

# Let's talk Chinese milk vetch

→ Mary Rice

'Quack remedies' have long been a thorn in the side of the medical establishment, but fear of ridicule means many patients don't tell their doctors about any additional medicines they may be using. This problem may now be compromising research results.

**C**omplementary and alternative medicines, also known as CAMs, are becoming increasingly popular among cancer patients looking to improve their wellbeing or even find the cure that conventional medicine is still unable to promise them.

Now some scientists are beginning to question whether their use by patients taking part in trials of conventional drugs may be skewing results, or at least making outcomes less robust.

While the extent of CAM use among cancer patients still seems to be disputed in Europe, there is general agreement that it cannot be ignored, and that doctors should aid patients to disclose its use by making time to discuss the issue in a non-judgemental fashion.

"This is vital if we are to know what people are taking and figure out what effect it might have both on the individual patient and on trial results as a whole," says Gordon McVie of the European Institute of Oncology, Milan, citing a recent paediatric study where many parents had not told doctors that their children were using CAM.

Edzard Ernst, from the Peninsula Medical School, UK, and holder of the only chair in complementary and alternative medicine in the country, believes that in most European countries nearly 100% of cancer patients are using some kind of CAM. "Of course these may not be pharmacologically active – for example acupuncture or relaxation therapy," he says, adding that "this

kind of therapy gives no cause for concern. Rather the opposite – massage, relaxation, aromatherapy and reflexology are particularly useful in improving quality of life and can ease the adverse effect of orthodox cancer therapies."

It is the herbal and other treatments with a pharmacological effect that worry doctors the most. "In Chinese herbal medicine, where treatment is



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totally individualised and no one knows what a particular person is taking, it would be astonishing if there were not some major reactions with investigational agents,” he says. “The possibilities are mindboggling.”

The two men disagree over the extent of CAM use – McVie says it is nearer 40% in Europe and largely affected by social class and affluence. Studies show that those who use CAMs tend to be better educated, of higher socio-economic status, female, and younger than those who do not. “Can you imagine a 70-year-old socially deprived man with lung cancer taking relaxation classes?” he asks. One thing they do agree on is that we need to find out more about how widely these therapies are used in cancer patients and what effect this is having on trials of new agents.

Ernst suggests that people entering cancer clinical trials should be told not to take herbal remedies of any kind without disclosing them to the investigators. “Carrying on taking CAM against the advice of the investigators could be an exclusion criterion,” he says. “It would be interesting to do this in a large study and see how many people drop out. Although we have a pretty good idea about the prevalence of use, we don’t yet know how many would choose CAM over conventional treatment if they were asked to make a decision to use only one. My view is that adherence to, for example, Chinese herbal medicine would be less than that to drug treatment, but this needs to be tested.”

One of the biggest problems is the amount of misleading information about CAMs that patients are likely to come across on the Internet. Helping patients judge the quality of a website by suggesting what to look for is an important task for healthcare providers, says Ernst, adding that “here again it could produce useful data – it would be valuable to know the numbers of cancer patients who use information from such sites or buy CAMs for cancer online.”

But patients desperate for a cure can only work with the information they have, and at the moment there is precious little authoritative evidence-based information available to them – or their doctors. This is a problem the European Organisation for Research and Treatment of Cancer has recently started to address. It has secured funding from the European Commission for a study looking for evidence-based information on CAM. With partners in many European countries, the information gained will be disseminated widely through the Internet and via cancer leagues and patient groups.

The combined effect of helping patients be more discriminating about the information they trust, and increasing the availability of more reliable evidence-based information on CAMs should go a long way towards helping patients take informed decisions. But Ernst accepts that CAMs may have an appeal beyond what the evidence merits. “What cancer patients want is a cure, and we are not providing

this. Even though they know that there is no evidence that Chinese herbal medicine, for example, will cure their disease, people still continue to take it. What they may not realise is that if an effective CAM treatment emerged it would instantly be taken up by mainstream medicine, as happened with Taxol [paclitaxel], for example.”

One thing patients clearly do realise, however, is that they risk being made to feel foolish and gullible if they tell their doctors about the CAMs they are using. This is a problem for the doctors trying to treat them, and for researchers trying to interpret the results of clinical trials. McVie believes what is required is a change of attitude among the medical profession.

“Giving patients the feeling that they have a real role to play and are not just there to be guinea-pigs in someone else’s investigation is the most important change to be made,” he says. “Using CAM is a way of taking back a bit of control over their bodies. Doctors should be aware of the widespread use of such therapies and not feel that they can simply tell their patients not to use them. It’s absolutely essential that doctors understand this and avoid being superior and disapproving. The patient needs to feel sufficiently confident to be honest about exactly what he or she is taking. Clearly if parents don’t feel confident in telling the doctor what they are giving their children, something has gone very wrong.”