# NUTRITION TOOLS TO THRIVE

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# AGENDA

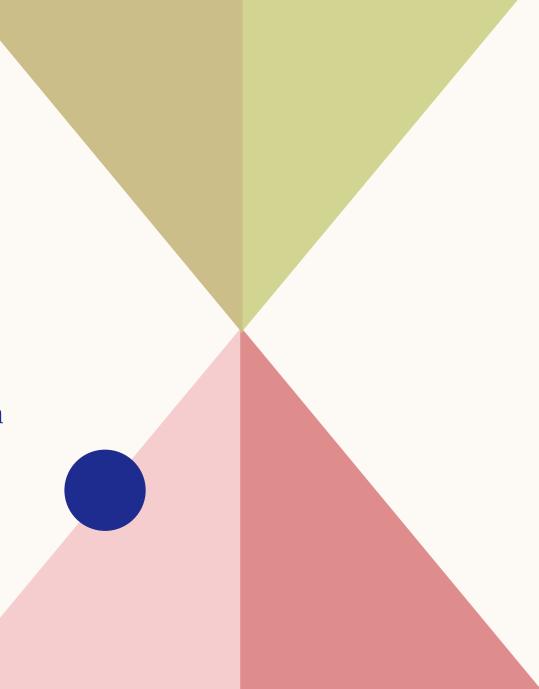
Introduction

Cooking Demo

Credible Sources of Nutrition Information

Supplement Use

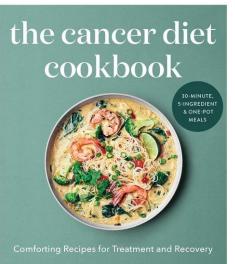
Survivorship Nutrition



# INTRODUCTION

GINA WOODRUFF IS A REGISTERED DIETITIAN AND LICENSED MEDICAL NUTRITION THERAPIST WHO SPECIALIZES IN ONCOLOGY NUTRITION. WHETHER WORKING WITH PATIENTS BEFORE, DURING OR AFTER THEIR CANCER TREATMENTS, WOODRUFF STRIVES TO GO ABOVE AND BEYOND FOR THEM AND THEIR FAMILIES.





Dionne Detraz, RDN

Recipe from: the cancer diet cookbook, by: Dionne Detraz, RDN

# **COOKING DEMO**

# **VEGGIE LOVER'S CHICKEN SOUP**

High protein (28g), low carb (12g), fiber-containing (3g) per serving

Spinach and Cancer, Nutritional Benefits & More - AICR

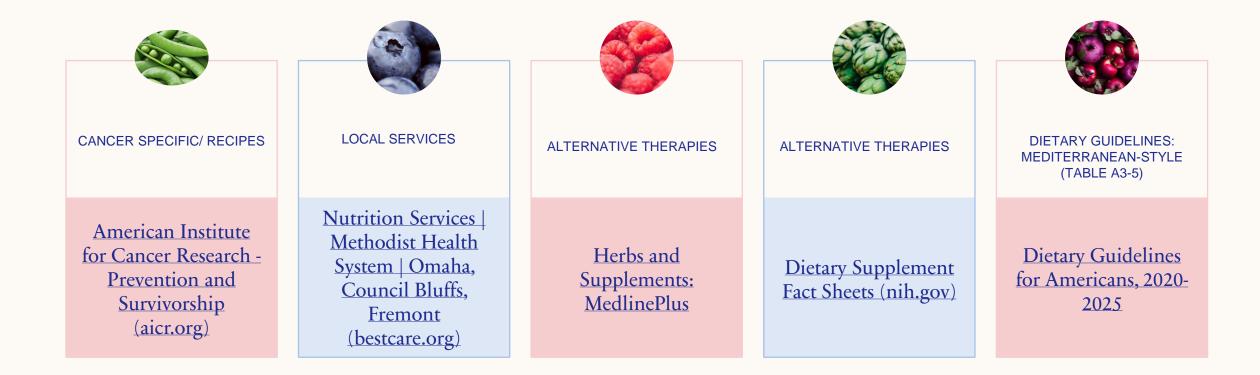
Garlic and Cancer, Benefits of White & Black Garlic - AICR

Tomatoes and Cancer, The Role of Lycopene - AICR

### **RECIPE TIPS**

- May substitute Italian Seasoning for Herbs de Provence
- Bone broth contains protein, whereas broth or stock does not
- May substitute pasta with quinoa, barley, wild rice, or lentils (this increases cooking time)
- May use canned, chopped tomatoes in place of fresh, no need to drain liquid

## **CREDIBLE RESOURCES**



The headline: "Research: Diet not linked to reduced cancer recurrence."

The intervention group received education on multiple lifestyle guidelines for cancer prevention and continued follow up group activities, like cooking classes and physical activity support.

The control group received a single presentation and brochure with recommended guidelines.

#### Implications:

Results of intervention trials reflect both the effectiveness of the recommended strategies and the effectiveness of the intervention. If an intervention doesn't produce enough change, or isn't set up to adequately measure change, don't make assumptions about the effectiveness of the strategies themselves.

considered –together—regardless of their group assignment—the women who improved their dietary score most were 41 percent less likely to have a breast cancer recurrence than women who made the least improvement. Diet matters, and even small dietary improvements (not perfection) are associated with better outcomes.

### **SUPPLEMENTS**

#### GLUTAMINE

#### CURCUMIN (TUMERIC)

### **COENZYME Q10**

-contraindicated while taking blood thinners
-considered an antioxidant, which may interfere with certain chemotherapies
-insufficient evidence for use during therapy

-low bioavailability in supplement form -supplements may add piperine to increase absorption, but piperine can dangerously interfere with other drugs -evidence does not support use for anti-cancer therapy -nonessential amino acid (protein component)
-supports cells in the gastrointestinal mucosa and immune system
-may support mucus membrane during chemo and radiation therapies, but remains unresolved

### **SUPPLEMENTS**

#### OMEGA-3 (EPA, DHA)

-polyunsaturated fatty acid essential in pregnancy and for heart health
-may decrease inflammation
-Dietary sources: fatty fish, flaxseed, soy beans, walnuts, and chia seeds
-can be dangerous >4 grams due to increased bleeding risk
-has shown positive management of several chemotherapy drug side effects, but no strong evidence of cancer prevention

### VITAMIN D

-extremely important for gene regulation and immune function
-Lab test measures 25-hydroxyvitamin D level, ideal 40-60 ng/mL
-supplement with D3 (cholecalciferol) as it is most bioavailable and take with calcium
-start with 1000IU daily, if 25-hydroxyvitamin D level is low, supplement 2000-4000IU daily
-cancer preventative, most specifically colon cancer

# PREVENTION AND SURVIVORSHIP

### FRUITS/VEGETABLES/FIBER

### EXERCISE

### **WEIGHT MANAGEMENT**

RED MEAT – BEEF, LAMB, PORK (COLORECTAL CA)

- 30 grams fiber and 3.5-5 cups fruits AND vegetables each day
- 150 minutes each week; 30 minutes,
   5x/week, moderate intensity (minimum)
- Second to not smoking, maintaining a healthy weight reduces cancer risk. Tool used is BMI.
- 12-18 ounces, cooked per week
- Avoid processed meats

# **LETS TALK DIETS**

### **KETOGENIC DIET**

- High fat, low carb (2-5%)
- Supportive evidence in brain cancers
- Weight loss counterintuitive to therapy, multiple nutrient deficiencies, development of acute health conditions, and constipation
- Not recommended for cancer prevention or therapy

#### **INTERMITTENT FASTING** Many options for length of fast, but most

- Many options for length of fast, but most common is 5:2
- (5 days normal diet/calorie consumption with 2 nonconsecutive days of fasting <500 calories)
- Supportive evidence for enhancement of chemotherapy drugs and management of therapy side effects, weight management, and anti-inflammatory benefits
- No less than 50g protein/ day if on therapy
- Must work with a dietitian due to contraindications for some medical conditions

### **VEGAN DIET**

- Excludes flesh foods, dairy, honey, and eggs
- Most cancer preventative diet pattern (discuss processed vegan products)
- Increased risk for nutrition deficiencies; must work with a dietitian and physician



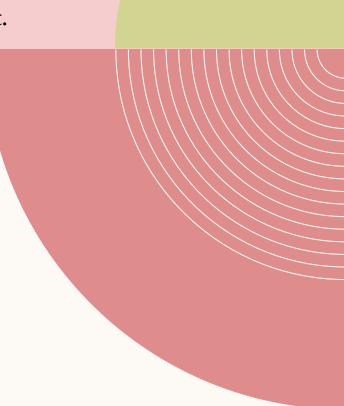
Nutrition Tools To Thrive

### REFERENCES

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Www.aicr.org

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# THANK YOU & QUESTIONS?

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