Reviewer's report

Title: Effectiveness of a mobile smoking cessation service in reaching elderly smokers and predictors of quitting

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Reviewer: Shu-Hong Zhu

Reviewer's report:

This study reports an innovative approach to recruiting older smokers in Hong Kong into cessation services. It found that mobile smoking cessation services can be a feasible way of reaching elderly smokers. The manuscript could bear some re-writing to make it more informative.

Essential Revisions (Major/Minor)

1. It is important that the paper provide some rough estimate of what percentage of smokers in these units were reached. Figure 1 shows that 10% of social service units approached actually accepted the invitation. Given the cited smoking prevalence for this age group, a rough estimate (even if it is provided in the discussion section) will give readers a much better sense of how effective this approach is. What the paper in its current form has shown is that the response rate is non-zero (and may be quite substantial), but it will help if a magnitude can be indicated.

2. A critical element of the program is provision of free NRT. The paper needs to discuss what role it played in attracting smokers to attend the talks and subsequently to enroll in the cessation program. For example, it is conceivable that just giving out free NRT without requiring smokers to attend clinics might be more effective in terms of enrolling smokers. Using the same cost analysis method adopted by the authors, this approach probably would be more cost-effective (although without a control group, it is not clear what the real effect is.)

3. The comparisons of costs (in US dollars) of cessation programs in New Zealand and Mayo Clinics in the U.S. are not very useful unless readers are provided with other comparative data on costs of various medical and social services. It would be more informative to compare with other cessation services in Hong Kong such as the costs of other community cessation clinics.

4. Given the unique method of recruitment for the study, it is not very useful to compare the quit rate of this self-selected sample with the quit rates of other countries.

5. The inclusion of those lost to follow up as non-quitters in the regression analysis (of predictors) is problematic. It might be a conservative approach in estimating the quit rate, but it is not appropriate to make that assumption in
running regression.

6. The predictor analysis probably could be deleted. The fact that longer use of NRT is correlated with quit rate is expected, as those who relapsed would have stopped using NRT. That the number of cigarettes per day predicts quitting is a well known fact that does not bear repeating.

7. Table 1 has an entry that appears to be a question for the authors themselves (page 21, on length of quitting: “Any breakdown for this category?”

**Level of interest:** An article of importance in its field

**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'