THE BLOODLINE WITH LLS

A PODCAST FOR PATIENTS AND CAREGIVERS

Episode: 'Bite by Bite: Supporting Cancer Patients Through Nutrition'

Description:

Nutrition is a crucial part of cancer care. Many patients and caregivers play an active role in managing their nutrition during and after treatment. In this episode, we discuss nutrition after a cancer diagnosis with Luz Chavez and Susanne Massarani, Registered Dietitians from The University of Chicago. Learn the basics of oncology nutrition and how a good diet can help combat treatment-related weight loss and side effects. Caregivers will also benefit from tips on how to care for their loved ones when they experience appetite changes or other gastrointestinal symptoms.

Transcript:

Elissa: Welcome to *The Bloodline with LLS*. I'm Elissa.

Holly: I'm Holly.

Margie: And I'm Margie. Thank you so much for joining us on this episode.

Elissa: Today, we will be speaking to registered dietitians Luz Chavez and Suzanne Massarani about nutrition for blood cancer patients. Luz is a Certified Specialist in Oncology Nutrition and Manager of Clinical Nutrition at the University of Chicago. She has worked with cancer patients in the acute care setting for ten years. Suzanne is the Lead Dietitian on the Adult Inpatient Team and manages the Hematology Oncology Unit at the University of Chicago. She primarily works with patients undergoing chemotherapy and radiation, stem cell transplantation, and immunotherapy. Welcome, Luz and Suzanne.

Luz Chavez, MS, RD, CSO, LDN: Thank you so much for having us today.

Suzanne Massarani, MS, RD, LDN: Thank you.

Elissa: So, our episode today is on nutrition. Why is nutrition important for blood cancer patients?

Luz: It is definitely multifactorial. So, some of the ways that nutrition can really benefit oncology patients is that one, it really helps improve their tolerance for the treatments.

Now, the way that nutrition does this, I will say, is through trying to minimize the loss of weight, so body fat and muscle mass.

So, what happens is you lose this lean body mass, you end up with an increased risk of toxicity from the treatment. All these symptoms can be magnified if you start to lose weight; and especially if you start to cross over into what we would consider being malnourished, which is an accumulation, essentially, of, the weight loss, eating poorly, and then on top of it, you add these strong regimens and it really just can make the symptoms so much worse.

Suzanne: Yeah, like Luz said, nutrition is so important for these patients. It affects their tolerability to the treatment. It affects treatment outcomes, patients' quality of life. And, if nutrition status is not optimal, treatment can be deferred for a little while until we can optimize a patient. So, it's really important to try to maintain a stable nutrition status all through treatment.

Elissa: Now, you discussed weight loss, which is very common, or just being generally malnourished, losing muscle mass, but what about side effects? Can it help to manage side effects through the treatment or the cancer itself?

Luz: Yes, definitely. So, one thing I tell my patients is that, even though nutrition itself can help manage symptoms, a lot of the time, we try to think of it as like an adjuvant therapy to the medications. So, what I mean by that is the nutrition tips, can definitely help alleviate some of these symptoms.

For example, when you are experiencing dry mouth. There isn't a whole lot of treatments or medications for that. There's some over-the-counter supplements and things that can be used; but by following those nutrition tips like sipping on fluids throughout the day, sucking on frozen grapes, can help create some of that moisture that the patient needs in order for them to eat a little bit more comfortably.

But, I always like to tell patients that that doesn't mean that the medications in conjunction with the nutrition tips can't make you feel even better. So, that's always one thing I do try to emphasize to patients that sometimes you just need both to help. But those nutrition tips really are helpful because the main goal is to really try to help patients overcome those symptoms so that we can minimize that weight loss.

Elissa: And it can also help a bit with the hydration, right? When I was in the hospital for leukemia treatment, I had a lot of watermelon. For some reason, watermelon always just sounded really good.

Luz: Yes.

Elissa: And my nurses loved it because they were like, "This is so hydrating. Eat as much as you want." Obviously, it was precut watermelon, but they were very excited for me to have watermelon, as much as I wanted.

Luz: Yes, definitely, definitely. Especially watermelon. And I will say that when it's in season, especially right now in the Midwest, it's going to be really hard to get some watermelon.

Elissa: Yeah.

Luz: But the fruits and the veggies and especially those water-based fruits can really be helpful with the hydration, especially when everything just tastes kind of gross. Fruit can taste really refreshing to patients.

Suzanne: I'll say a lot of my patients admitted will gravitate towards melons or fresh fruits specifically after transplant. It's just something that they have a taste for. Everything else they've just completely lost their appetite for. But like Luz said, it's just kind of the continued education. If patients are having specific symptoms, like GI symptoms, we would recommend small frequent meals or limiting fat and fiber if they are having specific side effects like GVHD or graft-versus-host (disease). That is just a completely tailored nutrition plan, depending on their experience. So, nutrition itself will definitely help to manage side effects, like Luz said, in conjunction with medical therapy as well.

Holly: Definitely when talking about hydration too, something like fruit with the natural sugar in it, kind of helps with that craving for something like sugar, which segues into my next question. So, I'm sure a lot of your patients have heard things like, "Sugar feeds cancer" or that "certain foods can cure cancer." Can you discuss myths that you have heard from your patients?

Luz: The most common ones are, for sure, "Does sugar feed cancer?" For a while, a really popular one was the alkaline diet, which I don't know if it's made its way back around. I will say I've been doing this for ten years, and it kind of comes back around every like three to four years. So, those two are probably the most popular ones. But then I will get very random things that patients will pull off the Internet that maybe isn't necessarily mainstream. It's just very one-off in terms of supplements.

But even supplement use, I would say, can fall in that category to a certain degree because of all those like green powders and things that claim that it can cure your cancer and, at the end of the day, is more of a myth.

Suzanne, I don't know, working inpatient, if you've had some come up more recently. Outpatient, I feel like we have the same ones pop up all the time.

Suzanne: No, I would say "sugar feeds cancer." I get that a lot. So, I'm constantly educating on it's not necessarily true. It is a bit more involved. But it's just that education and, trying to give them the right information. But I would say alkaline, I've had one patient bring that diet up; and then it's mostly the "sugar feeds cancer" myth.

Elissa: I think it seems like the biggest thing with those, like you brought up supplements as well, is that certain foods may, again, help with the side effects or may help you get through cancer easier without having, that real big part of the myth that it could cure your cancer, right?

Luz: So with that, there's, definitely some foods that may be naturally high in sugar; and that's where we as oncology dietitians, come in to educate patients and dispel a lot of those myths.

A lot of the time is spent on educating between the difference of naturally occurring sugars and, added sugars. And even with those added sugars, we don't necessarily, tell patients that they can't have them. It's more so about educating them on, what is a healthy quantity to have in a day.

Even just thinking long term. Just thinking about the survivorship phase. Even at this point when they're going through treatments, thinking about, trying to minimize risk of diabetes or just keeping them healthy. Especially when they get to that point, the last thing we want is for them to have to kind of start from, ground zero. We want to try to set them up for a better recovery.

So, we do teach that to patients that even things like a candy bar, sometimes patients just really crave some of these things that we would consider, quote/unquote "bad foods." But what I try to teach patients is that, we should consider them more fun foods.

There's a place for some of these foods that, fall into that myth of like sugar feeding cancer; and sometimes giving into those little cravings in small moderation can actually help stimulate a patient's appetite, especially when they're struggling with no appetite. And, they hear a provider saying, "Oh, you have to eat, lean protein; you have to each fruits and veggies," but the only thing they can focus on is maybe a piece of chocolate. That's where we tell them, "Have that piece of chocolate." You may find that because it's something that you've really been craving, a lot of the time you find that it just increases an appetite; and that's where we can sneak in those healthier meals.

So, it really is meeting the patient where they're at, with those symptoms. But also just educating them, how these myths are truly myths and how we can, incorporate some of these foods that they may start to even become fearful of, just because you hear all this, bad connotation about these quote/unquote "fun foods."

Suzanne: Yeah, and from an inpatient standpoint too, I like to educate my patients on that proper nutrition while you're going through the cycles of treatment or maybe you're here for a transplant or CAR T therapy, that kind of goes out the window. We don't want to overwhelm somebody by restricting them, unless they do need a restricted diet. But typically, I say we try to liberalize, allow them to have carbohydrates, whether that's complex sources or simple sugars. And then more of that tailored education for better sources of foods.

I typically will do that closer to discharge to try to set somebody up for optimization, months, after a hospitalization. Typically, the first three months are the most significant. But during that inpatient stay, they have so much going on; and one thing that they can control is nutrition. We don't want them to be super restrictive unless necessary, but typically we try to allow them, like Luz said, have the foods that you didn't think that you could have if that's what you're craving, and you have a taste for that. Go ahead, have it in moderation. And as your symptoms start to improve, then we can liberalize the diet to include more nutrient-dense or complex sources of carbs and, proteins and fats, as well.

Holly: When you are factoring in optimization and success, is organic food the best choice?

Suzanne: I wouldn't necessarily recommend. It also depends on their availability for some of these foods. It's not necessary. I wouldn't say organic is better in any way compared to the alternative. But, if you had the finance to pay for that sort of thing, of course, you can go for organic foods. But I don't think it's necessary to maintain optimization. You can get that through fresh fruits and vegetables that are not organic. But some patients who do prefer that, if that's what you enjoy, fine. That's, fair.

Luz: Yeah, and just to add onto that a little bit more, at least on the outpatient side, just because that's been my most recent working experience, where we work in the City of Chicago, we have to take into consideration also the socioeconomic background of our patients. Organic food is very expensive, sometimes twice as expensive. Especially after the recent inflation, it's become increasingly difficult for our patients to even just afford fruits and veggies, healthy foods just at baseline, especially in our area of Chicago.

So, when it comes to organic foods, the studies just still aren't there to say, yes, you must have organic foods to reduce your risk of cancer. What we do know is that organic foods, potentially, have a higher antioxidant profile; but we don't necessarily know that that truly means it's going to reduce your risk even further of getting cancer.

So, most of the studies that have been done historically, in terms of looking at plant-based diets and reducing your risk of cancer, which we know there's a definite link, has been done on conventional fruits and veggies. So, for those who are fearful though of potentially, going the conventional route, what we try to teach them is, at least if this is something that you have to do, to ease your anxiety is educating them on the dirty dozen [The Dirty Dozen is a list of fruits and vegetables with the highest level of pesticide residues created by the Environmental Working Group (EWG) to educate the public on food safety], at least. So at least that way, with the high expenses that they have on their medical bills, this isn't going to be another thing that's going to break the bank for them.

So, we do always try to meet the patient where they're at, especially with their comfort level with the organic foods, but especially for those who can't afford it and are fearful that this may potentially just increase their risk further, we at least educate them to the point to bring a certain comfort level with eating because I have definitely had patients who just stop eating out because, they don't know if the food's going to be organic. So, we're kind of there to help, ease some of this anxiety around the eating, especially with how much organic foods are really pushed on social media and the Internet.

Margie: And having discussed the different availabilities, are there any basic foods that a patient should have that are very good for them while they're undergoing treatment?

Luz: Yeah, that is a loaded question, and I'll tell you why. So, generally speaking, oncology dietitians do encourage more of a plant-based diet. The Mediterranean diet is essentially what we would recommend. It's more of a focus on, fruits and veggies, complex carbohydrates. You're going to have your lean proteins and then also encouraging, besides that, we want to have low fat dairy options for those that aren't lactose intolerant that want to include dairy. But also the emphasis on, you know, some legumes, some other grains as part of those complex carbs.

Now getting back to the reason I said why it's a loaded question, is because of the side effects. Not every patient may be able to stick to that diet, depending on how they're feeling. So, it is a very high fiber diet, especially high in insoluble fiber, which is essentially that roughage. So, you can think of that as like the skin, the seeds. Celery is a good example of how that's like a stringier veggie. But those types of insoluble fibers can significantly worsen diarrhea.

So, in certain situations, we may actually recommend patients back off a little bit on certain fruits and veggies just because in that situation it's not going to be beneficial to the patient. We want to try to minimize those symptoms. So, the diet recommendations will always be tailored to the patient situation at hand, with the goal of always getting them back to that Mediterranean diet.

Suzanne: And to add onto that, when patients are going through treatment or stem cell (transplant), they're going to be immunocompromised. So, typically, what I'll educate on is an immunocompromised diet with like a Mediterranean twist in a way where it's still emphasizing the whole foods, the good source of fats, omega 3s. But at the same time, we're keeping in mind that these patients are immunocompromised. We want to follow an immunocompromised diet, so limiting undercooked meats, fish, egg products. But at the same time, avoiding a neutropenic standpoint.

There's some debate whether a patient should be following a neutropenic versus an immunocompromised diet, and research shows that a neutropenic diet is more restrictive. It's more limited, and there's really no benefits. You're just limiting phytochemicals and antioxidants and good fibers that you could get in that immunocompromised diet.

So like Luz said, it's just kind of taking into consideration where that patient is and then also what symptoms they are experiencing because not everyone can follow a really high fiber diet, especially if they weren't really incorporating high fiber prior to. So, that can be really hard on the gut.

Luz: Yes, and I have to emphasize that because my background is in GI cancers, and I can't tell how many times I have seen people be very excited about including the fruits and veggies and then, unfortunately, cause, additional diarrhea or bloating and cramping. And, most people don't realize, even, though it's natural and it's healthy for you, we want to transition to more fiber slowly. I can't emphasize that enough.

Margie: And having said that, are there any foods that can increase the risk of relapse or getting another cancer?

Luz: Yeah, so, I will say that it's not necessarily like one food in particular. And even that, I have to say that it's going to depend on the situation. Of course, if you have a diet that's full of, processed meats, like hotdogs and, bacon, if you're very heavy on those kind of meats and, just starches, then, because it's a little bit more of an extreme situation, you may see that direct link. But, if you're including some of these foods sparingly, so those ultra processed foods, the hotdogs. I always go back to hotdogs.

Luz: If you're including that very sparingly, that will not necessarily directly increase your risk of cancer. We want to, instead, make sure that the patient is getting through their treatments with the least amount of weight loss and trying to maintain their muscle tone as much as possible, encouraging that plant-based diet when they're able to consume it, depending on their symptoms. And then it's about getting them also active, which, even though we're talking about nutrition, that does play a big role in this as well because we need to maintain the muscle mass; and we do that with protein but also activity.

So, by helping maintain, a good healthy weight through the treatment and even just after the fact, getting that patient up to a good healthy weight, getting back on a plant-based diet, that itself can help reduce the risk of cancer, even if it does include some bacon, a hotdog every now and then.

I will say though that alcohol is the one that, if we had to tell patients to stop drinking something all together or eating something all together to reduce their risk, it probably could be alcohol. In reality, that's going to be very difficult for most people. So, we typically go off of the American Institute for Cancer Research's (AICR) guidelines which is one drink per day max for women and two for men, especially for those that, are just not going to be able to, eliminate the alcohol from their diet. Unfortunately, there's no amount of alcohol that has been found to be safe for consumption in terms of minimizing your risk of cancer.

Elissa: So, let's go back a little bit to the diet basics. And you talked about working with patients to find a good plan individually for what works for them. But I know a lot of people have seen, growing up, the diagrams of the nutrition food plate, right, with everything balanced out with, part protein, vegetables, part fruit. Is there a good balance of foods between protein, vegetables, fruits, or carbohydrates and fats?

Luz: Yes, so I have my issues with the standard food plate; and I'll be honest, I don't educate my patients on the standard food plate. What most oncology dietitians have a tendency to do is, instead, go off of the American Institute for Cancer Research's recommendations. And they've actually come out with their own version. They call it the New American Plate.

And I would say that their model is a lot better balanced than I would say the regular American plate is. And the difference is they have like three quarters of that plate be all plant-based sources. So that includes like whole grains, fruits and veggies, legumes, so, you essentially have the majority, like 75% of your plate is going to be those plant-based sources.

And then you have the quarter of your plate be that lean protein source. So it is different, I will say, compared to that American plate. But this one, I find, because it's a little less specific, it allows room for different like ethnic diets as well.

So, they just know that three quarters, it can be, any foods that kind of fall within that category. That can fall within like, their typical ethnic recipes. And then the protein source may need a little customization, depending on, vegetarian diets, depending on different ethnicities. But having it be a little bit more generalized, that way, I find, lends itself really well to patients of different backgrounds but emphasizes that plant-based diet.

Holly: Suzanne, earlier you touched a little bit on immunocompromised patients. Are there certain foods that can boost the immune system for patients, whether they are undergoing treatment or out of treatment?

Suzanne: So, that's a little tough because in an inpatient setting, a lot of these patients, especially if they're going through stem cell transplant, they're going to have a lot going on. They may be on various medications, antibiotics that wipe the immune system as well. All that gut microbiota is going to kind of take a hit with that.

So, with the symptoms that they may be experiencing like GI symptoms inpatient-wise, I wouldn't necessarily recommend a varied diet. So typically we would suggest more, like Luz said, plant-based foods, high in phytochemicals, high antioxidants. These are cell protective. They fight free radical damage. But when you're going through treatment and you are truly immunocompromised and you're feeling these side effects, a lot of the times these patients are going to want just really kind of bland foods, maybe some fruits, soups, simple starches just to get something in their stomach. But going forward at home, typically when they're a little bit more stable or their gut function's a little bit better, then we'll recommend more of those phytochemical, antioxidant-rich foods, a little bit higher in fiber.

And, there's a conversation of if we can initiate something like a probiotic or probiotic-rich foods to help boost their system and reestablish the gut microbiota, then typically that's something that we would recommend usually 100 days out, 3 months out, or even when they're no longer immunocompromised. Dairy products or a Greek yogurt would be great.

Luz, I don't know if you recommend like Manuka honey or miso soup or when you would start recommending foods like that, but typically those fermented foods, high cultured foods can help to reestablish their gut and boost their system as well.

Luz: Yeah, so like Suzanne said, the question really depends on where the patient's at. But ultimately, what we try to educate, there isn't one specific food, of course, that's going to just boost their immune system. If anything, it's more holistic. We want to make sure that you’re maintaining your weight as much as possible, getting your protein in, keeping as much of your muscle mass intact because that's going to directly influence your immune system as well.

Unfortunately, in certain situations, the state of being immunocompromised, unfortunately, can't be avoided. Especially stem cell transplant patients. You know, that's the goal. We need to kind of, essentially wipe out your immune system so that you accept these new cells.

So even though we know the immune system is not going to improve right away, we can set the patient up for success once they're home by doing all those things that Suzanne said. That well-balanced diet, the protein sources, staying active.

Margie: Having discussed those things that can help the system, what about those patients that do not have an appetite and do not feel like eating? What would your advice be to make sure that they still try to keep their bodies nourished during treatment?

Suzanne: Yeah, so typically from an inpatient standpoint, we want to identify what is the cause. Is it just a general lack of interest in eating or is there, abdominal pain, distention, nausea? Is there a specific symptom that might be driving that drop in appetite? And then we would recommend maybe medical management, certain medications to help manage those symptoms to improve the appetite.

Generally, I will recommend to kind of pull back, go for more bland foods, small frequent meals, and then try to maintain your intake with some supplements if you can tolerate. If we've tried and we've exhausted all efforts of medical management, whether that's antinausea medication, GI meds to help with bloating or whatever the case is, we will then recommend something like an appetite stimulant, if needed.

But, typically if a patient is really struggling and we can't encourage with education and recommendations and medical management, oftentimes we may have to rely on aggressive nutrition measures in an inpatient setting.

Outpatient, it's likely a little bit different because it's continued education and management. So, you can tailor a diet or the recommendations to fit within that patient's schedule. But usually it's the small frequent meals until those symptoms subside or resolve a little bit, and then the patient can try to liberalize their diet or eat a little bit more.

Elissa: Now, you mentioned supplements, so are you talking individual minerals, so like adding magnesium or adding potassium, or a multiday vitamin? What are we talking about with supplements?

Suzanne: So, when we mention supplements, it's typically like high calorie, high protein shakes. So, we have various supplements in the hospital, whether they're dairy-based or plant-based. We have juice versions of supplements, so depending on a patient's bloodwork and their symptoms in general, we'll pick and choose which one may fit them a little bit better and then just follow up on their tolerance to that supplement.

I'd say usually around like day 5 to day 8 post-transplant is when we start to see a lot of GI symptoms. And then from there I always educate my patients. Like it's totally fine if your appetite drops. It's expected. We just want you to maintain an intake, even if it's small meals, 50% of maybe what you were doing before, and then relying on supplements for a little while to provide you the nutrition without worsening your symptoms. It's a lot easier to digest these fluids. And then as your appetite starts to improve or your symptoms slowly start to resolve, then we can kind of liberalize the diet to include larger portions of solid foods and, more nutrient-dense foods and get away from the supplements or the protein shakes.

Luz: Yeah, and then you can add onto that, especially, for our caregivers that may be listening. The decreased appetite I have found can be very worrisome for a lot of caregivers. Even though they've heard maybe that it's a normal part of the process, I've seen it over and over again where family members really push the patient to try to eat more. And it's not coming from a bad place. They're worried about their loved one; and they just want to see them eat because they realize how important it is.

But when we're dealing with a decreased appetite, I try to teach my caregivers that, yes, we have physiological issues contributing to it; but it is also very much psychological. So, taking a step back and instead of trying to encourage, these very big meals or, bringing it up every like 30 minutes or so, just really dialing it back a little bit, using even like a tea saucer plate as your serving plate for all meals, for that loved one going forward.

And then even sitting down together and coming up with a plan of, what foods may that patient potentially like and having a variety of those things on hand at home, so that way they're easily accessible to the patient. And, they can kind of grab it every couple hours. So that way, it also takes that pressure off of the caregiver and allows the patient and the caregiver to focus more on just being together versus the caregiver, feeling like they're constantly having to nag about eating.

That's one of the topics that I will have caregivers, tear up over quite frequently in the outpatient setting when we're doing that kind of counseling. And I try to educate and say, you know, even if all the patient can eat is a bite of a sandwich, that's great. Bite of a sandwich. You save it. You put it in the fridge. Maybe an hour or two later the patient can try again another bite of food. And for those that haven't been eating, really at all in the previous weeks, that, honestly, is where we usually have to start is just a bite of food every couple hours. So, kind of get them used to digesting again. Get them used to having that food in their system so that they can slowly progress over the following weeks and slowly increase their portions.

Elissa: Yeah. I think it can definitely be hard on the caregivers watching this happen and really wanting to do anything to help.

When I was in the hospital, my parents would text me every morning and say, "Hey, what food sounds good today to you?" because I was already to the point where looking at the hospital menu, nothing looked good to me. Nothing on there looked appetizing anymore, and I just didn't want it. And so they would text every morning; and usually it was watermelon. And then crackers and maybe some summer sausage. That generally was what sounded good most days to me besides the shakes that the hospital would make. But I really appreciated that they asked every day what sounded good that day. LLS Podcast Recording - HCP Burnout and Wellness. Because it changed; and so I really appreciated that.

Luz: Yes, and not even taste in terms of like taste profile but, just generally speaking what you're in the mood for, that is so common I will say across treatments.

Most patients will experience that where, something they used to enjoy before is just so off-putting and just teaching everybody involved that that's normal. And, it'll take a little adjustment; but, it's not something we haven't seen before.

Elissa: So, Suzanne, you have mentioned a little bit about digestive issues a couple times; and let's dig into that a little bit more. There may be a lot of things that happen. So, a patient can be constipated or have diarrhea or get full very quickly and even experience significant bloating. You mentioned a little fiber. Are there other foods that may relieve some of these issues?

Suzanne: So, it depends, obviously, on the symptom. But if a patient, for example, is complaining of early satiety or that feeling of fullness, typically what I would recommend is maybe avoiding those really dense foods that sit in the stomach a bit longer – proteins or meats, fiber, and fat. So, we'll pull back on that a little bit and focus more on simple carbs or liquids – soups, broths, supplements. Small intake, small portions, and then try to eat every few hours. So, if it's a bite or two or a fourth of a shake or half of a shake, try again in an hour or two. Try to keep something in your stomach.

Same thing with nausea. If patients are really complaining of nausea, and they're not eating, that's just going to worsen the nausea day after day, especially if you're just taking meds on an empty stomach or with water.

So, typically the recommendation would kind of be the same. Start really small, simple carbs. Whether that's like crackers, baked potato chips, pretzels, and then we work our way up to more dense foods when our symptoms have improved.

Same thing with constipation. There are some supplements that we can try. One is a really good soluble fiber supplement that can easily hide in any liquid. You can't taste it. It's not going to change the texture. And that helps to kind of add a little bit of moisture and bulk up. Same thing with just overall hydration, recommending increased hydration, especially if the team is trying to get a patient off of IV fluids. Is that contributing to your constipation? So, you have to put in the effort to maintain your hydration needs by mouth and also same thing with diarrhea or loose stools.

Typically, if it's treatment-related, especially if a patient's on antibiotics, it's pretty hard to manage with nutrition alone. So, we might have to try medical management like an anti-diarrheal. But there are certain GI symptoms that we can adjust the diet or eliminate some irritating foods to help just relieve them until those symptoms start to improve. Then it's more a trial. Have a little bit, see how you feel. If it doesn't upset your stomach, then you can try again. And then that's more of an elimination and then slow introduction.

It takes a little while because a lot of these patients are admitted for weeks, months, if not more. So it's continued follow-up, checking in on their symptoms. Have you liberalized your diet today? And just following up on and where they are with those GI symptoms specifically.

Elissa: Now our final question today, on our patient podcast home page, we have a quote that says, "After diagnosis comes hope." Where nutrition and nourishing your body is concerned, what would you say to patients to give them hope after a diagnosis of cancer?

Suzanne: I do have these conversations a lot with my patients because I get to know them fairly well; and life just throws all these crazy things at you, but especially with a hospitalization going through something like this. It's a process; and you have a team here that is working to improve your health and get you back to that baseline, get you back to feeling good. Especially if, I know their family members as well. It's leaning on the loved ones that are there to support you. And especially with the medical team.

Luz: Yeah. I will say that at least from my end, just because I've had some pretty critical patients in my clinic come through. And what I have told them in the past is similar to what Suzanne has said. Unfortunately, there's no way for us, realistically to know what the outcome will be. But the one thing that we do know for certain is that we have a variety of different services and resources for them; and we are all working together to come up with the best possible plan for them and give them the best possible outcome by including all of these different disciplines, in their care. And everything will be individualized to them and their family members as well, and we're going to be there right beside them through the whole process.

Elissa: That's great. Well, thank you both so very much, Luz and Suzanne, for joining us today and talking all about nutrition for patients. I know our patients and caregivers listening will surely appreciate this advice. It is just so important, nourishing their body. And also, helping with side effects and helping them make that cancer experience, hopefully, a little bit easier.

And for our listeners, please stay tuned to the end. If you haven’t yet spoken to a dietitian at your local medical facility, you can get started with a free nutrition consult with an LLS registered dietitian; There will be a link in the show notes for more information. And so, thank you again so very much for joining us today. We really appreciate both of you.

Suzanne: Thank you for having us.

Luz: Thanks. It was great to be here today.

Elissa: And thank you to everyone listening today with a special thank you to the University of Chicago Medicine for supporting this episode.

The Bloodline with LLS is one part of the mission of The Leukemia & Lymphoma Society to improve the quality of lives of patients and their families.

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In addition to the lounge, we could use your feedback to help us continue to provide the engaging content for all people affected by cancer. We would like to ask you to complete a brief survey that can be found in the show notes or atTheBloodline.org. This is your opportunity to provide feedback and suggested topics that will help so many people. We would also like to know about you and how we can serve you better. The survey is completely anonymous and no identifying information will be taken. However, if you would like to contact LLS staff, please email TheBloodline@LLS.org.

We hope this podcast helped you today. Stay tuned for more information on the resources that LLS has for you or your loved ones who have been affected by cancer.

Have you or a loved one been affected by a blood cancer? LLS has many resources available to you – financial support, peer-to-peer connection, nutritional support, and more. We encourage patients and caregivers to contact our Information Specialists at 1-800-955-4572 or go to LLS.org/PatientSupport. You can find more information on nutrition or get a free consult with an LLS registered dietitian at LLSnutrition.org. All of these links will be found in the show notes or at TheBloodline.org.

Thank you again for listening. Be sure to subscribe to *The Bloodline* so you don't miss an episode. We look forward to having you join us next time.