

Peer Review File

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No.	Comments	Responses from Authors
<b>From Reviewer A</b>		
<b>1</b>	<b>Overarching comment:</b> " This is a well-written paper on a pilot test of a text-based smoking cessation intervention for sexual and gender minority groups (SmokefreeSGM). I believe the authors need to provide more detail in the Methods section, especially when considering one of the two objectives is to convey the development process of the intervention. In addition, the authors make some summary statements in the Discussion without providing sufficient data in the Results to do so. Acknowledging this pilot test is the first step in what will be a larger feasibility assessment of the intervention, it's important to consider that this was a very small study with only 9 participants providing data at one month."	We appreciate this thoughtful comment about our manuscript, and we will carefully address the reviewer's concerns.

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2	<p><b>Methods 2.1:</b> In a table (preferred) or in the text, please provide some sample unidirectional and bidirectional text messages you used during the study. Since a unique aspect of your study is tailoring to the SGM population, please include examples that exemplify your SGM tailoring. Also, please indicate how the bidirectional texts work.</p>	<p>We thank the reviewer for their recommendation. We have included the below information in Methods 2.1 (page 8) to explain the difference between unidirectional and bidirectional text messages:</p> <p><i>“Unidirectional or one-way text messages in the SmokefreeSGM program refer to those text messages sent to the user, which do not require or allow a response. We utilized bidirectional or two-way text messages as a means of increasing user engagement in the program by tailoring the responses to the user and how they are currently feeling. Participants were asked to respond to a question from “Alex” from choices outlined in the message (e.g., Reply with: HARD, SO-SO, or EASY). Based on the answer received, “Alex” would respond with a specific message (see Table 1).”</i></p> <p>We have also created a new table with examples from the SmokefreeSGM text library, which is included in the Figure and Tables document uploaded with our resubmission. Please note that Table 1 in the original manuscript has been renamed Table 2.</p>

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3	<p><b>Methods, 2.2:</b> It would be nice to have more information here, especially since you identified “To develop SmokefreeSGM, a tailored text-based smoking cessation program for SGM smokers”, as one of the two objectives of the paper. The section currently reads, “A storyline in a text-based platform was built based on the newly created SmokefreeSGM text library and algorithm. Text messages were set to be sent daily for a 6-week period during 14 pre-quit days, on the quit day, and during 30 post-quit days. Also, bidirectional follow-up text messages were sent on days 72, 132, and 222 to assess smoking status.” Specifically, please address: Were both unidirectional and bidirectional text messages sent daily for a 6-week period 9 during 14 pre-quit days, on the quit day, and during 30 post-quit days? Or, please provide details on the breakdown of the number of unidirectional vs. bidirectional text messages sent during this period. Did all users receive the same number of texts, the same content in their texts, and in the same sequence? What aspects of the SmokefreeSGM program are tailored to the recipient (is it the actual content of the texts that are sent, the number of texts sent, when texts are sent, the sequence texts are sent in, etc.)? What user criteria/characteristics are used to determine or influence the tailoring of messages? Is the tailoring only based on if the participant responds to a bidirectional text</p>	<p>We thank the reviewer for their recommendation. We have edited Methods 2.2 (page 9-10) to address these concerns:</p> <p><i>“The SmokefreeSGM text library was input into an automated text messaging software designed for health research. Following participants enrollment into the study, their cell phone number was entered into the platform and the storyline was initiated. Both unidirectional and bidirectional text messages were sent to users daily for a 6-week period: 2 weeks prior to their quit date, on their quit date, and 4 weeks after their quit date. All participants received the same number of text messages in the same sequence. However, the content of some messages varied depending on their responses to the bidirectional messages (see Table 1). Additionally, a bidirectional message assessing smoking status was sent at 1-, 3-, and 6-months after participants’ quit date (e.g., “Are you smokefree or back to smoking? Reply with FREE or BACK”). However, for the purpose of this pilot test, only responses received during the 1-month assessment were used to assess smoking abstinence (exploratory outcome).</i></p> <p>As it relates to the tailoring of text messages in the SmokefreeSGM library, we have made edits to the information in Methods 2.1 (page 8):</p> <p><i>“While the SmokefreeSGM library includes some of the same text messages as SmokefreeTXT, others were tailored to resonate with SGM groups (see Table 2). Furthermore, text messages are sent by “Alex”, a fictitious SGM peer ex-smoker quit coach with a gender-neutral name. The original keywords from the SmokefreeTXT library were also kept for on-demand support, but a new keyword, STRESS, was added to prompt an additional set of text messages that</i></p>

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4	<p><b>Methods 2.3.2:</b> “The screening procedure, via video conferencing platform (i.e., Webex), was set up once the interested individuals contacted the study team and included saliva cotinine testing.”</p> <p>Please provide detail on how the cotinine testing was done and how the results were obtained by the investigators (was it a witnessed sample, using a testing strip, interpreted real time on the Webex?)</p> <p>Please indicate what the eligibility criterion was regarding cotinine (what value/score did the participants have to obtain to be considered eligible for the study?).</p>	<p>We thank the reviewer for their recommendation. The following information has been included to Methods 2.3.3 (page 12) regarding our screening methods and the process of conducting the saliva cotinine test:</p> <p><i>“We implemented a two-step screening procedure for individuals interested in participating in our pilot test. During Screening Part A (conducted over the phone), individuals were asked demographic, medical history, and tobacco use questions. Those deemed eligible to participate were consented electronically and invited to complete Screening Part B via video conference (i.e., Webex) 7 days later, in which their self-reported smoking status would be verified by a saliva cotinine test (i.e., NICDetect, Alere) that was mailed to their home address. During Screening Part B, the saliva cotinine test was conducted by the potential study participant following detailed instructions provided by a research team member, who closely monitored the procedure. The saliva cotinine test required the individual to swab the inside of their mouth and tongue for 3 minutes before placing the collection sponge into the screening device. While waiting for the results, the research team member played two videos: the first one with information about the study and the second one with instructions for using nicotine patches. The results of the saliva cotinine test were available when a colored band appeared on the screening device approximately 10 minutes later, which was recorded by the research team member. Those with a positive result were eligible for the study and to continue with the baseline assessment, after which their phone number was entered into the storyline of the text messaging program. Those potential participants with a negative result were ineligible to participate in the study.”</i></p>

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5	<p><b>Methods:</b> Did I miss it? Please detail if and how participants were compensated for their participation. If they were not compensated, please state this.</p>	<p>We thank the reviewer for bringing this to our attention as we had neglected to include information about compensation in the original manuscript. The following information has been added:</p> <p><b>Methods 2.3.4 (page 13)</b>  <i>“In addition to nicotine patches, study participants were also emailed a \$15 electronic gift card as compensation.”</i></p> <p><b>Methods 2.3.5 (page 16)</b>  <i>“Additionally, individuals that participated in this session were emailed a \$25 electronic gift card as compensation.”</i></p>

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6	<p><b>Results:</b> You provided nicotine patches to participants but did not report on it. What % of participants ordered patches? What is the breakdown of the patch orders (8-week vs. 10-week of product, patch doses). Did you collect data from participants on whether they used the nicotine patches? For the Methods: was there content in the unidirectional and bidirectional text messages that addressed use of nicotine patches?</p>	<p>We thank the reviewer for their recommendation regarding nicotine patches. Please note that all participants enrolled in the study were shipped nicotine patches. However, we have expanded on the breakdown of these shipments in the Methods section:</p> <p><b>Methods 2.3.4 (page 13):</b>  <i>“Following the baseline assessment, study participants were mailed the first 6-week supply of nicotine patches. Light smokers received 3 boxes of 14mg patches and heavy smokers received 3 boxes of 21mg patches.”</i></p> <p><b>Methods 2.3.5 (page 15-16):</b>  <i>“Following the 1-month assessment, study participants were mailed the second 2- or 4-week supply of nicotine patches. Light smokers received 1 box of 7mg patches, while heavy smokers received 1 box of 14mg patches and 1 box of 7mg patches. While participants completed their involvement in the study following this assessment and interview, it was important that we provided the full course of nicotine replacement therapy (NRT) to assist them in their efforts to quit smoking. However, the second shipment of nicotine patches were not sent to those participants that did not complete the 1-month assessment nor participate in the interview.”</i></p> <p>Adherence to nicotine patches was not assessed via text message. However, during the 1-month assessment, participants were asked about their use of nicotine patches. The following information has been included:</p> <p><b>Methods 2.3.5 (page 15):</b>  <i>“Study participants were also asked about how often they used nicotine patches over the past week.”</i></p>

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7	<p>It seems this paper focuses on one-month outcomes, but it mentions bidirectional text message outcomes on days 72, 132, and 222, and the provision of 8- and 10-week courses of nicotine patches. Please state clearly in the Methods what outcomes will be reported in this paper, and what outcomes will be reported elsewhere and at what time points (I'm referring specifically to change in smoking behavior and status, and the ordering/use of nicotine patches).</p>	<p>We thank the reviewer for this recommendation. days 72, 132, and 222 correspond to 1-, 3-, and 6-months post quit date. To avoid confusion amongst readers, we have edited the information in Methods 2.2 (page 10) to read:</p> <p><i>“Additionally, a bidirectional message assessing smoking status was sent at 1-, 3-, and 6-months after participants’ quit date (e.g., “Are you smokefree or back to smoking? Reply with FREE or BACK”). However, for the purpose of this pilot test, only responses received during the 1-month assessment were used to assess smoking abstinence (exploratory outcome).”</i></p> <p>As it relates to the use of nicotine patches by participants, we have added the following information to Methods 2.3.5:</p> <p><b>RE: Mailing nicotine patches (page 15-16)</b>  <i>“While participants completed their involvement in the study following this assessment and interview, it was important that we provided the full course of nicotine replacement therapy (NRT) to assist them in their efforts to quit smoking. However, the second shipment of nicotine patches were not sent to those participants that did not complete the 1-month assessment nor participate in the interview.”</i></p> <p><b>RE: Use of nicotine patches (page 15)</b>  <i>“Study participants were also asked about how often they used nicotine patches over the past week.”</i></p>

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8	<p><b>Discussion 4.1:</b> “Similar to previous qualitative studies on text-based interventions, participants reported that SmokefreeSGM was easier to use when compared to other available smoking cessation platforms, especially the smoking cessation apps (16–18). Contrary to other studies where participants mentioned their dislike of the automated nature of text messages, SmokefreeSGM participants believed that their interactions with Alex mimicked human conversation (19)” These statements feel problematic due to lack of supporting evidence in the paper. This feels like summary/ concluding points are being introduced with no or very little relevant data/evidence provided in the Results (I believe there was one user quote each provided in the Results for the two claims made above).</p>	<p>We thank the reviewer for their recommendation. We have removed the claim that participants believed their conversations mimicked human interaction. Furthermore, we have edited the first sentence to clarify our point without make unsubstantiated claims:</p> <p><i>“Similar to previous qualitative studies on text-based interventions, participants reported that SmokefreeSGM was easy to use (17–19).”</i></p> <p>Citations:</p> <p>17. Budenz A, Coa K, Grenen E, et al. User experiences with an SMS text messaging program for smoking cessation: Qualitative study. JMIR Form Res 2022;6(3):e32342. doi: <a href="https://doi.org/10.2196/32342">10.2196/32342</a>.</p> <p>18. Douglas N, Free C. 'Someone batting in my corner': Experiences of smoking-cessation support via text message. Br J Gen Pract 2013;63(616):768. doi: <a href="https://doi.org/10.3399/bjgp13X674459">10.3399/bjgp13X674459</a>.</p> <p>19. Naughton F, Jamison J, Sutton S. Attitudes towards SMS text message smoking cessation support: A qualitative study of pregnant smokers. Health Educ Res 2013;28(5):911-922. doi: <a href="https://doi.org/10.1093/her/cyt057">10.1093/her/cyt057</a>.</p>
9	<p><b>Abstract, Methods:</b> After “Quantitative (engagement, usability of the program, etc.) and qualitative (usability and acceptability) assessments were performed at the one-month follow-up”, it’d be nice to include more detail, such as, “Outcomes included x, y, z...”</p>	<p>We appreciate the reviewer’s comment, however, we have included our outcomes in the parentheses: engagement, usability, acceptability.</p> <p><b>Abstract, Methods (page 4):</b>  <i>“Quantitative (related to engagement and usability) and qualitative (related to usability and acceptability) data was also collected at the 1-month assessment.</i></p>



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10	<p><b>Abstract, Results:</b> “A total of 18 SGM-smokers were recruited for the pretesting phase of the study.” Is this a multi-phase study? Is this “pretesting phase” of the study part of a feasibility study? You reference this as a pilot test elsewhere. Please use clear and consistent language here and throughout the manuscript so the reader has a good understanding of what type of study you are conducting.</p>	<p>We thank the reviewer for their recommendation. We have also ensured that this phase of our study is referred to as a pilot test throughout the manuscript to avoid confusion among readers. The suggested change was made to this sentence in Abstract, Results (page 4):</p> <p><i>“A total of 18 SGM smokers were recruited for the pilot test of this study.”</i></p> <p>Additionally, we have reiterated the objective of our pilot test in Methods 2.3 (page 10):</p> <p><i>“The objective of this phase of our study is to test the SmokefreeSGM text messaging platform to assess its usability and acceptability as well as evaluate our study procedures before launching our feasibility trial among a larger sample (n=80).”</i></p>

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11	<p><b>Abstract, Results:</b> “56.25% of participants had moderate or active engagement in the program. The average engagement rate was 44.09%”. Please indicate to the reader, here or in the Methods above, what exactly you mean by “engagement”.</p>	<p>We appreciate the reviewer’s recommendation. We edited the following sentence in Abstract, Results (page 5):</p> <p><i>“The average engagement rate with bidirectional text messages was 63.8%. However, the response rate to the tailored text messages (54%) was higher than the non-tailored text messages (41.9%).”</i></p> <p>Furthermore, we have defined the engagement rate in the Methods 2.3.5 (page 13):</p> <p><i>“Participants’ engagement rates were ascertained at this time by dividing the total number of participant responses to the bidirectional messages (numerator) with the total number of bidirectional messages sent by the text-based platform (denominator). Participants received 28-31 bidirectional text messages depending on their responses to questions about their smokefree status. Participants who had rates <math>\leq 33.3\%</math> were classified as having low engagement, 33.3 – 66.6% moderate engagement and <math>\geq 66.7\%</math> high engagement. This information was also used to ascertain the overall engagement rate for the program.”</i></p>
12	<p><b>Abstract, Results:</b> “System Usability Scale(SUS)” insert a space after “Scale”</p>	<p>We thank the reviewer for bringing this to our attention. The space has been added:</p> <p><i>“The System Usability Scale (SUS) score at the 1-month assessment was 81.67 (<math>\pm 15.46</math>).”</i></p>

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13	<p><b>Methods, 2.1:</b> “Thus, the original SmokefreeTXT library of text messages, developed for the general population, was tailored to SGM smokers with input and feedback from members of an Advisory Committee composed of 8 SGM former and current smokers, smoking cessation specialists, as well as scientists and community leaders, many of them self-identify as SGM individuals, with whom our research team has collaborated up in previous research and advocacy efforts around SGM health disparities research.” Suggest change “...many of them self-identify...” to “many who self-identify...”. Also, delete “up”.</p>	<p>We thank the reviewer for bringing the to our attention. Both suggested changes were made to this sentence in Methods 2.1 (page 8):</p> <p><i>“Thus, the original SmokefreeTXT library of text messages, developed for the general population, was tailored to SGM smokers with input and feedback from members of an Advisory Committee composed of SGM former and current smokers, smoking cessation specialists, as well as scientists and community leaders, many of who self-identify as SGM individuals, with whom our research team has collaborated with in previous research and advocacy efforts around SGM health disparities research.”</i></p>

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14	<p><b>Methods, 2.1:</b> “Both measures helped us determine whether the average adult would be able to comprehend the content of the SmokefreeSGM text messages and allow us to make changes where necessary.” Please indicate, with citation(s), what score(s) are representative of an average adult and what specific requirements you had for the scores of the SmokefreeSGM text messages.</p>	<p>We thank the reviewer for their recommendation. We have added the following information to clarify how our research team determined the readability of text messages in Methods 2.1 (page 9):</p> <p><i>“The readability of each SmokefreeSGM text message was calculated using the Flesch-Kincaid Grade Level and Dale-Chall scores. The Flesch-Kincaid Grade Level assesses the approximate U.S. reading grade level of text based on sentence length (avg. number of words in a sentence) and word length (avg. number of syllables in a word). The formula calculates a score that corresponds with a U.S. grade level (12). The Dale-Chall score assesses the readability of text based on a list of 3,000 words commonly understood by 4th graders in the U.S. (13). These measures helped us determine what if any changes needed to be made to ensure users’ comprehension of the text messages. When calculating the Flesch-Kincaid scores, the average score for the entire library was 4.2 (<math>\pm 2.32</math>), indicating that it could be easily understood by the average 4th grade student. The average Dale-Chall score for the entire library was 6.8 (<math>\pm 1.87</math>), indicating that it could be easily understood by the average 7th or 8th grade student (132). When developing the text library, the research team attempted to get the lowest Flesch-Kincaid and Dale-Chall score for each text message without undermining its content.”</i></p> <p>Citations:  12. Kincaid J. P., Fishburne R. P., Jr., Rogers R. L., Chissom B. S. Derivation Of New Readability Formulas (Automated Readability Index, Fog Count And Flesch Reading Ease Formula) For Navy Enlisted Personnel. Research Branch Report. Institute for Simulation and Training; 1975.</p>

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15	<p><b>Methods 2.3.1:</b> Please indicate when participants enrolled in the study (ex. March to May 2020).</p>	<p>We thank the reviewer for this recommendation. This following information was added to Methods 2.3.2 (page 11):</p> <p><i>“The first participant was enrolled in January 2022 and the last participant was enrolled in September 2022.”</i></p>
16	<p><b>Methods 2.3.1:</b> “Individuals reporting a stroke in the past 6 months, receiving insulin therapy, and recently diagnosed with liver, kidney, or heart disease were required to receive approval from their primary care provider...” Should it read, “...receiving insulin therapy, or recently diagnosed...”?</p>	<p>We thank the reviewer for bringing this to our attention. The suggested change was made to this sentence in Methods 2.3.2 (page 11):</p> <p><i>“Individuals reporting a stroke in the past 6 months, receiving insulin therapy, or recently diagnosed with liver, kidney, or heart disease were required to receive approval from their primary care provider and/or other treating physician for using nicotine patches.”</i></p>

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17	<p><b>Methods 2.3.2:</b> “A supply of nicotine patches (8-week supply for light smokers and 10-week supply for heavy smokers) was delivered via mail to study participants to support their quitting efforts”. Please provide detail on the dose(s) of nicotine patches provided.</p>	<p>We thank the reviewer for their recommendation. This change was implemented and addressed in comment #6.</p> <p><b>Methods 2.3.4 (page 13):</b>  <i>“Following the baseline assessment, study participants were mailed the first 6-week supply of nicotine patches. Light smokers received 3 boxes of 14mg patches and heavy smokers received 3 boxes of 21mg patches.”</i></p> <p><b>Methods 2.3.5 (page 15-16):</b>  <i>“Following the 1-month assessment, study participants were mailed the second 2- or 4-week supply of nicotine patches. Light smokers received 1 box of 7mg patches, while heavy smokers received 1 box of 14mg patches and 1 box of 7mg patches. While participants completed their involvement in the study following this assessment and interview, it was important that we provided the full course of nicotine replacement therapy (NRT) to assist them in their efforts to quit smoking. However, the second shipment of nicotine patches were not sent to those participants that did not complete the 1-month assessment nor participate in the interview.”</i></p>

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18	<p><b>Methods 2.3.3:</b> “Sexual orientation and gender identity were reassessed to account for SOGI mobility and tobacco use questions were posed again to determine behavioral changes.” Please state when sexual orientation and gender identity were reassessed (was it at 1 month?). I know this is slightly redundant but it helps with clarity. It might read, “At one month, sexual orientation and gender identity were reassessed to account for SOGI mobility and tobacco use questions were posed again to determine behavioral changes.” Also, please write out the full term for SOGI.</p>	<p>We thank the reviewer for their recommendation. SOGI is an acronym for sexual orientation and gender identity, so we added it in parentheses after its first use. Furthermore, this sentence was moved to the end of the following paragraph to better distinguish the baseline assessment from the 1-month assessment:</p> <p><b>Methods 2.3.5 (page 13-14)</b>  <i>“At the 1-month assessment, sexual orientation and gender identity (SOGI) were reassessed to account for changes and tobacco use questions were posed again to determine participants’ current smoking status.”</i></p>
19	<p><b>Methods 2.3.3:</b> Please specify when the one-month time point occurred: was it 30 days from the participant’s self-selected quit date, 30 days from date of first text message, etc.</p>	<p>We thank the reviewer for bringing this to our attention. The following information was added to Methods 2.3.5 (page 13):</p> <p><i>“The 1-month assessment was also conducted remotely via video conference 6 weeks after enrollment (baseline assessment) and 4 weeks after the participants’ quit date.”</i></p>

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20	<p><b>Methods 2.3.3:</b> “An average engagement rate was computed by dividing the number of participant responses by the number of bidirectional and individual rates were grouped into high, moderate, and low engagements.” For readability, I’d suggest, “An average engagement rate was computed by dividing the number of participant responses by the number of bidirectional text messages sent. Individual engagement rates were grouped into high, moderate, and low.” Please provide the % ranges you used for the high, moderate and low designations.</p>	<p>Thank you for this comment. We edited this information in Methods 2.3.5 (page 13) to provide more clarity and included the ranges for our engagement categories:</p> <p><i>“Participants’ engagement rates were ascertained at this time by dividing the total number of participant responses to the bidirectional messages (numerator) with the total number of bidirectional messages sent by the text-based platform (denominator). Participants received 28-31 bidirectional text messages depending on their responses to questions about their smokefree status. Participants who had rates <math>\leq 33.3\%</math> were classified as having low engagement, <math>33.3 - 66.6\%</math> moderate engagement and <math>\geq 66.7\%</math> high engagement. This information was also used to ascertain the overall engagement rate for the program.”</i></p>
21	<p><b>Methods 2.3.3:</b> “During the semi-structured interviews, there was nobody else present asides the participants and researchers.” I suggest, “During the semi-structured interviews, there was nobody else present other than the participants and researchers.” Or, “During the semi-structured interviews, there was nobody else present aside from the participants and researchers”</p>	<p>We thank the reviewer for their recommendation. The suggested change was made to this sentence:</p> <p><i>“During the semi-structured interviews, nobody else was present aside from the participants and researchers.”</i></p>
22	<p><b>Methods 2.3.3:</b> “The interviews were conducted by the research team members” add a period at the end of the sentence.</p>	<p>We thank the reviewer for bringing this to our attention. We deleted this sentence when restructuring the paragraph. This information was provided in the previous paragraph, and therefore, was unnecessary to restate.</p>



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23	<p><b>Methods 2.3.3:</b> “A score above 75 indicates that the program is perceived as acceptable.” Please provide a citation to support this statement.</p>	<p>We thank the reviewer for bringing this to our attention. A citation has been added in Methods 2.3.5 (page 15) to support this statement.</p> <p><i>“A score above 75 indicates that the program is perceived as acceptable (15)”</i></p> <p>Citation:  15. Hyzy M, Bond R, Mulvenna M, et al. System Usability Scale Benchmarking for Digital Health Apps: Meta-analysis. JMIR Mhealth Uhealth 2022;10(8). doi: 10.2196/37290</p>
24	<p><b>Results 3.3:</b> “The average engagement rate based on responses to bidirectional text messages was 44.1% (<math>\pm 29.17\%</math>). 56.3% of participants engaged with the program moderately or actively, while 43.8% had a low engagement.” Please provide an average (range) of how many bidirectional text messages participants received over the first 6 weeks. It will be helpful to understand if it was closer to 3, 12, or 26...</p>	<p>We thank the reviewer for their recommendation. We clarified this in Methods 2.3.5 (page 13):</p> <p><i>“Participants’ engagement rates were ascertained at this time by dividing the total number of participant responses to the bidirectional messages (numerator) with the total number of bidirectional messages sent by the text-based platform (denominator). Participants received 28-31 bidirectional text messages depending on their responses to questions about their smokefree status. Participants who had rates <math>\leq 33.3\%</math> were classified as having low engagement, 33.3 – 66.6% moderate engagement and <math>\geq 66.7\%</math> high engagement.”</i></p> <p>Furthermore, the corresponding information was edited in Results 3.3 (page 18):</p> <p><i>“The average engagement rate was 63.8%, indicating that participants responded to about two-thirds of all bidirectional text messages sent to them. About 55.6% of participants had high engagement, 16.7% moderate engagement, and 27.7% low engagement.”</i></p>

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25	<p><b>Results 3.3:</b> “56.3% of participants engaged with the program moderately or actively, while 43.8% had a low engagement.” In the Methods, you detail a low, moderate or high engagement designation. I suggest maintaining that language here (instead of “actively”).</p>	<p>We appreciate this reviewer's comment and agree with their suggestion. The updated version of the manuscript will maintain the same language throughout. The following sentence has been edited in Results 3.3 (page 18) to reflect such:</p> <p><i>“About 55.6% of participants had high engagement, 16.7% moderate engagement, and 27.7% low engagement.”</i></p>
26	<p><b>Results 3.3:</b> “56.3% of participants engaged with the program moderately or actively, while 43.8% had a low engagement.” Please report the % of participants who had moderate engagement and the % who had high engagement.</p>	<p>We appreciate this reviewer's comment and agree with their suggestion. This change was implemented and addressed in the previous two comments (#24 and #25).</p>
27	<p><b>Results 3.4.2:</b> “This theme describes participants’ perceived usability of the program. Detailing the program’s comprehensibility and usability, regardless of education, gender identity, sexual orientation, socio-economic status (SES), and race/ethnicity.” The second sentence (starting with “Detailing”) is not a sentence. Perhaps it should be, “This theme describes participants’ perceived usability of the program, detailing the program’s comprehensibility and usability, regardless of education, gender identity, sexual orientation, socio-economic status (SES), and race/ethnicity.”</p>	<p>We thank the reviewer for bringing this to our attention. In the revision of our manuscript, we have removed the information following the comma in Results 3.4.2 (page 20). The sentence now reads:</p> <p><i>“This theme describes participants’ perceived usability of the program and includes five codes: simple instructions, clear instructions, teachable, convenient, and daily texts.”</i></p>

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28	<p><b>Results 3.4.2:</b> “The theme includes five codes: simple and clear instructions, teachable, convenient, and daily texts.” I’d actually list the five codes separately so there are no mental gymnastics for your reader, “The theme includes five codes: simple instructions, clear instructions, teachable, convenient, and daily texts.”</p>	<p>We thank the reviewer for bringing this to our attention and the suggested change has been implemented in Results 3.4.2 (page 20). Please refer to the previous comment:</p> <p><i>“The theme includes five codes: simple instructions, clear instructions, teachable, convenient, and daily texts.”</i></p>
29	<p><b>Results 3.4.4:</b> “Six codes were included in this theme: difficult to use, the timing of texts (negative feedback), unclear instructions, inadequate bidirectional conversations, and overwhelming and discouraging content.” Similar to above, I’d list the six codes separately for clarity: “Six codes were included in this theme: difficult to use, the timing of texts (negative feedback), unclear instructions, inadequate bidirectional conversations, overwhelming content and discouraging content.”</p>	<p>We thank the reviewer for bringing this to our attention and the suggested change has been implemented in Results 3.4.4 (page 22):</p> <p><i>“Six codes were included in this theme: difficult to use, the timing of texts (negative feedback), unclear instructions, inadequate bidirectional conversations, overwhelming content, and discouraging content.”</i></p>
30	<p><b>Discussion 4.1:</b> “This meant that, when compared to other smoking cessation text-based interventions, SmokefreeSGM had a significant higher engagement.” I suggest, “Accordingly, when compared to other smoking cessation text-based interventions, SmokefreeSGM had higher engagement.”</p>	<p>We thank the reviewer for their recommendation. The following sentence has been edited in Discussion 4.1 (page 24) to read:</p> <p><i>“Accordingly, when compared to SmokefreeTXT, our program reported higher engagement.”</i></p>

No.	Comments	Responses from Authors
31	<p><b>Discussion 4.1:</b> “Our loss to follow-up rate was possibly due to social desirability bias in which participants did not want to report that they had been unable to quit smoking.” Please discuss what other factors could have contributed to the 50% lost to follow up rate. Compensation? Social desirability in that participants did not want to convey apathy towards or criticism of the program developed by the researchers?</p>	<p>We thank the reviewer for their comment. We have discussed compensation as a possible reason for our retention rate and have removed the term social desirability bias to avoid confusion amongst readers. This information can now be found in Discussion 4.2 (page 26):</p> <p><i>“We recorded a 50% loss to follow-up which was lower than what was reported for iQuit in Practice, a text-based facilitation of smoking cessation in primary care, after 4 weeks (69.9%) (24). While our retention rate may have been a result of our small sample size, it is possible that participants did not want to report that they had been unable to quit smoking. Additionally, despite providing nicotine patches and a \$25 electronic gift card for completion of the 1-month assessment, compensation may have been insufficient for some participants, which in itself is an important finding for the subsequent feasibility trial.”</i></p>

No.	Comments	Responses from Authors
32	<p><b>Discussion 4.2:</b> The small sample size of 18 participants with 50% lost to follow-up causes pause regarding the generalizability of the findings to the SGM population. Please identify this as a limitation, acknowledging the subsequent larger feasibility study will help address this issue.</p>	<p>We thank the reviewer for this recommendation. As the goal of this pilot study is to assess SmokefreeSGM’s usability and acceptability prior to launching our feasibility trial with a larger sample, we have edited the Discussion to ensure that these specific findings have not been generalized to the SGM population. The information can be found in Discussion 4.2 (page 26).</p> <p><i>“We recorded a 50% loss to follow-up which was lower than what was reported for iQuit in Practice, a text-based facilitation of smoking cessation in primary care, after 4 weeks (69.9%) (24). While our retention rate may have been a result of our small sample size, it is possible that participants did not want to report that they had been unable to quit smoking. Additionally, despite providing nicotine patches and a \$25 electronic gift card for completion of the 1-month assessment, compensation may have been insufficient for some participants, which in itself is an important finding for the subsequent feasibility trial.”</i></p>
<b>From Reviewer B</b>		
33	<p><b>Overarching comment:</b> The authors present a pilot evaluation of a new targeted cessation text program, SmokefreeSGM, based on the publicly available SmokefreeTXT program. This paper provides good information and with some minor modifications will be a nice contribution to the literature regarding mobile health interventions for smoking cessation among SGM adults.</p>	<p>We appreciate this thoughtful comment about our manuscript, and we will carefully address the reviewer’s comments.</p>

No.	Comments	Responses from Authors
34	<p><b>Methods:</b> It might be useful to combine the recruitment and participant sections to reduce reader confusion. Or, I would recommend reversing the order of these two sections so that the sample recruitment activities are described first. Additionally, more information on how many potential participants were approached but not enrolled would be helpful.</p>	<p>We thank the reviewer for their recommendation concerning the order of Methods 2.3. We have reversed the recruitment procedures and study population subsections as well as added additional subsections to avoid confusion amongst readers:</p> <ul style="list-style-type: none"> <li><b>2.3.1 Recruitment procedures</b></li> <li><b>2.3.2 Study population</b></li> <li><b>2.3.3 Two-step screening</b></li> <li><b>2.3.4 Baseline assessment</b></li> <li><b>2.3.5 1-month assessment</b></li> <li><b>2.3.6 Analysis</b></li> </ul> <p>We also created a flowchart, which is included in our resubmission, and added the following information about participants to Methods 2.3.2 (page 11):</p> <p><i>“Fifty-four individuals contacted our research team, 18 SGM smokers were enrolled, and 9 completed the pilot test (see Figure 1).”</i></p>

No.	Comments	Responses from Authors
35	<p><b>Methods:</b> More information needed on the methods used for salivary cotinine testing.</p>	<p>We thank the reviewer for their recommendation. This change was implemented in Methods 2.3.3 (page 12) and addressed in comment #4:</p> <p><i>“Those deemed eligible to participate were consented electronically and invited to complete Screening Part B via video conference (i.e., Webex) 7 days later, in which their self-reported smoking status would be verified by a saliva cotinine test (i.e., NICDetect, Alere) that was mailed to their home address. During Screening Part B, the saliva cotinine test was conducted by the potential study participant following detailed instructions provided by a research team member, who closely monitored the procedure. The saliva cotinine test required the individual to swab the inside of their mouth and tongue for 3 minutes before placing the collection sponge into the screening device. While waiting for the results, the research team member played two videos: the first one with information about the study and the second one with instructions for using nicotine patches. The results of the saliva cotinine test were available when a colored band appeared on the screening device approximately 10 minutes later, which was recorded by the research team member. Those with a positive result were eligible for the study and to continue with the baseline assessment, after which their phone number was entered into the storyline of the text messaging program. Those potential participants with a negative result were ineligible to participate in the study.”</i></p>

No.	Comments	Responses from Authors
36	<p><b>Methods:</b> What was the rationale for having follow-up data collection occur at 1 month, given that the program was described as being six weeks long.</p>	<p>We thank the reviewer for this question. The 1-month assessment occurs 6 weeks after enrollement (baseline assessment), but 4 weeks after the participant’s quit data. This change was implemented in Methods 2.3.5 (page 13) and addressed in comment #19:</p> <p><i>“The 1-month assessment was also conducted remotely via video conference 6 weeks after enrollment (baseline assessment) and 4 weeks after the participants’ quit date.”</i></p>



No.	Comments	Responses from Authors
37	<p><b>Methods:</b> Response rates are presented in the abstract but not the Methods section of the manuscript.</p>	<p>We thank the reviewer for their recommendation. We have edited the information in the Abstract, Methods (page 4) for clarity:</p> <p><i>“The average engagement rate with bidirectional text messages was 63.8%. However, the response rate to the tailored text messages (54%) was higher than the non-tailored text messages (41.9%).”</i></p> <p>Information about the engagement rates can be found in Methods 2.3.5 (page 13):</p> <p><i>“Participants’ engagement rates were ascertained at this time by dividing the total number of participant responses to the bidirectional messages (numerator) with the total number of bidirectional messages sent by the text-based platform (denominator).”</i></p> <p>Information about the response rates can be found in Methods 2.3.6 (page 16):</p> <p><i>“In addition to computing participants’ engagement rates (proportion of bidirectional text messages responded to), the rate of response for each bidirectional text message was also computed by dividing the number of participants that responded to a particular bidirectional text message (numerator) with the total number of participants (denominator).”</i></p>

No.	Comments	Responses from Authors
38	<p><b>Methods:</b> Assessments. As written , it is unclear which items were part of the baseline assessment vs. the follow-up assessment or were on both. Citations should also be added for items that were pulled from validated scales (e.g., FTND and SUS).</p>	<p>We thank the reviewer for bringing this to our attention. As is relates to the assessments, these changes were implemented and addressed in comment #34. We have clarified these differences by creating additional subsections:</p> <p><b>2.3.1 Recruitment procedures</b>  <b>2.3.2 Study population</b>  <b>2.3.3 Two-step screening</b>  <b>2.3.4 Baseline assessment</b>  <b>2.3.5 1-month assessment</b>  <b>2.3.6 Analysis</b></p> <p>Citations have also been added for all items pulled from validated scales:</p> <p>12. Kincaid J. P., Fishburne R. P., Jr., Rogers R. L., Chissom B. S. Derivation Of New Readability Formulas (Automated Readability Index, Fog Count And Flesch Reading Ease Formula) For Navy Enlisted Personnel. Research Branch Report. Institute for Simulation and Training; 1975.</p> <p>13. Chall, JS., Dale, E. Readability Revisited: The New Dale-Chall Readability Formula. Brookline. 1995.</p> <p>15. Hyzy M, Bond R, Mulvenna M, Bai L, Dix A, Leigh S, et al. System Usability Scale Benchmarking for Digital Health Apps: Meta-analysis. JMIR Mhealth Uhealth [Internet]. 2022 Aug 1 [cited 2023 Feb 9];10(8). Available from: <a href="https://pubmed.ncbi.nlm.nih.gov/35980732/">https://pubmed.ncbi.nlm.nih.gov/35980732/</a></p> <p>16. 16. de Meneses-Gaya I, Zuardi A, Loureiro S, et al. Psychometric properties of the Fagerström Test for Nicotine Dependence. Jornal Brasileiro de Pneumologia 2009;35(1):73–82. doi: 10.1590/S1806-37132009000100011</p>

No.	Comments	Responses from Authors
39	<p><b>Methods:</b> The authors state that average engagement was categorized based on average response rates to bidirectional text messages. Please provide information on what response rates were used to categorize participants as “high, moderate, and low engagements”.</p>	<p>We appreciate the reviewer's comment. Information about the categorization of engagement was included in Methods 2.3.5 (page 13) and addressed in comments #11, #20, and #24:</p> <p><i>“Participants who had rates <math>\leq 33.3\%</math> were classified as having low engagement, 33.3 – 66.6% moderate engagement and <math>\geq 66.7\%</math> high engagement.”</i></p>
40	<p><b>Methods:</b> It is unclear in the Methods section if the semi-structured interviews were done in person or remotely. This is mentioned in the Discussion section but should be mentioned here.</p>	<p>We thank the reviewer for bringing this to our attention. The following information was added to Methods 2.3.5 (page 13):</p> <p><i>“The 1-month assessment was also conducted remotely via video conference 6 weeks after enrollment (baseline assessment) and 4 weeks after the participants’ quit date.”</i></p>

No.	Comments	Responses from Authors
41	<p><b>Methods:</b> Data analyses need to be more thoroughly described for both the quantitative and qualitative data.</p>	<p>We appreciate the reviewer’s recommendation. We have added the following information to Methods 2.3.6 (page 16-17):</p> <p><i>“STATA/SE 17.0 software was used for quantitative analysis. The socio-demographic characteristics (e.g., age, gender identity, sexual orientation, race, ethnicity) of the 18 SGM smokers were assessed using descriptive statistics. Additionally, the tobacco use data was subjected to univariate analysis. Participants were categorized as having low, moderate, or high nicotine dependence based on their FTND scores: less than 4, between 4 and 6, and greater than 6, respectively (14). The recruitment rate was calculated by dividing the number of participants enrolled into the study by the number of participants who contacted the research team. The retention rate was calculated by dividing the number of participants who completed the 1-month assessment by the number of participants enrolled into the study. In addition to computing participants’ engagement rates (proportion of bidirectional text messages responded to), the rate of response for each bidirectional text message was computed by dividing the number of participants that responded to a particular bidirectional text message (numerator) with the total number of participants (denominator). We subsequently calculated the average response rate for the tailored bidirectional text messages that address unique psychosocial stressors for SGM smokers and the non-tailored bidirectional text messages. Furthermore, engagement rates were calculated for each of the keyword storylines (i.e., STRESS, CRAVE, MOOD) to determine what percent of the study population utilized on-demand support. As for the usability of the program, participants’ scores were pooled to calculate the average SUS score for the study sample.</i></p>

No.	Comments	Responses from Authors
42	<p><b>Results, Section 3.2:</b> Would be helpful to know how many had never tried to quit instead of lumping it in with the less than 5 times group.</p>	<p>We appreciate the reviewer’s suggestion. We have added that information to Results 3.2 (page 18):</p> <p><i>“Eight participants (44.4%) had tried to quit smoking more than five times, nine participants (50.0%) had tried between one and five times, and only one (5.6%) participant had never attempted to quit smoking.”</i></p>
43	<p><b>Results:</b> The authors described the creation of a new keyword. The use of all of the keywords and the new one should be included as results.</p>	<p>We thank the reviewer for bringing this to our attention. We provided this information in Results 3.3 (page 19):</p> <p><i>“Three participants used the new keyword, STRESS, while no participants used the other keywords (CRAVE and MOOD)”</i></p> <p>We also want to note that our tailoring of the original SmokefreeTXT program was not only the addition of the keyword STRESS, but also the tailoring of other bidirectional messages (see Table 1). We have included additional information in Results 3.3 (page 19):</p> <p><i>“The average response to the tailored bidirectional text messages that address unique psychosocial stressors for SGM smokers was 54.0% while the rate for the non-tailored bidirectional text messages from SmokefreeTXT was 41.9% (see Table 3).”</i></p> <p>This was introduced in Methods 2.3.6 (page 16):</p> <p><i>“We subsequently calculated the average response rate for the tailored bidirectional text messages that address unique psychosocial stressors for SGM smokers and the non-tailored bidirectional text messages.”</i></p>

No.	Comments	Responses from Authors
44	<p><b>Results, Section 3.4.3:</b> “This theme details the program's subject matter and associated opinions. Insight gathered from the refinement suggestions will lead to increased relatability and inclusivity of a more accurately tailored mHealth intervention”. This sentence is better suited for the discussion.</p>	<p>We thank the reviewer for their recommendation. This information was removed from Results and restated in the Discussion 4.1 (page 24):</p> <p><i>“As it relates to the content of the SmokefreeSGM tailored text messages, a majority of participants found it acceptable, and no suggestions were made concerning its cultural competency. Therefore, few if any revisions will be required for subsequent iterations of the program.”</i></p>
45	<p><b>Results, Section 3.4.4:</b> The six themes described in this section are not well reflected in the example quotes.</p>	<p>We appreciate the reviewer’s comment on using the proper quotes to exemplify our theme: Drawbacks. We have removed the quotes, “<i>I would strongly agree...it would be easy for her.</i>” and “<i>...90% of the time...my alarm gets off.</i>” and replaced them with the following in Results 3.4.4 (page 22):</p> <p><i>“There is a segment of the population that does not text at all... I just turned 59 and most of my friends are older than I am...because they’re not used to a smartphone or just the technology would not hit everyone,”</i> - Gay male, 58, Hispanic, heavy smoker</p> <p><i>“There wasn’t much informing about [the use of keywords: MOOD, STRESS, CRAVE]. That’s why I rarely used that feature, like they didn’t explain that you could and I don’t know still...”</i> - Gay male, 35, White, heavy smoker</p>

No.	Comments	Responses from Authors
46	<p><b>Discussion:</b> The paragraph comparing response rates to the bidirectional messages to the larger literature is comparing different types of engagement and as a result is not a fair comparison. Specifically, the authors created their engagement metric by assessing average response rates to the bidirectional messages and did not include the use of Keywords, whereas both of the articles they compare to relied only on keyword use for their metric of engagement. For more relevant data on responsiveness to assessment/ bidirectional questions among users of the general SmokefreeTXT program please see: Robinson CD, Wiseman KP, Webb Hooper M, El-Toukhy S, Grenen E, Vercammen L, Prutzman YM. Engagement and Short-term Abstinence Outcomes Among Blacks and Whites in the National Cancer Institute's SmokefreeTXT Program. <i>Nicotine Tob Res.</i> 2020 Aug 24;22(9):1622-1626. doi: 10.1093/ntr/ntz178. PMID: 31535690; PMCID: PMC7443581.</p>	<p>We thank the reviewer for bringing this to our attention. We have removed the comparison to the previously referenced studies as they include keyword responses in their engagement rates and included referenced the study that you kindly provided. Discussion 4.1 (page 23-24) has been edited as follows:</p> <p><i>“SmokefreeSGM, like SmokefreeTXT, provides bidirectional text messages for participants to enhance their interaction with the program. However, the findings from our pilot test show higher engagement among participants with the tailored bidirectional text messages (54%), specific to SmokefreeSGM, than the non-tailored bidirectional text messages (41.9%), adapted from the original SmokefreeTXT program. This indicates that study participants are more engaged with SGM-specific content, which our research team originally hypothesized. This could positively impact the efficacy of the SmokefreeSGM program as it relates to smoking abstinence. This will be further explored during our feasibility trial in which engagement rates with SmokefreeSGM (intervention arm) will be directly compared to SmokefreeTXT (control arm) and smoking abstinence data will be collected at 1-, 3-, and 6-months follow-up among all study participants. Furthermore, a study comparing engagement of Black and White SmokefreeTXT users reported engagement rates ranging between 6% to 17% for Blacks and 8% to 25% for whites (21). Accordingly, when compared to SmokefreeTXT, our program reported higher engagement”</i></p> <p>Citation: 21. Robinson C, Wiseman K, Webb Hooper M, et al. Engagement and Short-term Abstinence Outcomes Among Blacks and Whites in the National Cancer Institute’s SmokefreeTXT Program. <i>Nicotine Tob Res.</i> 2020 Aug 24;22(9):1622-1626.</p>

No.	Comments	Responses from Authors
47	<p><b>Discussion:</b> Page 20, end of only full paragraph, “additionally, very few participants used keyword...” The keyword results should be presented as results in that section. Also, were the changes described in this paragraph made during the study or are they being evaluated soon? If implemented during this study, results before and after the changes were made should be described.</p>	<p>We thank the reviewer for bringing this to our attention. We have restated the number of participants that used keywords and clarified that any refinements made were not implemented during the pilot test in Discussion 4.1 (page 24):</p> <p><i>“Only three participants (16.7%) in our study sample used the keywords (i.e., STRESS, CRAVE, MOOD) for on-demand support, which made it clear that our research team needs to emphasize this aspect of the program. As a result, we have reviewed our instructional materials and made edits to the educational videos shown during the Screening Part B. We also created laminated cards explaining how to utilize on-demand support and the purpose of each keyword, which will be sent to enrolled participants along with their shipments of nicotine patches. Neither of these changes were implemented during the pilot test. However, as mentioned above, they will be implemented for the feasibility trial.”</i></p>
<b>From Reviewer C</b>		



No.	Comments	Responses from Authors
48	<p><b>Overarching comment:</b> This manuscript describes an initial pilot test (N=18) of a text-based smoking cessation intervention, SmokefreeSGM, based on SmokefreeTXT and tailored to sexual and gender minority adults. The program was well-received by and engaging for participants who completed the 1-month follow-up. The manuscript describes changes that will be made to the intervention prior to launching a feasibility and acceptability study. The intervention seems promising, and the process of pilot testing this study provides insights that could be useful for other researchers tailoring digital interventions. The wide age range is a strength of the study, and the manuscript is well-written.</p>	<p>We appreciate this thoughtful comment about our manuscript, and we will carefully address the reviewer’s comments.</p>
49	<p><b>Methods:</b> More details about what the tailoring involved would be useful. Is the STRESS keyword the only difference, or were other changes made? The manuscript states that SmokefreeSGM “includes encouragement and motivational messages that resonate with SGM groups.” What are some examples of these messages? If most participants did not use the STRESS keyword, were they still receiving a tailored intervention?</p>	<p>We thank the reviewer for this question and their recommendation. The addition of the STRESS keyword was not the only difference between the SmokefreeTXT and SmokefreeSGM text libraries. Encouraging and motivational messages were tailored to resonate with SGM smokers as was mentioned in Methods 2.1 (page 8):</p> <p><i>“While the SmokefreeSGM library includes some of the same text messages as SmokefreeTXT, others were tailored to resonate with SGM groups (see Table 1). Furthermore, text messages are sent by “Alex”, a fictitious SGM peer ex-smoker quit coach with a gender-neutral name.”</i></p> <p>Additionally, in response to comment #2, we have created Table 1 with examples of these text messages.</p>

No.	Comments	Responses from Authors
50	<p><b>Discussion:</b> The Discussion states that “when compared to other smoking cessation text-based interventions, SmokefreeSGM had a significant higher engagement.” How comparable are the engagement rates? Do all of the percentages include only complete cases? If not, the statement that engagement was higher in SmokefreeSGM than in other interventions may need to be softened.</p>	<p>We thank the reviewer for their recommendation. We have removed the comparison to the previously referenced studies as they include keyword responses in their engagement rates. We instead referenced a study with comparable engagement rates and softened the following statement. This question was also addressed in comment #46 and Discussion 4.1 (page 23-24) has been edited as follows:</p> <p><i>“SmokefreeSGM, like SmokefreeTXT, provides bidirectional text messages for participants to enhance their interaction with the program. However, the findings from our pilot test show higher engagement among participants with the tailored bidirectional text messages (54%), specific to SmokefreeSGM, than the non-tailored bidirectional text messages (41.9%), adapted from the original SmokefreeTXT program. This indicates that study participants are more engaged with SGM-specific content, which our research team originally hypothesized. This could positively impact the efficacy of the SmokefreeSGM program as it relates to smoking abstinence. This will be further explored during our feasibility trial in which engagement rates with SmokefreeSGM (intervention arm) will be directly compared to SmokefreeTXT (control arm) and smoking abstinence data will be collected at 1-, 3-, and 6-months follow-up among all study participants. Furthermore, a study comparing engagement of Black and White SmokefreeTXT users reported engagement rates ranging between 6% to 17% for Blacks and 8% to 25% for whites (21). Accordingly, when compared to SmokefreeTXT, our program reported higher engagement.”</i></p> <p>Citation:</p> <p>21. Robinson C, Wiseman K, Webb Hooper M, et</p>

No.	Comments	Responses from Authors
51	<p><b>Methods:</b> Please provide a citation for the definition of “heavy smokers” (bottom of page 10).</p>	<p>We thank the reviewer for bringing this to our attention. We have clarified our categorization of smokers and provided a citation in Methods 2.3.4 (page 13):</p> <p><i>“SGM individuals who smoked 10 or fewer cigarettes per day were categorized as “Light Smokers,” while those who smoked more than 10 cigarettes per day were categorized as “Heavy Smokers.” This categorization was based on the NicoDerm CQ patch program in which heavy smokers have a 10-week treatment course starting with 21mg patches and light smokers have an 8-week course starting with 14mg patches (14).”</i></p> <p>Citation:</p> <p>14. Nicotine (Transdermal Route) Proper Use - Mayo Clinic [Internet]. [cited 2023 Feb 9]. Available from: <a href="https://www.mayoclinic.org/drugs-supplements/nicotine-transdermal-route/proper-use/drg-20068808">https://www.mayoclinic.org/drugs-supplements/nicotine-transdermal-route/proper-use/drg-20068808</a></p>

No.	Comments	Responses from Authors
52	<p><b>Methods:</b> The following sentence was unclear to me: “An average engagement rate was computed by dividing the number of participant responses by the number of bidirectional and individual rates were grouped into high, moderate, and low engagements.” Should it say “by the number of bidirectional messages,” with the individual engagement coding rate in a different sentence? Is the number of bidirectional messages sent by the system (i.e., the number of messages to which participants could have responded) the denominator?</p>	<p>We thank the reviewer for bringing this to our attention. We have clarified this information in Methods 2.3.5 (page 13):</p> <p><i>“Participants’ engagement rates were ascertained at this time by dividing the total number of participant responses to the bidirectional messages (numerator) with the total number of bidirectional messages sent by the text-based platform (denominator).”</i></p> <p>In response to comment #2, we have also provided an explanation of bidirectional text messages in Methods 2.1 (page 8):</p> <p><i>“We utilized bidirectional or two-way text messages as a means of increasing user engagement in the program by tailoring the responses to the user and how they are currently feeling. Participants were asked to respond to a question from “Alex” from choices outlined in the message (e.g., Reply with: HARD, SO-SO, or EASY). Based on the answer received, “Alex” would respond with a personalized message (see Table 1).”</i></p>

No.	Comments	Responses from Authors
53	<p><b>Methods:</b> Please give some example items for the SUS scale. It is unclear how X and Y differ. Are they different subscales? Is one set of items reverse-coded and the other not reverse-coded? Is there a citation for the scoring?</p>	<p>We thank the reviewer for their recommendation. We clarified how the scores were calculated and included the questions asked to participants in Methods 2.3.5 (page 14-15):</p> <p><i>“Additionally, the 10-item System Usability Scale (SUS) scale was measured to assess the usability of the SmokefreeSGM text messaging program [Strongly Disagree (1) to Strongly Agree (5)] and thus determine where improvements were needed. The following questions were posed to participants:</i></p> <ol style="list-style-type: none"> <li><i>1. Do you think that you would like to use the SmokefreeSGM texts frequently?</i></li> <li><i>2. Did you find the text messages in the SmokefreeSGM program to be unnecessarily complex?</i></li> <li><i>3. Did you find the SmokefreeSGM program to be easy to use?</i></li> <li><i>4. Do you think that you would need the support of a technical person to be able to use the SmokefreeSGM program?</i></li> <li><i>5. Did you find that the bidirectional messages in the SmokefreeSGM program were well integrated?</i></li> <li><i>6. Did you think there was too much inconsistency in the SmokefreeSGM program?</i></li> <li><i>7. Would you imagine that most people would learn how to use the SmokefreeSGM program quickly?</i></li> <li><i>8. Did you find the SmokefreeSGM program cumbersome to use?</i></li> <li><i>9. Did you feel confident using the SmokefreeSGM program?</i></li> <li><i>10. Did you need to learn a lot of things before you could get started with the SmokefreeSGM program?</i></li> </ol> <p><i>We added the scores for all odd-numbered</i></p>

No.	Comments	Responses from Authors
54	<p>For the engagement, usability, and acceptability measures, it would be helpful to know how many participants completed the 1-month follow-up. The manuscript states that 9 participants did the follow-up interviews. Did more participants complete the quantitative survey?</p>	<p>Thank you for your comment. Nine participants completed the 1-month follow-up session, which includes the quantitative assessment as well as the qualitative individual interview. You can find the below information in Results 3 (page 17):</p> <p><i>“The recruitment rate for the study was 33.3% while the retention rate was 50%. Nine participants completed the 1-month assessment.”</i></p> <p>Furthermore, Figure 1 in the revised manuscript highlights our recruitment and retention.</p>
<b>From Reviewer D</b>		
55	<p><b>Overarching comment:</b> In this manuscript, the authors described the designing and pilot-testing of a text-based intervention tailored to SGM (Sexual and Gender Minority) smokers. They found that more than half of the smokers had moderate or active engagement in the program. They also found that their program was usable with over 80 points on the SUS (System Usability Scale) score. The authors also described some findings from their qualitative analysis. Overall, the manuscript was well written, and the research topic represented an important effort of developing smoking treatment for an underserved population. I have the following concerns:</p>	<p>We appreciate this thoughtful comment about our manuscript, and we will carefully address the reviewer’s comments.</p>

No.	Comments	Responses from Authors
56	In the Introduction (Page 7), please clarify what "on-demand help" is in the SmokefreeTXT program. Is it also used in the SmokefreeSGM program?	<p>We thank the reviewer for their recommendation. On-demand support refers to participants' use of keywords when in need of additional help to remain smokefree. The SmokefreeTXT program allows for the use of keywords CRAVE and MOOD, whereas the SmokefreeSGM program allows for the use of keywords STRESS, CRAVE, and MOOD. The following changes have been made in the manuscript:</p> <p><b>Introduction 1.1 (page 7):</b>  <i>"SmokefreeTXT is a text-based smoking cessation intervention developed by the National Cancer Institute (NCI) for the general population. The automated service provides evidence-based support, encouragement, and advice for quitting smoking over 8 weeks. It also offers on-demand support through the use of keywords (i.e., CRAVE, MOOD, SLIP) in which users can get additional messages outside of the main storyline when needed."</i></p> <p><b>Methods 2.1 (page 8):</b>  <i>"The original keywords from the SmokefreeTXT library were also kept for on-demand support, but a new keyword, STRESS, was added to the SmokefreeSGM library to prompt an additional set of text messages that address unique psychosocial stressors for SGM smokers. STRESS, CRAVE, and MOOD can be used by the participant if they need additional encouragement to remain smokefree."</i></p>

No.	Comments	Responses from Authors
57	<p>The authors need to better establish the rationale for adapting the SmokefreeTXT program to target the SGM group.</p> <ol style="list-style-type: none"> <li>a. What are the important findings of the SmokefreeTXT program in terms of helping people quit smoking?</li> <li>b. For another example, the authors mentioned that Smokefree TXT had been adapted for other subpopulations, but did not discuss any meaningful findings of these programs.</li> </ol>	<p>We appreciate the reviewer’s comment. SmokefreeTXT is an evidence-based intervention that utilizes bidirectional messages and on-demand support. It has already been tailored to subpopulations. We addressed this rationale in the Introduction (page 7):</p> <p><i>“SmokefreeTXT is a text-based smoking cessation intervention developed by the National Cancer Institute (NCI) for the general population. The automated service provides evidence-based support, encouragement, and advice for quitting smoking over 8 weeks. It also offers on-demand support through the use of keywords (i.e., CRAVE, MOOD, SLIP) in which users can get additional messages outside of the main storyline when needed. SmokefreeTXT has been successfully adapted by NCI for pregnant women, teens, and military veterans (8-10). As a result, it provides a solid foundation upon which an SGM-tailored version of the program could be developed.”</i></p> <p>Furthermore, the following information can also be found in the Introduction (page 6-7):</p> <p><i>“It has been suggested that SGM-tailored interventions could be more effective among this population because they can provide a validating environment that enhances responsiveness to cessation (5).”</i></p> <p><i>“The rapid growth of mobile phone ownership, especially among marginalized populations, has expanded access to behavioral change interventions (6). SGM individuals encounter additional barriers to smoking cessation interventions due to factors such as low health insurance rates and inadequate cultural competency in the health care system (7). Therefore, a text-based program that allows for</i></p>



No.	Comments	Responses from Authors
58	<p>In Page 8, the authors mentioned about the readability of these messages using a few scores, but it is unclear regarding the readability scores of the messages used in the SmokefreeSGM program.</p>	<p>We thank the reviewer for bringing this to our attention. This change was implemented in Methods 2.1 (page 9) and addressed in comment #14:</p> <p><i>“The readability of each SmokefreeSGM text message was calculated using the Flesch-Kincaid Grade Level and Dale-Chall scores. The Flesch-Kincaid Grade Level assesses the approximate U.S. reading grade level of text based on sentence length (avg. number of words in a sentence) and word length (avg. number of syllables in a word). The formula calculates a score that corresponds with a U.S. grade level (12). The Dale-Chall score assesses the readability of text based on a list of 3,000 words commonly understood by 4th graders in the U.S. (13). These measures helped us determine what if any changes needed to be made to ensure users’ comprehension of the text messages. When calculating the Flesch-Kincaid scores, the average score for the entire library was 4.2 (<math>\pm 2.32</math>), indicating that it could be easily understood by the average 4th grade student. The average Dale-Chall score for the entire library was 6.8 (<math>\pm 1.87</math>), indicating that it could be easily understood by the average 7th or 8th grade student (132). When developing the text library, the research team attempted to get the lowest Flesch-Kincaid and Dale-Chall score for each text message without undermining its content.”</i></p> <p>Citations:  12. Kincaid J. P., Fishburne R. P., Jr., Rogers R. L., Chissom B. S. Derivation of New Readability Formulas (Automated Readability Index, Fog Count and Flesch Reading Ease Formula) For Navy Enlisted Personnel. Research Branch Report. Institute for Simulation and Training; 1975.</p>

No.	Comments	Responses from Authors
59	Related to the design of the program, it would be better to show some text message examples of how the SmokefreeSGM was adapted from the SmokefreeTXT program.	We thank the reviewer for their recommendation. This change was implemented (see Table 2) and addressed in comment #2.
60	In Page 9, the authors said that follow-up messages were sent on days 72, 132, and 222 to assess smoking status. What is special about these days? The authors may want to briefly mention why these days were chosen. Besides, what was the reference day for these days?	<p>We thank the reviewer for posing this question. Days 72, 132, and 222 correspond with 1-, 3-, and 6-month post quit dates and coincide with the follow-up assessments for our feasibility trial. In order to avoid confusion among readers, the following information has been edited in Methods 2.2 (page 10) and was addressed in comment #3:</p> <p><i>“Additionally, a bidirectional message assessing smoking status was sent at 1-, 3-, and 6-months after participants’ quit date (e.g., “Are you smokefree or back to smoking? Reply with FREE or BACK”). However, for the purpose of this pilot test, only responses received during the 1-month assessment were used to assess smoking abstinence (exploratory outcome).”</i></p>
61	For inclusion criterion (3), please indicate the time window for the average consumption level, such as in the last 30 days (as an example) preceding the screen.	<p>We thank the reviewer for the recommendation. In addition to the verb tense for this section, we have made the following change to the inclusion criteria in Methods 2.3.2 (page 11):</p> <p><i>“(3) Currently (in the past 30 days) smoke every day and smoke five or more cigarettes per day”</i></p>

No.	Comments	Responses from Authors
62	Please specify what SOGI mobility stands for (Page 11).	<p>We thank the reviewer for their recommendation. SOGI is an acronym for sexual orientation and gender identity, so we added it in parentheses after its first use. Furthermore, this sentence was moved to the end of the following paragraph in Methods 2.3.5 (page 14) to better distinguish the baseline assessment from the 1-month assessment. This information was also addressed in comment #18:</p> <p><i>“At the 1-month assessment, sexual orientation and gender identity (SOGI) were reassessed to account for changes and tobacco use questions were posed again to determine participants’ current smoking status.”</i></p>
63	In Page 11, paragraph 2, it is confusing how participants' engagement was calculated. Please clarify.	<p>We thank the reviewer for their recommendation. This change was implemented and addressed in comment #11, #20, #24, #37, and #52. This information can be found in Methods 2.3.5 (page 13):</p> <p><i>“Participants’ engagement rates were ascertained at this time by dividing the total number of participant responses to the bidirectional messages (numerator) with the total number of bidirectional messages sent by the text-based platform (denominator).”</i></p>

No.	Comments	Responses from Authors
64	In Results 3.2, the authors mentioned using FTND to describe nicotine dependence severity. Please specify the cutoffs.	<p>We thank the reviewer for bringing this to our attention. We have included the following in Methods 2.3.6 (page 16):</p> <p><i>“Participants were categorized as having low, moderate, or high nicotine dependence based on their FTND scores: less than 4, between 4 and 6, and greater than 6, respectively.”</i></p> <p>Citation:</p> <p>16. de Meneses-Gaya I, Zuardi A, Loureiro S, et al. Psychometric properties of the Fagerström Test for Nicotine Dependence. <i>Jornal Brasileiro de Pneumologia</i> 2009;35(1):73–82. doi: 10.1590/S1806-37132009000100011</p>
65	In Results 3.3, please specify how "moderately or actively" was determined	<p>Thank you for bringing this to our attention. As addressed in comments #11, #20, #24 and #39, we edited the categorization for engagement in Methods 2.3.5 (page 13) to maintain the same language throughout the manuscript:</p> <p><i>“Participants who had rates <math>\leq 33.3\%</math> were classified as having low engagement, 33.3 – 66.6% moderate engagement and <math>\geq 66.7\%</math> high engagement.”</i></p> <p>The information in Results 3.3 (page 18) that you referenced has been edited to read:</p> <p><i>“About 55.6% of participants had high engagement, 16.7% moderate engagement, and 27.7% low engagement.”</i></p>

No.	Comments	Responses from Authors
66	<p>Please add citations to places where the readers may want to know the original sources. Please proofread the entire manuscript. Some examples are given below.</p> <ul style="list-style-type: none"> <li>a. Section 2.3.3, FTND</li> <li>b. Section 2.3.3, SOGI mobility</li> <li>c. Section 2.3.3 (the SUS paragraph), "A score above 75 indicates that the program is perceived as acceptable", citation?</li> <li>d. Section 4.1, "The SUS score ..., higher than the 75-percentile benchmark for high perceived usability", citation?</li> </ul>	<p>We thank the reviewer for their comment. The entire manuscript has been reviewed and all necessary citations have been added. The citations for the examples you have provided can be found below. However, as it relates to SOGI mobility, we have edited Methods 2.3.5 (page 13-14) as follows:</p> <p><i>“At the 1-month assessment, sexual orientation and gender identity (SOGI) were reassessed to account for changes and tobacco use questions were posed again to determine participants’ current smoking status.”</i></p> <p>Citations:</p> <ul style="list-style-type: none"> <li>a. de Meneses-Gaya I, Zuardi A, Loureiro S, et al. Psychometric properties of the Fagerström Test for Nicotine Dependence. <i>Jornal Brasileiro de Pneumologia</i> 2009;35(1):73–82. doi: 10.1590/S1806-37132009000100011</li> <li>b. No citation needed</li> <li>c. Hyzy M, Bond R, Mulvenna M, et al. System Usability Scale Benchmarking for Digital Health Apps: Meta-analysis. <i>JMIR Mhealth Uhealth</i> 2022;10(8). doi: 10.2196/37290</li> <li>d. Same as above</li> </ul>
67	<p>The high loss of follow-up should probably be mentioned in the Abstract as it's important information and (indirectly, to some extent) reflect the acceptability of the program.</p>	<p>We thank the reviewer for their comment. The retention rate was included in Abstract, Results, however, we have softened the Abstract Conclusion (page 4) to account for such:</p> <p><i>“Findings from the pilot test of SmokefreeSGM are not only encouraging in terms of engagement, usability and acceptability, but have also informed the refinement of the program prior to launching a feasibility trial.”</i></p>
<b>From Reviewer E</b>		

No.	Comments	Responses from Authors
68	<p><b>Overarching Comment:</b> This research study addresses the important public health problem of smoking cessation among sexual and gender minorities (SGM). Creating smoking cessation programs that reflect the experiences of SGM smokers is of utmost importance, and the authors have started the important work of adapting the SmokefreeTXT program for an SGM population. However, this manuscript needs to further elaborate on what particular aspects of the SmokefreeSGM platform improved it for SGM participants, and what implications that therefore has on smoking cessation.</p>	<p>We appreciate this thoughtful comment about our manuscript, and we will carefully address the reviewer’s concerns.</p>

No.	Comments	Responses from Authors
69	<p><b>Methods</b> – who created this new set of text messages from the STRESS keyword? Were they adapted from existing SmokefreeTXT ones? Or added into the existing text bank? And how did they address the unique psychosocial stressors for SGM smokers? An example of one of these texts, and what in particular about SGM it is addressing, would be helpful.</p>	<p>We thank the reviewer for posing this question. The STRESS keyword and corresponding text messages were not adapted from the SmokefreeTXT library, but instead created by our research team and added to the SmokefreeSGM library. We have edited the following information in Methods 2.1 (page 8) for clarification:</p> <p><i>“While the SmokefreeSGM library includes some of the same text messages as SmokefreeTXT, others were tailored to resonate with SGM groups (see Table 2). Furthermore, text messages are sent by “Alex”, a fictitious SGM peer ex-smoker quit coach with a gender-neutral name. The original keywords from the SmokefreeTXT library were also kept for on-demand support, but a new keyword, STRESS, was added to the SmokefreeSGM library to prompt an additional set of text messages that address unique psychosocial stressors for SGM smokers.”</i></p> <p>Example text messages can be found in Table 1 that show how we addressed the unique psychosocial stressors for SGM smokers.</p>

No.	Comments	Responses from Authors
70	Explaining how the SmokefreeTXT program does not address SGM smokers in more detail would help frame this study.	<p>While we appreciate the reviewer’s comment, we address the need for an SGM-specific program in the Introduction. SmokefreeTXT was developed for the general population, and therefore does not address the minority-specific stressors experienced by SGM individuals that result in an increased prevalence of smoking. We have added the following information in the Introduction (page 6) for clarification:</p> <p><i>“It has been suggested that SGM-tailored interventions could be more effective among this population because they can provide a validating environment that enhances responsiveness to cessation (5).”</i></p> <p>Citation:</p> <p>5. Berger I, Mooney-Somers J. Smoking Cessation Programs for Lesbian, Gay, Bisexual, Transgender, and Intersex People: A Content-Based Systematic Review. <i>Nicotine Tob Res</i> 2017;19(12):1408-1417. doi: 10.1093/ntr/ntw216</p>
71	In the methods the authors mention providing nicotine patches but then do not address it again. Was use of nicotine patches assessed in a separate study? The use of nicotine patches should be elaborated on, as that may change the participant’s ability to engage with the SmokefreeSGM platform and messaging.	<p>We appreciate the reviewer for bringing this to our attention. While this study and manuscript were focused on the design and pilot testing of the SmokefreeSGM, we have elaborated on the use of nicotine patches. The following was also addressed in comment #6:</p> <p><b>Methods 2.3.5 (page 15):</b>  <i>“Study participants were also asked about how often they used nicotine patches over the past week.”</i></p> <p><b>Results 3.2 (page 18):</b>  <i>“At the 1-month assessment, 85.7% of participants had used nicotine patches within the past week”</i></p>



No.	Comments	Responses from Authors
72	<p>The authors mention that there was follow up at day 72, 132, 222 on smoking, but then do not present the results from this follow-up. This should be addressed.</p>	<p>We thank the reviewer for their recommendation. We addressed this concern in comments #3, #7 and #60. Days 72, 132, and 222 correspond with 1-, 3-, and 6-month post quit dates and coincide with the follow-up assessments for our feasibility trial. In order to avoid confusion among readers, we have included the following information in Methods 2.2 (page 10):</p> <p><i>“Additionally, a bidirectional message assessing smoking status was sent at 1-, 3-, and 6-months after participants’ quit date (e.g., “Are you smokefree or back to smoking? Reply with FREE or BACK”). However, for the purpose of this pilot test, only responses received during the 1-month assessment were used to assess smoking abstinence (exploratory outcome).”</i></p>

No.	Comments	Responses from Authors
73	<p>Furthermore, there are no results given on actual smoking cessation. This is a major limitation of the current manuscript, as the usability of SmokefreeSGM is secondary to whether it actually helps participants decrease their smoking.</p>	<p>We appreciate the reviewer’s comment. However, this manuscript is for the pilot test of the SmokefreeSGM study. Our feasibility trial will assess smoking cessation as it involves a larger sample. However, our objective for this phase of the study was to develop the SmokefreeSGM library and to pilot test the design of the texting platform to inform the refinement of the program. This is outlined in the Introduction (page 7):</p> <p><i>“Therefore, the objective of this phase of our study was twofold: 1) To develop SmokefreeSGM, a tailored text-based smoking cessation program for SGM smokers, and 2) To pilot test the design of SmokefreeSGM among 18 SGM smokers through a mixed-methods approach that will inform the refinement of the text-based smoking cessation program prior to launching a feasibility trial with a larger sample.”</i></p> <p>Nevertheless, we have added the following to Results 3.2 (page 18) as an exploratory outcome.</p> <p><i>“While not a primary outcome of this pilot test, based on responses to the smokefree status text message sent to participants at 1-month post quit date (“Are you smokefree or back to smoking? Reply with FREE or BACK”), 9 of the 12 participants (75%) that responded reported that they were currently smokefree.”</i></p>

No.	Comments	Responses from Authors
74	The quantitative results section needs to be further fleshed out, as the numbers given are not interpretable.	<p>We appreciate your recommendation about the quantitative results. The following revisions have been made:</p> <p><b>Results 3.1 (page 17-18):</b>  <i>“The study sample's average age was 39 years (<math>\pm 12.16</math>). Seven participants were male, seven were female, and four were nonbinary, genderfluid, or genderqueer. Five participants self-identified as gay men or men who have sex with men (MSM), two as lesbian, gay women, or women who have sex with women (WSW), three as bisexual males, five as bisexual females, and three as other sexual orientations (i.e., queer). Two participants were transgender individuals, while the other sixteen were cisgender individuals. We did not observe any SOGI changes among participants at the 1-month assessment. In our study sample, half of the study participants (50.0%) were non-Hispanic white. Most of the participants (72.2%) worked full-time. About three-quarters (72.2%) had some college education or less. Except for one study participant, all were either single, separated, widowed, or divorced (94.4%). The majority of the study participants (83.3%) did not have children living in their households.”</i></p> <p><b>Results 3.2 (page 18):</b>  <i>“At baseline, the SGM participants smoked an average of 15 cigarettes per day. The average age at which they first smoked was 14.8 (<math>\pm 2.96</math>) years. Only two participants (11.1%) lived with other smokers. Eight participants (44.4%) had tried to quit smoking more than five times, nine participants (50.0%) had tried between one and five times, and only one (5.6%) participant had never attempted to quit smoking. Based on FTND scores obtained at baseline, 27.8% of participants had a high dependence on nicotine, 38.9% a moderate dependence, and 33.3% a low</i></p>

No.	Comments	Responses from Authors
75	<p>Page 13: Engagement rate is given, but it is hard to place that in context. Could it be further spelled out? I.e. the average engagement rate was 44.1% indicating that participants responded to slightly less than half of the bidirectional text messages sent (if that is in fact what it means).</p>	<p>We appreciate this comment, which has been addressed in the previous comment, and can be found in Results 3.3 (page 18):</p> <p><i>“The average engagement rate was 63.8%, indicating that participants responded to about two-thirds of all bidirectional text messages sent to them. About 55.6% of participants had high engagement, 16.7% moderate engagement, and 27.7% low engagement.”</i></p>
76	<p>What would moderate vs. low engagement with the program look like? Someone responding to &gt; 75% of text messages vs. someone responding to only 10%? The numbers are hard to interpret otherwise.</p>	<p>We thank the reviewer for posing this question. We have addressed this change in comment #11, #24, #25, #39 and #65. However, this information can also be found below:</p> <p><b>Methods 2.3.5 (page 13):</b>  <i>“Participants who had rates ≤ 33.3% were classified as having low engagement, 33.3 – 66.6% moderate engagement and ≥ 66.7% high engagement.”</i></p> <p><b>Results 3.3 (page 18):</b>  <i>“About 55.6% of participants had high engagement, 16.7% moderate engagement, and 27.7% low engagement.”</i></p>

No.	Comments	Responses from Authors
77	<p>Why did only nine participants contribute to the qualitative interviews? This should be addressed. Did only nine participants complete the whole study? In discussion the 50% LTFU is mentioned, but it should be first introduced into the results.</p>	<p>We appreciate your comment. We have included Figure 1 to show the recruitment and retention rates for the study. Additionally, we have added the following information to the manuscript for clarification:</p> <p><b>Methods 2.3.6 (page 16):</b>  <i>“The recruitment rate was calculated by dividing the number of participants who were enrolled into the study by the number of participants who contacted reached out to the research team. The retention rate was calculated by dividing the number of participants who completed the 1-month assessment with the number of participants enrolled into the study.”</i></p> <p><b>Results (page 17):</b>  <i>“The recruitment rate for the study was 33.3%, while the retention rate was 50%. Nine participants completed the 1-month follow-up session, which involves a quantitative assessment and a qualitative individual interview.”</i></p>

No.	Comments	Responses from Authors
78	The qualitative results do not highlight what in particular about SmokefreeSGM makes it more engaging for SGM individuals.	<p>We appreciate the reviewer’s recommendation. Our interview questions (found in Methods 2.3.5) did not focus on the content of text messages because the objective of our pilot test was to determine the usability and acceptability of the SmokefreeSGM program as well as participants’ engagement with it. However, some participants shared their thoughts about the SGM-specific content in their responses to other questions. We have added an additional quote to Results 3.4.3 (page 21) to highlight such. Both can be found below:</p> <p><i>“[The program] was consistently asking how I was feeling, or it would give me inspiration, specifically geared toward smoking. You know, information about how LGBT [individuals are] affected by [smoking] more and stuff like that, so I think it ... kept [me] on course.”</i> - Gay male, 35, White, heavy smoker</p> <p><i>“I also enjoyed the couple of facts, you know? The stuff like ‘your night vision gets better’ and then the unfortunate facts about how [SGM] have it worse off, pretty much, in the smoking world.”</i> - Bisexual female, 29, White, light smoker</p>

No.	Comments	Responses from Authors
79	<p>I would separate out the SGM specific qualitative theme (theme 3) into what particular SGM content resonated. I.e. was there in anything in particular “Alex” messaged about the SGM experience that resonated? At the moment there is only one given quotation that mentions anything SGM-specific.</p>	<p>We appreciate the recommendation, which was addressed in the previous comment. Our interview questions were not geared towards the content of the text messages. However, we included quotes in Results 3.4.3 (page 21) related to SGM-specific content that were shared by participants when responding to other questions:</p> <p><i>“[The program] was consistently asking how I was feeling, or it would give me inspiration, specifically geared toward smoking. You know, information about how LGBT [individuals are] affected by [smoking] more and stuff like that, so I think it ... kept [me] on course.”</i> - Gay male, 35, White, heavy smoker</p> <p><i>“I also enjoyed the couple of facts, you know? The stuff like ‘your night vision gets better’ and then the unfortunate facts about how [SGM] have it worse off, pretty much, in the smoking world.”</i> - Bisexual female, 29, White, light smoker</p>
80	<p>quote p. 15 about being hard for someone's mother to use is not relevant since the research study was about the participant's personal experience. I would not include as it takes away from the results.</p>	<p>We thank the reviewer for this comment and agree with their suggestion. We have replaced the note as noted in comment #45. We included the following quote in Results 3.4.4 (page 22) because it discusses potential drawbacks of the program related to the participant's personal experience:</p> <p><i>“There is a segment of the population that does not text at all... I just turned 59 and most of my friends are older than I am...because they're not used to a smartphone or just the technology would not hit everyone,”</i> - Gay male, 58, Hispanic, heavy smoker”</p>

No.	Comments	Responses from Authors
81	<p>p. 20 “It is possible that there was higher engagement due to a glitch uncovered by the text platform managing team. On a few occasions, multiple bidirectional texts were received at the same time, meaning participants could only respond to the last one sent. This could imply that the engagement rate could be higher than the one reported by the individuals participating in our study.” This seems like an important error to note. Were duplicates of the same message sent? Or different types of messages? If the latter, I would agree the engagement rate might be higher, but the former I would not.</p>	<p>We appreciate the reviewer’s comment. This information has been deleted from the revised manuscript. In preparation for the feasibility trial, our research team spoke with the vendor managing the text-messaging software and reviewed the text histories of participants in the pilot test. In doing so, it was revealed that no “glitch” occurred and our engagement rates were not affected.</p>
82	<p>please re-define acronyms originally defined in abstract in main text. I.e. system usability score (SUS) only defined in abstract</p>	<p>We thank the reviewer for bringing this to our attention. We have ensured that all acronyms have been defined upon first usage in the main text. As it concerns the system usability score acronym, the following sentence has been changed in Methods 2.3.5 (page 14):</p> <p><i>“Additionally, the 10-item System Usability Scale (SUS) scale was measured to assess the usability of the SmokefreeSGM text messaging program [Strongly Disagree (1) to Strongly Agree (5)] and thus determine where improvements were needed.”</i></p>



No.	Comments	Responses from Authors
83	<p>Page 18: It doesn't make sense to compare this study to the one among homeless smokers who are going to be facing substantially different challenges in engaging with a mobile text-based platform. I would instead show comparison to engagement in the adaptations for pregnant women or teens.</p>	<p>We thank the reviewer for bringing this to our attention. As we addressed in comment #46 and #50, we have removed the reference to this study because the engagement rates were not comparable. While we cannot confirm the homeless status of our study participants, it is important to note that data collected from the Generations Study and the U.S. Transgender Population Health Survey found that sexual minority adults are twice as likely than the general population to have experienced homelessness in their lifetime. This information can be found at: <a href="https://williamsinstitute.law.ucla.edu/publications/lgbt-homelessness-us/">https://williamsinstitute.law.ucla.edu/publications/lgbt-homelessness-us/</a></p> <p>This part of Discussion 4.1 (page 23-24) now reads:</p> <p><i>“SmokefreeSGM, like SmokefreeTXT, provides bidirectional text messages for participants to enhance their interaction with the program. However, the findings from our pilot test show higher engagement among participants with the tailored bidirectional text messages (54%), specific to SmokefreeSGM, than the non-tailored bidirectional text messages (41.9%), adapted from the original SmokefreeTXT program. This indicates that study participants are more engaged with SGM-specific content, which our research team originally hypothesized. This could positively impact the efficacy of the SmokefreeSGM program as it relates to smoking abstinence. This will be further explored during our feasibility trial in which engagement rates with SmokefreeSGM (intervention arm) will be directly compared to SmokefreeTXT (control arm) and smoking abstinence data will be collected at 1-, 3-, and 6-months follow-up among all study participants. Furthermore, a study comparing engagement of Black and White SmokefreeTXT users reported engagement rates ranging</i></p>

No.	Comments	Responses from Authors
84	Adding in line-numbers would be helpful for review if the journal would allow this.	We thank the reviewer for their recommendation. We were unable to provide line numbers, however, every comment references the section/ subsection and page number where the change was implemented.
<b>Editorial Comments</b>		
	Please follow the “Author Instructions” ( <a href="https://mhealth.amegroups.com/pages/view/guidelines-for-authors">https://mhealth.amegroups.com/pages/view/guidelines-for-authors</a> ) and revise your paper if needed. Here are some additional points:	Thank you for the opportunity to resubmit our manuscript. We believe our paper has been substantively improved through the peer review process. We will follow the journal instructions for this resubmission.
85	Please indicate if any of the authors is serving as a current Editorial Team member (such as Editors-in-Chief, Editorial Board Member, Section Editor) for this journal. State “None” in the reply if it’s otherwise.	Dr. Irene Tami-Maury, senior author in this manuscript, is serving as a current Editorial Team member of the mHealth Journal.
86	Please confirm that all figures/tables/ videos in this manuscript are original; if not, permission is needed from the copyright holder for the reproduction.	The authors confirm that the tables and figure in this manuscript are original.
<b>AUTHORS INITIATED EDITS</b>		

No.	Comments	Responses from Authors
88	<p>We realized a computational error in the denominator for the calculation of the participant’s engagement. In the 6 weeks of enrollment, each participant received 28-31 bidirectional text messages (different from 35 used in the previous submission)</p>	<p>The following changes were made to the manuscript to effect these changes;</p> <p><b>Abstract, Results (page 4):</b>  <i>“The average engagement rate for bidirectional text messages was 63.8%.”</i></p> <p><b>Methods, Section 2.3.5 (page 13):</b>  <i>“Depending on the participants’ response and keyword use, 28-31 bidirectional text messages were sent to each enrolled participant.”</i></p> <p><b>Results 3.3 (page 18-19):</b>  <i>“The average engagement rate was 63.8%, indicating that participants responded to about two-thirds of all bidirectional text messages sent to them. About 55.6% of participants had high engagement, 16.7% moderate engagement, and 27.7% low engagement.”</i></p>

No.	Comments	Responses from Authors
89	<p>The authors computed the response rate for each of the bidirectional text messages (both non-tailored and tailored text messages), which will enhance the relevance of our findings.</p>	<p>This new analysis led to the following changes in the manuscript:</p> <p><b>Abstract, Results (page 4):</b>  <i>“However, the response rate to the tailored text messages (54%) was higher than the non-tailored text messages (41.9%)”</i></p> <p><b>Methods, Section 2.3.6 (page 16):</b>  <i>“In addition to computing participants’ engagement rates (proportion of bidirectional text messages responded to), the rate of response for each bidirectional text message was computed by dividing the number of participants that responded to a particular bidirectional text message (numerator) with the total number of participants (denominator). We subsequently calculated the average response rate for the tailored bidirectional text messages that address unique psychosocial stressors for SGM smokers and the non-tailored bidirectional text messages.”</i></p> <p><b>Results 3.3 (page 18-19):</b>  <i>“The average response to the tailored bidirectional text messages that address unique psychosocial stressors for SGM smokers was 54.0% while the rate for the non-tailored bidirectional text messages from SmokefreeTXT was 41.9% (see Table 3).”</i></p> <p>We also included Table 3 to show detailed information about the response rates for each text message.</p>

No.	Comments	Responses from Authors
90.	Information about engagement with tailored vs. non-tailored text messages.	<p>The following information was added to Discussion 4.1 (page 23) as it relates to the previous author-initiated comment:</p> <p><i>“SmokefreeSGM, like SmokefreeTXT, provides bidirectional text messages for participants to enhance their interaction with the program. However, the findings from our pilot test show higher engagement among participants with the tailored bidirectional text messages (54%), specific to SmokefreeSGM, than the non-tailored bidirectional text messages (41.9%), pulled from the original SmokefreeTXT program. This indicates that study participants are more engaged with SGM-specific content, which our research team originally hypothesized. This could positively impact the efficacy of the SmokefreeSGM program as it relates to smoking abstinence. This will be further explored during our feasibility trial in which engagement rates with SmokefreeSGM (intervention arm) will be directly compared to SmokefreeTXT (control arm) and smoking abstinence data will be collected at 1-, 3-, and 6-months follow-up among all study participants.”</i></p>

No.	Comments	Responses from Authors
91.	Additional information about the refinement of the text messaging program and study procedures.	<p>The following information was added to Discussion 4.1 (page 24-25):</p> <p><i>“As it relates to the content of the SmokefreeSGM tailored text messages, a majority of participants found it acceptable, and no suggestions were made concerning its cultural competency. Therefore, few if any revisions will be required for subsequent iterations of the program. However, a number of suggestions were made about the timing of text messages received throughout the day (7am, 12pm, 7pm). Some participants claimed that the timing was ideal, while others suggested that having the ability to customize when they received text messages would be beneficial, which is similar to findings from the MiQuit text-based smoking cessation program for pregnant smokers (23). While it is unlikely that we will be able to implement this change for our feasibility trial, it will be important for future iterations of the program and related research efforts.</i></p> <p><i>Another change we intend to implement for the feasibility trial is expanding the eligibility criteria to allow dual users (individuals who smoke cigarettes and use electronic cigarettes), to participate in the study. It is estimated that approximately 40% of electronic cigarette users are also cigarette smokers (23). During our initial screenings, many individuals were deemed ineligible to participate for this reason. Implementing this change will allow us to expand our study to a larger population, while at the same time assess the impact of SmokefreeSGM on dual users.”</i></p>