**Bronwen** (Physician) and **Barry** (BMT recipient)

**Key learnings**

Article ID 4 – BMT roadmap – promising approach, specifically addresses educational needs. Authors lacked a robust sample (limited ethnic minorities), & perhaps selected for people who were more well.

Article ID 16 – Not very useful for our purposes. Possible background evidence.

Article ID 20 – Focus groups. Very specifically addressing whether patients think they were given right or sufficient information. Felt lacking in long-term side effects or complications. Differences in expectations. Gap – way of disseminating information vs the way patients want to receive information. Patients would benefit from discussions with others who have been through transplant.

Article ID 30 – Descriptive study. Main aim to look at qualitative themes raised at time of discharge. Focus on caregivers and patients. Gaps identified were very specific, i.e. oral issues from chemotherapy. Recommended caregiver support post-transplant was missing or could be enhanced. Lacked suggestions for implementation. Very center specific

Article ID 37 –Not relevant to our work.

Article ID 48 – Out of scope.

Article ID 56 – Identified gaps. Patients prefer personalized instead of generic information instead of generic information. Felt lack of info on sexuality, fertility etc. No solutions identified.

Article ID 81 – Literature review. Interesting, but wasn’t particularly relevant to BMT because broad brush of cancer patients. Looked at communication styles and more specific to particular patients. Lacking in specific detail.

**Gaps** – Personalized information; Representation from all patient groups (ethnic minorities and less well people); Types of information give (insufficient info on impact on fertility, etc.); Need to impart information in different ways in different patient groups; Caregivers need more information/support

**Discussion** –

* Some of the things you’re saying are themes we’ve heard. Types of info, giving info in different ways to different people, representation.
* Peer to peer communication – in clinical practice offer that and find it variable if patients want to take it up or not. Can/does scare some patients. Universally patients post-transplant have offered to do that. Not mentioned in article, but for caregivers, caregiver to caregiver is a missing gap.
* Be The Match offers Peer Connect. It’s interesting what people want to know. Let the people ask me what they want to know. Let them guide me what they want to know. What info pts want vs what medical team thinks they want.
* Cultural differences – US is used to support groups, but in Belgium it’s not a given.