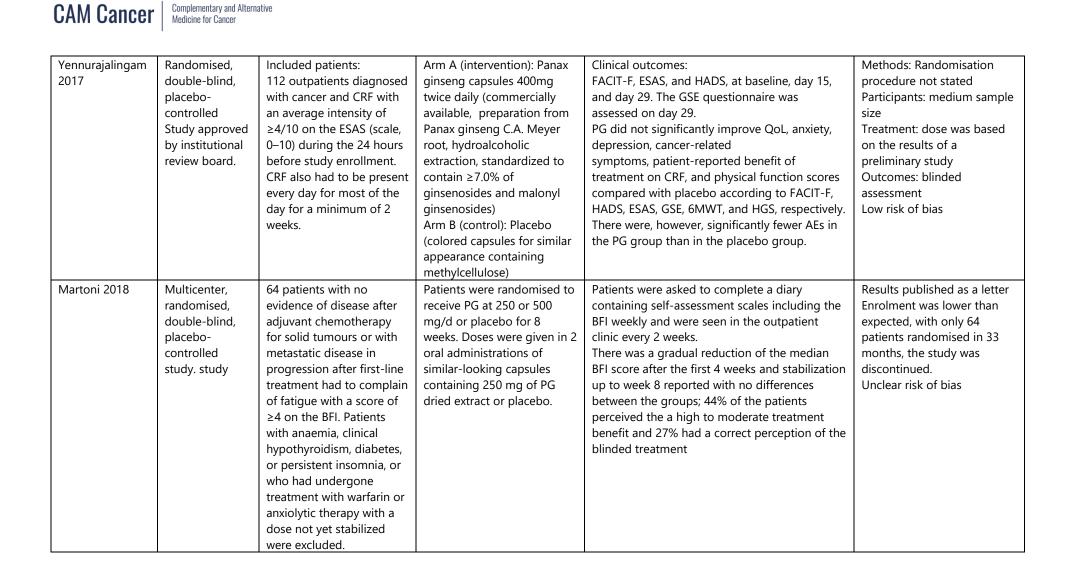
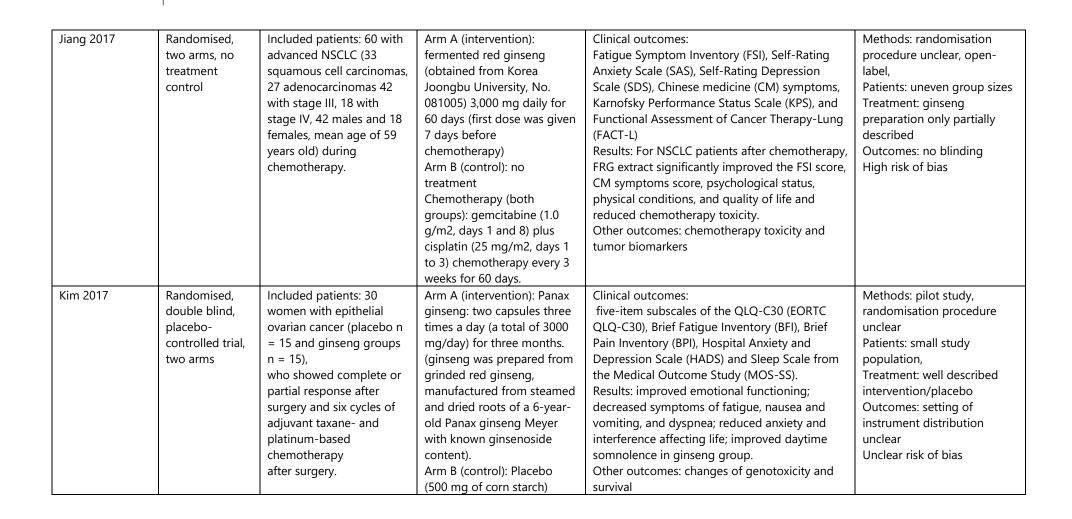
## Table 1: Randomized clinical trials of ginseng for cancer

Source: Horneber M, Ziemann J, Ritter C, CAM Cancer Consortium. Ginseng [online document]. <u>http://cam-cancer.org/en/ginseng</u>, 2020.

Study	Design	Participants	Treatment	Outcomes	Comments
Barton 2010	Randomised, double-blind, placebo- controlled, 4 arms	Included patients: 282 Patients with cancer- related fatigue (>4 in screening question, >1 month, no other explanations for fatigue).	Arm A (control): Placebo Arm B – D (intervention): Panax quinquefolius with different dosages over 8 weeks Arm B: 750mg/day Arm C: 1g/day Arm D: 2g/day	Clinical outcomes: Fatigue: Brief Fatigue Inventory with no statistically significant differences between the 4 groups with a trend towards a greater effect in arm C and D Quality of Life: SF-36 with no statistically si- gnificant differences between the 4 groups with a trend towards a greater effect in arm C and D Adverse effects: no statistically significant differences between the groups	Methodologically sound pilot trial with a dose-find- ing/confirmatory design; good reporting quality. Low risk of bias
Barton 2013	Randomised, double-blind, placebo- controlled, 2 arms	Included patients: 346 Patients with a cancer related fatigue (>4 in screening question, >1 month, no other explanations for fatigue) undergoing or having completed curative intent treatment.	Arm A (control): Placebo Arm B (intervention): Panax quinquefolius 2g/day	Clinical outcomes Fatigue (MFSI, subscales and POMS showed reduction of general and physical CRF after 8 weeks in intervention group)	Replication study of Barton 2010 with a sound methodology. Authors did not use the same questionnaire for fatigue as in the pilot trial. Low risk of bias



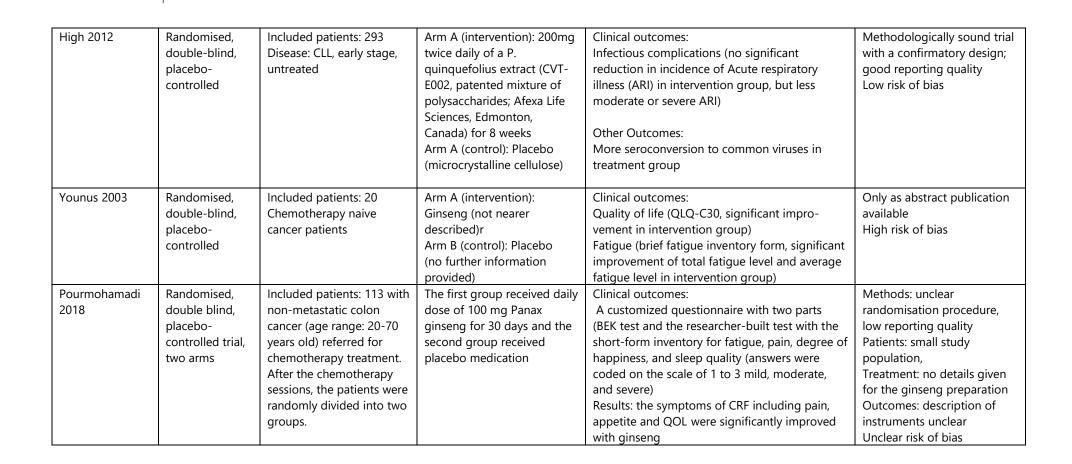


Complementary and Alternative Medicine for Cancer

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Kim 2020	Randomised, double-blind, placebo- controlled, parallel, multi- center trial.	Included patients: 219 Colorectal cancer patients who received adjuvant or palliative mFOLFOX-6	Arm A (intervention): Korean red ginseng 2000mg/day Arm B (control): placebo	Clinical outcomes: The intervention group had signicantly less fatigue (BFI, area under the curve) after 16 weeks compared to placebo (particularly in "Mood" and "Walking ability" (P = 0.038, P = 0.023, respectively). In the per-protocol group, KRG led to improved CRF in the global BFI score compared with the placebo (P = 0.019). Specifically, there were improvements in "Fatigue right now," "Mood," "Relations with others," "Walking ability," and "Enjoyment of life" at 16 weeks (P = 0.045, P = 0.006, P = 0.028, P = 0.003, P = 0.036, respectively). In subgroups of female patients, $\geq$ 60 years old, with high compliance ( $\geq$ 80%) or more baseline fatigue, the beneficial effects of KRG were more enhanced than that of placebo. Although	Methods: randomization Moderate risk of bias	block
Kim 2006	Randomised, double-blind, placebo- controlled, pilot study	Included patients: 53 (38 women and 15 men Patients with different cancer (gynecologic cancer n = 28, hepatobiliary cancer n = 13, other cancers n = 12)	Arm A (intervention): Panax ginseng, 1000mg three times daily (heat processed Panax ginseng, called "sun ginseng", containing Rs4, Rs5, Rs6, Rs7) Arm B (control): Placebo Group ratio 3:2 (intervention: control)	placebo, the incidence of all adverse events was similar. Clinical outcomes: Difference in the mean change (week 12- baseline) of the quality of life scales WHOQOL- BREF and GHQ-12 between groups. No primary outcome measure stated. Results: Trend improvements in the GHQ-12 total score and WHOQOL-BREF psychological health. No improvement in WHOQOL-BREF social relationships	Methods: pilot study, randomisation procedu unclear Patients: small and heterogenous study population, Treatment: placebo not described Outcomes: setting of instrument distribution unclear High risk of bias	t

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