

“A Patient’s View on Nutrition, Supplements, Integrative Oncology, and Complementary Therapies” (Robert Ellis and Glenn Sabin) [#33]

Brad Power

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“Integrative medicine, nutrition, and supplements can be extremely beneficial in our treatment... [but] it gets very complicated, very quickly.” Robert Ellis

“When all these precision therapies are directed to the tumor burden, and there's little to no attention given to the host environment—the patient sitting in front of you—well, that's half of what we need to look at; and it's often missing. It's not just what type of unique cancer a person is hosting, but what type of unique person is hosting this particular malignancy.” Glenn Sabin

Meeting Summary

Advanced cancer patients must make complex testing and treatment decisions that usually focus on drugs. But drugs are only part of the potential drivers of cancer progression or regression. Core lifestyle factors and complementary treatments, including diet and supplements, can be extremely beneficial.

Robert Ellis, an advanced prostate cancer patient, and Glenn Sabin, an [exceptional survivor of chronic lymphocytic leukemia](#) and cancer coach, offered a patient’s perspective on nutrition, supplements, integrative oncology, and complementary therapies.

What is integrative oncology?

Integrative oncology is a patient-centered, evidence-informed field of cancer care that utilizes mind and body practices, natural products, and/or lifestyle modifications from different traditions alongside conventional cancer treatments. At its core, integrative oncology addresses lifestyle. It's important to eat well, sleep well, move your body, reduce stress, hydrate, and be aware of environmental impacts, both in and outside of your home.

What are the benefits of complementary therapies?

Advanced cancer patients should start by looking at the standard of care (NCCN guidelines) for treatment options, and then look at integrative oncology products and practices to see if there are viable complementary treatments. Some integrative oncology practices and natural products can modulate or enhance conventional treatments, help reduce the deleterious side effects of some of the stronger anti-cancer agents, help strengthen your immune function, make you more resilient, and improve quality of life. They can:

- **Manage the side effects of treatments.** For example, if you're undergoing chemotherapy, there are natural products and supplements that can help with nausea and perhaps allow for titrating down or off of antiemetics that you are often prescribed. (ASCO just released [integrative medicine guidelines for pain management](#) along with the Society for Integrative Oncology.)

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- **Increase the effectiveness of treatments.** For example, there are some supplements that are considered chemo sensitizers that have the potential to improve your response to treatment.
- **Add complementary or adjunct treatments.** For example, the Care Oncology protocol uses off-label drugs, repurposing drugs that have been used for other diseases to treat cancer.
- **Optimize general health.** For example, boosting your immune system, energy, and improving quality of life.

What are the challenges of complementary therapies?

Complementary treatments suffer from the same challenges of complexity and personalization that guide conventional treatments. Some things that are good for some cancers may not be good for your cancer. Things that may be helpful to prevent cancer are not helpful once you have been diagnosed with cancer or your cancer progresses. There may be differences in what's helpful, whether or not you're hormone sensitive, castrate resistant, metastatic, or non-metastatic. And there are contraindications with several natural products when used with certain anti-cancer and supportive care agents.

What are some tips for complementary therapies?

- **Nutrition:** Nutrition and diet are core determinants of health. There are other lifestyle factors that are quite powerful as well, but diet is key. Healthy diets include “pescetarian” (vegetarian plus fish) or Mediterranean (based on the traditional foods of countries that border the Mediterranean Sea, including whole grains, vegetables, legumes, fruits, nuts, seeds, herbs and spices, and olive oil as the main source of added fat.) You should eat a rainbow of plants, and well-sourced cold water, omega-rich fish, such as salmon, halibut, cod, sardines, and mackerel. For prostate cancer, you may consider avoiding eggs and dairy products. Broccoli, pomegranate, turmeric, and green tea have been shown to correlate with a positive impact on prostate cancer cells. You should try to fit these things in your diet using a “diet first” approach to get that bioavailability with clean whole foods, and then supplement as necessary, ideally under the guidance of an integrative oncology-trained practitioner.
- **Supplements:** Your selection and titration of supplements should be informed by blood analysis of nutrient levels and biomarkers, such as oxidative stress/free radicals, inflammation load, circulation, and glucose levels, with retesting every six months or so.
- **Beverages:** You should consider consuming various organic brewed teas such as green, turmeric (curcumin), and reishi mushroom.
- **Fasting:** Intermittent fasting and fast-mimicking diets during active treatment helps to keep digestion less busy, and may also increase efficacy of systemically-delivered drugs. This has also been shown to help mitigate the often deleterious side effects of therapy, namely nausea.
- **Drug interactions:** Resources include drugbank.com and Memorial Sloan Kettering’s [About Herbs](#) for herbs, drugs, and interactions.

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- **Integrative oncology providers:** [Keith Block](#), who's arguably the father of modern integrative oncology, [Dawn Lemanne](#) (guidance on off-label anticancer agents), and [Will LaValley](#) (guidance on off-label, repurposed, often generic drugs). See the directory of providers in North America on [Glenn Sabin's website](#) for more. For naturopathic physicians, you should look for a [FABNO-certified](#) practitioner.
- **Book recommendations:** “[How To Starve Cancer](#)”, “[n of 1](#)”
- **Reducing stress:** Exercise, meditation.

What’s the future of precision integrative cancer care?

In the future you will be treated with personalized conventional therapies (e.g., drugs, radiation, surgery) that attack your tumors, complemented by personalized nutrition and lifestyle treatments. You will be prescribed very specific diets and lifestyle changes that are tailored to your underlying pathology, as well as the agents that you may be getting in your treatment.

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Meeting Notes

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SUMMARY KEYWORDS

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SPEAKERS

Glenn Sabin (56%), Robert Ellis (22%), John Powers (9%), Kevin Fordney (5%), Rick Stanton (4%), Eric Hall (2%)

Robert Ellis (0:03):

Welcome to the Prostate Cancer Lab. We have a very special guest, Glenn Sabin, and this is the first session that we've held where the topic is integrative oncology. We're going to look at some alternative medicine, nutrition, complementary or adjunct kinds of approaches to support prostate cancer treatment.

This is a really important topic for us to look at because, first of all, if you've had an experience similar to me when I was first diagnosed, the first doctor I consulted was Dr. Google. Of course, what you discover immediately is that there's so much conflicting evidence or conflicting information available when it comes to integrative oncology, alternative therapies, nutrition, or supplements. We thought that it would be invaluable to hear from people who are actually applying these strategies with patients.

We're including integrative oncology in the conversation because we think it's essential to keep it on the same level as everything else. There are some people, including our guest today, who have gotten remarkable results by employing these approaches.

We intend for this to be the first in a series of panels and guests to explore this topic.

Before I turn it over to Glenn, I just want to talk very briefly about why I think this is so important and what the challenge is for us as patients. First of all, **integrative medicine, nutrition, and supplements can be extremely beneficial in our treatment. It is a good way to manage the side effects of some of the other medications or treatments that we're on. For example, if you're doing chemo, there are things that can help, supplements and so forth. They can help with nausea that are a little bit less potent than the medications that we are often prescribed. It can**

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increase the effectiveness of some of our treatments; for example, there are some supplements that are considered chemo sensitizers that have the potential to improve our response to treatment. There are complementary or adjunct treatments like the Care Oncology protocol, which is a protocol using off label drugs. Repurposing drugs that have been used for other diseases to treat cancer had been on that protocol for several years. Also generally optimizing health: boosting our immune system, energy, etc. There's a lot of benefit to exploring this.

The problem that we face as patients is that, as we all know, cancer is a highly complex disease. When we look at incorporating some of these options into our personal treatment plans, what you discover is that some things that are good for other cancers may not be good for prostate cancer. Things that may be helpful to prevent prostate cancer are not helpful once you have been diagnosed with cancer or your cancer progresses. There may be differences in what's helpful whether or not you're hormone sensitive or castrate resistant or metastatic or non-metastatic. It gets very complicated very quickly. Most of us do not have access to oncologists who are educated in these alternative approaches or who are supportive of these alternative approaches, who are willing, for example, to prescribe Metformin or some other off label drugs that have been proven to be beneficial for cancer. It's a very intriguing space with lots of potential to be beneficial for us as patients, but it's a very challenging space.

I am very excited for today's discussion which will be led by Glenn Sabin. He is a past board member of the Society for Integrative Oncology. He's an author and a speaker. He wrote the book “[n of 1](#)”. He's a respected thought leader who works with passion and dedication to advance the field of integrative oncology. He's an adviser to the network of enigmatic exceptional responders, which is a study led by Harvard's Chair of Biomedical Informatics. He's a faculty member at Duke University's Leadership Program in Health and Wellbeing, where he presents a course on health and wellbeing thought leadership.

Here's a short video that I'm going to play to introduce Glenn.

Here is a transcript of Glenn’s introductory video which Robert played from Glenn’s website, glennsabin.com. The link to the video is [here](#).

Glenn Sabin (5:32):

I was with my family, my entire nuclear family and Linda. Here I was, you know, 28 years young, when I was diagnosed with chronic lymphocytic leukemia, an incurable cancer and incurable leukemia,

Linda Sabin (Glenn’s wife) (5:47)

I remember getting a phone call from him, he was crying, which makes me want to cry. And he said, “I’m gonna die.”

Glenn Sabin (5:57)

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My primary care physician contacted my father, who was also his patient and told him, Glenn has chronic lymphocytic leukemia, and I would give him about six months to live.

Leo M. Nadler, MD, Dean for Clinical and Translational Research, Harvard Medical School (6:08):

So Glenn was a young man, and he showed up, and he was absolutely angry. And he didn't want to believe that at his age, this was a death sentence,

Glenn Sabin (6:19):

I knew that I wasn't going to just watch and wait. And I wanted to be more involved in my own self care. So I went on a journey to learn as much as I could about the things I might incorporate in my lifestyle, to create the overall healthiest person that I could be, who happened to have a diagnosis of chronic lymphocytic leukemia. In the summer of 2003, for the first time, I started to feel the full force and effect of leukemia.

Leo Nadler (6:50):

His disease had gone wrong. He had been seen at Hopkins, and they told him the same. I said, Glenn, sometimes we have to play medicine. He actually said, “No.” And then he decided that he would come to me not as a treater, but as a credible assessment.

Glenn Sabin (7:14):

I just had this little experiment going. I was this, you know, N of one. I really wanted to test my body and my mind to see how I could impact where I was at.

Leo Nadler (7:29):

He's asked me to write things. I said, “No, Glenn, I didn't do any science.” I can attest to one thing: what you say about yourself in the stage of your disease is absolutely correct. The second thing I can attest to is: you did it your way,

Glenn Sabin (7:48):

I started to see a significant change in my blood chemistry to a point where the blood counts were completely normal.

Leo Nadler (7:57):

Glenn has the most extreme type of patient who basically decided he's going to engineer his own solution. Can you spontaneously remit to chronic lymphocytic leukemia? The

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book says, “No.” Magically, his disease disappeared. So every time I've staged his disease, it got better every time,

Glenn Sabin (8:19):

It's been seven years since I was able to clear my marrow of leukemic cells, so a complete and durable remission. The idea is to become the most inhospitable host to cancer possible. And you do that by strengthening your immune function. You do that by working on getting into the strongest emotional shape that you can be in and utilizing nutrition and physical activity and clean hydration and restorative deep sleep.

Linda Sabin:

For me, the lesson that I learned is anything's possible.

Glenn Sabin:

We don't take anything for granted. We're grateful that we continue living a healthy lifestyle that hopefully, you know, will keep me in a good place for a long time.

Glenn Sabin (9:15):

I appreciate the opportunity to speak with everybody today.

If I was as sick today as I was back in 2003, I would not have refused standard of care because standard of care then was palliative. If I had gone with an experimental bone marrow transplant or even the standard of care with three chemotherapeutic agents, I wouldn't be with you folks today. Today we have wonderful targeted therapies. It's getting to the point where there's a functional cure for chronic lymphocytic leukemia. It's come a long way. All this advancement has been in the last seven to eight years. That's a huge change because I was awfully sick back when I extended my little informal experiment.

At its core, integrative oncology focuses on – not unlike functional medicine or lifestyle medicine – lifestyle factors. That's where the literature lives. That's where it's growing fairly rapidly. 30 years ago there was no such thing as integrative oncology, or even integrative medicine. There's been a lot of change over these last few decades, but at its core, what we'll all see if we go to the NCI site, or American Cancer Society site, is related to prevention. It's important to focus on the literature that supports eating well, sleeping well, moving your body, and so forth. Those core fundamental aspects of those lifestyle factors or lifestyle medicine certainly helps to strengthen immune function to make us more resilient. Over the years I talk a lot about the host versus tumor. It should be the host *and* tumor. When all these therapies are directed to the tumor burden, and there's not enough attention that goes to the host environment, that's half of what we need to look at that's often missing. It's not what type of cancer a person has, but what type of person is it that has this particular malignancy. That's just as critical. An evidence-based

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or evidence-informed approach to care that focuses on the host environment, the emotional state, and a lot of different factors that support immune function. That's critical in my mind, of course. I could correlate that to these fairly remarkable clinical responses that I've had over time.

At the same time, integrative oncology is evidence-informed, if not always evidence-based, and it shouldn't be confused with alternative medicine, alternatives in lieu of standard of care. I'm a walking contradiction, because I refused the standard of care. I earlier expressed why I refused the standard of care.

At its best, integrative oncology combines the best of precision medicine or precision oncology with evidence-based or evidence-informed integrative oncology. If something is safe, if there are no known contraindications, if it's potentially efficacious, because there's varying levels of literature that support all these different interventions that are available, and if someone can afford them, and if someone is able to track closely how they're doing so they can measure, to some extent, what they're doing versus how it may be changing their outcomes, then that's a good place to be, and it's worthwhile to try some of these things beyond the core lifestyle stuff when we talk about supplementation or even things like high dose vitamin C or a number of other interventions that are available today.

Robert Ellis (14:55):

Brad sent me a message just before we got on the call.

Forwarded email from Jim Ward:

Hi Brad — Ahead of today’s seminar, I thought you might find the abstract linked below interesting, if not a topic for discussion with the presenter(s). Bottom line: The study did NOT find that healthier eating had a significant impact on PCa disease progression.

<http://www.urotoday.com/recent-abstracts/urologic-oncology/prostate-cancer/140617-dietary-patterns-and-risk-of-gleason-grade-progression-among-men-on-active-surveillance-for-prostate-cancer-results-from-the-canary-prostate-active-surveillance-study.html>

Forwarded email from Glenn Sabin:

To link to this article: <https://doi.org/10.1080/01635581.2022.2143537>

I've barely had a chance to look at it. It's some research about diet and the impact on prostate cancer progression. It's an abstract, so there's not a lot of information there.

But I'm curious if you would just talk about that. In your video clip we see some little cutaways of you making salad and everything else. What's your take on how valuable diet is with cancer?

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Knowing that one of the things that complicates this is that not all cancers are alike, not all prostate cancers for sure, what's your take on that?

Glenn Sabin (16:01):

I believe strongly that nutrition and diet is a core determinant of health. It shouldn't be siloed. There are other lifestyle factors that are quite powerful as well. But diet is the most critical core determinant of health. [I've had the same diet for 30 years](#). It's maybe closest to pescetarian or Mediterranean. I eat an abundance or rainbow of plants. I eat cold water, omega rich fish. That's the only animal protein that I eat. The fish basically is salmon, halibut, cod, sardines, mackerel – high omega three cold water fish, that's sourced well. That's been my diet over all these years.

Nutrition science has really evolved. We're going to get to a point soon enough, where there's going to be very specific diets that are tailored to underlying pathology, as well as the various agents that someone may be undergoing in terms of their treatment schema. Roger, you had mentioned that integrative oncology includes lifestyle factors that could perhaps modulate or potentiate active therapy, and help reduce the deleterious side effects of some of these stronger anti-cancer agents, and that's what we've been seeing for quite a few years now.

Although there's more money that's being put toward –especially through NCI – the study of integrative oncology, unfortunately, without real commercial investment, these areas tend to be low margin areas for commercialization. There's not a lot of incentive there for companies to work on new patents for broccoli, or vigorous cardio, and that sort of thing. At the end of the day, any physician, whether they're trained conventionally, or they have some interest, or they do it for themselves, they're living a clean life, they're adhering to core tenets of lifestyle medicine to help support their own careers and their bodies and their minds and that sort of thing. No physician should dissuade patients from eating more healthfully, to keep at a lean or a proper weight, knowing that obesity feeds many types of underlying malignant disease. [Moving your body, good sleep, hygiene, good, clean hydration, being aware of environmental impacts, both in your home and outside of your home](#). These are all things that are sensible, and this so-called “anticancer” lifestyle would help position one's immune function, and, position somebody to be their most resilient self, to also be an antiobesity program or or anti-diabetes or hypertension. It's the same core tenets, so it makes sense.

Robert Ellis (20:15):

To share a little bit of my patient journey, I was probably on the prostate cancer creation diet for decades. I used to eat three eggs every morning for breakfast, chicken, and a lot of times for dinner, lots of dairy, and all of that. I thought I was eating healthy because it was organic or free range or whatever. But then when I got cancer, I discovered that all of those things increase your risk of getting prostate cancer. I'm definitely convinced that diet plays a huge role.

Rick Stanton (20:52):

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Wow, I want to learn more from you because I eat eggs and chicken. And I think I'm doing good.

Glenn Sabin (21:02):

For prostate cancer, whole eggs are not the best thing. They studied various agents. Some are very similar in terms of correlating with potential positive impact on CLL, like broccoli, pomegranate, turmeric, and green tea. These are all agents that are looked at, amongst others, for those hosting prostate cancer.

Rick Stanton (21:29):

Are you saying that they're good or bad for prostate cancer?

Glenn Sabin (21:34)

They correlate with having a positive impact. You should try to fit these things in your diet, using a “diet first” approach to get that bioavailability with clean whole foods and then supplement as necessary, ideally under the guidance of an integrative oncology-trained person. There are a few urologists out there that have special training. I'm a “diet-first” person. I do take quite a few supplements, but not like when I had active evidence of disease. I was consuming a lot more, but it was informed through blood and by a number of markers. We looked at nutrient levels, oxidative stress, free radicals, circulation, glucose levels, all sorts of things to inform foods and targeted supplementation, and then that would be titrated over time by retesting, and having these labs repeated every six months or so.

There's been no evidence of disease in my marrow for going on 11 years. I still haven't changed anything that I do in terms of how I live only because it correlates with some positive clinical impacts one, and then two, I feel really good. I'm 59 years old. I feel really good. Why would I change anything that I've been doing, if it's just kind of the way I'm hardwired?

Robert Ellis (23:27):

You talk about how a Mediterranean diet has worked for you. I'm curious what you think of keto, in particular for prostate cancer. There's some debate. If you are hormone sensitive, then keto is supposedly not a good idea. But when you become castrate resistant, keto may be a good idea.

Glenn Sabin (23:55):

I don't have any specific expertise and/or knowledge of keto, although I do follow the literature. I will say that if I were to approach keto, it would be a healthy keto because there's a lot of unhealthy aspects to keto that can be done and still fit within that keto bucket. By changing certain things, it would be healthier. Keto, intermittent fasting, and fast mimicking diets are all things that I follow very closely because they're quite intriguing, especially around GBM and other diseases.

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For four years I've been doing an intermittent fasting 16- to 18-hour fast. I started doing that purely for body composition, to just stay as lean as I can be, and that worked for a while, and then all those positive effects kind of melted away. I feel really good even from intermittent fasting. I drink 40 ounces of green tea that includes turmeric, reishi mushroom, and curcumin, and that helped stop my appetite. But I haven't been doing it for any underlying malignancy. It's just that it helped me. It helps my cognition and energy and other things that I noticed by doing the intermittent fast. Intermittent fasting and fast-mimicking diets correlate with active treatment and keep digestion less busy. Conceivably you are getting these agents in your body with less impediments, while moving your body increases your circulation and gets any therapy more evenly distributed systemically.

Robert Ellis (26:07)

Many of the things that Glenn has mentioned, such as reishi and curcumin/turmeric are also beneficial in prostate cancer. (But do your own research.)

Glenn Sabin (26:33):

It's interesting how some of the same agents kind of connect with or correlate with prostate, colorectal, and breast diseases. They're known to be some of the top lifestyle-driven diseases, so it would make sense to leverage lifestyle, regardless of the tumor burden, as long as you have clearance to do these things. If it's safe, there are no contraindications, you've been cleared for it, and it's not onerous to work into your daily life, I see very little downside from strengthening your immune function and becoming your most resilient self.

Robert Ellis (27:33):

Since everybody will have to do their own research, here is a link that I have found very useful for checking interactions: <https://go.drugbank.com>.

If you are going to use supplements, and if you are on medication, for example, I'm on Rubraca (rucaparib, a PARP inhibitor) now, so I use this site to check for interactions with other supplements or off-label drugs that I take.

Glenn Sabin (28:05):

There are two resources that I can recommend:

- [On my website](#) is a list of the national directory of integrative oncology providers for North America.
- For herbs, drugs, and interactions – [see Memorial Sloan Kettering](#). They probably have the preeminent kind of [database on this topic](#). It's quite helpful.

Robert Ellis (28:42):

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I’ve found the book “[How To Starve Cancer](#)” to be a pretty useful resource. It’s a little bit difficult for a layperson, but there’s some good information in there.

Glenn, you are a cancer coach. I’m an executive coach. What is a cancer coach?

Glenn Sabin (29:12):

About 20 years ago, the gentleman you saw on the video, Leo Nadler, started informally sending his patients to me. A little bit before my book came out, I formalized the coaching that I was doing and had been doing pro bono up to that point. I figured if so many folks are reaching out to me to do the cancer coaching, but I’m still working for a living, that I thought I would formalize it and make it even more comprehensive.

My coaching covers a deep intake, looking at all aspects of lifestyle, as well as the underlying pathology. I try to connect folks on the conventional side with the very best specialists for their particular disease. I always make sure that they are with one or more academic experts that live and breathe their particular kind of situation.

I wouldn’t be part of this community here if I didn’t have an affinity for precision medicine. I’m a big advocate for looking at the NCCN guidelines, but then also looking more deeply about every possible opportunity, especially for advanced stage disease, to make sure that a person has the support they need to look at everything that they should be looking at. That doesn’t typically come rolling out of the mouth of their oncologist, especially when it can limit the revenue or the comfort zone of an oncologist because there are all these precision approaches to assays and how it potentially informs treatment. Once you get off that fairly straightforward approach to managing and treating disease, it’s harder to navigate.

I look at the future of truly comprehensive precision medicine, or precision oncology, to include precision integrative oncology at the host level and on the conventional side of things, as this kind of precision medicine has been moving apace. I don’t see them now on parallel tracks. I see this intersection, where we treat everybody at the bedside, and they have a customized set of agents to focus on the tumor burden, and also on the personalized integrative side. That’s the future that I see. I just don’t know how far down the road it is.

Robert Ellis (32:30):

In your book, [n of 1](#), in your self treatment, or in your coaching, have you worked at all with repurposed drugs or off-label drugs?

Glenn Sabin (32:52):

They’re very important to look at. But I’m not a proponent of a one-size-fits-all approach, a la Care Oncology (<https://careoncology.com>). I don’t believe that everyone that’s hosting an underlying malignancy should be on some level of dosing of X agents, be that for six or what

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have you. When it's more informed, then it's a potentially better approach than Care Oncology. They're not the only set of agents for everyone that is hosting various types of liquid and solid tumors.

Robert Ellis (33:44):

Are there other things for prostate cancer that we should look into as far as repurposed drugs?

Glenn Sabin (33:53):

If you're looking at repurposed drugs, then you should look at someone like Will LaValley, who has a much more comprehensive approach to repurposed drugs. Keith Block also does some work with repurposed drugs. It's a lot to navigate because you could conceivably have a layer of FDA-approved or experimental anti-cancer agents specific to the disease burden. You can have another layer of targeted supplementation that may or may not fall within the bucket of repurposed drugs, because these agents are drugs. These herbs in clinical dosing are our drugs, and a lot of them are undergoing reformulations and tests. To become FDA-approved drugs is a very expensive process. You have all these cancer supportive drugs to get through the treatment and to help with the side effects and that sort of thing. It's a lot to navigate, as I'm sure you all are already aware. There's nothing easy about this. It's easy for an oncologist to sit behind a computer looking at the NCCN guidelines, and say, “Here are the two or three options for the initial disease.” And with recurrence, “Now we do this.” And on the third time around, “We're over here, and here are some options.” But it's much harder to look at every viable clinical trial, every potential off-label agent, and follow the literature. They get so complicated so quickly.

Robert Ellis (36:05):

The redo drug repurposing database (<https://www.anticancerfund.org/en/redo-db>) has information about repurposed drugs for cancer.

One of the challenges for us as patients is that a lot of this information is over my head. I don't really know how to interpret a lot of this. It's incredibly difficult to find an oncologist who is willing to support the use of this. I was in a clinical trial which involved an immunotherapy, pembrolizumab, and to enroll in the clinical trial, I had to sign like a 20-page document about all of the potential side effects and risks, including death. But I asked my oncologist for a prescription for Metformin, and he said, “No.” It's unfortunate that most of us are treated by oncologists who do not have the openness to consider good evidence, which I think there is for Metformin, that it has some value in prostate cancer. But it's difficult to find practitioners.

When you're doing your coaching, how do you address that issue, if there are complementary things or changes that require a doctor's approval to incorporate?

Glenn Sabin (37:40):

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Complementary therapies or more supplementation, botanicals, etc., are a matter of whether you're comfortable with the prescriber. This person should obviously be acutely aware of any kind of contraindications, as well as potential efficacy. Then it's just a matter of who are you going to take the lead from on that? This integrative provider, or your treating oncologist, who likely doesn't know anything about that? When it comes to off-label drugs, anti-cancer agents that aren't FDA approved for that particular indication, or other pharma-based agents, there are a couple of issues. One is the economics of a patient that requires more energy and time and is seeking care for a second line, the third line, or whatever, that doesn't fit well within their bucket and comfort level. Then you have all the potential legal exposure and that sort of thing. It is difficult.

I was able to get someone through Georgetown Lombardi onto Enhertu before Enhertu was approved for low amplification HER-2 breast cancer, but by the time I was able to achieve that, within two or three weeks because of an ASCO presentation that just blew the doors off, it was quickly approved within weeks anyway.

Dawn Lemanne is involved with this group, with Brad, and is working with the gentleman at Moffitt, Bob Gatenby, to prescribe off-label agents as appropriate. She's in Oregon and licensed in Oregon, New York (she used to be at Sloan Kettering), and California. She's somebody that I have confidence in, not just because she co-wrote my book, but I've known her for a number of years. She's highly trained; she's an integrative oncologist; she's a Stanford-trained oncologist; she's really solid.

There are others within academic institutions and/or community practices, that, if you discuss the literature, you discuss the opportunity, you push them to do more, I'm hopeful that exceptions can be made, if you have a late stage, considered incurable situation. You're being recommended treatments that have been proven not to be curative, they may be great targeted agents, and potentially have a good impact. And that's great. But if there's already proof that they're not curative agents, and you have advanced disease, then you don't really have much to lose by looking at any of these approaches. That's the way I look at it, and that's the way it's been explained to me, by oncologists, when communicating with treating oncologists that are hesitant to try something different.

Robert Ellis (42:03):

As patients we all have a responsibility to be advocates for our own care, and also to advocate for more openness on the part of our oncologist so that it benefits other patients as well. I'm very fortunate. Now I have an oncologist who, if I bring him an idea, or something that I've seen in the research, or I subscribe to prostate cancer newsletters, and I get the latest information. If I ask him about something, he's pretty open, and will research it, and then he'll tell me, either “No,” he doesn't feel comfortable or “Yes,” he's willing to try something.

Glenn, you have mentioned several people and resources.

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Glenn Sabin (42:58):

I mentioned three names: [Keith Block](#), who's considered a father of integrative oncology, who, is, [Dawn Lemanne](#), and [Will LaValley](#).

Robert Ellis (43:21):

[This is the link to your medical case](#), which is very interesting. People may want to check that out.

Glenn Sabin (43:34):

I'm at [Glennsabin.com](#), if anyone wants to reach out.

Kevin Fordney (43:41):

I want to go back to supplements for a sec.

Glenn, you've used a fair amount of supplements. I haven't had a need until now. I will admit, I've had a huge bias against supplements, not because I don't think there's any that work, but because of the whole multi-level marketing industry. I got to a point that I wouldn't be taking things before I got cancer until my doctor told me to because if I just start taking a bunch of multivitamins and stuff, and I don't know why I'm taking them.

My oncologist is open to a lot of things, but she's not an expert in any of it. She's a researcher. I've had great experience the last six or eight months with a palliative care person who has revolutionized my whole approach to pain and constipation. It opened my eyes to how my team needs to be bigger. I have a nutritionist now, and it's not that I don't know what to do. I just don't like to do it at times. But I'm reasonably healthy with much room to grow. I went through a recent disappointment, and it relates to supplements. I want you to comment on my strategy that I'm going to try and or redirect me. My palliative care person hit a wall. I was getting a lot of neuropathy through this clinical trial I was in. In fact, it was one of the side effects that if it had gotten worse, they put you out of the trial. I'm out of the trial for other reasons now. But there are things that I could have been doing around the neuropathy. I just use neuropathy as a symbol now, knowing that my doctor said, anything else you do, I'm all for supplements, just don't start doing them. If you get led to something, please show me so I can okay it or not. And if she didn't, now I would push more. But the person I'm trying to add to the team is a naturopath that might have some cancer background. When you did all your supplements, and I know you're smarter than I am, how did you get? How did you decide what might be helpful? Just go to GNC and start pulling stuff off the shelf?

Glenn Sabin (46:43):

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You mentioned a few things, I'm going to try to take them in some sort of order. You should always look for practitioner level, professional level brands. You shouldn't be buying them from big box stores. You want to make sure that whatever is in the bottles is actually in the bottle, and then it's clean, it's been tested, and it's USP certified, and GCMP, and all those different acronyms. You definitely want to look to do that. As far as a naturopathic physician, you want to look for a [FABNO-certified](#) practitioner. You'll see a national database of FABNO-certified naturopathic physicians in oncology. I'm a big fan of informed, well placed supplementation. I'm not a big fan of expensive pee. You should ideally work with somebody who has experience with oncology and supplementation, whether that's a functional medicine practitioner, or an integrative oncology expert who is working with folks hosting various types of malignancies. It should be a combination of foods and select supplementation. It's nice when it's informed based on nutrient levels and a bunch of different markers like those that I had mentioned earlier.

John Powers (48:22):

I get some input on that as well. It goes back to when Glenn was first talking about keto. And he said, “You’ve got to do healthy keto.” My mom wound up being gluten-free 25 years ago, and then you couldn't find gluten-free foods. You really had to know what you were doing. And my wife and daughter are both gluten-free. I've been gluten-free for over 10 years. Gluten-free is the same thing as keto. There's plenty of gluten-free food out there that is just bad food. Because they'll add more sugar to make up for the lack of gluten to get a taste. You've got to really look at the ingredients.

We run panels for a couple of different groups that are doing holistic medicine, integrative medicine, so you run metabolomics and methylation panels, specifically looking at vitamins and minerals that your body is lacking or has too much of. I can send you information. I'm not going to recommend one or the other of these companies that are running the panel. This is a small group, if you want me to, I can run the panel for you guys, because it's a \$200 panel, but I can just do it. I can stick it in with one of our other runs. You can go back and look up everything that you're deficient in, or you've got. It's an NGS panel. It'll show you where you have a variant. The difficulty with methylation is you don't know if that has been triggered or not. But you can tell by your symptoms whether it's triggered. It's not like you have to go and get a definitive RNA seq, you can tell. I'm definitely feeling this issue. But it gives you a better idea of what you want.

Like Glenn said, everything he went through, these are definitely good not only for specific cancers, but for your health overall. With turmeric, I never get enough turmeric. I take a supplement which is non-inflammatory core of turmeric. All my supplements are non-corn-based, non GMO, and no artificial ingredients. You really need to look at labels because Glenn hit it on the head, all these big box brands have all sorts of weird stuff in there. “What the hell is this doing in a supplement?” There are certain names you're going to drop, and you will feel a difference. What you have got to realize is, your body's going to absorb this at some point. It's going to change again. The supplements you take today, you may not take in three months. It's just like your diet, you have got to monitor it.

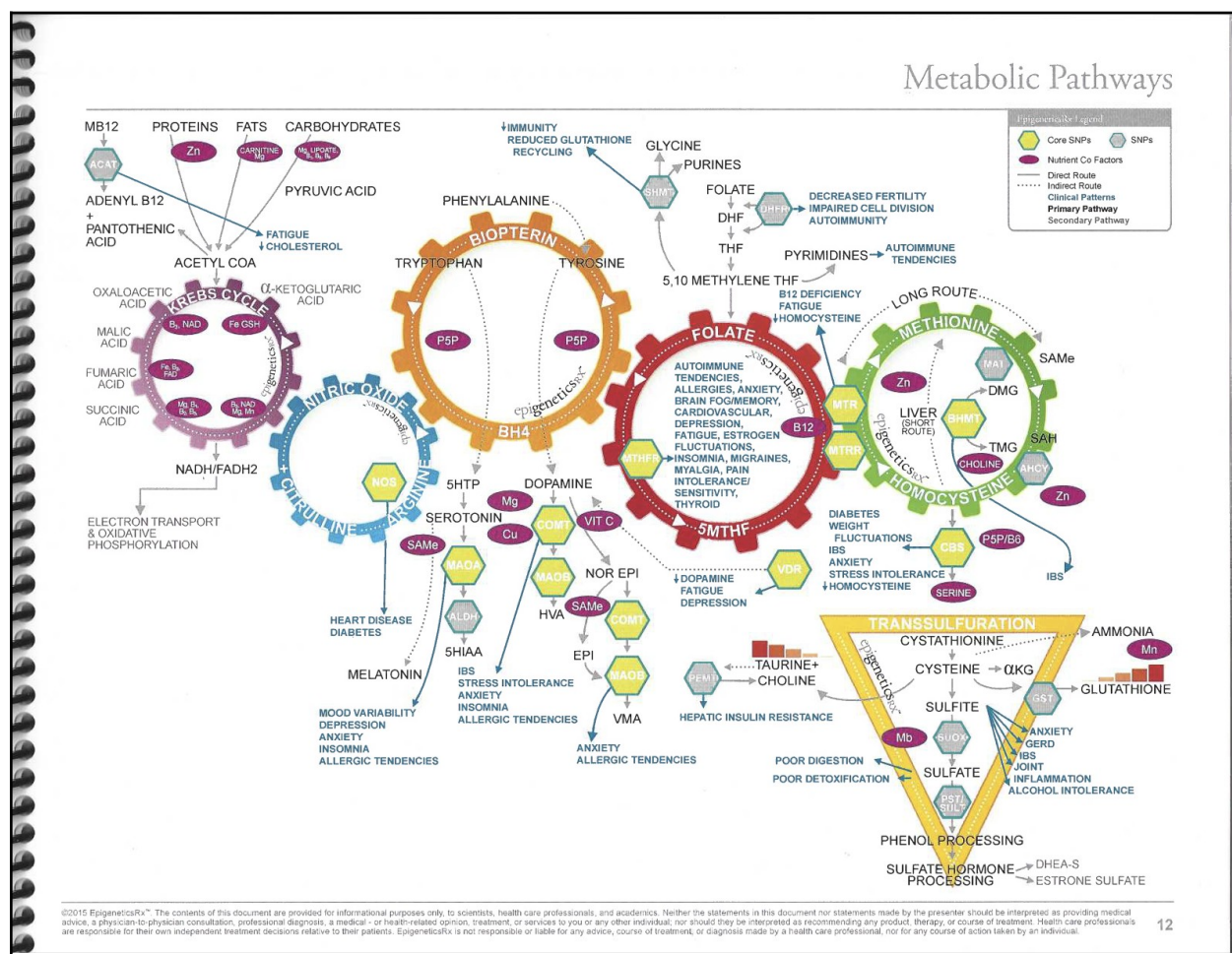
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I can give you names like Sabre Sciences, a lab in Carlsbad. EpigeneticsRx is a lab in San Diego. EpigeneticsRx does this testing for like 2400 holistic integrative medicine doctors, whatever you want to call them. It's worth looking at.

From an email from John Powers sent after the meeting:

Like cancer, diet and supplements are very individualized. I mentioned a couple of groups we run panels for that I have included links for below.

Generally, they have practitioners recommend their panels for testing as part of their specific work-up. The supplement recommendations from EpigeneticsRx is based on the attached Metabolic Pathways pdf. The panel looks at Single Nucleotide Polymorphisms (SNPs) that act as chromosomal tags to specific regions of DNA, and these regions can be scanned for variations that may be involved in human disease or disorder.



The pdf shows which SNPs are related to specific regions of the pathways and the potential effects of variants to those SNPs. The doctors typically combine this

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information with other conventional tests they run for a more comprehensive health plan. We just run the tests and do not provide analysis, but if interested I can work with EpigeneticsRx to work out a deal for anyone interested. I have already had a couple of people contact me directly after the call that I will send blood spot test kits out to. The whole process can take a number of weeks so let me work with the folks that I have already heard from to make sure they are finding value from it. In the meantime feel free to check out the companies in the links below. Sabre Science is a very involved comprehensive workup that is very personalized. Be glad to answer any questions, if I can.

<https://www.epigeneticsrx.com>



EpigeneticsRX

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Robert Ellis (51:58):

Can you say a little bit more about the panel that you do?

John Powers (52:04):

We do a panel that we customized for EpigeneticsRx. They said, “Here are the 49 SNPs that we test. Can you guys do a panel?” We did a panel with something like 89 SNPs specific to methylation and metabolomics.

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Rick Stanton (52:26):

Does everyone know what a SNP is?

John Powers (52:30):

When you look within certain genes, the RS numbers are your SNPs. Biomarkers would be the best way to describe this.

Rick Stanton (52:47):

It means single nucleotide polymorphisms.

Eric Hall (53:21):

John, how do I connect with you more, because I want to do this.

John Powers (53:32):

From the chat:

John Powers: jpowers@simplSEQ.com

I can hook you up with a holistic doctor, and you can do a telephone consultation.

Eric Hall (53:44):

Glenn, you were talking a lot about physical changes, diet and supplements that you've done and have experience with. I'm doing a lot of those things myself already. I switched to vegan. I'm taking a number of supplements, mushrooms and stuff that I just put in the chat.

From the chat:

Eric Hall: Supplements I'm currently taking

- Turkey Tail Mushroom powder
- Reishi Mushroom powder
- Lions Mane mushroom powder
- Tudca
- High Dose Melatonin
- Calcium
- Vitamin D3 with K2
- Vitamin E

My question is around other lifestyle things, like mental, emotional, or spiritual things that you've done that you feel fit into boosting this immune system in this integrative manner, such as acupuncture, sauna treatments, things that aren't physical diet things?

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Glenn Sabin (54:32):

That's a good question. It's an important piece of this, and I've written fairly extensively about it. There's not one way to go about reducing stress. Everyone has a different approach to what they call meditating and that sort of thing. Unfortunately, I never became a deep meditator. I guess I'm just not wired for that, unfortunately. **I keep my stress level down mostly by my lifestyle, and not being around crazy things and crazy people that don't feed into that box I'm trying to live in. I go about it through exercise.** It is very relaxing for me even though I'm moving my body. I can be in a hot tub or a hammock, I could be walking, swimming, all these things. I'm not sitting, listening to my breath and sending thoughts away and that sort of thing. I'm a proponent of acupuncture for sure. That's how I approach it. And diet is a huge thing, too. You know, staying plenty hydrated, all these things fit with my approach.

Rick Stanton (56:17):

I am inspired. I am mostly through your book. I have started using integrative oncologist Dr. Dawn Lemanne. I am currently taking a lot of supplements:

From the chat:

I am currently taking:

- Berberine
- resveratrol
- turmeric
- green tea
- Omega3
- Green powder
- Zinc
- Apigenin
- Vitamin E
- luteolin

I don't really know why or what supplement does what - I hope to learn.

Robert helped me pick from a roadmap from “How to Starve Cancer” - but I never learned why.

Dr Lemanne just ordered a bunch of blood work for me - about 20 tests - I don't know what these tests inform - how can I learn?

Robert was so kind because he recommended I read “How to Starve Cancer”. I was like, “Oh, this is great.” I thought it was a somewhat incomprehensible list. Like in chapter 22, there's a mention of this, and it could be good for that. Then Robert gave me a little roadmap of supplements to take. I'm not so smart on why. I just said, “Oh, here's the roadmap”. I went on Amazon and ordered a bunch of supplements. I think Dr. Lemanne will help tune that.

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I also wanted to mention, I'm such a big proponent because I worked at Amgen for 17 years in oncology, in therapeutic drug development and research. I realized how little we could do with a drug or a pill alone. It's incumbent upon us to do our share. The doctor is not going to help us 100%. I've been intermittent fasting for about four months. I want to hire you. You're awesome. I'd like to have Dr. Lemanne and you in my corner. Thank you.

Glenn Sabin (57:55):

Thank you. I connect with you folks. As I'm thinking more about these different agents that seem to align with the CLL and prostate that we've discussed, a lot of these agents are anti-inflammatory: the fish oil, the turmeric, and green tea. Living an anti-inflammatory lifestyle through diet and through well placed supplementation is a good thing to focus on.

Rick Stanton (58:37):

John, I know you through Nik Schork, right?

John Powers (58:42):

We met at Murrieta Genomics. You came out to the lab with your daughter, and we talked about doing specific testing. Yes, we met originally through Nik.

Glenn, you hit it right on the head. I just love your approach and your journey of learning because you're humble. You hit on anti-inflammatory, which is what I find personally is the thing that helps me the most with my ton of regular aches and pains from abusing my body wrestling for 15 years.

Robert Ellis (59:35):

Your story is inspiring. Thank you for the information. Thank you, John, for your generous offer. This is what we intend to be the first of a series. So look for more, and thank you so much, everybody.

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Related Email Message

On Nov 9, 2022 at 5:41 PM -0800, rick stanton <rick@stantonbiosciences.com>, wrote:

Hi guys,

I LOVED today’s discussion!

THANK YOU Glenn and Robert!!!

Glenn - you are truly inspirational, motivating, and empowering! THANK YOU!!! I believe you coach folks - I certainly want to learn if you would be willing to coach me and what’s involved! I’m on page 101 in your book currently..... super empowering and getting me a goin!

John Powers!!!! - amazing what you suggested, and I wonder since most of us have had sequencing done on our tumors - can you help as you mentioned - and what might be involved?

Open question:

How can I improve given:

I have been intermittent fasting for 2 months - I eat lunch at noon, and dinner at 6 - no snacks! (Ouch!)

- I am getting salmon’d out! So I’ve been weaving in chicken and turkey - trying to eat clean but not perfect by any means

- hope to learn how to improve.

- my fasting glucose was just 78 - powered by metformin, IF, and self discipline! (It has been around 99 for years...)

I have been working out lifting heavy at the gym 5 days a week for about 2 months

I am under Dr McKay and Dr Lemanne’s care - and I am starting to track my PSA weekly under Dr. Lemanne’s guidance.

- she wants a weekly PSA to allow Gatenby’s modeling to be as accurate as possible.

- I got a DexaScan for body composition (muscle vs fat) = decent, and VO2 max = poor

- I am currently taking Abi and Pluvicto - my PSA just dropped from 13 -> 6.8 in 3 weeks.

- I am taking atorvastatin and metformin

Thanks to Robert - who passed along a little graphic from “starving your cancer”, I’m taking the following supplements:

Berberine,

resveratrol,

tumeric,

green tea,

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Omega3

Green powder

Zinc

Apigenin

vitE

luteolin

However, I just went on Amazon and bought these supplements based on what looked good, had good reviews, hopefully were 3rd party tested..... but have no real idea how much to take or when in the day. In general, after eating at noon, I take supplements and go to the gym, as from Jane McCellan’s book - you don’t want to sit around after eating - as you want to have your muscles engaged to take up the glucose spike rather than feed your cancer. Then take the metformin, atorvastatin and more supplements after eating dinner around 6.

I had no idea about avoiding chicken or eggs (which I eat a lot of!).

Dr. Lemanne ordered about 20 blood tests in addition to the metabolic and lipid panels, PSA, and CBC that Dr McKay orders.

Hopefully Dr Lemanne and I will connect with the results of these recently performed tests, and I will gain her guidance.

I will be happy to pass along what these tests are and what they mean as I learn.

Interestingly, one of the tests is for NK Cell function (Natural Killer Cell) - this is certainly outside the scope of what Dr. McKay, and my other oncologists have checked.

Anything I am missing or could be doing better??

THANK YOU!!!

Sincerely,

Rick