



SERVICES OFFERED

GUIDE TO
COMPREHENSIVE
CANCER CARE

PATIENT / FAMILY
RESOURCE CENTER

SELF CARE GUIDES

TESTS & PROCEDURES

COMPLEMENTARY /
ALTERNATIVE CARE

HOME

In the Know

Connecting Patient / Family Library Patrons To Information, Ideas and Resources

July 2003

from

The Duke Patient/Family Resource Center

The Duke Patient/Family Resource Center is:

- A lending library offering books, audio and video tapes, magazines and free brochures dealing with cancer and certain blood disorders and with issues of coping, survivorship, caregiving, and grieving
- Open 8:30 to 5:00 every day the Morris Clinics are open
- Located in the White Zone, first floor, of the Morris Cancer Clinic, Room 15123.
- Our phone number is 919-684-6955. Our email address is FamilyLibrary@mc.duke.edu

Resource Center Coordinator: [Harriet Whitehead, PhD](#)

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Cancer and Nutrition

How often have I noticed a certain determined gleam in the eyes of new patients or their family members as they come into the Resource Center looking for books on cancer and nutrition. They're thinking: 'Stop eating the wrong things and start eating the right things! All I need now is to find out which is which.' It seems like such a simple and self-evident way to start one's battle against cancer. And there is a continuous buzz in the media about the many dietary elements that may hold the key to cancer avoidance: selenium, lycopene, high fiber, low fat, antioxidant vitamins, green tea etc.

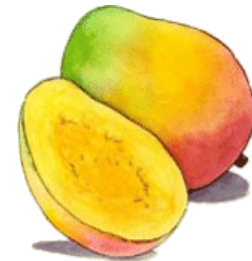
Would that it were as simple as it sounds! But anyone who's ventured down the cancer & nutrition pathway can tell you that not very far along the way, you'll find yourself awash in contradictions. After loading up on antioxidant supplements, for instance, you may then hear from your medical team that these could interfere with chemo or radiation, so best to cut them out. Or the one bit of healthy-eating advice that most sources agree on – which is to eat 5-9 servings a day of fruit and vegetables – might turn out to be quite hard to follow when you're feeling sick.



How do you make decisions in the face of uncertainties and contradictions? In our next two newsletters, we will try to help you explore these issues. This issue will be devoted simply to food: the stuff you eat every day and that doesn't come in pill form. In August, we'll take up the issue of dietary supplements – all those pills. You may wonder why we're dividing it up this way. After all, many of the supplements – like vitamins, flavonoids, and phytochemicals – come from food, indeed from the very foods (fruits and vegetables) that most often get recommended in the cancer & nutrition books. So the two topics do blend into each

other. The thing is, when people turn to supplements they are going beyond simply staying appropriately nourished and are using diet elements as a form of cancer medicine. At this point, there are many tricky scientific and pharmacological questions to deal with – such as what is the right dose? Does it need to be combined with other forms of treatment in order to work? How do we know the element has any effect on cancer? Was it tested on human patients or only on cell cultures or mice? Lastly, we have to remember that money spent on supplements is not reimbursed by insurance, so for many people going the supplement route cannot be a lightly taken decision. Best for us to devote a whole later issue of the newsletter to the topic. For today – food.

In this issue, we will review several resources that can guide you in your food choices. There are three issues we recommend you consider as you use these resources:



1. Nutrition needs and priorities may be different at different times. The “healthy foods” agenda focuses on recommendations for a cancer-avoiding diet – one that is high in the sorts of foods associated with low cancer risk and low in the sorts of foods associated with higher cancer risk. However, there are times when patients are experiencing debilitation and treatment side effects that impact their ability to prepare, eat, and digest their food. Then the need and priority becomes “just stay nourished”. At that point, your guide book may switch from recommending 9 servings a day of beans, whole grains, salads and fruit to gently suggesting mashed potatoes and melting ice chips. The lesson here is that you must consider the condition of the patient when you decide which part of the advice to concentrate on.
2. Food has meaning and value to people beyond nutrition. Eating is often an important part of family life and social events. Michael Lerner, author of *Choices in Healing*, shares the story of an adult son of a woman with cancer. The son, highly focused on trying to prolong his mother’s life, obsessed about her diet. Every interaction was focused on what she was eating, and what she should be eating. The differences between the ‘was eating’ and ‘should be eating’ were becoming a wall between them. Dr. Lerner’s advice?

Maybe what the mother needed, more than diet advice, was a meal with her son where he listened to her rather than telling her what to do. The lesson here is that everything requires balance, both a balanced diet and a balance between a rigid diet and the ability to eat out, to eat with others, or to eat particular foods you enjoy.



3. We do not know what the ‘perfect diet’ is. While there is growing evidence about the role of diet in cancer, there are no guarantees that changing your diet will affect the outcome of your cancer. So how do you prefer to make decisions when the answers and the outcomes are uncertain? As you make your diet choices, you may want to consider how you might feel about those choices if you were to have a poor outcome. For example, two people might dramatically change their diets, in hopes it would prevent their cancer from recurring. When cancer recurred, one person might say, ‘I’d hoped to stay cancer-free, but who knows? Maybe if I hadn’t changed my diet, it would have come back sooner. I’m glad I did everything I could to help myself.’ The other person might say, ‘I was really counting on my new diet to do the trick. If I’d known my cancer was going to come back, I would have eaten potato chips and HaagenDaas ice cream every day!’ The lesson here is that these are personal decisions; make the decision that you will feel good about, whatever the outcome.

Website Review

AICR: American Institute for Cancer Research

Website address: <http://www.aicr.org>

The American Institute for Cancer Research (AICR) focuses exclusively on the link between diet and cancer. The Institute provides consumer education materials and programs, as well as supporting innovative research in cancer prevention and treatment at universities, hospitals and research centers across the U.S.

AICR experts sound one of the commonest notes in the cancer and nutrition literature: eat those fruits and vegetables. The findings of their massive research are summed up in their words: “the adoption of diets rich in vegetables, fruits and other plant foods, regular physical activity and maintenance of a healthy weight - could

prevent between 30 and 40 percent of cancer cases worldwide, similar to the effect from stopping smoking.”



On the AICR website, you can find two brochures specifically for cancer patients. The first, *Nutrition of the Cancer Patient*, is helpful during that ‘just stay nourished’ phase, offering helpful strategies for dealing with common problems like taste changes, dry mouth, and nausea. The second, *Nutrition and the Cancer Survivor*, focuses on the ‘healthy foods’ agenda for cancer prevention. It includes special diet and lifestyle issues. You can either read these brochures online or order individual copies at no charge. You’ll find these at:

<http://www.aicr.org>

publications

brochures (then SCROLL WAY DOWN)

The homepage of AICR features current reports. More news items and past scientific reports can be found by browsing the back issues of the newsletter, or going to their ScienceNow publication.

home page

AICR newsletter

Expert Panel Report

ScienceNow

From this website, you can also subscribe to their quarterly newsletter, find healthy recipes, and access a variety of information related to diet and cancer. The phone number for AICR is 1-800-843-8114.

Attention Coumadin Users!!

Yet another conflict that affects some patients is the clash between healthy foods and Coumadin. Coumadin® (warfarin) is an anticoagulant. Some patients with cancer may have a blood clot or be at increased risk for blood clots. Coumadin® may be prescribed to get rid of or prevent blood clots. Vitamin K, which is present in many foods, affects the blood levels of Coumadin®. Fluctuating vitamin K levels will make it difficult for your doctor to determine the right Coumadin® dose for you. Sometimes patients are instructed to avoid foods with vitamin K as you can see from these instructions:

Instructions from Clinical Pharmacology Online:

Your prescriber or health care professional may want you to limit your intake of foods that contain vitamin K. Foods that have moderate to high amounts of vitamin K include brussel sprouts, kale, green tea, asparagus, avocado, broccoli, cabbage, cauliflower, collard greens, liver, soybean oil, soybeans, certain beans, mustard greens, peas (blackeyed peas, split peas, chick peas), turnip greens, parsley, green onions, spinach, and lettuce.

You'll notice that many of the foods high in vitamin K are also part of a cancer prevention diet. Does being on Coumadin mean that you cannot follow a cancer prevention diet? No! The important thing is to have about the same amount of vitamin K each day, so that your Coumadin® blood levels stay consistent. The Bristol-Myers Squibb Coumadin Consumer Information website will help you determine the amount of vitamin K in your diet so you can eat these healthy foods while keeping your Coumadin® levels consistent. Make sure to measure your food; most of us don't have a very good eye for servings sizes!

Coumadin Consumer Information

Website address:



http://www.coumadin.com/consumer/INT_VitaminK1.asp

Book Reviews

What to Eat if You Have Cancer by Maureen Keane and Daniella Chace

This is an excellent choice for those whose main interest is in the healthy foods approach. Written by two nutritionists, one of them a cancer survivor, the book is packed with specific diet plans – one for chemo, one for radiation, one for underweight, etc. The authors go out of their way to explain everything. There are lessons on your cells, your tissues, your organs, as well as how cancer comes about and how your body fights it. Each dimension of diet – fats, proteins, vitamins, minerals and phytochemicals – is explained in its relationship to cancer. You will learn perhaps more about fat saturation or natural killer T cells than you really wanted to know, but the specificity can be reassuring. When the time comes to figure out just which meats and oils are acceptable, or how large one “serving” of nuts is, the authors spell it out for you. Their diet emphasis is very much in line with that of the AICR. Plant foods, in wide variety and as whole and unprocessed as possible, come

first. Total vegetarianism would be acceptable; but they do allow us eggs, fish and skinless fresh poultry. One reviewer on Amazon wrote, "If I were a better patient, I'd eat exclusively from the items in this book."

Apart from the loss of some favorite items, like barbecued ribs, my only trouble with the book is the authors' expectations of how much a cancer patient is going to want to eat. With their enthusiasm for packing in every type of cancer fighting nutrient, they have us consuming around nine daily cups of fruits, vegetables, legumes, and whole grains even before we get to our thrice weekly 3 ounces of meat and a modest dessert. They add, however, that if the appetite or eating ability are not up to the task, then decrease the serving size but not the number of servings and continue to strive for variety. There is a companion book, *What to Eat if You Have Cancer Cookbook*, that contains a wealth of recipes. Look for this at your local bookstore or at Amazon.com.



The Cancer Recovery Eating Plan: The Right Foods to Help Fuel Your Recovery by Daniel Nixon.

Daniel Nixon is an M.D., an experimental oncologist and former vice-president of the American Cancer Society. His healthy foods advice is about a decade behind that of Keane and Chace and yet the upshot is remarkably similar: varied fruits and vegetables! What is perhaps most out-dated is his extreme emphasis on a low-fat diet. It is true that three of our four most common cancers – breast, prostate and colorectal – are more common in populations that follow high fat and low fiber diets, but as the AICR website's essay on the obesity-cancer link suggests, it may be the fat already on one's body that is the culprit, not tonight's salad dressing. At any rate, the more recent healthy foods experts seem to have resolved the salad dressing problem by urging us to stick to monounsaturated oils such as canola, olive and grapeseed, and to seek out foods (such as fish) that supply us with Omega-3 fatty acids.



Despite its not very recent publication date, there is still much to recommend *The Cancer Recovery Eating Plan*. (1994). I was impressed by Nixon's thoughtfulness in pointing out that the leukemias and lymphomas seem to

have no relationship to diet, thus the primary reason for such patients to read his book would be to learn how to deal with illness impairment and treatment side effects. He also stresses that no known diet actually cures cancer; the purpose of a cancer-fighting diet is to help prevent recurrence and to complement standard treatments in a positive way. Unlike our other authors, he directly

addresses the more questionable diet-cure fads that the cancer patient is likely to hear about, explaining how each has failed. And he points out that pushing food on a wasting away patient is usually not helpful. There is, in other words, a welcome hard-headedness to his advice. Most usefully, the book contains meal plans to take you through the first three months of treatment, excellent advice on cooking methods, and a wealth of tasty-sounding low-fat recipes (contributed by Chef Mark Erikson).



The Cancer Survival Cookbook : 200 Quick & Easy Recipes with Helpful Eating Hints by Donna L. Weihofen



This is a relaxed, food-loving book. Flip through the recipes and you will see such entries as Meat Balls with Sour Cream Sauce, Scalloped Potatoes, Impossible Coconut Pie, Bourbon Basted Salmon, and Chocolate Peanut Butter Balls. Obviously, there is no strong “healthy foods” agenda lurking within these pages, especially not the anti-fat agenda. But bear in mind that tastiness and attractiveness in food can become very important to a person with an illness-induced picky appetite who needs to keep up weight and strength. This book has a part to play.

A very likeable guide called “Eating Hints to Fight Cancer,” appears at the beginning of the book. A typical complaint from a cancer patient precedes each section of hints. “I’m not hungry,” “I feel so full after eating just a little,” or “My mouth is extremely dry.” After each such complaint comes a series of useful tips, some involving specific food items – e.g. adding nuts or dried fruit to everything to increase caloric intake if weight loss is a problem.

All of the hints are practical and many are quite insightful. Examples: Don’t eat your favorite foods when you’re going through a period of nausea since you will associate them with nausea and develop an aversion. Avoid peanut butter and crackers when you have dry mouth. Eggs and fruit smoothies will usually taste good even when nothing else does.

But one must not interpret the “fight cancer” part of the chapter title to mean that specific ingredients to fight cancer cells directly are being plugged. True, the authors devote a chapter to “cancer fighting fruits and vegetables” (which can be summed up as “eat lots of both”), but the emphasis in their tips is largely on working

round illness impairment and the side effects of treatment, not on using food as medicine.

For example, under the quote “I get tired easily; I don’t have much energy,” the reader is advised to, among other things, use frozen or canned convenience foods that require little preparation, use liquid nutritional supplements, or order in. Energy enhancing foods are not mentioned. The problem is seen as one of keeping adequately nourished even when too tired to cook, not the tiredness itself. And their best suggestion on this score is probably “Accept the offers of family and friends to help out.”

This will be especially good advice when one turns to the recipes. Take for instance Gorgeous Fruit Salad (p.94):

½ whole fresh pineapple, peeled and cubed	1 tablespoon honey
4 kiwifruit, peeled and sliced	1 teaspoon Grand Marnier
10-ounce can Mandarin oranges, drained	1 lb strawberries, hulled and sliced in half
2 large Granny Smith apples, peeled and diced	¼ cup mint leaves
½ cup orange juice	½ cup toasted sesame or sunflower seeds

By the time I got to that pound of fresh strawberries, hulled and sliced in half, I was exhausted just thinking about it. And the recipe serves 8! Who is going to have cancer and want to serve 8 people? That’s not the half of it. Their Apple Pie Cheese Spread, listed under “snacks,” serves 20; their Apple Raisin Snack Bars serve 15, and their Six Week Bran Muffins serve 60. Perhaps the idea – not clearly spelled out - is to have one big bout of cooking and baking, then food for weeks afterwards. But will the patient want 6 days of Broccoli Rice Casserole or 8 days of Potato and Bean Soup? And on the 60th day, how will that Bran Muffin taste? The 200 “easy” recipes all strike me as sumptuously delicious but – unlike the eating hints – borderline impractical.

My advice to the cancer patient checking out this book is to

immediately lend it to those helpful friends and family members, then retire to the other room with a fruit smoothie.



Other Books in Our Collection:

Cancer and Nutrition: A Ten Point Plan to Reduce Your Risk of Getting Cancer by Charles B. Simone, MD

Cancer Survivor's Nutrition and Health Guide: Eating Well and Getting Better During and After Cancer Treatment by Gene Spiller and Bonnie Bruce.

The Complete Book of Juicing by Michael T. Murray

The Breast Cancer Prevention Diet by Robert Arnot, MD

Dr. Gaynor's Cancer Prevention Program by Mitchell L. Gaynor, MD and Jerry Hickey

What to Eat When You Don't Feel Like Eating by James Haller

Tools to Use

Serving Sizes

Americans have become so accustomed to 'super sizing' that we often have no idea what 'a serving' looks like. This information from the AICR will give you a better idea of what a serving looks like. These serving sizes make the recommendations to eat 5-9 servings of vegetables and fruit a day seem much more doable! The New American Plate (NAP) Serving Wheel on the AICR website gives you a visual idea of what these servings look like. For example, 3 ounces of meat is about the size of a deck of playing cards.

Food	Serving
Chopped vegetables	½ cup




Raw leafy vegetables (such as lettuce)	1 cup
Fresh fruit	1 medium piece or ½ cup chopped
Dried fruit	¼ cup
Pasta, rice, cooked cereal	½ cup
Ready to eat cereal	1 ounce (check package, 1 ounce varies from ½ to 1 ¼ cup, depending on cereal)
Meat, poultry, seafood	3 oz. (boneless cooked weight from 4 oz. Raw)
Dried beans	½ cup cooked
Nuts	1/3 cup
Cheese	1 ½ ounce, 2 ounces if processed





Color Guide for Food Choices

The color of fruits and vegetables often predicts the nutrients they contain. By choosing a diversity of colors, you are more likely to get a diversity of nutrients.

Recommendation: Eat 1 serving from each color group daily

Color	Nutrients	Examples	Comments
			Studies suggest these nutrients may....

Red	<p>Lycopene</p> 	<p>Tomatoes</p> <p>Tomato products</p> <p>Guava</p> <p>Watermelon</p> <p>Papaya</p> <p>Pink grapefruit</p>	<p>interact with vitamin D in differentiation of HL-60 leukemia cells</p> <p>interfere with breast cancer cell proliferation</p> <p>reduce proliferation and increases apoptosis in human prostate tissue</p> <p>reduce risk of lung cancer</p>
Yellow-green	<p>Lutein</p> <p>zeaxanthin</p> 	<p>Corn</p> <p>Spinach</p> <p>Avocado</p> <p>Honeydew melon</p>	<p>help prevent macular degeneration</p> <p>reduce risk of lung cancer</p>
Red-purple	<p>Anthocyanins</p> <p>Flavonoids</p> 	<p>Red apples</p> <p>Grapes</p> <p>Berries</p> <p>Wine</p>	<p>inhibit tumor cell proliferation</p> <p>protect against liver damage</p>
Orange	<p>β-carotene</p>	<p>Carrots</p> <p>Mangos</p> <p>Apricots</p>	<p>reduce risk of lung cancer</p>

		Pumpkin Winter squash	
Orange-yellow	Citrus flavonoids 	Oranges Tangerines Lemons Cantaloupe Papaya Peaches	may reduce risk of cancer or treatment side effects through antioxidant action
Green	Glucosinolates 	Broccoli Brussel sprouts Kale Bok choy	reduce risk of prostate, breast, bladder cancers and NHL
White-green	Allyl sulfides 	Onion Garlic Leeks	reduce risk of cancers of the GI tract inhibit tumorigenesis in experimental models decrease disposal of chemical carcinogens

Adapted from Heber and Bowerman, 2001

Duke Services highlighted:

The Duke Health and Fitness Center, located at 3475 Erwin Road, offers a program specifically to support cancer patients upon diagnosis, during, and after treatment. The C.A.R.E. program – Cancer and Regular Exercise – includes access to the Health and Fitness Center facilities and classes, an exercise program tailored to your goals and limitations, mind-body classes, and wellness lectures. Individualized nutritional counseling is available at an additional charge. Call 660-6710 for more information or online at www.dukefitness.org.

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