

## 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>	Implementing an Enhanced Recovery After Thoracic Surgery programme in the Netherlands: a qualitative study investigating facilitators and barriers for implementation.
<b>AUTHORS</b>	Meyenfeldt, Erik M. von; van Nassau, Femke; de Betue, Carlijn T.I.; Barberio, L.; Schreurs, Wilhelmina H.; Marres, Geertruid M.H.; Bonjer, H.; Anema, Johannes

### VERSION 1 – REVIEW

<b>REVIEWER</b>	Nelson, Gregg University of Calgary, Oncology and Obstetrics
<b>REVIEW RETURNED</b>	18-Apr-2021

<b>GENERAL COMMENTS</b>	Thank you very much for the opportunity to review this paper entitled: "Implementing an Enhanced Recovery After Thoracic Surgery programme in the Netherlands: a qualitative study investigating facilitators and barriers for implementation". This paper was well written and provides new insights into barriers/facilitators in the area. The manuscript can be strengthened by the authors addressing the following issues: - my only question relates to the fact that only 1 regional (non-academic/teaching) hospital was represented - how applicable are your findings outside of the academic/teaching environment? Please discuss.
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<b>REVIEWER</b>	Christensen , Thomas Decker Aarhus University Hospital, Department of Cardiothoracic and Vascular Surgery & Department of Clinical Medicine  Thomas Decker Christensen has been on the speaker bureaus for AstraZeneca, Boehringer-Ingelheim, Pfizer, Roche Diagnostics, Takeda, Merck Sharp & Dohme (MSD) and Bristol-Myers Squibb and has been in an Advisory Board for Bayer and MSD.
<b>REVIEW RETURNED</b>	03-Aug-2021

<b>GENERAL COMMENTS</b>	This manuscript addresses an interesting issue and clinical dilemma namely regarding: "Implementing an Enhanced Recovery After Thoracic Surgery programme in the Netherlands: a qualitative study investigating facilitators and barriers for implementation" by EM von Meyerfeldt et al. The authors should be acknowledged for implementing an ERAS protocol in a thoracic setting in the Netherland. The paper is relatively well written, but should be strengthened according to the questions as stated below:
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	<ul style="list-style-type: none"> <li>• The introduction does cover ERAS in a thoracic setting and the literature cited in the introduction is sufficient – the same holds for the discussion</li> <li>• The authors need to thoroughly discuss, why the potential problems regarding adaptations of an ERAS in the Netherlands setting are relevant to the readers of the BMJ Open. The external applications of the findings need to be discussed</li> <li>• The authors use a qualitative design in this paper, which seems appropriate</li> <li>• The authors identify potential determinants for successful implementation for an ERAS protocol – how will the authors determine whether this is true when ERAS is implemented? By a follow-up study? Or how....?</li> <li>• The paper is very long – could be reduced in length, potential if some of the text could be transferred to attached supplements</li> </ul>
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### VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

Dr. Gregg Nelson, University of Calgary, University of Calgary

Comments to the Author:

Thank you very much for the opportunity to review this paper entitled: "Implementing an Enhanced Recovery After Thoracic Surgery programme in the Netherlands: a qualitative study investigating facilitators and barriers for implementation". This paper was well written and provides new insights into barriers/facilitators in the area. The manuscript can be strengthened by the authors addressing the following issues:

- my only question relates to the fact that only 1 regional (non-academic/teaching) hospital was represented - how applicable are your findings outside of the academic/teaching environment? Please discuss.

Thank you for your review and for your question.

Nearly all anatomical lung resections in the Netherlands are performed in teaching/academic centres. We have tried to clarify our choices in this regard in the participants section (Lines 139-142).

Reviewer: 2

Dr. Thomas Decker Christensen , Aarhus University Hospital

Comments to the Author:

This manuscript addresses an interesting issue and clinical dilemma namely regarding: "Implementing an Enhanced Recovery After Thoracic Surgery programme in the Netherlands: a qualitative study investigating facilitators and barriers for implementation" by EM von Meyerfeldt et al.

The authors should be acknowledged for implementing an ERAS protocol in a thoracic setting in the Netherlands.

The paper is relatively well written, but should be strengthened according to the questions as stated below:

- The introduction does cover ERAS in a thoracic setting and the literature cited in the introduction is sufficient – the same holds for the discussion

Thank you.

- The authors need to thoroughly discuss, why the potential problems regarding adaptations of an ERAS in the Netherland setting are relevant to the readers of the BMJ Open. The external applications of the findings need to be discussed

We attempted to illustrate the added value for the BMJ Open readership in the strengths section. Following your suggestion, we have elaborated on this point in the Application/generalizability for practice & research- section. (Lines 441-442; 448-449)

- The authors use a qualitative design in this paper, which seems appropriate

Thank you.

- The authors identify potential determinants for successful implementation for an ERAS protocol – how will the authors determinant whether this is true when ERAS is implemented? By a follow-up study? Or how....?

Thank you for pointing this omission out to us. We are currently running an implementations study, the ERATS Trial, which is now mentioned in the Application/generalizability for practice & research- section. (line 460-461)

- The paper is very long – could be reduced in length, potential if some of the text could be transferred to attached supplements

Thank you for this suggestion. We have looked extensively into ways to reduce the length of the manuscript. We felt, however, that further shortening the results section would substantially limit the detail and nuance of our findings. Due to the nature of our interview-based study, words and quotes are the results. Since we have not exceeded the maximum number of words, we hope you will accept the paper in this resubmitted form.

#### VERSION 2 – REVIEW

<b>REVIEWER</b>	Christensen , Thomas Decker Aarhus University Hospital, Department of Cardiothoracic and Vascular Surgery & Department of Clinical Medicine
<b>REVIEW RETURNED</b>	06-Nov-2021
<b>GENERAL COMMENTS</b>	The authors has improved the manuscript in accordance to the reviews performed.