Title: Complementary and Alternative Medicine use in oncology: A questionnaire survey of patients and health care professionals

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Author's response to reviews: see over
Re: Complementary and Alternative Medicine use in oncology: a questionnaire survey of patients and health care professionals

Dear Dr. Steinmann,

Thank you for your comments and invitation to submit a revised manuscript. We have endeavoured to respond to the reviewers’ questions and concerns comprehensively and hope that they have been sufficiently addressed. We wish to submit a revision of our manuscript for publication in BMC Cancer. We would like to thank the reviewers and editorial team for their time and consideration in reviewing our manuscript and we hope the revisions will be satisfactory.

Our responses to the Reviewers’ comments are detailed below:

Reviewer 1:
Comment 1: The paper was well written. The only comment is on the HADS which may not be appropriate for outpatients.
Response 1: Even though the questionnaire is termed the ‘Hospital’ Anxiety and Depression Score, HADS has been widely used in the settings of outpatient clinic and community-based practice in multiple studies.\(^1\,^2\)

Reviewer 2:
Comment 1: The use of English needs to be improved. There are errors throughout the manuscript.
Response 1: We have carefully proof read the manuscript and corrected grammatical errors.

Comment 2: The use of many acronyms is distracting and unnecessary. While CAM is a well-known acronym, others that are used in this paper such as CP and NCV are not particularly helpful.
Response 2: Abbreviations CP, NCV and HCP are no longer used.

Comment 3: The setting for the survey (cross sectional survey conducted in a single hospital in Ireland) should be made clear in the abstract.
Response 3: Amended as requested.

Comment 4: The ‘background’ section offers a somewhat sparse review of the existing literature which could be improved to better situate the present study, to justify the aims, and to more clearly delineate the specific contribution to knowledge that this study was intended to make.

Response 4: The background has been amended to include more comprehensive review of the relevant literature. The aims of this study have been more clearly delineated.

Comment 5: The review of previous literature on HCPs’ views of CAM use for cancer is cursory and references no specific studies (“Few studies have been reported to date assessing the attitudes and perception…” – background paragraph 2). There are multiple studies published in well-known journals on oncologists’ and other health care professionals’ attitudes towards CAM in relation to oncology. It is not clear why they have not been reviewed in this introduction. For example: Hyodo et al 2003 Cancer Volume 97 Issue 11, Pages 2861 – 2868; Risberg et al 2004 European Journal of Cancer, Volume 40, Issue 4, Pages 529-535; Richardson et al 2004 Supportive Care in Cancer, 12, 797-804.

Response 5: See response to Comment 4. These studies are now cited and discussed in the background.

Comment 6: There is no clear justification for the broad focus on three distinct populations, none of which are particularly well defined: cancer patients (including a wide range of different diagnoses, and yet there are known differences in CAM use across diagnostic groups), ‘non-cancer volunteers’ (a disparate mix of visitors and other patients at a single hospital), and health care professionals (it is not clear if these people all work with cancer patients or not).

Response 6: This study was intended to investigate CAM use in three distinct populations based on several reasons. Firstly, data on CAM use in Ireland is limited. Fox et al reported the prevalence of CAM use in the general population using registry-based information, which inherently lacks detailed clinical information common to all registry-based studies. Amin et al reported the use of CAM in a selected group of patients with head and neck cancer. In order to establish the overall prevalence of CAM use amongst all oncology patients, we surveyed all comers with history of various cancers, using non-cancer volunteers as comparison. With the socio-demographic and clinical data obtained from this survey, analysis was then performed to identify predictors of CAM use. Secondly, hospital-based health care workers are routinely in contact with not only cancer patients, but also non-cancer patients and visitors who may be CAM users. The information obtained from this cohort is therefore clinically relevant. As had been alluded to in the discussion, the prevalence rate of CAM use in this study may not be truly reflective of the entire ‘general’ population as participants are accrued from the hospital setting. However, the prevalence rate reported here is in keeping with previous large scale population surveys. Thirdly, Risberg et al previously reported attitudes of oncology professionals toward CAM use. However, limited groups of oncology professionals were included in this study (oncologists, nurses, clerks and interventional radiographers). We endeavoured to explore the views of all health care professionals involved in the multidisciplinary care of cancer patients in the modern era of oncology practice. All health care professionals in this study are involved in the care of cancer patients, which is now clarified in the ‘Results’ section.

Comment 7: The questionnaire used to assess CAM use appears to be based on a tool that has been developed and validated in a completely different population and language. The questionnaire repeatedly refers to ‘alternative medicine’ which may be interpreted in very different ways by different people. The questionnaire does not ask

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people to report their use of alternative medicine within a specific time period or specifically in relation to cancer. Overall, the validity of the questionnaire tool appears questionable.

Response 7: The questionnaire was used in a previous large scale population survey in Japan. However, it had been adapted with appropriate changes made to suit local use. The questionnaire was distributed to all thirty-six consultants for review before the study. Feedback and suggested modifications were made accordingly. A small pilot study involving ten patients in the symptomatic breast clinic was carried out prior to the commencement of the study to ensure the feasibility of the questionnaire. The term ‘alternative medicine’ was used in the questionnaire to avoid cumbersome terminology (complementary and alternative medicine) or confusing abbreviations (CAM) throughout the questionnaire. The meaning of ‘alternative medicine’ was explained to all participants either verbally or in written format via an information leaflet and a poster in the waiting rooms of outpatient clinics, oncology day ward and radiotherapy department. The authors acknowledge that the questionnaire did not address CAM use within a specific time period or specifically in relation to cancer. This is now discussed as one of the limitations of this study.

Comment 8: The discussion needs to consider the limitations of this study.
Response 8: Limitations of this study are now alluded to in the discussion.

We would like to thank the reviewers and editorial team for their time and consideration in reviewing our manuscript and we hope the revisions will be satisfactory. We trust that our revised manuscript has been rewritten in accordance the journal’s instructions. All authors have seen and approved the revised manuscript. Should there be any further concerns which we can address please do not hesitate to contact us. We look forward to hearing your response.

Yours Sincerely

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