Integrative Oncology Facts & Resources

Compiled by Elissa Chandler, Patient Advocate Member Metastatic Breast Cancer Alliance

What is Integrative Oncology, and how does it differ from conventional and standard care?

Conventional medicine is a system in which health professionals such as M.D.s (medical doctor), D.O.s (doctor of osteopathy), or NPs (nurse practitioners) treat symptoms and diseases using drugs, radiation, or surgery. It may also be called allopathic medicine, biomedicine, Western, mainstream, or orthodox medicine. Such practitioners rely on **Standard** medical care, also known as best practice medicine or the standard of care.

Complementary medicine is used with conventional medical treatment but is not considered a stand-alone standard treatment. One example is using acupuncture to lessen some of the side effects of cancer treatment, such as peripheral neuropathy, nausea, and pain.

Alternative medicine is not the same as complementary medicine: it refers to using neither conventional nor complementary treatments, but rather unproven alternatives instead of traditional medical treatment. One example is using a special diet to treat cancer instead of cancer drugs that an oncologist prescribes.

Alternative methods may or may not work; however, since they are not science-based, there is no proof that they do.

Evidence-based vs. Evidence-informed Care

Conventional medicine typically uses the term evidence-based practices to describe its treatments. These treatment options are peer-reviewed and have documented evidence of effectiveness, usually through the gold standard of the randomized clinical trial (RCT). This does not mean this care is better; it just has more science behind it.

Complementary medicine typically uses the term evidence-informed practices to describe its therapies as they use the best available research and practice knowledge to design and implement interventions. These practices are sometimes tested in RCTs, but often funding dictates less extensive research methods. This does not mean this care is less effective, it just has less extensive science supporting it.

Whole-Person Empowered Patient-Centered Care & Available Resources

The Integrative Oncology Model is also called whole-person-empowered patient-centered cancer care. This model focuses on the whole person, empowerment, and patient-centered services.

The whole person: The model goes beyond cancer cells or diseased organs to address the person as a physical, psychological, social, and spiritual being. Living with an ongoing life-threatening disease affects every aspect of our being, which is not addressed by conventional treatment alone.

Empowerment: The IO model emphasizes agency, personal choices, values, and advocacy within and outside the medical system. When people are empowered, they can make better decisions, ask questions of their doctors, and advocate for themselves. Empowerment strengthens us to cope with the disease as well as with a medical system that may not value our personhood or see us as more than our disease at all.

Focusing on the importance of
Empowerment, Unite for HER (UFH), offers
MBC patients lifelong "Integrative and
supportive therapies to help empower and
restore your mind, body and soul." For
MBC, they provide two-thousand dollars
worth of integrative services every six

months for life. <u>Apply for Unite for HER</u> services here.

People with MBC need whole-person empowered care, especially those marginalized in our society who experience access barriers, including disrespect and invisibility, when interacting with the medical system. Recognizing the value of this model, Touch - the Black Breast Cancer and Unite for HER have started a partnership to reach Black women with breast cancer to offer free IO services and to encourage clinical trial participation have, and Care for HER, a program for all black breast cancer patients, not necessarily tied to a clinical trial. UFH also provides a free hotline in Spanish, and, Cáncer de Mama Metastásico, a program for Spanish-speaking mothers with MBC.

Patient-centered services are tailored to the individual. IO offers a wide variety of practices that can be adapted to one's level of function and or preferences. For a complete list of IO practices, refer to the NIH National Center for Complementary and Integrative Health.

Integrative Oncology Blog: MBC References

Crudup T, Li L, Dorr JW, Lawson E, Stout R, et al. Breast Cancer Survivorship and Level of Institutional Involvement Utilizing Integrative Oncology. J Oncol. 2021 Dec 18;2021:4746712. doi: 10.1155/2021/4746712. PMID: 34961816; PMCID: PMC8710156.

Fabi, A., Rossi, A., Mocini, E. et al. An Integrated Care Approach to Improve Well-Being in Breast Cancer Patients. Curr Oncol Rep 26, 346–358 (2024). doi.org/10.1007/s11912-024-01500-1

Wang H, et al., An evidence-based breathing exercise intervention for chronic pain management in breast cancer survivors: A phase II randomized controlled trial, European Journal of Oncology Nursing, Volume 71, 102625, 2024. doi: 10.1016/j.ejon.2024.102625

Ban Y, Li M, Yu M, Wu H. The effect of fear of progression on quality of life among breast cancer patients: the mediating role of social support. Health Qual Life Outcomes. 2021 Jul 10;19(1):178. Doi: 10.1186/s12955-021-01816-7. PMID: 34253195; PMCID: PMC8276515.

García-Chico C, López-Ortiz S, Peñín-Grandes S, Pinto-Fraga J, Valenzuela PL, Emanuele E, Ceci C, Graziani G, Fiuza-Luces C, Lista S, et al. Physical Exercise and the Hallmarks of Breast Cancer: A Narrative Review. Cancers. 2023; 15(1):324. https://doi.org/10.3390/cancers15010324

Mosher CE, Johnson C, Dickler M, Norton L, Massie MJ, DuHamel K. Living with metastatic breast cancer: a qualitative analysis of physical, psychological, and social sequelae. Breast J. 2013 May-Jun;19(3):285-92. doi: 10.1111/tbj.12107. Epub 2013 Mar 26. PMID: 23528206; PMCID: PMC4097181.

Ma Y, Hall DL, Ngo LH, Liu Q, Bain PA, Yeh GY. Efficacy of cognitive behavioral therapy for insomnia in breast cancer: A meta-analysis. Sleep Med Rev. 2021 Feb;55:101376. doi: 10.1016/j.smrv.2020.101376. Epub 2020 Sep 7. PMID: 32987319; PMCID: PMC8210529.

Po-Ju Lin et al. The influence of yoga and cognitive behavioral therapy on mediational relationships between insomnia and cancer-related fatigue: A URCC NCORP RCT in 550 cancer survivors. JCO 42, 12015-12015 (2024). DOI:10.1200/JCO.2024.42.16_suppl.12015

Hall DL, Wagner LI, Lebel S, Smith AB, Bergerot CD, Park ER. Guidelines needed for the management of fear of cancer recurrence in adult survivors of cancer in the United States: A consensus statement. Cancer. 2024 Aug 15;130(16):2739-2742. doi: 10.1002/cncr.35326. Epub 2024 Apr 17. PMID: 38630904; PMCID: PMC11286349.