Reviewer's report

Title: Prioritisation of patients on waiting lists for hip and knee arthroplasties and cataract surgery: instruments validation

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Reviewer: Mats Lundström

Reviewer's report:

This study is important as it validates an instrument for prioritization of three common diseases. The title is relevant and the study concentrates on a few psychometric properties of the instrument according to the title. The statistical analyses are relevant.

However, I have some concerns about the construct of the instrument. The prioritization instrument basically contains two sets of items related to the patients’ self-assessed situation; difficulty in doing ADL for both diseases and pain for arthroplasty patients. The severity of the disease is ranked very high, especially in cataract with 45 as maximal ranking. This may explain the moderate correlation between patients’ perception of the difficulty caused by the condition and the instrument. The dominance of objective scoring may also explain the better correlation with the doctor’s opinion. In order to make this clearer I suggest that the authors include the relative weight of each part of the instrument in the two patient groups. My guess is that the ‘objective’ parts of the instrument contribute to a high percentage of the total scoring. This will explain some of the correlations that may seem surprising for the authors. The authors are concerned about the relatively weak correlation with the doctor’s opinion though this was the strongest correlation in the study. Furthermore the authors think that this ‘weak’ correlation depends on influence by the patients’ opinion. I make the opposite conclusion. This instrument has too little scoring from the patients’ self-assessed situation.

It is well-known that generic instruments show little influence by cataract; this should not be as surprising as the authors state.

The inter-observer test adds some information about the instrument, but I don’t think this test can fully replace a test in realistic clinical daily work. This is also commented by the authors. In reality patients’ influence over the doctor and the situation may change the result and increase the variation between different examiners. I suggest that the authors point out this weakness of the study more clearly.

I have a few questions:

1. How was the unilaterally situation handled in the item ‘severity of disease’. Dense cataract in one eye and normal vision in the other may not interfere too much in daily living but how was it scored? Describe this.
2. When ICC was used, do the values refer to average measurements or single measurements?

3. Why did the authors not use a Rasch analyzed questionnaire? VF-14 is not very good according to the âstate of the artâ technology (Rasch analysis).

4. Did the same doctor group severity of the disease in the instrument and assess the priority through a visual analogue scale for a certain patient in this validation test? According to the manuscript the doctor could not see the instrument during the VAS assessment, but was it the same doctor who did both evaluations?

I suggest that the manuscript should be published, but I would like to have my questions answered and the authors to include some comments on the issues above.

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: Acceptable

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

Declaration of competing interests:

'I declare that I have no competing interests'