

Program Title: Nutrition for Women with Breast or Ovarian Cancer

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Moderator: Robin Perlmutter, LMSW – Support Connection Peer Counselor

Guest Speaker: Lauren Talbert, RD, CSO, LDN: Lauren is a Registered Dietitian, Licensed by the State of RI, a Board Certified Specialist in Oncology Nutrition, & an oncology rehab STAR certified clinician. She holds a BS in dietetics & nutritional science, and completed her dietetic internship at the Dana Farber Cancer Institute and Brigham and Women’s Hospital in Boston. Currently she works for Sodexo as a Registered Dietitian for the Program in Women’s Oncology at Women and Infants Hospital of Rhode Island. Lauren presents to a wide array of audiences including medical professionals, oncology patients and family member, and the community. She offers individualized counseling based on each patient’s lifestyle, food preferences and nutrition goals.

Topics:

- So many sources of info, how to decide what to follow?
- Recommendations from the American Institute for Cancer Research.
- Foods that fight cancer: What foods and how to eat more of them.
- Organic eating: Dirty dozen vs. clean fifteen.
- Eating well even when you don’t feel well.
- Perfecting the plant-based diet, including plant-based alternatives for typical “comfort foods.”
- Overcoming roadblocks to healthy eating. Examples: Fatigue during and after treatment; Lack of time due to busy schedules.
- Trying something new, such as experimenting with produce.
- Question and answer period.

NOTE: You may find it helpful to view and listen to the slides from this webinar (which are posted on our website and YouTube channel) while reading through this transcript.

Robin Perlmutter: Remember that Lauren Talbert is sharing her expertise and any information from tonight or questions pertaining to individual concerns should be addressed with your doctor.

It is with my great pleasure that we have Lauren Talbert, Registered Dietitian, Board-Certified Specialist in Oncology Nutrition here tonight. She currently works for Sodexo as a Registered Dietician for the program in Women's Oncology at Women and Infant's Hospital at Rhode Island.

Thank you, Lauren, for sharing your time and expertise with us tonight.

Lauren Talbert: Thank you so much for having me, Robin. And, everybody, thank you so much for dialing in and listening tonight. I really hope that I provide some information that you find useful and helpful. I know that the topic of oncology and nutrition can be very confusing, and I just want to make sure that tonight, you know, everybody gets something out of it. And I have done a lot of public speaking in my career, but this, I have to say, is my first webinar.

With that being said, we are going to get started and, again, I just want to thank Robin and Support Connection for inviting me to do this presentation. Those of you that have heard me present in the past definitely know my passion about Oncology Nutrition, and hopefully those of you that are listening at the talk tonight will soon learn how passionate I am.

So I titled this presentation tonight, "Stop Confusion and Start Control," because I feel like, as an Oncology Dietician, I am constantly doing this. I am stopping patients' confusion, and I am giving them a sense of control. In a situation where they have not as much control as they would like. So we'll get started.

So here is a little bit about me. I've completed my Nutrition internship at Brigham and Women's Hospital and Dana Farber in Boston, Massachusetts. And I actually became interested in Oncology Nutrition when my grandmother was diagnosed with stomach cancer when I was in high school. Actually, since then, I've been pretty into it.

And after my internship I started working at Women and Infants Hospital, and I've been at Women and Infants for the past 12 years. As Robin explained, I am a Board-Certified Specialist in Oncology Nutrition. So to do so, you need to basically have a certain amount of hours of experience with oncology patients, and you have to pass a test. And you actually have to pass that test every five years, and it is not easy. So I am proud to say that I am one of three Board-Certified Oncology Dietitians in Rhode Island, and there's about 550 in the country.

I am also a Star-Certified Dietitian -- well, actually clinician -- in Oncology Rehab, which is pretty cool. So just that's a little bit about my training that I've had.

I do have three children, Lila, she's five; Jobson is three; and Jett is one. And I have a pretty busy life working full time and obviously taking care of my children, so I cannot relate to patients in the fact that I have never had cancer, but I can relate to some of the busy-ness and hectic schedule in trying to stay healthy with that being a challenge. So we'll talk a little bit more about that.

My main objectives as a dietitian are to educate, to stop fear and motivate. And I think when it comes to oncology and nutrition, there is a lot of information out there that can scare us. And as a dietitian, I really just want to give people the facts and simplify what feels complicated. And, again, you know, provide motivation to start trying to follow some of these recommendations and really making it doable and real in your life, because there's a big difference between what you want to do and what you do. And I think my outlook as a dietitian is just trying to shift you towards what is recommended for you.

I do not judge, I help. So sometimes I have patients say, "Oh, I can't tell you what I ate for dinner last night," or "Oh, don't watch me eat this cookie," as like they're getting their chemo treatment. And a constant saying that I say to them is "I don't judge, I help." You know, I really am just trying to help people, and I think that my approach has actually been pretty effective throughout the years.

So this is what I'm going to talk about tonight. Again, talking about stopping confusion and starting control, I'm going to define some roadblocks that I've identified when it comes to following nutrition recommendations, and I'm going to provide some tips to overcome them.

We are going to talk about survivorship nutrition, specifically recommendations with regards to diet supplements and exercise. I'm going to give a little bit more information about what a plant-based diet is and give you some ideas of how you could kind of shift towards a plant-based diet. And, most importantly, I'm going to talk about how to make it work for you, because it would be really interesting if I talked to offer about 45 minutes about what you should do and what is recommended that you do. So what's most important is how you do it.

And everybody is different. Everybody has different habits, different lifestyles, different goals. So I hope that you take the information that I provide with you tonight and figure out how you can make it doable with your life.

So here are some roadblocks when it comes to nutrition, specifically oncology nutrition that I have identified basically from my experience with patients. But fatigue, confusion, and time, and I'm going to go through a little bit with each of the roadblocks and talk about them specifically.

So as breast and ovarian cancer survivors, I am preaching to the choir. Every patient that I have had has had some degree of fatigue during their treatment at some point. And from what I have experienced, I

think that this is one of the most common and distressing side effects. It's different from fatigue of daily life, and I'm sure as you're sitting at home or wherever you are, listening, nodding your heads, this is what I've learned from my patients. That it's, you know, it's kind of like just pulls you really, really down, and it's just like -- talk about a ton of bricks on your back.

And there's a lot of things that cause this fatigue. It's not just like, "Oh, my chemo makes me tired," or "Oh, I have this diagnosis, you know," or, "Oh, there's a whole new language, this cancer language that I'm trying to learn." There are a lot of reasons why people are tired during and after cancer treatment, and here are some minor tips that may help manage it, but this can be a definite roadblock to following nutrition recommendations.

So to manage fatigue, you want to rest, but you don't want to rest too much. So the way I explain it to my patients is sometimes if you're tired, and you do a little bit of activity, maybe a short walk, it gives you a boost of energy but sometimes when you're tired, you just need to nap. Again, staying active can be helpful.

Save your energy so, you know, if you're really tired, there are certain things that you may want to do. You know, you may want to prepare your meals, or you may want to play with your grandchildren, or you may want to take your time to garden. Save your energy.

I also think it's important to ask for help. From my experience at Women and Infants, I do mainly work with women. And I've noticed that a lot of women find it hard to ask for help, and I think that when it comes to cancer, and dealing with so many things, asking for help is a really good idea. And sometimes people want to help you, but they don't know how to. So one thing I would suggest is maybe come up with some ideas of things that you would like to eat, and they could cook it for you, or they could purchase it for you. And, obviously, when you eat well, you have a little bit more energy.

So here is another roadblock and, to me, this is the biggest roadblock that I can help you manage, and it's confusion. So I'm going to be talking, and everybody will be excited or maybe not excited, but I will be talking about soy eventually in this presentation, and I would say that is one of the most talked-about topics I explain to patients.

But when it comes to oncology nutrition, you know, everybody in the media -- not everybody, I should say, but, you know, a lot of websites are kind of having these crazy claims, or suggesting patients do certain things that seem a little intense or expensive or stressful. And a lot of times patients come to me and they're, like, "I just don't know what to do." And I am very familiar with that confused space in that, "Well, my neighbor told me that I can't eat fruit because it has sugar," and "My cousin told me that I have to eat all organic food," and "So-and-so's cousin also had a history of cancer, and they told me I can only eat juice."

So I deal with this a lot and today, hopefully, I will kind of manage the confusion part. The best way to manage confusion as a patient is to get your information from reputable Web resources. So as an Oncology Dietician, I say to my patients, "Only ask me when it comes to nutrition. I may not be the expert in, you know, medicine, but I am the expert in your nutrition. But here are some websites that I find very useful for my own self, but I also encourage patients to use."

The Academy of Nutrition and Dietetics, The Oncology Nutrition Practices Group, which is what I belong to. Their website is OncologyNutrition.org. American Institute for Cancer Research is basically good. The best resource for oncology nutritionists, and they have the most up-to-date information with regards to what to eat to prevent cancer and then what to eat as a survivor. The American Cancer Society, Sloan Kettering, and Dana Farber.

So this is just an infographic explaining the recommendations for survivorship nutrition. The first is to maintain a healthy weight. We are encouraging patients to move more, eat well, follow a plant-based diet, and I'll talk a little bit more about what exactly a plant-based diet is. Reduce red meat and avoid processed meat, and I'll explain a little bit more about that. Limit alcohol, so for females it's one alcoholic beverage or less per day, and I've definitely been asked the question, "Can I save them all for the week and then have five on Friday?" Unfortunately, the recommendation is not to do that. Eat less salt, and after cancer treatment, cancer survivors should follow the same recommendations.

So when I talk about cancer-fighting diet or recommendations to fight cancer, it's the same if you've ever had cancer or you have never had cancer. And those who can, there is a good amount of research to show if you can breastfeed that lowers your risk for certain cancers. And we are going to talk about this -- do not use supplements to prevent cancer.

So I love the plant-based diet, and I definitely see some 401 numbers on this call, and hello, my Rhode Island ladies. Any of my Rhode Island ladies know that I do love the plant-based diet, and I talk a lot about it. And the reason why I talk a lot about it is because the research backs it up. So research has shown that people that follow more of a plant-based diet, which I will explain more in detail, have less diabetes, lower blood pressure, better heart health, and lower cholesterol, better vision health, they can lose weight, live longer and, for tonight's sake, prevent cancer or lower their risk, that's the best way to kind of word it -- lower your risk for developing cancer.

So what is a plant-based diet? And lately it's been more popular in the media of plant-based diets and the recommendations to do so, but I think people can be confused about that. So basically a plant-based diet is eating more plant-based food. I have this quote that I say to patients, and I didn't make it up, I don't really know where it came from, but "if it comes from a plant, eat it. But if it was made in a plant, don't eat it." Meaning if it was, like, made in a factory, and it was packaged.

But plant-based foods are foods that come from the ground -- vegetables, fruit, whole grains, legumes -- that includes, like, dried beans and lentils, nuts, seeds, spices, coffee and tea. So coffee and tea are basically plants that are brewed. I'm sure that everybody has heard the back-and-forth with "coffee is good," "coffee is bad." I wouldn't say that coffee is technically bad, I would say what you put in your coffee is not as healthy. So a plant-based diet is not vegan or necessarily vegetarian. It's basically eating the majority of your foods from a plant-based source.

So the new American Plate basically took over the old pyramid, which, to be honest, I thought was a little confusing. But the new American Plate is suggesting that two-thirds or more of your plate is vegetables, fruit, whole grains, and beans. And one-third of your plate or less is animal protein like dairy, poultry, and behind that picture is fish.

I think it's really important when you're thinking about your overall diet, it's to think about balance. So if you have seen me or heard me present before, you've heard that I talk about my acronym, FFP, Fat, Fiber and Protein promotes society. So these are the nutrients that actually make you feel fuller longer. If you eat something that is quickly digested, guess what? You're hungry sooner.

Think about if you had a candy bar or something, it's pretty easily digested. But if you have a little bit of fat, healthy fat would be best like an olive oil or avocado on your salad, and you included some fiber like whole grains or fruits and vegetables and some lean protein, which you could get from animal products in a lean way, but you could also get it from plants through things like tofu and beans.

So I think it's important to balance that. I also think it's important to balance your means fortune-wise and balancing it in terms of the nutrients. I also think it's extremely important to have set time. So anybody that has met with me privately knows that I set times on their meals. And it's not that you have to eat at 8:05. It's just that around 8:00 you have your breakfast. Maybe around 10:00 you have a snack.

When you start treating your body with more of a system, you're sleeping, you're eating, your body actually functions better, and it gets used to that system. So a lot of people skip breakfast, and they say, "Well, I'm not hungry for breakfast, why would I eat it?" Because breakfast is what basically jump starts your metabolism, and if you start eating breakfast, guess what? You'll start being hungry in the morning. So it's important to really think about the times that you eat.

One of the topics that Robin and I had discussed that I would quickly review, is about organics. So a lot of the time patients ask me, "Should I eat organic food? Should I not?" or "Ever since it got the diagnosis of cancer, I'm completely buying organic food, but wow it's so expensive."

I want to read you this quote, and this is from the Oncology, Nutrition and Dietary Practice Group -- "When it comes to health benefits there have not been any direct studies on humans that show that organic foods can prevent cancer or other diseases any more effectively than conventionally grown foods." So, basically, they're saying that there is not enough research to show that organic is that much better than non-organic. However, if you think about it, obviously, organic, which, if you look at the examples below on the tables defining what conventional organic is, it makes sense that you would want to eat more organic food because it has less additives.

However, not everybody can afford all organic food because it's expensive. I'm just going to take a sip of my water. So the environmental working group has had the Dirty Dozen and the Clean 15, and they have had this for several years and each year they kind of update it. So basically what they do is they just test a lot of produce and see which has the higher levels of pesticides and which has the lower levels. And if you want to purchase organic, but you don't want to purchase all organic, I would encourage you to purchase organic produce that are in the Dirty 12, or Dirty Dozen, category.

And if you look at this list, most of these foods do have thin skins. That's the way I kind of explain it and educate it. Most of the foods do have thin skin, so think strawberries or pears or even tomatoes. And then if you look to the category of the Clean 15, these foods typically have a thicker skin that you don't eat. So look at avocados and corn and pineapples or even things like cauliflower or broccoli that in the way that they're grown they have, you know, an outer layer that is picked off before you consume it.

So the recommendations for red and processed meat. Let's first explain what red and processed meats are. Red meat is beef, pork, or lamb. And I remember 12 years ago when I became an Oncology Dietician, I was shocked to learn that pork was red meat, because I always thought it was the "other white meat." But technically, beef, pork, and lamb are considered red meats, and the recommendation is to limit red meat and avoid processed meat.

So processed meats would be anything like lunch meats or hot dogs, sausages, bacon, any type of meat that has actually been processed. The recommendations are 18 ounces or less a week of red meat and really to try to avoid processed meat. So the way that I educate my patients is I want you to shift. If you are the type of person that eats red meat three times a week, but even say it's under this 18 ounces, I would encourage you to try to have red meat twice a week. And the reason why I'm saying that is we know it's not that healthy, we know that we need to limit it for cancer reasons, but also for other reasons like most people know, such as heart health. So why not shift away from it.

And when you shift away from it, hey, maybe you'll pick up a meatless meal, and then you'll get more fresh foods in. So I'd like to talk more about foods that we should eat more of instead of foods we should eat less of. I think that it creates a positive and a better outlook when it comes to nutrition, and people don't feel like they're restricted as much.

Sugar. So sugar that is added to foods and actually the new Nutrition Facts label does differentiate between natural sugars and added sugars, which is really interesting. But sugar that is added to foods,

think like desserts, think like soda, think like candy. We all know that that's not the healthiest. So this is the recommendation for lowering your risk for cancer or, as a cancer survivor, lowering your risk for recurrent, is to limit your added sugar.

Now, when I'm talking about sugar, I'm not talking about an apple or a banana. I think sometimes people can get confused about that, and I've had patients, as soon as they get diagnosed with their cancer just eliminate anything that is wheat and fruits. Fruits are good for you. Obviously, you could overdo it with fruits, but I'm not that concerned about that. I frequently say to my patients or presentations that I have, nobody is overweight or gaining lots of weight because they're binge-eating on watermelon that night. People aren't overeating carrots. Frequently, people say, "Oh, carrots have too much sugar in them. I can't eat carrots."

I'm sorry, people are overeating carbohydrates in the junk form. They're eating cookies or candy or chips or cake or crackers. They're eating that. That's what's leading to their weight gain -- not fruit, not carrots, so eat your carrots. That's what I say to my daughter, "Eat your carrots."

Let's go on to supplements. You really only want to take (inaudible) free supplements to correct a deficiency. So I live in Rhode Island, and most people are deficient in Vitamin D in New England because basically between October and April, even if it's sunny out, you don't absorb Vitamin D. So you may need to take Vitamin D to correct your deficiency. And if you are interested to know if you are deficient in Vitamin D, you can actually get bloodwork done to see if you are.

There are no other supplements or no supplements, in general, that have been shown specifically to fight cancer. And, actually, there is pretty interesting research that show that when people do take certain supplements, specifically vitamin E or selenium or even vitamin C, they may increase their risk of getting certain types of cancer. So they have actually done studies with people that are at risk for cancer, and they give them supplements, and they stop the study early because people were getting more cancer. It was called the SELECT trial where they were looking at men with prostate cancer. So you really only want to take supplements that correct a deficiency. Save your money, don't buy them, buy some carrots.

Physical activity. So the recommendations for physical activity for cancer survivors are basically the same recommendations for general health. There is research that show that people that are cancer survivors that do exercise have a lower risk of recurrence, and a lower risk of death. They have an improved quality of life, fatigue, psychosocial distress and depression. This is for the majority of, you know, people, in general.

You know, when you exercise, it does make you feel good. Obviously, it gives you a little bit of energy; obviously, it can build muscle; but it gives you a sense of accomplishment. There is one study that was done with breast cancer survivors with exercise, and they showed that those survivors that exercised regularly had a 34% lower risk of cancer death, 41% lower risk of all caused mortality, and then 24% lower risk of breast cancer recurrence. That's pretty cool. That's some pretty significant numbers.

So I'm not saying you need to start running half-marathons, but anytime that you're not sitting, you're doing some form of an exercise even if you're watching TV at night, and you could stand in place or, you know, do some side steps.

I found this article last year on the American Institute of Cancer Research's website, and I thought it was so cool, that I started including it in my presentation. So basically they looked at 113 studies with a good amount of cancer survivors, a little over 11,000. And what they were trying to figure out was what helps these cases with their fatigue? And they put them in these different categories, and basically they showed while all four interventions led to some improvements in cancer fatigue, exercise alone shows the largest effect. And it didn't matter what the exercise was. So I think that's really important. It's really easy to suggest that somebody exercises when they're so tired, but I do have to say, my patients that do

some form of exercise do report feeling better. And, again, it's not easy to do, but sometimes if you do a little bit more exercise, it will make you feel better.

So here is another roadblock -- time. So as a patient you may have a lot of appointments, you may be working, dealing with family, events, life. I mean, everybody's busy. Everybody has their own reasons for being busy. I say this quote frequently as well -- "If you fail plan, your plans will fail." And as a mother of three who works full time and exercises most days of the week, I know that. If I don't have a game plan for dinner, you know, I'm doing something really quick and easy. But if I think about it, and I have a game plan, it's a lot healthier.

I would encourage this Sunday game plan. So this was basically -- it doesn't have to be Sunday, it's just one day of the week where you, sort of, organize what you're going to eat. And when I explain this, I don't mean that you need to organize every single bite that you put into your mouth for the week, but maybe just get a general game plan of what you feel like you would be eating. So here are some ideas.

When you do have that day that you have time, bake something. Maybe bake a bunch of chicken or bake some fish, grill, crockpot, there is a ton of different recipes for things that you can throw in the crockpot and kind of make, like, a one dish out of that, or a soup out of that, chop. So when I have time, and I'm cutting up vegetables for a salad, I actually, "Hey, I have, like, plenty more out. Why don't we just cut up more vegetables and throw them into a Pyrex container so then tomorrow when I went to have a salad, or if I want to make a stir-fry, the vegetables are already cut up.

Another thing with a crockpot that I recommend to patients is to crockpot chicken in the beginning of the week. So basically you just put chicken in the crockpot with some water, and if you want, like, a bouillon cube or use, like, a broth. And, basically, when you take it out, you just have clean pulled chicken. So when the week comes, you can use your chicken in different ways.

There are also shortcuts. So, yes, it may be a little bit more expensive, some of them. Some of them may not be as expensive, but they can really save you a lot of time. And if you think about the comparison of cooking something at home versus buying something out, it actually ends up costing less. So grocery stores have these spiralized vegetables are that you even buy the vegetables all cut up, and you basically just throw it in your pan with your sauce. You can buy a lot of really cool frozen things. So I like the rice veggies, I like the frozen spiral veggies, you can buy frozen quinoa, frozen brown rice. Actually, tonight at dinner, I had one of these chopped salad kits. It wasn't the Dole one, but it had cabbage and kale and carrots and this orange vinegarette with some sesame seeds. It was really good.

Broccoli slaw is also another thing that I currently suggest people try, because you can sauté it with, like, some type of protein and some type of sauce. Or I like to put it in a wrap with hummus. I really like broccoli slaw. Or I'll throw it on my salad. I mean, honestly, with having three kids and not having a lot of time, I recently just have, like, mesclun mix and a bunch of broccoli slaw, and maybe some extra shredded carrots, and that's my salad.

So, say on the day that you had time, you baked some chicken. One day you could have the chicken with maybe some quinoa, some tomatoes and, maybe, like, a balsamic vinegarette. Another day you could have the chicken with some fresh spinach and maybe teriyaki sauce or soy sauce and brown rice. The next day you could take that same chicken and put it in a wrap with tomatoes and avocado.

Or you make a bunch of lentils. One day you can make, like, a caprice style salad with tomatoes and a basil. Another day you could maybe take a Southwestern approach with corn and tomatoes and maybe, like, a little bit of cheese and shove it in a pepper. Another day you could make a lentil burger with maybe, like, a barbecue flavor. So basically what you're doing is you have one staple, and you're just kind of using it in different ways.

This is my go-to. So anybody that's listening that knows me is probably smiling right now. I like to talk about roasting vegetables a lot. Because I'll take whatever vegetables I have, throw some olive oil and garlic, put them in the oven. To be honest, I forget about it. Today I had a lady, and she said, "How long do you roast it for?" And I said, "To be honest, I roast it until I smell it, and then I hurry up and I open the oven and I try to quickly flip it and roast it for a little bit longer." But it's about, like, maybe, a half-hour, 45 minutes.

So you take your roasted vegetables. One day, maybe, you make a little Panini, quesadillas, another day you throw it on some whole wheat pasta, another day you throw it in a salad. Some of you may have seen these Mason jar salads, where you can make them in the beginning of the week, so basically wet is on the bottom and dry is on the top. So you can see the salad dressings on the bottom and then it goes to protein, absorbent vegetables, cheese not seeds, greens, things like that.

The second picture, you can basically make, like, an omelet where you put it in muffin tins and you could make it for the week. I like to hard boil a bunch of eggs in the beginning of the week and, kind of, take them as I go. The last picture is energy balls. Basically, the main ingredient is specifically peanut butter and oats, and then you add different things. Like, the other day I made them with my three-year-old and we put a little pumpkin and a little banana and, you know, here I am sneaking in some produce for him, and then he doesn't even know because I put a little bit of mini chocolate chips. And you know what? If you put a little mini chocolate chips on anything, it tastes good.

Just a little bit about fruits and vegetables. So, yes, we want to eat a good amount of fruits and vegetables, but the way I kind of explain to patients because people will ask me, "Well, what should I eat? Which one?" The brighter the color, the stronger the flavor is there are more nutrients in it. So this is the orange, yellow vegetable category. So think like butternut squash, carrots. So the top left is actually a really good recipe that we make. I roast butternut squash and then I sauté peppers and onion and then I add the squash and I add black beans, and they throw it in a burrito with, like, a little bit of salsa or avocado.

And frequently we roast butternut squash. My new thing that -- I shouldn't say my new thing -- my husband's new thing is we roast butternut squash and then he adds roasted chickpeas and like a chana masala sauce, and it's really, really good.

Next is cruciferous vegetables, which is broccoli, cauliflower, cabbage, brussel sprouts, and I'm sure you've probably heard of cauliflower, right? The picture in the middle with the cashews is like a take on fried rice with cauliflower, and the bottom picture is of cauliflower mashed potatoes. I really like red cabbage. I think it gives things a good crunch, and it's got, like, a really cool flavor. I use it a lot in cooking.

It would not be a Lauren Talbert presentation if I did not talk about soy. So I didn't say it in the beginning, but just a side note about myself. I am a vegetarian, so technically I'm a lacto-ovo-pescatarian meaning I eat dairy, fish, and eggs. So I do eat a lot of soy. Actually, I ate some tofu tonight with my dinner. So soy foods are a great source of protein and vitamins and calcium and unsaturated fat. And you may be asking, what are soy foods? There's soy milk; soy beans, those are edamame, the little green beans you see on the picture; soy nuts; tofu.

Please, please, please do not worry about consuming soy foods if you have ever had a history of cancer. There's a whole confusion is that soy contains these nutrients called phytoestrogens. So phyto means plant, and estrogen is estrogen. So we think that we see that word, estrogen, and we think, "Oh, my breast cancer was ER positive, estrogen receptor positive. I can't eat soy because it's going to feed the cancer."

So phytoestrogens are not the same, and I repeat, phytoestrogens are not the same as female estrogen. Soy foods do not contain estrogen. And I'm saying it again so everybody will be totally clear with it. Soy

foods do not contain estrogen. So one category of phytoestrogens in soy are called isoflavones. So a lot of foods have isoflavones, but soy has a lot, the majority of isoflavones.

So years ago they did some rodent studies, and they gave these rodents different amounts of isoflavone supplements, and those that got more isoflavone supplements developed more breast cancer. That is where the concern came from. And guess what? Humans and animals process these isoflavones very differently. So soy and cancer worry not. Soy actually fights cancer. So if you go to that American Institute of Cancer Research website, AICR.org, new -- there's a section that's really cool. It's called "Foods that Fight Cancer," and soy is actually on that section, and there is a real lot of cool research to show that soy fights cancer. And there are a lot of sites that show that women that eat more soy foods have a lower risk of developing cancer.

And there's also research that show girls, in their adolescent years, when they consume soy, they have a lower risk of developing breast cancer. So guess what is in my fridge? Soy milk, tofu, edamame, all of it. And I am not afraid, and they taste good. So current evidence suggests no adverse effects on my current or survival from consuming soy foods.

And this is interesting. There's potential for these foods to exert positive synergistic effects with tamoxifen. And these are two studies. There's a lazy study and a well study. So if you're, like, super-interested then Google those studies, and you'll find them interesting. And they basically showed that women that ate soy live longer. But here is some food for thought. Are soy eaters healthier? So the way I explain this to my patients is I'm providing you with the facts so, obviously, I think soy is totally safe to eat. But if you think about it, somebody doesn't go to McDonald's for breakfast, lunch, and then go home and make a tofu stir-fry.

Typically, people that consume soy have a healthier lifestyle. So in the studies, the people that did eat more soy, exercised, didn't smoke, generally ate more vegetables. So, you know, I can't say that I definitely think that soy is the only thing that would fight cancer. Like I've explained, there's a lot of things that have been shown to lower your risk of getting cancer or cancer recurrence, but the most important thing is to just know that it's okay. And when you start reading labels you'll see soy in a lot of things, and I really just want to give you peace of mind with that.

So this is a really cool infographic that the American Institute of Cancer Research created for breast cancer survivors and looky, looky -- soy. I love showing this to my patients. As you can see, I'm very excited about soy. The report suggests that diets higher in soy, after diagnosis, improved survival. So a moderate amount of soy is one to two servings a day, and that's considered safe.

Yes, you can eat soy. So the top left picture is like an awesome stir-fry, the middle is kind of like making a hummus but out of edamame, the beans. The right is a picture of soy milk. If you do get soy milk, I would encourage you to get the plain or the unsweetened because the other ones have a little bit of extra sugar, like the vanilla. The bottom is, like, a cabbage salad with edamame, and the left is just plain old edamame. That's just a great snack.

So to sum it up, confusion leads to fear and stress. So I think when it comes to anything in life, if you're confused, you could definitely have some fear and stress. But when it comes to oncology nutrition, it can really lead to some serious fear and stress. That's where Oncology Dieticians come into the picture. So those of you that are interested in learning more, you can actually go to OncologyNutrition.org, and you can search by state, and you can find a CSL, a Certified Oncology Dietician. Again, the American Institute of Cancer Research and Cancer.org, the American Cancer Society, have great resources. I encourage you to take control, because you can.

So when it comes to cancer, it's a scary disease, and unfortunately you can't control exactly the recommended treatment. Or you can't control how your body tolerates the chemotherapy or the

tamoxifen or the anastrozole or, you know, the surgery. But you can control what you put in your mouth. And I found this new quote, and it is I've been preaching, and it's "I cannot control everything in my life, but I can control what I put into my body." So "I cannot control everything in my life, but I can control what I put in my body."

I encourage you to try something new. Experiment with produce. So, you know, sometimes patients say to me, "Well, I like vegetables, but all I do is steam it or just, you know, sauté it." Change it up, you know, try zucchini noodles, try the cauliflower rice. Boost your vegetables, so maybe add a different spice like cumin or something. Buy some fresh herbs. Change it up and have fun. Because nutrition is fun, and it's not scary, and it shouldn't be something that, you know, we should create a stress in our life. You know, look at nutrition as an opportunity to make you feel better. And I encourage you to really think about that.

And anybody who is listening to this talk that knows me knows that I love vegetables, and if anybody ever sees me eating my lunch at our cafeteria, I eat a lot of vegetables. So I leave you with this -- on your to-do list tonight is to figure out ways to eat more vegetables.

And here are some references from my presentation. Again, thank you so much for letting me come into your house or wherever you are.

Robin Perlmutter: It's a wonderful presentation and before we open it up for questions, I'm just going to read you a couple from the chat, because they're very relevant to what you were just sharing with us. One of the women wants to know if there is a resource for recipes such as the suggestions you're making this evening, because she thinks they're great. But she would love a resource to go to.

Lauren Talbert: Yes, so, actually, if you go to the AICR website, you can sign up for a newsletter where they send you -- I think it's weekly or every other weekly, like a new recipe. And then when you go to that "Foods that Fight Cancer" section, there's a whole section of recipes. And they have it divided up, I believe, between, like, breakfast and soups and, you know, entrees and things like that. But I would encourage you to use AICR.org and also Rebecca Katz, it's k-a-t-z. She's a chef that has a lot of really, really, really cool cookbooks out there with a lot of information with regards to oncology and nutrition. So her cookbooks are really promoting a plant-based diet.

Robin Perlmutter: Okay, and that's Rebecca Katz.

Lauren Talbert: Yes.

Robin Perlmutter: We have another couple of questions. One woman wants to know if soy doesn't contain estrogen why do they call it phytoestrogen?

Lauren Talbert: Oh, great question. So basically it looks like estrogen under a microscope. So it has a similar -- it has a similar profile to estrogen. So that's why the word estrogen comes from phytoestrogens, and it has a chemical structure that's similar to estrogen.

Robin Perlmutter: Okay, thank you. And then we have one woman would like to know if there is a best or preferred form of soy to use when choosing?

Lauren Talbert: Yes, whole soy foods. So everything I was talking about was whole soy food. So like tofu, edamame, soy milk, those are whole soy foods. You know, if you used processed soy foods, think like a veggie burger or like a soy protein they put in, like, a wrap or a protein bar. That's fine, too. But the research is really promoting more whole soy food. The studies on survivorship did look at all soy foods. So, you know, your processed soy foods in a veggie burger or, like, tofu, which is not processed soy.

- Robin Perlmutter:** Okay, thank you. One woman wants to know if the shaded vegetables need to be avoided.
- Lauren Talbert:** No. No, no. When it comes to cancer some people find that when they eat certain shaded vegetables they have an intolerance to it. But when it comes to cancer, definitely not. There are no information about having to avoid that.
- Robin Perlmutter:** Okay. Another woman would like to -- well, first of all, you're getting many thank yous in the chat, and what about the butternut squash recipe that your husband uses.
- Lauren Talbert:** Yes, yes.
- Robin Perlmutter:** They couldn't hear through. There was a little static.
- Lauren Talbert:** That's so funny. So basically he roasts butternut squash and then he roasts chickpeas, and then he adds -- and then he throws it all in the -- we have a wok. And he throws it all in the wok with like a chana masala sauce. So it's just like this Indian sauce. But it's really, really good, because it's, like, creamy, and it's sweet, but then it's a little savory and then sometimes he puts, like, a little bit of cut-up, like hot peppers in it. But it's really good. So it's butternut squash, chana masala sauce, and roasted chickpeas.
- Robin Perlmutter:** Okay, thank you. And then a woman would like to know your opinion on dairy.
- Lauren Talbert:** So when it comes to cancer, dairy is kind of in the middle. There is no study -- well, actually, I shouldn't say that. There is some current research to show if a woman consumes calcium, enough calcium in, typically from dairy foods, they have a lower risk of developing breast cancer. That just came out in 2017. But when it comes to, like, the guidelines for cancer prevention, dairy is kind of in the middle. There's, like, no recommendation on it because they don't say it causes cancer, and they don't say that it fights cancer. So the blanket statement is to choose, like, low-fat dairy options.
- Robin Perlmutter:** Okay.
- Lauren Talbert:** My opinion is, you know, have it, you know, I'm not worried about that. I see another one. "I'm too thin because I eat plant-based diets." I would encourage you to eat more olive oil and avocados and nuts and seeds. So a lot of the time my patients are losing weight because their treatment is, like, really -- you know, putting a lot of stress on their body, or they're not tolerating it well. And those are, like, my big things that I talk. So basically anytime you eat a favorite food, you can drizzle extra olive oil on it and, you know, when you're snacking, nut, seeds, avocado is amazing, too.
- Robin Perlmutter:** Okay, and we're going to just take that last one in the chat, and then I'm going to open up the lines for questions for anyone who isn't on their computer to type. So someone wants to know if you can speak about organic milk versus regular milk.
- Lauren Talbert:** So, you know, I do say if you are concerned about antibiotics and hormones, and choosing an organic product or GMOs, choosing an organic product just kind of gets all those things out of your head because if it's organic, it can't use any of those things. If you can afford the organic milk, yes, I would go for it. But it's not something that I'm recommending to patients, I guess I would say. It's not something that I'm making a big deal about. Actually, the certain produce I would suggest more organic. But if you can afford the extra few dollars for the organic milk, I would definitely suggest it.
- Caller #1:** Okay. I just wanted to clarify with you when you were talking about the soy, I knew you were talking about, you know, some of the things like edamame and all that. But did I also understand you to say that you are okay with soy that's in protein bars and some things of that nature?

- Lauren Talbert:** Yes, yes, good question. So, in general, I recommend the whole soy foods like edamame and tofu and fennel. But having, like, you know, a protein bar or having a veggie burger, I'm not opposed to, I just try to suggest, like the majority of your food is from, like, less processed.
- Caller #1:** But it is still completely safe in those forms?
- Lauren Talbert:** Totally safe.
- Caller #1:** Fine presenting. Thank you very much.
- Lauren Talbert:** You're welcome.
- Caller #1:** Thanks for your presentation.
- Lauren Talbert:** Oh, thanks.
- Caller #2:** Hi, I have a question about some of us who have had abdominal surgery. Is there anything besides vegetables or fruit? I'm having trouble digesting it, so I had to, kind of, go on more of a low-fiber diet. Do you have any suggestions?
- Lauren Talbert:** Yes, tons. So I didn't explain earlier, but when I was asked to do this presentation, I work mainly with women with cancer, so I work with GYN and breast, so this is exactly up my alley. And I deal with a lot of low fiber. So you can eat a lot of vegetables that are cooked and that are soft. So these are the big ones I talk about -- carrots, squash, like, summer squash, butternut squash, acorn squash, green beans, asparagus. Some people are okay with, like, peppers, small amounts of, like, a cooked spinach. If you have, like, a raw cucumber if you peeled it. The things that I would stay more away from are your broccoli, cabbage, cauliflower, brussel sprouts. Those would need a lot of kale. Those would be a little bit more fibrous.
- But the other thing you could do is you could juice. So if you're juicing you're not getting the fiber, but you're getting a lot of the nutrition.
- Caller #2:** Great, thank you.
- Caller #3:** If you're, sort of, pre-diabetic, is it more apt that your start of a tumor would be fed?
- Lauren Talbert:** No, don't think -- no, don't -- no, no, no, no, no, no. If you're pre-diabetic I would encourage you to think about where you're getting maybe excessive carbohydrates in your diet, like in the form of bread or crackers or pasta or desserts. But when it comes to cancer and seeding or causing cancer, I would try to kind of shift your brain away from that thought process, because it's not going to help you.
- You know, obviously, eating more of these cancer-fighting foods is good for you, but the cool thing about pre-diabetes is it's PRE-diabetes. And diabetes -- pre-diabetes can be reversed through diet and exercise.
- Caller #3:** Thank you.
- Caller #4:** When you mentioned not taking supplements unless you know you're deficient in them, what about COQ-10 as you get older?
- Lauren Talbert:** COQ-10 is not a supplement that I regularly suggest. I feel like most people can get enough through their diet. More things that I would think that as you age would be B-12. Because our acid in our stomach -- so, basically, the way that we, like, digest and absorb B-12, it becomes less efficient as we get older, so

that's why some people can become deficient in B-12. But Coenzyme Q10 wouldn't be like a big red flag for me.

Caller #4: But I've read that COQ-10 does seem to diminish as you get older because your ability to process it isn't as good. So that's why they sell it, this COQ-10. And also turmeric.

Lauren Talbert: Yes. So I can't say that I know enough about the COQ-10. It's not something that I've read a lot about with regards to deficiencies at all. But that doesn't mean that that information does not exist. But what was the other thing that you just asked about?

Caller #4: Turmeric, turmeric.

Lauren Talbert: Oh, turmeric. So it's really -- the turmeric sounds really interesting when I was studying for my recertification of oncology. You know, in certain countries like India, where they're just, like, eating a boatload of it, they definitely have a lower incidence of certain types of cancers. But the thing is, the bioavailability is really poor, so the thing with turmeric is you have to consume a lot of it to absorb. And there are some pretty cool studies that show people that eat a lot of it have less cancer, and there's actually cool studies that show that it can make some chemos work better. But then there's also studies that show that it can interfere with other chemos.

So I encourage people to really just cook with it and liberally cook with it. But if they're going to take a supplement, I would really encourage them to talk with their oncology pharmacist and oncology dietician just to make sure that it doesn't interact with any of their medications.

Caller #4: Okay, thank you.

Lauren Talbert: Turmeric is really cool.

Caller #4: Don't you have somebody that asked about pepper, though, too? There's a thing about pepper.

Lauren Talbert: Yes, yes. So black pepper can help your body to absorb turmeric. It's, like, called piperine that's in the black pepper. So sometimes you'll see a supplement that has the black pepper with the turmeric. But, again, I predict in a few years we're going to know a lot more about tumor (inaudible). But right now I feel like it's kind of like -- every time I try to start, like, you know, asking people more and more, other dieticians about it, it's still a gray area. So I would encourage you to cook with it but, again, if you're going to take a supplement, I would watch out with interaction. Because in excess turmeric can thin your blood, and that would be a concern especially during chemotherapy.

Robin Perlmutter: A woman in the chat wants to know if sublingual B-12 is the best.

Lauren Talbert: That's great, actually. Sublingual B-12 is great, because it's absorbed really well, actually. So I would say that's the best.

Lauren Talbert: (reading question from chat box) What's your recommendation for alcohol consumption and honey versus sugar?

Lauren Talbert: Honey has a lower glycemic index than sugar, but they have about the same calories and carbohydrate. And then alcohol, I would say one or less a day.

Caller #5: What about fish? What kind of fish do you recommend?

Lauren Talbert: The kind of has omega-3, because omega 3s are anti-inflammatory.

Caller #5: So you're talking about salmon?

Lauren Talbert: Yes, yes, like salmon, tuna, yes, things like that.

Caller #6: Farm-raised fish, do you have any feeling on that?

Lauren Talbert: Yes, so the wild fish is definitely going to have a healthier profile than the farm-raised fish. But to be honest, if it's between, like, a steak and farm-raised salmon, personally, and this is just me with my personal suggestion, I would go with the fish.

Caller #5: Well, I would also look at what country it's originating from, because if it's from certain countries, it can take (multiple speakers).

Caller #5: What about butter? Should we avoid butter?

Lauren Talbert: Oh, that's, like, one of those questions I don't think we'll ever have an answer to. Butter versus margarine. So, honestly, butter has got a lot more saturated --

Caller #5: Or -- ?

Lauren Talbert: Sorry, what?

Caller #5: Or more like fat. What about fat in butter (inaudible)?

Lauren Talbert: Yes, butter has more saturated -- has a lot of saturated fat, and that's why butter is not the healthiest. But if you use it sporadically and you're not, like, going crazy with it, I'm not worried. If you get a margarine that's trans fat-free, that would be a healthier option but some people don't like margarine. You can get, like, an olive-oil based margarine or they make some of these butters that have, like olive oil in them. So it's like less saturated fat. I would go with that.

Caller #5: Thank you. No -- avocado oil is available as well.

Lauren Talbert: Avocado oil is great. Avocados are great.

Caller #5: Oh, can I just ask about the B vitamin and does it help neuropathy at all?

Lauren Talbert: D-as-in-dog?

Caller #5: No. Neuropathy -- B like in boy. (inaudible) neuropathy.

Lauren Talbert: There's some small studies that show that vitamin B-6 can help with neuropathy for diabetics. So I was having some of my patients that had pre-diabetic neuropathy like Taxol and Taxotere or Oxoloply (ph) and try it out. But I haven't really had people say that it's really helped them. So, I mean, it's not bad. You can take it during chemo, and you can take it -- it's worth a shot. I think it's worth a shot. And if you know what? You take more B vitamins than you need then you pee them out. Your pee will just be a little yellow.

Robin Perlmutter: Folks, we have one more question that I missed in the chat and actually two that I just want to make sure we get answered quickly, and then we're going to have wrap it up, folks. So one woman wants to know which bread is better, multi-grain, whole grain, or wheat?

Lauren Talbert: 100% whole wheat.

Robin Perlmutter: 100% whole wheat, thank you. And then the last question of the night is what about Goji berry?

Lauren Talbert: Goji berries are just kind of, like -- they're good for you. But if, you know, you get them dried and they have a lot of sugar or they're, you know, super expensive, I don't really think that they're worth your money. I would just encourage other berries. Goji berries and acai is a new super food out there. Not to say that they're not bad for you. I think they're definitely good for you, it's just sometimes the only way people can get them is dried, and dried has a little bit more sugar.

Robin Perlmutter: Okay, well thank you. And thank you, Lauren so much for such an outstanding presentation, for your passion, enthusiasm, dedication, and commitment to the cancer community and for taking the time out tonight to share all of this with us here.

And to all of you folks who called in from across the nation to hear this wonderful presentation, which you will have access to in about five weeks on our website. We will let you know. But everyone, please, have a good night, and we'll see you next time. Thank you.