



Oncology Nutrition

a dietetic practice group of the

Academy of Nutrition and Dietetics

ONCOLOGY NUTRITION



WHAT IS A DIETITIAN

- A Registered Dietitian (RD) has *at least* a bachelor's degree in nutrition sciences and has completed an accredited dietetic internship. These individuals must pass a registration exam, and must also maintain state licensure in some states. Health coaches and nutritionists are NOT Registered Dietitians and do not need to complete any standardized training.

WHY IS NUTRITION IMPORTANT

- Having cancer can make it harder for people to meet their nutrition needs. People who keep their weight stable by eating enough do better with cancer treatments. Good nutrition can also help manage side effects of chemotherapy, immunotherapy, radiation, and surgery.

NUTRITION PRIORITIES

- Maintaining body weight and preserving muscle mass
- For overweight/obese: Weight maintenance is recommended during treatment until pt has been able to demonstrate control of nutrition-impact symptoms, then with help of the RD work on a weight reduction plan to minimize loss of lean body mass.

REFER TO DIETITIAN

- Patients needing individualized assessment and monitoring: i.e.: advanced disease, already malnourished, nutrition support, surgeries, anticipated side effects will be severe, multiple comorbidities, high anxiety/multiple nutrition questions, dietary survivorship guidance
 - Please NOT for "Low Albumin"



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BASIC TIPS WHEN PATIENTS ASK



DIETARY PATTERNS

- Encourage patients to eat a well balanced diet
- Encourage patients to not take their nutrition cues from Dr. Internet or people they know who have also had cancer
- Please do NOT say...
 - "Eat Whatever You Want!"
 - "Avoid all raw fruits and vegetables!"

WHEN IN DOUBT, CONSULT YOUR DIETITIAN!!

HOT TOPICS

KETO DIET

- Lack of strong evidence; mixed results depending on tumor type
- May not be palatable or well tolerated
- Grossly nutritionally incomplete and can contribute to unplanned weight loss/malnutrition

FASTING

- More preclinical studies are required: tumor type, stage, and type of fasting diet (fasting-mimicking, time-restriction, caloric restriction)
- Can worsen nausea, contributing to unintentional weight loss, and malnutrition.
- Ok, if in remission and maintaining a healthy weight and muscle mass

SOY

- Soy does not have estrogenic effects in humans
- Soy consumption may be associated with reduced risk incidence, recurrence, and mortality
- Encourage whole, organic foods ie tofu, soymilk, edamame beans, soy nuts, tempeh, miso

VIT/MIN/HERBAL SUPPLEMENTS

- Only for meeting basic needs and correct deficiency; not for cancer prevention
- Concerns/contraindications: interfere with treatment, affect liver enzymes, alter lab results (biotin)
- Databases: Natural Medicines, Lexi-Comp, MSKCC

SUGAR

- Not as simple as "Sugar Feeds Cancer": the key is how large, frequent sugar loads over time that influence insulin and insulin-like growth factor promotes cancer growth
- High chronic added sugar intake often contributes to over-weight/obesity(strong risk factor cancers)
- Sugar from whole fruit, dairy, complex carbs (whole grains/starchy veggies (corn, potatoes/sweet potatoes) is fine; the relative sugar load is small and these foods are loaded with vits/mins/fiber and good energy sources
- Aim to **limit added sugar** in the diet to ~ no more than 24 g/day for women, 36 g/day for men

DAIRY

- Dairy is safe
- Encourage low-fat or non-fat choices.
- Excellent dietary source of protein, calcium and probiotics (from fermented dairy like yogurt, kefir, cheese)
- No data to suggest hormones in milk survive digestion or have biological effects in humans.
- Data on cancer risk mixed: May offer protection from some cancers: ex) colorectal and breast; may increase cancer risk: ex) prostate (when greater 1 serving/d consumed)



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