Reviewer's report

Title: Urgent referral for suspected cancer as a means of reducing delay in the diagnosis. A population-based observational study in Denmark

Version: 2 Date: 27 March 2012

Reviewer: Nafees Din

Reviewer's report:

Thank you for the opportunity to review this population based study on the important theme of cancer diagnostic delay which is the focus of many health care systems in the world today. This study highlights an important area of cancer research and is in-keeping with the current emphasis on earlier diagnosis and management of cancer to improve patient survival and reduce treatment related morbidity and health care costs. The study is also relevant to the UK setting because of similar primary health care system. The results of this study verify positive benefit and effect of a policy initiative and are likely to have further impact on the refinement and implementation of this policy in a wider setting and influence practice positively. I suggest that this study is very much within the publication priorities and scope of this journal.

1. Major Compulsory Revisions

Main body of text

Method

Sampling procedure: What was the number achieved by additional sampling in October 2009 and were they added to the existing pool or was this the sample that was later used for analysis? As this search was performed without the AZCA1 code, was there a possibility of wrongly including the patients who were already on the national list or some process was adopted to filter those patients out? Is there a potential to capture the same patient twice in this way? This section needs a bit of clarification for the reader to follow the method of sampling and make sense of the actual population.

Outcome measures

There is an inconsistency in the percentage (%) of patients whose secondary care interval was estimated from hospital admission data. This is different in the method and in the results sections.

Results

Paragraph 2: The denominators are not clear and percentages are not correct for both the excluded patients and patients whose secondary care interval was estimated from hospital admission date as these do not correspond to either the number included, questionnaires completed or analysed so would benefit from clarifying the denominator to make it easy for the reader to understand.
2. Minor Essential Revisions

Following are some comments/suggestions to improve the quality of the manuscript. The typos in the manuscript have been underlined and suggestions made in ‘---’ in the order they appear in the paper.

In general:
• A plural should be used for ‘GPs’ and ‘Patients’ consistently because it has been used inconsistently in different sections, singular at some places and plural at others. The use of apostrophe will have to be modified accordingly.
• There should be consistency in describing the term ‘statistical significance’ with p values if not referred to Table etc. These have been described at some places and not at others.
• The manuscript would benefit from consistency with the style of spellings i.e. these should either be British or American style (Among others, an example is ‘standardized’ in abstract and ‘standardised’ in discussion, main findings paragraph 3)

Abstract

Background: Secondary care interval: It is hard to interpret without going through the full text so needs a definition here

Method: Number (%) of patients analysed not mentioned here which gives the impression that number whose questionnaires were completed were all analysed.

Results: The term ‘alarm symptoms’ needs to be defined here and in full text. It is difficult to interpret.

Main body of text

Introduction
Paragraph 1: The term ‘diagnostic interval’ needs a definition here
Paragraph 2: References 10-13 need reordering as ‘13’ falls before ’10-12’
Paragraph 3: The term ‘alarm symptoms’ needs a definition and a reference

Typo: ‘50% of cancer patients present

Method

Study design and setting (Typo Paragraph 1): ……new cancer cases ‘per’ year
Data collection (Typo): …the date of treatment ‘started’

Outcome measures (Paragraph 2): Second sentence typo ‘according to’

Results: It will be more logical if the number and percentage of patients are described in a sequence of: selected for inclusion, questionnaires completed, numbers excluded and final number analysed.

Differences between Vejle Hospital and other hospitals (Typos Second paragraph): Percentiles should be presented as 75th, 90th etc. percentiles not 75% or 90% percentiles
Monthly changes in the secondary care interval (Typos First paragraph): Same as above

Conclusion (Typo): …care interval is the ‘results’…

3. Discretionary Revisions

Abstract

Conclusion: The conclusion stated does not really follow from the aim and design of the study because this study to my understanding was not designed to be causal and was not longitudinal especially the statement about the role of ‘leadership’ and ‘strategy’ so probably would benefit from being a bit more succinct.

Main body of text

Method

Outcome measures (Paragraph 2): First sentence might benefit from being rephrased to include ‘implementation’, ‘policy’, ‘rule’ etc. or similar words with the term ‘urgent referral’

Results

Monthly changes in the secondary care interval: The number of patients who could not be included who were recorded in the previous month to diagnosis are not reported.

Discussion

Main findings (Paragraph 3): We cannot draw conclusion from this study that we can prevent improvements that decline over time because this was not a longitudinal study and included incident cancer patients during one year only.

Strengths and weaknesses (Paragraph 1): There was no reference or mention of null hypothesis in the aim or methods so looks inappropriate to mention here and confuse the discussion.

Conclusion: This study was not designed to be causal and hence the conclusion about the effect of political focus and leadership on secondary care interval looks to be a bit overzealous especially in the light of the statement that the authors made in this section that this interval even decreased before the formal implementation of the urgent referral. This in retrospect also suggests that urgent referral actually did not have an effect on the reduction in secondary care interval which according to the results actually did. So in my view, it would be appropriate to stick to the interpretation of the actual results which was described in that section very well.

Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published
Statistical review: Yes, and I have assessed the statistics in my report.

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