Author’s response to reviews

Title: Impact of Rapid Investigation Clinic on timeliness of lung cancer diagnosis and treatment

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Author’s response to reviews:

Liang Dong (Reviewer 1): The authors evaluated the impact of a Rapid Investigation Clinic (RIC) on timeliness of lung cancer diagnosis and treatment. This is a meaningful research; however the authors need the newest references to revise, and some language corrections.

Answer: Thank you for your comments.

We have added the four recent references listed below to the discussion (pages 11 and 12 in the updated manuscript).


Stokstad T, Sorhaug S, Amundsen T, Gronberg BH. Medical complexity and time to lung cancer treatment - a three-year retrospective chart review. BMC health services research. 2017;17(1):45.
Helen Jo, MBBS, BSc(Med), FRACP (Reviewer 2): The reviewers present an interesting study on the impact of rapid investigation clinic in lung cancer diagnosis and treatment. While the study has several limitations, I am satisfied that most of these are addressed in the discussion. I have no major points however there are a few minor points:

1. In the results of the main text, the authors report "There were 132 patients in the RIC group and 195 patients in the non-RIC group". Based on the tables and the abstract, it appears that the numbers have been switched.

Answer: Thank you for pointing out this typo, the sentence has been corrected in the revised version of the manuscript (first sentence of the result section, page 7).

2. While I agree there are limitations to the interpretation and power given the numbers, I think it would be interesting to include the outcome/survival of patients in each group as ultimately, the goal of reduced delays is better outcomes.

Answer: While this would certainly add to the strength of the conclusions, this information is not readily available to us. In the Province of Quebec, date of death can be obtained from the Institut de la Statistique du Québec (ISQ). However, this would first require an authorization from the Commission d’Accès à l’Information (CAI), which could take weeks to obtain. Within the hospital’s clinical information system (Oacis), date of death is frequently absent as many patients return to their referring hospital for end of life care. Differences in the proportion of surgical patients between the RIC and non-RIC groups, in addition to the limited number of patients, would complicate any comparison of survival differences between the two groups. We therefore identified time to treatment as the most relevant outcome in our study.

3. I think it would also be interesting to know, if available, the proportion of patients who were referred to the RIC in whom a diagnosis of lung cancer was not confirmed as this may have implications on the feasibility and implementation of a RIC clinic.

Answer: Thank you for this suggestion. We have reviewed this information. During the time period of the study 103 patients were seen in the RIC clinic who ultimately did not have a diagnosis of lung cancer established. These patients were excluded from the analysis. The majority were diagnosed with non-malignant lung pathologies (sarcoidosis and interstitial lung disease being the most common diagnoses). We have added this information to the manuscript at the end of the first paragraph of the result section (page 7).

“During the study period, 103 patients evaluated within the RIC ultimately did not have a diagnosis of lung cancer established. These patients were excluded from the analysis. The majority were diagnosed with non-malignant lung pathologies (including sarcoidosis and interstitial lung disease); 14 patients had other primary malignancies; 28 patients did not pursue investigation due to poor performance status; and one patient was diagnosed with a carcinoid tumor.”