Reviewer's report

Title: Utilization Pattern of Traditional Chinese Medicine for Liver Cancer Patients in Taiwan

Version: 1 Date: 10 October 2011

Reviewer: Vincent Chung

Reviewer's report:

Major Compulsory Revisions:

Introduction:
# First paragraph: The authors cited international figures on the epidemiology of liver cancer but the reference were related to Taiwan only. Additional reference to the cited figures should be added.
# Second paragraph: The authors cited several references on why patients choose CAM. However, the populations described in these papers are US residents which the majority is not Chinese. Authors should rewrite this part with studies directly linked to TCM use amongst Chinese cancer patients. For example:
# Third paragraph: A brief description on how TCM is being covered would be helpful for readers who are not familiar with the Taiwanese reimbursement system – e.g. how much of the consultation fee / herbal fee is being covered in relation to western medicine – this will provide readers with a wider contextual knowledge for understanding how TCM is used in a pluralistic health system.
# In addition, current clinical evidence on TCM (particularly herbs) on liver cancer should be mentioned as this will be a critical point of departure for policy discussion. For example:
# Integrative Cancer Therapies. 4(3):219-29, 2005 Sep.
# Fourth paragraph: I hold strong reservation on the authors’ claim on “…the utilization of TCM, most of them have been based on small sample size…acupuncture only”. Please refer to the following before making these
judgments:

# BMC Health Services Research. 9:207, 2009.

Purpose of the study:
This is not well defined. Authors highlighted that utilization of TCM in other conditions but not liver cancer, and aimed to “present a complete picture of the utilization of TCM by liver cancer patients”. However this is insufficient for building a case for the study. What policy question do the authors want to answer from this analysis? How will it inform TCM provision to these patients in relation to western care? How will this impact NHI coverage decision?

Method
While the NHI database should be a representative sampling source for utilization, its risk of error (e.g. disease coding, drug coding) should also be mentioned as a limitation of the study. See Journal of Clinical Epidemiology Volume 64, Issue 10, October 2011, Pages 1054-1059

Method of statistical analysis is not provided.

Results
Abundant figures were reported but a lack of clear purpose of the study limit readers’ contextual understand on why these figures are important. If the population characteristics of TCM users were to be described, multivariate data analysis should be performed. Proper trend analysis should be done to the authors want to describe changes from 1669-07.

Discussion and conclusions
The discussion section will need a rewrite following the authors’ clarification on this papers’ goal.

The claim that “cancer patients need rare and expensive Chinese herbal medicine” is unjustified. This should be clarified with current evidence find in existing literature

Minor essential revision:
Abbreviations for some terms are missing; e.g. NHI
Keys for abbreviation in all tables are missing: e.g. TCM / WM. In fact "allopathic medicine" is a better term as western medicine also encompass CAM like homeopathy.

Typos appear in table 1: e.g. Fishermen? Occupational???

Level of interest: An article whose findings are important to those with closely related research interests
Quality of written English: Needs some language corrections before being published

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests:
I declare that I have no competing interests