## The Role of Yoga in Cancer Care in the United States

Sue Tebb, PhD, MSW, C-IAYT Vice President, Board of Directors, International Association of Yoga Therapists

susan.tebb@slu.edu





"I'm one of those scientists that studies things that pretty much everyone already knows."

### Wisdom

Mere accumulation of knowledge is not enough. The more we take in, the more that data needs to be managed. Without that, you have encyclopedic knowledge and minuscule wisdom. True wisdom is a qualitative value built on a quantitative foundation.

One mixes knowledge with a healthy does of experience, experimentation, and contemplation. One might say the wisdom is not simply the mental process of research but the sum total of the whole being.

-Deng Ming-Dao, 365 Tao: Daily Meditations



## In the United States, there are NO best practices or educational standards for yoga in cancer care



### We Need . . .

- Evidence-based best practices for yoga in supportive cancer care
- Cancer-specific precautions and contraindications
- Standards in the education and training of yoga and yoga therapy professionals working in oncology



## Best Practices, Standards, & Education Are Essential

- 2024 Society for Integrative Oncology working group on best practices for yoga in cancer care
- Investigate yoga practices in the context of acute and longitudinal side-effects of cancer and its treatment
  - Evidence-based recommendations to guide practices for yoga in cancer care
  - Inform yoga and cancer teaching curricula and educational competencies
  - Provide public information about yoga and cancer for patients, survivors, families, and oncology/primary healthcare providers



### SIO + ASCO

### Yoga can MODERATELY be recommended for

### PAIN

Patients experiencing aromatase inhibitor (AI)–related joint pain in treatment for breast cancer Pain after treatment for head, neck, or breast cancer

### DEPRESSION

During active care and posttreatment for breast cancer

### ANXIETY

During active care and posttreatment for breast cancer



### **Common Yoga RCT Errors**

- X Yoga intervention details often lacking
- X All with yoga training regarded as competent to deliver cancer care yoga
- X Studies not registered on a national trial registry
- X Bias often introduced (e.g., no blinding, self-reported outcomes)
- X Data not used to establish sample size or data treatment
- X Attention not given to control group
- X No biostatistician on team



No.	THEME Subtheme	Item
1	TITLE	
1a	Succinctly describe the yoga intervention.	Include the word "yoga" in the publication title.
2	THEORY	
2a	Describe any rationale, theory, or goal of the elements essential to the yoga intervention.	Describe why the specific population was included in the study
3	ACTIVITIES	
3a	Describe the yoga practices or activities used in the intervention.	Describe the duration of yoga practices within yoga session (e.g. 20 minutes postures, 10 minutes breathing)
3b		Describe the type of yoga practices included (e.g. postures/asana, breathing/pranayama, meditation, relaxation)
4	EXPERTISE	
4a	Describe the expertise, background, and training of those providing the yoga intervention.	Describe the qualifications of the yoga instructor(s)
5	DELIVERY	
5a	Describe how the yoga intervention was delivered (e.g., class, video/audio) and whether it was provided individually or in a group.	Describe the teaching approach including: visual demonstration, verbal guidance, and/or hands on assistance.
6	DOSE	
6a	Describe the number of times the yoga intervention was delivered and over what period, including the	Describe the duration of each yoga session (in minutes)
6b	number of sessions, their schedule, and their duration and intensity.	Describe the duration of the yoga intervention (i.e. over 8 weeks)
6c		Describe the frequency of yoga sessions (e.g. twice weekly)
6d		Describe the number of yoga sessions
	HOME PRACTICE	
	Describe aspects of home practice if any.	Describe the duration and frequency of home practice (if any)
7b		Report whether yoga was available to participants during the follow up period (if relevant), and list any recommendations made for home practice dose.
7c		Describe if and how adherence to home practice was measured
8	PROTOCOL CHANGES	
8a		Describe any changes to the yoga protocol during the study
8b	please describe the changes.	Describe the rationale for changes to the yoga protocol during the study
9	PARTICIPANT ADHERENCE	
9a	If adherence to the yoga intervention was assessed, describe how and by whom, and what, if any strategies	
9b	were used to maintain or improve adherence.	Describe any strategies used to promote practice adherence.
10	INSTRUCTOR FIDELITY	
	Describe the extent to which the yoga intervention was delivered as planned.	Describe the assessment of protocol fidelity
10b		Describe the reasons for deviation from study plan
10c		Describe any differences between proposed program and actual program delivery
10d		Describe when protocol was modified.

### Yoga as a Lifestyle

Goal: sattva—state of inner peace/equanimity through the niyamas and yamas

- Healthy body: sleep habits, food, physical activity
- Focused mind, continued learning
- Calm heart, involvement with community
- Pursuit of truth and spiritual knowledge



Conscious: Thinking, Reasoning, Choices Subconscious: Beliefs, Attitudes, Emotions

S

0

MIND

Purpose Enlightenment

Connectedness

Nerves, Organs, Immune / Endocrine Systems, Bones

BODY

### Why Yoga Helps

- Takes us beyond thinkingNonverbal way to process
- Takes us into the breath, making us sensitive to our bodies
- Less focus on fixing oneself, more on healing
- More focus on the strengths we do have



### Yoga in Cancer Care

- Yoga professionals play a key role on integrative oncology teams
- A yoga lifestyle can modify risks and improve outcomes and quality of life
- Safety and injury-prevention strategies are urgently needed
- We must refer patients wisely  $\rightarrow$ 
  - The art and science of yoga beautifully come into play during an individual's cancer journey, maximizing benefit and minimizing harm

### Making Referrals for Yoga: Areas to Consider

- ✓ Stage of care on the cancer continuum
- ✓ Medical history (type of cancer and stage; comorbidities)
- ✓ Adverse treatment side-effects that may impact yoga practice
- ✓ Safety and contraindications
- $\checkmark$  Purpose and type of visit
- ✓ Obstacles to yoga (personal and institutional)
- Experience of yoga provider (scope of practice)

## Yoga has utility across the cancer care continuum

## HOWEVER...

## Safely Integrating Yoga into the Cancer Care Continuum

- Yoga can cause harm if treatment-induced changes in immune, neurological, and musculoskeletal functions and mental health conditions are not assessed and carefully considered by the yoga professional during **each** clinic or class encounter
- How do we wisely refer patients and survivors to maximize benefit and minimize harm?

### Integrating Yoga into Clinical Practice

#### Self-awareness of therapist

- Know what you're comfortable introducing
- Practice yourself the techniques you use
- Know when you need to refer
- You don't have to be an expert; recognize techniques as options for clients

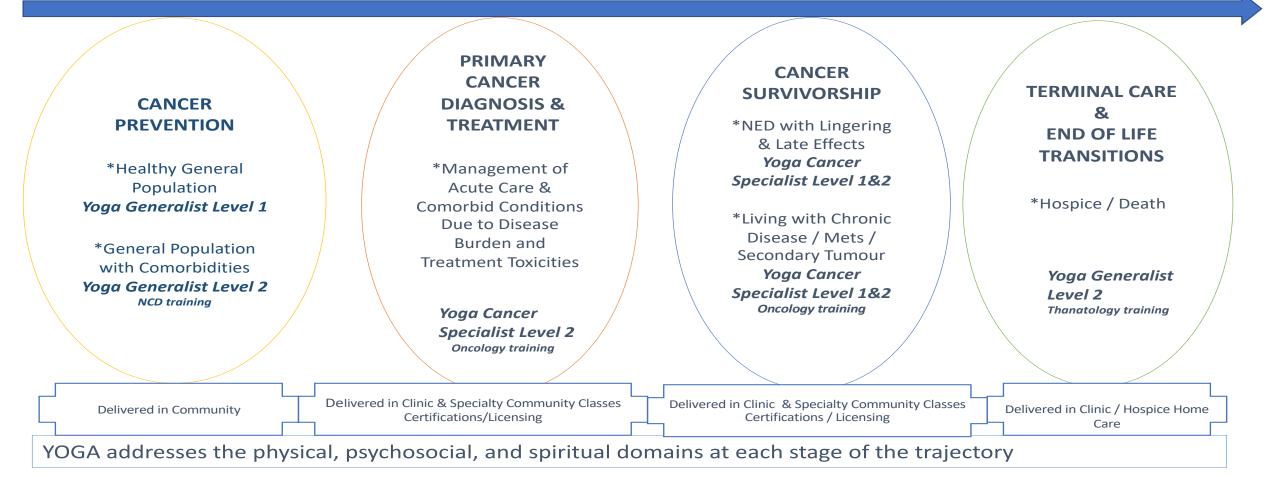
#### **Client readiness**

- Assess comfort level by mentioning techniques as effective therapeutic tools
- Offer suggestions; allow client to guide what techniques are used and when
- Progress gradually (e.g., yoga language, then breathing, then postures)
- Give choices

### Purpose/Type of Yoga Visit

- Prevention?
- Pre-habilitation or prophylaxis?
- Stress reduction, symptom management, exercise?
- Acute oncology intervention or community wellness class?
- Individual or group session?
- In-person or telehealth?
- Patient alone? Or with their caregiver (dyad session)?

### Yoga Across the Cancer Continuum



Leibel L, Pittman A (2023).

### **Stages of Care**

- PREVENTION: Healthy population or comorbidities
- DIAGNOSIS: Pre-habilitation and prophylaxis
- > TREATMENT: Acute care
- POSTTREATMENT (no evidence of disease): Lingering and late effects of treatment
- CHRONIC CANCER (maintenance): Lingering and late effects
- RECURRENCE: Acute care
- END OF LIFE: Hospice, death doula

### **Cancer Treatment Side-Effects**

Mind	Anxiety, depression, distress, fear of recurrence, PTSD, emotional pain, stress, financial toxicity, work and family/marital difficulties, cognitive dysfunction	
Body	Immune, surgical, amputations, reduced range of motion, lymphedema, axillary web syndrome/cording, hernia, PICC lines, menopause, chemotherapy-induced peripheral neuropathy, osteoporosis, pain, fatigue, sleep disorders/insomnia, nausea/vomiting, body image, sexual dysfunction, fertility, balance, hearing, cardiac, pulmonary, arthralgia, cachexia	
Spirit	Existential distress, purpose, meaning-making, community, quality of life	

Leigh Leibel, MSc, C-IAYT, Columbia University Medical Center (2023).

### **Barriers to Yoga in Cancer Care**

- Affordability
- Accessibility
- Awareness
- Inclusivity
- Cultural sensitivity



- Availability of evidence-based best practices in oncology yoga
- Misconceptions about yoga (religion, must be flexible)
- Practitioner ability to adapt practices for all abilities (training)

### Yoga Special-Interest Group: Supported by SIO & IAYT

- Acknowledge differences in scopes of practice and core competencies of yoga therapy/yoga therapist and yoga class/yoga teacher
- Illustrate yoga as an evidence-based model for person-centered cancer care
- Amplify the voices of underserved and underrepresented communities
- Recognize the diversity of yoga lineages while emphasizing safety, contraindications, and unique challenges
- Promote research demonstrating yoga's efficacy in clinic and community settings
- Provide an overview of evidence-based yoga interventions that support pharmaceutical and behavioral interventions
- Become a resource for researchers, patients, and caregivers

### References

Carlson LE, Ismaila N, Addington EL, et al. Integrative oncology care of symptoms of anxiety and depression in adults with cancer: Society for Integrative Oncology–ASCO guideline. J Clin Oncol. 2023;41(28):4562-1.

Greenlee H, DuPont-Reyes MJ, Balneaves LG, et al. Clinical practice guidelines on the evidence-based use of integrative therapies during and after breast cancer treatment. CA: Cancer J Clin. 2017;6:194-232.

Leibel L, Pittman, A. Yoga therapy across the cancer care continuum. London: Handspring; 2023.

Lyman, GH, Greenlee H, Bohlke K, et al. Integrative therapies during and after breast cancer treatment: ASCO endorsement of the SIO clinical practice guideline. J Clin Oncol. 2018;36(25):2647-55.

Mao JJ, Ismaila N, Bao T, et al. Integrative medicine for pain management in oncology: Society for Integrative Oncology–ASCO guideline. J Clin Oncol. 2022;40(34), 3998-4024.

Moonaz S, Nault D, Cramer H, Ward, L. CLARIFY 2021: Explanation and elaboration of the Delphi-based guidelines for the reporting of yoga research. BMJ Open. 2021;11(8):e045812.

Moonaz S, Nault D, Cramer H, Ward L. Releasing CLARIFY: A new guideline for improving yoga research transparency and usefulness. J Altern Complement Med. 2021;27(10):807-9.

Niwan M. Common errors while working on yoga intervention randomized controlled trials. Yoga Mimamsa. 2022;54:147-9.

Ward L, Nault D, Cramer H, Moonaz S. Development of the CLARIFY (CheckList stAndardising the Reporting of Interventions For Yoga) guidelines: A Delphi study. BMJ Open. 2022;12(1):e054585.

### **Additional Resources**

- IAYT: <u>www.iayt.org</u>
- SIO: <u>www.integrativeonc.org</u>
- United Kingdom: <u>www.cancerresearchuk.org</u>
- M.D. Anderson Cancer Center: <u>www.mdanderson.org</u>
- U.S. National Cancer Institute: <u>www.cancer.gov</u>
- U.S. National Center for Complementary & Integrative Health: <u>https://nccih.nih.gov/video/yoga</u>
- Oncio: <u>www.oncio.org/blog/what-is-yoga-and-yoga-therapy</u>
- Integrative Oncology Working Group: <u>www.iowg.org</u>



### **Special Thanks**

# Leigh Leibel, MSc, C-IAYT Columbia University Medical Center LL3125@cumc.columbia.edu

