

PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (<http://bmjopen.bmj.com/site/about/resources/checklist.pdf>) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

ARTICLE DETAILS

TITLE (PROVISIONAL)	The accuracy of the general practitioner's sense of alarm when confronted with dyspnoea and/or thoracic pain: protocol for a prospective observational study
AUTHORS	Barais, Marie; Barraine, Pierre; Scouarnec, Florie; Mauduit, Anne-Sophie; Le Floc'h, Bernard; Van Royen, Paul; Liétard, Claire; Stolper, Erik

VERSION 1 - REVIEW

REVIEWER	Slawomir Czachowski Nicolaus Copernicus University, Medical College, Family Doctor Department, Torun, Poland
REVIEW RETURNED	08-Nov-2014

GENERAL COMMENTS	<p>A minor objection to the article concerns the lack of specified upper age limit for the participating patients. While the lower age limit of 18 is listed, this lack could pose a problem considering the fact that patients over the age of 80 may not be a reliable source of data, considering the overall high likelihood of their experiencing dyspnoea and chest pains.</p> <p>A second remark concerns the section titled "Limitations of the existing literature", which nevertheless does not seem to fully cover said subject. A sentence or two could easily be added to the article, clarifying the (mentioned elsewhere in the article) scarcity of data on the subject and, therefore, the relevance of the proposed research.</p>
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REVIEWER	Dr Nigel Flook, Clinical Professor University of Alberta, Canada
REVIEW RETURNED	15-Jan-2015

GENERAL COMMENTS	I believe there is value in seeing published results from a study using this protocol as it was described. Alternatively, I am not able to identify any value in publishing this manuscript since it is a description of the protocol without results.
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VERSION 1 – AUTHOR RESPONSE

Reviewers' Comments to Author

A minor objection to the article concerns the lack of specified upper age limit for the participating patients. While the lower age limit of 18 is listed, this lack could pose a problem considering the fact that patients over the age of 80 may not be a reliable source of data, considering the overall high

likelihood of their experiencing dyspnoea and chest pains.

Thank you for this comment. We added an upper age limit (till 80 years) in the description of the participants.

A second remark concerns the section titled "Limitations of the existing literature", which nevertheless does not seem to fully cover said subject. A sentence or two could easily be added to the article, clarifying the (mentioned elsewhere in the article) scarcity of data on the subject and, therefore, the relevance of the proposed research.

We do agree with this comment. We added a sentence at the end of the paragraph of the section 'limitations of the existing literature' to insist on the lack of evidence on this subject.

"To our knowledge, data are scarce on the diagnostic accuracy of the sense of alarm in primary care, especially for patients with complaints of dyspnoea and chest pain."

I believe there is value in seeing published results from a study using this protocol as it was described. Alternatively, I am not able to identify any value in publishing this manuscript since it is a description of the protocol without results.

Thank you for this comment. We chose the study protocol section in order to inform about our study at a very early stage and to stimulate discussion. We think it is worthwhile to publish this manuscript of the protocol, since studies on the diagnostic accuracy of the sense of alarm are scarce and especially when using newly developed instruments as the Gut Feelings Questionnaire. Publishing this protocol could encourage other researchers to design similar studies in primary care and in other countries. Besides writing this article in order to publish it was for us a constructive and challenging way to work on the protocol.