

About Herbs:
The Role of Herbal Medicine in
Cancer Care

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Transforming Oncology Care Through Medically Integrated Collaboration


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OBJECTIVES

- Discuss the practical application of herbal medicine in oncology
- Review the development and implementation of the Herbal Oncology Program (HOP)
- Summarize the role of traditional Chinese medicine (TCM) in Breast Cancer prevention and survival
- Identify strategies to initiate patient conversations and address concerns about herbal medicine

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DISCLOSURES

There are no relevant conflicts of interest to disclose for the faculty and planners of this presentation:

- Yen Nien (Jason) Hou, PharmD, DiplOM, LAc
- Apiew Ojulu, PharmD, MS
- Tahsin Imam, PharmD
- Daisy Doan, PharmD

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Practical Application of Herbal
Medicine in Oncology


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Supplements and Traditional Chinese Herbal Medicines (TCHM)
Prevalence of use among cancer patients



70.4% (N = 2772) supplement use among cancer survivors
46.1% (N = 1355) supplement use **without** consulting health care providers 2020 Du, et al.




68% (N = 85) Asian immigrant cancer patients in NYC used TCHM concurrently with conventional treatment
13% (N = 85) communicated with healthcare providers 2020 Leng, et al.

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How Patients Self-Inform

- Internet, social media-based searches, along with family and friend recommendations
- General belief that natural products are safe
- But clinical information is quite limited
- And may not include potential herb-drug interactions (HDIs)
- Nor consider the unique and changing needs of cancer patients before, during, and after treatment




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QUESTION

Where do you usually search for information about herbs and supplements?

- Google
- ChatGPT
- About Herbs
- Natural Medicine
- PubMed



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About Herbs Website

Free and evidence-based

For clinicians, patients, and caregivers

With evidence especially relevant to cancer patients

And notes clinical relevance of potential HDIs





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Making Use of About Herbs

Quick Start

- Get familiar with popular herbs
- Get familiar with our latest traditional Chinese medicine (TCM) entries
- Use the Alphabet Directory and search bar to locate other herbs

Chaga

Graviola

Turmeric

Ashwagandha

Reishi

Green tea

Popular Herbs of 2018

Xiao Yao San

Common Names

For Patients & Caregivers

Ma Zi Ren Wan

Common Names

For Patients & Caregivers

Search About Herbs

Search

Results

How YH, Dong G, Mao L. Practical Application of "About Herbs" Website: Herbs and Dietary Supplement Use in Oncology. *Journal of Clinical Oncology*. 2018;36(25):2611-2615. doi:10.1200/JCO.2017.75.9111

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About Herbs Speaks to Target Audiences

To meet the specific needs of cancer patients and healthcare professionals

For Patients & Caregivers

Transitioning from old format

To new, simplified patient format

Turmeric

Common Names

For Patients & Caregivers

For Healthcare Professionals

Scientific Name

Clinical Summary

Proposed Uses

Mechanism of Action

Warnings

Contraindications

Adverse Reactions

Herb-Drug Interactions

Links to Published Data

Internal survey conducted at Memorial Sloan-Kettering Cancer Center

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About Herbs Speaks to Target Audiences

Citations link to PubMed abstracts in the reference list

Healthcare Professionals

Herb-Drug Interactions

References

Green Tea

Common Names

For Patients & Caregivers

For Healthcare Professionals

Search

Results

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Examples of Herb and Supplement Use

But evidence is often limited or lacking

Appetite	Cognition	Fatigue	Immune function	Menopause symptoms	Nausea	Pain	Sleep	Stress/ Anxiety	Weight loss
Cannabis Ginger Shi Quan Da Bu Tang	Carnitine Ginkgo Ginseng Rhodiola	Astragalus Carnitine CoQ10 Ginseng Mate Reishi Rhodiola	Astragalus Chaga Coriolus Ginseng Lentil Maitake Reishi Shiitake Turmeric Vitamin C	Black Cohosh Chasteberry Dong Quai Flaxseed Maca Pollen Extract Red Clover Soy Wild Yam XYS	Astragalus Cannabis Ginger Peppermint	Arnica Bromelain Cannabis Capsaicin Devil's Claw Glucosamine Turmeric Vitamin B6 Willow Bark Yunnan Baiyao	Cannabis Chamomile Hops Kava Lavender Lemongrass L-Theanine Melatonin Passionflower Valerian	5-HTP Ashwagandha Cannabis Chamomile Kava Lavender Lemongrass Passionflower St John's Wort XYS	5-HTP Garcinia Green tea Mate Maitake Taurine

Internal survey conducted at Memorial Sloan Kettering Cancer Center

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Botanicals with Known HDIs and AEs

HDIs	Liver toxicities	Immuo-modulating	Hormonal activity	Antioxidant	Photo-sensitizing	Bleeding risk	High in oxalates
Berberine Cannabis Isatis Kava Oleandrin Red yeast rice Reishi St John's wort	Black cohosh Chaparral Comfrey Garcinia Kava Noni Vitamin A	Astragalus Chaga Coriolus Echinacea Reishi	Astragalus Dong quai Ginseng Lavender Red clover Soy	Acai Astragalus Garlic Grape seed extract Graviola NAC Pomegranate Vitamin C Vitamin E	St. John's wort Limes	Dong quai Feverfew Garlic Ginger Ginkgo	Cranberry Chaga Dandelion Rhubarb Sheep sorrel Vitamin C

Internal survey conducted at Memorial Sloan Kettering Cancer Center

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About Herbs
New Monographs

Suan Zao Ren Tang

Purported Benefits, Side Effects & More

Common Names

Psilocybin

Purported Benefits, Side Effects & More

Common Names

- Magic mushrooms
- Shrooms
- Boomers
- Buttons
- Peaple peapole
- Mushies (+100 other terms)

Castor Oil

Purported Benefits, Side Effects & More

Common Names

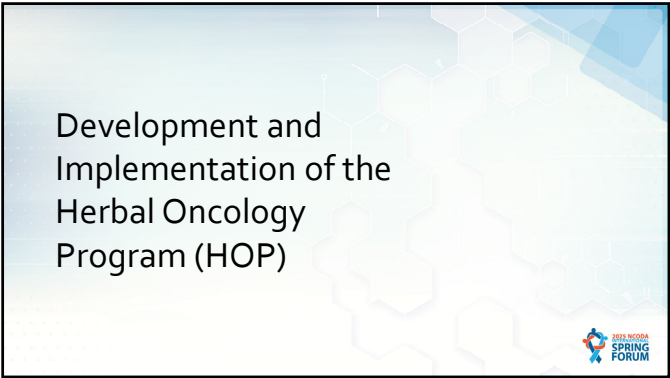
- Palm of Christ
- Palma Christi
- Ricinus Oil
- Castor Bean
- Castor Bean Oil

Memorial Sloan Kettering Cancer Center: Psilocybin About
Herbs: [https://www.mskcc.org/herbs/about-psilocybin](#)
Accessed April 10, 2025

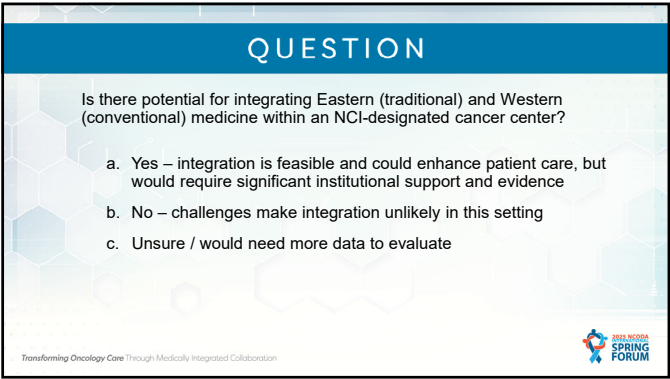
Memorial Sloan Kettering Cancer Center: Castor Oil About Herbs
About Herbs: [https://www.mskcc.org/herbs/about-castor-oil](#)
Accessed April 10, 2025

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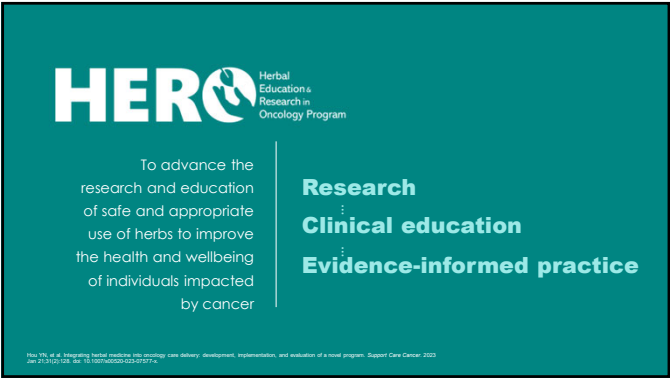
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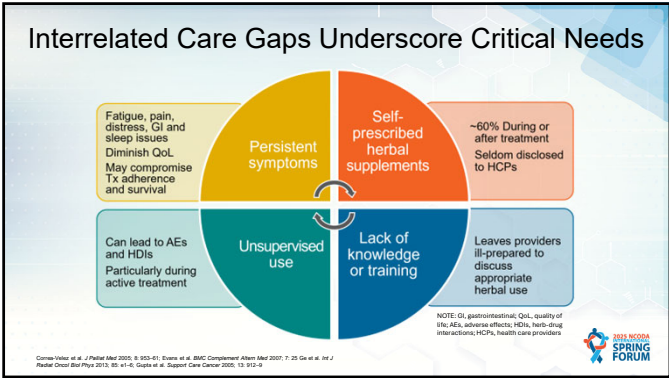
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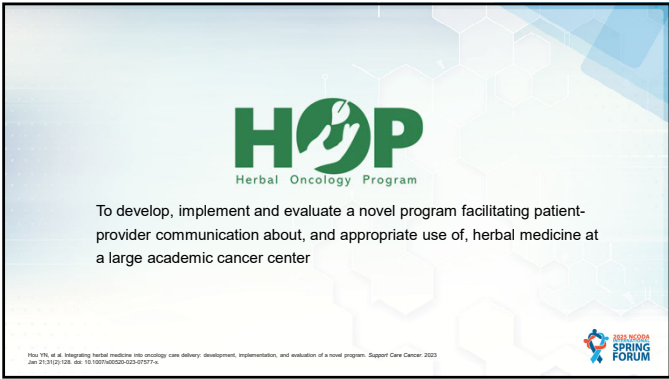
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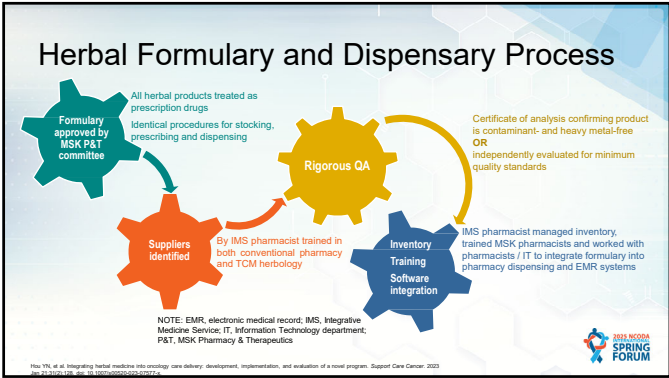
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Shared Decision-Making with Patients

- IM providers counseled patients
- Identified unmet symptom needs
- Prescribed TCM herbs when indicated

Hou YH, et al. Integrating herbal medicine into oncology care delivery: development, implementation, and evaluation of a novel program. Support Care Cancer. 2023; 31(1):101-108. doi: 10.1007/s00520-022-07617-z

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Data Evaluation and Patient Survey

Medical record data of all participants: Feb 2019 – Jan 2022

- Symptoms
- Other concerns that motivated patients to seek herbal products
- Types and quantities of dispensed TCM products
- Demographics

Brief survey* approved by MSK IRB to herbal Rx recipients: May – Aug 2021

- Symptoms or concerns patients hoped to address
- Satisfaction with HOP program and products dispensed
- Whether patients experienced AEs
- How likely would patients recommend the dispensary program

Answer options were multiple choice, Yes/No, or 5-point Likert scales: extremely satisfied/likely to extremely dissatisfied/unlikely. Distributed via Research Electronic Data Capture (REDCap™) web application

Herns et al. J Biomed Inform. 2020; 42: 371-81. Vanderbilt University REDCap (Research Electronic Data Capture) 2018

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Patient Data

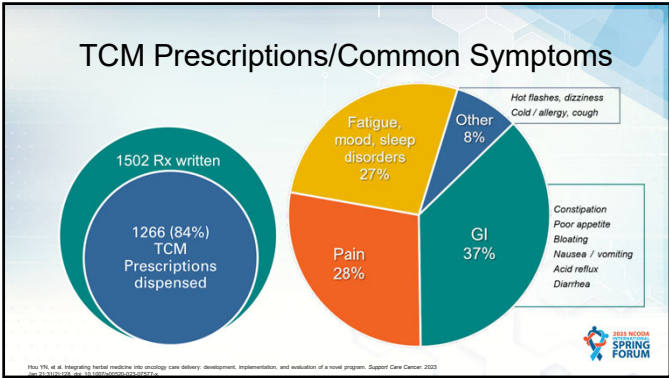
851 Outpatients with diverse cancers

712 (84%) in active treatment

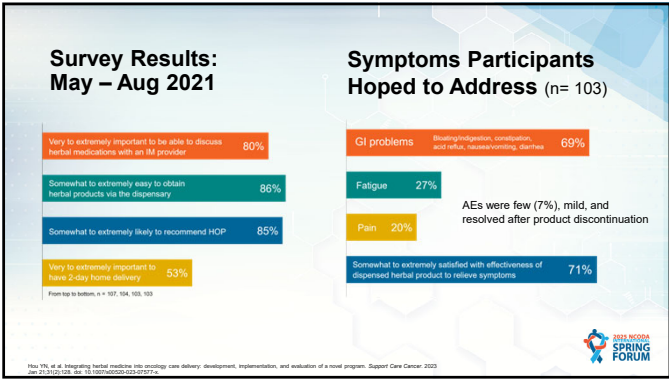
Median Age	61 y (18–98)
Female	606 (71%)
White	594 (70%)
Insured	498 (59%)

Hou YH, et al. Integrating herbal medicine into oncology care delivery: development, implementation, and evaluation of a novel program. Support Care Cancer. 2023 Jan 21;31(2): 108. doi: 10.1007/s00520-022-07617-z

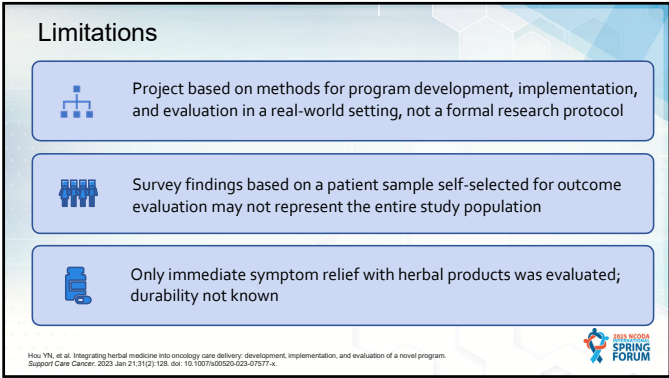
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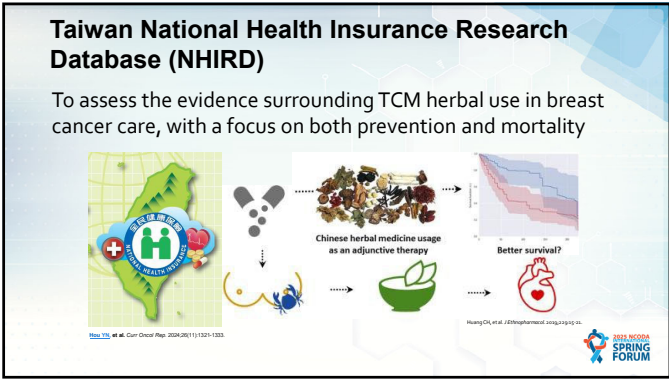
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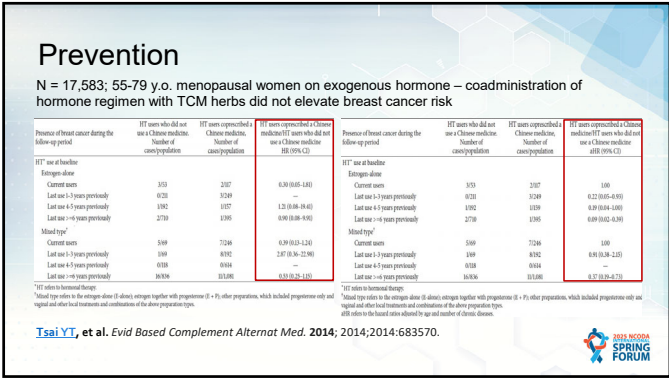
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Prevention (cont'd)

N = 184,386; female with other medical conditions – adjusted hazard ratios for breast cancer were **0.57** (95% confidence interval [CI] 0.50–0.65) and **0.36** (95% CI 0.28–0.46) in women using CHPs and SWT, respectively.

Non-TCM users				TCM users				Crude HR (95% CI) in association with TCM users	Adjusted HR* (95% CI) in association with TCM users
No. of subjects	No. of events	ID (per 10,000 patient-years) (95% CI)	No. of subjects	No. of events	ID (per 10,000 patient-years) (95% CI)				
Total	40,092	635	1.73 (1.60–1.86)	40,092	349	0.85 (0.76–0.94)	0.55 (0.48–0.63)	0.57 (0.50–0.65)	

Non-TCM users				SWT users				Crude HR (95% CI) in association with SWT users	Adjusted HR* (95% CI) in association with SWT users
No. of subjects	No. of events	ID (per 10,000 patient-years) (95% CI)	No. of subjects	No. of events	ID (per 10,000 patient-years) (95% CI)				
Total	40,092	635	1.73 (1.60–1.86)	13,578	73	0.63 (0.57–0.69)	0.34 (0.27–0.43)	0.36 (0.28–0.46)	

AHR=adjusted hazard ratio, CI=confidence interval, ICD-9=International Classification of Diseases, Ninth Revision, D=incidence density, IR=incidence rate, HR=hazard ratio, TCM=traditional Chinese medicine, SWT=shiwutang.
*Based on Poisson assumption.
†Based on Cox proportional hazard regression with adjustment for age, geographic area, urbanization status, history of diabetes, obesity, hysterectomy, endometriosis, myoma, irregular menstrual syndrome, and polycystic ovary syndrome, abortion, and HT usage.

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Prevention (cont'd)

N = 33,828 matched 1:10 female with diabetes mellitus II – Hazard ratio of **0.57** (95%CI: 0.45–0.73) in patients using TCM excluding Di Huang Wan series; and hazard ratio of **0.45** (95%CI: 0.34– 0.59) in patients using TCM including Di Huang Wan series

	Aged 20–29		Aged 30–34		Aged 35–39	
	Case/control	HR (95%CI)	Case/control	HR (95%CI)	Case/control	HR (95%CI)
Antidiabetics						
None	124/509	1	88/530	1	36/179	1
Metformin users						
Metformin alone	20/363	0.79 (0.47–1.32)	14/242	0.93 (0.49–1.74)	6/121	0.40 (0.15–1.09)
Metformin+1	81/903	0.82 (0.58–1.16)	39/549	0.79 (0.49–1.26)	42/254	0.89 (0.52–1.51)
Metformin+2 above	171/2206	0.50 (0.36–0.67)	80/1148	0.48 (0.32–0.72)	91/1058	0.52 (0.32–0.85)
Metformin nonusers						
1 drug	26/206	1.42 (0.89–2.28)	12/104	1.62 (0.83–3.14)	14/102	1.41 (0.71–2.79)
2 drugs	5/59	0.88 (0.35–2.20)	2/22	0.76 (0.18–3.18)	3/27	1.03 (0.31–3.50)
3 above	1/54	0.23 (0.03–1.65)	0/11	–	1/23	0.33 (0.05–2.00)
TCM						
TCM < 500 g	3172/2966	1	1731/1510	1	144/1266	1
TCM exclude DHWS	44/567	0.57 (0.45–0.73)	20/266	0.54 (0.39–0.76)	15/221	0.57 (0.40–0.82)
DHWS user	67/927	0.45 (0.34–0.59)	33/540	0.35 (0.23–0.51)	34/387	0.54 (0.37–0.79)
Hormone usage						
No	375/4132	1	204/2294	1	171/1838	1
Estragen only	34/30	4.04 (2.05–6.14)	18/67	2.29 (1.24–4.24)	16/23	8.49 (4.77–15.11)
Progesterone only	7/58	1.52 (0.56–4.10)	6/56	0.98 (0.31–3.11)	1/2	12.65 (1.71–83.78)
Estragen plus progesterone	12/20	5.04 (2.37–10.71)	7/19	2.20 (0.70–6.90)	5/1	42.77 (13.42–136.31)

*DHWS refers to Di Huang Wan series.

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Prevention (cont'd)

N = 137,048 matched 1:3 female with other medical conditions – exposure to *Angelica sinensis* (AS; aka Dang Gui) had a **weak but significant protective effect** on breast cancer risk, which can ease patient concerns over potential carcinogenic effect of AS

Crude and adjusted ORs of breast cancer in association with *Angelica sinensis* exposure.

Cases N = 34262	Controls N = 102786	Adjusted OR (95% CI)	P
No. (%)	No. (%)		
<i>Angelica sinensis</i> exposure			
No	50767 (49.4)	1.00 (REF)	
Yes	52019 (50.6)	0.95 (0.93–0.98)	<0.0001
Exposure dose (grams)			
0.1–9.9	8017 (23.4)	0.97 (0.93–1.00)	<0.06
10–29.9	4917 (14.4)	0.93 (0.89–0.97)	<0.0001
≥30	4030 (11.8)	0.96 (0.91–1.00)	<0.06
		Trend test: $\beta=-0.024$	<0.0001

Abbreviations: CI, confidence interval; OR, odds ratio.
Adjusted OR: adjusted for residential area, monthly salary, gynecology cancer, benign breast/uterine tumor, metabolic disease and estrogen/progesterone exposure.
Note: the total exposure dose contain *Angelica sinensis* compound dose x0.1 and *Angelica sinensis* single herb dose x1.

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Prevention (cont'd)

N = 137,048 matched 1:3 female with other medical conditions – exposure to *Angelica sinensis* (AS; aka Dang Gui) had a **weak but significant protective effect** on breast cancer risk, which can ease patient concerns over potential carcinogenic effect of AS

Stronger protective effects were noted among women who began using *Angelica sinensis* at ages 47–55 (aOR: 0.93, 95% CI: 0.88–0.98).

Crude and adjusted ORs of breast cancer in association with initial use of *Angelica sinensis* at various ages

Age at initial use of <i>Agelaea sinensis</i>	Cases N = 34262	Controls N = 102786	Adjusted OR (95% CI)	P
	No. (%)	No. (%)		
Non-exposure	10879 (49.3)	50767 (49.4)	1.00 (REF)	
Exposure before menopause (age <47y)	9119 (26.6)	27152 (26.4)	0.96 (0.92–1.00)	0.04
Exposure during menopause (47y < age <55y)	4152 (12.1)	12614 (12.3)	0.93 (0.88–0.98)	<0.001
Exposure after menopause (age ≥55y)	4112 (12.0)	12253 (11.9)	0.97 (0.92–1.02)	0.25

Abbreviations: CI, confidence interval; OR, odds ratio; y, years old.

Adjusted OR: adjusted for age, residential area, monthly salary, gynecology cancer, benign breast/uterine tumor, metabolic disease and estrogen/progesterone exposure.

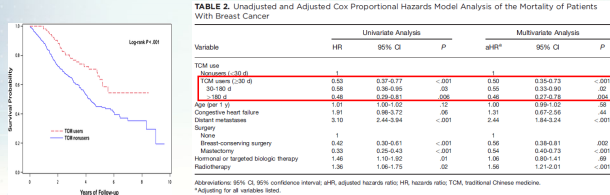
[Chen JY](#), et al. *JTradit Complement Med.* 2019;10(5):454-459.



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Mortality

N = 729 locally advanced or metastatic BC patients – adjunctive TCM therapy may lower the risk of death in patients with advanced breast cancer. HR = 0.5 (0.35–0.73), compared to non-users



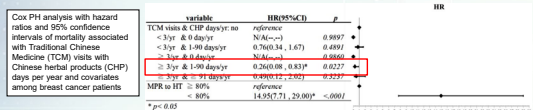
[Lee YW](#), et al. *Cancer*. 2014;120(9):1338-1344.



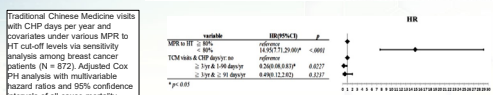
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Mortality (cont'd)

N = 872 ER+ BC patients on adjuvant hormonal therapy per NHI reimbursement – a potential advantage of TCM on BC-associated mortality, and TCM use did not compromise medical adherence to HT. $\geq 3/\text{yr}$ TCM visit & 1 90-day supply of CHP/yr: HR = **0.26**



* $p < 0.05$



* $p < 0.05$

[Chan PW](#), et al. *Phytomedicine*. 2021;80:153365.



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Mortality (cont'd)

N = 10,774 newly diagnosed breast cancer (BC) patients – San-Huang-Xie-Xin-Tang (SHXXT) and its constituents showed promising therapeutic effects against BC

Characteristics	Non-CHM User		CHM User		Crude HR	Adjusted HR [†]		
	Event	Person Years	Event	Person Years				
Total	1141	27,576	41.38	456	33,488	13.62	0.33 (0.3–0.37) ***	0.41 (0.37–0.46) ***
Age group								
18–39	171	4679	34.92	75	6083	12.33	0.35 (0.27–0.46) ***	0.4 (0.3–0.54) ***
40–59	741	18,929	39.15	268	22,643	12.72	0.33 (0.29–0.36) ***	0.41 (0.38–0.47) ***
≥60	229	3790	61.07	93	4765	19.52	0.33 (0.26–0.42) ***	0.35 (0.27–0.45) ***

†: represented adjusted hazard ratios mutually adjusted for CHM use, age group, urbanization level, CCI score, treatment, and drugs by Cox proportional hazard regression.

CHM Prescription	N	No. of Event	HR (95% CI)	
			Crude	Adjusted [†]
Non-CHM user	5367	1141	1 (reference)	1 (reference)
Single constituent				
Rhizoma Rhei	3049	278	0.36 (0.31–0.41) ***	0.42 (0.37–0.48) ***
Radix Scutellaria	3958	327	0.32 (0.28–0.36) ***	0.40 (0.36–0.46) ***
Rhizoma Coptidis	2644	215	0.31 (0.27–0.36) ***	0.39 (0.34–0.45) ***
Compound				
SHXXT	489	33	0.25 (0.18–0.36) ***	0.32 (0.22–0.45) ***

Abbreviations: CHM, Chinese herbal medicine; HR, hazard ratio; CI, confidence interval; Crude HR represented relative hazard ratio; † Adjusted HR represented adjusted hazard ratio, mutually adjusted for age group, urbanization level, CCI score, treatment, and drugs by Cox proportional hazard regression. *** p < 0.001.

CHM – Chinese herbal medicine

Winardi D, et al. *Cancers (Basel)*. 2023;15(4):1213.

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Mortality (cont'd)

N = 10,774 newly diagnosed breast cancer (BC) patients – San-Huang-Xie-Xin-Tang (SHXXT) and its constituents showed promising therapeutic effects against BC

The risk of mortality rate stratified by the cumulative type of CHM use among breast cancer patients.

Characteristics	N	Mortality		HR (95% CI)
		No. of Event	Crude	
Total CHM users	5367	1141	1 (reference)	1 (reference)
CHM users				
0-99 days	209	38	0.48 (0.3–0.8) ***	0.49 (0.38–0.63) ***
10-99 days	113	26	0.39 (0.27–0.54) ***	0.41 (0.35–0.47) ***
>100 days	94	42	0.29 (0.24–0.35) ***	0.32 (0.24–0.43) ***
p for trend			<0.0001	<0.0001

Abbreviations: CHM, Chinese herbal medicine; HR, hazard ratio; CI, confidence interval; Crude HR represented relative hazard ratio; † Adjusted HR represented adjusted hazard ratio, mutually adjusted for age group, urbanization level, CCI score, treatment, and drugs by Cox proportional hazard regression. *** p < 0.001.

CHM – Chinese herbal medicine

Winardi D, et al. *Cancers (Basel)*. 2023;15(4):1213.

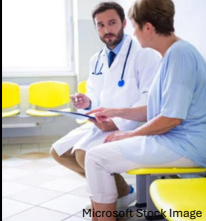
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Identify Strategies to Initiate Patient Conversation & Address Concerns About Herbal Medicines

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General Guidelines

Think SÄF-TI First



Standardization

Most herbal products are not standardized, so impossible to compare potency

Absorption

Herbal constituents that are not absorbed have no benefits

Function

What are perceived benefits and how well have they been studied?


Toxicity

Some products may be contaminated with heavy metals, microbes, or unknown substances

Interactions

Herb-drug interactions may be underreported and/or not adequately studied

Internal survey conducted at Memorial Sloan Kettering Cancer Center



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Major categories of Herb-Drug Interactions

Unintended or unwanted effects include:

- Loss of drug efficacy
- Increased toxicities

Antioxidants vs Chemotherapeutic Agents

• Can interfere with chemotherapy efficacy

• Grape seed vs cisplatin

Phytoestrogens vs Hormonal Therapy

• May stimulate cancer growth, inhibit CT drugs

• Soy vs tamoxifen

Blood-Thinning Herbs vs Anticoagulants

• Increases bleeding risk

• Garlic vs Warfarin

Immunostimulant Herbs vs Immunosuppressants


• Increased rejection risk after bone marrow or organ transplant

• Astragalus vs cyclophosphamide

Herbs to avoid before surgery for bleeding or anesthesia risks

- Feverfew
- Garlic
- Ginger
- Ginkgo
- Kava
- Saw palmetto
- St. John's wort
- Valerian

Internal survey conducted at Memorial Sloan Kettering Cancer Center




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Turkey Tail Mushroom (*Coriolus versicolor*)

Mushroom (fruiting body)

vs

mycelium (vegetative body/root system)





A

Initial substrate (Rice flour)

Turkey Tail spawn


Turkey Tail mycelium growing on substrate


Initial substrate (Control)


Fermented substrate

Turkey Tail mycelium


B







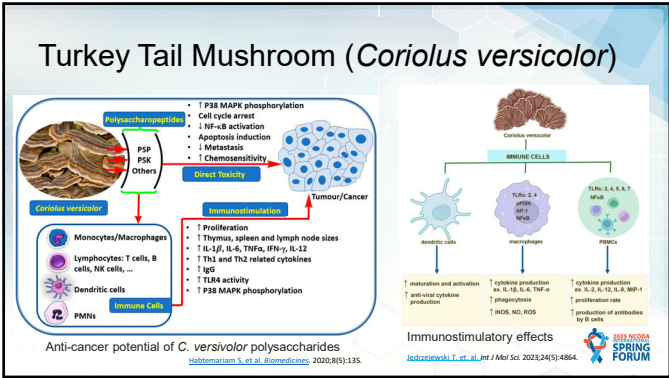
Benson KF, et al. BMC Complement Altern Med. 2018;19(1):342.



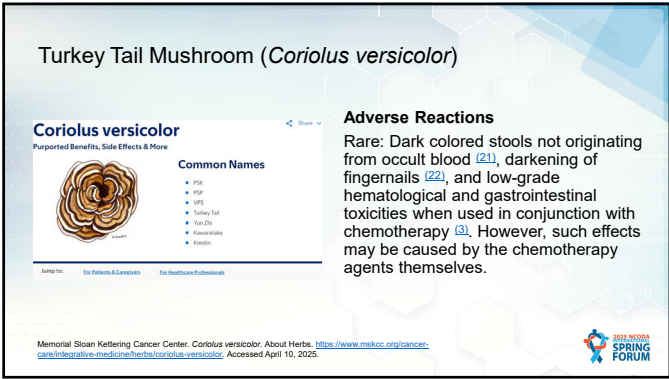
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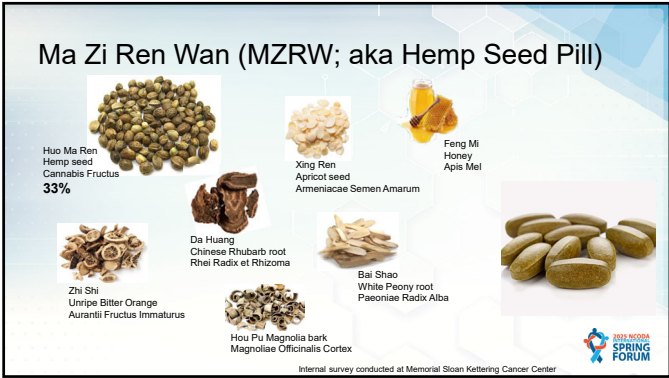
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Ma Zi Ren Wan (Hemp Seed Pill)

Calculation for HDI Safety with MZRW

CASE STUDY

Taxol: Strong substrate of CYP3A4, CYP2C8

CBD MW 314.464 g/mol

Bottom line:

•Will not interfere with Taxol via CYP3A4

•Will not interfere with CYP2C8

Taxus brevifolia (Pacific yew)

Paclitaxel (Taxol), a widely used cancer drug originally isolated from the bark of the Pacific yew tree

In vitro, [Yamaori S, et al. 2011](#)¹:

• IC50 of CBD on CYP3A4 (competitive inhibition Ki=1) is 11.7uM

• 11.7umol/L x 314.464 ug/umol = 3679 ug/L → 3679 ng/mL

In humans:

•[Millar SA, et al. 2018](#)²: A study of oral CBD dose involving 8 male and female cannabis smokers; Reported a mean Cmax of 77.9 ng/mL and mean Tmax of 3.0 h

•[Taylor L, et al. 2018](#)³: Showed Cmax was 541.2 ng/mL and AUC t was 3236 ng·h/mL

1. Yamaori S, et al. Life Sci. 2011;88(15-16):730-736. 2. Millar SA, et al. Front Pharmacol. 2018;9:1365. 3. Taylor L, et al. CNS Drugs. 2018;32(11):1053-1067.

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Ma Zi Ren Wan (MZRW)

Ma Zi Ren Wan

Purported Benefits, Side Effects & More

Common Names

- Hemp Seed Pill
- Hemp Seed Formula
- WuJingJin
- Ta-Gu

Adverse Reactions

• Abdominal pain, cramping, bloating, diarrhea, gas, nausea, vomiting, headache and dizziness [\(9\)](#) [\(6\)](#) [\(14\)](#) [\(15\)](#) [\(6\)](#)

Memorial Sloan Kettering Cancer Center. Ma Zi Ren Wan. About Herbs. <https://www.mskcc.org/cancer-care/integrative-medicine/herbs/mazirenwan>. Accessed April 10, 2025.

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QUESTION & ANSWERS

About Herbs:
The Role of Herbal Medicine in Cancer Care

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Transforming Oncology Care Through Medically Integrated Collaboration

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