



THE FUTURE OF CANCER CARE

CARE OF THE WHOLE PERSON WITH CANCER

WAYNE JONAS, MD
SAMUELI INTEGRATIVE HEALTH PROGRAMS



DR. WAYNE JONAS

- Family Physician, Integrative Health Expert, Researcher, Teacher and Author
- Former Director NIH Office of Alternative Medicine
- Former Director World Health Organization Center for Traditional Medicine
- Former Director of Medical Research Fellowship at Walter Reed Army Institute of Research
- Retired Lt. Colonel United States Army Medical Corps
- Practicing Family Physician at Fort Belvoir Community Hospital, Virginia
- Executive Director of Samueli Integrative Health Programs

- Professor of Family Medicine
Georgetown University SOM
USUHS School of Medicine
- Author: 200 peer-reviewed publications
- Author: *How Healing Works*



I have no financial disclosures or conflicts.

CANCER MOONSHOT

CANCER MOONSHOT SM



MOONSHOT GOALS

- *Reduce the death rate from cancer by at least 50 percent over the next 25 years*
- *Improve the experience of people and their families living with and surviving cancer*
- ***To end cancer as we know it***

OPPORTUNITIES AND CHALLENGES

- Is this another “war on cancer?”
- Are we using what we know from science?
- Are we satisfied with incrementalism?
- Does the regulatory system serve people?
- Does the industry serve people?
- What policies hinder “getting to the moon”

BELIEVE IT OR NOT

“Cancer is *not* always experienced as the greatest problem facing a person with cancer.”

Michael Lerner, *Choices in Healing*, 1994

WHAT IS THE GREATEST PROBLEM?

- The key importance of cancer is that it **intensifies the experience of life** by facing people with the clear possibility of suffering and death.
 - something we would normally ignore.
 - Opportunity to **respond out of fear of future**
 - Opportunity to **learn how to live now in love and joy**

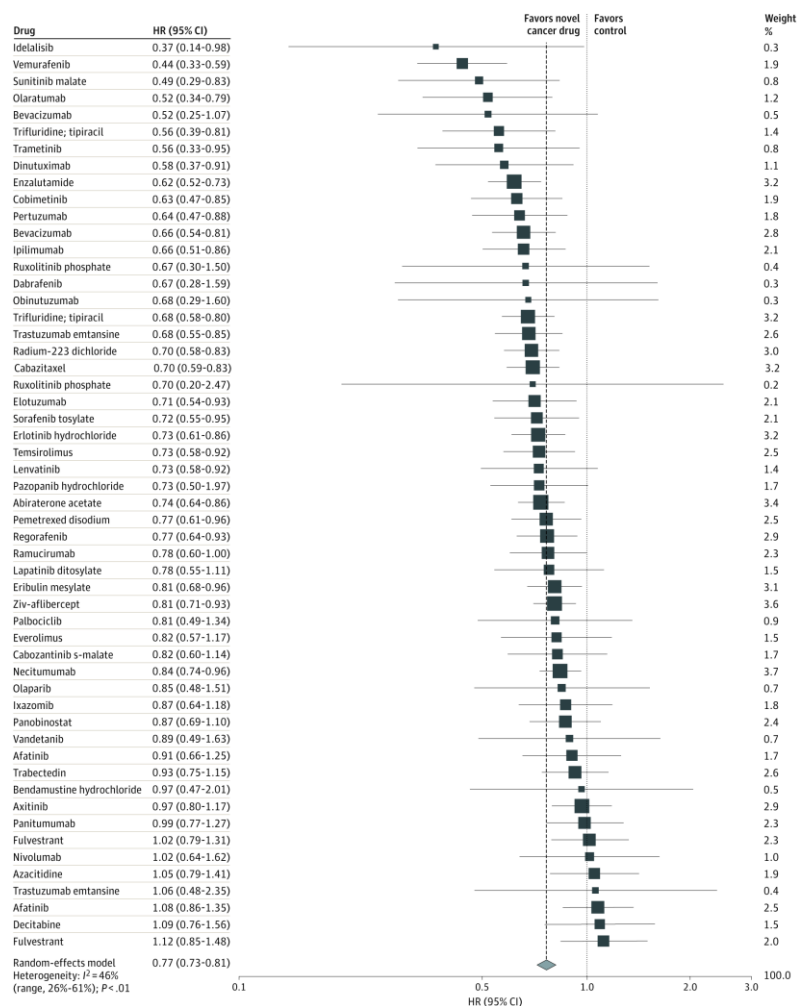
WAR OR HEALING?

- People living with cancer and the teams who treat them often speak in two different languages: **one of war and one of healing.**
- If the cancer is gone, but without prolonging life or allowing a person to live as normally as they can, then the treatment **may not be achieving a person's goals.**

Alyssa McManamon, MD – *VA Oncologist and Leader of the IOLC*

THE CURRENT CANCER CARE MODEL IS BROKEN

Seventeen Years of Drug Survival Data - The median absolute survival benefit was 2.40 months (IQR, 1.25-3.89 months)



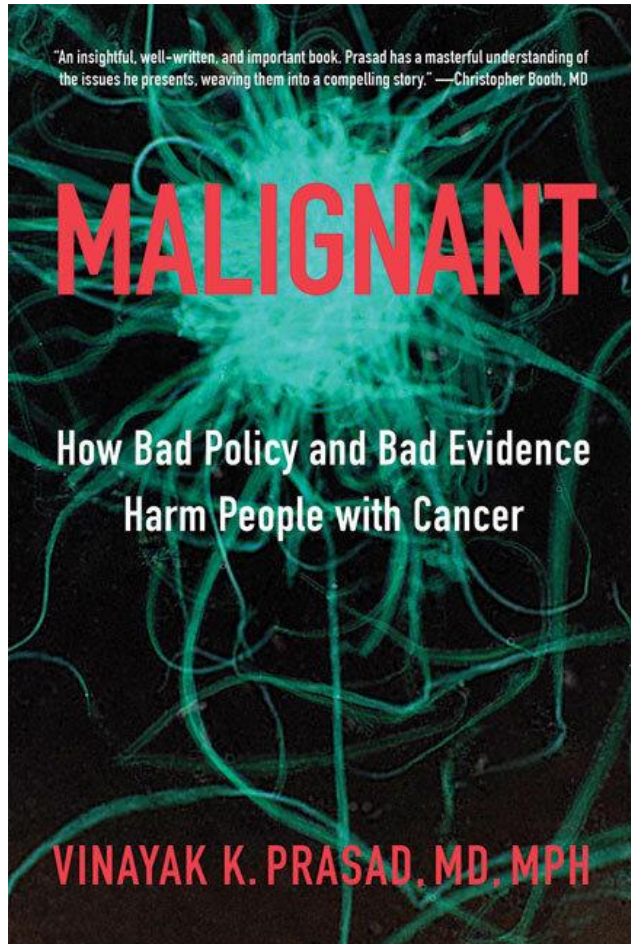
Findings: Comparative effectiveness study of:

- 92 novel cancer therapies
 - approved for 100 indications
 - over 17 years
 - 44% of drug approvals based on data from **nonrandomized** clinical trials
 - Randomized clinical trials typically reported substantial tumor responses and delays in tumor progression or death
- ***BUT the median absolute increase in overall survival was only 2 months.***

Ladanie A, Schmitt AM, Speich B, et al. Clinical Trial Evidence Supporting US Food and Drug Administration Approval of Novel Cancer Therapies Between 2000 and 2016. *JAMA Netw Open*. 2020;3(11):e2024406. doi:10.1001/jamanetworkopen.2020.24406

Two-month gain. At what cost?

THE CANCER PIPELINE IS BROKEN



THE STATE OF CANCER RESEARCH & PRACTICE

- “Breakthroughs are rarely breakthroughs.”
- Exaggeration of treatment values is the norm.
- Costs are obscene, unregulated and harm people.

WHAT WE NEED TO CHANGE THIS

- Measure what matters to cancer patients.
- Do pragmatic studies on average patients.
- Raise the bar on quality required for approval.
- Unbiased advocates and experts, not industry paid consultants and lobbyists.

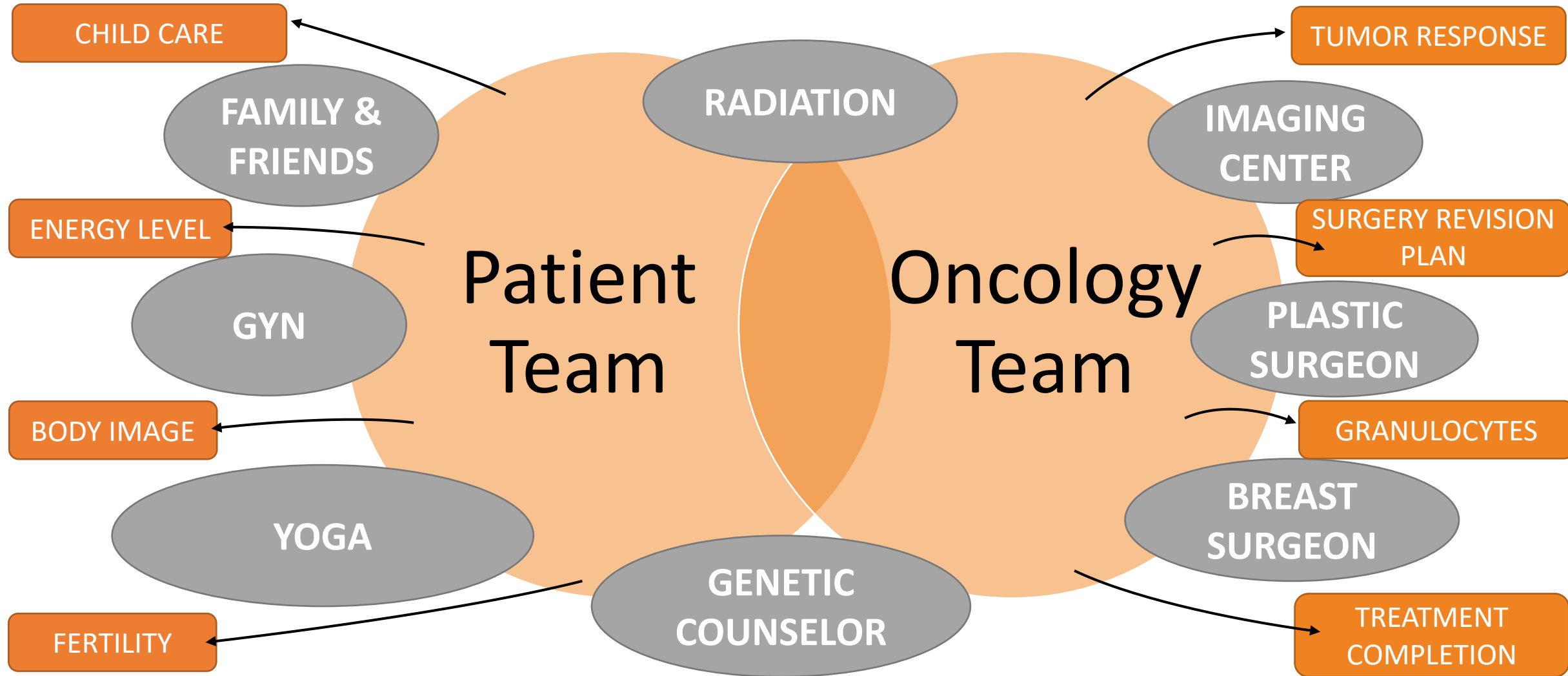
Vinayak K. Prasad, MD, MPH;
Associate Professor of Oncology and Public Health, UCSF

THE PERSON'S WORLD & THE PROVIDER'S WORLD

HOPE NOTE

INFORMATION OVERLOAD FOR EVERYONE

SOAP NOTE



WE NEED TO RETHINK AND REDESIGN

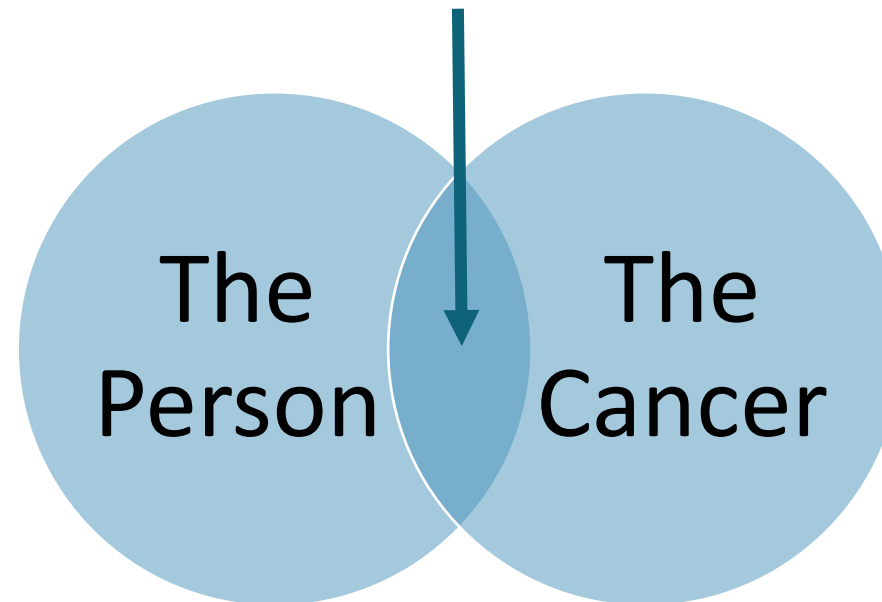
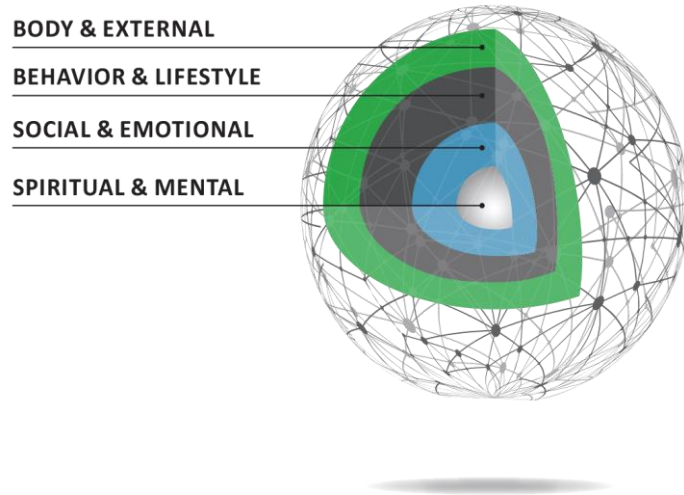
- ❖ **The current mindset and model of cancer care is not working.** More of the same will continue to increase cost, drive fear, worsen quality of life and produce marginal increases in survival.
- ❖ **Achieving the Moonshot goals requires a redesign** of current cancer care that acknowledges the whole person with cancer, including :
 - ❖ the micro and macro-environment and
 - ❖ the inner and outer environments of life.
- ❖ **An integrative, whole person cancer care model** provides a unifying framework achieving the Moonshot goals of a longer and better and less fearful life for people with cancer.
- ❖ **The guidelines and evidence for this exist** and have been promoted for the delivery of whole person care, but current policy and funding as well as training and drivers inhibit wide implementation of these guidelines.
- ❖ **A policy focused on paying for redesigned whole person care could rapidly catalyze** improved well-being, quality of life and lower mortality and less fear for those with cancer.
- ❖ **We need to invest significant time, thinking money into achieving goals of the Moonshot.**

WHOLE PERSON-CENTERED CARE

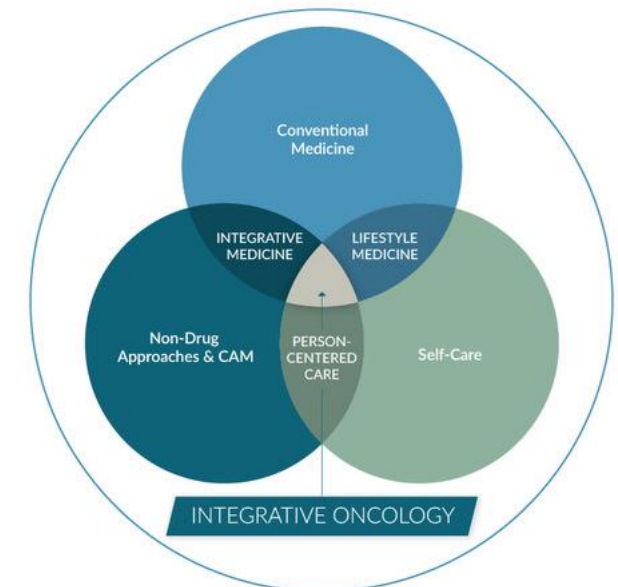
Make *whole person* integrative health *care routine* and regular in oncology

The New Paradigm

Whole Person Care



Integrative Health Care



A NEW VISION FOR CANCER CARE

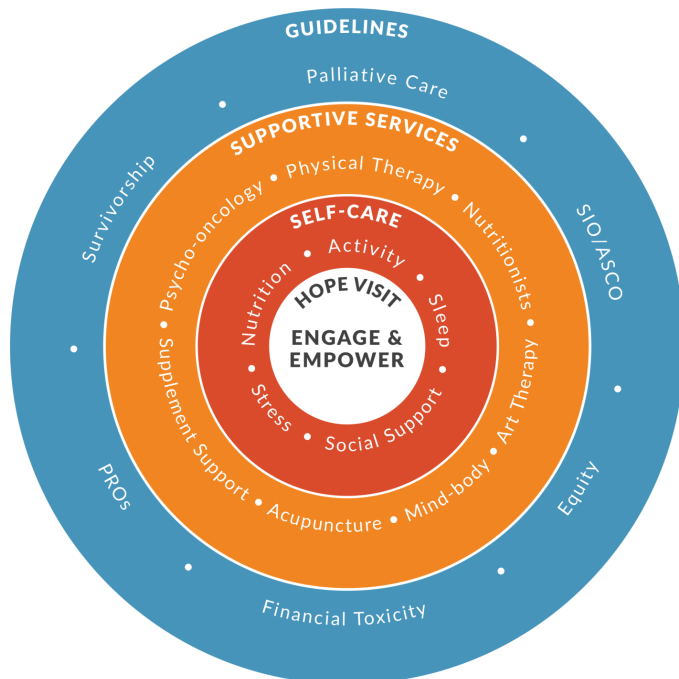
“Ours is a vision of holistic, person-centered cancer care, to allow people to alleviate fear and thrive while effectively treating and living with cancer. It is a fully integrative model, in which the elimination of tumors is a critical but insufficient outcome, because “5-year survival” is but a means to flourishing.”



Joan Walter, PA, JD

THE EVIDENCE IS HERE: IMPLEMENTATION IS LAGGING

THE GUIDELINES EXIST,
the tools exist, the need
and readiness are clear....



BARRIERS AND OBSTACLES

- Lack of medical education on HOW to deliver integrative cancer care
- Change is difficult (overcoming inertia)
- “Lifestyle, nutrition, stress management are not medicine”
- Billing and reimbursement systems don’t pay for these services.

BUT

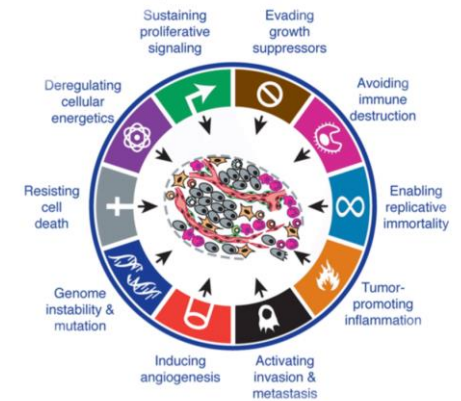
- Whole Person Care addresses this
 - Better outcomes
 - Improved patient experience
 - Improved clinician experience
 - Increased drug performance at minimal additional cost

IT CAN BE DONE IF:

It is mandated AND the early implementation is funded/incentivized

THIS WAS THE CHALLENGE AND SOLUTION FOR INTEGRATIVE PAIN MANAGEMENT IN THE DOD

The Evidence Exists: HALLMARKS



Institutions that provide 6 simple core complementary and lifestyle therapies and integrate them with conventional medical treatments demonstrated significant increase in 5-year breast cancer survival odds. Crudup, Terri, et al.

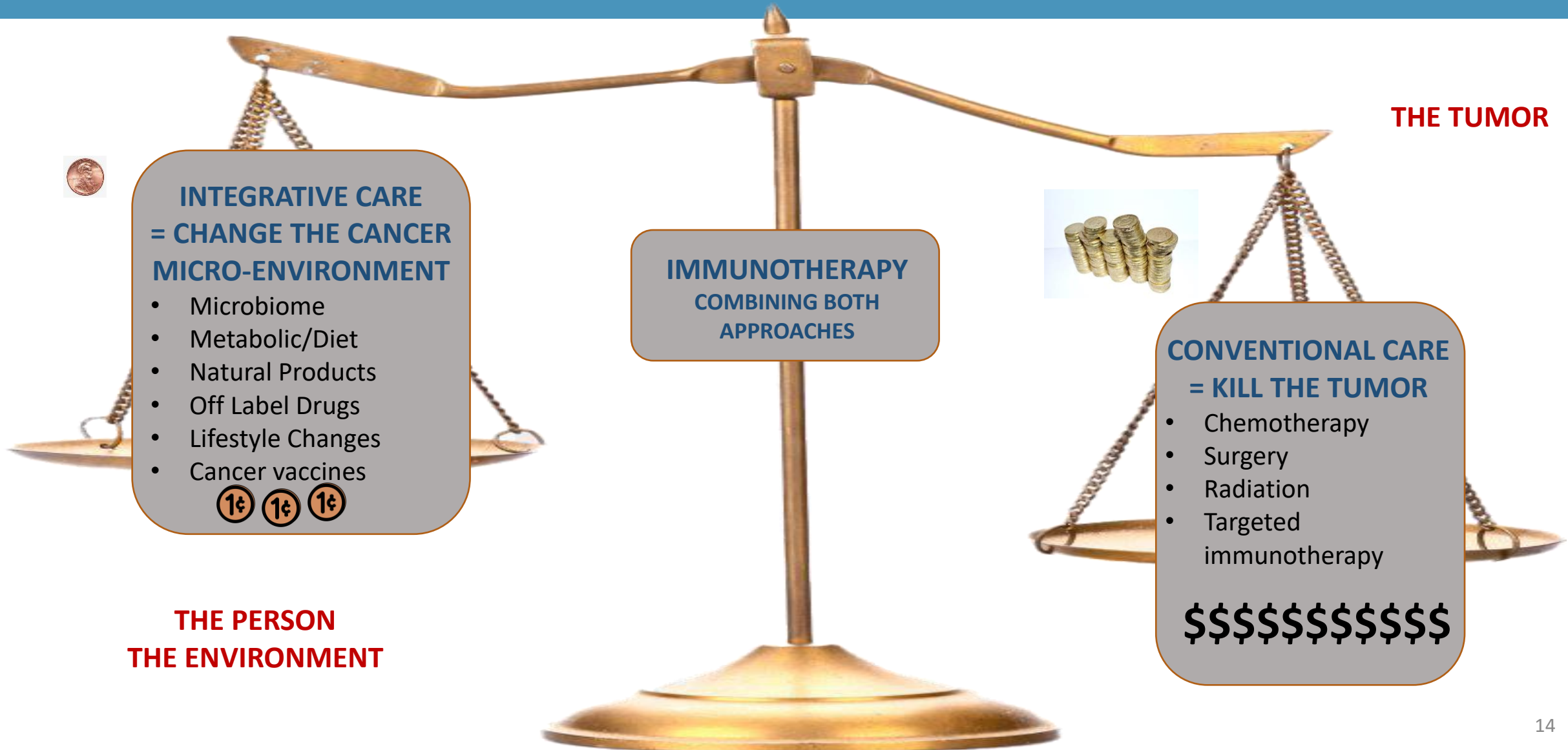
"Breast Cancer Survivorship and Level of Institutional Involvement Utilizing Integrative Oncology." *Journal of Oncology* Dec 19, 2021.

<https://doi.org/10.1155/2021/4746712>

McKee DL, Lodhi MS. 43 Natural Anticancer Products: Classified under the Cancer Hallmarks and the Available Evidence of their Anticancer Activities. *Neoplasia Research*. 2021, 10, 56-81.

<https://neoplasiaaresearch.com/pms/index.php/jcru/article/view/667/678>

RE-BALANCE THE RESEARCH FOCUS



WHOLE PERSON CANCER CARE FRAMEWORK

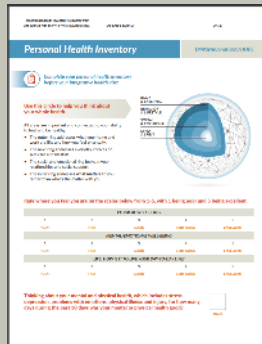


**TO DO THIS WELL
WE NEED THE RIGHT TOOLS**

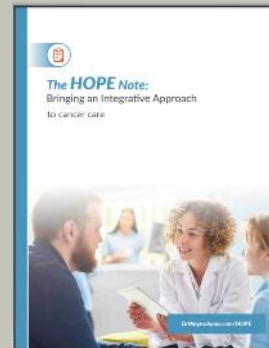


HOPE FOR CANCER CARE TOOLS

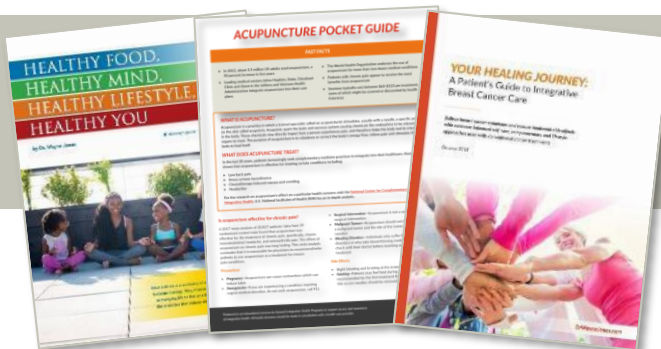
Personal Health Inventory



Integrative Health Visit/ HOPE Note



Personalized Health Plan



Related Resources

THE PERSONAL HEALTH INVENTORY

FIRST PAGE


- Dimensions of a whole person
- What we will be discussing
- How is your health and wellbeing now?

This personal health inventory is adapted from and aligned with the VA's Whole Health model.

PATIENT'S NAME: _____ DATE: _____

DrWayneJonas.com/HOPE

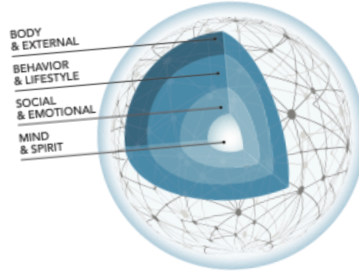
Personal Health Inventory

 Complete your personal health inventory before your integrative health visit.

Use this circle to help you think about your whole health.

All areas are important and connected to your ability to heal and be healthy.

- The outer ring addresses what your home and work are like and how you feel physically.
- The next ring addresses everyday choices on self-care and lifestyle.
- The social and emotional ring looks at your relationships and social support.
- The inner ring addresses what matters to you rather than what's the matter with you.



Rate where you feel you are on the scales below from 1-5, with 1 being poor and 5 being excellent.

| PHYSICAL WELL-BEING | | | | |
|---------------------|------|------|-----------|-----------|
| 1 | 2 | 3 | 4 | 5 |
| POOR | FAIR | GOOD | VERY GOOD | EXCELLENT |

| MENTAL/EMOTIONAL WELL-BEING | | | | |
|-----------------------------|------|------|-----------|-----------|
| 1 | 2 | 3 | 4 | 5 |
| POOR | FAIR | GOOD | VERY GOOD | EXCELLENT |

| LIFE: HOW IS IT TO LIVE YOUR DAY-TO-DAY LIFE? | | | | |
|---|------|------|-----------|-----------|
| 1 | 2 | 3 | 4 | 5 |
| POOR | FAIR | GOOD | VERY GOOD | EXCELLENT |

Thinking about your mental and physical health, which includes stress, depression, problems with emotions, physical illness and injury, for how many days during the past 30 days was your mental or physical health good? DAYS

PHI-V11

THE PERSONAL HEALTH INVENTORY

SECOND PAGE

- What is important to you in life?
- What brings you joy and meaning?
- What are the personal determinants of health you need and are ready to improve?

This personal health inventory is adapted from the VA's Whole Health Assessment and aligned with the VA's Whole Health Assessment.

DATE: _____

Personal Health Inventory

Complete your assessment before your appointment.

Use this inventory to help you think about your whole health.

All areas are important to heal and be healthy. The outer ring and work are like and. The next ring and self-care and life. The social and relationships and. The inner ring and rather than work.

Rate where you are now on a scale of 1 (poor) to 5 (excellent).

Think about the days you are ready to improve.

What do you live for? What matters to you? Why do you want to be healthy?
Write a few words to capture your thoughts:

Tell me when you were last well.

Where You are Now
Write in a number between 1 (poor) and 5 (excellent) that best represents where you are now. Then rank how ready you are to work on that area between 1 (not interested) to 5 (would start today).

| Area of Whole Health | Where I am now (1-5) | Mark how ready you are to make changes (1-5) |
|---|----------------------|--|
| BODY & EXTERNAL | | |
| Feeling safe: Having comfortable, healthy spaces where you work and live. The quality of the lighting, color, air, and water. Decreasing unpleasant clutter, noises, and smells. | | |
| BEHAVIOR & LIFESTYLE | | |
| Moving: Moving and doing physical activities like walking, dancing, gardening, sports, lifting weights, yoga, cycling, swimming, and working out in a gym. | | |
| Sleep: Getting enough rest, relaxation, and sleep. | | |
| Food: Eating a variety, balanced meals with plenty of fruits and vegetables each day. Drinking enough water and limiting sodas, sweetened drinks, and alcohol. | | |
| Stress Management: Tapping into the power of your mind to heal and cope. Using mind-body techniques like relaxation, breathing, or guided imagery. | | |
| SOCIAL & EMOTIONAL | | |
| Social Support: Feeling listened to and connected to people you love and care about. The quality of your relationships with family, friends and people you work with. | | |
| Paying for Basics: Quality and availability of food, housing, utilities, and transportation. | | |
| MIND & SPIRIT | | |
| Purpose: Having a sense of purpose and meaning in your life. Feeling connected to something larger than yourself. Finding strength in difficult times. | | |
| Learning and Growing: Developing abilities and talents. Balancing responsibilities where you live, volunteer, and work. | | |

PHI-V11

HOPE = HEALING ORIENTED PRACTICES AND ENVIRONMENTS

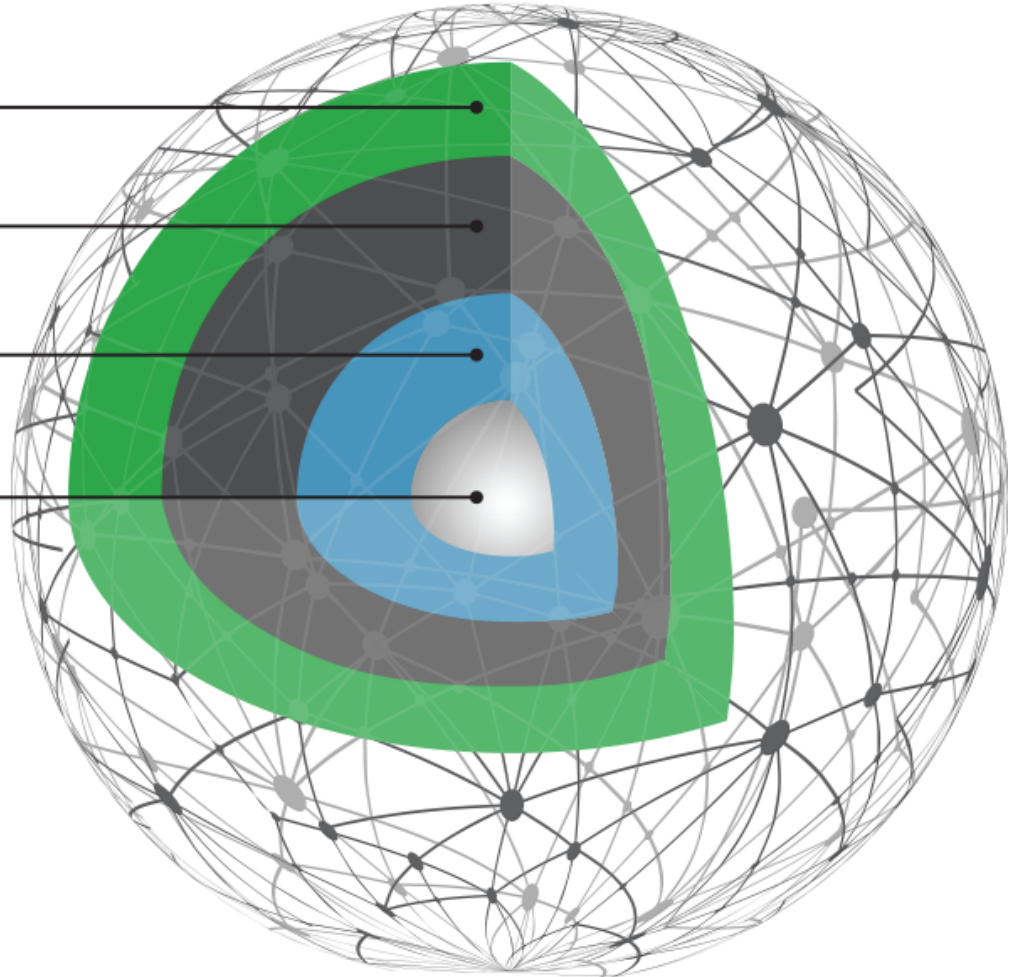
WORKING WITH THE WHOLE PERSON

BODY & EXTERNAL

BEHAVIOR & LIFESTYLE

SOCIAL & EMOTIONAL

SPIRITUAL & MENTAL



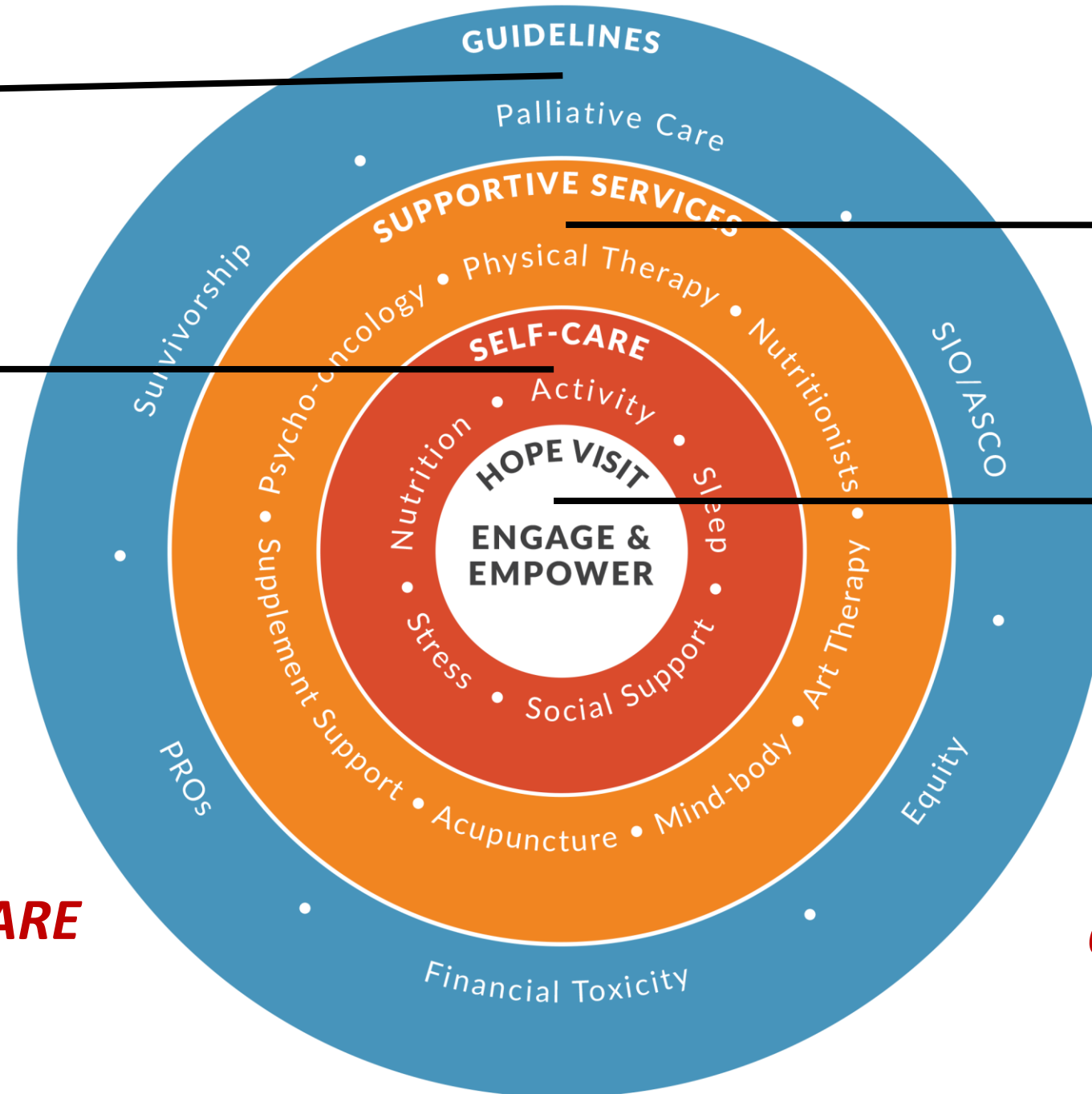
Asking “What Matters”

Exploring a patient’s personal
determinants of healing

**National
Trends &
Guidelines**

**Foundational
Wellness
Activities**

LEVELS OF CARE



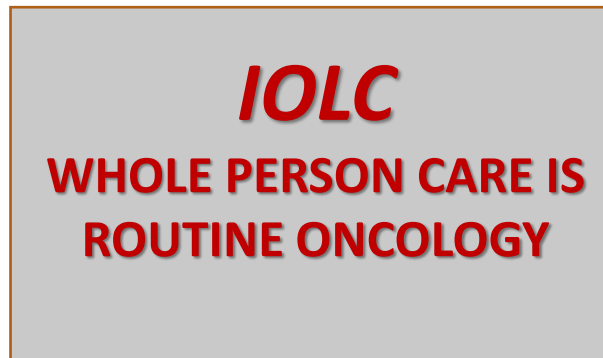
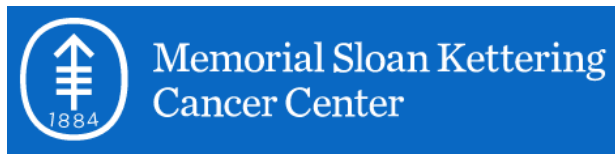
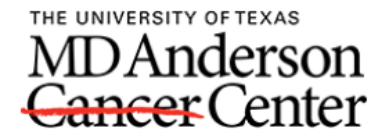
**Professional &
Community
Services**

**The
Integrative
Visit**

CARE PATHWAYS

CLINICAL IMPLEMENTATION: *INTEGRATIVE ONCOLOGY LEADERSHIP COLLABORATIVE*

THE GOAL OF THE INTEGRATIVE ONCOLOGY LEADERSHIP COLLABORATIVE
IS TO HELP MAKE WHOLE PERSON, INTEGRATIVE HEALTH CARE ROUTINE IN ONCOLOGY.



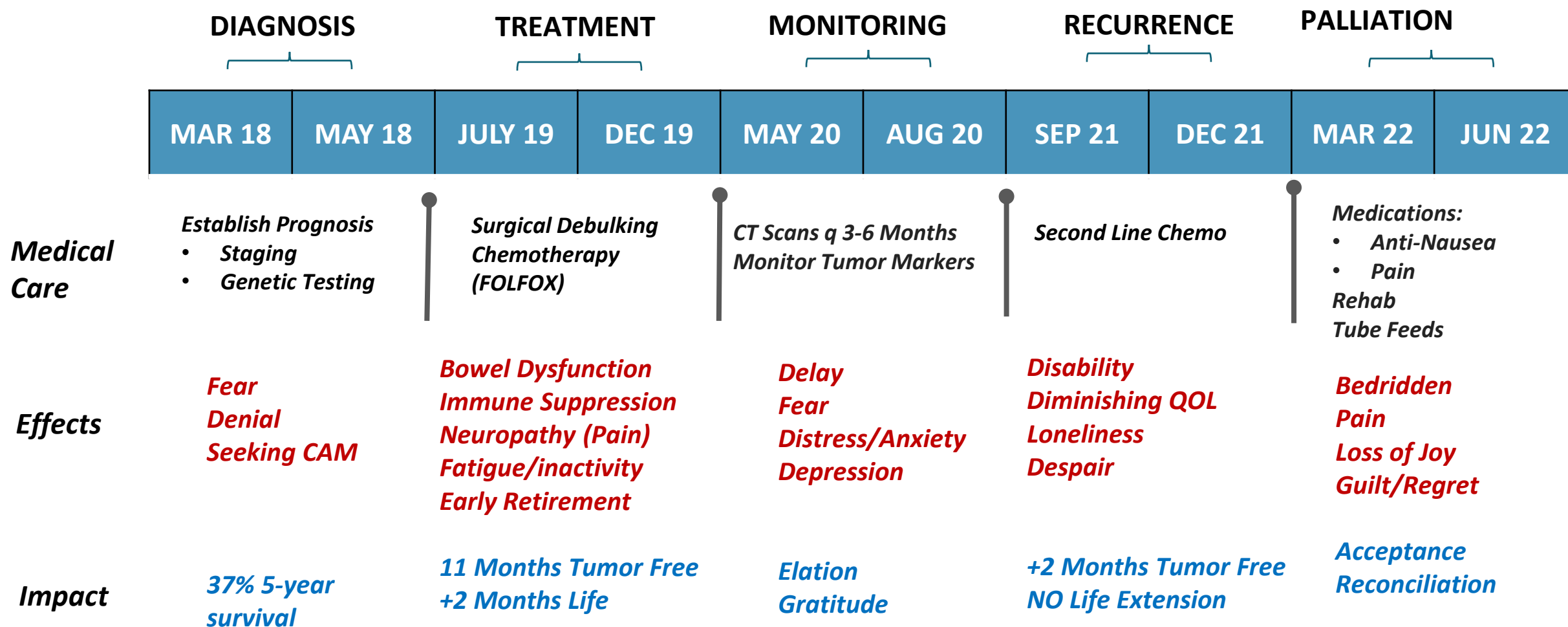
The Davidoff Cancer Center



WHAT WE DO NOW: BEST PRACTICES

David's Colon Cancer Journey (4 years)

58 y/o Male
One child



WHAT WE WILL DO THEN: INTEGRATIVE ONCOLOGY

David's Colon Cancer Journey (15 years)

50 y/o Male
Two Children

| | DIAGNOSIS | | TREATMENT | | MONITORING | | RECURRENCE | | PALLIATION | |
|--------------|--|--------|---|--------|---|--------|---|--------|--|--------|
| | MAR 29 | MAY 29 | JULY 29 | DEC 29 | MAY 30 | AUG 37 | SEP 37 | DEC 37 | MAR 43 | JUN 44 |
| Medical Care | cfDNA Screens Ex-vivo Sensitivity Tumor Markers: (CEA+ NGS) | | Low-dose combinations IVC + IV herbals | | Liquid monitoring Immune Markers Microbiome and Metabolic tracking Vaccine options | | CT/PET Hallmarks Detection FMT Immunophoresis Immunotherapy | | Early palliative Local Rx Cannabis/Herbs New Drugs Psychospiritual | |
| Effects | Concern Behavior Change Commitment | | No resection Mild anemia Realtime adjustment | | Diet adjustment Continuum of Care Supplements/OLDs | | Inconvenience Expense Concern Hope | | Home Care Little Pain Less Guilt The Final Discussion | |
| Impact | 87% 5 years | | Home delivery/care 24 Months Tumor Free 5 Years Longer Life | | Multiple Options/ Modifications Maintain Routine Life | | 24 Months Longer Quality Life Extension | | Recognition Acceptance A peaceful death | |

WHAT WE WILL DO THEN: INTEGRATIVE ONCOLOGY

David's Colon Cancer Journey (15 years)

50 y/o Male
Two Children

DIAGNOSIS

TREATMENT

MONITORING

RECURRENCE

PALLIATION

“Cancer is *not* always experienced as the greatest problem facing a person with cancer.”

Michael Lerner, *Choices in Healing*, 1994

Medical
Care

Effects

Concern
Behavior Change
Commitment

No resection
Mild anemia
Realtime adjustment

Diet adjustment
Continuum of Care
Supplements/OLDs

Inconvenience
Expense
Concern

Home Care
Little Pain
Less Guilt
The Final Discussion

Impact

87% 5 years

Home delivery/care
24 Months Tumor Free
5 Years Longer Life

Multiple Options/
Modifications
Maintain Routine Life

24 Months Longer
Quality Life Extension

A peaceful death

A peaceful journey

MOVING FORWARD



**MAKING WHOLE PERSON CARE ROUTINE AND
REGULAR IN CANCER CARE**