Reviewer's report

Title: Recruiting Terminally Ill Patients into Non-Therapeutic Oncology Studies: Views of Health Professionals

Version: 1 Date: 4 October 2012

Reviewer: Carolyn Ells

Reviewer's report:

- Major Compulsory Revisions
  None.

- Minor Essential Revisions
  1. Whether the research/interviews addressed issues involving recruitment of terminally ill minors should be noted.
  2. Background/paragraphs 1&2 - A little more detail would be useful for the reader to clarify the scope of the authors' concerns. For instance, the authors say that there is a large looming ethical issue over recruitment of "vulnerable, dying patients or patients who are in advanced stages of their disease". Are these 2 distinct populations? If so, are there ethically relevant distinctions to be made within this (these) population(s) that should have been taken into account in the research interviews? Are there alternative populations to recruit to for such research (assuming that the research is justified scientifically, clinically)? Are the background comments and references 1 and (especially) 2 restricted to cancer patients? If so, qualify the statements in the article to just cancer patients for cancer studies. Regarding reference 2, why do "some proponents doubt whether such restrictions are appropriate"?
  3. Methods/study participants - clarify whether the 7 participants were involved in oncology research.
  4. Results/Public Good - "Patients perceive participation..." should be prefaced with "According to respondents, ..." or similar qualifier.
  5. Results/Teamwork - second quotation needs a period and Interviewee number.
  6. Conclusions/paragraph 1 - The authors should say why they believe such research is ethically justified.
  7. References/number3 - Caps should be changed to sentence case.

- Discretionary Revisions
  1. Background/Increased vulnerability, sentence 1 - If possible, clarify whether this is the usual group targeted for non-therapeutic oncology studies.
2. Results/ethical considerations/non-maleficence - I assume that it the respondents, as opposed to the authors, who consider "increased pain or side effects" to be what they mean by "significant". So does this imply that time away from family or other opportunities lost, or other burdens were not considered significant? That respondents thought that they should focus on the significant risks for pain and other side-effects, seems puzzling given that they also address the need for patient and family support, etc (in the next 2 categories of results). Possible point of discussion.

3. Results/informed consent and family dynamics sections - Here in particular (although it may be elsewhere too) "patients" and "participants" are both used, and seem to refer to the same people. Consistency may make for easier reading. Consider whether an explanation somewhere about choice of terms used would be useful.

4. Results/Health professional issues/teamwork - The "greatest obstruction" point could be reiteratied and discussed more in the discussion section.

5. Results/Health professional issues/conflict of interest and Discussion/paragraph 5- Is it true that the research nurse does not have a vested interest? This reviewer has the impression that many (if not most) research nurses are hired directly by the researcher and not the institution where they do their work. They don't have the job security or benefits in the same way that nurses on salary with a hospital for clinical care have. Possible point for greater discussion.

6. Discussion/paragraph 8 - This reviewer wishes the authors would add more critical reflection to these results. For example, what do the authors think about the respondents' suggestion that medical students be exposed to research as part of their training? What is the status quo on med school exposure to research? What do curricula standards require? There is a lot of material in the undergraduate medical curricula. To what extent is this a realistic/redundent/worthwhile suggestion? Not all medical school graduates, will work in settings where they will be asked/expected to engage in research or help recruit patients to research. Is residency the better target? Or even physicians who become employed at institutions with substantial academic research activity? I would argue that creating new interventions that foster interest and competence in newly-hired clinicians in those environments would improve on their suggestion.

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.'