

Utilization Patterns of Complementary and Alternative Medicine in Cancer Patients: The University of Colorado Cancer Center Experience

Fellow: Sara Dryden

Preceptors: Drs. Elaine Lam, MD and Jamie Poust, PharmD

Background: Complementary and alternative medicine (CAM) is defined as a group of diverse medical and health care systems, practices, and products that are not generally considered part of conventional medicine. Cancer patients are known to be one of the largest users of CAM therapy with as much as 83% using at least one form of CAM. However, providers have limited knowledge of CAM and there is contradicting evidence regarding the efficacy of CAM use and its potential for interference with conventional cancer treatment. A lack of communication about CAM between patient and provider can lead to potential barriers to patient care.

Material and Methods: The objective of this COMIRB-approved clinical trial is to establish usage patterns and perceptions of CAM use among cancer patients and oncology providers at University of Colorado Cancer Center (UCCC). Data was collected via survey distribution to patients receiving treatment at UCCC and health care providers (HCP) who provide oncological care. Patient surveys outlined general demographics, cancer diagnosis and treatment information, CAM use, and patient-HCP communication about CAM. HCP surveys included information about provider's medical demographics, receptivity of CAM, perceptions of patients' CAM use, and HCP-patient communication about CAM. Descriptive statistics were used to characterize the data.

Results: Data from 63 patient surveys and 46 provider surveys have been collected to date. Patient demographics showed the most common cancers to be of the breast and prostate. The majority of the patients had undergone surgery (62%) or was receiving chemotherapy (71%). Three-fourths of the patients had college or higher education. Eighty seven percent of patients have used at least one form of CAM with the most popular being prayer, vitamins, dietary supplements, massage therapy, medication, and herbal supplements. Providers correctly perceived patients' use of CAM and identified the same therapies as most prevalent. The most common reasons for CAM use were to improve quality of life and for symptom control. Only half of patients surveyed had discussed their CAM use with their provider and only 30% of providers consistently ask patients about CAM use. However, 50% of patients felt that when discussed, their provider was receptive of their CAM use, and 56% of providers stated that they are receptive of CAM in general while 48% are receptive of certain therapies. The reason most stated by patients and most recognized by providers for patients' non-disclosure of CAM is that the provider did not ask. Over half of providers also felt that patients did not disclose CAM use out of a fear of being told to stop, but so far only 1 patient has given this reason.

Conclusions: A very large majority of cancer patients use some form of CAM for improvement in quality of life and symptom control, as is consistent with the literature. Even though most HCPs are receptive of CAM use, half of the patients do not discuss it with their provider, most commonly because the provider fails to ask. Considering that vitamins and supplements are among the most popular forms of CAM, patient-provider communication is important because of potential drug interactions. The results of this on-going study will hopefully lead to the education of patients and providers regarding the importance of CAM communication, leading to a more integrative, cooperative approach to cancer treatment.

Acknowledgements: Special thanks to Joseph Kaiser for his assistance and the AlterMed Research Foundation for financial support of this project.