Risk of Recurrence:

Coping with Fear, Anxiety, and the Emotional Weight of Survivorship

National Webinar Transcript

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Presented by:

SHARSHERET

The Jewish Breast & Ovarian Cancer Community

Aimee Sax:

So good morning or afternoon, depending on where you're joining from and welcome. Thank you so much for joining us for today's webinar, Risk of Recurrence: Coping with Fear, Anxiety, and the Emotional Weight of Survivorship with Dr. Arash Asher.

I'm Aimee Sax, Sharsheret's support program manager. I want to give a special thank you to today's sponsors, Cooperative Agreement 24-0061 from the Centers for Disease Control and Prevention and to Veracyte and Novartis, and for our Embrace Breakout Room sponsors, Pfizer and Lilly.

This is the second webinar in our series on the risk of recurrence thanks to our generous sponsors. The first part was about risk of recurrence testing. This webinar will be a little bit more emotional, the emotional side of that. If you missed the first webinar, the link to watch is in the chat now, so you can click to watch later. We'll also be sending out both recordings in our follow-up email in a week or so.

I do want to note that we did get some questions in the registration for this webinar. They are more geared towards questions about risk of recurrence testing, but however, this webinar is more geared towards the emotional impact of the fear of recurrence. So if you want to discuss those questions more, please reach out to a Sharsheret social worker or your healthcare team. If you're not connected to a Sharsheret social worker yet, our contact information is in the chat.

Before we begin, a few housekeeping items. Today's webinar is being recorded and will be posted on Sharsheret's website along with the transcript. Participants' faces and names will not be visible in the recording. If you'd like to remain private, you have the option to turn off your video and rename yourself or you can call into the webinar.

We also have closed captioning available. So to display live captions on the bottom bar, click on captions and then click on show captions. You may have noticed that you were muted upon entering the Zoom. Please stay muted during the call. We received a lot of questions in advance of this series and we will hold a Q&A at the end of the presentation. If you have additional questions, please type them in the chat box and we will get to as many as we can during the Q&A.

I want to remind you that Sharsheret is a not-for-profit cancer support and education organization and does not provide any medical advice or perform any medical procedures. Our full medical disclaimer is in the chat box now.

Two quick program highlights I'd like to share. First, Sharsheret offers monthly virtual support groups for those diagnosed with breast cancer or ovarian cancer. One group is for those in survivorship who were diagnosed stages 0 to 3 and one for our Embrace community, those living with metastatic breast or advanced ovarian cancer. And starting this week or this month, we have a new group for those newly diagnosed or in active treatment for stage 0 to 3 breast cancer or ovarian cancer. So that's geared more towards people planning for or going through surgery, chemotherapy, and/or radiation. The signup link for all three groups is in the chat now.

The second update is the 2026 Sharsheret Summit will bring together thousands of people virtually and in person all across the country from September 18th to October 23rd of this year. Join our national virtual symposiums on the latest hot topics in breast cancer and ovarian cancer, attend or host in-person education and awareness raising programs with community

partners around the country, learn about the latest screening guidelines and access the most up-to-date data and materials in our digital resource packet. You can check out the full schedule of Summit events and start registering for them at the link in the chat.

Most importantly, please always know that if you are currently facing a breast cancer or ovarian cancer diagnosis or facing increased risk to genetic or family history, Sharsheret is here for you and your loved ones. Sharsheret provides one-on-one emotional support as well as programs and resources designed to help you navigate the cancer experience. Everything we do is completely free and confidential. If you're not already connected to one of our social workers, please get in touch using the contact information in the chat box now.

Now on to today's webinar. At Sharsheret, we know that cancer is far more than just a physical diagnosis. It's an emotional experience that doesn't simply end when active treatment finishes. During treatment, so many Sharsheret callers share with our social workers that they're focused on that end date, imagining how relieved they'll feel when it comes. But sometimes ringing the bell or recovering from surgery is met with a new unexpected fear, the fear of recurrence.

Living with this fear and anxiety can feel incredibly overwhelming, bringing a unique set of twists, turns, and quiet stresses as you navigate survivorship, especially as the support that you may have had from family and friends during treatment and surgery starts to dwindle as they all think it's in your rearview mirror, you're fine now.

Whether you are currently facing a breast or ovarian cancer diagnosis, living with elevated genetic risk or caring for a loved one, today's webinar is designed to acknowledge those complex feelings and how to cope with them. We're here to offer practical coping tools, emotional support and strategies to help you process uncertainty, regain a sense of control, and move forward feeling grounded and empowered.

And for those of you in our Embrace community facing metastatic breast cancer or advanced ovarian cancer, we invite you to stay on the Zoom following the Q&A for a more intimate breakout session with Dr. Asher.

Like I said, we received some questions in advance of today's webinar, and we invite you to ask any more that you might have in the chat box or you can send them to me privately by clicking on my name in the chat box. We'll do our best to get through as many questions as we can.

Okay, now to get things started, first, it is my absolute pleasure to welcome Karen, Sharsheret caller to share her story. Unfortunately, she's not able to join us live, so we pre-recorded her story for us.

Karen:

Thank you so much for that intro, Aimee. My name is Karen. I was diagnosed with stage 2 invasive ductal carcinoma in June of 2023, about a year after my previous mammogram. Because there was a delay in receiving my diagnosis, my treatment ended up being pretty extensive. I had a lumpectomy, four rounds of chemo, and 35 rounds of radiation. And for the past two years, I've been on a whole variety of hormone blockers and other medications, including anastrozole and Kisqali.

Throughout all of this, Sharsheret has really been there for me. They helped me understand my diagnosis and navigate each step of treatment, connected me with my amazing social worker,

Aimee, and sent me resources and little gifts that honestly meant a lot during a pretty difficult time. Today, I have a mammogram and an MRI every year spaced six months apart, so I'm getting some kind of imaging every six months.

For a long time, I had a lot of fear around recurrence, and I think that's a pretty common fear. It makes sense. My cancer was caught later than it should have been, so I worry that if it came back, it might be more aggressive. And there's always the question in the back of your mind, what if it comes back and I don't know?

Then my doctor told me about MRD testing. He explained that it's a blood test that looks for circulating tumor DNA using DNA from my original tumor to create a personalized test. The idea was that by testing my blood every three months, Signatera could potentially detect molecular evidence of a recurrence before it became visible on imaging. For me, that sounded like a pretty easy thing to do, especially if it could give me additional peace of mind. And logistically, it's been really easy for me.

Every three months, I'm already going to my oncologist's office and having blood work done. So I just schedule the Signatera blood draw at the same time, and then a few weeks later, my results show up. I've been doing this every three months for about a year and a half now, and so far every test has been negative. And honestly, that has made a big difference for me emotionally.

I still think about recurrence. I don't think you ever completely stop thinking about it, but I don't have the same level of anxiety that I used to have because knowledge is power. Between having Signatera every three months and then having a mammogram or an MRI every six months, I feel like I'm being monitored pretty closely. For me, it's really about having another piece of information. It doesn't replace my mammograms or my MRIs, and I still see my oncologist regularly, but having the additional blood test gives me some reassurance between those other screenings.

I've also really tried to take care of myself in the meantime. I stay very active. I run, I bike, I swim, I coach a women's run and hike team. Staying active has always been a big part of my life, and it has become even more important to me since my diagnosis. I've even had the opportunity to join Team Sharsheret to run the New York City Marathon and the Sharsheret West Coast Dash, both of which have been incredibly meaningful.

So I think for me, it's all about finding balance, doing everything I can to medically monitor my health, but I'm also trying to live my life and not let the fear of recurrence take over. Thank you so much to Sharsheret for allowing me to share my story tonight.

Aimee Sax:

Okay. Well, thank you so much, Karen. I know you're not here live, but I hope you can feel our gratitude in the ether right now.

It gives me so much pleasure to welcome our speaker today, Dr. Arash Asher. Dr. Asher has served as the director of cancer survivorship and rehabilitation at Cedars-Sinai Cancer Center since 2008. He has a special interest in the physical and rehabilitative needs of cancer survivors who continue to experience the effects of their cancer or its treatment.

In his clinical work, he often encounters common cancer survivorship concerns, including cancer-related fatigue, chemotherapy-induced peripheral neuropathy, cognitive changes, and existential distress among others. His clinical expertise involves managing these symptoms from a rehabilitation and integrative perspective since many of his patients are interested in non-pharmacologic treatment options.

Dr. Asher has helped lead the development of a number of unique cancer survivorship programs with his colleagues with the goal of optimizing physical, psychological, and spiritual resilience for patients with cancer. And personally, I hear his patients rave about him all the time. So it is my distinct pleasure to welcome Dr. Asher.

Dr. Arash Asher:

Thank you, Aimee, for the very kind introduction. I'm delighted to join this community. As Aimee mentioned, by way of background, I'm a cancer rehab physician. So that basically means as I'm ... Excuse me, one second as I work on bringing up my slides. What I was trained in originally was working through ... Excuse me one second. And Aimee will tell me if I have the right screen up or not. Let me try one more time.

Aimee Sax:

Yeah, we saw your PowerPoint.

Dr. Arash Asher:

Let's see.

Aimee Sax:

Okay, now we see presentation mode.

Dr. Arash Asher:

Okay, great. Okay.

Aimee Sax:

Thank you.

Dr. Arash Asher:

So my training was primarily like the-

Aimee Sax:

Sorry. Dr. Asher, it just switched so now we can see that next slide.

Dr. Arash Asher:

Oh, did it? Okay, so let me swap again.

Aimee Sax:

Let's see if we can switch that.

Dr. Arash Asher:

How's that?

Aimee Sax:

Perfect, perfect. Thank you.

Dr. Arash Asher:

Okay. So I started really my practice dealing with things like chemo neuropathy and chemo brain and helping with pain after a mastectomy and lymphedema and things of that sort. But it was impossible not to acknowledge that there is this real human element of the unknown and fears that occur. And so I've struggled for a long time in thinking about how do we support our patients?

Again, I'm not a psychologist, but I think this is an important part of what it means to be human because fear is part of all of our lives. I would say one of the things that I think the whole world learned in 2020 was what it means to have a sense of fear when we're going through medical circumstances. Almost everyone had some element of fear related to that whole epidemic. But what do we do when we're waiting for the next tumor marker or the next CT scan or MRI?

Just to humor myself, because I'm still learning this technology, we have this AI program at Cedars, and I asked them to create me an image on how do we think about the fear of recurrence. And I agree with some of the things that AI generated, but really my talk is about everything I think I got wrong. So I agree with what they say here that there's worries and uncertainties and it can affect our sleep and our concentration and our mood, and there's a whole number of triggers, but what may help?

And I think in many ways, this presentation for me is an admission of errors, because for most of my life, I've really focused on the rational part of our brain in helping us manage the uncertainties of life. If we could just be rational enough, we can contend with the vast majority of our challenges.

I'm here to tell you, while I think rationality is important, I do not think any longer it's the whole story. And I certainly do not think it will help us contend with this primitive feeling that we all have, which is fear of the unknown. I hope this will make sense as we go. So if rationality is not enough, and I'm not here to suggest that we should be irrational, how do we deal with this other part of our brain that I'm going to be talking about?

And by way of anecdote, Aimee will share it for me. Before we share this video, so I'm a baseball fan. I don't know if anyone here loves baseball, but one of the things you'll see with the most professional elite baseball players is the vast majority of them have these crazy rituals. And the question is why do you need a ritual to hit a 95 mile per hour baseball? It seems like it doesn't make any sense on why it would allow me to make contact with hitting Nolan Ryan or any kind of incredible baseball player.

So if you don't mind, I'll stop share for a second. We'll play maybe 40 seconds of this clip. Take a look. This is Nomar Garciaparra. Again, we could have chosen any number of baseball players in seeing their rituals, but see what he does.

Video: Speaker 1:

Very unique routine when he steps into the batter's box.

Video: Speaker 3:

Tightens his glove up, wristbands, there's the feet, then a little two-step.

Video: Speaker 2:

Sox have had some long at-bats so far in this ball game against Rosado.

Video: Speaker 1:

And what a gorgeous day at SkyDome.

Video: Speaker 3:

Beautiful day.

Video: Speaker 1:

If you're not at the ball game-

Video: Speaker 3:

Not what you do. That's just a routine beforehand.

Video: Speaker 1:

He has developed into a superstar.

Video: Speaker 3:

Yes, he has.

Video: Speaker 1:

Didn't take long, rookie season.

Video: Speaker 2:

The Red Sox have four hits. The first was by Nomar. He was the player of the month, and Pedro Martinez was the pitcher of the month in the American League. So the Red Sox swept those two honors.

Video: Speaker 4:

5 for 10 with 3 home runs, constantly adjusting those batting gloves. Watch him do that little tap dance at home plate, wants his toes right at the-

Dr. Arash Asher:

I think we could stop there. Okay, thank you. Let me bring this back up, and if you can confirm, Aimee, that I have the right screen up again.

Aimee Sax:

It's still loading. Yes.

Dr. Arash Asher:

Okay.

Aimee Sax:

Perfect.

Dr. Arash Asher:

Hopefully there wasn't delay in the images, but you might've seen he does this whole rigamarole, the same identical rigamarole over and over again before every baseball bat. And the question is, what's the deal with that? And again, I could have picked a million other examples. Wade Boggs, who in my era growing up in the '80s, he was well-known and he was a world-class Hall of Fame baseball player. He had to have a chicken before every single meal.

There was one at-bat in his 2,600 games that he played where he did not have a chicken. He said his wife served him pork chops instead, and he batted 0 for 4, and he never did that again. I mean, would this whole rigmarole allow Nomar Garciaparra hit a 95 mile per hour fastball any better? I think that's really the story that I'd like to delve into today and what this has to do with why we're here together.

David Brooks, some of you may know him, he was at the New York Times. I think now he's at, what is it, the Atlantic or something? He wrote this incredible book called The Social Animal. I want to read one passage from this work because I think it tells an important story. So this is what he said, David Brooks:

"We are living in the middle of the revolution in consciousness. Over the past few years, geneticists, neuroscientists, psychologists, sociologists, economists, anthropologists, and others have made great strides in understanding the building blocks of human flourishing. And a core finding of their work is that we are not primarily products of our conscious thinking. We are primarily the products of thinking that happens below the level of awareness."

There's a well-known scientist, Timothy Wilson at the University of Virginia. He estimated, I don't know how he did this, but that the mind, it can absorb 11 million bits of information at a given moment. Most of us may be conscious of maybe 7, 8, 9, or 10. No one is paying attention to the sound that your nose makes when you're breathing or how your heart is racing or how the hair on your forearm may be feeling at a given moment. There are millions and millions of bits of information that your brain is processing that we are not consciously aware of.

And one thing you're going to hear me say again, that there's this idea that we do not experience life. That is just impossible because we cannot experience 11 million pieces of information. What we do experience is the life that we focus on. And the question is, how do we take advantage of the things that we are not focusing on to make things automatic to allow us to live the most empowered way possible? So let me explain.

And again, if you just joined, for most of my life, I assume that if we could just be rational about things, we could overcome most ... And again, rationality is important, but it's not the whole story. And one of my contentions will be is that much of our emotional behavior is driven by what's underneath the prefrontal cortex. So the prefrontal cortex that you see here, that's the rational part. The limbic system that's in our deeper reptilian emotional part of the brain is the irrational, emotional part of our brain.

And so what's another way of thinking about this? There's another well-known book from a neurologist, Antonio Damasio. He wrote a book called Descartes' Error. And in this book, he interviewed someone who had a brain injury. He had a frontal lobe tumor, had to have surgery. And so this individual, I think he called him Elliot, on IQ testing was perfectly normal. He had no deficits whatsoever.

But he met with this man, interviewed him, and at the end of the meeting, he basically said, "Okay, let's meet again." And he gave him basically two options on when to meet. And then Elliot went out, he took out his notebook, made a list of pros and cons about each meeting date. He talked about the possible weather conditions, he talked about potential conflicts with other engagements, and he just went on and on and on for about 30 minutes because he could not make a sensible practical decision.

Why? Because even though the rational part was intact, the emotional part of the brain was injured. And we cannot live without the emotional part of our brain informing and guiding our decisions. So then the question that I'm posing for us is if our instincts are largely unconscious, how can we change them? I think you know where I'm going with this, and my contention is that the answer is really with our rituals, just like Nomar Garciaparra.

A ritual is basically a behavior that bypasses the prefrontal cortex. It's a certain set of rules. It's a fixed choreography just like he was doing with his arms over and over again. And again, when we practice this enough, it becomes ingrained. It becomes something we can lean into very, very quickly and without much thought. So I think it's important just to take a moment and differentiate what we mean by a ritual versus a habit, because a ritual by definition is something we repeat, but it's intentional. It usually has some kind of personal meaning to it.

So you could imagine, for example, I could have my morning coffee mindlessly. It's just a habit. I'm just trying to get that coffee in, or it's kind of a ritual where I'm smelling the roasting of the beans and I'm just savoring that moment and it's some intentional act. So again, the real difference between a ritual and a habit is rituals have a sense of purpose and awareness, whereas habits may not. And again, as we know, we humans have utilized rituals for healing. Every culture across centuries and millennia have employed this.

But I think what's interesting, at least my nerdy part of me, is understanding some of the neuroscience behind this between, again, thinking about the frontal lobes, which is the thinking part of the brain, and again, the limbic system was the feeling part. And again, I'm going to argue that rituals allow us to reconfigure the emotional brain so that we can bypass that whole rational part. And again, I'm not suggesting that we should be irrational, but remember, we

cannot be rational about everything, including waiting for the results of the next tumor marker, Signatera test, or whatever it may be.

Again, I apologize, I don't mean to go too deep in the neuroscience, but I just think it's interesting to think about this idea that ritual is the spiritual equivalent of deep practice. So many of you have heard this idea of the 10,000-hour rule where if you practice something like 10,000 hours, you get things kind of wired into your nervous system. One of the theories is that when you practice something enough, your nerves develop this thing called myelin, which allows these neurons to fire more quickly.

So as an example, what you'll see here is an unmyelinated neuron at the bottom and a myelinated neuron at the top. Just to give you another nerdy example in neuroscience. So if I put my hand into fire, I'm going to immediately withdraw my hand because you feel this intense pain immediately. Again, much more detailed than you want to know, they're known as the A-delta fibers. They're immediate because they're myelinated. They go really fast. But after I remove my hand from the fire, several seconds later, you'll have this gnawing, just this dull, achy pain that comes in a wave later. Those are the C-fibers, which are not myelinated. They happen much more slowly.

If we want something to occur very quickly, like that baseball player to hit a 95 mile per hour faster, we want to have a system in place that's myelinated, which means we have a ritual, which means we've practiced this deeply. So why does this even matter, let's say in this example, when we've gone through a cancer experience?

And I think I don't need to tell anyone here this, when we've gone through this, many of us feel like we sometimes have a loss of control. There's all these uncertainties and fears, our routines have been disrupted. And a ritual I think is a way of restoring and maintaining some sense of normalcy and identity. And studies have shown this, that people who are going through cancer treatment who have some kind of meaningful ritual, they have significantly improved quality of life.

Again, there's other elements, I think, to the neuroscience. When our brains, again, have this predictable pattern they can lean in on, they perform better. There's less activation of the sympathetic system or the fight or flight response or the stress response. And rituals seem to calm this part of the brain known as the amygdala, which is associated with the fear response, and it actually helps activate the reward and motivation system. I'll talk about that in a little bit more detail in a few minutes.

So this is kind of like your brain on rituals, but there's also a chemistry to rituals that might be worth understanding. So for example, when I'm doing pain management, I'll sometimes prescribe opioids because some people need them to manage pain. But it turns out that when you're in the act of engaging in a meaningful ritual, your brain is producing your own natural endorphins. Or when we're in the state of a ritual, we produce dopamine, which is the reward chemical that helps us stay motivated. Many of us know oxytocin is like the cuddle hormone. Again, when you're in a state of some kind of ritual, the social bonding is released.

So again, think about that baseball player we showed at the beginning. If you're about to hit a 98 mile per hour fastball, you want to be in a state where your dopamine is really optimally produced when your natural painkillers are there so you can override any pain signals. And I'm going to suggest in a level that's what Nomar Garciaparra was doing. When he was doing this

whole rigamarole, he was wiring and optimizing the chemistry of his brain to be ready to hit that baseball.

The last part before we get into some examples that I'll contend that rituals offer is it lowers the stress response, but we've already known that. We know that high levels of stress-associated cortisol, which is our stress hormone, can stress our immune system, disrupt sleep, increase depression levels. Some theorize that when it's persistently elevated, it may influence tumor progression, but as we'll talk about any ritual that promotes relaxation, we could talk about examples, we know that it reduces cortisol levels exactly like that baseball player wants when he's going to be in that high pressure situation.

So I'm not here to tell anyone, I have to have some humility about this, about what your ritual should be. I will just share a few examples, but again, this is a very personal decision. I'm going to go very quickly because I want to save time for questions. But ritual number one that I hope is low hanging fruit is just moving, exercising.

Now again, if you are exercising on a treadmill with the TV on and that's working for you, I'm not here to muck around with that practice. But one of the arguments is if we truly want to make it a ritual, it's going to be intentional, not just passive where we're distracted with something else. So you're going to feel your heart rate, you're going to feel your body breathing and moving, you're going to feel the muscles working. And again, this is a whole nother talk, but most studies, particularly we know this for breast and colon, that exercising reduces recurrence rates probably in the order of 40%, which is as effective as most of the chemotherapy and oncologic treatments that are available.

And I think one of the things that is worth mentioning about things like tai chi or qigong or yoga is they tend to bring in a ritual-like component to it. And that's probably one of the reasons why there's all this research that suggests that yoga, tai chi, qigong may be particularly effective for cancer fatigue, for depression, for chemo brain, because all of those conditions have, again, the stress response built in. And again, those types of exercise, I think by practice offer some kind of ritual. So that's one idea.

Idea number two. And again, we all know that laughter is the best medicine. One of my colleagues has the saying that I love, "Where the tension goes, the motion flows." This sometimes reminds me of Viktor Frankl. I hope if you haven't read it, I think everyone should read this book, his famous book called Man's Search for Meaning that he wrote after his experience in the concentration camps in the Holocaust.

And there were numerous incredible nuggets from that book. But one of the things that really stayed with me from the camp, and remember Viktor Frankl's in a concentration camp. So he's on hell on earth and in the most horrible conditions. And one of the things he said, if you read the book carefully, is he said, "We had to create amusing stories on a daily basis, funny little things to come up with." And there was nothing funny about a concentration camp, but he created moments because he realized we have to put our attention into something that brings some levity sometimes.

And I think the science unequivocally has supported this, that a single laughter session can reduce cortisol by 37%. I think the challenge is, and I've seen this in my own experience, people that could bring in some levity or humor, you can call it dark humor sometimes, as a ritual, you could just see the daily events with art of laughter or levity, again, we tend to have a lower stress

response. So I would argue that watching a funny video or laughter yoga or having a little file of cat videos that make you laugh, that also can be a ritual and it can be a very important one.

One of the reasons I really respect and admire this organization is it's a reminder of how important it is to bring people together. And this worries me a lot in our AI disconnected world. We know that loneliness is at epidemic levels. But study after study, even in the oncology world shows that if we have some human connectivity, that all the things that I've talked about that ritual offers, it may improve quality of life and probably recurrence rates has been shown for breast and ovarian cancers particularly as well.

And you've probably heard the studies that being chronically isolated seems to be equivalent to smoking about 15 cigarettes a day in terms of health risks. This has been replicated over and over again. Our own research and our team, we showed that loneliness is a major predictor for chemo brain because again, your fight or flight response.

So when people have a ritual, and again, I know it's not always possible, where you could have a meal with others, you could have some kind of period of support with others, you have some venue where you have this instinctive nature of being with others, that I think would certainly count as a ritual as well.

Ritual number four, and I know I'm going to go through these quickly because I want to save time. But again, I used to shy away from thinking about this because it sounded kind of cheesy to me to think about gratitude, but again, the science has become undeniable. And if you're like me, again, the way I grew up was I used to think, okay, once I get a straight A report card, then I'll feel grateful. Or once I get to the college I want to get to, then I'll feel grateful. Once this happens, then you'll experience gratitude on the other side.

And it was so backwards and incorrect scientifically that I wish I can go back and talk to my 16-year-old self about redoing things because we know it's the reverse. We're capable of experience gratitude and then happiness follows, not waiting for happiness and then having gratitude.

And again, this can be a deeply ritual practice. And in the oncology arena, it's been shown that it reduces these inflammatory mediators. Don't worry about what they are. These are things like TNF-alpha and IL-6. They seem to drive certain cancers. And again, gratitude practices have been shown to decrease these inflammatory mediators in as little as six to eight weeks. And again, there have been specifically studies among breast cancer survivors showing that a six-week gratitude intervention significantly reduces fear of recurrence.

And again, I'm not here to tell anyone what their gratitude practice should be, but you could use your imagination. Keeping a gratitude journal, as we know, some religious faiths, the obligation is for the first thing we do in the morning is to have a moment of gratitude. It could be a gratitude letter, a gratitude pause before meals, before bedtime, something.

And I would never say anything stupid like, and I've heard this, that we should be grateful for this diagnosis. I mean, that is in no way what I or I think anyone else should be suggesting, even though I hear that out there that I'm grateful this has happened for me. But I think it is reasonable to say today was a hard day, but I'm still grateful for having this person in my life or that my daughter held my hand or whatever it may be. These two things can coexist with each other. So some kind of gratitude practice as a ritual.

Okay, I'm here in Los Angeles, and so if you drive a couple hours from LA and go to Joshua Tree National Park or Death Valley where you have these incredible night skies still. And you look out at night and you see a star and you realize that the light from that star shot out like 100,000 years ago, but it's just hitting your retina now, that for me is a moment of awe. Or if you go to Redwood National Park, there's a picture of redwood in far Northern California, and you see these trees, it can elicit a moment of awe.

And there's been a fascinating research base about how the experience of awe can both be a ritual and how incredibly healing it can be. There's two primary elements, so requirements to experience awe. It has to be something vast that you experience. It could be literal, like just being by the Grand Canyon or it could be metaphorical, like a beautiful piece of music or a religious liturgy that you're going through.

And the second idea is that you need to have this sense of accommodation. So the Grand Canyon was so huge that I need to reframe my perspective to take it in. And that's why you hear people saying when they have a moment of awe that this was an earth-shattering moment or they say something like, "I never realized X, Y, Z."

And one of the things that awe does is, again, I'm picking on the neuroscience today, so I apologize for all the neurology today, but there's something in our brain called the default mode network. And this is the part of our brain that focuses on you. It focuses on me. So it's about my worries, my to-do list, my fears. It's all the things I have to do. It's all about being, and that's what our brain default mode network was intended to do.

But what's amazing is when you do imaging scans among adults who experience awe, you'll see that the brain default mode network is completely squashed. It becomes totally quiet. And that's why when people experience nature or this religious liturgy or a Beethoven piece, we tend to be more generous. We tend to be more likely to connect with others.

And incredibly, if you look at all the positive emotions that one can study in the psychology realm, so things like joy or contentment or pride or compassion, the emotion that was the strongest predictor of lower levels of IL-6, again, IL-6 is an important inflammation marker that, again, has been linked to certain cancers, awe was the single strongest predictor of having lower levels of IL-6.

So then the question is, well then how do we make this a ritual? And again, there's millions of ways that one could do this. We don't really have time to go through all of this, but whether it's admiring the incredible beauty of a flower that comes out of a crack on a sidewalk or a religious service or a piece of music that moves you profoundly or noticing all the small wonders in the world. Or it's looking at a photograph regularly that takes your mind and your breath away, having some kind of awe ritual, I'm going to argue is a way to quiet our brain default mode network, which then would help mitigate some of our anxieties, fears of the unknown and that kind of thing.

Lastly, and this one I'm almost reluctant to share because again, I'm not here to tell anyone certainly what their spiritual practice should be and even more what their religious practice should be. But I'm really coming at this from an evidence perspective and what the evidence is showing, I'm going to share one study from the Nurses' Health Study where they looked at 75,000 adults, so huge. These are huge numbers, followed them for 16 years. Those women who attended religious services more than once a week had 33% lower risk of dying, 27% lower risk of cardiovascular disease deaths, and 21% lower risk of dying from cancer.

And again, there are probably numerous reasons for this, but if you think about it, what religion probably offers is multiple rituals at once. We talked about connectivity, it brings moments of awe, it probably brings it in. Sense of purpose, it will definitely bring that in as well.

So again, I'm not here to tell you or anyone, and I say this with humility, that you need to go to church or synagogue or mosque or whatever it may be. But one of the reasons religion seems to work so well as a ritual, if we're really trying to take in ritual, is again, it's built in community, you're going to see the same people at a regular schedule. So that is a ritual. When you read the same piece of scripture or same prayer over and over and over again, it becomes automatic into your nervous system. And again, it brings for many a sense of meaning and purpose.

Ultimately, I think I'm just going to end on these couple of points. I would just pick one if I could leave you with some humble suggestion. So no one's going to do all this stuff today, but you pick one. Ideally, if it's going to truly become a ritual, you make it consistent, just like that baseball player was moving his gloves before every single at-bat. You want to have something that's consistent. It's something that's meaningful to you. If it could be something that involves others, that probably magnifies the benefit. And again, we're all going to have harder days where we can't practice this consistently, and I think we have to have some compassion for ourselves.

So I'm just going to end by making the argument that rituals are not just something that's in our head. I hope I made the case that it could actually change our chemistry, lower our stress hormones, support our immune system, that it changes, again, the chemistry with the endorphins and the dopamine that we talked about.

And again, what I started with this is just like that baseball player can't be rational about how he's going to hit a 97 mile per hour baseball, that it's going to be instinct that allows him to succeed, we can't rely on just rationality. Rationality's important to manage our fears when we're waiting for the results of a tumor marker test or a CAT scan. Ideally, there's something that's been practiced a thousand times before that's a ritual that can get us through those tough times.

Again, I thank you all so much for this opportunity. Again, this is one of the hardest topics for me because as a physician, our instinct is I just want to give a medicine. You just want to do an injection. We all wish that there was something medicinal that we can give. But I think some of the things that we have to come to terms with are just bigger than that, and I think this is certainly one of them. I'd be happy to take any questions if there are any. Thank you all so much.

Aimee Sax:

Absolutely. Thank you so much, Dr. Asher. That was really enlightening. The chat has been going off the whole time with people sharing how much this resonated with them and lots of thank-yous coming in now. I want to start with one question that came in through the chat, and it was amazing because she asked it right when you were talking about ... She asked it and then the second later you used the word rational. And so we've talked a lot about the rational and the emotional, and her question also used the word rational.

We've gotten a few questions about people whose physicians have refused to do risk of recurrence testing and how that is increasing their anxiety. And she was saying that the cancer will be late stage if it's found without MRD testing. Is my fear rational and what do I tell myself to not be so afraid?I think you talked through a lot of strategies, but that question.

And then we got another one about anytime I have any health issue come up, I talk to people all the time about you're going to sleep weird and there's going to be a crick in your neck when you wake up and you're going to wonder, is this recurrence? So I think you are talking more about changing habits and rituals over time and how that can make such an impact. What do you recommend for the acute worries?

Dr. Arash Asher:

That's a great point. So pragmatically, what do we do in this moment? If my shoulder hurts, and like you said, the instinctual response ... Or I get a headache, I'm going to wonder, is this somehow related to my cancer?

So one, and this kind of relates to your earlier question about your physician that may be not wanting to do this testing. And again, I'm not an oncologist, but I know that some oncologists are declining because they feel like it's not evidence-based for this situation versus that one, or it won't change our plan or that. And I'm not talking about Signatera, but there might be false positives or false negatives, these are just generic ideas.

Aimee Sax:

Right.

Dr. Arash Asher:

On a practical level, and I realize not everyone has this option, I always think it's worth getting a second opinion. And a lot of times, many of my patients will say, "Dr. A wanted me to do this treatment and Dr. B wanted me to do this other treatment." I think if it's possible to get a third opinion with someone that you trust, and that is a key part. If you don't even trust your physician, whether it's acknowledging the headache or the shoulder pain or you should or should not do this test, there are fundamental problems.

And I realize that with insurance barriers and copays and things, not everyone has that luxury, but if you do have that luxury, get another opinion. Because if you do not trust your doc, and I can't emphasize enough how important that is, because if you do have trust, a lot of anxiety would be ... If your doctor said, "Your headache doesn't have the characteristics of this," or, "You know what? I don't think it's harmful, but I'm going to get an MRI anyway," or, "I'm going to get an MRI if it lasts more than two weeks," whatever the plan is, you have to have a working relationship. And I know I'm not giving a direct answer, but for those acute moments, we need a roadmap from our physicians.

Aimee Sax:

I love that. Someone in the chat mentioned how Nomar Garciaparra's ritual looks almost like exhibiting OCD features and behaviors. So how do people create rituals without becoming obsessive about them?

Dr. Arash Asher:

Great point. I think if it's meaningful to you, nobody says, "I'm obsessed about having breakfast, lunch, and dinner," because-

Aimee Sax:

You have to.

Dr. Arash Asher:

... it's part of your life.

Aimee Sax:

Right.

Dr. Arash Asher:

Or, "I do intermittent fasting, I just eat lunch and dinner," whatever it is.

And then I would view OCD type behavior, again, as a non-psychologist or psychiatrist, as when it's interfering with functioning and my quality of life. So if I wake up every morning and say a prayer and think about what I have to be grateful for at this moment and look forward to today, I don't view it as an OCD behavior because I'm not taking anything away from anyone. I'm not negatively impacting myself. I'm not spending unnecessary dollars. So it should be meaningful, but it needs to be something that's practiced consistently.

And I don't want to get off topic, but we did a study of a nature intervention. So we had people walking in a local nature preserve, and we checked this gene that regulates the stress response. It's called the CTRA gene expression. So we inherit our genes from mom and dad, but which genes are turned on and off may actually change.

And in just five to six weeks, we showed that some, and in this case it was walking in nature, which can be a ritual, you actually change your genetic expression. So I would say it doesn't take years to develop some practice or ritual that works for you. And I think many of the studies are showing that five or six weeks, if it's intentional, could be enough.

Aimee Sax:

Wow, that's amazing. So one person on the registration said, "Is there any way to prepare for recurrence?" I feel like that's also a whole multi-slide presentation, but what do you think about? I think a lot of times as a Sharsheret social worker, I'm talking to people about how worries and anxiety can feel like you're preparing for something, but you might be preparing for something that never happens. And what's your take on that?

Dr. Arash Asher:

Again, as a non-therapist, just as coming at it from a humanistic perspective, there's this idea that we have the resources to deal with whatever may come. That's many ways what I think Viktor Frankl argued. He did not know what was going to happen to him in the concentration camps, but his argument was that if we keep living our purpose, we'll contend with what's there.

One of the things I love about that brain default network that Frankl did not use those terms because they didn't understand that level of neuroscience, is when we're living a life where occasionally, again, I'm not here to tell everyone that they need to constantly be thinking about

service and meaning and purpose because it's not always easy to do that. But when we're integrating that into our daily routines and we could quiet the me part of the ...

Because at the end of the day, and I do not mean to be insensitive about this, but when we're all the time thinking about this fear which may or may not happen, we're thinking about the default brain network. And I think one of the most powerful ways we can try to quiet that is by doing acts of kindness for others.

Now, I want to just take a second on that because again, you may be saying, "Here I am going through chemo and radiation, and you want me to think about acts for others, and that's so insensitive." To me, and this is just my personal opinion, if we can't do little things, whether it's saying thank you in a meaningful way or seeing someone who's making a sandwich for us at Subway and appreciating them or little moments that we offer others, then we've lost our dignity as human beings. And if we lose our dignity, what is the point?

And the way we preserve our dignity is the same way I think we deal with the fear of the unknown, the fear that I could handle what will come as long as I'm maintaining my human dignity. And that's what this is all about ultimately, is how do we maintain that in a world that seems so chaotic and disconnected and with so many unknowns. AI will never replace dignity. And if we lose that, I think game over.

Aimee Sax:

Yeah, I'm with you there. So we are just coming up on 11:00 AM Pacific Time, but I'm going to ask one more question. If anybody needs to go, go ahead and go. I'm going to ask one more question for everybody before we launch into our Embrace Breakout Room. Someone mentioned tapping and another person mentioned SSRIs. Obviously, you've already given the disclaimer, you are not a psychiatrist or psychologist, but what do you think about SSRIs and techniques like tapping?

Dr. Arash Asher:

Okay, let's start with SSRIs. So I prescribe SSRIs, I prescribe SNRIs. There's another medicine called BuSpar, I'm not here to give medical advice, which is a mild anxiolytic. So when the chatter seems to be overwhelming, just constant and it's pervasive, and again, it just seems to be overtaking our day-to-day routines, yes, I think getting a little biological support. And again, SSRIs, SNRIs, BuSpar, there are other options. Gabapentin sometimes is used off-label for-

Aimee Sax:

We're hearing about gabapentin all of a sudden the last year.

Dr. Arash Asher:

Oh yeah, because normally we think about it for nerve pain, but it also just helps-

Aimee Sax:

But more for emotional-

Dr. Arash Asher:

... takes the edge off. Yeah. By the way, there are many, many other strategies, and I have to have something about managing anxiety and fear and the unknown that we can do.

Aimee Sax:

We could have a day long session, I think.

Dr. Arash Asher:

But certainly, if there's something we could use that gives us a little biological support, take advantage of it.

Aimee Sax:

Great.

Dr. Arash Asher:

Tapping, I don't know as much about. Is that EMDR, basically?

Aimee Sax:

I believe tapping is EMDR adjacent or related. Yes, I've heard a little bit about it.

Dr. Arash Asher:

I don't know enough about it. I don't know. EMDR, I know for some people has been useful. I don't know enough about tapping otherwise.

Aimee Sax:

Okay. So all of these are things for people to explore on their own or with their healthcare team. Thank you so, so much, Dr. Asher. This has been really, really enlightening, and we're so grateful to Karen also for sharing her story. Thank you all so much for joining us today. Everyone's time, and Dr. Asher, your expertise just mean the world to us.

Please take a moment to fill out our brief evaluation survey that's being put into the chat. It really does help inform our future programming. Sharsheret's contact information is now being put in the chat box as well. Please remember that Sharsheret is here for you and your loved ones, and everything we do is free and confidential. As we come to a close, I want to thank you all for participating today.

About Sharsheret

Sharsheret, Hebrew for “chain”, is an international non-profit organization, that improves the lives of Jewish women and families living with, or at increased genetic risk for, breast or ovarian cancer through personalized support and saves lives through educational outreach.

With regional offices in the Midwest, Northeast, Southeast, West, and Israel, Sharsheret serves 275,000 women, families, health care professionals, community leaders, and students. Sharsheret creates a safe community for women facing breast cancer and ovarian cancer and

their families at every stage of life and at every stage of cancer - from before diagnosis, during treatment and into the survivorship years. While our expertise is focused on young women and Jewish families, approximately 25% of those we serve are not Jewish. All Sharsheret programs serve all women and men.

As a premier organization for psychosocial support, Sharsheret works closely with the Centers for Disease Control and Prevention (CDC) and participates in psychosocial research studies and evaluations with major cancer centers, including Georgetown University Lombardi Comprehensive Cancer Center. Sharsheret is accredited by the Better Business Bureau and has earned a 4-star rating from Charity Navigator for four consecutive years.

Sharsheret offers the following national programs:

The Link Program

Peer Support Network, connecting women newly diagnosed or at high risk of developing breast cancer one-on-one with others who share similar diagnoses and experiences

- Embrace™, supporting women living with advanced breast cancer
- Genetics for Life®, addressing hereditary breast and ovarian cancer
- Thriving Again®, providing individualized support, education, and survivorship plans for young breast cancer survivors
- Busy Box®, for young parents facing breast cancer
- Best Face Forward®, addressing the cosmetic side effects of treatment
- Family Focus®, providing resources and support for caregivers and family members
- Ovarian Cancer Program, tailored resources and support for young Jewish women and families facing ovarian cancer
- Sharsheret Supports™, developing local support groups and programs

Education and Outreach Programs

- Health Care Symposia, on issues unique to younger women facing breast cancer
- Sharsheret on Campus, outreach and education to students on campus
- Sharsheret Educational Resource Booklet Series, culturally-relevant publications for Jewish women and their families and healthcare Professionals

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