Reviewer's report

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

Version: 1 Date: 21 December 2005

Reviewer: David Cade

Reviewer's report:

General
This is a descriptive analysis of an important topic as the political implications of the two week rule are very significant. Evidence Based Medicine is regarded as essential whilst Evidence Based Policy is not. This is an important document for that reason but lacks statistical analysis and would be considerably stronger as a scientific document with a statistician's input. The discussion of the issues is superficial and needs to be more detailed.
The question posed is appropriate and the methodology of selecting papers correct. The numbers attending across the country via the TWR is important data and the fact that two thirds of elective referrals are not coming via this route needs to be emphasised. Also that 9 out of 10 patients referred via this route do not have cancer is important to emphasise as they are getting priority over those patients coming via routine referral mechanisms EVEN IF THESE PATIENTS HAVE HIGH RISK SYMPTOMS. This is distorting clinical priorities. The data from the papers will not allow, in all cases, accurate assessment of how many patients fulfill the high risk criteria coming from the various referral routes. -----------------------------------------------------------

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

Results % do not add up to 100%.
It is important to clarify in the text the difference between appropriate and inappropriate referrals and failures of the guideline criteria as opposed to failure of implementation of the guidelines.
First paragraph of the discussion, page 6, can mislead in that the DOH guidelines expected that 90% of cancers would fulfill the high risk criteria (sensitivity) not that 90% of those with high risk symptoms would have cancer (predictive value).
Page 8 "CRC lacks any highly specific symptoms" is simplistic. Selvachandran et al(Prediction of CRC by a Patient Consultation Questionnaire and scoring system: a prospective study. Lancet 2002;360:278-83)show clearly that detailed analysis of symptoms and combinations of symptoms properly weighted, will significantly identify patients at high risk.

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

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Discretionary Revisions (which the author can choose to ignore)

Some papers identifying high risk symptoms in Primary Care have used flawed methodology using case control studies to predict prevalence.
If the authors read a paper in print now, but probably not so when their paper was submitted, they will be better placed to expand their discussion and conclusion. It goes some way to answering their suggestions for the future.
What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions.

Level of interest: An article of importance in its field.

Quality of written English: Acceptable.

Statistical review: Yes.

Declaration of competing interests:
I am one of the authors on the 2 papers that have been quoted in my review of this paper.