Reviewer's report

Title: Quitline Referral vs. Self-help Manual for Tobacco Use Cessation in the Emergency Department: A Prospective Pilot Study

Version: 2 Date: 19 December 2006

Reviewer: Steven L Bernstein

Reviewer's report:

General

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

The authors explored the feasibility and efficacy of an emergency department-based program of referring smokers to a quitline. They found no statistically significant difference in self-report quit rate at 6 months, although the number of patients enrolled was small, and losses to follow-up were substantial.

The ED is a novel setting for a quitline fax referral program, and as such the paper is of interest.

1. No inferential statistics are provided to compare quit rates between the two groups. Using a 2-sided Fisher’s exact test, the difference between 10% and 5% at 3 months has a p = 1.000; the 6-month quit rate difference is 0.106 (using SPSS 13.0). This may allow you to present your results in a way that better allows the reader to compare the two arms.

2. Did the USPHS manual contain the phone number of the national smokers’ quitline? (1-800-QUITNOW) If not, then your primary endpoint, completion of the quitline intervention, would have been unavailable to half your subjects, and it would be unreasonable to compare quitline usage rates between the two groups.

3. The abstract implies that the quit rates were the primary endpoint, not completion of the quitline calls, as specified in the first sentence of the Data Analysis section. Please clarify.

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

4. Please clarify when study personnel were available.

5. Was the study open to non-English speakers?

6. ‘Data’ is plural; please use as such (e.g. ‘data were collected’).

7. Please spell out terms such as UTI and DVT.

8. Some of your results are nonnormally distributed, hence results such as 6.6+/– 5.1 telephone calls. It would be more useful to display these as medians and interquartile ranges.

9. It’s the Wisconsin Center for Tobacco Research and Intervention, and Centers for Disease Control and Prevention.

10. I would suggest you expand the Limitations section.

11. For the electronic references, please provide the dates you accessed them.

12. Table 1: please complete the title, and see earlier comment about presentation of nonnormal data.

13. Table 2: probably can be deleted. Would say in text that there were no clinical or demographic differences between completers and patients lost to follow-up.
Thank you for the opportunity to review your manuscript. Please accept these comments in the constructive spirit in which they are offered.

Discretionary Revisions (which the author can choose to ignore)

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests.