**Reviewer's report**

**Title:** The Be Our Ally Beat Smoking (BOABS) study, a randomised controlled trial of an intensive smoking cessation intervention in a remote Aboriginal Australian health care setting

**Version:** 1  **Date:** 22 August 2013

**Reviewer:** David Thomas

**Reviewer's report:**

Understanding the effectiveness of tobacco control and smoking cessation programs is important for public health workers in Australia. This study is very important and uses a rigorous RCT design.

There are number of matters the authors should address to improve their manuscript.

**Major Compulsory Revisions**

1. **P.7 Procedures.** Compared to Protocol paper have dropped mention of weekly case conference with GP, and service mapping and linkages. Why? The authors should add a new section in the Results and describe what elements of the program were delivered, eg how many visits were completed, pharmacotherapy used, etc. Can shift the final comment in para that few attended monthly groups to there. This is essential for readers to know what has been done. Similarly it would be useful to know what services were provided to the ‘usual care’ group. This is particularly important given the final two sentences of the Conclusion.

2. **P.10 Results.** Please provide more information about the 70 excluded as not meeting inclusion criteria, and pls discuss in Discussion the implication of these exclusions and those unable/unwilling to consent (may need to unpack this category in results too – I assume most just unwilling) for generalisability of results.

3. **P.11. results.** Fourth para. Please describe what results were found with no imputation.

4. **P.11. results.** Please include a summary of the process evaluation indicators – as described in the Protocol paper.

5. **P.11. Results.** The secondary ‘cut down’ measures in Protocol paper have been replaced with a quit attempt outcome. Please explain why, or include as per Protocol.

6. **P.12. Discussion.** First para. There is no stat sig difference in the combined results and the non-Indigenous results, please adjust text accordingly. These results are consistent with the non-Indigenous results. It seems worthwhile here to make some comment on the intensity of the interventions (and controls) in BOABS and Eades and in the compared non-Indigenous trials. They spend much time talking about the ACCHS setting and Aboriginal involvement in the
intervention. But it seems to me that the high intensity of the intervention (therefore need more on process measures) and the high prevalence of smoking in this population are also important.

Minor Essential Revisions

1. Background. P.3. The estimates of smoking prevalence used should be tightened. The most recent reliable figures for Indigenous Australians are from the 2008 NATSISS and for non-Indigenous or all Australians from 2010 (not 2007 as cited) NDSHS or the 2011 AHS. They should also specify age group included (14+,15+, 18+) and whether for current or daily smoking, as these criteria vary between reports.

2. In the same para, ‘much of the health disparity’ is inappropriately imprecise when there are precise estimates available in the literature. Please include these and reference to the work by Vos et al.

3. Background second para first sentence. This is a contested view in the tobacco control literature, and needs to be toned down to reflect this. Many in tobacco control emphasise most quitting occurs ‘unassisted’ (so it is not necessarily notoriously difficult for them), with only a modest additional benefit shown by these trials. Others emphasise the utility of this additional benefit.

4. P.4 First para, second sentence. This ‘less likely to stop’ sentence is a bit vague. Please provide more detail on the Indigenous/non-Indigenous comparisons of quit attempts and successful cessation on which this is based. Or drop sentence.

5. P.8. Statistical methods. Please include the criteria was used for dropping variables from regression model.


8. P8. This meta-analysis is a justifiable addition, but it is not in the Protocol paper, and this should be made clear. It is probably reasonable to include only the other published Australian Aboriginal tobacco control RCT. But the description of the selection criteria is imprecise. This study does include pharmacological interventions (and non-pharmacological support). There are a couple of Quitline and text messaging RCTs from NZ which included significant numbers of Maori that it may be reasonable to include on current criteria, or the wording should be tightened.

9. P10. Suggest move secondary outcome data on 6 month outcomes to section discussing secondary outcomes, and start with primary outcome data results.


11. P.11. Third para. Please list all variables in final model. And replace ‘favorably influenced’ with the more accurate ‘were associated with’.

12. P.13. third para, first sentence. Please re-write this sentence as BOABS is a
clinical outreach intervention for individuals not a public health intervention.

**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'