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: 4 Date: 27 January 2013

Reviewer: Lindsay Forbes

Reviewer's report:

This manuscript is significantly improved. There are a number of compulsory revisions, but these are relatively minor.

Abstract
This is significantly improved. My only criticism is of the final sentence. This speculates about the mechanism by which urgent referral might have reduced secondary care interval, which this study does not examine. I suggest that it is framed as such.

Method
The sampling procedure is much clearer. However, I have a hunch that the population selected was comprehensive, in other words that every patient with a new cancer diagnosis was selected. This would suggest that no ‘sampling’ was necessary – ‘sampling’ suggests that a proportion of them only was selected. I would suggest using a heading such as ‘Study participants’ and using the word ‘selected’ rather than ‘sampled’ (if my hunch is correct).

A one and only reference to an ‘algorithm’ occurs in the sampling procedure paragraph. I think this needs omitting or explaining.

Page 4 para 3. This suggests all patients were admitted to hospital, which is not always the case. Some cancer patients have treatment initiated and completed as an outpatient. Do the authors mean hospital ‘attendance’ date?

Results
I found the ‘Monthly changes in the secondary care interval’ section slightly difficult to understand. It might be better entitled ‘Trends in secondary care interval by month’. Does the first sentence refer to the median secondary care interval over the whole period from October 1 2007 to September 30 2008? I suggest clarify.

Discussion
Para 3. Final 3 sentence. I am not sure how the study can have shown these. I think this is the authors’ speculation. If the study has shown these, the authors should point out how.

Page 9. I don’t feel it is necessary for the authors to justify not having done a randomised controlled trial, or to apologise for having done an observational study. Denmark is not alone in having a government that implements policies
without prior evaluation! In fact, it would probably be unique if it did.

Page 10 para 2. I think the authors should explain what they mean by the ‘direct, negative impact on non-urgent patients’ found in other studies – on their quality of care, their secondary care interval, or something else?

Minor presentational points:
• a ‘ward’ in UK English is a physical room or set of rooms where inpatients stay. That a ‘ward’ performs 38K outpatient consultations reads oddly to a UK reader. I suggest find a better word.
• Study periods in English don’t experience ‘expiration’, they ‘end’.
• Method, sampling procedure: Line 11 ‘an’ unnecessary before ‘additional’; Line 13 ‘an’ needed before ‘inclusion criterion’
• Page 4 para 4 first sentence is unclear.
• Results para 2. The English of the first sentence could be improved. I think the authors mean information on patient characteristics. I think ‘Note that’ unnecessary.
• Discussion para 3 line 2: I think ‘present’ is not the best choice of word here.
• Page 9 line 1. typo ‘are’
• Page 9 line 4 ‘impels’ is not the right word here
• Page 9 line 7 – first mention of ‘doctor’ interval.

Figure 2 - better labelling of the x axis would be helpful.

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, and I have assessed the statistics in my report.

Declaration of competing interests:

I declare that I have no competing interests.