Reviewer's report

Title: The use of economic evaluation in CAM: an introductory framework.

Version: 1 Date: 11 June 2010

Reviewer: Jean Spinks

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- Major Compulsory Revisions

1. This paper may be better appreciated as a book chapter, rather than a research paper. However, as it stands, I would imagine that a reader new to the concepts of Health Economics or Economic Evaluation runs the risk of being confused by some sections of the paper as the explanations provided are perhaps insufficient.

2. Outcomes: there is insufficient discussion on the measurement of outcomes. The main example provided is that of a QALY: “CUA is similar, except it incorporates a broader measure of health benefit by using utility, so outcomes are valued rather than simply counted, for example the use of quality adjusted life years (QALYSs).” For a reader who is not familiar with either the concept of utility, or the relationship between utility measurement and a QALY, I would suggest that this explanation is insufficient and potentially confusing.

3. Costs: similar to the discussion of outcomes, in my opinion there is insufficient discussion of the measurement of costs. It leaves the reader with the question: “How were these costs calculated?” “What was included?”

4. Transition state probabilities: similar arguments as for points 1 and 2 above.

5. Although decision analysis and markov modelling provides an opportunity to incorporate evidence from a number of sources, I feel there is insufficient emphasis on the concept of the RCT as a “gold standard” and the fact that economic evaluation is always limited by the strength of clinical evidence that underpins it. Ideally, outcome data such as a utility measurement is undertaken alongside the clinical trial.

6. Discussion of thresholds: The comment that “Renal dialysis is a common benchmark, with a cost of around $40,000 per life year gained” should be referenced. In reality, there is no explicit benchmark or threshold for the listing of pharmaceuticals under the Pharmaceutical Benefits Scheme in Australia. Further, “...recent research provides support for a scientifically based threshold range based on WTP” is a little misleading. In fact this article is proposing an alternative estimate of calculating a threshold, however this is not a method currently considered by policy makers.

7. Overall, as suggested in point 1, I would suggest that the authors are trying to tackle a complex area in a confined word limit. After all, the concepts covered in this paper provide sufficient material for a number of excellent text books.
(including Drummond et al as referenced by the authors). Perhaps it would be better to focus on a few main points, or a particular slant, rather than trying to summarise a whole subject area in one paper? Or perhaps a series of papers is warranted?

- Minor Essential Revisions
NA

- Discretionary Revisions
NA

I have a great deal of sympathy with the authors of this manuscript for their attempt to educate (presumably) CAM practitioners and interested others in the basics of economic evaluation. It is difficult to encourage this type of research when there is still a strong resistance to the idea of measuring the clinical efficiency of CAM by some practitioners and connotations to the inclusion of CAM in the conventional medicine paradigm.

However, the current version of the manuscript may promote uncertainly and misunderstanding of the concepts of economic evaluation. I would encourage the authors to reconsider their approach and focus on fewer, more digestible concepts and referring the interested reader to more comprehensive texts (such as Drummond). Alternatively, a series of papers, each building on the one before, may be more appropriate.

I encourage the authors in their choice of topic and the importance of economic evaluation to the future of incorporating CAM more broadly into society.

**Level of interest:** An article of limited interest

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests.