

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Patients' expectations of preventive measures of medical institutions during the SARS-CoV-2 pandemic in Germany in women with an increased risk for breast and ovarian cancer: A cross-sectional web-based survey
AUTHORS	Schwab, Roxana; Droste, Annika; Stewen, Kathrin; Brenner, Walburgis; Schmidt, Marcus; Hasenburg, Annette

VERSION 1 – REVIEW

REVIEWER	Ohta, Ryuichi Unnan City Hospital
REVIEW RETURNED	27-Jan-2022

GENERAL COMMENTS	<p>Thank you for giving me to review your manuscript. This manuscript is interesting and meaningful for considering patients' expectations of preventive measures of medical institutions in the COVID-19 pandemic. Regarding the contents, the following revision should be considered for the quality of research.</p> <p>The title should be more specific regarding study design.</p> <p>The introduction should include the issue of risk and benefit of infection control measures regarding COVID-19 more in-depth. There is much interventional research regarding COVID-19 infection control facing aging societies. This research should consist of the part referring to the following articles.</p> <ul style="list-style-type: none">- Greenberg, N., et al., Managing mental health challenges healthcare workers face during the covid-19 pandemic. <i>BMJ</i>, 2020. 368: p. m1211.- Ohta, R., Y. Ryu, and C. Sano, Effects of Implementation of Infection Control Measures against COVID-19 on the Condition of Japanese Rural Nursing Homes. <i>Int J Environ Res Public Health</i>, 2021. 18(11).- Verhoeven, V., et al., Impact of the COVID-19 pandemic on the core functions of primary care: will the cure be worse than the disease? A qualitative interview study in Flemish GPs. <i>BMJ Open</i>, 2020. 10(6): p. e039674. <p>The introduction should clearly include this study's research question and rationale, including the advantage. There are many studies regarding this research topic, especially in primary care contexts.</p> <p>Regarding the questionnaire regarding the safety precautions of healthcare facilities and institutions for preventing the spread of the virus, the authors should add some references to support the validity of the questionnaire.</p>
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	<p>In the sample section of the method, there are no descriptions regarding sample calculation. Therefore, the authors should describe the sample size calculation.</p> <p>The statistical analysis should be more described. The authors should explain how to deal with each variable, referring to previous studies.</p> <p>The discussion should describe the limitation of sampling bias and the results' applicability to other settings, and the future investigation in the limitation part, especially regarding the analysis.</p>
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REVIEWER	Wittenborn, Julia University Hospital Aachen
REVIEW RETURNED	05-Apr-2022

GENERAL COMMENTS	<p>abbreviations: HCW, please add the meaning in ()</p> <p>Language: Line 113: check Language: Irrespectively Line 121 data "was" collected Line 136 trustworthy: did you mean close? or significant other Line 257 compliance rather than observance?</p> <p>Abstract: As you described in the introduction, the patient collective under investigation is not explicitly at high risk for a severe course of COVID-19, as most of them were healthy individuals. Therefore I would recommend that you rephrase the conclusion in the abstract. I recommend to emphasize more the fact, that neglected examinations because of fear of COVID 19 may lead to a poorer prognosis for the patient collective.</p> <p>Results: How many individuals received an invitation? --> this is the real number of potential participants</p> <p>Discussion: Consider citation of PMID:34825940 in line 284</p> <p>Nice work, I recommend the publication in BMJ.</p>
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VERSION 1 – AUTHOR RESPONSE

Dear Dr. Ohta,

thank you for your valuable comments, which helped to improve the quality of the manuscript.

Please find attached your comments and our answers.

1.

The title should be more specific regarding study design.

Answer:

We changed the title respectively:

“Patients’ expectations of preventive measures of medical institutions during the SARS-CoV-2 pandemic in Germany in women with an increased risk for breast and ovarian cancer: A cross-sectional web-based survey” (line 2-4)

2.

The introduction should include the issue of risk and benefit of infection control measures regarding COVID-19 more in-depth. There is much interventional research regarding COVID-19 infection control facing aging societies. This research should consist of the part referring to the following articles.

- Greenberg, N., et al., Managing mental health challenges healthcare workers face during the covid-19 pandemic. BMJ, 2020. 368: p. m1211.

- Ohta, R., Y. Ryu, and C. Sano, Effects of Implementation of Infection Control Measures against COVID-19 on the Condition of Japanese Rural Nursing Homes. Int J Environ Res Public Health, 2021. 18(11).

- Verhoeven, V., et al., Impact of the COVID-19 pandemic on the core functions of primary care: will the cure be worse than the disease? A qualitative interview study in Flemish GPs. BMJ Open, 2020. 10(6): p. e039674.

We adjusted the introduction as following:

“Vulnerable groups, such as the aged population or patients with active cancers seem to have a greater risk for acquiring SARS-CoV-2 infection, and severe COVID-19, requiring admission to intensive care units and invasive ventilation. Moreover, older persons and patients with pre-existing malignant diseases have a significantly higher risk for fatal outcomes compared to people in the general population without pre-existing medical conditions [2]. In order to protect this vulnerable population from possible infection, it is crucial to implement effective contingency plans in healthcare facilities, such as in ambulatory healthcare services, hospitals or nursing homes [3]. As a pandemic is a dynamic process, measures were implemented at various time points by different countries to prevent the spread of infection among the population and to protect persons at high risk for exposure, such as HCW. In Germany, the first widespread social distancing measures were implemented by the government at the end of March 2020 [1], [4]. As a result, healthcare facilities imposed specific safety protocols, general

visitation guidelines and outpatient visitation policies in accordance with national and institutional regulations [3]. Subsequently, family members and visitors were temporarily banned from joining ambulatory and hospitalized patients, with few exceptions, depending on the incidence of SARS-CoV-2 infection.” (line 90-105)

And

“Nevertheless, the implementation of appropriate contingency measures may reinforce vulnerable groups to attend necessary medical consultations, e.g. during medical emergencies, as well as mandatory diagnostic procedures in order to act in an appropriate and timely manner to avoid possible harm or excess deaths due to the pandemic [23], [24]. Accordingly, a study assessing medical outcomes during the COVID-19 pandemic in rural Japanese nursing homes did not observe an increased risk of emergencies by implementing appropriate contingency measures [3].“ (line 283-281)

3.

The introduction should clearly include this study's research question and rationale, including the advantage. There are many studies regarding this research topic, especially in primary care contexts.

Answer:

We specified the research rationale as following:

“Vulnerable groups are on one hand dependent on a reliable and functioning health-care system, and on the other they are at increased risk for adverse medical outcomes related to a SARS-CoV-2 infection. To our knowledge, this is the first study to assess and identify patient-oriented and patient-approved contingency measures in persons at an increased risk for breast and ovarian cancer. Additionally, to improve preparedness for future pandemics or similar situations, it is crucial to identify if specific demographic or disease-specific factors influence the decision-making process regarding the prevention of SARS-CoV-2 transmission.” (line 114-120)

4.

Regarding the questionnaire regarding the safety precautions of healthcare facilities and institutions for preventing the spread of the virus, the authors should add some references to support the validity of the questionnaire.

Answer: We added the information to the Material and Methods Chapter

“A questionnaire targeting the expectations and needs of persons with respect to hygiene measures related to the COVID-19 pandemic was developed based on a review of relevant literature [7], [8], [9], [10], [11], [12], [13], [14], [15], [16] [17].” (line 137-140)

5.

In the sample section of the method, there are no descriptions regarding sample calculation. Therefore, the authors should describe the sample size calculation.

We added following information:

“Study participants

The target population was made up of approximately 1300 German-speaking persons at increased risk for breast and ovarian cancer being subscribed (actively or passively) at an internet platform of patients support groups for hereditary breast cancer or ovarian cancer during the period of recruitment. Recruitment was conducted via a direct link to the survey and an online invitation to participate distributed via the internet platforms of patients support groups. The survey was limited to individuals visiting the website who were aged 18 years or older and who gave electronic informed consent to participate in the study. The survey was completely anonymous to encourage honest and unbiased responses. Participants received no incentives for completion of the survey. Due to the recruitment method used in this study it was not possible to calculate response rates, nevertheless we expected for this descriptive survey approximately 100 participants. Power analyses were conducted using PROC POWER, SAS Version 9.4 for estimation of confidence interval (power >99.9%; proportions 0.65-0.90; half-width confidence interval 0.10).” (line 122-135)

6.

The statistical analysis should be more described. The authors should explain how to deal with each variable, referring to previous studies.

We added following information

“For descriptive analyses, missing data consisted of participants who did not answer the survey’s questions. Data were analyzed using SPSS 26.0 (SPSS Inc., Chicago, IL, USA). Descriptive statistics are expressed as mean, standard deviation (SD), median, interquartile range (IQR) or proportions (%), as appropriate. We used the Mann-Whitney-U-test, the χ^2 -test and the Fisher exact test to analyze the data for differences between the responders and non-responders to the survey’s questions [18].

The Mann-Whitney-U-test (used for continuous variables), χ^2 -test (used for categorical variables) or Fisher exact test (used for categorical variables) were used as appropriate, to compare differences of expectations according to demographic, disease-specific and pandemic-specific variables [18]. The p-values were calculated using a 95% confidence interval. A p-value < 0.05 was considered statistically significant. Because the p-values were not adjusted for multiple testing, all results should be interpreted as exploratory.” (line 172-183)

7.

The discussion should describe the limitation of sampling bias and the results' applicability to other settings, and the future investigation in the limitation part, especially regarding the analysis.

We added following information:

“Moreover, as we did not reach the expected number of participants, we potentially may have underestimated the importance of some specific demographic, disease-specific and pandemic-specific factors on expectations regarding the prevention of SARS-CoV-2 transmission, although this is unlikely.” (line 373-376)

And

“Finally, the obtained results reflected the needs and expectations of women who were at increased risk for BC and OC during the COVID-19 pandemic, and the results are not necessarily generalizable to other vulnerable groups or to other life adversities.” (line 389-391)

Dear Dr. Wittenborn,

Thank you for the valuable comments, which helped to improve our manuscript.

Please find attached your comments and our answers.

1.

abbreviations: HCW, please add the meaning in ()

Answer: We added the meaning:

“Approximately 37% of respondents preferred having information about their facility’s hygiene protocols before appointment; 57.8% of respondents endorsed regular SARS-CoV-2 testing of patients prior to medical appointments and 95.3% endorsed regular testing of healthcare workers (HCW).“ (line 44-47)

2.

Language:

Line 113: check Language: Irrespectively

Line 121 data "was" collected

Line136 trustworthy: did you mean close? or significant other

Line 257 compliance rather than observance?

We changed the wording:

“The data was collected anonymously, and they included participants’ self-reported sociodemographic and clinical information.” (line 140-141)

“6. Should a relative or a close person be allowed to accompany patients in the healthcare setting, despite the COVID-19 pandemic? Yes – No – I don’t know/does not apply) (line 155-156)

„Persons, including patients with pre-existing medical conditions might be very sensitive to the proper adherence to contingency plans in medical institutions.“ (line 275-276)

3.

Abstract:

As you described in the introduction, the patient collective under investigation is not explicitly at high risk for a severe course of COVID-19, as most of them were healthy individuals. Therefore I would recommend that you rephrase the conclusion in the abstract. I recommend to emphasis more the fact,

that neglected examinations because of fear of COVID 19 may lead to a poorer prognosis for the patient collective.

We rephrased the conclusion as follows:

“Patients at high risk for infection or severe course of COVID-19 disease approve strict contingency measures designed to lower the transmission of COVID-19 in medical facilities. Moreover, vulnerable groups may profit from contingency plans in healthcare facilities in order to follow preventive measures, avoid diagnostic delay or avoid worsening of preexisting conditions. However, they also value the presence of a significant other during medical consultations and procedures. “ (line 56-61)

4.

Results: How many individuals received an invitation? --> this is the real number of potential participants

We added following information:

“Study participants

The target population was made up of approximately 1300 German-speaking persons at increased risk for breast and ovarian cancer being subscribed (actively or passively) at an internet platform of patients support groups for hereditary breast cancer or ovarian cancer during the period of recruitment. Recruitment was conducted via a direct link to the survey and an online invitation to participate distributed via the internet platforms of patients support groups. The survey was limited to individuals visiting the website who were aged 18 years or older and who gave electronic informed consent to participate in the study. The survey was completely anonymous to encourage honest and unbiased responses. Participants received no incentives for completion of the survey. Due to the recruitment method used in this study it was not possible to calculate response rates, nevertheless we expected for this descriptive survey approximately 100 participants. Power analyses were conducted using PROC POWER, SAS Version 9.4 for estimation of confidence interval (power >99.9%; proportions 0.65-0.90; half-width confidence interval 0.10). “ (line 122-135)

5.

Discussion: Consider citation of PMID:34825940 in line 284

We added following information:

“Medical appointments are an anxiety-provoking experience for patients, especially for those facing a possible or existing malignant diagnosis [27].“ (line 308-310)

VERSION 2 – REVIEW

REVIEWER	Ohta, Ryuichi Unnan City Hospital
REVIEW RETURNED	14-Apr-2022
GENERAL COMMENTS	The manuscript has been considerably improved. I think that this paper is suited for inclusion in our journal.