

Virtual Mentor

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Integrative Medicine and Cancer Care

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Complementary and alternative medicine, commonly known as CAM, is tremendously popular in the United States and many parts of the world as a means for staying well and managing health concerns [1]. In the United States alone patients spend an estimated \$36 to \$47 billion on CAM therapies [2, 3]. In a National Health Interview Survey in 2007, 37 percent of adults reported that they use at least one form of CAM [4]. A 2008 American Cancer Society study concluded that as many as 61 percent of cancer survivors used some form of CAM [5]. Over the past decade, CAM practices have become even more popular, especially among individuals with chronic diseases such as cancer [6, 7]. A center at the National Institutes of Health, the National Center for Complementary and Alternative Medicine (NCCAM), studies the efficacy and safety of CAM practices [8].

Unfortunately, the term “CAM” causes consternation among many of our professional colleagues who perceive that their patients are forgoing conventional therapy. That is generally not the case. This controversial term should be changed, since the words “complementary” and “alternative” have different meanings and should not be connected by “and.” Complementary therapies are those used to complement or to be used *alongside* conventional methods of therapy, whereas alternative methods refer to those that are used *instead* of known conventional therapies. The term “integrative therapies” more accurately describes the complementary treatments being used in U.S. medical settings alongside conventional practices in a therapeutic environment. Centers for integrative medicine are being established in many academic medical centers [9].

Why CAM?

Patients are incorporating integrative therapies into their health care for many reasons; Snyderman and Weil’s definition of integrative medicine sums up why [10]. They describe integrative medicine as the combination of the best of both conventional and *evidence-based* CAM therapies that encourages patient participation, emphasizes the patient-caregiver relationship and shared decision making, recognizes the contribution of the therapeutic encounter itself, and seeks to optimize the body’s innate healing capacity [10]. All of these qualities are strong draws for patients, and, whether they turn to CAM therapies for these reasons or to improve overall wellness, enhance their lifestyle, or for prevention, it’s the duty of the medical community to work with our patients to meet their needs while providing the best care possible.

We've learned that many CAM interventions such as acupuncture, massage therapy, and meditation can benefit cancer patients, helping them to cope with the disease and reduce stress and symptoms (those related both to therapy and the disease process itself) [11-13]. However, there are many interventions referred to as "alternative medicine" that are unproven and could harm patients who believe they can be cured of diseases like cancer. Moreover, the majority of people who use CAM do not share this information with their primary care doctors. According to a survey by Eisenberg et al., patients don't think it's important for their doctors to know, or their physicians never asked about CAM usage [14]. As there are many drug-drug, drug-herb and antioxidant-drug interactions, it is extremely important for physicians to ask about CAM usage and for patients to share their use of CAM [15-17]. It is our duty as medical professionals to encourage this conversation.

Many leading cancer centers have established integrative medicine programs where complementary therapies such as acupuncture, massage therapy, nutrition counseling, physical activity, and stress management techniques are offered alongside conventional cancer therapies [9]. These programs often provide guidance to patients in choosing the most safe and effective CAM therapies to incorporate into their plan of care.

There is an increasing body of research on the benefits of many CAM practices. Studies provide evidence that some integrative therapies benefit cancer patients by improving their quality of life and reducing disease symptoms and treatment side effects [18]. Research on botanicals and herbs is often aimed at efficacy and safety. Clinical studies demonstrate concerns regarding the safe use of some botanicals with chemotherapy and radiation therapy, inasmuch as some may reduce the effectiveness of certain chemotherapies and others may reduce metabolism of an active drug, enhancing its potential toxicity [19].

The "A" for "alternative" in CAM does exist, and we need to acknowledge that sometimes—no matter how many conversations we have with our patients and no matter how high the level of evidence is that supports the standard treatment—some patients still do not want chemotherapy, radiation, surgery, or another conventional therapy. Instead, they choose to pursue an alternative therapy for any number of reasons—perhaps because it is part of a cultural tradition to which they belong, because they believe that natural products are less toxic than conventional treatments but equally effective, or because they believe that the alternative treatment will offer the certainty of a "cure" for chronic and unpredictable diseases like cancer [20-24]. *Alternative* medicine clinics can be very expensive, they rarely provide any evidence that they are curing diseases, and they typically do not perform research or report their results except in catchy advertisements.

Patients have a right to explore all health care options, and it is our responsibility to help guide them through their decision-making process. We've seen at Dana-Farber Cancer Institute (DFCI), for example, that patients are often unaware that some alternative medicine claims don't have evidence to back them. The Leonard P.

Zakim Center for Integrative Therapies at Dana-Farber offers evidence-supported services ranging from acupuncture to music therapy to qigong, educational services such as patient and professional lectures and informational materials, and clinical research on a number of complementary therapies in a wide range of patient populations, from breast cancer patients 2 years out of therapy to head and neck cancer patients on active treatment [25].

Dialogue on integrative medicine is also taking place on a larger scale. DFCI, with Memorial Sloan-Kettering Cancer Center, MD Anderson Cancer Center, and the American Cancer Society established the International Society for Integrative Oncology [26]. Six years later, the society, an organization for professionals in a variety of disciplines dedicated to studying and facilitating cancer treatment through the integration of complementary therapeutic options, has more than 300 members. The society's mission is to educate oncology professionals, patients, caregivers, and others about the efficacy, clinical benefits, toxicities, and limitations of state of the art integrative therapies.

Conclusion

CAM remains controversial within the medical community. We need to remember that patients usually want to do everything possible to cure their diseases and optimize quality of life as they progress through treatment. All patients, whatever their state of health, deserve to be presented with all available evidence-based options for maximizing their health and quality of life. Integrative therapies can be helpful in managing pain, fatigue, and anxiety, and it is our responsibility to support patients in making informed choices. We need to talk with our patients about integrative therapies as potential nonpharmacologic options, encourage them to discuss their thoughts with us, and embrace the complementary therapy community so that we can offer the most safe and effective whole-person care possible.

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