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PATIENT PERSPECTIVES · FULL IN-DEPTH INSIGHT REPORT

Cancer Patients and Supplements: What Gets Left Out of the Conversation?

Patient perspectives on complementary products, why they are used, how openly they are discussed, and what could make oncology conversations safer and more useful.

Real Experiences · Patient Patterns · Validated by Data

309 total responses captured	**125** complete responses	**6** countries represented	**40.5%** survey completion rate

WHY THIS REPORT

Complementary-product use is common, but the safety conversation is not always complete.

People living with cancer often look for ways to manage symptoms, improve energy, sleep better, or regain a sense of control. Vitamins, herbs, teas, probiotics, and special diets can become part of that effort.

NCI and NCCIH advise that some products may interact with cancer treatment and that patients should discuss them with their healthcare team. This report examines the real-world communication pathway around those choices.

> **About the responses.** The survey captured 309 responses, including 125 complete and 184 partial responses, from the United States, the United Kingdom, Canada, Italy, France, and Germany. Question-level percentages are reproduced exactly from the survey report.

EXECUTIVE SUMMARY

Six findings that define this patient experience.

INSIGHT 01
Complementary use is common
85.8% report using at least one listed product or dietary protocol.

INSIGHT 02
Vitamins lead the product mix
47.2% most heavily use vitamins or minerals.

INSIGHT 03
Vitality is the leading goal
38.5% mainly want more energy or immune support.

INSIGHT 04
Inquiry is not universal
39.3% were never asked or cannot recall being asked.

INSIGHT 05
The full list is not always shared
38.6% report partial or no disclosure.

INSIGHT 06
Information mostly comes from elsewhere
82.5% select a main source outside the oncology team.

01 PATIENT CONTEXT

The responses span active treatment, maintenance therapy, and survivorship

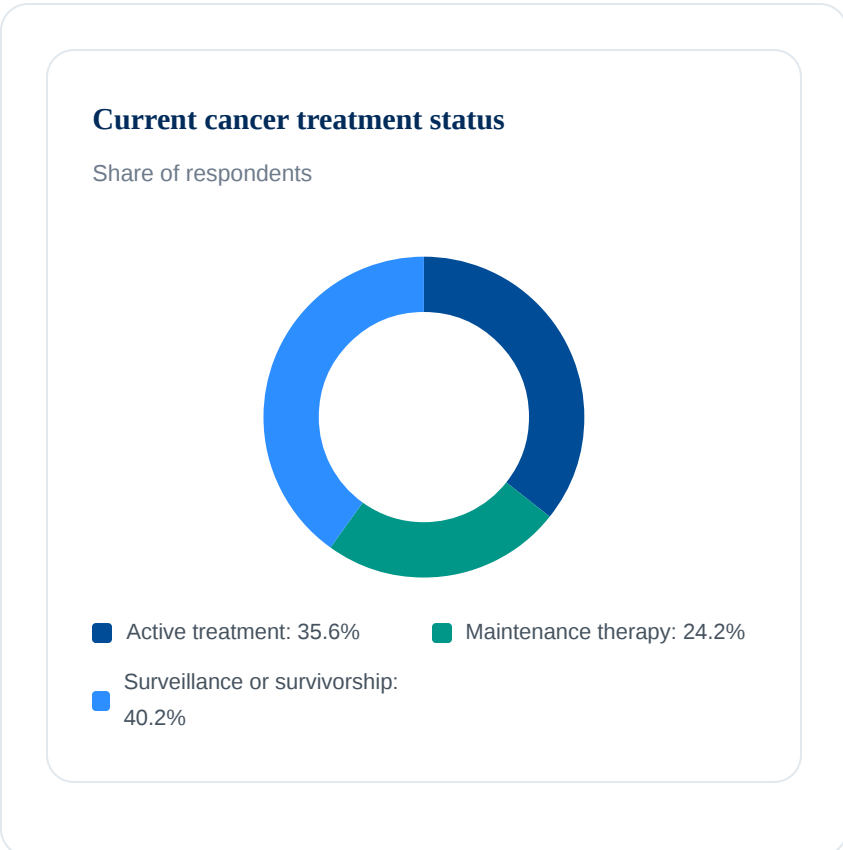
40.2% are in surveillance or survivorship

CONTEXT
The survey includes people at different points in the cancer journey across the United States, the United Kingdom, Canada, Italy, France, and Germany.

WHAT THE DATA SHOWS
40.2% are in surveillance or monitoring, 35.6% are receiving active treatment, and 24.2% are using long-term maintenance therapy.

THE INSIGHT
Complementary-product decisions are not limited to active chemotherapy. They continue into maintenance and survivorship, when contact with the oncology team may be less frequent.

WHY IT MATTERS
Safety questions and information needs may change as treatment status changes.



02 SAFETY CONTEXT

Natural products can still affect cancer treatment

CONTEXT
The National Cancer Institute notes that some herbs, dietary supplements, and foods may interact with anticancer drugs, while NCCIH advises people with cancer to consult their healthcare provider before adding complementary products or practices.

WHAT THE DATA SHOWS
The survey does not test clinical interactions. It shows how frequently products are used and whether the oncology team knows about them.

THE INSIGHT
The key safety issue is visibility. A product cannot be reviewed if it never enters the clinical conversation.

WHY IT MATTERS
The most useful response is a routine, nonjudgmental product review rather than assuming that every complementary therapy is harmful or harmless.

PATIENT SAFETY MESSAGE
No complementary product has been shown to cure cancer. Some approaches may support specific symptoms, but products should be checked alongside the patient's treatment plan.

03 USE PATTERN

Complementary-product use is common and varied

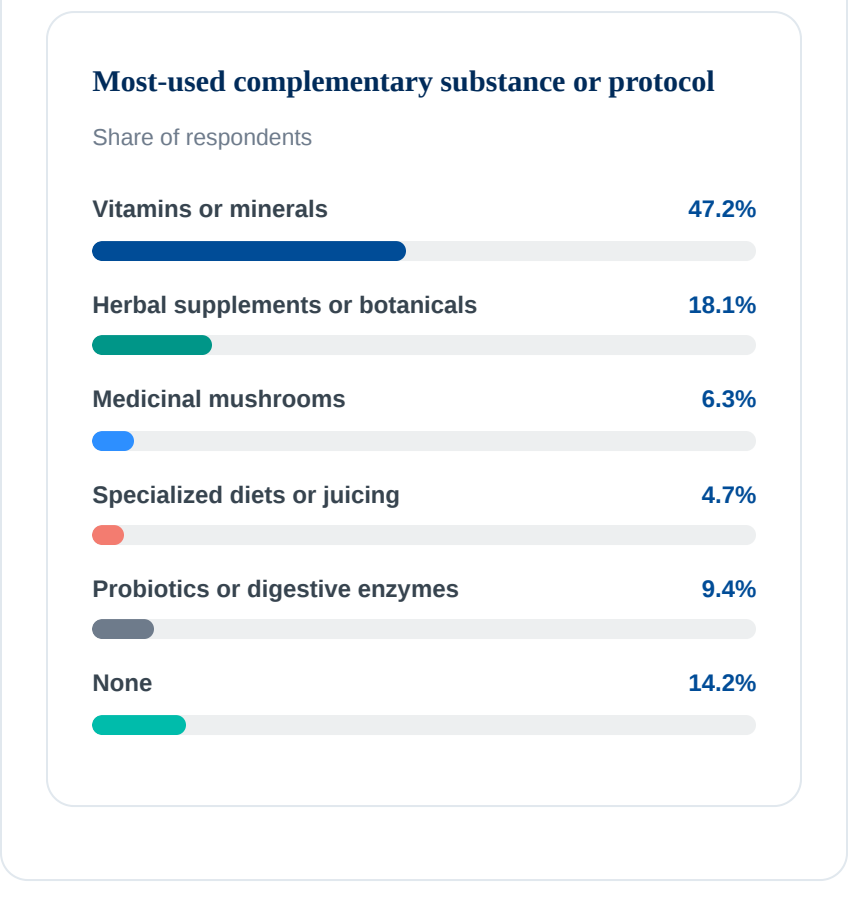
85.8% have used at least one listed product or dietary protocol

CONTEXT
Products range from familiar vitamins to herbs, mushrooms, probiotics, and restrictive diets.

WHAT THE DATA SHOWS
47.2% most heavily use vitamins or minerals, 18.1% herbs or botanicals, 9.4% probiotics or digestive enzymes, 6.3% medicinal mushrooms, and 4.7% specialized diets or juicing. 14.2% report none.

THE INSIGHT
The term supplement covers very different exposures. Asking only about vitamins can miss the products most likely to be forgotten or intentionally left out.

WHY IT MATTERS
The care team needs a full inventory, not a yes-or-no supplement question.



04 PATIENT GOALS

Most patients are seeking energy, relief, or a sense of support

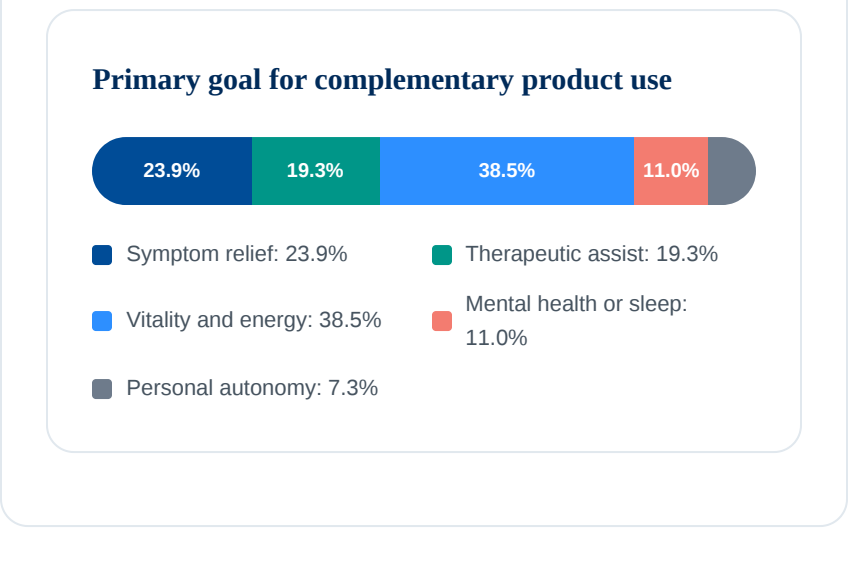
38.5% use products mainly for vitality and energy

CONTEXT
The same product can be used for very different reasons, from managing nausea to hoping it will help fight cancer.

WHAT THE DATA SHOWS
38.5% choose vitality, 23.9% symptom relief, 19.3% therapeutic assist, 11.0% mental health or sleep, and 7.3% personal autonomy.

THE INSIGHT
A safety conversation should begin with the goal. The right alternative may be a symptom-management referral, nutrition support, or clearer evidence about what a product can and cannot do.

WHY IT MATTERS
Understanding the goal makes advice more relevant and less dismissive.



05 CARE-TEAM INQUIRY

Four in ten do not recall a clear, repeated question about supplements

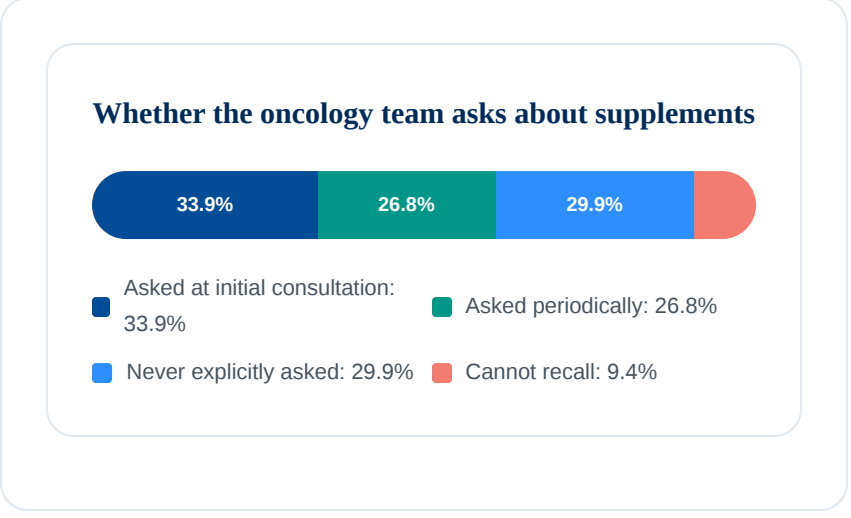
39.3% were never explicitly asked or cannot recall being asked

CONTEXT
Medication and treatment plans may change, and patients may start new products after the initial consultation.

WHAT THE DATA SHOWS
33.9% were asked during the initial consultation, 26.8% are asked periodically, 29.9% say they were never explicitly asked, and 9.4% cannot recall.

THE INSIGHT
A one-time intake question is not a complete monitoring system. Repeating the question before new treatment cycles can capture new products and changed doses.

WHY IT MATTERS
Routine inquiry signals that the topic is clinically relevant and safe to discuss.



06 DISCLOSURE GAP

More than one in three do not share the full list

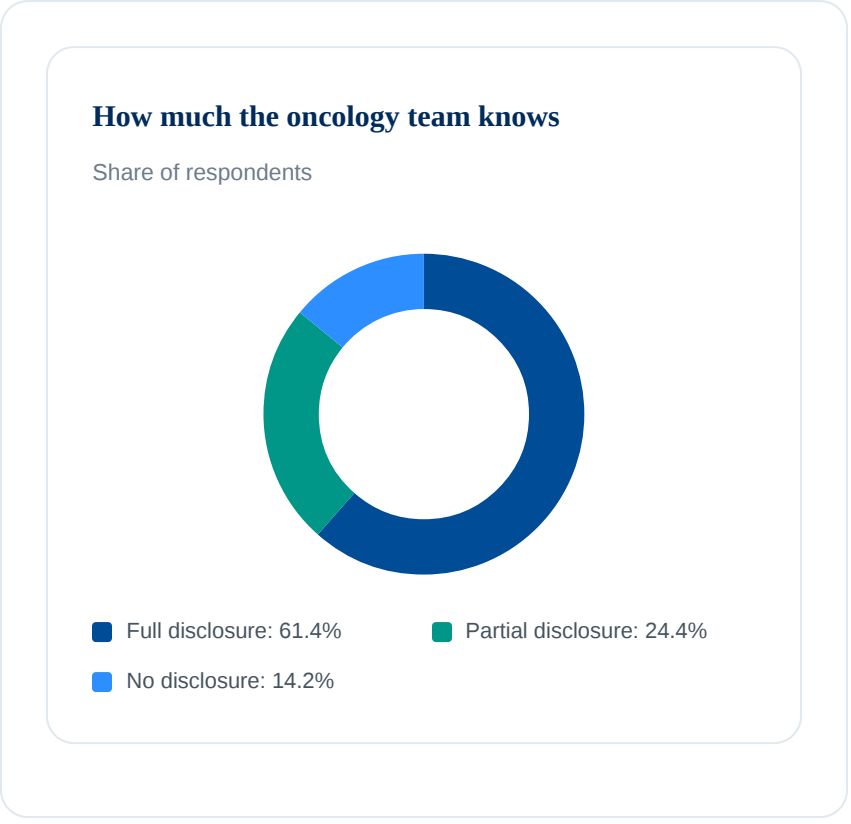
38.6% report partial or no disclosure

CONTEXT
Partial disclosure may sound reassuring, but the omitted product could be the one with the highest interaction risk.

WHAT THE DATA SHOWS
61.4% report full disclosure, 24.4% partial disclosure, and 14.2% no disclosure.

THE INSIGHT
The gap is not only secrecy. It also includes incomplete lists, occasional products, teas, powders, and diets that patients may not think count as treatment-relevant.

WHY IT MATTERS
Product review should use examples and ask about forms that are not commonly described as medicine.



07 WHY INFORMATION STAYS HIDDEN

Beliefs about safety and fear of judgment shape disclosure

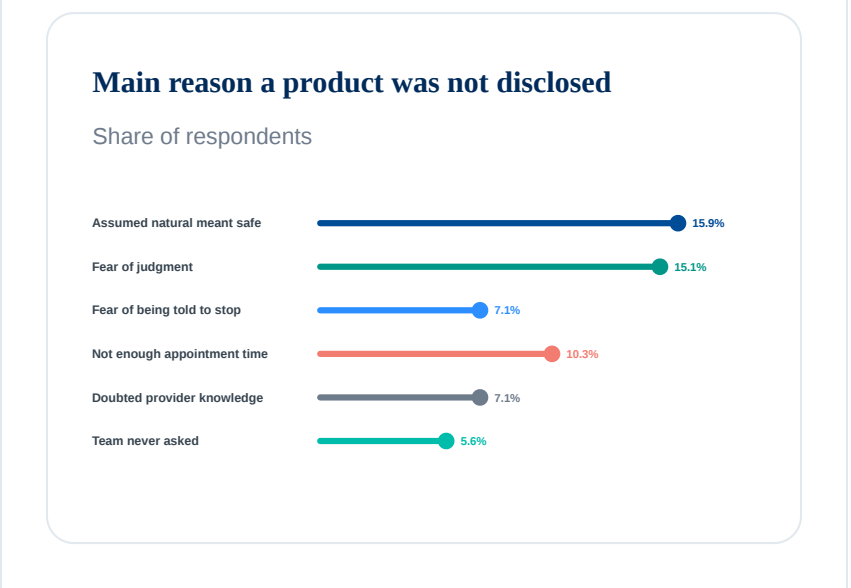
15.9% assumed natural products could not interact with treatment

CONTEXT
Patients may avoid disclosure because of how they understand the product, how they expect the clinician to respond, or how little time is available.

WHAT THE DATA SHOWS
15.9% cite perceived safety, 15.1% fear of judgment, 10.3% limited appointment time, 7.1% fear of being told to stop, 7.1% doubts about provider knowledge, and 5.6% lack of inquiry.

THE INSIGHT
Several leading reasons can be changed by the consultation itself. Neutral language, enough time, and access to reliable review can reduce hidden use.

WHY IT MATTERS
Communication quality is a patient-safety intervention, not simply a satisfaction issue.



08 INFORMATION PATHWAY

Most patients choose a main source outside their oncology team

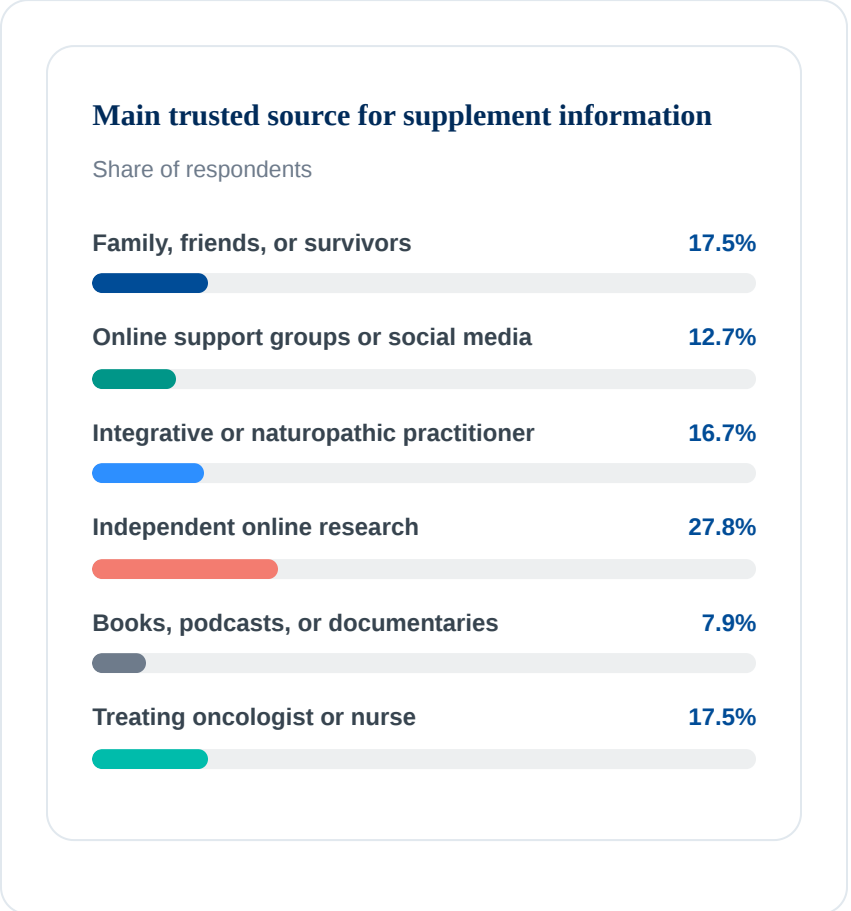
82.5% select a primary source other than the treating oncologist or nurse

CONTEXT
Cancer information is abundant, but quality varies widely across websites, social media, peer advice, and wellness content.

WHAT THE DATA SHOWS
27.8% mainly use independent online research, 17.5% family or survivor recommendations, 16.7% integrative practitioners, 12.7% online groups, 7.9% mass media, and 17.5% the treating oncologist or nurse.

THE INSIGHT
Patients are building decisions across several information systems. The clinical visit needs to help them evaluate claims rather than pretend outside searching will not happen.

WHY IT MATTERS
Providing trusted links and a clear review route can make online searching safer and more useful.



09 PATIENT VOICE

Patients want openness, more time, and reliable guidance

Across languages and countries, the comments repeatedly asked for direct questions, a nonjudgmental tone, reliable information, and access to professionals who can review products rather than dismissing the topic.

"Ask nonjudgmental questions and make the topic feel normal to discuss."
OPEN RESPONSE THEME · PSYCHOLOGICAL SAFETY

"Bring it up routinely and explain possible benefits, risks, and interactions in simple language."
OPEN RESPONSE THEME · PROACTIVE EDUCATION

"Include a nutritionist, herbal specialist, or other informed professional in the wider care team."
OPEN RESPONSE THEME · SPECIALIST SUPPORT

> **Interpretive note.** Open-ended comments add context but are not quantified as prevalence.

PRACTICAL LENS

Four ways to make supplement conversations safer

Ask specifically
Name vitamins, herbs, teas, powders, creams, probiotics, and special diets so patients know what counts.

Ask again
Repeat the question before treatment changes and during survivorship follow-up, not only at the first visit.

Review the goal
Clarify whether the patient wants symptom relief, energy, emotional support, or an anticancer effect.

Offer a pathway
Use oncology pharmacists, dietitians, and integrative care professionals when a product needs deeper review.

FROM INSIGHT TO ACTION

The safest cancer conversation is open before it becomes urgent.

Patients need room to ask questions without being judged, and care teams need enough information to assess risk. A complete list, repeated inquiry, and clear evidence can protect both patient choice and treatment safety.

1. **Create one complete product list**
   Include brands, doses, frequency, teas, powders, and dietary protocols.
2. **Bring labels to the appointment**
   A photo or package helps the team identify ingredients and combinations.
3. **Review before treatment changes**
   Recheck products before a new drug, surgery, radiation plan, or treatment cycle.
4. **Document the decision**
   Record what was continued, paused, changed, or referred for specialist review.

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REFERENCES AND CONTEXT SOURCES

1. National Cancer Institute: Complementary and Alternative Medicine: Natural does not automatically mean safe, and some products can interact with medicines.
2. National Cancer Institute: Diets, Supplements, and Cancer: Patient information on popular diets, supplements, and evidence limits.
3. NCCIH: Cancer and Complementary Health Approaches: Safety guidance and evidence on symptom-focused complementary approaches.

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This report presents survey findings and general educational context. It is not a substitute for individual medical advice.