Letter to the Editor

Disease Free Survival in Breast Cancer Patients Who Receive Naturopathic Oncology Care

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Submitted September 10, 2021; revised September 27, 2021; accepted October 21, 2021

To the editor:

In a recent editorial, 1 Block discussed our finding that women who received naturopathic oncology care in addition to usual care experienced higher rates of recurrence compared to women in the usual care cohort. 2 What explains these surprising results?

While more women in the naturopathic oncology cohort declined some aspects of adjuvant therapy including chemotherapy, radiotherapy, and hormone therapy those who did decline did not experience higher rates of recurrence. We found that the stage 3 women in the naturopathic oncology cohort had more advanced disease at diagnosis. They were more likely to have regional lymphatic disease (≥5 regional metastatic lymph nodes) at baseline (18.5%) compared to their usual care matches (13%). Women in the naturopathic oncology group also had high grade tumors at diagnosis. More advanced disease in the naturopathic oncology cohort was why we observed more recurrences in the naturopathic oncology cohort.

However, another risk factor for breast cancer recurrence after primary treatment is depression and anxiety, which has been reported in multiple studies to be higher in breast cancer patients who seek complementary and alternative medicine. Depression and anxiety are risk factors for breast cancer recurrence and death. 3 Our research group reported poorer baseline health-related quality of life in this naturopathic oncology cohort compared to their usual care matches. 4 However, poor baseline QOL was not associated with recurrence. Even though we reported that, at the 6-month follow-up, the naturopathic oncology patients reported significantly higher QOL compared to the usual care patients, we have no data regarding mental health following that 6 month assessment.

These data come together to suggest several important ideas. Recurrence in our naturopathic oncology cohort was not related to declining some aspects of adjuvant conventional therapy, including chemotherapy, radiotherapy, and hormone therapy. But rather, higher recurrence rates were related to more nodal disease involvement (5 or more positive lymph nodes) and possibly related to more depression/anxiety at baseline as well in the survivorship years following treatment. Together, these data support the idea that breast cancer clinicians should attend to our patients’ mental health after completion of primary treatment for breast cancer. The message here is that women with 5 plus positive lymph nodes are at risk for recurrence and, perhaps as important as radiotherapy or chemotherapy, we must, in order to prevent recurrence of breast cancer, diagnose, and treat depression and anxiety, both of which are common comorbidities among breast cancer patients.

This was why we started the Seattle-based Advanced Integrative Medical Science (AIMS) Institute in 2018—in order to offer psychedelic-assisted psychotherapy to our cancer patients to help them not just to survive, but to thrive and free themselves of chronic depression and anxiety. Psychedelic therapy may be an effective and efficient in addressing childhood trauma that is linked to cancer risk, especially in women, as well as addressing the trauma of cancer diagnosis and cancer treatment. By collecting prospective longitudinal outcomes data, we at the AIMS Institute, are exploring the hypothesis that psychedelic therapy in the post-primary treatment setting may improve disease free survival in high-risk stage 3 cancer patients. An exciting new horizon lies in the use of psychedelic-assisted psychotherapy in the treatment of cancer patients.

Declaration of Conflicting Interests

The author declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author received no financial support for the research, authorship, and/or publication of this article.

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