

Review Article

Review of Integrative Oncology Trends and Barriers

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Abstract

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Integrative Oncology (IO) is a patient-centered, evidence-based approach that combines conventional cancer treatments with complementary therapies, including mindfulness meditation, acupuncture, yoga, nutrition and exercise. These interventions are not intended to replace standard modalities like chemotherapy or radiation, but to support holistic well-being, physically, emotionally and spiritually across the cancer continuum. Mindfulness-Based Stress Reduction (MBSR) has emerged as an effective adjunct for mitigating psychological distress and enhancing quality of life. Increasing evidence demonstrates that emotional support improves adherence, immune function and overall patient engagement. Organizations such as the Society for Integrative Oncology (SIO) and the American Society of Clinical Oncology (ASCO) have issued guidelines endorsing these therapies for symptoms including pain, anxiety and fatigue.

Keywords: Integrative Oncology (IO); Society for Integrative Oncology (SIO); American Society of Clinical Oncology (ASCO)

Introduction

Over the past two decades, integrative oncology has gained significant traction, driven by rising patient interest and a growing body of empirical support. National bodies, including the National Comprehensive Cancer Network (NCCN), the American Society of Clinical Oncology (ASCO) and the Society of Integrative Oncology (SIO), have incorporated Integrative Oncology (IO) into clinical guidelines, reflecting mainstream validation [1]. Cancer remains a global burden, with over 19 million diagnoses and 10 million deaths in 2020 alone, a number projected to increase dramatically by 2040 [1]. With annual global cancer care costs exceeding \$1.2 trillion, IO offers a humane and potentially cost-effective supplement to traditional care pathways [1]. Pain, anxiety and depression are persistent and debilitating symptoms in oncology. IO strategies, particularly those addressing the mind-body connection, are increasingly recognized for their role in alleviating this multifaceted suffering [1].

Methodology

This review synthesizes findings from peer-reviewed articles and guideline documents on mindfulness-based interventions and integrative oncology. Key sources include:

- Innovating Mindfulness-Based Stress Reduction (MBSR) Delivery in Cancer Care
- Mindfulness and Buddhist Principles in Oncology
- Mindfulness-Based Interventions for Young People with Cancer: An Integrative Literature Review
- ASCO-SIO Guidelines Synthesis
- MASCC/SIO Global Survey on IO Modalities
- Society for Integrative Oncology-ASCO Guideline on Anxiety and Depression
- Review of Psychological Interventions in Oncology
- A thematic approach was employed to structure this narrative review across four major domains: symptom management, psychological support, clinical guideline implementation and future directions

Evidence-Based Integrative Approaches to Symptom Management

Pain Management

Carlson, et al., have outlined specific integrative therapies aligned with the type and source of cancer-related pain:

- Aromatase Inhibitor-Induced Joint Pain: Strong evidence supports acupuncture, with yoga as a complementary option
- General/Musculoskeletal Pain: Acupressure, massage, hatha yoga and reflexology are recommended
- Chemotherapy-Induced Peripheral Neuropathy (CIPN): Emerging evidence favors acupuncture and reflexology
- Procedural Pain: Hypnosis is recognized for efficacy during diagnostic and treatment interventions
- Palliative Care Pain: Massage therapy is widely endorsed for both physical and emotional relief

Psychosocial Distress

Anxiety and depression affect nearly 25% of adults with cancer [2]. These emotional burdens can compromise treatment outcomes, making psychosocial care essential. MBSR and Mindfulness-Based Cognitive Therapy (MBCT) are now recommended by SIO and ASCO as standard supportive therapies.

The Role of Mindfulness in Oncology

Mechanisms and Benefits

MBSR uses techniques such as body scans, mindful movement and focused breathing to foster present-moment awareness. This facilitates emotional regulation, reduces rumination and builds resilience [3]. Physiologically, mindfulness practices may also improve sleep quality, reduce inflammation and bolster immune function [4].

Delivery Considerations

Implementing MBSR requires addressing cultural relevance, accessibility and staff training. While generally safe, these interventions may not suit patients with severe psychiatric disorders. Thus, proper screening and delivery by trained personnel are essential.

Psychological Interventions Beyond MBSR

According to Anghel, et al., various psychotherapies offer meaningful emotional and existential support [5]:

- Cognitive Behavioral Therapy (CBT): A first-line therapy for mood disorders in oncology
- Mindfulness-Based Cognitive Therapy (MBCT): Combines mindfulness with CBT strategies to manage distress and fatigue.
- Supportive-Expressive Group Therapy (SEGТ) and Meaning-Centered Psychotherapy (MCGP, IMCP): Target existential anxiety, fostering purpose and spiritual well-being
- Managing Cancer and Living Meaningfully (CALM): Effective for attachment anxiety and fear of recurrence
- Relaxation Techniques: PMR and Guided Imagery provide somatic coping tools, although they may be less effective for deeper psychological distress

Clinical Guidelines and Implementation Barriers

ASCO-SIO Guidelines

ASCO and SIO have co-developed integrative therapy guidelines for symptom management. These recommendations are backed by robust evidence, particularly for acupuncture, hypnosis and massage therapy [6].

Implementation Challenges

- Despite the guidelines, widespread integration is limited by:
- Awareness Gaps among providers and patients
- Access Disparities, especially in community and rural settings
- Safety Concerns in medically complex cases
- Financial Barriers, as most integrative therapies, lack insurance coverage [6]

Discussion

IO reflects a paradigm shift from disease-focused care to whole-person care. It addresses the unmet emotional, spiritual and psychosocial needs that conventional oncology often overlooks. Importantly, evidence-based integrative therapies enhance, not

replace, standard treatments. MBSR and other psychotherapeutic interventions hold promises for improving mental health outcomes, reducing symptom burden and enhancing quality of life. However, scalable and culturally adaptable models are needed to ensure equitable access [7].

Conclusion

Integrative oncology represents a comprehensive framework for cancer care, one that values the interconnectedness of mind, body and spirit. Through the strategic application of MBSR, acupuncture, psychotherapy and other evidence-supported modalities, care teams can help patients live better throughout and beyond cancer treatment. Recognizing emotional well-being as integral to healing fosters dignity, empowerment and resilience.

Recommendations for Future Practice and Research

The framework of IO positions the patient as an active participant, both before, during and after treatment. It encourages an expanded view of cancer care, not only treating the disease but also supporting health, resilience, quality of life and long-term well-being. By making non-pharmacological, evidence-based supportive options available, IO seeks to fill gaps that are not always addressed by conventional care alone. Psychotherapy provides tools to alleviate suffering, foster meaning and enhance both mental and physical well-being. Future research should focus on cost-effective, scalable and culturally appropriate models; digital health solutions, such as teletherapy and mindfulness apps; larger, methodologically rigorous trials targeting advanced and terminal-stage populations; and Gender- and age-specific interventions tailored to unique psychosocial needs. By integrating psychotherapeutic care into the cancer journey, we can offer patients not just longer lives, but lives lived with greater dignity, connection and emotional strength.

Conflict of Interest

Author declares no conflict of interest related to this paper.

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