



WHITE PAPER

Integrative Oncology and Wellness Centres in Cancer Care



November 2022





We acknowledge the Traditional Owners of the countries throughout Australia and pay our respects to Elders - past, present and emerging. As we share our knowledge, teaching, learning and practices, may we also pay respect to the knowledge embedded forever within the Aboriginal Custodianship of Country.

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Executive Summary

Cancer care is changing at a fundamental level.

Integrative Oncology and Wellness Centres have developed in response to two shifting realities in cancer care.

Cancer is no longer primarily an acute illness; it is a chronic disease that demands person-centred care and long-term management. People living with cancer and their families are not only looking for ways to live longer, but to live better with cancer.

People with cancer may cope with invasive treatments, side-effects of treatment, fatigue, personal and financial impacts. More than 50% of Australians with cancer will use complementary therapies to take control of their own healing, to cope with side effects, improve their long-term outcomes, and because they align with their culture and their values. This use is ad-hoc and the clinical integration of complementary therapies with their usual cancer care has little or no expert support or guidance, and with risks of safety, financial toxicity.

The questions for us as cancer care professionals and policy decision-makers are: how should we adapt? And how can we support people with cancer and their families live their best possible lives?

Integrative Oncology and Wellness Centres complement and strengthen traditional cancer care to improve the experiences, outcomes and lives of people with cancer. They offer a mechanism that supports person-centred cancer care enabling people to be active participants in choosing integrative oncology and wellbeing services that may improve their quality of life.

Integrative Oncology and Wellness Centres have evolved organically in Australia as a direct response to the needs of people living with cancer.

But their potential is yet to be realised.

The field lacks oversight and governance. Services remain out of reach for many Australians affected by cancer.

To safely and successfully deliver Integrative Oncology within Wellness Centres, Comprehensive Cancer Centres and within the community, we recommend that there is a consultation process to consider the following priorities for action:

1. National Strategy which will develop processes for the development of clear clinical governance guidance for Integrative Oncology within our national healthcare system
2. Accredited and standardised training and education programs.
3. Development of an equitable sustainable care model underpinned by health economics and requisite policy changes to ensure the cost-effective delivery of evidence based complementary therapies within a cancer wellbeing supportive care package.
4. Dedicated investment in research to address evidence gaps, understand health economic benefits and implementation strategies for evidence-based therapies and models of care.
5. Reducing health disparities and closing the gap through Integrative Oncology and traditional medicine.

“Treating a patient who is empowered and feels in control of their situation - whether they’re cured or not - is a totally different experience from treating someone who is scared and unable to cope.”- Dr David Joske

Table of Contents

Executive Summary	2
About this White Paper.....	4
a. Purpose	4
b. Methodology.....	4
1. Introduction	5
2. What is Integrative Oncology?.....	7
a. Definitions	7
b. Wellness Centres.....	8
c. Services.....	8
3. The need	10
a. Burden of cancer	10
b. Rising morbidity	10
c. Unmet needs	11
d. Macro trends.....	12
4. Evidence	13
a. Evidence supporting modalities	13
b. Experiences of engaging with Wellness Centres	14
5. Strategic Alignment.....	16
6. Current situation in Australia.....	20
7. Recommendations	23
8. Conclusions	25
References	68

About this White Paper

How do we realise the potential of Integrative Oncology in cancer care?

a. Purpose

The purpose of this white paper is to define Integrative Oncology and Wellness Centres, to ignite consultation on issues of equity, cultural responsiveness, accessibility, safety and effectiveness.

Integrative Oncology and Wellness Centres have emerged in response to consumers. Integration has been guided by a growing evidence-base about safety and effectiveness, and respect for personal preferences, values, and culture of people with cancer. For many cancer survivors in Australia, complementary therapy use is ad-hoc and they are often left to self-manage the clinical integration of complementary therapies with their usual cancer care with little or no expert support or guidance.^{1,2} Differences and variations of provision and access to Integrative Oncology services across Australia have significant impact.

This paper proposes we start a national conversation on how these services fit with traditional cancer care. We need to ensure that evidenced based integrative oncology services are accessible to all Australians, not only those that can afford or have the capacity to ensure they are accessing safe care.

First, the paper presents an overview of Integrative Oncology nationally and internationally.

The paper explores support and evidence for Integrative Oncology, reviews relevant policies and describes the current landscape of Integrative Oncology in Australia.

Finally, it presents recommendations and

areas for action to deliver safe, sustainable, efficient and coordinated Integrative Oncology care to Australians.

b. Methodology

This paper presents a selection of relevant literature and policy documents including academic papers (systematic and non-systematic reviews, qualitative and quantitative studies), policy documents, key resources and information from established centres. These are presented in **Appendix 1**. This paper is not a systemic review but a snapshot of the current environment.

Qualitative and quantitative studies, policy documents, systematic reviews and websites from key services were all considered relevant and included. An overview of included papers is presented in **Appendix 2**.

While research on complementary medicines has been reviewed and cited where appropriate, the focus is on literature that addresses Integrative Oncology and Wellness Centres. Alternative therapies are not part of Integrative Oncology or Wellness Centres and as such not included in this paper.³

“Integrative Oncology has grown out of the fact that we now have an ability to keep people living longer with cancer, so it’s important to keep them living well.”

- A/Prof Judith Lacey

1. Introduction

People living with cancer are faced with uncertainty. They are searching for answers.

Each year 150,000 people in Australia diagnosed with cancer.⁴

For many people with cancer – especially those diagnosed with advanced disease – the diagnosis itself may raise feelings of uncertainty and fear for their future. Many will feel emotionally and mentally vulnerable.

The challenge of a new diagnosis may be compounded by the need to take urgent action, that may include invasive treatments such as surgery, chemotherapy and or radiotherapy all of which require intensive monitoring and oversight from the treating team.

‘Scanxiety’ is real. For some, they experience ‘dread’ and fear weeks before a scan.^{5, 6}

Treatment planning may involve speaking to specialists in a language with which you are unfamiliar, to discuss treatment that may result in you feeling daunted and overwhelmed. Some people report feeling a range of experiences that change over time as you progress through your cancer experience.

Treatment can be difficult and frightening complicated by rigid treatment schedules and uncomfortable side-effects.

All of this may add to feelings of disempowerment, as you comprehend the

enormity of cancer and the minutiae of fitting daily life around it all.

By this point, some people with cancer are looking for comfort, distractions and ways to cope. These may be found in comforting rituals that do not necessarily support conventional evidence-based cancer treatment.

“That village that we talk about that we need to raise a child is very much the village that I need in order to get through this successfully.”

- Julianne Furlong, person living with cervical cancer (ABC Catalyst, 20 July 2021)

All of these issues are multiplied for those who are Indigenous Australians or from ethnic minorities, unemployed or those experiencing financial hardship, living with disabilities, socially isolated and or lacking support.⁷⁻¹¹

Integrative Oncology and Wellness Centres represent a philosophy of person-centered care that provides a supportive environment outside of a busy treatment schedule.

This provides people with cancer an opportunity to have some of these issues addressed through the provision of navigation, peer support and integrative oncology services. These services provide an opportunity to address cancer related symptom burden, develop self-management strategies and focus on tertiary prevention.

Critically, by focusing on wellness and quality of life, **Integrative Oncology plays an important part in the durability of treatment and care.** In 2021 the Federal government announced an intention to develop a Wellbeing budget. The international experience of Wellbeing budgets “tells a strong story of how a focus on wellbeing can reorientate government by creating a shared language for public services and a sense of unity of purpose”.¹² It will be Australia’s first attempt at including outcome measures and cost benefit analysis of interventions in a budget framework. The wellbeing budget will provide a scorecard that will address the things that matter.¹²

Cancer is no longer primarily an acute illness; it is often a chronic disease that requires long-term management.

As cancer care and treatment stretch across longer continuums, people living with cancer need more support to sustain their treatment and keep living well.

People with cancer are asking us to integrate these therapies.^{2, 10} Information sources for complementary medicine are from friends and family, followed by complementary therapists, the internet, GPs, and specialists.¹³

The questions is whose responsibility is it to make sure all people with cancer are able to access evidenced base safe interventions, how is this achieved and what are our responsibilities to make sure it’s done safely and effectively?

“I have been in active treatment for four-and-a-half years. Integrative Oncology has sustained that. I wouldn’t be able to stay on treatment if I didn’t have it.”

- Caitlin Delaney, person living with ovarian cancer

2. What is Integrative Oncology?

A person-centred evidence-informed model of care.

a. Definitions

In Australia, Integrative Oncology models of care have developed considerably in the last decade.¹⁴ In particular, Integrative Oncology as part of supportive cancer care has developed in Australia adapting models from other services around the world to guide implementation strategies.

Integrative Oncology – often referred to as complementary therapies – and related fields have had varying definitions, which has caused confusion, inaccurate reporting, poor interpretation of models and services, and ultimately hindered progress in the field.¹⁵

This prompted Witt and colleagues (2017) to develop a robust definition informed by a literature analysis of 20 key papers and a consensus procedure via a Delphi with 28 experts.

Their definition of Integrative Oncology is: “a patient-centred, evidence-informed field of cancer care that utilises mind and body practices, natural products and/or lifestyle modifications from different traditions alongside conventional cancer treatments. Integrative Oncology aims to optimise health, quality of life, and clinical outcomes across the cancer care continuum and to empower people to prevent cancer and become active participants before, during and beyond cancer treatment.”¹⁶

Integrative Oncology has two crucial distinguishing characteristics:

- It is evidence-based

- Safety and best available evidence are priorities in Integrative Oncology.^{16, 17}

- It is accessed in collaboration with traditional clinical cancer care services.¹⁸

Integrative Oncology provides a **framework for the safe integration of new discoveries and complementary therapies alongside core modalities of treatment** (including among others surgery, chemotherapy and radiation) to:

- optimise outcomes
- enhance the experience of people with cancer and their families
- support treatment goals and adherence
- manage side-effects
- provide emotional support.

These factors show an important distinction with alternative medicines.¹⁷

Alternative and unproven medicines represent a therapy delivered in place of conventional medicine, often without scientific foundation.^{18, 19} In contrast, central to Integrative Oncology are safety and the use of best available evidence used alongside conventional care.

The definition from Witt and colleagues (2017) also recognises that Integrative Oncology is relevant to people at all stages of cancer, from diagnosis to end-of-life.²⁰ This term has gained in acceptance, and is now commonly adopted.²¹⁻²⁴ This definition has been adopted by the Society for Integrative Oncology (SIO) and most

leading Integrative Oncology services worldwide.

Integrative Oncology expands the options for supportive care for people with cancer. (**Figure 1**).

Delivery of Integrative Oncology in Australia occurs within specialised centres on-site and within a hospital, at a location off-site but connected to a hospital, or in the community.

b. Wellness Centres

Wellness or Wellbeing Centres are an established model to facilitate the access of Integrative Oncology services for people affected by cancer. These centres are typically located within hospitals delivering cancer care and provide a range of services for people affected by cancer.²⁵

The history of Wellness Centres in oncology settings can be traced to the development of Maggie's Centres. Maggie's Centres are community based, architecturally designed buildings that are staffed by professionals, with a focus on addressing the social determinants of health in a supportive environment for people affected by cancer.^{26, 27} Maggie's Centres are predominantly in the UK & Europe but are expanding in the Asian Pacific. Consistent with the Maggie's Centres model, Wellness Centres in Australia offer people with cancer and their families' information, support and education, often in a non-clinical environment.^{25, 28-30} Wellness Centres are closely linked to Integrative Oncology as they provide a means to deliver Integrative Oncology programs.

However, community centres that partner with clinical services to deliver Integrative Oncology are also relevant.³¹

c. Services

Integrative Oncology services have been broadly divided into three therapeutic categories:¹⁷

- lifestyle modifications (e.g. diet, exercise, sleep, stress management),
- mind-body practices (acupuncture, massage, mindfulness, yoga, tai chi)
- Selected use of evidence informed herbs, supplements and dietary changes (loosely referred to often as "natural products") vitamins and minerals.

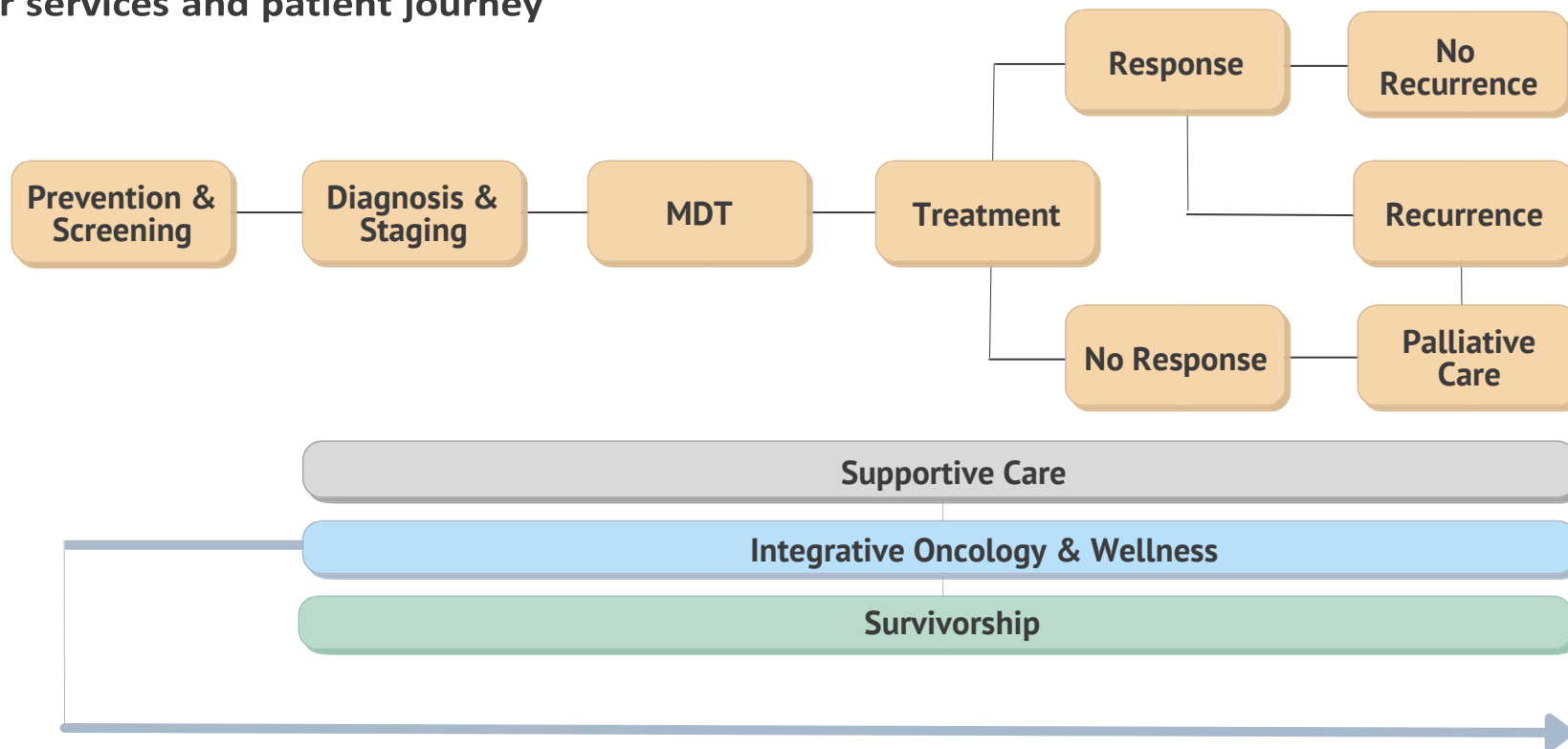
A national survey across 275 Australian healthcare organisations conducted in 2016 (93% response rate) reported that Integrative Oncology services were offered at approximately one quarter of organisations.²¹

Common services included massage, psychological wellbeing services and movement modalities such as yoga. Biological based complementary medicine therapies were rarely offered in these Australian centres.²¹

Integrative Oncology services offered vary significantly across health services and regions in Australia.¹⁴ These differ again from international settings where, for example, advice on herbs and dietary supplements may be part of Integrative Oncology services.³²

Integrative Oncology services are growing nationally¹ and internationally.³² Similar to the growth in services, the literature on the conduct of, and evidence for, Integrative Oncology is increasing.³³ There is opportunity for a focused and cohesive approach to furthering Integrative Oncology.¹⁶ There have been several groups and societies established, both in Australia and internationally, to foster Integrative Oncology. These are presented in **Appendix 3**.

Figure 1: How Integrative Oncology fits into the integral components of cancer services and patient journey



Integrative Oncology & Wellness services are needed throughout the cancer care plan.

3. The need

There is a huge unmet need for better supportive care.

a. Burden of cancer

The number of people diagnosed with cancer and costs of their treatment are staggering.

- In 2021, cancer resulted in more than 50,000 deaths in Australia, accounting for three in every 10 deaths overall.³⁴ While each of these deaths is a tragedy, cancer morbidity is an even greater burden than mortality.
- More than 150,000 new cancer cases were diagnosed in 2021 – roughly 400 every day.⁴
- There are at least 1.1 million people in Australia who are living with or have lived with cancer. By 2040, there will be 1.9 million.³⁵ This has major implications for the health system and economy.
- A large proportion (40%) of those cases are in people of working age (25-64 years old).³⁶
- This leads to an annual GDP loss of about \$2 billion, as people with cancer leave the workforce.³⁷
- Cancer already absorbs 9% of total disease expenditure in Australia³⁸ (\$10.1 billion in 2015-16).³⁹
- It accounts for 18% of all chronic disease burden and one in nine hospitalisations.³⁴ The number of people diagnosed with cancer in Australia is growing due to an ageing and increasing population, and because of lifestyle and environmental factors.

b. Rising morbidity

Cancer survival has improved dramatically in the last 30 years.

In the period 2012–2016, 5-year survival for all cancers combined was 69%, compared to 51% for the 1987–1991 period. There were especially large increases for prostate cancer, non-Hodgkin lymphoma, colorectal cancer and breast cancer, where 5-year survival jumped by more than 16 percentage points.⁴⁰ Even those with incurable disease are living longer.

For example, while long-term survival of metastatic non-small cell lung cancer remains devastatingly poor with less than 4% five years there has been a five-fold increase in the two-year survival rate since 1973.⁴¹

Longer duration of survival has implications for cancer management as the burden shifts from mortality to morbidity.

Changing clinical environments such as new targeted treatments and immunotherapies, radiation oncology treatments for palliation, chemotherapy drugs and delivery routes, have created new challenges in wellness and side-effects. Proactive management is needed throughout the cancer care plan from diagnosis and throughout survivorship. Advanced interventions and aggressive treatment have led to more complex care needs in a growing cohort of people with cancer.

“Integrative Oncology is not a ‘nice to have’. We need it. Integrative Oncology will get a patient through to the other side.” - Julieanne Furlong

c. Unmet needs

There are recognised unmet needs for supportive care among people with cancer and their caregivers.⁴² Integrative Oncology & Wellness Centres plays a significant role in addressing these unmet needs.

These needs arise before, during and after cancer treatment, and relate to daily living, psychological support, information, psychosocial support, physical or spiritual healing, communication, and sexuality.

Anxiety and depression are common among cancer survivors. People with cancer live with physical symptoms and side-effects for years. Informal caregivers, who are typically family and friends, are impacted by the diagnosis and also have high unmet needs.⁴³⁻⁴⁵

For both cancer survivors and their caregivers or partners, the negative impacts of a diagnosis can continue long after treatment has finished.^{46, 47} Additionally, inequities mean some population groups have higher unmet needs and poorer access to services.^{46, 48} **People with cancer and their families are filling the gap themselves.**

People from culturally and linguistically diverse (CALD) backgrounds express substantial unmet supportive care needs, reflecting a marked lack of attention to the inclusion of minorities in current cancer survivorship initiatives⁴⁹⁻⁵¹. Women from CALD backgrounds reported inadequate provision of information on how to stay well during and after breast cancer treatment and how to access supportive care services.⁵² Another focus group study we conducted in CALD populations identified unmet needs and barriers such as difficulty in finding information about what else they could do to manage ongoing symptom burden from cancer treatment and reduce risk of recurrence^{1, 53}.

Financial toxicity is a very real issue ensuring people with cancer have access to affordable evidence informed therapies is vital.

Cancer survivors and caregivers are actively seeking new ways to manage the effects of their disease and treatment.

“About 70 per cent of cancer patients are already doing these things to simply get through their treatment — massage, acupuncture, whatever gives them some comfort. They’re usually not telling their doctors about it because they expect a certain reaction.”

- Dr David Joske (The West Australian, 22 June 2018)

People with cancer use complementary therapies to help cope with the side effects of conventional cancer treatments, improve survival and long-term outcomes, and to support their mental health, wellbeing, self-efficacy, and quality of life throughout the cancer continuum.^{10, 13, 54-57} Complementary medicines is also used because it aligns with a person's values and cultural identity.^{2, 10}

Estimates vary from study to study, but a systematic review of usage by Australians with cancer, is 56%.⁵⁸ This includes the use of traditional indigenous and complementary medicines alongside conventional medical treatments by indigenous Australians.^{9, 10, 58, 59}

People with cancer want to be informed by their cancer care team about complementary medicines, and addressing these needs increases satisfaction, confidence and trust in treatment and engagement in their cancer treatment⁶⁰⁻⁶⁴. When compared with the general population, cancer survivors used complementary medicines more often for general disease prevention or ‘wellness’, immune enhancement and for pain (**Figure 2**).

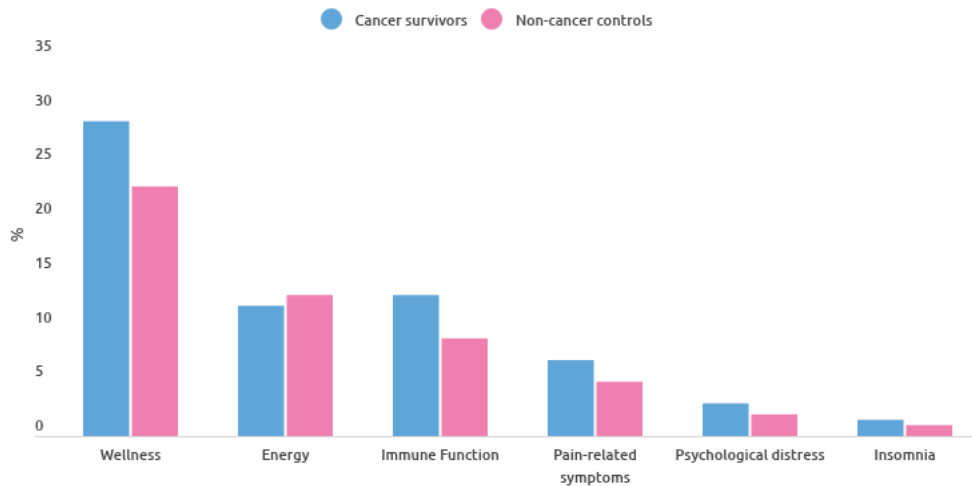


Figure 2: Why do cancer survivors use complementary medicine?²⁸

* Significant p-values (0.05) by chi-2 test

Studies also show:⁶⁵

- 77% of people with cancer who incorporate complementary approaches believe it improves their quality of life
- 73% state it makes them feel hopeful
- 71% of people with cancer surveyed felt complementary therapies were beneficial to boost their immune system

When it comes to oncology, complementary medicines offered within cancer treatment centres are varied and fragmented. Various models and services are delivered to different populations. Questions of reach, access, equity and evidence for the multitude of therapies available are yet to be addressed.⁶⁶ There is inconsistency between policy drivers and investment. The need to not only treat the disease but offer holistic care for cancer survivorship is well recognised.⁶⁷ Unmet needs and motivations are driving demand for informed conversations, evidence-based advice and appropriate access to complementary medicines.

Two thirds of Australians use complementary medicines each year, in a fast-growing industry valued at \$1.5 to \$2.5 billion annually.⁶⁸

Despite the large numbers of people using complementary medicine and growing evidence to support benefits, vulnerable population such as people affected by cancer remain at risk of being

exposed to quackery and potentially unregulated treatments.

d. Macro trends

Six social, political and economic trends are transforming how consumers engage with health services:

1. An ageing population and high cancer burden;
2. The baby boom generation driving choices as consumers of health care services;
3. Increased awareness of health and cancer;
4. Improved scientific and technological advancements leading to people living longer with cancer after diagnosis and treatment;
5. Increasing use of the internet to access health information; and
6. Increasing interest in and/or use of complementary medicine.⁶⁹ These trends are leading to growing interest in Integrative Oncology, both in Australia and internationally.^{1, 21, 32, 33, 69}

“If we don’t provide these within the framework of Integrative Oncology, they will happen elsewhere.”

- Dr David Joske

4. Evidence

Evidence is central to the definition of Integrative Oncology.

Evidence that Integrative Oncology services are effective has led to recommendations in international clinical guidelines. Acupuncture, massage, meditation, yoga, music therapy, exercise, and nutrition are among recommendations for alleviating common symptoms, such as fatigue, pain, nausea, hot flashes, and sleep disorders ⁷⁰⁻⁷⁴.

Specific clinical practice Integrative Oncology guidelines have been developed and endorsed in partnership between the Society for Integrative Oncology (SIO) and the American Society of Clinical Oncology (ASCO).^{72, 75, 76} These guidelines include the role and level of evidence for managing pain, fatigue, anxiety, depression and an integrative approach to treatment-related symptoms for women with breast cancer and people with lung cancer. Integrative Oncology therapies often address several symptoms or symptom clusters simultaneously.

In 2018 ASCO and SIO partnered to produce endorsed guidelines for the use of integrative therapies during and after breast cancer treatment. Further guidelines on fatigue and anxiety are under development and will be released shortly. In September 2022 ASCO in partnership with the SIO released their endorsed guidelines evidenced based approach to pain management incorporating integrative medicine interventions.⁷⁷ The implementation of these and future guidelines in Australia is required to ensure people with cancer are only accessing safe evidence-based care.

It is becoming increasingly recognised that Integrative Oncology has a role to play during each stage of the cancer trajectory in attending to the unmet needs of people with

cancer and that it is a significant part of quality supportive cancer care.²⁰

“Having a gym was a gamechanger. It gave me confidence. It helped me prepare for surgery so I could recover faster. And it meant I could get strong again.”

- Caitlin Delaney

a. Evidence supporting modalities

Many different therapies fall under the banner of Integrative Oncology.

While there is extensive evidence for individual of Integrative Oncology modalities, there is less evidence for, and research into, the efficacy of the centres that coordinate and provide these services. The nature of Wellness Centres that provide Integrative Oncology modalities is that they are available to different patient groups and their families, who are seeking different needs to be met, through engaging in different services. Consequently, given this heterogeneity in user groups, outcomes and interventions, evidence for the effectiveness of Wellness Centres is less evident.

Few studies have focused on evidence for a variety of Integrative Oncology modalities when selected by the individual with cancer. One recent study explored the relative effect of six complementary therapy sessions for adults with cancer, whereby people with cancer could select their preferred sessions including body based therapies (e.g. aromatherapy, relaxation massage and acupuncture), mind body based therapies (e.g. creative art therapy, tai chi or music therapy) or counselling.⁷⁸ This study had a significant sample size (n=1274) and found that the intervention improved quality of life and reduced symptom distress, regardless of modalities.

However, this was a prospective cohort study and the authors acknowledge the lack of a control group.⁷⁸

b. Experiences of engaging with Wellness Centres

i. Chris O'Brien Lifehouse, Sydney

Chris O'Brien Lifehouse is a comprehensive cancer centre with a multidisciplinary program of Integrative Oncology that operates as a seamless component of supportive care.

In a study evaluating 404 people with cancer who attended the Integrative Oncology service and completed Patient-Reported Outcome Measures, the most frequent symptoms of reduced wellbeing were sleep disturbance and fatigue. These symptoms commonly appeared in clusters.⁷⁹

In a cohort of 330 people with cancer, receiving acupuncture and reflexology during chemotherapy, patient reported symptom burden and global distress were reduced⁸⁰ with similar results being experienced by women after oncology massage in a breast cancer cohort.

ii. Solariscare, Western Australia

Solariscare in Western Australia is a cancer support service provider, integrating complementary care with conventional care.

In a qualitative study of 16 people with cancer attending Solariscare, researchers found that

participants valued the environment, describing it as an oasis in the hospital. They pinpointed three positive aspects: facilitating comfort, increasing personal control and helping make sense of the cancer experience.³⁰ Quantitative studies have also highlighted positive experiences. A survey of 135 people with cancer attending Solariscare, found that all (100%) would recommend complementary therapies to other people with cancer.⁸¹

“The Wellbeing Centre [at Peter Mac] has been so important in my cancer experience... knowing these services are there for me really helped me when I was feeling overwhelmed ... It was the only time when I felt I was more than just a cancer patient.”

- Liz, person living with cancer

iii. Regional Wellness Centre, Victoria

A survey of 188 people affected by cancer, including family members, examined perceptions of those attending a regional Wellness Centre situated in a clinical setting in Victoria.²⁹ The study found there were other reasons to engage with the centre beyond the delivery of Integrative Oncology programs, including appreciating the environment and reading newspapers or magazines.²⁹

iv. Cultural diversity

Arabic, Vietnamese, Chinese and Anglo-European Australian cancer survivors and caregivers reported positive experiences from using these services and perceived benefits in cancer survival, reduced comorbidities and improved wellbeing.²

v. Barriers

A number of barriers to attending Wellness Centres have been found. These include feeling unwell or health complications, parking costs, scheduling conflicts or language issues.^{25, 29} People generally attend, or prefer to attend, Wellness Centres while receiving treatment.^{113,114} Qualitative research also notes a lack of availability of Integrative Oncology services, difficulties in referral pathways and receiving information about services, ambivalent attitudes from healthcare professionals, difficulties with access and costs.²

vi. Support for Wellness Centres

The views of health professionals and key stakeholders are also relevant. An Australian qualitative study with 23 key stakeholders including clinicians, cancer policy stakeholders and leaders of cancer organisations found mixed support for Wellness Centres representing Integrative Oncology modalities.⁶⁶ While many participants noted the potential for Wellness Centres to support oncology care, several concerns were also evident including insufficient evidence for their benefit, drivers for development, inequity, access, throughput and whether Wellness Centres represented the best spend of limited resources.⁶⁶

An American study comparing how Integrative Oncology modalities are valued between patients and health professionals, found that patients value these more than health professionals.⁸² However as the Integrative Oncology modalities assessed in this American study differed from the major modalities promoted by Wellness Centres in Australia (e.g. spiritual/religious counselling and supplement/herbal advice), Australian research is needed in this area.

Much of the research informing our understanding of consumer experiences of Integrative Oncology

access through Wellness Centres is derived from specific research studies. It is much less common, both in Australia and internationally, to routinely collect and report data about the use of these services.

Real world data generated from routinely collected Patient-Reported Outcome Measures, interventions and electronic health records provide potentially rich insights into benefits and safety of Integrative Oncology.

“Oncology massage has at times made the difference to whether or not I could walk easily. I can’t tell you how much it’s helped with pain management and overall fatigue. It helps me feel like my body isn’t a complete let-down and that I can still get some pleasure from it... It’s definitely helped my mental health - I feel less anxious and depressed; also I firmly believe that as well as improving my quality of life, it’s increased the amount of time I have left.”

- Darrow, person living with cancer

5. Strategic Alignment

Integrative Oncology helps us realise our strategic goals and principles of care

The development of Integrative Oncology in Australia is contingent on its relevance to national priorities.

This section analyses the alignment between Integrative Oncology and cancer policies and principles.

First, the principles and characteristics of Integrative Oncology and Wellness Centres are in keeping with the principles of the Australian Cancer Plan. Key synergies have been identified and are presented in **Figure 3**.

Second, cancer policies across New South Wales, Victoria, Western Australia, Queensland and Northern Territory were reviewed, demonstrating a focus on person-centred care.

Key policy statements from each of these jurisdictions and alignment with Integrative Oncology are presented in **Table 1**.

Key elements of Integrative Oncology are: patient-centred, evidence-informed field of cancer care, care that is complementary to conventional cancer treatments, optimising health, quality of life and clinical outcomes and

participation activation before, during and beyond cancer treatment.

The relevant sections across these policies have been expanded in **Appendix 4**.

As well as being aligned with key policy documents, Integrative Oncology is recognised as important in key programs or position statements in Australia. The Clinical Oncology Society of Australia position statement on complementary medicines affirms the urgent need for Australian research that clarifies the potential benefits and risks of

complementary medicines and its role in cancer care.⁸³

In 2005, a Senate Inquiry into services and treatment options for people with cancer made visionary recommendations for complementary medicine and Integrative Oncology.⁸⁴

Specifically, the Optimal Cancer Pathways, led by Cancer Council Victoria, present a description of optimal cancer care through mapping the patient journey.⁸⁵ These pathways focus on the need to assess supportive care broadly at every step of the pathway and engage relevant health professionals as needed, including recognising that complementary therapies may be of use and to engage qualified professionals. Additionally, pathways recognise the need to provide support into follow-up care and cancer survivorship.⁸⁵

Similarly, the position statement on survivorship care from Australia's Clinical

Oncology Society of Australia recognises the potential for survivorship care to support wellness

through the referral to and engagement with evidence-based programs.⁸⁶

This policy review confirms that Integrative Oncology and Wellness Centres are aligned with Australia's cancer principles and policies. Fostering these modalities is not only consistent with policy recommendations, but it will also actively help to achieve strategic goals across the country.

Figure 3: How Integrative Oncology and Wellness Centres (IO&W) help realise the principles of the Australian Cancer Plan

Patient / consumer centric care is intrinsic to the definition of IO&W.

IO&W **pursues equity of health outcomes** by analysing Patient-reported outcome measures and identifying proactive screening and service delivery to improve them.



IO&W is completely tumour **agnostic** **except** where evidence supports tumour specific interventions.

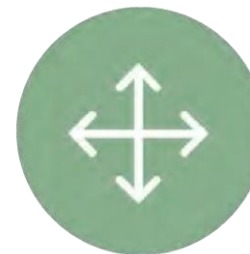


IO&W is **future focused** by driving research into impact such as health economics, patient needs and evidence for interventions; and educating the workforce.



IO&W aims to **reduce health disparities** by: expanding access via low cost, telehealth, group delivery; driving self-care and lifestyle changes; understanding population needs through engagement and co-design.

IO&W works to **Close the Gap** by embracing traditional medicine as part of cancer care, engaging community and providing culturally safe care.



IO&W offers therapies and services across the **whole continuum** from diagnosis to treatment, survivorship and

Table 1: Key policy statements and alignment with Integrative Oncology

State	Key Policy Statement	Alignment with IO Definition
NSW	Strengthen the capacity of the cancer system to deliver high quality, patient-centred, integrated, multidisciplinary care, with a focus on reducing unwarranted clinical variation	Patient-centred
	Support people with cancer to keep healthy during and after a cancer diagnosis and treatment (including survivorship)	Patient centred, evidence-informed field
VIC	Support and develop self-management programs for cancer patients, and implement service reforms to better support patients in preventing and managing the side effects associated with treatment	Patient-centred, participation activation before, during and beyond cancer treatment
	Build self-sufficiency to enable cancer patients, their families and carers to seek information, peer support, referral and supportive care services at all stages of the pathway	Become active participants before, during and beyond cancer
	Monitor and assess patients' experiences of care, both locally and state-wide, and include quality of life and other patient-reported outcome measures to better understand treatment impacts.	Patient-centred, evidence informed field
	Implement survivorship programs to support people in their recovery and to reduce and manage consequences of treatment to achieve better long-term quality of life	Optimise health, quality of life and clinical outcomes across the cancer care continuum
WA	Empower cancer survivors to access appropriate services to self-manage the long-term effects of cancer and to engage in healthy lifestyle behaviours	Optimise health, quality of life and clinical outcomes across the cancer care continuum
QLD	Each service to measure patient satisfaction throughout the patient's journey including treatment, psycho-social support including peer support, rehabilitation and palliative care. This tool is to include measures for assessing involvement in	Patient-centred, evidence-informed field

	patient-centred decision making, account for patient preferences, access to evidence-based information and education resources.	
NT	Identify ways to create a specialist workforce in NT for all aspects of cancer care including support of survivorship and grief counselling.	Cancer care that utilises mind and body practices, natural products and/ or lifestyle modifications from different traditions alongside conventional cancer treatments

*Note: Current policy documents for South Australian and Tasmania were not accessible.

6. Current situation in Australia

Harness lessons and leadership from Integrative Oncology pioneers.

The majority of 45 US National Cancer Institute (NCI) -designated cancer centres provide Integrative Oncology to patients, including acupuncture/massage (73% each), meditation/yoga (69% each), nutrition consultations (91%), dietary supplements (84%), and herbs (67%).⁸⁷ As is the case internationally, Integrative Oncology services are becoming increasingly common in Australia. There are many diverse services offered across metropolitan, regional and rural settings.

In Australia, Chris O'Brien Lifecare Hospital and the Solaris Centres provide examples for learning and growth, and are evaluating their services to better understand the outcomes and experiences of Australians who are supported by their Integrative Oncology services.^{80, 81, 88}

Many cancer centres in Australia have developed some Integrative Oncology offering, with key centres emerging at the Mater Hospital (Kay Van Norton Centre for Wellbeing), Peter Mac Comprehensive Cancer Centre, the Austin Hospital (Olivia Newton-John Cancer Wellness & Research Centre), Liverpool Hospital (Oasis Wellness Centre) and the St Vincent's Hospital Sydney (the Kinghorn Cancer Centre) amongst others.^{1, 89} For the most part however, these efforts are disparate, collaboration is ad hoc, and there is enormous unrealised potential for shared learning and greater efficiencies.

While not an exhaustive list, five different models of Integrative Oncology and Wellness centre delivery are described in **Appendix 5**.

Most centres are located in urban settings, and a future challenge will be the sustainable and equitable delivery of Integrative Oncology services to those living in rural/remote/regional areas.¹

Safe delivery of Integrative Oncology requires issues such as regulations and credentialing of practitioners to be addressed.⁹⁰ For example, acupuncturists are regulated through the Australian Health Practitioner Regulation Agency (AHPRA). Massage therapists, yoga therapists, mindfulness teachers and others are not. Some Integrative Oncology centres have established credentialing requirements for therapists including a minimum level of experience working with people with cancer. A substantial proportion of hospitals do not have policies regarding complementary medicine practitioners or patient-initiated complementary medicine use.⁹¹

While a key component of Integrative Oncology is alignment with traditional cancer care, integration into clinical care is not always straightforward. Studies have found a lack of internal referral pathways to access complementary services in some hospitals or the community.^{14, 23, 92-95}

While people with cancer are using complementary medicine, they seek to be informed by their cancer care health professionals. Surveys among health professionals indicate a strong interest in evidence-based complementary medicine training for cancer care.^{58, 96}

“A focus on Prevention and Wellbeing guides our work and gives permission to ensure the whole person is treated and that you are more than your disease.” - Geraldine McDonald (Stories from Peter Mac, 2019)

With the rise of Integrative Oncology,³² there are more health and community services exploring how to develop Wellness Centres. One Canadian study advocates for engaging local stakeholders to assess their needs and perspectives with interviews prior to implementing an Integrative Oncology program.⁹⁷ They note the need to understand the: operational model, values, physical location and design, and barriers and facilitators to establishing an Integrative Oncology program.

Other strategies include the establishment of a patient advisory board.⁹⁸

In Australia, practical strategies for the set-up of Integrative Oncology services have been documented.^{99, 100} Grant and colleagues (2018) present an overview of areas that need consideration for developing an Integrative Oncology service, including development of a strategy, the philosophy to support the service, the role of corporate governance, the need for evidence-informed service provision, the service model, credentialing and medico-legal considerations, the business model and financial considerations, building an integrative care team and outcomes.⁹⁹ The authors present a series of questions to consider before establishing an Integrative Oncology service (**Box 1**).

Questions to consider before establishing an Integrative Oncology service

Adapted from Grant et al. (2018)⁹⁹

- How will current evidence about the appropriate use of Integrative Oncology* therapies be identified and updated?
- What therapies are likely to be accepted by a multidisciplinary team when there are different, and sometimes, conflicting medical cultures and paradigms?
- What outcome or benefits are “worthwhile” supporting?
- How will the challenges of managing acceptance and “buy-in” from sceptical health professionals be addressed at the outset and ongoing as the Integrative Oncology team evolves?
- What are the appropriate clinical governance, credentialing and supervision models?
- What are the requirements for professional registration and insurance of Integrative Oncology* practitioners?
- How will economic sustainability of an Integrative Oncology* workforce be ensured?
- What is the business model? What are the potential income streams? E.g. community donation; private health insurance; local government, state and commonwealth funding; research grants; etc.

*Originally referred to as traditional and complementary medicines, adapted to Integrative Oncology for the purposes of this paper.

b. Funding models

Integrative Oncology services in Australia and worldwide adopt different strategies for funding daily operations and recovering costs and funding remains a significant challenge in the development of these models.⁹⁹

A systematic review of Integrative Oncology services internationally found the most common models for funding are charitable donations (45%), cancer agency or hospital funds (21%) or private foundation support (17%).¹⁰¹ Other models include: public funding, membership or licencing fees, private insurance, research grants or fee for service.

Programs that operate in England are more often financed through charitable donations, National Health Service (NHS) funds or hospital funds, whereas programs within the United States more often have third party billing or direct billing to patients.¹⁰¹ Australian models have also been explored finding Integrative Oncology is funded with a

variety of sources, including patient contributions (49%), philanthropic contributions (48%), support from the organisation (49%) and using volunteer practitioners (42%).²¹

In summary, Integrative Oncology in Australia is delivered in several Wellness Centres located within hospitals. There is considerable variability in models employed across these Wellness Centres, and potentially, a lack of coordination across settings.

There may be opportunity for established centres to assist with the development and evaluation of emerging or newer centres.

“It’s about quality of life. It’s a no-brainer. The only thing holding me back is the cost.”

- Caitlin Delaney

7. Recommendations

How to build sustainable, efficient and coordinated Integrative Oncology in Australia.

This paper provides a platform for a "Call to Action" to address the increasing demand and need for regulation and oversight of Integrative Oncology and Wellness Centres. Integrative Oncology will continue to grow across Australia and internationally. These evidence-based services are highly aligned with national policy. Studies indicate that people with cancer and their family report positive experiences in engaging with these services.

There are several opportunities to improve Integrative Oncology care across Australia.

The authors make the following recommendations:

1. Develop guidelines for Integrative Oncology in Australia

There is opportunity to develop an overarching approach to Integrative Oncology in Australia. A guideline for the conduct and evaluation of Integrative Oncology services should bring together multiple stakeholders to ensure equity in service delivery and uptake and the provision of services in regional and rural areas. These guidelines should also focus on how Integrative Oncology therapies are selected for delivery to people affected by cancer.

2. Identify and gain consensus on the critical success factors

Establish criteria to assess the success of Wellness Centres and Integrative Oncology in Australia. This includes recognising that traditional evidence

for Wellness Centres such as showing improvements to quality of life outcomes through randomised controlled trials may not be possible. Rather, Wellness Centres in oncology settings should be thought of as a model to facilitate entry into Integrative Oncology modalities with established evidence; research could focus on costs, evaluation or implementation. Establishment of criteria that demonstrate success will progress Integrative Oncology in Australia through demonstrating benefit.

3. Prioritise routine collection of data

Routine data collection is critical to inform ongoing evaluations of existing services. This should include consumer views on current services along with data relating to throughput at the centre in general and specific Integrative Oncology services. This data will allow for identification of priorities for Wellness Centres and Integrative Oncology services align with the needs of people with cancer. Developing a standardised set of Patient-Reported Outcome Measures or Patient-Reported Experience Measures for use across Integrative Oncology and Wellness Centres may be beneficial.

4. Establish funding strategy

Funding for the delivery of Integrative Oncology and Wellness Centres in cancer treatment centres across Australia is not coordinated. There is a need to identify key partners, philanthropic, health insurance and government

support to foster Integrative Oncology. These programs are aligned with cancer care policies across Australia. It is also recommended that there is a consideration for strategies that could support reductions of or ceasing fee for service modalities to enhance equity of services.

5. Establish referral pathway

It is a priority that all people with cancer and their families are aware of and have access to available Integrative Oncology services. It is recommended that health care services establish referral pathways to promote these services to people affected by cancer. It is recommended that strategies to foster referral pathways such as introduction of a wellbeing plan into usual care are evaluated to determine impact. Referral pathways can also minimise inequity by ensuring all people have knowledge about and access to these services. Referral pathways can take place for services within hospital settings or in the

community. Referral pathways to services outside of a cancer centre may benefit from guidance on communication between practitioners and the cancer centre-based team.

6. Foster and progress a collaborative research program

Utilising routinely collected data and an Australia-wide approach to Integrative Oncology can support multisite research using innovative designs to address questions related to effectiveness, uptake and health economic evaluations of Wellness Centres.

These recommendations will support a sustainable, efficient, and coordinated program of Integrative Oncology across Australia and are aligned with providing best practice cancer care for people affected by cancer.

“When questions around quality of life are discussed, they are framed as ‘should we do this treatment?’ I want us to talk about working to preserve quality of life and doing life-saving treatment. I don’t want to choose.”

- Julianne Furlong

8. Conclusions

We can and must deliver the benefits of Integrative Oncology to more people.

Integrative Oncology and Wellness Centres represent an evidence-based model of care that had demonstrated benefits for people with cancer and their families.

Not only are they aligned with Australia's cancer policies, but they help us to realise our principles and strategic goals.

They support, complement and optimize traditional treatment in a holistic way.

People who engage in these services report positive experiences, which ultimately will result in a feeling of empowerment, better outcomes and greater capacity to continue to adhere to traditional treatment regimes.

Furthermore, there is clear evidence that people living with cancer seeking out complementary medicines.

The provision of Integrative Oncology care in Australia is varied and fragmented. The very real issue of "quackery" threatens to

undermine the valuable evidence based Integrative

Oncology services available. A National consultation and development of evidence-based guidelines that aligns with APRHA accreditation, & the National Safety & Quality Health Service Standards provides an opportunity to identify services pushing quackery and give confidence to people with cancer that their best interests and health are of the highest priority.

We can and must deliver the benefits of Integrative Oncology and Wellness Centres to more Australians affected by cancer in an accessible, sustainable and equitable way.

To do that, we need a consistent and coordinated approach.

This White Paper presents an overview of the literature to establish six recommendations for furthering Integrative Oncology and Wellness Centres in Australia:

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Appendix 1: Search strategy

A thorough literature search was conducted to identify relevant articles for this white paper.

Four electronic databases were searched on the 18th and 19th March 2020: PsycINFO, PubMed, MEDLINE and Cumulative Index to Nursing and Allied Health Literature (CINAHL) Complete.

Combinations of the following terms were used in the search strategy; wellness centre, wellbeing centre, cancer care facilities, certified cancer centre, integrated cancer centre, integrative oncology, integrative medicine, interventional oncology, complementary integrative therapy, complementary oncology, supportive oncology, integrative cancer care, and Australia.

These searches across all four databases produced a total of 9,135 results. The reference lists of influential articles and the publications of prominent authors in the Australian Integrative Oncology field were also checked for relevant literature. Systematic literature review methods were not applied to permit inclusion of data from a range of sources. This focus on breadth allowed us to draw upon relevant literature as required.

Other searches for non-academic literature were conducted on the 11th and 12th of March 2020 to identify policy documents and existing wellness centres in Australia. Information included in the white paper regarding individual centres was obtained from their respective websites.

Appendix 2: Overview of included papers

Author Year Country	Title	Aim/Objective	Research Design/Format	Participants	Outcomes	Findings/Conclusions
Annemans et al., 2012 UK	What Makes an Environment Healing? Users and Designer About The Maggie's Cancer Caring Centre London	To start uncovering the meaning of a healing environment with regard to Maggie's centres	N/A	N/A	Qualitative	The combination of an architectural brief, engaged architect, and suiting client seem to a successful building that is experienced as a healing environment by its daily users
Boehm et al., 2014 Germany	Arts Therapies for Anxiety, Depression, and Quality of Life in Breast Cancer Patients: A Systematic Review and Meta-Analysis	To evaluate the current evidence and examine the effects of arts therapies on psychological outcomes in patients with breast cancer		Thirteen trials with a total of 606 breast cancer patients	Quantitative	Arts therapies seem to positively affect patients' anxiety but not depression or quality of life. No conclusion could be drawn regarding the effects of arts therapy on pain, functional assessment, coping, and mood states
Boyd et al., 2016 USA	The Impact of Massage Therapy on Function in Pain Populations--A Systematic Review and Meta-Analysis of Randomised Controlled Trials: Part II, Cancer Pain Populations	To rigorously assess the quality of massage therapy research and evidence for its efficacy in treating pain, function-related and health-related quality of life in cancer populations	Systematic Review and Meta-Analysis		Quantitative	Massage therapy is effective for treating pain compared to no treatment. Compared to active comparators, massage therapy was also found to be beneficial for treating fatigue, pain intensity and anxiety
Bradt et al., 2016 USA	Music interventions for improving psychological and physical outcomes in cancer patients	To assess and compare the effects of music therapy and music medicine interventions for psychological and physical outcomes in people with cancer	Systematic Review	2 trials with a total of 3731 participants with cancer	Quantitative	Music therapy and music medicine interventions may have a beneficial effect on anxiety, pain, fatigue, heart rate, respiratory rate and blood pressure in people with cancer

Brami, Bao & Deng 2015	Natural Products and Complementary Therapies for Chemotherapy-Induced Peripheral Neuropathy: A Systematic Review	To provide healthcare practitioners and patients with an unbiased review of the best evidence currently available on these treatments for CIPN management	Systematic Review and Meta-Analysis	13 RCTs	Quantitative	To varying degrees of efficacy, vitamin E, Lglutamine, goshajinkigan, and omega-3 fatty acids may be effective in preventing CIPN. Acupuncture may be effective, but currently there is a lack of RCT's with positive results
Buffart et al., 2012 Multinational	Physical and psychosocial benefits of yoga in cancer patients and survivors, a systematic review and meta-analysis of randomised controlled trials	To conduct a systematic review and meta-analysis of the effects of yoga in cancer patients and survivors, focusing on both physical and psychosocial outcomes	Systematic Review and Meta-Analysis	16 publications of 13 RCTs including patients with breast cancer	Quantitative	Yoga has strong beneficial effects on distress, anxiety and depression, moderate effects on fatigue, general HRQoL, emotional function and social function, small effects on functional well-being
Cadet et al., 2016 USA/Australia	A Holistic Model of Care to Support Those Living with and beyond Cancer	To describe how the Bloomhill Cancer Centre (BCC) utilises the evidenced based principles of holistic care described above to explore patients self-reported experiences and expectations of care living with and beyond cancer and to identify opportunities for better practice and service provision			Quantitative	46% were very satisfied and 30% satisfied with the emotional support received. Over 90% were very satisfied or satisfied with the touch therapies received. Positive consumer feedback suggests the model to be a guide for the establishment of other supportive care services for those living with cancer

Campbell et al., 2004 Canada	Cancer peer support programs—do they work?	To assist with both decision-makers concerned with best practices in peer support and researchers interested in methodological issues	Systematic Review	21 articles reporting on 17 different peer support programs	Quantitative	Despite methodological issues, consistently informational and emotional benefits were identified across the articles
Carlson et al., 2013 Canada	What goes up does not always come down: patterns of distress, physical and psychosocial morbidity in people with cancer over a one-year period	To examine levels of distress, depression, anxiety, pain and fatigue from time of diagnosis over the course of a full year in a large cohort of cancer patients with a variety of diagnoses and to explore the associations between changes in outcomes over time and demographic and medical characteristics	Longitudinal Study	877 patients at baseline, 620, 589 and 505 retained at 3, 6 and 12 months, respectively	Quantitative	<ul style="list-style-type: none"> - Distress, depression and anxiety experienced by patients decreased over time. - No significant decrease in pain or fatigue was observed over time - Allocation of psychosocial support predicted reduced levels of distress, anxiety and depression

Cassileth et al., 2007 USA	Complementary Therapies and Integrative Oncology in Lung Cancer: ACCP EvidenceBased Clinical Practice Guidelines	To differentiate between “alternative” therapies, often promoted falsely as viable options to mainstream lung cancer treatment, and complementary therapies, adjunctive, effective techniques that treat symptoms associated with cancer and its mainstream treatment, and to describe the evidence base for use of complementary therapies		N/A	N/A	15 recommendations for patients with lung cancer and the use of Integrative Oncology or complementary therapies
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Choi et al., 2017 Multinational	Acupuncture for the treatment of cancer pain: a systematic review of randomised clinical trials	To assess the effectiveness of acupuncture for treating cancer pain	Systematic Review		Quantitative	The quantity and quality of RCTs included were too low to draw conclusions from
Cillessen et al., 2019 Netherlands	Mindfulness-based interventions for psychological and physical health outcomes in cancer patients and survivors: A systematic review and meta-analysis of randomised controlled trials	To test the efficacy of mindfulness-based interventions on measures of psychological distress (primary outcome) and other health outcomes in cancer patients and survivors	Systematic Review and Meta-Analysis	29 independent RCTs with 3274 adult cancer patients or survivors (any type and stage)	Quantitative	Small effects of mindfulness-based interventions in cancer patients and survivors on psychological distress combined and individual symptoms of anxiety and depression at post-intervention. Reductions in self-reported fear of cancer recurrence and fatigue at post-treatment and pain and sleep disturbance at follow-up were also found
Cornelis et al., 2020 France	Integrative Medicine in Interventional Oncology: A Virtuous Alliance	To describe the rationale of integrative medicine and to detail the techniques that can be used in Integrative Oncology	Review	N/A	N/A	IM may help in reducing pain and anxiety during IO procedures. Virtual reality and artificial intelligence have potential to become an important part of wellness
Cramer et al, 2012 Germany	Yoga for breast cancer patients and survivors: a systematic review and meta-analysis	To systematically assess and meta-analyse the evidence for effects of yoga on health-related quality of life and psychological health in breast cancer patients and survivors	Systematic Review and Meta-Analysis	12 RCTs with a total of 742 breast cancer patients and survivors	Quantitative	Evidence for large short-term effects on anxiety, depression, perceived stress, and psychological distress in breast cancer patients. There is no evidence for longer-term effects of yoga

Cramer et al, 2017 Germany	Yoga for improving health-related quality of life, mental health and cancer-related symptoms in women diagnosed with breast cancer	To assess effects of yoga on health-related quality of life, mental health and cancer-related symptoms among women with a diagnosis of breast cancer who are receiving active treatment or have completed treatment		24 studies with a total of 2166 breast cancer patients	Quantitative	Moderate-quality evidence supporting yoga as a supportive intervention for improving health-related quality of life and reducing fatigue and sleep disturbances when compared with no therapy, as well as for reducing depression, anxiety and fatigue, when compared with psychosocial and educational interventions
Deng & Cassileth 2014 USA	Integrative Oncology: an overview	To clarify the terminology, review reasons for patient interest in questionable therapies, summarise research data regarding helpful modalities and their appropriate incorporation into cancer care (Integrative Oncology), and review nonviable so-called “alternatives”	Review		N/A	Complementary therapies that are deemed safe and beneficial should be integrated into cancer care. Patients should be deterred from “alternative” therapies that have no scientifically demonstrated benefits
Deng et al., 2009 USA	Evidence-Based Clinical Practice Guidelines for Integrative Oncology: Complementary Therapies and Botanicals	To summarise the data relevant to clinical problems encountered by cancer patients and offer practical recommendations based on the strength of evidence	Clinical Practice Guidelines	N/A	N/A	Recommendations on the following for IO: - Mind-body modalities (mind-body medicine, music therapy) <ul style="list-style-type: none"> - Touch therapies (massage) Fitness (physical activity) - Energy therapies <ul style="list-style-type: none"> - Acupuncture Diet and nutritional supplements (nutrition, antioxidants, botanicals)

Deng et al., 2013 USA	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	To assess the current evidence base on the benefits and risks of complementary therapies (modalities not historically used in modern Western medicine)	Clinical Practice Guidelines	N/A	N/A	15 recommendations for patients with lung cancer and the use of Integrative Oncology or complementary therapies, including supportive evidence for each recommendation
Dunn et al., 2003 Australia	A Review of Peer Support in the Context of Cancer	To assess the prevalence and contribution of articles on peer support published in the research literature on psychosocial oncology over the past decade		25 articles	Qualitative	Found that peer support programs help by providing emotional and informational support – especially from personal experiences
Fitzpatrick & Remmer 2011 Canada	Needs, expectations and attendance among participants of a cancer Wellness Centre in Montreal, Quebec	To examine the relationship between needs, expectations, and attendance patterns among infrequent users of a cancer Wellness Centre in Montreal, Quebec in order to develop strategies which would better ensure optimum use and involvement	Crosssectional survey/ interview		Qualitative (phenomenological approach)	Four main themes: <ul style="list-style-type: none"> - Main goals for participation - Emotional needs - Reasons for not attending - Suggestions for improvement <p>Regarding difficulty with attendance nonusers focused on functional aspects including administrative issues and scheduling, and distance from the centre. Infrequent users reported emotional disappointments such as feeling more depressed and inability to engage with others</p>

Franconi et al., 2013 Italy	A Systematic Review of Experimental and Clinical Acupuncture in Chemotherapy-Induced Peripheral Neuropathy	To review the available literature on the use of acupuncture for Chemotherapy-induced peripheral neuropathy	Systematic Review	7 clinical studies and 1 experimental study	Quantitative	One randomised controlled study showed that acupuncture may be beneficial for Chemotherapy-induced peripheral neuropathy. Further research is needed
Frenkel & Balneaves 2018 North America	Integrative Oncology: An Essential Feature of High-Quality Cancer Care	To discuss multiple perspectives on the current IO practice, education and research	Editorial	N/A	N/A	N/A
Frenkel et al., 2020 USA/Australia	Integrative Medicine: Adjunctive Element or Essential Ingredient in Palliative and Supportive Cancer Care?	To review the contribution that complementary and integrative medicine has in supportive care in each stage of the cancer trajectory and reflect on the needed role that complementary and integrative medicine has in supportive care		N/A	N/A	Complementary and integrative medicine can, and does, play a role in each stage of the cancer trajectory (newly diagnosed, undergoing treatment, survivorship & end of life. CIM it is not an adjunct, rather it is an important component of supportive care for cancer patients, which is able to fulfill unmet needs currently not supported with traditional treatment
Furzer et al., 2013 Australia	Characteristics and quality of life of patients presenting to cancer support centres: patient rated outcomes and use of complementary therapies	To determine medical and demographic characteristics and patient rated outcomes (PROs) of individuals receiving CIT at SolarisCare cancer support	Cross-sectional survey		Quantitative FACT-G & SF36	Greater proportion of females to males in the study - could be reflective of SolarisCare services not being appealing to males, or there was a large number of breast cancer patients at one hospital where recruiting took place. Participants reported lower QOL than

		centres in Western Australia.				the general population and mixed cancer population
Furzer et al., 2014 Australia	Positive patient experiences in an Australian Integrative Oncology centre	To explore the experiences of cancer patients' utilising complementary and integrative therapies (CIT) within Integrative Oncology centres across Western Australia	Cross-sectional survey	66 patients across four locations who accessed CIT services whilst undergoing outpatient treatment for cancer	Qualitative (Thematic)	Three central themes identified: - Empowerment - Support - Relaxation 100% of patients reported they would recommend complementary therapies to other patients Patients reported an improvement in wellbeing following a CIT session
Garcia et al., 2013 Multinational	Systematic Review of Acupuncture in Cancer Care: A Synthesis of the Evidence	To provide synthesis to the broad area of acupuncture for symptom management in patients with cancer and to evaluate the overall level of evidence	Systematic Review	41 RCTs	Quantitative	In addition to traditional treatment, acupuncture is appropriate for chemotherapy induced nausea however, additional research is needed. Risk of bias was a common issue highlighting that studies with high risk of bias are to be interpreted with caution
Geffen 2010 USA	Integrative Oncology for the Whole Person: A Multidimensional Approach to Cancer Care	1) Outline 6 major driving forces behind the wave of transformation presently under way in medicine and health care; Provide a brief overview of integrative medicine and oncology and summarise the present status of these emerging fields; 3) Discuss where integrative medicine			N/A	Describes 6 major driving forces behind medical/oncology transformation: - Aging population/high cancer burden - Baby boomer generation - large generation of people - Increasing cultural awareness of health and cancer - Advances in medical science & technology

		and oncology are heading in the future—toward a multidimensional approach to care—and highlight 5 key elements that will underlie this approach; 4) Describe the Seven Levels of Healing—a model of multidimensional care that has been developed into a comprehensive, Integrative Oncology education and support program for patients, loved ones, and health professionals; and 5) Conclude with a discussion of 3 important challenges and opportunities on the horizon as integrative medicine and oncology continue to evolve				- Internet and access to health information - Increasing use of complementary and alternative medicine. Identifies challenges and opportunities for the future: Consensus About Purpose, Health and Well-Being of Physicians and Staff & t expanding our capacity to be fully present with people who are struggling with deep, complex, and profound issues, and expanding our ability to listen and respond skilfully Discusses the need for a multidimensional approach provide a richer, more comprehensive, and more satisfying experience
Girgis et al., 2013 Australia	Some things change, some things stay the same: a longitudinal analysis of cancer caregivers' unmet supportive care need	2) To identify caregivers' unmet needs and the psychosocial variables associated with unmet need count within the first 24 months post-survivor diagnosis	Longitudinal Study	At 6, 12, and 24 months, 547, 519, and 443 caregivers respectively	Quantitative	There are consistent unmet needs such as managing concerns about cancer coming back, reducing stress in the person with cancer's life, understanding the experience of the person with cancer, and more accessible hospital parking. Unmet needs were more prevalent among caregivers of lung cancer survivors

Grant & Bensoussan 2014 USA	The process of care in integrative health care settings - A qualitative study of US practices	3) To better understand the process of care in IHC including how patients are triaged and treatment plans are constructed			Qualitative	<p>Themes identified through interviews:</p> <ul style="list-style-type: none"> - Shared vision of philosophy - Changes required to organisational arrangements to deliver IHC - The importance of co-location - Lack of formal structures within the IHC to facilitate collaboration - Lack of guidelines or protocols - Limited resources to incorporate a viable research component within an IHC program - Co-location and shared patient information systems supported patient care. - Lack of protocols or guidelines, no patient monitoring mechanism beyond one-on-one appointments and ad-hoc and informal joint planning hindered IHC <p>Current findings suggest IHC clinics struggle with the process of integrative care</p>
Grant et al. 2018 Australia	Guidance for establishing an Integrative Oncology service in the Australian healthcare setting—a discussion paper	4) To provide general guidance and practical strategies for those seeking to develop Integrative Oncology services in Australian cancer care facilities	Discussion Paper	N/A	N/A	<p>Identifies a range of factors that will influence the establishment of an IO service including:</p> <ul style="list-style-type: none"> - Philosophy - Corporate governance - Evidence-informed service provision - Service model employed - Credentialing and medico-legal considerations - Business model and financial viability <p>Building an integrative care team - Outcomes used to evaluate quality and effectiveness</p>

Grant et al. 2019 Multinational	Integrative Oncology: International Perspectives	To examine whether cancer services across a variety of geographical regions, including Australia, Canada, the United States, and the European Union, were actively responding 5) to cancer survivors' demand for TCIM	Commentary	N/A	N/A	The range and type of IO cancer services varied within and between countries. Large differences in the therapies on offer and the associated expenses for the consumer. Patient demand was an important factor.
Grant, Marthick & Lacey 2019 Australia	Establishing an Integrative Oncology service in the Australian healthcare setting - the Chris O'Brien Lifehouse Hospital experience	To provide general guidance and practical strategies for those seeking to develop Integrative Oncology services in Australian cancer care facilities		N/A	N/A	Discusses the following in the context of a case study: Chris O'Brien Lifehouse Hospital: - Philosophy: Vision and origin of the hospital and the integrative oncology service - Structure: service model and governance, selection of therapies, referral to service, selection of practitioners and integration (communication and building the team) - Financial viability - Growth of service - Outcomes: research Marketing, social media and local champions - Facilitators and barriers
Greenlee et al., 2014 USA	Clinical Practice Guidelines on the Use of Integrative Therapies as Supportive Care in Patients Treated for Breast Cancer	To inform clinicians and patients about the evidence supporting/discouraging the use of specific complementary and integrative therapies for defined outcomes during and beyond breast cancer treatment, including symptom management	Systematic Review/ Clinical Practice Guidelines		Quantitative	Most therapies require further research to establish their effectiveness and safety. There was strong evidence for the use of behavioural therapies (e.g., meditation/mindfulness, relaxation) and yoga for mood improvement (depression and anxiety) during breast cancer treatment. Lower grades of recommendations are made for massage and stress management for mood improvement and energy conservation in the context of treatment-associated fatigue

Greenlee et al., 2017 USA	Clinical Practice Guidelines on the Evidence-Based Use of Integrative Therapies During and After Breast Cancer Treatment	To provide updated clinical practice guidelines from the Society for Integrative Oncology on the use of integrative therapies for specific clinical indications during and after breast cancer treatment	Clinical Practice Guidelines	N/A	N/A	<ul style="list-style-type: none"> - Music therapy, meditation, stress management, and yoga are recommended for anxiety/stress reduction. Meditation, relaxation, yoga, massage, and music therapy are recommended for depression/mood disorders - Meditation and yoga are recommended to improve quality of life. Acupressure and acupuncture are recommended for reducing chemotherapy-induced nausea and vomiting
Hansra et al., 2018 USA	Evaluation of How Integrative Oncology Services Are Valued between Haematology/Oncology Patients and Haematologists/Oncologists at a Tertiary Care Centre	To compare how National Comprehensive Cancer Network (NCCN) recommended “integrative care” modalities are valued between haematology/oncology physicians and patients		1008 haematology/ oncology patients and 55 haematologists and oncologists two outpatient clinical sites at a major tertiary medical centre in Miami, Florida	Quantitative	<ul style="list-style-type: none"> - Excluding support groups, patients significantly valued integrative modalities more than their physicians. - 84% of patients agree that nutritional advice is important versus 69% of physicians. 85% of patients agree that exercise therapy is important versus 71% of physicians. 68% of patients agree that spiritual/religious counselling is important versus 47% of physicians. 85% of patients agree that advice on supplement/herbal therapies is important versus 44% of physicians. 60% of patients agree that music therapy is important versus 28% of patients. 77% of patients agree that “other complementary services” including acupuncture, massage, and relaxation therapy are important versus 47% of physicians. 71% of patients agree that support groups are important versus 66% of physicians

Harrison et al., 2009 Australia	What are the unmet supportive care needs of people with cancer? A systematic review	Ascertain the prevalence of unmet supportive care needs in adult cancer patients according to time point of the cancer illness; Investigate differences in unmet need for different tumour groups and different stages of disease; Identify clinical and personal predictors of unmet need; Document the design of studies that investigate the prevalence of unmet need	Systematic Review		Quantitative	- Patients unmet needs were reported in the following areas: daily living domain, followed by psychological, information, psychosocial and physical. Unmet needs may be highest during cancer treatment
Haynes et al., 2019 Australia	The contribution of Wellness Centres to cancer care: Patient and carer perspectives	To identify the preferences of patients and carers in relation to the environment and activities offered in a Wellness Centre in a regional community	Cross-sectional survey	188 cancer patients and carers responded to the survey; Patients could have any diagnosis of cancer	Qualitative	Wellness Centres environment was deemed to be of importance. Provision of newspapers and magazines, written information about cancer and information about community programs for cancer survivors were rated highly. Majority of respondents indicated before or after an appointment as their preferred time to visit the Wellness Centre. - Barriers included parking and feeling ill. Wellness Centres provide an opportunity to support the unmet needs of carers
He et al., 2020 Multinational	Clinical Evidence for Association of Acupuncture and Acupressure With Improved Cancer Pain A Systematic Review and Meta-Analysis	To evaluate the existing randomised clinical trials (RCTs) for evidence of the association of acupuncture and acupressure with reduction in cancer pain		1,111 participants in 17 RCTs	Quantitative	- Acupuncture and/or acupressure was significantly associated with reduced cancer pain and use of analgesics. - The evidence level of moderate, more rigorous trials are needed. Integration of acupuncture into treatment for pain and symptoms remains a challenge

Heathcote 2006 UK	Maggie's Centres	To review the Maggie's Centres program to date	N/A	N/A	N/A	Describes the history and achievements to - date of Maggie's centres in the United Kingdom
Heckel et al., 2015 Australia	Unmet needs and depression among carers of people newly diagnosed with cancer	To examine levels of unmet needs and depression among carers of people newly diagnosed with cancer and to identify groups who may be at higher risk, by examining relationships with demographic characteristics	Multicentre, RCT	150 patient/caregiver dyads <i>r dyads.</i>	Quantitative	- Carers were found to experience significant levels of moderate to high unmet needs. - 36% of patients and 30% of carers reported a depression score which placed them at risk of clinical depression
Hewitt, Greenfield & Stovall 2005	From cancer patient to cancer survivor lost in transition USA	To further disseminate the findings and recommendations of the IOM report and to take the next step toward implementation of those recommendations	Book	N/A	N/A	Raised awareness of gaps in the long-term care of cancer patients and creating quality care for cancer survivors and their families

Hoey et al., 2008 Australia	Systematic review of peer-support programs for people with cancer	To identify the different models of peer support described in the literature for people with cancer, and examine the research assessing their effectiveness	Systematic Review	43 research papers	Quantitative	Five models of peer support were identified: one-on-one face-to-face, one-on-one telephone, group face-to-face, group telephone, and group Internet High level of satisfaction with peer-support programs but evidence for psychosocial benefit was mixed
Hu et al., 2016 China	Acupuncture for Pain Management in Cancer: A Systematic Review and Meta-Analysis	To evaluate the effectiveness and safety of acupuncture for cancer-related pain	Systematic Review and Meta-analysis	1,639 participants in 20 RCTs	Quantitative	Acupuncture with drug therapy is more effective for cancer-related pain than conventional drug therapy alone
Hunter et al. 2018 Australia	Australian Integrative Oncology services: a mixed-method study exploring the views of cancer survivors	To explore cancer survivors' views and experiences with IO, service needs, preferences, enablers and barriers; and to ensure the views of some of the culturally and linguistically diverse (CALD) population groups that are underrepresented in Australian cancer research were included			Thematic analysis (Qualitative) Quantitative	Thematic results: Theme 1: Positive perceptions and experiences: <ul style="list-style-type: none"> - Perceived positive impact on cancer survival - Perceived positive impact on side-effects and recovery - Perceived positive impact on co-morbidities - Perceived positive impact on wellbeing - Downplaying negative outcomes - Positive experiences with T&CM practitioners - Positive experiences with IO services Theme 2: Barriers and unmet needs <ul style="list-style-type: none"> - Lack of availability of IO services - Difficulties with referral pathways and information

						<ul style="list-style-type: none"> - Absence of medical practitioner support - Difficulties with access - Cost of care
Jiang et al., 2020 China	Effects of art therapy in cancer care: A systematic review and metaanalysis	To quantitatively determine the effects of art therapy on the outcomes of fatigue, anxiety, depression and overall quality of life in hospitalised patients with cancer	Systematic Review and Meta-Analysis	587 participants from 12 studies	Quantitative	Statistically significant improvements in anxiety, depression and fatigue. Art therapy is an effective psychotherapy to support cancer patients in managing psychological and physical symptoms
John et al., 2014 USA	Disparities in perceived unmet need for supportive services among patients with lung cancer in the Cancer Care Outcomes Research and Surveillance Consortium	To assess the prevalence, determinants of, and disparities in perceived unmet needs for supportive services by race/ethnicity and nativity and the association with the perceived quality of cancer care	Cross-sectional Survey	4334 multiregional, multi-health system representative cohort of patients newly diagnosed with lung cancer	Quantitative	<ul style="list-style-type: none"> - 1 in 10 patients reported unmet needs for at least 1 of 8 key supportive services (home nurse, support group, psychological services, social worker, physical/occupational rehabilitation, pain management, spiritual counselling, and smoking cessation) - Significant differences between access to needed services by race/ethnicity-nativity status
Lambert et al., 2012 Australia	Distressed partners and caregivers do not recover easily: adjustment trajectories among partners and caregivers of cancer survivors.	To identify distinct trajectories of anxiety and depression among partners and caregivers of cancer survivors and predictors of these trajectories	Longitudinal Study	510 anxiety and 511 depression surveys	Quantitative	<ul style="list-style-type: none"> - Caregivers maintained their levels of depression and/or anxiety reported at 6 months. - Higher involvement in care giving duties and the impact of such duties was found to predict higher anxiety and depression trajectories. Intervention may be most beneficial if implemented in the early survivorship phase

Lambert et al., 2012 Australia	The unmet needs of partners and caregivers of adults diagnosed with cancer: a systematic review	To quantify the prevalence of unmet needs reported by the P&Cs of adults with cancer; categorise P&Cs' unmet needs by domain; and identify the main variables associated with reporting unmet needs			Quantitative	6 domains of unmet needs were identified: Comprehensive cancer care, emotional and psychological, partner or caregiver impact and daily activities, relationship, information and spiritual. - Studies focused on caregivers of terminally ill or those in palliative care reported higher unmet needs when compared with caregivers of cancer survivors
Latte-Naor S, Mao JJ 2019 USA	Putting Integrative Oncology into practice: concepts and approaches.	To summarise the underlying principles of Integrative Oncology, provide a practical guide for the effective application of evidence-based complementary and alternative medicine interventions in patient-centred care, recommend resources for patients and clinicians and provide algorithms for appropriate integrative medicine referrals and offer suggestions on developing and implementing an Integrative Oncology program and addressing current challenges in the field.	Review	N/A	N/A	Integrative Oncology framework can help patients, families and healthcare professionals work together. Clarifies the difference between IO and alternative medicine. Provides evidence on individual complementary therapies. Implementation of CAM should be done so by patients with the support and advice of their healthcare professional. Provides an algorithm of integrative therapy referral options that could help facilitate discussions on evidence-based approaches for patients with cancer

Lee et al., 2015 Republic of Korea	Meta-Analysis of Massage Therapy on Cancer Pain	To investigate by meta-analysis the effects of massage therapy for cancer patients experiencing pain	Systematic Review and Meta-Analysis	12 studies, including 559 patients with cancer	Quantitative	When compared with no treatment or conventional care, massage therapy was found to be significantly effective in relieving pain in cancer patients. Foot reflexology appeared to be the most effective type of massage
Lim et al., 2017 Australia	Integration of complementary and alternative medicine into cancer-specific supportive care programs in Australia: A scoping study	To describe the availability and integration of supportive care programs (SCPs), particularly complementary and alternative medicine (CAM) services, in Australian oncology treatment centres			Quantitative	Half of the hospitals in Australia that provide oncology care do not have established referral pathways for supportive care, and only 28% of Australian hospitals provide oncology patients with active referral to cancer specific SCPs. The majority (n = 89/124, 72%) of Australian hospitals providing cancer services do not provide specific guidance regarding SCPs, including CAM, for cancer patients from the point of diagnosis through to survivorship care. Although more than half of hospitals actively referring patients for supportive care (n = 24/35, 69%) have incorporated CAM into their services, only 11 (9%) of the total screened Australian hospitals providing cancer services have integrated the program as part of an established system
Lyman et al., 2018 USA	Integrative Therapies During and After Breast Cancer Treatment: ASCO Endorsement of the SIO Clinical Practice Guideline	(SIO) produced an evidence-based guideline on use of integrative therapies during and after breast cancer treatment. ASCO considered the guideline for endorsement	Critical Evaluation	N/A	N/A	The SIO guideline was reviewed by ASCO content experts for clinical accuracy and by ASCO methodologists for developmental rigor. ASCO endorsed the guideline with a few added discussion points

MacLeod et al., 2017 North America	Including the Patient Voice in Patient-Centred Outcomes Research in Integrative Oncology	To describe the authors experience as patient advisors on the Choosing Options for Insomnia in Cancer Effectively (CHOICE) project - a Patient-Centred Outcomes Research Institute-funded project	Article/ Case study	N/A	N/A	Suggests patient-centred research and patients' contributions are important in understanding the factors shaping patient decision-making, experience, satisfaction, and outcome. References patient and stakeholder engagement is a process built on trust, mutual respect, and willingness to collaborate (Frank, Basch & Selby, 2014)
MacVean et al., 2008 Australia	One-to-one volunteer support programs for people with cancer: A review of the literature	To review the literature reporting on the use of volunteers in support programs for people with cancer	Systematic Review	28 papers were reviewed	Quantitative	Majority of studies included reported programs to be beneficial however, few used rigorous research methodologies
Moral-Munoz et al., 2019 Spain	Production Trends, Collaboration, and Main Topics of the Integrative and Complementary Oncology Research Area: A Bibliometric Analysis	To understand the current status of the research in integrative and complementary oncology	Bibliometrics	8406 documents published between 1976 to 2017 and citation counts up to February 2018.	Quantitative	China most dominant producer of research in the CAM therapy space. United states receive a higher number of citations. Primary topics include apoptosis, breast cancer, oxidative stress, chemotherapy, and NF-Kappa-B

Pan et al., 2014 China	Massage interventions and treatment-related side effects of breast cancer: a systematic review and meta-analysis	To assess the efficacy of massage on treatment-related side effects and quality of life in patients with breast cancer			Quantitative	Patients receiving regular use of massage had significantly greater reductions in anger and fatigue symptoms. There were no significant differences in depression, anxiety, pain, upper limb lymphedema, cortisol and health-related quality of life
Pan et al., 2017 China	Could yoga practice improve treatment-related side effects and quality of life for women with breast cancer? A systematic review and meta-analysis	To conduct a comprehensive evaluation of the relevant trials in order to assess clinical evidence for the effects of yoga in managing breast cancer symptoms	Systematic Review and Meta-Analysis	16 RCTs with a total of 930 women with breast cancer participating	Quantitative	Compared with the control groups, there was a statistically significant difference in overall health-related quality of life, depression, anxiety and gastrointestinal symptoms in those who participated in yoga
Piet, Würtzen & Zachariae 2012 Denmark	The Effect of Mindfulness-Based Therapy on Symptoms of Anxiety and Depression in Adult Cancer Patients and Survivors: A Systematic Review and Meta-Analysis	To test the hypothesis that MBT is an effective treatment for reduction of symptoms of anxiety and depression in adult cancer patients and survivors	Systematic Review and Meta-Analysis	22 studies with 1,403 participant adult cancer patients and survivors	Quantitative	Positive evidence to support the use of mindfulness-based therapy for cancer patients and survivors with symptoms of anxiety and depression

Posadzki et al., 2013 South Korea/UK	Acupuncture for cancer-related fatigue: a systematic review of randomised clinical trials	To critically evaluate the effectiveness of acupuncture (AT) or electroacupuncture (EA) for cancer-related fatigue	Systematic Review	548 patients from 7 RCTs.	Quantitative	Meaningful conclusions were unable to be drawn due to the quantity and quality of RCTs included
River et al., 2018 Australia	Convergent priorities and tensions: a qualitative study of the integration of complementary and alternative therapies with conventional cancer treatment	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		20 key stakeholders (cancer patients, cancer nurses, and oncologists) were recruited in the cancer centre of a public tertiary teaching hospital in Australia	Qualitative	Key concerns of all groups converged and diverged in three areas: - Prioritising the person: all groups were concerned with this but at times, CAM clashed with the traditional biomedical model. - What constitutes evidence: efficacy and safety were deemed important, but there was tension between groups as to what was considered evidence. Who should bear the costs: Patients and nurses were supportive of reduced healthcare costs. Oncologists suggested increased evidence was needed to justify the allocation of government resources to CAM
Schad et al., 2018 Germany	Implementation of an Integrative Oncological Concept in the Daily Care of a German Certified Breast Cancer Centre	To analyse how integrative strategies were implemented in the daily care of primary breast cancer patients	Cross-sectional clinical and demographic data were retrieved from the local hospital database		Quantitative	712 of 741 primary breast cancer patients (96.1%) received multimodal NPIs. 707 patients (99.3% of the patients who received NPIs) had at least 2 NPIs. The most frequent NPIs were massage (97.6%), psych-oncological support (95.4%; e.g., psychoeducation, psychotherapy, crisis intervention), movement therapies (89.7%; eurythmy therapy, physiotherapy), and nursing interventions (87.4%; e.g., compresses, embrocation, therapeutic baths)

Schell et al., 2019 Germany	Mindfulness-based stress reduction for women diagnosed with breast cancer	To assess the effects of mindfulness-based stress reduction (MBSR) in women diagnosed with breast cancer	Systematic Review and Meta-Analysis	14 trials published in 36 publications	Quantitative	- May slightly improve quality of life in the short term. Probably reduces anxiety, depression and fatigue in both the short and medium term
Seely et al., 2012 Canada	A systematic review of Integrative Oncology programs	To summarise the research literature describing Integrative Oncology programs	Systematic Review	53 articles comprising of books and journal articles	Quantitative	- There is ongoing growth and diversity evident in the Integrative Oncology programs that are situated internationally. More distinct IO models are operating in England and the USA. There is a mix of hospital and community-based programs
Smith et al., 2017 Australia	Integrative Oncology in Australia 2016: mapping service provision and exploring unmet needs	To identify specialised cancer service provision across Australia and providers' and cancer survivors' views on important unmet needs, barriers and facilitators	Cross-sectional survey, focus groups & online surveys	295 public and private healthcare organisations with cancer services, 33 participants of four focus groups and 121 on-line survey respondents	Quantitative & Qualitative	- IO services in Australia are increasing, creating the need for guidelines and policies. A gap remains between cancer patients and survivors needs, and the IO services that are accessible

Smith et al., 2018 Australia	Integrative Oncology and complementary medicine cancer services in Australia: findings from a national cross-sectional survey	To examine current IO service provision in Australia and explore barriers and facilitators to service delivery			Quantitative & Qualitative	- Of the 275 surveyed organisations (74.2%) were yet to provide any type IO service. IO services were largely provided in hospital inpatient or outpatient settings Services relied heavily on funding from patients and philanthropy, and the generosity of volunteer CM practitioners. Funding, need for more guidance on how to establish services, insufficient evidence of safety and efficacy, and a lack of support from oncologists or senior management
Stomski et al., 2018 Australia	The effect of self-selected complementary therapies on cancer patients' quality of life and symptom distress: A prospective cohort study in an Integrative Oncology setting	To examine the effectiveness of a multifaceted complementary therapies intervention, delivered in a systematic manner within an Australian public hospital setting, on quality of life and symptom distress outcomes for cancer patients	Prospective cohort study	1376 Adults receiving treatment for any form of cancer	Quantitative	- Quality of life scores improved significantly over 6 weeks of self-selected complementary therapies. Symptom distress fell significantly across 6 sessions of self-selected complementary therapies
Tang et al., 2019 China/USA	Art therapy for anxiety, depression, and fatigue in females with breast cancer: A systematic review	To evaluate existing evidence and examine the effects of art therapy on reducing the levels of anxiety, depression, and fatigue in female breast cancer patients including Chinese patients	Systematic Review	9 studies with a total of 754 female breast cancer patients	Quantitative	- Initial evidence suggesting art therapy to be beneficial for female breast cancer patients with respect to the treatment of anxiety, depression, and fatigue

Thronicke et al., 2018 Germany	Integrative cancer care in a certified Cancer Centre of a German Anthroposophic hospital	To evaluate how implemented IO concepts are applied to primary cancer patients in our CC by mainly evaluating applied standard and add-on complementary cancer therapies	Cross-sectional data retrieved from the Network Oncology (NO) registry	2,382 primary cancer patients treated at the CC GKH	Quantitative	IO concepts are used by a high proportion of male and female primary cancer patients of all age groups indicating a successful implementation of IO at the CC GKH <ul style="list-style-type: none"> - Almost every breast cancer patient (99.3%) and colorectal carcinoma patient (96.8%) compared to 77.1% ($p < 0.001$) of all primary lung cancer patients received add-on complementary therapies - 2.080 of 2.382 primary cancer patients - (87.3%) received add-on NPIs
Ugalde et al., 2019 Australia	“An Ambition to Make People Feel at Home” or “The Emperor’s New Clothes”? Professional stakeholder views of Wellness Centres in cancer care	To understand stakeholder opinions and perspectives about the potential of Wellness Centres to contribute to cancer care			Qualitative (Thematic)	Three themes: <ul style="list-style-type: none"> - The promise and ambition of Wellness Centres (important space, meets many currently unmet needs for patients, provides support to both patients and their carers) - The hesitations (Lack of evidence-based research, concerns over funding, issues with inequity and access) Optimising Wellness (increasing accessibility and equity, engaging minority groups, engaging in research to measure throughput). Diverse views and opinions amongst stakeholders, leading to varying levels of support for Wellness Centres
Vardy et al., 2019 Australia	Clinical Oncology Society of Australia position statement on cancer survivorship care	To outline the Clinical Oncology Society of Australia Model of Survivorship Care, summarising the critical components of cancer survivorship care	Position Statement	N/A	N/A	5 recommendations made: “1. Healthcare teams should implement a systematic approach to enhance coordinated and integrated survivor centred care. 2. Stratified pathways of care are required. 3. Survivorship care should support wellness, healthy lifestyle and primary and secondary prevention while preventing and managing treatment related symptoms, late-term effects and comorbidities, in addition to cancer surveillance

						<p>4. At transition to follow-up care, healthcare teams should develop a treatment summary and survivorship care plan.</p> <p>5. Survivors require equitable access to services in a timely manner, while minimising unnecessary use of healthcare services and resources”</p>
Weeks et al., 2014 Canada	Developing an operational model for an Integrative Oncology program: a qualitative descriptive feasibility study	To assess the feasibility of developing an Integrative Oncology program in the Champlain region	Qualitative descriptive feasibility study (Interview & focus groups)	39 interviews and two focus groups (n=20) with cancer patients, their caregivers and complementary and conventional (n =15) healthcare professionals	Qualitative (Thematic)	<p>A primary theme was identified in the establishment of an IO program - acceptance or tolerance of an Integrative Oncology program which was broken down into the following categories:</p> <ul style="list-style-type: none"> - Operational model - Values to guide an Integrative Oncology program - Physical location and design - Facilitators and barriers to establishing an Integrative Oncology program
Williams et al., 2014 Australia	An Oasis in the Hospital The Perceived Benefits of a Cancer Support Centre in a Hospital Setting Offering Complementary Therapies	To explore and describe the experiences of persons attending a cancer support centre, providing emotional support to cancer patients through self-selected complementary therapies offered free of charge through qualified volunteer therapists			Qualitative	<p>Patients reported experiencing benefits from attendance at the drop-in Wellness Centre. Overarching theme of consumer experience was identified as an oasis in a hospital. Specifically supporting patients in facilitating comfort, making sense of the cancer experience and increasing personal control</p>

Witt et al., 2017 Multinational	A Comprehensive Definition for Integrative Oncology	To develop a comprehensive and acceptable definition for Integrative Oncology	Mixed methods: scoping literature search and analysis as well as Delphi surveys	20 articles with definitions of Integrative Oncology & 28 stakeholders (79% from North America, 50% oncologists) completed the first survey 85 SIO member (19.6%) took part in a second survey	Qualitative (Thematic)	A comprehensive definition of 'Integrative Oncology' was created
Wurjatmiko 2019 Indonesia	The Effects of Music Therapy Intervention on the Pain and Anxiety Levels of Cancer Patient: A Systematic Review	To conduct a systematic review analysis in terms of the effects of music therapy on the anxiety and pain levels of the cancer patients	Systematic Review	8 articles including cancer patients reporting physical pain and/or anxiety	Quantitative	Music therapy was found to have a significant beneficial effect on levels of pain in people with cancer in 87.50% of the articles, and on the level of anxiety in cancer patients in 75.00% of the included articles
Xunlin, Lau & Klainin-Yobas 2020 Singapore	The effectiveness of mindfulness-based interventions among cancer patients and survivors: a systematic review and meta-analysis	To systematically summarise and synthesise the best available evidence concerning the effectiveness of mindfulness-based interventions on anxiety, depression, quality of life, fatigue, stress, posttraumatic growth, and mindfulness among adult cancer patients and survivors	Systematic Review and Meta-Analysis	29 studies were included with a total of 3476 adult cancer patients and survivors	Quantitative	Participants who received mindfulness-based interventions reported significantly lower anxiety, depression, fatigue, and stress. They also reported increased quality of life, posttraumatic growth, and mindfulness than respondents in control groups

Yaguda & Gentile 2019 USA	Group Acupuncture Model in a Cancer Institute: Improved Access and Affordability	To describe the successful transition from an individual to group acupuncture model at one cancer institute	Commentary	Patients utilizing the acupuncture individual & group service in 2014,15 & 18	Quantitative	The need for philanthropic support decreased from 92% in 2014 to 16%–24%. Completed acupuncture visits in 2015 (group setting) were up 275% from 2014 (Individual setting) The study noted an overall improvement in accessibility and affordability of acupuncture for cancer patients
Yangöz & Özer 2019 Turkey	The effect of music intervention on patients with cancer-related pain: A systematic review and meta-analysis of randomised controlled trials	To synthesise the effect of music intervention on patients with cancer-related pain in randomised controlled trials	Systematic Review and Meta-Analysis	6 studies with 593 patients with cancer-related pain	Quantitative	Music interventions have a moderate effect on cancer-related pain
Yun et al.,2017 USA/China	Growth of integrative medicine at leading cancer centre between 2009 and 2016: a systematic analysis of NCI-designated comprehensive cancer centre websites	To determine the change in integrative medicine content on their websites	Systematic Analysis	45 National Cancer Institute (NCI)-designated comprehensive cancer centre websites	Quantitative	Information about integrative medicine on NCI-designated cancer centre websites has increased between 2009-2016. Most cancer centre offer some components of integrative medicine suggesting they are being incorporated into cancer care

Appendix 3: Australian and International Oncology and Integrative Oncology Groups

Name	Year established	Aims/Mission	Scope	Funding	Website
Union for International Cancer Control	1933	<p>UICC is committed to delivering the targets of the World Cancer Declaration through strategic partnerships involving members and other institutions interested in fighting cancer. Together we aim to save millions of lives by focusing on what needs to be done by taking the lead in:</p> <ul style="list-style-type: none"> - Convening the world’s leaders for innovative, wide-reaching, cancer control events and initiatives - Building capacity to meet regional needs - Leveraging past advocacy successes to drive change in the future 	UICC’s three key areas of focus: convening, capacity building and advocacy	Membership, donations, partnerships, publications	www.uicc.org/
USA					
American Society of Clinical Oncology	1964	Conquering cancer through research, education, and promotion of the highest quality patient care	<p>ASCO Promotes and Provides For</p> <ul style="list-style-type: none"> - Lifelong learning for oncology professionals, - Cancer research, - An improved environment for oncology practice, - Access to quality cancer care, - A global network of oncology expertise, and - Educated and informed patients with cancer 	Sponsorships and donations raised through Conquer Cancer; The ASCO Foundation, Memberships, Journal subscription	www.asco.org/
Society for Integrative Oncology	2003	To advance evidence-based, comprehensive, integrative healthcare to improve the lives of people affected by cancer	SIO enables communication, education, and research to occur by bringing together practitioners from multiple	Donations, Sponsorships, Memberships	integrativeonc.org/

			disciplines focused on the care of cancer patients and survivors		
Australia					
Clinical Oncology Society of Australia – Integrative Oncology group Integrative Oncology group	2008	<ul style="list-style-type: none"> - Provide a voice for COSA members - Advocate for equity of access for all - Australians with cancer and their carers to integrative oncology - Foster interdisciplinary collaboration to promote integrative models of care - Raise awareness of the contribution of integrative oncology in improving cancer outcomes - Advocate for improved professional standards - Advocate for greater research into integrative oncology - Provide education opportunities 	COSA is Australia’s peak oncology body and is active in four main areas: education, networks, advocacy and research	Membership fees, Grants	www.cosa.org.au/groups/integrativeoncology
Solaris Cancer Care	2001	To support and empower people with cancer, their families and the community to live well before, during and after a cancer diagnosis	A registered charity operating from 5 centres across metropolitan Perth and rural and regional WA. Solaris Cancer Care has some 350 volunteers of which about half are complementary therapists	Fundraising, Donations and Grants	solariscancercare.org.au/
UK					

British Society for Integrative Oncology	2012	The mission of the British Society for Integrative Oncology is to promote the integration of orthodox and complementary medicine to improve the lives of people affected by cancer in the UK	<ul style="list-style-type: none"> - To develop and maintain a network of professionals and organisations in the field of Integrative Oncology in the UK - To provide education and conferences to promote dialogue between professions, enhance understanding of Integrative Oncology, share best practice and promote clarity about safety, effectiveness and cost-effectiveness - To provide links to reliable evidence-based resources providing high quality information on Integrative Oncology - To maintain international links, especially with the SIO in the USA which inspired the foundation of 	Membership, donations	bsio.org.uk/
Maggie's Centres	1996	The overarching aim is to improve the quality of life for people with cancer and their families through a high quality	Cancer support and information in architecturally designed nonclinical environments.	Charitable trusts, Community fundraising,	www.maggies.org/
Europe					
European Society of Integrative Medicine	2008 was the date of the first ECIM conference	To facilitate the advancement of science, research, education and further training, to support best and evidence based medical care and to provide advice on policy in the realm of Integrative Medicine	Holding scientific events and conducting dialogue with professional health care and public health associations and institutions	Membership	www.europeansociety-integrativemedicine.org/
European Society for Medical Oncology	1975	<ul style="list-style-type: none"> - Improve the quality of prevention, diagnosis, treatment, supportive and palliative care, as well as the follow-up of patients with malignant diseases - Advance the art, science, recognition, and practice of oncology - Disseminate knowledge to cancer 	ESMO is committed to offer the best care to people with cancer, through fostering integrated cancer care, supporting oncologists in their professional development, and advocating for	Sponsorship, registration fees, membership, journal income, investments	www.esmo.org/

		<p>patients and the public</p> <p>Educate and train people involved in clinical cancer care and research</p> <ul style="list-style-type: none"> - Ensure a high standard of qualification of medical oncologists within the multidisciplinary team - Promote equal access to optimal cancer care for all cancer patients 	<p>sustainable cancer care worldwide</p>		
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Appendix 4: Key Policy Documents for Australian States and Territories

State	Key Policy Document	Timeframe	Integrative Oncology Relevant Policies		
			Key Areas	Objectives	Strategies/Focuses
New South Wales	NSW Cancer Plan	2016-2020	To increase the survival of people with cancer	Improve cancer outcomes	<p>Strengthen the capacity of the cancer system to deliver high quality, patient-centred, integrated, multidisciplinary care, with a focus on reducing unwarranted clinical variation:</p> <ul style="list-style-type: none"> - Redesign models of care to ensure equitable and sustainable access to needs-based psycho-oncology. - Facilitate allied health support for people during treatment and whilst recovering from treatment. - Engage with people affected by cancer and the community in the design and implementation of cancer services
			To improve the quality of life of people with cancer		<p>Support people with cancer to keep healthy during and after a cancer diagnosis and treatment (including survivorship):</p> <ul style="list-style-type: none"> - Implement strategies, and develop and disseminate tools and resources that support people affected by cancer to appropriately self-manage. - Develop and disseminate information to support patient decision making about cancer treatment, care and survivorship, appropriate for different levels of health literacy and priority groups - Provide accessible information and support to people affected by cancer. - Ensure survivorship management after treatment. - Build stronger links to physical rehabilitation services for people with cancer. - Facilitate access to psychosocial support for people affected by cancer. - Utilise consumer engagement and patient reported measures in system improvement and redesign: - Develop initiatives that facilitate greater engagement of people affected by cancer and the community in service planning and delivery. - Develop methods to collect patient experience and patient outcomes to inform the planning and implementation of cancer service improvement activities
Victoria	Victorian Cancer Plan	2016-2020 (New plan due mid-2020)	Treatment	Improve patients' experience of treatment and care	<ul style="list-style-type: none"> - Support and develop self-management programs for cancer patients, and implement service reforms to better support patients in preventing and managing the side effects associated with treatment - Better understand and address social and cultural barriers that may affect access to services. - Expand options for patients to have care provided locally where appropriate.

					<ul style="list-style-type: none"> - Monitor and assess patients' experiences of care, both locally and state-wide, and include quality of life and other Patient-reported outcome measures to better understand treatment impacts
			Wellbeing and support	<ul style="list-style-type: none"> - Strengthen supportive care and self-management - Support cancer survivors to recover and thrive 	<ul style="list-style-type: none"> - Ensure implementation of systematic approaches to meet people's support needs through the Optimal Care Pathway, including the identification of needs and referral to appropriate supportive care services for people with cancer, their families and carers. - Build and refresh the workforce skills and competency in supportive care approaches. - Build self-sufficiency to enable cancer patients, their families and carers to seek information, peer support, referral and supportive care services at all stages of the pathway. - Support approaches for priority groups that may have additional needs, including young people and older Victorians with cancer. - Implement survivorship programs to support people in their recovery and to reduce and manage consequences of treatment to achieve better long-term quality of life: <ul style="list-style-type: none"> — rehabilitation — long-term follow-up for late effects of treatment – follow-up programs with children and adolescents — link with chronic disease management in the community for those who have persisting effects of treatment. - Develop agreed follow-up guidelines, including shared care with general practitioners, and implement across Victoria. - Integrate the care of other conditions with cancer treatment, particularly for the elderly
Western Australia	WA Cancer Plan	2020–2025	Western Australians with cancer and their families live well	<ul style="list-style-type: none"> - Empower cancer survivors to live well. - Support people affected by cancer 	<ul style="list-style-type: none"> - Ensure access to supportive and psychosocial care for all following a cancer diagnosis. - Enhance provision of culturally secure supportive care, communication and information for Aboriginal people, their family, carers and community across the cancer continuum. - Co-develop and implement Survivorship Care Plans and Treatment Summaries in partnership with cancer survivors. - Empower cancer survivors to access appropriate services to self-manage the long-term effects of cancer and to engage in healthy lifestyle behaviours.

					<ul style="list-style-type: none"> - Establish transparent public reporting of patient reported experience and outcomes and monitoring of system-wide performance indicators
Queensland	Cancer Care State-wide Health Service Strategy	2014–2024	<p>Cancer care services promote consistency of the care across the state through the use of multidisciplinary teams, evidence-based treatment protocols, guidelines and standards and ensure people affected by cancer are well informed throughout their cancer journey</p>	<ul style="list-style-type: none"> - Improve cancer care decision making by involving patients and their general practitioner as active partners in decisions about their care and keeping them and their carers informed throughout their cancer journey. - Continue the implementation of a cancer care coordination model across all services incorporating psycho-social support 	<ul style="list-style-type: none"> - Evaluate the existing care coordination models, including the implementation or enhancement of psycho-social and peer support, and recommend future development and implementation of a state-wide model - Each service to measure patient satisfaction throughout the patient’s journey including treatment, psycho-social support including peer support, rehabilitation and palliative care. This tool is to include measures for assessing involvement in patient-centred decision making, account for patient preferences, access to evidence-based information and education resources
			<p>Cancer care services are provided through a network of services linked to form an integrated, coordinated, efficient service partnering with private sector and nongovernment support services where practicable</p>	<p>Conduct local health service planning to integrate and coordinate cancer care services including establishing service partnerships and implementing appropriate clinical and business/service governance arrangements</p>	<ul style="list-style-type: none"> - Work with non-government organisations to further develop support services for cancer patients, survivors and their families, building on existing successful models

			Cancer care services Continuously improve capability to support accuracy and timelines of cancer diagnosis, access to timely evidence-based cancer treatment services with quality of care sustained over time and access to support programs and/or high-quality end of life care services as appropriate	Improve access to support programs for cancer survivors, including young people living with cancer and their families	<ul style="list-style-type: none"> - Evaluate and build upon cancer support services in the acute setting, together with community organisations to further improve or enhance access to cancer survival resources, and support and self-management programs (with emphasis on young people living with cancer and their families). - Monitor, report and conduct local planning as necessary to improve access to clinics, diagnostic, medical and surgical sub-specialties, multidisciplinary teams, support care and treatment services that are in line with established targets and benchmarks for: <ul style="list-style-type: none"> — diagnostic technology (imaging, pathology, endoscopy) — treatment (surgical-oncology, radiation and chemotherapy) — supportive services, end of life and specialist palliative care - Implement strategies to enhance patient access to evidence-based resources about cancer survival and self-management programs—in particular implement strategies to promote awareness to young people living with cancer of the late side effects of treatment, and second malignancies or other chronic diseases which can develop in adult life
Northern Territory	Northern Territory Cancer Care Strategy	2018–2022	Person-centred care and communication	Delivery of high-quality cancer care and services that are respectful and responsive to patient priorities, needs and values, supported by engagement and communication through the patient’s cancer journey, achieving the best possible health outcomes	<p>Care and support:</p> <ul style="list-style-type: none"> - Involve consumers in cancer service planning, education and supportive care programs. - Review travel and accommodation eligibility for cancer patients and their carers with a focus on patient needs, cultural, family and wider community relationships, access to adequate psychosocial support of patient emotional wellbeing; and appropriate financial support through the Patient Assisted Travel Scheme. <p>Service delivery linkages:</p> <ul style="list-style-type: none"> - Provide Territory-wide contemporary patient care, including for all stages of cancer management - awareness and prevention, diagnosis, treatment and follow up, supportive care, survivorship and end of life care. - Strengthen systems and processes for coordination of care and referrals within NT Health. - Improve access, services and facilities offered in survivorship including integration of monitoring with involvement of general practitioners, other PHC providers and specialists, wellbeing services, psychosocial and community support
			Workforce development	Achieving an integrated and sustainable workforce through recruitment, retention, professional development and training, recognising that	<p>Recruitment and retention:</p> <ul style="list-style-type: none"> - Identify ways to create a specialist workforce in NT for all aspects of cancer care including support of survivorship and grief counselling

				multidisciplinary care is the cornerstone of best practice cancer care	
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*Note: Current policy documents for South Australian and Tasmania were not accessible

Appendix 5: Key Integrative Oncology Centres in Australia

Name	Year Established & Location	IO Model	Vision	Services Offered	Website
Peter MacCallum Cancer Centre - Wellbeing Centre	2016, VIC	Co-located with Hospital / Oncology setting	"The Wellbeing Centre is a sanctuary for our patients, their families and carers. A gathering place that is open, accepting and welcoming for all. It is a place to relax, to get emotional and practical support and complementary wellbeing therapies. We hope to improve the physical and emotional wellbeing of everyone who enters the wellbeing space"	<ul style="list-style-type: none"> - Arts for Wellbeing - Music therapy - Hand and foot massage - Oncology Massage - Cultural support for Mandarin and Cantonese-speaking patients and carers - Research Tours - Men's Shed - Carers support group - Mindfulness & Meditation - Yoga - Writing therapy - Victorian Head and Neck Cancer and Education Support Group - Love and Light Lung Cancer Support Program - Bridge of Support by Counterpart breast cancer peer support program - Mandarin-speaking Cancer Support Group - Myeloproliferative Neoplasms Support Group - Education sessions - Let's Talk Exercise - Let's Talk Lymphoedema - Let's Talk Fatigue - Food for Thought - Time Out 	www.petermac.org

				- Sleep Hygiene	
Chris O'Brien Lifehouse - The LivingRoom	2013, NSW	Co-located with Hospital / Oncology setting	"To transform cancer treatment for Australians with cancer through an environment thriving on research, discovery and uncompromising care"	- Medical consultation - Nursing consultation and care coordination - Survivorship program - Prehabilitation - Acupuncture - Exercise Physiology - Lymphoedema therapy - Mindfulness Meditation - Physiotherapy - Oncology Massage - Reflexology - Qigong - Reflexology - Yoga classes - Yoga therapy - Arterie art as therapy - Counselling - Dietician/Nutritionist - Music Therapy - Support groups - Look good feel better - Online programs - Educational programs - Research program - Student placements and education - Staff wellbeing	www.mylifehouse.org.au

Solaris Cancer Care	2001, WA	Two centres co-located with major hospitals Two standalone centres in regional cities near hospitals One metro Perth standalone centre with focus upon survivorship	“Our vision is for all Western Australians affected by cancer to have access to support services and wellness opportunities in their time and place of need”	<ul style="list-style-type: none"> - Meditation - Yoga - Tai Chi - Sound Experience - Reflexology - Massage - Art & Writing Therapy - Exercise 	www.solariscancercare.org.au
Bloomhill Cancer Care	1997, QLD	Community Centre	“Bloomhill is a centre of excellence for integrated cancer care, balanced by our profound connection with and understanding of our clients and their needs”	<ul style="list-style-type: none"> - Acupuncture - Reflexology - Oncology Massage - Bloomhill Lymphoedema Information & Support Service (BLISS) - Yoga - Pilates - Qi Gong - Exercise Physiology - Counselling & Psychology - Nutrition & Dietetics - Occupational Therapy - Support Groups 	www.bloomhill.com.au
Olivia Newton-John Cancer Wellness & Research Centre	2012, VIC	Co-located with Hospital /Oncology setting	“The ONJ Centre is committed to improving the lives of patients, both now and in the future”	<ul style="list-style-type: none"> - Acupuncture - Art Therapy - Brain Tumour Support Service - Clinical Psychology - Music Therapy - Prostate Cancer Specialist Nursing Service - Oncology Massage - Yoga 	www.onjcancercentre.org

				<ul style="list-style-type: none">- Mindfulness- Look Good Feel Better (Cosmetic & Beauty services)- Living with Cancer Education Program- Support Groups- Livewell: Cancer Survivorship Program- Brain Tumour Support Group- Brain Space: Brain Tumour Support for Younger People	
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