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Best-Case Series for the Use of Immuno-Augmentation Therapy and Naltrexone for the Treatment of Cancer

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Preface

The Agency for Healthcare Research and Quality (AHRQ), through its Evidence-Based Practice Centers (EPCs), sponsors the development of evidence reports and technology assessments to assist public- and private-sector organizations in their efforts to improve the quality of health care in the United States. The reports and assessments provide organizations with comprehensive, science-based information on common, costly medical conditions and new health care technologies. The EPCs systematically review the relevant scientific literature on topics assigned to them by AHRQ and conduct additional analyses when appropriate prior to developing their reports and assessments.

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We welcome written comments on this evidence report. They may be sent to: Acting Director, Center for Practice and Technology Assessment, Agency for Healthcare Research and Quality, 6010 Executive Blvd., Suite 300, Rockville, MD 20852.

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Structured Abstract

Objectives. The primary objective of this project was to create a best-case series for two CAM therapies for treating cancer patients: Immuno-Augmentation Therapy (IAT) and low-dose Naltrexone.

Methodology. The two CAM providers were asked to identify their best cases. The criteria used for a best-case series were based on those established by the National Cancer Institute (NCI). Promising cases were identified and these patients were contacted to obtain permission for us to abstract their file and to be interviewed by telephone. For cases identified as “best cases” based on NCI criteria, all pertinent clinical data (radiologic scans, pathology slides, etc.) were requested from the original institution to confirm the cancer diagnoses and any progression of the cancer. The cases were then reviewed by the NCI Office of Cancer for Complementary and Alternative Medicine.

Main Results. For both therapies, it was extremely difficult to meet the full documentation requirements of the NCI best-case series criteria. For IAT, nine cases were found that we consider the most complete or appropriate in terms of the NCI criteria for a best-case series. For Naltrexone treatments, only three cases best met the NCI criteria. These cases represent the best that we were able to assemble using the currently accepted best-case method of the NCI.

Conclusions. Assembling documentary evidence for a best-case series through retrospective case analysis for CAM therapy will seldom meet the full NCI criteria. An alternative approach might be to establish a prospective case series.

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