Reviewer's report

Title: Patterns of Complementary and Alternative Medicine Use among People with Reported Positive Exceptional Experiences in Relation to Cancer

Version: 1 Date: 8 April 2008

Reviewer: Roger Davis

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General:

The authors present data and analyses on the use of CAM among a group of individuals who were recruited to be interviewed about their ‘perceived exceptional experiences associated with CAM after cancer diagnosis.’ The data are presented in qualitative analyses and using biplots, a graphical method related to principal components analysis. The qualitative analysis is more compelling than the quantitative analysis. Dropping the quantitative analysis might improve the paper.

Major Issues:

1. The metric used, the number of specific CAM therapies used within each category, needs to be better justified. It is not clear what this purports to measure. Rather than indicating a dedication to CAM, it could indicate that patients are looking for something, but not finding it. In my view, a patient who tries 8 different therapies one time each seems much less dedicated than a patient who uses the same therapy 8 times. The measure used indicates a very different interpretation of the same observation.

2. Description of the analysis as principal components analysis is not exactly correct. Biplots are closely related to PCA, but are not the same as standard PCA. Since the loadings are not presented, it is difficult evaluate some of the statements made. Specifically, unless the loadings in the first PC are all of similar magnitude, the statement that PC1 reflects the number of therapies reported across all CAM categories is a bit misleading.

3. The category ‘treatment centers’ has been described as ‘integrative medicine’ and there is substantial literature about this. However, this describes the setting and the inclusion of BHC, but does not describe the specific types of CAM therapies employed. I’m not sure this represents a valid category in the taxonomy presented.

4. The discussion should address the limitations of the sample studied. The results of quantitative analysis have limited generalizability due to the way in which the sample was selected. Further, the contention that this sample is comprised of ‘committed’ CAM users has not really been validated. Even if they are committed users, they are probably not representative of the population of
committed users.

5. Abstract Conclusion: The conclusion should report what is learned from this study. The issue about patient safety was not investigated; it is speculation about a possible implication. This statement does not belong in the conclusion section.

Minor Issues:


7. First paragraph of findings has 26 of the participants with breast or gynecologic tumors, and Table 2 has 17 + 7 = 24.

8. Based on the biplot, I would group energy ther, spiritual lit and biobased into one category, manip body and mind body into a second, and treat cent and altmed into a third. In addition, the length of the vectors in the biplot indicate the relative variability of the different categories.

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

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