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00:00:00.076 --> 00:00:21.423 Announcer Funding for Yale Cancer answers is provided by Smilow Cancer Hospital. Welcome to Yale Cancer Answers with the director of the Yale Cancer Center, Doctor Eric Winer. Yale Cancer Answers features conversations with oncologists and specialists who are on the forefront of the battle to fight cancer. Here's Doctor Winer.

00:00:21.500 --> 00:00:59.000 Eric Winer As a result of the internet and both doctors and nurses and knowledgeable friends and family members. Patients often have more information than ever before at their fingertips. Much of that information is very good. People come to see us, and they're far more knowledgeable than they were ten, 20, 30 years ago. But there's both knowledge and there's misinformation and scams and misinformation proliferating on social media.

00:00:59.076 --> 00:01:25.730 Eric Winer And sometimes this presents a challenge for both patients and their families. And for doctors and other health care providers. So we're going to talk about this area tonight. And joining me is Doctor Henry Park. Professor of therapeutic radiology at Yale School of Medicine and assistant medical director of the clinical trials at Yale Cancer Center. Henry, thanks so much for, for being here tonight.

00:01:25.807 --> 00:01:27.384 Henry Park Well, thank you for having me. I appreciate it.

00:01:27.384 --> 00:01:39.769 Eric Winer Before we get into talking about misinformation and other such topics, maybe I can just ask you a few questions about you. What made you go into radiation oncology?

00:01:39.846 --> 00:02:03.384 Henry Park So I've always been interested in radiation oncology because of the ability for our first, for those in our field, to take care of patients in a, in a long term fashion. But to also use the most advanced technology that we have available to us, to non-invasively, I'll be able to treat cancer and to, cure just as much as we can better least treat them whenever we can to, to help with symptoms.

00:02:03.461 --> 00:02:27.807 Henry Park When, when the, when patients have pain or they have bleeding or, other issues, like, like having difficulty breathing, we can often help them even if we can't cure them. So I think my my goal of my practice, which focuses on lung cancer and head and neck cancer, is to both improve the quality of life as well as to improve the quality of life as much as we can and to achieve cure as much as possible.

00:02:27.884 --> 00:02:31.884 Henry Park But even when we can't achieve cure, to be able to treat symptoms as well as possible.

00:02:32.038 --> 00:02:53.807 Eric Winer And I think it's fair to say that radiation oncology has become much more sophisticated over the years. There was a time, probably when I was a medical student, which was long before you were

a medical student, when in fact radiation would be a radiation field, would be designed by someone making big marks on a chest x ray or something like that.

00:02:53.884 --> 00:03:06.230 Eric Winer And now you use all of these complicated planning techniques with CT scans and other sorts of imaging. So you really focus in on just where you want to go.

00:03:06.307 --> 00:03:31.192 Henry Park That's really correct. You know, I've ever since I was in training, we've always had, already very advanced technologies, to be very precise about how we target the treatment and especially the high dose areas where we're prescribing. We can really shape to be quite irregular shapes, but really, whatever we want and to, to, to to curve them around certain organs that we're trying to avoid.

00:03:31.269 --> 00:03:50.346 Henry Park So I think we have a lot of abilities now which are improving constantly, and we truly are improving constantly, to, have better imaging and better quality of, of, of treatment delivery, for our patients so that we can really minimize the side effects as much as we can while still being able to achieve the tumor control that we are seeking.

00:03:50.423 --> 00:04:31.076 Eric Winer And actually, I think even better control of the cancer that with these techniques than ever before. So let's get into our topic for the evening. So how would you define natural or alternative cures? What's what's the difference between a patient using a natural healing method as a complementary therapy versus someone really embracing that is their whole therapy, because of course there are people who and you know, this often happens actually in other countries, such as China, where people pursue standard medical treatment and traditional Chinese medicine at the same time.

00:04:31.153 --> 00:04:53.346 Henry Park Exactly. I think there are there there really are very different, uses of these natural medicines or, you know, there's different therapies for that. But I think alternative medicine really is, like you said, when you're replacing conventional medical therapy and saying, well, you're only going to use other kind of therapies that may or may not have to have some some proof to them, but may not be recommended by the oncology team.

00:04:53.423 --> 00:05:22.884 Henry Park And so that's what I think. That's how I would define alternative medicine as an alternative to the standard treatments. Whereas with with complementary medicine, that is to support what you're already receiving, whether it's surgery, radiation, chemotherapy or immunotherapy or other therapies like that. And to also, help, you know, other therapies that may help us with side effects, side and that may not be the standard pharmacological agents that we may use that we may be recommending in the medical field.

00:05:23.038 --> 00:05:25.307 Henry Park But it may also be supplementing that as well.

00:05:25.346 --> 00:05:34.576 Eric Winer How much more common do you think it is that people are both coming in and asking about complementary therapies?

00:05:34.653 --> 00:05:52.384 Henry Park I think over the course of my career, I probably hear about it more than I used to. I think it's, And I really welcome it. I really want patients to tell me what they're reading and what their, they're hearing from friends and family and what they're seeing online, because they, have very valid questions about them.

00:05:52.461 --> 00:06:15.153 Henry Park So I think that's, that's happening more and more and hopefully because we at Smile Old Cancer Hospital, our, our indicator centers are very welcoming, towards, toward towards learning more about what you're hearing about your own, your own body, your own cancer. But we also wanted to go over with you. What? The level of evidence is, for them, which sometimes is okay and sometimes it's not.

00:06:15.230 --> 00:06:27.230 Henry Park But we wanted to show, and I mean, it really depends on each person's situation in terms of of how much we might say that's okay versus me, might say that that might interfere with, with a particular the best quality of care you could receive.

00:06:27.269 --> 00:06:48.115 Eric Winer Well, and I think that's a very important point, which is that we want to help people do what supports them and make sure that whatever that is isn't in any way interfering with treatment, because there are certain alternative, in particular medicines that one might ingest that actually can interfere with cancer treatment.

00:06:48.115 --> 00:07:13.384 Henry Park And that's exactly right. We, we see, for example, with high dose vitamin injections, for example, sometimes we know that they and, you know, the word antioxidant comes up a lot as, something that might be able to, you know, help fight cancer, for example. So, but that's something that if you're receiving chemotherapy, radiation therapy might actually work against the mechanism of how that, that those, those, those treatments actually work in, in the, in securing your cancer.

00:07:13.384 --> 00:07:32.115 Henry Park So even though antioxidants overall are good, when you receive some of these treatments to to overload on antioxidants may actually counteract the effects of these treatments are being being effective. And the side effects may also go up with with therapies that may not interact well with, with, with chemotherapy or radiation.

00:07:32.192 --> 00:07:48.692 Eric Winer Well, you know, and there can be side effects that may not make the, cancer treatment worse or ineffective. But sometimes these complementary or integrative approaches sometimes have side effects in and of themselves.

00:07:48.692 --> 00:08:00.230 Henry Park But they also can be very supportive sometimes too. So that's why we want to hear the details. We want to know what do you want to do when you're thinking about doing, and then, and then if we can help support you through that decision making as well.

00:08:00.307 --> 00:08:32.538 Eric Winer And then, of course, there, there are complementary therapies that have been shown to be beneficial. Acupuncture clearly helps pain and nausea. Psychotherapy support groups, other types of psychosocial interventions can often help people. I'm not sure I would absolutely call that, complementary therapy, but it's certainly part of supportive oncology. And then of course, there are all these potential therapies where there are claims, but we're lacking evidence.

00:08:32.538 --> 00:08:53.730 Eric Winer And I think that people often have to remember that many of our or in fact, all of our cancer therapies have been evaluated in large clinical trials where they've been demonstrated to be beneficial. And with some of the complementary therapies, there's just far less in the way of rigorous research, then.

00:08:53.884 --> 00:09:16.423 Henry Park That's a very important point in terms of, really being able to interpret the research that's out there, because there is a lot of information there. And some of it is accurate, some of it actually, you know, our studies that are and have been published in the medical literature, but the quality of evidence in terms of how much we can use that in clinical practice really varies based on the type of clinical research that it is.

00:09:16.500 --> 00:09:35.384 Henry Park What kind of biases may be, you know, that may be present in terms of which population is being studied and whether or not it's been randomized in terms of being able to know, you know, is it really the intervention itself that is, is leading to better outcomes? Or perhaps they selected a patient population of the people who are in this study.

00:09:35.461 --> 00:10:01.653 Henry Park We're actually we actually are very primed to do better anyway. So I think it's hard to sometimes interpret when without the medical background. And then that's why it's a collaboration really between patients and, and the providers to, to, to understand, you know, what is the context of this, you know, is there data that's reliable here and also visit apply to my situation, versus is it more, you know, it's more applicable to someone else's situation.

00:10:01.730 --> 00:10:27.653 Eric Winer And can we talk for a minute about true misinformation? But do you feel that there's more of that and there are more claims being made that some complementary or perhaps alternative therapy can cure someone's cancer? You know, statements being made that, that seem incredibly attractive to patients?

00:10:27.730 --> 00:10:56.153 Henry Park I think that's absolutely the case to where sometimes there could be very harmful information out there that that's not correct. Or maybe that is either unintentionally or perhaps it's also possible that was actually intentionally incorrect as well. And being used to promote a social media following, for example, for certain and to sell books or to sell products. So I think that, you know, often where, there's no data at all, there's just, theories or hypotheses that might arise.

00:10:56.230 --> 00:11:21.500 Henry Park I think one example, for example, is that cancer is a parasite. I think here with, with with parasites is a very different concept, completely a living being that, like a, you know, that there's some kind of worm or something or something that will cause cancer and therefore something like ivermectin or some kind of anti-parasitic. Maybe, what we should be using instead of, of chemotherapy, of radiation or surgery for, for cancers.

00:11:21.500 --> 00:11:46.076 Henry Park And, this is really based on, really no data at all and no scientific basis. So that's where I think it's important to, again, address with your physician. And, and now hopefully not feel judged for that's the real goal, I think for, for for people who are in the medical field. And sometimes, you know, I think patients have had bad experiences with the providers who, you know, they perceive to have been venting.

00:11:46.269 --> 00:12:03.730 Henry Park And, then they can actually judging them for reading these things. They're telling them, you know, you shouldn't Google things. You shouldn't read things online yourself. You shouldn't listen to your friends and family. You know, there's there's no reason not to to do those things because of course, you want to have autonomy and control over your body and over what you receive for your treatments.

00:12:03.807 --> 00:12:24.730 Henry Park But at the same time, I really do want encourage both patients and physicians to, to be encouraging on these conversations because some things are unreasonable to think about and others are pure misinformation. And I really scams to try to make money for, for free to pay for certain products that have zero evidence based on them.

00:12:24.807 --> 00:12:54.115 Eric Winer You know, there was a study done many years ago. This is now probably 25 years ago, published in the New England Journal of Medicine, that looked at people who did it and didn't use various complementary approaches. And the most striking conclusion was that people who used complementary therapies in general, on average, tended to have more in the way of psychosocial, psychological distress.

00:12:54.192 --> 00:13:27.230 Eric Winer And I think that's understandable. You're anxious, you're depressed, you seek other things. But I think that for the clinician, when someone is asking a lot of these questions, it doesn't mean that for a minute you want to not listen or dismiss, but it does mean that perhaps that somebody who could benefit from a little mental health support that should lower all of our thresholds for referring somebody to a social worker or a psychologist and, and help with the distress that they're experiencing.

00:13:27.307 --> 00:13:44.538 Henry Park Because that's critical to think about. Because for, for each patient, you know, they, you know, they need to have these conversations that are of of why are they mistrusting the recommendations we're replacing. Why why are they seeking other therapies? Maybe. You know, there are so many reasons that are very understandable, for for why that's the case.

00:13:44.538 --> 00:13:58.346 Henry Park And I think addressing some of those

root causes of, of, of, but really driving them to, have those discussions, you know, is, is important and really something that can be, judging about that. But we want to make sure you're as supported as possible.

00:13:58.538 --> 00:14:19.846 Eric Winer Yeah. And I really want to underscore the point that you made before the worst thing that can happen is for patients to feel dismissed by their cancer. Doctors both judged and dismissed. And, you know, if people want to talk about other approaches, we have to be there for them. And we have to be willing to review the evidence.

00:14:19.846 --> 00:14:44.769 Eric Winer And, you know, ultimately, people make their own decisions. Hopefully it's with guidance from professionals. So listen, Henry, we're going to have to take a brief break. We will be back in just a minute and we will continue our conversation about alternative and complementary therapies and various claims that exist that are very confusing and at times, very appealing to our patients.

00:14:44.846 --> 00:14:46.192 Eric Winer We'll be right back.

00:14:46.269 --> 00:15:11.653 Announcer Funding for Yale Cancer Answers comes from Smilow Cancer Hospital. Using genetic testing to identify cancers before the onset of symptoms, when the disease is most easily treated or cured. More about Smilow's screening and prevention program at Smilow Cancer hospital.org. Genetic testing can be useful for people with certain types of cancer that seem to run in their families.

00:15:11.730 --> 00:15:39.346 Announcer Genetic counseling is a process that includes collecting a detailed personal and family history, a risk assessment, and a discussion of genetic testing options. Only about 5 to 10% of all cancers are inherited, and genetic testing is not recommended for everyone. Individuals who have a personal and or family history that includes cancer at unusually early ages. Multiple relatives on the same side of the family with the same cancer.

00:15:39.423 --> 00:16:07.769 Announcer More than one diagnosis of cancer in the same individual. Rare cancers or family history of a known altered cancer predisposing gene could be candidates for genetic testing. Resources for genetic counseling and testing are available at federally designated comprehensive cancer centers, such as Yale Cancer Center at its Smilow Hospital. More information is available at Yale Cancer center.org. You're listening to Connecticut Public Radio.

00:16:07.846 --> 00:16:44.576 Eric Winer Welcome back to Yale cancer answers. I'm Eric Winer your host. And, with Doctor Henry Park, a radiation oncologist who focuses on lung cancer and has done research on the use of of complementary and alternative therapies. Henry, have you had people who have stopped their therapy and in fact, stopped potentially all therapy to go off and pursue some sort of unproven alternative approach?

00:16:44.653 --> 00:17:13.269 Henry Park We absolutely have. So I think with, radiation therapy, sometimes we do this in as little as one session or 3 to 5

sessions. But other times radiation can take 25, 30, 35, or even more, treatments to get through. So sometimes when they're in the middle of a treatment, they may be, you know, hitting some side effects that, what's expected perhaps, but maybe was, was was more than they had really anticipated themselves, or really, having some effect on that more than they thought.

00:17:13.346 --> 00:17:20.384 Henry Park Or if they just for any reason had decided to stop and pursue a different route. That's certainly happened before.

00:17:20.423 --> 00:17:49.769 Eric Winer I've certainly had many people who have, as part of their cancer treatment, pursued acupuncture, various other, complementary therapies, such as qigong and, and cupping and all sorts of things like that, but have continued their cancer therapy. But I've also had not many, but, a handful of patients who have stopped everything and have gone off.

00:17:49.769 --> 00:18:20.692 Eric Winer Sometimes they've gone off to Mexico, sometimes they've gone off to clinics in the US and have pursued other approaches. And I'm, I'm sorry to say, I've never really seen those kinds of approaches, work. I think one of the challenges that nothing stops someone out there from claiming that a given approach is highly successful. Everyone can tell an anecdote.

00:18:20.692 --> 00:18:32.038 Eric Winer Sometimes people can tell anecdotes that aren't entirely true. And how do you approach patients who who tell you about the cure that they heard about?

00:18:32.115 --> 00:18:47.461 Henry Park Oh, absolutely. I think we, I really ask more questions. I want to know, you know, who did? They hardly hear about it? Who do they know it from? Sometimes it's a family member or friend, so they can really vouch for that person and say, this is a person who I know, you know, you know, is alive still, of course.

00:18:47.461 --> 00:19:08.538 Henry Park Right. And had cancer. But of course, I ask, you know, what stage, what kind of cancer exactly? You know, they often don't know the exact details. Which is. Which is fine. They they may not have been told those details, but I do explain there are some kind of lung cancers that respond to strongly small amounts of therapy, a very low dose therapies and others that really require much heavier dose as well.

00:19:08.576 --> 00:19:26.576 Henry Park So I think, you know, you can't say that one lung cancer is the same as another lung cancer, just like one breast cancer is like another breast cancer. There are certain breast cancers, for example, that if you get surgery alone, we may be recommending radiation or chemotherapy or hormone therapy that might have an incremental small benefit, overall.

00:19:26.807 --> 00:19:32.384 Henry Park But then the patient decides they don't want to, pursue that. And they, they end up doing fine. And you because.

00:19:32.384 --> 00:19:33.500 Eric Winer Most people will. Yeah.

00:19:33.538 --> 00:19:57.384 Henry Park You know what if anyway, I think the reason we offered is to, you know, maybe decrease that chance of recurrence just a little bit more than it would have been otherwise. Then so there's certain, recommendations like that that are meant to be, that they weren't designed to be a huge, huge benefit, whereas others where it's really something that's the key curative mechanism where they take the key curative therapy.

00:19:57.576 --> 00:20:02.192 Henry Park If that's being replaced, then, then often, that that's when things don't go very well.

00:20:02.230 --> 00:20:33.692 Eric Winer And of course, there have been very famous people who have stopped therapy to do alternative approaches. Olivia Newton-John, is one of them, you know, and who, you know, sadly died of advanced breast cancer, but at least at one point stopped everything and just pursued a so-called natural approaches. And, you know, the truth is that taking a treatment break for some people is totally reasonable against my hope is that people stay still in close touch with their physicians.

00:20:33.769 --> 00:20:45.653 Eric Winer Now, you and your group have done some research related to the use of complementary and alternative therapies. Maybe you can tell us a little bit about that.

00:20:45.730 --> 00:21:08.538 Henry Park Absolutely. So, I think one of our first papers on this looked at a large national database called the National Cancer Database. That's that's run by the, the, the Commission on Cancer, in the US. And it's a very large sample of patients where they had a variable, that, was describing whether or not patients, decline recommended treatment.

00:21:08.615 --> 00:21:36.038 Henry Park And then also whether they were perceiving alternative or complementary therapy, which wasn't as clearly defined there as, very, very as it could be. But at least you get a general sense of how this is going nationally and how the outcomes are for patients to do that. So the the first, the first study looked at those with breast cancer, lung cancer and colorectal cancer, which are three of the most common and most deadly cancers, that are that are, common in the, in, in, in, in this country.

00:21:36.115 --> 00:21:57.500 Henry Park And, what we did find was that those who, actually cannot receive conventional therapy, at all and instead pursued alternative therapy, had a worse outcomes of worse survival than those who did receive their recommended treatment, such as surgery, chemotherapy and radiation therapy. So this is obviously a broad swath of people. This is not, you know, personalized.

00:21:57.500 --> 00:22:17.807 Henry Park This was just on a large scale, you know, how are people doing? On the other hand, you know, when you look at thousands of patients who have done this, and I think that's what's important is, is sometimes numbers matter. Also in terms of, when you have one story here, one story there, absolutely. That maybe that may be true, that that was the case for that one person.

00:22:17.884 --> 00:22:42.692 Henry Park Because cancer is a is a strange disease and works differently in different people. But when we're looking at large populations and, and the chance that you, you know, you know, what's the chance that you're going to get the best outcome? Then we know that, that when you're pursuing alternative medicine overall, it seems to be, you have a much higher risk of dying of cancer than if you then if if you're receiving conventional therapy.

00:22:42.769 --> 00:22:45.538 Henry Park Again, our second study was really, focusing on you.

00:22:45.769 --> 00:23:09.615 Eric Winer Can I just say. And and of course, it is possible that that's not necessarily because of the alternative therapy, but that people who pursue alternative therapies to some extent may have different types of cancer. They may feel like they may have a more aggressive cancer, and perceiving that they might go off and do something. So this is an association.

00:23:09.615 --> 00:23:27.461 Henry Park This study has limitations too. It's not a perfect study either. But it's observational, meaning that this is just what we see. Ultimately we did the best we could to adjust for stage and other factors that might be to different risk. But of course, it's impossible in the observational study to truly control for all of those things.

00:23:27.538 --> 00:23:51.461 Henry Park Sorry. Yeah. And then our second study was on complementary medicine because we want to take a more nuanced view on this. And, you know, when we look at it again, a huge for the at the broad swaths of patients, those are complementary medicine overall did worse than those who didn't. But we really what trying to narrow down on on who are who are the patients who really are the ones who could benefit at least from this.

00:23:51.461 --> 00:24:18.846 Henry Park And it seemed like it really was those who even admitted any part of the recommended therapies. So I mentioned earlier the patient who maybe gets surgery but doesn't get the radiation or chemotherapy afterwards. And that was a common group of people who had this decline that the, the, the issues with survival that arose were really in those patients who had who had actually skipped one of the recommended therapies rather than those who had done all the recommended therapies and done some complementary therapies.

00:24:19.000 --> 00:24:24.269 Henry Park And then that second population with the, you know, the the outcomes for those people were fine.

00:24:24.346 --> 00:24:56.769 Eric Winer You know, as in most things, the truth is always somewhere in the middle. And there are alternative and complementary therapies, particularly complementary therapies that are going to really help people and help them get, get through their cancer treatment. And then there are others that can be harmful. And it's only by really doing some research in this area and exploring, all of a patient's questions and discussing it

with them, that we can really do our best, I guess.

00:24:56.769 --> 00:25:19.384 Eric Winer One one final question. And this relates to, how much this cost people because of course, most cancer treatment, is, covered by insurance, thankfully. But complementary therapies aren't. And people can spend a lot of money out of pocket on these things.

00:25:19.461 --> 00:25:41.576 Henry Park Absolutely. And I think some of the these products, are being sold at quite high prices with the very, you know, very little evidence, you know, that's backing them up. There's also very little regulation or really no regulation from the FDA on, on some of these products as well, especially if you're receiving them from other countries. But even within this country, there's, there's sort of, there's there's really not much regulation on that either.

00:25:41.576 --> 00:26:08.807 Henry Park So, there's really, you know, and some of these folks are selling books there. I think it's important to know that some of them with social media, large social media followings are getting paid by the social media companies as well, when they have a lot of, followers, a lot of clicks as well. So I think, some people think that they're doing this for free, but they really are, they're, they're they're able to, you know, by making these claims and getting large followings, are able to make money off of this as well.

00:26:08.884 --> 00:26:36.153 Eric Winer You know, it occurs to me, and I don't think this has ever occurred to me before in quite this way, but, it's sort of one of these buyer beware. And I think that the more pricey one of these therapies is, the more suspicious someone should be, because that price those dollars may be going into someone's pocket and it may create a really significant conflict of interest.

00:26:36.230 --> 00:26:54.615 Henry Park And that also may be part of the I think that that may be part of what what makes patients, you know, it's it also concerns sometimes about the conventional medical therapies that are also expensive, even though they're covered by insurance as well. And, I mean, that's what I hear sometimes, you know, a I on social media is concerned about that.

00:26:54.615 --> 00:27:14.653 Henry Park But I think, you know, I think every-one should know that physicians are not getting paid for giving very expensive drugs are very expensive treatments. That's not what the pay, you know, what we're actually receiving is, is, you know, especially at Yale Cancer Center, where all salaried employees who are not really getting anything more for treating you are not treating you.

00:27:14.730 --> 00:27:23.384 Henry Park And I think that's an important thing to say, because I think, I think some folks, you know, we'll look at me and say, you're getting paid more if I, if I do this. And that's really not the case.

00:27:23.384 --> 00:27:48.269 Eric Winer Not the case. No. Absolutely. And of course, there are many things about our health care system that are not perfect,

but it clearly is a problem when when any provider makes more money by giving it a certain treatment, because in fact, that does create a conflict. And that holds true, I think, related to complementary and alternative therapies.

00:27:48.346 --> 00:28:17.807 Eric Winer Well, listen, this has been a great conversation. I hope our listeners have enjoyed it. I hope that, people with cancer, when they consider complementary and alternative therapies, feel very comfortable talking about them with their doctors and nurses and others, and that ultimately they make the best decisions for them that will make them both feel the best at any given moment and also hopefully help them live the longest.

00:28:17.807 --> 00:28:23.730 Eric Winer So, Henry, thank you so much for being with us tonight. It's really been a pleasure.

00:28:23.807 --> 00:28:25.884 Henry Park Well, thank you so much for having me today.

00:28:26.038 --> 00:28:50.346 Announcer Doctor Henry Park is a professor of therapeutic radiology at the Yale School of Medicine. If you have questions, the address is cancer Answers at yale.edu. And past editions of the program are available in audio and written form at Yale Cancer center.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.