Reviewer's report

Title: The potential to improve ascertainment and intervention to reduce smoking in Primary Care: a cross-sectional survey

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Reviewer: Scott E Sherman

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General
This is a well-written article on a very important topic. Unfortunately, it suffers from a grossly inadequate response rate. In spite of the well-done statistical analyses and inferences, it is impossible to know how to interpret the results given that approximately 2/3 of subjects did not respond to the survey.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)
- The low response rate is the major concern and in my mind a fatal flaw to this study. In general, the minimal acceptable response rate I look for in a patient survey is 60%, with 70% being much preferable. I might at times go as low as 50% with major reservations. The fact that the response rate here is approximately 32% essentially invalidates the study results. Particularly with smokers, one does not know to what extent (if at all) the small fraction of respondents is similar to the large fraction of non-respondents. There are already factors associated with responding, such as being female and older. Who knows what differences there are between respondents and non-respondents? The authors could possibly mitigate this major bias by intensely surveying a small percentage of non-respondents. If they were similar to respondents in all measured characteristics, that would provide some reassurance that the results might generalize to the larger sample. To justify the low response rate, the authors provide one reference that is 26 years old. More recent articles suggest that non-response bias is significant for smoking (Solberg LI et al. Does methodology affect the ability to monitor tobacco control activities? Implications for HEDIS and other performance measures. Prev Med. 2003 Jul;37(1):33-40.)

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

Discretionary Revisions (which the author can choose to ignore)
Page 2, paragraph 1 – “is inconsistent with other measures of smoking status.” Is awkward. It might be better to simply say “is inaccurate.”

Page 2, paragraph 2 – The authors point out that 72% of respondents were interested in quitting, but only 8% had been referred. This does not necessarily mean, as the authors suggest in the next sentence, that only a small proportion of smokers were receiving appropriate interventions. In the United States, even when it is offered, the vast majority of smokers interested in quitting are not interested in referral. This has prompted many health care organizations and systems to focus on getting the help to the patient rather than insisting that the patient go to the help. Thus, for many of those 72% interested in quitting, offering treatment may have been a more appropriate intervention, since that may well be the most intensive intervention that the patients were willing to accept.

Page 2, paragraph 3 – “trialled” is jargon and should be avoided.

Table 2 – The results would be clearer if all numbers were rounded to one decimal place.

What next?: Reject because scientifically unsound

Level of interest: An article of limited interest
Quality of written English: Acceptable

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.