Reviewer's report

Title: Overview of the Consortium of Hospitals Advancing Research on Tobacco (CHART)

Version: 2 Date: 4 December 2011

Reviewer: Judith J Prochaska

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The manuscript is well written and well presented. The CHART hospital multisite collaborative is a large and important effort to address tobacco use and its treatment in hospitalized smokers. The comments below are largely aimed at enhancing description of the initiative and the implications of anticipated findings.

1) Better elucidation is needed in the introduction regarding how the 7 new studies will build upon the findings of Rigotti’s meta-analysis. What new knowledge is hoped to be gained?

2) How realistic is the assumption – “all patients under study have quit smoking during hospitalization, the primary goal of these interventions is to prevent relapse post-discharge.” The multisite trial is working with a large number of hospitals - do all prohibit MD orders for pts to leave and smoke during the hospitalization or could some pts leave to smoke? Hospital stays are increasingly brief (1 to 3 days). Is there evidence to indicate that hospitalized patients consider themselves “quit.” The high rate of return to smoking post-hospitalization would suggest otherwise. It is more than just semantics as the conceptualization of an intervention for active smokers versus those who are quit is very different. How do the intervention strategies match patients’ readiness/commitment to cessation, if at all?

3) Mention is made of the RCU website that was created to foster collaborations and information sharing. Would be good to report some statistics regarding use of the website -- # of hits per study site, # of downloads if files are downloadable, etc.

4) Is loss to follow-up at 12-months versus 6-months really that much greater? Report the rates from the literature (e.g., Rigotti’s meta-analysis) to provide a sense of the differences. Trials with attentive methods can certainly maintain follow-up rates > 80% at 1-year follow-up.

5) All studies were required to compare to usual care and yet it is acknowledged that usual care varies dramatically among the participating hospital sites. Greater rationale should be provided on why a standardized, enhanced-perhaps, “usual care” comparison group was not used instead. The way it is presented, it seems more a cost issue – not costly to compare to what the hospitals already have in place – rather than an empirical design consideration per say.
6) Mention is made in the intro and just prior to the discussion of The Joint Commission’s expansion of its tobacco treatment recommendations. Details should be added as to the status of the recommendations – required vs. optional set and the likelihood of hospitals implementing.

7) Discussion mentions that dissemination has guided intervention development. Greater discussion of characteristics of the trials that have been influenced by dissemination considerations would be good to include.

8) The discussion is incredibly brief. Some elements that could be added – discussion of the collaborative process (strengths and weaknesses of multisite initiatives), consideration of study limitations, discussion of the strengths of the multidisciplinary nature of the project.

9) Discussion ends with – “When completed, the CHART studies should have a significant impact on the delivery of smoking cessation interventions in hospital settings.” This statement needs greater specification – specifically, how will the findings impact delivery of hospital based tobacco treatment nationally?

10) Given so many different types of interventions are being tested (in-person, live phone, IVR, web), what conclusions will be possible regarding the different modalities of treatment delivery?

11) This sounds like a major initiative – worth reporting the investment made in NIH dollars.

12) Table 1 – include more details on the interventions – duration in weeks, amount of time for each contact, who delivers the intervention (MD, RN, quitline counselor, etc.)

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

**Quality of written English:** Acceptable

**Declaration of competing interests:**

I have an investigator initiated research award from Pfizer Inc.