is not well embedded in the health service'. Consider adding a brief explanation of the term 'cultural safety' e.g. (due to language barriers) Page 13, line 3: Consider adding the word 'research' prior to the</p>
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	<p>word 'priority' and changing the word 'health' to 'healthcare'</p> <p>Page 13, line 14: Consider if the words which read 'who are dying' would be better described as 'end of life care'</p> <p>Page 13, line 19: Consider changing the word 'health' to 'healthcare'</p> <p>Pages 13 and 14: Important: A narrative is provided for themes. In keeping with the qualitative approach consider adding some direct quotes identifiable with a respondent ID number or role descriptor.</p> <p>Page 14, line 47: Important: Consider re-phrasing this sentence to provide clarification i.e. the words which read as follows: 'idea or problem'</p> <p>Page 15, line 8: missing word. Consider adding the word 'which' or 'that' i.e. 'interventions that could' or 'interventions which could'</p> <p>Page 16, line 4: Minor point: consider would 'stakeholders need evidence' read better than 'stakeholders want evidence'</p> <p>Page 16, line 39 & 40: Important: Consider re-phrasing this sentence particularly the part that reads as follows: 'a step which lacks clear guidance' I would suggest deleting this part of the sentence and add a reference following the word called 'priorities'. A suitable reference might be reference 63 (already in the reference list but not mentioned in the text) by the author called Viergever et al. 2010.</p> <p>Page 16, line 44: Consider replacing the word 'resonance' with the word 'consistency'</p> <p>Page 16, line 48: Consider changing the word called 'around' to the word 'for' e.g. 'for partnering' instead of 'around partnering'</p> <p>Page 17: Important: In this page at a suitable location place a new heading called 'Strengths and limitations'</p> <p>Page 17, line 22: important: Consider replacing the word 'criticism' to 'limitation'</p> <p>Page 17, line 22: Important: Consider replacing the word 'approach' to 'sample' Reason: the limitation described in the text relates to 'sample' not to 'approach or methods'</p> <p>Page 17, line 22: Important: Consider replacing the word 'inclusiveness' with 'generalisation of results'</p> <p>Page 17, line 32: Consider replacing the word 'resonance' with the word 'consistency'</p> <p>Page 17, line 34: Important: Mention of an international policy priority document would need to be referenced.</p> <p>Page 17, Line 34: Important: Consider replacing the words which read as follows 'singled out these' with the word 'recommended'</p> <p>Page 17, Line 34: Consider deleting the words that read 'and that' and add a full stop. Start a new sentence with the word called 'stakeholders' or alternatively start the new sentence with the words 'Additionally, stakeholders..'</p> <p>Page 17, line 52: Consider replacing the words which read as follows 'Decisions about' with e.g. 'Decisions regarding'</p> <p>Page 17, line 52-53: Important: Rephrase the sentence which read as follows: 'Informed by the needs of the potential users of this research, but also by what is already known' An Alternative sentence for example, would read: 'Decisions regarding future research priority-setting should be evidence based' (xx ref)</p> <p>Page 18, line 16: Conclusions. Important: This important piece of research work warrants stronger concluding statements. Consider replacing the words which read as follows 'organisational or governance changes' with some of the key findings reported in the 'Results' section and the 'Abstract'</p> <p>Page 18, Add (under the section called conclusions) a new heading called Recommendations and using bullet points include concise recommendations for future research.</p> <p>Page 18, line 39: Funding section: consider adding past tense to the funding e.g. 'was supported' as opposed to 'is supported'.</p>
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	<p>Page 19, line 7: Add a capital letter to As i.e. AS was supported by...</p> <p>Page 22, line 35: The reference for Tong et al 2017 is incomplete. Add Transplant International 2017; 30: 327–343</p> <p>Page 31, line 5. Table S3: Consider adding the word 'research' to the Table Caption i.e. 'Priority research themes...'</p> <p>I am happy to read a future version of this manuscript</p>
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REVIEWER	<p>France Légaré Department of Family Medicine and Emergency Medicine, Faculty of Medicine, Université Laval Quebec, Canada</p>
REVIEW RETURNED	12-Dec-2017

GENERAL COMMENTS	<p>I'd like to congratulate the research team for the good work accomplished during the realisation of this study. I think that this manuscript could be benefited with some clarifications concerning the points indicated below:</p> <p>1) on page 7 (participants and recruitment section): how international participants (patients, carers, health professionals, policy-makers, funders, etc.) were identified to be further contacted to complete the survey? How many international organisations were contacted to promote the survey and how many have accepted to participate? Have you contacted health organisations and advocacy groups representing vulnerable population in countries other than Australia?</p> <p>2) on page 9 (analysing and grouping the priorities), lines 55-56: what was the rationale for regrouping health care professionals, policy makers and researchers into the same stakeholder group? why not keep them as distinct groups?</p>
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VERSION 1 – AUTHOR RESPONSE

REVIEWER 1

1. The introduction section is generally defined well but I think a bit of more evidence on the following is required to enrich the manuscript:

Evidence that the improvement of better patient communication and participation in healthcare improves health care outcomes across different settings(primary/ secondary/ tertiary/ emergency setting/ rural/urban/ LMIC countries / different diseases etc.) (the authors state the counterfactual in Page 5 Line 20 to 30 but that is not enough in my opinion as there are many confounders to this association and the direction of affect is not known.

AUTHOR RESPONSE: As suggested, we have now referenced three Cochrane Reviews that describe some of the ways in which interventions to enhance communication and participation improve health and other outcomes: “Conversely, considerable evidence now supports the use of numerous interventions to improve communication and participation in health. For example, people exposed to decision aids feel better informed, better able to understand risks and are more active in the decision-making process (Stacey 2017). The use of automated telephone communication systems in a wide variety of clinical contexts and settings can improve clinical outcomes and increase healthcare uptake, such as immunisation and appointment attendance, (Pozadski 2016) and self-monitoring interventions can improve medication adherence, clinical outcomes and reduce mortality in some people (Ryan 2014).” (Page 44, line 32 – marked copy)

2. Given that in Page 5 , Line 48 to 52 it is stated that research priorities for health communication etc are identified in contexts of priority settings in discrete clinical areas and setting already - if any systematic reviews of the same is available.

AUTHOR RESPONSE: We confirm that improving health communication has been identified as a research priority in systematic reviews of priority setting partnerships in specific clinical areas e.g. organ transplantation (Tong 2017). We are not aware of a systematic review that broadly addresses priority setting in communication and participation, and some of these initiatives may not have been identified in specific clinical contexts.

3. There is a need to provide the rationale for choosing five as a cut-off. Also rationale for choosing an online survey for the purpose.

AUTHOR RESPONSE: We have amended the study aim, and no longer describe the second study aim (five Cochrane Reviews) given it not covered in this paper. This text now reads: 'In March 2015, we commenced a research priority setting project with the aim of identifying future Cochrane Intervention Review topics in health communication and participation. In this paper, we report the first stage of the project, in which we used an international survey to identify priority topics.' (Page 45, line 38 – marked copy)

We used an online survey because this is the standard method for collecting initial priorities in James Lind Alliance priority setting partnerships (James Lind Alliance 2016). The online survey allows for broader participation worldwide. As suggested, we have added the following text: "We used an online survey to collect people's priorities as it allowed international participation is recommended by the James Lind Alliance (2016)." (Page 48, line 27 – marked copy)

4. There is a need to distinguish between priority setting for health research in general and for systematic reviews specifically.

As suggested, we have now inserted the following next text: "Increasingly, priority-setting methods are being applied not just for primary research, but to identify the most important questions for systematic reviews (Nasser 2013). While existing research priority setting methods and frameworks (e.g. Viergever 2011) can be used for prioritising systematic reviews (Nasser 2013), the final selection of priority systematic review topics may also be informed by their appropriateness and feasibility for systematic review teams (Akl 2017)." (Page 44, line 54 – marked copy)

5. Methods: The project claims to be from an international setting but the project steering group seems to be based only from one nation. This is a major limitation and contrary to the stated principles in Page 6, Line 24 to 28. Was there any LMIC representation? As an appendix might be good to put in characteristics of this group. This is crucial because the steering group has set the scope of the project. The use of English only as a language for an international setting and that too of patients consumers and carers and advocates is a major methodological limitation to the claim of international settings. More details on what newsletters were sent to and how the list of emails or post were sent would be essential.

AUTHOR RESPONSE: We have now clarified that: "The group was based in Australia and included people representing..." and "Two researchers (one of whom was based in the UK)...". We have added the number of steering group members in each role/organisation. Steering group member names are also included under Author contributions. Page 46, line 39– marked copy)

People from low and middle-income countries did participate, though the majority were from high-income countries. We have now stated: "We acknowledge that over 90% of participants were from Australia or other high-income, English-speaking countries. This is unsurprising given the project team and the steering group were predominantly based in Australia, and the survey was only available in English. While there is variation in health communication and participation practices internationally, studies show there can be considerable inter-country similarities and differences in patient preferences for involvement in their healthcare. As such, our results may be more applicable to higher income countries. Page 58, line 12 – marked copy)

We have provided more detailed information about the distribution of survey invitations: "In May 2015 we undertook purposive and snowball sampling, promoting the survey by email and in newsletters. Approximately 1,000 Individuals and organisations were identified from the networks of the project team, steering group and Internet searches (for international patient groups, in particular), and were invited to forward the survey link to their networks or members. Those who received the email included consumer groups, Australian government health departments and health networks, medical

and nursing colleges, Australian and international health organisations and advocacy groups, researchers and CCC authors and other contributors. Additional efforts, in the form of phone calls and facilitated introductions, were made to Australian organisations working with or representing Indigenous people and people from diverse cultural and linguistic backgrounds.” (Page 47, line 41–marked copy)

6. Results : Did the recruitment strategy have an influence on having 81% females ?

AUTHOR RESPONSE: We strived to be inclusive and achieve gender balance, and did not use recruitment strategies targeting a specific gender. We are unable to comment on the influence of the recruitment strategy on participation by gender.

7. Discussion: Page 16; Line 15 to 29 state "priorities identified cut across acute and community health settings, with relevance for policy and research, and across population groups and health condition" This does not seem to be the case as per above mentioned limitations in methodology and results . In addition, there is no information on health conditions presented. It is also a strange conclusion to draw since the communication and participation needs in chronic and acute condition and emergency and non-emergency setting plausibly cannot be same given the vast difference in contexts. Is this supported by some data?

AUTHOR RESPONSE: As suggested, this statement is now revised: “The priorities identified encompassed acute and community health settings, with relevance for policy and research, and many population groups and health conditions.” Page 56, line 29 – marked copy)

For data supporting that the priorities encompass health settings see illustrative quotes in Table S3 (challenges with communication/information provision with GPs, in hospitals, with health services, and mass media. For data supporting applicability to research and policy see the 21 themes, which include priorities around lack of involvement in health research, and in health service planning and design (i.e. policy). For data supporting different health conditions see text under ‘Populations affected (across priority themes and topics)’ Page 54, line 52 - marked copy) which lists a number of health conditions (e.g. dementia, chronic illness, mental illness) that were mentioned across different themes. There was no obvious clustering of health conditions under particular themes.

8. Page 17, Line 22 to 24 presents several limitations. It is evidently clear from the participant characteristics in results that it is indeed not a global priority and that of only high income OECD countries as only 8% participants are from other countries and that includes only few India, Malaysia and Sri Lanka as LMIC participants. The use of English only as a language for an international setting and that too of patients consumers and carers and advocates is a major methodological limitation to the claim of international settings. I think there is a need to drop the claim from global setting. This is only a priority for only three countries who dominated 90% participants. The counter stated to that does not hold any ground at all . What about male representativeness ?

AUTHOR RESPONSE: As described in Point 5 above, we have made it clearer few participants were from LMIC, and acknowledge that this is a limitation. Given we included participants from 12 countries we retained the term ‘international’ in the title and abstract, but have revised the but a bullet point in Strengths and Limitations of the Study: “Over 90% of stakeholders were from Australia or other high-income, English-speaking countries, limiting generalisability beyond high-income settings.” Page 43, line 19 – marked copy) See Point 9 below in which we discuss male participation.

9. There is also a need for an equity focussed analyses on priority setting based on participant characteristics.

AUTHOR RESPONSE: We have an equity-focussed analysis in the discussion with the following text: “Reflecting the PROGRESS-PLUS equity checklist (place of residence, race/ethnicity, occupation, gender, religion, education, socioeconomic status, social capital, age, sexual orientation, and disability (Evans 2003, Oliver 2008) there was a low proportion of Australians from diverse cultural and linguistic backgrounds,[67], regional and rural areas, Indigenous people,[68] and people without a university degree [69], in our study. This is important given consumers’ perceptions of health communication can differ based on such characteristics.[70] We also included more women than men. Given gender (relative to other demographic factors, like religion, ethnicity and age) is not a major predictor of healthcare preferences (Jung 2003) we believe our results are broadly applicable

across genders. While we made targeted efforts to recruit people from cultural and linguistically diverse backgrounds, and Indigenous people, we achieved what was feasible within the resources available. We note, however, that stakeholders themselves were equity-focussed, as they recommended these vulnerable population groups, and others, as deserving particular focus in future systematic reviews.” (Page 58, line 28 marked copy)

REVIEWER 2

I enjoyed reading this relevant and important work focusing on research priorities from the perspective of stakeholders and consumers. This manuscript requires some adjustments prior to publication.

10. Summary statement: Needs proofreading and editing

AUTHOR RESPONSE: We have corrected the Summary statement for grammatical errors.

11. The term ‘health’ and ‘health participation’ needs to be clarified e.g. consider more informative term/s e.g. ‘Healthcare’

AUTHOR RESPONSE: We did not use ‘healthcare’ because our broad scope encompasses participation in health research and health policy, not just healthcare. For clarity, we have amended the term to ‘health communication and participation’ and specified that the scope includes healthcare, research, and policy.

Important: Re: Abstract: Participants: Report demographic data i.e. age range and gender.

AUTHOR RESPONSE: As suggested, we have now stated “151 participants (18 to 80 years; 117 female) across...” (Page 42, line 16 – marked copy)

a. Important Re: Abstract Methods Section: Report the online survey time-frame.

AUTHOR RESPONSE: Amended as follows: “via a online survey that was open for four weeks”. (Page 42, line 22 – marked copy)

12. Important Re: Abstract: Conclusion section: This piece of research work warrants stronger conclusion statements. Consider replacing the words which read as follows ‘organisational or governance changes’ and replace them with conclusions and/or research priority recommendations sourced from key findings.

AUTHOR RESPONSE: As suggested, the Abstract conclusion now reads: Consumers and other stakeholders want research addressing structural and cultural challenges in health services (e.g. lack of holistic, patient-centred, culturally safe care) and building health professionals’ communication skills. Solutions should be devised in partnership with consumers, with particular focus on the needs of vulnerable groups. (Page 42, line 47 – marked copy)

13. Important: The definition of stakeholder on page 5 line 35 includes consumers. However the Abstract page 3 line 6 and line 42 suggest that the term stakeholders means initiators of the project and funders page 18, line 39. Minor modifications to the text and a definition of what stakeholder means within the context of this study would provide clarity to the reader.

AUTHOR RESPONSE: We have rephrased the term ‘stakeholder priorities for research’ to be ‘research priorities of consumers and other stakeholders’ in the title, Abstract and Study aims so that its clearer that consumers were involved, and that stakeholders is a term that encompasses consumers.

14. Important: Define the sampling strategy. A rationale should be provided for using a particular type of sampling. If purposeful sampling was applied this needs to be included in the section called ‘Participants and Recruitment’ and supported by a reference.

AUTHOR RESPONSE: We have clarified that we used purposive and snowball sampling (and a reference). (Page 47, line 41 – marked copy)

15. Important: Results section Page 10 line 22 -34 + page 11 line 21-26: The denominator (n=148) and not (n=151) was used to calculate the data presented. Justification for the denominator (n=148) is provided in Table 1 footnotes page 11. line 10, i.e. three non-respondents for demographic data. Consider adding a similar justification in the text. For example, on page 10 line 25 at the location following 8% consider adding the following in brackets: (denominator 148, 3 non-respondents for demographic data). Reason for this suggestion; it will help the reader to differentiate between the

three 'non respondents for demographic data' from the three respondents who opted to participate via the postal or phone system.

AUTHOR RESPONSE: As suggested, this text now reads: "...and 12 other countries (8% (8%; denominator 148 given demographic data absent for three participants)." Page 50, line 38 – marked copy)

16. Important: Consider visually examining the demographic data for the three respondents who opted to participate via postal or phone system and report if these respondents have characteristics that are notably different to the online respondents e.g. age profile and whether any noted difference had an impact on the results.

AUTHOR RESPONSE: Upon reviewing the demographic data, there were no notable differences across respondents who completed the survey online, by telephone, or post. Given there are so few participants we have not mentioned this in the manuscript.

17. Important: Pages 13 to 15: Results Section. In keeping with the qualitative approach consider supporting the narrative with some 'direct quotes' identifiable with a respondent ID number or role descriptor.

AUTHOR RESPONSE: Quotations for each theme are provided in the supplementary material, which is referenced in the main text. All quotations are tagged by stakeholder group i.e. role.

18. Important: State the name of software utilised for the analysis or state that the analysis was carried out manually.

AUTHOR RESPONSE: As suggested, we have now stated: "We used Microsoft Excel to analyse the descriptive data." (Page 50, line 16 – marked copy)

19. Important: Outline how the methodology enhanced trustworthiness or rigor. i.e. credibility, dependability, confirmability and transferability.

AUTHOR RESPONSE: The four principles are demonstrated in the following (please note that criteria would be applied differently to other forms of qualitative studies e.g. interviews, focus groups):

Credibility: We used an appropriate survey questions (as recommended by the James Lind Alliance) and purposive sampling,

Dependability: The survey data were recorded "verbatim" and we used software to systematically analyse the data.

Confirmability: We provided quotations to support the findings.

Transferability: We have compared our findings with other studies.

20. Important: On page 17 at a suitable location in the existing text add a new heading called 'Strengths and Limitations'

AUTHOR RESPONSE: The Journal requirements state that authors do not need to use headings in the discussion.

21. Important: Page 18 line 16: Conclusions section. As mentioned earlier, this piece of research work warrants stronger conclusion statements. Consider replacing the words that read as follows 'organisational or governance changes' and replace them with conclusions sourced from key findings.

AUTHOR RESPONSE: We have reworded the conclusion, in light of revisions to the Abstract conclusion. The Conclusion now reads: 'Consumers and other stakeholders identified a broad mix of research priorities in health communication and participation. Notable amongst the myriad of priorities is the degree to which people want research addressing structural and cultural challenges in health services (e.g. lack of holistic, patient-centred, culturally safe care) and building health professionals' communication skills. Solutions should be devised in partnership with consumers, with particular focus on the needs of vulnerable groups.' (Page 59, line 37– marked copy)

22. Important: Create a section called Recommendations with bullet points and include concise 'research priority' recommendations which relate to the objectives of the study.

AUTHOR RESPONSE: We have created a section called recommendations, covering recommendations for health communication and participation researchers, and recommendations for future research about stakeholder priorities. We included this as a box to ensure a consist format with the rest of the paper. The text in box 2 reads:

Recommendations for health communication and participation researchers:

- Consumers and other stakeholders want research about interventions which address structural and cultural barriers to health communication and participation within health services; build health professionals communication skills and practices; and support consumers' and carers' to better understand their health, treatment options and rights.
- Research should focus on priority populations of interest, including people from diverse cultural and linguistic backgrounds, carers, and people with low educational attainment, or mental illness.
- Researchers should work in partnership with consumers and carers to devise interventions to address the research priorities, but the most frequently suggested interventions focussed on training and cultural change activities for health services and health professionals.

Recommendations for future priority-setting research in health communication and participation:

- Identify the health communication and participation research priorities of consumers and other stakeholders low and middle-income settings;
- Compare the similarities and differences in health communication and participation research priorities generated in this study with those generated in priority setting exercises in condition- and context-specific topics (i.e. asthma and intensive care).

(Page 57, line 3 – marked copy)

23. General Comments:

Re: Title: Page 1 line 6: reads as follows: 'Stakeholder priorities for research in communication and participation in health: an international survey' (13 words) Reviewer comments on Title:

- (1) Minor: Consider changing 'priorities for research' to 'research priorities'
- (2) Important: need to clarify 'participation in health' possibly change the word 'health' to 'healthcare'
- (3) Optional: Consider the following alternative titles to render the article more searchable in databases and facilitate more article citations.

Research-priorities for Cochrane Consumers and Communication Group: Stakeholder and Consumer perspective: International Survey (13 words)

Cochrane Consumers and Communication Group research-priorities: Stakeholder and Consumer perspective: International Survey (12 words)

AUTHOR RESPONSE:

- (1) We have amended 'priorities for research' to 'research priorities' in the title and throughout the manuscript.
- (2) See response to Point 11.
- (3) We have amended the title to read: "Research priorities in health communication and participation: International survey of consumers and other stakeholders" (page 40, line 6 – marked copy)

24. Re: Key words:

Minor: consider changing the words 'Quality of Care' to 'Quality Healthcare'

Important: delete or provide clarification to the term 'Community participation'

Optional: Consider including key words such as 'research priorities' 'Cochrane' 'Stakeholders' 'Consumers' 'Service users' 'shared decision-making'

AUTHOR RESPONSE: As suggested we have amended 'Quality of Health Care' to 'Quality Healthcare', deleted 'Community Participation' and added 'Research Priorities; Cochrane; Consumers; Stakeholders; Shared Decision-Making' (Page 41, line 15 – marked copy)

25. Page 3 Line 6: Abstract, objective: Important: consider removing last sentence which is enclosed in brackets (i.e. line 8 and 9). Reason: the objective suggests some of the findings ahead of analysis e.g. shared decision-making Page 3, Abstract: Consider adding a new heading called e.g. Design: Survey

AUTHOR RESPONSE: We cannot delete the information in brackets as this provides examples of what we mean by 'communication and participation in health', which is important given other reviewer feedback about clarification of terms. We added a new heading called Design: Survey. (Page 42, line 20 – marked copy)

26. Page 3 line 6 Abstract: Consider replacing the words 'priorities for research' with 'research priorities'

AUTHOR RESPONSE: We have amended this as suggested. We also amended other instances of this term throughout the manuscript.

27. Page 3, Abstract, line 12, Participants: Important: report demographics i.e. age range and gender. Mindful of word count I would suggest replacing the first two lines with the following PARTICIPANTS: A total of 151 participants (18-80 years) (x females X males) across 12 countries took part.....

AUTHOR RESPONSE: We have amended this accordingly. (Page 42, line 15 – marked copy)

28. Page 3, Abstract, Line 19: Methods: Important: Need to state length of time the online survey was available. Page 3, Abstract, line 19 Methods: I would suggest replacing the first sentence with text which reads as follows: "Respondents were invited to submit their research ideas via an online line survey available for xxxx weeks"

AUTHOR RESPONSE: We have revised this to, "We invited people to submit their research ideas via an online survey that was open for four weeks". (Page x, paragraph y – marked copy) (Page 42, line 22 – marked copy)

29. Page 3, Abstract, line 22/23, Results: Consider replacing the text which reads 'These topics most frequently addressed' with text which reads. 'Key research priorities included.'

AUTHOR RESPONSE: We have amended this as suggested. (Page 42, line 28 – marked copy) Page 3, Abstract, line 34, Results: Consider replacing the words which read: "cut across" with the word 'encompass'

AUTHOR RESPONSE: We have amended this as suggested. (Page 42, line 39 – marked copy)

30. Page 3, Abstract, line 35, Results: Consider replacing the text which reads 'Priority populations included' to "Priority populations of interest included:" or if word count permits "priority populations of interest to the research inquiry included"

AUTHOR RESPONSE: We have amended this to: 'Priority populations of interest included' (Page 42, line 41 – marked copy)

31. Page 3, Abstract, line 43, Conclusions: Consider replacing the word 'Health' with the word 'Healthcare'

AUTHOR RESPONSE: Please see our response to Point #11 above.

32. Re: Strengths and Limitations of this study: Page 4, line 3 Reviewer comments: Optional: the first and second bullet points are similar. One approach might be to combine bullet the first two bullets into one sentence and add another bullet (maximum 5 bullets allowed) Could also consider adding the following strength and limitation: We utilised purposeful sampling with the aim of capturing stakeholder and service-user perspective. Utilisation of online survey has the potential disadvantage of failing to capture the perspective of service users who do not have access to the Internet.

AUTHOR RESPONSE: As suggested, we combined the first two bullet points, and added a (re-phrased) new bullet point about the limitation of online surveys, as follows: "The use of online-only methods may have resulted in inequitable participation, with less participation of people from 'vulnerable' groups." (Page 43, lines 5 and 23 – marked copy)

33. Page 4, line 5: The text reads as follows: "We partnered with consumers and other stakeholders, and used" Consider deleting the word called 'other'

AUTHOR RESPONSE: This now reads: "We partnered with stakeholders (nearly 50% of whom identified as consumers, carers or consumer representatives)..." (Page 43, line 5 – marked copy)

34. Page 4, line 14: The text reads as follows: "We have demonstrated the feasibility of priority setting with stakeholders in complex areas" Consider adding the word 'healthcare' i.e. 'complex healthcare areas'

AUTHOR RESPONSE: We have amended this as suggested. We also amended this wording on this point in the Discussion. (Page 43, line 15 and Page 56, line 53 – marked copy)

35. Re: Introduction. Page 5, Line 10: Paragraph (1) The word 'health' needs clarification. Consider changing the word 'health' to 'healthcare' or some more informative term and apply it consistently throughout the manuscript.

AUTHOR RESPONSE: Please see our response to Point #11 above.

36. Page 5, Line 16: Consider replacing 'We refer' with 'For the purposes of this study we define these concepts.....'

AUTHOR RESPONSE: We have amended this as suggested. (Page 44, line 16 – marked copy)

37. Page 5, Line 18: Consider changing the word 'health' to 'healthcare' or 'healthcare decision making' or 'healthcare quality provision' or some more informative term.

AUTHOR RESPONSE: Please see our response to Point #11 above.

38. Page 5 Line 21: the word 'health' needs clarification. Consider changing the word 'health' to either 'Healthcare uptake' or other informative term.

AUTHOR RESPONSE: Please see our response to Point #11 above.

39. Page 5, Line 24: Consider replacing 'inadequate participation in health' with the words which read 'inadequate clinical effectiveness' this terminology would be more consistent with the reference 12 (Doyle et al. 2013)

AUTHOR RESPONSE: These are two different concepts. For clarity, we have amended the wording to 'inadequate patient participation in their health' (Page 44 line 25 – marked copy)

40. Page 5, Line 34: consider replacing the part sentence which reads: 'in partnership with the people and groups affected by the issues' to 'in partnership with consumers and stakeholders' (reference 1 supports the use of consumers and stakeholders)

AUTHOR RESPONSE: We have retained the position and wording as it leads into the next sentence, where we outline that we'll use the term 'stakeholders' to describe these groups of people

41. Page 5, Line 44: Consider changing 'Health' to e.g. 'healthcare' or 'healthcare uptake'

AUTHOR RESPONSE: Please see our response to Point #11 above.

42. Page 5, Line 47: Revisit and clarify or amend the words 'discrete clinical areas and settings'. Reference 17 & 21 don't support the use of the word 'discrete' in this context. (reference 21 Domecq et al. 2014 refers to 'discrete themes' and elsewhere in the literature discrete modelling is applied in 'research priority setting')

AUTHOR RESPONSE: We have amended the text to read: 'for specific health conditions or clinical settings'. We checked the references and they are appropriate. (Page 45, line 14 – marked copy)

43. Page 5, Line 57: possibly consider changing the words 'is valuable' to 'have the potential to add valuable information to health provision policy making'

AUTHOR RESPONSE: We have amended this accordingly. (Page 45, line 25 – marked copy)

44. Page 6 Line 4: Consider making a new heading called e.g. 'Study aim' or 'study objective' or 'Study aims and objective'.

AUTHOR RESPONSE: As suggested, we have added the heading: 'Study aim'. (Page 45, line 31 – marked copy)

45. Page 6, line 6: Consider changing the word 'health' to 'healthcare' or other suitable informative term

AUTHOR RESPONSE: Please see our response to Point #11 above.

46. Page 6, line 8: Change the word 'health' to 'healthcare' or other suitable informative term also Consider deleting the words 'broadly and'

AUTHOR RESPONSE: Deleted 'broadly' (Page 45, line 41 – marked copy)

47. Page 6, line 10: Consider changing 'Here we describe' to 'The methods section describes'

AUTHOR RESPONSE: Amended to 'In this paper, we report...' (Page 45, line 38 – marked copy)

48. Re: Methods page 6, line 14 Page 6, line 17: Consider adding 'guidebook' after the word 'Alliance'

AUTHOR RESPONSE: We did not make this change as we think its clear that its their guidebook (given its in the reference) and we state that we refer to guidance from the JLA.

49. Page 6, line 19: Add the duration of the survey to the end of the sentence e.g. 'We conducted an International online survey which was available on the Internet for x number of weeks'

AUTHOR RESPONSE: We now mention the duration of the survey later in the methods section (Page 48, line 12 – marked copy)

50. Page 6, line 24: the manuscript reads as follows: “informed by the principles of co-production’ (i.e. stakeholders are active agents with respected expertise, blurred roles between researchers and stakeholders with mutually-beneficial and reciprocal relationships)” [34] [35] Reviewer comment: The mention of co-production followed by brackets would lead the reader to expect some examples of co-production within the brackets and not an attempt to define stakeholder.

Consider the following as a possibility:

‘Our approach was informed by principles of co-production i.e. recognising expertise, building on strengths and enabling shared control’ [34] (NB these examples are extracted from reference [34] Reference [34] is a more relevant reference than [35] for principles of co-production. Consider whether reference 35 is sufficiently supportive of principles of co-production and whether or not [35] should be retained in this context.

Page 6, line 24: Consider removing the sentence which reads as follows: i.e. ‘stakeholders are active agents with respected expertise, blurred roles between researchers and stakeholders, with mutually-beneficial and reciprocal relationships’ Reason (1) : The definition doesn’t read proactively especially with the use of the words ‘blurred roles’ Reason (2) A definition of stakeholder is provided on page 5 line 36.

AUTHOR RESPONSE: As suggested, this now reads: ‘Our approach was informed by the principles of co-production, i.e. recognising expertise, building on strengths, enabling shared control and mutually beneficial and supported relationships’. We have checked the references and found them to be appropriate. (Page 46, line 5 – marked copy)

51. Page 6, line 27: Consider replacing the words ‘activities and data’ with the words ‘for our methodology we took guidance from relevant sections...’ or alternatively for ‘our health research priority setting we took guidance from relevant sections...’

AUTHOR RESPONSE: Given we effectively used the 32-item appraisal checklist as a reporting checklist we left this wording unchanged.

52. Page 6, line 29: Re: Priority Checklist, Important: The priority setting checklist mentioned in the manuscript seems to have two secondary references. (I may be incorrect). Consider the possibility of replacing them with the primary reference which is very possibly: Viergever RFOS, Ghaffar A, Terry RF. A checklist for health research priority setting: nine common themes of good practice. Health Research Policy and Systems 2010; 8: 36. The reference Viergever et al. outlines co-production principles and is listed in the manuscript reference list but doesn’t appear in the manuscript text.

AUTHOR RESPONSE: We deleted one of the references for the reporting checklist, retaining the primary reference (Tong 2017). (Page 46, line 12 – marked copy). Viergever is not a reporting checklist so it is not referenced here. It is referred to in the manuscript, in the introduction and discussion.

53. Page 6, line 29: Re reference [36] this reference is incomplete in the referencing listing section. It should read as follows: Transplant International 2017; 30: 327–343

AUTHOR RESPONSE: We have amended this as suggested.

54. Page 6, line 31: Possibly delete ‘S15-52’ or provide justification for its inclusion.

AUTHOR RESPONSE: We have amended this as suggested (Page 46, line 14 – marked copy)

55. Page line 39-40: Consider adding the words ‘the’ before Cochrane and the word ‘group’ after (CCC) i.e. ‘At this Centre, the Cochrane Consumers and Communication (CCC) group coordinates...’

AUTHOR RESPONSE: We have amended this as suggested (Page 46, line 23 – marked copy)

56. Page 6, line 45 -45: The text claims that Cochrane strategy 2020 encourages the prioritisation of Cochrane reviews? A page number in the strategy document needs to be provided. Alternatively a reference from another source needs to be provided. A quote from the strategy document states ‘The Strategy 2020 aims to put Cochrane evidence at the heart of health decision-making all over the world’. Consider changing the words ‘the prioritisation of Cochrane reviews’ to something more consistent with both the strategy document and your project (which is not a review) e.g. ‘Evidence based decision making’

AUTHOR RESPONSE: We have amended the text (and added a page number) as follows: “...the project also coincided with new strategic directions within Cochrane, in which the organisation

committed to produce 'relevant' reviews, by engaging with consumers and other stakeholders to identify their most relevant and important questions, and prioritising Cochrane Review topics accordingly .[37] (p.11)." (Page 46, line 28 – marked copy)

57. Page 6, line 47: Reference [38] needs a URL added to the reference list i.e. www.community.cochrane.org/organizational-info/resources/strategy-2020

AUTHOR RESPONSE: We have amended this as suggested.

58. Page 6, line 55: Section called Project Steering Group: Consider changing 'commission for' to 'commission on' This suggested change can be checked online.

AUTHOR RESPONSE: We have amended this as suggested. (Page 46, line 40 – marked copy)

59. Page 6, line 55 Add where possible a reference number after mention of each group and update the reference list.

AUTHOR RESPONSE: We have amended this as suggested. (Page 46, line 42 – marked copy)

60. Page 6, line 55: Consider adding the number of participants for each mentioned group e.g. the Australian Commission on Safety and Quality in Health Care (n=xx) [reference] Page 6, line 57: Consider changing (with people in clinical and management positions) to (professionals in clinical and managerial roles) Page 7, line 6: Consider changing 'Steering group input was sought to define..' to 'Steering group input defined..'

AUTHOR RESPONSE: We have amended this as suggested. We also amended the steering group numbers to 11 (we had previously included three of the project team members in the tally of 14 members). (Page 46, line 39 – marked copy)

61. Page 7, line 14: Consider changing the heading called 'Scope of the priorities being set' to 'Scope of priority setting'

AUTHOR RESPONSE: We have amended this as suggested. (Page 47, line 3 – marked copy)

62. Page 7 line 30: Re: provided examples. State to whom e.g. participants

AUTHOR RESPONSE: We have amended this as suggested. (Page 47, line 19 – marked copy)

63. Page 7, line 32: Consider changing the sentence that starts with ' we sought International priorities that could be answered in , or scoped to inform intervention reviews...' to 'We aimed to identify international stakeholder and consumer research priorities that have the potential to inform priority decisions for future Cochrane systematic reviews'

AUTHOR RESPONSE: The suggested sentence has a different meaning that what we intended. We have revised this sentence to read: "We sought international priorities that could be scoped to inform intervention reviews, given Cochrane's global reach and predominant focus on intervention effectiveness." (Page 47, line 20 – marked copy)

64. Page 7, line 42: Consider changing 'we sought wide participation in the survey internationally' to 'We sought international participation in the online survey'

AUTHOR RESPONSE: We have amended this as suggested. (Page 47, line 30– marked copy)

65. Page 7, line 45: Consider changing 'and anyone interested in the area' to 'persons interested in health research priority setting'

AUTHOR RESPONSE: Amended to 'persons interested in communication and participation in health' (Page 47, line 35 – marked copy)

66. Page 7, line 50: Consider changing the sentence which reads: 'participants could request to complete the survey by post or phone' to a sentence which reads: 'Participants were provided with the option to complete the survey by post or phone'.

AUTHOR RESPONSE: We have amended this as suggested. (Page 47, line 26 – marked copy)

67. In the results section state how many respondents opted for postal or phone survey.

Page 8, line 5: Consider adding the word 'e-mail' into the sentence i.e. 'e-mail reminder'

AUTHOR RESPONSE: We have amended the text to read: 'We sent weekly email reminders while the survey was open.' (Page 48, line 5 – marked copy)

68. Page 8, line 8: consider changing the heading called 'Collecting the priorities' to a heading which reads 'Collecting research priorities'

AUTHOR RESPONSE: We have amended this as suggested. (Page 48, line 8 – marked copy)

69. Page 8, line 11 to 14: Add the duration of the online survey. e.g. 'via an x week online survey'

AUTHOR RESPONSE: We have amended this as suggested. (Page 48, line 12 – marked copy)

70. Page 8, line 22: Indicate if participant instructions or the online system dictated the number of submissions e.g. 'The online system permitted up to four research priority submissions'

AUTHOR RESPONSE: We have amended this as suggested. (Page 48, line 2 – marked copy)

71. Page 8, line 25: Consider deleting the word 'aforementioned' and start the sentence with 'The online survey questions were devised...'

AUTHOR RESPONSE: We have amended this as suggested. (Page 48, line 29 – marked copy)

72. Page 8, line 29: Consider deleting the words which read; 'We opened with the problem question to (1)' and replace it with the words which read as follows: 'In order to facilitate clarity, context and meaning each question was followed by an illustrative example to:(1).....'

AUTHOR RESPONSE: We did not replace this text (it means something different to what we had there) but we have included this text a little further on in the paragraph. (Page 48, line 41 – marked copy)

73. Page 8, line 50: Add (n= x) into the sentence. For example, 'We piloted the survey with a sample size of six consisting of consumers (n= 4), health professional (n=1), and a policy maker (n=1)

AUTHOR RESPONSE: We have amended this as follows: 'We piloted the survey with six stakeholders, including consumers (n = 4), a health professional (n = 1) and a policy maker (n = 1).'

(Page 49, line 3 – marked copy)

74. Page 9, line 3 Consider adding the word research to the heading called 'analysing and grouping priorities' i.e. 'Analysing and grouping research priorities'

AUTHOR RESPONSE: We have amended this as suggested. (Page 49, line 11 – marked copy)

75. Page 9, line 11: consider changing the word 'like' to 'similar'

AUTHOR RESPONSE: We have amended this as suggested. (Page 49, line 19 – marked copy)

76. Page 9, line 26: Provide the long meaning of PICO (participants, intervention, comparator and outcome). Consider mentioning that the PICO framework is commonly applied in Cochrane systematic reviews.

AUTHOR RESPONSE: As suggested, this text now reads, "... (the 'participants' in the commonly used systematic review question-formation structure of Participants, Interventions, Comparisons and Outcomes (PICO))..." (Page 49, line 35 – marked copy)

77. Page 9, line 37: Replacing the the term 'like' with the term 'similar' might better facilitate the reader.

AUTHOR RESPONSE: We have amended this as suggested. (Page 49, line 47 – marked copy)

78. Page 9, line 40: Consider replacing the sentence which reads as follows: 'and that stayed close to the elements specified by respondents' with the sentence which reads as follows: 'the aim being to adhere closely to the elements specified by the respondents'

AUTHOR RESPONSE: We have amended this as suggested. (Page 49, line 50 – marked copy)

79. Page 10, line 26-27: Important: Results section Page 10 line 22 -34 + page 11 line 21-26: The denominator (n=148) and not (n=151) was used to calculate the data presented. Justification for the denominator (n=148) is provided in Table 1 footnotes page 11. Line 10 i.e. three non-respondents for demographic data. Consider adding a similar justification in the text. For example, on page 10 line 25 at the location following 8% consider adding the following in brackets: (denominator 148, 3 non-respondents for this demographic data). Reason for this suggestion; it will help the reader to differentiate between the three 'demographic question non-respondents' from the three respondents who opted to participate via the postal or phone system.

AUTHOR RESPONSE: As suggested, this now reads: "...and 12 other countries (8% (8%; denominator 148 given demographic data absent for three participants)." (Page 50, line 38 – marked copy)

80. Page 10, line 29: Consider whether the word 'nominated' should be replaced with the word 'represented'

AUTHOR RESPONSE: We amended this to read 'self-nominated' (they were not necessarily 'representing' those groups). (Page 50, line 41 and page 51, line 33 – marked copy)

81. Page 10, line 49: Consider whether the text should read 'member of family' as opposed to 'member of someone'
AUTHOR RESPONSE: We retained this wording as is, given 'member of family' is not commonly used to describe family members.
82. Page 11, line 21: Consider whether the word 'nominated' should be replaced with the word 'represented'
AUTHOR RESPONSE: See response to Point # 81.
83. Page 12, line 17 Table 2: re: statement which reads as follows: Cultural safety is not well embedded in the health service". Consider adding a brief explanation of the term 'cultural safety' e.g. (due to language barriers)
AUTHOR RESPONSE: Amended in Table 2 and the corresponding text to read (e.g. language considerations and cultural needs). (Page 52, line 21 and page 54, line 6 – marked copy)
84. Page 13, line 3: Consider adding the word 'research' prior to the word 'priority' and changing the word 'health' to 'healthcare'
AUTHOR RESPONSE: See response to Point # 11.
85. Page 13, line 14: Consider if the words which read 'who are dying' would be better described as 'end of life care'
AUTHOR RESPONSE: We have declined to make this change as the terms have different definitions.
86. Page 13, line 19: Consider changing the word 'health' to 'healthcare'
AUTHOR RESPONSE: See response to Point # 11.
87. Pages 13 and 14: Important: A narrative is provided for themes. In keeping with the qualitative approach consider adding some direct quotes identifiable with a respondent ID number or role descriptor.
AUTHOR RESPONSE: See response to Point # 19.
88. Page 14, line 47: Important: Consider re-phrasing this sentence to provide clarification i.e. the words which read as follows: 'idea or problem'
AUTHOR RESPONSE: As suggested, we amended the text to read 'communication and participation in health research priority. (Page 55, line 3 – marked copy)
89. Page 15, line 8: missing word. Consider adding the word 'which' or 'that' i.e. 'interventions that could' or 'interventions which could'
AUTHOR RESPONSE: We have amended this as suggested. (Page 55, line 20 – marked copy)
90. Page 16, line 4: Minor point: consider would 'stakeholders need evidence' read better than 'stakeholders want evidence'
AUTHOR RESPONSE: We prefer to retain this wording and meaning.
91. Page 16, line 39 & 40: Important: Consider re-phrasing this sentence particularly the part that reads as follows: 'a step which lacks clear guidance' I would suggest deleting this part of the sentence and add a reference following the word called 'priorities'. A suitable reference might be reference 63 (already in the reference list but not mentioned in the text) by the author called Viergever et al. 2010.
AUTHOR RESPONSE: We have deleted the section of the sentence as suggested. The Viergever references is not appropriate here. Page 56, line 54– marked copy)
92. Page 16, line 44: Consider replacing the word 'resonance' with the word 'consistency'
AUTHOR RESPONSE: We have amended this accordingly.
93. Page 16, line 48: Consider changing the word called 'around' to the word 'for' e.g. 'for partnering' instead of 'around partnering'
AUTHOR RESPONSE: We have amended this accordingly.
94. Page 17: Important: In this page at a suitable location place a new heading called 'Strengths and limitations'
AUTHOR RESPONSE: See response to Point #20.
95. Page 17, line 22: important: Consider replacing the word 'criticism' to 'limitation'
AUTHOR RESPONSE: This sentence now reads: We acknowledge as a limitation that over 90% of participants were from Australia or other high-income, English-speaking countries. Page 58, line 12 – marked copy)

96. Page 17, line 22: Important: Consider replacing the word 'approach' to 'sample' Reason: the limitation described in the text relates to 'sample' not to 'approach or methods'
AUTHOR RESPONSE: We amended this to read, "there was a low proportion of". Page 58, line 32 – marked copy)
97. Page 17, line 22: Important: Consider replacing the word 'inclusiveness' with 'generalisation of results'
AUTHOR RESPONSE: See response to Point # 95.
98. Page 17, line 32: Consider replacing the word 'resonance' with the word 'consistency'
AUTHOR RESPONSE: We have amended this as suggested.
99. Page 17, line 34: Important: Mention of an international policy priority document would need to be referenced.
AUTHOR RESPONSE: This sentence has been removed as a result of other changes to this paragraph.
100. Page 17, Line 34: Important: Consider replacing the words which read as follows 'singled out these' with the word 'recommended'
AUTHOR RESPONSE: This sentence has been removed owing to rewording of this whole paragraph (Page 58, line 47 – marked copy)
101. Page 17, Line 34: Consider deleting the words that read 'and that' and add a full stop. Start a new sentence with the word called 'stakeholders' or alternatively start the new sentence with the words 'Additionally, stakeholders..'
AUTHOR RESPONSE: This sentence has been removed owing to rewording of this whole paragraph (Page 58, line 47 – marked copy)
102. Page 17, line 52: Consider replacing the words which read as follows 'Decisions about' with e.g. 'Decisions regarding'
AUTHOR RESPONSE: We have amended this as suggested. Page 59, line 15 – marked copy)
103. Page 17, line 52-53: Important: Rephrase the sentence which read as follows: 'Informed by the needs of the potential users of this research, but also by what is already known' An Alternative sentence for example, would read: 'Decisions regarding future research priority-setting should be evidence based' (xx ref)
AUTHOR RESPONSE: We have revised this text, as follows: "Decisions regarding undertaking new research should be informed by the needs of potential users of this research, but also by the existing evidence". Page 59, line 15 – marked copy)
104. Page 18, line 16: Conclusions. Important: This important piece of research work warrants stronger concluding statements. Consider replacing the words which read as follows 'organisational or governance changes' with some of the key findings reported in the 'Results' section and the 'Abstract'
AUTHOR RESPONSE: See response to Point # 21.
105. Page 18, Add (under the section called conclusions) a new heading called Recommendations and using bullet points include concise recommendations for future research.
AUTHOR RESPONSE: See response to Point # 22.
106. Page 18, line 39: Funding section: consider adding past tense to the funding e.g. 'was supported' as opposed to 'is supported'.
AUTHOR RESPONSE: The authors are all still being supported by these grants so the 'is' seems appropriate to retain.
107. Page 19, line 7: Add a capital letter to As i.e. AS was supported by...
AUTHOR RESPONSE: This appears capitalised in my version.
108. Page 22, line 35: The reference for Tong et al 2017 is incomplete. Add Transplant International 2017; 30: 327–343 Page 31, line 5.
AUTHOR RESPONSE: We have amended this as suggested.
109. Table S3: Consider adding the word 'research' to the Table Caption i.e. 'Priority research themes...'
AUTHOR RESPONSE: We have amended this as suggested.

REVIEWER 3

I'd like to congratulate the research team for the good work accomplished during the realisation of this study. I think that this manuscript could be bonified with some clarifications concerning the points indicated below:

110. on page 7 (participants and recruitment section): how international participants (patients, carers, health professionals, policy-makers, funders, etc.) were identified to be further contacted to complete the survey? How many international organisations were contacted to promote the survey and how many have accepted to participate? Have you contacted health organisations and advocacy groups representing vulnerable population in countries other than Australia?

AUTHOR RESPONSE: We have clarified these items in response to your comment and that of reviewer 1. See response to Point # 5 above, and changes made to Page 47, line 41– marked copy. Additionally, we contacted at least 20 international organisations. Our networks disseminated the survey invitation in various countries and we did not keep a record of the names and numbers of organisations they sent the survey to.

111. on page 9 (analysing and grouping the priorities), lines 55-56: what was the rationale for regrouping health care professionals, policy makers and researchers into the same stakeholder group? why not keep them as distinct groups?

AUTHOR RESPONSE: Participants could tick as many of the 10 stakeholder groups (i.e. consumer, researcher, health professional etc) as they identified with. Approximately two-thirds of participants ticked more than one group. It was not feasible to discern mutually exclusive groups to facilitate comparisons. We have now stated: “To facilitate a meaningful comparison, we grouped all stakeholders into one of three mutually exclusive groups....” Page 51, line 33 – marked copy)

VERSION 2 – REVIEW

REVIEWER	Soumyadeep Bhaumik George Institute for Global Health- India
REVIEW RETURNED	11-Feb-2018

GENERAL COMMENTS	Queries sought has been addressed.
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REVIEWER	Helen Malone, Research Assistant Professor School of Nursing & Midwifery Trinity College Dublin, the University of Dublin, Ireland.
REVIEW RETURNED	14-Feb-2018

GENERAL COMMENTS	<p>This is the second review of the manuscript. This revised version is much improved. The authors engaged with each of my comments. The authors addressed each comment appropriately and provided justification for retaining some aspects of the text.</p> <p>With a few minor adjustments I would recommend that this study be accepted for publication.</p> <p>Some of the following very minor adjustments would enhance the manuscript especially in the revised Discussion section and Recommendation section:</p> <p>Abstract, page 3: word count is 301 (including the heading called Abstract). If the word count 300 maximum does not include the heading called Abstract you could consider adjusting the Objective wording, page 3, line 6 which currently reads ‘To identify research priorities of consumers and other stakeholders’ (9 words) to the</p>
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	<p>sentence which reads ‘to identify consumers and other stakeholder research priorities’ (8 words) (word reduction by one).</p> <p>Abstract, Objective, page 3 line 9. Consider adding a hyphen to decision-making. Reason: consistency of the use of the hyphen in decision-making in other parts of the manuscript.</p> <p>Abstract, Methods, page 3 line 22: The revised version reads: ‘then classified into broader themes’. The previous version read ‘then classified these into broader themes’. It’s just a minor point and I am guessing that word count restrictions lead to the removal of the word ‘these’ in the revised version. The earlier mentioned hyphen use may provide a spare word allowing you to consider if you might like to re-introduce the word ‘these’ into the sentence.</p> <p>Results Section, under the heading called: Participant characteristics, page 11 line 14: consider closing the bracket for (8%).</p> <p>Results section, Table 1. Participant characteristics (n=151) page 11 line 47: Minor point: Consider would 110 (74) be more accurately rounded to 110 (73).</p> <p>Results section under the heading called: Priority themes and topics in health communication and participation, page 14 line 8. Consider if the comma is redundant in the sentence which reads as follows: health services (15 responses);, Also, consider if commas or semicolons should be applied throughout this paragraph.</p> <p>Results section under the heading called: Populations affected (across priority themes and topics) page 15 lines 27 to line 36. In the marked copy semi colons are applied and in the PDF version commas are applied. Consider which is more appropriate to apply i.e. commas or semicolons.</p> <p>Results Section, Box 1. Suggested interventions to address health communication and participation priority themes and topics page 16, line 22: should the comma be removed after the word services in the sentence which read as follows: ‘how to access health services, and understanding key health concepts’.</p> <p>Discussion Section, page 16 line 38: Should the word ‘of’ be added to the sentence which reads as follows: ‘Notable amongst the myriad suggestions’ it would then read as follows: ‘Notable amongst the myriad of suggestions’.</p> <p>Recommendations Section, page 17, Box 2, first bullet point line 26-31. Consider breaking the first bullet point into three additional bullet points and starting each point with a prescriptive term. For example,</p> <ul style="list-style-type: none"> • Undertake interventions prioritised by consumers and stakeholders which address structural and cultural barriers to health communication and participation. • Prioritise interventions that promote Improvement in Healthcare communication skills and practices • Fund interventions that Support consumers and carers to better understand
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	<p>their health treatment options and rights</p> <p>Discussion Section, page 19 line 3: consider re-phrasing the sentence which currently reads: 'We also included more women than men. A possible alternative sentence might be 'Our self-selection study included predominantly more women than men'</p> <p>Discussion Section, page 19 line 6: This is a very strong claim. Consider re-phrasing the words which read as follows 'we believe our results are' to words for e.g. 'As such, we suggest that our results may be broadly applicable across genders'</p> <p>Discussion Section, page 19 line 22: Consider changing the words which read 'and this was the most commonly received response' to 'and this generated the most commonly received response'</p> <p>Discussion Section, page 19 lines 23-27: re-phrasing or clarification is needed for the sentence which reads as follows: 'Second, we asked participants to nominate all stakeholder perspectives that applied to them, rather than their 'main' perspective, meaning our three stakeholder categories may not reflect how participants would describe themselves'</p> <p>Discussion Section, page 19 line 42: Consider changing the words 'we felt' to the words 'we suggest'</p> <p>Discussion Section, page 19 line 44: consider changing the words 'should be done' to the words 'should be carried out'</p>
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VERSION 2 – AUTHOR RESPONSE

Thank for this second round of careful comments to improve the manuscript further before publication. We have addressed these comments as follows:

1. Abstract, page 3: word count is 301 (including the heading called Abstract). If the word count 300 maximum does not include the heading called Abstract you could consider adjusting the Objective wording, page 3, line 6 which currently reads 'To identify research priorities of consumers and other stakeholders' (9 words) to the sentence which reads 'to identify consumers and other stakeholder research priorities' (8 words) (word reduction by one).

AUTHOR RESPONSE: We reduced the word count to 300 by changing, 'The priority topics encompassed' to 'These priorities encompassed' in the Results of the Abstract. See page 3 line 36

2. Abstract, Objective, page 3 line 9. Consider adding a hyphen to decision-making. Reason: consistency of the use of the hyphen in decision-making in other parts of the manuscript.

AUTHOR RESPONSE: We have not amended this as decision making in this context is a noun (we use the hyphen when decision-making is used as an adjective, i.e. decision-making intervention). We have reviewed the manuscript and supplementary material to ensure we have followed this rule consistently, and amended accordingly.

3. Abstract, Methods, page 3 line 22: The revised version reads: 'then classified into broader themes'. The previous version read 'then classified these into broader themes'. It's just a minor point and I am guessing that word count restrictions lead to the removal of the word 'these' in the revised version. The earlier mentioned hyphen use may provide a spare word allowing you to consider if you might like to re-introduce the word 'these' into the sentence.

AUTHOR RESPONSE: We added the word 'these' as suggested. Instead of the hyphen, we replaced 'with particular' with 'and' in the final line of the Abstract. See page 3 line 49

4. Results Section, under the heading called: Participant characteristics, page 11 line 14: consider closing the bracket for (8%).

AUTHOR RESPONSE: Amended as suggested. See page 11 line 27.

5. Results section, Table 1. Participant characteristics (n=151) page 11 line 47: Minor point: Consider would 110 (74) be more accurately rounded to 110 (73).

AUTHOR RESPONSE: As explained in the footnotes of Table 1, and in the opening paragraph of the results, the denominator for this items was 148 (given 3 participants did not provide any demographic information). 110/148 is 74.3% therefore we will leave it as 74%.

6. Results section under the heading called: Priority themes and topics in health communication and participation, page 14 line 8. Consider if the comma is redundant in the sentence which reads as follows: health services (15 responses);, Also, consider if commas or semicolons should be applied throughout this paragraph.

AUTHOR RESPONSE: We have removed the redundant comma but elected to keep the semicolons (given the individual themes and topics are quite long). See page 14 line 14.

7. Results section under the heading called: Populations affected (across priority themes and topics) page 15 lines 27 to line 36. In the marked copy semi colons are applied and in the PDF version commas are applied. Consider which is more appropriate to apply i.e. commas or semicolons.

AUTHOR RESPONSE: We elected to re-organise this list into bullet points, to enhance readability. See page 15 line 41.

8. Results Section, Box 1. Suggested interventions to address health communication and participation priority themes and topics page 16, line 22: should the comma be removed after the word services in the sentence which read as follows: 'how to access health services, and understanding key health concepts'.

AUTHOR RESPONSE: Amended as suggested. See page 16 line 46.

9. Discussion Section, page 16 line 38: Should the word 'of' be added to the sentence which reads as follows: 'Notable amongst the myriad suggestions' it would then read as follows: 'Notable amongst the myriad of suggestions'.

AUTHOR RESPONSE: Amended as suggested. See page 17 line 8.

10. Recommendations Section, page 17, Box 2, first bullet point line 26-31. Consider breaking the first bullet point into three additional bullet points and starting each point with a prescriptive term. For example,

- Undertake interventions prioritised by consumers and stakeholders which address structural and cultural barriers to health communication and participation.
- Prioritise interventions that promote Improvement in Healthcare communication skills and practices
- Fund interventions that Support consumers and carers to better understand their health treatment options and rights

AUTHOR RESPONSE: As suggested, we have broken the first bullet point into three and used more prescriptive language. We have reworded the 2nd and 3rd bullet points to be more prescriptive too.

This part of Box 2 now reads:

"Recommendations for health communication and participation researchers:

- Prioritise research into interventions that:
 - o address structural and cultural barriers to health communication and participation within health services;
 - o build health professionals communication skills and practices; and
 - o support consumers' and carers' to better understand their health, treatment options and rights.
- Explicitly consider priority populations of interest, including people from diverse cultural and linguistic backgrounds, carers, people with low educational attainment and those with mental illness.
- Work in partnership with consumers and carers to devise specific interventions to be tested in research, but consider interventions focussed on training and cultural change activities for health services and health professionals." See page 17 line 50.

11. Discussion Section, page 19 line 3: consider re-phrasing the sentence which currently reads: 'We also included more women than men. A possible alternative sentence might be 'Our self-selection study included predominantly more women than men'

AUTHOR RESPONSE: We have amended this to read: "Our self-selection study included considerably more women than men". See page 19 line 30.

12. Discussion Section, page 19 line 6: This is a very strong claim. Consider re-phrasing the words which read as follows 'we believe our results are' to words for e.g. 'As such, we suggest that our results may be broadly applicable across genders'

AUTHOR RESPONSE: Amended as suggested. See page 19 line 33.

13. Discussion Section, page 19 line 22: Consider changing the words which read 'and this was the most commonly received response' to 'and this generated the most commonly received response'

AUTHOR RESPONSE: We have not amended the wording here. We don't know if the suggested example 'generated' (or was responsible for) this being the most commonly received response, we only seek to point out the link.

14. Discussion Section, page 19 lines 23-27: re-phrasing or clarification is needed for the sentence which reads as follows: 'Second, we asked participants to nominate all stakeholder perspectives that applied to them, rather than their 'main' perspective, meaning our three stakeholder categories may not reflect how participants would describe themselves'

AUTHOR RESPONSE: We have clarified this section as follows: Second, we asked participants to nominate all stakeholder perspectives that applied to them (e.g. person with a health condition, health professional etc), rather than nominating their 'primary' perspective for the purposes of the online survey. For the participants who ticked multiple perspectives, we may have classified them into the category of both a consumer and a professional, when if asked, they may have described themselves as predominantly a consumer or a professional. See page 19 line 50.

15. Discussion Section, page 19 line 42: Consider changing the words 'we felt' to the words 'we suggest'

AUTHOR RESPONSE: We have changed this wording to 'we decided' given it better reflects the fact that this was a decision taking about this project (which is the focus of this paragraph). See page 20 line 20.

16. Discussion Section, page 19 line 44: consider changing the words 'should be done' to the words 'should be carried out'

AUTHOR RESPONSE: We changed this wording to 'undertaken'. See page 20 line 23.