

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)	A qualitative study exploring patients experiences of being diagnosed and living with primary bone cancer in the UK
AUTHORS	Martins, Ana; Whelan, Jeremy; Bennister, Lindsey; Fern, Lorna; Gerrand, Craig; Onasanya, Maria; Storey, Lesley; Wells, Mary; Windsor, Rachael; Woodford, Julie; Taylor, Rachel

VERSION 1 – REVIEW

REVIEWER	Dr Moira Stephens University of Wollongong, Australia
REVIEW RETURNED	10-Apr-2019

GENERAL COMMENTS	Thank you for this opportunity to review this important and clearly articulated manuscript. The manuscript provides an in depth exploration of the lived experience of individuals living with osteosarcoma, is rigorous under the auspices of 'trustworthiness' and provides a valuable insights to inform health care practice and support services.
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REVIEWER	Calum McHale University of St Andrews, United Kingdom
REVIEW RETURNED	24-Jun-2019

GENERAL COMMENTS	<p>INTRODUCTION</p> <ul style="list-style-type: none"> • The Introduction is well written and identifies a relevant gap in the primary bone cancer (PBC) literature. • It is evident from the manuscript that a qualitative methodology was useful and yielded some important findings, however there is no explicitly stated rationale for why the qualitative methodology was appropriate to address the aim of the study. • I would argue it is not enough to simply state that little qualitative work has been done. Why is a qualitative methodology useful here? What will it provide that other methodologies do not? How will this add to understanding in this area? • In the final 2 paragraphs of the introduction, the authors state that qualitative work on the effects of PBC is “sparse” but later state that qualitative studies “shed light” on the impact of PBC on quality of life. <ul style="list-style-type: none"> o These statements appear contradictory to the unfamiliar reader. Clarifying this may also help clarify the rationale for a qualitative methodology as I mentioned above.
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METHODS

*Data collection section:

- The authors state that the interview schedule was “developed from the literature” but no references are provided.
- The interview schedule is included in the appendix, but a brief overview in the text of the topics covered in the interview would also be useful for the reader at this point.

*Data analysis section:

- The authors state that they entered coded data into a framework, but it is not clear what this framework was. Was the framework different from the Taylor et al. quality of life domains? How was the framework developed? Clarification would be useful.
- The authors state in the Results that 4 themes structured the analysis. They do not mention the “Healthcare Professional” theme in the Methods. If all 4 themes structured the analysis, then I would mention all 4 in the Methods.

RESULTS

*Clarification for answering “No” to Q.10 (Were the results presented clearly?) in the Reviewer Checklist:

- The structure and theme headings of the Results was clear. As a reader, I think the text in the Results could have been more concise.
- There were many interesting and important results, but also a lot of similarities and overlap between the 4 themes (e.g. “psychological well-being” running through all 4 themes). I think some of the distinction between themes was lost.
- I would recommend reducing the text in the Results. The manuscript is over double the recommended word count for BMJ Open.
- Possibly using a table of themes, sub themes and quotations to supplement the structure of the results and remove some text.

DISCUSSION

- The second Discussion paragraph nicely summarises that PBC experiences were influence by individual differences (i.e. treatment type, life stage, support availability), however the authors do not explicitly discuss these findings.
- The authors end the summary paragraph with a transitional sentence that move onto commonalities and do not discuss individual differences in relation to other research.
- A proper discussion about the individual differences would strengthen the discussion.
- The conclusions were clear and appropriate based on the results. Clear implications and recommendations for clinical practice are also present, which good to see.

VERSION 1 – AUTHOR RESPONSE

Reviewer(s)' Comments to Author:

Reviewer: 1

Reviewer Name: Dr Moira Stephens

Institution and Country: University of Wollongong, Australia

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

Please leave your comments for the authors below

Thank you for this opportunity to review this important and clearly articulated manuscript. The manuscript provides an in depth exploration of the lived experience of individuals living with osteosarcoma, is rigorous under the auspices of 'trustworthiness' and provides a valuable insights to inform health care practice and support services.

- Thank you for your comment and taking the time to review our manuscript.

Reviewer: 2

Reviewer Name: Calum McHale

Institution and Country: University of St Andrews, United Kingdom

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

Please leave your comments for the authors below

INTRODUCTION

- The Introduction is well written and identifies a relevant gap in the primary bone cancer (PBC) literature.

- Thank you for your comment and taking the time to review our manuscript.

- It is evident from the manuscript that a qualitative methodology was useful and yielded some important findings, however there is no explicitly stated rationale for why the qualitative methodology was appropriate to address the aim of the study. I would argue it is not enough to simply state that little qualitative work has been done. Why is a qualitative methodology useful here? What will it provide that other methodologies do not? How will this add to understanding in this area?

- Additional text has been added to explain why qualitative methodology is useful in this study (see last paragraph of the introduction on page 5).

- In the final 2 paragraphs of the introduction, the authors state that qualitative work on the effects of PBC is "sparse" but later state that qualitative studies "shed light" on the impact of PBC on quality of life.

o These statements appear contradictory to the unfamiliar reader. Clarifying this may also help clarify the rationale for a qualitative methodology as I mentioned above.

- We have now changed the two paragraphs so that it is clear there are only a few studies and those have "shed light" on the impact of PBC on quality of life (see page 5).

METHODS

*Data collection section:

- The authors state that the interview schedule was “developed from the literature” but no references are provided.

- A reference has been added of the literature review conducted by the team; the papers included in this review informed the development of the topic guide.

- The interview schedule is included in the appendix, but a brief overview in the text of the topics covered in the interview would also be useful for the reader at this point.

- On page 6, we have added a brief overview of the topics covered

*Data analysis section:

- The authors state that they entered coded data into a framework, but it is not clear what this framework was. Was the framework different from the Taylor et al. quality of life domains? How was the framework developed? Clarification would be useful.

- We agree that the process by which the framework was developed could be more explicit and have added information on page 6 and 7 to support this.

- The authors state in the Results that 4 themes structured the analysis. They do not mention the “Healthcare Professional” theme in the Methods. If all 4 themes structured the analysis, then I would mention all 4 in the Methods.

- This information has been added in the Methods section (see page 7).

RESULTS

*Clarification for answering “No” to Q.10 (Were the results presented clearly?) in the Reviewer Checklist:

- The structure and theme headings of the Results was clear. As a reader, I think the text in the Results could have been more concise.

- There were many interesting and important results, but also a lot of similarities and overlap between the 4 themes (e.g. “psychological well-being” running through all 4 themes). I think some of the distinction between themes was lost.

- I would recommend reducing the text in the Results. The manuscript is over double the recommended word count for BMJ Open.

- Possibly using a table of themes, sub themes and quotations to supplement the structure of the results and remove some text.

- The level of detail included in the initial manuscript reflected the experiences of this heterogeneous group of patients (patients at different points of the timeline; patients who had different type of surgery and treatment; and different age groups), we agree the use of tables can help focus the reader to differences in more detail in addition to the main messages.

- The themes represent different aspects of the patient experience and the focus on physical, emotional and social impact of PBC was described; however as the lived experience of patients these themes do influence each other. Nevertheless, as we restructured the results section with the inclusion of tables there was a careful consideration to make the distinction between themes more noticeable.

- The word count has now been substantially reduced.

DISCUSSION

- The second Discussion paragraph nicely summarises that PBC experiences were influenced by individual differences (i.e. treatment type, life stage, support availability), however the authors do not explicitly discuss these findings.
- The authors end the summary paragraph with a transitional sentence that moves onto commonalities and do not discuss individual differences in relation to other research.
- A proper discussion about the individual differences would strengthen the discussion.

- We agree with the reviewer that the individual differences had not been discussed in relation to other research. We have added text to reflect this on the third paragraph of the discussion (page 25 and 26).

- The conclusions were clear and appropriate based on the results. Clear implications and recommendations for clinical practice are also present, which is good to see.

- Thank you for reviewing our paper and providing us with much to consider. We hope we have addressed your concerns.

VERSION 2 – REVIEW

REVIEWER	Dr Calum McHale University of St Andrews, UK
REVIEW RETURNED	26-Aug-2019
GENERAL COMMENTS	This qualitative study contributes a valuable insight into patients' experience of primary bone cancer. The authors have made significant changes to the manuscript. Specifically, the results section now reads very well. I am very pleased to recommend this manuscript for publication.