

Complementary and alternative medicine use in patients with chronic lymphocytic Leukemia: An Italian Multicentric Survey

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Complementary and Alternative Medicine (CAM) is defined, according to the National Institute of Health (NIH) Center of Complementary and Alternative Medicine, as a group of diverse medical and health care systems, practices, and products that are not generally considered part of conventional medicine and, in the majority of cases, have limited scientific evidence (NCCAM, <http://nccam.nih.gov/health/whatisacam/>). About one third of patients with cancer are reported to use CAM in a systematic review of 26 surveys carried out in 13 countries. A mean prevalence rate of CAM use was found in 31.4%, ranging from 7% to 64% (Ernst et al., 1998). A more recent survey among 14 European countries reported that 35.9% of cancer patients use some forms of CAM (Molassiotis et al., 2005). Moreover, focusing on patients with hematological malignancies, the same study group showed that 26.5% of them were CAM users (Molassiotis et al., 2005). Chronic lymphocytic leukemia (CLL) is a monoclonal disorder characterized by a progressive accumulation of functionally incompetent lymphocytes. Very few data exists focusing on CAM use in patients with CLL (Hensel M et al., 2009). No data exists on the CAM use among this type of patients in Italy, so far. For that reason, we performed a survey of a large cohort of patients with CLL followed at 14 Italian hematologic Institutions aiming to fulfill the following end-points: to estimate the prevalence of CAM user in Italian CLL patients; to define the identity card of CAM user (socio-demographic features); to identify the reasons for CAM use; to identify the CAM remedies used.

This study was conducted from October 2011 to May 2012 at 14 Italian Hematological centers. Data were collected through a standardized descriptive questionnaire about CAM use from outpatients with CLL followed at these Institutions. Unselected patients were consecutively seen at our Institutions as outpatients and invited to participate to the study after its approval by the local Ethics Committees. All patients signed a written informed consent before starting the interview. No invited patient declined to participate and all responded to the questions the doctor did in the face-to-face survey.

First of all, we found 73 out 442 CLL patients (16.5%) using CAM. The mean age of these patients was 64 years (range 40 – 87 years), younger than non CAM user. Moreover, a prevalence of female gender, a higher educational level, Internet user and newspapers reader was also observed. We showed also differences on occupation and Italian residency. No differences in terms of TV watchers.

All patients refused to consider CAM as a therapeutic approach, they consider this treatment an useful allied to standardized therapies, to contribute to the control of the disease. For few others patients the motivation is the improvement of the physical or emotional well-being. The majority of patients used some CAM remedies (green tea, aloe, vitamins) for which a large number of antitumoral claims are available. This study indicates that CAM is an expanding, mostly self-administered, approach to the treatment of cancer in CLL patients also. Oncology community must be aware of this unconventional approach, adequately advice their patients, warning them of potential side effects, contraindications and risks. Finally, well designed controlled and randomized studies need to define safety, efficacy and toxicity of products, generally defined into CAM boundaries, usually used simultaneously with conventional treatments.

Molassiotis et al. (2005) *Annals of Oncology*. 16: 655-663.

Molassiotis et al. (2005) *Complementary Therapies in Clinical Practice*. 11: 105-110.

Hensel M et al. (2009) *Support Care Cancer*. 17: 47-52.