

A close-up photograph of a mistletoe branch with green leaves and several white, oval-shaped berries. The branch is positioned on the left side of the slide, partially overlapping a large white circle that contains the main text.

**Integrative
Patientennachverfolgung am
Gemeinschaftskrankenhaus
Havelhöhe**

A. Happe

Planung 2010

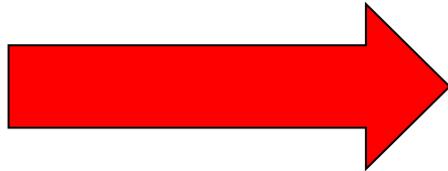
Gemeinschaftskrankenhaus Havelhöhe

Wir wollen onkologisches Zentrum werden!!

- **Wie unterscheiden wir uns in der onkologischen Betreuung der anderen Zentren in Berlin?**
- **Wie können wir integrative und schulmedizinische Medizin glaubhaft umsetzen?**
- **Wie schaffen wir die Strukturen, die notwendig sind?**



Nachsorgedokumentation und Studienambulanz



Nachsorgekonzept
Kombination aus Forschung und
Umsetzung der Auflagen von Onkozeit
und dem Nationalen Krebsplan
Etablierung der „Abteilung“ Studien- und
Nachsorgeambulanz“



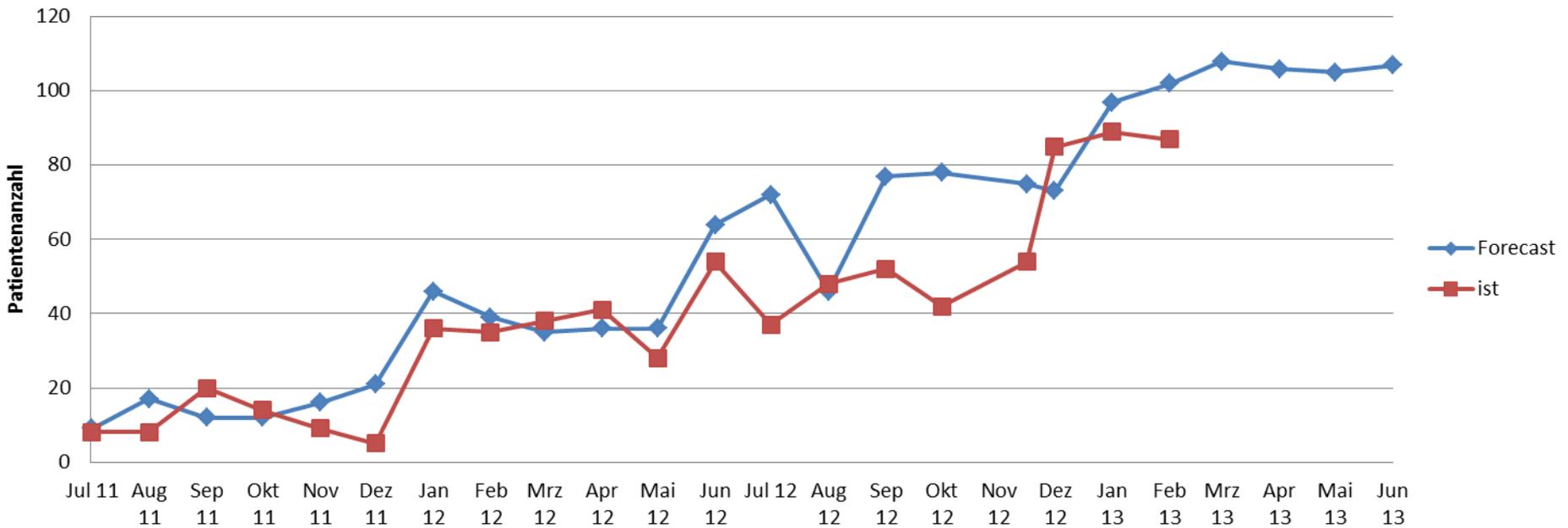
Individuelle Ansprache für den Patienten
Betreuung für alle Belange außerhalb der
Medizin
Dokumentation der gesamten
Behandlung

Visitenplanung

Visiten in Kombination	<u>Bei</u> <u>Erstdiagnose</u> <u>Zeitpunkt 0</u>	<u>Nach 6</u> <u>Monaten</u> <u>Visite 1</u>	<u>Nach 12</u> <u>Monaten</u> <u>Visite 2</u>	<u>Nach 24</u> <u>Monaten</u> <u>Visite 3</u>	<u>Nach 36</u> <u>Monaten</u>
<u>Cancer Fatigue Scale (CFS-D)</u>	<u>x</u>	<u>x</u>	<u>x</u>	<u>x</u>	x
<u>Interne Kohärenzskala (ICS)</u>	<u>x</u>	<u>x</u>	<u>x</u>	<u>x</u>	x
<u>State Autonome Regulation (State aR)</u>	<u>x</u>			<u>x</u>	x
<u>EORTC QLQ-C30 (EORTC)</u>	<u>x</u>	<u>x</u>	<u>x</u>	<u>x</u>	x
<u>Selbstregulation nach Großarth-Maticek (Selbstregulation)</u>	<u>x</u>			<u>x</u>	x

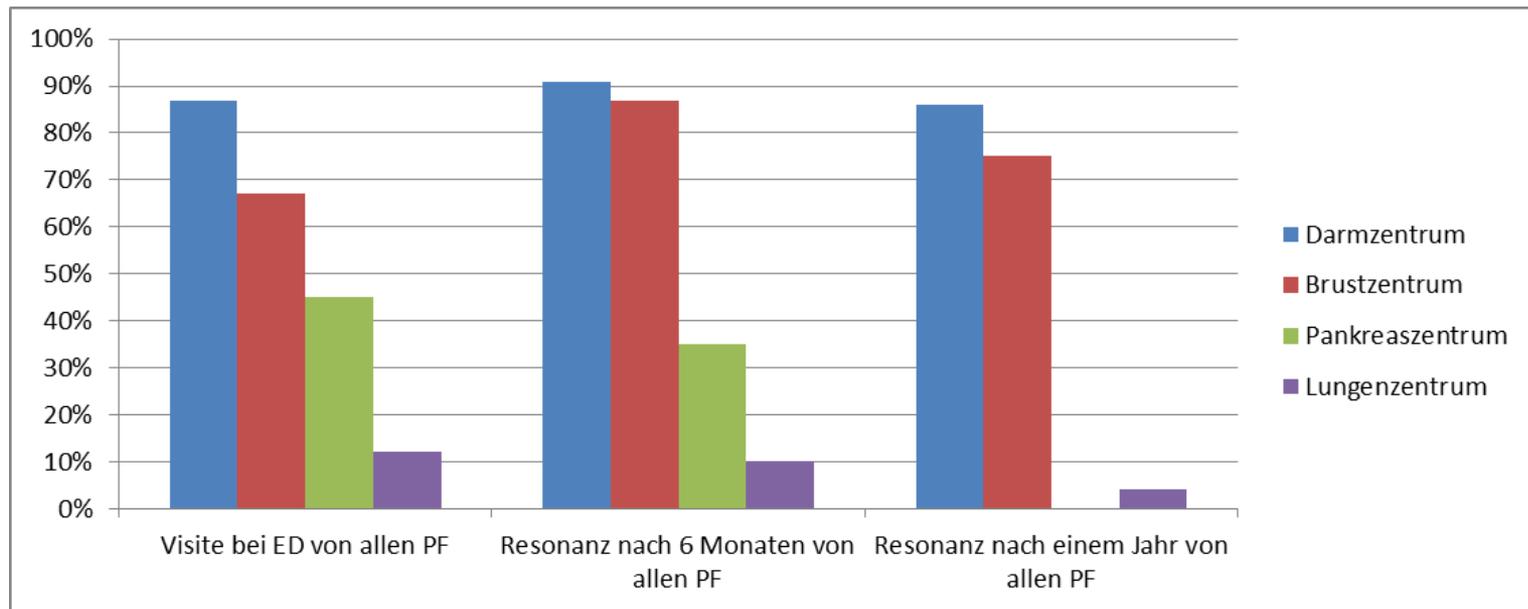
Studien und Nachsorgeambulanz Aktivitäten

Nachsorgeambulanz



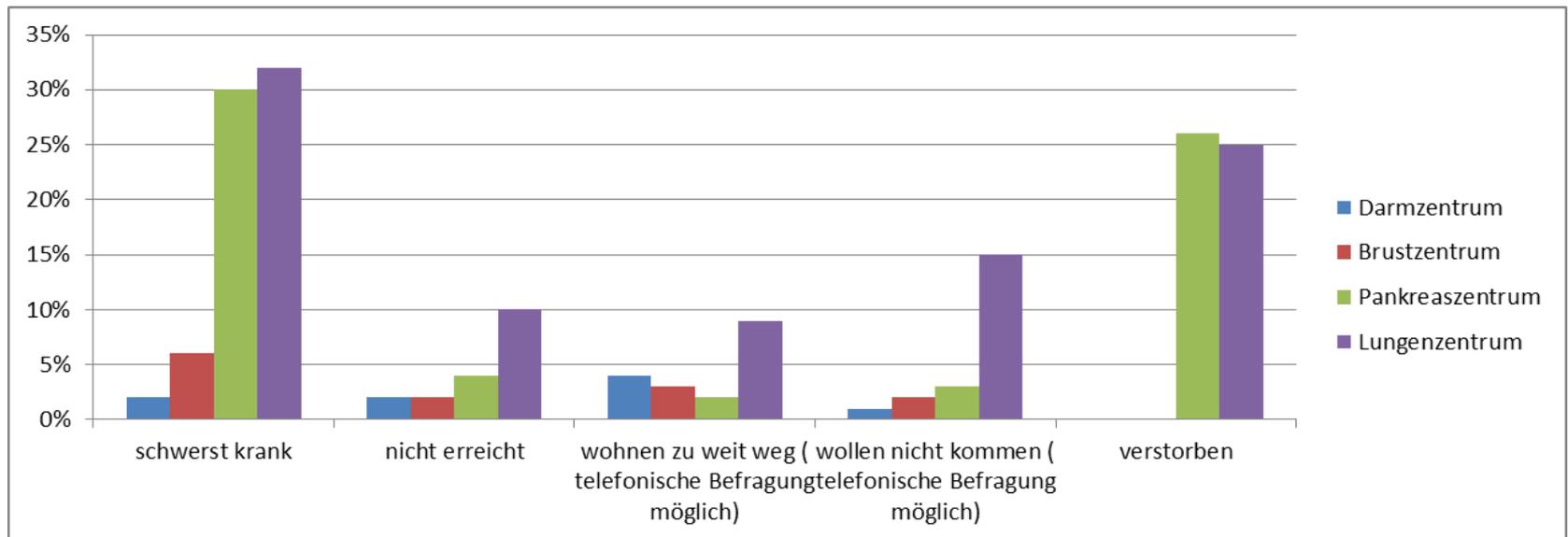
Studien- und Nachsorgeambulanz Patientenresonanz

Resonanz der Patienten nach Visiten



Studien- und Nachsorgeambulanz Patientenresonanz

Gründe des Ausscheidens nach 6 Monaten



Fazit

- **Hohe Akzeptanz der Patienten durch Individualbetreuung**
- **Hohe Akzeptanz der niedergelassenen Ärzte durch die Dokumentation ihrer Arbeit und dadurch Entlastung durch die Auflagen von Onkozeit**
- **Deutlichen Anstieg der Datenvalidität und Datenqualität**
- **Valide FUP Daten von über 90%**

Abstract ID 5407P

Health service research in integrative oncology: *Viscum album* use and non-pharmacotherapeutic interventions in lung cancer patients

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Background

Viscum album extracts (VA) and non-pharmacotherapeutic interventions (NPI) are frequently used in integrative oncology (IO). VA is extracted from fresh shoots or berries of the European mistletoe from different host trees. NPI are mind/body-based (e.g. eurythmy therapy, art therapy (e.g. music therapy), nursing interventions (e.g. therapeutic union, embrocations) or other NPI activate patients' salutogenic resources and help them to deal with the emotional distress accompanied with cancer diagnosis. VA enhances health-related quality of life and reduces adverse effects caused by conventional therapies. In the present study we evaluated the use of VA and NPI in lung cancer patients from a clinical registry with a special emphasis on IO.

Methods

We analyzed data of 1177 lung cancer patients collected by the Network Oncology, a conjoint clinical registry of German hospitals and out-patient facilities. Recorded NPI were compression/wrapings, embrocations, lymph drainage, massages, eurythmy therapy, modeling, music therapy, drawing, psycho-oncological interventions and hyperthermal therapy. We used non-parametric χ^2 or Fisher exact test (F) to compare observed frequencies, Wilcoxon rank sum (W),

Results

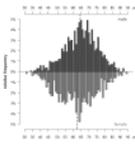


Figure 1. VA application rates by UICC stage

Results

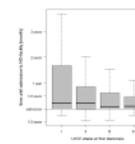


Figure 2. Median length of VA application by UICC stage

Results

Table 1. UICC stages at first diagnosis of VA and admission

UICC	at first diagnosis	at admission
n	13	15
%	1.1%	1.3%

- VA patients showed significant difference in UICC stages to non-VA patients ($p=19.79$, $\phi K=3$, $p=0.001$, Table 2).
- VA patients chose more additional NPI than non-VA patients ($N=0$, $med_{non-VA}=0$, $med_{VA}=2$, $p<0.01$).
- Median length of VA application was 115.1 weeks.
- Median time between first diagnosis and start of VA was 3.04 months and was shorter for more advanced cancer ($p=0.001$, Figure 3).

Table 2. Prevalence of conventional therapies in VA and non-VA patients at UICC stage

UICC	VA	non-VA
radiation	100	100
chemotherapy	100	100
radiation therapy	100	100

- IO acceptance among women was higher.
- Women more often received VA (F, OR=1.54, CI=1.11-2.14, $p<0.01$).
- Women more often participated in NPI (F, OR=1.72, CI=1.35-2.20, $p<0.01$).
- Women chose more NPI (N, $Z=4.0$, $p<0.001$, Table 1).

Table 3. Prevalence of conventional therapies in VA and non-VA patients at UICC stage

UICC	VA	non-VA
radiation	100	100
chemotherapy	100	100
radiation therapy	100	100

Abstract ID 3185P

Use of integrative therapies in breast cancer patients. Health service research in a network of integrative oncology

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Background

Diagnosis of breast cancer induces high emotional distress. Integrative oncology (IO) as a concept responds to patients needs by offering a variety of non-pharmacotherapeutic interventions (NPI) and *Viscum album* extracts (VA) in addition to conventional therapies. VA is extracted from dried parts (e.g. fresh shoots or berries) of the European mistletoe from different host trees. VA enhances health-related quality of life and reduces adverse effects caused by conventional therapies, whereas NPI are meant to activate patients' salutogenic resources. NPI include nursing interventions (e.g. therapeutic union, embrocations), mind/body-based (e.g. eurythmy therapy) and art therapies (e.g. music therapy) and help to deal with the emotional distress. In the present study we evaluated the registry.

Abstract ID 213

Health Service Research on Patients with Colon Cancer in a Network of Integrative Oncology

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Background

Non-pharmacotherapeutic based interventions (NPTs) and *Viscum album* extracts (VA) are integral part of integrative oncology (IO). They support conventional cancer therapies and address to meet patients' needs and reduce chemotherapy induced side effects. NPTs are nursing interventions (e.g. therapeutic union, embrocations), mind/body-based and art therapies (e.g. eurythmy therapy, music, painting, clay modeling) or other that are meant to activate patients resources and enhance quality of life. VA induces apoptosis, stimulation of immunocompetent cells and reduces adverse reactions of systemic oncological therapies. The Network Oncology (NO) is a conjoint clinical registry of German hospitals and out-patient practitioners. The NO is set to support health service research in IO and to provide a solid data for future retro- or prospective studies on IO. NO will provide valuable information about safety and adverse effects of integrative methods that are applied in cancer therapies.

Results

We analyzed characteristics of patients diagnosed with colon cancer (C10-C18) recorded by the NO. Recorded NPTs were embrocations, wrapings, modeling, eurythmy therapy, massages, music therapy, drawing, modeling, psycho-oncological interventions or hyperthermal therapy. We used non-parametric Fisher exact test (F) to compare observed frequencies and Wilcoxon rank sum test (W) for differences between groups. We fitted logistic regression models on a complete data set to explain use of NPTs and use of VA using the sex, age, UICC stage, occurrence of chemo or radiation therapy and surgery as explaining factors.

Results

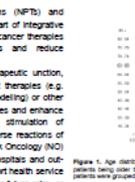


Figure 1. Age distribution of patients

Results

Table 1. UICC stages at first diagnosis and admission

UICC	at first diagnosis	at admission
n	13	15
%	1.1%	1.3%

- 631 female and 425 male patients were recorded.
- Men were in median older than women (Figure 1; $med_{male}=69$, $med_{female}=66$; $W=150015$, $p<0.001$).
- Median time between first diagnosis and admission to a NO facility increased with UICC staging ($p=22$, $W=28$, $W=450$, $W=72$ days).
- No difference in UICC stages between first diagnosis and admission to NO facility (F, $p=0.954$; Table 2).

Results

Table 2. Prevalence of conventional therapies in VA and non-VA patients at UICC stage

UICC	VA	non-VA
radiation	100	100
chemotherapy	100	100
radiation therapy	100	100

- 74% got surgery, 47% chemotherapy and 8% radiation post their admission to an NO facility (Figure 3).
- 76% of the palliative UICC-IV patients got chemotherapy.
- In total 74% of all participants received VA, starting therapy in the median 13 weeks after first diagnosis.
- Mean documented VA therapy length was 41.0 ± 84.7 weeks ($min=0.14$, $max=863.3$).
- 91% of the patients treated with chemotherapy got additional VA.
- Choice of VA was negatively associated with age ($p=0.034$) and positively associated with chemotherapy ($p=0.0$).

Results

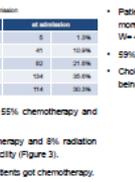


Figure 2. Relative frequency of VA therapy length

Conclusion

This study demonstrates that complementary therapies like VA and NPTs are chosen by a high number of patients in adjuvant and palliative treatment in an integrative oncology setting. The use of complementary therapies does not seem to reduce conventional therapeutic approaches in colon cancer. Female patients seem to be more open minded to integrative therapies. Our results support that health service research data serve as an appropriate tool to evaluate IO in daily care. NO data can help to generate hypotheses and to schedule warranted prospective studies in this field.

Eurythmy Therapy in Oncological Patients in a Network of Integrative Oncology

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Background

Anthroposophical Medicine offers a concept of integrative oncology (IO) in addition to conventional strategies, strengthening patients' salutogenic resources and helping them to deal with the emotional distress that accompanies cancer diagnosis. Eurythmy, Therapeutic head-related exercises, active exercise, art movements, a clinical career.

Results

Table 1. Number of different complementary therapies

therapy	n	%
VA	470	2.8%
NPTs	176	1.1%
radiation	100	0.6%
chemotherapy	100	0.6%
radiation therapy	100	0.6%

External nursing interventions in Oncology Data from a Network on Anthroposophic Medicine

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Background

Anthroposophical Medicine offers a concept of integrative oncology (IO) to strengthen patients' physical and psychological salutogenic resources. External nursing interventions (ENI) in Anthroposophic Medicine comprise of the external application of herbal, mineral, metal or animal substances, applied either directly in the form of fresh extracts (in case of herbs) or as compress, ointment and oil - or applies as embrocation. ENI are an important tool in anthroposophical cancer care to enhance patients well-being and improve health-related quality of life. In the present study we characterize the use of ENI in patients from a clinical cancer registry with a particular emphasis on IO.

Results

Table 1. UICC stages at first diagnosis and admission

UICC	at first diagnosis	at admission
n	13	15
%	1.1%	1.3%

A total of 10,472 patients are documented in the Network Oncology (NO), a conjoint clinical registry of German hospitals and out-patient facilities. Recorded therapies were compression/wrapings, embrocations, lymph drainage, massages, eurythmy therapy, modeling, music therapy, drawing, psycho-oncological interventions and hyperthermal therapy. We used non-parametric Wilcoxon rank sum test for differences between groups and Fisher exact test to compare observed frequencies. In larger than 2 by 2 tables we computed p-values for Fisher's test by Monte Carlo simulation using 10000 replications. The level of significance was set to 0.01. Data management, analysis and all figures were performed in R: A Language and Environment for Statistical Computing (ver. 2.15.1, R Development Core Team 2012).

Table 2. Prevalence of conventional therapies in ENI and non-ENI patients

UICC	ENI	non-ENI
radiation	100	100
chemotherapy	100	100
radiation therapy	100	100

Methods

A total of 10,472 patients are documented in the Network Oncology (NO), a conjoint clinical registry of German hospitals and out-patient facilities. Recorded therapies were compression/wrapings, embrocations, lymph drainage, massages, eurythmy therapy, modeling, music therapy, drawing, psycho-oncological interventions and hyperthermal therapy. We used non-parametric Wilcoxon rank sum test for differences between groups and Fisher exact test to compare observed frequencies. In larger than 2 by 2 tables we computed p-values for Fisher's test by Monte Carlo simulation using 10000 replications. The level of significance was set to 0.01. Data management, analysis and all figures were performed in R: A Language and Environment for Statistical Computing (ver. 2.15.1, R Development Core Team 2012).

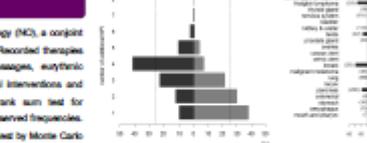


Figure 3. Frequency of additional non-pharmacotherapeutic interventions

Results

- For 10,299 information about ENI use was available.
- 50.9% of the patients received ENI, which was second most common complementary therapy form (Figure 1).
- The majority of patients were female (75.1%).
- Women were younger than men ($med_{fem}=64$, $med_{mal}=64$, $p<0.01$; Figure 2).
- ENI patients showed no differences in UICC stages compared to non-ENI patients (Table 1).
- Number of additional non-pharmacotherapeutic interventions (NPT) differed between ENI and non-ENI patients (Fisher test; $p<0.01$; Figure 3).

Frequencies of cancer entities differed between patients receiving and thus not receiving ENI in both genders (Fisher test, both $p<0.01$; Figure 4).

Table 3. Prevalence of conventional therapies in ENI and non-ENI patients

UICC	ENI	non-ENI
radiation	100	100
chemotherapy	100	100
radiation therapy	100	100

Conclusion

ENI is common in IO settings of Anthroposophic Medicine and is positively received by patients. In line with other studies, females are younger and use ENI more often than men. ENI is used in addition to other conventional therapies, which are strong predictors of whether patients participated in ENI. The high case numbers in NO suggest that a detailed monitoring of integrative therapies is possible. Thus, health service research data can provide a solid basis for prospective studies on outcome related research in IO.

A close-up photograph of a mistletoe branch is positioned on the left side of the slide. The branch is green and has several white, oval-shaped berries. The background is blurred, showing more of the plant and some green leaves.

Danke schön