RESEARCH ARTICLE

Use of Complementary and Alternative Medicine in Patients with Gynecologic Cancer: a Systematic Review

Dercan Akpunar1*, Hatice Bebis1, Tulay Yavan2

Abstract

Purpose: Research carried out with gynecologic cancer patients using CAM was reviewed to provide a source for discussing which CAM method is used for which purpose, patients’ perceptions on the effects/side effects occurred during/after using CAM and their sources of information regarding CAM.

Materials and Methods: This literature review was carried out for the period between January 2000 and March 2015 using Scopus, Dynamed, Med-Line, Science Direct, Ulakbim, Research Starters, Ebscohost, Cinahl Complete, Academic Onefile, Directory of Open Access Journals, BMJ Online Journals (2007-2009), Ovid, Oxford Journal, Proquest Hospital Collection, Springer-Kluwer Link, Taylor & Francis, Up To Date, Web Of Science (Citation Index), Wiley Cochrane Evidence Base, Wiley Online Library, and Pub-Med search databases with “complementary and alternative medicine, gynecologic cancer” as keywords. After searching through these results, a total of 12 full length papers in English were included.

Results: CAM use in gynecologic cancer patients was discussed in 8 studies and CAM use in breast and gynecologic cancer patients in 4. It was determined that the frequency of CAM use varies between 40.3% and 94.7%. As the CAM method, herbal medicines, vitamins/minerals were used most frequently in 8 of the studies. When the reasons why gynecologic cancer patients use CAM are examined, it is determined that they generally use to strengthen the immune system, reduce the side effects of cancer treatment and for physical and psychological relaxation. In this review, most of the gynecologic cancer patients perceived use of CAM as beneficial.

Conclusions: In order that the patients obtain adequate reliable information about CAM and avoid practices which may harm the efficiency of medical treatment, it is recommended that “Healthcare Professionals” develop a common language.

Keywords: Complementary medicine - alternative medicine - gynecologic cancer

Asian Pac J Cancer Prev, 16 (17), 7847-7852

Introduction

According to the definition made by National Institutes of Health (NIH), complementary and alternative medicine (CAM) is “a broad field of medicine which includes all medical services, methods, practices and accompanying theories and beliefs except for the healthcare system which is politically dominant in a society or culture in a specific period of time” (Karayagiz-Muslu and Ozturk, 2008; Wieland et al., 2011).

CAM is based on Ancient Chinese and Ayurvedic Medicine. Although it has a long history, it has become popular in the world rather recently. While use of CAM in developed countries is 42.1% in the USA, 48.2% in Australia, 49.3% in France and 70.4% in Canada; in developing countries it is 71% in Chile, 70% in China, 40% in Columbia and 80% in African countries (Turan et al., 2010). For that reason, more scientific research and evidences are required in relation to the efficiency/side effects of the use of CAM. The deficiency in the literature was noticed and NCCAM (National Center for Complementary and Alternative Medicine) was founded within NIH in 1998. The aim of this center is to investigate the reliability and efficiency of CAM practices and provide participation in complementary and alternative treatments efficiency of which is scientifically proven (Manheimer and Berman, 2003).

NCCAM classified CAM methods under five different categories as mental and physical practices, alternative medicine practices, biological treatments, manipulative and physical practices and energy therapies (bio-field and bio-electromagnetic) (Manheimer and Berman, 2003) (Table 1).

One of the diseases in which CAM is used commonly is cancer. The incidence rate of cancer is increasing rapidly in the world and our country. According to 2012 data of GLOBOCAN and International Agency for Research on Cancer (IARC), 14.1 million new cancer cases occurred and 8.2 million people died due to cancer (www.who.int, 2015). The increase of cancer incidence in the world and our country depends on the improvements in early diagnosis and treatment opportunities (chemotherapy, radiotherapy and surgical methods) and the survival period of the patients is extended. Patients want to extend this
period more, reduce the side effects of the treatments and have a quality life using CAM. In studies investigating the use of CAM by cancer patients, it is indicated that 30-50% use CAM (Lee et al., 2000; Pud et al., 2005; Scott et al., 2005; Upchurch et al., 2005; Verhoef et al., 2005).

Women have played a role in patient care throughout the history and it is seen that they are able to easily carry out many practices discussed in the scope of CAM (herbal treatments, massage, prayer, etc.). In that respect, among the factors which influence the use of CAM, gender has an important place as well as age and education. As indicated in the studies, women use CAM in all stages of their lives and CAM methods vary according to the problems they encounter (Gungormus and Kiyak, 2012). In the literature, it is seen that women diagnosed with gynecologic cancer use CAM frequently (Upchurch and Chyu, 2005; Akyuz et al., 2007; Amanak et al., 2013). When studies on CAM are reviewed, it is determined that most of the patients cannot explain the reason why they use CAM clearly and do not have any information on the effects/side effects of using CAM (Verhoef et al., 2005; Tokem, 2006; Kav et al., 2008). For that reason, it is stated that there is a need randomized controlled studies with high level of evidence, systematic literature reviews and meta-analyses regarding the efficiency of CAM practices (Can, 2013).

In this article, researches carried out with gynecologic cancer patients using CAM are reviewed and it is aimed to provide a source for the researchers in the field by discussing which CAM method is used for which purpose, patients’ perceptions on the effects/side effects occurred during/after using CAM and their sources of information regarding CAM.

Materials and Methods

This literature review has been composed of the period between January 2000 and March 2015 by using Scopus, Dynamed, Med-Line, Science Direct, Ulakbim, Research Starters, Ebscohost, Cinahl Complete, Academic Onefile, Directory of Open Access Journals, Bmj Online Journals (2007-2009), Ovid, Oxford Journal, Proquest Hospital Collection, Springer-Kluwer Link, Taylor & Francis, Up To Date, Web Of Science (Citation Index), Wiley Cochrane-Evidence Base, Wiley Online Library, and Pub-Med search databases with “complementary and alternative medicine, gynecologic cancer” as keywords. We were reached 32 articles from Science Citation Index (SCI) at, 20 articles from Direct’ Science, 16 articles from SCOPUS, 14 articles from Dynamed, 13 articles from Medline, 7 articles from SSCI, 6 articles from ULAKBİM, 5 articles from Research Starters’, 38 articles from Ebscohost, 3 articles from Cinahl, 3 articles from Academic OneFile, 1 article from Directory of Open Access. After searching through these results, a total of 12 full length papers in English (Gruenigen et al., 2001; Powell et al., 2002; Swisher et al., 2002; Navo et al., 2004; Tam et al., 2005; Molassiotis et al., 2006; Fascing et al., 2007; Akyuz et al., 2007; Finnane et al., 2011; Andersen et al., 2012; Arye et al., 2012; Arye-Ben et al., 2014). Studies which are fulfilling the criteria for this review through such studies obtained from the databased are shown in Figure 1.

Year and location of studies, number and specifications of samples, working method, features of users, CAM prevalence, type of CAM used, source of information, patients’ thoughts on its efficiency, suggestions of the authors and important results obtained were evaluated. Qualitative studies and studies which do not meet three and more evaluation criteria are excluded.

Results

When the locations where the studies are carried out

Table 1. Classification of CAM Applications by NCCAM

| Mind-body medicine | Mind-body systems | Mind-body methods (such as yoga) | Religious and spiritual healing | Social fields (such as holistic nursing) | Alternative medical systems | Acupuncture | Ayurvedic medicine | Traditional Chinese medicine | Naturopathic | Biyolojîye dayâli tedaviler | Herbs | Special dietary treatments | Pharmacological, biological interventions | Manipulative and body-based systems | Chiropractor | Massage | Osteopathy | Hydrotherapy | Energy therapies | a) Bioavailability | Therapeutic touch | Reflexology | b) Biyoelektromagnetik | The use of electromagnetic fields for medical purposes |
Table 2. Features of Researches-I

<table>
<thead>
<tr>
<th>Authors</th>
<th>Sample</th>
<th>Type of research</th>
<th>Type of CAM</th>
<th>Reason of using CAM</th>
<th>Effects</th>
<th>Feature of users</th>
<th>Source of information</th>
<th>Limitations of researchs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gruenigen et al. 2001 USA</td>
<td>n: 529 Gynecological patients (n=568)/oncology patients (n=161)</td>
<td>Descriptive</td>
<td>56.3% use of CAM 29% vitamin E 16% Exercise</td>
<td>Useful in the treatment of the cancer disease.</td>
<td>68% of patients in gynecology is in fact beneficial</td>
<td>Age and education p&lt;0.05</td>
<td>Oncology patients used more</td>
<td>Physicians should ask their patients informed</td>
</tr>
<tr>
<td>Swisher et al. 2003 USA</td>
<td>n:113</td>
<td>Descriptive</td>
<td>49.6% use of CAM 26% vitamin E 9% shark bone</td>
<td>56% of direct battle with cancer 64% to strengthen immunity 44% of physical relaxation 60% to Psychological relief 64% to try every possibility</td>
<td>67% hope / positive thinking 64% of physical well-being There is no benefit of 4%</td>
<td>All users access the pre-diagnostic, More religious self- perceived. Those high-income level, Ovarian cancer more than those using</td>
<td>%6.8 doctor /9.8 nurse</td>
<td>* Standard clinic to receive treatment arrivals - the results can not be generalized</td>
</tr>
<tr>
<td>Nave et al. 2004 USA</td>
<td>n: 250 breast cancer patients, 250 Gynecological oncology patients</td>
<td>Prospective cohort</td>
<td>48% % use of CAM 29% of vitamin E 1.6% of the root of the Turkish orient</td>
<td>55% - 61% to improve the overall health / life quality improvement</td>
<td>%60 safety and benefit No statistically significant difference between the use of ethnicity Education p&lt;0.05</td>
<td>56% of health care professionals 63% of oncologists</td>
<td>Physicians using CAM hide * Language barrier * They were suffering from anxieties because of cancer, effectively answer the research questions can influence psychological states.</td>
<td></td>
</tr>
<tr>
<td>Molassiotis et al. 2006</td>
<td>n:72</td>
<td>Descriptive/Cross - sectional</td>
<td>40.3% use of CAM 28.6% Relaxation techniques Herbal medicine 10.7% Acupuncture 3.4% Spiritual therapies</td>
<td>58.6% increase body resistance (Physical (51.7%) and emotional favors (48.3%) 20.7% of the help and alleviate pain 13.8% to counteract the impact of the disease 3.4% in cancer battle</td>
<td>%10.3 no benefit %80.7 benefit</td>
<td>-</td>
<td>* Sample limited * Patients using CAM hide * Specialized studies in Europe under the name of gynecologic cancer are rare.</td>
<td></td>
</tr>
<tr>
<td>Fasching et al. 2007 Germany</td>
<td>n:1030 (234 Gynecological oncology patients)</td>
<td>Cross - sectional</td>
<td>44% use of CAM 79.6% dietary therapies 36.3% of the immune system booster drugs</td>
<td>To improve the quality of life 44.9% of them have side effects There are 9.8% growth</td>
<td>-</td>
<td>91.6% of physicians 49.3% Friends and family</td>
<td>* Sample limited * TAT on the effects of physical and psychological status of patients can be completed well before the forms</td>
<td></td>
</tr>
<tr>
<td>Akyuz et al. 2007 Turkey</td>
<td>n: 126</td>
<td>Cross - sectional</td>
<td>92% use of CAM 94.7% praying 95.1% worshipping 43.5% Deming, animating on eyes 6.0% Psychologic therapies (rely on therapy, belief in healing) 5.3% Therapeutic touch 4.3% Aromatherapy (lavender oil)</td>
<td>100% Using/ defining plants are safe and useful 87.5%/Using/ psychologically relaxing</td>
<td>*Using/ thinking it to be beneficial 94.8% *Using/ thinking it not to be beneficial 66.6%</td>
<td>-</td>
<td>97.8% media 86.9% relatives/friends</td>
<td>* Sample limited * CAM use may affect sociodemographic features the deeper causes should be investigated.</td>
</tr>
<tr>
<td>Aye et al. 2011 Israel</td>
<td>n: 275 (109 Gynecological oncology patients)</td>
<td>Descriptive</td>
<td>67% use of CAM Generally, acupuncture, relaxation exercises, meditation, healing plants used</td>
<td>Reduce the side effects of chemotherapy Provide as emotional and emotional support</td>
<td>Thought to be reassuring</td>
<td>CAM users 95% of the lows, 67% of university / higher educated. CAM users 95% of the lows, 67% of university / higher educated.</td>
<td>Many of our users and the family physician connected to oncologist</td>
<td>* Sample limited * TAT on the effects of physical and psychological status of patients can be completed well before the forms</td>
</tr>
<tr>
<td>Finne et al. 2011 Australia</td>
<td>n: 95 women diagnosed with lipedema’s patients of gynecological and breast cancer Gynecological oncology patients:15</td>
<td>Cross - sectional</td>
<td>45% use of CAM 86% of massage 5-15% selenium, spiritual healing, reiki, natural medicine practices, acupuncture</td>
<td>Perceived to be effective.</td>
<td>64 years and under, and no significant relationship was found between the incidence of breast cancer related LE CAM use with the participants</td>
<td>-</td>
<td>* TAT kind of treatment, are shown in the form.</td>
<td></td>
</tr>
</tbody>
</table>

Table 3. Features of researches-II

<table>
<thead>
<tr>
<th>Authors</th>
<th>Sample</th>
<th>Type of research</th>
<th>Type of CAM</th>
<th>Reason of using CAM</th>
<th>Effects</th>
<th>Feature of users</th>
<th>Source of information</th>
<th>Limitations of researchs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fasching et al. 2007 Germany</td>
<td>n:1030 (234 Gynecological oncology patients)</td>
<td>Cross - sectional</td>
<td>44% use of CAM 79.6% dietary therapies 36.3% of the immune system booster drugs</td>
<td>To improve the quality of life 44.9% of them have side effects There are 9.8% growth</td>
<td>-</td>
<td>91.6% of physicians 49.3% Friends and family</td>
<td>* Sample limited * TAT on the effects of physical and psychological status of patients can be completed well before the forms</td>
<td></td>
</tr>
<tr>
<td>Akyuz et al. 2007 Turkey</td>
<td>n: 126</td>
<td>Cross - sectional</td>
<td>92% use of CAM 94.7% praying 95.1% worshipping 43.5% Deming, animating on eyes 6.0% Psychologic therapies (rely on therapy, belief in healing) 5.3% Therapeutic touch 4.3% Aromatherapy (lavender oil)</td>
<td>100% Using/ defining plants are safe and useful 87.5%/Using/ psychologically relaxing</td>
<td>*Using/ thinking it to be beneficial 94.8% *Using/ thinking it not to be beneficial 66.6%</td>
<td>-</td>
<td>97.8% media 86.9% relatives/friends</td>
<td>* Sample limited * CAM use may affect sociodemographic features the deeper causes should be investigated.</td>
</tr>
<tr>
<td>Aye et al. 2011 Israel</td>
<td>n: 275 (109 Gynecological oncology patients)</td>
<td>Descriptive</td>
<td>67% use of CAM Generally, acupuncture, relaxation exercises, meditation, healing plants used</td>
<td>Reduce the side effects of chemotherapy Provide as emotional and emotional support</td>
<td>Thought to be reassuring</td>
<td>CAM users 95% of the lows, 67% of university / higher educated. CAM users 95% of the lows, 67% of university / higher educated.</td>
<td>Many of our users and the family physician connected to oncologist</td>
<td>* Sample limited * CAM use may affect sociodemographic features the deeper causes should be investigated.</td>
</tr>
<tr>
<td>Finne et al. 2011 Australia</td>
<td>n: 95 women diagnosed with lipedema’s patients of gynecological and breast cancer Gynecological oncology patients:15</td>
<td>Cross - sectional</td>
<td>45% use of CAM 86% of massage 5-15% selenium, spiritual healing, reiki, natural medicine practices, acupuncture</td>
<td>Perceived to be effective.</td>
<td>64 years and under, and no significant relationship was found between the incidence of breast cancer related LE CAM use with the participants</td>
<td>-</td>
<td>* TAT kind of treatment, are shown in the form.</td>
<td></td>
</tr>
</tbody>
</table>

are reviewed; five studies were carried out in the United States of America, 3 in European countries, 2 in Israel, 1 in China/Hong Kong and 1 in Australia (Table 1). 6 studies were definitive, 4 were cross-sectional, 1 was cohort and 1 was pragmatic observational. In these studies, 1978 women who were diagnosed with gynecologic cancer who use CAM were reached. CAM use in gynecologic cancer patients was discussed in 8 studies and CAM use
in breast and gynecologic cancer patients was discussed in 4 studies. It was determined that the frequency of CAM use varies between 40.3% and 94.7% and used of CAM was lowest in the study no 4 carried out in European countries (40.3%) and highest in the study no 6 carried out in Turkey (94.7%).

As the CAM method, herbal medicines, vitamins/minerals were used most frequently in 8 of the studies (1, 2, 3, 5, 9, 10, 11 and 12). While 27.5% of the gynecologic cancer patients used herbal treatment in the study no 4, 3.4% preferred spiritual therapy method. In the study no 6 which was carried out in Turkey, it was determined that 94.7% of the patients preferred praying and 4.3% preferred aromatherapy as CAM method. In the studies no 7 and 8, mostly touching therapies and massage were used as CAM method.

When the reasons why gynecologic cancer patients use CAM are examined, it is determined that they use to strengthen the immune system, reduce the side effects of cancer treatment and physical and psychological relaxation in studies no 2, 4, 7, 9, 10, 11 and 12. While it is stated that gynecologic cancer patients use CAM to increase their life quality in studies no 3 and 5, it was determined in study no 6 that all of the patients use CAM as they think herbal treatments more reliable than medical treatments and such treatments provide psychological relaxation.

When the benefit-damage perception of the patients after CAM use is examined, it is determined that most of the patients perceive CAM as beneficial (72% in study no 1, 96% in study no 2, 60% in study no 3, 94.8% in study no 6 and all of them in studies no 7 and 8). In study no 12, 28.8% of the patients who use CAM stated that it reduces the toxicity of chemotherapy, 28.8% of patients and reduced the fatigue of 17.9% of patients and reduced emotional distress of the 7.1% of patients.

When the features of gynecologic cancer patients using CAM are examined, statistically significant relation was determined between the use of CAM and age and education in study no 1. In study no 2, it was determined that people who use CAM before being diagnosed with cancer, who reckon themselves as more religious, who have higher incomes and have ovary cancer use CAM.
Use of Complementary and Alternative Medicine in Patients with Gynecologic Cancer: a Systematic Review

In this review, it is determined that gynecologic cancer patients use CAM not for medical treatment of the disease but as a supportive treatment with the purpose of eliminating symptoms, reducing side effects and strengthening immune system. This might be a positive sign as they do not reject medical treatment. However, as both treatments are carried out together, potential effects and side effects cannot be determined.

In this review, most of the gynecologic cancer patients perceive use of CAM as beneficial. Only in study no 5, 44.9% of the patients stated that they have side effects after using CAM. In addition, while CAM does not cause side effects alone, it might cause side effects together with medical treatment. In that respect, healthcare professionals are required to know the contents of CAM and medical treatment and provide consultancy on CAM use in accordance with the patient’s history and medical treatment.

In this review, it is determined that gynecologic cancer patients using CAM are generally younger and have higher levels of education. Studies reviewed are generally carried out in developed countries. According to this, it is thought that educated young people easily access CAM sources in developed countries.

When information sources regarding CAM are examined in this review, patients stated that they have information from their friends in four studies and from their doctors in seven studies. According to the findings obtained, it is seen that one patient out of three gets the information from the doctor. In that respect, it is important that healthcare professionals (doctors, nurses and midwives, dieticians, psychologists, etc.) must have knowledge of CAM in terms of providing guidance/ consultancy to patients and patient relatives.

In this review, limitations stated in the studies are generally related to small size of samples, not being homogenous and about the reliability of the findings. The accuracy of self-reports on CAM use in face-to-face interviews might be biased by social desirability. In that respect, it is emphasized that randomized controlled reviews with broader samples are required to determine the efficiency of CAM.

This review has several limitations. The review was limited to publications in the English language; potentially relevant studies may therefore have been excluded. Pediatric and men populations were also excluded, limiting the generalizability of our conclusions. Many definitions of CAM are used in the literature. Keeping this in mind, we included all types of CAM in this review.

CAM is frequently used by patients diagnosed with more frequently. In study no 3, no significant relation was determined between the ethnicity of the patients and the use of CAM. In studies no 6, 9 and 11, it was seen that patients using CAM are younger and have higher education levels. Among the CAM users, 67% in study no 7 and 37% in study no 11 have undergraduate/graduate degree. In study no 8, a significant relation was determined between lymphedema in patients and using CAM.

The rate of patients who get the information regarding CAM from their friends is 33% in study no 2, 55.2% in study no 4, 49.3% in study no 5 and 59.4% in study no 6. 39% of the patients in study no 1 and most of the patients in studies no 3, 7 and 9 stated that they get the information regarding CAM from a physician. 42.5% in study no 10 and 18.4% in study no 11, patients get the information regarding CAM from herbalists.

When the limitations regarding the research on CAM use is examined, it was stated that the study no 2 was carried out with patients who came for cancer treatment, it is not possible to separate the results certainly for their relation to CAM or routine cancer treatment and the accuracy of the results might be weak. Limitations of the studies were determined as “hiding CAM use and language barrier” in study no 3, “low number of samples” in studies no 4, 5, 7 and 12 and “participants’ being familiar with the nurses” in study no 10. In addition, “participants’ filling in the surveys while their general condition is good” is determined as the limitation of study in study no 5.

In studies no 1 and 2, it was suggested that healthcare professionals should get in-depth information from the patients as most of the patients use CAM and method/types of CAM are various. In study no 4, it was stated the number of studies specific to gynecologic cancer is low and related studies are required on the subject. In study no 7, it is emphasized that it is necessary to make an in-depth analysis of the socio-demographic characteristics of the patients as these affect their use of CAM.

Discussion

In this review, studies on women diagnosed with gynecologic cancer are examined and it is determined that the frequency of using CAM varies between 40.3% and 94.7%. Horneber et al. determined the frequency of CAM use in the meta-analysis of studies carried out in 18 countries in America and Europe as 40% (Horneber et al., 2012). In this review, it is determined that herbal CAM method is used most frequently as a common orientation in eight studies and CAM method preferences vary regionally. For example, in the studies carried out it is found that massage and touch therapies are preferred in Australia and Israel, herbal products and medicines are preferred in Europe and America and praying is preferred in Turkey. As a result of 52 studies that Verhoef et al. reviewed in their systematic compilation, it is determined that cancer patients use CAM methods according to the religious preferences of the country they live in (Verhoef et al., 2005). In the light of these findings, it is thought that cancer patients use the methods related to the religious preferences which are frequently used in the area where they live and which they believe that they will relieve the stress and make them psychologically strong.

In most of the studies in this review, it is determined that gynecologic cancer patients use CAM to strengthen their immune system and increase their life quality. In studies which are carried out on overall cancer patients, patients stated that they use CAM with the purpose of protecting from other diseases and strengthen their immune system (Richirdson et al., 2004; Mao et al., 2011). According to this, it is seen that cancer patients use CAM not for medical treatment of the disease but as a supportive treatment with the purpose of eliminating symptoms, reducing side effects and strengthening immune system. This might be a positive sign as they do not reject medical treatment. However, as both treatments are carried out together, potential effects and side effects cannot be determined.

In this review, most of the gynecologic cancer patients perceive use of CAM as beneficial. Only in study no 5, 44.9% of the patients stated that there are side effects after using CAM. However, there are limitations to the responses of the patients on CAM. While patients use CAM together with medical treatment, they have difficulty in distinguishing the benefits or side effects of them. In addition, while CAM does not cause side effects alone, it might cause side effects together with medical treatment. In that respect, healthcare professionals are required to know the contents of CAM and medical treatment and provide consultancy on CAM use in accordance with the patient’s history and medical treatment.

In this review, it is determined that gynecologic cancer patients using CAM are generally younger and have higher levels of education. Studies reviewed are generally carried out in developed countries. According to this, it is thought that educated young people easily access CAM sources in developed countries.

When information sources regarding CAM are examined in this review, patients stated that they have information from their friends in four studies and from their doctors in seven studies. According to the findings obtained, it is seen that one patient out of three gets the information from the doctor. In that respect, it is important that healthcare professionals (doctors, nurses and midwives, dieticians, psychologists, etc.) must have knowledge of CAM in terms of providing guidance/ consultancy to patients and patient relatives.

In this review, limitations stated in the studies are generally related to small size of samples, not being homogenous and about the reliability of the findings. The accuracy of self-reports on CAM use in face-to-face interviews might be biased by social desirability. In that respect, it is emphasized that randomized controlled reviews with broader samples are required to determine the efficiency of CAM.

This review has several limitations. The review was limited to publications in the English language; potentially relevant studies may therefore have been excluded. Pediatric and men populations were also excluded, limiting the generalizability of our conclusions. Many definitions of CAM are used in the literature. Keeping this in mind, we included all types of CAM in this review.

CAM is frequently used by patients diagnosed with...
Dercan Akpunar et al
gynecologic cancer as in other patients with cancer and various other diseases. Gynecologic cancer patients generally use CAM to reduce the side effects of medical treatment, strengthen the immune system and improve their overall condition. Studies with higher level of evidence regarding the efficiency/side effects of CAM methods and can be generalized to gynecologic cancer patients are required.

In order that the patients obtain adequate reliable information about CAM and avoid practices which may harm the efficiency of the medical treatment, it is recommended that “Healthcare Professionals” develop a common language. Moreover clear strategies should be developed how to further deal with prevalent health related behavior of gynecologic cancer patients.

References

International Childhood Cancer Day 2015. [Internet, World Health Organization Web Site], [updated 2015 June 29]