Reviewer’s report

Title: Diagnosis and management of lumbar spinal stenosis in primary care in France: a survey of general practitioners

Version: 0 Date: 22 Apr 2019

Reviewer: Jon Lurie

Reviewer's report:

This manuscript reports a descriptive study of knowledge and attitudes of GPs in France regarding lumbar spinal stenosis. The topic is interested and the main finding of limited confidence and limited knowledge is expected. Fundamental weakness are the purely descriptive nature of the report, the fairly small sample size, and the low survey response rate which, while similar to other survey type studies, limits the conclusions that can be drawn due to a high risk of response bias. Several aspects of the manuscript need revision.

The use of the word "radicular claudication" is very confusing and not the standard terminology. In English the leg pain provoked by walking and relieved by rest/lumbar flexion is typically referred to as either pseudoclaudication (in the older literature) or preferably "neurogenic claudication". The term radicular is not appropriate here as the leg pain associated with LSS is not radicular (in a specific nerve root distribution) in character but usually more generalized or diffuse (it can be radicular in nature when there is foraminal stenosis with nerveroot impingment but this entity differs in many respects from LSS with neurogenic claudication due to central canal stenosis) There are a number of errors in the manuscript including a description in the methods that confidence was measured using a numeric rating scale while the survey in the appendix shows these to be Visual Analog Scales, and typographical errors such as the citation on line 313, missing % sign on line 220, etc. The very low exposure to LSS in this sample (almost half of respondents seeing < 5 patients per year) seems to have important implications any recommendations but is not really addressed. The discussion on page 12 lines 245 - 251 is difficult to understand. The authors seem to imply that the lack of congruence between published criteria for LSS and those cited by GPs implies that the criteria may not be applicable to primary care and that developing criteria among GPs may be more appropriate/relevant, however the GPs in the survey stated themselves that they were not confident in the diagnosis of LSS so such a Delphi process among GPs may well produce uninformed/invalid criteria rather that "primary care relevant" criteria. A more thorough consideration of the issues involved seems in order.

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
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Yes

Are the conclusions drawn adequately supported by the data shown?
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No

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