



Supplementary Material: N-3 Long-Chain Polyunsaturated Fatty Acids, Eicosapentaenoic and Docosahexaenoic Acid, and the Role of Supplementation during Cancer Treatment: A Scoping Review of Current Clinical Evidence

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Table S1. Characteristics of the C reactive protein assessments included in clinical trials.

| Cancer localization | Baseline values (mg/ml) | End of Treatment | Direction of change in N-3 group | Reference |
|-----------------------------------|--|---|--|-----------|
| | | Pre or Post treatment | | |
| | | CNT: Δ 17.2% (-0.16 to | Stable CRP compared | |
| Breast (Pre- | CNT: 1 (0-2) | 91.99) | to baseline; NS \downarrow | [12] |
| chemotherapy) | N-3: 1 (1-5) | N-3: Δ -5.9% (-35.4 to | compared to CNT | [12] |
| | | 74.12) | (P<0.06) | |
| Breast (Post-treatment, on AI) | N-3 (high CRP):13.3 (±3.6) N-3 (med CRP):7.6 (±1.4) N-3 (low CRP): 4.8 (±0.5) | N-3 (high CRP): Δ -12 (±16.4) N-3 (med CRP): Δ -2.2 (±3.0) N-3 (low CRP): Δ 0.2 (±2.9) | N-3 group with highest baseline CRP had largest \((P<0.02), med baseline CRP had second \((P<0.04), lowest baseline CRP: NC. | [13] |
| | Stages III, IV (co | ncurrent with chemother | rapy) or Palliative | |
| | | CNT: Δ -5.0 (-182 to | | |
| Colorectal | 149 (12 to 447) | 109) | NC | [40] |
| | | N-3: Δ 3.0 (-152 to 109) | | |

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| Colorectal | 18.2 (±13.9) | N-3: 19.4 (±17.7) | No placebo; CRP levels at end of Wk 3 were ↑ and returned to baseline levels at Wk 9 | [41] |
|--------------|---|---|---|------|
| Colorectal | CNT: 4.85 (1.01-6.33) N-3: 3.39 (1.49-18.24) | CNT: Δ 24 (±30.2) N-3: Δ -8.8 (±13.5) | \downarrow Compared to baseline (P <0.05) and CNT (P <0.04) | [32] |
| Colorectal | CNT: 6.4 (1.6-23.7) N-3: 5.1 (4.1-12.3) | CNT: Δ 1 (-1.8 to 10.3) N-3: Δ -1.4 (-4 to -0.7) | \downarrow Compared to baseline and CNT (P <0.06) | [33] |
| Head & Neck | CNT: 25 (±38) N-3: 21 (±35) | CNT: Δ -13 (±36) N-3: Δ -7 (±34) | NS | [18] |
| Leukemia | CNT: 16.9 (6.8-75.9) N-3: 35.3 (10.2 -54.4) | CNT: Δ -13.7 (-47.4 to - 1.1) N-3: Δ -4.7 (-23.8 to - 1.0) | \downarrow Compared to baseline (P <0.04) | [48] |
| Lung | 580 (67-1134) | CNT: Δ -22 (-871 to 103) N-3: Δ -45 (-1066 to 302) | NS trend towards↓ CRP | [40] |
| Lung | N-3: 33 (±17.8) N-3+chemo: 38 (±22.3) | N-3: Δ -6.7 (4.5) N-3+chemo: -21.3 (7) | Both groups ↓ CRP to baseline (<i>P</i> <0.02); N-3+chemo ↓ CRP compared to N-3 alone (<i>P</i> <0.005) | [52] |
| Lung (NSCLC) | CNT: 50.4 (±66.8) N-3: 39.1 (±42.9) | Not defined, but both groups decreased until study end | No difference, between groups, but malnourished had ↑ CRP compared to nourished | [53] |
| Lung (NSCLC) | CNT: 37 (±40) N-3: 32 (±40) | CNT: Δ 1.9 (±0.2) N-3: Δ -13 | \downarrow Compared to baseline (P <0.02) and CNT (P <0.07) | [54] |
| Lung (NSCLC) | CNT: 11.5 N-3: 12.89 | CNT: 27.09 N-3: 10.09 | Stable CRP compared to control | [50] |

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| Lung (NSCLC) | CNT: 12.7 (±3.5) | CNT: \triangle 9.4 (6.8 to 11.3) \downarrow Compared to baseline | [51] | | |
|------------------------|------------------------------------|---|------|--|--|
| | N-3: 13.5 (±3.9) CNT: 11 (5-30) | N-3: Δ -2.2 (-5.7 to -0.8) and CNT (P <0.01) CNT: Δ ~30% \uparrow Stable CRP compared | | | |
| Pancreatic | N-3: <5 (<5-21) | N-3: NC to control | [59] | | |
| Surgical interventions | | | | | |
| Esophageal (O-III) | CNT: 6 (5)* N-3: 6 (5) | CNT: Surgery: 137 (45) to 54 (50) post ↑ after surgery & ↓ by N-3: Surgery: 148 (36) to 30 (23) post from CNT | [46] | | |
| Gastrointestinal | CNT: 0.3 (±0.1) N-3: 0.4 (±0.1) | CNT: Surgery: 4.6 (±1.8) to 3.9 (±2.3) post N-3: Surgery: 4.8 (±2.3) to 2.0 (±1.1) post ↑ after surgery & ↓ compared CNT by day 8 (<i>P</i> <0.05) | [24] | | |
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^{*}Reported mg/l in this study