

Annexes

Annexe 1 : Tableau d'extraction de données

Tableau d'extraction de données	
Informations sur l'article	
Titre	
Auteurs et affiliations	
Année de publication	
Type de publication	
Pays	
Objectifs et méthodologie	
Population	
Concept	
Contexte	
Mots-clés	
Informations pour l'analyse de concept	
Usages	<i>Dans quels mots les auteurs définissent-ils le concept ?</i>
Attributs	<i>Quelles sont les caractéristiques employées par les auteurs pour décrire le concept ?</i>
Antécédents	<i>Selon les auteurs, quels sont les éléments qui précèdent la présence du concept ?</i>
Conséquences	<i>Quelles sont les conséquences de la présence du concept ?</i>
Concepts apparentés et/ou opposés	<i>Quels sont les concepts apparentés et/ou opposés présentés par les auteurs et comment les définissent-ils ?</i>
Exemples de cas	<i>Les auteurs proposent-ils un exemple de cas illustrant le concept ? si oui, quel est-il ?</i>
Autres informations	
Commentaires des auteurs	
Références pertinentes de la bibliographie	
Note personnelle	

Annexe 2 : Stratégie de recherche sur les bases de données PubMed, Psychinfo et Sociologique Abstract

Stratégie de recherche sur PubMed Advanced Search Builder		
Search	Query	Results
1	"integrative oncology"[MeSH Major Topic]	61
2	("integrative medicine"[Title/Abstract]) AND ("oncology"[Title/Abstract])	174
3	("integrative medicine"[Title/Abstract]) AND ("cancer"[Title/Abstract])	330
4	("complementary therapies"[Title/Abstract]) AND ("oncology"[Title/Abstract])	160
5	("complementary therapies"[Title/Abstract]) AND ("cancer"[Title/Abstract])	542
6	1 or 2 or 3 or 4 or 5	913
7	Filtre : Free full text	395
8	Filtre : From 2017/1/1 – 2020/9/27	185
9	Filtre : English	184
10	Filtre : French	185
11	Filtre : Adult : 19+ years	40

Stratégie de recherche sur PsycInfo		
Étapes	Recherches	Résultats
1	"integrative oncology" dans Partout	/
2	"integrative medicine" AND "oncology" dans Résumé – AB	/
3	"integrative medicine" AND "cancer" dans Résumé – AB	/
4	"complementary therapies" AND "cancer" dans Résumé – AB	/
5	"complementary therapies" AND "oncology" dans Résumé – AB	/
6	1 or 2 or 3 or 4 or 5	/
7	Période du 1/1/2017 au 27/09/2020	/
8	Langue : anglaise et français	/
9	Tranche d'âge : 18 ans et plus	22

Stratégie de recherche sur Sociology Database		
Étapes	Recherches	Résultats
1	"integrative oncology" dans Partout	/
2	"integrative medicine" AND "oncology" dans Résumé – AB	/
3	"integrative medicine" AND "cancer" dans Résumé – AB	/
4	"complementary therapies" AND "cancer" dans Résumé – AB	/
5	"complementary therapies" AND "oncology" dans Résumé – AB	/
6	1 or 2 or 3 or 4 or 5	/
7	Période du 1/1/2017 au 27/09/2020	/
8	Langue : anglaise et français	/
9	Texte intégrale	28

Annexe 3 : Tableau récapitulatif des documents inclus et rejetés du second recensement de données

Tableau récapitulatif des documents inclus et exclus répertorié sur les bases de données PubMed, PsycInfo et Sociology data base		
Références	Titre et résumé du document	Inclus/Exclus
PubMed		
(21)	Clinical Case Report: Yoga for Fatigue in Five Young Adult Survivors of Childhood Cancer Abstract Purpose: Cancer-related fatigue (CRF) is a distressing consequence of cancer and its treatment. CRF impacts many young adult (YA) survivors of childhood cancer, compromising work, social relationships, and daily activities. No satisfactory treatment exists. This pilot study aimed to assess the feasibility, safety, and preliminary efficacy of an 8-week twice/week Iyengar yoga (IY) intervention for treating persistent fatigue in YA survivors of childhood cancer. Methods: Using a single-arm mixed-methods design, adult childhood cancer survivors aged between 18 and 39 years were recruited from a survivorship clinic at a single institution. Quantitative: The primary outcome was fatigue as measured by the Functional Assessment of Chronic Illness Therapy-Fatigue. Secondary outcomes included vitality, social functioning, multidimensional fatigue, mood, and sleep. Weekly self-report monitoring data were collected. Qualitative: Participants also completed a post-intervention interview, major themes evaluated. Results: Five participants enrolled into the study and four completed the intervention. Attendance was 92% and there were no adverse events. Baseline mobility was highly varied, with one YA having had a hemipelvectomy. Quantitative data revealed significantly improved fatigue, social functioning, somatization, and general and emotional manifestations of fatigue following yoga. Qualitative data cross validated, clarified, and expanded upon the quantitative findings. Conclusions: The study suggests that a brief IY intervention is safe for YA survivors of childhood cancer, even for those with physical disabilities. Preliminary efficacy was demonstrated for the primary outcome of fatigue. Qualitative data elucidated additional improvements, such as work-related social functioning, and a sense of calm and relaxation. Keywords: cancer survivors; fatigue; integrative medicine; yoga. Conflict of interest statement No competing financial interests exist.	Exclus car le document parle de survivant du cancer, le critère d'inclusion « patients atteints de cancer » n'est pas respecté.
(22)	Breast Cancer Integrative Oncology Care and Its Costs Background: Naturopathic oncology in conjunction with conventional treatment is commonly referred to as integrative oncology (IO). Clinics directed by oncology board certified NDs (Fellows of the American Board of Naturopathic Oncology or FABNOs) provide high-quality data for describing IO therapies, their costs and measuring clinical outcomes. Purpose: To describe the types of IO therapies prescribed to breast cancer patients by ND FABNO physicians. Study participants (n = 324). Women who sought care at 1 of 6 naturopathic oncology clinics in Washington State were asked to enroll in a prospective 5 year observational outcomes study. Methods: Medical records were abstracted to collect treatment recommendations and cost data. Results: More than 72 oral or topical, nutritional, botanical, fungal and bacterial-based medicines were prescribed to the cohort during their first year of IO care. Trametes versicolor was prescribed to 63% of the women. Mind-body therapy was recommended to 45% of patients, and 49% received acupuncture. Also, 26% were prescribed injectable therapy, including mistletoe, vitamin B complex (12%), IV ascorbate (12%), IV artesunate (7%), and IV nutrition and hydration (4%). Costs ranged from \$1594/year for early-stage breast cancer to \$6200/year for stage 4 breast cancer patients. Of the total amount billed for IO care for 1 year for breast cancer patients, 21% was out-of-pocket. Conclusions: IO care for women with breast cancer consists of botanical and mushroom oral therapies, parenteral botanical and nutrient therapy, mind-body medicine and acupuncture. IO clinic visits and acupuncture are partially paid for by medical insurance companies. Keywords: breast cancer; community oncology care; costs; integrative oncology care; naturopathic medicine. Conflict of interest statement Declaration of Conflicting Interests: The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.	Inclus
(23)	Interest in Integrative Medicine Among Postmenopausal Hormone Receptor-Positive Breast Cancer Patients in the EvAluate-TM Study Background: Breast cancer patients often use complementary and alternative medicine, but few prospectively collected data on the topic are available specifically for postmenopausal breast cancer patients. A large prospective study was therefore conducted within a noninterventional study in order to identify the characteristics of patients interested in integrative medicine. Methods: The EvAluate-TM study is a prospective, multicenter noninterventional study in which treatment with the aromatase inhibitor letrozole was evaluated in postmenopausal women with hormone receptor-positive primary breast cancer. Between 2008 and 2009, 5045 postmenopausal patients were enrolled at 339 certified breast centers in Germany. As part of the data collection process, patients were asked at the baseline about their interest in and information needs relating to integrative medicine.	Inclus

	Results: Of the 5045 patients recruited, 3411 responded to the questionnaire on integrative medicine and took part in the analysis, 1583 patients expressed an interest in integrative medicine, and 1828 patients declared no interest. Relevant predictors of interest in integrative medicine were age, body mass index, tumor size, previous chemotherapy, and use of concomitant medications for other medical conditions. Interest in integrative medicine declined highly significantly ($P < .001$) with age (<50 years, 74.1%; 50-60 years, 54.1%; >65 years, 38.0%). Patients in favor of integrative medicine were significantly less satisfied with the information received about individual treatments and antihormonal therapy. Patients with interest in integrative medicine were more often interested in rehabilitation and fitness, nutritional counseling, and additional support from self-help organizations. These women were mostly interested in receiving information about their disease and integrative medicine from a physician, rather than from other sources. Conclusions: This study shows that a considerable proportion of postmenopausal breast cancer patients are interested in integrative medicine. Information about integrative medicine should therefore be provided as part of patient care for this group. It was found that receiving concomitant medication for other medical conditions is one of the main predictors for women not being interested in integrative medicine. This group of patients may need special attention and individualized information about integrative medicine. Additionally, most patients were interested in obtaining the relevant information from their doctor. Keywords: aromatase inhibitor; breast cancer; complementary and alternative medicine; information; integrative medicine; letrozole; oncology; therapy management. Conflict of interest statement Declaration of Conflicting Interests: The author(s) declared the following potential conflicts of interest with respect to the research, authorship, and/or publication of this article: PAF carried out research for Novartis and Amgen. KS and AJ are employees of Novartis Pharma. EB carried out research for Novartis, Celgene, BMS, and Roche. MWB is member of the EvAluate-TM study group. All other authors declare that there are no conflicts of interest.	
(24)	Glutamine for the treatment of vincristine-induced neuropathy in children and adolescents with cancer Background: Vincristine is an integral treatment component of many childhood tumors with potentially dose-limiting sensory and/or motor neuropathy. Results from a pilot study on the incidence of vincristine-induced peripheral neuropathy (VIPN) as well as the efficacy and safety of glutamine in reducing signs and symptoms of VIPN in children with cancer are presented. Methods: Fifty-six patients between the ages of 5-21 with newly diagnosed leukemia, lymphoma, extracranial solid tumor or medulloblastoma and expected to receive a minimum cumulative dose of 6 mg/m² of vincristine over a 30-week period were eligible. Patients' neurological functioning was monitored every 3 weeks using clinical history, exam, and assessment of motor functioning. Upon identification of neuropathy, patients were randomized to either glutamine (6 g/m² per dose twice daily, maximum 10 g/dose) or placebo for a 3-week period followed by 3-week wash out period (Time 3). Results: Forty-nine patients were fully evaluable and 100 % developed neuropathy per study definitions. No significant differences in demographics or side effects were noted between the randomized groups. The distribution of sensory neuropathy scores between the two groups was statistically significant after the intervention ($p = 0.022$). Children receiving glutamine also rated their quality of life (QoL) as 8.42 points higher on the PedsQL total score than those receiving placebo ($p = 0.031$). Conclusions: Glutamine supplementation is well tolerated and associated with improvements in sensory function and self-reported overall quality of life. Future studies are warranted to confirm the efficacy of glutamine for the treatment of vincristine-related sensory neuropathy in pediatric cancer patients. Keywords: Glutamine; Integrative medicine; Neuropathy; Quality of life; Supportive care. Conflict of interest statement Compliance with ethical standards Conflict of interest The authors declare that they have no conflict of interest.	Exclus car le document parle d'enfants atteints de cancer. Le critère d'inclusion « patients adultes atteints de cancer » n'est pas respecté.
(25)	Herbal Medicine Practices of Patients With Liver Cancer in Peru: A Comprehensive Study Toward Integrative Cancer Management Rationale: The highest burden of liver cancer occurs in developing countries, where the use of herbal medicine (HM) is still widespread. Despite this trend, few studies have been conducted to report HM practices of patients with a hepatic tumor in the developing world. Hence, this study aimed to document the use of HM among patients with liver cancer in Peru. Study design and methods: A comparative behavioral epidemiological survey was conducted among liver cancer patients attending the National Cancer Institute of Peru. Information was obtained by direct interviews based on a semistructured questionnaire. The use of HM in Peruvian liver cancer patients was reported, first, regarding general consumption prior to the onset of disease, and second, after the appearance of symptoms that patients would relate to their tumor. In parallel, general consumption of HM in noncancerous people was assessed as a comparative figure. A correspondence analysis was performed to reveal potential associations between the symptoms of cancer and the specific use of HM. Results: Eighty-eight patients and 117 noncancerous individuals participated in the survey. Overall, 68.3% of the people interviewed claimed to use HM on a regular basis for general health preservation. Furthermore, 56.8% of the patients turned to plants first to treat the disorders for which they later came to the cancer care center. When compared with the number of plant species used routinely ($n = 78$), a selection of plants was made by patients in response to the symptoms of cancer ($n = 46$). At least 2 plant species, Aloe vera and Morinda citrifolia, were significantly associated with the treatment of liver cancer-related symptoms in the patient group. Conclusions: The present study is the first survey on the HM practices of patients with liver cancer in Latin America and, more broadly, in the developing world. Our findings confirm that HM remains one of the principal primary health care resources in Peru, even for a severe disease like liver cancer. These traditional,	Exclus : les termes « oncologie intégrative et complémentaire » ou « thérapies complémentaires et intégratives » ou « médecine intégrative et complémentaire et

	complementary and alternative medicine practices should be taken into consideration in Peruvian health programs aiming to educate the population in cancer prevention and treatment, as well as integrative cancer management. Keywords: Indigenous people; Latin America; behavioral epidemiological survey; cancer; complementary and alternative medicine; developing world; ethnobotany; integrative medicine; liver disease; traditional medicine. Conflict of interest statement Declaration of Conflicting Interests: The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.	cancer ou oncologie » n'apparaissent pas dans le titre ou le résumé.
(26)	Inpatient Acupuncture at a Major Cancer Center Background: Use of complementary and integrative therapies is increasing among cancer patients, but data regarding the impact treatments such as acupuncture have in an inpatient oncology setting are limited. Methods: Patients who received acupuncture in an inpatient hospital environment between December 2014 and December 2015 were asked to complete a modified Edmonton Symptom Assessment Scale (ESAS; 0-10 scale) before and after each visit. Pre- and post-treatment scores were examined for each symptom using paired t tests. Results: A total of 172 inpatients were treated with acupuncture in their hospital beds (257 visits). Thirty percent (n = 51) received at least one additional follow-up treatment (mean visits/patient = 1.5). Completion rate of the modified ESAS after acupuncture was 42%. The most common reasons for not completing the post-treatment ESAS were "patient too drowsy" or "patient fell asleep" (72%). For patients who reported a baseline symptom score ≥ 1, the greatest improvements (mean change $\pm$ SD) after acupuncture on the initial visit were found for pain (-1.8 ± 2.2; n = 69; P < .0001), nausea (-1.2 ± 1.9; n = 30; P < .001), anxiety (-0.8 ± 1.8; n = 36; P = .01), drowsiness (-0.6 ± 1.8; n = 57; P = .02), and fatigue (-0.4 ± 1.1; n = 67; P = .008). For patients who received at least one follow-up visit, significant improvement from baseline was found for sleep disturbance (-2.5 ± 4.4; n = 17; P = .03), anxiety (-2.4 ± 1.7; n = 9; P = .002), pain (-2.3 ± 2.7; n = 20; P = .001), and drowsiness (-2.0 ± 2.6; n = 16; P = .008). Conclusions: Patients who received inpatient acupuncture at a major cancer center experienced significant improvement after treatment for pain, sleep disturbance, anxiety, drowsiness, nausea, and fatigue. Keywords: acupuncture; cancer; inpatient; integrative medicine; oncology. Conflict of interest statement Declaration of Conflicting Interests: The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.	Inclus
(27)	Complementary and conventional providers in cancer care: experience of communication with patients and steps to improve communication with other providers Background: Effective interdisciplinary communication is important to achieve better quality in health care. The aims of this study were to compare conventional and complementary providers' experience of communication about complementary therapies and conventional medicine with their cancer patients, and to investigate how they experience interdisciplinary communication and cooperation. Method: This study analyzed data from a self-administrated questionnaire. A total of 606 different health care providers, from four counties in Norway, completed the questionnaire. The survey was developed to describe aspects of the communication pattern among oncology doctors, nurses, family physicians and complementary therapists (acupuncturists, massage therapists and reflexologists/zone-therapists). Between-group differences were analyzed using chi-square, ANOVA and Fisher's exact tests. Significance level was defined as p < 0.05 without adjustment for multiple comparisons. Result: Conventional providers and complementary therapists had different patterns of communication with their cancer patients regarding complementary therapies. While complementary therapists advised their patients to apply both complementary and conventional modalities, medical doctors were less supportive of their patients' use of complementary therapies. Of conventional providers, nurses expressed more positive attitudes toward complementary therapies. Opportunities to improve communication between conventional and complementary providers were most strongly supported by complementary providers and nurses; medical doctors were less supportive of such attempts. A number of doctors showed lack of respect for complementary therapists, but asked for more research, guidelines for complementary modalities and training in conventional medicine for complementary therapists. Conclusion: For better quality of care, greater communication about complementary therapy use is needed between cancer patients and their conventional and complementary providers. In addition, more communication between conventional and complementary providers is needed. Nurses may have a crucial role in facilitating communication, as they are positive toward complementary therapies and they have more direct communication with patients about their treatment preferences. Keywords: Cancer care; Complementary therapies; Conventional medicine; Interdisciplinary communication.	Exclus : les termes « oncologie intégrative et complémentaire » ou « thérapies complémentaires et intégratives » ou « médecine intégrative et complémentaire et cancer ou oncologie » n'apparaissent pas dans le titre ou le résumé.

(28)	Developing an Integrative Treatment Program for Cancer-Related Fatigue Using Stakeholder Engagement - A Qualitative Study Background: Although cancer-related fatigue (CRF) has gained increased attention in the past decade, it remains difficult to treat. An integrative approach combining conventional and complementary medicine interventions seems highly promising. Treatment programs are more likely to be effective if the needs and interests of the people involved are well represented. This can be achieved through stakeholder engagement. Objectives: The aim of the study was to develop an integrative CRF treatment program using stakeholder engagement and to compare it to an expert version. Method: In a qualitative study, a total of 22 stakeholders (4 oncologists, 1 radiation-oncologist, 1 psycho-oncologist, 5 nurses/nurse experts, 9 patients, 1 patient family member, 1 representative of a local Swiss Cancer League) were interviewed either face-to-face or in a focus group setting. For data analysis, qualitative content analysis was used. Results: With stakeholder engagement, the integrative CRF treatment program was adapted to usual care using a prioritizing approach and allowing more patient choice. Unlike the expert version, in which all intervention options were on the same level, the stakeholder engagement process resulted in a program with 3 different levels. The first level includes mandatory nonpharmacological interventions, the second includes nonpharmacological choice-based interventions, and the third includes pharmacological interventions for severe CRF. The resulting stakeholder based integrative CRF treatment program was implemented as clinical practice guideline at our clinic (Institute for Complementary and Integrative Medicine, University Hospital Zurich). Conclusion: Through the stakeholder engagement approach, we integrated the needs and preferences of people who are directly affected by CRF. This resulted in an integrative CRF treatment program with graded recommendations for interventions and therefore potentially greater sustainability in a usual care setting. Keywords: cancer-related fatigue; complementary medicine; integrative treatment program; qualitative study; stakeholder engagement. Conflict of interest statement Declaration of Conflicting Interests: The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.	Inclus
(29)	The Long-Term Survival of a Patient With Stage IV Renal Cell Carcinoma Following an Integrative Treatment Approach Including the Intravenous α-Lipoic Acid/Low-Dose Naltrexone Protocol In this case report, we describe the treatment of a 64-year-old male patient diagnosed with metastatic renal cell carcinoma (RCC) in June of 2008. In spite of a left nephrectomy and the standard oncological protocols, the patient developed a solitary left lung metastasis that continued to grow. He was informed that given his diagnosis and poor response to conventional therapy, any further treatment would, at best, be palliative. The patient arrived at the Integrative Medical Center of New Mexico in August of 2010. He was in very poor health, weak, and cachectic. An integrative program-developed by one of the authors using intravenous (IV) α-lipoic acid, IV vitamin C, low-dose naltrexone, and hydroxycitrate, and a healthy life style program-was initiated. From August 2010 to August 2015, the patient's RCC with left lung metastasis was followed closely using computed tomography and positron emission tomography/computed tomography imaging. His most recent positron emission tomography scan demonstrated no residual increased glucose uptake in his left lung. After only a few treatments of IV α-lipoic acid and IV vitamin C, his symptoms began to improve, and the patient regained his baseline weight. His energy and outlook improved, and he returned to work. The patient had stable disease with disappearance of the signs and symptoms of stage IV RCC, a full 9 years following diagnosis, with a gentle integrative program, which is essentially free of side effects. As of November 2017 the patient feels well and is working at his full-time job. Keywords: hydroxycitrate; integrative medicine; low-dose naltrexone; metabolic control of cancer; metastases to lung; stage IV renal cell carcinoma; vitamin C; α-lipoic acid. Conflict of interest statement Declaration of Conflicting Interests: The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.	Inclus (note : exemple de cas)
(30)	Implementation of an Integrative Oncological Concept in the Daily Care of a German Certified Breast Cancer Center Abstract Background: In recent decades the concept of integrative medicine has attracted growing interest in patients and professionals. At the Gemeinschaftskrankenhaus Havelhöhe (GKH), a hospital specialized in anthroposophical medicine, a breast cancer center (BCC) has been successfully certified for more than 5 years. The objective of the present study was to analyze how integrative strategies were implemented in the daily care of primary breast cancer patients. Methods: Clinical, demographic, and follow-up data as well as information on non-pharmacological interventions were analyzed. In addition, BCC quality measures were compared with data of the National Breast Cancer Benchmarking Report 2016. Results: Between 2011 and 2016, 741 primary breast cancer patients (median age 57.4 years) were treated at the GKH BCC. 91.5% of the patients showed Union for International Cancer Control (UICC) stage 0, I, II, or III and 8.2% were in UICC stage IV. 97% of the patients underwent surgery, 53% radiation, 38% had hormone therapy, and 25% received cytostatic drugs. 96% of the patients received non-pharmacological interventions and 32% received Viscum album L.	Inclus

	Therapy: Follow-up was performed in up to 93% of the patients 2 years after first diagnosis. Compared to nationwide benchmarking BCCs, the GKH BCC met the requirements in central items. Conclusions: The results of the present study show that integrative therapies offered by the concept of anthroposophical medicine can be implemented in the daily care and treatment of a certified BCC. However, as national guidelines on integrative concepts in oncology are missing, further studies are needed for a systematic evaluation of integrative treatment and care concepts in this field. Keywords: <i>Viscum album</i> L.; Anthroposophic medicine; Breast cancer center; Health services research; Integrative oncology.	
(31)	Open to Exploration? Association of Personality Factors With Complementary Therapy Use After Breast Cancer Treatment Purpose: Many cancer survivors seek complementary therapies (CTs) to improve their quality of life. While it is well-known that women who are younger, more highly educated, and have higher incomes are more likely to use CTs, individual differences such as personality factors have been largely unexplored as predictors of CT use. Methods: In a secondary analysis of a larger study, 270 women with stage I to III breast cancer completed self-report measures of demographic and illness-related information, personality variables, and use of several different types of CTs. A series of logistic regression models were used to explore whether demographic, illness-related, and personality variables predicted different types of CT use. Results: Prior relationships between education and CT use were replicated. There were no significant relationships between illness-related variables and different types of CT use. Of the 5 personality factors, only openness to experience was a significant predictor of multiple types of CT use. Conclusions: Openness to experience may represent an individual difference variable that predicts CT use among cancer survivors. CTs themselves may represent a form of intellectual curiosity and novelty seeking. Further studies are needed to replicate and examine the generalizability of the relationship between openness to experience and CT use in oncology populations. Keywords: cancer survivor; complementary therapies; integrative oncology; openness to experience; personality. Conflict of interest statement Declaration of Conflicting Interests: The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.	Exclus car le document parle de survivant du cancer. Le critère d'inclusion « patients atteints de cancer » n'est pas respecté.
(32)	Attitudes and knowledge about direct and indirect risks among conventional and complementary health care providers in cancer care Background: Many complementary therapies offer benefits for patients with cancer. Others may be risky for patients due to negative interactions with conventional treatment and adverse effects. Therefore, cancer patients need guidance from health care providers to assess complementary modalities appropriately to receive benefits and avoid harm. Method: In a self-administered questionnaire-based cross-sectional study, we compared knowledge and attitudes of health care providers with no training in complementary modalities to that of health care providers with training in complementary modalities about the risks for patients who combine complementary modalities with conventional treatment in cancer care. The analysis was based on responses from 466 participants. Results: The attitudes and knowledge about direct risk followed provider specialty. Ninety-four percent of the medical doctors, 93% of the nurses, and 87% of the providers with dual training, but 70% of the complementary therapists, believed that complementary modalities can cause adverse effects ($p < 0.001$). The majority of the medical doctors and nurses believed that it is risky to combine complementary and conventional cancer treatments (78% and 93%, respectively), compared to 58% of the providers with dual training and 43% of the complementary therapists ($p < 0.001$). Eighty-nine percent of the medical doctors and nurses believed that complementary modalities should be subjected to more scientific testing before being accepted by conventional health care providers, in contrast to 56% of the dually trained and 57% of the complementary therapists ($p < 0.001$). The majority of the medical doctors (61%) and nurses (55%) would have neither discouraged nor encouraged the use of complementary modalities if patients asked them for advice. Moreover, less than 1% of the complementary therapists would have discouraged the use of conventional cancer treatments. The study participants believed that the most important factor to recommend a complementary cancer modality to patients is evidence for safety. Conclusion: The health care providers in this study believed that complementary modalities are associated with direct risk and can cause adverse effects, and that it is risky to combine conventional and complementary treatments due to potential harmful interactions. Keywords: Complementary and alternative medicine; Cancer care; Complementary therapists; Conventional health care providers; Direct risk; Indirect risk; Patient safety; Risk assessment. Conflict of interest statement Authors' information TS is trained in acupuncture and homeopathy. She holds a PhD in medical science and is specialized in both qualitative and quantitative research methodology. SAQ holds a PhD in medical anthropology and has considerable expertise in understanding the use of complementary modalities, patient-provider communication about complementary therapy use, and, in particular, survey design. JCS has a PhD in sociology, and her research interests include cancer survivorship. TAA holds a PhD in anthropology has considerable expertise in survey design and understanding of patient-provider communication. AEK is a language sociologist and a complementary therapist. She holds a PhD in medical science and is trained in quantitative research. Ethics approval and consent to participate	Exclus : les termes « oncologie intégrative et complémentaire » ou « thérapies complémentaires et intégratives » ou « médecine intégrative et complémentaire et cancer ou oncologie » n'apparaissent pas dans le titre ou le résumé.

	The global aim of this study is to reduce risk and enhance safety for patients who combine complementary modalities and conventional treatment in cancer care and does not aim to provide new knowledge about health and disease. Therefore, regional Committees for medical and health Research Ethics (REC) decided that the study did not need REC approval (2012/1318/REK Nord). Written informed consent was obtained from all participants. The study meets the standard of the Helsinki Declaration in 1975, last revised in 2013. Consent for publication Not applicable. Competing interests The authors declare that they have no competing interests. Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.	
(33)	Integrated Cancer Treatment in the Course of Metastatic Pancreatic Cancer: Complete Resolution in 2 Cases Pancreatic cancer (PC) has a very low average survival, but its prognosis is further reduced in the case of metastatic spread. Medical therapy in these cases is the only applicable methodology in the international guidelines. During anticancer treatments, common side effects are nausea, vomiting, arthralgia, neuropathy, and alopecia as well as a myelosuppressive effect. The toxicity of various drugs not only affects the quality of life of the patient, but often its severity requires a reduction in if not the termination of drug administration. Scientific studies have shown that a combined use of chemotherapy and certain natural substances, in the form of standardized extracts, can lead to an enhancement of the action of the chemotherapy. Here, we describe 2 cases of metastatic PC. The first case concerns the integrated treatment of a patient with cancer of the pancreas tail with metastatic involvement ab initio of peripancreatic lymph nodes and liver parenchyma, with numerous secondary lesions greater than 9.5 cm. The second case concerns the integrated treatment of a patient with cancer of the pancreatic body with metastatic involvement of the liver parenchyma, with a small secondary lesion. In both cases, an integrated cancer treatment approach, combining chemotherapy with natural remedies, extracts, and hyperthermia, induced a notable remission of primary and metastatic lesions. Keywords: herbal medicine; hyperthermia; integrative therapy; metastasis; pancreatic cancer. Conflict of interest statement Declaration of Conflicting Interests: The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.	Inclus (note : exemples de cas)
(34)	Treatment of pancreatic cancer with intravenous vitamin C: a case report Pancreatic ductal adenocarcinoma (PDA) has a dismal prognosis and is often discovered at an advanced stage with few therapeutic options. Current conventional regimens for PDA are associated with significant morbidity, decreased quality of life, and a considerable financial burden. As a result, some patients turn to integrative medicine therapies as an alternate option after a diagnosis of PDA. Intravenous pharmacologic ascorbic acid (PAA) is one such treatment. The use of PAA has been passionately debated for many years, but more recent rigorous scientific research has shown that there are significant blood concentration differences when ascorbic acid is given parenterally when compared to oral dosing. This pharmacologic difference appears to be critical for its role in oncology. Here, we report the use of PAA in a patient with poorly differentiated stage IV PDA as an exclusive chemotherapeutic regimen. The patient survived nearly 4 years after diagnosis, with PAA as his sole treatment, and he achieved objective regression of his disease. He died from sepsis and organ failure from a bowel perforation event. This case illustrates the possibility of PAA to effectively control tumor progression and serve as an adjunct to standard of care PDA chemotherapy regimens. Our patient's experience with PAA should be taken into consideration, along with previous research in cell, animal, and clinical experiments to design future treatment trials.	Inclus
(35)	Use of Integrative Oncology, Involvement in Decision-Making, and Breast Cancer Survivor Health-Related Quality of Life in the First 5 Years Postdiagnosis AbstractObjective: This study sought to describe changes in the health-related quality of life (HRQOL) of women who do and do not seek naturopathic oncology (NO) complementary and alternative medicine (CAM) care during and immediately after breast cancer treatment, and to explore the predictive role of NO CAM care, demographic characteristics, and involvement in decision-making on HRQOL in breast cancer survivors. Methods: Matched cohorts of breast cancer survivors who did and did not choose to supplement their breast cancer treatment with NO care within 2 years of diagnosis participated. NO users were identified through naturopathic doctors' clinics and usual care (UC) controls with similar prognosis were identified through a cancer registry. The registry provided information about all participants' age, race, ethnicity, marital status, stage of cancer at time of diagnosis, date of diagnosis, and use of conventional medical treatments (surgery, chemotherapy, radiation, and endocrine therapy). Data of participants' self-reported involvement in decision-making and HRQOL were collected at study enrollment and at 6-month follow-up. Results: At 6-month follow-up, the NO patients reported significantly more involvement in decision-making about care and better general health than did UC patients ($P < .05$). Self-reported involvement in decision-making about cancer treatment was associated with better role-physical, role-emotional, and social-functional well-being ($P < .05$). Race, age, marital status, and congruence of preferred and achieved levels of involvement also predicted aspects of HRQOL in breast cancer survivors ($P < .05$). Conclusions: Both NO CAM care and involvement in decision-making about cancer treatment may be associated with better HRQOL in breast cancer survivors. Keywords: CAM; breast cancer; integrative oncology; quality of life; survivorship. Conflict of interest statement	Inclus

	Declaration of Conflicting Interests: The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.	
(36)	Integrative cancer care in a certified Cancer Centre of a German Anthroposophic hospital Objective: The concept of integrative oncology (IO) comprising guideline-oriented standard and add-on complementary medicine has gained growing importance. The Anthroposophic-integrative Cancer Centre (CC) at the hospital Gemeinschaftskrankenhaus (GKH) in Berlin has been implementing IO concepts during recent years. Furthermore, it is a certified CC and has been annually audited by national cancer authorities since 2012. The objective of the present study was to evaluate IO concepts of the certified CC GKH. Methods: Clinical, demographic, integrative treatment and follow-up data were analyzed between 2011 and 2016. In addition, CC GKH quality measures were compared with those of nationwide benchmarking CCs. Results: Between 2011 and 2016, 2.382 primary cancer patients, median age 66 years, were treated at the CC GKH. 70.1% of the patients showed either Union for International Cancer Control (UICC) stage 0, I, II or III and 25.6% were in UICC stage IV. IO therapies included surgery (64.4% of patients), radiation (41.2%), and application of cytostatic drugs (53.9%), add-on mistletoe therapy (30.5%), and non-pharmacological interventions (87.3%). Regarding psycho-oncological support and quota of patient's enrollment in studies the CC GKH performs above nationwide benchmarks. Research outcomes including safety issues, clinical impact as well as patient's health-related quality of life are continuously evaluated and integrated into hospital's decision-management. Conclusion: This analysis reveals that IO concepts are applied to a high proportion of male and female primary cancer patients of all age groups, indicating a successful implementation at the certified CC GKH. Ongoing clinical evaluations have been initiated and cost-effectiveness comparisons are under analyses. Keywords: Anthroposophic medicine; Certified Cancer Centre; Complementary therapies; Integrative oncology.	Inclus
(37)	Immediate Symptom Relief After a First Session of Massage Therapy or Reiki in Hospitalized Patients: A 5-Year Clinical Experience from a Rural Academic Medical Center Objectives: There is an increasing demand for and use of alternative and complementary therapies, such as reiki and massage therapy, in hospital-based settings. Most controlled studies and practice-based reports include oncology and surgical patient populations; thus the effect in a more heterogeneous hospitalized patient population is hard to estimate. We examined the immediate symptom relief from a single reiki or massage session in a hospitalized population at a rural academic medical center. Design: Retrospective analysis of prospectively collected data on demographic, clinical, process, and quality of life for hospitalized patients receiving massage therapy or reiki. Settings/location: A 396-bed rural academic and tertiary medical center in the United States. Subjects: Hospitalized patients requesting or referred to the healing arts team who received either a massage or reiki session and completed both a pre- and post-therapy symptom questionnaire. Interventions: First session of routine reiki or massage therapy during a hospital stay. Outcome measures: Differences between pre- and postsession patient-reported scores in pain, nausea, fatigue, anxiety, depression, and overall well-being using an 11-point Likert scale. Results: Patients reported symptom relief with both reiki and massage therapy. Analysis of the reported data showed reiki improved fatigue (-2.06 vs. -1.55 p < 0.0001) and anxiety (-2.21 vs. -1.84 p < 0.001) statistically more than massage. Pain, nausea, depression, and well being changes were not statistically different between reiki and massage encounters. Immediate symptom relief was similar for cancer and noncancer patients for both reiki and massage therapy and did not vary based on age, gender, length of session, and baseline symptoms. Conclusions: Reiki and massage clinically provide similar improvements in pain, nausea, fatigue, anxiety, depression, and overall well-being while reiki improved fatigue and anxiety more than massage therapy in a heterogeneous hospitalized patient population. Controlled trials should be considered to validate the data. Keywords: hospital; massage; reiki; symptom relief.	Exclus car pas spécifique aux patients atteints de cancer.
(38)	Cancer and Complementary Therapies: Current Trends in Survivors' Interest and Use Background: Cancer survivors use complementary therapies (CTs) for a variety of reasons; however, with interest and use reportedly on the rise and a widening range of products and practices available, there is a need to establish trends in and drivers of interest. We aimed to determine (1) frequencies of use, level of interest, and barriers for 30 specific CTs and (2) whether physical symptoms, perceived stress (PS), or spiritual well-being were related to interest levels. Method: A total of 212 cancer outpatients were surveyed at the Tom Baker Cancer Centre in Calgary, Canada. Results: Overall, up to 75% of survivors already used some form of CTs since their diagnosis. The most highly used were the following: vitamins B12 and D, multivitamins, calcium, and breathing and relaxation exercises. Those who had not used CTs indicated highest interest in massage, vitamin B12, breathing and relaxation, mindfulness-based stress reduction, and antioxidants. The most frequently reported barriers for all CTs were not knowing enough about what a therapy was and not having enough evidence on whether it worked. High PS predicted higher interest for all CTs, but spirituality was not significantly related to any. Physical symptoms, anxiety, and depression were significant predictors of interest for some CTs. Conclusion: These findings provide a blueprint for future clinical efficacy trials and highlight the need for clinical practice guidelines. Keywords: barriers; cancer; clinical practice guidelines; complementary medicine; complementary therapies; interest; predictors; use.	Exclus car le document parle de survivants au cancer. Le critère d'inclusion « patients atteints de cancer » n'est pas respecté.

(39)	Do Women With Breast Cancer Who Choose Adjunctive Integrative Oncology Care Receive Different Standard Oncologic Treatment? Purpose: To determine if women with breast cancer who choose adjunctive naturopathic oncology (NO) specialty care receive different standard oncologic treatment when compared with breast cancer patients who receive only standard care. Participants: Women with breast cancer stages 0 to 4, aged 18+ who spoke English and sought care from outpatient naturopathic doctor clinics were enrolled in an observational study of clinical and quality of life outcomes. Women who sought NO care 2 or more times within the first 2 years postdiagnosis were identified as NO cases. A matched comparison group of breast cancer patients were identified using the Western Washington Cancer Surveillance System(CSS). Methods: A longitudinal cohort design. In addition to self-report data, the CSS provided data on demographics, stage at the time of diagnosis, and initial treatment. Oncology medical records were abstracted in order to provide additional information on standard oncologic treatment for all participants. Results: Cohorts were well matched with regard to demographic, histologic, and prognostic indicators at the time of diagnosis. Approximately 70% of women in both cohorts received standard oncologic care that met the National Comprehensive Cancer Network guidelines. There were no statistically significant differences between the cohorts in treatment received. Fewer women in the NO cohort with estrogen receptor-positive breast cancer appear to have received antiestrogen therapy. Conclusions: Women in both cohorts appear to receive guideline-concordant care. However, women who receive adjunctive NO care may be less likely to receive antiestrogen therapy. Trial registration: ClinicalTrials.gov NCT01366248. Keywords: breast cancer; complementary and alternative medicine; integrative oncology; observational study. Conflict of interest statement Declaration of Conflicting Interests: The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.	Inclus
(40)	Does Jacobson's relaxation technique reduce consumption of psychotropic and analgesic drugs in cancer patients? A multicenter pre-post intervention study Background: Cancer patients often suffer from emotional distress as a result of the oncological process. The purpose of our study was to determine whether practice of Jacobson's relaxation technique reduced consumption of psychotropic and analgesic drugs in a sample of cancer patients. Methods: This was a multicenter pre-post intervention design. Participants were 272 patients aged over 18 years attending 10 Spanish public hospitals with oncological pathologies and anxiety symptoms. The intervention consisted of a protocol of abbreviated progressive muscle relaxation training developed by Bernstein and Borkovec. This was followed up by telephone calls over a 1-month period. The intervention was performed between November 2014 and October 2015. Sociodemographic variables related to the oncological process, mental health variables, and intervention characteristics were measured. Results: A reduction in the consumption of psychotropic and analgesic drugs was observed throughout the follow-up period. Improvement was observed throughout the 4-week follow-up for all the parameters assessed: anxiety, relaxation, concentration, and mastery of the relaxation technique. Conclusions: The practice of abbreviated Jacobson's relaxation technique can help to decrease the consumption of psychotropic and analgesic drugs. Patients experienced positive changes in all the evaluated parameters, at least during the 1-month follow-up. To confirm these findings, additional long-term studies are needed that include control groups. Trial registration: ISRCTN 81335752 , DOI 10.1186/ISRCTN81335752 17. Date of registration: 22/11/2016 (retrospectively registered). Keywords: Analgesics; Cancer patients; Complementary therapies; Learning; Psychotropic drugs; Relaxation therapy. Conflict of interest statement Ethics approval and consent to participate Ethical approval was granted by the corresponding clinical research ethical committee of each center involved in the study [28] (University Hospital of Getafe, 06/26/2014; Puerta del Hierro-Majadahonda, 07/24/2014; Foundation Alcorcon, 11/03/2014; Fuenlabrada, 12/03/2014; Bellvitge, 09/10/2014; Salamanca, 07/18/2014; Navarra, 03/27/2015; Hospital Germans Trias i Pujol, 11/21/2014; and Cantabria 08/01/2014). All participants provided written informed consent after having been fully informed about the study aims. Competing interests The authors declare no conflict of interest. The authors have full control of all primary data, and we agree to allow the journal to review the data if requested. Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.	Exclus : les termes « oncologie intégrative et complémentaire » ou « thérapies complémentaires et intégratives » ou « médecine intégrative et complémentaire et cancer ou oncologie » n'apparaissent pas dans le titre ou le résumé.
(41)	Australian integrative oncology services: a mixed-method study exploring the views of cancer survivors Background: The significant use of traditional and complementary medicine (T&CM) by cancer survivors is well documented. The aim of this study was to explore cancer survivors' views on integrating T&CM services with conventional cancer care. Method: A mixed-method study design with an emphasis on qualitative methodology was used to conduct and analyse four focus group interviews and an on-line survey. Purposive sampling recruited 33 cancer survivors and caregivers from Arabic, Vietnamese, Chinese and Anglo-European Australian backgrounds who participated in one of four focus group interviews, and 121 cancer survivors who responded to an on-line survey. The inductive thematic analysis was augmented with a descriptive statistical analysis.	Inclus même s'il s'agit d'un point de vue des survivants du cancer, ce document peut

	Results: Most participants had used T&CM therapies or consulted T&CM practitioners as an adjuvant during and/or after their initial cancer treatment. Two themes emerged: 'positive perceptions and experiences' and 'barriers and unmet needs'. Participants emphasised that T&CM was not a 'luxury item', rather it was considered important for managing side effects and comorbidities, rehabilitation and quality of life. A wide range of complex, interrelated barriers and solutions to IO service provision and access were identified. Structural barriers included inadequate service provision, medical practitioner attitudes, logistical constraints and funding. Personal barriers were influenced by the severity of impairment and disability; attitudes, beliefs and knowledge about T&CM; and available resources (e.g. finances, time, transport). Unmet need and inequitable access was exacerbated by geographical location, ethnicity and ability to pay. There was a mismatch between where participants were accessing T&CM services and their preference for IO service delivery. Participants perceived hospital-based IO services availability to have several benefits, including the T&CM practitioners having more expert knowledge about cancer care, the convenience of co-locating oncology services, and potentially lower out-of-pocket costs. Conclusion: Patients' use, preferences and needs for T&CM services in the oncology setting are important for informing service provision. Inequitable, unmet need reflected the increasing demand and expectation from patients for their oncology teams to be well informed about the benefits, risks and indications for T&CM use, and for the public and private health sectors to formally integrate and fund IO services. Keywords: Cancer survivors; Complementary medicine; Culturally and linguistically diverse background; Health service research; Integrative medicine; Integrative oncology; Mixed method. Conflict of interest statement Ethics approval and consent to participate Approval was granted by the Western Sydney University Human Research Ethic Committee (HREC) approval number H11389; and the relevant local hospital HRECs, the details of which are confidential to protect the anonymity of the participating groups. All participants gave specific written consent. Competing interests Author JH, is engaged in integrative medicine, primary care clinical practice. Author's JH and CS are academic researchers at NICM. As a medical research institute, NICM receives research grants and donations from foundations, universities, government agencies, individuals and industry. Sponsors and donors provide untied funding for work to advance the vision and mission of NICM. The project that is the subject of this article was not undertaken as part of a contractual relationship with any donor or sponsor. Author GD is a clinical oncologist, Director of Cancer Services for the South Western Sydney Local Health District and Director of Liverpool Cancer Centre in Australia. Author EO is the Founder of Oncology Massage Ltd., a not-for-profit company and registered charity in Australia that provides education, training and advocacy for oncology massage. Authors JU, CP and AK have no competing interests to declare. Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.	apporter des informations importantes pour l'analyse de concept
(42)	The Treatment of Gliomas in Adulthood Background: Gliomas are the most common intrinsic tumors of the brain, with an incidence of 6 per 100 000 persons per year. Recent years have seen marked changes in the diagnosis and treatment of gliomas, with molecular parameters now being an integral part of the diagnostic evaluation. Methods: This review is based on pertinent articles retrieved by a selective search in PubMed, with special attention to the new WHO glioma classification. Results: The classification of gliomas on the basis of additional molecular parameters enables more accurate prognostication and serves as a basis for therapeutic decision-making and treatment according to precisely specified algorithms. PET scanning with 18F-fluoroethyl tyrosine and 11C-methionine for the measurement of metabolic activity in gliomas has further refined the diagnostic evaluation. The median overall survival of patients with glioblastoma who have undergone resection of all tumor tissue with a disrupted blood-brain barrier (i.e., all contrast-enhancing tumor tissue) has been prolonged to up to 20 months. The 5-year survival of patients with WHO grade II gliomas is now as high as 97% after near-total resection. The surgical resection of all contrast-enhancing tumor tissue and subsequent radiotherapy and chemotherapy remain the key elements of treatment. New surgical strategies and new methods of planning radiotherapy have made these techniques safer and more effective. The percutaneous application of tumor-treating fields is a new therapeutic option that has gained a degree of acceptance. Accompanying measures such as psycho-oncology and palliative care are very important for patients and should be considered mandatory. Conclusion: The consistent application of the existing multimodal treatment options for glioma has led in recent years to improved survival. Areas of important current and future scientific activity include immunotherapy and targeted and combined chemotherapy, as well as altered neurocognition, modern approaches to palliative care, and complementary therapies.	Exclus car le document ne parle pas du concept d'oncologie intégrative.
(43)	Self-reported Improvement in Side Effects and Quality of Life With Integrative Medicine in Breast Cancer Patients Purpose: Although the demand from patients for integrative medicine is increasing, complementary medicine services are still quite heterogeneous and have not been incorporated into clinical routine. The aim of this study was to systematically evaluate improvements in side effects and quality of life associated with a hospital-based integrative medicine program in the modern breast cancer patient care setting.	Inclus

	Methods: In a cross-sectional study, integrative health counseling and treatment were evaluated in women with breast cancer. Over a 15-month period, data for 75 patients from an integrative medicine consultancy service with standardized operating procedures were collected at the University Breast Center for Franconia. At baseline, the patients answered a questionnaire on their medical history, symptoms, and the treatment goals they were hoping to achieve with integrative medicine. In the follow-up, patient-reported outcomes related to side effects of conventional cancer treatment and patients' quality of life were analyzed. Results: Among 60 patients with the therapy goal of reducing the side effects of conventional treatment, 46 (76.7%) were successful. Among 57 patients hoping to improve disease-related quality of life, 46 (82%) reported success. Whereas patients with metastatic disease achieved a reduction in the side effects of conventional therapy, quality-of-life improvements were predominantly achieved by patients with a good treatment prognosis. Conclusions: Breast cancer patients benefit from the counseling and treatment provided with integrative medicine in all phases of tumor disease. Integrative treatment services should be included as part of patient care in clinical routine work to offer patients the maximum quality of care and safety with complementary therapies. Keywords: breast cancer; complementary and alternative medicine; integrative medicine; oncology; patient care; quality of life; side effect management. Conflict of interest statement Declaration of Conflicting Interests: The author(s) declared the following potential conflicts of interest with respect to the research, authorship, and/or publication of this article: PAF carried out research for Novartis and Amgen. All other authors declare that there are no conflicts of interest.	
(44)	Group Yoga Effects on Cancer Patient and Caregiver Symptom Distress: Assessment of Self-reported Symptoms at a Comprehensive Cancer Center Background: Complementary and integrative health approaches such as yoga provide support for psychosocial health. We explored the effects of group-based yoga classes offered through an integrative medicine center at a comprehensive cancer center. Methods: Patients and caregivers had access to two yoga group classes: a lower intensity (YLow) or higher intensity (YHigh) class. Participants completed the Edmonton Symptom Assessment System (ESAS; scale 0-10, 10 most severe) immediately before and after the class. ESAS subscales analyzed included global (GDS; score 0-90), physical (PHS; 0-60), and psychological distress (PSS; 0-20). Data were analyzed examining pre-yoga and post-yoga symptom scores using paired t-tests and between types of classes using ANOVAs. Results: From July 18, 2016, to August 8, 2017, 282 unique participants (205 patients, 77 caregivers; 85% female; ages 20-79 years) attended one or more yoga groups (mean 2.3). For all participants, we observed clinically significant reduction/improvement in GDS, PHS, and PSS scores and in symptoms (ESAS decrease ≥ 1; means) of anxiety, fatigue, well-being, depression, appetite, drowsiness, and sleep. Clinically significant improvement for both patients and caregivers was observed for anxiety, depression, fatigue, well-being, and all ESAS subscales. Comparing yoga groups, YLow contributed to greater improvement in sleep versus YHigh (-1.33 vs -0.50, $P = .054$). Improvement in fatigue for YLow was the greatest mean change (YLow -2.12). Conclusion: A single yoga group class resulted in clinically meaningful improvement of multiple self-reported symptoms. Further research is needed to better understand how yoga class content, intensity, and duration can affect outcomes. Keywords: Edmonton Symptom Assessment System; complementary and integrative medicine; group program; integrative oncology; mind and body; self-reported outcomes; yoga. Conflict of interest statement Declaration of Conflicting Interests: The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.	Inclus
(45)	Use of biologically-based complementary medicine in breast and gynecological cancer patients during systemic therapy Background: Biologically-based complementary medicines (BB-CAM) including herbs and nutritional supplements are frequently taken by breast- and gynecological cancer patients undergoing systemic therapy. The aim of this study was to analyze the use of these natural CAM methods under systemic therapy. Methods: From September 2014 to December 2014 and February 2017 to May 2017 all patients ($n = 717$) undergoing systemic therapy at the day care unit, Department of Gynecology and Obstetrics, Technical University Munich, Germany, with breast- and/or gynecological cancer were included in this survey. The self-administered 8-item questionnaire was developed to obtain information on complementary medication intake during systemic therapy. Results: Among 448 respondents 74.1% reported to use complementary medication simultaneous to their systemic therapy. The most frequently applied methods during therapy were vitamins and minerals supplements (72.3%), medicinal teas (46.7%), phytotherapy (30.1%), and mistletoe (25.3%). The analysis showed that various patients-, disease- and therapy characteristics like receiving chemotherapy ($p = 0.002$), and younger age (younger than 60 years; $p = 0.017$) are significantly associated with BB-CAM use. Conclusions: Our data suggest that female cancer patients undergoing systemic therapy frequently use BB-CAM medicine. Therefore, it is indispensable to implement counseling and evidence-based complementary treatments into clinical routine of cancer centers. A counseling service for integrative medicine concepts and an outpatient program (ZIGG) was therefore implemented in our cancer center in 2013. Further research on the CAM intake of cancer patients is needed in order to verify drug interactions and implement specific guidelines for integrative medication concepts. Conflict of interest statement Ethics approval and consent to participate Informed consent was obtained from all participants by completion of the questionnaire, how described in the Additional file 1 in the explanation of the survey for the patients. The questionnaire was approved by the Ethics Committee of the Technical University of Munich (TUM) with project number 412/14.	Exclus : les termes « oncologie intégrative et complémentaire » ou « thérapies complémentaires et intégratives » ou « médecine intégrative et complémentaire et cancer ou oncologie »

	Consent for publication Not applicable. Competing interests The authors declare that they have no competing interest. Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.	n'apparaissent pas dans le titre ou le résumé.
(46)	Addressing Unmet Information Needs: Results of a Clinician-Led Consultation Service About Complementary and Alternative Medicine for Cancer Patients and Their Relatives Purpose: To report on a telephone consultation service with cancer patients and their relatives about complementary and alternative medicine (CAM) between 1999 and 2011. Methods: We offered a Germany-wide, free-of-charge telephone consultation service about CAM led by oncology clinicians from a comprehensive cancer center. The consultations followed a patient-centered approach with the aim to provide guidance and evidence-based information. Sociodemographic, disease-related data as well as information about the consultations' content were collected in a standardized manner, and feedback questionnaires were sent out immediately after the consultations. Results: Overall, 5269 callers from all over Germany used the service (57% patients, 43% relatives). The "big 4" cancer types (breast, gastrointestinal, prostate, and lung) accounted for 55% of all calls. In 67% of calls, patients had just received the diagnosis or commenced anticancer therapy; 69% of patients had advanced or metastatic diseases. More than half of the callers (55%) had vague concerns like "what else can I do?" rather than specific questions related to CAM. The consultations covered a broad spectrum of issues from CAM therapies to cancer treatment and measures supportive of health, nutrition, and psychosocial support. Callers highly valued the service. Conclusions: Consulting about CAM addresses important unmet needs from cancer patients and their relatives. It provides clinicians with the opportunity to engage in open and supportive dialogues about evidence-based CAM to help with symptom management, psychological support, and individual self-care. Consulting about CAM cannot be separated from consulting about conventional care and should be provided from the beginning of the cancer journey. Keywords: communication; complementary therapies; consultation service; family involvement; information-seeking; patient education; supportive care; unmet needs. Conflict of interest statement Declaration of Conflicting Interests: The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.	Exclus : les termes « oncologie intégrative et complémentaire » ou « thérapies complémentaires et intégratives » ou « médecine intégrative et complémentaire et cancer ou oncologie » n'apparaissent pas dans le titre ou le résumé.
(47)	Intralesional and subcutaneous application of Viscum album L. (European mistletoe) extract in cervical carcinoma in situ: A CARE compliant case report Abstract Rationale: Carcinoma in situ (CIS) of the uterine cervix is a premalignant condition of squamous epithelium. The standard treatments are excision and ablation procedures; for women with positive margins, hysterectomy is recommended. Patient concerns: A 47-year-old Peruvian woman with recurrent candidal vaginitis had been diagnosed with colpocervicitis and squamous metaplasia 8 years ago, which were not treated. Diagnoses: The patient was diagnosed with CIS after cervical conization procedure. She refused radical hysterectomy and opted for integrative medicine treatment. Interventions: She was treated with intralesional and subcutaneous Viscum album L. extract (VAE) injections. VAE is a widely used herbal cancer treatment with cytotoxic, apoptogenic, and immunological effects, but it has not been investigated in cervical CIS. Outcomes: Ending month 5 of treatment, complete remission of cervical CIS was observed. The patient is still in remission after 30 months (until publication). Lessons: This is the first report on complete remission of cervical CIS after intralesional and subcutaneous injection with VAE. Prospective studies should evaluate to what degree the treatment effect is reproducible. Conflict of interest statement The authors report no conflicts of interest.	Exclus : les termes « oncologie intégrative et complémentaire » ou « thérapies complémentaires et intégratives » ou « médecine intégrative et complémentaire et cancer ou oncologie » n'apparaissent pas

		dans le titre ou le résumé.
(48)	Long-term tumor-free survival in a metastatic pancreatic carcinoma patient with FOLFIRINOX/Mitomycin, high-dose, fever inducing Viscum album extracts and subsequent R0 resection: A case report Abstract Rationale: Metastatic pancreatic cancer has a dismal prognosis. Many patients seek integrative care as an add-on to their conventional cancer treatment. Viscum album extracts (VAE)-widely used as an adjunct to cancer treatment-have cytotoxic, apoptogenic, and immune stimulatory properties. A statistically significant survival benefit has been demonstrated for VAE in advanced pancreatic cancer. Patient concerns and diagnosis: A 28-year old patient presented with painless jaundice and was subsequently diagnosed as pancreatic adenocarcinoma with liver metastases. Interventions: He was treated with FOLFIRINOX/Mitomycin, hyperthermia and fever-inducing VAE. Outcomes: Subsequently, the liver metastases regressed. Surgical intervention involved successful R0-resection of the primary tumor, as well as an atypical liver resection. A relapse was again treated with FOLFIRINOX/Mitomycin and hyperthermia. As of publication of this report, 49 months after initial diagnosis, the patient exhibits good condition, and is unrestricted in quality of life (till publication). Lessons: This case demonstrates the favorable outcome of a patient with metastatic pancreatic cancer following treatment with chemotherapy, integrative medicine, and surgical excision. As other positive outcomes in pancreatic cancer patients are related to inflammatory events, we presume the immunologic effects of VAE to have contributed to the favorable outcome here. Based on this case, and the other positive results of VAE use in pancreatic cancer, further investigations seem highly worthwhile. Conflict of interest statement The authors have no conflicts of interest to disclose.	Inclus (note : exemple de cas)
(49)	Let's Talk About Those Herbs You Are Taking: Ethical Considerations for Communication With Patients With Cancer About Complementary and Alternative Medicine Abstract Oncologists face ethical challenges when patients use potentially harmful complementary and alternative medicine in addition to or instead of conventional treatments for their cancer. For example, a patient may forego effective cancer treatment in favor of alternative therapies and suffer significant harm as a result. Similarly, false beliefs about the efficacy of complementary therapies may complicate the process of shared decision making about cancer treatment. In this vignette, we discuss clinicians' obligations and provide recommendations for ethically sound communication practices in this clinical context.	Exclus : les termes « oncologie intégrative et complémentaire » ou « thérapies complémentaires et intégratives » ou « médecine intégrative et complémentaire et cancer ou oncologie » n'apparaissent pas dans le titre ou le résumé.
(50)	Acupuncture for Hot Flashes in Cancer Patients: Clinical Characteristics and Traditional Chinese Medicine Diagnosis as Predictors of Treatment Response Abstract Background: Acupuncture is a recognized integrative modality for managing hot flashes. However, data regarding predictors for response to acupuncture in cancer patients experiencing hot flashes are limited. We explored associations between patient characteristics, including traditional Chinese medicine (TCM) diagnosis, and treatment response among cancer patients who received acupuncture for management of hot flashes.	Exclus : les termes « oncologie intégrative

	Methods: We reviewed acupuncture records of cancer outpatients with the primary reason for referral listed as hot flashes who were treated from March 2016 to April 2018. Treatment response was assessed using the hot flashes score within a modified Edmonton Symptom Assessment Scale (0-10 scale) administered immediately before and after each acupuncture treatment. Correlations between TCM diagnosis, individual patient characteristics, and treatment response were analyzed. Results: The final analysis included 558 acupuncture records (151 patients). The majority of patients were female (90%), and 66% had breast cancer. The median treatment response was a 25% reduction in the hot flashes score. The most frequent TCM diagnosis was qi stagnation (80%) followed by blood stagnation (57%). Older age ($P = .018$), patient self-reported anxiety level ($P = .056$), and presence of damp accumulation in TCM diagnosis ($P = .047$) were correlated with greater hot flashes score reduction. Conclusions: TCM diagnosis and other patient characteristics were predictors of treatment response to acupuncture for hot flashes in cancer patients. Future research is needed to further explore predictors that could help tailor acupuncture treatments for these patients. Keywords: acupuncture; cancer; complementary health approaches; hot flashes; integrative medicine; traditional Chinese medicine.	et complémentaire » ou « thérapies complémentaires et intégratives » ou « médecine intégrative et complémentaire et cancer ou oncologie » n'apparaissent pas dans le titre ou le résumé.
(51)	Use of a Wearable EEG Headband as a Meditation Device for Women With Newly Diagnosed Breast Cancer: A Randomized Controlled Trial Abstract Background: Breast cancer diagnosis and treatment affect quality of life and stress and are associated with fatigue. Meditation interventions are effective strategies for patients with breast cancer but are often limited by poor access, high cost, substantial time commitment, and poor adherence. In this feasibility study, we investigated the use of a portable, wearable, electroencephalographic device for guided meditation practices by breast cancer patients during the period from breast cancer diagnosis until 3 months after surgical treatment. Methods: We enrolled women (age = 20-75 years) who had received a recent diagnosis of breast cancer and planned to undergo surgical treatment. Participants were randomly assigned to perform guided meditation with the device (intervention group) or receive CD-based stress-reduction education (control group). Surveys were used to measure stress, quality of life, and fatigue at baseline, within 4 days before surgery, up to 14 days after surgery, and at 3 months after surgery. Results: In the intervention group, 15 of 17 participants (88.2%) completed the study; in the control group, 13 of 13 participants completed the study (100%). Participants in both groups had less fatigue and stress and improved quality of life at 2 weeks and 3 months after surgery compared with baseline, but there were no significant intergroup differences at any time point. Conclusion: The use of this wearable electroencephalographic device for meditation is a feasible strategy for patients with breast cancer. Keywords: biofeedback; breast cancer; breast surgery; fatigue; integrative medicine; meditation; quality of life. Conflict of interest statement Declaration of Conflicting Interests: The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.	Exclus : les termes « oncologie intégrative et complémentaire » ou « thérapies complémentaires et intégratives » ou « médecine intégrative et complémentaire et cancer ou oncologie » n'apparaissent pas dans le titre ou le résumé.
(52)	Utilization of integrative medicine differs by age among pediatric oncology patients Abstract Purpose: Coping with symptoms related to cancer treatment is challenging for pediatric patients with cancer and their caregivers. Additionally, caring for pediatric patients requires specialized expertise to incorporate age-appropriate interventions to improve outcomes. Despite the increase in pediatric inpatient integrative medicine (IM) therapies, there is a paucity of knowledge about whether the utilization of IM therapies differs by patient age.	Exclus car le document parle de l'oncologie pédiatrique.

	Methods: We conducted a retrospective analysis on IM utilization among pediatric inpatients between 2008 and 2016 in a tertiary urban cancer center using electronic medical records. Multivariable logistic regression models examined the relationship between age and specific type of IM utilization, adjusting for specific demographic factors. Results: Between 2008 and 2016, the pediatric inpatient IM service had 20 686 visits and treated 1877 unique patients. A significant age difference ($P < 0.001$) by modality was noted: dance therapy (mean age $\pm$ standard deviation: 5.9 ± 5.3 years), music therapy (8.0 ± 7.0 years), mind-body therapies (13.0 ± 7.7 years), massage (14.5 ± 7.8 years), and acupuncture (20.0 ± 7.9 years). In multivariable analysis, the association between age and use of specific IM therapies remained significant ($P < 0.001$ for all). Conclusion: Specific types of inpatient IM therapy usage significantly differed by the age of pediatric patients with cancer; therefore, designing and providing age-appropriate IM interventions with consideration for developmental stage are needed to ensure that the most appropriate and effective therapies are provided to children with cancer. Keywords: acupuncture; child; dance therapy; inpatients; integrative medicine; massage; mind-body therapies; music therapy; pediatric oncology.	
(53)	Long-term survival of a patient with advanced pancreatic cancer under adjunct treatment with Viscum album extracts: A case report Abstract Background: Advanced pancreatic cancer (aPC) has a poor prognosis with limited survival benefit from current standard treatment. Viscum album extracts (VAE) are used by many cancer patients, showing immune-stimulating effects, improved quality of life, and a survival benefit in patients with aPC. Case summary: A 59-year-old architect developed epigastric pain. A cystic lesion of the pancreas of 45-mm diameter was detected. In a follow-up magnetic resonance imaging, about one year later, multiple lesions were seen in the corpus and the tail of the pancreas; CA-19-9 was elevated to 58.5 U/mL. A distal pancreatectomy with splenectomy was performed, and a tumor of 7 cm $\times$ 5 cm $\times$ 3.5 cm was excised. Histologic investigation showed an intraductal papillary mucinous neoplasm-associated invasive adenocarcinoma with invasion of the lymph vessels, perineural invasion, and positive nodes (2/27); surgical margins showed tumor cells, and the tumor was classified as pT3 N1 M0 R1. The patient was treated with radiation of the tumor bed and capecitabine/oxaliplatin followed by gemcitabine and FOLFIRINOX. Seven months after surgery, a liver metastasis was detected and treatment with FOLFIRINOX was started. Four months after detection of the metastasis, the patient opted for additional treatment with VAE. Another month later, the metastasis was treated with radiofrequency ablation (RFA). Eight months later, the hepatic lesion recurred and was again treated with RFA. The continuous VAE treatment was increased in dose, and the patient stayed recurrence-free for the next 39 mo in good health and working full-time (as of the time this case report was written). Conclusion: We present the case of a patient with aPC with R1-resection with development of liver metastasis during the course of treatment who showed an overall survival of 63 mo and a relapse-free survival of 39 mo under increasing VAE therapy. The possible synergistic effect on tumor control of RFA treatment and immune-stimulatory effects of VAE should be further investigated. Keywords: Case report; Integrative medicine; Pancreatic cancer; Radiofrequency ablation; Viscum album extract. Conflict of interest statement Conflict-of-interest statement: The authors have declared no conflicts of interest.	Exclus : les termes « oncologie intégrative et complémentaire » ou « thérapies complémentaires et intégratives » ou « médecine intégrative et complémentaire et cancer ou oncologie » n'apparaissent pas dans le titre ou le résumé.
(54)	Complementary and Integrative Medicine Use in Individuals Seeking Conventional Medical Oncology Care in Chile: Prevalence and Patient Characteristics Abstract Purpose: Complementary and integrative medicine (CIM) use during cancer care has increased in Western medical settings. Little is known about interest in and use of CIM approaches by oncology patients in Chile and South America. Patients and methods: Patients presenting for conventional outpatient or inpatient medical oncology care at the Clinica Alemana in Santiago, Chile, from March to June 2017 were asked to complete a survey about their interest in and use of CIM approaches. Goals included determining the prevalence of CIM use and exploring associations between CIM use and patient characteristics. Statistical analyses included a two-tailed t test for continuous variables, Fischer's exact test for categorical variables, and logistic regression for association between CIM use and other variables. Results: Of 432 patients surveyed, 66.9% were diagnosed with breast cancer, 84.8% were women, the majority of patients (58.1%) were between age 40 and 60 years, and 51.5% (n = 221) reported CIM use. No association was found between CIM use and the sociodemographic variables of sex, age, education, or income. In all, 44.6% of patients with breast cancer reported CIM use compared with 64.8% of patients with other cancer types ($P > .001$). Most commonly reported types of CIM used included herbals (49.1%), vitamins and minerals (40.8%), and prayer or meditation (40.4%). Most frequent reasons for CIM use were to "do everything possible" (72%)	Inclus

	and to "improve my immune function" (67.8%). Most patients (43.4%) reported starting CIM use at the time of cancer diagnosis, with only 55.4% sharing information regarding CIM use with their medical team. Conclusion: The majority of patients surveyed reported engaging in CIM use, with just over half the users communicating with their oncology team about their CIM use. Increased awareness of regional differences in CIM use may help increase communication regarding this subject and contribute to improved outcomes. Conflict of interest statement Claudio Alejandro Salas Travel, Accommodations, Expenses: MSD Oncology Aung Naing Consulting or Advisory Role: Novartis, CytomX Therapeutics Research Funding: National Cancer Institute, EMD Serono, MedImmune, Atterocor, Amplimmune, ARMO Biosciences, Karyopharm Therapeutics, Incyte, Novartis, Regeneron, Merck, Bristol-Myers Squibb, Pfizer, CytomX Therapeutics, Neon Therapeutics, Calithera Biosciences, TopAlliance Biosciences, Healios, Immune Cell Therapy (I) Travel, Accommodations, Expenses: ARMO Biosciences No other potential conflicts of interest were reported.	
(55)	The effects of an integrated supportive care intervention on quality of life outcomes in outpatients with breast and gynecologic cancer undergoing chemotherapy: Results from a randomized controlled trial Abstract The aim of the Complementary Nursing in Gynecologic Oncology study was to investigate the effects of a complex, nurse-led, supportive care intervention using Complementary and Integrative Medicine (CIM) on patients' quality of life (QoL) and associated patient-reported outcomes. In this prospective, pragmatic, bicentric, randomized controlled trial, women with breast or gynecologic cancer undergoing a new regimen of chemotherapy (CHT) were randomly assigned to routine supportive care plus intervention (intervention group, IG) or routine care alone (control group, CG). The intervention consisted of CIM applications and counseling for symptom management, as well as CIM information material. The primary endpoint was global QoL measured with the EORTC-QLQ-C30 before and after CHT. Mixed linear models considering fixed and random factors were used to analyze the data. In total, 126 patients were randomly assigned into the IG and 125 patients into the CG (median age 51 years). The patients' medical and socio-demographic characteristics were homogenous at baseline and at follow-up. No group effects on QoL were found upon completion of CHT (estimate -1.04 [-4.89; 2.81]; $P = 0.596$), but there was a significant group difference in favor of the IG 6 months later (estimate 6.643 [1.65; 11.64]; $P = 0.010$). IG patients did also experience significant better emotional functioning ($P = 0.007$) and less fatigue ($P = 0.027$). The tested supportive intervention did not improve patients' QoL outcomes directly after CHT (T3), but was associated with significant QoL improvements when considering the change from baseline to the time point T4, which could be assessed 6 months after patients' completion of CHT. This delayed effect may have resulted due to a strengthening of patients' self-management competencies. Keywords: breast cancer; chemotherapy; complementary therapies; gynecologic cancer; health services research; nursing intervention; patient-reported outcomes; quality of life; self-care; supportive care.	Inclus
(56)	Improving Access to Integrative Oncology Through Group Medical Visits: A Pilot Implementation Project Abstract Objectives: This article describes the implementation of a group medical visit (GMV) model to increase access to integrative oncology (IO) care. The most challenging and critical time to access high-quality IO care is while patients are receiving conventional cancer therapy. Often demand for individual IO clinic consultations precludes this from occurring. A three-session GMV program was designed to alleviate barriers to receiving integrative care during active cancer treatment. Design: A consolidated framework was used for implementation research and focused ethnography methods to describe the IO GMV implementation process. Data sources included patient evaluations, participant observation, and brief provider and patient interviews. Setting: A pilot program was created to assess the feasibility and acceptability of implementing IO GMVs at a comprehensive cancer center. Intervention: Each three-session GMV consisted of a didactic session, followed by individual visits with the integrative oncologist. Results: The setting, intervention, and implementation process of the IO GMV program were described. Thirty-two patients participated in the first five cohorts of the program. Twenty-two were women; 24 were White. The median age of participants was 52. Patient evaluations demonstrate high levels of satisfaction with the program with all scored aspects rated >4.0 on a five-point Likert scale. For the medical center, group visits are a financially viable alternative to individual IO visits; revenue from group visits exceeded the revenue potential of 6 h of individual visits by an average of 38%. Conclusion: GMVs are a feasible and promising model for increasing access to IO. Patients in active cancer treatment were able to participate in the program. Future research and implementation efforts could examine health outcomes over time after participation in GMVs, as well as the feasibility of using this model with more diverse patient populations. Keywords: access to care; group medical visits; integrative medicine; integrative oncology; quality improvement. Conflict of interest statement No competing financial interests exist.	Inclus

(57)	Survival of patients with advanced and recurrent ovarian cancer treated using integrative medicine in Malaysia: A case series Abstract Background: This case series describes the survival outcomes of patients who underwent integrative medicine (IM) protocol for ovarian cancer, a treatment protocol, that integrated a carefully selected set of complementary and alternative medicine (CAM) into the conventional treatment for ovarian cancers. Materials and methods: Retrospective review of patients' medical records was conducted at a private medical centre that delivered the IM protocol for patients with advanced and recurrent ovarian cancers. We explored and analysed the overall survival and disease progressions of those who received the IM treatment for at least 2 months. Results: Forty patients with advanced ovarian cancers fulfilled the inclusion criteria for this case series. An overall of 75% of the cases achieved remission with initial IM treatment, 17.5% had a partial response and 7.5% showed progressive disease. The overall 5-year survival for all 40 cases is 53.1%. When explored further, the 5-year survival for cases who received CAM only is 75%, and cases who received combined limited chemotherapy with CAM had a 5-year survival of 55%. At study endpoint, 11 cases died due to ovarian cancer. Conclusion: These findings suggest that CAM may be a valuable addition to conventional therapy to treat and improve the survival of patients with ovarian cancers. A formal randomized control trial is required to evaluate the efficacy and long-term outcomes of using IM to treat advanced and recurrent ovarian cancers. Keywords: Advanced and recurrent ovarian cancers; Complementary and alternative medicines; High dose vitamin C; Integrative medicine.	Inclus
(58)	Health behaviours and beliefs in individuals with familial pancreatic cancer Abstract Individuals at high risk for pancreatic cancer are recommended surveillance and healthy lifestyle behaviours and patient experience with recommendations are understudied. To describe engagement and experience with surveillance, tobacco and alcohol use, health beliefs and motivation (Champion Health Belief Measure) and the relationship with personal, psychosocial (Impact of Event Scale), and familial characteristics. Interest in integrative therapies (complementary therapies) are described. A multi-site cross-sectional survey including individuals at high risk for pancreatic cancer with no diagnosis of pancreatic cancer who have been evaluated at a comprehensive cancer center. Descriptive statistics and Wilcoxon rank sum test and Fisher's exact test were used to assess univariate associations. Of the 132 respondents (72% response rate), 92 (70%) reported undergoing surveillance which was associated with older age ($p = 0.001$). Of which, 36% and 51% report that magnetic resonance imaging (MRI) or endoscopic ultrasound (EUS), respectively, were uncomfortable; 22% and 30% dread the next MRI or EUS, respectively. Of those who reported alcohol consumption ($n = 88$); 15% consumed 1 or more drinks daily and no alcohol consumption was associated with higher Impact of Event scale scores ($p = 0.024$). A total of six participants were currently smoking every day or some days. Participants reported high motivation to engage in healthy behaviours and 92% were interested in integrative therapies. In these select participants, most were engaging in pancreatic cancer surveillance, alcohol intake was moderate, and tobacco intake was minimal. Modifiable factors, such as experience and comfort with surveillance could be addressed. The sample is motivated to engage in behavioural health intervention. Keywords: Health behaviour; Pancreatic cancer risk; Patient reported outcomes; Surveillance. Conflict of interest statement Dr. Syngal reports being a consultant for Myriad Genetics, Inc. and Digital China Health, Inc.	Exclus car le document ne parle pas de l'oncologie intégrative
(59)	Use of traditional and complementary medicine among Norwegian cancer patients in the seventh survey of the Tromsø study Abstract Background: Traditional and complementary medicine (T&CM) is commonly used by cancer patients in Northern Norway, in particular spiritual forms like traditional healing. T&CM is mainly used complementary to conventional cancer treatment and is rarely discussed with conventional health care providers, increasing the risk of negative interaction with conventional cancer care. The aim of this study was to investigate the use of T&CM among cancer patients in Tromsø, and to investigate the differences in T&CM use between people living with cancer, people with cancer previously, and people without a history of cancer. Method: Data was drawn from the seventh survey of the Tromsø study conducted in 2015-2016. All inhabitants of Tromsø aged 40 and above were invited to participate ($n = 32,591$) of whom $n = 21,083$ accepted the invitation (response rate 65%). Data was collected thorough three self-administered questionnaires and a comprehensive clinical examination. Pearson chi-square tests, Fisher exact tests and one-way ANOVA tests were used to describe differences between the groups while binary logistic regressions were used for adjusted values. Results: Eight percent of the participants ($n = 1636$) reported to have ($n = 404$) or have had ($n = 1232$) cancer. Of the participants with cancer at present 33.4% reported use of T&CM within the last year, 13.6% had consulted a T&CM provider, 17.9% had used herbal medicine/natural remedies and 6.4% had practiced self-help techniques. The participants with cancer at present were more likely to have visited a T&CM provider than participants with cancer previously (13.6% vs. 8.7%, $p = 0.020$). Among the participants with cancer at present, 6.4% reported to have consulted a TM provider, 5.8% had	Exclus : les termes « oncologie intégrative et complémentaire » ou « thérapies complémentaires et intégratives » ou « médecine intégrative et complémentaire et cancer ou oncologie »

	consulted an acupuncturist, while 4.7% had consulted other CM providers. Women were significantly more likely than men to have used acupuncture and self-help techniques. No significant gender differences were found regarding visits to other CM providers, TM providers nor use of herbal medicine/natural remedies. Conclusion: The findings are in line with previous research suggesting that both men and women use TM complementary to other CM modalities outside the official health care system. As herbal medicine might interact with conventional cancer treatment, health care providers need to discuss such use with their patients. Keywords: CAM; Cancer; Complementary and alternative medicine; Complementary therapies; Norway; Religious healing; Spiritual healing; T&CM; The Tromsø study; Traditional and complementary medicine; Traditional healing; Traditional medicine. Conflict of interest statement The first author, Agnete Egilsdatter Kristoffersen is a member of the editorial board (Associate Editor) of BMC Complementary and Alternative Medicine.	n'apparaissent pas dans le titre ou le résumé.f
(60)	Oral health problems among palliative and terminally ill patients: an integrated systematic review Background: High incidence of treatable oral conditions has been reported among palliative patients. However, a large proportion of palliative patients lose their ability to communicate their sufferings. Therefore, it may lead to under-reporting of oral conditions among these patients. This review systematically synthesized the published evidence on the presence of oral conditions among palliative patients, the impact, management, and challenges in treating these conditions. Methods: An integrative review was undertaken with defined search strategy from five databases and manual search through key journals and reference list. Studies which focused on oral conditions of palliative patients and published between years 2000 to 2017 were included. Results: Xerostomia, oral candidiasis and dysphagia were the three most common oral conditions among palliative patients, followed by mucositis, orofacial pain, taste change and ulceration. We also found social and functional impact of having certain oral conditions among these patients. In terms of management, complementary therapies such as acupuncture has been used but not well explored. The lack of knowledge among healthcare providers also posed as a challenge in treating oral conditions among palliative patients. Conclusions: This review is first in its kind to systematically synthesize the published evidence regarding the impact, management and challenges in managing oral conditions among palliative patients. Although there is still lack of study investigating palliative oral care among specific group of patients such as patients with dementia, geriatric or pediatric advanced cancer patients, this review has however provided baseline knowledge that may guide health care professionals in palliative settings. Keywords: Cancer; Integrated review; Oral conditions; Oral diseases; Palliative; Terminally-ill. Conflict of interest statement The authors declare that they have no competing interests.	Exclus car le document ne parle pas d'oncologie intégrative.
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(61)	Mind the gap: Disclosure of dietary supplement use to hospital and family physicians Objective: We aim to compare patients' perspectives on communication with their hospital physicians (HPs) and primary care physicians (PCPs) on patients' dietary and herbal supplements (DHS) use. Methods: We conducted a cross-sectional prospective study among in-patients using structured questionnaires on DHS use. Multivariate logistic regression models assessed variables influencing doctor-related reasons for patients' nondisclosure of supplement use. Results: Of 452 DHS users identified, 133 (29.4%) used herbs and 319 (70.6%) used non-herbal supplements. DHS users reported that PCPs were more aware of DHS consumption than HPs (70.1% vs. 34.1%, $P < 0.0001$). PCPs initiative to detect supplement use was higher compared with HPs ($P < 0.0001$). Doctor-related reasons for non-disclosure of DHS use were more prominent in a hospital setting. Multivariate logistic regression model suggested association between older patient age and doctor-related non-disclosure ($p = 0.03$). DHS use was recorded in only 33 patients medical files. Conclusions: Doctor-patient communication concerning DHS use is significantly poorer during hospitalization compared with primary-care settings. A significant barrier for in-hospital disclosure is doctor-related. Practice implications: Continuity of care between community and hospital physicians regarding patients' DHS use should be improved due to the safety implications of such use. Educating physicians on DHS and improving communication could bridge this gap.	Exclus car le critère d'inclusion « patients atteints de cancer » n'est pas respecté.
(62)	The 'cause' of my cancer, beliefs about cause among breast cancer patients and survivors who do and do not seek IO care Objective: We sought to describe survivors' beliefs about the cause of their breast cancer and to test the hypothesis that beliefs about cancer's cause are associated with treatment preferences in accordance with the common sense model of self-regulation of health and illness. Methods: Breast cancer survivors ($n = 552$) participating in an observational study of cancer outcomes responded to an open-ended question about the cause of their cancer. Of these, 245 women had sought treatment from complementary and alternative integrative oncology (IO) clinics, and 307 women did not. Results: Women frequently described theories for their cancer's cause including genetics and family history (31%), stress and coping (31%), toxins and chemicals (27%), a variety of lifestyle and epidemiological risk factors, and randomness (17%). Self-reported beliefs about cancer's cause differed among women in association with their use of IO. IO users were somewhat more likely to	Exclus. Après lecture de l'article, il n'apporte aucune information

	describe stress and poor coping as causes of their cancer and less likely to describe random chance as a cause of cancer ($p < 0.05$). Conclusions: Beliefs about the cause of cancer change over time and may predict decisions to use specific treatment including complementary and alternative medicine and IO.	pertinente pour ce mémoire.
(63)	Complementary medicine for treatment of agitation and delirium in older persons: A systematic review and narrative synthesis Background: Agitation and delirium frequently occur in cognitively impaired older people. We conducted a systematic review with narrative synthesis of the literature aiming to assess effectiveness of complementary and alternative medicine (CAM) modalities to address these conditions. Methods: Following preliminary search, we included 40 original researches on CAM treatment of delirium and agitation in older persons. Then, the quality of these studies was assessed using the Downs and Black Checklist and Quality Assessment Tool for Studies with Diverse Designs, and the effect sizes were calculated. We subsequently conducted a narrative synthesis of the main findings, including theory development, preliminary synthesis, exploration of relationships within and between studies, and assessment of synthesis robustness. Results: Forty articles that met the inclusion criteria were analyzed. Sixteen of these were randomized controlled trials. One article specifically addressed CAM treatment of delirium in patients without dementia, and the remaining 39 articles described treatments of agitated older persons with dementia. Thirty-five of the 40 included studies suggested that the investigated CAM therapies may ameliorate the severity of agitation and delirium. The physiological surrogates of agitation assessed in these studies included cortisol level, chromogranin A level, and heart rate variability. Very few of the studies systematically assessed safety issues, although no major adverse effects were reported. Conclusion: Overall, the systematic review of the literature suggests that several CAM modalities are potentially beneficial in the treatment of agitation and delirium among older persons. We suggest that promising CAM modalities should be further explored through large-scale randomized controlled trials in different clinical settings.	Exclus car le critère d'inclusion « patients atteints de cancer » n'est pas respecté.
(64)	Reiki therapy for symptom management in children receiving palliative care: A pilot study Background: Pain may be reported in one-half to three-fourths of children with cancer and other terminal conditions and anxiety in about one-third of them. Pharmacologic methods do not always give satisfactory symptom relief. Complementary therapies such as Reiki may help children manage symptoms. Objective: This pre-post mixed-methods single group pilot study examined feasibility, acceptability, and the outcomes of pain, anxiety, and relaxation using Reiki therapy with children receiving palliative care. Methods: A convenience sample of children ages 7 to 16 and their parents were recruited from a palliative care service. Two 24-minute Reiki sessions were completed at the children's home. Paired t tests or Wilcoxon signed-rank tests were calculated to compare change from pre to post for outcome variables. Significance was set at $P < .10$. Cohen d effect sizes were calculated. Results: The final sample included 8 verbal and 8 nonverbal children, 16 mothers, and 1 nurse. All mean scores for outcome variables decreased from pre- to posttreatment for both sessions. Significant decreases for pain for treatment 1 in nonverbal children ($P = .063$) and for respiratory rate for treatment 2 in verbal children ($P = .009$). Cohen d effect sizes were medium to large for most outcome measures. Discussion: Decreased mean scores for outcome measures indicate that Reiki therapy did decrease pain, anxiety, heart, and respiratory rates, but small sample size deterred statistical significance. This preliminary work suggests that complementary methods of treatment such as Reiki may be beneficial to support traditional methods to manage pain and anxiety in children receiving palliative care.	Exclus car le critère d'inclusion « patients adultes atteints de cancer » n'est pas respecté.
(65)	Attitudes among nurses toward the integration of complementary medicine into supportive cancer care Purpose/Objectives: To explore the attitudes of nurses treating patients with cancer regarding the use of complementary and integrative medicine (CIM) therapies to reduce symptoms and improve quality of life (QOL). Design: Prospective and descriptive. Setting: 12 hospital and community care settings in Israel. Sample: 973 nurses working in oncology and non-oncology departments. Methods: A 26-item questionnaire was administered to a convenience sample of nurses treating patients with cancer. Main Research Variables: Interest in CIM integration and training in supportive cancer care. Findings: Of the 973 nurses who completed the questionnaire, 934 expressed interest in integrating CIM into supportive cancer care. A logistic regression model indicated that nurses with a greater interest in integration tended to be older, believed that CIM improved patients' QOL, and had no structured postgraduate oncology training. Nurses who believed CIM to be beneficial for QOL-related outcomes were more likely to express interest in related training. The goals of such training include improving QOL-related outcomes, such as anxiety, insomnia, gastrointestinal symptoms, and pain. Conclusions: Most nurses working with patients with cancer are interested in the integration of CIM into supportive cancer care. Implications for Nursing: Most nurses would like to undergo training in CIM to supplement conventional care. CIM-trained integrative nurses can help promote the integration of patient-centered CIM therapies in supportive cancer care settings.	Inclus
(66)	Complementary medicine and the role of oncology nurses in an acute care hospital: The gap between attitudes and practice Purpose/Objectives: To describe hospital nurses' knowledge, attitudes, and practices regarding complementary medicine (CM); to compare the knowledge and attitudes of nurse managers to staff nurses with diverse oncology experience; and to assess attitudes toward integrating CM into the role of the hospital oncology nurse. Design: Descriptive, cross-sectional study. Setting: Rambam Health Care Campus in northern Israel. Sample: A convenience sample of 434 hospital nurses with varied oncology experience. Methods: Nurses completed a knowledge and attitude questionnaire developed for the current study. Data were analyzed using parametric and nonparametric statistical tests. Main Research Variables: Hospital nurses' knowledge of and attitudes toward CM, and attitudes toward integrating CM into the role of the hospital oncology nurse. Findings: Nurses lack knowledge and are unaware of the risks associated with CM. However, they believe this approach can improve the quality of life of patients with cancer; 51% expressed an interest in receiving training. Oncology nurses were ambivalent about the feasibility of applying an integrative approach, whereas nurse managers expressed significantly more positive attitudes toward integrating CM within the scope of nursing practices. Conclusions: A large	Exclus : les termes « oncologie intégrative et complémentaire » ou « thérapies complémentaires et

	discrepancy remains between nurses' strong interest in CM and awareness of associated benefits, and their ambivalence toward its integration in their nursing practice. Implications for Nursing: Although improving nurses' knowledge should be mandatory, it remains insufficient; a shift in the approach to integrating CM into conventional health care is needed, from practitioners' responsibility to healthcare policymakers' responsibility. Legislations and policies are necessary, along with providing respectable infrastructures.	intégratives » ou « médecine intégrative et complémentaire et cancer ou oncologie » n'apparaissent pas dans le titre ou le résumé.
(67)	“Health in the mirror”: An unconventional approach to unmet psychological needs in oncology Background: The introduction of aesthetic care programs for cancer patients inside hospitals could help patients cope with the side effects of both disease and treatment. The specific objective of this study is to evaluate whether a complementary and supportive program, called “Health in the Mirror,” has a positive effect on participants by analyzing certain psychological variables. Methods: Eighty-eight female cancer patients were included in this analysis. The support program is composed of three group aesthetic interventions that address both physical and psychological aspects that accompany cancer and its treatment. Patients were asked to complete a battery of tests in order to measure the impact of the program on certain psychological variables including anxiety, depression, body image, self-esteem, and quality of life. Outcome variables were measured at three different time-points: prior to participation, on the last day of the program, and after a 3-month follow-up. Results: Participating in the psychosocial support program “Health in the Mirror” determines an improvement in the psychological variables measured. Results revealed a significant reduction in depressive symptoms, anxiety and body image issues, as well as an improvement in self-esteem levels; this suggests that participating in this program could facilitate better adjustment to disease and treatment. Discussion: This study legitimizes the importance of implementing supportive and complementary therapies together with conventional therapies; the therapeutic approach to cancer cannot be restricted solely to medical care, but it must consider the patient as a whole person with needs that are not only physical or medical, but also psychological, social, and existential.	Exclus : les termes « oncologie intégrative et complémentaire » ou « thérapies complémentaires et intégratives » ou « médecine intégrative et complémentaire et cancer ou oncologie » n'apparaissent pas dans le titre ou le résumé.
(68)	Yoga, breast cancer-related lymphoedema and well-being: A descriptive report of women's participation in a clinical trial Aims and objectives: To describe the experiences of women taking part in a yoga intervention trial for breast cancer-related lymphoedema. Background: Around 20% of women will experience lymphoedema as a consequence of treatment for breast cancer. Specialist lymphoedema clearing, along with self-management, remains the mainstay of therapy. Yoga, an increasingly popular complementary therapeutic practice, may provide another tool to augment self-management. Design: A qualitative, descriptive design. Methods: Interviews were conducted with 15 women with stage one breast cancer-related lymphoedema who had completed an 8-week yoga intervention trial. The intervention consisted of a weekly teacher-led 1.5-hr yoga class and a daily home practice using a 45-min DVD. Interviews were audio-taped and transcribed. These data were then analysed using an iterative-thematic approach. Results: Participants reported improved well-being, increased awareness of their physical body as well as improved physical, mental and social functioning. They gained from being part of the yoga group that also provided a forum for them to share their experiences. Nine women felt empowered to describe their yoga participation as a transformative journey through illness. Conclusion: When safe to do so, the holistic practice of yoga may augment and provide additional benefit to current self-management and treatment practices for women with breast cancer-related lymphoedema. Relevance to clinical practice: Patients with breast cancer-related lymphoedema may seek advice and guidance from nurses and other healthcare professionals on a range of complementary therapies to help relieve symptoms and promote recovery. Patients who choose to augment their treatment of breast cancer-	Exclus : les termes « oncologie intégrative et complémentaire » ou « thérapies complémentaires et intégratives » ou « médecine

	related lymphoedema by practicing yoga should be carefully assessed, be taught an appropriate technique by a qualified yoga teacher/therapist and its impact monitored by their yoga teacher/therapist, breast care nurse, lymphoedema therapist or treating clinician.	intégrative et complémentaire et cancer ou oncologie » n'apparaissent pas dans le titre ou le résumé.
(69)	An exploration of the effects of Tibetan yoga on patients' psychological well-being and experience of lymphoma: An experimental embedded mixed methods study As an emergent care model combining conventional with complementary therapies, integrative interventions challenge evaluation, necessitating approaches capable of capturing complex, multilevel interactions. This article evaluates the effects of a Tibetan yoga intervention on lymphoma patients' quality of life and cancer experience. Our methodological aims were to explore differences in therapeutic effect between treatment and control group using qualitative data, and explain equivocal findings between data sets. Use of both data transformation techniques—qualitizing and quantizing—within an experimental embedded design comparing and integrating data between data sets and treatment groups allowed us to develop this innovative evaluative approach. Findings clarify convergence and divergence between data sets, explore participants' complex cancer experience, and capture dimensions and intervention effects inaccessible through either method alone.	Inclus
(70)	A pragmatic evaluation of symptom distress after group meditation for cancer patients and caregivers: A preliminary report Context: Complementary health approaches such as meditation may help improve cancer patient and caregiver symptoms, yet little research has examined the clinical application of these programs. Objectives: We explored the effects of a meditation group class, offered as part of an integrative medicine clinic at a comprehensive cancer center, on patient and caregiver self-reported symptoms. Methods: Participants (patients and caregivers) of any three meditation group classes offered—Power of Breath (PB), Sacred Sounds (SS), and Movement & Breath (MB)—were asked to complete the Edmonton Symptom Assessment Scale (ESAS; scale 0–10, 10 most severe) before and after participation. ESAS individual items and subscales were analyzed; distress subscales included global (global distress score 0–90), physical (physical distress score 0–60), and psychological (psychological distress score, 0–20). Data were analyzed examining premeditation/postmeditation scores using paired t-tests and between types of meditation using analyses of variance. Results: One hundred forty-two unique participants (76 patients and 66 caregivers) attended one or more meditation groups (mean 1.84) from May to December 2015 (265 total attendance: PB n = 92; SS n = 87; MB n = 86). For all participants, we observed clinically significant reduction/improvement in global distress scores (–5.17, SD 8; P < 0.0001) and in individual symptoms (ESAS decrease ≥ 1; means) of well-being (–1.36 SD 1.7; P < 0.0001), fatigue (–1.34 SD 1.9; P < 0.0001), anxiety (–1.26 SD 1.6; P < 0.001), and shortness of breath (–1.2 SD 2; P = 0.001). Comparing class length (60 vs. 90 minutes), class content (PB vs. SS vs. MB), and participants (caregivers vs. patients), there were no statistically significant differences in symptom score reduction. Conclusion: A single meditation group class offered as part of clinical care resulted in relief of multiple self-reported symptoms in both patients and caregivers.	Exclus : les termes « oncologie intégrative et complémentaire » ou « thérapies complémentaires et intégratives » ou « médecine intégrative et complémentaire et cancer ou oncologie » n'apparaissent pas dans le titre ou le résumé.
(71)	Investigation into complementary and integrative health approaches for Turkish patients with gastrointestinal cancer The study was conducted to determine the levels of usage of complementary and integrative health (CIH) approaches and the symptoms experienced by Turkish patients with gastrointestinal cancer. A descriptive study was conducted on 81 patients with gastrointestinal cancer attending the medical oncology department of an oncology hospital. In the data collection stage, the patient description form that prepared by the researchers and the “Edmonton Symptom Assessment Scale” were used. Data were evaluated via Chi-square and student t test. It was determined that 55.6% of the patients with gastrointestinal cancer applied at least one CIH approaches, and these CIH approaches were praying (80.0%), herbal medicine (57.7%), a special diet (40.0%), therapeutic touch (15.6%), exercise (13.3%) and psychotherapy (4.4%). 68.8% of patients who used the CIH approach stated that they applied the CIH approaches in order to supplement the medical treatment, and 91.1% stated that they did not inform health employees about that they using the CIH approach. It was also found that the use of CIH approaches was not related to socio-demographic characteristics, disease characteristics and experienced symptoms. It is very important that patients with gastrointestinal cancer be questioned in terms of CIH approaches used.	Inclus

(72)	Insomnia among cancer caregivers: A proposal for tailored cognitive behavioral therapy Caregivers are relatives, friends, or partners who have a significant relationship with and provide assistance (i.e., physical, emotional) to a patient with often life-threatening, serious illnesses. Between 40 and 76% of caregivers for people with cancer experience sleep disturbance. This is thought to be due, in part, to the unique responsibilities, stressors, and compensatory behaviors endemic to caregiving that serve as precipitating and perpetuating factors of insomnia. Sleep disturbances are associated with significant alterations in one's mental and physical health. Once chronic, insomnia does not remit naturally. Cognitive-behavioral therapy for insomnia (CBT-I) is well-suited to address the multifaceted contributing factors unique to caregivers' sleep disturbance, yet only one intervention has tested a CBT-I informed intervention among cancer caregivers. Toward the goal of developing effective, tailored treatments for insomnia in caregivers, we address the distinct presentation of insomnia among cancer caregivers and describe key modifications to standard CBT-I that address these specific needs and enhance sensitivity and feasibility, modeled in a demonstrative case vignette. Future research must seek to provide a wide range of effective treatment options for this population, including Internet-based, dyadic, and alternative integrative medicine treatments. Applicability of key modifications for caregivers of patients with other chronic illnesses is discussed. Establishing empirically supported interventions for insomnia among cancer caregivers has the potential to enhance their quality of life and care provided, lead to improved bereavement outcomes, and attenuate the notable mental and physical health disparities present in this vulnerable population.	Exclus car les critères d'inclusion ne sont pas respectés.
(73)	Use of dietary supplements at a comprehensive cancer center Objectives: The objectives of this study were to define dietary supplement (DS) use by cancer patients and to investigate factors associated with DS use during cancer treatment. Methods: A cross-sectional survey of adults diagnosed with breast, colorectal, lung, or prostate cancer in 2010–2012 at the University of North Carolina Comprehensive Cancer Center was conducted. Questionnaires were sent to 1794 patients. Phone calls were made to nonrespondents. The authors described type of DS use before, during, and after initial cancer treatment, source of advice on DS use, and used logistic regression to investigate the association of DS use during or after cancer treatment with clinical/sociodemographic characteristics and source of advice. Results: Six hundred and three (34%) patients completed the questionnaires. Nonvitamin nonmineral DS use during initial cancer treatments was common: any cancer treatment (49%), chemotherapy (52%), and radiation therapy (51%). Among patients seeking advice on DS use, 75% reported professional sources, 44% reported media sources, and 47% reported lay sources. DS use during cancer treatment was strongly predicted by prior DS use, followed by prior complementary therapies' use, receiving DS advice from a cancer care provider, being female, and higher education level. Conclusion: DS use is common and persists during cancer treatment. Among DS users during treatment, 18% used an herbal supplement, which are likely to carry greater risk of interaction with chemotherapy agents compared with vitamin, mineral, and other supplements. Although many respondents sought DS advice from professional sources, the use of nonprofessional sources remains high.	Exclus : les termes « oncologie intégrative et complémentaire » ou « thérapies complémentaires et intégratives » ou « médecine intégrative et complémentaire et cancer ou oncologie » n'apparaissent pas dans le titre ou le résumé.
(74)	Impact of Penny Brohn UK's Living Well Course on informal caregivers of people with cancer Objectives: This study evaluated the change in the concerns, wellbeing, and lifestyle behaviors of informal caregivers of people with cancer attending Penny Brohn UK's Living Well Course (LWC), a self-management education intervention. Design: A pre–postcourse design collected self-reported quantitative and qualitative data from informal caregivers attending a LWC. Setting/Location: Penny Brohn UK is a United Kingdom-based charity (not-for-profit) providing specialist integrative, whole person support, free of charge, to people affected by cancer. Subjects: Informal caregivers taking part in a Penny Brohn UK LWC between June 2014 and May 2016 attending alongside the person with cancer. Intervention: The LWC is a structured 15 h, multimodal group self-management educational course, designed to help people affected by cancer learn tools and techniques to help build resilience. Trained facilitators deliver LWCs to around 12 people with various types and stages of cancer and their informal caregivers. Outcome measures: Measure Yourself Concern and Wellbeing (MYCaW) completed precourse and at 6 weeks postcourse; and bespoke 6-week follow-up Patient Reported Experience Measure. Results: Four hundred eighty informal caregivers attended a LWC June 2014 to May 2016. One hundred eighteen completed a 6-week follow-up MYCaW: MYCaW Concerns 1 and 2 showed statistically significant improvements ($p < 0.0001$), there was no significant improvement in wellbeing. Informal caregivers' most reported concerns relating to themselves were psychological and emotional issues (59%). The primary concern of the caregiver for the care recipient was related to the physical health of the person with cancer (40%). Eighty-seven percent of responding informal caregivers stated that the LWC enabled health self-management. Conclusions: The LWC was followed by an improvement in informal caregivers' concerns, and increased self-management	Exclus car ne respecte pas les critères d'inclusion

	of their own health needs. More studies, with larger sample size, are needed to explore if better self-management by informal caregivers may also lead to improvements in patients' health and wellbeing.	
(75)	Training oncology physicians to advise their patients on complementary and integrative medicine To address the needs of cancer patients, two things are important: (1) oncology physicians and other health professionals in cancer care should receive training so that they can guide their patients through the maze of available offers in complementary and integrative medicine (CIM), and (2) more CIM providers should possess competencies to provide evidence-informed CIM treatments to cancer patients.	Impossibilité de trouver le document en version électronique gratuit
(76)	The quality of patient information booklets for cancer patients—An evaluation of free accessible material in German language According to the information-seeking behaviors of patients, booklets which can be downloaded from the Internet for free are an important source of information notably for patients with cancer. This study investigated whether information booklets for patients with cancer available at German websites are in accordance with the formal and content criteria of evidence-based information. We compared and compiled both content and formal criteria by matching different national and international standards for written patient information using a merged instrument. A catalog with a total of 16 items within 4 categories (quality of the publication, quality of information, quality of information representation, and transparency) was created. Patient information booklets for the most frequent tumor types were collected from the Internet. A total of 52 different patient booklets were downloaded and assessed. Overall, no booklet fulfilled all criteria. The quality of the publications was evaluated with an average value of 1.67 while the quality of the information had a mean value of 1.45, and the quality of information presentation had a similar rating (1.39). The transparency criteria were evaluated as lowest with an average of 1.07. In summary, German booklets for cancer patients have some shortcomings concerning formal and content criteria for evidence-based patient information. The applied requirement catalog is suitable for wide use and may help in quality assurance of health information. It may be used as part of an obligatory external evaluation, which could help improving the quality of health information.	Exclus : les termes « oncologie intégrative et complémentaire » ou « thérapies complémentaires et intégratives » ou « médecine intégrative et complémentaire et cancer ou oncologie » n'apparaissent pas dans le titre ou le résumé.
(77)	Barriers to physical activity: A study of academic and community cancer survivors with pain Purpose: Despite the numerous benefits of physical activity (PA) for patients with cancer, many cancer survivors report challenges to participating in PA. The objectives of this study were (1) to assess barriers to PA and (2) to examine participant characteristics associated with modifiable barriers to PA among cancer survivors with pain. Methods: We conducted a cross-sectional survey study at one academic medical center and 11 community hospitals. Participants completed the 12-item Physical Activity Barriers After Cancer (PABAC) instrument (Cronbach's alpha = 0.75). Multivariable regression models examined participant characteristics associated with PABAC scores with a higher score indicating more barriers to PA. Results: Among 662 survivors, 67% had moderate or severe pain (rating 4 or greater on a scale of 0 to 10). Seventy-five percent of survivors did not meet the American Cancer Society PA recommendations on average, and these individuals had higher mean PABAC scores (beta coefficient (β) = 2.02, 95% confidence interval (CI) 0.96–3.09, $p < 0.001$). In adjusted analyses, cancer survivors who were non-white (β = 1.55, 0.28–2.82, $p = 0.02$), treated at a community hospital (β = 1.07, 0.09–2.05, $p = 0.03$), had surgery (β = 1.69, 0.69–2.69, $p = 0.001$), or within 12 months of diagnosis (β = 1.15, 0.20–2.10, $p = 0.02$) reported greater barriers to PA. Conclusions: The majority of cancer survivors with pain are not adequately participating in PA. Key demographic and clinical characteristics are associated with survivors' barriers. Implications for Cancer Survivors: Efforts to overcome specific barriers are needed to promote PA after a cancer diagnosis.	Exclus : les termes « oncologie intégrative et complémentaire » ou « thérapies complémentaires et intégratives » ou « médecine intégrative et complémentaire et cancer ou oncologie »

		n'apparaissent pas dans le titre ou le résumé.
(78)	Comparison of health-related quality of life between adjuvant breast cancer treatment groups Objectives: To compare the health-related quality of life (HRQOL) of women who did (receivers, n = 372) and did not (intentional nonreceivers, n = 46) receive all recommended adjuvant treatments for breast cancer. Sample & setting: Women were recruited through integrative oncology clinics and the Cancer Surveillance System registry in western Washington. Methods & variables: A cross-sectional and correlational study using secondary data was conducted. Self-reported data included involvement in treatment decision making (TDM) and HRQOL. Registry data included demographics, disease characteristics, and records on recommended treatments as well as receiving/not receiving them. Descriptive statistics, t tests, chi-square tests, correlations, and analysis of variance were used to compare receivers and intentional nonreceivers. Results: Among women who were "very involved" in TDM and those who reported their involvement as "just right," intentional nonreceivers scored higher in role-physical, general health, and vitality than receivers after controlling for demographic and disease characteristics. Implications for nursing: Nurses need to be aware that intentional nonreceivers of adjuvant therapy, particularly if assessed as "very involved" and "just right" involvement in deciding to refuse treatment, may report better HRQOL than receivers, which could be attributed to lack of common side effects from adjuvant treatment.	Exclus : les termes « oncologie intégrative et complémentaire » ou « thérapies complémentaires et intégratives » ou « médecine intégrative et complémentaire et cancer ou oncologie » n'apparaissent pas dans le titre ou le résumé.
(79)	Psychiatric symptom management in adult and pediatric cancer patients: Anxiety, delirium, and depression Some of the most common symptoms in cancer diagnosis and treatment are psychiatric in nature. Physical changes occur in the body with illness and treatment. In addition, there are psychological effects of suffering and confronting a potentially terminal illness. It is therefore important to screen for depression and anxiety regularly as well as for reversible causes. These psychological responses to illness may affect utilization of treatment and prognosis. Many patients may benefit from pharmacological treatment, complementary therapies, and behavioral therapies. This chapter discusses the causes of depression/anxiety followed by its screening and diagnosis. Anxiety is one of the most common psychiatric disorders in the general population and a common symptom in patients with cancer. A diagnosis of cancer challenges patients and their families at all levels, including the psychological, emotional, cognitive, existential, and spiritual. The chapter discusses some of the most common psychological treatments that are adapted for use with the seriously ill including oncology and palliative care patients. Delirium is an acute onset neurocognitive syndrome, often presenting with psychiatric symptoms, marked by a disturbance in attention, awareness and other cognitive deficits, which is secondary to one or more other physiologic disturbances.	Exclus : les termes « oncologie intégrative et complémentaire » ou « thérapies complémentaires et intégratives » ou « médecine intégrative et complémentaire et cancer ou oncologie » n'apparaissent pas

		dans le titre ou le résumé.
(80)	The use of comfort kits to optimize adult cancer pain management Background: Pain is one of the most feared of all symptoms for the cancer patient. Some studies estimate that up to 90% of all cancer patients experience pain. Advances in pharmaceuticals and expert provider knowledge have improved pain management overall for the patient with cancer; however, complementary therapies can synergize medications to provide optimal pain relief while decreasing the side effect profile. Despite this, nurses may have limited access to such resources. Many therapies can be administered directly by the bedside/chairside nurse with minimal training and the nurse can then teach the patient and family how to use the selected complementary therapy after leaving the hospital or clinic. Objectives: The oncology nurse will be able to identify several easy-to-implement complementary therapies that can supplement pharmacologic pain management for cancer patients. Methods: As a quality project, comfort kits, containing such items as handheld massagers, guided imagery audiotapes, and aromatherapy essential oils, were distributed for use with patients through unit-based pain resource nurses. Analysis: More than 500 comfort kit items were tracked by the pain clinical nurse specialist during the comfort kit trial, both by medical record review and by follow-up phone calls to patients. During the comfort kit trial, average pain intensity decreased by 2.25 points on a 0-10 scale in the 24-hour period after use of the item from the comfort kit. Patients also had an overall decrease in the use of pharmacologic pain interventions and an increase in ambulation in the 24-hour period after implementation. Conclusions: Comfort kits allow nurses easy access to inexpensive tools to supplement pharmaceutical pain management. Optimizing nonpharmacologic pain management can increase patient and nurse satisfaction, improve overall pain management, and decrease untoward side effects.	Exclus : les termes « oncologie intégrative et complémentaire » ou « thérapies complémentaires et intégratives » ou « médecine intégrative et complémentaire et cancer ou oncologie » n'apparaissent pas dans le titre ou le résumé.
(81)	Why do women fast during breast cancer chemotherapy? A qualitative study of the patient experience Background: Why do patients practice fasting? The effects of fasting before treatment with chemotherapy for cancer in humans are currently unknown. However, there is an apparent enthusiasm for fasting among cancer patients. This qualitative study provides data on the motivations to fast and the experience of fasting among a population of women with breast cancer. Method: Sixteen semi-structured interviews were conducted, and two researchers independently performed a thematic analysis. To ensure the internal validity of the study, patients had the possibility to rate their agreement with the study results through a satisfaction questionnaire. Results: Six main themes were identified in this study: main reasons to fast, alternative authorities to the oncologist, adapting the fast to social and lifestyle constraints, fasting effects felt during chemotherapy, barriers and facilitators of fasting during chemotherapy, and seeking for a more integrative medicine. Patients' primary motivation to fast was to lower the negative side effects of chemotherapy. Fasting was also reported as a coping strategy to give them a greater sense of control over their treatment and to reduce their anxiety. Clinical implications: Results from the study suggest that, if discouraged from fasting, patients may turn to complementary health care practitioners for support. Medical professionals may thus not know of patients' fasting practice. Health psychologists could play a key role fostering the dialogue between different health professionals and the patient. They could also help to meet patients' needs during cancer treatment to reduce treatment anxiety.	Exclus : les termes « oncologie intégrative et complémentaire » ou « thérapies complémentaires et intégratives » ou « médecine intégrative et complémentaire et cancer ou oncologie » n'apparaissent pas dans le titre ou le résumé.

(82)	Tuesdays with Worry: Appreciating nature with a dog at the end of life Dogs have been called 'social lubricants' for their uncanny ability to help people with serious illnesses and trauma find brief moments of catharsis, create meaningful relationships when there are none and connect with healthcare providers and other support team members for those with serious illnesses. In this paper, the therapeutic qualities of human-dog interactions will be demonstrated by focusing on one woman's terminal cancer diagnosis while in end-of-life care through her shared leisure experiences with a dog in a natural environment. This auto/ethnography sought to exhibit the simple importance of a dog to the meaning-making process for someone coming to terms with their mortality. Complementary therapies and support are essential to those receiving medicalised care, but for those beyond the treatment stage, the important and necessary support is to be found in the relationships and activities that are of the most significance. As is demonstrated, dogs can provide this necessary kind of therapeutic support that may not be found elsewhere.	Exclus car ne respecte pas les critères d'inclusion
Sociology Data Base		
(83)	Beyond diagnosis and survivorship: findings from a mixed-methods study of a community-based cancer support service This consumer-led research investigated the client experiences and the individual and community benefits of a community-based cancer support service operating in a regional setting. The study included cross-sectional surveys, focus group discussions and key-informant interviews. In total, 114 clients, 28 carers and 20 therapists were surveyed; three client focus groups were conducted and five directors and staff were interviewed. For many clients and carers, the warm welcome experienced at first contact sets the tone for a long-term association with the organisation. The feeling of being cared for extends to the broader community and living with cancer becomes more than survivorship. Integral to the organisational model are opportunity (second-hand) shops that enable subsidised complementary therapies and other services, offer a way of giving back and assist disadvantaged community members. The organisational model has benefits, not only for people living with cancer and their families, but also for the wider community.	Exclus car ne respecte pas les critères d'inclusion
(84)	Impact of a complementary/integrative medicine program on the need for supportive cancer care-related medications Objective: Despite the growing evidence supporting the use of complementary/integrative medicine (CIM) in the treatment of chemotherapy-induced toxicities, little is known on CIM impact of these therapies regarding the use of medications for supportive cancer care. In this study, we examined the impact of CIM on the need for supportive cancer care-related medications. Patients and methods: Patients with breast or gynecological cancer referred to and attending an integrative physician (IP) consultation for gastrointestinal (GI) concerns were designated as the treatment group; those not attending as controls. Adherence to the integrative care program (AIC) was defined as attending [greater than or equal to] 4 CIM interventions. The need for conventional supportive care-related medications and doses was determined from patients' medical files, as well as the implications on the potential for cost reduction. Results: Of the 205 patients diagnosed with GI concerns, 116 attended the IP consultation and weekly CIM treatments (56.6%; treatment group), of which 85 (73.3%) were adherent to the program (AIC subgroup); 89 did not undergo an IP consultation (43.4%; controls). Within-group analysis found a greater decrease in the use of non-opioid analgesics (NOAs) at 6 weeks in the treatment group ($P = 0.01$), more so in the AIC subgroup ($P = 0.02$). A cost analysis suggests that reduced NOA use in the treatment group reduced the cost of supportive care, covering 27.1% of the overall expense of CIM treatments. Controls were less likely to require anti-emetics ($P = 0.007$). Between-group analysis showed a trend for reduced use of anxiolytics ($P = 0.06$) and NOAs ($P = 0.08$) among treated patients, with lower dose equivalents for NOAs than controls ($P < 0.001$). Conclusion: CIM treatments may reduce the need for NOAs among patients with breast or gynecological cancer.	Inclus
(85)	The effects of oncology massage on symptom self-report for cancer patients and their caregivers Massage has shown benefit for symptomatic relief in cancer patients and their caregivers. We explored the effects of a single massage session on self-reported symptoms in an outpatient clinic at a comprehensive cancer center. Patients and caregivers receiving oncology massage treatments (30 or 60-min duration) at our Integrative Medicine Center outpatient clinic from September 2012 to January 2015 completed the Edmonton Symptom Assessment Scale (ESAS; 0–10 scale, 10 most severe) pre and post massage. ESAS individual items and subscales of physical distress (PHS), psychological distress (PSS), and global distress (GDS) were analyzed. We used paired t tests with a p value correction (i.e., $p < .001$) to examine symptoms pre/post massage. Initial massage visits for 343 patients and 87 caregivers were analyzed. The highest symptom burdens (means) at baseline for patients were sleep 4.22, fatigue 3.57, and pain 2.94; for caregivers, sleep 3.77, well-being 3.01, and pain 2.59. Although patients reported significantly greater global distress and physical symptoms ($p < .0001$) compared to caregivers at baseline, groups did not differ in regard to psychological symptom burden ($p = .66$) and individual symptom scores (e.g., pain, sleep, spiritual pain). Massage therapy was associated with statistically ($p < .0001$) and clinically significant improvements in symptoms of pain, fatigue, anxiety, well-being, and sleep and ESAS subscales for both patients and caregivers. Greater massage duration (30 vs 60 min) did not lead to greater symptom reduction. Patients and caregivers reported a moderately high symptom burden. A single massage treatment resulted in acute relief of self-reported symptoms in both groups. Further study is warranted regarding optimal massage dose and frequency.	Exclus : les termes « oncologie intégrative et complémentaire » ou « thérapies complémentaires et intégratives » ou « médecine intégrative et complémentaire et cancer ou

		oncologie » n'apparaissent pas dans le titre ou le résumé.
(86)	Acupuncture for cancer-related fatigue in lung cancer patients: a randomized, double blind, placebo-controlled pilot trial Cancer-related fatigue (CRF) is a distressing symptom that is the most common unpleasant side effect experienced by lung cancer patients and is challenging for clinical care workers to manage. We performed a randomized, double-blind, placebo-controlled pilot trial to evaluate the clinical effect of acupuncture on CRF in lung cancer patients. Twenty-eight patients presenting with CRF were randomly assigned to active acupuncture or placebo acupuncture groups to receive acupoint stimulation (LI-4, Ren-6, St-36, KI-3, and Sp-6) twice per week for 4 weeks, followed by 2 weeks of follow-up. The primary outcome was the change in intensity of CFR based on the Chinese version of the Brief Fatigue Inventory (BFI-C). As the secondary endpoint, the Functional Assessment of Cancer Therapy-Lung Cancer Subscale (FACT-LCS) was adopted to assess the influence of acupuncture on patients' quality of life (QOL). Adverse events and safety of treatments were monitored throughout the trial. Our pilot study demonstrated feasibility among patients with appropriate inclusion criteria and good compliance with acupuncture treatment. A significant reduction in the BFI-C score was observed at 2 weeks in the 14 participants who received active acupuncture compared with those receiving the placebo ($P < 0.01$). At week 6, symptoms further improved according to the BFI-C ($P < 0.001$) and the FACT-LCS ($P = 0.002$). There were no significant differences in the incidence of adverse events in either group ($P > 0.05$). Fatigue is a common symptom experienced by lung cancer patients. Acupuncture may be a safe and feasible optional method for adjunctive treatment in cancer palliative care, and appropriately powered trials are warranted to evaluate the effects of acupuncture.	Exclus : les termes « oncologie intégrative et complémentaire » ou « thérapies complémentaires et intégratives » ou « médecine intégrative et complémentaire et cancer ou oncologie » n'apparaissent pas dans le titre ou le résumé.
(87)	Guidance for establishing an integrative oncology service in the Australian healthcare setting—a discussion paper There is an obvious mismatch between the high reported rates of use of traditional and complementary medicines (T&CM) by Australian cancer patients and cancer survivors and the low numbers of Australian cancer services integrating T&CM. An estimated 65% of Australian cancer patients use at least one form of T&CM. Over half use T&CM in conjunction with conventional cancer therapy. Yet, less than 20% of Australian hospital cancer care facilities provide access to T&CM. This compares to around 70% of UK cancer care facilities offering at least one T&CM therapy. Barriers to developing integrative oncology services include determining an appropriate service model and revenue structure; concerns with ethical and legal issues such as regulations and credentialing; and inadequate high-quality scientific evidence demonstrating safety and effectiveness, including concerns about the possibility of adversely affecting chemotherapy or radiotherapy treatment. This paper aims to provide general guidance and practical strategies for those seeking to develop integrative oncology services in Australian cancer care facilities.	Inclus
(88)	Adolescent-young adults (AYA) with cancer seeking integrative oncology consultations: demographics, characteristics, and self-reported outcomes Purpose: Integrative Oncology (IO) consultations offer cancer patients counseling regarding complementary integrative medicine (CIM). We explored the CIM interests and symptom burden of AYA cancer patients presenting for an IO consultation. Methods: Patients referred for an IO physician consultation at an academic medical center from September 1, 2009 to December 31, 2013 completed an assessment on presentation: MYCaW, ESAS (10 symptoms, 0–10, 10 worst possible), CIM use survey, and SF-12 QOL survey. We compared findings of AYA patients (ages 15–39) with a control sample of adult patients (age ≥ 40). Results: Of the total 2474 consecutive patients, 286 (12%) were AYA, 73.1% female, with the most common diagnosis of breast cancer (30%). Areas of greatest interest for both AYA and adult patients included developing a holistic approach, herbals, and diet, with no significant difference between groups. Comparing groups, AYA patients had significantly higher anxiety (3.4 vs 3.1, $p = 0.042$). AYA physical health was significantly higher (37.5 vs 35, $p = 0.001$), with no significant between group differences in mental health. AYA patients were more likely to have participated in yoga (22 vs 11%, $p = 0.001$) and pilates (9.2 vs 4.5%, $p = 0.04$), with no significant difference regarding overall CIM use. Differences persisted after correcting for stage.	Exclus car ne respecte pas les critères d'inclusion

	Conclusion: AYA patients make up a small number of overall referrals to an IO consultation, presenting with a low to moderate symptom burden. Physical CIM interventions such as yoga and pilates are of greater interest to the AYA population, suggesting the importance of making such interventions available in cancer programs serving this population.	
(89)	Integrative Medicine in the Oncology Setting, What Does the Research Show? Most oncology patients are using some form of complementary alternative medicine (CAM). These can include acupuncture, massage, yoga, homeopathy, energy work, spiritual healers, vitamins and supplements, mind-body interventions, diets, and many other modalities. Although many of these interventions are safe and beneficial, some of them can be harmful. Unfortunately, because of time constraints, knowledge deficits, and the acuity of our patients, assessment of the use of CAM is often overlooked. As nurse practitioners, we must educate ourselves about the evidence for safety and efficacy of these interventions.	Inclus
(90)	Convergent priorities and tensions: a qualitative study of the integration of complementary and alternative therapies with conventional cancer treatment Purpose: Demand for complementary and alternative medicine (CAM) is high among cancer patients. This, alongside growing evidence for the efficacy of some CAM therapies, is driving change within cancer centres, where evidence-based CAM therapies are increasingly provided alongside standard cancer treatments. In Australia, commitment to equitable access to healthcare is strong, and some cancer centres are now providing integrative services at no cost to the patient. This represents a significant shift in healthcare provision. This study aimed to examine health professional and patient dynamics in an integrated cancer service where CAM is provided at no cost to patients alongside standard cancer treatments. It specifically sought to understand what might drive or hinder further integration of CAM with standard treatment in the cancer context. Methods: Qualitative interviews were undertaken with twenty key stakeholders—cancer patients, cancer nurses, and oncologists—who were delivering or receiving care in an Australian public hospital where acupuncture services are provided at no cost to patients alongside standard chemotherapy and radiation treatments. Results: Findings point to key areas where the concerns and priorities of cancer patients, cancer nurses, and oncologists converge and diverge in ways that reflect core personal and professional interests regarding patient care needs, the evidence base for CAM efficacy and safety, and rising healthcare costs. Conclusions: Understanding points of convergence and divergence could assist clinicians and service providers in negotiating ways forward for integrative cancer services.	Inclus
(91)	Crossing the death threshold: experiencing multi-disciplinary end-of-life integrative oncology training Objective: Complementary and integrative medicine (CIM) is acknowledged in more and more oncology-care centers as part of supportive and palliative cancer care. However, only limited research is available on medical training of CIM practitioners regarding end-of-life (EOL) care. In this study, we assess the impact of multi-disciplinary EOL training on cultural-diverse groups of CIM-trained healthcare practitioners (HCPs) working in integrative oncology care settings in Germany and Israel. Methods: The authors co-designed an evidence-based patient-centered EOL-training curriculum incorporating palliative and CIM concepts of care. Afterwards, a 3-day course was designed for 25 HCPs working in three anthroposophic-medicine-oriented medical centers in Germany and 14 CIM-trained HCPs from one oncology center in Israel. Qualitative assessment of the EOL-training impact on trainees was assessed 4-month post-intervention. Narratives were analyzed using ATLAS.ti software for systematic coding. Results: Post-training narrative assessment was reported by 18 German and 14 Israeli HCPs comprising 10 physicians, 12 nurses and paramedical practitioners, and 10 CIM therapists and spiritual care-providers. Content analysis of post-training outcomes suggested participants' attitude-change regarding their professional role in EOL care as individuals and as members of a team. Participants acquired practical clinical tools to enhance EOL care and to better communicate with patients about death, implementing a patient-centered, cultural-sensitive approach. Conclusions: EOL training of CIM-trained HCPs enhances communication and palliative clinical skills. Multidisciplinary and international training settings emphasize a cross-cultural perspective and enrich the bio-psycho-social-spiritual model of palliative care.	Inclus
(92)	Integrative medicine and the oncology patient: options and benefits Cancer is a major public health problem, and cancer patients and survivors face many physical and emotional challenges after the initial diagnosis, through treatment, and in the post-treatment period. Different integrative medicine (IM) modalities can be used to mitigate some of the physical issues that originate from the cancer itself or the treatment and to promote well-being and emotional health. Here, we discuss how an IM Department can function in a hospital system, particularly with regard to oncology patients, the modalities appropriate for oncology patients, how these modalities can benefit this patient population, and the role of IM in cancer survivorship. A dedicated IM Department that works with oncologists provides support and care for the whole person. These different modalities work together to reduce pain, anxiety, and chemotherapy-induced nausea and peripheral neuropathy, while promoting immune function and improving sleep, range of motion, and an overall sense of well-being. However, each modality has different contraindications for the oncology patient, and proper training is required for safe and effective care. We illustrate how IM can be a valuable component of the care of the oncology patient.	Inclus
(93)	Factors that shape preference for acupuncture or cognitive behavioral therapy for the treatment of insomnia in cancer patients	Exclus : les termes « oncologie

	Purpose: Patient preference is an essential component of patient-centered supportive cancer care; however, little is known about the factors that shape preference for treatment. This study sought to understand what factors may contribute to patient preference for two non-pharmacological interventions, acupuncture or cognitive behavioral therapy for insomnia (CBT-I). Methods: We conducted individual, open-ended, semi-structured interviews among cancer survivors who had completed active treatment and met the diagnostic criteria for insomnia disorder. Two forms of codes were used for analysis: a priori set of codes derived from the key ideas and a set of codes that emerged from the data. Results: Among 53 participants, the median age was 60.7 (range 27–83), 30 participants (56.6%) were female, and 18 (34%) were non-white. We identified three themes that contributed to an individual's treatment preference: perception of the treatment's evidence base, experience with the treatment, and consideration of personal factors. Participants gave preference to the treatment perceived as having stronger evidence. Participants also reflected on positive or negative experiences with both of the interventions, counting their own experiences, as well as those of trusted sources. Lastly, participants considered their own unique circumstances and factors such as the amount of work involved, fit with personality, or fit with their "type" of insomnia. Conclusions: Knowledge of the evidence base, past experience, and personal factors shaped patient preference regardless of whether they accurately represent the evidence. Acknowledging these salient factors may help inform patient-centered decision-making and care.	intégrative et complémentaire » ou « thérapies complémentaires et intégratives » ou « médecine intégrative et complémentaire et cancer ou oncologie » n'apparaissent pas dans le titre ou le résumé.
(94)	Complementary and alternative medicine (CAM) information and support needs of Chinese-speaking cancer patients Purpose: Complementary and alternative medicine (CAM) is popular among Chinese-speaking cancer patients (CSCPs), but little research examines CAM use by Canadian CSCPs. The use of CAM is controversial because of potential interactions with conventional cancer treatments. The purpose of this study was to explore CSCPs' use of CAM, sources of CAM information, and decision support needs, as well as their experience of making CAM decisions. Methods: A sequential, multi-method research design was used: a secondary data analysis of a CAM use survey conducted in a Western Canadian regional cancer agency followed by a qualitative interpretive description approach to inquiry using semi-structured interviews with CSCPs and support persons. Results: More than 65% of CSCPs reported using CAM. CSCPs favored biologically-based therapies, including traditional Chinese medicine herbs and other natural health products. Many CSCPs were using CAM without adequate culturally appropriate information and decision support. Those who made decisions spontaneously relied on peers for advice whereas deliberate decision makers sought information from multiple sources, including peers and the Internet, selecting therapies congruent with their cultural health perspectives and previous experiences with CAM. CSCPs rarely spoke with oncology healthcare providers (HCPs) about CAM use. Conclusions: CSCPs reported using CAM at rates significantly higher than for non-CSCPs. Given the predominance of biological-based therapies and the lack of consultation with oncology HCPs, it is imperative that CAM use be assessed and documented to ensure CSCPs' safety during cancer treatment. Culturally appropriate information and decision support is required to ensure that CSCPs are making safe and informed CAM decisions.	Exclus car ne respecte pas les critères d'inclusion
(95)	Inverse relationship between reduced fatigue and severity of anemia in oncology patients treated with integrative medicine: understanding the paradox Objective: To assess the impact of integrative medicine (IM) on cancer-related fatigue in patients undergoing chemotherapy for early and advanced breast and gynecological (ovarian, endometrial, and cervical) cancer. Methods: Patients reporting significant levels of fatigue (on the Edmonton Symptom Assessment Scale (ESAS), European Organization for Research and Treatment of Cancer Quality of Life Questionnaire (EORTC QLQ-C30), or Measure Yourself Concerns and Wellbeing questionnaire (MYCAW)) were offered complementary and integrative medicine (CIM) treatments in addition to standard supportive care. Patients who did not undergo IM treatments were designated as controls. Attending at least five CIM treatments less than 30 days between each session was considered as high adherence to integrative care (AIC). Results: Of 258 eligible patients reporting significant fatigue, follow-up assessment at 6 and 12 weeks was considered optimal for 120 patients in the intervention group and for 64 controls; 88 of treated patients found to be adherent to the IM intervention. At 12 weeks, ESAS ($P < 0.001$) and EORTC ($p = 0.001$) scores for fatigue improved more significantly in treated patients, with a higher percent with optimal relative dose intensity in the AIC subgroup, both at 6 weeks ($P = 0.002$) and at 12 weeks ($P < 0.001$). IM treatment was paradoxically associated with a greater decrease in hemoglobin levels at 12 weeks ($P = 0.016$), more so in the AIC subgroup ($P = 0.024$). Conclusion: Integrative medicine program may alleviate cancer-related fatigue in patients with breast and gynecological cancer undergoing chemotherapy.	Inclus
(96)	Couples' symptom burden in oncology care: perception of self and the other Background: The literature suggests that psychological distress and quality of life are interdependent in couples coping with cancer. The current study seeks to extend these findings to physical symptom burden, examining differences in symptom self-rating and perception of partner symptoms.	Exclus : les termes « oncologie

	Methods: Couples were approached while waiting for an integrative oncology service. Fifty patients and their partners completed the Edmonton Symptom Assessment Scale (ESAS-FS; twelve symptoms, scores 0–10, 10 worst possible) and a Global Health measure (PROMIS10). Patient and partner each also completed the ESAS-FS as it related to their perception of the other's symptoms. ESAS distress subscales analyzed included Global (GDS), Psychosocial (PSS), and Physical (PHS). Analyses included paired t tests to examine all measures. Results: Fifty-eight percent of patients were female with most common cancer diagnoses of breast (22%), gastrointestinal (16%), and thoracic/H&N (16%). For ESAS-FS self-ratings, patients had significantly higher physical distress than partners, with a no significant difference in psychosocial distress. For PROMIS10 self-ratings, patients reported significantly lower global health and physical health, (p's <0.001); no differences were found for mental health between patients and caregivers. Patient rating of partner physical distress (PHS, $p = 0.01$) was significantly higher than partner self-rating, with no significant difference observed in ratings for psychosocial distress. Partner rating of patient psychosocial distress (PSS, $p < 0.001$) and physical distress (PHS, $p = 0.001$) was significantly higher than that of patient self-rating. Conclusions: Our findings suggest that both patients and partners perceive physical distress of the other higher than self; however, patients may be more sensitive to psychosocial distress in their partners.	intégrative et complémentaire » ou « thérapies complémentaires et intégratives » ou « médecine intégrative et complémentaire et cancer ou oncologie » n'apparaissent pas dans le titre ou le résumé.
(97)	RESOURCE-ORIENTED MUSIC THERAPY IN PEDIATRIC ONCOLOGY: A PHILOSOPHICAL INQUIRY The purpose of this philosophical inquiry was to make a case for the clinical relevance of a Resource-Oriented approach in pediatric oncology music therapy, and then propose a conceptualization of this approach using Rolvsjord's (2010) four characteristic statements of the resource-oriented approach as guiding principles. The characteristics are: (a) the nurturing of strengths, resources, and potential, (b) collaboration rather than intervention, (c) the view of the individual within their context, and (d) the view of music as a health resource. Background information instrumental in the development of this philosophical inquiry was explored and presented. This included a description of the pediatric oncology context, the needs of children with cancer and their families, and salient tenets of the approach. The pediatric oncology music therapy literature was systematically reviewed using the four defining statements of the Resource-Oriented approach to argue its relevance in the pediatric oncology context. The characteristics were first explicated, then used as a lens to explore the four categories of needs (physical, emotional, social, and developmental) of children with cancer and their family. From this critical analysis, parallels between the literature and the resource-oriented approach were identified, while new insights emerged. This philosophical inquiry provides a conceptual framework that may serve as a starting point for those wanting to explore a ResourceOriented approach and discourse within problem-oriented and/or biomedical contexts.	Exclus car ne respecte pas les critères d'inclusion
(98)	A supportive care intervention for people with metastatic melanoma being treated with immunotherapy: a pilot study assessing feasibility, perceived benefit, and acceptability Introduction: Increasing numbers of metastatic melanoma (MM) patients are receiving immunotherapy treatment, including pembrolizumab, and the impact on their well-being is underexplored. Objectives: To assess the feasibility of a multimodal supportive care program to MM patients being treated with pembrolizumab. Methods: This pre-post-test feasibility cohort study recruited MM participants treated with pembrolizumab: (i) supportive care intervention with usual care and (ii) usual care. The intervention comprised comprehensive medical assessment by supportive care physician (SCP), exercise physiologist (EP), and dietitian then a tailored supportive care program. Programs included exercise, dietary advice, non-invasive complementary therapies, and psychology consultation. Outcome measures included adherence, patient-reported symptoms, anxiety and depression, and toxicity. Descriptive data are reported. Results: We recruited 28 participants: 13 intervention and 15 control; three did not complete the study. Most were male, with median age 66 (range 42–85) years. All intervention participants completed baseline assessments with SCP, EP, and dietitian. Two missed follow-up with EP or dietitian. Symptoms most troubling at baseline were as follows: fatigue ($n = 6$), sleep ($n = 6$), general aches and pains ($n = 5$), and memory ($n = 4$). All intervention participants were prescribed 16 exercise sessions; 8 (50%) completed all; overall exercise adherence was 85%. Integrative therapies were accessed by 85% (11) participants. Immunotherapy-related adverse event rates were low and SCP consultation identified symptoms not captured by CTCAE 4.0. Conclusions: A holistic supportive care intervention tailored to individual needs is feasible. The symptom burden in MM patients was low. Further investigation of the intervention is warranted, focused on populations with higher symptom burden to improve outcomes.	Exclus car ne respecte pas les critères d'inclusion

(99)	Certainty within uncertainty: a qualitative study of the experience of metastatic melanoma patients undergoing pembrolizumab immunotherapy Objective: Little is known about the lived experiences of patients with metastatic melanoma undergoing checkpoint inhibitor treatment. We conducted a feasibility study of a supportive care intervention for melanoma patients being treated with pembrolizumab. Here, we report a secondary objective of the study, which was to explore the lived experience of being on pembrolizumab treatment for advanced melanoma. Methods: Twenty-eight participants with metastatic melanoma were recruited across two cohorts, all receiving 3-weekly immunotherapy treatment. Semi-structured interviews were conducted with 26 participants once at 9 weeks. Thematic analysis using interpretative phenomenological analysis (IPA) was performed with multiple iterations of data review to achieve consensus. Results: Three overarching themes were identified; here, we report the first and most dominant theme: how metastatic melanoma patients live within uncertain spaces. Although immunotherapy increases overall survival, metastatic melanoma patients live within an uncertain spectrum. They confront uncertainty related to immunotherapy treatment, their disease trajectory, family relationships, and decision-making. Melanoma patients attempt to normalize their lives, engaging in their usual activities. Uncertainty increases prior to active treatment and intensifies during investigation phases. Conclusions: Despite progress in melanoma patient treatment and outcomes, these patients face sustained uncertainty about their disease trajectory.	Exclus car ne respecte pas les critères d'inclusion
(100)	Development of Measure Yourself Concerns and Wellbeing for informal caregivers of people with cancer—a multicentred study Purpose: Measure Yourself Concerns and Wellbeing (MYCaW) is a validated person-centred measure of the concerns and wellbeing of people affected by cancer. Research suggests that the concerns of informal caregivers (ICs) are as complex and severely rated as people with cancer, yet MYCaW has only been used to represent cancer patients' concerns and wellbeing. This paper reports on the development of a new qualitative coding framework for MYCaW to capture the concerns of ICs, to better understand the needs of this group. Methods: This multicentred study involved collection of data from ICs receiving support from two UK cancer support charities (Penny Brohn UK and Cavendish Cancer Care). Qualitative codes were developed through a detailed thematic analysis of ICs' stated concerns. Results: Thematic analysis of IC questionnaire data identified key themes which were translated into a coding framework with two overarching sections; (1) 'informal caregiver concerns for self' and (2) 'informal caregiver concerns for the person with cancer'. Supercategories with specific accompanying codes were developed for each section. Two further rounds of framework testing across different cohorts allowed for iterative development and refinement of the framework content. Conclusions: This is the first person-centred tool specifically designed for capturing IC's concerns through their own words. This coding framework will allow for IC data to be analysed using a rigorous and reproducible method, and therefore reported in a standardised way. This may also be of interest to those exploring the needs of ICs of people in other situations.	Exclus car ne respecte pas les critères d'inclusion
(101)	Establishing an integrative oncology service in the Australian healthcare setting—the Chris O'Brien Lifehouse Hospital experience Comprehensive cancer centres are on the rise as patients seek a more holistic approach to maintaining their wellbeing when living with a cancer diagnosis. Many cancer centres worldwide now incorporate a selection of evidence-based complementary therapies and qualified therapists into their offerings. The Chris O'Brien Lifehouse, a comprehensive cancer centre in Sydney, Australia, provides integrative oncology services including acupuncture, massage, reflexology, dietetics and exercise physiology for individual patients, along with group programmes, and an integrative and supportive care medical specialist. The purpose of this paper is to reflect on one model of integrative oncology service and approach to integration and team and service development.	Inclus
(102)	A low literacy targeted talking book about radiation therapy for cancer: development and acceptability Purpose: To develop a low literacy talking book (written book with accompanying audio-recording) about radiation therapy and explore its acceptability with patients and caregivers. Method: The talking book was developed iteratively using low literacy design principles and a multidisciplinary committee comprising consumers and experts in radiation oncology, nursing, behavioural sciences, and linguistics. It contained illustrations, photos, and information on: treatment planning, daily treatment, side effects, psychosocial health, and a glossary of medical terms. Semi-structured interviews were conducted with patients who self-reported low functional health literacy and caregivers to explore their views on the resource. Thematic analysis using a framework approach informed the analysis. Results: Participants were very satisfied with the content, illustrations, and language in the resource. Most were unfamiliar with the term 'talking book', but liked the option of different media (text and audio). The resource was seen as facilitating communication with the cancer care team by prompting question-asking and equipping patients and their families with knowledge to communicate confidently. Conclusions: The low literacy talking book was well accepted by patients and their caregivers. The next step is to examine the effect of the resource on patients' knowledge, anxiety, concerns, and communication with the cancer care team.	Exclus car ne respecte pas les critères d'inclusion
(103)	Integrative medicine therapeutic approaches to cancer care: patient preferences from focus groups Purpose: To understand patient preferences for integrative therapeutics and/or modalities during cancer care. Methods: Cancer patients currently going through treatment were recruited from the Mayo Clinic in Arizona. Participants were asked to engage in 1 of 4 focus groups to understand preferences regarding integrative therapeutic modalities in cancer treatment. Focus group data were transcribed and analyzed using thematic analysis. Eighty-five percent of inter-coder reliability was achieved with four team investigators.	Inclus

	Results: Nineteen cancer patients participated in four focus groups with mixed cancer types (42% breast cancer), gender (53% female), and age (69% over age 60). Focus group analyses resulted in five themes with respect to preferences regarding integrative therapeutic modalities among cancer patients: (1) preference regarding accurate and congruent information; (2) preference regarding stress and symptom management; (3) preference regarding discussion of integrative therapies with healthcare providers (4) preference regarding support from family and friends; and (5) preference regarding personalized holistic care. Conclusions: Patients have a desire to discuss integrative therapeutic aspects of their cancer treatment with healthcare providers. Understanding patient preferences allows opportunity for oncology providers to increase awareness/education of integrative therapeutic modalities. Increased integrative therapeutic knowledge may best support recovery and increased quality of life. Implications: Qualitative research may facilitate understanding the scope of cancer patient preferences regarding the desire and use of integrative therapeutic modalities. A conceptual understanding of cancer patient preferences regarding integrative therapies and modalities may best inform successful direction and efficacy of treatment strategies.	
(104)	Assessing cancer pain—the first step toward improving patients’ quality of life Purpose: Numerous studies on cancer patients have shown that cancer pain still remains underestimated, poorly assessed, and under-treated. Pain relief should be considered as early as possible within personalized care and as an integral part of quality healthcare in many countries. Nevertheless, personalized care is still insufficiently taken into consideration, partly due to improper or incomplete assessment of cancer pain. The objective of this article is to propose a practical approach to this complex assessment, as the first step to improving patients’ quality of life. Methods: Critical reflection based on literature analysis and clinical practice. Results: Assessment of cancer pain means evaluating the pain intensity over time, the dimensions of pain (sensory-discriminative, cognitive, emotional, and behavioral), the pathophysiological nature of pain (neuropathic, nociceptive, and nociplastic), the etiology, and the patient’s perception (diffuse, localized, global). Cancer patients may have simple or multiple forms of pain (mixed, overlapped, combined, and associated). Furthermore, with the use of new specific therapies, the symptomatology of pain is also changing, and certain cancers are becoming chronic. Thus, cancer pain is an archetype of multimorphic pain, and its dynamic assessments (regular and repeated) require a multimodal and targeted approach in order to offer personalized pain management. Multimodal pain treatment must be adapted to the elements that disrupt cancer pain, to the patient’s cancer and to the specific treatments. Conclusions: The dynamic assessments of pain demand the simplest, and the most complete possible procedure, to avoid feasibility problems or self-/hetero-assessment excesses that might lead to less precise and less reliable results. Multimodal and interdisciplinary approaches are being developed, making it possible to optimize cancer pain management.	Exclus car ne respecte pas les critères d’inclusion
(105)	Strategies of complementary and integrative therapies in cancer-related pain—attaining exhaustive cancer pain management Purpose: Complementary integrative therapies (CITs) correspond to growing demand in patients with cancer-related pain. This demand needs to be considered alongside pharmaceutical and/or interventional therapies. CITs can be used to cover certain specific pain-related characteristics. The objective of this review is to present the options for CITs that could be used within dynamic, multidisciplinary, and personalized management, leading to an integrative oncology approach. Methods: Critical reflection based on literature analysis and clinical practice. Results: Most CITs only showed trends in efficacy as cancer pain was mainly a secondary endpoint, or populations were restricted. Physical therapy has demonstrated efficacy in motion and pain, in some specific cancers (head and neck or breast cancers) or in treatments sequelae (lymphedema). In cancer survivors, higher levels of physical activity decrease pain intensity. Due to the multimorphism of cancer pain, certain mind-body therapies acting on anxiety, stress, depression, or mood disturbances (such as massage, acupuncture, healing touch, hypnosis, and music therapy) are efficient on cancer pain. Other mind-body therapies have shown trends in reducing the severity of cancer pain and improving other parameters, and they include education (with coping skills training), yoga, tai chi/qigong, guided imagery, virtual reality, and cognitive-behavioral therapy alone or combined. The outcome sustainability of most CITs is still questioned. Conclusions: High-quality clinical trials should be conducted with CITs, as their efficacy on pain is mainly based on efficacy trends in pain severity, professional judgment, and patient preferences. Finally, the implementation of CITs requires an interdisciplinary team approach to offer optimal, personalized, cancer pain management.	Inclus
(106)	Opening up disruptive ways of management in cancer pain: the concept of multimorphic pain Purpose: Following a series of articles reviewing the basics of cancer pain management, in this article, we develop the guiding principle of our philosophy: the concept of multimorphic pain and how to integrate it as the innovative cornerstone of supportive care in cancer. Method: Critical reflection based on literature analysis and clinical practice. Results: This model aims to break with standard approaches, offering a more dynamic and exhaustive vision of cancer pain as a singular clinical entity, taking into account its multimorphic characteristics (cancer pain experience can and will change during cancer: aetiology, physiopathology, clinical presentation and consequences of pain) and the disruptive elements that can occur to influence its evolution (cancer evolution, concomitant treatments, pain from associated diseases, comorbidities and complications, or modifications in the environment). Our model establishes the main key stages for interdisciplinary management of cancer pain: Early, personalised management that is targeted and multimodal;	Exclus car ne respecte pas les critères d’inclusion

	Identification, including in advance, of potential disruptive elements throughout the care pathway, using an exhaustive approach to all the factors influencing pain, leading to patient and caregiver education; Optimal analgesic balance throughout the care pathway; Integration of this concept into a systemic early supportive care model from the cancer diagnosis. Conclusions: Given the difficulties still present in the management of pain in cancer, and whilst cancer is often considered as a chronic condition, the concept of multimorphic pain proposes a practical, optimised and innovative approach for clinicians and, ultimately, for patients experiencing pain.	
(107)	Advancing supportive oncology care via collaboration between psycho-oncology and integrative medicine Purpose: As survival after cancer diagnosis increases, patients are increasingly turning toward integrative therapies (e.g., yoga, acupuncture, massage) to manage acute and chronic concerns related to cancer treatment and survivorship. As such, integrative medicine programs devoted to combining conventional Western cancer care with complementary treatments such as yoga, acupuncture, botanicals, and homeopathy are increasingly common in cancer communities around the world. However, few integrative medicine programs have included psycho-oncology providers in order to systematically evaluate and treat psychological and behavioral health factors affecting adjustment to cancer. Methods: A pilot program was initiated at a large academic medical center to explore benefits of a collaborative clinic visit conducted with psycho-oncology and integrative medicine within an existing supportive oncology clinic. Collaborative medical and psychological interventions were provided to enhance patient quality of life and reduce symptom burden. Results: Forty-nine patients were seen via the dyadic consultation model. Sixty-eight percent of patients rated their emotional distress at or above clinical cutoffs, indicating unmet supportive care needs. The majority of patients seen were White, non-Hispanic, and female. Conclusions: Many cancer patients and survivors report persistent emotional distress and chronic physical problems associated with their diagnosis and treatment. The types of patients seen in this pilot program raise concern about ongoing inequalities in access to integrative medicine and psycho-oncology services, which may contribute to downstream health disparities and poorer clinical outcomes. Future directions will explore billing practices, financial sustainability, and methods to increase access to this type of program for demographically diverse individuals across cancer populations.	Inclus
(108)	Development of an evidence-based decision aid on complementary and alternative medicine (CAM) and pain for parents of children with cancer Purpose: To develop an evidence-based decision aid for parents of children with cancer and to help guide them in the use of complementary and alternative medicine (CAM) for cancer care. Methods: This study had a mixed research design. The needs of parents were investigated by survey and focus group. A systematic review and meta-analysis were performed on the effectiveness of CAM using Grading of Recommendations Assessment, Development and Evaluation (GRADE). Clinical experts were interviewed and a decision aid on CAM treatment for pain was developed. Results: Parents emphasized the importance of reliable information on CAM, focusing primarily on communication and a broad spectrum of complaints related to cancer treatment. The decision aid on CAM for pain included five modalities based on 11 randomized control trials (RCTs): hypnotherapy, mind-body techniques, massage, healing touch, and music therapy. Meta-analysis could be performed on hypnotherapy, which significantly reduced cancer-related procedural pain compared with standard care (MD, -1.37; 95% CI, -1.60, -1.15; P<0.00001) and attention control (MD, -1.13; 95% CI, -1.34, -0.94; P<0.00001), and massage, demonstrating no effect on pain compared with standard care (MD, -0.77; 95% CI, -1.82, 0.28; P=0.15). Research evidence and supplementary information from clinical practice and patient were incorporated in a website-based decision aid. Conclusions: An evidence-based decision aid was developed to support parents of children with cancer in making decisions about CAM for pain management. Next steps will be to expand the website to include additional childhood cancer-related complaints and to evaluate its use in practice.	Exclus car ne respecte pas les critères d'inclusion

Annexe 4 : Tableau d'informations générales des documents recensés

Tableau d'information sur les documents du premier recensement de donnée									
Information bibliographique				Objectifs et méthodes	PCC (Population/concept/contexte)			Mots-clés	Références
Titre du document et année de publication	Auteurs	Type de source	Pays		Population	Concept	Contexte		
Premier recensement de données									
Integrative oncology. Complementary therapies in cancer care. (2005)	Cassileth B. R.: MS, PhD. Chief, Integrative Medicine Service Memorial Sloan-Kettering Cancer Center New-York. Deng G.: Md, PhD. Integrative Medicine Service Memorial Sloan-Kettering Cancer Center New-York. Vickers A.: PhD. Integrative Medicine Service Memorial Sloan-Kettering Cancer Center New-York. Yeung K. S.: RPh, Lac. Integrative Medicine Service Memorial Sloan-Kettering Cancer Center New-York.	Livre (chapitre)	Etats-Unis	Il s'agit d'un manuel sur les sources et la pratique des thérapies complémentaires. Il propose un résumé des thérapies par diagnostic de cancer majeur, une section sur la gestion des symptômes majeurs et passe en revue les thérapies alternatives populaires mais discutable.	Patients atteints de cancer et professionnels de la santé travaillant avec les patients atteints de cancer.	Les concepts abordés sont l'oncologie intégrative, les thérapies complémentaires et les thérapies alternatives. Modèle de soins basé sur l'oncologie intégrative pour le traitement du cancer dirigé par des professionnel de la santé en oncologie.	Dans le contexte des soins en oncologie et des soins de santé aux Etats-Unis.	/	(1)
Integrative Oncology - Principles and Practice (2006)	Matthew P. Mumber: MD. Harbin Clinic Radiation Oncology Center Rome, Georgia, USA	Livre (chapitre)	Etats-Unis	Ce livre présente un examen complet du contexte et de la pratique de l'oncologie intégrative, et met l'accent sur l'approche multidisciplinaire du patient cancéreux.	Patients atteints de cancer et professionnels de la santé travaillant avec les patients atteints de cancer.	Modèle de soins basé sur l'oncologie intégrative pour le traitement du cancer dirigé par des professionnel de la santé en oncologie.	Dans le contexte des soins en oncologie et des soins de santé aux Etats-Unis.	/	(2)
Integrative oncology—what's in a name? (2006)	John F. Smyth: Professor University of Edinburgh, Cancer Research Centre, Crewe Road South, Cancer Research UK Building, United Kingdom	Article de revue scientifique (European Journal of Cancer)	Grande-Bretagne	Tente d'expliquer ce qu'est l'oncologie intégrative	Patients atteints de cancer et professionnels de la santé travaillant avec les patients atteints de cancer.	L'oncologie intégrative	Dans le contexte des soins de santé liés au cancer en Europe et aux Etats-Unis.	/	(3)
Integrative oncology in North America (2006)	Stephen M Sagar.: Juravinski Cancer Centre and Department of	Article de revue scientifique	Canada	Explique le développement de l'Oncologie	Patients atteints de cancer et professionnels de	L'oncologie intégrative	Dans le contexte des soins de santé liés au cancer aux Etats-	Cancer, complementary therapies,	(4)

	Medicine, McMaster University, Hamilton, ON, Canada	(Journal of the Society for Integrative Oncology)		intégrative en Amérique du Nord	la santé travaillant avec les patients atteints de cancer.		Unis et en Amérique du Nord.	education, integrative, quality of life, research, standards, symptom control	
Complementary therapies and integrative oncology in lung cancer: ACCP evidence-based clinical practice guidelines. (2007)	<i>Barrie R. Cassileth</i> , MS, PhD. Chief, Integrative Medicine Service Memorial Sloan-Kettering Cancer Center New-York. <i>Gary Deng</i> , Md, PhD. Integrative Medicine Service Memorial Sloan-Kettering Cancer Center New-York. <i>Jorge E. Gomez</i> , MD. Memorial Sloan-Kettering Cancer Center, New-York. <i>Peter A.S. Johnstone</i> , MD. Emory University School of Medicine, Atlanta, GA. <i>Nagi Kumar</i> , PhD. H. Lee Moffitt Cancer Center & Research Institute, Tampa, FL. <i>Andrew Vickers</i> , PhD. Integrative Medicine Service Memorial Sloan-Kettering Cancer Center New-York.	Article de revue scientifique – Evidence-Based Clinical Practice Guideline (CHEST Journal)	Etats-Unis	Faire la distinction entre les thérapies « alternatives » et les thérapies « complémentaires ». Expliquer les techniques complémentaires efficaces qui traitent les symptômes associés au cancer du poumon et à son traitement traditionnel. Décrire la base de données probantes à utiliser pour les thérapies complémentaires. Un panel multidisciplinaire d'experts en oncologie et médecine intégrative a évalué les preuves de thérapies complémentaires dans la prise en charge des patients atteints de cancer du poumon.	Patients atteints de cancer du poumon.	Thérapies alternatives. Thérapies complémentaires. Oncologie intégrative.	Dans le contexte des soins de santé liés aux cancers aux Etats-Unis	Acupuncture, botanicals, cancer, complementary and alternative medicine, complementary therapies, fitness, herbs, integrative medicine, massage therapy, mind-body therapies, music therapy, oncology	(5)
Integrative oncology practice guidelines. (2007)	<i>Gary E. Deng</i> , MD, PhD, Memorial Sloan-Kettering Cancer Center, New York, NY. <i>Barrie R. Cassileth</i> , PhD, Memorial Sloan-Kettering	Article de revue scientifique – Practice Guideline (Journal of the Society for	Etats-Unis	Elaboration de directives de bonnes pratiques pour l'oncologie intégrative par la Society for Integrative Oncology (SIO).	Patients atteints de cancer et professionnels de la santé travaillant avec les patients atteints de cancer.	Oncologie intégrative	Dans le contexte des soins de santé liés aux cancers au niveau international.	cancer, oncology, complementary therapies, CAM, integrative medicine	(6)

	Cancer Center, New York, NY. <i>Lorenzo Cohen</i>, PhD, MD, Anderson Cancer Center, Houston, TX. <i>Jyothirmai Gubili</i>, MS, Memorial Sloan-Kettering Cancer Center, New York, NY. <i>Peter A.S. Johnstone</i>, MD, Emory University School of Medicine, Atlanta, GA. <i>Nagi Kumar</i>, PhD, H. Lee Moffitt Cancer Center & Research Institute, Tampa, FL. <i>Andrew Vickers</i>, PhD, Memorial Sloan-Kettering Cancer Center, New York, NY.	Integrative Oncology)							
Using legal and ethical principles to guide clinical decision making in complementary/integrative cancer medicine. (2008)	<i>Michael H. Cohen</i> : Law Offices of Michael H. Cambridge (USA)	Livre (un chapitre)	Etats-Unis	Traite de certaines questions juridiques clés et des stratégies de gestion des risques de responsabilité pour les oncologues désirant pratiquer, orienter ou répondre aux demandes des patients concernant des modalités spécifiques de médecines complémentaires et alternatives.	Patients atteints de cancer ayant recours à des thérapies complémentaires et alternatives, ainsi que les professionnels de la santé travaillant avec ces patients.	Thérapies complémentaires et alternative.	Dans le contexte des soins liés au cancer aux Etats-Unis.	Liability, medical malpractice, Informed consent, complementary and alternative medicine, cancer medicine	(7)
Integrative oncology: A Canadian and international perspective. (2008)	<i>S.M. Sagar</i> : MD Radiation Oncologist, Juravinski Cancer Centre, Professor, Division of Radiation Oncology, Department of Oncology, Associate Member, Division of General Internal Medicine,	Article de revue scientifique (Current Oncology – A Canadian Cancer	Canada	Explique l'intérêt de poursuivre la voie de l'oncologie intégrative.	Patients atteints de cancer et professionnels de la santé travaillant avec les patients atteints de cancer.	Oncologie intégrative.	Dans le contexte des soins liés au cancer au Canada et aux Etats-Unis.	/	(8)

	Department of Medicine. <i>A.M. Leis</i> : PhD, directrice, Santé publique et épidémiologie, Université de la Saskatchewan (Canada)	Research Journal)							
Evidence-based clinical practice guidelines for integrative oncology: Complementary therapies and botanicals. (2009)	<i>Gary E. Deng</i> , MD, PhD, Memorial Sloan-Kettering Cancer Center, New York, NY. <i>Moshe Frenkel</i> , MD, The University of Texas M. D. Anderson Cancer Center, Houston, TX. <i>Lorenzo Cohen</i> , PhD, The University of Texas M. D. Anderson Cancer Center, Houston, TX. <i>Barrie R. Cassileth</i> , PhD, Memorial Sloan-Kettering Cancer Center, New York, NY. <i>Donald I. Abrams</i> , MD, University of California- San Francisco, San Francisco, CA. <i>Jillian L.</i> <i>Capodice</i> , LAC, MS, Columbia University Medical Center, New York, NY. <i>Kerry S. Courneya</i> , PhD, University of Alberta, Edmonton, AB. <i>Trish Dryden</i> , MEd, RMT, Centennial College, Toronto, ON. <i>Suzanne</i> <i>Hanser</i> , BMus, MMus, EdD, Berklee College of Music, Boston, MA. <i>Nagi Kumar</i> , PhD, RD, FADA, Cancer Center & Research Institute, Tampa, FL.	Article de revue scientifique – Practice Guideline (Journal of the Society for Integrative Oncology)	Etats-Unis	Elaboration de directives de bonnes pratiques pour l'oncologie intégrative par la Society for Integrative Oncology (SIO).	Patients atteints de cancer et professionnels de la santé travaillant avec les patients atteints de cancer.	Oncologie intégrative.	Dans le contexte des soins de santé liés aux cancers au niveau international.	cancer, oncology, complementary and alternative medicine (CAM), complementary therapies, integrative medicine	(9)

	<i>Dan Labriola</i>, ND, Northwest Natural Health Specialty Care Clinic, Seattle, WA. <i>Diane W. Wardell</i>, PhD, RN, WHNP-BC, The University of Texas Health Science Center at Houston, Houston, TX. <i>Stephen Sagar</i>, MD, McMaster University, Hamilton, ON. (USA)								
The model of Western integrative medicine: The role of Chinese medicine. (2011)	<i>Gustav Dobos</i>: Department of Complementary and Integrative Medicine, University of Duisburg-Essen, Kliniken Essen Mitte, Germany. <i>Iven Tao</i>: Department of Complementary and Integrative Medicine, University of Duisburg-Essen, Kliniken Essen Mitte, Germany.	Article de revue scientifique (Chinese Journal of Integrative Medicine)	Allemagne	Explication sur le développement de la médecine intégrative en Europe et le rôle de la médecine chinoise. Mais aussi le développement de la médecine intégrative dans d'autre domaine tel que l'oncologie.	Patients atteints de cancer et professionnels de la santé travaillant avec les patients atteints de cancer.	Médecine intégrative. Médecine chinoise. Oncologie intégrative.	Dans le contexte des soins de santé en occident, aux Etats-Unis, en Chine et plus particulièrement en Allemagne.	Integrative medicine, complementary and alternative medicine, traditional Chinese medicine, integrative oncology, evidence-based medicine, Chinese herbal medicine, acupuncture	(10)
Integrative oncology for breast cancer patients: Introduction of an expert-based model. (2012)	<i>Gustav J Dobos</i>: Department of Internal and Integrative Medicine, Kliniken Essen-Mitte, academic teaching hospital of the University of Duisburg-Essen, Essen, Germany + Chair of Complementary and Integrative Medicine, Alfried Krupp von Bohlen und Halbach-Foundation, University of Duisburg-Essen, Kliniken Essen-Mitte, Essen, Germany.	Article de revue scientifique (BMC Cancer)	Allemagne	Le concept d'oncologie intégrative pour le cancer du sein est pratiqué conjointement par le Département de médecine interne et intégrative ainsi que le Centre du sein de la Kliniken Essen-Mitte, hôpital universitaire de l'université de Duisburg-Essen en Allemagne. Le modèle est présenté et	Pour les patients atteints de cancer du sein et les professionnels de soins de santé en oncologie pratiquant avec ces patients.	Oncologie intégrative pour les patients souffrant de cancer du sein.	Dans le contexte des soins de santé liés au cancer du sein en Allemagne.	Integrative oncology, integrative medicine, complementary and alternative medicine, holistic care	(11)

	<i>Petra Voiss:</i> Department of Internal and Integrative Medicine, Kliniken Essen-Mitte, academic teaching hospital of the University of Duisburg-Essen, Germany + Department of Senology/ Breast Center, Kliniken Essen-Mitte, Essen, Germany. <i>Ilka Schwidde:</i> Department of Senology/ Breast Center, Kliniken Essen-Mitte, Evang, Essen, Germany. <i>Kyung-Eun Choi:</i> Department of Internal and Integrative Medicine, Kliniken Essen-Mitte, academic teaching hospital of the University of Duisburg-Essen, Essen, Germany. <i>Anna Paul:</i> Department of Internal and Integrative Medicine, Kliniken Essen-Mitte, academic teaching hospital of the University of Duisburg-Essen, Germany. <i>Barbara Kirschbaum:</i> Department of Internal and Integrative Medicine, Kliniken Essen-Mitte, academic teaching hospital of the University of Duisburg-Essen, Germany. <i>Felix J Saha:</i> Department of Internal and Integrative Medicine, Kliniken Essen-Mitte, academic teaching hospital of the University of Duisburg-Essen. <i>Sherko Kuemmel:</i> Department of Senology/ Breast Center,			ses implications possibles pour la pratique de la médecine intégrative sont discutées.						
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	Kliniken Essen-Mitte, Evang.								
Integrative oncology: Best of both worlds—theoretical, practical, and research issues. (2013)	<i>Holger Cramer:</i> Department of Internal and Integrative Medicine, Kliniken Essen-Mitte, Faculty of Medicine, University of Duisburg-Essen, Germany. <i>Lorenzo Cohen:</i> Department of General Oncology and the Integrative Medicine Program, The University of Texas MD Anderson Cancer Center, Houston, USA. <i>Gustav Dobos:</i> Charité Universitätsmedizin Berlin, Institute for Social Medicine, Epidemiology and Health Economics, Germany. <i>Claudia M. Witt:</i> University of Maryland School of Medicine, Center for Integrative Medicine, Baltimore, USA.	Article de revue scientifique (Evidence-Based Complementary and Alternative Medicine)	Grande-Bretagne	Explication sur deux modèles d'oncologie intégrative en milieu hospitalier en Allemagne et aux Etats-Unis.	Patients atteints de cancer et professionnels de la santé en oncologie.	Oncologie intégrative.	Dans le contexte des soins de santé liés au cancer en Allemagne et aux Etats-Unis.	/	(12)
Complementary therapies and integrative medicine in lung cancer: Diagnosis and management of lung cancer. 3rd ed. American College of Chest Physicians evidence based clinical practice guidelines. (2013)	<i>Gary E. Deng,</i> MD, PhD, Memorial Sloan-Kettering Cancer Center, New York, NY. <i>Sarah M. Rausch:</i> University of Florida College of Medicine, Jacksonville, FL. <i>Lee W. Jones:</i> Duke Cancer Institute, Durham, NC. <i>Amitabh Gulati:</i> Memorial Sloan-Kettering Cancer Center, New York, NY. <i>Nagi B. Kumar:</i> Moffitt Cancer Center and Research Institute, Tampa, FL.	Article de revue scientifique (CHEST Journal)	Etats-Unis	Évaluation de la base de données actuelle sur les avantages et les risques des thérapies complémentaires pour l'amélioration de la prise en charge globale des patients atteints d'un cancer du poumon. Une revue de la littérature limitées aux méta-analyses, aux revues systématiques	Patients atteints de cancer du poumon et les professionnels de soins en oncologie.	Oncologie intégrative.	Dans le contexte des soins de santé liés au cancer du poumon aux Etats-Unis.	MeSH terms: complementary therapies, Evidence-Based Medicine, Humans, Integrative Medicine, Lung Neoplasms/psychology, lung Neoplasms/therapy, Quality of life	(13)

	<i>Heather Greenlee:</i> Columbia University, New York, NY. <i>M. Catherine Pietanza:</i> Memorial Sloan-Kettering Cancer Center, New York, NY. <i>Barrie R. Cassileth:</i> Memorial Sloan-Kettering Cancer Center, New York, NY.			et aux ECR a été effectuer.					
Integrative oncology: An overview. (2014)	<i>Gary Deng, MD, PhD</i> and <i>Barrie Cassileth, MS, PhD:</i> From the Integrative Medicine Service, Memorial Sloan Kettering Cancer Center, New York, NY.	Article de revue scientifique (ASCO Educational Book)	Etats-Unis	Cet article vise à clarifier la terminologie, à examiner les raisons de l'intérêt des patients pour les thérapies douteuses, à résumer les données de recherche concernant les modalités utiles et leur intégration appropriée dans les soins anticancéreux.	Patients atteints de cancer et les professionnels de soins de santé en oncologie.	Oncologie intégrative.	Dans le contexte des soins de santé liés au cancer aux Etats-Unis.	/	(14)
Clinical practice guidelines on the use of integrative therapies as supportive care in patients treated for breast cancer. (2014)	<i>Heather Greenlee:</i> Department of Epidemiology, Mailman School of Public Health, Herbert Irving Comprehensive Cancer Center, and Department of Medicine, College of Physicians and Surgeons, Columbia University, New York, NY. <i>Lynda G. Balneaves:</i> School of Nursing, University of British Columbia, Vancouver, BC, Canada. <i>Linda E. Carlson:</i> Department of Oncology, University of Calgary, Calgary, AB, Canada.	Article de revue scientifique (JNCI Monographs – Journal of the National Cancer Institute Monographs)	Etats-Unis	Un panel multidisciplinaire d'experts en oncologie et médecine intégrative a été constituer pour l'élaboration d'un guide de bonne pratique pour l'utilisation de l'oncologie intégrative dans les soins de support et de traitement pour les patients atteints de cancer du sein. Une revue systématique de la littérature sur neuf	Patients atteints de cancer du sein et les professionnels de soins de santé en oncologie.	Oncologie intégrative.	Dans le contexte des soins liés au cancer du sein aux Etats-Unis.	/	(15)

	<i>Misha Cohen:</i> Institute for Health and Aging, University of California, San Francisco, CA. <i>Gary Deng:</i> Department of Medicine, Memorial Sloan Kettering Cancer Center, New York, NY. <i>Dawn Hershman:</i> Matthew Mumber: Harbin Clinic, Rome, GA. <i>Jane Perlmutter:</i> Gemini Group, Ann Arbor, MI. <i>Dugald Seely:</i> Ottawa Integrative Cancer Center, Ottawa, ON, Canada and Canadian College of Naturopathic Medicine, Toronto, ON, Canada. <i>Ananda Sen and Suzanna M. Zick:</i> Department of Family Medicine, University of Michigan Health System, Department of Environmental Health Sciences, School of Public Health, and Department of Biostatistics, University of Michigan, Ann Arbor, MI. <i>Debu Tripathy:</i> Department of Breast Medical Oncology, The University of Texas MD Anderson Cancer Center, Houston, TX.			bases de données a été réaliser.					
A patients' perspective on integrative oncology: Getting past the "war," living with and beyond cancer. (2014)	<i>Josh Mailman:</i> NorCal CarciNet Community (USA)	Article de revue scientifique (JNCI Monographs)	Etats-Unis	Explique le point de vue des patients sur l'oncologie intégrative.	Patient ayant recours à l'oncologie intégrative.	Oncologie intégrative.	Dans le contexte des soins de santé liés au cancer aux Etats-Unis.	/	(16)
National Cancer Institute's support of	<i>Jeffrey D. White:</i> Office of Cancer Complementary and	Article de revue	Etats-Unis	Explication sur la participation du	Patients atteints de cancer.	Oncologie intégrative.	Dans le contexte des soins de santé liés	/	(17)

research to further integrative oncology practice. (2014)	Alternative Medicine, National Cancer Institute, Rockville, MD.	scientifique (JNCI Monographs)		National Cancer Institute pour la recherche afin de faire progresser la pratique de l'oncologie intégrative.			au cancer aux Etats-Unis.		
Quality-of-life outcomes in patients with gynecologic cancer referred to integrative oncology treatment during chemotherapy. (2015)	<i>Eran Ben-Arye</i>: Integrative Oncology Program, The Oncology Service, Lin Medical Center, Western Galilee District, Clalit Health Services, Israel. Complementary and Traditional Medicine Unit, Department of Family Medicine, Faculty of Medicine, Technion-Israel Institute of Technology, Haifa, Israel. <i>Noah Samuels</i>: Integrative Oncology Program, The Oncology Service, Lin Medical Center, Western Galilee District, Clalit Health Services, Israel. Tal Center for Integrative Medicine, Institute of Oncology, Sheba Medical Center, Tel Hashomer, Israel. <i>Orit Gressel Raz</i>: Integrative Oncology Program, The Oncology Service, Lin Medical Center, Western Galilee District, Clalit Health Services, Israel. <i>Ilanit Shalom Sharabi</i>: Integrative Oncology Program, The Oncology Service, Lin Medical Center, Western Galilee District, Clalit Health Services, Israel. <i>Ofer</i>	Article de revue scientifique (Supportive Care in Cancer)	Israel	Évaluation de l'impact d'un modèle thérapeutique d'oncologie intégrative sur les résultats de qualité de vie chez les femmes atteintes de cancer gynécologique subissant une chimiothérapie. Une étude prospective des préférences a examiné des patients référés par des praticiens de la santé en oncologie (HCP) vers une consultation de médecin intégrateur (IP) et des traitements de CM. La qualité de vie et les toxicités liées à la chimiothérapie ont été évaluées à l'aide de l'Edmonton Symptom Assessment Scale (ESAS) et du questionnaire Measure Yourself Concerns and Wellbeing (MYCAW), au départ et lors d'une évaluation de suivi de 6 à 12 semaines. L'adhésion au	Patientes atteintes d'un cancer gynécologique subissant une chimiothérapie.	Oncologie intégrative.	Dans le contexte des soins de santé liés aux cancers gynécologiques dans un hôpital d'Israel.	Integrative medicine, gynecologic oncology, quality of life, chemotherapy, complementary medicine	(18)

	<i>Lavie</i> : Department of Obstetrics and Gynecology, Gynecologic Oncology Service, Carmel Medical Center, Haifa, Israel.			programme de soins intégratifs (AIC) a été définie comme ≥ 4 traitements de CM, avec ≤ 30 jours entre chaque séance.					
Integrative oncology in Indian subcontinent: An overview. (2015)	<i>Ananthalakshmi Ramamoorthy</i>: Reader, Department of Oral Pathology and Microbiology, Thai Moogambigai Dental College and Hospital, Chennai, India. <i>Sunitha Janardhanan</i>: Senior Lecturer, Department of Oral Pathology and Microbiology, Thai Moogambigai Dental College and Hospital, Chennai, India. <i>Sathiyajeeva Jeevakarunyam</i>: Senior Lecturer, Department of Oral Pathology and Microbiology, Thai Moogambigai Dental College and Hospital, Chennai, India. <i>Nadheem Jeddy</i>: Professor, Department of Oral Pathology and Microbiology, Thai Moogambigai Dental College and Hospital, Chennai, India. <i>Senthil Eagappan</i>: Lecturer, Department of Pedodontics and Preventive Dentistry, Chettinad Dental College and Research Institute, Chennai, India.	Article de revue scientifique (Journal of Clinical & Diagnostic Research)	Inde	Explication à destination des chirurgiens et médecins oncologiques conventionnels sur le rôle des thérapies complémentaires et alternatives disponibles dans le sous-continent indien dans le cadre de la lutte contre le cancer.	Professionnels de la santé exerçant dans le domaine de l'oncologie.	Oncologie intégrative Thérapies complémentaires Thérapies Alternatives	Dans le contexte des soins de santé liés au cancer dans les services d'oncologie en Inde.	Acupuncture, Ayurveda, Homeopathy, Integrated oncology, Siddha, Unani, Yoga	(19)

A comprehensive definition for integrative oncology. (2017)	<i>Claudia M Witt</i> : Institute for Complementary and Integrative Medicine, University of Zurich and University Hospital Zurich, Zurich, Switzerland; Institute for Social Medicine, Epidemiology and Health Economics, Charité - Universitätsmedizin Berlin, Berlin, Germany; Center for Integrative Medicine, University of Maryland School of Medicine, Baltimore, MD <i>Lynda G Balneaves</i> : College of Nursing, Rady Faculty of Health Sciences, University of Manitoba, Winnipeg, MB, Canada <i>Maria J Cardoso</i> : Breast Cancer Unit, Champalimaud Cancer Center, Lisbon, Portugal ; Mama Help Association, Support Centre for Breast Cancer Patients, Porto, Portugal <i>Lorenzo Cohen</i> : Integrative Medicine Program, The University of Texas MD Anderson Cancer Center, Houston, TX <i>Heather Greenlee</i> : Department of Epidemiology, Mailman School of Public Health, and Herbert Irving Comprehensive Cancer Center, Columbia University, New York, NY	Article de revue scientifique (Journal of the National Cancer Institute Monographs)	Grande-Bretagne	Développer et établir un consensus pour une définition complète du domaine de l'oncologie intégrative. Meta-analyse : méthodes mixtes comprenant une analyse de la littérature et une procédure de consensus sous la méthode Delphi.	Patients atteints de cancer et professionnels de santé exerçant dans le domaine de l'oncologie.	Oncologie intégrative.	Dans le contexte des soins de santé liés au cancer aux Etats-Unis, en Europe et en Asie.	Cancer, complementary therapies, medical oncology, patient-centered care, lifestyle changes, cancer therapy, consensus, natural products.	(20)
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	<i>Peter Johnstone</i> : Moffitt Cancer Center and Research Institute, Tampa, FL <i>Ömer Küçük</i> : Winship Cancer Institute of Emory University, Atlanta, GA <i>Josh Mailman</i> : NorCal CarciNET Community, Oakland, CA <i>Jun J Mao</i> : Memorial Sloan Kettering Cancer Center, New York, NY								
Breast Cancer Integrative Oncology Care and Its Costs (2017)	<i>Leanna J. Standish</i> , ND, PhD, LAc, FABNO1, <i>Fred Dowd</i> 1, <i>Erin Sweet</i> , ND, MPH, FABNO1, <i>Linda Dale</i> , CCRP1, <i>Morgan Weaver</i> 1, <i>Barbara Osborne</i> , RN1, and <i>M. Robyn Andersen</i> , PhD2 (1: Bastyr University Research Institute, Kenmore, WA, USA,; 2: Fred Hutchinson Cancer Research Center, Seattle, WA, USA)	Article de revue scientifique (Integrative Cancer Therapies)	Etats-Unis	Décrire les types de thérapies d'oncologie intégrative prescrites aux patientes atteintes d'un cancer du sein par les médecins de ND FABNO. Les dossiers médicaux ont été extraits pour recueillir des recommandations de traitement et des données sur les coûts.	Des femmes ayant un cancer du sein qui ont cherché des soins dans l'une des 6 cliniques d'oncologie naturopathique de l'Etat de Washington.	Oncologie intégrative	Les cliniques dirigées par des ND certifiés par le conseil d'oncologie fournissent des données de haute qualité pour décrire les thérapies OI, leurs coûts et mesurer les résultats cliniques.	breast cancer, integrative oncology care, community oncology care, costs, naturopathic medicine	(22)
Interest in Integrative Medicine Among Postmenopausal Hormone Receptor-Positive Breast Cancer Patients in the EvAluate-TM Study (2017)	<i>Hack C.C.</i> , <i>Fasching P.A.</i> , <i>Fehm T.</i> , et al.	Article de revue scientifique (Integrative Cancer Therapies)	Allemagne	Identifier les caractéristiques des patients intéressés par la médecine intégrative. Méthodes : L'étude EvAluate-TM est une étude prospective multicentrique non interventionnelle dans laquelle le traitement par l'inhibiteur de l'aromatase létrozole a été évalué chez des femmes ménopausées atteintes d'un cancer	Patientes atteintes d'un cancer du sein postménopausique dans 339 centres du sein certifiés en Allemagne.	Oncologie intégrative	Les patientes atteintes d'un cancer du sein ont souvent recours à la médecine complémentaire et alternative, mais peu de données collectées prospectivement sur le sujet sont disponibles spécifiquement pour les patientes atteintes d'un cancer	integrative medicine, complementary and alternative medicine, breast cancer, oncology, letrozole, aromatase inhibitor, therapy management, information	(23)

				du sein primaire à récepteurs hormonaux positifs.			du sein postménopausique.		
Inpatient Acupuncture at a Major Cancer Center (2018)	M. Kay Garcia, DrPH, LAc1, Lorenzo Cohen, PhD1, Michael Spano, MS1, Amy Spelman, PhD1, Yousra Hashmi, BS1, Alejandro Chaoul, PhD1, Qi Wei, MS1, and Gabriel Lopez, MD1 (1: The University of Texas M.D. Anderson Cancer Center, Houston, TX, USA)	Article de revue scientifique (Integrative Cancer Therapies)	Etats-Unis	L'acupuncture dans un contexte d'oncologie hospitalière. Méthodes : Les patients qui ont reçu de l'acupuncture en milieu hospitalier entre décembre 2014 et décembre 2015 ont été invités à remplir une échelle modifiée d'évaluation des symptômes d'Edmonton (ESAS; échelle de 0 à 10) avant et après chaque visite.	Les patients qui ont reçu de l'acupuncture en milieu hospitalier entre décembre 2014 et décembre 2015.	Oncologie intégrative	L'utilisation de thérapies complémentaires et intégratives	cancer, oncology, integrative medicine, acupuncture, inpatient	(26)
The Long-Term Survival of a Patient With Stage IV Renal Cell Carcinoma Following an Integrative Treatment Approach Including the Intravenous α -Lipoic Acid/Low-Dose Naltrexone Protocol (2018)	Burton M. Berkson, MD, MS, PhD1,2 and Francisco Calvo Riera, MD3 (1 : Oklahoma State University, Stillwater, OK, USA; 2: The Integrative Medical Center of New Mexico, Las Cruces, NM, USA; 3 : Clinic for Autoimmune and Chronic Diseases, León, Spain)	Article de revue scientifique (Integrative Cancer Therapies)	Etats-Unis	Rapport de cas	patient de sexe masculin de 64 ans diagnostiqué avec un carcinome rénal métastatique	Oncologie intégrative	Un programme d'intégration - développé par l'un des auteurs utilisant de l'acide α -lipoïque intraveineux (IV), de la vitamine C IV, de la naltrexone à faible dose et de l'hydroxycitrate et un programme de style de vie sain - a été lancé.	stage IV renal cell carcinoma, métastases to lung, α -lipoic acid, low-dose naltrexone, metabolic control of cancer, hydroxycitrate, vitamin C, integrative medicine	(29)
Implementation of an Integrative Oncological Concept in the Daily Care of a German Certified Breast Cancer Center (2018)	Friedemann Schad a,b Anja Thronicke a Antje Merkle a,b Megan L. Steele a,c Matthias Kröz a,b,d,e Cornelia Herbstreit b Harald Matthes a,b (a : Research Institute Havelhöhe, Berlin, Germany; b: Hospital Havelhöhe, Berlin,	Article de revue scientifique (Complementary Medicine Research)	Allemagne	L'objectif de la présente étude était d'analyser comment les stratégies d'intégration étaient mises en œuvre dans les soins quotidiens des patientes atteintes d'un cancer du sein primaire. Méthodes :	patientes atteintes d'un cancer du sein primaire	Oncologie intégrative	Au cours des dernières décennies, le concept de médecine intégrative a suscité un intérêt croissant chez les patients et les professionnels. Au Gemeinschaftskrank	Breast cancer center · Health services research · Integrative oncology · Viscum album L. · Anthroposophic medicine	(30)

	Germany; c: Institute of Health and Biomedical Innovation, School of Public Health and Social Work, Queensland University of Technology, Brisbane, Australia; d: Institute for Social Medicine, Epidemiology and Health Economics, Charité - Universitätsmedizin Berlin, Berlin, Germany; e: Institute for Integrative Medicine, University of Witten/Herdecke, Witten/Herdecke, Germany)			Les données cliniques, démographiques et de suivi ainsi que les informations sur les interventions non pharmacologiques ont été analysées.			enhaus Havelhöhe (GKH), un hôpital spécialisé en médecine anthroposophique, un centre de lutte contre le cancer du sein (BCC) est certifié avec succès depuis plus de 5 ans.		
Integrated Cancer Treatment in the Course of Metastatic Pancreatic Cancer: Complete Resolution in 2 Cases (2018)	<i>Massimo Bonucci, MD1, Carlo Pastore, MD2, Vincenzo Ferrera, MD1, Carla Fiorentini, PhD3, and Alessia Fabbri, PhD3</i> (1: San Feliciano Hospital, Rome, Italy; 2 : Villa Salaria Hospital, Rome, Italy; 3 : Istituto Superiore di Sanità, Rome, Italy)	Article de revue scientifique (Integrative Cancer Therapies)	Italie	Rapport de cas	2 cas de cancer du pancréas métastatique	Oncologie intégrative	Dans les deux cas, une approche intégrée de traitement du cancer, associant chimiothérapie à des remèdes naturels, extraits et hyperthermie, a induit une rémission notable des lésions primaires et métastatiques.	pancreatic cancer, metastasis, herbal medicine, hyperthermia, integrative therapy	(33)
Treatment of pancreatic cancer with intravenous vitamin C: a case report (2018)	<i>Jeanne A. Driskoa, Oscar K. Serranoc, Lisa R. Spruced, Qi Chenb and Mark Levinee</i> USA	Article de revue scientifique	Etats-Unis	Rapport de cas	Un homme de 68 ans avec un adénocarcinome canalaire du pancréas	Oncologie intégrative	Certains patients se tournent vers les thérapies de médecine intégrative comme une alternative après un diagnostic de PDA. L'acide ascorbique pharmacologique intraveineux (PAA) est l'un de ces traitements.	integrative cancer treatment, intravenous ascorbate, intravenous ascorbic acid, intravenous vitamin C, pancreatic cancer treatment, vitamin C	(34)

Integrative cancer care in a certified Cancer Centre of a German Anthroposophic hospital (2018)	<i>Anja Thronicke, Shiao Li Oeia, Antje Merklea,b, Cornelia Herbstreitb,c, Hans-Peter Lemmensb,d, Christian Grahb,e, Matthias Kröza,f,g, Harald Matthesb,h, Friedemann Schada,b,</i>	Article de revue scientifique (Complementary Therapies in Medicine)	Allemagne	L'objectif de la présente étude était d'évaluer les concepts IO du CC GKH certifié. Méthodes : Les données cliniques, démographiques, de traitement intégratif et de suivi ont été analysées entre 2011 et 2016. De plus, les mesures de qualité des CC GKH ont été comparées à celles des CC de référence à l'échelle nationale.	Le Centre de cancérologie anthroposophique intégrative (CC) de l'hôpital Gemeinschaftskrankenhaus (GKH) de Berlin	Oncologie intégrative	Certifié CC et est audité chaque année par les autorités nationales de lutte contre le cancer depuis 2012	Certified Cancer Centre Integrative oncology Complementary therapies Anthroposophic medicine	(36)
Australian integrative oncology services: a mixed-method study exploring the views of cancer survivors (2018)	<i>Jennifer Hunter1,2* , Jane Ussher3, Chloe Parton3, Andrew Kellett3, Caroline Smith1, Geoff Delaney4,5,6 and Eleanor Oyston7,8</i> (1: NICM Health Research Institute, Western Sydney University, Campbelltown Campus, Locked Bag 1797, Penrith, NSW 2751, Australia; 2 : Menzies Centre for Health Policy, Sydney School of Public Health, Faculty of Medicine and Health, The University of Sydney, Camperdown, NSW, Australia)	Article de revue scientifique (BMC Complementary and Alternative Medicine)	Australie	Le but de cette étude était d'explorer les points de vue des survivants du cancer sur l'intégration des services de T&CM aux soins conventionnels contre le cancer. Méthode : Un plan d'étude à méthode mixte mettant l'accent sur la méthodologie qualitative a été utilisé pour mener et analyser quatre entretiens de groupe de discussion et une enquête en ligne.	Survivants du cancer et soignants d'origine arabe, vietnamienne, chinoise et anglo-européenne australienne	Oncologie intégrative	L'utilisation significative de la médecine traditionnelle et complémentaire (T&CM) par les survivants du cancer est bien documentée.	Cancer survivors, Complementary medicine, Culturally and linguistically diverse background, Health service research, Integrative medicine, Integrative oncology, Mixed method	(41)
Self-reported Improvement in Side Effects and Quality of Life With Integrative Medicine in Breast Cancer Patients (2018)	<i>Carolyn C. Hack, MD1 , Janina Hackl, MD1, Nina B. M. Hüttner, MD1, Hanna Langemann1, Judith Schwitulla, PhD1, Svenja Dietzel-Drentwett2,</i>	Article de revue scientifique (Integrative Cancer Therapies)	Allemagne	Le but de cette étude était d'évaluer systématiquement les améliorations des effets secondaires et de la qualité de vie associés à un	Femmes atteintes d'un cancer du sein.	Oncologie intégrative	Bien que la demande des patients en médecine intégrative augmente, les services de	integrative medicine, complementary and alternative medicine, breast cancer, oncology,	(43)

	<i>Peter A. Fasching, MD1, Matthias W. Beckmann, MD1, and Anna-Katharin Theuser1</i> (1 : Friedrich Alexander University of Erlangen-Nuremberg, Erlangen, Germany; 2: Hospital Bayreuth GmbH, Bayreuth, Germany)			programme de médecine intégrative en milieu hospitalier dans le cadre de soins des patients atteints d'un cancer du sein moderne. Méthodes : Dans une étude transversale.			médecine complémentaire sont encore assez hétérogènes et n'ont pas été intégrés à la routine clinique.	patient care, side effect management, quality of life	
Group Yoga Effects on Cancer Patient and Caregiver Symptom Distress: Assessment of Self-reported Symptoms at a Comprehensive Cancer Center (2018)	<i>Gabriel Lopez, MD1, Alejandro Chaoul, PhD1, Catherine Powers-James, PhD1, Carol A Eddy, MPT1, Smitha Mallaiiah, MS1, Telma I. Gomez, MS1, Janet L Williams, MPH, CCRP1, Qi Wei, MS1, Eduardo Bruera, MD1, and Lorenzo Cohen, PhD1</i> (1 : The University of Texas MD Anderson Cancer Center, Houston, TX, USA)	Article de revue scientifique (Integrative Cancer Therapies)	Etats-Unis	Exploré les effets des cours de yoga en groupe offerts dans un centre de médecine intégrative dans un centre de cancérologie complet. Les participants ont complété le système d'évaluation des symptômes d'Edmonton immédiatement avant et après le cours. Les sous-échelles ESAS analysées comprenaient la détresse globale, physique et psychologique.	Les patients et les soignants avaient accès à deux cours de yoga en groupe : un cours d'intensité plus faible (YLow) ou d'intensité plus élevée (YHigh).	Oncologie intégrative	Les approches de santé complémentaires et intégratives telles que le yoga apportent un soutien à la santé psychosociale.	complementary and integrative medicine, integrative oncology, yoga, self-reported outcomes, group program, mind and body, Edmonton Symptom Assessment System	(44)
Long-term tumor-free survival in a metastatic pancreatic carcinoma patient with FOLFIRINOX/Mitomycin, high-dose, fever inducing Viscum album extracts and subsequent R0 resection: A case report (2018)	<i>Paul Georg Werthmann, MDa,*, Pia Inter, MDd, Thilo Welsch, MDc, Anne-Kathrin Sturm, MDd, Robert Grützmann, MDe, Markus Debus, MDf, Martin-Günther Sternerg, Gunver Sophia Kienle, MDh</i>	Article de revue scientifique (Medicine)	Allemagne	Un rapport de cas	Un patient de 28 ans a présenté une jaunisse indolore et a ensuite été diagnostiqué comme un adénocarcinome pancréatique avec métastases hépatiques.	Oncologie intégrative	Le cancer métastatique du pancréas a un pronostic sombre. De nombreux patients recherchent des soins intégratifs en complément de leur traitement conventionnel contre le cancer. Les extraits de	fever, integrative medicine, mistletoe, pancreatic cancer, Viscum album	(48)

							Viscum album (VAE) - largement utilisés en complément du traitement du cancer - ont des propriétés cytotoxiques, apoptogènes et immunostimulantes. Un bénéfice de survie statistiquement significatif a été démontré pour la VAE dans le cancer du pancréas avancé.		
Complementary and Integrative Medicine Use in Individuals Seeking Conventional Medical Oncology Care in Chile: Prevalence and Patient Characteristics (2019)	<i>Gabriel Lopez, MD1; Claudio Alejandro Salas, MD2; Fernando Cadiz, MD2; Carolina Barriga, MD2; Pilar Gonzalez, MD2; Sandra Acevedo, RN2; Patricia Raimilla, RN2; Pia Pincheira, EU2; Aung Naing, MD1; and Marta Quiroga, MD2</i> (1 : The University of Texas MD Anderson Cancer Center, Houston, TX; 2 : Clinica Alemana, Santiago, Chile)	Article de revue scientifique (Journal of Global Oncology)	USA	Détermination de la prévalence de l'utilisation des CIM et l'exploration des associations entre l'utilisation des CIM et les caractéristiques des patients. Les analyses statistiques comprenaient un test t bilatéral pour les variables continues, le test exact de Fischer pour les variables catégorielles et une régression logistique pour l'association entre l'utilisation de CIM et d'autres variables.	Les patients se présentant pour des soins d'oncologie médicale ambulatoires ou hospitaliers conventionnels à la Clinica Alemana de Santiago.	Oncologie intégrative	L'utilisation de la médecine complémentaire et intégrative (CIM) pendant les soins contre le cancer a augmenté dans les milieux médicaux occidentaux. On sait peu de choses sur l'intérêt et l'utilisation des approches CIM par les patients en oncologie au Chili et en Amérique du Sud.	/	(54)
The effects of an integrated supportive care intervention on quality of life outcomes in outpatients with breast and	<i>Nadja Klafke1 Cornelia Mahler2 Cornelia von Hagens3 Lorenz Uhlmann4 Martina Bentner1 Andreas Schneeweiss5 Andreas</i>	Article de revue scientifique (cancer medicine)	Allemagne	objectif d'étudier les effets d'une intervention de soins de soutien complexe, dirigée par une infirmière, utilisant la médecine	les femmes atteintes d'un cancer du sein ou gynécologique subissant un nouveau schéma de chimiothérapie	Oncologie intégrative	/	breast cancer, chemotherapy, complementary therapies, gynecologic cancer, health	(55)

gynecologic cancer undergoing chemotherapy: Results from a randomized controlled trial (2019)	Mueller ⁶ Joachim Szecsenyi ¹ Stefanie Joos ⁷			complémentaire et intégrative (CIM) sur la qualité de vie des patients et les résultats associés rapportés par les patients. Dans cet essai prospectif, pragmatique, bicentrique et contrôlé randomisé				services research, nursing intervention, patient-reported outcomes, quality of life, self-care, supportive care	
Improving Access to Integrative Oncology Through Group Medical Visits: A Pilot Implementation Project (2019)	Ariana Thompson-Lastad, PhD, ¹ Chloe E. Atreya, MD, PhD, ^{2,3} Maria T. Chao, DrPH, MPA, ^{1,4} Christine Pollak, MBA, ³ Anand Dhruva, MD, ¹⁻³ Trilce Santana, BA, ¹ and Donald I. Abrams, MD ¹ (1 : Osher Center for Integrative Medicine, UC San Francisco, San Francisco, CA., Divisions of 2Hematology/Oncology and 4General Internal Medicine, UC San Francisco Department of Internal Medicine, San Francisco, CA. 3Helen Diller Family Comprehensive Cancer Center, UC San Francisco, San Francisco, CA.)	Article de revue scientifique (The journal of alternative and complementary medicine)	Etats-Unis	Cet article décrit la mise en œuvre d'un modèle de visite médicale de groupe (GMV) pour accroître l'accès aux soins d'oncologie intégrative (IO). Les sources de données comprenaient les évaluations des patients, l'observation des participants et de brefs entretiens avec les prestataires et les patients.	Chaque GMV de trois séances consistait en une séance didactique, suivie de visites individuelles avec l'oncologue intégrateur.	Oncologie intégrative	Un programme pilote a été créé pour évaluer la faisabilité et l'acceptabilité de la mise en œuvre des OGM dans un centre de cancérologie complet	integrative oncology, group medical visits, integrative medicine, access to care, quality improvement	(56)
Survival of patients with advanced and recurrent ovarian cancer treated using integrative medicine in Malaysia: A case series (2019)	Sharon Linus-LojikipVijaendreh SubramaniamWei-Yin LimAmar-Singh HSS (a : Clinical Research Centre (CRC), Hospital Raja Permaisuri Bainun, Ipoh, Perak, Ministry of Health, Malaysia; b : Dr Vijae Integrative Cancer Center, Mahkota Medical	Article de revue scientifique (Complementary Therapies in Clinical Practice)	Malaisie	Une série de cas : Un examen rétrospectif des dossiers médicaux des patients a été effectué dans un centre médical privé qui a fourni le protocole IM pour les patients atteints de cancers de l'ovaire avancés et récurrents.	Quarante patientes atteintes de cancers ovariens avancés	Oncologie intégrative	Cette série de cas décrit les résultats de survie des patientes ayant subi un protocole de médecine intégrative (MI) pour le cancer de l'ovaire, un protocole de traitement, qui a	Advanced and recurrent ovarian cancersComplementary and alternative medicinesHigh dose vitamin CIntegrative medicine	(57)

	Center, Melaka, Malaysia; c : Centre for Clinical Epidemiology, Institute for Clinical Research, National Institutes of Health, Ministry of Health Malaysia, Selangor, Malaysia)						intégré un ensemble soigneusement sélectionné de médecine complémentaire et alternative (CAM) dans le traitement conventionnel des cancers de l'ovaire.		
Attitudes among nurses toward the integration of complementary medicine into supportive cancer care (2017)	<i>Eran Ben-Arye, MD, Bella Shulman, RN, Yael Eilon, RN, Rachel Woitiz, RN, Victoria Cherniak, RN, Ilanit Shalom Sharabi, RN, Osnat Sher, RN, Hiba Reches, RN, Yfat Katz, RN, Michal Arad, RN, Elad Schiff, MD, Noah Samuels, MD, Ofer Caspi, MD, Shahar Lev-Ari, PhD, Moshe Frenkel, MD, Abed Agbarya, MD, and Hana Admi, RN, PhD</i>	Article de revue scientifique (ONCOLOGY NURSING FORUM)	Israel	Explorer les attitudes des infirmières traitant des patients atteints de cancer concernant l'utilisation des thérapies de médecine complémentaire et intégrative (CIM) pour réduire les symptômes et améliorer la qualité de vie. Un questionnaire de 26 items a été administré à un échantillon de commodité d'infirmières traitant des patients atteints de cancer.	12 hôpitaux et centres de soins communautaires en Israël.	Oncologie intégrative	Intérêt pour l'intégration de l'ICM et la formation aux soins de soutien contre le cancer.	supportive care; integrative medicine; complementary medicine; education	(65)
An exploration of the effects of tibetan yoga on patients' psychological well-being and experience of lymphoma: An experimental embedded mixed methods study (2018)	<i>Isabel Leal1, Joan Engebretson2, Lorenzo Cohen1, Maria Eugenia Fernandez-Esquer3, Gabriel Lopez1, Tenzin Wangyal4, and Alejandro Chaoul1</i> (1 : The University of Texas MD Anderson Cancer Center, Houston, TX, USA; 2 : University of Texas Health Science Center at Houston, TX, USA; 3 : University of Texas School	Article de revue scientifique (Journal of Mixed Methods Research)	USA	Explorer les différences d'effet thérapeutique entre le groupe de traitement et le groupe témoin à l'aide de données qualitatives, et d'expliquer les résultats équivoques entre les ensembles de données.	Patients atteints de lymphome et leur expérience du cancer	Oncologie intégrative	En tant que modèle de soins émergent combinant des thérapies conventionnelles et complémentaires, les interventions intégratives défient l'évaluation, nécessitant des approches capables de capturer des interactions	integrative medicine, cancer, Tibetan yoga, psychological quality of life, experimental embedded design	(69)

	of Public Health at Houston, TX, USA; 4 : Ligmincha Institute, Charlottesville, VA, USA)						complexes à plusieurs niveaux.		
Investigation into complementary and integrative health approaches for turkish patients with gastrointestinal cancer (2018)	<i>Seda Pehlivan</i> ¹ ; <i>Ali Su'ner</i> ² ; <i>Yasemin Yildirim</i> ³ ; <i>C, ic,ek Fadilog'lu</i> ³ (1 : Department of Nursing, Health Science Faculty, Uludag University, 16059 Bursa, Turkey; 2: Department of Medical Oncology, School of Medicine, Bas,kent University, 42080 Konya, Turkey ; 3 : Nursing of Internal Medicine, Nursing Faculty, Ege University, 35100 I' zmir, Turkey)	Article de revue scientifique	Turquie	Une étude descriptive	81 patients atteints d'un cancer gastro-intestinal fréquentant le service d'oncologie médicale d'un hôpital d'oncologie	Oncologie intégrative	Service d'oncologie hôpitaux Turquie	Gastrointestinal cancer - Complementary and integrative health approaches - Symptoms - Nurse	(71)
Impact of a complementary/integrative medicine program on the need for supportive cancer care-related medications (2017)	<i>Ilanit Shalom-Sharabi</i> ^{1,2} & <i>Noah Samuels</i> ^{1,3} & <i>Efraim Lev</i> ⁴ & <i>Ofer Lavie</i> ⁵ & <i>Lital Keinan-Boker</i> ^{6,7} & <i>Elad Schiff</i> ⁸ & <i>Eran Ben-Arye</i> ^{1,9}	Article de revue scientifique (Support Care Cancer)	Israel	Examiné l'impact de l'ICM sur le besoin de médicaments de soutien liés aux soins du cancer. L'adhésion au programme de soins intégratifs (AIC) a été définie comme la participation à ≥ 4 interventions CIM.	Les patients atteints d'un cancer du sein ou gynécologique référés et participant à une consultation de médecin intégrateur (IP) pour des problèmes gastro-intestinaux (GI) ont été désignés comme groupe de traitement; ceux qui ne sont pas présents comme témoins.	Oncologie intégrative	Malgré les preuves de plus en plus nombreuses à l'appui de l'utilisation de la médecine complémentaire / intégrative (CIM) dans le traitement des toxicités induites par la chimiothérapie, on en sait peu sur l'impact de la CIM de ces thérapies concernant l'utilisation de médicaments pour les soins de soutien contre le cancer.	Integrative medicine . Supportive care Medication use . Complementary medicine . Chemotherapy	(84)
Guidance for establishing an integrative oncology	<i>Suzanne J. Grant</i> ^{1,2} & <i>Jennifer Hunter</i> ² & <i>Alan</i>	Article de revue scientifique	Australie	Cet article vise à fournir des orientations générales	Guide pour la création d'un service	Oncologie intégrative	Il existe une inadéquation évidente entre les	Integrative oncology .	(87)

service in the australian healthcare setting—a discussion paper (2018)	<i>Bensoussan2 & Geoff P. Delaney3</i> (1 Chris O'Brien Lifehouse, Missenden Road, Camperdown, Australia 2 National Institute of Complementary Medicine, Western Sydney University, Locked Bag 1797, Penrith, NSW 2751, Australia 3 Cancer Services, South Western Sydney Local Health District, Cancer Therapy Centre, Liverpool Hospital, Locked Bag 7103, Liverpool, NSW 1871, Australia)	(Support Care Cancer)		et des stratégies pratiques pour ceux qui cherchent à développer des services d'oncologie intégrative dans les établissements de soins anticancéreux australiens.	d'oncologie intégrative dans le milieu australien des soins de santé		taux élevés d'utilisation des médicaments traditionnels et complémentaires (T&CM) signalés par les patients australiens atteints de cancer et les survivants du cancer et le faible nombre de services de cancérologie australiens intégrant la T&CM. On estime que 65% des patients cancéreux australiens utilisent au moins une forme de T&CM.	Cancer care facilities . Australian hospitals . Complementary medicine . Integrative medicine	
Integrative medicine in the oncology setting, what does the research show? (2018)	<i>Lynn Schuster, DNP, ACNP-BC</i> completed the Fellowship in Integrative Medicine at the University of Arizona with Dr. Andrew Weil.	Article de revue scientifique (The Journal for Nurse Practitioners)	Etats-Unis	Revue de littérature	Patients atteints de cancer	Oncologie intégrative	En tant qu'infirmières praticiennes (IP), il est important de se renseigner sur les risques et les avantages potentiels de ces interventions.	acupuncture, cancer, cancer prevention, complementary, complementary alternative medicine, integrative, integrative oncology, massage, meditation, supplements, yoga	(89)
Convergent priorities and tensions: A qualitative study of the integration of complementary and alternative therapies with conventional cancer treatment (2018)	<i>Jo River1 & Heather McKenzie1 & David Levy2 & Nick Pavlakis3 & Michael Back3 & Byeongsang Oh3</i> (1 M02, Sydney Nursing School, The University of Sydney, Sydney, NSW 2006, Australia ; 2 : Cancer	Article de revue scientifique (Supportive Care in Cancer)	Australie	Chercher spécifiquement à comprendre ce qui pourrait conduire ou empêcher une intégration plus poussée de la CAM avec le traitement standard dans le	vingt parties prenantes clés - patients cancéreux, infirmières cancéreuses et oncologues - qui dispensaient ou	Oncologie intégrative	Dans un hôpital public australien où des services d'acupuncture sont fournis gratuitement aux patients, parallèlement à la chimiothérapie et aux traitements de	Cancer . Supportive care . Integrative medicine . Complementary and alternative medicine	(90)

	Centre, Chris O'Brien Lifehouse, 119 Missenden Road, Camperdown, NSW, Australia; 3 : Northern Sydney Cancer Centre, Level 1c, ASB, Royal North Shore Hospital, St Leonards, NSW, Australia)			contexte du cancer. Des entretiens qualitatifs.	recevaient des soins		radiothérapie standard.		
Crossing the death threshold: Experiencing multi-disciplinary end-of-life integrative oncology training (2018)	<i>Eran Ben-Arye</i> ^{1,2} & <i>Yael Keshet</i> ³ & <i>Maria Livas</i> ^{4,5} & <i>Thomas Breitkreuz</i> ^{4,6}	Article de revue scientifique (Supportive Care in Cancer)	Israël et Allemagne	Evaluer l'impact de la formation EOL multidisciplinaire sur des groupes culturels diversifiés de professionnels de la santé formés à l'ICM (HCP) travaillant dans des milieux de soins oncologiques intégratifs en Allemagne et en Israël. L'évaluation qualitative.	L'évaluation qualitative de l'impact de la formation EOL sur les stagiaires a été évaluée 4 mois après l'intervention.	Oncologie intégrative	Dans cette étude, nous évaluons l'impact de la formation EOL multidisciplinaire sur des groupes culturels diversifiés de professionnels de la santé formés à l'ICM (HCP) travaillant dans des milieux de soins oncologiques intégratifs en Allemagne et en Israël.	Integrative oncology . Anthroposophic medicine . Psycho-oncology . Palliative care . End of life . Doctor-patient communication	(91)
Integrative medicine and the oncology patient: Options and benefits (2018)	<i>Karen Armstrong</i> ¹ & <i>Thomas Lanni Jr.</i> ² & <i>Maureen M. Anderson</i> ¹ & <i>Gail Elliott Patricolo</i> ¹ (1 Integrative Medicine, Beaumont Health, 3577 W. Thirteen Mile Road, Royal Oak, MI 48073, USA 2 Oncology, Medicine, and Imaging, Beaumont Cancer Institute, Beaumont Health, Royal Oak, MI 48073, USA)	Article de revue scientifique (Supportive Care in Cancer)	USA	Revue de littérature: comment un service de GI peut fonctionner dans un système hospitalier, en particulier en ce qui concerne les patients en oncologie, les modalités appropriées pour les patients en oncologie, comment ces modalités peuvent bénéficier à cette population de patients et le rôle de la MI dans la survie au cancer.	Patients atteints de cancer	Oncologie intégrative	Un service de GI dédié qui travaille avec des oncologues fournit un soutien et des soins à toute la personne.	Integrative medicine . Cancer . Oncology patients . Oncology massage . Acupuncture . Naturopathic oncology	(92)

Inverse relationship between reduced fatigue and severity of anemia in oncology patients treated with integrative medicine: Understanding the paradox (2018)	<i>Eran Ben-Arye</i> ¹ & <i>Ofer Dahan</i> ² & <i>Ilanit Shalom-Sharabi</i> ¹ & <i>Noah Samuels</i> ³ (1 Integrative Oncology Program, Lin and Carmel Medical Centers, Clalit Health Services, Haifa, Israel; 2 Faculty of Medicine, Tel Aviv University, Tel Aviv, Israel 3 Tal Center for Integrative Oncology, Institute of Oncology, Sheba Medical Center, Tel Hashomer, Ramat Gan, Israel)	Article de revue scientifique (Supportive Care in Cancer)	Israel	Évaluer l'impact de la médecine intégrative (MI) sur la fatigue liée au cancer chez les patientes subissant une chimiothérapie pour un cancer du sein et gynécologique (ovarien, endométrial et cervical) précoce et avancé. méthodologie pragmatique (contrôlée, non aléatoire)	258 patients éligibles rapportant une fatigue significative	Oncologie intégrative	patientes diagnostiquées avec un cancer du sein et gynécologique, qui ont signalé de graves problèmes liés à la CRF après une chimiothérapie.	Cancer-related fatigue . Integrative medicine . Complementary medicine . Relative dose intensity . Quality of life . Anemia	(95)
Establishing an integrative oncology service in the australian healthcare setting—the chris O'Brien lifehouse hospital experience (2019)	<i>Suzanne J. Grant</i> ^{1,2} & <i>Michael Marthick</i> ¹ & <i>Judith Lacey</i> ^{1,2,3} (1 Chris O'Brien Lifehouse, PO BOX M33, Camperdown, NSW2050, Australia 2 National Institute of Complementary Medicine, Western Sydney University, Locked Bag 1797, Penrith, NSW 2751, Australia 3 School of Medicine, University of Sydney, Camperdown, NSW 2050, Australia)	Article de revue scientifique (Supportive Care in Cancer)	Australie	Le but de cet article est de réfléchir à un modèle de service d'oncologie intégrative et à une approche d'intégration et de développement d'équipe et de service.	Patients atteints de cancer	Oncologie intégrative	Le Chris O'Brien Lifehouse, un centre de cancérologie complet situé à Sydney, en Australie, fournit des services d'oncologie intégrative comprenant l'acupuncture, le massage, la réflexologie, la diététique et la physiologie de l'exercice pour des patients individuels, ainsi que des programmes de groupe et un spécialiste des soins intégratifs et de soutien.	Integrative oncology . Supportive care . Complementary therapy . Holistic care . Integrative medicine	(101)
Integrative medicine therapeutic approaches to cancer care: Patient	<i>Wonsun (Sunny) Kim</i> ¹ & <i>Dara James</i> ¹ & <i>Denise M. Millstine</i> ²	Article de revue scientifique	USA	Comprendre les préférences des patients pour les thérapies intégratives et / ou les modalités	Les patients cancéreux en cours de traitement ont été	Oncologie intégrative	Les thérapies intégratives ont été couramment utilisées et longtemps	Integrative therapies . Oncology . Patient preference .	(103)

preferences from focus groups (2019)	(1 College of Nursing & Health Innovation, Arizona State University, 500 N. 3rd St., Phoenix, AZ 85004, USA 2 Women's Internal Medicine, Mayo Clinic, USA)	(Supportive Care in Cancer)		pendant les soins contre le cancer. groupes de discussion	recrutés à la Mayo Clinic en Arizona		considérées comme un ensemble précieux de ressources pour les patients atteints de cancer	Focus group . Qualitative	
Strategies of complementary and integrative therapies in cancer-related pain—attaining exhaustive cancer pain management (2019)	<i>Caroline Maindet</i> ¹ & <i>Alexis Burnod</i> ² & <i>Christian Minello</i> ³ & <i>Brigitte George</i> ⁴ & <i>Gilles Allano</i> ⁵ & <i>Antoine Lemaire</i> ⁶ (1 Pain management centre, Grenoble-Alpes University Hospital, Grenoble, France 2 Department of supportive care, Institut Curie, PSL Research University, Paris, France 3 Anaesthesia-intensive care department, Cancer Centre Georges François Leclerc, Dijon, France 4 Pain management unit, Saint-Louis Hospital, Paris, France 5 Pain management unit, Mutualist Clinic of la Porte-de-l'Orient, Lorient, France 6 Oncology and medical specialties department, Valenciennes General Hospital, Valenciennes, France)	Article de revue scientifique (Supportive Care in Cancer)	France	L'objectif de cette revue est de présenter les options pour les CIT qui pourraient être utilisées dans une prise en charge dynamique, multidisciplinaire et personnalisée, menant à une approche oncologique intégrative. Réflexion critique basée sur l'analyse de la littérature et la pratique clinique.	patients souffrant de douleurs cancéreuses	Oncologie intégrative	Les CIT peuvent être utilisés pour couvrir certaines caractéristiques spécifiques liées à la douleur.	Pain management . Personalized management . Multimorphic pain . Cancer pain . Mind-body therapy . Complementary therapies	(105)
Advancing supportive oncology care via collaboration between psycho-oncology and integrative medicine (2019)	<i>Elizabeth L. Kacel</i> ¹ & <i>Deidre B. Pereira</i> ¹ & <i>Irene M. Estores</i> ² (1 Clinical and Health Psychology, College of Public Health and Health Professions, University of Florida, Gainesville, FL, USA)	Article de revue scientifique (Supportive Care in Cancer)	USA	d'évaluer et de traiter systématiquement les facteurs de santé psychologique et comportementale affectant l'adaptation au cancer.	Un programme pilote a été lancé dans un grand centre médical universitaire	Oncologie intégrative	les programmes de médecine intégrative consacrés à la combinaison des soins occidentaux conventionnels contre le cancer avec des traitements	Psycho-oncology . Supportive oncology . Integrative medicine . Integrative therapies	(107)

	2 Integrative Medicine Program, Division of General Internal Medicine, College of Medicine, University of Florida, Gainesville, FL, USA)						complémentaires tels que le yoga, l'acupuncture, la botanique et l'homéopathie sont de plus en plus courants dans les communautés cancéreuses du monde entier.		
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Annexe 5 : Tableau des usages et définitions du concept d'oncologie intégrative

Tableau des usages et définition du concept d'oncologie intégrative		
Références	Titre de l'article	Utilisations et définitions du concept
<i>Premier recensement de donnée</i>		
(1)	Integrative oncology. Complementary therapies in cancer care. (2005)	« L'oncologie intégrative, la synthèse du traitement traditionnel du cancer et des thérapies complémentaires efficaces, étend une longue tradition de soins de soutien en oncologie. »
(2)	Integrative Oncology - Principles and Practice (2006)	« L'oncologie intégrative est « la prochaine étape dans l'évolution des soins contre le cancer [y compris] l'utilisation d'outils fondés sur des preuves [qui] ont leur origine à la fois dans la médecine conventionnelle occidentale et dans les traditions de médecine complémentaire et alternative (CAM). » « L'oncologie intégrative : une approche globale et factuelle du cancer qui s'adresse à tous les participants à tous les niveaux de leur être et de leur expérience. »
(3)	Integrative oncology—what's in a name? (2006)	« L'oncologie intégrative est le terme de plus en plus adopté pour englober la médecine complémentaire et alternative (CAM), mais intégrée au traitement conventionnel du cancer au lieu d'être considérée comme un rival ou une véritable « alternative ». »
(4)	Integrative oncology in North America (2006)	« L'oncologie intégrative combine la discipline de la science moderne avec la sagesse de la guérison traditionnelle. Il s'agit d'une spécialité évolutive fondée sur des données probantes qui utilise des thérapies complémentaires de concert avec un traitement médical pour améliorer son efficacité, améliorer le contrôle des symptômes, soulager la détresse du patient et réduire la souffrance. »
(5)	Complementary therapies and integrative oncology in lung cancer: ACCP evidence-based clinical practice guidelines. (2007)	« L'oncologie intégrative, une combinaison du meilleur des soins traditionnels contre le cancer et des thérapies complémentaires rationnelles, basées sur des données. »
(6)	Integrative oncology practice guidelines. (2007)	« L'oncologie intégrative ne concerne pas des modalités spécifiques de traitement conventionnelles ou non conventionnelles, mais une approche de traitement des patients. C'est une approche qui répond aux préoccupations des patients en utilisant une évaluation rationnelle des risques et des avantages. C'est la capacité d'intégrer le meilleur des soins complémentaires et traditionnels en utilisant une approche multidisciplinaire, combinant le meilleur des soins anticancéreux traditionnels et des thérapies complémentaires rationnelles, basées sur des données. »
(7)	Using legal and ethical principles to guide clinical decision making in complementary/integrative cancer medicine. (2008)	« Une définition de « l'oncologie intégrative » décrit le domaine émergent comme « une approche globale et factuelle des soins contre le cancer qui s'adresse à tous les participants à tous les niveaux de leur être et de leur expérience. » Cette définition adapte les notions actuelles de « médecine intégrative » - l'intégration judicieuse de la CAM et des thérapies conventionnelles dans le meilleur intérêt du patient - à l'oncologie, en mettant l'accent sur les aspects des soins aux patients, y compris l'attention au « corps, esprit, âme et esprit en soi, et au sein de la culture spécifique et du monde naturel. »
(8)	Integrative oncology: A Canadian and international perspective. (2008)	« L'oncologie intégrative utilise des techniques d'autonomisation, de responsabilité individuelle et de changement de mode de vie qui pourraient potentiellement réduire à la fois la récurrence du cancer et les secondes tumeurs primaires. L'oncologie intégrative est à la fois une science et une philosophie qui se concentre sur la complexité de la santé des patients cancéreux et propose une multitude d'approches pour accompagner les thérapies conventionnelles (de chirurgie, chimiothérapie, thérapeutique moléculaire et radiothérapie) pour faciliter la santé. »
(9)	Evidence-based clinical practice guidelines for integrative oncology: Complementary therapies and botanicals. (2009)	« L'oncologie intégrative met l'accent sur la prise de conscience et la sensibilité aux besoins mentaux, émotionnels et spirituels d'un patient, combinant le meilleur des thérapies complémentaires fondées sur des preuves et des soins traditionnels dans une approche multidisciplinaire pour évaluer et traiter la personne dans son ensemble. » « L'oncologie intégrative a été spécifiquement décrite comme une science et une philosophie qui se concentrent sur la santé complexe des personnes atteintes de cancer et proposent un éventail d'approches pour accompagner les thérapies conventionnelles de la chirurgie, de la chimiothérapie, de la thérapeutique moléculaire et de la radiothérapie pour faciliter la santé. »

(10)	The model of Western integrative medicine: The role of Chinese medicine. (2011)	« L'oncologie intégrative est une combinaison de thérapies conventionnelles et complémentaires qui se sont avérées sûres et efficaces. »
(11)	Integrative oncology for breast cancer patients: Introduction of an expert-based model. (2012)	« La médecine intégrative et l'oncologie intégrative combinent les approches conventionnelles avec d'autres approches médicales qui se sont avérées sûres et efficaces. » « L'oncologie intégrative combine les meilleures pratiques de la thérapie oncologique conventionnelle et complémentaire, les unissant en un seul concept holistique. Sachant que les deux méthodes thérapeutiques peuvent parfois interférer l'une avec l'autre, la meilleure solution est recherchée. » « La définition de la MI en général et de l'oncologie intégrative (IO) en particulier, ainsi que l'utilisation de leurs modalités de traitement, dépend du pays et / ou de la culture dans lequel elles sont pratiquées. »
(12)	Integrative oncology: Best of both worlds— theoretical, practical, and research issues. (2013)	« L'oncologie intégrative vise à combiner les meilleures pratiques de la thérapie oncologique conventionnelle et complémentaire (le « meilleur des deux mondes »). » « [...] l'oncologie intégrative, une combinaison de thérapies complémentaires conventionnelles et factuelles délivrées selon une approche globale, est de plus en plus utilisée aux États-Unis et en Europe. Une variété de différents modèles d'oncologie intégrative ont été établis dans le monde entier, y compris un modèle basé sur des experts à la Kliniken Essen-Mitte, Essen, en Allemagne et une approche centrée sur le patient et fondée sur des preuves à l'Université du Texas MD Anderson Cancer Center. » « L'oncologie intégrative est une combinaison de thérapies conventionnelles et complémentaires qui se sont avérées sûres et efficaces. Contrairement aux approches alternatives ou complémentaires, l'oncologie intégrative vise à combiner les meilleures pratiques de la thérapie oncologique conventionnelle et complémentaire (le « meilleur des deux mondes »). »
(13)	Complementary therapies and integrative medicine in lung cancer: Diagnosis and management of lung cancer. 3rd ed. American College of Chest Physicians evidence based clinical practice guidelines. (2013)	« L'oncologie intégrative fait référence à l'étude et à l'utilisation de modalités complémentaires qui ne font pas traditionnellement partie des pratiques médicales occidentales modernes, mais peuvent être utilisées en complément de la médecine traditionnelle pour contrôler les symptômes associés au cancer et au traitement du cancer. Malheureusement, le terme a été associé à « médecine alternative » pour former l'acronyme CAM (pour médecine complémentaire et alternative), brouillant ainsi les distinctions critiques entre les deux. »
(14)	Integrative oncology: An overview. (2014)	« L'oncologie intégrative, domaine spécifique au diagnostic de la médecine intégrative, aborde le contrôle des symptômes avec des thérapies non pharmacologiques. Connus communément sous le nom de « thérapies complémentaires », ces thérapies sont des compléments fondés sur des preuves aux soins traditionnels qui contrôlent efficacement les symptômes physiques et émotionnels, améliorent les symptômes physiques et émotionnels. » « La combinaison de thérapies complémentaires utiles avec les soins traditionnels contre le cancer pour réduire les symptômes et améliorer la qualité de vie constitue la pratique de l'oncologie intégrative. La plupart des centres de cancérologie disposent désormais de services ou de programmes d'oncologie intégrative pour fournir des thérapies complémentaires et conseiller les patients contre les « thérapies alternatives » potentiellement problématiques. » « L'oncologie intégrative combine des thérapies complémentaires fondées sur des données probantes avec des soins traditionnels, optimisant le bien-être physique, psychologique et spirituel, en tenant compte des valeurs et des priorités de chaque patient. »
(15)	Clinical practice guidelines on the use of integrative therapies as supportive care in patients treated for breast cancer. (2014)	« L'oncologie intégrative fait référence à l'utilisation de thérapies complémentaires et intégratives en collaboration avec des soins oncologiques conventionnels. »
(17)	National Cancer Institute's support of research to further	« Aux États-Unis, le terme « oncologie intégrative » peut être défini de manière variable, mais la plupart des définitions incluraient l'idée et la pratique d'ajouter des approches de médecine complémentaire et alternative (CAM) à la gamme

	integrative oncology practice. (2014)	d'options thérapeutiques offertes aux patients cancéreux dans le cadre de la médecine auparavant strictement conventionnelle dans un environnement médical. »
(18)	Quality-of-life outcomes in patients with gynecologic cancer referred to integrative oncology treatment during chemotherapy. (2015)	« L'oncologie intégrative incorpore des thérapies de médecine complémentaire (CM) chez les patients atteints de cancer. »
(19)	Integrative oncology in Indian subcontinent: An overview. (2015)	« L'oncologie intégrative est une combinaison d'une médecine complémentaire et alternative (CAM) avec des modalités de traitement conventionnelles du cancer pour gérer les symptômes, contrôler les effets secondaires et améliorer l'état de bien-être mental. » « L'oncologie intégrative se définit à la fois comme une science et une philosophie qui se concentre sur la complexité de la santé des patients cancéreux et propose une multitude d'approches pour accompagner les thérapies conventionnelles de chirurgie, chimiothérapie, thérapeutique moléculaire et radiothérapie pour faciliter la santé. »
(20)	A comprehensive definition for integrative oncology (2017)	« « Intégrative » représente le processus de soins qui est fourni dans les centres où les patients reçoivent des interventions complémentaires en plus de leurs traitements conventionnels contre le cancer. » « L'oncologie intégrative est un traitement du cancer centré sur le patient et fondé sur des données probantes qui utilise des pratiques de l'esprit et du corps, des produits naturels et / ou des modifications du mode de vie de différentes traditions aux côtés des traitements conventionnels du cancer. L'oncologie intégrative vise à optimiser la santé, la qualité de vie et les résultats cliniques dans tout le continuum des soins contre le cancer, et à donner aux gens les moyens de prévenir le cancer et de devenir des participants actifs avant, pendant et au-delà du traitement du cancer. » « L'oncologie intégrative est plus qu'une simple approche de la prise en charge globale du cancer ; il est au centre d'une organisation professionnelle depuis plus de 10 ans et constitue un domaine établi à part entière. » « Dans les définitions précédentes, l'oncologie intégrative était décrite comme une « approche », un « domaine », une « spécialité » ou une « discipline ». Nous pensons qu'il est trop tôt pour l'appeler une spécialité car les compétences sont actuellement en cours de développement. Sur cette base, nous avons décidé que « champ » serait le terme le plus approprié dans le contexte actuel. » « L'oncologie intégrative représente un aspect supplémentaire de l'approche interdisciplinaire globale des soins contre le cancer. De plus, il y a des oncologues qui pratiquent indépendamment l'oncologie intégrative (par exemple, l'oncologie et la médecine chinoise en Chine ou l'oncologie et la naturopathie en Allemagne) qui ne correspondaient pas bien à cette définition d'une approche interdisciplinaire. »
<i>Second recensement de donnée</i>		
(22)	Breast Cancer Integrative Oncology Care and Its Costs	« L'oncologie naturopathique en conjonction avec un traitement conventionnel est communément appelée oncologie intégrative (IO). » « Ces soins consistent en une approche axée sur la personne globale, y compris une variété de pratiques de médecine complémentaire et intégrative fondées sur des preuves qui incluent une diversité de produits naturels nutritifs et botaniques, des régimes alimentaires et d'exercices, l'acupuncture, l'hyperthermie et la médecine du corps et de l'esprit. »
(33)	Integrated Cancer Treatment in the Course of Metastatic Pancreatic Cancer: Complete Resolution in 2 Cases	« [...] le terme oncologie intégrative fait principalement référence à l'utilisation d'une combinaison de traitement conventionnel avec des méthodes de médecine complémentaire et alternative basées sur un certain niveau de médecine factuelle. Dans le traitement du cancer, cela signifie souvent ajouter aux traitements conventionnels des interventions psycho-oncologiques, des thérapies par le mouvement, des interventions artistiques ou corporelles et des remèdes naturels. L'utilisation de substances naturelles, telles que la phytothérapie ou la médecine traditionnelle chinoise, et des méthodes telles que l'acupuncture, l'hyperthermie et la réflexologie se sont avérées efficaces pour réduire les nausées, les vomissements, l'asthénie, la douleur, la neuropathie, la myélosuppression et autres. Des études scientifiques ont montré qu'une utilisation combinée de chimiothérapie

		et de certaines substances naturelles, sous forme d'extraits standardisés, peut conduire à une augmentation de l'action de la chimiothérapie. »
(36)	Integrative cancer care in a certified Cancer Centre of a German Anthroposophic hospital	« Ces dernières années, le domaine de l'oncologie intégrative (IO) a acquis un impact émergent en tant que lien entre les thérapies de médecine complémentaire conventionnelles et fondées sur des données probantes. Sur la base d'une approche consensuelle systématique nord-américaine et européenne, l'OI a récemment été définie comme un « domaine... axé sur le patient et fondé sur des données probantes des soins contre le cancer qui utilisent des pratiques de l'esprit et du corps, des produits naturels et / ou des modifications du mode de vie de différentes traditions aux côtés des traitements conventionnels du cancer. IO vise à optimiser la santé, la qualité de vie et les résultats cliniques dans tout le continuum des soins contre le cancer et à donner aux gens les moyens de prévenir le cancer et de devenir des participants actifs avant, pendant et au-delà du traitement du cancer... ». L'impact de l'IO sur la qualité de vie liée à la santé (HRQL) a déjà été reconnu dans le monde entier et mis en œuvre dans plusieurs institutions universitaires et médicales d'oncologie et des directives thérapeutiques internationales pour IO ont été définies au cours des trois dernières années. »
(41)	Australian integrative oncology services: a mixed-method study exploring the views of cancer survivors	« Le terme oncologie intégrative (OI) fait référence à la combinaison d'interventions ou de services de T&CM (Médecines Complémentaires et Traditionnelles) avec des soins conventionnels contre le cancer. Dans ce contexte, le T&CM est principalement utilisé comme adjuvant, plutôt que comme alternative au traitement standard du cancer. »
(43)	Self-reported Improvement in Side Effects and Quality of Life With Integrative Medicine in Breast Cancer Patients	« Witt et al. définissent la médecine intégrative en oncologie comme « un domaine de soins anticancéreux axé sur le patient et fondé sur des données probantes, qui utilise des pratiques de l'esprit et du corps, des traditions aux côtés des traitements conventionnels du cancer. L'oncologie intégrative vise à optimiser la santé, la qualité de vie et les résultats cliniques à travers le continuum des soins contre le cancer et à donner aux gens les moyens de prévenir le cancer et de devenir des participants actifs avant, pendant et au-delà du traitement du cancer. » La médecine intégrative « réaffirme l'importance de la relation entre le praticien et le patient, se concentre sur la personne dans son ensemble, est éclairée par des preuves et utilise toutes les approches thérapeutiques et de style de vie, les soins de santé et les disciplines appropriés pour atteindre une santé et une guérison optimales.» Il aborde « l'éventail complet des influences physiques, émotionnelles, mentales, sociales, spirituelles et environnementales qui affectent la santé d'une personne », en s'appuyant à la fois sur des approches conventionnelles et complémentaires du système médical actuel. » Il a également été signalé que la CAM peut améliorer la qualité de vie des patients. » « [...] contribuer à réduire les effets secondaires des traitements conventionnels contre le cancer et peut aider les patients à améliorer leur qualité de vie subjective. » « La coordination de la médecine intégrative avec le traitement conventionnel du cancer et la mise en œuvre de procédures standardisées garantiraient que les soins aux patients puissent être fournis selon des normes de qualité maximales, avec le plus haut niveau d'information et avec une sécurité de traitement maximale. »
(57)	Survival of patients with advanced and recurrent ovarian cancer treated using integrative medicine in Malaysia: A case series	« La médecine intégrative des cancers est une pratique sous-utilisée et c'est un domaine nouveau qui n'a pas encore été pleinement exploré. » « [...] son utilisation en conjonction avec un traitement conventionnel en tant que nouvelle perspective thérapeutique, doit recevoir l'attention voulue étant donné que de nombreuses femmes peuvent bénéficier de son utilisation. »
(87)	Guidance for establishing an integrative oncology service in the Australian healthcare setting—a discussion paper	« [...] services d'oncologie intégrative (OI) qui intègrent la médecine conventionnelle aux médecines traditionnelles et complémentaires (T&CM). » « Les patients cancéreux utilisent principalement les T&CM comme adjuvant aux soins conventionnels, plutôt que comme alternative. Les raisons d'utilisation comprennent le désir d'améliorer la survie, de gérer les effets secondaires du traitement et les symptômes du cancer, d'améliorer la qualité de vie et la santé holistique, de soutenir la santé mentale et de promouvoir un sentiment de contrôle et d'auto-efficacité. »
(103)	Integrative medicine therapeutic approaches to cancer care: patient preferences from focus groups	« Bien que le fondement des soins anticancéreux reste dans les traitements conventionnels, il existe une tendance forte et croissante vers l'intégration d'approches intégratives de sorte que des thérapies au-delà des soins conventionnels soient utilisées pour améliorer la santé et le bien-être des patients. Ce type d'approche et les pratiques d'accompagnement étaient auparavant

		considérés comme des pratiques de médecine complémentaire et alternative (CAM). » « Les thérapies intégratives utilisent une approche globale et multidimensionnelle des soins contre le cancer, traitant de multiples aspects de la santé, allant des influences physiques et psychosociales aux influences spirituelles. Les thérapies intégratives telles que l'acupuncture, les thérapies corps-esprit et les pratiques de mouvement sont utilisées avec les traitements conventionnels comme la chimiothérapie et la radiothérapie. Les thérapies intégratives ont été utilisées dans la gestion des symptômes, le soulagement du stress, l'amélioration de la qualité de vie et la réduction de la récurrence du cancer - cette relation était plus répandue au cours des dernières décennies. » « Les thérapies intégratives se concentrent principalement sur la guérison et le bien-être, plutôt que sur la gestion et la guérison des maladies ; en tant que tel, son rôle est vaste dans le soutien du parcours de soins contre le cancer. »
(107)	Advancing supportive oncology care via collaboration between psycho-oncology and integrative medicine	« Les soins intégratifs contre le cancer associent ces modalités de traitement de soutien aux interventions antinéoplasiques conventionnelles. » « [...]la Society for Integrative Oncology à but non lucratif, fondée en 2003, a récemment publié une définition de travail de l'oncologie intégrative, qui clarifie cette spécialité croissante dans les soins du cancer. »

Annexe 6 : Tableau des concepts apparentés et opposés au concept d'oncologie intégrative

Tableau des concepts apparentés et opposés au concept d'oncologie intégrative			
Références	Titre de l'article	Concepts apparentés et opposés	Définition
Premier recensement de donnée			
(1)	Integrative oncology. Complementary therapies in cancer care. (2005)	Médecine complémentaire et alternative (CAM) – Concept apparenté et opposé	« La CAM est un terme général utilisé pour décrire un large éventail de techniques disparates, largement sans rapport. L'acronyme pratique fournit en fait un mauvais service. Il relie de manière inappropriée des interventions non apparentées, y compris des "alternatives [...]" et des thérapies "complémentaires" [...]. »
		Thérapies complémentaires – Concept apparenté	Dans le domaine de l'oncologie, « les thérapies complémentaires sont utilisées comme compléments pour intégrer les soins contre le cancer. Ce sont des mesures de soutien qui contrôlent les symptômes, améliorent le bien-être et contribuent aux soins globaux aux patients. »
		Thérapies alternatives – Concept opposé	« Les thérapies alternatives sont généralement promues pour être utilisées au lieu du traitement traditionnel. Les interventions vendues comme alternatives littérales à la chimiothérapie, à la chirurgie et à la radiothérapie ont tendance à être biologiquement actives, extrêmement coûteuses et potentiellement dangereuses, surtout lorsqu'elles retardent les soins nécessaires. Cela est particulièrement problématique en oncologie, car un traitement retardé peut diminuer la possibilité de rémission ou de guérison. »
		Oncologie conventionnelle – Concept apparenté	« La chirurgie, la chimiothérapie et la radiothérapie. Même s'ils sont imparfaits, ce sont les meilleurs traitements disponibles aujourd'hui, et avec la technologie de dépistage et de détection précoce, ils sont responsables du taux de guérison supérieur à 60% pour les diagnostics de cancer au Etats-Unis. Dans les pays sous-développés comme l'Inde ou la Chine, où l'accès à ces avancées est limité, le taux global de guérison du cancer reste à environ 20%. »
(2)	Integrative Oncology - Principles and Practice (2006)	Médecine intégrative – Concept apparenté	« La médecine intégrative est un domaine en évolution, avec des définitions larges et variées. En général, la médecine intégrative est née de la prise de conscience qu'une application exclusive des outils et de la philosophie de la médecine conventionnelle et allopathique peut aboutir à une pratique non durable et restrictive. Les promoteurs de la médecine intégrative veulent répondre pleinement aux besoins en matière de soins de santé avec tous les types d'intervention fondés sur des données probantes disponibles, quels que soient l'origine ou les objectifs d'une application spécifique. Le but de la médecine intégrative est finalement d'éliminer les termes CAM et conventionnel, et d'arriver à une forme de médecine qui délivre « ce qui fait le travail ». »
		Médecine conventionnelle – Concept apparenté	« Les mots « conventionnel », « complémentaire » et « alternative » ont des significations différentes dans divers systèmes médicaux à travers le monde. Ceci est basé sur le fait que chaque culture considère son propre système traditionnel comme étant « conventionnel ». « La médecine conventionnelle [en oncologie] : Les thérapies qui font partie de la norme en biomédecine, avec une sécurité et une efficacité démontrée pour le traitement du cancer chez l'homme. Cela inclut généralement la médecine allopathique occidentale, qui est basée sur la méthode scientifique, la technologie et la formulation. »
		Médecine complémentaire – Concept apparenté	« Modalités qui apportent des compléments bénéfiques aux approches conventionnelles, mais qui ne sont pas largement utilisées ou considérées comme faisant partie des soins standard. »

		<i>Médecine alternative – Concept opposé</i>	« [...] options qui n'ont aucune base clinique et scientifique d'efficacité ou de sécurité dans le traitement du cancer chez l'homme. »
(4)	Integrative oncology in North America (2006)	<i>Médecines complémentaires et alternatives (CAM) – Concept apparenté et opposé</i>	« Le terme thérapie complémentaire (ou médecine complémentaire) est à distinguer de la médecine alternative. Ils sont historiquement regroupés sous le terme de médecine complémentaire et alternative (CAM). [...] Les thérapies alternatives ne sont pas prouvées, rarement basées sur une justification scientifique crédible et potentiellement nocives, en particulier lorsque les patients sont éloignés des thérapies efficaces éprouvées par l'attrait de fausses promesses et en mettant l'accent sur l'absence d'effet secondaires indésirables par rapports aux thérapies conventionnelles. »
(5)	Complementary therapies and integrative oncology in lung cancer: ACCP evidence-based clinical practice guidelines. (2007)	<i>Thérapies complémentaires – Concept apparenté</i>	« Les thérapies complémentaires, utilisées en complément des soins traditionnels, sont des mesures de soutien qui aident à contrôler les symptômes, à améliorer le bien-être et à contribuer aux soins globaux du patient. »
		<i>Thérapies alternatives – Concept opposé</i>	« Les thérapies alternatives, à l'inverse, sont souvent non prouvées ou réfutées, encouragées à la place du traitement traditionnel, ou sont proposées comme options thérapeutiques viables. Ceci est particulièrement problématique en oncologie, lorsque le traitement différé peut diminuer la possibilité de rémission et de guérison. »
		<i>Médecines complémentaires et alternatives (CAM) – Concept apparenté et opposé</i>	« La plupart des pratiques de médecine complémentaire et alternative (CAM) peuvent être regroupées en cinq catégories selon le National Institutes of Health (NIH) - National Center for Complementary and Alternative Medicine. Les thérapies de ces catégories sont assez mixtes ; certains sont utiles, d'autres sont faux. Il existe également un chevauchement considérable entre les catégories. Il existe également un chevauchement considérable entre les catégories. Par exemple, la médecine traditionnelle chinoise utilise des plantes biologiquement actives et l'acupuncture. [...] Certaines interventions, comme la musicothérapie, ne rentrent pas facilement dans une catégorie. »
		<i>Thérapies complémentaires VS alternatives – Concept apparenté et opposé</i>	« La différence entre les thérapies « complémentaires » et « alternatives » est importante et essentielle à reconnaître. Les thérapies « alternatives » sont généralement présentées comme des options littérales et viables à utiliser à la place des soins traditionnels. Ils ne le sont pas. Il n'y a pas « d'alternatives » viables aux soins traditionnels. Au lieu de cela, ce sont de faux produits et schémas thérapeutiques qui attirent des patients avec des allégations non fondées, souvent fantaisistes, de guérison facile. En général, ils ne sont pas prouvés ou réfutés, invasifs et biologiquement actifs. De telles "alternatives" sont fortement encouragées auprès de tous les patients présentant tous les diagnostics de cancer, et les patients atteints de cancers du poumon et d'autres cancers de mauvaises perspectives sont particulièrement vulnérables. »
(6)	Integrative oncology practice guidelines. (2007)	<i>Thérapies alternatives – Concept opposé</i>	« Les thérapies « alternatives » sont généralement promues comme des options viables à utiliser à la place des soins de proximité. Par définition, les thérapies alternatives n'ont pas été scientifiquement prouvées et ont parfois été réfutées. Ils sont parfois invasifs, biologiquement actifs et coûteux. »
		<i>Thérapies complémentaires – Concept apparenté</i>	« La médecine complémentaire, cependant, utilise des modalités de traitement non conventionnelles, dont certaines ont une efficacité connue, mais elles sont utilisées en association avec les soins traditionnels. »
(8)	Integrative oncology: A Canadian and international perspective. (2008)	<i>Médecines complémentaires et alternatives (CAM) – Concept apparenté et opposé</i>	« La médecine complémentaire et alternative (cam) est un terme générique englobant un groupe de divers systèmes, pratiques et produits médicaux et de soins de santé qui ne sont pas toujours considérés comme faisant partie de la médecine conventionnelle. » « La promotion, la maintenance, la surveillance ou la restauration de la santé est l'objectif de l'utilisation de la CAM. Selon l'Institut national du cancer des États-Unis, la CAM comprend des systèmes médicaux entiers, la médecine de

			l'esprit et du corps, les pratiques basées sur la biologie, les thérapies à base de manipulation du corps, et les thérapies énergétiques. »
		<i>Thérapies complémentaires</i> – Concept apparenté	« Une approche est dite « complémentaire » lorsqu'elle est utilisée en complément des traitements conventionnels, dans le but d'améliorer les capacités naturelles de guérison du corps. »
		<i>Thérapies alternatives</i> – Concept opposé	« Les modalités utilisées à la place des traitements conventionnels sont appelées thérapies « alternatives ». »
(9)	Evidence-based clinical practice guidelines for integrative oncology: Complementary therapies and botanicals. (2009)	<i>Médecine intégrative</i> – Concept apparenté	« Le Consortium des centres universitaires de santé pour la médecine intégrative définit ce terme comme « la pratique de la médecine qui réaffirme l'importance de la relation entre le praticien et le patient, se concentre sur la personne dans son ensemble, est éclairée par des preuves et utilise toutes les approches, professionnels de la santé et disciplines pour atteindre une santé et une guérison optimales ». »
		<i>Thérapies alternatives</i> – Concept opposé	« Les thérapies « alternatives » sont généralement promues comme un substitut aux soins traditionnels. Par définition, les thérapies alternatives n'ont pas été scientifiquement prouvées, n'ont souvent aucun fondement scientifique et ont parfois même été réfutées. »
		<i>Thérapies complémentaires</i> – Concept apparenté	« La médecine complémentaire utilise des modalités de traitement non conventionnelles et des approches non chirurgicales et non pharmaceutiques mais dont l'efficacité est connue. Lorsqu'elles sont associées aux soins traditionnels, ces modalités peuvent améliorer l'efficacité et réduire les symptômes indésirables. »
(10)	The model of Western integrative medicine: The role of Chinese medicine. (2011)	<i>Médecine intégrative</i> – Concept apparenté	« La médecine intégrative occidentale (WIM) combine des méthodes issues de l'éventail complet des approches médicales, c'est-à-dire modernes et traditionnelles, sur une base scientifique. [...] (Le terme complémentaire et la médecine intégrative) « De l'avis des auteurs, les deux termes ne sont pas interchangeables, et dans cet article, IM fera référence à la combinaison de la médecine traditionnelle (c.-à-d. conventionnelle, orthodoxe, moderne, ou biomédecine) avec la médecine complémentaire et alternative (CAM), ou CAM, dont on peut dire qu'elle inclut toute pratique de guérison d'origine principalement européenne qui ne relève pas du domaine de la médecine conventionnelle. » [...] « WIM utilise les méthodes de traitement de la médecine traditionnelle et de la CAM, ce qui diffère de la MI pratiquée en Chine, qui utilise la MTC au lieu de la CAM. Une version étendue de WIM inclut les méthodes de MBM (Figure 1). » [...] « Une caractéristique importante de WIM est l'implication active des patients dans leur propre traitement [...] ». »
		<i>Médecines complémentaires et alternatives (CAM)</i> – Concept apparenté et opposé	« La définition de CAM varie selon la culture et le pays. L'usage allemand / européen des méthodes naturopathiques classiques se compose de cinq domaines, qui sont basés sur les méthodes de Kneipp : la thérapie diététique, l'exercice, l'hydrothérapie, la phytothérapie et la soi-disant ordnungstherapie, un précurseur de MBM qui intègre les aspects spirituels et émotionnels de la patiente. »
		<i>TCM et MBM</i> – Concept apparenté	« Le terme MTC fait référence aux pratiques médicales traditionnelles originaires de Chine et comprend des traitements tels que, par exemple, la phytothérapie chinoise, l'acupuncture, la thérapie diététique et diverses méthodes de massage et d'exercice. La médecine de l'esprit / du corps (MBM) fait référence à une variété de techniques thérapeutiques impliquant, par exemple, des méthodes de relaxation, un entraînement autogène ou la méditation pour améliorer la capacité de l'esprit à affecter positivement la fonction et les symptômes corporels. »
(11)	Integrative oncology for breast cancer patients: Introduction of an	<i>Médecines complémentaires et alternatives (CAM)</i> – Concept apparenté et opposé	« L'Arbeitsgemeinschaft Gynäkologische Onkologie e.v. (AGO), qui établit des lignes directrices annuelles pour le traitement du cancer du sein en Allemagne, définit les termes « complémentaire » et « alternative » comme suit: « CAM, [...] comprend à la fois des thérapies alternatives qui sont utilisées à

	expert-based model. (2012)		la place des thérapies conventionnelles, de manière optimale scientifiquement fondées médecine et méthodes complémentaires utilisées en complément des méthodes conventionnelles à l'efficacité prouvée. » « Le projet d'Action concertée pour l'évaluation des médecines complémentaires et alternatives dans le domaine du cancer (CAM-Cancer) divise les approches CAM dans les catégories suivantes (http://www.cam-cancer.org) : (1) systèmes médicaux alternatifs (par exemple, homéopathie, médecine traditionnelle chinoise), (2) pratiques basées sur la biologie (par exemple, herbes, vitamines, nourriture), (3) médecine énergétique (par exemple, Reiki), (4) médecine corps-esprit, (par exemple, méditation, thérapie autogène, relaxation musculaire progressive) et (5) pratiques de manipulation et basées sur le corps (p. ex. massage). »
		<i>Médecine intégrative</i> – Concept apparenté	« En 2004, la première chaire allemande de médecine complémentaire et intégrative a été créée à l'Université de Duisburg-Essen (chaire du GJD). Contrairement aux États-Unis, le financement de la recherche pour la recherche CAM en Europe est très limité. De plus, la pratique clinique de la CAM en Europe est davantage basée sur la demande du patient. En attendant, un certain nombre de départements universitaires allemands se concentrent sur la recherche CAM grâce à des fonds tiers. »
(13)	Complementary therapies and integrative medicine in lung cancer: Diagnosis and management of lung cancer. 3rd ed. American College of Chest Physicians evidence based clinical practice guidelines. (2013)	<i>Médecine complémentaire</i> – Concept apparenté	« Les « thérapies complémentaires », à l'inverse, sont des techniques rationnelles et fondées sur des preuves qui atténuent les symptômes physiques et émotionnels, améliorent la qualité de vie (QOL) et peuvent améliorer l'observance des schémas thérapeutiques oncologiques. « Médecine intégrative » et « oncologie intégrative » sont désormais largement acceptées comme les termes appropriés pour décrire le rôle d'appoint joué par les thérapies complémentaires dans le cadre des soins multidisciplinaires traditionnels contre le cancer. »
		<i>Médecine alternative</i> – Concept opposé	« La « médecine alternative » fait référence à l'utilisation de méthodes non éprouvées, dont la plupart manquent de données pour étayer les avantages et la sécurité prétendus. Ces alternatives sont souvent promues pour être utilisées comme traitements du cancer viables au lieu de soins traditionnels contre le cancer, mais elles sont généralement frauduleuses; fournir des informations pseudo-scientifiques trompeuses avec un fort biais commercial; approuver les thérapies non éprouvées et potentiellement nocives; et décourager les thérapies conventionnelles telles que la chirurgie, la chimiothérapie et la radiothérapie, que l'on appelle « coupure, empoisonnement et brûlure ». De nombreux traitements anticancéreux dits « alternatifs » sont particulièrement nocifs pour les patients atteints de cancer qui reportent le traitement nécessaire et approprié et réduisent ainsi la possibilité de rémission et de guérison. »
(14)	Integrative oncology: An overview. (2014)	<i>Médecines complémentaires et alternatives (CAM)</i> – Concept apparenté et opposé	« Parce que le terme CAM confond des concepts non liés, souvent contradictoires, il est heureusement devenu obsolète et n'est plus d'usage courant. [...] Ce terme controversé devrait être changé, car les mots « complémentaire » et « alternative » ont des significations différentes et ne doivent pas être reliés par « et ». Les thérapies complémentaires sont celles qui sont utilisées pour compléter ou être utilisées parallèlement aux méthodes de thérapie conventionnelles, tandis que les méthodes alternatives se réfèrent à celles qui sont utilisées à la place des thérapies conventionnelles connues. »
(15)	Clinical practice guidelines on the use of integrative therapies as supportive care in patients treated for breast cancer. (2014)	<i>Médecines complémentaires et alternatives (CAM)</i> – Concept apparenté et opposé	« Les thérapies complémentaires et alternatives sont généralement définies comme tout système médical, pratique ou produit qui ne fait pas partie des soins médicaux conventionnels. Les exemples incluent les produits naturels (c'est-à-dire les vitamines, les minéraux, les plantes et l'huile de poisson) et les pratiques corps-esprit (c'est-à-dire le yoga, la méditation, l'acupuncture et les massages). La médecine complémentaire est l'utilisation d'une thérapie en conjonction

		<i>Médecine intégrative</i> – Concept apparenté	avec la médecine conventionnelle. La médecine alternative est l'utilisation d'une thérapie à la place de la médecine conventionnelle. La médecine intégrative est l'utilisation de pratiques complémentaires fondées sur des preuves en coordination avec des soins conventionnels fondés sur des preuves. »
(19)	Integrative oncology in Indian subcontinent: An overview. (2015)	<i>Médecine conventionnelle</i> – Concept apparenté	« La médecine conventionnelle est autrement appelée allopathie, occidentale, traditionnelle, orthodoxe, régulière et biomédicale. »
<i>Second recensement de donnée</i>			
(23)	Interest in Integrative Medicine Among Postmenopausal Hormone Receptor–Positive Breast Cancer Patients in the EvAluate-TM Study	<i>Médecine intégrative, et médecine alternative et médecine complémentaire</i> - Concepts apparentés et opposés	« [...] la « médecine intégrative » est utilisée comme un terme pour l'intégration de la médecine complémentaire dans les approches thérapeutiques conventionnelles ; le terme « CAM » n'a pas été utilisé car la médecine alternative n'a pas été prise en compte dans l'étude. » « La médecine intégrative réaffirme l'importance de la relation entre le praticien et le patient, se concentre sur la personne dans son ensemble, est éclairée par des preuves et utilise toutes les approches thérapeutiques et de style de vie, les soins de santé et les disciplines appropriés pour atteindre une santé et une guérison optimales. » « La médecine intégrative est pas la même chose que la médecine alternative, qui fait référence à une approche de la guérison qui est utilisée à la place des thérapies conventionnelles, ou la médecine complémentaire, qui fait référence aux modalités de guérison qui sont utilisées pour compléter les approches allopathiques, ou CAM, qui comprend toutes les alternatives et les alternatives méthodes de traitement, allant des thérapies controversées aux thérapies efficaces. »
(30)	Implementation of an Integrative Oncological Concept in the Daily Care of a German Certified Breast Cancer Center	<i>Médecine intégrative</i> – concept apparenté	« [...] la Médecine Intégrative « est une approche de la pratique de la médecine qui utilise les meilleures preuves disponibles, en tenant compte de la personne dans son ensemble (corps, esprit et esprit), y compris tous les aspects du mode de vie ». Les raisons de l'utilisation et de la nécessité d'options de traitement intégratif en oncologie ont été décrites précédemment et comprennent la guérison ou la prolongation de la vie, le soulagement des symptômes du cancer et de son traitement, le renforcement des fonctions immunologiques, l'amélioration du bien-être physique, émotionnel et / ou spirituel, ainsi que le maintien du contrôle du cancer et de son traitement. D'autres raisons pourraient être la perception que la MI est plus naturelle et bénéfique et ne causera aucun dommage ; insatisfaction avec le traitement conventionnel seul ; et congruence entre les valeurs philosophiques des patients et les paradigmes proposés par le traitement IM. »
		<i>Médecine anthroposophique</i> – concept apparenté	« La médecine anthroposophique en tant que système de Médecine Intégrative est basée sur les normes scientifiques et les directives de la médecine conventionnelle, mais intègre une gamme d'options de traitement comme les remèdes de naturopathie et les interventions non pharmacologiques (INP), y compris les thérapies par le mouvement axées sur la pleine conscience (par procédures corporelles, art-thérapies et interventions infirmières. L'objectif est de promouvoir les pouvoirs et les ressources salutogènes physiques et psychologiques du patient, d'améliorer la qualité de vie liée à la santé (HRQL) et de soutenir les besoins sociaux et spirituels. Un accent particulier est mis sur les stratégies d'adaptation, la prise de décision partagée et les objectifs de santé individuels des patients. »
(44)	Group Yoga Effects on Cancer Patient and Caregiver Symptom Distress:	<i>Médecine intégrative</i> – concept apparenté	« L'intérêt et l'utilisation d'approches de médecine complémentaire et intégrative augmentent dans les contextes médicaux occidentaux. Les approches corps-esprit comme le

	Assessment of Self-reported Symptoms at a Comprehensive Cancer Center		yoga s'avérant prometteuses pour soulager les symptômes causés par le cancer et son traitement. » « Pour les patients atteints de cancer, la recherche soutient les avantages du yoga pour améliorer la santé, la qualité de vie et la fonction physique et réduire la détresse, l'anxiété, la dépression, les troubles du sommeil et la fatigue. » « Créé en 1998, le programme de médecine intégrative de l'Université du Texas MD Anderson Cancer Center a pour objectif de fournir des soins fondés sur des données probantes aux personnes touchées par le cancer grâce à un engagement envers la recherche, l'éducation et les soins directs aux patients. »
(54)	Complementary and Integrative Medicine Use in Individuals Seeking Conventional Medical Oncology Care in Chile: Prevalence and Patient Characteristics	<i>Médecine complémentaire</i> - Concepts apparentés	« Selon le National Center for Complementary and Integrative Health des Etats-Unis, les thérapies complémentaires sont celles qui sont utilisées avec, plutôt qu'à la place, la médecine conventionnelle. »
(55)	The effects of an integrated supportive care intervention on quality of life outcomes in outpatients with breast and gynecologic cancer undergoing chemotherapy: Results from a randomized controlled trial	<i>Médecine complémentaire et intégrative (CIM)</i> – concept apparenté	« Les patientes signalent des niveaux élevés de besoins non satisfaits et préfèrent adopter des méthodes d'auto-prise en charge de l'éventail des médecines complémentaires et intégratives pour soulager et autogérer leurs symptômes résultant souvent de phases de traitement lourdes comme la chimiothérapie. La majorité des patients cancéreux ambulatoires, et jusqu'à 80% des survivantes du cancer du sein, complètent leur traitement conventionnel contre le cancer avec la médecine complémentaire et intégrative. » « [...] l'application de CIM fondées sur des données probantes, combinée à des conseils réguliers, offre une option sûre et bénigne, lorsqu'elle est administrée par des infirmiers en oncologie formés. Les centres oncologiques qui accordent la priorité aux soins axés sur le patient peuvent envisager d'intégrer des services de santé CIM fondés sur des données probantes et dirigés par des infirmières. »
(56)	Improving Access to Integrative Oncology Through Group Medical Visits: A Pilot Implementation Project	<i>Médecine complémentaire et intégrative (CIM)</i> – concept apparenté	« L'utilisation de la médecine complémentaire et intégrative pendant le traitement actif du cancer est courante – des recherches antérieures rapportent une prévalence pouvant atteindre 91% parmi les patients sous chimiothérapie ou radiothérapie [...] »
(57)	Survival of patients with advanced and recurrent ovarian cancer treated using integrative medicine in Malaysia: A case series	<i>Médecine intégrative</i> – concept apparenté	« [...] la CAM et le traitement conventionnel sont combinés dans la stratégie de traitement. La combinaison des deux est un concept également connu sous le nom de médecine intégrative. »
(65)	Attitudes among nurses toward the integration of complementary medicine into supportive cancer care	<i>Médecine complémentaire et intégrative (CIM)</i> – concept apparenté	Tout comme les soins palliatifs, la médecine complémentaire et intégrative adopte une approche centrée sur le patient et adaptée au patient, qui est basée sur un modèle biologique, psychologique, social, culturel et spirituel de soins holistiques, conformément aux modèles de croyance en santé des patients. La recherche a montré que la médecine complémentaire et intégrative peut réduire la fatigue liée au cancer, les nausées, l'anxiété, l'insomnie, la douleur induites par la chimiothérapie et un éventail d'autres problèmes liés à la qualité de vie. »
(69)	An exploration of the effects of Tibetan yoga on	<i>Médecine intégrative</i> – concept apparenté	« [...] la médecine intégrative qui intègre des traitements conventionnels avec des pratiques corps-esprit comme le yoga. »

	patients' psychological well-being and experience of lymphoma: An experimental embedded mixed methods study		
(71)	Investigation into complementary and integrative health approaches for Turkish patients with gastrointestinal cancer	<i>Médecine complémentaire - Concepts apparentés</i>	« Les thérapies complémentaires sont des pratiques utilisées conjointement avec la thérapie conventionnelle. »
		<i>Médecine intégrative – concept apparenté</i>	« Le but de la médecine intégrative est de rapprocher les approches conventionnelles et complémentaires de manière coordonnée. »
(84)	Impact of a complementary/integrative medicine program on the need for supportive cancer care-related medications	<i>Médecine complémentaire et intégrative (CIM) – concept apparenté</i>	« La recherche a montré qu'en plus d'améliorer le bien-être, la médecine complémentaire et intégrative peut avoir un impact sur des résultats spécifiques tels que les symptômes gastro-intestinaux, la douleur, la détresse émotionnelle et d'autres préoccupations liées à la qualité de vie. Il a été démontré que les programmes de CIM adaptés aux patients et fournis en conjonction avec les soins de soutien conventionnels pour le cancer améliorent la qualité de vie générale et atténuent les toxicités induites par la chimiothérapie telles que la diminution de l'appétit et d'autres problèmes gastro-intestinaux, la fatigue, l'insomnie et d'autres problèmes. »
(89)	Integrative Medicine in the Oncology Setting, What Does the Research Show?	<i>Médecine complémentaire et alternative (CAM) - Concepts apparentés et opposés</i>	« La plupart des patients en oncologie expérimentent des modalités de médecine alternative complémentaire (CAM). Des études montrent que jusqu'à 79% des patients atteints de cancer utilisent une certaine forme de CAM. Les patients décident d'utiliser la CAM pour diverses raisons, telles que la gestion des symptômes, l'espoir de guérir leur cancer, le maintien d'un sentiment de contrôle, l'augmentation de l'espoir, la stimulation l'immunité ou l'amélioration de leur qualité de vie. Des études ont révélé que jusqu'à 72% des patients ne discutent pas de ces interventions avec leur équipe d'oncologie. Les prestataires peuvent négliger de poser des questions sur leur utilisation de la CAM, et les patients peuvent ne pas le mentionner par peur d'être traités de manière négative. Les patients peuvent avoir l'impression que les interventions naturelles sont sans risque et n'auront pas d'impact sur leur traitement du cancer. Avec l'utilisation généralisée d'Internet, les patients sont souvent incités à acheter des suppléments ou des services qui prétendent guérir leur cancer ou améliorer leurs symptômes. Bien que certaines de ces thérapies soient sûres et puissent offrir des avantages à nos patients, d'autres peuvent être nocives. »
		<i>Médecine intégrative – concept apparenté</i>	« La médecine intégrative est un domaine émergent de la médecine qui combine des traitements conventionnels et complémentaires dont l'innocuité et l'efficacité ont été évaluées. Les interventions intégratives peuvent potentiellement améliorer la qualité de vie, réduire les coûts, améliorer les résultats et aider les patients à choisir des interventions sûres et bénéfiques avec un risque moindre de toxicités. » « [...] la médecine intégrative diffère de la médecine alternative. La médecine alternative est utilisée à la place des thérapies conventionnelles, tandis que les prestataires intégratifs recommandent que les traitements soient utilisés en conjonction avec les protocoles de traitement standard. »
(90)	Convergent priorities and tensions: a qualitative study of the integration of complementary and alternative therapies	<i>Médecine complémentaire et alternative (CAM) - Concepts apparentés et opposés</i>	« La demande de médecine complémentaire et alternative (CAM) chez les patients atteints de cancer est élevée. La recherche internationale estime qu'entre 50 et 87% des patients cancéreux utilisent les thérapies CAM en complément des traitements anticancéreux standard. La CAM couramment utilisée comprend les compléments alimentaires, les massages, l'acupuncture et les techniques de pleine conscience. De

	with conventional cancer treatment		nombreux patients atteints de cancer ont accès au CAM en dehors du milieu hospitalier ; cependant, les consommateurs ont récemment poussé les consommateurs à proposer des thérapies complémentaires dans les hôpitaux parallèlement aux soins standard contre le cancer. La recherche indique que la CAM peut aider à soulager les symptômes spécifiques du cancer et les effets secondaires du traitement, tels que la fatigue, la douleur, les nausées et les vomissements, et peut aider les patients cancéreux à se sentir autonomes et à améliorer leur bien-être pendant et après traitement du cancer. Bien que de nombreux professionnels de la santé aient résisté à l'intégration de la CAM avec les soins standard (médecine intégrative), d'autres acceptent davantage une approche intégrative, la considérant comme une « étape logique » dans la prestation de soins centrés sur la personne (PCC). »
(91)	Crossing the death threshold: experiencing multi-disciplinary end-of-life integrative oncology training	<i>Médecine complémentaire et intégrative (CIM)</i> – concept apparenté	« L'intégration de la médecine complémentaire est évidente dans de plus en plus de centres d'oncologie de premier plan qui visent à fournir aux patients des conseils éclairés sur l'efficacité et la sécurité d'un large éventail de thérapies à base de plantes, nutritionnelles, psycho-corporelles et manuelles. Cette large gamme de médecine complémentaire et intégrative (CIM) comprend la médecine anthroposophique (AM), l'un des premiers systèmes multimodaux CIM intégrés dans les hôpitaux conventionnels et les soins primaires en Europe, notamment dans les soins en oncologie. La recherche clinique sur l'efficacité de la CIM est principalement axée sur l'amélioration de la qualité de vie des patients pendant la chimiothérapie, tout au long de la survie et dans un cadre de soins palliatifs. Reconnaisant les résultats bénéfiques de la recherche de l'ICM et étant à l'écoute de l'intérêt des patients pour cette approche, de plus en plus de praticiens de la santé (HCP) expriment leur intérêt pour la formation en CIM dans le cadre de leur formation aux soins de soutien et palliatifs. »
(92)	Integrative medicine and the oncology patient: options and benefits	<i>Médecine intégrative</i> – concept apparenté	« Des approches de santé complémentaires sont fréquemment utilisées pour compléter la médecine traditionnelle ; lorsqu'elles sont associées à des soins médicaux allopathiques, ces pratiques sont appelées médecine intégrative (MI). »
(95)	Inverse relationship between reduced fatigue and severity of anemia in oncology patients treated with integrative medicine: understanding the paradox	<i>Médecine complémentaire et intégrative (CIM)</i> – concept apparenté	« La médecine complémentaire et intégrative (CIM) est de plus en plus répandue chez les patients en oncologie, et de plus en plus de centres d'oncologie proposent des CIM dans le cadre de leur service palliatif. »
(105)	Strategies of complementary and integrative therapies in cancer-related pain—attaining exhaustive cancer pain management	<i>Médecine complémentaire et intégrative (CIM)</i> – concept apparenté	« La douleur cancéreuse nécessite une prise en charge multimodale, ciblée, dynamique et personnalisée incluant, en plus des stratégies pharmaceutiques et/ou des thérapies interventionnelles, l'utilisation d'approches non pharmacologiques, non invasives, appelées thérapies intégratives et complémentaires, en particulier lorsque la douleur devient dangereuse. »
(107)	Advancing supportive oncology care via collaboration between psycho-oncology and integrative medicine	<i>Médecine intégrative</i> – concept apparenté	« Les survivants du cancer se tournent de plus en plus vers la médecine intégrative pour répondre aux besoins de soins de soutien non satisfaits. » « La médecine intégrative combine la médecine conventionnelle occidentale avec des thérapies complémentaires telles que le yoga, la méditation, l'acupuncture, la botanique et l'homéopathie. Le domaine de la médecine intégrative met l'accent sur la relation prestataire-patient et sur la capacité naturelle de guérison du corps. Les soins intégratifs contre le cancer associent ces modalités de traitement de soutien aux interventions antinéoplasiques conventionnelles. »

