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# Integrative Cancer Care at the Evang. Kliniken Essen-Mitte

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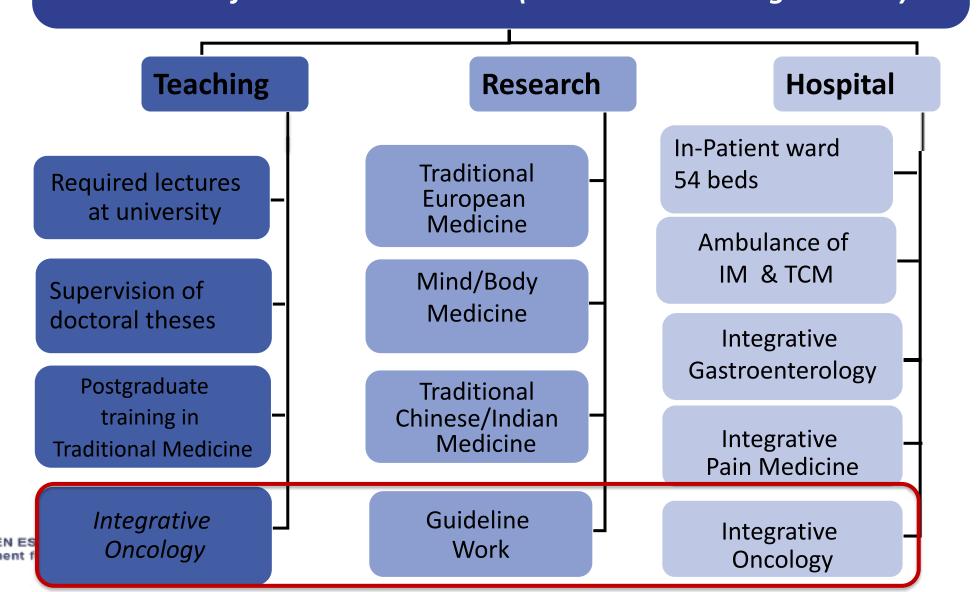




# Chair of Complementary and Integrative Medicine University of Duisburg – Essen Prof. Gustav Dobos M.D. (Chair and Founding Director)

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## Integrative Oncology: "best of both worlds"

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Breast Unit at the **Evang. Kliniken Essen-Mitte** 



Department for Internal and Integrative Medicine at the Evang. Kliniken Essen-Mitte



Mittring et al. 2013 Corporate Culture Assessments in Integrative Oncology: A Qualitative Case Study of Two Integrative Oncology Centers

## Integrative Oncology: In-patients

First contact during in-patient hospital stay

rounds 2 times / week with the psycho-oncologist and the breast care nurse

#### possible treatments

- acupuncture
- phytotherapy
- mind-body medicine (relaxation techniques, nutrition counseling)
- nursing care (compresses, poultices)
- foot massage







questionnaire

led

Tumorboard

No wish for treatment

Initial counsultation
Integrative oncology

Initial counsultation
Mind-body medicine

Mind-body medicine

psychooncology

art therapy

individ. counselling

presentations

group therapies

Complementary therapies

acupuncture

neuraltherapy

phytotherapy

Individ. counselling

cupping

handouts for selfcare therapies

Integrative Mind-Body-Medicine Group Program for cancer patients







#### **Integrative Mind-Body-Medicine Group Program for Cancer Patients**

- during systemic therapy
- during antihormonal therapy

- for patients with metastasis
- after cancer treatment

Nutrition, exercise, relaxation, weekly review											
Psycho- neuro- immuno- logy	Relaxation Stress techniques management		Cognitive restructuring Yoga		Nutrition	Social support	Coping with cancer				
	Complementary medicine self care strategies										
	Physician group consultations										



# Effects of an Integrative Mind-Body-Medicine Group Program on Breast Cancer Patients During Chemotherapy: An Observational Study

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Schedule	Module											
	1	2	3	4	5	5	7	8	9	10	11	
9:00-9:30	Arrival, Meet, Course of The Program, Retrospection											
9:30-10:45	manago- ment of side effects with CM	exercise during and after treatment	stress- management	matrition during chemotherapy	CM self- care strate- gies	coping with cancer, self-care	social support	relaxation techniques	management of side effects with CM	mind- fulness	cognitive restructu- ring	
10.45-11:45	Yoga											
11:45-13:45	Lunch (Mediterranean Wholefood Diet) / Physician Group Consultations with Acupuncture											
13:45-14:30	Exercise											
14:30-15:00	PME	body scan	breathing- meditation	body scan	PME	imagination	body scan	breathing- meditation	PME	breathing- meditation	imagination	

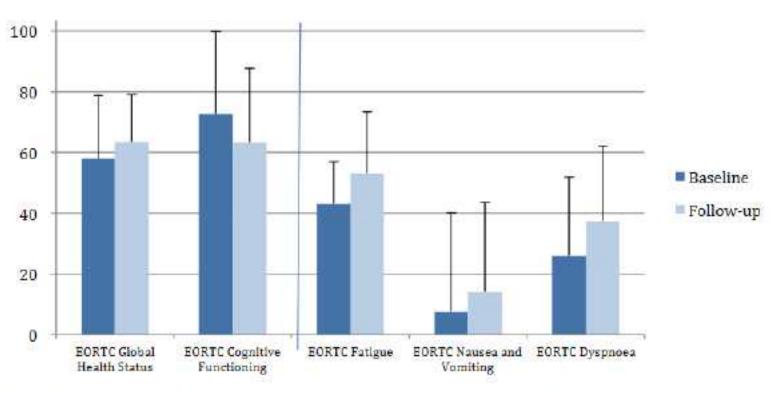
Progressive muscle relaxation (PME); complementary medicine (CM)

Fig. (1). Timetable of the integrative mind-body-medicine group program.



# Effects of an Integrative Mind-Body-Medicine Group Program on Breast Cancer Patients During Chemotherapy: An Observational Study





57 breast cancer patients during chemotherapy

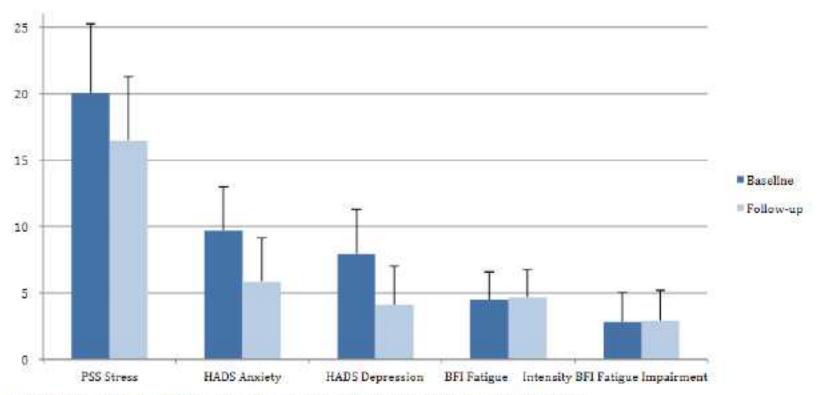
European Organization for Research and Treatment of Cancer (EORTC); Higher scores represent a better level of functioning in Global Health Status and Cognitive Functioning and a worse amount of symptoms in Fatigue, Nausea and Vomiting, and Dyspnoea.

Fig. (2). Significant effects measured with the EORTC quality of life questionnaire (QLQ-C30). (A higher resolution/colour version of this figure is available in the electronic copy of the article).



# Effects of an Integrative Mind-Body-Medicine Group Program on Breast Cancer Patients During Chemotherapy: An Observational Study





57 breast cancer patients during chemotherapy

Perceived Stress Scale (PSS)\*; Hospital Anxiety and Depression Scale (HADS)\*; Brief Fatigue Inventory (BFI).

Higher values indicate higher stress, anxiety and depression; higher scores on the BFI correspond to greater intensity of fatigue / impairment due to fatigue. "
means "significant effect".

Fig. (3). Effects on the PSS, HADS, and BFI. (A higher resolution/colour version of this figure is available in the electronic copy of the article).



## **Quotes from patients**



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At the last visit of the program:

"The program has helped me to get out of the hole."

"I feel more confident about nutrition and exercise."

5 years after program participation:

"Through the diagnosis, one experiences a loss of control. The program helps to regain some control. It is great and sustainable. You are not only accompanying a disease but a life."

#### Key messages from 22 included studies (Qualitative analysis: 22; Quantitative analysis: 15)

- Resilience refers to the ability to maintain or quickly recover to a healthy mental state during or after exposure to stressful life circumstances
- Resilience is defined as the result of adaptation to stressors and is determined, at least partially, by multiple factors, such as self-esteem, realistic optimism, and cognitive flexibility
- In this review, resilience-enhancing interventions that were provided in the period **immediately** after the diagnosis and in parallel with somatic treatment had the greatest effect on resilience or post-traumatic growth in adult cancer patients
- The enhancement of resilience or post-traumatic growth remained stable for up to 1 year after the end of the intervention or continued to increase even further
- The largest effect sizes were achieved with longer interventions of more than 12 sessions and a cumulative duration of at least 24 h

Ludolph P, Kunzler AM, Stoffers-Winterling J, Helmreich I, Lieb K: Interventions to promote resilience in cancer patients. Dtsch Arztebl Int 2019; 116: 865–72. DOI: 10.3238/arztebl.2019.0865

## Ms. B., A. 36 years, 2 children (2 and 4 years)



#### Initial diagnosis 06/19

- Invasive breast cancer right side NST, lobulär, DCIS cT2 (sonographic 25 mm), cN + (punching bioptic), G2, M0
  - ER: 100% = positiv, PR: 10% = positiv, Her2neu: 0 = negativ
  - Ki67: 25% proliferative activity
- 01/20 breast surgery right side after neoadjuvant chemotherapy

#### **Consultation Integrative Oncology 17th of June 2020:**

Current symptoms: pain in her legs since chemotherapy, morning stiffness and tarnishing pain, movement improves the pain

Medication: Letrozole, Zoladex, Novalgin (Metamizol 500 mg) twice daily

## Ms. B., A. 36 years, 2 children (2 and 4 years)



**Sleep:** sleep disturbance, degree of impairment NAS 4 -5

Fatigue: intensity NAS 6 - 7

Hot flashes: degree of impairment NAS 6 - 7

Pain: intensity NAS 8

#### Which complementary medicine therapies are recommendable?

- Yoga to improve fatigue, sleep and probably also hot flashes and pain
- Aerobic and resistance exercise to improve fatigue and sleep
- Acupuncture / acupressure to improve fatigue, sleep, pain and hot flashes
- Cognitive Behavioral Therapy insomnia most effective therapy for insomnia
- Mindfulness based Stress Reduction (MBSR) to improve sleep and fatigue



## Ms. B., A. 36 years, 2 children (2 and 4 years)



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#### **Recommendation:**

- Equinovo 1 − 2 daily for at least 4 to 6 weeks
- Mistletoe therapy, Abnobaviscum mali 0,02 mg 2 to 3 times per week s.c., Patient Information and P recipe included

(Equinovo: Bromelain-containing pineapple extract 200 mg; papa-containing papaya extract 200 mg; lectin-containing lentil extract 10 mg; selenium 150  $\mu$ g plus biotin 25  $\mu$ g)



#### Control appointment 12th of august 2020:

Patient has increased dose of mistletoe to 0.2 mg, now local redness (2 cm in diameter), 2 times weekly Wednesday and Sunday s.c. No joint pain anymore, sleep improved significantly, Fatigue NAS 2-3, Patient is clearly more efficient

- Integrative oncological therapies have the potential to improve quality of life, fatigue, pain and insomnia
- resilience-enhancing interventions should be provided parallel with somatic treatment
- The patient has the security of being treated with evidence-based medicine and the opportunity to benefit from the best of both worlds
- Trust and unbiasedness are an important basis for a collaboration



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# Thank you for your attention!