Author's response to reviews

Title: Home-based tele-supervising rehabilitation for brain infarction patients (HTRBIP): study protocol for a randomized controlled trial

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Author's response to reviews: see over
Dear Editor

Thank you very much for your email of Dec 17, 2014, with decision to our manuscript together with the comments from the reviewers. We deeply appreciate your careful and patient revision for our manuscript (MS: 1911443160148550).

We also thank the reviewer for providing comments that are very helpful for improving our manuscript. Accordingly, we have carefully considered these comments and revised our manuscript. Point-by-point replies are listed below.

**Reviewer:**

I read the protocol trial paper from Wei Jin, et al. about the home stroke rehabilitation trial protocol, and I may answer positively to the 5 questions Trials Journal has posed to me “(1. Will the study design adequately test the hypothesis? 2. Are sufficient details provided to allow replication of the work or comparison with related analyses: if not, what is missing? 3. Is the planned statistical analysis appropriate? 4. Do the figures appear to be genuine, i.e. without evidence of manipulation? 5. Is the writing acceptable?)”; although I’m not qualified to guarantee the last one is fulfilled.

Response: Thank you for understanding the merits of the protocol and providing the positive comment.

-Major Compulsory Revision:

1. Please, consider adhering to the SPIRIT reporting guideline for trial protocols.

Response: We appreciate your sincere comments and have tried our best to adhere our protocol to SPIRIT 2013 statement.

2. As your sample size determination indicates the study of efficacy through the Barthel index, please clarify what you mean by feasibility and validity in your study aims. Alternatively, please change “feasibility, validity” by “efficacy” through the text.

Response: Thanks for your suggestion. As you mentioned, the main purpose of our protocol is to investigate efficacy of home-based tele-rehabilitation for brain infarction patients, and there is no parameter to assess feasibility or validity in our study. After discussion, we completely accept your recommendation and change “feasibility, validity” by “efficacy” through the text.

3. In page 5 and 10 you specify a “20% dropout rate” and “analyzed according to an intent-to-treat basis (…) Missing data will not be included”. Please, note that the ITT principle requests an outcome evaluation for each “as randomized” patient. To prevent missing values as well as withdrawals, please see very useful advice at http://www.nap.edu/catalog.php?record_id=12955 or http://www.nejm.org/doi/full/10.1056/NEJMsr1203730

Response: Thank you for kindly reminding, we consult the document you mentioned above and have modified our manuscript in the Statistics section. Briefly, all the participants will be included in the analysis, regardless whether or not they adhered to the treatment or provided complete data sets. For providing valid inferences with less restrictive assumptions, multiple imputation will be performed to analysis missing data.

4. Please, clarify how “allocation concealment” will be guaranteed (will the recruiter know the allocated group before obtaining informed consent?). Maybe, as Spirit recommends, with a separate column for allocation after enrollment and baseline
assessment.
Response: Thanks for your suggestion. We completely accept the recommendation and have clarified allocation concealment in our revised manuscript based on SPIRIT 2013 (item 16b). Briefly, for allocation concealment, allocation information will be protected in opaque sealed envelopes by a specified staff member who is not involved in the study. Only after recruitment and baseline measurements are completed, the envelopes will be opened.

5. Following Spirit 2013, please consider specifying your dissemination policy (item 31).
Response: Thank you for the recommendation. We accept your suggestion and have added the Dissemination policy section in our revised manuscript based on SPIRIT 2013 (item 31). Briefly, trial results will be communicated to participants via written and oral reports, and will be published in peer-reviewed journals, submitted to the trial registry. Trial result will also be reported to local policy makers (Shanghai Municipal Commission of Economy and Informatization, Shanghai Municipal Commission of health and family planning). Additional stakeholders, including telerehabilitation device manufacturers and network service corporations, will be informed the trial findings, if they asked for. Trial results will be disseminated regardless of the magnitude or direction of effect. For the details, please see the revised manuscript.

6. Please clarify how you will prevent physician unmasking previously and during the patient evaluation interview (how you will avoid the patient spontaneously reporting the treatment?).
Response: Thanks for your kindly reminding. We comply with your recommendations and have modified our manuscript in the Data measurement section. Briefly, outcome assessors will be trained before trial initiation and required to prevent information acquisition related to allocation or intervention from patients during outcome measurements. Meanwhile, a specified trial staff will make an appointment with patients on the day before outcome measurement and request them not to provide their treatment information to the physician on next day’s physical examination.

- Minor essential Revisions:
1. Please, consider specifying that the “statistical analysis plan” will be fully specified before unmasking. [Please, note that Barthel is non-normally distributed and you need to specify if sample size is big enough to use the Normal distribution as reference; or you prefer to move to other methods; or you will add those methods as sensitivity analyses.]
Response: Thanks for the reminding. We totally accept your recommendation and have added the specification that “the statistical analysis plan will be fully specified and approved before unmasking” in the Statistics section. Additionally, we modified the Statistics section based on the content of the brackets.

2. The definition of the intervention and training of caregivers is essential to allow future repeatability. Please, consider specifying that your future report will follow the reporting guidelines TIDIER for description of interventions; and the CONSORT extension for non-pharmacological drugs (please note that it advises specifying eligibility criteria for caregivers).
Response: Thanks for your reminding. We totally accept your recommendation and have added the specification that the study and the result reporting will be line with the reporting guidelines TIDieR for description of interventions and the CONSORT extension for non-pharmacological drugs. For more details of modification, please see the Dissemination policy section in revised manuscript.

- Discretionary revisions:
  1. The next sentence in page 3 confuses me: “it may also reduce travel time, help patients discharge from inpatient rehabilitation facilities earlier, and save the cost”. I’m sure it will reduce “travel time”! And I wonder if you pretend to measure also cost, time to discharge, or patient behavior once monitored rehabilitation is finished. Please, consider alternate wording.
  Response: Thanks for your kindly reminding and sorry for confusing you. The sentence mentioned above is quoted from previous studies as background information for our protocol. However, as you mentioned, we did not design to assess cost or time to discharge in our protocol; thus, for avoiding making confuse, we change the sentence into “meanwhile, it may also reduce travel time, make patients receiving rehabilitation guidance more conveniently.” in our revised manuscript.

  2. Please, to improve communication, consider an acronym for your study.
  Response: Thank you for the suggestion. After discussion, we use “HTRBIP” as the acronym for our study and has been incorporated in our revised manuscript.

  3. Please, as any trial has to be prospective, consider deleting prospective through the text and title.
  Response: Thanks for recommendation. After consideration, we totally accept and have followed your instruction by deleting “prospective” in our revised manuscript.

  Response: We feel quite sorry for our spelling mistake. To improve the language, we turned to an English teacher from Fudan University. With his help, we modified the grammar and checked the spelling mistake in our revised manuscript.

Editorial requests:
  1. Please ensure the title conforms to journal style for study protocol articles. The title should follow the format “ ___________: study protocol for a randomized controlled trial.”
  Response: Thanks for your reminding, and we have changed the title to “Home-based tele-supervising rehabilitation for brain infarction patients (HTRBIP): study protocol for a randomized controlled trial.”

  2. Please include the affiliations and email addresses of all authors on the title page.
  Response: we have followed your recommendation and added the affiliations and email addresses of all authors on the title page.

  3. Please ensure the Abstract is on a separate page, this should follow the title page.
  Response: we have accepted your recommendation and put the Abstract on a separate page, following the title page.

  4. Please include the date of registration with the trial registration number at the end of the Abstract.
Response: Thanks for kindly reminding, we have added the date of registration at the end of the Abstract in the revised manuscript.

5. Please provide the reference numbers given with ethical approval with the ethics statement in the Methods section.
Response: Thanks for your kindly reminding, we have provided the reference numbers given with ethical approval with the ethics statement in the Methods section in the revised manuscript.

6. Please include a statement in your Methods section explaining that you obtained informed consent from each participant.
Response: Thanks for reminding, we have added the statement in the Participant recruitment section explaining that informed consent from each participant should be obtained before baseline assessment.

7. Please mention each author individually in your Authors’ Contributions section. We suggest the following kind of format (please use initials to refer to each author's contribution): “AB carried out the molecular genetic studies, participated in the sequence alignment and drafted the manuscript. JY carried out the immunoassays. MT participated in the sequence alignment. ES participated in the design of the study and performed the statistical analysis. FG conceived of the study, and participated in its design and coordination and helped to draft the manuscript. All authors read and approved the final manuscript.”
Response: Thank you very much for your recommendation and illustration, we have changed the format of the Authors’ Contributions section based on your suggestion in our revised manuscript.

We hope, with these modifications and improvements based on your suggestions and the reviewer’s comments, the quality of our manuscript would meet the publication standard of Trials. If you still have any points, please feel no hesitation to contact with us. Thank you and the reviewers again.

Yours sincerely,
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