

Program Title: Nutrition for People with Breast and Ovarian Cancer

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Moderator: Robin Perlmutter, LMSW- Support Connection Peer Counselor

Guest Speaker: Vicki Barber, RDN, CSO, Registered Dietitian Nutritionist with board certification in oncology nutrition. Ms. Barber's career as a registered dietitian began in 1998 at Danbury Hospital in Danbury, CT, where she worked as an inpatient dietitian on the oncology and surgical floors. Expanding coverage to the outpatient area allowed her to begin working with outpatients in radiation oncology and then medical oncology. Today, she practices full time within the Praxair Cancer Center at Danbury Hospital with patients receiving chemotherapy, radiation and surgical intervention, as well as wellness and palliative care.

Ms. Barber's accomplishments include publication and presentation of a study for the American Institute of Cancer Research as well presenting a national webinar geared toward dietitians seeking CEUs for oncology based practice. She also works per diem at Regional Hospice of Western Connecticut and serves on a variety of committees within the Praxair Cancer Center.

Program Description: This webinar addresses the following topics pertaining to nutrition and cancer care:

- Eating well through cancer treatment
- Strategies for managing side-effects
- Nutrition for post treatment
- How to navigate current nutrition trends in cancer care.
- 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: Good evening everyone. I am Robin Perlmutter, peer counselor here at Support Connection. I would like to welcome you all to our nationwide webinar on nutrition for people with breast and ovarian cancer. Remember that Vicki Barber is sharing her expertise and any information from tonight or questions pertaining to individual concerns should be discussed with your doctor.

It is with my great pleasure that we have Vicki Barber, registered dietician and nutritionist with board certification in oncology and nutrition. Vicki has been working with oncology patients since 1998 and currently works full-time with patients receiving chemotherapy, radiation, and surgical intervention at the Praxair Cancer Center located at Danbury Hospital, part of Nuvance Health. Thank you, Vicki, for sharing your time and expertise with us tonight.

Vicki Barber: Thank you for having me. Everybody, welcome and I'm going to try to see if I can get this -- there we go. So I'm going to talk to you a little bit tonight about eating well through cancer treatment. Some of the goals and objectives that I would like to achieve are how to eat well through cancer treatment, some strategies for managing nutrition impact systems, also known as side effects. What is the best nutrition for a cancer survivor and then how to navigate current nutrition trends in cancer care.

Hopefully, if I don't hit upon specific topics or questions that are running through your mind that we'll be able to answer those through the question and answer period at the end. It's going to stay. All right. So what does eating well mean? Eating well can have a variety of meanings depending on the patient and their stage of treatment. Surgeries, chemotherapy, radiation are probably the most typical treatments that

a cancer patient will receive and I find that each of these treatments has their own unique side effects that can impact a patient's ability to eat normally and facilitate healing.

So many times, since a patient will receive one or more of these treatments throughout their cancer care, eating can change based on the segment of treatment. Now, oftentimes, patients will have -- they may have chemotherapy and radiation together. So some of those side effects may overlap.

So my motto is eat well when you feel well. And I think that can have a couple of different meanings. So first, if a patient feels generally well throughout their treatment, we encourage them to eat a healthful diet that provides a good balance of energy or calories, protein, fat, and fluid.

We emphasized fruits, vegetables, and whole grains as the mainstay of the diet, consuming animal proteins moderately. We ask if you choose fats that they're healthy ones and then being conscious of weight status. In general, weight maintenance is generally desired throughout treatment, but that goal can be individualized for patients if they are not having a difficult time managing side effects.

Now, on the other hand eating well when you feel well can mean something different. So if a patient has side effects that prohibit healthful eating or makes eating a challenge, we would focus on maintaining their hydration and getting enough calories and protein throughout the day to at least maintain their baseline nutrition, which is generally reflected in their weight status.

So if you can't achieve these three basics in your diet -- hydration, calories, and protein -- it's going to be very difficult to focus on the smaller nutrient intake, such as vitamins and minerals. Utilizing the dietician that's associated with your cancer program can help you to individualize and support your nutrition goals. So if you haven't seen a dietician, ask your doctor or your nurse navigator for some guidance on how you can be met with a dietician. And that would be for any stage of treatment.

So a little bit about the individual things that can happen with these different types of treatment and nutrition. Surgery. After a surgical procedure, the surgery itself can increase your calorie, protein, and fluid needs for up to two to four weeks. So your calories, your protein needs, and your fluid needs will be higher, generally about 20% higher after a surgical procedure. And depending on the type or extent of surgery, it could be even higher than that.

So various surgeries can impact your nutrition status depending on the type of surgery that you're having. For example, an abdominal surgery that may involve your stomach or your colon can alter a patient's digestion and then that would in turn alter the ability to tolerate maybe your typical meal size or how you go about eating.

The presence of surgical wounds or drains can also increase your nutrient needs. So that's another factor to consider. Anesthesia itself can alter a patient's taste. And there's been studies to show that in small numbers of patients, this does happen. So for a period of several weeks after a surgical procedure, patients may say that their taste is altered. So not only are you battling with these increased calorie needs and you're trying to heal and recover, your taste may be a little bit different.

Okay, chemotherapy. Chemotherapy is given in a variety of -- sorry. Okay, it's given in a variety of forms, intravenously, orally, it can be given as an injection. We refer to chemotherapy as a systemic treatment. It impacts all types of cells, cancer cells and healthy cells that are throughout the body. The cells that are most susceptible are your bone marrow, which is why if you had chemotherapy, they're constantly probably checking your blood counts to see the status of your red and white blood cells.

Hair follicles, which is why some patients do lose their hair. And then those cells in the gastrointestinal or GI tract. So this insult to those GI cells can result in taste alterations or another alteration in your GI

function, creating things like nausea, diarrhea, constipation, and all these things make eating much more challenging.

Radiation is not what we refer to as a systemic treatment, but a site-specific treatment. So these side effects are limited to the area that is being treated. So for example, breast radiation would not cause the side effects of nausea, or diarrhea, or difficulty swallowing. But radiation to the abdomen or pelvis can cause some GI related symptoms, which make eating difficult. Many patients who do receive radiation do experience fatigue and a localized skin reaction.

A little bit about specific side effects that come with cancer related treatment. So our first one is decreased appetite. This decreased appetite can -- it does happen and it happens to quite a few patients. I find it beneficial to try to evaluate the cause of appetite suppression, or lack of appetite. Is it a physical symptom? Is the patient depressed? Are they stressed? Are they anxious? Finding the cause can help us better treat the actual symptom.

One of the strategies that we like to use is eating small, frequent meals and snacks. You'll probably hear me say that multiple times throughout all these other symptoms and side effects slides. Preparing meals ahead of time. If you're having a good day and you feel well, there's no reason why if you're doing some cooking, making a little extra so that maybe you can freeze it and have it readily available if you are feeling fatigued or just generally not like cooking.

Many times, friends and family want to help and they want to know how they can help. So having them help with some meal prep is a good way to have things readily available in case you are not feeling up to cooking. If you're eating smaller, we generally recommend that you utilize higher calorie foods and snacks. You can do this in a healthful way and hopefully working you're your registered dietitian, you can come up with a plan that works for you.

Sometimes we have to use medication to help stimulate an appetite and that's where you would speak to your medical team, your physician, your nurse practitioner, your dietician. Generally, anybody who works with a cancer patient can speak to this or find the correct person to speak to this.

Okay. Nausea. Again, when I'm working with a patient who is experiencing nausea, we try to find out the cause of the nausea. Is it disease related? Is it another medication? Is it the actual chemotherapy or the radiation? Is a patient using the nausea medications that are prescribed? Are they using it correctly? Are they using it at all? Many, many times patients will wait until they're nauseous or having symptoms before they go ahead and take the medication. And sometimes, you have to begin to be a little savvy on when is the correct time.

Staying hydrated. If you're dehydrated, that is not going to help nausea. Sometimes smells can be bothersome and usually for that, we recommend using room temperature foods. Hotter foods tend to have a stronger odor. So either cooler or room temperature foods may be less odor producing I guess is a nice way to say it. Avoid greasy and fried foods. Taking small, bland meals and snacks. And then not letting too much time pass without eating. Sometimes I have -- patients will say, I wake up in the morning and I am just -- I just don't feel right. I feel unsettled. So even keeping some dry kind of carbohydrate foods right at your bedside. It could be crackers or pretzels just to kind of get you going in the morning and maybe just starting off with something plain like that tends help a little bit.

Taste changes. This is probably one of the most popular side effects that I encounter. Patients in all realms of their treatment will at one point or another say something doesn't taste right. Important for this is staying hydrated. Having a dry mouth does not help your taste. Many times, patients will say they have a metallic taste, So for that, we generally will recommend plastic utensils and staying away from metal forks,

spoons, and knives. Avoiding drinking or eating from metal containers. Those nice metal coffee cups that keep things really hot. If you're having a metallic taste, try to stay away from that.

Adding a little bit of lemon or citrus to foods can sometimes counteract that metallic taste. So if food is bland, then we turn to experimenting with some spices and herbs to try to increase the flavor content. For salty tasting foods, I have many patients who will say everything tastes salty. The patient may say no matter what my wife cooks, it tastes salty and she's sitting there saying I don't even add salt to it. They just have this salty taste.

So sweet can counteract a salty taste. So a little bit of maple syrup, or honey, or fruit added to whatever recipe you're using can maybe help with that. FASS is an acronym for fat, acid, salty, and sweet. And Rebecca Katz is a cookbook author. One of her cookbooks, *The Cancer Fighting Kitchen*, really works toward giving tips for patients and caregivers to change the flavors of food. She has several cookbooks. That is just one of them. So if you are looking for a nice cookbook for treatment related side effects and healthful meals, her cookbooks are very nice.

So this is a little handout that I often use for patients and it looks a little confusing. It definitely needs to be utilized in color. When you make it black and white, it gets very difficult to read. So you can see on the top row, if something is too spicy, you could add fat or sweet to counteract that flavor. If something is salty, you can add citrus. And currently, I'm working on an individual handout for each one of these categories so that patients can have even more examples of how to utilize fats and acids, salty and sweet foods to counteract flavors.

Sore mouths. Even if I talk to a patient who's not having side effects of a sore mouth or taste changes, I do always ask them what kind of mouth care they're doing routinely. Because chemotherapy affects good cells and bad cells, and you're just more susceptible to bacteria, I always think good oral hygiene goes a long way. And I'll have patients use a mouth rinse routinely. One of the things that we will recommend is if a patient wants to make their own, they can do a little warm water, salt, and baking soda. Or if they want a commercial mouth rinse, they can use something like Biotene, which also helps add moisture back to your mouth.

The one thing that I do recommend that they don't use is a mouth rinse that's very strong or alcohol-based, something like a Listerine that can actually dry out your mouth. Or if your mouth is sore, it's going to burn. So we also have you stay away from spicy or acidic foods. I find that if patients do have a sore mouth, they naturally will start avoiding those types of foods and turning to softer, moister foods.

Patients will say that extreme temperatures may be difficult to tolerate with mouth sores. So something room temperature. But then again, I'll have patients that will say that cooler foods do work. So it is a little bit individual. We just have to find what's right for each individual patient. If a patient is really having trouble, we will recommend shakes or smoothies if it's very difficult to take solid foods.

So the next two slides -- one of the most important points for both of these slides is going to be hydration. Again, trying to find the cause of a side effect like diarrhea. Is it a medication? Is it a surgical procedure that you have and that is one of the malabsorptive results? Is it food related? Lately, I don't know what it is but I've had a lot of patients say that they're having real trouble tolerating dairy. They can't drink milk anymore. They're having loose stool. So we just make little adjustments but finding the cause of the problem generally helps when we're trying to decide which way to go within the diet.

Sometimes you cannot avoid using medication for the side effect. Usually, we'll start a patient off with something over-the-counter and then work toward prescription level drugs if needed. I may have a patient use a lower fiber food or foods during acute episodes of diarrhea. But I also may use fiber in a way to kind of bind them up. So it really -- I think it warrants a conversation and I think it's beneficial to really kind of

dig in and find out what your patient is eating and try to, again, find that cause of what you think the root of the problem is.

Using binding foods like bananas, applesauce, and white rice can be beneficial. This is part of the old BRAT diet. I don't know if anybody is familiar with that -- bananas, rice, applesauce, tea, and toast. Oftentimes, I'll have practitioners say, oh, you should follow a BRAT diet and I don't really like patients to utilize a BRAT diet for really more than a day. Once you start just adding those foods for several days in a row, you tend to really cheat yourself out of a lot of nutrition and a lot of calories. So incorporating some of those foods into your normal eating may be beneficial. I often use pectin to help with symptoms of the diarrhea. Pectin is a substance that we use to make jam and jelly and it is available liquid. It is available in a powder form. It's easy. It's cheap. And it doesn't really have a taste. So you can find it in the grocery store, generally by canning section or sometimes it is by the jam or the jelly. And I'll recommend a tablespoon mixed in something like applesauce or white rice up to three times a day.

Now, pectin by itself may not be enough to cure your side effects or to stop it completely. So it can be used in junction with antidiarrheal medicine. A lot of patients like it because it's food based and like I said, it's easy and it's inexpensive. So it does come flavored or unflavored. Usually, I'm recommending unflavored because you can mix it in more foods.

Again, make sure you drink enough fluids. And for this situation, we may use higher fiber foods. But in order to get the benefit of a higher fiber diet to help alleviate constipation, fluid intake is so important. If you take a higher fiber diet without adequate hydration, you're probably going to make the problem worse. Many times, patients will need a bowel regimen. So medications will be needed.

I'll do something simple like have a patient try four ounces of prune juice around the same time of day and warming it up tends to really help. It doesn't even necessarily -- it doesn't have to be hot. It could just be you take a little bit of prune juice and zap it in the microwave for a few seconds to take that chill off. But the warmth seems to really be beneficial.

This is a little recipe for a natural laxative. A third of a cup of unprocessed bran, a third of a cup of applesauce, a third of a cup of mashed stewed prunes blended together, refrigerate it. Take 1 to 2 heaping tablespoons prior to bed with eight ounces water. That water is really important. So if you're going to take it, you really need to do it with water.

So those are some of the most common side effects. That is not all of the side effects that you would have some of your treatments but those are the ones that patients tend to I guess have more frequently.

So now that you finished your treatment, what does a cancer survivor do about their diet? Maybe you were a little bit liberal during your treatment. Foods didn't taste good and you kind of just ate what you could just to get the calories and protein. So we're going to talk a little bit about transitioning back to a healthy diet or to a healthy diet if maybe you didn't have a healthy diet before. Review what plant-based eating is and then touch upon the benefits of physical activity.

So transitioning to a healthy diet. When I do survivorship nutrition with patients, I like to set reasonable goals for changing eating habits. For example, if you're not a breakfast eater and you generally skip, we're going to start with trying to find some sort of healthful food that you can eat regularly in the morning, whether it's a small meal, or a snack, just to get things going.

Learning what a portion size is for all foods -- fruits, vegetables, grains, and other foods, protein sources like meats, chicken, or fish. And then I may or may not have patients measure their food, just to learn what a portion size is and get to feel comfortable with that. Often times, for foods like cereal, rice, pasta, I will have a patient put in their dish what they normally would eat and then we measure it. And we kind of get

an idea of where they are in terms of portion size. And then once you kind of get comfortable with that, you don't have to measure every time, but maybe every week or couple weeks you're spot checking just to make sure your visual estimates are okay.

So planning your meals in advance and cooking in batches so that you can take your leftovers for lunch or spend less time during the busy workweek. I'll do a lot of cooking on a Sunday and I may make chicken or even salmon and then I'll portion it out and freeze those individual portions so that I can just pop them in my lunch bag the night before, and by the time I eat lunch, they're defrosted. And it just makes the rest of the week a lot easier.

Learning about new healthful foods. Maybe you're not big into whole grains or various fruits. So trying one to two new healthful foods a week may be a good goal. We ask that you limit foods and beverages that are high in added sugar. Get rid of those empty calories. Aiming to eat less processed foods, especially processed meats. And then limiting red meat to less than 18 ounces per week.

A little bit about that. So what does 18 ounces look like, first of all? If you at the size of the palm of your hand, that is about three ounces. So 18 ounces would be six times that in a week. Now, what is red meat? Most people are thinking beef but we also categorize red meat to include pork and lamb. And I know everybody is saying, but wait, pork, isn't that the other white meat? But it actually, for this purpose, is considered to be a red meat. So limiting beef, pork, and lamb to less than 18 ounces per week.

Now, there may be some weeks when you have 24 ounces in a week and then there may be some weeks when you have 10 ounces. So again, you have to look at what you do and how frequently you do it.

Limit alcohol to one drink per day for women and two drinks per day for men. So the healthy way to do that it is just that way. It's not don't drink anything all week and then have five on Saturday, even though the numbers may say that that adds up that way. For dairy, we want you to choose reduced fat or nonfat dairy. So milk, yogurt, cheese. Try to incorporate beans, peas, and legumes into your diet. Taking mostly water or calorie free beverages throughout the day.

Now, patients often will ask, I like to have a cup of coffee or a cup of tea in the morning. Does that really count toward my fluid intake? So really, fluid is anything that melts at room temperature. We like you to drink water throughout the day, but if you were to have one cup of coffee, I think we can include that in your fluid intake. But if you drank coffee from 8:00 in the morning until 3:00 in the afternoon, I would say then that's a little bit excessive and we really should be looking at what other fluids you're drinking throughout the day.'

So plant-based eating. What is plant-based eating and why should I do it? First and foremost, plant foods are generally lower in fat and lower in calories. So that's a benefit in and of itself. They're higher in fiber. These foods can help with bowel regularity and they can also help you feel full. Plant-based eating does not necessarily mean that you have to be a vegetarian or follow a vegan diet. But what we ask is that you aim for about a third of your plate to be animal protein and then the remaining two-thirds to contain plant foods. So your vegetables, your whole grains, some fruits.

When you go out to dinner and you order a steak, and you get a big steak and two little broccoli florets, we kind of want to reverse that. We want you to have a smaller portion of animal protein and maybe some brown rice and quinoa and a vegetable.

So plant foods having a high phytochemical content and phytochemicals are compounds that offer health benefits, such as protecting cells from damage that can lead to cancer. Include phytochemical rich whole grains, beans, legumes, and fruits and vegetables at each meal or snack. Try to keep your diet colorful. The more colorful your diet is, the healthier it is. So if you can eat a rainbow, we definitely promote that. And

the same goes for grains too. Your browner, richer grains as opposed to the whiter grains are going to be more healthful.

Physical activity. This is my favorite part. I love exercise and I hope not everybody's cringing. I'm going to talk about physical activity but physical activity can reduce risk for cancer in multitude of ways, such as helping to strengthen our immune systems, promoting good GI and digestive health, reducing overweight or obesity. Physical activity can also help with stress reduction. I don't know how many times you can have a really busy, hectic day at work and I go to the gym and I feel so much better after. It takes a little bit of a mental battle for me to get to go but I always feel better at the end.

So for cancer prevention what is the recommendation? Getting at least 150 minutes of moderate physical activity a week or 75 minutes of vigorous physical activity a week. That's something to work up to. I wouldn't expect if you're just finished your treatment and you're kind of fatigued and battling all these other side effects that you may have had to -- oh I'm going to go to the track and I'm going to run three miles. That's not what it's about. It's about moving, reducing the amount of time sitting. Thirty minutes of moderate activity can also reduce your cancer risk. It doesn't have to be 30 minutes in a row. It can be 10 minutes here, and 5 minutes there, and 10 minutes there. And you may have to build up to that.

But being physically active can decrease some major cancers, such as post-menopausal breast cancer, colorectal cancer, and some GYN cancers like endometrial. It helps regulate blood levels of hormones that can contribute to cancer risk. It actually, when we talk about that GI health, it speeds the food that kind of passes through the colon and then it reduces your exposure to carcinogens that may be found in our diet. It also can help keep our body fat low, which can contribute to -- or higher body fat can contribute to certain types of cancers.

So I recommend that you start small. If you're new to exercise, don't overdo it in the beginning. The goal is not to make you hate exercise. The goal is to make you accepting of it and build it into your daily routine. So set fitness goals in small increments. If you're not exercising at all, maybe start with 10 minutes or 15 minutes of activity per day. I had a patient. She told me she was riding the exercise bike for 10 minutes and I was like that's great. So she was going to aim to do it three times a week. And I said okay, if you can do that, then the next week I want you to try to do it for 11 minutes, three times a week. And eventually, she'll be able to gradually add a minute or two to her time, increasing the duration.

The intensity of your exercise. That's going to be affected by how you feel after your treatment is completed or if you're still trying to exercise while in treatment. So that should be done gradually as well. Sometimes patients feel better using the pedometer or a fitness app to track their steps and their activity. That's fine. Most important is finding activity that suits your ability.

One fitness app that I really like is MyFitnessPal. I use it all the time. It's nice to be able to plug in the foods that you eat. It helps kind of keep you honest, but the best part about it is you can search through their database and find an activity. So let's say if you were jumping rope, you can put in you jumped rope for 10 minutes and it will add those calories back to your total allotment for the day. So it's a free app and I think it's a nice tool to use.

I also have patients who struggle with eating and they try to reach a certain calorie level, and I'll have them use that app to make sure they're meeting a certain number of calories per day. So you can use it for a variety of things.

So a couple current nutrition trends that we're going to touch upon. I couldn't cover all of them tonight. This could be probably a two-hour webinar just on this topic. I'm going to point out a couple of the major ones and then hopefully, if anybody has any questions on other things, we can get to those during the

question and answer period. Okay, so sugar, what does that mean? Should I not eat sugar? Should I eat sugar? What should I do?

So sugar, also known as glucose, feeds all of our cells in the body, healthy cells, and cancer cells. Even if you took every bit of sugar from your diet, your body is still going to make glucose from other sources of food, such as protein and fat. But with that being said, overindulging in sugary foods causes your body to produce more insulin and that production of insulin can help cells grow. So it's kind of a catch-22. Even though we need insulin to function and to get that glucose that we're getting from our diet into our cells, too much insulin production is not always healthy.

So what do we do? Avoid excess sugar when possible, such as candy, soda, sweetened beverages, sugar itself. If you normally take 2 teaspoons of sugar in your coffee, try cutting back to 1.5 and if that's acceptable then cut back a little bit more, and then cut back a little bit more. And hopefully you get to the point where you don't need it anymore. Choose healthy carbohydrates like fruit, vegetables, whole grain, beans, and legumes. Adding protein, fat, and fiber helps our bodies make less insulin when you pair it with a carbohydrate food. So if you are having a piece of fruit, rather than just have a plain piece of fruit, a handful of nuts or a little bit of yogurt that can kind of help that insulin stay a little bit more even. And as far as desserts, limit treats to a weekly basis or an every couple day basis.

Back to the meat. Grilling safely and processed meats. So cooking meats at high temperatures can cause potential cancer-causing compounds. Marinating meats in an acidic marinade for about 30 minutes can reduce these cancer-causing compounds by 90%. So if you're going to grill chicken, marinate it. Marinate it in a vinaigrette-based dressing or a citrus dressing. If you can, parboil or precook and then you'll have less time over that open flame.

Cook over a lower heat to reduce charring. You'll see this little schematic by the American Institute for Cancer Research on this slide. If you -- and that is one of the websites that I will talk about using as a resource. If you go to their website, they have a whole section on how to grill safely.

We talked a little bit about the red meat recommendations. Processed meat is another category. At the same time they came out with that red meat recommendation, they came out with a processed meat recommendation and unfortunately, they didn't even really have an upper limit. They just said avoid. So that would be things like hot dogs, sausage, bacon, and kind of cured deli meat. Again, I think this is an area where you can look at the frequency of how often you're doing something and then maybe make a change based on that. Hopefully, you have a dietician associated with your cancer program and they can help you navigate through all these nuances.

A little bit about dairy. There's really not strong evidence to show that dairy has an impact on breast cancer risk. Calcium rich diets can maybe decrease the risk of pre and post-menopausal breast cancer but this conclusion is limited. There are stronger evidence that dairy products and calcium intake can reduce colon cancer risk. So if you're still confused about dairy, choose low or nonfat. It will be a healthier choice overall.

So this is a little quick bit of information on navigating current trends. Be careful when you're looking at nutrition information. You know you go on the internet and there is so much out there or there's a family member, or a friend who is giving advice. It's hard keeping up with all of this. As a nutrition professional, it's hard. There's always something in the newspaper, on the internet and various studies coming out.

So ask yourself these questions. Is the claim too good to be true? Does whatever product or diet -- are the expectations very fast results and minimal effort? How was the product, or the diet, or the program studied and how does that support their recommendation? So is the product or program linked to the sale of a product or the claim -- is the claim linked to the sale of a product or a purchase.

You have to be a little bit leery and I think it's okay to ask questions because you want to make sure you're getting the best possible information. So if you're unsure of a healthcare claim or a product, speak with your team before you implement any sort of weight loss plan or begin any new supplements. Ask to speak with your registered dietitian. Visit reputable sites for information. There's three listed right here -- ACS, the American Cancer Society; AICR, the American Institute for Cancer Research, which I love. All they do is research diet, nutrition, and the relationship to cancer. And then Livestrong is also a good one?

So remember, nutrition and health plans are not one-size-fits-all. What worked for your friend, or their sister, or your brother's cousin, or husband's cousin, it may not be right for you. I oftentimes will get patients coming into see me saying, "It was recommended that I do this, this, and this, take this." And I'll say, "Well, who recommended it? Tell me a little bit about them." And they may not even be the same sex and they may have had a completely different kind of cancer. So it's not all one-size-fits-all. So just be cautious.

And then these are a little bit of references that I used for my presentation.

Robin

Perlmutter: Okay. Thank you so much, Vicki for sharing your expertise with us tonight. So folks, we're going to now take some questions.

Vicki Barber: So I'll start with the first question. I guess everybody can still hear me. "So what are some good snacks to eat?"

I always think fruit is a good way to go. Vegetables are also a good way to go and when you look at the foods that we want you to have most frequently during the day, fruits and vegetables take precedence. So to be able to have those as a snack is another way just to get in some more fruits and vegetables. But I always like for people to pair it up with a protein.

So for example, my midmorning snack is usually some sort of fruit, whether it's pineapple or a banana, half a banana. But I always generally pair it up with some nuts or a little bit of peanut butter. But you can do the same with a little bit of hummus, some vegetables. Depending on what your nutrition goals are, a snack may be cheese and crackers. Maybe a half a sandwich. It really varies.

American Institute for Cancer Research has a really great website with many recipes and you can go by categories, so breakfast foods, lunch, snacks, things like that. I urge you to look on there for some good ideas. Do you want me to go to the next question?

Robin

Perlmutter: Sure.

Vicki Barber: So the next question is "What do you think about sugar substitutes?"

Vicki Barber: So sugar substitutes. I mean, I think if you can avoid them, it's in your best interest. But then there's the conundrum, well, what do I use for a sweetener. Again, I think you have to look at how frequently you do it and in what quantity. So I think if you could avoid them, and that's probably a better bet. But I get it. If you enjoy something -- I have to say I like Diet Coke but I don't do it often. I may do it once in a great while and is that a great choice? No. But again, you have to look at the frequency. If your goals are purely weight loss, you are saving some calories with the sugar substitute but I don't think it's the best way to go and you shouldn't make it an every day or a habit if possible.

Vicki Barber: I'm going to go to the next question. "So this one is regarding cooking meats and higher temperatures can produce cancer-causing compounds. Tell me what is a high-temperature?"

As far as the cutoff temperature, I don't know that answer but I would imagine it's somewhere 400 and 500 or the heat of a grill. If you're cooking in your oven and you're cooking at 300 or 350, I don't think you're going to get as high as you would just cooking in your oven at a normal temperature.

So if you can avoid cooking at those really, really high temperatures like you would get on a grill or broiling something at 500, that would be the best way to go. And again, marinate if you can.

So there's a whole bunch of questions. So I'm going to try to answer as many as I can. Again, I defer to American Institute for Cancer Research website for all of the ins and outs of grilling.

Vicki Barber: So the next question is “regarding an organic diet, is it helpful post-cancer?”

So I think whether or not you choose organic foods, fruits, vegetables, meats, dairy is a pretty personal choice. I think it can be a financial choice. Is it necessary? I would say it's more beneficial to have an intake of fruits, vegetables, than avoid them because you're unable to buy organic. There is a list out there. You can just use Dr. Google for this one and put in dirty dozen and it will come up the tops foods that you should not buy conventional and that you should buy organic because they tend to retain the most pesticides. There's also another list called the Clean 15 that are the foods that contain the least amount of pesticides. So if you weren't going to buy organic, those would be the foods to choose.

Vicki Barber: Okay. So the next question. “I have major joint, muscle, and bone pain following chemo. Do you have any dietary suggestions for this side effect?”

There's nothing specific that I can recommend. I can't say eating a certain fruit or vegetable is going to help with that, but I would say that making sure you stay hydrated and speak to your physician or your medical team about that. Why are you having that joint, muscle, and bone pain? Is it because they're giving you an injection to help your white count recover. Sometimes they'll have you add a medication the day before and the day after to combat that. But I can't recommend that without you speaking to your physician.

But there's really nothing specific. Keeping your nutrition status impact is going to help your immune system stay strong but hydration is also very important. Unfortunately, I wish I had one or two foods that would help with that.

Vicki Barber: Okay, the next question. “If you use pectin, do you mix it with fluid?”

You can mix it with fluid. I've had patients mix it with things like Gatorade. Generally, it also mixes well with things like hot cereal or a little applesauce. It's really up to you what you want to mix it in. I've had patients put it in pudding. It doesn't really have much of a taste. I do recommend the unflavored. That way it mixes in more things.

Vicki Barber: And there was kind of two questions with this pectin question. There was another question. “For breast cancer patients, do you use whole soy or not? So there is confusion regarding soy.”

Soy foods contain isoflavones and those are compounds that mimic the action of the estrogens but they are not estrogens, okay. We recommend that breast cancer patients can have whole soy foods. We don't recommend that you have supplements like powders and pills of soy supplements. For the soy foods, we recommend a max of 2 to 3 a day and that could be a cup of soymilk. It could be half a cup of tofu or tempeh, a veggie burger, soybeans or edamame. So you can use whole soy foods. I just wouldn't use a soy powder or a soy protein in that regard.

American Institute for Cancer Research, also, that website is nice because you can go right in to breast cancer, or ovarian cancer, or colon cancer and look up all the specifics on those individual types of cancer.

Vicki Barber: “So what is the breast cream you know of to use on the breast during radiation?”

I think I have to defer to your radiation oncology nurse or physician. Every center is a little bit different. I know that our center, they do recommend using Dove soap because it's mild and they'll have them use Eucerin or Aquaphor as a cream. But depending on the status of the skin, they may do a variety of other things. So you should -- your radiation oncology nurse should be fluent in skincare. Sometimes the therapists -- the people who are giving the treatment, they can answer a simple question but if you're having a skin reaction or a skin breakdown, there are many other things that we can have patients do. But I think that's facility to facility.

I'm going to answer another question.

Robin

Perlmutter: We have time for one more question.

Vicki Barber: I'm sorry?

Robin

Perlmutter: We have time for one more question.

Vicki Barber: Okay. “So the recommendation of 150 minutes of exercise per week. Is that aerobic or could it be weight lifting or nautilus?”

I think any movement is good movement. I think you do want to get your heart rate up a little bit but if they say vigorous exercise or moderate exercise. So I would imagine that aerobic exercise is important in that respect. So maybe you're doing 20 minutes of weights and 10 minutes of cardio. And I think a good goal, or especially if you hit a plateau, you want to start to change things up. When you hit a plateau, either if your goal is weight loss or increasing your fitness and you hit a plateau weight wise or fitness wise, you have to make a change. And that change could be in your diet or that change could be in your movement.

So maybe you concentrate on increasing the intensity of your workout or the length of your workout. So I would think we want your heart rate up. Does it mean it has to be the full 30 minutes, 5 times a week? No. But I think that's a good goal to get to.

Robin

Perlmutter: Okay. Thank you very much, Vicki. This concludes our webinar for this evening, folks. We want to thank Vicki for your passion, dedication, and commitment to the cancer community, and to all of you tonight for taking the time to come out and become educated on this very important topic. Have a great night everyone. Thank you.