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Complementary medicine use among Moroccan patients with cancer

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Background: Complementary and alternative medicine is a group of diverse medical and health care systems, practices, and products that are not generally considered part of conventional medicine. The last decade has seen an increase of use of complementary and alternative medicine in the world especially in patients suffering from a chronic disease such as cancer.
Materials and Methods: The aims of this study were to estimate and describe the reasons of use of complementary medicine in patients with a cancer treated in a Moroccan oncology department. A specially designed questionnaire was completed for patient during treatment or follow-up in the oncology department after informed consent was obtained. It was a descriptive study over 100 patients over a period of 6 months between September 2008 and February 2009.
Result: The mean age of the participants was 48 years, ranging from 26 to 70 years. Females represented 66% of the group. 45% of patients were using complementary medicine. Plants (42%), and honey (18%) were the main substances used. Aristolochia longa was the most common plant used. Spiritual healing such as prayers was the most significant techniques used (37%). The main sources of information on complementary medicines were information obtained from other patients and friends. No specific profile of user was observed. The main reason of using complementary medicine was curing cancer (82%). The majority of the users of complementary medicine were not revealing their habits to their oncologist because the question was not raised in consultation (99%). One third of cancer patients are using complementary medicine during the treatment of their disease.
Conclusions: This study suggests that patients with cancer frequently use complementary medicine after diagnosis. It seems that medical doctors should ask patients about their use of complementary medicine when they obtain medical history and they need to know more about complementary medicine to offer a better consultation. Finally, complementary medicine must benefit, as well as conventional medicine, of scientific studies to evaluate potential benefits, toxicity and interactions with the conventional treatment in order the oncologist could warned the users.

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Phase II study: single dose of palonosetron plus dexamethasone to control nausea, vomiting in patients treated with moderately emetogenic chemotherapy

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Background: Chemotherapy induced nausea and vomiting (CINV) adversely affects quality of life in cancer patients (pts). CINV occurs in acute period (day 1) or delayed period (2−5 days). 5-HT3 receptor antagonists (5-HT3RA) and corticosteroids are recommended by antiemetic guidelines to prevent CINV.
Our prospective study evaluated the efficacy of a single-dose palonosetron (second generation 5-HT3RA, with longer half life and potent binding to receptor 5HT3) plus single dose of dexamethasone to control CINV in pts receiving moderately emetogenic chemotherapy (MEC) during the first course of chemotherapy.
Materials and Methods: Seventy chemotherapy naïve pts with breast cancer (BC) and colorectal cancer (CRC) received dexamethasone 8 mg iv plus palonosetron 0.25 mg iv on day 1, before the chemotherapy starting. The chemotherapy regimens included 5 FU based combination (FOLFOX or FOLFIRI) for CRC and regimens anthracycline based for BC (AC, FEC). Complete Response (CR), defined as no vomiting and no rescue therapy, was the primary endpoint. Nausea and vomiting episodes were recorded in daily diary and evaluated during the acute, the delayed and overall (days 0−5) phases. All antiemetic therapies taken in the 5 days following chemotherapy have been considered rescue therapy.
Results: 68 pts returned the diary, median age was 61 years (range 24−76), 42 pts with BC and 28 CRC, 56 females and 14 males.
51 (75%) pts experienced a CR both in acute and delayed phases, while 46 (67.6%) of pts had a CR during the overall phase.
In acute phase nausea did not occur in 44 pts (64.7%), in the other 24 pts those experienced nausea, maximum grade was moderate in 5 pts, mild in 19 pts.
In delayed period nausea did not occurred in more of 50 pts, only 7 pts recorded nausea in daily diary on day 5. Rescue therapy was taken in 19 pts on day 1, in 8 pts on day 5.
Median time to treatment failure was 10 hours after the palonosetron administration, range 2−96 hours.
25 pts (36.7%) reported any Grade 1 adverse events as asthenia, constipation, headache; no unexpected adverse events have been recorded.
Conclusions: Single dose palonosetron plus single dose dexamethasone, intravenous therapy, administered on day 1 is feasible and effective for prevention of CINV in acute and delayed phases.

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What the patient needs – determining rehabilitation requirements within a lung oncology clinic: a prospective pilot study

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Background: Lung cancer patients often present with multiple physical and psychological symptoms that require timely intervention to maximise independence and quality of life (QOL). This study was undertaken to ascertain perceived unmet needs in this population of patients and to scope a service to meet those needs in an ambulatory care setting.
Materials and Method: A preliminary observational study supported the perception of unmet need in an ambulatory care setting.
A symptoms clinic was run by two therapists within a weekly lung oncology clinic. Oncology clinicians referred patients to the symptoms clinic over a 12 week period and patients were offered the choice to self-refer in one clinic. A generic assessment tool was used to assess patients' symptom concerns and lifestyle problems. Patients were offered immediate, at a future clinic, or telephone assessment.
A telephone survey of patient satisfaction was conducted.
Data was collected for symptom concerns, QOL indicators, stage along the cancer pathway, onward multidisciplinary referrals, and patient satisfaction.
Results: 41 patients were referred by oncology clinicians in the 12 week period and 16 patients self referred within one clinic. The most common symptoms were fatigue, decreased appetite, weakness, cough and dyspnoea. In total 90 onward referrals were made to multidisciplinary professionals for intervention. Physiotherapy, occupational therapy and dietetics were the most common referrals. Newly diagnosed patients presented with fewer symptoms than follow-up patients. More symptoms and needs were identified for patients who self-referred than for those referred by oncology clinicians. Positive reports from patients included improved symptom control and satisfaction in managing activities of daily living.
Conclusions: Lung cancer patients need timely and continuing access to multidisciplinary services as their symptoms develop. The results demonstrate that an unmet need exists and that a symptoms clinic provides access to timely multidisciplinary intervention, quality of care and patient satisfaction.
In addition there was a positive change in the working relationships within multidisciplinary teams. The patients presented with a range of symptoms and the referral mechanisms, access opportunities and treatment required to be tailored to individual needs. The study demonstrates the need for an effective service to address lung cancer patients' symptoms and QOL concerns.

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A double-blind randomized controlled trial comparing 3 mg and 1 mg of Granisetron for the control of chemotherapy-induced acute emesis

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Background: Nausea and vomiting are distressing and debilitating side effects of cancer chemotherapy. Leading societies in clinical oncology have declared antiemetic guidelines. Three-drug combination of a