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The Non-Traditional Therapies Project: a survey of oncologists' knowledge and attitudes regarding non-traditional therapies used by cancer patients

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Today I’m going to present the results of the first in a series of studies that will make up the non-traditional therapies project. This first study explored medical and radiation oncologists’ knowledge and attitudes regarding non-traditional therapies that may be used by their patients.
Defining Non-Traditional Therapies

- Any therapy other than surgery, radiotherapy, chemotherapy and hormone therapy
- They can be…
  - used with traditional therapies
    - ie: not alternative
  - used instead of traditional therapies
    - ie: not complementary
  - scientifically-proven (eg: psychosocial therapies)
    - ie: not unproven

Various terms have been used to describe less conventional therapies. So, firstly, I'd like to explain our definition of non-traditional therapies and why we've chosen this term.

Basically, we're using the term NTTs to cover all therapies except surgery, radiotherapy, chemotherapy and hormone therapy, which we've labelled traditional therapies.

We've chosen this term as it is more all-encompassing than others used in the literature.

For example, NTTs can be used along with traditional therapies- so the term alternative therapies isn't always appropriate.

On the other hand, they can be used instead of traditional therapies- so the term complementary therapies isn't always appropriate.

Finally, some NTTs have been scientifically-proven - for example, there are now a number of meta-analyses concluding that psychosocial therapies can improve patients’ emotional well-being and physical symptoms. So the term unproven therapies isn't always appropriate either.

So, we've chosen the term non-traditional therapies as the best way of describing this broad range of therapies.
Why Explore Non-Traditional Therapies?

- Growing in popularity
  - 22% adult patients (Begbie et al, 1996)
  - 40% palliative patients (Yates et al, 1993)
  - 46% paediatric patients (Sawyer et al, 1994)

So, why explore NTTs?

We feel this area is growing in importance for a number of reasons:

Firstly, the popularity of NTTs appears to be growing in Australia - with 22% of adult patients, 40% of palliative patients and 46% of paediatric patients reporting using at least one NTT.
Why Explore Non-Traditional Therapies?

- Potentially:
  - poorly evaluated
  - harmful
  - incompatible with traditional treatment
  - expensive
  - of no benefit

This popularity is despite the fact that many of these therapies have received minimal scientific evaluation and could be physically harmful to patients or incompatible with their traditional treatments.

Many NTTs are also expensive and, even if they’re not harmful, they may be of no benefit to patients.
Cancer Education Research Program

Why Explore Non-Traditional Therapies?

- NHMRC guidelines recommend oncologists discuss with patients

- Little existing literature about oncologists’ knowledge and attitudes
  - no Australian data

Consequently, the NHMRC Clinical Practice Guidelines for the management of early breast cancer highlighted the need for oncologists to encourage their patients to discuss the use of any NTTs.

This suggests a need for oncologists to have at least a basic understanding of NTTs.

However, little research has been done to assess oncologists’ knowledge and attitudes in this area and there are no Australian data.
Aims of this Study

- To assess medical and radiation oncologists’:
  - perceived levels of knowledge
  - attitudes
  - perceptions of use among own patients

So we’ve set up a series of studies to answer some questions in this area. The first of these studies assessed the current level of medical and radiation oncologists’ knowledge and attitudes about NTTs and their perceptions of the frequency of use of these therapies among their own patients.
This slide lists the therapies explored in the survey. As you’ll see, they covered a wide range of both psychosocial and physical therapies and included all of those commonly seen in the literature and in the media.
The Survey Questions

- For each therapy:
  - perceived level of knowledge (*none* - *lots*)

- For each known therapy, perceptions of:
  - harmfulness or helpfulness
    - palliative versus curative patients
  - prevalence of use among own patients
    - palliative versus curative patients

A brief survey was designed where the oncologists rated their level of knowledge about each of the 19 therapies on a 4 point scale ranging from none/never heard of it to lots.

For each known therapy, the oncologists rated how harmful or helpful they considered it, giving separate ratings for patients being treated palliatively and curatively.

The oncologists also estimated the proportion of their patients using, or having used, each known therapy - again separately for their palliative and curative patients.

We asked about palliative and curative patients separately because of an indication in the literature that oncologists were more tolerant of patients with poorer prognoses using NTTs.
Lists of all the medical and radiation oncologists currently-practising in Australia were obtained from their respective colleges. And we mailed out surveys to each of these 265 oncologists.

161 completed surveys were returned, representing a 61% response rate.
### Results: Most Familiar Therapies

<table>
<thead>
<tr>
<th>Therapy</th>
<th>% Oncologists Know Some/Lots</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acupuncture</td>
<td>84</td>
</tr>
<tr>
<td>Antioxidants/megavitamins</td>
<td>82</td>
</tr>
<tr>
<td>Meditation/relaxation/visual imagery</td>
<td>81</td>
</tr>
<tr>
<td>Herbal therapies/naturopathy</td>
<td>67</td>
</tr>
<tr>
<td>Shark cartilage</td>
<td>60</td>
</tr>
</tbody>
</table>

So, what did we find?

Well, looking first at the knowledge results, this slide shows the five therapies where the highest proportion of oncologists reported knowing some or lots about them. Interestingly, acupuncture and antioxidants were the two most familiar therapies.
Results: least familiar therapies

<table>
<thead>
<tr>
<th>Therapy</th>
<th>% oncologists know some/lots</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cellular therapy</td>
<td>10</td>
</tr>
<tr>
<td>Magnetotherapy</td>
<td>15</td>
</tr>
<tr>
<td>Psychic surgery</td>
<td>20</td>
</tr>
<tr>
<td>Ozone therapy</td>
<td>27</td>
</tr>
<tr>
<td>Iscador/mistletoe therapy</td>
<td>31</td>
</tr>
</tbody>
</table>

And this slide shows the five therapies where the lowest proportion of oncologists reported knowing some or lots about them. These are less surprising, as I’m sure they’d be the least familiar therapies to most of us.
Looking now at the oncologists’ attitudes, the psychosocial therapies tended to dominate those considered very or fairly helpful for both palliative and curative patients, although acupuncture was also viewed very positively. In keeping with the previous literature, many therapies were considered more likely to be helpful to patients being treated palliatively than to those being treated curatively.
Results: least favourably viewed therapies

<table>
<thead>
<tr>
<th>% oncologists think harmful for...</th>
<th>palliative patients</th>
<th>curative patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coffee enema</td>
<td>70</td>
<td>71</td>
</tr>
<tr>
<td>Psychic surgery</td>
<td>56</td>
<td>57</td>
</tr>
<tr>
<td>Diet therapies (Gerson/macrobiotic)</td>
<td>48</td>
<td>49</td>
</tr>
<tr>
<td>Iscador/mistletoe therapy</td>
<td>45</td>
<td>55</td>
</tr>
<tr>
<td>Ozone therapy</td>
<td>37</td>
<td>46</td>
</tr>
</tbody>
</table>

Not surprisingly, the less familiar and more physical or invasive therapies dominated those considered likely to be fairly or very harmful to patients. Although not so clear from these five therapies, there was also a tendency for many therapies to be seen as potentially more harmful to patients being treated curatively than to those being treated palliatively. However, these less familiar therapies were considered potentially harmful for both groups of patients.
Results: perceptions of use among own patients

- Higher use perceived among palliative patients
- Top five:
  - herbal therapies/naturopathy (20-25%)
  - meditation/relaxation/visual imagery (20%)
  - antioxidants/megavitamins (15-20%)
  - homeopathy (10-15%)
  - diet therapies (10%)

Looking now at perceptions of use of these therapies.

For many of the therapies, the oncologists estimated that more of their palliative patients were using NTTs than their curative patients. This perception is in keeping with the patient surveys to date, which suggest that people with more advanced cancers are more likely to use NTTs.

Of the oncologists’ top five therapies shown here, three also feature in the top five from surveys of Australian cancer patients - meditation, etc, antioxidants and diet therapies. But herbal therapies and homeopathy were beaten by hypnotherapy and faith healing in the patients’ surveys.
Results: perceptions of use among own patients

<table>
<thead>
<tr>
<th>Over-estimated (in descending order)</th>
<th>About right</th>
<th>Under-estimated</th>
</tr>
</thead>
<tbody>
<tr>
<td>• herbal therapies</td>
<td>• antioxidants</td>
<td>• hypnotherapy</td>
</tr>
<tr>
<td>• homeopathy</td>
<td>• acupuncture</td>
<td></td>
</tr>
<tr>
<td>• shark cartilage</td>
<td>• diet therapy</td>
<td></td>
</tr>
<tr>
<td>• aromatherapy</td>
<td>• faith healing</td>
<td></td>
</tr>
<tr>
<td>• coffee enemas</td>
<td>• meditation, etc</td>
<td></td>
</tr>
<tr>
<td>• iridology</td>
<td>• microwave therapy</td>
<td></td>
</tr>
<tr>
<td>• ozone therapy</td>
<td>• psychic surgery</td>
<td></td>
</tr>
<tr>
<td>• mistletoe therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• magnetotherapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• immune therapy</td>
<td></td>
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</tbody>
</table>

While the oncologists did quite well at identifying the most popular NTTs, they tended to overestimate the rate of use of many therapies compared to the surveys of Australian cancer patients.

They were most likely to overestimate their patients’ use of the less familiar and more physical therapies. Hypnotherapy was the only therapy underestimated by the oncologists.
Results Summary

- Low knowledge levels for many therapies
- Psychosocial therapies considered helpful
- Use of many physical non-traditional therapies overestimated
- Use by palliative patients viewed more favourably

So to summarise, this survey found large gaps in oncologists’ knowledge about NTTs. This reinforces the need for improved education in order for oncologists to be able to discuss these issues with their patients.

We also found very positive attitudes towards the more psychosocial therapies. This is encouraging as these are therapies where proven benefits exist.

It also suggested that oncologists tend to overestimate the proportion of their patients using many physical NTTs, especially those with higher media profiles.

Finally, as in the little existing literature, the oncologists tended to perceive the NTTs as of more use to palliative patients than curative patients.
What Next?

- A study to assess:
  - patients’ use and attitudes
  - oncologists’ awareness of individual patients’ use
- Large-scale systematic review of effectiveness of psychosocial therapies
- Produce local summary information for oncologists and patients

So, what next?

Our next study will collect data simultaneously from patients and their oncologists about the patients’ use of NTTs and their oncologists’ awareness of this at the individual level.

This study, along with the current results, will help us identify the areas where oncologists are most in need of information.

We’re also conducting a large-scale review of the effectiveness of the psychosocial therapies. This should allow us to make specific recommendations to oncologists in this area - which seems timely, given the positive attitude towards these therapies.

And, finally, there appears to be a need to produce some summaries of the current information available about all NTTs - for both oncologists and patients.