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Understanding the Landscape: Integrative Oncology and Integrative Navigation

Smith Center for Healing and the Arts

Institute for Integrative Oncology
Navigation

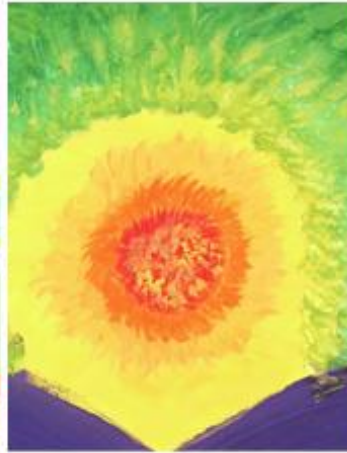
March 17, 2015

Learning Objectives

- Gain a better understanding of what Integrative Oncology is and why it is warranted
- Describe rationale for Integrating Complementary Therapies into Cancer Care
- Review a comparative case study of conventional interventions and an integrative approach
- Describe Integrative Navigation and the Role of Integrative Navigators across the Cancer Continuum
- Recognize the growing support for Integrative Navigation and professional training



HEALTH & WHOLENESS



ARTS & CREATIVITY



CANCER SUPPORT



PROGRAMS & RETREATS



RESOURCES

Smith Center is a nonprofit health, education, and arts organization with a mission to develop and promote healing practices that explore physical, emotional, and mental resources that lead to life-affirming changes for people living with illness and for the community at large.



Institute for Integrative Oncology Navigation

An initiative of Smith Center for Healing & the Arts



Goals

- Educate navigators in the provision of quality integrative cancer care navigation,
- Establish integrative navigation as the standard of care for oncology navigation programs nationwide, and
- Raise awareness of integrative oncology navigation within the medical profession, cancer survivor community, and the general public.



IION Initiatives

- Offer trainings, workshops and seminars
- Contribute to the national dialogue on integrative oncology care
- Develop and advocate for national oncology navigation policy
- Provide individual navigation services

What is Integrative Oncology?

What is Integrative Oncology?

- **Integrative Oncology** is an evolving evidence based specialty that uses complementary therapies in concert with medical treatment to enhance its efficacy, improve symptom control, alleviate patient distress and reduce suffering. *(Source: Dr. Matt Mumber, Harbin Clinic)*
- **According to the Society for Integrative Oncology:** Integrative Medicine is a seamless use of interventions that benefit cancer patients.
- **Integrative Oncology is Whole Person-Centered Care** offered across the cancer continuum.

Integrative Oncology Emphasizes:

- Patient participation in maximizing health
- Shared decision making— relationship centered approach
- Therapeutic Power of doctor patient relationship itself
- An individual's innate healing capacity
- Quality of life

Why Integrative Oncology?

- Numbers of people diagnosed with cancer is increasing

Source: ACS Cancer Facts and Figures, 2014

- Treatments are costly
- 1/3 of the most common cancers are preventable through healthy diet, physical activity and maintaining a healthy weight *Source: http://www.aicr.org/research/research_science_policy_report.html*
- More cancer survivors/emphasis on long term quality of life
- Patients often don't tell MD of

CAM use

What is “CAM”?

- “The term complementary medicine refers to a group of diverse medical and health care systems, practices, and products that are not generally considered to be part of conventional medicine. Complementary medicine includes natural products, such as dietary supplements, herbs, and probiotics, as well as mind and body practices, such as meditation, chiropractic, acupuncture, and massage.”

Source: NCCAM <http://nccam.nih.gov/health/decisions/consideringcam.htm>

What is Conventional Medicine?

- Medicine practiced by holders of M.D. or D.O. degrees
- Includes allied health professionals such as nurses, P.T.'s, O.T.'s, psychologists
- Other terms: Allopathic medicine, Western, mainstream, orthodox, biomedicine, “regular” medicine

Comparing Complementary and Alternative Medicine

Complementary

Used together with conventional medicine

Examples: Using acupuncture for pain management, while also using medications and physical therapy.

Alternative

Used in place of conventional medicine

Example: Using Traditional Chinese Medicine to treat cancer instead of chemotherapy, radiation or surgery recommended by a medical doctor

Source: <http://nccam.nih.gov/health/whatiscom>

Types of CAM

- Natural Products: Herbs, Botanicals, Vitamins, Minerals and Probiotics
- Mind and Body Practices:
 - Acupuncture
 - Massage Therapy
 - Meditation Techniques
 - Movement Therapies
 - Relaxation Techniques
 - Spinal Manipulation
 - Tai Chi and Qi Gong
 - Yoga
 - Other: Healing Touch and Hypnotherapy
- Other Complementary Health Approaches: i.e. Practices of Traditional Healers
 - Ayurvedic Medicine
 - Homeopathy
 - Naturopathy
 - Traditional Chinese Medicine (TCM)

Source: NCCAM

Why Use CAM in Cancer?

- Improve response to standard medical treatment
- Manage side effects of cancer treatment
- Prevent or manage cancer symptoms
- Improve survival
- Enhance a sense of well-being and quality of life

Source: "Advancing the Science of Integrative Oncology to Inform Patient-Centered Care for Cancer Survivors" Jun J. Mao, Lorenzo Cohen JNatlCancerInstMonograph 2014

Status of Evidence for CAM and Cancer:

- **Symptom management.** A substantial amount of scientific evidence suggests that some complementary health approaches may help to manage some symptoms of cancer and side effects of treatment. For other complementary approaches, the evidence is more limited.
- **Disease treatment.** At present, there is no convincing evidence that any complementary health approach alone is effective in curing cancer or causing it to go into remission.
- **Cancer prevention.** A 2012 study indicated that taking a multivitamin/mineral supplement may slightly reduce the risk of cancer in older men. No other complementary health approach has been shown to be helpful in preventing cancer.

Source: <http://nccam.nih.gov/health/cancer/camcancer.htm>

What is Some of the Research of CAM Therapies?

Research on CAM in Cancer Care

- Research on using CAM in Cancer Treatment
 - Breast Cancer
 - Nutrition and Physical Activity
 - Low-Fat, High-Fruit and vegetable diet
 - Soy: *
 - Mind-Body Approaches
 - Colorectal Cancer
 - Exercise
 - Prostate Cancer
 - Lifestyle Modification during Active Surveillance

Source: White, J. Complementary and Alternative Medicine in Abeloff's Clinical Oncology, 5th edition, Elsevier, 2014.

* *Source: Nechuta et al. Soy food intake after diagnosis of breast cancer and survival: an in-depth analysis of combined evidence from cohort studies of US and Chinese women. Am J Clin Nutr 2012;96(1):123–32.*

Research on CAM in Cancer Care

- Research on the Use of CAM for Symptom/Adverse Effect Management and QOL
 - Pain:
 - Acupuncture
 - Imagery
 - Reiki
 - AI-Induced Arthralgia
 - Acupuncture
 - Vitamin D

Source: White, J. Complementary and Alternative Medicine in Abeloff's Clinical Oncology, 5th edition, Elsevier, 2014.

More Research on CAM

- Symptom/Adverse Effect Management and QOL (continued)
 - Cachexia:
 - Nutritional Therapeutics
 - Fatigue:
 - Acupuncture
 - Exercise
 - Yoga
 - Energy Therapies

Source: White, J. Complementary and Alternative Medicine in Abeloff's Clinical Oncology, 5th edition, Elsevier, 2014.

More Research on CAM

- Symptom/Adverse Effect Management and QOL
 - Nausea and Vomiting
 - Acupuncture, Ginger, hypnosis, relaxation therapy, imagery
 - Neuropathy
 - HD glutamine
 - Hot Flashes
 - Acupuncture

Source: White, J. Complementary and Alternative Medicine in Abeloff's Clinical Oncology, 5th edition, Elsevier, 2014.

More Research on CAM

- Symptom/Adverse Effect Management and QOL
 - Chemo-induced mucositis
 - Aloe vera or honey + IV glutamine
 - Stress Reduction and Improved QOL
 - Music
 - Meditation
 - Relaxation Therapy
 - Imagery Therapy

Source: White, J. Complementary and Alternative Medicine in Abelloff's Clinical Oncology, 5th edition, Elsevier, 2014.

Developing the Evidence Base for CAM

“A gap exists between the current level of scientific evidence and what we need to know to provide evidence-based advice, but rigorous scientific research is ongoing.

A demonstrably favorable risk/benefit profile is essential for the use of complementary therapies, as it is for any form of medicine.

The advantages of a rigid, evidence-based approach based on reductionism, however, do not translate easily into the holistic approach required for complex health issues. A rational, balanced, patient-centered approach using all available data is strongly recommended to address patients' concerns.”

Source: Deng GE, et al Integrative Oncology Practice Guidelines. J Soc Integr Oncol. 2007 Spring;5(2):65-84.

Society for Integrative Oncology: Practice Guidelines

Clinical Practice Guidelines on the Use of Integrative Therapies as Supportive Care in Patients Treated for Breast Cancer

Heather Greenlee, Lynda G. Balneaves, Linda E. Carlson, Misha Cohen, Gary Deng, Dawn Hershman, Matthew Mumber, Jane Perlmutter, Dugald Seely, Ananda Sen, Suzanna M. Zick, Debu Tripathy; for the Society for Integrative Oncology Guidelines Working Group

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- Background** The majority of breast cancer patients use complementary and/or integrative therapies during and beyond cancer treatment to manage symptoms, prevent toxicities, and improve quality of life. Practice guidelines are needed to inform clinicians and patients about safe and effective therapies.
- Methods** Following the Institute of Medicine's guideline development process, a systematic review identified randomized controlled trials testing the use of integrative therapies for supportive care in patients receiving breast cancer treatment. Trials were included if the majority of participants had breast cancer and/or breast cancer patient results were reported separately, and outcomes were clinically relevant. Recommendations were organized by outcome and graded based upon a modified version of the US Preventive Services Task Force grading system.
- Results** The search (January 1, 1990–December 31, 2013) identified 4900 articles, of which 203 were eligible for analysis. Meditation, yoga, and relaxation with imagery are recommended for routine use for common conditions, including anxiety and mood disorders (Grade A). Stress management, yoga, massage, music therapy, energy conservation, and meditation are recommended for stress reduction, anxiety, depression, fatigue, and quality of life (Grade B). Many interventions ($n = 32$) had weaker evidence of benefit (Grade C). Some interventions ($n = 7$) were deemed unlikely to provide any benefit (Grade D). Notably, only one intervention, acetyl-L-carnitine for the prevention of taxane-induced neuropathy, was identified as likely harmful (Grade H) as it was found to increase neuropathy. The majority of intervention/modality combinations ($n = 138$) did not have sufficient evidence to form specific recommendations (Grade I).
- Conclusions** Specific integrative therapies can be recommended as evidence-based supportive care options during breast cancer treatment. Most integrative therapies require further investigation via well-designed controlled trials with meaningful outcomes.



Complementary Therapies and Integrative Medicine in Lung Cancer

Diagnosis and Management of Lung Cancer,
3rd ed: American College of Chest Physicians
Evidence-Based Clinical Practice Guidelines

*Gary E. Deng, MD, PhD; Sarah M. Rausch, PhD; Lee W. Jones, PhD;
Amitabh Gulati, MD; Nagi B. Kumar, PhD, RD; Heather Greenlee, ND, PhD;
M. Catherine Pietanza, MD; and Barrie R. Cassileth, PhD, FCCP*

Background: Physicians are often asked about complementary therapies by patients with cancer, and data show that the interest in and use of these therapies among patients with cancer is common. Therefore, it is important to assess the current evidence base on the benefits and risks of complementary therapies (modalities not historically used in modern Western medicine).

Methods: A systematic literature review was carried out and recommendations were made according to the American College of Chest Physicians Evidence-Based Clinical Practice Guidelines development methodology.

Results: A large number of randomized controlled trials, systematic reviews, and meta-analyses, as well as a number of prospective cohort studies, met the predetermined inclusion criteria. These trials addressed many different issues pertaining to patients with lung cancer, such as symptoms of anxiety, mood disturbance, pain, quality of life, and treatment-related side effects. The available data cover a variety of interventions, including acupuncture, nutrition, mind-body therapies, exercise, and massage. The body of evidence supports a series of recommendations. An evidenced-based approach to modern cancer care should integrate complementary therapies with standard cancer therapies such as surgery, radiation, chemotherapy, and best supportive care measures.

Conclusions: Several complementary therapy modalities can be helpful in improving the overall care of patients with lung cancer.

CHEST 2013; 143(5)(Suppl):e420S–e436S

Integrating Dietary Supplements Into Cancer Care

Integrative Cancer Therapies

12(5) 369–384

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Abstract

Many studies confirm that a majority of patients undergoing cancer therapy use self-selected forms of complementary therapies, mainly dietary supplements. Unfortunately, patients often do not report their use of supplements to their providers. The failure of physicians to communicate effectively with patients on this use may result in a loss of trust within the therapeutic relationship and in the selection by patients of harmful, useless, or ineffective and costly nonconventional therapies when effective integrative interventions may exist. Poor communication may also lead to diminishment of patient autonomy and self-efficacy and thereby interfere with the healing response. To be open to the patient's perspective, and sensitive to his or her need for autonomy and empowerment, physicians may need a shift in their own perspectives. Perhaps the optimal approach is to discuss both the facts and the uncertainty with the patient, in order to reach a mutually informed decision. Today's informed patients truly value physicians who appreciate them as equal participants in making their own health care choices. To reach a mutually informed decision about the use of these supplements, the Clinical Practice Committee of The Society of Integrative Oncology undertook the challenge of providing basic information to physicians who wish to discuss these issues with their patients. A list of leading supplements that have the best suggestions of benefit was constructed by leading researchers and clinicians who have experience in using these supplements. This list includes curcumin, glutamine, vitamin D, Maitake mushrooms, fish oil, green tea, milk thistle, Astragalus, melatonin, and probiotics. The list includes basic information on each supplement, such as evidence on effectiveness and clinical trials, adverse effects, and interactions with medications. The information was constructed to provide an up-to-date base of knowledge, so that physicians and other health care providers would be aware of the supplements and be able to discuss realistic expectations and potential benefits and risks.

Evidence-Based Clinical Practice Guidelines for Integrative Oncology: Complementary Therapies and Botanicals

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Key words: cancer, oncology, complementary and alternative medicine (CAM), complementary therapies, integrative medicine

The Society for Integrative Oncology (SIO) is an international organization dedicated to encouraging scientific evaluation, dissemination of evidence-based information, and appropriate clinical integration of complementary therapies.

Practice guidelines have been developed by the authors and endorsed by the Executive Committee of the SIO. Guidelines are a work in progress; they will be updated as needed and are available on the SIO Web site (<http://www.IntegrativeOnc.org>).

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Executive Summary

In recent years, the term integrative medicine has gained acceptance in medical academia. The Consortium of Academic Health Centers for Integrative Medicine defines this term as "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."¹ Integrative oncology has been specifically described as both a science and a philosophy that focuses on the complex health of people with cancer and proposes an array of approaches to accompany the conventional therapies of surgery, chemotherapy, molecular therapeutics, and radiotherapy to facilitate health.²

The SIO and its Multinational Index journal (*Journal of the Society of Integrative Oncology*), founded by leading oncologists and oncology professionals from major cancer centers and organizations, promote quality research and appropriate application of useful, adjunctive complementary modalities

ONS Position on CAM

ONCOLOGY NURSING SOCIETY POSITION



The Use of Complementary, Alternative, and Integrative Therapies in Cancer Care

Complementary, alternative, and integrative therapies are healthcare systems, practices, and products not considered a part of conventional medicine. Complementary therapies are used concurrently with conventional medicine, alternative therapies are used in place of conventional medicine, and integrative therapies combine mainstream medical therapies with complementary or alternative therapies for which some high-quality scientific evidence of safety and efficacy exists (National Center for Complementary and Alternative Medicine, 2009).

In the United States, about 4 in 10 adults and 1 in 9 children are using some form complementary, alternative, or integrative therapy according to the National Health Interview Survey (Barnes, Bloom, & Nahim, 2008). These therapies have been broadly categorized as alternative medical systems, energy therapies, exercise therapies, manipulative and body-based methods, mind-body interventions, nutritional therapeutics, pharmacological and biologic treatments, and spiritual therapies (Office of Cancer Complementary and Alternative Medicine, 2009). Non-vitamin, non-mineral natural products are the most commonly used complementary, alternative, or integrative therapies among adults. Use has increased for many therapies, including meditation, massage therapy, deep breathing exercises, and yoga (Barnes et al., 2008). The list of therapies will likely continue to evolve as novel approaches are proven to be safe and effective, accepted as mainstream medicine, and integrated into cancer care.

Researchers report that patients with cancer and survivors are more likely to use these therapies than those without cancer (Basch & Ulbricht, 2004; Fouladbakhsh & Stommel, 2008). The most common reason for using them is a strong belief in their efficacy (Verhoef, Balneaves, Boon, & Vroegindewey, 2005). Methodologically rigorous preclinical and clinical research continues in the effort to establish safety and efficacy of these therapies through government and nongovernment funding sources. A clinical challenge is that 40%–77% of use remains undisclosed because of patients' beliefs that these therapies are natural and safe to use, concern that providers may react negatively, or simply, providers do not ask about their use (Robinson & McGrail, 2004).

Oncology nurses may be caring for patients without knowledge of concurrent complementary, alternative, and/or integrative therapy use. Routine assessment of use and close monitoring of patients using these therapies have the potential to enhance patient safety and promote integrative care (Lee, 2004).

It Is the Position of ONS That

information and access to learning about the therapies and promote integrated education with other health

Institute for
Integrative Oncology Navigation

An initiative of Smith Center for Healing & the Arts

Key Points of ONS Position

- Look at your beliefs about use of CAM and an integrative approach—how does this affect patient care
- Assess patient's interest in an integrative approach: provide evidence-based info and resources, and guidance on choosing qualified practitioners
- Be aware of and consistently use the terminology applied to CAM and integrative care.
- Educate yourself about Integrative Cancer Care at least to the extent appropriate for your scope of practice
- Be aware of therapies that can potentially interfere with outcomes of conventional ca treatment
- Document your patients' use of and responses to Integrative Cancer Care
- Seek proper training and credentials if you will practice any integrative therapies.
- Learn about cost reimbursement, liability, ethical and legal issues
- Establish evidence-based practice and programs.

Web Resources for CAM

ACS Website

Complementary and Alternative Methods for Cancer Management

<http://www.cancer.org/Treatment/TreatmentsandSideEffects/ComplementaryandAlternativeMedicine/complementary-and-alternative-methods-for-cancer-management>

Guidelines for Using CAM

<http://www.cancer.org/Treatment/TreatmentsandSideEffects/ComplementaryandAlternativeMedicine/guidelines-for-using-complementary-and-alternative-methods>

CAM-Cancer Website

<http://www.cam-cancer.org>

CAMEO Website

Definitions of CAM

<http://www.bccander.bc.ca/RES/ResearchPrograms/cameo/whatiscomplementarymedicine.htm>

Recommended evidence-based websites for CAM information

<http://www.bccancer.bc.ca/RES/ResearchPrograms/cameo/usefullinks.htm>

Natural Standard Database

<http://3rdparty.naturalstandard.com/frameaset.asp>

Web Resources for CAM

Consumer Labs Website

<http://www.consumerlab.com>

Integrative Oncology Essentials

<http://www.integrativeoncology-essentials.com>

Memorial Sloan-Kettering Cancer Center Website

<http://www.mskcc.org/cancer-care/integrative-medicine/about-herbs-botanicals-other-products>

*NCCAM Website

<http://www.nccam.nih.gov> or <http://www.nccih.nih.gov>

** Note: As of December 2014, NCCAM changed its name to the National Center for Complementary and Integrative Health (NCCIH).*

Web Resources for CAM

NCI Website

<http://cancer.gov/cancertopics/cam/thinking-about-CAM/page1/AllPages>

Office of Cancer Complementary and Alternative Medicine (OCCAM)

<http://cam.cancer.gov/index.html>

Society for Integrative Oncology

<http://www.integrativeonc.org>

Case presentation

- 46 year old mother of 2 grade school aged boys diagnosed with stage IV triple negative breast cancer metastatic to a single bone site.
 - Conventional Interventions
 - Screening mammogram, ultrasound biopsy, MRI breasts. PET CT scan. Bone biopsy. MRI brain.
 - IV chemotherapy for close to 6 months. Bilateral mastectomy. Radiation to bone met. Continued IV Zometa therapy.
 - Continued monitoring of blood work and physical examinations in long term follow up.
 - Took high dose antioxidants and herbs during chemo and RT and did not tell MD. Missed multiple appointments due to social, family concerns. Did not complete all therapy . Continued Standard American Diet.
 - When fatigue set in, slept more often. Developed arm lymphedema. Lost to follow up. Went to faith healer who prescribed home made herbal supplements.

(Source: Dr. Matt Mumber, Harbin Clinic)

What is Integrative Navigation?

“No person with cancer should be forced to spend more time fighting their way through the health care system than fighting their disease.”

- Dr. Harold Freeman

Value of Patient Navigation

- Improves early detection & treatment compliance rates
- Improves use of/access to appropriate care and resources
- Positive impact on cancer experience



“Each of the 4 times I have received a cancer-related diagnosis, I felt like I had been drop-kicked into a foreign country: I didn’t know the language, I didn’t understand the culture, I didn’t have a map and I desperately wanted to find my way home.”

– **Jessie Gruman, President and Founder,
Center for Advancing Health**



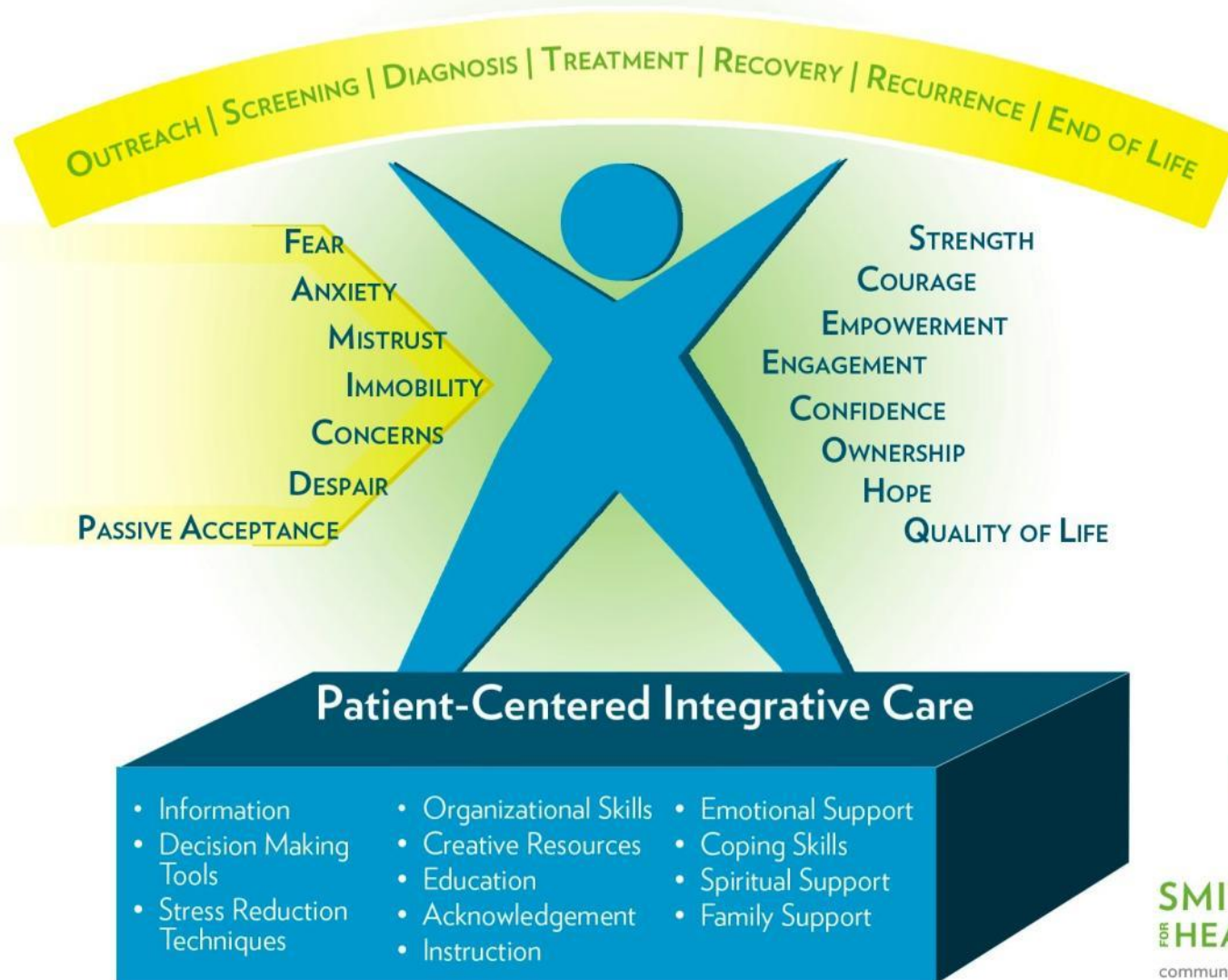
Navigators show up with a map, a compass, a guiding hand and a compassionate heart.

What is Integrative Navigation?

Integrative Oncology Navigation is a patient-centered, whole person healthcare service delivery model. Integrative Navigators reduce barriers to cancer care and provide education, guidance, and support to patients and their caregivers across the cancer continuum. Additionally, Integrative Navigators provide education and support in the responsible selection and use of appropriate, evidence-based complementary therapies alongside conventional medical treatment.

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Integral Healing Model of Navigation



SMITH CENTER
FOR **HEALING AND THE ARTS**

community. creativity. cancer support.

Putting Our Model Into Practice

- Hospital Setting
- Community Setting



Hospital Navigation Program

- 15 % Improvement in Treatment Compliance Rates *(Howard University Cancer Center internal Hospital QI Review)*
- Hospital Adopted Program as Permanent Service



Independent Evaluation of Hospital Navigation

- 37 patients surveyed by CUP
- 73% reported using navigation services
- 86% rated navigator “very effective”
- Program highly regarded by clinical staff

Findings showed that Integrative Care...

- Is most likely to be used post-treatment
- Resource use impacted by hospital climate

Source: Chatman, M. and Green, R. “Addressing the Unique Psychosocial Barriers to Breast Cancer Treatment Experienced by African-American Women through Integrative Navigation”. Jo of Black Nurses Association. 22(2); Dec 2011.



Community Navigation

- Community outreach/Navigation awareness
- One on one support for patients and caregivers
- Wellness education sessions: diet and nutrition, stress reduction, yoga, movement,
- Access to screening/health/community resources
- Liaison with hospital navigators, clinicians

Evaluation of Community Program

Conducted by Howard University Center for Urban Progress (CUP)



- Survey of Community Navigators and community Partners
- Survey of Patients
- Evaluation of Education/Outreach Programs

Community Evaluation Findings

- Navigators reported their work was well-received
- Strong perception of program benefit by church leaders
- Patients valued navigators' assistance through treatment and recovery
- Education programs had positive impact, helped people through cancer.

Integrative Patient Navigators

- Facilitate timely access to any medical treatment and supportive resources selected by the patient, including integrative cancer care resources
- Honor the individual's cultural heritage, religious beliefs and life circumstances
- Increase patient's knowledge of available resources, tools and skills to better cope with their illness and reduce stress
- Educate patients about evidence-based complementary therapies and their role in treatment and survivorship

Integrative Patient Navigators

- Support the patient and caregivers emotionally and spiritually
- Empower individuals to become more engaged in their health care and their healing process
- Be available to the patient throughout the course of the cancer experience
- Improve the quality of the cancer experience

Role of Integrative Navigators Across the Continuum of Care

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Stage	Patient Needs	Role of Navigator	Integrative Strategies
Screening/ Diagnostic Testing	<ul style="list-style-type: none"> Information on screening resources, insurance, diagnostic tests Education about cancer prevention as well as screening and diagnostic testing procedures/experience Stress management/coping skills Assistance with accessing medical services/system 	<ul style="list-style-type: none"> Teacher Advocate Emotional support Introduce concept of navigator 	<ul style="list-style-type: none"> Stress reduction techniques (breathwork, imagery, progressive muscle relaxation, etc.)
Diagnosis	<ul style="list-style-type: none"> Find "safe haven," compassion Leadership (organizer) "Interpreter" Hope Effective ways to reduce anxiety 	<ul style="list-style-type: none"> "Be the Container": Offer refuge/safe space Establish relationship (introduce navigation concept): meet them where they are culturally/understand life circumstances/identify their healing roadblocks Answer questions/provide information on diagnosis and treatment Assist in getting them organized (notebook/prepare questions/facilitate appointments) Coach patient in physician communication; attend meetings Offer compassionate companionship and emotional support Offer coping skills to reduce anxiety Offer support to caregivers 	<ul style="list-style-type: none"> Introduce integrative cancer care/holistic care concept Coping skills (stress reduction techniques) Prayer (as appropriate)

Role of Integrative Cancer Care Navigators Across the Continuum of Care

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Treatment	<ul style="list-style-type: none"> Develop treatment plan with physician Answer questions, address concerns Prepare for procedures Cope with treatment: address side effects of cancer/treatment, develop emotional support network, cope with medical system Reduce anxiety 	<ul style="list-style-type: none"> Coach Teacher Researcher Advocate¹ 	<ul style="list-style-type: none"> Determine patient needs/goals in using CAM² Develop integrative cancer care plan, personalized to treatment/illness side effects/life circumstances³ Assist in researching/accessing appropriate CAM resources⁴ Advocate/communicate with medical team Create coping rituals
Survivorship	<ul style="list-style-type: none"> Cope with chronic and late effects of treatment (fatigue, pain, cognitive changes, body changes, functional limitations, sexual changes) Reduce anxiety/vulnerability Support immune system Modify lifestyle Process/address emotional and spiritual experience of cancer Adjust to life with cancer/life after cancer (re-entry); re-define "normal" Address questions/fears around recurrence Deal with recurrence (see treatment section) Develop survivorship treatment plan 	<ul style="list-style-type: none"> Compassionate guide during time of transition Assist with development of survivorship treatment plan Adjust integrative cancer care plan to address current needs (physical, emotional, spiritual) Create wellness plan Offer emotional/spiritual support Offer support to caregivers; advocate for patient Advocate for patient in physician interactions Help organize patient dealing with recurrence (questions, options, ideas to consider) 	<ul style="list-style-type: none"> Create rituals for transition from treatment Re-train patient in mind-body skills Cover "basics" (see treatment section) in wellness plan With recurrence, support patient in exploring medical treatment options and supportive care, in conjunction with medical team Cultivate hope/find joy
End of Life	<ul style="list-style-type: none"> Address fears Address existential issues Pain and symptom management Cope with physical changes Prepare legacy Prepare final wishes for dying process and end-of-life care Create support Forgiveness 	<ul style="list-style-type: none"> "Loving witness and companion" Assist with clarification of wishes for end-of-life care Provide emotional and spiritual support to patient, family Offer your constancy Offer creative resources for leaving legacy 	<ul style="list-style-type: none"> Incorporate cultural/spiritual/religious traditions in death and dying Imagery/wisdom guide Music Develop comfort rituals Prayer

¹ Goal is to support them in successfully completing treatment and/or obtaining appropriate palliative care; encourage, empower, nurture through treatment.

² CAM = Complementary and Alternative Medicine

³ Plan is developed in conjunction with patient's oncology team and might include such therapies as nutritional support, energy/bodywork, exercise, stress reduction techniques, emotional support and spiritual support.

⁴ In conjunction with patient's oncology team

Integrative Navigation is Gaining Ground

- Increased use of complementary therapies by growing number of survivors
- Call for all navigators to be well-versed in integrative therapy resources
- Integrative approach to cancer care can lead to substantial cost savings to hospitals

Profile of Survivors

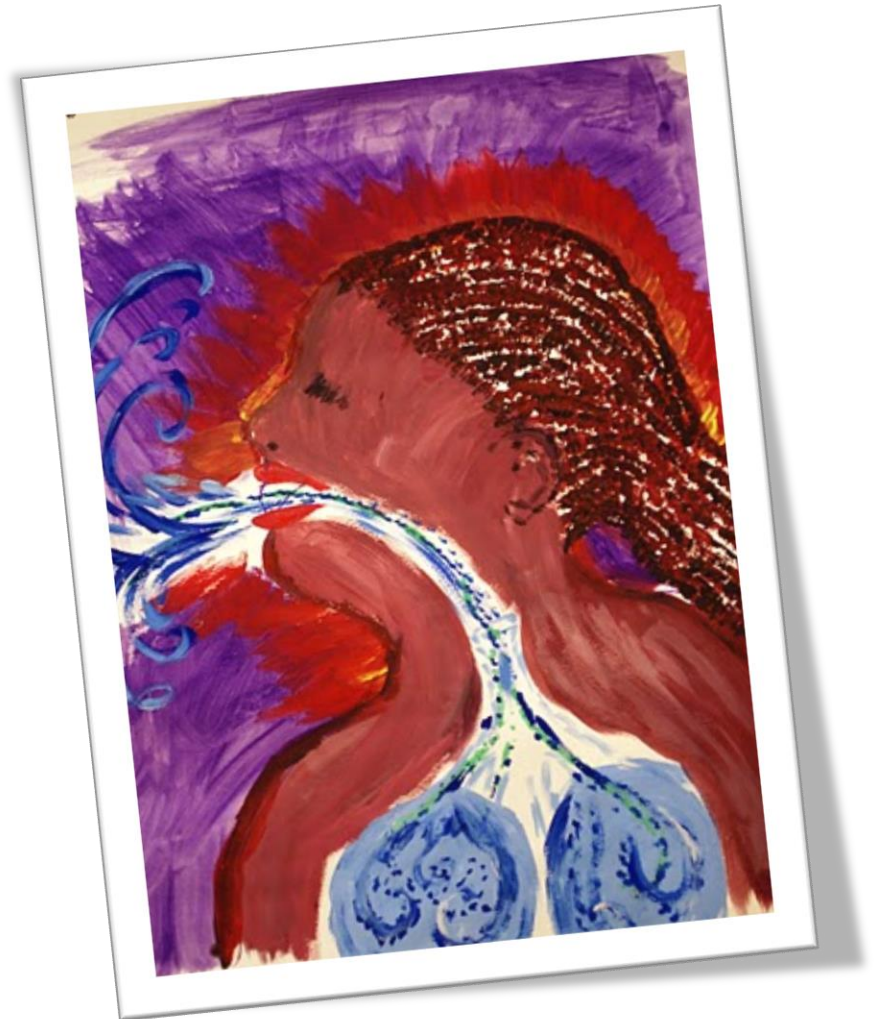
- Growing numbers
- Identity as consumers
- Cultural awareness of relationship of health and cancer
- Accessibility of Resources



*Source: (Dr. Jeremy Geffen, Geffen, J, MD.
Integrative Oncology for the Whole Person:
A Multidimensional Approach to Cancer Care
Integrative Cancer Therapies 2010;9:105-121)*

“As navigation evolves, all individuals working in navigator roles will need to be well-versed in helping patients to identify and access integrative therapy resources throughout their cancer experience.”

- Cantril and Haylock, Seminars in Oncology Nursing 29(2);
May 2013



Urban Zen Study

- Combination of CAM therapies, holistic nursing, and navigation used in healing inpatient environment
- Over \$200K annual savings in medication costs (\$156/patient/day)

Source: Kligler, B., et al. "Cost Savings in Inpatient Oncology Through an Integrative Medicine Approach". American Journal of Managed Care ; 17(12); Dec 2011

Kligler, et al. "Impact of the Urban Zen Initiative on patients' experience of admission to an inpatient oncology floor: a mixed-methods analysis. " J Altern Complement Med. 2011 Aug;17(8):729-34. doi: 10.1089/acm.2010.0533. Epub 2011 Jul 11.

Reported Benefits of Integrative Navigation



- Improvements in symptoms/concerns
- Stress reduction
- Improved patient satisfaction
- Increased knowledge
- More confidence
- Better able to make informed choices
- Increased use of supportive therapies
- Improved self-care
- Better outcomes overall

- Source: IION National Survey of Integrative Navigators, May 2013

**How Do You Become An
Integrative Navigator?**

Becoming an Integrative Navigator

- Training
 - Experiential and Didactic
- Practice! Practice! Practice!

Key Elements in Integrative Navigation Training

Basic Pre-Requisites:

- Understanding Basics of Oncology
- Understanding Basics Integrative Cancer Care
- Understanding of Principles of Navigation

Key Elements in Integrative Navigation Training

- Role of Navigator Along Cancer Continuum
- Art of Healing
- Application of Complementary/Integrative Therapies Along Cancer Continuum
- Stress Management Techniques
- Communication Techniques
- Art and Creativity in Healing

Key Elements in Integrative Navigation Training

- Understanding Elements of Difficult Conversations
- Spiritual Support
- Self-Care Practices
- Cultural Humility
- Planning an Integrative Navigation Practice

Key Elements in Integrative Navigation Training

- Importance of Experiential Instruction
- Opportunity to Practice Skills
- Post-Training Support
- Continuing Education Credits



Case Presentation Revisited

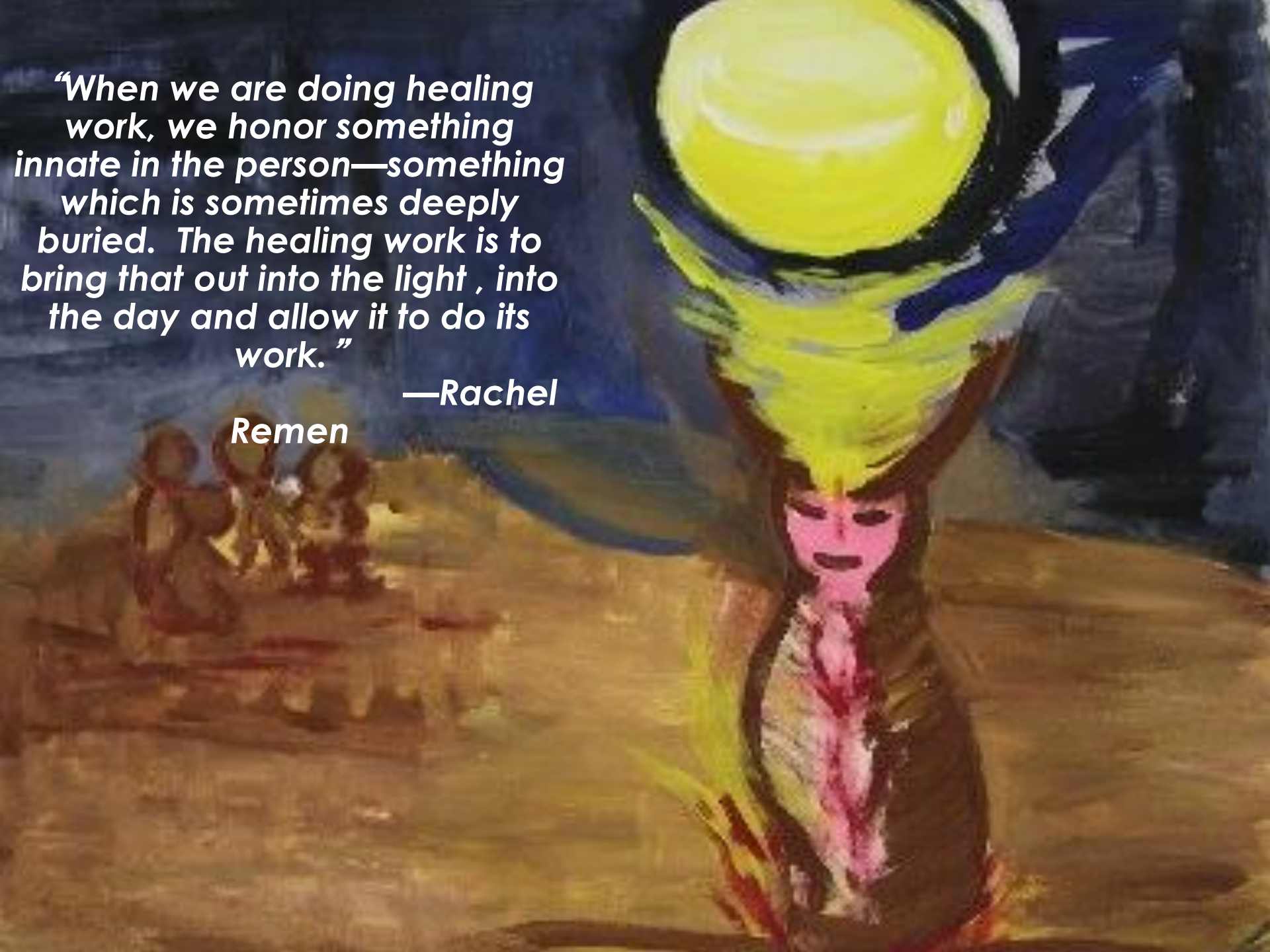
- 46 year old mother of 2 grade school aged boys diagnosed with stage IV triple negative breast cancer metastatic to a single bone site.

– Integrative additions

- Screening for distress – financial, social, emotional, symptoms, physical ability, nutrition, spirituality -- done at presentation and throughout continuum. Patient Navigator at presentation and throughout continuum.
- Needs identified and addressed: ability to pay for therapy (underinsured) – resources delivered. Children's distress – counseling referrals. Nutritional classes. Mind body interventions for coping skills. Relaxing massage during chemo and RT. Acupressure and ginger for nausea during chemo. No antioxidants during chemo, RT. Physical activity consultation, classes during chemo and after mastectomy. Manual decongestive therapy prevented lymphedema. Made through all therapy on time.
- Survivorship group. Attended residential retreat. Appropriate supplements (Ca+, vit D. omega 3 fat, MVI). Greater than 9 vegetables per day in diet. (WHEL trial) Volunteers as lay navigator. *(Source: Dr. Matt Mumber, Harbin Clinic)*

“When we are doing healing work, we honor something innate in the person—something which is sometimes deeply buried. The healing work is to bring that out into the light , into the day and allow it to do its work.”

**—Rachel
Remen**



THANKS!



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**Visit www.smithcenter.org/pnt to learn more
about Integrative Navigation**