**Author’s response to reviews**

**Title:** We Can Quit2 (WCQ2): A community-based intervention on smoking cessation for women living in disadvantaged areas of Ireland: study protocol for a pilot cluster randomised controlled trial.

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**Author’s response to reviews:**

Dear Dr Nazar

Thank you for your letter on 6th August 2019. Below I note each comment from the reviewer and describe my response within the revised document.

Reviewer Two

Comment One
The background feels quite long and repeats a mass of statistics, some old and contradictory e.g. reference 5 is I think 2007 and the data is not coherent with the rest of the paragraph. Authors to see if their section could be more streamlined and tell a better story.

Response One

The background has been shortened considerably and is now more streamlined. Statistics that are not directly relevant to the topic have been removed. Remaining statistics have been updated.

The reference to 2007 data has been removed.

Comment Two

Page 15 lines 348-53 it is not completely clear from this paragraph that participants have to register with the programme - the text refers to expressing interest. The primary outcome described on page 19 uses the numbers registering as the denominator. I think it would be at least equally important to know how many people after hearing about the programme don't go on to register. Otherwise the true generalisability to the target population of smokers won't be known, and predicting recruitment for a future trial will not be fully informed. If this data is not easily available could a theoretical denominator be calculated based on the known prevalence of smokers, numbers of women registered for medical services in eligible practices known to smoke etc.

Response Two

This is an important point, but one that we are unfortunately unable to measure. Given the trial design, we cannot know how many people heard about the programme but did not register. We can however report the number of people who register but do not go on to consent, as is currently described in the CONSORT diagram. As the reviewer suggests, an alternative method is to use the known prevalence of smokers in the areas as the denominator. Unfortunately, such local area information is not currently available. The Healthy Ireland annual surveys for instance report at national or subnational levels only. GPs do not routinely collect or report such information, although the Health Service Executive is currently attempting to develop systems to rectify this situation.

P 14 Line 322: The word ‘self-referral’ has been replaced by ‘self-registration’ to ensure greater clarity.

Comment Three

Page 18 lines need clarifying. Is the standard control programme already being offered? Have these centres been identified. Who is the deliverer? This links to last paragraph on this page.
Response Three

Yes, a version of the standard control programme is currently being offered by the Irish health system. This is described in the Background section paragraph 6, page 6 Lines 142-150. We have added the following sentence to Line 143: “This service is available to any Irish citizen.” Addressing ‘Who is the deliverer?’, we have re-worded Line 409 (p.17) to read, “HSE Smoking Cessation Officers are trained to offer behavioural support and smoking cessation advice.” Line 412 describes who the deliverers of this programme are.

Comment Four

Page 16 lines 376 - I'm not sure what it means when it says practitioners will be informed of the support programme they will receive, who are the practitioners, don't they deliver the programme?

Response Four

This sentence relates to practitioners being informed of the area in which they will deliver their programme. We have re-worded the sentence (Line 349, P. 15) to read: “Practitioners will be informed of the area in which they will deliver their programme by the research team”

Comment Five

Page 19 lines 453-8 need rewording to integrate newly inserted text better

Response Five

We have re-worded the paragraph from Line 423 (p.18) as suggested.

Comment Six

Page 19 line 460 this implies registration has to be on web page. This is not clear from previous.

Response Six
To clarify this we have added the following to the sentence, Line 430 (p.18): “Eligibility rates will be established from registration details entered by either the participant or a person acting on their behalf (e.g. GP) on the WCQ2 webpage.”
Comment Seven

Page 21 line 515 what criteria are used for purposive sampling?

Response Seven

We have added the following to Line 484 (p.20): “The sampling procedure will target specifically those women who were good attenders, a mix of quitters and continued smokers who completed the 12 week questionnaire comprehensively beforehand (information-rich cases) as a basis to explore the research questions more fully.”

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Comment Eight

Page 22 start of this page needs to clear this no longer about interviews. The completion of the checklist appears to be a self-assessment by the CFs, so is not sufficiently objective.

Response Eight

To clarify this, we have updated Line 492 (p.20), “Observational field notes will be completed to assist in the assessment of the validity of WCQ2 programme delivery”.

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Comment Nine

Finally, the paper feels very long and I wonder if some of the text could be written more succinctly especially the sections from dissemination onwards

Response Nine

We have reduced the length of the Dissemination and Discussion section, and we have removed the ‘Potential Limitations’ section.

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I hope we have adequately addressed the comments and look forward to your response.

Kind regards

Prof Catherine Hayes

Principal Investigator WCQ2.