Reviewer's report

Title: Treatment delay of bone tumours: Compilation of a sociodemographic risk profile. A retrospective study.

Version: 1 Date: 2 October 2007

Reviewer: Parker P Gibbs

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached) 1) The authors note in the abstract that “The key to successful management of bone tumors is early diagnosis and prompt treatment” This forms the premise for their manuscript, but is too broad. The authors include tumors that might benefit from earlier diagnosis and management such as giant cell tumor of bone as well as those that might not, such as metastatic disease. They include tumors for which a delay would not change the management (Osteoid Osteoma) and other benign tumors that may not require therapy at all. The authors should further justify to the reader why including all these widely disparate diagnoses is appropriate for their study. Perhaps the argument could be better made if the population with a known history of cancer were eliminated. This group certainly has a higher index of suspicion for bone tumors and is almost certainly in the older age group. Looking only at patients with no history of prior cancer might then eliminate the significance of age. If it does not, the age argument is much stronger.

2) The authors do not provide presenting symptoms. Many benign bone tumors are discovered incidentally while evaluating other disorders (enchondromas, non-ossifying fibromas) and do not require intervention. Perhaps, these too should be removed from the analysis. In this way the authors are evaluating the detection of tumors that might benefit from early detection.

3) The authors statement that successful management is predicated upon early detection needs to be tempered. Although many patients might benefit, many will not, especially those with primary bone sarcomas. Even with early detection, the intrinsic biology of these tumors often dictates the outcome.

4) Age is identified as a most important variable. However, it is not listed in any of the tables. Please do so. The reader would benefit.

5) Page 10 Discussion. The authors state they based their statistical exploration on observations of patients with bone tumors, differing with respect to …..necessity of treatment. However, the authors do not comment in the tables or the text on the necessity of treatment for any the diagnoses listed. This is important information for the manuscript. Perhaps the authors could list how many patients required treatment for their bone tumors and what type.
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 figures are not labeled correctly. Labels at page bottom are numeric, figure legends are alpha numeric.

Discretionary Revisions (which the author can choose to ignore)
1) The authors might consider reversing how their hazard ratio is reported. A higher ratio usually carries a negative connotation whereas here it connotes a shorter delay.

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: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:
I declare that I have no competing interests.