

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Peer-to-Peer Mentoring for Individuals with Early Inflammatory Arthritis: Feasibility Pilot
AUTHORS	Bell, Mary; Sandhu, Sharron; Veinot, Paula; Embuldeniya, Gayathri; Brooks, Sydney; Sale, Joanna; Huang, Sicong; Zhao, Alex; Richards, Dawn

VERSION 1 - REVIEW

REVIEWER	Fowzia Ibrahim King's Musculoskeletal Clinical Trials Unit Department of Academic Rheumatology King's College London Weston Education centre 10 Cutcome Road SE5 9RJ
REVIEW RETURNED	14-Nov-2012

THE STUDY	<p>Page 13, line 56, was the Peer mentors three months post program questionnaire was it self-administered? As it is for the Mentee? In addition could the authors explain why they tool for time points for Peer mentors but only three time point for Mentee? It is not very clear in the quantitative data collection section.</p> <p>This is a feasibility pilot study and no formal power calculations is required but it will be helpful if a short paragraph or a line could be added to the quantitative data collection section in terms of numbers that is been recruited to each group.</p> <p>There were no consort diagram but I would suggest to include one, specially for the quantitative, it doesn't have to be detailed but a figure that shows recruitment for both Peer mentors' and Mentee would be helpful to reader. Furthermore, the authors don't present any data on those 12 subjects they have recruited. The three who withdrew would from the Peer mentors' group is not large enough to have any affect but it will be helpful to describe at least their demographic data.</p>
RESULTS & CONCLUSIONS	<p>Could authors mention the lost to follow subject in the Peer mentors' group as T3 and T4 the number of subject is 8.</p> <p>Table 3- Sine the authors report the actual p-value, there is no need to report footnote for $p < 0.05$.</p> <p>Could authors be consistent with mean and standard deviations reporting, for one group is 4 decimal and another group 2 decimal, I would suggest to have a 2 decimal point throughout.</p>
GENERAL COMMENTS	<p>Although small number of subjects is included in the current study did the authors consider doing longitudinal analysis, i.e using analysis of variance?</p> <p>This is well organised study with very few lost to follow up although the number is too small, would suggest to the authors that when they planning their large RCT to include the power calculation to a</p>

	large lost to follow subjects in order of 20-30%.
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REVIEWER	Roos Y. Arends, MSc, PhD researcher University of Twente; Faculty of Behavioral Sciences; Psychology, Health & Technology; The Netherlands. I have no competing interests.
REVIEW RETURNED	10-Dec-2012

THE STUDY	<p>I like the mixed method approach that the authors use in this study. Furthermore, I think it is important to focus on individual needs in support programs.</p> <p>The authors want to discuss many points in this article, this results in an enumeration of points in the method and results section. Not all the points are discussed in the discussion, but why some points are left out is unclear (e.g. the development of the program, content of training for mentors). It would help if they make it clearer what the main objective of the article is.</p> <p>To answer questions about changes over time in the outcome measures that can be attributed to the intervention, as stated on page 25, line 32-37, a control condition or at least comparative data from other studies is required. Are the researchers planning to use a control condition in the RCT? The lack of a control condition is a limitation in the current pilot study. Please discuss this.</p> <p>In the introduction a twofold study objective is stated: development and feasibility of a pilot intervention. But it seems as if the majority of the findings from the development phase is published in another article. Also, the results reported are mainly on the secondary objectives.</p>
REPORTING & ETHICS	<p>Is there ethical committee approval for this study? Did participants gave informed consent?</p>

VERSION 1 – AUTHOR RESPONSE

Reviewer 1: Fowzia Ibrahim

1)Page 13, line 56, was the Peer mentors three months post program questionnaire was it self-administered? As it is for the Mentee? In addition could the authors explain why they tool for time points for Peer mentors but only three time point for Mentee? It is not very clear in the quantitative data collection section.

Yes, the peer mentor three months post program self-efficacy questionnaire was self-administered. The fourth data collection point for the peer mentor self-efficacy questionnaire was to collect the data post training. Thus the tool was administered four times as follows: baseline, immediate post-training, immediate post-program (post-mentoring) and three-months follow-up/post-mentoring. This has been clarified on page 15. As there was no training for the mentees, the fourth time point was not performed in this group.

2) This is a feasibility pilot study and no formal power calculations is required but it will be helpful if a short paragraph or a line could be added to the quantitative data collection section in terms of numbers that is been recruited to each group.

This has been added in the quantitative data collection section (page 13).

3) There were no consort diagram but I would suggest to include one, specially for the quantitative, it doesn't have to be detailed but a figure that shows recruitment for both Peer mentors' and Mentee would be helpful to reader.

Flow diagram showing recruitment for the peer mentors and mentees (Figure3) has been added.

4) Furthermore, the authors don't present any data on those 12 subjects they have recruited. The three who withdrew from the Peer mentors' group is not large enough to have any affect but it will be helpful to describe at least their demographic data.

Demographic data on the peer mentors and mentees is available in Table 2. Demographic data of the 3 peer mentors who withdrew has now also been included in table 2.

5) Could authors mention the lost to follow subject in the Peer mentors' group as T3 and T4 the number of subject is 8.

Thank you for pointing this out. The data has been re analyzed (Table 3, peer mentor self-efficacy scale ratings).

6) Table 3- Since the authors report the actual p-value, there is no need to report footnote for $p < 0.05$. This has been removed.

7) Could authors be consistent with mean and standard deviations reporting, for one group is 4 decimal and another group 2 decimal, I would suggest to have a 2 decimal point throughout.

Thank you. Now reported to 2 decimal points.

8) Although small number of subjects is included in the current study did the authors consider doing longitudinal analysis, i.e using analysis of variance?

This was a feasibility pilot and the numbers were very small. The main aim was to see trends in the outcome measures and get information for calculating sample size for the RCT. As such the decision was made to report mainly descriptive statistics. Therefore, ANOVA was not performed.

9) This is well organised study with very few lost to follow up although the number is too small, would suggest to the authors that when they planning their large RCT to include the power calculation to a large lost to follow subjects in order of 20-30%.

Thank you for this helpful suggestion.

Reviewer 2: Roos Y. Arends

1) The authors want to discuss many points in this article, this results in an enumeration of points in the method and results section. Not all the points are discussed in the discussion, but why some points are left out is unclear (e.g. the development of the program, content of training for mentors). It would help if they make it clearer what the main objective of the article is.

We have now clarified in the introduction that the development phase is mostly addressed elsewhere and that this paper deals with the feasibility of a peer mentoring program and reports on the outcome measures that may be attributable to the intervention.

2) To answer questions about changes over time in the outcome measures that can be attributed to the intervention, as stated on page 25, line 32-37, a control condition or at least comparative data from other studies is required. Are the researchers planning to use a control condition in the RCT?

The lack of a control condition is a limitation in the current pilot study. Please discuss this.

Yes, we are using "standard care" as the control condition for the RCT. We have added a comment to this effect in the final paragraph of the discussion.

3) In the introduction a twofold study objective is stated: development and feasibility of a pilot intervention. But it seems as if the majority of the findings from the development phase is published in another article. Also, the results reported are mainly on the secondary objectives. We have now clarified in the introduction that the development phase is mostly addressed elsewhere and that this paper deals with the feasibility of a peer mentoring program and reports on the change over time of the outcome measures that may be attributable to the intervention.

4) Is there ethical committee approval for this study?

Yes, two sites – Mount Sinai Hospital and Sunnybrook Health Sciences Centre, Toronto, Ontario, Canada.

5) Did participants give informed consent?

Yes, all participants gave written informed consent