



Integrative Oncology: Building, Implementing, and Leveraging Services to Improve Patient Care

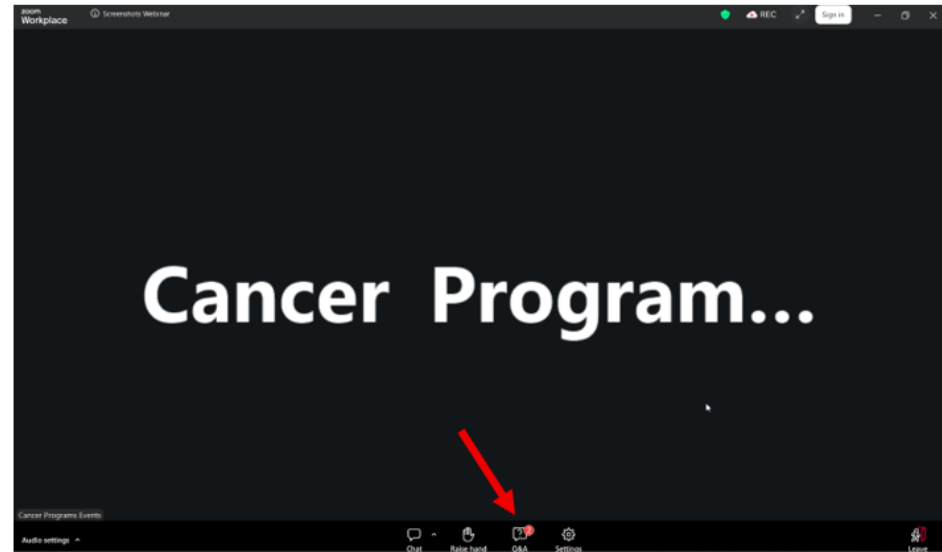
May 28, 2026

1:00 PM CT

ACS Cancer Programs/NAPBC

Webinar Logistics

- All participants are muted during the webinar and cannot use a webcam
- Questions – including technical issues you may be experiencing – should be submitted through the question box
- Questions will be answered as time permits
- Please complete the post-webinar evaluation you will receive via email
- Recorded content, slides, and Q & A will be posted on the Cancer Programs Events education webpage



Faculty



Jane Meisel, MD



Jun Mao, MD, MSCE



Gabriel Lopez, MD



Kristina Gowin, DO

Agenda

- Welcome and overview of Integrative Oncology and standards
- MSK Integrative Oncology Program
- Integrative Oncology Clinical Framework for Lifestyle Modification & Symptom Management
- Resources from the Society for Integrative Oncology
- Q & A



Introduction to Integrative Oncology and Overview of Standards

Jane Lowe Meisel, MD

ACS Cancer Programs/NAPBC

Introduction to Integrative Oncology

DEFINITION

- A patient-centered, evidence-informed field of cancer care that utilizes mind and body practices, natural products, and/or lifestyle modifications from different traditions *alongside* conventional cancer treatments
- Integrative oncology aims to optimize health, quality of life, and clinical outcomes and to empower people to prevent cancer and become active participants before, during, and beyond cancer treatment

Condensed from definitions provided by the Society for Integrative Oncology

The Benefits of Integrative Oncology

- Patients often wonder:
 - What else can I do in addition to standard cancer treatments to improve my outcome?
 - Are there natural products I can use to manage side effects?
 - How can I optimize my energy and quality of life?
 - Could yoga, acupuncture, mindfulness practice, or supplements be helpful to me?

The Challenges of Integrative Oncology

- Many integrative approaches work extremely well when coordinated with traditional oncology treatment plans
- However, patients (and providers) need to be wary of predatory for-profit integrative practices that claim to be an alternative to traditional treatments
- Having an integrative oncology program *integrated* into your cancer center can help you offer more patients the benefits of this approach without some of the risk – and cost – they may incur elsewhere

NAPBC Standards and Integrative Oncology

- NAPBC standards do not explicitly use the term ‘integrative oncology’
- However, many standards align with integrative oncology principles and standards allow for embedding of integrative oncology domains

SIO integrative oncology domain	Aligned NAPBC standards	Alignment
Evidence-based integrative care coordinated with oncology treatment	2.3 Breast Care Team; 2.4 MBCC; 5.6 Treatment Planning; 5.9 Surgical Care; 5.11 Medical Oncology; 5.12 Radiation Oncology	Multidisciplinary treatment planning, supportive care eligibility, and evidence-based care are embedded throughout
Patient-centered / whole-person care	5.15 Survivorship 5.16 Surveillance ISDM appendix	NAPBC emphasizes patient circumstances, values, culture, preferences, barriers, psychosocial needs, function, and SDOH.
Exercise / physical activity / function	5.9 Surgical Care; 5.10 Reconstructive Surgery; 5.11 Medical Oncology; 5.12 Radiation Oncology; 5.15 Survivorship	NAPBC requires functional assessment protocols and referrals to exercise, PT, rehab, and lymphedema services.
Nutrition and lifestyle medicine	5.1 Screening; 5.4 High-Risk Management; 8.1 Education/Prevention	NAPBC includes lifestyle risk reduction, nutrition support, healthy BMI, alcohol reduction, and prevention education.
Psychosocial distress, anxiety, mood, sleep	5.15 Survivorship; 5.16 Surveillance; 5.8 Navigation	NAPBC includes psychosocial distress, depression, sleep disturbance, navigation, and social support.
Survivorship / quality of life	5.15 Survivorship; 5.16 Surveillance	NAPBC frames survivorship from diagnosis onward and requires protocols for persistent symptoms, function, social well-being, and late effects.
Equity, culture, access	1.1 Administrative Commitment; ISDM; 7.2 QI	NAPBC addresses equitable/inclusive practices, culturally responsive shared decision-making, barriers to care, and QI around equity.

Whole-Person, Patient Centered Care

- Key Standards:
 - 5.15 Survivorship
 - 5.16 Surveillance
- Addresses physical, emotional, and social health
- Aligns with mind-body and survivorship focus in integrative oncology

Multidisciplinary, Team-Based Care

- Key Standards:
 - 2.3 Breast Care Team
 - 2.4 Multidisciplinary Breast Care Conference
- Includes diverse specialties (clinical + supportive care)
- Core model for integrative oncology delivery

Supportive Care and Symptom Management

- Key Standards:
 - 5.9-5.12 Functional assessment protocols
 - 5.15 Survivorship
 - 5.16 Surveillance
- Includes:
 - Exercise therapy
 - Nutrition support
 - Acupuncture (e.g., neuropathy)
 - Symptom management

Lifestyle Medicine and Prevention

- Key Standards:
 - 5.1 Screening
 - 5.4 High-risk management
 - 8.1 Education & prevention programs
- Focus on risk reduction strategies
- Includes lifestyle modification (BMI, alcohol, etc.)

Today's Program

- Today, we will hear from leaders at MSKCC and MDACC about their experiences growing their integrative oncology programs
 - Challenges and successes
 - Types of services provided
 - Integration with traditional oncology treatment plans
 - Future plans
- We will also discuss more broadly how such programs can be used to optimize and improve the care of patients and the patient experience



25+ Years of Journey of Integrative Oncology @ MSK

Jun J. Mao, MD, MSCE

Laurance S. Rockefeller Chair in Integrative Medicine
Chief, Integrative Medicine & Wellness Service
Memorial Sloan Kettering Cancer Center

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Integrative Oncology Consultation



Integrative oncology consultation

Lifestyle management

- Nutrition and diet
- Physical activity and exercise
- Sleep hygiene
- Stress management

Herb and supplement consultation

- Assess and address CAM expectations
- Evaluate safety and potential herb-drug interactions
- Discuss evidence and advise on appropriate herb or supplement use in the cancer setting

Integrative medicine for symptom control

Symptom	Pain	Fatigue	Insomnia	Anxiety
Modality	<ul style="list-style-type: none"> • Acupuncture³⁰ • Massage³³⁻³⁵ • Meditation⁶¹⁻⁶⁴ 	<ul style="list-style-type: none"> • Exercise¹⁴⁻¹⁶ • Yoga^{7,47} • Acupuncture^{30,32} 	<ul style="list-style-type: none"> • CBT-I^{22,23} • Yoga^{7,47} • Tai chi^{7,25} 	<ul style="list-style-type: none"> • Meditation¹⁰ • Yoga¹⁰ • Massage^{34,35}
Symptom	Nausea and vomiting	Neuropathy	Dry mouth	Hot flashes
Modality	<ul style="list-style-type: none"> • Acupuncture¹⁰ • Acupressure¹⁰ 	<ul style="list-style-type: none"> • Acupuncture³⁰ • Massage⁶⁵ 	<ul style="list-style-type: none"> • Acupuncture³⁰ 	<ul style="list-style-type: none"> • Acupuncture³⁰ • Hypnosis⁶⁶ • Yoga^{67,68}

Team- Based Care

When patients connect to Integrative Medicine services, we work together to improve the patient experience, quality of life, and clinical outcomes



Physician consultations



Acupuncture



Mind-body therapies



Music therapy



Multi-sensory dance therapy



Massage therapy



Exercise & personalized training



Diet, herbs & supplement counseling

Research Informs Evidence-Based Growth

PEACE trial for chronic cancer pain (N = 360)

Research

JAMA Oncology | Original Investigation

Effectiveness of Electroacupuncture or Auricular Acupuncture vs Usual Care for Chronic Musculoskeletal Pain Among Cancer Survivors
The PEACE Randomized Clinical Trial

Jun J. Mao, MD, MSCE; Kevin T. Liou, MD; Raymond E. Baser, MS; Ting Bao, MD, DABMA, MS; Katherine S. Panageas, DrPH; Sally A. D. Romero, PhD, MPH; Q. Susan Li, MS; Rollin M. Gallagher, MD, MPH; Philip W. Kantoff, MD

IMPORTANCE The opioid crisis creates challenges for cancer pain management. Acupuncture confers clinical benefits for chronic nonmalignant pain, but its effectiveness in cancer survivors remains uncertain.

OBJECTIVE To determine the effectiveness of electroacupuncture or auricular acupuncture for chronic musculoskeletal pain in cancer survivors.

DESIGN, SETTING, AND PARTICIPANTS The Personalized Electroacupuncture vs Auricular Acupuncture Comparativeness Effectiveness (PEACE) trial is a randomized clinical trial that was conducted from March 2017 to October 2019 (follow-up completed April 2020) across an urban academic cancer center and 5 suburban sites in New York and New Jersey. Study statisticians were blinded to treatment assignments. The 360 adults included in the study had a prior cancer diagnosis but no current evidence of disease, reported musculoskeletal

Visual Abstract
Supplemental content



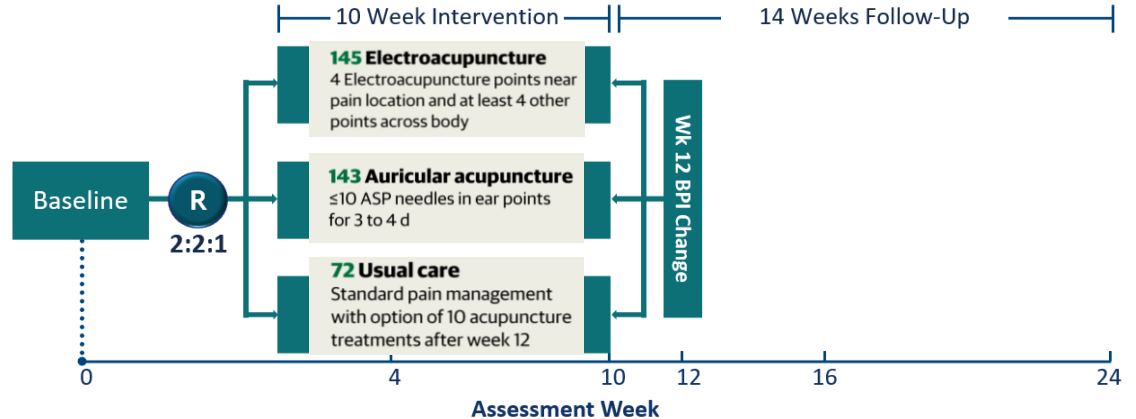
EA



BFA



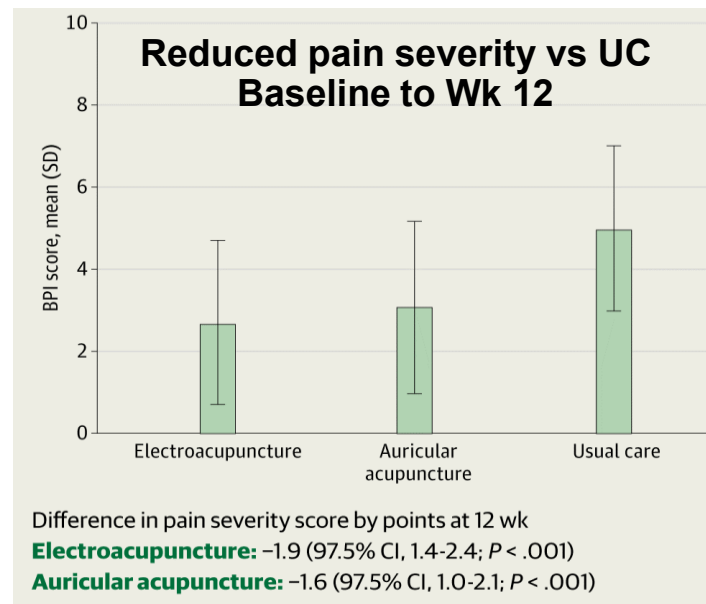
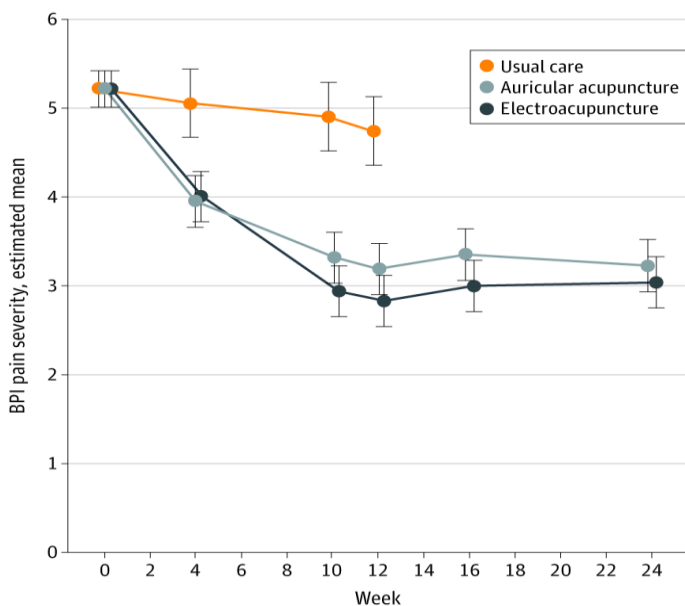
UC



Mao et al. *JAMA Oncol* 2021;7:720–7

Acupuncture leads to sustained pain reduction in cancer survivors

PEACE trial for chronic cancer pain (N = 360)



Mao et al. *JAMA Oncol* 2021;7:720-7

SIO-ASCO Clinical Guideline: Integrative Medicine for Pain

Recommendation	Type	Evidence Quality	Strength
1.1. Acupuncture should be offered to patients experiencing aromatase inhibitor-related joint pain in breast cancer.	EB	I	M
1.3. Acupuncture may be offered to patients experiencing general pain or musculoskeletal pain from cancer.	EB	I	M
1.5. Massage may be offered to patients experiencing chronic pain following breast cancer treatment.	EB	L	M
1.13. Massage may be offered to patients experiencing pain during palliative and hospice care.	EB	I	M

EB, evidence based; I, intermediate; M, moderate; L, low

Fatigue: ASCO Guideline Update (SIO Collaboration)

Adult Cancer Survivors

Level of recommendation for different interventions for cancer-related fatigue:

Exercise	Integrative medicine	Psychological Intervention	Pharmacologic Intervention
<ul style="list-style-type: none">• Strong:✓ Exercise	<ul style="list-style-type: none">• Strong:✓ Mindfulness/ stress management✓ Tai Chi and Qigong • Conditional:✓ Yoga✓ Acupressure✓ Ginseng✓ Moxibustion	<ul style="list-style-type: none">• Strong:✓ CBT • Conditional:✓ Psychoeducation	<ul style="list-style-type: none">• Conditional:✓ Armodafinil/Modafinil✓ Psychostimulants✓ Antidepressants✓ Corticosteroids

Translating Guideline into Accessible Care

Virtual Program: IM@Home

April 2020 – August 2025

162,861 Class visits



23 Classes weekly



3 Meditation



4 Yoga



2 Dance



9 Fitness



2 Music

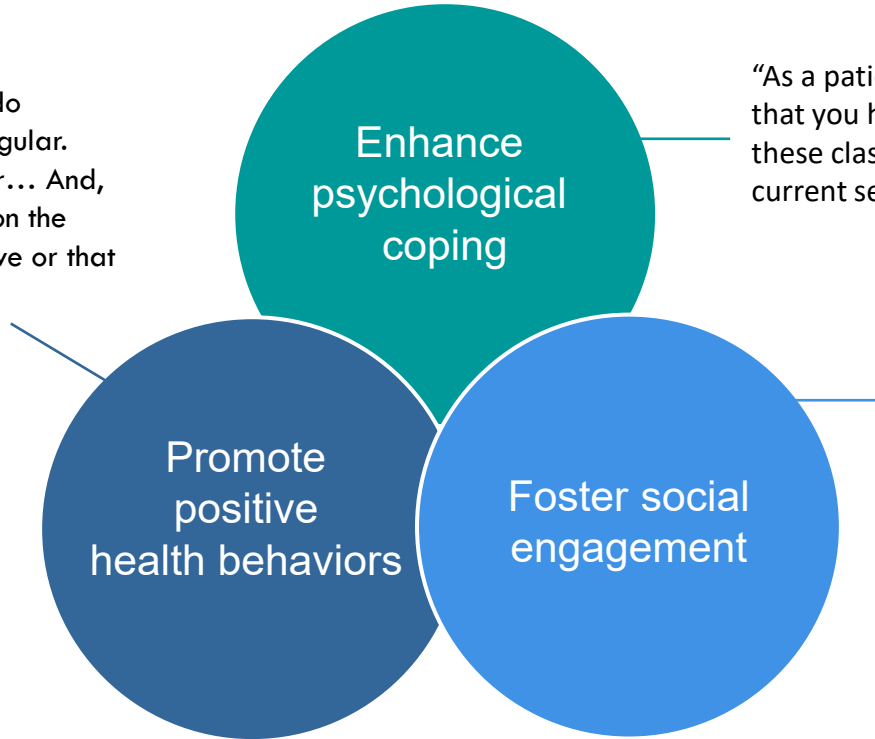


3 Tai Chi



Improved Patient Engagement and Experience

“Yeah, it’s great because I try to do exercise on my own, but it’s not regular. And, this kind of keeps me regular... And, especially when there’s someone on the other side encouraging you to move or that you can do it.”



“As a patient, lots of times the problem is that you have all these racing thoughts ... these classes really make you focus on the current session.”

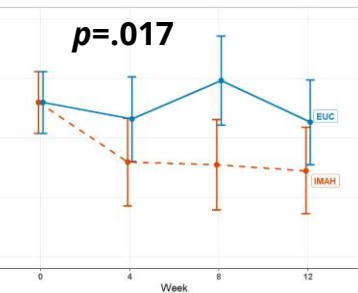
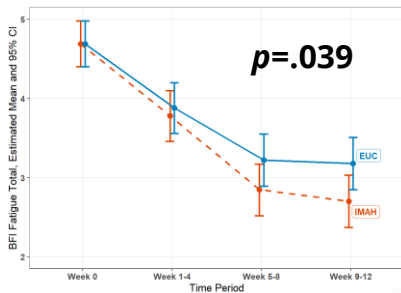
“So, this [class] keeps you feeling you’re connected to the community and some fellow patients you happen to see are attending the same session, ... So this provides like a platform for people to continue interacting that way.”

Virtual Integrative Medicine Reduced Symptoms and Hospitalizations

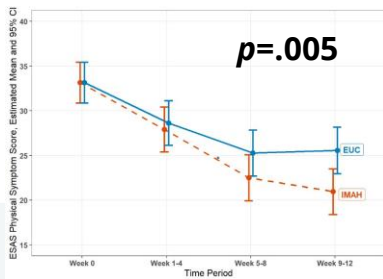
Patients with solid tumors experiencing fatigue during active cancer treatment, RCT (N = 200); Breast: 36.5%

IMPROVE study

Fatigue

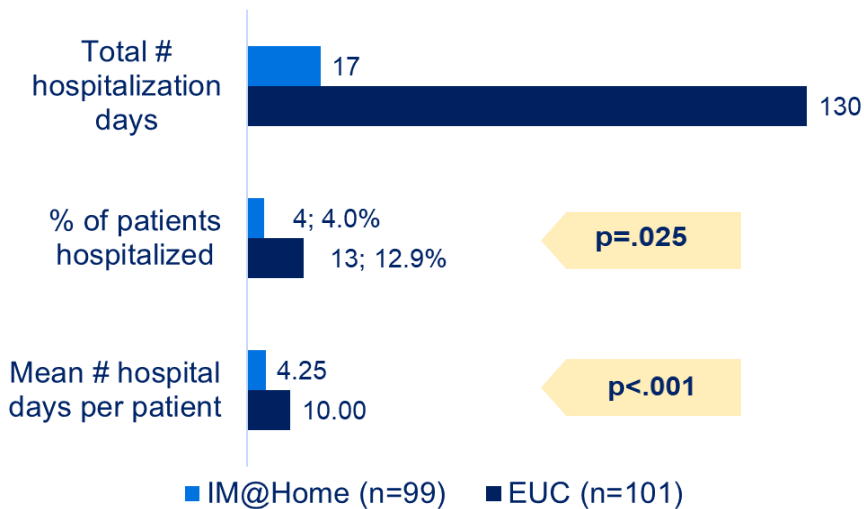


Depression



Physical Symptoms

IM@Home Reduced Hospitalizations



Mao JJ, et al. Nature Digit Med. 2025 Jan 14;8(1):29.

roduced or repurposed without written permission of the American College of Surgeons.

Virtual Integrative Medicine Improved Overall Survival

Patients with solid tumors experiencing fatigue during active cancer treatment, RCT (N = 127)

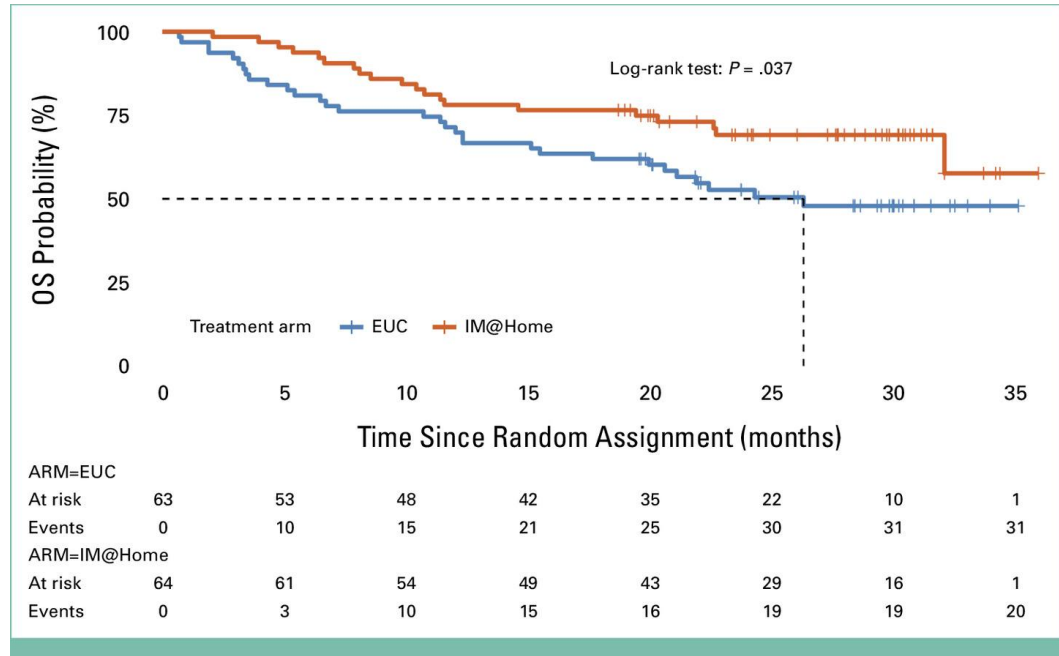
IMPROVE study

IM@Home (n = 64)
EUC (n = 63)

Median follow-up: 28.6 months

Estimated overall survival at 24 months :
IM@Home was 69.1%
EUC: 52.6% ($P = .037$)

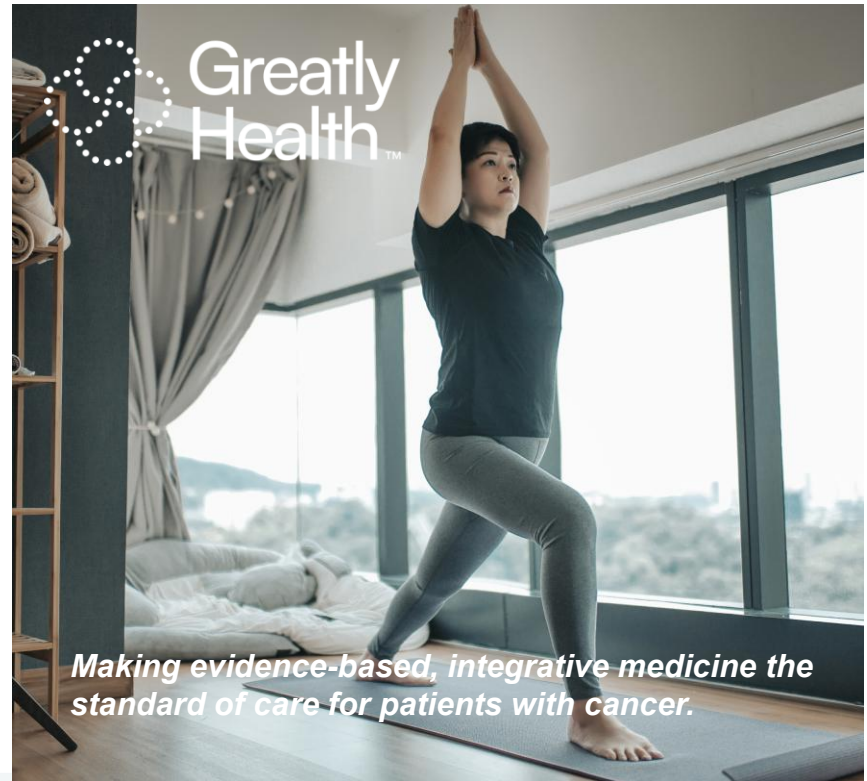
16% difference in
2-year overall survival



Translating Evidence into Scalable Care



Greatly Health



About Herbs Recourse

195
Countries

39,527,000 Internet Hits

15,185,000 Unique Visitors

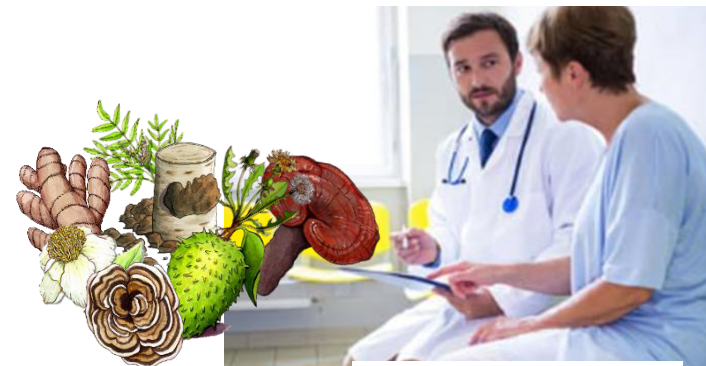
380,012 App Downloads

300 Monographs

Free and **evidence-based**

For clinicians, patients, and caregivers

With evidence especially relevant to cancer patients



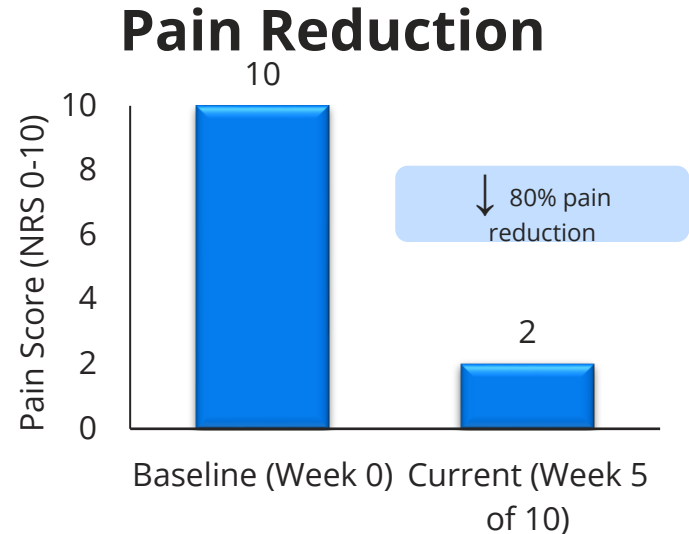
Case Study: Post-Mastectomy Pain s/p Breast Surgery

Patient Profile

- Severe, persistent, debilitating pain
- High level of anxiety, fatigue
- Did not respond to medications, PT

Integrative Treatment Approach

- Acupuncture
- Occupational Therapy (OT)
- Mindful Breathing Exercise
- Gradually increased exercise, yoga stretch



Returned to part-time work



Memorial Sloan Kettering
Cancer Center

What I Learned in 20+ years:

- **Vision and Mission**
- **Align with Institutional Priority**
- **Physician Champion / Sponsor**
- **Challenges: Money, People, Space**
- **Collaborate & Innovate**

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Integrative Oncology Clinical Framework for Lifestyle Modification & Symptom Management

Gabriel Lopez, MD

Associate Professor

Center Medical Director, Integrative Medicine Center

Integrative Medicine Program

Department of Palliative, Rehabilitation and Integrative Medicine

ACS Cancer Programs/NAPBC



Key Takeaways

- **Integrative oncology programs** serve a key role in education, clinical care, and supporting high-quality research.
- **Patient reported outcome assessments** for enhancing care and creating the evidence base
- **Value** includes non-pharmacologic symptom management and lifestyle interventions
- **Evidence-informed approach** is essential
- **Integration and sustainability** of Clinical services
- Address **barriers to access**
- **Work collaboratively** with oncology care teams

Complementary Medicine Use Among Cancer Patients

- By Cancer Patients: up to **68%**, highest in those with breast cancer

Survey Results of 450 patients, majority from outpatient melanoma and breast cancer clinics

Type of CAM	If Heard of CAM, Ever Used (%)	Combined CAM With Conventional Therapy (% of users)	Discussed CAM With Physician (% of users)
CAM overall	83.3	88.0	61.8
CAM overall excluding spiritual/psychotherapy	68.7	75.2	60.7
Spiritual practices	80.5	91.0	36.6
Vitamins/herbs	62.6	76.6	64.1
Movement/physical therapies	59.2	66.9	48.4
Psychotherapy	41.2	58.3	41.1
Mind/body	48.6	79.5	26.3
Special diet	32.3	63.2	41.9
Other therapies	10.5	40.0	15.8

Integrative Medicine Center Model

Biopsychosocial Approach

Mind-Body

- Health Psychology
- Meditation
- Music Therapy
- Tai Chi/Qi Gong
- Yoga

- Psychiatry
- Spiritual Care



Physical

- Exercise
- Nutrition
- Acupuncture
- Oncology Massage

- Primary Oncology team
- Physical Medicine & Rehabilitation
- Supportive Care
- Cancer Pain

Social

- Group Programs

- Social Work
- Support Groups

Integrative Oncology Physician Consultation

Educate, Prescribe, & Coordinate

- Integrative Medicine
- Herbs & Supplements
- Nutrition
- Exercise
- Acupuncture
- Oncology Massage
- Music Therapy
- Meditation

- Provide personalized recommendations
- Interdisciplinary Approach
 - Weekly team meeting to discuss patient cases
- Communication with the primary team

Advanced Practice Providers



Physicians



Interdisciplinary Team

- Oncology Massage
- Oncology Acupuncture
- Music Therapy
- Yoga Therapy
- Nutrition / Dietician
- Exercise Counseling / Physical Therapist
- Health Psychology
- Advanced Practice Providers (APRN, PA)
- Nurse, MA
- Physicians (Internal Medicine, Medical Oncology, Surgical Oncology)



Consultation: Initial Evaluation

- MYCAW
- ESAS
- PROMIS10
- Prior CAM Approaches



Integrative Medicine Center - Intake	
Types of therapies used in the last 12 months	
How patient heard about the Integrative Medicine Center	
MYCAW (Pre-Visit) -- (Choose 2 Topics of greatest concern and rank them as 1 and 2)	
Depression	
Diet/Nutrition	2
Dry Mouth	
Exercise	
Fatigue	
Herbs/Supplements	
Hot Flashes	1
Integrative/Holistic Approach	
Lack of Appetite	
Memory	
Nausea/Vomiting	
Neuropathy (Numbness/Tingling)	
Overall Health	
Pain	
Relaxation	
Sleep	
Spirituality	
Stress/Anxiety	
MYCAW (Post-Visit)	
How satisfied are you with how topic 1 was addressed during the consultation	
How satisfied are you with how topic 2 was addressed during the consultation	

Outpatient patient & interest profile

Research Paper

Integrative Oncology Physician Consultations at a Comprehensive Cancer Center: Analysis of Demographic, Clinical and Patient Reported Outcomes

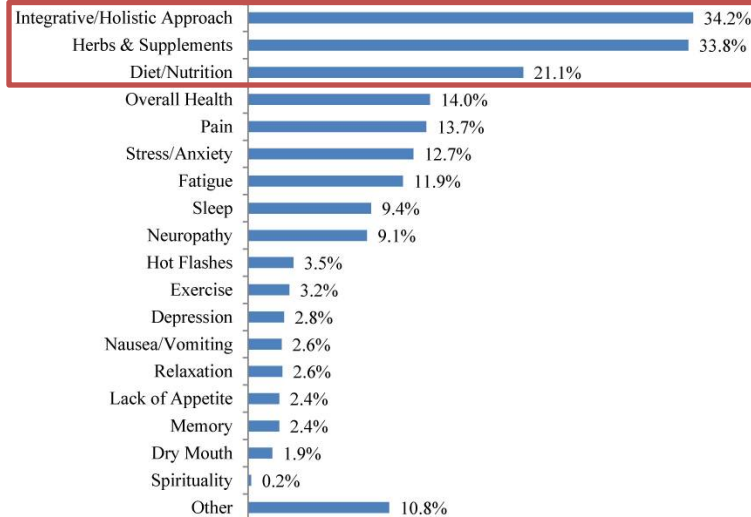
Gabriel Lopez^{1*}, Jennifer McQuade^{2*}, Lorenzo Cohen^{1,3*}, Jane T Williams¹, Amy R Spelman³, Bryan Fellman⁴, Yisheng Li⁴, Eduardo Bruera¹, Richard T Lee⁵

Table 1: Demographic characteristics of study sample.

Characteristic	N	%
Age		
Total patients	2377	
Mean (SD)	55.9 (12.6)	
Median (Min-Max)	57 (18.1-90.6)	
Gender		
Female	1637	68.9
Male	740	31.1
Race		
Black	170	7.2
White	1780	74.9
Spanish Surname	240	10.1
Other	186	7.8
Residence		
Harris County	706	29.7
7 Surrounding Counties	284	11.9
Rest of Texas	483	20.3
Rest of US	825	34.7
International	79	3.3
Disease Type		
Breast	696	29.3
Gastrointestinal	312	13.1
Genitourinary	116	4.9
Gynecologic	144	6.1
Leukemia	41	1.7
Lymphoma/Myeloma	125	5.3
Sarcoma	102	4.3
Skin (including melanoma)	71	3.0
Thoracic/Head and Neck	199	8.4
Multiple	464	19.5
Other	107	4.5
Stage*		
Local	1170	62.2
Advanced	710	37.8

*1880 patients with staging information available.

MYCaW concerns



Patient top two concerns for seeking an integrative oncology consultation.

Case Discussion



43 year old **obese** woman with a BMI of 35, pre-menopausal with history of an early stage breast cancer, estrogen positive. She has just finished surgery and radiation and started tamoxifen. HgbA1C 5.9.

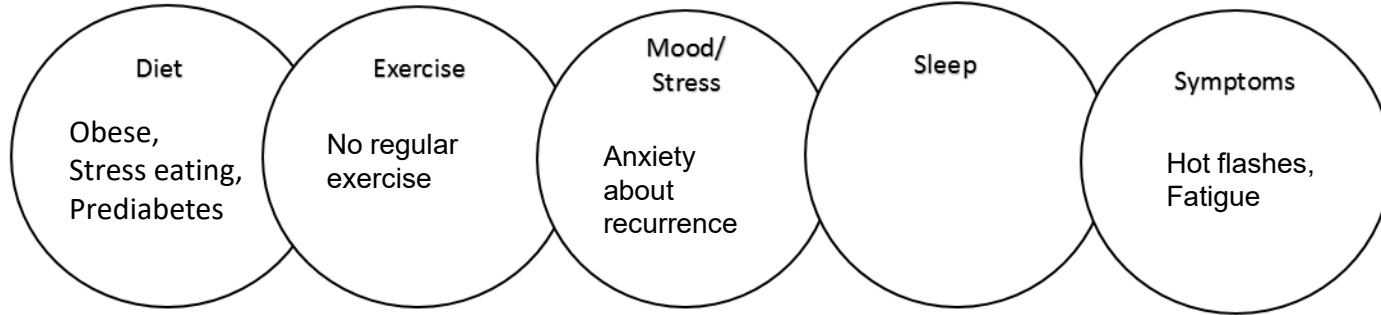
**Obesity and Inactivity,
Fatigue**

Stress / Anxiety

**Hot flashes secondary
to tamoxifen**

- She shares **not eating well** when stressed, “lives to eat”
- Her oncologist recommended she start an **exercise** program and lose weight, but she does not know where to start, too **tired** to exercise
- She has tried **yoga** in the past however unsure if or when it is safe for her to resume.
- She is stressed about wanting to decrease her **risk of recurrence**, 2 young children at home
- Friends and family have recommended she take **supplements** to stay healthy, including ESSiAC tea; she is not sure what to do. Vitamin D is low.
- She has started having **hot flashes** while on tamoxifen and would like to avoid taking another medication to treat

Integrative Medicine Care Plan



- Follow up:
- Physical Therapy
 - Clinical Nutrition
 - Health Psychology
 - Acupuncture
 - Oncology Massage



Integrative Medicine in Oncology, practice guideline summary

Table 1 | Recommendations for integrative oncology in cancer care

	Acupuncture/ Acupressure	Massage/ reflexology	Yoga/ meditation/ MBSR	Tai Chi/ Qigong	Hypnosis	Music Therapy	Nutrition	Exercise
Pain	X	X	X		X	X	X	X
Arthralgia	X		X					X
Fatigue	X	X	X	X			X	X
Anxiety/ depression			X	X	X	X		X
Sleep dysfunction			X	X				X
Nausea	X		X		X	X		
Cognitive dysfunction			X					
Hot flashes/ night sweats	X		X		X			X

Combination of NCCN and ASCO-SIO guidelines that have: moderate/intermediate or higher evidence; moderate to strong recommendation; and/or NCCN category 2A or higher. MBSR, mindfulness-based stress reduction. The table is adapted with permission from ref. 5, Wiley.

Most integrative medicine
benefits focused on
symptom relief

Acupuncture for hot flashes

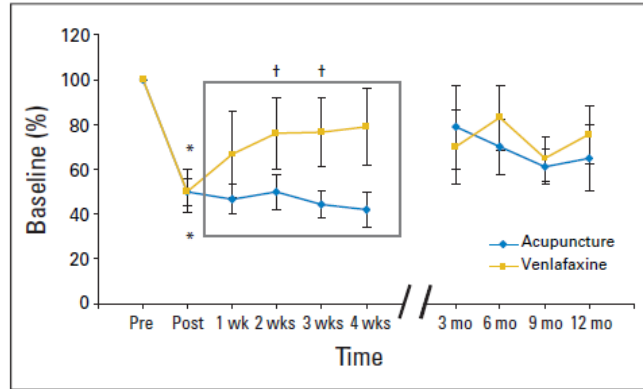


Fig 3. Hot flash frequency (mean \pm SE of the mean) as a percentage of baseline for acupuncture and venlafaxine groups at pretreatment (Pre), post-treatment (Post), and follow-up times of 1, 2, 3, and 4 weeks and 3, 6, 9, and 12 months post-treatment. Boxed area highlights the additional analysis of the first 4 weeks post-treatment. (*) $P < .05$, significantly different from Pre; (+) $P < .05$, significantly different from Post.

Acupuncture frequency & dose:
2 treatment / week x 4 wks then q wkly x 8 wks

RCT 12 weeks of acupuncture or venlafaxine

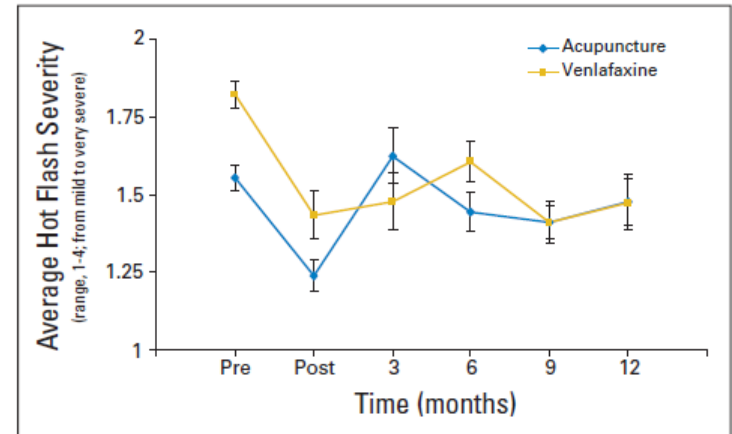


Fig 4. Hot flash severity (mean \pm SE of the mean) for acupuncture and venlafaxine groups at pretreatment (Pre), post-treatment (Post); and 3, 6, 9, and 12 months follow-up with significant effect of time, but no group or interaction effects.



Lifestyle Modification



- **Nutrition counseling***
 - Plant, based whole food diet
 - Referral to clinical nutrition as appropriate
- **Exercise counseling***
 - Physical therapist evaluation for exercise counseling
 - Help with physical conditioning, fatigue, mood, sleep
- **Health Psychology** for behavioral change support

Moving Through Cancer

Exercise is Medicine
 AMERICAN COLLEGE of SPORTS MEDICINE

Name: _____ Date: _____



Aerobic Activity 3 or more days/week

Intensity: Light (casual walk) Moderate (brisk walk) Vigorous (like jogging)

Time (minutes/day): Build up to 30 minutes/day

Type: Walk Run Bike Swim/Water Exercise Other _____

Steps/day: 2,500 5,000 7,000 9,000 or more Other _____

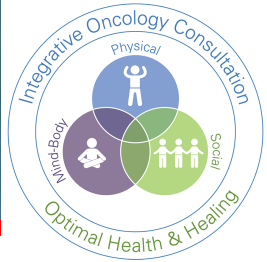
What about aerobic activity?

- Moderate activity is at a pace where you can talk but cannot "sing." Examples: *brisk walking, light biking, water exercise and dancing.*
- Vigorous activity is at a pace where you have trouble talking and may be out of breath. Examples: *jogging, tennis and fast bicycling.*
- While the recommendation is to build up to 30 min/day, at least 3 days/week, you can exercise for any length of time. For example, you might walk:
 - 5 minutes here, 10 minutes there
 - 15 minutes daily
 - Just work your way up to 30 minutes 3 days/week
- Gradually build up to a daily step count of 7,000-9,000 steps/day.

* Recommendations based on AICR & ACSM guidelines

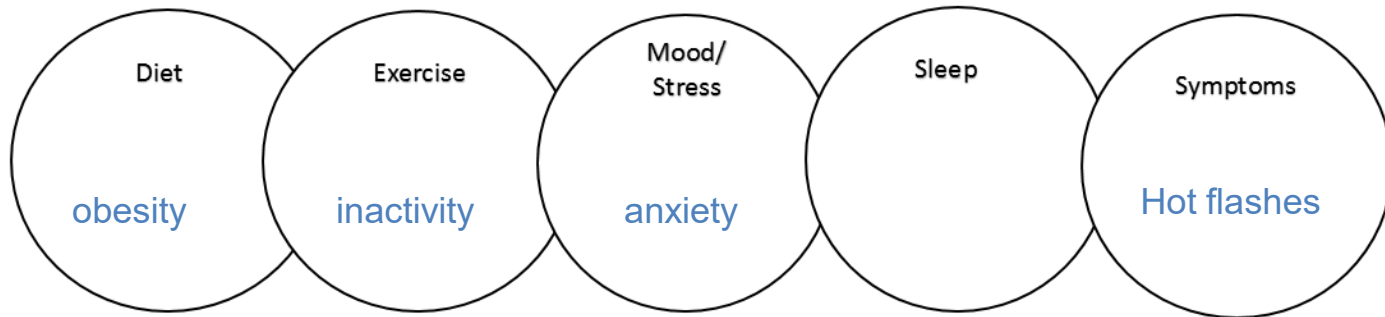
Exercise Counseling –deeper glance

- Keystone of successful integrative oncology programs is rooted in evidence-based practice
- Physical therapists with oncologic specialization are particularly equipped to address and optimize exercise education and counseling ensuring safety and individualization of care. Our care is also reimbursable.
- Oncologic physical therapists ensure that the complexities of platelet variations, bony metastases, and all impacts of cancer treatment inclusive of long-term effects can be assessed and patients can be empowered to have the appropriate tools, and skill sets to be as active as possible maximizing their independence and health outcomes – (Melany Martin, Sr. PT, Integrative Medicine)
- Integrative Medicine physical therapist is the only physical therapist that does not align under rehabilitation services- this affords the integrative medicine department to direct the PT with care and initiatives aligned to integrative medicine and institutional strategy. Alignment under rehabilitation services mandates productivity and other standards that may not align directly with integrative vision/needs.



Integrative Medicine Care Plan

Personalized Integrative Care Plan: Team-based approach



- Follow up:
- Physical Therapy
- Clinical Nutrition
- Health Psychology
- Acupuncture
- Oncology Massage

(1) Diet

- Review American Institute for Cancer Research nutrition recommendations
- Consider **Dietitian** referral

(2) Exercise

- Review American College of Sports Medicine exercise guidelines for cancer survivors
- Consider **Physical Therapy Exercise Counseling** referral

(3) Anxiety

- Discuss mind body approaches: **yoga**, meditation, **oncology massage**
- Consider **Health Psychology** referral for anxiety and health behavior change in setting of obesity

(4) Hot flashes – Discuss **oncology acupuncture**, consider referral; discuss venlafaxine with primary team

Thank You

REVIEW ARTICLE

REVIEW

Establishing an Integrative Oncology Service: Essential Aspects of Program Development

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Patient-Reported Outcomes in Integrative Oncology *Bridging Clinical Care With Research*

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The Cancer Journal (25) 311-115, 2019





Resources from the Society for Integrative Oncology

Dr. Krisstina Gowin

Associate Clinical Professor, City of Hope Cherng Family Center for Integrative Oncology
Co-Chair, Society for Integrative Oncology Education Committee

ACS Cancer Programs/NAPBC



Empowering IO: Your SIO Resources

1. JOIN SIO
2. TRAINING MODULES (CLINICIAN/CME FOCUS)
3. IO BOOKLET (PATIENT FOCUS)



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SIO is a leader in developing guidelines for integrative oncology and has partnered with ASCO to publish several sets of IO guidelines

SIO-ASCO Joint IO Guidelines^ (All Cancers)

- Pain:
<https://ascopubs.org/doi/full/10.1200/JCO.22.01357>
- Depression and Anxiety:
<https://ascopubs.org/doi/full/10.1200/JCO.23.00857>
- Fatigue:
<https://ascopubs.org/doi/10.1200/JCO.24.00541>
- Breast Cancer:
<https://ascopubs.org/doi/full/10.1200/JCO.2018.79.272>
1

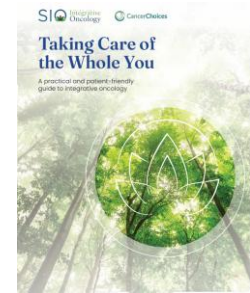
Key Points

- Each guideline is based on **hundreds** of reviewed studies
- **Randomized controlled trials** were used as the gold standard
- **Systematic reviews** and **meta-analyses** with rigorous methods also included
- Each guideline comes with a **toolkit of clinical tools and resources**:
 - Slide Set – pps
 - Slide Set – pdf
 - Summary of Recommendations Table
 - Treatment Algorithms
 - Visual Abstract

^All have been developed jointly other than breast cancer guidelines which were developed by SIO and endorsed by ASCO. Additional guidelines developed by either SIO or ASCO include: cannabis and cannabinoids (ASCO), lung cancer (SIO), breast cancer (SIO), and complementary therapies and botanicals (SIO).

SIO Patient and Caregiver eBook

A practical and patient-friendly guide to integrative oncology
Created for all people affected by cancer



Questions the eBook Answers:

- What is integrative oncology, and **how can it help me** in my journey?
- What **options** for integrative approaches are available to me and **what do they mean?**
- What are the **evidence-based guidelines** for non-drug options to addressing cancer-related **pain, anxiety, depression, and fatigue?**
- What are integrative **resources** I can access for **free or low cost?**
- How do I **find the time** to work my preferred practices into my life?

What People are Saying:

"This is a beautiful and easy-to-follow guide to help people with cancer and their caregivers learn about integrative oncology from A-Z. It includes practical tips and resources that follow the best scientifically-backed recommendations to help cope with a wide range of common symptoms, improve overall quality of life and empower people to take an active role in their own healing." - Linda Carlson, Ph.D., R.Psych, FABMR, FSBM, FMLI

"I'm nearly 2.5 years in remission and I know how helpful this will be to others... The road is hard, the journey is long, but this is exactly what people need to learn" - Andrea R. Flathers, Cancer Survivor

"What a great resource for everyone in cancer care!" – Jean DiCarlo Wagner, Cancer Survivor and Certified Patient Advocate ASCO

How to Access - QR Code:

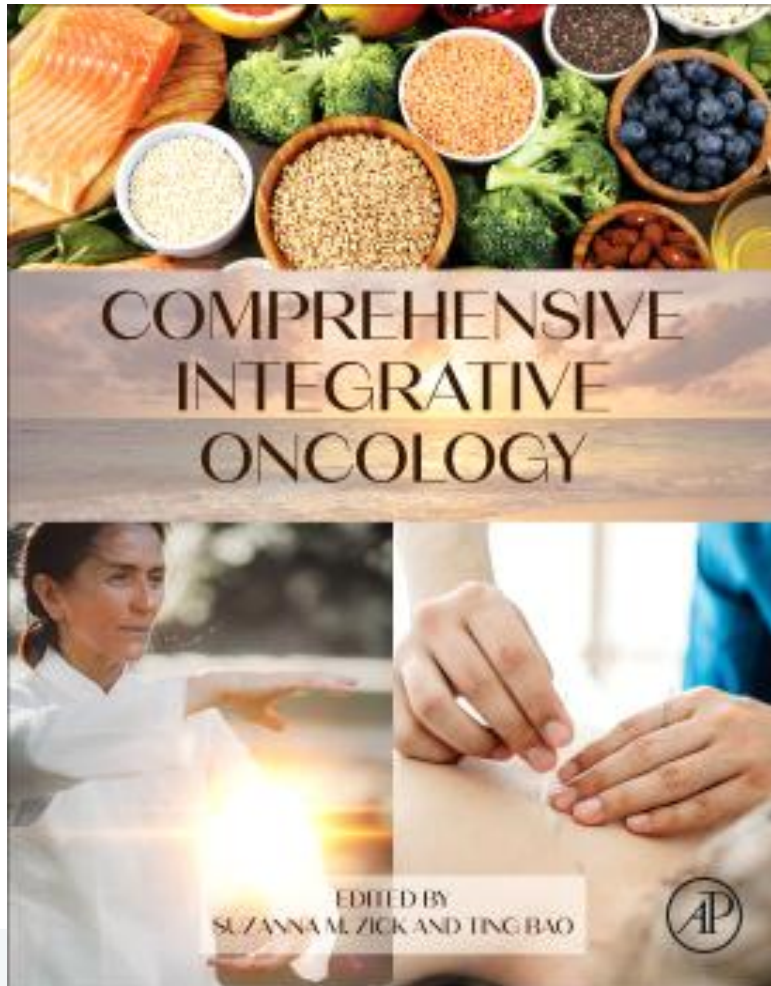


Website:

<https://integrativeonc.org/taking-care-of-the-whole-you/>

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Introducing an Exciting NEW Resource

- Published 2/27/2026
- Available for purchase

<https://shop.elsevier.com/books/comprehensive-integrative-oncology/zick/978-0-443-30194-0>



2026 International Conference of the
Society for Integrative Oncology

Cultivating Community and Belonging in Integrative Oncology

 MGM Grand Casino, Detroit, MI
September 29 to October 1, 2026



www.integrativeonc.org

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FORD
HEALTH.**

Questions?

2025-2026 Cancer Programs On-Demand Webinars Now Available

- Breast Screening: What Every Physician Needs to Know
- AJCC Protocol on Version 9 Staging System for Lung
- Standard 4.2: Update on the Oncology Nursing Credential
- Technical Standards for Breast Cancer Surgery
- Axillary Management in Breast
- QI for NAPBC Programs
- CoC Updates
- And More!

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OF SURGEONS

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QSCC26

**Quality, Safety
& Cancer Conference**

July 30-Aug 2 | Orlando, FL