Peer Review Report

# Review Report on Peer Texting to Promote Quitline Use and Smoking Cessation among Rural Participants in Vietnam: Randomized Clinical Trial

## EVALUATION

**Q 1**  **Please summarize the main findings of the study.**

the most remarkable findings of this study:
1) the high smoking cessation rates found among inhabitants of rural Vietnam and 2) the non-difference between the control and the intervention group in the smoking cessation rates.

**Q 2**  **Please highlight the limitations and strengths.**

Strenghts:
The set-up of the study design is quite impressive. Some of the strengths of the study are the large sample size, the fact that 4 communities were involved, the logistical aspect of the intervention (with amongst other sending multiple messages to people, having contact moments, offering cell phones,...)...

Limitations:
The study was not organized in a very controlled setting making it more difficult to make conclusions about the impact of the intervention.

**Q 3**  **Please provide your detailed review report to the authors. The editors prefer to receive your review structured in major and minor comments. Please consider in your review the methods (statistical methods valid and correctly applied (e.g. sample size, choice of test), is the study replicable based on the method description?), results, data interpretation and references. If there are any objective errors, or if the conclusions are not supported, you should detail your concerns.**

I wish to congratulate the authors with this interesting and well-structured paper. However, I do believe some modification are needed.

Major comments:

• The set-up of the study design is quite impressive. Some of the strengths of the study are the large sample size, the fact that 4 communities were involved, the logistical aspect of the intervention (with amongst other sending multiple messages to people, having contact moments, offering cell phones,...), ... However, I think some of the elements of the study design should be addressed more thoroughly because they can explain some of the results. Two examples:
o What was the profile of people recruited for this study? Between the lines, I read that it concerns people with a high desire to quit smoking. If this is the case, then the high smoking cessation rates among both the control and intervention groups are less remarkable.
o Why did the control group also receive bi-weekly messages related to smoking? This could have had an impact on smoking cessation too.

• Mixed-method research whereby there is first quantitative and afterwards qualitative research is considered as highly valuable because it can give you a holistic understanding of your quantitative study results. However, the added value of the qualitative part of this study is limited because it does not provide any explanations for

the most remarkable findings of this study: 1) the high smoking cessation rates and 2) the non-difference between the control and the intervention group. This is a missed opportunity. Moreover, this is the only part where reference is made to the impact of covid-19 on smoking.

• The paper could benefit from a careful review of the English language. Preferably by a native speaker.

Minor comments:

Abstract

Can you verify the Ci's:
• … than comparison (1%, 95% CI .2, 2, p<0.0001) -> So this would mean that your CI is between 20% and 200%. I do not believe this is correct.
• However, intervention (28,3%, 95% CI) and comparison (28,1%, 95%) -> Missing Cis

It would be useful to indicate more clearly that the study is conducted among 749 current smokers recruited trough four community health centers with xx being randomly assigned to the intervention group and xx being randomly assigned to the control group.

In the abstract no reference is made to the fact that is concerns a community based approach. I think this should be mentioned.

Contribution to the field
You mention twice "could with"

Introduction

Line 35: More information on the "tobacco culture" in Vietnam would be useful to understand the background for implementing this intervention. I mean we cannot consider all LMIC to be the same. More information on, for example, the social norm regarding smoking, the profile of people who smoke, the price of tobacco products and the public health efforts that have been done to reduce the smoking prevalence (if any).

Line 40: Many smoking cessation methods are recognized as effective. Why was it decided to conduct a trial using a Quitline and NRT Intervention and not using an intervention with for example e-cigarets with nicotine, psychological counseling or prescribed medication?

Line 48: Please specify what you mean with a "texting assessment only control". (this is also mention in line 57).

Methods

Line 64: Our four communes -> the four communes selected for this study
Line 68: Can you specify whether it concerns daily and occasional smokers (or only daily)
Line 111: Can you confirm that this refers to "6 parts per million of carbon monoxide"
Line 123-124: please rephrase as it is unclear to me.

You expected an attrition rate of 15-20%, however you reported a follow-up rate 98.8%. This is very high. Can you elaborate on the reason for having this high follow-up rate. This would be interesting for other researcher who do similar research but are facing high attrition. What can they do to improve their follow-up rates? This could also be mentioned in the discussion of the paper as it can be considered as a strength (now it's only briefly mentioned).

Results

Line 161: What do you mean with "completed CO"?
Line 183: works hours -> work hours

Line 184: Can you estimate how large this problem was? If a significant proportion of participants in the intervention group thought it concerned spam messages then this affects the quality of the trial.

Discussion
Line 201: What are the hypotheses for having these high cessation rates and having no difference between the intervention and comparison group?
Line 245: the notions "brief interventions, "low-intensive interventions" and "light-touch" interventions are used interchangeably. If they do not refer to different types of interventions, I would suggest to be more consistent. If they do refer to different interventions, then a definition of the concepts is needed.

## PLEASE COMMENT

**Q 4** — **Is the title appropriate, concise, attractive?**

Instead of using the "randomized clinical trial" I would consider the notion "community-based randomized trial"

**Q 5** — **Are the keywords appropriate?**

Yes

**Q 6** — **Is the English language of sufficient quality?**

The paper could benefit from a careful review of the English language. Preferably by a native speaker.

**Q 7** — **Is the quality of the figures and tables satisfactory?**

Yes.

**Q 8** — **Does the reference list cover the relevant literature adequately and in an unbiased manner?)**

Yes

## QUALITY ASSESSMENT

| Question | | Rating (out of 5) |
|---|---|---|
| Q 9 | Originality | 3 |
| Q 10 | Rigor | 4 |
| Q 11 | Significance to the field | 4 |
| Q 12 | Interest to a general audience | 3 |
| Q 13 | Quality of the writing | 3 |
| Q 14 | Overall scientific quality of the study | 4 |

## REVISION LEVEL

**Q 15** — **Please make a recommendation based on your comments:**

Major revisions.