Reviewer's report

Title: Educating older cancer patients about their treatment: An evaluation through the eyes of patients and professionals

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Reviewer: Katrina Lavelle

Reviewer's report:

Thank you for asking me to review this article which I found, overall, to be well written, interesting and one which investigates an important but under researched topic of older cancer patients’ information needs regarding treatment.

1. Is the question posed by the authors well defined?

Yes, the study’s aim of describing the views’ of older cancer patients and professionals regarding older patients’ specific communication needs preceding treatment is clearly stated in the abstract and at the end of the background.

a. Discretionary

I’m not sure the listing of the specific focus group/ interview questions is appropriate at the end of the background section and may be more suited to the methods section.

b. Discretionary

Also the study is very much focused on older people’s information needs regarding chemotherapy. This doesn’t become apparent before the end of the background section. Up to this point ‘treatment’ could be referring to other modes. I think a clearly stated aim early on referring to ‘chemotherapy’ rather than ‘treatment’ would help clarify and focus the paper.

2. Are the methods appropriate and well described?

Yes, focus groups and interviews are clearly an appropriate explorative method suited to the investigation of this research question. The inclusion of relatives, patients and professionals in specific groups is appropriate and thorough.

a. Discretionary

I think overall the methods are well described, especially in the use of tables (1 & 2) to illustrate participant characteristics. However I think the description of the various participants in each of the focus groups and refusals/ drop outs (under ‘Subjects’ heading pages 5-6) would be helped by a consort type flow chart. Incorporating the abbreviations for participant type (given in text under ‘Data analyses’ heading page 7) in this diagram, would also make it clearer and easier for the reader to identify participant type when reading the quotes (rather than having to keep going back to the methods text).
b. **Minor**

My main concern over the methods is that, although the study aims to describe patients’ views preceding treatment, no discussion is given to why only patients following treatment were approached and included. The reliance is therefore on post treatment recall of their pre-treatment needs. Although this is valuable in itself, and there are obvious problems with recruiting and involving patients in such a study in the run up to treatment, these limitations and the problems of recall should be discussed. A possible recommendation is further studies validating these findings in studies involving patients pre-treatment.

### 3. Are the data sound?

The reporting of specified quotes, for different types of participant, under relevant headings is very clear especially with reference to table 4 which provides orientation and a useful summary for these results.

### 4. Does the manuscript adhere to the relevant standards for reporting and data deposition?

**Minor**

a. Medical ethics committee approval specified (is a ref number needed here as in the UK?).

b. The ID of participants is not personally identifiable. The procedure for matching IDs with personal information e.g. separately, securely stored key could be briefly described.

### 5. Are the discussion and conclusions well balanced and adequately supported by the data?

**Minor**

I felt that there were a couple of issues that should be dealt with in the discussion to ensure a balanced context to the study.

a. Firstly the extent to which there is a lack of an evidence base regarding cost and benefits of chemotherapy for the older cancer patients could be discussed in this context i.e. what information is actually available. You discuss well the need to tailor treatment information to this older age group but don’t discuss the problems this brings up in terms of what reliable information is actually available that is specific to this age group. Older people (>70 years) were largely left out of the early trials, on which many of the treatment guidelines are based. Specific trials such for older patients, such as ACTION for breast cancer chemotherapy, are aiming to address this gap. However, there is still a deficit in knowledge regarding how chemotherapy impacts on older patients in terms of benefits in survival/recurrence offset by costs in terms of side effects and effect on functional status/ quality of life.

b. Secondly, although you do include co morbidity in your model and discussion, co morbid disease may be well controlled. The potential impact of treatment on
older people’s ability to undertake activities of every day living may be more important in terms of what sort of information they want i.e. ‘Will I (or when will I) be able to live independently after this treatment? There is evidence that patients’ functional status (i.e. ability to undertake activities of daily living) and co-morbidity are independent of each other (Extermann et al 1998 Journal of Clinical Oncology;16(4):1582-7). Moreover there’s also evidence that functional status has a bigger impact than co-morbidity on what treatment older people undergo (Lavelle et al 2007 British Journal of Surgery: 94 (10): 1209 – 1215) and how well they do afterward in terms of complications/ length of hospital stay (Audisio et al 2008 Crit Rev Oncol Hematol.;65(2):156-63). Functional status is therefore clearly different from and at least as important to the older cancer patient as co-morbidity and thus should be reflected in your model and discussion.

6. Are limitations of the work clearly stated?
   a. Minor
   Yes but see point 2 above

7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?
   Minor
   a. I think the background would benefit from a bit more detail. Specifically on page 4 paragraph 2 you say:

   ‘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)’

   But then the few studies that do are not described. What did they find out?
   More detail on this review itself (15) would also be useful. Was it systematic for example?

8. Do the title and abstract accurately convey what has been found?
   Overall the abstract does although I’d recommend changes/ additions as follows:
   Minor
   a. The definition of the term ‘older’ patients should be clarified in the abstract by specifying the age range included i.e. #65 years (mean & SD).

   b. I’m not sure the title actually fairly reflects what the study is actually about and what it found out. It’s not really about ‘educating older people about their treatment’. This sounds quite didactic especially as you discuss the importance of professionals being educated themselves in basing the information on what patients actual want to/ need to know. The study is more about older people’s age specific information needs regarding chemotherapy
Discretionary
c. Third sentence, first paragraph of abstract
‘So far little or no research has focused on the specific needs of older cancer patients surrounding treatment’
For clarity I’d specify ‘information needs’.
d. The abstract should specify that the study focuses on chemotherapy as a treatment.

9. Is the writing acceptable?
Yes on the whole I thought it was well structured and easy/ enjoyable to read.

Discretionary
a. Also just check reference 6 – is it a ‘qualitative and qualitative analysis’?

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