

Program Title: Advances in Breast Cancer and Cooking for Wellness

This program is being presented in partnership with NewYork – Presbyterian Hudson Valley Hospital.

Originally recorded on: June 9, 2021, 1 pm-2:15pm (NY time)

Moderator: Robin Perlmutter, LMSW- Support Connection Peer Counselor

Guest Speakers:

Dr. Stacy K. Ugras MD, FACS: Dr. Ugras is a breast surgical oncologist with ColumbiaDoctors and NewYork-Presbyterian Medical Group Hudson Valley, and an Assistant Professor of Surgery at the Columbia University Medical Center. She is dedicated to the treatment of benign and malignant breast diseases, performing all aspects of breast surgery, and working to deliver the highest-quality breast care.

Dr. Ugras graduated Weill Cornell Medical College, then completed her residency in general surgery at NewYork-Presbyterian/Weill Cornell Medical Center. During residency, she completed a research fellowship in surgical oncology at Memorial Sloan Kettering Cancer Center. She completed her clinical fellowship in breast surgical oncology at Memorial Sloan Kettering Cancer Center.

Dr. Ugras is active in research and has been published in various medical journals. She is a fellow of the American College of Surgeons as well as a member of The American Society of Breast Surgeons and the Society of Surgical Oncology.

Emilie Berner, MA: Ms. Berner received her bachelor’s degree in English Language and Literature from Barnard College in New York City. Her passion for food led her to train at The Natural Gourmet Institute for Health Supportive & Culinary Arts. She later earned a master’s degree in Food Studies from New York University.

In 2016 Berner joined the Chef Peter X. Kelly Teaching Kitchen, which is part of the Harvest for Health initiative at NewYork-Presbyterian Hudson Valley Hospital. The larger program includes an organic garden, a farmer’s market and food service for patients and employees. The program’s goal is to teach people how to better manage their health through diet and lifestyle changes.

Program Description:

The first part of this webinar will be a presentation by Dr. Stacy Ugras on “Advances in Breast Cancer.” Dr. Ugras will discuss the latest news and research pertaining to breast cancer diagnosis and treatments, as well as risk-assessment for high risk individuals and families.

After Dr. Ugras’ s presentation, Chef Emilie Berner will focus on cooking techniques and nutritional strategies that can help manage fatigue often experienced by both patients and caregivers. During a live cooking demonstration, Chef Berner will talk about foods that provide energy; the role of protein and fluids for managing fatigue; and how meal planning can be a useful tool.

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 afternoon. I'm Robin Perlmutter, peer counselor at Support Connection. I'd like to welcome you all to our nationwide webinar on Advances in Breast Cancer and Cooking for Wellness with Dr. Stacy Ugras and Chef Emilie Berner. I'd like to take this time to give a special thank you to New York-Presbyterian Hudson Valley Hospital for their partnership and collaboration on this program. Dr. Ugras and Chef Emilie are sharing their expertise. Any information or questions pertaining to your individual concerns should be discussed with your doctor.

I'd like to now introduce Carolyn Padiak, Director of New York-Presbyterian Hudson Valley Hospital, Cheryl R. Lindenbaum Comprehensive Cancer Center. Thank you, Carolyn.

Carolyn Padiak: Thank you, Robin. We're happy to be here. And we here at the cancer center are happy to participate in this. We pride ourselves in building a partnership with our patients from diagnosis through treatment and into survivorship. And the clinical excellence of our team has been recognized by the Commission on Cancer as well as the NAPBC. And one of the things that we are most proud of is to have an exceptional physician and surgical leadership team.

And on that note, I want to introduce Dr. Stacy Ugras, who is a breast surgical oncologist with ColumbiaDoctors and New York-Presbyterian Medical Group Hudson Valley and an assistant professor of surgery at Columbia University Medical Center. Dr. Ugras is dedicated to the treatment of benign and malignant breast diseases. She performs all aspects of breast surgery, including breast conservation, mastectomy, nipple sparing mastectomy and axillary lymph node procedures. She is active in research and has been published in many medical journals, and we are very pleased to work very closely with her in the cancer center and in the breast center. So I give it to Dr. Ugras. Thank you.

Dr. Stacy Ugras: Thank you, Carolyn, for that introduction. I'd like to welcome everyone today. I hope this is an informative session, and I'm really happy to be here today. I will start with my presentation. Today we're going to discuss advances in breast cancer treatment and diagnosis. Next slide.

So, obviously breast cancer is a big problem. Approximately 16,000 women in New York State alone are diagnosed annually. 150 men are diagnosed each year in New York State. Breast cancer is the most commonly diagnosed cancer in women, and it accounts for 28% of newly diagnosed cancers in women in New York State. Next slide, please.

According to the American Cancer Society, when breast cancer is diagnosed early and localized, survival is improved. So early detection makes a difference in terms of survival. This includes monthly breast self-exams and scheduled clinical breast exams as well as annual mammograms. And so size and extent of cancer are two important factors predicting prognosis. Mammograms are important because they can help detect cancer before one can palpate the mass.

National death rates remain steady for women under 50 since 2007, but are dropping for women over 50. So there are some advances and things to be happy about. However, obviously breast cancer still affects a lot of women and still makes up for the second highest percentage of cancer deaths following lung cancer. Next slide.

The most significant risk factors for developing breast cancer include age and gender. So being a woman and increasing with increased age. 85% of breast cancer occurs in women who have no family history. We call this sporadic breast cancer, and we just don't have a good sense of what's the particular reason for this breast cancer is, so it can affect any woman. 5% to 10% of breast

cancers are believed to be hereditary, and this means that there's a known mutation that causes the breast cancer. This can include BRCA1 or BRCA2 genes. These can also increase risks for other cancers, including ovarian, pancreatic, or male breast cancer. Next slide.

The important thing to know is that breast cancer can affect anyone; however, Ashkenazi Jewish women have a higher risk. Women who have BRCA mutations obviously have a higher risk. African American women who develop breast cancer younger than the age of 45 are likely to develop a more aggressive form of breast cancer and more likely to die from the disease, regardless of their age at diagnosis. Whereas certain groups, like Asian, Hispanic, and Native American women have a lower risk of developing and dying from breast cancer. But that doesn't mean it doesn't affect those groups; it's just a lower risk. Next slide.

Potential signs of breast cancer include: a lump in the breast or a lump under the arm in the axillary region; changes in the skin of the breast or the appearance of the breast; redness, swelling, nipple discharge. Any change that occurs that remains in place for over one or two months should be brought to the attention of your physician as it can be a sign of breast cancer. Next slide.

So what can you do to reduce your risk of breast cancer? Unfortunately, genetics can't be changed, but there are certain modifiable risk factors. These include maintaining a healthy weight, exercising 30 minutes a day, 5 days a week, consuming less than one alcoholic beverage per day. Studies have shown that five or more alcoholic beverages per week increase your risk of breast cancer. Healthy lifestyle, including not smoking. Breastfeeding and giving birth to your first child at an age younger than 30 slightly reduced your risk. And for women who have increased risk, generally we consider these women to have a lifetime risk greater than 20% to 30% based on certain calculators that are available to us, may consider taking chemo prevention, which essentially includes medications that block estrogen and are effective at reducing breast cancer risk by up to 50%. But this is only for women who meet the criteria for high risk. Next slide.

The recommended screening for breast cancer includes mammography beginning at the age of 40. And certain women require more screening or earlier screening, and this is usually because of strong family history of breast cancer or a known genetic mutation. Mammography really doesn't -- isn't helpful in women younger than the age of 30. And additional imaging, including breast MRI, may be recommended for women at high risk. Your primary care physician or ob-gyn can order a mammogram. Next slide.

The other types of screening include breast MRI like I mentioned for women with a high lifetime risk, and breast ultrasound for women who are considered to have dense breasts. Breast density is reported on your annual mammography, therefore, categories of density and anything that's considered dense will be stated and should indicate a reason for having bilateral breast ultrasounds in addition to mammography for screening. If mammogram is abnormal, additional testing will be recommended. This can include a diagnostic mammogram. That is a mammogram that basically looks more closely, compresses the breast more, and therefore helps elucidate any abnormality on the screening mammography. Breast ultrasound, breast MRI and biopsy of the breast may be recommended for abnormalities seen on screening mammography. Next slide.

Once an abnormality is noted, a biopsy is performed and may demonstrate breast cancer. At that point, we'd need more information from the pathologist. We stain the cells and we learn what special type of breast cancer the patient has. And this helps us classify breast cancer and also the biology of the tumor. The more we learn about that, that it can really inform the future therapy.

Stages of breast cancer. Stage 0, while it seems like an oxymoron, is breast cancer. And these are breast cancer cells, ductal carcinoma in situ. They're cells that are cancerous but are stuck within the ducts of the breast. Early stage, Stage 1, includes cancer that has spread in the breast, but it's in a small area. Whereas Stage 2 is considered localized. It might be a bit larger. There might be lymph nodes involved. Stage 3 is more advanced. It's a larger size. There's more lymph nodes involved. And Stage 4 demonstrates that there's been distant spread. All stages of breast cancer are treatable. Not all stages are curable, but they're all treatable. So it's important for us to diagnose breast cancer at any stage. Next slide.

Once breast cancer is diagnosed, treatment can include surgery, medical therapy, and radiation therapy. And there's clinical trials available for all of these different treatment modalities. Next slide.

In terms of surgery, you can see the image below. We can perform a mastectomy, which is an operation that removes an entire breast, and that's the image on the right. This can be done with or without reconstruction. And now we're doing a lot of mastectomies where we spare the nipple so that the patient doesn't have to have nipple reconstruction. Lumpectomy is demonstrated in the image on the left, and it's removal of just the breast cancer or the lump. Lymph node surgery includes a sentinel lymph node biopsy where one to five lymph nodes are removed under the axillary, versus an axillary lymph node dissection where all of the lymph nodes are removed, and this is determined by the extent of the breast cancer.

Chemotherapy is offered more and more recently in order to downstage the breast cancer and help reduce the amount of surgery that we have to perform. Our goal is to do less surgery when we can safely do that. So less axillary surgery especially is helpful because it reduces the risk of lymphedema, which is permanent swelling of the upper extremity. Next slide.

Medical therapy includes chemotherapy, hormonal therapy, and biologic therapy. And this is determined by the type of breast cancer that a patient may have. So the three main types here you can see in the red bubbles: estrogen or progesterone receptor positive breast cancer; HER2-positive breast cancer; and triple negative breast cancer. And these are all treated very differently. For instance, HER2 therapy can target tumor cells that are HER2 positive. And this is targeted therapy and therefore better for the patient because it's less toxic to the other cells of the body as it targets the cancer cells. It's also more effective against the cancer cells. Next slide.

Radiation is performed in certain cases and uses high energy particles or waves, such as x-rays, gamma rays and electron beams to destroy or damage breast cancer cells. This is often done after breast surgery and after chemotherapy. There are several studies being performed looking at abbreviated numbers of sessions, partial breast radiation, intraoperative radiation, trying to make radiation more effective and more convenient, and also trying to decrease the amount of radiation that patients' vital structures are exposed to. Next slide.

So really, breast cancer is a multidisciplinary disease. It needs to be treated by medical oncologists, radiation oncologists and breast surgeons, as well as a variety of other members of the team who help. We are here if there's ever a concern. If you ever feel a mass or aren't sure about something, you should always bring it to the attention of your physician. And this is our information here.

I think that's the end of the slide show. I want to open the forum up to any questions that you may

have. Thank you all for listening.

Catherine Maroney: Question for you actually came in via email. The question is, "If I have surgery, will I have normal feeling in my breast after surgery?"

Dr. Stacy Ugras: Sure. That's a good question. Depends on the type of surgery you have. If you have a lumpectomy, which means removing just the mass, generally the scar itself will be numb, and there might be a small area of numbness around it. But in general, you will have normal sensation, and that's because the nerves of the breast are in the skin, and since the skin is intact, in general, you should have normal sensation. If the incision is made next to the nipple at the areolar margin, there is sometimes some numbness, depending on where the tissue that was removed was removed. So you can have nipple numbness.

After a mastectomy, which is removal of the entire breast, we always inform patients that there will be numbness of the chest wall, and that it will become less noticeable with time, but it will always remain numb. And this is, again, because we're removing the breast tissue, we're leaving the envelope of skin, but we're removing all the breast tissue and transecting the nerves that stimulate the skin.

Robin Perlmutter: Okay. Great talk. And this woman was told that she has HER2-positive breast cancer and had a double mastectomy. She takes anastrozole. And when the tightness goes away, she's already working with physical therapy for scar massage. So I don't know if you have any comments on that.

Dr. Stacy Ugras: Like I said, multidisciplinary care includes a lot of players. So we have physical therapists who are specialized in breast physical therapy. And that often includes massage, range of motion exercises for the upper extremity, lymphedema, physical therapy for patients who develop arm swelling after surgery. I tend to recommend physical therapy often just because even in patients who don't have long-term effects of surgery, you'll always reduce the recovery time, in my opinion, by starting therapy early. So I think it's excellent that this woman is doing that because we do hear a lot of complaints of tightness after mastectomy. And since that's because of the pectoralis muscle, which is the chest wall muscle, physical therapists can really help you loosen those muscles and get you feeling better sooner.

Robin Perlmutter: Thank you. Another question. One woman wants to know how long will pain in a chest area or axilla, shoulder and upper back last after a mastectomy?

Dr. Stacy Ugras: Well, we hope that it doesn't last longer than a couple of months. However, there are post-mastectomy pain syndromes that can occur, and this is due to the extent of dissection right on the chest wall and muscle. And a lot of times -- not a lot of times, but infrequently, this can last for a really long time until physical therapy, warm compresses, muscle relaxants are instituted. So it really depends on the extent. If it's normal postoperative pain the way we see in the majority of cases, it goes away within two to three months. But there are cases where it lasts much longer and won't go away without more therapy, very unfortunately.

We're doing a lot of studies on trying to prevent post-mastectomy pain by performing intraoperative blocks with lidocaine and other medications that can numb the area and prevent nerves from starting to feel pain. And it's thought that this can reduce the risk of post-mastectomy pain syndrome. But we're just -- we're not at the point where we've obliterated it completely.

- Robin Perlmutter:** Okay. And have you met with patients, spoken with patients about their concerns over lymphedema and exercises with weights in terms of helping prevent that or minimize the risk of getting it?
- Dr. Stacy Ugras:** Absolutely. We're at the point where if we think someone is at high risk for lymphedema -- so the risk of lymphedema after just a sentinel lymph node biopsy is about 5%. The risk after an axillary lymph node dissection where we remove all the lymph nodes is 20%. The risk for a patient who has an axillary lymph node dissection plus radiation to the axilla can go up to 30%. So if we see patients and we think they're at high risk, we'll send them preventatively to physical therapy. And they can start range of motion exercises and arm massage early, sometimes to prevent it completely and sometimes so that if it develops, they know what to do and how to reverse it.
- So yes, it's a major concern for us, and it's the reason why most of the studies in breast surgery are looking at reducing axillary surgery, in fact, and that we've made a lot of progress I would say in the last 10 to 15 years and continue to. But that's a big concern for us, and we talk to patients a lot about lymphedema, the risk and how to prevent it and how to treat it if it occurs.
- Robin Perlmutter:** Thank you. We have another question. One woman commented that she had a bilateral mastectomy and deep flap reconstruction. She had two lymph nodes removed. Should she be concerned about lymphedema?
- Dr. Stacy Ugras:** If she was to develop lymphedema, the risk would be about 5% in this patient, given the fact that she's had a sentinel lymph node biopsy because she's only had two lymph nodes removed. So it would have -- it's a lifetime risk, however. If she doesn't have lymphedema now and she's able to move her arms and continues to stay active, that's a setup for success. So, strategies to reduce the risk of lymphedema include range of motion and being active.
- Robin Perlmutter:** Great. Thank you. We have another woman who is commenting that she's a 21-year breast cancer survivor, triple negative, and knows there is concern about having triple negative breast cancer. She'd like to know if this is something she should still be very concerned about and it's something she thinks about often.
- Dr. Stacy Ugras:** About having a new breast cancer or recurring, having a recurrence? Is that what you said?
- Robin Perlmutter:** She didn't mention whether it was -- it was more about, yes, I guess about her triple negative breast cancer.
- Dr. Stacy Ugras:** Congratulations. It sounds like she's doing excellent, and that's great to hear. Triple negative breast cancer is one of the more aggressive forms of breast cancer. Luckily, after five years of having no evidence of disease, your risk of a new triple negative or a recurrent breast cancer goes down tremendously. So I think she should just continue to live her normal life. And it's hard not to -- it's hard to say don't worry because we know cancer is cancer, unfortunately, and we always worry about cancer coming back. But she's made it really far, and the chances of this cancer recurring are extremely low at this point.
- Robin Perlmutter:** Another woman wants to know if being HER2 positive will always be the same with taking an oral chemo pill, or will it change? So I think she's asking if your HER2 positive can change.
- Dr. Stacy Ugras:** Generally speaking, if the tumor -- at the time the tumor is diagnosed is when we stain the cells.

And so if it's a HER2-positive cancer, you're considered to have HER2-positive breast cancer, and that's not going to change. But it's interesting she mentions that because there are -- actually, I performed a study looking at tumors at biopsy and then re-biopsying or surgical pathology after treatment to see if the estrogen receptor, progesterone receptor and HER2 positivity changes significantly. And the reason that would happen would be if you consider a tumor to be heterogeneous and you treat it with a medication that blocks one protein, well, then maybe that protein goes away, but then the rest of the cells are HER2 negative and still exist. And so does a tumor become HER2 negative, which is the scientific question. And the answer was that, yes, there are changes that occur because of therapy. But she will still be considered to have a HER2-positive breast cancer just based on the initial diagnosis.

But it opens up a good -- the way we look at breast cancer now is really individualized. So if somebody has breast cancer and it's being treated and it recurs, we retest. And we want to always look at what are we dealing with right now that we should be treating. So yeah, it's possible that if she has a biopsy down the road, it comes back HER2-negative because all the HER2-positive cells have been killed by the oral chemotherapy, and that may affect the type of therapy she gets going forward. However, again, it's considered HER2-positive breast cancer.

Robin Perlmutter: Questions, folks?

Catherine Maroney: Robin, another question via email for Dr. Ugras.

Robin Perlmutter: Okay.

Catherine Maroney: "I don't have a family history of breast cancer, but should I undergo genetic testing now before I have any concerns about my breast health?"

Dr. Stacy Ugras: Genetic testing for breast cancer is mainly looking for the BRCA1, the BRCA2 and several other genes that have been found to be deleteriously associated with breast cancer. There are NCCN, National Cancer Center Network, there are specific indications for genetic testing, and these include family history, a family history of ovarian cancer, a family history of male breast cancer, a family history that includes several members of the family with early breast cancer. Apart from that, if you have no family history of breast cancer, you really should not need genetic testing for breast cancer. Only about 5% to 10% of breast cancers are associated with a mutation. So it's still very important that you maintain a healthy lifestyle to reduce your risk of breast cancer, but the chances that you have a mutation with no family history are extremely low and it would not be indicated.

Robin Perlmutter: One woman wants to know, are you looking at diet? She's heard things about the keto diet preventing cancer. Can you comment?

Dr. Stacy Ugras: It's a good question. I know that there are -- reducing estrogen may ultimately reduce breast cancer risk. That's one thing that we know. And that's why losing weight, because fat holds estrogen and different types of things like that affect your breast cancer risk. I particularly don't know -- I don't know of a particular diet that reduces breast cancer risk that's been studied and validated.

Robin Perlmutter: Okay. And another woman wants to know about melatonin. There's a study out there that it may contribute or help prevent breast cancer. Do you recommend taking melatonin, and if so, what dose?

Dr. Stacy Ugras: Good question also. Currently, we're not in the breast surgery world recommending melatonin or any other supplements to reduce breast cancer. The data that exists is just not validated or high level enough for us to make a recommendation in that way.

Robin Perlmutter: Thank you. And last question and then we'll move over to Emilie. Are there any newer immunotherapies out there being developed now besides what's on the market?

Dr. Stacy Ugras: There are many therapies being developed that are parts of clinical trials for particular subtypes of breast cancer. They are not currently being offered outside of clinical trials.

Robin Perlmutter: Thank you. Dr. Ugras, thank you so much for this wonderful presentation.

And now I'd like to take this opportunity to have us all join Chef Emilie Berner for a live cooking demonstration. Chef Emilie is going to talk about foods that provide energy, the role of protein and some strategies for managing fatigue. Chef Emilie is part of the Chef Peter Kelly Teaching Kitchen at New York-Presbyterian Hudson Valley Hospital. Thank you, Chef Emilie.

Emilie Berner: Thank you so much, Robin, and thank you for inviting me here today. Dr. Ugras, it's a pleasure to hear your presentation and learn so much from you today. So I'm really grateful that I could be here and share this space with all of you. So thank you.

We're going to be making three recipes today. One is a really delicious treat. It's a cardamom maple macaroon sweetened with maple syrup only. So no refined sugars. The second recipe is a strawberry and green salad with a tarragon vinaigrette. And our third recipe is a grilled shrimp skewer, which has been marinated in a combination of basil and parsley and lime juice and a little olive oil and salt and pepper. So I'm really excited to share these recipes with all of you and honored to be here today.

I just want to briefly sort of piggyback on what Dr. Ugras was saying in relationship to the ketogenic diet and cancer and this question of is there a diet out there that's helpful. And it's really, really difficult with food, and cancer specifically, finding a specific link between a food or a part of a food in cancer is really, really difficult to study. And I think that's one of the reasons that we really haven't gotten much information from the nutrition and cancer connection.

But one thing that we can say generally is that plant-based foods, fruits and vegetables which are really high in phytochemicals, there is a possibility that those could lower cancer risk. Some fruits and vegetables may help to regulate hormones. Others potentially could slow cancer cell growth or block inflammation. So these phytochemicals found in plants seem to be extremely powerful. So when in doubt, including more plants into your diet is always a good idea.

And then in terms of, I think there was a question also about protein. I wanted to briefly touch upon protein because there have been some interesting studies linking specifically very processed meats. That's going to be your salamis and your bologna and deli ham and things like that and processed meat sausages potentially being -- increasing risk factors. So I had a question for Dr. Ugras, if she's still there. Dr. Ugras, do you have any thoughts about processed meats in relationship to cancer? And then I'll jump into some recipes.

Dr. Stacy Ugras: Sure. I have to say, our medical training doesn't include a lot of these -- the diet, unfortunately. And

we don't have, again, data that's strong enough to support a recommendation one way or another. But yeah, I appreciate the question.

Emilie Berner:

Yeah. Thank you so much. Because that's been in the news a lot, so it's kind of been on my mind. So thank you for clarifying that for everybody.

As I mentioned, we're going to be making these three recipes. I'm going to start with the macaroons. And for this, we're just going to separate our eggs. I'm going to see if the whites are going to go into the mixing bowl and we're going to whisk these, and the yellows I'm going to save for another use. So you want to make sure whenever you are working with your eggs, give them a good tap and find that sweet spot. Crack your eggs, and then just from one to the other -- this is always the tricky part. If you are comfortable handling egg yolks with your hand, this is actually a good trick we learned in culinary school is you can kind of open the egg up and then use your hands to catch the egg yolk and let the white kind of trickle through your fingers. This is a really gentle way to separate the yolk from the white, and it ensures that you won't accidentally break that yolk on the sharp edge of that shell. So you've got options. I'm just going to rinse my hands because it is a little eggy, a little sticky.

So I'll set the yolks aside and we're just going to start by whisking our egg whites. Egg whites are really, really high in protein, which is essential if you're trying to manage fatigue. Protein is really important. It's going to give you a really strong base of energy to draw from as opposed to carbohydrates, which are a quicker source of fuel. And often, if you ever notice if you're tired or -- I'm going to get this going. If you're feeling tired or feeling a little stressed or something like that, ask yourself, ask your body, what is it craving? And often it's going to be some version of carbohydrates. A cookie, pizza, a something that has carbohydrates in it. And that's because it's a quick source of fuel.

So it's almost like if you imagine your energy as being like a camp fire, and if you were to pour gasoline on it, you're going to get a big boost, a big flame. But if you add a log, it's going to slowly burn. So I always like that image because it helps you to remember that healthy fat, fiber and protein are those campfire logs that are going to help get that even sustained energy, and the gasoline is going to be your carbohydrates.

And when I talk about carbohydrates, there are two different kinds that break down. One is simple and the other is complex. So your simple carbohydrates are going to be the refined carbohydrates, things that I mentioned that give you quick energy. All-purpose white flour, sugar, anything with sugar in it, bread, pasta, rice. If it's not whole grain, which is a complex carbohydrate, then it's going to give you a boost of energy. So just keep that in mind that it's okay to enjoy these things once in a while. Of course, everybody does hopefully once in a while.

But the important thing you want to think about in managing fatigue is energy balance. How can you set yourself up for success at the start of your day? How do you make sure that you have a breakfast that includes 5 grams of protein and 5 grams of fiber to give you sustained energy throughout your day? And then you know that you crash in the afternoon. Well, what can you do around lunchtime to kind of support that energy balance into the evening? And I think something for everyone to think about. Hopefully, this isn't too noisy as I'm speaking.

All right. So I've got my egg whites. They're almost completely ready. And I'm just looking for a stiff peak. So this is what a stiff peak looks like. You can see it's got -- you don't want to overdo it. Get a

nice stiff peak. We're going to add some salt in here, too. And then this is going to get all folded into the rest of our ingredients.

So the reason I chose this coconut macaroon recipe is exactly for that reason that I mentioned, that often in the afternoons -- I'm going to add a little vanilla extract, about half a teaspoon -- you might feel a little bit of a slump. So it's good to be prepared and have something on hand, and maybe you want to have a sweet treat. So this could be a healthier sweet treat -- I'm adding the ground cardamom -- that is sweetened with maple syrup, so 1/4 cup for the whole batch, and has three egg whites in it, as well as the coconut, which provides a little bit of fiber as well as some fat. So you're having fat, fiber and protein in combination with the maple syrup, that's going to give you that energy balance that I'm discussing today.

Just checking in with our audience, does anybody have any questions or comments so far? How's everybody doing out there?

Robin Perlmutter: I have a question for -- actually this could actually be for you, Emilie, and for Dr. Ugras to comment on as well. So a woman is asking about tofu and soy in terms of is it okay to eat in terms of breast health, breast cancer. And then also, is it a good source of protein?

Emilie Berner: It's a very good question and it's a very controversial subject. Dr. Ugras, would you like to begin?

Dr. Stacy Ugras: Sure. Well, I think everything in moderation. A lot of soy, there are concerns with soy basically acting as estrogen and increasing risk of breast cancer. So I would say my answer would be that moderation, but not excessive intake.

Emilie Berner: Thank you. Yeah. And I would say that I would agree with you, Dr. Ugras. I think that it's definitely a wonderful source of protein. I think in one serving of tofu, you can have 7 to 15 grams of protein, depending on the type of tofu. So it is a really good source of protein and it's also very low calorie. So there's a lot of redeeming factors for tofu out there. But that said, if it's a concern -- if you are concerned about how it's going to impact your health, you can speak to your doctor and see what amount of soy might be appropriate for you, because everybody is different.

All right. So I have our mixture here. This is the batter, so to speak, of our first recipe. So I'm just going to take this off to the side. And this is where we do cooking show presto magic. I made a half a batch ahead of time in the refrigerator that's been chilling for at least -- you want to chill it for at least 15 to 20 minutes to make sure that it's coming out of the fridge and going straight into the oven. You're going to have a better result that way. So I'm going to put this one in and take out the one that's been in our refrigerator getting ready.

Catherine Maroney: Emilie, while you're doing that, we have another question for Dr. Ugras, and it's a clinical question. Dr. Ugras, someone is asking via email, "Are there clinical trials available at NYP Hudson Valley Hospital?"

Emilie Berner: Good question.

Dr. Stacy Ugras: Yes, good question. Currently, we're in the process of trying to get all the clinical trials that are available at Columbia University to be available here. But in terms of our breast surgery trials, we don't have any actively accruing trials. We do perform intraoperative radiation therapy here at New York Hospital -- New York-Presbyterian Hudson Valley, and that's part of a clinical trial looking at

performing radiation therapy at the time of surgery rather than coming back for three to six weeks of therapy postoperatively.

If we feel that a patient is a good candidate for a clinical trial that we don't currently have here due to our association with Columbia and many of our physicians seeing patients at both sites, we can refer you for evaluation at Columbia.

Robin Perlmutter: Thank you.

Emilie Berner: All right. So I just snuck those into the oven while we were chatting. So we have a batch that's gone in the oven. It's preheated. So always make sure whenever you're baking anything, the preheat step is really important because you want to make sure that it goes into a hot oven. Otherwise things will -- the temperature won't work and it'll kind of not come out as well.

So our next recipe is going to be our salad. I'm really excited for this one. It has a fabulous dressing that's so delicious. I'm going to bring forward the blender, and we're going to get ready with our ingredients. So this one's pretty straightforward. You want to blend together, I have some olive oil here, and you want to add -- I'm using a white balsamic vinegar. You can use different vinegars depending on what you have. Apple cider vinegar is great, lemon juice is great. I wouldn't use like a dark balsamic vinegar just because it's going to change the aesthetic of the salad and kind of make it a little bit muddy. And I love the way that the strawberries look in this and the goat cheese and the Brazil nuts and the quinoa and all the greens. It's a really vibrant, colorful salad.

So we're going to start with our olive oil. We're going to add the white balsamic vinegar. And these are regular ingredients you can find at any ShopRite or Stop & Shop, whatever grocery store is around you. Let's add in some honey and some mustard. So I have both ready here. This is called *mise en place* when you put everything out to cook. You make sure that you have everything ready. It's always useful whenever you're doing any recipe to ensure that you have all the ingredients for it so you don't have to run out to the grocery store in the middle of your recipe, which can be very annoying.

So we have all of our ingredients in there. Whenever you're making a salad dressing, you really want to balance the flavors. So you want to balance the fat, which in this case is olive oil; the acid, which is the balsamic vinegar; the sweet, which is honey in this one; and the salt, which in this one is actually mustard. I don't think I have my mustard out, but if you look at a mustard label, usually the fourth or fifth ingredient is salt. So you may not even need to add salt to your dressing, depending if you're using mustard or not that contains salt. So let's get this going. And --

Robin Perlmutter: Emilie, do you have time for a question? Oh, I'm sorry.

Emilie Berner: Absolutely. Yeah, please.

Robin Perlmutter: I have a question for you and then for Dr. Ugras. For you, what would you suggest for this recipe to change or add if someone is a diabetic? They don't want to use anything chemical or artificial.

Emilie Berner: Yeah, absolutely. Well, we're not using anything chemical or artificial here at the teaching kitchen today, so never fear. But in terms of if you are diabetic and you're worried about your insulin and relationship to sugar, you can leave the honey out. So you can still make this recipe without honey and that would be fine.

- Robin Perlmutter:** Thank you. And for Dr. Ugras, a woman is asking -- she's 62. She was recently diagnosed with Stage 1 Grade 2 ER-positive cancer. She has no family history of breast cancer, but has two daughters who are in their late 20s, early 30s and she's concerned for their future health. So do you -- is it recommended that she consider genetic testing or any other pre-interventions that they might consider?
- Dr. Stacy Ugras:** Good question. And it's a valid concern, but in a 62-year older woman, or any woman really older than 45 who's diagnosed with breast cancer without a strong family history of breast cancer, there's no reason to undergo genetic testing, and the reason is that the risk is so low that you would have a genetic mutation. This is considered sporadic breast cancer. One out of eight women get breast cancer, and that's the age group that generally gets it. So there's no risk for her daughters to worry about screening early or to feel that they're at high risk, given what you've just told me. They can just continue breast awareness, healthy lifestyle and mammography beginning at the age of 40.
- Robin Perlmutter:** Thank you.
- Emilie Berner:** So just jumping back to our dressing then, I'm going to add some herbs. So I have some beautiful fresh mint leaves as well as tarragon, and we're going to add that in. And I love adding herbs to dressing because not only does it flavor the dressing in a wonderful way, it also adds lots of nutrients. So herbs and spices have -- they're really these micro powerhouses. They're so small, but they really contain a lot of these phytochemicals that we're talking about in relation to fruits and vegetables. Herbs and spices have even more concentrated versions of these phytochemicals. So they potentially have these cancer fighting compounds that are really wonderful. So we're going to add the mint and the tarragon, and we'll just give that a final blend.
- Robin Perlmutter:** Emilie, a woman wants to know if she can substitute other cheese like bleu cheese. And if you have any comments about different types of cheeses and the ones that might be healthier.
- Emilie Berner:** Sure. Absolutely. So you can use whatever cheese you like. I'm using a crumbled goat cheese today, which looks like this. But you can certainly use bleu cheese if that's your preference. I tend to opt for sheep's milk and goat's milk cheeses just because they're a little bit lighter, and they usually contain fewer saturated fats than cow's milk chesses. So that's sort of my preference. But certainly if you have -- if you wanted to grate a few slices of parmesan over the salad or even like a provolone, chunked provolone would be really good, too. So you can play around based on what you have in your refrigerator.
- And that's something I want to mention actually is the reason I chose a salad today is because you can customize it based on what's in your refrigerator. If you have a good dressing, you can really add different things. Especially if you're feeling fatigued, you don't want to go to the grocery store. You want to be able to use whatever is in the fridge, whatever's in the pantry and not have to make an extra trip. And salads are a great way to kind of chuck everything together and have a really complete and hearty meal. So certainly feel free to make substitutions to any of my recipes.
- We're going to add a few strawberries. Now these have already been chopped up. I just prepared these ahead of time. And these are from our very own organic garden here at New York-Presbyterian Hudson Valley. We're very fortunate to have a garden space. And you just want to pulse it together. So you're going to end up with this beautiful vinaigrette. And it's a little chunky

because it's got the berries and the herbs in it, and that's again going to give you tons and tons of flavor. So our dressing is ready. You can make this dressing ahead of time. Put it in the refrigerator and make sure it's covered, and it will keep for three to five days or so. This is the tarragon. I just wanted to show you how beautiful that is. And our mint also from the garden.

All right. So the dressing is ready. I'm just going to do a quick check on the macaroons over there. They smell really good. They're starting to brown. I'm going to turn it around because my oven here heats a little unevenly. So I like to rotate things to make sure that everything gets cooked well.

And we're ready to assemble our salad. So this is really the fun part. We have these beautiful greens. You can probably guess where they came from. And we've got a mix of spinach and arugula. Arugula in particular is really high in fiber, phytochemicals. It contains calcium, potassium, folate, vitamin C, vitamin A, vitamin K. So all of these leafy greens. We hear this all the time how important leafy greens are to our health, and here they are in all of their gorgeous bounty. I also have some spinach mixed in here, too. Arugula can be a bit strong and peppery. So if you're particularly sensitive to bitter and peppery taste, you may want to do a mix.

It's always good to try to diversify your greens. So instead of doing the same thing over and over again, try to mix it up, because every green has slightly different nutrients. And this is really one of my -- the key tenets I think to health is including a lot of variety in your diet, as much as you can, because each different food that you eat is going to nourish you in a slightly different way. A really good example of that is a black bean, for example, will feed your microbiota in your gut slightly different than a pinto bean. And you might think, well, they're both beans. What's the difference? But they have different types of fibers. So it's really interesting when you start to look at the science of these foods, each food has something unique to offer you.

So we're going to start by putting down our quinoa. This is cooked quinoa here. And I just cooked it according to the package directions. So every package will say on the back how to cook it, so you can just follow those directions. It's always great to have some cooked grains in your refrigerator ready to use, because again, these whole grains like quinoa, wild rice, oats, barley, these whole grains are really great for that energy balance and managing fatigue. They're not going to give you a spike in blood sugar or anything like that. So this is our quinoa. It is gluten free. Also a good source of protein. It's also a complete protein, which is really nice for a grain. Or technically this is a seed, but everybody uses it like a grain. And then it also contains some fiber and antioxidants as well.

Just checking in with all of you -- yes. Questions, comments?

Robin Perlmutter:

Yes. So one woman wants to know when there will be in-person classes again back at your teaching kitchen.

Emilie Berner:

That's a really good question. At this point, we are still virtual. We're hopeful that sometime this year we'll be able to welcome people back to the teaching kitchen, but for now we're following NYP's guidelines. And at this point, there are not in-person programs. So I'm glad that you could join us virtually, though. I'm really pleased with the amount of people that have joined our classes virtually and really grateful that you're here.

Robin Perlmutter:

Thank you, Emilie. And Dr. Ugras, I have a question for you. A woman wants to know that her 30-year old daughter, who's at very high risk. There's no BRCA -- well there is, I'm sorry, family risk of BRCA. No children yet, but she's being followed very closely. Are there recommendations beyond

getting a mammogram or MRI every six months?

Dr. Stacy Ugras:

For a woman who's high risk in that age category with either a strong family history or BRCA mutation, the recommendations are for twice yearly clinical breast exams and for yearly mammograms and yearly MRIs staggered six months apart, which it sounds like this woman is getting. So I think that's a great regimen. I think my advice would be obviously the things we discussed about lifestyle, healthy weight, exercise, reduce alcohol usage, decrease saturated fat usage and no smoking.

And also, if she could try to be aware of her breasts. That doesn't mean obsessively feeling them and looking at them, but once a month, about a week after your period, observing your breasts in the mirror, looking for skin changes, and just kind of getting a sense of the normal lumpiness of your breasts versus something that might be new or different and bringing it to the awareness of her physician. And I think consistency of care. Following up with the same physician or getting your MRIs or mammograms in the same facility is useful in terms of comparison, because she's young and healthy and will probably be followed for a long period of time.

Robin Perlmutter:

Thank you.

Emilie Berner:

All right. So just turning back to our salad, you can see I put the quinoa on the bottom, the greens are on top, and then I'm going to add my toppings. So you can add some beautiful fresh strawberries like we're using today, or maybe you have some blueberries. I always like to add a little bit of fruit in a savory salad because I feel like it gives it a nice counterbalance. We're going to add again that crumbled goat cheese. And today we're using Brazil nuts. So these have been chopped up and toasted.

And I don't know about you, but when I was younger, Brazil nuts were always the ones that I picked out of the trail mix. They were the ones that I didn't really like. But I grew to love them especially because they're one of the highest plant sources of selenium. So with just one nut, you have 175% of your recommended daily value. And they're also high in magnesium and copper. Selenium in particular is essential for your thyroid functioning and influences your immune system and cell growth. So, important little nut here to enjoy.

So this is the Brazil nut. And if you don't love Brazil nuts, try chopping them up and toasting them. So how did I toast them? I just got a small sauté pan and I added the nuts. Chop them up first and put them directly in the pan on medium heat. Don't walk away. Don't go too far because they can go from not being toasted at all to being completely burnt in a matter of minutes. So hang around the kitchen, stay close by. And then you want to make sure that you turn them around from time to time, just kind of sautéing them a bit.

Our macaroons are done. They smell incredible. So here they are. You can see they're beautifully lightly browned. And the important trick here is to let them cool completely, otherwise they're going to fall apart on you when you try to take them off the tray. So let them cool completely.

All right. So our salad is ready. We're going to add the final touch, which is the vinaigrette. And that's going to be it. Any questions about this recipe? I hope you're all Brazil nut converts by the end of this class. I know it took a while for me, but it definitely is worth including at least just one in your diet so you get the 175% of your daily value.

Robin Perlmutter: Looks beautiful.

Emilie Berner: So there's their plates. And then of course, you can use your fork and toss everything together and enjoy a nice salad. So this includes a complete protein, which is the quinoa. And we're going to make a third recipe, which is shrimp. So that's going to add even more protein to your plate. Shrimp in particular does contain some of the omega 3 fatty acids. Everybody always thinks salmon's the only one, but there's a lot of other seafood out there that contains some omega 3s, which are really great for heart health and brain health and all the rest. So we have our shrimp here ready to go. And let me tell you --

Robin Perlmutter: Note that Dr. Ugras, thank you so much for joining us. And I know you probably have to get back to your patients. So I didn't know if you had any final comments before we thank you.

Dr. Stacy Ugras: No, I really appreciate being invited to attend and to participate. I appreciate everyone who participated. And Chef Emilie, this looks wonderful.

Emilie Berner: Thank you.

Dr. Stacy Ugras: If you want to stop by at clinic anytime, I'm here. Thank you all. And I'm available if anyone ever needs any guidance, we're here. So, thank you.

Robin Perlmutter: Thank you, Dr. Ugras, for your passion, dedication, and commitment to the cancer community. And especially now more than ever, a heartfelt thank you for all that you've been doing through these very challenging times.

Dr. Stacy Ugras: Thank you. I appreciate it.

Emilie Berner: Thank you, Dr. Ugras. So I'll just wrap this up here. The shrimp is really easy to put together. You just want to blend the basil, the parsley, the oil and the lime juice with a little salt and pepper in your blender. That's your marinade. You set aside about 1/4 cup, and then the rest of it goes on top of the shrimp. So here's an example of the shrimp that's been marinating.

And then you want to soak your bamboo skewers in some water for about 10 to 15 minutes, just so they get nice and moist and they don't accidentally catch fire. The water helps with that. And then each one, you can see I'm threading through the tail and then through the top part, through the head. So it goes through each shrimp twice. And I know I'm going to make a little bit of a mess here, but it's okay. It's all going to get disinfected after class. So I'm done with all the other stuff. You just want to make sure whenever you're cooking anything, no cross contamination occurs in your kitchen.

So there go the shrimp, each one through the tail and through the head, and then it can go onto your grill. Each shrimp is going to get grilled. The skewers are going to go on for about two minutes on both sides. And you just want to grill them until they're nice and bright pink. So it's a pretty quick process with shrimp. I'm doing this with my hands because I'm completely immune to heat at this point. But certainly you could do this with your skewer -- with your tongs as well. That's the problem. I was wondering why those back ones weren't cooking. The heat didn't fully go on. So just a minute or two on both sides, and then you'll be done. Any final questions about our recipes? I'm going to see if I can sneak these guys on here.

- Robin Perlmutter:** Emilie, we have a couple questions. One woman wants to know, if she can't eat nuts, what can she substitute that I guess has that same benefit as Brazil nuts?
- Emilie Berner:** Yes. So Brazil nuts is one of the highest plant sources of selenium, but there are other sources of selenium out there. A lot of selenium actually in shellfish. So if you like oysters and clams and mussels and things like that. I wouldn't say that's a substitution, per se, because it doesn't really do the same thing. But you can even look up on the internet, you could search for foods that are high in selenium, and you would probably get a whole long list of them. Brazil nuts just happen to be one of the most concentrated forms. If you don't like nuts or are allergic to nuts, certainly feel free to leave the Brazil nuts to the side. You could include a seed instead like a toasted pumpkin seed, like pepita is really good, or sunflower seeds are really good, too. All right. Any other questions?
- Robin Perlmutter:** Yes. A woman wants to know, how do they access your virtual classes at the teaching kitchen?
- Emilie Berner:** Thank you so much for asking. So Catherine, if you'd like, you can supply everybody with a link to our programs in the chat. And it's really easy. Everything is listed on our website, as well as we have a monthly e-blast that we do for the community where you can see all of the upcoming programs. So Catherine, please feel free to share that in the chat box.
- Catherine Maroney:** I will. Thank you, Chef Emilie.
- Emilie Berner:** So here are our homemade macaroons. And how easy were those? So if you're feeling fatigued and you want a little something sweet that's a good pick me up, you have a great option right here.
- All right. And I'm going to pull off these three shrimp skewers, and then I'll do the rest as I finish. But this is pretty much it for this recipe. So you just want to -- you have that beautiful green sauce. You can use that additional green sauce that we set to the side and put a little extra on top. It's a really wonderful flavor. And that's it.
- There are a few more things that I wanted to share and discuss, so I'm glad that we have the time. I'm just going to -- make sure when you're working with these shrimp that they get cooked on both sides. And a good way to know that they're done is they go from a gray color to being a nice pink color. So one of the reasons I love to work with shrimp is because they tell you when they're done. So instead of worrying, oh, is my fish cooked enough, is my chicken cooked enough, it's really, really easy with shrimp if you're not used to cooking.
- And the other nice thing about shrimp is that you can buy it frozen, which is what I did today. I have a big bag of frozen shrimp, thawed out in the refrigerator overnight in a container. And you can take out as many as you want. So you always have really nice fresh seafood, because usually stuff that's been frozen is frozen on site. So it's caught and then immediately frozen. So it retains a lot of freshness. A lot of people think that frozen seafood isn't as good as the fresh stuff, but I actually find that it tastes better sometimes because you're getting it almost straight from the fishing boat. It's coming in, it's being frozen immediately and then it's being shipped. Instead of fresh fish, which needs to be shipped rather quickly to get to you and still be fresh.
- So I like to work with frozen stuff because it's convenient. It's often less expensive as well to buy something frozen. And you can really pull out as many shrimp as you like to eat. If you are cooking for 10 people or cooking for one, it's easy to just pull out the number of shrimp that you want to make. I usually say about 5 to 7 shrimp per person. That's kind of my rule of thumb. If you're a very

hungry person, you can of course go up to 10. It's a great source of protein.

Any questions about seafood in particular? I know that there's a lot of controversy around seafood and is it good for you. And sometimes the labels aren't really -- aren't true. And that's a little tricky, too, because it's not a very well tracked food. So I just wanted to make sure that everybody felt okay about their seafood.

Robin Perlmutter: Okay. So I have two questions for you, Emilie. One question pertaining to seafood is are there certain parts -- now a lot of fish stores are saying where their seafood is coming from. So how do you decipher that as a consumer? How do you determine where to -- when you see it's coming from, say, Canada or --

Emilie Berner: Right. How do you know if that's a good thing or not.

Robin Perlmutter: Yeah. How do you know where to get your fish from?

Emilie Berner: That's a great question because it certainly is complicated. And I often refer to a website which is seafoodwatch.org. And if you'd like, you can put that in the chat box as well. It's a great website that tells you where, if you're based on the East Coast, which I think many of us are, but not all of us necessarily, where you can seafood that's sustainable and has good practices around ecology and health. It also tells you if you're on the West Coast, because it's different depending on where you are.

So that's a really great resource is seafoodwatch.org. And it will tell you exactly what's the best kind of fish to get. Because not all salmon is salmon. Not all tuna is tuna. There's many different variances within these foods. So a salmon that is grown in Norway that is fished using a practice, an aquaculture practice where nets are dropped into the ocean and the salmon grows -- is brought into the nets, but they're being exposed to all of their nutrients that float through the nets. Little shrimp, plankton, all of those things that a salmon should be getting in the wild, they're getting because it's coming through a net. Versus a farm raised salmon. For example, in parts of Chile there are these big swimming pools, essentially, where salmon are grown and raised on land. And they're being fed things that aren't necessarily as part of their natural diet, let's just say.

So it depends on the fish and where it's coming from and the farming practices related to that fish. It can be a very complicated subject to get into, but it's a worthwhile thing to explore, because certainly we want to give our bodies the best nutrition possible and what's also affordable to us. And it's worth exploring and trying to understand a little bit more about seafood, because it is quite complex, but that's a great resources. So I hope that will be helpful.

Robin Perlmutter: Thank you so much. And one of the women asked, this is a great question as well for most of us laymen. How do you get motivated to cook? Any tips? Obviously coming to your virtual class is a great way.

Emilie Berner: Yes, thank you. Thank you, Robin. So certainly, I get this question a lot. It's like when you go home, do you cook when you go home? And I think the answer is yes. I think what inspires me most is I love going to a farmer's market on a weekend is a really nice way to get inspired by local produce. Because you see succulent asparagus and fragrant strawberries and all of these foods that can really shine, I think, when you go to a farmer's market, because they're really super fresh. So I find markets to be a great source of inspiration.

It's also great to read food blogs, to look at different websites and see what are other people cooking. Because certainly we all get stuck in the same three or four weeknight meals, taco Tuesday every Tuesday. So it's one of these things that it's a nice way to drive some inspiration is through food blogs or there's some newspapers that have a food column or something like that. So just trying to expose yourself to what other people are doing, like what we're doing here in the teaching kitchen, can help to broaden your culinary horizons and provide some inspiration for you, hopefully.

And certainly, if you're feeling fatigued, it's not easy. It's certainly not easy. So I always encourage you to think about the intrinsic motivation behind why you're cooking. Is it simply to feed yourself, or is there a deeper reason? What is your health for? What do you want your health for? How does food contribute to your vision for health for yourself as well as your values? What's important to you? So I often try to connect cooking to that so that every meal is not simply about eating something delicious, but also how is it going to nourish my body on a deeper physical, spiritual, emotional level. It can be more than just a plate of food.

Robin Perlmutter:

Emilie, we have one more question before we finish out the webinar. A woman has been told to avoid shrimp because it's high in cholesterol. And she also as a breast cancer survivor has high blood pressure. Are there alternatives that could use this same marinade to make something similar? Or is the cholesterol thing not a problem anymore?

Emilie Berner:

So, great question. I'm happy to report that in recent conversations with one of our cardiologists, I asked the same question. Because for a long time, shrimp, scallops, and things like that were avoided for cholesterol. Dietary cholesterol does not have as much of an impact, hardly any impact on your blood cholesterol levels as was previously thought. It's more saturated fats that seem to be the problem in relationship to cholesterol. It doesn't mean go out and eat a mountain of shrimp, but it does mean it's a protein that you can introduce to your diet if you haven't -- if you've been avoiding it. Certainly, again, with this pillar of variety, including lots of different protein sources so that you're making sure you don't over lean on any one thing.

One of the fascinating and difficult things about this space of nutrition and the culinary sphere is that we're constantly learning. So things that I share with you today, there might be a study that comes out tomorrow that could counter something that I shared. But I think that's what also makes things interesting. So one of the reasons I also suggest variety as being important is because if all of a sudden olive oil becomes demonized in our nutrition fields, well, you haven't just used olive oil. You've used walnut oil, avocado oil, canola oil, and you've diversified. In diversifying, you also make sure that you don't have too much of one food, which overreliance can be a problem in any situation.

And then in terms of substitutions, yes, you can definitely make substitutions for this recipe. I've made this with an extra firm tofu, which I know soy is controversial. We discussed that. But it's really good with extra firm tofu grilled. And I supposed you could probably make this with like some chicken as well. If you wanted to cut it up into 1-inch chunks, toss everything together, make a marinade and grill it, that would probably be really good as well. I haven't tried that one yet.

Robin Perlmutter:

Thank you, Emilie. Do you have any closing comments?

Emilie Berner:

I'm so grateful to be here. I'm truly appreciative of everybody's time and fantastic questions and

tuning in. I hope that you've learned some really yummy recipes that will help to support your body and nourish you on the deepest level. So thank you, everybody.

Robin Perlmutter: Thank you, Emilie, for your wonderful cooking demonstration and these very inspirational recipes. We all have some homework. And just also this great information on nutritional strategies and eating healthy. And I also really want to thank Hudson Valley Hospital, New York-Presbyterian Hudson Valley Hospital. Carolyn Padial, Ellen Bloom, Catherine Maroney, you Emilie, and of course Dr. Ugras for collaborating with Support Connection on this wonderful, wonderful opportunity. I just want to also thank you all for coming out today for this webinar. Have a great day, everyone.

Emilie Berner: Thank you, everyone. Bye.

Catherine Maroney: Thank you.

Robin Perlmutter: Thank you.