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Alternative and Complementary Therapy in the Prevention and Management of Gynecologic Cancers Special Report #4-7

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This special report is a systematic overview of the best evidence available on alternative and complementary therapy for women with gynecological cancers. This review has been written and opinions have been formed by the Gynecology Cancer Disease Site Group, which consists of gynecologists, oncologists, an oncology nurse, patient representatives, and methodologists.

SUMMARY

Questions

1. What complementary or alternative medicine therapies are available to women with gynecological cancers?
2. How safe are the complementary or alternative medicine therapies available to women with gynecological cancers?

Target Population

This special report applies to women seeking or using complementary or alternative medicine therapies to prevent or treat a gynecological cancer.

Opinions of the Gynecology Cancer Disease Site Group

The lack of sufficient high-quality evidence precludes definitive recommendations from being made. Instead, the Gynecology Cancer Disease Site Group offers the following opinions based on the evidence reviewed:

- From the evidence available from randomized controlled trials investigating complementary or alternative medicine therapies for the prevention or treatment of malignancies of all types, the Gynecology Cancer Disease Site Group feels that:
 - Women with gynecological malignancies should be discouraged from using high dosages of vitamin A for the purpose of delaying progression of the malignancy. Not only are high dosages of vitamin A highly toxic but also there is no evidence to support that high dosages of vitamin A are beneficial.
 - Women with gynecological malignancies may be encouraged to engage in physical activity (if possible) or relaxation therapy to improve physical and psychological function.
 - There is some evidence suggesting that high dosages of vitamin C are not beneficial; however, the evidence is not specific to women with gynecological cancers. High doses of vitamin C have anticoagulant effects, which could potentially increase the risk of bleeding in patients who are undergoing surgery or are thrombocytopenic.

- The Gynecology Cancer Disease Site Group is unable to support or refute the use of any other complementary or alternative medicine therapy based on the limited evidence.
- Practitioners and patients are encouraged to openly discuss and disclose the use of complementary or alternative medicine therapies. Disclosing the use of complementary or alternative medicine therapies will allow practitioners to provide assistance and guidance to the extent possible with respect to any potential harms or benefits known to be associated with the use of the therapies.

Methods

Entries to MEDLINE (1985 to April 2004), CANCELIT (1985 to October 2002), AMED (Allied and Complementary Medicine) (1985 to March 2004) and Cochrane Library (2004, issue 1) databases and abstracts published in the proceedings of the annual meetings of American Society of Clinical Oncologists (1997 to 2003) were systematically searched for evidence relevant to this special report.

Evidence was selected and reviewed by members of the Practice Guidelines Initiative's Gynecology Cancer Disease Site Group and methodologists. This special report has been reviewed and approved by the Gynecology Cancer Disease Site Group, which is comprised of gynecologic oncologists, medical oncologists, radiation oncologists, an oncology nurse, a pathologist, patient representatives, and methodologists.

Key Evidence

- Eleven randomized controlled trials and one meta-analysis (of five observational studies) were identified that examined the role of complementary or alternative medicine therapies in patients with gynecological cancers. There were no systematic reviews identified describing complementary or alternative medicine therapies specifically for women with gynecological cancers.
- Seven randomized controlled trials compared vitamin A derivatives to placebo in women with precursor cervical cancer or cervical cancer. The evidence suggests that high dosages of vitamin A do not increase regression rates in these women and that there is high toxicity associated with vitamin A.
- One randomized controlled trial compared folic acid to a placebo in women with precursor cervical cancer. There were no differences in regression rates between the two groups.
- One randomized controlled trial and one meta-analysis (of five observational studies) compared vitamin A derivatives to a placebo in women at high risk for developing ovarian cancer. The limited evidence suggests a possible benefit of high-dose vitamin A; however, both studies contain serious design flaws.
- Two randomized controlled trials compared techniques to manage the adverse effects of chemotherapy in women with ovarian cancer. One randomized controlled trial examined relaxation therapy compared to no relaxation therapy and detected that relaxation therapy decreases the adverse effects of chemotherapy compared to no relaxation therapy. The other randomized controlled trial examined electrical stimulation to decrease the adverse effects of chemotherapy compared to no treatment. Women receiving the electrical stimulation reported that they were generally content with its effects, despite a lack of strong evidence supporting the theory that electrical stimulation was truly effective in decreasing nausea.
- One systematic review was identified that reported the safety of various complementary or alternative medicine therapies for patients with various cancer diagnoses. The systematic review advised practitioners to accept and monitor the use of some complementary or alternative medicine therapies including acupuncture, exercise, mind-body therapies, and massage. The systematic review advised practitioners to discourage the use of high

dosages of vitamin A and vitamin C, due to evidence indicating that the vitamins offer no benefit and the high toxicity of the vitamins (particularly vitamin A).

- One meta-analytical review was identified that examined relaxation training in cancer patients. The authors of the review established that patients receiving relaxation training experience significantly less adverse effects associated with cancer treatments than patients who do not receive relaxation training.

For further information about this Special Report, please Dr. Michael Fung Kee Fung, Chair, Gynecology Cancer Disease Site Group, Ottawa General Hospital, 501 Smyth Road, Ottawa, Ontario; Telephone: 613-737-8560, FAX: 613-737-8828.

*The Practice Guidelines Initiative is sponsored by:
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Visit http://www.cancercare.on.ca/access_PEBC.htm for all additional Practice Guidelines Initiative reports.

PREAMBLE: About Our Special Reports

The Practice Guidelines Initiative (PGI) is a project supported by Cancer Care Ontario (CCO) and the Ontario Ministry of Health and Long-Term Care, as part of the Program in Evidence-based Care (PEBC). The purpose of the Program is to improve outcomes for cancer patients, to assist practitioners to apply the best available research evidence to clinical decisions, and to promote responsible use of health care resources. The core activity of the Program is the development of practice guidelines by Disease Site Groups of the PGI using the methodology of the Practice Guidelines Development Cycle.¹

The PEBC also develops Special Reports to meet identified needs. Special Reports address clinical issues outside the traditional portfolios covered by the Disease Site Groups. The Reports undergo a modified external review and are approved by the Practice Guidelines Coordinating Committee.

Reference:

¹ Browman GP, Levine MN, Mohide EA, Hayward RSA, Pritchard KI, Gafni A, et al. The practice guidelines development cycle: a conceptual tool for practice guidelines development and implementation. *J Clin Oncol.* 1995;13(2):502-12.

For the most current versions of the guideline reports and information about the PGI and the Program, please visit the CCO Internet site at:

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