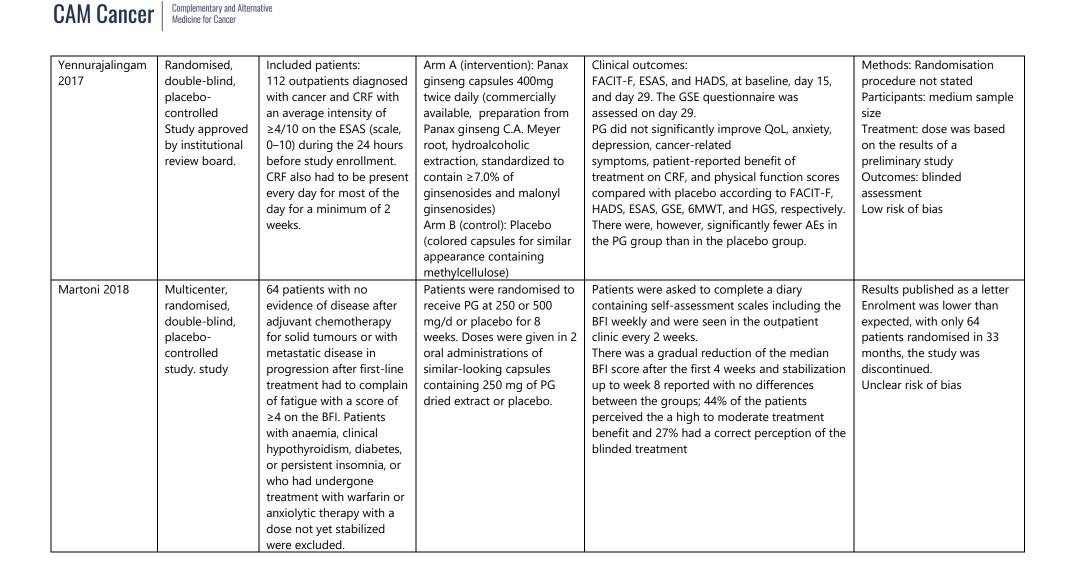
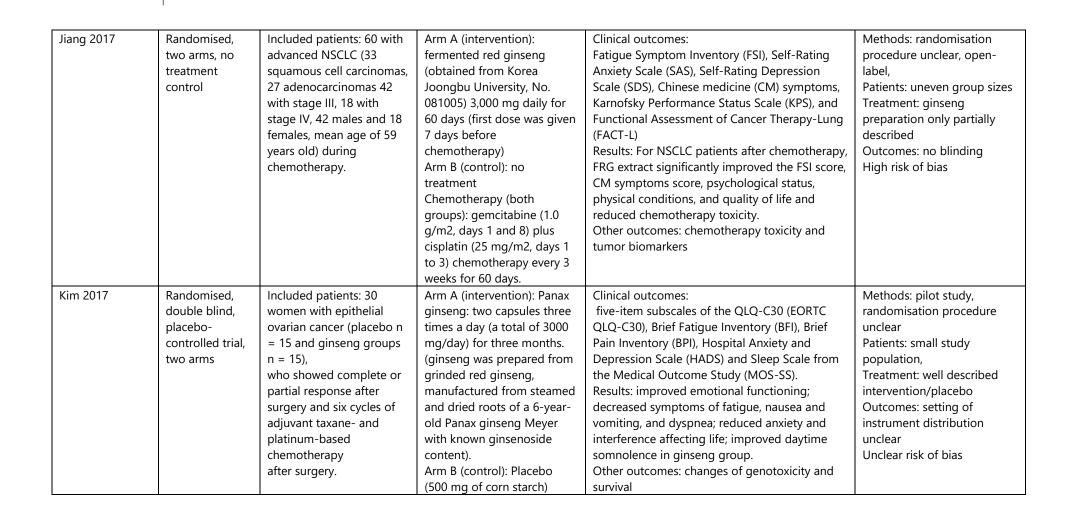
Table 1: Randomized clinical trials of ginseng for cancer

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



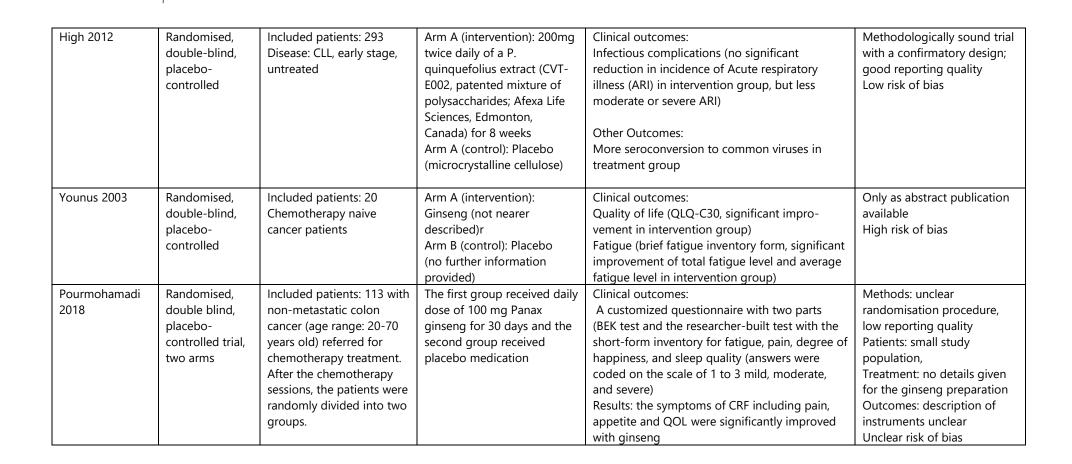


Complementary and Alternative Medicine for Cancer

CAM Cancer

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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