

# Prostatepedia<sup>1</sup>

<sup>1</sup>expert insight + advice



Diet, Exercise + Prostate Cancer

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# *In this issue....*

**This issue is focused on the role diet and exercise play in managing prostate cancer. As you read this issue, you will note that the recommendations are the same that you would recommend to a typical adult to foster their general health. They are essentially identical to the recommendations a physician might make to a patient with heart disease, diabetes, hypertension or obesity. This is handy because men with prostate cancer are of an age where these other diseases are also common causes of disability and death.**

Both a healthy diet and lifestyle appear to improve two distinct problems prostate cancer patients face. First, these appear to slow the pace at which prostate cancer progresses. Second, reducing testosterone stimulation of prostate cancer growth, the goal of hormonal therapy of this disease, also increases the risk of cardiovascular disease. It is common for men on hormonal therapy to develop insulin resistance, visceral obesity (a pot belly) and an elevating blood pressure. While there are drugs to treat each of these problems, every drug adds side

effects to a prostate cancer treatment program. Each drug added also increases the cost of treatment.

With these issues in mind, in my practice, we placed a strong emphasis on diet and lifestyle and tried various approaches to get patients to make the needed adjustments. The unfortunate truth is that we were less effective than we would have hoped. Of course, there were highly motivated patients that were able to make major changes in diet and lifestyle and maintain those changes. But a significant proportion either made minimal changes or did so for only a short period of time. Physicians who care for patients with cardiovascular disease, diabetes, obesity and hypertension face similar issues.

What can you do to make it easier to make healthy changes in your diet and lifestyle? One step is to become part of a group attempting similar changes. This might include going to an exercise facility and joining an exercise class that you attend on a regular basis. Similarly, you might be eligible for a cardiac rehabilitation program or one that focuses on diabetes. Some of my patients had success

with group weight loss programs, such as Weight Watchers. I strongly suspect patients who enter clinical trials, like those discussed by our interviewees, will find that just being on the clinical trial helps.

On a personal note, I am now out 20 years from the diagnosis of prostate cancer. I am not cured, but for most of this time, I have been in remission with a PSA below 0.1 ng/ml. Over this 20 year span of time, I have periodically deviated from the exercise and lifestyle program and faced an increasing PSA. This provided sufficient motivation for me to go back on the program. So, I found ongoing PSA monitoring has two benefits. First, it allowed early detection of several relapses and strongly motivated me to do what I needed to do. You may also find this might help you.

*Charles E. Myers, Jr., MD*

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# Rob Newton, MD

## Exercise + Prostate Cancer



**Dr Rob Newton Associate Dean, Medical and Exercise Sciences and Research Professor, Exercise Medicine Research Institute at Edith Cowan University in Perth, Australia.**

Dr. Newton offers exercise recommendations for men with prostate cancer.

*To prepare for treatment and side effects of surgery, radiation therapy, and androgen deprivation therapy (ADT), what kinds of diet, exercise, and lifestyle recommendations do you and your team make to men with prostate cancer?*

**Dr. Newton:** The treatments for prostate cancer are generally effective for treating the disease, but they do cause many side effects and considerable deconditioning of the patient. This includes loss of aerobic and muscular fitness and detrimental changes in body composition. These treatments can have a huge impact on the body due to fatigue.

It is crucial to implement a focused exercise program to make the patient as resilient as possible prior to surgery or other treatments. Patients with lower levels of muscle mass

and increased fat mass do not do as well after surgery and suffer more side effects from ADT and chemotherapy.

Cancer treatment leads to an inevitable decline, but the higher the starting level prior to treatment, the less this decline will impact the health, physical function, and quality of life of the patient.

It is important to increase muscle mass and reduce fat mass leading up to treatment. Patients should get an evaluation by an exercise specialist with a subsequent prescription of a targeted exercise program that addresses the patient's specific health issues. The general recommendation is a combination of resistance and aerobic exercise within the patient's capability.

Managing stress and anxiety is also important. Such mental states drive changes in the body, particularly hormonal alterations, which promote cancer and compromise the patient's ability to overcome their disease. Seeking psychological support to control anxiety and undertaking mindfulness and meditation have also proven effective. Being overweight or obese can also compromise a patient's ability to overcome their prostate cancer.

A healthy level of body fat will greatly increase the patient's likelihood of beating the disease. A healthy diet consisting of predominantly fruit, vegetables, and lean meats is important. It is also important to limit processed foods, particularly those high in sugar.

Losing body fat requires a combination of reduced energy intake and increased energy output. Cutting out high energy foods, such as those high in sugar and fat, combined with 250 minutes per week of aerobic exercise, creates a sufficient energy deficit to drive fat loss.

Other dietary considerations include eating foods with anti-inflammatory properties, such as those typical in the Mediterranean diet.

*What kinds of diet and lifestyle recommendations do you and your team make for men whose prostate cancers are under control, especially considering comorbidities and longer survivorship than in the past?*

**Dr. Newton:** Post treatment, the principal goals of exercise are rehabilitation, reducing the risk of recurrence, and reducing the

risk of other chronic diseases such as cardiovascular disease and metabolic syndrome.

As with preparation for treatment, post-treatment patients should seek a thorough health and fitness assessment and a prescription to address their specific health issues. This phase is about getting back to a healthy level of muscle mass and body fat and increasing cardiorespiratory fitness, which is protective against most chronic diseases.

*Do you have a basic exercise program that you recommend for patients that incorporates resistance-based training, cardiovascular programming, and mobility movements that you can share with us?*

**Dr. Newton:** You can access a basic exercise program on my website, which includes videos of the exercises and other information.

*Do you or your team have any open and enrolling clinical trials looking at diet, exercise, and lifestyle + prostate cancer treatment and/or survivorship issues?*

**Dr. Newton:** Our team is currently implementing several clinical trials across diet and exercise in prostate cancer. Our largest trial is the Movember-funded study in men with advanced prostate cancer. This is the first exercise medicine trial worldwide to examine if targeted exercise can extend survival in these patients. We also have an ongoing trial for men with prostate cancer to determine whether the addition of creatine monohydrate, a muscle-promoting supplement, is beneficial for muscle and strength gain in men performing resistance training while undergoing prostate cancer treatment.





Another trial involves exercise intervention in men with early-stage, low-grade prostate cancer whose physician recommended they hold off on any treatment, which is called “active surveillance.” The trial is testing whether targeted exercise helps patients delay transitioning to active treatment.

*Going forward, what kinds of research on diet, exercise, and lifestyle would you like to see?*

**Dr. Newton:** Exercise medicine and clinical practice are still in the early stages of development. We know that exercise is highly beneficial and safe, but we know little about the optimal prescription in terms of mode and dosage. It is a bit like oncology 50 years ago, when chemotherapy was first discovered. It worked well, but we did not know much about the type of chemotherapy, dosage, and timing.

A lot of completed research shows that exercise ameliorates the side effects of ADT. But we now need to test if this still applies for other treatments, in particular newer therapies, like immunotherapy.

We also need to determine the optimal timing of exercise around radiation therapy. It is likely that exercising immediately before receiving the radiation dose is the most effective, but this has not been empirically determined.

The next important area of research involving exercise medicine is to understand the numerous mechanisms by which exercise suppresses tumor growth and drives cancer cell death. Once this is determined, we can more accurately prescribe exercise. It will also create opportunities to develop drug therapies that facilitate these



*“It is crucial to implement a focused exercise program to make the patient as resilient as possible prior to surgery or other treatments.”*




mechanisms, such that the drugs become adjuvant therapies to the primary exercise medicine.

*Do you have any diet, exercise, and lifestyle recommendations for the male relatives of men with prostate cancer, including those without a family history of prostate cancer?*

**Dr. Newton:** Men with a genetic predisposition to prostate cancer need to stay physically active throughout their life. Prostate cancer incidents are reduced in physically active men compared to those that are sedentary.

It is crucial to maintain a healthy body composition. This means maintaining a high level of muscle mass and keeping fat mass down to healthy levels. There is no strong evidence relating dietary patterns to prostate cancer risk, but it is recommended that patients maintain a healthy diet high in fresh fruits and vegetables because the antioxidants and other nutrients may be protective.

Finally, managing stress and anxiety through relaxation, mindfulness, and meditation throughout life are also important to maintain an anti-tumor environment within the body. 



# Stacey Kenfield, MD

## Diet, Exercise

## + Prostate Cancer



**Dr. Stacey Kenfield an epidemiologist and associate professor in the Urology Department at the University of California, San Francisco who explores through her research how dietary and lifestyle factors impact both the risk of aggressive prostate cancer as well as the risk of prostate cancer progression.**

*Prostatepedia* spoke with her about diet, lifestyle, and prostate cancer.

*What kinds of diet, exercise, and lifestyle recommendations do you and your team at UCSF make for men with prostate cancer about to undergo surgery, radiation therapy, or androgen deprivation therapy (ADT)?*

**Dr. Kenfield:** There are a number of factors studied in men with localized prostate cancer that have been associated with lowering risk of prostate cancer progression.

This list includes:

- not smoking, or quitting if you smoke
- maintaining a healthy BMI, <25 kg/m<sup>2</sup>
- aerobic exercise, as vigorous as possible, for three or more hours per week. Exercise meets the 'vigorous' definition when you're

breathing hard, your heart rate is elevated, and you can't say more than a few words without pausing for breath. Jogging, running, hiking uphill, singles tennis, and racquetball are some activities that are considered vigorous. If you are not doing vigorous exercise, aim for at least four - five hours of moderate activity, such as brisk walking, to get your heart rate up. Keep in mind that light aerobic exercise includes activities that do not cause you to break a sweat or produce shortness of breath, and the goal is to do more than this. You want to at least be in the moderate exercise heart rate zones, where you are working hard enough to raise your heart rate and break a sweat but can still talk in complete sentences.

- tomato intake, preferably cooked tomatoes, because these have more bioavailable lycopene
- fish intake, at least two servings a week
- reducing processed meats when possible
- reducing whole-fat dairy products, like whole milk, when possible
- cruciferous vegetable intake, like broccoli, cauliflower, Brussels sprouts, and kale, one serving a day
- healthy vegetable fats, such as nuts and olive oil, one serving a day

- not taking supplements unless you are deficient, or it's specifically recommended by your physician. Certain supplements are associated with an increased risk of progression (such as selenium) in people with adequate levels.

There are other food choices that are beneficial for overall health, such as eating a variety of fruits and vegetables (preferably five or more servings of vegetables and two-three servings of fruit daily), reducing intake of red meat, eating more whole grain versus refined grain products, and drinking a lot of water, rather than sugar-sweetened beverages, such as lemonade, iced tea, soda, and sports drinks.

*What kinds of diet and lifestyle recommendations do you and your team make for men whose cancers are under control—especially in light of possible comorbidities?*

**Dr. Kenfield:** The same diet above applies. The studies I'm referring to included treated and non-treated men and adjusted for the type of prostate cancer treatment in the analysis.

*Do you or your team at UCSF have any open and enrolling clinical trials*



*looking at diet, exercise, and lifestyle  
+ prostate cancer treatment and/or  
survivorship issues?*

Dr. Kenfield: Yes, we have many!

Open Studies at UCSF for Men  
with Prostate Cancer & Other  
Cancers:

#### 1) For Active Surveillance Prostate Cancer Patients



AS Exercise RCT: A Randomized Clinical Trial of Exercise versus Usual Care among Men Opting for Active Surveillance for Prostate Cancer

We are conducting a clinical trial of tailored exercise for men choosing active surveillance for early stage/ low grade prostate cancer. This study is open to men who are on active surveillance for localized prostate cancer. Participants assigned to the intervention will receive a four-month home-based personalized exercise prescription, free exercise coaching, and a heart-rate monitor. Participants will be asked to come on site two-three times; those who complete all study assessments may earn up to \$500. Participants must come to the UCSF Mission Bay campus at baseline and after 16 weeks (four months later) for exercise testing.

AS Exercise Observational Study: An Observational Study of Exercise among Men Opting for Active Surveillance for Prostate Cancer

We are conducting a study of cardiopulmonary fitness among men choosing active surveillance for early stage/low grade prostate cancer. This study is open to men who are on active surveillance for localized prostate cancer. Participants who complete the one-time study assessment will receive \$100. This study only requires one visit.

#### 2) For Radical Prostatectomy Prostate Cancer Patients (join prior to surgery)



Prostate 8 Study – II: A Randomized Controlled Trial of Diet & Exercise Interventions among Men with Prostate Cancer – II

Our UCSF research team has developed diet and exercise programs specifically geared toward men with prostate cancer. The purpose of this study is to determine whether a two-year wellness program focused on diet and exercise improves biological, clinical, and quality of life outcomes in men choosing surgery as primary treatment for prostate cancer. Men will enroll prior to radical prostatectomy and are followed for two years. If you participate in this study, you will be randomly assigned to one of four study groups that will receive different educational and supportive tools. All men will receive a nine-week text messaging program focused on your recovery after radical prostatectomy surgery. Those who complete all study assessments may earn up to \$250. Men are required to have at least one study visit at the UCSF Mission Bay campus prior to surgery and attend study visits at six months and 24 months. The 12-month study visit can be completed at a LabCorp near you.

#### 3) For Metastatic Castrate-Resistant Prostate Cancer Patients (mCRPC)



CHAMP: A Randomized Controlled Trial of High-intensity Aerobic and Resistance Exercise for Metastatic Prostate Cancer

We are conducting a clinical trial of tailored remote-based exercise for men with advanced prostate cancer to examine the feasibility



of this remote format as well as clinical outcomes and quality of life. Participants assigned to an intervention group (aerobic or resistance exercise) will receive a three-month personalized exercise prescription and exercise three times per week at a local gym (with remote monitoring by an exercise specialist). All participants will receive a consultation with an exercise specialist. Those who complete all study assessments may earn up to \$100. Participants must come to the UCSF Mission Bay campus at baseline and after 12 weeks (three months later) for exercise testing.

#### 4) For Individuals with a Diagnosis of Prostate, Colorectal, or Bladder Cancer

Seeking Participants for Future Study  
on Diet, Exercise, Sleep & Cancer

We are studying if diet, exercise, or other lifestyle habits may slow cancer progression and improve survival in individuals with cancer. We are seeking participants from around the country.

#### *What does it mean to participate?*

##### Dr. Kenfield:

- You will be asked to complete surveys on lifestyle behaviors such as diet, exercise, sleep quality, cancer diagnosis and management, other health conditions, and quality of life.
- Surveys may be done spread out over time and may take a total of four hours each year.
- With permission, we will routinely collect data from your medical records on cancer and other health outcomes.
- This type of research takes a long time, and we would like to follow your health status with cancer over time.



- You may opt to not answer questions or surveys or withdraw from the study at any time.

#### *Who can participate:*

**Dr. Kenfield:** Individuals with a diagnosis of prostate, colorectal, or bladder cancer who are able to complete surveys in English and can access the internet with a computer, tablet, or smart phone. In the future, we plan to expand this to individuals with other types of cancer.

If you are interested to learn more or receive information about this study when it is open to enrollment, or want to participate in any of our open studies, please contact us at 415-353-7348 or email: [imelda.tenggara@ucsf.edu](mailto:imelda.tenggara@ucsf.edu) or [urologyresearch@ucsf.edu](mailto:urologyresearch@ucsf.edu)

#### *Are there any other enrolling clinical trials elsewhere looking at diet, exercise, and lifestyle in men with prostate cancer that you think look exciting?*

**Dr. Kenfield:** The largest (and only) randomized controlled phase III trial of exercise and survival in men with advanced cancer is underway and enrolling in seven countries and at 19 sites and counting. If you live near one of the sites and have metastatic prostate cancer, I encourage you to find out more and participate. We hope to learn whether exercise increases overall survival, and impacts biological, clinical, and quality of life outcomes – if so, this would support exercise being offered as adjunctive therapy along with standard therapy for men with advanced cancer. Please go to <https://gap4.movemberprojects.com/> to learn more about the study, and hear from patients who are part of the study and investigators who are conducting the study around the world.

Regarding other studies, there are many open studies that can be explored on [clinicaltrials.gov](https://clinicaltrials.gov) – to search for studies, search under “Prostate Cancer” and add “exercise” as another search term and select “recruiting.” There are over 50 exercise-focused studies recruiting in the U.S. and abroad, and 40 studies focused on dietary factors using these same search parameters. I encourage everyone to be part of one of these trials, so that these trials can enroll quickly and publish their findings as soon as possible to advance the literature and improve survivorship for all.

#### *Going forward, what kinds of research on diet, exercise, and lifestyle would you like to see – i.e. are there any clinical trials that you would like to see launched?*

**Dr. Kenfield:** I’d like to see a large lifestyle-based trial focused on both diet and exercise and clinical outcomes (like disease progression). There are many trials focused on quality of life, and while good, we need more that have a longer duration that focus on clinical outcomes. These are outcomes that tend to occur much farther into the future. Those types of studies are difficult to do within the context of a 5-year grant, so other mechanisms would need to support that type of research. That’s why the Movember Foundation’s Intense Exercise for Survival among Men with Metastatic Castrate-Resistant Prostate Cancer (INTERVAL-GAP4) trial is so important, because this study would not have been possible within a five-year timeframe and with the number of institutions that are involved.

#### *Do you have any diet, exercise, and lifestyle recommendations for the male*



*relatives of men with prostate cancer?  
What about those without a family  
history of prostate cancer?*

**Dr. Kenfield:** I'm glad you asked!  
There have been many studies  
evaluating diet and lifestyle in  
men without prostate cancer and  
risk of developing lethal prostate  
cancer (which has included either  
developing metastasis to bones  
or other organs, excluding lymph  
nodes, or dying from prostate cancer).

We've developed and published  
on a six-factor score, based on  
a review of the literature at the  
time. The score included:

- Three or more hours/week  
of vigorous activity and/or seven  
or more hours/week of brisk walking
- Seven or more servings  
of tomatoes (raw or cooked  
were included)
- One or more servings per week  
of fish
- <Thee servings/week of  
processed meat
- BMI (body mass index) less than 30
- Never smoked or quit smoking  
10 or more years ago


Those men doing five or six (compared  
to none or 1) of these factors had  
a 68% decreased risk of developing  
lethal prostate cancer. Considering  
the dietary factors only, those doing  
three vs. zero of these factors had  
a 46% decreased risk of lethal  
prostate cancer.

The same dietary recommendations  
we make for people with prostate  
cancer now (see above, first question),  
would be just as helpful for someone  
without prostate cancer trying to  
reduce their risk for developing  
advanced prostate cancer.

*How do you suggest that people make  
these changes?*

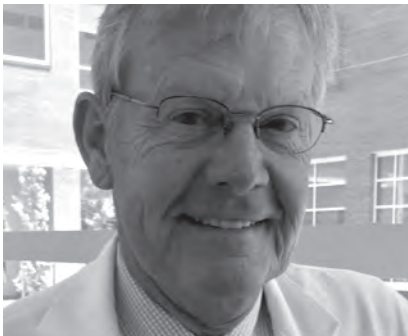


**Dr. Kenfield:** It can seem  
overwhelming to make a lot of  
changes at once. Commit to small,  
sustainable improvements, and  
gradually make them bigger. If you  
get off track, get back on track as  
soon as possible, so that your one  
or two off days don't become a new,  
unwanted habit. And always have  
a support partner – a friend, family  
member, or prostate cancer support  
group member – someone in your  
life who knows what you are trying  
to achieve and can support you in  
making that change. There are a lot  
of prostate cancer support groups  
throughout the country, and I spent  
my spring of 2019 speaking with  
many members of prostate cancer  
support groups in 13 U.S. states, to  
learn what they are doing, in terms  
of their lifestyle, after their diagnosis.  
Many of these men did not know  
about the association between  
lifestyle behaviors (exercise, diet,  
and not smoking) and prostate cancer  
outcomes. It's critical that we  
share this knowledge so that every  
man with prostate cancer knows  
what they can do to improve their  
prostate cancer outcomes.

Men can access our free  
materials on our UCSF website.  
All downloaded materials can be  
used freely with the proviso that  
full acknowledgement is made to  
the publication (Diet and lifestyle  
considerations for patients with  
prostate cancer. Zuniga KB, Chan  
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# E. David Crawford, MD

## Diet + Lifestyle Recommendations



E. David Crawford is the distinguished Professor of Surgery, Urology, and Radiation Oncology, and head of the Section of Urologic Oncology at the University of Colorado Anschutz Medical Campus.

Prostatepedia spoke with him at length about diet and lifestyle recommendations he makes for men with prostate cancer.

What recommendations do you make to your patients about diet, exercise, and lifestyle? Do those recommendations change based on what treatment they're getting?

Dr. Crawford: We have learned a lot in the past couple of decades about the impact of ancillary things we can do to take care of men with prostate cancer. Particularly with androgen deprivation therapy (ADT), intervention in the form of antiresorptives and the administration of vitamin D and calcium can be effective.

One of the best ways to deal with osteoporosis and sarcopenia, which occur as we get older but are also accelerated with the use of ADT, is with exercise that helps strengthen bones. Exercise probably does as much, if not more, than some of the

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“Exercise probably does as much, if not more, than some of the interventions we use. The effects of exercise can double your survival rate.”

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interventions we use. The effects of exercise can double your survival rate.

A lot of things, like diabetes and heart disease, are connected to our diet and lack of exercise, which means they are preventable and reversible. Diet and exercise can also have an impact on the immune system and our microbiome.

We use ADT because it has a significant impact on various aspects of prostate cancer. It's one of the most effective therapies we have. But we have to be more focused and use it only when it's indicated, an ADT stewardship similar to antibiotic stewardship. I have patients who exercised vigorously and were able to overcome their disease without being treated with ADT.

When we first started using ADT, we didn't worry about the negative effects like the risk of cardiovascular disease, osteoporosis, the mental changes, and the weight gain. Now we take those effects into account.

We live in a society that wants a pill for everything. Exercise is seen as un-American. We want to blame somebody else for what's happening to us, but we are the problem. Fred Bartlit and Steven Drouillard discuss that concept a lot in their book, *Choosing the StrongPath: Reversing the Downward Spiral of Aging*.

With prostate cancer, it's important to start exercising. All you need are a couple of weights and a mat and you can do anything you need to do. There are a lot of programs. I have one I use, called the triangle of pain, which works your whole body in about 25 minutes.

What is the triangle of pain?

Dr. Crawford: It's something that I put together about 10 years ago. It starts with push-ups, bench dips, and Arnold presses in repetitions of 15, 12, and 10. Then you work your legs and lower body with lunges, dips, and wall sits, again





in repetitions of 15, 12, and 10. Then you go back to your upper body with curls and upright pulls in repetitions of 15, 12, and 10. Then you get your lower body again with sit-ups and windshield wipers. You also do bicycle. It's a good workout.


Through exercise, we can have a major impact on our side effects, outcome, and overall survival of prostate cancer. People say they don't have time, but they do. They just need to make time like anything else.

*When you talk to men with prostate cancer about exercise and diet programs, do you find that they are resistant, or do they generally accept them and adhere to them?*

**Dr. Crawford:** They're motivated to follow them, but do they? Usually not.

I'm working with Fred Bartlit on these programs. We know they work. The problem is motivating people. We see it all the time. We tell patients that smoking is bad for them. Then they get lung cancer or kidney cancer and decide to quit. But it's too late at that point.

I tell men with localized prostate cancer that they have a better survival rate than a normal man their age that doesn't have prostate cancer. This is true because, for a lot of men, the diagnosis is a wake-up call for changing their lifestyle.

We have to stop blaming everybody else for what's going on. We have to take ownership of it. At the end of the day, we have to put out more than we take in. 

# Angela Gaffney

## Self-Care For Patients + Caregivers



**I remember receiving my diagnosis like it was yesterday. The day started with great excitement. The nurse had told me the doctor had an answer for my failing body when she scheduled the appointment. For weeks, I anticipated the news, believing that if the doctor could provide me an answer, he'd also be able to fix the problem. I sat in the exam room feeling anxious and excited, like a kid on Christmas morning. While I never anticipated it, the conversation went much differently than I expected that day. I was told that I needed to go home and prepare for a disease to take my life.**

Maybe you understand that feeling of not being able to breathe after receiving such news, and thereafter, having your mind consumed with fear, despair, and worry. It's a pretty common response, and while I was the patient, I could see the same feelings in the eyes of my loved ones. I found myself moving through the five stages of grief and loss: 1) Denial; 2) Anger; 3) Bargaining; 4) Depression; and 5) Acceptance. People who are grieving do not necessarily go through the stages in the same order or experience all of them. And loss means many

things: loss of life, yes, but also loss of function, loss of ability, loss of positivity, loss of hope, and loss of normalcy all matter, and they all evoke an emotional response. As a caregiver, you're managing the needs of your loved ones, and will need to provide space for them to move through their emotions while providing yourself with the kindness to do the same. It's an important part of the journey for each of you.

One gift I'd like to share with you today is the gift of choice. In my health journey, I got to a point where I was trying to figure out how to die gracefully. It didn't feel good, or right, or healthy to be in this space, and I wasn't quite sure how to move forward from it.

But one morning, I had a very clear moment of shift, and thought, "Why am I putting all my energy into figuring out how to die gracefully when every ounce of my being just wants to live?" This one moment was the most powerful moment of my whole journey because it was the moment I realized that I had a choice in how I wanted to participate.

We have a choice in every matter. The biggest question to ask is, "How will you choose to participate?"

I've been the patient and I've been the caretaker. It is possible to care for yourself as you care for others. There is gratitude in every situation. Sometimes, it can be tough to see, but it's there, I promise you. These quick tips helped me focus on the positive, and I believe they'll help you do the same. It is my hope that you take time to care for yourself as you care for others. Choose to participate in a healthy, positive way.


1. Start each day with gratitude. List 10 things you're grateful for in a journal or speak them out loud.
2. Begin each day with 10 deep belly breaths. Close your eyes, relax your shoulders, quiet your mind, and focus solely on your breath. Breathe in through the nose to fill your abdomen, pause for three seconds, and gently exhale through the mouth. Repeat the cycle and practice often.
3. Every choice we make matters. The only "have to's" we have are those we place on ourselves. Try this little trick and switch your "have to" into, "Yes, I GET to." The "Yes, I GET to" helps you focus on the positive in the situation. "Yes, I GET to care





for my loved one” means that I am blessed to have this opportunity to care for them. It means I have the gift of time and ability to do so, that I get to celebrate their progress, and also share in the challenges. “Yes, I GET to choose how I will show up every day, to care for myself as I care for them.” Every choice we make matters, including the words we use with ourselves and others.

4. Above all else, be kind and true to yourself. There is no one “right” way to do anything. Do your best and know that your best will look a little different each day. That is okay.
5. Connect with others, give plenty of hugs, and smile often.
6. Close your day with another 10 things you’re grateful for.
7. Close the day with another 10 deep belly breaths to calm your body before rest.

**Bio:**International speaker and consultant Angela Gaffney teaches people simple and effective strategies to achieve health, increase productivity, and live stress free while reaching their personal and professional goals. She challenges us to think differently, take ownership of our health, and raise standards in all areas of life. Angela is a best-selling author and her work has been featured in high-profile media, including The Huffington Post, USA TODAY, YOGA + Life, and more. When she’s not speaking, consulting, or writing about wellness, you’ll find her hiking, playing cards with family, or stirring up a new recipe. We invite you to learn more at [www.AngelaGaffney.com](http://www.AngelaGaffney.com). 



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*Coming Up!*

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*January:  
Immunotherapy*