Reviewer’s report

Title: Clinical and cost-effectiveness of contingency management for cannabis use in early psychosis: the CIRCLE randomised clinical trial

Version: 2 Date: 26 Apr 2019

Reviewer: Michael Mcdonell

Reviewer's report:

Overall the authors are responsive to most of the points raised in the previous review. I have some lingering concerns about this paper. The first is a semantic one. Which is that I think that the authors should be more specific and refer to acute psychiatric care as the outcome and not relapse. This is important because relapse is a clinical phenomenon that might result in hospitalization or acute care. However, whether a patient receives acute care will vary by where they live, the availability of appropriate outpatient services and other supports (family, CSC team etc). In the absence of other symptomatic study of relapse it is more appropriate to refer to the outcome variable as acute psychiatric care.

Outside of smoking cessation research, the use of point prevalence at the end of treatment, is uncommonly used as an outcome for substance use. By not investigating outcomes across treatment, the paper misses important, clinically relevant information that likely directly relate to outcomes. Drug use during the treatment period might have a direct impact on hospitalizations (or not). However, without these data it is impossible to say. Measurement of in treatment outcomes is essential to understanding whether or not treatments work. It may be that while CM does not help people stop using, it helps them reduce their use, for instance.

Given that this is one of the few CM studies of drug use in FEP patients, it's important to note that the assessment of whether this intervention is effective as a treatment for cannabis use, as the team did not gather urine drug tests from the control group. I think while this draft is improved, the authors could still more strongly say that this study is not focus on, nor is it able to make a definitive conclusion about the effectiveness of CM for cannabis use in this population. Studies that more rigorously assess drug use in both treatment groups are needed to make this distinction.

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
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No

Are the conclusions drawn adequately supported by the data shown?
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Yes

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