

# Yale CANCER CENTER *answers*

WNPR Connecticut Public Radio



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## Integrative Oncology and Healthy Aging

### **Guest Expert:**

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## **Yale Cancer Center Answers**

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*Welcome to Yale Cancer Center Answers with doctors Francine Foss and Anees Chagpar. Dr. Foss is a Professor of Medical Oncology and Dermatology, specializing in the treatment of lymphomas. Dr. Chagpar is Associate Professor of Surgical Oncology and Director of the Breast Center at Smilow Cancer Hospital at Yale-New Haven. If you would like to join the conversation, you can contact the doctors directly. The address is [canceranswers@yale.edu](mailto:canceranswers@yale.edu) and the phone number is 1-888-234-4YCC. This week I will be sitting in for Dr. Foss and Dr. Chagpar for a conversation about integrative oncology and healthy aging with Dr. Donald Abrams. Dr. Abrams is a cancer and integrative medicine specialist at the UCSF Osher Center for Integrative Medicine.*

Barber I would like to begin with having you explain what integrative medicine is, exactly. I think it is something that a lot of people just do not know about.

Abrams Integrative medicine is patient-centered medicine where the patient is the most important thing, not their disease, and what we do in integrative medicine is get to know the patient, spend time with the patient and use evidence as much as possible to create a regimen for the patient that combines the best of conventional and complimentary therapies.

Barber Is this something that started in medicine and then moved to oncology, or was it the other way around? Did they evolve at the same time?

Abrams Integrative medicine is not to be confused with so-called CAM, complementary and alternative medicine but it certainly is an outgrowth of complementary and alternative medicine. That is a term I think we need to get away from because complimentary means that the therapy is used in conjunction and alternative means it is used instead of. So putting them together as the acronym CAM makes no sense, because nothing is usually complimentary and alternative. It turns out that cancer patients, because they have a disease that is often incurable, are very heavy users of complimentary therapies, so integrative medicine is a field that did not necessarily start around cancer but is something that is quite applicable to patients with malignant disease.

Barber So did it have its genesis in helping cancer patients or did it start with regular medicine?

Abrams That is a good question, what is the origin of integrative medicine? It is something that has evolved over the past 20 years I would say, and currently 57 academic medical centers in the United States belong to the consortium of academic health centers in the integrative medicine including Yale, there is Yale Integrative Medicine on campus. It is something that depending on where you are, it is either relegated to something that people feel is quite fringy or otherwise it is quite integrative into the health care system and I think more and more as baby boomers age and get sick, the demand to look at non-conventional intervention as part of treatment is going to increase.

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- Barber I want to come back to that, but to give a little context to your background, how did you get interested in medicine?
- Abrams So my temple folded after my bar mitzvah, they wanted me to be a rabbi but that did not work. I come from a long line of a family that has no physicians at all, but I just always knew that I was going to be a doctor and follow that path. I went to Brown as an undergraduate, and was in their six-year masters in medical science program that ultimately was going to lead to a seven year M.D. but in the middle of that I went to Amsterdam for my first time ever out of the country in 1971, and decided I did want to spend the rest of my life in Providence, although I liked it, you know growing up in Cleveland Providence was nice. So I decided to go to real medical school and the only place I got in was England and California, and I wound up at Stamford and went to medical school there. Interestingly, I spent a year in London and petitioned Stamford to allow me to do an eight-week course at the Royale College of Homeopathy which they denied but I touch that as being the first evidence of being interested in something alternative or complimentary if you will.
- Barber And have you always been attracted to what is commonly known as out of the box thinking?
- Abrams I think that is probably true and then I found myself after graduating from Stamford doing my internship and residency at the Kaiser Foundation Hospital in San Francisco which is really one of the first HMOs in the land back in the 70s and at that time began to see the first cases of what might be called pre-AIDS, gay men with swollen glands, and I was working with the hematologists and we saw these patients more and more who had swollen glands and we did not know what they were. I biopsied them to make sure that they did not have lymphoma and they did not, and I just told them, move out of the fast lane and see if the lymph nodes disappear. I then moved on to my fellowship in the hematology and oncology at UCSF and that is when we saw our first cases of Kaposi sarcoma and Pneumocystis pneumonia and we were right there in the epicenter of the AIDS epidemic.
- Barber That is just incredible and so then I would imagine you were looking for anything to help these patients?
- Abrams Exactly, because as a gay man myself, this was my community that was impacted and we had no treatment. So this was 1981 and our first effective treatment was in 1986 when AZT was released and in that five-year period we tried anything that might work, high dose intravenous vitamin C, AL-721 so I became a champion of “alternative therapies” but there was no conventional therapy to be alternative to and then when AZT was approved in 1986 I said this is not very good and I wrote all the chapters in the all the AIDS textbooks on complementary and alternative therapies in HIV/AIDS.
- Barber Wow, that is incredible and then you took that into oncology?

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Abrams        There is a missing piece. In 1992, Rick Doblin who is a Harvard School of Government PhD and also the founder of MAPS, The Multidisciplinary Association for Psychedelic Studies, sent a letter addressed to the San Francisco General Hospital Director of Research in AIDS, which I wasn't, but the letter appeared on my desk suggesting that we investigate cannabis as a treatment for the AIDS wasting syndrome. So I said okay, I went to college in the 60s and was in Amsterdam so that began a rather naive interaction with the government when I requested cannabis to do research in patients with the so-called AIDS wasting syndrome, which ultimately disappeared in 1996 which was the same year that the state of California approved medical marijuana and in 1997 I finally won and the government sent me a million dollars and 1400 of their finest cigarettes to do research and during that time I developed a strong appreciation of the power of plants as medicine which ultimately took me to the Telluride Mushroom Festival in Telluride, Colorado a month after I had done my first ever jury duty in San Francisco and I come home and said I want to go law school, but in Telluride, I met Andrew Weill, and he described a two year online distance learning fellowship that you could do with his program in integrative medicine from the University of Arizona, and I said I do not want to go law school I want to do that and I did, and it changed my life.

Barber        That is incredible. What a story.

Abrams        When I finished my fellowship, I said I am done with HIV-AIDS and what I want to do now is integrative oncology, working with people living with and beyond cancer and helping them to integrate these other modalities into their conventional care.

Barber        And the other thing, when you talk about the power of plants, things from nature, there is some incredible work being done at Yale, as I am sure you are aware, on the ability of some Chinese herbals that are very old, Chinese herbal remedies, being tested and found to work, correct?

Abrams        Yes, I mean that is how we treat leukemia now, with arsenic, for example, which isn't an herbal but it was in the Chinese Medicine Armamentarium and that is how we treat some forms of leukemia and as an oncologist, I am Chief of Oncology at San Francisco General. I have been an oncologist for 33 years and as an oncologist I know some of my most important chemotherapeutic agents are also derived from plants.

Barber        It is interesting the way that these agents that we do not always know how they are going to interact with patients, can interact in unexpected ways.

Abrams        Correct, nothing is benign, even black pepper which is something that is taken along with turmeric to increase its absorption and it increases the absorption of everything else so people on prescription medications who do take some of these botanical supplements do need to be aware of the potential interactions, and oncologists will generally say, do not take anything while you are

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receiving chemotherapy, but that is not necessarily the best advice. It is just a reflex because we do not know and as an oncologist in 2013 there is this explosion of new therapies and you can't fault an oncologist for wanting to focus in one particular organ so that they can keep track of all that is there and so while doing that they cannot keep track of all this so-called integrative oncology so they are, the more conservative traditional oncologists, to say, do not do any of that, and in fact there is increasing evidence that these things do improve if not quantity of life, certainly patient quality of life.

Barber        What you hear a lot of, if you listen to this program, is a conversation about the multidisciplinary approach that is being used extensively at Yale. Are you finding that integrative medicine or integrative oncology is now getting a place at the table in those discussions or is it tough to get involved in that?

Abrams        We have a Society for Integrative Oncology that is having its 10th annual meeting in mid October in Vancouver, and this is a large group of people who come together from all over the world. My own experience when I began my integrative oncology practice at the UCSF Osher Center for Integrative Medicine in 2005, was that most of my earlier patients were either referred by Andrew Weill or found me through the internet. Our center is right across the street from the Helen Diller Family Comprehensive Cancer Center at the University of California, San Francisco and now eight years later most of my referrals come from my oncology colleagues across the street.

Barber        So you now have that place at the table and I think that can be very valuable for the patients. Why has it taken this long to start thinking in terms of stuff outside of what we know?

Abrams        I think it is related to evidence. We are very much evidence based in modern medicine and everybody wants the results of the randomized double blind placebo controlled trial and my passion in this field is nutrition and cancer. JAM recently had an article on the state of the nation's health from 1990 to 2010, and the number one cause of morbidity and mortality in the United States over that 20-year period is no longer tobacco. It is dietary issues and it's dietary issues alone because #4 is high body mass index and #5 was lack of physical activity. So it is what we eat. But how do you do that? It is very difficult. We cannot do a placebo control trial where this half of the room eats tofu for the next 30 years and this half eats what, placebo tofu? People already say tofu taste like placebo, so I mean you cannot do trials to get that kind of evidence. We like to talk about evidence informed medicine, where we use epidemiologic data, we use some animal studies, and we say, well the probability that this is going to cause harm is low enough that with the evidence that we have, we can make this recommendation. For example, massage. If I am going to do a study to show the benefits for a cancer patient from massage, what is my control? You cannot do a control massage, so it is hard. And Andrew Weill always says, and it is a very

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controversial statement but one that I buy into, that the degree of evidence should be directly proportional to the potential for the intervention to do harm. So when I tell a patient, let me give you this new chemotherapy, it is going to make your hair fall out, you are going to be nauseated and vomit for three days, and your bone marrow is going to be suppressed, I better have some good evidence that it is going to do the patient some benefit. But again, if I am going to say, eat more broccoli and blueberries and get a massage twice a month, our government can no longer afford to fund those studies to look to see, and what is the potential for harm?

Barber Let us continue with that when we come back in just a moment. We are speaking with Dr. Donald Abrams about integrative oncology and we will get into healthy aging also, which I think is very important.

*Medical Minute*

*This year over 200,000 Americans will be diagnosed with lung cancer and in Connecticut alone there will be over 2,000 new cases. More than 85% of lung cancer diagnoses are related to smoking and quitting, even after decades of use, can significantly reduce your risk of developing lung cancer. Each day patients with lung cancer are surviving, thanks to increased access to advanced therapies and specialized care, new treatment options and surgical techniques are giving lung cancer survivors more help than they have ever had before. Clinical trials are currently underway at federally designated Comprehensive Cancer Centers like the one at Yale to test innovative new treatments for lung cancer. An option for lung cancer patients in need of surgery is a video-assisted thoracoscopic surgery also known as VATS procedure which is a minimally invasive technique. This has been a medical minute and more information is available at [yalecancercenter.org](http://yalecancercenter.org). You are listening to the WNPR Health Forum on the Connecticut Public Broadcasting Network.*

Barber I am Bruce Barber in for Dr. Anees Chagpar and Dr. Francine Foss and this week I am joined by Dr. Donald Abrams and we are talking about integrative oncology and healthy aging. You are here from San Francisco. And it sounds like you have got a really great job. You are doing cutting edge things, you are thinking about things in new ways. That must be fun to come to work in the morning?

Abrams Yeah, actually I have two jobs. I am a Gemini so I have two very different jobs. I am Chief of Hematology Oncology at San Francisco General Hospital, which is one of the few true remaining safety net hospitals in the country. I provide cancer care to indigent adults that are very socioeconomically disadvantaged and multicultural. Two thirds of my patient interactions in clinic use the interpreter services. Then my other job is integrative oncology consultation at the University of California Osher Center for Integrative Medicine where all the patients have to be insured and they are very much more socioeconomically advantaged, a very different patient population, but I often say at San Francisco General Hospital I treat cancer and at the Osher Center for Integrative Medicine I treat people living with cancer. So that is the difference really.

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- Barber And what kinds of mistakes, nutritionally, do cancer patients make?
- Abrams I do not know about mistakes, part of that actually, and I will say this out loud for the first time, the American Cancer Society has a cookbook and has a pamphlet for what to eat during chemotherapy which suggests that cancer patients should eat, for example, angel food cake and ice cream sundaes. They are hoping to get calories in, but more and more evidence is demonstrating that refined carbohydrates, particularly sugar, are not good for cancer and in fact may be considered cancer fertilizers. So what I recommend that my patients consume is an organic plant-based, antioxidant rich, anti-inflammatory, whole foods diet. A lot of cancer patients come to me and say cancer does not like an alkaline environment, so I am going to eat an alkaline diet, for example, and the alkaline diet after I ignored it for a number of years, I finally looked to see exactly what it is and it is more fresh fruits and vegetables, less caffeine and alcohol, less red meat, which is essentially the diet that I recommend, but it is the right diet for the wrong reason, because the kidneys keep the pH of our blood in a very narrow range consistent with life, and you are not going to change that by what you eat and I hate to see patients, desperate patients with cancer, sucked into buying alkaline water, for example, and thinking that is going to help them.
- Barber I would imagine that nutrition and the different types of cancer would interact in different ways?
- Abram There are some things, for example lycopene in tomatoes, that seem to be very useful for prostate cancer, and similarly pomegranate, but very potent foods are the cruciferous vegetables. They contain chemicals, sulforaphane, Indole-3-Carboxyl, and something called DIM, which for women with breast cancer changes their estrogen from the type that drives estrogen responsive tumor to the type that does not, so even for all cancers I think cruciferous vegetables are really key and as we speak I am drinking green tea, and green tea I believe has the second most important cancer risk reducing chemicals in it after cruciferous vegetables and then the antioxidant potency of heavily pigmented fruits, for example, the berries are also something that we should eat. I am a big fan of deep cold water fish rich in omega 3 fatty acids as well as a food source of vitamin D.
- Barber How recently have we started to understand these types of things, the way that nutrition and things that we do not normally think of interact with the treatment of cancer?
- Abrams Again, some people do not understand it yet, I see a lot of patients say, well during radiation therapy my radiation oncologist said I can only eat white foods. White foods totally devoid of any antioxidant potential because there was one study in patient's getting radiation therapy where vitamin E supplementation seemed to decrease the side effects of radiation but allowed the cancers to come back quicker and also decrease survival, so that is in the antioxidants. So people extrapolate from that and say, no antioxidants during radiation because radiation actually works to kill tumor cells by creating free radicals of oxygen.

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- Barber It sounds to me like we could probably all live better before getting a cancer diagnosis and that with the knowledge that you have gained that could be valuable too.
- Abrams Talking about healthy aging, The American Institute for Cancer Research has 10 guidelines for reducing the risk of cancer and No. 10 says for cancer survivors to follow the 9 guidelines above and No.1 says be as lean as possible without being underweight, and there it is right there, obesity is I believe the No.1 health problem in the country today. While attending at St. Francisco General, they presented a patient to me who had hypertension, diabetes, hyperlipidemia, osteoarthritis, and sleep apnea and then we walk in the room and I see a 300 pound person and I said, you did not tell me the number one problem. We have normalized obesity to the point where we accept it and it is wrong and it is a health hazard.
- Barber And I would imagine it is a very difficult change to make once you get to that point, correct?
- Abrams Yes, because it takes a lot of behavioral modification unless you are going to get bariatric surgery. We live in this quick fix medicine and we will take care of it by either doing surgery or giving a pill and that is not how some of these things work. For example, recommendation No.2 for reducing the risk of cancer, but I think also for growing old healthy is to be physically active for 30 minutes each day. Time Magazine in 2001 did a poll prior to 9/11 of Americans and more Americans said that it was easier to quit smoking than to do 30 minutes of physical activity each day and that is a problem, and physical activity does decrease the risk of a number of cancers, including prostate and breast which are very common, and colon as well.
- Barber What are some of the other things that you see and you wish you could tell people, please think about this before you end up in my office.
- Abrams Following the No.3 guideline, I would tell people to avoid sugary drinks, and I actually went to a microphone at a meeting and I said, there are sugary drinks and then there are sugary drinks. You could drink a carbonated cola, not to mention any name fruit punch in a can which probably has glucose and high fructose corn syrup, or you can squeeze three oranges in the morning and the response from the podium was energetically that they are all the same because if you eat an orange the fiber slows down the absorption of sugar into the blood stream, but when you squeeze the fiber away from the sugar it is like drinking a cola beverage, and the problem with that is the body then squirts out an insulin-like growth factor, both of which we now know promote inflammation and cause cancer cells to divide. I give Michelle Obama a lot of credit right now for going around encouraging people to drink water, because the epidemic of soft drink consumption in this country I think contributes a lot to disease and people say, what about unsweetened or artificially sweetened. I grew up with saccharin, which used to be on the market, but then left because of bladder cancer, maybe it was just in animals but if you look at the sweetener ingredients in most carbonated beverages there are all things that have been shown to cause tumors in animals.

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- Barber Obviously the two big ones that we always hear about and I am amazed that their interaction and they way they can cause various types of cancer, are smoking and drinking, smoking tobacco and drinking alcohol, and obviously smoking being very bad on its own but then when you add alcohol to that it so greatly increases the risk of so many cancers.
- Abrams It is true and the guidelines do address alcohol of course, but not tobacco because this is about things that we eat, and it says if consumed at all, limit consumption of alcoholic beverages to two a day for men and one a day for women, which seems quite liberal.
- Barber What impresses me hearing that and then the other things which are behavioral issues that sometimes require behavioral modification to get out of them, I would assume that you would be very interested in trying to get this information into the hands of younger people and people starting families on a public health level.
- Abrams I am a simple oncologist, so I do not think on those terms, but I am on the board of a project of a group in Sebastopol, California called the Series Foundation and what they do is they teach teenagers how to cook healthy food and then they deliver that to cancer patients and that sort of service should be replicated I think nationwide, because it helps not only the cancer patients, but as you say the next generation to learn how to eat healthy food.
- Barber What is the positive side? What are the great things do you think that we have learned in the past five or ten years that are really helping both cancer patients and then patients trying to maybe reduce their risk of getting a cancer. What are the bright spots, what are some of the things that we are doing better now, is there anything?
- Abrams I wish I could say there was. The CDC did a survey about how many Americans eat at least five servings, which is very low, of fruits and vegetables each day, and it was a quarter that eat three servings of vegetables and a third eat two servings of fruit of people under age of 18 it was only 10%, and if you look at the map of body mass index by State, Colorado used to be the only state that had less than 20% of the adults obese and now they have moved over, and we live in this culture where we subsidize unhealthy food, my organic apple that I eat every day after lunch cost as much as a double cheese burger, fries and a coke and until we change that I do not have a lot of faith that we are making progress, but on the other hand, you go to a restaurant and I eat at Mory's and I had tofu that was quite tasty and everything else on the plate, it was vegan, and I do not necessarily eat vegan but I was surprised to be able to, so there is some evidence that consciousness is elevating.
- Barber And I think that if it comes from our leaders and it seems like it is, that there is at least the chance that we can make some progress in this direction.

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Abrams I do not follow everything about the Affordable Care Act which is quite important in today's news but affordable health care will only come if we focus on wellness and prevention as opposed to the find it, fix it, disease management. We do not have a health care system, we have a disease management system and that is very expensive. Physicians do not get compensated for wellness, teaching and counseling with the patients, and that is the problem.

*Dr. Donald Abrams is a cancer specialist at the UCSF Osher Center for Integrative Medicine. If you have questions or would like to add your comments, we invite you to visit [yalecancercenter.org](http://yalecancercenter.org) where you can also get the podcast and find written transcripts of previously broadcast episodes. You are listening to the WNPR Connecticut Public Media Source for News and Ideas.*