

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.

This paper was submitted to a another journal from BMJ but declined for publication following peer review. The authors addressed the reviewers' comments and submitted the revised paper to BMJ Open. The paper was subsequently accepted for publication at BMJ Open.

(This paper received three reviews from its previous journal but only two reviewers agreed to published their review.)

ARTICLE DETAILS

TITLE (PROVISIONAL)	Chest pain in general practice: a systematic review of prediction rules
AUTHORS	Harskamp, Ralf E.; Laeven, Simone; Himmelreich, Jelle; Lucassen, Wim; Weert, Henk van

VERSION 1 – REVIEW

REVIEWER	Jacob Doll University of Washington, USA
REVIEW RETURNED	29-Oct-2018

GENERAL COMMENTS	<p>Dr. Harskamp and colleagues have provided a much-improved revision to their systematic review of chest pain rules for use in the outpatient, primary care setting. In particular:</p> <ul style="list-style-type: none">-Additional details regarding test characteristics and level of evidence permit easier comparison of the individual rules-Description of individual studies and rules is extensive and detailed, when reviewing all tables and supplemental information-The discussion acknowledges the limitation of rules of ACS rule-out in the outpatient setting, and the need for novel strategies that may include rapid testing of biomarkers. <p>Overall this is a complete and well performed systematic review within the bounds the authors have set. Again, I'm concerned that the manuscript fails to acknowledge the existence of evidence-based chest pain rules that have been validated in the ED/hospital, such as TIMI or HEART score. The authors argue that this systematic review adds value to the literature because it is limited to studies performed in the primary care setting, a somewhat arbitrary but probably justifiable decision. However, a reader searching for a definitive review of chest pain rules should be aware that other options exist if the scope is broadened. At present the authors do a good job of clearly stating what is included in their review. In my opinion, the introduction and discussion should also include reference to what is NOT included.</p>
-------------------------	--

VERSION 1 – AUTHOR RESPONSE

Comments by reviewer

Overall this is a complete and well performed systematic review within the bounds the authors have set. Again, I'm concerned that the manuscript fails to acknowledge the existence of evidence-based chest pain rules that have been validated in the ED/hospital, such as TIMI or HEART score. The authors argue that this systematic review adds value to the literature because it is limited to studies performed in the primary care setting, a somewhat arbitrary but probably justifiable decision. However, a reader searching for a definitive review of chest pain rules should be aware that other options exist if the scope is broadened. At present the authors do a good job of clearly stating what is included in their review. In my opinion, the introduction and discussion should also include reference to what is NOT included.

Response: We agree that it is a valid concern that readers may fail to see the restrictions in scope of this review. In the previous manuscript we already attempted to make these restrictions explicit within the title as well as the 'Study selection' paragraph of the methods section. However, we understand from the reviewer that further explication may be helpful.

We have therefore further explicated these restrictions of scope within the abstract's 'Study selection' section as well as within the 'Methodological strengths and limitations' section of the Article summary. Furthermore, we have added a paragraph on this topic in the Discussion where we address a number of commonly used scores that fell outside our scope, and refer to a recent systematic review of recently validated chest pain rules for those interested in rules validated for emergency medicine.

VERSION 2 – REVIEW

REVIEWER	Jacob Doll University of Washington, USA
REVIEW RETURNED	11-Dec-2018
GENERAL COMMENTS	I have no additional comments for this version of the manuscript.