Regione Toscana

M•C TOSCANA

SST Servizio Sanitario della Toscana

Verso un miglioramento della qualità di vita delle donne operate: terapie integrative

Elio Rossi

Ambulatorio Medicine complementari e alimentazione in oncologia

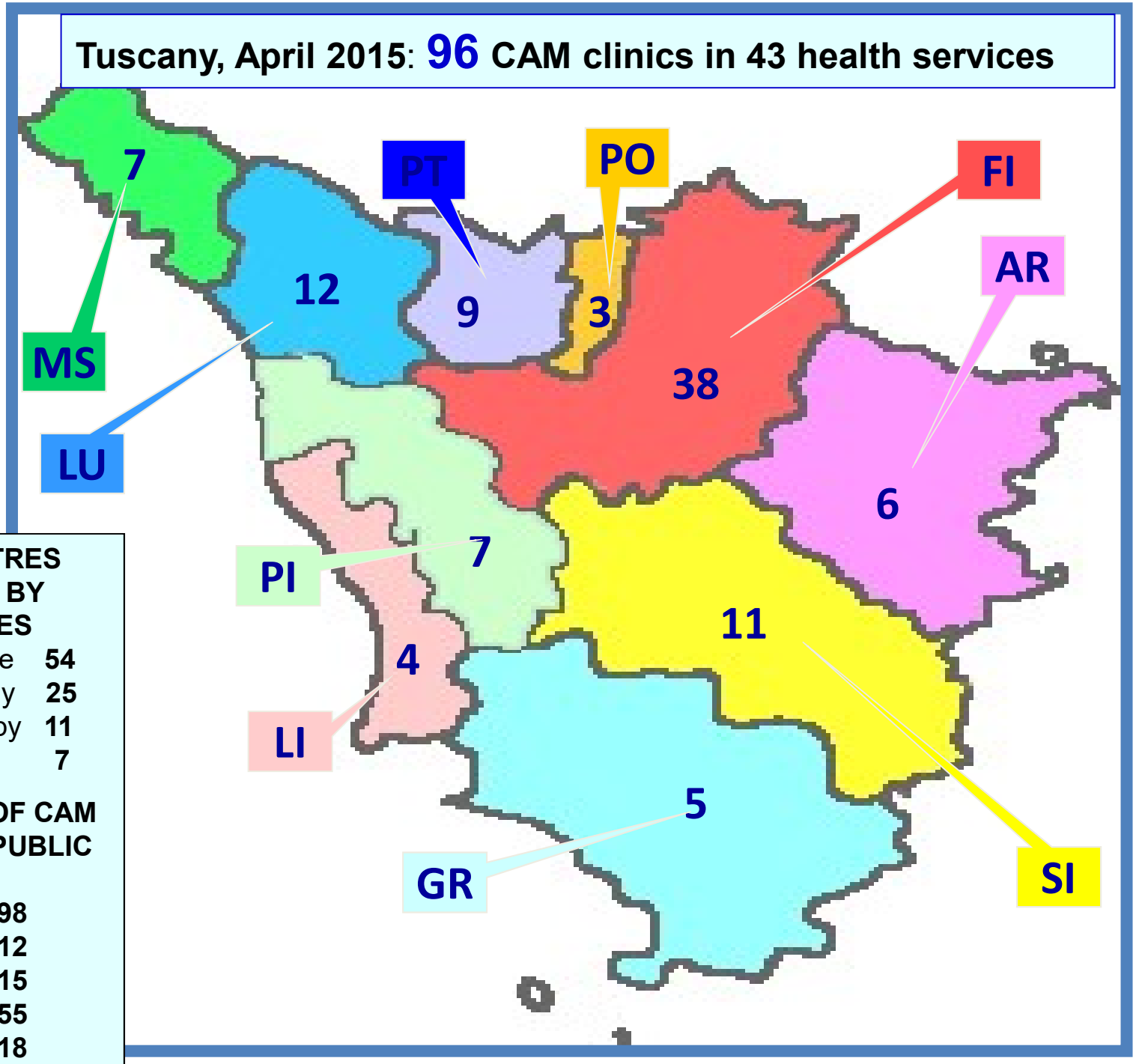
Azienda USL Toscana Nord ovest Lucca

CPO
Centro di Riferimento per l'Epidemiologia e la Prevenzione Oncologica in Piemonte

REGIONE PIEMONTE

Workshop

" PROGRAMMA REGIONALE DI SCREENING PER IL TUMORE DELLA MAMMELLA PREVENZIONE SERENA "
Workshop 2016



CAM CENTRES GROUPED BY DISCIPLINES

Acupuncture	**54**
Homeopathy	**25**
Phytotherapy	**11**
Other	**7**

NUMBER OF CAM VISITS IN PUBLIC CENTRES

2006:	**20,698**
2007:	**22,812**
2008:	**23.515**
2009:	**24.455**
2010:	**29.918**

Original article

Annals of Oncology 16: 655–663, 2005
doi:10.1093/annonc/mdi110
Published online 3 February 2005

Use of complementary and alternative medicine in cancer patients: a European survey

A. Molassiotis[1]*, P. Fernadez-Ortega[2], D. Pud[3], G. Ozden[4], J. A. Scott[5], V. Panteli[6], A. Margulies[7], M. Browall[8], M. Magri[9], S. Selvekerova[10], E. Madsen[11], L. Milovics[12], I. Bruyns[13], G. Gudmundsdottir[14], S. Hummerston[15], A. M.-A. Ahmad[1], N. Platin[16], N. Kearney[5] & E. Patiraki[17]

[1]School of Nursing, University of Manchester, Manchester, UK; [2]Institut Català Oncologia ICO, Barcelona, Spain; [3]Faculty of Social Welfare and Health Studies, University of Haifa, Haifa, Israel; [4]Gazi University Hospital, Ankara, Turkey; [5]Department of Nursing and Midwifery, University of Stirling, Stirling, UK; [6]Greek Oncology Nursing Society and Ag. Anargiri Hospital, Athens, Greece; [7]Zurich University Hospital, Poliklinik Onkologie, Zurich, Switzerland; [8]Sahlgrenska University Hospital, Gothenburg, Sweden; [9]Università degli Studi di Milano-Istituto Nazionale Tumori, Milan, Italy; [10]Masaryk Memorial Cancer Institute, Brno, Czech Republic; [11]Oncology Department, Aarhus University Hospital, Aarhus, Denmark; [12]Department of Education, Institute for Oncology and Radiology, Belgrade, Serbia and Montenegro; [13]Belgian Society of Oncology Nursing, Brussels, Belgium; [14]Department of Oncology, Lanspitali, Reykjavik, Iceland; [15]Department of Oncology, City Hospital, Nottingham, UK; [16]School of Health Sciences, Koc University, Istanbul, Turkey; [17]Greek Oncology Nursing Society and Department of Nursing, University of Athens, Athens, Greece

Data suggest that CAM is popular among cancer patients with **35.9% using some form of CAM** (range among countries **14.8% to 73.1%**). A heterogeneous group of 58 therapies were identified as being used. Herbal medicines and remedies were the most commonly used CAM therapies, together with **homeopathy**, vitamins/minerals, medicinal teas, spiritual therapies and relaxation techniques.

Johannessen H. **Prevalence in the use of complementary medicine among cancer patients in Tuscany, Italy (2008)**

Use of CAM among cancer patients: (Molassiotis 2005; VS Johannessen 2007)

Country	No of persons included	CAM use %
Italy	52	73,1
Czech Republic	51	58,8
Switzerland	72	48,6
Belgium	45	40
Turkey	100	37
Denmark	50	36
Israel	111	32,4
Serbia	50	32
Sweden	59	30,5
Iceland	43	30,2
Spain	115	29,8
England	34	29,4
Scotland	93	29
Italy (Tuscany)	**132**	**(29) 17**
Greece	81	14,8

37.9% of patients were using one or more types of CAM;
66.3% informed their physicians about CAM use;
89.6% experienced benefits

Original Article

Use and Perceived Benefits of Complementary Therapies by Cancer Patients Receiving Conventional Treatment in Italy

Andrea Bonacchi, MD, PhD, Lorenzo Fazzi, PsyD, Alessandro Toccafondi, PsyD, Maurizio Cantore, MD, Andrea Mambrini, MD, Maria Grazia Muraca, MD, Grazia Banchelli, MD, Mauro Panella, Francesca Focardi, PsyD, Roberto Calosi, PsyD, Francesco Di Costanzo, MD, Massimo Rosselli, MD, and Guido Miccinesi, MD

Clinical and Descriptive Epidemiology Unit (A.B., G.M.) and Centro Riabilitazione Oncologica (CERION) (M.G.M., G.B.), Institute for Cancer Research and Prevention (ISPO), Florence; Centro Studi e Ricerca Synthesis (A.B., L.F., A.T.), Florence; Oncologia Medica AUSL 1 Massa Carrara (M.C., A.M.), Carrara; Oncologia Medica AUSL 4 di Prato (M.P.), Prato; Oncologia Medica Aziendale AUSL 10 (F.F., R.C.), Florence; Oncologia Medica, Azienda Ospedaliero Universitaria Careggi-Firenze (F.D.C.), Florence; and Service of Psychosomatic Medicine (M.R.), U.O. Internal Medicine and Hepatology, Department of Internal Medicine, University of Florence, Florence, Italy

Collaboration between Tuscan Network for Integrative Medicine and Tuscan Tumour Institute

Since 2009 the **Tuscan Tumour Institute (TTI)** and the **Tuscan Network of Integrative Medicine (TNIM)** have established a working group composed of experts in CM and oncologists **to review the literature on the use of CM in cancer care**.

Final document of the regional group «**CM in oncology**» promoted by Tuscan Network of Integrative Medicine and Tuscan Tumour Institute

Complementary Medicine in Oncology Group:

Gianni Amunni, Sonia Baccetti, Simonetta Bernardini, **Alessandro Bussotti, Loredana Cassi**, Franco Cracolici, Valerio del Ministro, Fabio Firenzuoli, **Luisa Fioretto, Lucia Mangani, Teresita Mazzei**, Maria Valeria Monechi, Duccio Petri, Maria Cristina Quaranta, Elio Rossi.

Medicine complementari (MC) e Medicine non convenzionali (MNC) nella terapia oncologica

evidenze cliniche

versione 10.8.2009 **modificata Luglio 2010**

Redazione del testo a cura del gruppo tecnico regionale dell' Istituto Toscano Tumori - ITT e della Rete Toscana di Medicina Integrata – RTMI , "Medicine complementari in oncologia" composto da:
Gianni Amunni, Sonia Baccetti, Simonetta Bernardini, Alessandro Bussotti, Loredana Cassi, Franco Cracolici, Valerio del Ministro, Fabio Firenzuoli, Luisa Fioretto, Lucia Mangani, Teresita Mazzei, Maria Valeria Monechi, Duccio Petri, Maria Cristina Quaranta, Elio Rossi.

Revisione del testo a cura di Sonia Baccetti, Fabio Firenzuoli, Luisa Fioretto, Elio Rossi.

Editing a cura di Maria Valeria Monechi, Maria Cristina Quaranta

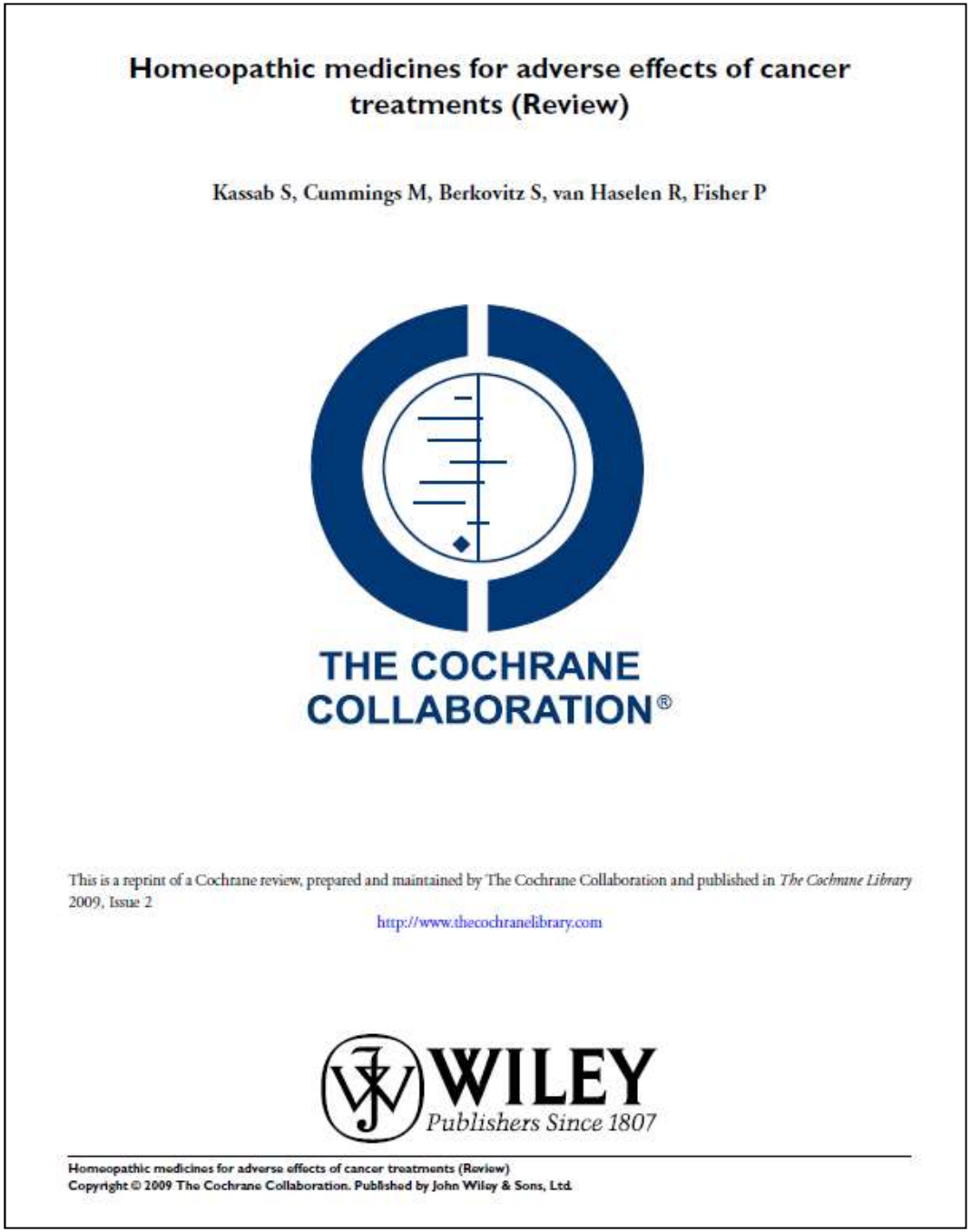
1 1

Homeopathic medicines for adverse effects of cancer treatments

Sosie Kassab, Mike Cummings, Saul Berkovitz, Robbert van Haselen, Peter Fisher

Royal London Homoeopathic Hospital, London,

UK. British Medical Acupuncture Society, London, UK. INTMEDI, Surrey, UK



Homeopathic medicines for adverse effects of cancer treatments (Review)

Kassab S, Cummings M, Berkovitz S, van Haselen R, Fisher P

THE COCHRANE COLLABORATION®

This is a reprint of a Cochrane review, prepared and maintained by The Cochrane Collaboration and published in *The Cochrane Library* 2009, Issue 2

http://www.thecochranelibrary.com

WILEY Publishers Since 1807

Homeopathic medicines for adverse effects of cancer treatments (Review)
Copyright © 2009 The Cochrane Collaboration. Published by John Wiley & Sons, Ltd.

TABELLA RIASSUNTIVA *OMEOPATIA E OMEOTERAPIE* IN ONCOLOGIA						
Prodotto Medicinale	**Possibili indicazioni**	**Studi disponibili**	**Livello di Prova PNLG**	**Forza di raccomandazione PNLG**	**Avvertenze**	**Note**
Calendula	Prevenzione radiodermiti	1 RCT	II	B		Raccomandazione di tipo A come alternativa nei casi che non rispondono al trattamento convenzionale
Traumeel S (TRS. NewYork NY:USA)	Nella stomatite indotta da chemioterapia dopo trapianto autologo o allogenico di cellule staminali	1 RCT	II	B		Raccomandazione di tipo A come alternativa nei casi che non rispondono al trattamento convenzionale
Vischio	Tumori del colon retto Tumori del pancreas Altri tipi di tumore	Vari RCT review sistematiche e meta-analisi	I	B	Comparsa di ipertermia dopo trattamento	
SCDS estratti di Embryo Zebrafish	Glioblastoma, epatocarcinoma, tumori ovarici, tumori del polmone, tumori del colon	Vari studi osservazionali su casi avanzati in cui la terapi. conven. era stata sospesa o praticata con intenzioni palliative	II	B		Raccomandazione di tipo A come alternativa nei casi di epatocarcinoma che non rispondono al trattamento convenzionale

Friday 11 March 2011 14:00-18:00
Round-Table Symposium on Integrative Oncology in Health Policy

"Obstacles and Opportunities: the economic, political, regulatory, educational and professional landscape that integrative medicine faces as it attempts to develop a larger presence in the health care systems of a diverse group of nations."

On the afternoon of Friday March 11, a round-table conference will be held to describe and discuss the status of Integrative Oncology in various parts of the world. Discussants include preeminent leaders in related fields. Audience size is limited.

Symposium Moderator: **Richard (Buz) Cooper**, MD, Prof Medicine and Senior Fellow in Health Economics, University of Pennsylvania, Philadelphia.

Participants

Michael Baum MB, ChB, FRCS, ChM, MD(hon), FRCR(hon), Professor Emeritus of Surgery and visiting Prof of Medical Humanities, University College London. Chair of CAM reviews & Guidelines.

Eran Ben-Arye, MD, Haifa, Israel. Founder and director of the Integrative Oncology Program within the Haifa and Western Galilee Oncology Service, Lin Medical center, Clalit Health Services.

Prof Massimo Bonucci, MD, Chief, Clinical and Surgical Pathology, San Feliciano Hospital Rome, Professor of Integrative Oncology postgraduate programs, Marconi University (Rome) and University of Chieti; President, Association Research for Integrative Oncology Treatments (ARTOI), Italy.

Barrie R. Cassileth, MS, PhD, Laurance S. Rockefeller Chair in Integrative Medicine, Chief, Integrative Medicine Service, Memorial Sloan-Kettering Cancer Center.

Prof Ping Cheung (P.C.) Leung, MD, Director, Institute of Chinese Medicine, Chinese University of Hong Kong.

Fabio Firenzuoli, MD, Director of referring center of Phytotherapy of Tuscany Region, Center of Integrative Medicine of the University of Florence, and Chairman of Clinical Center of Natural Medicine of S.Giuseppe Hospital (Empoli), Italy.

Prof Clyde Jensen, Dean of Science, Mount Hood Community College, Gresham, Oregon.

Prof Stephen Sagar, MD, McMaster University & Juravinski Cancer Centre, Canada.

Peter Zweifel, PhD, Professor of Economics, SOI University of Zurich.

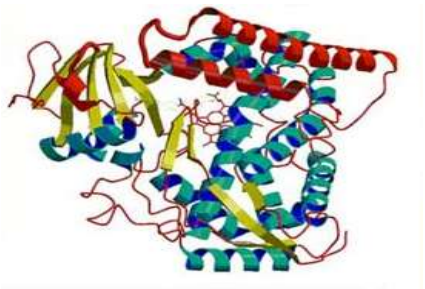
Center for Integrative Medicine
Careggi, Universitary Hospital of Florence

Interactions between herbs and drugs

Claritromcina	Eritromicina	Alprazolam	Diazepam	Midazolam
Indinavir	Nelfinavir	Ritonavir	Saquinavir	Astemizole
Clorfeniramina	Amlodipine	Diltiazem	Felodipine	Lercanidipine
Nifedipine	Nitrendipine	Verapamil	Atorvastatin	Cerivastatina
Lovastatin	Simvastatin	Terfenadina	Vincristina	Zolpidem
Ciclosporina	Tacrolimus	Estradiolo	Idrocortisone	Progesterone
Triazolam	Testosterone	Desametazone	Apreptitant	Ariprazolo
Buspirone	Caffeina	Fentanil	Finasteride	**Gleevec**
Irinotecan	Metadone	Propanololo	Chinina	Risperidone
Salmoterolo	Sildenafil	**Tamoxifene**	**Taxolo**	Aloperidolo

Enzyme inducers

Hypericum
Zingiber
Angelica
sinensis
Ginkgo
Eucalipto
Momordica
Salvia m.



CYP3A4

Enzyme inhibitors

Pompelmo	*Citrus spp*
Echinacea	*Propoli*
Star fruit	*Curcuma*
Boswellia	*Piperina*
Silimarina	*Liquirizia*
Echinacea	*Ginseng*
Ganoderma	*Idraste*
Serenoa	*Genisteina*
Uncaria	*Uva ursina*
Menta	Vite

Firenzuoli, 2009

Interaction between drugs

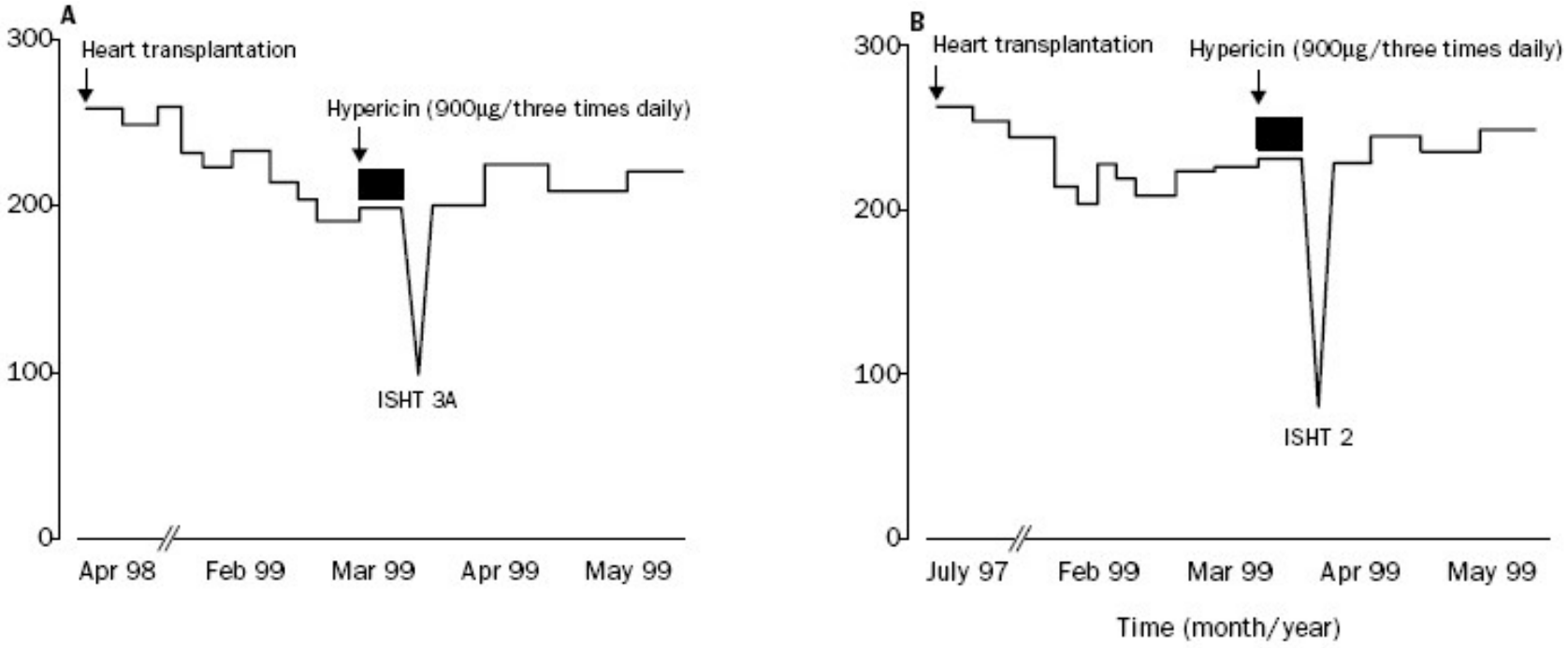
CYP450 ENZYME INDUCTION

THE LANCET • Vol 355 • February 12, 2000

Acute heart transplant rejection due to Saint John's wort

Frank Ruschitzka, Peter J Meier, Marko Turina, Thomas F Lüscher, Georg Noll

We report here acute rejection in two transplant patients due to a metabolic interaction of St John's wort and ciclosporin.



Reversed Grading

Reversed Grading	Evidence	Recommendation
IA	Laboratory evidence *in vitro* and *in vivo* and clinical reports of pharmacological interference with proven risk of effectiveness reduction of anticancer therapy	ABSTAIN from prescription during oncological therapy
IIA	Only in vitro and in vivo laboratory evidence without any signalling of clinic interference, and no research carried out to study the clinical interactions in oncology	Evaluate whether ABSTAIN or NOT from prescription on the basis of a risk/benefit assessment of therapy. Stop the administration in presence of reduced effectiveness or ineffectiveness of anti-cancer therapy and/or adverse effects
IIB	Only in vitro and in vivo laboratory evidence, without any signalling of clinic interference in spite of the research carried out	PRESCRIPTION and monitoring. Stop the administration in presence of reduced effectiveness or ineffectiveness of anti-cancer therapy and/or adverse effects
IIIB	Only in vitro laboratory evidence (NOT in vivo), without any signalling of clinic interference in spite of the research carried out	PRESCRIPTION and monitoring. Stop the administration in presence of reduced effectiveness or ineffectiveness of anti-cancer therapy and/or adverse effects
IVB	No evidence of negative interference rather, positive evidence of oncological-therapy potentiation	PRESCRIPTION and monitoring. Report to the reference oncologist for any reformulation in the dose of anticancer treatment and/or adverse effects
VB	No evidence of negative interference and positive evidence of oncological-therapy potentiation	PRESCRIPTION. Report to the reference oncologist

Reversed Grading. I-V grade of evidence correlated to risk. A (Abstain), B (Prescription).

Medicinal plant	Herb-drug interactions	Pharmacological mechanism	Effects	Reversed Grading RTMI	What to do?
Pompelmo *Citrus Paradisi*	Chemotherapy Ansiolitics Statins …	Cytochrome P450 inhibition P-gp inhibition	Toxicity of drugs increases	**I A** Interactions with chemotherapeutic and many other drugs	PROHIBIT ABSOLUTELY intake of grapefruit juice during chemotherapy.
Iperico *Hypericum perforatum*	Tamoxifene, Gleevec, Irinotecan, Taxol, Imatinib, Paclitaxel, Etoposide, Crizotinib, Ciclofosfamide, Ciclosporine, Everolimus, Anestetics, Anticoagulants, Omeprazole, Paracetamol … SRRI , Trazodone	Induction CYP 3A4, 2D6, 2C9, 2C19, 1 A2 Induction p-GP Summation of effects	Reduction effectiveness of drugs serotonin syndrome	**I A** Interactions with chemotherapeutic and many other drugs	PROHIBIT ABSOLUTELY intake of Hypericum during chemotherapy. Discontinue any therapy Hypericum 15 days prior chemoherapies.

Medicinal plant	Herb-drug interactions	Pharmacological mechanism	Effects	Reversed Grading RTMI	What to do?
Rodiola Rhodiola rosea	Antidepressive effect SRRI	Inibtion CYP3A4 and P-gp Possiible summation of effects	Antidepresive effect *No reports of interactions*	**III B**	*No reports of interactions with chemotherapy*
Camomilla *Matricaria recutita*	FANS Cortisonici Chemotherapy	anti-inflammatory activity and protects the gastric mucosa	Useful as gastroprotective	**IV B**	*No reports of interactions with chemotherapy*
Zenzero *Zingiber officinale*	FANS Chemioterapici	Dopaminergic sedation	Anti-nausea effect	**IV B**	*No reports of interactions with chemotherapy*
Zafferano *Crocus sativus* *Usato comunemente come spezia*	Antidepressive effects SRRI	Possibile summation of effects	Antidepresive effect *No reports of interactions*	**IV B**	*No reports of interactions with chemotherapy*
Lavanda *Lavandula officinalis*	Ansiolitic effects	GABA	Possibie sommazione di effetti *No reports of interactions*	**IV B**	*No reports of interactions with chemotherapy*
Valeriana *Valeriana officinalis*	*No reports of interactions*	GABA	*No reports of interactions*	**IV B**	*No reports of interactions with chemotherapy*

Regional Bulletin "MC Toscana"

Regional Bulletin about CM, *MC Toscana,* a quarterly journal with informative, socio-medical and scientific articles.

It also publishes the calendar of events, the initiatives in the regional area about CAM, the results of international literature in CM.

!3 years of activity and **35 issues published so far.**

In 2013 the Tuscan Network of Integrative Medicine participated in the European Partnership for Action Against Cancer-EPAAC (7th Framework Programme), with the purpose of **collecting evidence on the use of CM in cancer** and **mapping the European centers offering integrative oncology.**

European Partnership for Action Against Cancer (EPAAC)

D5: Complementary and alternative medicine (CAM) in cancer care Development and opportunities of Integrative Oncology

January 2014

Authors:
Sonia Baccetti[1], Mariella Di Stefano[1], Maura Di Vito[1], Fabio Firenzuoli[1], Alberto Laffranchi[2], Valeria Monechi[1], Emanuela Portalupi[1], Tania Re[1], Elio Rossi[1], Alberto Zanobini[4]

In collaboration with: Barbara Cucca[1], Angelo Raffaele De Gaudio[5], Paolo Fedi[1], Luigi Gori[6], Carmelo Guido[5], Rita Maffei[7], Barbara Meyer[1], Vania Sabatini[7], Alfredo Vannacci[8]

[1] Tuscan Network for Integrative Medicine – Region of Tuscany
[2] IRCCS Foundation National Cancer Institute of Milan
[3] Italian Society of Anthroposophic Medicine
[4] Department Research, Innovation and Human Resources – Region of Tuscany
[5] Careggi University Hospital – Florence
[6] Local Health Unit 11 Empoli – Region of Tuscany
[7] Regional Agency for Health – Region of Tuscany
[8] University of Florence, Neurofarba Department

We would like to acknowledge and thank Sara Diacciati, Lucia Ferretti and Chiara Menicalli for their contribution to the preparation and editing of this work.

Special thanks to Hans-Ullrich Albonico, Erik Baars, Luigi Bellavita, Anja Glockmann, Harald Hamre, Jenny Josephson, Helmut Kiene, Gunver Kienle, Matthias Kröz, Daniele Nani, Friedemann Schad, Konrad Urech, Ginette Zaretti for their contribution to the chapters on anthroposophic medicine.

Acupuncture, herbal medicine, homeopathy, homotoxicology, anthroposophic medicine in cancer care

Authors:

Sonia Baccetti, Mariella Di Stefano, Elio Rossi

Tuscan Network of Integrative Medicine

Publishing house

Felici – Firenze

March 2015)

European Partnership for Action Against Cancer (EPAAC)

D5: Complementary and alternative medicine (CAM) in cancer care Development and opportunities of Integrative Oncology

January 2014

Integrative oncology: effectiveness of acupuncture

Symptoms	Grading
Nausea and vomiting, Pain	**1A**
Hot flashes, Xerostomia	1B
Anxiety and depression, Constipation, Insomnia	2B
Cancer-related fatigue, Dyspnea, Neuropathy, Diarrhea, Lymphedema, Leukopenia	2C

Integrative oncology: effectiveness of herbal medicine

Symptoms	*Medicinal Plant*	Grading
Pain	*Cannabis sativa (THC)*	**1A**
Nausea, vomiting	*Zingiber officinalis*	**1A**
	Cannabis sativa	2B
Anxiety and depression	*Hypericum perforatum*	**1A** **Not during CHT**
	Crocus sativus, Lavander	1B
Insomnia	*Valeriana officinalis*	2B
Hot flashes	*Glicine max (soia)*	1B
	Cimicifuga racemosa, Trifolium pratense	2B

Integrative oncology: effectiveness of herbal medicine

Symptoms	*Medicinal Plant*	Grading
Cancer-related fatigue	*Panax ginseng (various species)*	**1A**
	Paullinia cupana (guarana)	2B
	Rhodiola rosea	2C
Mucositis	*Aloe barbadensis, Rhodiola algida*	1B
	Kramera trianda	2B
Radiodermatitis	*Sylibum marianum, Aloe*	2B

Integrative oncology: effectiveness of homeopathy

Symptoms	Grading
Hot Flashes, Radiodermatitis, Pain (post-traumatic, including surgery), Diarrhea	1B
Cancer-related fatigue, Mucositis, Anxiety and depression, Insomnia	1C
Neuropathy, Pain, Xerostomia, Oedema	2C

Results of the EPAAC survey on integrative oncology centres in Europe

Distribution of IO centres in EU

Summary data of the survey: centres contacted, respondents, respondent meeting inclusion criteria of the survey, and respondents meeting inclusion criteria and providing integrative oncology therapies.

	total		Italy		other EU countries	
	n	*%*	*n*	*%*	*n*	*%*
Contacted	236	-	74	31.4	162	68.6
Respondents	123	52.1	53	43.1	70	56.9
Respondents meeting inclusion criteria	99	80.5	41	41.4	58	58.6
Respondents meeting inclusion criteria and providing IO/ respondent centres	47	47.5	24	51.1	23	48.9
Respondents meeting inclusion criteria and providing IO /contacted centres	**47**	**19.9**	**24**	**32.4**	**23**	**14.1**

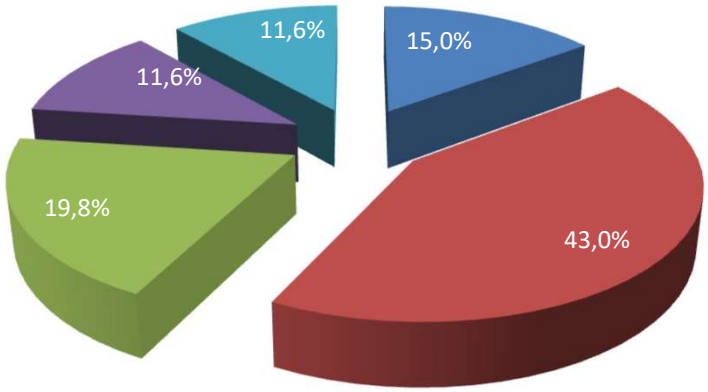
6,5% (3) of centres included in the survey were identified thanks to cooperation of associated/collaborating partners of EPAAC.

Frequency of CAMs provided to cancer patients by the surveyed centres

	Total		Italy		Other EU countries	
CAMs	**n**	**%**	**n**	**%**	**n**	**%**
Acupuncture	26	55.3	17	70.8	**9**	**39.1**
Anthroposophic medicine	10	21.3	2	8.3	**8**	**34.8**
Herbal medicine	18	38.3	12	50.0	**6**	**26.1**
Homeopathy	19	40.4	10	41.7	**9**	**39.1**
Homotoxicology	6	12.8	5	20.8	**1**	**4.3**
Traditional Chinese medicine	17	36.2	12	50.0	**5**	**21.7**
Other therapies	30	63.8	13	54.2	**17**	**73.9**

Other therapies*

* CAM's classification proposed by SIO modified

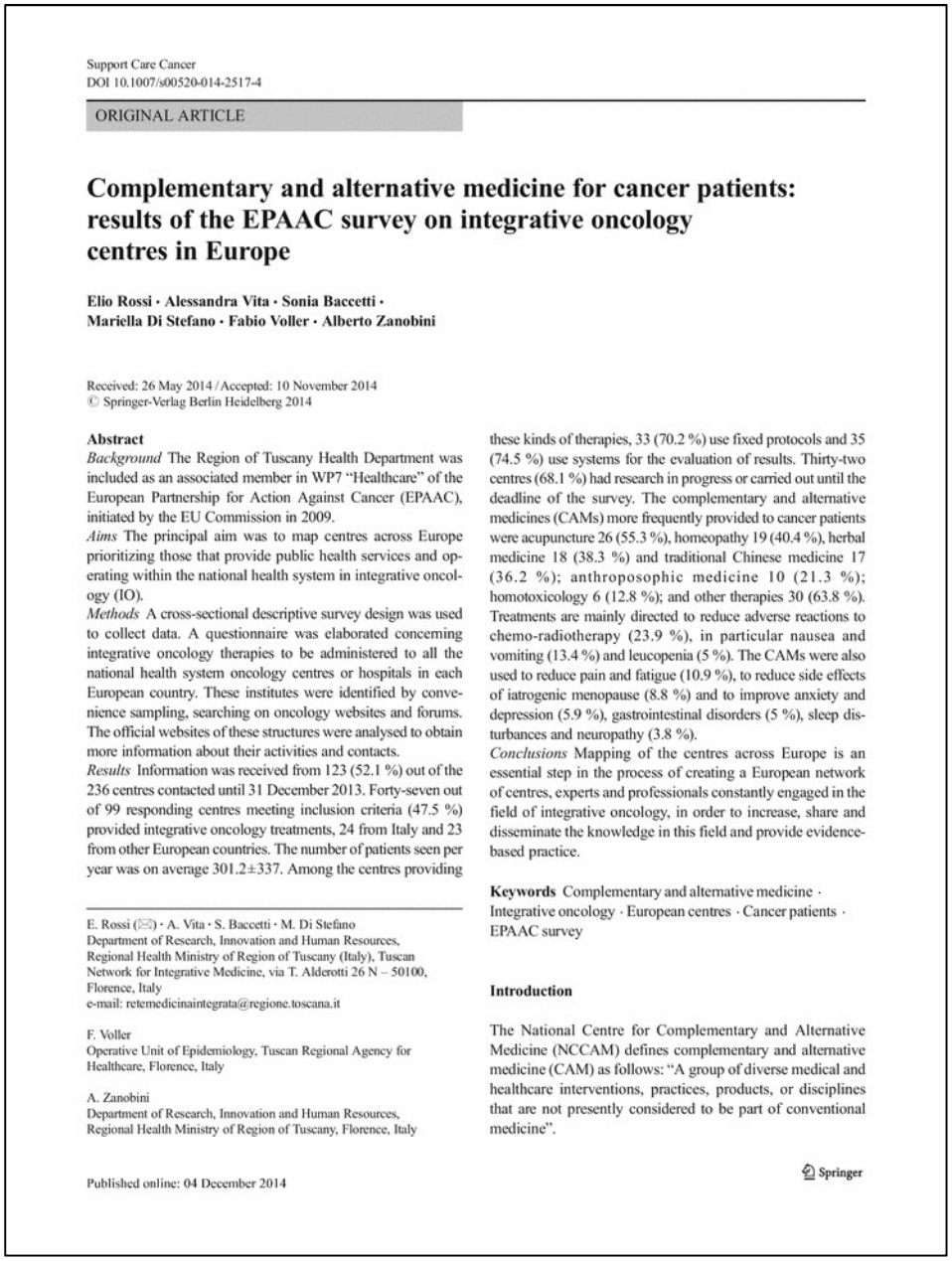


- **Biologically based methods**: aromatherapy, Bach flowers and other flower therapies, immunotherapy, micronutrients, naturopathy, nutrition, orthomolecular therapy.
- **Mind-body techniques**: art therapy, autogenic training, beauty specialist, counselling, hypnosis, meditation, music therapy, physical activity, psychology, psychooncology, psychotherapy, relaxation, self-care, singing bowl massage, self-help groups, sophrology, yoga.
- **Energy therapies**: cryotherapy, healing touch, hyperthermia, laser therapy, pulsed electromagnetic field therapy (PEMFT), Reiki, Shiatsu, transcranial electrical stimulation (TENS).
- **Manipulation and body-based practices**: kinesiology, osteopathy, physiotherapy, reflexology.
- **Health promotion**: advices of health promotion, lifestyle advices, lifestyle modification.

Support Care Cancer.
2014 Dec 4.
DOI 10.1007/s00520-014-2517-4

Complementary and alternative medicine for cancer patients: results of the EPAAC survey on integrative oncology centres in Europe

Rossi E , Vita A, Baccetti S, Di Stefano M, Voller F, Zanobini A.



Support Care Cancer
DOI 10.1007/s00520-014-2517-4

ORIGINAL ARTICLE

Complementary and alternative medicine for cancer patients: results of the EPAAC survey on integrative oncology centres in Europe

Elio Rossi · Alessandra Vita · Sonia Baccetti · Mariella Di Stefano · Fabio Voller · Alberto Zanobini

Received: 26 May 2014 / Accepted: 10 November 2014
© Springer-Verlag Berlin Heidelberg 2014

Abstract
Background The Region of Tuscany Health Department was included as an associated member in WP7 "Healthcare" of the European Partnership for Action Against Cancer (EPAAC), initiated by the EU Commission in 2009.
Aims The principal aim was to map centres across Europe prioritizing those that provide public health services and operating within the national health system in integrative oncology (IO).
Methods A cross-sectional descriptive survey design was used to collect data. A questionnaire was elaborated concerning integrative oncology therapies to be administered to all the national health system oncology centres or hospitals in each European country. These institutes were identified by convenience sampling, searching on oncology websites and forums. The official websites of these structures were analysed to obtain more information about their activities and contacts.
Results Information was received from 123 (52.1 %) out of the 236 centres contacted until 31 December 2013. Forty-seven out of 99 responding centres meeting inclusion criteria (47.5 %) provided integrative oncology treatments, 24 from Italy and 23 from other European countries. The number of patients seen per year was on average 301.2±337. Among the centres providing these kinds of therapies, 33 (70.2 %) use fixed protocols and 35 (74.5 %) use systems for the evaluation of results. Thirty-two centres (68.1 %) had research in progress or carried out until the deadline of the survey. The complementary and alternative medicines (CAMs) more frequently provided to cancer patients were acupuncture 26 (55.3 %), homeopathy 19 (40.4 %), herbal medicine 18 (38.3 %) and traditional Chinese medicine 17 (36.2 %); anthroposophic medicine 10 (21.3 %); homotoxicology 6 (12.8 %); and other therapies 30 (63.8 %). Treatments are mainly directed to reduce adverse reactions to chemo-radiotherapy (23.9 %), in particular nausea and vomiting (13.4 %) and leucopenia (5 %). The CAMs were also used to reduce pain and fatigue (10.9 %), to reduce side effects of iatrogenic menopause (8.8 %) and to improve anxiety and depression (5.9 %), gastrointestinal disorders (5 %), sleep disturbances and neuropathy (3.8 %).
Conclusions Mapping of the centres across Europe is an essential step in the process of creating a European network of centres, experts and professionals constantly engaged in the field of integrative oncology, in order to increase, share and disseminate the knowledge in this field and provide evidence-based practice.

Keywords Complementary and alternative medicine · Integrative oncology · European centres · Cancer patients · EPAAC survey

E. Rossi (✉) · A. Vita · S. Baccetti · M. Di Stefano
Department of Research, Innovation and Human Resources, Regional Health Ministry of Region of Tuscany (Italy), Tuscan Network for Integrative Medicine, via T. Alderotti 26 N – 50100, Florence, Italy
e-mail: retemedicinaintegrata@regione.toscana.it

F. Voller
Operative Unit of Epidemiology, Tuscan Regional Agency for Healthcare, Florence, Italy

A. Zanobini
Department of Research, Innovation and Human Resources, Regional Health Ministry of Region of Tuscany, Florence, Italy

Published online: 04 December 2014

Introduction

The National Centre for Complementary and Alternative Medicine (NCCAM) defines complementary and alternative medicine (CAM) as follows: "A group of diverse medical and healthcare interventions, practices, products, or disciplines that are not presently considered to be part of conventional medicine".

European Joint Action Cancer Control
CanCon meeting – Bruxelles, May 2015

All steps must be accompanied by psychosocial support (46,47). **The use of complementary medicine should be carefully explored with the objective of managing treatment's side effects (48).** Special attention must be directed to survivorship-patients as well as the transition from childhood to adult units for young adults with cancer and the collaboration between pediatric and adult oncology professionals.

48. Molassiotis A, Fernadez-Ortega P, Pud D, Ozden G, Scott JA, Panteli V, Margulies A, Browall M, Magri M, Selvekerova S, Madsen E, Milovics L, Bruyns I, Gudmundsdottir G, Hummerston S, Ahmad AM, Platin N, Kearney N, Patiraki E. Use of complementary and alternative medicine in cancer patients: a European survey. Ann Oncol 2005;16(4):655-663.

Ministero della Salute

CanCon
Cancer Control Joint Action

Work Package 6

WP6 INTEGRATED CANCER CONTROL

THE CASE FOR COMPREHENSIVE CANCER CARE NETWORKS (CCCN).

ISSUE 5 - ANNEX 2

Authors

Italian Ministry of Health (coordinator)

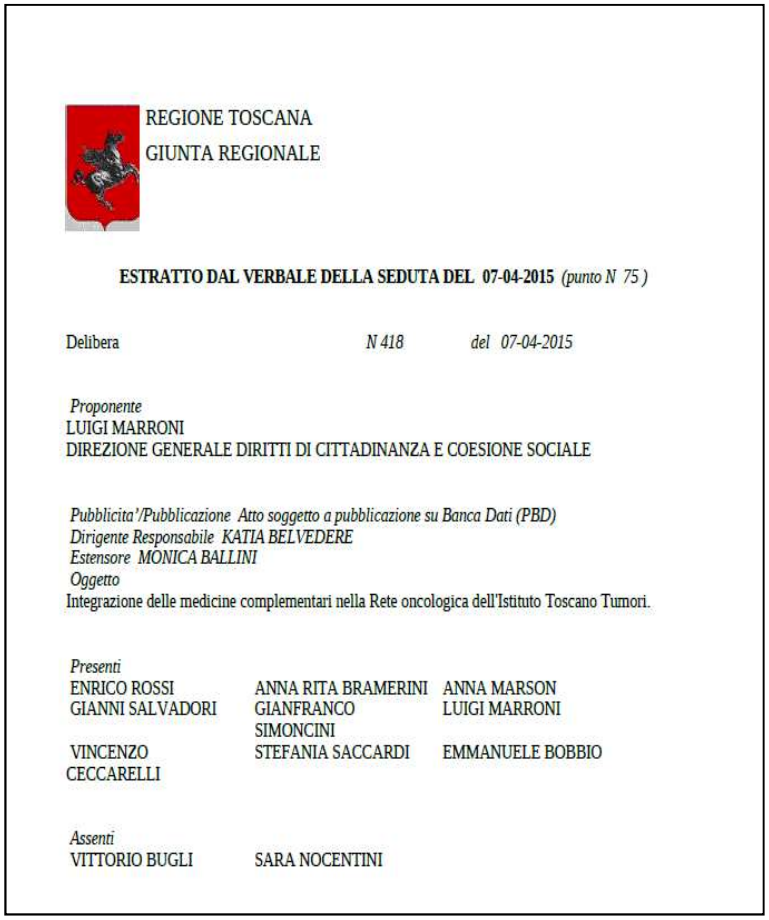
Rome La Sapienza University –Department of Public health and Infectious Diseases

AGENAS Italian National Agency for health Services

CanCon Final document draft

Integration of complementary medicines in the Oncology Network of the Tuscan Tumor Institute

In 2015 the Resolution n. 418 of the Tuscan Regional Government ratified to develop the use of some **CM in the treatment of cancer-related symptoms and side effects of conventional cancer therapy.**



REGIONE TOSCANA
GIUNTA REGIONALE

ESTRATTO DAL VERBALE DELLA SEDUTA DEL 07-04-2015 *(punto N 75)*

Delibera *N 418* *del 07-04-2015*

Proponente
LUIGI MARRONI
DIREZIONE GENERALE DIRITTI DI CITTADINANZA E COESIONE SOCIALE

Pubblicita'/Pubblicazione Atto soggetto a pubblicazione su Banca Dati (PBD)
Dirigente Responsabile KATIA BELVEDERE
Estensore MONICA BALLINI
Oggetto
Integrazione delle medicine complementari nella Rete oncologica dell'Istituto Toscano Tumori.

Presenti

ENRICO ROSSI	ANNA RITA BRAMERINI	ANNA MARSON
GIANNI SALVADORI	GIANFRANCO SIMONCINI	LUIGI MARRONI
VINCENZO CECCARELLI	STEFANIA SACCARDI	EMMANUELE BOBBIO

Assenti

VITTORIO BUGLI	SARA NOCENTINI

Regione Toscana

SST Servizio Sanitario della Toscana

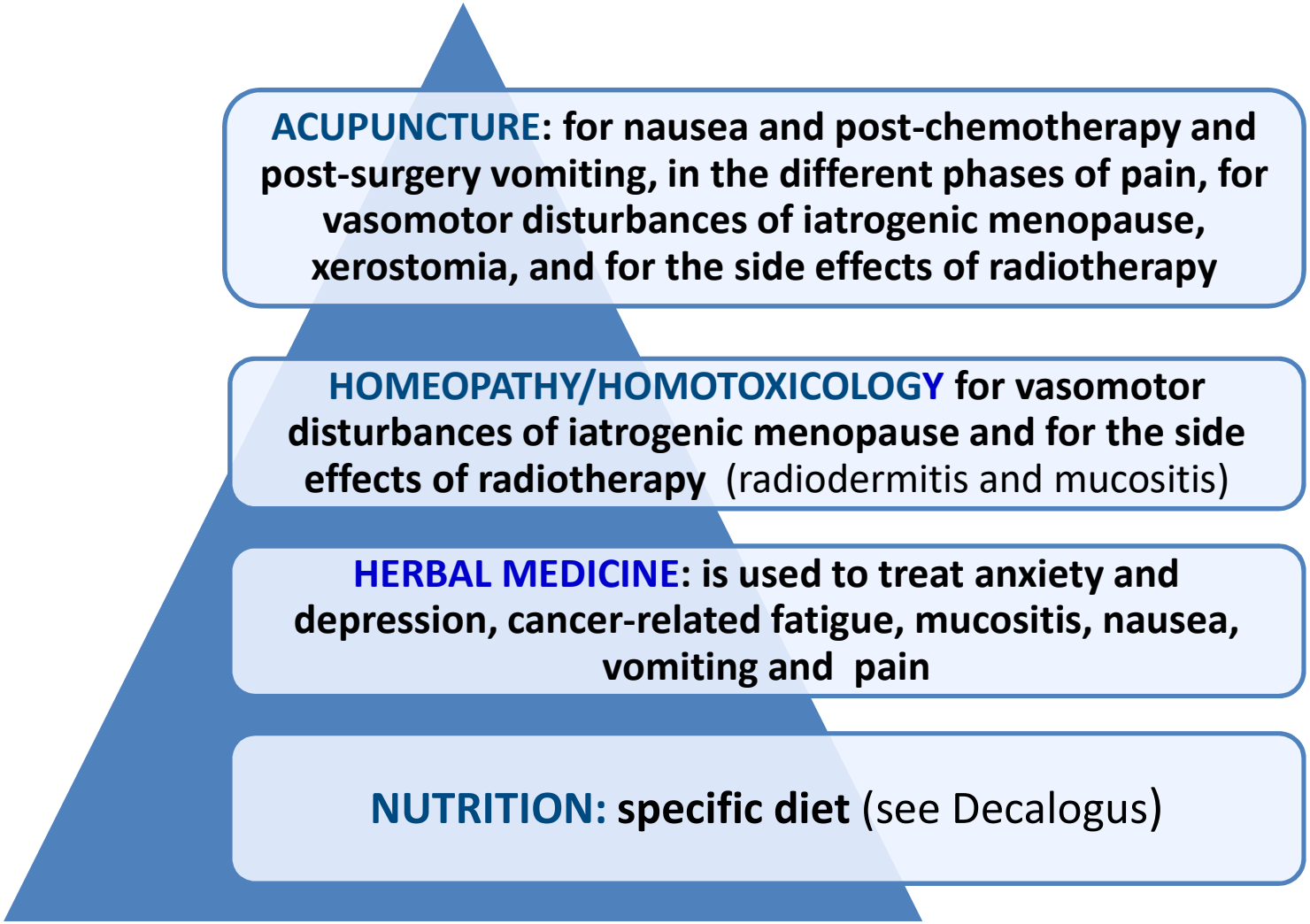
Resolution of the Tuscan Regional Government n. 418/2015

in the respect of the concept of equity of access to health treatment, to guarantee the opportunity for cancer patients to use these treatments as an integration of official medicine in the Tuscany network of the oncology Departments of ITT, by activating sinergies between these Departments and the public structures of complementary medicine of proven experience, with the coordination of the regional reference structures for complementary medicine (Azienda USL 10 of Florence "Centro Fior di Prugna" for general activities, acupuncture and Chinese traditional medicine, Azienda USL 2 of Lucca for homeopathy and AOU of Careggi for herbal medicine);

to develop the use of the complementary medicine in the therapeutic offer in cancer of the Regional Healthcare Service;

to develop clinical trials in these areas, in order to further evaluate the efficacy of the treatments proposed, the side-effects and the interactions with official therapy for the Complementary medicine; the same EPAAC research has shown minor efficacy for

Complementary medicine in cancer/anticancer therapy symptoms - Grading 1A and 1 B



Establishment of the working group "Integration of Complementary Medicines in the Oncological Network of TuscanTumour Institute " - DGR 418/2015

The resolution DGR 418/2015 provides in paragraph 5 of the operative part to establish a regional working group formed by the **Director of the Health Directorate** or his delegate, **3 experts oncologists identified by the Direction of the Tuscan Tumour Institute and the heads of the Regional reference centers for acupuncture and Traditional Chinese Medicine, USL 10 Florence, the Regional reference center for homeopathy, USL 2 Lucca and Regional reference center for herbal medicine of AOU Careggi**.

REGIONE TOSCANA

DIREZIONE DIRITTI DI CITTADINANZA E COESIONE SOCIALE

SETTORE INNOVAZIONE E RISORSE UMANE

Il Dirigente Responsabile: BELVEDERE KATIA

Decreto non soggetto a controllo ai sensi della D.G.R. n. 548/2012

Numero adozione: 4167 - Data adozione: 18/09/2015

Atto pubblicato su Banca Dati (PBD)

Oggetto: DGR 418/2015: costituzione gruppo di lavoro "Integrazione delle medicine complementari nella Rete oncologica dell'ITT"

Data certificazione: 18/09/2015

Numero interno di proposta: 2015AD005110

SST Servizio Sanitario della Toscana

Composition of the Tuscan Integrative Oncology working group

General Manager (or his representative) of the competent Regional Direction in the field of Right to health

3 expert oncologists identified by the Direction of the Tuscan Tumour Institute

Regional Reference Structures for CM

Azienda USL 10 of Florence for acupuncture and Chinese traditional medicine

Regional Reference Structures for CM

Azienda USL 2 of Lucca

for homeopathy

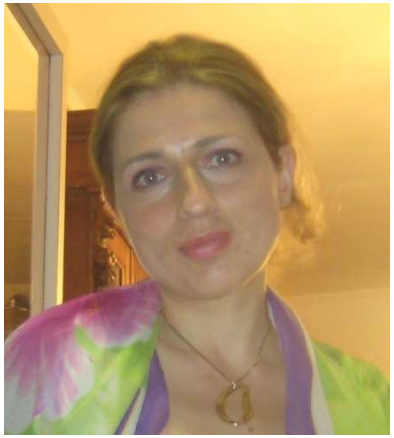
Regional Reference Structures for CM

AOU of Careggi for herbal medicine);

Tuscan Regional working group of Integrative Oncology

S. Baccetti

K. Belvedere



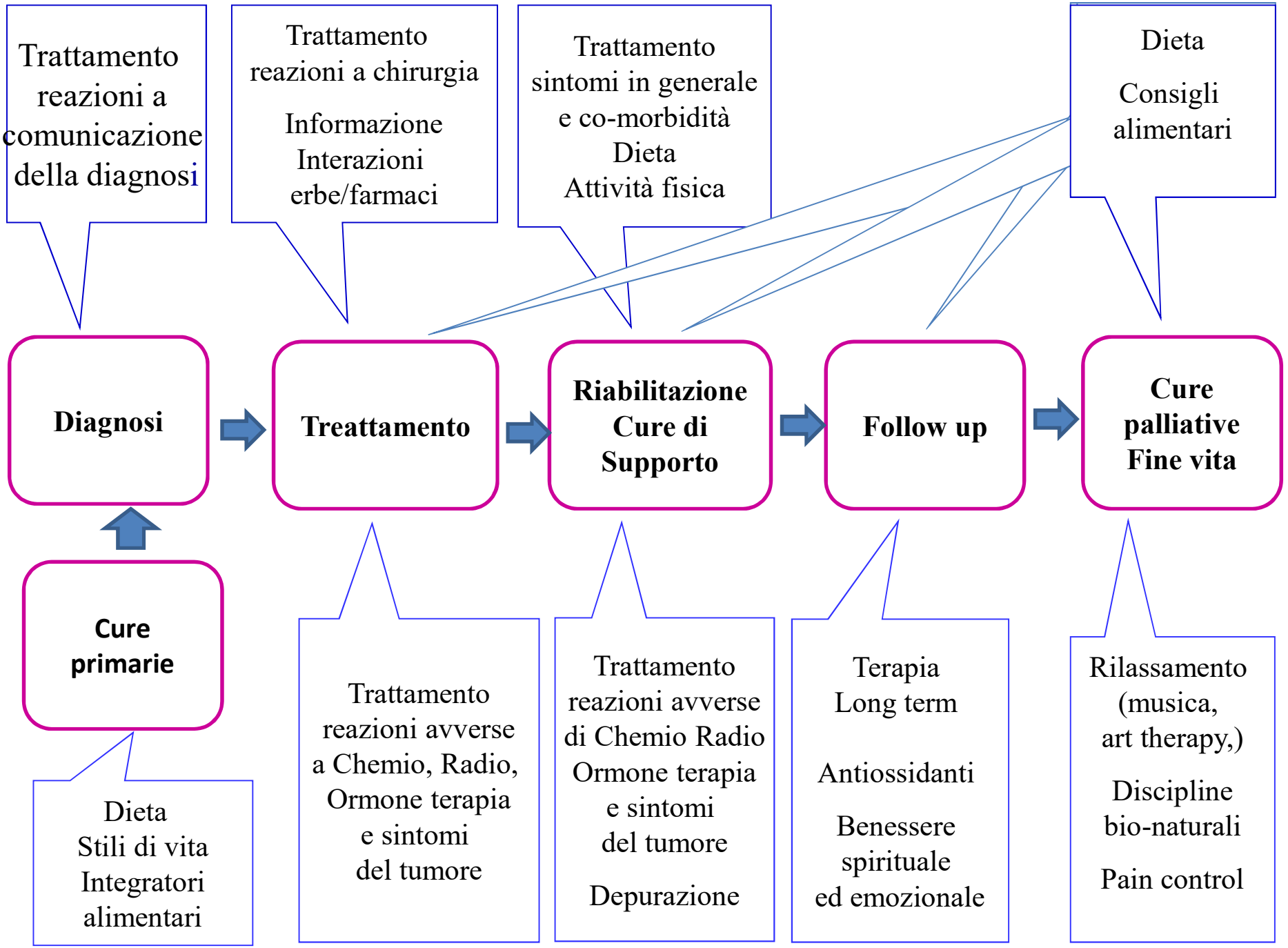
L. Fioretto

E. Rossi

F. Firenzuoli

G. Amunni

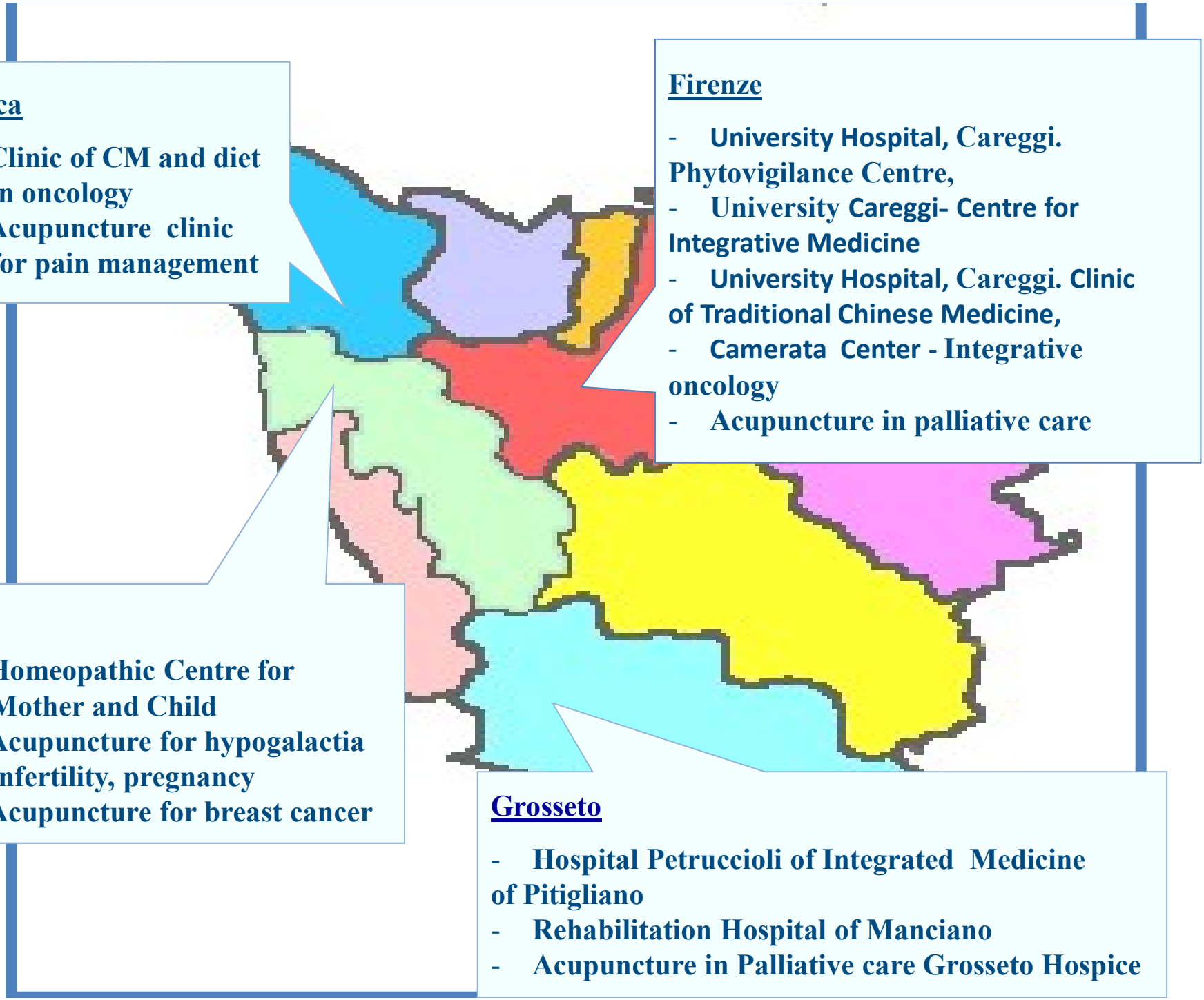
E. Baldini


Trattamento reazioni a comunicazione della diagnosi
Trattamento reazioni a chirurgia
Informazione
Interazioni erbe/farmaci
Trattamento sintomi in generale e co-morbidità
Dieta
Attività fisica
Dieta
Consigli alimentari
Diagnosi
Treattamento
Riabilitazione Cure di Supporto
Follow up
Cure palliative Fine vita
Cure primarie
Dieta
Stili di vita
Integratori alimentari
Trattamento reazioni avverse a Chemio, Radio, Ormone terapia e sintomi del tumore
Trattamento reazioni avverse di Chemio Radio Ormone terapia e sintomi del tumore
Depurazione
Terapia Long term
Antiossidanti
Benessere spirituale ed emozionale
Rilassamento (musica, art therapy,)
Discipline bio-naturali
Pain control

Cancer patients attending the Integrative Oncology clinics of the Public Healthcare System of Tuscany

Data are about **2,108** patients consecutively visited from 2013 till September 2016 at the CM Clinics of:

- **Complementary Medicine and diet in oncology**, Local Health Unit Tuscany North West, Lucca (Italy)
- **Fior di Prugna Centre**, Local Health Unit Tuscany Centre, Camerata-Firenze (Italy)
- **Traditional Chinese Medicine**, University Hospital, Careggi-Firenze (Italy)
- **Centre for Integrative Medicine,** University Hospital, Careggi-Firenze (Italy)
- **Complementary Medicine and integrated oncology**, University Hospital, Pisa (Italy)
- **Integrated oncology clinic**, Pitigliano Hospital Center of Integrated Medicine, Grosseto


Lucca
- Clinic of CM and diet in oncology
- Acupuncture clinic for pain management
Firenze
- University Hospital, Careggi. Phytovigilance Centre,
- University Careggi- Centre for Integrative Medicine
- University Hospital, Careggi. Clinic of Traditional Chinese Medicine,
- Camerata Center - Integrative oncology
- Acupuncture in palliative care
Pisa
- Homeopathic Centre for Mother and Child
- Acupuncture for hypogalactia infertility, pregnancy
- Acupuncture for breast cancer
Grosseto
- Hospital Petruccioli of Integrated Medicine of Pitigliano
- Rehabilitation Hospital of Manciano
- Acupuncture in Palliative care Grosseto Hospice

Summary of priorities of CM clinics in Tuscany North West

Integrative oncology

- Acu/homeo clinic Pisa
- Homeo clinic Lucca

Pain control

- Pediat. Acu/homeo clinic Pisa
- Homeo clinic Lucca
- Pediat. homeo clinic Pisa
- Acu/homeo clinic Lucca

Atopic diseases

- Homeo clinic Lucca
- Pediat. homeo clinic Pisa
- Homeo clinic Versilia

Childbirth and Gender medicine

- Homeo clinic for women Lucca
- Acu/homeo clinic Pisa
- Acu/homeo clinic. Lotti Pontedera

Projects and protocols
Survey of activities
Multicentric research
Adverse effects and drug interactions
Education and professional training
Communication and information

Working group

«Integrative Oncology - Area VASTA TOSCANA CENTRO»

Participants	N.	Institutions
Complementary medicine		
Medicina tradizionale cinese	11	Azienda USL Toscana Centro - Pistoia, Prato, Firenze, Empoli, AOU Careggi
Fitoterapia	1	AOU Careggi
Omeopatia	1	Azienda USL Toscana Centro - Firenze
Oncological Department		
Direttori Dipartimento oncologico/Breast Unit	4	Azienda USL Toscana Centro – Empoli, Firenze, ISPO, AOU Careggi
Direttori UOC infermieristica	2	Azienda USL Toscana Centro - Prato
Oncologi	3	Azienda USL Toscana Centro - Pistoia, Prato, Empoli
Radiologi	1	ISPO
Psicologi	1	ISPO
Infermieri	3	Azienda USL Toscana Centro – Prato, Firenze
Direttori di Struttura	1	Azienda USL Toscana Centro - Pistoia
Direttori Anestesia e rianimazione/ Terapia del dolore	3	Azienda USL Toscana Centro - Empoli, AOU Careggi
	31	

REFORM OF THE TUSCAN HEALTH SYSTEM AND RE-ORGANIZATION OF COMPLEMENTARY MEDICINE IN ONCOLOGY IN AREA VASTA TOSCANA CENTRO

- The reform of Tuscan Health System (L.R. 40/2005) includes CM in healthcare services.
- The Resolution of Tuscan Regional Government n. 418/2015 regulates the integration of complementary therapies of proven effectiveness in the regional cancer network and **guarantees the right to be cured of citizens who demand them**.
- In **Area Vasta centro/Wide Area center of Tuscany (Local Health Units of Florence, Prato, Empoli, Pistoia - and Careggi University Hospital**) breast cancer was prioritized. An organizational proposal establishes to valorize all health professions, disseminate information on healthcare services in CM, **train the Breast Units professionals on the efficacy of acupuncture, herbal medicine and homeopathy,** and define the tools to evaluate the results of treatments.
- In the field of TCM, **the first treatment level will be done by nurses and if necessary by medical doctors trained to use auriculotherapy, acupressure and plum blossom needle.**
- **Symptoms related to anticancer therapy such as nausea, vomiting, pain and mild mental disorders (insomnia, anxiety, and depression) will be treated.**
- The second level executed in the outpatients clinics of TCM of Area Vasta centro (Center Fior di Prugna Florence, Hospitals of Prato, Empoli and Careggi) must be **guaranteed at least for the treatment of hot flashes and neuropathic pain after antineoplastic therapy.**
- The protocols of herbal medicine and homeopathy are in progress.

Proposal of homeopathic protocols in breast cancer

- Prevention of surgical complications: **ARNICA 30 CH**, 3 granules x 3 times a day, x 2 –3 days before the intervention and **ARNICA,** e/o **STAPHYSAGRIA,** e/o **BELLIS PERENNIS 5 CH** after the intervention at least for 3 days.
- Treatment of iatrogenic menopausal disorders (hot flashes) in women with estrogen-dependent cancers (breast and ovary): **FEMAL (fitoterapico) + SANGUINARIA,** e/o **GLONOINUM,** e/o **LACHESIS,** e/o **SEPIA 5 CH.**
- Prevention and treatment of adverse effects of radiotherapy: **RADIUM BROMATUM 5 CH** before the therapy and **RADIUM BROMATUM,** e/o **BELLADONNA** e/o **APIS MELLIFICA,** e/o **CANTHARIS 5 CH** after the intervention at least for 3 days.

The remedies are prescribed as an individualized therapy selected on the basis of prevailing symptoms, or in succession, or included in a homeopathic complex (masterful preparation) according to the different methodology of prescription (unicism, pluralism, complexism)

Integrative approach with complementary medicine and diet for the treatment of adverse effects of radio-chemotherapy and hormone therapy in patients with solid tumor: the experience of Lucca hospital. (Delibera GR n.1255 del 28.12.2009)

General aims

- In order to tackle side effects of anticancer treatment an "Integrative Oncology Outpatient Clinic" was started in the public hospital of Lucca where a CM expert and an oncologist **provide diet advices, qualified information and evidence-based indications about CM and their potential interactions with anticancer drugs.**
- To apply pre-defined simple protocols **to reduce some of the side effects of cancer therapies, indication of therapeutic sessions of acupuncture/homeopathy to decrease side effects in chemotherapy/radiotherapy and during antihormonal treatments** such as hot flashes in order to obtain an improvement of the quality of life.

Azienda USL Toscana nord ovest
Servizio Sanitario della Toscana

Unità Multidisciplinare di Senologia

Cittadella della Salute "Campo di Marte"
Lucca

Percorso di cura per la donna che si sottopone a intervento al seno

opuscolo informativo

Associazione "Silvana Sciortino,,
per la lotta alle malattie neoplastiche

la Città delle Donne
Lucca

opuscolo informativo

L'ambulatorio "Medicine complementari e alimentazione in oncologia" di Lucca

L'ambulatorio di omeopatia e la Struttura Complessa di Oncologia Medica dell'Azienda USL Nordovest Lucca hanno aperto nel settembre del 2010, con un progetto finanziato dalla Regione Toscana, l'ambulatorio di "Medicine complementari e alimentazione in oncologia" che ha lo scopo di fornire consigli e informazioni sull'uso delle medicine complementari e sull'alimentazione.

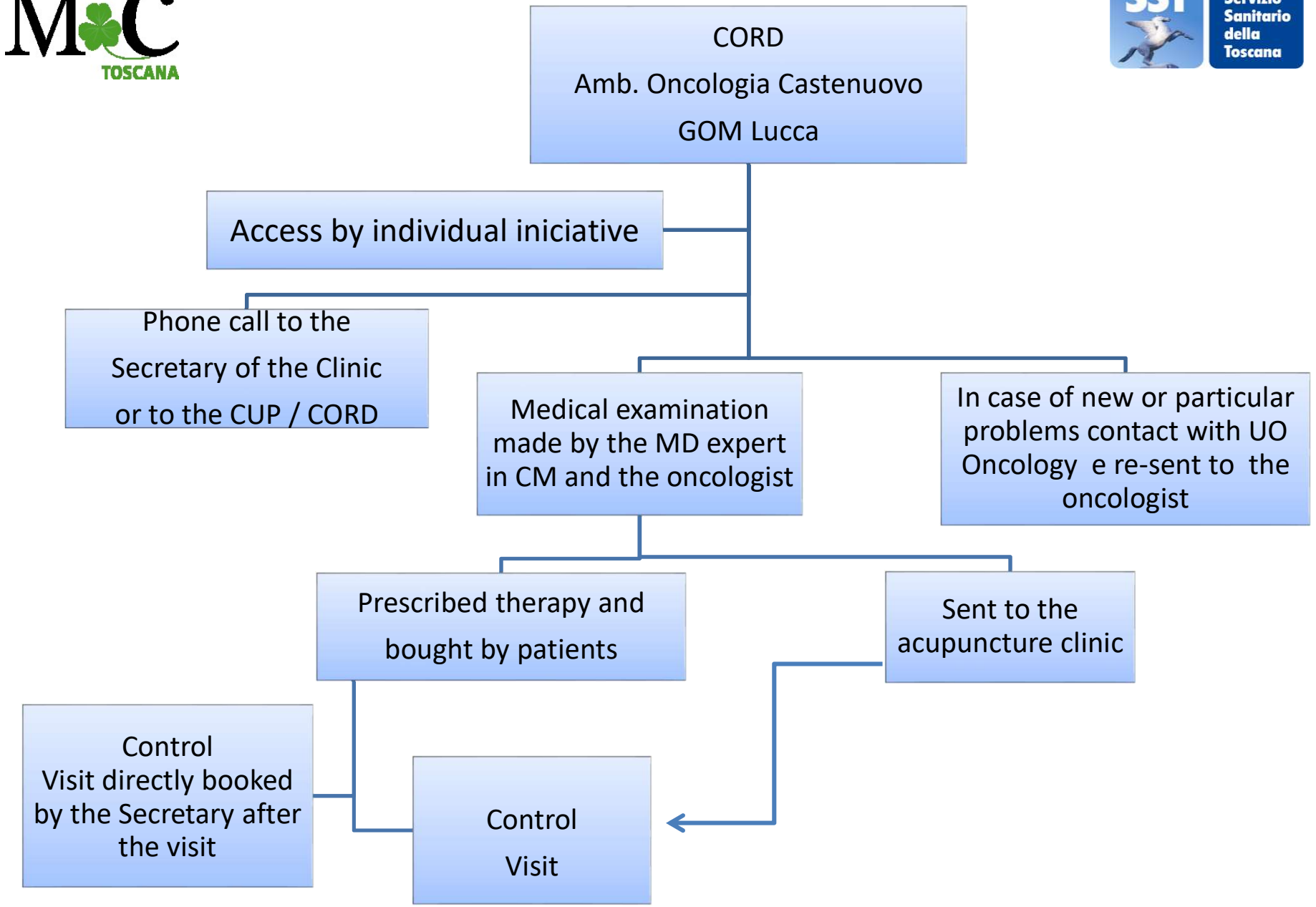
All'interno di questo ambulatorio, il paziente incontra un medico esperto in medicine complementari e un oncologo che ascoltano i suoi problemi e indicano un trattamento con la medicina complementare fornendo anche dei consigli alimentari.

Si ricevono indicazioni sull'importanza della dieta per prevenire i tumori e le eventuali ricadute, su quale alimentazione seguire durante la terapia antitumorale per alleviare gli effetti collaterali della chemioterapia, come nausea, vomito, secchezza della bocca, alterazione del gusto, difficoltà di masticazione, mucositi orali, diarrea, stitichezza, astenia, diminuzione dell'appetito ecc. Ad esempio sono consigliate diete povere di carboidrati alle donne che, a causa dei farmaci assunti, hanno problemi al fegato (il cosiddetto "fegato grasso") o presentano un'alterazione dei valori lipidici. Inoltre sono consigliate diete ai pazienti inappetenti o alterazioni del gusto causate dalla chemioterapia.

Vengono fornite inoltre ai pazienti informazioni sul corretto utilizzo delle cure complementari per ridurre o prevenire gli effetti avversi delle terapie antitumorali e/o i sintomi della malattia.

Presso questo ambulatorio è possibile concordare anche un trattamento o un ciclo di sedute di agopuntura effettuato dai medici anestesisti del servizio di "Terapia antalgica mediante agopuntura" della Azienda di Lucca.

Complementary medicine in the brochure of the Multidisciplinary Breast Unit of the Hospital of Lucca (Massa - Versilia)


CORD
Amb. Oncologia Castenuovo
GOM Lucca
Access by individual iniciative
Phone call to the
Secretary of the Clinic
or to the CUP / CORD
Medical examination
made by the MD expert
in CM and the oncologist
In case of new or particular
problems contact with UO
Oncology e re-sent to the
oncologist
Prescribed therapy and
bought by patients
Sent to the
acupuncture clinic
Control
Visit directly booked
by the Secretary after
the visit
Control
Visit

Decalogue of advices for cancer patients

1. **AVOID or REDUCE refined carbohydrates** , in particolare **white sugar** (anche di canna se non grezzo), la **white flour "0" e "00**" per ridurre l'assunzione di alimenti ad alto indice glicemico e conseguentemente l'insulinemia. Quindi evitare o ridurre al minimo pane e pasta bianchi.
2. **AVOID or REDUCE** la **red meat** per ridurre lo stimolo all'infiammazione cronica.
3. **AVOID or REDUCE** alimenti e sostanze nocive quali **alcool, tobacco,** in particolare superalcolici e sigarette, e **recreational drugs** di ogni tipo.
4. **AVOID or REDUCE** gli alimenti per i quali esiste una documentata **food intolerance** comprovata da una dieta a esclusione per almeno 4 settimane.
5. **CONSUME fish**, possibilmente non di allevamento, quindi azzurro e di piccola taglia (sgombro, acciuga, sardina, sarda, triglia, ecc.). Utile anche l'uso di spezie tipo **curcuma, pepper, ginger**, presenti nel *curry* indiano tradizionale.
6. **CONSUME** pasta e pane biologico **whole grains** e/o di farro e kamut o altre farine come amaranto e quinoa. Utilizzare al posto del riso brillato il riso integrale biologico, utile come tutti i cibi integrali, anche per favorire la motilità intestinale.
7. **CONSUME** modiche quantità di **red wine**, non più di 2 bicchieri al giorno, possibilmente biologico e senza solfiti; inserire nell'alimentazione ortaggi della famiglia delle Crucifere (cavoli, broccoli, verze, cavolini di Bruxelles,…) dalle spiccate proprietà antiossidanti.
8. **CONSUME** alimenti che contengono **lignans** utili per la loro attività antiestrogenica, quindi semi o **flax oil** e di **sesame**, e/o le **cruciferae**, in particolare le **cabbage,** e alcuni tipi di frutta (albicocche).
9. **CONSUME** alimenti contenenti **ellagicin acid** grado di inibire l'angiogenesi tumorale, ad esempio i **mixed berries** (lamponi, more, ribes e) e il **pomegranate**.
10. In sintesi **CONSUME** almeno 600 grammi giornalieri di frutta e verdura, alimenti prevalentemente freschi, possibilmente biologici e variamente colorati; pesce fresco, pane e pasta integrali.

    PRATICtice almeno **30 minuties** al giorno di **physical activity**, anche semplicemente evitando di prendere l'auto per fare la spesa e l'ascensore per salire le scale. Pensare alla bicicletta come prevalente mezzo di trasporto sulle brevi distanze.

"Green Diet"

NutriAMOci consapevolMENTE

PROGETTO ARCIMBOLDO

ALIMENTAZIONE &CHEMIOTERAPIA

LUNEDI'

PRIMA COLAZIONE
caffè con zucchero dietetico
PRANZO
120 gr carne alla griglia, insalata condita (7-8 foglie) con olio ev di oliva
CENA
Fagiolini verdi conditi con olio ev di oliva, carne 120 gr
SPUNTINO (a metà mattino , pomeriggio,)
Tomino, Bresaola

MARTEDI'

PRIMA COLAZIONE
caffè con zucchero dietetico
PRANZO
2 uova (preparate a piacere) con zucchine (3) olio ex di oliva e limone
CENA
Bresaola e tomino con insalata verde olio ex di oliva e limone
SPUNTINO (a metà mattino , pomeriggio,)
½ mozzarella
Tonno sott'olio (cetriolini sott'aceto)

MERCOLEDI'

PRIMA COLAZIONE
caffè con zucchero dietetico
PRANZO
1 ricottina vallelata o carne rossa a piacere
con zucchine cotte a piacere
CENA
Pesce a piacere con finocchietti (2)
condimento a piacere
SPUNTINO (a metà mattino , pomeriggio,)
Tomino, Bresaola

GIOVEDI'

PRIMA COLAZIONE
caffè con zucchero dietetico
PRANZO
120 gr carne alla griglia, insalata condita con olio ev di oliva
CENA
Fagiolini verdi conditi con olio ev di oliva, carne 120 gr o pesce
SPUNTINO (a metà mattino , pomeriggio,)
½ mozzarella
Tonno sott'olio (cetriolini sott'aceto)

VENERDI'

PRIMA COLAZIONE
caffè con zucchero dietetico
PRANZO
120 gr carne alla griglia, insalata condita (7-8 foglie) con olio ev di oliva
CENA
Fagiolini verdi conditi con olio ev di oliva, carne 120 gr o pesce
SPUNTINO (a metà mattino , pomeriggio,)
Tomino, Bresaola

SABATO

PRIMA COLAZIONE
caffè con zucchero dietetico
PRANZO
Pesce a piacere, zucchine (3) olio ex di oliva e limone
CENA
Bresaola e tomino con insalata verde olio ex di oliva e limone
SPUNTINO (a metà mattino , pomeriggio,)
½ mozzarella
Tonno sott'olio (cetriolini sott'aceto)

ASSUMERE: ACQUA 1 litro e ½ AL GIORNO. POCO SALE (3 grammi a l giorno).

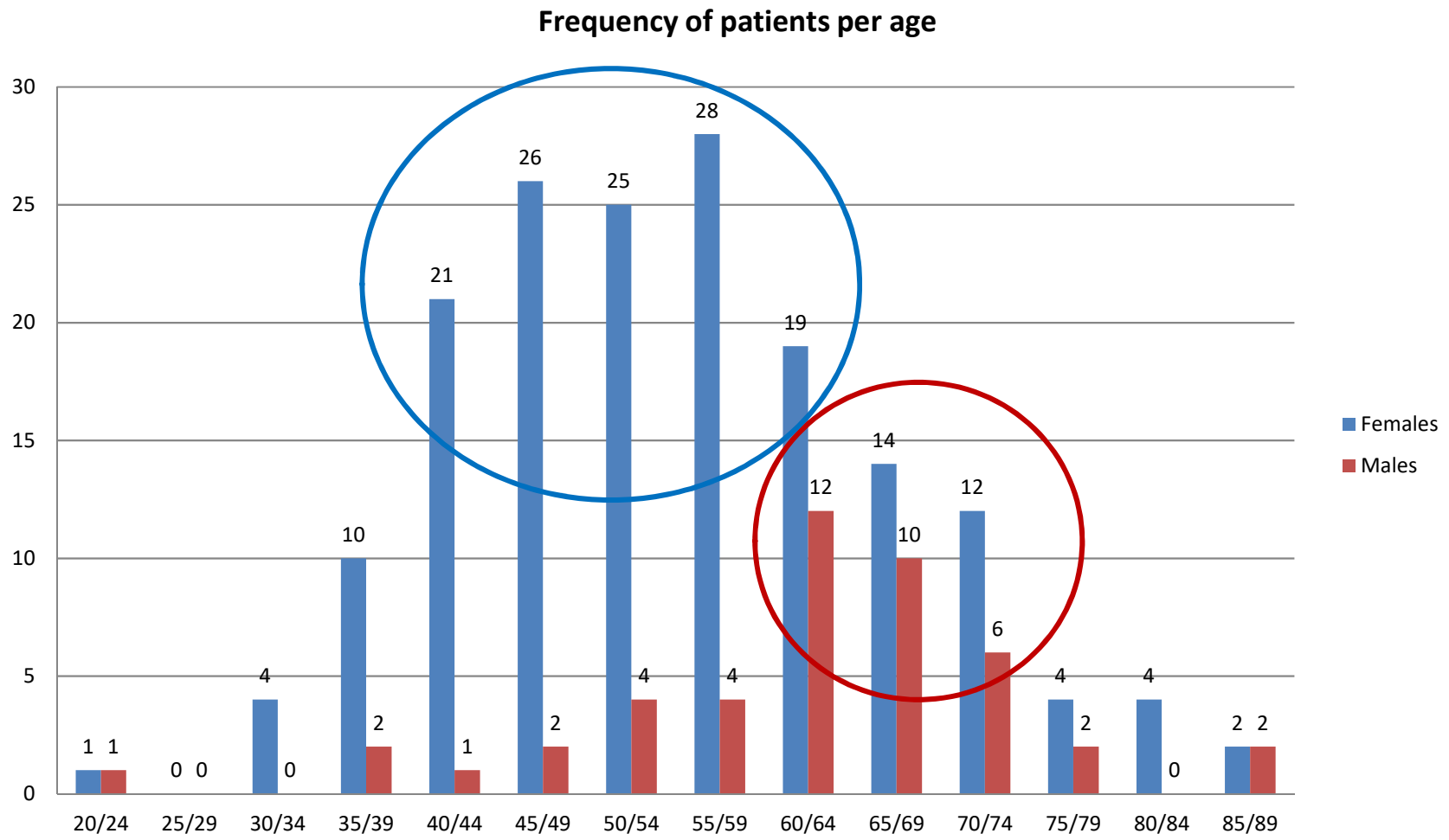
NON ASSUMERE: PANE, PASTA, FARINE, ZUCCHERO, DOLCI, ACETO, LIMONE (UASARNE POCHISSIMO), VINO, LEGUMI, PATATE., FRUTTA.

M. Pellegrini Medical Oncology, Campo di Marte Hospital, Lucca, Italy

Methods and patients

- **308** patients **(21,3% male** and **78,7% female)** were consecutively visited from September 2013 till October 2016.
- Mean age **56.1** (20 – 89) years; mean age male: **61.5** years; mean age female: **54.7** years. Data of the last **216** consecutive Pts.
- **38.2%** of patients were previously using homeopathy for other purposes before cancer diagnosis and they needed to continue it during anticancer treatments: most of them are women with high level of education.
- Near all the patients were referred by their medical oncologists.
- Patients access to the clinic by appointment, and come **mainly** from Tuscany and other Italian regions.
- **4.2%** patients were asking also for "alternative therapy"; in particular 3 patients were taking **Cuban** scorpion venom **(Vidatox** or **Escozul)** together with treatment other patients take mainly **Artemisin**, or **Pantellini's potassium ascorbate.**

Distribution of cancer patients for age and sex



Localisation and type of cancer

Type/Localization of cancer	Frequency	Percentage
Breast cancer	**111**	**51,4**
Colon	**16**	**7,4**
Ovaries	**11**	**5,1**
Lung	**11**	**5,1**
Stomach	7	3,2
Uterus	7	3,2
Rectum	7	3,2
Lymphoma non Hodgkin	5	2,3
Prostate	4	1,9
Kidney	4	1,9
Bladder	3	1,4
Brain	3	1,4
Liver	2	,9
Esophagus	2	,9
Thyroid	2	,9
Pancreas	2	,9
Nasopharynx	1	,5
Bones leiomyosarcoma	1	,5
Cholangiocarcinoma	1	,5
Mesentery	1	,5
LLC	1	,5
Bones	1	,5
Mesothelioma	1	,5
Adrenal glands	1	,5
Pituitary adenoma	1	,5
LMC	1	,5
Melanoma	1	,5
Metastatic carcinoid	1	,5
Others	7	3,2

Patients without anticancer therapy

	Frequency	Percentage	Total
Done	196	90,7	90.7
Not tolerated or not racomended	9	4,6	4.2
Refuses Chemotherapy	7	3,2	4.2
Refuses Hormonetherapy	2	1,0	
Total	216	100,0	100.0

Second cancer

	Frequency	Percentage
No	200	92,6
Yes	16	7,4
Total	216	100,0

Cancer relapse

	Frequency	Percentage
No	195	90,3
Yes	21	9,7
Total	216	100,0

Anticancer therapy

	Frequency	Percentage
Chemotherapy	69	31,9
Chemotherapy, anti-hormonotherapy and radiotherapy	44	20,4
Chemotherapy and anti-hormonotherapy	19	8,8
Chemotherapy and radiotherapy	18	8,3
Anti-hormonotherapy	17	7,9
Radiotherapy	10	4,6
Not tolerated or not indicated	9	4,2
Anti-cancer therapy to be started	9	4,2
Refuses any cancer therapy	9	4,2
Anti-hormonotherapy and radiotherapy	8	3,7
Chemotherapy and corticosteroids	2	,9
Local chemotherapy	1	,5
Embolization	1	,5
Total	216	100,0

Causes of the symptoms

	Frequency	Percentage	Groups
Effects of chemotherapy	136	37,4	
Effects of hormone-therapy	55	15,1	**59.4%**
Effects of radiotherapy	13	3,6	
Effects of surgery	12	3,3	
Cancer, in general	95	26,1	**26,1%**
Concomitant symptoms / comorbidities	40	11,0	**11,0%**
Request for advices	8	2,2	**2,2%**
Effects of corticosteroid therapy	2	,5	**0,5%**
Other	3	,8	**0,8%**
Total	364	100,0	**100%**

Main request of treatment by cancer patients

Symptoms	Frequency	Percentage	Symptoms	Frequency	Percentage	Symptoms	Frequency	Percentage
Asthenia	34	2,6	Erythrodysesthesia	3	,2	Metabolic syndrome	1	,1
Hot flashes	28	2,2	Hypertension	3	,2	Panic attacks	1	,1
Anti-cancer treatment	22	1,7	Gastritis	3	,2	Lymphatic oedema	1	,1
Depression	19	1,5	Prevention Rt effects	3	,2	Gynecomastia	1	,1
Nausea/vomit	15	1,2	Sciatica	2	,2	Immunosuppression	1	,1
Diet	14	1,1	Dyspnea	2	,2	Aphasia	1	,1
Prev. of CT effects	14	1,1	Effects cortison	2	,2	Anorexia	1	,1
Dysgeusia	13	1,0	Prevention of colds	2	,2	Not healing wound	1	,1
Colitis	12	,9	Psoriatic arthritis	2	,2	Pleural outpour	1	,1
Neuropathy	11	,8	Bone metastases	2	,2	Overweight	1	,1
Articular pain	10	,8	Metastasis	2	,2	Detoxification	1	,1
Diarrhea	9	,7	Bewilderment	2	,2	Behavioral disorders	1	,1
Anxiety	8	,6	Cystitis	2	,2	Incontinence	1	,1
Radiodermatitis	7	,5	Headache	2	,2	Palpitations	1	,1
Leukopenia	6	,5	Prev. surgery effects	2	,2	Cramps	1	,1
Constipation	6	,5	Insomnia	2	,2	Vision disturbances	1	,1
Liver steatosis	5	,4	Abdominal pain	1	,1	Preventionrecurrence	1	,1
Pain	5	,4	Panic attacks	1	,1	Effects therapies	1	,1
Menopausal disorders	5	,4	Candida	1	,1	Drooling	1	,1
Stomach pain	4	,3	Thrombocytopenia	1	,1	Onycholysis	1	,1
Sleep disorders	4	,3	Herpes Zoster	1	,1	Hyperlachrymation	1	,1
Dermatitis	4	,3	Spinal pain	1	,1	Respiratory failure	1	,1
Dizziness	4	,3	Glaucoma	1	,1	Tachycardia	1	,1
Hypercholesterolemia	4	,3	Tinnitus	1	,1	Metrorrhagia	1	,1
Mucositis	4	,3	Bilateral iridocyclitis	1	,1	Psoriasis	1	,1
Asthma	3	,2	Refusal tamoxifen	1	,1	Digestive disorders	1	,1
Arthralgia	3	,2	Botanicals request	1	,1	Infection	1	,1
Food tips	3	,2	Tendinitis	1	,1	Essential tremor	1	,1
Lymphedema	3	,2	Quality of life	1	,1	Urticaria	1	,1
Refusal anti-cancer therapy	3	,2	Abscess	1	,1	Jaw necrosis	1	,1

Effects of chemotherapy		Cancer symptoms		Effects of hormonetherapy	
Asthenia	20	Asthenia	12	Hot flashes	25
Nausea/vomit	13	Cancer therapy	21	Articular pain	6
Prevention of CT effects	13	Depression	15	Menopausal disorders	5
Dysgeusia	10	Anxiety	7	Diet / overweight	4
Neuropathy	10	Pain	3	Hypercholesterolemia	3
Colitis	7	Colitis	3	Liver steatosis	2
Leukopenia	6	Diet	2	Gynecomastia	1
Diet	2	Dysgeusia	1	Sleep disorders	1
Diarrhea	5	Constipation	2	Hypertension	1
Constipation	3	Insomnia	2	Lymphedema	1
Mucositis	4	Diarrhea	2	Arthralgia	1
Pain	2	Hot flashes	1	Behavioral disorders	1
Liver steatosi	2	Metastasis	2	Detoxification	1
Dizziness	4	Bone metastases	2	Immunosuppression	1
Dermatitis	4	Dyspnea	1	Vaginal mycosis	1
Stomach pain	4	Cough	1		
Effects of surgery		**Effects of radiotherapy**		**Effects of anti-hormone**	
Lymphedema	2	Radiodermatitis	7	Depression	4
Prevention of surgery effects	2	Prevention of radiotherapy effects	3	Asthma	3
Neuropathy	1	Dysgeusia	1	Diet	2
Infection	1	Palm-plantar erythrodysesthesia	1	Colitis	2
Respiratory failure	1	Dyspnea	1	Dysgeusia	1
Incontinence	1			Sleep disorders	2
Not healing wound	1			Asthenia	2
Anorexia	1			Diarrhea	2
Lymphatic	1			Constipation	1
Abscess	1			Articular pain	3
		Effects of corticosteroids		Arthralgia	2
		Overweight	3	Hypertension	2
		Metabolic syndrome	1	Psoriatic arthritis	2

Performance status (quality of life)	,020
Pain Visual Analogic Scale (VAS)	,889
Hot flashes	,000
Nausea	,012
Constipation	,722
Asthenia	,000
Anxiety	,000
Depression	,000
Insomnia	,029
Radiodermatitis	,683
Mucositis	,581
Significance at Wilcoxon t-test (2 tails)	

National multidisciplinary group of Integrative Oncology «6 Luglio» (6th July)

A.R.T.O.I.

Associazione Ricerca Terapie Oncologiche Integrate

Università degli Studi Guglielmo Marconi

Centro Studi Scienze della Vita

MASTER UNIVERSITARIO DI II LIVELLO

in

"Oncologia integrata"

in collaborazione con A.R.T.O.I. Associazione Ricerca Terapie Oncologiche Integrate

La Scadenza delle iscrizioni è fissata al 20 marzo 2015

Le Lezioni avranno inizio il 27 marzo 2015

DIRETTORE:
PROF. Massimo Floranelli

CONSIGLIO SCIENTIFICO
Massimo Bonucci
Massimo Floranelli
Torello Lotti
Vezia Mel
Maria Grazia Roccia

La malattia neoplastica è una patologia complessa ancora oggi di difficile approccio clinico terapeutico. La mortalità è sempre elevata e la sua incidenza tende ad aumentare. Le conoscenze scientifiche per combattere la neoplasia sono le risorse indispensabili per ogni soggetto che ha contatto con i pazienti oncologici. La ricerca scientifica di nuovi farmaci, nuove metodologie di somministrazione, un diverso rapporto medico-paziente e la nuova concezione che bisogna curare la persona con la malattia e non solo la malattia, sono i cardini di una nuova branca medica: la Oncologia Integrata.

A.R.T.O.I.
Associazione Ricerca Terapie Oncologiche Integrate

Università degli Studi Guglielmo Marconi

A.R.T.O.I. Congress

INTEGRATIVE CARE AND NUTRITION IN ONCOLOGY

Milan Expo- 25-26-27th June 2015

XXI CONGRESSO NAZIONALE SICP
Società Italiana di Cure Palliative

9/12 OTTOBRE 2014
AREZZO FIERE E CONGRESSI

SESSIONE

Medicine Complementari e Cure Palliative: evidenze scientifiche ed esperienze cliniche

Moderatori: *Bruno Mazzocchi* (Grosseto), *Luciano Orsi* (Mantova)

11.30 Esperienze nell'utilizzo dell'agopuntura in Cure Palliative
Sonia Baccetti (Firenze)

Vampate di calore
Xerostomia
Ansia e depressione
Insonnia
Fatica cancro correlata

Regione Toscana

Il trattamento del dolore cronico in medicina generale:

acquisizione di un metodo di cura per la creazione della rete di terapia del dolore

Tecniche di medicina complementare nella terapia del dolore

Massa

Dott. Elio G. Rossi

Ambulatorio di omeopatia Azienda USL 2 Lucca

Struttura di riferimento regionale per l'omeopatia

Regional training course for GP

The treatment of chronic pain in general practice: method of treatment for the creation of the network of pain therapy

Obiettivo principale:

L'obiettivo del corso è costruire una **rete integrata** tra diverse figure professionali per la cura del dolore cronico, in grado di garantire un percorso assistenziale specifico, a diversi livelli a seconda delle necessità di ogni paziente e delle competenze dei professionisti.

L'integrazione tra professionisti si avvale di una **modalità di lavoro comune** che costituisce il "metodo" per la **diagnosi** ragionata del tipo di Dolore, al fine di stabilire il **trattamento efficace ed appropriato** ed una appropriata gestione del **percorso** stesso comprensiva dei metodi di comunicazione con il paziente e tra professionisti.

Destinatari del corso

Animatori di formazione (MMG o esperti in terapia del dolore)

1 Referente per ogni AFT

Medici algologi specialisti di hub e spoke

5 Medici diplomati (MMG)

Meeting of the European Cancer Leagues (Limassol -Cyprus)

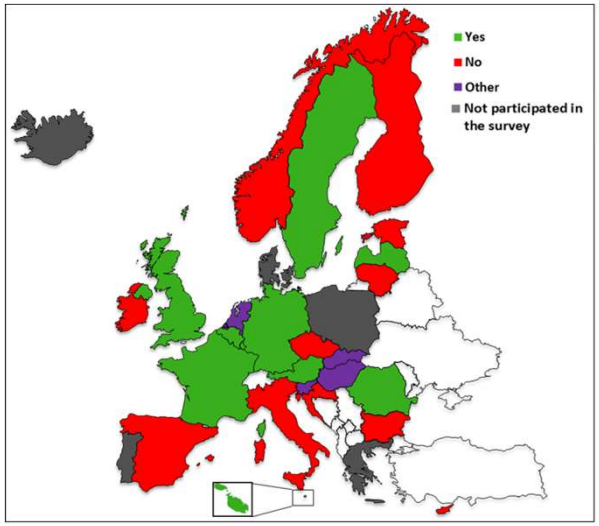
The Association of European Cancer Leagues: Advice for CAM patients

Given the mixed evidence about different CAM treatments and therapies, cancer patients are advised to:

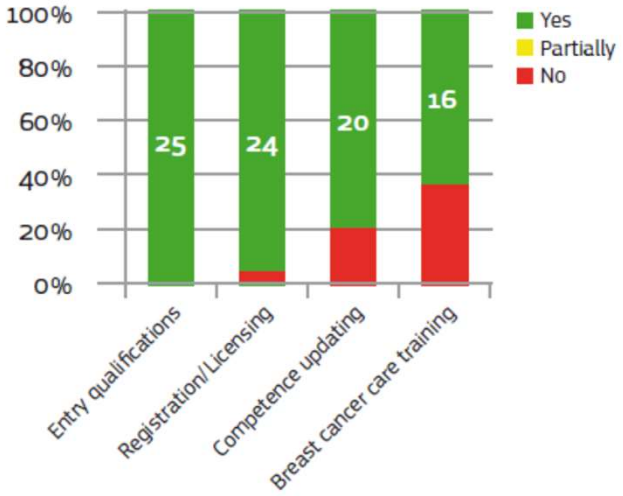
- **always consult their GPs and oncologists** before embarking on any complementary or alternative treatments
- **avoid alternative treatments that replace evidence based treatments** offered by fully qualified healthcare services
- look for **reliable information** (HON code: Health On Net certified)
- ensure that **CAM providers are registered** with established professional bodies and have appropriate qualifications and always seek to get recommendations
- **use patient support groups to discover other patient's experiences** and to find information on who are the good (and perhaps not so good) practitioners and,
- consider the financial concerns when using certain complementary or alternative treatments. It is possible to spend a considerable amount of money on such therapies. **Check out the likely cost of the full course of treatment beforehand.**

ECIBC: facts and figures from the survey - 2

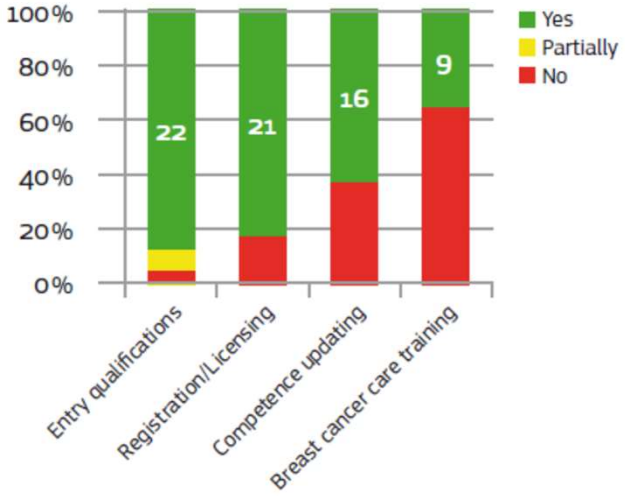
CAM (non-mainstream care, *e.g.* for improving QoL for induced menopause)



Competence requirements for physicians



Competence requirements for nurses



European Commission

Joint Research Centre

The European Commission's
in-house science service

JRC Mission
As the Commission's in-house science service, the Joint Research Centre's mission is to provide EU policies with independent, evidence-based scientific and technical support throughout the whole policy cycle.

Working in close cooperation with policy Directorates-General, the JRC addresses key societal challenges while stimulating innovation through developing new methods, tools and standards, and sharing its know-how with the Member States, the scientific community and international partners.

Serving society
Stimulating innovation
Supporting legislation

Communication Unit
Brussels Tel.: +32 2 299 02 66
Fax: +32 2 299 63 22
Ispra Tel.: +39 0332 78 98 89
Fax: +39 0332 78 54 09
Web: www.jrc.ec.europa.eu

European Commission

Agenda

Meeting with the Tuscan Network for Integrated Medicine

JRC Ispra
Building 101, Room 2002

12 June 2015, 10:45 – 16:30

Joint Research Centre

Meeting with Joint Research Centre of the European Commission – January 2015, Ispra (Italy)

Quality Assurance Scheme Development Group (QASDG)
European Commission Initiative on Breast Cancer (ECIBC)
JRC Ispra site, Ispra (Varese), ITALY

- The **European Commission Initiative on Breast Cancer (ECIBC)** is a project coordinated by the JRC. Its aim is to ensure and harmonise the quality of breast cancer services across European countries. The ECIBC will have four tasks:
- To develop the *New European Guidelines for breast cancer screening and diagnosis* (*New European Guidelines*), which will continue the work of the *4th edition of the European Guidelines for Quality Assurance in Breast Cancer Screening and Diagnosis*, published in 2006 by the European Commission.
  - To develop a voluntary *European Quality Assurance scheme* for breast cancer services (BCSs) (*European QA scheme*) based on the EU legislative framework on accreditation
  - To develop a European template of training on digital mammography
  - To provide a platform of guidelines for breast cancer treatment, rehabilitation, and follow-up
  - To develop a long-term web hub hosting all the deliverables.

Quality Assurance Scheme Development Group (QASDG) - Ispra September 9-11, 2015

Conclusions

The integration of evidence-based complementary treatments as a part of a Comprehensive Cancer Care Network allows to respond safely and effectively to the demand of cancer patients and combine safety and equity of access in public health systems.

SST Azienda USL Toscana centro
Servizio Sanitario della Toscana

ITT Istituto Toscano Tumori

A.R.T.O.I.
Associazione Ricerca Terapie Oncologiche Integrate

I CONFERENZA AZIENDA USL TOSCANA CENTRO - ITT - ARTOI

VIII CONGRESSO INTERNAZIONALE ARTOI

FIRENZE 11-13 novembre 2016

NUOVE FRONTIERE DELL'ONCOLOGIA INTEGRATA

DALLA RICERCA ALL'INTEGRAZIONE NEI SERVIZI SANITARI

11 NOVEMBRE 2016
Salone dei Cinquecento
Palazzo Vecchio
Piazza della Signoria

12/13 NOVEMBRE 2016
Istituto degli Innocenti
Piazza SS. Annunziata, 12

Grazie per l'attenzione !

Email: **e.rossi@mednat.it**