

Complementary therapies can increase survival in cancer patients

It is well known that a large percentage of cancer patients use some form of complementary and alternative medicine (CAM), usually with the goal of improving quality of life, providing supportive care as well as relieving pain and controlling the adverse effects of disease or treatment. Less is known and emphasized in oncology and among cancer experts, that these modalities can actually have a survival effect that could be similar to conventional care or improve the benefit of regular cancer care.

A new review of evidence drawn from experimental and epidemiologic studies, as well as a few clinical trials, demonstrates that several of the integrative approaches and lifestyle changes might influence cancer survivorship. In this review of the scientific conventional literature there is quite good evidence from multiple studies that suggest that these therapies — including nutrition, certain supplements, physical activity, and stress reduction —do have a major effect on survival.

Mind–body interventions include approaches such as guided imagery, mindfulness meditation, and yoga, which are commonly used by cancer patients to reduce stress. Some reports have shown prolonged survival in patients who participated in these interventions, the researchers note.

In one study, for instance, women with melanoma who participated in an psychoeducational intervention experienced a 2.5-fold reduction in the risk for recurrence at 5- to 6-year follow-up, and an approximately 7-fold reduction in the risk for death.

Nutrition has been widely discussed as a factor in cancer promotion and prevention, and the World Cancer Research Fund and the American Institute for Cancer Research have reported in the past that 30% to 40% of cancers can be prevented with proper nutrition, regular physical activity, and the maintenance of a healthy weight.

In addition, the Women's Healthy Eating and Living (WHEL) study revealed a direct relation between vegetable intake and cancer recurrence in more than 3000 breast cancer survivors. Baseline vegetable intake in the highest tertile, compared with the lowest tertile, was associated with an overall adjusted hazard ratio for recurrence of 0.69 (95% confidence interval, 0.55 - 0.87).

A number of studies have demonstrated that a combination of alternative therapies could even have greater effect on survival. For example, the combined effect of stress reduction, improved nutrition, physical activity, and smoking-cessation instruction was shown to have a significant effect on survival in women with localized breast cancer.

In that study, at a median follow-up of 11 years, patients in the intervention group, compared with those in the observation group, experienced a significant reduction in the risk for breast cancer

recurrence (hazard ratio [HR], 0.55; $P = .034$) and in death from breast cancer (HR, 0.44; $P = .016$). Risk for death from all causes was also significantly lower in the intervention group (HR, 0.51; $P = .028$).

In another example, the effect of exercise on the risk for breast cancer recurrence is similar to that seen with the endocrine therapy tamoxifen. Tamoxifen can reduce the risk for breast cancer recurrence by about 40%, whereas physical activity at a level of 9 metabolic equivalents of task (METs) per week reduces the risk for recurrence by 50%. This has been observed in long-term studies that are 10 to 15 years in duration.

Although patients and physicians are aware of the benefit of tamoxifen, they are often not aware of the major survival advantage of physical activity.

Patients, physicians and other health care practitioners that are involved in taking care of patients affected by cancer need to be aware of these facts and consider integrating these non-pharmacological options to regular cancer care which needs to be available to all patients as the usual standard of care.

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