

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Rapid diagnostic pathways for suspected colorectal cancer: views of primary and secondary care clinicians on challenges and their potential solutions
AUTHORS	Redaniel, Maria Theresa; Ridd, Matthew; Martin, Richard; Coxon, Fareeda; Jeffreys, Mona; Wade, Julia

VERSION 1 - REVIEW

REVIEWER	MALCOLM MCFALL Worthing Hospital, UK
REVIEW RETURNED	18-Jun-2015

GENERAL COMMENTS	<p>As a surgeon more familiar with quantitative analysis I was initially attracted to this paper and interested in the sociological approach. However, whilst eminently readable, dissappointingly there is nothing new in this limited qualitative study that could not be gleaned at any meeting of GP's with specialists- in the postgrad centre or even down the pub. The ineffectiveness of the two week wait is well documented in the literature in many prospective studies and reviews many of which suggest remedies such as those presented here. A more informative study would be to take some of the themes "identified" here but in reality widely appreciated and design a questionnaire that could be disseminated widely within the GP and colorectal surgical community. This paper purports to provide insights based on an interviews with a tiny proportion <1% of colorectal surgeons.</p> <p>The inclusion of oncologists is interesting because in most secondary care centre they are not involved in referral or investigation of these patients and are probably not best placed to comment on the system pressures induced by the two week rule on investigative pathways.</p> <p>The final conclusion that these pathways require urgent evaluation is ten years out of date - they have been evaluated and found wanting and this paper adds little to the debate.</p>
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REVIEWER	Dr Leslie Samuel Anchor Unit - Clinic D, Aberdeen Royal Infirmary
REVIEW RETURNED	21-Jun-2015

GENERAL COMMENTS	The reviewer also provided a marked copy with additional comments. Please contact the publisher for full details.
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REVIEWER	Professor Tim Stokes DEPARTMENT OF GENERAL PRACTICE & RURAL HEALTHDUNEDIN SCHOOL OF MEDICINE • UNIVERSITY OF OTAGO
REVIEW RETURNED	26-Aug-2015

GENERAL COMMENTS	<p>This qualitative study explores the views of primary and secondary care clinicians on the challenges of rapid diagnostic pathways for suspected colorectal cancer.</p> <p>This topic is of major national importance in the UK, due to the introduction of the two week wait pathway and internationally - as other health systems consider using a similar pathways based referral process. The findings are original and important and an important contribution to the literature around evaluating the process of interventions such as the two week wait.</p> <p>Overall this is a very well designed and conducted qualitative study. The results are presented clearly and there is appropriate use of quotations in the text. The discussion is appropriate.</p> <p>I have no compulsory revisions to recommend. The paper is written and presented to a very high standard.</p> <p>In terms of suggestions for the authors to consider (these are not requested revisions)</p> <p>1. I accept that the authors can argue that they conducted the analysis "in accordance with the principles of grounded theory and constant comparison" as per reference 20. However there are those who see grounded theory as a specific methodology (e.g., Kathy Charmaz) with a set of explicit procedures and analytic position as opposed to the use of the method of constant comparison which is a widely used method of analysis. This was also presented as such in the 1967 Discovery of grounded theory where the methods chapter on constant comparison was first published separately from the overall methodology of grounded theory (Glaser BG. The constant comparative method of analysis. Social Problems 1965; 12:436-45). In this particular piece of pragmatic descriptive health services research what I'd argue the researchers have done is conducted a thematic analysis (see: Braun V, Clarke V. Using thematic analysis in psychology. Qualitative Research in Psychology. 2006; 3:77-101. and their more recent standard textbook on qualitative methods) using the method of constant comparison. Thus while I appreciate the authors are not saying they did "grounded theory", rather they "used the principles of grounded theory" I consider it more correct still to say they carried out a thematic analysis. Apologies to the editors and the authors if I am being seen as exercising academic "hair splitting" - I trust I am making a valid comment.</p> <p>2. The conclusion states "practices adopted more widely where effective". Are the authors able to be more concrete here on what effective practices could be implemented to improve the TWW process in the UK.</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

Reviewer Name MALCOLM MCFALL

Institution and Country Worthing Hospital, UK

Please state any competing interests or state 'None declared': None declared

Please leave your comments for the authors below

As a surgeon more familiar with quantitative analysis I was initially attracted to this paper and interested in the sociological approach. However, whilst eminently readable, disappointingly there is nothing new in this limited qualitative study that could not be gleaned at any meeting of GP's with specialists- in the postgrad centre or even down the pub. The ineffectiveness of the two week wait is well documented in the literature in many prospective studies and reviews many of which suggest remedies such as those presented here. A more informative study would be to take some of the themes "identified" here but in reality widely appreciated and design a questionnaire that could be disseminated widely within the GP and colorectal surgical community. This paper purports to provide insights based on an interviews with a tiny proportion <1% of colorectal surgeons.

The inclusion of oncologists is interesting because in most secondary care centre they are not involved in referral or investigation of these patients and are probably not best placed to comment on the system pressures induced by the two week rule on investigative pathways.

The final conclusion that these pathways require urgent evaluation is ten years out of date - they have been evaluated and found wanting and this paper adds little to the debate.

Reply: While we understand that our sample is not representative of all the GPs, colorectal surgeons and oncologists in the UK, what we have achieved in our study is to capture, in a structured and systematic way, concerns that GPs and specialists have voiced in several forums, conferences, workshops and in the literature. Due to the qualitative nature of our study, we were also able to collect in-depth insights of clinicians on the two week wait criteria and targets which are novel and have the potential to inform future policy developments both in the UK and internationally (see comments from reviewers 2 and 3). Novel insights such as these are less likely to be captured by questionnaire surveys.

While we agree with the reviewer that most oncologists are not involved with referral or investigation of these patients, they are directly responsible for meeting the waiting time targets in terms of treatment initiation. They are subjected to the same pressures induced by the two week rule, particularly when dealing with patients who have more advanced disease or comorbidities.

Reviewer: 2

Reviewer Name Dr Leslie Samuel

Institution and Country Anchor Unit - Clinic D,

Aberdeen Royal Infirmary,

Aberdeen AB25 2ZN

Scotland, UK

Please state any competing interests or state 'None declared': part of a research group with a grant from SGHD to evaluate the 'Detecting Cancer Early' initiative, of the Scottish Government

Please leave your comments for the authors below

a) an interesting study, and it captures in a structured way concerns that one hears from across the UK, which should give policy makers cause for thought. In addition to the concerns about 'death by MDT' there is also the cost to the health service of having so much consultant time committed to these meetings, & the competing demand for their time.

Reply: We have added in the discussion a statement citing the concern about the cost and demand for consultant time to attend MDT meetings (page 22, paragraph 3, line 8).

b) only journal 1 reference from 2014, reference no.8, & it is not complete.

Reply: We have now updated the references and added two more recent papers published in 2014 and 2015.

c) section 2.2.1 - an up to date search would have flagged up evidence, from our group, that would validate some of the concerns expressed around the challenges, and validity, of the referral criteria & the assumption it makes about the biological behaviour of colorectal cancers.

Reply: We have now added statements from this reference in the discussion (page 21, last paragraph, last two lines; page 22, first two lines).

Reviewer: 3

Reviewer Name Professor Tim Stokes

Institution and Country DEPARTMENT OF GENERAL PRACTICE & RURAL HEALTH DUNEDIN
SCHOOL OF MEDICINE • UNIVERSITY OF OTAGO • PO BOX 56, DUNEDIN 9054, NEW ZEALAND

Please state any competing interests or state 'None declared': None declared

Please leave your comments for the authors below

This qualitative study explores the views of primary and secondary care clinicians on the challenges of rapid diagnostic pathways for suspected colorectal cancer.

This topic is of major national importance in the UK, due to the introduction of the two week wait pathway and internationally - as other health systems consider using a similar pathways based referral process. The findings are original and important and an important contribution to the literature around evaluating the process of interventions such as the two week wait.

Overall this is a very well designed and conducted qualitative study. The results are presented clearly and there is appropriate use of quotations in the text. The discussion is appropriate.

I have no compulsory revisions to recommend. The paper is written and presented to a very high standard.

In terms of suggestions for the authors to consider (these are not requested revisions)

1. I accept that the authors can argue that they conducted the analysis "in accordance with the principles of grounded theory and constant comparison" as per reference 20. However there are those who see grounded theory as a specific methodology (e.g., Kathy Charmaz) with a set of explicit procedures and analytic position as opposed to the use of the method of constant comparison which is a widely used method of analysis. This was also presented as such in the 1967 Discovery of grounded theory where the methods chapter on constant comparison was first published separately from the overall methodology of grounded theory (Glaser BG. The constant comparative method of analysis. *Social Problems* 1965; 12:436-45). In this particular piece of pragmatic descriptive health services research what I'd argue the researchers have done is conducted a thematic analysis (see: Braun V, Clarke V. Using thematic analysis in psychology. *Qualitative Research in Psychology*. 2006; 3:77-101. and their more recent standard textbook on qualitative methods) using the method of constant comparison. Thus while I appreciate the authors are not saying they did "grounded theory", rather they "used the principles of grounded theory" I consider it more correct still to say they carried out a thematic analysis. Apologies to the editors and the authors if I am being seen as exercising academic "hair splitting" - I trust I am making a valid comment.

Reply: We appreciate the comments of the reviewer and have revised the methods section to reflect thematic analysis instead of grounded theory (page 7, last paragraph, lines 7-9).

2. The conclusion states "practices adopted more widely where effective". Are the authors able to be more concrete here on what effective practices could be implemented to improve the TWW process in the UK.

Reply: We have now stated more explicitly the effective practices identified in our study (page 23, last paragraph, last three lines).