

PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (<http://bmjopen.bmj.com/site/about/resources/checklist.pdf>) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

ARTICLE DETAILS

TITLE (PROVISIONAL)	Does having a coordinator during occupational treatment and rehabilitation in Norway promote return to work? The rapid-return-to-work cohort study
AUTHORS	Skarpaas, Lisebet; Haveraaen, Lise; Småstuen, Milada; Shaw, William; Aas, Randi

VERSION 1 – REVIEW

REVIEWER	Xinying Sun Peking University Health Science Center, China
REVIEW RETURNED	26-Jun-2018

GENERAL COMMENTS	<p>This is an interesting study with unexpected findings that having a coordinator did not enhance a more rapid RTW, which indicated that more attention should be paid in this area so as to develop more appropriate system with higher cost-effectiveness. However, I still have the following questions which need the authors to clarify and check.</p> <p>(1) In Page 6, design of method part, you mentioned "...from 43 different rapid-RTW programs". And In Page 7, data collection of method part, you mentioned "Services (n=46) that agreed to participate...". This might make the readers confused. Could you please explain more about the relationship between programs and services?</p> <p>(2) In Page 9, you mentioned 326 participants were included in analyses, and you also gave the reasons for exclusion with numbers of participates excluded based on each reason, 185, 120 and 168 respectively. However, when sum them up, $185+120+168+326=799$, which is different from the total number of 679 you gave on Page 8. Is there any overlapping? Could you please explain more in your context?</p> <p>(3) In Table 1, to sum up the number of participants of age groups is 325, which is different from your total number of 326. Could you check this?</p> <p>(4) In both results part and discussion part, you mentioned the influence of type of program which is important and interesting. Could you present more details about the results on type of program. For example, could you please provide the stratified analyses based on type of program? Then it could be easier for the readers to see the differences.</p> <p>(5) In Figure 1 and Figure 2, there were two lines in each figure but you gave four legends. Could you explain why? If you want to show more information in one line, exact cutting point should be clarified.</p> <p>(6) Compared with discussion part, your result part is a little bit small. You described more in discussion part. Could you present more results in your results part?</p>
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REVIEWER	Anna Nowacka Department of Nursing Management and Epidemiological Nursing, Faculty of Health Sciences, Jagiellonian University Medical College, Poland
REVIEW RETURNED	05-Nov-2018

GENERAL COMMENTS	Some references are too old. Please update your literature.
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VERSION 1 – AUTHOR RESPONSE

Reviewers' Reports:

Reviewer: 1

Reviewer Name: Xinying Sun

Institution and Country: Peking University Health Science Center, China Please state any competing interests or state 'None declared': None declared

This is an interesting study with unexpected findings that having a coordinator did not enhance a more rapid RTW, which indicated that more attention should be paid in this area so as to develop more appropriate system with higher cost-effectiveness.

Answer: Thank you.

However, I still have the following questions which need the authors to clarify and check.

(1) In Page 6, design of method part, you mentioned "...from 43 different rapid-RTW programs". And In Page 7, data collection of method part, you mentioned "Services (n=46) that agreed to participate...". This might make the readers confused. Could you please explain more about the relationship between programs and services?

Answer: Some of the included programs (or services) (n=46) did not have participants that met the inclusion criteria, therefore the programs represented in current study is of a lower number (n=43). We have chosen to include only the number of programs participating in current study to avoid confusion. In addition, we have now been consequent with using programs instead of varying between programs and services.

(2) In Page 9, you mentioned 326 participants were included in analyses, and you also gave the reasons for exclusion with numbers of participates excluded based on each reason, 185, 120 and 168 respectively. However, when sum them up, $185+120+168+326=799$, which is different from the total number of 679 you gave on Page 8. Is there any overlapping? Could you please explain more in your context?

Answer: The reasons for exclusion [1] or [2] and [3] were to some degree overlapping. This information is now provided in the text.

(3) In Table 1, to sum up the number of participants of age groups is 325, which is different from your total number of 326. Could you check this?

Answer: There is one missing, and this information is now added to the list of missing data in table 1.

(4) In both results part and discussion part, you mentioned the influence of type of program which is important and interesting. Could you present more details about the results on type of program. For example, could you please provide the stratified analyses based on type of program? Then it could be easier for the readers to see the differences.

Answer: We have now added RTW-rates by type of program, and descriptive results on provision of coordinators in the different RTW-programs, as well as odds ratio for being provided with a coordinator in Occupational rehabilitation and Assessment and follow-up programs through NAV versus Medical or psychological treatment, including assessment, and surgery.

(5) In Figure 1 and Figure 2, there were two lines in each figure but you gave four legends. Could you explain why? If you want to show more information in one line, exact cutting point should be clarified.

Answer: The legends of "censored" is there to explain the crossing marks on the survival line. This way of providing legends and lines is to our knowledge the usual practice in presenting results from Kaplan Meier survival analysis.

(6) Compared with discussion part, your result part is a little bit small. You described more in discussion part. Could you present more results in your results part?

Answer: We have now added some more results on the programs provided.

Reviewer: 2

Reviewer Name: Anna Nowacka

Institution and Country: Department of Nursing Management and Epidemiological Nursing, Faculty of Health Sciences, Jagiellonian University Medical College, Poland Please state any competing interests or state 'None declared': None declared

Some references are too old. Please update your literature.

Answer: Unclear what is meant by old. Only two reference are from before year 2000, and these are still evident and still in use in this field.

VERSION 2 – REVIEW

REVIEWER	Xinying Sun Peking University, China
REVIEW RETURNED	01-Dec-2018
GENERAL COMMENTS	Good revision.