Dr. Alcendor:

And then, what they did is they identified those areas in the United States that have the greatest cancer burden, like little small towns in Louisiana, small town, a cancer burden that's through the roof. And so, they plan to put out as many as 10 to 15 new sites that allows them to go out and to screen, and add participants from those areas, to put them into clinical trials to start to reduce cancer burden in those sites in the United States that carry the greatest cancer burden.

Intro/Outro:

You're listening to Further Together, the ORAU podcast. Join Michael Holtz and his guests for conversations about all things ORAU. They'll talk about ORAU's storied history, our impact on an ever-changing world, our innovative, scientific and technical solutions for our customers, and our commitment to the communities where we do business. Welcome to Further Together, the ORAU podcast.

Michael Holtz:

Welcome to Further Together the ORAU podcast. As ever, it's me your host, Michael Holtz in the communications and marketing department at ORAU. And I'm doubly and maybe triply excited about this conversation, because we're talking about ORAU's Innovation Partnership grant program. And as it happens for this particular event, I was the subject matter expert and it was about cancer, which is, as folks who listen to the podcast know, a big personal passion of mine. So we're pulling all of that together, and I have some great guests from a cancer survivorship summit that happened at Meharry Medical College in Nashville last April. And I've got four guests with me and I'm going to let them briefly introduce themselves. And Tammy, I'm actually going to start with you, because you and I have probably had the most conversation of anyone at the table. You and I know each other pretty well. We've worked on a couple of things. So Dr. Tammy Henderson, tell me who you are.

Dr. Tammy Henderson:

Hi there. It's great to be with you today. I am a vice president here in the School of Medicine at Meharry Medical College and a professor in the Department of Family and Community Medicine. And I had the great pleasure of helping to organize the 2022 Cancer Survivorship Summit. And so, we're excited to talk about, I think it was 2022, maybe the 2023 one. But we're going to talk about the 2024 Cancer Survivorship event in this particular meeting.

Michael Holtz:

And next we have Dr. Alcendor. Dr. Alcendor, welcome.

Dr. Alcendor:

Thank you for having me today. And I'm an associate professor Meharry Medical College in Microbiology, Immunology and Physiology. I am the program director for the CEO Roundtable on Cancer, and I'm the director of research for the Tennessee SEAL Program.

Michael Holtz:

Awesome. Thank you, sir. And Kirsten George.

Kirsten George:

Hi everybody. Thank you for inviting me to be a part of this podcast. I also work at Meharry Medical College in the Department of Family and Community Medicine. I am the Health Careers Pathway program manager, and I work with coordinating events for undergraduate students.

Michael Holtz:

Awesome. And last but certainly not least, Robert Briggs is joining me. Robert, welcome.

Robert Briggs:

Hey everybody. My name is Robert Briggs. I am a senior here at the LeMoyne-Owen College, but I was a junior at the time of this summit. I'm a business management major with a minor in marketing. I also serve as a community health worker here at the LeMoyne-Owen College, which is in collaboration with Meharry Medical College. And I had the pleasure of attending the summit. It was amazing and it was very informative, so I can't wait to talk about it.

Michael Holtz:

Awesome. I can't wait to give you the opportunity to talk more about it, but for folks who are listening, let me lay the foundation first of what the Innovation Partnership grants program is. These are grants that we give to members of our university consortium and the Meharry Medical College is a longtime member of our consortium, that are structured to build stronger relationships between our university members and ORE collaborators or subject matter experts, like myself in this case, by focusing on research and education topics that align with our expertise and our current priorities.

So for 2024, one of the priorities, and it's a priority we've kind of always had as an organization, is really helping build that scientific, that STEM knowledge. And so, this grant was really designed to bring more students to the Survivorship Summit. And so, we had students from a number of HBCUs who were able to participate, because of the grant that ORE gave to Meharry College to support this event. And I was privileged to be one of the speakers to share my lived experience as a cancer survivor. But I want to let Kirsten, Kirsten, if you would just kind of talk from a sort of high level what this summit was about. And again, I know it happened for several years. It was an event that Meharry has done. Why was it important? Why did you do it?

Kirsten George:

So I was on the 2023 to 2024 Cancer Survivorship Summit kind of committee. Planning, contacting members to attend the meeting, contacting those who wanted to participate and facilitating, just like the INS and out of the program as well. It was in partnership with Dr. Henderson as well. She played a major role in having the cancer go off without a hitch, if I'm being totally honest. But to my knowledge, it's a reoccurring event housed at Meharry Medical College. We invite not only HBCUs, but partners around the country to attend either virtually or in person any way they can, whether they be a survivor of cancer like yourself, how you participated or somebody who wanted to present on cancer research and demographics upcoming throughout the years, like how Dr. Alcendor did. And this year we wanted to incorporate student participation. Students have participated in the past mainly as volunteers or just attendees, but we really saw that even though there was a rise of cancer statistics in younger folks, they really didn't know this, because a young person's not thinking, "Oh, colorectal cancer, rectal cancer," things like that.

We're thinking we're wild and free, we don't have to worry about these things. We really wanted to grasp the students and just give them a sense of, this is a demographic that you all are affected by, speaking of cancer. And we just wanted to educate you all with it, and not just be all doom and gloom of the prevalence rates, and things like that. We also wanted to expose them to mentorship opportunities as well. And Dr. Alcendor and Dr. Hertz specifically went over their undergraduate educational path all the way up to the cancer research that they do currently, to really teach the students, they were all in y'all's positions being at HBCU, or just undergraduate institutions themselves, and how they really navigated that career pathway and how to get in touch with them, so they can mentor them as well. So we had that aspect of the program with the mentorship and educational, as well as hearing from previous survivors of colorectal, lung cancer and breast cancer as well.

So students can really feel the passion and empathy of somebody who's been through this, who's in remission and how life has really changed for them. So it can really, it's one thing seeing the facts, but actually hearing somebody's story, their testimony to really drive in the facts is what we wanted the students to experience as well. And finally, with another participant, students had got internship navigation resources, where she went over, "Oh, if you're looking to go into business like Mr. Robert Briggs, here is the search tool you can use to go into internships dealing with business, or healthcare or anything like that."

So we didn't want to just have healthcare be the main focus. Students are majoring in art, business, XYZ, and so we wanted to hit that demographic as well. So there's kind of like an overview of what the program was, what the summit is about itself. And I think I answered your question, hopefully.

Michael Holtz:

You did. And another aspect that I really liked about the summit is it's certainly designed for students and for education, but it was also open to members of the community to come in and learn, but also get really important screenings if they needed to get up to date on things like blood pressure and their A1C, and I think there were even mammograms available if women wanted to get them. There was just a lot going on. There was a lot available to the community, really for the whole day. It was a wonderful event and had a great turnout, I think. Plus, there was a vending area, so there were lots of opportunities for folks to meet nonprofits and organizations that are in the cancer space that can help people and offer assistance and provide educational resources. So really a well-rounded full day of activity. We were busy. I know if you came to that event, there was a lot to do.

Kirsten George:

You were never sitting around, that's for sure. And you did mention... Oh, I think Mr, I mean, excuse me, Dr. Henderson has something to say.

Dr. Tammy Henderson:

I was just going to chime in and say that we had speakers who were from the healthcare profession, from the Centers for Disease Control and Prevention, also survivors who are community members in various areas, and then of course the student's presence. So there was a very diverse audience and a diverse group of participants from every walk of life, which was really exciting. And being able to have discussions about screening, early interventions, and how do you as a person stay inspired in the midst of the disease. And I think that the personal narratives were so uplifting and so important, because they put a face on the issue of cancer survivorship.

Michael Holtz:

Absolutely. So Robert, you're a student. You participated in the summit. Talk to me about what that experience was like for you, why you decided it something you wanted to participate in, and then what did you get out of the day?

Robert Briggs:

So the reason why I wanted to participate in it is, because I have a few relatives and a few friends of my family who are cancer survivors. So it's always good to get more research and get more information about just being able to get screening, or just have some prerequisites to prevent it deteriorating and becoming more of an issue for a person. A lot of the stuff that I got, or a few things that I got out of it, I definitely heard some testimonies from survivors of lung, breast, and excuse me if I mess this word up, but colorectal cancer.

And once again, just understanding the importance of getting that early screening in, just so you can just be more healthy and take care of your body a little bit more. I was also exposed to internship opportunities by Dr. Augustine. She has a background in workforce development for undergraduate university. So that was awesome to just be able to experience, and get Dr. Alcendor and Dr. Hertz, they spoke a lot about cancer and statistics and young individuals, and stuff like that. So all of that was just a great experience to be a part of that day. So yeah.

Michael Holtz:

Awesome. Robert, from an aspirational perspective, where do you see yourself? Are you looking to work in a health related field or a scientific field? Where's your interest lie at this point?

Robert Briggs:

Excuse me. My major is business, but I'm really more of an artistic and creative. So I like using my art, whether it be music, film, whatever it may be, to... I'm really more interested in mental health, so I'm a very big advocate for that as well, but I'm an advocate for health overall, especially in the Black community. So just being a spokesperson and an advocate for anything health-wise. What drove me a lot to the community health work program at LeMoyne-Owen. I've been a community health worker here since 2022. I just found out I'm the oldest community health worker on my campus. And what we do, we do a lot of community outreach, so we inform people a lot about COVID and we talk about different health screenings and stuff as well. So yeah, I don't even know if I see it as a job or something, I mean, a career that I want to pursue in the future, but it is something that I just like doing on a personal aspect.

Michael Holtz:

Gotcha, gotcha. Well, and as you said, mental health is so important and particularly as men, and for you as a young African-American, mental health challenges abound and being open about it, but also helping other people find resources is really important. So we may need to work together on a project. I have some ideas, I have some thoughts.

Robert Briggs:

Of course, I'm down and I'm open to it. So yeah, it'll be amazing.

Michael Holtz:

Awesome. Dr. Alcendor, you presented, you've been part of the summit. From your perspective, why is the summit an important event for you, but also for the community?

Dr. Alcendor:

For me, it's community awareness and educating the community about cancer, making people realize what their actual risk of exposure to cancer is, and of course, providing detailed information about the most important cancers that represent about 95% of all cancers in the United States are talked about at the summit. And the idea is that we know that cancer change, we know that the incidence of certain cancers change in different populations and age group. I think that information being up-to-date and presented in a culturally competent way is what the summit was able to deliver.

And so, that was very important to me to hear that. And of course, the survivors steal the show like they've always done. And so, when I can hear personal perspectives about living with cancer and what you go through as a cancer survivor, is something that's very special and very important. As we sit here today, we have about 17 to 18 million cancer survivors out there, four million breast cancer survivors. So when we think about all the survivors out there, and we're talking about survivorship being from the day of diagnosis to the end of life, even if you're living with acute metastatic disease, you know what I'm saying, you're still a cancer survivor.

And so, that was very important to me. And giving the students a perspective of what cancer's about, and of course, the likelihood of developing a cancer in your lifetime. So when you think about anybody walking around, they have about a 39% chance of developing a cancer in any part of their body in their lifetime. Now, when you think about your genetic history in your family, you think about your exposures, whether you smoke or drink, and you think about all of those things that will increase that 39% over time. And of course, you also have to talk about those things that you can develop as preventive strategies to reduce your risk of cancer in a lifetime.

Michael Holtz:

Right, and all of that gets talked about at the summit, which I love.

Dr. Alcendor:

That's right, yes.

Michael Holtz:

It's all aspects of the cancer spectrum, I guess, is not only the statistics and the research. You do get the survivor stories and you do get, what can I do? How can I take ownership, basically, to reduce my own risk for getting cancer?

Dr. Alcendor:

I just want to add to that by saying we saw cancers that we didn't really know happen for some people, and that is men having a one in, I guess 276 chance of developing breast cancer. So there are people sitting down there that don't know that men develop breast cancer.

Michael Holtz:

Absolutely. And as Kirsten alluded to in the beginning, the rise in early onset cancers, all of these diseases that traditionally have been old person's diseases, are being diagnosed at much younger ages. And it's important for students like Robert, for young people to understand that that's happening and what can you do to decrease your risk, but also just be aware of changes in your own body as you're living, as you're going through life, I guess.

Dr. Alcendor:

Yeah. So I wanted to say something about cancer acquisition at earlier ages. So we are starting to see colorectal cancer increase in people that are in their early to mid-50s by about 1% per year since the early 2000s. And that's alarming when you think about it. And the idea is that, what it tells you is that our lifestyle changes are changing in such a way that it's starting to increase our level of exposures to cancer. And subsequently, things that we're doing, and I say doing, eating, we're probably eating more, we're drinking more, we're using tobacco more, or we're vaping more, or we're being subjected to exposures to different types of technologies, like sun bathing that would make us more susceptible to different types of cancer. And so, the idea then is that we have to modify those life changes that put us at the greatest risk for acquiring cancers at an earlier time in our life. Of course, if you're eating differently, if you're sleeping differently, and if you have a genetic predisposition to develop those cancers, you need to start screening for those cancers at an earlier age as well.

Michael Holtz:

Dr. Alcendor, add to the kind of list of risks and exposures. We're also exposed to a lot of chemicals in, we all live in Tennessee, so we know it gets really hot here and our cars sit in the sun all day, and then we get in the car to drive home. And those, all of the plastics and materials that make up our cars have been heated, and they're out-gassing, then we're sitting in that to go home, and all of the fabrics and the chemicals that keep our homes safe and standing, and we're just exposed to chemicals at such a different rate than our forebears. And I think that's part of it too, that makes it really scary, right?

Dr. Alcendor:

Yeah. I also want to say that about 15% of all cancers is caused by infectious agents, in particular viruses. And so, when we look at cancers like cervical cancer, that cancer is caused by a virus. And so, when you look at human papillomavirus, we're talking about a virus that causes six different types of cancers. We're talking about cervical cancer, penile cancer, anal cancer, vaginal cancer, vulva cancer, and oesophageal cancers. So one virus that has a number of different strains. So human papillomavirus have more than 200 different strains, about a little more than a dozen of them will cause these particular cancers. However, we have a very good HPV vaccine that is very good at protecting you against these cancers. And that HPV non-avail vaccine that's made by Merck is approved by the FDA for people that are nine to 45 years old at this time. So again, cancer prevention may result in a person getting a vaccine now, and we expect that people will get this when they come of age for that vaccine.

Michael Holtz:

And everybody in that age group should get vaccinated.

Dr. Alcendor:

And that vaccine has been proven to be safe and effective.

Michael Holtz:

Yep, absolutely. Kirsten, I see your hand up.

Kirsten George:

Hi, yes. Just based off what Dr. Alcendor is saying with all the statistics and things like that, I can't remember if it was you, Mr. Holtz or Dr. Alcendor said that we're trying to move more towards just getting the information, but turning it into, "Okay, with this information, what can I do? What lifestyle changes can I do as well?"

And I really loved that portion of the summit that had the mobile clinics, that had the mammograms, that had the dental visits as well. I remember I was there, I was supposed to be there for six AM, even though I know it started at eight AM, and there were individuals lined up around the block for the dental unit to get dental work done, because they found word of mouth or the flyers that [inaudible 00:24:45] work and things like that. So I really want something, well, I want to see in the future for summits like this or just healthcare initiatives, of just like, "Yes, you have this information, these statistics and things like that, but here is also the tools in order to change your lifestyle. Here's referrals, here's mobile units, here's X, Y, and Z to really turn this thing around, so you can have better lifestyle changes down the line." And I really think the summit holds that in as well. So I just wanted to make that point, just hearing all the statistics and things like that. So yeah.

Michael Holtz:

I think that's a really important point, Kirsten, to make, that the summit really did offer everything. Statistics, lived experience, and opportunities for prevention. Tammy, I see your hand up.

Dr. Tammy Henderson:

I wanted to chime in as both my colleagues have mentioned the impact of diseases. And I know that everyone has read the current news about the relationship between alcohol and cancers, which is another substance, and we are taxed with accepting tobacco use and alcohol in our culture. But for the first time in a while, there's been research and information to the lay public about the relationship between alcohol and cancers, and we know that vaping is coming up. And I think that it behooves us to keep these kinds of events available to folks, because one, they get the information based upon science, they get the lived experiences, they get access to services, but more importantly, they learn the tools by which they can support themselves. Because when a family member has cancer, the whole family is experiencing cancer.

Michael Holtz:

Absolutely.

Dr. Tammy Henderson:

So we need to think about how families are impacted and how caregivers are impacted, how children are impacted inside these families. And so, cancer is not just one person, it's really a family and a community. And I think that the summit provided that opportunity to bring researchers, practitioners, community leaders, cancer survivors, students, and professionals and community members of every walk of life together, in a way that made it accessible and approachable, as Dr. Alcendor allowed to, making it culturally relevant, but I think it was people-friendly.

Michael Holtz:

I think it was [inaudible 00:27:18], and I think it's important when we talk about cancer. And Tammy, you're a hundred percent right. One person gets cancer in the household, the whole family has cancer essentially. But we also have to normalize, and I think this summit does this really well, having conversations about the body parts that we don't like to talk about. There shouldn't be stigma around talking about what happens when we go to the bathroom and what happens with our genitalia, and what happens with our breasts.

These are the places where our bodies get cancer. So we should be able to talk about it and normalize that, if you're having issues going to the bathroom, going poop, whatever, even urinating, it's okay to talk to your doctor about that. You shouldn't be ashamed of what's happening to your body, because if you don't talk about it, you're putting yourself at higher risk for a later stage cancer. And so, we need to normalize. And again, I think the summit helps with that a lot. I talked about my colon, women talked about their breasts. I know Vance Stacks has been part of the event before, he talked about his breast cancer.

We need to keep having those kind of conversations, to normalize that it's okay to talk about, as we would say, our underwear areas, right? We to be able to talk about those openly and not be ashamed of it.

Dr. Alcendor:

Yeah. I just want to say something that I think was very important in this summit, is to offer people those things that are new and different. We know that cancer is disease, and we know that technology will make advances in cancer research. And the idea of talking about the liquid biopsy that Dr. Ben Ho Park talked about. Very important. With the idea of someday you come into the clinic and then they will take a blood sample from you, and be able to look at that blood sample for evidence of cancer or tumor DNA, or tumor cells in that particular specimen, and be able to diagnose you early. All of this is done with the idea of early diagnosis.

Now the other thing that's out there that's very important is the cancer stage shifting initiative that's being promoted by the National Minority Quality Forum out of Washington, DC. And what they're saying is that when a person comes into the clinic with symptoms associated with a cancer diagnosis, that cancer is at stage three or stage four, the interventions for that cancer and survivorship for that cancer is going to be very different from stage one and two.

So the idea is that they plan to partner with individual laboratories that have been able to demonstrate that they can detect cancer cells or tumor DNA at a very early stage in that cancer development. And the idea is, is the combination of early detection, good, innovative treatments for those cancers, is to reduce cancer burden in the population overall. And then, what they did is they identified those areas in the United States that have the greatest cancer burden, like little small towns in Louisiana, small town, a cancer burden that's through the roof. And so, they plan to put out as many as 10 to 15 new sites that allows them to go out, and to screen and add participants from those areas, to put them into clinical trials to start to reduce cancer burden in those sites in the United States that carry the greatest cancer burden. And so, I thought this was something very good. I participated in that panel, and of course the National Quality Minority Forum is a part of the CEO Roundtable on Cancer.

Michael Holtz:

That's such an important issue. And in terms both of focusing on the stage shifting, but also liquid biopsy, because liquid biopsy will improve access for everybody.

Dr. Alcendor:

That's right.

Michael Holtz:

To early screening, and also going back to the stigma conversation of it's not invasive, right? You don't have to do prep. It's a blood test that eventually will be affordable and inexpensive, and available, and accessible to everyone. So there's less, there's more equality, there's more equity in the screening process for cancer.

Dr. Tammy Henderson:

I want to really do a shout-out for the work that Kirsten George does in engaging students in this and really thinking about it really takes multiple disciplines. And if you look at the summit, you saw multiple disciplines there. And I was just thinking about Kirsten's background with public health and the fact that she's involved in the academic world of student engagement. And then, Robert is also a business major and he has a marketing background. He's one of those key people in getting the message out. He's a person that we can go to and say, because he's a community health worker, and so he understands the intersection of communication for a larger population in translating our information. So I just really want to applaud the fact that we were able to engage people from different disciplines, and our students represent different disciplines. And I know for a fact that we had various vendors there that represented different parts of the community, the Tennessee Cancer Coalition, et cetera, et cetera.

But besides our exhibitors, some of the people who are participating online were like John Brown, who has a Black men's health network, and he has a background in civil and software engineering. So here's another discipline. But more importantly, he came to the summit because he goes into barbershops and every other places to get Black men to talk about health. And so, while we having Black men talk about health, how do we get young people to talk about health, since there's an increase in cancers? And so, this is why I want to throw the floor back to Kirsten and Robert, because how do we get the message out? How do we get more people involved? How do we get you involved?

Kirsten George:

That's a great question, because I do have an educational background in public health as well, and I am a Gen Z, millennial, borderline, however you want to call it. I would say for me, I'm more a statistics girl. If you show me the statistics of something is impacting my demographic, people who look like me, people who have my genetic background, that's going to scare me straight.

I saw the statistics that Dr. Henderson mentioned earlier about alcohol usage and tobacco usage, and although I'm not an avid user of those, I will occasionally have a drink if it's a celebration or something like that, because I'm of age. But that scared me, and I was just like, "Oh, we're doing cleanses." I sent it all to all my girlfriends saying, "Yo, this is the new statistics we need to get on this," and things like that. So just literature aimed at me and my demographic, like I said, really does put it into perspective of how it affects me, and I just implement those lifestyle changes as well. And I bully my friends and family to kind of follow the trends too, because I care about their health. But yeah.

Michael Holtz:

Robert, for you, basically same question. How do you get young men engaged in this conversation?

Robert Briggs:

Well, I'll start for me. For me, I kind of want to piggyback off what Kirsten was saying. I'm a statistics guy myself. I believe a lot of people really look at those numbers and they can put themselves in those type of perspectives, in their shoes as well. Also, I'm real big on entertainment. So with marketing, I like to grab people's attention and you can put any type of information together in any way if you package it correctly. And if you can get somebody's attention, they can gravitate towards the information. And you can do that through video. You can do that through advertisement. What is it? It could be flyers. If you can make it wild enough, for a lack of a better term, to get people's attention. And then, they'll gravitate towards it and they'll absorb the information, and then they'll be able to take it back into their community, so their families, friends, whatever it may be. And boom, that's a conversation starter, and that's just how you get things shared around.

Michael Holtz:

I love it. Thank you so much. I feel like we need an album of cancer prevention, cancer prevention songs like Get a Mammography, you know?

Dr. Alcendor:

I just wanted to say that I came from a... I'm sorry, go ahead, Robert.

Robert Briggs:

Oh, no, I was saying it could work. If you get people's attention and you get the quality right, it can work.

Dr. Alcendor:

I just want to say that when you're talking to people and you want them to understand what you're saying at a level that's very clear, I noticed that I just came back from a hypertension workshop that I was giving today, and I explained to folks how important hypertension is in terms of being able to manage this and to reduce those risk factors. And of course, if you need medications, it's very important. But hypertension, when you look at it among African-Americans, you're talking about about 42% or more African-Americans, 18 years or older will have hypertension.

Hypertension will lead to systemic inflammation. Cancer is a condition that survives off of inflammation. And so, the idea is that underlying comorbidities that people have can put them at risk for developing cancer. One thing that I think we have to recognize is the familial link of cancer from one individual to another. You have a father and a grandfather that died of prostate cancer. You have a genetic predisposition to develop prostate cancer as a son or a grandson. That means in onus, you should consider screening for prostate cancer earlier than what is recommended.

Michael Holtz:

Right. And that's important information for people to understand. And Dr. Alcendor, I love what you said about the hypertension causing inflammation, which can feed... Cancer is a systemic disease in a lot of ways, right?

Dr. Alcendor:

Yes.

Michael Holtz:

It has lots of potential and known causes, and I know inflammation is a big one. And so, being able to take care of those things, those risk factors that cause inflammation, like hypertension, like diabetes, reduces your risk. Movement, exercising, eating better, eating the right kinds of foods, because processed foods have a huge role in causing inflammation for people.

Dr. Alcendor:

Absolutely.

Michael Holtz:

So it's important to really take all of it seriously. It's all important, because it's all related. It's not just... We tend, and part of it I think is our media culture to compartmentalize everything, "And if I deal with this, then my hypertension will be controlled." But really, if you eat better and your hypertension is controlled, your cancer risk is lowered. It all works together.

Dr. Alcendor:

Yes. Yes. And I just want to say quickly that something as simple as stress, stress that is uncontrolled will lead to increased cortisol levels, which will lead to systemic inflammation that can contribute or predispose you to cancer.

Dr. Tammy Henderson:

What I think that we've... I'm sorry.

Dr. Alcendor:

Go ahead.

Dr. Tammy Henderson:

One of the things that we have done so far, we've talked about the importance of education, and informing ourselves and our communities about various factors associated with cancer, and what causes it, and how to prevention, and the importance of early detection. We've talked about our genetics and how you want to have information that shapes your understanding based who you are as a person and the background that you have. And we've also talked about the physical parts of cancer. One of the things that I want to bring up being a native Louisiana is, I grew up in Cancer alley. And so, where you live has an impact on your risk factors. So if you put your individual health and your family history, along with where you're living geographically or your residential location, that can have an impact on your ability to be cancer free. And so, I think we want to talk about what happens inside the body, but also those environmental factors that may be contributing to your risk of cancers.

Dr. Alcendor:

Yeah. So I want to say something about that. And this has to do with a person's actual exposure versus perceived exposure to carcinogens. I give you an idea. So when we think about exposure to cancer, we have to think about pollution. You see what I'm saying? I don't know if you've ever heard of PM 2.5. So a component of pollution from engine exhausts, from wildfires and so forth, industrial waste and so forth. These kinds of things, when you grow up in a community where you see heavy industry in those communities, tremendous amount of traffic in those communities that bring pollution levels to a level that is difficult for people to handle, you start to see an increase in cancer there as well. And again, I want to say something about lung cancer, because we had a survivor at the survivor summit get up and say, she said to all of us that she had never smoked a cigarette in her life.

She had never been around anybody that smoked, and she was standing here in front of us with stage four lung cancer. So the question now becomes, how is that possible when tobacco smoke is your number one risk factor to developing lung cancer? Let me just say this. There is radon gas that is in the soil that has been known to contribute to lung cancer, because you breathe it and can get into your house and so forth. And you think about a person that drives an old car, that has a chassis in that old car that might have a leak in it, to where there is exhausts getting into the cabin of that old car, and he's driven it for 25 years. His perceived exposure to environmental carcinogens is very different from his actual exposure to these carcinogens. And so, people have to realize that, and of course, people are taking more supplements than they have in a very long time.

The combination of medications that people take nowadays along with herbal medications could predispose them to cancer as well. And I say this particularly for women that clean houses, and that is women or men that clean things without gloves on and expose themselves to a number of cleaning carcinogens that also have bleach in it, and so forth. Some of them will develop a black line going through the center of their fingernail. And some people have had this, this is referred to as inguinal melanoma, and it's the kind of cancer that starts off in the finger sometimes.

And some women have had to have their part of their thumb removed, because of this particular cancer. So the idea of using products at home and not washing your hands could expose you to a number of carcinogenic compounds that you just don't know of. And so, your actual risk of carcinogens in terms of exposure might not be your perceived risk of these carcinogens. And so, I think people should keep that in mind as well. A person that works at an airport that is on the ground and has been breathing jet fumes for 25 years, his lungs won't forget that. And of course, it's damage to lung tissue that can lead to what we call cellular transformations due to mutations that can result in lung cancer.

Michael Holtz:

Yeah, absolutely. And I think we've talked about so much during the last 45 minutes or so, and I know we could go on for a very long time having this conversation, but I know folks have other things to do, so I'm going to wrap things up. But Robert, I wanted to as we end start with you and just ask, what do you want people to know from you in terms of closing this conversation and the importance of the summit? What do you want people to take away?

Robert Briggs:

Specifically more towards the younger generation and really everybody, just making sure you're taking care more care of your body. Be careful about what you eat. Don't be afraid to communicate honestly with your doctor, and definitely make sure you're taking those opportunities to get those health screenings as well. You never know what you could be preventing and how you could be saving your body, a lot of damage and poison to come, maybe years in the future. So definitely take that time to take care of your body. Your body is a temple and it should be treated as so.

Michael Holtz:

Excellent closing words from our student from the summit. I just want to thank everyone for being here. It's been a pleasure talking about the Cancer Survivorship Summit, and hopefully we can do this again. We can talk about something else. We can talk about cancer again at some point in the future. This has been a joy.

Dr. Alcendor:

We certainly want to talk about the future of cancer, and the future of cancer is immunotherapies. Everybody's doing this, and the idea it will change cancer outlook in the future. That is to give you a molecule that will tag a cancer cell in the body for immune elimination. Right now, this is what cancer looks like in the future. I was actually invited to Project Datasphere on Burroughs Wellcome campus in North Carolina, and all the big cancer groups were there, and the word was, "Immunotherapies." Right now, it is going to be a very important intervention when it comes to cancer. Right now, the side effects and the expense is too much at this time, but because this is research, we know that this will get better in time.

Michael Holtz:

Absolutely. Dr. Alcendor, I was at the ASCO Gastrointestinal Summit in San Francisco earlier this month, the end of last month. And yeah, immunotherapy clinical trials are, they're all over. And not just for gastrointestinal cancers, for all cancers. So it is the future. They are expensive, but they'll get better and they will become eventually available for everybody.

Dr. Alcendor:

To the public, yes.

Michael Holtz:

That day is a day that I'm very much looking forward to, and I'm sure you're too. I have no doubt.

Dr. Alcendor:

Yes. I think it would be a revelation for metastatic disease.

Michael Holtz:

Absolutely.

Dr. Alcendor:

This is what, yes, metastatic disease is the killer when it comes to cancer. If it's caught early, survivorship is better. And of course, if you're able to catch cancers at stage one and two, we're talking about curative disease as opposed to survivorship.

Michael Holtz:

Absolutely. Well, Dr. Alcendor, thank you. Tammy and Kirsten, and Robert, thank you all so much for being here. I really appreciate this. We've had an amazing conversation and as I said, I hope we can do this again on this topic or another one. We'll find something we can all talk about together, I'm sure. Thank you so much.

Kirsten George:

Thank you.

Dr. Alcendor:

Thank you.

Dr. Tammy Henderson:

Thank you for having us.

Intro/Outro:

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