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A survey estimating the prevalence and factors affecting the use of complementary therapy by adult cancer patients and their physician's perspectives, in Newfoundland, Canada

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Abstract

A survey estimating the prevalence and factors affecting the use of complementary therapy by adult cancer patients and their physicians' perspectives, in Newfoundland, Canada

Jawaid Younus and Alison Collins

Objectives: Prevalence, characteristics and correlations of complementary therapy (CT) use among adult cancer patients in Newfoundland, and reaction of their physicians towards their CT use.

Methods: Consecutive adult cancer patients, during their clinic visit at St. John's and at Corner Brook cancer center were interviewed. Patients' demographic and disease related data were collected from their clinic charts/files. A separate questionnaire for physicians was administered to family physicians, medical oncologists, radiation oncologists and surgeons.

Results & Conclusions: A total of 157 adult cancer patients were enrolled with 101 women and 56 men. Forty-one patients (26.1%) with median age of 61 years used CT. Women more commonly (30.7%) used CT than men (17.9%). The use of herbs and vitamins and their supplements was most common. More than 98% used some form of CT. About 75% of CT users expected CT to provide anti-cancer effects or used it to enhance well-being. Patients' age, marital status, stage of disease and level of education were not found to be statistically significant factors affecting the use of CT. Higher income correlated significantly with the use of CT (*p*-value=0.001) and with the level of satisfaction with CT use (*p*= 0.023). The majority of the users thought the therapy helped them. More than half (56%) of the CT users informed their physicians of the use of CT and

almost all the physicians either remained neutral (48%), or supported (48%) such usage. Most (95.6%) CT users did not feel any change in the relationship with their physician after discussing their CT use.

Although 60% of surveyed physicians expressed reasonable familiarity with CT, the majority had limited clinical experience with CT. These physicians felt no adverse change in their physician-patient relationship after learning of the use of CT by their patients. About half of physicians regularly asked their patients about their CT use. Source of physicians' information about CT included information brought by patients (32%), journals (29%) and the Internet (5%).

Key words: Complementary therapy, Prevalence, Physicians' perspectives

Introduction:

There is a growing interest among patients and physicians on the subject of complementary therapy (CT). According to one view and practice, patients use these as *alternative* therapies instead of the conventional therapy, while growing numbers use complementary medicines or interventions before, during or after the conventional treatment (Cassileth, 2000). The use of CT among cancer patients appears to be increasing (Wetzel and Eisenberg, 1998).

The importance of this type of therapy is now well recognized. Institutions like the National Center for Complementary and Alternative Medicine (NCCAM) in the USA and other professional and governmental bodies in the UK and elsewhere have been developed to investigate CT. Growing numbers of medical schools have courses on CT as part of their elective programs. The medical literature now includes articles from reputable centers and researchers regarding the use, side effects and potential benefits of CT.

Some of the most widely used CTs include herbs, vitamins, special diets, massage therapy, mental imagery and acupuncture. CT is used world–wide, by all age groups, and including patients with a variety of cancer diagnoses (Ernst and Cassileth, 1998; Eguchi and Hyodo et al, 2000; Liu, Chu et al 1997; Munstedt and Kirsch, 1996, Downer and Cody et al, 1994). [WHAT I MEANT IS THAT WHILE COMPLEMENTARY THERAPY IS USED WORLD WIDE ETC., PATIENTS DO NOT USE CT AS ALTERNATIVE THERAPY I.E. INSTAED OF CONVENTIONAL CANCER THERAPY…….THIS IS CONTRADICTED IN THE SECOND SENTENCE AFTER THIS ONE. I SUGGEST WE DELETE THIS SENTENCE →It is estimated that only a relative minority (8-10%) of cancer patients seeks alternative therapy (Cassileth and Lusk et al, 1984).] CT is used by approximately 25-50% of the general population (Eisenberg and Kessler, 1993; Fisher and Ward, 1994; MacLennan and Wilson, et al, 1996). The current medical literature cites the frequency of CT use among cancer patients ranging from 7 to 50% (Cassileth, 2000, Ernst and Cassileth, 1998). The CT industry is growing at a tremendous rate. Out of pocket expenses in the USA in 1997 were approximately $34.4 billions for all CT users (Eisenberg and Davis et al, 1998), [which is about the same amount that was paid for all conventional medical care in the same period THIS IS INTERESTING. I DID NOT KNOW THAT.] The greater portion of the CT cost has to be absorbed by the cancer patients using these interventions, as most are not covered under ordinary insurance plans.

The use of CT among cancer patients raises several issues. Patients usually perceive CT as harmless and natural. However, this may not be the case, due to potential adverse side effects and interactions between CT, chemotherapy or radiation therapy. The perception and behavior of physicians towards oncology patients who use CT is also important in the overall care of these patients. Health care professionals find it difficult to answer patients' questions regarding CT due to the paucity of scientific data and also perhaps due to their low level of interest in this subject. It is quite clear that in the future we are going to see a variety of these non-traditional treatment modalities incorporated into our health system as adjuncts to conventional treatments. It is therefore pertinent to know the prevalence of use, factors influencing patients' decisions regarding the use of CT, and the attitude of our physicians towards the use of CT among cancer patients in order to develop a better understanding, working relationship and effective education programs.

The province of Newfoundland provides a unique geographical and social situation in which to study patients' use of CT. The population comprises of Caucasians with very little ethnic diversity. The people of Newfoundland are family oriented, trusting and friendly. Despite the harsh weather, lack of economic growth resources and most often a small number of fellow residents, they prefer to live in the same community. This induces pockets of population in hard to reach areas and with limited resources. Newfoundland is an island with one comprehensive cancer center in St. John's, where all medical and radiation oncologists are located. There are 4 small chemotherapy clinics located throughout the province, capable of delivering simple chemotherapy regimens, under the supervision of family physicians. It is apparent that the patient access to comprehensive cancer care is difficult, with limited resources and widely scattered population pockets. Considering these factors, we explored the use and related issues of CT among adult cancer patients and their physicians in the province of Newfoundland, with a view to exploring how the findings in this study would compare to similar studies elsewhere.

Methods:

An 18-question survey for patients and an 11-question survey for physicians were developed for this study. (See questionnaires in attached appendices.) Both contain a broad range of questions. The patients' survey was administered to consecutive eligible adult cancer patients during their clinic visit at a cancer center, either at St. John's or Corner Brook location. Approval was obtained from the institutional review boards of St. John's and Corner Brook Cancer Centers.

Inclusion/exclusion criteria: Patients were considered eligible if they had a confirmed pathological diagnosis of cancer. Patients were excluded upon their refusal or if any physical condition or cognitive impairment prevented them from completing the questionnaire. After explaining the survey, informed consent was obtained. All patients then completed the questionnaire with the principal investigator. Patients' demographic and disease related data were subsequently collected through their cancer clinic files. To maintain confidentiality, their

provincial medical identification numbers identified patients only to compile data from their cancer files and subsequently all data were pooled. This survey collected data over a period of three month, December 2000 to February 2001.

The questionnaire for physicians was delivered directly to their offices. All the physicians self-filled their questionnaire and returned it to the main medical oncology office.

Results:

A total of 160 patients were screened, with 157 completing the survey and three refusing. The evaluation of characteristics of study participants (Table 1) showed that 56 men and 101 women completed the survey. The median age was 61.5 men and 59.2 years in women. All study participants were Caucasians, including 42% with breast cancer, 31% with Gastro-intestinal tumors, 6% with genito-urinary malignancy, 9% with Lung cancer and 12% with miscellaneous other malignancies.

Of the 157 patients, 41 (26%) stated they use of CT. There were 10 men and 31 women among CT users with median age of 61 years. Among patients who used CT, 27% had university education, 67% had grade 10-12 level education and 5% had college degrees. There were only two patients with no education who also gave no history of utilizing CT.

The majority of the patients (78%) in this sample were married, out of whom 35 were CT users. There were 5 patients with a history of CT use among 17 widows/widowers, 14 single, and 3 separated/divorced patients.

The data for156 evaluable {I could not get the exact stage for one patient and therefore 156 instead of 157 patients}patients showed a variety of cancer stages. A total of 14% patients had stage IV, 26% stage III, 32% stage II and 21% stage I cancer. Additionally, 4 patients with limited and 4 with extensive stage, small cell lung cancer were also included.

Patients' age, marital status, stage of their disease and level of education were not found to be statistically significant correlates of CT use.

Income level among surveyed patients is summarized in Figure 1. High-income levels correlated significantly with the use of CT (*p*-value: 0.001).

There were a variety of CT modalities used by these patients. The most popular were herbs (61%) and vitamins (44%). (See Figure 2) Among CT users, 17 elected to use more than one type of CT. The CT was used mainly as complementary therapy and only one patient used it as an alternative to conventional therapy. The main reasons described for using CT included anti-cancer effects (41%), to enhance wellbeing (36%); complementing conventional therapy (12%) and symptom control (7%).

The major source for introducing CT was through suggestions of friends (43%). The remaining patients were either self-directed (35%) or had suggestions from relatives (7%) or spouses (2%) for CT. About 83% of CT users believed that CT helped them. Most users (78%) felt that their expectations were fulfilled with their use of CT (See Figure 3). In univariate analysis, only higher income level was a

statistically significant independent factor for satisfied CT users (*p*-value: 0.023). An accurate estimate of the cost of using CT for these patients could not be ascertained from the data collected. However, an over- all average cost was calculated to be C$107/month (range C$10-C$1000).

Patients gave a variety of reasons for not using CT. About 65% patients thought that there was no need to use CT as it was not necessary, 19% did not have enough information, 11% trusted their physicians to make decisions about their cancer care and 5% planned to consider using CT in near future.

Out of 41 users of CT, 23 patients informed their physicians about their CT. A little over half (52%) of these patients elected to inform their medical oncologists and 44% let their family physicians know about their CT details. The majority of these 23 patients rated the reaction from their physicians as supportive (48%) or neutral (48%). The 18 CT users who did not inform their physicians cited three main reasons for not doing so: 55% thought that it was not important to disclose it, 33% had no particular reason and 12% did not share this information as nobody asked them about it. Most patients (95%) believed that they perceived no change in the patient-physician relationship after informing their physicians about their use of CT. Only one patient, who reported her medical oncologist was opposed to the use of CT, described a change in her relationship.

The physicians' survey questionnaire was sent to a total of 30 physicians. The 17 responders included family physicians (52%), hematologists, radiation and medical oncologists (36%) and surgeons (12%). These physicians had been in practice for an average and median duration of 20 years. Close to 60% of responding physicians reported reasonable familiarity with CT. (See Figure 4.)

The majority of physicians (73%) rated their experience with CT to be quite limited but believed their relationship with patients to be largely unaffected (87%) when patients told them about their use of CT. Many physicians (56%) made it a practice to ask their patients regarding their use of CT. (See Figure 4).They reported different sources of information about CT, which included information brought by patient (32%), scientific journals (29%), newspaper/TV (21%), information from medical colleagues (13%) and the Internet (5%). These physicians expressed their reaction to be largely supportive (71%) or neutral (29%) to the use of CT by their patients.

Physicians' concerns with CT use included potential interaction with other medicines and radiation therapy (47%), potential side effects of CT (36%), cost (11%) and adverse psychological impact of CT on users (6%). About 55% physicians considered that CT should be used as an adjunct to conventional therapy, and 18% wanted to see an active control or cure resulting from CT use. Another 18% were not convinced of any beneficial effect, and 9% physicians thought that CT might be used as a preventive intervention against cancer.

Discussion:

The use of Complementary Therapies has become an important subject in medical practice, particularly among cancer patients. The reasons for taking CT

by cancer patients vary, and the popularity of CT is apparently multi-factorial – in general including cultural, social and psychological reasons. Various factors generally cited to influence the use of CT among cancer patients include being female, higher education level, higher socio-economic status and younger age group (Cassileth, 2000). However, it is hard to extrapolate these factors uniformly to all geographical areas or institutions.

Similar to the findings in current literature (Cassileth, 2000, Ernst and Cassileth, 1998), we found an over all prevalence of 26% for any type of CT use, with more women CT users than men. About a third of surveyed patients using CT were between 55-65 years old. Those having a college degree and university graduates comprised a higher proportion of CT users. However, both age and education level did not significantly correlate with the use of CT in our study. An oft-quoted reason for using CT by cancer patients is dissatisfaction or distrust of conventional therapy (Astin, 1998, Shumay and Maskarinec, 2001). This could be easily extrapolated to expect more users to have advanced stages of cancer, where most conventional therapies are only palliative. However, this survey did not find the stage of their disease to be a statistically significant factor influencing the decision to use CT.

It appears that cancer patients may be hesitant to share the details of using CT with their physicians, since only a little over half of CT users in this survey did so. Our patients reported an open-minded view to their use of CT by their physicians was appreciated, and they found their physicians supportive or neutral and did not perceive any change in the patient-physician relationship. Those patients who elected not to inform their physicians thought that it was not important enough information or had no particular reason to report their use of CT to their physicians. It is uncertain whether these patients may have perceived an unconscious fear of threatened or strained relationship and hesitated to discuss this information with their physicians.

Our study found herbs and vitamins to be the most frequently used CT and 41% used more than one type of CT. Considering other CT surveys, it appears that geography, local culture and tradition, media reports about CT, and racial factors may all influence the frequency of various CT used by cancer patients (Sparber and Wootton, 2001, Bernstein and Grasso, 2001). This study attempted to explore the reasons for utilizing CT and found that CT was used mainly as complementary therapy, consistent with other studies.

Despite the paucity of randomized clinical trials, the most frequently cited reason for using CTs was to benefit from their anti-cancer effects. About one-third of CT users wanted to enhance a feeling of general well-being. This provides an insight into some of the thinking behind CT use and is consistent with other studies (Swisher et al, 2002).

This survey found the majority of CT users were either self-directed or had CT suggested by their friends. Nearly 20% patients in this study did not use CT due to lack of information. We would anticipate a reduction in this percentage over time, as the database for CT improves with further research and dissemination of information through media and Internet.

The surveyed users of CT generally expressed their satisfaction with the CT and reported that the CT met their expectations.

The physicians caring for cancer patients are often asked questions regarding the use, side effects and other related aspects of CT. Historically, few medical oncologists would discuss CT with their patients (Richardson et al, 1999, Bourgeault, 1996, Neogi and Oza, 1998). An Italian study concluded that physicians generally do not want to improve their knowledge about CT (Crocetti et al, 1996). One recent Canadian survey study showed that the oncologists rated themselves as largely unfamiliar with CT and their usual source of information about CT has been their patients (Bourgeault, 1996). Most of the physicians in this survey appeared unconvinced regarding the efficacy of such treatments, largely due to a lack of scientific data, particularly randomized clinical trials. Though most participants denied any strained relationship, there was a hint in the survey by Bourgeault, regarding building up of some tension in physician-patient relationship caused by the use of CT.[I MISSED ANY HINT OF TENSIONS IN YOUR STUDY: There was none found in our study]

Several interesting points emerged from the physicians' survey. Only a little over half of the contacted physicians responded, with family physicians making up 50% of responders. Consistent with other surveys, these physicians in Newfoundland admitted having limited experience with CT but expressed a fair level of familiarity. About half of responding physicians made a point to discuss CT with their patients. This certainly appears encouraging, compared to prior studies (Richardson et al, 1999, Bourgeault, 1996, Neogi and Oza, 1998). These physicians felt no adverse change in their physician-patient relationship after learning of the use of CT by their patients. This is largely felt to be secondary to their general reaction of either being supportive or neutral towards the use of CT. Similar to the Canadian survey (Bourgeault, 1996), our study found that physicians learned most from the information introduced by their patients. Interestingly, these physicians listed the Internet as the least used method to obtain information about CT. This has a potential to change in the future as more evidence-based and improved web sites get posted on the Internet, along with wider availability of computers with Internet in this province. These physicians raised a number of valid concerns regarding CT use. Whether they shared these concerns with their patients remains an interesting but unanswered question.

Despite the obvious lack of scientific pharmacological data regarding CT, certain resources in the form of books and web sites may provide reasonable and helpful reference materials (Unconventional Therapies on the British Columbia Cancer Agency home page). This is however limited by the fact that most of the information is assimilated through case reports or limited number of case series.

It would be important to note more precise details of CTs used by individual patients, as the potential for interactions exists between a number of herbs and other CT products with chemotherapy and radiation therapy. Similarly, the concomitant use of CT, in particular herbs and other natural products may produce their own side effects, which in the context of ongoing chemotherapy or radiation therapy may introduce difficult diagnostic problems. It is important to

note that most patients believe that there will not be any serious side effects of CT (Astin, 1998, Shumay and Maskarinec, 2001).

This study found the average cost of CT to be $107/month. However, this is merely a rough estimate. Individual products and interventions may vary considerably in cost. CT constitutes a billion dollar industry with continuing rapid growth. The economics of CT becomes mind boggling as almost all the cost is considered as an out of pocket expense for cancer patients.

There are a few limitations to this study. This is a cross-sectional survey and limited by the relatively small number of participants. This study is geographically limited to Newfoundland. However, this survey offers a unique insight in to the issues of CT use by adult cancer patients in this particular area, showing a fair similarity to other surveys. The population surveyed was comprised of Caucasians with no ethnic diversity. This however, is the usual population profile in Newfoundland. The principal investigator administered the patients' questionnaire and this may have unintentionally produced some biased answers from patients. The questionnaire used a simple pattern of either affirmative/negative answers or pre-determined options. Open-ended questions may have produced a wider variety of answers to some questions. There was a low response to the physicians' questionnaire and no further attempts were made to enhance this response.

Conclusions:

This survey estimated prevalence and factors affecting the use of CT by adult cancer patients, along with their physicians' perspectives on CT use in the province of Newfoundland, Canada. The prevalence of CT use was 26% and women used it more often than men. About three-quarters of CT users expected an anti-cancer effect or an enhanced feeling of wellbeing and the majority of users were satisfied with the effects from the use of CT. This study found that except for higher income level, no other studied factor affected the use of CT among surveyed patients. Additionally it appears that the patient-physician relationship remained unaffected if patients elected to inform their physicians. The physicians in turn showed either supportive or neutral reactions towards the use of CT. These physicians admitted their lack of knowledge about CT but recognized the general importance of CT use among their patients. Considering the data from this survey, it appears that geographical, social and medical access limitations and problems may not lead to any significant differences in the pattern of use of CT among adult cancer patients. We believe that media, Internet, journals and similar resources should play their role in providing up to date and accurate information to both oncology patients and their physicians about CT. It is therefore justified to develop educational programs, which would address the needs of both patients and physicians. Improved and evidence-based web sites will be needed to provide appropriate information about CT. An increasing involvement of pharmacists and nurses may ensure better patient support in this area. Additionally, randomized clinical trials are needed to clarify important issues like indications, efficacy and side-effects of CT, including its interactions with chemotherapy and radiation therapy.

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QUESTIONNAIRE FOR PHYSICIANS REGARDING THE USE OF COMPLEMENTARY THERAPY IN CANCER PATIENTS

1. Please indicate the number of years in practice:

2. Type of practice:
   - GP□
   - Surgeon□
   - Radiation Oncologist□
   - Medical Oncologist□
   - Hematologist□

3. How familiar do you consider yourself with complementary therapy: (0 being totally unfamiliar and 7 being very familiar)
   0---1---2---3---4---5---6---7

4. How experienced do you consider yourself with the use of complementary therapy in cancer patients: (0 being none and 7 being much experienced)
   0---1---2---3---4---5---6---7

6. What has been your source of information about the complementary therapy?
   - Patient brought information □
   - Newspaper □
   - Internet □
   - TV □
   - Scientific journals □
   - Medical Colleagues □
   - Friends □

7. What is your usual reaction to your patient's use of complementary therapy:
   - Do you generally support the use of complementary therapy?□
   - Do you generally oppose the use of complementary therapy?□
   - Do you remain neutral regarding the use of complementary therapy?□

8. In your opinion when would you consider the complementary therapy harmful for your patient:
   - Potential interaction with medicines □
   - Cost □
   - Adverse psychological impact of using complementary therapy □
   - Side effects of complementary therapy □

9. Does the use of complementary therapy has any effect on your relationship with your patient: (0 being no effect and 7 being a highly negative effect)
   0---1---2---3---4---5---6---7

10. In your opinion what may be the use of complementary therapy in general:
    To prevent Cancer □
    To prevent recurrence after the medical treatment □
    As an active therapy to cure or control cancer without using any medical treatments □
    Complementary therapy (used with the conventional therapy) □
    To enhance the sense of patient's self control (psychological support) □
    Other:

11. When seeing a new cancer patient do you specifically ask about the use of complementary therapy: (0 being never and 7 being every time)
    0---1---2---3---4---5---6---7

QUESTIONNAIRE FOR CANCER PATIENTS REGARDING THE USE OF COMPLEMENTARY THERAPY

1. **MCP =**
2. **Education Level:**

3. **Level of income:**
   <$15,000 □
   $15-24999 □
   $25000-34999 □
   $35000-49999 □
   $50-100000 □
   >$100000 □

4. **Marital status:**
   Single □
   Married □
   Divorced or separated □
   Widower □
   Unknown □

5. **Complementary therapy includes a wide variety of products and services, available without prescription (over the counter), and claims to have different effects when used e.g.: as an anti-cancer therapy, symptom control resulting from cancer or its treatment, boast immune system and enhance a general sense of well being etc.**
   Did you use any complementary therapy: Yes No

6. **Which Complementary therapy was used (may be more than one):**

Special diet □
Psychotherapy □
Yoga □
Tai chi □
Massage therapy □
Chiropractic therapy □
Mental Imagery □
Hypnosis □
Meditation □
Bio-feed back □
Therapeutic touch □
Music therapy □

Spiritual healing □
Vitamin or vitamin supplement □
Homeopathy □
Ayurvedic □
Folk remedy □
Herbs □
Acupuncture □
Others:

7. **Did you inform your physician at any time regarding your use of complementary therapy: Yes No**

8. **If yes then who was the physician:**

   GP/FP□
   Medical Oncologist□
   Radiation Oncologist□
   Surgeon□
   Hematologist□

9. **If no then what was the reason for not telling your physician?**

10. **What was the reaction of your physician towards your use of complementary therapy:**

    He/She supported the use
    He/She opposed the use
    He/She remained neutral

11. **Did you perceive any change in your relationship with your physician after discussing your use of complementary therapy with him/her: Yes No**

12. **What was your reason for using the complementary therapy:**

    Alternative **(Use of complementary therapy as an alternative to any medical therapy including chemotherapy, Radiation therapy, Surgery etc.)**

    Complementary **(Use of complementary therapy in addition to medical treatments)**

13. **What was your expectation regarding the use of complementary therapy:**
    To get rid of the cancer or prevent its recurrence □
    To gain a feeling of generalized well being □

To achieve control over the symptoms resulting from cancer or its treatment□
Others:

14. Do you think the therapy helped you: Yes No
15. Did the therapy fulfill your expectation: (0 being no and 7 being completely fulfilled) 0---1---2---3---4---5---6---7
16. **Who suggested the complementary therapy to you:**
Friend □
Spouse □
Relative □
Self-directed □

17. What is your estimated cost per month for the complementary therapy: $

18. If you never used complementary therapy: Why not?

INFORMATION FROM PATIENT'S FILE

Date of Birth: **Male** **Female**

MCP:

Type of Cancer:

Status of disease at the time of use of complementary therapy:

AGE AND SEX DISTRIBUTION

Age (years)	Number of Men	Number of Women	Total	Number of Complementary Therapy Users
≤45	4	14	18	8
46-55	11	24	35	10
56-65	15	30	45	14
66-75	17	18	35	7
>75	9	15	24	2
TOTAL:	56	101	157	41
Median Age	61.5 years	59 years	61 years	61 years

Table 1

LEGEND FOR FIGURE 1:

Figure 1 shows income level of users and non-users of complementary therapy. The numbers within the bars are indicating total number of patients for that group and K denotes 1000.

LEGEND FOR FIGURE 2:

Figure 2 shows the types of complementary therapy (CT) used by the patients in this survey. The numbers will not be equal to 41 as some patients used more than one kind of CT. The numbers over each bar represents total number of patients using that particular type of CT.

LEGEND FOR FIGURE 3:

Figure 3 represents the level of satisfaction among complementary therapy (CT) users. The scale is showing the compiled answers to the question "How satisfied you are with the use of CT", with grade 0 = completely dissatisfied to grade 7 = completely satisfied =. The number on top of each bar represents the total number of patients under that grade.

LEGEND FOR FIGURE 4:

Figure 4 is a composite of physicians' answers to four questions. White bar is demonstrating the level of experience with complementary therapy (CT), with grade 0 = no experience to grade 7 = much experience. The dotted bar is showing how familiar physicians considered themselves with CT, with grade 0 = not familiar at all to grade 7 = very familiar. The gray bar is representing physicians' perception of any effect on physician-patient relationship after learning the use of CT by patients, with grade 0= no effect to grade 7 = a highly negative effect. The solid black bar is showing if physicians specifically asked their new cancer patients about their use of CT, with grade 0 = never asked to grade 7 = asked every time.

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