

CENTER FOR MIND-BODY MEDICINE
COMPREHENSIVE CANCER CARE 2000

CONCURRENT: Integrative Approaches to Breast Cancer

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Arlington, Virginia

June 7 - 11, 2000

P R O C E E D I N G S

MS. CLASS: Dr. John Pan is a clinical professor in the Department of Obstetrics and Gynecology, and the director for the Center of Integrated Medicine at George Washington University. I think he also founded that center.

I was reading some things about him and his vision or his overall goal of creating the center was to really have a collaborative place where not only he was integrating these CAM therapies, but he was teaching to med students and doing research and really collaborating and building that bridge that needs to be built between alternative and complementary medicine and the allopathic community.

So it's my pleasure to introduce Dr. Pan to discuss his topics with you.

DR. PAN: Thanks, Monique. Actually I would really want to introduce myself because, I mean, oftentimes, you know, the introducer gets a sort of a different viewpoint of who you are, so I don't want any illusions of who I am. First of all, I'm kind of a klutz in doing this.

I really have to confess I'm a gynecologist and I have to tell you that I'm a transformed gynecologist. The difference is that after 22 years of practice I realize there's more to medicine than just gynecology and delivering babies.

So I actually took a little bit of risk and stepped out of my box as a gynecologist and left my private practice and joined GW University as full-time faculty and with the idea of starting the Center for Integrated Medicine and very fortunately, I had very good support.

Unfortunately and also fortunately, it's a lot of moral support and in terms of establishing the center. So now we're in operation for 2 years. And what I want to do is just to tell you a little bit about our philosophy of treating and so you know I'm not an oncologist, so I'm going to speak sort of common language that gynecologists understand as oncology, which is not much more than they layperson's, you know, knowledge about oncology. So my visuals will be very simple.

When I look at management of cancer, basically there are two paths: The cancer and the patient. In conventional medicine, I think we're very good at treating the cancer. We use, you know, basically the two strategies to reduce the tumor mass using surgery and radiation, and then reduce the spread and the recurrence of the cancer using chemotherapy and radiation. That's pretty much is the gist of what we do.

On the other hand, on the patient's side, in terms of conventional medicine, we may not be doing such a great job. We have patient support groups and, otherwise, then they're kind of on their own. So on the flip side, on the CAM side, there's also two things to treat: The cancer, which is a disease, and the patient who happens to be the host of the disease. And so we look at nutrition, look at herbal treatments, and looking at supplements.

Now, obviously we're all here because the evidence of using these three instruments only to treat cancer has not really arrived to the state where it needs to be, so there's a lot of work still needs to be done.

We're not doing so great on that count. But most of the work, to me right now, what we're doing is basically on the patient support side. And very much like what Jim's message today, and I swear I didn't copy his ideas from this, but this is a very common idea is the respect for the patient's own ability to heal. So a lot of the things we do really tap into that.

Again, we use nutrition, supplements, and herbal, and we use Reiki, meditation and imagery, acupuncture, massage, and spiritual directions.

Now let me give you another visual of the same idea and I really kind of like this. On one axis is the patient and the other axis is the cancer. So right now, if you look at the conventional medicine that basically climbs up the cancer axis side and sometimes it actually pushes to the negative side as far as the patient is concerned, but it brings it back a little bit, but pretty much we climb up the left side of the axis. Then the patient is going to -- the right hand corner where you are and then that's where the CAM treatments are. We're also looking at the difference between individual CAM treatments versus an integrative program of CAM treatments. Can we put these together with conventional medicine and take it all the way up to the right hand upper corner where I think -- where the 100 -- you know, the full score is? I think this is where we need to be and this is where we are, is to bring everybody to the right hand quadrant of this scheme.

What we're doing is really to stretch out the therapeutic spectrum, okay, really to include everything else. Looking at one -- again, in the one extreme of the therapeutic goal is in the soul and the essence of healing and really on the other hand is the physical curing. That's another idea I want to leave you with, I want you to think about, is the difference between healing and curing.

So in the bottom half of that spectrum is allopathic medicine and on one end is surgery, on the other hand is psychiatric support. On the top half of the spectrum there's complementary alternative medicine. Again, it has this spectrum between really the physical aspect of the modality versus more of a spiritual aspect of the modality, and body works, massage, chiropractic is very much on the physical aspect. Herbal medicine is very little different than pharmaceuticals. It's just -- I mean, they're very common. And supplements and nutritionists, to me, really is something that really should be in the middle. I mean, it doesn't -- it's not one or the other, but it really should be really the foundation of really the whole treatment spectrum. Then the energetics which include, to me, Reiki and even acupuncture, and then mind-body medicine, which is very much, you know, to do with psychiatric healing.

So this is, again, another way to look at how we're going to approach this problem rather than keeping it above the line, below the line, but integrating everything and have an approach that really stretches out the whole spectrum and widen the spectrum. To me, this is a very useful thing, not only just in cancer treatment, but really in anything that we approach, any medical problem.

So, on that basis, this is the philosophy of our clinical practice and, again, this sounds very much like what Jim was telling you this morning. It's just that this is such a common thread. I mean, it doesn't take a rocket scientist to think about these things and arrive at the same conclusion that every person is unique, that we don't have one single magic bullet for everybody, that every person is a mind-body host. It's not just the mind, just the body, but it's -- we have a mind and we have a body. It's very simple.

And this is a little bit different in the sense that an empowerment aspect of the treatment modality is very crucial, especially with cancer patients. As you heard again, once you have cancer, boom, your life's changed. Suddenly you're on this different track and everything is different. You lost your power. You lost control and this is some of the modalities, some of the treatment actually give you back some of the control.

Then there's partnership. There's partnership between the patient or the CAM modality, people like to call them the client, and the healer. I mean, it is purely -- it's a partnership. It's not one being the boss and telling you what to do and you as patients have to take responsibility.

Then it's safety. You know, what is safe? Above all, do no harm and within that safe choices then we allow the patient to choose because something connects better than others. Not everybody has the same connection.

Then our center will provide the best practices within each modality. What is the best thing for each cancer or for that specific problem? Then we try to provide the best practitioners, and that's not easy. It's a practical thing of finding the best practitioner and that's a challenge you all have. When you want to get into this, who do I go to see? How do I know that person is good? We try to screen it out for you.

Then we also provide you with a comprehensive plan, that you do not have to be your own manager, you do not have to be a general contractor. We'll be your general contractor where we can show you how each pieces will fit in, that you do not have to go out and seek each part of those treatment efforts.

So what we do is that we put our patient in this healing and curing circle and we look at how we can reach into that circle by looking at the physical aspect, the physiologic aspect, whether it's a mind-body aspect, or in relieving symptoms.

So based on that we form our principles of treatment. How do we achieve optimal health? We do it with nutrition. We do it with lifestyle counseling -- no drinking and coffee and all these things need to be changed, having enough of sleep, and all these things are very, very important. How do we supply emotional support? Use guided imagery, meditation, spirituality. How do we improve immune and physiologic function? Herbal medicine is a big part of this and Reiki and even massage improves physiologic function. So we look at all these modalities, how do we fit in into an integrative program.

Last of all, we can't forget about the symptoms. If we can relieve pain then it's a very important part of that patient's sort of healing path. So we can use -- using herbal, using chiropractic, and because the pain doesn't have to be only be coming from the cancer. Patient can -- all sorts of other pain and that needs to be addressed.

Okay, so with all that, we have our quality of life program, which is the adjunctive care plan for people with cancer. So we like not to call a cancer program, but really the thing that we're addressing is really the quality of life. What do we mean by the quality of life? This may be a little different from sort of the standard look at what's quality of life and how they feel and all that, but it's really a lot of things. It's being fully informed, informed of what's being done and what's available to them. That, again, you don't have the stress of being your own contractor. We have actually integrated team of caregivers that actually talk to each other and work with each other for your care and give out credible CAM information, and that's really difficult. And I think we're not doing that great a job here because that's, I mean -- so we really need third-party sources to do that because everybody's -- how credible these information are. It takes a tremendous amount of time to sort through and digest, but we're able to give you the best practitioners.

Then it's the empowerment. The empowerment aspect is very, very important about reducing stress and improving the quality of life, and then we create an empathetic and supportive network. Basically this is the support group that in conventional cancer care that you have. Then we also will teach you self-efficacy skills and basically how to talk to your oncologist because they may not be sympathetic, they may not -- you may not be lucky enough to have the oncologists that are sitting in this room that are sympathetic to what you want to do, but they may know. So we teach you how to talk to them and we also will help you communicate with them, and then respect -- and respect each of you, the patients, as an individual.

So the program is, again, individualization is a key part of it. Again, it's the same message again. It's individualizing individual needs and preferences.

Not everybody will respond to Reiki, not everybody will respond to meditation the same way, and they respond to things very differently. Patients keep on surprising me and looking at a businessperson coming in, an executive, and said maybe you should try meditation. I don't know whether it's going to work or not, but then when the meditation person, feedback is going, wow.

This person, after 15 minutes spent the rest of the hour just weeping, just opening up. So you never know how people will connect to these different modalities; and the treatment plan is always dynamic. And it's changing all the time and then we treat the patient as a whole person because there are other medical problems, too.

Then we address the cancer as three really distinct phases: At diagnosis, where you need to address stress and we need to really improve your basic health, development a long-term care plan; and during conventional treatments you need to enhance the conventional treatment by, again, improving immune function and also taking care of your caretakers and that's also very challenging; and beyond treatment is really the challenge. Once they are done, how do you keep them well and how do you help them to make really life-long changes?

All right. You can't do all this from a building. We don't have a building. We basically break the treatment program into basically three modules: The immune enhanced module, the stress reduction module, and the symptom management and wellness module; and we mix and match. We ask everybody to hook onto the immune enhanced module and then, also, if they need it, you know, depending on what they need, pick one of the two others. Each one of these modules consists of about six visits.

Now I'm going to say, we can't do this by ourselves, and this is really where I made the investment in establishing the center. I don't have a fancy building. I don't have fancy offices. To decorate our waiting area I went to Ikea and bought furniture there. So it doesn't cost a lot of money to establish a center.

There's myself. Susan Silver is my program director and this is actually older people and some of the people are no longer there, but this is really the key part. This group of 12 practitioners has been there from day one.

They have stayed with me for the last 2 years and they are just indispensable.

Now a quick word on research. As you remember, the other slide, where we want to get to the right hand upper corner and, frankly, if we cannot get to the right hand upper corner, we're not going to get reimbursed and patients are not going to pay. Anyway, so what we want to do is, to put it simply; in our research project there's a lot of data to support that each one of these individual modalities help.

What will happen when we integrate it, integrate it into a program? So we have a study that we've submitted to compare a group that's not receiving any CAM treatments, a group that has just a single modality, just doing Reiki, doing acupuncture, doing herbs and then compared to a group that's actually getting like 33 sessions, including education and a combination of all of these above and we see whether it makes a difference. It may or may not. Thank you.

I want to thank Jeremy to let me go first because I was worried once he goes first, I have nothing to say.

MS. CLASS: Thank you very much. Next we have Jeremy Geffen, and he is a medical oncologist and the director and the founder of the Geffen Cancer Center and Research Institute in Vero Beach, Florida.

He has also traveled for the past 20 years exploring spiritual and ancient healing traditions in the East, which he has incorporated not only into his practice, but into a book he has just written.

This book is fabulous. It's in the exhibit hall. It's The Journey Through Cancer: An Oncologist Seven-Level Program for Healing and Transforming the Whole Person. It's really a wonderful book. So I'll let Dr. Geffen talk more about his philosophies.

DR. GEFFEN: You know, it's time for a stretch.

MS. CLASS: Yes.

DR. GEFFEN: Will you join me? Stand up. We're coming. Are we lucky to be here or what? I mean, is this -- I have to tell you, this is a dream come true for me personally and I'm sure it's a dream come true for every one of us here today. I know so many of you and so many of you that I don't know, but I know your spirit and I know the mystery and the longing in our heart that has brought us here together, and how lucky we are to see this finally happening in real life.

I want to acknowledge each and every one of you because I know that the journey that each one of us has taken to be here today has been filled with enormous challenges. I know every one of you has sacrificed, has suffered.

There's a beautiful expression that we have all walked through many gardens and we've knelt at many, many graves in order to be here today. So I really want you to know how much I honor the courage and the commitment and the passion and the fortitude that each and every one of you has brought to this challenge, to this struggle, to this birthing process.

You know, maybe having a gynecologist here was really appropriate because we are literally midwives, as far as I'm concerned. We are all midwives in the creation of this model of health care, not just for cancer but for every disease and every element of suffering.

I know that the reason it speaks to us -- you know, Jim was talking about why are we so touched by this; and the reason is that we're all in pain on some level, we all have suffering, and we know that this could be us at any moment.

I also believe that each one of us knows somewhere deep in our heart that there really is a better way. There really is a better way to live. There's a better way to love. There's a better way to care for ourselves and for each other. And how blessed I feel and how blessed we are to be a part of that, so I want to say thanks.

Now the journey that brought me to be here today really began many years ago, long ago, it's scary, with a very personal spiritual search.

When I was a teenager, I had these longings in my heart to know who I was and to have some deeper understanding of what my life was about and how to be relieved of the pain that I felt in my heart. Things that were going on in my family and parents were splitting up and there was suffering all around me and it troubled me and I started searching.

When I was 16, I went to Israel and studied with some beautiful orthodox rabbis. When I was 18, I met a fantastic Zen master who introduced me to the teachings of the Buddha, the Buddha dharma, this treasure, this ocean of knowledge and wisdom about how to heal and transform.

When I was 19, I met a Hindu spiritual teacher and became a monk and went to live in an ashram for 4 years as a monk, studying yoga and meditation; became a vegetarian; spent many hours searching inside, going deep inside, learning about chakras and energy and samadhi and also started studying Tibetan Buddhism and just completely fell in love with these traditions and really contemplated spending the rest of my life as a monk in an ashram.

When I was 23, almost 24, I started hearing a very funny voice in my heart. I'd go into meditation and this voice was saying, whispering at first, Jeremy, it's time to go to medical school, you know.

At first, they were -- no, I swear to God, it was not my mother, okay? I'll tell you, it was not her, I promise. So many people said, sure, that was your mother. It was not my mother, right?

But there I was, I would be meditating, you know, just in love with my teacher, in love with what I was learning, and this voice, "Jeremy, you have to go to medical school." It just wouldn't leave me alone.

So finally, I said okay, you know, what can I do? So I moved to New York City and like all of you; I am sure each and every one of us here has had twists and turns in our lives that you

cannot believe and that you could never have predicted. Is that true for you? You bet, okay. Well, it's true for me, as well.

So, anyway, I have to tell you, I left the ashram, this beautiful spiritual community in the country with 100 people that I lived with for 4 years and loved, and I wind up in an apartment in Greenwich Village, going to medical school; and I have to tell you that leaving the ashram and going to New York City was a bit like falling asleep in Shangri-la and waking up in Las Vegas.

Not an easy transition because everything that I had grown to love and that I cherished and that was most sacred to me in life was absolutely denigrated by the medical establishment that was I was studying in; not only ignored, but it was really denigrated. And this was a challenge, but, you know, it was a blessing, too, because it forced me to go inside of myself even more deeply than I would have.

I have to say, also, that I really fell in love with science and with the power that scientific technologies have to make a contribution to our lives, as well.

I began to have a feeling that I wanted to bring them together in some way. And when I was in the third year of medical school, I went to India and Nepal for the first time and interviewed some Ayurvedic doctors and Tibetan healers and I was astounded by the depth of their knowledge and their wisdom and their compassion.

I realized that the healing traditions from the East not only had profound spiritual knowledge, but they had profound medical knowledge, as well.

Again, this vision began to grow even more strongly in my heart that I wanted to bring these together. Little did I know, and I could never have imagined, how personally this would appear in my life. But 2 years later, when I was a senior, my own father got stomach cancer and he died 4 months later.

I experienced in the most vivid and personal way that anyone can what it's like to go through that journey with a family member. I'm sure many of you here today have walked that path as I have and that's when it became very clear what I was going to do with my career; finding a way to bring these together, building a cancer center that I had longed and wished would be there for my dad.

I wanted to know specifically a couple of things. First of all, what would a true integrative model of health care look like? How would it feel? How would it run? What would be the values of the people who worked there? What would be their beliefs? What are their organizing principles? How would it be different? How would the environment be different in terms of how the people who worked there related to each other and loved and cared for each other?

So I set out to do this and, in '94, about 6 years ago, I was finally able to open a cancer center in Florida and fulfill this dream.

We've been doing this work, I and my staff, for the last 6 years full time and it's been an amazing journey for me personally.

Over those years, I listened very carefully to my patients because I wanted to know an answer to a question. I really wanted to know what does it take, really, no kidding, to really heal and transform, not just cope with cancer, not just deal with cancer, not just sort of manage through

this or not have a superficial transformation, but a deep and a profound transformation and that's the question that motivated me.

I spent years listening to people who were going through this journey and answering their questions and trying to help them make sense out of this whole morass, this confusion, this jungle of information that was very confusing.

I have to tell you that I discovered, over years, that every single question that a person with cancer asks, at some point or another along their journey, falls into one of seven distinct domains. They're really domains of our own being and I found this out. I discovered it.

I remember the moment when I had this flash of awareness and I saw what these seven levels were, and I wrote them down and I started to share them with my patients.

I have to tell you, I was astonished at what happened because it took this universe, this ocean of information that was so confusing and it made it very clear for people so that they could begin to have certainty about where they needed to put their focus and attention because, as we know, now it's even harder than ever before to make sense of all the information and the options and the programs and the models that are out there. Isn't that true, especially with the Internet?

So here is a program that really developed organically. It wasn't an intellectual construct of my own mind that I tried to impose on people but it really emerged in a very organic way and in about the next 5 or 10 minutes, I'm just going to walk you through these seven levels to give you a taste or a feeling of what they're like and some insight into how it works.

As Monique said earlier, I've written this all down in a book called *The Journey Through Cancer*, and it's available. It goes into great depth of how this works and also has some beautiful stories of real people who've experienced this transformation, again, which is designed to go as deep as we can conceive as human beings, all the way down to our core of our essence, of our soul and our spirit.

Ultimately our true nature is consciousness at the same time, dealing impeccably with the physical dimensions of disease, the mental, the emotional ones, from genetics to oncogenes, all the way up to pure spirit and consciousness and everything in between.

So I'm just going to walk through the program and forgive me for moving quickly. These are beautiful domains of life and we could spend a day, literally, on each one. But I'm going to give you just a taste, kind of like a sip of what's involved.

The first level is called education and information. It's pretty obvious why we would start here. Dr. Gordon mentioned this this morning, the importance of this. Dr. Pan mentioned it and virtually every speaker here at some point in this conference is going to emphasize what is so obvious to all of us.

When we're sick, we all need education and information. We need knowledge. The truth is, and I'm just going to give you a little secret in advance, this program works not only for cancer, it works for all of medicine.

Even more importantly, it's a way to live your life. So I want to invite you to think about that in the back of your mind as we go through these seven levels.

Don't we all need some information about how the world operates while we're alive, whether we have cancer or not? You bet. So in our program, in our cancer center, everyone is tuned into this and we spend a lot of time focusing intently on giving people the information that they need and there are two reasons why.

First of all, so that they can get the best possible results from their treatment and, second of all, so they can relax, so their mind can become quiet enough that they can begin to explore the deeper dimensions of hearing, which is what people really want.

Level two is called psychosocial support. Again, these are themes that we're hearing now over and over again, the importance of these levels. Dr. Gordon mentioned the overwhelming amount of data in the literature that shows, without any question, the importance of having a strong social network.

We know that social isolation is a risk factor for mortality from all diseases, including cancer. So, this is an area where we spend a lot of time and attention, giving patients the support that they need, either with ourselves or their families or support groups or a variety of other programs that are available.

Level three is called the body's garden. This is a beautiful way of inviting people to begin to think about their lives in a whole new way and their bodies in a whole new way, and this is something I feel very strongly about.

There is, very often, a mechanistic vibration, certainly to conventional medicine. It's very obvious that Western medicine thinks of the body as a machine. Many CAM therapies also have a vibration that involves doing something to the body.

I want people to begin to think of their body as a garden, a beautiful, precious garden that they can participate in cultivating and nurturing on their own. The beauty of this is that it kind of explains so much about what people should do.

In my own philosophy and in our cancer center, this is the level of the program where we really throw the doors wide open and the windows and we invite an exploration of all of the alternative and complementary modalities of healing, and they can be overwhelming and confusing for people. Do I take shark cartilage with or without wheat grass juice? How many milligrams of vitamin C and selenium do I take? I mean, it gets overwhelming for people.

So what I say is, listen, right now, here's what we know. We know that all these things can help you and I want you to feel comfortable, so I want you to start thinking about your body as a garden.

What does a garden need to be healthy? Really quickly, a couple of things.

AUDIENCE: Water.

DR. GEFFEN: Water, right. So now instead of having to drink six to eight glasses of water as another thing on their to-do list, people are invited to drink water to water their garden.

What else do you need? You need nutrition, fertilizer, so here's the role of nutrition. Rather than thinking of diet as something that's going to get rid of their cancer, I ask people to think about it as something that will help fertilize their garden. What else do you need?

AUDIENCE: The sun.

DR. GEFFEN: Sunshine, absolutely. You've got to be outside in the fresh air. What else? A couple of other things you need.

AUDIENCE: Soil.

DR. GEFFEN: Soil, great. You need to clean out the weeds, right? This is the role of detoxification of the garden of our own being. Finally, or not finally, but a couple other things. One is oxygen, right? What happens when you till the soil, what are you doing? Bringing oxygen to the depths and the roots, so this is the role of oxygen, or exercise. When we exercise, we're bringing in oxygen into the body.

A couple of other things, but most importantly perhaps, have you ever had a garden grow well without love and tenderness? No, it's impossible. So we have to bring love and tenderness to ourselves.

This is, again, a glimpse, and I'm going to move quickly in respect of the time today. But I want you to begin to think about what would happen, for example, if our culture adopted this one metaphor alone, if everybody work up tomorrow and said, we're going to treat our bodies as if they were a precious garden rather than a machine.

The whole health care system said it, Medicare said it, HMOs. I mean, can you imagine how our lives would be transformed in a heartbeat with just this one distinction?

So this is very, very powerful. You can think about how it might work in your own life, whether you have an illness or not.

Level four is called emotional healing. I almost cringe when I have to talk about this in 30 seconds or less because it is such an enormously important area. What I can tell you by way of really getting to the bottom line is this.

I've never seen a person with cancer or any other serious medical challenge really heal and transform at the deepest level without a profound healing transformation of their emotional self. So this is something we spend a lot of time addressing.

Very often this is what I call the elephant in the room of cancer. It's the one thing that people avoid approaching. You can spend days and hours and months and years asking what vitamins and diets and herbs to take and never deal with the deep and the compelling emotional issues that are underlying so many people's experience.

I think that all these emotions have to be embraced with consciousness and compassion and brought out into the light of awareness and really healed and transformed in the light of love, and this is a major part of our focus.

Level five is called the nature of mind. Very simply, this is where we ask patients to -- and we teach them to begin to have an understanding of how our own thoughts, that the stream of

consciousness of our own thoughts, our beliefs, and the meaning that we give to events impacts our experience of reality in every single moment, in every moment.

If I had time I'd give you some examples of how profound a distinction this can be for so many people. We have to understand, all of us, whether we're sick or not, how our minds work. In the West, we don't have a lot of training about this. All of our attention has always focused on chasing after objects or rewards or circumstances in the external world, which are oftentimes transforming and causing pain.

So much of this pain arises from the way we think about things and the meaning we give to these events. So I ask people in our program, when they're ready, to look at their beliefs, to look at their thoughts, and ask are these the best beliefs I can have. What would support me in a more empowered way?

Level six is called life assessment. Very simply, this is where we ask people at least three profound questions. First of all, what is the meaning and purpose of your life? Why are you really alive? What's most important to you? Then I ask people what are your top 20 goals for the next year? What's really your priorities to accomplish in the next year? Third question, how do you want to be remembered after you're gone from this life?

I recognize this is a very sensitive question to ask people with cancer especially. But we do it with great sensitivity and in a context in which it's very clear we're not predicting their death, but we're inviting to say, you know, if I want to be remembered as a loving father I better start spending some time with my kids. If I want to be remembered as a wonderful husband I better treat my wife in a different way.

This is so profound and it transforms people in ways that are so magical. Again, I regret we don't have longer time. I could show you some examples of where people have written in how it's made a difference in their lives.

Moving on, I want to invite you to ask yourself these questions. You know, before the day is out, take the challenge of just taking a few minutes when you go back to your room and asking yourself, very simply, what's the meaning and purpose of my life? Why am I alive? If I only had a year to live, what would I do? How do I want to be remembered? These are such powerful questions.

Then finally, level seven, which I guess by now you could probably predict, for me, is one of the most important and compelling aspects of this whole philosophy. It's called the nature of spirit.

Here's where we invite our patients and their loved ones and we show them how, in a very sensitive and gentle way, to connect consciously, deliberately, with full intention every day, for at least some time, with the timeless and dimensionless aspect of life that we all share, that part of ourselves that has been given so many names throughout history by all of the great spiritual traditions of the world. It's that part of ourselves where we're not only connected as beings, but ultimately, where we are the same being.

Ramana Maharishi, the great, great, great Indian sage of the 20th century said, "You're not the wave; you're the ocean."

So I invite all of us and our patients and our loved ones to spend some time remembering that underneath the waves of turmoil and pain and confusion associated with cancer and so many of

the challenges with life, there's a part of ourselves at the bottom of the ocean that's still and silent and untouched. It's already whole, it's already well, and it always has been and that's available to us here and now.

When people experience this in the midst of getting chemo or getting their labs drawn or their CAT scans, it can transform their experience from one of panic and frustration to one of great serenity, but also changes our experience as healers because we know that we don't have to get as caught up in the drama.

Even though we're going to be meticulous in our medical care and in our complementary therapies, we know that there's a part of everyone that's okay and how liberating it is to remember that in our work.

It gives people with cancer and any other illness, and all of us, in fact, I think access to the deep wellspring of not only love and joy that we seek in our lives, but also it's the fountain of healing. This is where it all comes from, so we spend some time focusing there every day.

I want to just close here with a very, very simple quote from a wonderful spiritual master named Misargadot (?). This quote, I think, ties it all together for me. He said, "When I know that I am nothing, that is wisdom. When I know that I am everything, that is love and between these two. My life moves. When I know that I am nothing, that is wisdom and when I know that I am everything, that is love and between these two, my life moves."

And so, I leave you with my prayer that we'll have the grace, as we move forward, in asking how do we blend these two worlds together that we'll have the blessing to live our lives in this way, moving always back and forth between wisdom and love. Thank you so much.

MS. CLASS: I'm sorry we have to rush everybody through, but you can buy Dr. Geffen's book at the exhibit hall and get more of this information and insight.

Next, I'd like to introduce Dr. Pamela Peeke. She's the national medical director of the Race for Cure for breast cancer with the Vice President's office. I think she's still healing from the race last week. She's also medical director of Washington Metropolitan Center for Integrated Medicine, and she is a Pew Foundation scholar in nutrition and metabolism. Maybe she can give us some information on isoflavones and breast cancer.

Also, she's a senior adjunct, senior scientist at the National Institute of Health. Dr. Peeke.

DR. PEEKE: I'm a mutation. I'm a physician formally trained in nutrition and I was trained at the University of California at Davis under the Pew Foundation postdoctoral scholarship for physicians in nutrition and metabolism.

I would recommend this program for anyone. You can find this at a number of university campuses, but we personally think that Davis is one of the best.

As such, it's been a very interesting journey putting all of this together because I'm kind of considered in many respects sort of the Madeleine Albright of nutrition science here because what I do is I bridge both worlds.

I'm actually headed to Texas directly after this for a Socratic debate with the experts in nutrition and obesity in this country, looking at the relationship, if you can believe it, between food and disease. We're still convincing ourselves there's a relationship.

When I came to the National Institutes of Health 8 years ago, approximately 6 months after Bernadine Healy had arrived and warmed up the seats there, what we found was something rather astonishing. That was we were still trying to convince people that nutrition had anything to do with anything other than, you know, the dietary service at the hospital, as it were. It's fascinating, this whole journey.

I actually started out at the National Institute of Child Health Human Development. You know, we have 17 institutes. It was through sheer serendipity that I met Joe Jacobs, the first director of the Office of Alternative Medicine.

Since I was one-stop shopping; I'm an internist, a molecular biologist, an expert in nutrition, 11 years of critical care behind me in stress physiology, he said we need you in the office to be able to start looking at the relationship between nutrition and cancer specifically.

Why? Because to this day, 90 percent of the phone calls that come through the office are cancer related. Why? For the obvious reason. It's really a fascinating journey and I'm going to put some of the big pieces together specifically as they relate to breast cancer.

As was mentioned, I am very intimately associated with breast cancer as I'm the national medical director of the Race for the Cure with Nancy Brinker and the Komen Foundation, and I'm very proud to be with them.

What's really wonderful is we're getting some rather fabulous support now, both in terms of research dollars and tremendous personal interest in this entire issue. Congressman Burton and the Government Reform Committee has been holding hearings here in Washington for the last couple of years. He has this in his family. It's very close to his heart and it seems to be that as it becomes more and more ubiquitous policy seems to be moving along much quicker and it's the way it always is, isn't it?

Walter Payton's wife just spoke before the Government Reform Committee, as you might be aware, yesterday and in saying that, she said something that is going to open up a lot of the pieces of information that I'm most interested in. That is, she said, you know, yes, he had bad disease. He had hepatic cancer. The key here was that why are we not allowing people to have more access to resource if it actually improved his life in his last year?

The first thing she said was nutrition and the second thing was all the relaxation and guided imagery work that literally just allowed him to live through this entire thing.

How many of you read that extraordinary series in the USA Today over the last year up until approximately November with Cathy Hainer, the famous writer? She was my patient, as well as Jim Gordon's. She took it upon herself to journal this extraordinary situation with very bad breast cancer in a young woman in her 30s. She passed away in December, and I got one of her last e-mails that she e-mailed from the hospice. It was extraordinary.

She said you are a credentialed scientist. You have a heart and you will never, ever stop working the message for me. So as Nancy does it for her sister Susan Komen, I do it for Cathy

because she journaled, she taught people, and as a scientist and also as a policy I do exactly the same.

So what I'm going to do is share with you some of what we have now to bear with regard to nutrition specifically.

The good news is we got the message at the NIH. We have a wonderful head of the National Cancer Institute now, Klausner and he has put to bear millions of dollars to look at this issue now because he begins to realize that it's a keen grasp of the obvious; that nutrition has a little something to do with your somatic complaints, right?

So this is very good news and this is only about 5 years old, so this is very nice. I'm very excited. He's working closely with Komen on this.

All right, the next piece of the action is one of the most important and really quite fascinating things I see among my breast cancer patients who teach me as I teach them, clearly, is the first thing out of their mouth is, as they come and they sit there at some point after the dust has settled and they're at whatever point of their interventions, is they say get me fit now.

Whatever shape I was in to start with, I want to be in the best and most optimal shape I can be in. That's a damn good question they ask, how do I do that? Because we've never really quite looked at it that way. But let me tell you what we have found thus far.

One, women who are the most fit physically and mentally in terms of stress resilience have the lowest morbidity and mortality regardless of stage. And also, in preventive medicine, you have a 40 percent decrease in the incidents of breast cancer the more fit you are mind and body. And I always say mind and body because you could be awfully buffed and awfully angry.

I think there's more of those running around than the opposite, quite frankly, but, you know, a little visit to your health club ought to affirm that. The bottom line is it's both and it's the teaching of stress resilience -- I'll refer you to the elegant work now being done at Ohio State University by Anderson et al. They presented their pilot work at the American Psychological Association meetings August of 1999. And here what they showed was -- this is the breast cancer and immunity project.

They divided two-stage two groups up, and this is stage two breast cancer, into two groups where both received conventional therapy and one group, in particular, was now taught how to eat specifically better, a little bit more of the whole foods and really emphasizing regularized and moderate eating.

Two, physical fitness. Three, they were also taught the relaxation response and, as well, they also received a massage. They had quite a bit going on. This is a very interesting integrative group they had and this is what they followed.

At time of chemotherapy they measured two things, and this is one of the first mind-body articles ever put to forth. They measured antitumor antibody which is mucin and they measured stress hormone which is cortisol. I'm a stress physiologist, so I love talking about stress; essential to life, just have to harness it. It's like a magnificent thoroughbred. A little skittish, but it works.

All right. What they found was that those people in the intervention group, although they had elevated levels of cortisol clearly during something as heinous as chemotherapy, it was statistically significantly less than the rise in cortisol in the conventional group alone. In addition to which mucin, the antitumor antibody, was optimal in the intervention group and it was absolutely no question depressed significantly in the conventional group.

Now what was more interesting -- this is all very interesting, I could have guessed this. No question there was a significant effect in the intervention group. However, 8 months after chemotherapy was done they measured them all over again.

They found that the intervention group had an absolutely normal level of cortisol, which is exquisitely important because this is the new hormone here. When cortisol was chronically elevated, immune function is disastrously impaired. That is what I refer to as toxic stress or chronic unrelenting stress associated with hopelessness and helplessness. Beautiful work now done by the National Cancer Institute, as well National Heart, Lung, and Blood, showing that when the two evil twins are present, hopelessness and helplessness, by definition morbidity mortality is two to three times that of the other group where hope is much more prevalent, right?

So what you're seeing here is good science behind some very interesting things that you and I could already have guessed.

But, how shall I say this, there's a beautiful sign above the clinical director's office in our main building on the NIH campus, and this is where we do the human studies. The sign said, "In God We Trust." And I said, I can go with that, it's not a problem. Right below it it said, "But Everyone Else Must Show Data."

So I got the message. "Where's the beef," all right? So we started cranking this out.

Surely enough, this is what we found. Eight months later, we found that the intervention group had normal levels of cortisol and maximum levels of mucin. They were doing beautifully. But what was scary was the other group that had never been taught these techniques had chronically elevated levels of cortisol and depressed mucin.

So by definition one of the first times in history we are now able to document, again, this mind-body interaction that you and I obviously fully understand, but we really need to get out there to oncologists everywhere can read this and say indeed, there must be something to this. Perhaps the integrative medicine approach is where it's at.

That's the first thing. Second, and the last part of this is this and that is there's a real problem we have here. Our patients caught us with our pants down, all right, and this is the deal.

I will show you today the ultimate physician's nightmare; and that is, this is an actual true medical syndrome, the positive Internet under the armpit sign when a patient comes in and they'll say, "Hello. You know, I have a few questions. I'm visiting some Web sites and boy, do I have some concerns. So what is with this soy thing? Huh? Am I supposed to be on HRT? Well, how am I supposed to eat? I don't know, I've gone through 395 Web sites. And I understand this is a managed care operation, we have 8 minutes. Let's get to it."

Now if you're a traditionally trained physician, this gets ugly, mostly because you have no answers. What's with soy? I don't know. Gives you gas, lots of it. What's with the dietary supplements? You go to your GNC, it's a wall. Look at them, I don't know.

What do you do with all these things, you know? Were you trained in any of this? This is a real nightmare. It really is and if you're a physician or any medical care practitioner who is trying to make sense of this, it's really nice to have a little armamentarium of information or resources.

I like using a number of them. They're fabulous; good stuff here. The HerbalGram is lovely on the Web site. You can pick this up very easily, any search engine. The Office of Dietary Supplements of the National Institutes of Health is brand new. I think it's 4 years old or so now, and we now have the largest database of peer-reviewed research from the Office of Dietary Supplements of the National Institutes of Health. This was established, I think, just about 4 or 5 years ago under Bernadette Marriott. So we have some very good information.

There's plenty of good stuff out there. I'm going to tell you who's really been active in the field. We had a meeting at Commonweal about 5 years ago with Dean Ornish; Keith Block, who I think is absolutely superb in a lot of his work because he's looked specifically at dietary interventions; Dan Nixon, who is wonderful in his work looking specifically at dietary therapies in a multitude of cancers including breast cancer.

Many of these people now are looking at -- remember how we've just redone the dietary guidelines for just the American population? Pathetic though it may be, at least we're moving somewhere.

But moving this along here a little bit, what we're also finding is this. Think about it. This was something where the NCI and the rest of us got caught with our pants down. What were we recommending to prevent things like breast cancer? You know, decrease sugars and watch the fat and try to keep yourself in fairly decent shape.

Fine. What do you recommend once you have it? Now we have a problem because we didn't really look at it like that, and then not all cancers are the same. Breast cancer is rather unique, each stage is rather unique.

One of the good pieces of information, this is beautiful work done by Dan Nixon, is looking at the phytochemicals, and that is the plant chemicals of the fruits and vegetables. What we're going to recommend, and I'm just going to give you a quick heads up, is 9 out of 10 -- remember how we were saying strive for 5 exposures, forget it. We're going to for 10.

No, you're not going to be rolling down with kiwis all day long. No, this is what happens. In the best of all worlds, we found that the deeper the color, the richer the antioxidant quality.

So what we're asking people to do is just grab all kinds of beautiful varied fruits and vegetables, all right, and take the fruits and just cut them all up and have this potpourri sort of, you know, big melange of beautiful varied fruits and to draw from that on a day-by-day basis, at least four or five times at least, getting the bulk and fiber and getting the phytochemicals on board. Same thing with vegetables, as well. You would just fall out of your chairs if you knew what normal people do in America in terms of exposures to fruits and vegetables. It's not pretty, all right? That's all I can tell you. Forget the statistics, just trust me when I tell you this. All right?

So when people come in and they say and now I have breast cancer or I'm going to try to prevent breast cancer because it's all over my family, what am I supposed to do?

This is one of the most important things you can tell them. All right? In terms of dietary supplementation, the rest of it, this gets a little trickier because now we're talking about -- what are you talking about? Prevention during intervention or post-intervention?

I will also tell you one other thing with regard to integrative medicine in breast cancer. How many of you read the alternative medicine Consumer Reports that came out in May? You should really get it. It's really quite excellent. It was the cover story for Consumer Reports, alternative medicine, as it were, for lack of another term.

Anyway, in that survey, which was 46,000 people as well as other related, this is what we have found. The grand majority of breast cancer patients do not utilize complementary medicines solely. That's less than 5 percent. The grand majority of them use it adjunctively, and that means everything from relaxation therapy to the nutrition therapies, et cetera, and they do it around conventional therapy which is the real research challenge here because I can tell you precisely, right now, some very good information about what specific phytochemicals, for instance, the isoflavones in soy and others, will do in normal mammary tissue.

What can I tell you about mammary tissue that's now being irradiated and chemoed and what happens to those isoflavones? That's a tough one, and that, by the grace of God, we're studying as you sit here. All right?

Do you know that soy research is only all of 5 years old? We've had one world congress on it and we're really moving this along, but boy, is this complex.

It's a lot more complex than we ever thought it was and we can't just say, well, Asians have done well. Well, that's nice. That's a different ethnic group and they start on soy from the moment they're born. It's a very different thing.

So you have to be very careful about how you interpret a lot of this data. Sorry, it's the scientist in me. I just sit here and cut things apart, but that's what it is.

But we've got some very good ideas, we think, about what some of these will do. It's interesting, don't you think, how humans and plants evolved together and that we believe plants came first and then we came trundling along. And it is interesting how hormones in plants as well as humans are so beautifully synergistic.

It is fascinating how the phytoestrogens in the dark leafy greens and soy and others fit both estrogen receptors in the breast as well as the uterus. Our fake ones, tamoxifen, only do breast, all right? So there must be power behind that.

We just want to make certain that in the specific case of breast cancer we're doing the right thing because in every hormone you have an alpha and beta subunit. One inhibits growth, one stimulates it. In the case of soy, we think it's going to be inhibitory, which would be helpful for someone who was either trying to prevent or already has something like an estrogen receptor-positive tumor, you see? But we have to play with this more.

We only have exquisitely preliminary data on this, all right? So you see how much more complex this is: Prevention, treatment, post-treatment. These women are absolutely voting with their feet.

I taught the first class at the NIH on integrative medicine. This is about 4 years ago when Wayne Jonas was still the director. I teach by using my patients and I brought in one of my patients, a German anchorwoman in Washington, who was a Stage 1 and she's perfectly fine, she's just incredibly lovely woman, and in her early 30s.

She sat there and she looked at all of these pre-Nobel laureates who are in my class and she said we're going to have a little come to Heaven session minus the tent, and this is the drill. Why do I have to command central this? Why is no one helping me? I asked my oncologist at the University of Blankety-Blank, you know, where is there someone who can teach me relaxation? I'm a little wired right now with breast cancer and, God knows, I was wired to start with.

The answer was -- what do I do about my hair? I don't feel good. That's was my self-esteem. I'm a woman. Who do I talk to about that? Do you have a good psychologist or anybody?

And you know what the response was on the part of this oncologist? He looked at her and said you should just be happy to be alive. At which point in time, she stood up, and I love Germans, and she said you're going to be happy to have a job when I'm done with you, honey. Went right to the president, the whole bit. I mean, that was an ugly scene, but it worked. He's a new man today. I'm not sure he liked it, but it happened.

Anyway, the real bottom line is I had her sit there in front of the whole class and she says you should be helping me. Where is a center for medicine, anything, health, wellness, where I can learn these things and you can help me, maybe even under one auspices -- an institution, a building, or at least, for God's sake, a network? It's people like this who have been voting for this.

I spoke with Nancy Brinker, who's head of the Komen Foundation; just this past weekend when we ran the largest 5K in the world. We have 70,000 people come. I usually net in the millions with this and we give it away for research in this field. We were the first ones to push for CAM research in this.

I'm funding now research locally looking at hot flashes post-tamoxifen in breast cancer patients using Chinese herbs, and we helped them get the IND at the FDA and all the rest of it. It's really been quite exciting.

I looked at Nancy and I said how do you feel now? It's been several years since we really started funding a lot of this CAM research and kind of working covertly through the system. She says it's amazing, nationally they're demanding it.

We have 103 cities now that have Race for the Cure. They're demanding it because now they want a command central. Dr. Pan, Dr. Geffen are two beautiful examples of mavericks in their fields putting all of this together and helping people to command central it because I'm going to give you just one little point of advice.

There's nothing more horrific than being told you have breast cancer and then basically having to figure this all out on your own. That's a nightmare.

You know, it's bad enough you have to get up in the morning with a heavy heart and try to work on your spirit and the nature of your own life, let alone all these technical things.

So bottom line, as far as nutrition is concerned today, what we have found is the following: We have found that there is absolutely no question that nutrition does impact upon cancer morbidity and mortality. I think that's indisputable at this point in time; that it acts differently in different cancers, that we can't look at this homogeneously, that what works for one person may be uniquely different for another.

That's very interesting and, therefore, the righteousness about one must go immediately into juicing and macrobiotics the minute one is diagnosed with breast cancer really doesn't work. I think most people end up customizing it. The problem is there aren't enough experts in nutrition out here to be able to lead a lot of these people through that as they're going through some very complex times.

So the good news is more and more people are coming through the system who are wide open to this and we train through places like Andrew Weil Institute at the University of Arizona, as well as some fabulous integrative medicine centers being spawned everywhere. You see San Francisco, Minnesota, the University of Minnesota, Jefferson Memorial, they're all over the place now and I think the resources are going to be 10 times better than we've ever had before. So hold onto your hats. We're actually getting somewhere with all this. I thank you.

MS. CLASS: We are going to take questions. We just have our commentator here, Leo Stolebach, and he is a medical oncologist and he is also a professor of medicine at the University of Massachusetts. He's currently a consultant for a PBS series called Body and Soul, and we are delighted to have him. He's going to give a 5-minute kind of summary of everything everyone said.

DR. STOLEBACK: Well, I want to pull together some of the major points that have been made, both by our speakers here and also Dr. Gordon's talk this morning as it relates to breast cancer, but obviously breast cancer is just an example of what is occurring in cancer treatment in general.

The most important thing that we just heard from each of our speakers is the importance of giving patients back some degree of control and recognizing the individual's uniqueness.

I recently, this past week, gave medical grand rounds at one of the community hospitals in the Boston area and I decided that I'd like to pick a patient because I think that's the best way to teach is to have them present a patient, which they usually do at grand rounds.

I found a patient who had gone to the Wellness Community and had used a number of herbal and other supplements, vitamins, et cetera, and I had a chance to talk to her. This is a woman who presented with metastatic disease, breast cancer, metastatic disease, and really had a very poor prognosis.

The interesting thing about her is that she was involved from day one in deciding what kind of therapy she was willing to accept. The interesting thing that she said to me is, I guess I'm a bad patient, and this is what we have to turn around.

I think you've heard this from each of the speakers that the patients who are expressing their uniqueness and their individuality are the ones that we have to, as physicians, respect and listen to and this lady is still alive, doing well, functioning normally 4 years after she'd presented with metastatic disease, even though she has gotten probably, you know, less than what most of her would have given as the "optimal" chemotherapy.

She designed her own treatment regime and she's still having trouble communicating with some of her physicians.

The other thing that I think is important and was alluded to by all of our speakers, is the importance of the research aspects, that we have to not accept what we think is the best but we have to look into how these things work and whether they really do work.

I actually have been involved with the NSAVP cooperative group since 1972, and after I leave this meeting I'm going to one of their annual meetings.

I still remember when radical mastectomy was the standard therapy. It was only through research work that the NSAVP was able to do that we have come to doing less and less in the way of surgery.

We're now doing mainly excisions and sentinel node biopsies. In other words, we are not mutilating the patients the way we did and we have to take a look at the research studies that are being sponsored by the Office of CAM at the NCI and NCCAM, and to take our ideas and put them to the test.

We need to look at standardization of some of the supplements that are being used. This, again, was alluded to by some of the speakers. I think we have to accept the fact that these natural compounds have effects, but they also may have side effects.

We have to encourage our patients to tell us what they are taking and consider the possible interaction and we as physicians, for instance, as well as the patients, need to go to the Internet, and there are a lot of good Web sites.

One of the things that needs to be emphasized, and several of the speakers spoke about what you can find on the Internet, that we need to examine which of the Web sites are the best. I think what you described as the under-the-arm Internet syndrome, we have to help patients to select which site to use, and I think NCCAM is playing a major role in this now.

The idea of coping with cancer and what kind of support you can get, you can't get support from a physician in 10 minutes of follow-up time. We have to, as physicians, try to get at more time, but it, again, points out the importance of the team. The physician may not be able to do everything, but the team of people can make available to patients what they need.

Again, we saw the teams that were listed in terms of the support to the patients.

I think the whole area of emotional healing that Dr. Geffen pointed out is extremely important. We have to be the facilitator for getting patients to the individuals that can help them with their healing and we also have to take on that role as an individual.

Dr. Peeke pointed out the importance of nutrition. Again, you'll have to be selective. You have to individualize.

The final point that I want to make that everybody alluded to is that the majority of patients are using these techniques, these approaches as complementary, not alternative and that we have to encourage them to do that. That's the only way that you can keep people from shifting to the alternative and that we have to consider where we've come, in a relatively short period of time.

When the Office of Alternative Medicine had a budget of only \$2 million to what we heard this morning that in the budget next year, we have \$100 million, that it is being accepted. I think that it is going to be the role of all of us to be advocates for these approaches, but to also make sure that the appropriate research gets done.

So that's my little summary, and we'd like to open the floor to the questions and comments.

MS. CLASS: I'm going to have people come up so they can speak in the microphone.

SPEAKER: As a practicing medical oncologist functioning in the managed care system, how does one pay for all this with 10 minutes allowed? Who pays for the team? This is the question no one can answer me. How do we pay for it? Who pays for it? How do you bill for this? How does one get compensated to pay for this team approach?

DR. GEFFEN: Well, of course, this is the first question that always comes up in this situation because it's a real question, and I can tell you it's a tough problem.

I'll just tell you how we do it in our center. It's a combination of a couple of factors. First of all, I and my two associate oncologists, we very simply make a lot less money than we could in a conventional environment. So I have to say we have to begin by putting our money where our mouth is.

We've done that. That can go a long way. It doesn't cost all that much to hire a social worker out of a multiphysician practice, for example. I know it's a stretch, but it can be done.

We also have a foundation that underwrites a large number of these components of our program. All the support groups, yoga classes, meditation classes, a lot of our other forms of informational and educational projects are underwritten by a foundation. A lot of our patients are very happy to donate some money.

I also want to say that I agree with you, and this is an enormous problem, that ultimately there's going to have to be a transition. I was also very, very lucky to be able to testify a couple days ago in Congress specifically on this issue about the insanity of the reimbursement system.

It is insane and it is as unconscionable. I think Dr. Gordon mentioned that. It's criminal and it is true. It's absurd that we have to make these awful decisions about how to take care of people and that we can spend thousands and thousands of dollars giving chemotherapy or radiation, but we can't spend \$100 or \$50 to provide emotional support.

So I'm with you on that and I know how tough it is. It's not an easy problem, but we've got to keep plugging along as far as I'm concerned.

DR. PAN: In our clinic, patients pay, unfortunately. Patients have to pay because most of the modalities have not reimbursed. So as you have seen, we've tried to make it more economical for the patients. We've broken up into the modules and patients pretty much purchase a group of visits, a group of six visits and the cost for the group of six visits is in the range of \$80 per visit, so in the range of \$480, and that's how we work it.

We try to make it work more efficiently. Again, by integrating it, we try and not waste your money because if you go on and seek individual practitioners, you literally can spend a lot of money before you can find the right path for you.

DR. PEEKE: Your question is superb and it's always the pivotal one, and so this is where we get real creative.

In our own practice, we applied for a Komen Foundation grant and we got it. We found that this is specifically looking at taking a social worker and psychologist and putting women with breast cancer in this case, because it was specifically breast cancer, into groups. It didn't cost a dime. It came right out of the Komen Foundation. So there is lots of little money around out there, number one.

Number two, the use of groups is much more cost-effective. Most hospitals are more than happy to lend out the space because it's great for them. It's good PR for them, so it's kind of a win-win all the way around. We do that, as well, and we're trying to build on that premise.

Number three, if you look at Dave Eisenberg's (?) original work in the New England Journal of Medicine, you know, from Harvard and his follow-up study, this was 1993; then in 1998, published in the Journal of the American Medical Association. You know, the grand majority of out-of-pocket costs on this are basically exceeding \$30 billion now, across the board.

People pay for all kinds of interesting things out there cashwise. What I usually do is, I'm wholeheartedly humbled by the fact that we have such a ridiculous system of insurance out there that will not reimburse for most of this. But I also explain to many of these people that there's a cost benefit here.

You may have to give up something else, but we're going to try to keep it as cheap as we can and straightforward just to keep the practitioners going.

So we have an acupuncturist, herbalist from China who's a physician, fabulous; an LSW is more cost-effective in many practices than a psychologist, per se, you know, the rates are a little bit different and they are able to get reimbursement from most medical plans minus some of these HMO nuisances, et cetera, et cetera. The massage therapy is absolutely cash on the board, but, you know, if you do it in sessions, you know, where you buy the package, oftentimes it's much more cost-effective.

It's interesting, once someone begins this, it builds on itself. And so it sort of sells itself if you have fabulous practitioners. That really helps, too, when you think of where we put our money today.

I will also give you a fair warning out there, all right? When you start an integrative medicine practice, insurance companies are getting very strange about this and they will red flag certain practitioners and they will make you go through hell to get reimbursement for your patients.

You just have to know that as a piece of reality. The good news is if you just have a simple straightforward practitioner situation, oncology practice, internal medicine, many times this won't happen so long as they are not getting the point once they see integrative medicine.

Right now some of them get a little nutty and you have to be careful about that. I'd scope it out. My God, in Washington, D.C., we must have 20 different plans. I can't even keep them all

straight, maybe 30 by now. They keep splitting off and doing more things. So, it's really exquisitely variable, but, you know, 9 out of 10, you'll be fine. That's just one thing to keep in the back of your mind because we have to be real here while the system is trying to buck integrative medicine and it will for a while.

SPEAKER: Actually I think that your question points out the importance of physicians and health care professionals being political activists.

In Massachusetts, we are working on a ballot initiative to improve access to health care. It has a lot of opposition from the managed care system up there. If any of you are from Massachusetts, and want to sign the ballot initiative petition to get it on the ballot, let me know afterwards. But I think we need to not just accept that this is the way it has to be. I think we have to reverse this market-driven medicine that we're practicing in.

MS. CLASS: Let's take a couple more questions.

SPEAKER: Thank you. The National Women's Health Network put out an excellent, excellent monograph on hormones for the lay public this year. Is there anything comparable for soy, just to get just some factual -- what is your best source for finding out about soy?

SPEAKER: That's a good question.

DR. PEEKE: I love getting applause before I say anything. It does something for me.

There are a number of resources you can play with. What you had just stated was superb. There's no question, they're very good. Have any of you read The Harvard Women's Health Watch? The Harvard Women's Health Watch is absolutely superb. All right? It's cheap. It's like \$35 a year or something and it's a three-ring binder job that's on a monthly basis. It's a superb database resource where they basically mesh most of the data and put it together for you, so that one is excellent.

How many of you have heard of the Rosenthal Center for Complementary Medicine with Fredi Kronenberg? Dr. Fredi Kronenberg is the scientist who is the director. She has a fabulous repository of database on this. And I would get ahold of -- that's Columbia University in New York City, the Rosenthal Center for Complementary Medicine, Fredi Kronenberg; absolutely superb.

Another one, there are couple that have come out. One is what I call the red journal. It's the Journal of Women's Health. It is edited by Francis Haseltine, like hazel-tine, from actually my institute, NICHD, as well as Bernadine Healy. All right?

This has really been keeping up on a lot of the science behind the herbals, as well as soy. They've really been on the forefront, whereas it's kind of hard to get it into JAMA on a routine basis or the New England Journal of Medicine, you know. They get some great peer-review work, all right?

Then the final one is also at Columbia University, an active little place. Two things, one is Larry Cushie's (?) there, a wonderful friend, and as one of the great experts in nutrition science in this field. Since he's just joined Columbia, he will also be working with Fredi in this same field and also is a great resource; and finally, there's a new journal called The Journal of Gender Specific

Medicine and this is edited by Marianne Legato at Columbia University, who's head of the huge women's program there, and that's excellent.

Then the final one -- I'm just full of it. They call me the 411. The final one, okay, is Vivian Pinn, P-i-n-n, my wonderful colleague at the NIH. We have a nice Web site, Office of Research on Women's Health, and this is the lead organization for the Women's Health Initiative across the United States, which will be completed in the year 2005.

We're specifically looking at a lot of these nutritional issues, especially. So those are some that might help you out a little bit. Again, don't forget the Office of Dietary Supplements because they're doing a lot in this.

(Whereupon, the PROCEEDINGS ere adjourned.)

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