Reviewer’s report

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

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Reviewer: Vincent Chung

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Major compulsory revisions:

Introduction:

Overall comments:

The content of the introduction part has greatly improved by the authors’ professional input. However, it could be better organized by (1) giving sub-title each paragraph; and (2) clarifying issues as listed in the following:

Second paragraph:

The authors discussed TCM together in CAM usage which I believe to be inappropriate from both cultural and policy perspectives. CAM is a term that denotes a wide range of non-allopathic therapies while TCM is a very specific type of CAM with its own theories and systems. The context of how CAM gained popularity in the West, and how it mainstreamed within health systems outside the Chinese speaking world is complete different from how TCM has evolved within Chinese health system in the past few thousand years. For instance, TCM is well covered in the Taiwanese social insurance system but in the West funding of CAM service via private or social insurance is not widespread. I believe that the second paragraph can be improved by separating discussion on CAM and TCM, and possibly highlight how Chinese and western populations differ in their choice of TCM as well CAM. This will help the readers to interpret findings better under a culturally specific lens.

Third paragraph

The use of the term “western medicine” is not specific enough as it also includes non-conventional western medicine like homeopathy. I recommend the use of the term “biomedicine” is a more specific term that denotes only allopathic medicine.

The authors mentioned that “fee for consultation and diagnosis” for WM and TCM were US 9.88 and US 8.95 respectively. Is that what the patients have to pay at the point of care then get reimbursed later? Same confusion exists for herbal fee. Please clarify as this will aid interpretation of table 4.
Fourth paragraph
Commonly used Chinese herbal medicine should be named using proper Latin names in italics.

Method
In the eighth paragraph, the authors mentioned that clinicians are required to input three ICD-9 items into the electronic database. What if the patients have more than 3 co-existing condition like liver cancer, diabetes, hypertension and acute upper respiratory infection? Will the last one be omitted? If so, this will under-count coexisting disease listed in table 3. I strongly suggest the authors to use only 95% CI instead of using different statistical indicators liberally. From the result section and the tables I can see SD, p values etc. They may not be the most informative indicators.

Results
The tenth paragraph is too long and I suggest the authors to split it into two. Currently, the text only focus on univariate findings and none of the multivariate findings is being reported. Emphasis should be given to the reporting of logistic regression findings as they illustrate differences between users and non-users without influences of confounding factors. For example, after controlling for various confounding factors, compared to liver cancer patients in northern Taiwan, residence of the central parts are more likely to use TCM but the contrary was observed in Taipei. Is this a cultural variation? Similarly, farmers and fishermen are less likely to use TCM compared to government and school employee. Does this represent a type of comparative inequality within the TCM coverage system? Discussion on these interesting findings will make this paper a very valuable contribution to the literature. In table 1, full name of the statistic “odd ratios” should be given, not just “adjusted”.

In the twelfth paragraph, why would “malignant neoplasm of the liver and hepatic bile ducts” a coexisting condition with liver cancer?? Is the prevalence of hypertension rather low amongst Taiwanese liver cancer patients? Or it is related to lack of comprehensive coding from clinicians? The use of hypertension code is only 4.47% for all outpatient visits amongst liver cancer patient. Also, the authors must address the related issue I raised on paragraph eight.

In the thirteenth paragraph, authors must explain how these expenditure figures represent financial barrier to access. Currently there is no text explaining how we may understand these expenditure figure as the reader would not know in what proportion of these expenditure would be covered by the national insurance system. Also, interpretation of the WM / TCM ratio in table 4 is not given on the related text.

Discussion
The current discussions merely repeat the papers’ finding and no interpretation of results is given. Also, no policy implications were discussed in this session. For example, the public sector constitute a very small proportion of TCM outpatient
service supply – why is it so? Does it carry any implication on TCM access? A thorough rewrite after reorganization (as well as interpretation) of current results is warranted.

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

**Quality of written English:** Not suitable for publication unless extensively edited

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

**Declaration of competing interests:**

I declare that I have no competing interests