

# Cancer Conversations

## *Episode 1: Integrative Therapies for Cancer*

**Announcer:**

Welcome to Cancer Conversations, a podcast series from Dana-Farber Cancer Institute. In this episode from February 2014, Dr. David Rosenthal of Dana-Farber's Leonard P. Zakim Center for Integrative Therapies discusses acupuncture, meditation, yoga, massage, and other integrative therapies used to ease cancer-related symptoms. Anne Doerr from Dana-Farber's communications department joins him for the conversation.

**Anne:**

Dr. Rosenthal, give me an overview of the Zakim Center and how it benefits cancer patients.

**Dr. Rosenthal:**

Well, the Zakim Center is relatively young. It began just about 15 years ago when Lenny Zakim, who was a patient here at Dana-Farber, knocked on the door of the President Nathan at the time and said, "You're treating me with all of the greatest therapies in the world, but you know something? You're not treating me as a whole human being. I have to go get my acupuncture in Newton, my massage in Weston, and I taught my son how to give me Reiki, so why aren't we doing these things? They're helping me tremendously! Why aren't you doing these things here at Dana-Farber?" To make a long story short, David and Nathan did agree to have a complementary therapies task force and were surprised by the hundreds of people who came out for that fair. It was the beginning of the Zakim Center for Integrative Therapies.

Unfortunately, Lenny Zakim didn't get to see it open, but we've been in practice now for about 15 years. We started off with one acupuncture treatment on Dana One, one morning a week, and now we're full-fledged five days a week of acupuncture, massage, Reiki, as well as a number of complementary integrative therapies throughout Dana-Farber.

The whole concept of integrative therapies is rooted in improving the overall quality of life of cancer patients as they undergo all sorts of treatments. Integrative therapy, as a complementary therapy to traditional cancer treatment, is very helpful in all stages of the cancer diagnosis. Integrative therapies can be very helpful during the pre-cancer phase, those people who come here who are at high risk for cancer.

We can help patients learn the benefits of proper nutrition, physical activity, and stress and symptom management. For example, we can help them during the different phases of diagnosis, especially as they're going through the stress of being diagnosed. We employ integrative therapies as they're getting the chemotherapy to help ease the symptoms not only of the cancer, but of the side effects of the treatment of the disease. Our integrative and complementary therapies extend to the convalescent and the rehabilitation stages of cancer, and then, of course, into survivorship.

You know, it's incredible that we're still seeing the incidence of cancer going up...

**Anne:**

Yeah.

**Dr. Rosenthal:**

But we're seeing the mortality from cancer going down. What does that mean? It means our survivorship group is going to see more and more individuals. Our survivorship population isn't just growing, but it's growing with lots of problems, lots of issues, and integrative and complementary therapies can significantly help them with those symptoms.

**Anne:** I think integrative, too, is not a familiar term for everybody. A question people have is, mainly, “What’s the difference between integrative therapies and complementary therapies, or integrative therapy and alternative medicine?”

**Dr. Rosenthal:** That’s a good place to start. I think that the old terminology... When I was in the American Cancer Society, I was put on a committee on quackery, and yeah, there are quacks out there. There were, and there still are! But in between the threads of quackery, there are some threads of things that were helping people.

We changed the name to “Questionable Methods of Therapy” and “Unproven Methods of Therapy,” and then the National Institutes of Health got involved and changed the name to “Complementary and Alternative Medicine.”

Yes, there is complementary medicine, which means “alongside chemotherapy.” Alternative means “instead of chemotherapy,” or instead of conventional therapies. That’s what we want to make sure, that people don’t get involved with alternative therapies when there are cures for certain types of therapies and promise for many of the cancers that we deal with. “Complementary” means “together with.” “Alternative” means “instead of.”

The word “integrative” means really integrating the complementary therapies into the whole patient of therapy for cancer patients. Integrative oncology is becoming a specific discipline. We now have a Society of Integrative Oncology, which was founded in part by the Dana-Farber Cancer Institute. We were in the group of founding members, and there are also all sorts of other organizations that we’ve become a part of. Dana-Farber has really been out in the forefront of these organizations.

**Anne:** Because you don’t see it in every cancer center, I think we really are one of the leaders in the area.

**Dr. Rosenthal:** That’s correct. Dana-Farber, together with Memorial Sloan Kettering Cancer Center, are the two founders of the Society of Integrative Oncology. MD Anderson joined us as well.

**Anne:** So, for a cancer patient, are there certain cancers that the Zakim Center can help them with? Or does it help all kinds of cancers?

**Dr. Rosenthal:** It can help all types of cancers. The data, however, shows that most cancer patients are breast cancer patients that utilize complementary and integrative therapies. Breast cancer patients are a very high percentage of the patients we see here, and I think the national statistics from people who have done surveys of complementary therapies have shown that breast cancers patients are usually the ones who are the highest utilizers of these therapies.

**Anne:** So, a patient writes: How do I know integrative therapies are right for me, and how would I go about incorporating them into a treatment plan?

**Dr. Rosenthal:** Well, that’s a very good question, and I think it raises the question: What are the integrative therapies that we have, and what should they be used for? When I do my integrative medicine consultations, I do talk about what we put into our mouths. What is our nutrition like? I sort of talk from a mile-high view because we have great nutritionists here at the Dana-Farber who can deal with the lower depths and right-on-the-target types of things as far as nutrition is concerned. But we discuss the overall nutrition and the use of over-the-counter supplements. Over-the-counter supplements are about a \$45 billion industry in the United States, but it’s unregulated, and what you buy today may not be the same thing that you buy a month from now.

So, it's really important to tell people:

- What is the best proper nutrition alongside the chemotherapy?
- What is the best nutrition for reducing the risk of cancer?
- What are the best types of fruits and vegetables to eat during the convalescent phase?
- What types of herbs and botanicals and antioxidants, over-the-counter, should we avoid, and which ones might be helpful?

That's part of the instruction that is very important, I think, for cancer patients to know: What is the best type of diet?

**Dr. Rosenthal:**

The second type of question (obviously, a very important research tier at the Dana-Farber) is the whole use of physical activity. Jennifer Ligibel in breast cancer and Jeffrey Meyerhardt here at the GI Oncology group have already shown that outcomes in their specific fields of cancer research have been improved by the integration of physical activity in cancer treatment. Nancy Campbell runs a great program on physical activity, and I think it's very important for people to know what their goals should be when incorporating cardiac activity as well as weight-type of resistance activities. So, nutrition, physical activity, and then the big one: stress and symptom management.

**Anne:**

Right.

**Dr. Rosenthal:**

Stress is probably, we now know, one of the major symptoms associated with cancer.

**Anne:**

Right.

**Dr. Rosenthal:**

And it behooves us to do as much as we possibly can to reduce stress and anxiety that comes with the various symptoms that might be related to the cancer itself or to the treatment of the cancer, and that's where all of the integrative therapies, such as the mind/body programs, come in: acupuncture, massage, Reiki. It's a combination of trying to focus on what we put into our mouths, what we do with our bodies, and what we do to reduce our anxiety and stress and [symptomatology 00:08:40].

**Anne:**

Oh, I think that's a good lead into my next question, because a lot of people might say, "Well, I can get a massage at the Zakim Center, but why don't I just go to the salon or spa down the street?" The fact is you have to treat the whole patient, and there are other questions to deal with other than just the massage itself.

**Dr. Rosenthal:**

That's correct. I think that acupuncture is becoming a specialty in oncology, similarly with massage. There are certain wives' tales that are still out there. "Oh, we don't want to massage a patient with cancer because we're going to spread it." "Well, we shouldn't be using needles in people who have platelet counts of less than 100,000."

These are old wives' tales, and I think that it's important that people understand the integrative nature of what we do. When a person does request a consult with us for acupuncture or massage, we send an email almost immediately to the referring physician, saying, "Here are the contraindications for acupuncture and massage. But by the way, here are the benefits of acupuncture and massage." It's an educational process.

The physician almost immediately gets back to us: "Oh, that's great! Please! It's going to be very helpful."

So, we know that the physician knows what we're going to do, and we know what's going on with the chemotherapy at the time, and what the blood counts are. Sometimes we'll stay away from certain patients, such as those who have recently had transplants or have very, very low platelet counts. The same goes for patients whose absolute neutrophil counts are extremely low. We also stay away from people with pacemakers, because we often use electroacupuncture, which increases the stimulation of the acupuncture.

We work closely with the medical and surgical oncologists and the radiation oncologists, which further emphasizes the integrative nature of our therapies.

**Anne:** That's what people have to remember.

**Dr. Rosenthal:** Right.

**Anne:** You touched on acupuncture, and one patient writes: I hear a lot of speculation about the benefits of acupuncture. Do you believe that it can be beneficial for cancer patients? And if so, how does it work?

**Dr. Rosenthal:** Well, Weidong Lu, my senior acupuncturist, and I have written many articles on acupuncture and its effectiveness. In China, they know it works, and they know it's safe. However, in this country, we had to prove it is safe, prove it works, but also, we had to show how it works.

There are studies that have been done in randomized clinical trials that show that acupuncture can reduce chemotherapy-induced nausea and vomiting. It reduced the need for continued use of our antiemetics, which cause constipation and obstipation. It's also been shown in randomized clinical trials to be helpful for cancer-related fatigue and cancer-related pain. And these are randomized clinical trials.

It's also been shown that acupuncture is probably helpful and just as good as any of the medicines prescribed to treat hot flashes related to early menopause in women or estrogen-types of therapies given to men.

Acupuncture is also used to treat anxiety and stress. Psychiatrists are now using acupuncture to cut down on the amount of anti-anxiety and antidepressant medications they prescribe. It's helpful for stress. It's helpful for sleep. It's helpful for an amazing number of things, like the neuropathy produced from some platinum types of drugs and other chemotherapeutic drugs.

Too often in this country, we think of treating the side effect of one medicine with another medicine, and then another medicine to treat the side effects of that medicine. I think that there needs to be a real evaluation of the non-pharmacological approaches that the Zakim Center offers.

**Anne:** Is acupuncture a tough sell sometimes? Do patients want to come in and watch it being done first?

**Dr. Rosenthal:** We often show them the needles. The needles are 1/40th the diameter of a venipuncture needle, so they're really tiny. The issue is—the main issue—is that it's not covered by insurance in Massachusetts. It's covered in some other states, especially out in the western states—California, Washington, and Oregon. And in some states in New England, it is being covered now for cancer. But unfortunately, it isn't covered by insurance in Massachusetts now. However, we get a significant amount of philanthropy, so we're able to keep our prices down.

**Anne:** You know what? I'm going to quiz you about the insurance question in a minute, but I wanted to touch on the stress reduction, because I think, like you said, it's so important. Which integrative therapy (This is from one of our viewers) is best for stress reduction?

**Dr. Rosenthal:** I can't tell you what the best thing is, but we've incorporated stress reduction into the mind/body programs that we run here at Dana-Farber, and we've expanded many of them. We do mindfulness meditation with Elana Rosenbaum, who is a former patient at Dana-Farber and now teaches a mindfulness meditation course.

We also have worked with Dr. Herb Benson from the Benson-Henry Institute, who studied transcendental meditation with Tibetan monks. As a cardiologist, he noted that as they meditated, their blood pressure, pulse, and respiration all went down. Their stress reduced and their migraines went away. He brought that back to this country, and he and I have done a number of studies together—he's done more than I have—showing that you can induce the relaxation response with a breathing exercise, and it can reduce anxiety and stress, and he's found it very helpful with his cardiology patients who have hypertension. He wrote a book in 1976 called *The Relaxation Response*, and in 2011 he wrote another book called *The Relaxation Revolution*, which has all of the science behind *The Relaxation Response*. It's amazing – with a simple breathing exercise, something you can learn at home, you can reduce stress.

You can go online and look at it, or you can come to the [inaudible 00:15:12] Resource Center and learn how to do it here, or come into one of our lectures and learn how to do the relaxation response (the simple breathing exercise). Any time any other thoughts come into your mind, you throw them out and focus back on your breathing and a mantra. After 20 minutes, you'll be relaxed. If you keep doing this on a daily basis, you can more easily get into that relaxation mode.

We had a program recently on self-hypnosis, imagery, music therapy, expressive arts therapy, and the modified exercise programs. Right now we have tai-chi and qi gong, and also yoga at 5:00pm and 12:00pm.

All of those programs can help reduce stress and anxiety and induce what we call the relaxation response. I suppose the best way you can think of this relaxation response is, if you're a jogger or a swimmer, and you start to naturally get into that mode. The more you do it the easier it will come. You sort of get into the routine of breathing, of running, of jogging, and that's the relaxation response.

**Anne:** That's right. And one of the questions was Do you recommend certain types of meditation? But like you were saying, it all depends on what you're trying to achieve.

**Dr. Rosenthal:** Right. It also depends on your basic desires and what you find works best for you. I always ask people in my consultations, "What is it that relaxes you?" Some people say reading. Some people say knitting. We actually run a knitting program! Some people say music. So, it depends on an individual's preferences. You don't want to force on somebody something that they don't want to do and won't relax them. Keep all the options in mind – acupuncture, massage, and Reiki also induce this relaxation response.

The relaxation response is a scientific item now. If you do functional MRI's of the brain, you'll see various parts of the brain lighting up, and then Dr. Benson has shown that you can actually measure certain endorphins and neuropeptides in the bloodstream. Recently, in some of his research work, he's actually shown that you can increase an enzyme called telomerase, which protects the tail ends of DNA. You can also increase what's called natural killer cells (NK cells) in the bloodstream. All of this is decreasing stress and helping build our immune systems.

**Anne:** That's what we're looking forward to do. So, you said qi gong—is that right?

**Dr. Rosenthal:** Yes.

**Anne:** OK. How does that benefit patients? I know you showed a little bit of it. I guess explain: What exactly is it?

**Dr. Rosenthal:** Well, qi gong and tai chi are very similar, but qi gong involves stretching, breathing, and meditation. It's various poses, various positions, and various breathing exercises—again, a combination of all three. We have a great qi gong master, Rami Romes, who teaches on Tuesday afternoons and Friday mornings, and he also runs the tai chi course.

It's been shown that qi gong not only helps a great deal with decreasing stress and anxiety, but it also helps with balance. A recent study from the OSHA center shows that in the aging qi gong can actually help with balance.

**Anne:** What about age? Are there certain types of treatments that you offer that maybe the older crowd kind of goes towards? Or is it a younger thing? Or do you find that a lot of patients like to try anything?

**Dr. Rosenthal:** I don't think it's really age – it's more intellectual styles. People did some studies initially about who uses [cam? 00:19:34]. It was found to be more in the educated population and middle-aged individuals, but I think, if we did the study again now, I bet you that would be different. I find that many of the older individuals are interested in their quality of life and anxious to do something to help relax them and help with their exercise and nutrition, so I'm seeing a lot of people who are even going at the older age groups into continuing care in retirement communities, who are very interested in these quality-of-life issues and areas in integrative therapies.

**Anne:** You'll be seeing more qi gong participants.

**Dr. Rosenthal:** I think so!

**Anne:** So, the music therapy... I know a lot of people might think they know what that it, but specifically, what is that, and how does it help patients?

**Dr. Rosenthal:** Well, we run individual music therapy and also group music therapy, and I think that a lot of people always envision a television program where, on Sunday night, they went to hear chamber music.

**Anne:** Right.

**Dr. Rosenthal:** And the husband always fell asleep. That's not relaxation; he was tired. But the wife always enjoyed it, and it relaxed her, lowered her blood pressure, and things like that. There are certain attributes of music that have [inaudible 00:20:51] to people. I once saw a young kid who, before chemotherapy, had to put in earphones and listen to hip-hop music. It was the only thing that calmed him down. I mean, that wouldn't relax me, but it relaxed him! We run group programs for children at the Jimmy Fund, and it's great that it keeps them calm and relaxed while they're waiting for their chemotherapy. ANNE: That's the next question: pediatric cancer patients. Does the Zakim Center help them, too? Yes, we can, and we actually have funding that can help for all of the integrative therapies in pediatrics. We have a fund that helps give free acupuncture and free massages to our pediatric patients.

Now, the question arises: What's the right age? And it depends upon the child. Sometimes we can simulate acupuncture with a needleless acupuncture. It's sort of similar to acupuncture but not with the needles; it's touching the areas.

- Anne:** Right. Is there a certain kind of cancer or a different kind of cancer that a pediatric cancer patient can't come to the Zakim Center for? Or is it for all types of cancer for them, too?
- Dr. Rosenthal:** Well, I think anybody who is ambulatory coming into the Yawkey Five can come up. I do consults down in Yawkey Five, but they also can come up to the Zakim Center and get their acupuncture and massage.
- Anne:** OK. One patient writes: I've heard a lot recently about dance therapy. Can you talk about the potential benefits for cancer patients, and what exactly is a dance therapy session like?
- Dr. Rosenthal:** Well, I can't tell you exactly what a dance therapy session is because I've never taken one, but it's exercise, number one.
- Anne:** Right.
- Dr. Rosenthal:** And it's getting into a rhythm, number two. It's the same sort of sequence of rhythm that you're getting into with the breathing. I can tell you that doing dance the first time, if you've never done dance before, is not relaxation!
- Anne:** Kind of like golf?
- Dr. Rosenthal:** That's true. But once you get into that mode—again, just like the breathing, just like the swimming, just like the jogging—the dancing becomes a way of relaxation.
- Anne:** Right. Have you tried all of the other ones, just out of curiosity?
- Dr. Rosenthal:** Qi gong, tai chi... I haven't done yoga yet, but I have watched it.
- Anne:** Acupuncture?
- Dr. Rosenthal:** Acupuncture? Oh, yes. I'm a firm believer in acupuncture.
- Anne:** Well, that's great. All right, now to the insurance questions—very important for many patients. Are most or all integrative therapies (I know all are not) covered by insurance? Or does Dana-Farber provide this as part of the treatment coverage?
- Dr. Rosenthal:** OK, let me tell you what's free first—the good news. All of the mind/body programs that we offer – the qi gong, the tai chi, the yoga, the music therapy, group music therapy, the mindfulness meditation programs, the meditation lectures – are free. They're covered by philanthropy. We have great philanthropic gifts that help us with all of those programs, and we're always trying new ones that people are interested in doing. Right now, we're doing one with taking pictures and Zen diagrams and we've gotten a recent grant to do knitting therapy. Those are all covered by philanthropy. The acupuncture, massage, and Reiki are fee-for-service, and that's where we also get the referral permission from the physician of record to allow us to do that. If you go in the community, there

are certain rates, but our rates are lower than the community rates, as far as we know and as far as we determined recently. The first visit for acupuncture is close to an hour and a half, and that's \$85. Then the second and third visits after that are just \$65 for 45 minutes to an hour. All the massage and all the Reiki visits are 45 minutes to an hour, and those are \$65 as well—fairly reasonable compared to the outside.

And we do have, as I mentioned, total financial assistance for pediatrics and for adults who are on financial assistance, we have financial aid. I imagine Lenny Zakim wanted everybody to have access to these therapies, and we're trying to do as much as we possibly can to provide that with little cost.

**Anne:** And is financial aid difficult to go and get that process started?

**Dr. Rosenthal:** No, it's simple paperwork, as with anything. Most of the front desks will have the forms to do, and the process goes through financial assistance. I think that one of the other things that we do with the acupuncture and massage is we give the individual (when they pay for it up front) a bill with a procedure code and a diagnostic code. With that, with the prescription from the doctor advising acupuncture and massage, many people have been able to collect from their insurance.

**Anne:** Wow. You make it very easy.

**Dr. Rosenthal:** We try to.

**Anne:** This just in: Is aromatherapy considered an integrative therapy, and what are the benefits?

**Dr. Rosenthal:** Aromatherapy is an integrative therapy. It's a good question, and there are lots of people dealing with various types of scents that, again, relax the body. Aromatherapy is definitely another type of therapy. We haven't been involved as much with research in aromatherapy, but it certainly exists.

Two great resources are: the American Cancer Society book on complementary and alternative medicine, *Guide to Complementary and Alternative Medicine*, and also the Memorial Sloan Kettering Cancer Center website. It lists all the different types of integrative therapies and complementary therapies.

**Anne:** Is there anything that you want added that Dana-Farber doesn't offer?

**Dr. Rosenthal:** I think we've been trying to be as ecumenical as possible, trying to cover all of the bases with traditional Chinese medicine and various parts of Ayurvedic medicine. We don't do homeopathy, and that's a different topic by itself.

**Anne:** Is that something you want to talk about?

**Dr. Rosenthal:** Well, I'm not sure I want to talk about it because it's out there, and it's very much used. Just to explain it as far as a definition is concerned, it's the use of toxic substances, toxic chemicals and proteins, diluted thousands and thousands of times and then ingested to try to boost the immune system. Unfortunately, as with many things in alternative medicine, it has not really been proven to be effective, but it's been out there for years. It's fairly safe, but as far as its effectiveness, we're still questioning it.

**Anne:** OK. And you touched upon this just a little bit before: Does Dana-Farber offer any courses on counseling or therapies using natural products, such as herbs, vitamins, minerals, and probiotics?

**Dr. Rosenthal:** Yes. I think between our nutritionist and myself, we do consultations. We do integrative nutrition consultations and integrative medicine consultations to deal with those specific questions:

- Should I be taking turmeric at the same time I'm getting chemotherapy?
- Should I be taking reishi mushrooms at the same time I'm taking chemotherapy?
- Should I be taking vitamin C in high doses alongside chemotherapy?

There are very important questions to answer, because there can be difficulties with interactions between various types of herbs and various types of chemotherapy.

**Anne:** Someone asked the question: Vitamin C IV therapy?

**Dr. Rosenthal:** Ever since the days of Linus Pauling, vitamin C has become very popular. We're really always looking for how many fruits and vegetable servings we can get into people. We try to get 5 to 10 servings in a day.

But some people say, "Well, I don't want to do that. I don't want all of those fruits and vegetables. I want to just get the antioxidants, so I'm going to take pharmacological doses of vitamin C."

Well, vitamin C is an antioxidant, but it's in pharmacological doses. Chemotherapy is an oxidizing agent. Radiation therapy is an oxidizing agent. So, what's the issue at the cellular level? There are lots of issues with the pros and cons of high doses of antioxidants.

There is, however, a recent study being done (It isn't completed yet; we don't have the results.) of the use of IV vitamin C. Vitamin C is very caustic to the veins, so a long line has to be implanted, and there are some people doing research work on the use of this without chemotherapy as an alternative, or alongside chemotherapy, and those results have not yet come forth.

**Anne:** And what about green tea extracts? Somebody asked.

**Dr. Rosenthal:** Green tea is very good. It's a good antioxidant. I always base my decisions and recommendations on the following: Is it safe, and is it effective? If it's both safe and effective, like acupuncture or vitamin D, that's fine. If it's not safe and already proven to be ineffective, like laetrile, which is apricot pits, which contain cyanide and has been proven to be ineffective—that's a no-brainer.

**Anne:** Right.

**Dr. Rosenthal:** In between, there are lots of things that are safe, but we don't know about their effectiveness. In those cases, I always look to see whether or not there's any interaction between those agents and the chemotherapy or the radiation therapy, and then make decisions based on that.

**Anne:** And my guess is your advice, if a patient has a question about anything, is they should talk to you first, or their provider?

**Dr. Rosenthal:** Yes, they should talk to their provider. The providers have access to several databases here at Dana-Farber:

- NaturalDatabase.com, which is a very good website, but it's a licensed website.
- And then the website I mentioned of Memorial Sloan Kettering Cancer Center: [MSKCC.org/herbs](http://MSKCC.org/herbs).

**Anne:** What about therapy dogs? Does that come under the Zakim Center?

**Dr. Rosenthal:** No, we haven't been dealing with therapy dogs, but I'll tell you about animal therapy. If you go into nursing homes, it's very common. There has been some research work done on animal therapy, specifically dog therapy.

We have been involved with horseback riding therapy, however. We have a relationship with one of the horseback therapy riding departments out in the western part of Massachusetts. If you've ever been on a horse, you'll know the gallop of the horse is just like getting into a rhythm—just like running, just like swimming. There are kids who just feel so confident up on horses, and it relaxes them, and it's a form of relaxation response. We've done some research work on horseback riding therapy.

**Anne:** How does that evolve? Does someone come to you with an idea? Or does someone from the community say, "You know what? This might be a good idea. I'd like to offer up."

**Dr. Rosenthal:** That's often how it comes, and then we see whether or not we can afford to bring it, too. Do we get philanthropy alongside of it to bring it forth, such as the Zen diagnostic—the drawing of Zen diagrams, the art therapy types of things, or the picture-taking program that we're currently doing?

**Anne:** Excellent. How long should someone be coming to get therapy at the Zakim Center?

**Dr. Rosenthal:** That's a good question. You know, in China, they do acupuncture daily for cancer patients. It's a little impractical in this country. In acupuncture in China, it's maybe 10 or 15 minutes at a go. In this country, what we try to do is, when we do our research work, we do twice a week for four weeks, and then once a week for four weeks. That's been sort of the protocol that we've designed for research purposes. But even that is taxing on people to come in, especially when you want to monitor things and do research.

So, what I recommend to people is to play it by ear. Try to get two or three treatments in a matter of two weeks. And then at the end of that time, see what's happened. Each treatment is 45 minutes to an hour. See what the effect has been in that period of time on the specific symptoms that you've been dealing with. And then, working with the acupuncturist, determine what the span of the next visit should be. There are people who only respond with twice-a-week therapy, but there are people who can begin to space out the visits, because many times, the acupuncture effect is durable, meaning it lasts.

**Announcer:** This has been Dana-Farber's Cancer Conversations featuring Dr. David Rosenthal of the Zakim Center for Integrative Therapies at Dana-Farber. To download more episodes and learn about other cancer podcast series, visit [Dana-Farber.org/podcasts](http://Dana-Farber.org/podcasts).