Reviewer's report

Title: Diagnosis delay of breast cancer and its predictors: who is responsible?

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Reviewer: Lucien E. M. Duijm

Reviewer's report:

Comments to the authors

Abstract

Results:
- Were there no ductal carcinomas in situ among the 328 breast cancers?
- No percentages or other statistical values are given for the predicting factors of delay.

Conclusion:
- “Decision on health seeking behaviour was influenced …. factors”. This conclusion is not entirely supported by the information as given in the Results.

Background
- Very difficult too follow and should be far more concise.

Methods
- “Definition of delay”: certain parts of this paragraph should be moved to the Discussion.

Results
- Which definition was used for a “family history of breast cancer?”
- How was the radiological assessment of the women performed? Did the hospitals follow any guidelines on radiological evaluation of symptomatic breast disease?
- The authors do not provide information on the technical aspects of FNAC. How many samples were taken usually? The neither provide information on the use of core biopsy and false negative core biopsy results. A majority of hospitals use core biopsy, rather than FNAC, for pathological assessments of palpable breast lesions.
- Which grading system was used for invasive cancers? Nottingham classification?
- Why did patients (initially) refuse treatment?
Discussion

- It is impossible to keep concentrated as the Discussion is far too long
- It would be interesting to know what percentage of breast cancer patients attend either private hospitals or government run hospitals. Results may be influenced by selection bias if patients with a short consultation delay tend to visit private hospitals, whereas patients with a longer consultation delay attend government run clinics.
- Tables should not be presented in the Discussion
- Although the authors focus on consultation delay, total delay may be significantly shortened if, after consultation, a proper diagnostic scheme is followed for the evaluation of symptomatic breast disease. Unfortunately, the authors do not provide any information on the type and quality of diagnostic procedures.

References

Too many.

Tables

Table 2:
- Age at diagnosis of breast cancer is an important determinant to conclude whether or not a positive family history is present in the case of a first degree relative with breast cancer.
- “Chronic disease”: what does this imply?

Table 4:
- Where there no false negative core biopsies?
- The number of false negative mammograms was very high (n = 136). Literature reports a sensitivity in the range of 90% for breast cancer detection by mammography/ultrasound. How many women underwent mammography, ultrasound, or a combination of modalities? Which imaging guidelines were followed?
- No DCIS cases?

Table 6
- Too large.

Figures

No comments.

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'