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**Introduction:** The Society for Integrative Oncology (SIO) Online Task Force was created in response to the challenges facing continuity of integrative oncology care resulting from the COVID-19 pandemic. The Task Force set out to guide integrative oncology practitioners in providing effective and safe online consultations and treatments for qualityof-life-concerns and symptom management. Online treatments include manual, acupuncture, movement, mind-body, herbal, and expressive art therapies.

**Methods:** The SIO Online Practice Recommendations employed a four-phase consensus process: (1) literature review and discussion among an international panel of SIO members, identifying key elements essential in an integrative oncology visit; (2) development, testing, and refinement of a questionnaire defining challenges and strategies; (3) refinement input from integrative oncology experts from 19 countries; and (4) SIO Executive Committee review identifying the most high-priority challenges and strategies.

**Results:** The SIO Online Practice Recommendations address ten challenges, providing practical suggestions for online treatment/consultation. These include overcoming unfamiliarity, addressing resistance among patients and healthcare practitioners to online consultation/treatment, exploring ethical and medical-legal aspects, solving technological issues, preparing the online treatment setting, starting the online treatment session, maintaining effective communication, promoting specific treatment effects, involving the caregiver, concluding the session, and ensuring continuity of care.

**Conclusions:** The SIO Online Practice Recommendations are relevant for ensuring continuity of care beyond the present pandemic. They can be implemented for patients with limited accessibility to integrative oncology treatments due to geographic constraints, financial difficulties, physical disability, or an unsupportive caregiver. These recommendations require further study in practice settings.

**Keywords:** Integrative oncology. Telemedicine. Practice guidelines. Supportive care. Doctor-patient communication

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Evaluation of a charity's online breast cancer support during the COVID-19 pandemic

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**Introduction:** Breast Cancer Haven (BCH), a national UK breast cancer support charity, temporarily closed its five regional and two outreach centres following government advice regarding social distancing due to COVID-19 on 17th March 2020. To continue to support people with breast cancer, the charity has expanded its provision of telephone, and online individual and group therapy sessions via Zoom. The aim of the service evaluation was to explore the effect of the pandemic on the emotional and physical health/medical treatment of BCH users, and the use and helpfulness of telephone and online support services.

**Methods:** A link to a short online survey was emailed out during 20th May to 4th June 2020 to 4,261 breast cancer survivors who were past or current BCH users. Frequency analyses of pooled responses to Yes/No questions were downloaded from the SurveyMonkey website. Individual free text responses were analysed by coding into common themes, clustered into categories.

**Results:** A total of 382 people completed the survey (8.9% response rate). 76 (19.9%) stated that they had not needed to use the online support services and were removed from the analysis. Emotional health (71.4%) and to a lesser extent, physical health/medical treatment (54.1%) were perceived to be affected by the COVID-19 pandemic. 44.1% felt that BCH helped them cope now, and 84.4% wanted BCH to expand its online services in the following areas: one-to-one therapies e.g. counselling, group therapies e.g. yoga, pilates, support groups, classes/courses, advice and emotional support.

**Conclusions:** BCH has accelerated its provision of phone and online support services to help to mitigate the effects of COVID-19 on the emotional and physical health of breast cancer survivors. Further development of these beneficial, cost-effective services is needed to expand their reach to a wider audience of people affected by breast cancer.

**Keywords:** Online support; breast cancer survivors; COVID-19; survey

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### Towards improved communication about CAM when cancer patients exclude conventional treatment

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**Introduction:** The dialogue concerning complementary and alternative medicine (CAM) between cancer patients and the cancer care team is crucial to ensure patient safety and mutual trust. Research has indicated a need for improvements of this dialogue, as many cancer patients hesitate to disclose their CAM use for medical professions. While most literature focus on complementary use, less is known about patients' decision process and reasons for rejecting conventional treatment and the related dialogue with providers. The purpose of this study is to explore physicians' and patients' views on CAM in situations where patients exclude conventional treatment.

**Methods:** We conducted qualitative face-to-face interviews with seven cancer patients and 10 clinically active physicians in cancer care oncologists/palliative specialists in the region of Stockholm, Sweden. Patients were selected purposefully, based on their choice to decline - at least parts of - offered oncological treatment and considering alternative medicine use. Variation in age, gender, cancer site (for patients) and years of professional experience (for physicians) were strived for. All data was transcribed verbatim and analysed by means of the Framework Method.

**Results:** The analysis resulted in three overarching themes: The many facets of treatment choices include accounts of a constant negotiation of pros and cons between different treatment choices throughout the cancer trajectory. Communication about CAM: gain or pain? revealed a wish for an open and respectful dialogue about CAM and experienced difficulties. Finally, the theme Methods of evaluation include views on how personal, clinical and scientific evaluations of CAM play a role in patients' and physicians' reasoning.

**Conclusions:** Results are compared and contrasted to what is previously known about the dialogue between providers and patients who

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