Reviewer’s report

Title: Australian integrative oncology services: a mixed-method study exploring the views of cancer survivors.

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Reviewer: Agnete Kristoffersen

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Manuscript Review: Australian integrative oncology services: a mixed-method study exploring the views of cancer survivors BCAM-D-17-01286R1

The aim of this study to explore cancer survivals view and experience with IO in Australia is interesting and valuable. Also the choice to include CALD groups that are underrepresented in Australian cancer research. As most of the participants (122/150) were Anglo-European/English-speaking Australians, the CALD groups are also underrepresented in this study, as quotations chosen to underline the findings also mainly (27/43) come from Anglo-European/English-speaking Australians.

To bring the view of the CALD groups more to the surface, and to make the result section more accessible, I suggest that the survey data is removed from this paper, and that the differences found between the four groups studied are discussed more in detail in the discussion section.

Abstract

Please add the aim of the study into the background section of the abstract.

Background:

As T&CM seems to be offered both within and outside conventional health care in Australia, it would be useful for international readers to know to what degree T&CM is available for patients within conventional health care and how T&CM is financed.

The prevalence of IO use in Australia should be presented in the background alongside information about where IO is offered, outside or within public health care. I suggest that line 779-783 is moved to the background section.

To represent the CALD groups, Arabic, Chinese and Vietnamese populations was chosen. What was the rational for choosing these groups and not for example indigenous Australians?

Some background information on the chosen groups should be placed in the background section.
Methods:

The rationale for including the caregivers is not clear and is not part of the aim for the study. Was the caregivers also cancer survivors or are they interviewed as caregivers? If they were not cancer survivors in addition to being caregivers, they must be removed from the analyses or the aim of the study must be adjusted accordingly. A description of how the caregivers were recruited, which ethnic group they belonged to, and their relationship with the patients is also lacking.

Results:

The result section is difficult to access and need to be restructured to be more readable.

Line 238-240 should be moved to line 287 so that the result section start with sample and response rate and participant characteristics.

Line 254: 3.6 seems like mean and not median. The Median years since diagnosis of the focus group (FG) participants is presented as 8 in the text and 6 in the table. The range is missing for the survey respondents. I also suggest that the range of years (age) is reported both for survey respondents and FG respondents. I also suggest that there is given information of the gender of the FG participants and a more detailed description of the care-givers (e.g., in which way are they care givers, gender, age and ethnicity).

Table 1 has missing text in the lowest row opposite for 6 and 0.3-30. Average age is given for the participants; please specify if this is mean or median age.

I find it problematic that information of gender is missing on the survey participants as the pattern of T&CM use is very dependent of gender. Based on the diagnoses it seems like the proportion of men might vary between 3.3 and 34%.

In Table 3 the total number of T&CM users is not mentioned, only the non-users of 7.8% giving 92.2% users of T&CM. I suggest that the total number of users is presented in table 3.

The themes. In the beginning of the result section (line 238-240), two main theme, 1. Postive perceptions and experience with CAM and 2. Barrieres and unmet needs are presented with the sub themes 2.1 Strutural barrieres and 2.2 Personal barrieres. When the results are presented, theme 1 is first presented with 6 sub themes in line 290-300 (Cancer survival, Side effect, Comorbidities, Positive experience with provider, Hospital based TCM and Would recommend). In the main text seven sub themes are presented as sub headings, leaving Hospital based TCM and Would recommend out and adding three new themes: Perceived positive impact on wellbeing, Downplaying negative outcomes and Positive experiences with IO services. This should be corrected so that the identified themes also represent the sub headings. The same problem is found for theme 2 : Barrieres and unmet needs line 394-396 identified the themes: Inadequate service; Lack of funding; Referral pathways; Medical practitioner's attitudes; Lack of information, and Service location as Strutural barrieres and further Impairment and disability;
Attitudes; Beliefs; Knowledge about TCM, and Available personal resources as Personal barriers in line 396-399. In the main text however, the following themes are used as sub headings: Lack of availability of IO services; Difficulties with referral pathways and information; Absence of medical practitioner support; Difficulties with access and Cost of care is used.

I also recommend a more structured way to present the data under the sub headings as this varies as the manuscript stands now, starting with data from the surveys some places and only the results from the FG interviews other places. The quotations are sometimes labeled with ethnicity and FG, sometimes with nothing and sometimes with just survey. I recommend that gender (when known) and age is added, also for the survey participants and specified if care givers are quoted.

I think the manuscript would profit from a shorter result section with the findings presented more to the point. Each theme should be presented separately with a clear statement of the main findings, followed by fewer quotations just to illustrate the point.

Discussion

The discussion section is very short compared to the result section. The discussion section would benefit from a more in debt discussion around the findings including a more detailed discussion around strengths and limitation of the studies, comparison to other studies and interpretation of the findings.

Conclusion

Due to the highly selected participants in this study, the results should be interpreted with more care and not be generalized to cancer survivals in general.

**Are the methods appropriate and well described?**
If not, please specify what is required in your comments to the authors.

No

**Does the work include the necessary controls?**
If not, please specify which controls are required in your comments to the authors.

Unable to assess

**Are the conclusions drawn adequately supported by the data shown?**
If not, please explain in your comments to the authors.

No
Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I am able to assess the statistics

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Please indicate the quality of language in the manuscript:

Acceptable

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