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Patient Information on Complementary Therapies



Questions and Notes

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Unconventional Therapies - A term sometimes used to refer to both complementary and alternative therapies.

Unproven Therapies - A term sometimes used to refer to both complementary and alternative therapies.

Glossary

Alternative Therapies - Therapies that are used alone or instead of conventional treatments such as surgery, chemotherapy or radiation therapy.

Anecdotal Report - A personal story or account of a person's experience using a complementary or alternative therapy.

Case Studies - These studies usually compare the results in the group that received the treatment (study group) with those in a group of patients who are matched to the study patients (control group) but who are not given the treatment being tested.

Complementary Therapies - Therapies that are used with conventional treatments such as surgery, chemotherapy or radiation therapy.

Conventional Treatment - Includes treatments such as surgery, chemotherapy or radiation therapy.

Interactions - How two or more things act with one another when used at the same time.

Placebo - A blank sample used as the control when testing new drugs.

Randomized Controlled Trial - Patients who meet the criteria for being included in the study are randomly assigned to receive either the therapy being tested or the standard treatment, or sometimes a placebo. In these studies people have an equal chance of having either treatment.

Testimonial - A personal story or account of a person's experience using a complementary or alternative therapy.

Should I be reading this booklet?

This booklet contains information about complementary and alternative therapies. It is designed to help you discuss these therapies with your doctor and your health care team. Many studies show that people living with cancer use complementary therapies as part of their cancer treatment.

There are a lot of questions about what defines complementary and alternative therapy. You may sometimes hear complementary and alternative therapies called **unconventional therapies** or **unproven therapies**.

Before defining these therapies, answer 'Yes' or 'No' to the following statements:

- I take vitamins, herbs, and mineral supplements;
- I get chiropractic treatments;
- I practice yoga;
- I meditate or pray;
- I practice diet based therapies.

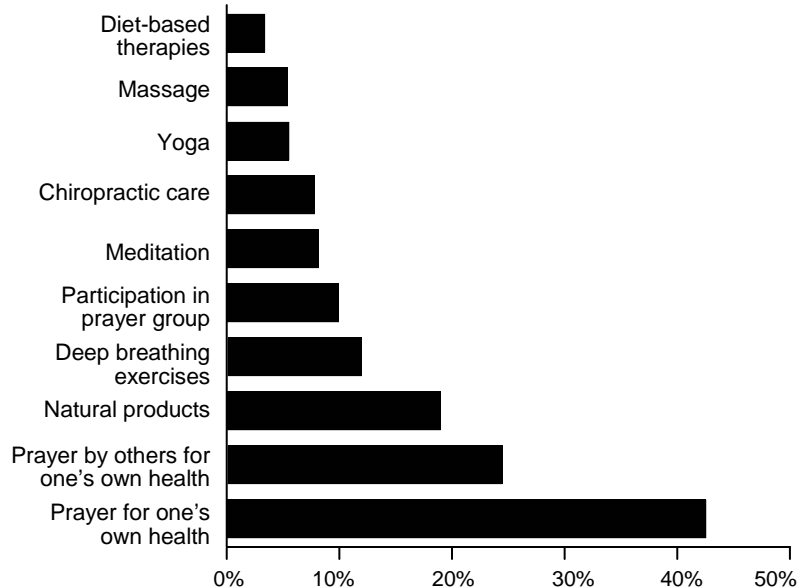
If you said yes to any of these, you are using one or more unconventional therapies. A 2002 American study showed that almost two out of three adults use some form of complementary therapy (see page 2).

This booklet was developed to give you answers to some commonly asked questions about complementary and alternative therapies. You will find the words in **bold** type defined in the glossary on page 16.

Complementary and Alternative Medicine Use Among Adults, 2002

According to data from the 2002 National Health Interview Survey, 62% of U.S. adults have used some form of complementary and alternative medicine (CAM) in the previous 12 months. (When prayer is excluded from the definition of CAM, the figure is 36%.) The survey did not examine CAM use among people with specific diseases, but other studies have found that CAM use among cancer patients is similar to that in the general population.

Percentage of adults who used 10 most common CAM therapies during past 12 months, 2002:



- **Canadian Health Network**

<http://www.canadian-health-network.ca>
(checked June 7, 2006)

Health Canada's web site has special sections on cancer and complementary and alternative therapies. You can use its search functions to find out more about its safety, finding a licensed practitioner and talking about unconventional therapies with your doctor.

- **Center for Alternative Medicine Research in Cancer
University of Texas, Houston Health Science Center**

<http://www.mdanderson.org/departments/cimer/>
(checked June 7, 2006)

This site shows investigations into the effectiveness of alternative and complementary therapies used for cancer prevention and control. Many current research projects are listed. The CIMER Web site is a cooperative effort of the Integrative Medicine Program and the Office of Academic Affairs at The University of Texas M. D. Anderson Cancer Center.

- **National Center For Complementary & Alternative
Medicine - National Institute of Health**

<http://nccam.nih.gov/health/whatiscam/>
(checked June 7, 2006)

This organization conducts and supports research and training into complementary and alternative therapies. It also provides information about complementary and alternative therapies to practitioners and the public.

- **Quackwatch**

<http://www.quackwatch.com>
(checked June 7, 2006)

This site provides information on many complementary and alternative therapies.

Cancer Institute's web site and learn how to evaluate information on the Internet:

<http://www.cancer.gov/cancertopics/factsheet/Information/internet>
(checked June 6, 2006)

You may also want to start with the following web sites.

- **Bandolier**

<http://www.jr2.ox.ac.uk/bandolier/booth/booths/altmed.html>
(checked June 7, 2006)

This site is maintained by the University of Oxford's School of Medicine. Its purpose is to provide evidence regarding the effectiveness of complementary and alternative therapies. It does a good job explaining the concept of 'evidence based medicine.'

- **BC Cancer Agency**

<http://www.bccancer.bc.ca/PPI/UnconventionalTherapies/default.htm>
(checked June 7, 2006)

The BC Cancer Agency provides information on many alternative therapies. Use the search function to find out more about complementary therapies.

- **CAMline**

<http://www.camline.ca/about/about.html>
(checked June 7, 2006)

This website provides information on complementary and alternative therapies.

- **Canadian Cancer Society**

<http://www.cancer.ca>

This organization provides information on complementary and alternative therapies.

What kind of information is in this booklet?

In this booklet you will find information about:

- Factors to consider before using any of these therapies;
- Questions to ask about the safety and effectiveness of the therapies;
- Whether to use these therapies along with your **conventional treatments** such as surgery, chemotherapy and radiation therapy;
- Where you can get more information.

What are complementary and alternative treatments?

For the purposes of this booklet, complementary therapies are defined differently than alternative therapies.

Complementary therapies are therapies that are used with conventional treatments such as surgery, chemotherapy and radiation therapy.

Alternative therapies are therapies that are used instead of conventional treatments.

Like the example shown in "The Headache", some therapies can be considered either complementary or alternative. It depends on how they are used (see page 4).

The "Headache"

Conventional Therapy: You take a pill that is prescribed by your doctor to relieve your headache pain.

Complementary Therapy: You do some deep breathing exercises **and** you take the prescribed pill. The breathing exercises complement the medication.

Alternative Therapy: You do deep breathing exercises, but **you do not** take the prescribed pill. The breathing exercises are used instead of the prescribed pill.

Why is it important to talk about complementary and alternative treatments?

Many people living with cancer are interested in complementary and alternative therapies. Studies have found that many patients use complementary and alternative therapies as part of their cancer treatment. In a Canadian survey of patients with cancer, it was found that 44% were using complementary or alternative therapies (Eng, et al. 2001).

People use complementary and alternative therapies with the hope to:

- Reduce stress;
- Prevent or reduce side effects and symptoms;
- Control the cancer;
- Cure the disease.

Where can I get more information?

• **Members of your health care team**

Your pharmacist and dietitian can give you information about many herbal preparations, vitamins and minerals that you are taking or are considering taking. Your oncologist, nurse, radiation therapist or social worker may also be able to provide you with information about complementary and alternative therapies.

• **Patient and Family Library, LRCP**

The Patient and Family Library has information about some complementary and alternative therapies. Books, videos, audiotapes and pamphlets are available to take home or use in the Library. The Library can be found on Level 1 and is open 9:00 a.m. to 4:00 p.m., Monday to Friday. A trained volunteer is available during these times to help you. Computers are also available with Internet access.

• **Cancer Information Service 1-888-939-3333**

The Canadian Cancer Society's Cancer Information Service offers reliable and personalized information that is free and confidential. Cancer information specialists can answer questions about cancer, treatments, complementary and alternative therapies and clinical trials. Written materials can be mailed out free of charge. Cancer information specialists can also locate services close to your home. This free service is open Monday to Friday, 9:00 a.m. to 6:00 p.m.

• **The Internet**

There are many sites that have information about complementary and alternative therapies. *Not all the information found on these sites is reliable.* Please read them with caution. Before you do your research, you might want to go to the National

What happens if I decide to use an alternative treatment rather than the conventional or standard treatment?

Grey Bruce Health Services staff will continue to provide supportive care, as needed, to people who choose to use alternative therapies.

Conclusion

Complementary and alternative therapies are important to many people living with cancer. At the present time, there is not enough information on how all these therapies work and the outcome when taken with conventional cancer treatments. It appears that some therapies offer benefits, while others seem to be ineffective. Unfortunately, some therapies can harm the person when taken with conventional treatments, or have their own side effects.

Since it can be difficult for health care professionals and patients to keep up-to-date on new findings or claims, it is really important to talk to the members of your health care team about all the therapies you are using or thinking about using.

A report from M.D. Anderson Cancer Centre in Houston, Texas states that people living with cancer are more open than others about telling their doctors what therapies they are using. Some therapies, like meditation, do not interfere with cancer treatments. However, some therapies can make your cancer treatment ineffective. This is why it is important to tell your doctor about all the therapies and treatments that are not part of your cancer treatment plan.



Please let the members of your health care team know about any complementary or alternative therapies you are using or thinking about using. It is important for members of your health care team to know about all the therapies you are using because they might affect how well your conventional treatments work or they may be harmful when used with conventional treatments.

Does the Grey Bruce Health Services Oncology Clinic reject the use of complementary or alternative therapies?

The Grey Bruce Health Services Oncology Clinic does not endorse or reject the use of any particular type of complementary or alternative therapies. This booklet is based on these basic ideas:

1. You are part of the decision-making process along with members of your health care team.
2. You can openly discuss unconventional therapies with members of your health care team.
3. You may use a variety of complementary therapies.
4. You have the right to accept or refuse treatments.

What questions should I ask before using complementary or alternative therapies?

It can often be challenging to make sense of the information about different therapies. Sometimes there can be too much information. Other times there just is not enough information. This list of questions are some of the things you should ask or think about before using complementary therapies.

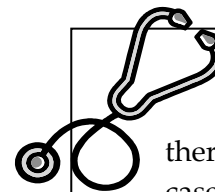
- What benefits can be expected from this therapy?
- What are the side effects of the therapy?
- How common are the side effects or interactions?
- Are the side effects or interactions mild, moderate or severe?
- Are the side effects or interactions temporary or permanent?
- Will there be any **interactions** with existing health problems or current treatment? (surgery, chemotherapy, radiation therapy)
- Will the new therapy cause any problems when taken with other drugs or foods that you are already taking?
- Is this therapy part of a clinical trial? If so, who is sponsoring the trial?
- Do the known benefits outweigh the risks?
- Does the complementary or alternative therapist tell you to avoid conventional treatment or criticize your conventional care?
- Do they claim that the therapy can help a whole range of unrelated diseases and conditions?
- Does the complementary or alternative therapist suggest that you “think for yourself” and ignore medical advice?
- Will the therapy be covered by health insurance?

Some people also have these feelings if they avoid conventional treatment such as surgery, chemotherapy or radiation therapy while using alternative therapies. You may find that previously offered conventional treatment options may no longer be effective, if the cancer has progressed.

There are no easy answers to these questions. Members of your health care team can be a valuable resource to help you make a decision.

Should I use the therapies along with my conventional treatment?

Complementary therapies may not have been studied when combined with chemotherapy or radiation treatments. This makes it very difficult for health care professionals to know what interactions might happen when the two are used together. Many people use complementary therapies because they are promoted to have a positive effect on your body. For the most part, we don't know if complementary therapies have a positive or negative impact on the way your conventional treatments work.



It is important for the members of your health care team to know about all of therapies you are using so they can assess your case properly. This is especially important when you are having surgery, chemotherapy or radiation therapy. Some complementary therapies can have interactions that interfere with these treatments.

place to make sure that the ingredients listed are actually present in the product in the quantities stated and that harmful substances have been excluded.

Are there other factors that I should consider before using unproven therapies?

Weighing the benefits and risks of different treatments is a complex and very personal process. Each one of us has things we value and things we are willing to change. The following things may be important for you and your family to think about before starting any new therapies:

Will I need to change my lifestyle?

When using some complementary and alternative therapies you and your family may need to make major changes in your lifestyle. Some of the therapies may become very time consuming. You may have to change activities and foods that are important to you. Only you can decide if the possible benefits outweigh the things you have to change.

How much does the therapy cost?

Complementary and alternative therapies can range in price from a few dollars to thousands of dollars. These costs are rarely covered by health insurance plans and must be paid for by you and your family.

How will the therapy affect me emotionally?

The use of complementary and alternative therapies can also affect your emotional well-being. You may be told that the therapy will result in a cure or remission. Sometimes people using these therapies feel like they “didn’t start soon enough, try hard enough or have enough self-control” if the therapy doesn’t work.

If you do not know the answers to these questions or if you do not understand all of the information you find, please be sure to talk to the members of your health care team. Your doctor, nurse or other health care professional will do their best to review any information and offer advice as it relates to your care, although this can be difficult on busy clinic days.

How will I know if a complementary or alternative therapy works?

How a therapy is tested is very important. Cancer Care Ontario (CCO) and the London Regional Cancer Program (LRCP) are committed to developing and using evidence-based treatments. CCO and LRCP believe that research evidence is the best way to maintain and improve quality cancer care. They also believe that research provides the best evidence for the safety and effectiveness of treatments.

The goal of research is to find effective treatments based on strong evidence. This is done through controlled studies. Researchers design the studies so that the the results are not influenced by bias or chance. When looking at research results it is important to look at:

- The number of patients selected to participate;
- Whether treatments were exactly the same for each patient;
- Factors that could affect the outcome of the study were controlled;
- Whether the results were completely reported.

Many complementary and alternative therapies have not been subject to the strict standards that are used to test new drug treatments. The evidence that a complementary or alternative

therapy is effective can come from different sources. Below are some descriptions of how evidence is found and delivered.

A **randomized controlled trial** gives the strongest evidence about how well a therapy works. People who meet preset criteria are randomly assigned to get either the therapy being tested or the standard treatment. If a standard treatment does not exist the new therapy may be tested against a **placebo**. All the outcomes of the study are measured and reported.

It is not always possible to do a randomized controlled trial for all therapies. In these cases, carefully designed controlled case studies along with expert review and opinion will guide treatment suggestions.

Case studies may provide valuable information but the design of the study is not as strict as a randomized controlled trial. A good case study ensures that each person enrolled has a confirmed diagnosis and has followed a prescribed treatment. All cases should be included whether there is a good or bad outcome. Usually a group of patients who had the treatment (study group) are compared with a group of patients who did not have the treatment (control group). It is very important that the characteristics of the people in the control and study groups are similar so that a positive or negative result means something. Case studies can be misleading but they can provide more valuable information than testimonials, anecdotal reports or personal stories.

A **testimonial, anecdotal report** or **personal story** is often given as the main evidence of a therapy's value by someone who has used the therapy. This type of evidence is interesting and may help to identify new treatments that should be looked at in more detail. Often, important information such as a patient's previous

treatment or diagnosis is left out. A therapy that works for one person will not necessarily work for all people because we are all different. Testimonials, anecdotal reports or personal stories by themselves, are great marketing tools but can be misleading.

Where can I get unconventional therapies?

It can be hard to figure out where to get a therapy, but there are some safeguards in place to help you. There may be a college or regulating body that governs or oversees the people delivering the therapy. In Ontario, there are 22 regulated health professions with legally accountable practitioners.

Are herbal products regulated?

Health Canada regulates all products that are intended to be eaten or swallowed as either a food or a drug. A food is something that is normally taken for its nutritional value. A drug is something that is sold to treat or prevent a disease or problem. Many herbal products fall into the grey area between foods and drugs. If the product does not carry a health claim on the label and is intended to be taken by mouth, it is classified as a food.

If there is a drug claim on the label then there should be a drug identification number (DIN) or a general product (GP) number on the label. This number is given after the product's formulation, labelling and instructions for use have been reviewed and approved by the Health Products and Food Branch of Health Canada.

However, a DIN or GP number does not guarantee a product is effective for uses not listed on the label. If you are buying products that you take by mouth, choose well-known companies. These companies have quality control processes in