Implementing Integrative Oncology Into Your Practice

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Disclosure of Conflicts of Interest

Mary Darden, MSN, APN-BC has no real or apparent financial relationships to disclose.

Building a Community Integrative Oncology Program

My Field of Dreams

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How it all started…

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What is Integrative Oncology

- Patient Centered
- Evidence based
- Specialized field of cancer care
- Utilizes promotion of physical activity, healthy diet, mind and body practices, natural products and supplements, lifestyle modifications from different traditions
- Designed to be used alongside conventional cancer care
- Aims to optimize health, quality of life and clinical outcomes across the continuum
- Empowers patients to become active participants in their care

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A Brief History of Integrative Oncology

- 1970-80- healing modalities outside of strict conventional paradigm of modern medicine regarded alternative medicine as essentially worthless
- 1991-NIH establish the office of alternative medicine
- 1998- NC I established office of cancer complementary and alternative medicine
- 2002 – 1st peer reviewed journal on Integrative Oncology published "Integrative Cancer therapies"
- 2003- the Society of Integrative Oncology was established
- 2007- SIO published 1st Integrative Oncology clinical practice guidelines
- 2009- at least 7 NCI designated Cancer Centers had Integrative Oncology programs
- 2021- Tennessee oncology establishes a community based Integrative Oncology program

Why is this important to patients?

- Greater participation in their health
- More control over their bodies
- Desire to positively effect outcome
- Belief in something greater than themselves or Western Medicine
- Unmet symptom needs
- Desire for holistic approach
- Guidance in the use of supplements and cannabis

Nuts and Bolts- Building an IO Program

- Formed a committee of key stakeholders from IT, Clinical informatics, Front Office, billing and administration
- Developed an Intake form and provider visit note to be implemented within our EHR
- Worked with billing to utilize the best way to bill visits for improved reimbursement
- Developed methods within the EHR to track visits and keep data on accepted, declined and unable to contact
- Set up an office at our Southern Hills location- centrally located in Nashville for in person visits
- See majority of patients via telemedicine
- Developed relationships with community wellness groups, support services and integrative providers for referrals

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Foundations of Wellness

and the IO Consult

- Diet/Nutrition
- Physical Activity/ Exercise
- Sleep
- Social Support/ Community
- Stress management

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Where is the evidence?

- Physical Activity

American College of Sports Medicine- A summary of evidence

TABLE 1. Summary of Evidence That Physical Activity Prevents Cancer and Improves Cancer-Specific Survival[6]

LEVEL OF EVIDENCE	PHYSICAL ACTIVITY AND LOWER RISK OF DEVELOPING CANCER[a]	SEDENTARY TIME AND HIGHER RISK OF DEVELOPING CANCER[a]	PREDIAGNOSIS PHYSICAL ACTIVITY AND LOWER RISK OF CANCER-SPECIFIC SURVIVAL[b]	POSTDIAGNOSIS PHYSICAL ACTIVITY AND LOWER RISK OF CANCER-SPECIFIC SURVIVAL[b]
Strong	Colon, breast, endometrial, kidney,[c] bladder,[c] esophageal (adenocarcinoma),[d] stomach (cardia)[c]			
Moderate	Lung[c]	Endometrial,[d] colon,[c] lung[c]	Breast, colon	Breast, colon, prostate
Limited	Myeloma and hematologic,[c] head and neck,[c] pancreas,[c] ovary,[c] prostate[c]	Liver[e]		

[a]Level of evidence was based on the Physical Activity Guidelines Advisory Committee (PAGAC)[8] and World Cancer Research Fund (WCRF)[7] reports (2018).
[b]Level of evidence was based on a review by the American College of Sports Medicine Roundtable[6].
[c]Level of evidence conclusion was only by the PAGAC[8].
[d]Level of evidence was considered limited by the WCRF[7].
[e]Level of evidence conclusion was only by the WCRF[7].

Schmitz, et al, 2019, pg 469

Where is the evidence?

Physical Activity and Impact on Cancer Mortality, Recurrence and Treatment related adverse effects- Cormie, et al. 2017

Systematic review summarizing the epidemiologic and randomized control trial evidence concerning the role of exercise in the management of cancer focused on potential impact of cancer on:

- **Cancer mortality and recurrence-** superior levels of exercise following a cancer diagnosis were associated with

28-44% reduced risk of cancer specific mortality,

21-35% lower risk of cancer recurrence

25-48% decreased risk of all-cause mortality

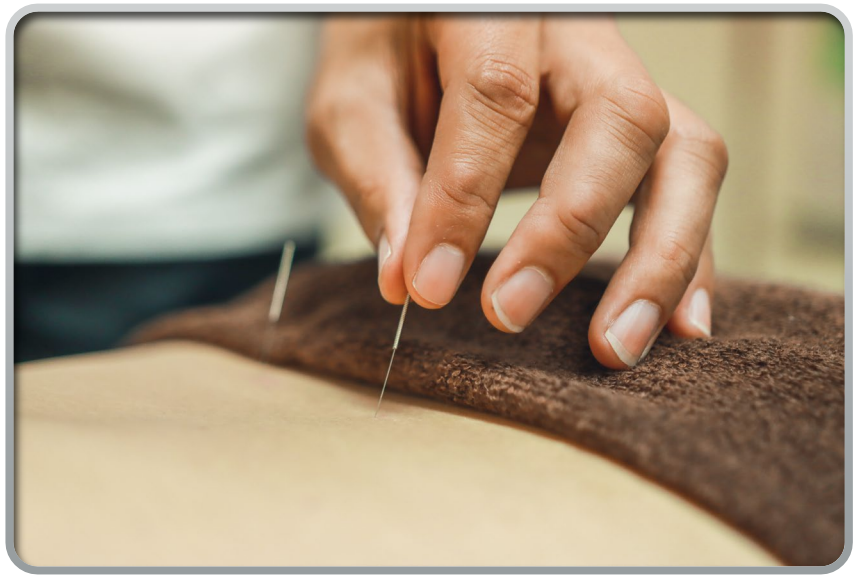
- **Adverse effects of cancer and its treatment-** Strong evidence exists for the reduction of fatigue and psychosocial distress (breast cancer patients)

Where is the evidence?

- Dietary Guidelines- WCRF/AICR and ACS- meta-analyses evaluated the impact of diet on cancer mortality. Strong adherence to these dietary guidelines resulted in decrease in cancer mortality (LN Kohler, et al.2016) :

- All cancer – 20-30% reduction
- Women – 20-24% reduction
- Men – 20-30% reduction

Where is the evidence?



Mind/ Body therapies- SIO Guidelines on evidence-based use of integrative therapies during and after breast Cancer Treatment (evidence grades A and B)

- **Mindfulness/Meditation-** MBSR- helps reduce depressive symptoms (A)
- **Yoga-** improves mood and depressive symptoms (B)
- **Massage-** improves depression/mood disturbance (B)
- **Acupuncture/ acupressure**- improves CINV (B)

Greenlee, et al. 2017

Case Studies

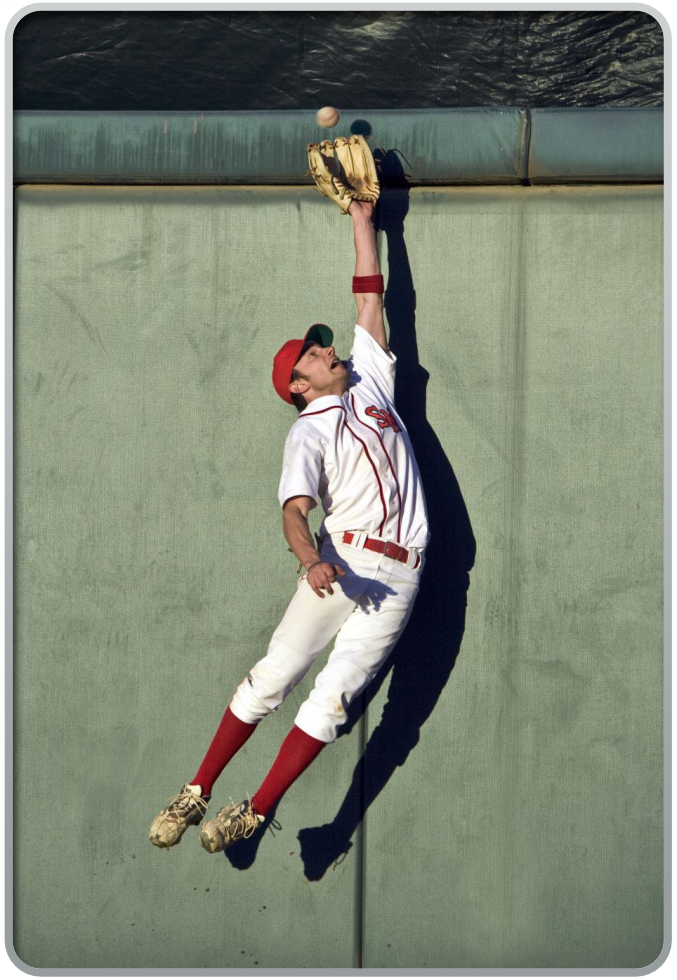
Mark R

- **Mark is a 46 YO patient with metastatic colorectal cancer. Works in music industry**
- Seen for initial consult by IO in July 21
- **Chief Complaints:** Abdominal- RUQ pain from liver lesions, decreased appetite, anxiety, brain fog, fatigue and deconditioned
- **His Goals: " try to find a healthy alternative to opioids"** reduce pain with alternative to opioids, address brain fog and physical deconditioning
- **Meds:** FOLFOX plus Avastin, Buspar, clonazapam, lexapro, compazine, Fentanyl patch, hydrocodone, oxycodone, lidocaine cream, marinol, cannabis
- **Supplements:** Taking MVI, turmeric/ginger
- **Plan:**
- Referred to Revital for PT to address deconditioning and cognitive therapy for brain fog
- Education regarding nutrient dense diet, encouraging more fruits and vegetables, decrease in processed foods and sugar
- For stress management recommended he continue Lexapro, Patient was also seeing Dr Sanger for counseling. Introduced mindfulness/ meditation. Increased CBD to 15mg bid for mood and reduce clonazapam as approapriate.
- Supplements:, Recommended increase full spectrum CBD, Vitamin D , B12. I made sure that his cannabis use was not interfering with his conventional cancer care.
- Pain- managed by palliative care. Patient voiced strong desire to decrease opioid use. I spoke with palliative APP and we agreed to try decreasing his pain meds while increasing his full spectrum CBD to 15 mg bid and use shorter acting inhaled cannabis as needed for breakthrough pain. (current regimen-Fentanyl patch 15 mg and hydrocodone or oxycodone q 4-6 hrs prn pain.)
- As a result of IO recommendations, Mark returned to work as a stage tech at the Grand Ole Opry. His mother was able to return home to NC as Mark was able to live independantly, He was able to reduce his opioid intake from long acting and breakthru meds to short acting opioids and cannabis- (CBD and inhaled) He continues to exercise and has changed his diet to a more nutrient dense intake of food. At his last visit he reported that he has continued to have improved stamina and has maintained stable disease on scans.

Case Studies

Sharon N

- **Sharon is a 59 YOF with recurrent Fallopian tube cancer. She is retired**
- Initially seen by IO in June of 2021
- **Chief complaints:** Anorexia, fatigue/ deconditioned and abdominal pain
- **Patient's Goals:** Improve physical stamina, improve nutrition and reduce pain and need for opioids
- **Meds:** PARP inhibitor, extra-strength Tylenol, Cymbalta 30 mg, gabapentin 300 mg, lidocaine 5% topical patch, Linzess 290 mcg, MiraLax, morphine 15 mg immediate release, Reglan, senna S, Zofran p.r.n.
- **Supplements:** Green tea, magnesium, probiotics, vitamin-D, Peppermint oil. **Plan of Care:**
- Referred to ReVital for physical therapy to address fatigue and deconditioning
- Education regarding nutrient dense diet encouraging more fruits and vegetables, decrease in processed foods and sugar , increase in fiber and water to address constipation
- Stress management strategy: Patient is currently seeing our in-house psychologist Dr. Brynda Quinn, taking Cymbalta for depression and pain, discussed the benefits of Mindfullness based stress reduction techniques and recommended a daily practice. Also discussed the importance of engaging in activities that she finds pleasurable such as painting, gardening and spending time with friends
- Supplements: Recommended she begin an Omega 3 fatty acid 1500-3000 mg daily and to take CBD 10-20 mg once or twice daily.(she was encouraged to avoid taking any supplements at the same time as her PARP inhibitor to avoid interactions.)
- Pain management: Chronic right upper quadrant pain (presumed to be secondary to scar tissue post-surgery) using morphine 5 mg as needed and taking Cymbalta daily. She also use Tylenol and gabapentin on a daily basis. Recommended acupuncture and massage. Avoid constipation by using diet and the medications prescribed for that purpose, recommended CBD for pain and inflammation 15-20 mg at bedtime.
- Within 6 weeks Sharon's pain was reduced to a 3 off opioids as opposed to a 5 -the month previous with oxycodone. She credits the use of CBD and exercise to her decreased pain along with better bowel function.
- Her function has continued to improve to the point where she no longer needs pain medication and with proper bowel management avoids any abdominal pain. She has resumed her usual activities which include golf, gardening and now travel. Her last scans revealed no signs of new or recurrent disease.



What is to come " Next Home Run"

- 14 clinics currently have IO services – remainder of middle TN clinics by summer, East TN clinics by years end.
- Nutrition Pilot- Hendersonville- Anne Laura Reviere, APP, RD leading the pilot
- Development of a Smoking Cessation program
- Offer Auricular Acupressure for pain, nausea and other issues
- Nutrition Classes
- Support Groups- Tumor specific
- Mindfulness/ Meditation/Heart Math instruction

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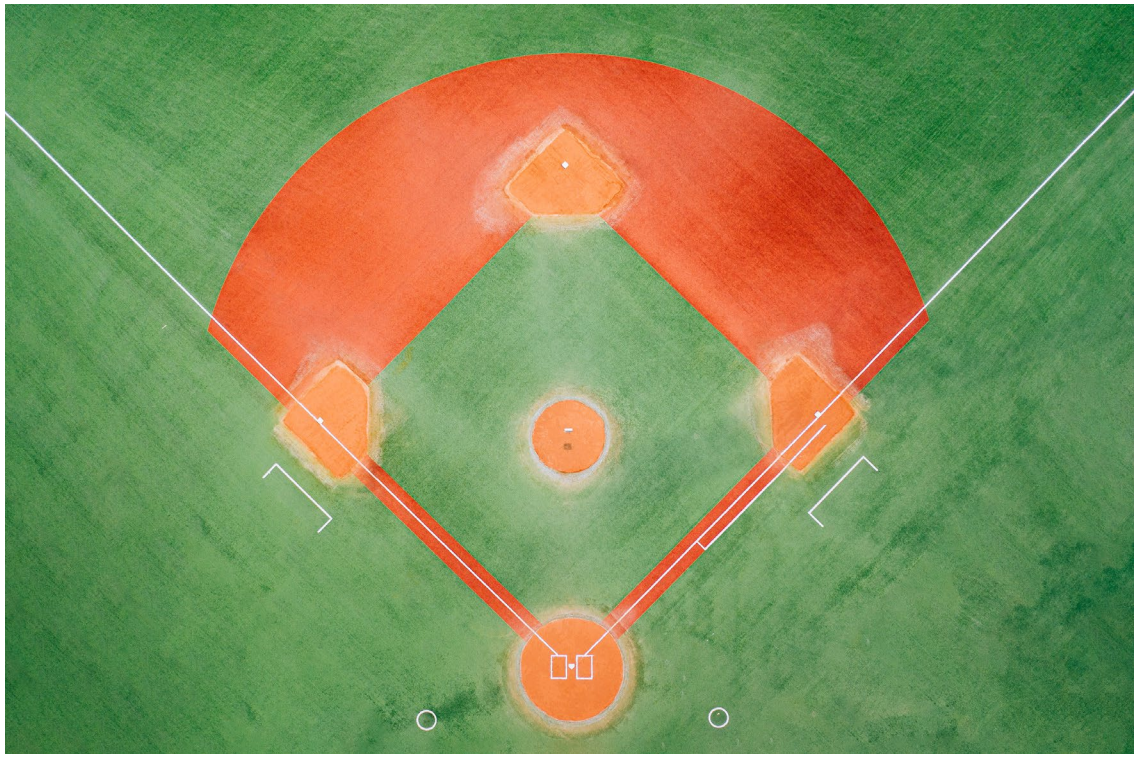
Because If you build it….



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They will come! Questions?

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