

6. Is CAM Use among Cancer Patients Associated with Poor Prognosis of Disease?

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Introduction

Analyses have been done to describe the most frequent users of CAM and many studies suggest that highly educated women are the most frequent users of CAM. This seems to be the case also for cancer patients. It has been suggested that use of CAM is more common among patients with symptoms related to their cancer, patients receiving only palliative treatment, patients with metastatic disease and among patients who have had their cancer diagnosis for at least three months. It has also been suggested that users of non-proven therapies were given less hope of cure by their physician than non-users. One of the most important reasons for patients with cancer to use unconventional methods is when their cancer cannot be cured by conventional therapy. The 8-year cumulative mortality rate has been shown to be higher in the CAM user group compared to those who did not use CAM.

Purpose:

The aim of the present study is to explore whether use of CAM is associated with survival prognosis in long-term survivors of cancer.

Methods

In cooperation with the Norwegian Cancer Registry two groups of cancer patients were chosen to participate in the study:

Poor prognosis group: All available cancer patients who had survived at least 5 years after first diagnoses with less than 20 % statistical expectations of five-year survival at the time of diagnosis.

Better prognosis group: A random sample of cancer patients who had survived at least 5 years after first diagnoses with a 40 - 60 % statistical expectation of five-year survival at the time of diagnoses.

735 patients received a four-page postal questionnaire asking about CAM use. 400 questionnaires were returned; three were excluded leaving 114 from the poor prognosis group and 283 from the better prognosis group. The response rate was 54.4 %.

The results are reported at five levels of CAM use:

CAM level 1: Been exposed at least four times to a CAM practitioner in connection with current cancer condition.

CAM level 2: Been exposed at least once to a CAM practitioner in connection with current cancer condition.

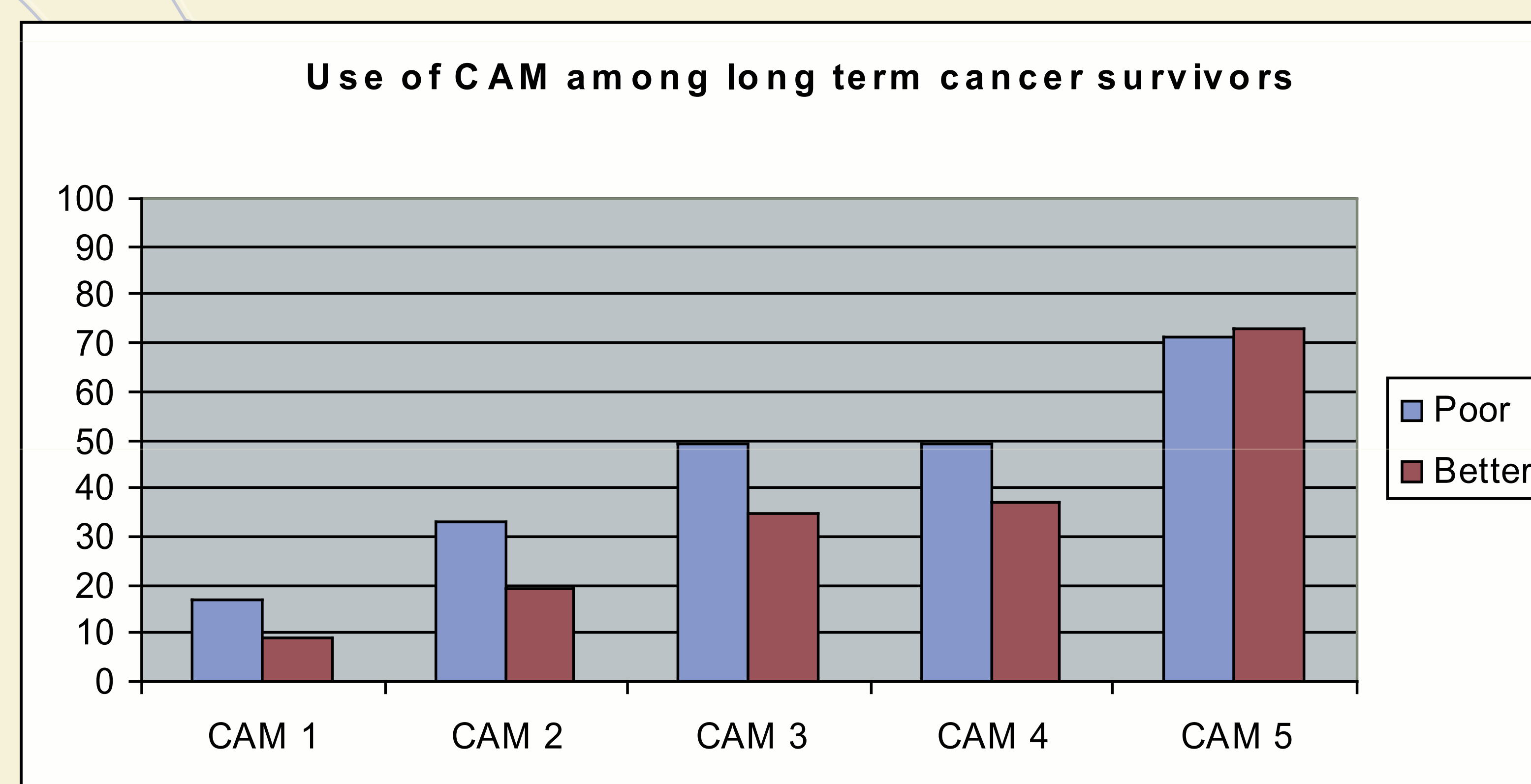
CAM level 3: Includes level 1 and 2 use and, in addition, patients who have only used over-the-counter (OTC) dietary supplements or CAM techniques.

CAM level 4: Includes level 1-3 use and, in addition, patients who only have used special diets to treat their cancer condition.

CAM level 5: Includes level 1-4 use and, in addition, patients who used physical activity to treat their current cancer condition.

Results

The poor prognosis group reported use of CAM more often than the better prognosis group both at CAM level 1, CAM level 2, CAM level 3 and CAM level 4. The poor prognosis group reported 17.5 % use at CAM level 1, 33.3 % at CAM level 2, 48.2 % use at CAM level 3, 48.2 % use at CAM level 4 and 71.1 % use at CAM level 5. The better prognosis group reported 8.5 % use at CAM level 1, 18.4 % use at CAM level 2, 35 % use at CAM level 3, 37.5 % use at CAM level 4 and 72.8 % use at CAM level 5. Use of over-the-counter (OTC) dietary supplements was not significantly different between the groups. Differences in use of CAM techniques on the other hand was highly significant where the poor prognoses group report 33.3 % use and better prognoses group report 14.5 % use.



Selfreported use of CAM		Poor prognoses	Better-value	p-value	Age and sex adjusted p-value
	N=397	N=115	N=282		
Use of CAM at level 1	11.1	17.5 %	8.5 %	0.009	0.069
Use of CAM at level 2	22.7 %	33.3 %	18.4 %	0.001	0.021
Use of CAM at level 3	38.8	48.2 %	35.0 %	0.014	0.087
Use of CAM at level 4	40.6	48.2 %	37.5 %	0.048	0.213
Use of CAM at level 5	72.3	71.7 %	72.8 %	0.726	0.521
Use of OTC products	14.9 %	18.4 %	13.4 %	0.206	0.362
Use of self support/ CAM techniques	19.9 %	33.3 %	14.5 %	<0.001	<0.001

Conclusion

This study supports the suggestion that use of CAM might be associated with less hope of cure given by the physician. The variation both in total CAM use and the variation in CAM use between groups dependent on level of use, underlines the need to report CAM use at more than one level. We emphasize that the presented data are based on cancer survivors only. The patients that died might have had a different pattern of CAM use.