Reviewer’s report

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

Version: 1 Date: 1 November 2005

Reviewer: Peter M Ellis

Reviewer’s report:

General

This is an interesting paper about an important topic. Participation in clinical trials is essential to further our knowledge about the efficacy of cancer therapies. Traditionally some groups are significantly under represented in the majority of clinical trials of cancer therapies. Therefore physicians treating elderly patients are often forced to extrapolate results of clinical trials in younger patients. The authors of this paper attempt to explore attitudes of elderly cancer patients towards cancer as well as clinical trials.

I have some comments and concerns which I will summarize below to help improve the overall quality of this paper. There are no page numbers on the paper I have. I have numbered the paper from the title page in order to reference my comments.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

I think that the introduction is somewhat unbalanced. I think the most challenging factor 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 hematological toxicity though. Therefore I would disagree with the statement that it is extremely difficult to extrapolate to results from younger patients.

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.

Page 7, methods. The authors need to define how the patients were selected. Does this represent all patients from the selected month. Were these patients attending for new consultations, treatment or 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 to be a little at odds.
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 patients 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.

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.

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.

Discussion.

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 same ones who are willing to consider trial participation. This needs to be discussed. The size of the study does not overcome this potential.

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.

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 that there are no younger patients in this trial.

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

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Discretionary Revisions (which the author can choose to ignore)

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**What next?:** Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** No

**Declaration of competing interests:**

I declare that I have no competing interests