Author's response to reviews

Title: Concordance of self-reported and medical chart information on cancer diagnosis and treatment

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Author's response to reviews: see over
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Adrian Aldcroft  
Executive Editor  
BMC series journals  
BioMed Central  

Re: 1186085439478012  

Dear Mr. Aldcroft:

Thank you for your letter of March 18th informing us that our manuscript entitled “Concordance of Self-reported and Medical Chart information on Cancer Diagnosis and treatment” was conditionally accepted for publication in *BMC Medical Research Methodology*. We greatly appreciate the reviewers’ comments and have provided a second set of revisions. Below, we provide our point-by-point response to the reviewers’ comments and have highlighted changes in the manuscript.

We look forward to hearing from you regarding the journal’s final decision on the publication of our revised manuscript.

Sincerely,

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Authors’ Responses to Reviewers’ Comments

I. Reviewer #1:

COMMENT: It is still not clear why the medical chart review covers 1-3 months, and why it is different in different patients, e.g., initial regimen vs. entire regimen. Is this the first hospitalization or hospitalization within 3 months to the initial hospital? Please state explicitly.

RESPONSE: We apologize for the lack of clarity regarding this point. As we have now noted in the manuscript, the medical chart review covered anywhere from 1-3 months of clinical data for a patient at the hospital where the initial diagnosis was made. Typically, this would be the hospital where a patient received surgical treatment. The medical abstracters were instructed to collect information related to cancer diagnosis and first course of cancer treatment. As pointed out in the Discussion section, because patients might have switched to another hospital for adjuvant therapy, the medical chart information that was obtained from the diagnostic hospital might not cover all the treatment that a patient received.

COMMENT: The authors state the quality control protocol checked a sample of 5-10% of medical chart abstractions. What was the intrarater reliability of those?

RESPONSE: The statement that 5-10% of medical chart abstractions underwent a rigorous quality control protocol was made in error. The quality control protocol used in the study was as follows: all medical chart abstraction forms were reviewed by quality control staff at the Shanghai Municipal Center for Disease Control and Prevention. Questions, inconsistencies, and logical errors were resolved by communicating with individual registrars at the appropriate hospital. We apologize for the confusion that this may have caused.