

Answer to Aust's critic on Gaertner et al. 2014

Thank you for your interest in our study and your valuable critique. We believe that your comments need some clarification while our data need some additional description:

Survival time starts with time of diagnosis in 5 types of cancer (GBM, CCC, PC, NSCLC, SCLS), however starts with time of metastasis in MRCC and MSARC. This means that renal cell carcinoma as well as sarcoma might have existed for some time, but survival time starts with the moment of metastasis. We admit that Table 3 might be misleading, however, all patients cited by you (patients no. 12,14,15,18,19,21,24; also 11,13,25, 27, 28,30,35 ) are in the groups of metastasized renal cell carcinoma (mRCC) or metastasized sarcoma (MSARC). After exclusion of these patients (mRCC and mSARC) the median for the time of start with homeopathic therapy is 4 months after first diagnosis.

With regard to mRCC: we found an error with regard to survival: it is 81 instead of 69 months (patient no. 12). This changes the median for mRCC from 61.4 to 67.5. In two patients (14,15) , homeopathic treatment started after the expected survival time. If you withdraw them from the list, the median is 46.5.

With regard to mSARC: In three patients (21,28,30), homeopathic treatment started after the expected survival time. If you withdraw them from the list, the median is 43.

We want to correct the incongruences. In addition, we want to reevaluate our results, as 12 out of the 24 patients with mRCC or MSARC were still alive at the end of our observation period. We plan to find out whether these patients are still alive or dead.

Regarding inclusion criteria, we have included only patients with fatal tumor prognosis and those patients having participated in at least three visits (mean 10 months). As shown in Figure 1, 69 patients were assessed for eligibility. 15 records had to be excluded due to incomplete data or because patients were < 18 years old. Therefore, the total number of patients with fatal tumor prognosis AND at least three homeopathic visits is 54.

Patients having refused to show up at visits two or three have not died during this observation period except two patients suffering from CCC. Therefore, besides these two patients, we did not exclude patients due to death before visits two or three.

Your suggestion to use data from the Medical University of Vienna is convincing: due to the limited resources, so far we did not have the time and personnel to collect data. It is not a bad cooperation with the University; it is just not easy to collect the data of dead patients due to safety measures of personal data. However, as soon as time allows, we will complete these data.

The study is clearly described as retrospective and is declared as such. Problems are discussed, but inevitable. Declaration of excluded data needed and accepted:

A matched-pair analysis was not feasible, because documentation at the time of trial was in word-format and therefore not accessible with catch-phrases or keywords respectively. We decided to use literature data due to reliability. We hope our answer meets your expectation.

With best regards,

Katharina Gaertner and Michael Frass

April 13, 2015