

The questions below represent the most commonly asked questions we received following the webinar we did with The Colon Cancer Alliance on November 18th, 2009. The Block Center's program for integrative cancer treatment is detailed in Dr. Block's book, *Life Over Cancer*, available at www.amazon.com, at most major book sellers or by calling 800-834-8787.

If you have any questions, I may be reached at LKass@blockmedical.com

Thank you,

Leni Kass
The Block Center for Integrative Cancer Treatment

Q. What's your opinion about the use of antioxidants during cancer treatment?

A. The best available data suggests that the cautious and judicious use of antioxidants can be helpful during chemotherapy; in fact, existing research shows no evidence of interference or decreased efficacy, and shows a clear reduction in side effects. We know that diminishing side effects not only improves survival, it allows patients to:

- Maintain optimal dosing
- Avoid delays in treatment
- Complete their full course of treatment, all of which is known to improve survival.

See the two links below for summaries of two articles that systematically assessed randomized clinical trials in which antioxidants were given together with chemotherapy (done by our research staff in collaboration with Dr. Robert Newman, MD Anderson Cancer Center). There was no evidence that the antioxidants decreased the effectiveness of chemotherapy. In addition, the antioxidants appeared to reduce the side effects of chemotherapy, which might help patients receive the full dosages of their prescribed treatment. This could very well lead to better tumor shrinkage as well as survival.

<http://tinyurl.com/y9jrpa9>

<http://tinyurl.com/ycv63mp>

This said, patients should not indiscriminately take antioxidants; they should consult with and be monitored by practitioners who are experienced in this area before choosing to use antioxidant supplements with chemotherapy.

Q. You've mentioned the Block Center's "Rehabilitation Program" on several occasions. Can you briefly describe this program and why it's important?

A. We won't start chemotherapy with a patient who is not fit enough to withstand and benefit from the treatment. Otherwise, it is unfair to the patient, and gives the cancer a decided advantage. The disease already has a head start, so cancer patients must be physically, psychologically, and nutritionally strengthened to be able to take it on. Our rehabilitation program, which is tailored to each patient and is monitored throughout treatment, is regularly modified according to the patient's changing condition.

Patients on conventional chemotherapy often suffer from post-treatment symptoms such as fatigue, “chemo brain” (changes in memory and attention following chemotherapy), physical weakness, and depression. Our rehabilitation program enables patients to better tolerate chemotherapy, and to regain and rebuild their resilience. Conventional treatments can lead to a burden of toxic metabolites. Upon entering the blood, these complexes can trigger inflammatory cascades resulting in increased mutation, and thus more aggressive cancer cells. This can lead to treatment resistance and a greater potential for progression and recurrence. Detoxification strategies are a critical aspect of addressing these metabolites and the rehabilitative process.

Once active treatment has been completed, the Block Center implements a modified – and individualized – rehabilitation program. One goal is to improve a patient’s odds against the potential of disease recurrence. However, this continuity in care also helps patients avoid the disconnect from care and ensuing sense of abandonment typically experienced once treatment is concluded. In addition, it reduces the chances of ongoing complications from the disease.

Q. Do you believe a patient’s state of mind can influence their outcome?

A. Mind-spirit techniques are one of the core therapies at our center. We feel these techniques are essential to helping our patients battle their cancer. The effect of your mind on your body can be helpful or hostile to cancer cells, help you tolerate treatments or make you more susceptible to its side effects, make you more – or less – responsive to chemotherapy. However, much as we might like it to happen, your mind and spirit will not directly attack your cancer. However, psychological factors can exert a potent *indirect* influence on the growth and spread of cancer because emotional states and coping style affect your internal biochemistry, even molecular factors, and the state of your immune system. Please remember, though, that “staying positive” is not the best way to cope with the inevitable stress and distress of having cancer, and that despite their biological effects, your natural emotional reactions to disease are far from being the reason you may experience a setback.

On the subject of the mind-body connection, I must also mention another very important point to consider: the interactions between a patient and their physician. I urge my patients to resist fatalistic communications. They can be inadvertently prophetic and have physiologic impact. A terminal mindset can have terminal consequences; terrifying words from a medical authority the patient has come to respect can lead to a patient unintentionally fulfilling the prophecy. If told, “you have only 6 months to live,” a patient may inadvertently develop the psychophysiology needed to fulfill the prediction. This can hasten a dying process and increase the odds of a terminal outcome! I suggest patients prepare for the worst and LIVE for the best.

Sometimes a patient will be advised by a physician to at all costs avoid “false hope!” But this misses the point altogether. First of all, hope can never be false. Hope is not a promise, rather it is a prayer! It is a prayer that can be followed with genuine action and integrative treatment in order to improve one’s odds and – “hopefully” – one’s outcome! In truth I worry far more about patients receiving “false hopelessness” than “false hope.” False hope would run the risk of a communication of *exaggerated expectations*. But false hopelessness runs the risk of leaving a patient with *excessive despair*. It is the ladder that can drive psychological and physical decline.

Thus, the physician must walk a fine line in presenting the diagnosis and prognosis. It is essential to be direct and honest without misleading the patient. This requires great sensitivity, tact, and finesse, and lies within the fabric of excellent clinical care.

Q. Is diet really important in preventing a recurrence of colon cancer?

We know for certain that a high vegetable intake can prevent the recurrence of colorectal adenomas, a benign tumor of the colon and rectum. Adenomas are a known risk factor for colon cancer. Therefore, a diet emphasizing fresh vegetables may help lower the risk of recurrence.

In addition, researchers at Dana-Farber Cancer Institute tracked 1,000 patients with colon cancer for five years. The study, reported in the August, 2007 issue of the Journal of the American Medical Association, reported that those who ate lots of red meat, refined grains, and desserts were three-and-a-half times more likely to have their cancer come back than those who ate a diet rich in fruits and vegetables.

At the Block Center, we recommend a diet high in fiber, complex carbohydrates, plant-based sources of protein such as lentils, chickpeas, tofu, tempeh, veggie burgers, and wheat-gluten products such as seitan, plenty of whole grains, a wide variety of vegetables including crucifers and leafy greens, fruits and berries rich in antioxidants, and nuts, seeds and cold water fish, rich in omega-3 fatty acids.

This nutritional strategy is intended to help curtail inflammation, reduce free-radical damage, minimize platelet activation (which can lead to dangerous blood clotting), manage blood sugar surges, and reduce serum levels of insulin-like growth factor 1, or IGF-1 (which stimulates cell multiplication and inhibits cell death).

Q. What do you mean by a patient's "terrain" and is it important when someone is undergoing cancer treatment?

The biochemical terrain—your body's internal chemical environment— plays an integral role in determining whether a tumor will regain its foothold after treatment, metastasizing to distant sites, or whether it will stay where it is without posing any threat. Your internal biochemistry is either cancer-promoting or cancer-inhibiting. This is why targeting only the tumor is not enough to quash cancer.

Drawing on my clinical experience, I've identified five major cancer challenges that must be addressed. Your biochemical terrain will determine whether your body can successfully meet them.

1. Reducing tumor growth and spread.

The state of your terrain affects your risk of developing cancer and, if you do develop it, how aggressive it is, whether it metastasizes, and whether it recurs after going into remission.

2. Reducing tumor bulk and improving treatment response.

The state of your terrain can either interfere with or enhance the effectiveness of conventional treatment. For example, inflammation can turn on genes that can make radiation less effective at shrinking a tumor.

3. Tolerating conventional treatment.

The terrain can either aggravate or minimize side effects, which determine whether you can complete your treatment. For example, nerve pain can be minimized by reducing free radicals; insomnia can be alleviated by reducing stress hormones.

4. Optimizing daily functioning.

Your terrain can have a tremendous impact on your clinical condition and quality of life. Although fighting the disease is the first priority, seemingly minor quality- of- life issues are just as vital to your well- being. Energy swings, fatigue, and emotional lability, for instance, can often be corrected by regulating blood sugar.

5. Reducing the risk of life- threatening complications.

Most patients do not die from their cancers; they die from the consequences of cancer and its treatment. For example, many patients die from wasting syndromes with marked muscle loss and nutritional decline, which is fueled by inflammation. Others die from a blood clot that can break loose from where it forms and travel through the blood to hit major organs such as the brain or a lung, causing a stroke or embolism. Still other patients die of pneumonia or sepsis, the result of a suppressed immune system. Pain itself can send patients into a decline, setting off a series of clinical problems. With proper attention to your internal biochemistry, many of these complications can be prevented, and prevention is a far better strategy than trying to treat them after they arise.