Reviewer’s report

Title: Socioeconomic Patient Characteristics Predict Delay in Cancer Diagnosis: A Danish Cohort Study

Version: 1 Date: 9 November 2007

Reviewer: William Hamilton

Reviewer's report:

General

In many ways this is an excellent paper, with good quality data, and well-presented tables and figures (esp. the latter). I think with some revisions it will add to the literature.

-------------------------------------------------------------------------------

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

I think the main problem with the paper is the way the results are presented (this applies both to the text and the abstract). Firstly, as the authors correctly examine the three types of delay, these warrant subheadings. It's quite difficult to swap mentally across the categories (despite the italics, which almost work!). Secondly, it would be much more helpful if the univariable results are described first (so, sex has this effect, then age...etc.) Only once that's done, should multivariable results be quoted (so old wealthy women do this...etc). At present there's a jumble of both.

-------------------------------------------------------------------------------

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

1. I wonder if the SE status is correctly treated as a binary variable. Indeed, the authors in the discussion hint at wealthy patients requesting and receiving an early referral, while poor patients come in to surgery so often they get a referral. Have they missed a U-shaped relationship, with the middle income coming off worst?

2. there are several references to a submitted paper - BMC will need to decide upon the acceptability of this.

3. In the discussion, the authors acknowledge that merging all cancers may have missed cancer-specific changes. Certainly the systematic review by Una Macleod found this to be the case. So, how justified is this approach?

4. I very much approve of the authors' comment that a symptom based approach is the best, rather than a cancer one.
5. Finally I would prefer more discussion as to why the results were the opposite of Neal & Allgar. Who's right?

Discretionary Revisions (which the author can choose to ignore)

**What next?:** Accept after minor essential revisions

**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:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I have no competing interests