

'Alternative Medicine' for Cancer Ups Death Risk

Nick Mulcahy

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It's rare but it happens: a patient with a curable cancer rejects conventional medicine and initially chooses to receive only alternative treatments.

Now researchers from the Yale Cancer Center in New Haven, Connecticut, find that this choice is associated with a 2.5-fold higher risk for death compared with conventional cancer treatment (CCT)

The team had to comb through 10 years (2004-2013) of records in the National Cancer Database to find 280 early-stage cancer patients (with either breast, prostate, lung, or colorectal disease) whose treatment was coded as "other-unproven: cancer treatment administered by non-medical personnel."

This alternative medicine-only group was then matched to 560 patients with the same types of cancer who received CCT, such as radiotherapy, chemotherapy, surgery, and hormone therapy.

The investigators, who performed statistical analyses by cancer type, report that alternative medicine — compared with CCT — was associated with a nearly sixfold increased risk for death among breast cancer patients; among colorectal cancer patients, there was a 4.5-fold increase; and among lung cancer patients, there was a twofold increase.

Also, alternative medicine was associated with a significantly worse 5-year survival rate for breast cancer (58.1% vs 86.6%, $P < .001$), lung cancer (19.9% vs 41.3%, $P < .001$), and colorectal cancer (32.7% vs 79.4%, $P < .001$), when compared with CCT.

Median follow-up of patients was 66 months.

Notably, in the fourth subgroup that they studied, prostate cancer patients, alternative medicine was not a handicap. It was not associated with a significantly increased risk for death compared to CCT. And the 5-year survival rates were similar (86.2% vs 91.5%, $P = .36$)

But the investigators saw that coming.

"This is not unexpected, given the long natural history of prostate cancer and the short median follow-up in this study," write the authors, led by Skyler Johnson, MD, of Yale's Department of Therapeutic Radiology.

The new study was [published online](#) July 6 in the *Journal of the National Cancer Institute*.

Dr Johnson defined alternative medicine.

"[Its] an unproven therapy that is given *in place of* standard therapies. In cancer, this could include things like herbs/botanicals, vitamins and minerals, homeopathy and naturopathy, special diets, prayer, meditation, acupuncture, chiropractic or osteopathic manipulation," he told *Medscape Medical News*.

He further explained that use these therapies "should be done as a complement [in addition] to cancer treatment." Thus, alternative medicine is distinct from complementary medicine.

Dr Johnson is fairly certain that his team managed to find true representatives of the phenomenon of choosing alternative medicine exclusively.

The above-mentioned National Cancer Database code for alternative medicine is "oddly specific," he said, and "one which data collectors would have obtained from the notes." It is also distinct from the code used for those cancer patients who did not undergo any therapy at all or who refused therapy, which are both coded within the database.

The study authors also point out that many cancer patients use alternative therapy in addition to CCT, but little is known about patients who use alternative medicine exclusively.

Who are these patients? Compared to CCT patients, alternative medicine patients were more likely to be younger, have breast cancer, have lower comorbidity scores, and have higher cancer stage, income, and education.

Dr Johnson advised that clinicians sound out patients who are hesitant to move forward with treatment. "It's possible that they are considering an unproven therapy that they've read about on the Internet or heard about from friends of family," he said.

Facts are much less influential than the trust and respect that patients and physicians share. Dr Skyler Johnson

Newly diagnosed cancer patients encounter "massive amounts of information, some of it false, and it's not easy," he added.

Dr Johnson aims to develop trust. "Facts are much less influential than the trust and respect that patients and physicians share," he said.

Paula H. Finestone, PhD, of the Division of Psychiatry at Fox Chase Cancer Center, Philadelphia, Pennsylvania, echoed this idea that cancer patients need support and counseling during the treatment decision-making process.

"Despite the tremendous advances in cancer diagnosis and treatment in the past 20 years, there still is a great deal of anxiety among patients when they first hear the words, 'You have cancer,'" said Dr Finestone, who was not involved with the study.

"I rarely see patients who are seeking alternative treatments for their cancer," Dr Finestone told *Medscape Medical News*. She explained that Fox Chase is a CCT center and draws patients on that basis.

But there are patients who have relatives or friends who have had a "terrible experience" with CCT or who may introduce "the benefits of 'all natural' treatments," she said.

Dr Finestone educates patients. For example, she may point out that vincristine and taxol are both plant-based conventional treatments. But mainly she reminds patients that any friend's or relative's bad experience is "an N of 1, and that conventional treatments have been revolutionized in the past 20 years."

A number of the study authors have financial ties to industry, including pharmaceutical companies. Dr Finestone has disclosed no relevant financial relationships.

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