Reviewer’s report

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

Version: 1 Date: 19 November 2007

Reviewer: Sue Joseph

Reviewer’s report:

General
The purpose of this study was to determine whether patient socioeconomic factors are related to cancer treatment delay in a population cohort in County of Aarhus, Denmark. The major strength of this study is the population based cohort and publicly funded health care system, which reduces or eliminates major selection biases inherent in other study designs.

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

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

1. Introduction: Expand the background section. The main focus of the paper is socioeconomic status and treatment delay for cancer patients. However only one sentence (first sentence of second paragraph) has described this background. Please describe the background of this problem in greater detail, which will lead the reader logically to the aim of this study.

2. Results: Unadjusted analyses are not necessary. These results do not provide information different from adjusted analyses.

3. Results: The authors found that smoking and drinking were significant predictors of treatment delay. Did the authors find significant interactions between smoking/drinking and socioeconomic status.

4. Results: The information in Table 4 is not different from overall results. Table 4 is not necessary; the information within the table can be described in a sentence within that paragraph.

5. Discussion: on page 11, the authors state that gender-specific cancers were excluded from the analyses because of the wide variability in treatment delay. The authors state that most women with breast cancer have a palpable tumor. That is not the case when screening mammography is used regularly by patients. Do the authors have evidence to support the claim that most breast cancers are palpable in this cohort? In the same paragraph, the authors state that men with prostate cancer have subtle symptoms. Are PSA screenings done in this cohort? If so, the men would have very few symptoms. A final point in this paragraph is that diagnostic strategies are really quite well defined, but the authors state the
strategies are less clearly defined. In fact, the authors' own data suggest no patient delays are present in men with prostate cancer. If the patient did not have symptoms, patient delays are not relevant.

6. Implications of the study: Is it likely that male patients experience longer doctor delays because male patients downplay the importance of their symptoms. If a patient claimed difficulty urinating, would the doctor be likely to check it out whether or not the patient downplayed the importance?

9. Implications of the study: What is the evidence that "high household fortune and education are probably proxies for ... a better ability to describe symptoms."

10. It seems that an important factor in this study is universal access to health care in Denmark. The authors should describe how this may affect their results. There is an entire body of literature showing equivalent cancer treatment with equal access to health care, regardless of socioeconomic status.

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

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. Methods: in the "Analyses" subheading, description of the "delay" variable should be moved up to the "Outcome measures" subheading.

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

Discretionary Revisions (which the author can choose to ignore)

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, and I have assessed the statistics in my report.

Declaration of competing interests:

I declare that I have no competing interests.