



**Clinical  
Oncological  
Society of  
Australia**

## **Position statement**

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The use of complementary and alternative medicine by cancer patients

May 2013

## About COSA

The Clinical Oncological Society of Australia (COSA) is the peak national body representing multidisciplinary health professionals whose work encompasses cancer control and care. COSA members are doctors, nurses, scientists and allied health professionals involved in the clinical care of cancer patients. COSA is affiliated with and provides medical and scientific advice to Cancer Council Australia.

COSA is the only organisation that provides a perspective on cancer control activity in Australia from those who deliver treatment and care services across all disciplines. The benefits of membership include discounted registration to COSA's Annual Scientific Meeting, access to a range of education programs and workshops, Cancer in the News daily email and subscriptions to Cancer Forum and the Asia Pacific Journal of Clinical Oncology. Please visit our website at [www.cosa.org.au](http://www.cosa.org.au) for more information.

COSA members formed the Complementary and Integrative Therapies (CIT) Group to respond to a broad range of issues associated with use of complementary and alternative medicines in Australia, including the need for information, guidelines for practice, specific issues in oncology and management of unconventional treatments.

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## Introduction

The purpose of this document is to outline the position of the Clinical Oncological Society of Australia (COSA) on the use of complementary and alternative medicine (CAM) by cancer patients and to provide guidance for health professionals involved with the treatment of cancer patients who are using or wish to use CAM.

The study and use of CAM by cancer patients is rapidly changing in terms of both the evidence supporting particular medicines and therapies and the professional standards and accreditation of CAM providers. This uncertainty often leads to anxiety for health professionals and patients.

COSA acknowledges the uncertain environment within which health professionals and patients must make decisions regarding the use of CAM and hopes that this document may provide some guidance.

COSA encourages health professionals to:

- focus on open discussion with their patients regarding CAM
- become familiar with reputable resources for CAM information
- discuss with patients the concept of evidence based medicine
- recognise any limitations to their knowledge of CAM and seek further advice when necessary

Cancer Council Australia has also published a position statement on complementary and alternative therapies. The statement considers the evidence, risks and benefits associated with these therapies, and makes considered recommendations for cancer patients and health practitioners.<sup>1</sup>

## CAM use in Australia

CAM encompasses diverse systems, practices, and products that are available to the Australian public in medical, therapeutic and retail settings and via the internet.

It is likely that more than two thirds of Australian adults have used CAM in the last 12 months. Less than half of these adults will have informed their doctor of their CAM use and many may be using CAM at the same time as prescription medicine.<sup>2</sup>

### Definitions

**Conventional medicine** is medicine practiced by holders of medical degrees and by qualified allied health professionals, such as pharmacists, physiotherapists, psychologists, social workers and registered nurses.

**Complementary medicine** includes medicines and therapies that are not traditionally part of conventional medical practice, used together with conventional medicine to produce better health outcomes.

**Alternative medicine** is medicines and therapies that are not considered part of conventional medical practice and are used in place of conventional medicine.

**Integrative medicine** refers to the blending of conventional and complementary medicines with the aim of using the most appropriate, safe and evidence-based modality(ies) available.

A survey performed in 2010 indicates that up to 65% of Australian cancer patients use at least one form of CAM,<sup>3</sup> with over half of these patients using CAM in conjunction with conventional therapy.<sup>4</sup> A study of Australian radiotherapy patients found that only 40% discussed their use of CAM with their oncologist.<sup>5</sup>

## COSA CAM use Guiding Principles

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The Medical Board of Australia Code of Conduct<sup>6</sup> informs these guiding principles.

### **Patient centred care**

In clinical practice, the primary concern of a health professional is the care of their patient.

### **Shared decision-making**

Making decisions about health care is the shared responsibility of the health professional and the patient.

### **Respect**

Providing good patient care includes recognising and respecting the patient's right to make their own decisions about their healthcare.

### **Effective communication**

Health professionals should create an environment that encourages patients to communicate how they are managing their health, including the use of any CAM.

### **Avoiding prejudice**

A patient's decision to use CAM should not affect the quality of medical care they receive.

### **Minimising risk**

Health professionals should apply the principles of risk minimisation and management when a patient chooses to use CAM.

### **Obligation**

Providing care to a patient choosing to use CAM does not mean the health professional condones the patient's decision; however, health professionals are not obliged to provide treatments against their medical judgement when providing care for a patient who chooses to use CAM.

## Discussing CAM

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In order to identify and avoid CAM induced adverse effects and CAM-drug interactions COSA recommends that health professionals actively seek information regarding a patient's use of CAM. COSA recommends health professionals prompt the discussion of CAM with cancer patients by completing a formal medication history in line with the Australian Pharmaceutical Advisory Council guidelines.

## Discussing the evidence

Patients receive health advice from a number of sources, including print and online media, television, family and friends, other patients and CAM practitioners. Patients may not understand the scientific processes behind developing evidence to support the use of medicine, or the value of clinical studies compared to other sources of information. COSA recommends that health professionals discuss this process with their patients and encourage them to consider the evidence supporting the use of their chosen CAM. Please see Appendix 1 for a list of online resources to assist with this discussion and the adjacent box for recommended steps to take during the discussion.<sup>7</sup> Journal articles by Cohen *et al*<sup>8</sup> and Frenkel *et al*<sup>9</sup> may also be useful in guiding the discussion of CAM use.

Referral to another health professional with expertise in the field of CAM (e.g. clinical pharmacist, medical practitioner, nurse, nutritionist, psychologist or social worker) may assist patients to reach an informed decision about their CAM use. When health professionals are concerned about the patients understanding of anti-cancer treatments or any social or psychological issues underlying the patient's preference for CAM, referral to health professionals with psycho-oncology experience (e.g. social worker, psychologist, nurse care coordinator) is recommended.

### Discussion Steps

A systematic review by Schofield *et al* recommends health professionals take a number of steps when discussing CAM use with patients:

1. Ask what the patient understands about their illness.
2. Respect the patient's culture, values and belief systems.
3. Ask about the patient's use of CAMs.
4. Explore the details of CAM use, the patient's reason for using CAM and the evidence-base.
5. Respond to the patient by addressing issues they want to resolve by CAM use.
6. Discuss concerns you may have about the patient's CAM use.
7. Advise the patient on their CAM use based on the evidence.
8. Summarise the discussion and check that the patient understands.
9. Document the discussion and inform others involved in the patient's care.
10. Monitor by following-up the discussion at the next consultation.

## Implications of CAM use

- Cancer patients may incur substantial costs from the use of CAMs at a time of financial stress due to leave from work and the cost of conventional treatments. Health professionals should ask patients to take into account this cost when considering the use of CAMs, especially when the benefits of use are unclear.
- Cancer patients may feel pressure from friends and family to use CAMs and may experience guilt if CAM use fails to benefit their condition. Health professionals should discuss the possibility of CAM treatment failure with their patients, similar to the discussion of the possible failure of conventional medical treatment.

- Health professionals should also discuss the importance of open and honest communication should a patient decide to proceed with CAM treatment, especially with respect to potential drug interactions.
- CAM use may exclude patients from participation in clinical trials.

## Communication with CAM providers

COSA encourages open communication between cancer professionals, CAM providers and patients, particularly if they require further information about the patient's use of CAM.

## Record Keeping

Health professionals should make accurate and detailed notes in the patient's medical records detailing any discussion and advice about the use of CAM, including the patient's decision and any changes to therapy. The health professional should also document any changes to medication in the patient's medication history.

COSA recommends that health professionals record the details of any use of CAM by the patient, including:

- the name of product or intervention
- a list of active ingredients if available
- the dose or frequency of administration of this treatment
- contact details of the CAM provider
- the patient's reasons for use and perceived benefits

## CAM Information for health professionals

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Health professionals have a duty to exercise reasonable care and skill when providing professional information and healthcare advice, including advice on the use of CAM. COSA recommends health professionals become familiar with the CAM treatments commonly used by their patient group, including the potential benefits and risks.

Please refer to credible CAM resources (such as the ones in Appendix 2) for evidence-based information on common CAMs. If more specialised knowledge is required, COSA recommends consulting a health professional that has expertise in the particular CAM the patient wishes to use. Health professionals registered with The Australasian Integrative Medicine Association ([www.aima.net.au](http://www.aima.net.au)) or connected to integrative cancer centres may be of assistance.

## When a patient wishes to use CAM

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This section provides guidance for health professionals involved in the treatment of cancer patients who choose to use CAM with a focus on balancing the benefits and risks of CAM use.

## CAM and interactions with conventional medicine

Many patients will be unaware that the CAM they are using may interact with conventional treatment. It is important for health professionals to refer to evidence based resources (Appendix 2) and provide the patient with an informed opinion about the potential of drug interactions occurring. This should include both the effect of known interactions and the potential effects from interactions where the evidence is limited or not yet documented in the medical literature.

Often a lack of available interaction data will make it difficult to draw robust conclusions however, in situations where there is limited evidence for potential drug interaction and the patient wishes to

use CAM; the health professional should clearly describe the risk and monitor the patient closely to allow early detection of any adverse outcomes. In this case, the patient will need to understand the level of uncertainty and the risk that an interaction may occur.

If the patient chooses to use CAM with known interactions, the health professional should mitigate the risks by strongly advising patients to suspend the use of the interacting CAM during treatment with conventional medicine. This option allows patients to benefit from the selected CAM before and after treatment, while safeguarding the delivery of conventional treatment. If the patient does not agree to this approach, the health professional could alter the administration regimen to minimise the risk of interactions or as a last resort, withdraw conventional treatment to maintain safety. We recommend that the health professional ensures and documents that the patient understands the reasoning behind these decisions, including the potential adverse outcomes from use of the interacting CAM.

## Safe and beneficial CAM

Health professionals should support a patient's use of CAM if the evidence demonstrates it to be both safe and beneficial for cancer patients. The health professional must clearly describe the benefits of the therapy, as many CAM may improve quality of life for patients, without any anti-tumour effects.

## Safe CAM with uncertain benefits

In some cases, the evidence may support the safety of a CAM, but is inconclusive about the benefits to patients. Sometimes evidence is available for the beneficial use of CAM in non-cancer populations, which may or may not be relevant to cancer patients.

### Reporting adverse events

Health professionals should report suspected interactions and adverse events involving CAMs via the Australian Adverse Drug Reaction Reporting System ([www.ebs.tga.gov.au/ebs/ADRS/ADRSRepo.nsf](http://www.ebs.tga.gov.au/ebs/ADRS/ADRSRepo.nsf)) in the same manner as pharmaceutical medicines. Additionally, health professionals should apply the same hospital procedures for CAM adverse events as when handling suspected adverse drug reactions and interactions.



Health professionals should cautiously support a patient's use of safe CAM with uncertain benefits when used in addition to conventional treatment. In this situation, COSA recommends that health professionals discuss the inconclusive nature of the evidence so patients have a realistic expectation of the outcomes of CAM therapy. If another health care provider has prescribed the treatment, health care professionals should remain vigilant about potential harms, including the impact on the patient's response to conventional medical treatment.

If a patient wishes to use a CAM that is safe, but of unproven or uncertain effectiveness, it is important for the health professional to understand what outcomes the patient expects from the treatment, especially if the patient wishes to use the CAM as an alternative to conventional medicine. The health professional could suggest a trial period to monitor the effectiveness of the CAM, identify any side effects or drug interactions, and measure outcomes against the outcomes the patient wants to achieve. The patient and the health professional may then agree to revisit the patient's treatment decisions together at the conclusion of the trial period.

It may be appropriate for health professionals to consider the use of CAM that is safe for cancer patients in a palliative care setting, even if there is no evidence to suggest the CAM is beneficial. The use of CAM may provide some relief from anxiety in patients for whom curative medical treatment is no longer an option.<sup>10</sup>

## Potentially harmful CAM

Some CAMs pose serious risks for cancer patients, in particular unlisted products, those not produced under Good Manufacturing Practice standards, or those with known toxicity. Patients are also at increased risk of harm if they delay or stop using proven conventional medicine in favour of a CAM that has no evidence of efficacy. Health professionals should actively discourage patients from using any harmful CAM or delaying potentially curative treatment. The health professional should discuss the evidence for potential harms involved in the treatment choice with the patient to enable them to make an informed decision.

Understanding why the patient wishes to take an alternative approach may assist these discussions.

### Harm reduction

Health professionals should take a harm reduction approach when a patient decides to use a potentially unsafe, unproven or risky treatment.

COSA recommends health professionals employ the following harm reduction strategies:

- Encouraging the use of CAM products that are listed or registered on the Australian Register of Therapeutic Goods (An AUST L or AUST R number is on the label), although this does not guarantee safety or efficacy.
- Ensuring that a workable therapy administration timetable is developed to reduce the risk of drug interactions.
- Encouraging patients to consult CAM practitioners registered with AHPRA or are members of AIMA (Australasian Integrative Medicine Association).
- Reviewing treatment decisions and CAM use regularly by setting treatment goals with the patient. This helps identify any benefits or signs of harm and reduces the impact of potentially unsafe practices.

The patient's lifestyle, philosophy, cultural background, religious beliefs, psychological state, health history and previous negative experiences with conventional medicine may influence why the patient chooses an alternative or potentially harmful approach. Through understanding the patient's needs, the health professional may be able to suggest safer complementary therapies that satisfy these requirements and complement conventional treatment.<sup>11</sup>

Despite extensive discussion, a health professional may not be able to convince a patient to avoid the use of harmful CAM, or to accept conventional treatment. This is a patient's right and must be respected. The health professional should make it clear to the patient that serious safety issues can arise with the use of unsafe treatments and that their choice is unlikely to result in the best outcomes. The health professional should acknowledge that the patient has a right to autonomy in decisions regarding their health and assure the patient that they may return for a consultation at any time, even if they refuse conventional treatment at this stage.

The health professional should also clearly document why the patient has refused conventional medicine or pursued the use of harmful CAM and if a patient understands the risks involved in this decision. Once it is clear the patient understands but still refuses conventional treatment or advice on avoiding the potentially harmful CAM the situation becomes one of 'informed refusal'. In addition to usual record keeping, it may be useful to record the discussion, any recommendations made by the health professional, reasons for the patient's decision and the patient's treatment decision in a document signed by both the health professional and the patient.

## **CAM Practitioners**

Some CAM therapies such as acupuncture and massage require a practitioner to administer treatment. Ideally, the healthcare professional should suggest a few strategies to help patients find reputable and competent practitioners, preferably with oncology experience, who can deliver the treatment. Members of The Australasian Integrative Medicine Association ([www.aima.net.au](http://www.aima.net.au)) are medical practitioners who integrate evidence-based complementary medicine into their practice. A number of integrative medicine services in cancer centres may also be able to offer advice.

To minimise harm, the healthcare professional should be prepared to discuss the patient's conventional treatment with the CAM practitioner if requested and in turn, ask the CAM practitioner for further information about the desired CAM treatments.

## **Recommending the use of CAM**

As with all medical decisions, the health professional must weigh the potential benefits of a treatment against the possible risks within the context of the individual patient's needs and any other treatment options available. COSA recommends the use of harm reduction strategies to ensure the use of quality preparations, appropriate treatment doses and practitioners with oncology experience in a way that avoids the possibility of treatment interactions, toxicity and side effects while maximising patient benefits. As with all prescribed medicines, the health professional should enter the details of the treatment into the patient's medical records and medication history. This should also include information about discussions with CAM practitioners.

## Administering or monitoring CAM with tests or scans

In rare cases, a patient may ask a health professional to administer a CAM. The health professional may refuse to administer the treatment if they consider it to be professionally unethical, or feel inadequately prepared to do so. It is important that the health professional discuss with the patient why administering CAM is outside their expertise and not part of conventional medical training or treatment.

If a patient requests a scan or test to monitor CAM treatment, it is at the health professional's discretion to decide if this is required for the conventional medical treatment of a patient in their care. Careful discussion with the patient regarding why the test is necessary (or not) may be required.

## Referring patients to clinical trials evaluating CAM

There is an urgent need for the conduct of research that clarifies the potential benefits and risks of CAM and its role in cancer care. COSA supports scientific investigation into CAM use in cancer care. Health professionals should refer patients who may be eligible for inclusion in a CAM trial and have an interest in participating, to the relevant research group.

The Australian Cancer Trials website publishes details of the latest clinical trials in cancer care (<http://www.australiancancertrials.gov.au/>).

The Australian New Zealand Clinical Trials Registry (ANZCTR) is an online register of clinical trials in Australia, New Zealand and elsewhere (<http://www.anzctr.org.au/default.aspx>)

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## Appendix One: Communication Resources

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### **Time to talk**

Information and guidance on how to talk with patients about their use of CAM, including downloadable tip sheets and posters

[www.nccam.nih.gov/timetotalk](http://www.nccam.nih.gov/timetotalk)

### **The basic principles of evidence-based medicine**

Webpage from the Institute of Quality and Efficiency in Healthcare

[www.informedhealthonline.org/the-basic-principles-of-evidence-based-medicine.433.en.html](http://www.informedhealthonline.org/the-basic-principles-of-evidence-based-medicine.433.en.html)

### **Cure-ious? Ask.**

Information for patients on how to identify cancer treatment scams from the US Federal Trade Commission

[www.ftc.gov/bcp/edu/microsites/curious/index.shtml](http://www.ftc.gov/bcp/edu/microsites/curious/index.shtml)

### **iheard**

Website from Cancer Council Australia providing evidence-based answers to questions from consumers

[www.iheard.com.au](http://www.iheard.com.au)

### **Evaluating Online Sources of Health Information**

Six questions patients should ask when reading health information online from the National Cancer Institute.

[www.cancer.gov/cancertopics/cancerlibrary/health-info-online](http://www.cancer.gov/cancertopics/cancerlibrary/health-info-online)

### **I've Got Nothing to Lose by Trying It**

A guide to weighing up claims about cures and treatments

<http://www.senseaboutscience.org/resources.php/11/ive-got-nothing-to-lose-by-trying-it>

### **Understanding Complementary Therapies**

This information resource for patients provides an overview of the role of complementary therapies in cancer care.

<http://www.cancercouncil.com.au/1303/cc-publications/understanding-cancer-series/understanding-complementary-therapies/understanding-complementary-therapies/?pp=1303>

## Appendix Two: CAM Resources

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### **CAM-CANCER**

Information on the safety, efficacy and drug interactions of CAM commonly used by cancer patients

[www.cam-cancer.org](http://www.cam-cancer.org)

### **Office of Cancer Complementary and Alternative Medicine**

Evidence-based summaries of common CAM therapies and cancer

[http://cam.cancer.gov/health\\_pro.html](http://cam.cancer.gov/health_pro.html)

### **About Herbs, Botanicals & Other Products**

Evidence-based information about CAM products from the Memorial Sloan-Kettering Cancer Center

[www.mskcc.org/cancer-care/integrative-medicine/about-herbs-botanicals-other-products](http://www.mskcc.org/cancer-care/integrative-medicine/about-herbs-botanicals-other-products)

### **How Safe Is This Product or Practice?**

Safety information, including side effects and cautions for CAM products and practices from the National Center for Complementary and Alternative Medicine (NCCAM) in the USA

[www.nccam.nih.gov/health/safety/topics.htm](http://www.nccam.nih.gov/health/safety/topics.htm)

### **Natural Medicines Comprehensive Database (available to COSA members)**

Unbiased, Scientific Clinical Information on Complementary, Alternative, and Integrative Therapies

<http://naturaldatabase.therapeuticresearch.com/home.aspx?cs=&s=ND>

### **Natural Standard**

High-quality, evidence-based information about complementary and alternative medicine including dietary supplements and integrative therapies.

<http://www.naturalstandard.com/>

### **Herbs and Natural Supplements – an evidence based guide (3<sup>rd</sup> edition).**

Textbook published by Elsevier Australia. Identified by the National Prescribing Service as a quality complementary medicine information resource. Independent information aimed at Australian and New Zealand health care providers and focused on the over-the-counter products available in these countries.

[http://books.google.com.au/books/about/Herbs\\_Natural\\_Supplements.html?id=8OHDYwfrVkgC](http://books.google.com.au/books/about/Herbs_Natural_Supplements.html?id=8OHDYwfrVkgC)

## Appendix Three: Further Reading

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Cancer Forum. March 2011 Vol 35 Issue No 1 Complementary and Alternative Medicine.

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