

**Y-ME ShareRing Network
February 15, 2006**

Arline Kallick: Hello everyone, we're happy to have you with us this evening. Our call will begin with tonight's speaker followed by a question and answer session and then end with small group discussions. When it's time to ask a question of our speaker, please remember, there are other people waiting to ask questions, so try to limit them. Remember also this can't really be a private consultation. If we go into the group at the end of our program before you have an opportunity to ask a question, please address it in the group or call the Y-ME 24-hour hotline at 800-221-2141. Our website is www.y-me.org. Also, registration for sharing calls can be done online and we will have the transcript of each call available online approximately one week following each call.

Tonight's program is: "One Woman's Story." In 2000, NBC5 television personality, Dr. Sandy Goldberg, was diagnosed with breast cancer. In her quest to obtain up-to-date information, access quality service and treatment, and emotional and spiritual support, Dr. Sandy discovered gaps in the healthcare system that affect many individuals. While still in treatment, Dr. Sandy publicly shared her story. The chronicle of her struggle, "One Woman's Story," documented her most private experiences over a 14-month period. This groundbreaking and personal initiative earned her a 2002 Emmy. Dr. Sandy is a regular contributor to NBC5 News in Chicago since 1994. Her weekly series is called "Food For Thought." Dr. Goldberg's information regards nutrition, weight reduction, lifestyle changes, and throughout the year, she has appeared on many special series regarding real life weight loss, One Woman's Story, and various

other subjects. Dr. Sandy is a private clinical practitioner in the field of nutrition for over 20 years and holds a Master's in PhD and clinical nutrition.

I'm going to add a little tidbit to this whole story. As Dr. Goldberg and I ran into each other at the Y-ME fashion show in Chicago in October and realized that we went to grammar school together and hadn't seen each other since we were children, very little children.

Dr. Sandy Goldberg: Very, very little children.

Arline Kallick: So, it was a very exciting moment when we reconnected and realized that we had this wonderful little thing in common. We're excited and happy to have her speaking with us today. So, I welcome Dr. Sandy Goldberg.

Dr. Sandy Goldberg: I'm so glad to be joining all of you this evening and I think that, obviously, it is a subject that concerns us all on several levels. As you heard, I was diagnosed in 2000 and, as many people are when they're confronted with this diagnosis, frankly, I felt as though I had been hit by a truck. The important thing, I think, in terms of all of this was the ability to be able to reach out and have a support system. A primary support system, at least initially, was my husband and my family, certainly, and then, being public about it in terms of my coworkers over at NBC 5 here in Chicago, and I discovered for me what was really cathartic, which is what really helped me so much, and in all honestly, set me on a completely different life path, was the filming and subsequently the airing of that special, "One Woman's Story."

The station had the largest response that they've ever had to any specialty segment, which is what it really was, and although it aired almost four years ago, since I'm proud to say that I am now cancer-free five years out, is that, to this day, people come up to me on the street and say I saw your story, it really helped me get through a very hard time. And I think taking something negative and attempting to turn it into something positive, even though we don't realize that that's going on while it's going on, it's almost an organic process. But, where I was also fortunate in terms of going through treatment was the fact that I knew what to eat, I knew what I shouldn't eat, and I also knew enough to listen to my own body, and I think that that's something that all of us need to be aware of, certainly, during treatment, and subsequent as well. Most of you, of course, have had a certain amount of nutritional counseling and I'd be delighted to address nutrition and nutritional issues during your Q & A part, and I understand that many of you are calling from around the country and I'm just thrilled and delighted by that.

But I also want to address the issue most importantly of what we do with our lives post diagnosis, and what I have discovered with the people I have talked to over the course of years as that the more we hide, the longer it takes for us to get better. The more we stay by ourselves, although it does take time to accommodate to something that really is a cataclysmic announcement to us in our lives. I mean, I know, for me, I thought how did this happen? Why me? You know, I'm a pretty good person here. You know, I'm nice to my parents, I didn't strangle my kids, I don't kick dogs, you know, why did this happen to me? And I discovered that for me, at least, it was really a message and a reason for all of this and that was the ability to be able to share what I was going through with

people who sometimes are somewhat uncomfortable about doing so. And where we are very fortunate is to have organizations such as Y-ME to be able to get the resource information we need, to have the ability to get outreach, in multiple languages, and to know, especially through venues such as this, that there are always, there is always somebody there that we can talk to, and that's really a very crucial part of the entire issue.

In terms of my story, you know, again, being very lucky in terms of the support system in place, what I started to do initially was to volunteer. In fact, my oncologist asked me to volunteer and I initially started to volunteer for the American Cancer Society, and we created a cable show. In our cable show, we had a credentialed host interviewing a credentialed guest. We talked about lifestyle options, treatment modalities, so forth and so on, and then we had callers, and that's when I discovered the need—the real need—for all people to feel as though they are welcomed to receive resource information and help where cancer was concerned. And I founded our organization, our not-for-profit which is called The Silver Lining Foundation, which I am honored to announce that Y-ME is a very integral part of everything that we do, and you know, when I think about it and I think about the resources that are available, I think about the mission of the organizations that are out there, of the caring, of the help of the support, how fortunate we are to have that at our fingertips and what we need to do is not to be uncomfortable to ask and not to be uncomfortable, in fact, you know, it was very, very good for me. I remember when I walked into a room the first time I went into a support group and I was a little bit uncomfortable and I'm sitting in the back and I realized that everybody was exactly the same. It didn't matter where their cancer was diagnosed in what part of their body and it really

didn't matter how long they had been dealing with this disease, but everybody—for the first time, I really felt that people understood what I was going through. And it was from the beginning of the volunteering and the support system aspect of it that it was easier for me to go forward in terms of, you know, in terms of my own diagnosis, in terms of my own treatment, and in terms of everything that I'd been doing thus far.

Now, since Arline told you that my degree is in nutrition, you know, one of the things that I did want to address and, frankly, I want to address this—and I do, you know, in my segments at NBC 5 here in Chicago, is to address the concept of what is healthy eating? And really when we think about it, healthy eating is healthy eating, regardless of whether or not we've had this diagnosis. And I'm again certain that many of you have gone online, you have your support groups, so forth and so on, but let me tell you that the one thing that you do need to address and you need to address adequately, accurately, and continuously is the concept of good nutrition. The first thing, you know, many of us did and have done is to talk to our physician. Then, you need to talk to somebody who is qualified and trained in the field and you have to share how you're feeling and you also have to listen to what they have to say. Many people sometimes will go, oh, well, I have this diagnosis, I can eat everything that isn't nailed down, it doesn't matter anyway. Let me tell you, it does. It matters big time. If it has ever mattered, your first defense in fighting, other than obviously the treatment that one goes through is in terms of nutrition.

Because the treatment is killing the bad stuff; the nutrition is reinforcing your ability to be able to fight, and all of the stuff that we learned in grammar school,

even 50 years ago when Arline and I were three years old and going to grammar school is that many of those same tenants that we learned back in health class, back in science class, hold true to this day. You have to eat your fruits and vegetables. You have to have some protein. You have to hydrate yourself. You have to have whole grains, and you do have to watch certain—and you actually have to have a certain amount of fat in your diet as well. The issue is, of course, healthy fat. We didn't know about the distinction between unhealthy and healthy fats back when we were in grammar school. In fact, when some of the major studies were first initiated back about 15-20 years ago, there was a distinction between healthy and unhealthy fats. They were all thought to be doing one thing and one thing only; that they weren't necessarily good for us. Now, we know that the healthy category of fats, the plant oil fats, the fish oil format fats, you know, those are good for us and they do aid us in our good health and certainly in our recovery. In terms of hydration, again, these are issues that we need to address. We have to have enough fluid, but most importantly of all, is that we have to get a good balance of those nutrients that are called "essential" nutrients, and essential nutrients are those nutrients that we absolutely, positively have to have and we need to be getting them from outside the body in the form of food, preferably. And if you think about the concept of a balanced diet, you know, this is an across-the-board phenomenon. And I know many of you are thinking in terms of supplementation. Is that necessary? Should I be taking all kinds of vitamins? Should I be taking all kinds of minerals? Everybody's issue is different and sometimes there is sort of a feeling of comparing what we are going through in terms of internally with what the person next to us is doing, and you'll also be bombarded by well-meaning people in terms of try this, try this, do this, and do that. Let me tell you, you stick with a qualified professional, you talk to your

physician, you dialogue big time. That being said, there are some very good reputable cites on the Internet. I must tell you, though, now that I've said that, when I was doing the segment on breast cancer last year in October for breast cancer awareness month, just for the heck of it, I Googled two words on my web, on my computer, rather, and those two words were breast cancer, and I came up with almost six hundred and seventy-five thousand responses in the Internet. Many of those cites are reputable, many of the others, you know, be educated. If it doesn't sound right to you, you shouldn't be following it. If it isn't from a recognized authority in the field, organization in the field, where the research has been done, the accumulation of data has been done, that a very, very strong emphasis is placed on accuracy and scientific studies, no matter how desperate you may be, stick with what we know, stick with what we know. That being said make sure that you ask your questions. Make sure that you're your own advocate. That is very important as well and reach out and ask for help when you need it.

I know for me one of the hardest things to do was to feel that I, as a woman, you know, couldn't do absolutely everything that I wanted to do. I wanted to clean my house, I wanted to go to work full time, I wanted to be able to see my grandkids in school and do all that kind of thing, and I was tired and I was weak and I had to realize, and it was a very hard discovery for me, it was a hard acceptance for me, at least initially, that there was going to be a time temporarily when I had to let myself heal. And I think about that so much. I think about that so much. Because we're supposed to take care of ourselves, even though many times society tells us, or we are trained that we have to take care of everything and everybody else. Let me tell you a story.

As a proud member of the NBC 5 Chicago family here, and I use that term specifically, I have the opportunity to go out in the community and make speeches and meet people, meet our viewers, and just in general be out in the community, and I felt that that is a responsibility that those of us who are lucky enough to be imparting information over the airwaves to people should be doing. And I was giving a speech and there were a lot of women in the group. It was maybe 500-600 women and one woman was looking at me and looking at me and I could sense that she was looking at me from this whole huge group of people and I'm thinking, you know, as I think many people do when they're up in public, is my blouse buttoned? Is my hem falling off? Do I have gum sticking off my shoe? You know, what is going on here?

And afterwards, she came up to me, you know, we did our normal question and answer, which I look forward to, and she came up to me afterwards and she said to me, I've been looking at you the whole time, and I'm thinking, yeah, I know. And she said, can I—I need to ask you a question and I said all right. She said, who did your plastic surgery on your face? The guy is a genius. And I said to her, you know, after I took a breath for a minute because my mother always trained me to be polite to everybody. I said to her, I hate to disappoint you, but I haven't had plastic surgery. And she said, but you said you have grandchildren, and I said, yes, I do, the three most beautiful in the entire world. She said, well, you look really good, you must take care of yourself. And you know something, that wasn't a compliment, and I remember that every time I try to push a little bit too hard, every time somebody comes to me and says, you know, I'm in

treatment and I just can't do it and I'm just getting through in terms of sheer willpower. You know, we have to take care of ourselves. If we take care of ourselves primarily, then that opens the door for other people to give us a hand here. And issue-wise, that's really what we're looking for, is to be able to get through a time in our lives which is very, very difficult, at best, for many of us, and come out the other side and be able to go on with our lives. Not untouched by what we've gone through. Not untouched at all, but, in my particular case, you know, I think to myself, although I certainly wouldn't wish going through what I went through on anybody, is that I came out of it looking at life a lot differently, and I think that that's something that many of us go through; that we reach out now, we touch people.

As an example, when I was prancing around at the Y-ME fashion show, you know, here I met somebody that I knew from grammar school and to all of you who are listening this evening and the women I'm going to open up the lines to for your questions, and I certainly hope I'll be able to answer them for you, but this is a club, you know, this is a club that we all belong to. It may not necessarily be a club that we want to be members of, but how fortunate we are that we have a club of people who understand, who are sympathetic with exactly what we're going through, and, even more, as I use the word sympathetic, I think that's the wrong word. The word is empathy. You know, don't tell me how I feel unless you've been there. We all know how we feel because we're all there and we all do come out the other side, in one way or another, positively touched by something that initially we thought, man, this bus really hurt when it hit me.

Now, I'm going to open up the phone lines and, for those of you who would like to ask questions, I'd be more than delighted to answer them.

Barbara from New York is on line. Please go ahead.

Dr. Sandy Goldberg: Hi, Barbara.

Barbara: Hi, how are you? I'm a bit nervous. This is my first time on a conference call, but I was diagnosed in April. Then, I got an infectious disease called fasciitis and I was hospitalized for six months and it stopped my treatment. I was able then to continue the first part of my treatment and now I'm on the second part, which I'm doing every week, every week I'm going for a different medicine. My concern was I asked my doctor could I start to exercise and he said yes, you know, within reason, etc., but I wanted to know from you how soon can I begin that and I don't have great expectations because I'm awfully tired, you know, but I push myself and I just—I'm a little nervous—I don't want to overdo it because when I overdo, I get really tired and I'm wiped out the next day.

Dr. Sandy Goldberg: Absolutely. Well, first of all, let me applaud you for thinking beyond your diagnosis and working very hard physically on getting yourself back into shape. What I would do if I were in your shoes, at the hospital in which you're being treated, I would talk to the people in physical therapy. That would be the first thing. I would ask them for names—if they can't assist you in this particular, in learning what sort of exercises you should be doing in order to build your strength back up—that they will have a list, or they should have a listing or exercise physiologists of people who specialize in building exercise regimes for people who are in a circumstance like yours. But let me caution you as you go

forward with this, and again I applaud you for it, you know, what is the old saying that we used to say? Rome wasn't built in a day.

Barbara: Yes.

Dr. Sandy Goldberg: With everything that you do and as you build on it and build on it and build on it, you will become stronger.

Barbara: Okay.

Dr. Sandy Goldberg: And I certainly wish you the best of luck and I'm praying for you.

Barbara: Thank you. Okay. I appreciate it so much.

Operator: Karen from California is on line. Please go ahead.

Dr. Sandy Goldberg: Hi, Karen.

Karen Peterson: Hi. This question just popped into my head. It's probably unrelated to my cancer, but I'll just say I was diagnosed with breast cancer about three years ago and, two years ago, it metastasized to my bones. And during the course of this, I had a cortisone shot which lowered my immunity and I ended up getting diverticulitis. Here is my question for you. I think I should be eating nuts and I've been told that you're not supposed to, and I just saw Dr. Oz* on Oprah and he said it's a myth, you can eat the nuts.

Dr. Sandy Goldberg: First of all, have you seen—you've seen a gastroenterologist in terms of your diagnosis?

Karen: Oh yes.

Dr. Sandy Goldberg: All right. You know, it's very hard for me to give you a blanket response here not knowing your history. That's number one. And number two, what I would do, I would get my records, I would go to a nutritionist in your area. I would go to a nutritionist or a dietician, you know, who's board certified. The American Dietetic Association should have, you know, some very good people out your way. Where in California are you at, if you don't mind my asking?

Karen: Between L.A. and San Bernardino. Southern California.

Dr. Sandy Goldberg: Well, I think that there certainly should be somebody who's—more than one person who is board certified out there, but what you want to do in a situation like that and, frankly, I'm confronted with it many times when people call me as a result of my segments on NBC 5 Chicago is that I can't help you if I can't see what's happened to you.

Karen: Yeah. Okay. It's just that I've heard back and forth on the issues here—

Dr. Sandy Goldberg: You will hear back and forth.

Karen: I think there may not be a blanket answer.

Dr. Sandy Goldberg: There isn't.

Karen: I think that's what you're telling me.

Dr. Sandy Goldberg: You know, you're 100% correct because what I would say to you if you brought your records, if it looked one way, I'd say, yeah, go ahead, give it a shot, and if you bring me records and I would look at something else and I'd go, nah, I don't know. So, you were very wise in picking up the phone and asking because this is such a gray area in terms of the way people think about it.

Karen: Now, how—I go to a cancer place where they have lots of support and they're supposed to have a dietician/nutritionist, but they really don't. Now, how would I find, did you say?

Dr. Sandy Goldberg: Well, what I would do, number one, I would talk to your physician or your oncologist, that would be number one and I would ask for a name. If you can't—if there isn't a name available, I would call the area hospital in which you've gotten your treatment and see who they have on staff there or who Social Service would recommend. That being said, if there isn't anyone there, then I would do actually several things. I would call the American Dietetic Association or else go on their website, and I think it's ADA.com but I'm not sure.

Karen: Well, if I put American Dietetic Association—

Dr. Sandy Goldberg: American Dietetic Association.

Karen: You know what? I did talk to the dietician at the hospital where they admitted me one time because my doctor said I had appendicitis but instead it was this, and I've, you know, I've talked to her a few times, but they just, you know, they have a blanket sheet of recommendations and I did ask her a bunch of questions, but she never asked to see my—

Dr. Sandy Goldberg: I think that's a very important part of telling somebody what they can and what they cannot eat. And, also, although—we're all going to give you a piece of paper, you know, that has printing on the piece of paper.

Karen: Yes.

Dr. Sandy Goldberg: But, what you have to do is you have to ascertain again what is appropriate for you and what isn't, and that's why it's very, very important to for sure to be board certified and if somebody has a PhD on the subject, I think I would, you know, take a look at them or talk to them as well. But make sure that they are treating you like an individual, not like a number.

Karen: Yeah. Because I just know that, you know, I know that the nuts and seeds and dairies, they tell me to eat that and that's got some of the best things in it.

Dr. Sandy Goldberg: I wish that you were in Illinois, but my recommendation would be to, you know, take the laundry list that I gave you and, you know, give that a shot that way.

Karen: All right. Thank you.

Dr. Sandy Goldberg: Okay. The best of luck to you.

Operator: *Linda from Pennsylvania is on line.*

Dr. Sandy Goldberg: Hi Linda.

Linda: My question is you were saying there are essential nutrients. Are you going to tell us what those nutrients are? You say there were five nutrients?

Dr. Sandy Goldberg: Oh, boy, that's a cool question. Okay, the essential nutrients are—I'm going to put my nutrition instructor hat on—protein, carbohydrates—protein is like, you know, chicken, fish, eggs, tofu, soy products, beans. Carbohydrates—those are the starchy foods; bread, rice, potatoes, pasta, as an example. Okay, fats—oils. Vitamins, minerals, and water. And those are the essential nutrients.

Linda: Is it better off getting the vitamins through natural foods?

Dr. Sandy Goldberg: Well, you know, from a theoretical standpoint, I do feel that it would be very good if we could all get everything that we needed through food. However, superimposed on that, especially when you're fighting a disease such as cancer, the body is placed under a tremendous amount of stress. Stress in general and then, certainly, stress in terms of dealing with a treatment modality and you can not leave out the psychiatric factors as well. So, whatever nutrients you're putting into your body are being utilized at a higher rate of speed. So, do I think that supplementation may sometimes be necessary in circumstances like this? Absolutely. But, again, and I always go back to this and please don't think it's a

cop out, it depends on the individual. It really depends on the individual. I mean, personally, when I was going through my—I always took a vitamin/mineral supplement and when I was going through my treatment, I made sure that I was supplementing myself, so, actually, I went to somebody else because I felt that, you know, I would be my own worst patient, so I went to see somebody else, and I was on vitamin/mineral supplementation during that time. I've cut back now somewhat, but I felt that it was a tremendous help to me when I was going through treatment.

Linda: A regular, multi-vitamin, or are you talking about specific vitamins?

Dr. Sandy Goldberg: Well, right now, even before and certainly now, I take a regular multi-vitamin. I mean, and different people have different theories about that, all right? So, you know, I can only tell you what I think and what I do. In terms of when I was going through my treatment, I was taking some individual supplementation, but what I did was I picked myself up and I went to see somebody in the field and I said, okay, fine, here are my records, this is what's going on, this is the kind of treatment I'm taking, I feel absolutely dreadful, what should I be doing? I mean, did I know the answers on some level? Yeah. But I have to tell you, anybody who treats themselves has a fool for a doctor and a fool for a patient. So, you know, you have to go out to somebody who is objective and who is going to take a look at you as an individual.

Linda: Let me just ask one other quick question.

Dr. Sandy Goldberg: Sure.

Linda: A multi-vitamin. Is it true that, like, some of the name brands out there have a lot of additives in them that are not good for you?

Dr. Sandy Goldberg: There is a controversy about that. In many of the major brand of vitamins/minerals, yep, there are additives fillers, colors, binders as an example. So, if that is an area of concern to you, I certainly would do some research and see what is being sold in your area, which is in Pennsylvania, that is—and I'm going to use the term additive-free for lack of a better term.

Linda: Okay. And one quick final question, you know, I know you tell us that we need to get fresh fruit and vegetables a lot, but the more and more I hear about the pesticides being on fresh fruit and vegetables, specifically, ones that come from out of the country...

Dr. Sandy Goldberg: Right. There are two things that I would do. Number one, you can approach it from going totally organic, that's number one. Number two, which is what I do. I have that vegetable wash and before—you know, it's vegetable/fruit wash—and before we use anything in our house, especially that has a rind on it or a peel on it, is that I always wash it.

Linda: Okay. Thank you very much.

Operator: *Shirley from Illinois is on line. Please go ahead.*

Shirley: Hi Sandy. Thank you so much for your information this evening. I am a—I'm in treatment for advanced breast cancer and I just read this past week a book that was called Nutrition by Blood Type.

Dr. Sandy Goldberg: Yes.

Shirley: And I just wondered what you thought of that. I looked at the blood type that I am and pretty much I'm on target for what I was eating anyway, but one of the things, for example, the gentleman who wrote the book said that with a certain blood type you don't eat oranges, which happen to be one of my favorite foods. So, I don't know, the general question I guess then is, is this a valid approach or is this something that is not accepted by the nutritional community.

Dr. Sandy Goldberg: It's not accepted by the nutritional community and I'm going to say something that's really not kind, okay? That a lot of the reason that people write books is because they want to make money, all right? Brutal as it may be, an acceptable nutritional practice is accepted nutritional practice, you know, not something that you have to be aware of. Also, if somebody is writing a book, and let me make a recommendation, this is in any field of endeavor, any specialty or subspecialty field, take a look at where the person got their training and what are their credentials.

Shirley: Okay.

Dr. Sandy Goldberg: That's important. I'm so glad you called because I think this is such an important question.

Shirley: Okay. Well, you know, again, I think whoever is out there with advanced breast cancer, you really start searching for anything that you can do to help yourself, so sometimes when you hear these things, not that you just embrace them immediately, but you certainly look at them because you would like to give yourself the best opportunity as possible to, you know, to have as long a future as you possibly can.

Dr. Sandy Goldberg: Yes. And you know something? What you are embodying is what I was talking about when I was talking before is that if we are not our own advocate, and we must be our own best advocate, and that is very, very important in any stage of the disease. But what you are doing and what I wish more people would do is, rather to embrace a concept or a philosophy, you know, that you're asking the question, and that's really what's important, is that you're asking the question.

Shirley: Well, I thank you very much.

Dr. Sandy Goldberg: You're very welcome and I'm praying for you.

Operator: Karen from New York is on. Please go ahead.

Dr. Sandy Goldberg: Hi Karen.

Karen: I wanted to ask about the soy products because there's been some controversy about that and my oncologist has said go ahead and have soy, it's okay. I happen to be hormone receptor negative and yet I was on DES and I was on the

hormone replacement pills and so on, so mine wasn't estrogen driven, but even if it wasn't, what are the advantages of having soy or are there disadvantages, you know, for having soy products?

Dr. Sandy Goldberg: Okay, this is another area in which there's a lot of controversy on the part of people who are trained in the field.

Karen: Yeah.

Dr. Sandy Goldberg: Personally, I think that if soy was driving breast cancer, per se, or if it was a negative, all the people who live in Asia would be overcome by breast cancer, in terms of multitudes of people, yet when you look at the incidences of breast cancer in the Asian countries, they're among the lowest in the world. So, I think we have to bear that in mind. In terms of the way I feel about most everything is that one word repeats over and over again in my mind and that word is moderation, you know? And I think whatever we do we must take it in the form of moderation. That being said, you know, personally, if it worries you so much, then I might back off from it a little bit, at least temporarily, until you can get enough confidence and assurance that this is something that won't hurt you. Because if you're, you know, if you're in treatment now, I mean, skittish is not the word. You know? Skittish is an understatement, so what I think what I would do would be to do a little bit more research, you know, personally so that you would be comfortable. Again, depending upon who you talk to, you know, you're going to get oh, it's okay, and oh, it's not okay.

Karen: I'm thinking more like, I'm out of treatment, I'm two years out.

Dr. Sandy Goldberg: Good for you.

Karen: But I'm thinking I had 10 out of 13 lymph nodes and the tumor was 0.8 centimeters.

Dr. Sandy Goldberg: Did you eat soy before your diagnosis?

Karen: Not really. I do the Trader Joe's peanut butter because I like the soy butter better, but I have a very sensitive stomach so it's like, hit or miss, anything I eat, I mean, it's really, I have a GI that I go to and I'm low weight, I've always been, so I really have a problem like even trying to get calcium products or any vitamins. I have reactions to everything.

Dr. Sandy Goldberg: Yes. I think, again, in your particular situation and nobody can put themselves in your shoes, is that it sounds to me that you're very moderate in terms of what you eat anyway.

Karen: Yes.

Dr. Sandy Goldberg: You're not eating the peanut butter, you're not eating the soy every single day, 15 servings a day, right?

Karen: Not at all.

Dr. Sandy Goldberg: All right. Then, personally, I think that, you know, judging from what I'm hearing from you in between the lines, as well, wouldn't be unnecessarily uncomfortable about having it? No. I would say go ahead, especially in terms of the restrictions that you have in terms of your sensitivity.

Karen: And that's more important. And then, just one other quick question. What kind of treats can we have? You know, the fatty, good stuff.

Dr. Sandy Goldberg: Well, you know what I do once a week? I eat some ice cream.

Karen: Okay.

Dr. Sandy Goldberg: I eat some ice cream. Of course, as far as I'm concerned, there's only one flavor and that's chocolate.

Karen: And it's very good for you, the real chocolate stuff.

Dr. Sandy Goldberg: Sure. This is what I've been telling myself for 40 years, so, now I'm ahead of the game. What I would do in terms of a treat or something, I would find something that really does it to you, but what I would do, as with everything, is that I would put it into some sort of structure.

Karen: Like, once a day, if you had like two or three cookies or maybe a donut another day, you know, something like that?

Dr. Sandy Goldberg: Well, you know, again, not knowing your history, per se, and you say you're underweight?

Karen: Yeah.

Dr. Sandy Goldberg: Has your doctor suggested that you gain some weight?

Karen: No. I just can't keep it on.

Dr. Sandy Goldberg: Got'cha.

Karen Ripstein: I mean, I, you know, I exercise, I walk. My bones are pretty bad, but I don't have metastases of the bones, but, at any rate, I just don't gain weight, period. People would like to shoot me because I'm in my 60's but—

Dr. Sandy Goldberg: That's a very misunderstood issue.

Karen: Yeah. It's the way my family history is. None of us could gain weight.

Dr. Sandy Goldberg: I think what I would do is I would have a smoothie maybe with some yogurt. I would add some calories that way. You know, you might—do you cook at home?

Karen: Yes, I do.

Dr. Sandy Goldberg: I mean, you could make—one of my favorite things is butternut squash. I make it without some cream in it, other people make it with cream. Just, you know, add a

little bit here and there. I think it would almost make more sense to do it that way then to have a treat, per se, which really does not have a lot of nutrition in it.

Karen Rippstein: Okay. Thank you.

Operator: *Lyn from Washington is on line. Please go ahead.*

Dr. Sandy Goldberg: Hi Lyn..

Lyn: I have some concerns and I feel there is probably kind of a web of questions here, but I'll try to keep it as brief as possible to allow other people time, too, but I'm approximately three years out from breast and lymph cancer and I'm finding that I've had a significant change in my metabolism. Now, some of that I would account to age, and I'm 59 at this point, but I've also changed fairly radically from being a fairly active woman in a number of sports to being a very slow-moving, lethargic, difficult-to-get-going.

Dr. Sandy Goldberg: Yeah.

Lyn: Woman. And my son just says, well, mom you're just aging a lot faster because of that. But, nonetheless, it's also affecting nutrition and diet for me. I find I yearn for the comfort foods. I do live alone. I do work a great deal. I have only recently begun to feel like walking more, doing some outdoor things, but I am not as motivated as I used to be, so it's affected my motivation as well and my self-

discipline. Can something like this and this being like a couple of mastectomies and radiation and a couple of chemos over a two-year period so significantly affect your metabolism that you change your diet? I mean, I am now 50 pounds more than I was before.

Dr. Sandy Goldberg: Well, it is not usual, let me put it that way, for people to gain weight post such trauma, you know, post diagnosis and post trauma. That being said, and I think you hit the nail on the head when you said what are we going to turn to for comfort right now, you know? We're turning to the food for comfort. So, it's a combination of, you know, having been through that and the fact that we're turning towards something that really does give us comfort but, at the same time, you know, the body is really a very rigid accountant. If we put more calories in than we're using, then, obviously, we're going to gain weight. What I would recommend is that you assess what you're eating, and I think you have to start from one place, not to do a multiplicity of activities here, is that I would start working on my diet first. That would be the first thing that I would do. Then, I would start to get some form of movement. I always hate the word exercise, I have to tell you, and you start something basic, but if you do something within specific—in terms of movement—let's use that in terms of your motivation or lack thereof. If you do it within a specific time format. Say that, you know, okay, fine, twice a day, I'm going to walk for 15 minutes, and, you know, you might say well that's not really going to do me a heck of a lot of a good. Yes, it will because it's 30 minutes more than you were doing before.

Lyn: It's a beginning.

Dr. Sandy Goldberg: Yes, exactly. And also what I would do is that, if you're concerned about your weight and rightfully so is that you might even want to consider going to either a weight reduction group or seeing what your local hospital has, you know, your local medical center or what kind of support groups there are where that's concerned, or actually going to someone clinically and designing a diet—meaning the amount of the food and drink that you take in—that you should be having. You know? And that will help you, too. I mean, I know it with my own diagnosis and I've lost a lot of weight and I've had it off for many years, but I really had to pay a lot of attention to my weight, you know, post my surgeries, post my treatment, but you have to decide what's more important, you know? And remember that every pound that's extra that you carry is 2.6 pounds of pressure on your stressor joints—your ankles, your knees, and your hips—and that's the last think in the world you need right now.

Lyn: And is it true that you have a higher risk to have cancer return if you are overweight?

Dr. Sandy Goldberg: Well, there is a correlation between overweight and elevated risk factors, but, not only with cancer, I mean, you know, when we've had cancer, we think that that's the only thing in the world, you know. But there's also cardiovascular disease, there's stroke, there's diabetes, so what we're doing by adjusting our behavior so that the number on the scale goes down is the fact that we're lowering our risk factor for this multiplicity of diseases out there. Can anybody tell you that it won't come back? No. I want to hear it myself; that mine's not going to come back,

but what we have to do is everything we possibly can to lower the statistical likelihood of it coming back.

Lyn: And, finally, have you run into other women who found at least in the middle years, I suppose I'd say, that they have had a radical metabolism change and possibly self-discipline after some serious bouts with cancer? Or, this is more of an individualistic?

Dr. Sandy Goldberg: You know, I think, in general, that as we go on chronologically that there are some differences in terms of our metabolism. One of the things that I learned in training is that our metabolism starts to reduce by 2% per decade at age 20, which is really sort of a nasty thing to think about. So, if you're eating the same amount of calories, say, at age 60, as you were at age 20, and you have some pounds on you and you're wondering, well, I'm eating exactly the same way, yeah, you may be, but you're actually only burning at 92% of efficiency that you were when you were 20. So, it makes sense logically that we would have to adjust the intake of our calories as time goes on.

Lyn: Yes.

Dr. Sandy Goldberg: And in terms of motivation, you know, for some of us, that certainly is an issue, and for more of us than not, but, you know, you take it one step at a time.

Lyn: I thank you.

Arline Kallick: I think we're going to have to go to our last question.

- Operator:* Our last question comes from Amy from Indiana. Please go ahead.
- Amy:* Yes, hi. I am a one-year survivor and was diagnosed with breast cancer at age 33 and I am HER2/neu positive and hormone receptor negative and was stage 2 at diagnosis. I'm about six months out of chemo and I was really fascinated to read a short article in Shape magazine's August '05 issue talking about olive oil and about a researcher Javier Menendez who's a PhD at Northwestern in Chicago. I was curious about your thoughts on his finding and adding extra virgin cold-pressed olive oil.
- Dr. Sandy Goldberg:* You know, I read the article and I know what you're talking about, but I have to tell you the one thing that I do use personally after reading it—I was using it before, but I really tried to talk to the people that I see about that—it's not a bad idea.
- Amy:* Yes.
- Dr. Sandy Goldberg:* Not a bad idea at all. You know, when you're thinking about—what is it that you're trying to accomplish by taking in oil, okay? You're giving your body an essential nutrient, but also you're giving your body it in a form that the extra—I'm trying to use a word and it's not coming up with me—what it is, is it's a grandmother's brain and I have to apologize for that. But I do agree with the findings.
- Arline Kallick:* Can you talk about that just a little bit? Explain to the callers what the finding is?

Dr. Sandy Goldberg: You know, Arline, I would like to read the article first again before I talk about it because I read so much that, you know, for me just to ramble on doesn't make any sense.

Arline Kallick: Right. It had something to do with taking olive oil?

Dr. Sandy Goldberg: Yes. It was with extra pressed olive oil, and it's a great article, but, you know, I read so much of that that I don't want to, you know, I don't want to say that I can quote everything appropriately because I can't.

Arline Kallick: Okay. Well, maybe we should say his name in case somebody wants to look it up.

Arline Kallick: Javier Menendez.

Dr. Sandy Goldberg: Yeah.

Amy: Am I still on the call?

Arline Kallick: Yes

Amy: Oh okay.

Arline Kallick: I'm sorry. Sorry I interrupted.

Amy: No, it states—I have it in front of me—that with that type of olive oil interceptives which we've heard so much about lately. I've been on that it will be a year in May.

Dr. Sandy Goldberg: That the HER2/neu protein levels fell 70%

Amy: Right.

Dr. Sandy Goldberg: So, that is—it's one study, but I'll tell you, it's one study by a very reputable person.

Amy: Okay.

Dr. Sandy Goldberg: And that's really the crucial issue, but again, taking it in a broader base in terms of the impact of extra virgin olive oil on the system itself, it's a good way to go.

Amy: Okay.

Dr. Sandy Goldberg: And thank you for having the article in front of you. That helped a lot.

Arline Kallick: I think that's our last question, but I'm going to really cheat and ask one more question here, because it was just on the news tonight.

Dr. Sandy Goldberg: And I know what you're going to say—the calcium?

Arline Kallick: . The value of extra calcium and Vitamin D.

Arline Kallick: It's saying that the taking of extra calcium and Vitamin D there was no advantage for osteoporosis, am I right?

Dr. Sandy Goldberg: There is no advantage for women to in terms of bone breakage is actually what it was, but you know what the issue is and the question is that in our society, we're a pill-popping society and vitamins and minerals are not regulated and many people think that if you take one, 14 is better. Also, when you're talking about the numbers and the calcium, we're talking about the standard as being 1200 mgs. So, women will take calcium 1200mg under drinking milk and then they're having greens and then they're having cheese, so they're getting more calcium than what they actually need. That being said, bone density studies are important. Also, if somebody is slight, light hair, light skinned, light eyes, you need more calcium. So, again, this is an initial site, it's an interesting study, but remember, it was done on healthy people.

Arline Kallick: Thanks so much, Sandy.

Dr. Sandy Goldberg: You're welcome.

Arline Kallick: It was great program and I think we had good questions and we could really go on for a long time. But we don't have all night. So, thanks so much, Sandy, and I'll talk to you soon.

Dr. Sandy Goldberg: It's my pleasure and thank you so much for inviting me to be on this.



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Arline Kallick: You're welcome, and good luck to you.

Dr. Sandy Goldberg: Thank you. Likewise.