Efficacy of Traditional Japanese Medicine (Kampo) in Supportive Care in Cancer: eP084 A Meta-analysis of Randomized Controlled Trials

Yoshiharu Motoo¹⁾, Masayoshi Hosaka²⁾, Ichiro Arai³⁾, Yoshihisa Ishiura⁴⁾, Tomohiro Ito⁵⁾, Yoshinobu Seki⁶⁾, Tateaki Naito⁷⁾, Yuko Masuzawa²⁾, Takeo Nakayama²⁾

¹⁾Kanazawa Medical University ²⁾Kyoto University ³⁾Nihon Pharmaceutical University

⁴⁾Kansai Medical University ⁵⁾Showa University ⁶⁾Niigata University ⁷⁾Shizuoka Cancer Center

Introduction

The EBM Committee of the Japan Society for Oriental Medicine makes available on its Evidence Reports of Kampo Treatment (EKAT) website a compilation of structured abstracts of randomized controlled trials (RCTs) on Kampo medicines.

Our aim was to evaluate the efficacy of Kampo medicines in supportive care in cancer by meta-analyzing RCTs selected from the EKAT website.

(<http://www.jsom.or.jp/medical/ebm/ere/index.html>)

Methods

We established the “Advanced EKAT”, including risk of bias (7 items), safety, source of funding, and conflicts of interest, in addition to items in the original EKAT. Our meta-analysis protocol was registered on PROSPERO (CRD42017068380).

Fig. 1 The number of the articles according to the condition.

Fig. 2 Forest plot of the first postoperative flatus (days).

Fig. 3 Forest plot of postoperative hospital stay (days).

Results

In all, 65 RCTs on supportive care in cancer were reported as of March 31, 2018. Although there were various pathophysiological conditions (Fig. 1), we analyzed the following two conditions due to the number of studies.

In the 12 studies about postoperative motility in patients with gastrointestinal cancers and hepatocellular carcinoma, the number of days to first flatus was significantly reduced (mean difference [MD]: -0.36; 95% CI: -0.70, -0.03; P=0.03) and the length of hospital stay (MD: -1.33; 95% CI: -1.51, -1.15; P<0.0001) was significantly shorter in the daikenchuto group compared to the control (without daikenchuto).

In the 6 studies about chemotherapy-induced peripheral neuropathy, the incidence of grade 3 or higher neuropathy was not significantly different (risk ratio: 0.58; 95%CI: 0.24, 1.40; P=0.23) between the goshajinkigan group and the control (without goshajinkigan).

The risk of bias was high for allocation concealment, blinding, and selective reporting.

Fig. 4 Forest plot of the incidence of grade 3 or higher neuropathy.

Fig. 5 Risk of bias graph in the included studies.

Conclusions

Although there were high risks of bias, it was suggested that some Kampo medicines such as daikenchuto are effective in supportive care in cancer.

Acknowledgments

We would like to express our gratitude to Ms. Aya Hirata (Keio University) for evaluation of articles. The present study was supported by the Japan Agency for Medical Research and Development (AMED) Research Project for Improving Quality in Healthcare and Collecting Scientific Evidence on Integrative Medicine, Grant number: 16lk0310023h0001.