



# Integrative Survivorship in Cancer Care

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A decorative graphic of a feather, rendered in a light blue color, is positioned on the left side of the slide. It has a central rachis with numerous barbs extending outwards, creating a fan-like shape. The feather is oriented vertically, pointing downwards.

# OBJECTIVES

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1. Understand the meaning and significance of Survivorship in the oncology setting
2. Review the expectations and challenges for Healthcare providers in the survivorship period
3. Learn the role of Integrative Medicine in fulfilling the needs of cancer survivors

# OBJECTIVE #1

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- **Understand meaning and significance of Survivorship in the oncology setting**





# Survivorship Definition

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- “An individual is considered a cancer survivor from the time of diagnosis, through the balance of his or her life.”(NCCN)
- A patient who has completed active treatment excluding hormonal therapy and is on clinical remission
  - Survivorship Care plans and treatment summary
  - Guidelines



# Survivorship Facts

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- In 2018, an estimated 1,735,350 new cases of cancer will be diagnosed in the United States and 609,640 people will die from the disease.
- Approximately 38.4% of men and women will be diagnosed with cancer at some point during their lifetimes
- In 2016, there were an estimated 15.5 million cancer survivors in the United States. The number of cancer survivors is expected to increase to 20.3 million by 2026.
- Estimated national expenditures for cancer care in the United States in 2017 were \$147.3 billion.
- Overall cancer rate in survivors is higher than in the general population

*National Cancer Institute, 4/27/18*



# OBJECTIVE #2

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- 1. Review the expectations and challenges for Healthcare providers in the survivorship period**



# STANDARDS OF SURVIVORSHIP CARE

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- Prevention of new and recurrent cancers and other late effects
- Surveillance of cancer spread, recurrence and second cancers
- Assessment of late psychosocial and physical effects
- Completing and delivering a Survivorship Care Plan and Treatment Summary
- Coordination of care between primary care providers and specialist to ensure that **ALL** of the survivor's health needs are met
- Providers should assess at every interval - weight and health behaviors that can modify and comorbidity (NCCN)
  - *Managing medications, comorbidities, lifestyle and health behaviors that can modify cancer risk*
- Treating lingering side effects of treatment
  - *Psychological*
  - *Physical*
  - *Psychosocial*

# Healthcare Challenges #1

## Completing and delivering a Survivorship Care Plan and Treatment Summary

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- *What is a survivorship Care Plan*
  - Summary of treatment received
  - Information regarding follow up care and surveillance recommendations
  - Information on post treatment needs, including information regarding treatment-related effects and health risk
  - Delineation regarding the role of oncology and primary care physicians and timing of transfer if appropriate
  - Healthy Behavior Recommendations
- *Time consuming*
- *Reimbursement*
- *Care at different facilities*
- *Inconclusive data showing benefits of care plan delivery*







# Survivorship Care Plans and quality of life

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[Support Care Cancer](#). 2019 Feb 5. doi: 10.1007/s00520-019-04685-5. [Epub ahead of print]

**A cross-sectional population-based survey looking at the impact of cancer survivorship care plans on meeting the needs of cancer survivors in the posttreatment stage.**

Chahine S<sup>1</sup>, Urquhart R<sup>2,3</sup>.

[+](#) **Author information**

## **Abstract**

**PURPOSE:** The purpose of this study was to determine the impact of receiving a survivorship care plan (SCP) on meeting cancer survivors' overall, informational, physical, emotional, and practical needs. Since the recommendation for implementation of SCPs, there have been numerous studies on their effectiveness with mostly inconclusive results.

**METHODS:** All Nova Scotia survivors meeting specific inclusion and exclusion criteria were identified from the Nova Scotia Cancer Registry and sent the 83-item survey to assess experiences and needs across five domains (overall, informational, physical, emotional, and practical). Descriptive statistics (frequencies, percentages) and chi-square analyses were used to examine and report survey findings.

**RESULTS:** The response rate was 44.6%, with 1514 respondents. SCPs were significantly associated ( $p < 0.00001$ ) with receiving timely help and support to meet survivors' overall, informational, physical, emotional, and practical needs posttreatment. For the most part, survivors' clinical characteristics, such as cancer type, time since treatment, chronic comorbidities, and metastases, did not result in differences among the five outcomes.

**CONCLUSIONS:** Those who received a SCP reported higher agreement on all five outcomes in comparison to those who did not receive a SCP. Further work should evaluate the delivery of SCPs and the components of SCPs that are most likely to contribute to positive survivor outcomes.

# Healthcare Challenges #2

Coordination of care between primary care providers and specialist to ensure that **ALL** of the survivor's health needs are met

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- Patients fear to return to PCP
- PCP lack of knowledge regarding oncology surveillance and potential side effects of treatment
- Increase patients' engagement towards improved health outcomes and reduce cost



# Healthcare Challenges #3

**Providers should assess at every interval - weight and health behaviors that can modify and comorbidity.**

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- Managing medications, comorbidities, lifestyle and health behaviors that can modify cancer risk.
- Volume of survivors
- Time consuming
- Patients' level of engagement



# Healthcare Challenges #4

## Treating lingering side effects of treatment

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- **Psychological**
  - Anxiety
  - Depression
  - Distress
  - PTSD
- **Physical**
  - Neuropathy
  - Pain
  - Lymphedema
  - Fatigue
  - Cognitive dysfunction
  - Hormonal related symptoms
  - (vasomotor symptoms, vaginal dryness, mood swings, fatigue, urogenital complaints, gynecomastia)
- **Psychosocial**
  - Sex/intimacy
  - Self image
  - Finances
  - Time



# OBJECTIVE 3

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**Learn the role of Integrative Medicine in fulfilling the needs of cancer survivors**

# What is Integrative Medicine

- Partnership with client to enhance the body's own healing capacity by using natural modalities like diet, exercise, sleep, mindfulness/meditation, yoga, massage, aromatherapy, herbs and supplements.
- Integration of Western Medicine with Natural Medicine
- Patient centered wellness model
- Patient has the control
- Holistic model
- Not condition specific
- Not alternative Medicine
- Evidenced based
- Beneficial to every disease process and wellness



# Pillars of Integrative Medicine

## Nutrition

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- Lifestyle and health behaviors that can modify cancer risk
- Body composition changes following treatment
- Secondary prevention
- Decrease patient's anxiety
- Anti-inflammatory and detoxifying
- Weight changes following treatment



# Pillars of Integrative Medicine

## Exercise/Movement

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- Lifestyle and health behaviors that can modify cancer risk
- Secondary prevention
- Body composition changes following treatment
- Mood
- Cognitive impairment
- Neuropathy
- Fatigue
- Vasomotor symptoms







# Exercise and Aromatase Inhibitors-induced arthralgia

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Cancer. 2019 Mar 6. doi: 10.1002/cncr.32051. [Epub ahead of print]

## Endocrine-related quality of life in a randomized trial of exercise on aromatase inhibitor-induced arthralgias in breast cancer survivors.

Baglia ML<sup>1</sup>, Lin IH<sup>2,3</sup>, Cartmel B<sup>2,3</sup>, Sanft T<sup>3</sup>, Ligibel J<sup>4</sup>, Hershman DL<sup>5</sup>, Harrigan M<sup>2</sup>, Ferrucci LM<sup>2,3</sup>, Li FY<sup>2,3</sup>, Irwin ML<sup>2,3</sup>.

### [+ Author information](#)

#### Abstract

**BACKGROUND:** The objective of this study was to evaluate the role of a 12-month exercise intervention on endocrine-related quality of life (QOL) and overall QOL among breast cancer survivors with aromatase inhibitor (AI)-induced arthralgia in the Hormones and Physical Exercise (HOPE) Study.

**METHODS:** This was a randomized controlled trial of 121 breast cancer survivors who were currently receiving AIs and experiencing at least mild arthralgia. QOL was assessed using the Functional Assessment of Cancer Therapy (FACT) questionnaires and the 36-Item Short Form Survey (SF-36) at baseline, 6 months, and 12 months. Participants were randomized to either a 1-year gym-based, supervised exercise intervention group (150 minutes of aerobic exercise and 2 strength-training sessions each week) or a usual care group. Effects of the intervention on QOL were assessed using mixed-model, repeated-measures analysis.

**RESULTS:** At 12 months, the exercise group had greater improvement in the overall QOL measures as well as the breast cancer-specific (scores, 2.2 vs 0.7; P = .02), endocrine-specific (scores, 5.6 vs 1.6; P < .001), and fatigue-specific (score, 5.8 vs 0.5; P < .001) subscales compared with the usual care group. The results indicated a stronger effect at 12 months versus 6 months after the intervention.

**CONCLUSIONS:** Combined aerobic and resistance exercise, such as treadmill walking and strength training, improved endocrine-related and overall QOL among breast cancer survivors who were experiencing adverse side effects from AIs. Because adverse side effects associated with AI use are quite common and this is the main reason for treatment discontinuation, this nonpharmacologic intervention could benefit many breast cancer survivors and increase successful adherence to AIs in breast cancer treatment.

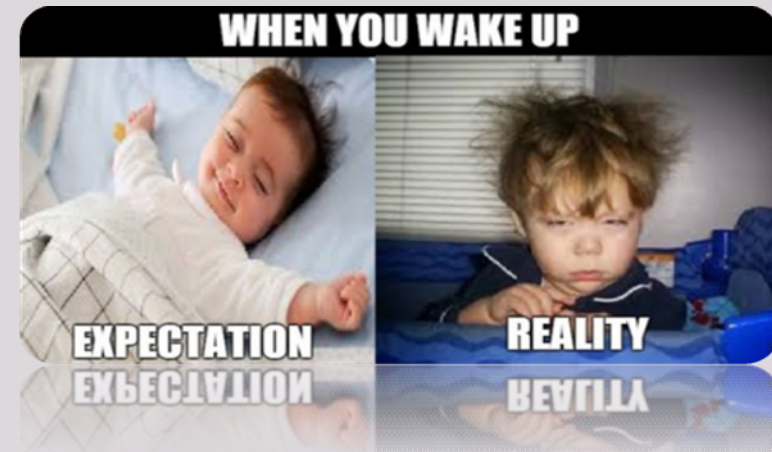
© 2019 American Cancer Society.

# Pillars of Integrative Medicine

## Sleep Quality

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- Sleep quality impaired in high percentage of cancer survivors
- Healthy immune system
- Helps with “chemo brain”
- Decreased fatigue
- Underlying **physiologic** disease



# Pillars of Integrative Medicine

## Mindfulness/Meditation

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- Helps to address psychologic concerns of cancer survivors
- NCCN Guidelines recommendations to address psychological concerns
- Mood changes



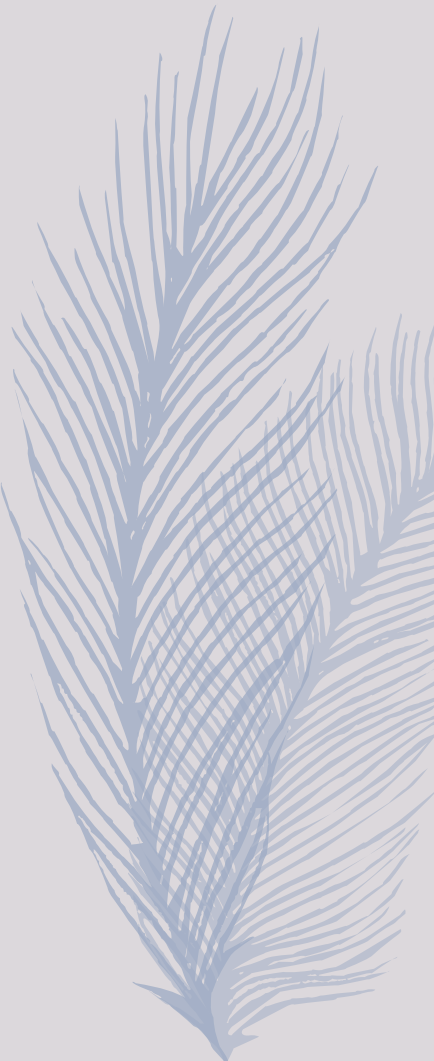
# Pillars of Integrative Medicine

## Acupuncture

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- Fatigue
- Neuropathy
- GI symptoms (N/V, diarrhea, constipation)
- Insomnia
- Vasomotor symptoms
- Arthralgia
- Pain





# Auricular acupuncture in treatment of cancer pain: randomized clinical trial.

[Rev Esc Enferm USP](#). 2018 Dec 13;52:e03402. doi: 10.1590/S1980-220X2017040503402.

## **Effectiveness of auricular acupuncture in the treatment of cancer pain: randomized clinical trial.**

[Article in English, Portuguese, Spanish; Abstract available in Portuguese and Spanish from the publisher]

[Ruela LO](#)<sup>1</sup>, [Iunes DH](#)<sup>2</sup>, [Noqueira DA](#)<sup>3</sup>, [Stefanello J](#)<sup>4</sup>, [Gradim CVC](#)<sup>1</sup>.

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- 4 Universidade de São Paulo, Escola de Enfermagem de Ribeirão Preto, Departamento Materno-Infantil e Saúde Pública, Ribeirão Preto, SP, Brasil.

**Abstract** in [English](#), [Portuguese](#), [Spanish](#)

**OBJECTIVE:** To evaluate the effectiveness of auricular acupuncture in the pain of cancer patients receiving chemotherapy and to verify if there were alterations in the use of analgesics after the application of this intervention.

**METHOD:** Randomized controlled trial with cancer patients with complaints of pain greater than or equal to four in the Numerical Pain Scale. Two parallel groups were created, an Experimental group, which received auricular acupuncture at energy balance points and at points indicated for the treatment of pain, and a Placebo group, in which fixed placebo points were used. Both groups received the application of semipermanent needles in eight sessions.

**RESULTS:** 31 cancer patients participated in the study. After the eight auricular acupuncture sessions, there was a significant difference between the groups regarding the reduction of pain intensity ( $p < 0.001$ ) and of the use of medications ( $p < 0.05$ ).

**CONCLUSION:** Auricular acupuncture was effective in reducing the pain of patients receiving chemotherapy. Brazilian Registry of Clinical Trials: RBR-6k3rqh.

# Pillars of Integrative Medicine Therapeutic Yoga

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- Helps with limited range of motion
- Increases level of physical activity and core
- Focuses on breathing
- NCCN Guidelines recommendations for pain management



# Pillars of Integrative Medicine Therapeutic Massage

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- Lymphedema
- Stress reduction and relaxation
- Muscle spasm
- NCCN Guidelines recommendations for pain management



# Efficacy of a standardized acupuncture approach for women with bothersome menopausal symptoms

BMJ Open. 2019 Feb 19;9(1):e023637. doi: 10.1136/bmjopen-2018-023637.

## Efficacy of a standardised acupuncture approach for women with bothersome menopausal symptoms: a pragmatic randomised study in primary care (the ACOM study).

Lund KS<sup>1</sup>, Siersma V<sup>2</sup>, Brodersen J<sup>1,3</sup>, Waldorff FB<sup>4</sup>.

### Author information

#### Abstract

**OBJECTIVE:** To investigate the efficacy of a standardised brief acupuncture approach for women with moderate-to-severe menopausal symptoms.

**DESIGN:** Randomised and controlled, with 1:1 allocation to the intervention group or the control group. The assessor and the statistician were blinded.

**SETTING:** Nine Danish primary care practices.

**PARTICIPANTS:** 70 women with moderate-to-severe menopausal symptoms and nine general practitioners with accredited education in acupuncture.

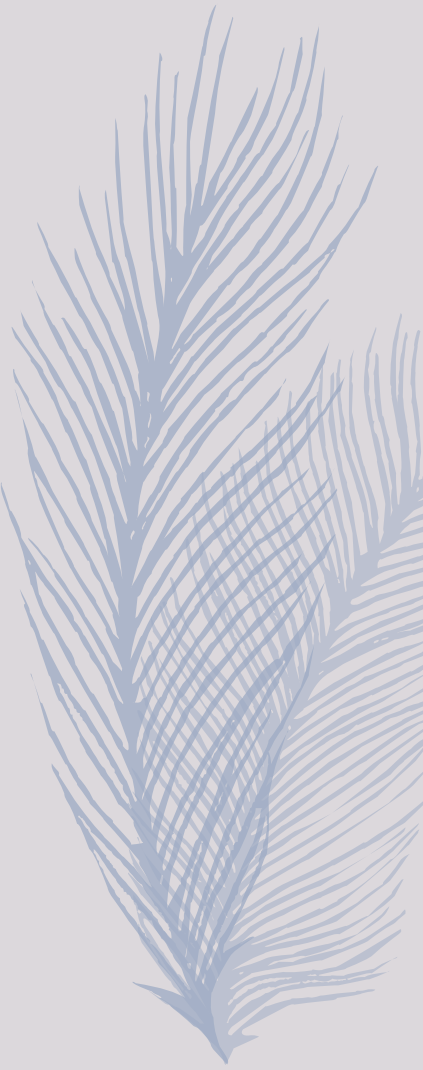
**INTERVENTION:** The acupuncture style was western medical with a standardised approach in the predefined acupuncture points CV-3, CV-4, LR-8, SP-6 and SP-9. The intervention group received one treatment for five consecutive weeks. The control group was offered treatment after 6 weeks.

**MAIN OUTCOME MEASURES:** Outcomes were the differences between the randomisation groups in changes to mean scores using the scales in the MenoScores Questionnaire, measured from baseline to week 6. The primary outcome was the hot flushes scale; the secondary outcomes were the other scales in the questionnaire. All analyses were based on intention-to-treat analysis.

**RESULTS:** 36 participants received the intervention, and 34 participants were in the control group. Four participants dropped out before week 6. The acupuncture intervention significantly decreased hot flushes:  $\Delta -1.6$  (95% CI [-2.3 to -0.8];  $p < 0.0001$ ), day-and-night sweats:  $\Delta -1.2$  (95% CI [-2.0 to -0.4];  $p = 0.0056$ ), general sweating:  $\Delta -0.9$  (95% CI [-1.6 to -0.2];  $p = 0.0086$ ), menopausal-specific sleeping problems:  $\Delta -1.8$  (95% CI [-2.7 to -1.0];  $p < 0.0001$ ), emotional symptoms:  $\Delta -3.4$  (95% CI [-5.3 to -1.4];  $p = 0.0008$ ), physical symptoms:  $\Delta -1.7$  (95% CI [-3 to -0.4];  $p = 0.010$ ) and skin and hair symptoms:  $\Delta -1.5$  (95% CI [-2.5 to -0.6];  $p = 0.0021$ ) compared with the control group at the 6-week follow-up. The pattern of decrease in hot flushes, emotional symptoms, skin and hair symptoms was already apparent 3 weeks into the study. Mild potential adverse effects were reported by four participants, but no severe adverse effects were reported.

**CONCLUSIONS:** The standardised and brief acupuncture treatment produced a fast and clinically relevant reduction in moderate-to-severe menopausal symptoms during the six-week intervention. No severe adverse effects were reported.





# Mind and Body Practices for fatigue reduction in patients with cancer and hematopoietic stem cell transplant recipients.

*Crit Rev Oncol Hematol*. 2017 Dec;120:210-216. doi: 10.1016/j.critrevonc.2017.11.011. Epub 2017 Nov 20.

## Mind and body practices for fatigue reduction in patients with cancer and hematopoietic stem cell transplant recipients: A systematic review and meta-analysis.

Duong N<sup>1</sup>, Davis H<sup>1</sup>, Robinson PD<sup>2</sup>, Oberoi S<sup>2</sup>, Cataudella D<sup>3</sup>, Culos-Reed SN<sup>4</sup>, Gibson F<sup>5</sup>, Götte M<sup>6</sup>, Hinds P<sup>7</sup>, Nijhof SL<sup>8</sup>, Tomlinson D<sup>1</sup>, van der Torre P<sup>8</sup>, Ladas E<sup>9</sup>, Cabral S<sup>2</sup>, Dupuis LL<sup>10</sup>, Sung L<sup>11</sup>.

### Author information

#### Abstract

**PURPOSE:** To determine whether non-physical activity mind and body practices reduce the severity of fatigue in patients with cancer or hematopoietic stem cell transplant (HSCT) recipients compared to control interventions.

**METHODS:** We included randomized trials which compared non-physical activity mind and body practices compared with control interventions for the management of fatigue in cancer and HSCT patients.

**RESULTS:** Among 55 trials (4975 patients), interventions were acupuncture or acupressure (n=12), mindfulness (n=11), relaxation techniques (n=10), massage (n=6), energy therapy (n=5), energizing yogic breathing (n=3) and others (n=8). When combined, all interventions significantly reduced fatigue severity compared to all controls (standardized mean difference -0.51, 95% confidence interval -0.73 to -0.29). More specifically, mindfulness and relaxation significantly reduced fatigue severity.

**CONCLUSIONS:** Mindfulness and relaxation were effective at reducing fatigue severity in patients with cancer and HSCT recipients. Future studies should evaluate how to translate these findings into clinical practice across different patient groups.

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**KEYWORDS:** Acupressure; Acupuncture therapy; Fatigue; Hematopoietic stem cell transplant; Massage; Mindfulness; Randomized control trials; Relaxation therapy

# Pillars of Integrative Medicine

## Natural herbs and supplements

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- Treating side effects of treatment
  - Fatigue
  - Arthralgia
  - Vasomotor symptoms
  - Neuropathy
  - Insomnia
  - Stress/anxiety
  - GI symptoms
  - Mood changes
  - Pain
- Preventing potential side effects of treatment





every end  
is a new  
beginning

Thank You