ESPS PEER REVIEW REPORT

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A: Excellent	[Y] Grade A: Priority publishing	Google Search:	[Y] Accept
[Y] Grade B: Very good	[ ] Grade B: Minor language polishing	[ ] Existing	[ ] High priority for
[ ] Grade C: Good	[ ] Grade C: A great deal of	[ ] No records	publication
[ ] Grade D: Fair	language polishing	BPG Search:	[ ] Rejection
[ ] Grade E: Poor	[ ] Grade D: Rejected	[ ] Existing	[ ] Minor revision
		[ ] No records	[ ] Major revision

COMMENTS TO AUTHORS

I found the publication persuasive and articulate about the issues under consideration and the use of the method. The comments were not over claims but were measured and very accurate representations of the method as well as the research that was reviewed.

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		[ ] No records	[ ] Major revision

COMMENTS TO AUTHORS

Meta-analysis is a important tool to summarize the effect of CAM for human health. However, heterogeneity between the trials is a common problem in CAM studies. Can you comment on this issue in detail? The article is well written and should be accepted.

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COMMENTS TO AUTHORS

In my opinion this editorial on complementary and alternative medicine research highlights right things, but in a wrong way and with a wrong emphasis.   Firstly it assimilates the concept of meta-analysis with that of a re-correct analysis of the data. I think that some of the reported examples, in particular the second, can be explained without a meta-analysis, but only with a proper assessment and evaluation of the published data. In addition, it is a little misleading since a meta-analysis increases the power of the analysis, but does not reduce the bias of individual studies. This important issue does not seem to clearly come out.

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COMMENTS TO AUTHORS

The letter/commentary submitted by Dr. Cramer addresses and important and central issue regarding the research validity of clinical trials and meta-analyses for CAM therapies. The manuscript is well written and precise. I would suggest a few additions and changes as follows: However, while these trials are urgently needed to consolidate evidence for interventions that have been – by definition – rarely studied [add in "systematically"] in the past, the research evidence from single trials on CAM is often limited by small sample sizes, unclear methodology, and inadequate statistics. The author mentions that many CAM trials rely on within-group comparisons as RCT trials. One question to ask then is, are RCT trials the best way to study CAM interventions? How can be increase the validity of such studies? Would a cross-over design potentially solve some of the issues that are mentioned? The author may want to discuss the limitations of RCTs and what other trial designs are better suited. The assumption that meta-analyses will be able to overcome the limitations of RCTs may not hold true depending on the heterogeneity in defining outcomes and especially in regards to the intervention. This should be further discussed by the author.