

## 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

<b>TITLE (PROVISIONAL)</b>	A Cohort Study of Diagnostic Delay in the Clinical Pathway of Patients with Chronic Wounds in the Primary Care Setting
<b>AUTHORS</b>	Ahmajärvi, Kirsti; Isoherranen, K; Venermo, M

### VERSION 1 – REVIEW

<b>REVIEWER</b>	Fusano, Marta Istituto di chirurgia e laserchirurgia in dermatologia ICLID
<b>REVIEW RETURNED</b>	13-Apr-2022

<b>GENERAL COMMENTS</b>	Interesting article on delayed diagnosis and management of patients with chronic ulcers. The work is well designed and clearly written. This paper brings out some underestimated aspects on the management of this disease. I have no other comments to add.
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<b>REVIEWER</b>	Wilson, Pauline St James's University Hospital
<b>REVIEW RETURNED</b>	12-May-2022

<b>GENERAL COMMENTS</b>	<p>The assumption is that the participants in this registry based study have consented to their data being used for this purpose but this is not clear in text.</p> <p>The assumption is that the participants in this registry based study have consented to their data being used for this purpose but this is not clear in text.</p> <p>I really like the study and the initiative employed in this geographical area - it is a shame that there is no PPI input to the study design and this should be mentioned in the limitations for further studies</p> <p>There are discrepancies in the tables - especially table 1 and 6 where the data sets do not match. Table 6 reports 155 patients had been seen and yet in table 1 the number is 129. Then in table 6 that 129 had received a diagnosis in and in table 1 shows 103 had received a diagnosis. This maybe an error in my reading of the tables but this is confusing and it is not clear what relates to which?</p> <p>Page 22 you have written nursery home - I think you mean nursing home or long term care facility?</p> <p>I really like the way you have highlighted the system issues rather than patient issues however you suggest that checklists for primary care physicians in the way to overcome this. I would have</p>
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	<p>expected to see more discussion about further education of primary care physicians in order to increase understanding of these pathologies? I would also have expected to see more discussion about the need for prompt referral, triage and assessment in the specialist centres maybe with a comment on the need for further resources to be made available to such teams to overcome this barrier? I think these points are missed opportunities and it is a little unfair to suggest that the only way to overcome is to provide checklists</p>
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### VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

Dr. Marta Fusano, Istituto di chirurgia e laserchirurgia in dermatologia ICLID Comments to the Author: Interesting article on delayed diagnosis and management of patients with chronic ulcers. The work is well designed and clearly written. This paper brings out some underestimated aspects on the management of this disease. I have no other comments to add.

ANSWER: Thank you very much for the positive feedback.

Reviewer: 2

Dr. Pauline Wilson, St James's University Hospital Comments to the Author:

COMMENT: The assumption is that the participants in this registry based study have consented to their data being used for this purpose but this is not clear in text.

ANSWER: There is no informed consents since the data collection was performed retrospectively. In Finland, such a retrospective data collection does not require informed consent, but the study plan has to be accepted in the IRB of our institution. We have clarified this in the revised manuscript.

COMMENT: I really like the study and the initiative employed in this geographical area - it is a shame that there is no PPI input to the study design and this should be mentioned in the limitations for further studies

ANSWER: Thank you for this comment. Indeed, PPI involvement in the study design would have been valuable. However, the research was planned and started in 2016 when PPI was not so widely used yet. We added this limitation to the limitations section.

COMMENT: There are discrepancies in the tables - especially table 1 and 6 where the data sets do not match. Table 6 reports 155 patients had been seen and yet in table 1 the number is 129. Then in table 6 that 129 had received a diagnosis in and in table 1 shows 103 had received a diagnosis. This maybe an error in my reading of the tables but this is confusing and it is not clear what relates to which?

ANSWER: Thank You from this valuable comment. From discrepancies of the Table 1 and 6, we corrected the mistakes of the patients visited primary care physician (n=155) and those of diagnosed (n=129). There was actually the same mistake from specialist care: visited specialist n=111, but diagnosed n=110.

Unfortunately we missed the false number 103, from table 1 or 6. Could You be so kind and explain more specifically this fault to help us correct it or write it more clearly?

COMMENT: Page 22 you have written nursery home - I think you mean nursing home or long term care facility?

ANSWER: Thank you for the correction. We have revised the manuscript accordingly.

COMMENT: I really like the way you have highlighted the system issues rather than patient issues however you suggest that checklists for primary care physicians in the way to overcome this. I would have expected to see more discussion about further education of primary care physicians in order to increase understanding of these pathologies?

ANSWER: Thank you for this positive comment. Regarding education of the primary care physicians, this is very true and it might be so obvious, that left unstated, but we added some comments on this issue.

COMMENT: I would also have expected to see more discussion about the need for prompt referral, triage and assessment in the specialist centres maybe with a comment on the need for further resources to be made available to such teams to overcome this barrier? I think these points are missed opportunities and it is a little unfair to suggest that the only way to overcome is to provide checklists

ANSWER: Thank you for this important suggestion on prompt referrals and assessment of the multiprofessional wound clinics, we agree that it is important issue as timely treatment is essential, especially diabetic foot ulcers and or vascular ulcers. We have added these thoughts to the discussion section.