Reviewer’s report

Title: Physicians Perceptions of an Electronic Health Record-based Clinical Trial Alert Approach to Subject Recruitment: A Survey

Version: 2 Date: 20 November 2007

Reviewer: Shaun Treweek

Reviewer’s report:

General
Recruitment is a challenge for all trials and the downfall of many. A number of reviews and studies have shown that, even if we are kind, no more than 50% or so of all trials meet their recruitment targets. So any intervention that can make recruitment easier, especially of incident cases, is to be welcomed. I was aware of, and impressed by, the authors’ earlier publication describing an alerting system to improve recruitment and was pleased to get a chance to look at the current paper. I think this paper is a useful complement to that earlier paper. I don’t have any major concerns, just a few minor points that ought not to be hard to deal with. These are listed below under the headings used by Biomed Central.

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

None.

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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)

Abstract
1. Under Results, the second sentence ends with ‘..via a CTA, including.’ Clearly something has happened during the editing that needs to be fixed.

Background
1. Page 6. There is a lot of the earlier article repeated here and while I accept that this sets the context for the current paper I think it would be sufficient to give a few key points rather than present essentially all the results from the other study.

Results
1. Figure 2. I think that this figure could be dropped and the data put into the text, ie ‘100% of endocrinologists and 73% of internists appreciated being reminded.’ etc. It’s less disruptive to reading the paper.
2. Table 2. I didn’t get this table, which is probably a journal error. The content of the table sounds useful and would fill out the more count-based information available from the rest of the survey.

Discussion

1. Page 11, first paragraph. The authors mention false-positive alerts and I think that this is a key issue to which the authors should give some more thought. On page 8 the authors say that 48% of respondents did not use the CTA to refer a patient, which suggests that a lot of alerts are false-positive. On page 9, 28% of respondents report dismissing the CTA because the patients was known to be ineligible. Why are there so many false-positives? The CTA is as good as the data upon which they are based, i.e. the electronic health record. How good do the authors think EHRs are for selecting patients for trial eligibility and are there some types of trial (and eligibility criteria) for which the CTA is most suitable? What sort of eligibility criteria would not be suitable for a CTA approach because the data are not in the EHR, or because the EHR data are not good enough? This is a key point because the authors found that more clinicians would use the system if it was better at identifying eligible patients.

2. Page 11, second paragraph. There is a typo ‘..mean that we muct be CAUTIOS not to..’

Discretionary Revisions (which the author can choose to ignore)

None.

What next?: Accept after minor essential 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.