Author's response to reviews

Title: The effects of the Two-Week Rule on NHS colorectal cancer diagnostic services: A systematic literature review

Authors:

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Author's response to reviews:

10th January 2006
Dear Editor,

Thank you for considering our manuscript for publication in your journal. I attach a revised manuscript along with a point by point description of all changes made in response to comments by all three reviewers.

Should you require further clarification of any points, please feel free to contact me.

Thank you for your time.

Mrs. Kymberley Thorne

Reviewer: David Cade
Major points
1. Results do not add up to 100% - We had already stated in the methods section that all figures quoted were actual figures from the original papers. We have now altered Table 2 to indicate more clearly that the figures from the Eccersley paper had been rounded up to explain why they came to 101%.
2. Clarification of the difference between appropriate and inappropriate referrals and the failures of the guideline criteria as opposed to the failure of the implementation of the guidelines - We have expanded the Background to include a definition of an appropriate and inappropriate referral. We have altered the Discussion to make it clear that it was the guidelines that failed to identify CRC patients but we feel that we cannot discount the impact of the misapplication of the guidelines as a further reason for missing these patients.
3. Misleading comment that "the DoH guidelines expected that 90% of cancers would fulfil the high risk criteria, not that 90% of those with high risk symptoms would have cancer" - We have altered the background to directly quote the guidelines as "aiming to identify up to 90% of patients with bowel cancer".
4. "CRC lacks any highly specific symptoms" is simplistic - We have altered the discussion (page 9) to make it more clear that CRC has no symptoms specific enough to improve the identification of the disease, and have also included the Selvachandran reference mentioned by the reviewer to indicate that a degree of CRC prediction is possible with the use of patient questionnaires.

Minor points
None

Discretionary revisions
1. Expansion of discussion using newly printed Hodder paper - We have included the Hodder paper in our discussion (page 10) as an example of how CRC guidelines can be evaluated and suggested that this study is used as a basis in our recommendation for a nationwide study.

Reviewer: William Hamilton
Major points
1. Abstract. The last line is actually a result - We have altered the last line to make it clear that it is a conclusion, not a result.
2. Change median figures used as outcome measure into weighted average - The recommended change
has been made and the paper now refers to the weighted mean in its abstract, results and discussion.

Minor points
1. Advised giving raw figures of number of cases diagnosed in TWR clinics - We have included the raw figures quoted in the studies of the actual numbers of CRC cases identified from TWR clinics, as well as the quoted percentages.
2. Comment that blame for poor performance seemed to be attributed to TWR clinics - We did not imply that the TWR clinics were at fault in the paper and have repeatedly mentioned that it is the guidelines that are the problem, both in terms of their effectiveness and their application by GPs. We have tried to clarify this point throughout the discussion.

Reviewer: Michael Thompson

Major points
1. Standards against which the guidelines should be assessed - We have added a paragraph on page 7 to explain that we have made our assessment based on the percentage of TWR referrals diagnosed with CRC and by comparing the proportion of CRC patients identified by different referral routes.

Minor points
1. Need to clearly differentiate between the overall sensitivity of the guidelines for cancer and their overall predictive value for cancer - We feel that the use of the terms "sensitivity" and "predictive value" are more appropriately applied to diagnostic tests than our assessment of the use of the TWR guidelines and do not wish to use them in our discussion.