Reviewer's report

**Title:** Optimization of the diagnostic work-up in patients with suspected obstructive lung disease.

**Version:** 4  **Date:** 13 July 2010

**Reviewer:** John McKay

Reviewer's report:

The manuscript is improved from version 1 and is more succinct in the Intro/Methods?Results. I think the discussion needs significant strengthening (although much of this relates to language/phraseology rather than placing findings in context.

- Major Compulsory Revisions

The author must respond to these before a decision on publication can be reached. For example, additional necessary experiments or controls, statistical mistakes, errors in interpretation.

1. Discussion – pg 11 ‘Our patients we think are not different…’ This sentence reads poorly and does not make a clear point. I think the issue that needs to be brought out is that your patients have similar demographic characteristics to other western European countries (If this is indeed the case – you say ‘we think’ can you reference this?). The point here is to make your results generalisable. You raise a second point that your referral system uses family practitioners as ‘gatekeepers’ to primary care (similar to the UK for instance but potentially different from France etc) and so your study population represents a group of patients who have a higher likelihood of having COPD/asthma than if patients could walk into your clinic off the street. This may not be as relevant since as you mention it is how the physician then adheres to the protocol that is important.

2. This whole paragraph is difficult to follow – I think because your English is not clear- and therefore limits the clarity of your argument as to your findings. I think it is important that you bring out the last sentence in this paragraph – that the protocol could be easily followed by GPs or hospital physician assistants as long as they have access to these basic tests – thus leading to potentially further savings with hospital physicians left to advise on how to manage only those cases where diagnosis is uncertain despite following the protocol or advise on treatment routine drug therapy has failed.

3. Pg 12 Post hoc.. I think these 2 sentences are in the wrong place this is an aim with a result. You can then comment that you removed it from your protocol in thee discussion

- Minor Essential Revisions
The author can be trusted to make these. For example, missing labels on figures, the wrong use of a term, spelling mistakes.

1. Abstract pg 1: To assess whether 'a' diagnostic…
2. pg 3 Intro ‘…cost effectiveness OF the work-up….
3. pg 3 Methods ‘And therefore… - Do not start a sentence with And! Miss it out. Therefore… is fine
4. pg 4 only patients WERE included – use past tense the study has been completed
5. pg 4. ‘> 10 pack years THEN a measurement..’
6. pg 12 we had that time – should read we had at the time of the study.
7. pg 12 We learned them that this is more efficient – poor English? We advised them..
8. pg 12 We all…. This is a good point – but not clearly expressed i.e the protocol allows the assistant to work more efficiently thus decreasing the frequency that they require to interrupt the doctor who will often be in a consultation.
9. pg 12 bottom paragraph. In none of these tests DID the …
10. pg 12 So we doubted about.. would read better – We therefore doubted the need for …
11. Pg 12/13 At the time of this study.. reads poorly need to be more succinct
12. pg13 last sentence …some doctors want to work efficiently…. I think this is confusing – if they were being efficient they would use the protocol. Do you mean they wanted to minimize patient return visits and so ordered what were unnecessary tests?

- Discretionary Revisions

These are recommendations for improvement which the author can choose to ignore. For example clarifications, data that would be useful but not essential.

1. Introduction pg 2 – No figures exist…. But they must be substantial (this phrase is too definitive if no evidence) suggest ‘they are likely to be substantial’
2. pg 2 The physician who… doesn’t read well ? ‘the physician who routinely orders all PFTs in the work-up…’
3. pg 2. Liberally and liberally test ordering ? correct word Do you mean without following the protocol? Without a logical structure to their investigations
4. pg 2 ‘until the outset…’ ? replace with Prior to the outset of this study there was no evidence..
5. pg 2 study design The first sentence reads poorly.. ?do you mean The study participants consisted of consecutive adult patients with suspected COPD referred to the respiratory out-patient clinic at XX, over a 10 month period between Y and Z?
6. pg 2 ? comma after general practitioners
7. pg 5. full stop after anticholinergic.
8. pg5 ?The second physician ASSESSED whether the appropriate tests...
flowchart
9. pg6 He also looked… clumsy English could be expressed more succinctly
10. pg 10 discussion - In general, ? delete this term - ? The main finding of our
study was that the introduction..
11. pg 13 – overall only half of the patients followed the protocol – it is the
doctors who do or do not follow the protocol.

John McKay 13/07/10.

**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 I have no competing interests