

Nutritional Supplements for Brain Tumor Patients Webinar Transcript

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>> Welcome everyone and thank you for joining the webinar. This will be presented by Dr. Rehka Chaudhary. Please note that all of our lines during our webinar today are muted. If you have a question that you would like to ask, please type and submit it using the question box in the webinar control panel on the right-hand side of your screen. Dr. Rehka Chaudhary will answer as many questions as possible at the end of the presentation.

>> Tomorrow you will receive an invitation to complete a brief feedback survey. Please, take a few minutes to show your comments about the webinar. Your feedback is very important to us about future webinar development. We will be posting this webinar to the ABTA website shortly. You will receive the email link in that follow-up email I was telling you about, once the webinar is available. Let's pause for just one minute and we will start recording. -- The American Brain Tumor Association is pleased to welcome you back to our webinar. My name is Jillann and I am delighted to introduce our speaker today, Dr. Rehka Chaudhary. Dr. Rehka Chaudhary is a neuro-oncologist at the the University of Cincinnati Neuroscience Institute, Brain Tumor Center with a clinical interest in clinical and holistic treatment. She did her internal medicine residency at the University of Cincinnati College of Medicine and then did her fellowship in hematology and oncology at Karmanos Cancer Institute, Detroit, Michigan. She is the fellowship program director at the hematology/oncology program at the University of Cincinnati College of Medicine and practices as a neural oncologist at UC Health -- UC Health. Thank you for joining us today. You may now begin your presentation.

>> Thank you Joanne -- Jillann and thank you for that introduction. I want to give you a heads up that I am a little under the weather today and might versus was. I am Dr. Rehka Chaudhary and I am a neuro-oncologist at the the University of Cincinnati Neuroscience Institute, Brain Tumor Center. Is supplemented defined as something that completes or enhances something else when added to it.

>> My talk is really going to talk about a supplement in addition to traditional medical -- therapy which includes radiation, chemotherapy and surgery but not in lieu of of those therapies. We will start with a little bit of history, the that get every supplement health and education act of 1994 was one of the first ask regarding supplements. What the DSHEA did was define a substance as a product other than a tobacco intended to supplement the diet that contains one or more of the dietary ingredients, a vitamin, mineral, and herb or other botanical or an amino acid.

>> It must be labeled as a dietary supplement and be intended for interest in and it must be represented for use as a conventional food -- it must not be represented



for use as a conventional food or as a so item of the meal. It cannot be approved for investigation as a new drug, antibiotic biologic this is very important because it is the first act that they find supplements as a group. The first this food. Referred group is drugs. The third group is supplements -- the third group is supplements. The DSHEA had supplement label requirements. These are just a few of the requirements. A statement that contains the words dietary supplement, a complete list of ingredients by their names and most importantly this disclaimer this statement has not yet been evaluated by the FDA. This product is not intended to diagnose, treat, or prevent any disease.

>> This is a sample bottle as you can see. This is Shem Ling Bai Zhi San. Is the statement. It has not been approved by the FDA. Directions and also has the ingredients in descending order of predominance. How would we know is supplements are valid or how do we know if they say what they have in there is really there. Prior to recently there were four third-party verification labs, ConsumerLab.com , Natural Products Association , 1020 to, NSF International -- 20 to -- ConsumerLab.com. Supplement companies have to pay for these evaluations. Just because he supplement is not verified by one of these four labs it does not mean that they are not necessarily a valid supplement company. It may be that they are a smaller company and do not the company -- money to pay for that. Recently as of 2007, the dietary supplement current good manufacturing practices was started by the FDA.

>> Some of the few things that they are looking at is if the supplements are manufactured consistently as to identity, charity, strength, and composition. That there is sanitation of the physical plants. Proper manufacturing operations and quality control is in place and testing of the final product.

>> Over a three-year period, federal inspectors have cited seven out of 10 facilities that make dietary supplements for violations. It seems like this is still an ongoing process and it is unclear what is going to be the ramifications against these facilities, but it seems to be a fairly high number.

>> I want to get back to the point that natural does not mean safe or effective. Even if the good manufacturing processes are in full force and 100 out of 100 companies are in compliance with them, that does not mean that if they are a supplement that they had been deemed effective or safe by the FDA.

>> That is what we are going to talk about today. Patients often ask me, why are my doctors so scared about supplements? Why do they feel so uncomfortable with supplements? There are many reasons. Most doctors feel uncomfortable recommending recommendation -- medications that are not FDA regulated. They have never been educated on supplement topics in medical school and residency and they often feel uncomfortable prescribing off label indications even of prescription drugs that are approved by the FDA.

>> There are studies that show increased farm and this scares physicians off and they ignore the studies that show benefit. Unfortunately one of the most important points is they are limited well-controlled -- there are limited well-controlled studies.



They have to undergo a strict process therefore there are multiple well-controlled studies when I go through that process. Supplements do not have to go through such a rigorous process and therefore finding well-controlled studies is difficult for supplements.

>> I would like to tell physicians and healthcare professionals that are thinking about this, a quote from Sydney Farmer -- firebreather M.D. and father of oncology. He says [Indiscernible] years, decades and even centuries before the mechanism of action was really understood for these [Indiscernible - low volume]

>> Sometimes a supplement may work even if we don't have the well-controlled studies and even if we don't know what the mechanism of action is. What are the risks with supplements? Vitamin E has been shown to increase the risk of high risk prostate cancer. Beta-carotene increases lung cancer rates in smokers. And this is a very important study conducted in 2006. This was a head and neck cancer radiation trial with off the top of federal and beta-carotene. Patients in this trial were given radiation with these supplements. The quality of life of the patients was not altered by the supplements. They did have less side effects from the radiation is one very important thing, a rate -- the rate every current in the supplement arm was higher. These are the negative studies that I am talking about that often scare physicians. Because radiation works with oxidizing radiation. It works with oxidants, I really recommend that we don't have any supplements during radiation therapy especially when concurrent with chemotherapy. Most patients understand that because I want the radiation to work against their tumor, supplements may protect the tumor as well as protecting normal cells.

>> Today we're going to talk about supplements and brain tumors and I am going to present this data today as I would any other therapeutic entity, to my colleagues, and talk about the background of the drug, the evidence in cancer and the evidence and brain tumors, if there is any. And make that last statement because there is really limited evidence in brain tumors. So I have had to extrapolate from other cancers to look at the efficacy of some of the supplements. I used 1015 -- PubMed which has many scientific peer-reviewed journals and journals of the medical profession that they turn to when looking for evidence.

>> Before we can start talking about evidence, we have to have a little short course in mythical stats -- medical statistics. This is medical statistics 101. You did not know that we are being a college course -- starting a college course. This was published by Dr. student in 2005 in the New England Journal of Medicine. This graph shows tumors treated with radiation alone versus radiation and chemotherapy. What we want to look at is the spreading out of these lines. As you can see the probability of overall survival starts out at 100% and goes down and this is the time in months. The radiation for the chemical [Indiscernible] was a better therapy and you can see because the line separate. I want to point this out to all [Indiscernible] patients of their. Note these lines don't go to zero.

>> This is where we have hope in brain tumors. They flatten out. We don't go to zero. There are some people who are living out these curves. Let's talk about survival. We look at survival talking about percent one, two, and five-year survival.



We also look at median survival which is average survival. When we talk about responses we talk about progression free survival which is time -- from diagnosis to the time of the first regression. Response, partial response, complete response, stable disease.

>> Civic can -- significant is a very important thing that I will bring up today. What it is called is statistical significance. When I reviewed to a P value later in the top it is important for us to look to see if it is less than zero to see if it is less than 0.05. All those although these curves may look separate to the naked eye we need to make sure that this -- these curves are statistically significantly different. That is determined by the P value of less than 0.05. I have tried to include all journal references on all of my site so that you can go back and look at the journals and read the articles yourselves.. I know there are many ran tumors. Unfortunately there are limited data and many glioma -- meningioma as well as limited data with some of the more uncommon brain tumors. If I find a data about them I try to bring them in. But again, we're going to be extrapolating from other cancers.. The goals of supplements and cancer are to help with symptoms from the cancer and the therapy. It is also to kill tumor cells. You can kill tumor cells in many ways. You can decrease inflammation. You can decrease blood vessel growth called anti-angiogenesis. This is blood vessel birth. You can also have increased so that. I tell people that are being treated with traditional therapy, it is shooting them with guns but the anti-angiogenesis patients -- are cutting off their food supply. Here you can see a tumor with the blood vessels growing and growing on the tumor and the tumor needs that two girl we are going to start with Kim and. Curcumin is the most active constituent of the turmeric rhizome of to not long a plan. Hundred to 600 mg of turmeric extracts is the normal supplement, three times per day. The maximum dose is 1800 mg. We will talk about that later. Curcumin is not well absorbed by itself so it should be taken with black pepper or [Indiscernible] select a supplement that includes those. If you are cooking with Curcumin -- determine, always add those. The action is decrease in tumor suppression genes which leads to increase LDAP decrease in information, in addition of new blood to flow -- increased cell death. Decrease in inflammation. Inhibition of new blood vessel formation for cancer. Alteration of oncogene. This is caused by the multiple myeloma. In this study patients were given 4 g and 8 g of the common. Remember -- the curcumin decreased the kidney damage and the abnormal protein levels and Nebo reception. -- Resorption. This is very good news. Curcumin is also given an advanced get a cancer patients and they are given 1800 mg daily. They found an increase -- decrease in NF-kappaB levels and out of the studies two had clinical responses. One had 76% regression of disease and the other had [Indiscernible - low volume] the summary on acumen use with paper -- proper if using on food. Studies use very high doses and supplements are not that high. Keep that in mind when you are buying a supplement. Some data with prevention but it is really unclear what activity it has on tumors. But you can use other types of information such as rheumatoid arthritis. Studies working on a synthetic commitment that has a higher absorption and higher binding powers to the receptors. This is an example of a religious activity that was taking place in India they died account with turmeric and



this is a white booty that is also stained with turmeric. Just a big reminder, if you're going to wear white and used turmeric, it will not come out. Be very wary of the stained that it causes.

>> Ginger is also a root. It has been mainly used in oncology to prevent nausea and vomiting. It can increase bleeding and have some anti-angiogenesis activity. You want to avoid it with blood thinners. Supplements and high doses can cause miscarriage and pregnancy. I know a lot of pregnant women are asked to take Ginger for prevention of nausea. You can use fresh ginger in moderation. Do not using people that have a history of gallstones.

>> These are two very important studies. 100 women with breast cancer take Ginger 500 mg three times per day for four days prior to chemotherapy. 744 patient -- cancer patients were randomized to placebo, a sugar pill, 500 mg, 1000 mg, 1500 mg of Ginger three days prior to chemotherapy and for a total of six days. In both trials they had significant reduction in nausea and vomiting.

>> If you are having trouble with your chemotherapy was not him by me -- vomiting cut Ginger seems like a nice natural safe alternative to other anti-[Indiscernible] fish oil has been in the news a lot. It is high in omega-3 fatty acids. Some people complain about the birth -- fishy burp smell that they get. By the time the fish oil is melted you won't have the fishy burp smell. Be careful with blood pressure lowering medicines because it can also low -- network blood pressure and it can also increase bleeding. There is mixed data whether it helps with cancer related symptoms and appetite suppression and weight loss.

>> I didn't find the data with fish oil and its relationship with cancer. Copper gelation is interesting -- chelation is interesting. Copper promotes angiogenesis and lab models. They did a study with glioma patients with pencil mine and low copper diet. There was no significant difference with copper chelation. Cannabis oil has been in the news a lot. This is an interesting study. This is a 14-year-old with acute lymphoblastic leukemia. The normal blood Countess 10,000 and you can see their blood count went as high as 374,000, very, very high. He said the -- started on cannabis oil and immediately started dropping and actually had low values for a out 70 days. The mechanism is similar to hemp oil and had a good response in this study. Cannabis oil in brain tumors is interesting. It works in vitro meaning in the lab through cell death and anti-angiogenesis or decrease blood vessel creation for the tumors. They did a study in the lab combined -- which combined can avoid an temozolomide that there is no clear data in humans. I again love this morning to make sure that I hadn't missed a study in humans and there is no clear data in humans. This may be difficult with the political implications of cannabis oil as well.

>> This is a study in mice with gliomas and they were given THC and Cannabidiol with radiation. At 21 days volumes were measured. In the treatment growth the tumor volumes were 5.5 mm cube and much higher in the control group. 48.7 mm cube, almost 50 mm cube, almost 10 times the amount of size. The value is very significant -- P value is very significant. It is less than 0.01. This is intriguing. As you can see, this was just published November 14, 2014. There is data coming out. It will be interested to see what the data is in humans.



>> On a side note I have many patients take thing Cannabidiol and they say they have a very sustained response in terms of their symptoms and are often able to come off steroids because of this drug. This is again showing the y-axis is the amount of tumor cells 120%. You can see with the Cannabidiol it shows a decrease in the tumor cells. Vitamin C has been talked about a lot.

>> As you remember scurvy is a deficiency of vitamin C that was found in Pirates because they would go on the ships four months at the time and not have any fresh fruit or vegetables. I just recently had a patient with scurvy, which is very rare in the modern age. Vitamin C is a water-soluble vitamin it is it available -- is available in many foods including citrus and broccoli and it is an antioxidant. Is one study of any showing that vitamin C does help with toxicity. IV patients were given IV vitamin C versus placebo in breast cancer patients for one year after their surgery. Patients with the vitamin C documentation had half the toxicity, very impressive. But again, I am really concerned about the data and the impact on cancer mortality. We have to be careful when we are taking antioxidants because we want to kill the tumor cells - - we want to help our normal cells get better but not also preserve the tumor cells. boswellia serrata And the next three drugs that I will talk about -- I should say next three supplements are very interesting. They are the ones I found the most intriguing. Is a large tree in India and Africa that is tapped for its resin and it is very appropriate for this time of year around the Christmas season. Has also been termed as frankincense in the past. Resin contains active Boswell at acids and it is used for anti-inflammatory purposes such as you would use ibuprofen for or aspirin. It has similar properties to the other anti-inflammatories, Ginger and turmeric.

>> This is a picture of the brain. There is a normal brain -- normal brain tissue. The circle is the tumor. All of the black area is the swelling from the tumor. This can cause significant symptoms, as you can see in the spring, the tumor takes up a small part of the brain but the swelling takes up a lot. Boswellia serrata Was given as 4200 mg a day versus the placebo, a very large amount. There was 75% reduction in edema and 60% of the patients had decrease and 26% of the placebo arm. The P value was less than 0.05 not a significant and other studies but still significant.

>> There is no data in larger trials about what tumor effects it has. Some patients reported minor abdominal discomfort.

>> I like to use this drug when patients are having a lot of trouble with steroids. They are on superhigh doses of steroids and we can get them off that because this drug may be able to help them win down on their steroids -- wean down on their steroids with little side effects.

>> Melatonin is a drug commonly known to people. This is a sleepy dwarf and I might start yawning looking at the picture. Is a hormone produced by the pineal gland and a maintain circadian rhythms. It is used in people that work in shiftwork. If they work nights they use melatonin for sheep induction -- sleep induction. Five 10 mg is dosage that is -- that usage -- posted to use her and some many -- insomnia. Most clinical trials used 20 mg and their is very little toxicity notice. Here is the results of a trial. Melatonin has been used for metastatic colorectal cancer,



metastatic melanoma and metastatic tumors. It is -- has been looked at in a request of us. 30 patients were randomized to radiation alone or British with melatonin. Again a much higher dose than that was recommended was used. Statistical improvement in one year survival was seen in patients receiving melatonin any patients had steroid related toxicity that was lower and radiation toxicity that was lower.

>> In a summary of the melatonin trial it is that patients had improved cachexia which is physical [Indiscernible] they had improved blood caps -- counts, they had improved neurological just. Improved survival rate and disease stabilization. Melatonin is very exciting for this. It may be a drug that your doctor, maybe more comfortable recommending because it is so widely available in the market and most physicians are more familiar with something like melatonin versus something like boswellia serrata. Vitamin D is one of the most exciting drugs I think in the supplement literature. Is a hormone it is not available in the active form in our diet. It needs to be converted to the active form of sun exposure. Were really unclear why individuals have low vitamin D levels. It is usually found in individuals who are darker or don't have as much sun exposure. Severely low levels are associated with rickets. You can see the building of the likes. This is a patient with rickets.

>> They did an interesting study where they looked at vitamin D levels at the time of a cancer diagnosis. It Incorporated 25 studies and 17,332 cases those patients. The patient's had reduction in cancer mortality in colorectal cancer, again a very significant P value, P less than .005. We had an improvement in breast cancer disease-free survival, P value less than point .005. We had an improvement in breast cancer disease-free survival, P value less than .001 and an improvement in lymphoma disease -- disease-free survival, P value of .001, very significant levels with very large studies.

>> All of the criticism of the studies would be that, yes vitamin D levels may predict a worse prognosis -- lower vitamin D levels. Patients with a higher vitamin D level may have a better prognosis. However that may be because the patients with lower vitamin D levels are six or -- six or -- psycho. We don't know if the vitamin D supplements actually help there was a statement that came out a month ago from the internal medicine [Muffled Audio] what about vitamin D levels in brain tumors? This is published in the Journal of neuro-oncology which was published in 2001, they looked at high-grade tumors, GBM and anaplastic astrocytoma. They used another kind of chemotherapy. We had 10 GBM patients and one anaplastic astrocytoma patient. The anaplastic astrocytoma patient lives seven years and the two glioblastoma patients lived five and four years. If you're familiar with glioblastoma, that is a significant time. Two patients were able to return to work. This is a very interesting MRI.

>> If you are not familiar with MRIs this is the eyes, the ears on a site, this is the back of the head. There is the tumor. The white is the tumor. This is before they started vitamin D supplementation. At this time they just gave chemotherapy and radiation therapy. There was no maintenance chemotherapy. This is a patient that is finished their chemotherapy and radiation therapy. Then they started on Africa



for dial which is a vitamin D supplementation. This was done at six months, this was on a 12 month, this at eight months -- 18 months, 18 -- 24 month and the same patient that 30 months. The criticism of this study is that this may have been what is called pseudo-progression or scar tissue and inflammation from the radiation that over time went away.

>> But I think we usually talk about pseudo-regression in 6 to 12 months of radiation and chemotherapy. For these patients to still be having responses 12, 18, 24 and 30 months later, I think it gives me pause as to, is it it -- is it the vitamin D helping.

>> Recently in May 2014, there was a vitamin D receptor that was found on some glioma cells. Patients with the vitamin D receptor had increased survival. What they did was a created glioma cells and put them in mice with DVD-R receptor. -- With the VDR receptor and they put -- treated them with patience. This shows 5000 cells. Almost half of what was in the treatment arm. Again, this is not human studies. These are not in humans. However it is still very interesting data.

>> How do you do vitamin D supplementation? The consensus from the and a chronology experts are the values of 30 to 50 ng/mL are normal. Some of the studies Terry patients up to about 70 ng/mL. In 20 to 30 ng/mL, 1000 to 2000 unit -- international units a vitamin D were given daily. If it is less than 20 ng/mL -- 50,000 international units weekly for eight weeks is recommended.

>> I like this because it is well accepted by the medical community. My vitamin D was 13 and I have been placed on the 50,000 international units supplements. Any internal medicine physician would be very familiar with this type of supplementation and very accepting of it. This is something that you can talk to your doctors about. One of the risks for vitamin D supplementation is kidney stones which can be very painful as most people know. So we want to watch and records of water and talk to your doctor about that.

>> Some ending to, remember supplements can protect cancer cells as well as normal cells. For that reason I don't like to give supplements during chemotherapy and radiation especially antioxidants. Research your supplements thoroughly before taking them. If you are not sure, check with an integrated -- integrative medicine physician. Most health centers have one and you can look at your oncologist in your doctor on recommending supplements that will not interact with chemotherapy.

>> Most importantly don't take the mantra, what my doctor doesn't know would not hurt her. I have a personal story with this. I had a patient that I told him, no supplements during radiation or chemotherapy. He didn't take supplements but he was taking grapefruit juice, highly concentrated grapefruit juice. Grapefruit can prevent the metabolism of Temodar and because of that it dropped all of his blood counts and he was unable to get any more Temodar during the relation therapy. No grapefruit with Temodar. Be honest with your doctor about the supplements you are taking and anything you are taking. It doesn't just have to be a simple been. It could be labeled as a food, and if it is highly concentrated, you want to talk to your



doctor about that.

>> I want to talk a little bit about optimism. This is a very interesting study. 534 patients -- they started with about 10,000 patients who took a personality test. 534 of those patients, approximately 18 years later developed lung cancer. They took the personality test than 18 years later they developed one cancer. Patients were divided into the optimistic group and the pessimistic group.

>> As you can see here this is the optimism arm, the black line on top and this is the pessimism Mark and they call it be non-pessimistic are many pessimistic arm. Let's look at this P value, 0.015, very significant. They had a survival benefit. If they started out as an optimist, 20 years before their diagnosis, this is very interesting to me. I want to tell everybody who was listening to this webinar today that you have already improved your chances of survival and your loved ones as path chances of survival by being an optimist. By coming to this webinar today and saying I am going to try everything in there has to be something out there, you have already improve your chances. I think that is really important.

>> This is me and Oprah Winfrey. I recently saw Oprah Winfrey in Detroit. One of the main things of her conference was choose love not fear. I always thought the opposite of love was hate but I guess fear makes more sense.

>> Again, by choosing supplements, by always looking for what is out there that is better, always asking questions about what you can do for your loved one or for yourself, I think we are choosing hope and not fear. I think that is so important, not just in terms of your well-being, but also in terms of your overall survivor and cancer control.

>> That is the end of what I have to say. Thank you for listening. You are an inspiration to me every day.

>> Thank you so much. That was amazing.

>> I saw that slide with Oprah ahead of time so I was wondering where that was going to go.

>> That was fun. Dr. Rehka Chaudhary will now take questions and a lot of you have been typing them in as we have been going along . Some of you have submitted them ahead of time so we have a wealth of questions already. Just in case, a reminder if you have a question that you would like to ask, please type in and submit it in the question box in the webinar control panel on the right-hand side of your screen and we will try to get to as many questions as possible.

>> We will start out here and one thing that Dr. Rehka Chaudhary and I talked about before hand, there may be some questions that you have about certain supplements that she may not have done research on. If we come to a question that you are asking about a particular supplement that she doesn't know about, she is going to state that she doesn't know. We need to respect that because we want to make sure that we give information that is scientifically proven and accurate information. Here is a question about a specific one -- did you come across any evidence of [Muffled Audio] during her studies and cannot be used during



chemotherapy treatment?

>> No, I didn't. How I picked the supplements is I am on a part of a glioblastoma support group online and I actually queried -- there are hundreds and hundreds of patients on this support group. I actually queried them and said, what supplements would they like to hear about that because I figured -- I picked the most commonly requested supplements. I don't know anything about highly unfortunately.

>> That is a perfect example. We can also generalize this one as well. The question is about melatonin. We can broaden it. Any specific suggestions on specific brands, and how do people find out about dosages when maybe it is for a pediatric patient versus adults?

>> I can answer the pediatric because I am not a pediatrician. Pediatrics makes me very nervous because of all of the dosages and weights and things like that. I can answer on specific brands however. I would go to the third-party verification websites and look up the specific brands that have been verified by those third-party verification sites. But also I think you don't go wrong if you buy them by a major brand -- if you buy a manager -- major brand. Melatonin is available I major manufacturers. That is a little bit easier. If you go to nature made or Spring Valley or any of those brands that are selling all kinds of over-the-counter medications, I think you're pretty safe. I think you run into difficulty when you are talking about more obscure supplements, especially cannabis oil because of the elliptical ramifications of cannabis oil and medical marijuana. You have to be very careful with that -- political ramifications of cannabis oil and medical marijuana. You have to be very careful with that drug because you don't know what you are getting.

>> What in ginger causes the anti-angiogenesis with the nausea and vomiting? Is there some active ingredient?

>> It is the root, behold ginger plant -- the root of the ginger plant that does that. The anti-inflammatory action is not as strong as I would say curcumin or boswellia serrata which I talked about, those other anti-inflammatories. Fish oil, for instance, is a great anti-inflammatory. I think Ginger's biggest use would be with nausea and vomiting. A lot of patients have a lot of trouble if they have a brain tumor in an area where nausea and vomiting is stimulated. They have a lot of trouble and they try everything to avoid that. My patients tend to tell me with temozolomide which is the most common chemotherapy that they use, they can to tell me that it is not really nausea that they have. Nausea is divided into two categories, central, what comes from the brain, and G.I. which comes from the stomach. My patients tend to tell me that it is not really central that they are having issues with. They say it feels like -- when I was pregnant I had to keep something in my stomach at all times. It is more of an acidity problem on your stomach. I told us patients to have a bowl of oatmeal in the morning. Has something that would absorb that acid.

>> That will help that. If you still don't get relief, then maybe try the ginger for more central mechanisms.

>> Good idea. You recommended taking no supplements during chemotherapy and radiation therapy, but someone is asking about [Indiscernible] her husband is



going to be on Avastin as long as he is working so does that mean that he cannot take any supplements?

>> No. The main reason I recommended that during chemo and radiation was twofold. One is radiation is working by oxidizing measures. Many supplements work by anti-oxidizing measures. That is where we want to be really careful because we want the radiation to work if you're going to go through it. We wanted to work to the best of its ability. The other reason that I recommend it during radiation and chemotherapy is in my world it is usually accompanied by temozolomide or PCD, both which have oral chemotherapy. You don't know what the supplement is doing.

>> I have a patient on probiotics and I was concerned about the amount of probiotics they were taking in terms of blocking me of sorption -- the absorption of the temozolomide. That really worried me because it is an oral chemotherapy and it is also chemotherapy that is modulated to deliver -- the liver. That can have an interaction as well. In that case, which is why I want Avastin -- doesn't have any of those. IV medications, they don't worry about absorption as much with those. There is no interactions that I know of what supplements and Avastin.

>> The thing you want to be careful with this fish oil or supplements where I talked about back and caused -- can cause increased bleeding. You want to be careful about that risk factor. As far as the reasons I recommend it during radiation and chemotherapy are vastly different. Does that make sense? Doesn't answer the question?

>> Yes. Thank you. To have any information IV vitamin C -- do you have any information about ID vitamin C?

>> I looked about that for several of my patients. In the lymphoma world there has been some good data with IV vitamin C. Again, you become weary of a really great antioxidant. I should be on some vitamin C right now, in fact. What I like to tell my patients is, vitamin C is a great source anywhere from food. I am really big about doing it completely naturally. There are risks of IVs. There is risks with anything you put in your range. I would try vitamin C supplementation orally or you can eat four oranges a day. I think we can get a lot of vitamin C through natural sources, which is always a great idea as well.

>> Perfect. This next question, we actually get this one called into us a lot. Maybe this is just from -- for my curiosity and you may not have an answer. What are your thoughts about juice plus? It has a food label instead of a supplement label. Have you ever looked into juice plus?

>> I have. I should comment. I can answer it. The story I gave was -- about juice plus, the patient that had to go off of it. Whenever you have concentrated juices, you are risking, especially with the temozolomide, you are risking a lot of interaction. Anytime you have concentrated juices like that -- I really advise my patients when they are on the temozolomide at any time they do not take that. I like juice. I think natural juice is a great source while you are taking chemotherapy and even afterwards for all of us. Everyone should have natural juices.

>> I juice every morning and I tell my patients instead of juice plus, why don't you



do a green kale with oranges and blueberries and bananas. They are really easy. The one I do every morning as I do spinach with an 8 ounce glass of ice and half -- a 4 ounce glass of water and I put it in the Vita mix and then I put in blueberries. The most important part of it is you need a ripe banana. That is the most important part. Sometimes I will put oranges in there and mix it up and my kids drink it every morning. It tastes really good. I like to add Chia seeds but not everybody likes Chia seeds. I can do that every morning and I have three small young children and it takes me about one minute to do it. It is doable and it is a great way to get in a lot of those nutrients in a natural way and in a non-harmful way because there is only so much spinach you can drink. It's a much safer alternative.

>> Yes. These are the greatest invention. You can hide things in smoothies. They won't even know what they are drinking.

>> It has changed my life.

>> We will probably do three questions. I don't know how to pronounce the so I apologize. Banerji The question is about the protocol -- the question is about the Banerji protocol.

>> I can get to them on this but I don't know anything about the Banerji protocol. It sounds familiar but I don't know it.

>> Someone is asking more about cannabis well. Is there a ratio -- cannabis oil. Is there a ratio of cannabis oil -- Cannabidiol oil and turmeric. It is difficult for me to get that information. All I can say is that my patients, everyone my patients that has been using it has had symptomatically remarkable responses. I don't -- one resource again would be to go online and talk to other glioblastoma patients and see where they have gotten them. I have not pursued it because I am in Ohio and the medicolegal issues of it -- I haven't pursued that.

>> I can say that that trial that came out November 14 is very exciting and compelling and is showing that we are moving into a world where we are stopping looking at it as an illegal drug and maybe looking at it as a therapeutic possibility. That is exciting. Maybe in the next year we will have some news. My patients have a lot of guilt surrounding it because they feel like they are bad taking it. I have had some remarkable responses.

>> I think we have a question about every single webinar no matter what the subject is. [Laughter] It is a topic that is out there. [Indiscernible - low volume]

>> It's what I talked about being scared of off label recommendations. All I can say is there is limited scientific evidence in humans, however most of my patients have been taking it and I have very advanced nation to been taking it. I encourage them. I say whatever at this point make you feel better -- makes you feel better. They have had some nice responses with it.

>> Someone is asking about -- you talked about fish oil. They are asking, isn't it oxidant -- and antioxidant they thought they were to avoid antioxidants while on team of therapy.

>> -- On chemotherapy.



>> Fish oil is an antioxidant as well and it does work in other mechanisms as well but it is an antioxidant. I don't recommend it during radiation and chemotherapy. Avastin works in a different way. Avastin works but blocking the blood vessel formation. It doesn't rely on oxidation as much so it may be a little safer there. But again then you get into the bleeding risk because Avastin has a significant bleeding risk. -- Not a significant but that is one of the side effects of Avastin that can occur. You have to be careful with that.

>> I searched and searched and searched because I had heard that there was a study with cachexia and wasting away with fish oil. I really couldn't find any compelling data.

>> Okay.

>> Even and other cancers, not just in brain tumors. In other cancers as well.

>> A couple of questions asking about a glioblastoma study out of India using lycopene.

>> Yes. I am a food person. Lycopene is tomatoes. We have worked on lycopene and other cancers and their have been concerns with lycopene and an increased risk of cancer. I am not from a your with a particular study and I can look into it, but again, my recommendation would be, especially if you were early on in the process. If it is advanced and then you want to try everything possible to mediate your symptoms. Do you know what I am saying? But especially if you were early on in the process, a diet rich in fruits and vegetables and limiting be processed foods and inflammatory foods will get you a lot further, I think. When I gave my talk at the turn to presentation -- ABTA presentation at the symposium, I think I showed compelling data with diet, exercise, even in glioma which is traditionally are most resistant tumors. The data was very compelling with diet alone.

>> So I think that lycopene -- again, I am not familiar with that particular study. Lycopene, cherry tomatoes with a little bit of avocado, Sultan Basil. That is a great - salt and Basil. That is a great snack. You get a lot of lycopene if you do that. That is a great idea if you want to introduce lycopene. I understand a lot of patients have trouble eating all of these foods because it is hard for them. That is where the smoothie thing comes in again. It can make it palatable to somebody who has a lot of nausea and an inability to eat.

>> It sounds good, especially more so in the middle of the summer, not so much in the middle of the winter.

>> It is a journey. It really is. I have been on the journey for a few years now and I think I mentioned it in my own talks. My history of this, I used to do one cancer and other hematologic malignancies and I separated myself from that. I wasn't that person. I wasn't that person that had lung cancer because I don't smoke. And then I started doing brain tumors and for a while my husband was like, you need to get out of this business, because every single one of my patients was me or my uncle or my cousin. They had never done anything wrong and then they come in and suddenly their life is changed.



>> It was a journey for me. I used to be one of those physicians that is like, don't take any of that. Take what you have been taught. Then I started seeing that I needed to have more answers. And then I made this journey over a period of years. I am still going through the journey. I still struggle with what I should eat and what should I take. That is why -- patients tell me all the time, Dr. Rehka Chaudhary, I can drive. I can't work. Akin to any of these things and I you want to take away -- I can't do any of these things and now you want to take away my cheeseburgers.

>> That's why I talked about Oprah Winfrey. We don't want to choose the fear aspect. We are choosing a better lifestyle. We are choosing to live luxuriously. We are choosing to live life well. I don't do a perfectly but I am trying.

>> I think that is it. I think it is making good choices and being proud of, if you made a good choice this week, be proud of that. Be proud of the good choice that you made. Make another good choice next week. As a social worker, I am very much on the side of not beating yourself up, if you have fallen back in a rut. If you have eaten a cheeseburger or anything like that. If we take care of ourselves -- we can be our own worst enemies.

>> We do know that stress worsens tumors. We know that. We know that for a fact. There is no doubt on the data for that in terms of stress. So if you are going to be stressed out, then yes don't take that journey. I want you to still be not stressed out because that is worse for you than it would be trying to [Indiscernible - papers rustling] about your diet.

>> Let me squeeze one more question and really quickly. This is important. There are tons of questions and we just don't have enough time. Could you clarify for them, you talk about waiting until chemotherapy and's. So that people are really clear on this --

>> -- What my recommendations are, not based on any data. This is what I do in my clinical practice. Ask them to not take any supplements, that includes adding supplements or way protein or anything like that, even probiotics. I asked them to not take any of that through the chemotherapy and radiation therapy because I don't know what that will do to the metabolism or the absorption of the temozolomide. That is a six-week process.

>> Does that mean when it exits the system too because of and stay in the system?

>> Yes, what it happens is it -- great free specifically blocks the exiting of temozolomide from the system. So you have extra laying around that doesn't help you as much by can cause toxicity to your account -- blood count. That is why I am very careful during that time. After that six-week period I tell them, the week that you are on temozolomide or the five days that you are on temozolomide just try to avoid doing any of your supplements. But the rest of the time, when they are on their 12 months of maintenance therapy, I told them that is fine. You can do whatever you want to do in this time period.

>> I have no problems with that. There are five days out of the month that they try



to avoid doing those things and then the rest of the time they do it. I am a little looser about that. If they want to take it during the five days I am like, okay. We will try it. But definitely during radiation and chemotherapy -- because I had not just one patient. I have had multiple patients I found out were doing supplements even know I told them not to and they didn't tell me and they had problems with their chemotherapy and were unable to get any more, which is really dramatic because we know for sure temozolomide works. We don't know that the supplements you are taking work. That's the reason.

>> Thank you for clarifying.

>> No problem.

>> That is all the time that we have today for all of our questions and for the presentation -- I want to thank you again Dr. Rehka Chaudhary. It was amazing.

>> It was my privilege. It was really fun. I learned a lot to. -- Too. For more information on this topic, other brain tumor topics, refer to our website. This will be posted to our website within a couple of days. There are other topics. Euchre -- can call our CareLine at 800-886-ABTA . Our healthcare professionals will help guide you and answer your questions. I am going to pause for just a moment and stop our recording and I'm going to let you know about our future webinars that we have in store. Just one second.

>> Our next two webinars, next one is in January 2015, if you can believe that. It is January 7 from 1 PM to 2 PM. We have financial and legal resources for pre--- brain tumor patients which we all know is a struggle. We have our very own Crystal Ward oncology social worker and rubber manager at the American brain tumor Association who will discuss financial and legal resources for primary, metastatic and benign brain tumor patients. Patients and families will learn tips for reducing medical costs, how to navigate insurance and ways to mitigate financial concerns with your medical team. An overview of financial assistance resources on their eligibility will also be provided

>> Then on January 21 at the 15, from -- 2015 from 11 AM to 12 PM central time we will have brain tumors 101. Dr. Rafale professor of neurosurgery and pediatrics from University of California San Francisco will discuss brain tumor basics in this basic class called brain tumors 101. In his webinar he will include learning about different parts of the brain, symptoms, types of brain tumors. He will also talk about how a brain tumor is diagnosed, tumor grading and treatment. Also had a location and size of the tumor can cause different side effects or the patient. This concludes our webinar.

>> Thank you for joining us and please be sure to complete the feedback survey you will receive shortly following the session. You may now disconnect.

>> [Event Concluded]

