



Complementary Medicine: Managing Side Effects

Barrie R. Cassileth, MS, PhD

OPERATOR: Greetings, ladies and gentlemen, and welcome to [LBBC's conference call]: "Complementary Medicine: Managing Side Effects." At this time, all participants are in listen-only mode. A brief question and answer session will follow the formal presentation. If anyone should require operator or technical assistance during the conference, please press "star, zero" on your telephone keypad. As a reminder, this conference is being recorded.

It is now my pleasure to introduce your host, Ms. Elyse Caplan. Thank you. You may begin.

ELYSE SPATZ CAPLAN, MA: Thank you so much, Everett, and welcome, everyone, to Living Beyond Breast Cancer's teleconference, "Complementary Medicine: Managing Side Effects." We certainly hope the information presented today will help you to formulate sound questions, to take back to your healthcare team. [We hope this information will] assist you in taking an active role in your recovery, and actually just getting through treatment a lot more comfortably. As many of you probably know, there are a lot of methods today [that are used] to ... prevent some side effects of breast cancer treatment. If [side effects] can't be prevented, we can hope to minimize or reduce them, [and] enable you to live with the best quality of life through your breast cancer treatment.

Some of the things you'll learn about today are [as follows]: the role of complementary medicine, [and] some of the other ways that [system of medicine] can support you through your care; how to safely manage your side effects; and looking at some of the research, ... [as well as] the analysis of the research, and how that information has been useful.

As Everett mentioned, my name is Elyse Spatz Caplan. I'm the director of programs and partnerships here at Living Beyond Breast Cancer, and I'm happy to serve as the moderator today. Many of you may know that the teleconference will be interactive in nature. The speaker will do her presentation first, and at the conclusion we will give instructions for how to ... [interact in this teleconference, and] ask a question, either by telephone or through the website.

Just a couple of housekeeping tips and some upcoming program notes: Our next teleconference will be June 22 and it will be our annual ASCO [American Society of Clinical Oncology] meeting update. Many of you may know that ... every year tens of thousands of cancer researchers meet to discuss the latest research [at the ASCO meeting]. We look forward to hearing some new breast cancer information, and will present that on June 22.

The next conference Living Beyond Breast Cancer will host will be in Philadelphia in the fall, October 1, which is actually the first day of Breast Cancer Awareness Month. So [that is] just a little save-the-date, for those of you interested [in] attending our next large-scale physical conference.

Also keep in mind — my guess is that many people dialing in may be in the midst of treatment, or may be recovering from treatment. We do have a [Guide for Newly Diagnosed](#), [it's] one of our publications. That may be a publication very useful to you as you're sort of making your way through treatment and making decisions, so just a little reminder that one of our *Understanding* publications is ... specifically for [those who are] newly diagnosed [with breast cancer].

Also, our toll-free [Survivors' Helpline](#) is always here for you. That number ... is (888) 753-LBBC (5222). Feel free [to call] for vital peer emotional support, if you'd like to talk to another woman who's walked in your shoes, who's experienced breast cancer. We do have helpline volunteers who are happy to answer your calls.

We ... post an [audio MP3 file](#) on our website soon after [our] programs. If you know of other people who could not join us today, who may want the information on complementary approaches to managing side effects, please let them know that [the] ... MP3 file [is] posted...

... All of that aside, I would like to tell you a little bit about today's featured speaker, Dr. Barrie Cassileth. Dr. Cassileth has worked in complementary medicine for more than 25 years. In 1999, Dr. Cassileth created the Integrative Medicine Service at Memorial Sloan-Kettering Cancer Center. This program offers both inpatient therapies and outpatient services, and [details of] studies [on] the ability of specific complementary therapies to reduce symptoms associated with cancer and its treatments, [as well as] the use of botanicals for potential antitumor effects. Dr. Cassileth is the founding president of the International Society for Integrative Oncology. It is my great pleasure to welcome Dr. Barrie Cassileth.

BARRIE R. CASSILETH, MS, PhD: Thank you so much, Elyse. It's a great pleasure to share the next hour or so with you and your listeners. I will leave plenty of time for questions, because I think they're extremely important, and I would very much like to be able to respond to as many as possible.

We're going to be talking about integrative medicine and complementary modalities. I think that it might be useful to provide a definition. Integrative medicine is the use and further study of rational, evidence-based complementary therapies. These therapies control physical and emotional symptoms, improve quality of life and speed recovery from illness. They do not treat disease. This is a very important concept. These are adjunctive therapies that go along with treatment, or can be used in many instances for prevention purposes — for primary and secondary prevention purposes.

One of the points that I think is essential is that we *distinguish* between complementary versus alternative therapies. It's important to distinguish between these two because they are vastly different from one another. In major serious illnesses, such as cancer, complementary therapies are used along with — as adjuncts to — scientific mainstream cancer treatment. They're not used by themselves. They're used ... not *instead of* but *along with* mainstream cancer care. On the other hand, alternative therapies are often promoted for use instead of mainstream care for cancer. However, there are no *viable* alternatives to mainstream care for serious illnesses [such as] cancer, [making alternative therapies a risky choice].

We need to focus on complementary therapies because they are very helpful. They are non-invasive, non-pharmacologic, inexpensive, safe, evidence-based therapies. Again, they're used as adjuncts along with mainstream care.

Alternative therapies are vastly different. As I said, they're promoted for use *instead of* mainstream treatment. They're usually biologically invasive. They're costly, and they're potentially harmful. We want to avoid those, and we want to focus on something that simply aids the work of the mainstream oncologists, who are working with you to deal with your illness.

I wanted to say just a little bit more about five examples of "alternative" therapies — there [are] literally thousands — that are promoted, [literally as] "alternatives" to mainstream cancer care. These are simply examples, because as I said, there are thousands more. Oxygen healing therapies [are] one example. You've probably seen, in advertisements, bottled water that is infused with extra oxygen, and if you drink that, [the claim is that] it will enhance your ability to get rid of cancer. [That claim is] absolutely ridiculous. Fish get oxygen from water, but humans get it through breathing, through the lungs. This is a very silly idea. But there are actually — particularly in Mexico — clinics that treat cancer for \$20,000 to \$30,000 up front, with oxygen healing techniques. It's ridiculous. Don't waste your money on anything like that.

Bioresonance therapy is called by many names, but that's an example of another approach [that] claims to have the

ability for a weak electrical stream to go into your body and cure diseases. It's totally nonsense.

Essiac is another example. It's an example of herbal remedies. Essiac has been around for many decades. It was discovered by a Native American Indian in the southwest part of Canada and given to a nurse named Rene Caisse many, many years ago. Essiac is her last name spelled backwards. There are even new books [on Essiac, calling the herbal mixture a "cancer fighter" and an "herbal cancer remedy"]. Those of you who are looking at the screen can see examples of two new books about Essiac despite the fact that the ... National Cancer Institutes of both Canada and the United States have studied it and found — we know exactly what's in it. It contains four herbs. It's been looked at, and it's not useful. It's particularly egregious when it's promoted to people for use *instead of* mainstream care.

Another kind of bogus alternative therapy is [referred to as various terms that include the word] "healing" — [such as "intuitive healing" and "energy healing"]. There are healers who claim their bodies' energy can go out into the body of a [person] and heal [that individual's] cancer or other serious illnesses.

There is a regimen that is promoted for pancreatic cancer by a physician in New York named Nicholas Gonzalez. The treatment is based on coffee enemas and enzyme therapies and so on. But a study was done, and it was [published in the Journal of Clinical Oncology about a year ago, April of 2010](#), which showed that not only does it actually reduce the lifespan compared to mainstream pancreatic cancer treatment, but it also produces more side effects.

So these are simply examples of things to be avoided.

A particularly egregious final example is something called EPFX, which stands for Electro Physiological Frequency Xrroid. It's a made-up phrase. A guy in Canada got the brilliant idea that he would sell this. It's a little like the piece of equipment that I mentioned previously, where people hold leads to a little box, [similar to] a radio, and the box emits a little bit of electricity. [This small amount of electricity] ... goes into the body and presumably cures diseases. A quote from the person who sells this EPFX machine is [this]: "it assists health practitioners in finding

energy imbalances in both humans and animals." It is said to both diagnose and destroy all disease, everything from allergies to cancer, by sending radiofrequencies into the body.

Well, this is a particularly egregious example of something that has zero value. The man who got this idea and has been selling these pieces of equipment was arrested for fraud. So he escaped and went to somewhere in eastern Europe, where he is now practicing and continues to sell the machine. He's sold many. They run from \$15,000 to \$30,000 and he's sold over 20,000 of them just in the United States alone. Don't waste your money on something [this] absurd.

We know that complementary therapies, which are a very, very different matter [than alternative therapies], can reduce a wide range of problems, a wide range of symptoms that are caused, ironically, usually by the very treatments that can cure many cancers. The list of problems that complementary therapies can take care of is long. I'll read through some of them: pain, nausea, fatigue, depression and anxiety, insomnia, extreme dry mouth, which is also called xerostomia, constipation, neuropathy, hot flashes, physical weakness, lymphedema, and more.

There [are several] main categories of complementary therapies — [*complementary* meaning they are therapies that your oncology team will likely agree to ... for safe relief of side effects of breast cancer treatment]. ... [Those areas are]: massage therapies, mind-body therapies, music therapies, acupuncture, fitness — primarily physical activity — and diet and nutrition. [At Memorial Sloan-Kettering], we do a lot of work on herbs and other dietary supplements, because people are interested in that. There are possibilities for some of those, but there are problems associated with [some] of them as well. I'm going to talk a little bit about [those problems], too. We'll go through each of these categories of treatment to let you know what they are about, and what they can accomplish.

Massage therapy was first on the list. Massage therapy is safe and effective for everyone, from infants to the elderly. ... It has the ability to do a great deal. We did a study, which was [published in a medical journal](#) several years ago, a randomized study of massage therapy. We found that [the]

pain, fatigue, nausea, depression and other serious symptoms, [experienced by women affected by breast cancer], improved by 50 percent after massage, and [that relief] lasted for at least 48 hours. That's pretty impressive — something that has no side effects, except for positive ones. It's inexpensive [compared to many medical treatments]. It's non-invasive. It's very pleasant. It has the power to relax [those dealing with treatment, and to] reduce stress ... and pain in a very substantial way.

I can show you just a little bit of a graph, for those of you who are watching online. We looked at the symptom scores before and after massage therapy, and we found that they dropped substantially. What was most remarkable was that these various problems were reduced — whether it was pain, fatigue, depression, [or] all the other problems. The reduction lasted for at least 48 hours.

That's something you could think about. Massage therapy is very helpful. You could go to a cancer-trained massage therapist. I believe very strongly that no one should touch a [person being treated for cancer] ... without knowing about cancer, [about] cancer treatments, and lines and ports, and HIPAA, and so on and so on. We actually have a course, an [Internet course for massage therapists](#), and [we have the same kind of course for licensed, certified acupuncturists](#) to teach them how to take care of [people affected with] cancer. I think it's important to make sure you get someone who is well trained.

We also have a free one-and-a-quarter hour program, [a] video [that] teaches caregivers to provide safe and effective massage to their loved ones who are being treated for cancer. What's important about this is that this [is a] free course. Those of you who have access to a computer can copy and later paste the link [to get a free video...](#)[It] teaches not only caregivers [and loved ones] but you ... safe and effective massage therapy.

The next category of complementary modalities is mind-body therapies. They include a range of things, such as meditation, a deeper form of meditation called self-hypnosis, yoga, tai chi and qigong, guided imagery, music therapy, a range of things that are mind-body oriented. Breath awareness is important, and it's common to almost all of the mind-body therapies. We are very interested in this.

We know, because it's been studied, that self-hypnosis was found to be very effective — [and] you can learn hypnosis [yourself]. It's easy. It's a deeper form of meditation. It becomes a tool that [people] can hold onto, keep in their pockets, and pull out whenever [they] need to apply it. For example, for preoperative pain management [self-hypnosis is] effective. [It also works] if you're just going through a stressful period and you need a few minutes for your mind to relax. You can apply the self-hypnosis if you can't sleep at night. It works for that. It works for children as well as for adults.

We do [have a CD](#). I think it costs something like \$9.95. It is cheaper than it costs us to make it. There are others out there as well. But learning self-hypnosis is something you might consider. Studies ... show it is very cost-effective. [People] who use self-hypnosis ... require less anesthesia before they go into surgery, and they recover more quickly. [Self-hypnosis] has a wide range of uses. Both meditation and self-hypnosis are things that you could think about and consider.

All of the mind-body techniques are based on what we all have in our bodies, which is a reciprocal relationship between the mind and the body. If you calm the body, for example with massage therapy, the mind will be calm. If you calm the mind with something like meditation, the muscles will relax and the body will calm. It's a reciprocal relationship, so it works either way. Whatever attracts you, that's the way to go. ... Do some massage therapy. Do some mind-body therapies.

There are yet other modalities. Music therapy: For those of you who have access to a computer, you see a picture of our music therapy team. Our music therapy is provided primarily to inpatients. It is a very effective way to work with people, particularly those who are non-communicative, or who are very seriously ill. Music therapy, for those of you who are not familiar with it, is not just listening to music. Music therapists are musicians who go to graduate school and learn music therapy, and get a graduate degree in music therapy. They use music instead of words to work with [those affected with cancer]. Music hits a very primitive part of the brain. We all respond to it. It's kind of a universal phenomenon, and a very effective one.

The fourth category is acupuncture. For those of you who have a computer and can see the photograph and acupuncture needle ... it is not hollow. Its filiform is much thinner than a standard needle used in a hospital. It is actually thinner than the last digit on the penny. That's shown in this particular slide, for those of you who have the slide. But it is about the width of a human hair. Acupuncture needles are sterile, they're single-use, they're disposable, [and] they're not painful because they're so thin.

Acupuncture is something to focus on for a little bit, because it can control a wide range of difficult problems, such as hot flashes, shortness of breath, chronic fatigue — [I and my colleagues at Sloan-Kettering] have actually [prepared] an ASCO presentation on our chronic fatigue study coming up next month — pain, neuropathy, osteoarthritis, sexual dysfunction, urinary problems and some other difficulties. It is something to consider. It is very effective.

It is not magic. It's been studied scientifically in many labs and clinical trials. It does not work by moving energy around. That was the original, very brilliant thought two to three thousand years ago. But we know a little more these days about the human body and physiology and disease. We know that it works through the nervous system, and through connective-tissue planes.

Acupuncture, some people say, "Well, it must be a placebo effect," [meaning conscious and subconscious thoughts in people receiving a treatment may trigger release of body chemicals that create a real effect, such as relief from symptoms of an illness, but that relief is not attributable to the treatment]. But in fact it's been documented in animals, in babies and children, and the results are higher than the 20 to 30 placebo results expected in any pain studies. So benefits are seen most importantly in randomized clinical trials. We know that acupuncture can be a very effective way of relieving many symptoms associated with cancer.

We have also done an MRI study of the brain of people receiving actual acupuncture versus placebo acupuncture for xerostomia or severe dry mouth. What we found was that [people] who had the placebo needle placed on top

of the skin, but not in the skin, could feel it on the skin, and the brain scan showed that the sensory part of the brain lit up. But when the needle went into the skin, the salivation area of the brain lit up. That is how it dealt with xerostomia or extreme dry mouth. Extreme dry mouth is associated with people who've had head and neck cancer. It's not associated with breast cancer. I mention it just to show you that acupuncture is not magic, that it is effective, and that it has very solid data behind it.

The next category, the fifth category, is fitness, or physical activity. We have a [DVD](#), which is available, again, for sale at a very low price called *Training for Treatment and Beyond*. We believe very strongly that once a diagnosis of breast cancer or any other cancer is made, fitness must play a major role in the daily life of the woman. There is strong evidence that physical activity, staying in shape, participating in even walking, is very, very helpful.

We have a lot of data on this. All of the major cancer organizations estimate that at least 25 percent of cancer cases worldwide are due to a sedentary lifestyle and obesity. This is particularly true with breast cancer. All recommend physical activity after a cancer diagnosis and throughout survivorship. Physical activity, in fact, is associated with good health in general. It produces reduced incidence of diabetes, cardiac disease and everything else, as well as a reduced incidence of cancer and cancer recurrence.

The [Nurses' Health Study](#), which [includes] close to 3,000 nurses with breast cancer, showed a 50 to 60 percent increase in survivorship with regular physical fitness. The fact is you do not have to join a gym. You do not have to buy equipment. You can walk briskly 20 minutes a day, 20 to 30 minutes a day. That's what it takes, around the block. Walk around the block. Walk on a piece of equipment if you need to. But brisk walking, not sauntering, not as you would through a mall looking in windows, but brisk walking will do the job. Very, very important piece of information. It doesn't cost anything. Anybody can do it. It is very effective. It will actually increase survival chances by a huge amount.

The next category is diet and nutrition. We all know how important that is. Again, reduced cancer risk is associated with total fruit and vegetable intake. The association with fruit intake is lower, but the association with vegetable intake is very high. The bottom line here is reduce your weight, and eat vegetables. Not exclusively vegetables — you need other things as well. But it's important to focus on a variety of various colored vegetables.

Whole grains are preferred to refined grains. They're better. They're healthier. For example, it's better to have brown versus white rice, or whole grain versus white bread. The three to five servings of vegetables, a variety of vegetables, is very important, as is two to four servings of fruit — again with a variety of different fruits. Don't always eat an apple. Don't always eat an orange. Change around and you'll get different benefits from different fruits. They're all good, but the variety is also helpful.

Lean protein, fish, poultry, egg whites and legumes — legumes are plants that contain rows of seeds, such as beans, lentils and peanuts. Use low-fat or skim dairy products. Instead of using animal sources of oil and fats, get oil and fats from plants, such as olive oil, nut [oil] and seed [oils].

Diet is extremely important, but I want to stress the fact that no diet can cure cancer, despite the claims of many books that are out there. No diet will cure cancer. There are many diet myths and false promises — the macrobiotic diet, calorie-restricted diets, limited food choices, acid/alkaline diets, on and on. Throughout the past 50 years there have been [many dietary systems promoted as cancer] "cures." None of them work [to cure cancer]. Eat something resembling a Mediterranean-type diet with lots of fruits and vegetables and low in animal fat, as I described. That [is a diet that is provable in its health benefits]. ...

The last category [of complementary medicine] is herbs and other dietary supplements. There are many common misperceptions about herbs and other dietary supplements. One is that if something is natural, it's safe. Not correct. [Another misperception is that] if something is anecdotal, [meaning a person, or more than one person, said it helped, or cured some illness], it means [that

treatment or that herb is] proven [to work]. Absolutely wrong. Another belief is that if something has been around for a long time, it has a history of use, it must be effective [and safe]. Not correct. Finally, [a common misconception is that] if something is expensive, it's good. None of these things are accurate. None of these items are correct.

We want to be very careful in the cancer setting. You have cancer. You have a loved one with cancer. You must be very, very careful about taking dietary supplements. There are concerns — concerns about standardization, about contamination of these products, about dosages and toxicity, which frequently are unknown. [There are issues] about false promotion — [claims that an herbal product can cure cancer or prevent it when the claim has not been tested]. Herb-[medication] interactions, [where an herbal product can decrease effectiveness of medications for cancer treatment or prevention], are also an issue. It's important to remember that herbs are dilute, unrefined pharmaceuticals. Think about them that way. Herbs are unrefined, dilute pharmaceuticals. I want to tell you a little bit more about that, and about the false promotions [associated with herbal supplements].

We'll start with a little bit about the false promotions. The USDA [United States Department of Agriculture] can't even stay on top of this. There are so many false claims that are made. Don't believe them. There are websites that you can go to, to get more information if you come across something that sounds too good to be true. It probably is not true if it sounds too good to be true. But there are many websites that can help you with that.

We worry a lot about herb-[medication] interactions. For example, the interactions between blood-thinning herbs and anticoagulants, the interaction between antioxidants and chemotherapeutic agents, the interactions between phytoestrogens and hormones and immunostimulants and immunosuppressants. There are many herb-[medication] interactions to be concerned about.

I'm going to give you some information about where you can get solid data on all of this. At Memorial Sloan-Kettering we have put together — actually, many years ago we put together [a free website about herbs, vitamins, botanicals and so on.](#)

[It's on the main Memorial Sloan-Kettering website under the "About herbs, botanicals, and other products" link of the "Integrative Medicine" arm. The [URL](#) will also take you there] — you can look up any one of 250-plus different agents, and it will give you exactly what information you need. It will tell you if it's safe, if it's harmful, if you should avoid it, under what circumstances it might be worth trying, and so on. So the entries, the 250-plus entries are there to help people. We put this site together because the need is so great for people to have accurate information. We had more than 20 million hits in the year 2010, last year. This site was named as one of the top websites in all of medicine by *Scientific American*. It was cited by *The New York Times* writers as one of their nine top health resources. Major centers, internationally, link to it, [including] most cancer centers. There is also a book, which is not free, but just so that you know if anyone is interested called *Herb-Drug Interactions in Oncology*. It's a second edition. It's actually a hard copy of the website. The website is free. I urge you to take advantage of it.

I don't want you to think that we are not interested in herbs and other botanicals. We have a great interest in it. In fact, our center at Memorial Sloan-Kettering, we have a botanical research center that has been looking at botanicals that may have a role in cancer treatment, usually an adjunctive role. We're not going to find botanicals as such that are going to replace any main cancer treatments. But they may work adjunctively in a useful way.

We have, with this large NIH [National Institute of Health] grant, we've supported research in New York, in Hunan Province in China, which is the most biodiverse area of the world, and at the Institute of Chinese Medicine in Hong Kong. We study primarily medicinal mushrooms, because we've found them to be very useful. Many types are active [in the body]. They can enhance immune function. That's not always something that you want, but for some ... groups, for [those affected with] breast cancer, for example, it may be useful. We have [a current protocol that's underway](#) which asks the question: Does a particular medicinal mushroom called maitake, does the extract of the maitake medicinal mushroom enhance neutrophil count and function in patients with myelodysplastic syndrome? We know that this mushroom extract does

enhance neutrophil count and function in general. But we want to see whether it works in this particular disease.

So the bottom line is: Avoid bogus products. Take advantage of free, constantly updated information on herbs and other dietary supplements at our About Herbs website.

Check with your doctor about vitamin D supplements, which may be very important. Most of us in the United States are low in vitamin D, and a supplement is probably appropriate. At Sloan-Kettering, almost everyone these days is being requested to take vitamin D supplementation. Talk to your doctor about that.

Maintain physical fitness. Walk briskly every day for at least 20 minutes. It will keep you in great shape, it reduce [many of] your [physical and emotional] problems, and [it will] greatly increase your ability of doing well, getting rid of this disease. [It also decreases risks for other health issues.]

Eat for your health. Eat a Mediterranean diet, which is also delicious, high in vegetables, fish, and poultry without skin. Eat things that are low in animal fat. Use self-help [resources], and [use] cancer-trained professionals ... to reduce stress, pain, sleeplessness, and other symptoms.

I will conclude by thanking you for listening. I wish you comfort, joy, and success as you work towards your own good health. I'm very happy to take your questions.

ELYSE SPATZ CAPLAN, MA: Thank you so much, Dr. Cassileth, for that very organized overview of [a] complementary approach to manage your treatment. That translates for the rest of your life, actually. Many of the modalities that you covered are things that can help everyone with their well-being —

BARRIE R. CASSILETH, MS, PhD: Absolutely.

ELYSE SPATZ CAPLAN, MA: — to maintain it, or to restore it after a cancer diagnosis. I really appreciate the overview that you provided.

I'm sure there are many questions that may be coming in. With that, I would like Everett to let everybody know how they can ask a question, by phone and by the website.

OPERATOR: Certainly, Ms. Caplan. Ladies and gentlemen, we will now be conducting a question-and-answer session. If you would like to ask a question by Web, please click the "ask question" button located on the left side of your screen. If you'd like to ask a question by phone, please press "star, one" on your telephone keypad at this time. A confirmation tone will indicate the line is in the question queue. You may press "star, two" if you would like to remove your question from the queue. For participants using speaker equipment, it may be necessary to pick up the handset before pressing the star keys. ...

ELYSE SPATZ CAPLAN, MA: I think I'm going to get started with the question that came in through the website, while the phone folks are getting in the queue. I'm sure you answer this question every week, if not every day, Dr. Cassileth. Can you talk a little bit more about the effect of antioxidants during chemotherapy and/or radiation therapy treatment?

BARRIE R. CASSILETH, MS, PhD: This is somewhat of a controversial area. But most people in the major cancer centers recommend that you avoid — do not take — high levels of [supplement] vitamins or antioxidants. The problem is that radiation therapy is obviated by high levels of antioxidants. It interferes with radiation.

Also, high levels of vitamins, any of the antioxidants, can interfere with the effectiveness of chemotherapy. For example, there was a study that was [conducted some years ago in Scandinavia using beta-carotene](#) — high levels of beta-carotene — vitamin A, and so on, in male smokers, because ... the thought was that antioxidants would help reduce the incidence of cancer in these smokers. Well, they had to stop the study early, because it turned out that the antioxidants increased, not reduced, but increased the incidence of lung cancer in these smokers.

We know that high levels of vitamin C is not a good idea. There are even some clinics, particularly in Tijuana, that use [intravenous] vitamin C at very high levels. It turns out

... [that] is very harmful, because it can actually enhance the growth of cancer cells.

You want to avoid high levels of antioxidants. If you need it, and want to take a multivitamin with your doctor's permission; if you're of the right age and so on, a standard USDA-level multivitamin [is] fine. You probably need some extra calcium. You probably need some vitamin D. But that's it. [High doses of vitamin C are not recommended.]

ELYSE SPATZ CAPLAN, MA: OK. I think another couple of questions just came in through the website, and then we'll move onto the telephone questions.

What are some reliable ways to treat constipation that may not be your typical medicines?

BARRIE R. CASSILETH, MS, PhD: Well, believe it or not, one of the most effective ways to treat constipation is acupuncture. We see this all the time. Another way is to be careful of what you eat and make sure you drink a lot of water — a lot of liquids, [but] primarily water. That will help tremendously.

Sometimes massage therapy [can help, if it is done by] ... people who know what they're doing, who are trained [specifically] to work with [individuals affected with] cancer. ... At Sloan-Kettering, we see people [affected with cancer], and many of them have a problem with constipation, because of their treatment or other medications. ... The massage therapy sometimes is effective. Acupuncture is frequently effective.

ELYSE SPATZ CAPLAN, MA: That's great to know. I think you're right. I don't think a lot of people would have imagined that.

The next [question] is a little bit more medical. Are there any particular supplements you can identify that interfere with [pharmaceutical] hormonal therap[ies], such as Arimidex?

BARRIE R. CASSILETH, MS, PhD: Yeah, everything. ... You don't take supplements if you're on chemotherapy. You just do not take supplements if you are on chemotherapy. At

Sloan-Kettering the guidelines are exactly as I just described, except for something like a USDA-level multivitamin, and perhaps calcium with D, and perhaps extra D. You do not take supplements if you're on chemotherapy [unless a USDA-level vitamin regiment is specifically recommended by the doctor managing your breast cancer treatment].

ELYSE SPATZ CAPLAN, MA: I think that's a really clear response. I think in your presentation you covered some of the reasons for that.

BARRIE R. CASSILETH, MS, PhD: Let me just say one more thing about this particular question, because a follow-up to that question by the same individual says, for example, turmeric and green tea. It depends on whether you're taking turmeric as a pill. Chances are turmeric is safe. But, who knows? As far as green tea is concerned, drink all you want. But as far as taking a pill [or concentrated liquid extract] is concerned, it's not the same. We don't know all the effects. It's better to be on the safe side. Certainly have turmeric in the form of curcuma, turmeric in your diet, sprinkled on food — that's fine. [Do] drink green tea — that's fine. But don't use [medicinal levels — high-dose forms, concentrated for supplemental pills and liquids].

ELYSE SPATZ CAPLAN, MA: No. I think that was a great distinction of using it, as you said, as a seasoning or as a tea to drink as part of your diet in moderation, versus taking it as a supplement.

Is there anything more that you can comment on as it relates to dealing with burns from radiation therapy?

BARRIE R. CASSILETH, MS, PhD: Ah, yes. Aloe is very effective for that. I think there are some other agents, topical agents, in addition to aloe that also work. I know that there are a number of things under study right now.

... I hope you are being treated in a major cancer center. If you're not, I think it's a good idea to go to one of the comprehensive cancer centers in the United States. There is one within reach of every human being in this country. It was set up that way. Get a consultation at a major comprehensive cancer center, if you're not already being treated

there. You should be able to get very specific information for your particular problem, whether it's burns from radiation or something else. We should be able to eliminate burns from the outset, and to treat them if they occur.

ELYSE SPATZ CAPLAN, MA: Very good. Thank you. I think that [at] this point we're going to switch to some of the telephone questions, which have [just] come in.

OPERATOR: Certainly. Our first question by phone today comes from Holland, Pennsylvania. Please proceed with your question.

WOMAN: — Yes. You had said about dry mouth from chemotherapy. I had breast cancer, but I had chemotherapy twice, and I [had] an extremely dry mouth.

BARRIE R. CASSILETH, MS, PhD: Really? My goodness.

WOMAN: Yeah. I know you said it was unusual for breast cancer, but that's the only kind of cancer I had. I had three different types. I really cannot afford acupuncture. Is there any alternative to acupuncture?

BARRIE R. CASSILETH, MS, PhD: Where do you live?

WOMAN: In Holland, Pennsylvania. ...

BARRIE R. CASSILETH, MS, PhD: OK. So north of Philadelphia?

ELYSE SPATZ CAPLAN, MA: Mm-hmm.

WOMAN: Yes.

BARRIE R. CASSILETH, MS, PhD: Let's see. I think that ... in the United States you're not allowed to offer one group the same service at a different price than another group.

WOMAN: Right.

BARRIE R. CASSILETH, MS, PhD: To get around that, we established, actually March 1 ... what we're calling community acupuncture. It's \$40 a session — as opposed to the standard fee — with a trained, licensed acupuncturist.

It used to be \$110 or \$120, out in the community. This is \$40. It is in a small group, six or seven people. No one disrobes, and you can get treatment that way.

I think that it may be worth your while to consider coming in from Holland, Pennsylvania, to get that. Or ... we can help you find someone who has been trained, an acupuncturist in your area, who is trained to work with [individuals affected with] cancer, because we can help that person with the right [acupuncture] points [that will relieve your symptoms]. It doesn't take a lot of treatments.

WOMAN: Oh, OK.

BARRIE R. CASSILETH, MS, PhD: We have found that it usually is one treatment, and [that one treatment can] bring back the saliva.

WOMAN: Oh, OK. I wasn't under that kind of understanding with the person I called, and the [cost] kind of scared me, [especially if more than one treatment was needed].

ELYSE SPATZ CAPLAN, MA: Well, it sounds like you've got some clarity now, and maybe you'll be able to proceed forward and hopefully get some quick results.

WOMAN: Yes. Is there a number that I can call to find places that are —

ELYSE SPATZ CAPLAN, MA: Is there was Web resource, Dr. Cassileth?

BARRIE R. CASSILETH, MS, PhD: We have a collection, because we get this question a lot. What you can do is call [the Bendheim Integrative Medicine Center] at (646) 888-[0800]. Tell them that I suggested that you call, and you need the name of an acupuncturist who went through [Memorial Sloan-Kettering] training, so [you can be sure to find an acupuncturist] in your general area [who] ... knows how to take care of [people affected with] cancer. I know we've trained people from Philadelphia. We've trained people from 11 different countries. Probably there's someone near you who has the proper training.

If you go to someone who's not trained and who uses the wrong [acupuncture] points [on the body], you're not going to have an effect. But I'm telling you we have seen effects, during the very first needle, in people who've had the xerostomia for years.

WOMAN: Well, that sounds like it would help me. Thank you so much.

ELYSE SPATZ CAPLAN, MA: Good luck to you as you find the resources ... most relevant for you.

BARRIE R. CASSILETH, MS, PhD: We'll find you somebody.

ELYSE SPATZ CAPLAN, MA: Good luck.

OPERATOR: Thank you. Our next question comes from Casselberry, Florida. Please proceed with your question.

WOMAN: Hello. Thanks for taking my call. I have maybe a threefold [question]. What would you suggest for diarrhea? What do you think about probiotics? And [if] the red cell count is very low, what do you suggest for bringing that up?

BARRIE R. CASSILETH, MS, PhD: Well, let's see. The red cell count I think is something you have to talk with your primary oncologist about because there are — are you at a comprehensive cancer center?

WOMAN: Well, [I] just don't know how — it's like eight doctors in one place, so —

BARRIE R. CASSILETH, MS, PhD: OK. That's called a group practice. They're all oncologists?

WOMAN: Right.

BARRIE R. CASSILETH, MS, PhD: OK. They should have enough information to be able to help you with that. I don't think that there is anything over the counter that's going to be very helpful, other than perhaps [some] dietary approaches. But that's not as important. I think you need to talk with your oncologist, your senior oncologist about it.

WOMAN: He suggests that Aranesp, and Aranesp makes me very sick. I was thinking of going with the vitamin side, but the vitamin side, you just said, isn't a good side, either.

BARRIE R. CASSILETH, MS, PhD: Well, go into our [About Herbs website](#) and put in low red blood cell count and see if anything pops up. I'm not thinking of anything off the top of my head, but there may be something in there.

What were the other questions that you asked?

WOMAN: Probiotics.

BARRIE R. CASSILETH, MS, PhD: Oh, the probiotics. We think that they probably work. In fact, we have a grant application into NIH to study them. Nobody really knows yet whether they're effective.

ELYSE SPATZ CAPLAN, MA: It sounds like we should keep our eyes on the research for the area of probiotics.

BARRIE R. CASSILETH, MS, PhD: Yeah, yeah.

ELYSE SPATZ CAPLAN, MA: Thank you for your call.

OPERATOR: Thank you. Our next question comes from [The] Bronx, New York. Please proceed with your question.

WOMAN: Yes. I would like to know why my pain-doctor down at Sloan would recommend that my internal medicine doctor take over my pain care.

BARRIE R. CASSILETH, MS, PhD: Well, that's the way that cancer medicine works these days. You get your primary treatment in a major cancer center or comprehensive cancer center, or at least a medical group that focuses on oncology. When things are under control, and you have a symptom [such as pain] left [for treatment], then you really should go back to the community and get some help with that. Now, we treat pain, and that's something that you could consider.

I will tell everyone, though, unfortunately the complementary therapies, such as acupuncture, massage therapy, mind-body therapies — all of them — are very rarely, if

ever, covered by insurance. Someone else actually sent an email asking this question. That becomes a problem for most of us. We keep our prices as low as humanly possible. We also, obviously, don't accept any tips or anything of [payments over and above the fee, so clients won't feel pressured to budget for more]. Our therapists are all employees of my department, and therefore of Memorial Sloan-Kettering Cancer Center.

But it's not surprising that your oncologist would send you back to the community. Once you're stabilized or finished with treatment, and you still have pain, you've got to treat the pain. But the [cancer center doesn't] ... need to treat it. Your internist at the community level can treat it, or you can come and visit the Integrative Medicine Service at Sloan-Kettering.

WOMAN: OK. Thank you so much.

BARRIE R. CASSILETH, MS, PhD: Mm-hmm. Good luck.

OPERATOR: Thank you. Ladies and gentlemen, as a reminder, if you'd like to ask a question by Web, you may click on the "ask question" button on your screen. If you'd like to ask a question by phone, you may press "star, one" on your telephone keypad at this time.

Our next question comes from Cincinnati. Please proceed with your question.

WOMAN: Hi, doctor. I have a question. It's regarding the comment [about] herbs [being considered to be] dilute, unrefined pharmaceuticals.

BARRIE R. CASSILETH, MS, PhD: ... Herbs are [dilute, unrefined pharmaceuticals]. You have to think of them as dilute pharmaceuticals.

WOMAN: OK. Thank you for the clarification. I had met with an integrative specialist, and he had given me a regimen of herbal medicines. I've got to be honest with you — after a month I stopped taking them. It was a very expensive regimen. ... I really was impressed with the thinking, and there was a lot of Eastern medicine behind it; but the one thing I was concerned with was the blood-thinning aspect of it. Could you comment a little bit further — you

had there, on the slide, “worry about blood thinning and anticoagulants.” What would the long-term impact be? Because if I think of where my health is today, I’m actually [wondering if I] should reconsider some of these herbs. I’m going to go to the website you mentioned, and [I may] really look [into] this.

BARRIE R. CASSILETH, MS, PhD: Yeah. Are you on chemotherapy?

WOMAN: No. I’m off chemo.

BARRIE R. CASSILETH, MS, PhD: You’re all finished.

WOMAN: Mm-hmm.

BARRIE R. CASSILETH, MS, PhD: Why do you want to take herbs or herbal remedies?

WOMAN: Well, I think [I’d just like to alleviate the] ... fatigue. If I think of where my health is right now, it could definitely be in a better place.

BARRIE R. CASSILETH, MS, PhD: OK. Let’s just take it from a different perspective. Look at the problems that you’re experiencing. This may not be accurate for you, but it’s true, kind of, in general. If somebody has fatigue, if they have a loss of appetite, if they’re depressed, there are lots of ways to deal with this without putting something in your mouth. That’s always best [if you can manage your health without taking any medicine]. Definitely get into a fitness routine. Definitely start eating well.

WOMAN: Yes.

BARRIE R. CASSILETH, MS, PhD: Definitely lose weight if you need to.

WOMAN: That’s not an issue.

BARRIE R. CASSILETH, MS, PhD: Deal with the emotional and psychosocial issues that we all face. That’s more effective and safer than taking a bunch of herbs, which will bump into each other — especially for people who are on any kind of medication, [because] herb/[medication] interactions are a huge problem. If you are on prescription

medication, such as chemotherapy, or any [other] prescription medication, and you take herbs, the chances are very good that your liver’s ability to process the medication is greatly reduced, and you get something like 40 percent of the medication that you swallowed going into your body. So you’re defeating the purpose of taking the actual medication by using herbs.

Herbs are biologically active. That’s why they work. We know that St. John’s Wort is terrific to reduce depression. But if you take it while you’re on [medications] of any kind, on pharmaceuticals of any kind, we know that it’s just an example of one of the many, many herbs that will have the effect that I just mentioned. It will reduce your liver’s ability to process the prescription medication. That’s how we learned initially. That’s how the world learned initially about herb/[medication] interactions, because what was happening was people — women who were on birth control — some of them were depressed, so they took St. John’s Wort. Guess what? They got pregnant.

WOMAN: Because it compromised the other pills — OK. This is very helpful, and this is what I needed to hear.

ELYSE SPATZ CAPLAN, MA: Well, take good care. We’re glad to hear that the information presented today was useful for you.

OPERATOR: Thank you. Elyse, I believe we have some questions by Web.

ELYSE SPATZ CAPLAN, MA: Yes. I would like to know — a question came in regarding suggestions for dealing with sleeping problems, for someone who is currently receiving chemotherapy for breast cancer and does not want to rely on taking a traditional sleeping medicine regularly.

BARRIE R. CASSILETH, MS, PhD: I think there are a couple of things you could do. First of all, there are acupoints, points that are used for acupuncture, which work just as well with acupressure. If you know those points, you can take your finger — for example, if you have anxiety, there are two areas to press. One is in between your eyebrows. Just take your finger and press. I’m doing it to myself right now. Press between your two eyebrows. The other place to press is an anti-nausea and anti-anxiety

point, which is in the inside of your wrist around where your watchband would fall. Take three fingers of the other hand and press that area and hold it for two minutes and then switch to the other hand. That works extremely well.

Actually, there was a study recently of little children who were very agitated before going into surgery. They used the acupressure point that I first mentioned, in between the eyebrows. It calmed them right down. That's something that you can do that works very well.

Another thing you can do is learn meditation or self-hypnosis. Self-hypnosis is just a deeper form of meditation. You can buy our CD. You can learn in 25 minutes how to do this. Once you learn it, apply it when you can't fall asleep. [People] tell us it's done wonders for them. [For more information about the MSKCC's "Self-Hypnosis for Relaxation and Healing CD," call their Integrative Medicine Service at 646-888-0800.]

ELYSE SPATZ CAPLAN, MA: I think those are all great tips. I'm sort of thinking of how calming some of those pressure points may be for people.

Let's shift to the topic of the expressive arts. In your presentation, you did touch on music therapy. Can you provide any more comments on using the expressive arts, including art, journaling, writing or music? Is there anything [tried and true] that you can share with us?

BARRIE R. CASSILETH, MS, PhD: Well, they're all terrific. They're ways of taking your mind off of problems. They have enormous psychological benefit. Producing something, whether it's by writing or by strumming a guitar, or listening to music, or painting or drawing — anything along those lines is extremely helpful for those who are drawn to it. Not everyone is. But it's enormously beneficial.

ELYSE SPATZ CAPLAN, MA: OK. Thank you.

Here's a question that relates to surgery. This person indicated that four years ago [she] had breast surgery, and has very extreme tightening in her chest after a bilateral mastectomy. She had the feeling before, and [it continued] even after she had deep flap reconstruction and went

through chemotherapy and radiation. Do you have some suggestions of what might help her with the discomfort she's feeling?

BARRIE R. CASSILETH, MS, PhD: This was surgery where you take the abdominal flap up to use in reconstruction? Is that right?

ELYSE SPATZ CAPLAN, MA: Right. The deep flap spares the muscle but it is ... [an] abdominal surgery procedure.

BARRIE R. CASSILETH, MS, PhD: Well, that's a huge surgical procedure. Where are you in that process? How long ago did you have the reconstruction?

ELYSE SPATZ CAPLAN, MA: The person writes the reconstruction was two and a half years ... after the mastectomy, so that would be about a year and a half ago.

BARRIE R. CASSILETH, MS, PhD: OK, yes — there are ways to relieve that. There are special topical creams, and so on. I don't know the names of any particular [medications]. ... I hope that you can talk with your reconstructive surgery group, or with the breast specialist oncologist that you've been working with. They should be able to give you some suggestions, because I know there are some good topical [treatments]. Aloe for burns, which I mentioned before, is a very soothing plant-based gel that I think would be safe and probably effective. But I think it's best to talk with your oncologist about it.

ELYSE SPATZ CAPLAN, MA: Mm-hmm. A question came in regarding taking biotin for hair loss. This person indicates that she's taking Femara. Can you comment on taking biotin for hair loss, and also factoring in that this person is receiving treatment?

BARRIE R. CASSILETH, MS, PhD: Yeah. I don't think it's a good idea, and unfortunately it probably doesn't work, anyway. Hair will grow back. Hair loss is a problem, but it grows back. Give it a chance.

[Editor's Note: If hair loss is of concern to you, you could contact the American Cancer Society's [Look Good, Feel Better program](#).]

ELYSE SPATZ CAPLAN, MA: OK. I think that this point we're going to switch back. We have a few questions that have come in by telephone.

OPERATOR: Certainly. Our next question by phone comes from Los Angeles. Please proceed with your question.

WOMAN: Hi. Can you hear me?

BARRIE R. CASSILETH, MS, PhD: Yes.

ELYSE SPATZ CAPLAN, MA: Yes.

WOMAN: Hi. I am repeating chemotherapy right now. I'm actually getting ready to receive my second treatment on Thursday. When I had my first treatment I had extreme lower-back pain, about 36 hours. I'm doing Taxotere and Cytosan. My oncologist ... gave me a shot that was Decadron when I first received the treatment. Actually I had an allergic reaction to the treatment at the doctor's office, so they had to stop the treatment and give me extra Benadryl, do a saline bag, and then start it again, [but more] slowly. The second time, it was OK. For about 36 hours after I just — I was up for about 27 hours. I was just in extreme pain.

They gave me a pill-form of Decadron, and they're telling me to take that — two of them, starting tomorrow; another two on Thursday, which is the day of my treatment; and two more on Friday. I'm just wondering if you have any experience with taking steroids before, during and the day after chemotherapy, and if you find that that's been helpful.

BARRIE R. CASSILETH, MS, PhD: I'm not in a position to reply to that. Are you in a cancer hospital? Are you being treated by —

WOMAN: Yeah. I'm being treated at an amazing cancer center. I'm in Los Angeles. I'm at Cedars-Sinai. ... I'm working with the breast center there.

BARRIE R. CASSILETH, MS, PhD: I don't know the answer to your question directly. But what I can tell you is that acupuncture is a very effective pain reliever. It really does work.

WOMAN: OK.

BARRIE R. CASSILETH, MS, PhD: There was an NIH consensus conference maybe 15 years ago that looked at acupuncture and found — the bottom line was yes, acupuncture does relieve pain, substantially. Since then there have been hundreds of publications of studies that showed that this is the case. I think it's worth trying, because it's not going to interfere with your medication, and it probably will enable you to feel much more comfortable, and possibly even reduce the amount of medication you need.

WOMAN: OK. Thank you.

ELYSE SPATZ CAPLAN, MA: Good luck to you.

BARRIE R. CASSILETH, MS, PhD: You do have, in the LA area, and I believe at Cedars, people who are qualified to work with [those undergoing] cancer [treatment], in acupuncture. If you need the name of someone who has been trained to ... [understand cancer in relation to acupuncture] ... I'll give the same information that I provided previously. If you call us and ask for someone who went through the training — I actually even know someone there myself. But you can call [the Integrative Medicine Service] at (646) 888-[0800].

WOMAN: OK, thank you.

BARRIE R. CASSILETH, MS, PhD: Just ask them for someone who went through our training, people who are licensed, certified acupuncturists who are now trained to work with [people affected with] cancer. You really want that.

WOMAN: Those people are actually at Cedars? ...

BARRIE R. CASSILETH, MS, PhD: Not necessarily. ... I mean, I hope that there is someone there. But they don't have a very advanced integrative medicine program yet at Cedars. ... I know they were developing one, but ... there may be someone in the community who has gone through the training who would be appropriate.

WOMAN: Thank you so much.

BARRIE R. CASSILETH, MS, PhD: Good luck.

ELYSE SPATZ CAPLAN, MA: Take care.

OPERATOR: Thank you. Our next question comes from Philadelphia. Please proceed with your question.

WOMAN: Hello. Good afternoon. I was wondering if anybody realizes that the physician network — first of all complementary medicine [is not a subject that seems to] come up with ... oncologists. Second of all, if you go to a primary care physician, there are no double-specialists, those who are [oncology] oriented. Cancer stays with you always, and some of the side effects are always. It's a problem to coordinate.

ELYSE SPATZ CAPLAN, MA: Do you have a question for Dr. Cassileth?

WOMAN: Yes. What are the communities, the different medical communities, doing to bridge the gap? The survivor numbers are very high now, and we need primary care people who can coordinate a little, and know the [oncology] journey, so that when you present your medicines and you present your symptoms, you have a way to go.

BARRIE R. CASSILETH, MS, PhD: Right. Well, it's not necessarily primary care people who would do this, or who are in a position to do it. But there certainly are others. There is a survivorship program that has been piloted in several places, supported by the Lance Armstrong Foundation [[LIVESTRONG](#)] to develop a specific plan for people who are finished with their treatment, and who are going back into the community. The whole effort is to teach people, to teach community physicians — whether they're primary care doctors or internists or community oncologists or integrative medicine people, whatever — to teach them to follow up appropriately, when to do certain tests that are needed for follow-up purposes, how to make sure that all the symptoms are under control, and so on.

One of the things that you could do is use a primary care person — there are a lot of good people in the Philadelphia area. I'm very familiar with the medical systems in Philadelphia. Which hospital are you associated with?

WOMAN: Jefferson.

BARRIE R. CASSILETH, MS, PhD: Uh-huh. Yeah, well, you should be able to get very good guidance from them. You can also go online and get some additional information, if you have specific questions.

Most of the time when people are finished with their treatment, and they go back into the community, there are two important things to bear in mind. One is make sure that you get the follow-up tests at the proper times. You need whatever scans and blood tests ... recommended at, in this case at Jefferson, but by any oncologist. You take that information back to the community, and make sure that your community doctor follows through and does all of those tests.

The other thing that you need to do is pay attention to all the things that you can do yourself, which will keep you in good health and keep you pain free and comfortable. Again, bottom line, those things [you can manage yourself, or request help from another trained healthcare provider on your own is] ... emotional problems, because it's always difficult to go through cancer while you're going through treatment, and after you go through treatment. It's a problem always for most human beings, but especially for those of us who have gone through cancer. You want to have some control of your own over emotional problems. You can do this by a variety of means. You can see a therapist. You can join a support group. You can learn meditation or self-hypnosis and do it to yourself. You can reduce stress by pressing on acupoints. You can go and get acupuncture to reduce stress. You want to do things of that [nature — things that can help you deal] with the psychosocial concerns. Or engage in group activities, [such as] a writing program or music or whatever.

It's extremely important, as I mentioned, keep your diet healthy, low in fat, high in vegetables, low in animal fat, high in fish: [follow a] Mediterranean-type diet, in general.

Finally, physical activity — extremely [important] — the single most important thing you can do to keep cancer from recurring is walking briskly 20 minutes a day. Get out there and walk. Don't be overweight. Get strong. These are things that cost nothing [and] will help tremendously.

ELYSE SPATZ CAPLAN, MA: Thank you for all those reminders. I think it's great for all of us to remember that as we go through treatment and, as I said earlier, for the rest of our lives. These are the kinds of things that will hopefully make us feel better after cancer treatment, and serve us well moving forward.

I think we have another question by phone.

OPERATOR: Thank you. Our next question comes from San Diego. Please proceed with your question.

WOMAN: Yes. Fabulous presentation. Quick question: A previous individual was inquiring about antioxidants, and you clearly stated that one should not be [using] antioxidants while taking chemotherapy. But a sub-part of that question was a discussion about [using antioxidants] while on aromatase inhibitors. I was wondering your stance on antioxidants while doing a regimen of five years or more on tamoxifen, or aromatase inhibitors.

BARRIE R. CASSILETH, MS, PhD: I wouldn't do it. I would not take high-dose antioxidants. I would not take high-dose vitamins. I would avoid them. They're problematic.

ELYSE SPATZ CAPLAN, MA: Is a regular multivitamin that has antioxidants in [it OK]? Do you feel that the dose [in a standard USDA-approved multivitamin is safe]?

BARRIE R. CASSILETH, MS, PhD: That's perfectly safe. That's what I mentioned. You can take a [small amount] ... but don't go to a health-food store where they manufacture their own multivitamin. You want something that's USDA-approved, so you know it's pure, you know exactly what's in it, you know it's safe, so you get a USDA-level multivitamin. That's one thing.

Most people with breast cancer also need calcium with D. It's best to take calcium with D rather than calcium by itself, because it breaks down better with D in it. Also, parenthetically, because constipation is frequently a problem, if you get the cheaper oyster shell calcium, it's very constipating. So don't get the oyster shell calcium. Get the calcium citrate rather than calcium carbonate. Calcium citrate, not from oyster shells, will not cause constipation. So you want calcium with D.

The third thing that most people [may want to take, after discussing it with their] ... physicians, would be probably additional vitamin D. Because as I mentioned we are all deficient in vitamin D. ... The government is ... in the process now of reviewing the guidelines, and they're going to up the [recommended daily dose of D]. ... What you get from the sun is so minimal that it doesn't even count. What you get in milk is nothing. You'd have to drink gallons and gallons of milk to get anywhere near the amount that you need, and no one's going to do that.

Those three things are important and probably should be a part of everyone's good health going forward: USDA multivitamin, calcium with D and extra D.

ELYSE SPATZ CAPLAN, MA: I think that's a great closing place for us to wrap up and a very practical tip. I think it answers a lot of questions that have come in for the day-to-day things that people can be doing, and what is safe while going through cancer treatment and beyond.

Dr. Cassileth, do you have any last remarks that you didn't get to, that you would like the participants to hear before we close?

BARRIE R. CASSILETH, MS, PhD: I think just to remind everyone once again there is so much quackery out there. It's a \$40 billion business a year just in the United States. So be very wary of these promotions that you see all over the place. They're not helpful.

I also would say that I wish you all good luck in the future, and that if we can be helpful, you should feel free to contact us [at Memorial Sloan-Kettering].

ELYSE SPATZ CAPLAN, MA: Thank you once again, Dr. Cassileth, for taking time out of your very busy day and helping us share such good, sound, evidence-based information on complementary medicine, and how it can help people get through treatment and beyond more comfortably.

BARRIE R. CASSILETH, MS, PhD: Well, thank you very much. And thank you [to those] on the phone and in email for all your excellent questions.

ELYSE SPATZ CAPLAN, MA: I was just going to say the questions were excellent and allowed us to cover so much more territory. Thanks to everyone listening in. We hope that you will complete your evaluations that will get emailed to you very shortly. ... A [podcast \[is\] posted on lbbc.org](#). If you know of others who would benefit from listening in, please share that information with them.

Again, for peer emotional support, feel free to call our Survivors' Helpline at (888) 753-LBBC (5222).

Thanks, everyone, and have a good rest of your day.

OPERATOR: Ladies and gentlemen, this does conclude today's teleconference. You may disconnect your lines at this time. Thank you for your participation.

[END OF TRANSCRIPT]