Reviewer’s report

Title: Adjustment with aphasia after stroke: study protocol for a pilot feasibility randomised controlled trial for SUpporting wellbeing through PEr Befriending (SUPERB)

Version: 0 Date: 29 Nov 2018

Reviewer: Meha Bhatt

Reviewer's report:

This is a protocol for a feasibility RCT comparing a peer befriending intervention with usual care to usual care alone for patients with post-stroke aphasia. The study and complex intervention are described in detail and committees of multidisciplinary stakeholders are involved to inform the trial procedures and decisions. The protocol describes a study that aims to assess the feasibility of a definitive trial.

Minor revisions are suggested before publication. One general suggestion is to remove the abbreviations that are not widely used where possible given that this is a general journal. Specific comments are outlined below:

Specific Comments:

1. Background Page 6, Line 58 - In the sentence "The current study aims to…", suggest to include the specific population here rather than "people" (i.e. people with aphasia post-stroke)

2. Participants, Setting: Given that participants will be recruited from hospitals and community services, is there a specified period from hospital discharge to the community that you hope to enrol the participants? Do you want to enrol participants immediately (or within a certain time period) after they've stopped receiving intensive input from the discharge team? Please expand on this and/or specify the time period that the person will remain eligible after discharge (eg. 1 month following end of intensive input?) Some participants from GP practices may have been discharged from the hospital post-stroke for longer than those who are recruited directly from the hospital and the intervention may have a varied effect for these individuals.

3. Recruitment: Explain the method of recruitment further - ie. How and when will the participants be approached about the study? Will the CRN nurses approach participants consecutively at the hospital and community practices or are they involved in their clinical
care and will know who is eligible? If not, will someone from the patient's circle of care first obtain verbal consent from the patient to be a screened by a researcher?

4. Recruitment: At what timepoint will the second screen occur for patients identified in hospital who are not eligible at that time?

5. Intervention, Control Arm (Usual Care): Suggest to add to the last sentence in this section that usual care will be documented in this trial by administration of the CSRI questionnaire

6. Measures, Feasibility Outcomes: Do you foresee any challenges with recruitment of peer befrienders? If so, have you considered adding the recruitment rate of peer befrienders to the feasibility outcomes? Also retention of peer befrienders in case there is dropout due to distress from the sessions?

7. Discussion: Change "Recruitment is planned to be completed by 31st August 2018" to past tense if it has already been completed.

8. Discussion: In the Discussion, suggest to add if there are specific targets for the feasibility outcomes that will determine if a definitive trial is possible. If the feasibility criteria are not met, how will the study team address this (i.e. make modifications to the study procedures for the definitive trial)?

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Acceptable

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