Author’s response to reviews

Title: Strategies for Recruitment and Retention of Underrepresented Populations with Chronic Obstructive Pulmonary Disease for a Clinical Trial

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Dirk Krüger
Editor
BMC Medical Research Methodology
Dear Mr. Krüger

Thank you for the opportunity to revise and resubmit our manuscript to BMC Medical Research Methodology. We appreciate the reviewers’ comments and have addressed them in the revised submission, as described below.

Seyed Masoom Masoompour (Reviewer 1):

1. In order to show any statistically significant difference between "enrolled" and "eligible but not enrolled" participants, the authors please add mean ages and gender proportion of mentioned groups to the table 3.

In order to show any statistically significant difference between those who "completed" and "not completed" participants, the authors please add mean ages and gender proportion of mentioned groups to the table 4.

This was our error to not include age and gender in tables 3 and 4. We have done so in the revised submission.

Susana Garcia-Gutierrez, MD, PhD (Reviewer 2):

2. … they should present their results divided into those related to the experience and opinions of their ways of recruitment and retention strategies and, on the other side, "objective" results, that is, how the methodological questions were related to the main outcomes (recruitment and retention rates). I recommend these questions should be noted from the abstract to the end of the manuscript, with specific mention to the outcome "recruitment and retention rates".

We appreciate the suggestion to group ‘study methods’ with ‘challenges and responses,’ followed by ‘recruitment and retention outcomes.’ In response we have switched the order within the Results section [lines 137-225] so that the methodologic challenges and responses
now precede the outcome of recruitment and retention rates. This change is reflected in the revised organization of the abstract as well.

3. I miss a more exhaustive analysis about the characteristics of those who completed the study. Was it not possible to perform a multivariate model being depending variable "completion" and independent variables those shown in table 4. I miss the influence of the "reference setting" in this table, I don’t know if the fact of belonging to a specific center was related to the outcome.

Of the 19 variables listed in Table 4, only two (> 1 hospitalization in the past year and use of home oxygen) were significantly associated with study completion. All remaining variables had p-values of > .15. We do not feel that including these variables in a multivariate model would yield any additional useful information. We have added to the text that the clinic site ("reference setting") was not related to rates of study completion [lines 224-225].

4. Discussion must be focus on the feasibility of the strategies presented.

We have more explicitly address the feasibility of the three strategies presented [lines 301-321].

5. The authors should make an effort to recommend a minimal set of strategies, that is, those which they would consider feasible and more likely to be key for the completion of the studies.

It is difficult, and would go beyond the data presented, to identify an actual minimal set of strategies for completion of future studies. We describe three strategies we identified as being feasible and recommend their inclusion in future studies [lines 256-322, 341-343].

6. In spite of justification of the response rate, who is higher comparing to other studies, stronger discussion should be presented, for instance, giving recommendations to achieve a goal of at least 70% in future studies.

We agree that a goal of 70% response rate for future studies is reasonable. We now include this point in the discussion [lines 343-345].

Please let me know if you have any questions regarding our resubmission.
Regards,

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