Reviewer’s report

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

Version: 2 Date: 14 December 2010

Reviewer: Jeanne M Ferrante

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Overall, this is a well-written manuscript that addresses important issues about the validity of self-reported information regarding cancer diagnosis and treatment. The study’s high participation rate and large sample size is laudable. The high concordance rates found is significant for epidemiologic research. However, there are several issues that need to be addressed to enhance reader comprehension and comparability of the findings to other literature on the validity of self-report data.

Major Compulsory Revisions:

1. As the authors state, there are several studies that have validated patient-reported data with medical chart review data. The references they cite are not recent and are not cancer-related, so it is not possible to assess the importance or novelty of this research. What is the gap in knowledge that the study fills?

2. It is unclear why the medical chart abstraction only covered 2 weeks after the initial diagnosis of disease while the patient survey was 6.5 months after diagnosis. Are all breast cancer treatments initiated within 2 weeks of diagnosis in China? This is a major potential source of error for concordance of chemotherapeutic agents (Table 4). In fact, for all agents, the patient questionnaire had higher prevalence of use. Perhaps the patient questionnaire should be the gold standard for this?

3. As in number 2, since use of tamoxifen is usually started after initial treatment, it may not be captured in the 2 week medical chart abstraction so should be excluded from the analysis. Similarly, how often is use of traditional Chinese medicine captured in the medical record? The number of shared observations for date started traditional Chinese medicine falls to only 585 (Table 3) and should probably be deleted.

4. How many personnel conducted interviews and medical chart reviews? What was done to assure that data collected was valid and reliable?

5. Although the text mentions information was obtained regarding radiotherapy, stage of cancer, and comorbidities, agreement for these variables was not mentioned. Please explain.

6. It would be helpful if sensitivity and specificity along with 95% CI were added to each item in Tables 2 and 3 to get a better idea of where disagreements lie.
and the precision of estimates.

7. The discussion needs further development. Why do think there was such high agreement in this population? For example, are patients given written treatment plans, copies of records, etc.? How do your findings compare with previous work? A more thorough literature review would place the study in better context.

Minor Essential Revisions:

1. Table 1: Were baseline characteristics based on patient questionnaire? This should be clarified. Also, have a footnote on reason cases were excluded.

2. Conclusions: Add “among breast cancer patients 6 months after diagnosis” to end of first sentence.

Level of interest: An article of importance in its field

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