

Peer Review File

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Review Comments

Reviewer A

This is a well-written review that has a valuable aim to synthesize existing literature in breast cancer survivorship care and provide directions for future research and to improve care, however the results and conclusions of the review do not align with the initial aims and as written, this review does not contribute significantly to the literature.

Thank you for your kind comments. We agree that the results and conclusions did not previously align with the initial aims, as such we have removed a few sections, namely the “models of survivorship care” section, “patient care” subsection of the “challenges in survivorship care” section as well as the “inequities in survivorship care” section. This has allowed us focus the paper on breast cancer survivorship care. The objectives of this paper are: (a) synthesize the existing literature to identify the gaps breast cancer survivorship care (BCSC) globally, and (b) provide directions for future research in BCSC approaches. We believe we have now achieved this by focusing on the gaps in breast cancer survivorship care and future directions in this manuscript. We have also added our interpretations and suggestions in the future directions and conclusions sections.

A few suggestions:

1. The narrative review methodology is unclear. Please cite the narrative review reporting checklist used (line 106).

Thank you for this comment. The narrative review reporting checklist has been cited and submitted as a supplementary file.

2. Although narrative reviews can be flexible, I would suggest searching of more than one database along with Google Scholar and NIH websites. It is also unclear if databases were searched for journal articles, or only websites were searched for survivorship information. It would help to clarify whether included studies/articles needed to be specific to breast cancer survivorship. Although not critical for a narrative review, it would be helpful to report how many articles were searched and retrieved, and how many were relevant to the current review.

We appreciate this comment from reviewer A. Although a rigorous search was not conducted as per the guidelines for narrative reviews, PubMed was searched, in addition to Google Scholar.

Due to the large number of studies discussed in the paper, we feel that the manuscript is still able to provide a thorough description of the current literature. Additionally, the majority of sources used were journal articles, with reputable websites such as the National Institute of Health (NIH) being used as additional sources. Furthermore, the included studies/articles were specific to breast cancer survivorship (this has been clarified in the methods section of the manuscript), with studies focused on general survivorship care being used to support the gaps and future directions of breast cancer survivorship care. We did not report the number of articles searched and retrieved, since we did not use a rigorous search strategy due to the flexibility of a narrative review.

3. The results presented do not all appear to align with the review aims.

Thank you for this comment. We have removed certain sections of the paper, including the “models of survivorship care” section, “patient care” subsection of the “challenges in survivorship care” section as well as the “inequities in survivorship care” section, which were not very focused on breast cancer. This has allowed us to focus the paper on the gaps in breast cancer survivorship care and future directions.

4. It is unclear why the Nekhlyudov Framework is listed in the results rather than Introduction as this is not specific to breast cancer, and there are also other elements of the framework that are not listed which could be of relevance (e.g. healthcare delivery – clinical structure, communication/decision making, care coordination, patient/caregiver experience and Outcomes – QoL/function, emergency services, costs, mortality).

Thank you for this comment. This framework has been moved to the introduction. We have also added information regarding the other elements of the framework that are relevant, including individual and socio-ecological factors, contextual domains, and how outcomes of the quality of survivorship care are measured.

5. The section on Patient Care in the Challenges of survivorship care is quite repetitive from the Introduction rather than highlighting what new information was collated in the review.

Thank you for this comment. We agree that the section titled “Patient Care in the Challenges of survivorship care” is quite repetitive. As such, we have removed this section from the manuscript.

6. Racialized Survivors section does not seem to focus on survivorship, but mortality and other outcomes.

Thank you for this comment. We have removed the section titled “Inequities in Survivorship Care in Disadvantaged Populations: Towards Inclusive Care” as it is not very relevant to the aims of this paper.

7. There is inadequate identification of the limitations in the current literature or quality of the research reviewed, as well as limited interpretation of the implications from the authors perspective.

Thank you for this comment. We have created a “limitations and future directions” section where we have outlined the limitations in the current literature and provided future directions based on these limitations. We have also outlined the limitations of this review in the “limitations and future directions” section. We have also added our interpretation of the implications in the conclusion section of the manuscript.

8. Much of the Future Directions and Conclusions reiterates conclusions from the included studies and other systematic reviews.

Thank you for this comment. We have added our (the authors) interpretations to the future directions and conclusion sections of the manuscript.

9. Focusing the results and conclusions specifically on breast cancer would improve the manuscript, and highlighting the unique contribution of this review that is not captured in the previously published literature would be beneficial.

Thank you for this comment. We have removed certain sections of the manuscript to ensure it is focused on breast cancer. This includes the “models of survivorship care” section, the “patient care” subsection of the “challenges in survivorship care” section as well as the “inequities in survivorship care” section, which were not very focused on breast cancer. Additionally, we have highlighted the unique contribution of this review in the objectives as follows:

Although recommendations on breast cancer survivorship care (BCSC) have been proposed for many years, it is common for these recommendations to not be translated into practice. There are limited reviews focused on the current gaps in BCSC, and directions for future research. Therefore, the aim of this study was to (a) synthesize the existing literature to identify the gaps in BCSC globally, and (b) provide directions for future research in BCSC approaches. These directions can help guide interventions that address the long-term physical, emotional and social issues faced by BCS, ensuring a comprehensive approach is used to provide survivorship care to patients. We present this article in accordance with the narrative review reporting checklist (12).

Reviewer B

This was a very ambitious narrative review that attempted to summarise 25 years of breast cancer survivorship research focused on supportive care. In my opinion, the review loses value and effectiveness for readers by attempting to cover too much within a single article. Its structure and organisation could be improved - for me, it jumped around too much and lacked logical flow. This could perhaps be partly addressed by providing more detail regarding the methodology (see below for more specific recommendations). The review also seemed broader than its intended focus on breast cancer, and I am wondering whether article selection (lack of exclusion) has contributed to that.

Thank you for this comment. We have removed certain sections of the manuscript to ensure it is more focused on the gaps in breast cancer survivorship care and directions for future research. This includes the “models of survivorship care” section, the “patient care” subsection of the “challenges in survivorship care” section, and the “inequities in survivorship care” section. This has increased the logical flow of the manuscript and ensured the manuscript is focused on breast cancer survivorship care. We have also provided more detail regarding the methodology based on the recommendations provided.

Abstract:

1. models - efficiency or efficacy, or both?

Thank you for this comment. We agree that both efficiency and efficacy are important to note when evaluating different survivorship models. However, since the “models of survivorship care” section has been removed from this manuscript, this sentence is no longer included in the abstract.

2. conclusions - use 'improves' instead of 'increases' as the latter doesn't make sense in the context of patient outcomes

*Thank you for this comment. We have replaced the word “increases” with “improves”. The sentence now reads, “Despite available models of survivorship care, further research is needed to determine optimal BCSC that **improves** patient outcomes while decreasing the strain on the healthcare system.”*

Intro:

3. parag #1, lines 67-69. psychological distress is repeated in the same sentence

Thank you for this comment. We have corrected this and removed the repetition. The sentence now reads, “Furthermore, survivors may experience specific challenges, and survivorship trajectories can be impacted by treatment-related side effects, such as physical problems,

psychological distress, cognitive impairment, and impaired social and work reintegration (5,6) that need to be addressed.”

4. Page 4, line 87 - challenges due to not just effects of cancer treatment, but also to the disease itself

Thank you for this comment. We have rewritten the sentence as, “BCS often face challenges in managing the physical, social, cognitive, and psychological effects that result from BC and associated treatments”.

5. Objectives - line 106 - please provide a reference for the narrative review reporting checklist

Thank you for this comment. The narrative review reporting checklist has been cited and submitted as a supplementary file.

Methods:

6. please specify how the search terms were combined with boolean operators

Thank you for this comment. The search terms were combined with the Boolean operators “AND” and “OR”. We have specified how the search terms were combined with Boolean operators in the methods section as follows:

[breast cancer survivorship care] OR [breast cancer survivors] AND [gaps] OR [primary care] OR [survivorship care plan] OR [health promotion] OR [risk-stratified]

7. refer back to the checklist and describe how it was utilised

Thank you for pointing this out. We have referenced the narrative review reporting checklist at the end of the introduction and methods sections of the manuscript, We have also submitted the checklist in the most recent submission as a supplementary file. The page and line numbers indicated in the checklist are based on the tracked version of the most recently submitted manuscript.

8. were there any exclusion criteria for the identified articles? How many articles were identified and how many included?

We appreciate this comment from Reviewer B. Due to the flexibility of a narrative review, as per the Annals of Palliative Medicine guidelines for narrative reviews, specific inclusion and exclusion criteria were not used to identify articles. Generally, we included articles focused on breast cancer survivorship, including gaps in care, primary care, health promotion, and risk-stratified care. This has also been added to the methods section. Due to the large number of

studied discussed in the paper; we feel that the manuscript is still able to provide a thorough description of the current literature.

Results:

9. Page 5, first parag. more information please about how the framework itself was selected for inclusion - any criteria? It would help to have the framework sign-posted earlier in the manuscript, such as in the objectives or methods.

Thank you for this comment. We have included why this framework was selected for inclusion, specifically:

“This framework was selected for this review, as it provides an overview of the different domains of quality cancer survivorship care, as well as other individual and social factors that should be considered when providing cancer survivorship care to patients.”

We have also moved the framework to the introduction.

10. Page 6, line 148. Should read Table 2, not 1

Thank you for pointing this out. We have removed this table from the manuscript as it did not align with the aims of this paper.

11. Page 6, line 158 'Snyder' not 'Synder'

Thank you for pointing this out. We have made the change.

12. Pages 6-8 Table 2. Am I correct in assuming that this content is not 'results' of your review per se, but an adaptation of content already presented by another peer-reviewed publication? If so, it seems strange to include this under your Results.

Thank you for this comment. We agree that this content is not the results of this review. We have decided to remove this section, as it does not address the objectives of this review.

13. With regard to these models of survivorship care - did the results of your review support the existence of these 8 models? Which appear to be the most commonly applied / utilised? Does the list need revising? Any redundant or outdated? Any new ones need adding?

Thank you for this comment. We have decided to remove the “models of survivorship care” section, as we did not go into detail about these models and it does not align with the objectives of this review.

14. Your 3 paragraphs following Table 2 seem to only just scratch the surface in this area and there needs to be more effort made to better integrate the contents of Table 2 with this section.

Thank you for this comment. We have decided to remove the “models of survivorship care” section, as we did not go into detail about these models, and it does not align with the objectives of this review. As such, we have removed Table 2 and the 3 paragraphs that followed it.

15. Page 9, lines 201-2. This sentence seems very similar / repetitive to the one prior. Avoid this type of repetition

Thank you for this comment. The “patient care” subsection of the “challenges in survivorship care” section has now been removed from the manuscript, as it was quite repetitive with other sections of the manuscript.

16. Lines 218-9. What are those gaps that require further investigation?

Thank you for this comment. We have added a “limitations and future directions” section, where we have outlined the limitations in breast cancer survivorship care, followed by directions for future treatment and care. We have outlined several limitations including lack of engagement and training for primary care physicians (PCPs), lack of coordination and communication between physician and need for future research.