

00;00;00;02 - 00;00;29;26 WNPR Funding for Yale Cancer Answers is provided by Smilow Cancer Hospital. Welcome to Yale Cancer Answers. The director of the Yale Cancer Center, Dr. Eric Winer. Yale Cancer Answers features conversations with oncologists and specialists who are on the forefront of the battle to fight cancer. Here's Dr. Winer.

Dr. Winer As doctors, we still hear from time to time, statements like sugar causes cancer. Cancer is contagious. Could the biopsy make my cancer spread? These largely are cancer myths, and believing them can lead to making the wrong choice for your health, for your cancer treatment. So in tonight's show, we're going to take a closer look at myths to be aware of and also how to determine what's true and what isn't. Especially online, where so much information is available to us.

00;01;00;25 - 00;01;35;09 Dr. Winer And I must say, some of that information hasn't always been vetted by the very best experts. That being said, let's welcome our guest tonight. She is Dr. Pamela Kunz, a medical oncologist and director of the Center for Gastrointestinal Cancers at Yale Cancer Center and Smilow Cancer hospital. Dr. Kunz is also chief of GI Medical oncology and specializes in the treatment of neuroendocrine tumors.

00;01;36;06 - 00;02;01;29 Dr. Winer These are a somewhat unusual and very special type of cancers that can arise almost anywhere in the body, but are particularly common in organs like the pancreas. Pam, thank you so much for being here tonight to talk about this topic that I've been interested in a long time. And I know you are.

Dr. Kunz Thank you, Eric. Pleasure to join you.

00;02;03;12 - 00;02;36;21 Dr. Winer So before talking about some of the myths, how is it that you got interested in this whole area?

Dr. Kunz That's an excellent question. I think it's because we have patients that ask us about a lot of these topics frequently. As someone who focuses on a rare cancer, it's often hard for patients to find trusted quality information online. So I may tend to hear a lot more about this just given the nature of the types of cancers I take care of.

00;02;37;02 - 00;03;06;10 Dr. Kunz And I think that I'm noticing more and more of these questions in the last few years. So it's become of interest to me and I just want to be sure that we ensure that our patients are well informed and get the right information. And you know, it's not just information online, since oftentimes when one has a diagnosis of cancer, the natural thing for a lot of people is to talk about it with their friends and family members.

00;03;07;00 - 00;03;38;23 Dr. Kunz And somehow an awful lot of people have many different opinions, some of which are accurate and some of which are pretty inaccurate. And they're not trying to criticize any family member who obviously wants to help the person they love do better. But sometimes they're suggestions that are just a little bit nonstandard, to put it politely.

Dr. Winer Yeah, no, I agree. 00;03;38;23 - 00;04;07;02 I think that's right. And I'd be curious to hear your thoughts on this, too.

Dr. Kunz I think that our patients with cancer are especially vulnerable and they want to try to control a situation that's really uncontrollable. And so sometimes well-meaning family, friends, etc., want to try to help provide that control. And that's really where we get some of this desire for information.

00;04;07;02 - 00;04;37;17 Dr. Kunz And then some of that information is misinformation.

Dr. Winer What are the specific myths?

Dr. Kunz First, let's start with cancer prevention, but about cancer prevention. And maybe some of these are myths about diet or lifestyle changes that people should be cautious of or should embrace. You know, what do we know and what don't we know? I would say some of the most common myths I get asked about are about sugar.

00;04;37;24 - 00;05;06;10 Dr. Kunz You mentioned that in your introduction and that that's I would say we as an oncologist, I see patients who already have a cancer diagnosis. So we're typically not talking about primary prevention, but we might be talking about secondary prevention, meaning how can I keep my cancer from coming back? And patients will often diet is often a common first place to go to because that's, again, something that we can control.

00;05;06;27 - 00;05;37;13 Dr. Kunz I think that all of the cells in our body need sugar. And though I think this myth often gets perpetuated because of a special type of scan called a PET scan that looks right where there are cancer spots due in large part to how sugar is metabolized. And I don't. Cancer is not specifically said by sugar. And so I think that I tell patients that a diet with a balanced diet, even if it has some sugar in it, is okay.

00;05;37;13 - 00;06;11;19 Dr. Kunz And that will not impact negatively on their prognosis. But I think that we are, as you know, in fact, at our recent American Society of Clinical Oncology meeting, there was a lot on diet and exercise and how that may in fact help serve as secondary prevention or reducing the risk of recurrence. So I guess what I would encourage patients and even our physician listeners to think about is do we have robust data that is suggesting how some of these things will positively influence or reduce the risk of recurrence?

00;06;12;14 - 00;06;53;15 Dr. Winer And I don't think either you or I would suggest to a patient or a friend that they have Milky Way's and Reese's peanut butter cups alone, although I guess some might consider the peanut butter of some nutritional value, sure of itself has relatively little nutritional value. But I think what becomes concerning is when people become so focused on this that they start really eliminating many foods from their diet and to some extent, you know, avoiding food that they really enjoy eating.

00;06;53;15 - 00;07;25;00 Dr. Kunz So it on some level affects their quality of

life. I totally agree. And I think the most common advice I'll give to patients is that any overly restrictive diet is probably not something that we want them to do because if they're losing weight while they're getting a cancer directed treatment, that also has negative consequences. And meanwhile, we do know that being significantly overweight and obese is associated with an increased risk of 13 different kinds of cancers.

00;07;25;00 - 00;08;08;09 Dr. Winer So having an obstacle, body weight and that, of course, varies a little bit from person to person is something that people should probably strive for. Then you referred to recent data at our big annual cancer meeting, ASCO or the American Society of Clinical Oncology. But there were data there about exercise in colon cancer. And maybe tell us a little bit about that as something that stems from a very well done clinical trial, unlike some of the recommendations you may hear out there and actually suggest that lifestyle modification makes a difference.

00;08;08;19 - 00;08;43;23 Dr. Kunz Yeah, this is, I think, really exciting and I certainly will claim to not be an expert in this space. But I think one of the large studies that was presented at ASCO took patients with stage two and three colon cancer after they had had appropriate cancer directed treatment. So most of those patients had post-operative chemotherapy and then half of them received a structured exercise program for three years with a personal trainer and very structured check ins, and the other half were given health information in the form of written materials.

00;08;44;01 - 00;09;16;24 Dr. Kunz And the patients who had structured exercise actually had a lower risk of recurrence and lived longer. And the impact of that actually was reducing the risk of recurrence by about 30%, which rivals that of some of our best treatments. So I think it because as you said, it was something that was so well done. It's really, I think, opened our eyes to doing robust, rigorous clinical trials research in this area and that this is in IM very important.

00;09;16;24 - 00;10;15;28 Dr. Kunz I think it's practice-changing and will make its way into clinical practice and how we care for patients. So imagine for a minute you are a patient with cancer and of course you're scared and you're going through treatment and they're side effects and it's not the best time in your life and you're hearing all this information. How is it that people can differentiate between what is really credible evidence that something helps and what, for lack of a better term and this isn't meant to mock at first second, how can they differentiate between the credible evidence and sort of miracle cures that are promoted either online or by word of mouth and sometimes promoted by

00;10;17;06 - 00;10;46;23 Dr. Kunz seemingly well-meaning practitioners of a given area? Right. Well, I think some of that is our duty as treating oncologists is to be that primary point person. So I would encourage patients, if you get information from well-meaning family or friends online or through other sources,

bring that to your doctor to help you that how credible it is. There are certain things you can look at specifically online.

00;10;46;23 - 00;11;17;09 Dr. Kunz Any websites that end in a “.edu” would be educational websites that end in “.gov”. The National Cancer Institute for example, some of our professional societies like the American Society of Clinical Oncology or other organizations, the American Cancer Society, the National Clinical Trials Network, the NCC. And so there are some that are really known to be vetted, credible sources, and your treating oncologists can point you towards those.

00;11;18;26 - 00;11;49;22 Dr. Kunz And of course, one of the things that motivates people to pursue some of these approaches, we can call them complementary therapies or we can call them alternative therapies. I generally think when we talk about complementary therapies, we're usually talking about therapies that go along with standard cancer therapy that have at least some evidence that, A, they're not harmful and B might be able to help.

00;11;49;22 - 00;12;26;10 Dr. Winer So treatments like acupuncture and certainly counseling and massage perhaps for some people. But but some of these things that are out there are really, you know, a step further. And of course, we have patients who will occasionally come in with plastic bags filled with 40 bottles of various vitamins and supplements that they're taking huge amounts of. And so I think that's a real concern.

00;12;28;00 - 00;12;57;08 Dr. Kunz Yes. And I think I mean, one thing that's important to acknowledge is that in Western Medical training, Eric, you and I didn't get a lot of training in herbal therapies or alternative therapies. So I think that is I want to acknowledge that's a gap in medical training for sure. It it absolutely is. And for example, you know, there are many traditional Chinese therapies that many people, particularly in China, pursue in the United States pursue.

00;12;57;08 - 00;13;29;13 Dr. Kunz And sometimes I really feel at a loss to say, why would this help or not? And but many of these therapies have been in use for centuries. Yeah, exactly. And so one thing that I've started doing is partnering with my colleagues in integrative medicine. Many of our institutions have this to have. I'm asked a question that I do not know the answer to in a patient's very interested in learning about complementary safe tools, then I'll partner with them and send in a referral.

00;13;30;13 - 00;14;07;04 Dr. Winer And just before we take a break, maybe you could comment on this, which is that a lot of our patients unfortunately think of cancer as if not a death sentence, something that is much more likely, perhaps in some cases to result in a life ending problem than it may be. How does that kind of thinking, particularly when it's a misconception, play into a patient's desire to use these kinds of therapies?

00;14;08;26 - 00;14;46;27 Dr. Kunz Well, I think I learned this lesson as early

junior faculty member that really it's critically important about balance both hope and reality. And I think that as our treatments have gotten better over the last few decades, I think that we have a lot of reason to be hopeful, whether it's with standard treatments or with experimental therapies. And many of our cancers, as you well know, and breast cancer that you treat and in the neuroendocrine cancers that I treat, many of these have becoming have become more chronic conditions where patients even with advanced disease, can live for years.

00;14;47;14 - 00;15;16;21 Dr. Winer So it's really, I think, debunking that idea that we can help patients live for more time and have that time be good quality time. All right. Well, we're going to take a very brief break. We'll be back in just a minute with my guest, Dr. Pamela Kunz, who is a gastrointestinal oncologist. But we're really focusing on something other than gynecology. We're talking about myths that surround cancer treatment. We'll be right back.

WNPR Funding for Yale Cancer Answers comes from Smilow Cancer Hospital, where a multidisciplinary team of physicians employs state of the art diagnosis methods for patients with sarcoma and other bone cancers. Smilow Cancer Hospital dot org. The American Cancer Society estimates that over 200,000 cases of melanoma will be diagnosed in the United States this year, with over a thousand patients in Connecticut alone.

00;15;50;04 - 00;16;26;21 WNPR While melanoma accounts for only about 1% of skin cancer cases, it causes the most skin cancer deaths. But when detected early, it is easily treated and highly curable. Clinical trials are currently underway at federally designated comprehensive cancer centers such as Yale Cancer Center and at Smilow Cancer Hospital to test innovative new treatments for melanoma. The goal of the specialized programs of research Excellence in Skin Cancer grant is to better understand the biology of skin cancer with a focus on discovering targets that will lead to improved diagnosis and treatment.

00;16;27;07 - 00;16;59;18 WNPR More information is available at Yale Cancer Center dot org. You're listening to Connecticut Public Radio.

Dr. Winer Good evening again. This is Eric Winer. Back with the second half of Yale cancer answers. Joined tonight by Dr. Pamela Kunz, a medical oncologist who focuses on gastrointestinal cancers at the Yale Cancer Center and Smilow Cancer Hospital. And we're talking about our cancer myths, cancer, misinformation, what we know, what we don't know.

00;17;00;25 - 00;17;33;11 Dr. Winer As we were ending, I was reminded of a very old article published in the New England Journal of Medicine now probably about 20 years ago by a former colleague by the name of Jane Weeks. And in that study, they actually looked at complementary therapy use, integrative therapy use, and found that the use was highly correlated with anxiety and depression.

00;17;33;16 - 00;18;06;25 Dr. Wier Now, that doesn't mean that everyone pursuing these kinds of integrative approaches is depressed and it's not necessarily

saying that there's no value to some of these approaches, but it is reminding us that we should always pay attention to people's mental health. And I'm wondering if you might have some comments about that.

Dr. Kunz Yeah, I'm not familiar with that paper, but not surprised by that result.

00;18;07;12 - 00;18;36;19 Dr. Winer Well, I was around then and you weren't. (laughs)

Dr. Kunz I was around but maybe I wasn't reading academic papers from the New England Journal back then. But now I think that that's a really interesting finding. And I think the takeaway from that is that as physicians, we should be asking our patients about their mental health, certainly as a routine practice, but perhaps even more so in patients who are really asking a lot of questions about alternative therapies.

00;18;36;20 - 00;19;25;27 Dr. Kunz I think it's as we talked earlier, it's really a sign of how vulnerable our patients are and how they really want to try to help and control the situation. And we can help serve as guides for that. But it's interesting finding Eric.

Dr. Winer Yeah, you know, I think that people should remember that having a diagnosis of cancer and going through cancer treatment is something that's really hard and there's nothing shameful about being depressed and anxious and in much the same, same way that we treat pain with pain medicines, sometimes we have to treat depression and anxiety, not always with medicines, but we have to pay attention to it.

00;19;25;27 - 00;20;06;18 Dr. Winer And maybe people need a little psychotherapy. Maybe they need something else. But it's just these are symptoms that are just so very important. So let's get back to cancer myths. And let me ask you about a drug that has been in the news a great deal. It was in the news during the recent pandemic and that that drug is ivermectin, which if I understand it correctly, is a drug that's more commonly given to animals than to people that.

00;20;06;19 - 00;20;36;06 Dr. Kunz That's right. So ivermectin is an anti-parasitic drug. It's used you know, it's actually on the box in my home for my dog to treat heartworm. And it is a so it's most commonly used in veterinary medicine. It is sometimes used to treat it for it's FDA approved in humans to treat some certain fungal conditions and or rosacea, but it's not commonly used and it's definitely not used to treat COVID 19.

00;20;36;06 - 00;21;10;23 Dr. Kunz There are a couple of large clinical trials that disproved efficacy. However, it's come up again in terms of whether or not it has a role in treating cancer. I think in part due to some podcasts by non-experts and lay publications online and there's really no evidence that it works to treat cancer. So there are a couple of very, very small studies in mice and in cancer cells that are exploring its use.

00;21;10;23 - 00;21;35;11 Dr. Lunz But we have no definitive data, and I'll remind our audience that definitive data to use in humans is really relies on clinical trials and making its way through drug development of phase one is to phase three clinical trials and then eventual FDA approval. Ivermectin in high doses can actually be quite dangerous to people and it's not widely available.

00;21;35;11 - 00;22;09;19 Dr. Kunz So I certainly I have been getting asked about this a lot by patients and try to provide an answer just like that and explain the reasonings why we would not recommend it. But I think that that raises another issue, which is that some things can be harmful. So St. John's Wart and other treatment that people used to consider a fair amount has interactions with certain drugs and I think we just have to be a little careful.

00;22;09;19 - 00;22;44;28 Dr. Winer There's another toxicity that I want to mention and ask you about, and that is the financial toxicity associated with the use of a lot of agents that may not be approved. So, yes, many herbs, many vitamins. And what have you heard about that.

Dr. Kunz That is such a great question. In fact, I have a patient from many, many years ago who really lost their life savings due to really pursuing unproven treatments. 00;22;44;28 - 00;23;21;15 And I think for all of the reasons that we have discussed, we understand why patients are seeking alternative treatments. I think that's another question that patients can bring to their doctors. And I think we don't always know how much patients are paying out of pocket for some of these additional treatments. But I really advise patients that if it is unproven and there are greater risks and benefits and those risks can include toxicities to their body, but as you state can include financial toxicities, those really need to be taken into consideration before patients spend a lot of money on them.

00;23;22;22 - 00;24;02;27 Dr. Kunz And there are a number of clinics well known to both you and me scattered around the country where people give many unproven therapies, oftentimes with standard therapies, and tout this as the life saving approach. And some of these people are actually becoming wealthy doing this. And so I always caution people about going to places where there are just unbelievable claims and in particular where there's this suggestion that there's a profit motive on someone's part.

00;24;03;24 - 00;24;40;13 Dr. Winer I think one of the challenges is that oftentimes patients have a real desire to believe in what they may be doing, that we're not necessarily convinced is helping. And as much as we try to be open to these things, I think some of us are probably not as open as we should be. And you mentioned to me before this show that there are people who are just afraid to talk to their doctors about these things.

00;24;41;20 - 00;25;09;25 Unknown And maybe you can comment on that and talk about how you try to avoid that with your patients so that you're there welcoming them to raise these questions.

Dr. Kunz That's a tricky balance. I think that as academic oncologists, as oncologists really everywhere, we're taught to use evidence to guide our decision making. We try to explain that to our patients.

00;25;10;08 - 00;25;37;28 Dr. Kunz So then when patients bring in questions around unproven therapies, I think our obligation is to be curious and encourage them to ask questions, but to respond in an odd, non-judgmental way. I think that we that's part of that trust building, Eric, that you and I have talked about previously, and I certainly hope that I am someone who is trustworthy to my patients where they can bring those questions to me.

00;25;37;28 - 00;26;05;05 Dr. Kunz So I try to encourage questions. I may not have time to answer every question that that visit, but we have many other ways patients can send us questions these days, whether it's through the electronic, medical record or other. We try to save time during visits and and I think it's just taking the time. The other comment I'd like to make on this is that every patient comes in with a different level of medical literacy.

00;26;05;05 - 00;26;32;14 Dr. Kunz Some may have more knowledge about medicine and oncology than others. And I think we also have to meet patients where they are in terms of really educating them. And I think that that's one of the things that I love doing is the education that we provide to patients know it's is so important and you do understand why pursuing all different types of nontraditional therapy can be really appealing.

00;26;32;14 - 00;26;54;10 Dr. Winer I mean, I remember a time not long ago where I had some ailment and I was in some natural foods store, and I saw these things that claimed to fix a variety of problems. And I thought, well, gee, maybe it'll work for me. And you know, what do I have to lose? And, you know, this wasn't anything as serious as cancer.

00;26;54;10 - 00;27;25;26 But when you're really facing something that's very serious, you want to take advantage of everything that you possibly can in terms of cancer causation. Let me let me ask you about something a little different. What about cell phones and cancer?

Dr. Kunz That's been out there for a while, that people are afraid that cell phones could somehow cause cancer? Of course, with the increasing use of cell phones everywhere and we think people have landlines anymore.

00;27;25;26 - 00;28;06;27 They just have cells. It's really ubiquitous.

Dr. Winer But is there any evidence that they cause cancer?

Dr. Kunz At present, we do not have evidence that cell phones cause cancer. I don't I don't I'm unaware of any large clinical trials examining that. And I think, again, back to I try to provide answers and and treatment that's evidence based. So if we are purists around evidence we don't currently have evidence for, that doesn't make a difference how somebody thinks about their cancer and that they're hopeful and positive in terms of how they're going to do.

00;28;08;08 - 00;28;33;07 Dr. Kunz I think we don't have clear evidence again, back to the evidence that that has a proven benefit. However, there are so many other health benefits to having strong mental health and a strong support system. And I think those things can provide and well-being other benefits as you go through what is a really difficult journey to be getting a cancer treatment.

00;28;33;25 - 00;28;59;01 WNPR Dr. Pamela Kunz is a professor of internal medicine and medical oncology at the Yale School of Medicine. If you have questions, send them to YaleCancerAnswers.edu and past editions of the program are available in audio and written form at [Yale Cancer Center dot org](http://YaleCancerCenter.org). We hope you'll join us next time to learn more about the fight against cancer. Funding for Yale Cancer Answers is provided by Smilow Cancer Hospital.