Author's response to reviews

Title: Complementary and Alternative Medicine Use in Ghanaian Cancer Patients Undergoing Radiotherapy and Chemotherapy: Characteristics of Users and Implications

Authors:

Joel Yarney (kodwoahen@gmail.com)
Andrew Donkor (andydosty35@yahoo.com)
Lily Yarney (babyaraba95@yahoo.com)
Samuel Y Opoku (syopoky@chs.edu.gh)
Isaac Agyeman-Duah (ignitingike@yahoo.com)
Emmanuel Asampong (easampong@chs.edu.gh)
Alice C Abakah (alicemen_sah@yahoo.com)

Version: 3 Date: 13 November 2012

Author's response to reviews: see over
Author's response to reviews

Title: Complementary and Alternative Medicine Use in Ghanaian Cancer Patients Undergoing Radiotherapy and Chemotherapy: Characteristics of Users and Implications.

Authors:

Joel Yarney (kodwoahen@gmail.com)
Andrew Donkor (andydosty35@yahoo.com)
Samuel Y Opoku (syopoku@chs.edu.gh)
Lily Yarney (babyaraba95@yahoo.com)
Isaac Agyeman-Duah (ignitingike@yahoo.com)
Emmanuel Asampong (easampong@chs.edu.gh)
Alice C Abakah (alicemen_sah@yahoo.com)

Version: 2 Date: 11 November 2012

Author's response to reviews: see over
RE: 1272114123740132 - Complementary and Alternative Medicine Use in Ghanaian Cancer Patients Undergoing Radiotherapy and Chemotherapy: Characteristics of Users and Implications

Dear Sir,

I would be grateful if you consider the revised version of my paper for publication in your journal.

The paper gives a unique perspective to the subject of complementary and alternative medicine by considering its use in a population with high CAM usage outside of infirmity. It examines concurrent use of CAM and conventional treatment, and the paradigm to disease causation which influences use of CAM.

The changes suggested by the reviewers have been implemented, and is presented below. In situations where it has not been done, we have offered credible explanation.

Thank you for the opportunity given to us so far to present our perspective on the use of CAM.

Yours faithfully,

Joel Yarney
Reviewer 1

Major Compulsory Revisions

1. Rewrite introduction and include additional review of previous research, synthesis of contraindications for CAM use in this target group including lack of disclosure.

   Response: The introduction has been rewritten to include the rationale as follows; high usage of CAM in the general population, the paradigm to disease causation, specific examples in breast cancer, possible side effects and problems associated with concurrent use, and lack of disclosure.

2. Make additions to the method as outlined above (recruitment techniques, response rate, explicit inclusion and exclusion criteria)

   Response: Inclusion and exclusion criteria have been clearly spelt out; the process of identification of respondents to the questionnaire has been mentioned. Response rate and generalisability is presented in the results and discussion section. Details of questionnaire administration have been addressed including among illiterate.

   The context of high usage of CAM in the population and hospital attendance is addressed including removal of the word “exclusive” use of CAM.

3. Conduct more rigorous analysis(e.g. Regression modelling)

   Response: We performed multivariate analysis and more descriptive analysis.

4. Rewrite results section so that data is either presented in tables/figures or in text, not both. Consider sub-headings for the presentation of findings(Description of sample, correlates with CAM use, adverse events/side effects of CAM use)

   Response: The results section has been rewritten with removal of duplication between text and table content. Sub-headings have been created.

5. Restructure discussion; include limitations of the study and comparison of current findings to previous work on this area.

   Response: The discussion section has been strengthened with several references including those suggested. Explanations and deductions from the results have been presented comparing them to previous work, limitations of the study and recommendations are presented.
Reviewer 2

Major compulsory revisions:

1. No limitations of the study have been noted especially with respect to representativity of the study. Sample size is small and consists of multiple types of cancer, multivariate statistics has not been applied and CAM has been treated as a collapsed construct further limiting interpretation of data.

Response: Limitations of the study is discussed including the sample size. It is not uncommon to find studies that utilize multiple types of cancer; this has been explained in the discussion with references. We have performed multivariate analysis on the data, individual CAM is also discussed.

Minor essential revisions.

1. The table has been simplified.