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Editorial Comment

Integrative oncology – What's in a name?

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[*"That which we call a Rose by any other name would smell as sweet", Shakespeare, Romeo & Juliet*]

Integrative oncology (IO) is the term being increasingly adopted to embrace complementary and alternative medicine (CAM), but integrated with conventional cancer treatment as opposed to being considered a rival or true "alternative". Should "mainstream" oncologists take such developments seriously or dismiss them as eccentric unproven quackery? I think there are several reasons for encouraging cancer doctors to learn more about CAM, and to ultimately provide their patients an introduction and engagement with Integrative Oncology.

The use of strategies now termed CAM is of course nothing new – the role of nutrition, herbal medicines, spiritualist approaches to healing have been practiced since ancient times. However in recent times far greater attention has been paid to CAM – especially in relationship to cancer. This is largely due to the relatively poor results of treating cancer with conventional modalities, the toxicity associated with the latter, and an increasing wish within society at large for patients to contribute to (even control) their own treatment. In some settings this has been interpreted as a challenge to doctors' knowledge and authority resulting in an undesirable polarity distancing the patient from their professional careers. There are three good reasons for encouraging discussion about the concept of Integrative Oncology.

1. To enhance mutual respect between patient and doctor.
2. To encourage research into CAM.
3. To increase doctor's knowledge of CAM.

1. An ever increasing number of patients are using CAM and yet all too often you hear reports of patients being reluctant to discuss this or even to inform their doctors that they are doing so – why is this? Common explanations include the fear that doctors will be insulted and therefore show less interest in the patients' future, or fear of being labelled as eccentric or stupid. Good doctors want to understand their patients and to know as much as possible about the patient's mental and emotional state at different times during their whole illness. Anything which restricts open and frank discussion can only inhibit such understanding and disadvantage the patient. Whether or not a doctor wishes to "integrate" their conventional treatment with CAM is an individual decision, but there should at least be a willingness to open the issue to discussion. This is not only to enhance communication, but also to ensure that no harm is introduced unwittingly by patients themselves. Drug/drug interactions are an obvious area where this can occur and there are well documented examples such as St. John's Wort inducing cytochrome P450 enzymes (CYP3A4) thereby increasing the metabolism of drugs such as the taxanes and cyclosporine.

2. One of the major reasons for the medical profession's scepticism of CAM is the poor evidence base for many of

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these treatments. Conventional medical approaches to any therapeutic area require firstly a firm hypothesis, and secondly a trial methodology that will result in different levels of evidence from pre-clinical usually laboratory based studies, through to non-randomised and eventually randomised controlled clinical trials. Many of the concepts used in CAM are inappropriate for evaluation by this means but this is not uniformly the case. Increasingly the medical profession are being encouraged to approach the design of clinical trials for clearly defined CAM modalities. There are unquestionable difficulties in designing such research but interesting lessons to be learned particularly from the scientific progress that has been made in psychosocial oncology over the past decade. Interestingly in the USA, the National Institutes of Health have designated two Centres specifically for cancer research in CAM, the National Centre for Complementary and Alternative Medicine and The Office of Cancer Complementary and Alternative Medicine – a division of the NCI. This development has certainly encouraged the funding of peer-reviewed research and will, in future focus more scientific enquiry in this area.

A major confounding factor in any CAM research is to isolate a new specific intervention from other lifestyle factors and of course from conventional therapies at the same time. Patients who participate in the use of CAM are likely to compliment any specific trial intervention with a range of other health influences such as physical therapies, massage, aromatherapy, approaches to exercise and their nutrition. It is however essential that strategies are developed to improve the evidence base of CAM so that it can be incorporated safely and positively with conventional medicine.

3. A recent addition to the literature is a book entitled "Integrative Oncology Principles and Practice"[1] which surveys both the principles underlying integrative oncology, the various modalities currently practiced under the heading of CAM and then describes specific approaches to different cancers. I found this book interesting and informative. The sections on specific malignancies are somewhat superficial, but there is an excellent overview of the various modalities of CAM. In order to discuss complementary medicine in a reasonable and intelligent fashion I suspect that many of us need to understand more of the specific modalities to which our patients increasingly turn.

In this text you can learn about energy medicine, the philosophical and research background of traditional Chinese medicine, ayurvedic medicine and homeopathy – there is even a chapter on the "health of the healer". In his introduction David Rosenthal a Professor of Medicine at Harvard introduces a new society "The Society for Integrative Oncology" which held its first international conference in November 2004. This conference included over 600 participants who addressed the evidence base behind complementary therapies and their effect on current oncology practice, and the approach to developing integrative cancer centres in the USA and worldwide.

With an ever-increasing access to information and knowledge patients will continue to challenge their professional advisors on every aspect of cancer management. What are currently termed complementary and alternative approaches will continue to feature strongly in many patients minds and this concept of integrating such approaches with conventional therapies is likely to place an increasing demand on health care professional in the years ahead. We would do well to inform ourselves as best as possible of the true evidence base for such practices and where possible contribute to that scientific evidence.

REFERENCE

1. Mumbar Matthew P. *Integrative oncology principals and practice*. London: Taylor & Francis; 2006.