Reviewer's report

Title: Pathways for definitive diagnosis of solitary pulmonary nodule: a multicentre study in 18 French districts

Version: 1 Date: 2 August 2007

Reviewer: Michael Gould

Reviewer's report:

General

This is a population-based, retrospective review of patterns of care for patients with solitary pulmonary nodules in France. The authors identified 152 CT scan reports that described a SPN during a 6-week period at 76 radiology centers. They identified substantial variability in practices, and found that a surprisingly large number of patients did not undergo an invasive diagnostic procedure. Diagnosis required a median of 4 tests and an average of 41 days. Predictors of invasive testing included referral by a specialist, a history of smoking, and spiculated nodule borders.

Strengths include the importance of the question, the population-based sample, and the use of multivariable statistical methods.

Weaknesses include the relatively small number of patients/nodules, incomplete follow-up in 40 patients, and questionable generalizability to other health care settings.

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

None

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. In the discussion, the authors should acknowledge that some variability in management may be justified. Management of SPN is not amenable to a one-size-fits-all approach. Different strategies are called for depending on the clinical probability of malignancy.

2. TTNAB is not necessarily less invasive than bronchoscopy. The risk of PTX is ~25%. Please modify the sentence in the 2nd paragraph of page 4.

3. ~30% of patients had "mediastinal involvement" and many underwent procedures for lung cancer staging including brain imaging and bone scans. This suggests that, technically speaking, many of these patients did not have a SPN.
It would probably be best to exclude the patients with abnormal findings in the mediastinum.

4. In Table 4, it would be more informative to report the median and interquartile range for days to diagnosis.

Discretionary Revisions (which the author can choose to ignore)

1. The statement that 150,000 SPNs are investigated in the US each year is supported by a reference from a review article. Please cite an original source.

**What next?:** Accept after minor essential revisions

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

**Quality of written English:** Acceptable

**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.