Author's response to reviews

Title: The use of complementary and alternative medicine after the completion of hospital treatment for colorectal cancer: Findings from a questionnaire study in Denmark

Authors:

Nina Nissen (ninissen@health.sdu.dk)
Anita Lunde (Anil@VIA.DK)
Christina G Pedersen (christina@psy.au.dk)
Helle Johannessen (hjohannessen@health.sdu.dk)

Version: 2 Date: 21 June 2014

Author's response to reviews: see over
Dear Reviewers,

Many thanks for your helpful comments and suggestions. In responding to them, we have in particular more clearly established the relationship between the eight-item questionnaire about CAM and the larger pragmatic trial and clarified the distinct Danish situation of CAM. We believe that this has overall strengthened the article and its conclusion.

Our responses to individual comments and suggestions are set out below.

Reviewer 1:
All comments and suggestions have been addressed. In particular, a table listing the alternative treatments used in the questionnaire has been added.

Reviewer 2:
Major revisions
1: Background: examples of possible clinical implications have been added (paragraph 2)
2: Methods: variables included in the logistic regression model have been added
3: Stages of CRC: all participants were considered to be free of cancer disease. This has been clarified in the methods section, para 1
4: Results: a short paragraph on the participants’ basic demographic details has been added, together with a table

Minor revisions
1: Methods: the first sentence has been re-phrased, to avoid repetition
2: the term ‘alternative treatment’ is now used throughout, except when referring to specific therapies (in result section)
3: Results: tenses have been corrected
4: Tables: these have been reorganized, beginning with the highest number of responses
5: Spelling of breast cancer has been corrected
6: Danish titles in references are now translated into English
7: Discussion: superscript ‘i’ refers to an endnote
8: The reference 13:54 has been changed to 13, p 54

Reviewer 3:
Major revisions
1: The conclusions have been expanded and strengthened, and the abstract revised accordingly
2: Background:
a) The second paragraph of this section has been re-written.
b) While we appreciate that some readers may be interested to know more about the pragmatic trial, this article focuses on the eight-item questionnaire on CAM use only. Therefore, and to avoid possible confusion, interested readers are referred to the trial registration (clinicaltrial.gov) and related publications that specifically examine the trial, its design and associated methodology, and outcomes.

3: Methods:
a) The use of the term CAM (and related terms) in the article derives from the Danish context and is set out in the methods section (page 5); a table listing the alternative treatments included in the questionnaire has been added;
b) Statistics detailing the use of the most commonly used therapies is included in the section entitled ‘Attitudes to CAM and the use of alternative treatments and natural medicines/dietary supplements’ (p 7).
c) The aim and strength of this article is the exploration of practitioner-mediated treatments and use of natural medicines/supplements, reflecting the local Danish situation. To assess predictors of CAM use that would collapse these different uses into one category of CAM, as suggested, does not seem to further the focus of this article.
d) To indicate participants’ basic demographic details, a short paragraph (first paragraph in results section) and a table have been added

4: Results:
a) 5 point likert scale: an explanation has been added, to clarify that this was not a validated measure;
b) Significance levels are noted in the abstract and the results section

c) Gender differences: to examine gendered decision-making processes concerning the use of CAM and associated issues are important and relevant questions. In the context of this study, however, the majority of the various topics (and related questions) investigated (e.g. pathways to CAM; reasons and non-reasons for CAM use) has overall resulted in few responses (and with multiple possible responses) to each question, making additional statistical analysis of possible gender differences not particularly meaningful. Further analysis is therefore not deemed useful.

5: Discussion:
a) The discussion compares our findings to the general cancer population in Denmark, available studies on colorectal cancer internationally, and other relevant cancer populations (e.g. breast cancer in Denmark and prostate cancer in Europe). The wider implications of access to information about CAM have been added to the discussion (p 12/13);
b) Fourth paragraph: the use of this question has value as a rhetorical device, drawing attention to prostate cancer as an example of a cancer affecting only men, and has been retained for this reason

c) Discussion of social networks: This discussion has been slightly expanded. However, the focus of the article is on the use of alternative treatments and
natural medicines/supplements and the interested reader is referred to recent publications that examine the role of social networks as information sources and related implications

6: Conclusion: The conclusion has been revised, to better reflect the findings, discussion and implications.

Reviewer 4:
Discretionary revisions
1: Background:
a) The section has been revised, with method-related material removed
b) This paragraph has been retained in the background section, as it explains the focus of the article.

2: Sentence on content of questionnaire has been removed from the background section; the topics explored in the questionnaire are detailed in the methods section.

3: Response rate has been added in methods section.

4. The order of ratings in the tables has been changed; a table with list of alternative treatments included in the questionnaire has been added; as most CAM use (both alternative treatments and natural medicines) is self-initiated, an additional table was not considered needed.

5. The wording of ‘CAM use is widespread’ has been modified.