



HEALING WORKS[®]
FOUNDATION

INNOVATING WHOLE PERSON CARE

NCCS Presentation: Making Integrative Oncology Regular and Routine

2022-2023 ONCOLOGIST & PATIENT SURVEY RESULTS

TERRI CRUDUP, PATIENT ADVOCATE, EVIDATION HEALTH
ALYSSA MCMANAMON, MD, FACP

MAY 2024

AGENDA

- Speaker Introductions
- Warm-Up Exercise
- Integrative Oncology Overview
- 2022-2023 Survey Results
- Making Integrative Oncology the Norm
- Q&A

SURVIVORSHIP CHAMPIONS WEBINAR

**Making Integrative Oncology Regular & Routine:
A Practical Guide to Meeting the Demands of Patients
and the Needs of Health Systems**



Terri Crudup, MBA
Director Business Development
Evidation | Integrative
Oncology Patient Advocate



Alyssa McManamon, MD, FACP
Associate Professor of Medicine
Boonshoft School of Medicine,
Wright State University

Introduction – Terri Crudup

- 20-year researcher in pharmaceutical industry
- Two-time breast cancer survivor (2013 and 2019)
- Integrative oncology (IO) researcher, author & patient advocate
- Champion for increased education, access and funding of IO

Aug 2019

Feb 2020

Sept 2020

Sept 2021



Going through
Chemo, **No Hair**



Cancer charity Event,
Buzz Cut



Cancer 5K,
Mad Scientist Hair



Cancer 5K,
Hair is Back!

Warm-up exercise (free association)

Use the chat to respond, looking for gut reactions (don't think too hard):

What is the first word, phrase, or feeling that comes into your mind when you hear the term...

Integrative Oncology

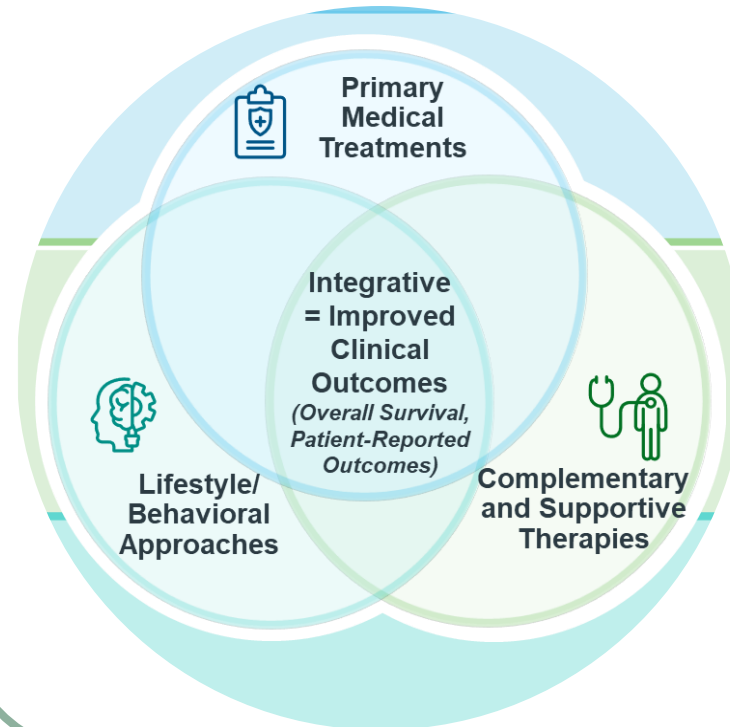
Introduction – Integrative Oncology (IO)

Integrative Oncology Definition: A patient-centered, evidence-informed field of cancer care that utilizes mind-body practices, natural products, and/or lifestyle modifications from different traditions alongside conventional cancer treatments

Complementary & Lifestyle Therapies Used in HWF Research

- *Improved Nutrition*
- *Regular Exercise*
- *Meditation or Mindfulness*
- Acupuncture/Acupressure
- Massage Therapy
- Music or Art Therapy
- Patient Support Groups or Patient-Survivor Pairings
- Psycho-Oncology Support (Therapy)
- Reiki or Therapeutic/Healing Touch
- Spiritual Services
- Tai Chi or Qi Gong
- Yoga

Integrative = Conventional + Complementary & Lifestyle Therapies











Other Complementary Modalities (not comprehensive)

- Cannabis
- Expressive Writing/Journaling
- Guided Imagery
- Fasting
- Homeopathy
- Hypnosis
- Lavender Essential Oil Inhalation
- MBI (mindfulness-based intervention)
- Reflexology
- Relaxation Therapies
- Supplements

Italicized modalities represent lifestyle changes that can be a solid foundation for improving many aspects of health (mind, body, and soul)

Integrative Oncology Survey Methodology (Wave 2)

	 Oncologists	 Patients
 Survey Length	15 minutes	15 minutes
 Sample Frame	US-based Oncologists treating any type of cancer	People in the US diagnosed with any type of cancer within the past two years
 Sample Size	153 representative Oncologists	1,004 representative cancer patients
 Dates	June 14 - July 5, 2023	June 7 - June 30, 2023
 Data Weighting (to ensure representative)	<ul style="list-style-type: none"> • Solid tumors (65%) vs. hematology (35%) • Age • Location (urban/suburban/rural) • US region 	<ul style="list-style-type: none"> • Gender • Age • Ethnicity • Location (urban/suburban/rural) • US region
 Wave 1 Notes	<ul style="list-style-type: none"> • Data collection 2022 similar timeframe • Survey, sample, and data weighting all similar to W2 	<ul style="list-style-type: none"> • Data collection 2022 similar timeframe • Survey, sample, and data weighting all similar to W2

Access the full 2023 Wave 2 report here: www.HealingWorksFoundation.org/CancerSurvey2023

Three Key Takeaways

1. Many people with cancer **add complementary therapies** to conventional medical treatments and believe this is **improving side effect management** and their **overall well-being**.
2. Though nearly **two-thirds** of people with cancer are using an **integrative approach**, oncologists are not always aware and **severely under-estimate patient interest**.
3. Patients and oncologists agree that **funding** of complementary therapies is a primary barrier to increasing usage; **awareness, access, and practical delivery** issues are also raised.

More than 50% of oncologists and people with cancer strongly believe in the power of integrative oncology













- Belief is strongest that IO helps to manage side effects and improve patient well-being, but there is mounting evidence of and belief in the positive impacts on survival odds
- Patient positive attitudes are significantly higher in 2023 than they were in 2022

Level of Agreement with Statements about Integrative Oncology (Wave 2) (% of respondents)		
Base: Total Patients and Total ONCs (T2B, 6 or 7 on 7-point scale*)	Patients (n=1004)	ONCs (n=153)
Complementary therapies are effective at helping people with cancer manage the side effects of medical treatment	58% ↑	52% ↓
Using an integrative treatment approach (medical plus complementary therapies) is effective at improving cancer patients' overall well-being , compared to using medical treatments alone	57% ↑	56%
Using an integrative treatment approach (medical plus complementary therapies) is effective at improving cancer patients' overall survival , compared to using medical treatments alone	49% ↑	33%

*5% or less each of ONCs and patients had strong disagreement (1 or 2 on 7-point scale) with each statement

↑↓ Arrows represent significant differences between waves at 95% C.L.

People with cancer are using numerous complementary therapies and want their health systems to offer more

Complementary Therapies used by Patients (as part of cancer treatment) (Wave 2) (% of respondents)		
Base: Total Patients		% of Patients who Engaged in a Complementary Approach (n=1004)
 Nutrition Consultation or Program		37%
 Mental Health Support / Therapy		28%
 Meditation or Mindfulness		28%
 Exercise Consultation or Program		27%
 Spiritual Services		27%
 Patient Support Group / Patient-Survivor Pairing		25% ↑
 Massage Therapy		16%
 Music or Art Therapy		13%
 Yoga Therapy		10%
 Acupuncture or Acupressure		7%
 Reiki or Therapeutic / Healing Touch		6% ↓
 Tai Chi or Qi Gong		4%

- **71%** of patients believe their health system should offer more complementary therapies for cancer patients
- Increasing significantly from 2022 to 2023, **45%** of patients would have had greater satisfaction with their treatment if offered more complementary therapies

↑↓ Arrows represent significant differences between waves at 95% C.L.

While nearly two-thirds of patients use at least one complementary therapy, ONCs are often unaware

% of patients that use at least one complementary therapy as part of their cancer treatment: **64%**

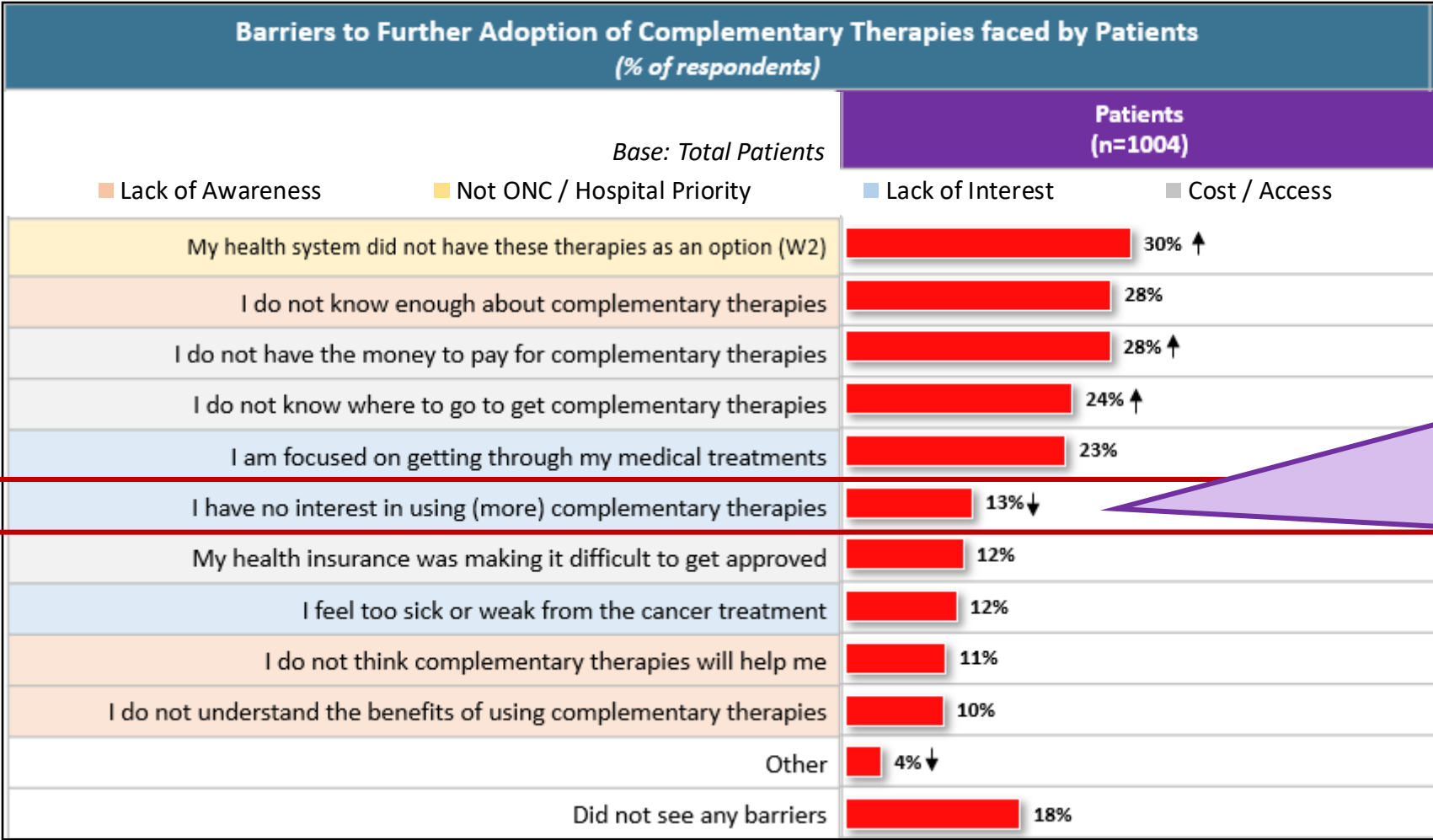


% of patients that oncologists *think* are using the integrative approach: **40%**



Not all oncologists proactively ask, and majority of patients do not inform their oncologists → Communication Gap!

Education, access, and funding continue to be the largest patient barriers to increasing IO usage

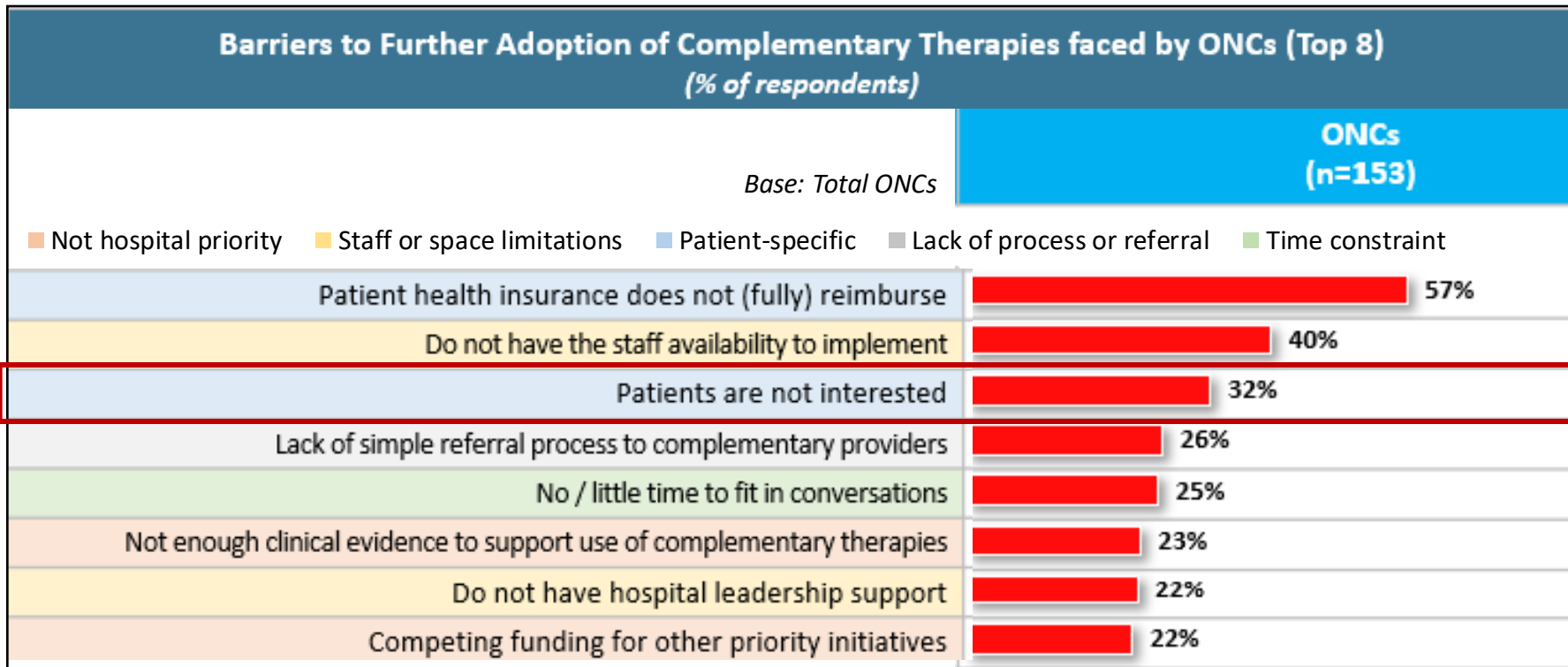


Less than 1 in 5 patients – significantly lower than W1 – report not being interested in complementary therapies, yet that is a primary barrier noted by one-third of ONCs in both waves

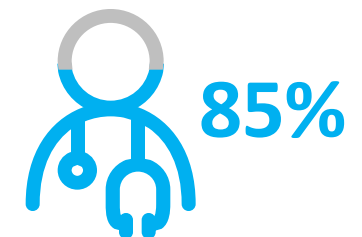
↑↓ Arrows represent significant differences between waves at 95% C.L.

Oncologists agree that lack of insurance support is the #1 barrier, as well as other practical issues

- The vast majority of Oncologists want to learn more about IO, but they mistakenly think patients are not interested



% ONCs desire to learn more about integrative treatment's evidence base:



No significant differences between waves at 95% C.L.

How can Patients, Caregivers, and Advocates Help?

- **Communicate:** Ask/inform your healthcare team, including your oncologist, about complementary therapies you are using or interested in.
 - See Appendix for some conversation thought starters and questions for your care team.
- **Empower:** Increase your own knowledge – the [Healing Works Foundation site](#) has great resources, including [pocket guides](#) with simple explanations and practical resources.
- **Take Action:** Adopt complementary therapies into your treatment and survivorship, or if you are caregiver, help the person you care for adopt them.
 - The key is small steps, trying different approaches, and sticking with any new approach for *at least* 2 weeks.

THE EVIDATION HEALTH APP:

A companion to help people affected by cancer adopt complementary therapies during treatment and into survivorship

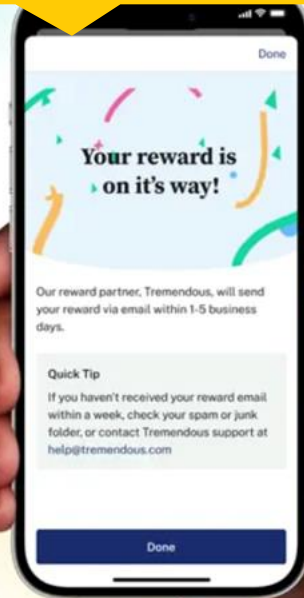
People join the Evidation app because they want to engage more in understanding and tracking their health, contribute to research, and get rewarded for healthy behaviors.

Personal Health Feedback



Steps-Sleep Relation

Rewards for Healthy Behaviors



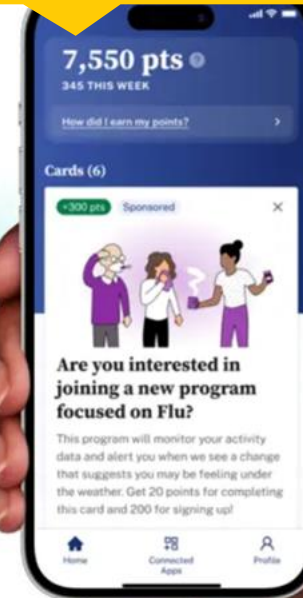
All App Activities

Highly Relevant, Useful Content



Nutrition Example

Opportunities to Join Research



Include Your Voice

One of the Top Health Apps in App Store

“Participating in a research study helped me notice patterns in my chronic pain.”

– Vicki

“Evidation is my accountability buddy for logging food, activity, and water intake.”

– Janet



Scan here
To sign up for the app

Introduction-Dr. Alyssa McManamon

- Triple board-certified practicing hematologist-oncologist
- Associate professor of medicine at Boonshoft School of Medicine-Wright State University
- One of 100 practitioners selected for the NCI-funded University of Michigan Integrative Oncology Scholars Program
- Fellowship trained in the National Capital Consortium, completing a research year at the NCI
- Retired Colonel, United States Air Force

- **Clinician-Educator:**

Former Director of USU Advanced Clerkship Programs and Master Clinician, 88th Medical Group; Dayton VA Medical Center faculty

- **Co-Author:**

Healing and Cancer (2024)

Disclaimers

- The views expressed do not necessarily reflect the position or policy of the Department of Veterans Affairs or the United States government.
- Financial disclosures: none.

NCCS Definition of Cancer Survivorship Inspires



Survivors' stories are the teacher: narrative mapping & survivorship care plans as educational innovation for preclerkship medical students

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Marie Thompson Ph.D., Associate Professor, Department of Communication, Wright State University



Abstract #90

Background

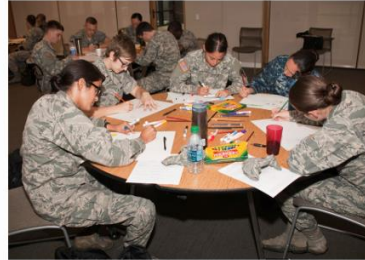
The Institute of Medicine's recommendation for Survivorship Care Plans (SCPs) has met slow adoption, further hampered by exponential growth in cancer survivorship. Inviting patients into SCP creation supports individualized care goals. Narrative mapping is a visual tool to navigate challenging communicative landscapes¹. We describe an educational innovation that values SCP completion, engages physicians and trainees to solicit patient narrative, and allows emergence of collaborative care.

We hypothesized it is feasible to:

1. Provide preclerkship medical students "legitimate peripheral participation" in patient care via meaningful use of the electronic health record (EHR) to review an individual patient's cancer history
2. Engage survivors and learners through narrative mapping to improve SCP process
3. Provide a student-prepared, clinician/survivor-vetted SCP, leveraging undergraduate medical education (UME) in support of survivors' needs

Methods

- 170 second-year students at USU were invited to enroll in a pilot curriculum on cancer survivorship.
- Oncology providers identified patients without an SCP and interested in sharing their stories since time of diagnosis.
- Survivors and students (in separate 90 minute workshops) created and shared drawn maps of personal health stories.
- Students received EHR training to inform use of the ASCO SCP template for an assigned survivor.
- Following student-survivor review of survivors' narrative maps, triads (student-survivor-oncologist) met to finalize SCPs for EHR upload.



Student:
"This (mapping) is one of the best tools I know for understanding a person's perspective about their identity, their values and concerns and...their health experience."



Disclaimer

"The view(s) expressed herein are those of the author(s) and do not reflect the official policy or position of the Department of the Air Force, Department of Defense or the U.S. Government."

Results

- Over three months, after mapping personal health stories (all participants) and EHR training (students):
- 18 medical students drafted an ASCO SCP on behalf of an assigned survivor
 - 19 survivors received an SCP following creation and sharing of their narrative map
 - Participants' reflections were uniformly positive
 - 95% of students submitted written reflections (+)
 - Survivors requested future opportunities to participate

Survivors' Input for Clinicians/Trainees:

- "Empathy & listening are so important. We still need care AFTER treatment."
- "Learn more about patients' fears, hopes, what to say/what not to say to help us cope with the disease and survivorship."
- "The diagnosis or label of cancer is not the sum total of me, and survivorship is not just the absence of cancer in my body and mind."

Conclusions

- Survivors are enthusiastic educational partners in complex care environments.
- It is feasible to engage medical students with cancer survivors to create SCPs, with narrative mapping as a contextualizing approach.
- UME learning needs dovetail with those of survivors to address the call for SCP adoption and care coordination.

Reference

1. Thompson, M. (2010). The wisdom of vulnerability: A post-structural feminist exploration of healing in the aftermath of war. (Electronic Dissertation). Retrieved from <https://etd.ohiolink.edu/>

Survivors' stories are the teacher: Narrative mapping and survivorship care plans as educational innovation for pre-clerkship medical students.

Alyssa Claire McManamon, Marie Thompson

Journal of Clinical Oncology 2017 35:5_suppl, 90-90



Survivors' stories are the teacher: narrative mapping & survivorship care plans as educational innovation for preclerkship medical students

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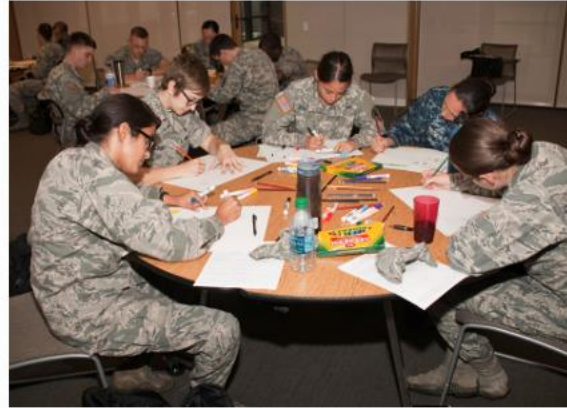
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Student:
"...there is value in a patient's story in that it gives us a complete picture of the person—and can help us treat the patient both emotionally and physically."

Student:
"This (mapping) is one of the best tools I know for understanding a person's perspective about their identity, their values and concerns and...their health experience."



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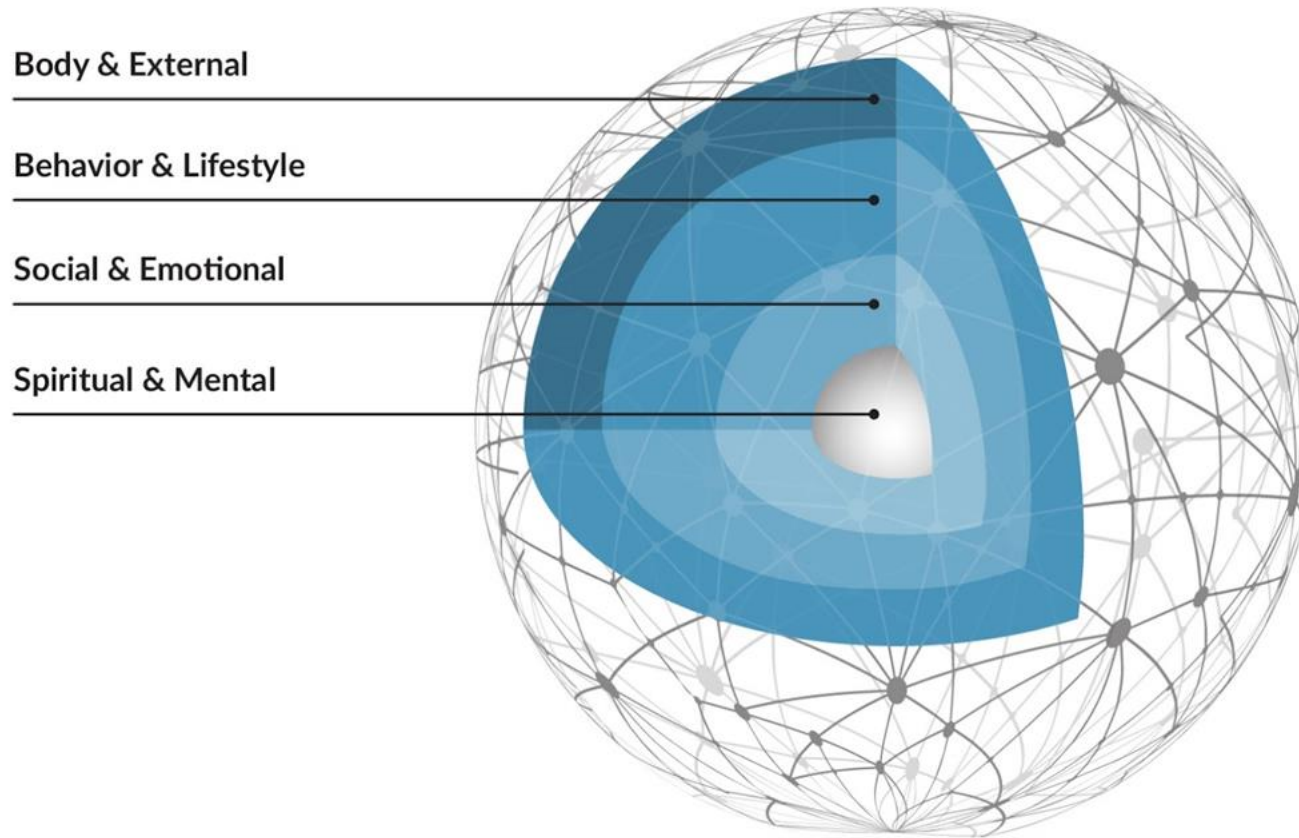
Cancer moonshot's national goal

Cut today's age-adjusted death rate from cancer by at least 50% over the next 25 yrs

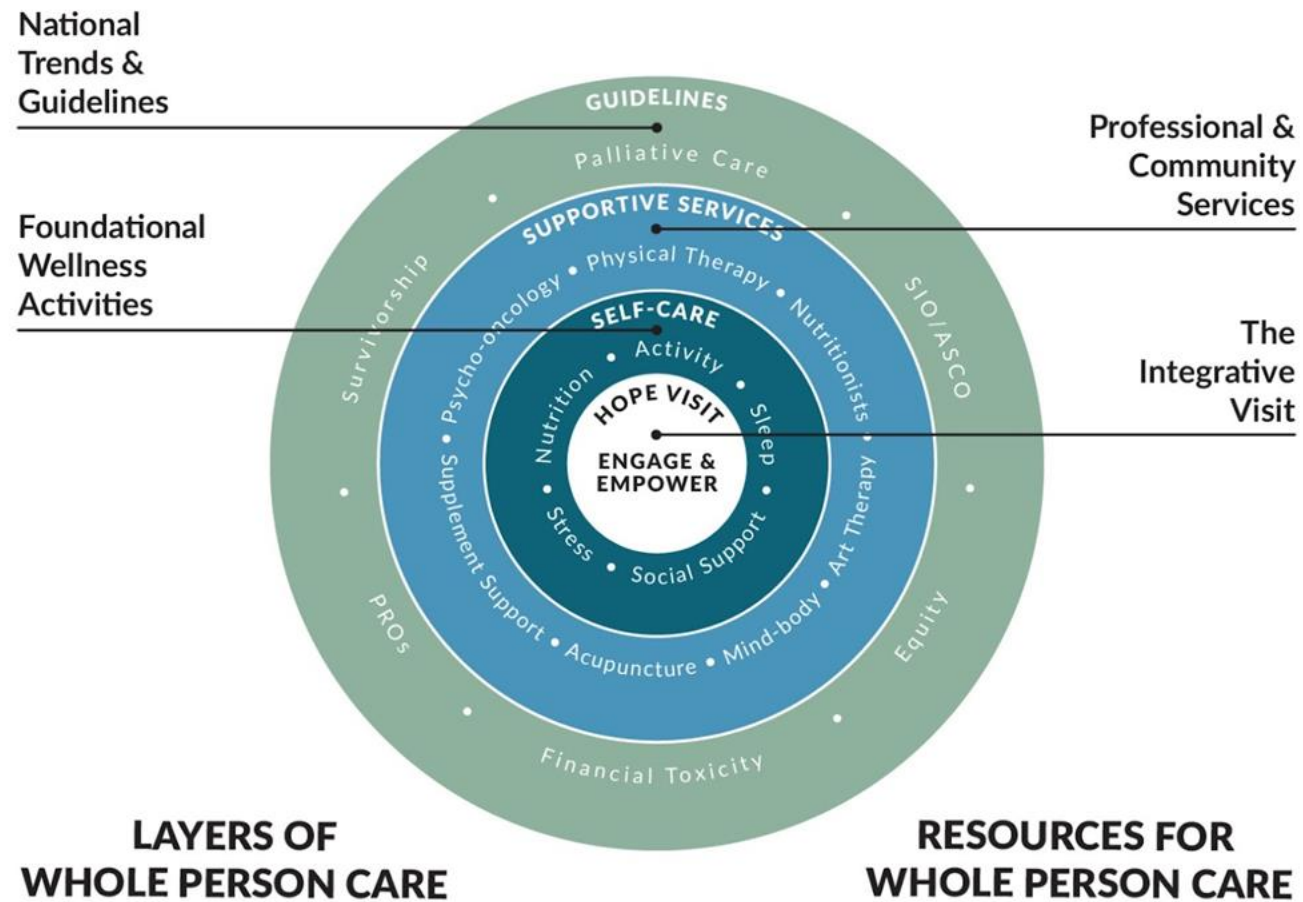
AND

Improve the experience of people and their families living with and surviving cancer

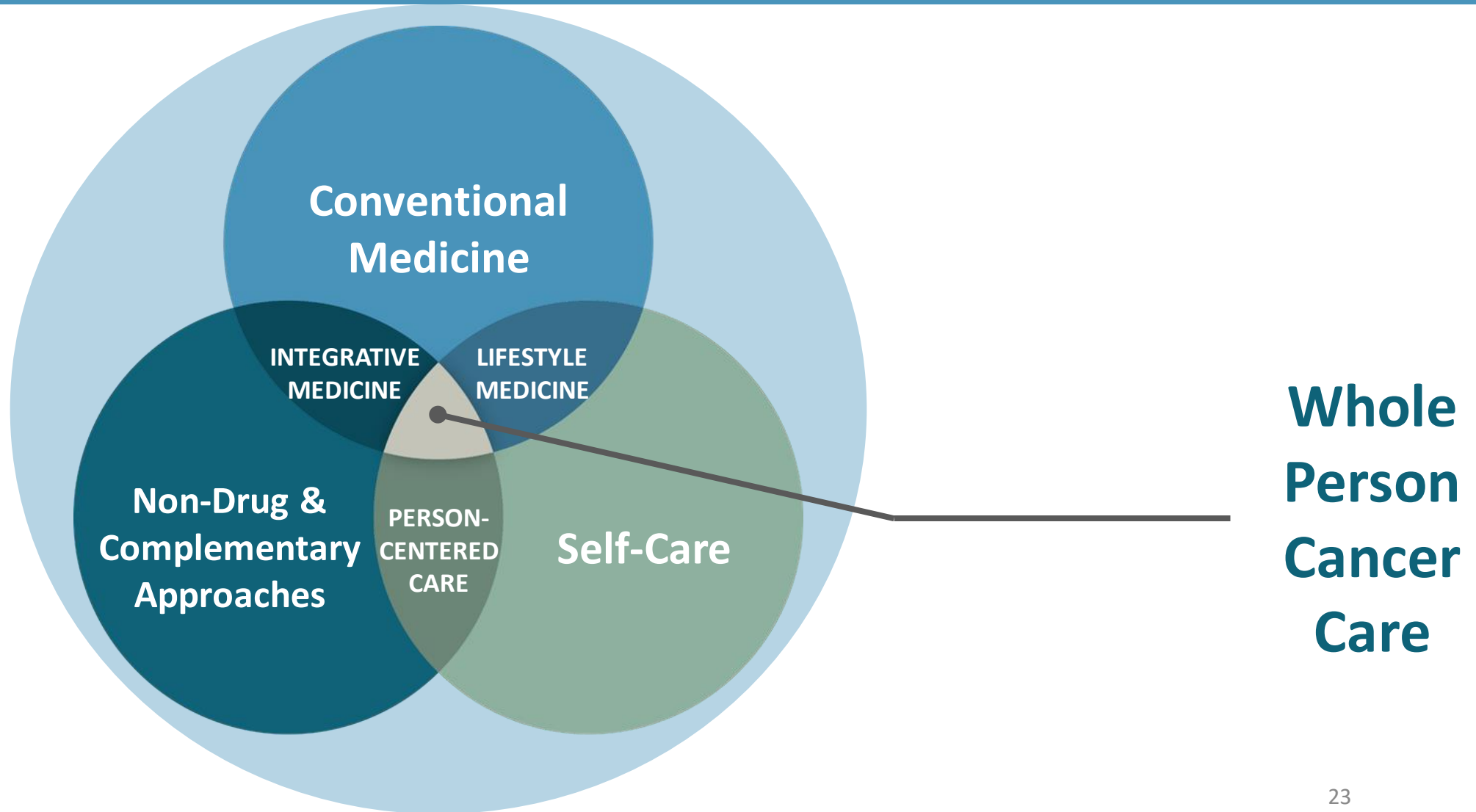
What is a Whole Person?



Big Picture of Whole Person Care



What is Whole Person Cancer Care?



Case examples

- Elderly person (on immunotherapy) advocates for support group to form on site—now alive two years past “due date”
- Elderly person (on chemo-immunotherapy) “graduates” herself from medical massage, tries Tai Chi (and doesn’t like it), experiences relaxation from a guided imagery session and moves into IO empowered to pick and choose, remains a member of above group

Case examples

- Young person (surgery/chemo/radiation/hormonal rx) finds a way back to femininity; “fits” integrative health advice into *her* life and improves sleep
- Person with stage IV cancer who lives alone self-advocates via multi-disciplinary approach: mental health, IO, palliative care, 2nd opinion, lawyer for estate planning

What Can I Do

As a Caregiver

- Act as an advocate
- Take notes
- Increase your knowledge and comfort with talking about WPC* (pocket guides)
- Ask for help when you need it
- Research free options
- Share your story with [Cancer Moonshot](#)

As a Person during treatment

- Tell your care team what you need and what you are currently doing
- Provide feedback to hospital system
- Bring an advocate to help you get your needs met
- Tap into external help to access WPC

As a Person post treatment

- Increase patient demand – [tell your story](#)
- Join patient advocacy groups
- Serve as a patient voice on a board
- Increase your knowledge and comfort with talking about WPC* (pocket guides)

*WPC = whole-person care

What Can I Do

As a System

- Value based care
- Bundled payments
- CMMI grants
- CMS Enhancing Oncology Model (in progress)
- Team-based care
- Tap into community assets
- Involve philanthropy

As a Clinician

- Offer group visits
- Ask patients what matters to them NOW
- Research community/system offerings
- Refer to IH providers
- Try a modality for yourself

Free and Low-Cost Options

- Self-care grants through non-profits (ex: Unite for HER)
- Employee wellness benefits
- Free modalities: Breathwork, Guided Imagery, Sleep Hygiene
- Tap into your circle of support
- Online programs ([Life with Cancer](#) at Inova, [Smith Center](#), others)
- Community organizations (ex: food prescription programs)
- Group medical visits
- Consider becoming a [patient advocate member of ASCO for free online meeting attendance](#) or a member of [SIO Patient Advocate Committee \(PAC\)](#)

WHOLE PERSON CANCER CARE

free resources

- [Video-Overview and Welcome Whole Person Cancer Care](#)
- [Ebook-A Whole Person Approach to Cancer Care \(26pg PDF\)](#)
- [12-part email series signup](#) (for patients and caregivers)

Topics: Nutrition, Exercise, Pain Management, Cannabis, Sexual Health, Avoiding Financial Toxicity, Spirituality, Mental Health, Supplements, Adolescents & Young Adults w/ Cancer, Group & Supportive Care AND Life After Cancer

<https://drwaynejonas.com/cancer-care-for-the-whole-person/>



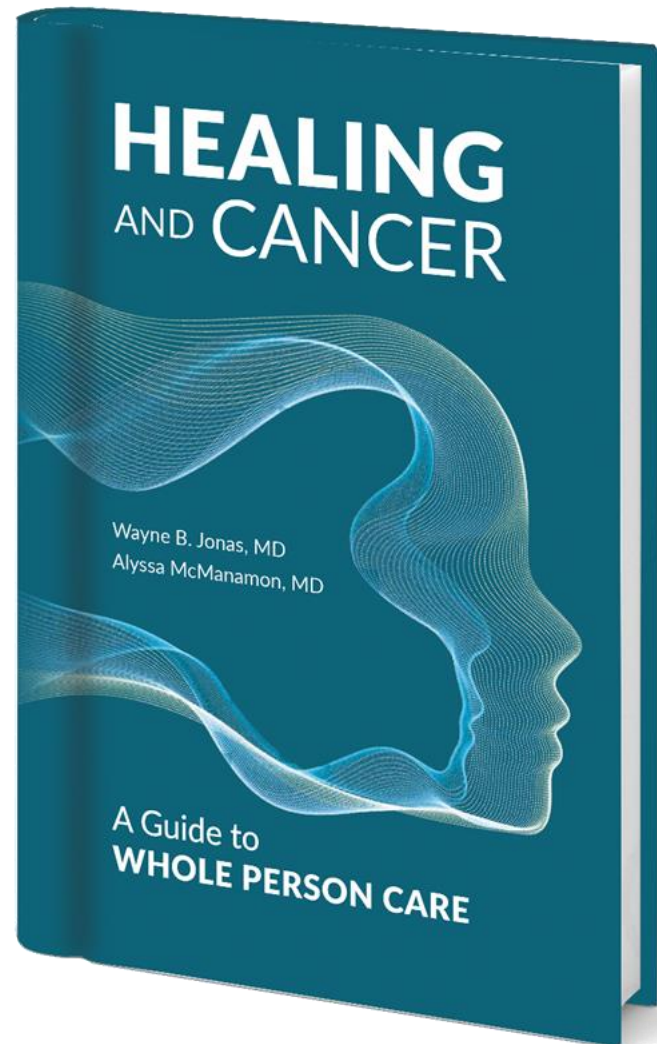
Who is already doing whole person cancer care?



Who is pushing for more whole person cancer care?



Available now for additional learning



Take the course at no cost to you thanks to a grant from the Healing Works Foundation.

For Physicians: This activity has been approved for AMA PRA Category 1 Credits™.

For Nurses: Nursing contact hours will be awarded.

This course is jointly provided by Tufts University School of Medicine Office of Continuing Education (TUSM OCE) and Center for Innovation in Family Medicine. It is made available by a grant from the Healing Works Foundation.

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Questions?



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Appendix: Leave-Behinds

Appendix: Definition of Integrative Oncology Provided to Respondents (1 Of 2)

Therapy	Description
Nutrition Consultation or Program	A nutritional consult typically begins with a professional evaluation to assess the patient and the patient's diet. The nutritionist may also assess sleep patterns, physical activity, and other lifestyle factors. With this information, the nutritionist works with the patient (or client) to identify opportunities for change.
Exercise Consultation or Program	An exercise consultation typically involves a discussion with a physiologist who helps develop a plan for the patient that may include flexibility, strength and cardiovascular aspects. Exercise programs for cancer patients take into account the strain on the body during and after treatment and are tailored at the individual or group class level.
Acupuncture or Acupressure	Acupuncture is a practice in which a trained specialist called an acupuncturist stimulates, usually with a needle, a specific point on the skin called acupoints. The purpose of acupuncture is to rebalance or correct the body's energy flow, relieve pain and stimulate the body to heal itself.
Yoga Therapy	Yoga is a group of physical, mental, and spiritual practices that may combine physical postures, breathing techniques, and meditation or relaxation. In therapeutic yoga, traditional yoga postures are applied to treat chronic health conditions. Practitioners receive additional training in anatomy, physiology, psychology, and other medically related topics.
Massage Therapy	Massage therapy is a healing practice that is thousands of years old. It is the manual administration of pressure to the body's soft tissue including muscles, tendons, ligaments and connective tissue. Massage therapy is typically performed to loosen and relax tissue, but can also be performed to treat serious health issues, like chronic pain.
Spiritual Services	Spiritual services are the aspect of health care that attends to spiritual and religious needs of the patient; for example, speaking to a chaplain of your chosen faith

Appendix: Definition of Integrative Oncology Provided to Respondents (2 of 2)

Therapy	Description
Meditation or Mindfulness	Mindfulness is the basic human ability to be fully present, aware of where we are and what we're doing, and not overly reactive or overwhelmed by what's going on around us. Mindfulness meditation often uses breathing techniques (focus on the breath) to help us suspend judgment and unleash our natural curiosity about the workings of the mind, approaching our experience with warmth and kindness, to ourselves and others.
Mental Health Support/Therapy	Mental health support/therapy helps patients with the psychological aspects of the treatment and management of cancer; it combines elements of psychiatry, psychology, and medicine with special concern for the psychosocial needs of the patient and his or her family.
Patient Support Groups or Patient-Survivor Pairings	Support groups are a tool for patients to connect with other people coping with cancer. Many organizations offer "buddy programs" that match patients with a survivor of the same type of cancer. Through this relationship, patients receive on-one support throughout their cancer treatment.
Tai Chi or Qi Gong	Tai Chi and Qigong are moving meditations that build balance, coordination, strength, and functional capacity. Both practices combine the use of slow and deliberate movements with meditation and breathing practice.
Reiki or Therapeutic/Healing Touch	Reiki or Therapeutic/Healing Touch are types of bioenergy medicine includes a number of different therapeutic interventions where a therapist helps to harness or manipulate a patient's subtle energy in order to help restore the body's balance and improve the body's ability to heal. Some of the most commonly used bioenergetic therapeutic interventions are Therapeutic Touch/Healing Touch, Reiki, and the laying-on- of-hands.
Music or Art Therapy	Music therapy is a clinical intervention that uses music within a therapeutic process to assist the patient in identifying and dealing with social, cognitive, emotion or physical concerns. Art therapy is a form of clinical intervention that uses art as the primary mode of expression and communication. The art therapist uses creativity to help achieve personal and treatment-related goals.

For patients and caregivers: oncologist conversation starts and questions

1. Consider your personal needs and provide your care team with answers to these questions:

- What does my care team need to know about me as a person to give me the best care possible?
 - Ex: "To give me the best care possible, I need you to know I really like information given to me slowly, one bit at a time..."
- What matters to you? What brings you joy?
 - Ex: "What matters to me is that I can get to my daughter's May graduation, and the one after that, and after that--you get me?"

2. If you are looking for information about IO modalities, here are some questions to ask:

- What can you tell me about drugless approaches that can decrease some of the potential treatment side effects you just counseled me about?
- What are the most common or concerning potential side effects and are there complementary therapies that could help?
- What resources do you suggest I review when it comes to integrative oncology or complementary practices?

3. If you have strong interest/inclination to use integrative oncology and want to share with you care team, questions:

- I am interested in additional ways I can help myself as I go through treatment – what drugless approaches do you have for ways to address physical, mental, and social aspects of my health>?
- I am interested in decreasing the chance I will have peripheral neuropathy from chemotherapy any way I can—how would you feel about me using cooling mitts during my infusions? What about acupuncture?