Author's response to reviews

Title: Older cancer patients' information and support needs surrounding treatment: An evaluation through the eyes of patients, relatives and professionals

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Author's response to reviews: see over
Dear Editor,

Enclosed you find a revised version of our manuscript ‘Educating older cancer patients about their treatment: An evaluation through the eyes of patients and professionals (8817633342174546)’. We would like to resubmit this paper to BMC Nursing with a new title: ‘Older cancer patients’ information and support needs surrounding treatment: An evaluation through the eyes of patients, relatives and professionals’

We appreciated the positive evaluation of the reviewers and found their comments helpful in further strengthening the argument of our manuscript. We followed all comments and addressed them in a point-to-point reply. We hope that the manuscript will now be found suitable for publication in BMC Nursing.

On behalf of the other authors,

Yours sincerely,
Mrs. E.R. Posma, researcher
The suggestions of the reviewers to improve the paper are incorporated as follows (in chronological order of the paper):

**Title**

- P.1. Ref. 2: referent suggested that the perspective of the study should be included in the title. *We added “relatives” to title.*
- P.1. Ref. 3: referent suggested that the title may not fairly reflect what the study is about and what it found out. ‘Educating older people’ sounds didactic, in stead, the article discusses the importance of professionals being educated themselves in tailoring the information to patients’ needs. In fact, the study is more about older people’s age specific information needs regarding chemotherapy. *We agree with this comment and we changed the title to reflect the study better. The new title is: “Older cancer patients’ information and support needs surrounding treatment: An evaluation through the eyes of patients, relatives and professionals.”*

**Abstract**

- P.2. Ref. 1: referent suggested that patients’ age should be included to make clear that the very old old patient has not been reached. *We agreed and added the mean patient age (and SD) in the abstract, as also suggested by referent 2 (see below).*
- P2. Ref. 3: referent suggested that patients’ age (mean and SD) should be included in abstract. *We agree and added age and SD.*
- P.2. Ref. 1: according to the referent, nurses may not understand the phrase “Showing more empathy and support”, since they will not agree with the fact that they are not supportive enough. *According to our results, a trustful environment is a prerequisite for of older patients to reflect on the information provided. The main aim of this sentence was to clarify how nurses can establish a trustful environment by showing empathy and emotional support. Therefore, we removed the word “more” and rephrased the sentence in “Nurses can establish a trustful environment by showing empathy and emotional support.”*
- P. 2. Ref. 3: referent stated that the abstract should specify that the study focuses on chemotherapy as a treatment. *We specified this.*
P.2 Ref. 3: referent suggested to specify ‘needs’ of older cancer patients’ in the third sentence of the abstract. *In accordance with ref 3, we specified, ‘needs of older cancer patients’ needs as follows: “information and support needs of older cancer patients”.*

**Background**

- P.4. Ref. 2: according to referent 2, the conceptual model could be introduced earlier as it is a bit unexpected. *We introduced the model earlier in the background section.*
- P. 4. Ref. 4: referent 4 wrote that the conceptual model should be better explained. *To accommodate this comment we introduced the model earlier in the background section. Second, we described the theory more extensively to clarify the model.*
- P. 4 Ref. 3: Referent 3 suggested to add “functional status” to the conceptual model, as functional status is clearly different from and at least as important to the older cancer patient as co-morbidity; both should be explained more in the text according to the referent. *We agreed with referent 3 that functional status should be included in the conceptual model. We followed the suggestions from the referent and added background information about co-morbidity and functional status in the background section, incorporating the literature from Lavelle et al. (2007) and Audisio et al. (2008) as referred to by the referent (ref 16 and 17) and literature from Balducci and Extermann (ref 15 and 18).*
- P.5. Ref. 2: suggested to add the word ‘prospective’ on page 4. *We changed this: “The study is part of a larger prospective study that aims to improve patient education for older cancer patients during nursing consultations preceding chemotherapy.”*
- P. 5. Ref. 2: in line with the suggestions made by referent 2 to consider another word for ‘older experienced cancer patients’, *we changed ‘older “experienced” cancer patients’ into ‘older cancer patients’ (i.e. removed “experienced”).*  
- P.5 Ref. 3: referent 3 commented that it is not appropriate to describe the interview questions at the end of the background section. *The questions as stated in the background are research questions. But we agree that this is not clear, we have therefore changed the formulation.*
- P. 5. ref. 3: referent 3 suggested to elaborate on the literature review mentioned in the following sentence of the manuscript. *“Although numerous studies have evaluated cancer patients’ information needs, a recent literature review revealed that hardly any studies are designed to investigate the specific needs of older cancer patients*
surrounding treatment [15].” The studies are not described. Also, more detail on the review would be useful. This is a useful suggestion, and we now described the review more extensively.

Methods

Design

- P. 6. Ref. 3: referent asked about the medical ethics committee whether a ref. number is needed as in the UK. We included the reference number of the approved protocol in the Methods (design) section.
- P. 6. Ref. 4: referent commented that the ethical considerations (e.g. consent form, ethics committee) should be discussed. We agree and have extended the information about the medical ethical considerations that were taken in this study.

Setting

- P. 6. Ref. 2: referent asked what it means that “(oncology) nurses” is written this way: are they all oncology nurses or are they sometimes nurses with experience with cancer patients? Thank you very much for noticing this mistake. They are all oncology nurses, but some of them followed an additional education and are called “specialized oncology nurse”; we therefore changed “(oncology) nurses” in “(specialized) oncology nurses”

Subjects

- P. 7. Ref. 2: In line with referent’s comment, we rephrased the phrase “Data were also .... and treatment characteristics” into: “Socio-demographic data, disease characteristics and treatment characteristics were also collected.”
- P. 7. Ref. 3: referent suggested that the description of refusals/drop-outs of the subjects in the focus groups would benefit from a flow chart. We inserted a figure with the numbers and reasons of refusal/drop-out (Figure 2). Furthermore, we incorporated the abbreviations of the different participants of de focus groups to make this clearer.

Data analysis

- P. 8. Ref. 2: referent commented that reference 17 does not seem relevant as a methodological reference. In accordance with referent 2, we replaced reference 17
by reference of Graneheim and Lundman (2003) and Bradley et al. (2007) in which the methodological process of our study is discussed (ref 24 and 25). We also explained our methodological process more extensively in the methods part (see: Methods).

➢ P.8/9. Ref. 4: referent commented that the data analysis should be better described, including the phases of the analysis process and the validity. We agree and have described the validity of the study more elaborately.

➢ P.9. ref. 2: referent thought it was difficult to keep track of the abbreviations of the participants. We would like to thank you for your suggestions to use other abbreviations and we have changed them.

➢ P. 9. Ref. 2: referent suggested leaving out the specific patient/relative number, as it does not matter which person said what. We added these numbers to demonstrate that the quotes represent the opinions of different participants. For this reason, we prefer to keep the numbers.

➢ P. 9. Ref. 3: referent recommended to describe that the identity of participants is not identifiable. We mentioned the anonymity of the participants in the medical ethical considerations section at page 9.

Results

➢ P. 9. Ref. 4: referent 4 asked whether the results are described according to the research questions. Indeed, the three sections in the results correspond with the three research questions. This is more explicitly mentioned in the text.

➢ P. 10-20. Ref. 2: referent suggested that in the result section, the text between “…[ERP]” could be left out, since it disturbs the reading of the expressions and is most often not necessary. We added text only in those phrases we thought needed clarification to be able to understand the statement of the interviewee. We have evaluated the relevance of all explications again and we agree with the opinion of referent 2 that not all explications are strict necessary and could disturb reading. For this reason, we deleted some of our comments:

- “And often they [patients ERP] already have functional problems, lung diseases for example, so they are more used to being sick.” (Nurse1) P. 11

[patients ERP] = deleted

- “They did not ask: ‘How’s your living condition? Can you amuse yourself?’ […] I think that should be part of it. […] And maybe they [nurses, ERP] could give
advises, like ‘you could do this, or that’. You don’t hear any of this.” (Pat.int4) P. 13. [nurses, ERP] = deleted

- “The way in which she offered it [the information, ERP] was very reassuring. [...] She was all ears and [...] it was just very human.” (Pat.int1) P. 14. [the information, ERP] = deleted

- "They [nurses, ERP] try to reassure you, but that’s not easy. [...] I was more relieved [after the consultation, ERP]. I knew a little bit more about how it would go.” (Pat.int5). P. 15. [nurses, ERP] = deleted.

- “A little chat helps much more than a pill. [...] If I could talk with her [nurse, ERP], that is much more important than the medical care she has to give. [...] For example: ‘How do you feel?’ or ‘What do you think about this or that?’ That was never asked.” (Pat.int3). P. 15. [nurse, ERP] = deleted

P. 10-20. Ref. 4: according to referent 4, a lot of quotes are used to illustrate the findings and suggested to evaluate if all quotes are necessary. We have evaluated the relevance of all quotes and concluded that they all aid the interpretation of our findings. In our view, no quotes are unnecessary or should be eliminated. However, we agreed that it should be specified in what way the quotes were selected. The methodological procedure is therefore more extensively explained (see: Methods).

P. 19. Ref. 2: referent 2 asked whether “Combine different methods of offering information” was not discussed in the patient group. No, this aspect was not mentioned by patients; we clarified this in the text.

Discussion

P. 21. Ref. 3: The referent mentions that there is a lack of evidence regarding the cost and benefits of chemotherapy for the older cancer patients and recommends to discuss this topic. We discussed this topic following her suggestions (page 21) and would like to thank her for these useful suggestions.

Referent 3 also suggested to add “functional status” to the conceptual model, as functional status is clearly different from and at least as important to the older cancer patient as co-morbidity; both should be explained more in the text according to the referent. We agreed with referent 3 that functional status should
be included in the conceptual model and integrated this in the background information (see above for more details).

- P. 21. Ref. 2: referent commented that the statement “older patients may experience fewer cancer-related losses than younger patients” should be clarified. We clarified this statement with an example.

- P 23. Ref. 2: referent asked whether the statement “According to both focus groups” means “According to both patients and professionals”. Yes; we rephrased the sentence into “According to both patients and professionals”.

- P. 23. Ref. 2: referent noted that references 30 and 31 are physician studies in stead of nurse studies. These references are replaced by other articles (Wilkinson et al., 2002; Ravazi et al., 2002) in which the effectiveness of communication studies on nurses’ skills is discussed. Because we added more literature in different parts of the article, the numbers of the references 30,31 became 42,43.

- P. 24. Ref. 3: The referent’s concern is that the study only described patients’ views post treatment, although the study focuses on patients’ needs preceding treatment. We clarified at several points (including the abstract) that patients gave their views on pre treatment needs retrospectively. We also now discuss this limitation in the discussion section (page 24).

Conclusions

- P. 24/25. Ref 1: recommended a more specific conclusion, which highlights the research questions. We specified the conclusion in accordance with the research questions. The conclusions are now more specific and furthermore, reflect our study findings better.

- P. 25. Ref. 1: referent commented that in the conclusion, an example is given of a booklet that is unknown by the readers. We rephrased the sentence in a more general way and we clarified the example by explicating the booklet is used in the Netherlands.

References

- P. 26. Ref. 3: referent asked: check reference 6, is it a ‘qualitative and qualitative analysis’? The correct reference is put in the reference list: ‘quantitative and qualitative analysis’.