

Peer review file

Article Information: <http://dx.doi.org/10.21037/ajo-20-65>

Reviewer A:**Comments:**

Thank you for submitting a thoughtful piece on the important topic of support for head and neck patients during and after treatment.

Comment 1: The issues I see with this are the relatively small number of patients in the study.

Reply 1: you are correct. While a larger response rate would have been preferable we were constrained by time and resources which limited the number of surveys distributed and collated.

Changes in the text 1: nil

Comment 2: The other issues I have is with combining patients and care-givers in the one survey. These represent two very different populations with conflicting needs. My preference would be to remove care-givers and focus only on patients.

Reply 2: thank you for this comment, agreed as to the difference.

Changes in the text 2: alerted title, tables, figures and text to reflect patient only respondents.

Comment 3: The first line is of the paper is also misleading. Head and Neck cancers do NOT represent one of the most common cluster of cancer sites in the world.

Reply 3: My apologies, this sentence has been modified.

Changes in the text: amended to reflect HNC as the 7th most common cancer in Australia and reference amended.

Reviewer B:**Comments:**

This is a cross-sectional survey of 389 H&N cancer patients and their caregivers, performed over a 3 months period for patients who received H&N cancer treatment at any point previously, with 16% at least 5 years post-treatment. The low response rate of 30.6% is within that expected for a patient survey.

Comment 1: I have a few comments that might make a slightly disjointed paper

easier to read. It would benefit from re-reading by the authors with some rewriting to try and make the take-home messages clearer.

Reply 1:

Changes in the text 1:

Comment 2: Abstract: Results give a combined percentage of those that would either like to or were uncertain about being involved in a support group – these 2 responses do not seem similar enough to be grouped together as a result. In the main results section, the second of these groups actually seems to be those who “may be” interested in a group – perhaps rephrase the abstract results to make this clear.

Reply 2: thankyou for your comment, the responses were collated as all those who indicated ‘unsure’ went on to make their selections in the text.

Changes in the text 2: separation of ‘yes’ and ‘uncertain’ response in the abstract

Comment 2: Methods: Presumably many patients underwent radiotherapy +- chemotherapy as part of their curative intent treatment. Why was an oncologist not included in the expert panel who advised on the questionnaire?

Reply 2: this is an excellent suggestion. While ideally a medical or radiation oncologist would have been involved, our head and neck nursing practitioner’s role manages those undergoing CRT and acted as a proxy advisor for our oncologists.

Changes in the text 2: nil

Comment 3: Results: “The distribution of males to females, tumor location and residence was representative of what is typically seen in this centre.” – what were they? Is it generalisable to H&N cancer patients in other centres?

Reply 3: yes, I have elaborated in the results to reflect the similarities between our cohort and what is typically observed in Australia.

Changes in the text 3: comment as to the applicability of the cohort to that of the wider Australian population.

Comment 4: “Values represent the average likelihood that a patient with a tumor in that location responded either “yes” or “maybe” to the question “do you have interest in a support group?” – note that some patients may fall into more than one category.” – this statement is made twice, for results associated with Figure 1 and Figure 2, and might be better placed under the figures themselves.

Reply 4: amended.

Changes in the text 4: this text has been moved to caption the figure.

Comment 5: Figure 3 is somewhat unclear/unhelpful, as “1” treatment might be radiotherapy alone or surgery alone, and “2” may presumably mean chemoradiotherapy or surgery plus radiotherapy? Please either amend the figure or remove it, perhaps expanding on the text in the results section – currently only tells us what Figure 3 looks at, not what the actual results are?

Reply 5: agreed and removed

Changes in the text 5: removed figure from text

Comment 6: Figure 4 shows that patients were more likely to say “No” as time since treatment increased, perhaps it would be worth removing people whose treatment was more than 5 years ago, to reduce bias?

Reply 6: this is a great point, however we left them in as they were responding to their interest in a support group at the time of answering, and would ideally offer patients at any stage post-treatment a support group if they had requested or indicated interest in one. We weren't sure if more time post-treatment would mean better adjustment to the changes post treatment or time to recover or whether it'd mean they'd potentially had worsening symptoms on account of the often progressive nature of radiation fibrosis. This I feel is an interesting finding that perhaps they have adjusted to the changes in their quality of life.

If you would like these patients to be excluded though most happy to do so

Changes in the text 6: nil as yet – but agreeable to do so if preferred

Comment 7: Table 2 has either “Yes” or “No” options, yet the accompanying text refers to “very satisfied”, “satisfied”, “neutral”, “unsatisfied” or “very unsatisfied”. Please clarify what the figures in the table refer to.

Reply 7: apologies for the confusion, survey participants were asked if they were satisfied yes/no then asked to fill in the likert scale.

Changes in the text 7: I have omitted the ‘yes/no’ table as it doesn't really add anything to the results

Comment 8: The free text responses are perhaps outwith the general scope of the

paper?

Reply 8: agreed and amended

Changes in the text 8: comment about free text removed

Comment 9: Discussion: "This study including 119 patients with head and neck cancer and caregivers demonstrates that most would like to be involved in a dedicated head and neck cancer support group." – in fact just under half said "yes" so not quite "most"?

Reply 9: I have amended this comment, we indicated 'most' because all those who wrote 'unsure' went on to indicate their preferences for topics, times and frequency of appointments even though this was optional, and we wanted to reflect their responses. I have amended however to more accurately represent this finding.

Changes in the text 9: changed wording to 'many' to more accurately describe results