PIANO STRATEGICO DELLA PAC
IL FUTURO DELL'AGRICOLTURA SOSTENIBILE

MINISTERO DELL'AGRICOLTURA DELLA SOVRANITÀ ALIMENTARE E DELLE FORESTE

Finanziato dall'Unione europea

RETE PAC
Connessioni che seminano opportunità

L'ABRUZZO TERAPEUTICO «INTO THE WILD»

ANDREA DI BLASIO

Università degli Studi «G. d'Annunzio» di Chieti-Pescara

Ambulatorio di medicina integrata dell'ospedale «G. Bernabeo» di Ortona

andrea.diblasio@unich.it

PIANO STRATEGICO DELLA PAC
IL FUTURO DELL'AGRICOLTURA SOSTENIBILE

MINISTERO DELL'AGRICOLTURA DELLA SOVRANITÀ ALIMENTARE E DELLE FORESTE

Finanziato dall'Unione europea

RETE PAC
Connessioni che seminano opportunità

frontiers | Frontiers in Public Health

TYPE Systematic Review
PUBLISHED 22 May 2025
DOI 10.3389/fpubh.2025.1505292

OPEN ACCESS

EDITED BY
Paolo Vineis,
Imperial College London, United Kingdom

REVIEWED BY
Amelie Y. Davis,
United States Air Force Academy,
United States
Abdullah Addas,

Green spaces, blue spaces and human health: an updated umbrella review of epidemiological meta-analyses

XiaoWen Wang[1†], Bowen Feng[2†] and Juan Wang[1*]

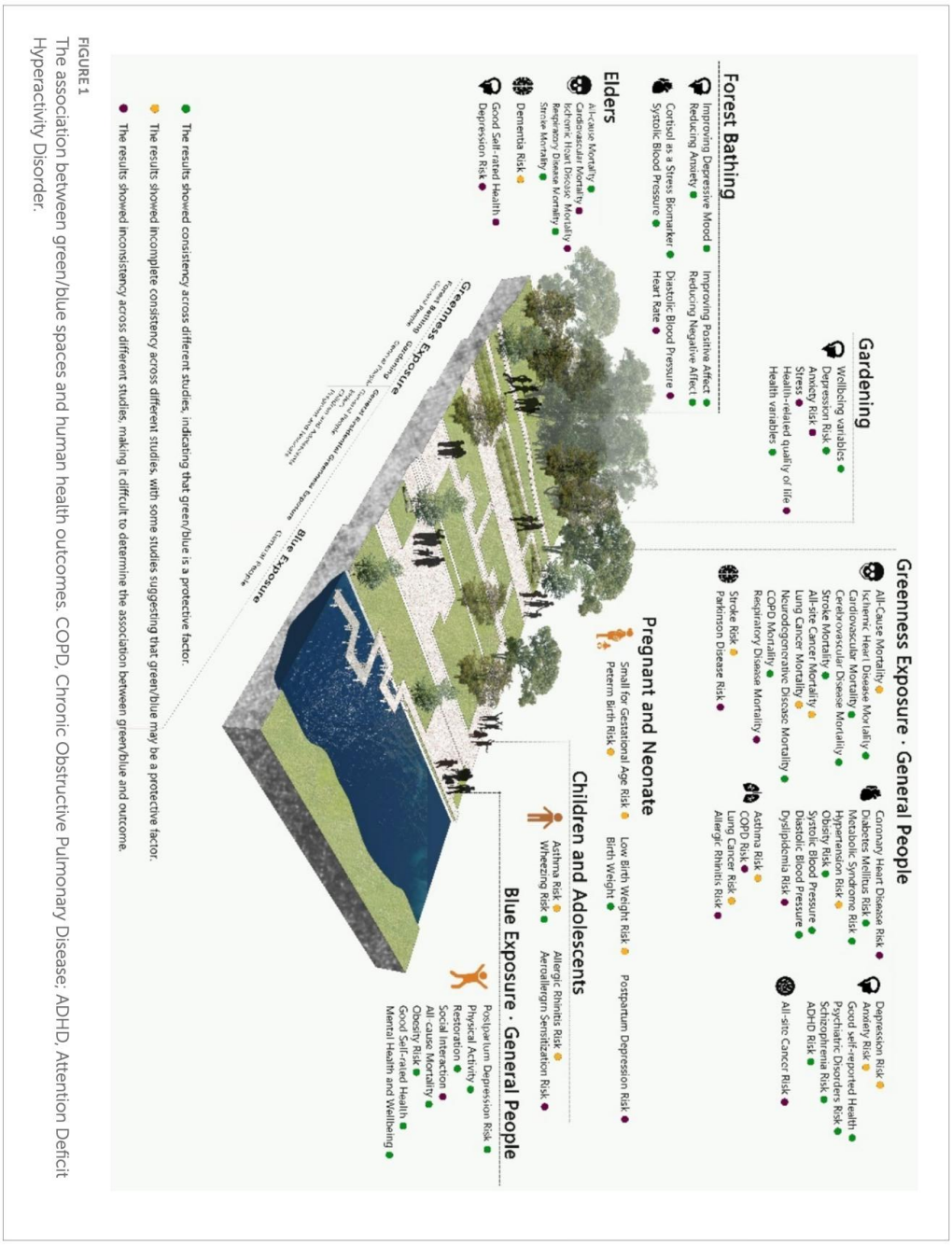


FIGURE 1
The association between green/blue spaces and human health outcomes. COPD, Chronic Obstructive Pulmonary Disease; ADHD, Attention Deficit Hyperactivity Disorder.

Science of the Total Environment 856 (2023) 159292

Contents lists available at ScienceDirect

Science of the Total Environment

journal homepage: www.elsevier.com/locate/scitotenv

Review

Beyond "bluespace" and "greenspace": A narrative review of possible health benefits from exposure to other natural landscapes

Hansen Li [a], Matthew H.E.M. Browning [b,*], Alessandro Rigolon [c], Lincoln R. Larson [d], Derrick Taff [e], S.M. Labib [f], Jacob Benfield [g], Shuai Yuan [b], Olivia McAnirlin [b], Nazanin Hatami [b], Peter H. Kahn Jr. [h,i]

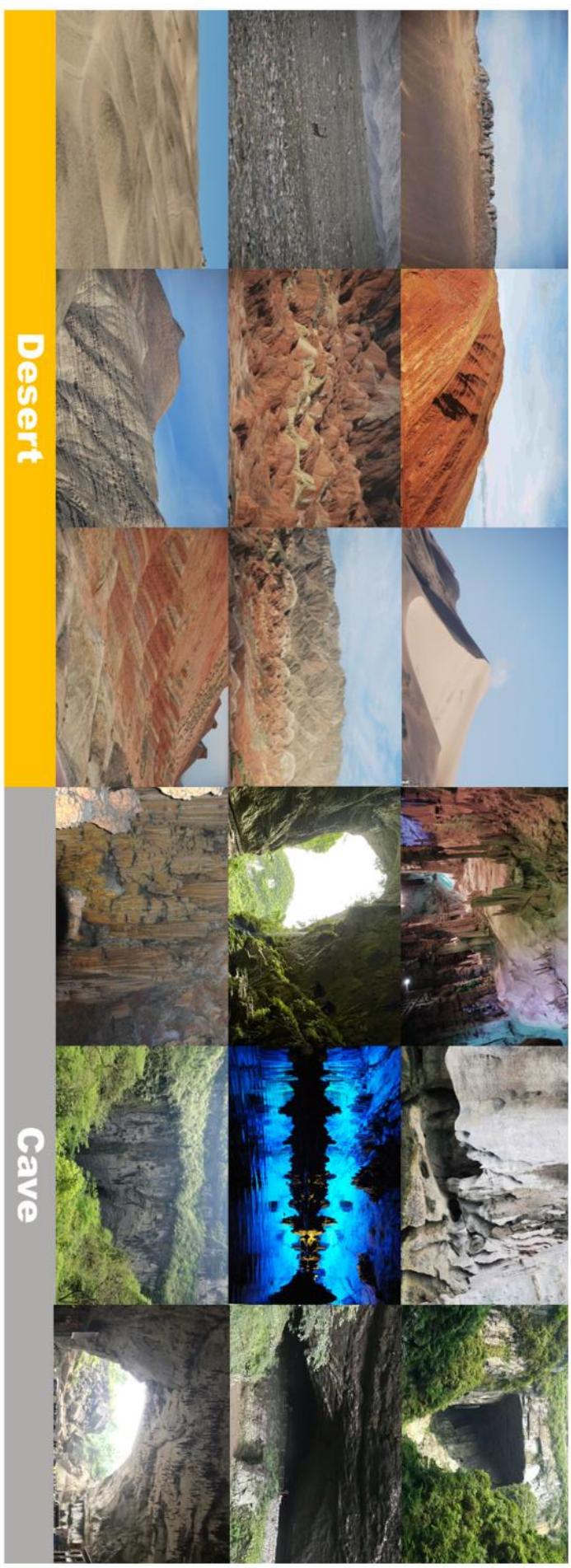


Fig. 2. Examples of landscapes dominated by water in a liquid (1–3) or solid-state (3–9).

Fig. 3. Examples of landscapes dominated by rocks and/or minerals.

Tipo di ambiente naturale	Outcome di salute	Evidenza principale
Verde residenziale (greenspace)	Mortalità totale	↓ 4–7% per +0.1 NDVI
	Mortalità per ictus (anziani)	↓ 23–33%
	Diabete tipo 2	OR 0.72–0.91
	Obesità	RR 0.88
	Ipertensione	OR 0.95
	Depressione	OR 0.89–0.93
	Ansia	OR 0.94
	Demenza	OR 0.95–0.97
	ADHD	OR 0.89
	Schizofrenia	OR 0.74
	Peso alla nassita	+8-20 g
	Parto pretermine	OR 0.98
Attività in natura (parchi, foreste)	Depressione	SMD fino a −0.67
	Ansia	SMD fino a −0.84
	Benessere emotivo	SMD fino a +0.95
Blue spaces (mare, laghi, fiumi)	Salute mentale, obesità, attività fisica	Cohen's d 0.12–3.44
Paesaggi con neve/ghiaccio (white space: ambienti alpini/polari)	Umore e benessere psicologico	Miglioramento dell'umore e riduzione distress in spedizioni polari
	Crescita personale	Incremento di forza personale e wellbeing durante permanenze prolungate
	Fitness ed emozioni	Attività su neve/ghiaccio (sci, mountaineering) associate a benefici **fisici, emotivi e sociali**
Deserti (brown space)	Stress e attenzione (Re, stutta)	Recupero dallo stress simile ai parchi verdi (VR studies)
	Memoria	Miglior performance cognitiva dopo exposizione a video desertiai
	Benessere mentale	Sensazioni di calma, pace e rilassamento in programmi di camminata nel deserto
Grotte (brown space)	Asma, rinite allergica, BPCO- (Mesim), cairvinsian	Speleoterapia associata a miglioramento **respiratorio**
	Ansia e capacita motoria (ne; stutta)	Riduzione ansia e aumento capacita di cammino dopo **10 giorni**
	Performance fisica (ne, ssuferia)	Miglioramento VO_2max, equilbrio; reattività in atleti dopo 12 settimane

Nota: Review epidemiologica (umbrella review) e narrativa su ambienti naturali non tradizionali

Contents lists available at ScienceDirect

Science of the Total Environment

journal homepage: www.elsevier.com/locate/scitotenv

Review

Beyond "bluespace" and "greenspace": A narrative review of possible health benefits from exposure to other natural landscapes

Hansen Li [a], Matthew H.E.M. Browning [b,*], Alessandro Rigolon [c], Lincoln R. Larson [d], Derrick Taff [e], S.M. Labib [f], Jacob Benfield [g], Shuai Yuan [b], Olivia McAnirlin [b], Nazanin Hatami [b], Peter H. Kahn Jr. [h,i]

1 NATURA

TYPE Systematic Review
PUBLISHED 22 May 2025
DOI 10.3389/fpubh.2025.1505292

frontiers | Frontiers in Public Health

Green spaces, blue spaces and human health: an updated umbrella review of epidemiological meta-analyses

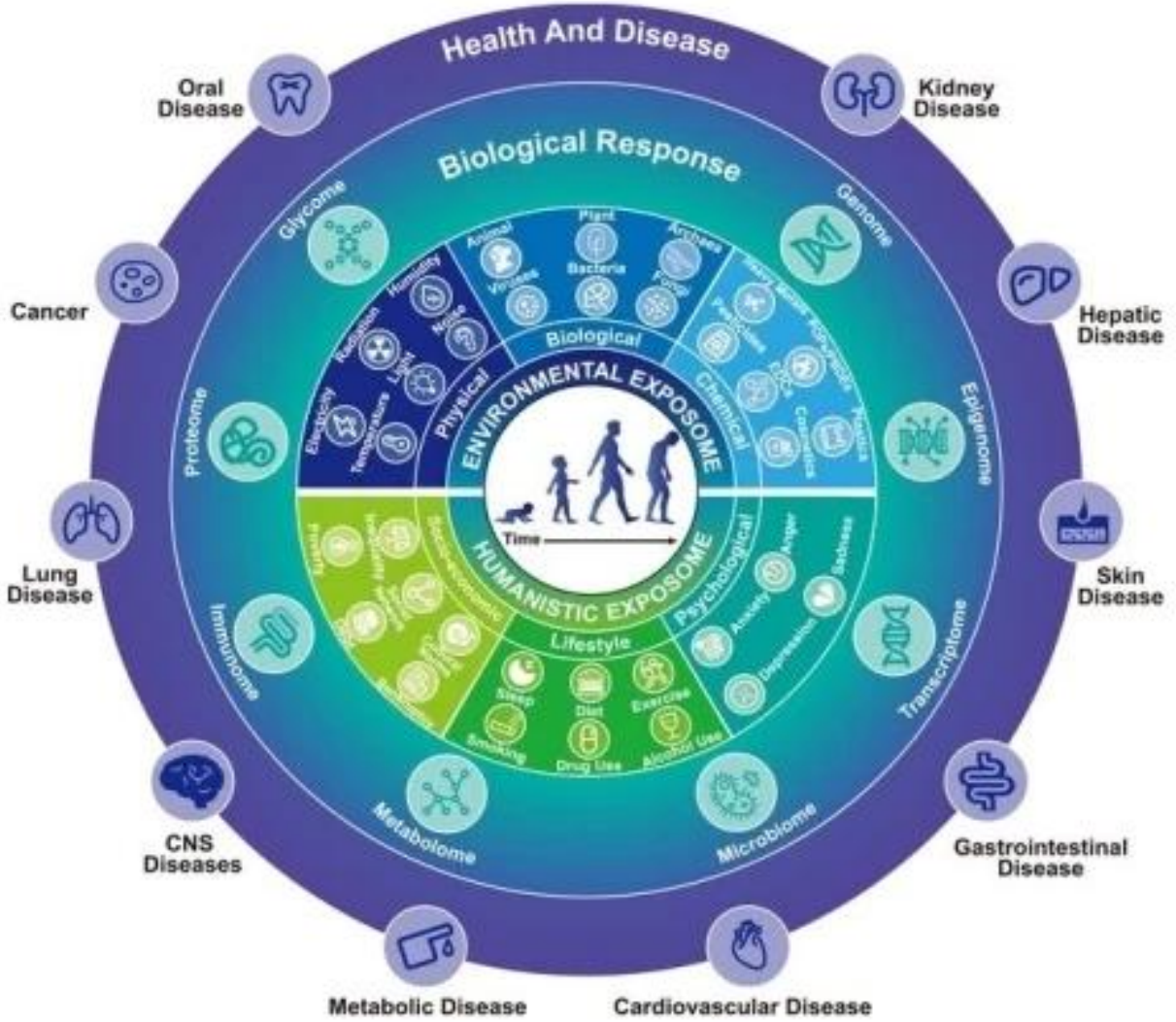
XiaoWen Wang[1†], Bowen Feng[2†] and Juan Wang[1*]

Check for updates

OPEN ACCESS

EDITED BY
Paolo Vineis,
Imperial College London, United Kingdom

REVIEWED BY
Amelie Y. Davis,
United States Air Force Academy, United States
Abdullah Addas,



iMeta 2022; 1:e50. https://doi.org/10.1002/imt2.50

1 NATURA

PIANO STRATEGICO DELLA PAC
IL FUTURO DELL'AGRICOLTURA SOSTENIBILE
MINISTERO DELL'AGRICOLTURA DELLA SOVRANITÀ ALIMENTARE E DELLE FORESTE
Finanziato dall'Unione europea
RETE PAC
Connessioni che seminano opportunità

PIANO STRATEGICO DELLA PAC
IL FUTURO DELL'AGRICOLTURA SOSTENIBILE

MINISTERO DELL'AGRICOLTURA DELLA SOVRANITÀ ALIMENTARE E DELLE FORESTE

Finanziato dall'Unione europea

RETE PAC
Connessioni che seminano opportunità

2 NATURA, ESERCIZIO FISICO

- Tatto
- Altitudine/profondità
- Luce solare
- Composizione dell'aria
- Olfatto
- Udito:
  - frequenza
  - volume
- Vista:
  - colori
  - forme
  - densità
- Esercizio fisico:
  - frequenza
  - intensità
  - durata
  - tipologia
  - volume
  - progressione
  - setting
  - stagione
- Campi biomagnetici
- Temperatura
- Tipologia e densità dell'ambiente
- Altre caratteristiche peculiari dell'ambiente
- Gusto
- Esperienza psicologica

PIANO STRATEGICO DELLA PAC
IL FUTURO DELL'AGRICOLTURA SOSTENIBILE
MINISTERO DELL'AGRICOLTURA DELLA SOVRANITÀ ALIMENTARE E DELLE FORESTE
Finanziato dall'Unione europea
RETE PAC
Connessioni che seminano opportunità

2 NATURA ED ESERCIZIO FISICO

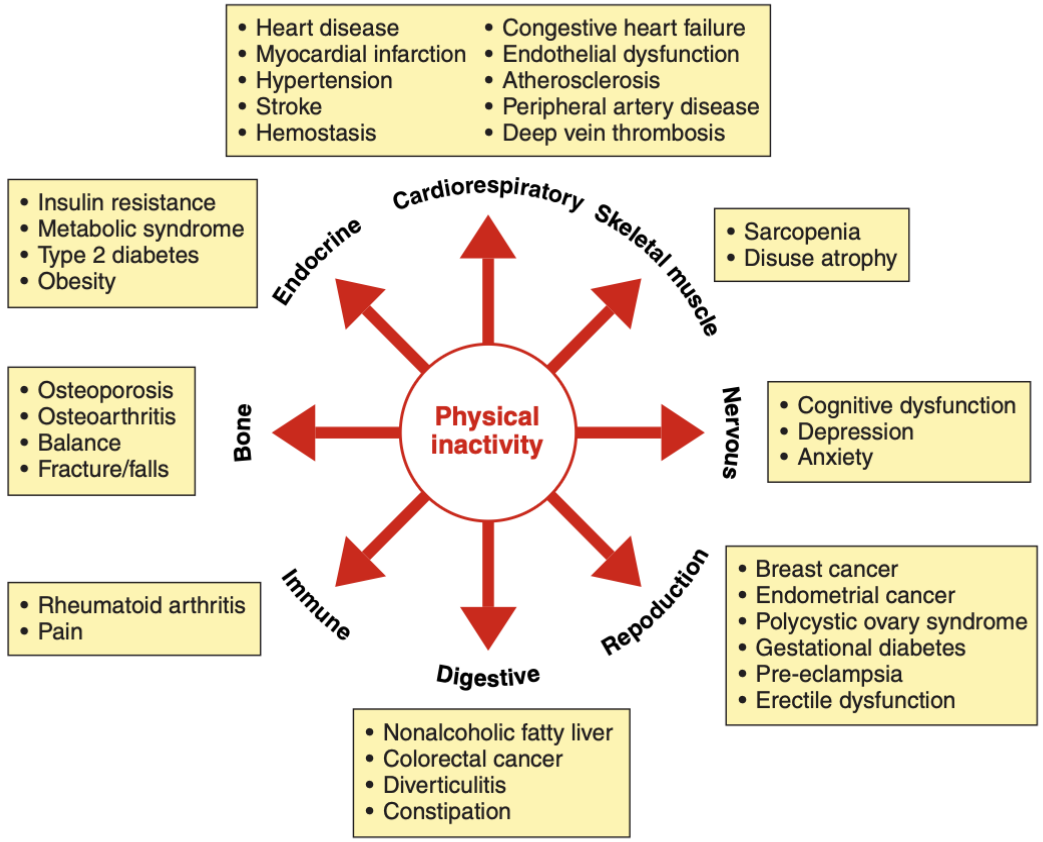


FIGURE 3. Physical inactivity increases 35 chronic diseases. See Booth et al. (55) for more details on how physical inactivity is a major cause of chronic diseases.

3 NATURA ED ESERCIZIO FISICO IN ONCOLOGIA

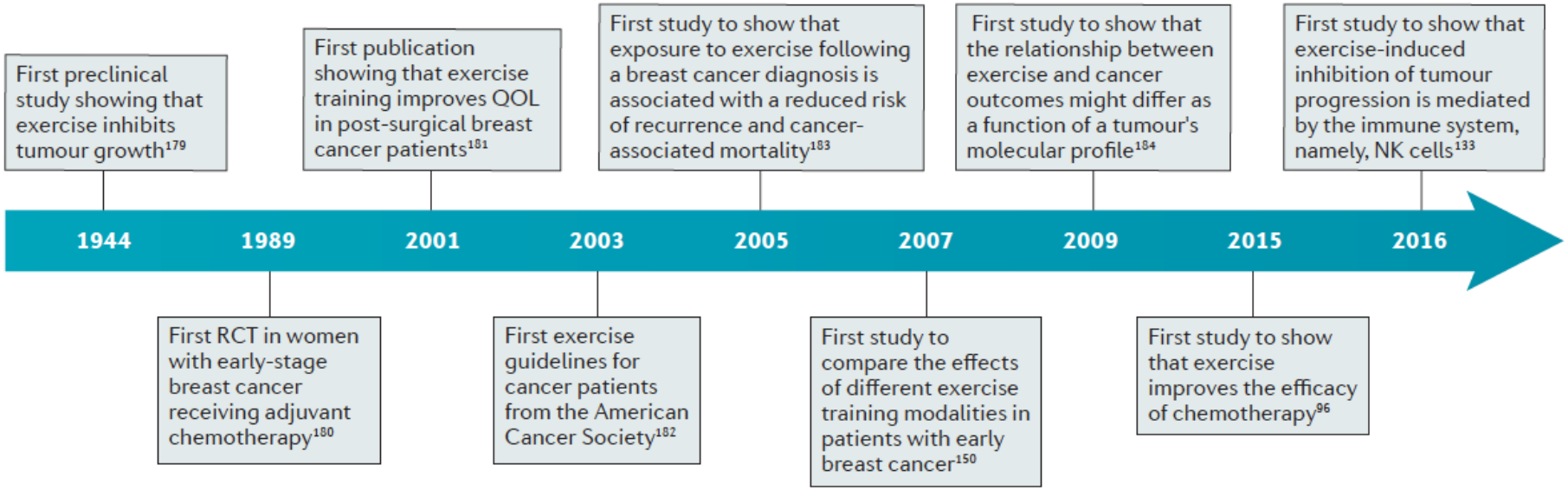


Figure 4 | **Timeline of exercise in cancer research.** NK cells, natural killer cells; QOL, quality of life; RCT, randomized controlled trial.

Exercise-dependent regulation of the tumour microenvironment

Graeme J. Koelwyn, Daniela F. Quail, Xiang Zhang, Richard M. White and Lee W. Jones

3 NATURA ED ESERCIZIO FISICO IN ONCOLOGIA

Published in final edited form as:
Med Sci Sports Exerc. 2019 November ; 51(11): 2375–2390. doi:10.1249/MSS.0000000000002116.

Exercise Guidelines for Cancer Survivors: Consensus statement from International Multidisciplinary Roundtable

Kristin L. Campbell[1], **Kerri Winters-Stone**[2], **Joachim Wiskemann**[3], **Anne M. May**[4], **Anna L. Schwartz**[5], **Kerry S. Courneya**[6], **David Zucker**[7], **Charles Matthews**[8], **Jennifer Ligibel**[9], **Lynn Gerber**[10,11], **Stephen Morris**[12], **Alpa Patel**[13], **Trisha Hue**[14], **Frank Perna**[15]. **Kathrvn H. Schmitz**[16]

Journal of Science and Medicine in Sport 22 (2019) 1175–1199

Contents lists available at ScienceDirect

Journal of Science and Medicine in Sport

journal homepage: www.elsevier.com/locate/jsams

Review

The Exercise and Sports Science Australia position statement: Exercise medicine in cancer management

Sandra C. Hayes[a,*], Robert U. Newton[b,c], Rosalind R. Spence[a], Daniel A. Galvão[b]

[a] Queensland University of Technology, Institute of Health and Biomedical Innovation, Australia
[b] Edith Cowan University, Exercise Medicine Research Institute, Australia
[c] The University of Queensland, School of Human Movement and Nutrition Sciences, Australia

original contributions

CARE DELIVERY ReCAP Full-length article is available online at ascopubs.org

Exercise Recommendation for People With Bone Metastases: Expert Consensus for Health Care Providers and Exercise Professionals

Kristin L. Campbell, PT, PhD[1]; Prue Cormie, PhD, AEP[2,3]; Sarah Weller, MSc, CSEP-CEP[1,4]; Shabbir M. H. Alibhai, MD, MSc[5]; Kate A. Bolam, PhD[6]; Anna Campbell, PhD, MBE[7]; Andrea L. Cheville, MD, MSCE[8]; Mary-Ann Dalzell, PT, MSc[9]; Nicolas H. Hart, PhD, AES[10,11]; Celestia S. Higano, MD[12]; Kirstin Lane, PhD, CSEP-CEP[13]; Sami Mansfield, BA[14]; Margaret L. McNeely, PT, PhD[15]; Robert U. Newton, PhD, DSc, AEP[10]; Morten Quist, PT, PhD[16]; Jennifer Rauw, MD[4]; Friederike Rosenberger, PhD[17]; Daniel Santa Mina, PhD, CSEP-CEP[18]; Kathryn H. Schmitz, PhD[19]; Kerri M. Winters-Stone, PhD[20]; Joachim Wiskemann, PhD[17]; and Jennifer Goulart, MD[21]

3 NATURA ED ESERCIZIO FISICO IN ONCOLOGIA

Effects of Exercise on Health-Related Outcomes in Those with Cancer

What can exercise do?

- **Prevention of 7 common cancers***
  Dose: 2018 Physical Activity Guidelines for Americans: 150-300 min/week moderate or 75-150 min/week vigorous aerobic exercise
- **Survival of 3 common cancers****
  Dose: Exact dose of physical activity needed to reduce cancer-specific or all-cause mortality is not yet known; Overall more activity appears to lead to better risk reduction

*bladder, breast, colon, endometrial, esophageal, kidney and stomach cancers
**breast, colon and prostate cancers

Overall, avoid inactivity, and to improve general health, aim to achieve the current physical activity guidelines for health (150 min/week aerobic exercise and 2x/week strength training).

Outcome	Aerobic Only	Resistance Only	Combination (Aerobic + Resistance)
Strong Evidence	Dose	Dose	Dose
Cancer-related fatigue	**3x**/week for **30** min per session of moderate intensity	**2x**/week of **2** sets of **12-15** reps for major muscle groups at moderate intensity	**3x**/week for **30** min per session of moderate aerobic exercise, plus **2x**/week of resistance training **2** sets of **12-15** reps for major muscle groups at moderate intensity
Health-related quality of life	**2-3x**/week for **30-60** min per session of moderate to vigorous	**2x**/week of **2** sets of **8-15** reps for major muscle groups at a moderate to vigorous intensity	**2-3x**/week for **20-30** min per session of moderate aerobic exercise plus **2x**/week of resistance training **2** sets of **8-15** reps for major muscle groups at moderate to vigorous intensity
Physical Function	**3x**/week for **30-60** min per session of moderate to vigorous	**2-3x**/week of **2** sets of **8-12** reps for major muscle groups at moderate to vigorous intensity	**3x**/week for **20-40** min per session of moderate to vigorous aerobic exercise, plus **2-3x**/week of resistance training **2** sets of **8-12** reps for major muscle group at moderate to vigorous intensity
Anxiety	**3x**/week for **30-60** min per session of moderate to vigorous	Insufficient evidence	**2-3x**/week for **20-40** min of moderate to vigorous aerobic exercise plus **2x**/week of resistance training of **2** sets, **8-12** reps for major muscle groups at moderate to vigorous intensity
Depression	**3x**/week for **30-60** min per session of moderate to vigorous	Insufficient evidence	**2-3x**/week for **20-40** min of moderate to vigorous aerobic exercise plus **2x**/week of resistance training of **2** sets, **8-12** reps for major muscle groups at moderate to vigorous intensity
Lymphedema	Insufficient evidence	**2-3x**/week of progressive, supervised, program for major muscle groups does not exacerbate lymphedema	Insufficient evidence
Moderate Evidence			
Bone health	Insufficient evidence	**2-3x**/week of moderate to vigorous resistance training plus high impact training (sufficient to generate ground reaction force of **3-4** time body weight) for at least **12** months	Insufficient evidence
Sleep	**3-4x**/week for **30-40** min per session of moderate intensity	Insufficient evidence	Insufficient evidence

Citation: bit.ly/cancer_exercise_guidelines

Moderate intensity (40%-59% heart rate reserve or VO_2R) to vigorous intensity (60%-89% heart rate reserve or VO_2R) is recommended.

Exercise is Medicine® | AMERICAN COLLEGE of SPORTS MEDICINE

MOVING THROUGH CANCER:
Exercise for people living with and beyond cancer

TO GET STARTED
Avoid inactivity; moving more and sitting less benefits nearly everyone

FOR OVERALL HEALTH
Aim to meet the current exercise guidelines for adults[1]

Moderate Aerobic Exercise
At least 150–300 mins per week
OR
Vigorous Aerobic Exercise
At least 75–150 mins per week
(or a combination of moderate/vigorous aerobic exercise)

+

Resistance Exercise
2x per week

FOR PEOPLE DURING & FOLLOWING CANCER TREATMENT
Research shows lower amounts of exercise can still help with the following cancer treatment-related symptoms:

Cancer-related fatigue
Health-related quality of life
Physical function
Anxiety
Depression
Sleep
Lymphedema[2]
Bone health[3]

To improve these symptoms, choose an exercise plan below:

Aerobic Exercise	OR	Resistance Exercise	OR	Aerobic Exercise + Resistance Exercise
3x per week 30–60 mins		2x per week 2 sets/8–15 reps		2-3x per week 20–40 mins + 2x per week 2 sets/8–15 reps
Helps to manage the following symptoms:		Helps to manage the following symptoms:		Helps to manage the following symptoms:

[1] Physical Activity Guidelines for Americans, 2018
[2] Progressive supervised resistance training does not exacerbate lymphedema
[3] At least 12-months of resistance training plus high impact training needed

PIANO STRATEGICO DELLA PAC
IL FUTURO DELL'AGRICOLTURA SOSTENIBILE
MINISTERO DELL'AGRICOLTURA DELLA SOVRANITÀ ALIMENTARE E DELLE FORESTE
Finanziato dall'Unione europea
RETE PAC
Connessioni che seminano opportunità

3 NATURA ED ESERCIZIO FISICO IN ONCOLOGIA

Table 3 (*Continued*)

	Reference ranges for blood values	Consideration
Blood work*		
Platelets	150–400 × 10^9/L	Concentrations <20 × 10^9/L: higher bleeding risk, functional mobility exercises only, minimise fall or impact risk†, emphasise normal breathing (avoid Valsalva manoeuvre), monitor bruising and bleeding, doctor's clearance; concentrations 20–150 × 10^9/L: exercise as tolerated, monitor bruising and bleeding
Haemoglobin	Men 140–180 g/L; women 120–160 g/L	Concentrations <80 g/L: relative contraindication to exercise, low to moderate intensity only (doctor's clearance); concentrations 80–100 g/L: monitor signs and symptoms of fatigue and exertion, adjust exercise intensity or duration to accommodate fatigue or weakness; concentrations >100 g/L: aerobic and resistance exercise as tolerated
White blood cell	4·0–11·0 × 10^9/L	Concentrations <2·0 × 10^9/L: relative contraindication to exercise, avoid group and public exercise, light to moderate intensity exercise only, reinforce importance of sanitisation and hand-washing (doctor's clearance); concentrations 2·0–4·0 × 10^9/L: minimise risk of infections, clean all equipment before use, vigilance with hand-washing and use of hand sanitiser, light to moderate intensity exercise only to reduce infection risk
Neutrophils	2·0–7·5 × 10^9/L	Concentrations <1·5 × 10^9/L (neutropenia) or fever (oral temperature >38°C/100·4 °F): relative contraindication to exercise, avoid group and public exercise, light to moderate intensity exercise only, reinforce importance of sanitisation and hand-washing (doctor's clearance); concentrations 1·5–1·9 × 10^9/L: minimise risk of infections, clean all equipment before use, vigilance with hand-washing, light to moderate intensity exercise only
Blood glucose	3·8–7·0 mmol/L	Concentrations <5·5 mmol/L: recommend 5–30 g carbohydrate consumption before exercise (doctor's clearance); concentrations >16·7 mmol/L and type 1 diabetes: light to moderate exercise only; concentrations >16·7 mmol/L and type 2 diabetes: exercise as tolerated, encourage hydration and monitor signs and symptoms of dehydration
Cardiorespiratory signs and symptoms (at rest and related adverse responses during exercise)		
Resting blood pressure	NA	Systolic blood pressure >200 mmHg or diastolic blood pressure >110 mmHg after two measurements, 5 min apart: relative contraindication (doctor's clearance); systolic blood pressure 160–200 mmHg or diastolic blood pressure 90–110 mmHg after two measurements, 5 min apart: monitor for signs and symptoms, repeat blood pressure measurements frequently during session; systolic blood pressure ≤90 mmHg or diastolic blood pressure ≤60 mmHg: routinely monitor blood pressure and signs and symptoms (presyncope or pallor)
Resting heart rate	NA	<60 bpm after two measurements, 5 min apart: monitor for signs and symptoms (doctor's clearance needed if patient is without suspected athletic bradycardia or taking β-blockers with heart rate less than <55–60 bpm; 100–124 bpm after two measurements, 5 min apart: monitor for signs and symptoms; >120 bpm after two measurements, 5 min apart: relative contraindication (doctor's clearance)
Resting oxygen saturation (on room air)	NA	≤88%: absolute contraindication to exercise, discontinue exercise if desaturation to this level occurs during a session (doctor's clearance); 89–94%: aerobic and resistance exercise as tolerated, monitor signs and symptoms of fatigue and exertion, repeat SpO_2 routinely; >95%: exercise as tolerated
Adverse cardiorespiratory signs or symptoms	NA	Cardiac arrest or unresponsive: call code medical emergency; absolute contraindications (moderately severe angina, dizziness or pre-syncope, cyanosis or pallor): discontinue exercise, monitor heart rate, blood pressure, and SpO_2, facilitate recovery (sit or lie down, water, active recovery), notify doctor, patient transportation to pick-up area or to the emergency department; relative contraindications (increasing chest pain, fatigue, shortness of breath, wheezing, claudication): reduce exercise intensity or facilitate active recovery, monitor heart rate, blood pressure, and SpO_2
Bone metastases (including lytic myelomatous lesions)		
Pelvis and proximal femur	NA	Caution regarding hip hyperflexion and hyperextension and high torque or rotational movements; exercise as tolerated
Spine	NA	Cautions regarding axial loading; avoid lumber hyperflexion and hyperextension and high torque or rotational movements; exercise as tolerated
Ribs	NA	Caution regarding high torque or rotational movements through torso; exercise as tolerated
Shoulder	NA	Caution regarding extreme shoulder flexion, extension, abduction, and adduction; exercise as tolerated
Appendicular skeleton	NA	Modify or avoid for localised signs and symptoms; exercise as tolerated
Variations in physical or cognitive function		
Sudden‡ or severe pain, swelling, or dysfunction	NA	Avoid exercise of the affected region; doctor's clearance required to resume exercise of the affected region or if general exercise exacerbates symptoms
Cognitive	NA	If brain fog, cognitive impairment, or developmental delay is reported or suspected: simplify exercise routine and provide additional support (including logbook, written materials with illustrations, memory cues, weekly or biweekly check-ins)

Doctor's clearance refers to the suspension of exercise programming (or a portion of programming as indicated) until a licensed doctor provides medical clearance to proceed. NCCN=National Comprehensive Cancer Network. SpO_2=oxygen saturation. *Reference ranges for blood concentrations pertain to institutional laboratory standards. †Fall risk is assessed via 30 s single-leg stance (pass or fail) and response to the following questions: have you fallen in the last year? do you ever use a cane, walker or wheelchair? and do you need help to get on or off hospital equipment or furniture?; patients at an increased risk of falls receive adaptations to exercise prescriptions as per peripheral neuropathy and poor bone health guidance from the NCCN survivorship guidelines. ‡Recent onset without medical assessment before next exercise testing or training session; considerations for lymphoedema, stem-cell transplant, ostomy, peripheral neuropathy, and poor bone health are as per guidance provided by the NCCN survivorship guidelines (version 2.2017).

Table: **Safety Reference Guide to support exercise services in people with cancer**

For more on **NCCN guidelines** see http://www.nccn.org

higher than 95%, but warrants close monitoring between 89% and 94%.[11] Patients who present with resting hypoxia or desaturate to 88% or less during exercise require medical clearance for ongoing exercise.

Physician and QEP responses to the presence of adverse cardiorespiratory clinical markers (eg, baseline or

3 NATURA ED ESERCIZIO FISICO IN ONCOLOGIA

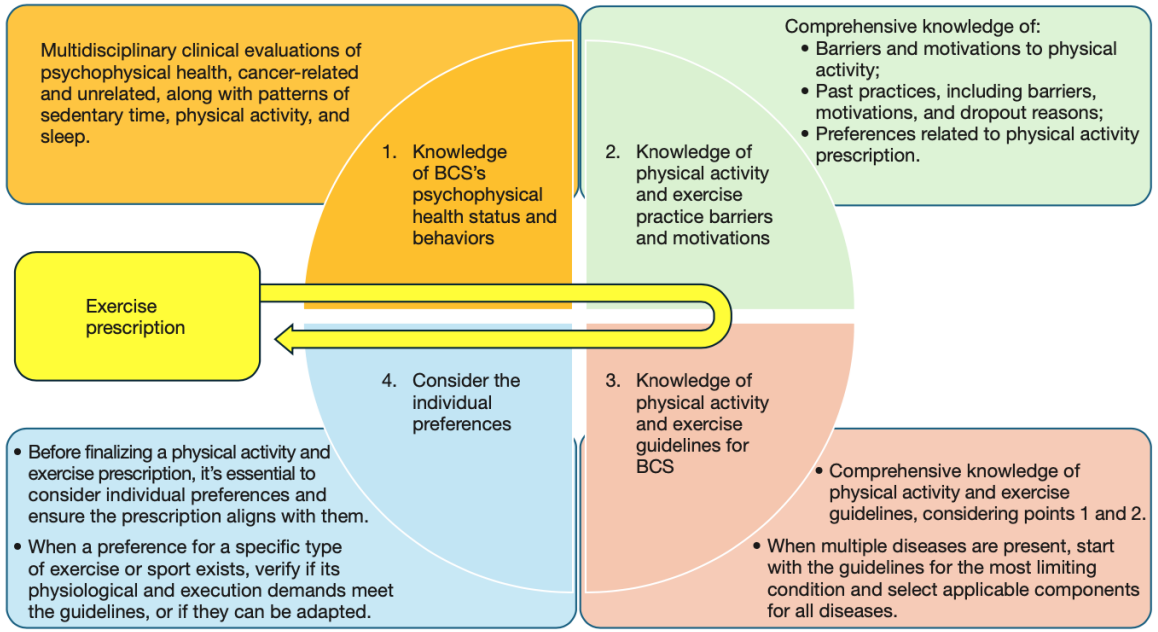


Figure 2 Exercise prescription algorithm. BCS, breast cancer survivor.

Table 1 Summary of barriers to exercise and facilitators of exercise

Barriers to exercise	Facilitators of exercise
Treatment related side effects	Improved physical health
Time poor	Improved mental wellbeing
Fatigue	Gaining control over health
No facilities	Social benefits
Don't know what to do/no info	Cancer as a motivation for change
Don't enjoy it	Influence from physician/ other survivor
No motivation	Moving forward
No-one to exercise with	Cancer related benefits
Bad weather	Supervision
Health problems	Improved quality of life
Fear of injury	Self-efficacy as a facilitator
Cost	Fear of not exercising on health
Injuries	Affirming healthy status
Lack of self-efficacy	Exercise variety
Responsibilities (work/home)	Support
Low self-confidence (body image)	Home visits
Low physical fitness	Improved sleep quality
Environment as a barrier	Chance to be alone
Ageing	Reduced fatigue

The lists move from the most to the lowest frequent item according to the study of Clifford *et al.* (25).

Non-commonly prescribed physical exercises, disciplines and sports in breast cancer survivors: a narrative review

Andrea Di Blasio[1,2], Teresa Morano[1,2], Alessandra Di Marco[1,2], Federica Lancia[1,2], Leandro Ditali[1,2], Giacomo Sirtori[1], Mirko Pesce[1], Lucia Cugusi[3], Valentina Bullo[4], Sofia Marini[1,2], Simona Grossi[2], Giorgio Napolitano[1,2]

PIANO STRATEGICO DELLA PAC
IL FUTURO DELL'AGRICOLTURA SOSTENIBILE
MINISTERO DELL'AGRICOLTURA DELLA SOVRANITÀ ALIMENTARE E DELLE FORESTE
Finanziato dall'Unione europea
RETE PAC
Connessioni che seminano opportunità

LA MISSION ATTUALE

CA CANCER J CLIN 2022;72:144–164

Integrative oncology: Addressing the global challenges of cancer prevention and treatment

Jun J. Mao, MD, MSCE [1]; Geetha Gopalakrishna Pillai, MD (AY) [2]; Carlos Jose Andrade, MD [3]; Jennifer A. Ligibel, MD [4,5]; Partha Basu, MD, PhD [6]; Lorenzo Cohen, PhD [7]; Ikhlas A. Khan, PhD [8]; Karen M. Mustian, PhD, MPH [9]; Rammanohar Puthiyedath, MD (AY) [10]; Kartar Singh Dhiman, MD (AY), PhD (AY) [11]; Lixing Lao, MB, PhD [12]; Ricardo Ghelman, PhD [13]; Paulo Cáceres Guido, PharmD [14,15]; Gabriel Lopez, MD [16]; Daniel F. Gallego-Perez, MD, DrPH(c) [15,17]; Luis Alejandro Salicrup, PhD [18]

Abstract: The increase in cancer incidence and mortality is challenging current cancer care delivery globally, disproportionally affecting low- and middle-income countries (LMICs) when it comes to receiving evidence-based cancer prevention, treatment, and palliative and survivorship care. Patients in LMICs often rely on *traditional, complementary, and integrative medicine* (TCIM) that is more familiar, less costly, and widely available. However, spheres of influence and tensions between conventional medicine and TCIM can further disrupt efforts in evidence-based cancer care. Integrative oncology provides a framework to research and integrate safe, effective TCIM alongside conventional cancer treatment and can help bridge health care gaps in delivering evidence-informed, patient-centered care. This growing field uses lifestyle modifications, mind and body therapies (eg, acupuncture, massage, meditation, and yoga), and natural products to improve symptom management and quality of life among patients with cancer. On the basis of this review of the global challenges of cancer control and the current status of integrative oncology, the authors recommend: 1) educating and integrating TCIM providers into the cancer control workforce to promote risk reduction and culturally salient healthy life styles; 2) developing and testing TCIM interventions to address cancer symptoms or treatment-related adverse effects (eg, pain, insomnia, fatigue); and 3) disseminating and implementing evidence-based TCIM interventions as part of comprehensive palliative and survivorship care so patients from all cultures can live with or beyond cancer with respect, dignity, and vitality. With conventional medicine and TCIM united under a cohesive framework, integrative oncology may provide citizens of the world with access to safe, effective, evidence-informed, and culturally sensitive cancer care.

Keywords: cancer prevention, complementary, alternative, and integrative medicine, global health, health policy, survivorship

L'AMBULATORIO DI MEDICINA INTEGRATA della ASL02 di Lanciano-Vasto-Chieti e del DMSI

Contatto giornaliero con la natura

Approccio body-mind

Agopuntura

Supporto nutrizionale

Attività fisica ed esercizio fisico

Terapie convenzionali

Psicoterapia

Università G. d'Annunzio DMSI

UdA Valorizzazione delle CONOSCENZE
UNIVERSITÀ DEGLI STUDI "GABRIELE D'ANNUNZIO" CHIETI - PESCARA

ASL2 LANCIANOVASTOCHIETI · REGIONE ABRUZZO

BOSSO Turismo Esperienziale

Progetto realizzato grazie al contributo economico di SUSAN G. KOMEN ITALIA
PER LA LOTTA AI TUMORI DEL SENO

Ud'A
Università degli Studi "G. d'Annunzio"

Università
G. d'Annunzio
DMSI
DIPARTIMENTO DI MEDICINA E
SCIENZE DELL'INVECCHIAMENTO

ASL2 LANCIANOVASTOCHIETI * REGIONE ABRUZZO *

AMBULATORIO
MEDICINA INTEGRATA
Ospedale di Ortona

Parco Nazionale della Maiella

Torre del Cerrano
Area Marina Protetta

Consiglio Nazionale
delle Ricerche

Raggruppamento Carabinieri Biodiversità

PIANO STRATEGICO DELLA PAC
IL FUTURO DELL'AGRICOLTURA SOSTENIBILE
Finanziato dall'Unione europea
RETE PAC
Connessioni che seminano opportunità

REGIONE ABRUZZO

Torre del Cerrano
Area Marina Protetta

Ud'A
Università degli Studi "G. d'Annunzio"

Università G. d'Annunzio
DMSI
DIPARTIMENTO DI MEDICINA E SCIENZE DELL'INVECCHIAMENTO

Consiglio Nazionale delle Ricerche

Equipe universitaria

Prof. Giorgio Napolitano
Dott.ssa Ines Bucci
Prof. Andrea Di Blasio
Prof. Mirko Pesce
Dott. Massimo Rinaldi
Dott.ssa Laura Masini
Dott.ssa Teresa Morano
Dott.ssa Federica Lancia
Dott.ssa Alessandra Di Marco
Dott. Leandro Ditali
Dott. Giacomo Sirtori
Dott.ssa Chiara Di Girolamo
Dott.ssa Sara Verrocchio
Dott. Fernando Pallini

“GRAZIE PER L’ATTENZIONE”

ANDREA DI BLASIO

Università degli Studi «G. d’Annunzio» di Chieti-Pescara

Ambulatorio di medicina integrata

dell’ospedale «G. Bernabeo» di Ortona

andrea.diblasio@unich.it

Equipe ospedaliera

U.O.C. di chirurgia generale ad indirizzo senologico della ASL02 di Lanciano-Vasto-Chieti EUSOMA BREAST CENTER

Primario: dott.ssa Simona Grossi

Equipe CNR

Istituto di bioeconomia CNR
Dott. Francesco Meneguzzo
Dott.ssa Federica Zabini

PIANO STRATEGICO DELLA PAC
IL FUTURO DELL'AGRICOLTURA SOSTENIBILE

MINISTERO DELL'AGRICOLTURA DELLA SOVRANITÀ ALIMENTARE E DELLE FORESTE

Finanziato dall'Unione europea

RETE PAC
Connessioni che seminano opportunità