

## Preface

New approaches to curative cancer therapy are being explored and evaluated around the world. For example, great hopes have been placed in the Human Genome Project as well as in advances in the fields of molecular biology, molecular genetics, and immunology.

Searching for new substances of therapeutic importance (e.g., in rain forests and oceans, or by developing new technologies) also seems promising. However, this is a time-consuming and expensive process because it is an indispensable prerequisite that such treatments be scientifically evaluated before they are clinically applied. Currently, the optimization of curative cancer therapy seems to be most possible through the development of interdisciplinary concepts of oncological therapies.

In the United States, the use of tumor-destructive standard therapies (surgery, radiation, and chemotherapy) did not significantly lower cancer mortality over the last 30 years. Despite expensive efforts in both research and therapy in response to President Nixon's declaration of war against cancer in 1971, the age-adjusted cancer mortality has even increased by about 6%. Good therapeutic results were achieved only for relatively rare types of tumors (such as lymphoma, leukemia, and testicular tumors). This failure to achieve positive results in the statistically major forms of cancer has spurred the demand for new concepts of treatment and has ushered in the scientific, experimental, and clinical efficacy testing of therapeutic measures used in complementary oncology.

In the United States, as many as 91% of all cancer patients now use complementary measures, often without the knowledge of the attending oncologist. Their main motives are:

- to actively participate in fighting their disease or promoting their recovery
- to activate the immune system
- to optimize the standard therapy.

These understandable wishes need to be addressed with critical (though favorable) open-mindedness, and therapists should get it straight

in their minds that active patients in fact profit from the activation of their psychoneuroimmunological system.

As per their definition, therapeutic measures in complementary oncology are not intended to replace approved standard therapies. Hence, they are not "alternative therapies." Measures in complementary oncology that prove to be important additions to the tumor-destructive therapies simply claim to optimize these standard therapies.

Preliminary data from scientifically based clinical studies have demonstrated the importance of various measures. The benefits to the patients included improvement in their quality of life, reduction of their symptoms and side effects due to standard therapy, and improvement of their immunological state.

In the present book, efficacy-tested measures of complementary medicine are integrated for the first time in a scientific manner into an oncological treatment plan. Due to the organization of the book and its clearly arranged tables it is not only suitable as a handy reference for the practicing oncologist, but it provides an extensive and critical insight into the relevant test results for the scientifically minded oncologist.

Chapters 1 to 7 offer a critical analysis of the current situation in oncology and introduce the reader to tumor immunology. Other chapters deal with study designs and the problems arising when evaluating oncological studies. This part ends with the presentation of the QoL-Recorder, a tool designed to assist in determining the quality of life—a secret aspect behind therapeutic results, which has been neglected until recently.

Chapters 8 to 20 are competent introductions to complementary therapies for which scientifically based data are available from clinical studies (evidence-based medicine [EBM] level 1 [randomized controlled studies] and level 2 [cohort studies]).

In Chapter 21 the integration of these measures into the standard therapy of solid tumors is presented in the form of tables. Here, the duration and the intensity of the treatments are listed for various types of cancer.

Chapter 22 presents many promising concepts of treatment, but it is still too early to integrate them into the treatment plan.

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