Reviewer’s report

Title: ReaDySpeech for people with dysarthria after stroke: protocol for a feasibility randomised controlled trial

Version: 0 Date: 30 Mar 2017

Reviewer: Leon Poltawski

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This is an excellently-written paper describing a well-designed study. I found it clear, engaging and thorough. I have a few suggestions for the authors to consider, and these are mainly concerned with clarifications and providing further detail to help inform the reader.

Reporting

I wasn't clear how much time might elapse between a participant being identified for screening, and starting on the treatment. Might they have already received a period of usual care before commencing treatment within the study?

Since the face-to-face interviews with participants are being conducted by the primary researcher, and since the interviews involve open questions, some justification of the use of written records rather than audio-recordings that could be independently analysed would be helpful. The interviews could also be used as an opportunity to ask the participant about their usual care, to triangulate with therapist records and check whether any additional care/support has been received.

Some more detail would be helpful on how fidelity and adherence are assessed for the ReaDySpeech intervention, and how usual care will be described. Is there a coding framework for each group? The descriptions in the appendix would be starting points for such coding frameworks. Given that usual care will vary between individuals (and across therapists), a reliable method for fully describing what happened and how treatment varied within each group could be important when accounting for differences in outcomes in the phase 3 trial. Also, it is not clear how the ReaDySpeech programme itself provides adherence data. For instance, how does the programme monitor adherence?; does it depend on participant report?

Methodological issues

I recognise that these need not necessarily be addressed in the paper itself but offer them for consideration.

Does the identification of participants by the treating therapists open the door to a form of selection bias? This could be addressed in the analyses, particularly of the reasons therapists
record for exclusion, and I could imagine time since stroke might influence therapists' judgement.

Given the short duration of the treatment, might recruitment and retention rates be improved by offering the intervention to those allocated to the control group once outcome measurements have been completed?

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An article of importance in its field

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