

The Best Foods and Diet for Cancer Treatment and Survivorship

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This archived video webchat features nutritionist Stacy Kennedy, MPH, RD, CSO, LDN, who discusses the optimal diet for cancer patients and survivors, and answers questions on the latest food fads and myths. Kennedy is a member of the Nutrition Services team at Dana-Farber/Brigham and Women's Cancer Center

ANNE DOERR: Hello and welcome to [Dana-Farber's Live Video Webchat Series](#). My name is Anne Doerr. And today we'll be speaking with Stacy Kennedy on the topic of best diets for cancer patients and survivors. Welcome, Stacy.

STACY KENNEDY: Thank you, Anne. Great to be here.

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ANNE DOERR: Stacy is a nutritionist with Dana-Farber/Brigham and Women's Cancer Center. And she is a Board-certified specialist in oncology nutrition through the Academy of Nutrition and Dietetics. If you have a question to submit to Stacy, you can email us at Webchats@dfci.harvard.edu. And you can also follow us along on, and submit questions via Twitter and by tweeting @Dana-Farber using the hashtag #DFCIWebchat.

Okay, Stacy, let's get started. First question, can you discuss the importance of good nutrition before, during and after cancer treatment? And does this involve all cancers?

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STACY KENNEDY: Yeah. So this is a great question, Anne. And I really like it, because it's so broad and applicable to so many people. Absolutely, nutrition can make a really big difference when we look at cancer prevention—so that applies to everyone—as well as helping to promote survivorship for patients who've gone through treatment, and also helping to kind of reduce the severity of many cancer-related treatment side effects. So, good nutrition does play a key role, but we don't have to strive for perfection. Little, small changes towards a healthy diet can actually make a really big difference.

ANNE DOERR: Patients often have trouble with appetite loss during treatment. Do you have any tips for patients who are coping with this side effect?

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STACY KENNEDY: Yeah. So appetite loss is, I would say that and fatigue are probably two of the most common symptoms associated with many different types of cancer treatment. So it's certainly not specific to one type of cancer. And, as far as the appetite goes, you know, sometimes chemotherapy can really affect sort of how you perceive or experience taste and hunger. And even other therapies like radiation and surgery can have an effect.

So, when it comes to appetite, you know, normally, so many of us are trying to limit our appetite a little bit, right? We see food commercials; people bring us food at parties. We have to control ourselves from overeating. Many times cancer patients have the complete opposite experience in those same scenarios. It can be really frustrating, hard for others to understand.

So the most effective strategy for helping increase your appetite during treatment is actually to set and follow a schedule. So eating small, frequent meals, where you have an external reminder, so rather than like a nagging partner who is really trying

hard, you can like set an alarm on your phone, or on your computer to sort of go off and drive that internal hunger to kind of wake back up. So follow a schedule and allow yourself permission to eat small portions.

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ANNE DOERR: Great advice. Okay, weight gain and weight loss are both common side effects of cancer treatment. What foods would you recommend for someone who is trying to gain weight? And then, what would you recommend for someone who is trying to lose weight?

STACY KENNEDY: Okay, so surprisingly there are similar types of foods that may help in both scenarios. So a healthy diet can support your immune system, which is a big benefit in terms of just cancer prevention and survivorship overall. But when it comes to weight management, that small, frequent eating schedule that we talked about is really, really important.

And for someone trying to [gain weight](#), rather than going for like high calorie junk foods, look for high calorie healthy foods. They will help you to feel well, more energetic, and keep your immune system strong as you go through treatment. So that would be things that dieticians love like avocado, adding healthy oils like olive oil or walnut oil into your foods, or salads. And looking to fortify your food.

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So let's say something like oatmeal, right? We can add a healthy type of butter. But you can add nut butters. And that's a great way to increase the calories and protein. So I like to put almond butter, some fruit, some chopped up other nuts and seeds into my oatmeal. And that's a great hunger management tool for the person trying to lose weight. And it's a great calorie boost for the person trying to gain weight.

ANNE DOERR: Are these oils really—I've seen them, stores open up. Is this very popular and an easy way to put protein into your meal?

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STACY KENNEDY: So the oils actually put in those calories, and the healthy calories. They're a type of a fat. The protein, which is also important, that's going to come from other sources. So when you think of like the nut butter I mentioned, that has both the protein component that you're talking about, and the healthy fats and the calories.

Other good proteins would include kind of lean proteins like fish or eggs. But also things like other nuts and seeds. Beans, legumes like lentils are a great source of protein and fiber.

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ANNE DOERR: So oils, just the calories?

STACY KENNEDY: Yeah, oils to calories, but they have other nutrients, so they have other antioxidants like—oils are kind of like fruits and vegetables. Like they're all good for different reasons. When we look at the plant-based choices, of course there's a million details, you can drive yourself crazy with online. You know, maybe you want organic, maybe you want it to be in a glass container. There are just so many different details.

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But for our purposes today I think the take home is that a plant-based oil, like coconut, extra virgin olive oil, walnut oil, they're going to offer different benefits. So

getting that variety, just like you want your variety of fruits and veggies, is probably a good strategy.

ANNE DOERR: What foods should patients avoid during treatment?

STACY KENNEDY: So this is one that we get a lot, you know. A patient will come in and say, “Okay, tell me what I should eat.” And then the next question is, “Okay, tell me what not to eat.” And the truth of the matter is that it’s a very individualized thing. So one thing I love about being a nutritionist here at the Dana-Farber is that I can sit and talk to people and get to know them, and get to know the details of their contact, so I can really give them that advice.

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But you know for everybody, generally speaking, for patients certainly avoiding things that you find irritating. So if you have mouth sores you’re going to want to limit very acidic foods or very spicy foods. If you don’t have [mouth sores](#) or reflux you may not need to limit those.

But we all would benefit from limiting things like processed meats, excessive amounts of red meats, fried foods, kind of those common sense, sort of processed junk foods. We want to really limit those and make room for things that will actually give us some nourishment.

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ANNE DOERR: What are your thoughts about a vegan or vegetarian diet?

STACY KENNEDY: So it’s another, another great, great question. There’s definitely a place to be vegan and go through treatment, and get all your protein and iron. There’s a place to be vegetarian. There’s a place to just simply eat a plant-based diet. And I think that that’s the part that gets confusing. So a plant-based diet does not

necessarily mean that you are vegan. And being vegan means you're only eating plants; avoiding all animal sources.

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For example, there was just a study that came out looking at [colon cancer](#) and found that those who ate a plant-based diet with a little bit of fish occasionally, actually, had the lower risk for developing colon cancer.

So when we think about what's best for patients, look at including more plant foods like fruits and vegetables, not seeds, whole grains, legumes. But you don't have to do that exclusively, but you want at least half of your plate to always be those vegetables and plant-based foods. And some meals you would want that for 100% of your plate.

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ANNE DOERR: This question from a viewer. You touched on this just a little bit, but during treatment, should I be incorporating [vitamins and supplements](#) into my regular diet?

STACY KENNEDY: Great, great question. And again, it speaks to the importance of tailoring any kind of guideline, whether you're learning this from us right now, or you're reading online or you're talking to your neighbor, you really want to go back to your dietician and to your doctor with any of these questions. Because certain supplements are important and helpful. So some people need to take vitamin D, some people need to take probiotics, magnesium sometimes if your blood level is low from chemo.

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But there are other supplements that can actually reduce the effectiveness of your treatment. So for example, taking high dose antioxidant pills during radiation therapy may reduce its effectiveness. Same thing for chemo. So you don't want to be going through all of this and doing something that's inadvertently sort of compromising its success to some extent.

One thing that people often are understandably confused about is, well, then I guess I shouldn't eat blueberries because those have antioxidants. And the issue and concern is just with supplements, which can be high dose, potent and also to some extent, a lack of regulation. So we don't want you skipping those fruits and veggies. We want you picking those and asking your doctor about the supplements. Don't just start taking vitamins thinking they're going to fill in the gaps.

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ANNE DOERR: I was going to say that's so important because this is something you don't want people doing on their own.

STACY KENNEDY: Absolutely, yes.

ANNE DOERR: Another viewer question. I am currently in treatment for ovarian cancer, taking Avastin every three weeks. Should I take antioxidants and multi-vitamins?

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STACY KENNEDY: Ah, so that's a good one. Multi-vitamins, in general, don't necessarily offer benefits for the public at large. Having said that, there are instances and situations where a multi-vitamin might be helpful, or your doctor might prescribe it. So you know for this patient I'd really need to talk to them. I would

prefer they get their nutrients from a well-balanced diet as kind of your main strategy. But your basic multi-vitamin, or like a multi-vitamin for seniors, tends to be safe during treatment. But again you want to explore that.

And you know same thing for the other supplements. It really is going to depend on a lot of factors. It's hard to say kind of globally what everybody should take. It's more of an individual thing.

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ANNE DOERR: What are your thoughts about garlic? I know a lot of people love garlic, but then when they start on chemo it's a taste factor. It's hard for them to continue with the garlic. Is there a way to get garlic benefits from some place else? Or is there a way to mask the garlic taste?

STACY KENNEDY: Okay, so this is like a fun cooking tip. Garlic has a lot of Phytonutrients which are compounds naturally found in plants that can benefit our health. So you know we're familiar with like antioxidants but there's so many Phytonutrients. So garlic has a lot of potent Phytonutrients that can help support your liver and many other factors related to cancer prevention survivorship. But yes, garlic can often be a little strong or potent.

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One tip for actually making garlic even more potent in terms of its nutritional benefits is to actually chop it up first. So I like to like smash it with the knife because it kind of gets the skin off. And then chop it and let it sit. Because when the air touches some of those exposed Phytonutrients it can actually help increase their concentration. So it's kind of a fun cooking tip.

For garlic I would say if the taste is a little too strong, definitely don't eat it raw. Try to cook it and maybe roast it, and then incorporate it into sort of a meal that once you've roasted it and kind of spread out the flavor a little bit.

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But you know, garlic is one of many healthy foods. So if garlic just doesn't sit right with you, or is not appealing, no worries, you have so many options in the plant world to choose from.

ANNE DOERR: Are there other foods that people not complain about, but have trouble with during chemotherapy?

STACY KENNEDY: Yeah, I mean, it's pretty variable. But I think extreme temperatures, extreme like spiciness, although spices have some pain relieving anti-inflammatory properties that are really healthy, they do tend to sometimes be irritating especially if you know your mouth or your stomach or your esophagus is irritated. Sometimes citrus in large amounts can be bothersome.

One of the biggest triggers, though, of nausea and sort of food intolerance is actually an empty stomach. So going back to our first tip about that schedule of small frequent meals, that's really important when we're looking at things like nausea, reflux and other symptoms.

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ANNE DOERR: Especially taking medicine and --

STACY KENNEDY: Yes.

ANNE DOERR: So here's another viewer question. I am on chemotherapy, and food I normally eat—as we just started to talk about—is starting to taste weird and metallic. What can I do about this? I know you say mask it a little bit. So is that true with big meals too?

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STACY KENNEDY: So you know for taste changes, again there are different kinds. So you know if you're having trouble sensing taste, or like taste acuity, we call it, there are sometimes certain supplements that may help. So talk to your doctor about that.

But giving more flavor. It doesn't have to be hot or spicy, just more flavorful. Also using kind of like tart or sour flavors can help with some taste changes. So thinking of things like lime or cranberry or pomegranate, lemon, kiwi, those could be helpful. And then for metallic it's really avoiding metal. You're just more sensitive to the metal that we don't normally pick up on.

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So that would include things like using plastic silverware instead of regular. Avoiding anything in a can. Don't use aluminum foil. Really try to limit your exposure to food and metal touching each other.

ANNE DOERR: That's a good tip. Just a reminder, another tip for anybody just viewing in, we're talking to Stacy Kennedy, she's a nutritionist here at the Dana-Farber Cancer Institute. And she's answering our questions about nutrition during cancer treatment.

Okay, next question. I have HER2 positive [breast cancer](#), and I have heard I should stay away from soy protein and soy isolate. Is this true? And if so, what other ingredients should I look for on packages that would be similar?

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STACY KENNEDY: Great, great question. And we've done some really good research, some of it actually here at the Dana-Farber, debunking a little bit of the soy myth. So again there are many layers to look at here.

So one of the first things would be absolutely if you have an estrogen related cancer is to avoid those processed, more concentrated forms of soy. So like you mention the soy protein isolate. That's something you can look for on a food label. So for example, if you're going to add a protein powder to your smoothie choose one that's not soy if you have had a history of an estrogen positive cancer.

Same thing for a lot of like nutritional products like protein bars are another common place. Certain meat-free meats like certain types of veggie burgers or other foods that aren't actually meat may have that soy protein isolate. So that's a more concentrated source of the phytoestrogens that are naturally found in soy foods.

So when we look, though, at actual whole soy foods like edonome, tofu, soy nuts, those sorts of natural foods, the research actually doesn't support avoiding it altogether. You really don't necessarily need to. There's even research looking at how miso soup may be beneficial during certain types of cancer treatment even for estrogen-related cancers.

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So the idea is it's safe to consume, whole natural soy foods in moderation. You want to avoid those processed, concentrated sources. Look for that soy protein-isolate.

Isolated soy protein is another way you might see it on the label. But even breads will often have soy flour nowadays to increase the protein content. So you just want to be aware of kind of your total consumption of that.

But you know, if you're at a friend's house and they have a beautiful salad and there's a little bit of edamame on it you don't have to be afraid of it. You can definitely enjoy that and kind of benefit from the protein and fiber and other nutrients.

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ANNE DOERR: I was going to ask you, how about if you're out at a restaurant and you can't—maybe you could ask questions, but should you not worry so much about a little bit on the side or--

STACY KENNEDY: Yeah, I mean I think in general when we look at nutrition and its effects, it's really looking at patterns of consumption over time as opposed to like one moment in time, this meal defines everything. It doesn't really work quite like that. But you should definitely ask lots of questions at restaurants. If you have a food allergy, a food sensitivity, many restaurants from a local mom and pop shop to a huge chain, they're much more savvy now and willing and ready and able to help you and address your questions.

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So I actually think the more you can voice your restrictions or concerns, the better.

ANNE DOERR: They're used to answering those questions all the time, so it's nothing you should be embarrassed about.

STACY KENNEDY: Absolute. It's so common place. My younger son actually has some food allergies, so I sort of personally deal with this all the time. And I mean we went to Disneyworld, we've been everywhere, and it's great. So definitely speak up.

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ANNE DOERR: I'm sure he'll start asking first right.

STACY KENNEDY: No, he actually does, it's cute. He's five, it's adorable.

ANNE DOERR: Speaking of children, what about our pediatric cancer patients. Are there certain foods you would recommend for childhood cancer patients and survivors?

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STACY KENNEDY: Yeah so you know I think that's a great question. Another thing I want to point out too is that we have an amazing staff of [Jimmy Fund](#) dieticians. So these are dieticians that like me are experts in oncology, but they are also experts in pediatrics. So absolutely, ask to meet with your pedi oncology nutritionist. But having said that you know kids are not little adults. They have their own needs for growth. So there are all the usual cancer survivorship principles that we've been discussing, so looking to include more fruits and vegetables, eat more often, get adequate calories that are healthy, get enough protein. But kids will have other specific needs. So you want to kind of approach it from a health mindset, but you want to investigate specifically based on their age and their development status, you know sort of the details of what they might need.

Childhood cancer survivors, however, as they grow into adults especially like in their 20's, you know you're kind of making your own food choices, are sometimes at

risk for developing other types of cancers, or developing other health problems like diabetes and heart disease. Whether it's because of treatment or just because – because, because you're an adult and everybody's kind of at risk for those things you know in our culture.

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So you know looking at exercise, weight management and healthy diet is absolutely important for survivors of childhood cancers.

ANNE DOERR: And mom and dad and other caregivers of pediatric cancer patients should be really, really knowledgeable especially because they're not applying what they eat. They have to worry about somebody who's not as tall and heavy as they are.

STACY KENNEDY: Right, exactly, exactly. I think you know kids kind of—and kids aren't always going to—or adults either—they're not always going to eat everything you like want them to at that moment in time. But just in general in terms of encouraging healthy eating in your kids, being a role model is the best way. There's a lot of research showing that even if kids aren't necessarily making those choices for themselves yet, the exposure to their parents eating fruits and vegetables and eating healthy can actually translate to impacting their choices later in life. So it is important to kind of, you know, be the change you want to see in the world right there at your own kitchen dinner table.

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ANNE DOERR: Okay another question from a viewer. I am a survivor of childhood [stomach cancer](#), and I've now developed diabetes. Do you have any tips for maintaining a nutritional low fiber diet with somebody with diabetes?

STACY KENNEDY: Okay, so that's great. That's like a multi-part you know question in there. So yeah, so low fiber diet is something that many people need to follow. So other conditions where we see that in cancer survivors are, for example, women with ovarian cancer are sometimes at risk for bowel obstruction.

And so we want you to get your phytonutrients, but we want you to limit your roughage fiber. So there's a balance there. So for example thinking of sort of lower insoluble fiber like that roughage part in terms of vegetables would be like roasting vegetables that are softer. So like you could roast, you know, carrots and mushrooms, sweet potatoes, butternut squash. Those kinds of vegetables are often suggested and well tolerated by people who need to follow a lower fiber diet.

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Another option is if you have a juicer, the juicer takes out the pulp or the roughage or the insoluble fiber. So that's another way that you can add in some vegetables and a few fruits to your diet that you may not be able to tolerate as well, you know kind of eating them whole, sort of by themselves.

And then another component to that, however, is the diabetes part of your question. So you know for diabetes we want to again small frequent meals, kind of a broken record on that one. Having a representative from the protein family every time you eat is important, too, because protein basically is like a time release capsule for your carbohydrate. So, having protein with your carbs can help you absorb the carbohydrate a little bit more slowly so you don't like spike your blood sugar and have it crash.

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So an example of that, you know, that would be lower fiber I guess would be like a banana, some banana slices with a little bit of a smooth like an almond butter, or a smooth peanut butter. So because the nut butter is smooth there's a little bit less

fiber. And because you're having it with like a lower fiber fruit, like a banana, but you've got that protein with the carb.

Another component that would be helpful would be to you know limit sort of refined sugary drinks. So many kinds of like bottled juices that are higher in sugar, have added sugars, a lot of processed white flour that might be lower in fiber but not so great for the diabetes part.

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ANNE DOERR: I guess maybe this I should ask you, what about sugar. Sugar is something they should stay away from.

STACY KENNEDY: So this is like—it's like asking me my political viewpoint. Yes, [sugar and cancer](#) is a really hot topic right now. And there's a lot of research emerging about it. And I think the—for the purposes of the time we have today, we could spend the entire Webchat on curing cancer.

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The take home message is to really honestly think about moderation. You know the typical American diet is just way too high in processed sugars, and very deficient in natural, healthy, unprocessed foods. So it's not just the presence of a ton of sugar, it's the absence of things that are nourishing too. So there's a little bit of both sides there.

Having said that, there is data that for certain types of cancers excessive sugar intake may be problematic in terms of looking at you know cancer incidents and cancer you know survivorship. So there are certain cancers it's really more of a focus. But I think in general we don't want to avoid fruit altogether. That often poor

fruit gets blamed for you know being a candy bar, and it's totally not. There's fiber, there's phytonutrients that affect your sugar absorption.

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But if we look at your balance of fruits and vegetables we do want more vegetables compared to fruits. And we don't want everything to be sweet. So even artificial sweeteners make you sometimes, may make some people want things more sweet, may have other risk factors as well, too.

So like if you drink tea, try to just drink the tea. If you use a whole packet of sugar, cut to half, cut to a quarter. Try to get rid of it. Maybe do a drop of honey. Try to look for more natural sources of sweetness, like adding a mashed up banana into your oatmeal instead of brown sugar. Things like that where we can kind of cut our excessive sugar intake. But at the same time not feel so stressed and drastic that you have to 100% have a zero gram sugar diet because that's a really tough space for people to be in.

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ANNE DOERR: Do you find that moms and dads of pediatric cancer patients struggle with this a lot and ask you these questions a lot of times more than the adult patients? Or is it a probably even?

STACY KENNEDY: I mean, I would have to say in all honesty it's pretty similar. I think people feel more comfortable asking when it's about their kid. But you know kids like fruits and vegetables too. So poor kids get blamed for having these horrible diets, and they're really learning from us. So you know I think that—yes, you know, people do ask a lot. Some people find-- you know sometimes during an infusion they get a really bad taste in their mouth from the chemo. And sometimes people like to suck on like a hard candy. And then they feel bad about it.

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You know, again, we've got to look at this in the big picture. It's not like you know it's your birthday you have a small piece of cake, that's not what we're talking about. It's looking at every single day what is your like cumulative sugar intake? And what are the kinds of sugars that you just don't need, they're not necessary.

And I feel like you know whether it's for a child or for an adult, you know that's really more of the place to begin making your diet healthier.

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ANNE DOERR: This just in. What are your thoughts on coffee and caffeine as part of your diet?

STACY KENNEDY: Okay, so, yeah, so that's it, that's a great question. Caffeine needs to be metabolized by your liver. And so do a lot of drugs. So there is this idea that if you're having, again, an excessive intake of caffeine that may not be great for your body's whole sort of system of keeping itself healthy and well and clean and you know functioning properly. So there's sort of that.

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But you know one or two cups of black coffee or like green tea is not necessarily a bad thing. It depends on the type of cancer you have. It depends on your symptoms. Coffee's pretty bitter, so a lot of people just don't like it. It doesn't sit well with them during treatment.

But it's also going back to the sugar, it's like what are you putting in your coffee? If you're adding in lots of cream, or half and half, or non-dairy creamer processed--

ANNE DOERR: Mocha latte's—

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STACY KENNEDY: -- stuff, or eah, or like crazy amounts of sugar then coffee's not the same. Coffee's not always coffee. You know a small cup of black coffee is certainly different. There's antioxidants in coffee. There's research showing that women who drink some coffee may have lower rates of breast cancer. There's evidence about green tea having different antioxidants and properties like anti-angiogenic properties, things that may help tumors, you know prevent them from making their own blood supply.

So there are, they're natural plants so there's room for them you know in moderation, and sort of just natural without a lot of additives into your cup. I think that's the safest way to go about it.

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ANNE DOERR: Just be careful what you put in it.

STACY KENNEDY: Yeah, pay attention to that. And don't feel like you have to wake up tomorrow and change everything overnight, although you can. But what's more successful long term is like a gradual process that you feel comfortable with.

ANNE DOERR: Do you try to tell your patients to substitute, like maybe water and lemon, or something other than coffee? Or you try to wean them off slowly?

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STACY KENNEDY: Well, it really depends. I mean, caffeine is an appetite suppressant. So going back to that question about if you have a poor appetite and you're the type of person who's like at work all day busy, drinking coffee all day long, not stopping to eat and suppressing your appetite, you're just never going to catch up for your nutritional needs to support your immune system during treatment.

So it's looking at the context. But hot water with lemon, and you can even add fresh ginger to that, is so healthy. It's really, really good. It can help fight nausea, taste issues. There's so many phytonutrients in lemon and ginger. So that is a wonderful substitution. But again, you don't have to look at it as all or nothing. If you drink 20 ounces of coffee maybe four or eight becomes your new norm.

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ANNE DOERR: This viewer writes, I'm finding it hard to keep up my energy during cancer treatment. Are there diet changes I could make to help give me an extra boost?

STACY KENNEDY: Yeah, so fatigue is one of the most common side effects of cancer treatment, and just our busy lives in general. So one of the things you can do is eat nutritious foods that are plant-based often in small amounts throughout the day. Hydration is super important for fatigue. And often water doesn't taste good so you might want to add in like fresh lemon, lime, orange. You can make [infused water](#). So like take a pitcher of water and put in anything from cucumbers and mint to strawberries and cantaloupe and just let it sit. You can even purchase water bottles that have like a whole in the middle where you can put your fruits and your herbs, and they'll steep into the water while you walk around.

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But hydration is very correlated to fatigue. So—and if you know it’s hard to get those fluids, try to be more of like a multi-tasker with your nutrition. So like if you make a smoothie, or you have a soup, you can get hydration, protein, phytonutrients, fiber, fruits and vegetables, energizing foods all in one package.

The other piece is increasing your intake of plant-based foods. Those can absolutely help boost energy and reducing your intake of high sugar, processed foods which can kind of zap your energy.

ANNE DOERR: Do seltzer waters count, because they’ve gotten so popular.

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STACY KENNEDY: You know they have and they’re all different. Some are pretty clean, some have additives. You want to read the label. Some people don’t tolerate the carbonation very well; others find it helpful. So you really kind of have to look at your own context with that. But sometimes that carbonation, if you’re having like gas or bloating or stomach upset that extra air isn’t really going to be as beneficial.

ANNE DOERR: This next question is from someone who has had breast cancer surgery a year ago. She is currently on tamoxifen but is finding it hard to continue to lose weight after initially losing ten pounds. She says, “Stacy, help me get unstuck.”

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STACY KENNEDY: Okay, awesome, awesome. Well, come in and see me and let me really help. But in the meantime for everybody out on the internet, you know one of the great things that we have is our—is our [Dana Faber app](#). So we have a free nutrition app. And in the app you can look for recipes and they’re all tagged. So you

can go in and look for like low calorie, high fiber, high calorie—you can search. You can build shopping lists and all kinds of fun stuff with that.

We also have an “[Ask the nutritionist](#)” section and we’ve gotten so many questions just like this one. “I’m stuck. How do I lose weight?” So those are some additional resources.

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One of the things is to really look at your diet and make sure you’re not being too restrictive. We don’t want to restrict on the good stuff. So increasing your intake of vegetables and fruits, eating more often and hydration. Hydration’s kind of an unsung hero when we look at metabolism and weight loss, and even food cravings. Many people find they crave more sugary foods or salty foods when they’re not hydrated enough. So dealing with some of that can be as simple as drinking more water.

But I would really look to have that more frequent eating. Definitely exercise, especially for breast cancer survivors. But cancer survivors overall can really benefit. Exercise can help your immune system. But don’t over-train. So just like eating, it’s like that balance. So, looking to be physically active. You don’t even necessarily have to go to a gym. When the weather’s better you can walk outside like today or other times. Even just doing some simple exercises at home. There are a lot of great resources online, you know 15 minute yoga, videos that you can watch, things like that.

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But making sure you’re not exercising so hard that you’re driving your appetite. And then eating more and sort of in a way sabotaging that weight loss.

ANNE DOERR: Next question. My husband was—this is a caregiver question. My husband was diagnosed with breast cancer in 2014. He will be started radiation soon, and I’m feeling overwhelmed about what to feed him or what foods to buy.” This is a great caregiver question because I know so many people get so stressed out and so worried about it.

[00:32:46]

STACY KENNEDY: Absolutely. And you know I think it’s good to kind of start with where you guys are at now. What are some of the foods and the meals that you currently enjoy, and how can we maybe elevate those to being even healthier. So we want to add more of those phytonutrient rich foods, more of those protein rich foods into your eating plan.

So everything from different nuts or seeds, whether it’s like as a snack or on your salad. Lots of fruits and veggies. Fatigue is a very common side effect of radiation, so again being hydrated, eating more often, going for those nutritious snacks – like grabbing an apple instead of a cookie – things like that can help.

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And I think you know for the caregivers and for the patients—but you know one of the challenges is—it’s not necessarily a challenge it’s something you can embrace. So people are you know offering to help. Many times I hear this from patients, or really from the caregivers, you know our friends, our neighbors, people from our church or other people that we know, they really want to help. They want to bring us food. But they’re bringing us food that either the patient has like an aversion to, or they’re really heavy. They’re bringing brownies and cookie trays. And they’re bringing lasagna’s that don’t have any vegetables and just are really heavy and hard to digest.

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So one of the things I suggest is actually like using our app as a tool for all those people who you really want to let them help you. It's kind of not fair to take away that opportunity for them to help. And you can really benefit. It's busy.

You know, the caregiver driving her husband to radiation, you've got to drive your husband to radiation every—five days a week. I mean, it's a full time job going through cancer treatment for the caregiver and for the patient. It's really overwhelming.

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So you can have him, and she can help, go through the app, pick the recipes that sound good, and you can actually share them with these people who want to help. And so you can be a little bit more directive in a very sort of kind and appreciative, grateful manner. And I think that that can make a big difference. Because when you're fatigued and when you're the caregiver who's also very fatigued, it's the planning and preparation that can make all the difference.

Even back to that question about being stuck with weight loss. It's planning and preparation. So if someone's willing to go to the grocery store and get you some produce, great. You know, at night pack up a little bag so that when you leave your house to go to treatment you've got your healthy snacks ready to roll and with you.

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You can make [smoothies](#) ahead of time. You can put them in the freezer and then grab and go, and they're defrosted and you can enjoy them. So I'm really a big fan for caregivers to make their life easier that like process of an assembly line or batch cooking, like on the weekends or when you have more time to make both of our lives easier. And then also kind of have more of that assurance that the patient is getting all of the nutrients they need. And I just have to add in for the caregiver too,

it's like put your oxygen mask on first. That is a huge part of all of this. You're just at risk of being fatigued. So let's, you know, bring a smoothie for the patient, but you should bring one for yourself, too. And you can better help the one that you love that you're caring for.

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ANNE DOERR: That's a great line too. I think a lot of these people have great intentions. And I think they want to be told how they can best help. So you shouldn't be worried about how they might feel. If you're like, "The lasagna was good, but what we really need is for you to bring us you know juice, "or whatever, something else. I think that's really important because they want to be told how to help.

STACY KENNEDY: Absolutely. And you can also blame it on me, blame it on us. Say, "My nutrition— this was awesome, but next time when you bring us some lasagna, my nutritionist said that we need to have more vegetables, and we need to have a little bit less cheese so it's not so heavy and it's easier to digest." We'll take the blame for you.

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ANNE DOERR: What about recommendations for patients who had trouble chewing or swallowing. We touched on this a little bit. I hear from many patients about the side effect during treatments with the problems, chew or swallowing—I think for hydration too this might be troublesome.

STACY KENNEDY: Absolutely. And you know, there are many resources. Here at Dana-Farber we also work closely with our speech and language, and swallowing pathologists. So that may be a resource at your cancer center as well.

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I would say absolutely invest in a blender. It doesn't even have to be expensive or fancy. But for anyone with swallowing problems, if you have a blender, you know, you can really do a lot. You can have so many things because you can manipulate the texture. So having soups that are blended, making smoothies that can be really helpful and really important.

You know, one of the things for trouble swallowing is that there are a lot of different techniques and strategies that are important to learn, but for many people it's easier to swallow something that's one texture. So like let's visualize like mashed potatoes which could be as thick or thin as you want, or mashed sweet potatoes, or butternut squash, things like that. Or soup, like a black bean soup that was pureed versus like chicken noodle soup, something people are accustomed to hearing about.

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The soup that has pieces, even like rice or pasta, it's harder for the muscles to grab. So even though it's soft it actually can be hard to swallow. So you want to look for foods that have moisture, foods that are soft, but foods that are one texture, or using a texture. So, like let's say you have like mashed up sweet potatoes and then you have other foods on your plate that might be harder to swallow, you can kind of like mix them up together if you're not opposed to your foods touching and being all mixed up. You can kind of put those pieces of vegetables or other things into the potato as like a vehicle.

But smoothies are a big help. I mean, I really do feel for most of our patients who have trouble swallowing, they're really important, just because it's tiring. If you have trouble swallowing it's hard to get enough of the nutrients that you need during treatment to support yourself. So having something where you can pack in, you know, five or six hundred healthy calories and you know 20 to 30 grams of protein and tons of vitamins and minerals through natural foods, in one shot – kind of an 8-

16 ounce glass – that’s going to be so much easier than trying to eat like a three course meal.

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ANNE DOERR: And they could carry it around if they had to.

STACY KENNEDY: Oh yeah, absolutely. If you have kids, if you’re a patient, if you’re trying to lose weight, whatever your goals might be, carrying food around like just ask any dietician and you will see some kind of food or drink in their lab coat.

ANNE DOERR: We talked about green tea a little bit and its benefits. One viewer, she’d like to know is there a certain kind of green tea? Or is there a certain way that we should be making it to be beneficial?

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STACY KENNEDY: So it’s a great question about green tea. Green tea is very healthy. We mentioned earlier that there’s a lot of immune-supporting, cancer-fighting properties. And the research, though, you don’t necessarily have to drink it all day. You can have one cup, two cups, maybe three. But you want to think about the caffeine intake, too. So caffeine is a stimulant, it might keep you awake. Caffeine is about half the amount in green tea compared to coffee. But look for just a basic green tea, you know natural, healthy. You can get organic tea, you can get loose leaf, you can get tea that’s in a bag. There’s so many options, I think that it’s a matter of looking at the flavors that appeal to you.

So that if green tea itself doesn’t taste so great, maybe squeeze a little bit of lemon into it. That’s going to have some of that added anti-nausea benefit. Temperature sometimes can be bothersome. If you have like a sore mouth, if you have diarrhea

you want to kind of limit extreme temperatures. So maybe have like a warmer cup of green tea as opposed to a scalding hot cup of green tea which can burn.

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ANNE DOERR: What diet recommendations would you make for someone who is preparing for surgery?

STACY KENNEDY: Yeah, so for surgery, one of the big things is actually definitely talking to your surgeon about your supplements. They'll more than likely want you to stop all of your supplements about two weeks before treatment begins—I'm sorry before surgery is scheduled. And that's really important because many supplements—you know we mentioned things like fish oil or garlic, there's so many that actually can have a side effect of being a blood thinner. And that's risky during surgery. So stop your supplements, but talk to your doctor. You may not need to stop them all.

Preparing for surgery, we know that people who go into surgery better nourished have better outcomes, meaning shorter hospital stays, less risk for infection, faster recovery time, less chance of complications. So you can really help yourself by doing a little bit of like a nutritional boot camp before your surgery, and really being on top of that healthy eating. Having natural, unprocessed foods, getting enough protein, fruits and veggies, eating more often, being hydrated, really trying to limit those junk foods in your diet as a way of preparing yourself.

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But specifically protein is very important and so are certain immune-supporting minerals that are important for healing and vitamins. So vitamin C rich foods. Everybody thinks of the orange, but actually cauliflower at this time of year is in season. Very rich in vitamin C. Also looking at foods that are high in zinc, selenium

like in Brazil nuts. Other kinds of nuts and seeds. Those are things that you want to be sure to include in your pre- and post-surgical diet plan.

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ANNE DOERR: That's what I was just going to ask you, post surgery is it much different than what you were just giving us recommendations for pre-?

STACY KENNEDY: I mean overall, no, but yes for specific surgery. So there are actually a lot of very specific restrictions and guidelines that patients having different kinds of GI surgery would absolutely need to follow post-surgery. And some of those are like a transition. You know you might start off with liquids and transition to softer, lower fiber foods gradually increase the fiber perhaps go back to just a healthy regular diet. Some people may have longer term restrictions.

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So they're very detailed-specific depending on the type of surgery that you've had. Again though that sort of small frequent meal, having protein with your foods, those kinds of things can be really helpful. But you definitely want to talk to a dietician post-op to find out based on your particular surgery, you know do you have to watch out for fat content, fiber content, things like that.

ANNE DOERR: You talked about cauliflower being in season. What about when vegetables and fruits are not in season? What about frozen?

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STACY KENNEDY: Yes, yes. So in this winter, oh my gosh, it's like everything is out of season.

ANNE DOERR: Everything is frozen.

STACY KENNEDY: Yes, yes, our seeds are just sprouting at home. We're hopeful for a spring garden. But yeah, I think that it's really kind of a common myth that frozen fruits and vegetables are bad for you. So you know on average a fruit or vegetable will actually travel fifteen hundred miles from the farm to your plate. And this is interesting too, the definition of local is anywhere from four to five hundred miles. So local eating is in reach for many people.

So foods that are in season and local will be higher in nutrients because one of the things that degrades nutritional value is time and exposure to things like heat, light and oxygen. But, you know when you're looking at something like let's say blueberries in the winter, you could argue pretty easily that frozen, organic wild blueberries from Maine that cost you know \$2.99 for an entire bag are going to have higher levels of cancer fighting nutrients and immune supporting nutrients than a container of fresh blueberries that have come from South America and probably cost \$6.99.

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So economically staying on your goal of eating a plant based diet and nutritionally utilizing frozen is very helpful. And frozen and canned are not the same at all. Frozen would be closer to fresh.

Now having said that, you could go to the freezer aisle and find sodium-filled you know high fat squash that's like totally not what we're talking about. When we say frozen fruits and vegetables that are healthy we're thinking of those blueberries loose in the bag, or peas loose in the bag, or corn that's just itself, you know. And that's a great option. I can't stress enough how—Well, I don't need to stress it. Everybody knows how difficult it is to eat healthy. People are struggling. It's not information that we're lacking; it's really like the everyday execution.

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So having frozen fruits and veggies keeps you on track with those health goals because it's there and ready to go, and it doesn't go bad. You know, how many times do you look in your fridge and think, oh no, I bought this awesome broccoli and I haven't eaten it yet and it's going to go bad. So when you have the frozen options, it's quick, it's easy, it's affordable, and you know it's there for those days that you just didn't have time to get to the store.

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ANNE DOERR: But read the package.

STACY KENNEDY: Yes, read the package.

ANNE DOERR: Here's a real hot topic. Red meat. Can a patient or survivor of cancer have an occasional steak? Or should they stay away from beef-type foods all the time?

STACY KENNEDY: So that is a really, really great question. So the idea in terms of the research is really limiting red meat. And again that's kind of a vague term. It really depends. The average American diet is very high in consumption of red meat. So we want to limit our intake of red meat to be less frequent.

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So, you know if a patient is craving red meat, or you want to have an occasional red meat, that's okay, that can fit. But we can also look at the characteristics of that meat and make healthier choices. So you might want to look for a meat that is leaner, lower in fat. You might want to look for one that's grass fed or that could be local perhaps or organic. Those, you know, details aren't all necessarily backed up by tons

of research, but they can help people make a choice that they can feel better about. But limiting your red meat is tons of research supports the importance of that. But for an individual that doesn't necessarily mean eliminating. It's really kind of a contextual type of a thing. But we want to keep the intake low.

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Many recommendations are, you know, to limit that. People eat—you can eat like your entire week's suggestion of red meat in one day depending on, you know, the size of the steak you order at the restaurant.

ANNE DOERR: This is from a viewer, can you discuss the concerns regarding plant estrogens in breast cancer?

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STACY KENNEDY: Yeah, so when we were talking earlier about those soy protein isolates and isolated soy protein, those are the phytoestrogens that process concentrated soy that we would want women or anyone with an estrogen-related cancer to be cautious about and really try to avoid.

Ground flax seed is another source of phytoestrogens, but that kind of like natural soy foods doesn't necessarily carry the same risk, but it's a bit unclear. So you know part of the issue with soy really was that it became popular in the 90s because we saw that soy intake in place of red meat was helping to lower the risk of heart disease. And so there were health claims that were approved for food packages, and soy was kind of everywhere and that kind of took on a life of its own. There's other concerns that people may have around soy, like is it GMO or organic, things like that.

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But basically with flax it's kind of a similar thing. Flax got really popular, and then it was in everything. So you could be having cereal, chips, you know ground flax, you could be having so much.

You know, there was a paper that came out a couple of years ago just sort of recommending that those with an estrogen-related cancer just use caution in the amount of flax that they may eat. You certainly don't need to avoid it by any stretch. But you know, maybe sometimes you'll put like chia seeds in your smoothie. You know, you can kind of switch it up. But if you go online you'll drive yourself crazy. You know, you'll find out every vegetable has estrogen and it's just simply not—it simply doesn't really contribute significantly to any type of risk. And now you're avoiding foods that we know are good for you.

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So it's really that soy protein isolate processed concentrated soy that you want to be most cognizant about.

ANNE DOERR: This from a viewer. Would you recommend an overweight or obese patient to lose weight during treatment?

STACY KENNEDY: Ah, so this is another good one. It really depends on the details of their case. But we call it clinically appropriate weight loss. So in many cases, yes. And that is not at all what was considered a standard approach by any stretch, you know. Absolutely for [survivorship](#). We know that weight gain and obesity is a risk factor, not only for developing certain cancers, but for hurting your survivorship chances.

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And it may not necessarily be like a yes or now, will the cancer come back? It's more we've seen in certain cases that obesity can contribute to either a more aggressive

type of cancer perhaps coming and looking at the time to onset. So when a cancer may recur. So like with prostate cancer, looking sometimes research has shown some of the characteristics might be influenced from obesity and weight gain.

So, you know, during treatment we want to look at the details. So, if a patient is overweight or obese, and has a significant amount of weight that would sort of generally be healthy for them to lose, how are they going about losing that weight? If they're not meeting their calorie needs, they're not meeting their protein needs, they're not eating, then that's not a healthy kind of weight loss at all. That's a risk of malnutrition, which can compromise your immune system. And we don't want that.

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But if somebody is meeting their nutritional needs, they're being more physically active, and they're simply making healthier food choices, and they're losing weight slowly and we're monitoring their blood tests, we're working with their doctor, then yes, absolutely. Especially for like a younger patient who you know has a long healthy life to live, we do encourage them to go about gradually losing weight in a clinically appropriate way through making healthier choices.

ANNE DOERR: A lot of your good tips today involved a lot of research and the need to plan. And a lot of people will get a lot of this information off the internet. Do you recommend going on the internet? Or do you have a certain internet sites that you recommend?

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STACY KENNEDY: So yes, I mean the internet can be really helpful and really stressful. So I think that one is that you want to have that trusted advisor. So if you have the opportunity to work individually with a nutritionist or a cancer dietician specializing in oncology, then you have someone you can bounce these things off of.

But yes, there are many reputable great sites. So here at the Dana-Farber we have our [Dana-Farber nutrition website](#). We have [our app](#). We even have links to other really helpful sources of information on nutrition and cancer right from our own website. Certainly like the National Cancer Institute, American Institute for Cancer Research, American Cancer Society, there are so many great resources for patients and the general public to use. But you do want to kind of have that lens of sort of a discerning eye when it comes to some of the information. And have someone that you can bounce it off of.

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And that was really our goal in developing the "[Ask the Nutritionist](#)" is that not everyone has the opportunity like the Dana-Farber cancer patients do to meet with someone one-on-one. So use that "Ask the Nutritionist" library to look up your question too, and perhaps you'll find more information there.

ANNE DOERR: And a viewer wrote in again about the vegetables, trying to incorporate vegetables more into the diet. That's probably a big thing recipe wise. I bet they get a lot of help going on, asking you how to incorporate by becoming a better cook, or looking at better recipes or different recipes to try out.

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STACY KENNEDY: Absolutely. I mean, the internet is a great place for looking up new recipes, getting new ideas. There are so many beautiful pictures available for you know recipes and ingredients. So yes, in that sense going on line can be really helpful. Just be weary of you know if it sounds too good to be true. If somebody's making like a really strong health claim, or suggesting like a supplement, like a powder of something, you know you want to un that by your team.

But yes, looking for ideas to integrate more vegetables into your diet, the internet can be really fun. I mean, you know, this month our nutrition website recipe is actually a brownie recipe with walnuts and believe it or not black beans.

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So you know there are all kinds of interesting stuff and creative ways. But I even like just any simple things. Like if you're making an omelet, let's say, or you know you're making like a frittata, you can load in tons of veggies from your freezer, you know fresh vegetables, and just the more the merrier. So soups are another good vehicle. Really looking at foods that you're already eating that you might be able to add more vegetables.

So you know on St. Patrick's Day we make you know of course we make mashed potatoes, but I turn them green by using kale. And they actually taste good too. So there's all kinds of ways that you can you know get creative.

ANNE DOERR: Because we can't follow every rule as far as food or drinks or what we should do, what is a must in a cancer patient's refrigerator or cancer survivor's refrigerator? What should we absolutely have in there?

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STACY KENNEDY: Okay, so hopefully I don't have to just pick one thing because that would be impossible. A couple of things. So water is going to be one. I would say lemons are going to be another one that I think would be really important. And just produce in general is going to be great. And I would say nuts and nut butters which will actually stay potent longer if you do keep them in the fridge would be helpful. Something that's really kind of energizing and packed with nutrients that you can just have on board.

ANNE DOERR: Great tips, Stacy. Thank you so much. That wraps up today's live video Webchat thanks to Stacy Kennedy, our nutritionist here at the Dana-Farber Cancer Institute for joining us today and sharing her insight on nutrition. To re-watch this Webchat visit www.dana-farber.org/webchats. Or for more information on nutrition, visit www.dana-farber.org/nutrition. I'm Anne Doerr, have a great rest of your day.

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