

한의 표준임상진료지침 개발을 위한 유방암 보완치료 실태조사

¹경희대학교 대학원 임상한의학과, ²경희대학교 한의과대학 부인과교실
³경희대학교 한의과대학 예방의학교실
김남훈¹, 강나훈¹, 유은실¹, 박남춘¹, 이진욱¹, 박경선²,
이진무², 이창훈², 장준복², 장보형³, 황덕상²

ABSTRACT

A Survey on Treatment of Breast Cancer Patients with Korean Medicine: Preliminary Research for Clinical Practice Guidelines

Nam-Hoon Kim¹, Na-Hoon Kang¹, Eun-Sil Yoo¹, Nam-Chun Park¹,
Jin-Wook Lee¹, Kyoung-Sun Park², Jin-Moo Lee², Chang-Hoon Lee²,
Jun-Bock Jang², Bo-Hyoung Jang³, Deok-Sang Hwang²

¹Dept. of Clinical Korean Medicine, Graduate School, Kyung Hee University
²Dept. of Gynecology, College of Korean Medicine, Kyung Hee University
³Dept. of Preventive Medicine, College of Korean Medicine, Kyung Hee University

Objectives: To determine the current status of the treatment of breast cancer patients by Korean Medicine doctors (KMDs) and to examine the need for clinical practice guidelines (CPGs) for the supportive care of these patients.

Methods: This cross-sectional study used a self-administered questionnaire. Participants were asked about their experience in treating breast cancer patients; the number of breast cancer patients they currently treat; the main complaints expressed by, diagnoses of, and treatments used for such patients; and their opinions about Korean Medicine (KM) as the basis for providing supportive care for breast cancer.

Results: The data for this study were collected from 322 respondents, 84 of whom reported having ever treated patients with breast cancer. Most breast cancer patients who visited the KM clinic were classified as stage I or II, and their major complaints were fatigue, general weakness and musculoskeletal pain. The major diagnostic strategies were syndrome differentiation and pulse diagnosis. The major treatments administered were herbal medicine, acupuncture, and moxibustion. KMDs cited a need for medical information, such as CPGs, as their most important concern with regard to the treatment of breast cancer patients.

Conclusions: This survey determined the prevalence of the use of KM for Korean breast cancer patients. Our results underscore the need for clinical practice guidelines for using of KM as the basis of supportive care for breast cancer and for informing clinicians and patients about this approach.

Key Words: Breast Cancer, Supportive Care, Cross-sectional Study, Clinical Practice Guidelines, Korean Medicine

“본 연구는 한국보건산업진흥원을 통해 보건복지부 한의약선도기술개발사업의 재정 지원을 받아 수행된 연구임(HB16C0072).”

“This study was supported by the Traditional Korean Medicine R&D Program funded by the Ministry of Health & Welfare through the Korea Health Industry Development Institute (KHIDI) (HB16C0072).”

I. Background

Breast cancer is the most common cancer worldwide. In 2015, almost 232,000 women in the United States were diagnosed with invasive breast cancer¹⁾. Moreover, the incidence of breast cancer is rapidly increasing in Korea due to recent changes in diet and lifestyle²⁾. According to the annual report of the Korean Central Cancer registry, the incidence of breast cancer is 17.6%, rendering it second only to thyroid cancer, which has an incidence of 23.6%³⁾.

Additionally, the 5-year relative survival rate for invasive breast cancer is also increasing due to the revitalization of screening and the development of new technology. As a result, the survival rate of breast cancer patients in Korea is expected to increase gradually to 91.5%⁴⁾.

However, despite this high survival rate, the quality of life of breast cancer patients is lower than that of patients with other types of cancer⁵⁾.

As breast cancer has a higher incidence of recurrence, even after 5 years, compared to other solid tumors, breast cancer survivors suffer more distress over time because of concerns about recurrence⁶⁾. Additionally, breast cancer chemotherapy may cause fatigue, apathy, nausea, malaise, insomnia, and anorexia, and may also affect sexual performance by acting directly on the ovarian or endocrine system⁷⁾. Tamoxifen, which decreases breast cancer recurrence, commonly causes a range of

side effects, such as hot flashes, night sweats, gynecologic symptoms (vaginal dryness, vaginal discharge), depression, forgetfulness, sleep alterations, weight gain, and diminished sexual functioning⁸⁾.

To manage symptoms, prevent toxicity, and improve quality of life, the majority of breast cancer patients use complementary therapies during and after cancer treatment⁹⁾. An estimated 33-47% of individuals throughout the world who have been diagnosed with cancer use complementary, alternative, or integrative therapies during cancer treatment¹⁰⁾. In Korea, more than two-thirds of cancer patients used various kinds of complementary and alternative medicine, and 31% of cancer patients use Korean medicine (KM) treatment^{11,12)}.

Many of these cancer patients use KM treatment to alleviate a variety of symptoms, but there are currently no clinical practice guidelines (CPGs) for the use of this treatment to provide supportive care for breast cancer patients in Korea. Recent randomized controlled clinical trials have shown that KM treatment is effective and safe for cancer patients¹³⁻⁵⁾, but this has not been communicated to patients or doctors. Thus, standardized KM CPGs are needed to guide evidence-based, complementary therapies.

Currently, the Ministry of Health and Welfare in Korea uses one of the standard CPGs for breast cancer supplementation therapy, as the basis for the development of standard Korean CPGs. We are working

to develop a KM approach to treatment that improves the quality of life and health of breast cancer patients. To this end, we administered a questionnaire survey to Korean Medicine doctors (KMDs) to examine their awareness of Korean standard CPGs and to ascertain the current status of treating breast cancer patients with KM.

II. Methods

1. Subjects

Subjects were KMDs who were affiliated with the Association of Korean Medicine.

2. Criteria

With the assistance of the Association of Korean Medicine, we sent the questionnaire to all affiliated KMDs by e-mail between March 30 and April 10, 2017. KMDs who had incorrect or missing e-mail addresses, and those who did not agree to participate in the survey, were excluded.

3. Content

The total number of questionnaires is 16. Participants were asked to provide information about their demographic characteristics: experience treating breast cancer patients; average number of breast cancer patients; patients' major complaints, diagnoses, and treatments; and opinions about the use of KM to provide supportive care for breast cancer. This study received

approval from the Institutional Review Board (IRB) of Kyung Hee University (KHSIRB-17-013(RA)).

III. Results

E-mails providing an explanation regarding the study, a consent form, and online questionnaire were sent to 18,289 KMDs who were members of the Association of Korean Medicine. We analyzed data from 322 respondents.

1. Demographic characteristics

Of the respondents, 232 (72.0%) were male, and 90 (28.0%) were female. In terms of the age distribution of the sample, 39.1% were aged 30-39 years and 31.7% were aged 40-49 years. In terms of professional experience, 102 (31.7%) respondents had been practicing for 11-20 years and another 102 (31.7%) had been practicing for 0-5 years. Additionally, 84 (26.1%) of the KMDs had ever treated patients diagnosed with breast cancer (Table 1).

Table 1. Demographic Characteristics of the Respondents

Variable		N	%
Gender	Male	232	72.0
	Female	90	28.0
Age (years)	20-29	44	13.7
	30-39	126	39.1
	40-49	102	31.7
	50-59	43	13.4
	Above 60	7	2.2
Years in practice	0-5	102	31.7
	6-10	67	20.8
	11-20	102	31.7
	21-30	40	12.4
	> 31	11	3.4
Provide KM* treatment?	Yes	84	26.1
	No	238	73.9

*KM : Korean medicine

2. Medical Institution Characteristics

Of the respondents, 206 practiced in KM clinics, 42 practiced in a university-affiliated KM Hospital, and 21 practiced in nursing hospitals. The majority of the respondents (234) practiced in non-specialized medical institutions.

According to our results, 55 (65.5%) breast cancer patients visited a medical institution with which respondents were affiliated one to five times per month, and 78 (92.9%) did so 20 or fewer times per month (Table 2).

Table 2. Medical Institutions and Specializations of the Respondents

Variable		N	%
Type of institution	Korean medicine clinic	206	64.0
	Korean medicine hospital (university-affiliated)	42	13.0
	Korean medicine hospital (other)	24	7.5
	Hospital	2	0.6
	Nursing hospital	21	6.5
	Public health center	12	3.7
	University	3	0.9
	Research institution	5	1.6
	Other	7	2.2
	Specialization	Non-specialized	234
Specialization-cancer		28	8.7
Specialization-women's health		27	8.4
Specialization-other		33	10.2
Visits per month	1-5	55	65.5
	6-10	10	11.9
	11-15	8	9.5
	16-20	5	6.0
	More than 21	3	3.6
	Less than 1	3	3.6

3. Clinical practice patterns of respondents

Most breast cancer patients were of stage I or II according to the TNM

staging criteria.

The major complaints of breast cancer patients were fatigue and general weakness,

followed by musculoskeletal pain and anorexia.

Syndrome differentiation was the most common diagnostic method used for breast cancer patients, followed by pulse diagnosis and questionnaires.

The most common treatment for breast cancer patients was herbal medicine, followed

by acupuncture and moxibustion.

Most respondents believed that herbal medicines should be used aggressively for patients with breast cancer, but 24 (28.6%) endorsed minimal and short-term prescriptions, and 10 (11.9%) were reluctant to prescribe these medicines at all (Table 3).

Table 3. Clinical Practices of the Respondents

Variable	N	%	
TNM stage	Stage 0	38	45.2
	Stage I	78	92.9
	Stage II	78	92.9
	Stage III	57	67.6
	Stage IV	37	44.0
	Uncertain	50	59.5
Complaints	Fatigue and general weakness	77	91.7
	Musculoskeletal pain	54	64.3
	Anorexia	47	56.0
	Neurosis	37	44.0
	Edema	31	36.9
	Hot flashes	24	28.6
	Vomiting	23	27.4
	Blood component reduction (decrease in red blood cells, platelets, lymphocytes)	22	26.2
	Alopecia	10	11.9
	Other	13	15.5
Diagnostic method	Syndrome differentiation	79	94.0
	Pulse diagnosis	62	73.8
	Questionnaire	59	70.2
	Korean medicine instrument	46	54.8
	Abdominal diagnosis	43	51.2
	Sasang constitution	35	41.7
	Other	12	14.3
Treatment	Acupuncture	81	96.4
	Moxibustion	58	69.0
	Herbal medicine	49	58.3
	Cupping	41	48.8
	Pharmaco-acupuncture	32	38.1
	Electro-acupuncture	21	25.0
Opinion about the use of herbal medicine	Prescribe aggressively	41	48.8
	Prescribe minimally and in the short-term	24	28.6
	Reluctant	10	11.9
	Never use	2	2.4
	Other	7	8.3

4. Opinion about KM clinical practice guidelines for supportive care for breast cancer

As described above, 238 (73.9%) KMDs had never treated breast cancer patients. The reasons cited for not treating patients with breast cancer were that few appointments were made by such patients and that there was a lack of medical information about breast cancer. The lack of evidence related to the treatment of breast cancer has been the focus of considerable discussion.

Most respondents said they would be

willing to adhere to CPGs for breast cancer supplementation therapy if they were available.

According to our data, the most pressing need related to the medical treatment of breast cancer was the development of systematized medical information, such as CPGs. The second most urgent need was to expand health insurance coverage for medical treatment.

In total, 96.3% of respondents agreed that there was a need for KM CPGs for breast cancer patients.

Table 4. Opinions about KM* CPGs for Supportive Care for Breast Cancer

Variables		N	%
Reasons for not treating breast cancer patients	Few patient visits	187	78.6
	Lack of information	31	13.0
	Lack of evidence	11	4.6
	Low fees	2	0.8
	Minimal effectiveness	1	0.4
	Other	6	2.5
Requirements for treating breast cancer patients with KM*	Development of clinical practice guidelines	115	48.3
	Expansion of health insurance	61	25.6
	Expansion of casualty insurance	29	12.2
	Active participation	14	5.9
	Other	19	8.0
Necessity	Yes	310	96.3
	No	12	3.7

*KM : Korean medicine

IV. Discussion

In Korea, 31% of cancer patients use KM treatment¹¹⁾. Nevertheless, as there is no consensus approach to the use of KM, it is difficult to recommend KM treatment for breast cancer patients. We performed this study to fill the gap caused

by the absence of CPGs for the use of KM for the supportive care of breast cancer patients in Korea.

This cross-sectional study used a self-administered questionnaire that was emailed to 18,289 KMDs who were members of the Association of Korean Medicine, and which included an explanation of

the study, a consent form, and online questionnaire between March 30 and April 10, 2017. The data analyzed in this study were from 322 respondents (1.76%).

In total, 84 (26.1%) respondents had ever treated patients with breast cancer. Most patients were in stage I or II, and the main symptoms were fatigue and general weakness. The primary diagnostic method used was syndrome differential diagnosis, and herbal medicine, acupuncture, and moxibustion were the main treatments administered.

Acupuncture has been reported to be an effective treatment for fatigue and general weakness, which are the most common complaints of breast cancer patients¹⁴. Moxibustion, the second most commonly used treatment, is known to be effective in relieving postoperative pain in breast cancer patients¹⁶. According to Hajime, herbal medicine has been reported to be effective against breast cancer, as well as pain¹³.

In total, 238 (73.9%) of the respondents had never treated breast cancer patients at medical institutions. The reasons for not treating such patients were their infrequent visits and the lack of information and evidence about this disease. Most respondents agreed that there was a need for CPGs and reported that they would adhere to them when they were available.

CPGs for the supportive care of breast cancer patients are being implemented worldwide. In the United States, the

National Comprehensive Cancer Network (NCCN) has published guidelines for breast cancer¹⁷. In Korea, the third set of guidelines for breast cancer were presented at the 2008 Korean Breast Cancer Society¹⁸.

Practitioners of alternative medicine are also developing CPGs for breast cancer. According to the CPGs on the Use of Integrative Therapies as Supportive Care in Patients Treated for Breast Cancer, electro-acupuncture is a grade B approach (should be considered) for nausea and vomiting and a grade C approach (may be considered) for anxiety/stress, depression, fatigue, pain, and burning sensations due to chemotherapy⁹. In 2014, CPGs for breast cancer were presented to the Chinese Association of Integrative Medicine. To improve the treatment rate, the CPGs combined traditional Western medical treatment with Oriental medicine approaches¹⁹.

In addition to alleviating symptoms, several herbal medicines have been found to inhibit the proliferation of breast cancer cells^{20,21}. Previous studies have shown a 2.2-fold increase in the incidence of endometrial cancer in patients taking tamoxifen for 5 years, and that patients with tamoxifen and herbal remedies have a lower incidence of endometrial cancer²².

Nevertheless, KM is rarely recommended to patients in Korea²³. A study of the perceptions of female cancer patients' found that non-Western treatment approaches were not used because patients sought

“to follow the opinion of a Western medical doctor” (71.3%), did “not know the content [of this modality]” (14.9%)²⁴⁾. According to a focus group study, supplementary treatment with alternative medicine was not sought due to its unconditional rejection by Western clinicians and their lack of communication²⁵⁾.

In a survey of 160 breast cancer patients, 79.6% reported that they had combined complementary alternative therapy with hospital treatment. Nonetheless, 67.3% of patients reported that they did not consult with their doctor about such alternative treatments. Of this group, 40.7% explained their lack of consultation in terms of their doctor’s negative attitudes and indifference²⁶⁾.

This situation may be attributable to the absence of current CPGs. If reasonable guidelines were developed, Western medical doctors could change their minds, which would improve breast cancer treatment.

It is important to investigate the current status of KMDs. However, the response rate in this study was low, at 1.76%. The reason for the low response rate was the short survey period (10 days) and the small number of KMDs who were actually treating breast cancer patients. Because more than 70% of the

respondents are aged between 30 and 50, the ratio of physicians with more than 20 years of clinical experience is relatively low and this is considered to be the limitation of this study

Most of the KMDs (74%) who responded to the survey did not treat breast cancer patients at their medical institutions. This can also be viewed as reflective of the need for CPGs for the supportive care of breast cancer patients. According to our questionnaire results, the development of CPGs was seen as the most important way to improve medical treatment for breast cancer. Moreover, respondents reported that they would actively adhere to such guidelines if they were implemented.

V. Conclusion

This survey determined the proportion of KMDs who treat breast cancer patients, and underscored the need for CPGs for using KM to provide supportive care to breast cancer patients and inform both clinicians and patients of the benefits of this approach.

- Received : Sep 22, 2018
- Revised : Nov 01, 2018
- Accepted : Nov 26, 2018

국문초록

목적: 한의사의 유방암 보완치료에 대한 실태를 조사하고 임상진료지침의 필요성을 알아보고자 본 연구를 시행하였습니다.

방법: 본 연구는 e mail 설문지를 사용하였으며 유방암 환자 치료 여부, 내원 환자들의 병기, 증상, 진단, 치료, 기타 의견 등을 설문하였습니다.

결과: 322명이 응답하였으며 그 중 84명이 해당 기관에서 유방암 치료를 시행하고 있었습니다. 내원 환자들의 주된 호소는 피로 및 전신 소력감이었고 변증 및 맥진을 주된 진단법으로 한약 및 침뜸을 중심으로 치료하고 있다고 응답하였습니다. 유방암의 한의학적 보완치료로서 임상진료지침이 필요하다고 생각하며 개발된다면 적극적으로 사용하겠다고 응답하였습니다.

결론: 유방암 보완치료 실태조사를 통해 임상진료지침에 대한 필요성을 알 수 있었으며 추가적인 연구가 필요합니다.

중심단어: 유방암, 보완치료, 단면연구, 임상진료지침, 한의학

References

1. Schwartz R, Erban J. Timing of Metastasis in Breast Cancer. *N Engl J Med.* 2017;376(25):2486-8.
2. Lee YK, Kim JW, Kang SB. Management of breast cancer survivors in gynecologic area. *J Korean Obstet Gynecol.* 2007; 50(6):821-30.
3. National Cancer Center Korea Central Cancer Registry. Annual report of cancer statistics in Korea in 2014. Ministry of Health and Welfare. 2016.
4. Oh CM, et al. Cancer Statistics in Korea: Incidence, Mortality, Survival, and Prevalence in 2013. *Cancer Res Treat.* 2016;48(2):436-50.
5. Seo JY, Yi MS. Distress and Quality of Life in Cancer Patients Receiving Chemotherapy. *Asian Oncology Nursing.* 2015;15(1):18-27.
6. Jo HC, Kim ET, Min JW. Distress and Quality of Life for Breast Cancer Survivors during Follow-Up Periods in Korea. *Journal of Breast Disease.* 2016;4(2):58-63.
7. Yurek D, Farra W, Andersen B. Breast Cancer Surgery: Comparing Surgical Groups and Determining Individual Differences in Postoperative Sexuality and Body Change Stress. *J Consult Clin Psychol.* 2000;68(4):697-709.
8. Mourits M, et al. Tamoxifen treatment and gynecologic side effects: A review. *Obstetrics and Gynecology.* 2001;97(5(2)):855-66.
9. Greenlee H, et al. Clinical practice guidelines on the use of integrative therapies as supportive care in patients treated for breast cancer. *J Natl Cancer Inst Monogr.* 2014;50:346-58.

10. Horneber M, et al. How many cancer patients use complementary and alternative medicine: a systematic review and metaanalysis. *Integrative Cancer Therapies*. 2012;11(3):187-203.
11. Choi YJ, Lee JS, Cho SH. Use of Korean Medicine among Cancer Patients. *Journal of Korean Oriental Medicine*. 2012;33(9):46-53.
12. Kim MJ, et al. Use of Complementary and Alternative Medicine among Korean Cancer patients. *The Korean Journal of Internal Medicine*. 2004;19(4):250-6.
13. Abe H, et al. The Kampo Medicine *Goshajinkigan* Prevents Neuropathy in Breast Cancer Patients Treated with Docetaxel. *Asian Pacific Journal of Cancer Prevention*. 2013;14(11):6351-6.
14. Smith C, et al. The effect of acupuncture on post-cancer fatigue and well-being for women recovering from breast cancer: a pilot randomised controlled trial. *Acupunct Med*. 2013;31(1):9-15.
15. Yao C, et al. Effects of warm acupuncture on breast cancer-related chronic lymphedema: a randomized controlled trial. *Curr Oncol*. 2016;23(1):e27-34.
16. Tao J, et al. Clinical Research on the Effect of Thunder Fire Moxibustion Combined with Air Wave Pressure in Treating Limb Edema After Breast Cancer Operation. *Clinical Medical & Engineering*. 2015;22(9):1141-3.
17. William J, et al. NCCN Guidelines Insights Breast Cancer, Version 1. 2017. *J Natl Compr Canc Netw*. 2017;15(4):433-51.
18. Korea Breast Cancer Society. Korea Breast Cancer Society Practice Recommendations of Breast Cancer 2008(cited Mar 1, 2016). Available from:URL:http://guideline.or.kr/guideline/guide/contents.php?number=27&F_sid=660.
19. Li X, et al. Traditional Chinese medicine in cancer care: a review of controlled clinical studies published in chinese. *PLoS One*. 2013;8(4):e60338.
20. Seo KJ, et al. Effects of *Taraxaci Herba* on Cell Death in Breast Cancer Cells. *The Journal of Korean Obstetrics and Gynecology*. 2015;28(2):1-14.
21. Song YR, et al. Effects of *Trogopterorum Faeces* on the Apoptotic Cell Death in Breast Cancer Cells. *The Journal of Korean Obstetrics and Gynecology*. 2015;28(1):46-57.
22. Tsai YT, Lai JN, Wu CT. The use of Chinese herbal products and its influence on tamoxifen induced endometrial cancer risk among female breast cancer patients: a population-based study. *J Ethnopharmacol*. 2014;155(2):1256-62.
23. Kim JW. Complementary therapies and cancer treatment. *Journal of Korean Medical Association*. 2008;51(5):427-34.
24. Moon HW. A Study on the Use of the Complementary and Alternative Therapy in Female Cancer Patients. *Yosong Kongang*. 2004;5(2):19-44.
25. Han SA, et al. Experiences of Treatment-Related Side Effects and Supportive Care with Korean Medicine in Women with Breast Cancer - A Focus Group Study. *The Journal of Korean Obstetrics*

and Gynecology. 2017;30(1):85-94.
26. Chung HJ, et al. Complementary and
Alternative Medicine in Patients with

Breast Cancer. Journal of Breast Cancer.
2006;9(4):361-6.

〈별첨. # online questionnaire〉

[PART 1. Demographic information]

1. What is your age?

- ① 20-29 ② 30-39 ③ 40-49 ④ 50-59 ⑤ above 60

2. What is your Gender?

- ① Male ② Female

3. How long is your clinical experience?

- ① 0-5 ② 6-10 ③ 11-20 ④ 21-30 ⑤ above 31

4. Are you treating patients with breast cancer?

- ① Yes ② No

5. What category is your affiliated institution classified?

- ① Korean medicine clinic ② Korean medicine hospital (university affiliated)
③ Korean medicine hospital (others) ④ Hospital
⑤ Nursing hospital ⑥ Public health center
⑦ Army surgeon ⑧ University
⑨ Research institute ⑩ Other

6. What Kind of medical care is being provided to your medical institution?

- ① Non-specialized ② Specialization - cancer
③ Specialization - women's health ④ Specialization - other

[PART 2. Clinical practice patterns]

1. Average number of breast cancer patients per month?

- ① 1-5 ② 6-10 ③ 11-15 ④ 16-20 ⑤ above 21

2. Major stage of breast cancer patients (TNM staging criteria)?

- ① stage 0 ② stage I ③ stage II
④ stage III ⑤ stage IV ⑥ Uncertain

3. Major Complaints?

- | | |
|--------------------------------|------------------------|
| ① Hot flash | ② Musculoskeletal pain |
| ③ Fatigue and general weakness | ④ Neurotic |
| ⑤ amenorrhea | ⑥ Vomiting |
| ⑦ Anorexia | ⑧ Alopecia |
| ⑨ Blood component reduction | ⑩ Other |

4. Diagnosis?

- | | |
|----------------------------|-----------------------------|
| ① Syndrome differentiation | ② Pulse diagnosis |
| ③ Questionnaire | ④ Korean medical instrument |
| ⑤ Abdominal diagnosis | ⑥ Sasang constitution |
| ⑦ Other | |

5. Treatment?

- | | |
|----------------------|----------------------|
| ① Herbal medication | ② Acupuncture |
| ③ Moxibustion | ④ Cupping |
| ⑤ Herbal acupuncture | ⑥ Electroacupuncture |
| ⑦ Other | |

6. Opinion about the use of herbal medication.

- | | |
|--------------------------|------------------------------------|
| ① Prescribe aggressively | ② Prescribe minimum and short-term |
| ③ Reluctant | ④ Never use |
| ⑤ Other | |

7. Necessity about Korean medicine clinical practice guidelines as supportive care for breast cancer?

- | | |
|-------|------|
| ① Yes | ② No |
|-------|------|

8. If Korean medicine clinical practice guidelines as supportive care for breast cancer is developed, will it be used?

- | | |
|-------|------|
| ① Yes | ② No |
|-------|------|

9. Why Korean medicine doctors do not treat breast cancer patients clinically?

- | | |
|----------------------|-----------------------|
| ① Low patient visits | ② Lack of information |
| ③ Lack of evidence | ④ Low medical charge |
| ⑤ Low effect | ⑥ Other |

10. What needs to be done to treat breast cancer patients by Korean medicine?

- ① Development of clinical practice guidelines
- ② Expansion of health insurance
- ③ Expansion of casualty insurance
- ④ Active participation
- ⑤ Other