

DEFEAT Cancer

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on EXERCISE & NUTRITION and CANCER

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Attitude

The upside of cancer: A new outlook on life

By Liz Szabo, USA TODAY

November 20, 2006

Though cancer can be a harrowing experience, a growing body of research suggests that the disease also changes many people's lives for the better.

Nearly two out of three cancer survivors and their families say something good has come out of their experience, according to a new poll from USA TODAY/Kaiser Family Foundation/Harvard School of Public Health. This part of the telephone survey, part of a larger study in August and September, included 751 adults who had cancer in the past five years or who have shared a household with a cancer patient who is still living. The margin of error for this part of the poll is plus or minus 4 percentage points.

About half of respondents say cancer fundamentally changed their outlook on life — almost always in a positive way, the survey shows.

Cancer gives some survivors a renewed sense of confidence and greater appreciation for their own endurance, says Patricia Ganz, a professor at the University of California, Los Angeles Schools of Medicine and Public Health. "The adversity of treatment may give people the sense that 'I've come through this and I'm stronger,'" Ganz says.

Cancer also often leads survivors to question their priorities, Ganz says.

Steve Gorski of Milwaukee, who was diagnosed with a rare and usually fatal kidney tumor two years ago, says cancer was the best thing that ever happened to him — even though it caused tremendous hardship. Gorski, 41, says cancer prompted one especially wonderful change: He is now a full-time caregiver for his sons, Jack, 5, and Steven, 2. "There are life lessons for me to teach them every day," Gorski says. "For every bad thing that happened because of cancer, two good things happened."

Many survivors find that the coping strategies they develop during cancer therapy help them handle other problems in life, Ganz says. That could explain why older cancer patients often feel less distraught than young people, she says. Older people may have already learned how to weather other types of crises, such as the loss of loved ones. Cancer often presents more of a crisis to younger people who had planned on many more decades of good health, says Diane Blum, executive director of CancerCare, which provides support to cancer patients and families. The shock causes many young adults to re-examine their lives and values. The new survey found that 69% of respondents 18 to 49 said cancer changed their outlook. Only 36% of those over 65 said cancer changed their view of the world.

Like Gorski, who has become involved with the Lance Armstrong Foundation, many cancer survivors and their families feel a strong desire to help others dealing with the disease.

"It's part of the healing process to give back," says Gigi McMillan of Manhattan Beach, Calif., who started a support group after her son developed a malignant brain tumor. Families "come to us for healing. Then they become the volunteers who help the next family."

For cancer survivors and their loved ones, volunteering is about more than good deeds, McMillan says. Her group, the We Can Pediatric Brain Tumor Network, matches the families of newly diagnosed children with "veterans" who have been through treatment. Many use volunteer work to transform traumatic experiences into something positive. "They don't want all the pain they've gone through to be in vain," says McMillan, whose son, now 17, still has cancer-related disabilities. "They're helpless against the disease, but they can help other people."

Bart Frazzitta, 64, of Manalapan, N.J., says he wishes he had known someone to guide him through esophageal cancer in 1999. Today, he gives patients the support that he never had. Since 2002, he has talked to 500 patients at New York's Memorial Sloan-Kettering Cancer Center, where he was treated. He also helped the hospital develop a book and CD-ROM on esophageal cancer, which are given to every new patient.

"The doctors say, 'When you come into the room, you don't have to say a word, because they look at you and see there is light at the end of the tunnel,'" Frazzitta says.

Some patients prefer to move on after a cancer diagnosis. Susan Arena, 54, of North Babylon, N.Y., says she prefers not to think too deeply about her disease: inflammatory breast cancer that has spread to her brain, bone and lungs. Medication that was supposed to strengthen her bones has instead destroyed the bones in her jaw, causing her to lose her teeth.

"I try not to focus on, 'What if I don't get up tomorrow?' " Arena says. "I try to roll with the punches, and I'm getting a lot of punches lately."

Though research shows that optimistic patients are no more likely to survive than pessimists, a hopeful attitude can improve quality of life, says Vicki Kennedy, vice president of quality assurance and programs at The Wellness Community, which offers support for cancer patients and caregivers.

Andrew Colletti of Springfield, Va., who was diagnosed with aggressive leukemia five years ago, says he wondered whether to even pursue the recommended treatment: chemotherapy followed by a bone-marrow transplant, one of the harshest treatments in all of medicine. It left Colletti, 45, unable to father children.

Yet cancer, in some ways, has been a blessing, says Colletti, who adopted a baby two years ago with his wife, Susan. He says he now can't imagine life without daughter Charlotte. "If I had known this little girl was waiting for us on the other side of treatment, I wouldn't have had a doubt."

Exercise

Diet, exercise may help in cancer fight

Arizona Living - Oct. 24, 2006 12:00 AM

Question: I'm a breast cancer survivor. I read that a low-fat diet reduces the risk of a recurrence. I was treated three years ago. Do you think that the diet can help me? What about exercise?

Answer: A low-fat diet certainly couldn't hurt, and a new study shows that getting regular exercise can help a lot. The news that a low-fat diet reduces the rate of breast cancer recurrence comes from a study reported recently at a meeting of the American Society of Clinical Oncology. It is the first study to demonstrate that diet directly affects breast cancer.

Of the 975 women who followed a low-fat diet, 96 (or 9.8 percent) had recurrences of their breast cancer during a five-year period, compared with 181 (or 12.4 percent) of the 1,462 women who stayed on their usual diet. All of the women had undergone surgery (lumpectomy or mastectomy), followed by radiation and then hormonal therapy or chemotherapy when indicated. The women were assigned to the low-fat diet at random.

Although researchers said that more study is needed before recommending low-fat diets to all breast cancer patients, there is no reason not to cut your fat intake. Doing so also will reduce your risk of heart disease, and, if necessary, help you lose weight. (Simply losing weight after breast cancer treatment has been shown to reduce the risk of recurrence.) Interestingly, the women whose recurrence rate was lowest on the low-fat diet were those whose breast cancers were estrogen receptor negative, meaning that they didn't depend on estrogen to grow.

Researchers from UCLA who conducted the low-fat-diet study limited the women to an average of 33.3 grams of fat per day, a little more than 1 ounce of fat, compared with the 51.2 grams of fat per day consumed by the women who followed their usual diets. I still recommend that however much fat you eat, you try to choose the right kinds - monounsaturated fat found in olive oil, nuts and avocados, and omega-3-rich fat from cold-water fish, flax (try freshly ground flaxseeds) and walnuts. Also choose low-glycemic carbohydrates and lean sources of protein.

As far as exercise is concerned, a study published in the May 25, 2005, issue of the Journal of the American Medical Association found that it improved survival among women who have had breast cancer even if they walked as little as an hour a week. The authors noted that after a breast cancer diagnosis, women decrease their levels of physical activity by two hours a week and that even greater decreases have been seen among obese women.

The researchers found that the risk of death from breast cancer for women who have had breast cancer and walk at least an hour a week at a pace of 2 to 2.9 miles per hour was 20 percent lower than those who got less exercise or

none at all. Those who walked three to five hours a week had a risk of death 50 percent lower than those who got little or no exercise. Those who got even more exercise also reduced their risk of death but, unaccountably, by somewhat less than 50 percent.

These findings make a lot of sense when you consider that physical activity affects circulating hormones. Lower estrogen levels among the physically active women might explain their improved survival, according to the study authors. (They noted that the benefit of physical activity was particularly apparent among women whose breast tumors were fed by estrogen.) Overall, the study makes a strong case for continuing to get regular exercise after a breast cancer diagnosis.

Weil is a pioneer in the field of integrative medicine. He is a professor of medicine and heads the program in integrative medicine at the University of Arizona. Weil also is a monthly columnist for Prevention magazine and editor of Self Healing Newsletter. Visit www.drweil.com for more information.

Cancer patients test theory at the gym

News Observer - Nov 06, 2006

Jean P. Fisher, Staff Writer

Six months ago you couldn't have paid Gretchen Hoag to go to a gym. Radiation and chemotherapy treatments for breast cancer had robbed her of her hair, and the idea of being seen in public like that was repellent.

"I would not have felt comfortable," said Hoag, 46, who lives in Chapel Hill.

But today, Hoag is an eager participant in a new program at UNC-Chapel Hill that hopes to more firmly establish regular exercise as an effective treatment for common and debilitating side effects of breast cancer therapy, including pain, fatigue, depression and anxiety.

Three times a week, Hoag visits a small fitness center in the Women's Gym at UNC-CH, where she works out with a personal trainer. She follows up the exercise sessions with recreational therapy, including biofeedback, designed to help her maintain emotional balance and learn to relax deeply.

Hoag's hair is back now, framing her face with short curls, but even if it wasn't, it wouldn't be an issue. Cancer patients exercise in a small facility closed to recreational exercisers, where they aren't likely to run into anyone except, perhaps, another breast cancer patient.

"It's a really comfortable place for a breast cancer patient to be," Hoag said.

The exercise program, which is free to participants, was established with a grant from the Triangle affiliate of the Susan G. Komen Breast Cancer Foundation. Its founders plan to enroll 42 breast cancer patients, each of whom will stick with the exercise and therapy regimen for six months. The researchers have applied to the national Komen Foundation for a grant to study the efficacy of specific types of exercise and recreation.

"What we would like is to be able to show how beneficial and important these complementary therapies are," said Claudio Battaglini, a professor of exercise physiology at UNC and co-founder of the breast cancer exercise program.

Broader applications

The idea that exercise can be beneficial for patients and survivors of all types of cancers is gaining momentum.

A study published last year in the Journal of the American Medical Association reported that exercising for 30 minutes four to five times a week after a diagnosis of breast cancer improved the chances of survival and reduced the rate of recurrence. A study published this year in the Journal of Clinical Oncology found regular exercise had a similar protective effect for colon cancer patients.

Both studies observed that exercise reduced cancer recurrences and deaths by half or better. Multiple studies have also established that exercise alleviates cancer treatment symptoms, especially fatigue, which affects nearly all cancer patients.

Battaglini's interests aren't limited to exercise and breast cancer. Supported by a grant from the UNC Lineberger Comprehensive Cancer Center, Battaglini is also working with leukemia patients at UNC Hospitals. Workouts take place inside the hospital during patients' inpatient treatment for leukemia.

Battaglini hasn't written up the results from the leukemia program yet, but what he has observed so far is encouraging. He said patients who work out during treatment have had slightly shorter hospitalizations than typical leukemia patients. Instead of leaving the hospital in a wheelchair, as many patients do, all the patients Battaglini worked with have walked out on their own.

"Some of them actually improved their endurance and muscular strength during their hospitalizations," Battaglini said.

Exercise programs for cancer patients are still relatively rare. For now, there are still too many unanswered questions about what types of exercise and recreational activity are most effective, and how much is needed for the patient to see a benefit, said Battaglini, who hopes soon to launch a third exercise program working with lung cancer patients.

"We want to understand the efficacy of our program," he said. "That's what the physicians are looking for."

Nutrition

Obesity reduces odds of surviving colon cancer

NEW YORK (Reuters Health) - Obese patients are more likely to have a recurrence of colon cancer than their normal-weight counterparts and face an increased risk of dying from the disease, a new study shows.

While it's not clear that losing weight would improve their prognosis, Dr. James J. Dignam of the University of Chicago and colleagues note, healthy lifestyle changes would probably have other beneficial effects for obese colon cancer patients.

There is strong evidence that being obese, defined as having a body mass index (BMI) of 30 or greater, both increases the likelihood of developing colon cancer and worsens prognosis for individuals diagnosed with the disease, Dignam and his team report in the *Journal of the National Cancer Institute*.

To better understand the relationship between a patient's BMI and the outcome of chemotherapy for colon cancer, Dignam and his team looked at 4,288 colon cancer patients participating in two large nationwide clinical trials. The patients underwent surgery following a diagnosis of Dukes B or C colon cancer and all of the patients were randomly assigned to a chemotherapy regimen.

Subjects with a BMI of 35 or greater (defined as very obese) had a 38-percent risk of a tumor recurrence compared with normal weight individuals (those with a BMI of 18.5 to 24.9), the researchers found. The very obese were also 28 percent more likely to die during the 11.2-year follow-up period.

Underweight patients also had an elevated risk of death compared with those of normal weight, but most of their 49 percent increased death risk was due to causes unrelated to colon cancer.

The increased risk among the very obese could be related to the interplay between insulin, insulin-like growth factors and proteins that bind to these growth factors, Dignam and his colleagues suggest.

While more research is needed to determine if obese colon cancer patients will do better if they lose weight, they add, "physicians might use the frequent encounters they have with these patients to counsel them regarding the possibility of modifying this risk with lifestyle changes."

In any case, the researchers note, helping obese colon cancer patients eat better and become more active will likely have other benefits.

SOURCE: *Journal of the National Cancer Institute*, November 15, 2006

Smoking, drinking lower odds of surviving cancer

Posted: November 7, 2006

NEW YORK (Reuters Health) - Smoking and heavy alcohol use may curb the likelihood of survival among men diagnosed with cancer, researchers from South Korea report.

There is some evidence that these "cancer risk factors" boost mortality among cancer patients, Dr. Young Ho Yun of the National Cancer Center in Goyang and colleagues note. But to date no one has investigated how having these risk factors before cancer is diagnosed influences survival afterwards.

Yun's team looked at data from 14,578 male cancer patients, all of whom had data on their pre-diagnosis health risk behaviors on record. They were followed for an average of about nine years after their cancer diagnosis.

Men who had been smokers were at greater risk of dying from any type of cancer than non-smoking cancer patients, the researchers found. There is evidence that smokers are less likely to undergo cancer screening tests such as colonoscopy, so they may be diagnosed with cancer later on when it is more difficult to treat, the researchers note.

Cigarette smoking itself, they add, could also make tumors grow more aggressively.

Heavy drinkers were more likely to die from head and neck or liver cancer than non-drinkers with either type of cancer, and the risk rose in tandem with the amount of alcohol consumed. Drinking alcohol may increase tumor aggressiveness, the researchers say, or make people less likely to comply with treatment recommendations.

Men who were resistant to the effects of the blood-sugar-processing hormone insulin, which is a warning sign of diabetes, were also more likely to die after a cancer diagnosis.

However, the researchers found, people with a high body mass index (a measure of weight in relation to height) were at lower risk of death from cancer overall, and from head and neck or esophageal cancer specifically. Heavier patients might fare better after a cancer diagnosis because they are better nourished and thus more able to survive the rigors of treatment, the researchers note.

"Our findings suggest that groups at high risk of cancer need to be educated continually to improve their health behaviors -- not only to prevent cancer, but also to improve prognosis," the team concludes.

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New Rx: Help people to avoid getting sick

By Steve Sternberg, USA TODAY

Photos by Eileen Blass



Left: Tanya Green, 38, shops at The Fresh Grocer in West Philadelphia and encourages son Tahkhem, 4, to eat healthful food. A similar store will open soon in the nation's first black-owned mall.



Right: Small stores such as this are common in the city's low-income areas.

PHILADELPHIA — With its fried chicken restaurant, wig emporium and half a dozen shuttered shops, Progress Plaza looks more like an urban eyesore than a laboratory on the frontier of public health.

Yet, despite its dilapidated, gap-toothed appearance, the nation's oldest black-owned shopping center is the setting for a landmark study that will test whether having easy access to fresh fruits and vegetables improves a community's sense of health and well-being.

As part of a major face lift to be completed in late 2007, Progress Plaza is about to get a gleaming new grocery store. "It's a natural experiment, the first of its kind in the country," says Allison Karpyn, research director for the Philadelphia-based non-profit The Food Trust, a program that finds innovative ways to bring more healthful foods into urban neighborhoods, public schools and grocery stores.

This urban experiment is one of countless new initiatives designed to improve people's health in states, cities and communities across the USA. It is not about covering the uninsured or tinkering with the medical system; it's about making it easier for people to avoid getting sick in the first place.

"The sweetest spot for public health is when you change the context so that people don't have to do anything different to live a longer, healthier life," says New York City Health Commissioner Thomas Frieden, one of a number of health officials who are moving to make their communities healthier places to live.

Today, after decades of discussion, the idea is catching on.

On Sept. 28, the American Cancer Society released new guidelines on nutrition and physical activity for cancer prevention. It concluded that only by creating a "social environment that promotes healthy food choices and physical activity" can the nation whittle away at the nearly 170,000 of 500,000 annual cancer deaths linked to obesity, junk food and a lack of exercise.

On Oct. 6, the American Heart Association and the Clinton Foundation announced an agreement with Campbell Soup Co., Dannon, Kraft Foods, Mars and PepsiCo to adopt the nutritional guidelines for snacks sold in schools. These groups are taking action because it has become clear that nagging people to exercise, stop smoking and "eat an apple a day" hasn't had the hoped-for impact in a nation where baby boomers and many children are fueling overlapping epidemics of obesity, high blood pressure, diabetes, heart disease and cancer.

Many experts, including Frieden, attribute this not to weak willpower but to easy access to unhealthful foods and busy lives that squeeze out exercise. The best remedy, they say, is to make the world a healthier place to live. If the goal seems ambitious, it's not without precedent. Public health experts achieved just such a triumph in the 1800s when societywide measures such as water purification and sewage treatment banished many infectious diseases, the big killers of the day. Today's plagues are chronic diseases.

"Two thirds of the deaths and 80% of the cost of health in this country are associated with chronic disease," says Janet Collins, director of prevention and health promotion for the Centers for Disease Control and Prevention. "This country is dramatically moving in the wrong direction."

The Philadelphia experiment is a rare attempt to determine whether providing access to fresh fruits and vegetables can put a neighborhood back on track. The SuperFresh Grocery store moved out of Progress Plaza in the 1990s; it will be replaced with a fully stocked The Fresh Grocer.

Karpyn and colleagues from the University of Pennsylvania and the University of London will compare fruit and vegetable consumption in the Progress Plaza area with that of a similar community that only has corner stores selling such things as doughnuts and chili dogs.

"We have housing developments all around here. Our people don't shop for the month. They shop for a couple of days. They don't have the money. They can't carry it. They have no place to put it," says Anita Chappell, 70, secretary of Progress Plaza's board. She is one of about 4,000 local churchgoers who were inspired by the late Rev. Leon Sullivan of Zion Baptist Church, whose \$10-a-month investments built the plaza in the late 1960s. They eagerly await the new grocery store.

The federal Centers for Medicare and Medicaid Services projects that health spending in 2006 will reach \$2.2 trillion en route to \$4 trillion in 2015. Per person, Americans will spend \$7,129 this year and nearly twice that, \$12,320, by 2015.

What do Americans get in return? Not enough, Tom Farley of Tulane University and Deborah Cohen of the RAND Corp. argue in *Prescription for a Healthy Nation: A New Approach to Improving Our Lives by Fixing Our Everyday World*.

Most cancer treatments buy patients a few more years, at best. Over the past 25 years, they say, five-year survival rates for cancer have risen from about 50% to just over 60% with most of the gains coming from early detection and surgical removal, not high-tech medicine. Highly touted cholesterol-lowering drugs reduce the death rate from heart attacks by just one-third, research shows.

Personal responsibility

"The underlying assumption is that medical care not only works, it's virtually magic," Farley says. "If we only had a little more money and research time we could find a cure for everything. That story is repeated so often that people have come to believe it. The reality is that medical care doesn't produce health, and, while it definitely has benefits, it also has its risks."

No one questions that prevention is the solution, but the costs of taking care of the sick consume roughly 96% of the health budget, leaving about 4% for prevention. In practical terms, that means most people are floundering without the support they need to live healthier lives, says Allan Brandt of the Harvard School of Public Health.

"It's easy to say we should all be on a good diet, stop smoking, start exercising and stop taking risks," such as not wearing a bicycle or motorcycle helmet, Brandt says.

"How can we help people achieve a higher level of personal responsibility? It's not by moralizing and telling people what they should and shouldn't do.

"Tobacco's a great example. I do think people should stop smoking. But what do we know about tobacco? It's highly addictive, it's weakly regulated, and there are powerful social forces that encourage young people to smoke. And when you've been smoking for years, it's very difficult to stop."

Brandt says cajoling people to stop smoking didn't work very well even after the release of the first Surgeon General's report sounded the alarm in 1964.

Smoking rates only began to drop in the 1980s when governments passed laws restricting cigarette advertising, raising cigarette taxes, limiting smoking in public places and making it harder for children to get cigarettes.

Four years ago, New York Mayor Michael Bloomberg signed a law championed by Frieden and passed by the city council that bans smoking in most offices, restaurants and bars. Frieden followed up with an aggressive program to help people quit smoking.

So far, the health department has given away 180,000 four- to six-week courses of free nicotine patches, 100,000 of which were donated by Pfizer. A study found about one-third of participating smokers quit, and 70% stayed that way. Frieden says the giveaway of the first 35,000 sets of patches saved at least 2,000 lives.

To get more New Yorkers to exercise, the Bloomberg administration plans to extend the city's bike paths by 200 miles. And Frieden has become even more ambitious, proposing to eliminate trans fats from New York's 24,000 restaurants.

"I want New Yorkers to go into restaurants and order any fantastic thing on the menu and not worry that it has an artificial, dangerous substance that shouldn't be in our food supply," Frieden says.

The Arkansas experiment

Arkansas Gov. Mike Huckabee didn't become a prevention hawk from studying statistics. Once 110 pounds overweight, he says his awakening came in 2003 after his doctor informed the governor that he had diabetes and "scared the daylight of me."

But even Huckabee found he couldn't go it alone. He quickly enrolled in a program at the University of Arkansas School of Medicine, substituting protein shakes for many of his meals and beginning an exercise regime that includes a morning jog.

Since then he has managed to push a package of preventive measures through the state legislature banning smoking in workplaces, restaurants, bars and any car in which a child is restrained in a car seat. Three years ago, the state began requiring schools to measure each student's body mass index, a formula that uses height and weight to calculate whether a person is verging on obesity.

A whopping 38% were. Letters were sent home to parents, who apparently took notice and tossed out the Twinkies and catapulted kids off the couch.

"When we looked back, it became clear that we had halted the state's childhood obesity epidemic," says Arkansas Surgeon General Joe Thompson.

Huckabee also backed a health assessment for the 110,000 members of the state employee health plan, which provides coverage for stop-smoking programs, nutritional counseling, dietary assistance, even gastric bypass surgery. People who cut their health risks can earn \$20 an adult a month off the cost of their family health plan. Not every effort is sponsored by government. In Minnesota, Blue Cross Blue Shield is investing at least \$20 million in proceeds from a landmark, decade-long lawsuit against the tobacco industry in an effort to get Minnesotans to stop smoking, eat better and exercise.

The University of South Carolina Prevention Research Center is studying Sumter County, population 100,000, to figure out what it takes to get people to exercise.

And Farley would like to turn the Prescription for a Healthy Nation into a prescription for rebuilding Katrina-ravaged New Orleans. Before the hurricane a year ago, Farley had begun working with the residents of the Upper Ninth Ward to provide them with more opportunities to exercise. Then came the flood.

"I immediately saw the hurricane not just as a tragedy but as a once-in-a-lifetime opportunity to reshape an entire city in ways that would promote health," he says. "Make sure we build sidewalks, bike lanes, parks and playgrounds so people can be physically active. Build supermarkets that sell healthy items."

Farley recently played host to John Weidman of Food Trust, who spoke to state public health officials, Tulane's public health department and representatives of the Louisiana obesity council about the program's successes at introducing grocery stores to inner-city neighborhoods in Philadelphia.
