Title: The science of clinical practice: disease diagnosis or patient prognosis? Evidence about "what is likely to happen" should shape clinical practice

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Author's response to reviews: see over
Dear

Thank you for asking us to resubmit.

We are happy with the idea of an opinion piece.

Thanks also to both referees for very helpful and clear suggestions to which we have tried to respond in detail.

We have shaped our response to try to ensure that the prognostic model of clinical practice provides a coherent and logical framework for incorporating the issues raised by the referees, including overdiagnosis and labelling of risk as a disease state.

Specifically (brackets refer to the origin of the critical points we are addressing):

1. We have reconstructed the piece by providing clearer sub-headings and rearranging the material to more clearly follow those sub-headings (editors; referee 1). However, in acknowledgement of referee 2’s strong endorsement of the paper’s style, we have retained our use of examples, but re-ordered and tightened the commentary on them to meet referee 1’s concerns.
2. We have added a number of reflections on potential downsides, hazards and limitations of the prognostic approach, although we have done this in the context of this now being an opinion piece rather than a debate (editors; referees 1 and 2).
3. We have introduced and more heavily acknowledged the topic of overdiagnosis as an important component of our argument (referee 2)
4. We have altered and expanded our use, referencing and description of referee 1’s article (reference 6 in the paper) to meet the specific concerns about our interpretation of this paper, linking this also to referee 2’s request to more specifically acknowledge the problem of applying disease labels to risk factors as a component of our argument (referees 1 and 2)
5. We have tightened up the language around the cultural and commercial influences on diagnosis and prognosis (referee 2)

We look forward to hearing from you

Yours sincerely

Peter Croft