

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Talking about human papillomavirus and cancer: Protocol for a patient-centred study to develop scripted consultations
AUTHORS	Hendry, Maggie; Pasterfield, Diana; Adams, Richard; Evans, Mererid; Fiander, Alison; Robling, Michael; Campbell, Christine; Makin, Matthew; Gollins, Simon; Hiscock, Julia; Nafees, Sadia; Bekkers, Marie-Jet; Rose, Jan; Williams, Olwen; Stanley, Margaret; Wilkinson, Clare

VERSION 1 - REVIEW

REVIEWER	Jo Waller UCL, UK
REVIEW RETURNED	02-Feb-2016

GENERAL COMMENTS	<p>This is a well-written paper describing the protocol for the development of scripted consultations about HPV-related cancers; a very important endeavour. I have a few minor comments.</p> <p>Page 5: The first few lines describe ano-genital HPV infections but don't mention those of the oropharynx – it would be useful to make it clear that high-risk HPV types don't just affect the ano-genital tract.</p> <p>Page 6: The Introduction mentions the Theory of Planned Behaviour and the Theoretical Domains Framework, but I didn't quite understand from the rest of the protocol how these approaches will be used to inform the development of the scripts. They aren't mentioned anywhere else in the document, I don't think.</p> <p>Page 7 (line 2): One of the stated aims is to 'promote informed choice' but I didn't quite understand what the informed choice related to.</p> <p>Page 12 (line25-34): How do the authors anticipate dealing with differing suggestions, e.g. from experts vs. patients? As I'm sure the authors are well aware, reconciling the views of experts and users can be difficult, and it would be good be explicit about how this will be done if possible. For example, if research shows that presenting risk in a certain way leads to higher levels of understanding, but users don't like the presentation format, would the decision be driven by research evidence or patient preference? Some of these issues have been well described in the context of the development of NHS breast screening information materials (http://www.ncbi.nlm.nih.gov/pubmed/25312639).</p> <p>Overall this looks like an excellent piece of work and I look forward to reading the results.</p>
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	<p>Typos Page 3, line 32 'in appropriately in plain English' has an extra 'in'. Page 13, line 14 'those in used in phase 1' has and extra 'in'.</p>
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REVIEWER	Shrujal Baxi Memorial Sloan Kettering Cancer Center
REVIEW RETURNED	02-Feb-2016

GENERAL COMMENTS	<p>In this manuscripts, the authors describe an on-going study, that aims to develop and tailor informational/educational material for patients diagnosed with HPV-related cancers. The study methods are well described and easy to follow. The strength of this study and the manuscript is acknowledgement of the innovativeness of this methodology (borrowing from other contexts). There are clear limitations to the study which the authors acknowledge. I hope that in completing the study that the authors attempt to enrich for patients with non-heterogeneous sexual practices as this is a group very under-represented.</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer 1

This is a well-written paper describing the protocol for the development of scripted consultations about HPV-related cancers; a very important endeavour. I have a few minor comments.

Response: We thank the reviewer for such a positive response

Page 5: The first few lines describe ano-genital HPV infections but don't mention those of the oropharynx – it would be useful to make it clear that high-risk HPV types don't just affect the ano-genital tract.

Response: We do mention “an increasing subset of oropharyngeal cancers” but we agree that phrase is somewhat lost among the ano-genital sites so we have rearranged the sentence for greater emphasis.

Page 6: The Introduction mentions the Theory of Planned Behaviour and the Theoretical Domains Framework, but I didn't quite understand from the rest of the protocol how these approaches will be used to inform the development of the scripts. They aren't mentioned anywhere else in the document, I don't think.

Response: We have reconsidered this and, in view of more recent developments in the protocol, we no longer think these theories are appropriate to the type of analyses we intend to conduct, so we have deleted this sentence.

Page 7 (line 2): One of the stated aims is to 'promote informed choice' but I didn't quite understand what the informed choice related to.

Response: This relates to potential treatment options for HPV-related versus other cancers but, on reflection, this applies mainly to head and neck cancers and is probably more of a clinical decision

than a treatment choice. Therefore we agree that this is misleading and have deleted this phrase.

Page 12 (line25-34): How do the authors anticipate dealing with differing suggestions, e.g. from experts vs. patients? As I'm sure the authors are well aware, reconciling the views of experts and users can be difficult, and it would be good be explicit about how this will be done if possible. For example, if research shows that presenting risk in a certain way leads to higher levels of understanding, but users don't like the presentation format, would the decision be driven by research evidence or patient preference? Some of these issues have been well described in the context of the development of NHS breast screening information materials (<http://www.ncbi.nlm.nih.gov/pubmed/25312639>).

Response: We thank the reviewer for drawing our attention to this very helpful reference; there are certainly some parallels between this study and ours, and it highlights a potential scenario that we have not explicitly addressed. We have added the following paragraph to the discussion section: In a study to develop materials to promote informed choice in the context of breast cancer screening, tensions were reported between the professional experts and the women in the study.³¹ There was disagreement over the appropriate level of detail, particularly where the science is uncertain, and the communication of quantitative information. In our study we see the sensitivity of the information as the key problem, and here the patient perspective is paramount; we have much less focus on the communication of quantitative information and risk. However, if tensions do arise between the patient and professional perspectives, we will consider testing alternative versions of the scripts in the phase three cognitive debrief interviews.

Overall this looks like an excellent piece of work and I look forward to reading the results.

Response: Thank you

Typos

Page 3, line 32 'in appropriately in plain English' has an extra 'in'.

Page 13, line 14 'those in used in phase 1' has and extra 'in'.

Response: Typos corrected

Reviewer 2

In this manuscripts, the authors describe an on-going study, that aims to develop and tailor informational/educational material for patients diagnosed with HPV-related cancers. The study methods are well described and easy to follow. The strength of this study and the manuscript is acknowledgement of the innovativeness of this methodology (borrowing from other contexts). There are clear limitations to the study which the authors acknowledge. I hope that in completing the study that the authors attempt to enrich for patients with non-heterogeneous sexual practices as this is a group very under-represented.

Response: We thank the reviewer for these supportive comments. We do hope to be able to explore the information needs of the LGBT community in relation to HPV, subject to their willingness to be recruited and to engage in frank discussion.

VERSION 2 – REVIEW

REVIEWER	Jo Waller UCL, UK
REVIEW RETURNED	09-Feb-2016

GENERAL COMMENTS	The authors have addressed my original comments and I would now be happy to see the paper published.
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