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: 6 October 2008

Reviewer: Noel O'Kelly

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This is an interesting study looking at patients' perceptions of health seeking behaviour directly concerning their recommendation to attend a GP for patients' profiles that would suggest lung cancer. There are a number of comments that the reviewer has that may enhance the paper.

At times it was difficult to follow the flow of the results and the sub analysis of the result cohorts. At times numbers were used, then, percentages with no reference to the numbers the percentages pertained to. There was also no full results table – in numbers – in the paper. A flow chart detailing the numbers of vignettes – and the resultant recommendations may have made it easier to analyse the results for the reader. The paragraph in the results section “identifying potential cancers” illustrates this point. 53% of the respondents were unsure if there was a chance that symptoms related to cancer. This relates presumably to 58.8% responses. It difficult to see how you can have a fractional response suggesting a rounding up of the percentage. This paragraph was very hard to visualise as the writing up was confusing and difficult to follow. At the start of the paragraph there is a comment that respondent identified 17.7% of cancer vignettes – however 4 lines further down a comment is made that respondents only identified 25% of cancer vignettes – likely or very likely responses that cancer was suspected – but it is unclear.

The paragraph on the bottom of page 5 also causes some confusion. Firstly it is stated that vignettes for “cancer” patients were based on a greater than 5% risk of lung cancer. Then secondly it is stated that the “cancer “vignettes were based on a greater than % risk and the presence of persistent symptoms as assessed by physicians in the team. So which vignettes as reported in the results are cancer vignettes – the former or later?

On page 8 paragraph “recommending an appointment with a doctor in one week”- one of the factors associated with this was stated- whether the respondent felt that cancer was a likely diagnosis. I cannot see in table one where the evidence for this statement comes from.

There are some worries that only 2 GP practices were involved in the study. This may affect the generalisability of the results – It is also noted that in table 1 showing respondent profiles no correlation to advice reference attending a GP could be made on these parameters. Is this because the study was not powered
to do this – as evidenced by the wide confidence limits and non-significant results?

Also it is noted that the main aim of the study was to demonstrate that a history of smoking augurs to a potential diagnosis of lung cancer. However as reported in the discussion the odds of recommending an attendance at a GP within 1 week related to symptoms more than a history of smoking—more discussion of this point is felt to be warranted—in fact the symptom profile seemed to be factor more important than smoking—although this was also a significant factor of patients believing that cancer was likely or very likely.

In essence this is an interesting study—well constructed which looks at the importance of patients’ perceptions reference the importance of seeking GP help with worrying symptoms. A key aspect is the appreciation of concerning symptoms and the need for appropriate fast referral. If this study is extrapolated more work needs to be done on the social marketing side of significant respiratory conditions—especially lung cancer—especially in understanding worrying symptoms and the importance of a smoking history. The article would benefit from more coherent writing and discussion with reference the results of the study and their importance in a wider perspective.

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

**Quality of written English:** Acceptable

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**

I do not have any competing interests