Author’s response to reviews

Title: Improving bereavement outcomes in Zimbabwe: protocol for a feasibility cluster trial of the 9-cell Bereavement Tool

Authors:

Barbara Mutedzi (bmutedzi@gmail.com)
Lisa Langhaug (lisa.langhaug@gmail.com)
Jennifer Hunt (jhunt@mango.zw)
Kennedy Nkhoma (kennedy.nkhoma@kcl.ac.uk)
Richard Harding (Richard.harding@kcl.ac.uk)

Version: 1 Date: 26 Jan 2019

Author’s response to reviews:

26 January 2019

Dear Editor,

Revised Manuscript ID PAFS-D-18-00211

Improving bereavement outcomes in Zimbabwe: protocol for a feasibility cluster trial of the 9-cell Bereavement Tool

Thank you for giving us the opportunity to revise our manuscript in response to the reviewers’ helpful and constructive comments. Our response to each comment is provided in the table below. In the revised manuscript the text has been underlined in all sections where we have made changes.

All authors have seen and approved the revised manuscript.

Please contact me if you require any further information.

Thank you for your consideration.
BARBARA MUTEDZI (corresponding author)

REVIEWER ONE (1)

REVIEWER 1'S COMMENT: The feasibility aims of the trial and success criteria are clearly identified, however further clarity is needed on some points: Does recruiting the 'suggested sample size' refer to the interventionists, participants, or both? In any case, it would be helpful to consider both of these as separate feasibility criteria - as recruitment of both will be critical to the feasibility of a full trial.

AUTHORS' RESPONSE: We have added feasibility of recruiting and retaining both trial participants and interventionists on Page 7, in line 141 and line 145 as follows:

“...suggested sample size of interventionists and trial participants interventionists within three weeks? In order to meet proposed trial timelines, we suggest trial recruitment criteria of recruiting community leaders within one week; interventionists within one week and the trial participants within one week; giving a total recruitment period of three weeks.”

REVIEWER 1'S COMMENT: It is not clear why recruitment is "within 3 weeks". Some clarity over the reasoning for this time frame would be helpful, and the paper would be strengthened overall with some clarity over the timeline of the start of the trial (recruitment, baseline questionnaires, training).

AUTHORS' COMMENT: (a) The following statement has been added to Page 7, Lines 141-145:

“...suggested sample size of interventionists and trial participants interventionists within three weeks? In order to meet proposed trial timelines, we suggest trial recruitment criteria of recruiting community leaders within one week; interventionists within one week and the trial participants within one week; giving a total recruitment period of three weeks.”

(b) Clarity on the timeline has been made on Page 8-9, Lines 159-173 as follows:

“The timeline as illustrated in Figure will be as follows:

Week 1: Approach & sensitization of community leaders

Week 2: Identify and recruit interventionists; Qualitative data collection (FGD 1) with recruited interventionists

Week 3: Identify and recruit trial participants

Week 4: Baseline data collection from trial participants; Randomisation; Administering intervention to intervention group
Week X: Midline data collection from trial participants; Qualitative data collection (FDG 2) with intervention group

Week Y: Endline data collection from trial participants; Qualitative data collection (FDG 3) with intervention group; Qualitative data collection (FGD 4) from trial participants; Administering intervention to control group

REVIEWER 1’S COMMENT: The time frame for retention is given as 9 months on line 141, but final data collection T2 is six months post baseline.

AUTHORS’ COMMENT: We have changed the wording to read:

“…in the total duration of the study” (now on Page 7, Line 146).

This has also been changed on Page 13, line 267, is to say “3 months post midline”.

REVIEWER 1’S COMMENT: It is not clear why 75% is used as the success criteria for recruitment and retention

AUTHORS’ COMMENT: The following has been included on Page 8, from Line 149:

“There is a paucity of guidance on setting progression criteria for feasibility and pilot trials (25). Therefore we draw on the MRC guidance that such criteria should be judged in light of all study findings and used to refine study design. Our recruitment and retention criterion of 75% was set in light of published feasibility trial criteria, and reflects the nature of our population (i.e. they are community-dwelling bereaved individuals without any known serious health conditions and so we anticipate high retention)”.

REVIEWER 1’S COMMENT: Does the separation of the two clusters (8km in a densely populated area) reflect what would be possible for all clusters in a full trial? This will affect how relevant the findings of this feasibility trial are to a full trial.

AUTHORS’ COMMENT: The adjustment has been made and underlined on Page 9, line 209-211 as follows:

“Through discussion with local stakeholders 8 kilometers was anticipated to be adequate distance and corresponding density to reduce possible contamination between the two clusters”.

In the Discussion section, Page 20, Lines 455-457, we have added the following comment:
“With regard to contamination, if we find that 8km was a sufficient distance to minimise contamination, then we will (in full trial development) determine clusters that meet this criterion, which appears possible within Zimbabwe”.

REVIEWER 1'S COMMENT: Lines 163 and 170: It would be more accurate to say "expected contamination", since one purpose of this feasibility trial is to assess contamination.

AUTHORS' COMMENT: In light of our point above re: distance, we did not “expect” contamination”, rather we anticipated the potential for contamination, and chose the clusters accordingly.

REVIEWER 1'S COMMENT: In the analysis of the full trial, care must be taken to ensure appropriate analysis given the use of cluster randomisation and further clustering of participants by community lay interventionist. (In this feasibility trial, since there is only one cluster in each treatment arm we cannot separate treatment difference and variation between clusters.) In reporting the trial it may be useful to present observed variation within and between the clusters and the "clusters" formed by the community lay interventionists, as well as descriptive statistics for variables at each data collection time-point.

AUTHORS' COMMENT: On Page 20, in Line 451 and 452 the following has been added to the analysis section:

“In addition, we will determine the ICC for the two clusters to inform full trial sample size calculations”.

REVIEWER 1'S COMMENT: Sentence starting on Line 97: This repeats the first sentence of the paragraph (line 91):

1. Remove one or the other.
2. Line 77: Should be "... generating high costs in already fragile economies ...
3. Line 116: Should be "Despite these examples of use, ...
4. Line 367: One of these should be "vertical axis".

AUTHORS' COMMENT: All adjustments have been made as suggested by reviewer:

1. Page 5, Line 91 retained, Line 97 removed
2. Page 5, Line 77 is still Line 77 in revised manuscript. Adjusted to “already fragile economies”

3. Page 6, Line 116 is now in Line 113 in revised manuscript. Adjusted to “despite these examples of use”

4. We have decided to remove this sentence as we felt it did not add value to the manuscript. See page 21, from Line 460

The sentence was to be represented as:

“The trial participant and interventionist datasets will be analysed separately. Codes of respondents will be listed on the horizontal axis and emergent themes on the vertical axis. The thematic analysis will populate the framework by case analysis to generate themes, with the matrix permitting between-case comparison”.

However, with the removal of the underlined section in the above paragraph to leave the following:

“The trial participant and interventionist datasets will be analysed separately. The thematic analysis will populate the framework by case analysis to generate themes, with the matrix permitting between-case comparison”.

REVIEWER TWO (2)

REVIEWER 2’S COMMENT: The protocol requires some improvements, including compliance with SPIRIT Statement. I have the following comments and suggestions for improvement:

Outcomes are not clearly defined.

AUTHORS’ COMMENT: We have also included the SPIRIT Checklist for pilot or feasibility trial reporting.

REVIEWER 2’S COMMENT: Measures to assess contamination are not clear.

AUTHORS’ COMMENT: Information has been added on Page 16, Line 352 as follows:

“A contamination questionnaire will be administered to the control cluster trial participants (CG) to measure and document any possibility that they have come in contact with trial participants from the intervention cluster.”
REVIEWER 2'S COMMENT: Are there retention measures planned?

AUTHORS' COMMENT: The following paragraph has been included in paragraph starting on Page 13, Line 274:

“Retention of interventionists and trial participants

Registration forms will include full names and contact details of both interventionists and trial participants. Contact details will be used to notify both interventionists and trial participants, of the planned data collection dates respectively. For example, mobile phone messages will be sent to all both the interventionists and the trial participants, requesting and reminding them of the dates for baseline, midline and endline data collection”.

In the analysis plan we detail how we will measure and report retention of both interventionists (in the training and subsequent intervention delivery) and the participants (in terms of retention at each timepoint): see page 20 from Line 441:

“With respect to retention we will calculate the proportion of potential trainees recruited who attended the full day training, and the proportion who remained active in bereavement support til trial end. We will report the proportion of trial participants who participate in T0 T1 and T2 data collection”.

REVIEWER 2'S COMMENT: It is not clear what plans for data monitoring are in place.

AUTHORS' COMMENT: The following sentence has been included on page 19-20, Line 431-434:

“DATA MONITORING: Data monitoring (recruitment, retention, adverse events) will be reported to the Steering Committee meetings (chaired by the Chief Investigator, Richard Harding) by the local Principal Investigator (Barbara Mutedzi) for review”.

As this pilot is designed to assess the feasibility and acceptability of the intervention, we did not convene a separate Data Monitoring Committee.

REVIEWER 2'S COMMENT: The trial is cluster randomised but cluster effect is not mentioned. Are authors planning to estimate ICC? What is required for calculating sample size for the future trial?

AUTHORS' COMMENT: We will estimate the ICC with 95% confidence intervals. In line with the study protocol we will determine sample size by integrating the qualitative (interventionists’ views on delivery and processes, participant views on effects and mechanisms of action) and
quantitative data (ceiling/floor effects, estimates of effectiveness, ICC). We have included this information on Page 20, from Line 451:

“In addition, we will determine the ICC for the two clusters to inform full trial sample size calculations. We will estimate potential treatment effect size using longitudinal methods for non-parametric data (no interim analysis), using an appropriate method (e.g. ANCOVA adjusting for baseline scores, with 95% confidence intervals)”.

REVIEWER 2'S COMMENT: Have authors consulted with the CONSORT extension for randomised pilot and feasibility trials and do they plan the feasibility trial taking into account CONSORT reporting guidance?

AUTHORS' COMMENT: We have included a competency CONSORT Checklist for pilot for feasibility trial reporting.

REVIEWER 2'S COMMENT: Abstract lines 47 -48: T0, T1 and T2 notations are not informative here.

AUTHORS' COMMENT: Now on Page 3 Lines 47-48: T0, T1 and T2 have been elaborated to indicate the data collection points to baseline (week 0), T1 (week X) and T2 (week Y):

“Measures at T0 (i.e. week 0), T1 (i.e. week X) and T2 (i.e. week Y)”

REVIEWER 2'S COMMENT: Line 249 - font change.

AUTHOR'S COMMENT: The whole manuscript has been checked to make sure Font is uniform throughout

REVIEWER 2'S COMMENT: Line 359 -- 'data normality' is not necessarily required, symmetry of distribution would be a requirement for reporting median (IQR).

AUTHOR'S COMMENT: Page 20, Line 449: We have changed this to

“...(depending on data normality/symmetry of distribution)”

REVIEWER 2'S COMMENT: My copy does not have page numbers which makes difficult the revision referencing.
AUTHORS' COMMENT: Page numbers have been included in the revised version.