Author's response to reviews

Title: Health Effects of the Federal Bureau of Prisons Tobacco Ban

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Author's response to reviews: see over
Dear Editors:

Thank you for this opportunity to respond to the comments of our peer reviewers and submit a revised manuscript that addresses their suggested revisions. We appreciate improving the paper based on their comments.

Referee 1:

Discretionary Revision:

One could mention the additional ability to investigate the pulmonary features in the subgroups who were also smoking crack cocaine and marijuana, particularly given the improvements noted in pulmonary symptoms of abstinent crack cocaine users often anecdotally noted in correctional institutions.

Response:
We would also find this exploration of interest. Our IRB approval, however, is only for the study of tobacco-related findings and we do not have permission to study these other agents. We would appreciate not including this particular discretionary revision.

Referee 2:

Major Compulsory Revisions

1. What were the hypotheses for this study? These should be stated at the end of the Background section or in the Methods section.

Response:
We appreciate making this revision and have added the following text at the end of the Background section:

We hypothesize our natural history study will find distinct subgroup patterns of improvement, plateau, or decline in terms of health service utilization, lung impairment, and biomarkers. We see this as a contrast to the traditional course as developed by Fletcher and Peto and more consistent with the
ECLIPSE study cited above and recent findings in biomarker patterns. If found, such subgroups may allow for the development of targeted therapeutic care.

2. What was the funding source for this study? This must be disclosed. Did the study sponsor put any limits on publication of any data? This must also be disclosed explicitly in the manuscript to help readers determine any potential bias.

Response:
Our funding has been entirely intramural, with support from the University of Massachusetts Medical School Department of Family Medicine and Community Health, Department of Quantitative Health Sciences, and Division of Commonwealth Medicine.

We have revised the manuscript section under Acknowledgements to now read:

**Acknowledgements**
We would like to thank the Federal Bureau of Prisons, FMC Devens, and FMC Carswell for their support for this study. Funding has been provided by the Department of Family Medicine and Community Health, the Department of Quantitative Health Sciences, and the Division of Commonwealth Medicine at the University of Massachusetts Medical School. No limits have been placed on publication of data.

**Minor Essential Revisions**

1. The Methods do not describe any plans for following subjects after prison release, so the authors should not allude to any impact on smoking prevention after release, since this will not be studied. By the same token, the Background section should not imply considerable impact on public health.

Response:
We appreciate this point and have made the following revision to help with clarity:

Our protocol will allow for a deeper understanding of nicotine addiction in the setting of long-term enforced abstinence and provide for future informed interventions prior to release. Understanding tobacco addiction during and after prison may also help support smoking cessation and prevention efforts in other restricted settings.

**Discretionary revisions**

1. The authors briefly discuss prison smoking bans in the Background section, but have not cited several references specific to this (e.g., see Cropsey & Kristeller in Addictive Behavior).

Response:
We have added the suggested valuable reference as well as 3 others to place our protocol in context and delineate the novel data we will acquire.

We have revised the manuscript section to now read:
Several studies have begun to delineate the impact of these bans. The existing literature, however, has generally focused on characterizing smokers’ addiction and behavior in partial ban settings or over limited periods of time.

2. This manuscript reports the study protocol, including a list of variables to be measured, but does not report any actual outcome result data, not even any preliminary findings.

Response:
We have focused this publication on the study protocol itself. We would want to present more longitudinal data in a separate publication so that it has sufficient context and analysis.

3. Consider inclusion of preliminary data from the first 12-18 months of collection.

Response:
Please see above.

Thank you again for your consideration of this submission. Please let us know anything else we can do to facilitate your review.

Sincerely,

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