Reviewer's report

Title: The use of Cincinnati Prehospital Stroke Scale during telephone dispatch interview increases the accuracy in identifying suspected stroke and Transient Ischemic Attack

Version: 2 Date: 24 July 2013

Reviewer: Brian Buck

Reviewer's report:

This is overall a well written study cross-sectional study of the impact of the use of the CPSS on EMS dispatcher recognition of TIA/stroke symptoms. This is a large multi centre study that includes over 18 thousand patients.

Major Compulsory Revisions

There is an important limitation in this study that is only addressed in the final paragraph. The gold standard for TIA/stroke is a diagnosis of TIA/stroke by ambulance health personal. EMS personal are certainly trained to recognize TIA/stroke symptoms but the final clinical diagnosis of TIA/stroke is complex and can not be confirmed without further investigations. Stroke mimic rates are 20% or higher. With TIA especially there are a number of common conditions with similar presentations.

Without knowing the final diagnosis we do not know for sure that CPSS is improving accuracy with reference to the true gold standard. I agree as the authors state that the CPSS increases the concordance between dispatch and EMS. From a logistical perspective this is important us perhaps all that matters.

My main suggestion is that limitation has to be stated at the outset in the introduction otherwise it seems to the reader as an oversight as it is left until the very end of the paper. You might want to specifically state that you are not looking at the accuracy of identifying stroke / TIA as stated in the title but rather stroke / TIA symptoms.

Is there any means to confirm the final diagnosis? This ultimately would strengthen the paper?

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: Yes, and I have assessed the statistics in my report.

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