Reviewer’s report

Title: A qualitative exploration of the use of calendar landmarking instruments in cancer symptom research

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Reviewer: Peter Vedsted

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A qualitative exploration of the use of calendar landmarking instruments in cancer symptom research

This paper previously titled ‘Using calendar landmarking instruments may aid patient recall of cancer symptom time intervals from onset to diagnosis’ has been revised and the authors have done a huge job in taking into account and consideration the various suggestions and remarks from the reviewers. Still, the paper is a relevant methodological contribution to the important research on patient intervals.

The paper is now more precise in explaining the aim and what conclusions can be made based on the secondary data available. The qualitative methodology is a bit different from other qualitative studies as this study ‘simply’ base the results on what the authors hear about using the landmarking during interviews with patients. An example is the use of “many” “did not”, “more useful” which sometime sounds like a quantitative judgement rather than a qualitative one. Thus, it is merely a feasibility study and a study that can inform new research on the use of calendar landmarking. That is also important.

It is very important that the authors are more loyal to the international clinimetric taxonomy.

Specific issues

1. P 2, line 17: “In many cases patient the…” Perhaps only cases or patients?

2. Same: “In many cases..” – how are we to interpret that in a qualitative study? I still find it difficult to read scientific papers where I do not have the chance to see what is meant by “many”. It could be 30% or it could be 90%. Is it possible to have a better or more precise ‘qualitative’ description/process?

3. P 2, line 20: The CLI appeared more useful for time intervals less than three months. Important finding but perhaps a little indication on why it was useful could be provided. How was it more useful? Used more often? More precise?

4. P 3, lines 33-34. Good to write that a major challenge is to know whether we improve the measurement of the intervals using CLI. I think that the importance of this study is that it informs further research on this issue as well.
5. P 3, line 41: “Late diagnosis is a considered to be..”

6. P 9, line 225: It is most probably my very poor English, but how can I interpret “…in that they were of more use where the…” . Are they used more or is it a ‘feeling’ that they were of more use or what is the precise meaning? Is it possible to explain it so that we can take that information, which is important, and use it in other studies?

7. P 11, lines 291-292: I understand why the authors write that it would be a very challenging objective given the absence of ant true reference date. But perhaps the authors would give it a second thought. As it reads now they nearly state that it is impossible. However, we have the time for first presentation. It could be validated against other data sources, e.g. the GP. It would also be possible to use relatives or specific events to track dates for some of these trajectories and see whether the CLI improves the measurement. Using both inter- and intra-person reliability measures would also make it possible to compare the use of CLI with no use. E.g. in a test-retest. So there are different possibilities to test and validate the use of CLI.

**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 have no financial COI. I declare that I have worked together with some of authors and especially on the Aarhus Statement. I do not see this as a personal COI in relation to this assessment.