

## **Development of a reporting guideline for reporting studies on time to diagnosis**

We are currently developing a reporting guideline for articles reporting studies on “time to diagnosis” (sometimes called “diagnosis delay”). Time to diagnosis is the interval from the first alert symptoms to the final diagnosis of a disease. Studies on time to diagnosis may have several purposes: measuring time to diagnosis, measuring its changes over time, evaluating its determinants or its consequences. The number of studies on time to diagnosis is rapidly increasing. The main goal of studies on time to diagnosis is usually to prepare corrective actions (continuing medical education, health education...). Because of ethical concerns, studies evaluating time to diagnosis are observational and therefore submitted to higher risk of bias and variation. Inappropriate reporting may preclude the evaluation of the risk of bias and variation and thus may lead to useless or contra-productive corrective actions.

To develop this guideline, we have followed the steps suggested by Moher et al [Moher PLoS Medicine 2010]. We have empirically demonstrated that the guidelines already available (STARD, STROBE and the Aarhus statement [Weller Br J Cancer 2012] notably) were not completely suitable for reporting studies on time to diagnosis [Launay Arch Dis Child 2014]. We have recently shown, thanks to a systematic review in the field of Pediatrics, that the quality of reporting of studies on time to diagnosis was poor [Launay Arch Dis Child 2014]. We have proposed a first version of a reporting checklist [Launay Arch Dis Child 2014]. We are now working on the validation of this checklist by a panel of experts using a Delphi consensus method. In parallel, we are conducting a systematic review on the risk of bias tools used in systematic reviews in the field of time to diagnosis.