Letters to the Editor

Cooperative Research Group Members Question Advertisement

Representatives of the North Central Cancer Treatment Group (NCCTG)—a cooperative oncology research group—Nursing Board are writing in response to an advertisement that was featured in the April 2000 issue of the Oncology Nursing Forum (ONF). On page 440, Cambridge Nutraceuticals advertised its product, glutamine, for patients receiving radiation and chemotherapy. NCCTG Nursing Board members do not have a problem with food supplement or herbal product advertising in ONF, per se. However, we feel that this particular ad misrepresents the facts.

The ad consists of a banner with the phrase “New Research” across the upper left-hand corner. The heading continues with a rhetorical question, “Why Does a Nutraceutical Company Want to Be Seen in the Oncology Nursing Forum?” The ad continues to list five citations related to five separate uses of glutamine for patients receiving either radiation therapy or chemotherapy. Two of the proposed indications (irritation-associated late diarrhea and paclitaxel-induced myalgias and arthralgias) cite two references that are, in fact, letters to the editor and not published clinical trials.

A Medline search for glutamine use in myalgias and arthralgias produced only a letter to the editor. A quick Medline search of glutamine and diarrhea brings up two randomized studies. A double-blind randomized trial showed no effect of oral glutamine in doxifluridine-induced diarrhea (Bozzi et al., 1997). The second study (Decker-Baumann et al., 1999) involved patients with colorectal cancer receiving 5-FU/calcium-folinate chemotherapy. Half of the patients were randomized to receive parenteral supplements of glutamine and half were not. Although this study found some protection of the gastric and duodenal mucosa through endoscopy, it found no significant differences in the incidence and severity of clinical side effects graded by the World Health Organization criteria.

Our intention is not to repudiate each claim of this company with an exhaustive literature search. Instead, we want to bring to the attention of ONF readers the need to be aware of the level of evidence for nutraceutical products. Glutamine very well may have some beneficial use for patients receiving cancer therapy, perhaps even in the area of chemotherapy-induced myalgias and arthralgias. However, the above referenced ad is not research-based proof of such benefit and should not be mistaken as such. We feel that the ad is presented in a misleading manner that could easily be interpreted as glutamine having more of a research-based efficacy than it does.

Increasingly, NCCTG researchers, as well as others, are beginning to formally study many nonregulated pharmaceutical and nutraceutical products. In the United States, individuals must remember that these food supplement products are not regulated regarding content, purity, or efficacy claims. Dose and toxicity often are unknown because these products have not been studied with the rigor of regulated pharmaceutical products. The time has come that such products be studied and investigated thoroughly.

In addition, nurses must be aware of the level of evidence that exists concerning various treatment interventions. The strongest level of evidence (outside of meta-analyses) is randomized, placebo-controlled trials. Such studies conducted at multiple sites are particularly helpful. Ancedotal reports (e.g., case reports) do not provide a strong evidence base, but they do provide support for the development of prospective studies. Nurses and other healthcare professionals should be prepared to explain the status of the evidence to patients and families so that they can make informed decisions.

We must do our part to keep companies accountable for their claims and continue to promote high standards of excellence in nursing symptom management practice and research. The NCCTG Nursing Board respectfully requests that misleading and unsubstantiated claims in advertisements not be included in ONF.

NCCTG Oncology Nursing Board:
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Instructor Receives Inquiry Regarding Article on Foot Reflexology and Cancer

I am a lecturer in podology at Curtin University of Technology in Perth, Western Australia. I instruct a class of senior students, and we are looking at complementary therapies. The article by Nancy L.N. Stephenson, PhD, RN, CS, Sally P. Weinrich, RN, PhD, FAAN, and Abbas S. Tavakoli, DrPH, “The Effects of Foot Reflexology on Anxiety and Pain in Patients With Breast and Lung Cancer” (ONF, Vol. 27, pp. 67–72) is part of the recommended reading. I received the following inquiry from one of the students and would appreciate an informed response.

Cameron Kippen, BSc (Hons)
Podology Instructor
Curtin University of Technology
Perth, Western Australia

Having read “The Effects of Foot Reflexology on Anxiety and Pain in Patients With Breast and Lung Cancer,” I have one concern. My past studies into reflexology (British School of Yoga [BSY] in Queensland, Australia) suggest that the aim of the therapy is to improve lymphatic flow, which results in improved balance of energy and release of toxins. This BSY course suggests that reflexology for patients with cancer is completely prohibited and should not be performed under any
circumstances, as the result may facilitate the spread of the cancer through the stimulation of the lymphatics.

I suppose it really depends on the theories that the reflexologist follows. The impression I got from the article is that reflexology is a form of massage, which reduces stress and anxiety. If the reflexologist believes that stimulation of the lymphatics is the principle behind the therapy then, perhaps in the case of patients with cancer, reflexology should be avoided.

My opinion now is that reflexology is a form of massage that produces the release of “feel good” chemicals that make patients feel better. If the therapy means that patients will return regularly for massage, I am all for it.

Roger John Ricupero, BSc
Curtin University of Technology
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The Author Responds

Thank you for your letter and questions regarding our article on reflexology. I am aware that various opinions exist regarding reflexology and patients with cancer. All of the reflexologists whom I have contacted have had positive results when implementing reflexology with patients with cancer. The general rule of thumb for very sick patients is to do the technique lighter, for a shorter length of time, and more frequently. I contacted Dwight Byers, president of the International Institute of Reflexology (IIR), to confirm the areas of reflexology with patients with cancer. All of the reflexologists whom I have contacted have found no correlation between lot numbers and patients being successfully rechallenged. Appproximately one year ago, our pharmacy department notified Bristol-Myers Squibb about these incidents. Bristol-Myers subsequently tracked several of the lot numbers but failed to identify any correlation between our reactions and the lot numbers reported.

In response to your question regarding theory, yes, my rationale is based on Melzack’s neuromatrix theory of pain and involves relaxation and its impact on pain. I believe that when we are implementing research on alternative therapies, we must base our work on a strong theory as well as empirical data. That is my philosophy and approach.

Feel free to contact me if you have further questions regarding my approach to reflexology research.

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Greenville, NC

Another Reader Shares Experience With Paclitaxel Reactions

I am writing in response to a letter to the editor that was published in the October 2000 ONF (“Reader Interested in Increased Paclitaxel Reactions,” Vol. 27, p. 1353). At the cancer center where I work, we also have seen an increase in the number of Taxol® (paclitaxel, Bristol-Myers Squibb Oncology, Princeton, NJ) reactions. In the past year, we have had 17 reactions, ranging from mild to severe. We have found no correlation between lot numbers, dosage, or premedication schedules. However, most of these reactions occurred with the initial dose, with the majority of these patients being successfully rechallenged. Approximately one year ago, our pharmacy department notified Bristol-Myers Squibb about these incidents. Bristol-Myers subsequently tracked several of the lot numbers but failed to identify any correlation between our reactions and the lot numbers reported.

The incidence of Taxol reactions is reported to be in the range of 30%–40%. Given that we administer approximately 100 Taxol infusions per month, our 17 reactions represent an incidence rate of close to two percent. Nonetheless, this increase has changed the way we administer the drug. When a patient initiates Taxol therapy, the treating nurse alerts the rest of the staff that he or she will be giving a patient his or her first Taxol infusion. It is not uncommon for the treating nurse to have an extra line of saline primed, a nasal cannula attached to the oxygen tank, and a blood pressure cuff ready, should these be required.

I appreciate the opportunity to learn that other centers were experiencing similar circumstances. Thank you for taking the time to share this practical knowledge, as this type of dialogue is very beneficial to patient care.

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Clarification

In the January/February 2001 Oncology Nursing Forum’s “Leadership and Professional Development” feature, authors Marlene Cohen, RN, PhD, Katherine Brown-Saltzman, RN, MA, and Marilyn J. Shirk, RN, MN, made reference to the Journal of Nursing Jocolarity. This journal is no longer in print, sadly, because of the untimely deaths of many of the nurses involved in its production. The deaths occurred as a result of a car accident some years ago.

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