

## 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

<b>TITLE (PROVISIONAL)</b>	Sexuality post gynaecological cancer treatment: A qualitative study with South African women
<b>AUTHORS</b>	Pitcher, Sorrel; Fakie, Nazia; Adams, Tracey; Denny, Lynette; Moodley, Jennifer

### VERSION 1 – REVIEW

<b>REVIEWER</b>	Dr Helena Harder Sussex Health Outcomes Research and Education in Cancer (SHORE-C), Brighton & Sussex Medical School, University of Sussex, United Kingdom
<b>REVIEW RETURNED</b>	08-Apr-2020

<b>GENERAL COMMENTS</b>	<p>Review BMJ Open 2020-038421 Sex(uality) post gynaecological cancer treatment: A qualitative study with South African women</p> <p>This paper focuses on sexual activity in women who had treatment for gynaecological cancer. Sexuality after a cancer diagnosis has received more attention in the last decade, but research is mainly focused on women with breast cancer. Studies addressing sexual activity in women with a gynaecological cancer diagnosis are limited, especially qualitative research. The current paper in which the authors used a mixture of psychological and medical methods to describe the sexual experiences of women affected by gynaecological cancer is therefore an important and original piece of work. The study is methodologically sound, and the study design is appropriate to address the study objectives. The methods are sufficiently detailed to facilitate replication. However, I have major reservations about the way the authors have disseminated and presented their data and study findings, and unfortunately the paper is not suitable for publication in BMJ Open in its current form. The study results are not presented clearly which makes the paper very hard to read/follow and understand. The paper also exceeds the journal's word limit (almost double!) and should be shortened substantially (all sections). Comments on the individual sections of the paper are presented below.</p> <p><b>Abstract</b> It is clear and concise. Minor comments: add average or median age to the text; please change text 'one or more gynaecological cancers' to 'a gynaecological cancer diagnosis' (text currently implies that some women may have more than one diagnosis); what is sexual subjectivity?; can the authors explain why they use 'sex(uality)' instead of 'sexuality' or sexual activity?</p>
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	<p><b>Background</b>  This section is too long, not all information is relevant: please focus on sexuality activity and difficulties in women with a gynaecological cancer diagnosis only, and current practice in South-Africa .</p> <p>The text about the neo-theoretical framework of sexuality is relevant and should be included in the paper. However this can be shortened substantially and consider moving this to the methods section.</p> <p><b>Methods</b>  Please shorten the section about sampling and recruitment (e.g. description of training/qualifications of the research nurse is not necessary in the paper – a general comment about trained staff is sufficient).</p> <p>I like the innovative technique that the authors used after pilot interviewing showed that women experienced difficulties talking about sexual experiences after gynaecological cancer treatment. Please add a reference for the pile sorting and card sorting technique (Trotter and Potter 1993?) and explain this technique in more detail (probably not familiar to all readers).</p> <p>Paragraph about coding can be shortened (p.8).</p> <p><b>Results</b>  In general, the authors present interesting findings, however the current presentation is a mixture of results and (many) discussion points. Please remove all the discussion sections in the text (e.g. p.12 line 3-20, p.14 to p.15, first paragraph, etc., etc.) and summarize the findings (main themes and sub-themes). I suggest using a table for the findings with quotes to provide a better overview.</p> <p>In qualitative research, quotations are usually used to illustrate the main findings. There are too many quotes in the paper (one is usually enough) and the quotes are often too long (extractions from the interview or dialogue between interviewer and participant are not necessary). Again, perhaps consider using a table with findings and quotes and/or adding some quotations as supplement data.</p> <p>It would be interested to have more responses on the participants' experiences with the support services (section 5 interview).</p> <p><b>Discussion</b>  There is no discussion section in the paper. Please add this section (see also comment above for more guidance – all the text with references should be removed from the results section!). The current 'conclusions and recommendations' section could be shortened and added as the last paragraph of the discussion. Please also provide clear recommendations on how the communication between HCPs and patients could be improved, and an overview of possible interventions that could support clinical practice and delivery of healthcare.</p> <p><b>References</b>  Some of the references can be updated. See doi: 10.12669/pjms.341.14241 (sexual function and gynaecological</p>
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	cancer); doi: 10.1007/s00520-018-4376-x, doi: 10.1002/cncr.31084, doi: 10.1007/s11764-016-0577-9 (communication sexual health in cancer); doi: 10.1002/pon.5103. (review psychosocial interventions)
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<b>REVIEWER</b>	Kristen Abbott-Anderson Minnesota State University Mankato
<b>REVIEW RETURNED</b>	21-May-2020

<b>GENERAL COMMENTS</b>	<p>Reviewer Comments bmjopen_2020-038421</p> <p>The topic of this study is an important one and the authors appear to have put a great deal of work and thought about study design. There are many aspects of this study that are strong; for instance, use of a focus group to determine acceptability of the survey tool and changes made based on focus group feedback (e.g., implementing ‘pile sorting’). The authors use a conceptual model that is referenced throughout the study report. The reviewer believes this report could be made much more concise. Including a table with themes and sub-themes may facilitate this.</p> <p>There are several observations made that need to be addressed.</p> <ul style="list-style-type: none"> <li>• Organization—could use a table of themes. Descriptions could be much more concise</li> <li>• The section under patient and public involvement with the statement about dissemination seems out of place. Is it that findings from the focus group study will be disseminated elsewhere and not in this report?</li> <li>• If the mean age is provided, it seems redundant to state that most women fell under the age range of 45-54.</li> </ul> <p>The most significant concerns the reviewer has relate to how findings are presented (see comments below):</p> <ul style="list-style-type: none"> <li>• Sub themes are not defined; the authors provide three themes but then describe multiple other themes or headings. If there are overarching, and then sub-themes, that should be made clear before discussing these.</li> <li>• Sexual violence content appears out of the blue- a background section appears in the middle of theme discussion. Is this a sub-theme?</li> <li>• Support needed- end of interview questions; were these anticipated? Did authors state they would ask these questions? These come from out of the blue. Needs to be incorporated in description of the interview process.</li> </ul> <p>Thank you for the opportunity to review this manuscript.</p>
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### VERSION 1 – AUTHOR RESPONSE

To whom it may concern,

Below are the changes that were made to the manuscript based on your feedback.

Overall

1. The word count has been reduced: sections have been summarised and some text was removed as advised.
2. The manuscript has been reformatted to include separate results and discussion sections.
3. Tables have been included in the main document.

Abstract

1. Average age has been added.
2. Text has been changed to ‘a gynaecological cancer diagnosis’.

3. An explanation for sexual subjectivity has been provided.
4. The reasoning for using 'sex(uality)' was provided in footnote 1 in the original manuscript. However, this has now been changed to 'sexuality'.

**Background**

1. This section has been shortened and now focuses on sexual activity and difficulties in women with a gynaecological cancer diagnosis and current practice in South Africa.
2. The text about the neo-theoretical framework of sexuality has been shortened and moved to the methods section.

**Methods**

1. The section about sampling and recruitment has been shortened.
2. A reference has been added for the pile sorting and card sorting technique and it has been explained in more detail.
3. Questions about support post treatment were incorporated in the description of the interview process in the original manuscript.
4. The statement about dissemination of focus groups findings under patient and public involvement has been removed.
5. The paragraph about coding has been shortened.

**Results**

1. A table has been included outlining the main themes, sub-themes, and corresponding quotes (Table 2). The main themes and their corresponding sub-themes have also been described in the overview of results section.
4. The age range of 45-54 has been removed.
5. All discussion sections have been removed.
6. 'Sexual violence' is a sub-theme of the theme 'heteronormative gender expectations' and this was outlined in the original manuscript. Table 2 should make this clearer.
7. More responses on the participants' experiences with the support services (Section 5 interview) have been included.

**Discussion**

1. A discussion section has been added.
2. The 'conclusions and recommendations' has been shortened and added as the last paragraph of the discussion.
3. Clear recommendations on how the communication between HCPs and patients could be improved have been included.
4. An overview of possible interventions that could support clinical practice and delivery of healthcare was provided in the original manuscript.

**References**

1. References were updated as advised.

**VERSION 2 – REVIEW**

<b>REVIEWER</b>	Kristen Abbott-Anderson Minnesota State University, Mankato, USA
<b>REVIEW RETURNED</b>	25-Jul-2020

<b>GENERAL COMMENTS</b>	It is clear to the reviewer that the authors have taken care to address original reviewer concerns. The manuscript is much clearer and flows much more logically. The addition of the table containing themes and sub-themes strengthens this report. The WORD doc submitted has some format issues noted, but these will be resolved in the publishing process. There were a few minor issues observed. P.1; this may be a formatting issue, but the first sentence in the second paragraph appears incomplete. Under the
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	<p>"Patient and Public Involvement" section, the first sentence is confusing. Does this mean that public members only were involved in the interview revision process?</p> <p>The reviewer appreciates the attention to the discussion section and depth of discussion of the findings. Implications for future research are described well. The reviewer wonders about any potential modifications of the holistic model used as a foundation for the study?</p> <p>The reviewer suggests further edits as described, but believes as presented, this study contributes novel findings to this body of science.</p>
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## VERSION 2 – AUTHOR RESPONSE

Dear editor and reviewers,

Thank you, once again, for your close reading of the revised manuscript.

Below are the changes that were made to the manuscript based on your feedback.

1. The editor was concerned that the data in Table 1 could compromise the anonymity of the participants in the study. I would like to emphasise, as mentioned in the manuscript, that all names in the table are pseudonyms. To add additional anonymity, I have changed the full names of the pseudonyms to just the first few letters of the pseudonyms. I have discussed this table with my research team and we feel that all the data in the table is necessary to give context to the participants' quotes.
2. The first sentence in the second paragraph appears incomplete. This was an editing error and has been rectified.
3. Under the "Patient and Public Involvement" section, the first sentence is confusing. Does this mean that public members only were involved in the interview revision process? This paragraph has been edited to give more clarity.
4. The reviewer wonders about any potential modifications of the holistic model used as a foundation for the study? A modification to the model has been suggested in the conclusion section.
5. The grant number was added to the funding statement.