

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)	The Biopsychosocial Correlates of Hope in Asian Cancer Patients: A Systematic Review
AUTHORS	Mahendran, Rathj; Chua, Shi Min; Lim, Haikel; Yee, Isaac; Tan, Joyce; Kua, Ee Heok; Griva, Konstadina

VERSION 1 - REVIEW

REVIEWER	Patrick Brown University of Amsterdam, Netherlands
REVIEW RETURNED	11-May-2016

GENERAL COMMENTS	<p>As a hope researcher I found this article effective, useful, well written and clearly articulated. The finding are fascinating and the review is systematically carried out following conventions and the decisions made are well explained and justified. I especially liked the format of basic meta-analysis which gave a useful overview of common findings where these existed.</p> <p>Overall I recommend this article for publication pending some important but minor corrections:</p> <p>The way the abstract (Methods) is written the reader (or at least this one) gets the impression that the authors used the term 'Asian' as a search term and not the individual countries. This of course is not the case but I wonder if the use of individual country names could be briefly articulated in the abstract.</p> <p>page 5 - the authors use the word 'reified' which has a specific meaning in the social sciences which they may want to avoid. I also am not sure if it is the most accurate - rehearsed, repeated, reiterated or confirmed may be better?</p> <p>p.6 top - the authors refer to findings in UK studied suggesting cultural differences but this could also be to do with migration effects and/or the position of migrants as outsiders within a health service.</p> <p>p.6 - the authors also refer to different cosmologies (predestination etc) between the East and the West but I think the authors also need to note the huge variation within Asia itself (a huge continent) and moreover within different sub-populations/groups within individual cities (Singapore being one) or countries (eg Indonesia or China). This could be noted... the idea of an 'Asian' tendency is not without its problems/simplifications.</p> <p>p.8 line 46 ; page 20line 12 - majority needs 'a' or 'the' before it.</p> <p>p. 10-11 - the table shows 'Hong' and not 'Hong Kong' for various</p>
-------------------------	--

	<p>studies.</p> <p>References to 'state hope' or 'trait hope' sound odd to me, even if they may be common in some studies. Hope as a state/trait sounds better... I would suggest</p> <p>p 16 The phenomenon of families/doctors withholding diagnoses from patients may be new/unusual to some readers. The authors do return briefly to this later but a bit more explanation here could be useful.</p> <p>p.18 - discussions of correlations between hope and distress are very interesting and I understand why (on design grounds) the authors are disinclined to infer causality but as a reader I would be interested to know whether some studies make inferences, or whether wider literature (eg the few longitudinal studies or qualitative studies) gives insights into some of the directions of relations here.</p> <p>p. 19 line 35 - There was some evidence...</p> <p>p.21 para 2 - The discussion of pain, hope and culture is interesting but I wonder if the authors might be a bit more reflexive here... yes, there could be an underlying difference being reflected here but I would also suggest that hope research is not so well developed, moreover there are issues to do with how pain and hope are operationalized, talked about (language and translated meaning of 'hope' is relevant here) etc. Some cultures may inculcate a disposition towards more hopeful or cynical discussion of their perspectives - regardless of the underlying 'hope'. In this sense we have to be aware of how culture impacts on reporting of hope.</p> <p>In the Discussion, I also wonder if qualitative research might be referred to. I very much understand why quality studies were excluded from the review but they may be useful in informing some of the discussions/queries raised in the review - eg regarding non-disclosure, pain/hope/culture, direction of relationship re correlations.</p> <p>I hope the above comments are useful and in some ways constructive. I very much enjoyed reading this article.</p>
--	--

REVIEWER	Mellar Davis Cleveland Clinic Cleveland , Ohio
REVIEW RETURNED	17-May-2016

GENERAL COMMENTS	<p>Critique</p> <ul style="list-style-type: none"> • The authors should define hope in the introduction, in the first paragraph (switch paragraph 1 and 2 in the introduction). • The definition of hopelessness resembles catastrophising. What is the difference? • The search method was well done and done by PRISMA guidelines. • The paper is well written. • The method of determining association was adequate. • The results are well presented and comprehensive. • Figure 1 is a standard PRISMA flow diagram. • The discussion is brief relative to the results. There are differences
-------------------------	--

	<p>which may need a bit more discussion. It does appear that hope is the sum of a large number of factors (age, stage of disease, socioeconomic, personality trait) how much each plays a role in overall hope is largely missing.</p> <ul style="list-style-type: none"> • Obviously, the limitation of this study is population, heterogeneity, differences in ages across study, how hope was assessed and the fact that studies did not include all factors which could influence hope. Conclusions will be influenced by hidden confounders in each study, indirect associations rather than direct associations due to unmeasured relationships between factors.
--	---

VERSION 1 – AUTHOR RESPONSE

REVIEWER 1:

As a hope researcher I found this article effective, useful, well written and clearly articulated. The findings are fascinating and the review is systematically carried out following conventions and the decisions made are well explained and justified. I especially liked the format of basic meta-analysis which gave a useful overview of common findings where these existed.

Overall I recommend this article for publication pending some important but minor corrections:

1. The way the abstract (Methods) is written the reader (or at least this one) gets the impression that the authors used the term 'Asian' as a search term and not the individual countries. This of course is not the case but I wonder if the use of individual country names could be briefly articulated in the abstract.

Authors' response and action:

As suggested by the reviewer, we have included the use of individual country names in the abstract (Methods): "A comprehensive systematic review was conducted with search terms including cancer, hope, hopelessness, and individual Asian country names on CINAHL, Embase, PsycINFO, PubMed, and Scopus databases."

2. page 5 - the authors use the word 'reified' which has a specific meaning in the social sciences which they may want to avoid. I also am not sure if it is the most accurate - rehearsed, repeated, reiterated or confirmed may be better?

Authors' response and action:

As suggested, we have amended the wording, replacing "reified" with "confirmed" (p.5).

3. p.6 top - the authors refer to findings in UK studied suggesting cultural differences but this could also be to do with migration effects and/or the position of migrants as outsiders within a health service.

Authors' response and action:

We thank the reviewer for highlighting these reasons for cultural differences, and we have addressed this in our manuscript (p.6): "As these cultural differences could be due to differences in socio-economic and education level, or the migration effects and position of immigrants as outsiders within a national health service, there exists a need to examine hope and hopelessness in Asian cancer patients within Asian countries to better understand the concept in this population."

4. p.6 - the authors also refer to different cosmologies (predestination etc) between the East and the West but I think the authors also need to note the huge variation within Asia itself (a huge continent) and moreover within different sub-populations/groups within individual cities (Singapore being one) or countries (eg Indonesia or China). This could be noted... the idea of an 'Asian' tendency is not without its problems/simplifications.

Authors' response and action:

We agree with the reviewer, and have addressed this issue under limitations on p.22-23:

"Furthermore, it is important to note the diversity within Asia region. While this review focused only on East, South and Southeast Asia countries for cultural homogeneity, this region already comprises various ethnic groups with diverse cultures and beliefs, which might influence the associations between hope and other factors. Furthermore, as a majority of the included studies were conducted in the East Asia region, this current review might be limited in generalizing its findings to the entire Asia region."

5. p.8 line 46 ; page 20line 12 - majority needs 'a' or 'the' before it.

Authors' response and action:

Edits have been made according to the suggestion. We noted similar sentences on p.9, p.16 and p.23, and edits have been made.

6. p. 10-11 - the table shows 'Hong' and not 'Hong Kong' for various studies.

Authors' response and action:

We apologize for the oversight, this was due to a formatting error with the table, and has been amended.

7. References to 'state hope' or 'trait hope' sound odd to me, even if they may be common in some studies. Hope as a state/trait sounds better... I would suggest

Authors' response and action:

Thank you for the suggestion. While we appreciate the concern, the terms are commonly used in empirical and theoretical literature. As such we decided not to change the terms so as to be in line with previous work in the field.

8. p 16 The phenomenon of families/doctors withholding diagnoses from patients may be new/unusual to some readers. The authors do return briefly to this later but a bit more explanation here could be useful.

Authors' response and action:

We agree with the reviewer, and have included a short explanation (p.17): "In the studies included, approximately 58% to 79% of the patients were aware of their cancer diagnoses, while the remaining were either not aware or partially aware of the diagnoses due to physicians' or family members' decisions to conceal information about the diagnosis."

This was also further discussed on p. 22: "Asian family members often did not want to disclose cancer diagnoses to patients to protect them from distress, but patients themselves often expressed a desire to know the truth. With such conflicting results, it would thus be important to further examine if awareness of diagnosis contribute to hope or hopelessness in Asian countries, in order to help physicians in discussing the cancer diagnoses and prognoses with patients."

9. p.18 - discussions of correlations between hope and distress are very interesting and I understand why (on design grounds) the authors are disinclined to infer causality but as a reader I would be interested to know whether some studies make inferences, or whether wider literature (eg the few longitudinal studies or qualitative studies) gives insights into some of the directions of relations here.

Authors' response and action:

As the majority of the research were cross-sectional studies, we are unable to make or suggest any causal inferences. Only one study suggested some direction of relation, and this was already included in the manuscript (p.18): "History of depression also significantly predicted hopelessness at three months follow-up." As no clear directionality of relations were stated in this study or any of the included studies, we were unable to provide more information in the correlations between hope and distress.

10. p. 19 line 35 - There was some evidence...

Authors' response and action:

As suggested, changes have been made to the sentence.

11. p.21 para 2 - The discussion of pain, hope and culture is interesting but I wonder if the authors might be a bit more reflexive here... yes, there could be an underlying difference being reflected here but I would also suggest that hope research is not so well developed, moreover there are issues to do with how pain and hope are operationalized, talked about (language and translated meaning of 'hope' is relevant here) etc. Some cultures may inculcate a disposition towards more hopeful or cynical discussion of their perspectives - regardless of the underlying 'hope'. In this sense we have to be aware of how culture impacts on reporting of hope.

Authors' response and action:

We thank the reviewer for his suggestions. As suggested, we have elaborated on this in the discussion (p.21-22): "Hope could be influenced by cultural and religious beliefs, such as beliefs in an afterlife, which might not be captured by existing measurement tools. Likewise, attitudes towards pain and pain expressions could also be affected by cultural beliefs. Though inconclusive, these inconsistencies suggest that the relationship with cancer stage and pain may be nuanced by cultural differences; as such, it is necessary to validate the theoretical understanding of hope in a population before translating this into an intervention. As hope research is not as well-developed in the Asian region, more work needs to be done to understand the conceptualization and measurement of hope in the Asian setting."

12. In the Discussion, I also wonder if qualitative research might be referred to. I very much understand why quality studies were excluded from the review but they may be useful in informing some of the discussions/queries raised in the review - eg regarding non-disclosure, pain/hope/culture, direction of relationship re correlations.

Authors' response and action:

We agree with the suggestion and have included some information from qualitative studies regarding the issue of non-disclosure (p.22): "Qualitative studies examining awareness of diagnosis also produced mixed findings. Being told the truth was related to hope for some patients in one study as it alleviated their anxiety regarding their illness, but patients from another study highlighted that awareness of disease dampened hope and future outlook. The issue of disclosure of cancer diagnosis had been an ongoing debate in the Asian setting. Asian family members often did not want to disclose cancer diagnoses to patients to protect them from distress, but patients themselves often expressed a desire to know the truth. With such conflicting results, it would thus be important to further examine if awareness of diagnosis contribute to hope or hopelessness in Asian countries, in order to help physicians in discussing the cancer diagnoses and prognoses with patients"

I hope the above comments are useful and in some ways constructive. I very much enjoyed reading this article.

Authors' response and action:

We thank the reviewer for his positive comments and constructive feedback.

REVIEWER 2:

1. The authors should define hope in the introduction, in the first paragraph (switch paragraph 1 and 2 in the introduction).

Authors' response and action:

As suggested, paragraphs 1 and 2 have been switched.

2. The definition of hopelessness resembles catastrophising. What is the difference?

Authors' response and action:

We have addressed this difference by including a definition of distinguishing hopelessness from catastrophizing (p.5): "It is conceptually distinct from concepts such as catastrophizing, which refers to tendency to have a negative cognition of focusing on and exaggerating a negative outcome."

3. The search method was well done and done by PRISMA guidelines.

4. The paper is well written.

5. The method of determining association was adequate.

6. The results are well presented and comprehensive.

7. Figure 1 is a standard PRISMA flow diagram.

Authors' response and action:

We thank the reviewer for his positive comments and feedback.

8. The discussion is brief relative to the results. There are differences which may need a bit more discussion. It does appear that hope is the sum of a large number of factors (age, stage of disease, socioeconomic, personality trait) how much each plays a role in overall hope is largely missing.

Authors' response and action:

We thank the reviewer for his feedback. We have elaborated more on the associations between hope and awareness of diagnosis, and pain, in the discussion. Furthermore, we have also discussed the interplay of the different factors (p.24): "Overall the associations between hope and each of the factors highlighted above were supported by a majority of the studies that examined these factors. However, these associations exhibit small to moderate effect sizes, and conclusions within each individual study could be influenced by hidden confounders. Future studies should thus seek to examine the factors in a single study, or a meta-analysis could be conducted to examine the interplay of the different biopsychosocial factors in association with hope and hopelessness."

9. Obviously, the limitation of this study is population, heterogeneity, differences in ages across study, how hope was assessed and the fact that studies did not include all factors which could influence hope. Conclusions will be influenced by hidden confounders in each study, indirect associations rather than direct associations due to unmeasured relationships between factors.

Authors' response and action:

We thank the reviewer for his suggestion, and have included this as a limitation (p.23): "Another limitation of this study is the heterogeneity of the patient populations studied (in terms of age and cancer types), and heterogeneity in factors assessed and the instruments used to assess hope and hopelessness across the studies. Such heterogeneity prevented direct comparisons of the results across studies, limiting the conclusiveness of the review."