Beyond Surviving:

How Tools from Lifestyle Medicine Can Empower Survivors, Thrivers, and Those Living with Cancer

with Dr. Amy Comander
Breast Oncologist and Lifestyle Medicine Expert
Massachusetts General Cancer Center

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Melissa Rosen:

Thank you for joining us tonight. We're so glad you're here. My name is Melissa Rosen. I'm the Director of Training and Education at Sharsheret. You've joined us for something really very special. June 4th is National Cancer Survivors Day, and tonight we're going to be celebrating. We're going to be celebrating survivors, thrivers, those living with cancer. When we're diagnosed, our goal is simply to survive. But what happens after that?

And tonight's presentation is about beyond surviving. It's about how to live our best lives after a cancer diagnosis. It doesn't matter if you're a survivor, a thriver, someone living with cancer, or impacted by cancer in any way. We all want to be living our best lives because there is so much more than simply surviving. So we're going to get started. But before we begin, I have a few housekeeping items I'd like to share.

First, I want to thank our sponsors for tonight, GSK, Merck, Gilead, and the Cooperative Agreement DP 19-1906 of the Centers for Disease Control and Prevention. Their generosity allows us to continue to offer important support and educational webinars such as tonight's program. A reminder that tonight's webinar is being recorded and will be posted on Sharsheret website along with the transcript. Participants' faces and names will not be shown.

I also want to share that after tonight's webinar there will be a special breakout session for our Embrace Group, for those facing metastatic or advanced cancer. The session will be with tonight's speaker, Dr. Amy Comander, and Sharsheret's own Bonnie Beckoff, Director of Support Services. If you pre-registered for this special session or did not, but that describes you, simply stay on the webinar at the conclusion of the main program.

Now we've received some great questions already for Dr. Comander, but I am sure questions will arise during the presentation itself. Please use the chat box. And I will be monitoring it for questions, and we will address them with Dr. Comander during the Q&A session at the end of the webinar.

As a reminder, Sharsheret has been providing telehealth services to the breast and ovarian cancer communities for over 20 years because cancer is so much more than simply a physical experience.

In addition to our many formal programs to help women and their families navigate different aspects of the cancer experience, I want to highlight one particular program tonight, our free Thriving Again survivorship kit. This kit comes with a gorgeous cookbook, exercise bands, and a binder filled with healthy living resources. And you actually have an opportunity to customize it to meet your specific needs and concerns.

This kit is all about healthy living after a diagnosis and a beautiful resource to support survivorship. If you're interested in learning more about the kit or ordering one, check out the link in the chat box right now. As we move into the webinar itself, I want to remind you that Sharsheret is a national nonprofit cancer support and education organization and does not provide any medical advice. The information provided by Sharsheret and by tonight's speaker is not a substitute for medical advice or treatment for a specific medical condition.

Of course, you should not use the information provided tonight to diagnose or treat a health problem. Always seek the advice of a qualified healthcare provider with any questions regarding your own medical condition. And before we get to tonight's expert, we are so lucky to have a Sharsheret caller with us tonight to share a bit of her experience. Angela is a two-year survivor. Angela, thank you so much for coming on and being willing to share a bit of your story.

Angela:

Well, thank you for having me.

Melissa Rosen:

The floor is yours.

Angela:

Okay. I'm very... feel very honored to be part of this. Like you said, I'm a two-year survivor as of May 26th of this year. I was initially diagnosed with stage 3 A grade 3 plus invasive ductal carcinoma HER2-positive with metastasis to the lymph nodes. Due to my medical field history and working with a doctor who's married to a surgical oncologist who specializes in breast cancer, I got into where she works at one of the top comprehensive cancer centers.

I don't know if anyone knows of Moffitt in Tampa. And from the time that I got my diagnosis, I was into their clinic three days later. And then, within a two weeks time, had all my scans, lab work, and everything completed, including enrolled into a clinical trial, which is a breast cancer vaccine clinical trial for HER2-positive where they used my own white blood cells with a dendritic cell to create vaccine injected into me prior to chemo.

And I had started that within two weeks of my initial appointment there. And then three weeks later started chemo. So it was kind of a whole big whirlwind of information all thrown at me all at once, and I had to slow them down at times because thinking that I knew what everything was going on because I was in the medical field, I was like, "No, I don't understand this." I started to get overwhelmed with everything.

So I started using my love of journaling, making charts, making schedules, just facts to help keep my thoughts straight and just try to focus on each leg of the journey one at a time instead of taking all the information in. And one of the things I did was I created a Facebook page. I had a cousin recommend it. That way, I didn't have to contact family members individually.

But then it became almost therapeutic for myself to get it off my chest to share it out there. It makes me feel good because other ladies are using it to kind of where they're starting their journey to see my experience and kind of learn from it. And then, at the same time, with the little journaling thing, I started keeping a notebook where I documented each appointment, the date, the time, what it was for, what was said at the appointments, any recommendations, any notes, or whatever, test results.

And little fun fact is I went back... I love numbers and counting things. I went back and counted, and I have had 220 appointments since my very first one. Now that's not 220 individual times driving there. It was a total 132, but because a lot of the days were three or four appointments in one, it was a total of 220 appointments from that day one till now.

I also started... Another creative way for me to focus each day at the time is I started taking the Snapchat selfie at the end of each day of appointments. And at my two-year mark of my first appointment, I took them, made a video of them to kind of show the whole progression, different phases of how my looks changed throughout the time. And then my friend had recommended collecting my wristbands, which I don't know if you see behind me, is I started collecting every wristband from every appointment.

And at the end of my... basically the end of my active treatment right before my reconstruction, I created this right here. Some days my ADHD and OCD kind of got the best of me [inaudible 00:08:44] I

threw it away, but I'm glad I finished it because it helped me kind of think back about what all I've been through, what I've overcome. At first, I got a little sad, but then I was like... Now I look at this, and I'm like, "I'm proud of myself for what I've been through." And so I was very happy with the results-

Melissa Rosen:

I love that.

Angela:

I also started joining Facebook groups of different... they had some for just Florida breast cancer, they had some for HER2-positive, even ones for the specific reconstruction I had. And it was just so great to have other women that could relate. You have your support system at home, at work, whatever, but they haven't been through it personally.

So to find these Facebook groups have been such a game changer with your mental outlook of everything. But I still am collecting my wristbands, and here, once I get done with all any revisions and healing, I am going to create another shadow box art for that. So those are all the ways that I just [inaudible 00:09:48] each phase of my journey. I just kind of studied... focused on one thing at a time, and all that combined with the resources that I've got through Sharsheret, especially from Elissa.

It's all helped me. I got the Thriving Again kit, the Best Face Forward kit, the Best Face Forward 2.0 program to help access the support or the financial assistance for the nipple tattooing and the microblading, which I still have to step that up. Just most of all, having Elissa to turn to just if I needed to send an email to get something off my chest to rant. She knows the craziness of my life.

Melissa Rosen:

So just to clarify, Elissa is your social worker at Sharsheret?

Angela:

Yes. So Sharsheret has helped a lot. Just the resources they offer and having someone to talk to, someone to turn to just when you needed to chat or lift me up. She was like a little personal cheerleader.

Melissa Rosen:

Yeah, that's so wonderful. Thank you so much for being willing to share a bit of your experience with us. It's [inaudible 00:11:02] two years almost to the day, I realize. So that really is something to celebrate. And for those of you, I don't know if you... you probably didn't see while you were talking, but so many people commented on the board behind you and things like that. I'm going to reference your board later on in the webinar. But thank you very much. It was great to hear your story and great to see you looking so well.

Angela:

Thank you for having me.

Melissa Rosen:

We are very, very fortunate to have our speaker with us today, Dr. Amy Comander. Dr. Comander specializes in the care of women with breast cancer. She is the Medical Director of the Mass General Cancer Center in Waltham, Massachusetts, where she also serves as the Director of Breast Oncology and Cancer Survivorship at the Mass General Cancer Center in Waltham and at Newton Wellesley Hospital. Dr. Comander also an Instructor of Medicine at the Harvard Medical School.

She received her undergraduate degree and a master's degree in neuroscience at Harvard University. She received her medical degree from Yale University School of Medicine and completed her internal medicine residency training and Hematology-Oncology fellowship training at Beth Israel Deaconess Medical Center and Harvard Medical School. She is board certified in Hematology and Medical Oncology. She's a diplomat of the American Board of Lifestyle Medicine, which you'll hear a great deal more about tonight.

And perhaps most importantly, Dr. Comander has a strong interest in improving the quality of life and outcomes for cancer survivors through important lifestyle interventions, including physical activity, diet, mind-body interventions. She promotes healthy lifestyles for those in active treatment as well as in the survivorship phase of care. And she's actually launched PAVING the Path to Wellness. It's a 12-week lifestyle medicine-based survivorship program for women with breast cancer. Dr. Comander, thank you for being here. The floor is yours.

Dr. Amy Comander:

Thank you so much, Melissa, for that kind introduction, and thank you to you and your entire Sharsheret team for inviting me to join you tonight. Today is June 1st, the start of a new month, which is always very exciting and full of opportunity. And June happens to be National Cancer Survivors Month, which is really special. And, of course, we want to honor cancer survivors and those living with cancer every month of the year. But it's really special that we do actually have a month where we can really dedicate our resources to thinking about the importance of cancer survivorship and the incredible strides that we've made in terms of research and all the other things we do to improve the quality of life and outcome for individuals who have faced a diagnosis of cancer. And I just have to give a shout-out before I get started to Angela, who inspired us all with sharing her personal story.

I know it takes a lot of courage to get in front of 132 people to share your story when it's very raw and difficult and full of so much emotion. And you just did such a beautiful job, and I really am so grateful that I get to follow you, but it's a hard act to follow. So thank you for doing that, and it was really lovely to see all the incredible comments in the chat as you were speaking. So on that note, I'm going to do the most difficult part of my talk, which is sharing my screen. So give me a second. I'm sure many of you can relate. So here we go. We're good, right. So I really did want to prepare a few slides just to introduce this topic, but I am most excited about having a time for Q&A and discussion at the end because I do recognize I'm on the East Coast.

I'm right outside Boston. It's 8:17 PM, so some of us have had a really long day, and I know watching a Zoom full of slides may not be your idea of fun. So I definitely want to go through this quickly so then we have time for discussion. But my title, as Melissa stated, is Beyond Surviving: How Tools from Lifestyle Medicine Can Empower Cancer Survivors, Thrivers, and Those Living with Cancer. I thought I would start with a quote that really speaks to me, and I hope many of you like it too. And this is from the brilliant poet Maya Angelou. "My mission in life is not merely to survive but to thrive and to do so with some passion, some compassion, some humor, and some style." And I can tell the people on here many of you definitely fit the bill. So I hope you like Maya Angelou's words as much as I do.

So here's a brief outline for tonight's talk. Why is cancer survivors month important? I think we can all answer that. What is this lifestyle medicine business that I see in your title? What is the role of lifestyle medicine for cancer survivors, thrivers, and those living with cancer? And then, we'll have some time for Q&A and discussion. So I found this cute little slide about National Cancer Survivors Month, which is the whole month of June. And I tried to find one with all the different color ribbons that represent all the different types of cancers. And I'm sure there are many more that are not represented here. But the bottom line is this is really an opportunity for us to come together and celebrate those who have undergone cancer treatment, those who are living in the survivorship phase, those who are living with advanced cancer, hopefully for many years.

And also support caregivers, loved ones, family members, recognizing that it really takes a village to support an individual who's going through cancer treatment, as Angela stated so beautifully in her remarks right before me. So I think it's really wonderful that I get to kick off this event. And I want to also share that this figure here is taken from an American Cancer Society publication that really illustrates that the cancer survivor population in our country is really growing. And this is exciting. And one of the major reasons for this, thankfully, is due to the incredible advances in treatment that we're witnessing, certainly for breast cancer, uterine cancer, ovarian cancer, many, many other cancers.

And it's actually predicted, by 2030, that there'll be close to 22 million cancer survivors living in the United States. So this is wonderful, but also a wake-up call to people like me. We need to be doing a better job providing survivorship care to those living beyond their cancer diagnosis. And I also want to give a shout-out to Angela because she mentioned at the beginning of her remarks that she is on a clinical trial and shout-out because that also takes courage and guts. And why is that important? Our advances in treating cancer are due to individuals like Angela, who joined clinical trials to help us advance the science and find better treatments. So we do have more survivors by 2030 and beyond. So just a shout-out to trials.

For those of you who follow cancer research closely, actually starting tomorrow is the American Society of Clinical Oncology meeting, also known as ASCO, which is in Chicago. And it's when, I want to say, like 30,000 to 40,000 oncologists come together in Chicago and discuss all the latest research around all different types of cancer. And it's really, really exciting. So if you pay attention to the cancer-related news this weekend, I'm sure there'll be some great developments. So just getting back to this concept of Cancer Survivor Month, I thought I would share a highlight. This publication actually came out in 2005 from the Institute of Medicine. It's called From Cancer Patient to Cancer Survivor: Loss in Transition.

And what it was really highlighting is that we know when an individual goes through cancer treatment, it takes such a toll in so many ways, and we really need to think better, certainly as a healthcare community, but thankfully in collaboration with groups like Sharsheret and others, how we can provide the best care to help individuals transition from that active treatment phase to cancer survivor phase. And I'm just going to read part of this. "The transition from active treatment to post-treatment care is critical to long-term health. If care is not planned and coordinated, cancer survivors are left without knowledge of their heightened risks and a follow-up plan of action. However, a plan is essential so that routine follow-up visits become opportunities to promote a healthy lifestyle, check for cancer recurrence, and manage lasting effects of the cancer experience."

So the message from this publication written, again, 18 years ago is still very relevant to today. And obviously, in the oncology community, we're still striving to find the best way to provide survivorship care to our patients. So how does lifestyle medicine play a role? So I'll tell you, when I was in medical school internship, residency fellowship, I had no idea what this term lifestyle medicine was either. Okay. And in fact, when I was a breast oncologist back in... when I first joined the Mass General Cancer Center,

I want to say, honestly, 2011, 2012, somewhere in there, I happened to see a flyer. Literally, I saw a flyer in one building. "Harvard Medical School is sponsoring this lifestyle medicine conference."

And I looked at the agenda, and it looked like topics that were kind of interest to me as hobbies, like the role of a plant-based diet. How to talk to your patient about exercise. All these topics that were definitely personally of interest to me. But I was like, "I don't really learn this stuff in medical school, unfortunately." So I was like, "Oh, I think I'll go to this conference and just kind of see what it's all about." So I did go to the conference, and it was just really amazing. And I loved learning all the information that was presented, including not just how to give a lecture to people about exercise and nutrition, et cetera, but also how to coach your patients about behavioral change. Because we know we can read all the books and hear all the lectures, but making changes in our own behavior that's the challenging part. And I'll talk a little bit about that tonight.

But what is lifestyle medicine? So it is defined as, "The therapeutic use of evidence-based lifestyle interventions to treat and prevent-lifestyle related diseases in a clinical setting." And what I like about lifestyle medicine is that it empowers individuals or the patient with the knowledge and life skills to make effective behavior changes that address the underlying causes of disease. And certainly, this is all so relevant to cancer survivors because, as we discussed in the previous slide, the treatments that individuals go through to treat their cancer, whether that's surgery, chemotherapy, radiation, endocrine therapy, immunotherapy, targeted therapy, these all have numerous side effects and unfortunately can pose risk in terms of long-term health in terms of cardiovascular health, et cetera.

And so we do really need to think about how can we optimize health and well-being from that standpoint and also prevent future chronic diseases. So lifestyle medicine kind of makes it a little simple because there's these six pillars that we want to focus on. So you can take a picture of the slide if you want because if it's helpful to you. Because really, what are these six pillars? And a lot of them, you'll be like, "Well, that's obvious." But really, if you think about each pillar, how does it relate to you, and how are you potentially doing in terms of that pillar in terms of your own health? So the first one, obviously nutrition, and we'll talk a little bit about this in this talk.

Focusing on more of a whole foods plant-based approach to eating. I'm not saying you need to be vegan or anything else, but really predominantly eating lots of fresh fruits and vegetables, whole grains, et cetera. We know that's so healthy for us. The second one is sleep. We know that restorative sleep is so important, and I know sleep disturbance and insomnia, unfortunately, it's very prevalent among cancer survivors. And this is an area that some of my colleagues are working hard on. How can we help improve sleep quality? The third one is exercise. We know regular physical activity is so important to optimize health, and we're going to talk about this a little bit more. The fourth one is substance abuse. Certainly, we know that there are dangers to using many substances, including alcohol.

Unfortunately, I do talk to my patients all the time about the importance of limiting alcohol consumption or eliminating it all together. And alcohol is just one example. Tobacco use, vaping, other drugs that we can discuss. Stress management. We know that's an important one. There's really nothing more stressful than a diagnosis of cancer, and therefore, it's important to learn about coping strategies to address stress. And finally, this last one, which is certainly last but not least, is the importance of healthy relationships and social connection. And in fact, our own Surgeon General, Dr. Vivek Murthy, really identified just in the past few weeks one of his priorities as Surgeon General is to address what he calls now an epidemic of loneliness.

That we're not connecting with others and actually being lonely itself is, unfortunately, a risk factor for medical issues such as heart disease, et cetera. So healthy relationships and social connection fostered

by Sharsheret is very important for our overall health. So I know that was a quick overview, but we'll get into this a little bit more. But those are the six pillars right there that are really key for lifestyle medicine. So when I was at this conference, I'm sitting there. I'm a breast oncologist. I'm really good at treating breast cancer, but I'm like, "Wow, we are not addressing these issues with my patients in clinic."

My patients all the time are telling me, "I've gained 10 pounds during chemo. I'm having hot flashes. I can't sleep at night. What am I supposed to do for exercise? Dr. Comander, what am I supposed to eat? I saw on Facebook that I should be eating this type of diet. What about this supplement that my friend gave me?" So this kind of stuff happens all the time in clinic. So I was like, I need to start some kind of program to help my patients. So it happened to be at the conference I met Dr. Beth Frates, and some of you may recognize her name. She's very active on Twitter and other forms of social media. She's actually currently the president of the American College of Lifestyle Medicine. But back then, she wasn't. So she's like... We met for coffee, and I remember I was like, "I'm going to start this program. I'm trying to figure out what I want to do."

And then she's like, "Oh, I just started a program for stroke survivors. So Dr. Frates is a physiatrist. I always pronounce it like that because I think some people are like, "Physiatrist." I'm like, "Not psychiatrist, physiatrist." So they're doctors who specialize in helping people optimize movement of their bodies or helping recover after a stroke or other types of injuries. So she started something called the PAVING Program for stroke survivors to help those individuals really get back on their feet after a traumatic event like a stroke. So as we'll discuss briefly, she was like, "Wow, why don't you adapt my program for breast cancer survivors?" And that's really what happened. And it took a few years, but I finally got it going. And so here's a recent flyer. I think we've updated since then about the PAVING Program, which is currently at the Mass General Cancer Center, which is really what was the goal.

To provide education about evidence-based lifestyle interventions in order to help promote health, wellbeing and improve outcome of course after treatment for breast cancer. And really my goal is to empower my patients with these tools so that they can really make these changes on their own and feel comfortable doing it. So we started this program actually pre-COVID in a conference room at the hospital. I ordered dinner from the cafeteria. It was actually healthy. And so we had fun together, and everyone really bonded. And one quick funny story from that first group. When the 12th week ended, I was so proud of myself, by the way, because I'd never led a group type of program before. We doctors we're not trained at that stuff. So I was like, "I did it. It's over. It's amazing. 12 weeks is done." So I'm like, "Congratulations, everyone. We're done."

And they're like... They looked at me, and they're like, "Dr. Comander, we are not done." So these ladies loved it so much. They formed their own group. They kept meeting. In fact, they continued to meet now on Zoom twice a month. They call themselves The Originals. And yes, they have bonded like this from this PAVING Program. So I didn't realize that the most important pillar of lifestyle, medicine, social connection, and social support is really what I was providing in that group. Not all the education about the exercise and nutrition, although that's still super important. Okay. So that's been really fun, and we've continued doing this program virtually, obviously, since the pandemic. And I'm debating if I'll keep doing it that way or move again to in-person. But we'll see. But just want to give a quick outline of the program.

So this is sort of the outline. How Dr. Frates conceived it many years ago. And she thought about how she wanted to develop this program really with the goal to help people achieve a healthy body, peaceful mind, and joyful heart, as you can see on this wheel. And then the top part, the purple ones, are kind of the action steps. How do we actually get there? And so, at the beginning of the program, we have each participant fill out a survey called a Wellness Wheel, which is really just an individual assessment of how

you're doing it for each of these different steps. And there's no right or wrong answer. I'm sure there's a lot of overachievers on here who'd want to get a hundred on each one. No one gets a hundred on each one. Okay. So we're all a work in progress. That's why it's called PAVING the Path to Wellness. We're all working at different steps, right.

So this is sort of just a general outline of the program, and it is mnemonic. I'm not sure what happened to the A here, but anyway. You get the idea. So each week, we focus on a different topic. So I thought I'd give a brief introduction to these topics. And, of course, each of them in itself, we spend... each session's 90 minutes, but I thought I'd give you a little brief intro to what we talk about. So P is for physical activity. And obviously, Melissa noted in her entry. This is something I'm really interested in. I should note just for all of you to know, with our big ASCO meeting happening this weekend, American Society of Clinical Oncology, one of the key guidelines that was updated a few months ago was that physical activity and exercise counseling should be part of every clinic visit for cancer patients.

And that is in the guidelines, black and white. It wasn't really controversial. And I will acknowledge I'm at the Mass General Cancer Center. I certainly talk to my patients about the importance of physical activity and why it's beneficial. But there really is a lack of resources to help individuals learn how to be active, especially after going through treatment for cancer. And so this is an area that we all need to work on. I love when Melissa mentioned the survivorship kit with the exercise bands and other tips and tricks because that's a great way to start exercising at home. And certainly, there's many other ways one can learn how to start a physical activity program in a safe way with guidance, of course, from your medical team. But there are real benefits for physical activity for cancer survivors.

In fact, there's a whole emerging field called Exercise Oncology, learning about the science and how exercise is providing this benefit and potentially having... actually fighting the tumor itself, which is really amazing and interesting. So again, this could be a talk in of itself, but I just wanted to give a little highlight and overview. Attitude is the next topic we focus on. And I remember seeing a chat, a question in one of the... in the chat when Angela was sharing her story. It was from one of the participants who's here tonight, who did say, "Wow, Angela, I'm so inspired by a story. How did you handle waiting for scan results and dealing with all the uncertainty and wondering about the next steps?" And this is all part of attitude.

How we face the challenges. And certainly, there's nothing more challenging than receiving a cancer diagnosis. And so when we focus on this topic, we really do talk about strategies to help manage fear of recurrence, worry, anxiety, and there are many evidence-based tools that we do discuss in this regard. Variety. I love this slide. This is definitely not what my kitchen looks like, but I wish. So the concept of variety. Variety is the spice of light, so when we're thinking about nutrition and getting more fruits and vegetables into our diet. Maybe we can try thinking about that concept of eating the rainbow, all these different colors with so many healthy phytonutrients, et cetera. And maybe not just nutrition, thinking about exercise, maybe trying Zumba, trying chair yoga, just trying things you've never tried before.

Attitude. Maybe trying different strategies to help manage stress or coping with fears. There's just so many ways we can think about variety in terms of our life, and it can be really fun to think about that. Investigation kind of goes with variety. As a scientist, we think about experiments and subjects and making hypotheses and following the scientific method. But really, when it comes to trying things for yourself, you're the subject of your own experiment and of one, if you have science background. So you do some type of experiment on yourself, like, "I'm going to try to set my alarm tomorrow for 5:30 AM and go to that exercise class. Or I'm going to actually buy farro [inaudible 00:32:25] and try to make it for dinner tomorrow night." So these are all investigations that we try in ourselves to see what works,

what doesn't work and that's going to be different for each person. So we talk about that in the PAVING Program.

Nutrition. This is a hot topic. This is... I will say whenever I've done this program, our participants kind of wish we could do 12 weeks just on nutrition. I'm sure everyone on here agrees. I mean, first of all, there's, unfortunately, a lot of misinformation about nutrition and cancer when one goes online. Have to be really careful about your sources. But we really talk about the importance of following a plant predominant diet and the importance of incorporating fruits and vegetables and whole grains, beans, legumes. We often do an interactive culinary medicine cooking class. I'm fortunate to have some colleagues who are really good at that. Sometimes I get to assist them. I'm not the chef. I'm the assistant. But anyway, but it's fun to teach nutrition in that kind of interactive way. So I'm happy to discuss this further when we get to the Q&A.

Goal setting. There's a whole science about how we set goals. It's really fascinating to learn more about that. And so, setting goals is really challenging for everyone. And so we often have a session really diving into how we set goals. Maybe you've heard of the concept of SMART goals before. Specific, measurable, achievable, relevant, time-bound. Like when you set a goal, think about it and break into those components. It can really help you be successful when thinking about goals. Stress resiliency. A big one. Oh my goodness, I just covered this in a group last week. And first of all, it was really wonderful to learn from the participants in the program about various tips they have for managing their own stress. But some people find walking on a beach like this. Well, that sounds good to me. But also, what can you do at home? Is it meditation? Is it playing with your children? Is it cooking? What are strategies that work for you to help manage stress, which we know is very prominent, certainly after a cancer diagnosis?

Time outs another really good one. There's actually data that shows that it's important for us to take breaks and improves productivity. It helps with our overall well-being and helps with stress management. So we definitely focus on the importance of time outs. Energy. How do you manage your energy? There is a really interesting concept that our social workers share that maybe some of you're familiar with this concept of the spoon theory metaphor. I don't know. I see Melissa nodding her head. I really loved it. And I'm probably not going to explain it perfectly because I just learned this recently myself. But I think it was a woman who was going through cancer treatment or maybe recovering from another difficult illness, and she would realize her energy was going to be kind of limited over the course of that day. And she thought about it in terms of spoons.

"I'm going to have this many spoons of energy for my day. How am I going to allocate them? What is the best use of my spoons for the course of this day to help me do the things that are important to me and prioritize." So again, love that concept. So we really focus on how we manage our energy. I'm getting near the end here, I promise because I know I'm talking a lot. But sense of purpose. This is always a really interesting discussion, and I love this topic for PAVING. We know that having a sense of purpose and meaning is actually really important for our health and well-being and longevity. And so many in our group often have a hard time thinking about this. Especially as women, we're often the ones who... we take care of our children. We take care of our partner. We're doing so many things for others.

And sometimes it's hard to think about like, "What do I want? What is my true sense of purpose, and what gives me meaning?" And so this is a great topic to focus on. And we often have really great discussions. Sleep. So I mentioned earlier, sleep is a tough one for many of us. And certainly, after cancer treatment, when one's dealing with hot flashes, pain, those fears that wake you up in the middle of the night. There's so many things I can go on and on. And so fortunately, actually, we're covering sleep tomorrow, and I have a psychology colleague who's doing work on studying cognitive behavioral therapy for insomnia, specifically in cancer survivors. And so I'm sure it'll be a great discussion

tomorrow. I always learn from him. And then, finally, last but definitely not least, the importance of social support.

And just the fact that you're all on this Zoom tonight, connecting with each other, learning about this topic and many other topics that Sharsheret offers in this type of community is so important for your overall health. Do not overlook the key support, the key role of social support in terms of health and well-being. And so I just can't say enough about that and think about those Originals, those ladies in my first group. And that's honestly, the best gift I think I gave them from this program is that they have formed these strong bonds, and the other groups have really done that as well. So just sharing a fun slide from last year because we're about to do this again. I actually have my program funded by philanthropy. I don't charge any of the participants to join.

And last year, we were still being very COVID-conscious about how we're going to get together and fundraise. So we did a virtual 5K, but as you can see, people did not really want to be virtual. So we met at one participant's home, and we made these fun t-shirts, and we did raise money to support a program manager for our program. So that was super fun. And we're actually doing it again on June 11th. This year, we have special hats, but I'm not going to show you yet because they're a secret. But we're so excited about that. And these are my amazing colleagues. Doing anything like this takes a team. And I could have 10 more slides of all the amazing team members who I work with. But the co-authors on the book I'm about to show you, Dr. Beth Frates, right there.

And Dr. Michelle Tollefson, who's a OBGYN and lifestyle medicine specialist in Colorado. So they've been really wonderful to collaborate with on this project. I should also mention Dr. Tollefson in the bottom panel there actually is a breast cancer survivor as well. So she has really certainly... She actually joined my PAVING Program virtually during COVID and [inaudible 00:38:29] got really excited about becoming a leader. And that's how we wrote this book together. So seriously, in 2020, when we were all a little less busy, Michelle, Beth, and I were working together every Friday, and we eventually wrote this workbook, and I'm really excited about it. And it really kind of goes to the PAVING Program in depth. Each topic I just mentioned, we have a whole chapter on it, and I'm working on another one now, which getting there. I don't have as much time as it did 2020, but I'll get there eventually.

But I'm actually hoping to work on one specifically focused on breast cancer. And so, to be determined. We will get that together. But we have a wonderful website with information about the PAVING Program. And I'm really excited to, at some point, extend the reach of the program beyond the Mass General Cancer Center. Maybe a little collaboration with Sharsheret at some point because that would be really special. And so, I just wanted to end and leave time for discussion and questions. But I wanted to share this quote. I'm actually a runner. It's one of my hobbies. I'm not that fast, but I love doing it. And Gabe Grunewald, who did not have breast or ovarian cancer or uterine cancer.

She had a very different rare type of cancer called adenoid cystic carcinoma. And so she was dealing with that and still trying to keep up her running and competing. And I love this quote from Gabe. "Cancer can stop you from doing a lot of things. I'm well aware of that. But I'm more interested in what cancer can't stop me from doing, and here's to finding out." So thank you, Gabe, and I just wanted to thank you all again for letting me join you today, and I'm happy to open this up for questions and discussion.

Melissa Rosen:

I'm speechless. The questions kept coming in. And so we do have a lot of questions, but everything seems so meaningful about what you said. Let me try and start with some more practical... some more general questions and get into the practical. So one of the questions was, can you talk a little bit about the concept of survivorship? When can somebody call themselves a survivor? What does it mean to be a survivor?

Dr. Amy Comander:

That's such a great question. And actually, I could have given a talk with all these kinds of definitions. So I'm glad you asked that because I was trying to make it not too didactic, but it's a great question and one that many of my patients ask me as well. So how does the National Cancer Institute define survivorship? If you Google it, NCI definition of survivorship, it will say that an individual is considered a survivor at the time of diagnosis of cancer and beyond. That is their definition. But certainly, many of you, you on here, might say, "I don't really like that term. Does that term apply to me? I don't like the word survivor."

And that's why, in my title, I use the word thriver because I actually like that term. Thinking about Maya Angelou. "We're not just going to survive, we're going to thrive." So I just thinking about that term. But there may be some of you on here who are like, "I don't know if that applies to me either. I have advanced breast cancer, and I'm on Ibrance and Letrozole, and I've been on it for two years, and that's awesome, but I don't know how long this is going to work. And am I a survivor? Am I a thriver? I feel tired all the time." So there's also another term called METAvivor. I don't really like that one either, by the way.

But it's a term that's out there really trying to capture individuals living with advanced cancer. I just like the term living with cancer because we know, thankfully due to advances in treatment, et cetera, that our patients with advanced breast cancer, ovarian cancer, gynecologic cancer, which is I think covers most of the population here, thankfully people are living much longer and many, many years more than they were even 10 years ago. And therefore, that term living with cancer is what I usually use. But I actually welcome feedback from this group if there's other terms that they've heard that they feel resonates more. So that's a great question, Melissa.

Melissa Rosen:

Thank you. And if you have a term that resonates with you, a term you use, let's put them in the chat. I think they might inspire other people who never felt comfortable with a particular term. Oh, see, there's more cancer warriors. Okay. So we hear a lot about the phrase survivorship care plan. So how does lifestyle medicine fit into the survivorship care plan that many of us have received as we transitioned out of active treatment?

Dr. Amy Comander:

Another great question and actually came up at a meeting I was at today on survivorship care plans, and I'm curious if people find those particularly helpful. The idea is a good one. And so, one of the key components of the survivorship care plan, in addition to reviewing all the treatment you foresee, what drugs you got, what radiation you got, what surgery you had, was also, I hope was in your plan, recommendations for promotion of a healthy lifestyle. And why is this so important after cancer when you're like, "Do you know what I went through? Like healthy lifestyle?"

Well, we do know, unfortunately, for many recent studies, and I'm just saying it how it is, what is the number one cause of death in the United States? Heart disease. Okay. So I know we're all here about

cancer, and I'm an oncologist, so I'm with you. But heart disease is the number one cause of death in women too. Women and men. So we are all at risk for heart disease in this country. And cancer survivors are at higher risk for heart disease than people who have not had cancer. So let's just get it out there. What are ways we can... What are strategies we can use to help lower our risk of heart disease?

Type 2 diabetes, which is another epidemic in this country, obesity, et cetera. Thinking about ways to pursue a healthy lifestyle even if you've been going through cancer treatment or living with cancer. So these interventions are so important. The reason I like lifestyle medicine is, I mean, a lot of the stuff might be obvious. Of course, we need to sleep better. Of course, we need to follow healthy diet. Of course we need to exercise. But what the field really is trying to do is not just... I mean, I know I just lectured at you, but also really help coach people about how to make these behavioral changes. I want you to feel empowered.

I know how to make these changes for myself. What works for me? And what works for Angela, sorry to pick on you again, may be different than what works for... I'm looking at somebody else on there, Betty. Okay. So what works for one person to be different from another. And we try to work together to meet an individual where she is and help make those important changes, which are important certainly for the cancer, but also preventing other chronic diseases like the big one, heart disease.

Melissa Rosen:

Amazing. Okay. I'm going to switch and go for some more pragmatic questions right now. We'll try and mix them up so that some are easier to answer. Some are more intense. So somebody asked, "Where can I find an exercise oncologist?"

Dr. Amy Comander:

Oh, I would love to be one when I grow up. So it's a great question. That term is actually... I'm in my dining room. I usually have a stack of books next to me, and there's one I'd love to hold up, but I don't know where it is right now, but it's called Moving Through Cancer by Katie Schmitz, S-C-H-M-I-T-Z. So she's actually one of the leaders, I would say, in this field of, quote, exercise oncology. And that book is a great one, Moving Through Cancer. But also she has a website.

But also, the American College of Sports Medicine has a whole section of their website called the Moving Through Cancer Initiative. But there's also some great figures which give some actual concrete recommendations for how much exercise one should get after cancer treatment. And I mean, I can cite some of those statistics for you as well. But YMCAs are another great resource if you have one in your area.

The LIVESTRONG Program, which many of you have probably have heard of, which came from Lance Armstrong. Anyway, it's a free exercise program at the YMCA. Many of my patients have done it and derived great benefit and met nice people there, other cancer survivors who are trying to get stronger after treatment. So LIVESTRONG, that Moving Through Cancer book, that Moving Through Cancer Initiative on the website, part of American College of Sports Medicine. Those are some great places to start.

But obviously, some of the cancer centers may have exercise programs. But I work at Mass General. I'm going to tell you right now I'd love to start an exercise program, but we actually don't have one in place at the present time. We have physical therapists who are amazing, but you know, can't necessarily keep working with them forever. But it's really important to help explore this field further. And this is something I hope to do.

Melissa Rosen:

Thank you.

Melissa Rosen:

A couple of people have mentioned 2Unstoppable, which Sharsheret partners with, with free monthly challenges, free online classes for different parts of survivorship, recent survivors, long-term survivors, people still in treatment. Moving for Life is also a great program that Sharsheret has partnered with as well. Okay. You mentioned something about exercise and recurrence, and somebody actually said that she heard that if you exercise 150 minutes a week, it can reduce your recurrence risk by 40%. She wants to know if that's true.

Dr. Amy Comander:

So in the breast cancer literature, if that's what that individual's referring to, there is data. Okay. It's from observational studies. It's not a randomized control trial like some of us sciencey people like to see that, but we're not going to do that in humans with exercise. Okay. But yes, and observational studies. Again, Dr. Schmitz, in her book, definitely references these studies if you'd like to read about that in more detail.

And yes, 150 minutes is sort of what is recommended by the American College of Sports Medicine and ASCO. I mentioned it's in our guideline of moderate aerobic activity. So what does that mean? So it means getting your heart rate up enough, like walking, cycling, jogging, StairMaster, aerobics, whatever it is that you like to do. You're able to talk to... I could talk to Melissa while I'm doing it. "Hi, Melissa. Melissa, how are you doing today?"

Dr. Amy Comander:

"What'd you make for dinner last night?" Okay. So we are getting our heart rate up, but it's moderate aerobic activity. You're not like all-out huffing and puffing. That's vigorous aerobic activity. Okay. So yes, 150 minutes a week is the goal. That is really hard for a lot of people. But recognize you just have to start somewhere.

So that might mean I'm going to walk to my mailbox, get the mail and come back, and then in the afternoon, I'm going to walk around my living room five times. You just have to start somewhere. But starting small will enable you to get... feel that you can do more. And I love these organizations that you mentioned. I'm definitely going to look them up afterwards, but there's...

Melissa Rosen:

You know what, in the follow-up email, we'll send you some organizations that are good for this.

Dr. Amy Comander:

Right.

Melissa Rosen:

You know what, here's a little bit of a deeper one. So for someone who, prior to a diagnosis, really practiced the six pillars you're talking about and yet was diagnosed with cancer, what incentives can you offer to continue to live that way after a diagnosis?

Dr. Amy Comander:

That's a great question and something my patients ask me every single day. I see people who, again, have been doing all of these things perfectly and still get breast cancer or ovarian cancer or whatever kind of cancer they get. And we have to recognize that, as you all know, there are so many things about cancer that we don't understand. Like why? I have so many patients who really focused on that. "Why did this happen to me?"

And really spend so much mental energy thinking about that. We know that these lifestyle factors account for a certain percentage of cancer risk. We know that genetics accounts for a certain percentage of cancer risk. Actually a small percentage, but a small... There is a percentage. So there are many unknown factors that, hopefully, over the course of the next... we had this new initiative from our president to kind of fix cancer in the next 50 years.

So maybe we're going to figure some of these things out. But first of all, I always tell my patients, "Do not blame yourself." Dr. Grates always says, "No shame, no blame, no guilt." And I like that. No shame, blame, or guilt. We have no idea why most people get cancer. Okay. So it happens. We don't know why. But once you do have that diagnosis, I hope I've made a case, and I didn't show a lot of slides with data. I thought it was too late for all that. I'm happy to do it another time if you'd like.

But doing these interventions, especially exercise, like the person who asked previously, has been shown to reduce risk of recurrence in breast cancer. And certainly, we're getting more data and other types of cancer too. So these things are important. If you're thinking it's not going to help your cancer, certainly for risk of heart disease or type 2 diabetes. I saw a statistic today that 34% of people in the United States have pre-diabetes. That's bad. We all need to work on this together.

Melissa Rosen:

Yeah. And I just saw somebody ask, "If I haven't cut back on sugar yet, is it too late?" No, it's not too late. Just starting by walking to the mailbox and back is a great thing. It's not too late. It absolutely isn't.

Dr. Amy Comander:

Absolutely.

Melissa Rosen:

So I'm having trouble deciding which questions to ask. There are such good ones. Let me make sure this one gets in. A couple of people have asked, "Can we purchase your workbook without taking the class because we don’t live in Boston.

Dr. Amy Comander:

Yeah.

Dr. Amy Comander:

And I will say, by the way, the money from that is going to this nonprofit that... I put the website in there, pavingwellness.org, so we can offer more programs. We're like a new nonprofit. We're not fancy like Sharsheret, so we're just figuring out the ropes that we just literally started this nonprofit a year ago. But so the book, if you do buy the book, it's going to the nonprofit.

It is on Amazon, but I got an email yesterday that someone said they're having a hard time ordering it from Amazon. I'm not sure why. Publisher needs to work on that. But there is a website called Healthy Learning. I can share it with you, Melissa. It's called Healthy Learning.

Melissa Rosen:

No. It's unavailable currently on Amazon.

Dr. Amy Comander:

Yeah, Amazon... I know I have a blurry background, but Amazon may give you difficulty, but it's definitely on that Healthy Learning site.

Melissa Rosen:

We are going to include that link in next week's follow-up email. We have time for one more question. Let me throw a couple of quick things in that I know I can answer super quickly. Somebody asked about sleeping tips for Tamoxifen. On our website, we have a whole webinar by Dr. Ancoli-Israel. She's amazing. And you can find the recording and the transcript for that webinar.

It's all about insomnia while going through treatment, including aromatase inhibitors and Tamoxifen. All right. So the last question I'm going to ask is, we hear that many people have trouble emotionally or maybe even spiritually, surprisingly, once they come away from active treatment as opposed to at the diagnosis. So many... And we know why. They have time to think all of a sudden. So many of the pillars are physical.

So it's really easy to say, "Walk to your mailbox, walk around the block, stop eating Oreos, and start eating broccoli or a little of both even." There's direction there. But what can we do using these lifestyle pillars to address the emotional parts of survivorship? We know, reduce stress, but that's such a vague thing. So can you give us some very practical tips on that?

Dr. Amy Comander:

Yeah, such a great question. And obviously it could be its own lecture in of itself.

Melissa Rosen:

Yes.

Dr. Amy Comander:

All of these topics could be, by the way. Such a great question and a challenging one. And if I were seeing a patient like I was today, many of my patients in clinic expressing this sentiment to me, which is unfortunately quite prevalent, I would think about some programs I could refer her to. For example, at MGH, I'm fortunate to have some resources. There's something called the Benson-Henry Institute for Mind Body Medicine. How cool is that? And they actually have an eight-week program called the Stress Management and Resiliency Program for cancer survivors, which is really eight weeks dedicated to kind of learning strategies to manage stress, improve resilience.

You learn meditation techniques, et cetera. Obviously, that's not for everyone, but some people really benefit from it. I would say, in my recent experience, I'm running two PAVING groups right now at MGH. They're both very different, which I could tell you more about later. But the thing that's really been so

interesting, even though we're all little boxes on a screen on Zoom like this, is the connection, the vulnerability, the support amongst the women on the screen, which I know Sharsheret, that's like something you're so strong at, is building this community of support.

And I do think sharing your experience with someone else who gets it, who really gets it, and who listens is a good listener and maybe isn't trying to give you all the advice, but just listen and help you share that, I think that does help. And I think... I mean, I welcome advice from you. But I think, over time, a lot of people do find that those coping strategies, they learn how to improve them over time, whether it's learning from others or through programs that like the one I mentioned. But it is a complicated one.

Melissa Rosen:

Yeah. Thank you for everybody who's offering their suggestions too. I wish we had time for more questions, but I want to thank Dr. Comander for sharing not only your expertise but clearly your passion. I found your presentation hopeful and empowering, and I hope all of you did too. I want to thank Angela once more, who shared her personal story. As Angela was speaking about her cancer and survivorship experiences, it occurred to me that she was a great advertisement for a webinar we have next week, so I'm going to take the opportunity to promote it now. Thank you, Angela.

On Wednesday, July... June 7th, we're going to be presenting a webinar entitled Creative Coping. And this actually might be helpful with the last question we ask, where we're going to explore out-of-the-box ways to process our cancer experiences. We'll touch on many, many unique opportunities and how they may help. And we're going to take some time to explore two specific modalities, writing and meditation, with two amazing experts. You can register for that program by going onto our website or by clicking the live chat in your... the live link in your chat box right now or very shortly.

Okay. And as we conclude this... There it is. As we conclude the evening, there's also an evaluation link going into the chat box. Please take just a moment to share your thoughts about tonight's program. For those of you who are staying for the Embrace Breakout, the link will be posted at the end of that as well. And you could actually link right now... do it right now and still hear the rest of it... this. Remember that Sharsheret social workers and our genetic counselor are there for you to answer questions, provide support, connect you to resources. And you can reach our team through the contact information in the chat box.

And I do want to say that I've been taking notes, and normally, when we send out a e-blast, it's the transcript, the video recording, and a link maybe to a resource or to the evaluation again. But we're going to... I'm going to work with Dr. Comander, and we're going to get a list of resources to help with physical aspects and the emotional aspects. So thank you very much. If you are planning on staying for the Embrace Breakout session with Dr. Comander and with Bonnie, please don't go anywhere. But in the meantime, anyone else, thank you again for joining us, and have a wonderful night.