Reviewer's report

Title: Understanding older women's decision making and coping in the context of breast cancer treatment.

Version: 2 Date: 21 February 2015

Reviewer: Jeff Belkora

Reviewer's report:

The authors report on a well-developed study of decision-making and coping by older women facing breast cancer treatment decisions. They identify a gap in the literature, and use a conceptual model as a guiding framework for a qualitative exploration of issues. Their discussion and conclusions are based on reasonable inferences from the results, and they clearly state the limitations. I see no major compulsory revisions. I was confused enough about the methods that I would like the authors to clarify in a minor essential revision, in very explicit terms, that they re-analyzed data, using the CODE framework, from interviews that had previously underwritten a more grounded or inductive analysis. See below.

Finally, I think the authors miss an opportunity to explicitly link their findings to the design of a decision aid. I leave that to their discretion.

Minor Essential Revisions

1. In the abstract, the authors should edit the two sentences quote below, as the second is hard to parse. Consider “These included: past experiences of cancer;” etc (separated by semicolons). [“However, a number of considerations which women made throughout the deliberation process were identified. Appraisals related to past experiences of cancer and its treatment, scope for choice, risks, benefits and consequences of treatment, instincts about 45 treatment choice, as well as healthcare professionals’ recommendations.”]

2. I would ideally like to see a much clearer and more explicit explanation in the methods of the provenance of the data and the relation of this analysis to that done in citation 3. The reader is referred to citation 3 for methodological details, and then (in results and discussion) told it is a “secondary analysis.” My inference (which the authors need to correct with more explicit explanation) is that they re-analyzed data from the same set of interviews. This should be stated explicitly. In the original interviews, according to citation 3, those authors used a grounded or inductive approach (which they refer to as framework, although this is a different use of framework than in the current study) to identify three themes: Theme 1—The impact of discovering breast cancer; Theme 2—Treatment decision making; Theme 3—Information—use, preferred content and format. In this study, the authors follow a true framework analysis, bring the Coping in Deliberation model to bear on the previously analyzed data. Overall, I think it would be helpful to the reader to make this much more explicit, concretely something similar to: “Our research team conducted one set of interviews with older patients that generated multiple analyses. The first focused on the need for
decision support of these patients, as reported previously [3]. That report identified themes inductively. This report summarizes results from an additional set of analyses from the same interviews. This time the analyses imposed an existing conceptual framework to identify specific coping and decision making strategies that could be targeted in the design of a new decision support intervention.”

Discretionary Revisions

1. I would ideally like to see more in the discussion about how the CODE categories will inform the content and design of a decision support intervention. I think the authors could draw more explicit connections between the CODE findings and the implications for decision aids. In the effort to provide concrete feedback, I am going to speculate below about ways in which you might incorporate these CODE findings, but I would prefer if you, the authors, could get readers started on this vital process of further interpreting your results:

   a. Based on my interviews with breast cancer patients, younger women often experience breast cancer as going from “immortality to a death sentence” or more generally as a “wake-up call” regarding mortality. Therefore decision aids often serve a useful purpose in showing baseline prognosis, and the absolute benefit of treatments. Younger women essentially need to absorb the vital information that they were not immortal, and (if early stage) their cancer is not necessarily a death sentence. Your data suggests that older women also fear dying of breast cancer (“I shut down… because I thought it was going to kill me”) but also were perhaps more aware of competing threats to their mortality (“at my age, you’ve got to die sometime”), while concerned about quality of life (“worrying about the pain.”) I’m assuming that as you approach design of decision aids, this kind of insight will inform how you present and motivate the use of the decision aid. (Eg, you might design orienting statements such as “Breast cancer can feel like a scary diagnosis, and the treatments may be invasive. At your age, you may be facing other threats to your health. This booklet can help you sort out how aggressively you pursue breast cancer treatment in the context of your other health concerns.”)

   b. I think the finding about prayer is very interesting. In my experience, decision aids don’t tend to highlight and support non-deliberative coping mechanisms. Older patients may be more open to paying attention to decision aids (which may be somewhat unfamiliar, generationally, as they are rather novel) if they echo, mirror or support existing methods of coping.

   c. I’m assuming your eventual decision aid might support older women in conceiving of delegation to their physician as a possibly effective coping strategy. This also strikes me as novel for a decision aid. In general, your findings suggest moving beyond IPDAS criteria to embrace and support existing methods of coping in the content of a decision aid.

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