Author's response to reviews

Title: Development of a survey instrument to investigate the primary care factors related to differences in cancer diagnosis between international jurisdictions

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Dear Sir

Thank you for your recent correspondence and for offering us the chance to reply to the helpful reviewers comments. We plan to submit the results paper for ICBP Module 3 in early April to the Lancet for fast track publication (ie within 4 weeks). We believe that the main results of this study will have considerable media impact and may potentially lead to important changes in the health systems of some of the countries involved in this study. We therefore request, if possible, could the final review process for this methods paper be expedited to minimise the time to publication and to aim for a publication date prior to 30 April? We can send you the publication fee immediately on request.

Prof. Tatsioni makes some helpful points about the paper and I have listed these below with a commentary on our responses. We were delighted that he felt it was ‘An article of importance in its field’. As we intend to publish the results of this survey separately we feel that some of these points would be better dealt with in that paper. Below is our response to the specific points made by Prof. Tatsioni:

1. Conceptualization: How many participants were included in the primary care practitioners’ group? Was there any specific process followed to generate the set of hypotheses for testing, i.e., nominal group technique? This has been added. The process to generate research questions and hypotheses has been expanded
2. Choice of data collection method: How will the instrument be administered? This has been added to make clear that the data was collected using an online survey.

3. Operationalization and development of survey: How many participants were included in each jurisdiction? Was there any specific process followed to generate questionnaire items (vignettes, direct questions), i.e., Delphi process? What was the response format of the second part of the survey? This has been described in the original copy. The validation process was only performed in England and Scandinavia (relating mainly to issues of translation). This was because recruitment of each jurisdiction occurred at the same time as the development of the survey. All jurisdictions (except Norway who joined later) contributed to discussions on survey development as described. We did not undertake specific validation in each jurisdiction. Our main priority was to ensure the survey was translated and adapted so it would be understood by respondents in each jurisdiction.

4. Validation: How many participants were included in each jurisdiction? As point 3 - this has been described in the original copy.

5. Testing consistency: Was interrater reliability assessed? For internal consistency was a statistical test performed? If yes, please provide the results. Inter-rater reliability was not relevant for most questions since personal practice was being self-assessed. We did not feel it was necessary to apply a statistical test to internal consistency evaluation because most items were single items, and therefore not investigating the same construct: an internal consistency measure could not be applied.

6. Pilot testing of the final version: How many items did the final questionnaire include? Was there a factor analysis performed? If yes, what were the results? The final questionnaire included 22 items and five vignettes, two of which were answered by each respondent. Factor analysis was not performed as it was not relevant to the study. The questionnaire was not constructed as a multi-item scale but as single items. The different aspects identified by an exploratory factor analysis would thus not make sense in this study.

7. Practical survey method: What was the sample selection method? How was the decision on choosing two out of the five vignettes made? The sample selection methods adopted have been added to the manuscript and is now the second point outlined in the ‘Practical survey method’ section. The manuscript has been revised to clarify why the decision was made to randomly select two out of five vignettes for each questionnaire.

8. Analysis plan: Was a power calculation performed for the main outcome? We have added a paragraph describing our sample size calculation.

9. Discussion: The authors may discuss more on the reasons that restricted pilot
testing only to 16 PCPs in the UK without considering other jurisdictions. In addition, they may also discuss on how the restriction to two out of the 5 vignettes might influence the validity of the results on the actual survey. These are very good points and have been added to the discussion.

Professor Faresjo asks for more validation data. We have included as much detail concerning the validation process as we can and the reasons why we chose not to do more. The survey was developed for 11 health economies and was delivered in four languages. There is always a balance between economy of reporting and comprehensiveness of reporting. We’ve tried to steer a middle course. The methodology was challenging, and we have been as rigorous as possible within these constraints and the resources at our disposal. We believe that the final survey is a useful instrument and that it is valuable to report the development process for the benefit of other researchers. Prof Faresjo questions the value and generalisability of the survey, yet we have already received requests to share the survey outside of the ICBP. It is being used in other studies in New Zealand, the Netherlands and by Macmillan Cancer Support in the UK. Colleagues have also adapted the vignettes to local GP training events in the UK.

I hope that you will find our responses to the reviewer’s comments satisfactory and this will enable you to publish this paper.