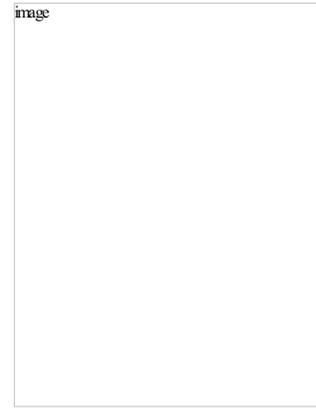


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Integrative Oncology: Making Choices to Fit in While Changing the Culture

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SECTION HEAD: Integrative Oncology**Integrative Oncology: Making Choices to Fit in While Changing the Culture**

By Santosh Rao, MD

I find it difficult to truly define integrative oncology. Statements about how we look after the “whole person”, pay attention to lifestyle and stress, or even spirituality seem ambiguous and incomplete. All caregivers pay attention to these things, perhaps some more than others, but is it the extent to which we devote time to holistic health or the fact we do it that makes us unique? Furthermore, what is included in integrative clinics vs. other settings is changing as we gather more evidence and complementary therapies become more accepted. Perhaps we are moving towards integrative care, as we conceive of it now, becoming a standard model, focusing on whole-person health, a personalized approach, inclusive of multidisciplinary care utilizing diverse disciplines. Still, I feel there is something that people recognize as different in an integrative oncology clinic — the ability to synthesize different concepts and perceptions of health along with different modalities, and to help people navigate the complex and often unregulated world of natural supplements and internet half-knowledge.

When I read consensus guidelines on integrative approaches to symptoms or in certain types of cancers, it strikes me how different these guidelines are compared to how many integrative practitioners practice or what patients are actually doing. We are limited by the quality of evidence available to us when we develop guidelines. As a practicing oncologist, I know that national guidelines and algorithms are part of almost every decision I make in clinical practice. You could go to multiple oncologists, and many patients seek multiple opinions, and there is often significant agreement on the approach to care. However, I think it would be highly unlikely you would get such agreement among integrative practitioners.

Integrative oncology has developed its own sphere of rapidly growing evidence, and integrative practitioners have the task of not only knowing the evidence, but also how it fits into a field where the guidelines are still somewhat murky. This will change as the evidence grows and recommendations become more firm and precise, but one of the most important decisions we all make in our integrative centers is where we draw the line — what should be included and what shouldn't in the practice?

Running a successful integrative oncology practice is similar to having a successful consultation practice. You have to consider where you are getting your patients from, are they self-referrals or consultations? If you are practicing outside of a cancer center or clinic, independently, perhaps choices can be based more on patient preferences. However, the concept of integrative oncology suggests a coordination of care, where conventional care is complemented. For academic integrative oncology centers or practices linked with cancer centers, you have to consider more than just the evidence. You have to know what your patients are exposed to geographically and culturally, how open referring providers are to different complementary

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