

Integrative Oncology: Complementary Therapy for Cancer Survivors

The use of complementary and alternative medicine (CAM) by American cancer patients is rapidly growing, causing concerns among oncologists. Dozens of studies show that cancer patients are actively pursuing CAM therapies. Studies from major medical centers conducted in the past 5 years show that 57%–80% of patients use special diets, vitamins, herbs, or acupuncture.

Barrie R. Cassileth, MS, PhD, the Laurance S. Rockefeller Chair in Integrative Medicine and Chief of the Integrative Medicine Service, Memorial Sloan-Kettering Cancer Center (MSKCC), New York, stressed the importance of distinguishing the terms “alternative” and “complementary” medicine from each other. She noted that alternative therapies are usually promoted instead of mainstream anticancer measures, thus patients not only receive an unproven treatment, but they do not receive an appropriate one. Alternative approaches are usually biologically invasive, costly, and potentially harmful. Complementary therapies, on the other hand, are noninvasive, inexpensive, safe, and evidence-based approaches used alongside mainstream care, primarily for purposes of symptom control.

“However, we are trying to stay away from both these terms. The new term is ‘integrative medicine/oncology,’ and it reflects a synthesis of the best of each,” she revealed.

Dr. Cassileth urged the oncology community to discourage cancer patients from consuming herbs and other botanicals during cancer treatment. “Botanicals are unrefined and unregulated pharmaceuticals, and as such they have biologic activity that can produce harmful side effects or interfere with cancer treatments,” she cautioned. Herbs can cause antiplatelet activity, adverse interactions with corticosteroids and central

nervous system depressants, gastrointestinal problems (including liver and kidney toxicity), and additive effects when used with opioid analgesics (Table 1).

High-dose antioxidants should also be avoided, as they may increase the growth of cancer cells as well as healthy cells, she said. “The MSKCC policy is, ‘No herbs or dietary supplements at all during cancer treatment,’” she stated. However, she did not dismiss all herbs as useless in cancer therapy but said more information is critical. “We have an active nutrition and herbal counseling program. With so many dietary ‘cures’ and misuse of botanicals, we want to keep patients from going off in harmful directions,” she added.

Her center is actively involved in a botanical research program with the Institute of Chinese Medicine in Hong Kong that is funded by the National Institutes of Health to study herbal agents thought to enhance immune function. For more information about herbs, botanicals, and vitamins, clinicians and patients should visit www.mskcc.org/aboutherbs, which contains more than 200 monographs on these substances.

Furthermore, Dr. Cassileth debunked several examples of popular “alternative” treatments: 1) expensive oxygen therapy, which is based on the faulty notion that oxygen molecules in liquid form are absorbed by the gastrointestinal tract and can prevent and treat disease; 2)

bioresonance therapy, which maintains that radiofrequency electrical signals can neutralize the abnormal electromagnetic oscillations of sick cancer cells, essentially “shaking the cancer cells back to health”; and 3) chelation therapy.

Evidence-Based Approaches Endorsed

“At Memorial Sloan-Kettering, we use only complementary medicine that are rational, safe, and, to some degree, evidence-based or backed by some other good reason for applying them,” she said. The modalities most often requested at MSKCC are massage therapies, mind-body approaches, music therapy, acupuncture, and fitness (exercise and nutrition).

The benefits of massage cannot be overstated, she stated. In a study of 1,290 Memorial Sloan-Kettering patients (Cassileth BR et al. *J Pain Symptom Manage* 2004;28:244–249), mean pretreatment symptom scores for pain, fatigue, stress, nausea, and depression were essentially halved by massage therapy, and the benefits endured more than 48 hours. Because of these results, Dr. Cassileth and colleagues are conducting a randomized controlled trial to pursue these benefits over longer periods of time.

In addition, self-hypnosis can be used by patients prior to stressful treatments and evaluations. Music therapy also significantly reduces distress. Fitness classes are encouraged, especially in light of data that correlate physical activity with better outcomes in patients with breast, colorectal, or (soon to be published) prostate cancer.

Moreover, acupuncture can be an ef-

Table 1
Side Effects Associated With the Use of Botanicals

| SIDE EFFECTS | BOTANICALS |
|---|------------------------------------|
| Elevated international normalized ratio | Garlic, ginkgo, ginseng, vitamin E |
| Low blood sugar | American ginseng |
| Cardiovascular instability | Ephedra ^a |
| Affects blood levels of prescription medicine | St. John’s Wort, valerian |
| Elevated transaminase level/kidney failure | Kava |

^aEphedra was the first supplement to be taken off the US market.

fective symptom management tool, according to trials showing efficacy in relieving hot flashes, shortness of breath, chronic fatigue, xerostomia, pancreatic cancer pain, shoulder pain (in patients with head and neck cancer), and post-

thoracotomy pain. She and her colleagues have correlated the relief of xerostomia with functional MRI studies and are involved in attempts to modify acupuncture for Western medical practice.

Dr. Cassileth fully endorsed comple-

mentary therapies based on their ability to reduce side effects; enable self-care and control; enhance well-being and quality of life; and strengthen the body to maximize treatment and reduce fear, distress, depression, and anxiety.