

KEEP IT SACRED



National Native Network
Native Cancer Wellness



Native Cancer Wellness

Eiko Klimant, MD, FACP
Medical Director
Salish Cancer Center

Prior to joining Salish Cancer Center, Dr. Klimant was appointed as the Director of Integrative Oncology at Cancer Treatment Centers of America in Philadelphia, PA. He has also served as Medical Director and later as Chairman, of the Department of Oncology/Hematology at the Marshfield Clinic in Weston/Wausau, Wisconsin. At Marshfield Clinic, Dr. Klimant was a coinvestigator in multiple oncology clinical research trials. He was also a member of the IRB for some time. In addition, Dr. Klimant was a member of the faculty at the University of Wisconsin.

At Salish Cancer Center, Dr. Klimant works within a multidisciplinary team to provide patient-centered cancer care.

“The integrative care model puts the patient at the center. Patients’ needs are addressed on multiple levels, including innovative scientific cancer treatment, spiritual and psychological support, naturopathic medicine, and an individualized nutritional program,” he says.



Native Cancer Wellness

Kristina Gowin
Salish Cancer Center

2016, Mayo Clinic Arizona, DO, Hematology Oncology
2012, University of Southern California, Internal Medicine
2009, Chicago College of Osteopathic Medicine, Osteopathic Medicine

Dr. Gowin graduated from Chicago College of Osteopathic Medicine in 2009, where she received a merit scholarship and recognition from the American Women's Medical Association for outstanding academic achievement. She completed her internal medicine residency at University of Southern California, where she was dedicated to serving the underserved of Los Angeles County. She then received her hematology and medical oncology training at Mayo Clinic in Arizona where she delivered state of the art cancer therapy to patients within a multidisciplinary team.

With several peer reviewed publications and research protocols, Dr. Gowin is a dedicated researcher with ongoing clinical trials in Yoga, Tai Chi, and novel therapeutic combinations in a type of chronic leukemia, myeloproliferative neoplasms. She is regarded as a national expert in the field of myeloproliferative disease, but provides care for the spectrum of hematology and oncology patients. She maintains active academic research and mentoring positions within Mayo Clinic Arizona and Arizona State University.

Dr. Gowin is passionate about integrative medicine and is committed to supporting patients through their journey. In 2015, she accepted the first of an inaugural award entitled the "Emerging Leader of the Year" from CancerCare for her work supporting patients and caregivers of patients afflicted with myeloproliferative neoplasms. She began specialized training in integrative medicine in 2015 at Andrew Weil's Fellowship Program within the University of Arizona.

"The future of oncology is integrative oncology," says Dr. Gowin. "A philosophy employing evidence-based modern oncology in conjunction with the best of alternative and complementary therapies. I am passionate about research and education to move the field forward and I am convinced that this wellness-based approach will lead to better disease outcomes and happier, healthier patients overall."



Native Cancer Wellness

Roberta Basch
Native Outreach Coordinator
Salish Cancer Center

2011, The Evergreen State College, B.A., Native Healing Practices
1996, University of Washington, M.A., Public Administration
1994, University of Washington, B.A., Business Administration

Roberta Basch is a Puyallup Tribal Member with close familiar ties to the Skokomish, Yakama, Kootenai-Cree and Coeur d' Alene Indian Tribes.

In addition to being taken under the wings of Northwest Native cultural carriers, Roberta also learned from the Huichol Indians of the Sierra Madres of Mexico who in their language are Viaricha, healers. She's also earned a B.A. degree in Native Healing Practices, and has a B.A. in Business Administration, and a M.A. in Public Administration. At Salish Cancer Center she provides a soft-culturally sensitive-landing for Native patients, and coordinates traditional healing services for all patients seeking cancer care at Salish Cancer Center.

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This activity is designated 1.0 contact hour for nurses.

CE Evaluation and Certificate

- Continuing Education guidelines require that the attendance of all who participate be properly documented.
- To obtain a certificate of continuing education, you must be registered for the course, participate in the webinar in its entirety and submit a completed post-webinar survey.
- The post-webinar survey will be emailed to you after the completion of the course.
- Certificates will be mailed to participants within four weeks by the Indian Health Service Clinical Support Center.

Learning Objectives

By the end of this webinar, participants will be able to:

1. Identify the unique challenges of the Native American cancer patient population
2. Examine the integrative model of oncology care
3. Recognize the benefits of combining traditional healing services in the care of Native American cancer patients.



National Native Network Webinar Series:

Native Cancer Wellness

- ▶ Dr. Eiko Klimant, MD, ABHIM, FACP, Medical Oncologist, Medical Director
- ▶ Dr. Kristina Gowin, DO, Integrative Medical Oncologist
- ▶ Roberta Basch, MPA, Native American Outreach Coordinator






Disclosures

- No Conflicts of Interest to Disclose
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Objectives

- ▶ Identify the unique challenges of the Native American cancer patient population.
 - ▶ Examine the integrative model of oncology care.
 - ▶ Recognize the benefits of combining traditional healing services in the care of Native American cancer patients.
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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	63.3	43.4	1.5
Lung	52.3	63.5	0.8
Pancreas	17.4	14.4	1.2
Prostate	63.9	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)	13.0	3.6	3.6

Source: CDC, 2015. Health United States, 2014. Table 40.
<http://www.cdc.gov/nchs/data/hus/hus14.pdf>

Higher Native Cancer Mortality

Cancer Sites	AI/AN MIR (95% CI)	White MIR (95% CI)	AI/AN:White Ratio ^a
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

Barriers to Prevention and Care

- Lack of awareness of cancer risks
- Lack of awareness of screening options
- Distrust of medical systems and research
- Fear of screening tests or results
- Health beliefs that may conflict with prevention practices
- Geographical barriers to prevention and specialty services
- Financial burden



American Indian Cancer Foundation
Supplement to Cancer (2008): Division of Cancer Prevention and Control, Centers for
Disease Control and Prevention

Cultural Barriers for Cancer Care



- ▶ 217 Native American languages spoken-most do NOT have a word for "cancer"
- ▶ In Navajo language, Cancer means "a sore that does not heal"
- ➔ reluctance to seek evaluation for symptoms due to fear

Community and System Level Barriers

- ▶ Underfunded urban and tribal health systems
- ▶ Lack of accurate population-specific data
- ▶ High rates of poverty
- ▶ Poor access to health care due to low rates of health insurance
- ▶ Limited availability of prevention programs, cancer screening and specialist care



American Indian Cancer Foundation
Supplement to Cancer (2008): Division of Cancer Prevention and Control, Centers for
Disease Control and Prevention

“Poor Cancer Care For Native Americans might
be a Treaty Violation”
NEWSWEEK, July 19th 2016



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”





Objectives

- ▶ Identify the unique challenges of the Native American cancer patient population.
- ▶ **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.

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)

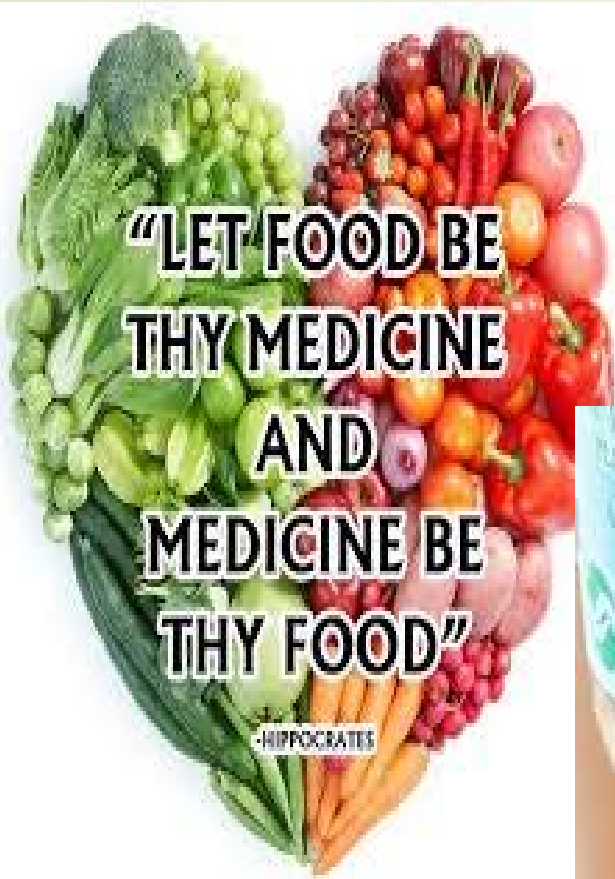


Integrative Oncology Care Model

- 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.
- 

**"LET FOOD BE
THY MEDICINE
AND
MEDICINE BE
THY FOOD"**

•HIPPOCRATES



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





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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



1) Overcoming negative patient experiences and gaining trust

□ Assist staff by helping them to understand Native Historical Trauma

- History of the Native people in the NW
 - Disregard to Native belief systems regarding health and healing and education
 - Disrespect
- Effects of Historical Trauma
 - Fear
 - Communication
 - Rejection of Modern Health Care

Gaining Trust – Optimal Native Healing Environment

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





Respect Native Cosmology as it relates to health and well being

- ▶ Healing the Body,
Heart and Spirit within
the context of the
natural environment
and the universe



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*





Meeting the Native-Specific Financial Counseling Needs

- ❑ Training for Native patient financial considerations
- ❑ Native cultural specialists help providers to understand Native American health care in terms of provider systems and insurance



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Salish Cancer Center: Addressing the Unique Needs of Native Americans

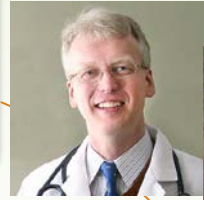
- ▶ **Philosophy:** To blend medical oncology with evidenced-based integrative therapies to treat the whole person — mind, body, and spirit. This unique approach is recognized as “Integrative Oncology”.
- ▶ **Team:** 2 medical oncologists, 1 nurse practitioner, 1 naturopathic oncologist, 1 Chinese medical 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.





Shawna Olson-Smith, NP

Medical
Oncology



Eiko Klimant, MD



Kristina Gowin, DO

Native Healing



Native Healers

Naturopathy



Paul Reilly, ND

Salish Care Team

Acupuncture



Sunara Sotelo, DAOM, L.Ac.

Chinese
Medicine



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

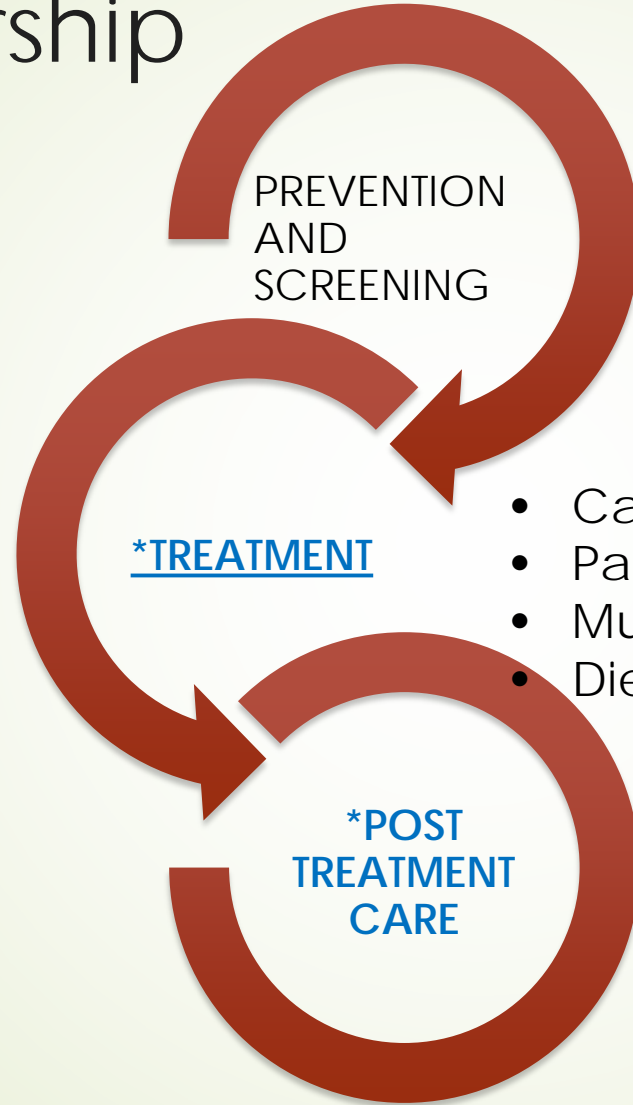
- ▶ Covers the physical, psychosocial, and economic issues of cancer, from diagnosis until the end of life
- ▶ Includes issues related to the ability to get health care and follow-up treatment, late effects of treatment, second cancers, and quality of life



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
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Survivorship



- Care Plans and Treatment Summaries
- Patient "companion"
- Multi-Disciplinary Wellness Promotion
- Diet, Exercise, Spirit, and Joy Optimization

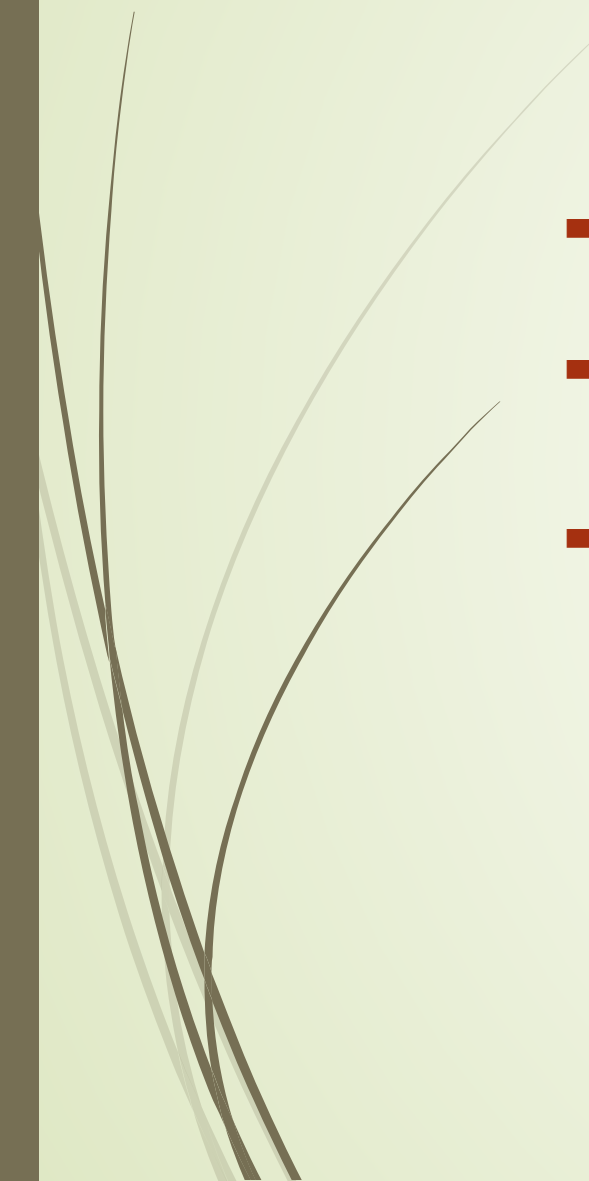
Salish Integrative Survivorship Program



- ▶ 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:**

1) To advance integrative medicine and build evidence-base for integrative therapies

2) Develop research questions and collaborative partners with native focus

3) Build research infrastructure: research nurse, statistical support, etc

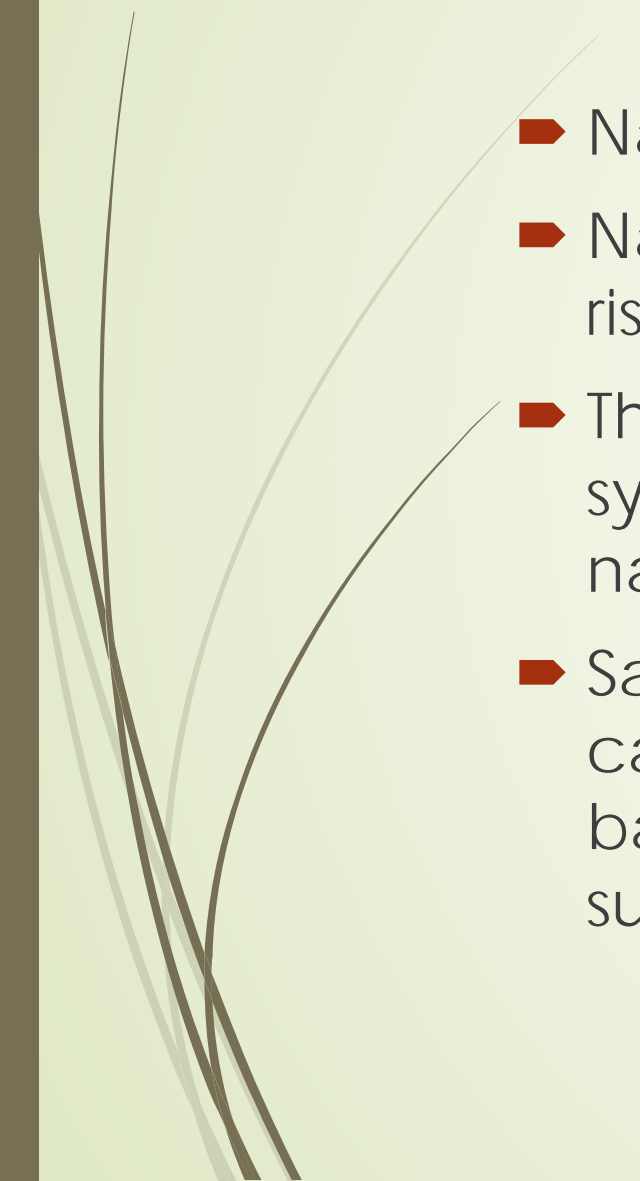
-If interested in collaborating on native specific or integrative research email

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.
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THANK YOU!

Questions?



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