Reviewer's report

Title: Possible malignant skin lesions: an increasing burden on general practice

Version: 1 Date: 11 July 2013

Reviewer: Peter Murchie

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Comments

This is an interesting piece of work presenting data appearing to suggest that work in primary care associated with potentially malignant skin lesions is rising as a result of increased public awareness. The data are therefore important. However, the authors must be much more convincing about how they validated their search i.e. how did they ensure that their search strategy using ICPC codes was actually picking up potentially malignant skin lesions. At the very least a sample of primary care records (say 20) for each code should have been pulled and checked. This needs to be reported or done if not done so already. At the current time we cannot be certain that the project is not merely highlighting a coding error. Another key point is that the paper had clear implications for the issue of where potentially malignant lesions are biopsied (see for example the work of Sinclair et al BJGP 2011). A discussion of this literature is essential if this paper is to highlight the correct policy messages.

I have the following suggestions for revision.

Major Compulsory Revisions

1. The authors must be much clearer about precisely what lesions (and their range) would have been picked up by their search methods.

2. The authors must also indicate how they have validated that the consultations they were identifying were really related to potential skin cancer. At the very least they must have looked at a sample of primary care records of patients picked up by the search to confirm this and this must be reported if the article is to be published.

3. I think the title should be changed to "Potentially malignant skin lesions.." and potential should replace possible throughout.

4. The results paragraph in the abstract is too brief and needs some more detail

5. The background needs to include information and references to the debate about location of skin lesion excision - recent work of e.g. Sinclair et al from northeast Scotland should be referenced.

6. The ICPC codes must be detailed and stated within the text of the methods section. The authors must also carefully justify the inclusion of each. I am currently not clear on the rationale for assuming that S04 and S99 are sensible
inclusions. The authors need to explain why they are.

7. We need to know the raw numbers of each ICPC code that was included in the analysis. This needs a new table - we also need to know the threshold assigned for rejecting S26, 81 and 83 from analysis.

8. The authors need to state how they confirmed that ethical approval was not needed. They should include details of the organisations that they checked this with or refer to the documentation which supports their decision.

9. Are the authors able to produce data on their benign/malignant lesions (i.e. 1/15 in 2010) for each year? This would be an instructive result for presentation and comment.

10. The word "average" is imprecise - they should be reporting the median number of contacts. Can they confirm this.

11. The discussion should be reorganised and structured: sections required are; Summary of Main Findings; Strenghts and Limitations of Study; Context with other literature; Implications of results and conclusions.

12. For the conclusion the authors should be able to estimate the approximate costs to primary care of these consultations using cost data on national cost per consultation. They should include this data to support their conclusions.

13. Appendix. The ICPC codes table should be revised to indicate how many instance of each code was available for analysis by year. i.e. changing the table to a 10 x 12 table.

14. The Figure legends should be applied to the figures to which they relate. This was extremely confusing!

15. Table 1: The ICPC codes should be spelt out within this table.

Minor Essential Revisions
I have no minor essential revisions to suggest

Discretionary Revisions
I have no discretionary revisions to suggest

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

Quality of written English: Not suitable for publication unless extensively edited

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'