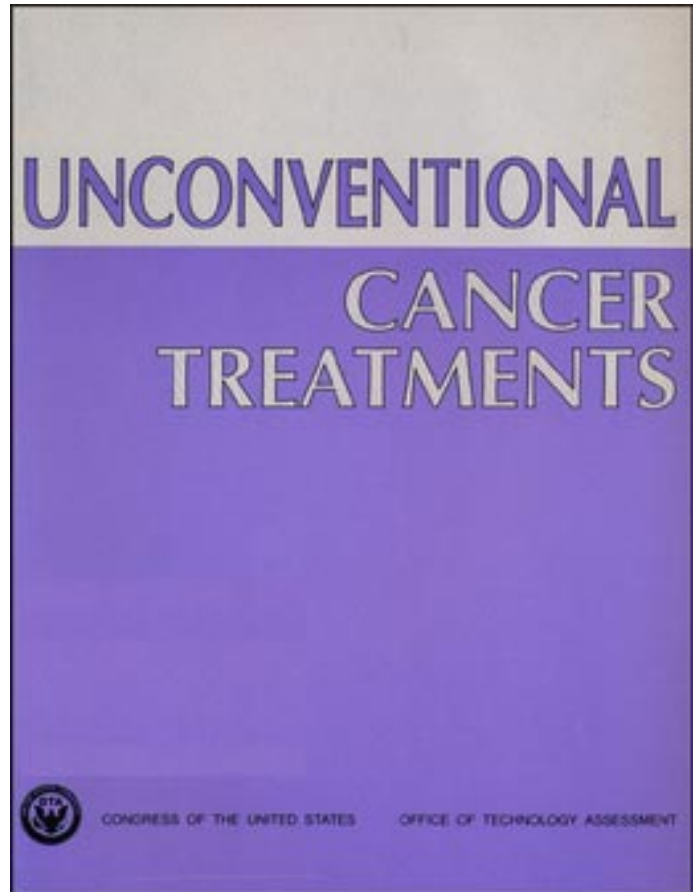


Unconventional Cancer Treatments

September 1990

OTA-H-405

NTIS order #PB91-104893



Recommended Citation:

U.S. Congress, Office of Technology Assessment, Unconventional Cancer Treatments, OTA-H-405 (Washington, DC: U.S. Government Printing Office, September 1990).

***For sale by the Superintendent of Documents
U.S. Government Printing Office, Washington, DC 20402-9325
(order form can be found in the back of this report)***

Foreword


A diagnosis of cancer can transform abruptly the lives of patients and those around them, as individuals attempt to cope with the changed circumstances of their lives and the strong emotions evoked by the disease. While mainstream medicine can improve the prospects for long-term survival for about half of the approximately one million Americans diagnosed with cancer each year, the rest will die of their disease within a few years. There remains a degree of uncertainty and desperation associated with “facing the odds” in cancer treatment.

To thousands of patients, mainstream medicine’s role in cancer treatment is not sufficient. Instead, they seek to supplement or supplant conventional cancer treatments with a variety of treatments that exist outside, at varying distances from, the bounds of mainstream medical research and practice. The range is broad—from supportive psychological approaches used as adjuncts to standard treatments, to a variety of practices that reject the norms of mainstream medical practice. To many patients, the attractiveness of such unconventional cancer treatments may stem in part from the acknowledged inadequacies of current medically-accepted treatments, and from the too frequent inattention of mainstream medical research and practice to the wider dimensions of a cancer patient’s concerns.

Unconventional cancer treatments have received only cursory examination in the research literature, making an objective assessment of their efficacy and safety exceedingly difficult. It. Recognizing this, the Chairman of the U.S. House of Representatives Committee on Energy and Commerce, John Dingell, asked OTA to review the issues surrounding unconventional treatments: the types of unconventional cancer treatment most available to American citizens and how people access them, costs and means of payment, profiles of typical users of unconventional treatments, legal issues, and the potential for enhancing our knowledge about the efficacy and safety of these cancer treatments. A group of Members of Congress, led by then-Congressman Guy Molinari, also asked OTA to examine a particular unconventional treatment—Immuno-Augmentative Therapy—and to design a clinical trial protocol to permit valid evidence of efficacy and safety to be gathered. All these topics are covered in this report.

The debate concerning unconventional treatments is passionate, often bitter and vituperative, and highly polarized. To ensure that all relevant voices were heard and that OTA was accessible, particularly to advocates of unconventional treatments, OTA took several unusual measures during the course of this assessment in addition to its normal process of analysis and review. The project advisory panel, representing a diversity of views, played an important role. Under its Chairperson, Professor Rosemary Stevens of the University of Pennsylvania, the panel persevered through difficult discussions and provided valuable counsel. Much of the final meeting of the advisory panel was organized to hear from critics of the draft report, who were invited by OTA to present their concerns to the advisory panel and OTA staff. OTA’s standing Technology Assessment Advisory Council devoted a meeting to this assessment, discussing the science and policy issues related to unconventional cancer treatments and providing counsel to OTA. Many other individuals and groups in the public and private sectors also contributed their ideas and criticism, for which they are gratefully acknowledged. As with all OTA assessments, however, responsibility for the content of the report is OTA’s alone and does not necessarily constitute the consensus of the advisory panel, the Technology Assessment Board, or the Technology Assessment Advisory Council.

If history in this area is predictive, some few unconventional treatments may be adopted into mainstream practice in the years ahead, others will fade from the scene, and new ones will arise. The ways described in this report to stimulate the valid assessment of unconventional treatments could give the medical community and patients the means to make more informed decisions about their use.


JOHN H. GIBBONS
Director

Unconventional Cancer Treatments Advisory Panel

Rosemary Stevens, Ph.D., Panel Chair
University of Pennsylvania
Philadelphia, Pennsylvania

Jeanne Achterberg, Ph.D.
Institute of Transpersonal Psychology
Menlo Park, California

Keith Block, M.D.
University of Illinois School of Medicine
Chicago, Illinois

Barrie R. Cassileth, Ph.D.
Hospital of the University of Pennsylvania
Philadelphia, Pennsylvania

Jonathan Collin, M.D.
Port Townsend, Washington

John H. Edmonson, M.D.
Mayo Clinic
Rochester, Minnesota

Robert C. Eyerly, M.D.
Geisinger Medical Center
Danville, Pennsylvania

John Fink
International Association of Cancer
Victors and Friends
Santa Barbara, California

Stephen L. George, Ph.D.
Duke University Medical Center
Durham, North Carolina

Gar Hildenbrand
Gerson Institute
Bonita, California

Brian J. Lewis, M.D.
Kaiser Permanence Medical Center
San Francisco, California

Robert W. McDivitt, M.D.
Barnes Hospital
St. Louis, Missouri

Grace Powers Monaco, J.D.
Emprise Inc.
Washington, DC

Herbert F. Oettgen, M.D.
Memorial Sloan-Kettering Cancer Center
New York, New York

Brendan O'Regan
Institute of Noetic Sciences
Sausalito, California

Richard K. Riegelman, M.D., Ph.D.
George Washington University
School of Medicine
Washington, DC

C. Norman Shealy, M.D., Ph.D.
Shealy Institute for Comprehensive
Health Care
Fair Grove, Missouri

Andrew T. Weil, M.D.
University of Arizona Health Sciences
Center
Tuscon, Arizona

Special Consultant
Michael Lerner, Ph.D.
Commonweal
Bolinas, California

NOTE: OTA appreciates and is grateful for the valuable assistance and thoughtful critiques provided by the advisory panel members. The panel does not however, necessarily approve, disapprove, or endorse this report. OTA assumes full responsibility for the report and the accuracy of its contents.

OTA Staff—Unconventional Cancer Treatments

Roger C. Herdman, *Assistant Director, OTA
Health and Life Sciences Division*

Clyde J. Behney, *Health Program Manager*

Project Staff

Hellen Gelband, *Project Director*

Julia T. Ostrowsky, *Principal Analyst*

*Sarah Dry, Research Assistant**

Brigitte M. Duffy, *Research Analyst***

Sarah Sa'adah, *Research Assistant****

Gwen Solan, *Analyst*****

Administrative Staff

Virginia Cwalina, *Office Administrator*

Eileen Murphy, *P.C. Specialist*

Carolyn Martin, *Word Processor Specialist*

Contractors

Michael S. Evers, J.D., *Project Cure*

Vicki S. Freimuth, Ph.D., *University of Maryland*

Janice Guthrie, *The Health Resource*

Sharon Hammond, *University of Maryland*

David J. Hufford, Ph.D., *Pennsylvania State University*

Michael Lerner, Ph.D., *Commonweal*

Daniel J. Morns, M.D., *H. Lee Moffitt Cancer Center*

Anne Paxton, *Washington, DC*

Terence M. Phillips, Ph.D., D.Sc., *George Washington University Medical Center*

Ronald D. Schwartz, J.D., and Rebecca L. Burke, J.D., *White, Fine & Verville*

Patricia Spain Ward, Ph.D., *University of Illinois at Chicago*

Robert Watson, *University of North Texas*

Jack Z. Yetiv, M.D., Ph.D., *San Carlos, CA*

*From December 1987 until April 1989.

**From July 1989 to June 1990.

***From June 1990.

****From March 1987 to February 1989.

Working Group on Immuno-Augmentative Therapy

Ross Burrus, Ph.D.
Science Applications International Corporation
Lenoir City, Tennessee

Donald F. Gleason, M.D., Ph.D.
University of Minnesota Medical School
Minneapolis, Minnesota

I. Craig Henderson, M.D.
Dana Farber Cancer Institute
Boston, Massachusetts

Thomas Holohan, M.D.
Food and Drug Administration
Rockville, Maryland

Curry Hutchinson (deceased)
Immunology Researching Centre/IAT Ltd.
Freeport, Grand Bahamas

Michael Lerner, M.D.
Commonweal
Bolinas, California

Robert W. Makuch, Ph.D.
Yale University
Connecticut Cancer Research Unit
New Haven, Connecticut

Maryann Roper, M.D.
National Cancer Institute
Bethesda, Maryland

Consultants to the Working Group

Costan W. Berard, M.D.
St. Judes Hospital and Child Research Center
Memphis, Tennessee

Clara D. Bloomfield, M.D.
University of Minnesota Hospital and Clinic
Minneapolis, Minnesota

Freddie Ann Hoffman, M.D.
Food and Drug Administration
Rockville, Maryland

Richard Peto
University of Oxford
Oxford, England

NOTE: OTA appreciates and is grateful for the valuable assistance provided by the working group members and consultants. The working group does not, however, necessarily approve, disapprove, or endorse this report. OTA assumes full responsibility for the report and the accuracy of its contents.