

PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (<http://bmjopen.bmj.com/site/about/resources/checklist.pdf>) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

ARTICLE DETAILS

TITLE (PROVISIONAL)	The patient experience in bariatric surgery: protocol of a French narrative inquiry and qualitative analysis
AUTHORS	Vignot, Marina; Jung, Camille; Bathaei, Sarah; Lazzati, Andrea; Gateau, Valérie; Angeli, Frederica; Delorenzo, Christian

VERSION 1 – REVIEW

REVIEWER	Nazy Zarshenas University of Wollongong
REVIEW RETURNED	06-Jan-2024

GENERAL COMMENTS	<p>Congratulations on choosing this very important area to research. Please see my suggestions throughout the paper.</p> <p>In addition, I also suggest the following:</p> <ol style="list-style-type: none"> 1) in writing your paper you use the patient first language, 2) Describe the participant consent further 3) adding the recent ASMBS and IFSO guidelines published in 2023 as the criteria for bariatric surgery <p>All the ver best with your study</p> <p>The reviewer provided a marked copy with additional comments. Please contact the publisher for full details.</p>
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REVIEWER	Ilja Balonov Ludwig Maximilians University Munich, Department of General, Visceral, and Transplant Surgery
REVIEW RETURNED	18-Jan-2024

GENERAL COMMENTS	<p>Thank you for the opportunity to review the paper entitled "The patient experience in bariatric surgery: a narrative inquiry and qualitative analysis".</p> <p>Before the actual correction, I noticed that the line numbers are inconsistent. One problem here is that the line number starts anew with each page. A more significant problem, however, is that the line numbers do not correspond to the actual lines in the document. As a result, the annotations may not be assigned to an exact line.</p> <p>About the actual corrections:</p> <p>Page 3 (Key messages). The colon after "... on this topic..." is missing in line 5.</p> <p>Page 4 line 25 and line 41: Sometimes the sources are separated by a comma and sometimes without a comma. Please organize them consistently throughout the document.</p>
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	Page 8 line 30: will then be followed
REVIEWER	Catherine Homer Sheffield Hallam University, Centre for HEalth and Social Care Research
REVIEW RETURNED	19-Feb-2024
GENERAL COMMENTS	<p>Thank you for the submission of the paper - I enjoyed reading it and agree this work is needed to be a focus on person centred outcomes. Some suggestions below to address in the paper.</p> <p>Please use person first language - page 5 line 33 - the study is to include obese individuals - could be changed to the study is to include individuals living with obesity. It would be good if you could the whole article and amend appropriately.</p> <p>Page 5 line 51 - 'full possession of their mental faculties' is there a more person first way to say this?</p> <p>Page 5 line 7 - 'subjects' it would be helpful to be consistent with terms - patients, participants, subjects? Given the paper is about patient reported outcomes maybe 'subjects' isn't the best term?</p> <p>Page 8 - line 5 - who is Rita Charon?</p> <p>Have you done any pilot testing of the interview guide? Or consulted with stakeholders -medical professionals or surgical patients in the development of the guide?</p> <p>Why was 45 minutes chosen as a limit to the interviews? This seems quite restrictive given the approach and depth of data you are seeking.</p> <p>Analysis section page 8 - it would be useful to expand on the first sentence - form and plot - would all readers understand this?</p> <p>As per guidance form BMJ on the protocol paper could you please confirm the dates of the study.</p>
REVIEWER	Danny Mou Brigham and Women's Hospital, Surgery
REVIEW RETURNED	25-Feb-2024
GENERAL COMMENTS	<p>The authors sought to employ the biopsychosocial model to understand the bariatric surgery journey in a more comprehensive, nuanced way by interviewing 16 patients undergoing bariatric surgery. Three 45-minute interviews are conducted with each patient, and the data will be used to construct a metanarrative of the patient's experience.</p> <p>This is a timely and relevant research endeavor. Understanding the patient's perspective with surveys and clinical data is indeed reductive. Given how bariatric surgery is elective and how patients have significant decision-making influence for pursuing the surgery (as opposed to trauma or cancer surgery), elucidating the patient's viewpoint is particularly relevant as it may reveal the drivers and detractors from committing to surgery.</p> <p>The methods seem to be rigorous. A few minor points:</p>

	<p>1) You mention in your introduction with your 9th citation that medical literature considers >25% EWL as success. This seems off target. Generally, patients are expected to lose 25% total body weight loss with sleeve gastrectomies and 33% TBWL with RYGB.</p> <p>2) Please ensure that you have done a thorough literature review to include any other prior similar studies, particularly in other countries/cultures. This will significantly enrich your discussion section.</p> <p>3) I like how you included employment type as a metric. Some other metrics that may significantly impact patients' experiences are social determinants of health (SDOH) metrics such as income, zip code, race, food insecurity. There is evidence these metrics are some of the key drivers to patients' experiences and outcomes. Perhaps this can be included in the interviews and/or surveys.</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

Dr. Nazy Zarshenas, University of Wollongong

Comments to the Author:

Congratulations on choosing this very important area to research.

Please see my suggestions throughout the paper.

In addition, I also suggest the following:

1) in writing your paper you use the patient first language,

Thank you for this remark, we have reformulated certain sentences.

2) Describe the participant consent further

Thank you for this remark. This point has been detailed page 5, in the study population section.

3) adding the recent ASMBS and IFSO guidelines published in 2023 as the criteria for bariatric surgery

Thank you to mention this point. These guidelines have been added in the introduction section.

All the very best with your study

many thanks

Reviewer: 2

Dr. Ilja Balonov, Ludwig Maximilians University Munich

Comments to the Author:

Thank you for the opportunity to review the paper entitled "The patient experience in bariatric surgery: a narrative inquiry and qualitative analysis".

Before the actual correction, I noticed that the line numbers are inconsistent. One problem here is that the line number starts anew with each page. A more significant problem, however, is that the line numbers do not correspond to the actual lines in the document. As a result, the annotations may not be assigned to an exact line.

About the actual corrections:

Page 3 (Key messages). The colon after "... on this topic..." is missing in line 5.

Thank you for this remark. Key messages section has been removed, as asked by the editor

Page 4 line 25 and line 41: Sometimes the sources are separated by a comma and sometimes without a comma. Please organize them consistently throughout the document.

Thank you for this observation. The typology for the sources has been reviewed and appears correct.

Perhaps it was the conversion to PDF format that altered the display.

Page 8 line 30: will then be followed
corrected

Reviewer: 3

Mrs. Catherine Homer, Sheffield Hallam University

Comments to the Author:

Thank you for the submission of the paper - I enjoyed reading it and agree this work is needed to be a focus on person centred outcomes. Some suggestions below to address in the paper.

Please use person first language - page 5 line 33 - the study is to include obese individuals - could be changed to the study is to include individuals living with obesity. It would be good if you could the whole article and amend appropriately.

Thank you.

The manuscript has been modified accordingly.

Page 5 line 51 - 'full possession of their mental faculties' is there a more person first way to say this? This point has been modified by : "no treated for a severe psychiatric illness"

Page 5 line 7 - 'subjects' it would be helpful to be consistent with terms - patients, participants, subjects? Given the paper is about patient reported outcomes maybe 'subjects' isn't the best term? Thank you. The word Subjects has been replaced by the word patients twice in the text

Page 8 - line 5 - who is Rita Charon?

Rita Charon is a physician. She has founded the program of narrative medicine at Columbia university. She has worked on narrative dimensions in medicine, and has published many articles on this subject (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10424249/>; <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3999976/>, <https://pubmed.ncbi.nlm.nih.gov/26200577/>)

Have you done any pilot testing of the interview guide? Or consulted with stakeholders -medical professionals or surgical patients in the development of the guide?

In this type of narrative inquiry, there are no interview guides. However, we worked and prepared introductory and concluding sentences with the methodologist for each of the three interviews. We established a method for conducting the interview and determined how to follow up if necessary. Why was 45 minutes chosen as a limit to the interviews? This seems quite restrictive given the approach and depth of data you are seeking.

At the beginning, it was necessary to set a specific time for the patient so they could organize their day, as most of the patients we see have professional commitments. However, we do not strictly adhere to the time limit. In practice, some interviews have lasted a little over 45 minutes but never more than an hour. We have never interrupted them, but after 45 minutes, most patients have expressed what they wanted to say.

Analysis section page 8 - it would be useful to expand on the first sentence - form and plot - would all readers understand this?

Thank you for giving us the opportunity to precise these points. We add these explanations in the main text:

"We will ask, for example: does a narrative seem to belong to a precise genre? What about its style, its voice, its language, its mood? Why are some words repeated? Are there any meaningful metaphors and images? Are there many characters/people? Are they well described or just mentioned? Which is the spatiotemporal structure of the story? And what about the main events? Is the plot well-ordered, linear, or chaotic? And so on"

As per guidance form BMJ on the protocol paper could you please confirm the dates of the study. You're right. The date of first inclusion and timeline are now specified in the study design section, page 6

Reviewer: 4

Dr. Danny Mou, Brigham and Women's Hospital

Comments to the Author:

The authors sought to employ the biopsychosocial model to understand the bariatric surgery journey in a more comprehensive, nuanced way by interviewing 16 patients undergoing bariatric surgery. Three 45-minute interviews are conducted with each patient, and the data will be used to construct a metanarrative of the patient's experience.

This is a timely and relevant research endeavor. Understanding the patient's perspective with surveys and clinical data is indeed reductive. Given how bariatric surgery is elective and how patients have significant decision-making influence for pursuing the surgery (as opposed to trauma or cancer surgery), elucidating the patient's viewpoint is particularly relevant as it may reveal the drivers and detractors from committing to surgery.

Thank you for these comments and encouragements.

The methods seem to be rigorous. A few minor points:

1) You mention in your introduction with your 9th citation that medical literature considers >25% EWL as success. This seems off target. Generally, patients are expected to lose 25% total body weight loss with sleeve gastrectomies and 33% TBWL with RYGB.

The sentence has been reworded: "This differs from the definitions of surgical success in the medical literature, where the target a 25% reduction in total body weight for sleeve gastrectomies and a 33% reduction for Roux-en-Y gastric bypass surgeries" page 4

2) Please ensure that you have done a thorough literature review to include any other prior similar studies, particularly in other countries/cultures. This will significantly enrich your discussion section. To our knowledge, there is no previous study on this field, with this kind of methodology in bariatric surgery. However, there are narrative inquiries in related fields with different objectives. Indeed, the discussion of the principal article may include this literature.

3) I like how you included employment type as a metric. Some other metrics that may significantly impact patients' experiences are social determinants of health (SDOH) metrics such as income, zip code, race, food insecurity. There is evidence these metrics are some of the key drivers to patients' experiences and outcomes. Perhaps this can be included in the interviews and/or surveys. Indeed, patients communicate certain social and lifestyle information to us (if they live in an apartment or a house, their marital status, if they have children, employment, level of education...) They also share with us how they experience their obesity and then their surgery within their social and family environment. However, some other metrics are more complicated to collect: in France, the law prohibits the collection of ethnicity. It is also difficult to analyze residential areas in medical research because it is also prohibited to collect this type of data (unless lengthy regulatory procedures are undertaken). Regarding access to healthcare, we are a public hospital and access to bariatric surgery is financially covered by mandatory health insurance.

VERSION 2 – REVIEW

REVIEWER	Catherine Homer Sheffield Hallam University, Centre for HEalth and Social Care Research
REVIEW RETURNED	30-Apr-2024
GENERAL COMMENTS	Thank you for addressing the points raised and for a great paper. I look forward to seeing the results form the study.

VERSION 2 – AUTHOR RESPONSE

Reviewer: 3

Mrs. Catherine Homer, Sheffield Hallam University

Comments to the Author:

Thank you for addressing the points raised and for a great paper. I look forward to seeing the results from the study.

Answer: Thank you for your positive feedback.