

CLINICAL PRACTICE

Complimentary medicine series



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Lifestyle factors in the management of cancer

This is the second of a series of articles looking at the available evidence for complementary medicine relating to the theme topic in *Australian Family Physician*.

Two interesting and important studies emphasising the importance of lifestyle factors and the holistic approach in the management of cancer have been released. Because of their significant implications for medical practice they deserve to be drawn to the attention of both doctors and patients.

The first studied the effects of physical activity on breast cancer recurrence and survival.1 It is known that regular moderate exercise protects against breast and a range of other cancers, but this study was the first to examine whether 'physical activity among women with breast cancer decreases their risk of death from breast cancer compared with more sedentary women'. It was a prospective observational study over a number of years based on 2987 registered nurses with stage I, II, or III breast cancer. The Metabolic Equivalent Task was used to grade women into one of 5 levels of physical activity. Women in the middle category for exercise (equivalent to walking 3-5 hours per week) had the lowest relative risk for death from breast cancer (RR: 0.50, 95% Cl, 0.31-0.82)) compared to sedentary women. Those who did more exercise than the middle group still had a lower mortality than the sedentary group but less benefit than women in the middle category. It would seem that moderate exercise is a very important part of the prescription for breast, and probably other cancer patients. It aids with general wellbeing, assists coping with the illness and treatment and, importantly, seems to reduce recurrence and improve survival.

The second study examined the effects of a holistic lifestyle program on the progression of early prostate cancer.² Dean Ornish's work with reversal of heart disease is well known, but in this trial he used a modified program on men with prostate cancer. In the study they 'evaluated the effects of comprehensive lifestyle changes on prostate specific antigen (PSA), treatment trends, and serum stimulated LNCaP cell growth in men with early, biopsy proven prostate cancer after 1 year'. The study patients were men who had chosen 'watchful waiting', ie. not to undergo any conventional treatment. This was useful because it avoided the complications associated with cancer treatments. Ninety-three men (serum PSA 4-10 ng/mL, Gleason scores <7) were randomly assigned to the lifestyle intervention group or a 'usual care' control group. The intervention included a support group, stress reduction incorporating yoga and meditation, moderate exercise, and a low fat vegan diet supplemented by soy products, selenium and fish oil. Over the following year, none in the lifestyle group needed to undergo conventional treatment due to an increase in PSA and/or progression of disease, and overall PSA decreased by 4%. In the usual care group, six men went on to have conventional treatment due to disease progression and rising PSA. Overall PSA increased 6% in the control group (p=0.016). The growth of LNCaP prostate cancer cells was inhibited almost eight times more by serum from the experimental than from the control group. Positive change was significantly associated with compliance, ie. the degree of change in diet and lifestyle.

If a new cancer treatment had effects similar to those above, there would be attention and resources directed toward it, but unfortunately there has been a great silence from the medical and general press, and from the oncology community. Many cancer patients desire to find out about holistic and complementary approaches and it continues to be unfortunate that they often have to go outside the medical system to get advice. Obviously one would not advocate only lifestyle interventions when conventional cancer therapies are indicated, but they should be increasingly seen as integral and not peripheral to quality oncological care.

Conflict of interest: none.

References

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