Reviewer's report

Title: Smoking cessation quitlines in Europe: matching services to callers' characteristics

Version: 2 Date: 9 August 2010

Reviewer: Antoni Baena

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Major Compulsory Revisions

It is important to note that a study like this is very important to the quitlines researchers around the world in general and Europe in particular where quitlines have a shorter development. Thanks to the efforts of the European Network of quitlines, that I know very well, is being researching the best factors or clinical interventions in tobacco control online to improve the success in giving up smoking. Quitlines are effective according different studies and meta-analysis but it's necessary to research to find the minimum intervention protocol and how to include quitlines in the different public health systems around Europe.

1-The aim of this study is not clear: sometimes it seems a description of characteristics of seven european quitlines but the data analysis used is to predict what service to the callers is explained according 4 variables (education level, addiction, state of change and referred through a health professional). A different design would be better because you can’t reach the study’s conclusions with the logistic regression analysis.

2- The title suggests that the variables were controlled to adjust the characteristics when it is actually a description of the quitline and a later evaluation.

3- In general, the text is disrupted making difficult to understand in some parts: the hipotesys and inclusion/exclusion for instance are in different parts of the text or not well defined.

4- There are different variables that are explained but not used in the analysis (socio-economic-status); another variables like kind of services are in some cases a continuum making difficult to differentiate (Basic information vs counselling; basic information vs information about pharmacotherapy; referral to a quit smoking service provided by an outside agency vs to a health professional).

5- Almost all limitations are clearly explained (one session call, not questioning to callers and reliability of data collection). Only data variability between centers is in my opinion undervalued not taking into account the potential impact in the results. Other variables that could influence in results are not analyzed: call cost,
schedule, language, self-material...

6- The inclusion criteria used are not according with the standard. Psychiatry comorbility or other drugs are very often used as exclusion criteria. The use of the HSI test to evaluate nicotine addiction is not usually used in research but it has proved valid in the clinic. I miss operational definitions of some variables (education level, service provided…)

7- Moreover, the use of logistic regression doesn’t seem appropriate because this type of analysis is intended to predict what variables could define the type of service (dichotomous variable) but taking into account the possibility of multiple answer the collinearity effect can be given.

8- Some generalizations and recommendations are beyond the data obtained. For example: “In general, quitline services were appropriately matched to smokers’ heaviness of smoking and their stage of change but not to their educational level”. What is appropriately matched? Quit success? Acceptation by the users? Adherence to treatment: psychological, pharmacological or both? Maybe the answer is match when makes quitting easier.

9- In addition, not to give freedom of choice to the participants or to use control groups or randomization make probably that the distribution between the different types of services will be decided by counsellors, according their previous training in smokers stage of quitting.

10- And this conclusion is an opinion (probably it’s true but it’s not supported by the data of this study, maybe ESCHER do): “The rather small number of referrals from health professionals and the finding that referred callers were not in all countries more likely to receive counselling, suggests that European quitlines are not yet well integrated within their national health care systems.”

Minor Essential Revisions

1- The totals are repeated in table 1, 24 and 5. In Table 1, 2, 4, and 5 there isn’t the SD.

2- There are variables that are poorly defined as “Education Level”, others appears at the beginning but it were never used: “Socioeconomic status”.

Discretionary Revision

1- Maybe the difference between the health system and the smokers population between USA and the EU makes difficult to compare the quitlines.

2- Some phrases are not necessary: information no in the table; which services were provided to heavy smokers?

Level of interest: An article of importance in its field

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