Supportive care in cancer :

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Response to reviewers

Reviewer #1
Comment: report the instrument reliability and validity.
Response: We have further clarified the instrument reliability and validity in the Methods section as follows:

> *"Data were collected through a 19-item paper-based survey developed by the research team to align with established international cross-sectional health services studies [24, 25]. The survey items used in this analysis underwent face validity testing but not psychometric analysis. They have been extensively applied in an English-speaking population [24, 25] and were translated and reverse-translated by individual who speak fluent English or French. Each participant was given the option to self-complete the survey or have the researcher assist with survey completion."*

In addition, we have added a statement to the limitations acknowledging the implications of this (see underlined, below):

> *"In addition, no exclusion criteria were set for their mental health before being asked to complete the survey and the survey instruments, while previously used in large epidemiological studies in English-speaking countries, have not been tested for reliability and validity."*

Comment: remove currency symbol from SD.
Response: This change has been made.

Comment: In result section, tables and text reports are redundant.
Response: Thank you for highlight this. While we agree there is some duplication between the results and the tables, we have focused in the text on the results that we explored further in the Discussion. The tables provide much more detail. While we could exclude the results presented in the text from the table, we are concerned that removing from the table the data presented in the text would risk readers looking to the tables for an overview of all data to miss key information. We are happy to follow the editors guide on this.

Reviewer #2
Comment: In my opinion, the major bias of this study seems the lack of any data regarding why the people are seeking for CM and mostly the data useful to decide on what symptoms intervene and with what prevalent therapy. Being a rather long questionnaire for the authors' own admission, it is not clear why this is not the most important part to know in order to understand and possibly correct, the limitations of the palliative therapies used or to understand in which area a real therapeutic integration could be desirable.
Response: Thank you for this important point. We also agree that the reason for CM use and its impact on palliative treatments is vitally important. However, as there was no existing research reporting CM use in the target population in France we needed to establish the rates of use first. We also needed to present sufficient detail regarding CM use to support a nuanced exploration of the topic for future research and policy. We have now added a section to the Discussion calling for future research in line with your suggestion.

> *"Additional research is needed in French palliative care centres where CM is not offered to patients and may benefit from being triangulated with an examination of attitudes to CM among palliative care physicians and nurses in France. Equally, further research needs to*

> *explore the reasons palliative care patients seek CM to better understand how CM may be integrated, if appropriate, into palliative care services and settings."*

Comment: CM expenses reported are €157.40 (SD €330.15) What do they include? Do they regard only the products or also the visits? That is not.
Response: Thank you for identifying this omission in our reporting. This detail has now been described in the Methods section of the manuscript as follows:

> *"CM expenses were calculated based on the mean of the reported out-of-pocket expenses for all users of CM products, treatments and visits with a health professional, with non-responders excluded from this analysis. A total CM figure was calculated based on national rates of palliative care patients in France [6]."*

Comment: What are "coupeurs de feu"? I don't think that anyone outside France knows them. It is appropriate to explain who they are and also their role in palliative therapies.
Response: Thank you for this suggestion. 'Coupeur de feu' practitioners can be described as 'hands-on' healers. They appear to be quite unique to France and have no known scholarly or professional literature to draw upon, limiting our ability to discuss the practice extensively. With respect for the journals' word limit, the following section has also been added to the introduction (underlined below):

> *"The main CMs used by the participants were homoeopathy (42%), herbal medicine (27%), acupuncture (22%), vitamins (18%) and massage therapy (15%) [20]. Other practices are anecdotally reported to be used in some patient populations in France, but the prevalence of use has not been described through empirical research. One such practice is 'Coupeur de feu', which is understood to be an energetic medicine used to heal 'burning pain' by the healer laying hands on the patient [21]. No known research has specifically examined the use of CM within a palliative or supportive care setting in France."*

We have also edited the section discussing the perceived role of Coupeur de feu in palliative care in the Discussion as follows:

> *"One CM treatment that appears to be unique to France is the 'Coupeur de feu', which translates into 'people who cure burning pain'. These healers are proposed to possess a 'gift', whereby they can heal 'burning pain' in people [40]. In reference to people with cancer in palliative care, burning pain may relate to radiotherapy or nerve pain. To date, there are no publications or evidence of this approach [40]."*

Comment: It seems to me that the following sentence is incomplete and therefore incomprehensible: Ethical approval to conduct the study was obtained from both [redacted for blinded review] and 15 [redacted for blinded review].
Response: The institutions that provided ethical clearance were redacted from the submitted version of this manuscript to facilitate blinded review. The names of the institutions will be added prior to publication, should the article be accepted.

Comment: Limitations - It should be written that the number of respondents is relatively small, for the afore-mentioned reasons and that as already highlighted above; moreover the symptoms and clinical situations for which patients of complementary care are not reported, and that's the greatest bias in this study.
Response: In addition to the previous change to the Discussion mentioned above in response to the second point, we have now added acknowledgement of the small sample size to the limitations section (see underlined):

> *“Access, promotion and availability may be different in other French centres and regions thus, larger-scale surveys need to be completed in all regions to confirm the results. Similarly, the number of total respondents was not large enough to enable more detailed statistical analysis. The length of the survey may have affected the number of people starting or completing it.”*

Comment: Why is the term "alternative" used in Table 1, whereas previously and in the text the word "complementary" has always been used?
Response: The term ‘alternative’ was used in one of the instruments to retain consistency with other studies using this set of survey items.