

**Integrative oncology and Complementary therapies for cancer care in Australia and overseas.**

**CVSA background paper.**

**It is estimated that 1 in every 4 cancer patients in Australia uses at least one complementary therapy<sup>1</sup>.**

“CAM is not a passing fad, and in view of its enormous popularity, the potential for harm, and the lack of effective mechanisms to safeguard consumer choices, it is time for clinicians and public health practitioners to learn more about “the other side”<sup>2</sup>.

**Background to this issue**

Cancer Voices SA (CVSA) obtained feedback from cancer patients, carers and family through a survey (in Nov 2006) and forum (Nov 2007) identifying issues around communication and coordination of cancer care:

- Need for information (about cancer, treatment options including complementary therapies, care pathways, services, emotional, financial and legal aspects of their cancer diagnosis)
- Uncoordinated cancer care, not patient-centred and poor communication between health service providers. (The patient is often the ‘messenger’).
- Dissatisfaction with some clinicians communication with patients
- Complementary therapies are increasingly being used by cancer patients but this is generally not able to be discussed with health care providers.

Two key objectives evolved:

1. Facilitate access to world’s best practice cancer care with coordinated, integrated, patient focussed multidisciplinary care, high quality information and communication, across the spectrum of diagnosis, treatment, follow-up and palliative care.
2. Holistic and multi-disciplinary care teams must take into account the mental and social effects of cancer not just the physical symptoms, by including psychosocial, complementary therapies and other support needs.

*This document aims to provide a brief overview of ‘Integrative oncology’ and complementary therapy services, the extent to which they are used by cancer patients, and the provision of some of these services by public and private cancer institutions in Australia and overseas (see Summary table overview). Appendix 1 presents a consumers perspective and Appendix 2 details some additional resources and CAM therapy recommendations for integrative oncology. (NB This is not a systematic review and open access resources only were available for the preparation of this document.)*

**What is integrative oncology, complementary and alternative medicine?**

Complementary and alternative medicine (CAM) is a group of diverse medical and health care systems, practices, and products that are not presently considered to be part of conventional medicine<sup>3</sup>. Conventional medicine is medicine as practiced by holders of M.D. (medical doctor) or D.O. (doctor of osteopathy) degrees and by their allied health professionals, such as physical

<sup>1</sup> Begbie SD, Kerestes ZL, Bell DR. Patterns of alternative medicine use by cancer patients. *Med J Aust* 1996;165:545–8. <http://www.mja.com.au/public/issues/nov18/begbie/begbie.html>

<sup>2</sup> Robotin MC, Penman AG. Integrating complementary therapies into mainstream cancer care: which way forward? *MJA* 2006;185, 377-379.

<sup>3</sup> National Center for Complementary and Alternative Medicine(NCCAM), <http://nccam.nih.gov/health/camcancer/>

therapists, psychologists, and registered nurses. For cancer, conventional medicine includes chemotherapy, radiation, biological therapy, and surgery<sup>3</sup>.

- **Complementary medicine is used *together with conventional medicine***, typically not to treat cancer but primarily to treat the symptoms associated with cancer and mainstream treatments (eg. using acupuncture to help with side effects of cancer treatment.)<sup>4</sup> Complementary therapies aim to support and enhance the quality of life of a person through improving their well-being. They do not aim to cure the person's illness, but rather are used to complement mainstream treatment or care<sup>5</sup>.
- **Alternative medicine is used *in place of conventional medicine*** (eg. a special diet to treat cancer instead of a method that a cancer specialist (an oncologist) suggests.)

“**Integrative Medicine**<sup>6</sup> is the practice of medicine that

- reaffirms the importance of the relationship between practitioner and patient,
- focuses on the whole person,
- is informed by evidence, and
- makes use of all appropriate therapeutic approaches, healthcare professionals and disciplines to achieve optimal health and healing”.

Integrative oncology is an evolving evidence-based specialty that uses complementary therapies in concert with conventional medical treatment to enhance its efficacy, improve symptom control, alleviate patient distress and reduce suffering of cancer patients. Integrative oncology focuses on the role of natural health products (botanicals, vitamins, and minerals), nutrition, acupuncture, meditation and other mind-body approaches including music therapy, touch therapies and fitness therapies<sup>7</sup>

### What CAMs treatments are being used?

Although the acronym ‘CAMs’ is used in most publications, more than 90% of cancer patients use ‘complementary treatments’ in addition to mainstream care, not ‘alternatives’ to mainstream care. Different definitions of CAM have been used which makes comparisons between studies difficult and may distort estimates of CAM use with cancer. Some studies include spiritual practices and psychotherapies such as counselling or group therapy as ‘complementary therapies’. Two examples of CAM classifications (see Boxes 1 & 2 below) illustrate this challenge when comparing studies.

1. According to the National Center for Complementary and Alternative Medicine (NCCAM)<sup>3</sup>, CAM can be grouped as:

- **alternative medical systems:** includes naturopathy, traditional Chinese medicine, Ayurveda, and homeopathy
- **mind-body interventions:** includes patient support groups, meditation, prayer, mental healing, and therapies using creative outlets such as art, music, or dance. Cognitive behavioural therapy is included in this group, but it may be argued that it is now considered mainstream medicine,
- **biologically based therapies:** includes herbs, foods, vitamins, minerals, and dietary supplements
- **manipulative and body based methods:** includes therapeutic massage, chiropractic, and osteopathy.
- **energy therapies:** includes therapeutic touch, reiki, qi gong, and electromagnetic and magnetic fields. Acupuncture fits into this category with several possible modes of action other than ‘energy’.

<http://nccam.nih.gov/health/camcancer/>

2. In a survey of almost 453 patients in a US cancer center the CAM therapies were classified into seven major categories:

- (1) **special diets**, including vegetarian, vegan, macrobiotic, and Gerson diets;
- (2) **psychotherapy** with a social worker, psychologist, psychiatrist, or support group;
- (3) **movement and physical therapy**, including exercise, yoga, tai chi or chi gong, chiropractic or osteopathic manipulation, and massage;
- (4) **mind/body therapies**, including imagery or visualization, hypnosis, meditation, biofeedback, energy healing or therapeutic touch, journaling, and music therapy;
- (5) **spiritual practices**, including prayer for self and prayer/spiritual healing by others;
- (6) **vitamins and herbs**, including melatonin, essiac, mistletoe, laetrile, shark or bovine cartilage, homeopathy, and ayurvedic and folk remedies;
- (7) **other approaches** (ie, immuno-augmentative treatment, 714X, cancell, bioelectromagnetic therapy, and acupuncture).

\* survey form used for this study is available at <http://jco.ascopubs.org/cgi/content/full/18/13/2505>

<sup>4</sup> Deng G, Cassileth B et al. Integrative Oncology Practice Guidelines. J Soc Integr Oncol 2007, 65-84

<sup>5</sup> The Cancer Council WA <http://www.cancerwa.asn.au/patients/complementary/>

<sup>6</sup> Glick R et al. 2008 A case for teaching integrative medicine in medical schools. Medscape Med Students Roundtable discussion. <http://www.medscape.com/viewarticle/569102?src=mp>

<sup>7</sup> [Sagar SM](#). Integrative oncology in North America. J Soc Integr Oncol. 2006 Winter;4(1):27-39.

## How widespread is the use of complementary therapies in cancer?

The use of complementary and alternative therapies is reported to be increasing, especially among patients with life-threatening diseases such as cancer. However, increased rates may also reflect patients willingness to talk more openly about their use of CAM.

Analysis of 26 surveys across 13 countries (from 1977-1998) estimated the average proportion of cancer patients using CAMs to be 31.4% (ranging from 7 to 64%), with highest utilisation among breast cancer patients (67% to 83%)<sup>8</sup>.

A recent UK study found 33% of patients reported using CAMs prior to their cancer diagnosis, and 29% reported using CAMs since their diagnosis. Most common therapies used were reflexology, aromatherapy, herbal medicines, body work therapies, nutritional medicine and homeopathy. Of those who had adopted CAMs since diagnosis, 42% had sought help from a CAM practitioner while 46% had bought over-the-counter treatments. Almost all patients using CAMs since their cancer diagnosis said they found them helpful, but the majority had not discussed this with their GP or consultant. The most important reason why patients stopped using CAMs at diagnosis was reported as the lack of expert guidance on what was safe to use, along with health professionals advice not to use CAM while undergoing cancer treatment.<sup>9</sup> In this study, CAM users were more likely to be younger, female, have breast or prostate cancer and have early stage disease.

In an Australian study, seventy cancer patients of the 319 assessed (22%) indicated they were using complementary therapies. The most common therapies chosen were dietary and psychological, followed by herbs. Seventy-five per cent of patients tried more than one therapy<sup>10</sup>. In another Australian study of people with cancer, the five most popular CAMs were relaxation (58%), diet (57%), vitamins (53%), positive imagery (44%) and faith healing (30%). A smaller proportion of people used naturopathy, immune therapy, homoeopathy and acupuncture<sup>11</sup>.

Richardson et al found 69% of a US cancer center patients used at least one CAM modality eg vitamins and herbs, movement and physical therapies and mind-body approaches; 72% of these patients used 2 or more, 49% used 3 or more, and 15% used 7 or more CAMs; two thirds of vitamin and herb users were also receiving chemotherapy, radiotherapy and surgery<sup>12</sup>.

### Reasons and expectations for CAM use?

The increasing interest in CAM among cancer patients may be due to limitations of conventional cancer treatment, increased advertising and media coverage of CAM, the desire for holistic or natural treatments, the perceived emphasis on treating the whole person, enabling patients to take a more active part in maintaining their health, when orthodox treatment was not effective for their health problem or caused unpleasant side effects, when doctors spent less time with patients, or when patients experienced difficulty communicating with their doctor.<sup>13</sup> (See Box 3 adjacent).

### 3. Motivations for trying complementary and alternative medicine

#### Positive motivations

- Perceived effectiveness
- Perceived safety
- Philosophical congruence: “Zeitgeist”; spiritual dimension; emphasis on holism; embracing all things natural; active role of patient; explanations intuitively acceptable
- Control over treatment
- “High touch, low tech”
- Good patient/therapist relationship: enough time available; on equal terms; emotional factors; empathy
- Non-invasive nature
- Accessibility
- Pleasant therapeutic experience
- Affluence

#### Negative motivations

- Dissatisfaction with (some aspects of) conventional health care: ineffective for certain conditions; serious adverse effects; poor doctor-patient relationship; insufficient time with doctor; waiting lists; “high tech, low touch”
- Rejection of science and technology
- Rejection of “the establishment”
- Desperation

<http://www.bmj.com/cgi/content/full/321/7269/1133>

The role of complementary and alternative medicine. Ernst E. 2000

<sup>8</sup> The Prevalence of Complementary/Alternative Medicine in Cancer A Systematic Review Ernst E, Cassileth B. *Cancer* 1998; 83:777-82

<sup>9</sup> [A study of the use of complementary and alternative therapies among people undergoing cancer treatment](#) A qualitative and quantitative study 2006 NHS Dept of Health report

<sup>10</sup> Patterns of alternative medicine use by cancer patients. Begbie SD, Kerestes ZL, Bell DR. *Med J Aust* 1996;165:545-8. <http://www.mja.com.au/public/issues/nov18/begbie/begbie.html>

<sup>11</sup> **Cancer Institute NSW**, [http://www.cancerinstitute.org.au/cancer\\_inst/profes/comp\\_therapies\\_faq.html](http://www.cancerinstitute.org.au/cancer_inst/profes/comp_therapies_faq.html)

<sup>12</sup> Complementary/Alternative Medicine Use in a Comprehensive Cancer Center and the Implications for Oncology Richardson MA, Sanders T, Palmer JL, Greisinger A, Singletary SE *Journal of Clinical Oncology* 2000, 18(13):2505-2514. [PubMed Abstract](#) | [Publisher Full Text](#) <http://jco.ascopubs.org/cgi/content/full/18/13/2505>

The most common sources of information about CAMs is reported to come from the patient's peer group who provided books, internet printouts and personal anecdotes about the usefulness of particular CAMs. The most trusted sources of information were other cancer patients and medical professionals (doctors and nurses). Evidence (from clinical trials) was found to be of little importance in patients decision to use CAMs, or their perceptions of CAMs. Often the role of the CAMs practitioner was pivotal in ensuring they had 'hope', and countering feelings of despondency from a poor prognosis. CAM therapists were viewed as more effective communicators, but patients often commented that it was the herb, remedy, procedure or technology they used, rather than the practitioner themselves.<sup>13</sup>

A study of men with cancer reported a lack of empathy and support during treatments as well as feeling of loss and abandonment when discharged from follow-up. The skills of CAM therapists may enable them to tap into the underlying needs of men in a way that health professionals do not have the time or the skills to achieve, and in this way men may enjoy better supportive care and quality of life through accessing CAM. Support for cancer patients is often traditionally provided by means of patient support groups. However, many men in this study talked about their unwillingness to join groups, preferring the one-to-one encounter typical of a CAM session. For others the anonymity of on-line support was preferable and the internet is likely to be an increasingly popular avenue of support amongst male patients<sup>14</sup>.

One survey found most patients using CAMs expected to improve their quality of life, boost their immune system, prevent or delay cancer returning, prolong life or relieve symptoms. There was a belief that these approaches were non-toxic, along with the desire to feel hopeful and wanting more control in the decisions about their medical care. Almost 38% of the patients expected CAM therapies to cure their disease<sup>12</sup>.

### **Characteristics of cancer patients using CAMs**

Reports vary as to the characteristics of patients using CAMs. A number of studies have found CAM use more common in women, breast and gynaecological cancers, younger age, higher education and socioeconomic status, more advanced disease or cultural groups where traditional health systems are part of usual mainstream care<sup>15</sup>.

A recent UK study also found patients who had fairly advanced disease were the most prolific users of CAMs, and more likely to employ 'harder or more invasive' CAMs such as adhering to rigorous diets, although for others it was not 'worth it' for their quality of life. Palliative care patients tended to use less invasive CAMs, for pain relief, for calming effect or to reduce anxiety. Many patients receiving chemotherapy preferred 'non-invasive' CAMs such as reiki, aromatherapy, massage and spiritual healing. Mind/relaxation based CAM therapies were more popular with women than men. In another study, education did not emerge as a predictor of types of CAMs used, but socio-economic status determined how long patients would use CAMs services. The cost was often a source of stress and anxiety shared with partners and carers during the treatment process.<sup>16</sup>

### **What is known about the benefits of complementary therapies for cancer?**

There is an urgent need for more research on the effects of CAMs used by cancer patients and their safety and efficacy. Although CAM use has been widely studied, its impact on cancer patients well-being is not well known.<sup>17</sup> Systematic reviews are problematic for a number of reasons. Quality of life

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<sup>13</sup> Motivations for consulting complementary and alternative medicine practitioners: A comparison of consumers from 1997–8 and 2005 *BMC Complementary and Alternative Medicine* 2008, **8**:16  
<http://www.biomedcentral.com/1472-6882/8/16>

<sup>14</sup> [Male cancer patients' views on and use of complementary and alternative medicine \(PDF, 636K\)](#): qualitative study 2003-05. NHS Dept of Health report  
[http://www.dh.gov.uk/en/Researchanddevelopment/A-Z/NationalNHSRDfunding/DH\\_4032132](http://www.dh.gov.uk/en/Researchanddevelopment/A-Z/NationalNHSRDfunding/DH_4032132)

<sup>15</sup> Complementary and alternative medicine (CAM) and supportive care in cancer: a synopsis of research perspectives and contributions by an interdisciplinary team. Leis, A, Millard J. *Support Care Cancer* 2007; 15:909-912

<sup>16</sup> [CAM and the care of patients report \(PDF, 268K\)](#) 2003-2006. UK Dept of Health.  
[http://www.dh.gov.uk/en/Researchanddevelopment/A-Z/NationalNHSRDfunding/DH\\_4032132](http://www.dh.gov.uk/en/Researchanddevelopment/A-Z/NationalNHSRDfunding/DH_4032132)

<sup>17</sup> The prevalence of complementary/alternative medicine in cancer: a systematic review Ernst E, Cassileth B *Cancer* 1998; 83:777-82.

measures commonly used in cancer treatment studies are not suitable for evaluating complex interventions, and the 'individualised' CAM therapeutic regime is not consistent with clinical trial methodology<sup>18</sup>.

Many patients report positive effects from complementary therapies and this is supported by their heavy financial investment in them. Research over the last decade shows that of the people who survive cancer<sup>19</sup>:

- 25% found acupuncture helpful;
- 31% found hypnotherapy helpful; and
- 69% found meditation, relaxation or visual imagery helpful.

And of the palliative cancer patients:

- 58% found acupuncture helpful;
- 46% found hypnotherapy helpful; and
- 82% found meditation, relaxation or visual imagery helpful.

### Potential risks of CAM

It is important for cancer patients using or considering complementary therapies to discuss this decision with their doctor or nurse, as some complementary therapies may interfere with standard treatment (rendering them less effective) or may be harmful when used with conventional treatment.<sup>20</sup> Studies report that most cancer patients (60 – 80%) who engage in CAM practices are simultaneously receiving conventional cancer treatments<sup>21</sup>. Potential harm from CAM has been proposed as three possible ways<sup>22</sup>:

**Direct harm:** harm may result from a side effect of a CAM. For example, a herb-drug interaction or an adverse outcome (eg. the herb black cohosh [*Cimicifuga racemosa*] has been linked with liver impairment),<sup>11,12</sup> or a needle may penetrate the lung during acupuncture treatment.

**Indirect harm:** this results from the delay of appropriate treatment for a medical condition due to misinformation about unrealistic treatment of a condition. Indirect harm is often seen with cancer treatments.

**Economic harm:** many CAMs are marketed directly to the public through advertising and testimonials in the press, the internet, television, and through multi-level marketing. Australia leads the world for regulating CAMs. The Therapeutic Goods Administration (TGA) and the government's expert advisory committee have produced guidelines stipulating what evidence is required when making claims about CAMs. The TGA and ACCC are making efforts to reprimand companies for any unjustifiable and unreasonable claims.

### Do cancer patients and clinicians discuss complementary therapy use?

Patients reported that medical specialists tend not to react well or refuse to engage in dialogue around CAM-related issues<sup>16</sup>. Men expressed dissatisfaction with their clinicians apparent unwillingness to engage with their interest in CAM and both male and female cancer patients in qualitative studies repeatedly express the wish for better communication about CAM with health professionals<sup>14</sup>. One study reports patients "less concerned about their medical doctor's disapproval than about their doctor's inability to understand or incorporate CAM therapy use within the context of their medical management"<sup>23</sup>.

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<sup>18</sup> [A study of the use of complementary and alternative therapies among people undergoing cancer treatment](#) A qualitative and quantitative study 2006 NHS Dept of Health report

<sup>19</sup> NSW Cancer Institute [http://www.cancerinstitute.org.au/cancer\\_inst/profes/comp\\_therapies\\_faq.html](http://www.cancerinstitute.org.au/cancer_inst/profes/comp_therapies_faq.html)

<sup>20</sup> Integrative Oncology: Complementary Therapies for Pain, Anxiety, and Mood Disturbance  
Gary Deng, MD, PhD; Barrie R. Cassileth, PhD  
<http://caonline.amcancersoc.org/cgi/content/full/55/2/109>

<sup>21</sup> <http://www.ncbi.nlm.nih.gov/books/bv.fcgi?indexed=google&rid=hstat1a.section.31896> (Cassileth, Lusk, Strouse, et al., 1984; Richardson, Sanders, Palmer, et al., 2000; McGinnis, 1991; Lerner and Kennedy, 1992; Bourgeault, 1996)

<sup>22</sup> Complementary and alternative medicine Part 2-evidence and implications for GPs. Kotsirilos V  
<http://www.racgp.org.au/Content/NavigationMenu/Publications/AustralianFamilyPhys/2005Issues/AugustHeadache/AFP200508kotsirilos.htm>

<sup>23</sup> Perceptions about complementary therapies relative to conventional therapies among adults who use both: Results from a national survey. Eisenberg, D.M., Kessler, R.C., Van Rompay, M.I. et al. (2001) *Annals of Internal Medicine*, vol. 35, pp 344-351.



Begbie et al.<sup>24</sup> surveyed 507 outpatients with cancer in Australia. CAM was used by 22% of the patients, but 40% did not discuss CAM use with their physician. Diets and psychologic methods were the most common CAM, and the average annual cost of \$530 was perceived as value for money.

Patients in the UK talked of a vision of integrated care, with open discussion between patients and professionals, and the need to share medical notes between conventional and CAM providers. They wished for more information on CAM to be available within the NHS and the majority would value access to CAM services via the NHS to support them through their cancer journey since it offers a 'stamp of approval'<sup>16</sup>.

### Challenges in establishing Integrative Medicine services.

The experience of integrating CAM into academic medical centres in nine large centres in North America suggest a significant outlay of funding and leadership of a motivated 'champion' are essential elements. Experience has taught the practitioners that 'less is more' and having more CAM providers involved in each patients care is expensive and could leave a patient feeling confused. The goal was to have a clear and simple care plan, and opportunity to develop a meaningful relationship with one care provider. Outcomes were reviewed approximately every three months and if the patient was not making progress or achieved their goals, the treatment plan was reviewed. Eleven key themes for the administration of a successful integration program are also listed.<sup>25</sup>

Overseas experts advising the Australian senate inquiry into CAMs use in cancer care provided 5 key tips to establish integrative oncology services: start small, develop a shared language, use local champions, use and adapt information from overseas, and 'location, location, location'<sup>26</sup>. Some patients had negative experiences of the inevitable rationing with NHS provided CAM services ..... located at the local hospice!<sup>16</sup>. The UK study also found a split between patients who desire CAM therapists on the hospital site and those who prefer them in the community. Some patients thought travelling 20 miles for relaxation therapy then driving home afterwards was counterproductive, and suggested a voucher system to access more local accredited services<sup>16</sup>.

### Summary of integrative oncology or complementary therapy services available for cancer care overseas and in Australia.

Country	Integrative oncology or complementary therapy services available
UK	A great deal of research has been commissioned by the NHS into integrative medicine. 70% of cancer centers in England and Wales offer at least one CAM therapy to their patients eg. Hammersmith Hospitals, within the NHS, have pioneered the use of complementary therapies within their cancer center--aromatherapy, massage, reflexology, relaxation, visualization, acupuncture, and art therapy. These are "an integral part of a multidisciplinary approach to specialist cancer and palliative care," and useful for coping, especially with the side effects of treatment. The complementary therapies at Hammersmith, are easy to use, can be used anywhere, and are non-invasive and pleasant. Patients report enhanced quality of life and well-being. They feel they are taking back some control over their lives <sup>27</sup> . A collaboration between the Dept of Health and National Institute of Clinical Excellence (NICE) developed an evidence based portal for systematic review evidence on CAM, located at <a href="http://www.rccm.org.uk/comeol">www.rccm.org.uk/comeol</a>
USA	A wide variety of biomedical practitioners and institutions in both the primary and secondary care sectors offer integrative medicine. The <a href="http://www.memorial-sloan-kettering.com">Memorial Sloan- Kettering Cancer Center</a> is a private institution based in New York providing those CAM modalities that have the strongest evidence base to complement mainstream treatments. A Consortium of Academic Health Centers for Integrative Medicine has been established

<sup>24</sup> Patterns of alternative medicine use by cancer patients. Begbie SD, Kerestes ZL, Bell DR. *Med J Aust* 1996;165:545-8. <http://www.mja.com.au/public/issues/nov18/begbie/begbie.html>

<sup>25</sup> Integrating complementary and alternative medicine into academic medical centres: experience and perceptions of nine leading centers in North America. Vohra S, Feldman K, Johnston B, Waters K, Boon H. *BMC Health Services Research* 2005; 5:78

<sup>26</sup> [The Cancer Journey: Informing Choice : the report of the Australian Senate Inquiry Into Services and Treatment Options for Persons with Cancer June 2005](http://www.cancer.gov/research/publications/reports/2005/06/060501)

<sup>27</sup> <http://nccam.nih.gov/news/pastmeetings/012301/> "Can Alternative Medicine Be Integrated into Mainstream Care?" **Report of meeting January 23-24, 2001, London, England**

Country	Integrative oncology or complementary therapy services available
	and aims to have programmes on integrative medicine included in 20% of the 125 medical schools in the US within the next few years (Rees and Weil 2001). <sup>28</sup> . Cancer Treatment Centers of America (CTCA) (for insured patients) offer integrative cancer treatment including: naturopathic, mind body medicine, nutritional, spiritual support; pain management, oncology rehabilitation. Inpatient and outpatient programs with teams of practitioners, including medical oncologists, surgeons, and radiation therapists, as well as credentialed naturopathic doctors, nutritionists, mind-body specialists and other integrative practitioners. <a href="http://www.cancercenter.com/integrative-treatment.cfm">http://www.cancercenter.com/integrative-treatment.cfm</a>
New Zealand	CAM services are also incorporated into some hospitals and health services, eg: The oncology ward at Wellington Hospital (Capital and Coast District Health Board) uses healing touch and aromatherapy as part of its care. <sup>29</sup>
Australia:	There is no integrative medicine in Australia along the lines of the USA and UK. In Australia, complementary therapies are offered to patients undergoing conventional treatments at the Peter MacCallum Cancer Centre in Melbourne and the Brownes Cancer Support Centre at Sir Charles Gairdner Hospital in Perth. In these centres, complementary therapies, which have been proven to be effective, have been offered alongside conventional treatment. Although well regarded, these are 'add on' rather than an integral part of comprehensive cancer services <sup>30</sup> . The majority of complementary therapy services are still funded largely through charities and by individuals. In Australia, in the non-government sector, there are many organisations providing complementary therapies. The Gawler Foundation in Victoria has been providing a service for over 25 years with funding from fees charged for their services, including retreats, and fund raising. Concerns have been raised about the lack of formal policies on patients who wish to continue using CAMs during their stay in hospital. The Australian Medical Association has published a <a href="#">position statement on complementary medicine (2002)</a> . It acknowledges the growing popularity of CAM and recognises that 'evidence based aspects of complementary medicine are part of the repertoire of patient care and may have a role in mainstream medical practice'. An <a href="#">Australasian Integrative Medicine Association</a> has been set up to promote the integration of CAM into mainstream medical practice in Australia and New Zealand <sup>28</sup> .
NSW	Sydney Cancer Centre offer evidence-based integrated cancer care, ie use treatments known to be effective. At the same time we are conducting numerous trials of new therapies, but always in carefully planned clinical trials using reliable scientific methods. Complementary therapies - Stress mgt, meditation, mindfulness, medical qigong, counselling-social worker, psychologist. <a href="http://www.sydneycancer.com.au/ArticlePage.aspx?PageID=172">http://www.sydneycancer.com.au/ArticlePage.aspx?PageID=172</a> NSW Cancer institute complementary therapies FAQ pages <sup>31</sup> report: One-third of cancer services and hospitals also offer meditation directly, 60% offer relaxation and 90% offer counselling. Around 40% of cancer services and hospitals refer patients to private providers of massage, acupuncture, yoga, chiropractic therapy, reflexology, aromatherapy, Reiki, naturopathy and more. (NB sources of these figures not clear). <a href="http://www.cancerinstitute.org.au/cancer_inst/profes/comp_therapies_faq.html">http://www.cancerinstitute.org.au/cancer_inst/profes/comp_therapies_faq.html</a>
WA	Charles Gairdner Hospital <sup>32</sup> offers a multi disciplinary approach to cancer management and provide the full range of services relating to cancer care including a purpose built

<sup>28</sup> <http://www.quackwatch.org/07PoliticalActivities/MACCAH/1-4.html> Analysis of the April 2003 Draft Report of the New Zealand Ministerial Advisory Committee on Complementary and Alternative Health (MACCAH) Section 1: Review of Complementary and Alternative Medicine (CAM) in New Zealand and Abroad, 1.4 Integration of CAM into Mainstream Medicine

<sup>29</sup> <http://www.quackwatch.org/07PoliticalActivities/MACCAH/1-4.html> Analysis of the April 2003 Draft Report of the New Zealand Ministerial Advisory Committee on Complementary and Alternative Health (MACCAH) Section 1: Review of Complementary and Alternative Medicine (CAM) in New Zealand and Abroad, 1.4 Integration of CAM into Mainstream Medicine

<sup>30</sup> [The Cancer Journey: Informing Choice : the report of the Australian Senate Inquiry Into Services and Treatment Options for Persons with Cancer June 2005](#)

<sup>31</sup> **Cancer Institute NSW,**  
[http://www.cancerinstitute.org.au/cancer\\_inst/profes/comp\\_therapies\\_faq.html](http://www.cancerinstitute.org.au/cancer_inst/profes/comp_therapies_faq.html)

<sup>32</sup> Charles Gairdner Hospital [http://www.scgh.health.wa.gov.au/departments/cancer\\_csu/index.html](http://www.scgh.health.wa.gov.au/departments/cancer_csu/index.html)

Country	Integrative oncology or complementary therapy services available
	<p>patient cancer support centre offering complementary therapies. The Centre offers a <b>choice of 14 complementary therapies</b>, information, books, and a 'listening ear' to all cancer patients and their families in Western Australia , <b>free of charge</b>. Therapies offered include massage, counselling, acupuncture, aromatherapy, bowen therapy, chi breathing and meditation, counselling, craniosacral therapy, creative art therapy group, healing touch, healing breath, kinesiology, pranic healing, reiki, reflexology and relaxation massage. (The real heroes are the more than 70 volunteers who share the vision of integrating complementary therapies into mainstream medicine and who freely give their time every week.)<sup>33</sup></p> <p>Therapies on offer at the WA Cancer Council<sup>34</sup> include:- Reiki,- Reflexology,- Relaxation meditations,- Hand and Foot Massage.</p>
Vic	<p>Peter MacCallum Cancer Centre in Melbourne offers complementary therapies, which have been proven to be effective, alongside conventional treatment<sup>30</sup>.</p> <p>The Gawler Foundation in Victoria have been providing a service for over 25 years. Their funding comes from fees charged for their services, including retreats, and fund raising<sup>30</sup>.</p>
Qld	<p>Bloomhill Cancer Care in Queensland works very closely with all oncology wards in the surrounding area and has a formal partnership with BlueCare Palliative Care Service. Bloomhill provides therapies such as massage, music and art therapies, reflexology, meditation and others as well as counselling. They support not only the cancer patient but the whole family and carers, from the time of diagnosis. The Founder of Bloomhill, Margaret Gargan emphasised that they encourage people to access orthodox medical treatments but utilise complementary therapies as well. Ms Gargan said that in the Bloomhill model, once a person is assessed, they send letters to their doctors to tell them what therapies they are being offered so they are working as a team<sup>30</sup>.</p>
Tas	
SA	<p>The Cancer Care Centre provides education, a library of resources, self-help courses, counselling, massages, naturopathy, meditation.</p>

## Conclusion

As cancer incidence increases and survival time lengthens, the population seeking information about and access to CAM is likely to increase. The evidence base for CAM is increasing, but as yet there are relatively few RCTs or systematic reviews. It should be remembered that a lack of scientific evidence does not necessarily mean that the treatment is ineffective. Given the level of use of CAM in the community, clinicians need to work in partnership with patients to provide them with the best information available. They need to be honest with patient's direct questioning about CAM and about their own knowledge and experience. They need to adequately inform patients about CAM that has been shown to be safe and effective (or safe and ineffective), discuss the risks and benefits of both CAM and orthodox treatment, and become familiar with qualified and competent CAM practitioners (both medical and nonmedical) to whom referrals can be made.

Australia is lagging some distance behind the USA and the UK in the development of the complementary therapy sector and the integration between mainstream and complementary therapies. [The report of the Australian Senate Inquiry Into Services and Treatment Options for Persons with Cancer](#) (2005) concluded that, in the best interests of cancer patients in Australia, there needed to be an integrative approach based on the models in the UK, the USA and other international centres<sup>30</sup>.

Drafted by Julie Marker for Cancer Voices SA, June 2008

<sup>33</sup> [http://www.dpc.wa.gov.au/psmd/intersector/2004/nov12/current\\_issue/cancersupportcentre.htm](http://www.dpc.wa.gov.au/psmd/intersector/2004/nov12/current_issue/cancersupportcentre.htm)

<sup>34</sup> The Cancer Council WA <http://www.cancerwa.asn.au/patients/complementary/>



## Appendix 1. A patient's perspective on using complementary therapies during cancer care

My medical notes described me as '46 F secondary adenocarcinoma and unlocated primary'. I described myself as quite anxious, but concerned to conceal my anxiety, partly out of fear that my doctors might not tell me the truth about my situation. However, the reality is that who we are is much greater than the labels that we or our doctors give us.

I was fortunate, in that my hospital encouraged the use of complementary therapies: Charing Cross Hospital offered all cancer patients, free of charge, a set number of aromatherapy and reflexology treatments, and an unlimited number of relaxation classes, in order to improve patients' quality of life.

I was told about the service at my first chemotherapy treatment. Although I had been very sceptical about complementary therapies before my cancer diagnosis, I took up the offer and the nurses completed a referral form. The fact that the hospital provided this service showed that the doctors valued complementary therapies and would not criticise me for using them. It therefore felt safe to experiment. The classes being free made them easily accessible, as did their location in the hospital. I tried both aromatherapy and reflexology, and went to as many relaxation classes as I could.

The therapies, though very different from each other, provided the same benefits: they were life-enhancing, relaxing, boosted my feelings of self-worth, offered me a way to take responsibility for my own health, helped me cope better with the orthodox treatments, and gave me an opportunity to talk about – and thereby make sense of – what I was going through. The sessions provided TLC and reassurance – especially because I had the same therapist throughout all the sessions. (Whereas in eight months of conventional treatment, I saw eight different doctors.) The therapies made me feel better both physically and emotionally, and reduced my levels of stress and anxiety. The relaxation sessions equipped me with a tool I could put to use in a variety of settings and, at the non-physical level, I learned to accept and let go in other areas of my life. I also dealt with 'unfinished business' which I do not believe I would have recognised or addressed if I had not had aromatherapy massage.

The provision of the therapy sessions felt like an investment in my care by the hospital, and particularly by the complementary therapists (who could give me more time and attention than the doctors). The clear message was that patients matter enough to be nurtured, and to have time devoted to them. This helped me believe that I was deserving of care; that I was of value.

The therapies provided me with a way to take responsibility for my own health. I found I could cope better with conventional treatments, learning through relaxation and visualisation how to replace my negative attitude to radiotherapy with a positive one. Perhaps my daily practice of visualisation accounts for the fact that at the end of my radiotherapy I had no visible skin damage.

Being able to talk to someone at each session helped me to understand my experience and come to terms with it. I could both integrate the facts of my situation and, at the same time, detach myself from my experience and not be submerged by it.

Such was the value I placed on my experience of complementary therapies that I decided to train in aromatherapy massage myself, so that I can offer to others the therapy which had done me so much good. I now work in Charing Cross Hospital as a member of the complementary therapies team.

### Key Points

Good practice in the delivery of complementary therapies derives from the following:

- They are integrated into mainstream treatment by being delivered on the same site with usage endorsed and access encouraged and facilitated by the healthcare staff
- Courses of treatment are free to allow all to benefit from them
- A variety of therapies is provided, and relaxation and other self-help therapies are offered
- Time can be dedicated to patients' emotional wellbeing, with a practitioner who is the same person throughout the treatment

Complementary therapies and cancer care-report of the research symposium. London. 24-25 June 2004 (p23, A consumers perspective) [www.cancer.gov/CAM/attachments/cancer-care.pdf](http://www.cancer.gov/CAM/attachments/cancer-care.pdf) or access background to the symposium at <http://www.cancer.gov/CAM/news/comp-therapies-cancer-care.html>

## Appendix 2 Resources worth special mention

### [The Cancer Journey: Informing Choice :](#)

[the report of the Australian Senate Inquiry Into Services and Treatment Options for Persons with Cancer](#) June 2005  
[http://www.aph.gov.au/Senate/committee/clac\\_ctte/completed\\_inquiries/2004-07/cancer/report/index.htm](http://www.aph.gov.au/Senate/committee/clac_ctte/completed_inquiries/2004-07/cancer/report/index.htm)

#### [Chapter 4 - Complementary and alternative therapies](#) [\(PDF 185KB\)](#)

The great divide: conventional and complementary treatment

- Definitional issues
- Conclusion
- Prevalence and cost of complementary therapies
- What motivates people to use complementary therapies
- Comparisons with overseas practises
- Evidence for complementary therapies
- Research into and regulation of Complementary Therapies
- Safety and efficacy of complementary therapies

Towards Integrative Medicine - Integrating complementary therapies and conventional medicine

- Providers of complementary therapies
- Moving to integration - from ideas into practice
- Information for cancer patients
- Regulation of complementary therapy practitioners
- Integrative medicine as practiced in Australia
- Complementary therapy services in the non-government sector

Conclusion

#### [Chapter 3 - Improving cancer care in Australia](#) [\(PDF 434KB\)](#)

Traditional care model

- Referral issues, Accreditation of cancer services and credentialing of practitioners, Fragmentation of care

Multidisciplinary Care

- Definitional Issues, The situation overseas, The situation in Australia, National Breast Cancer Centre leading the way in multidisciplinary care, The development of multidisciplinary care in Australia, Palliative Care, Conclusion

Barriers to implementing multidisciplinary care

- A question of patient ownership, Resistance to change

Medical Benefits Scheme (MBS)

- Current Medicare provisions

Workforce issues

- The cost of Multidisciplinary Care

Rural and Indigenous Australians and multidisciplinary care

Care coordination

- Breast Care Nurse Model, Who is best placed to coordinate?
- The need for information, Conclusion

Psychosocial support

- Conclusion

Cancer care in regional, rural and remote areas

- The way forward, Video and Teleconferencing
- Travel and accommodation assistance schemes

Cancer care for Indigenous Australians, Problems with data quality

Conclusion

#### [Chapter 6 - Future directions for cancer care in Australia](#) (PDF 87KB)

Diagnosis and referral

- Referral guidelines
- Empowering cancer patients through provision of information
- The need for support

Improving delivery of services and treatment options

- Development of multidisciplinary care
- Measures to increase the practice of multidisciplinary care in Australia
- Multidisciplinary care needs to be better supported by the health system
- Accreditation of cancer services and credentialing of practitioners
- A multidisciplinary team must include non medical health providers
- National adoption of clinical guidelines
- Conclusion

Improving care co-ordination

- Improving access to psychosocial care
- The need for information during the cancer journey
- The needs of regional and Indigenous Australians

Complementary therapies

- The need for more information on complementary therapies
- Towards Integrative Medicine
- The need for more investment in research into complementary therapies
- Palliative care

Conclusion

### [Research on the role of complementary and alternative medicine \(CAM\) in the care of patients with cancer.](#)

Provides three very useful studies commissioned by the UK Dept of Health. The outputs will help to inform both the provision of integrated services within the **NHS** and the future research agenda for **CAM** in the cancer field.

[http://www.dh.gov.uk/en/Researchanddevelopment/A-Z/NationalNHSRDFunding/DH\\_4032132](http://www.dh.gov.uk/en/Researchanddevelopment/A-Z/NationalNHSRDFunding/DH_4032132)

## Evidence based CAM On-line Resources

- **CAMEOL:** A collaboration between the UK Dept of Health and National Institute of Clinical Excellence (NICE) developed an evidence based portal for systematic review evidence on CAM, located at [www.rccm.org.uk/cameol](http://www.rccm.org.uk/cameol)
- [National Centre for Complementary and Alternative Medicine](#) – also has consumer information about choosing and using complementary therapies
- [Cochrane Collaboration: The Complementary Medicines Field](#) – for systematic reviews
- **BMC Complementary and Alternative Medicine Journal**  
Publishes original research articles in complementary and alternative healthcare interventions, with a specific emphasis on those that elucidate biological mechanisms of action.  
<http://www.biomedcentral.com/bmccomplementalalternmed/>

CAM therapy recommendations for integrative oncology.

Deng G, Cassileth B et al. Integrative Oncology Practice Guidelines. J Soc Integrative Oncol 2007, 65-84

<i>Grade of Recommendation</i>	<i>Benefit versus Risk and Burdens</i>	<i>Methodologic Strength of Supporting Evidence</i>	<i>Implications</i>
Strong recommendation, high-quality evidence 1A	Benefits clearly outweigh risk and burdens, or vice versa	RCTs without important limitations or overwhelming evidence from observational studies	Strong recommendation; can apply to most patients in most circumstances without reservation
Strong recommendation, moderate-quality evidence 1B	Benefits clearly outweigh risk and burdens, or vice versa	RCTs with important limitations (inconsistent results, methodologic flaws, indirect, or imprecise) or exceptionally strong evidence from observational studies	
Strong recommendation, low- or very low-quality evidence 1C	Benefits clearly outweigh risk and burdens, or vice versa	Observational studies or case series	Strong recommendation but may change when higher-quality evidence becomes available
Weak recommendation, high-quality evidence 2A	Benefits closely balanced with risks and burden	RCTs without important limitations or overwhelming evidence from observational studies	Weak recommendation; best action may differ depending on circumstances or patients' or societal values
Weak recommendation, moderate-quality evidence 2B	Benefits closely balanced with risks and burden	RCTs with important limitations (inconsistent results, methodologic flaws, indirect, or imprecise) or exceptionally strong evidence from observational studies	
Weak recommendation, low- or very low-quality evidence 2C	Uncertainty in the estimates of benefits, risks, and burden; benefits, risk, and burden may be closely balanced	Observational studies or case series	Very weak recommendations; other alternatives may be equally reasonable

RCT = randomized controlled trial.

## Summary of Recommendations

*Recommendation 1:* All patients with cancer should be asked specifically about their use of complementary and alternative therapies. Grade of recommendation: 1C

*Recommendation 2:* All patients with cancer should receive guidance about the advantages and limitations of complementary therapies in an open, evidence-based, and patient-centered manner by a qualified professional. Grade of recommendation: 1C

Continued next page

*Recommendation 3:* Mind-body modalities are recommended as part of a multidisciplinary approach to reduce anxiety, mood disturbance, or chronic pain and improve quality of life. Grade of recommendation: 1B

*Recommendation 4:* For cancer patients experiencing anxiety or pain, massage therapy delivered by an oncology-trained massage therapist is recommended as part of multimodality treatment. Grade of recommendation: 1C

*Recommendation 5:* The application of deep or intense pressure is not recommended near cancer lesions or enlarged lymph nodes or anatomic distortions, such as postoperative changes, as well as in patients with a bleeding tendency. Grade of recommendation: 2C

*Recommendation 6:* Therapies based on manipulation of putative bioenergy fields are safe but cannot be encouraged due to limited evidence on efficacy. Quality of evidence: 1C

*Recommendation 7:* Acupuncture is recommended as a complementary therapy when pain is poorly controlled or when side effects, such as neuropathy or xerostomia from other modalities, are clinically significant. Grade of recommendation: 1A

*Recommendation 8:* Acupuncture is recommended as a complementary therapy for radiation-induced xerostomia. Grade of recommendation: 1B

*Recommendation 9:* Acupuncture is recommended as a complementary therapy when nausea and vomiting associated with chemotherapy are poorly controlled or when side effects from other modalities, such as muscle spasm or dysfunction following head and neck surgery, are clinically significant. Grade of recommendation: 1B

*Recommendation 10:* Electrostimulation wristbands are not recommended for managing delayed chemotherapy-induced nausea and vomiting but may be recommended on the day of chemotherapy. Grade of recommendation: 1B

*Recommendation 11:* When cancer patients do not stop smoking despite use of other options, a trial of acupuncture is recommended to assist in smoking cessation. Grade of recommendation: 2C

*Recommendation 12:* For patients suffering from symptoms such as dyspnea, fatigue, chemotherapy-induced neuropathy, or post-thoracotomy pain, a trial of acupuncture is recommended. Grade of recommendation: 2C

*Recommendation 13:* For patients with bleeding tendencies, it is recommended that acupuncture be performed by qualified practitioners and used cautiously. Grade of recommendation: 1C

*Recommendation 14:* It is recommended that dietary supplements, in particular herbal products, be evaluated for side effects and potential interaction with other drugs. Those that are likely to interact with other drugs, including chemotherapeutic agents, should not be used concurrently with chemotherapy or radiation or prior to surgery. Grade of recommendation: 1B

*Recommendation 15:* It is recommended that patients be referred to registered dietitians for guidelines on usual diets to promote basic health. Grade of recommendation: 1B

*Recommendation 16:* In cancer patients who either fail or decline antitumor therapies, it is recommended that use of botanical agents occur only in the context of clinical trials. Grade of recommendation: 1C

*Recommendation 17:* It is recommended that patients be advised to avoid therapies promoted as “alternatives” to mainstream care. Grade of recommendation: 1A