PERSPECTIVE

Exploring the challenges and opportunities in integrative oncology and the clinical care network

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ABSTRACT

Integrative oncology is a new and rapidly expanding discipline of cancer treatment. Integrative oncology is a patient-centered, evidence-based discipline of cancer therapy that employs integrative therapies.

Mind-body practices, acupuncture, massage, music therapy, nutrition, and exercise are used in conjunction with conventional cancer treatments. Over the last two decades, patient interest and utilization have increased. Clinical studies have proven that these treatments improve symptom management and quality of life, and they are now being incorporated into national guidelines from the National Comprehensive Cancer Network (NCCN) and the American Society for Clinical Oncology (ASCO).

Key Words: *Integrative oncology; Clinical care network; Implementation*

INTRODUCTION

Over 19 million people around the world were diagnosed with cancer and almost 10 million died from cancer in 2020. By 2040, new cases and death totals are expected to reach approximately 28 million and 16 million, respectively Cancer treatment alone costs the world approximately USD 1.2 trillion dollars annually. According to the National Center For Complementary And Integrative Health (NCCIH), “if a non-mainstream approach is used together with conventional medicine, it’s considered complimentary”, while “if a non-mainstream approach is used in place of conventional medicine, it’s considered alternative” .Therefore, integrative medicine is practiced in combination with conventional cancer care, not as an “alternative”. Thus, these types of therapies are commonly termed Integrative, Complementary, and Alternative Medicine (ICAM) and have become increasingly popular in Western medicine. According to the Academic Consortium for Integrative Medicine and Health, this approach "reaffirms the importance of the practitioner-patient relationship, focuses on the whole person, is evidence-based, and employs all appropriate therapeutic and lifestyle approaches, healthcare professionals, and disciplines to achieve optimal health and healing." The NCCIH categorizes ICAM methods into three groups: nutritional, psychological, and physical. Nutritional approaches emphasize food as medicine and include particular diets, dietary patterns, and natural goods (such as vitamins, minerals, herbs, and botanicals).

Integrative medicine is defined by the Society of Integrative Oncology (SIO) as a "patient-centered, evidence-informed field of cancer care that incorporates mind and body practices, natural products, and/or lifestyle changes from various traditions alongside conventional cancer treatments". Integrative medicine is a comprehensive approach to treating patients that combines the benefits of integrative and traditional methods that have been proved to be safe and effective. These therapies are delivered by a diverse group of professional careers with varying educational backgrounds. The use of ICAM is becoming more common. According to the 2012 National Health Interview Survey, 59 million Americans over the age of four used at least one complementary health approach, resulting in out-of-pocket expenses totaling USD 30.2 billion. In terms of out-of-pocket expenses, dietary supplements and yoga appeared to be the most popular. In 2017, dietary supplements and yoga were the most popular modalities, with 57.6% and 14.2% of individuals reporting use, respectively. Integrative medicine is used to treat a wide range of diseases and ailments. Cancer patients and survivors, in particular, are increasingly turning to ICAM in an attempt to reduce recurrence, manage treatment adverse effects, and manage and treat other comorbidities. In 2019, over one-third of cancer patients reported taking ICAM in the previous 12 months, with herbal supplements being the most often utilized modality. 29.3% of cancer patients who used ICAM did not reveal their use to their doctors. This widespread use of herbal supplements, along with a lack of disclosure to their healthcare practitioners, is concerning not only because dietary

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supplements are not fully regulated, posing quality and safety concerns. Despite expanding efforts to provide traditional cancer care globally, as well as parallel initiatives to incorporate ICAM into Western medicine practises, a systematic integration of these two techniques remains lacking. This is where integrative oncology can operate as a bridge between the two paradigms, assisting both patients and practitioners in navigating the two systems. This article focuses on integrative oncology and the present state of practise, with a focus on clinical care networks because the majority of patients are treated at community centres near their homes rather than huge academic cancer centres.

BENEFITS OF INTEGRATIVE ONCOLOGY

Integrative oncology appears to have a key role in cancer care outcomes, with most studies demonstrating improvements in symptoms and quality of life such as pain, nausea/vomiting, anxiety, hot flashes, sleeplessness, neuropathy, and dry mouth. As a result, integrative therapies are now included in National Comprehensive Cancer Network and American Society of Clinical Oncology guidelines.As emphasised in the recent Institute of Medicine (IOM) study "Cancer Care for the Whole Patient" (IOM), the mind-body connection is a key part of integrative oncology. According to this comprehensive analysis, "cancer care today frequently provides state-of-the-art biomedical treatment but fails to address the psychological and social (psychosocial) problems associated with the illness." These issues, such as anxiety, sadness, or other mental issues, create additional pain, reduce adherence to prescribed therapies, and jeopardise patients' return to health." Extensive research has shown that mind-body therapies address many of the difficulties mentioned in the IOM study.

Mindfulness meditation is the practise of bringing one's attention to the present moment with openness through thoughts, feelings, emotions, and physical presence. One of the well-researched strategies is Mindfulness-Based Stress Reduction (MSBR), which can be taught in an 8-week course and a range of other techniques, such as yoga meditation and Tibetan meditation, have also been investigated. The MBSR training is typically a 2.5-hour session per week for eight weeks, followed by an 8-hour retreat. A clinical investigation of 229 women indicated that MSBR significantly improved total mood, quality of life, and well-being in women who had undergone breast cancer treatment compared to the control group. Another randomised controlled experiment with breast cancer survivors discovered the benefits of mindfulness awareness practises.

Acupuncture is a modality that is gaining popularity as a result of rising clinical research confirming its good benefits. Its primary advantages for cancer patients are around symptom management, albeit the outcomes vary depending on the symptom.

A randomised controlled trial of 226 women with early-stage breast cancer, for example, found a statistically significant reduction in aromatase inhibitor-related joint pain in patients who received 12 acupuncture sessions over 6 weeks versus women who received sham acupuncture or no acupuncture.

Shen et al. conducted a large randomized clinical trial on 104 women with high-risk breast cancer and discovered that electro-acupuncture significantly reduced the number of emesis episodes compared to minimal needling or antiemetic pharmacology after 5 days, but these differences vanished by day 9.Furthermore, four investigations concluded that acupuncture lowers cancer-related pain, while two other analyses found insufficient statistically significant data to support this conclusion and Paley et al. discovered that acupuncture's effect on pain management differed by cancer type. Massage is another common integrative therapy that has been studied for cancer patients. A randomized trial of 380 patients with advanced cancer and moderate to severe pain discovered that six 30-minute massage therapy sessions spread out over two weeks can significantly reduce pain and mood compared to simple-touch sessions, but not sustained pain, quality of life, symptom distress, or medication analgesics.

Meanwhile, other studies have indicated that massage treatment can reduce pain, exhaustion, anxiety, nausea, and depression in cancer patients by 42.9% to 59.9%, while the effects are rather short-term. The SIO-ASCO joint guidelines recommended massage to help alleviate pain during palliative and hospice care.

Integrative oncology also emphasizes the importance of nutrition and physical activity in cancer patients' health, which has been linked to better clinical outcomes.

The Women's Intervention Study (WINS) and the Women's Health Eating and Living (WHEL) indicated that nutrition and physical exercise improved clinical outcomes such as recurrence rates and overall survival .The American Institute for Cancer Research and the World Cancer Research Fund have collaborated on a paper outlining nutrition and physical activity suggestions for cancer prevention. The American Cancer Society, American College of Sports Medicine, and ASCO have all issued cancer-related guidelines.

It is vital to remember that if certain integrative methods are employed incorrectly, they can cause harm to cancer patients. Herbs, for example, may interact with pharmaceuticals, interfering with cancer treatments or increasing toxicity. Because of the possibility of product substitutes or fillers, contamination, and erroneous labelling, quality control issues are a key concern with natural products and herbal supplements. Furthermore, some treatments utilized by patients may be excluded from Medicare or insurance programmes, resulting in financial difficulties for patients and their families.

CURRENT STATE OF INTEGRATIVE ONCOLOGY

According to one study, as patient interest in integrative oncology has grown, cancer centres are reacting by providing additional services. Between 2009 and 2016, comprehensive cancer centres increased their service offerings, including herb/supplement consultation (89%-96%), meditation (89%), acupuncture (89%), yoga (87%), massage (84%), music therapy (82%), and physician integrative medicine consultation (60%). Unfortunately, the actual details of how these services are supplied are sparse, thus much of this knowledge is gleaned through the author's first-hand understanding through colleagues and conference attendance. Based on our observations, the manner in which these services are delivered differs greatly amongst clinical centres.

Integrative medicine overlaps with several related services, such as supportive/palliative care, pain medicine, psychology, psychiatry,

spiritual care, rehabilitation therapies (e.g., physical therapy, occupational therapy, speech therapy), prevention, and survivorship. The link between these other important fields and integrative programmes varies greatly. In some institutions, such as Memorial Sloan Kettering Cancer Centre and MD Anderson Cancer Centre, these programmes are part of the same administrative framework as supportive/palliative care.

It may exist primarily as a separate clinical programme in other cancer centres (e.g., Duke and University of California San Francisco), where staff have major academic positions in other departments and divisions. Integrative oncology programmes are also led by professionals from a number of disciplines, including family medicine, internal medicine, oncology (medical, radiation, and surgical), psychology, psychiatry, and naturopathic physicians, among others. There is no overall trend in how these integrative medicine clinical programmes work with other related services within the same institution. In general, the best organisation and interaction within a comprehensive cancer centre are yet unknown and being assessed.

CHALLENGES AND OPPORTUNITIES FOR INTEGRATIVE ONCOLOGY

Because no optimal model for integrated oncology within a cancer centre has been established, we will emphasise the features of successful long-term integrative oncology programmes in four major areas: programmatic and financial structure, clinical care, education, and research. Many examples of programmes that began with philanthropic assistance only to fade away reflect a recurring theme among integrative medicine/oncology programmes, emphasising the necessity of institutional support as well as programming leadership. Understanding the intricacies of current cancer care, as well as gaining trust among cancer centre workers by becoming an advocate from within, requires oncologists to either lead or form strong partnerships. SIO created and ASCO approved a set of guidelines emphasizing evidence-based integrative therapy in breast cancer and, more recently, integrative approaches to cancer pain. Integrative medicine is patient-centered and focused on the patient's goals, values, cultures, and health philosophy. Practice recommendations are frequently broad and difficult to customise for particular patients. Because a global, one-size-fits-all strategy to implementing these evidence-based standards is impractical, personalization and cultural tailoring are required for each cancer centre. Furthermore, there is a scarcity of published evidence on how to build integrative oncology programmes. Challenges to implementing a community network integrative oncology programme, based on our knowledge and experience, include a lack of financial resources, clinical delivery due to a limited number of integrative oncology trained practitioners and leaders, as well as difficulties advocating and collaborating with other departments (e.g., palliative care physicians and social workers), and developing an educational forum for disease-specific cancers. Financial limits are the most significant issue for a community integrative network programme. Increased cancer survival rates, declining payments and reimbursements, and growing and ageing populations make it challenging to secure adequate money to support a network extension of an established integrative programme. it will be difficult to justify the expenditures of Medicare and insurer payments for many integrative supplements and practises without more robust scientific evidence in large, reproducible, randomised controlled trials.

Most patients would have high out-of-pocket payments, limiting their access to standard treatment as well as getting integrative therapies, according to patient surveys. Creating a financially viable integrative oncology programme that increases patient access is difficult, but vital. Integrative oncology visits with an MD or NP are frequently covered by insurance. Visits to other integrative care providers, such as naturopaths and acupuncturists, can, however, be costly out of pocket. Furthermore, due to financial restrictions, time away from work, transportation, and a lack of childcare, racial disparities and lower socioeconomic patients are frequently under-represented in integrative oncology programmes. Because philanthropy is unpredictable, the financial model must be regularly examined for viability. As the integrative oncology programme evolves, obtaining specific funding support from the healthcare system is critical. The clinical services alone generate significant cash to support the programme, albeit this is rarely sufficient. As a result, successful programmes frequently rely on all three sources of funding: institutional, philanthropic, and clinical revenue. Programmes should also emphasise the Return On Investment (ROI) for healthcare systems, which can take the form of enhanced patient happiness, improved quality of life, lower costs or utilisation of healthcare, and market differentiation. Many comprehensive cancer centres have integrated integrative oncology programmes into their cancer treatment plans. In close proximity to significant academic centres, these programmes are tightly interwoven.However, implementing an integrative oncology programme across various community network sites presents numerous problems. The need for integrative oncology is growing, yet providing all possible integrative services to patients at each network site will be complex and difficult. Financial constraints, a shortage of qualified and certified integrative practitioners, geographical constraints at each site, and the adaption of novel technologies are all barriers to developing and expanding such a programme to the community. Currently, the most widely available integrative oncology treatment approach in community practices involves the patient seeing a traditional oncologist while also being managed.

Patients who seek alternative therapies while having traditional cancer therapy are encouraged to inform their oncology team so that they are informed of the potential dangers, even if they do not agree with the combined approach. The ideal condition involves an established working connection between the oncology team and the integrative practitioners, as well as a common medical record system for improved communication. Furthermore, oncologists may consider creating a network of preferred providers in advance of when patients inquire about obtaining integrative therapy.

CONCLUSION

Integrative oncology is becoming more popular in cancer care, both in terms of patient interest and the favorable clinical impact it delivers. Early integrative oncology support may have advantages include symptom management optimization and increased quality of life, as well as a potentially greater ability to deliver chemotherapy due to side effect minimization through integrated oncology techniques. The intricacy of cancer treatment regimens, as well as the possibility for complementary and integrative care to augment or interfere with treatment, highlights the need for more integrative oncology physicians.