

Introduction into integrative cancer care and its evidence base

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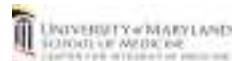
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Agenda



Citizens and patients

How professional is the field?

The evidence

The CITIZEN Perspective

Complementary Therapies (CT) Use

Disclosure to Medical Providers



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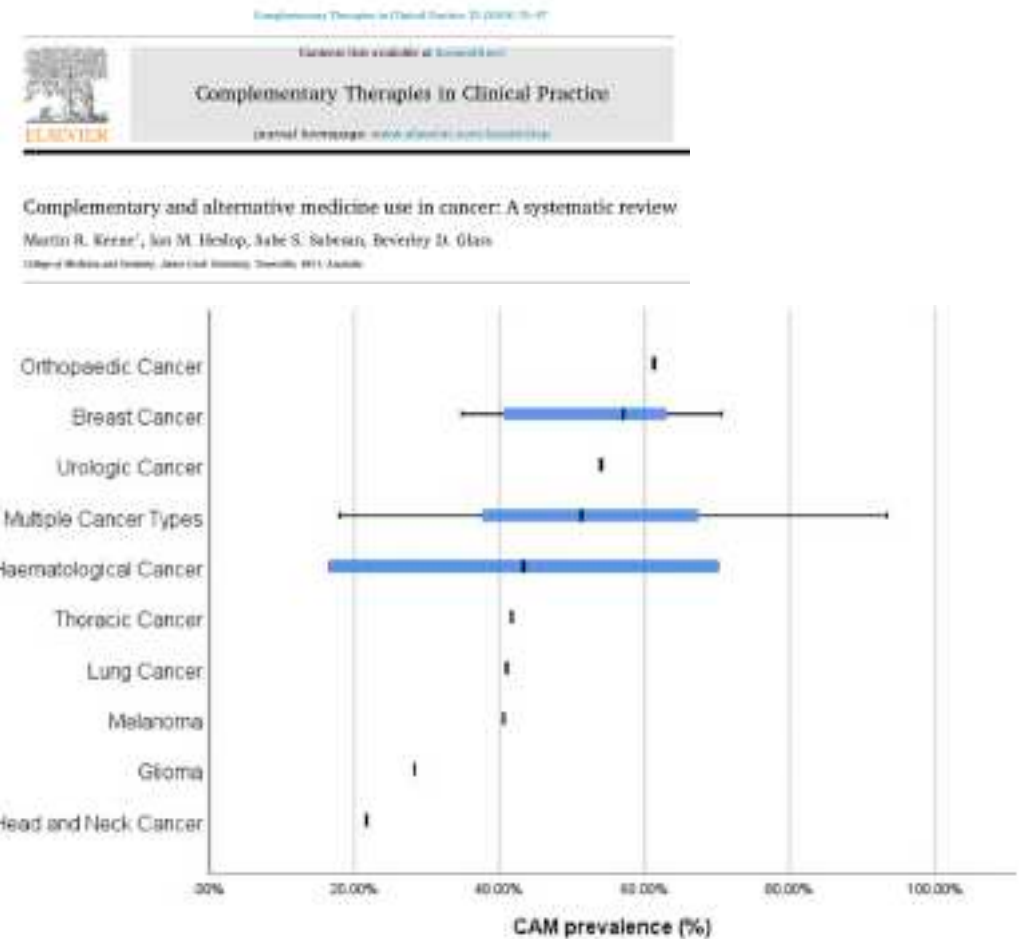


25.9% of the general population had used CT during the last 12 months

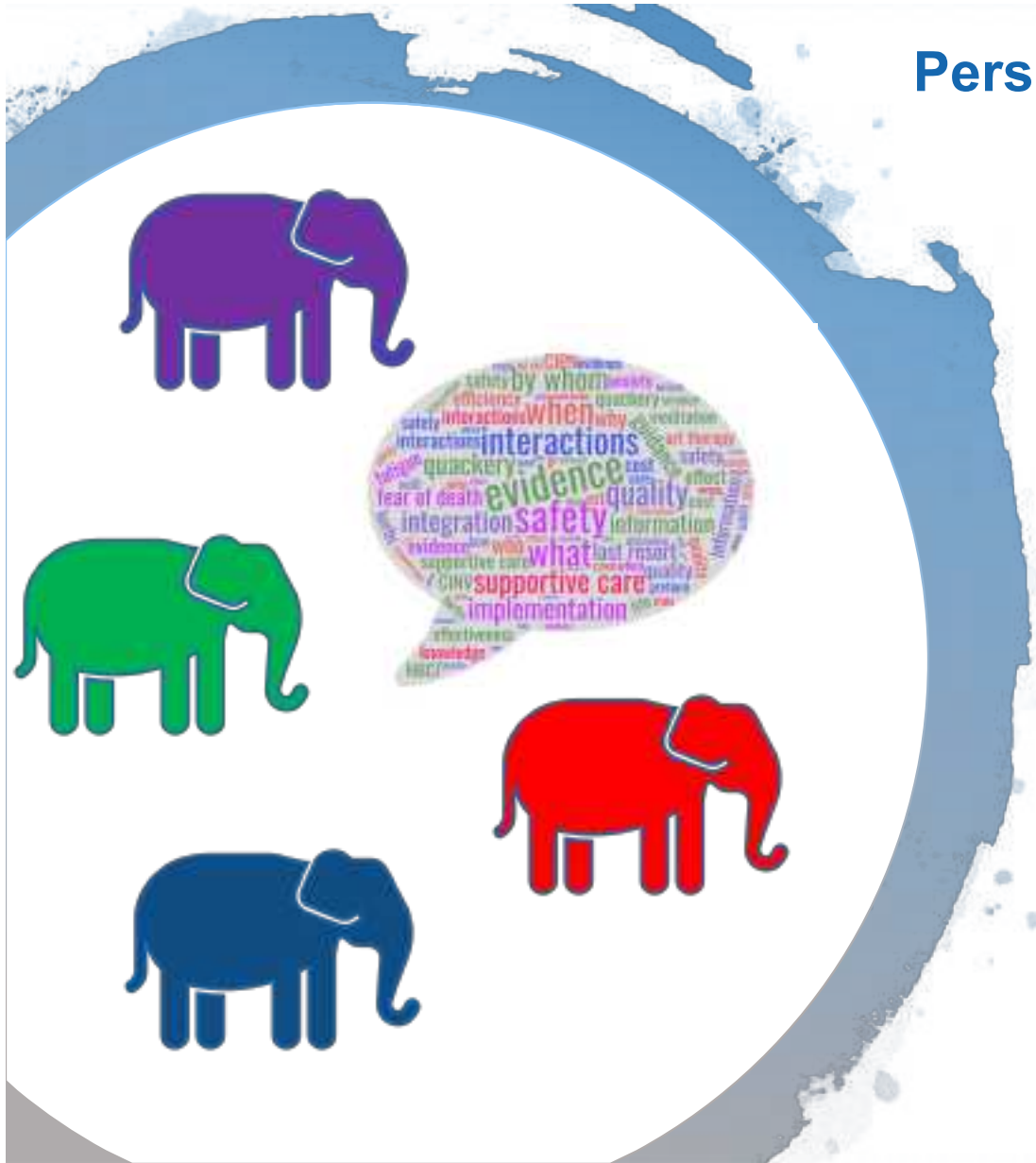
33% disclosure rate (95% CI: 24% to 43%) for biologically-based CT

The CANCER Patients' Perspective Complementary Therapies (CT) Use

51% of
patients use
CT



Perspectives and Evidence



Interprofessional
Cancer Care Team with
defined roles
CT is not coordinated

Evidence Based Medicine

Values
and
beliefs
of
patients

Clinical
expertise

Evidence
from
clinical
research

www.cochrane.de

Definition of Integrative Oncology

“Integrative oncology is a **patient-centered, evidence-informed** field of cancer care that utilizes mind and body practices, natural products, and/or lifestyle modifications from different traditions **alongside conventional cancer treatments.**”

Integrative oncology aims to optimize health, quality of life, and clinical outcomes across the cancer care continuum, and to empower people to prevent cancer and **become active participants** before, during, and beyond cancer treatment.”

Witt et al J Natl Cancer Inst Monograph 2017



International Interprofessional Society

The mission of the Society for Integrative Oncology is to advance evidence-based, comprehensive, integrative healthcare to improve the lives of people affected by cancer.

Supportive care

Self care and self-efficacy

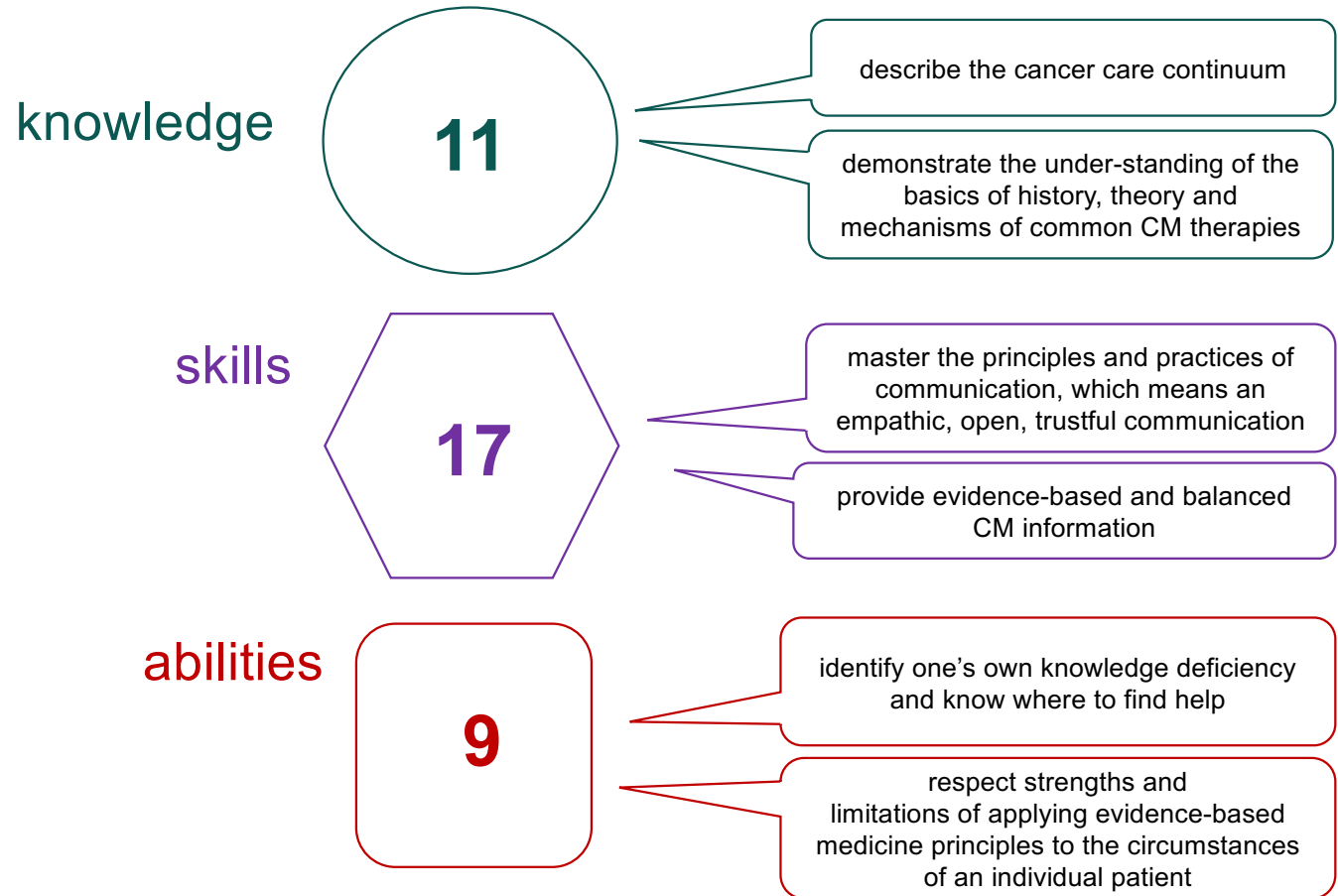
Defined Integrative Oncology Core Competencies of Providers

Methods:

- Literature review
- International expert consensus procedure

Professions

- Medical doctors
- Psychologists
- Nurses
- Naturopathic doctors
- Chinese medicine practitioners
- Yoga teachers
- Patient navigators



Training Oncology Physicians

- Modern blended learning format
- Randomized study
- Positive effects on physicians' and patients' measures

48 oncology physicians providing cancer care for inpatients or outpatients

20 min CT consultation

versus

Leaflet on reputable websites



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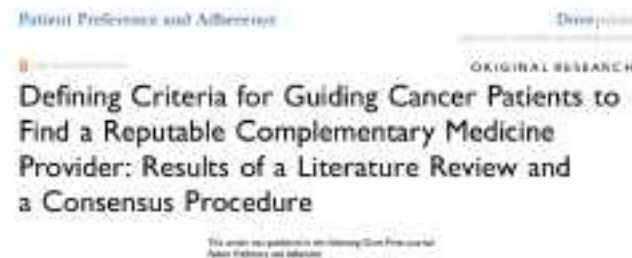
Criteria for Reputable Providers

Methods:

- Literature review
- Expert consensus procedure
- Evaluation from 3 perspectives (patients, complementary medicine providers and oncology physicians)

Results

- Final list of 8 criteria



Reputable providers of complementary medicine can be identified on the basis of the 8 criteria described

The provider should:

1. ask for your diagnosis and previous as well as ongoing treatments.
2. be prepared to talk to you about possible interactions between complementary medicine therapies and your cancer treatment.
3. explain to you why this complementary medicine therapy in particular is recommended for you.
4. present to you the possibilities and limitations of this complementary medicine therapy in a realistic and understandable way, be prepared to present previous experiences with this therapy and to communicate reliable data.
5. discuss with you the goals, contents, duration and costs of the planned therapy and changes in the course as well as ways of possible reimbursement.
6. give you a reasonable period to consider and allow you to freely choose or reject the suggested therapy.
7. respect your decision for or against the complementary medicine therapy.
8. provide you with a comprehensible invoice for the treatment.

Examples of Clinical Practice Guidelines

JOURNAL OF CLINICAL ONCOLOGY ASCO SPECIAL ARTICLE

Integrative Therapies During and After Breast Cancer Treatment: ASCO Endorsement of the SIO Clinical Practice Guideline

Gary H. Lyman, Heather Greenlee, Karl BARN, Ting Bai, Angela M. DeMichieis, Gary E. Dugg, Judith M. Fossella, Brigitte Gil, David L. Harshbarger, Sami Matarfield, Dawn M. Mussallem, Karen M. Mustian, Erin Price, Susan Raftis, and Lorenzo Cohen

Major Addition: New Research

- Meta-analysis and systematic review recommended for identifying interventions (GRADE II)

Industry and Other Interests

- Evidence is considered for subsequent trials (I)
- Most drugs recommended for ongoing trials (I/II)
- Some integrative is considered for subsequent testing, but future trials programs are still based on all standard breast program or clinical program (Grade II)
- Drug is considered for subsequent (Grade II)
- Supplement, herbal, and integrative can be considered for ongoing trials (Grade I)

Chemotherapy, Hormonal, and Targeted

- Standard of care is considered as a baseline or standard drug to control recurrent testing drug (GRADE II)
- Evidence-based is considered as a baseline or standard drug to control recurrent testing drug (GRADE II)
- Drug and integrative can be considered as a baseline or standard drug to control recurrent testing drug (GRADE II)
- Therapy should not be considered for ongoing trial and testing for drug (GRADE II)

SIO collaboration with the American Society of Clinical Oncology (ASCO) to develop two new evidence based guidelines in 2021 and 2022



German Guideline Program in Oncology (GGPO)

The Association of the Scientific Medical Societies in Germany, the German Cancer Society and the German Cancer Aid jointly launched the German Guideline Program in Oncology in 2008.

The program aims to foster the development, implementation and evaluation of evidence based clinical practice guidelines in oncology.

Leitlinie Komplementärmedizin

Die Komplementärmedizin der Leitlinie ist am 11.01.2021 aktualisiert. Dieses werden die eingereichten Kommentare und Änderungsanträge von der Leitliniengruppe geprüft.

Wichtiger Hinweis

Bei der Selbstmedikation besteht ein hohes Risiko für die Entwicklung von Nebenwirkungen und Überdosierung. Bei der Einnahme von Präparaten ist die Einnahme von Präparaten über die Fachliteratur zu prüfen. Eine Überdosierung der Wirkstoffe kann zu schweren Nebenwirkungen führen. Bei der Einnahme von Präparaten ist die Einnahme von Präparaten über die Fachliteratur zu prüfen.

12 Leitlinie Komplementärmedizin in der Behandlung onkologischer Patienten



Will become available 2021

Mind Body Therapies

JOURNAL OF CLINICAL ONCOLOGY ASCO SPECIAL ARTICLE

Integrative Therapies During and After Breast Cancer
Treatment: ASCO Endorsement of the SIO Clinical
Practice Guideline

Gary H. Lyman, Heather Greenlee, Karl Babbitt, Ting Bai, Angela M. Dahill, Gary E. Dang, Judith M. Finkelstein, Regina G. Gals, David L. Harlow, Sam Hunsberger, Dawn M. Jankovic, Karim M. Maatouk, Eric Price, Susan Ruffin, and Lorenzo Cohen

Meditation:

- Anxiety (Grade B)
- Depression & Mood Disturbance (Grade A)
- Quality of Life (Grade A)

Yoga:

- Anxiety (Grade B)
- Depression & Mood Disturbance (Grade B)
- Quality of Life (Grade B)
- Improving sleep (Grade C)
- Fatigue (Grade C)



Acupuncture and Acupressure

JOURNAL OF CLINICAL ONCOLOGY

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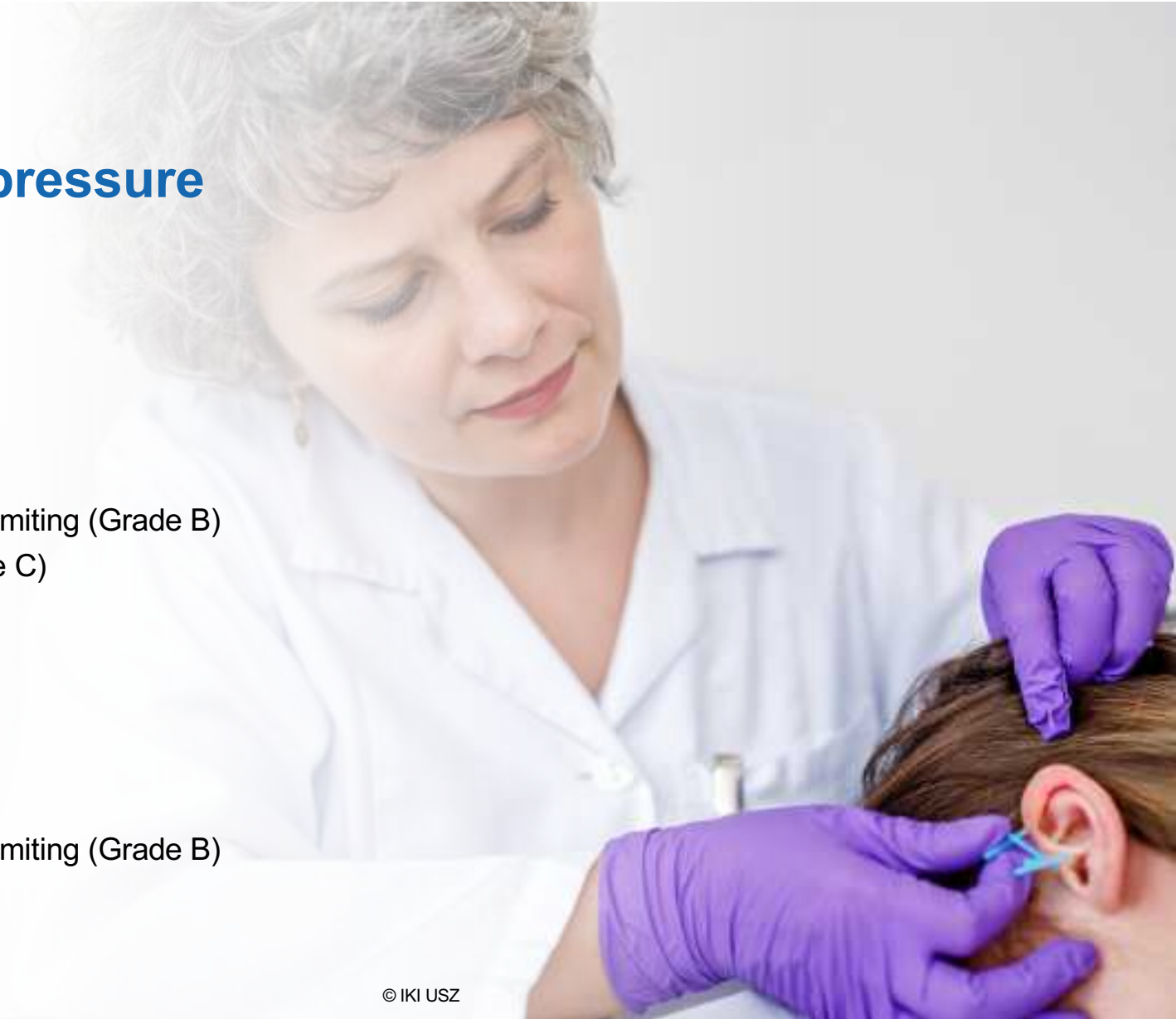
Gary H. Lyman, Heather Greenlee, Ravi Bablu, Ting Bai, Angela M. Dahill, Gary E. Dang, Judith M. Finkelstein, Regina G. Gray, E. Harlow, Sam Johnson, Dawn M. Johnson, Karim M. Moini, Eric Price, Susan Ruffin, and Lorenzo Cohen

Acupuncture

- Anxiety (Grade C)
- Chemotherapy-Induced Nausea and Vomiting (Grade B)
- Depression & Mood Disturbance (Grade C)
- Fatigue (Grade C)
- Pain (Grade C)
- Quality of Life (Grade C)
- Hot flashes (Grade C)

Acupressure

- Chemotherapy-Induced Nausea and Vomiting (Grade B)



Implementation in Cancer Centers – Example USA

- 45 National Cancer Institute (NCI) – designated comprehensive cancer centers
- 2016 analyses of websites

89% provide information about CT

60% have integrative medicine physicians

Provide services:

72% acupuncture

84% dietary supplements

67% herbs

69% meditation

69% yoga

56% exercise



J Natl Cancer Inst Manag (2017) 2017(52): 1ge004

doi: 10.1093/nctm/igp004
Article

ARTICLE

Growth of Integrative Medicine at Leading Cancer Centers Between 2009 and 2016: A Systematic Analysis of NCI-Designated Comprehensive Cancer Center Websites

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Summary and Outlook

