

Society for Integrative Oncology, Vancouver, October 2013

This is the 9th time I have personally attended the SIO meetings. As the founder of Annie Appleseed Project, providing information on complementary, alternative and natural cancer therapies, I arranged for one of our volunteer advocates to attend the second SIO – and she reported her experiences which were posted to our website.

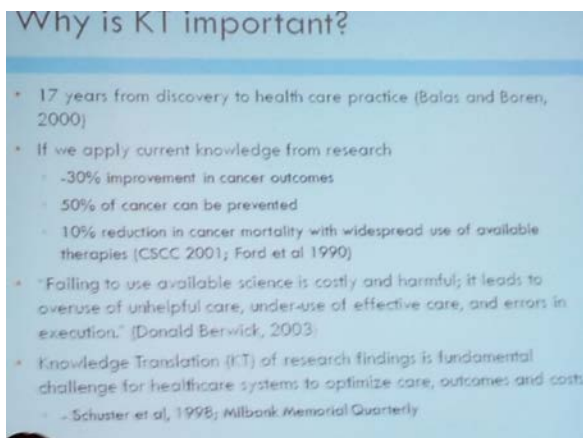
So in that way I and the organization have been part of SIO from the beginning. Since our nonprofit's website went live in June 1999, we were thrilled to welcome the SIO as the 'professional' arm of the movement to provide integrative cancer care. Six years ago I met Linda McDonald, a survivor/advocate who soon joined the board of the Annie Appleseed Project. Linda and I have continued to attend and share a hotel room every since.



Photo shows Ann F. and Linda M.

This year's meeting was sensational. I thought the opening sessions put us into the mood immediately. Dr. Sweet's talk was very interesting. She relayed her experiences at Laguna Honda Hospital, a place that really served its patient populations which became the subject of her book [God's Hotel](#).

During the talks on Knowledge Translation I know a lot of the Advocates were antsy because we believe we are a GREAT resource for next steps that too few researchers make use of. Also a lot of work has been done indicating that most communities do NOT like people dropping in, doing a research study, then departing with NO change left behind for the community betterment. Photo left – KT Photo right – Advocates (Ann F. took photo)



I sat in on the Pre-Clinical session on Sunday morning. The first talk was about [in vitro sensitivity testing](#) which I first heard about in the 1990's. I facilitated a study group on 'Whole Health' and Dr. William Fair (Memorial Sloan Kettering Cancer Center, former head of Urology) came to speak. He told the audience that his tumor material was tested for chemo sensitivity. At the time this was being ignored by mainstream doctors so we all thought this a bit odd.

I was thinking about a talk I heard last year on how little use mice really are as a comparison to humans. So I was interested to hear that dogs were used more often (two talks in this set). However in general I feel we have to move away from animal research into new models.

I was not very familiar with the [Banerji Protocol](#) but that talk was fascinating and I will be exploring more on that soon.

I really did not enjoy the lunchtime talk by Eva Grunfeld, MD. I felt the use of the term 'valley of death' to describe knowledge translation, was inappropriate at a cancer meeting. I know several others of the patient/advocates agreed.

The Sunday afternoon Plenary featured "*Advances in Cancer Survivorship Research* (and was a joint session with the American Society of Preventive Oncology (ASPO). There were a series of good presentations. I was happy to hear mention of patient advocates as a resource for researchers – part of a team. It was also noted that adverse effects are often not reported (and sometimes incorrectly reported).

I attended the Workshop session *Integrating Dietary Supplements into Cancer Care*. Each presenter took a different nutrient to talk about. Dr. Donald Abrams (a speaker at an Annie Appleseed Project conference) spoke about vit D. He recommended sunshine as a first line.

Dr. Gary Deng spoke about Astragalus. In his talk he mentioned that there were "lots of ways to design Randomized Clinical Trials to get data" but that not all of them were so good.

Elena Ladas, MD spoke about silymarin (milk thistle). Dr. Keith Block spoke about fish oil. I asked how or if these supplements could be used in combination.

Overall this presentation was geared to practitioners who may already have known about each of the substances discussed.

The final Plenary on Sunday was on *Mind-Body Interventions: From Immune Function to the Internet*.

We then had the poster session with lots of terrific papers.

Monday started with an interesting presentation on Physical Activity and Cancer. I remember when no one really thought exercise was useful in cancer. It was studied in just about every type of cancer and is now shown to be helpful for prevention, during treatment, and in recovery. I asked the researcher about adding nutrition – that is eating (mostly organic) fruits and vegetables was meaningful. But Dr. Kerry Courneya is focused on physical activity.

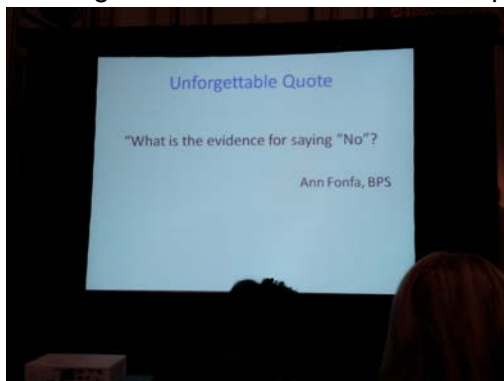
The next Plenary covered *Advances in Nutrition Therapy: The Microbiome*. The talks were about the use of and need for probiotics.

The next series of Workshops included *Patient-Centered Outcomes* at which I was a speaker. My talk was entitled *Disturbing Evidence* and dealt with the many aspects that don't work properly and need to be changed. I am working to produce a paper that I hope will be published.

Marja J. Verhoef, Ph, Professor, Dept of Community Health Services, University of Calgary spoke at lunch and I was astounded to hear her talk. It basically (I felt) followed my concept as she discussed the many issues that were wrong about evidence, research designs and the implications for patients and clinicians.

After lunch Plenary 5 was entitled *The Role of Cannabis in Integrative Oncology*. This session featured a talk by a patient, David Hutchison who talked about his own experiences. There are drugs available that take a specific/active element from cannabis and are used in cancer now. Since I do NOT support the idea of isolating just one element of a substance AND I see no reason why someone who is ill cannot enjoy the benefits of being 'high', the use of such drugs has always seemed absurd. Cannabis was accepted in medicine until the early 1920's. It was not removed due to medical evidence either!

Monday's final Plenary was *Integrative Oncology Clinical Guidelines: Current and Future Guidelines from SIO*. Speakers presented on many ideas whose time has come. Gregory Plotnikoff, MD summarized what we heard at the meeting and I was delighted that he picked up on one of my comments "What is the evidence for saying no?" referring to the way all-too-many oncologists dismiss information or requests about integrative oncology subjects.



Ann's comment reported by Greg Plotnikoff, MD

Overall this was one of the best meetings the Society for Integrative Oncology has had. One reason was the inclusion of 12 advocates who received financial assistance to participate. When I attended the 1st meeting, I was the ONLY advocate present and there were some who resented my being there (some old-time members remember that I was challenged by an officer of the fledgling group – I do not). Another aspect is that there was more 'integration' between professions. It often seems to me that most folks stick to their 'own'. That is acupuncturists meet together, oncologists meet together, nurses host events – all fine – but sometimes, as took place here, it is important to mingle, share ideas, gain new perspectives.

Reported by Ann Fonfa, president (volunteer), Annie Appleseed Project

In vitro sensitivity and resistance assay for adjuvant treatment with herbal medicine in a case of metastatic colorectal cancer

Yair Maimon, DMD, PhD AC
Noah Samuels, MD

Tel Center for Integrative Medicine,
Cancer Center and Institute of Oncology,
Sheba Medical Center,
Tel Hashomer, Israel

Discussion with Patients about Dietary Supplements Use

- Improve doctor patient communication= Trust
- Reduce selection of harmful, useless, and costly DS
- Reduce negative interactions with conventional treatments and DS
- Empower people with cancer and their families
- Enable patients to develop strategies for living with cancer and support them in the process

Patients affected by Cancer and Dietary Supplements

- Compared with healthy populations, cancer patients appear to be more frequent users of DS
- 67-87% of women with breast cancer undergoing treatment and up to 9 years post diagnosis use DS
- Patients often do not report this use to their physician

INTEGRATIVE ONCOLOGY

NATURAL PRODUCTS

- The Plant Kingdom
- The Microbial World
- The Marine World
- Animal Sources
- Venoms and Toxins

Patients concerns (in a leading Integrative Oncology Clinic)

- WHAT ELSE CAN I DO?
- HOW CAN I COPE WITH MY SITUATION?
- HOW CAN I DEAL WITH STRESS, FEAR AND ANXIETY?

Images: M. et al. Integr Oncol. 2010; 15(4): 275-85

Breast Cancer and Physical Activity

- Breast cancer survivorship programs are encouraging women to be more physically active
- Physical activity (PA) has been demonstrated to improve physical and psychological well-being (Loprinzi & Cardinal. Breast Cancer. 2013)
- PA may also impact morbidity and mortality (Ballard-Barbash et al. J Natl Cancer Inst. 2012)
- The mechanisms for how PA may impact health at a cellular level are still being investigated

EPA and DHA Improve Breast Cancer Prognosis

Cohort study x 7.3 yrs, N=3081 US, early stage breast cancer (BC)
Dietary intake assessed EPA/DHA ratio, performed 7 times

Risk of BC recurrence or mets
Middle third of EPA-DHA intake: HR = 0.74 (25% fewer events)
Highest third of EPA-DHA intake: HR = 0.72 (28% fewer events)

Risk of BC mortality and all-cause mortality
Middle third: HR = .75 (25% less mortality)
Highest third: HR = 0.59 (41% less mortality)

Conclusion: Diet high in marine fish oils improves breast cancer prognosis

Patterson, J Nutr. 2011 Feb; 141(2): 201-6

Outcomes research, amongst others....

- Takes patients' experiences, preferences, and values into account
- Focuses on
 - effectiveness: how well a treatment works in real life. NOT on
 - efficacy: how well it works in clinical trials or laboratory studies (under ideal circumstances)
- Assesses a wide range of specific outcome measures
- Directly links the care/treatment people get in real life with the outcomes they experience (not what they received under ideal circumstances)