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**FILE: ■ Pediatric Cancer
■ Oncology
■ Complementary and Alternative Medicine (CAM)**

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RE: Most Children with Cancer Use Complementary and Alternative Medicine

Kelly KM. Complementary and alternative medical therapies for children with cancer. *Eur J Cancer*. 2004;40:2041–2046.

More than 40% of the American public utilizes complementary and alternative medicine (CAM) therapies¹; however, in specific patient populations, this number can be much higher. The U.S. National Center for Complementary and Alternative Medicine (NCCAM) defines a wide variety of therapies as CAM. These include homeopathy, naturopathy, traditional Chinese medicine, meditation, prayer, botanical medicine, osteopathic manipulation, massage, reiki, and therapeutic touch. This review provides an estimate of the rate of CAM therapy utilization by pediatric cancer patients.

Children with cancer are estimated to use CAM therapies to decrease side effects of conventional treatments or improve outcomes. Between 31% and 84% of these patients use CAM; however, disclosure of these practices to treating physicians occurs "only half the time." The biggest concern regarding nondisclosure is that failure to inform doctors about using these modalities may decrease the efficacy of the conventional cancer treatments being used.

The greatest concern among pediatric oncologists is the use of biologically based therapies, such as herbal and nutritional medicine due to their potential interaction with chemotherapy and radiation therapy. Although St. John's wort (*Hypericum perforatum*) is given as an example of an herb that decreases blood levels of irinotecan, the author concludes that "few other actual herb-drug interactions have been reported in humans undergoing cancer treatment, so that the potential for interaction still must be regarded as theoretical." Although the role of anti-oxidants remains unclear -- evidence exists that they can interfere with cancer treatment, but also may protect from toxicities-- other herbs and nutritional supplements have known interactions and escalate toxicities with particular agents. Clinical trials for many other phytomedicines in pediatric cancer patients using conventional therapies are lacking.

As examples, the author lists mistletoe and mushrooms such as maitake, reishi, shiitake, and coriolus versicolor, all which possess known immune-stimulating properties.

The author supports the use of mind-body medicine such as hypnosis, music therapy, and massage, which have shown benefit in reducing pain and emotional distress associated with cancer treatment. More information and study is needed before biologically based therapies can be recommended for children with cancer.

—John Neustadt, ND4

References

¹

Richardson MA. Biopharmacologic and herbal therapies for cancer: research update from NCCAM. *J Nutr.* Nov 2001;131(11 Suppl):3037S-3040S.

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