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)	Smartphone Standoff: A qualitative study exploring clinician responses when a patient uses a smartphone to record a hospital clinical encounter.
AUTHORS	Ryan, Laura; Weir, Kelly; Maskell, Jessica; Le Brocque, Robyne

VERSION 1 – REVIEW

REVIEWER	Amelia Hyatt Peter MacCallum Cancer Centre, Medical Oncology
REVIEW RETURNED	23-Nov-2021

GENERAL COMMENTS	The authors are to be commended for an interesting study, and well-written paper. However, what is lacking is a more comprehensive review of the literature in this area. Discussion of study findings in the context of this literature is recommended. Likewise more detail in some sections of the results would strengthen the paper. Nevertheless, this study has novel findings which are relevant and useful for implementation and use of consultation recording technologies in clinical healthcare settings, particularly with regard to decision-making, hospital policies, and power imbalances. General/Introduction I suggest the authors look more broadly at the research available in this area. There are a number of papers regarding smartphone consultation recording which are not included or mentioned. There are two papers in the Australia context alone which would be particularly useful for the authors to review as relevant to their project design and findings (e.g. include allied healthcare professional participants, discuss sharing recordings, clinician concerns, medico legal issues, consent, covert recordings): • Hyatt A, Lipson-Smith R, Morkunas B, Krishnasamy M, Jefford M, Baxter K, Gough K, Murphy D, Drosdowsky A, Phipps-Nelson J, White F, White A, Serong L, McDonald G, Milne D. Testing Consultation Recordings in a Clinical Setting With the SecondEars Smartphone App: Mixed Methods Implementation Study JMIR Mhealth Uhealth 2020;8(1):e15593 doi: 10.2196/15593 • Prictor M, Johnston C, Hyatt A. Overt and covert recordings of health care consultations in Australia: some legal considerations. Med J Aust. 2020 Nov 2;10. I recommend that adjustment to the following statements is made e.g. line 33 page 5: As yet, no research has explored the perspectives of allied health professionals or experiences within a multi-clinician setting, and Line 15 page 19: This is the first study to explore the clinician perspective and behaviours when a patient records a clinical encounter from a broad range of clinical disciplines and clinical

areas in a tertiary hospital setting, providing greater insight into the hospital clinician position.
Please adjust to reflect that some research has been published in this area.

Methods
Please clarify what is meant by statement line 15 page 6 regarding selection of qualitative interviewing as a methodology: Participants (n=20) were recruited from the Gold Coast Hospital and Health Service and interviewed to ensure proximity to data saturation and for feasibility. Generally research methods are selected as the best tool to answer the research question at hand. Data saturation is not always a goal of qualitative research, and it is unclear what 'feasibility' means in this context. Further, it is not mentioned in this paper whether data saturation was sought or achieved.
Suggest remove "and interviewed to ensure proximity to data saturation and for feasibility", and instead move paragraph starting line 17 on page 7 "semi-structured interviews are ideal" up to this section, as this is an well-worded rational for employment of this research methodology; or clarify what is meant in the original sentence.

Demographic characteristics: information about the type of, and how demographic characteristic data are collected and analysed are missing from the methods section. Likewise it is not clear how data regarding exposure to patient recording was collected. Please clarify.

Similarly more information regarding the qualitative interview schedule is needed: e.g. how many items or what topics did the interview cover? You could also include the interview schedule.

Results

Theme one: benefits are mentioned but not described? Ditto improvements. More detail regarding participant views would be helpful to support these statements.

Theme four: detail is needed for understanding. Suggest expand on many of the statements provided such as (statements and areas to expand on outlined below):

• Reservations to the latter were linked to self-doubt and potential volatility in patient behaviour. How so?
• Some participants highlighted patient risk factors as driving the consent process and provided examples of where recording might threaten patient safety (eg, during difficult patient transfers). Why or how might a recording threaten patient safety in this context?
• Some participants felt skills they acquired during their careers empowered them to refuse recordings. What kinds of skills were mentioned if any?
• Some decision-making was influenced by the potential suitability and feasibility of using alternative modes of communication (eg, written notes). Do you mean recordings were not used if notes were available? Please clarify

Additional quotes may also be assistance with providing more context and detail.

	Discussion As mentioned above with regard to the introduction, this paper, in particular the discussion, would benefit from a more comprehensive review of the literature in places.

REVIEWER	Maria Dahm Macquarie University Faculty of Medicine and Health Sciences, Centre for Health Systems and Safety Research, Australian Institute of Health Innovation
REVIEW RETURNED	01-Feb-2022

GENERAL COMMENTS	Thank you for the opportunity to review this manuscript on a very important yet under-researched aspect of clinical interactions. TITLE/ABSTRACT The title is a bit misleading it seems it's about decision making in the clinical encunter when it is actually is about making the decision about letting the patient record or not. Re phrasing the title might help overcome this potential misunderstanding and an earlier explanation delineating decision making about recording from clinical reasoning would work well (this happens later in the manuscript but could aid the reader if placed earlier). More details needed about the type of hospital in the abstract methods section, e.g. how many beds? Is it a teaching hospital? Location (metro vs rural), Public vs private, main services offered ? INTRODUCTION Could you clarify the aim at the end of the introduction, currently stating "to develop mechanisms to protect patients, their treating teams, and the healthcare organisations in which their clinicians work" It is unclear what is protected, or what the various groups are protected from (e.g. breach of confidentialty/privacy?, protection from/of ?? during recorded encounters and beyond?) METHODS Please provide a reference for your methodological approach "explorative study centred within a social constructivist paradigm" "The guide was piloted prior to use" who was involved in piloting of the interview questions, what was the outcome (No changes? Or if there were changes to the guide what were they?) The interview schedule should also be provided as supplemental material. Please include a statement about ethical approval in this section as well as outline how participants provided consents (written/verbal). RESULTS In line with Braun and Clark I would caution the authors to quantify their results too much , e.g. referring to 80% of participants.

	In reporting the results, especially the quotes,it would be great to see what background the quoted clinicians had (or at least whether they were in clinical or leadership roles and also their level of experience). There are some references to particular groups (e.g. Rehabilitation clinicians), but at other time all participants are portrayed as a homogenous group, I would suggest adding some clear pointers to say no differences were found among different clinical specialties . Theme 4, re skills, interesting to hear that clinicians talked about developing skills to refuse, where skills also used to 'allow' / 'navigate' recorded interactions? Also theme 4, re long standing relationships make recording easier, how likely are such relationships in a hospital context? This would be a good point for discussion also in relation to study on patient recordings in general practice. DISCUSSION There seems to me a distinct lack of some of the research in the area especially in comparing the findings from non-hospital setting (e.g. primary care) especially with regards to doctor patient relationships and trust. I think discussion of how relationships with patients and also with colleagues in multiparty encounters differs from hospital to GP settings would add to the paper. Some additional literature for consideration https://doi.org/10.1177/1755738020907358 https://doi.org/10.1136/bmj.g2078 https://doi.org/10.1136/bmj.g7645 The idea of communication skills to 'refuse' and implication for practice and professional development could also be further discussed in this section. OTHER: Several sentences need to rephrased e.g.. " explore clinician experiences and behaviours ?IN RELATION? to patients and their families(including carers and friends) recording clinical encounters." "Similarly, to the study by Okyedokun et al. (1), WHERE 80% (n= 139) of clinicians studied had experienced patients recording, OUR RESULTS suggest that patient recording is prevalent"

VERSION 1 – AUTHOR RESPONSE

Reviewer 1: Ms. Amelia Hyatt, Peter MacCallum Cancer Centre	
1	**Reviewer feedback: General/Introduction**
1.1	***Feedback:*** *I suggest the authors look more broadly at the research available in this area. There are a number of papers regarding smartphone consultation recording which are not included or mentioned. There are two papers in the Australia context alone which would be particularly useful for the authors to review as relevant to their project design and findings (e.g. include allied healthcare professional participants, discuss sharing recordings, clinician concerns, medico legal issues, consent, covert recordings):* • *Hyatt A, Lipson-Smith R, Morkunas B, Krishnasamy M, Jefford M, Baxter K, Gough K, Murphy D, Drosdowsky A, Phipps-Nelson J, White F, White A, Serong L, McDonald G, Milne D. Testing Consultation Recordings in a Clinical Setting With the SecondEars Smartphone App: Mixed Methods Implementation Study JMIR Mhealth Uhealth 2020;8(1):e15593 doi: 10.2196/15593* • *Prictor M, Johnston C, Hyatt A. Overt and covert recordings of health care consultations in Australia: some legal considerations. Med J Aust. 2020 Nov 2;10.*
1.1	**Response:** Recommendation accepted with thanks. Multiple references to Prictor M, Johnston C, Hyatt A. Overt and covert recordings of health care consultations in Australia: some legal considerations. Med J Aust. 2020 Nov 2;10. Please refer to line 84, and throughout. Use of the term 'patient-led recording' Please refer to line 91-95 page 5. Referenced to support explanation of legal status of recordings in Australia. Please refer to line 108-109 page 6. Use of the term 'clinician- led recording' Multiple references to Hyatt A, Lipson-Smith R, Morkunas B, Krishnasamy M, Jefford M, Baxter K, Gough K, Murphy D, Drosdowsky A, Phipps-Nelson J, White F, White A, Serong L, McDonald G, Milne D. Testing Consultation Recordings in a Clinical Setting With the SecondEars Smartphone App: Mixed Methods Implementation Study JMIR Mhealth Uhealth 2020;8(1):e15593 doi: 10.2196/15593 Please refer to lines 124 - 129 pages 6-7. 'One recent study explored multi-disciplinary perspectives to service-led recordings using a smartphone app to record oncology consultations (the SecondEars App). (21) The study found clinicians were supportive of the app, particularly in its potential to mitigate medico-legal concerns. (21) However, it is unclear how tools such this will be received in different contexts, since the hospital clinician perspective to patient-led recordings is poorly understood.' Refer to line 460-469 page 20. 'Some studies have identified strategies to overcome clinician barriers to service-led recordings. (21, 30) However, it is unclear whether the same strategies can be applied to patient-led recordings. For example, tools such as the SecondEars Smartphone App may address clinician hesitancy in certain contexts. Early findings show the SecondEars App may mitigate some clinician concerns (such as medical legal). (21) However, to what extent the SecondEars App is able to overcome the decision making factors found in our study remains uncertain. Further research is needed to identify strategies to overcome barriers to patient-led recordings. '

1.2	***Feedback:*** *I recommend that adjustment to the following statements is made e.g. line 33 page 5: As yet, no research has explored the perspectives of allied health professionals or experiences within a multi-clinician setting:*
1.2	**Response:** Recommendation actioned with thanks. Please refer to line 122 page 6. Inclusion of the term patient-led recordings 'As yet, no research has explored the perspectives of allied health professionals or experiences within a multi-clinician setting to patient-led recordings.'
1.3	***Feedback:*** *Line 15 page 19: This is the first study to explore the clinician perspective and behaviours when a patient records a clinical encounter from a broad range of clinical disciplines and clinical areas in a tertiary hospital setting, providing greater insight into the hospital clinician position.*
1.3	**Response:** Recommendation actioned with thanks. Please refer to line 539- 540 page 23. Inclusion of the term patient-led recordings. 'This is the first study to explore the clinician perspective and behaviours to patient-led recordings from a broad range of clinical disciplines and clinical areas in a tertiary hospital setting, providing greater insight into the hospital clinician position'
2	**Reviewer feedback: Methods**
2.1	***Feedback:*** *Please clarify what is meant by statement line 15 page 6 regarding selection of qualitative interviewing as a methodology: Participants (n=20) were recruited from the Gold Coast Hospital and Health Service and interviewed to ensure proximity to data saturation and for feasibility. Generally, research methods are selected as the best tool to answer the research question at hand. Data saturation is not always a goal of qualitative research, and it is unclear what 'feasibility' means in this context. Further, it is not mentioned in this paper whether data saturation was sought or achieved.* *Suggest remove "and interviewed to ensure proximity to data saturation and for feasibility", and instead move paragraph starting line 17 on page 7 "semi-structured interviews are ideal" up to this section, as this is a well-worded rational for employment of this research methodology; or clarify what is meant in the original sentence.*
2.1	**Response:** Recommendation actioned as above with thanks. Please refer to line 152 page 8: Sentence removed and "semi-structured interviews are ideal" moved as recommended above.

2.2	***Feedback:*** *Demographic characteristics: information about the type of, and how demographic characteristic data are collected and analysed are missing from the methods section.*
2.2	**Response:** Recommendation actioned with thanks. Please refer to line 167-168 page 8. 'Participants were invited to describe their current job position, and professional background including years of experience (see Table 1).'
2.3	***Feedback:*** *Likewise, it is not clear how data regarding exposure to patient recording was collected. Please clarify.*
2.3	**Response:** Recommendation actioned with thanks. Please refer to line 202-203 page 9 'Information regarding participant background characteristics and experience of patient-led recordings were obtained during the interview and reported in Table 1.'
2.4	***Feedback:*** *Similarly, more information regarding the qualitative interview schedule is needed: e.g. how many items or what topics did the interview cover? You could also include the interview schedule.*
2.4	**Response:** Recommendation actioned with thanks. Items and topics are briefly outlined lines 165-166 page 8. A copy of the interview/discussion guide is included as a supplementary file copy of the interview/discussion guide.
3	**Reviewer feedback: Results**
3.1	***Feedback:*** *Theme one: benefits are mentioned but not described? Ditto improvements. More detail regarding participant views would be helpful to support these statements.*
3.1	**Response:** Recommendation actioned with thanks. Please refer to line 227-253 page 11-12. 'Patient-led recordings were presented as a multi-faceted tool which could benefit patients in a variety of circumstances. Examples were given of recordings being used as visual aids to improve participation in therapy, utilized by patients in crisis to improve recall of important clinical discussions, and initiated to improve the communication of health issues and treatment to others within the patient's social network. Participants felt this both improved the patient's experience of the heath service and increased their understanding of health issues and clinician recommendations. This was linked with greater adherence to treatment plans and improved health outcomes.

	There was the perspective that patient-led recordings could improve the quality and efficiency services. For example, participants reflected on how recordings reduced the need to repeat information e.g., when a patient's family request an update or with patients who have poor memory of information already provided. Further, some viewed patient-led recordings as a means of ensuring that care was inclusive and equitable for people with different modes of learning and additional needs. Several risks and concerns were highlighted regarding patient-led recordings. Participants reported concerns about confidentiality of the patient's medical information being stored on their personal device (rather than the hospital system) and about the confidentiality risks to other patients, if accidently caught on the recording. There was also unease about the threat to clinician confidentiality. Fears were raised regarding the potential for patient-led recordings to be used against clinicians and the health service, via mainstream media, social media or through legal action. Some participants reflected on how patient-led recordings changed the relationship dynamic. They felt the act of recording formalised communication, which improved clarity, but hampered rapport building. This shift in communication and relationship dynamic had the potential to impede patient understanding and experience of the health service, as it centred clinical matters rather than a holistic approach.'
3.2	***Feedback:*** *Theme four: detail is needed for understanding. Suggest expand on many of the statements provided such as (statements and areas to expand on outlined below):* *a) Reservations to the latter were linked to self-doubt and potential volatility in patient behaviour. How so?* *b) Some participants highlighted patient risk factors as driving the consent process and provided examples of where recording might threaten patient safety (eg, during difficult patient transfers). Why or how might a recording threaten patient safety in this context?* *c) Some participants felt skills they acquired during their careers empowered them to refuse recordings. What kinds of skills were mentioned if any?* *d) Some decision-making was influenced by the potential suitability and feasibility of using alternative modes of communication (eg, written notes). Do you mean recordings were not used if notes were available? Please clarify* *Additional quotes may also be assistance with providing more context and detail.*
3.2	**Response:** Recommendation actioned with thanks. **a)** Please refer to line 335 -341 page 15. 'In the latter, participants were concerned about patients owning evidence of clinical mistakes or footage of their dissatisfaction with the health service.' **b)** Please refer to line 339-341 page 15 'Patient risk and safety considerations drove the consent process for some participants. For example, a recording might be refused if it were assessed as being distractive to a clinician during a procedure or activity.' **c)** Please refer to line 344-349 page 15. ' For example, some participants credited skills they had acquired during their careers with empowering them to refuse patient-led recordings, such as competencies in de-escalation techniques or abilities in navigating difficult conversations.' **d)** Please refer to line 343-344 page 15. 'For a few participants, recordings were the option of last resort, when other formats (such as written notes) were unsuitable'.
4	**Reviewer feedback: Discussion**
4.1	***Feedback:*** *As mentioned above with regard to the introduction, this paper, in particular the discussion,*

	would benefit from a more comprehensive review of the literature in places.
4.1	**Response** Recommendation actioned with thanks. General changes to discussion, supported by the literature referenced in original draft: Please refer to line 439-441 pages 19. 'However, our findings build on this knowledge, by suggesting that mixed perspectives also lead to inconsistent responses by clinicians when a patient initiates a recording'. Please refer to line 445-448 pages 19. 'These concerns have been identified in both research into service-led recordings (19) and discussion in the literature on patient-led recordings. (7) However, our research is the first to deeply explore these concerns and behaviours in relation to patient-led recordings.' Please refer to line 452-458 page 20. 'It would therefore appear multiple factors need to be satisfied and aligned for clinicians to consent to the recording. This is indicative of a culture of hesitancy to patient-led recordings. Participants explained that they utilized skills to support them to refuse recordings but made no mention of skills supporting implementation of recordings. Previous literature has discussed clinician hesitancy in relation to patient-led recordings. (2, 4, 6, 7, 22, 29). Our findings show that clinician hesitancy persists and impedes integration of this potentially beneficial tool into practice.' Please refer to line 494-497 page 21. 'Furthermore, our findings highlighted that, despite the risks to themselves and fear of losing control, some clinicians viewed recording as increasing accountability and saw the potential to improve patient care. Improved care has been associated with patient-led recordings in the literature, although not formally investigated. (2, 7)' Please refer to reference list and see additional literature included and referenced in introduction

and discussion (excluding literature in Reviewer 1's feedback (1.1):

- Osman R, Gunderman RB. When Patients Ask to Record Radiologic Procedures. J Am Coll Radiol. 2020;17(6):819-20.
- Elliott S, Kearsley R, Stacey K, Plaat F, Hamlyn L. Being filmed by patients: do we have a choice? Anaesthesia. 2020;75(12):1683-.

Please refer to line 83 page 5.

Clinicians are increasingly working under a critical public lens and the healthcare sector is exposed, resulting in an imperative to develop environments that meet patients' needs, whilst protecting the interests of clinicians and the health service.

- Pitkethly M, MacGillivray S, Ryan R. Recordings or summaries of consultations for people with cancer. Cochrane Database Syst Rev. 2008;2010(1):CD001539-CD.

Please refer to line 108 page 6

'Though there is a large scholarship on the benefits of service-led recordings, (18-20) (the recordings initiated by the clinician or health service (1)), there is limited research which has focused on the benefits of patient-led recordings.'

- Jimenez RB, Johnson AE, Horick NK, Hlubocky FJ, Lei Y, Matsen CB, et al. Do you mind if I record?: Perceptions and practice regarding patient requests to record clinic visits in oncology. Cancer. 2022;128:275-83.

Please refer to line 116 page 6,

Despite these benefits, clinicians report concerns relating to medico-legal issues, including: privacy, confidentiality, potential uses of the recordings and challenges relating to consent.

Please refer to line 118-119 page 6.

To date, research on patient-led recordings has been mainly limited to physicians and nursing (2, 4, 6, 22, 23) and centred in oncology. (4, 22)

- Hack TF, Ruether DJ, Weird LM, Grenier D, Degner LF. Promoting consultation recording practice in oncology: identification of critical implementation factors and determination of patient benefit. Psychooncology 2013;22:1273–82.

Please refer to line 460 page 20.

'Some studies have identified strategies to overcome clinician barriers to service-led

	recordings….. (20, 30)' See below how the following literature was integrated into the discussion (response to reviewer 2 comments (4.1)) • Turley DP, Metcalfe NH. Patients recording their clinical consultations: A new challenge for medical ethics. InnovAiT. 2020;13(5):306-10. • Elwyn G, Buckman L. Should doctors encourage patients to record consultations? 2015;350:g7645. • Elwyn G. "Patientgate"—digital recordings change everything. BMJ. 2014;348:g2078
Reviewer 2: Dr. Maria Dahm, Macquarie University Faculty of Medicine and Health Sciences	
0	**Reviewer feedback: TITLE/ABSTRACT**
0.1	***Feedback****:* *The title is a bit misleading it seems it's about decision making in the clinical encounter when it is actually is about making the decision about letting the patient record or not. Re phrasing the title might help overcome this potential misunderstanding and an earlier explanation delineating decision making about recording from clinical reasoning would work well (this happens later in the manuscript but could aid the reader if placed earlier).*
0.1	**Response:** Recommendation actioned with thanks. Please refer to lines 1-2 page 1. 'Smartphone Standoff: a qualitative study exploring clinician responses when a patient uses a smartphone to record a hospital clinical encounter.'
0.2	***Feedback:*** More details needed about the type of hospital in the abstract methods section, e.g. how many beds? Is it a teaching hospital? Location (metro vs rural), Public vs private, main services offered?
0.2	**Response:** Recommendation actioned with thanks. Please refer to line 40 page 2. 'This study took place at two hospitals in the metropolitan area of Gold Coast, Australia' Please refer to line 142-145 page 7.

	'This study was conducted at two established hospitals within the one health service on the Gold Coast, Australia: A university, tertiary-level hospital (930 beds) and a major regional hospital (448 beds). Together these hospitals deliver: emergency, medical, paediatric, maternity, and palliative care to approximately 700,000 people'
1	**Reviewer feedback: INTRODUCTION**
1.1	***Feedback:*** *Could you clarify the aim at the end of the introduction, currently stating "to develop mechanisms to protect patients, their treating teams, and the healthcare organisations in which their clinicians work" It is unclear what is protected, or what the various groups are protected from (e.g. breach of confidentiality/privacy?, protection from/of ?? during recorded encounters and beyond?)*
1.1	**Response:** Recommendation actioned with thanks. Please refer to line 131-135 page 7. 'There is an imperative to better understand clinician perspectives to patient-led recordings, to inform quality policy, education, and practice. This research aimed to respond to evidence-practice gaps, by furthering our understanding of clinician perspectives and behaviours to patient-led recordings across a broad range of clinical disciplines, areas, and scenarios in a tertiary health service.'
2	**Reviewer feedback: METHODS**
2.1	***Feedback:*** *Please provide a reference for your methodological approach "explorative study centred within a social constructivist paradigm"*
2.1	**Response:** Recommendation actioned with thanks. Please refer to line 139 page 7. Pilarska J. The Constructivist Paradigm and Phenomenological Qualitative Research Design. In: Pabel A, Pryce J, Anderson A, editors. Research Paradigm Considerations for Emerging Scholars: Channel View Publications; 2021
2.2	***Feedback:*** *The guide was piloted prior to use" who was involved in piloting of the interview questions, what was the outcome (No changes? Or if there were changes to the guide what were they?) The interview schedule should also be provided as supplemental material.*
2.2	**Response:** Recommendation actioned with thanks. Please refer to line 179 page 9.

	'The guide was piloted using internal testing (27) and no significant changes were made.' Kallio H, Pietilä A-M, Johnson M, Kangasniemi M. Systematic methodological review: developing a framework for a qualitative semi-structured interview guide. J Adv Nurs. 2016;72(12):2954-65.
2.3	***Feedback:*** *Please include a statement about ethical approval in this section*
2.3	**Response:** Recommendation actioned with thanks. Please refer to line 146-148. page 7. 'Ethical approval was obtained from the Gold Coast Hospital and Health Service Human Research Ethics Committee HREC/2020/QGC/63753 (LNR)) and research governance approval was granted by Gold Coast Hospital and Health Service (SSA/2020/QGC/63753).' A statement about ethical approval features at the end of the manuscript as per the journal's guidelines. Please refer to line 564- 567 page 24.
2.4	***Feedback:*** *as well as outline how participants provided consents (written/verbal).*
2.4	**Response:** Recommendation actioned with thanks. Please refer to line 172 page 8. 'Participants were made aware of the interviewers' professional backgrounds and goals of the study and provided written consent through a participant information and consent form.'

3	**Reviewer feedback: RESULTS**
3.1	***Feedback:*** *In line with Braun and Clark I would caution the authors to quantify their results too much , e.g. referring to 80% of participants.*
3.1	**Response:** Recommendation actioned with thanks. Please refer to line 219 page 10. 80% omitted.
3.2	***Feedback:*** *In reporting the results, especially the quotes, it would be great to see what background the quoted clinicians had (or at least whether they were in clinical or leadership roles and also their level of experience). There are some references to particular groups (e.g. Rehabilitation clinicians), but at other time all participants are portrayed as a homogenous group, I would suggest adding some clear pointers to say no differences were found among different clinical specialties.*
3.2	**Response:** Recommendation actioned with thanks. Please refer to line 304-305 page 14 (Rehabilitation clinicians omitted) 'Despite some participants holding strong positive attitudes to patient-led recordings, the majority…' Changed for consistency in analysis and reporting. This study did not aim to compare data of different clinical specialities. The study aimed to explore the experiences, attitudes, and behaviours of a broad range of clinicians as a homogenous group, to identify common themes across the hospital setting.
3.3	***Feedback:*** *Theme 4, re skills, interesting to hear that clinicians talked about developing skills to refuse, where skills also used to 'allow' / 'navigate' recorded interactions?*
3.3	**Response:** Recommendation actioned with thanks. Please refer to line 348-349 page 15. 'However, none of the participants referred to any specific skills which would assist them with integrating recordings into practice.'
3.4	***Feedback:***

	Also theme 4, re long standing relationships make recording easier, how likely are such relationships in a hospital context? This would be a good point for discussion also in relation to study on patient recordings in general practice
3.4	**Response:** Recommendation actioned with thanks. Please refer to line 452-453 page 20. 'It would therefore appear multiple factors need to be satisfied and aligned for clinicians to consent to the recording.'
4	**Reviewer feedback: DISCUSSION**
4.1	***Feedback:*** *There seems to me a distinct lack of some of the research in the area especially in comparing the findings from non-hospital setting (e.g. primary care) especially with regards to doctor patient relationships and trust. I think discussion of how relationships with patients and also with colleagues in multiparty encounters differs from hospital to GP settings would add to the paper.* *Some additional literature for consideration* *https://doi.org/10.1177/1755738020907358* *https://doi.org/10.1136/bmj.g2078* *https://doi.org/10.1136/bmj.g7645*
4.1	**Response:** Recommendation actioned with thanks. These articles have been included and referenced in the discussion: Elwyn G, Buckman L. Should doctors encourage patients to record consultations? 2015;350:g7645. Please refer to line 445-445 page 19. These concerns have been identified in both research into service-led recordings (19) and discussion in the literature on patient-led recordings. (7)

	Please refer to line 473-476 page 20-21. 'Literature on recordings in the primary care setting has proposed that clinicians can build trust with patients by consenting to a recording, thereby offering full transparency. (7) Our findings suggest that recordings may also indicate that a clinician has trust in their patient.' Elwyn G. "Patientgate"—digital recordings change everything. BMJ. 2014;348:g2078. Please refer to line 457 page 20. 'Previous literature has discussed clinician hesitancy in relation to patient-led recordings. (2, 4, 6, 7, 22, 29). Our findings show that clinician hesitancy persists and impedes integration of this potentially beneficial tool into practice.' Turley DP, Metcalfe NH. Patients recording their clinical consultations: A new challenge for medical ethics. InnovAiT. 2020;13(5):306-10 Please refer to line 482 page 21. 'Previous studies have raised the potential of patient-led recordings distracting clinicians from their practice.'
4.2	***Feedback:*** *The idea of communication skills to 'refuse' and implication for practice and professional development could also be further discussed in this section.*
4.2	**Response:** Recommendation actioned with thanks. Please refer to line 452-458 page 20. 'It would therefore appear that multiple factors need to be satisfied and aligned for clinicians to consent to the recording. This is indicative of a culture of hesitancy to patient-led recordings. Participants explained that they utilized skills to support them to refuse recordings but made no mention of skills supporting acceptance of recordings. Previous literature has discussed clinician hesitancy in relation to patient-led recordings. (2, 4, 6, 7, 11, 29). Our findings show that clinician hesitancy persists and impedes integration of this potentially beneficial tool into practice.'
5	**Reviewer feedback: OTHER**

5.1	***Feedback:*** *Several sentences need to rephrased e.g.. " explore clinician experiences and behaviours ?IN RELATION? to patients and their families(including carers and friends) recording clinical encounters*."
5.1	**Response:** Recommendation actioned with thanks. Please refer to line 140-141 page 7. 'The objective of this study was to explore clinician experiences and response when patients (including their family, friends, or carers) initiate a recording of their clinical encounter.'
5.2	***Feedback:*** *"Similarly, to the study by Okyedokun et al. (1), WHERE 80% (n= 139) of clinicians studied had experienced patients recording, OUR RESULTS suggest that patient recording is prevalent"*
5.2	**Response:** Recommendation actioned with thanks. Please refer to line 435-437 page 19. 'Similarly, to previous studies (2, 4, 11), our study found that most participants had experienced a patient-led recording.'

VERSION 2 – REVIEW

REVIEWER	Amelia Hyatt Peter MacCallum Cancer Centre, Medical Oncology
REVIEW RETURNED	06-Mar-2022

GENERAL COMMENTS	Introduction/throughout • Appropriately contextualising your work in the broader body research is still necessary. Importantly, there are many statements made in the introduction which claim that there is no, little, or limited research present. I would recommend adjusting or softening these statements. Research on consultation recordings has been undertaken since 1970s, and there is subsequently a body of evidence in this area. I have included more examples of the literature below. Suggest read these articles, refer to their reference lists, and continue to read etc. to gather a stronger understanding of the literature in this area. Then review and adjust the introduction and discussion in light of this literature. • Further, I gently urge the authors read articles thoroughly before citing. For example, citation 21 is incorrectly described and cited as reporting on 'clinician-led' or 'service-led' consultation recordings throughout the paper, when it in fact describes 'patient-led' recordings. Specifically, it describes the use of an app designed to facilitate patient-drive or patient-led consultation recording, co-designed with patients and clinicians to address many of the issues which were likewise identified in this study. Citation 1 also contains information which contradicts statements which claim no research or guidance is present.

	• In light of these above points, please: o Correct the manuscript where citation 21 is erroneously referred to, and cited as 'clinician-led recordings' e.g. line 124, citation line 108, line 460-462 etc. o Line 109/110: there is a body of research detailing the benefits of patient-led recordings, including systematic and Cochrane reviews, please correct this statement o Line 85-88, there are studies which have explored the clinician perspective and response to patient-led recordings, suggest adjust this statement and instead discuss current literature instead o Line 104: 'There is no guidance relating to how to manage multi-clinician encounters, such as a family meeting 105 or joint therapy session.' Some guidance on this topics is outlined in the citation previously provided Prictor et al. (citation 1). o Line 121/122 As yet, no research has explored the perspectives of allied health professionals or experiences within a multi-clinician setting to patient-led recordings. And Line 127/128 'However, it is unclear how tools such this will be received in different contexts, since the hospital clinician perspective to patient-led recordings is poorly understood.' These are examples of statements about no or little research which are not accurate. Research has explored these issues, and some are quite well understood. Suggest re-wording or removing and discussing the literature present which describes these topics instead. o Line 539 and 527 suggest review/soften the wording 'the first study' as there are existing studies investigating this topic o Carefully review all other statements made in the introduction and adjust if needed • Below are a listing of additional articles which may be helpful to the authors in addressing some of the above. Note: I am not prescribing these as necessary citations; they are included to demonstrate that there is a body of research addressing areas in the paper which state otherwise (i.e. Is absent or lacking), and may contain information useful/helpful both for strengthening the introduction to the study and for the discussion of findings: o Scott JT, Harmsen M, Prictor MJ, Entwistle V, Sowden A, Watt I. Recordings or summaries of consultations for people with cancer. Cochrane Database of Systematic Reviews 2003, Issue 2. Art. No.: CD001539. DOI: 10.1002/14651858.CD001539. Accessed 02 March 2022. o Lipson-Smith R, White F, White A, Serong L, Cooper G, Price-Bell G, Hyatt A. Co-Design of a Consultation Audio-Recording Mobile App for People With Cancer: The SecondEars App. JMIR Form Res. 2019 Mar 12;3(1):e11111. doi: 10.2196/11111. PMID: 30860487; PMCID: PMC6434400. o Petric, J., Sadri, B., van Essen, P. et al. Improving preoperative breast reconstruction consultations: a qualitative study on the impact of personalised audio-recordings. BMC Women's Health 21, 389 (2021). https://doi.org/10.1186/s12905-021-01534-8 o Wolderslund M, Kofoed PE, Holst R, Axboe M, Ammentorp J. Digital audio recordings improve the outcomes of patient consultations: A randomised cluster trial. Patient Educ Couns. 2017 Feb;100(2):242-249. doi: 10.1016/j.pec.2016.08.029. Epub 2016 Aug 29. PMID: 27593087. o Wolderslund M, Kofoed PE, Holst R, Ammentorp J. Patients' use of digital audio recordings in four different outpatient clinics. Int J Qual Health Care. 2015 Dec;27(6):466-72. doi: 10.1093/intqhc/mzv069. Epub 2015 Sep 23. PMID: 26403974. o Hyatt, A, Lipson-Smith, R, Gough, K, et al. Culturally and linguistically diverse oncology patients' perspectives of consultation

	audio-recordings and question prompt lists. Psycho-Oncology. 2018; 27: 2180– 2188. https://doi.org/10.1002/pon.4789 o Jimenez R, Johnson A, Horick NK, Hlubocky FJ, Lei YY, Matsen CB, Mayer EL, Collyar DE, LeBlanc TW, Donelan K, Mello M. Oncologist experiences regarding patient-recorded clinical encounters: Implications for the patient-doctor relationship. o Kwon DH, Karthikeyan S, Chang A, Borno HT, Koshkin VS, Desai A, Bose R, Friedlander T, Rodvelt T, Li P, Small EJ. Mobile Audio Recording Technology to Promote Informed Decision Making in Advanced Prostate Cancer. JCO Oncology Practice. 2021 Dec:OP-21. Methods&results • Information regarding how demographic data are analysed is still missing. The current data analysis section (line 184) only describes analysis of the qualitative data. • Line 228 suggest you mean audio, not visual, unless video-recordings were specified • Suggest including quotes to support additional findings now reported: e.g. lines 227-253 • Some repetition is now present between theme 1 and theme 3, particularly with regard to risks and concerns, medico-legal, social media etc please review and adjust Discussion • It is unclear what you mean about patient safety issues and consent and how this infers potentially significant risks to patient care and clinician wellbeing. Please clarify • Line 503 can you please clarify what is meant by senior clinicians consenting on behalf of others, and what data or literature this is associated with • Line 514 please clarify whether the participating health service does in fact have a policy for clinicians to refer to

VERSION 2 – AUTHOR RESPONSE

Reviewer 1: Ms. Amelia Hyatt, Peter MacCallum Cancer Centre	
1	**Reviewer feedback: General/Introduction**
1.1	***Feedback:*** *Correct the manuscript where citation 21 is erroneously referred to, and cited as 'clinician-led recordings' e.g. line 124, citation line 108, line 460-462 etc.*

1.1	**Response:** Recommendation actioned with thanks. Please refer to a direct quote from Prictor, et al. (2021): *'Overt health service-led recordings: for example, the Second Ears app, where both clinician and patient consent (actively or impliedly) to the recording; the app is facilitated by the health service and the primary version of the recording stored on their system*.' (Prictor et al. , 2021, P.119) Please refer to line 141-145 on page 7. Further clarification of the Second Ears Smartphone App definition. 'These recordings are initiated by the patient, however, the app is facilitated by the health service and the main copy of the recording is stored on the hospital system therefore controlling some of the confidentiality and ethical issues for patient-led recordings. (1)'
1.2	***Feedback:*** Line 109/110: there is a body of research detailing the benefits of patient-led recordings, including systematic and Cochrane reviews, please correct this statement
1.2	**Response:** Recommendation actioned with thanks. Please refer to lines 110-126 on pages 6-7. Paragraph which summarises background to this study by highlighting literature about service-led audio-recordings of clinical conversations and highlighting the distinction between this work and our study: 'There is a large scholarship on the use of service-led recordings (recordings initiated by the clinician or health service (1)). Most of these studies have focussed on the effects of facilitating an audio-recording of a clinical conversation with patients (such as diagnosis and treatment discussions) (12-14, 22), and the implementation barriers within the service. (13, 23) Overall, service-led recordings have been found to be beneficial to patient's understanding of health issues and satisfaction with service. (12-14, 22) However, clinicians have been found to be hesitant to adopt this practice, with the main concern being perceived medico-legal risks. (13, 24) These studies provide a background to understanding patient-led recordings. Given the evidence for the potential benefits for service-led recording, patient-led recording may also be of benefit for patient understanding of health issues and adherence to treatment. The obvious distinction between service- and patient-led recordings is the broad range of clinical encounters in which a patient might initiate a recording (audio or audio visual) within a hospital setting and whether the recording is undertaken with consideration to the legislative and ethical limitations described above. More research is needed to better understand patient-led recordings across a range of hospital contexts.'

1.3	***Feedback:*** *Line 85-88, there are studies which have explored the clinician perspective and response to patient-led recordings, suggest adjust this statement and instead discuss current literature instead*
1.3	**Response:** Recommendation received and actioned with thanks. Please refer to lines 128-140 on page 7 An overview of what is known about patient-led recordings and gaps in knowledge is provided: Emerging evidence suggests that patient-led recordings may benefit patient recall of the conversation or procedure and information discussed and enhance patient satisfaction overall. (2, 3) Improving recall is of significant value, as patients may forget up to 80% of medical advice due to anxiety or cognitive deficits, impacting health outcomes. (25) Despite these benefits, clinicians report concerns relating to medico-legal issues, including privacy: confidentiality, potential uses of the recordings and challenges relating to consent. (2, 4-6, 11) Research on patient-led recordings has been mainly focused on physicians and nursing (2, 4, 6, 11) and centred in oncology. (4, 11) Previous research has also been limited to specific clinical contexts, such as medical procedures or discussions with physicians. (2-4, 6, 11). <u>There is less evidence regarding the perspectives of allied health professionals, experiences within a multi-clinician setting and responses of clinicians when a patient records an encounter other than a clinical discussion.</u>
1.4	***Feedback:*** *Line 104: 'There is no guidance relating to how to manage multi-clinician encounters, such as a family meeting 105 or joint therapy session.' Some guidance on this topics is outlined in the citation previously provided Prictor et al. (citation 1).*
1.4	**Response:** Recommendation actioned with thanks. Please refer to line 105 on page 6. This section is discussing the hospital policy where the study was undertaken. See below insertion of 'in the policy' for clarity: 'There is no guidance <u>in the policy</u> relating to how to manage multi-clinician encounters, such as a family meeting or joint therapy session.'

1.5	**Response:** *Line 121/122 As yet, no research has explored the perspectives of allied health professionals or experiences within a multi-clinician setting to patient-led recordings. And Line 127/128 'However, it is unclear how tools such this will be received in different contexts, since the hospital clinician perspective to patient-led recordings is poorly understood.' These are examples of statements about no or little research which are not accurate. Research has explored these issues, and some are quite well understood. Suggest re-wording or removing and discussing the literature present which describes these topics instead.*
1.5	***Feedback:*** Recommendation actioned with thanks. Please refer to line 138-140 on page 7. 'There is less evidence regarding the perspectives of allied health professionals, experiences within a multi-clinician setting and experiences of clinicians when a patient records encounters other than a clinical discussion.'
1.6	***Feedback:*** *Below are a listing of additional articles which may be helpful to the authors in addressing some of the above. Note: I am not prescribing these as necessary citations; they are included to demonstrate that there is a body of research addressing areas in the paper which state otherwise (i.e. Is absent or lacking), and may contain information useful/helpful both for strengthening the introduction to the study and for the discussion of findings:* 1. *Scott JT, Harmsen M, Prictor MJ, Entwistle V, Sowden A, Watt I. Recordings or summaries of consultations for people with cancer. Cochrane Database of Systematic Reviews 2003, Issue 2. Art. No.: CD001539. DOI: 10.1002/14651858.CD001539. Accessed 02 March 2022.* 2. *Lipson-Smith R, White F, White A, Serong L, Cooper G, Price-Bell G, Hyatt A. Co-Design of a Consultation Audio-Recording Mobile App for People With Cancer: The SecondEars App. JMIR Form Res. 2019 Mar 12;3(1):e11111. doi: 10.2196/11111. PMID: 30860487; PMCID: PMC6434400.* 3. *Petric, J., Sadri, B., van Essen, P. et al. Improving preoperative breast reconstruction consultations: a qualitative study on the impact of personalised audio-recordings. BMC Women's Health 21, 389 (2021). https://doi.org/10.1186/s12905-021-01534-8* 4. *Wolderslund M, Kofoed PE, Holst R, Axboe M, Ammentorp J. Digital audio recordings improve the outcomes of patient consultations: A randomised cluster trial. Patient Educ Couns. 2017 Feb;100(2):242-249. doi: 10.1016/j.pec.2016.08.029. Epub 2016 Aug 29. PMID: 27593087.* 5. *Wolderslund M, Kofoed PE, Holst R, Ammentorp J. Patients' use of digital audio recordings in four different outpatient clinics. Int J Qual Health Care. 2015 Dec;27(6):466-72. doi: 10.1093/intqhc/mzv069. Epub 2015 Sep 23. PMID: 26403974.* 6. *Hyatt, A, Lipson-Smith, R, Gough, K, et al. Culturally and linguistically diverse oncology patients' perspectives of consultation audio-recordings and question prompt lists. Psycho-Oncology. 2018; 27: 2180– 2188. https://doi.org/10.1002/pon.4789* 7. *Jimenez R, Johnson A, Horick NK, Hlubocky FJ, Lei YY, Matsen CB, Mayer EL, Collyar DE, LeBlanc TW, Donelan K, Mello M. Oncologist experiences regarding patient-recorded clinical encounters: Implications for the patient-doctor relationship.* 8. *Kwon DH, Karthikeyan S, Chang A, Borno HT, Koshkin VS, Desai A, Bose R,*

	Friedlander T, Rodvelt T, Li P, Small EJ. Mobile Audio Recording Technology to Promote Informed Decision Making in Advanced Prostate Cancer. JCO Oncology Practice. 2021 Dec:OP-21.
1.6	Recommendation actioned with thanks. **The following articles have been integrated into the manuscript to strengthen the introduction and discussion:** Please refer to line 118 on page 6: • Lipson-Smith R, White F, White A, Serong L, Cooper G, Price-Bell G, Hyatt A. Co-Design of a Consultation Audio-Recording Mobile App for People With Cancer: The SecondEars App. JMIR Form Res. 2019 Mar 12;3(1):e11111. doi: 10.2196/11111. PMID: 30860487; PMCID: PMC6434400. Please refer to line 113, 116 on page 6 and line 501 on page 22: • Petric, J., Sadri, B., van Essen, P. et al. Improving preoperative breast reconstruction consultations: a qualitative study on the impact of personalised audio-recordings. BMC Women's Health 21, 389 (2021). https://doi.org/10.1186/s12905-021-01534-8 Please refer to line 86 on page 5, line 113 on page 6 and line 501 on page 22: • Wolderslund M, Kofoed PE, Holst R, Axboe M, Ammentorp J. Digital audio recordings improve the outcomes of patient consultations: A randomised cluster trial. Patient Educ Couns. 2017 Feb;100(2):242-249. doi: 10.1016/j.pec.2016.08.029. Epub 2016 Aug 29. PMID: 27593087. **The following article was already cited in the manuscript prior to reviewer feedback:** • Jimenez R, Johnson A, Horick NK, Hlubocky FJ, Lei YY, Matsen CB, Mayer EL, Collyar DE, LeBlanc TW, Donelan K, Mello M. Oncologist experiences regarding patient-recorded clinical encounters: Implications for the patient-doctor relationship. **The following have not been included in the manuscript with rational for decisions:** • Scott JT, Harmsen M, Prictor MJ, Entwistle V, Sowden A, Watt I. Recordings or summaries of consultations for people with cancer. Cochrane Database of Systematic Reviews 2003, Issue 2. Art. No.: CD001539. DOI: 10.1002/14651858.CD001539. Accessed 02 March 2022. The findings from this article have been reflected in our manuscript via a stronger source of evidence: Pitkethly M, MacGillivray S, Ryan R. Recordings or summaries of consultations for people with cancer. Cochrane Database Syst Rev. 2008;2010(1):CD001539-CD. • Hyatt, A, Lipson-Smith, R, Gough, K, et al. Culturally and linguistically diverse oncology patients' perspectives of consultation audio-recordings and question prompt lists. Psycho-Oncology. 2018; 27: 2180– 2188. https://doi.org/10.1002/pon.4789

	• Kwon DH, Karthikeyan S, Chang A, Borno HT, Koshkin VS, Desai A, Bose R, Friedlander T, Rodvelt T, Li P, Small EJ. Mobile Audio Recording Technology to Promote Informed Decision Making in Advanced Prostate Cancer. JCO Oncology Practice. 2021 Dec:OP-21. • Wolderslund M, Kofoed PE, Holst R, Ammentorp J. Patients' use of digital audio recordings in four different outpatient clinics. Int J Qual Health Care. 2015 Dec;27(6):466-72. doi: 10.1093/intqhc/mzv069. Epub 2015 Sep 23. PMID: 26403974. The key findings from these articles have been reflected in our manuscript via other sources of evidence. Please refer to line 110-116 on page 6. Though closely related, further discussion of these articles would deviate from the focus of our study. Since there is a distinction between patient perspectives of service-led audio recordings of clinical discussions and our study which explores clinician attitudes and responses to patient-led recordings within a broader hospital contexts.
2	**Reviewer feedback: Methods and Results**
2.1	***Feedback:*** *Information regarding how demographic data are analysed is still missing. The current data analysis section (line 184) only describes analysis of the qualitative data.*
2.1	**Response:** Recommendation actioned with thanks. Please refer to lines 213-215 on page 10. 'The demographic data, including the participant's professional position and years of experience was collected at the interview and has been presented as number and percentage in Table 1.'
2.2	***Feedback:*** *Line 228 suggest you mean audio, not visual, unless video-recordings were specified*
2.2	**Response:** Please refer to line 161 on page 8. Audio and audio- visual recordings were included in this study. Further clarification of audio-visual recordings also stated throughout the manuscript.
2.3	***Feedback:*** *Suggest including quotes to support additional findings now reported: e.g. lines 227-253*
2.3	**Response:** These are not additionally reported findings. This section describes the themes outlined in Table 2 (where multiple quotes have been provided). This additional description was included at the request of reviewer Hyatt during her initial feedback see below:

	Theme one: benefits are mentioned but not described? Ditto improvements. More detail regarding participant views would be helpful to support these statements.
2.4	***Feedback:*** *Some repetition is now present between theme 1 and theme 3, particularly with regard to risks and concerns, medico-legal, social media etc please review and adjust*
2.4	**Response:** Recommendation actioned with thanks. Please refer to lines 269-270 on page 12. 'Strong fears were raised regarding the potential uses of patient-led recordings, which warranted a distinct theme and are discussed later in this paper (Theme 3).'
3	**Reviewer feedback: Discussion**
3.1	***Feedback:*** *It is unclear what you mean about patient safety issues and consent and how this infers potentially significant risks to patient care and clinician wellbeing. Please clarify*
3.1	**Response:** Recommendation actioned with thanks. Please refer to line 508-521 on page 22. 'Patient-led recordings may negatively impact patient and clinician safety and wellbeing. Most previous studies have explored patient-led recordings within the confines of specific encounters such as a conversation with a clinician. In these settings both the clinician and patient are prepared and able to have a discussion. Despite this, studies have still raised the potential of patient-led recordings distracting clinicians from their practice. (2, 4, 11) Our findings build on this knowledge, and show that both the recordings themselves and the decision-making process can distract clinicians and cause stress. Most concerning is the potential for a patient-led recording to distract a clinician during critical clinical care, such as a resuscitation. Whilst patient safety issues appear to influence whether a clinician consents to the recording or not. Clinicians are not always safely able to consider and respond to the request for patient-led recording. This means that patient safety may be at risk whilst clinicians respond to the recording or clinicians may be at risk of being recorded without their consent. Our findings infer potentially significant risks to patient care and clinician wellbeing which warrants further investigation.'
3.2	***Feedback:*** Line 503 can you please clarify what is meant by senior clinicians consenting on behalf of others, and what data or literature this is associated with.
3.2	**Response:** Recommendation actioned with thanks. Please refer to line 537 on page 23. 'This study's findings have shown instances of senior clinicians consenting on behalf of others.'
3.3	***Feedback:*** *Line 514 please clarify whether the participating health service does in fact have a policy for*

	clinicians to refer to
3.3	**Response** Recommendation actioned with thanks. Please refer to line 548 on page 24. 'Our findings suggest that clinicians are not utilising the existing health service policies to inform decision-making or behaviour.'

VERSION 3 – REVIEW

REVIEWER	Amelia Hyatt Peter MacCallum Cancer Centre, Medical Oncology
REVIEW RETURNED	31-Mar-2022

GENERAL COMMENTS	Thank-you for the opportunity to re-review this study. The paper is well-written, covers novel research, and will be an important contribution to the literature. All comments have been satisfactorily addressed, and I recommend this paper proceed to publication.