Reviewer's report

Title: An RCT of a smoking cessation intervention delivered by dental hygienists: a feasibility study

Version: 1 Date: 3 January 2007

Reviewer: Judith Gordon

Reviewer's report:

General
This is a well-written article on a topic of great importance—the effectiveness of tobacco cessation interventions in dental settings. Little research has been done on this topic in the UK, and the authors’ efforts are commendable. Previous randomized trials have shown the effectiveness of brief office-based interventions on smokeless tobacco use, and pilot studies have shown promising results of dental interventions with smokers, as well. This paper reports the results of a tobacco cessation intervention for smokers delivered via dental hygienists in periodontal practice.

The sample size is too small to provide meaningful results. However, as this manuscript reports the results of a feasibility study, the small sample size is more acceptable.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

This manuscript has been greatly improved over a previous version read by this reviewer. However, there are still concerns that need to be addressed. My specific comments are listed below:

The outcome should not be reported only as point prevalence, but rather should include the more stringent repeated point prevalence at all endpoints.

The intervention was delivered in a specialized, secondary care setting, rather than in primary dental care and the limitations should mention that this intervention is not generalizable to general dentistry. The median number of visits at 6 months was 6 – 7 (depending on category), which is far higher than in primary dental care. With this type of repeated exposure to the intervention, one would expect higher quit rates than were found. This should be mentioned in the discussion.

On a related note, in the discussion, the authors compare their results to other studies conducted with dental hygienists. However, the Severson et al. study was conducted in private, primary dental practices, not secondary periodontal clinics. Therefore a comparison is not valid.

Another limitation is that there is no discussion of possible contamination due to randomization of patients within practice vs. randomization by practitioner. Previous studies have reported this type of contamination when randomizing patients within practice and suggest randomization by practice or clinic and a corresponding increase sample size.

In addition, this possible contamination may have led to the higher than expected quit rates in the control condition. This warrants inclusion in the discussion.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

There are several typographical errors throughout that need to be corrected.

“Randomised Clinical Trial” should be used in the title vs. “RCT”.

Although the majority of this paper is very well-written, the writing in the discussion section is quite redundant (e.g., many paragraphs begin in exactly the same way).
Discretionary Revisions (which the author can choose to ignore)

**What next?:** Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

**Level of interest:** An article of importance in its field

**Quality of written English:** Needs some language corrections before being published

**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.