Reviewer’s report

Title: Identifying effective components for mobile health behaviour change interventions for smoking cessation and service uptake: protocol of a systematic review and planned meta-analysis

Version: 0 Date: 29 Apr 2017

Reviewer: Idrissa Beogo

Reviewer’s report:

P4 l10: Could author provide more than one reference to support the statement?

P4 l16: What "public smoking cessation service" stands for??? Examples given in p7 l21-2 "smoking cessation services attendance, number of people who set a quit date with smoking cessation services" could not fit in a same category; when the first is from public perspective, the second resembles to a willing, intention or objective from personal perspective. Thus, refining your "definition" would be necessary!

P7 l9-11: Seems too broad and has a scoping review orientation.

P7 l15: Better statement is needed. What versus what is to be compared????

P7 l17: What is the operational content of "verified… self-reported smoking abstinence"?

Search strategy

Given the aim of identifying trials and studies including those from low- and middle-income countries, the review would benefit from searching a freely available databases such as LILACS http://lilacs.bvsalud.org/en/ or HINARI http://www.who.int/hinari/en/

P7 l18-19: Not enough, manual screening is also needed!!!

P8 l20: What is the purpose of this 20% of random sample. Do not understand!!!! Exhaustive screening by reviewers is the rule, so far!!!

P11 l22-23: Specific covariates have to be targeted. It is confusing that for instance, a theory be a covariate.

P13 l2-5:"While de Bruin (2016) plans to extract….. data collection.". Could not see or understand the add-value of it. Please reframe if there is any chance that the excerpt would support your discussion!

Major comment
P6 18-13: On taxonomy basis, difference is hard to make between the objective 1 and 2 and the 3 versus 4. For instance, objective 2 could be: what is the uptake of smoking cessation services [in relation with the effectiveness of smoking cessation]? Reframing is needed.

P7 118-19: In comparison to primary outcomes, it is crucial to clarify the statement "Secondary outcomes include verified smoking abstinence at any follow-up period". It is very confusing this duplication.

Over the manuscript, the author mentions "Binary outcomes". It is surprising that no further details are given, which leaves the impression that the "compulsory" preliminaries screening was barely done. Therefore, this study could be a hardship venture. The following statement is another illustration: "the potential limitation …the outcomes for smoking cessation service uptakes are still unknown"(P13 l6)

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