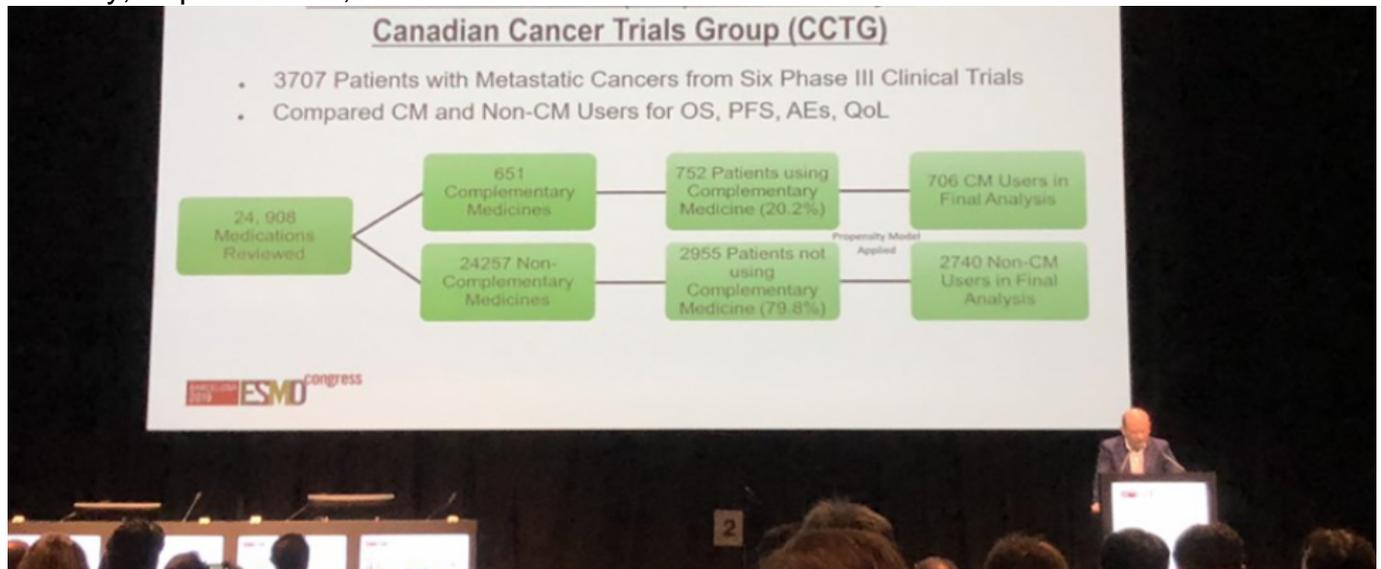


[Palliative and supportive care presentation at ESMO 2019](#)

Submitted by lisac on Mon, 09/30/2019 - 15:57 Complementary Medications and outcomes in CCTG trials.

Monday, September 30, 2019



The use of Complementary Medicines is Relatively High Among Patients in Phase III Cancer Trials

Approximately a fifth of patients participating in phase III breast, lung, or colorectal cancer clinical trials conducted by the Canadian Cancer Trials Group (CCTG) also used complementary medicines (CMs). The use of CMs was associated with improved survival in patients with lung cancer, although patient baseline characteristics were more favourable in these cohorts. These findings were recently presented at the European Society for Medical Oncology (ESMO) 2019 Congress in Barcelona, Spain.

Lead author John C. Wells, Internal Medicine, Queen's University, Kingston, Canada noted that CMs are often used concurrently with conventional medical treatment by patients with cancer, but the extent of their use by patients in phase III studies and patient's outcomes have not yet been determined.

"This study shows that many cancer patients use complementary medicines. The use of complementary medicine was not associated with worse outcomes, however, we recommend patients inform their oncologists if they are considering using non-prescribed medicines in order to monitor for potential interactions and to discuss benefits/risks especially when significant financial cost may be incurred," said Dr. Wells

About the study

This analysis examined patient characteristics and outcomes of CM users enrolled in phase III clinical trials conducted by CCTG. This analysis included data from 3446 patients being treated for metastatic breast (17.7%), colorectal (44.4%), and non-small-cell lung cancers participating in six international phase III trials (MA.31 - NCT00667251; CO.17 - NCT00079066, CO.20 -

NCT00640471, CO.23 - NCT01830621; BR.21- NCT00036647, BR.26- NCT01000025, respectively).

All medications used were independently reviewed by two of the authors to identify CM; any discrepancies were reviewed by a third author and the final list was approved by consensus. Chi-square and logistic regression were used to determine patient characteristics associated with CM use. Propensity score stratification was conducted to compare between CM users and non-users for overall survival (OS), grade ≥ 3 adverse events (AEs), and quality of life (QoL) scales (EORTC-QLQ-C30).

The investigators identified 651 (2.6%) medications that were considered as CM out of the 24908 medications used by the patients. In this study, CMs were defined as natural products and homeopathy.

Overall, CMs were used by 20.4% of patients. The CM use was associated with fewer AEs ($p = 0.02$, 61.5% versus 50.0%). The CM use also associated with worse subjective QoL ratings by patients for pain, constipation, and role. However, CM use did not affect time to global deterioration of QoL, hazard ratio (HR) 1.07; 95% confidence interval (CI) 0.94-1.21 ($p = 0.22$).