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Integrative Physician's Perspective

The case presented in this issue's Integrative Tumor Board represents a serious disease progression in the history of the patient in question. Recurrent lymphoma, until quite recently, was a situation in which few effective treatment options were available. As Drs Hallmeyer and Peace of the University of Illinois at Chicago outline in their excellent review, this situation is beginning to change. First, however, they discuss some of the considerations for the initial treatment of this patient. Their discussion of the prognostic factors associated with follicular lymphoma is particularly useful, and they offer a good review of the chemotherapeutic options. They bring up the issue of timely restaging. It is my impression that many physicians do not restage sufficiently often during chemotherapy treatment; at our clinic, we restage more frequently in some cases, as often as every 2 months, so that appropriate changes in drug therapy can be instituted. The issue of comorbidities and their impact on treatment choices is something that is frequently overlooked, but these 2 authors do an excellent job in reviewing this topic. The most exciting part of this oncology review, however, is their account of the efficacy that has been noted for the new radioimmun conjugate drugs, such as Zevalin and Bexxar. The very high response rates of up to 80%, with durations of response over a year, make this class of medications one of the most exciting recent advances in the treatment of lymphomas.

Ms Jenna Wunder and Dr Sara Warber describe the Active Hope Optimal Wellness Program at the University of Michigan. This program is available for leukemia, lymphoma, multiple myeloma, and myelodysplastic syndrome patients. The nutritional program aims to establish basic healthy eating habits that will decrease the proinflammatory state brought about by standard American diets. They rightly point out that dietary interventions might help with some of the comorbidities faced by the patient in this tumor board. Perhaps the most intriguing aspect of the exercise pro-

gram, which consists of tai chi and yoga, is the observation of a patient taking Gleevec, often used for chronic myeloid leukemia, whose muscle cramps appeared to have been relieved by yoga. Notable for its absence is a recommendation for high-intensity aerobic exercise, perhaps felt to be unsuitable for many patients who have been through the difficult conventional therapies associated with the blood cancers. A mind-body program is certainly something that, as one of the Active Hope Program's patients said, should "come with" a cancer diagnosis. The authors mention the use of logotherapy and existential analysis, valuable techniques for creating a constructive approach in patients' search for meaning. The apparent state of denial of this patient, who reports no anxiety or depression in the midst of significant losses, is noted by Wunder and Warber as a potentially significant issue.

Dr Maureen Wilson offers the naturopathic perspective on this case. As we typically note with naturopathic practice, Wilson discusses the potential causative factors in the development of the patient's disease, exploring the comorbidities as well as the lymphoma. She cites some of the important epidemiological studies linking dietary elements with lymphoma, which also form a basis for naturopathic treatment. Dietary factors, as noted by Wilson, may give rise to rationally based specific dietary instructions in lymphoma. Risk of non-Hodgkins lymphoma is increased in obesity.¹ Normal weight, consumption of fish and cruciferous vegetables, and use of vitamin C supplements were found to lower risk of multiple melanoma in African Americans and whites in a US study.² A study based on international dietary supplies of different foods found a correlation of high consumption of the nonfat portion of milk with lymphoma, consistent with reports of abnormal calcium metabolism in lymphoma patients.³ An Italian study also found evidence linking high milk intake to non-Hodgkin's lymphoma.⁴ Intake of beef, pork, or lamb was associated with higher risk of non-Hodgkin's lymphoma in a large prospective study.⁵ Celiac disease, though not present in this patient, appears to be associated with a higher risk of non-Hodgkins lymphoma, even when a gluten-free diet is instituted.⁶ These studies, and the studies on fish and trans fatty acids cited by Wilson,^{7,8} certainly argue that attention to diet may be helpful in lymphomas and other blood cancers.

Professor Leslie Walker offers a particularly accomplished assessment of the circumstances of this patient. Walker is a distinguished researcher in this area, and his response is extremely instructive reading for practitioners working with patients who have lymphomas. His analysis of the apparent denial or minimization of possible concerns about prognosis is excellent. He points out that the patient may be attempting

to "protect" family members from his concerns and that he might then welcome an opportunity to discuss them confidentially with a professional. In addition, family members may also welcome the opportunity for supportive discussions of the critical issues faced by this patient with recurrent disease. As Walker says, the point of offering such opportunities is not to disrupt the strategy of the positive outlook adopted by this patient but to explore the reasons behind it in some depth, giving the possibility of addressing otherwise unattended needs. His comments regarding the lack of attention to psychological needs, and the contribution to psychological morbidity that results from this, are very relevant to conventional and complementary practitioners.

A particularly interesting study mentioned by Walker tested the use of relaxation therapy with or without hypnotherapy for the amelioration of chemotherapy-induced nausea and vomiting in lymphoma patients. The intervention was found to be helpful, which is useful to know in itself, but the most interesting data emerge from long-term follow-up of the patients in the study. In the 5- and 13-year follow-ups, the following independent factors were found to predict survival: early-stage disease, low depression scores at diagnosis, low scores on social conformity, and having relaxation therapy with, or without, hypnotherapy. While the study did not actually have adequate statistical power to address survival issues, it is interesting to observe yet another study linking psychosocial interventions with survival.

Walker's final comment, that cancer affects people, families, and friends, as well as cells and molecules, is an apt summary of the expert perspective he offers and can be taken as a motto by any practitioner attempting to work with the cancer patient in his or her psychosocial context.

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