

## John Whyte, MD, MPH, on taking control of your cancer risk

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AMA's Moving Medicine video series amplifies physician voices and highlights developments and achievements throughout medicine.

### Featured topic and speakers

In today's episode of Moving Medicine, AMA Chief Experience Officer Todd Unger talks with John Whyte, MD, MPH, the chief medical officer of WebMD in Washington, D.C., about his new book *Take Control of Your Cancer Risk*.

*Take Control of Your Cancer Risk* is available on Amazon, Barnes & Noble, and a number of other retailers. Learn more about the book.

### Speaker

- John Whyte, MD, MPH, chief medical officer, WebMD

### Transcript

**Unger:** Hello, this is the American Medical Association's Moving Medicine video and podcast. Today we're talking to Dr. John Whyte, the chief medical officer of WebMD in Washington, D.C., about his new book, *Take Control of Your Cancer Risk*. I'm Todd Unger, AMA's chief experience officer in Chicago. Dr. Whyte, it's great to see you again. Believe it or not, the last time we talked was in August of 2020 when I think the only topic going on was about the pandemic. But in the meantime, you decided to write a book. Let's start by talking about what prompted you kind of in this weird period of time to start writing a book about controlling your cancer risk.

**Dr. Whyte:** I will say it is great to see you again. I mean, August in many ways seems like an eternity ago. Todd, one of the reasons why I wanted to write the book was around this issue of myths. We've seen around the COVID pandemic the misinformation but there's also a lot of myths around cancer. The biggest myth has been that it's primarily caused by genetics or just bad luck and there is nothing that you can do about it. The reality is only about 30% of cancer is caused by what we would say are inherited mutations or family history. The rest is primarily influenced by lifestyle. I know, although nothing is 100% preventable, we have learned through science that you can reduce your risk by deciding what you eat, how much you exercise, your level of stress, the quality of your sleep. These are all things you have control over.

**Unger:** So you're not kidding when you say take control of your cancer risk. You got 70% of the factors there and some of the things you just named, and we're going to go into that in more detail. Why don't we start with this outline. You talked about what you eat, how much you sleep, your exercise, your mental health. This is a pretty solid formula for, I guess, living well one would say in these days. Let's talk a little bit more in detail. For instance, let's go for food. Tell us more.

**Dr. Whyte:** Food is a biggie. So I'm glad you started with that. I always try to get people to recognize that food basically is medicine. It truly is as powerful as a prescription drug. So Todd, when you're deciding whether you're going to eat those potato chips or an orange, what are you going to choose? In general, you want to choose those things that are going to boost your immunity, boost your overall health and that is an orange. I know you eat healthy. But most people don't think about it that way. They really think, "Really, food's impacting whether or not I get cancer?"

There's a couple ways it does that. It does that because of its impact on our weight. We do know that cancers relating to obesity are increasing. But it's also about the packaging of food, what's in them in terms of preserving them, in terms of the way we cook them. So what science has shown us is that many types of cancer increase when you eat a lot of red meat, processed meat, refined grains, all the cookies and candies and pastries and sugary beverages. Those increase your risk.

**Unger:** So the fact that I kind of gave up refined sugar 20 years ago, believe it or not, is a good sign. Although my daughters may never forgive me for the amount of attention I put on that. I mean the data that you're starting to go through on these kind of food choices, what are some of the compelling facts?

**Dr. Whyte:** That's impressive that you've given up those refined sugars. It's a great way in terms of your overall health. But it's also not just what we exclude but what we also include. That's where we have a lot of data about the role of fruits and vegetables, the vitamins that we have in them, the important minerals that are a component of fresh fruit and vegetables, and even if they were frozen. Fish is one of the biggest changes that people could make in terms of their diet. Only about one in five Americans have fish once a week, one in five. If you think about it, fish is low in calories. So automatically you substitute that for a hamburger, you're going to lose weight over time.

But it also has, as many listeners will know, these powerful antioxidants and that's where science comes in to tell us. It's not just, oh, you should eat more fish. It's about that it's going to help reduce what's called these free radicals that cause damage to our cells. It's going to help protect our DNA. Because when it comes down to it, cancer really is a disease that's of errors. Meaning, our cells divide all the time and when cells divide incorrectly, it causes cancer to develop. So the more you can reduce those errors, those mistakes from happening in cell division, that's a good thing. We know that certain foods can help with that.

**Unger:** Let me ask you a question about this idea of treating food like medicine. For physicians out there, what's your advice in terms of communicating that? How do you think that the message is going to be received?

**Dr. Whyte:** Well, as you may know, the AMA has done a lot of work in trying to get physicians to do more around nutrition information and have published studies in JAMA and other publications about how little physicians know about nutrition. That's a big challenge because what typically do we say to patients, you need to lose weight, you need to eat healthy, you need to go to the gym. If you ask them what to eat or what you shouldn't eat, they'd be very hard-pressed to give you good information. It's almost like the field of diabetes education where Medicare had to create really a whole separate system of diabetes educators to help patients figure out what to do and to be able to give them information over time.

At the end of the day, what I hear from patients is they want actionable steps. "Tell me what to do, doc," that that's what they'll say. "Tell me what to eat, tell me what not to eat." It takes a lot of time and physicians have to figure out how do they work that into their practice because we're so focused on treating the high blood pressure, we're so focused on treating the high cholesterol and using medicines to treat it because get a pretty good effect after a week or two of medications. Lifestyle changes can take weeks or months to get that.

**Unger:** Yeah. They're hard. Food, it's obviously very hard. There's billions and billions of dollars spent on trying to get people to eat different things. How about exercise? I mean, who doesn't know of that exercise is good for you?

**Dr. Whyte:** Right. Who regrets going to the gym or going for a run? Do you ever say after you did it, "I wish I didn't go"? How do you feel? You feel great, like you're king of the world, you can do anything. It's that release of endorphins, those feel-good hormones that we know about that are helping us feel good. The issue in cancer prevention is it is about some level of intensity, doing it at moderate intensity. I'm sure many of our listeners know patients who walk 10,000 steps a day and say, "Why aren't I losing weight? Why aren't I feeling better?"

I congratulate them for doing 10,000 steps. They have a focus. But they're not sweating. They're not putting an effort in. In some ways, I wish they might only walk for 10 or 15 minutes twice a day, and

every minute or two do some power walking or consider high intensity training to get that at heart pumping. That's what you need to do to get cancer prevention benefit.

**Unger:** Just curious, because I would say the first line of defense when you talk to anybody or you read things, they'll just say, "Eat better and exercise more." Is there underlying data that kind of gives you the guardrails here and tells you what you just said?

**Dr. Whyte:** Yeah. We have numerous.

**Unger:** Please, just tell me what to do.

**Dr. Whyte:** We have numerous studies in terms of ... AARP has done a bunch of studies in the past looking specifically at diet, the role of red meat, the role of processed foods. We've seen the same in terms of the role of whole grains and low-fat dairy. It's the same in exercise in the American Cancer Society in terms of their recommendations are based on science. Now, it's hard to be fair in terms of saying that this is what exercise did to reduce your cancer risk exactly. This is the same for food. But it's really that range of activities that you're doing in terms of eating healthy, exercising several times a week that's going to improve your overall cancer risk.

No one challenges it for heart disease, right? With call it cardio, right? Even the name is implied and we know the benefit of exercise in terms of its impact on the heart. It's the same type of benefit in terms of really protecting ourselves, protecting our DNA, which is basically the way that cancer gets on the move. It's, again, back to that creating errors in cell division.

**Unger:** Well, let's talk about something, well, on the other end of exercise which is about sleep. This has obviously been a big issue in the pandemic. People are not sleeping very well. I think just the emphasis on sleep and the quality of sleep is something I'm reading a lot about. What should physicians be communicating to patients? What's the science on sleep and cancer prevention?

**Dr. Whyte:** Yeah. There's a wealth of science that has been created over the past decade. Granted, when I was in medical school, we didn't really talk about sleep. I mean, you don't even get sleep in medical school and residency and there's almost like a bravado effect like, "Oh, I can live on five hours of sleep or four hours of sleep." No, you can't because it builds up over time in terms of its impact. The impact really is on the role of cortisol, melatonin and other hormones. That circadian rhythm that gets disrupted that then creates problems in cell division.

Fascinating report out of the Netherlands years ago or might have been Denmark, I'm going to have check now, where they looked at shift workers and the incidence of hormone dependent cancers, breast cancer, prostate cancer. They saw an increase particularly in breast cancer in those persons who worked these odd shifts, right? So you work at night, then you come back in the day and have to go to sleep and you don't do that. They saw a significant increase in breast cancer that they ultimately

compensated women who were shift workers and had breast cancer.

I mean, the correlates are there. The hormonal aspects are there in terms of the science. We've learned that sleep isn't your brain turning off and you go dormant. You're still flushing out the lymphatic system. You're getting rid of toxins. You're resetting. That's overall important for your overall health as well as cancer prevention.

**Unger:** Well, your kind of fourth component of this is just another thing that's really taking a bit of a hit during the pandemic and that is on mental health. You say in the book it's very important to recognize the mind-body connection. What is correlation with cancer?

**Dr. Whyte:** Yeah. We really have known about the mind-body connection probably for a thousand years but no one really wants to put it into science. If you think about it, when you're stressed, many people can feel it physically, the palpitations, the sweaty palms, the abdominal issues. There's no doubt that there is an impact on the mind and body. It's the issue of chronic daily stress that's impacting your cancer risk. What we've also learned about cancer in the last decade or so is that in many ways, it's a disease of inflammation. We all know that inflammation is bad.

When we're stressed, we make errors in our daily life, right? So if we have a toxic boss, it's hard to get your work done because you're stressed. If you're rushed to do something, you make mistakes. It's the same thing for the cells in our body. If your cells are under this state of constant inflammation, right, and you're trying to divide and create an environment where you're not getting damaged, constant stress is going to make it much harder and you're going to make those mistakes.

There's also a concept where cancer cells have to have a home to survive in your body and reproduce. Chronic inflammation provides that environment for your body, for cancer cells to replicate and to reproduce and to take over your normal cells. We've seen that over time. So again, it's these multiple aspects of your lifestyle that overall are going to contribute to your personal cancer risk.

**Unger:** I think the four pillars that you point out, eating right, sleeping right, mental health and exercise, that is the recipe, again, a kind of a classic recipe. How did the pandemic affect this? Maybe it is actually really good timing of your book because I can't imagine it's been a positive effect when it comes to cancer.

**Dr. Whyte:** I think it's made it much harder. I mean, we know, first of all, that many people delayed their cancer screenings and some of them are never going to come back to have it screened or going to come back many years. There's estimates that at least 10,000 cases of cancer will present much further along than they would have because of delayed screenings because of the pandemic. But for many people ... and it's been estimated that the majority of Americans have gained at least 10 pounds of weight. We've been sitting around on Zoom calls all day but we've also been eating what typically are the comfort foods for us, the ice cream, the baked goods. No one seems to be eating hummus and

carrots.

**Unger:** Yeah, I'm seeing a lot fewer pictures in my Instagram feed of people's bread.

**Dr. Whyte:** That's right.

**Unger:** So maybe we've turned the corner on that.

**Dr. Whyte:** Hopefully, hopefully. But it's also still to get patients to see that correlation. I've had many patients with type II diabetes and I tell them that if they lose weight, they likely could reduce the amount of medication that they're on. I do have patients that say to me, "Well, I've been overweight for 20 years. So it can't be related to my weight because I've only had diabetes for two years." They're not making that it's the daily choices over time that overall impacts your health. So I never say to patients, "You can never have a hamburger. You can never have French fries. You can never have ice cream."

But you can't be having them every day. You can't be having them three times a week and think that there's no impact for your overall health and that habits are formed over time. So people will say, "Oh, I don't like fish. I don't like vegetables." I had a patient once who say to me, "I don't like water." I knew there's no taste to it. Come on. You don't like water? But I convinced her. She liked soda. So I convinced her, "Why don't you try sparkling water first?" It doesn't happen after the first time or the second time or the third time. It can take seven, 10 times of tasting something before you decide whether or not you like it.

It's the same thing with physical activities. I've had patients say, "Do you think I should try swimming?" I'll ask them if they like swimming and they'll be like, "Not really. It's a lot of work." They got to find a pool. They got to get ... I'm like, "Why are you choosing swimming if you're not going to stick with it? You have to choose something that you enjoy. It doesn't mean having to go to the gym or even leaving your home." But the challenge Todd is that as physicians, we're not empowered to have that type of time to talk to patients about the changes that they need to make.

It's much easier for me to say, "Have you heard your colonoscopy yet? Have you had your mammogram? You're due for that," and forget. Okay, we can't screen for a lot of other cancers. That makes it even more important to adopt these lifestyles because we've all seen patients and it's kind of like a self-fulfilling prophecy. We tell them to lose weight, eat healthy. We don't give them any guidance. Then they come back six months, a year, their weight keeps going up and we think, "See, people don't do it. They won't follow it." But we really don't empower them. Again, it's partly that we're not well-skilled in terms of what's the specific information that we should give them.

**Unger:** Obviously, there's a lot of confusion about that. So that kind of guidance would be extremely valuable. In addition to that and in closing, what do you hope that physicians are going to take away from a book like this? What kind of changes would you like to see them make?



**Dr. Whyte:** I hope many of my colleagues realize that the pandemic for many patients has really reinforced for them the importance of their own health and self-care and realize at the end of the day, the job isn't what matters. The commute may be worse than you actually thought and you need to focus on your own health, your mental health or your physical health. So I think patients are going to be more attuned to this messaging of what they need to do. What we've learned during the pandemic are that physicians are a trusted source, that that's where people are going to for credible information.

Now's the time to really try to shift the paradigm from the sick care system that we have, where we're so focused on giving medications, where we're so focused on treating the disease as it's further along and maybe try to shift some of that time and effort to preventing disease and illness. I mean, that's a much bigger issue and I know the AMA has been working on that for many years. But that's what's ultimately going to improve overall health of society and give people more quality in their lives as well as length of their lives. That's what really matters.

**Unger:** See, and I thought this was just the recipe to get me back into my suits by the time I started seeing people again. What you're saying is—

**Dr. Whyte:** That's right. Nobody's going to wear suits anymore, Todd.

**Unger:** I have a closet full of them that would argue otherwise. But it is good to know and it is a very empowering message to say you have a big control over this kind of cancer risk. I look forward to reading the book. Thanks for joining us, Dr. Whyte. I really appreciate it. *Take Control of Your Cancer Risk* is available on Amazon, Barnes & Noble and a number of other retailers. A link can be found in the description of today's episode. Check it out.

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## 988 Suicide & Crisis Lifeline

With an increased number of people reporting worsening mental health in recent years, it is imperative that people are aware of the 988 Suicide & Crisis Lifeline (formerly known as the National Suicide Prevention Lifeline) telephone program.



People experiencing a suicidal, substance use, and/or mental health crisis, or any other kind of emotional distress can call, chat or text 988, and speak to trained crisis counselors. The national hotline is available 24 hours a day, 7 days a week.

The previous National Suicide Prevention Lifeline phone number (1-800-273-8255) will continue to be operational and route calls to 988 indefinitely.