

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Factors shaping the implementation and use of Clinical Cancer Decision Tools by GPs in primary care: a qualitative framework synthesis.
AUTHORS	Bradley, Paula; Hall, Nicola; Maniatopoulos, Gregory; Neal, Richard; Paleri, Vinidh; Wilkes, Scott

VERSION 1 – REVIEW

REVIEWER	Isabelle AUBIN-AUGER Université de Paris France
REVIEW RETURNED	11-Sep-2020

GENERAL COMMENTS	<p>Thank you for giving me the opportunity to review this article Diagnose cancer at early stage is a very important aim and the use of CCDTs probably helpful</p> <p>I have some remarks and questions :</p> <ul style="list-style-type: none"> - what countries did you identify such "developped countries with similar services" - could you give a description of the 107 participants (mentioned in the abstract but not in the text ?) : gender and age ? because it could probably influence their answers - why did you include the 7 PCL which seems very different of the other CCDTs and very specific of melanoma ? - discussion : you mention gut instinct with experience based in brackets gut instinct or gut feeling is not only experienced based but also based on a good knowledge of the patient you gave a good description of the main obstacles : integration in IT systems and collaboration with secondary care How theses tools are spread among cancer specialists? Lack of time is an obstacle described in many qualitative studies and probably not very specific
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REVIEWER	Dr Nicole Rankin University of Sydney, Australia
REVIEW RETURNED	19-Nov-2020

GENERAL COMMENTS	<p>Thank you for the opportunity to review this manuscript which presents a qualitative analysis of studies about clinical cancer decision tools that are used by GPs. The strength of this manuscript is found in the interpretation of the results and extracting useful messages from the included studies. However, the manuscript is poorly presented throughout and this significant detracts from reading the manuscript to get to the heart of the</p>
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	<p>analysis. The grammar throughout is quite poor, and this makes it difficult to review the manuscript with confidence that the authors are clear about the messages that they wish to convey. I find in reviewing any manuscript that it is more helpful to give constructive suggestions for improvements, so may I take this opportunity to encourage the first author (noting her PhD candidature) to take time and greater care to edit the manuscript before submitting to a peer reviewed journal. Some pointers to help you here are below:</p> <ul style="list-style-type: none"> • The first sentence of the abstract does not make sense. Please rewrite it as two separate sentences. • The rationale (or introductory) paragraph contains no references at all. In order to be acceptable for peer review, it is absolutely essential that the author demonstrates an understanding of the literature by citing the key articles in the subject matter area. • The method section does not contain a structure with sub-headings to signal the stages of development of the synthesis. The 'protocol' (see page 5 lines 54 and 57) is referred to without a citation, which left me wondering whether it had been published or not. I recommend that the author look at similar articles published in the literature to become more familiar with the conventions of synthesis reviews and adopt such conventions. • The results section starts well using the PRISMA figure and a description of how the search results were reached. However, Tables 3 and 4 appear to present overlapping data and it was not clear why Table 3 (poorly labelled as 'summary of data') and Table 4 (labelled as 'Description of CCDTs') were not combined. Please clarify the difference between a summary and a description. I suggest you include some sentences to explain to the reader why you've presented the data in this format rather than the convention styles of most narrative reviews. Furthermore, the column headings need to be clarified so that the reader can interpret the difference between what was extracted from each study vs. what is interpretation of the studies by the authors. There are inconsistencies in the author descriptions (e.g. Hamilton (15) in table 3 is Hamilton et al. in table 4). Similarly, sometimes in the manuscript the CCDTs are called tools, sometimes called 'interventions'. May I encourage you to adopt a simple nomenclature to make interpretation easy. Table 5 heading 'Quotes' is not sufficiently descriptive; please describe where the quotes come from etc. • The results are well constructed, the narrative is reasonably well written and the themes are well conceived. Great work, and indicates that the manuscript has potential to be published after significant improvements. • The discussion needs improvements. The first sentence is "This is the first study to synthesise the qualitative literature in this area" – and while that might be the case, you still need to give a scientific justification and explain why in order to engage the reader. May I suggest a structure for the discussion that you first emphasize / synthesize main findings, then draw any new conclusions. Then place the findings into the context of what is already known in this area. Next discuss the strengths and weaknesses, followed by the implications for future studies, clinical application, education or policy. There is lots of content in the discussion of relevance to these headings, but it is poorly organised and at times, difficult to follow. <p>With some further development, the manuscript has potential and will make a worthy contribution to the literature. However, it is not</p>
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	possible to get to the science of the article until it is better presented. I encourage you to take the time to work on it further.
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VERSION 1 – AUTHOR RESPONSE

Reviewer 1	
what countries did you identify such "developped countries with similar services	Thank you for this point we have now now clarified what we meant by this in the PICO table – the intention was to explore data from systems where like the UK there is a “gatekeeper” to specialist health services
could you give a description of the 107 participants (mentioned in the abstract but not in the text ?) : gender and age ? because it could probably influence their answers	We agree with this point and have added this information into a table of study characteristics which gives details as far as possible, from the papers, of the participants including their age and gender as well as the setting details.
why did you include the 7 PCL which seems very different of the other CCDTs and very specific of melanoma ?	We have now clarified in the text the rationale for inclusion of the 7PCL as a CCDT although a more rudimentary checklist the intention is that it is integrated into an electronic clinical system and used as a decision aid for primary care practitioners when assessing pigmented skin lesions.
you mention gut instinct with experience baed in brackets gut instinct or gut feeling is not only experienced based but also based on a good knowledge of the patient	We have expanded upon this in the discussion and have put in a recent publication on this topic published on the topic of gut instinct and suspected cancer referrals in primary care since submission of this paper which we hope demonstrates the importance of this aspect of GPs clinical practice. https://bjgp.org/content/70/698/e612
Reviewer 2	
The first sentence of the abstract does not make sense. Please rewrite it as two separate sentences.	Thank you for pointing this out we have rewritten this.

<p>The rationale (or introductory) paragraph contains no references at all. In order to be acceptable for peer review, it is absolutely essential that the author demonstrates an understanding of the literature by citing the key articles in the subject matter area.</p>	<p>We have added references to this section which hopefully further justifies the study.</p>
<p>The method section does not contain a structure with sub-headings to signal the stages of development of the synthesis. The 'protocol' (see page 5 lines 54 and 57) is referred to without a citation, which left me wondering whether it had been published or not. I recommend that the author look at similar articles published in the literature to become more familiar with the conventions of synthesis reviews and adopt such conventions.</p>	<p>We have used the ENTREQ recommendations to rewrite this method section. We have included subheadings as suggested.</p> <p>We have included the weblink to the PROSPERO protocol https://www.crd.york.ac.uk/prospero/display_record.php?RecordID=90717</p>
<p>However, Tables 3 and 4 appear to present overlapping data and it was not clear why Table 3 (poorly labelled as 'summary of data') and Table 4 (labelled as 'Description of CCDTs') were not combined. Please clarify the difference</p>	<p>We agree with this and have restructured the table and labelled it characteristics of the studies more in keeping with conventional tables.</p> <p>We have amended the table describing the CCDTs and addressed the reference inconsistencies.</p>

<p>between a summary and a description. I suggest you include some sentences to explain to the reader why you've presented the data in this format rather than the convention styles of most narrative reviews. Furthermore, the column headings need to be clarified so that the reader can interpret the difference between what was extracted from each study vs. what is interpretation of the studies by the authors. There are inconsistencies in the author descriptions (e.g. Hamilton (15) in table 3 is Hamilton et al. in table 4).</p>	
<p>Similarly, sometimes in the manuscript the CCDTs are called tools, sometimes called 'interventions'. May I encourage you to adopt a simple nomenclature to make interpretation easy.</p>	<p>We have now amended the inconsistent nomenclature to improve clarity, table 2 refers to "intervention" as per NPT but the questions for each domain we refer to the intervention as CCDT.</p>
<p>Table 5 heading 'Quotes' is not sufficiently descriptive; please describe where the quotes come from etc.</p>	<p>We have added further descriptions of the source of the quotes and the CCDT they refer to where available.</p>
<p>The discussion needs improvements. The first sentence is "This is the first study to synthesise the</p>	<p>We have reflected on these comments and reorganised the discussion in line with the suggestions, which we hope organises the content into a more logical and readable version.</p>

<p>qualitative literature in this area” – and while that might be the case, you still need to give a scientific justification and explain why in order to engage the reader. May I suggest a structure for the discussion that you first emphasize / synthesize main findings, then draw any new conclusions. Then place the findings into the context of what is already known in this area. Next discuss the strengths and weaknesses, followed by the implications for future studies, clinical application, education or policy. There is lots of content in the discussion of relevance to these headings, but it is poorly organised and at times, difficult to follow.</p>	
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VERSION 2 – REVIEW

REVIEWER	Nicole Rankin The University of Sydney
REVIEW RETURNED	28-Jan-2021
GENERAL COMMENTS	<p>Thank you for this revised manuscript, which is significantly improved in response to the reviewer’s feedback. The majority of changes have been addressed in the table of responses and the revised text. The exception is an analysis of the strengths and limitations in the discussion section, rather than as a series of dot points in the opening section. The purpose of the critical appraisal is also not discussed and both reviewers had raised this point. Some final polishing of typographical errors, placements of table headings, placement of subheadings can be corrected during the proofing process.</p>

	Well done. This manuscript will make a useful contribution to the literature in the area.
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