THE BENEFITS OF INTEGRATIVE & LIFESTYLE MEDICINE IN EVERYDAY PRACTICE

The question is no longer whether integrative oncology works.

The question is how we integrate it into conventional care.

Safely for our patients, and consistently for our clinicians.

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THE EVIDENCE

Integrative oncology delivers the outcomes that matter. We have evidence-based interventions for every phase of the cancer pathway.

THE CHALLENGE TRIAL

NEJM 2025 · 889 patients · 55 sites · 6 countries · 7.9 - year follow up

It is the world's first RCT proving that a structured exercise program directly extends survival in post-chemotherapy colon cancer.
37% lower risk of death and 28% lower risk of recurrence.
Exercise is no longer just a lifestyle recommendation. It is an active, prescription-grade oncology treatment.

NOT JUST ONE TRIAL

The joint SIO–ASCO guidelines put the highest stamp of clinical approval on exercise and mindfulness for anxiety and fatigue.
They explicitly back acupuncture for nausea and xerostomia.

This is not experimental medicine. This is the gold standard of care.

Sources: Booth et al., NEJM 2025 · SIO–ASCO Joint Clinical Practice Guidelines 2023–24

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We Can Make an Evidence-Based Difference For Patients

Aligned with SIO / ASCO Joint Clinical Practice Guidelines 2023–2024

SURGICAL ONCOLOGY

Prehabilitation & Post-operative

Exercise Prehabilitation

Reduces post-op complications & length of stay in hospital

Nutritional Optimisation

Protein intake, omega-3, vitamin D - Faster recovery, wound healing & immune support

Mindfulness for Surgical Anxiety

Grade B: reduces pre-operative anxiety (SIO/ASCO)

Acupuncture for PONV & Post-op Pain

Post-operative nausea & pain management

Music Therapy

Reduces anxiety & analgesic burden peri-operatively

MEDICAL ONCOLOGY

Systemic Anti-Cancer Treatment

Acupuncture / Acupressure for CINV

P6 (Neiguan) + electroacupuncture.

Exercise for Cancer-Related Fatigue

ASCO Grade A - strongest evidence rating

Mindfulness-Based Interventions

Highest SIO/ASCO rating for anxiety & depression during Tx

Yoga for Fatigue, QoL, Sleep

Grade A/B: anxiety, fatigue, better quality of life

Ginger for CINV

Adjunct support for CINV alongside antiemetics

RADIATION ONCOLOGY

Radiotherapy Support

Mindfulness / Relaxation for RT Anxiety

Improves treatment compliance & tolerability

Acupuncture for Xerostomia

Recommended for dry mouth in H&N radiotherapy

Exercise During Radiotherapy

Reduces fatigue & maintains physical function

Mindfulness for Acute RT Side Effects

Supports psychological wellbeing throughout treatment

Calendula / Aloe Vera for Skin Reactions

Evidence for reduction of radiation dermatitis severity

Sources: ASCO–SIO Joint Guidelines 2023/2024; SIO Anxiety & Depression Guideline; ASCO Fatigue Guideline Update 2024

THE NEED

Patients are consistently using complementary therapies. Yet the system fails to provide a pathway

1 in 3

UK cancer patients use complementary therapies during treatment.
Probably much higher. Severe underreporting.

Most never tell their team.

Patients are left navigating an unvetted landscape of Google searches, social media trends, and unregulated practitioners.
Dangerous, undetected herb/repurpose drugs interactions.
Widening health-wealth gap.
Cruel postcode lottery for the few charity-funded services that do exist.

The science is strong, but the system is absent.
No frameworks. No protected roles. No standardized education.
Without a structure to support it, integrative oncology remains a massive, unfulfilled gap for patients and the professionals caring for them.

Sources: Together4Cancer National Needs Assessment · NHS data · NICE

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WHY NURSES SHOULD BE AT THE CORE OF IO

The most overstretched workforce in cancer care is also its most underutilized asset.

01 THE ACCESS

Patients rarely open up to their oncologist about complementary therapies. Instead, they confide in their trusted nurse.

02 THE SCOPE

Exercise, nutrition, mindfulness, acupuncture. Aligned with the National Cancer Plan to reduce care inequalities and improve QOL.
Through structured, governance-approved training, nurses can safely lead in these therapies without requiring medical prescribing rights.

03 THE SCALE

Ten minutes of proactive guidance at the start of treatment prevents hours of reactive crisis management later

04 THE ASK

TRAINING — Evidence-based, governance-aligned integration into the core competency framework.

SPECIALIST ROLE — A dedicated, funded Band 7 Integrative Oncology Clinical Nurse Specialist (CNS).

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The science is clear and the patient need is urgent, yet integrative oncology remains locked out of standard cancer pathways.

Without funded roles, structured clinical frameworks, and foundational training, we are facing a massive systemic deficit.

Patients and healthcare professionals are being left entirely on their own.

The benefits? Countless.

But none of them reach the bedside until we empower the professionals already standing there every single day.