Poster #22 | Patient Perceptions on Integrative Medicine Resources at University of California Davis Cancer Center
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Topic: Quality of Life/Palliative Care

Objectives
This was a study to explore the knowledge and attitudes towards complementary and alternative medicine (CAM) amongst patients at an academic cancer center. Our secondary objective was to determine if any patient characteristics affect their satisfaction of Integrative Medicine (IM) resources at our institution.

Methods
An online survey was sent to patients of the University of California Davis Health (UCDH) Comprehensive Cancer using the electronic health record. Eligible participants included patients of the UCDH Comprehensive Cancer Center who were greater than 18 years of age, had a clinic visit within the last year, with ICD-10 codes for cancer or precancer diagnoses, English-speaking and had Epic MyChart access. The survey consisted of 11 questions, with additional questions for follow up depending on participant answers. The survey collected self-reported information including demographics, cancer type, satisfaction rating of IM resources, and desire for additional IM resources. The study was hosted online in the UC Davis REDCap secure server.

Results
This voluntary, anonymous survey was sent to 7807 patients of the UCDH Comprehensive Cancer Center. It was distributed between 10/14/2021 and 2/2/2021. 1016 respondents initiated the survey, giving a response rate of 13%. 855 respondents completed the survey in entirety. Mean age of respondents was 65.4 years with. 67.3% of respondents were female, 32.4% were male and 0.3% responded in the other category. The majority (84.9%) of respondents were Caucasian/White, 86.8% reported being non-Hispanic. The other race categories all had less than 10% respondents. The largest group of respondents were breast cancer patients (25.7%) followed by those with more than one cancer (11.3%), GU (9.57%), lymphoma (9.46%), other (8.08%), gynecologic (7.53%), lung (6.99%), GI (6.88%) and leukemia (5.27%). Brain, head and neck, sarcoma, skin and thyroid cancers had less than 3% response in each group. 78.7% reported no CAM use, 18.9% reported to using CAM, and 2.37% were not sure. Although a majority (53.7%) were satisfied of the resources, a large proportion (42.1%) reported that they were not aware of any IM resources in the health system. 4.2% reported that they were dissatisfied with the resources. 48.7% wanted additional IM resources and 46.7% were not sure, only 4.63% did not want any additional resources. Of those who wanted additional resources (n=854), 47.9% wanted alternative medical systems (i.e. acupuncture or traditional Chinese medicine). 11.8% wanted more exercise therapies (i.e. yoga, taichi), 9.02% wanted manipulative and body based methods (i.e. massage, chiropractic), and 8.43% wanted nutrition therapeutics (i.e. vitamin and supplements).

Conclusions
This study investigated patient perceptions of IM resources at the UCDH Comprehensive Cancer Center. Over 1000 participants responded, most were in their mid-60s, female, Caucasian/White race and were not currently using any forms of CAM. 42% of participants were not aware there were any IM resources at our institution. This accounts for a significant proportion of patients who may have received some benefit to their symptoms had they been aware of these services. Only 4.2% did not want any additional resources. The data from this analysis will help us build the IM program to improve the quality of life for our cancer patients. There is still much work that is needed to truly integrate IM into our health system and cancer center.