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) | Scoping Review protocol: Bladder Cancer in Nigeria - what are the gaps in clinical care and research? |
|---------------------|-----------------------------------------------------------------------------------------------------|
| AUTHORS             | Kibaru, Joyce; Kotecha, Pinky; Iya, Abdulkarim; Russell, Beth; Abdullahi, Muzzammil; Alhassan, Sani; Mustapha, Muhammad; Bryan, Richard; Van Hemelrijck, Mieke |

VERSION 1 – REVIEW

| REVIEWER             | Kilian Gust  
| Medical University of Vienna |
| REVIEW RETURNED      | 05-Sep-2020 |
| GENERAL COMMENTS     | The authors have clearly presented their protocol, though since they are describing a systematic review approach, they should at least state their search terms. Overall, although it is a relevant research question with the goal of improving research and finally UC patient care in Nigeria, the question is, if such a research protocol is interesting for the readership. |

| REVIEWER             | Lakshminarayanan Nandagopal  
| University of Alabama at Birmingham, Alabama |
| REVIEW RETURNED      | 14-Sep-2020 |
| GENERAL COMMENTS     | The authors are attempting to understand and measure the current status of bladder cancer treatment in Nigeria. Normally, a understanding of epidemiology and patterns of cancer care delivery is best analyzed from a national database. This will provide the most accurate data for the question being asked. However, the methodology is based mainly on review of already published literature/reviews. Can you provide a rationale for using this as your source of information rather than a national cancer registry or a national database? If an online national database is not available, there may still be paper records available at premier cancer centers in Nigeria. If such a registry / database does not exist, please state as such. If a national cancer registry does not exist, then what will be the source of data for the reviews/publications you will be basing your analysis on? In addition, will you be measuring outcomes like long term survival, cancer free survival, etc. These are the most reliable indicators of treatment efficacy. Also, can you please state the minimum number of cases you will require to reasonably describe epidemiology and treatment patterns? If the published literature is inadequate, then your study will suffer from lack or reliability/replicability. |
VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

Comment:
The authors have clearly presented their protocol, though since they are describing a systematic review approach, they should at least state their search terms.

Response:
We would like to thank the reviewer for their positive comments. Regarding the search terms, thank you for this suggestion and we apologise for not including this already. The search terms for Ovid Gateway (Embase and Ovid) was Bladder cancer.mp AND nigeria.mp. We have added this information as a supplementary file.

Comment:
Overall, although it is a relevant research question with the goal of improving research and finally UC patient care in Nigeria, the question is, if such a research protocol is interesting for the readership.

Response:
We thank the reviewer for raising this issue. We have chosen to publish a protocol separately from the main review as we felt the protocol was quite comprehensive. In light of word limits on research articles we felt to give enough detail surrounding the methods used for the scoping review that it would be appropriate to publish the protocol separately. Furthermore, this leaves more room to present valuable results within the main results manuscript.

Reviewer: 2

Comments to the Author
The authors are attempting to understand and measure the current status of bladder cancer treatment in Nigeria. Normally, a understanding of epidemiology and patterns of cancer care delivery is best analyzed from a national database. This will provide the most accurate data for the question being asked. However, the methodology is based mainly on review of already published literature/reviews. Can you provide a rationale for using this as your source of information rather than a national cancer registry or a national database? If a online national database is not available, there may still be paper records available at premier cancer centers in Nigeria. If such a registry / database does not exist, please state as such. If a national cancer registry does not exist, then what will be the source of data for the reviews/ publications you will be basing your analysis on?

Response:
Thank you for your feedback. We agree with the reviewer that an understanding of epidemiology and patterns of cancer care delivery is best analysed from a national database. However as attempts at creating a national database In Nigeria have been met by challenges that include: data not being comprehensive, issues of poor data quality and not all hospital based cancer registries routinely submit data to the national database, Nigeria does not have a functional and comprehensive national...
database. We have therefore chosen to review the published literature. We anticipate that publications within this review will be mainly based on single centre studies of bladder cancer experiences. We have added this information to the Stage 2: Identifying relevant studies - Search strategy section

Reviewer: 2

Comment:

In addition, will you be measuring outcomes like long term survival, cancer free survival, etc. These are the most reliable indicators of treatment efficacy.

Response:
Thank you for your feedback. As this is a scoping review we are looking for any information on bladder cancer treatment outcomes available including long term survival and cancer free survival. We have amended the ‘Stage 4: Charting the data’ section to reflect this.

Comment:
Also, can you please state the minimum number of cases you will require to reasonably describe epidemiology and treatment patterns? If the published literature is inadequate, then your study will suffer from lack or reliability/replicability.

Response:
We will exclude case report studies in our scoping review in order to reasonably describe epidemiology and treatments patterns. We anticipate that publications within this review will be mainly based on single centre studies of bladder cancer experiences. We will use these publications to describe epidemiology and treatment patterns. We have amended the Stage 3: Study selection paragraph to reflect this.

Comment:
Outside of these limitations, this is a laudable effort to understand current practice patterns and then hopefully develop a national cancer program which will benefit the larger populace in Nigeria.

Response:
Thank you for the positive comment, we look forward to sharing the results of the scoping review soon.

VERSION 2 – REVIEW

| REVIEWER             | LAKSHMINARAYANAN NANDAGOPAL          |
|----------------------|--------------------------------------|
| REVIEWER RETURNED    | 21-Dec-2020                          |
| GENERAL COMMENTS     | I wish the authors success in this endeavor which will hopefully provide a foundation for establishing a national guideline / task force to improve bladder cancer treatment in Nigeria. |

VERSION 2 – AUTHOR RESPONSE

Reviewer: 2
I wish the authors success in this endeavor which will hopefully provide a foundation for establishing a national guideline / task force to improve bladder cancer treatment in Nigeria.
Response:
Thank you for the positive comment, we look forward to sharing the results of the scoping review soon.