

# **The Whole Picture: A Holistic Approach to Breast Health and Breast Cancer**

**National Teleconference & Webinar Transcript**

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**Presented By**



**SHARSHERET**

**Sharsheret – Your Jewish Community Facing Breast Cancer**

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**I. Introduction**  
**Shera Dubitsky, MEd, MA, Clinical Supervisor, Sharsheret**

Operator: Good day, ladies and gentlemen, and welcome to Your Holistic Approach to Breast Health and Breast Cancer teleconference and webinar. All lines have been placed on the listen only mode, and the floor will be open for your questions and comments following the presentation. If you would like to submit a question or comment at any time during the webinar, you may use the chat box located on the lower right hand side of your screen. Simply type your message into the box and click on the send button. If you should require assistance throughout the conference, please press \*0.

At this time, it is my pleasure to turn the floor over to your host, Shera Dubitsky.

Shera Dubitsky: Thank you, Melinda. Good evening everyone. My name is Shera Dubitsky and I am the Clinical Supervisor at Sharsheret. I'd like to welcome you Sharsheret's National Teleconference, The Whole Picture, A Holistic Approach to Breast Health and Breast Cancer. To listen to the teleconference over the phone, please dial 888-479-6525.

Joining us tonight are those of you who are at high risk of developing breast cancer or ovarian cancer. Some of you may already have been diagnosed and currently are undergoing treatment, and many of you on the line are post-treatment for many years. We have family members, healthcare providers, and collectively we have over 100 participants representing many states across the country. Sharsheret, Hebrew for "chain," is a national not-for-profit organization supporting young women and their families of all Jewish backgrounds who are facing breast cancer.

We support young Jewish women facing breast cancer at every stage, before, during, and after diagnosis. We're helping women connect to our community in a way that feels most comfortable, taking into consideration their stage of life, diagnosis and treatment, as well as their connection to Judaism. We also provide educational resources and specialized support to those who are facing ovarian cancer or at high risk of developing cancer.

This year, we are celebrating our ten-year anniversary. We have developed 11 national programs that serve women, family members, friends, and the Jewish community at large. We are proud to be the go-to organization for Jewish women and their families facing breast cancer and ovarian cancer. Over the ten years since Sharsheret's founding, women have been asking, "Well, what else can I be doing to help myself heal? Are there natural resources that I should be exploring? Should I be changing my diet and exercise routine?"

We received an email from Hannah, who shared, "Sometimes I lay awake at night and think about additional ways that I can move toward healing that will compliment the treatment that I am already undergoing. It seems like there is so much information out there. The responsibility to choose correctly and act on everything can feel overwhelming." Well Hannah, we hear you, along with all the other women who are asking these very important questions and looking for a more holistic approach to healing.

**II. Exploring the Jewish Perspective on a Holistic Approach to Wellness**  
**Shera Dubitsky, MEd, MA, Clinical Supervisor, Sharsheret**

It is the Jewish imperative to choose life, and we are charged to go to great length in pursuit of health. Judaism addresses the importance of caring for our minds, bodies, and souls collectively. When someone in our community is ill, we recite the *Mi*

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*Sheberach* prayer, which is the Jewish healing prayer in the hope for a complete healing of the body and soul.

There are extensive writings about the holiness of food and the importance of proper nutrition. Though holy, the typical Jewish diet may not fall under the category of proper nutrition. The kugels, heavy meats, wines and lox are typically found at our Sabbath and holiday tables. They may not necessarily be the healthiest of choices.

The good news is that we are seeing many more Jewish-style cookbooks that are reflecting healthy cooking. There are many Jewish commentators who are addressing the use of natural remedies that can compliment medical treatments. Again, walking into a health food store, we are seeing more and more vitamins and supplements that have a kosher symbol.

Exercise, physical movement and good sleeping habits are also strongly valued and extensively discussed and all of these things are contributing to a sound mind and body. Also, mindful meditation, yoga or prayer are other activities that women can undertake in order to heal physically, emotionally, spiritually.

For some of you, changing lifestyle habits such as nutrition, exercise, and engaging in mindful meditation are really easy next steps in the pursuit of holistic health. But there may be some of you who feel similarly to Hannah, whereby you know that there are complimentary interventions, but may feel overwhelmed with the responsibility of making the right choices or any choices at all.

First and foremost, it is critical when making any changes to lifestyle or opting for complimentary and holistic interventions, to always consult your medical team. Some natural remedies or nutritional choices may counteract with your medical treatments.

Also, consult an expert when deciding on an exercise regimen. Speak with your rabbi or spiritual leader about prayers or meditations that will fill your soul.

Finally, it's important to pace yourself as you make lifestyle changes. Healthy healing means finding the right balance in the three realms of mind, body, and soul. *Ushmartem et nafshotechem*. Guard your health and well-being. This includes your emotional health. Sharsheret is a resource that provides emotional support from a Jewish perspective. There are many women who are calling Sharsheret and they share that they're having difficulty turning to others for help.

In fact, I had one woman share that she was always the giver and was having a hard time taking. I told her that in all my years of working at Sharsheret with Jewish women, I never received a call from a woman who said, "You know what, this is going to be great. I'm always the taker." I told her that every woman seems to be the giver, so every woman is the giver, who is doing the taking. Someone has to take and it looks like it was her turn.

As Jews, we are taught that every person must be responsible for his fellow man. A woman at high risk of developing cancer or diagnosed with cancer seeks the assistance of caregivers, doctors, and nurses to heal, but they also need support from the community. Women are supporting each other through Sharsheret's Link program. The community is supporting women through generous donations in order to continue growing Sharsheret's programs and resources, and tonight, we can fulfill this obligation with prayer and well wishes for a complete recovery.

Tonight, our goal is to explore complimentary interventions that address your overall wellbeing. Our esteemed panel of speakers will focus on integrative cancer therapies, nutrition and movement, and we will have a question and answer session following the presentations.

### **III. Understanding Your Whole Self Before, During and After Treatment Mitchell Gaynor, MD, Gaynor Integrative Oncology**

Shera Dubitsky: It is now my pleasure to introduce our first speaker, Dr. Mitchell Gaynor. Dr. Gaynor is well known in the media as an integrative medical specialist and is frequently called upon to discuss such topics as nutritional aspects of cancer prevention, complimentary cancer therapies, the dangers of carcinogens and health, and spirituality and healing. He has been featured in many national newspapers including the New York Times and USA Today. He has also been a source for articles in many national magazines including News Week, GQ, and Healthy Living.

His appearances on television and radio are extensive. He has appeared widely on television, including CBS Evening News with Dan Rather, ABC Good Morning America, FOX News Channel, and CNN Your Health. Dr. Gaynor is founder and President of Gaynor Integrative Oncology. He is the assistant attending physician at New York Presbyterian Hospital, Weill Cornell Medical Center, and Clinical Assistant Professor of Medicine at the Weill Medical College. He has held the position of Director of Medical Oncology at the Strang Cancer Prevention Center, where he still serves as a consultant. He is also the former Medical Director and Director of Medical Oncology at the Weill Cornell Medical Center Institute for Complimentary and Integrative Medicine. He has served on the Executive Review Panel at the Department of Defense, Alternative Medicine for Breast Cancer Sector, and the Smithsonian Institution Symposium on New Frontier in Breast Cancer and the Environment.

Dr. Gaynor is also the best selling author of four books and a CD focusing on healing, health, and the environment and cancer prevention.

Dr. Gaynor, welcome.

Dr. Mitchell Gaynor: Thank you, Shera. It's wonderful to be with you all because this is a subject that affects each of us at every point in our life because we're living in a country today where one in three Americans are going to hear the words "You have cancer" at some point in his or her life. One of the things that I really want to begin stressing is that there is so much each of you can do to lower your cancer risk. Even if you've already had cancer, there is a lot you can do to avoid a second cancer. There is a lot you can do to reduce your risk of a recurrence.

A lot of times, patients will ask me, "Dr. Gaynor, isn't it too late for me? I've had high cholesterol for decades. Perhaps I've been overweight for decades, I haven't really taken care of myself. I've already had cancer or a heart attack. Isn't it too late?" My answer always is, "It's never too late." The reason it's never too late is because there are still so many things you can do to strengthen every system in your body. I think one of the biggest advances in cancer research today is understanding the causes of cancer, things that we can measure that each of you should know and what you can do about it.

We know now, for instance, if a woman feels a lump in her breast one day and goes to the doctor, has a biopsy, and finds out she has breast cancer, that cancer didn't

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start when she felt the lump. It may have started decades before when the first environmental toxin created the mutation that led to the cancer and there are a number of things that helped promote that cancer. The first is inflammation and inflammation is one of the biggest promoters of cancer.

We all know about inflammation. If we get a cut, we notice the redness from the white blood cells reacting in the skin, but there are a number of other things that create inflammation. One, people who have a lot of allergies, whether they're food allergies or allergies to pollen, that creates an inflammatory state in the body and there are a number of chemicals that are released called mediators that can promote cancer when there is underlying inflammation.

People that have irritable bowel syndrome, or worse, Crohn's disease, or ulcerative colitis, that's a chronic inflammatory state that puts those patients at a higher risk of developing a variety of cancers. We know that there is inflammation from environmental toxins, say, second hand cigarette smoke, or if you happen to smoke yourself. Pesticide residues, herbicide residues in food, even the fumes from busses and cars. All those can create an inflammatory state in our bodies.

It's very important that you know about things that can reduce inflammation in your body, things like fish oil, for instance, the Omega-3 fatty acids in fish oil. There are also Omega-3 fatty acids in flax seed. There is Omega-3 fatty acids in pumpkin seed. These are all ways of reducing inflammation. There is a supplement called n-acetyl l cysteine, that's very important also in inflammation.

Then there is what we call oxidative overload. That means that when you're exposed to too much caffeine, environmental toxins, you're creating something called free radicals. These are another type of toxin that actually can damage the DNA, which can eventually lead to cancer. Having these environmental toxins is something that it's not possible to avoid. You can try by eating organic, eating pure food, or as little processed food as possible, but still you're living on a very polluted planet.

We aren't living on the same planet that our grandparents were living on. There are all sorts of carcinogens from mercury, to arsenic, to the pesticides and herbicides I talked about, the things in plastics like BPA, so people have to be able to protect themselves against those things.

One of the most important things is what we call glycemic overload, that means sugar overload. We know every time you eat refined sugar, meaning white sugar in cookies, in cake, in ice cream, your pancreas has to metabolize those by making insulin. Every time your pancreas makes insulin, your liver is making something called IGA for Insulin-like Growth Factor. That is one of the strongest promoters of breast cancer and other cancers that we know of.

That's the reason why with every ten percent above her ideal weight a woman is, her risk of breast cancer goes up substantially because the higher your weight is, the higher your insulin-like growth factors are. You want to really minimize white sugar and white flour.

Then there is something called methylation. There are methyl groups that can help protect our DNA. Those are found in green, leafy vegetables like kale, broccoli, brussel sprouts, cauliflower, and cabbage. Then there is detoxification. Your body's first line of defense from all those toxins I just mentioned are something called detoxifying enzymes. Those are found in every organ system in your body. They

help your body excrete these toxins, but they are most abundant in the liver and they're dependent on various nutrients.

There are a number of nutrients that can increase your body's detoxifying enzymes. These include nutrients like garlic, like the spice rosemary, like turmeric, which is what gives curry its yellow color, like resveratrol which is found in the skin of red grapes. These are all very important things you can do to reduce your risk of cancer or to lower your risk of a recurrence, even if you've already had cancer.

If we could go to the next slide, it's very important to understand that medicine is a science. I use that science, I use the best at medical science has to offer in terms of chemotherapy, in terms of the targeted therapies like Herceptin and Avastin and a number of the newer targeted therapies, bone marrow transplantation, radiation, and surgery. But medicine is also an art, as Maimonides taught. Part of that has to do with understanding more from our heart as well as with our intellect. What I mean by understanding with the heart is something that I've really learned from my patients.

I've learned that by over 25 years of hearing from literally thousands of patients that told me that in retrospect, having had cancer was the best thing that ever happened to them. How could that be that cancer could be the best thing that ever happened to them? It was because they were able to learn how to live each day and cherish each day, not let one day go to waste with worry or anxiety. When you have that, it is almost worth it in retrospect to have gone through an illness like cancer.

There is an oath that every doctor takes when they graduate from medical school, it's called the Hypocratic Oath, the third line of which says, "I will keep pure and holy both my life and my art." What this is really meaning is that it's very important to look all the time when there is adversity in our life at what the blessing is here, what can you learn? What is the good part from going through this? There are always those things, if we'll just take the time to look.

Also, to look at sound as a vehicle to peace. When I talk about sound, I'm talking about all different types. It can be music, it can be prayer, it can be nature, it can be walking on a beach and listening to the waves, anything that is reminding you of the possibility of being peaceful. Just as any architect will tell you that the most important part of a house is the foundation, the most important part or the foundation of healing is to be peaceful.

There are two words that we tend to use interchangeably, but they're a bit different. Cure comes from the Latin, "curare", which means to set right on a physical level. That's important, that's about the medical things, the chemotherapy, the surgery, all the things we do in modern medicine. But healing comes from the Greek word "haelen", which means to restore to wholeness. It's about really being cognizant of the mind, the body, and the spirit. That's really such a key to getting better. That's why in my office, for instance, when people are receiving chemotherapy, I have aromatherapy in the office with either different scents like sandalwood or lavender and those types of things really make people a lot more peaceful.

I teach people deep breathing exercises. I have very pleasant music and nature sounds like waves and running water all through the office. What it teaches people is even when they're going through a difficult time, they find they still have the capacity to be peaceful, no matter what's happening. My patients find that very, very empowering to know that they can have that, regardless of what's happening. It really lessens the anxiety.

We know from the field called psychoneuroimmunology that anxiety and worry depresses every aspect of our immune systems, most importantly, the part of our immune system that's responsible for preventing cancer or a recurrence of cancer.

A lot of my patients are told by different doctors, "Well, if you're in the middle of chemotherapy, make sure you don't have any antioxidants." People come in and they say, "Dr. Gaynor, what am I supposed to eat because every fruit, every vegetable that exists has antioxidants in it," which is true. There are many clinical studies that have shown very powerful antioxidants did not alter the efficacy of chemotherapy.

There was a study that looked at one very potent synthetic antioxidant called amifostine, which protects against a toxic form of chemo in terms of it doing kidney or nerve damage, which did nothing to lessen the efficacy of the chemotherapy. There is a natural product which is a tripeptide or protein called glutathione, or GSH. This we use very commonly before chemotherapy, mainly in colon cancer and ovarian cancer, and it's been found that it decreases the neurologic side effects of the chemo with no reduction in the efficacy of the chemo, and it actually enhances the survival in ovarian cancer patients.

If you don't have any antioxidants, it means you have to get rid of every fruit and every vegetable, all of which contain nutrients that are critically important for your immune system, critically important for life. I think this really needs to be put in a quite different perspective.

It's very important for everybody to know about detoxifying enzymes. As it relates to breast cancer, there was a study published in the journal of the National Cancer Institute in 1998 by Kathy Helzlsouer from Johns Hopkins. She looked at the detoxifying enzyme ability of patients with and without breast cancer. What she found was women with the lowest levels of the most important detoxifying enzyme had a four fold increased risk of breast cancer.

Many people have a lower level genetically, but we know that there are nutrients such as foods that contain vitamin C, retinoids, carotinoids like the yellow vegetables, the green leafy vegetables, as I mentioned already, garlic, fish oil, turmeric, that all on a genetic level, increase our body's production of detoxifying enzymes. This is truly at the level of gene therapy. We think of gene therapy probably as something that's going to be available in 100 years, but the fact is all of you are doing gene therapy every day based on the food that you're putting in your body.

Then we have vitamin D. Every single person should know their vitamin D level, specifically the 25 hydroxy vitamin D. It's a simple blood test. It's a membrane bound antioxidant and low levels are linked to a poorer outcome in breast cancer. There was a very important paper published in 2008 where they looked at women that had had breast cancer. They found that women that were deficient in vitamin D, had a 94 percent higher chance of developing metastatic or spread of the cancer and a 73 percent greater chance of dying than patients with intermediate or high levels of vitamin D.

All of you should know the vitamin D levels. The most vitamin D you can really get, even if you're eating a good diet with a lot of salmon and yogurt and dairy products is about 350 units, about the least you need to get your level up to sufficient levels is a minimum of 1,000 or 2,000 units, but you shouldn't guess about it. Have your doctor measure your 25 hydroxy vitamin D so you'll know exactly how much to take.



Then it's very interesting. A lot of people think, "Well, if I have bad genes, what can I do?" There was a very interesting study about the BRCA mutation, that's the breast cancer mutation. This is something that's really revolutionizing cancer. Only about eight percent of all breast cancer is related to a BRCA mutation, but if they have it, they have an 82 percent lifetime risk of breast or ovarian cancer.

Dr. Mary-Claire King looked at old serum samples going way back prior to 1940 and after. She found that the risk of breast cancer was only 24 percent if you had a BRCA mutation if you were born before 1940, but 67 percent if you were born after 1940. It's the same for the ovarian cancer. It was twice as high for BRCA1 carriers and 23 percent higher for BRCA2 carriers if they were born after 1940. After 1940 is when there was this huge influx into the environment and our society of plastic residues, of dioxin, of pesticides, of herbicides, of mercury. This is when the planet really started being polluted.

We know there is a gene environment interaction. We know that environmental toxins make bad genes worse, but we also know that various nutrients can turn off a lot of those genes.

Then as far as soy isoflavones, there is a lot of confusion about soy. This was a study presented in 2005 on post menopausal breast cancer patients and what they did was they biopsied the opposite breast of where the cancer was and measured breast cell proliferation in women that were receiving concentrated soy isoflavones versus a placebo or a sugar pill for one year. They found that the soy had no effect on increasing breast cell proliferation, and they even suggested a beneficial effect.

There was a very important study called WINS, or the Women's Intervention Study, and this was published in 2006. They looked at 2,400 women that had early breast cancer. They put half the women on a low fat diet, low in saturated fat, less than 20 percent versus control. At about six years, there were 22 percent fewer deaths in women on the low fat diet. With the estrogen receptor negative patients, there was a 66 percent reduction in mortality, so it's very important both for prevention and if you've had breast cancer, to eat a diet low in saturated fat.

We've talked about glycemic index and having a low sugar. There is a drug that's about 60 years old called metformin, and metformin originally came from the French lilac, which is an herb that had been used in European folk medicine for about 300 years. We've known for years that diabetics who are on metformin had 40 percent less cancer overall, 56 percent less breast cancer, and 62 percent less pancreatic cancer than ones not treated with metformin.

There was an interesting study published in a large cancer journal about two years ago. They were looking at women with very large breast cancers that were too large to have any surgery. In that case, the women needed chemotherapy to try and shrink it down to make it operable. All these were diabetic women. Some were on insulin, some were on metformin, some were on other agents.

What they found quite by accident is the women that happened to be on metformin had a three fold increase pathologic complete remission rate compared to all the other women, which means when the doctor went in to do the surgery, there was no cancer left, even under the microscope. We know that this inhibits a lot of enzymes cancer cells need to grow and it also lowers insulin-like growth factor. That's why I lot of doctors I know, myself included, take a low dose of metformin every day, just preventively.

The impact of stress in health, I won't get into the studies so much on this, but stress affects every aspect of your immune system. It affects your cardiovascular system, it affects your endocrine system. We know from a study that was published in the Journal of the National Cancer Institute, they look at women recovering from breast cancer and they found women with the most stress and the most depression had the most depression of part of their immune system called natural killer cells that are responsible for preventing a recurrence of the cancer.

In summary, there is a lot that integrative medicine and complimentary medicine has to offer everybody, both people who have had cancer and people that want to avoid getting cancer. I think the biggest breakthroughs of the last ten years and the next 25 years are going to be in teaching people and allowing people how not to get cancer in the first place. Thank you.

Shera Dubitsky: Thank you, Dr. Gaynor. It is truly a privilege to listen to you and I suspect that many of our listeners will be speaking with their own treatment teams about the information that you shared this evening. Also, at a time when emotions are high, I think that your message of feeling peaceful is a very powerful one, so thank you for that.

#### **IV. Integrating Nutrition and Exercise With a Focus on Your Breast Health Lisa Goldberg, MS, RD, CDN, Private Practice**

Shera Dubitsky: Our next speaker is Lisa Goldberg. She is a registered dietitian and a certified dietetic nutritionist since 1998. She has been working with breast cancer patients for the past 12 years. Lisa received her Masters in Nutrition at New York University and interned at the American Health Foundation and Beth Israel Medical Center. From 1999 to 2007, she worked at Memorial Sloan-Kettering's Outpatient Breast Center as the clinical nutrition specialist.

Lisa has been involved in several clinical research projects involving nutrition and breast cancer, both within Memorial Sloan Kettering Cancer Center, and as a part of National Multi-Center Trials. She works with women and men of all ages diagnosed with breast cancer or those at risk for breast cancer. Lisa also educates these patients on the nutrition guidelines before, during, and after treatment. She has also volunteered for, and presented at the American Cancer Society, Triple Negative Breast Cancer Foundation, Greater New York Dietetic Association, as well as Sharsheret.

Before leaving Memorial Sloan-Kettering Cancer Center to pursue a private practice, she co-authored a nutrition booklet regarding nutrition and breast cancer care. In addition, she has also earned her certificate in training and adult weight management and currently works in private practice counseling patients with breast cancer and weight issues.

Lisa, welcome back to Sharsheret, the proverbial floor is yours.

Lisa Goldberg: Thank you so much for having me back. What I'll be talking about today is how we're going to integrate nutrition and exercise with a focus on your breast health. Over the next ten to fifteen minutes, we're going to touch upon some of the things that Dr. Gaynor talked about with nutrition and then we're going to address some of the other issues.

The topics of discussion are going to be obesity and weight gain, how or does body weight play a role on your breast health. We're going to talk about how to design a

healthy diet, the role of fat and breast cancer. We'll be reviewing the results of the Women's Intervention and Nutrition Study, which Dr. Gaynor also talked about.

We're also going to touch about sizing up servings when designing a healthy diet, knowing appropriate portion sizes do matter. I'm also going to address healthy cooking tips and the impacts of alcohol on breast cancer, as well as the role of phytoestrogens in breast cancer and some of the new data that has come out, which again, I know Dr. Gaynor has reviewed it, so we might be able to skim over some of that. Then we're going to review a little bit of the importance of exercise.

Is there a link between diet and breast cancer? If dietary factors are involved in the development of breast cancer, this is important to establish because these are potentially modifiable, whereas most known risk factors for occurrence of breast cancer are not modifiable.

Given the fact that gender, the age of which you get your period, pregnancy, hormone replacement therapy and prior cancer are non-modifiable risk factors for breast cancer, one of the areas that nutrition can play a role is in alcohol consumption, physical inactivity, obesity and weight gain, and diet itself. All of these risk factors seem to have one common link and thread, and that's estrogen, which I know Dr. Gaynor has touched on before also. Knowing that estrogen can influence breast cancer through affects on sub proliferation and DNA damage, as well as promotion of cancer growth, how does lifestyle change and diet fit into that?

What I just want to review a little bit is the current weight trends in the United States. Research has shown that obesity has been linked to several diseases such as heart disease and diabetes and some cancers including breast cancer. As the trends toward obesity and overweight increase, we have also seen a trend in the rates of these diseases. What is staggering to me, and when I looked at this a few years ago, is our weights have increased dramatically.

Less than half of US adults are at a healthy weight. Two-thirds of US adults are overweight. That's incredible. Nearly a half of US adults are obese and for some, being overweight is subjective, however, in a clinical practice, we have specific criteria to define overweight, obese, and morbid obesity. One tool that we use is called the BMI.

The Body Mass Index is basically a measure that we look at and it shows your weight relative to your height and it's a tool that we use to help interpret chronic disease. To help calculate your BMI, find your height in the left hand column, and then look for your weight in that grid area. The number on the top row where your height and weight meet is your body mass index. When you go to interpret that number, underweight would be below 18.5, normal weight would be between that 18.5 and 25. Overweight is considered BMI of 25 to 30 and anything above 30 is considered obese and further than that would be morbid obesity.

Over the past few decades, the rate of breast cancer incidence has increased. Some of this increase can be attributed to the increase in awareness, screening, and early detection, but we also have to look at the impact that the rising incidence of obesity has on breast cancer risk. Estrogen gets stored in our adipose tissue, which is our fat storage, and knowing that estrogen can stimulate breast cancer, being lean can lower the amount of adipose tissue, in turn lowering overall estrogen levels. Clearly, this is where diet can make a huge difference.

Many patients gain weight, unfortunately, after their diagnoses and treatment for breast cancer. This occurs in over half of breast cancer patients receiving adjuvant therapy, no matter what stage of disease. On average, weight gain can range anywhere from five to fifteen pounds in breast cancer patients, and I usually tell my patients that if you maintain your weight during treatment, it's almost like a ten pound weight loss. Ideally, you don't want to be gaining excessive amounts of weight.

Premenopausal women seem to gain more weight than postmenopausal women. There are several reasons why weight gain can occur. Basically, especially in the premenopausal women, they may have an early onset of menopause, which tends to be treatment related. There is a decrease in physical activity, which tends to be treatment related because you're more fatigued. Increased food intake, in particular starchy foods, these foods can be helpful when you're nauseous, but they can also carry more calories, and then combination chemotherapy seem to lead to increase in weight gain versus single agent therapy.

Use of steroids during treatment, steroids lead to an increase in appetite, fluid retention, and even mood changes. Therefore, depression plays a role in that because a lot of times when somebody is depressed, they might be eating more.

Changes in body composition have also been reported in patients who received chemotherapy. I hear a lot about that tire around the abdomen or that thickening in the abdominal wall. A lot of that has to do with hormonal shifts and also the weight gain.

Next, we look at the distribution of body fat and breast cancer risks, abdominal weight gain seems to carry more risk of disease than weight over the hips, the buttocks, and the lower extremities. That central body fat distribution is associated with multiple hormonal and metabolic changes including insulin resistance and higher estrogen in fat tissue.

What do we do with this information? Basically, the short term goal during treatment is to maintain your weight while you're going through treatment or perhaps lose a few pounds if needed, but major fluctuations in your weight, either weight loss or weight gain may alter your current treatment regimen, so that's really not ideal. Once treatment is completed, the long-term goal is to achieve and maintain a healthy body weight. What we're going to talk about is, how we get there.

Many Americans are really confused about what food group to eat, what should they eat, what should they avoid, what's considered healthy? Even the food guide pyramid is quite confusing. There are so many different diets on the market right now and one is about eating bread, one says don't eat bread. Part of the confusion stems from popular weight loss programs that have been promoted that were high fat, low carb or high protein, low fat, low carb and what ends up happening is many people tend to just follow a little bit from each diet regimen and inadvertently gain weight because they're eating too many calories overall.

Basically, it doesn't tend to be about the specific nutrients, meaning the protein, the fat, or the carb, it's that you're just eating too much of it. The first step when designing a healthy diet is really to determine your calorie count. It has been reported that maintaining a healthy weight is one of the most important things you can do to reduce your risk for cancer.

The three strategies for both cancer prevention and weight loss are similar, such as strategies for cancer prevention, eat mostly plant-based foods, which are low in

energy density. Be physically active and maintain a healthy weight via steps one and two, as well as reducing your portion size. Strategies for weight loss are, eat a greater proportion of plant-based foods, which are low in energy density, be physically active, and reduce your portion size.

Before you even determine what foods to eat, it's important to determine how many calories you can consume. Caloric needs will vary according to the level of physical activity and whether weight reduction, maintenance, or gain is desired. In general, most American adults lean toward a sedentary lifestyle. For a 51 year old woman with light activity or sedentary, would require approximately 1600 calories for weight maintenance and to lose weight, calories would need to be decreased and/or activity level would be increased.

Basically, just a little review, it's another quick method of how to calculate our calories. We see that the American Institute for Cancer Research has created what's called the New American Plate, and what that plate demonstrates is how we should be dividing up our meal plan for the day. Basically, what you're looking at is two-thirds or more of your diet should be vegetables and fruits and whole grains and beans, and the other third of your plate or less is going to come from animal proteins.

By following a meal plan like this, ultimately your caloric intake is going to be a lot lower. If we move on to the next slide, in concert with the dietary recommendations that the American Institutes of Cancer Research is promoting, USDA is now promoting their new dietary guidelines. As you can see, there is a large emphasis on plant foods such as fruit, vegetables, whole grains, and within these guidelines is also an emphasis on physical activity.

We're going to see later on how physical activity and breast cancer play a role. While these recommendations are not specific for breast cancer, they do provide a framework for achieving and maintaining a healthy body weight.

If we move on to the next slide, the food label is a useful tool in determining the calories and nutrients in your diet. A nutrition fact label should be on most packaged foods, and the top of the label lists serving size and number of servings per package. The nutritional content on the label is based on one serving size. If the portion you consume is bigger or smaller than that serving size listed, you should make the necessary calculations to determine the nutritional value.

Be sure to look at serving size on the nutrition facts label. Values on the label vary with each food item and between products. In this example, there are two servings in the sample nutrition label, which means if you ate the whole entire container, you would have about 520 calories, 26 grams of fat, and so on and so forth, because you would have to double all the other nutrients.

Just a quick note demonstrating how confusing our food labels are, a chocolate bar says it's only 75 calories, but really it has 650 per serving, so you eat the whole thing and obviously, that's an excessive amount of calories.

We talk about serving sizes that play an important role when designing a healthful diet. The following is an example of serving sizes for fruits and vegetables. Keep in mind this should be the cornerstone of your diet, so again, half of your plate is going to be fruits and vegetables, a portion of your plate is going to be whole grains.

We're going to look at, with the 2010 dietary guidelines that recommend four to five cups of fruits and vegetables. These foods contain a wide range of vitamins and minerals, but they also contain a substance called phytochemicals.

The phytochemicals are natural components found in plant foods which may provide health benefits. They are found in fruits and vegetables, in legumes, in greens, and phytochemicals in foods are associated with a reduced risk of cancer and seem to have anti-cancer properties. They may lower risks, cancer risks, by preventing damage to DNA. They may compete with estrogen, enhance immune function, as well as help rid the body of carcinogens.

However, more research still needs to be done in this area, but nevertheless, eating these foods are going to be very beneficial. The best way to consume phytochemicals is to include a wide variety of plant foods in your diet. Eating the whole food will provide fiber, vitamins, minerals, as well as the phytochemicals, and this may all provide some kind of synergistic affect on your health. When choosing fruits and vegetables, make sure they're rich in color, make sure there is variety.

Just one phytochemical I do want to touch on is in that dark green area, and that is called Indole-3-carbinol. There has been a lot of attention amongst breast cancer patients because it has been shown that Indole-3-Carbinol may block DNA damage and decrease the effects of estrogen in the body. The National Institute of Health is now sponsoring a study looking at the benefits of Indole-3-Carbinol on breast cancer risks.

Where you can find it is in broccoli, in spinach, in kale, and I know Dr. Gaynor had addressed that before, but I want to emphasize that again that broccoli, spinach, and kale are great foods that do contain this phytochemical. Again, they are important things to incorporate into your diet.

We're going to touch on the serving sizes for grains and starch. When you are choosing your starches and your grains, try to choose foods that are whole grains because when you see something that says "whole grain," it contains more fiber.

Fiber is really an important part of a healthy diet, but it's also important to control diabetes, lower cholesterol, improve bowel function, and also combined to estrogen and potentially remove that from the body. The whole grains, which include the entire grain seed, are higher in fiber and better for you than refined sugars and refined flours.

Another example of looking at a food label are both different types of wheat bread. One is whole wheat bread, the other one is wheat bread. Whole wheat bread has three grams of fiber, which really, you want to make sure that any type of grain you're having has at least three grams of fiber in it or more, and in the right hand side, the other wheat bread has less than one gram of fiber.

Clearly, it can be confusing when the nutrition fact labels are not read properly. Ideally, women should be consuming 25 grams of fiber a day and that can be achieved through fruits, vegetables and your whole grains. It is quite possible to get that through your diet, so incorporating mostly plant-based foods in your diet is going to be most beneficial.

I know Dr. Gaynor had talked about the study results of the Women's Intervention Nutrition Study and just to sort of reiterate that. The study looked at, I should say, women who followed a low fat diet which was 20 to 30 grams of fat and those women

who did follow the 20 to 30 grams of fat did seem to have a lower incidence of breast cancer recurrence, and especially in the estrogen receptor negative women.

One of the things that the study did find was that women were able to successfully follow a low fat diet. It just provides more reason that a low fat diet should be part of a healthy lifestyle. This is one key component that we should be looking at in terms of diet modification is following that low fat diet. That doesn't mean adding in high-refined sugars, it just means choosing foods that are lower in fat.

One area that we can control is choosing the right type of fat, also. You have unsaturated fats, which consist of monounsaturated and polyunsaturated and those are considered healthy fats. They don't have much impact on cholesterol. Those are olive oil, canola oil, nuts, olives, avocado, those you're going to find as monounsaturated fats.

Polyunsaturated fat, which consists of Omega-3 fatty acid, which you're going to see in salmon, halibut, sardines, almonds and walnuts are also very, very healthy and, as Dr. Gaynor said, can also help with immune function.

Saturated fat is really an area that you want to perhaps have a limit on because it does have a fattier content. It impacts your cholesterol levels a little bit more, and you can decrease your saturated fat by either taking the skin off of the chicken, eliminate whole milk, perhaps use skim milk or reduced fat milk. Eliminate the processed foods, packaged goods tend to have more saturated fat, and the same thing with those trans fats.

Trans fats were very popular because they increase the shelf life of a food product, so manufacturers left a lot of their products with trans fat in there, but as the media has gotten more attention about how trans fats are not healthy for you, most manufacturers have started removing trans fats from their products. Be sure to look at the nutrition fact labels because they will identify foods that do contain trans fats.

Also, an important fact about that is it does provide significant amount of calories, nine calories per gram, versus a protein or a carbohydrate, which are only four calories. The recommended total fat intake to try to stick to is about 20 percent of your calories, which might mean below the 30 grams per day on a 1600-calorie diet. Based on the results of the Women's Intervention Nutrition Study, 20 to 30 calories a day was very doable and patients were able to follow that.

Let's talk about animal protein and how to choose a healthy animal protein. You have fish, which tends to be leaner and typically has more of the Omega-3 fatty acids, but one of the areas you need to worry about is mercury. The fish that tend to have a higher amount of mercury are shark, swordfish, mackerel, tilefish and tuna. Make sure when you're choosing fish that things like salmon, catfish and sardines are all typically lower in mercury content, and those are all very low calorie, low fat choices.

When you choose chicken, make sure you take the skin off of it. The skin is the area that carries the most amount of fat. Same thing applies with dairy, when looking at dairy products. Skim milk is obviously going to have less calories and less fat, as well as with cheese, a low fat cheese, fat free cheese are going to have low amounts of calories in it, as well.

When you look at meat, you want to choose meats that are lean. It's going to be labeled loin or round. Top round, eye of round, round tip, sirloin, all of these are

considered lower in fat. The same thing with lamb, whether it's leg or loin, those are going to be your leanest. Ideally, avoid luncheon meats, hot dogs, any kind of processed foods, those tend to have a lot more saturated fat in there and a lot more calories.

When we move into the next slide, here are just some healthy cooking tips. Bake, broil, grill, and poach are always going to be better ways to prepare your food. Do not bread, batter, or fry your food. If you're going to saute or stir fry, you might want to get a spritzer and add some olive oil and use that, instead of pouring olive oil into your dish. Remove the skin and visible fat on any meat or chicken when you're cooking.

It's always best to make soup the day before, refrigerate it and then you can skim off the congealed fat. Use a rack when roasting or broiling to allow fat to drip away. Again, use a nonstick pan or a cooking spray when stir-frying and as an alternate to high fat marinades, try lemon, lime, and flavored vinegars. These are other good options to marinate your food.

We're going to touch a little bit upon alcohol. This is an area that there may be a link between breast cancer risk and alcohol. There have been several studies that have been looking at the affect of alcohol on breast cancer. Alcohol may alter circulating estrogen levels by two possible pathways. It may upregulate estrogen receptors, meaning it may make more estrogen receptors, and therefore increase the sensitivity of tumor cells to the same level of estrogen, or it may increase circulating estrogen levels. Again, increased exposure to estrogen increases one's risk for breast cancer.

Too much alcohol is also linked to liver disease, inflammation of the stomach and pancreas, high blood pressure and increased risk for other cancers. In terms of risk, the type of alcohol is really irrelevant. Increased drinking leads to increased risk. In addition, alcohol is a source of empty calories. Alcohol can range from possibly 100 calories to 300 calories or more, depending on the type of drink. If any juice or mixers or added, beverages are added and the serving size will have an impact.

Women can really reduce their risk of breast cancer by limiting their intake of alcohol to one serving or less per day. A serving of alcohol would be considered four ounces of wine or champagne, 12 ounces of beer, which is 150 calories, and 1.5 ounces of hard liquor, which is about 100 calories. Really monitor the portion sizes there.

Now we're going to move into the next slide, which is going to address the role of physical activity and breast cancer. As with alcohol, physical activity has been investigated as a disease-modifying factor. The relationship between physical activity and breast cancer incidence has been extensively studied, but most studies indicate physical activity in women have a lower risk of breast cancer incidence. However, the amount of risk reduction achieved through physical activity varies widely, really between 20 and 80 percent.

Because many of these studies rely on surveys and patient recall, physical activity can be difficult to objectively quantify, which might explain the wide variation in study results.

In general, although a lifetime of regular vigorous activity is thought to be the greatest benefit, women who increase their physical activity after menopause also experience a reduced risk compared to those who are inactive women, which is even more motivation to exercise. Most studies suggest 30 to 60 minutes per day of moderate to high intensity physical activity is associated with a reduction in breast cancer risk.



Researchers have suggested several biological mechanisms to explain the relationship between physical activity and breast cancer development. One is physical activity may prevent tumor development by lowering hormone levels, particularly in a premenopausal woman. Also, physical activity may lower insulin levels and insulin-like growth factor, improving immune function response and assisting with weight maintenance to avoid a high body mass index and excess body fat.

I know that Dr. Gaynor did talk a little bit about soy, so I'd like to touch on that as well. The risk of breast cancer varies substantially throughout the world. Research about the effects of soy on breast cancer reduction has been mixed. Much of it has come from observing population groups such as in Japan whose population eats far more soy and began eating soy at a much younger age than people in western countries.

In fact, the average woman living in east Asia eats about ten times the quantity of whole soy foods than the average woman in the United States, yet Asian women have a lower rate of hormone receptor positive breast cancer than women in the US.

The soy debate, as we refer to it, and its possible connection to breast cancer is complicated by other factors. Most women living in Asia depend on soy as their main source of protein. They consume only small amounts of animal protein such as beef and chicken, and also compared to the average woman in the United States, the average Asian woman eats far more vegetables, has a healthier BMI, is more physically active, and is less likely to consume an excessive amount of alcohol.

All of these factors do add up to produce a healthier lifestyle and lower overall risk of breast cancer in Asian women living in Asia, but what's interesting to note is that Asian American women have an increased breast cancer incidence than Asian women living in Asia. Many experts think that the western lifestyle might play a role in this higher rate. However, what do we actually know about soy and how does it affect the patient with breast cancer?

Soy has been referred to as a phytoestrogen, a plant estrogen, and the active component in phytoestrogens are their phytochemicals, which are the isoflavones, the lignins, and the coumestan. The predominant food source for isoflavones are soy, for lignin is the flax seed, and coumestan is alfalfa. The chemical structure of isoflavone and the chemical structure of estrogen are very similar. An important question is since these structures are so similar, can eating soy pose a problem for the breast cancer patient?

Most of the population studies suggested soy has a protective benefit against breast cancer. They looked at traditional soy foods of the Asian diet, so you're talking about tofu and tempeh and the soy bean and miso, the Asian version of soy food. Soy foods have become increasingly popular amongst health conscious individuals over the past decade, however, while Americans think they're being healthy by consuming lower carbohydrate products or meat alternatives and protein shakes, many don't realize their consuming more calories and concentrated phytoestrogen. These types of processed soy food are very different than the traditional soy food and the traditional soy food isoflavone content that you find in the Asian diet.

As one of the effects of patients watching these carbohydrate intakes, there is often an increase in their soy intake, whether intentional or unintentional. Many new low carbohydrate products saturating the supermarket shelves right now contain soy-based ingredients such as soy fiber, soy flour, soy proteins, and these actually help

to increase protein content and fiber content and overall decrease the whole carbohydrate content.

The American version of soy foods cannot be compared to the quality of the Asian soy food, which brings us back to the soy debate, is soy helpful or harmful for women with breast cancer. Most recently, an observational study out of Vanderbilt Medical Center found that soy food may actually be healthful for the breast cancer patient as part of a healthy lifestyle. However, this cannot be directly generalized to soy supplements or processed soy food, as supplements they differ from soy foods in both their type and amount of isoflavones.

Also, there is still concern that isoflavones may alter the effect of tamoxifen, making it less effective since both tamoxifen and isoflavone do bind to estrogen receptors. While these study results are very promising, this is still just an observational study which means that people were reflecting on their habits rather than it being a controlled study designed to specifically test their intake of soy.

With that in mind, there is an active study being conducted at Memorial Sloan-Kettering Cancer Center, and this study's title is "The Effect of Soy Supplementation on Cellular Markers in Normal and Cancerous Breast Tissue, a Randomized Placebo Controlled Trial."

The purpose of the study is to determine the effect of soy protein on normal and cancerous breast tissue. The results from the study will be published probably by the end of 2012. In the meantime, most health organizations suggest consuming whole soy foods as part of a low fat plant based calorie controlled diet.

Shera Dubitsky: Lisa, I'm also just going to jump in because we're going to need to start wrapping up.

Lisa Goldberg: Oh, I'm sorry.

Shera Dubitsky: No, that's okay. This is wonderful.

Lisa Goldberg: Soy foods are an excellent source of protein and can be a good option for meals without meat. Soy contains many phytochemicals. Some have weak estrogen activity, they also have compounds, and some have antioxidants, another healthful property.

Basically, what the American Cancer Society and American Institute for Cancer Research is suggesting is as part of a low fat calorie controlled diet, a moderate amount of soy, about three servings a day, which is consistent with what the Asian diet consumes, is perfectly fine. At this point, to avoid concentrated forms of phytoestrogens and supplements as they may differ from soy foods in both the type and the amount of isoflavones.

Now we're quickly going to put it all together. Just to highlight everything, is you want to achieve and maintain a healthy body weight. You want to look to have your body mass index under 25. You want to monitor those portions. Look at your serving sizes, and when you monitor your portions, you automatically are controlling your calories.

Exercise is clearly very, very important for overall health and certainly for breast health. At least 30 to 60 minutes of physical activity a day is important. That is on top of your regular daily activity, so that's in addition to.

A low fat diet is certainly indicated, 20 percent of calories from fat, less than 30 grams of fat a day, a mostly plant-based diet, again, three servings of soy per day as part of a healthy diet is okay. A third of your plate from animal based foods, make it lean whether be fish, whether it be chicken without the skin, those are good choices.

Focus on your fruits, your vegetables and your whole grains. You want to make sure you're getting half of your plate from fruit and vegetables, three servings of whole grain a day and 25 grams of more fiber. By consuming those foods, you will be able to achieve that 25 grams of fiber.

Finally, limit your alcohol, if at all. Basically, calories from alcohol add up and alcohol can increase estrogen levels. The goal is to drink less than one serving per day.

The take home message is what's healthy for women with breast cancer is also healthy for the general population. You cannot go wrong by achieving and maintaining a healthy body weight.

I think we can wrap up here.

Shera Dubitsky: Lisa, thank you really. We are grateful that you've agreed to share your wisdom once again with our Sharsheret listeners and you've managed to take a charged topic of nutrition and weight and present it with such clarity and we also very much appreciate the many tips and guidelines that you offered this evening.

I want to just remind all of our listeners that the presenter's slides will be available on the Sharsheret website, so I certainly encourage you to revisit all of these slides to help you to go back to some of the information that was offered this evening.

## **V. My Holistic Approach Through My Breast Cancer Journey Sherry Lebed Davis, Co-Founder, Healthy Steps**

Shera Dubitsky: Our final speaker is Sherry Lebed Davis. She is one of the foremost authorities, trainers, and presenters on the use of movement and therapeutic exercise for the healing and quality of life issues after cancer lymphedema and chronic illness. She is the founder and co-developer, along with Drs. Marc and Joel Lebed of Healthy-Steps, Moving You to a Better Health with the Lebed Method, an internationally acclaimed movement and exercise program.

Sherry has been seen in People Magazine, Health Magazine, Oxygen, MAMM, Coping, CURE, SPA, New York Times, Seattle Times, LA Times, and more. She has appeared on the Today Show, Lifetime Live, the Nightly News, BBC, and many more.

Sherry was awarded Seattle Most Inspiring Breast Cancer Survivor and Healthy-Steps was a finalist in the Shine a Light contest sponsored by American Express and Universal Studios for working with children, and recognized by major cancer and lymphedema groups. She has authored a book, two DVDs and a music CD.

Sherry is a thriver of breast cancer, lymphedema, and hepatitis C. While continuing her quest to motivate and inspire others to remember that surviving is important, but thriving is elegant. Sherry has so graciously offered to serve as Sharsheret Peer Supporter, and we are truly grateful that she has joined our Sharsheret community. Sherry?

Sherry Lebed Davis: Thank you, Shera, that was wonderful. I really appreciate that. That was great. I want to go really fast because I know we're late and I want to be able to leave room

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for questions and answers. There are a couple of photos that you can see on the front. The history of the program, I'll just go over that really fast.

It started in 1980. My mother developed breast cancer and my brothers were doing breast cancer surgery at the time and they weren't happy with any of the women and their physical accomplishments, after they survived breast cancer at the time when they were called victims. My mother developed breast cancer in 1980. She developed frozen shoulder, lymphedema, and emotionally she was extremely depressed.

My parents used to be professional ballroom dancers, and although my brothers are physician surgeons, they were raised, we were all raised in a household of dance and music and I used to be a professional dancer and owned some dance studios at the time. We decided to help my mother, and that was the main start of our program. We developed a program. I would do some dance movements and they would tell me what was clinically best to help heal our mother.

We developed this program, Dr. Robert Somers who was the Cancer Director at Albert Einstein Medical Center, was so overwhelmed by my mother's progress, that he wanted this program in his hospital for every single breast cancer survivor. Those of you on the call who are old enough to know, that in 1980 alternative medicine was not too accepted by many hospitals.

By 1986, the program had proved so overwhelmingly successful, that Dr. Somers ordered us to do our first study. We did the study. It was published in a national physical therapy journal in 1986. It showed that our program increased energy levels, decreased depression, stress, and anxiety, increased range of motion and flexibility. The program grew, and I ended up moving to the west coast in 1986, and I developed breast cancer. My brothers decided that since the program helped me so much and I wanted to devote my life to other breast cancer survivors, that became my mission and my goal in life was to make this program for everyone.

Long and short of the story, we train trainers all over the world. I have trainers and we're in 14 countries and have well over 1,000 instructors. It was the first hospital based program in the United States, the first with a published study. It's currently in 14 countries and 900 hospitals.

Our published studies, which I'm not going to go into a length about, but if anybody wants a copy, I would be more than happy to send it. Our studies basically show, and there are quite a few of them here, that our program promotes quality of life. As I said, decreases stress, depression, and anxiety, helps with balance, increases energy levels, and is just a wonderful, wonderful program. It's done with great music, can be done sitting or standing. It is so easy to do, and that was one of the most successful things about it.

My brothers and I wanted to bring back the women's sensuality and sexuality to them because as being a breast cancer survivor myself, sometimes we lose that. As it was stated, we need the exercise so badly for healing, to encourage our future, and decrease our chances of breast cancer again. The program does so many different things. It helps people exercise who can't do perhaps a yoga program or a Pilates program, but yet they need to exercise and aren't that exercise motivated. This is an amazing motivational program.

The one thing that we did when I developed lymphedema in 1999, my brothers and I went back to the drawing board and we developed exercises for helping to reduce

swelling from lymphedema. It also turned out to help work the lymphatic system. If any of you know, the lymphatic system is a very major part of our immune system.

We found that particular exercises, done in certain order and in a certain way help open the major drains of lymphatic system and get the lymph fluid flowing the way it needs to do. I wanted to leave you with an exercise that you can all do at home. I actually gave Adina, the lymphatic opening, a chart to email to any of you that want it.

We found that helping to open up the major drains in the lymphatic system, you needed to have smooth, resistive exercises that pump and release. One of the major parts and the largest part where you have the most lymphatic nodes, lymph nodes are in your lung area, around the lung area and the abdomen below the diaphragm. Opening up the major drains in the thorax, located near the lungs, we developed a special breathing exercise that contracts and releases.

Blow bubbles - that's your homework assignment. Get yourself a jar of bubbles and sit there and blow bubbles. Not only in our studies did we find that this helped open up the lymphatic system, opened up those major drains, helped increase lung capacity, but it also helped decrease stress and anxiety.

For those of you who are still at work, take your bubbles into your little stalls at work and start blowing bubbles when you feel depressed or stressed, but you will find if you can blow the bubbles for five, ten minutes a day, that you will start to feel so much better.

There are a couple of pictures there of our program. It is really easy to do and lots and lots of fun. The other picture there is a photo of my brother and I. His name is Dr. Marc Lebed and he is our Medical Director on our program now. Every exercise and every movement is put to him to make sure that it's medically driven and safe. We really feel that our program is totally safe, easy to do, and has a direct influence on how you're going to feel and improve your health and wellness.

The final thought that I want to leave you with is that surviving is important, but thriving is elegant and never see the glass half empty, always see it half full. Shera, I think that I just wanted to finish really fast. I don't know if there is anything else you would like me to cover, but I appreciate your putting me in there because I feel exercise is so important, like Dr. Gaynor and Lisa said, it's an excellent component to wellness and quality of life for those who have had cancer and need to exercise.

Shera Dubitsky: Sherry, thank you, and I do think that that's an important message because we often think of exercise as really more of just a physical modality, but I really think that it certainly has an impact on emotional and spiritual health, as well. I think that it's important for all our participants to know that they can engage in exercise based on their own baselines and their energy levels and their abilities, so thank you, Sherry.

Sherry Lebed Davis: Thank you, Shera, for having me.

## **VI. Question and Answer Session Moderated by Shera Dubitsky, MEd, MA, Clinical Supervisor, Sharsheret**

Shera Dubitsky: Before we begin the question and answer portion of tonight's teleconference, I want to assure you that your identity will remain anonymous, should you decide to ask a question. We understand that some of the material discussed tonight may impact your medical treatment, and we encourage you to consult directly with your medical

team. We also ask that you keep your questions broad in nature so that everyone on the call can benefit from the discussion.

To pose a question to the panelists, please press \*1 on your phone or type your question into the chat box at the bottom right corner of your screen. Questions will be addressed in the order received.

I'm going to go ahead and pose a question to you, Dr. Gaynor, a question that came in prior to the teleconference this evening. It came from a caller who said, "I am interested in learning more about holistic approaches to cancer prevention for BRCA carriers. What does integrative medicine offer? Conventional medical therapy suggests that removing the fallopian tubes and ovaries is the best way to go, but is anyone doing research on removal of fallopian tubes, ovaries, along with bio identical hormone replacement therapy and/or naturopathy, pre and post salpingo oophorectomy."

That's the first part of the question. I'll let you take that, and then there is a part two.

Dr. Mitchell Gaynor: Well, I think that's an excellent question and there is a tremendous amount that still needs to be done for both men and women who are BRCA mutation carriers and the reason is, we know that there are two major fields that are emerging. One is called nutritional genomics, and the other is called toxicogenomics, and those are two fields under a broader heading called epigenetics. Epi means above, so epigenetics is the study of, it means above the genome, because we're all born with a certain compliment of genes.

The fact of the matter is, what we're understanding now is that the expression of those genes can be modified by a host of factors, such as whether we're eating a high fat diet, whether we're eating a lot of sugar, whether we're consuming a lot of alcohol or caffeine or other environmental toxins, or whether we're putting a lot of good things in our body. Still the best advice today is to talk to a genetics counselor, to talk with a physician, usually a breast surgeon, a medical oncologist and a gynecologist because the timing of whether to do a salpingo oophorectomy, removing the fallopian tubes and the ovaries is critical.

What we find, especially in a number of BRCA2 carriers is even if we do scans, we do sonograms, we do CAT scans, there is still a very significant incidence of finding a very small, identifiable ovarian or fallopian tube cancer at the time of surgery that clearly could have spread. Even doing that, there may still be some residual cells left, so it's not 100 percent effective. I think these are the kinds of questions, and I know most people are still quite reluctant to give estrogen replacement therapy after doing oophorectomy in a BRCA positive patient.

Shera Dubitsky: The follow up to that, I guess would be, the caller wants to know is there something that either through natural interventions, nutrition, exercise, is there something that can perhaps turn the gene off to protect from cancerous growth if you're BRCA positive?

Dr. Mitchell Gaynor: Well, it's not that black or white. It's not like it's turned off or on. If we could do that, somebody would probably win a Nobel Prize for that, but we're not there yet. That being said, for instance, the data showing women born after 1940 and exposed to a lot of environmental toxins have an almost three fold risk of developing cancer with a BRCA mutation.

Clearly, there are things that you can do to make your body stronger. We know that still there are a number of women with BRCA mutation and men, who never get cancer. What's different about those people? I suspect doing things like staying within 10 percent of your ideal body weight, having a lot of nutrients that increase your body's ability to rid itself of toxins like things from the skin of red grapes, resveratrol, spices like turmeric and rosemary, a lot of Omega-3 fatty acids from either fish, pumpkin seed, flax seed, those types of things I think are important interventions. Also, anti inflammatory nutrients like n-acetyl l cysteine, things that can change your estrogen profile like the cruciferous vegetables, all those can play a role, but it's not as black or white as turning off the gene.

Shera Dubitsky: Thank you, Dr. Gaynor. Lisa, a question came in. A woman said that she's complaining about metallic taste that she's having. She doesn't know if perhaps maybe it's treatment related, but do you have any suggestions for her?

Lisa Goldberg: Oh yes. That can happen a lot with the Taxol treatments, if that's part of the treatment she's on. You basically spice your foods differently, add a little bit of lemon, keep your mouth moist, use vinegar, sometimes a little bit spicy tastes. If you have mouth sores, you don't want to have that much acidity in your diet, but if you don't have mouth sores, then spicing it up with some flavorful marinades will definitely be helpful.

Proteins sometimes taste a little funny, so that really requires being creative with either lemon or lime or vinegars. Those are really going to be helpful ways, and adding different spices.

Shera Dubitsky: Great, thank you. Sherry, I was wondering if you could briefly discuss the link maybe between laughter and breathing?

Sherry Lebed Davis: Yes, it's a great thing. Actually, it's part of the contract and release theory that we have and the resistance theory that we have in our program. It's like running a marathon, laughing, it releases endorphins and gets your endorphins, gets your spirit up and changes your depression and stress.

During our program, one of the theories that we have is we laugh through our entire program. It's very fun. We encourage laughing, we encourage singing, we encourage talking, which creates the breathing. The laughing, the breathing is so important to eliminate stress and anxiety, depression and also get the lymphatic system pumping.

Shera Dubitsky: Great, thank you Sherry. We are at 9:30 p.m. and I'm sure that there are many more questions, so we encourage you to send your questions to us at Sharsheret and I'll give you that contact information in a moment and we can certainly pass that along to our panelists and get you their responses.

## **VII. Teleconference Conclusion Closing Remarks**

Shera Dubitsky: As we wrap up this evening, I'd like to thank all the speakers for so generously sharing their wisdom, their experience, and certainly their time with us this evening. Please be sure to complete the online evaluation form that you will receive in your email inbox tomorrow. Your feedback is very important to us.

Tonight's program was a direct outcome from the feedback that we received from this year's annual evaluation. I encourage you to reach out to Sharsheret any time for support and resources.

You can reach us at 866-474-2774 and you can also reach us on our website, there is contact information there. I encourage you to look at prior teleconferences that we've offered at [www.sharsheret.org](http://www.sharsheret.org), and I invite all of you to visit our blog at [sharsheret.blogspot.com](http://sharsheret.blogspot.com) and read from other experts. Read about other women who have faced some of the difficult decisions that many of you have faced and women, who as Sherry would say, are thriving and I encourage you to follow us on Facebook and Twitter and you can go to YouTube and see some of the videos that we've posted, as well.

I want to thank all of you for joining us tonight, as we explored the importance of holistic healing. We hope that tonight's teleconference inspired, encouraged and will help you engage in healthy life practices and find the right balance in the three realms of mind, body, and soul.

With that, we want to wish you all a good night.

END OF AUDIO



## VIII. Speaker Bios

**Shera Dubitsky**, MEd, MA is the Clinical Supervisor at Sharsheret. Shera assists women newly diagnosed and at high risk of developing breast cancer, provides supportive counseling to women living with metastatic breast cancer, and lectures nationally on topics addressing the needs of women facing serious illness. Prior to joining the Sharsheret staff, Shera worked as a researcher at Memorial Sloan-Kettering Cancer Center.

**Mitchell Gaynor**, MD is the Founder and President of Gaynor Integrative Oncology, Assistant Attending Physician at New York Presbyterian Hospital/Weill Cornell Medical Center, and Clinical Assistant Professor of Medicine at Weill Medical College. Dr. Gaynor is well known in the media as an integrative medical specialist and is frequently called upon to discuss such topics as nutritional aspects of cancer prevention; complementary cancer therapies; the dangers of carcinogens and health; and, spirituality and healing.

**Lisa Goldberg**, MS, RD, CDN, formerly of Memorial Sloan-Kettering, and now in private practice, works with breast cancer patients of all ages and those at risk. Lisa educates breast cancer patients on helpful nutrition guidelines before, during, and after treatment. She has been involved with several nutrition and breast cancer clinical research projects at the Memorial Sloan-Kettering's Outpatient Breast Center and in national multi-center trials. Lisa has presented at previous Sharsheret symposia and volunteers at the American Cancer Society, Triple Negative Breast Care Foundation, and Greater New York Dietetic Association.

**Sherry Lebed Davis**, is the co-founder of Healthy Steps and co-developer of the Lebed Method, an internationally acclaimed movement and exercise program. Sherry is one of the foremost authorities, trainers and presenters on the use of movement and therapeutic exercise for healing and quality of life issues after cancer, lymphedema and chronic illness. Sherry has recently become a peer supporter in Sharsheret's national peer support network.

## IX. About Sharsheret

Sharsheret, Hebrew for "chain", is a national not-for-profit organization supporting young women and their families, of all Jewish backgrounds, facing breast cancer. Our mission is to offer a community of support to women diagnosed with breast cancer or at increased genetic risk, by fostering culturally-relevant individualized connections with networks of peers, health professionals, and related resources.

Since Sharsheret's founding in 2001, we have responded to more than 24,000 breast cancer inquiries, involved more than 1,400 peer supporters, and presented over 200 educational programs nationwide. Sharsheret supports young Jewish women and families facing breast cancer at every stage—before, during, and after diagnosis. We help women and families connect to our community in the way that feels most comfortable, taking into consideration their stage of life, diagnosis, or treatment, as well as their connection to Judaism. We also provide educational resources, offer specialized support to those facing ovarian cancer or at high risk of developing cancer, and create programs for women and families to improve their quality of life.

Sharsheret offers the following national programs:

#### The Link Program

- *Peer Support Network*, connecting women newly diagnosed or at high risk of developing breast cancer one-on-one with others who share similar diagnoses and experiences
- *Embrace*, supporting women living with advanced breast cancer
- *Genetics for Life*, addressing hereditary breast and ovarian cancer
- *Busy Box*, for young parents facing breast cancer
- *Best Face Forward*, addressing the cosmetic side effects of treatment
- *Sharsheret Supports*, developing local support groups and programs
- *Family Focus*, providing resources and support for caregivers and family members
- *Ovarian Cancer Program*, tailored resources and support for young Jewish women and families facing ovarian cancer

#### Education and Outreach Programs

- *Health Care Symposia*, on issues unique to younger women facing breast cancer
- *Sharsheret on Campus*, outreach to students on campus
- *Facing Breast Cancer as a Jewish Woman*, an educational resource booklet series

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#### **X. Disclaimer**

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