Reviewer's report

Title: Young patients', parents', and survivors' communication preferences in paediatric oncology: Results of online focus groups

Version: 1 Date: 2 August 2007

Reviewer: Jennifer Mack

Reviewer's report:

General

The authors describe the results of online focus groups about communication preferences among children with cancer, their parents, and childhood cancer survivors. The authors found that patients, parents, and survivors value a balance of personal attributes, such as honest and supportive communication, and complete information. Many children wanted access to information and wanted to participate actively in decision-making.

A particularly important contribution of the current study is the assessment of pediatric patients' views and preferences for information exchange and decision-making. Most children wanted to participate in decision-making, although a few children preferred to hold more passive roles, particularly for the decisions they considered to be most important. The authors emphasize the importance of allowing children to participate in information exchange and decision-making to the extent that they wish. In addition, the authors acknowledge the complexity of meeting the needs of all patients, when individual preferences and even preferences within a family can vary.

-----------------------------------------------

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

1. The general description of topics used for discussion in online focus groups (page 8) is helpful. However, the actual text of the questions used in the online focus groups would be helpful in evaluating the results. Please provide these questions, perhaps as a table. Were these questions pilot-tested? Did the authors use any other means to ensure that the issues discussed were those considered relevant by patients, parents and survivors? In addition, how was age-appropriateness of questions determined (eg, were questions appropriate for children as young as 8? Were 8 year olds comfortable enough with written responses to be fully participatory?)

2. A wonderful attribute of this study is the study of differing populations. The authors describe in the text how the three groups differ in their preferences, when such differences were found. However, it might also be useful to provide a table that describes special issues raised by each group (parents, pediatric patients, and survivors) in the areas of interest (interpersonal relationships, information
exchange, and decision-making). Table 3 is useful, but some of the attributes listed were raised by individual groups. Perhaps Table 3 could be expanded, with one column that addresses themes common to all groups, and additional columns for themes raised by individual groups. This would serve to highlight some of the interesting differences found.

3. Unfortunately, a major limitation of this study is the low participation rate, which ranged from 18-32% in the three groups. (It would be helpful to have participation rates displayed in Table 1 as percentages, even though the reader can calculate them from the available data.) The authors acknowledge this issue. However, a concern is that children and parents who are generally more interested in participating in medical communication and decision-making are those who were also more interested in participating in the study. They may therefore have overestimated the desire of children to participate in decision-making, for example. The authors should discuss this possibility, which would limit generalizability of results.

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

Discretionary Revisions (which the author can choose to ignore)

4. The methods are clearly described, including the use of online focus groups. The authors do not specifically mention whether online focus groups have been previously used in the pediatric setting; if so, then this should be noted as well.

5. In Table 2, it would be helpful to display ages as a mean (or median) and a range, rather than a standard deviation.

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, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests