Reviewer's report

Title: Cancer suspicion in general practice, urgent referral and time to diagnosis: A population-based cross-sectional study

Version: 3 Date: 11 July 2014

Reviewer: William Hamilton

Reviewer's report:

Denmark shares with the UK a bad record of cancer outcomes. It has taken a slightly different approach to the UK, in that it has created cancer patient pathways (CPPs). These are like the UK’s 2WW system, but with more loose entry criteria, essentially allowing the GP who suspects cancer to refer. In the UK, more prescriptive rules (NICE criteria) define more tightly what is deemed to require referral. In effect, we have a large natural experiment in these two countries. Therefore, evaluation of the new Danish system is being watched eagerly from the UK and others. This paper is one of the first to emerge from what will be a comprehensive evaluation. As such, it only begins the process, and is simply an observational study of how Danish GPs use the system. The really exciting findings - does the system ‘work’? - will take longer.

This paper examines - very well - a large cohort of cancers diagnosed after the CPP system has been introduced. The symptoms were identified by GP questionnaire and separated into: alarm, or vague. Diagnostic intervals were also identified from the GP using his/her records. The route to diagnosis (CPP or not) was identified. The main findings were that vague symptoms took longer to diagnoses (no surprise) and that the CPPs were only used in 37.3% of cancer cases (actually no surprise either - this happens in the UK's 2WWs). The GP’s lack of suspicion of cancer had a larger effect than the GP’s non use of a CPP (no surprise, really).

So, the paper is good scientifically - I'm happy with that - but has little 'wow' factor. It will be cited fairly often, as the CPP publications emerge.

Major compulsory revisions

None, other than to consider changing 'alternative' in line 268 to 'additional' - I think that's what they mean (and it's certainly what I mean!)

Minor Essential revisions

It may not be house style, but the discussion would be easier if the section 'Comparison with other findings' had a second subhead 'clinical use of the results'. The discussion has both of these but rather hops between the two areas.

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

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests:

I declare that I have no competing interests