Reviewer's report

Title: Trends in Complementary/Alternative Medicine Use by Breast Cancer Survivors: Comparing Survey Data from 1998 and 2005

Version: Date: 22 November 2006

Reviewer: Lynda Balneaves

Reviewer's report:

General

This is a well written and concise manuscript that offers timely insights into trends in complementary and alternative medicine (CAM) use in a Canadian breast cancer population. Beyond Eisenberg's classic study in 1999, few population-based studies have examined shifts in CAM use over time. This is one of the first known study to consider trends in CAM utilization within cancer populations and offers important insights into the increasing prevalence of CAM use and the mainstreaming of CAM among people living with cancer. These insights provide direction for cancer care management.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

- The authors indicate on p. 6 that women in the 2005 cohort were surveyed closer to their date of diagnosis compared to the 1998 group. This difference, however, is not discussed as potentially influencing the increased prevalence of CAM use in the 2005 group. As the 2005 group were close to 2 years from diagnosis and the 1995 group was close to 3 years from diagnosis, might not the former group be more active in using CAM because of lingering side effects of conventional cancer treatments, such as fatigue? In keeping with this line of thought, the significantly higher rate of adjuvant treatment in the 2005 cohort may have also influenced CAM utilization rates as women used these therapies to cope with the physical and emotional side effects of chemotherapy and radiation. Some discussion of the hypothetical impact of these statistically significant differences in the samples' disease characteristics is required.

- Conclusion - With an overwhelming majority of breast cancer patients using CAM, clinicians need to move beyond the assessment of CAM use and instead assume all patients are using or exploring the possibility of using CAM therapies and require information about what is currently known and not known about the safety and efficacy of CAM. The high prevalence rates support the authors in making a statement that supports the development of standardized patient education on CAM within breast cancer care. Otherwise, clinicians are simply documenting CAM use without any form of follow-up or education about how to be a safe consumer of CAM within the context of limited evidence.

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

- page 2; spelling error in Results paragraph (57.4Foof respondents)
- page 5; second paragraph, please correct "p value" to "p-value"
- page 6; spelling error in first paragraph "Beast Cancer"
- page 7; indent paragraph under "Characteristics of CAM users versus non-users"
- page 7; last sentence, comma needed "In 2005, 81.9 percent of respondents..."

- Please clarify what question was asked of the 2005 cohort regarding the reason they used CAM. The methods on p. 4 refer to "...used the therapies for her breast cancer" but the findings on p. 6 refer to using CAM for the purposes of "treating their breast cancer". The latter terminology implies the use of CAM for curative purposes whereas the former may refer to CAM use for the amelioration of the side effects of cancer treatment.
Discretionary Revisions (which the author can choose to ignore)

- The authors may wish to consider including our article (Balneaves, Bottorff, Hislop and Herbert, 2006), which was recently published in the Journal of Alternative and Complementary Medicine. In this article, we publish data on the prevalence of CAM use within a random sample of 334 women with breast cancer living in British Columbia. The findings support the high prevalence of CAM use in breast cancer populations in Canada identified within this study.

- There has begun to be some discussion within the field of CAM about the use of the term "users" in referring to individuals who report CAM use. As this term is now closely associated with the addiction research and illegal drug use, perhaps "consumers" would be a more neutral term.

- The authors suggest on page 10 that women lost to follow-up because of lack of physician permission are no different from the women surveyed. However, previous research has indicated some skepticism and concern on the part of GPs and oncologists with regards to CAM therapies in the context of cancer. Would it not be plausible that those physicians who are concerned about CAM and reluctant to have their patients participate in a CAM survey may have also shared their concerns with patients, which in turn may influence the uptake of CAM therapies?

**What next?:** Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No

**Declaration of competing interests:**

I declare that I have no competing interests.