Reviewer’s report

Title: Are smokers more likely to be encouraged to consult a doctor about their symptoms? A survey in Western Australia.

Version: 1 Date: 24 July 2008

Reviewer: Christine M Bond

Reviewer’s report:

Comments on paper: Are smokers more likely to be encouraged to consult a doctor about their symptoms? A survey in Western Australia.

This is potentially an interesting piece of work but the current study should probably be regarded more as a pilot or feasibility study for the reasons summarised below.

The answers to your required specific questions follow, then my detailed comments.

1. Is the question posed by the authors well defined? No
2. Are the methods appropriate and well described? Appropriate but not fully described
3. Are the data sound? Yes, but no response rate. And really only pilot data
4. Does the manuscript adhere to the relevant standards for reporting and data deposition?
5. Are the discussion and conclusions well balanced and adequately supported by the data? Yes
6. Are limitations of the work clearly stated? Yes
7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished? Yes
8. Do the title and abstract accurately convey what has been found? Not the title
9. Is the writing acceptable? Yes generally but some ambiguities and disjointed flow

Major Compulsory Revisions
1. Should make it clearer that study is about the advice given by ‘significant’ others
2. In general more detail is required in the methods.
3. How many practices are there in metropolitan Perth? How many were approached/volunteered? How were the selected two identified? What was their catchment area?
4. How many questionnaires were left with reception?
5. In general far more detail required on the survey compilation including construction of vignettes, who did this, peer review for validity, the importance of line (2 6) scenarios (why 2 6?), why 28 cases (why not any other number?) were labelled as ‘cancer’ cases.

6. Need to know how many questionnaires picked up from receptionists to give a denominator and possibility of calculating an estimated response rate. How many people might have passed through each consulting room over a six week period? Was there any eligibility for completing a form e.g. under 21 years excluded?.

Minor Essential Revisions

Title

7. I wonder if a more appropriate title might be ‘Does smoking status affect likelihood of consulting a doctor about respiratory symptoms?: A survey in Western Australia’. At the moment the title implies people who are smokers are more likely to consult which seems to contradict the introductory text.

Abstract

8. There is often ambiguity in the abstract (last sentence of results and last line of Conclusion) and in the rest of the text about whether smoking status is the respondent’s smoking status or the control character in the vignette.

Background

9. Line 6/7 of the first paragraph do not quite make sense as it implies cough or breathlessness are not symptoms. Should it be ‘other symptoms’ in line 7?.

10. Lines 7/8 read as though GP has the history of cancer symptoms.

11. In general the first paragraph of the Background does not really flow – lots of disjointed statements.

12. When referring to the paper Corner et al please clarify whether smoker thought their own smoking was an everyday cause or whether the point of this paper was that they did not link their own smoking with the symptoms.

13. Would it be helpful to be consistent between terms ‘paper cases’) and vignettes or make the link clearer.

14. Nowhere does the Background section refer to ‘significant’ other or lay referre networks yet this seem to be the premise of the empirical work.

Methods

15. Personal identifiers are normally included for the purpose of sending reminders. Given the nature of the survey distribution I am not sure why these would have been required regardless of anonymity?

16. How many people were involved in the pilot?

17. Asking if the vignette character ‘had cancer’ seems very leading invalidating the responses.

18. What were the response options for the questionnaire? For example Likert scale or closed option, of yes, no.
19. What was cluster? Was it practice?

Results

20. Demographics of sample should be provided particularly as referred to in Discussion.

21. Some sentences are ambiguous e.g. ‘of the clinical details incorporated in the vignettes the longer the duration of the symptoms of breathlessness and weight loss were more likely to lead to this suggestion’. Does this mean duration of symptoms (any symptom) (which is what seem to be the case on page 8 under ‘Recommending an appointment with a doctor within one week’), or is it duration specifically of symptoms of breathlessness (which is what it says), but I am not sure this is what was in the questionnaire?

Discussion

22. Mention of older females is not reported in the Results.

23. Top page 10 – first time significant others mentioned.

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Needs some language corrections before being published

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

NO conflicting interests