Reviewer's report

**Title:** Promoting smoking cessation in Pakistani and Bangladeshi men in the UK: pilot cluster randomised controlled trial of trained community outreach workers

**Version:** 2  **Date:** 23 June 2011

**Reviewer:** Wolfgang Markham

**Reviewer's report:**

I do quantitative analyses but have never used a Poisson multilevel model with the log of the estimated number as an offset (Page 11. I have also never used the Kenwood-Roger method was used to correct for standard error bias (page 12). They seem reasonable to me but I would seek the advice of a statistician about the use of these techniques

All the following are discretionary Revisions

This paper was well written, easy to follow and interesting. The data were sound and well controlled and there are sufficient details o replicate the work. The manuscript adheres to the relevant standards for reporting and data deposition. The title and abstract accurately convey what has been found.

I have a question and a few minor comments that the authors may or may not wish to respond to. The answers to the questions and responses to the comments will not greatly affect the paper and I would suggest leaving decisions regarding responses to the discretion of the authors.

The authors have focused on Bangladeshi and Pakistani men who smoke who may or may not wish to attempt to give up smoking. This is a pilot trial of an intervention. However, there is a basic assumption that it is relatively safe to assume there are relatively few differences between men who smoke from each of these communities. Is there sufficient evidence to assume this? Having done the pilot trial do the authors think that future trials should focus on men from these communities separately? Is this point worth discussing in the discussion?

It is true that men from both these communities are predominantly Muslim. However there are differences so for example Bangladeshi men are more likely to smoke (40% vs. 29%). Bangladeshi men were more likely to use the NHS SSS before the intervention (56/1000 vs 45/1000) and seemed to respond more positively to the intervention (82/100 vs 54/1000)

By culturally specific advertising do the authors mean culturally specific advertising (posters and leaflets) in English? The majority of Bangladeshi men in Tower Hamlets in the 1990s spoke Sylheti rather than Bengali. There is no written script for Sylheti and in the 1990s few Bangladeshi men living in Tower Hamlets could read Bengali. This may or may not also apply to Bangladeshi men...
living in Birmingham in the 21st century. I do not know how the issue of literacy in community languages applies to Pakistani men living in Birmingham in the 21st century. Hence, the issue of culturally specific advertising is interesting and may have been different for the two communities. The same issue applies to leaving literature with those who accepted it if a man was not ready to stop smoking in the near future (was the literature in English or another language) and media campaigns. Presumably this issue is discussed in reference [20].

Minor comments
Introduction
1. Second paragraph third sentence put the review number [14] after ‘Two studies in the review [14]...
2. Third paragraph third sentence Again in ‘Only one randomised controlled trial in the review [14]....
3. Fourth paragraph
‘Also the stigma of Pakistani and Bangladeshi women smoking means that these women rarely present for treatment.’ It would be useful to have references
a) confirming that stigma is associated with smoking amongst Pakistani and Bangladeshi women
relevant references that focus on the stigma include
However there may well be others but I do not currently know them
b) confirming that Pakistani and Bangladeshi women rarely present for treatment. Presumably reference [12] would contain these data
Methods
Second paragraph last sentence
...some of which were too far from the intervention and internal control areas realistically to experience contamination. Given the fairly close knit nature of these communities I think this statement is slightly overstated. I know this issue is discussed in a more slightly less overstated way in the discussion but I would recommend toning this statement down.
Intervention groups
First paragraph first sentence. For some reason I have a blank space between henceforth as.... and.... similar to that provided
Third paragraph first sentence. For some reason I have a blank space between referred to.... and... workers and managers met
Fifth paragraph third sentence. For some reason I have a blank space between provided in non-NHS venues, .... and.... Bangladeshi men
Page 12 fifth paragraph. There seems to be a space in the middle of the word
satisfaction

Results
Do the authors have any suggestions as to why more people were using the NHSS cessation services in the external control in the year prior to the intervention (80/1000/year)?

Page 15 first paragraph fifth sentence. In the intervention areas is repeated in the same sentence

Figures
The paper I printed off contained incomplete keys. I found the shading to difficult to decipher. In short the maps did not help me

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:

I have no financial competing interests.

I have no non-financial competing interests in relation to this paper