

Integrative Oncology in Latin America

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Purpose

Integrative oncology (IO) has been evolving in Canada and US for at least thirty years. Currently, most comprehensive cancer centers and academic oncology centers offer complementary and alternative medicine (CAM) therapies. European countries have also been integrating CAM into oncology care. However, little is known about IO in Latin America. To survey the state of IO in Latin America and identify needs specific to that cultural and medical environment, we explored the literature to identify related research and clinical programs in Latin America.

Method

We performed a general literature search combining the following key terms: “CAM,” “non-conventional,” “unconventional,” “complementary therapies,” “complementary medicine,” “integrative,” along with the terms “cancer” or “oncology.” To these we added the terms “South America,” “Latin America,” “Central America” or specific countries from tin America (such as “Argentina,” “Brazil,” “Peru,” “Mexico,” etc.). Searches were performed using both Medline and SciELO (Scientific Electronic Library Online), which includes full text digital libraries of journal collections in Spanish and Portuguese from Brazil and other countries in Latin America.

Results

Six articles were found. While the combination of terms “complementary therapies and oncology” yielded 394 relevant results in Medline, adding the term “Latin America” or “South America” yielded no results. When the individual names of countries were added to “complementary therapies” and “oncology” the only results appeared in combination with “Mexico” and “Brazil.” Of the two articles from Mexico, one described a survey of CAM use in cancer patients from a medical oncology facility in Mexico City while the other compared 5-year melanoma survival rates at a hospital in Tijuana with rates cited in medical literature. Of the three articles from Brazil, one was as a survey of CAM use in low-income cancer patients at a public hospital, the second was a survey of Brazilian oncologists’ attitudes towards CAM, and the third described a study of the relationship between CAM use and QOL in cancer patients at an academic oncology center.

In ScieLO only the combination of terms “cancer” and “complementary therapies” yielded one relevant article, which described the results of a survey of CAM in cancer patients recruited from four public city hospitals in Buenos Aires.

Conclusion

Integrative oncology is an emerging phenomenon in Latin America. However, related research and clinical programs are still rare. Health disparities are rampant and low-income populations have little access to supportive cancer care. Because of societal differences in health care labor costs, CAM interventions can be delivered much more economically in LA countries. Thus, interventions such as massage, mind/body therapies and acupuncture constitute low-cost services that might be incorporated as

standard of care to reduce disparities in supportive oncology care.

There is a need for increasing awareness within the Latin American medical community about the feasibility of incorporating evidence-based CAM interventions in supportive cancer care. Training professionals in the use of these interventions is as crucial as developing integrative oncology clinical and research programs that respond to the financial and cultural realities of the developing world.

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