

Peer Review File

Article information: <https://dx.doi.org/10.21037/tau-22-732>

Reviewer A

Very well put-together study. The premise is interesting and I was able to learn more about active surveillance by reading your article.

RE: Thank you very much for taking the time to review our manuscript.

Reviewer B

The authors aim to assess the association between health literacy and AS. The title and introduction suggest that health literacy is the exposure measured, and outcomes are 1) choice of AS vs. definitive treatment and 2) adherence to AS -using qualitative and quantitative studies. However, the methods/results do not follow the central concept of the study and address various studies that mention literacy in the realm of prostate cancer.

RE: Thank you very much for taking the time to review our manuscript.

Other concerns:

1. Only one study is considered to address AS in the entire review. (line 144)

RE: The scarcity of evidence showcases the importance of further primary research to better understand health literacy in the context of Active Surveillance.

2. The term supportive care is confusing in this setting – How is that relevant to health literacy? Moreover, in the discussion, there is mention in line 242 that none of the studies address supportive care, yet it's a sub-aim of the study.

RE: We re-named supportive care interventions as “interventions targeting health literacy” to avoid any confusion. We have also amended the aim to the study to reflect the remark.

3. The paragraph in line 146 describes the methodology and belongs in the methods section.

RE: We moved the paragraph to methods and added the heading analysis.

4. The columns in table 2 are formatted in a way that is difficult to read

RE: We have amended the margins to enable the table to fit better on the page.

5. The results sub-headings are not clear and are not concordant with the intro/methods and can benefit from reorganization (see PMID: 29598981 as an example)

RE: Thank you very much for providing the example from Kinsella et al., however, she discussed facilitator and barriers in her paper, we have changed the title to make it clearer that we are interested in representation of outcomes and interventions.

6. The discussion suggests (first line) that there is limited data on this – Therefore, a review titled and aimed to address this issue does not appear feasible. The study can benefit from restructuring (revising the search criteria) and focusing, for instance, on the general association between health literacy and prostate cancer (or a specific part like screening/treatment or survivorship).

RE: Thank you very much. It is an important observation that there is little evidence available for patients on AS and health literacy as pointed out by Kinsella et al. Health literacy is an important barrier to adhering or choosing AS, therefore we believe it is helpful to point out the evidence to the scientific community. However, we have rephrased the scope of the review to make it clear that our aim was to understand the literature around health literacy and AS (see below).

“We therefore aim to extend our understanding of health literacy if there is any evidence on how studies report health literacy as an outcome in the AS population and if there are any studies which report interventions targeting health literacy”

In addition, we have also amended the title: “A literature review to understand health literacy in men with prostate cancer on active surveillance”

Reviewer C

This literature review showed that patients' health literacy has an impact on choosing and adhering to active surveillance (AS) for PCa patients. Especially in AS, adherence is important to guarantee patient safety.

If accepted for publication, several issues need to be addressed:

Major

1. There is currently limited evidence on health literacy in the context of choosing and adhering to AS. Thus, this title seems a bit of a leap.

RE: Thank you very much. As highlighted above (Reviewer two) it is an important observation that there is little evidence available for patients on AS and health literacy as pointed out by Kinsella et al. Health literacy is an important barrier to adhering or choosing AS, therefore we believe it is helpful to showcase the evidence to the scientific community. However, we have rephrased the scope of the review to make it clear that our aim was to understand the literature around health literacy and AS (see below).

“We therefore aim to extend our understanding of health literacy if there is any evidence on how studies report health literacy as an outcome in the AS population and if there are any studies which report interventions targeting health literacy”

2. The author should describe why health literacy is especially important in AS, citing the literature in the INTRODUCTION. For example, adhering to repeat biopsies.

Due to the limited literature there is currently not much information on why health literacy is important. However, it has been highlighted in the systematic review by Kinsella et al. as previously stated in the introduction. To add evidence and point out the importance, we have added the following sentence: “In the AS setting, the education level of a patients has been described as particularly important to predict adherence”. Education level is less specific than health literacy but there has been literature where it was pointed out that there is an impact on adhering AS.

Minor

1. (Introduction Line 67-69) The author would be better to show the adoption rate of each treatment for localised PCa, especially regarding the inadequate adoption rate of AS.

RE: We believe this is out of scope as we want to understand health literacy and AS and highlighting the bias concerning the adoption rate addresses a different issue linked to AS. However, we hope that the amended scope statement of the review helps to clarify the aims.

The content of the author's focus is interesting and relevant. The problem is that the authors have limited evidence for their clinical questions.