Reviewer's report

**Title:** Estimating the workload associated with symptoms-based ovarian cancer screening in primary care: an audit of electronic medical records

**Version:** 2

**Date:** 18 September 2014

**Reviewer:** M. Robyn R Andersen

**Reviewer's report:**

Review of Estimating the workload associated with symptoms-based ovarian cancer screening in primary care: an audit of electronic medical records:

This paper reports on an interesting attempt to approach understanding the systems effects of symptom based screening for ovarian cancer. This is an important issue and the fact that this report seeks to understand the potential effects of the NICE guidelines for this further increases interest.

Important points to address:

Unfortunately, although the study appears to have been conducted very professionally, the authors appear to have no access to key data needed for their analysis. Symptoms reported if recorded without frequency information do not allow for an examination of the effects of NICE guidelines based screening which clearly includes a frequency (more than 12 days per month) element for interpretation of the importance of a symptom (including pain, difficulty eating, and bloating or abdominal distention) that might reflect either ovarian cancer or some other condition.

I would argue that none of these symptoms are NICE guideline symptoms at all unless you evaluate the frequency with which women report those symptoms. The NICE guidelines also specify a focus on women age 50 and above making the age group assessed (45-74) somewhat problematic. That NICE also includes a new in the past year element also suggests that the NICE guidelines assessment should only include the group who are reporting NEW symptoms.

That said, the authors retrospective examination of symptoms recorded in medical records and use of already available records to examine this issue has the potential to provide a lot of valuable information without the time and expense of prospective data collection.

Compulsory revisions:

1) The authors mention that they do not have frequency data in passing twice in the manuscript, further comment and more discussion of the limitation of this study associated with not having frequency data would be very helpful.

2) The authors have a measure of new NICE symptoms, this is valuable having
two NICE symptoms lists one of which does not reflect the new within the past year element of the guidance even inexactly is unfortunate. I would strongly encourage the authors to use just the new NICE guidelines measure they developed not the one that ignores an element of the guidance they do have data for.

Discressionary:

3) Calling their moderately expanded list of symptoms the “index” symptoms is also confusing as it is not the list of symptoms used by Goff et al, for the “Symptom Index” and sounds similar. If this listing of symptoms is also well published as “Index Symptoms” the confusion is unavoidable but if this is a new nomenclature for this collection of symptoms a different name might reduce confusion among those following the field and could be desirable.

4) An exploration of differences between women age 45-50 and those age 50+ would also be valuable as the NICE guidelines do mention the age 50 point as important.

5) The addition of data of even a second single week in a different season might increase the data available allowing for both assessment of differences associated with age and better generalizability than is possible with the single week currently assessed.

6) If it were possible to get data on the % of women reporting a NICE symptom who report it to be frequent (more than 12 times a month) for adjustment of the estimates would enhance the point in your paper’s discussion section which does mention that the NICE symptoms would trigger screening only if frequent would also help considerably.

A much more minor point:

Scare quotes around “Targeted” on line 132 seem unnecessary. The targeting might be poor or not and how good it is, is a topic of discussion in this paper but it is targeting.

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests:

I declare I have no competing financial interests.

As for non-financial interests. I did help write papers on the Symptom Index with Dr. Goff. I don't think this makes me unable to review this paper.