Author's response to reviews

Title: Many Missed Opportunities for Earlier Diagnosis Occur in Patients Diagnosed with Colorectal Cancer

Authors:

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Many Missed Opportunities for Earlier Diagnosis Occur in Patients Diagnosed with Colorectal Cancer

Title changed to:

System and Patient-related Barriers to the early Diagnosis of Colorectal Cancer

Wahls TL and Peleg I

We thank the reviewers for their learned comments and reply:

**To Dr. Figueredo:**

Comment:

**OVERALL ASSESSMENT: Interesting study. Clearly you demonstrate there are significant failings in obtaining an earlier diagnosis. Do these failings matter? You have to prove that these failings increase "advanced stage" of the disease, or even better, that these failing cause shortened survival.**

Reply:

1) We have included the proportion of patients diagnosed with the prognostically more beneficial early (AJCC stage <III) stage colorectal cancer in the revised manuscript.

2) We particularly thank Dr. Figueredo for pointing out the typos which have now been corrected.

**To Dr. Grazzini:**

Comment:

**Several papers have investigated factors associated with performing a complete colon evaluation after a positive FOBT. Attitude of physicians in ordering an appropriate assessment of colorectal tract is crucial. Despite the evidence that FOBT screening reduces the risk of death from colorectal cancer, many physicians do not conform to expert guidelines and do not proceed with any further examination, often deciding mistakenly to repeat the FOBT.**
Faecal occult blood test-based colorectal cancer screening can be effective only if patients with positive test result receive an appropriate diagnostic evaluation.

Positive predictive value of this screening test for cancer and advanced adenomas is significantly high in the best population-based screening programs (6,7). It is likely that this inappropriate behaviour of physicians might reflect a poor knowledge about the performance of the test. In this sense, specific educational interventions can be effective in improving the adherence of physicians to recommendations.

I suggest that Authors introduce this topic in the final comments.

Reply:

Dr. Grazzini points to a very common mistake made in clinical practice. We are currently studying this phenomenon in our clinics and have found it quite intricate, especially in regards to its outcome. It cannot be summarized in a few sentences and we thus chose not to include this topic in this manuscript.

To Dr. Weller:

Comments:

1. There are no clear definitions of patient-related and system-related delay.

These forms of delay can be quite challenging to interpret from case note and audit information and it is not clear how these judgements and interpretations were made.

Reply:

Patient and System factors associated with delay in the study are listed in Table 1.

Comment:

2. The data extraction process is not well described, were there standard pro-formas for example extracting information from case notes and laboratory results?
3. The paper reads very much like an audit. There are other studies with more rigorous methodological approaches which have examined delay and it is not clear how this paper adds to the delay literature.

5. There is very little reporting of the quality and completeness of the various data sources including the progress and nurse notes, imaging and pathology reports etc.

Reply:

A retrospective medical records review will always be a poor correlate of the medical encounter. It is however the only methodology available to obtain quality control measures which are increasingly demanded by regulators and payers. In addition the medico-legal system places more value on care that is documented in the medical record. Please see reference 60.

Comment:

4. Whilst it is stated that an evaluation was to be made of the association between potential predictive variables and advanced stage, almost none of this information is presented. Further, important statistical considerations such as multiple comparisons are not mentioned.

Reply:

1) No association was found between potential predictive factors and advanced stage at the alpha level of 0.05. Thus the analyses are not listed. Adjustments for multiple comparisons, such as the Bonferroni method, involve decreasing the alpha level in order not to falsely reject the null hypothesis. As we could not reject the null hypotheses of no association at the alpha=0.05 level adjustment for multiple comparisons is not warranted. This, however, is a minor finding of the study and we chose to delete that paragraph.

Comment:
6. The paper has many instances of poor grammar and typographical errors and shouldn’t really be submitted in this state.

Reply:
We concur with Dr. Weller and had our manuscript revised by a professional editor. This has also led to the above title change.

Comment:
7. Many of the results such as the proportion of individuals screened prior to a diagnosis of cancer are difficult to interpret as it’s not clear whether the screening tests themselves prompted the diagnostic process of colorectal cancer or would have been somewhat serendipitous.

Reply:
By definition screening is performed on asymptomatic patients for the purpose of health maintenance.

Comment:
8. There is a substantial body of cancer diagnosis delay literature, particularly out with the US, which is largely unreferred to.
9. The conclusions of the study don’t really add to existing knowledge; we already know that there are frequent opportunities for early diagnosis which are missed and there are better estimates of this problem from more methodologically rigorous studies. I do believe it will be of more interest to US audiences, and might be better submitted to a US journal; many of the factors measured, particularly those to do with system-related delays have limited interest and applicability outwith the US.
Reply: Unfortunately Dr. Weller does not reference these studies making it impossible to discuss how our methodology differs from, and our findings complement them. Our manuscript shows how clinicians can perform quality control in their sphere of healthcare delivery in order to find areas of improvement. Such quality measures are increasingly demanded by regulators and payers within and outside the US and we believe that this study will be of interest to many clinicians and administrators.