Reviewer's report

Title: Views of general practitioners on the role of CA125 in primary care to diagnose ovarian cancer

Version: 3 Date: 5 October 2012

Reviewer: Marcia Hall

Reviewer's report:

Thank you for asking me to look at this paper again about the impact of the NICE guidelines (CG122) on the diagnostic pathway for ovarian cancer in the West Midlands. In my previous review of this manuscript, I pointed out that the major flaw of the entire paper was that in the MOnkey survey used, the authors omitted a major constellation of symptoms for women with possible ovarian cancer - i.e. a change in bowel habit. My review of this paper prompted me to examine the published guidelines again and it is apparent how this glaring omission occurred. The list of symptoms that was used by the authors is clearly bullet pointed above the subsequent statement about the importance of bowel symptoms. Clearly the authors have faithfully incorporated the bullet pointed list and overlooked the vital sentence below this defining the role of change in bowel habit in this diagnosis.

The omission of this vital part of symptomatology reflects the poor understanding of pathogenesis of this disease. However it is pleasing to see acknowledgement of the 'advanced' nature of fallopian tube cancer at diagnosis and although I entirely agree that detecting this will not change the staging or result in more lives 'saved' it will at least help patients understand their worrying symptoms and allow them to access appropriate therapeutic strategies to maintain / improve their quality of life. Discussion of the omission of the bowel symptomatology in the paper might make the paper more acceptable.

Sadly, this omission makes their paper invalid and not worth publishing unless they were to repeat their survey in the same population with the inclusion of the bowel symptom / change in bowel habit symptoms. This might make a much more interesting publication allowing more time for the guidelines to be embedded within the GP community and prompt discussion / speculation about the interpretation of the addition of bowel symptoms in the outcome of the responses. It is encouraging to see mention of the GP on the NICE panel for the preparation of this document, who had a vociferous and useful contribution to make, along with the radiology expert, the local gynaecology surgeon and the two patient representatives, when discussing the "diagnosis" part of this publication. The remaining 4 secondary care experts concentrated appropriately on the 'management' aspect.