Title: Understanding the Attitudes of the Elderly Towards Enrolment into Cancer Clinical Trials

Authors:

Carol A Townsley (carol.townsley@uhn.on.ca)
Kelvin K Chan (chan_kar_wing@hotmail.com)
Greg R Pond (greg.pond@uhn.on.ca)
Christine Marquez (Christine.marquez@uhn.on.ca)
Lillian L Siu (lillian.siu@uhn.on.ca)
Sharon E Straus (sharon.straus@uhn.on.ca)

Version: 3  Date: 22 November 2005

Author's response to reviews: see over
Nov 20, 2005

Response to Reviewer’s Comments

Re: Understanding the Attitudes of the Elderly Towards, Cancer its Management and Enrolment into Clinical Trials

We would like to thank the editors for reviewing our manuscript. We have revised it based on the comments by all reviewers. We have included a response to each of the reviewers’ comments as well as the revised manuscript.

Reviewer 1: Edward Trimble

1) The discussion should include mention of “system factors” which may affect the accrual of elderly to clinical trials. For example, older patients are more likely to be treated at community hospitals, which are less likely to have trials. Older patients are less likely to be referred to cancer centers, which are more likely to have trials.
   
   **We agree that it is important to mention other contributing factors that may influence the accrual of elderly onto clinical trials. We have added this information to the discussion.**

2) The discussion should include some mention of the issues surrounding co-morbidity, which is more common among the elderly patients with cancer. Co-morbid conditions may make the patient ineligible for certain trials.
   
   **We agree that the prevalence of co-morbid conditions in the elderly is an important consideration and will have an affect on the patients that get accrued onto clinical trials. We have now added this text to the discussion.**

Once these revisions have been made I would recommend publication

Reviewer 2: Marcello Tamburini

1) Authors should have identified sample selection criteria for qualitative study instead of accepting patients’ self-selection. No data reported on the sample heterogeneity as regards education level, health status, which are important factors to evaluate the results.

**In qualitative research, there are advantages and disadvantages to purposive vs. random sampling and we tried to balance these in our study. We used grounded theory methodology to analyse the data, which began after the first interview. We continued sampling until saturation was achieved and this resulted in the sample size of 17. Education level and patient’s own perception of their health status was captured and is now reported in Table 6**
2) As reported by the authors the qualitative study shows patients’ misunderstandings about clinical trials and what participation would entail. This makes it difficult to interpret the preferences expressed in the questionnaire. 

We agree that a poor understanding of a clinical trial could affect the preferences found in the questionnaire. However, the objective of the questionnaire was not to determine patients’ preferences when they have a complete and accurate understanding of clinical trials but to get a real picture of their preferences and attitudes with their current knowledge base.

3) What about the health characteristics of this small sample? 

The only evaluation of the health characteristics of this sample was a question asked in the interview about how they rate their own health. These results have now been reported. A detailed analysis of each patient’s medical history was not performed. Table 6

4) What about the patients’ attitudes toward cancer as reported in the title?

We agree that the title is slightly misleading, as patients’ attitudes towards cancer were not really addressed in this study. We have therefore modified the title to better reflect the content of the study.

Reviewer 3: Peter Ellis

1) I think the introduction is somewhat unbalanced. I think the most challenging fact in the treatment of the elderly patient is the presence of co-morbid medical problems, not the lack of participation in clinical trials (although this is important). The fact that elderly patients are underrepresented in clinical trials requires extrapolation of trial results to this group of patients. However, there are data showing that the outcomes for elderly patients who receive treatment on a clinical trial are similar to younger patients. Elderly patients are likely to experience more haematological toxicity though. Therefore I would disagree that it is extremely difficult to extrapolate to results from younger patients. 

We agree that co-morbid conditions in the elderly play a big role in the difficulties encountered when treating this population. We have therefore modified our introduction to better reflect this as suggested. We have changed the ranking of factors that make treating cancer in the elderly challenging so that co-morbid conditions are first and not second and have added more text discussing this issue both in the introduction and discussion.

2) Page 5, first paragraph. The last sentence states there is a lack of research investigating older patients attitudes towards cancer care and clinical trials. This is the first mention of attitudes to cancer care and it is not really linked to the concept of clinical trial participation. I think the authors need to provide
more of a rationale why attitudes to cancer care are important to the topic of clinical trial participation.

We agree that the issue of attitudes towards cancer care was not really a focus of this study and another reviewer has mentioned this. We have therefore changed the sentence mentioned to reflect that, as well as the title of the manuscript.

3) Page 7, methods. The authors need to define how the patients were selected. Does this represent all patients from a selected month? Were these patients attending for new consultations, treatment of follow-up? The views of long-term patients might be quite different from newly diagnosed patients. Also it states that patients were selected from GI, lung and breast clinics, but later they could have any type of cancer. This appears a little at odds.

We have clarified how patients were selected for this study and this has been clarified in the methods section of the paper.

4) Did the questionnaire only examine issues pertinent to participation in clinical trials? There is no mention of a review of the literature concerning attitudes of elderly towards cancer. I think the authors need to define what they mean when referring to attitudes towards cancer care. At present they appear to have taken a fairly limited perspective of this.

We agree that this study did not really address the issues of cancer care as was mentioned in comment #2 as well. We have therefore modified both title and text to better reflect the content of the paper.

5) Do the authors know anything about the demographics of the responders in comparison to the 425 patients initially invited to participate. This is pertinent given the low response rate in this survey.

We agree it would be ideal to be able to compare the demographics of non-responders versus responders however due to their very nature of not responding we do not have detailed information about their demographics.

6) Page 11 section on reasons to participate. It states that there was no difference according to cancer status. Should this be health status, as the authors did not really ascertain cancer status as far as I can tell from the description?

We agree that this should be health status and has been modified.

7) The major issue with this data is the potential for selection bias. The response rate of 22% raises significant concerns about the potential for response bias. The very same people who responded to the questionnaire may be the ones who are willing to consider trial participation. This needs to be discussed.

Considering the initial cohort of people who were invited to participate, the response rate was 22%. However, of those who expressed interest in completing the survey, over 60% responded which is a good response rate.

We agree that with any survey there is a large potential for response bias.
This has been added to the discussion. We do however feel that this study is one of the first to investigate elderly patients’ attitudes towards clinical trials and therefore should be reported. As well, we continued recruitment in the qualitative portion of this study until there was a saturation of themes suggesting that further patient recruitment would not yield any more information.

8) For the very same reasons I am not sure that the authors can conclude that the majority of elderly patients are willing to participate in clinical trials. We agree that it is difficult to extrapolate these results to the general elderly population when there is such a large potential for bias. We have therefore modified the text to better reflect this.

9) The second paragraph of the discussion states that older patients feel similar to younger patients about clinical trial decision-making. What is the comparison given there are no younger patients in this trial. We agree and have modified the text to remove any comparison with younger patients.

Thank you in advance for your consideration of our revised manuscript.

Sincerely

Carol Townsley

Dr. Carol Townsley MD MSc CCFP
Research and clinical associate
Drug Development Program
Princess Margaret Hospital
610 University Ave.
Toronto, Ontario, CANADA, M5G 2M9
Tel: (416) 946-4501 ext. 4877
Fax: (416) 946-2016
Email: carol.townsley@uhn.on.ca