Reviewer’s report

Title: Recruiting South Asians to a lifestyle intervention trial: experiences and lessons from PODOSA (Prevention of Diabetes & Obesity in South Asians)

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Reviewer: Irene van Valkengoed

Reviewer’s report:

I enjoyed reading this paper. I am impressed by all the efforts the authors had to undertake to for the PODOSA trial. There are definitely lessons to be learned from their experiences. I have some suggestions that I hope contribute to the discussion and interpretation.

Background

Throughout the background and the rest of the paper, it seems as if the UK is used as a “synonym” for Europe. However, although a study in the UK may provide some relevant insight for studies in other Europeans countries, the UK may differ in several aspects from other European countries. This should be considered in the introduction, aim and – particularly- the discussion.

The paper seems to be about recruitment of South Asians in general, while a lot of focus is put on the evidence for lifestyle interventions for type 2 DM and the design of the PODOSA trial in the introduction. This description would fit better under methods (general description of the setting and design). These paragraphs also contain some information that could be considered results. For instance, the last sentence on how many were screened, could be omitted.

On the other hand, the information that is presented under the heading of ‘Overview of recruitment strategies’ does belong in the introduction.

In this section, I do not understand the focus on ‘at the time of the trial design’, as it is meant to provide background information for the reader on the current state of the knowledge (what this paper adds) and not as a justification for choices that were made in the past (the justifications should be given under methods and discussed in the discussion, where relevant). This is also illustrated by the fact that the section refers to multiple papers that were published after PODOSA was set up.

Methods

In the first part (‘Initial recruitment…’), I would recommend the authors not only to discuss the expectations, but also the general design and approach of PODOSA. Then the individual recruitment strategies can be discussed. I would like much more detailed information about the methods used, e.g.: how were recruiters trained, what type of information was given, were the invitations
targeted/tailored to the population or individual, what was the focus of the promotional talks, were any materials tested (not piloted, but discussed)?

Please add some background information on the population (how many are able to read? level of education?).

Were all strategies planned ahead or were more added as the project progressed?

For instance, the re-design of the material. If this was done after the initial NHS recruitment failed, this should be explicitly discussed.

Was the fee per person screened added later – for whom? Recruiters only or organisations too?

Some of the information under ‘Summary of our actual experience of recruitment’ belongs in the results section. For example, p.6, parts of paragraphs 1 and 3

“Our experience showed that….or with small groups was relatively successful”. Please be more specific, as the text now makes me curious (how successful, what where the expectations then?).

Page 11, 2.a. Later on in the text, I read that there were more recruiters (5 of the community had not referred)? Were there 3 or more?

Results

The results would be easier to read with a reference to Table 2 and the numbers/labels used in the methods.

To determine the efficiency of a method, I would not only like to know how many persons were recruited (referred, eligible, screened) through that channel, but also in how much time and at which cost (work-load and financial). Recruiting 300 persons may sound much less efficient if it is done over a period of 2 years than 2 months.

The information on retention is not directly relevant for the current aim. Unless the emphasis is placed on recruitment for the trial instead of for the screening throughout the text, the authors should also consider omitting the information on prevalence etc.

Discussion

The Summary of the findings is not clear. The information about referrals and screening cannot be easily deducted from Table 2.

Some of the information on the workload, experiences etc. could be considered a new result. The last sentence of the first paragraph in the discussion.

Was there an effect on the participation of using less professional materials during the NHS recruitment phase (if this was the case- see comment above).
The authors should keep in mind that the conclusion that community recruitment is better is based on a comparison with a suboptimal recruitment method via the NHS (no reminders, telephone contacts, possibly less professional materials used). This possibly limits the generalisability. Therefore the suggestion that – based on this study alone- Ethics committees- should encourage community recruitment seems quite bold. I think it should be considered as a serious option, but that much more information is needed before the focus is shifted (completely) to this method.

Moreover, I believe that the data presented provide an indication, but are not sufficient to fully judge the efficiency of the different methods (due to lack of information on time investment and cost). This would require a more systematic and direct comparison of methods, that incorporate all possible variations (with incentive or without, with reminder or without reminder etc.).

Finally, I miss a critical discussion of how the findings that were specific for PODOSA translate to other settings, locations (counties- the focus in the aim was Europe), topics of research and possibly even populations with a different origin or migration history.

Conclusions
The conclusions do not match the aim. The high participation and retention rate in the trial are truly excellent, but do not reflect the lesson that should/could be learned from the information presented in the paper.

Figure 1
Please add footnotes about :
- The contacts that were not registered
- the reasons for exclusion?

Table 2
Please add footnote
- what is difference between referral and screened
- Was the initial target % for referrals or screened?

Comparing the figures in the columns is difficult as it is not clear how the % were calculated (total referred for the study and total screened in the study) and the referrals lists numbers with % between brackets

Criteria for judgement are poorly defined (although I understand that this is an opinion rather than a clear threshold): was the definition of “success” purely based on numbers referred or on more (e.g. labour intensive talks were considered moderately successful whereas resource intensive letters were not).

The success of community recruiters may depend greatly on personal motivation and skills ( e.g. 5 had no referrals), and….. the financial incentive! The impression I get from Table 2 is that it is mainly the financial incentive that makes
a difference. Could the NHS strategy have been more effective if professionals had been paid?

**Level of interest:** An article whose findings are important to those with closely related research interests

**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.

I am involved in a study of prevention of type 2 diabetes. The design of the study (recruitment and interventions used) differs from the PODOSA trial. I discussed this with the editorial team prior to agreeing to the review.