

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

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| TITLE (PROVISIONAL) | Media coverage of calls to rename low risk cancers: a content analysis |
| AUTHORS | Nickel, Brooke; Moynihan, Ray; Barratt, Alexandra; Brito, Juan; McCaffery, Kirsten |

VERSION 1 – REVIEW

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| REVIEWER | Dr Matthew G Wallis Cambridge Breast Unit Cambridge University Hospitals UK |
| REVIEW RETURNED | 18-Mar-2020 |

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| GENERAL COMMENTS | <p>An interesting study reviewing media coverage of a paper discussing the pro and cons of relabelling low risk 'cancer' Introduction: this is a philosophical point but as this is about labels and patient /public perception should we be using 'surveillance'. Anecdotally the term 'monitoring' was preferred by PPI and focus groups in the LORIS study. It was more understandable/approachable and apparently, at least in the UK, does not have the connotations of 'surveillance' which is seen to be Big Brother government, security /street and speeding cameras.</p> <p>Discussion. It is interesting that retrospective access to radio and TV media is so difficult. Do the authors have any suggestions as how this could be remedied in the future.</p> |
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| REVIEWER | Jonathan Epstein Johns Hopkins Medicine, USA |
| REVIEW RETURNED | 25-May-2020 |

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| GENERAL COMMENTS | <p>My major concern is that the review of the press articles is flawed. I had recalled reading articles on this topic in the New York Times and did a simple Google search of "cancer renaming New York times" and came up with the 2 articles that are not cited in this work.</p> <p>https://www.nytimes.com/2016/04/15/health/thyroid-tumor-cancer-reclassification.html</p> <p>https://www.nytimes.com/2011/11/22/health/cancer-by-any-other-name-would-not-be-as-terrifying.html</p> <p>If I could do so this easily, how many more articles out there that have not been cited? A broader google search of "cancer renaming" produces 741,000 results that could be refined but</p> |
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| | would include many more articles to be included. There is a bias if over 1/2 of the articles are from Australia and New Zealand given that these countries and their press occupy a much smaller percentage of the world-wide press coverage. |
| REVIEWER | Sundar, S Nottingham University Hospital NHS Trust, Nottingham, United Kingdom |
| REVIEW RETURNED | 26-May-2020 |
| GENERAL COMMENTS | <p>INTRODUCTION: Clinical problem- well defined. Over diagnosis is a very important topic. The authors have succinctly provided the back ground to the problem.</p> <p>As international news segments of TV and newspapers are increasingly sacrificed in favour of domestic issues, News on Health issues remains one of the few topics that regularly transcend national borders.</p> <p>Words do matter. Words used by popular press, politicians and influencers do matter a lot.</p> <p>Like a busy clinician glancing an abstract of a scientific paper, quite often people do not dwell deep into contents of a newspaper article beyond the headlines. Quite often, editors of mass media have the final say on the headlines and attention grabbing headlines are understandably preferred by editors from a business perspective. So analysing the media and publics' response to their article, particularly the discordance between headlines and contents, is a worthy effort.</p> <p>METHODS: Well described.</p> <p>RESULTS: Well presented. Selection of comments well balanced. Agree with the Authors that the concept of Over-diagnosis is a highly emotive issue; Over-diagnosis is difficult to explain in pithy headlines and at times it's even difficult to explain to some health professionals.</p> <p>STRENGTHS AND LIMITATIONS OF THIS STUDY: Well summarised.</p> <p>REFERENCES: Appropriate.</p> |

VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

An interesting study reviewing media coverage of a paper discussing the pro and cons of relabelling low risk 'cancer'.

Thank you.

Introduction: this is a philosophical point but as this is about labels and patient /public perception should we be using 'surveillance'. Anecdotally the term 'monitoring' was preferred by PPI and focus groups in the LORIS study. It was more understandable/approachable and apparently, at least in the UK, does not have the connotations of 'surveillance' which is seen to be Big Brother government, security /street and speeding cameras.

We agree that the term active 'monitoring' is a more approachable term, seems to be preferred by patients and the public, and is being used more frequently in the literature in recent years. We have now revised the manuscript to replace the word 'surveillance' with 'monitoring' where appropriate. Thank you for this suggestion.

Discussion. It is interesting that retrospective access to radio and TV media is so difficult. Do the authors have any suggestions as how this could be remedied in the future.

Unfortunately, we do not have any suggestions on how to improve retrospective access to radio and TV media. We searched a number of sources to try to access these transcripts and even contacted the Broadcasters however, after a period of time these records and transcripts are removed or destroyed. We are aware of platforms (e.g. VV Impact Tracker or WebSatchel) to save and store URLs and webpages so they cannot be broken or destroyed, however this would need to be done prospectively.

We have added a sentence into the Discussion to suggest prospectively saving media so that this problem does not occur for others: "Retrospective access to such media is difficult, however saving media prospectively using platforms which store URLs and webpages so that they cannot be broken or destroyed (e.g. VV Impact Tracker or WebSatchel) may help avoid this issue in the future." Pg. 11.

Reviewer: 2

My major concern is that the review of the press articles is flawed. I had recalled reading articles on this topic in the New York Times and did a simple Google search of "cancer renaming New York times" and came up with the 2 articles that are not cited in this work.

https://protect-au.mimecast.com/s/4V_TCjZ1N7ikWVZwuRPYv8?domain=nytimes.com

<https://protect-au.mimecast.com/s/1hL7Ck81N9tZxPoRUQvqLs?domain=nytimes.com>

If I could do so this easily, how many more articles out there that have not been cited? A broader google search of "cancer renaming" produces 741,000 results that could be refined but would include many more articles to be included. There is a bias if over 1/2 of the articles are from Australia and

New Zealand given that these countries and their press occupy a much smaller percentage of the world-wide press coverage.

As stated throughout the paper, our aim was to analyse media coverage in relation to a specific Analysis article published in The BMJ in 2018 on the topic of renaming low risk cancers which prompted considerable media coverage. As such, the analysis presented in this paper is based on media published after August 2018 that was specifically discussing The BMJ Analysis article. The aims and search strategy, which are given in the Introduction and Methods section, describes this in detail.

We have however tried to make this even clearer for readers in the Abstract and Methods section of the paper:

“Media was identified by Isentia Media Portal, searched in Google News, and crosschecked in Factiva and Proquest databases from August 2018.” Pg. 2.

“Media on similar topics^{23,24} that were not directly related to The BMJ Analysis article were excluded. An academic librarian with expertise in systematic search design assisted with developing a search strategy to specifically capture media relating only to the Analysis article which used explicit keywords such as cancer, low-risk, overtreatment, anxiety, rename, The BMJ, Nickel, McCaffery, Moynihan, The University of Sydney.” Pg. 5.

Finally, we have included a sentence in the Limitations about the Australia and New Zealand dominated media coverage included in our analysis : “The majority of the media was from Australia and New Zealand, which occupies a small proportion of the worldwide coverage. Furthermore, comments that were analysed only came from a very small proportion of the total reader/viewership. While these comments add value to the analysis and give an insight into aspects of public understanding and acceptability of these topics, it cannot be seen in any way to be representative of the public’s overall response.” Pg. 11.

Reviewer 3:

INTRODUCTION: Clinical problem- well defined. Over diagnosis is a very important topic. The authors have succinctly provided the back ground to the problem.

As international news segments of TV and newspapers are increasingly sacrificed in favour of domestic issues, News on Health issues remains one of the few topics that regularly transcend national borders.

Words do matter. Words used by popular press, politicians and influencers do matter a lot.

Like a busy clinician glancing an abstract of a scientific paper, quite often people do not dwell deep into contents of a newspaper article beyond the headlines. Quite often, editors of mass media have the final say on the headlines and attention grabbing headlines are understandably preferred by editors from a business perspective. So analysing the media and publics' response to their article, particularly the discordance between headlines and contents, is a worthy effort.

METHODS: Well described.

RESULTS: Well presented. Selection of comments well balanced. Agree with the Authors that the concept of Over-diagnosis is a highly emotive issue; Over-diagnosis is difficult to explain in pithy headlines and at times it's even difficult to explain to some health professionals.

STRENGTHS AND LIMITATIONS OF THIS STUDY: Well summarised.

REFERENCES: Appropriate.

Thank you for reviewing and commenting on our paper.

VERSION 2 – REVIEW

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| REVIEWER | Matthew Wallis Cambridge Breast Unit Cambridge University Hospitals UK |
| REVIEW RETURNED | 09-Jun-2020 |
| GENERAL COMMENTS | Thank you for your changes |