Reviewer’s report

Title: Feasibility and Acceptability of a Beverage Intervention for Hispanic Adults: A Protocol for a Pilot Randomized Controlled Trial

Version: 0 Date: 27 Oct 2017

Reviewer: Liwei Chen

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This is a study design paper for a pilot beverage intervention among Hispanic adults.

Obesity prevalence is higher in Hispanics than other race/ethnicity groups in the US. General American populations consume large proportion of energy from beverages. There is a strong evidence that consumption of sugar sweetened beverages (SSB) is associated with increased risk of obesity, type 2 diabetes, hypertension and other obesity-related complications. Therefore, reduction in SSB intake has been proposed as a potential approach to reduce obesity. This study targeted in beverage intervention and Hispanic population which is quite interesting. My specific comments are:

1. The authors missed several important publication in SSB/beverage interventions. For example, Ruyter et al., 2012 NEJM; Ebbeling et al., 2012 NEJM; Hedrick et al., 2017 AJCN.

2. Page 4, line 34, reference 18. The study, although analyzing the data from the PREMIER trial, it an observational analysis by nature. Authors seems misunderstand the design of this study and mislead the reader.

3. It is well-known that FFQ is not a sensitive dietary assessment tool for short term dietary changes. 24-hour dietary recall is a better choice.

4. It will be very helpful if authors can provide a table to compare the nutrients contents and other bioactive components across the green tea, Mediterranean Lemonade, and the control beverage.

5. After randomization, can study participants to switch to different beverage groups (cross over)?

6. Is there any strategies to prevent the beverage been consumed by other family numbers?

7. Statistical analysis plan: It is little confusing how and why mixed-effect model will be applied. For example, it seems to be used to "compare each of these outcomes post-intervention", but also account for "longitudinal nature of the data". So will only post-intervention outcomes be compared or both baseline and post-intervention measures, or the changes between baseline and post-intervention?
8. For those who do not complete the 8-week intervention, what is the plan for data imputation?

9. Does the primary analysis follow the intent-to-treatment method?

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