

health

prevention rx

Americans have gotten pretty smug about cancer. Yes, scientists may be closing in on a cure—but if you watch the TV news, you'd think that they'd already won the battle. When New York mayor Rudy Giuliani announced he had prostate cancer, the question was whether he would still run for the Senate, not whether he would live. This false sense of confidence is exacerbated by pat news reports about breakthrough treatments—gene therapy! cancer vaccines!—at the end of which some wise-looking man is inevitably quoted as saying, "I think we'll see a cure in the next five years." One writer-friend described the attitude in two words: *cancer lite*.

I was guilty, too. For me, cancer was a condition that my father, with his surgeon's scalpel, efficiently took care of in the O.R. during the hours between breakfast and lunch—it was something that could be chemically destroyed, irradiated, or surgically removed.

Until it couldn't be. When my father died of complications from a surgery to remove a small malignant tumor in the lung, I felt duped. Suddenly, it seemed as if "the next five years" came and went many times over. Even after I'd forced the details of his illness into the back corners of my memory, the questions lingered: What had caused the cancer? And how would that unknown entity affect those who remain? All the ballyhooed treatment advances of late provide plenty of hope, but not *answers*.

Perhaps this is why a new approach to cancer is slowly gaining ground: an approach that focuses on prevention instead of a cure; an approach that gets people involved in actively battling the disease, instead of writing it off as a problem that someone else has already solved. A few months ago, I received a phone

Why are healthy people checking into cancer clinics? Joanne Chen reports on medicine's optimistic new prescription.

call from Chanel. I was surprised, not just because I hadn't covered the beauty or fashion beats since that long-ago season when everyone wore Vamp, but because the topic this time was cancer prevention.

Come take a look at the Rockefeller Outpatient Pavilion at Memorial Sloan-Kettering, said the company's executive director of corporate communications, Arlette Thebault. She was referring to the cancer center in Manhattan. Chanel was sponsoring a healthy-cooking seminar there the following week, and she could put me in touch with someone who could arrange a wellness consultation. A wellness consultation, she explained, meant three and a half hours with a nutritionist and nurse

who would scour every aspect of my physical being, searching for cancer risks and helping me change my ways.

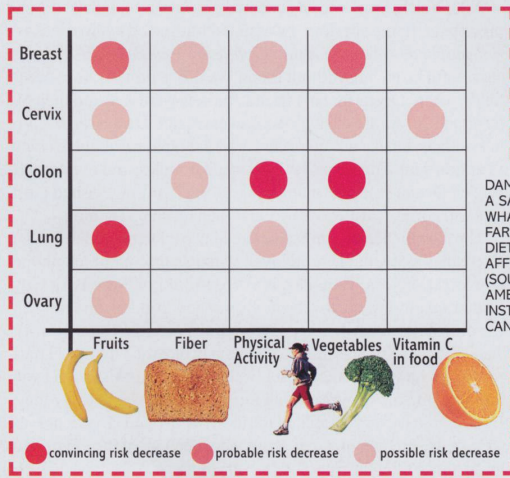
I've had more appealing offers. Four years had passed since I had set foot in a place that cared for cancer patients, and its medicinal smells and glaring lights had convinced me that I never wanted to be anywhere that reminded me of there. And yet, hoping to find answers to those longtime questions about my father's illness, I couldn't refuse.

Evidently, neither could the hundreds of other people who've passed through the Pavilion's Cancer Prevention and Wellness Program to attend one of Chanel's free seminars or undergo a \$350 consultation. Our attitudes toward this once unspeakable disease have evolved. Suddenly, the steps prescribed for cancer prevention—which seemed odious in the past—have become desirable and, depending on the packaging, even a touch luxe, at least in a pay-out-of-pocket, \$2,000-cosmetic-surgery sort of way.

And why not? At a wellness consultation, you find people who will listen to the mundane details of your life (how you like your eggs, when you started feeling that crick in your neck, whether you and your significant other fight often) with rapt attention. And if—as Thebault points out—"preventing cancer doesn't sound as sexy as finding a cure," at least what you learn from the wellness experts, and what you do with that knowledge, can make you feel like a bigger person.

The notion of staving off cancer through particular foods and habits used to be considered fringe science, but now even conservative doctors are finding the link impossible to ignore. In its annual status report, the American Cancer Society (ACS) declared that a third of the roughly half-million cancer deaths each year can be prevented by eating right and exercising; another third by quitting smoking.

Of course, a cause has only as much cachet as the company it keeps. And it is here that the leaders of the cancer-prevention movement have been gaining ground. Chanel has helped fund the education arm of the Cancer Prevention and Wellness Program at the pavilion since 1996, before the building, now celebrating its first anniversary, was even built. Estée Lauder's Breast Cancer Research Foundation recently funded a program studying the link between diet and breast cancer. And *health* 480



DAMAGE CONTROL: A SAMPLING OF WHAT WE KNOW SO FAR ABOUT HOW DIET AND EXERCISE AFFECT CANCER. (SOURCE: THE AMERICAN INSTITUTE FOR CANCER RESEARCH.)

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Polo Ralph Lauren just announced a \$5 million corporate gift to help create a cancer-prevention center in Harlem.

To hear Moshe Shike, M.D., describe Sloan-Kettering's prevention center is to picture a full-service beauty salon, one with comfortable chairs, bubbling man-made brooks, and pretty lamps. His mission as its medical director, he says, is to create a "user-friendly" environment for a person's cancer-prevention needs.

"For a woman to go to her gynecologist for a Pap smear, then to a clinic for a mammogram, and then to a dermatologist for a skin-cancer screening, it's very inconvenient," Shike says. "The philosophy here is to put it all in one place and make it pleasant." He pauses. "You didn't have to wait long for your appointment, did you?"

In fact, no. My visit *was* actually pleasant. There's a Persian garden on the sixth floor, a wall resembling Kiitsu Suzuki's early-nineteenth-century *Morning Glories* screen on the fifth. The place is not exactly a spa, but it tries hard to be. There are even cancer-prevention gift certificates available, though I doubt they'd be received with honest enthusiasm.

On the eleventh floor, where the consultation took place, there was a gleaming kitchen island in the middle of the waiting area. A few weeks earlier, guest chef Alain Sahlhac, dean of culinary studies at the French Culinary Institute, whipped up an impressive bouillabaisse in an attempt to prove that anti-cancer strategies can be worked into even the most gourmet cooking. (Granted, before the event, he had had a small disagreement with the center's nutrition staff about the amount of olive oil he would use in the dip for the crudites; "A night-mare!" he said in mock frustration.)

My first appointment was with Rachel Barcia-Morse and her rubber food props. She drilled me in excruciating detail about exactly what I ate each day and how much. "Half-cup or whole?" she would say, pointing to some fake beans. When I told her I often start my day off with cake, she looked at me as if I lived on a steady diet of small insects. When I explained that it was the only way I could maintain my strict no-carbs rule past 8:00 P.M. and keep my weight down, she said, "Um, P.S., that doesn't work." We were of different worlds: I, like most Americans, eat to be thin; she eats to stay healthy. I am willing to experiment with the latest crackpot diet theories as if I were a laboratory animal; she'll prescribe only what's scientifically proven.

Nutritional theories that are set in stone are few and far between, she reminded me—though I never would have believed it, having followed the reports cropping up in the news every day: Exercise may decrease breast-cancer risks, but low-fat diets have little effect on those risks. A high intake of soy may increase breast-cancer risks but also decrease heart-disease risks. Resveratrol, a compound in red wine, may decrease risks of skin and possibly breast cancer—but wait!—excessive alcohol intake also increases risks of

other cancers. Vitamin C in food decreases risk for some types of cancer—but don't take more than 500 mg in a pill daily, or else you'll harden your arteries. With every news flash, I am left searching my memory for how my father lived his life. He didn't smoke, but did he exercise enough? He always ordered juice with breakfast, and rarely wine with dinner, but did he eat enough salad?

But actually, many of the studies we hear about are small; some are done only on animals. Few are large-scale, randomized human trials with a control group.

Nutrition is a complex, controversial issue. Real-life diets are still difficult to track, even though some scientists are starting to use "biomarkers" (which trace biochemical indicators of diet) in addition to questionnaires (which rely on a test subject's fallible memory). The fact is that no one substance or food will prevent all cancers, or even any type of cancer.

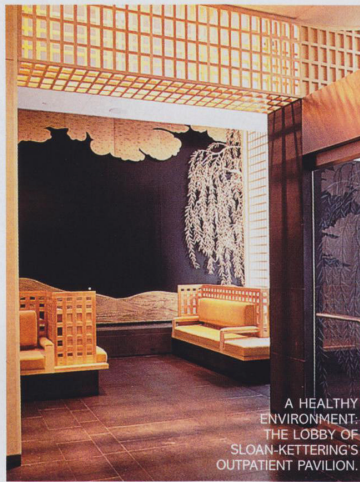
"There's no magic pill. It's the interplay of nutrients that makes an impact," says Cheryl Rock, Ph.D. This explains why she, a nutritionist and preventive-medicine expert at the University of California at San Diego, is among a growing group focusing on the cancer-fighting effects of eating patterns, instead of individual foods. And it's also why Barcia-Morse, the Sloan-Kettering nutritionist, gave me such mundane advice. I summarize: 1. *Don't eat so much.* 2. *Eat at least three servings of fruit and five servings of vegetables (especially broccoli and cauliflower) a day.* 3. *Eat 35 grams of fiber daily (roughly five cups of mixed vegetables).* 4. *Keep fat to 20 percent of daily caloric intake.* 5. *Exercise.* 6. *Don't smoke.* 7. *Don't get fat.* 8. *Keep alcohol to a minimum.*

Despite my having a few idiosyncratic eating habits, the results of my computerized nutritional analysis deemed my diet healthy and therefore most likely at low risk for cancer. Barcia-Morse lauded my vegetable and bean salads. But my three-dessert-a-day habit didn't mesh with my 47-grams-a-day fat allotment.

"Why don't you order some nice sorbet when you go out, instead of crème brûlée?" Barcia-Morse suggested, stuffing my envelope with lists of foods and their fiber and fat content, as well as hints for eating healthfully at my desk, at meetings, and in restaurants. Fortunately, her other suggestions were more reasonable, like piling broccoli on top of pizza on those days I crave Domino's, or skipping that disgusting morning slice of pastry when I know I'm meeting my brother at a steakhouse for dinner. If Sahlhac, the French chef, could curb the olive oil in his recipes, then I suppose I can live with making a few minor adjustments.

After the nutritional breakdown, the next portion of my consultation was with someone everyone kept calling a "wellness specialist." Not schooled in the language of cancer prevention, I imagined a wellness specialist would look something like a yoga instructor at Jivamukti or, at the very least, like an alternative-medicine guru à la Dr. Andrew Weil. But Carol Ann Milazzo turned out to be a nurse practitioner on the staff of Sloan-Kettering, trained in cancer prevention and dressed in a white coat.

Milazzo inspected the seven-page personal-health-status questionnaire I had filled out before my visit, covering everything from how often I had stomachaches, to what kind of *health* ▶487



A HEALTHY ENVIRONMENT: THE LOBBY OF SLOAN-KETTERING'S OUTPATIENT PAVILION.



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surgeries I had had, to how I got along with my spouse, if applicable. Milazzo asked about my backaches; I picked her brain about my chronic cough last year. She assured me that my medical profile—a nonsmoker, seldom-drinker of ideal weight with good cholesterol and blood-pressure readings—put me at low risk for cancer.

An hour flew by, and Milazzo didn't tell me anything I didn't already know. But as Shike later pointed out, when do people ever get a chance to sit down with a medical professional to talk about their health? (My last visit with my regular doctor started ten minutes late and was cut short by a phone call.) This sort of conversation is important, he said, because sometimes—rarely, rarely—chronic physical conditions that people come to ignore are actually early-warning signs of cancer.

My heart sank with his words. Was that shoulder ache my father had on our last vacation more painful than he let on? Was his last bout with the flu actually something more serious? I wish I had taken the time to find out.

After reviewing my medical file, Milazzo began the screening portion of the consultation. Unlike the links made only recently between cancer and nutrition, early detection has been associated with decreased mortality rates in certain cancers for quite a while. According to the ACS, 80 percent of patients who undergo cancer screening (for those cancers that *can* be screened: breast, colon, rectum, cervix, prostate, testis, mouth, and skin) can expect to live at least five years. If everyone would just make the time for regular screenings, this rate could increase to 95 percent.

Since I am in my 30s (and recently had a Pap smear) and since she saw no compelling preexisting cancer risks, Milazzo simply performed a clinical breast exam and skin-cancer screening, in which she inspected every single inch of my body. This wasn't as unsettling as it sounds. It's not as if she used a magnifying glass—for some reason, that's what I'd expected her to do. She gave me a checklist: tri-yearly clinical breast exams; yearly Pap smears and pelvic exams; monthly breast and skin self-exams.

If I were 40, Milazzo said, I'd also need an annual mammogram. If I were 50, I'd need an annual skin exam, plus a screening colonoscopy every seven to ten years. If I were a heavy smoker, I would be offered a lung screening as well as a head-and-neck exam, on top of everything else. Any preexisting conditions would make this standard regimen even more rigorous. My burdensome to-do list all of a sudden seemed quite manageable.

Although some experts wonder whether higher tech necessarily means higher survival rates, others believe that the promise of hassle-free screening techniques could convince more people to get testing done in the first place. Some doctors are already offering digital mammograms, which produce more helpful images than the traditional kind. Scientists are investigating a blood test that may detect breast cancers earlier than mammograms do. The Food and Drug Administration has approved three new Pap-smear methods that facilitate clearer readings. This fall, doctors at Sloan-Kettering and at other hospitals will start clinical trials with a low-dose spiral CAT scan, which can pinpoint malignant lung tumors as small as five millimeters in as little as seven seconds; they are also studying a less-invasive form of colonoscopy.

My own screening session provided no immediate insight into the fate of my lungs; I would have to wait up to six weeks for the

analysis of my four-page family-history questionnaire for that. Milazzo seemed less worried than I was when I told her that both my father and his brother had died of lung cancer. Instead, she gave me the name of a dermatologist on the tenth floor. She had found an asymmetrical mole and wanted me to get it checked out.

Six weeks after my consultation, my family-history analysis arrived in the mail. The assessment said simply, "Not consistent with a known cancer predisposition syndrome." Most known cancer predisposition syndromes affect multiple generations and occur before age 50. Since that wasn't the case with me, I didn't have to schedule a meeting with a genetic counselor. Good news, but at the same time disappointing. I suppose, secretly, I wasn't really looking for an assessment of myself but for explanations. How is it that some smokers can live to celebrate their ninetieth birthdays, while my father didn't live to see his sixty-fourth? The friendly but brief letter provided no answers.

I E-mailed Kenneth Offit, M.D., chief of the clinical genetics service at Sloan-Kettering, for more clues. He told me that only 5 percent of cancers are inherited, but that a full 100 percent are genetic. Cancer happens when a mutation arises in the genes in an isolated cell, causing the cell to form an abnormal one when it divides. This abnormal cell then replicates into more abnormal cells, eventually quashing the capabilities of the normal cells that surround it. If it's not stopped early, it spreads to other parts of the body. What interests geneticists is whether this mutation is genetically predetermined or environmentally triggered.

Offit found my family's cancer history interesting because less than 20 percent of lung-cancer patients are nonsmokers. He suspected that in this case, even if a genetic defect in and of itself was not inherited, an unusually strong tendency for cells to mutate in response to environmental agents may have been.

"The first cases of lung cancer began to appear in the nineteenth century, with the beginning of the industrial era," he told me. "There was a huge increase due to tobacco exposure. But cases occurring in nonsmokers can also be linked to radiation and environmental carcinogens." His theories left me pondering the air quality in World War II Indonesia and China, where my father used to live.

Offit continued: The recently mapped human genome could mean that in the next decade doctors may not only be able to screen patients for tumors but also predict their genetic susceptibility to these tumors, whether the trigger is a poor diet, toxic environment, or inherited risk. And someday after that, he said, we'll not only be able to detect these faulty genes but to fix them.

Weeks passed after my consultation. I was left not with definitive explanations of my father's death but with the prospect of stitches: The mole that Milazzo found was probably not malignant but still suspicious enough for the dermatologist to recommend its removal.

Which goes to show, without more answers, fighting cancer for now requires small adjustments to our routine. Doing so may be inconvenient, but at least we'll feel better knowing that, chances are, we've reduced the total number of cancer incidents in the next five or ten or fifteen years by at least one. □

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