BioMedica International Oncology Summit 2021

Making a difference in the life of a person with cancer

19-20 MARCH 2021 #BOS2021

ONCOLOGY SUMMIT SYNOPSES

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Meetings at the Edge

Working holistically with people with cancer requires us to be comfortable with difficult conversations. Such disclosures from our clients or patients may confront us with our own helplessness and powerlessness to fix, change or make it better for them. Practitioners can provide a safe harbour in which a person can speak the unutterable and have it witnessed, acknowledged and deeply heard. The inner state of the practitioner is vital in this relationship. No other work can provide such an unparalleled opportunity for self-understanding and self-realisation.

Prof. Ben Pfeifer MD, PhD

Professor & Director of Research Aeskulap-International, Lucerne, Switzerland

New Immune Therapies combined with Complementary-Oncology Measures – together, we are stronger!

This presentation will show, how the new immune therapies can be combined with complementary oncology measures to be more effective and more beneficial for cancer patients.

There is significant euphoria regarding the new immune therapies. Regularly, reports praise enormous success achieved with this new approach to cancer. Many patients have already benefitted. Others did not see improvement with these therapies, or experienced serious side effects caused by over-activation of their own immune system and development of auto-immune disease. Some of those “not so lucky ones” even died from the treatment. Despite any present shortcomings, these new immune therapies will open new perspectives in cancer medicine, and already represent the fourth column of cancer therapy - besides surgery, chemotherapy and radiation.

The underlying principle of these immune therapy approaches, be it with so called “checkpoint – inhibitors”, antibodies against certain tumor antigens, or tumor vaccines – is trying to strengthen the patient’s immune system and enable it to recognize and fight cancer cells.

The idea, to activate and “educate” the patient’s own immune system in the fight against cancer is not new. William B. Coley (1862-1936) showed already in the last century that this is possible. Today, almost 100 years later, our knowledge about the immune system function is much better, but many questions remain unresolved and clinical success is by far not guaranteed when using the immune therapy approach. We do not know yet, how to best mobilize an individual patient’s immune system against his/her cancer cells. It seems clear, however, that a simple immune stimulation is not the solution to the problem, but often the cause of serious side effects. Immune therapies against cancer should be specific and only attack cancer cells. At the same time, these treatments should maintain a healthy balance between cancer immunity and immune tolerance development to attack cancer, but avoid unwanted autoimmunity.

Presently, immune therapies are often used as a last resort, e.g. after classical treatments have failed. This is unfortunate, since pre-treatment with toxic chemotherapy or radiation will not only destroy cancer cells, but also eliminate immune cells which are the precondition for an effective immune therapy. How successful immune therapies can be in late stage cancer, is dependent on many factors. For example, immune therapies may be hampered by the biochemical milieu in the tumor tissue (microenvironment). Tumor cells can produce an acidic micro-environment due to their increased lactate production. This causes problems for immune cell infiltration of tumor tissue and deterioration of immune cell function. Tumor cells may also develop various strategies to escape the immune attack. For example, they may avoid expression of antigens, so that immune cells are unable to recognize them, they may produce certain chemicals that inactivate immune cells, or they may create an immunosuppressive micro-environment themselves. The so-called gut microbiome plays an important role in the latter process. Loss in bacterial diversity and overgrowth of the gut with non-beneficial bacteria are associated with impaired immune response against cancer.

Complementary-oncology treatments can help to reestablish a healthier microbiome and improve the microenvironment in the tumor tissue. This way, immune cells can overcome functional barriers and tumor escape mechanisms, allowing for a specific immune response against cancer.

Integrative approach to the management of breast and prostate cancer

This presentation will demonstrate, how an integrative treatment approach for breast- and prostate cancer contributes to better patient outcome.

Breast- and prostate cancer have a lot in common. In Western Europe and in Australia they represent the most common malignancies in women and men, respectively. Both cancer entities usually show hormone dependent growth, and both are amicable to anti-hormonal treatment. When so-called “gold standard” treatments, such as radical surgery, adjuvant chemotherapy (only in breast cancer), or local radiation therapy are not possible or have failed, therapeutic options are limited and often include palliative chemotherapy, various forms of anti-hormonal regimens, and nowadays also immune therapies. Although often helpful for symptom control, these treatments offer little benefit in respect to longer survival. These treatments are also prone to become ineffective quickly due to development of drug resistance and the emergence of “hormone-independent” cancer cell clones that do not require estrogen, progesterone or testosterone as growth factors.

That is why an increasing number of breast cancer patients under failing “therapeutic castration” treatment and prostate cancer patients with so-called “castration-resistant” disease combine their standard treatment regimens with complementary oncological measures in the hope of regaining cancer control, maintaining or improving quality of life, and prolonging their life expectancy.

Our integrative approach includes basic complementary treatment measures, such as dietary- and lifestyle changes, specific physical therapy and exercise programmes, psycho-oncology measures, hyperthermia and fever therapies, detoxifying treatments, enzyme therapy and an individually designed oral- and infusion treatment protocol utilising various plant derived medications in combination with high doses of vitamin C, trace elements and a proprietary haematoxylin / DMSO mix.

Retrospective studies with follow-up of more than 10 years have shown that this integrative treatment approach can significantly improve clinical outcome and quality of life for many cancer patients, even in advanced disease stages.

Prof. Rupert Handgretinger MD

Professor and Department Chair Children’s University Hospital University of Tübingen, Germany

Red Flags: Signs and Symptoms for early diagnosis of paediatric cancer

Cancer in children is very different from cancer in adults. While in adults most of the cancers are of epithelial origin, such carcinomas are very rare in children. In addition, paediatric cancers are not strongly linked to lifestyle or environmental risk factors. The most common malignancies in children are acute leukemias, followed by brain tumors, lymphomas and tumors of extracranial neuronal origin such as neuroblastomas or of mesenchymal cell origin, such as Ewing’s sarcoma and rhabdomyosarcomas. Other pediatric cancers are nephroblastomas (Wilms tumors), retinoblastomas and germ cell tumors. In this session, we will discuss signs and early symptoms of pediatric tumors. Most important for an early diagnosis is a patient and family anamnesis and a thorough clinical inspection, which might lead to suspicion of cancer. Such early symptoms may include unclear fever episodes, night sweats, behavourial changes and others.

The suspicion should then be verified or excluded by more targeted investigations such as ultrasound, magnetic resonance tomography or others. As in adults, early diagnosis is important for successful treatment outcomes in most of the paediatric solid cancers.

Practical considerations when treating paediatric cancers

As in a number of adult cancers, the pillars of the treatment of children with cancers are adjuvant or neoadjuvant chemotherapy, surgery and irradiation. More recently, immunotherapy is playing an increasing role, especially in patients with haematological malignancies. The treatment is more often successful in children than in adults since the treatments are more intensive and most children do not have concomitant comorbidities, which are more common in many elderly adults. Since the children's bodies are still growing, long-term side effects are of concern. Depending on the intensity of the treatments, including radiotherapy, long-term side effects include among others permanent organ damage, growth delay and might also have a negative influence on the intellectual development of the affected children. The treatment of children with cancer is a team effort including pediatric haematologists/oncologists, specialized nurses, pediatric surgeons, radiation oncologists and others and children with cancer should be treated in specialized pediatric centers. Other important members of the team include pyschologists, social workers, child life specialists, nutritionists and others. Especially in paediatric cancer, the saying that if a child is sick the whole family is sick is very true and treatment must include the whole family. In this session, we will discuss practical approaches to improve outcomes while reducing long-term side effects.

Tanya Wells GCHPE, B.Sc., B.H.Sc (Naturopathy), Member NHAA AIMA COSA SIO ASCO

Director and Lead Clinician at Melbourne Integrative Oncology Group

and

Vivian Klaver B.H.Sc (Nut Med), B.(Psych, Mngmt/Mkt), Member ANTA

Clinical Nutritionist

Diet and cancer: Best practice clinical recommendations

Integrative Oncology Naturopath Tanya Wells and Clinical Nutritionist Vivian Klaver from Melbourne Integrative Oncology Group outline the complexities of clinical decision making in the dietary support of patients with cancer.

Although many clinics offer 'an anticancer diet', an evidence-based approach shows that there is no 'one size fits all' approach in the treatment of patients with cancer. The determination of the most appropriate diet is influenced by the patients cancer type and treatment, pathology results, individual genetic factors, concomitant conditions, allergies and tolerances, dietary preferences, current physical and mental health status, and, of course, the research evidence. Whilst this makes each case individual and complicated, this is also an opportunity for CAM practitioners to add the most value: combining clinical evidence with an holistic approach to support the ultimate patient-centred plan.

With supportive clinical examples from the MIOG patient group, Tanya and Vivian will discuss prescribing approach strategies and lift the cloud of confusion in this complex field. The discussion will also cover Ketogenic, Mediterranean/pescovegetarian and Plant-based/vegan dietary protocols and the relevant cancer types that may benefit from each approach.

Garth Harris BSc (BioMed)

Co-founder and Clinical Director of BioMedica Nutraceuticals

Lessons & Insights from Clinical Oncology Case Studies: A direct insight into the clinical approach of one of Australia's leading integrative oncology support practitioners

The objective of this presentation is to give practitioners insights and approaches that are effective in oncology practice. Numerous case histories will be used as templates to explain best practice methodologies to achieve optimal and improved clinical outcomes for patients. Critically important basic and specific support guidelines will be outlined to ensure attendees understand the key recommendations for specific cancers to achieve such goals.

Strategies and treatment rationales will be explored to show how to engage with the patient at a level appropriate to their needs and circumstances. This presentation will give you a 'practical blueprint', to ensure you are able to provide an effective support programme whatever the circumstances of the patient and their cancer status. This talk is not 'theoretical', but based on over 3 decades of day to day, practical experience, and will help you avoid many of the common pitfalls and mistakes we all learn along the practice journey.

Daniel Baden ND

Co-founder and Director Innovation of BioMedica Nutraceuticals

Managing the symptoms of Chemotherapy-induced peripheral neuropathy in the cancer patient

Chemotherapy-induced peripheral neuropathy (CIPN) is a common and disabling side effect of chemotherapy for which there is no established effective treatment. The development of CIPN may require chemotherapy dose reduction or cessation, which can increase cancer-related morbidity and mortality. It has a complex, poorly understood pathophysiology, with changes in the structure and function of peripheral motor, sensory and autonomic neurons causing pain, sensory changes and weakness. CIPN occurs in as many as 68% of patients within the first month of chemotherapy treatment and can last many years after discontinuation of treatment and reduce the quality of life of cancer survivors. Therefore, the preventive and therapeutic strategies for CINP are an urgent need.

Palmitoylethanolamide (PEA) is an endogenous fatty acid amide that is emerging as a promising treatment for CIPN. PEA has anti-inflammatory, antinociceptive, and neuroprotective properties and is synthesised on demand in response to inflammatory and pain-related processes. Clinical research reveals that treatment with exogenous PEA is effective and safe in various neuropathological conditions, including diabetic neuropathy, nerve compression syndromes and chemotherapy-induced neuropathic pain. Given the prevalence of cancer and, subsequently, CIPN is increasing, with more and more survivors left with long-term functional disability and reduced quality of life, finding neuroprotective interventions such as PEA is of utmost importance.