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Suzanne Dixon, MPH, RD talks about the dietary supplement Avemar

2010

By: Alice Bender

Response to an online chat question.

On Thursday, June 10 we held an online chat about diet and cancer myths. One question was about a dietary supplement (Avemar) for cancer treatment, rather than about food, weight and physical activity.

So, we turned to [Suzanne Dixon, MPH, RD](#) for help with answering this question.

Suzanne developed and taught nutrition science coursework at University of Michigan Medical School. At the university's Comprehensive Cancer Center, Suzanne counseled thousands of cancer patients and represented the school as an appointed member to the National Comprehensive Cancer Network (NCCN) nutrition sub-committee. She has also written numerous articles for both scholarly and popular publications.

Suzanne is the recipient of the American Dietetic Association Awards for Distinguished Practice in Oncology (cancer) Nutrition and Innovative Nutrition Education Programs for the Public.

Please note the following information is from Ms. Dixon and does not represent views or opinions of AICR. Any decisions you make regarding treatment should be in consultation with your physician or health care provider.

Question from Lisa: What is Avemar and do you recommend using it for cancer patients, and if so, where do you get it?

(Suzanne) Hi Lisa,

Avemar is a dietary supplement. The main ingredient in Avemar is a fermented wheat germ extract. This product was invented by Dr. Mate Hidvégi, a Hungarian researcher who is affiliated with a university in Budapest, Hungary. If you're interested in learning more about Dr. Hidvégi's life and research, you can find information at <http://www.matehidvegi.com/life>.

At this point, I am aware of one randomized, controlled trial looking at how Avemar may affect survival after cancer diagnosis¹ This study focused on high-risk melanoma skin cancer patients. High-risk refers to the fact that the people studied had cancers that either were not able to be completely removed at the time of diagnosis, or were considered very likely to re-occur, even with the best available conventional treatment.

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The study looked at progression-free survival and overall survival. Progression-free refers to people with existing disease and it is a measure of how long a person lives with their cancer without any evidence that it is growing and spreading. Overall survival looks simply at who lives and for how long after a cancer diagnosis.

The study showed that progression free survival was an average of 4.7 years (55.8 months) in the group that took Avemar vs. 2.5 years (29.9 months) in the group that did not take Avemar.

Average overall survival was 5.5 years (66.2 months) in the Avemar group and 3.7 years (4.7 months) in the group of people who did not take Avemar.

This study showed a clear benefit to melanoma patients who used Avemar.

There are several other studies on Avemar in cells, animals and humans. The human studies were "uncontrolled" which means the people in the study weren't randomized to receive or not receive Avemar. This type of study is helpful for seeing potential benefits of a dietary supplement, but does have some flaws.

If people in a study are allowed to pick for themselves whether they use a dietary supplement or not, you can have bias in the study results. For example, maybe people who decide to use a dietary supplement have other health habits that improve their chances of survival after cancer. Maybe they also have a better diet, they exercise more, and they were healthier to begin with before diagnosis. Any of these things might contribute to better survival. We can't say with certainty that better survival in the group taking a dietary supplement is due only to the supplement.

Even so, when uncontrolled studies show a benefit of taking a dietary supplement, this is good information. It hints at (but doesn't prove) that the supplement may give benefit. And it gives a good reason to conduct more rigorous, controlled trials.

The uncontrolled studies suggest that Avemar may improve survival after colon cancer diagnosis² and may reduce the chances of having a fever associated with low white blood cell counts due to chemotherapy in children with cancer.

In addition to these studies, cell and animal studies point to a possible benefit of Avemar against lymphoma, leukemia, estrogen receptor positive breast cancer, and lung cancer. It is important to remember that animal and cell studies often don't translate directly into what happens in a human. More research in people is needed to confirm whether or not Avemar will have benefit to people with these types of cancer.

The other issue with dietary supplements is safety. In the studies that have been conducted in humans, Avemar appears to be safe and well-tolerated²⁻⁴. It does not show evidence, at this point, of interacting negatively with several types of chemotherapy medications.

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The bottom line is that I wouldn't consider the data on Avemar to be "iron-clad." But this leaves us with the question of whether or not I would recommend Avemar. While I don't feel the data are strong enough that I would recommend Avemar across the board to anyone with cancer, I do recognize that for people living with cancer today, saying that we need to wait for more randomized, controlled trials isn't helpful. People with cancer need answers now.

I do feel that Avemar has more supportive and safety data than many of the dietary supplements that are promoted as being helpful for people with cancer. I'd be much more comfortable with someone using Avemar than most of the other supplements I'm questioned about.

And when in the position of having to consider "incomplete data" on a dietary supplement, I often use the "what would I do" test. If I had cancer, I would very likely give Avemar a try. That is not the same as recommending it, but it may help people who are considering Avemar make a decision about whether this supplement is right for them.

If you decide to use Avemar or any other dietary supplement, make sure your medical team knows this. It is very important, even if you feel they "disapprove" of your use of dietary supplements, to let them know you are doing so.

You can simply say, "I recognize that you have concerns about my use of X, Y, and Z dietary supplements, but I do plan to use them, so please make a note in my chart so that we are all on the same page. If you notice that I develop any unusual side effects during treatment and you are concerned that they may be due to my use of dietary supplements, please let me know and we can revisit the issue."

It's much safer and better for you to have all of your medical team informed about what you're doing on your own in terms of dietary supplements and other forms of complementary or alternative medicine.

As a final note, there are a couple of companies manufacturing Avemar now. If I were considering Avemar, I would try an American company with [Good Manufacturing Practices](#).

I hope this information is helpful.

Suzanne Dixon, MPH, MS, RD

[Guide to Colon Cancer](#)

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