Reviewers report

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

Version: 1 Date: 28 April 2014

Reviewer: Nadja Klafke

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Major compulsory revisions

The authors conducted a survey on CAM use with 247 Danish colorectal cancer patients, taking part in a pragmatic trial on energy healing after having completed hospital treatment. Almost half the sample is experienced with CAM.

This is an important and timely paper that has strong potential to contribute to understanding and perhaps implementing evidence-based CAM therapies in cancer patients. I would suggest, however, some major changes, to improve the argumentation in the paper.

1. The abstract needs tightening and editing after incorporating the suggested changes in the manuscript. The conclusions are rather week – the clinical implications need to be pointed out. What do the results (high prevalence of CAM use) mean for clinicians and other healthcare professionals communicating and treating colorectal cancer patients? Do colorectal cancer patients need to be consulted about CAM in a different way than, for example, prostate cancer patients.

2. The authors give a lot of background information which is helpful for putting the current study into context. In the second paragraph, I would suggest writing: Research into patterns of the use of CAM consistently shows that the majority of CAM users across Europe, including Denmark, take recourse to CAM for a variety of reasons. The main factors cluster around the topics relieving physical and psychological symptoms as well as promoting wellbeing and quality of life. There is, however, still a lack of knowledge about the use of CAM in the general cancer population as well as in individual cancers, which needs to be researched about as it may have clinical implications.

In the fourth paragraph, the current study is linked to the pragmatic trial on energy healing as rehabilitation after the completion of hospitalized cancer treatment. I suggest the authors to provide more information on this pragmatic trial. Why is the purpose of this trial pragmatic and therefore not explanatory? What is the trial's concrete intervention? What is the primary outcome, and how can this intervention be implemented into usual care?

3. Methods
How did the authors assess Complementary and Alternative Medicine (CAM)? On which definition was the authors' concept based? Which CAM categories were used in the questionnaire? Could you provide examples or perhaps a full list/table? The authors write that the CAM list by Molassiotis 2005 was enhanced with CAM therapies used specifically in Denmark. It is of interest to the potential readers of this paper to know the full list of all therapies you enquired the sample about. Please add also the statistics.

Was the 5-point likert scale a validated tool for measuring the patients’ attitudes towards CAM?

Also, the readers need to know which CAM you classified as ‘alternative treatment’ and which as ‘natural medicines and/or dietary supplements’.

Please conduct a multivariate logistic regression analysis for assessing Cam use (alternative t, natu med/diet suppl).

Also, it is important to provide more socio-demographic and medical information about the sample with regards to age, stage of cancer etc. Please provide this information in a descriptive Table, so it can be clearly identified who participated in this study.

4. Results

How was this assessed? “Almost half of the study participants (n=247) considered themselves to have ‘very positive’ and ‘positive attitudes’ towards CAM.”

Where did the authors (or others researchers if you have used the scale from another study) consider/assess the cut-off point for positive attitude? There is not enough evidence/information given in the text.

In the second and third paragraph, please mention the value of the significance level. The authors refer to Table 1, but it still should be mentioned throughout in the text.

Please conduct the multivariate logistic regression analysis and assess independent predictors for patients’ CAM use. Please report these important results in the results section and in the abstract.

Gender differences. I would be interested to know more about patients’ CAM use with regard to gender differences. The authors report that women were 3.69 times more likely to use CAM than their male counterpart. Were there any further gender differences with regard to the pathways of CAM use? Did men and women have the same information sources? Were the responses for reasons for the use/non-use of CAM similar in men and women, or could you assess significant differences? I suggest conducting univariate logistic regression (or chi-square tests if there is not enough statistical power for conducting logistic regression), for the reasons of CAM use (Table 2) as well as reasons for non-use of CAM (Table 3), and perceived effects of CAM use (Table 4). Just reporting the descriptive statistics in not enough.
5. Discussion

The current discussion focuses on comparing the high prevalence rate found in this study by comparing these results with other European and international studies. It is appropriate to refer to other (Danish) CAM studies, however, I would suggest going a little bit deeper into discussing the new findings (e.g., considering CAM use in colorectal cancer patients, recruited from a pragmatic trial on energy healing, comparing this with other cancer populations). I would suggest mentioning the clinical implication of these findings. For example, what does that mean for the clinical staff involved in treating cancer patients who might be interested in uptaking CAM? Based on the current results, it is appropriate consulting colorectal cancer patients differently than, for example, breast cancer patients or prostate cancer patients? How can clinicians learn and internalize a gender-targeted approach when consulting (colorectal) cancer patients about complementing their conventional cancer treatment?

I would suggest rewrite or delete the sentence “With this in mind, how do our findings…” in the fourth paragraph. Provide an argument and not a question to improve the flow of the discussion.

In the seventh paragraph, the authors refer to the importance of cancer patients’ social networks impacting on their CAM uptake. This is a very contemporary topic and therefore needs to be discussed better by the authors. For example, what does that mean for the clinical implications? What does that imply with regards to gender differences? Do men and women have the same social support and CAM information provision? How is that reflected on the gender differences with regard to the uptake of specific Cam therapies? How is that reflected in the pragmatic trial? In addition, it is important to note that family/friends often contribute to patients’ CAM use and that the interaction/communication about CAM use as well as the shared and often regular CAM use actually leads to improved bonding and enhanced communication in cancer patients and their significant others.

6. Conclusion

The conclusion is rather weak and a repetition from statements reported in the results and discussion section. Please point out the main clinical implications of this survey study. The readers, clinicians and researchers, need to know why the prevalence rate of CAM is high, what this means for the Danish/Scandinavian/European/International context, and what that implies for the pragmatic trial on energy healing as part of a cancer rehabilitation program. It may also be of high interest to highlight the gender differences of general CAM use and specific CAM therapies, as well as putting this into context with integrative cancer therapy considering the individual cancer patient and additionally their significant others.

Level of interest: An article of importance in its field

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 that I have no competing interests.