

Better define use of complementary approaches in the supportive care pathway

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ABSTRACT

The vast and poorly defined field of Complementary Approaches raises numerous questions concerning their usefulness and their role in the patient pathway. This research aims at better defining use of complementary approaches to clarify patients' motivations, needs and orientation towards a variety of approaches proposed in an integrated program.

INTRODUCTION

Cancer patients are increasingly using complementary approaches and practices in addition to supportive care. However, the development of these practices in the hospital is not obvious because of the diversity of approaches and the lack of validation that meets the standards of evidence medicine for many of them. This research aims to share the experience of a program integrating complementary practices in the supportive care department of Gustave Roussy.

METHODS AND MATERIALS

A longitudinal mono-centric observational study was carried out on patients included in the Complementary Approaches program, PACT * proposed at Gustave Roussy from January 1, 2022 to October 1, 2023.

All of them were invited to participate in a consultation to clarify their needs and orient them according to the organization already in place.

Explored items :

- Patient's profile,
- Nature of their request,
- Profile of prescribers in the hospital,
- Patients' motivations,
- Type of CAMs used

* Program PACT (content)

PACT (Practices and Approaches Complementary to Therapies) is a program proposed to every patient treated at Gustave Roussy. It is integrated into the supportive care department and gathers complementary approaches for therapeutic purposes or support the care pathway. This program offers:

- Adapted physical activity programs
- Mindfulness Based Stress Reduction program
- Yoga and qi gong classes,
- Plastic art workshop

Patients are referred by hospital's healthcare teams or come on their own initiative.

A consultation has been set up to coordinate patients' requests and direct them towards the different approaches proposed according to their profile, medical situation, lifestyle and motivations for using complementary approaches.



MAIN RESULTS

232 patients have participated to the program over the 21-month predefined period (at least included in one of the programs proposed). In terms of profile: patients were predominantly female (94%), mean age 52.3, with breast cancer (65%), undergoing treatment (67%). The cancer was advanced in 26% of cases.

The program was initiated for 55% by hospital's healthcare teams, including oncologists (24%), medical supportive care team members (19%) or during the specific " After Cancer " program. Other patients came on their own initiative after being informed (45%).

The main symptoms when referring to the program were fatigue, anxiety and pain. Symptoms and their severity at their enrolment are shown below (table 1)

The main motivations cited by patients (table 2 below) are to maintain or resume physical activity (39%) and to improve quality of life or reduce symptoms (20%).

The CAMs proposed following their assessment during the consultation are defined in Table 3.

Table 2 - Main motivation for participation to the program
Base: 232 patients included

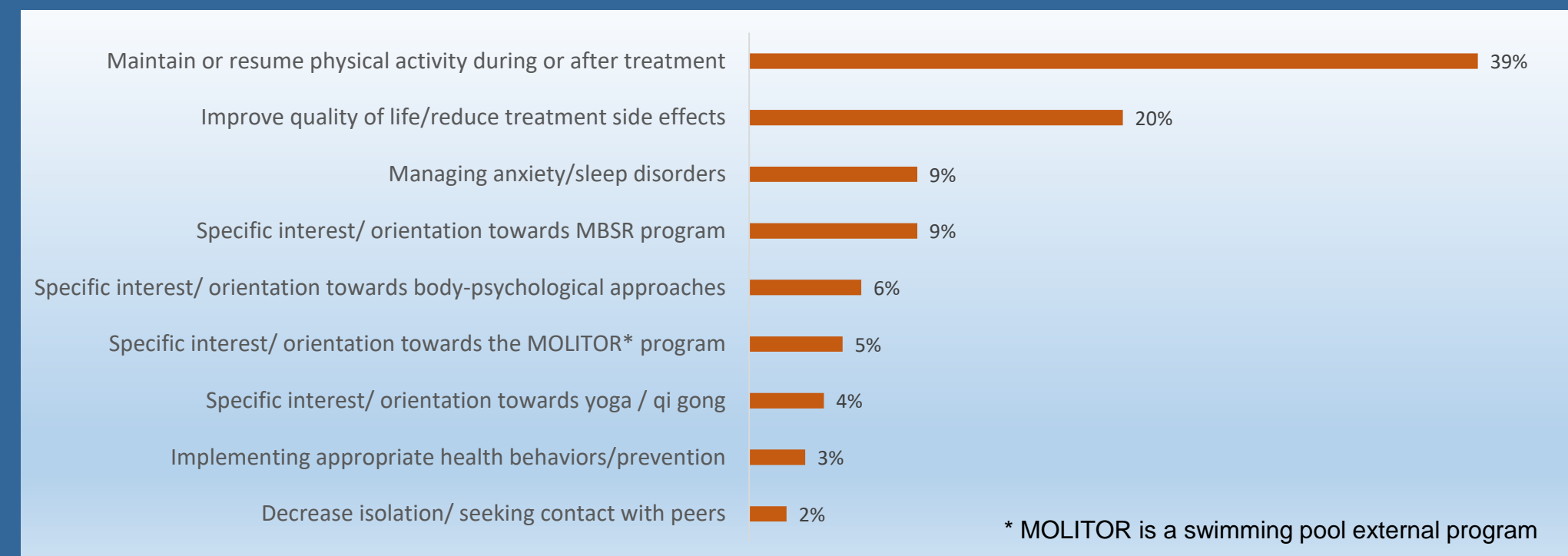
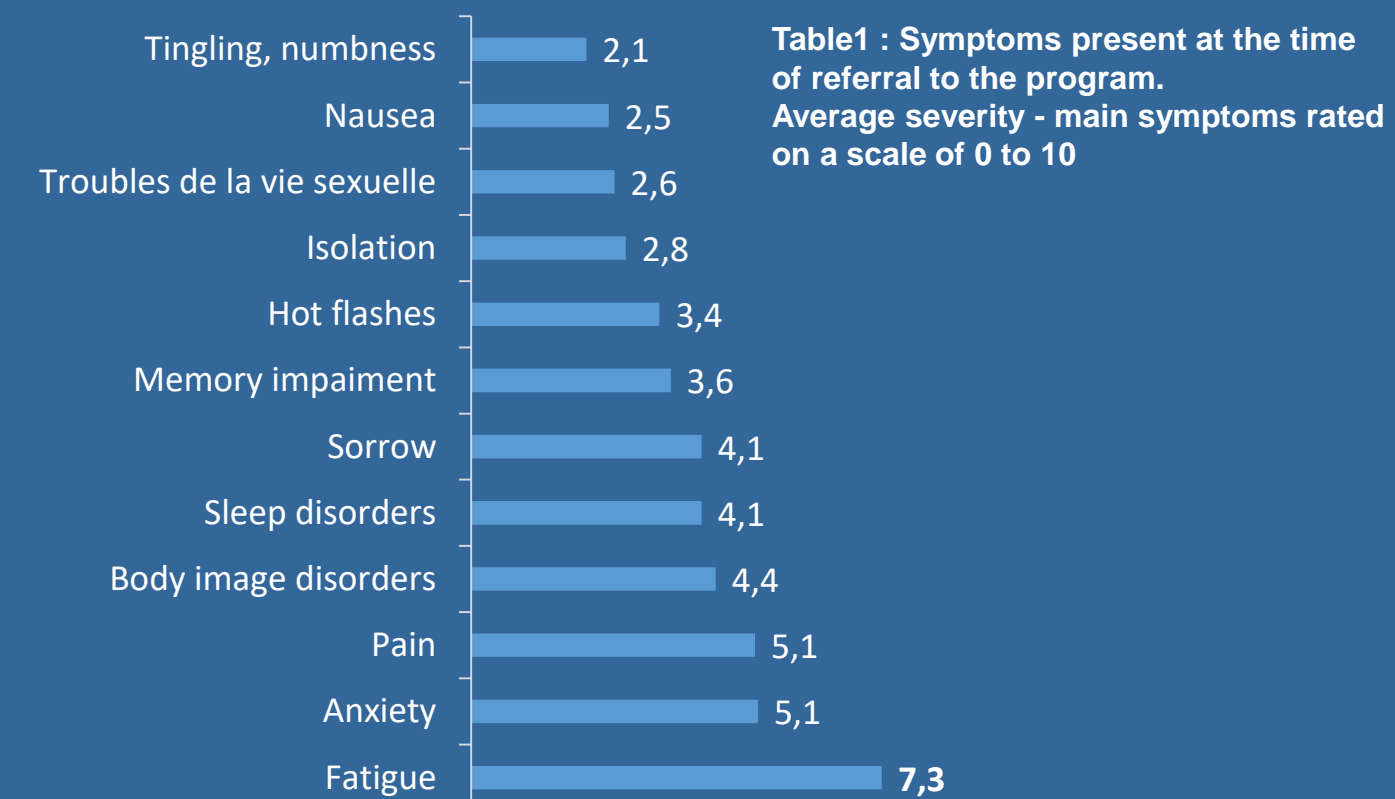


Table 3: Referrals to the various programs
Base: 232 patients included

Total Physical Activity (APA)	65%
- APA in presence program	36%
- APA virtual	29%
Mindfulness (program MBSR)	34%
Yoga	17%
Qi gong	10%
Plastic arts workshop	8%

2 or more activities 39%



DISCUSSION

These results demonstrate the value of structuring the integration of complementary approach programs into the supportive care pathway for patients with cancer. The next step is to assess the impact in terms of patient experience, quality of life and symptoms related to cancer and its treatment.