

N-RCT-Table: Quasi-Randomised and Non-Randomised Controlled Trials on Mistletoe Therapy in Cancer [19-21]

Author, Year	Site	Stage	Intervention (Evaluable Patients)	Survival	Tumour Behaviour Other Results	Design/Control for Confounding	Comments, Attrition Rate (AR)
Grossarth 2009 [16a]	Cervical Dysplasia		<ul style="list-style-type: none"> ● Iscador (47) ● None (47) 	Death due to Cancer 3 Pat. 8 Pat.	Cancer incidence 3 Pat. 9 Pat.	Prospective detailed pair matching	Embedded in a long-term epidemiologic study; AR: 15%
Grossarth 2008 [15a]	Uterus	IIIA-IVB	<ul style="list-style-type: none"> ● Iscador (95) ● None (95) 	Overall survival HR	0.61 (0.39-0.93) *	Prospective detailed pair matching	Embedded in an epidemiologic cohort study; AR: 5%
Grossarth 2008 [15a]	Uterus	IA-C	<ul style="list-style-type: none"> ● Iscador (103) ● None (103) 	Overall survival HR	0.41 (0.26-0.63) *	Prospective detailed pair matching	Embedded in an epidemiologic cohort study; AR: 27%
v. Hagens 2005 [37], Loewe-Mesch 2008 [24a]	Breast	I-II	<ul style="list-style-type: none"> ● Iscador, surgery, CMF/EC (33) ● Surgery CMF/EC (33) 		EORTC QLQ-C30, BR23: Nausea/ vomiting ↓* and general side effects ↓*; platelets ↑*; lymphocytes ↓*;	Self-selected treatment allocation	Feasibility study; confounding possible; little information; AR: 20%
Grossarth 2007 [15b]	Ovary	IA-IC	<ul style="list-style-type: none"> ● Iscador (75) ● None (75) 	Overall survival HR	0.47 (0.31-0.69) *	Prospective detailed pair matching	Embedded in an epidemiologic cohort study; AR: 24%
Grossarth 2007 [15b]	Ovary	IV	<ul style="list-style-type: none"> ● Iscador (62) ● None (62) 	Overall survival HR	0.62 (0.37-1.05)	Prospective detailed pair matching	Embedded in an epidemiologic cohort study; AR: 6%
Grossarth 2007 [16]	Melanoma	≤ 0.75 – > 4 mm, no metas- tases	<ul style="list-style-type: none"> ● Iscador (32) ● Keine (32) 	Overall survival HR	0.76 (0.43-1.33)	Prospective detailed pair matching	Embedded in an epidemiologic cohort study; AR: 20% No difference regarding time to diagnosis of brain metastases, HR: 0.79 (0.35-1.77)
Grossarth 2007 [15]	Cervix	FIGO IB-IVA	<ul style="list-style-type: none"> ● Iscador (102) ● None (102) 	Overall survival HR	0.23 (0.14-0.39) *	Prospective detailed pair matching	Embedded in an epidemiologic cohort study; Time to event without death: no difference, but only 6 events per group, anyway. AR: 3.8%
Grossarth 2007 [15]	Cervix	FIGO IV	<ul style="list-style-type: none"> ● Iscador (66) ● None (66) 	Overall survival HR	0.37 (0.17-0.80) *	Prospective detailed pair matching	Embedded in an epidemiologic cohort study; AR: 5.7%
Grossarth 2006 [13, 14]	Breast	T1-3, N0, M0	<ul style="list-style-type: none"> ● Iscador (84) ● None (84) 	Overall survival HR	0.43 (0.27-0.68) *	Prospective detailed pair matching	Embedded in an epidemiologic cohort study; AR: 20%

Büssing 2004 [4]	Breast (suspected)		<ul style="list-style-type: none"> ● Iscador, surgery (47) ● Surgery (51) 			Surgery-associated inhibition of granulocyte function ↓ *	Comparison of two different hospitals. Pair matching for analysis	Confounding by different hospitals (anthroposophic vs. conventional) possible; otherwise well conducted; AR: 7%									
Grossarth 2001 [11]	Breast, lung, rectum, colon, stomach	All stages	<ul style="list-style-type: none"> ● Iscador (396) ● None (396) 	Mean survival (months)	50,8 * 36,6		Prospective detailed pair matching	Embedded in an epidemiologic cohort study; AR: 3,5%									
Schuppli 1990 [35]	Melanoma	Not specified	<ul style="list-style-type: none"> ● Iscador, surgery (84) ● BCG, surgery (114) 	5-year survival	~86% ~72%		Prognostic disadvantage for mistletoe group	Little information; treatment allocation unclear; AR: no data									
Douwes 1988 [7]	Colon, rectum	IV	<ul style="list-style-type: none"> ● Helixor, 5-Fu/FA (19) ● 5-Fu/FA (20) 	Median survival (months)	26 14	<table border="1"> <thead> <tr> <th>Complete</th> <th>partial</th> <th>minim. response</th> </tr> </thead> <tbody> <tr> <td>16%</td> <td>37%</td> <td>23%*</td> </tr> <tr> <td>0%</td> <td>30%</td> <td>20%</td> </tr> </tbody> </table>	Complete	partial	minim. response	16%	37%	23%*	0%	30%	20%	Planned as an RCT, however, computer error occurred, therefore N- RCT	Small trial; little information; AR: 3%
Complete	partial	minim. response															
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Salzer 1987 [28]	Breast	I-III	<ul style="list-style-type: none"> ● Iscador, surgery (76) ● Radiation, surgery, hormones (79) 	Alive in 1985 (after 11-14 years)	29% 24%		Alternating treatment allocation	Protocol violation in study centres; little information; AR: no data									
Salzer 1978 [32]	Lung	I-III	<ul style="list-style-type: none"> ● Iscador, surgery (37) ● Surgery (40) 	6-year survival	38% * 15%		Treatment allocation by type of hospital referring the patient to surgery	Prognostic comparability unclear; AR: 0%									
Fellmer 1966 [10]	Cervix	I-III	<ul style="list-style-type: none"> ● Iscador, radiation (81) ● Radiation (709) 	5-year survival	83% * 69%		Treatment allocation by neutral physician	First prospective controlled trial; careful conduction; neutrality of treatment allocation unclear; AR: 16%									
Majewski 1963 [25]	Genitals	All stages	<ul style="list-style-type: none"> ● Iscador, surgery, radiation^I (155) ● Surgery, radiation^I (no data) 	Disease-specific survival partially improved			Alternating treatment allocation	Little information; AR: no data (I: 15%) ^{II}									

Abbreviations: CMF: Cyclophosphamid, Methotrexat, 5-Fu; 5-Fu: 5-Fluorouracil; FA: Folic acid; EC: Epirubicin, Cyclophosphamid; HR: Hazard rate AR: attrition rate;

^I Co-intervention applied to part of the group. ^{II} Numbers are given only for mistletoe group

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