

Qigong & Acupressure for Wellness in Cancer Survivorship





Cancer Prevention Program

Moving Beyond Cancer to Wellness June 7, 2025







Qigong History & Introduction

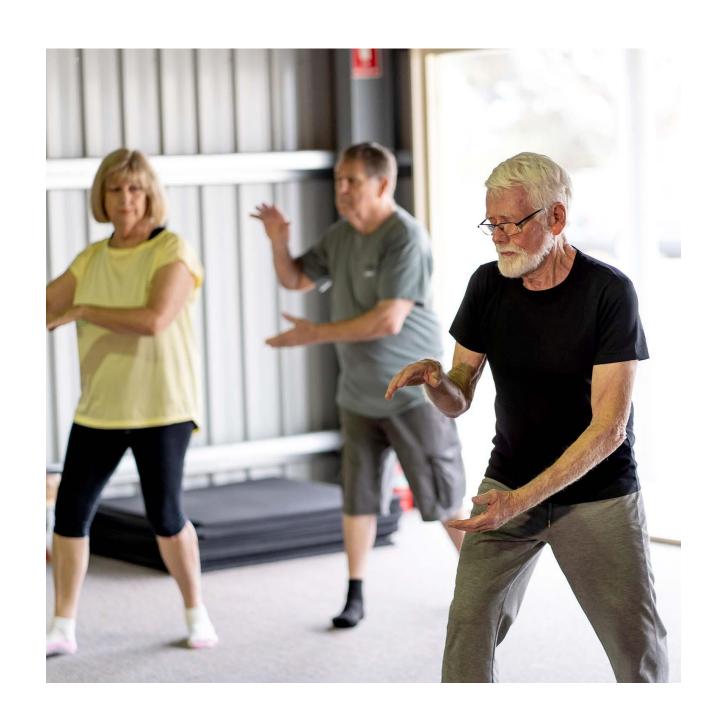
Qigong Activity

Acupressure Introduction

Acupressure Activity

What is Qigong?

- 'Qi' (life force) + 'Gong' (work) = 'Qigong' practice of cultivating life force
- Promotion of healthy and balanced flow of qi through movement, breath work, and sound
- Benefits across many conditions and for various symptoms
- Precautions:
 - -Can be performed seated or standing
 - -Move only within comfortable range
 - –Sit if you get dizzy



SIO Clinical Practice Guidelines

General Integrative Medicine

Integrative Oncology Practice Guidelines

SOCIETY FOR INTEGRATIVE ONCOLOGY

Evidence-Based Clinical Practice Guidelines for Integrative Oncology: Complementary Therapies and Botanicals

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Jvothirmai Gubili, MS, Men

ientific evaluation, dismation, and appropriate ry therapies (<http:// Practice Guidelines

listed below and by the E for Integrative Oncolog uidelines are a work ir

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Key words: cancer, oncology, complementary and alternative medicine (CAM), complementary therapies, integrative medicine

he Society for Integrative Oncology (SIO) is an interna-evaluation, dissemination of evidence-based information, and

appropriate clinical integration of complementary therapies. Practice guidelines have been developed by the authors and endorsed by the Executive Committee of the SIO. Guidelines are a work in progress; they will be updated as needed and are available on the SIO Web site (http://www.

Financial disclosure of authors and reviewers: None reported

Executive Summary

In recent years, the term integrative medicine has gained accept tance in medical academia. The Consortium of Academi Health Centers for Integrative Medicine defines this term a "the practice of medicine that reaffirms the importance o

Breast Cancer

Clinical Practice Guidelines on the Use of Integrative Therapies as Supportive Care in Patients Treated for Breast Cancer

Heather Greenlee, Lynda G. Balneaves, Linda E. Carlson, Mis Matthew Mumber, Jane Perlmutter, Dugald Seely, Ananda Se Society for Integrative Oncology Guidelines Working Group Correspondence to: Heather Greenlee, ND, PhD, MPH, Department of Eg Street, 7th Floor, NewYork, NY 10032 (e-mail: hg2120@columbia.edu).

Clinical Practice Guidelines on the Evidence-Based Use of Integrative Therapies During and After Breast Cancer Treatment

Matthew Mumber, MD¹⁰;

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rom the Society for Integra-

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use of integrative therapies.

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Tripathy, MD¹⁶

JOURNAL OF CLINICAL ONCOLOGY

ASCO SPECIAL ARTICLE

Integrative Therapies During and After Breast Cancer Treatment: ASCO Endorsement of the SIO Clinical Practice Guideline

Gary H. Lyman, Heather Greenlee, Kari Bohlke, Ting Bao, Angela M. DeMichele, Gary E. Deng, Judith M. Fouladbakhsh, Brigitte Gil, Dawn L. Hershman, Sami Mansfield, Dawn M. Mussallem, Karen M. Mustian, Erin Price, Susan Rafte, and Lorenzo Cohen

The Society for Integrative Oncology (SIO) produced an evidence-based guideline on use of integrative therapies during and after breast cancer treatment that was determined to be relevant to the American Society of Clinical Oncology (ASCO) membership. ASCO considered the guideline for endorsement

The SIO guideline addressed the use of integrative therapies for the management of symptoms and adverse effects, such as anxiety and stress, mood disorders, fatigue, quality of life, chemotherapy induced nausea and vomiting, lymphedema, chemotherapy-induced peripheral neuropathy, pair and sleep disturbance. Interventions of interest included mind and body practices, natural products and lifestyle modifications. SIO systematic reviews focused on randomized controlled trials tha were published from 1990 through 2015. The SIO guideline was reviewed by ASCO content experts for clinical accuracy and by ASCO methodologists for developmental rigor. On favorable review, an ASCO Expert Panel was convened to review the guideline contents and recommendations.

Pain

Integrative Medicine for Pain Management in Oncology: Society for Integrative Oncology—ASCO Guideline

Jun J. Mao, MD, MSCE¹; Nofisat Ismaila, MD, MSc²; Ting Bao, MD¹; Debra Barton, PhD³; Eran Ben-Arye, MD⁴; Eric L. Garland, PhD Heather Greenlee, ND, PhD⁹; Thomas Leblanc, MD⁷; Richard T. Lee, MD⁸; Ana Maria Lopez, MD⁹; Charles Loprinzi, MD¹⁰; Gary H. Lyman, MD, MPH6; Jodi MacLeod, BA11; Viraj A. Master, MD, PhD12; Kavitha Ramchandran, MD13; Lynne I. Wagner, PhD1 or M. Walker, MD15; Deborah Watkins Bruner, PhD12; Claudia M. Witt, MD, MBA16; and Eduardo Bruera, MD

PURPOSE The aim of this joint guideline is to provide evidence-based recommendations to practicing physicial and other health care providers on integrative approaches to managing pain in patients with cancer

medical oncology, radiation oncology, surgical oncology, palliative oncology, social sciences, mind-body medicine, nursing, and patient advocacy representatives. The literature search included systematic reviews meta-analyses, and randomized controlled trials published from 1990 through 2021. Outcomes of interest included pain intensity, symptom relief, and adverse events. Expert panel members used this evidence informal consensus to develop evidence-based guideline recommendations

culoskeletal pain. Hypnosis may be recommended to patients who experience procedural pain. Massage may b recommended to patients experiencing pain during palliative or hospice care. These recommendations are based on an intermediate level of evidence, benefit outweighing risk, and with moderate strength of recommendation The quality of evidence for other mind-body interventions or natural products for pain is either low or inconclusiv There is insufficient or inconclusive evidence to make recommendations for pediatric patients. More research is needed to better characterize the role of integrative medicine interventions in the care of patients with cancel

Additional information is available at https://integrativeonc.org/practice-guidelines/guidelines and www.as

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Anxiety and Depression

Integrative Oncology Care of Symptoms of Anxiety and Depression in Adults With Cancer: Society for Integrative

Linda E. Carlson, RPsych, PhD1 👩 ; Nofisat Ismaila, MD2; Elizabeth L. Addington, PhD3; Gary N. Asher, MD, MPH4 👩 ; Chloe Atreya, MD, PhD5 👩 ;

OL https://doi.org/10.1200/JCO.23.00857

PURPOSE To provide evidence-based recommendations to health care providers on integrative approaches to managing anxiety and depression symptoms in

integrative oncology, medical oncology, radiation oncology, surgical oninformal consensus with the Guidelines into Decision Support methodology to develop evidence-based guideline recommendations.

(MBIs), yoga, relaxation, music therapy, reflexology, and aromatherapy (using inhalation) for treating symptoms of anxiety during active treatment; and MBIs, yoga, acupuncture, tai chi and/or qigong, and reflexology for treating anxiety symptoms after cancer treatment. For depression symptoms, MBIs, yoga, music therapy, relaxation, and reflexology were recommended during treatment, and MBIs, yoga, and tai chi and/or qigong

DISCUSSION Issues of patient-health care provider communication, health disparities, comorbid medical conditions, cost implications, guideline implementation, provider training and credentialing, and quality assurance of natural health products are discussed. While several approaches such as MBIs and yoga appear effective, limitations of the evidence base including assessment of risk of bias, nonstandardization of therapies, lack of diversity in study samples, and lack of active control conditions as well as future research

adults living with cancer.

$\textbf{METHODS} \quad \text{The Society for Integrative Oncology and ASCO convened an expert panel of} \quad$

were recommended post-treatment.

Additional information is available at www.asco.org/survivorship-guideline

METHODS The Society for Integrative Oncology and ASCO convened an expert panel of integrative oncolog

RESULTS The literature search identified 227 relevant studies to inform the evidence base for this guidelin RECOMMENDATIONS Among adult patients, acupuncture should be recommended for aromatase inhibitor–related ioint pain. Acupuncture or reflexology or acupressure may be recommended for general cancer pain or mu-

Oncology-ASCO Guideline

Lynda G. Balneaves, RN, PhD⁶ (a); Joke Bradt, MT-BC, PhD⁷; Nina Fuller-Shavel, MB BChir, MA⁸ (b); Joseph Goodman, MD⁹; Caroline J. Hoffman, OAM, RN, BSW, PhD¹⁰ (b); Alissa Huston, MD¹¹; Ashwin Mehta, MD¹²; Channing J. Paller, MD¹³; Kimberly Richardson, MA¹ Dugald Seely, ND, MSc15,16 📵; Chelsea J. Siwik, PhD17; Jennifer S. Temel, MD18 📵; and Julia H. Rowland, PhD19 📵

cology, palliative oncology, social sciences, mind-body medicine, nursing, methodology, and patient advocacy representatives. The literature search included systematic reviews, meta-analyses, and randomized controlled trials published from 1990 through 2023. Outcomes of interest included anxiety or depression symptoms as measured by validated psychometric tools, and adverse events. Expert panel members used this evidence and

RESULTS The literature search identified 110 relevant studies (30 systematic reviews and 80 randomized controlled trials) to inform the evidence base for this

RECOMMENDATIONS Recommendations were made for mindfulness-based interventions

directions are discussed.

ABSTRACT Clinical Practice Guideline Co Approved: March 8, 2018. ditor's note: This American Society of nical Oncology (ASCO) Clinical Practic uideline provides recommendations, vith comprehensive review and analyse cluding a Data Supplement with upplement, slide sets, clinical tools and

Lung Cancer

DIAGNOSIS AND MANAGEMENT OF

Complementary Therapies and Integrative Oncology in Lung Can

ACCP Evidence-Based Clinical Practice Gu (2nd Edition)

Barrie R. Cassileth, PhD, FCCP; Gary E. Deng, MD, PhD; Jorge E. Gomez, MD; Peter A. S. Johnstone, MD; Nagi Kuman

Background: This chapter aims to differentiate between "alternative" therap falsely as viable options to mainstream lung cancer treatment, and comple adjunctive, effective techniques that treat symptoms associated with cancer treatment, and to describe the evidence base for use of complementary there Methods and design: A multidisciplinary panel of experts in oncology and in evaluated the evidence for complementary (not alternative) therapies in the ca lung cancer. Because few complementary modalities are geared to patients ung cancer. Because rew complementary modalities are geared to patients cancer diagnosis, symptom-control research conducted with other groups of p was also included. Data on complementary therapies such as acupuncture, mind-body therapies, herbs and other botanicals, and exercise were evaluat tions were based on the strength of evidence and the risk-to-benefit ratio. Results: Patients with lung and other poor-outlook cancers are particularly vu promoted claims for unproved or disproved "alternatives." Inquiring about pa therapies should be routine because these practices may be harmful and co treatment. Mind-body modalities and massage therapy can reduce anxiety, mod chronic pain. Acupuncture assists the control of pain and other side effects and he pain medication required. Trials of acupuncture for chemotherapy-induced neur racotomy pain show promising results. Herbal products and other dietary supprevaluated for side effects and potential interactions with chemotherapy and othe Conclusions: Complementary therapies have an increasingly important role symptoms associated with cancer and cancer treatment.

(CHEST 20)

Key words: acupuncture; botanicals; cancer; complementary and alternative medicine; compleherbs; integrative medicine; massage therapy; mind-body therapies; music therapy; oncology

Complementary Therapies and Int Oncology in Lung Cancer: ACCP Ev **Based Clinical Practice Guidelines** Edition)

ssileth Barrie R. PhD, FCCP ° 🝳 🖂 , Deng Gary E. MD, PhD °, Gomez Jo hnstone Peter A.S. MD ^b, <u>Kumar Nagi PhD ^c, Vickers Andrew J. PhD</u> ^a

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mainstream treatment, and to describe the evidence base for use of

CHEST

Supplement DIAGNOSIS AND MANAGEMENT OF LUNG CANCER, 3RD ED: ACCP GUIDELINES

Complementary Therapies and Integrative

Medicine in Lung Cancer Diagnosis and Management of Lung Cancer, 3rd ed: American College of Chest Physicians

Evidence-Based Clinical Practice Guidelines

Cary E. Deng, MD, PhD; Sarah M. Rausch, PhD; Lee W. Jones, PhD; nitabh Gulati, MD; Nagi B. Kumar, PhD, RD; Heather Greenlee, ND, PhD;

Background: Physicians are often asked about complementary therapies by patients with cancer, and data show that the interest in and use of these therapies among patients with cancer is common. Therefore, it is important to assess the current evidence base on the benefits and risks of complementary therapies (modalities not historically used in modern Western medicine). Methods: A systematic literature review was carried out and recommendations were made accord ing to the American College of Chest Physicians Evidence-Based Clinical Practice Guidelines Results: A large number of randomized controlled trials, systematic reviews, and meta-analyses

As well as a number of randomized controlled trials, systematic reviews, and meta-analyses, as well as a number of prospective cohort studies, met the predetermined inclusion criteria. These trials addressed many different issues pertaining to patients with lung cancer, such as symptoms of anxiety, mood disturbance, pain, quality of life, and treatment-related side effects. The available data cover a variety of interventions, including acupuncture, nutrition, mind-body therapies, exercise, and massage. The body of evidence supports a series of recommendations. An evidenced-based approach to modern cancer care should integrate complementary therapies with standard cancer therapies such as surgery, radiation, chemotherapy, and best supportive

Conclusions: Several complementary therapy modalities can be helpful in improving the overall

M. Catherine Pietanza, MD; and Barrie R. Cassileth, PhD, FCCP

Published August 15, 2023

Data Supplem

March 9, 2023 ASCO Evidence Based Medicin nittee approval: March 31

Clinical Practice Guideline

Committee approval:

J Clin Oncol 00:1-30





MANAGEMENT OF FATIGUE IN **ADULT SURVIVORS OF CANCER**

During Active Treatment

After Active Treatment

Post-Treatment

Recommended Interventions:

- Exercise (aerobic, resistance, or a combination)
- Cognitive behavioral therapy with or without hypnosis
- Mindfulness based programs (MBSR, MBCT)
- Tai chi or qigong
- Psychoeducation
- American ginseng (Panax quinquefolius)

- Exercise (aerobic, resistance, or a combination)
- Cognitive behavioral therapy
- · Mindfulness-based programs (MBSR, MBCT, MAPs)
- Yoga
- Acupressure
- Moxibustion

- Cognitive behavioral therapy
- Corticosteroids

Interventions Clinicians Should NOT Recommend:

- Wakefulness agents
- Psychostimulants
- L-carnitine
- Antidepressants

- Wakefulness agents
- Psychostimulants

- Wakefulness agents
- **Psychostimulants**

Bower et al J Clin Oncol 2024 asco.org/survivorship-guidelines

Abbreviations. MAPs, mindful awareness practices; MBCT, mindfulness-based cognitive therapy; MBSR, mindfulness-based stress reduction

Note. Evidence quality and strength of recommendations are available in the guideline publication.



INTEGRATIVE ONCOLOGY CARE OF SYMPTOMS OF ANXIETY AND DEPRESSION IN ADULT PATIENTS WITH CANCER

GUIDELINE AT-A-GLANCE RECOMMENDED INTERVENTIONS

Anxiety

During Active Treatment

- Mindfulness-based interventions
- Yoga
- Hypnosis
- Relaxation therapy
- Music therapy or musicbased interventions
- Reflexology
- · Lavender essential oil inhalation

Post-Treatment

- Mindfulness-based interventions
- Yoga
- Acupuncture
- Tai chi and/or qigong
- Reflexology

Depression

During Active Treatment

- Mindfulness-based interventions
- Yoga
- Relaxation therapy
- Music therapy or musicbased interventions
- Reflexology

Post-Treatment

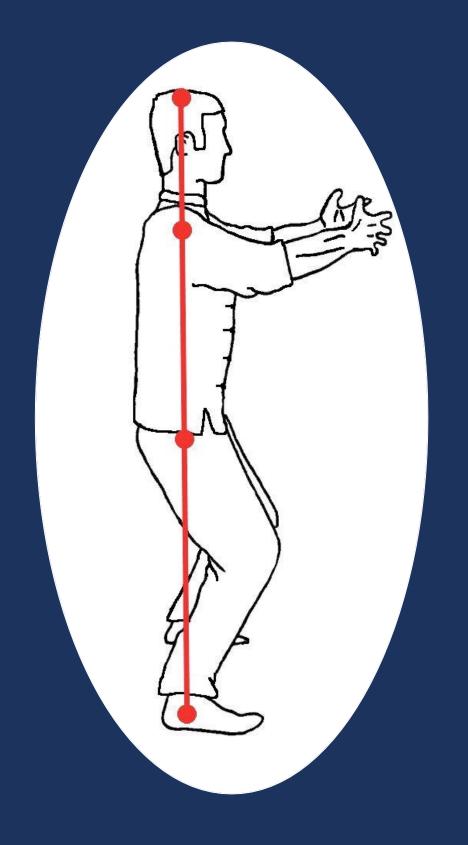
- Mindfulness-based interventions
- Yoga
- Tai chi and/or qigong

Carlson et al J Clin Oncol 2023 asco.org/survivorship-guidelines

Note. Evidence quality and strength of recommendations are available in the guideline publication.

Qigong Activity

- 1. Shaking
- 2. Transitions
- 3. Moving the *Qi* in Ball Horse Stance



What is Acupressure?

- Traditional East Asian Medicine practice that stimulates acupuncture points using hands and fingers instead of needles
- Acupuncture points are found along pathways known as channels and form a network that connects the whole body
- Stimulating specific points at specific locations can effect changes within the body and relieve various symptoms
- Acupressure can be performed at any time, especially when you are experiencing symptoms such as nausea, anxiety, stress, fatigue, or pain

General Guidelines for Acupressure

- Use fingertips to apply firm pressure, but do not press so hard that it hurts.
- Press and hold or make circular, constant, or pulsing motions on the point for 3 to 5 minutes, two or more times per day.
- Apply acupressure as often as needed for symptoms relief.
- Do not use acupressure on areas with open cuts, bruises, wounds, rashes, or medical devices
- Do not use acupressure on areas with tumors or metastases

What can I expect?

- You may feel soreness, achiness, warmth or tingling when you stimulate an acupressure point, but not sharp pain.
- The amount of pressure to apply to each point depends on the individual.
- If you feel sharp pain decrease the amount of pressure you apply.

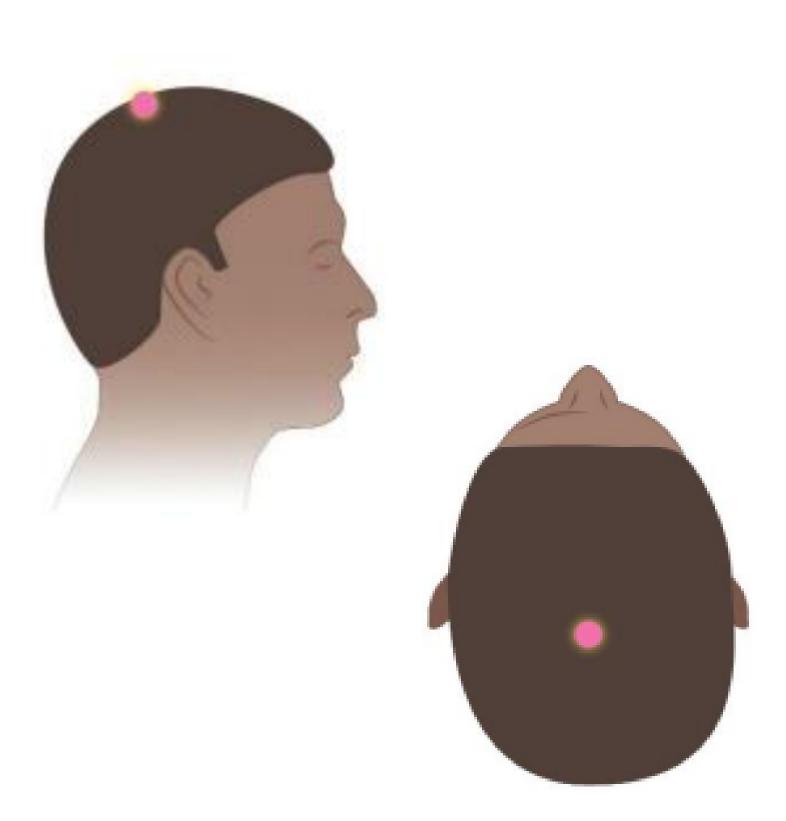
Governing Vessel 20 (GV20), Bai Hui, Hundred Convergences

Location:

On the midline on the head, approximately on a line connecting the top of the two ears.

Actions/Indications:

- Supports mental well-being
- Relieves headaches and dizziness
- Improves memory
- Improves energy



Pericardium 6 (PC6), Nei Guan, Inner Gate

Location:

Between the two tendons on the inner forearm, three finger widths from the wrist crease.

Actions/Indications:

- Reduces nausea and vomiting
- Relieves anxiety and stress
- Pain relief
- Supports circulation



Large Intestine 4 (LI4), He Gu, Converging Valley

Location:

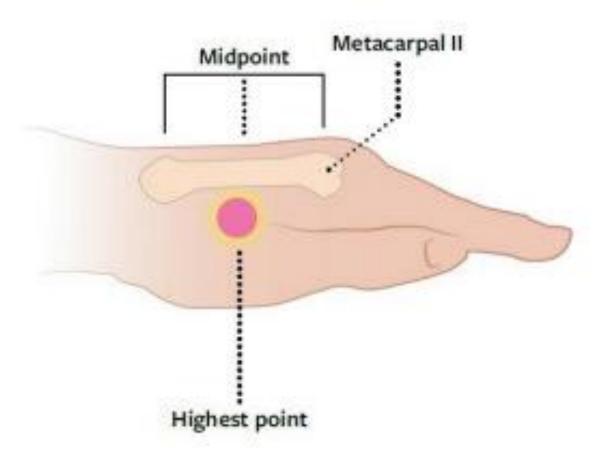
At the highpoint of the soft fleshy mound created when your thumb rests against your index finger

Actions/Indications:

- Pain relief, especially for headaches and facial/dental pain
- Anti-inflammatory
- Supports immune system
- Improves circulation

Caution: avoid stimulating this point during pregnancy as it can potentially induce labor





Stomach 36 (ST36) Zu San Li, Leg Three Miles

Location:

Four fingerbredths below the lower border of the kneecap, one thumb breadth *lateral* (to the outer side) to the tibia

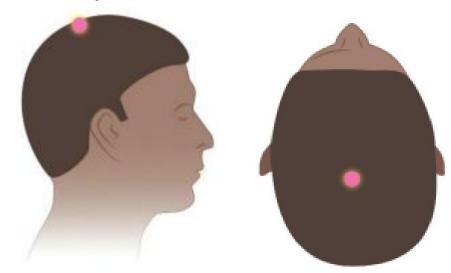
Actions/Indications:

- Regulates digestion
- Supports immune system
- Pain relief (local)
- Supports energy
- Anti-inflammatory

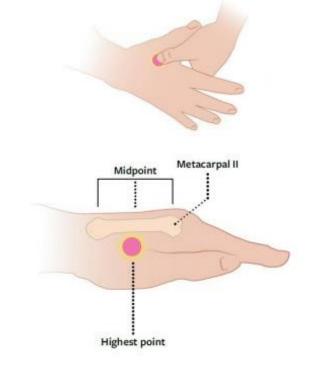


Acupressure Activity

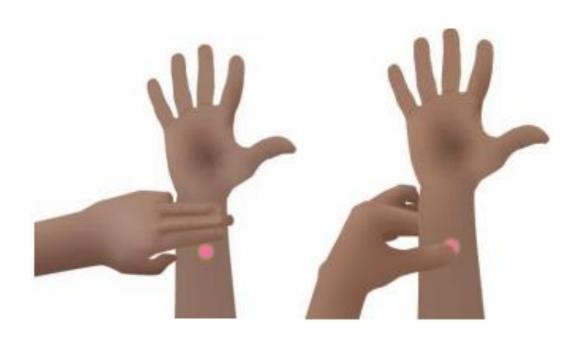
GV20: memory, energy, headaches, dizziness



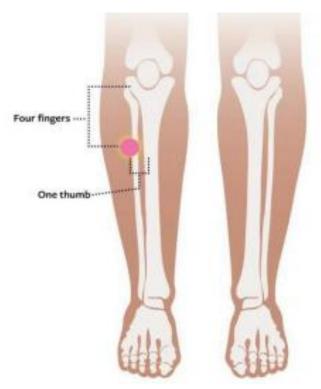
LI4: pain and headaches



PC6: nausea, vomiting, stress



ST36: digestion, pain, energy



Community Resources for Qigong



Free all-levels Tai Chi and Qi Gong classes online, Thursdays at 10am:

https://teamsurvivornw.org/class/taichi/





Tai Chi and Qi Gong classes held online, Thursdays at 12pm (July – August series):

https://us06web.zoom.us/meeting/register/Rw3avO3sSYmUKnhJ7ovbFA

Fred Hutch Resources

Acupuncture, Diet, and Nutrition



Free and easy to navigate materials!

https://www.fredhutch.org/en/education-training/patient-education.html





Thank you



