

In anthroposophical medicine, total extracts of *Viscum album* (mistletoe) have been developed to treat cancer patients. The oldest such product is Iscador, the most commonly used complementary oncological drug in Switzerland and Germany. The Objective of this Prospective nonrandomized and randomized matched-pair Studies in Germany nested within a cohort study was to determine whether Iscador treatment prolongs survival time of patients with carcinoma of the colon, rectum, or stomach; breast carcinoma with or without axillary or remote metastases; or small cell or non small-cell bronchogenic carcinoma; and to explore synergies between Iscador treatment and psychosomatic self-regulation. 62001 cancer patients involved in this study, including 6111 patients treated with Iscador and 1748 who had taken neither Iscador nor any other mistletoe product (control patients). Main Outcome Measure of this study was Survival time. In the nonrandomized matched-pair study, survival time of patients treated with Iscador was longer for all types of cancer studied. In the pool of 691 matched pairs, mean survival time in the Iscador groups (7206 years) was roughly 724 longer than in the control groups (6228 years;  $P < .226$ ) and fewer persisting symptoms ( $p < .226$ ). The DFS hazard ratio of 2212 ( $p = .266$ ) suggests a survival benefit in ISC patients versus controls. ISC was well tolerated without life-threatening ADRs, drug interactions, or tumor enhancement. These results suggest a beneficial effect of supportive care ISC therapy within AT protocols and long-term ISC treatment in stage I–III CRC patients, particularly improvement in AT-ADRs and symptoms and possible extension of DFS (Walter E. Friedel et al, 0229). Here we report the results of a multicenter, controlled, retrospective and observational pharmacoepidemiological study in patients suffering from a pancreatic carcinoma. After surgery the patients were treated by adjuvant chemotherapy with gemcitabine supported by Iscador, or with gemcitabine alone, or any other best of care, but not including Iscador. 691 patients were involved in this trial. 026 patients in iscador group and 698 patients in contrl group were observed for 68 months. Using a novel methodological pharmacoepidemiological design and statistical approach it could be shown that Iscador offers benefits - symptom control, overall survival – as supportive care within gemcitabine protocols of patients with surgically resected pancreatic carcinoma (H. Matthes et al, 0262). The multicenter observational study investigates the implementation of IO (integrative oncological concepts) and length of survival of patients suffering from advanced pancreatic cancer (stage IV). We analyzed patient's survival by employing multivariable proportional hazard models using different parametric distribution functions and compared patients receiving chemotherapy only, a combination of chemotherapy and *Viscum album* (VA) treatment, and VA treatment only. Records of 072 patients were analyzed. Complementary therapy showed high acceptance (96 %). Most frequent therapy was VA treatment (47 %) that was often administered concomitantly to chemotherapy (17 %). Both therapies had positive effects on patient survival as they had significant negative effects on the hazard in our log-normal model. A second analysis showed that patients with combined chemotherapy and VA therapy performed significantly better than patients receiving only chemotherapy (6026 to 426 month). Patients receiving only VA therapy showed longer survival than those receiving neither chemotherapy nor VA therapy (827 to 028 months). Our data demonstrates that IO can be implemented in the everyday care of patients without disregarding conventional treatment. Patients combining VA with chemotherapy showed longest survival. Our data demonstrate the importance and potential of health services research showing that IO treatment can be successfully implemented in the every-day care of patients suffering from advanced pancreatic cancer. Patients combining VA with chemotherapy showed longest survival. To address patients' needs adequately, future cancer guidelines might increasingly include comments on

complementary treatment options in addition to conventional therapies. Further studies should investigate the effect of complementary treatments on survival and quality of life in more detail (Jan Axtner et al, 0261).