Reviewer's report

Title: Cancer fear in older adults

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Reviewer: Nathan Consedine

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Cancer fear in older adults. Submitted to: BMC Cancer

The report presents descriptive, self-report data from a large-sized sample of older adults, assessing both their levels of cancer fear (fear, worry, distress) relative to other common health threats as well as providing information regarding the demographic predictors of these cancer fear metrics. The findings themselves are relatively straightforward and the paper is generally well written; it presents data and ideas that could potentially be of interest to readers of the journal to which it has been submitted. These strengths noted, there are several interrelated theoretical, methodological, and operational considerations that require attention in the work as it stands. These issues are described in greater detail below.

Major compulsory revisions:

1. First, given prior findings from Europe and the US, there is no particular reason to suspect that cancer fears would be any less prevalent in a comparably westernized healthcare context. Thus, some work is needed to ensure that the manuscript’s primary “additive” contribution is appropriately highlighted. What should the reader know at the end of the paper that they do not currently appreciate? As is noted below, there are some issues with the contributions based around (a) distinguishing among fear-like constructs and (b) evaluating whether demographics equally predict these three constructs. Thus, the manuscript would benefit from more clearly highlighting what is known as a result of the work that was not known before, perhaps by talking in slightly greater detail about possible differences in the UK provision context.

2. Second, although the manuscript is correct in stating that “fear has a complex architecture,” the rationale for the measurement of three potentially distinct constructs (cancer fear, distress/discomfort, and worry) with three single items is probably suboptimal as it currently stands. In addition to creating a concern about the validity of single items as measuring a construct, it is unclear that these three constructs are, in fact, the correct ones. Admittedly, the suggestion that these items are indexing separate processes gains some support from the moderate correlations among both the items themselves as well as with general anxiety, but without a theoretical base or framework the work risks appearing excessively opportunistic. One possibility is that the authors use work from either the extensive general psychological literature addressing the components of worry
and/or that they draw from cancer screening related work that distinguishes among worry-like constructs (Consedine, Adjei, Ramirez, & McKiernan, 2008; Consedine et al., 2004; Consedine et al., 2006; Hay, Buckley, & Ostroff, 2005). In any case, some framework that helps justify the selection of these specific components and their separation would help the manuscript in general as well as in dealing with the general anxiety aspects which “hang” somewhat in the work.

3. Three, the rationale regarding possible links between demographics and the fear components is overstated insofar as it is not entirely accurate to suggest a complete absence of prior work testing whether demographic and psychosocial factors equally predict different aspects of fear. Several of the works noted above include multiple fear-type metrics and provide correlational analyses indicating the links between demographics and distinct components may vary (see e.g., Consedine, et al., 2008). Again, the obvious way to circumvent this problem is to note prior works in the area but then suggest that most prior work is US based (an assertion that is more consistent with the available evidence) and that such links may vary in UK samples.

4. Four, it is also worth noting that while anxiety is typically greater in women it is not consistently greater in minority groups and, in many US-based studies, anxiety, depression, and negative affect are actually lower. Thus, although it may be true that cancer worry is partially “driven” by general anxiety, these two phenomena are only moderately correlated (as the study itself indicates). My suggestion here is that the authors avoid trying to create a rationale to “explain” group-based differences in cancer worry/fear via general anxiety and position it more as a possible “nuisance” or confound-type variable that interferes with our ability to evaluate demographic predictors of variation in worry constructs rather than in anxiety per se. Such an approach would enable the manuscript to circumvent the complex literature dealing with anxiety in different groups.

5. With the exception of the validity concern mentioned above, the study is generally adequate at a methodological and analytic level. There are, however, a few areas in which greater detail would be of use. Specifically, it would be useful for the reader to know a little more about the sampling strategy and rationale, the auspices under which persons were approached for participation, and the measurement context/content for the parent study (i.e., what else was measured). Similarly, I felt that a brief summary of the analytic approach, indicating which analyses were going to be used to deal with which research questions would help offer some greater structure to the Results section.

6. Finally, there are a few areas in the Discussion that should be addressed. In particular, greater care needs to be taken in suggesting that cancer worry may interfere with screening and/or promote delay. As the authors are like aware, this is a complex issue and not one that is addressed empirically in this work. While it is true that greater cancer worry may increase utilization, it likely also increases screening. Perhaps more to the point, there is little evidence that cancer worry per se deters either responses to symptoms or screening participation. In fact, the opposite is more typically the case. Recent theory (e.g., Consedine, et al., 2008) suggests that people normatively behave in a manner that reduces fear or
worry but that the precise elicitor of the emotion is important when seeking to understand the “direction” of behavior. So while cancer worry tends to predict greater screening, fear of cancer may predict less, as may fear of screening or fear of finding something wrong. This interpretation needs to be changed as it misrepresents what is currently known about how cancer-related anxieties relate to screening behavior.

Minor essential revisions

1. One general consideration when reading the paper regards providing a reason for the reader to “care” about the epidemiology and predictors of cancer fear. Specifically, one of the key take home messages is that cancer is commonly feared in the UK context. Given, however, that cancer fear/worry is a robust predictor of greater screening (Consedine, Magai, Krivoshekova, Ryzewicz, & Neugut, 2004; Consedine, Morgenstern, Kudadjie-Gyamfi, Magai, & Neugut, 2006), this would not necessarily seem to be a major problem from a public health perspective. The Discussion mentions possible interference with QOL and it might be useful to bring something of this rationale into the Introduction.

Overall, this is an interesting and generally well-written paper that, with some adjustments can make a useful contribution to current knowledge regarding the prevalence and demographic predictors of cancer fear constructs in the United Kingdom.

References

Consedine, N. S., Adjei, B. A., Ramirez, P. M., & McKiernan, J. (2008). An object lesson: Differences in source determine the relations that trait anxiety, prostate cancer worry, and fear of screening hold with prostate screening frequency. Cancer Epidemiology Biomarkers and Prevention, 17(7), 1631-1639. 10.1158/1055-9965.EPI-07-2538


Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.
Declaration of competing interests:

I declare that I have no competing interests