Reviewer’s report

Title: Utility of routine data sources for feedback on the quality of cancer care: an assessment based on clinical practice guidelines

Version: 1 Date: 25 January 2009

Reviewer: Anne Walling

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Peer Review Report: BMC Health Services Research

The question posed by the authors was well defined and the paper is well written. The methods although appropriate did have some limitations that if addressed would enrich the paper. I also think it would be helpful to the reader to include more data about how the categories were designed, examples of the guidelines, and rules for how guidelines were categorized. The authors do acknowledge work upon which they are building and the title and abstract accurately convey what has been found. I hope that the following suggestions are helpful.

Major Compulsory Revisions

1. RE: Paragraph 6 in methods: One might argue that some feedback measures that deal with information sharing between clinicians and patients could be placed in Category 3 since some things that should be documented routinely could be evaluated in medical records. How was this decided?

2. Under assessment of methods, specific rules are not given for how it was decided which category a measure belonged in. If, for example, a measure could be evaluated better in a higher, more expensive category, yet it was possible to evaluate it within a lower category, how was this dealt with?

3. I did not understand the meaning of the first sentence of the second paragraph, “The primary purpose of routine-inpatient data is related to funding hospitals and measuring their outputs....” My first thought would be that the primary purpose of routine-inpatient data is to care for patients, but I sense that you mean something else here?

4. The wording of the third paragraph in the discussion section was unclear. I think you mean 40% of the guidelines are not routinely measured because population-based data on prognostic factors are not collected. Is that correct? I misread it originally to mean 40% more guidelines as a relative percent instead of an absolute percent. The second sentence in that paragraph is also not clear.

Minor Essential Revisions

5. The fourth paragraph in the discussion section might be better placed earlier, especially since you already have this information listed in Table 1 under category 2.
6. What is meant by management surveys in the last paragraph?

Discretionary revisions

7. Can electronic medical records be helpful in providing feedback in the Category 2,3, and 4 areas?

8. The limitations of the study are not addressed in the discussion. I would suggest considering the following as potential limitations.
   a. Using guidelines as opposed to quality indicators, discuss why this choice was made and what limitations this poses to the study.
   b. Only having the four authors that wrote the paper place the material in categories without outside validation. Maybe this is just a first step? Or possibly provide more information in an appendix so that the reader can more clearly assess the face validity of the classification.

Thank you for the opportunity to read this paper. I hope that you find my comments helpful.

**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 declare that i have no competing interests