Reviewer's report

Title: Pilot Randomized Trial on Mindfulness Training for Smokers in Young Adult Binge Drinkers

Version: 5 Date: 20 April 2013

Reviewer: ZEV Schuman-Olivier

Reviewer's report:

Comments for Davis:
This response to review addressed the major concerns I had about the first draft of the manuscript, and it is much closer to be ready for publication. The manuscript reads much more clearly now and the results appear to be framed appropriately for publication. I read the draft carefully given the substantial changes reported to be throughout the manuscript, and I made several suggestions, which should be relatively easy to make. First, there are three major compulsory revisions: 1) a need for a measures subsection in the methods section and within this subsection should be a definition of each measure discussed in the results; 2) I think there is one additional analysis to report (about the interaction of time x treatment group on alcohol use), and I have included this in the comments below; 3) the table 2 has both latino and Hispanic, but with different p values—this needs to be clarified. Otherwise, I have labeled each comment as either major compulsory (MC), minor essential (ME), or Discretionary (D). I look forward to seeing the next revision and if it is possible to include an additional tracked changes document that only shows the areas that were changed that would expedite the process. This really close and will make a great contribution to the field. Thanks.

(D) Pg 4: “alcohol consumption has now been shown” —I think the “now” could be removed

(ME) Pg 5: Is mindfulness training “a form of ACT”? I would say it is similar to ACT, and may be an acceptance-oriented treatment, but it is not a form of ACT. Also attend to tenses.

Consider this alternative: “Cognitive-behavioral therapies (CBT) and acceptance and commitment therapies (ACT) have shown success in the treatment of alcohol abuse [46, 54] and smoking [55]. Recent studies suggested that mindfulness training, which uses similar techniques as ACT, also showed promise for alcohol abuse and smoking [56-59].

(ME) Pg 5: This sentence is too colloquial and not completely clear: To avoid confusion, it is worth noting that a similar name “Mindfulness Training for Smoking Cessation” has been used to describe another smoking cessation intervention (63), and that we opted to use the name “Mindfulness Training for Smokers” because materials with this name were already in use at the time of
Brewer’s publication. MTS was a novel smoking cessation program structured similarly to Mindfulness Based Stress Reduction (MBSR) [65].

Try this instead: The name “Mindfulness Training for Smoking Cessation” has been used to describe another recently published smoking cessation intervention (63). For clarification, our intervention was developed concurrently to this treatment by Brewer, which has a similar name but a different structure than the treatment tested in this study; however, our intervention materials were already in use with this name. For this reason, we will continue to describe this program, which is structured more similarly to Mindfulness Based Stress Reduction (MBSR), as “Mindfulness Training for Smokers”[65].

(D) Pg 5. “smaller towns” –smaller than what? What about just saying “small towns.”

(ME) Pg 9. “recruitment efforts took place over 9 months to allow for multiple sequential 7-week interventions.”
--This should be in methods. Also I am confused because it said the interventions were 6 week long in the methods, but then are 7 wks long here.

(MC) Table 2: you have both Latino and Hispanic. You have the same percentages in each line, but different p values. Please check which is correct and then remove one.

(MC) Page 10. You wrote “Completer post-quit analysis using independent t-test showed no significant differences between number of drinks per week in MTA (m = 10.70, SD = 11.94) and ILS (m = 15.25, SD = 8.08), t(23) = 1.05, p = .30. Completer analysis showed that ILS significantly increased drinks per week from pre-quit (m = 10.30, SD = 5.42) to post-quit (m = 15.25, SD = 8.08), t(9) = -2.60, p = .03, whereas MTA decreased drinks per week from pre-quit (m = 12.73, SD = 9.92) to post-quit (10.70, SD = 11.94), although the difference was not significant, t(14) = .59, p = .56.”

2 things:
1) You are using MTA which I think should probably be changed to MTS. (BTW, you also use MTA in table 4)
2) Can you report the interaction of time x treatment on drinks per week. If ILS goes up with tx and MTS goes down, I would imagine there may be an interaction which would be interesting to see.

(ME) Pg 10: “Intervention attrition was defined as non-attendance at the Quit Day Retreat.”
-- I would probably also include this line from your comments to me in the manuscript somewhere. “all participants who attended four or more classes also attended the Quit Day Retreat”
--The definition of attrition in the study may be best located in methods section.

(MC) Pg 10: You do not define anywhere in this paper the meaning of FTND,
FMI, DTS, PSS, WISDM.

You need to have a “measures” subsection in the methods section that describes each measure you used. This would also be the place to put information on CO monitoring which is now incorrectly included in “study assessment visits” subsection.

(ME) Pg 11:
You write “2) Alcohol use: Controls significantly increased alcohol consumption over the course of their intervention whereas MTS participants decreased consumption, but not significantly.”

--IT would be nice to report the presence of significant interaction effect here if it is present.

“Post-quit alcohol was significantly associated with smoking relapse in every measure obtained”

--do you mean--- post-quit alcohol “use” was significantly….

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

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I have neither any competing financial interests, nor any non-financial competing interests.