

Initiating Conversations on Integrative Oncology Amongst Cancer Professionals, Integrative Medicine Practitioners and Cancer Patients – The CANCERTALK Initiative

Penny Kechagioglou¹, Robin Daly²

¹University Hospitals Coventry and Warwickshire, Coventry, UK

²Yes to Life, London, UK

Email address:

penny.kechagioglou@uhcw.nhs.uk (P. Kechagioglou), Robin.Daly@yestolife.org.uk (R. Daly)

To cite this article:

Penny Kechagioglou, Robin Daly. Initiating Conversations on Integrative Oncology Amongst Cancer Professionals, Integrative Medicine Practitioners and Cancer Patients – The CANCERTALK Initiative. *International Journal of Clinical Oncology and Cancer Research*. Vol. 6, No. 4, 2021, pp. 157-161. doi: 10.11648/j.ijccocr.20210604.13

Received: October 30, 2021; **Accepted:** November 22, 2021; **Published:** November 27, 2021

Abstract: Integrative Medicine (IM) is a philosophy and practice of medicine which addresses the whole person and not just symptoms of disease. It encompasses complementary and alternative therapies which work alongside mainstream medical treatments and may include aspects of nutrition, physical activity and mind-body therapies such as massage, aromatherapy and reflexology. Similarly, Integrative Oncology (IO) addresses the epigenetic changes which can cause cancer (with nutrition, exercise and lifestyle factors), above and beyond cancer genetics, through the use of complementary and alternative approaches on top of traditional cancer treatments. Between 40% and 60% of cancer patients use some form of complementary and alternative therapies as part of Integrative Oncology, but only few will tell their oncologist or cancer nurse specialist. This is often because of the generalized lack of awareness from clinicians of the benefits of Integrative Oncology in improving cancer patient outcomes. In addition, there is currently no funding model in the UK National Health Service (NHS) that can support the routine use of complementary and alternative therapies in clinic. As a result, people with cancer tend to seek support from integrative oncology charities or private integrative practitioners. Our study is the first evaluation of a cancer podcast in UK which aims at initiating conversations between mainstream and integrative practitioners around the routine use of Integrative Oncology practices in the NHS. The purpose of the podcast initiation is to bridge the gap between mainstream and integrative medicine practitioners and pave the way to new models of Integrative Oncology care in the NHS. The results from the first six months of the program are very encouraging, in terms of clinician appetite to explore Integrative Oncology in their routine clinical practice. The next six months will see more mainstream clinicians becoming engaged in conversational talks, which will help lift the barriers to the adoption and diffusion of Integrative Oncology in UK.

Keywords: Integrative Medicine, Integrative Oncology, Cancer Diagnosis, Cancer Treatment

1. Background

Cancer diagnosis and treatment is a life-changing experience for patients and their families. Because cancer survival continues to improve, people live longer and often have to deal with the consequences of cancer treatment. These can range from physical symptoms such as fatigue and skin changes to mental symptoms such as depression and anxiety, often a mix of both, which can have an adverse impact in people's personal and professional lives.

Integrative Medicine (IM) is the harmonious combination of conventional treatments such as chemotherapy, radiotherapy and surgery, with lifestyle and complementary therapies, which address the whole person and not just symptoms of disease [1]. There is large variation in the level of awareness and access to Integrative Oncology (IO) practices in UK. The science and research on IO have grown and translate into improved clinical outcomes for patients, including overall survival and quality of life [2]. Whether people are looking to improve their health and wellbeing, prevent

cancer and other chronic illnesses, are at the early stages of cancer diagnosis and treatment or they are living with cancer and the consequences of cancer treatment, Integrative Oncology can offer some benefit to everyone. We therefore need to engage and educate clinicians in the NHS around Integrative Oncology, through the collaborative involvement of people with cancer, mainstream clinicians and integrative practitioners in meaningful conversations [3]. In addition, we need to start sharing people's stories and experiences of Integrative Oncology. The result of bringing together clinicians, integrative practitioners and cancer sufferers is to learn from each other (experts and patients as one team), create a safe space for people to talk about Integrative Oncology in clinic and empower people to choose how they use IO approaches to help themselves. About 50% of people with cancer use one or more forms of IO therapies but more often than not, are not sharing this information with their oncology team [4, 5]. Some of the reasons for this include the lack of mainstream clinician understanding and endorsement of those approaches, which leaves patients disempowered to discuss further, hence seeking support from independent integrative practitioners or cancer charities instead. In addition, there is no current funding model in the UK NHS which can support the routine use of integrative oncology approaches alongside traditional cancer treatments [6]. Moreover, the lack of formal undergraduate and postgraduate training on complementary and alternative approaches to cancer treatment, in terms of addressing the epigenetic effects leading to cancer on top of the proven genetic effects, results in cancer professionals not being equipped with the knowledge and experience in order to openly have those conversations with patients in clinic [7]. It is up to individual clinicians to invest in extra training and there is currently an increasing number of oncology and hematology professionals who have embedded integrative medicine in their practice, albeit a small minority amongst the UK healthcare professionals. Our study is an evaluation of the first UK cancer podcast which attempts to initiate conversations between integrative practitioners, mainstream clinicians and patients or patient advocates, in order to bridge the gap between mainstream and integrative medicine practitioners [8, 9]. The purpose of the podcast is to pave the way to new models of Integrative Oncology care in the NHS and the collaborative design of clinical practice guidelines in Integrative Oncology [10, 11].

2. Method

In order to start the conversations amongst healthcare professionals who diagnose and treat cancer, Integrative Medicine practitioners and patients, we began a podcast called CANCERTALK, hosted by a patient advocate and cancer charity founder, together with a Consultant Oncologist

in the NHS, with experience in Integrative Oncology. This is an evaluation of the initiative six months into the project, in order to understand what works, for whom and whether we need to make tactical changes in our approach so as to reach a greater audience.

The podcast was scheduled on a monthly basis to ensure that knowledge is regularly reinforced, people who listened to the podcasts anticipated the talks but also had enough time to digest the information from one podcast episode to another. Each episode hosted a guest Practitioner from the world of Integrative Medicine (IM). The choice of practitioners was based on their experience in working with cancer patients and their families, their understanding of what matters to them, and their reported outcomes that have contributed to research and spread of IM methods.

The podcasts were designed to be open conversations between the hosts and IM Practitioners around real-life situations, new clinical evidence, common and uncommon cancer experiences, and the barriers and enablers to the spread of IM in mainstream oncological practice. Topics included all aspects of Integrative Oncology (IO), including mind-body therapies, pain and fatigue management, nutrition and its role in cancer treatments, physical activity and cancer outcomes, Ayurveda and contact with nature, the role of psychological support, herbal medicines and supplements in cancer treatment. All the above aspects could form the core components of an integrative oncology care program [12].

3. Results

Following an introductory message about CANCERTALK on the 2nd of April 2021, the podcast episodes followed a steady pattern and the listener performance improved with each episode as shown in the podcast performance chart below (figure 1). This demonstrates the positive effect of regular knowledge reinforcement with each episode in getting people more engaged in the subject of IO. The episode with the highest number of listeners was the 6th one which was about the nutritional science advances and their role in cancer management. Possible reasons for this from a patient and professional perspective, include the increasing and compelling evidence of nutritional interventions in supporting people with cancer going through conventional treatments. The second most popular episode was episode 3, which was called 'Nurture through Nature'. In this episode, the IM Practitioner talked about Ayurvedic methods in cancer management and the positive impact on health of being in contact with nature (figure 2). We believe that the reason for this episode's popularity is the simple and clear information sharing with the audience, which people could apply immediately in their daily living and at a low or no cost.



Figure 1. Podcast performance.



Figure 2. Most popular episodes.

There were more than 1000 episode plays by end of September 2021, only six months following the start of the initiative. The majority of listeners were females (51%) by the end of the six-month evaluation period, although at the start of the podcast talks, the vast majority of the listeners were males. It is interesting to see an almost equal representation of male and female listeners, which demonstrates the neutral and diverse nature of these talks.

The most common age group of listeners was 45-59 years,

followed closely by the 35-44 years group (figure 3). The biggest audience was in the United Kingdom (41%) as the country of the podcast origin, followed closely by the United States (31%). A small proportion of listeners were from other countries such as Australia, New Zealand, Ireland, Germany, Netherlands, Canada and Singapore. The preferred listening platform for people was Apple podcasts (62%), followed by Spotify (14%), Anchor (9%), Google podcasts (4%) and Other (12%).

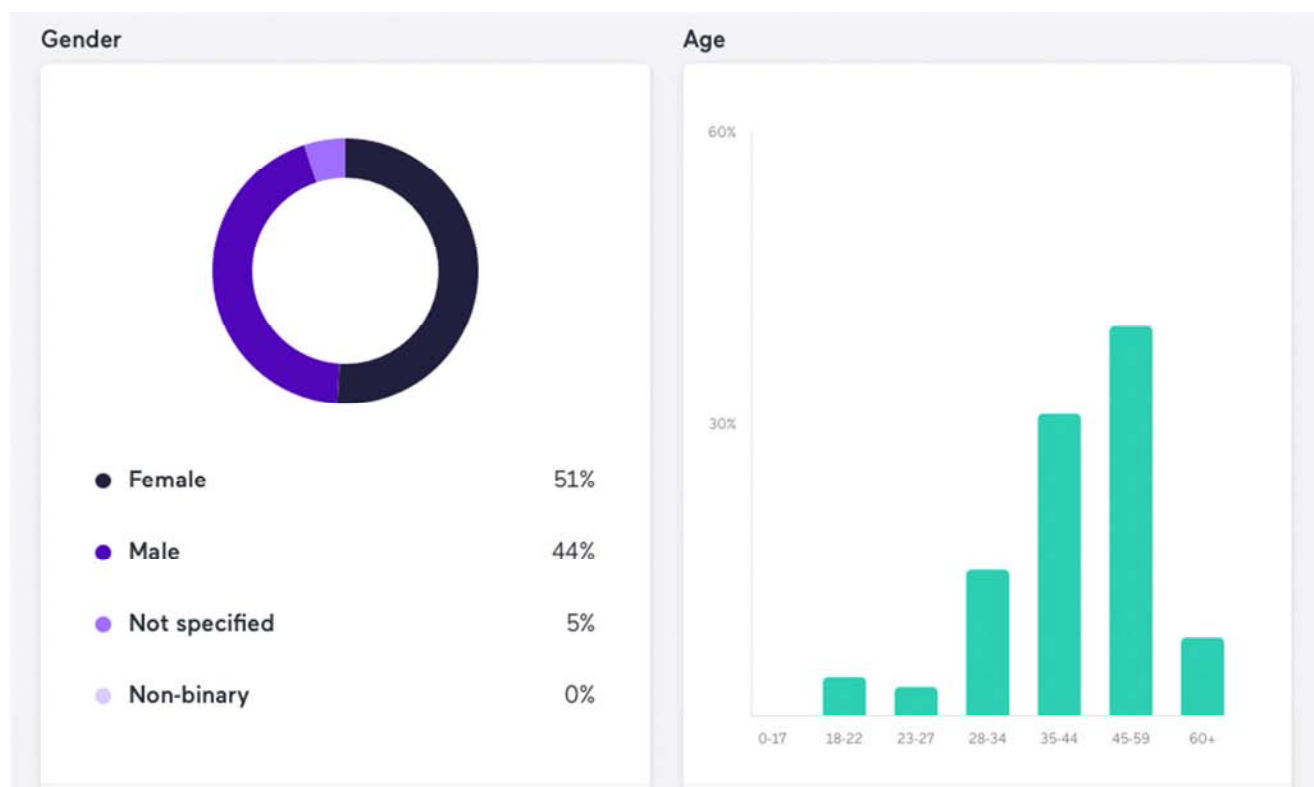


Figure 3. Audience demographics.

The above statistics are really important and demonstrate the success of the podcast series so far, being listened to by diverse populations from all over the world. The podcasting of the discussions across different platforms has also ensured that a broad audience is captured.

A number of listeners made contact with the hosts and provided the following feedback in the form of testimonials:

"I listened to the nutrition and exercise talk and it made me rethink my whole approach to my cancer diagnosis and treatment" Cancer patient on episode #2 "Cancer & Covid"

"I loved Sam Watts' talk on Ayurveda and the connection with nature, it resonates so much with me and helped me validate my own practical advice to clients" Nutritional therapist on episode #3 "Nurture through Nature"

"Dr Thompson's Talk was insightful and informative; I will look into finding out more about mistletoe therapy following this talk" NHS Healthcare professional on episode #5 "Is the move to integration now unstoppable?"

"So refreshing to see Oncologists like Professor Thomas openly discussing Integrative Medicine approaches with patients and actively making a contribution to Integrative Oncology research" Cancer patient and healthcare manager in the NHS on episode #4 "Food and Mood"

4. Conclusion

The first six-month evaluation of the podcast shows that there is an unmet need in contemporary oncological practice, in terms of enhancing the knowledge of clinicians around IM

approaches. A stronger collaboration between cancer professionals, independent IM practitioners and patients will build the bridges between conventional and complementary approaches to cancer care and improve overall care. The audience response to the podcast suggests that there is a great appetite from all the above stakeholders to engage in meaningful conversations around incorporating IM in mainstream oncological practice in the NHS. This will require the formation of clinical collaboratives to explore new models of care in the NHS and the development of clinical guidelines on integrative oncology, similar to other countries [13-15]. The next six months of the podcast will involve more mainstream clinicians in conversational group discussions and will start building the bridges between them and integrative practitioners. A re-evaluation at 12 months will be done, including a survey of the mainstream clinician experience with engaging in those conversations, as well as an evaluation of the progress made in building clinical collaboratives.

Authors Declarations

Funding: N/A

Conflicts of interest/Competing interests: None

Code availability: N/A

Authors' contributions: Both authors contributed equally to the running of the program and to this manuscript.

Ethics approval: N/A

Consent to participate: N/A

Consent for publication: N/A

References

- [1] Dobos G, Tao I. (2011). *The model of Western integrative medicine: the role of Chinese medicine*. Chinese Journal Integrative Medicine 17 (1): 11-20.
- [2] Ben-Ayre E and Samuels N. (2015). *Patient-centered care in lung cancer: exploring the next milestones*. Translational Lung Cancer Research Vol 4 (5).
- [3] Vishnubala D and Pringle A (2021). *Working with healthcare professionals to promote physical activity*. Perspectives in Public Health 141 (2): 111-113.
- [4] Molassiotis A, Fernández-Ortega P et al. *Use of complementary and alternative medicine in cancer patients: a European survey*. Ann Oncol. 2005; 16 (4): 655-63.
- [5] Schmitz KH, Campbell AM et al. *Exercise is medicine in Oncology*. CA. 2019; 69 (6).
- [6] Ben-Arye, E., Schiff, E., Zollman, C. et al. *Integrating complementary medicine in supportive cancer care models across four continents*. Med Oncol 30, 511 (2013).
- [7] Ramos RG and Olden K (2008). *Gene-environment interactions in the development of complex disease phenotypes*. Int. J. Environ. Res. Public Health 5 (1): 4-11
- [8] Edgman-Levitan, S., Schoenbaum, S. C. *Patient-centered care: achieving higher quality by designing care through the patient's eyes*. Isr J Health Policy Res 10, 21 (2021).
- [9] Hayward, E. N., Watling, C. Z. & Balneaves, L. G. *A pre-post evaluation of oncology healthcare providers' knowledge, attitudes, and practices following the implementation of a complementary medicine practice guideline*. Support Care Cancer 29, 7487–7495 (2021).
- [10] Deng GE et al (2009). *Evidence-based clinical practice guidelines for integrative oncology: complementary therapies and botanicals*. Journal of the Society for Integrative Oncology, Vol 7, No 3: 85–120.
- [11] Greenlee H, et al (2017). *Clinical practice guidelines on the evidence-based use of integrative therapies during and after breast cancer treatment*. CA Cancer J Clin. 6; 67 (3): 194-232.
- [12] Latte-Naor S, Mao JJ. (2019). *Putting Integrative Oncology Into Practice: Concepts and Approaches*. J Oncol Practice 15 (1): 7-14.
- [13] Cormie P et al (2014). *Can supervised exercise prevent treatment toxicity in patients with prostate cancer initiating androgen deprivation therapy: a RCT*. Urological Oncology 115 (2): 256-266.
- [14] Furmaniak, A. C., Menig, M., & Markes, M. H. (2016). *Exercise for women receiving adjuvant therapy for breast cancer*. The Cochrane database of systematic reviews, 9 (9), CD005001.
- [15] Cormie P et al (2018). *Clinical Oncology Society of Australia position statement on exercise in cancer care*. Med J Australia 209 (4): 184-187.