Reviewer's report

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

Version: 3 Date: 2 August 2010

Reviewer: Jean Spinks

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Reviewers report (2)

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Re: 'The use of economic evaluation in CAM: an introductory framework.'
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BMC Complementary and Alternative Medicine

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- Major Compulsory Revisions

1. Outcomes: The discussion of QALYs is, in my opinion, still too vague. A sentence that starts with “A QALY is.....” and that mentions the numerical range of the utility value, as well as the fact that this number is multiplied by the time spent in a particular “health state” might be preferable. The first mention we have is “a QALY is calculated by...” however this explanation is insufficient. Perhaps an example might help to clarify such an explanation?

2. Transition state probabilities: At the bottom of page 6 of the revised manuscript appears the first mention of “probabilities”. No explanation is offered as to what this is or that it is the same thing as a “transition probability” (mentioned later on page 7), or where they come from. The numbers that appear then on the top of page 7 are then entirely meaningless for an uninitiated reader (who hasn’t read the suggested texts). I think it is worth mentioning (a) what a transition probability is; and (b) that the transition probabilities are identified from clinical trials or other data, and that the validity of the choice of a particular transition probability may have a large impact on the final result (and are therefore tested in the sensitivity analysis).

3. Costs: The authors claim to have included more information on page 5 with regard to costs. However, I do not agree that this addition addresses the issue of the costs that first appear on the top of page 7. Like the transition probabilities, without introduction and explanation, these costs are meaningless. Again; (a) provide a discussion on what costs are included in the example; and (b) make a statement about where the data for these costs may come from (potential
4. I agree with one of the other reviewers comments that it may greatly enhance the “acceptability” of the paper to CAM practitioners if the example provided is clearly identifiable as a CAM example. It seems to be a weak argument to say that “decision analysis is the way forward for CAM” but then say it is almost impossible to identify a suitable example of how it may be used by practitioners. By thoroughly working through a specific example and explaining where the information for each step of the example comes from, points 1-3 above may be resolved.

- Minor Essential Revisions

1. On page 4 of the revised manuscript there is a confusing set of sentences, starting at:

“.....CAM could be cost-effective in a complementary role given that these medicines do not necessarily increase costs and can improve clinical outcomes.”

If something is complementary, it necessarily DOES increase overall cost (as two therapies are now being used instead of one), however its additional cost may, when balanced against potential cost offsets and positive clinical outcomes, may be considered cost-effective. This is not the same thing as saying that “costs do not increase”. There is no difference with conventional medicine in this instance. “CAM as a complement has the potential to reduce the volume of expensive conventional medicine used....” is true (although I would suggest that this is a hypothetical statement and that there is no evidence to support this statement) however the counterfactual may also be true where CAM, if included for subsidy by insurers, may simply be an additional cost (with or without a corresponding health benefit). We don’t know yet which is true and the situation will likely differ for different CAM treatments.

- Discretionary Revisions

NA

Assessment

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Based on my assessment of the validity of the manuscript, I would advise:

- Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions. I do not feel that the major revisions identified in the previous review have been sufficiently addressed at this stage.

Level of interest

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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 uncertainty 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 I have no competing interests.