

IN EVERY ISSUE

The National Cancer Institute's CAM Agenda

BY JEFFREY D. WHITE, MD

Government agency intensifies quality cancer research and discussion about complementary and alternative medicine.

Cancer is a complex foe: a collection of more than 150 different diseases and conditions with a wide range of symptoms, treatments and prognoses. It's no surprise, then, that the work of the National Cancer Institute must be conducted on many fronts, encompassing research into cancer's origins, genetics and promising treatments. Another area that clearly belongs on that list is complementary and alternative medicine, often referred to as CAM.

Given the rapid growth in the use of CAM therapies by cancer patients and survivors in recent years, I'm concerned there hasn't been a corresponding growth in the discussions between patients and physicians about the use of these interventions. In fact, evidence suggests the majority of patients do not share this information with their doctors, nor do most doctors ask. We need to get the conversation started about the use of these interventions, their effectiveness and potential risks, including how they might interfere with the actions of conventional cancer medications.

The NCI is committed to an integrated approach to cancer research. Evidence-based CAM techniques, systems and products can have an important role in helping us reach the goal of reducing the burden of cancer. And we are making progress. In 2003, 369 fewer people died of cancer than in 2002, marking the first decline in the actual number of cancer deaths in more than 70 years since nationwide data were first compiled. In 2004, that trend not only continued, it increased almost tenfold. Maintaining—and even hastening—that progress will certainly take every resource at hand.

Since the 1940s, the NCI has been involved in the evaluation of CAM approaches. Much of the Institute's current work is coordinated by the NCI's Office of Cancer Complementary and Alternative Medicine (www.cancer.gov/cam), which I have been privileged to lead since its creation in 1998. Our work is based on the belief

that cancer patients and survivors deserve credible, unbiased information on healthy lifestyle choices about any treatment or compound they may be considering as part of an integrative medical regimen.

To take one example, the NCI-sponsored Women's Intervention Nutrition Study demonstrated that significantly lowering dietary fat may lower the risk of recurrence of breast cancer in postmenopausal women treated for early-stage breast cancer. The release of these findings provided evidence for the first time that improvements in lifestyle and dietary interventions can impact cancer recurrence.

NCI's ongoing CAM research also encompasses areas such as vitamin E and herbal supplements, the value of stress management for cancer patients and ginger for chemotherapy-related nausea and vomiting. NCI has also funded a number of cancer-related studies that have yielded some fascinating findings representing both positive and negative results. For example, a six-herb mixture used in traditional Chinese medicine called Anti-Cancer and Preventive Herbal Agent, or ACAPHA, has shown some preliminary findings indicating it might decrease the risk of smokers developing lung cancer, while black cohosh, an herbal agent believed to be a non-hormonal way to reduce hot flashes, was not effective in a randomized controlled trial.

The recently released "NCI's Annual Report on Complementary and Alternative Medicine: Fiscal Year 2005" showcases ongoing and completed research studies that examine an assortment of CAM therapies and research methods. A variety of other information is found on the OCCAM website that I hope will generate an increased dialogue between you and your physician about CAM and its appropriate use in conjunction with conventional medicine.

—Jeffrey D. White, MD, is director of the Office of Cancer Complementary and Alternative Medicine at the National Cancer Institute