Integrative Oncology: Evidence-Based Supportive Care for Patients during Treatment and Survivorship

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(No Disclosures)

• Objectives:
  – Define Integrative Medicine
  – Describe the role of Integrative Medicine in cancer care and survivorship
  – Present the evidence for nutrition, physical activity, quality sleep, acupuncture and mindfulness recommendations for cancer patients
Prevalence of CAM

• Many Americans, nearly 40 percent, use health care approaches developed outside of mainstream Western, or conventional, medicine for specific conditions or overall well-being.
Integrative Medicine

According to a recent survey by the American Hospital Association and the Samueli Institute, a nonprofit research group focusing on complementary medicine, 42 percent of the 714 hospitals that responded offered at least one such therapy in 2010, a significant jump over just five years earlier, when 27 percent of hospitals offered such treatments.

Integrative Medicine Vs. CAM

• “Complementary and alternative medicine (CAM),” “complementary medicine,” “alternative medicine,”
• “Integrative Medicine”

• We have all seen these terms on the Internet and in marketing, but what do they really mean?
Complementary Versus Alternative

• “Complementary” generally refers to using a non-mainstream approach together with conventional medicine.

• “Alternative” refers to using a non-mainstream approach in place of conventional medicine.
Integrative Medicine

• Unfortunately, some patients gravitate to the use of widely promoted disproved or unproven “alternative” modalities to achieve their goals.

• No less than mainstream cancer therapies in common use, complementary therapies must be evidence-based or, lacking firm evidence, must at least have a rational basis.
What is Integrative Medicine?

• “Integrative medicine”—increasingly has replaced CAM as a preferred term

• Integrative oncology is a synthesis of mainstream treatment and complementary therapies in cancer care.
  – Noninvasive, nonpharmacologic adjuncts to mainstream treatment that improve patients’ strength and control the physical and emotional symptoms associated with cancer and cancer treatment.
  – Provide patients with a sense of control and self-empowerment at a time when many feel vulnerable and life seems out of control.

Integrative Medicine

<table>
<thead>
<tr>
<th>Patient centered</th>
<th>Partnership</th>
<th>Preventive to treatment</th>
<th>Natural, effective, non-invasive interventions</th>
<th>Conventional and non-conventional modalities</th>
</tr>
</thead>
</table>

The table above illustrates the key components of Integrative Medicine. It emphasizes a patient-centered approach, emphasizing partnership and preventive measures. Integrative medicine incorporates natural, effective, non-invasive interventions alongside conventional and non-conventional modalities.
Integrative Medicine

• Engages mind, body, spirit and community

• Encourages providers to model healthy lifestyles for their patients
  – Focuses attention on lifestyle choices for prevention & maintenance of health
  – Maintains that healing is always possible even when cure is not
Health Delivery Systems All Confront The Need To Jump To The Second Curve

Curve #1: FEE-FOR-SERVICE
- All about volume
- Reinforces work in silos
- Little incentive for “real” integration

Curve #2: VALUE-BASED PAYMENT
- Achieving “Triple Aim”, as per IHI:
  - Better Care Experience for Individual
  - Better Health for Populations
  - Lower Per Capita Costs

Natural Trajectory

Courtesy of Navigant  Source: Institute for Health Improvement, Ian Morrison and NCI analysis.
Associations of **lifestyle factors** with late recurrence and all-cause mortality among 6,295 5-year ER+ Stage I-III breast cancer survivors

Weight gain (>10%), BMI >35, Alcohol intake, Physical activity (<17.4 MET – hr/week), Smoking

**Modifiable lifestyle factors were associated with late outcomes among long-term ER+ breast cancer survivors.**

2413 women with breast cancer but without DM, aged 27 to 70 years at diagnosis and participated in the prospective Women's Healthy Eating and Living study between March 1, 1995, and May 3, 2007.

Clinical outcomes were invasive breast cancer recurrence and new primary breast tumors during a mean of 7.3 years of study follow-up as well as death from breast cancer or any cause during a mean of 11.4 years of surveillance.

Nightly fasting duration was estimated from 24-hour dietary recalls collected at baseline, year 1, and year 4 – sleep duration self reported, archived blood samples used for HgbA1c and CRP.
• Fasting < 13 hours per night (lower 2 tertiles of nightly fasting distribution) was assoc with an increase in the risk of breast cancer recurrence compared with fasting 13 or more hours per night (hazard ratio, 1.36; 95% CI, 1.05-1.76)

• Not assoc with higher risk of breast ca mortality or all cause

• Prolonging the length of the nightly fasting interval may be a simple, nonpharmacologic strategy for reducing the risk of breast cancer recurrence. Improvements in glucoregulation and sleep may be mechanisms linking nightly fasting with breast cancer prognosis.
Previously showed in a phase III randomized clinical trial that yoga - a program that consists of breathing exercises, postures, and meditation - significantly improved sleep quality in cancer survivors.

328 participants from 12 centers who provided data on the memory difficulty item of the MD Anderson symptom inventory included – 8 sessions of yoga for 75 minutes.

Sleep quality measured using the Pittsburgh Sleep Quality Index.

Yoga significantly reduced patient-reported memory difficulty in cancer survivors.
190 women with breast ca randomly assigned and stratified for hormonal therapy

12 - week enhanced self care (informational booklet) vs. self care with 10 traditional acupuncture sessions

Primary outcome: hot flash score (freq X severity)
• Acupuncture plus enhanced self-care was associated with a significantly lower hot flash score than enhanced self-care at the end of treatment (P < .001) and at 3- and 6-month post-treatment follow-up visits (P = .0028 and .001, respectively).

• Acupuncture was also associated with fewer climacteric symptoms and higher quality of life in the vasomotor, physical, and psychosocial dimensions (P < .05).
Clinical Practice Guidelines on the Use of Integrative Therapies as Supportive Care in Patients Treated for Breast Cancer

Searched publications (January 1, 1990-December 31, 2013) and identified 4900 articles, of which 203 were eligible for analysis.

– Greenlee, et al
Meditation, yoga, and relaxation with imagery are recommended for routine use for common conditions, including anxiety and mood disorders (Grade A)

– Greenlee, et al
Stress management, yoga, massage, music therapy and meditation are recommended for stress reduction, anxiety, depression, fatigue, and quality of life (Grade B)

– Greenlee, et al
Clinical Practice Guidelines on the Use of Integrative Therapies as Supportive Care in Patients Treated for Breast Cancer

The majority of intervention/modality combinations ($n = 138$) did not have sufficient evidence to form specific recommendations (Grade I)

– Greenlee, et al
Notably, 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.

– Greenlee, et al
Exercise in Cancer Care

Effects of a Physical Activity Behavior Change Intervention on Inflammation and Related Health Outcomes in Breast Cancer Survivors: Pilot Randomized Trial


Southern Illinois University (SIU) School of Medicine, Springfield, IL, USA.

Integr Cancer Ther. 2012 Jul 24
Symptom Clusters

- Fatigue
- Weight loss/gain
- Poor sleep quality
- Depression
- Anxiety

- Cognitive slowing
- Pain
- Physical deconditioning
- Sexual dysfunction
- Lymphedema
Integrative Medicine in Cancer Care

Nutrition

Exercise

Mindfulness

Sleep

Acupuncture

Massage

Yoga

Music Therapy
Exercise in Cancer Care

Chronic Exercise training

Acute, transient release of IL-6 with resultant increase in anti-inflammatory mediators with each bout of exercise

Beneficial changes in body compositon with resultant changes in adipokine levels

Decrease in chronic systemic inflammation

Less fatigue, improved sleep quality, reduced risk of breast cancer recurrence
AICR Recommendations to Reduce Cancer Risk

• Be as lean as possible without becoming underweight
• Be physically active for at least 30 minutes every day
U.S. Diets: Lacking in Fruits and Vegetables

• CDC reports only 14% of adults eat recommended number of servings/day
  – 33% eat 2 or more servings of fruit a day
  – 27% eat 3 or more servings of vegetables

• Only 9.5% of high school students meet recommendations (32% fruit, 13% veg)

• Healthy People 2010 objective was to have 75% meet fruit and 50% vegetable

  Centers for Disease Control 2009
Nutritional Risk Reduction Strategies

- Cruciferous vegetables - Indole 3 Carbinol
- Asian Mushrooms - AHCC
- Turmeric and ginger - Curcuminoids
- Green tea - EGCG
- Vitamin D
Benefits of a Plant-based diet

- A double-blind, placebo-controlled randomized trial evaluating the effect of a polyphenol-rich whole food supplement on PSA progression in men with prostate cancer.

### Baseline characteristics

<table>
<thead>
<tr>
<th></th>
<th>FSG (134)</th>
<th>PG (65)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age (mean years)</strong></td>
<td>71.8</td>
<td>76.4</td>
</tr>
<tr>
<td><strong>PSA (mean µg l(^{-1}))</strong></td>
<td>6.5</td>
<td>6.5</td>
</tr>
<tr>
<td><strong>Gleason grade ≤7</strong></td>
<td>127 (95%)</td>
<td>57 (88%)</td>
</tr>
<tr>
<td><strong>Gleason grade &gt;7</strong></td>
<td>7 (5%)</td>
<td>8 (12%)</td>
</tr>
<tr>
<td><strong>Gleason grade mean (µg l(^{-1}))</strong></td>
<td>6.5</td>
<td>6.2</td>
</tr>
<tr>
<td><strong>BMI (mean kg m(^{-2}))</strong></td>
<td>28.1</td>
<td>28.3</td>
</tr>
<tr>
<td><strong>Cholesterol (mean mmol l(^{-1}))</strong></td>
<td>4.87</td>
<td>4.72</td>
</tr>
<tr>
<td><strong>BP (mean systolic/diastolic mm Hg)</strong></td>
<td>146/83</td>
<td>150/82</td>
</tr>
<tr>
<td><strong>Serum glucose (mean mmol l(^{-1}))</strong></td>
<td>5.15</td>
<td>5.30</td>
</tr>
<tr>
<td><strong>C-reactive protein (mean mg l(^{-1}))</strong></td>
<td>1.51</td>
<td>1.74</td>
</tr>
</tbody>
</table>

Table 1
Summary of baseline characteristic in the randomly assigned groups
Median percentage PSA change - all men

Difference 63.8% ANCOVA p=0.0008

All men n=199

Key: FS = Food supplement, ANCOVA = Analysis of covariance, 
    —— = 95% confidence intervals
Median percentage change in PSA (AS)

Difference 47.12% ANCOVA p=0.001

Men on active surveillance n=121

FS group
Placement group

Key: FS = Food supplement, ANCOVA = Analysis of covariance, 
= 95% confidence intervals
Median percentage change in PSA (WW)

Difference 71.56% ANCOVA p=0.001

Men on watchful waiting n=78

Key: FS = Food supplement, ANCOVA = Analysis of covariance, \( \cdots \cdots \) \( \cdots \cdots \) = 95\% confidence intervals
ACS Comments on Supplements

• “There is strong evidence that a diet rich in vegetables, fruits and other plant-based foods may reduce the risk of cancer, but there is no evidence at this time that supplements can reduce cancer risk, and some evidence exists that indicates that high-dose supplements can increase cancer risk.”

Kushi et al, CA, 2006
• If consumed at all, limit consumption of alcoholic beverages to two a day for men, one a day for women (one a week for women with increased breast cancer risk)

• Don’t use supplements to protect against cancer

• After Rx, cancer survivors should follow the recommendations for cancer prevention
AICR Recommendations to Reduce Cancer Risk

Limit consumption of red meats (beef, pork and lamb) and avoid processed meats.
Eat More

- Pomegranate - fruit
- Green Tea - leaf
- Broccoli - flower
- Turmeric - root
The Great Antioxidant Debate

- Antioxidants may interfere with the mechanism of action of cytotoxic chemotherapy or radiotherapy
- Use of antioxidants causes diminished treatment effect and protection of tumor

- Oxidation supports malignant proliferation
- Oxidation may interfere with standard Rx, diminishing therapeutic benefit
- Antioxidants improve Rx efficacy and protect from toxicity of treatments
Antioxidants and Chemo:

- **Strongly Oxidative Chemo**
  - Cisplatin
  - Alkylating agents
  - Cyclophosphamide
  - Ifosfamide
  - Melphalan
  - Antitumor antibiotics
  - Doxorubicin
  - Daunorubicin
  - Bleomycin

- **Antioxidants:**
  - Vitamin A, C, E
  - Selenium
  - Melatonin
  - N-acetylcysteine
  - Glutathione
  - C0-Q 10
  - Alpha-lipoic acid
Herb-Drug Interactions: CYP3A4

- Anticancer Agents
- Camptothecins
- Cyclophosphamide
- EGFR-TK inhibitors
- Epipodophyllotoxins
- Taxanes
- Vinca alkaloids

Herbal Products
- CYP3A induction
  - SJW
  - Echinacea
  - Grape seed
  - Kava
  - Garlic - anticoagulation

- CYP3A inhibition
  - Gingko
SELECT Study Meds Stopped

• 35,000 men > 50 enrolled 2001-2003
• Randomized to one of 4 arms Two placebo pills n=8696
• Selenium and placebo n=8752
• Vitamin E and placebo n=8737
• Selenium and vitamin E n=8702

• DSMC asked participants to d/c Rx in 9/08
• Not likely to see 25% reduction risk of CaP
• Trends towards ↑ CaP in vit E

— NCI Cancer Bulletin Nov 4, 2008; Results in Lippman et al JAMA, 2009
SELECT Follow-Up 2011

- Report includes additional 54,464 person-years of follow-up and 521 additional cases of prostate CA since 2009
- DSMB recommended reporting new data 529 in placebo group developed CaP
- 620 in vitamin E (HR 1.17; 1.004-1.36, P=.008)
- 575 in selenium (HR 1.09; 0.93-1.27, P=.18)
- 555 in Se plus E (HR 1.05; 0.89-1.22, P=.46)

- Vitamin E supplementation significantly increased the risk of CaP in healthy men

Klein et al, JAMA 2011
Folic Acid & B12 in Norway

- 6837 people with ischemic heart disease treated with B vitamins or placebo 1998-2005 FA 800 mcg + B12 400 mcg + B6 40 mg (1708)
- FA 800 mcg + B12 400 mcg (1703)
- B6 40 mg (1705)
- Placebo (1721)

- Results obtained after a median 39 mos treatment and 38 mos follow-up

> Ebbing et al, JAMA 2009
Vitamin B12 and Folate

Results mainly driven by increased lung cancer incidence with B vitamins.
Vitamin D3 (Cholecalciferol)

- Estimate that 1 billion people worldwide may be Vitamin D deficient
- Dark skin, obesity, heredity may hinder production
- Older adults need to ingest more because of decreased skin and renal synthesis
- 25(OH)-Vitamin D is good blood test < 30 ng/mL insufficient
  - ~ 45 ng/mL adequate
  - > 50 ng/mL optimal
Vitamin D3 (Cholecalciferol)

Deficiency linked to increased incidence of certain cancers (breast, prostate, colon, pancreas)
Vitamin D

- Cancer cells exposed to calcitriol undergo differentiation, cell cycle arrest and apoptosis depending on model and dose.

- Vit D may be an important factor in angiogenesis with high dose D inhibiting tumor growth via disruption of angiogenesis.

- Calcitriol potentiates anti-tumor activity of taxanes, anthracyclines, alkylating agents and antimetabolites *in vitro and in vivo*. 
Vitamin D and Colon CA Risk

- European Prospective Investigation into Cancer and Nutrition (EPIC)
- 52,000 participants from Denmark, France Greece, Germany, Italy, Spain and the UK
- 1248 incident CRC cases c/w 1248 controls
- Strong inverse association between pre-dx vitamin D levels and CRC risk < 25 nmol/l associated with higher risk
- > 100 nmol/l associated with lower risk
- Higher consumption of dietary vitamin D not associated with a reduced risk
- Optimal level of vitamin D supplementation unknown
Vitamin D in Colon Cancer

• Retrospective study of baseline vitamin D levels in newly diagnosed Stage IV CRC
• Stored specimens collected 2005-2006
• 153 of the patients had died by April 2009
• Median vitamin D level all pts- 21.5 ng/mL 83% total pts were deficient (< 30 ng/mL)
• Only 7 pts > 40 ng/mL

• Pts with low vitamin D had survival outcomes 1.5 times worse than those with nl levels
• Unknown whether aggressive vitamin D replacement would improve outcomes

- Wesa et al, ASCO 2010
Quality of Supplements Varies

• USP - United States Pharmacopoeia
  – Third party verification of quality
MINDFULNESS RESEARCH PUBLICATIONS BY YEAR, 1980 - 2013

Source: D.S. Black (2014)
Mindfulness and Telomeres

• Influence of Mindfulness-Based Stress Reduction (MBSR) on Telomerase Activity in Women With Breast Cancer (BC).

Mindfulness and Telomeres

• Randomized, controlled trial
• 142 breast cancer patients (stage 0-III) after primary treatment - 6 weekly 2 hr sessions
  – Education related to mindfulness
  – Collective practice of meditation
  – Addressing barriers to regular practice
  – Body scan, yoga, walking meditation
• Increased telomerase activity in meditation group
Memorial Cancer Institute Survivorship Program

Survivorship plan:
- Coping, nutrition, exercise, sleep, risk factor reduction, counseling, **positive health behaviors** as well as routine health visits and screening.
- Support – groups and advocacy organizations
- Write a prescription... for exercise and nutrition
- Involve family, friends, and caregivers
Rationale for the Wellness Model in Cancer Care

• Research suggests that our presence as medical or mental health clinicians, the way we bring ourselves fully into connection with those for whom we care, is one of the most crucial factors supporting how people heal - how they respond to our therapeutic efforts.

– Daniel Siegel The Mindful Therapist 2010
Contact information:

• asmehta@mhs.net

• Integrative Medicine Clinic:
  – 954-844-9080
Soy Beans

• Numerous nutritional benefits: Isoflavones
  - Daidzein (40%), genistein (50%) and glycetin (10%)
• Essential amino acids
• Fibers
• Poly-unsaturated fatty acids
• Vitamins and minerals

• Isoflavones acts as selective estrogen receptor modifiers
• ? Safety of soy products in ER+ women
LACE Study

• Life After Cancer Epidemiology Study followed 1954 breast CA survivors dx 97-00 for 6.3 yrs
• 282 breast CA recurrences ascertained
• Isoflavone intake assessed
  – Soy intake at levels comparable to those consumed in Asian population
  – May reduce the risk of recurrence in women who have been treated with tamoxifen (In postmenopausal women (HR 0.48, 0.21-0.79, p=0.008))
• Does not appear to negate the effects of tamoxifen
• Further confirmation required before recs issued
  – Guha et al, Breast CA Res and Treat, 2009