Author's response to reviews

Title: Patient delay in cancer diagnosis: what do we really mean and can we be more specific?

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Author's response to reviews: see over
Dear Ms. Valencia,

MS: 1591328767129805 - Patient delay in cancer diagnosis: what do we really mean and can we be more specific?

We thank you for your invitation to submit a revised version of this paper and for the reviewer’s helpful comments. We set out below the way in which we have responded to their substantive points, referring throughout to the line number in a ‘clean’ version of the manuscript. A track changes version is also available should you require it.

Reviewer 1 Comments

1. ‘Setting out the problems with the use of the various terms used in this field does not naturally lead to the conclusion that symptom-based measures of time to presentation are more appropriate. The thesis is sound; however, I am not sure that the arguments lead to this effectively.’
   a. An additional paragraph discussing the predictive risk of symptoms and approaches of national awareness raising campaigns (lines 363-8) has been included to more effectively frame the argument for a symptom-based approach

2. ‘I strongly suggest that all terms are defined for the purposes of this article at the beginning, and that the author uses them more precisely.’
   a. In order to clarify our position on terminology from the outset of the paper, the discussion of language has been moved so that it is now situated before the discussion of methodological issues (the structure of the abstract has also changed to reflect the revised structure of the paper). Within the section discussing semantic issues we have also defined the terminology used by ourselves and we have ensured that the terminology used throughout the article is now consistent and precise.

3.
   a. ‘the first sentence suggests that there is strong evidence of an association between time to diagnosis and both stage at diagnosis and subsequent survival; this is not the case.’
      i. This statement has been re-phrased to say that there is ‘growing evidence to suggest an association’
   b. ‘a median cannot be used to address outliers’
      i. This sentence has been re-phrased to now be more accurate
   c. ‘I think it is arguable that all patients have measurable and describable times to presentation (whatever that means!’
      i. This statement has now been expanded upon and the argument clarified in lines 130-141
d. ‘It is arguable that deriving new definitions of extended help-seeking (another new term!) could be achieved through the analysis of secondary data sets, although I am not sure what exactly the author means by this’
   i. Further explanation is now provided, see lines 269-273

4. a. ‘the temporal and behavioural boundaries of normality’: not clear what this means precisely’
   i. We have expanded on the concept of normality in lines 80-82
b. ‘Not clear what the ‘frequency’ and ‘impact’ relate to. A patient interval cannot have a frequency or impact’
   i. We have re-phrased this sentence to make it clearer that we are referring to the frequency and impact of the modifying factors, see lines 85-87
c. ‘Delays, in this context, are essentially ‘blips’. This is a new definition altogether’
   i. The word blips has been replaced with the word events (line 161)
d. ‘I am not sure what the author means by ‘explore particular cases’.’
   i. This statement has been clarified in lines 159-160
e. ‘what is ‘consensus modelling’? Does it mean the same as a process of reaching a consensus?’
   i. Lines 271-273 have been expanded to explain more fully what was meant by our reference to consensus modelling

Reviewer 2 comments:

1. ‘there is often a lack of clinical consensus regarding what constitutes an appropriate patient interval for individual symptoms or clusters of symptoms, for example in the case of ovarian cancer. The authors don’t appear to acknowledge this issue adequately’
   a. The lack of clinical consensus around appropriate patient intervals has now been acknowledged in lines 266-269

2. ‘they suggest a few alternative terms, e.g. “prolonged”, “extended” or “timely” “patient interval” or “time to presentation”, but I think it would help the readership if the authors decided on a suitable term’
   a. In light of this comment, and comments by reviewer 1 on inconsistency in language use, the term prolonged interval has now been proposed as a suitable term.

Best Wishes,

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