

Integrative Oncology: A Closer Look

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Perhaps the most challenging yet rewarding experience of my professional career is supporting the health of patients with cancer. Some people seek support from acupuncture and Oriental medicine (AOM) after early detection, in the hope of avoiding invasive conventional treatment; some are fighting cancer with surgery and/or chemotherapy and/or radiation therapies and want to support their immune function, speed recovery, and reduce side-effects; and some are end-stage and want to improve their quality of life. In addition, there are patients who have proved unresponsive or have decided not to use conventional treatment.

When is acupuncture optimally applied pre- and post-chemotherapy? Should we treat a patient whose physician has recommended against it? The challenges we face in supporting the health of patients with cancer include navigating ethical and legal issues and selecting treatment approaches that maximize benefit and minimize risk, as well as working collaboratively with practitioners of other disciplines, including oncologists who may have little or no understanding of how AOM is applied, its benefits, research, and integrative history.

We have many tools that are potentially of benefit, including (but not limited to), acupuncture, Chinese herbal medicine, *tuina*, and *qigong*, as well as nutritional and lifestyle counseling. Some of these therapies, along with other approaches, are beginning to be integrated into cancer clinics across the country. I was fortunate to be able to attend the Memorial Sloan-Kettering Cancer Center's (MSKCC) "Acupuncture for the Cancer Patient" seminar during the last weekend of February in New York City. The seminar offered an opportunity for acupuncturists with interest in working in integrative oncology settings to learn and observe how MSKCC has integrated acupuncture in cancer care.

MSKCC is perhaps the only integrative clinic in the U.S. that combines treatment, education and research in one facility. They offer acupuncture for both in- and outpatients, including pre- and postoperatively, pre- and post-chemotherapy, pre- and post-radiation, pre- and post-bone marrow transplant, and during hormone treatment to mediate side-effects, relieve pain, support immune function, and support healing and recovery. For example, they have success in speeding recovery from lymphedema and are using *tac/studs* in pre-op after epidural on back-*shu* points before thoracotomy to reduce pain and swelling and speed recovery postoperatively. The program was initially launched using MD acupuncturists, but now employs nonphysician acupuncturists.

The seminar began by presenting a conventional overview of the etiology, diagnosis, classification, and treatment of cancer, from surgery to immunotherapy. The measurable and physiological effects of acupuncture were reviewed, including functional MRI studies performed at MSKCC. Lecturers shared their clinical expertise, and there was much discussion about the differences in treating cancer patients in a private clinic as opposed to in an inpatient hospital setting, including privileges, communication, infection control, waste management, regulatory guidelines and patient's rights.

The course reviewed lab results commonly found with cancer in various stages. Prostate, lung, breast, and head and neck cancer were reviewed in greater depth, including case history discussion. Psychosocial and spiritual issues in cancer were discussed, as well as currently identified herb-drug interactions. For example, we learned how P-glycoprotein (PgP) inhibition during chemotherapy might result in unwarranted damage to healthy tissue and cells, and that herbs such as curcumin (turmeric), ginsenosides (ginseng), catechins (green tea) and silymarin (milk thistle) can all inhibit PgP. MSKCC has a wonderful resource available to access free information about herbal medicine, including clinical summaries, mechanisms of action, adverse and drug reactions, and published literature, at www.mskcc.org/aboutherbs.

There are several acupuncture and herbal clinical trials underway at MSKCC, including acupuncture for hot flashes in breast cancer patients and for neck and shoulder pain following neck surgery in cancer patients, as well as investigation of the therapeutic effects of *huang lian/coptis* in treating patients with advanced solid tumors. You can access all clinical trials currently associated with the National Institutes of Health at: <http://cancer.gov/clinicaltrials>.

We then heard from MSKCC's legal counsel, who helped guide the creation of its Integrative Medicine Center. His knowledge about the acupuncture profession's risks and claims history was comprehensive. In his experience, one of the great faults in the CAM field is the failure to refer to other health professionals appropriately. He counseled us to discuss the risks, benefits, and alternatives of AOM with our cancer patients (all patients), and to be sure that we note having done so in the patient's chart. If you decide to treat a patient whose physician has recommended against it, make every attempt to communicate with the physician directly and listen to their concerns. If you fail to come to an agreement in regards to appropriate care, be sure to inform the patient. You may want to ask the patient to sign "consenting to care" where you have noted your discussion.

The seminar concluded with a tour of MSKCC's impressive facility, the highlight of which for me was visiting the Pediatric Day Hospital, where natural light and bright colors, an interactive environment and diverse programs are blended to provide the best possible care for children with cancer. MSKCC treats more children with cancer than any other institution in the world, and accommodates more than 100 patients on a busy day.

Given the success of this training, MSKCC has decided to offer another seminar in September 2005. I highly recommend it to those practitioners that are interested in working in hospitals in integrative oncology centers. One of the bonuses we received was networking with interested and involved colleagues around the country. For more information, go to www.mskcc.org/mskcc/html/54053.cfm.

Integrating conventional/modern and traditional/ancient approaches to cancer care raises many new issues. In order for AOM practitioners to be able to work successfully in integrative cancer clinics, we must first become well-versed in the conventional understanding of each cancer's presentation, progression and treatment, as well as potential responses and side-effects of conventional therapies. We must also cultivate professional collaborative relationships with oncologists, nurses, physical therapists, pharmacists, and others. We need to consider the potential for adverse reactions from combined therapies, appropriately manage patient care, maintain detailed notes to minimize risk, avoid possible herb-drug interactions, and honestly face our professional limitations. We must simultaneously advance our traditional understanding of Oriental medicine and share its potential benefits with integrity, while carefully considering the expectations of our patients.

We know AOM may be preventative for the development of cancer, and can assist in every stage of cancer care through supporting the immune, circulatory, endocrine, and nervous systems as well as provide effective pain management. If you desire further knowledge, seek out experienced practitioners working successfully in integrative clinics, and participate in training sessions like this one.

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