Reviewer's report

Title: Europe is heterogeneous. The influence of transnational care policy differences on baseline characteristics of adolescents with cannabis disorder in the INCANT trial

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Reviewer: Wilma Vollebergh

Reviewer's report:

General comments:

This paper reports on an important effort to test an intensive family treatment for adolescents with cannabis use disorder across Europe. In the report, the treatment populations (both TAU and experimental treatment) are described for the different locations (five countries). It is shown that populations differ substantially, but it is argued that the difference can be explained by the different referral systems (categorized in voluntary versus externally coerced).

I have two major concerns about the article, that I would like to see addressed before publication. One: the description of the characteristics of the various populations is very basic. Only percentages are given, X-squares are given in the text. Controlling for referral is mentioned in the text - stating that all significant differences hereby disappear - but no additional information is given. I would like to see more information on these data, hereby using more advanced statistics (multivariate, preferably, so that importance of the various background variables - including referral - can be assessed hereby controlling for the impact of the other characteristics). In addition, I would like to know whether the authors think their effort to compare across countries is in any way impacted by the difference in referral. It might be, that referral is related to several variables that are likely to affect treatment-outcome as well. If so, simply controlling for referral may not solve the problem of diverging research populations. Second, although this is not the focus of the article, I keep wondering how the effect of a particular treatment can be compared across countries when the Treatment As Usual (TAU) is as different as described in this paper. If comparisons differ as much as they seem to do, are the authors not trying to present their data as being part of 1 large RCT, while in fact they are describing the effects of 5 RCT's that only have the experimental treatment in common (but not study populations, referral systems and TAU).

Smaller issues:

- I would like to see a little bit more information about MDFT, in particular in comparison to other treatments that may resemble MDFT (like PMT, MST)
- the abbreviated YSR was used, but to my knowledge there is no abbreviated YSR. In addition, only the original YSR is validated.
not all adolescents in the sample had cannabis disorder (84% in the Netherlands, for example). But I thought that this was an inclusion criterion?

- on page 4, several hurdles are mentioned that are apparently overcome, but how?

- recruitment of the participants is described very shortly, no report on response rates for example. Could the authors give more information here?

- how about power of analysis, in particular for assessing differences after taking referral into account. Could lack of significance simple reflect lack of power to detect differences here?

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

**Quality of written English:** Acceptable

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**

I declare that I have no competing interests