As evidenced by this issue of *JNCI Monographs*, integrative medicine is rapidly gaining ground as part of the practice of oncology in the United States. The Consortium of Academic Health Centers for Integrative Medicine—an organization comprised of 57 academic health centers and health systems in North America—defines integrative medicine as follows:

Integrative Medicine is 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.

As this definition implies, although an openness to using therapies such as acupuncture or massage is a component of the integrative approach, integrative medicine goes far beyond simply combining the therapies previously described as “complementary/alternative medicine” with conventional care. It describes a change in philosophy, which expands our role beyond that of treating disease to reaffirm the commitment to treating the whole person. Almost more than anywhere else in medicine, the practice of oncology and the work of caring for a patient with cancer and their family clearly call for this approach and for a commitment to whole-person care. Lifestyle counseling, behavioral medicine interventions, and spiritual support all play critical roles in this integrative approach, alongside the use of other therapeutic strategies rooted in a rigorous evidence-based approach to the best conventional care. This is integrative medicine for cancer.

The mission of the Consortium of Academic Health Centers for Integrative Medicine (the Consortium) is to advance the principles and practices of integrative health care within academic institutions. Having grown significantly since its founding in 2002 with only 13 member institutions, the Consortium’s mission is accomplished through supporting and mentoring academic leaders, faculty, and students to advance integrative health-care curricula, research, and clinical care; disseminating information on rigorous scientific research, educational curricula in integrative health, and sustainable models of clinical care; and working to inform health-care policy.

This issue is a perfect example of how the Consortium’s support for collaboration between researchers and institutions is critical in the emergence of this new field and in the effort to make healthcare practitioners aware of its potential for our patients. The idea emerged from our Research Working Group, chaired at the time by Dr Jun Mao, coeditor of this supplement. Dr Mao felt strongly that we had reached a critical mass of high-quality research on the role of integrative medicine in cancer survivorship and that there was a pressing need to provide an outlet to make this new knowledge available to the larger worlds of oncology and medicine. With support from his colleagues on the Research Working Group and with funding from their six member institutions, the Consortium at large, and the Society for Integrative Oncology, Dr Mao and Dr Cohen were successful in making this idea a reality. None of this would have been possible without the environment of supportive collaboration, which is the foundation of our organization.

As we know, living through the treatment of a cancer and surviving in its aftermath pose daunting challenges for many of our patients. The recent advances in the treatment of many cancers notwithstanding, the impact on patients’ quality of life of both the treatment process and the fear of recurrence is staggering. This is an area where integrative medicine can play a very important role in cancer care. In this issue, authors present their findings on a wide variety of integrative approaches to different dimensions of this survivor experience, including the potential impact of mind–body therapies such as meditation and tai chi in addressing the common problems of insomnia and anxiety; the role of diet change and exercise in survivorship; and the impact of patients’ expectations and preferences on the effectiveness of integrative approaches to managing symptoms. The articles also demonstrate the wide range of patient populations and clinical settings in which integrative medicine is being provided and studied in our academic health centers, from pediatric populations to the inpatient oncology setting to community-based interventions.

The important work presented here represents only a small percentage of the integrative medicine research being carried out on cancer and cancer survivorship in academic health centers in North America and throughout the world. Thanks to support from organizations like the Consortium and the Society for Integrative Oncology, and from the National Center for Complementary and Alternative Medicine and the Office of Cancer Complementary and Alternative Medicine at the National Institutes of Health as well as other funding agencies, research in integrative oncology is now taking its place as a legitimate and important area of study. Our long-term goal is to make this approach—and more importantly, the “whole-person” commitment which lies at the core of integrative medicine—not just an interesting in vogue discretionary service that is included to increase patient satisfaction, as it may be currently at many clinical sites, but a fully integrated aspect of...
cancer and cancer survivorship care at all the major academic insti-
tutions and in the community. It has been clear from epidemio-
logical data for many years that our patients are not only interested
in, but are already using many of these approaches, often without
informing their oncologists. Many barriers—including reim-
bursement challenges—still exist in the effort to make integrative
approaches available as part of routine care. With the publication
of this monograph though, we take an important step in removing
one of the barriers to integration: the availability of high-quality
research evidence on the appropriate role of integrative medicine
in cancer care. We are proud to be part of this effort and look for-
ward to the many ways in which the Consortium can provide sup-
port and momentum for researchers and clinicians in oncology as
we move forward.

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