

## What are our research priorities?

In 2010 the NCRI CT CSDG agreed a new 5 year strategy which was developed through an extensive collaborative approach consulting patients, health professionals, and organisations that represent and support people affected by cancer in order to identify the research priorities for the application of complementary therapies in cancer care. The Group will focus its research activity in the following areas:

### Effectiveness gaps

Develop studies which consider the potential application of complementary therapies in addressing clinical issues not adequately dealt with by conventional treatment e.g. cancer related fatigue, dry mouth, peripheral neuropathy, and the side effects of endocrine therapy.

### Compliance with conventional treatment

Develop studies which assess whether complementary therapies can help support treatment compliance and enable patients to complete their full planned course of treatment through reducing anxiety or the side effects of treatment.

### Building on existing evidence

Investigate therapies where a good level of evidence already exists in order to influence practice and service implementation within an acceptable period of time.

### Supporting the survivorship research agenda

Support the research recommendations of the National Cancer Survivorship Initiative to develop studies, including those which consider the consequences of cancer and its treatments, where findings could make a major impact on the 2 million plus cancer survivors in the UK.<sup>3</sup>

### Other areas of research focus

Other study ideas will be considered alongside the priorities of the external research environment. Proposals should be clinically relevant, address priority issues and seek to show real benefits for people affected by cancer.

## How can you contact us?

If you would like to access the Groups expertise, become a member, propose a new study or would just like more information about the Group's strategy please contact:

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ncricsg@cancer.org.uk  
t: 0207 061 8582

From 1st October 2010 our registered address will be:  
Cancer Research UK, Angel Building, 407 St John Street,  
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The National Cancer Research Institute's

# Complementary Therapies Clinical Studies Development Group

invites you to participate in the development of high quality robust clinical studies to inform a clinically meaningful scientific evidence base



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## What are complementary therapies?

Complementary therapies are therapies often used alongside conventional cancer treatment in a supportive capacity to help alleviate the symptoms and side effects sometimes experienced during and after cancer treatment. They are not given with the aim of curing disease.

Alternative therapies are those used to fully replace conventional treatments and are not considered by the NCRI CT CSDG.

## Systematic reviews suggest that acupuncture and acupressure reduce chemotherapy induced nausea<sup>4</sup>

<sup>1</sup> Molassiotis et al. Use of complementary and alternative medicine in cancer patients: a European survey. *Annals of Oncology* 2005; 16(5) p655-663

<sup>2</sup> NCRI CT CSDG strategy survey 'Identifying Research Priorities for Complementary Therapy Research'. Overall online response rate of 20% representing individual members from 16 out of 21 Clinical Studies (Development) Groups whose members chose to respond online.

<sup>3</sup> National Cancer Survivorship Initiative. <http://www.ncsi.org.uk/>

<sup>4</sup> Ezzo J, Richardson MA, Vickers A, Allen C, Dibble S, Issell BF, Lao L, Pearl M, Ramirez G, Roscoe JA, Shen J, Shivnan JC, Streitberger K, Treish I, Zhang G. Acupuncture-point stimulation for chemotherapy-induced nausea or vomiting. *Cochrane Database of Systematic Reviews* 2006, Issue 2. Art. No.: CD002285. DOI: 10.1002/14651858.CD002285.pub2

<sup>5</sup> Pfister DG, Cassileth BR, Deng GE, Yeung KS, Lee JS, Garrity D, Cronin A, Lee N, Kraus D, Shaha AR, Shah J, Vickers AJ. Acupuncture for Pain and Dysfunction After Neck Dissection: Results of a Randomized Controlled Trial. *J Clin Oncol*. 2010 Apr 20. [Epub ahead of print]

## Why do we need more studies?

Approximately 36% of cancer patients<sup>1</sup> use some form of complementary therapy during or after treatment for cancer, and these therapies can play an integral part in a person's cancer journey. Patients and clinicians have reported that these therapies are often used for symptom and side effect management, relaxation, to increase health and wellbeing, and by patients who want to take some level of control in their recovery.<sup>2</sup>

Despite some preliminary evidence for the use of some therapies in cancer care e.g. acupuncture for chemotherapy induced nausea and dry mouth, and relaxation techniques for pain and wellbeing, there is still a limited robust scientific evidence base available to support the benefits, or otherwise, of these therapies.

With many cancer patients now using these therapies, there is a real need to improve the number and quality of clinical studies in this area and create an informative and balanced evidence base to enable patients, health professionals and commissioners to make informed decisions about the application of these therapies.

## Complementary therapies may help patients complete their planned course of treatment through relief of symptomatic side effects

### Who are we and what do we do?

The NCRI Complementary Therapies Clinical Studies Development Group (CT CSDG) is one of 22 NCRI Clinical Studies (Development) Groups which provide the primary route through which new ideas for clinical trials are developed.

Membership consists of oncologists, palliative care expertise, academics, nurses, epidemiologists, statisticians, therapists and consumers.

### Acupuncture can alleviate radiation induced xerostomia<sup>5</sup>

The Group has a remit to develop a portfolio of high quality national studies which consider the application of complementary therapies in cancer care through:

- developing new trials and other well-designed studies
- securing funding from key research funding bodies
- considering new trials proposed by others for inclusion in the NIHR CRN CC Clinical Research Portfolio
- overseeing existing studies
- providing expert advice

