Author's response to reviews

Title: UK Waiting Time Targets In Lung Cancer Treatment: Are They Achievable? Results Of A Prospective Tracking Study

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Responses to reviewers

Ron Fergusson

Major revision:

1. The figures have been removed and data has been presented as a table (table 1).

<table>
<thead>
<tr>
<th>Histology type</th>
<th>Surgery</th>
<th>Chemotherapy</th>
<th>Radiotherapy</th>
<th>No treatment</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
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<td>0</td>
<td>24</td>
<td>2</td>
<td>7</td>
<td>33</td>
</tr>
<tr>
<td>Non-small cell</td>
<td>43</td>
<td>65</td>
<td>27</td>
<td>35</td>
<td>170</td>
</tr>
<tr>
<td>No histology</td>
<td>0</td>
<td>2</td>
<td>14</td>
<td>28</td>
<td>44</td>
</tr>
<tr>
<td>All</td>
<td>43</td>
<td>91</td>
<td>43</td>
<td>70</td>
<td>247</td>
</tr>
</tbody>
</table>

2. Target is indeed from the date of GP referral. We studied the date of receipt of referral so that we can see where most of the delay is occurring. Median from GP referral to out patient assessment in our patients is just one day. So we believe this difference is unlikely to change the key message from this study.

3. Patients in whom tissue diagnosis was achieved successfully by first Invasive diagnostic method and did not require any extra work up for commencement of treatment were termed simple pathway patients. In contrast to this those patients who required more than one methods or attempts at tissue diagnosis or those who required additional investigations apart from diagnostic and staging work up were deemed to be complex pathway patients. We compared the patients who had positive tissue diagnosis at first bronchoscopic biopsy with those whose initial biopsies were negative. The waiting time to treatment for the first group was 44 (37-60) days compared to 81.5 (54-107) for the latter which was highly significant (Results last para).

During the time frame of this study there was very limited access to PET scanning which consequently impacted little on delays in patient pathways. Differential waiting time for three treatments primarily reflect treatment access and service resource, in particular radiotherapy waiting time in Manchester has begun to improve only lately. Furthermore, patients in radiotherapy and surgery groups contained proportionately higher number of earlier stage patients who as expected, required more diagnostic and staging investigations to undergo curative treatments.

4. Yes there was some difference in the waiting time intervals between the GP groups and the casualty/internal referral group. Since the dates for calculation of waiting times are comparatively better defined in the GP referral group and this group is more homogenous and likely to be representative of institutional practice, we focused on the GP group.

5. Christie Hospital is the sister hospital specializing in non surgical oncology services, belonging to the same trust (South Manchester University Trust) but located at a short distance away. Some of the patients and their documents had to travel back and forth between the two sites which also contributed to small fraction of the delay (Revised Discussion para 4).
Minor revision:

1. The fact that figure refers to GP group of patients has been clarified (figure legends for figure1 and figure2).

Sudhir Lohani

1. Patients in whom tissue diagnosis was achieved successfully by first Invasive diagnostic method and did not require any extra work up for commencement of treatment were termed simple pathway patients. In contrast to this those patients who required more than one methods or attempts at tissue diagnosis or those who required additional investigations apart from diagnostic and staging work up were deemed to be complex pathway patients.

2. To illustrate the difference between the journey pathways of simple versus complex pathway patients, we compared the patients who had positive tissue diagnosis at first bronchoscopic biopsy with those whose initial biopsies were negative. The waiting time to treatment for the first group was 44 (37-60) days compared to 81.5 (54-107) for the latter which was highly significant (Results last paragraph in revised manuscript).

Minor revisions

1. South Manchester University Hospital is a major UK teaching hospital with on-site facilities for all relevant investigation. This is also the tertiary referral center for cardiothoracic surgery and oncology services (Revised introduction).

2. The full forms of abbreviations used have been included in the revised manuscript.

John Au

Major revision

1. The data on availability of histology has been revised. The numbers were correct; the percentages in the parenthesis have been corrected (Results para 2). Histological diagnoses were obtained in 204 (82.6%) patients, which consisted of small cell (SCLC) in 33 (13.3%), non-small cell (NSCLC) in 170 (69%) and mixed in 1 patient (0.004%). The denominator used here is n=247.

2. The percentages of different modalities have been corrected in the manuscript (Results para 3).

3. Histological diagnoses were obtained in 204 (82.6%) patients, which consisted of small cell (SCLC) in 33 (13.3%), non-small cell (NSCLC) in 170 (69%) and mixed in 1 patient (0.004%). TNM staging was available for 188 patients who were clinically considered to be NSCLC including 18 patients without histological confirmation who were treated as NSCLC on clinical grounds alone.
4. The percentages of NSCLC patients were calculated on histologically proven cases only so that they can be better compared with studies from other center.

Minor revisions

1. We have used additional methods such as regular interval screenings of histology results, chest radiology reports, International code of diseases codes, thoracic surgery database and Macmillan referrals to ensure 100% capture of data.
2. In patient referrals fared much worse because of presentations with symptoms of advanced disease.
3. The primary reason for delays in reaching treatment is whether patient follows a simple or complex pathway. This is based upon the ease of making histological diagnosis. Additional data comparing bronchoscopy positive patients with bronchoscopy negative patients has been presented to make the support this (results.. last paragraph).
4. We feel the message from the paper is clear that the waiting time is still far from satisfactory and lot more needs to be done to meet the targets. A patient in whom the first diagnostic test such as bronchoscopy is negative needs special attention to meet the waiting time targets.