


Native Cancer Wellness
From Salish Cancer Center

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Disclosures

- No Conflicts of Interest to Disclose

Objectives

- Recognize the unique challenges of Native cancer care.
- Examine the integrative model of oncology care.
- Recognize the benefits of combining traditional healing services in the care of Native American cancer patients.
- Recognize the Salish Cancer Center, the first tribally owned cancer center in the nation.

The Native American Population

- An estimated 4.5 million people are classified as American Indian or Alaska Native
- 1.5 percent of the total population
- Over 560 Federal and 100 State-recognized tribes nationally



American Indian/Alaska Native Profile, CDC, Office of Minority Health, Updated 2007
<http://www.cdc.gov/omhd/populations/AIAN/AIAN.htm>
 The American Indian and Alaska Native Population: 2000 Census Brief, Updated 2002
<http://www.census.gov/prod/2002pubs/c2kbr01-15.pdf>

Native Cancer Incidence

New Cancer Cases per 100,000 - Men (2011)			
Cancer	American Indian Men	Non-Hispanic White Men	American Indian/Non-Hispanic White Ratio
All Sites	393.4	518.1	0.8
Colon and Rectum	48.3	45.4	1.3
Lung	52.3	43.5	0.8
Pancreas	17.4	14.4	1.2
Prostate	43.9	134.0	0.5
Stomach	20.0	8.4	2.4

New Cancer Cases per 100,000 - Women (2011)			
Cancer	American Indian Women	Non-Hispanic White Women	American Indian/Non-Hispanic White Ratio
All Sites	359.1	433.5	0.8
Breast	104.0	137.0	0.8
Cervical	9.5	6.5	1.5
Colon and Rectum	45.7	34.2	1.3
Lung	41.5	50.2	0.8
Pancreas (2010)	12.9	11.0	1.2
Stomach (2010)	11.0	3.6	3.6

Source: CDC, 2015, Health United States, 2014, Table 40.
<http://www.cdc.gov/nchs/data/hsu/hsu14.pdf>

Higher Native Cancer Mortality

Cancer Sites	AI/AN MIR (95% CI)	White MIR (95% CI)	AI/AN:White Ratio*
All cancers	0.49 (0.48, 0.50)	0.39 (0.39, 0.39)	1.26
Bladder	0.24 (0.20, 0.27)	0.20 (0.20, 0.20)	1.19
Breast (female)	0.22 (0.21, 0.24)	0.18 (0.18, 0.19)	1.22
Cervical (female)	0.38 (0.33, 0.44)	0.28 (0.27, 0.29)	1.36
Colorectal	0.42 (0.40, 0.44)	0.36 (0.36, 0.36)	1.16
Hodgkin disease	0.21 (0.14, 0.30)	0.15 (0.14, 0.15)	1.40
Kidney and renal pelvis	0.35 (0.32, 0.38)	0.30 (0.29, 0.30)	1.18
Leukemia	0.60 (0.55, 0.67)	0.58 (0.57, 0.58)	1.05
Liver/intrahepatic bile duct	0.91 (0.83, 0.99)	0.91 (0.90, 0.93)	1.00
Lung and bronchus	0.83 (0.80, 0.86)	0.77 (0.77, 0.78)	1.07
Ovary (female)	0.68 (0.61, 0.77)	0.66 (0.65, 0.67)	1.03
Pancreas	0.96 (0.88, 1.05)	0.95 (0.94, 0.96)	1.02
Prostate (male)	0.23 (0.21, 0.25)	0.17 (0.17, 0.17)	1.40
Stomach	0.70 (0.64, 0.78)	0.56 (0.55, 0.57)	1.27
Uterus (female)	0.18 (0.16, 0.21)	0.16 (0.16, 0.16)	1.14

Am J Public Health. 2014 June; 104(Suppl 3): S377-S387.

Cancer Care in Native Population

summary

- Lower overall incidence but higher overall cancer mortality
- Cultural barriers to prevention and care
- Community and system level barriers to care

The Future of Native Cancer Care

- Improved prevention, screening → Decrease Incidence
- Improved cancer care → Decrease mortality
- Respect for the culture of native cancer patients
- Whole person approach: Body, Mind, and Spirit i.e. "A Integrative approach"



What is Integrative medicine?



"The practice of medicine that reaffirms the importance of the relationship between practitioner and patient, focuses on the whole person, is informed by evidence, and makes use of all appropriate therapeutic approaches, healthcare professionals and disciplines to achieve optimal health and healing."

The Consortium of Academic Health Centers for Integrative Medicine (CAHCIM)

Integrative Oncology Care Model

- Medical Oncology
- Lifestyle counseling: Diet and Exercise education
- Naturopathy
- Native plant medicine
- Chinese Medicine
- Acupuncture
- Spiritual support
- Other evidenced based complementary or alternative therapies: biofeedback, massage, music therapy, art therapy, etc.



Native Healing in the Integrative Model of Care

- Unique treatment goals in the Native American Population:
 - 1) Overcoming negative patient experiences and gaining trust
 - 2) Overcoming historical trauma related to health care and boarding schools

Integrative Oncology Care



- By optimizing supportive care during treatment beyond:
 - 1) Enhance quality of life
 - 2) Decrease treatment associated side effects (i.e. chemotherapy toxicity)
 - 1) Promote wellness and optimized survivorship
 - 2) And potentially even enhance response to therapy

Salish Cancer Center: Addressing the Unique Needs of Native Americans

- **Philosophy:** To blend medical oncology with evidenced-based integrative therapies to treat the whole person — mind, body, and spirit. This unique approach is recognized as "Integrative Oncology".
- **Team:** 2 medical oncologists, 1 nurse practitioner, 1 naturopathic oncologist, 1 Chinese medical doctor and acupuncturist, and highly respected experienced native healers.
- **Services:** State-of-the-art medical oncology including 23 chair infusion center combined with: naturopathic care, acupuncture, moxibustion, cupping, Chinese medicine, essential oil therapy, vitamin infusions, native healing, and survivorship care planning.
- **Patients:** Native and Non-Native with all cancer types with exception of acute leukemia.





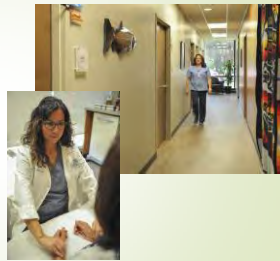
Native traditional healers from various tribes throughout the US

At Salish Cancer Center, All patients are given an opportunity to supplement their healing process through services offered by our Native American Traditional Healers



Gaining Trust – Optimal Native Healing Environment

- Staff are empathetic compassionate
- Staff Understand various Native communication styles
- The environment is conducive to Native Healing



Salish Cancer Center Our Initiatives

- **1) Patient Care Excellence**
 - Developing community partners and optimizing the patient care experience.
 - State of the art EHR
- **2) Survivorship**
 - Program development with a native focus
 - focus on continuum of care for the cancer patient starting with diagnosis and beyond
- **3) Research**
 - Develop community partners and research network
 - Major areas of focus



**Salish Initiative :
Patient Care Excellence**

- Evidence-based standard of care Oncology with adherence to guidelines eg NCCN and ASCO guidelines
- Optimized supportive care with an integrative approach
- New Electronic Health Record: high level documentation to capture outcomes, and show the value of care
- Develop Collaboration with Community partners such as the Franciscans, Multicare, and Group Health

**Salish Initiative Survivorship :
Current and Projected Cancer Survivors in US**

- 14 million survivors (as of January 1, 2012)
- 18 million survivors (as of January 1, 2022)

(Siegel et al., CA Cancer J Clin 2012)

Survivorship: Definition

Who: Anyone who has been diagnosed with cancer

When: From the time of diagnosis through the rest of their lives

How: Survivors embrace their lives beyond their illness

Who else: Family members, friends, and caregivers are also impacted by the survivorship experience

- Covers the physical, psychosocial, and economic issues of cancer, from diagnosis until the end of life
- Includes issues related to the ability to get health care and follow-up treatment, late effects of treatment, second cancers, and quality of life

4 Major Areas of Cancer Survivorship

- Surveillance , screening and prevention of recurrence and new cancers
- Identification and management of late and long-term effects
- Recommendation and promotion of improvements of modifiable health behaviors
- Coordination of care (provider-provider and patient-provider) to ensure that patient health needs are met

Survivorship



Salish Integrative Survivorship Program



- Survivorship medical care plan
- Native drumming and Meditation daily
- Native spiritual healing
- Acupuncture
- Naturopathy
- Nutrition education
- Tai Chi/Qi Gong classes
- Massage, counseling, on-line classes, native healing practices program all in development

Salish Initiative : Research

- 4 main areas : medical oncology, integrative medicine, cannabis, and Native American
- Participate in community based research networks
- Program development in the 4 major areas

Research

- Current Collaboration** with Bastyr/Mayo Clinic/Arizona State University
 - The Canadian/US Integrative Oncology Study (The CUSIOS study)
 - Clinical Trial of Yoga in Myeloproliferative Neoplasms
 - Clinical Trial of Tai Chi in Multiple Myeloma during Autologous SC Transplant
- Goals:**
 - To advance integrative medicine and build evidence-base for integrative therapies
 - Develop research questions and collaborative partners with native focus
 - Build research infrastructure: research nurse, statistical support, etc

-If interested in collaborating on native specific or integrative research email kristina.gowin@salishcancercenter.com



Conclusions:

- Native cancer specific mortality is high
- Native cancer patients have many unique needs and risk factors
- The Integrative model of care offers a whole person system of healing that may address the unique needs of native cancer patients
- Salish Cancer Center is the first tribally owned integrative cancer clinic in the U.S. offering high level evidence-based medicine in combination with integrative services such as native healing.

Contact Information

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THANK YOU!
Questions?



The Puyallup Tribe's Integrative Approach to Healing

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