

CONFERENCE REPORT

Innovation & Experience in Oncology

September 17 – 20, 2018

Rosenfeld, Germany

I want to thank every physician who came to this meeting, since this means more patients will benefit from the opportunities and possibilities of integrative oncology.

Ivelisse Page
Believe Big, USA

Dear Colleagues,

Recent years have brought exciting developments to the field of integrative oncology. Alongside innovative results in conventional oncology (such as targeted therapies or the 2008 and 2018 Nobel Prizes in Medicine), there is an increasing global awareness that our patients' needs go far beyond the treatment of cancer cells. That is why we welcome the many advancements, large and small, which have led to more widespread recognition of the concepts of "integrative medicine" and "integrative oncology".

Integrative medicine is the medicine of our era, because it addresses the needs of physicians and patients alike. Human beings are the sum of life's many facets. Which is why a human-centered approach to medicine cannot be limited to any one of those facets, as we are all physical, social, cognitive and spiritual creatures. This is especially true for the treatment of oncological patients, since cancer has a massive impact on all spheres of life.

When it comes to confronting these challenges, the good news is that we now have many promising options. The **4th Integrative Medicine Meeting 2018** once again shared countless



ideas for the implementation of concepts from integrative oncology. We are extremely pleased that the conference could also help strengthen the link between theory and practice. We hope that our current practical challenges will also be reflected in clinical research.

This international meeting of experts with the common goal of improving patient care with tested, effective, and cost-efficient therapies made the **4th Integrative Medicine Meeting 2018** into an extremely valuable event for continuing professional

education. To share this experience with you, we have compiled selected conference content to create a comprehensive overview of the event.

We hope you take this opportunity to provide improved treatment options to our patients, as we believe that is the most promising path toward a better tomorrow.

Prof. Dr. Roman Huber
Scientific Chairman

Centre for Complementary Medicine,
University Hospital Freiburg,
Germany

Dr. Gary Deng
Medical Chairman

Integrative Medicine Service,
Memorial Sloan Kettering Cancer Center New York,
USA

Keynote Speakers



Dr. Gary Deng (USA)

Medical Director of the Bendheim Integrative Medicine Center at Memorial Sloan Kettering Cancer Center (MSKCC) and Professor of Clinical Medicine at Weill Cornell Medical College (WCRC) of Cornell University in New York. Dr. Deng is an integrative medicine expert who strives to support and empower patients throughout the continuum of cancer prevention, treatment, and survivorship.

Integrative Medicine in Cancer Care: Bridge Research Findings and Clinical Practice



Prof. Dr. Roman Huber (Germany)

Centre for Complementary Medicine, University Hospital Freiburg, Germany. Professor Dr. Huber is specialist in internal medicine with a focus on gastroenterology, with expertise in naturopathic medicine, acupuncture and Anthroposophic Medicine (GAÄD). His research focuses on the effects and efficacy of Anthroposophic Medicines, especially with regard to immunological functions.

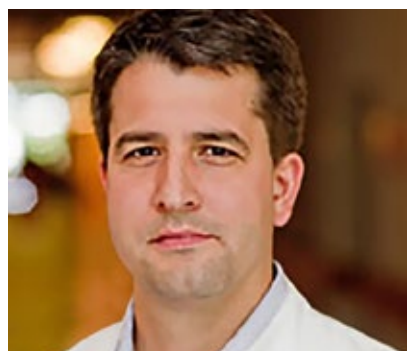
State of Scientific Research in Integrative Oncology



Dr. Eric Marsden (Canada)

Director of the only naturopathic oncology postgraduate residency program in Canada and course author and instructor for the OAND's Intravenous Infusion Therapy (IVIT) certification course. Dr. Marsden participates in research in the field of integrative oncology.

Highlights from Interventional Trials



Dr. Friedemann Schad (Germany)

Head of the Oncology Center and the Department of Interdisciplinary Oncology and Palliative Medicine at the Havelhöhe Community Hospital in Berlin. Dr. Schad is a member of the Tumor Center Berlin association and co-founder of the Research Institute Havelhöhe (FIH). He also directs the Network Oncology (NO), which provides a platform for clinical results from hospitals and practices in the field of anthroposophic and integrative oncology.

Epidemiology and Health Service Research



Dr. Martin Flür (Germany)

Senior physician for internal medicine and hematological oncologist at the Helios Clinic in Schwelm. Dr. Flür specializes in hemato-oncology, internal medicine, and palliative medicine. He is a well-known speaker at many national and international conferences.

Therapeutic Approaches in Oncology – Where Do We Come From and Where Do We Go?



Dr. Kenny Yong Yean-Sirn (Malaysia)

Owner and director of the Well Again HealthCare Center in Malaysia and a medical consultant with a particular interest in integrative oncology. Dr. Yong Yean-Sirn is a well-known speaker on topics such as preventive medicine and lifestyle modifications, women's health care, nutritional therapy for various chronic diseases, and the early detection and prevention of cancer.

Intratumoral, Intrapleural, Intraperitoneal Infusions of *Viscum album* Extracts. A Combination Therapy in Personalized Integrative Oncology Management of Metastatic Cancer Diseases.



Dr. Sebastian Schlott (Germany)

Specialist in internal medicine, hematology/oncology, palliative medicine. Senior physician at the Center for Integrative Oncology at Filderklinik, Germany. Dr. Schlott has received advanced training in health management (Mibeg-Institut, Cologne, Germany). He is a member of the European Society for Integrative Oncology and gives frequent lectures on hematology/oncology, integrative oncology, immunologic cancer therapy, mistletoe treatment and palliative care.

Quality of Life: Complementary Therapies Filling the Gap Between Cancer Treatment and Patient Benefits



Dr. Nilo Gardin (Brazil)

Specialist in internal medicine and hematology, with a background in Anthroposophic Medicine and homeopathy. Dr. Gardin teaches medical training courses for the Brazilian Association of Anthroposophic Medicine, with clinical practice in integrative medicine. He also serves as editor-in-chief of *Arte Medica Ampliada* (scientific journal of the Brazilian Association of Anthroposophic Medicine), chairman of the Brazilian Anthroposophic Patients' League (LUAAMA), a member of the palliative care team at Oswaldo Cruz Hospital (São Paulo) as well as coordinator of the Complementary Medicine Committee of the Brazilian Association of Palliative Care.

Cancer Fatigue: Diagnosis, Prevention, Treatment Options



Prof. Dr. Arndt Büssing (Germany)

Professor of Quality of Life, Spirituality and Coping at the University Witten/Herdecke. Dr. Büssing's research focuses on the importance of spirituality as a resource for dealing with chronic illness and on the importance of non-pharmacological intervention (eurythmy therapy, yoga, meditation) for the chronically ill. He is co-editor of the German Journal of Oncology and a member of the editorial board for the journals *Spiritual Care* and *Religions*.

Spiritual Needs of Patients with Chronic Diseases



Dr. Nasha Winters (USA)

Dr. Winters has a particular passion for working with chronic illnesses such as autoimmune disorders, endocrinology, and supporting clients with cancer. Since receiving her FABNO (Fellow, American Board of Naturopathic Oncology), she has worked exclusively to educate patients and doctors worldwide on how to apply the principles of integrative oncology, both philosophically and therapeutically.

Management of Oncotherapy-Related Side Effects



Dr. Gurdev Parmar (Canada)

Co-Founder & Medical Director of the largest naturopathic clinic in Canada. Dr. Parmar has two decades of clinical experience, with 18 years at IHC, having treated over 10,000 patients living with cancer. He is the first board-certified naturopathic oncologist in Canada (2007) and the only clinician/researcher worldwide who has conducted research on the use of hyperthermia within an integrated naturopathic oncology setting. Dr. Parmar also serves as Chair of the Residency Committee for the Oncology Association of Naturopathic Physicians, and Residency Director at Integrated Health Clinic.

Naturopathic Anti-Tumoral Treatment & 8-Year Survival Benefit Statistics: A Single-Centre Experience

Innovation and Experience in Oncology



Around the world, many cancer patients regard standardized oncology as one-sidedly body-centered, as it often fails to take essential needs into account. For this reason, reported **Dr. Gary Deng** (Memorial Sloan Kettering Cancer Center MSKCC, New York, USA), chairman of the Integrative Medicine Meeting, over two-thirds of all cancer patients use adjunctive therapies from the spectrum of complementary or experience-based medicine.

Patient well-being as global motivation

Patients' main reasons for using adjunctive treatments are: the stressful effects of the disease, uncertainty regarding the actual advantages of standard therapies in relation to their side effects, as well as powerlessness in the face of the disease (experienced as distressing), and loss of confidence in the healthcare system. According to Dr. Deng, modern-day oncology must therefore consider the holistic nature of human beings and, in terms of therapy and long-term care, take all areas of life into account (see diagram).

Approximately 20 years after "integrative oncology" was first used, it is now clear that this precise term describes many aspects of holistic, human-centered cancer treatment, as was recently summarized in the *Journal of the National Cancer Institute* of the USA.¹ In the United States, the first program for integrative oncology was established in 1999, at the renowned MSKCC. Today,

the Integrative Medicine Clinical Program employs approximately 50 staff and has over 30,000 patient contacts per year. About half of the major US cancer clinics now offer such facilities.

The worldwide considerable research conducted on this topic is reflected in the first clinical practice guideline on integrative oncology (for breast cancer), prepared by the Society for Integrative Oncology (SIO).² In 2018, this guideline was largely adopted by the American Society of Clinical Oncology (ASCO).³ The corresponding German S3 guideline, updated in September 2018, also announced its own S3 guideline process "Complementary and Alternative Medical Procedures in Oncology".⁴

According to Dr. Deng, the prerequisite for such successes is further clinically-relevant research that provides high-quality evidence. Just as important: making integrative oncology better known to medical specialists, using vivid practical examples, and showing both doctors and patients the advantages of "bridging the gap" between conventional and complementary medicine. The US oncologist also demands that conventional oncology live up to the

same scientific standards: "Most clinical practice guidelines in oncology do not meet the standards set by the National Academy of Medicine."⁵

In a personal interview, Dr. Deng speaks about his experience with practical implementation of integrative oncology (pages 20/21).

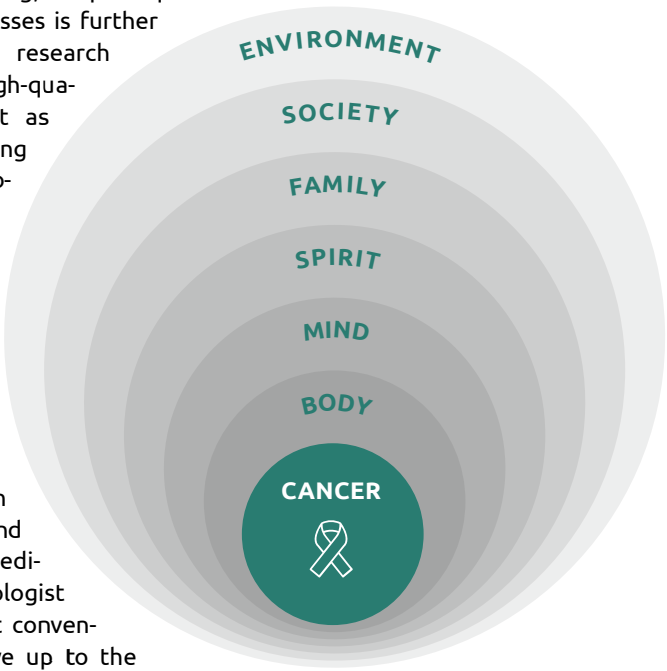


Diagram: How cancer affects all areas of life (according to Dr. Gary Deng)

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

Witt CM, Balneaves LG, Cardoso MJ, Cohen L, Greenlee H, Johnstone P, Küçük Ö, Mailman J, Mao JJ: A Comprehensive Definition for Integrative Oncology. *J Natl Cancer Inst Monogr*. 2017 Nov 1;2017(52).

Complementary Therapies Must Be Integrated Into Oncological Guidelines



Interview with Prof. Dr. Roman Huber

Many of the hopes of integrative oncology have been realized: talking medicine in oncology, palliative medicine, psycho-oncology, new patient-centered care concepts, movement and exercise therapy. What is still missing in the realm of evidence- and guideline-based cancer treatment?

Integrative oncology developed from the realization that antitumor therapies alone do not meet the medical needs of many patients. Many want to actively find their own individual path. Medical professionals still fail to pay attention to the actual needs of patients. Recently, a tumor patient came to me, after the tumor board had recommended psycho-oncological treatment to her, and said: "They don't even know me." This illustrates the difference between patient-centered and evidence-based therapy. Also, many

oncologists are still unfamiliar with integrative methods.

What might be the basic procedure to establish methods of integrative medicine in clinical everyday life? What is the significance of scientific validation?

Methods are established when they have shown their effectiveness. This is also true for integrative medicine. Yoga, music therapy, and meditation, for example, are effective in treating anxiety and depression in breast cancer patients and have recently been included in the official guidelines of the American Society of Clinical Oncology (ASCO). This will change clinical routine here in Germany, as well.

The spectrum of complementary therapy options is broad. What could a patient-oriented, rational selection look like, what do you consider indispensable?

Openness to the needs of patients as an inner attitude – that is indispensable. It is illusory that all complementary methods will ever be scientifically investigated in detail and thus verified or falsified. A rational selection is made after a risk-benefit analysis with regard to the patient's individual situation (scientific evidence, pathophysiological and pharmacological considerations, tumor type, tumor stage, state of strength, symptoms, previous experience, attitudes, etc.).

What might a successful implementation of integrative cancer medicine look like for physicians in private practice?

Integrative medicine needs time (for listening, for conversation, and, ideally, for exchanging ideas in a team) and expertise. Expertise could be acquired through qualified continuing education measures. Time is a fundamental problem in our healthcare system, where the incentive for reimbursement is quantity, not quality. So, for the foreseeable future, broad patient-centered or integrative medicine will remain a distant goal.

„Openness to patient needs as an inner attitude.“

Two challenges in oncology are still considered unsolved: appropriate care for long-term survivors, and the (epidemiologically) increasing number of elderly cancer patients. Is integrative oncology equipped for these tasks?

These challenges are achievements! Of course, a health-conscious lifestyle (nutrition, exercise, coping with stress) with mind-body therapies and addressing questions of meaning – the "classics" of integrative medicine – can help here.

Do you see opportunities to implement integrative medicine in statutory health insurance (SHI) on a regular

basis, and not only as an advertising measure for individual institutions, but also in private practices?

Hardly. But I hope that, one day, services in the SHI system will be reimbursed based on time spent and no longer on "patient throughput", similar to Switzerland.

As a member of a university, what do you recommend to young doctors so that ideological fronts among physicians can be dissolved in favor of contemporary pluralism?

For about 20 years now, I have noticed that pragmatism is on the rise. I can only encourage young doctors to stand up for a medicine in which they can live out their ideals. In spite of all supposed constraints, medicine should be a source of joy, and in my opinion it does this best when we are challenged as whole people.

When selecting integrative therapies for an individual patient, neither the "watering-can" approach nor decisions based on their insurance policy, education, or socio-economic class seem particularly "patient-centered". How can the resources of integrative oncology lead to a holistic range of therapies for all cancer patients?

Integrative medicine is by no means indicated for every patient. Surveys show that 30 – 70 % of tumor patients have a need in this direction. However, they tend to be the more active people (active disease management

strategy) and integrative oncology will increasingly be offered in Germany in line with the high demand.

For about 100 years, Anthroposophic Medicine has been pursuing the idea that human-centered cancer treatment needs to take all areas of life into consideration. Mistletoe therapy is only one of the more well-known facets of the broad range of therapies on offer. What is still missing today when it comes to understanding people and their health?

Anthroposophic Medicine holds the human being in high esteem, and has been present for decades with standard hospitals in Germany and Switzerland. This has created an immense wealth of experience. I consider coexistence of different models of medicine to be fruitful and could show you various examples of how Anthroposophic Medicine, conventional medicine and integrative oncology positively influence one another.

The interview was conducted by Rainer Bubenzer during the Integrative Medicine Meeting 2018.

„Encourage young doctors to stand up for a medicine in which they can live out their ideals.“

Evidence for Complementary Medical Methods

Typical symptoms of cancer patients are reduced

Prof. Dr. Roman Huber (Centre for Complementary Medicine, University Hospital Freiburg, Germany), second chairman of the Integrative Medicine Meeting, gave an overview of studies on complementary methods in oncology (including mind-body modalities such as yoga and meditation, as well as music therapy, exercise, massage, nutrition, acupuncture/acupressure, cannabinoids, and mistletoe therapy).

Prof. Huber showed the partially high level of scientific evidence for successful treatment of cancer patients' typical symptoms.

Two examples: Sulforaphane (a plant isothiocyanate) reduced PSA increase in prostate cancer⁶, and exercise significantly improved cancer-related fatigue in various cancers⁷.

To date, however, there is no convincing evidence that exercise reduces mortality, for example in breast cancer after adjuvant therapy,⁸ according to Prof. Huber. This discrepancy between the partly impressive research results for the modalities mentioned above, and the lack of evidence for other modalities, may be why the expert public still has widely differing opinions on integrative medicine.

In a personal conversation, Prof. Huber explains the importance of integrative medicine as a holistic, sustainable healing approach (pages 8/9).



"Impressive research results are available for some modalities of integrative medicine."
Prof. Dr. Roman Huber

Integrative Concepts ... for Efficient Side Effect Management

A special challenge: avoiding and reducing cancer-related fatigue

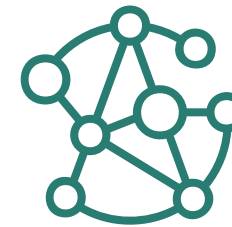
Following the lectures by the two conference chairmen, speakers gave numerous practical examples that conveyed the breadth and diversity of integrative medicine, which above all can significantly improve quality of life for cancer patients.

Good quality of life demands a sustained battle against disease-related and therapy-related side effects. A particular challenge is the widespread cancer-related fatigue (CRF), which often continues to affect patients long after the actual oncological treatment is complete.

Fatigue has many facets – **Dr. Nasha Winters** (Durango, USA) described chronodisruption, a profound disturbance of the biorhythms based on internal and external “clocks”, as a possible cause that usually goes unnoticed. According to Dr. Winters, the importance of circadian rhythms is one of the 12 provocative questions of the National Cancer Institute (NCI) that concern aspects of cancer that almost always escape notice, but are considered important. In this context, it is interesting to note that, for close to 100 years, Anthroposophic Medicine has been postulating that the “rhythmic system” of human beings is disturbed in cancer and fatigue. And that mistletoe, as numerous studies have shown, has significant

effects on fatigue symptoms. As Dr. Winters explained, one can see how important this “rhythm” is, as soon as external “clocks” (and thus possible interferences) are eliminated. For example, the incidence of breast cancer is significantly reduced in completely blind women.⁹ Probably because they experience no light-related disturbances of circadian rhythms. Therefore, avoiding “light at night” (unphysiological “light pollution”, especially in the blue light spectrum) is often symptomatically effective. In addition, Dr. Winters advocates the use of melatonin¹⁰ or naltrexone.

Exercise is widely accepted as a “therapeutic agent” for cancer-related fatigue;⁸ there are merely



differing views on its “dosage”. Dr. Winters advocated “mild” but continuous physical activity: at least 45 minutes of walking several times a week, as well as body-oriented exercise concepts such as yoga, etc.

Dr. Nilo Gardin (Oswaldo Cruz Hospital, São Paulo, Brazil) also spoke in favor of mind-body modalities and referred to a current study which demonstrates the ameliorative effects of Tai Chi on CRF.¹¹ However, the evidence-based range of integrative medicine contains many more treatment options for individual patient situations. For example, patient coaching¹², massage therapy (“rhythmic massage”, “healing touch”), muscle relaxation, methods for stress reduction, reflex therapy, and music therapy¹³, as well as phytotherapeutics such as Helleborus niger or ginseng preparations¹⁴. Dr. Gardin also stated that mistletoe administration (SC or IV) is one of the most important pharmacological treatment options for CRF¹⁵. In addition, he reported that *Viscum album* has been part of the Brazilian treatment guidelines for cancer-related fatigue since 2010.¹⁶



“Mistletoe therapy is one of the most important pharmacological treatment options for CRF.”
Dr. Nilo Gardin



Integrative Concepts ... for More Quality of Life



Some speakers from North America reported successes in side effect management – especially with CRF – with intermittent fasting (repeated short-term fasting). Their experiences were based on recommendations by gerontologist Valter Longo¹⁷ and confirm similar findings.¹⁸

Dr. Andre Robert Rotmann (Rodgau, Germany) spoke about the current FIT1 pilot study at Charité – Universitätsmedizin Berlin, which showed that, in gynecological tumors, short-term fasting during chemotherapy reduces the latter's side effects¹⁹ without causing serious problems.

In integrative oncology, mistletoe therapy is a very well-researched therapy option (see also "Mistletoe Therapy" on pages 16/17). The increasing evidence for the efficacy of mistletoe preparations in numerous oncological indications (>2,000 publications, >120 clinical trials, >40 prospective controlled trials), fulfills the prerequisites for more comprehensive information in the German medical AWMF S2 and S3 guidelines,²⁰ said **Dr. Sebastian Schlott** (Filderlinik, Filderstadt, Germany). In this area he sees also a need for improvement, as well as in the overall clinical offer of integrative oncology – too few cancer centers and hospitals in Germany have the necessary experts and departments. Taking steps in this direction, many participants took advantage of the Integrative Medicine Meeting workshop program on the practical administration of mistletoe therapy.

More recognition for mistletoe therapy is also a concern for **Ivelisse Page** (Glyndon, USA), who defeated colon cancer (stage IV) 10 years ago. Her non-profit organization "Believe Big" is committed to supporting cancer patients and promoting complementary medicine. In her emotional and motivating lecture, Page shared her personal experiences with mistletoe preparations and the long road to initiating a phase I trial on intravenous mistletoe extract in patients with advanced solid tumors. This clinical trial (NCT 03051477) is currently being conducted at the renowned Johns Hopkins University (Baltimore, USA).

Helleborus niger has still-untapped potential for palliative tumor therapy

Integrative oncology also uses another phytotherapeutic agent – the Christmas rose (*Helleborus niger*). **Dr. Friedrich Migeod** (Klinik St. Georg, Bad Aibling, Germany) uses preparations of the plant for inhalation or SC administration. According to Dr. Migeod, the preparations improve the course of lymphomas or carcinomas, especially in malignant breast, neck, and brain tumors. Due to improvement in quality of life, reduced edema, increased mucolysis, reduced CRF, or psychodynamic effects, the Christmas rose could become an important component of palliative oncology – a "stimulation of salutogenesis", where the focus

is not only on life expectancy but primarily on quality of life.

Based on his personal experience, **Prof. Dr. Arndt Büssing** (Witten/Herdecke University, Witten, Germany) is convinced that spirituality has healing relevance: Reducing the physician's activity to repairing the body or correcting mental deviations in the tight time-frame of everyday care does not correspond to the wishes of most cancer patients. Even if doctors cannot "prescribe" hope, they can help create a positive environment and offer compassionate conversations about psychosocial, existential, and spiritual needs. And this, according to Prof. Büssing, can significantly improve patients' quality of life and have a positive effect on disease progression. In conclusion, Prof. Büssing therefore recommended that patients' spiritual needs be included in clinical trials.

„Patients' spiritual needs should also be part of clinical trials.“

Prof. Dr. Arndt Büssing

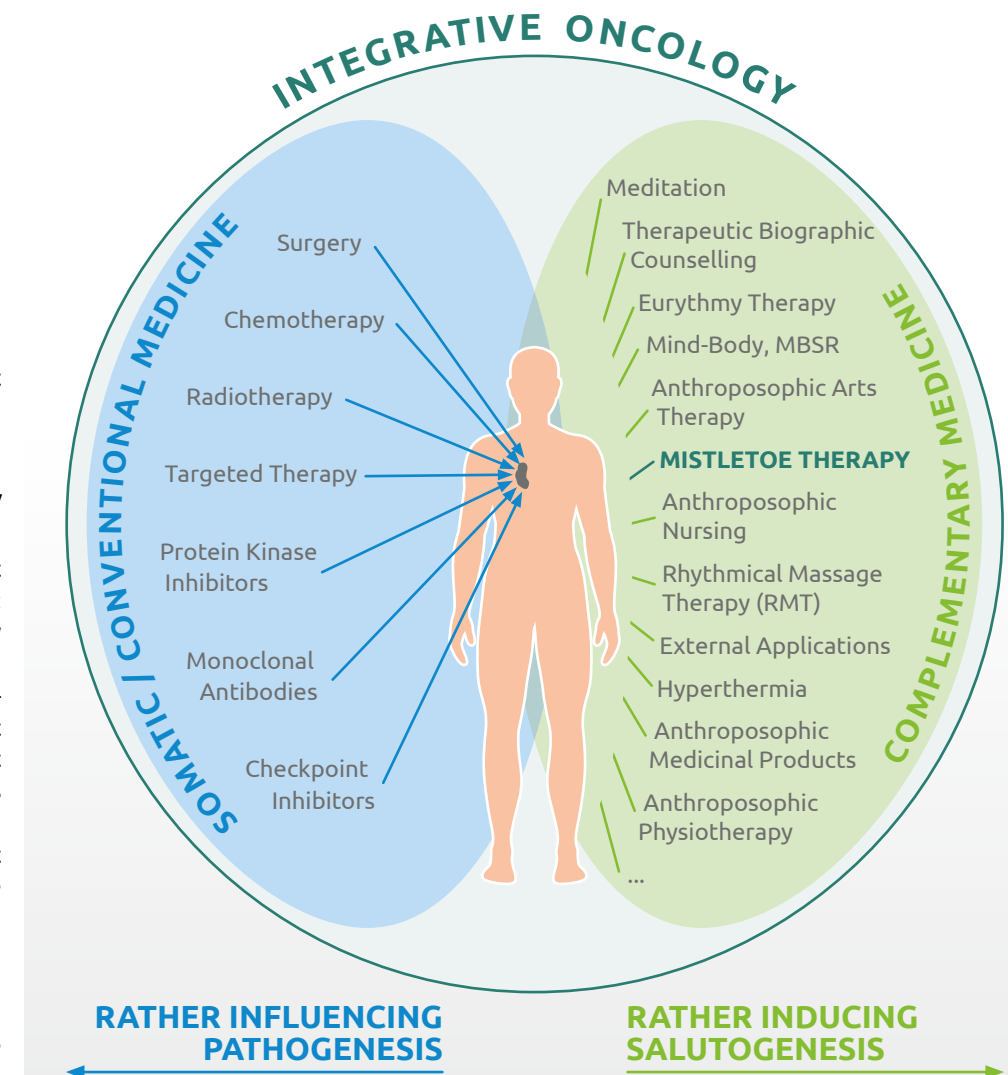


Illustration: „Integrative Oncology“ (according to Dr. Sebastian Schlott)



"Bridging the gap between conventional and complementary medicine is the best way to fight and overcome cancer."
Ivelisse Page

Mistletoe Therapy: Part of Integrative Oncology

Next to exercise, no other complementary therapy in oncology has been researched as intensively as the use of mistletoe extracts (*Viscum album*), which is why it was the subject of several lectures at the Integrative Medicine Meeting 2018. Prof. Huber, for example, mentioned a Cochrane review which showed a significant improvement in quality of life (for breast cancer patients) through administering *Viscum album* extracts concomitant with chemotherapy.²¹ He also reported evidence that mistletoe extract significantly prolonged overall survival in metastatic pancreatic carcinoma.²² This result drew so much international attention that the study approach is currently being repeated by the Swedish Karolinska University.²³

Mistletoe therapy: controlled clinical trials (n = 52)

	Positive			Negative	
	↗ Signif.	↗ Trend	Zero	↘ Trend	↘ Signif.
36 patients: survival	17	14	5	-	-
10 patients: disease-free survival	5	1	3	1	-
6 patients: remission	2	1	3	-	-

according to Huber, 2018

Dr. Friedemann Schäd (Havelhöhe Community Hospital, Berlin, Germany) addressed a question frequently discussed in oncology, namely the safety of mistletoe administration. Dr. Schäd stated that both traditional subcutaneous as well as intravenous administration rarely cause therapy-related side effects, and that these are almost always mild or moderate. Overall, mistletoe administration can be classified as very safe.

In off-label use of mistletoe extracts (intravenous or intratumoral), side effects are relatively more frequent (26.1 % and 21.1 % respectively), but even then, the reactions are not severe. This is also the case with combined therapies, for example monoclonal antibodies of a targeted cancer therapy²⁴ or immune checkpoint inhibitors²⁵ and mistletoe. Dr. Schäd quoted his own study

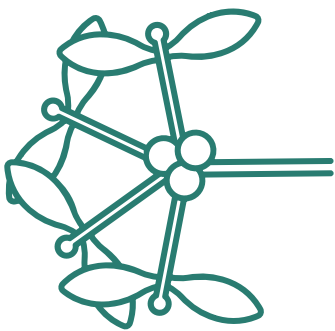
results. Schäd et al. also evaluated the use of mistletoe in a palliative medical setting (advanced pancreatic cancer). It was shown that patients who received chemotherapy plus mistletoe therapy lived significantly longer (12.1 months) than those who received chemotherapy alone (7.3 months) or no therapy at all (2.5 months). Mistletoe therapy alone already resulted in a longer survival time of 5.4 months compared to untreated patients, which underlines its importance as the most important element of integrative-oncological care.²⁶

The research group of Schäd et al. also addressed one of the costliest problems with the newer targeted therapies: considerable non-adherence in long-term administration. Complementary mistletoe application during targeted therapy increases the

probability of therapy adherence by 70 %, due to reduction of side effects.²⁷

Dr. Martin Flür (Helios Clinic, Schwelm, Germany) also confirmed that mistletoe therapy is a valuable therapeutic complement for long-term treatments, for example with tyrosine kinase inhibitors. According to Dr. Flür, the multimodal effects of *Viscum album* affect many clinically-relevant areas of cancer therapy (see following overview). Some could be traced back to specific constituents, but most effects can only be fully achieved with the whole extract.

The reduction of tumors up to long-term remissions was observed.



Biologically Active Ingredients of Mistletoe

	Constituents	Effects on tumor cells	Effects on the immune system
Glycoproteins	Mistletoe lectins ML I, II, III	Cytotoxicity through inhibition of ribosomal protein synthesis Induction of apoptosis	Local reaction at the injection site Increase in eosinophils Release of TNF-α, IL-1, IL-2, IL-6
	VisalbcBL	Weak cytotoxicity	Lymphocyte stimulation
Polypeptides	Viscotoxins A1-3, B, 1-PS, U-PS	Cytotoxicity through cell membrane leakage	Activation of macrophages Increased phagocytosis Granulocyte activity
Oligo- and polysaccharides	Arabinogalactans Rhamnogalacturonans		Stimulation of T helper cells (TH1 ↑, IFNγ ↑) Increased NK cell activity
Flavonoids	Quercetin derivatives	Induction of apoptosis	Antioxidant and cell protective effects
Triterpenes	Oleanolic, ursolic, betulinic acid	Induction of apoptosis and cell differentiation Antiangiogenesis	Anti-inflammatory and antioxidant effects Immunoprotection
Phytohormones	Jasmonic acid	Induction of apoptosis Inhibition of cell proliferation	

according to Flür, 2018 and Berg et al., 2001²⁸

For more information on mistletoe therapy, please visit:
www.helixor.com/healthcare-professionals/

Antitumoral Influence of Hyperthermia and Mistletoe Therapy

Antitumoral measures were another conference focus. Here, hyperthermia therapy (HT) is becoming increasingly important in oncology.²⁹

In an 8-year study, Dr. Gurdev Parmar (IHC, Fort Langley, Canada) and his team treated 785 cancer patients with either locoregional HT (16,752 treatments) or whole-body HT (1,082 treatments). The most common indications were metastatic tumors of the gastrointestinal tract, the lungs, or the airways. The interim results of the study, which has not yet been published, show significant improvement in Kaplan-Meier 5-year survival probability compared to the respective SEER data* of the US National Cancer Institute for various tumor entities (each stage IV). Side effects hardly ever occurred. According to Dr. Parmar, these preliminary results show that hyperthermia is a safe and effective modality in integrative oncology.

Mistletoe administrations proximal to tumors – a therapeutic option?

As Dr. Christian Grah (Havelhöhe Community Hospital, Berlin, Germany) reported, the results of a database evaluation indicate that administering mistletoe preparations (*Viscum album*, VA) in addition to chemotherapy (CTx) in the therapeutic setting can also contribute to prolonging overall survival in patients with non-small

cell lung cancer (comparison of median overall survival in the analyzed patient groups: 17.0 months CTx + VA vs. 8.0 months CTx alone, $p = 0.007$).³⁰ Based on the paper, there is reason to assume that VA in combination with chemotherapy is safe, and even enhances the effect of chemotherapy.

„Hyperthermia is considered a safe and effective modality in integrative oncology.“

The significance of mistletoe therapy for NSCLC patients is currently being scientifically evaluated within the PHOENIX and ACCEPT study programs at the Havelhöhe Research Institute (FIH) with a planned time-frame of 10 years.

As of October 2018, the findings have not yet been published, but are being continuously expanded by evaluating “Netzwerk Onkologie” (Network Oncology), a very comprehensive database for structured acquisition and documentation of data related to the practical application of mistletoe therapy (for more information in German: http://www.fih-berlin.de/netzwerk-onkologie_NO.html).

Oncologists are increasingly asking themselves, especially in cases with a very unfavorable prognosis, whether

an administration close to the tumor – for example intratumoral or intrapleural – offers additional therapeutic options. During the Integrative Medicine Meeting, several case studies were presented in which considerable tumor reductions, up to long-term remission, were achieved after intratumoral administration of mistletoe extract. The safety of intratumoral administration has already been demonstrated,³¹ but clinical studies on the efficacy of this therapy (off-label use for individual cases) are still pending.



* The Surveillance, Epidemiology, and End Results (SEER) Program is considered the authoritative source for cancer statistics in the USA.



Dr. Gurdev Parmar presented an 8-year study on hyperthermia for cancer patients.

Integrative Oncology Becomes Part of Standard Care



Interview with Dr. Gary Deng

Few people in the United States have worked as hard as Dr. Gary Deng to make integrative medicine part of conventional oncology. Dr. Deng is Medical Director of the Integrative Medicine Service at Memorial Sloan Kettering Cancer Center (MSKCC) in New York, the oldest and largest privately funded cancer treatment center in the US, where internationally renowned oncologists and Nobel Prize winners have left their mark and continue to do so today.

How have perceptions of integrative oncology changed in the past 20 years in the United States? Has the discipline become a “window-dressing” for deficits in conventional oncology (e.g. insufficient outcomes, costs, side effects)?

There have been changes in the scope of scientific research, the number of people who are active in this area, as well as the significant increase in academic university-based cancer treatment centers with their own

medical programs for integrative oncology. I am convinced that integrative medicine will become a bigger part of standard care in the future. When patients experience a benefit, when our colleagues – some of whom might be skeptical at first – perceive that patient benefit in daily treatment sessions and when the scientific evidence is conclusive, then of course we will see a growing acceptance for the possibilities that integrative medicine brings, like the situation we have at MSKCC. Integrative oncology is in no way a ploy or a “window-dressing”.

Many experts and professional guidelines in Germany demand comprehensive access to psycho-oncological and/or high-quality palliative care for cancer patients. Unfortunately, we are a long way from achieving that reality, let alone access to the large spectrum of integrative oncological therapies. What is the situation in the United States?

„Empathy helps us achieve the fundamental goals of integrative oncology.“

Scientific arguments are not enough to get new treatment concepts off the ground on a large scale. Social, cultural, political, economic and other behavioral factors also play a role. Our solution concepts range from training and continuing education to building bridges and continuing to provide well-founded

clinical and scientific evidence for what integrative oncology can achieve for patients and society.

Slogans like “good health (care) for all” or “making the world a better place” are incredibly ambitious and noble goals that demand a great deal of effort. Every one of us can do their part, step by step, to make sure that we can reach those goals together.

What is the situation with integrative oncology in outpatient settings?

Some clinics have used integrative medicine as a marketing concept. But there are many people who recognize its genuine potential to improve patient care and who are highly committed to promoting the approach. In the United States, integrative oncology is now practiced in both inpatient and outpatient settings. Large medical facilities even have their own outpatient centers for integrative oncology or they cooperate with independent physicians in private practice.

Modern media are also part of your integrative medicine concept. Would you say that still counts as a “human” factor?

We use an online platform to broadcast multimedia content (<https://www.mskcc.org/cancer-care/diagnosis-treatment/symptom-management/integrative-medicine/multimedia>).

Or to provide mind-body classes online. Maybe some of the “human touch” is lost along the way, but

thanks to this compromise we are able to reach people who might not otherwise have access to integrative medicine.

Back in 2005, the Institute of Medicine Report entitled “From Cancer Patient to Cancer Survivor: Lost in Transition” showed that long-term survivors often do not receive adequate medical care [1]. Does integrative oncology create new opportunities in this area?

These are often the people who are the most interested in integrative medicine and who stand to gain the most from integrative oncology. Ultimately, the main goal of this field of medicine is to support and fortify the body’s intrinsic capability to restore health and help patients return to a life that feels more worthwhile. And that goal is well within our reach.

According to David Sackett, the principles of evidence-based medicine should not exclude practitioner experience (patient cases). The same must be true for integrative oncology – is it not?

Patient care cannot be dictated solely by clinical evidence. We have an infinite number of clinical scenarios and very limited resources when it comes to proving that evidence. Our clinical decisions need to be based instead on answers to questions like: a) How strong is the evidence? b) Which risks or burdens are involved for patients? c) What are the alternatives?

“Regard your patients as your friends, as members of your family!” That’s been your approach to practical integrative medicine. Do you think it’s realistic?

We practice this philosophy and try to convey it to our students every day: we do see our patients as family members – though they might have a different educational background, income and social status. Only when we have a genuine need to hope for

the very best outcome will we get in the right mindset to understand and address their primary concerns. Personal beliefs are not what’s at stake here. Our focus is on ethical and humanitarian values and the alleviation of human suffering.

The interview was conducted by Rainer Bubenzer during the Integrative Medicine Meeting 2018.

¹Hewitt M, Greenfield S, Stovall E: From Cancer Patient to Cancer Survivor: Lost in Transition. National Academy Press, Washington, 2005.

„We want to enable a better quality of life for our oncological patients – and that goal is well within our reach.“

Up2date: Integrative Medicine Meeting News

The Integrative Medicine Meeting focuses on integrative medicine – the use of tested complementary methods as a sensible supplement to conventional measures.

The biologist and naturopath **Dr. Eric Marsden** (Vaughan, Canada) considered it important to make a clear distinction between complementary and “alternative” methods, also with regard to a US database analysis published in 2018.³² This analysis had wrongly investigated complementary methods which, due to the simultaneous refusal of conventional measures, appeared to be alternative measures and were consequently less effective.

Dr. Marsden pointed out that, in the reality of everyday care, integrative oncology significantly increases patient adherence by reducing therapy-related side effects³³ and thus also improves the effectiveness of conventional cancer therapies.

During oncological anamnesis and treatment, **Dr. Burkhard Matthes** (Havelhöhe Community Hospital, Berlin, Germany) said that socio-medical aspects, such as financial worries, must also be taken into account. Financial burden is regarded as the strongest predictor of poor quality of life for cancer survivors (conventional cancer therapy). In addition, a Berlin study

(Thronicke, Matthes et al., 2018, still unpublished) shows that about 30 % of all lung cancer patients report financial problems in the treatment context of integrative oncology (n = 87); this corresponds to the proportion in conventional oncology.

Dr. Sophio Badzgaradze (Kutaisi, Georgia) confirmed that, in many countries, the rising costs of conventional oncology have become almost prohibitive for patients and their payers.

The conscious use of cytostatic drugs might also mean looking for eco-friendlier alternatives from nature, as **Dr. Martin Flür** (Helios Clinic, Schwelm, Germany) pointed out. Since the 1980s, for instance, methotrexate has been known to cause environmental contamination. Since then, around 150 drug residues, including various cytostatic drugs, have been found in German lakes and rivers, and drinking water. Many of these residues do not biodegrade.³⁵



Dr. Eric Marsden, a biologist and naturopath, considered it important to “clearly differentiate the tested complementary methods from alternative methods”.

„For many health-care systems, the costs of conventional oncology are almost prohibitive.“

Establishment Through Networking – Perspectives for Integrative Oncology



“Medical Networks for Integrative Medicine: Mission & Vision” – this panel discussion brought together researchers and practitioners and was a highlight of the Integrative Medicine Meeting, in addition to the lectures. All panel participants agreed: Networks are an important foundation for the further establishment of integrative oncology, since they interconnect doctors, researchers, and their institutions as partners of patients, health policy, and payers. One of these networks is “Netzwerk Onkologie” (Network Oncology), whose main focus is the clinical evaluation of integrative oncology as applied in Anthroposophic Medicine, as well as tumor documentation and the analysis of cost-effectiveness models of such treatment concepts in everyday care.³⁶ This network is associated with “AnthroMed”, which includes a hospital network and other care areas. The clinical network “Kompetenznetzwerk Integrative Medizin”, presented by **Dr. Stefan Hiller** (Filderklinik, Filderstadt,

Germany), currently comprises eleven institutions in Baden-Württemberg with different methods. Its initial focus is also on integrative treatment concepts for cancer.

Homeopathic & Anthroposophic Medicinal Products ECHAMP, Brussels, Belgium) recommended learning from other groups, for example from the industry, and

„Medical networks are also important in terms of health policy.“

Dr. Burkhard Matthes (Havelhöhe Community Hospital, Berlin, Germany) underlined the necessity of such networks, with respect to the many hospitals closing, and because sustainable implementation of complementary therapy concepts in standard care requires political pressure. **Dr. Gary Deng** (MSKCC, New York, USA) emphasized that, in the USA, about 50 leading cancer centers network closely with each other in the area of integrative oncology. Due to the increasing number of patients, the pool of evidence-based knowledge is continuously growing.

Christiaan Mol (General Secretary of the European Coalition on

approaching political actors and their interests directly. Mol argued that the “detour” via the European Community (e.g. developing standards or documentation bases at EU level) can create precisely those foundations which would then ensure the further anchoring of complementary medicine in the individual states. “Medical networks are also important from the point of view of health policy,” Mol said. But in all activities, one should always remember the vision of spiritually-inspired holistic medicine, where the human being is at the center.



Actively Understanding Integrative Medicine



The lecture program was supplemented by a workshop program, which encouraged active exploration of concepts and methods.

Workshop I: “Integrative Oncology: Principles & Practice”

According to **Dr. Gary Deng**, conventional and complementary medicine benefit from a mutual learning process. On the one hand, holistic aims, empathy, stimulation of salutogenesis, and psycho-social connections need to be more deeply integrated in the treatment process. On the other hand, critical evaluation of therapies, continuing professional education, self-regulation processes, and a professional standard are important goals that will allow integrative medicine to gain recognition.

In the discussion round, speakers and participants shared their country-specific experiences with applying integrative medical concepts. In a nutshell: Acceptance of these concepts varies greatly from country to country, but the common denominator is that patient demand for integrative treatments is constantly increasing.

“If you want to establish integrative medical concepts, you need a professional team, excellent clinical service, a financing concept, a network of opinion leaders, and good public relations,” Dr. Deng explained. “Gaining the trust of the patient is key. Well-documented treatment

successes increase our credibility – it doesn’t always have to be extensive RCTs.”

“Public acceptance changes once we bridge the gap to the patient,” confirmed **Dr. Burkhard Matthes**. Simple measures such as an evening foot massage, which can improve the quality of sleep and reduce the need for benzodiazepines, are often the most effective.

Workshop II / III: “Mistletoe Therapy – Subcutaneous or Intravenous Administration”

In the workshops “Basics of mistletoe therapy” with **Dr. Srinivasa Rao Nyapati** and **Dr. Sebastian Schlott**, and “New forms of administration of mistletoe therapy” with **Prof. Dr. Roman Huber** and **Dr. Eric Marsden**, participants received many practical suggestions and pointers. The speakers also gave expert answers to the many questions that came up.

In the “Basics” course, participants were first introduced to all of the mistletoe extracts available on the market. Subcutaneous injections are indicated for all malignant tumor diseases (particularly solid tumors) in all phases of the disease. However, Dr. Schlott recommended the earliest possible administration, preferably immediately after diagnosis. In conjunction with numerous practical tips, participants learned the therapy regimen and how to select

the mistletoe type, as well as the specific procedure for subcutaneous injections, which are carried out 2 – 3 times a week on alternating body parts (such as abdomen, upper arms, thighs). Irradiated tissue and surgical areas should be avoided as injection sites.

While many oncologists usually reduce fever immediately, due to the patient’s weakened immune system, an increase in temperature should be tolerated in the context of mistletoe therapy, since (slight!) fever can promote positive disease progression. If the patient does not respond to mistletoe therapy, Dr. Schlott recommends a change of strategy instead of endless dose increases. As described in the literature³⁷, practice also shows that chemotherapy or radiotherapy is not negatively influenced by concurrent mistletoe therapy.

The “new forms of administration” focused on intravenous (IV) mistletoe infusion

The treatment goals of intravenous mistletoe infusions are to activate the immune system and to rapidly improve the quality of life. Intravenous administration has been shown to have good tolerability.³⁸ The speakers explained that they arrive at the maximum dose by gradual dose escalation, which depends on the type of tumor and the general patient situation. If no urticaria occurs 48 hours after intradermal testing (0.1 mg), the

initial dose (e.g. 100 mg Helixor® M in 250 ml saline solution) is given, over 2 hours. The initial dose is increased by 100 mg per treatment (a total of 2 – 5 times per week) up to the maximum dose of 1000 mg recommended by Dr. Marsden (higher doses are also possible³⁹). To avoid endotoxin reactions, Dr. Marsden does not use fermented mistletoe extracts.

Exploring the Fischermühle world

Many participants jumped at the opportunity to visit hospitals with integrative medical concepts, or took a guided tour of the idyllic conference venue “Fischermühle” in Rosenfeld. In the mistletoe garden there, visitors received amazing impressions of mistletoe at all stages of its development. And since the main sponsor Helixor Heilmittel GmbH is also located on the venue site, participants could gain insights into the production of mistletoe extracts: from the fresh plant to the finished medicine.



Participants experienced mistletoe “up-close and personal” during a vivid guided tour by Dr. Dietrich Schlodder (Tübingen, Germany) in Helixor’s mistletoe garden.

MONDAY
17 September

10:00	
10:30	10:00 Registration
11:00	
11:30	11:30 Snacks
12:00	
12:30	12:30 OPENING SESSION BY THE CHAIRMEN Dr. Gary Deng, MD, PhD (USA) – Medical Chairman Prof. Dr. Roman Huber, MD (Germany) – Scientific Chairman
1:00	1:00 KEYNOTE LECTURES Integrative Medicine in Cancer Care: Bridge Research Findings and Clinical Practice Dr. Gary Deng, MD, PhD (USA)
1:30	State of Scientific Research in Integrative Oncology Prof. Dr. Roman Huber, MD (Germany)
2:00	
2:30	
3:00	3:00 KEYNOTE LECTURE Highlights from Interventional Trials Dr. Eric Marsden, ND, BSc (Canada)
3:30	3:45 Coffee Break
4:00	4:15 KEYNOTE LECTURE Epidemiology and Health Service Research Dr. Friedemann Schad, MD (Germany)
4:30	
5:00	5:00 KEYNOTE LECTURE Therapeutic Approaches in Oncology – Where Do We Come From and Where Do We Go? Dr. Martin Flür, MD (Germany)
5:30	5:45 KEYNOTE LECTURE Intratumoral, Intrapleural, Intraperitoneal Infusions of <i>Viscum album</i> Extracts. A Combination Therapy in Personalized Integrative Oncology Management of Metastatic Cancer Diseases. Dr. Kenny Yong Yean-Sirn, MD (Malaysia)
6:00	
6:30	6:30 PANEL DISCUSSION Q&A Session Answers to your questions from today's keynote speakers.
from 7:00	7:00 Brazilian Night

TUESDAY
18 September

	8:30 KEYNOTE LECTURE Quality of Life: Complementary Therapies Filling the Gap Between Cancer Treatment and Patient Benefits Dr. Sebastian Schlott, MD (Germany)
	9:15 ABSTRACT PRESENTATIONS Topic: Medication-Based, Integrative Concepts for Improving the Quality of Life Moderated by: Dr. Sebastian Schlott, MD (Germany)
	10:15 Coffee Break
	10:45 KEYNOTE LECTURE Cancer Fatigue: Diagnosis, Prevention, Treatment Options Dr. Nilo Gardin, MD (Brazil)
	11:30 ABSTRACT PRESENTATIONS Topic: Medication-Based, Integrative Concepts for Improving the Quality of Life Moderated by: Dr. Nilo Gardin, MD (Brazil)
	12:30 Lunch at Fischermühle Networking
	2:00 ABSTRACT PRESENTATIONS Topics: Medication-Based, Integrative Concepts for Improving the Quality of Life Medication-Based, Integrative Concepts for Managing Side Effects Moderated by: Dr. Eric Marsden, ND, BSc (Canada)
	3:20 Coffee Break
	4:00 WORKSHOP SESSION Workshop I: Integrative Oncology: Principles & Practice Workshop II: Mistletoe Therapy: Chapter 1 Workshop III: Mistletoe Therapy: Chapter 2 Guided Tour: Meet Fischermühle World
	7:00 Flying Dinner

Quality of Life & Side Effect Management
Integrative Concepts
Medication- and Non-Medication-Based

WEDNESDAY
19 September

	8:30 KEYNOTE LECTURE Spiritual Needs of Patients with Chronic Diseases Prof. Dr. Arndt Büssing, MD (Germany)
	9:15 ABSTRACT PRESENTATIONS Topic: Integrative Concepts for Antitumor Treatment and Survival Benefits Moderated by: Prof. Dr. Arndt Büssing, MD (Germany)
	10:00 Coffee Break Poster Presentation
	10:45 KEYNOTE LECTURE Management of Oncotherapy-Related Side Effects Dr. Nasha Winters, ND (USA)
	11:30 ABSTRACT PRESENTATIONS Topic: Non-Medication-Based, Integrative Concepts for Improving the Quality of Life Moderated by: Dr. Nasha Winters, ND (USA)
	12:30 Lunch at Fischermühle Networking
	2:00 KEYNOTE LECTURE Naturopathic Anti-Tumoral Treatment & 8 Year Survival Benefit Statistics: A Single-Centre Experience Dr. Gurdev Parmar, ND (Canada)
	3:00 ABSTRACT PRESENTATIONS Topic: Integrative Concepts for Antitumor Treatment and Survival Benefits Moderated by: Dr. Gurdev Parmar, ND (Canada)
	3:40 Coffee Break
	4:10 ABSTRACT PRESENTATIONS Topic: Integrative Concepts for Antitumor Treatment and Survival Benefits Moderated by: Dr. Zubin Marolia, BHMS (India)
	5:10 PANEL DISCUSSION Hospital Networks for Integrative Medicine: Mission & Vision Dr. Stefan Hiller, MD – Hospital Filderklinik (Germany) Dr. Burkhard Matthes, MD – Hospital Havelhöhe (Germany) Dr. Gary Deng, MD, PhD – Memorial Sloan Kettering Cancer Center (USA) Christiaan Mol – General Secretary of ECHAMP (European Coalition on Homeopathic & Anthroposophic Medicinal Products), Brussels (Belgium) Moderated by: Prof. Dr. Roman Huber, MD – Centre for Complementary Medicine, University Hospital Freiburg (Germany)
	7:00 Gala Dinner

Antitumor Treatment & Survival Benefit
Complementary Approaches/Integrative Concepts

THURSDAY
20 September

	8:30 WORKSHOP SESSION Workshop I: Integrative Oncology: Principles & Practice Workshop II: Mistletoe Therapy: Chapter 1 Workshop III: Mistletoe Therapy: Chapter 2 Guided Tour: Meet Fischermühle World
	11:30 Conference Wrap-Up
	12:00 Lunch at Fischermühle Networking
	12:45 EXCURSION “Real-World Practice”: Visits to German Hospitals • Filderklinik Hospital in Filderstadt (Stuttgart) Modern hospital with long-standing expertise and qualified experts in integrative and anthroposophic medicine. • Robert-Bosch-Hospital in Stuttgart With its new department “Naturopathy and Integrative Medicine” this academic teaching hospital offers both: conventional medicine and scientifically proven naturopathic and integrative treatments. Visit to the Porsche Museum One of the most spectacular automotive museums in the world – and a special experience not only for car fans. The Porsche Museum showcases a wealth of historical and contemporary knowledge related to the iconic brand.



DURATION OF ABSTRACT PRESENTATIONS
Each single abstract presentation lasts 15 minutes plus 5 minutes Q&A.

- Main Topics
- Opening Session | Keynote Lectures
- Keynote Lecture | Panel Discussion
- Abstract Presentations (on Main Topics)
- Workshop Session | Guided Tour | Excursion
- Other

Abstracts

Tuesday | 18 September 2018

9:15 | Local Application of Mistletoe – Report on Gynecological Disorders

Dr. Iramaia Chaguri, MD (Brazil)

9:35 | A Review of Current Issues and Experiences in Complementary Gynecological Oncology

Dr. Andre Rotmann, MD (Germany)

9:55 | Mistletoe Integrative Concepts for Improving the Quality of Life

Dr. Sophio Badzgaradze, PhD (Georgia)

11:30 | The Use of Mistletoe in Neurological Manifestations

Dr. Mauricio Baldissin, MD, MSc (Brazil)

11:50 | End-of-Life Care in Cancer: Application of Intravenous Mistletoe Therapy – Dying with Dignity

Dr. Zubin Marolia, BHMS (India)

12:10 | A Phase I Trial of Intravenous Viscum album Mali in Solid Tumor Patients and the Clinical Case that Inspired the Trial

Ivelisse Page (USA)

2:00 | Restore and Resolve – A Homeopathic System (HS) of Medicine in Synergy with Integrative Oncology (IO). Retrospective Analysis of Case Studies of Cancer Patients Which Aims to Analyse the Role of the HS of Medicine in IO

Dr. Mitesh Kothari, MD (India)

2:20 | The Role of Helleborus niger (Christrose) in Complementary Oncology and Palliative Medicine

Dr. Friedrich Migeod, MD (Germany)

2:40 | Financial Stress – a Sensor for Emotional and Physical Burden in Lung Cancer Patients?

Dr. Anja Thronicke, PhD (Germany)

3:00 | Vitamin D – Relevance for Incidence, Prognosis and Side Effects of Conventional Therapy in Breast Cancer

Dr. Stephan Wey, MD (Germany)

Wednesday | 19 September 2018

9:15 | The Potential to Source a Patient's Spiritual Resources to Successfully Contribute to His/Her Tumor Therapy

Martin Rösch, MBA (Germany)

9:35 | Cannabinoids and Terpenoids: Pharmacology, Pharmacogenomics and the Complex Interactions of the Endocannabinoid System with Terpenoids and Phytocannabinoids – and Implications in Oncology

Steven Ottersberg, MS (ABD) (USA)

11:30 | Acupuncture as Supportive Care in Oncological Patients: From AcCliMat Project to Med.I.O.Rer – a Feasibility Study

Dr. Grazia Lesi, MD (Italy)

11:50 | Coaching Patients Through Sugar, Stress, Sleep and Sloth

Sandra Stewart (USA)

12:10 | Developing a Treatment Protocol for Chronic Lymphocytic Leukemia Using Viscum album Abietis

Prof. Dr. Sandeep Roy, MD (India)

3:00 | Combination of Biological Substances, Albumin-Carrier Therapy with Low-Dose Chemotherapy and Insulin

Dr. Reinhard Probst, MD (Germany)

3:20 | Integrative Concepts for Anti-Tumor Treatment and Survival Benefits

Dr. Christian Grah, MD (Germany)

4:10 | Soy Intake and Breast Cancer

Dr. Edy Virgili, PhD (Italy)

4:30 | Clinical Effects and Experience of SB Natural Anticancer Drug (Pulsatilla koreana)

Dr. Karl Postlbauer, MD (Austria)

4:50 | The “Kick off” for Functional Medicine in Egypt. Modulation of Estrogen Metabolic Pathways to Prevent Female Tumors

Dr. Wafaa Abdel-Hadi, MD (Egypt)

Literature

1. A Comprehensive Definition for Integrative Oncology. J Natl Cancer Inst Monogr. 2017 Nov 1;2017(52).
2. Greenlee H, DuPont-Reyes MJ, Balneaves LG, Carlson LE, Cohen MR, Deng G, Johnson JA, Mumber M, Seely D, Zick SM, Boyce LM, Tripathy D: Clinical practice guidelines on the evidence-based use of integrative therapies during and after breast cancer treatment. CA Cancer J Clin. 2017 May 6;67(3):194-232.
3. Lyman GH, Greenlee H, Bohlke K, Bao T, DeMichele AM, Deng GE, Fouladbakhsh JM, Gil B, Hershman DL, Mansfield S, Mussallem DM, Mustian KM, Price E, Rafta S, Cohen L: Integrative Therapies During and After Breast Cancer Treatment: ASCO Endorsement of the SIO Clinical Practice Guideline. J Clin Oncol. 2018 Sep 1;36(25):2647-2655.
4. Interdisziplinäre S3-Leitlinie für die Früherkennung, Diagnostik, Therapie und Nachsorge des Mammakarzinoms. September 2018, AWMF-Registernummer: 032-045OL.
5. Reames BN, Krell RW, Ponto SN, Wong SL: Critical evaluation of oncology clinical practice guidelines. J Clin Oncol. 2013 Jul 10;31(20):2563-8.
6. Cipolla BG, Mandron E, Lefort JM, Coadou Y, Della Negra E, Corbel L, Le Scodan R, Azzouzi AR, Mottet N: Effect of Sulforaphane in Men with Biochemical Recurrence after Radical Prostatectomy. Cancer Prev Res (Phila). 2015 Aug;8(8):712-9.
7. Kessels E, Husson O, van der Feltz-Cornelis CM: The effect of exercise on cancer-related fatigue in cancer survivors: a systematic review and meta-analysis. Neuropsychiatr Dis Treat. 2018 Feb 9;14:479-494.
8. Lahart IM, Metsios GS, Nevill AM, Carmichael AR: Physical activity for women with breast cancer after adjuvant therapy. Cochrane Database Syst Rev. 2018 Jan 29;1:CD011292.
9. Hahn RA: Profound bilateral blindness and the incidence of breast cancer. Epidemiology. 1991 May;2(3):208-10.
10. Talib WH: Melatonin and Cancer Hallmarks. Molecules. 2018 Feb 26;23(3). pii: E518.
11. Song S, Yu J, Ruan Y, Liu X, Xiu L, Yue X: Ameliorative effects of Tai Chi on cancer-related fatigue: a meta-analysis of randomized controlled trials. Support Care Cancer. 2018 Jul;26(7):2091-2102.
12. Reif K, de Vries U, Petermann F, Görres S: A patient education program is effective in reducing cancer-related fatigue: a multi-centre randomised two-group waiting-list controlled intervention trial. Eur J Oncol Nurs. 2013 Apr;17(2):204-13.
13. Berger AM, Mooney K, Alvarez-Perez A, Breitbart WS, Carpenter KM, Cella D, Cleeland C, Dotan E, Eisenberger MA, Escalante CP, Jacobsen PB, Jankowski C, LeBlanc T, Ligibel JA, Loggers ET, Mandrell B, Murphy BA, Palesh O, Pirl WF, Plaxe SC, Riba MB, Rugo HS, Salvador C, Wagner LI, Wagner-Johnston ND, Zachariah FJ, Bergman MA, Smith C: National comprehensive cancer network: Cancer-Related Fatigue, Version 2.2015. J Natl Compr Canc Netw. 2015 Aug;13(8):1012-39.
14. Arring NM, Millstine D, Marks LA, Nail LM: Ginseng as a Treatment for Fatigue: A Systematic Review. J Altern Complement Med. 2018 Jul;24(7):624-633.
15. Steele ML, Axtner J, Happe A, Kröz M, Matthes H, Schad F: Safety of Intravenous Application of Mistletoe (Viscum album L.) Preparations in Oncology: An Observational Study. Evid Based Complement Alternat Med. 2014;2014:236310.
16. Consenso Brasileiro de Fátiga. Revista Brasileira de Cuidados Paliativos. 2010;3(2): Suppl. 1.
17. Longo V: Nutrition and Fasting-Mimicking Diets in Cancer Prevention and Treatment. In: Longo V: The Longevity Diet. Penguin Random House, New York, 2018.
18. Mattson MP, Longo VD, Harvie M: Impact of intermittent fasting on health and disease processes. Ageing Res Rev. 2017 Oct;39:46-58.
19. Bauersfeld SP, Kessler CS, Wischniewsky M, Jaensch A, Steckhan N, Stange R, Kunz B, Brückner B, Sehoul J, Michalsen A: The effects of short-term fasting on quality of life and tolerance to chemotherapy in patients with breast and ovarian cancer: a randomized cross-over pilot study. BMC Cancer. 2018 Apr 27;18(1):476.
20. Langhorst J, Klose P, Lauche R, Cramer H, Dobos G: Mistletoe in the German medical AWMF S2- and S3-guidelines. Phytomedicine. 2015 Nov. 15:22(Suppl. 1):S7.
21. Horneber MA, Bueschel G, Huber R, Linde K, Rostock M: Mistletoe therapy in oncology. Cochrane Database Syst Rev. 2008 Apr 16;(2):CD003297.
22. Tröger W, Galun D, Reif M, Schumann A, Stankovic N, Milicevic M: Viscum album [L.] extract therapy in patients with locally advanced or metastatic pancreatic cancer: a randomised clinical trial on overall survival. Eur J Cancer. 2013 Dec;49(18):3788-97.
23. Wode K: Mistletoe Therapy in Primary and Recurrent Inoperable Pancreatic Cancer (MISTRAL). ClinicalTrials.gov Identifier: NCT02948309.
24. Schad F, Axtner J, Kröz M, Matthes H, Steele ML: Safety of Combined Treatment With Monoclonal Antibodies and Viscum album L Preparations. Integr Cancer Ther. 2018 Mar;17(1):41-51.
25. Thronicke A, Steele ML, Grah C, Matthes B, Schad F: Clinical safety of combined therapy of immune checkpoint inhibitors and Viscum album L. therapy in patients with advanced or metastatic cancer. BMC Complement Altern Med. 2017 Dec 13;17(1):534.
26. Axtner J, Steele M, Kröz M, Spahn G, Matthes H, Schad F: Health services research of integrative oncology in palliative care of patients with advanced pancreatic cancer. BMC Cancer. 2016 Aug 2;16:579.
27. Thronicke A, Oei SL, Merkle A, Matthes H, Schad F: Clinical Safety of Combined Targeted and Viscum album L. Therapy in Oncological Patients. Medicines (Basel). 2018 Sep 6;5(3). pii: E100.
28. Berg PA, Stein GM: Beeinflusst die Misteltherapie die Abwehr epithelialer Tumoren? Eine kritische immunologische Analyse. Dtsch Med Wochenschr. 2001 Mar 23;126(12):339-45.
29. Falk MH, Issels RD: Hyperthermia in oncology. Int J Hyperthermia. 2001 Jan-Feb;17(1):1-18.
30. Schad F, Thronicke A, Steele ML, Merkle A, Matthes B, Grah C, Matthes H: Overall survival of stage IV non-small cell lung cancer patients treated with Viscum album L. in addition to chemotherapy, a real-world observational multicenter analysis. PLoS One. 2018 Aug 27;13(8):e0203058.
31. Steele ML, Axtner J, Happe A, Kröz M, Matthes H, Schad F: Use and safety of intratumoral application of European mistletoe (Viscum album L.) preparations in Oncology. Integr Cancer Ther. 2015 Mar;14(2):140-8.
32. Johnson SB, Park HS, Gross CP, Yu JB: Complementary Medicine, Refusal of Conventional Cancer Therapy, and Survival Among Patients With Curable Cancers. JAMA Oncol. 2018 Jul 19.
33. Shalom-Sharabi I, Lavie O, Samuels N, Keinan-Boker L, Lev E, Ben-Arye E: Can complementary medicine increase adherence to chemotherapy dosing protocol? A controlled study in an integrative oncology setting. J Cancer Res Clin Oncol. 2017 Dec;143(12):2535-2543.
34. Fenn KM, Evans SB, McCorkle R, DiGiovanna MP, Pusztai L, Sanft T, Hofstatter EW, Killelea BK, Knobf MT, Lannin DR, Abu-Khalaf M, Horowitz NR, Chagpar AB: Impact of financial burden of cancer on survivors' quality of life. J Oncol Pract. 2014 Sep;10(5):332-8.
35. NN: Arzneimittel in der Umwelt: Eintrag und Vorkommen. Umweltbundesamt, Dessau-Roßlau, 14.8.2014.
36. Witt C: Netzwerk Onkologie (NO) - ein klinisches Krebsregister für Versorgungsforschung und zur Evaluation integrativer Therapiemaßnahmen in der Anthroposophischen Medizin. Karger Kompass Onkol. 2014;1:92-93.
37. Weissenstein U, Kunz M, Urech K, Regueiro U, Baumgartner S: Interaction of a standardized mistletoe (Viscum album) preparation with antitumor effects of Trastuzumab in vitro. BMC Complement Altern Med. 2016 Aug 4;16:271.
38. Huber R, Schlodder D, Effertz C, Rieger S, Tröger W: Safety of intravenously applied mistletoe extract - results from a phase I dose escalation study in patients with advanced cancer. BMC Complement Altern Med. 2017 Sep 18;17(1):465.



The abstracts
are available at:
[www.imm-oncology.com/
abstracts](http://www.imm-oncology.com/abstracts)



"The Integrative Medicine Meeting is one of the most interesting conferences in the world because it brings together practical experience from so many medical disciplines."

Rivka Lavi, Israel



"The central aspect of this event is the interdisciplinary exchange with colleagues from all over the world. We simply achieve more when we learn from each other."

Dr. Sharon Behrendt, Canada



"The program was ambitious: one high-profile lecture followed another, all deserved full attention – that's as valuable as it is challenging for the participants."

Dr. Mira Sofie Witek, Austria



"The Integrative Medicine Meeting is a conference for open-minded people who are interested in the approaches and experiences of other colleagues and cultures."

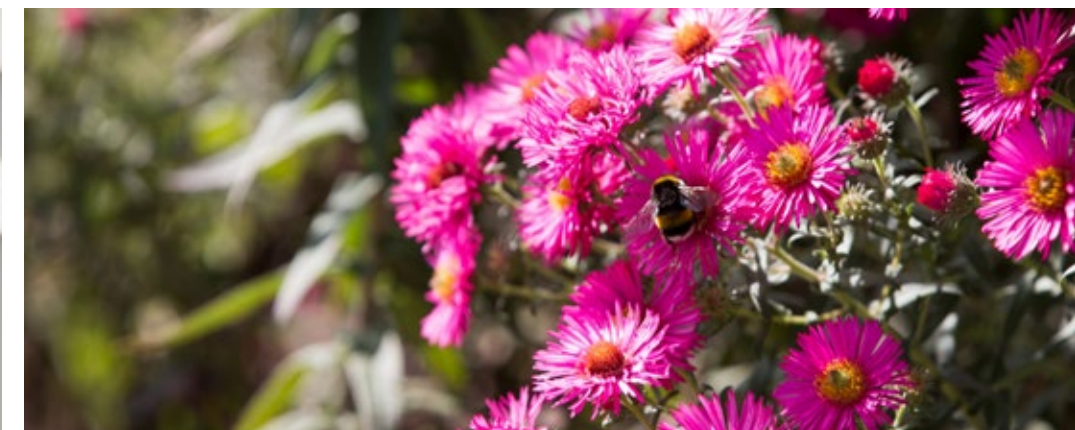
Dr. Ivan Jura, Slovakia





"The excellent organization, the extraordinary atmosphere, the personal approach, the catering, the leisure activities, and last but not least the great weather made for a successful training visit."

Dimitrijs Kalnins-Bergs, Latvia



See you next time!

The 5th Integrative Medicine Meeting is in preparation.

For more information, and more impressions of this year's event, please visit: www.imm-oncology.com



The Integrative Medicine Meeting

Mission

Integrative oncology strives to improve the quality of life of cancer patients and to combine effective therapies in a meaningful way.

The Integrative Medicine Meeting is a unique meeting place for the international exchange of the latest research findings and case studies in integrative oncology. The common goal of conference participants and speakers is a global medical network that enables optimized patient care with effective, evidence-based modalities of integrative oncology.

Vision

With approximately 200 participants from 26 countries, the 4th Integrative Medicine Meeting measured the global acceptance of integrative medical concepts in oncology.

The 5th Integrative Medicine Meeting will be the next step on this path. Stay up to date with the latest information, along with impressions of this year's conference, at www.imm-oncology.com

Social media

Follow us on social media to get the latest updates about the Integrative Medicine Meeting: **@Integrative Medicine Meeting in Oncology**

facebook



The Organizer

The Integrative Medicine Meeting is conducted by IMV – Integrative Medizin Veranstaltungs-GmbH. IMV plans, organizes and runs events, conferences, and training sessions in Germany and abroad. We specialize in topics related to integrative medicine.

For dates and further information, as well as other events, please visit: www.imv-integrative-medizin.de

General inquiries

Mrs. Barbara Schwarte

E-mail: org@imv-integrative-medizin.de

Tel.: +49 7428 93 59 88

Fax: +49 7428 93 59 89



Thank You to Our Sponsors

Main Sponsor



Further Sponsors



Experience Quality of Life

Helping Tumor Patients Integratively with Mistletoe Therapy

- Protection from cancer-related fatigue¹
- Enhancement of energy and mood²
- Normalization of body rhythms
- Verified in more than 30 studies³

Helixor® Supportive Therapy



1. Piao BK, Wang YX, Xie GR, Mansmann U, Matthes H, Beuth J, Lin HS. Impact of complementary mistletoe extract treatment on quality of life in breast, ovarian and non-small cell lung cancer patients. A prospective randomized controlled clinical trial. Anticancer Research 2004; 24(1):303-310.
2. Tröger W et al. Additional therapy with a mistletoe product during adjuvant chemotherapy of breast cancer patients improves quality of life: an open randomized clinical pilot trial. eCAM Article-ID 430518, 9 pages (2014). 3. Literature can be requested from Helixor.

Helixor® A/-M/-P solution for injection contains the **active ingredient:** Extract of fresh mistletoe plant (1 : 20). Helixor® A is produced from fir mistletoe, Helixor® M from apple tree mistletoe, Helixor® P from pine mistletoe. The quantity of fresh plant used for the production of an ampoule is given in mg. **Extraction agent:** Water for injection, sodium chloride (99.91 : 0.09). **Therapeutic indications:** According to the anthroposophic knowledge of man and nature. In adults: Malignant tumor diseases, also with concomitant disorders of the hematopoietic system, benign tumor diseases, prevention of recurrence following tumor surgery, defined precancerous conditions. **Contraindications:** Allergy to mistletoe preparations, acute inflammatory resp. highly febrile diseases, florid autoimmune diseases or those under immunosuppressive therapy, hyperthyroidism with tachycardia. **Adverse reactions:** Local inflammatory reactions at the SC injection site, fever, flu-like symptoms, regional swelling of the lymph nodes, activation of inflammation, allergic reactions. Chronic granulomatous inflammation, autoimmune diseases, symptoms of increased intracranial pressure with brain tumors/metastases have been reported. **Dosage:** SC according to the guidelines for therapy with Helixor®. Start with low doses principally. Increase dose gradually under observation of the patient's reaction. **Pack sizes:** Series packs (SE I – IV) with 7 ampoules; original packs (OP 0.01 – 100 mg) with 8 ampoules; great packs (GP) with 50 ampoules. **Helixor Heilmittel GmbH • Fischermühle 1 72348 Rosenfeld • Germany • mail@helixor.com www.helixor.com**



Medical Advisory Service:
+49 7428 935-344 • advice@helixor.com

 **Helixor**
Bringing life to life.