Reviewer’s report

Title: Association Between Tobacco Use of Pulmonologists and Implementation of Comprehensive versus Regular Smoking Cessation Counseling, in Turkey: a cross-sectional study

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Reviewer: Silvano Gallus

Reviewer’s report:

This cross-sectional study provides an estimate of smoking prevalence among Turkish “pneumologists”. Moreover, it gives the proportion of healthcare professionals providing “comprehensive” counseling for smoking cessation among their patients. The study is original and some of the data are interesting. However, the following major points should be addressed by authors:

Main points:
1) The English language needs a major revision for the presence of a number of typos, punctuation errors, and mistakes of the English language. Although some sections are well-written, in some sentences various errors preclude the understanding of the text meaning. This is the case for example of the conclusion of the Abstract. A native English speaker with editorial experience and skills in public health should read the manuscript and make appropriate changes.

2) How is it possible to adjust “provision of smoking cessation counseling” by “having experience in smoking cessation outpatient clinic”? It is obvious that the two variables are strongly correlated. In my opinion it is something like adjusting BMI by body weight. Please, avoid to commit this potential over-adjustment. Obviously, conclusions will change, since the difference in counseling by smoking status remains significant. Thus, “pneumologists” who smoke provide less frequently counseling compared to non-smokers. This would become one of the main conclusions of the present paper.

3) The smoking prevalence by 9% in this population of physicians is relatively high as compared to other countries (see for example: Sarna L, et al. Are health care providers still smoking? Data from the 2003 and 2006/2007 Tobacco Use Supplement-Current Population Surveys. Nicotine Tob Res 2010;12:1167-71). Moreover, among physicians, lung specialists should be those with the lowest smoking prevalence. Finally, as correctly addressed in the Discussion section, an under-reporting of smoking is likely in this population. I suggest authors to add this concept in the conclusions of both the Abstract and the main text.

4) In the Abstract and in the main text, conclusions should be supported by results.

Other points:
1) Please, also provide in the Results section the proportion of “pneumologists” providing comprehensive counseling separately for former and never smokers.

2) In the Abstract, Results and Conclusions sections cover less than 30% of the length of the entire Summary. Please, substantially reduce the Background and Methods sections (avoid the mentioning of the 5A’s in the Background, and provide only the information required to justify Results and Discussion of the Abstract) and possibly include more results/comments.

3) Please, spell out “SC” in the Abstract.

4) “Regular counseling” does not give the idea to mean “low effort in smoking cessation advice”. I rather suggest to substitute “comprehensive vs. regular counseling for smoking cessation” with something similar to: “high vs. low effort in promoting smoking cessation”.

**Level of interest:** An article of importance in its field

**Quality of written English:** Not suitable for publication unless extensively edited

**Statistical review:** Yes, and I have assessed the statistics in my report.

**Declaration of competing interests:**

I declare that I have no competing interests