Reviewer's report

Title: Synoptic Tool for reporting of Hematological and Lymphoid neoplasms based on World Health Organization classification and College of American Pathologists checklist

Version: 2 Date: 7 March 2007

Reviewer: Manjula Murari

Reviewer's report:

General

Synoptic reports are being increasingly accepted and the article on this subject is timely and pertinent. However, the report reads like description of development of a software tool and no data are included in the result section to support the various claims/assertions that the authors have made in discussion and in conclusions.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

1. The study design constitutes incorporation of the WHO Classification and CAP Cancer Checklists text into the laboratory information system (LIS), CoPathPlus, that the authors use. Whether and how the synoptic format developed by the authors can be used for other indigenously designed information systems or other proprietary LIS, is not clear from the article. Adaptability and flexibility of the proposed synoptic system for use with other laboratory and hospital information systems needs to be addressed.

2. It is mentioned that the synoptic format is designed only for the summary section of the report. How the synoptic format of summary differs from the conventional summary is not clear. The difference in turnaround times between synoptic vs free text summary is not documented in the results. Further, several other assertions have been made by the authors without providing requisite data. For example, how did the authors conclude that the text-only format is suboptimal for entry of data elements and presentation on reports? The authors also need to demonstrate with relevant data that their system led to a reduction in time spent on signing-out and reassessment, that it minimized typographical and transcriptional errors, enabled quicker access and that it led to an improvement in pathology reports, as compared to the system without the described synoptic summary.

3. It needs to be clarified whether the system is being used prospectively or retrospectively. From the authors’ statement that ‘there are a total of 233 cases of various hemopoietic and lymphoid neoplasms … with completed synoptic worksheets’, it appears that the synoptic system is being used for select cases and in a retrospective manner (since only 233 cases have been completed in nearly one year’s time, starting February 2006).

4. Enough supportive evidence is not provided to fulfill the capacity of the developed synoptic system for ‘quality assurance and control’, or the aims of ‘molecular medicine’ and ‘translational medicine’, through the use of this synoptic format.

5. The synoptic summary presented in fig 8 (fig 7 Final Report Signout..) only mentions the specimen type, site and histologic type (specified as NOT being the final diagnosis), and lists ancillary studies (for results one must see separate report screens). This synoptic summary does not provide clear and concise information and just refers the user to other screens. How it may serve as a conduit for capture and storage of data is not made clear. The conclusion that ‘this provides a structured method for entering the diagnostic as well as prognostic information’ is also not clear. The visibility of the figure also needs to be improved by removing paragraph marks and other control characters.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)
1. The text in Fig 9 (fig 8 Workflow for synoptic…) is incomplete in some text boxes making the figure incomprehensible, possibly due to spilled over text. A new figure with completed text needs to be submitted, so that the steps in the synoptic report workflow are better understood.

2. The text needs substantial editing, some phrases and sentences are incomplete while others are unduly long and complicated and need to be replaced by short and concise sentences. Some anecdotal content also seems out of context, and may be removed, as typified by the following examples.
   • ‘Data of clinical importance is in the hands of pathologist suffice this and enable a fair and consistent template for reporting…’
   • ‘The more the standardized elements are, higher the risk of ‘doing something wrong’ thus leading to possible legal actions…’.
   • ‘Furthermore, the ‘Global nature of cancer care’…health care facilities’

Discretionary Revisions (which the author can choose to ignore)

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

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

Quality of written English: Needs some language corrections before being published

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.