

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 Impact of Social Determinants of Health on Cancer Care: A Survey of Community Oncologists
AUTHORS	Zettler, Marjorie; Feinberg, Bruce; Jeune-Smith, Yolaine; Gajra, Ajeet

VERSION 1 – REVIEW

REVIEWER	Karla Lindquist University of California San Francisco
REVIEW RETURNED	16-Mar-2021

GENERAL COMMENTS	<p>This study reports findings from an assessment of physician's awareness and opinions of how social determinants of health (SDOH) impact their cancer patient's outcomes. The clinicians surveyed were practicing in a large network of community and hospital-based oncology clinics across the United States in 2020. Multiple aspects of SDOH were considered, not limiting only to financial security but also food and housing security, social isolation and transportation access, health literacy, and other factors. While most physicians agreed that these factors impact their patients' health outcomes, many also reported being constrained in the amount of time and resources that they could spend in assisting patients with social needs. While more in-depth analyses may have highlighted some more interesting patterns in this study, overall it makes a strong case for prioritizing more SDOH research and addressing some of the social issues that impact patient care and health.</p> <p>The authors report that 165 clinicians were invited to participate and responded to the survey. Given that there are over 7000 clinicians in the network, it would be good to describe how the 165 were selected (e.g. was this a random or stratified random sample?). How many clinics did they represent?</p> <p>Although the sample size is modest, more statistical analyses could be performed to estimate variability and compare responses by more of the clinician characteristics. So in addition to whether they are part of an Oncology Care Model (OCM) practice, it would be interesting to know if responses differ by clinician specialty, years of experience, patient and clinic volume, etc. It would also be interesting to know if OCM practice is an independent predictor of responses after adjusting for some of these other factors.</p> <p>The statistical test used to compare OCM versus non-OCM should be stated in the Methods. It is not clear if the p-values are corrected for the multiple comparisons (in my opinion they should be, but either way this should be stated). In addition, not enough information about the sampling approach is available to determine if survey</p>
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	<p>weights or clustering by clinic would have impacted the statistical comparisons.</p> <p>There are a lot of bar charts. The ones showing the Likert scale responses (Figures 1a and 2) are not adding much value as figures - perhaps these could go into tables instead. A table of descriptive statistics including clinician characteristics would also be easier to read than having all of the percentages listed in the text.</p>
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REVIEWER	Deborah K. Mayer Univ N Carolina, Lineberger Cancer Center
REVIEW RETURNED	26-May-2021

GENERAL COMMENTS	<p>This was a well written and interesting paper addressing medical oncologists perceptions of the impact of SDOH on patients. There are a few items that, once addressed, will make this a clearer stronger paper.</p> <ol style="list-style-type: none"> 1. Participants: were only physicians recruited (not APPs)? Should be clear these were medical oncologists/hematologists. Would like more descriptive information about their practices besides geography. 2. Abstract should be clear that it was the physicians AND STAFF that had limited time to spend assisting patients. 3. Results: so 100% of invited physicians participated? How were they identified and selected? 4. Limitations: Does not include radiation or surgical oncologists. 5. Add demographics table for participants 6. Given the findings that government, hospitals/cancer centers, advocacy groups should help address SDOH, I didn't see specific recommendations about how to address that. Certainly, working with professional organizations like ASCO, ONS, AOSW, ASTRO, etc. might be able to collaborate legislatively to address this.
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VERSION 1 – AUTHOR RESPONSE

Reviewers' Comments

Reviewer: 1
Dr. Karla Lindquist, University of California San Francisco

Comments to the Author:
Very nice paper. See the attached file for my minor concerns about the sampling and statistical methods which should be addressable.

This study reports findings from an assessment of physician's awareness and opinions of how social determinants of health (SDOH) impact their cancer patient's outcomes. The clinicians surveyed were practicing in a large network of community and hospital-based oncology clinics across the United States in 2020. Multiple aspects of SDOH were considered, not limiting only to financial security but also food and housing security, social isolation and transportation access, health literacy, and other factors. While most physicians agreed that these factors impact their patients' health outcomes, many also reported being constrained in the amount of time and resources that they could spend in assisting patients with social needs. While more in-depth analyses may have highlighted some more interesting patterns in this study, overall it makes a

strong case for prioritizing more SDOH research and addressing some of the social issues that impact patient care and health.

The authors report that 165 clinicians were invited to participate and responded to the survey. Given that there are over 7000 clinicians in the network, it would be good to describe how the 165 were selected (e.g. was this a random or stratified random sample?). How many clinics did they represent?

Response:

Greater detail on the participants in the study and how they were identified has been added to the methods section. (p.6, lines 16-23, p.7 lines 1-3) All participants represented separate practices. Since participants were not specifically aware that they would be asked about their perceptions of SDOH, we would consider this a random sample.

Although the sample size is modest, more statistical analyses could be performed to estimate variability and compare responses by more of the clinician characteristics. So in addition to whether they are part of an Oncology Care Model (OCM) practice, it would be interesting to know if responses differ by clinician specialty, years of experience, patient and clinic volume, etc. It would also be interesting to know if OCM practice is an independent predictor of responses after adjusting for some of these other factors.

Response:

Thank you for this suggestion. While we agree it would be interesting to evaluate these other factors, it is beyond the scope of our investigation. We chose to look at OCM participation specifically because the OCM mandates that a documented care plan be created for each patient that includes estimating out-of-pocket costs and addressing health-related social needs; we hypothesized that practices participating in the OCM may therefore be more attuned to patients' SDOH burden.

The statistical test used to compare OCM versus non-OCM should be stated in the Methods. It is not clear if the p-values are corrected for the multiple comparisons (in my opinion they should be, but either way this should be stated). In addition, not enough information about the sampling approach is available to determine if survey weights or clustering by clinic would have impacted the statistical comparisons.

Response:

A chi-square test was performed for the comparison of responses from physicians in practices participating in the OCM vs. those not participating in the OCM, and no correction for multiple comparisons was made. This has been added to the methods. (p.7, lines 7-11) Because each participant represents a separate practice, there was no need to assess clustering.

There are a lot of bar charts. The ones showing the Likert scale responses (Figures 1a and 2) are not adding much value as figures - perhaps these could go into tables instead. A table of descriptive statistics including clinician characteristics would also be easier to read than having all of the percentages listed in the text.

Response:

Figures 1a and 2 have been converted to tables (Tables 2 and 3), and a table was created to summarize the characteristics of the participants (Table 1).

Reviewer: 2

Dr. Deborah K. Mayer, Univ N Carolina

Comments to the Author:

This was a well written and interesting paper addressing medical oncologists perceptions of the impact of SDOH on patients. There are a few items that, once addressed, will make this a clearer stronger paper.

1. Participants: were only physicians recruited (not APPs)? Should be clear these were medical oncologists/hematologists. Would like more descriptive information about their practices besides geography.

Response:

Greater detail on the participants in the study has been added to the methods section. (p.6, lines 16-23, p.7 lines 1-3)

2. Abstract should be clear that it was the physicians AND STAFF that had limited time to spend assisting patients.

Response:

Thank you for pointing out this oversight. The text has been changed to reflect it was both physicians and staff in the abstract (p.2, line 18) and in the body of the manuscript. (p.9, line 23)

3. Results: so 100% of invited physicians participated? How were they identified and selected?

Response:

Greater detail on the identification of physicians for participation in the study has been added to the methods section. (p.6, lines 16-23, p.7 lines 1-3) All physicians who were invited and agreed to take part in the live meeting completed a pre-meeting survey.

4. Limitations: Does not include radiation or surgical oncologists.

Response:

This limitation has been added (p.13, lines 20-21)

5. Add demographics table for participants

Response:

This table has been added (Table 1.)

6. Given the findings that government, hospitals/cancer centers, advocacy groups should help address SDOH, I didn't see specific recommendations about how to address that. Certainly, working with professional organizations like ASCO, ONS, AOSW, ASTRO, etc. might be able to collaborate legislatively to address this.

Response:

Thank you for this suggestion. The following text (in italics) has been added to the conclusion: "The incorporation of patient navigators into the care team for some oncology practices has shown that interventions targeting patients' social needs can be effective, *but larger scale interventions at the community and national level will ultimately be needed to effect meaningful change. Collaborative action by professional organizations such as the American Society of Clinical Oncology, the Oncology Nursing Association and the Association of Oncology Social Work may be one avenue to drive this change.*" (p.14, lines 14-17)

VERSION 2 – REVIEW

REVIEWER	Karla Lindquist University of California San Francisco
REVIEW RETURNED	24-Aug-2021
GENERAL COMMENTS	I am satisfied with your responses to my concerns and with the edits made to the manuscript. Thank you and nice work!