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Reviewer A

This paper reported the prevalence of mobile health and behavior tracking (mHBT) adoption among cancer survivors based on the analysis of HINTS-SEER data. Overall the author did a commendable job of identifying the research gap, and explaining their finding. I found the manuscript well written and easy to follow.

Nevertheless, I have one constructive suggestion, the addressing of which has the potential to elevate the overall quality of the paper.

While the authors found prevalence of mHBT adoption and the willingness to share data among cancer survivors, the identified use cases for mHBT pertain to general health-related goals (eg, quit smoking, lose weight) for self-care rather than being cancer survivor-specific. I am curious whether mHBT designed specifically to track cancer survivors self-management behavior and self-care activity would yield a similar level of adoption and data-sharing willingness among its users.

Reply: We thank reviewer for this very constructive comment. We agree with the reviewer that it would be ideal to data on cancer survivor-specific mHBT. However, such data are not available in the current HINTS-SEER data. We have included this as a limitation in the Discussion section (page 6 lines 5~8).

Reviewer B

1. Please expand the Abstract to at least 200 words.

Response: We have expanded the abstract to 167 words. This is a brief report; the main text is 1126 words, so a shorter abstract is more appropriate for such a brief report.

2. NCI should be defined upon first use in the Main Text.

Response: We have spelled out NCI upon its first use (page 3, Line 17).

3. “Results showed that out of 1,234 cancer survivors, the mean age was 68.8 years, **52% were female**, and 8% had difficulty with their current income.” Please check the correctness of the value marked in BOLD in the above sentence and be consistent with the table.

Response: Thanks for catching the error, we changed it to 55% were female to match the table (page 4, line 13).

4. “In the past decade, small **studies** (sample sizes ranged 7 to 70) across a variety of cancer populations have shown the feasibility and potential clinical value of mHBT in oncology.²” Studies were mentioned, but there is only one reference cited. Please confirm whether more references are needed.

Response: The citation #2 is a review paper, it includes multiple studies with sample size ranged 7 to 70.

5. A header is required in the first column of each table.

Response: Tables have been formatted according to the instructions.

6. The total percentage of mHBT user in the Sex category of Table 1 is 100.58 which exceed 100. Please check the numbers again.

Response: Thank you for catching the error. The numbers were corrected to be 40.61% and 59.39% (Table 1).

7. Please add year as the unit of Age in both tables.

Response: As suggested, “years” was added to each age groups in both tables.

8. “[1]” in Table 2 is missing an explanation.

Response: The explanations for [1] and [2] were added in Table 2.