Author's response to reviews

Title: A Randomized Study of Contingency Management and Spirometric Lung Age for Motivating Smoking Cessation among Injection Drug Users

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Author's response to reviews: see over
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Re: Revised version of Manuscript 9094785481260457

Dear BMC Public Health Editorial Board,

We would like to thank the reviewers and editorial board for the comments regarding manuscript 9094785481260457 titled “A Randomized Trial of Contingency Management and Spirometric Lung Age for Motivating Smoking Cessation among Injection Drug Users”. We appreciate the opportunity to respond to the reviewers’ minor revisions, and feel these suggested changes have improved the quality of the manuscript. Below is a point-by-point response to the reviewers’ comments.

We hope these changes will be sufficient to warrant acceptance in BMC Public Health.

Please do not hesitate to contact me with any questions.

M. Brad Drummond, MD

Reviewer 1:

C1. Please include a line on the strength of this study before proceeding to outline the limitations.

Thank you for this suggestion. We have now added the following sentence to the beginning of the limitations section identifying key strengths of this study (line 335-337):

“Unique strengths of this study include the focus on an under-studied population with high tobacco dependence, a study design permitting evaluation of the independent and synergistic effects of two interventions, and the near-complete 6-month follow-up.”

C2. How substantial was the small sample size in limiting the results of the study? Was a power calculation done to determine that appropriate sample size for the study?

Given the lack of data regarding the tested interventions in a population of current and former injection drug users, we were unable to generate reliable power calculations to guide the sample size.
size determination. We do feel this study provides those necessary calculations for a future larger study. We have added a sentence to the limitations section (lines 340-341) highlighting the value of this study in informing future studies:

“The data from this study can be used to inform larger trials testing these interventions.”

C3. In a line or two, clearly elucidate the policy implications of these findings.

We have added the following statement to highlight the implications of these findings:

“These results highlight the potential value in integration of contingency management programs into existing smoking cessation programs for substance abusers.” (lines 278-280)

Reviewer 2:
C1. On page 6 (line 108 & 109), the manuscript mentioned "Eligibility requirements included current smoking (defined as regular smoking in the last month)...." The definition of "current smoking" could be more specific. For example, a) current smokers were respondents who reported smoking #100 cigarettes during their lifetime and, at the time of interview, reported smoking every day or some days, or b) used tobacco products on at least 1 day during the past 30 days. Also, the definition of "current smoking" didn't specifically indicate what type of tobacco products used. For example, a) use of cigarettes, or b) use of combustible tobacco products (cigarettes, cigars, pipes, bidis, or kreteks).

R1. Thank you for suggesting this clarification. In the eligibility screening questionnaire, participants had to report a history of smoking at least 100 cigarettes in their lifetime as well as reporting any cigarettes in the last month. We have clarified this in the manuscript (lines 108-110).

Discretionary Revisions:
C2. On page 6 (line 109-111), the manuscript mentioned "...no current use of nicotine replacement therapy or other smoking cessation pharmacological treatments,..." It would be nice if other smoking cessation pharmacological agents were specifically listed here (preferably, in parentheses). For example, (bupropion, varenicline).Did the exclusion criteria include only FDA-approved smoking cessation pharmacological agents?

R2. We have added the specific non-nicotine agents to the text as suggested. The exclusion criteria did only include FDA approved agents.

Editorial Requests
C1. Please add your Trial Registration Number(TRN) to the end of the abstract in submission system and to provide registration date alongside.

R1. This has now been added.
C2. As part of the process of revising your manuscript we would like to use the WebCONSORT tool which is designed to help you improve the reporting of your randomized trial.

R2. We have tried to access the link provided (as well as other truncated version of the link), but are receiving an error message that the webpage is not found. We have previously completed a CONSORT sheet for this manuscript, and we hope this will be sufficient.