Reviewer's report

Title: Factors influencing general practitioners for the referral of elderly cancer patients

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Reviewer: Jean-Emmanuel Kurtz

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In this manuscript, the authors report a cross-sectional study focusing on factors that affect the referral of elderly cancer patients from general practitioners’ care. There are few reports in the literature addressing these issues, therefore the work is of interest. However, this manuscript suffers from several weaknesses that should necessarily be edited to favorably consider publication in the Journal

Major criticisms

1) Overall the English of the manuscript is very weak and should be carefully edited by a native speaker used to medical English

2) Table I describes the boundary for old age in the view of the responders., that varies in a 20-years range. One can hardly interpret the study results from a panel of GP, of whom almost 20% consider 80 or more years old as the limit for being old. Was age (as incorporated in the logistic regression model) that fuzzy ?

3) The discussion section should be reinforced by thoroughly discussing the present data in the light of similar studies (Townsley et al, Kurtz et al…) Eventual discrepancies should be analyzed with regard to healthcare or medical training differences. Conversely, convergent data would reinforce the authors’ conclusions

Minor criticisms

1) “No study has been found in Europe...” (Abstract section). Ref 12 actually reports data from a French study

2) Does the pattern of responders match the average profile of GPs in the area ? (age, urban/rural practice). Was there any discrepancy in responders according to these factors ?

3) The authors mention that 15% of practitioners had a prior training in oncology. So far, and as opposed to geriatrics for which general practitioners residents can graduate, there is no way to be professionally qualified in oncology for a GP. Whether these 15% only reflect a resident training in an oncology unit does matter and should be explained, especially since this data is part of the regression model.

4) There is no description of the « clinical vignettes » that were part of the questionnaire. Responses may considerably vary according to the nature of clinical cases, which should at least appear as appendixes and be discussed.
Regardless of age, referring an elderly prostate cancer patient to an urologist does make sense, provided the patient is amenable to surgery or hormonal therapy. Moreover, this depends upon the cancer care organization in the area, that should be described.

5) Similarly, the questionnaire should appear in the appendix section. It is mandatory to have access to this material to interpret any bias in the questions that may influence answers. The authors should detail the basis for assessing data such as “psychological status” or “degree of mental and physical autonomy”.

6) Did some patients benefit from a geriatric assessment?

7) Whether a 30% response rate is “acceptable” should be discussed in the light of higher rates that were observed in a previous French study (ref 12)

8) Throughout the manuscript, some locutions regarding age do not make sense, such as ‘chronological age’ or ‘real age’. These are definitely confusing and should be replaced or explained.