

REVIEW AND SYNTHESIS OF EMPIRICAL LITERATURE IN USE OF  
COMPLEMENTARY AND ALTERNATIVE MEDICINE IN PEDIATRIC  
ONCOLOGY

Jennifer I. Bonamer, BSN  
University of South Florida  
Tampa, Florida  
Pediatric Oncology CAM

**Purpose:** The purpose of this poster is to review studies of complementary and alternative medicine (CAM) in the pediatric oncology patient to determine CAM measurement tools, prevalence of CAM use, types of CAM most frequently used, reasons for CAM use, and collaboration of CAM use with physician.

**Methods:** A review of literature was conducted to gather information on CAM usage in the pediatric oncology population. The computer search included CINAHL, Medline, and PsycInfo databases. Terms searched were *complementary, alternative, nontraditional, unconventional, integrative, holistic, pediatric, child, adolescent, oncology, and cancer*. Reference lists were examined and missing articles obtained. Landmark studies, though outdated, were included for historical perspective. Reviews were critiqued by target population, description of sample, research design, sample size, response rate, and prevalence/selected findings. Additionally, data were gathered regarding reasons for choosing CAM. All studies describing prevalence of use in pediatric oncology populations were included.

**Findings:** Thirteen studies met criteria for this review. The earliest study dated 1977, with a cluster of three studies in the early 80's, and most other studies done in the late 90's to 2004. All were descriptive studies utilizing self-assessment or interviews. Convenience samples were used from inpatient units, outpatient clinics, or local cancer registries. CAM use was measured during period of cancer treatment. Ages of children ranged from 0 to 21 years old. All studies used either questionnaires or interviews. Sample sizes ranged from 20 to 366 patients/families. Prevalence rates for use of CAM ranged from 6-84%. An important finding was the lack of consistency used to measure CAM in this population. Reasons for CAM use varied from management of symptoms to prevention. Physicians were usually not informed of CAM use by the patient. However, use of CAM was rarely in lieu of traditional medical treatment.

**Discussion:** These studies illustrate the confusion and discrepancy surrounding CAM definition, measurement, and use. Studies do not define CAM according to universally accepted definitions, such as those by NCCAM. Further research is needed to determine the reasons for use of CAM and it's perceived effect in pediatric oncology (e.g. improving quality of life, shorter treatment course, opposition to traditional medicine, etc.). Future studies should also evaluate the effectiveness of specific CAM therapies and study the most appropriate means to integrate these therapies into acute patient care.