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Integrative oncology – the medical community must take responsibility

OPINIONS

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Lifestyle, self-management and secondary prevention have a proven impact on health and quality of life after cancer. Nevertheless, the medical community has offered little in the way of structured, evidence-based patient guidance in these areas.

When medical care is primarily focused on diagnosing and treating tumours, there is a risk of neglecting the patient's overall well-being. This gap in care is often filled by individuals or organisations with varying medical expertise – particularly on social media – offering advice that is frequently unsubstantiated by evidence, potentially harmful and costly for patients. The fact that Norway's National Cancer Strategy 2025–2035 does not provide clear guidance on

integrated lifestyle follow-up further reinforces this gap (1). A cancer diagnosis can be the catalyst for lifestyle changes, but follow-up must be evidence-based, and the medical community needs to engage actively in the public debate.

Gaps in the current cancer strategy

The focus of the National Cancer Strategy is on prevention, patient-centred care and comprehensive care pathways, but there is little detail on systematic, evidence-based lifestyle follow-up as part of treatment. One example is nutrition, which is primarily discussed in the context of cancer-related undernutrition and treatment-induced changes in appetite and nutrient absorption. Nutrition is therefore largely reduced to preventing undernutrition, rather than being an active intervention to improve prognosis, reduce long-term effects or lower the risk of subsequent cancers. The cancer strategy makes no mention of concepts such as integrative oncology and structured secondary prevention, and no clear guidance is offered on how to implement evidence-based lifestyle interventions.

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A growing patient volume – and a fragmented service provision

Nearly 350,000 people in Norway have or have had cancer; an increase of over 100,000 compared with ten years ago (1). Many live with chronic illness and considerable long-term effects. Cancer treatment is becoming increasingly complex, with precision diagnostics, tailored therapies and an ageing patient population with multifaceted needs. Health services are primarily structured around surgery, radiotherapy and pharmacological treatment, while interventions aimed at nutrition, physical activity, stress management and psychosocial care are fragmented and dependent on individual providers. When the health service does not offer structured, evidence-based guidance on lifestyle and self-management, patients must navigate these areas on their own, often relying on sources of varying quality.

Cancer as a catalyst of secondary prevention

Receiving a cancer diagnosis can be a powerful motivator for patients to consider lifestyle changes, an effect that may also extend to their families. This presents a unique opportunity for secondary prevention: preventing

relapse/recurrence, new cancers, long-term effects and other chronic diseases. Lifestyle factors such as nutrition, physical activity, weight management, sleep and stress impact on the risk of cancer-related and non-cancer-related conditions, including cardiovascular disease and diabetes. Yet these factors are seldom structured elements of cancer care, with defined goals, appropriate expertise and ongoing follow-up. Meanwhile, unstructured or poorly substantiated lifestyle advice can increase stress, create financial strain, delay or discourage treatment, and, in the worst cases, compromise survival. The fact that many patients do not disclose their use of alternative therapies to their doctor further increases the risk of adverse interactions.

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The medical community must take more responsibility

Patients and their families cannot be expected to distinguish between evidence-based and unproven information on their own. The medical community must take ownership of the entire patient journey and provide up-to-date, nuanced and practical advice. It is not enough to tell patients that they should 'live as normal'. The health service should actively support healthy lifestyle choices that promote physical, mental and social well-being, both during and after cancer treatment. This should be reflected in everything from hospital meals to structured follow-up after treatment. Nutrition, physical activity, stress management and psychosocial and sexual health should be held to the same standards of quality and evidence as surgery and pharmacological treatment. Internationally, several cancer centres have incorporated integrative oncology into treatment pathways, supported by a robust evidence base.

Norway should move in the same direction. If we do not address this need for evidence-based, multidisciplinary follow-up, others will. As a result, well-meaning but unsubstantiated advice may influence critical decisions, to the detriment of patients and public confidence in the health service.

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