1. **Clinician Perspectives of Complementary and Integrative Medicine (CIM) ​At An Academic Cancer Center**

**Global Integrative Oncology: Use in Cancer Prevention**

**Background**:Surveys suggest up to 87% of patients with cancer use complementary and integrative (CIM) therapies such as herbal medicine, acupuncture, massage and mind-body practices. However, several studies have demonstrated that many clinicians do not inquire about CIM use, possibly due to lack of education and/or limited evidence-based data.

**Aim**:We sought to explore the perspectives of clinicians at an academic comprehensive cancer center (CCC) on the use of CIM.

**Methodology**: Physicians/fellows (AF) and advanced practice providers (APPs) who practice medical oncology, hematology, radiation oncology, surgical oncology and neuro-oncology in a Midwest tertiary (CCC) were asked via email to participate in a 9-question online survey about their personal knowledge and recommendation for 21 different CIM therapies. Responses were summarized using descriptive statistics

**Results**:The response rate was 24.5% (n=49). Sixty-seven percent were attending physicians or hematology/oncology fellows (n=33), and 33% were APPs (n=16). Clinicians were from the following specialties: hematology (n= 17; 35%); solid tumor (n=18; 37%); both hematology and solid tumor (n=8; 16%), surgical oncology (n=3; 6%); gynecologic oncology (n=2; 4%) and radiation oncology (n=1; 2%). The most recommended CIM therapy by physicians and APPs for cancer treatment-related effects was massage (79% and 81%, respectively). The least recommended CIM therapy for physicians was homeopathy (0%). The least recommended CIM therapies for APPs were CBD oil and Traditional Chinese Medicine (TCM) (both 0%). Physicians and APPs requested more education on CBD/CBD oil (64% and 50%, respectively).

**Analysis**:Hematology/oncology clinicians do not routinely recommend CIM therapies, except massage therapy. There are differences in CIM-related treatment practices between physicians and APPs.

**Conclusions**: Efforts should be made to educate all clinicians regarding CIM therapies as well resources that appraise the efficacy, safety, and potential drug interactions. Education could encourage informed decision-making and improved patient-clinician communication.