Reviewer's report

Title: Impact of Extra Front Counselling Sessions through Phone Calls On Smoking Cessation Outcomes among Smokers in Penang State, Malaysia

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Reviewer: Susan M Zbikowski

Reviewer's report:

The paper provides useful information for the field about the value supplemental counseling sessions in a tobacco cessation program. It is impressive that the intervention yielded significantly higher outcomes than the standard of care.

Major Compulsory Revisions

1. One fundamental issue with the paper is that it is really not designed to answer the question if front loaded counseling improves outcomes. The intervention differs from the standard of care in several significant ways: timing, intensity, length of contact, and type of delivery. So, with the current design it is not possible to conclude that the intervention worked due to front loading or due to the additional contacts with the counselor that could range in 40-60 additional minutes of counseling. The authors would have had an attention control with additional non-counseling contacts at the same time and for the same duration in order to truly evaluate if front loading of calls works.

2. I have concerns about only 9 women being in the analysis sample. The authors adequately explained that the prevalence of smoking among women in Malaysia is extremely low. However, including only nine in the study significantly impacts the comparison of this study to others. This paper is really about the impact of this intervention on men. I do not consider a sample of 9 women adequate for drawing conclusions and in fact I think it complicates the interpretation of the results. I would like to know if the authors get the same pattern of results if the 9 women are dropped from the data analysis. If the authors obtain the same pattern (including statistical significance), then I suggest dropping the 9 women and reframing the paper.

3. There are a few aspects about the sample that should be considered further in the interpretation of the results and the discussion. 1) The sample is not highly dependent on tobacco (the FTND scores are below 6). 2) Very few smokers lived with a smoker. This is further evidence that the smokers in this study/country are at an earlier stage in the tobacco epidemic and hence may differ from other populations in terms of their ability to quit. For example, the fact that so few women smoke in Malaysia may make it easier for men to quit since we know from other research that spouses impact each other’s' behaviors. However, I am not sure if this is true in Malaysian culture and the authors are encouraged to discuss these addictive and psychosocial factors further in terms of limitations and generalizability.
4. The authors need to more clearly describe the cessation outcome/metric. Who collected the outcome data (the counselor or another research member not connected with the intervention)? What questions were used? What is the survey completion rate/follow-up rate with the sample? Is the 70% quit rate that is reported an intent to treat result or only a result among survey respondents. I ask this because the quit rates are very high and far exceed those in other published studies.

5. Were participants provided with a financial incentive for participating in the study or completing study follow-up surveys? If so, this should be added to the paper.

6. The authors state that the four –week abstinence rate is CO verified. CO monitoring only measures use in the last 24-48 hours. So, it is not accurate to say that the participant’s four-week abstinence is verified. All the authors truly know is that the participants abstained for up to 48 hours. It is important to know more about how the measures were collected, etc. so that it is clear that demand characteristics didn’t play a role and that the participants really did quit at the rates reported.

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 am employed by a company (Alere) that provides tobacco cessation counseling, including phone-based counseling. I run a public domain research division that is funded by the NIH grants. I own a nominal amount of stock in the company.