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BMJ-2021-065142.R1
Real Time Remote Symptom Monitoring Reduces Patient Reported Symptom Burden During Adjuvant Chemotherapy Treatment: Results from eSMART, A European Multicentre Randomised Controlled Trial, using ASyMS remote monitoring technology for patients with cancer.

Dear Prof. Maguire

Thank you for sending us your revised paper, which we believe has been strengthened in response to the comments of the editors and reviewers. We recognise its potential importance and relevance to general medical readers, but additional issues still need to be clarified before we can make a final decision.

First, the paper remains too long and overly wordy, which makes it difficult to read. Please shorten the title (perhaps "Real Time Remote Symptom Monitoring During Chemotherapy for Cancer: eSMART, A European Multicentre Randomised Controlled Trial"), shorten the abstract to no longer than 500 words, and shorten the manuscript to longer than 5000 words. Most biomedical journal articles are 3000-3500 words. Getting to 5000 should be quite manageable and will make the paper more accessible to a broader readership.

Second, we remain confused how the adjusted mean difference between the groups was determined to be 0.15, but this is translated into an effect size of 0.5. This seems to be an overly optimistic interpretation of the difference between the two arms, but perhaps there is a misunderstanding. Most readers will see this difference as marginal. Even if this point holds up and can be clearly explained, the paper needs to be far more cautious in its interpretation. Call ASyMS the new gold standard for patient care is inappropriate, as is actively advocating for its use. The paper should present the results of the study - let the data speak for themselves.

Third, the new section on "Adherence to the intervention" is useful, although the first paragraph and a half of the section should be moved to the Methods. One remaining unanswered questions: how often did clinicians initiate new therapy in response to Amber and Red Alert DCTAQs? Seems they had 8 hours to answer the former, 30 minutes for the latter. What was their adherence? I realize it says that clinicians worked through an evidence-based decision support system - but did Amber and Red alerts consistently lead to changes made to the patients' treatment plans?

Fourth, related to this point - the authors do not quite address a topic we raised in the original decision letter. Whether the marginal improvement in MSAS was less about clinician remote monitoring, and more about patients having more autonomy in their symptom management, with the ability to more readily report issues and speak to clinicians (even if changes to treatment are not made).

Finally, please pay close attention to BMJ submission requirements. For instance, citations should be inserted as superscript numbers (not embedded in the text) and numbered in the reference section.

We hope very much that you will be willing and able to revise your paper as explained below in the report from the manuscript meeting, so that we will be in a better position to understand your study and decide whether the BMJ is the right journal for it. We are looking forward to reading the revised version and, we hope, reaching a decision.

When you return your revised manuscript, please note that The BMJ requires an ORCID ID for corresponding authors of all research articles. If you do not have an ORCID ID, registration is free and takes a matter of seconds.

Yours sincerely,

Joseph S Ross MD MHS

Associate Editor BMJ
joseph.ross@yale.edu