PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Oncology

Manuscript NO: 52040

Title: Assessment Methods and Services for Older People with Cancer in the United Kingdom

Reviewer's code: 03867417

Position: Peer Reviewer

Academic degree: PhD

Professional title: Doctor

Reviewer's country: Lebanon

Author's country: United Kingdom

Reviewer chosen by: Artificial Intelligence Technique

Reviewer accepted review: 2019-10-20 10:50

Reviewer performed review: 2019-10-20 22:15

Review time: 11 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	[ ] Accept (High priority)	Peer-Review:
[ ] Grade B: Very good	[Y] Grade B: Minor language polishing	[ ] Accept (General priority)	[Y] Anonymous
[Y] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Minor revision	[ ] Onymous
[ ] Grade D: Fair	[ ] Grade D: Rejection	[Y] Major revision	Peer-reviewer's expertise on the topic of the manuscript:
[ ] Grade E: Do not publish		[ ] Rejection	[ ] Advanced
			[Y] General
			[ ] No expertise
			Conflicts-of-Interest:
			[ ] Yes
			[Y] No

SPECIFIC COMMENTS TO AUTHORS

Dear Editor, Authors, Thank you for the opportunity to review this interesting work which touches on the elderly cancer patients who are often underrepresented in the research activity. The authors cover this point very interestingly by screening physicians concerning their assessment methods for older cancer patients. For this purpose, they established a questionnaire that was filled by physicians from different societies. Unfortunately, the authors did not explain how the questionnaire was elaborated, the internal and external validity. The number of patients is enough to validate a questionnaire however this does not eliminate the need for pilot study to check whether the questionnaire has formulation issues. The statistical analysis might benefit from some correlations using uni- and multi-variate analysis. Although the authors are native English speakers, I believe that the article would benefit from a review by an English proficient expert in medical writing.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

[ ] The same title

[ ] Duplicate publication

[ ] Plagiarism

[Y] No

BPG Search:

[ ] The same title

[ ] Duplicate publication

[ ] Plagiarism

[Y] No

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Oncology

Manuscript NO: 52040

Title: Assessment Methods and Services for Older People with Cancer in the United Kingdom

Reviewer's code: 00123524

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Associate Professor

Reviewer's country: Brazil

Author's country: United Kingdom

Reviewer chosen by: Artificial Intelligence Technique

Reviewer accepted review: 2019-10-21 05:49

Reviewer performed review: 2019-10-23 15:16

Review time: 2 Days and 9 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	[ ] Accept (High priority)	Peer-Review:
[ ] Grade B: Very good	[Y] Grade B: Minor language polishing	[ ] Accept (General priority)	[Y] Anonymous
[Y] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Minor revision	[ ] Onymous
[ ] Grade D: Fair	[ ] Grade D: Rejection	[Y] Major revision	Peer-reviewer's expertise on the topic of the manuscript:
[ ] Grade E: Do not publish		[ ] Rejection	[Y] Advanced
			[ ] General
			[ ] No expertise
			Conflicts-of-Interest:
			[ ] Yes
			[Y] No

SPECIFIC COMMENTS TO AUTHORS

The present manuscript reports the results of an online survey of healthcare professionals who provide care to older people with cancer in the UK. I think the manuscript is interesting and may represent a relevant contribution to the future organization of cancer services in the UK. However, I understand there are some methodological problems that must be addressed by the authors to avoid major sources of bias in the interpretation of their results.   1. The most important methodological problem that I identify relates to the denominator of the proportions that were calculated and used for inferences. Although the authors did not describe it clearly, It seems that they used the total number of respondents of the survey as the most common denominator of their calculated proportions. It is essential that they describe it clearly when the denominator refers to the total number of respondents, a subgroup of those respondents and, most importantly, to the health services to which they belong. It is easy to understand that from a public health perspective it is much more relevant to understand how many of the health services have geriatricians, social health workers, occupational therapists and others providing care to older patients with cancer together with oncologists than to understand how many providers are able to refer patients to those types of professionals. Of course, there are instances when healthcare providers in general represent the inferential target, and in those cases the denominator should be the total number or respondents.   Of course, to provide data related to healthcare services the authors will have to reanalyze their data, as it is possible that more than one healthcare professional from the same service answered the survey. To analyze data related to health services, authors will have to categorize the different kinds of services (e.g. general hospitals, ambulatory clinics, specialty cancer center, etc) for their inferences to make sense. They will also devise a mechanism to solve discordances in the report of different professionals that work in the same health service.   If there is a national registry of healthcare units specialized in the care of patients with cancer, then

the authors should provide the estimate of how many of those centres participated in the survey through the answers of their employees.   2. P.11, 1st paragraph: "90% were non-geriatricians, so the survey achieved the primary target of approaching cancer services health care professionals. Relevant disciplines were also sufficiently well represented (medical and clinical oncology, surgery, nursing and therapies) for generalisability across cancer care pathways". The fact that 90% of survey respondents were not geriatricians does not seem to me to represent evidence that the survey achieved its goal of reflecting the reality of cancer services or providers. I also disagree with the statement that all relevant disciplines were sufficiently well represented. What is the basis for such an interpretation of a survey that was not able to describe any estimate of the total population size or response rates of healthcare professionals being targeted.   3. It was disappointing to notice that the whole manuscript does not address the important question of how many cancer services have access or are integrated with palliative care, since there are international recommendations that patients with cancer be referred early on during their treatments to palliative care. This is even more relevant because the UK is the number 1 country in the quality of death index of The Economist journal.   4. The conclusion that "There is an appetite for national level change…" does not seem justified by the data that were presented. The conclusion that "National pathways standardising assessment methods are much needed to improve consistency to comprehensive assessment of older people with cancer across NHS services" is also problematic because it requires evidence that standardized approaches are better than non-standardized approaches, which seem to be preferred by professionals, and about which the study did not provide any comparisons. I recommend the authors to reframe their conclusions in light of more important gaps in the care of older patients with cancer. 5. The authors used the PRISMA checklist to assess the quality of their report. However PRISMA is intended only for systematic reviews. They should have used the STROBE

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checklist instead.   Minor comments: a. It is not needed to describe   which statistical software was used in the abstract. It is considered a waist of precious word space.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

[   ] The same title

[   ] Duplicate publication

[   ] Plagiarism

[Y] No

BPG Search:

[   ] The same title

[   ] Duplicate publication

[   ] Plagiarism

[Y] No

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Oncology

Manuscript NO: 52040

Title: Assessment Methods and Services for Older People with Cancer in the United Kingdom

Reviewer's code: 02544416

Position: Editorial Board

Academic degree: PhD

Professional title: Full Professor

Reviewer's country: Serbia

Author's country: United Kingdom

Reviewer chosen by: Artificial Intelligence Technique

Reviewer accepted review: 2019-10-20 08:02

Reviewer performed review: 2019-10-28 18:34

Review time: 8 Days and 10 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
[ ] Grade A: Excellent	[Y] Grade A: Priority publishing	[ ] Accept (High priority)	Peer-Review:
[Y] Grade B: Very good	[ ] Grade B: Minor language polishing	[Y] Accept (General priority)	[Y] Anonymous
[ ] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Minor revision	[ ] Onymous
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[ ] Grade E: Do not publish		[ ] Rejection	[ ] Advanced
			[Y] General
			[ ] No expertise
			Conflicts-of-Interest:
			[ ] Yes
			[Y] No

SPECIFIC COMMENTS TO AUTHORS

The manuscript is of great clinical interest because it raise the awareness of morbidity in elderly population

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

[   ] The same title

[   ] Duplicate publication

[   ] Plagiarism

[Y] No

BPG Search:

[   ] The same title

[   ] Duplicate publication

[   ] Plagiarism

[Y] No