

# UNIT 5

## Complementary and Integrative Medicine

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## Quick Overview

- In the literature, CAM refers to Complementary and Alternative Medicine. Recently this widely recognized phrase has been slightly changed to Complementary and Integrative Medicine. Throughout this chapter the acronym CAM will be used to denote this growing domain of treatments.
- Complementary therapies are generally described as unconventional treatment modalities and approaches that are (usually) nonsurgical and non-pharmaceutical but have known efficacy used with mainstream care (i.e., scientifically based care). Alternative therapies are generally described as therapies or approaches which replace or are used instead of traditional, mainstream treatment and have not been scientifically proven. Alternative therapies frequently do not have a scientific basis and sometimes have even been disproved (Society of Integrative Medicine (SIO), 2009; National Center for Complementary Medicine (NCCAM), 2010). That being said, it is really the intent with which the therapy is used that defines it. For example, high dose vitamin C infusions are complementary therapy when used in conjunction with “traditional” or “conventional” therapies. They are alternative therapy if used “instead” of “traditional” or “conventional” therapies.
- The term “integrative medicine” has been gaining acceptance in medical academia. In essence, Integrative Oncology is the use of conventional and complementary therapies together.
- The NCCAM developed a classification system to make sense of the many therapies available. The categories are: biologically based practices, energy medicine, whole medical systems, mind-body medicine, manipulation, and body-based practices
- While there is much to learn about these therapies, over the last decade research has improved our understanding about the safety and efficacy of CAM.
- Studies show that cancer survivors need more information and support from health care providers to make decisions about their use of CAM, especially when using CAM alongside their conventional cancer treatment (2009, [www.bccancer.bc.ca/comeo](http://www.bccancer.bc.ca/comeo)).
- The Office of Cancer Complementary and Alternative Medicine (OCCAM) and NCCAM web sites are two of several great resources. Both sites offer a multitude of information for the public and health care providers on current research findings. CANO/ACIO is developing a section about CAM on its web site for people with cancer
- Nurses have an important role in educating and supporting cancer survivors in considering or utilizing CAM.

## Applying the CANO/ACIO Standards

Many people use complementary or alternative therapies throughout their active phase of cancer treatment and beyond. Nurses have varying levels of knowledge about the use of CAM in the setting of cancer survivorship.

## Applying the CANO/ACIO Standards

### Practice Standard: Comprehensive Health Assessment

The standard states, “The specialized oncology nurse conducts timely and comprehensive assessments of the health and supportive care needs of the individual with cancer and their families across the cancer continuum using a systematic approach that is sensitive to language and culture. The specialized oncology nurse considers the situational context and the needs and responses of the individual and family in determining the scope and depth of assessment” (CANO/ACIO, 2006).

#### How can you meet the standard?

There are a number of ways to meet the standard. For the purposes of this section, the focus will be on the competency that is “assessing the patient’s use of and response to complementary and alternative health care (CAHC) practices throughout the cancer trajectory.”

#### Example

M.B. is being seen today in the follow-up clinic. It has been six months since M.B. finished her cancer treatment. The competency would direct the nurse’s assessment to focus specifically on learning from M.B. if she uses CAM and if she does, how it impacts her life. It is important for the nurse to think about the types of questions to ask M.B. to explore her use of complementary and/or alternative therapies and their impact on her. Refer ways to assess if cancer survivors are using CAM (later in this section). Assessment specific to CAM is covered later in this section.

## LITERATURE REVIEW

A quick synopsis of the literature

- Many people affected by cancer use complementary therapies. A much smaller number of people use alternative therapies.
- Our knowledge and understanding about CAM is evolving.
- The evidence to support CAM use ranges from non-existent to fairly high.

### Prevalence of CAM Use among People Affected by Cancer

The literature identifies that CAM use ranges from 10% to greater than 60% in patients with cancer, depending on the definition used (Adams, Sibbritt, Easthope, & Young, 2003; Chrystal, Allan, Forgeson, & Isaacs, 2003; Navo et al., 2004; Weiger et al., 2002; Yates et al., 2005). Yates and colleagues (2005) found in their survey of seventeen American Community Clinical Oncology Program affiliates that as many as 91% of people with cancer reported using at least one form of CAM, including practices such as prayer. More recently,

the Complementary Medicine Education and Outcomes Program (CAMEO) web site reports that up to 80% of patients diagnosed with cancer use CAM, yet most make decisions about integration of their therapies into their conventional treatment plan and care without the knowledge or support from their health care providers.

## Current Understanding of CAM

CAM is an evolving area. This literature review captures what we presently know. However, it is important for nurses to stay current with the literature.

### *Historical Perspective*

The National Institute of Health in the United States established the National Center for Complementary and Alternative Medicine (NCCAM) out of concern for safety and efficacy of use of CAM. The NCCAM focuses on research (pharmacologic studies; evaluation of CAM practices), research training, and communications. Its aim is to ensure the safety and efficacy of natural products.

The NCCAM defines CAM as a “diverse medical and health care systems, practices, and products that are not presently considered to be part of conventional medicine. Conventional medicine is medicine as practiced by holders of MD or Doctor of osteopathy, DO degrees and by their allied health professionals, such as physical therapists, psychologists, and registered nurses. Some health care providers practice both CAM and conventional medicine. Alternative refers to therapies used in place of conventional medical treatments. While some scientific evidence exists regarding some CAM therapies, for most there are key questions that are yet to be answered through well-designed scientific studies—questions such as whether these therapies are safe and whether they work for the diseases or medical conditions for which they are used. The list of what is considered to be CAM changes continually, as those therapies that are proven to be safe and effective become adopted into conventional health care and as new approaches to health care emerge.” (Taken from <http://nccam.nih.gov/health/whatisacam/> January 30, 2010).

**OCCAM is the section of NCCAM that specifically focuses on CAM in the oncology setting.**

### *Evolving Perspective*

The term *integrative medicine* has been gaining acceptance in medical academia. The Consortium of Academic Health Centers for Integrative Medicine (November 2009) defines integrative medicine as “the practice of medicine that reaffirms the importance of the relationship between practitioner and patient, focuses on the whole person, is informed by evidence, and makes use of all appropriate therapeutic approaches, healthcare professionals, and disciplines to achieve optimal health and healing.” (Taken from <http://www.imconsortium.org/faq/home.html>, June 5, 2010).

Specific to the area of cancer, The Society for Integrative Oncology (SIO) emerged as an international organization focused on encouraging scientific evaluation, dissemination of evidence-based information, and appropriate clinical integration of complementary therapies. The SIO's website address is <http://www.IntegrativeOnc.org>. The SIO is comprised of leading oncologists and oncology professionals from major cancer centers and organizations. The SIO focuses on the promotion of quality research and appropriate application of useful, adjunctive complementary modalities.

*"Integrative oncology* has been specifically described as both a science and a philosophy that focuses on the complex health of people with cancer and proposes an array of approaches to accompany the conventional therapies of surgery, chemotherapy, molecular therapeutics, and radiotherapy to facilitate health." (SIO, 2009, accessed August 17, 2010).

## Defining CAM

NCCAM and the SIO agree that there is an essential difference between "complementary" and "alternative" therapies.

- **Complementary therapies** — unconventional treatment modalities and approaches that are nonsurgical and non-pharmaceutical but have known efficacy used with mainstream care
- **Alternative therapies** — replace/used instead of traditional mainstream (scientifically based) treatment and have not been scientifically proven, frequently do not have a scientific basis, and sometimes have even been disproved.

(NCCAM, 2010; SIO, 2009)

The intent with which the therapy is used defines it as either complementary or alternative.

It's important to realize that what is considered alternative medicine today may be considered complementary therapy tomorrow as more approaches/treatments undergo study and move into mainstream. What is now known is that when an alternative medicine therapy is used in addition to conventional therapy, it's called complementary. When complementary therapy is used in addition to conventional treatment, it is called integrative medicine.

## Evidence to Support CAM Use in Cancer Care

The Society of Integrative Oncology (2009) published an article that evaluates the current level of evidence regarding complementary therapies in the care of patients dealing with cancer. The review, helpful in making evidence-based treatment decisions in integrative oncology can be found at <http://www.IntegrativeOnc.org>.

## Classification of Complementary Approaches

NCCAM developed a classification system to make sense of the many therapies available. The distinctions between classifications aren't always clear-cut and some classifications use techniques from more than one category.

The following chart captures key points about each of the classifications of complementary approaches. It is important to appreciate that the research in this area is limited or in many cases non-existent, but growing.

Classification	Key Practice Points
<b>Biologically based practices</b>	<ul style="list-style-type: none"> <li>■ Use of substances found in nature, such as herbs, foods, and vitamins. It is important to keep in mind the potential natural products are not without side effects.</li> <li>■ Examples include: herbal products, dietary supplements, vitamins, other dietary supplements, other so-called natural but as yet scientifically unproven therapies such as shark cartilage to treat cancer.</li> <li>■ Examples of herbs include ginseng, ginkgo and Echinacea.</li> <li>■ A few more examples of herbs and botanicals and their potential impact:               <ul style="list-style-type: none"> <li>■ St John's Wort could inhibit effect of indinavir</li> <li>■ Kava Kava is potentially toxic to liver</li> <li>■ Chapperal tea can lead to liver failure</li> </ul> </li> <li>■ Examples of dietary supplements include selenium, glucosamine</li> <li>■ There is a growing body of evidence about the role of Vitamin D in primary cancer prevention and cancer recurrence.</li> <li>■ Mega vitamins – there is no scientific evidence of their benefit; they can cause health problems.</li> <li>■ Individual dietary supplementation has not been shown to prevent cancer or cancer recurrence.</li> <li>■ Although some botanicals have beneficial effects, studies indicate that misuse of herbs can be detrimental e.g., ginger, ginseng, and garlic have antiplatelet effects. Mildly estrogenic botanicals such as red clover and soy may stimulate hormonal sensitive cancers.</li> </ul>
<b>Energy medicine</b>	<ul style="list-style-type: none"> <li>■ Therapies based on the manipulation of bioenergy fields to restore balance in one's energy force. The belief is that when the energy flow in the body is blocked or unbalanced one can become sick.</li> <li>■ The energy flow has been called chi, prana, and life force.</li> <li>■ The mechanism of action is not fully understood; benefits vary from person to person.</li> <li>■ They may reduce stress and have a modest effect on pain relief but no evidence that they have any antitumor effects.</li> <li>■ Examples include: Magnetic field therapy, Reiki, Healing/Therapeutic Touch, qi gong.</li> </ul>

Classification	Key Practice Points
<p><b>Whole Medical Systems (Ancient medical systems)</b></p>	<ul style="list-style-type: none"> <li>■ Whole medical systems are built upon complete systems of theory and practice. They are not a single practice (such as massage) or remedy but many practices focused on a philosophy such as energy fields in the body or the power of nature. Examples include: homeopathic medicine, naturopathic medicine, traditional Chinese medicine, and Ayurvedic medicine.</li> <li>■ Ancient healing systems generally evolved apart from and earlier than the conventional Western medical approach used in the United States and Canada. They include ayurveda from India and traditional Chinese medicine.</li> <li>■ Homeopathy is an approach that uses minute doses of a substance that causes symptoms to stimulate the body's self-healing response.</li> <li>■ Naturopathy is an approach that focuses on noninvasive treatments to help the body do its own healing. It uses a variety of practices, such as massage, acupuncture, herbal remedies, exercise, and lifestyle counseling.</li> <li>■ Traditional Chinese medicine.</li> <li>■ Ayurvedic medicine.</li> </ul>
<p><b>Mind-body techniques</b></p>	<ul style="list-style-type: none"> <li>■ Use of a variety of techniques designed to enhance the mind's capacity to affect bodily function and symptoms.</li> <li>■ Examples include: meditation, guided imagery, expressive arts (music therapy, art therapy, dance therapy), prayer, and relaxation</li> <li>■ Some techniques that were considered CAM in the past have become mainstream such as patient support groups and cognitive-behavioral therapy.</li> <li>■ Evidence shows the benefit of support groups, supportive/expressive therapy, cognitive-behavioral therapy, and cognitive-behavioral stress management (Deng et al., 2009).</li> <li>■ A meta analysis of 116 studies revealed that mind-body therapies decrease anxiety, depression, and mood disturbance in some patients diagnosed with cancer and improve coping skills. If cancer survivors want to really benefit from mind body therapies they need to practice them regularly (Wesa et al., 2008).</li> <li>■ Controlled trials have shown emotional and physiologic benefits by reducing anxiety, stress, depression, and pain (Wesa et al., 2008)</li> <li>■ The ASIST technique and the Prayer Wheel are two practices which some people may use to help them find a peace and calmness in dealing with their illnesses. These two types of therapies are described by Vachon (2002).</li> </ul>

<b>Manipulation and body-based practice</b>	<ul style="list-style-type: none"> <li>■ Practices based on manipulation and/or movement of one or more parts of the body.</li> <li>■ Examples include: massage, reflexology, exercise, chiropractic, and osteopathic manipulation.</li> <li>■ Massage Therapy — Recommended by SIO as part of a multimodality treatment approach in patients experiencing anxiety or pain. Generally used for patients with normal blood counts. Not recommended to be used immediately post surgery. Reported to provide symptom relief for 48 hours or more (Wesa et al., 2008).normal blood counts. Not recommended to be used immediately post surgery. Reported to provide symptom relief for 48hrs or more (Wesa et al., 2008). Refer to the SIO article authored by Deng et al. (2009) for a detailed discussion of massage therapy.</li> </ul>
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Classification	Key Practice Points
<b>Manipulation and body-based practices</b>	<ul style="list-style-type: none"> <li>■ Physical Activity and Exercise — There is good evidence that regular physical activity and exercise improve quality of life, decrease fatigue, improve physical functioning, improve emotional well being, and provide health-related benefits such as cardiovascular fitness, muscular strength, body composition, and physical functioning. Research has shown that cancer survivors significantly improve lifestyle behaviours when provided with sequentially tailored sessions on how to improve diet, and increase physical fitness. See Unit 10 “Risk Reduction Activities”</li> <li>■ Acupuncture — It is a component of traditional Chinese medicine that is based on the understanding that the body contains vertical meridians (qi flow). It involves using special needles to unblock meridians in the body. A systematic review of the literature reported that acupuncture is safe when performed by qualified practitioners (Deng, 2009). Multiple well designed studies support the use of acupuncture for immediate nausea. Research has shown that acupuncture may help lessen xerostomia, improve post op bowel function, decrease vasomotor symptoms, minimize depression and fatigue. The SIO (2009) strongly recommends acupuncture as a complementary therapy as a way of managing poorly controlled symptoms such as pain and chemotherapy induced nausea and vomiting. The SIO (2009) cautions that while the value of acupuncture in treating dyspnea, fatigue, chemotherapy induced neuropathy, or hot flashes has not been established, there is anecdotal experience suggesting it to be useful. It is important to appreciate that acupuncture is not without risk such as infection from inadequately sterilized equipment, injury to internal organs (pneumothorax, spinal cord injuries, hepatitis), and contact dermatitis (Eliopoulos, 1999).</li> </ul>

## Facilitating a Systematic Assessment

Based on observational studies and case studies, the SIO strongly recommends that health care providers explore the use of complementary and alternative therapies as a routine part of initial and ongoing assessment. Health care providers should also seek to understand the reasons for CAM use and explore their own personal beliefs (Bell, 2010).

### Assessment of the use of CAM by cancer survivors

It's not uncommon for cancer survivors to use CAM but not disclose it to their health care providers. In fact, the literature indicates that as many as 50% of patients using CAM do not disclose its use (Bell, 2010; Deng, 2009).

People do not disclose using CAM because they

- may feel embarrassed
- worry about their health care provider's reaction
- were not asked about CAM by their health care provider
- their health care provider did not seem interested
- did not see it as being relevant
- believed that their health care provider would not be informed about CAM or be helpful to them (Bell, 2010; Deng, 2009)

One of the first steps in assessing CAM use is to ask a cancer survivor if he/she is using CAM. Asking about CAM use conveys acceptance of the topic, demonstrates that it is important to talk about CAM and that the nurse is interested in this aspect of his/her health care.

The nursing assessment is guided by understanding the underlying reasons the cancer survivor may have chosen to use CAM. Some of the reasons people use CAM during cancer survivorship may be:

- To relieve the long-term side effects associated with taking systemic cancer therapy
- To take an active role in improving their health and wellness
- To attempt to prevent the cancer from recurring

Some people choose CAM because they prefer alternative theories of health and disease to the medical model.

## Ways to assess if Cancer Survivors are using CAM (conducting an integrative assessment)

Ask the cancer survivor:

- Directly if he/she uses CAM: For example, “In addition to your prescription medications, do you use any other medicines, herbs, vitamins, etc.?” How you ask about CAM use may determine the person’s response. The literature suggests that when the word “alternative” is used people are more likely to withhold information (related to fear of disapproval, etc.) (Bell, 2010; Deng, 2009).
- If cancer survivors are concerned about the possibility of recurrence ask if they are doing anything specific to prevent the cancer from returning. The nurse may say “Some people take extra vitamins and minerals, or use herbs to help prevent their cancer from coming back. Since you finished your cancer treatment have you been taking any vitamins, minerals, or herbs?”
- About their nutrition: Gaining insight into the nutritional intake may offer information about CAM use.
- About their activity level: Is he/she doing Tai Chi? Yoga? Qi Gong? These types of activities help increase understanding about the person’s thoughts and beliefs about CAM. Ask, “Are you involved in an exercise program?” Explore the nature of the exercise program. (Refer to Unit 10: Risk Reduction Activities for more information about diet and exercise).
- About their use of complementary, alternative, and integrative therapies
- Knowing the reasons why people use CAM, tailor your assessment to focus on the possible reasons for CAM use such as, “Are you using any herbs, vitamins, or other such substances to help you prevent the cancer from returning?”
- Decker (2004) provides health care providers with an algorithm for discussing CAM with cancer survivors.

## Priority Content for Intervention and Patient Teaching

### How can Nurses Support Cancer Survivors Considering the Use of/or Using CAM?

- Use a non-judgmental approach to build trust and encourage discussion about use of CAM.
- Assess the person’s CAM practice or lack thereof and determine if there are information needs. Remember to build this into the nursing assessment at each visit.
- Educate that mind-body modalities are recommended as part of a multidisciplinary approach for reducing anxiety, mood disturbance, and chronic pain and improving quality of life (SIO, 2009)
- Address information needs with the aim to support the decision making process so that benefits of CAM can be maximized and truly do complement conventional medicine.

- Discuss with the cancer survivor the timing of CAM use. For example, some complementary therapies may be safe to use after cancer treatment, but not during treatment
- Be prepared to provide education if a particular form of CAM is deemed unsafe.
- Inform the physician about concerns you may have about your patient's use of CAM.
- Be able to share reliable, credible resources about CAM with cancer survivors. See below for a list of some of the available resources.
- Refer to other trained professionals as appropriate.
- Nurses should optimize side effect management as often CAM is used by cancer survivors as a means of treating side effects.

### **How can nurses find time to discuss CAM with cancer survivors?**

- Include a question about CAM in the survivorship assessment tool that is used for comprehensive assessment of cancer survivors.
- Ask cancer survivors to provide a list of all the therapies they use (e.g. over-the-counter medications, herbal therapies, massage therapy)
- Take advantage of “teachable moments”, for example if a cancer survivor's openly discusses CAM; this is an opportunity to explore the topic further.

## **Resources**

### ***Groups and Programs in Canada***

#### **CANO/ACIO CAM SIG**

The Canadian Association of Nurses in Oncology has a Special Interest Group (SIG) specifically about CAM. Any CANO/ACIO member may become a member of the SIG.

#### **Complementary and Alternative Medicine Education and Outcomes (CAMEO) Program**

The CAMEO Program is a combined research initiative of the BC Cancer Agency and the University Of British Columbia School of Nursing designed to evaluate the impact of evidence-based education and decision support related to complementary and alternative medicine (CAM) for people living with cancer as well as cancer health professionals, (Taken from the BC Cancer Agency website at [www.bccancer.bc.ca/RES/ResearchPrograms/cameo/default.htm](http://www.bccancer.bc.ca/RES/ResearchPrograms/cameo/default.htm) Accessed June 5, 2010). CAMEO is located at the Vancouver Centre of the BC Cancer Agency, and officially opened in the summer of 2008. More information about the program and the work being done can be accessed at [www.bccancer.bc.ca/RES/ResearchPrograms/cameo/default.htm](http://www.bccancer.bc.ca/RES/ResearchPrograms/cameo/default.htm).

## Online Resources

There are many websites that provide information about CAM (see below). The list is not intended to be an exhaustive one of existing web sites but a starting point.

When visiting any CAM web site for information explores the following questions:

- Is the organization that sponsors the site credible?
- What is the purpose of the site?
- What is the site's source of information?
- Who is providing information for the site?
- Who funds the site (any biases or conflicts; product web site)?
- How frequently is the site up-dated?
- Are (randomized) clinical trials about CAM reported on the site?

## Canadian Web Sites

- **CAMline** - [www.camline.ca](http://www.camline.ca) — Health Canada's natural health product directorate. Provides up-to-date, evidence based reviews of natural health products and complementary and alternative therapies geared to health care professionals.
- **Canada Vigilance** - [www.hc-sc.gc.ca/dhp-mps/medeff/vigilance-eng.php](http://www.hc-sc.gc.ca/dhp-mps/medeff/vigilance-eng.php) — Information on Health Canada's tracking program for negative drug reactions.
- **Cancer Care Ontario's web site** - [www.cancercare.on.ca](http://www.cancercare.on.ca) — makes available their position paper about complementary therapies.
- **Health Canada: Natural Health Products Directorate** - [www.hc-sc.gc.ca/ahc-asc/branch-dirgen/hpfb-dgpsa/nhpd-dpsn/index-eng.php](http://www.hc-sc.gc.ca/ahc-asc/branch-dirgen/hpfb-dgpsa/nhpd-dpsn/index-eng.php) — Information on Canadian natural health products regulations.
- **The BC Cancer Agency web site (CAMEO)** — <http://www.bccancer.bc.ca/RES/ResearchPrograms/cameo/default.htm> — provides reliable, valid information about CAM.
- **The Canadian Association of Nurses in Oncology (CANO/ACIO) web site's section on CAM for patients** — [www.cano-acio.ca](http://www.cano-acio.ca) — this portion of the CANO/ACIO web site provides basic information for patients about CAM.
- **The Canadian Cancer Society** — [www.cancer.ca](http://www.cancer.ca) — has great patient information about CAM topics such as finding information, evaluating the information, talking to your doctor, making the right decision, choosing a practitioner, natural health products regulations, therapies that may help, and suggested links.

## Other Web Sites

- **American Botanical Council** — [www.herbalgram.org](http://www.herbalgram.org)
- **National Center for Complementary and Alternative Medicine** — [www.nccam.nih.gov](http://www.nccam.nih.gov) — This site offers Research-based information on treatments and conditions.
- **Office of Cancer Complementary and Alternative Medicine (OCCAM)** — <http://www.cancer.gov/cam> — OCCAM was established in October 1998. Its purpose is to coordinate and enhance the activities of the National Cancer Institute (NCI) in the area of complementary and alternative medicine (CAM). OCCAM offers a wealth of credible information on its web site about health (About CAM, CAM therapies), research (Clinical trials and other research), and its activities related to the National Cancer Institute. Information is provided for health professionals and patients. You will also find OCCAM's newsletter on the web site. The newsletter NCI CAM News contains information on the National Cancer Institute's latest CAM activities. Featured in the newsletter are things such as highlights of NCI-sponsored CAM research, resources for researchers, and upcoming meetings and lectures.
- **Natural Medicines Comprehensive Database** — [www.naturaldatabase.com](http://www.naturaldatabase.com).
- **The American Cancer Society** — [www.cancer.org](http://www.cancer.org) — has information about the different aspects of CAM on its web site, their patient focused information guides patients in the safe use of CAM and explores how, if, CAM may help them. They cover topics such as: learning about new cancer treatments, learning about new ways to prevent cancer, complementary and alternative methods for cancer management, guidelines for using complementary and alternative methods, and the placebo effect. They have great sections on "What questions should I ask about complementary and alternative methods that I might be thinking about using?" and "How can I spot fraud and questionable treatments?"
- **The Cochrane Review Organization** — [www.cochrane.org/index2.htm](http://www.cochrane.org/index2.htm).
- **The Memorial Sloan Kettering web site** — [www.mskcc.org/aboutherbs](http://www.mskcc.org/aboutherbs) — The Memorial Sloan – Kettering Cancer Center's "About Herbs" is an excellent resource for physicians and patients. It contains continually updated monographs of over 232 botanical and nutritional supplements.
- **The National Cancer Institute's Office of Cancer Complementary and Alternative** — [www.cancer.gov/cam/health\\_pdq.html](http://www.cancer.gov/cam/health_pdq.html) — The Office of Cancer Complementary and Alternative Medicine (OCCAM) coordinates and enhances the activities of the National Cancer Institute (NCI) in the arena of complementary and alternative medicine (CAM). Their web site contains a range of up-to-date, credible information about CAM, NCI CAM related activities in the areas of research, health information, etc. Here are a few of the resources on CAM for cancer:
  - [www.cancer.gov/cam/health\\_index.html](http://www.cancer.gov/cam/health_index.html) patient health information home page
  - [www.cancer.gov/cancertopics/thinking-about-CAM](http://www.cancer.gov/cancertopics/thinking-about-CAM) Q& A about CAM for cancer treatment
  - [www.cancer.gov/cam/health\\_faq.html](http://www.cancer.gov/cam/health_faq.html) Faq
  - [www.cancer.gov/cam/health\\_camaz.html](http://www.cancer.gov/cam/health_camaz.html) CAM A-Z list of fact sheets and publications on CAM modalities
- **University of Texas M. D. Anderson Cancer Center Complementary/Integrative Medicine Education Resources** <http://www.mdanderson.org/CIMER> — Offers an educational program for patients and health care professionals.

## Are you thinking about Practicing CAM? Do you already practice CAM?

The Canadian Nurses Association (CNA) has the following statement about nurses and CAM:

“Nurses practicing complementary therapies must do so in context of a nursing framework, and there must be evidence of the nursing process of assessment, planning, intervention, and evaluation.”

Find out more by visiting the CNA web site ([www.cna-nurses.ca/cna](http://www.cna-nurses.ca/cna)), Nurse One ([www.nurseone.ca](http://www.nurseone.ca)) or calling CNA.

### Learning Activities to Expand Nurses’ Understanding of CAM

1. Identify the following as conventional, complementary, alternative, or a combination of approaches.
  - a. Nurse provides aromatherapy to a person with cancer following surgery to help lessen their discomfort.
  - b. Person with cancer takes a special diet to treat cancer instead of undergoing surgery, radiation or chemotherapy.
  - c. Person undergoes surgery for treatment of gastric cancer.
  - d. Person with cancer receiving chemotherapy has massage therapy weekly.
  - e. Cancer survivor uses only shark cartilage to treat his cancer.
2. M.G. asks you about taking shark cartilage to prevent his cancer from returning now that his chemotherapy is finished. Describe how you would respond to M.G.’s question.
3. R.C. is a 43 year old woman who was diagnosed with Stage 3 colon cancer. She finished her adjuvant treatment approximately ten months ago. She tolerated her chemotherapy with relatively few side effects and no side effects which were greater than Grade 2 toxicity (National Cancer Toxicity Grading Scale, 2006). She presents now with acute abdominal pain, nausea, ascites, and jaundice. She reports weight loss of about 5 kg since finishing her chemotherapy. R.C. undergoes management of her symptoms and investigation of the cause(s) of her symptoms. Investigation reveals disease recurrence. R.C. asks you if you think that her recurrence is due to the different herbs and substances that she has tried since finishing her chemotherapy. Describe how you would respond to R.C.

### Answers

1. (a) Nurse uses aromatherapy to lessen a person’s discomfort following surgery. Integrative  
 (b) Person takes a special diet to treat cancer instead of undergoing surgery, radiation or chemotherapy. Alternative  
 (c) Person undergoes surgery for treatment of gastric cancer. Conventional  
 (d) Person receiving chemotherapy has massage therapy weekly. Integrative  
 (e) Cancer survivor uses only shark cartilage to treat his cancer. Alternative

2. Acknowledge and explore M.G.'s concern about recurrence. Discuss the pros and cons of using shark cartilage. If you are not familiar with shark cartilage, refer M.G. to a pharmacist or dietitian knowledgeable about use of shark cartilage.
3. Apply the CANO/ACIO comprehensive health assessment competency of assessing the person's use of CAM with aim to better understand what she used, why she used it, and how it may be impacting her today. Approach R.C. in a non-judgmental way.

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