

Program Title: Don't Lose Sight of the Bigger Health Picture, Surviving and Thriving with a Cancer Diagnosis.

This program is being presented in partnership with [NewYork – Presbyterian Hudson Valley Hospital](#).

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Moderator: Robin Perlmutter, LMSW- Support Connection Peer Counselor

Presenter: Natalie Berger, MD is an Assistant Professor of Hematology and Oncology at Columbia University Vagelos College of Physicians and Surgeons, and Associate Director of Breast Medical Oncology at NewYork-Presbyterian Hudson Valley Hospital.

Dr. Berger earned her medical degree from St. George's University. She completed her residency in Internal Medicine at the University of Connecticut and her fellowship in Hematology and Medical Oncology at the Icahn School of Medicine at Mount Sinai.

Before joining NewYork-Presbyterian Hudson Valley Hospital and Columbia, Dr. Berger was an Assistant Professor of Medicine at the Icahn School of Medicine at Mount Sinai, focusing on breast cancer and gynecologic malignancies.

Presenter: Marti Wolfson is a certified health-supportive chef and nutrition educator of over 15 years. She specializes in food therapy, Functional Nutrition, and mindfulness practice for preventing and healing chronic illness. She has taught food as medicine for those healing from chronic illness as well as universities, nutrition conferences, culinary schools, advanced nutrition certifications, corporate wellness programs and health retreats. Marti has a master's in nutrition and Functional Medicine from the University of Western States. She has been newly inducted into the prestigious Les Dames d'Escoffier New York, an unparalleled collective of forward-thinking and successful female leaders in all sectors of the food, beverage, and hospitality industries. She is honored to be the chef and coordinator of The Chef Peter X Kelly Teaching Kitchen at [NewYork-Presbyterian Hudson Valley Hospital](#), a teaching kitchen that serves the community, staff, and patients.

Program Description:

The first part of this program is a presentation by Dr. Natalie Berger, medical oncologist, about the importance of lifestyle, living with uncertainty and continuing cancer screenings.

After Dr. Berger's presentation, Chef Marti Wolfson will talk about how nutrients can support your health. Through a live cooking demonstration Chef Marti will share recipes and speak about the important role nutrients play in helping to manage stress and inflammation and how to use them in recipes.

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: Let's get started, folks. Good evening, everyone. I'm Robin Perlmutter, peer counselor here at Support Connection. I would like to welcome you all to our nationwide webinar, Don't Lose Sight of the Bigger Health Picture: Surviving and Thriving After a Cancer Diagnosis, with Dr. Natalie Berger and Chef Marti Wilson. This program is in partnership with New York-Presbyterian Hudson Valley Hospital. Dr. Berger and Chef Marti are sharing their expertise, and any information or questions pertaining to individual concerns should be discussed with your doctors.

I would like to introduce Carolyn Padiak, Director for the Cancer Center and Rehabilitation Services at New York-Presbyterian Hudson Valley Hospital. Carolyn has over 25 years of clinical and leadership experience within the New York-Presbyterian Health System. Carolyn has a degree in physical therapy from the University of Connecticut and a master's in business administration from Scranton University.

Carolyn assumed a director role at New York-Presbyterian Hudson Valley in 2015 where she was able to extend her leadership reach to the Cheryl R. Lindenbaum Cancer Center. There she provides oversight for operational, financial and patient-centered programs for numerous departments. Carolyn is most excited about working closely with her team of nurses, physicians, therapists and support staff in serving members of the Hudson Valley community and appreciates their continued partnership with Support Connection as part of that service. Thank you, Carolyn.

Carolyn Padiak: Thank you, Robin. Thank you for having us here. I just want to introduce and tell you a little bit about what we're doing at New York-Presbyterian Hudson Valley Cheryl R. Lindenbaum Comprehensive Cancer Center. We are offering quality cancer care and close to home, right here in Upper Westchester. And we're making screening and treatment more convenient for you and for your family.

We have a seamless access to world-class medical experts. I'm sure you realize that with New York-Presbyterian, our physicians here and our oncologists and also our radiation oncologists and also our imaging radiologists and our breast surgeons are all Columbia University faculty as well. So you're able to access wonderful services here at New York-Presbyterian Hudson Valley right here in our neighborhood. We are providing innovative approaches. We are providing certainly treatment for breast cancer.

And we also have an all-female team right now. So with the addition of Dr. Berger, who's our new medical breast oncologist, our imaging radiologists in imaging, and our breast surgeons and Dr. Berger and Dr. Katz in our radiation oncology team also are here to offer services. We have comprehensive services. We have all the services that are needed right in one place, which is a great advantage as well.

So, I am very pleased to introduce my colleague, Dr. Natalie Berger. Dr. Berger is an Assistant Professor of Oncology at Columbia University Vagelos College of Physicians and Surgeons and the Associate Director of Breast Medical Oncology at New York-Presbyterian Hudson Valley. Dr. Berger earned her medical degree from St. George's University. She completed her residency in internal medicine at University of Connecticut. Go Huskies. And her fellowship in hematology and medical oncology at the Icahn School of Medicine at Mount Sinai. Before joining us, Dr. Berger was an Assistant Professor of Medicine at the Icahn School of Medicine at Mount Sinai focusing on breast cancer and gynecological malignancies. So I will turn it over to you.

Dr. Natalie Berger: Hi, everyone. Thank you so much for the wonderful introduction. And Robin, thank you so much for having us tonight. It's such a pleasure to be here to get to talk to all of you and be here to discuss this important topic and help answer questions.

Okay. So tonight we're going to talk about don't lose sight of the bigger healthcare picture, surviving and thriving after a cancer diagnosis. There's a lot of different points that we can talk about tonight, but we're going to focus on some key points, most of which I could also probably talk about for an hour. So I'll try to be concise and get to the important points. Next slide, please. So our objectives for this evening will be life after a breast cancer diagnosis, talking about lifestyle, uncertainty with a cancer diagnosis as well as the importance of cancer screenings. Next slide.

So there are a lot of different ways to reduce cancer risk, and it's really important to try and incorporate all of these things into our lifestyle. And even when we do all of these things, it's still so important to stay on top of screenings, because a lot of the time we don't know why a cancer diagnosis happens. But important things that we can all do to reduce our risk of cancer or a secondary cancer is to stay away from all forms of tobacco, to maintain a healthy body weight, a normal BMI, to regularly exercise.

For patients who are cancer survivors who are undergoing breast cancer therapies, gynecologic malignancy therapies, it's really important to focus on weight bearing exercises because chemotherapy and a lot of the treatments that we use for breast cancer can actually accelerate bone loss, which is osteoporosis. So it's really important to do weight bearing exercises, which is weights that are less than 10 pounds. Things like yoga, Zumba, barre, anything like that. You want to stay away from things like jogging because that's a lot of impact on the bones, and that can actually cause a fracture.

It's so important to eat healthy, plenty of fruits and vegetables. Marti's going to give us an incredible presentation to focus on different things that we can do and prepare to help antioxidant properties, reducing stress and healthy eating. But eating a healthy diet is so, so crucial.

It's best not to drink any alcohol. In fact, the American Society of Clinical Oncology recommends no alcohol at all. For a lot of people, that is hard. So it's just really important to make sure that for women, no more than one drink a day no more than three to four times a week. A drink means 1.5 ounce of a hard liquor or a 4 oz. glass of wine.

It's very important to always protect your skin with sunscreen. Even if you're just going out for a short time, always make sure you're using SPF 30 or above on your face, and anytime you're going to be out in the sun, on your entire body.

It's important to know yourself. It's important to know your family history and your risks. If you have any concerns, it's really important to talk to your primary care doctor about those concerns. And always get regular checkups and cancer screening tests. Even after a diagnosis of cancer, it's so important to stay on top of your cancer screenings. Next slide.

I wanted to take this opportunity to also talk about sexual health, because so many women are impacted by this after a cancer diagnosis, and up to 70% of breast cancer survivors can experience issues with sexual health. And it's often something that people don't bring up with their healthcare providers. Oftentimes, vaginal dryness is one of the first symptoms that people may experience. And there are things to do to help. There are hydrating moisturizers that can help increase moisture in the vaginal and vulvar tissues to reduce dryness and keep tissues moist. And those are things like Hyalo GYN, Revaree, Replens, Good Love. There are a lot of different things on the market. Some of these can be purchased just in a regular pharmacy or ordered online.

These types of moisturizers should really be used multiple times a week, it's not an as needed thing, in order to improve vaginal dryness. So it's important two to three times a week that these hydrating moisturizers are used. There's also soothing natural oils and moisturizers that can help, and they can soothe itching or burning, like Carlson Key-E suppositories, vitamin E, coconut oil.

Pelvic physical therapy can also be really helpful, and it's important to talk to your doctor if this is right for you. There's also a thing called vaginal dilators. That can be really helpful for patients with gyn malignancies who get radiation to the pelvis. Even some breast cancer survivors. So that's another thing that you can talk to your doctor about. And it's very important to avoid any product with artificial fragrances, parabens, petroleum like Vaseline, propylene glycol or glycerin because these can be very irritating. Next slide.

I wanted to take time to talk about uncertainty after a cancer diagnosis, because this is something that everyone is impacted by, some people more than others, but everybody feels it. There's uncertainty when it comes to the treatments that you're receiving. Am I getting the best treatment there is out there? What's the future going to look like for my treatments? Am I going to need more treatment? And that's really important to acknowledge and remember that it can be really scary after you're diagnosed with cancer. And if you ever have concerns, it's important to talk to your doctor, because they can reassure you, can talk to you about the evidence to let you know that you're getting the best treatment there is out there. It's important to talk to your doctors about clinical trials, are clinical trials right for you, so that you know that you're getting the best care.

Patients always wonder, am I cured? Is this cancer going to come back? And that's something that so many cancer survivors deal with every single day. There are people who are able to continue going on and it's always in the back of their head. There's people who it's on the forefront of their mind every single day. Everybody's different. And it's important to think about yourself and who you are and what you need to help you continue to survive and thrive, because the stress of all of that and wondering about that can impact people's ability on their day-to-day basis.

And what I tell patients what's so important is after a cancer diagnosis, cancer is a part of your life, but you can't let it become your life. And it's important to talk to your doctor about your concerns, social workers, anybody who can help support you, and of course your friend and families.

Fear of recurrence and life expectancy of course is the biggest fear. And the good news is that with screening and early detection, most cancers today are curable. But there is always that risk. It's important to know your body, to know how you feel. If something doesn't feel right or something feels different, don't wait until your visit to talk to your doctor. It's okay to call them sooner. It's

okay to call for an appointment. If you have a new pain, something that's not going away, or you're just worried, call your doctor, talk to your doctor and know that we're always here to support you.

Employment and career is so important, too. From the time of diagnosis through treatment, surgeries and even after, during your survivorship care, you can be impacted by the side effects of treatment, by going through the treatments. It's important to talk to your team because we can help guide you through some of the things during treatment. When it comes to disability, if it's needed, how to talk to your employer and your HR department to make sure that your job is protected as best as can be. What services are there for you. How treatments are going to affect your career. People worry about am I going to be able to focus, because chemo brain is real, and people really do focus -- can lose focus after their treatments and such. And so it's really important to talk to your team and your care team on how we can best support you, prepare you, and how we can plan ahead for your career and employment. Next slide.

Emotions after a cancer diagnosis. So, emotions are so different for everybody. I tell all of my patients, you're an individual. You're not a statistic. You're not a paper. Everyone is so different. And the emotions that everybody feels after a cancer diagnosis are so different. Common emotions that people experience are depression, anxiety, distress. And there are so many things out there and so many resources that we have to help support you. Support groups, Support Connection. This is such a game changer for so many people. And I can't tell you how many patients I have will say, "Well, I don't really think I want a support group. I'm really not a group kind of person." And hopefully everyone on this call is a part of this, but you may have felt that at one time, too.

But support groups are the absolute greatest support system we have because talking to people who are going through what you're going through, there's nothing like it. Even as a doctor, your family, your friends, we all want to be so supportive and give you our all to help support you through this, but there's nothing like talking to other people who are going through what you're going through and to have the expertise of the people leading the groups to help guide you through this journey. There are counselors, there are therapists, there are chaplains in place that can be so helpful. Even if you're not religious, the chaplains really are -- they're non-denominational. They're there to talk to anybody. And they can be so supportive during this journey.

Exercise. Exercise is key for mitigating stress. Even if it's just walking, something that simple, doing that every day for as much as your body can tolerate is so important. It can help reduce the stress. It can help cope with the stress. And it really just improves energy and the way that you feel.

Mindfulness is also really important. There are a lot of apps that are out there now. I feel like during COVID, a lot of people started to ask me about it more because it was really on the forefront. And this is something that's been around for so long, and it's so helpful. And so that's really another thing, from breathing, from thought, meditation. All of these things can really help reduce stress and help with coping with depression or anxiety. Next slide.

I also wanted to really emphasize the importance of cancer screenings, because even after a cancer diagnosis, staying on top of cancer screenings is so important. Screening is so important because it's checking the body for cancer before symptoms develop at a time when it's diagnosed at an early stage where it's easier to treat and cure. Early detection leads to early treatment and leads to cure. Next slide.

When it comes to breast cancer statistics, breast cancer is the leading cause of death in women worldwide. Men can get breast cancer, too. And it's so important because there aren't screening protocols in place for men, but approximately 400 men die each year from breast cancer. So it's important for men to be aware of this, too. In the U.S., breast cancer's the second most common cause of death. In 2021, there were 281,550 new cases of breast cancer in the United States and a little over 4,300 deaths -- 43,000 deaths. The lifetime risk of developing breast cancer in a woman is about 12.4%, or 1 in 8 women. This is why screening is so important because 1 in 8 women are going to get diagnosed with breast cancer in their lifetime, and when breast cancer is discovered at an early stage, the goal is cure, and we are able to cure most people today. The median age of diagnosis of breast cancer is 62. Next slide.

It's Breast Cancer Awareness Month, and it's so important to talk about screenings and mammograms because mammograms save lives. The recommendations today are to start mammograms at the age of 40. There was a little bit of difference in guidelines, but recently, everything, including the U.S. Preventive Task Force, does recommend starting mammograms at 40. It's important to go annually. I have patients who say, oh, my doctor said I don't have to because my last one was normal. And the guidelines are to go annually. And I tell my patients, even after a mammogram, within the year, a breast cancer can develop. So waiting two years can really miss the window of diagnosing it early.

For women with a family history of breast cancer, it's important to start your annual mammograms no later than 10 years before the age of earliest onset of breast cancer. So patients who have a known BRCA mutation, there's other mutations, too, PALB2, CHEK2. If somebody in your family has this diagnosis, or if you do, and you have children or cousins or nieces, nephews, it's important to talk about this history with your family because it can really impact when they would start their cancer screenings, and it can also impact if they want to get tested themselves. So it's really important, like I said before, to know your history, to know your risks and also talk to your family about those risks, especially if you have a known genetic mutation. Next slide.

Another important screening that's extremely underutilized is lung cancer screening. So lung cancer is the leading cause of cancer-related deaths in the United States, and there's approximately 230,000 new cases a year. And 132,000 people died in 2021 from lung cancer. The leading cause of lung cancer is cigarette smoking. Next slide.

Lung cancer screening has recently been expanded, and it is available to more people now. The age of screening was lowered from 55 to 50 years old and is recommended through age 80. The number of pack years required to qualify for screening used to be 30, but it was decreased to 20 pack years. And the way to calculate how many pack years you have, it's the number of packs of cigarettes per day multiplied by the number of year that someone smoked. So if someone smoked two packs a day for 10 years, that's a 20 pack year history of smoking. For somebody who smoked 1 pack a day for 20 years, that's a 20-year pack year history of smoking.

And if somebody is a current or former smoker, so even if you quit within the last 15 years, you would still qualify for lung cancer screenings. And of course, we want to make sure that patients who are doing this and are in good health and could undergo the treatments that would be required such as surgery or chemotherapy.

Screening's usually performed using a low dose CAT scan annually. So it's a low dose of radiation. Unfortunately, it is underutilized, and we're figuring out way to improve screenings. But if this sounds like something you would qualify, it is important to talk to your primary care doctor about. Next slide.

So colorectal cancer statistics. So this is the fourth most common cause of cancer in the U.S. There's approximately 150,000 new cases in 2021 and 53,000 deaths. Next slide. So the age of colon cancer screening was reduced to 45. Now there are screening guidelines that say 50 again. And so it's important to talk to your primary care doctor about what's right for you.

The age to stop doing colonoscopies is also variable. Some guidelines say up to 75. Some say up to 85. It really depends on your overall health. And we typically say, if somebody has a life expectancy of more than 10 years, then we should really be continuing these screenings. Because if we don't and a cancer is diagnosed at a later stage, it requires more treatments, more aggressive treatments, and it could even not be detected early enough to cure. And so it's important to talk to your primary care doctor about what's right for you.

There are different screening options available. There are stool based tests now, such as Cologuard, where you provide a sample, and that sample is tested in a lab for DNA that could be consistent with cancer. And if that test comes back positive, then somebody would go for a colonoscopy. And then of course, the standard exam that we've done and continue to do is a visual exam using a colonoscopy.

The frequency of screening also depends on a lot of factors. Typically we say if something's normal, people will come back in 10 years. Sometimes doctors will say come back in 5 years. If there are concerning polyps, then your doctor may ask you to come back sooner, even as early as one year. And somebody's genetic history, some of which are linked with breast cancer or gynecologic malignancies, might also require more frequent colon cancer screenings. So it's so important not to put these off. Next slide.

Another important screening is cervical cancer. Cervical cancer is rare compared to other cancers in the U.S. It's the fourth most common cause of female cancers worldwide, and it is more common worldwide than in the United States because of screenings. There's approximately 14,500 new cases in the U.S. in 2021 and 4,200 deaths. The most common cause of cervical cancer is HPV, which can be detected at the time of pap smear if it's checked. Next slide.

Cervical cancer screening should start at age 25. And screening is done using the pap smear and also HPV testing, which should be done every five years between the ages of 25 to 65. The frequency of screening does change frequently, and it really depends on what your prior result was and if you had a positive pap smear in the past. Over the age of 65, if testing has been normal over 10 years, then the recommendation is that screening can stop. But if you are 65 and you did have an abnormal pap smear in the last 10 years, then screenings should continue.

And the screenings should continue even after HPV vaccination, which we have now, which is incredible and is reducing cervical cancer incidence worldwide. But it doesn't cover every single strain of HPV that there is out there. So it's so important to still continue with cervical cancer screenings with a pap smear. Next slide.

Skin cancer screening. It's so important, like I said before, always always use SPF. I tell people, every year, even if you don't have too many moles, if you're not worried about anything, just do an annual skin check with your dermatologist, because moles can hide in weird places, places you may not be able to see. On your back, in skin folds, even under the fingernail it can happen. And so it's really important to see your dermatologist once a year just to do a skin check and make sure everything's okay. Next slide.

So in summary, like I said before, it's so important to remember that cancer is a part of your life, but you cannot let it become your life. Living with uncertainty is a normal process, and it's important if you're having concerns, if you're having anything that you want to talk to, bring it up to your care team, because we do have supports in place to help. A healthy lifestyle and exercise are so important to maintain always. Cancer screenings save lives, and screenings can detect cancer early when it's easier to treat and cure. Don't skip a year of your screenings, and see your primary care doctor annually and ask which screenings are right for you. Thank you.

Robin Perlmutter: Okay. One woman would like to know, what kind of bloodwork should her primary care physician be doing each year to detect cancer?

Dr. Natalie Berger: So there's no bloodwork specifically to detect cancer. And typically, it depends on the type of cancer if your oncologist is checking tumor markers. In breast cancer, we typically don't do it in early stage. Some gynecologic malignancies are a little bit different. In terms of cancer screenings, there's no specific blood test.

It's important every year, your primary care doctor at least once a year should be checking what's called a CBC to make sure your white blood cells, red blood cells, platelets are normal. CMP, which is a comprehensive metabolic panel, so to check your liver, your kidneys, your electrolytes. It's important to get your lipids, your cholesterol checked every year. Some primary care doctors may check your thyroid. And then the primary care doctor will direct any additional bloodwork based on your past medical history, other things that you may have. Patient who have diabetes will have their hemoglobin A1c checked.

I tell patients also once a year to keep an eye on their vitamin D, because vitamin D is really important for your bone health. And if your vitamin D levels are low, we want to make sure that we're replenishing those. Because especially for our breast cancer survivors and our gyn survivors, we want to make sure that we're doing everything we can to ensure strong, healthy bones.

Robin Perlmutter: Thank you. Couple more questions. How important, Dr. Berger, is it for nieces, like brother's kids to get checked if your breast cancer was not genetic, but you were diagnosed, say, around the age of 36?

Dr. Natalie Berger: So the thing into that, a lot of hereditary conditions that can cause breast cancer may not be identified yet. And 36 is a very young age to be diagnosed with breast cancer. So it is important for family members to tell their doctors. Typically, if there isn't a genetic mutation identified, they'll recommend screenings with self-breast exams, making sure that they're familiar with how to do a self-breast exam. Seeing their gyns once a year for a breast exam.

And if they ever feel anything abnormal, then they should notify their doctor right away. And if somebody says, well, you're not 40 yet. I don't think -- you're too young. But if they feel something that's abnormal, they should advocate for that test, for that mammogram and ultrasound.

Robin Perlmutter: Okay. Next question is if someone's had genetic testing 10 years ago, are there new genes to test for?

Dr. Natalie Berger: So the genes and what we have checked for have expanded. 10 years ago, probably everything that we have right now are what we tested for back then. But it is important if you did have a panel done a while ago, 15, 20 years ago, to talk to your breast cancer specialist or genetic counselor if there are additional tests that you should be checked for. But they can look over the panel that was done for you to see if there's anything additional that should have been checked for.

Robin Perlmutter: Okay. Thank you. Any more questions? Okay. Well, Dr. Berger, thank you so much for your passion, dedication and commitment to the cancer community and to the Hudson Valley community.

Marti Wilson, up next. She's the Chef and Culinary Nutrition Coordinator at the Chef Peter X. Kelly Teaching Kitchen at New York-Presbyterian Hudson Valley Hospital. New York-Presbyterian Hudson Valley is your neighborhood hospital serving the heart of the Hudson Valley community with specialties in cardiology, cancer care, orthopedics, digestive health, obstetrics and gynecology.

Marti is a certified health supportive chef and nutrition educator of over 15 years. She specializes in food therapy, functional nutrition and mindfulness practice for preventing and healing chronic illness. She has taught food as medicine for those healing from chronic illness, as well as universities, nutrition conferences, culinary schools, advanced nutrition certifications, corporate wellness programs and health retreats.

Marti has a master's in nutrition and functional medicine from the University of Western States. She's been newly inducted into the prestigious Les Dames d'Escoffier New York, an unparalleled collective of forward-thinking and successful female leaders in all sectors of the food, beverage and hospitality industries. Thank you, Chef Marti.

Marti Wilson: Thank you so much for that introduction, Robin, and that wonderful presentation, Dr. Berger. It's wonderful to be with all of you. Welcome back, if you've been to the Chef Peter X. Kelly Teaching Kitchen. If you haven't, I'll tell you a little bit more about it at the end of the presentation. So it's wonderful to be with all of you.

Dr. Berger, you set me up really well. And I didn't see your slides beforehand, but the two slides on uncertainty and helping to manage emotions after diagnosis and through treatment, that's what I want to focus on tonight is the stress that can come from illness, from dealing with treatment. When I began my culinary career 15 years ago, I went right into cooking for patients dealing with all levels of cancer diagnoses and treatment. And what I saw with all of my clients was the uncertainty of diet. What to eat, what not to eat. There's so much noise and confusion and I think still today because of our culture, because of media, even our healthcare professionals sometimes can give mixed messages.

So I did a lot of navigating. And not necessarily -- we did talk, of course, about what would be beneficial, but it was about personalizing it to you. So there is no one size fits all diet, but in talking about the big picture, you can at least start and focus on an anti-inflammatory diet. We know that that's what's most beneficial, and that includes, like Dr. Berger was saying, fruits and vegetables, whole grains, nuts and seeds, olive oil. Does this sound like the Mediterranean diet? And then good quality proteins. This could be from our animal proteins or vegetarian proteins like legumes, maybe some good quality tofu or tempeh.

So tonight, what I want you to walk away with is you can use foods, you can use foods everyday in your diet to help combat and mitigate the stress. We all deal with stress. What we don't want to be in is in a chronic state of stress. So just to review, we are evolutionary designed to have stressors when we were running from that saber tooth tiger. That's the short, acute stress that is good for the body. It can raise the blood sugar, raise blood pressures acutely to help us run from that tiger.

But when we're in a chronic state, and the body, the adrenals in particular, are constantly putting out cortisol, our stress hormone, which does help raise blood pressure and blood sugar to activate, when we're in a chronic state and we have too much cortisol, too much adrenaline in the body, that's when we can go into a pro-inflammatory state, and we can have some metabolic dysfunction and inflammation, and inflammation can lead to more stress in the body. So you can get into this vicious cycle. But what you put at the end of your fork and your spoon can help. It's part of the picture. Not the whole picture, but it's part of the picture of mitigating the stress response.

So I am going to do a few recipes tonight that focuses on the nutrients, the anti-inflammatory nutrients that don't get too much in your head about this. I don't want you to get too mental. I want you to just focus on the whole food ingredients I was talking about, because the same anti-inflammatory ingredients are the stress reducing ingredients. Those are your B vitamins that are so important for metabolizing that cortisol, actually helping to reduce the levels in your body. Omega 3s from some fatty fish like salmon, mackerel, sardines. Nuts and seeds, too, avocado. Magnesium is in everything from pumpkin seeds to almonds to our greens. Magnesium is the calming mineral. Maybe some of you have seen the Calm powder that's out there. That's magnesium citrate that's in there. And then protein. Protein helps to balance our blood sugar, which helps our nervous system stay in a more neutral place.

And the last thing is fiber. If you've come to my classes, you probably hear me go on and on and on about fiber, because we are generally deficient in our western diet. But there is so much research about the connection between a high fiber diet and lower stress rates, lower anxiety, lower depression. And that is because mostly the catalysts in that is that when we have a high fiber diet, we increase something called short chain fatty acids in the colon. And that acts as nutrients for the colon and the gut bacteria. And that good gut bacteria, in turn, strengthens our immune system, which lives in our gut. So any questions about that? I tried to do a quick 101.

Robin Perlmutter: One woman is asking if she -- is it correct that you should add fiber at dinner?

Marti Wilson: Well, you can just naturally get fiber in dinner by having a good portion of your plate be vegetables, in particular leafy greens, some of the cruciferous, those really high anti-inflammatory foods from the brassica or cruciferous family.

Okay. So I'm going to actually start with -- I usually end with sweet, but I'm going to start with dessert, because you can stay in an anti-inflammatory state and still enjoy some good sweets. So I think it's important when you are in treatment, or even if you're post and you're trying to prevent reoccurrence, that if you are going to have sweets, you make it high fiber, you have some maybe antioxidants in there from berries or a little bit of dark chocolate. And you also have some protein to help balance that blood sugar.

So we're going to start with this pumpkin blueberry chocolate muffin. It's perfect for the season. And I'm going to begin with the dry ingredients. So I've got some oat flour, high in fiber, and some almond flour. Loaded with magnesium, high in protein, good healthy fats. And then I'm going to add in some cinnamon, which helps stabilize blood sugar. I've got some flaxseed. Really good fats, really good oils in there. Some baking soda and a little bit of salt.

And as I'm doing this, I'm thinking about this is all prepped out for me, nice and neat. What if you are fatigued from treatment? What if you just don't have the energy. And my best advice is to have a caregiver, have a friend, someone that might bring over a dish, have them make something that's really going to be beneficial for you and delicious. So, tell them what you want. Not just a pan of lasagna that they might throw together. Maybe that's what you want, lasagna. But maybe you want a muffin that you just want to wake up and have a little healthy muffin, or you need that 2:00 or 3:00 O'clock hour snack. Or maybe you need a little snack to take with you for treatment.

Okay. And then the wet ingredients are going to be two eggs, a cup of canned pumpkin. If you have the recipes with you, you can just follow along. I've got some vanilla extract and almond extract. And then I usually use coconut sugar for the sweet, just because it's a little bit lower glycemic, meaning it won't spike your blood sugar as fast and so much. And then olive oil. I love using olive oil in banking. Great monounsaturated fat. It makes it feel very decadent while still being extremely healthy. And I'm going to mix this up until it's all emulsified. Okay. So we want a really smooth consistency. These come together very, very fast, and they freeze well. So, you could double it and freeze a batch.

Okay. I'm going to mix this together. And then you can really be flexible here with your fruit. So I'm going to use frozen blueberries. Great antioxidants and fiber. But you could use dried cranberries and apples. And then this is optional, but I like a little dark chocolate, which is great magnesium. Dr. Berger, you must get that question all the time. Why do I crave chocolate during my period? I don't know, is there a connection there, you think?

Dr. Natalie Berger: I don't know. I don't know, but it does come up. During treatments, too.

Marti Wilson: Really? Okay.

Dr. Natalie Berger: Yeah.

Marti Wilson: Okay. So we're going to mix this. And then I like to use an ice cream scooper. And I've got my prepared muffin tin. Okay. So I just take this. Works really well to keep a nice shape, and we'll just go right in. And then you could top this with some more protein or some more fiber. Sometimes I do hemp seeds, which is a great plant protein. I think tonight I'm feeling pumpkin seeds.

Pumpkin seeds, I often talk about pumpkin seeds as the anti-anxiety seed. It is loaded with magnesium. Great for the nervous system. So I'm just going to sprinkle some toasted ones on there. And then it's like TV. We're going to pull out the finished ones. Okay. So I did these ahead of time, and I put these in a mini muffin pan. Aren't they nice? And it's just the perfect -- it's the perfect little snack. Any questions about those, Robin?

Robin Perlmutter: Actually, we have a question for you, and then a couple questions for Dr. Berger. Do you have a minute? One woman would like to know if supplements are as effective as eating everything, you're suggesting through foods to get the nutrients and benefits.

Marti Wilson: Is that one for me? I'm sorry.

Robin Perlmutter: Yeah. Are supplements effective? I guess both of you can answer.

Marti Wilson: Yeah. My suggestion is always food first to get it that way. If you're really having a balanced plate at every meal and a balanced snack, you're getting the nutrients you need. But it's important to get bloodwork from your doctor and see if you're deficient in any area. Would you agree with that, Dr. Berger?

Dr. Natalie Berger: Completely. I always say diet first. It's so important to get your nutrition through your diet. It helps with your digestive health and everything you were talking about in the beginning and the importance of that flora that's so important for our immune system, and that's where you really get it is from the foods. But sometimes when patients are going through chemotherapy, they may have trouble with getting that balanced diet and getting their nutrition, and then that's when I talk about supplementation or taking a vitamin or something where you're not getting it through your diet. But always diet first.

Robin Perlmutter: Thank you. Dr. Berger, while we have you, a woman is asking, is there an age where women can stop getting mammograms?

Dr. Natalie Berger: So, guidelines differ, but what I usually recommend is if we think that somebody has a life expectancy of 10 years or more, then I recommend continuing mammograms. Cancer is a disease of the aging, and we're seeing, sadly, more and more young cancers. But still, the majority of cancers do happen as we get older. And we see so many women in their 80s, 90s. I had somebody who's 103 with breast cancer. And so, it can happen at any age. And if we think that somebody's going to live 10 years or more, then you should absolutely talk to your doctor about continuing screenings.

Robin Perlmutter: Okay. And on that note of continuing screenings, for people with dense breasts, most of the time they end up with a mammogram and then an ultrasound. Are there technologies that are being worked on to improve upon mammography so that it can be -- eliminate the need for the extra test of an ultrasound?

Dr. Natalie Berger: So, mammogram does have its limitations. And the problem is that dense breast tissue can obscure a small mass. And that's where ultrasound comes in because it can pick up something small that you may not see on the mammogram. Because what mammogram is looking for and what ultrasound is looking for is different. A mammogram will pick up things like calcifications or a density in the breast tissue. On ultrasound, usually we're picking up a mass or an area of the breast that may not look normal.

And so, mammogram technology has advanced. There are newer mammogram machines that are better and are better at picking up masses. And so that technology is constantly advancing. Also, artificial intelligence is being used now to help pick things up and improve screenings. And so that technology is constantly advancing, but we're not there quite yet where certain women who do need that ultrasound won't need it anymore.

Robin Perlmutter: Thank you. Chef Marti, and actually, Dr. Berger, this might be for both of you to answer. Someone is writing in that they're on an aromatase inhibitor. They have some restrictions of their diet regarding animal fat, carbohydrates and sweets. So, after treatment, they are now underweight. How does somebody get the balance between gaining a healthy weight and dealing with the diet restrictions of the medication?

Dr. Natalie Berger: You want me to go for that one, or do you want to or both of us?

Marti Wilson: Yeah. I just want to -- you can take that. I just want to, so people aren't missing anything, I'm just starting the cauliflower soup. So, I'm sauteing some leeks in just a little bit of butter and olive oil. But you can go ahead, Dr. Berger, and take that.

Dr. Natalie Berger: Okay. I'm hungry now. So, the important thing is making sure what you're balancing what you're taking in. And so, you want to focus on the good fats. So olive oils, avocados, those things are high in fat, but they're good fats. And they're fats that are going to help you put on the weight, but in the right way.

And the important thing about gaining weight is that you want to do it slowly and by eating the right foods. You want to eat a balanced diet three times a day, and you want to eat healthy snacks in between. So nuts are high in calories, but they're high in good things that are going to help you put on weight. Making smoothies. I tell people, if you're still having a hard time eating, you can throw a bunch of things in a blender and just sip on it. You can add a scoop of protein powder into it. And so those are good ways to help put on weight. Eating products that are high in good fats. Even dairy products, cheeses. You just want to make sure that you're balancing your diet.

Marti Wilson: Yeah, I couldn't agree more. That's the key point is balancing those macro nutrients. It's not just about the fat you might be getting but getting good quality fat and balancing that with some protein and some carbohydrates.

So, Robin, I'm just going to talk through the soup a little bit. I think a soup is an incredible vehicle to get a lot of nutrients into a bowl. And again, this is a wonderful thing that you could just sip. If you just aren't that hungry but you need to sip on something all day, you need to have broth or soup ready to go in the fridge or freezer.

So, I love this cauliflower leek soup. It's filled with anti-inflammatory ingredients from leeks, from garlic and then the main ingredient, cauliflower. So, cauliflower's part of the brassica or cruciferous family of vegetables. It has this compound called glucosinolates. This is the main anti-inflammatory chemical that our bodies need, at least a serving of it a day.

When I make a creamy soup like this, I take the main ingredient and I roasted it. So just some olive oil and salt, roasted it until it's a little bit caramelized. And that's going to sweeten it up a little bit. And the sweetness is important not only to make the soup taste great, but also if you're dealing with changing taste buds and you have any metallic taste going on, the sweet flavor is really the key to help balancing the metal. So, you may need a little bit of maple or honey on something, but you could also get it naturally by caramelizing a vegetable.

So, I've got my leeks. They're getting all buttery looking. Leeks are just, I think, the most delicious onion. And then we're going to add in some garlic. And I like to chop the garlic at least 5 to 10 minutes before I'm going to use it, because when you -- and this actually goes for any sulfuric ingredient. Cauliflower, kale. If you disturb it, chop it, smash it, you release these two chemicals in it -- compounds, I'm sorry -- aniline and allicin. And they become actually more bioavailable and higher level of antioxidant. So, if you can remember, chop your garlic a little bit ahead of time. Kind of a fun fact about these sulfuric ingredients.

Okay. This is a very simple soup. We're going to add in some diced potatoes. This is just a Yukon potato. And this is to give the soup somebody without adding cream or dairy. I think potatoes get such a bad rap. I'm a big cheerleader of the potato. Did you know that the potato has some of the highest antioxidants in the vegetable kingdom, and we sometimes swear them out of the diet?

Okay. So I'm salting. Just a little bit salt at every layer. And then I've got my vegetable broth. And this is really the key to a really nutrient dense soup. So, this is homemade broth I do every couple weeks. Huge batch so that I can freeze it and just keep using it throughout the week. It's just onions, carrots, celery, some fresh parsley and thyme, peppercorns and bay leaf. And I simmer that for 45 minutes and strain it.

So I'm going to just add about a half a cup just to deglaze the pot and pick up all that yummy stuff on the bottom. And then I'm going to add about 3.5 more cups. And my broth is unseasoned. So I'm going to season it now. If you need to buy store bought broth, that's fine. There's some great brands. Just look that it doesn't have any caramel coloring, artificial ingredients. That it's just really whole ingredients.

Okay. We're going to bring this up to a simmer. And while that's simmering away and the potatoes are cooking a little bit more, I'm going to show you my minty green smoothie. So Dr. Berger just talked about smoothies are a great way to get nutrients, good, healthy fats. All right. Let me just bring my ingredients over.

So I always start with the liquid first, and that's so your ingredients don't get stuck on the bottom. I'm going to begin with some coconut water, just to add some natural sweetness. If you want to just do water, go ahead. If you want to do a little bit of coconut milk, that would be nice, too. Then I've got some pear, just an organic pear diced up. I've also done a granny smith apple.

I've done pineapple. We've got some cucumber, fresh mint leaves. This is just going to add some wonderful antibacterial, antiviral properties.

Then I've got a handful of kale. If kale seems like it's going to turn you away from this, because it's kind of bitter. If you're not used to putting it in your smoothie, just do a little bit more spinach. So I've got my spinach here. And then I've got a lime that I took the rind off. So that's going to add a nice sourness. Some ginger, one of the most anti-inflammatory spices. And then we're going to do some avocado to cream it up. What happened to my knife? Hold on a second. Oh, there we go. Okay. So I'm just going to do a half. I'm just going to take my spoon and scoop it out.

I'm going to add in a little bit of honey. You can leave it out if you'd like, but honey is great prebiotic for the gut, good antiviral properties. I'm going to put in a little more kale because I love kale. And then for the protein, you could add a scoop of a protein powder that you might like. I'm going to add a couple tablespoons of hemp seeds. So that's about 10 to 15 grams of protein right there.

Okay. And then I'm sorry about the noise, if you can hear it. One second. Okay, we're plugged in.

Robin Perlmutter: Do you have time for a question?

Marti Wilson: Sure.

Robin Perlmutter: Okay. So a woman want to know if there's a concern about eating too many soy products.

Marti Wilson: Soy?

Robin Perlmutter: Yeah. Is there -- can anybody eat too much soy?

Marti Wilson: Yeah. My answer to soy is to make sure you're keeping it to the whole form. So that would be non-GMO tofu, some tempeh, edamame, miso, miso paste. I would be careful drinking cups of soy milk. A lot of our soy -- in fact, 90% of the soy worldwide is GMO. And I know there's controversy with soy and breast cancer. But I think if you keep it to even one serving a day, a whole form, it's actually beneficial. So they're showing many more benefits because of the phytoestrogens that are so beneficial. Dr. Berger might have another perspective on that.

Dr. Natalie Berger: My answer is actually very similar. It's a question that comes up very often for me with patients who have breast cancer, and I say the same thing. Soy is in everything. If you look at labels, it's hard to find things that say, does not contain soy. But they are labeled now because people have soy allergies. When I tell people to pay attention to that because we really want to avoid all genetically modified foods.

And so when it comes to breast cancer, I also say there are studies that have been done in Korean women who have a diet that's much higher in soy, and it actually showed protective benefits to estrogen. So the data is really just all over the place right now. We don't know for sure what the right answer, what the wrong answer is. But I tell people to limit their soy intake, but it's okay to eat foods that are natural -- like Marti said, tofu, things like that. But I'd say try to stay away from it every day. Two to three times a week. But soy is in everything. It's very hard to avoid. So it is important to look at labels to see how much you're getting a day.

Robin Perlmutter: If someone's dealing with a fatty liver and they need to watch their carbs, what's the best way to do both an anti-inflammatory and low carb diet?

Marti Wilson: I think you want to stay away from some of the starchier fruits and vegetables. Things like bananas, plantains, sweet potatoes. And go to lower carb, butternut squash, zucchini, summer squash, carrots, things like that. And you can find that. You can find a nice list online for low starch fruits and vegetables.

Robin Perlmutter: Thank you.

Marti Wilson: I'm going to pretend this has simmered for about 10 minutes. I'm going to add in the cauliflower. The cauliflower really doesn't need to be cooked anymore. If you prefer a chunkier soup, you can have it just like this, or you could blend half of it. I'm going to go ahead and blend the whole thing. If you have an immersion blender, that works really well. I'm going to pour it into my Ninja. You could also swap in broccoli for the cauliflower. Or you could do kale. You could do a whole different cruciferous. So I'm going to add in enough broth and then the solids. And again, make a big batch of this, freeze it, have it at the ready. And we'll blend. Doesn't want to cooperate. Hold on. Hold on.

Okay. Well, we're going to -- I'll take some more questions, Robin, while I try to figure this out, if I can.

Robin Perlmutter: Okay. What's your feeling on --

Marti Wilson: Live TV is so much more interesting.

Robin Perlmutter: Exactly. This will be the outtake, right? So what's your feeling on organic? What's a must organic? I mean, do you have to buy your vegetables organic?

Marti Wilson: A good place to start is the Clean 15, Dirty Dozen. It changes every year. It comes out by the EWG, Environmental Working Group. And it shows that, let's say cauliflower is low in pesticides, so it's okay to buy conventional. But things like strawberries always show up on the Dirty Dozen. So you can really be more discerning, looking at a list like that. Berries are highly sprayed. So there's certain things that I just opt to pay a little bit more in organic. Or frozen is a really great way to go. You pay less, and actually, some organic fruits that are frozen contain higher antioxidants because they're flash frozen right away. The nutrients are kept in there.

Robin Perlmutter: Thank you. Okay. And we're just going to let you finish up your recipe. We're just going to let you finish up your recipe.

Marti Wilson: For some reason, my blender won't close. But you can imagine, it's a creamy soup.

Robin Perlmutter: Okay. Well, thank you so much. I think that about wraps it up. And I just want to thank you, Chef Marti, for sharing your wonderful recipes and great information tonight. And Dr. Berger, for you coming on and sharing your wonderful presentation. So much good information here. A lot to think about. A lot to digest and enjoy. Like I said, this is recorded and will be available in a couple weeks on our website, and you will all get notification of that.

I want to once again thank you both and the New York-Presbyterian Hudson Valley Hospital for all that you do for the cancer community and the community at large. Have a great night, everyone, and thanks for coming out.

Marti Wilson: Thanks, Robin. Thanks for having us.

Dr. Natalie Berger: Thank you so much.