

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Lifestyle and Empowerment Techniques in Survivorship of Gynecologic Oncology (LETSGO study). A study protocol for a multicenter longitudinal intervention study using mobile health technology and biobanking.
AUTHORS	Vistad, Ingvild; Skorstad, Mette; Demmelmaier, Ingrid; Småstuen, Milada; Lindemann, Kristina; Wisløff, Torbjørn; van de Poll-Franse, Lonneke; Berntsen, Sveinung

VERSION 1 – REVIEW

REVIEWER	Gonçalves, Ana Universidade Federal do Rio Grande do Norte
REVIEW RETURNED	19-Apr-2021

GENERAL COMMENTS	<p>According to the cut study writing instructions provided in BMJ Open, the Title Should begin 'Cohort profile: ...'. It should include the full name and any commonly used abbreviation of the cohort, including its location or international. Include the type of cohort. The Abstract should be structured as follows: Purpose, Participants, Findings to date, plans, and Registration. We consider the introduction too long, reduce the writing. Too long paragraphs in the introduction We consider paragraph 6 (line 46) to be more methodology than an introduction; the paragraph should be removed. To quote the objectives more directly, we also consider some information that fits the methodology and not the objectives. You utilized the SPIRIT (Standard Protocol Items: Recommendations for clinical trials) checklist. However, your study is defined for your cohort study, and according to the BMJ open guides, you need to use the STROBE Checklist for cohort studies. The writing of the methodology is also too long; some points like the description of the measurement of outcomes I believe can be rewritten more directly. BMJ open journal requested two more points: Findings to date - Include a short explanation of the most notable results from the cohort so far, with references to relevant publications. This section should summarize rather than present results; and Strengths and limitations - These should be specific to the cohort being described. Include any lessons learned from the cohort's creation that can be shared to help future researchers.</p>
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REVIEWER	Cianci, Stefano University of Campania Luigi Vanvitelli
REVIEW RETURNED	20-Apr-2021

GENERAL COMMENTS	<p>Lifestyle and Empowerment Techniques in Survivorship of Gynecologic Oncology (LETSGO study). A multicenter longitudinal cohort study using mobile health technology and biobanking.</p> <p>The present protocol is aimed to give a sort of new follow-up model for gynecologic oncology patients with the help of technology. I want to congratulate with authors. I find the protocol useful for clinicians, innovative and with a vision towards future. The evaluation of QoL as secondary objective is very important. The study design is in the most part clear and well designed.</p> <p>Some minor query reported forward.</p> <p>Page 3 lines 27-28: respect to the QoL of gynecologic cancer patients, please report in reference two updated review focused on this aspect. DOI: 10.23736/S0026-4806.20.07081-0 10.23736/S0026-4806.19.06080-4</p> <p>The study seems to take relevant consideration to physical activity. This is for sure a fundamental aspect, however the physical activity, especially in this patients' subset, should be always associated with a correct diet as demonstrated by literature DOI: 10.2174/1381612825666190722112808. However, in the protocol design this is not well expressed.</p> <p>Page 6 lines 39-40 The authors should explain better the time of first visit into two groups. If the first visit in adjuvant treatment group starts after chemotherapy or surgery completion.</p>
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REVIEWER	Economou, Denice City of Hope National Medical Center, Nursing Research & Education
REVIEW RETURNED	25-May-2021

GENERAL COMMENTS	<p>This will be a strong study. I look forward to seeing the outcome. The combination of self-management techniques using app support as well as the HRQOL and utilization data, comorbidity and blood samples collected over time will lead to an outcome/intervention that can be followed in future care.</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer #1:

6. The Abstract should be structured as follows: Purpose, Participants, Findings to date, plans, and Registration.

According to authors' guidelines the abstract should be structured as in the submitted manuscript. Please correct us if we have misunderstood.

7. We consider the introduction too long, reduce the writing. Too long paragraphs in the introduction We have removed or shortened several of the paragraphs and hope that the revised version reads better.

8. We consider paragraph 6 (line 46) to be more methodology than an introduction; the paragraph should be removed.

Done.

9. To quote the objectives more directly, we also consider some information that fits the methodology

and not the objectives.

We do not quite understand what the reviewer means. We have tried to revise the methodology so that the meaning is clear.

10. You utilized the SPIRIT (Standard Protocol Items: Recommendations for clinical trials) checklist. However, your study is defined for your cohort study, and according to the BMJ open guides, you need to use the STROBE Checklist for cohort studies.

Please see our response to Editor.

11. The writing of the methodology is also too long; some points like the description of the measurement of outcomes I believe can be rewritten more directly. This is an important comment, and not assessing physician factors is obviously a limitation in our study. We have added two sentences in the discussion:

We have removed or shortened some of the paragraphs and hope that the revised version reads better.

12. Findings to date - Include a short explanation of the most notable results from the cohort so far, with references to relevant publications. This section should summarize rather than present results; and Strengths and limitations - These should be specific to the cohort being described. Include any lessons learned from the cohort's creation that can be shared to help future researchers.

We have included a sentence about trial status. We have now findings yet.

Reviewer #2:

The present protocol is aimed to give a sort of new follow-up model for gynecologic oncology patients with the help of technology. I want to congratulate with authors. I find the protocol useful for clinicians, innovative and with a vision towards future. The evaluation of QoL as secondary objective is very important. The study design is in the most part clear and well designed.

We thank the reviewer for positive remarks.

13. Page 3 lines 27-28: respect to the QoL of gynecologic cancer patients, please report in reference two updated review focused on this aspect.

We have added the suggested references.

14. The study seems to take relevant consideration to physical activity. This is for sure a fundamental aspect, however the physical activity, especially in this patients' subset, should be always associated with a correct diet as demonstrated by literature DOI: 10.2174/1381612825666190722112808.

However, in the protocol design this is not well expressed.

We do agree with the reviewer that diet is a fundamental part of a healthy lifestyle. Therefore we have information about healthy diet in the app and the nurses also point this out in their consultations.

However, physical activity is one of our outcomes and the measures are assessing physical activity.

Due to this and to word-limitation in this protocol, we chose not to mention diet in the introduction.

15. Page 6 lines 39-40 The authors should explain better the time of first visit into two groups. If the first visit in adjuvant treatment group starts after chemotherapy or surgery completion.

Done

Reviewer #3

This will be a strong study. I look forward to seeing the outcome. The combination of self-management techniques using app support as well as the HRQOL and utilization data, comorbidity and blood samples collected over time will lead to an outcome/intervention that can be followed in future care.

We thank the reviewer for the kind words.