Reviewer's report

Title: Re-organisation of oesophago-gastric cancer care in England: progress and remaining challenges

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Reviewer: Max Oscar Bachmann

Reviewer's report:

This paper provides original evidence about the development and organisation of cancer services in the English National Health Service, with oesophago-gastric cancer as an exemplar. This would be of interest to readers with interested a policy of long term rationalisation and regionalisation of specialist services, led to a large extent by professional organisations working together with government agencies. A strengths of this study are the high responses rates obtained. The paper is clearly written.

The main limitations of the study are:
1) the data are self-reported information from service providers, rather than patient levels analyses or audits about what happens to individual patients
2) as a cross sectional study these results to not provide evidence of change over time.

These limitations are inherent in the study design, and so cannot be avoided. However they should be reflected in the discussion.

In particular, I would be sceptical about the reported availability of staging investigations (Table 3). For example, 93% of respondents reported that CT scan is performed in ALL patients with oesophageal, junctional and gastric cancers. From previous research, audits and examination of cancer registry data I doubt that this is true. It may be that it is these unit's policies that all such patients OUGHT to have CT scans. But this is not to say that they all do. So either the table should be reworded to indicate that this is policy rather than always true. Or the discussion should be a little more sceptical.

Similarly, The 2nd sentence of Discussion is rather misleading where it says that "...patients in all networks had access to the core staging investigations". In principle everyone in the UK has access to whatever care they need but that does not mean that they get it in practice.

It would be helpful if the authors could suggest what types of research would provide stronger or complementary evidence about re-organisation. Eg analysis of patient level data from cancer registries, hospital episode statistics. I assume the authors and their organisations (eg RCS Clinical Effectiveness Unit) are doing such research.
Minor points
- 7 local units were still providing curative surgery done by just one surgeon. It may be worth discussing if and why this could be a problem or not. Eg each surgeon may be highly skilled at curative surgery by doing high volumes of procedures, but they would not meet the requirement of providing specialised postoperative cover for 24 hours per day.

**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.