

**2. Cancer (Condition after Cancer Surgery and Unspecified Adverse Drug Reactions of Anti-cancer Drugs)****Reference**

Fujiwara M, Koumoto Y. Effect of jumentaihoto on myelosuppression due to chemotherapy for gynecologic malignant tumor\*. *Sanfujinka Kampo Kenkyu no Ayumi (Recent Progress of Kampo Medicine in Obstetrics and Gynecology)* 1998; 15: 86-9 (in Japanese).

**1. Objectives**

To evaluate the effect of combined jumentaihoto (十全大補湯) on myelosuppression during chemotherapy in patients with gynecologic cancers.

**2. Design**

Randomized cross-over controlled trial (RCT-cross over).

**3. Setting**

Department of Obstetrics and Gynecology, Kawasaki Medical School Hospital.

**4. Participants**

Ten patients who underwent chemotherapy following surgery for gynecological malignancies at the Department of Obstetrics and Gynecology, Kawasaki Medical School Hospital, Japan.

**5. Intervention**

Arm 1: Jumentaihoto (十全大補湯) 7.5 g/day administered for 21 days beginning the day before administration of the anticancer drug in the odd-day cycle and no administration in the even-day cycle (n=5 patients with odd numbers).

Arm 2: Jumentaihoto (十全大補湯) 7.5 g/day administered for 21 days beginning the day before administration of the anticancer drug in the even-day cycle and no administration in the odd-day cycle (n=5 patients with even numbers).

In both arms, chemotherapy consisted of intraabdominal administration of carboplatin (CBDCA) at 500 mg/m<sup>2</sup> and parenteral administration of cyclophosphamide (CPA) at 450 mg/m<sup>2</sup>.

**6. Main outcome measures**

White blood cell (WBC) count, neutrophil count, red blood cell (RBC) count, hemoglobin value, platelet count, and use of granulocyte colony-stimulating factor (G-CSF).

**7. Main results**

The jumentaihoto and non-jumentaihoto groups completed 20 courses of treatment.

Decrements in WBC, neutrophil, and RBC counts were significantly smaller in arm 1 ( $P<0.01$ ,  $P<0.05$ , and  $P<0.01$ , respectively), as was the number of G-CSF units used ( $P<0.05$ ). Hemoglobin value was significantly increased in arm 1 ( $P<0.05$ ). There was no significant between-arm difference in platelet count.

**8. Conclusions**

Jumentaihoto is highly effective in reducing subjective/objective adverse drug reactions during cancer chemotherapy.

**9. From Kampo medicine perspective**

None.

**10. Safety assessment in the article**

Not mentioned.

**11. Abstractor's comments**

This paper describes the preventive effect of jumentaihoto on myelosuppression during chemotherapy. It is meaningful that the use of G-CSF was almost halved by jumentaihoto treatment.

**12. Abstractor and date**

Nakata H, 1 January 2009, 6 January 2010, 1 June 2010, 31 December 2013.