



**The Good Clean Nutrition Podcast
Episode 22 Transcript**

Episode 22: The Importance of Nutrition During Cancer Treatment with Cara Anselmo, MS, RDN, CDN

Cara Anselmo:

I try to encourage people, whether it's the patients themselves or caregivers, to not engage in that blame game.

Mary Purdy:

Welcome to the Good Clean Nutrition podcast. I'm your host, Mary Purdy, Integrative Dietitian and Nutrition Educator. Before we get into today's interview, we want to remind you that this podcast is now also available to watch on YouTube. Hello, visit youtube.com/drinkorgain, or click the link in this episode's description to watch this and past interviews. Now, for our episode.

February is National Cancer Prevention Month, so we felt this was the right time to talk about cancer, a disease that each one of us is likely all too familiar with. I imagine that almost everybody out there knows someone whose life has been affected in some way by cancer. So, when I first started grad school around 2005, 2006, I was really interested in the connection between food and cancer, and I actually thought I was going to become an oncology dietitian. And I remember my first year, we had a family friend who was diagnosed with pancreatic cancer, which is, you may know, does not have the best survival rate, but I was determined to try and save this dear friend's life.

And I started doing research about capsaicin, which is the compound found in chili peppers and its potential for preventing the growth and progression of pancreatic cancer. Most of the research was done in cancer cells in vivo, in vitro, but I sent the information to our family friends because I was just desperate to have some kind of hope. And I was convinced that if she would just eat more chili pepper, that somehow, she would get better. Obviously that didn't happen, and I came to understand really, of course, that preventing and addressing things like cancer and other diseases is never just about eating or not eating one chili pepper or other food group. It's about an entire dietary pattern and lifestyle habits and the environment and many other factors. So, while I didn't end up working in oncology, I did work with a number of patients going through cancer treatment, and I've always believed in the power of food to help improve outcomes.

So, I'm really looking forward to the podcast topic today. We hear a lot about how lifestyle and nutrition choices can help reduce the risk of cancer, but we don't often hear about what to do from a nutritional perspective and lifestyle perspective when somebody is diagnosed with cancer or is going through treatment or is perhaps working to prevent recurrence of cancer. Joining us today is Cara Anselmo, a registered dietitian nutritionist specializing in oncology nutrition and plant-based diets. She has more than 15 years of experience working with patients and clients in a variety of settings and is currently on staff at Memorial Sloan Kettering Cancer Center. Given her experience, we are very excited to have her join us today and have this very important conversation. So welcome Cara.

Cara Anselmo:

Thank you so much, Mary. I'm so happy to be here.



Mary Purdy:

And tell us a little bit about yourself and your career path. How did you get involved with oncology nutrition?

Cara Anselmo:

Sure. So, oncology nutrition was the area that I sort of fell into naturally after exploring a few different areas of clinical nutrition. And I think it's interesting because it's not one disease. Cancer is many diseases and there's nothing black and white about it. So, it's an area too where there's a lot of misinformation out there. There's a lot of charlatans. There is even more and more over the course of the years, a lot to filter through and just a lot of noise. So I really like to be able to provide evidence-based and nuanced counseling that is grounded in the science and also is compassionate and really stems from a place of working with individuals versus working from a place of myths or fears.

Mary Purdy:

Busting some of those myths are really helping provide clarity to patients is so key as they start that process of working with a diagnosis. Is there a specific area of expertise that you focus your attention on?

Cara Anselmo:

So, within oncology at Sloan Kettering, I work mostly with the breast cancer community. So, people who are living with cancer, people who have had a history of cancer or people who have a high risk for cancer.

Mary Purdy:

Interesting. It's amazing. I had this experience, in the six-month period I met or knew eight different women who were diagnosed with breast cancer and that really landed for me of being, this is a serious issue that's happening more and more frequently.

Cara Anselmo:

Yeah, yeah.

Mary Purdy:

I imagine when someone receives that cancer diagnosis, it's really hard. It's really difficult. They're scared. What advice do you give patients who have been newly diagnosed or people perhaps who have friends or family members who have been newly diagnosed with a cancer?

Cara Anselmo:

It is difficult for sure. It might be the most difficult day in someone's life when they hear that diagnosis. And my advice at first is to start where you are and take it one step at a time. So sometimes the unknown is the hardest part and our minds want to go to places that are worst case scenarios when in reality we might not have enough information yet. And I definitely encourage patients and their families, their caregivers, to ask lots of questions of their healthcare providers at every step along the way. And to also appreciate that their providers might not have all the answers immediately too. I know it's hard, but if that's the scenario and there's a lot of unknowns, I really encourage people not to go down the rabbit hole of Google and searching for information online.



Again, there's a lot out there that's wonderful and it's great to look at reputable websites, I'm happy to share some, but I also find that there's, like I said, so much misinformation. So, you want to be discerning and choose carefully what you read. Also, please don't assume that you did something that caused your cancer to develop. So oftentimes I hear people say, "What did I eat wrong? What did I do wrong?" And I can tell you that cancer develops for so many reasons and sometimes it seems like for no reason at all, but it's not necessarily something that you ate or did. So, I try to encourage people, whether it's the patients themselves or caregivers, to not engage in that blame game.

Mary Purdy:

It doesn't get people very far, does it? And it can wind up really disempowering individuals. And very often it's that confluence of factors that may be coming together, not just one thing that someone did or didn't do, but all the different things that have an impact on someone's wellness picture. Where do you begin with somebody? Let's say someone comes into your office, they say, "I've been diagnosed with breast cancer." How do you start off a conversation with them, meeting them where they're at, taking away the blame, starting with that unknown, what's the first part of that conversation?

Cara Anselmo:

So, with a new patient or a new client, I really like to get a sense of where they're at, at baseline, what their current diet looks like and what their concerns and goals are. So, I might be meeting with someone for the first time who has read a lot of information online and they've heard from friends and family who are well-meaning, but not necessarily as knowledgeable to not eat certain foods. And this individual might tell me, "I've lost 10 pounds in the last two weeks because I'm afraid to eat anything." So that might be a starting point. We start there, we don't jump in any further.

It might also be that someone is midway through their treatment, and they receive a different type of cancer diagnosis in that setting. And maybe our focus really shifts at that point. So, as you said, meeting someone where they are, finding out what their immediate and long-term concerns and goals are, and then we take it one step at a time and we address whether it's eating to manage side effects or again, just starting out before surgery, what do we want to do to maximize nutrition? And there's lots of places we can go from there.

Mary Purdy:

And so let's talk a little bit about that because the issue here is that not all cancers are the same. Different cancer diagnoses are going to have different nutrition requirements or implications as it relates to someone's nutrient needs. But let's get more specific in terms of having that baseline of health. We know that nutrition is foundational for just giving us a healthy baseline. Where do you start with a patient in terms of just making sure that nutrition is optimized? What are some steps that you would advise people take, let's say for something like a breast cancer diagnosis?

Cara Anselmo:

Sure. And you're absolutely right, cancer is not a monolith. It is different diseases. So, my approach might be very different with someone who's coming in with a different type of cancer. I tend to think that the recommendations are going to be similar for me as far as whether someone is looking to maximize nutrition before they go into surgery or someone is starting chemotherapy in the sense that a



healthy diet that supports our immune system that supports the integrity of our physiology, this isn't wildly different from one person to another. There's some commonalities. So, I do encourage a diet that is more plant forward, and I'm happy to talk about that term more. I know it's changed over time, getting enough protein, getting the right amount of food, not overeating or under eating. Certainly avoiding certain foods or limiting certain foods that we know may be harmful or detrimental.

For example, limiting alcohol, limiting processed or grilled meats, not going overboard with certain foods like added sugars. So, we might also though want to focus more specifically on goals that have to do with that active treatment that they're receiving. So, for example, someone who's recently diagnosed. I had a family member who was diagnosed with throat cancer and immediately what we were concerned about was just getting enough nourishment into him. So, I was not too worried if he wanted to eat ice cream every day because for a few months of his life, ice cream was the one thing that gave him some pleasure and comfort he was able to take in orally. So really depends on the individual situation.

Mary Purdy:

There are certain diagnoses or certain treatments that may indicate higher nutrient needs or different kinds of nutrient needs or there are side effects. And let me ask you a question about the ice cream because when I was in my internship, we had a conversation with some patients about what they could or couldn't eat. And obviously there are issues with, "Gosh, we just need to get enough calories, we just make sure that you actually eat something." And is there a way to modify something that may not serve the body quite as well with something that still is cold and easy to swallow, but may have a little bit more nutritional bang for the buck? What's your take on maybe providing some additional strategies that don't say, "Don't have ice cream." But may also offer the same texture and experience, but with a little bit more nutrient density?

Cara Anselmo:

Sure. And you're absolutely right, there's a lot that we can do there and sometimes there are simple changes, but it's just something that someone hasn't thought of, they haven't done it before. So, an example might be starting with either ice cream or an oral nutrition supplement drink or a patient's favorite milkshake, but also adding to it and adding half of a banana or half a cup of frozen strawberries, putting that all in a blender together, maybe doing something similar with a little bit of avocado, get some healthy fats in there or a scoop of peanut butter to add some extra protein. So, I think in that type of setting, if patients are tolerating those kinds of foods, we can get it all in there and really maximize the nutritional value depending of course on their taste preferences and tolerances.

Mary Purdy:

And so, I heard you say plant forward, I heard you say minimizing some of the foods that may not serve the body as well. Obviously getting enough calories in there if someone has issues with getting food down. Let's actually talk about chemo because people do not want to eat a lot of food when they're on chemo. Very often, this is just about making sure that they're eating anything without throwing up. So how do you work with managing side effects of treatment like chemo, helping people to get foods in, but not necessarily making them feel sick when they do eat?

Cara Anselmo:



And that's such an interesting question because even different types of chemotherapy have different side effects and they can vary much from treatment to treatment and from person to person. So, I find a lot of times patients are very concerned about chemo. They're very afraid. They've heard stories about their aunt or their friends who had chemo and they couldn't eat or they were vomiting for weeks. And there may be situations where someone is experiencing acute nausea, but there's a lot that anti-emetics can do, first of all. So anti-nausea medications, if you take them the right way, can go a long way. And I always tell people that is one line of defense. But if we're looking at foods and we're talking about nausea, some more practical strategies might be things like avoiding food odors. Sometimes people find that they're very sensitive to smells and they might prepare a meal in the kitchen and the rest of their family is enjoying it and suddenly they say, "Oh, this is nauseating me, I can't deal with the smell of it." So that's one tip.

Sometimes people find it's really hard to drink water when they're feeling nauseated. So just getting in plain water can be hard. And we might say, "Well, try flavored seltzer or adding a splash of lemon or cucumber to your water." So, things that can make it a little bit more palatable, more easily tolerated, maybe drinking through a straw for that matter versus drinking out of a cup or trying changes in temperatures to doing a hot ginger tea or trying something that's very iced and cold. Sometimes that can make a difference.

With nausea as well, there are some things that I might encourage that I wouldn't as part of a typical standard "healthy diet", meaning saltine crackers. If someone feels like they need a little something in the morning just to get over that hump of acute nausea going into the day, maybe we suggest doing something plain like that that's going to really just allow them to get started, ease that initial burden, and hopefully be able to nourish better as we get through the day. I'm happy to talk about other side effects as well. I don't know how much you want to go into that because they can really, really be varied from increased appetite to decreased appetite.

Mary Purdy:

Let's actually talk about that because when I've worked with some patients, we have found that having room temperature foods can be helpful and not eating with a metal spoon if you're having certain taste changes. So, talk a little bit about some people have appetite increase, some people have appetite decrease, some people have taste changes. Some people, food tastes really bizarre. Some food suddenly tastes completely different than it used to taste. So, talk a little bit about that and how you help manage some of those symptoms for people.

Cara Anselmo:

And those symptoms can certainly change throughout treatment too. So, it's interesting, someone might say one day they really are enjoying their cup of coffee in the morning and then the next day they say, "Oh, it's terrible, I can't eat this. I'm never going to drink it again in my life." So, we wanted from day to day look at things like taste changes or certain types of gastrointestinal side effects. So, we might see that somebody in the beginning of their chemo treatment has constipation, and we want to manage that. So, increasing fiber and fluids gradually. We might also find that later in the course of their treatment, they've switched to a different medication that suddenly causes diarrhea. So, we want to be really be able to maintain some fluidity and some flexibility. So that might not be the point to start introducing big salads or introducing very high fiber foods.



We might tell them, "Why don't you avoid the fruit juice for now and stick with something else instead?"

Those changes in taste that you mentioned can really be tricky because they can change from day to day. And as I was saying, sometimes people will find a certain food is appealing one day and then it just tastes awful the next day. So going with options, having choices and trying things out. If someone feels like something is just not palatable on a given day, don't eat it, don't force it. There's always something else you can have. And that's what I'm there to give suggestions for and to offer. So sometimes, the changes that we talk about or the suggestions that we make are not wild, but when you're not feeling well, it's hard to think about what to eat. So just talking about ideas, if you're up for that with your registered dietitian or a member of your care team or even a friend or family member, just thinking about options, putting them out there, talking about likes, dislikes, what choices are there, that can be really helpful to open up doors.

Mary Purdy:

I totally agree. Sometimes when you don't feel well, the last thing you want to do is plan or think about additional options and be creative. You're like, "Just give me some ideas." Ginger, mint, all these different things that for us come so easily when we're feeling well and we know are helpful for either appetite stimulation or just quelling nausea, really seeing food as being potentially an antidote to some of the symptoms and the negative experiences that people have around these treatments. I know that you have mentioned that certain cancers specifically like breast cancer, will actually lead to weight gain. Many people think that cancer is about weight loss and cachexia, this atrophy. But talk a little bit about what happens for certain individuals who have breast cancer who may actually experience weight gain and how you help them manage that.

Cara Anselmo:

So, during chemotherapy and during other types of treatment for breast cancer, weight gain, at least for early stage breast cancer may be more common than weight loss. And we're still trying to elucidate why that is the case. And it does seem from the research that chemotherapy rather than hormone therapy is one of the predisposing factors to excess weight gain. So that's interesting. When a patient is experiencing an increase in appetite, we try to talk about, is it a real increase in physical hunger and if so, nourish that eat, you may need to eat a little bit more right now. That's okay, listen to your body. Or is it the sort of increase in appetite that's driven by, "I need something comforting, I need something soothing." And in some cases, comfort eating may be okay, but we want people to have other options as well and other ways to self-sooth.

So, in the setting of excess weight gain, we might talk about ideas other than just food, we might talk about other ways to self sooth. We might talk about looking at eating when you're feeling particularly hungry and not eating, when you're not feeling as hungry and finding other things that can kind of fill that void. I think in the setting of weight management as well, it can be a surprise for a lot of women because they go in thinking, "I'm going to lose weight. I don't have to worry about it. I can eat whatever I want. In fact, let me bulk up a little bit because I'm going to need that later on." And then they find, "Oh no, what happened?" 10 pounds later, "No one told me that this was a possibility." So that can be something to work with too. Just the surprise there.



Mary Purdy:

And is the weight gain actually related to worse outcomes? Is it okay to gain the 10 pounds or is it something that people should be thinking about as something that may not be as optimal for them?

Cara Anselmo:

That's a great question, and I think there's a lot of research currently looking at just that right now and whether or not weight reduction can improve outcomes. So, I can't answer that question, but I think it's a really interesting area of research.

Mary Purdy:

I'm Mary Purdy, and you're listening to the Good Clean Nutrition podcast. We're on with Cara Anselmo, a registered dietitian specializing in oncology nutrition at Memorial Sloan Kettering Cancer Center. Next, we'll dive more into the complexity of nutrition research in oncology and more actionable lifestyle and dietary tips for people undergoing cancer treatment. But first, a word from the sponsor of this podcast, Orgain.

Acacia:

Hi, I'm Acacia, Registered Dietitian and Nutrition Communications Manager here at Orgain. Orgain is on a mission to make clean nutrition accessible for everyone, as founder and CEO, Dr. Andrew Abraham's own struggle with cancer as a teenager is what inspired him to found Orgain and create the world's first doctor developed and certified organic oral nutrition shake. Today, Orgain is humbled that medical professionals are endorsing, recommending and providing samples of Orgain to their patients daily at every top oncology hospital in the US News Best Hospital Honor Roll. To learn more, I invite you to visit orgain.com, or if you're a healthcare professional, healthcare.orgain.com.

Mary Purdy:

Now let's get back to our conversation with Cara. So, Cara, there's a lot of conflicting information out there. You mentioned this upfront about what people with cancer should eat, shouldn't eat, foods that might feed cancer or make for less optimal outcomes. Can you help us understand some of the complexity of the nutrition data that's out there as a whole?

Cara Anselmo:

Sure. I always think about a speaker who I heard at a nutrition conference once talking about the field of nutrition research, and she said, "Nutrition research isn't rocket science. It's much harder." And that really resonated with me because there are so many variables, and when we look at nutrition and cancer or any other type of nutrition research, there's a lot of variables and it can be hard in this setting to control for all of them. And when we change one thing about someone's diet, we can't do that without changing something else. So, for example, if we tell someone that they're going to be eating a lower fat diet and we have a lower amount of fat, we want to keep the calories the same, well, something else has to change there too. If we tell people that they're going to eat more plant foods, maybe they're eating less of something else.

So that's an area of complexity. It's also hard to maintain nutrition research over time. So say we look at a study that's six months long and we see a certain result in six months. Well, what happens five years later? What happens 10 years later? So, a lot of times that type of long-term research is difficult to track



and to follow. Finally, there's so many different types of studies. So, you mentioned earlier there are studies in essentially a test tube, which we call in vitro studies. There are animal studies, there's human studies, and any one of these studies doesn't really give us enough information to make clinical recommendations. We want to look at the full body of literature before we can use that research to actually offer guidelines or clinical recommendations.

Mary Purdy:

So, some of the common questions and confusion I think that's out there, I'm going to throw a few out there for you to grab onto, maybe choose your favorite topic because I know we won't have time to get into everything. But I think people often ask questions, especially with things like breast cancer and other reproductive cancers, what about soy? What about dairy? What about sugar? What about meat, which you mentioned upfront, charbroiled meat? What action should I take when it comes to eating those foods, not eating them, minimizing them? What are your thoughts? Or in what form?

Cara Anselmo:

Yes, yes, we could do a whole separate podcast-

Mary Purdy:

I know.

Cara Anselmo:

Just on nutrition myths about cancer. I'm going to hook on first to the question about soy because that is an area where the research is actually quite clear, and yet there's still so much fear and misinformation about it. So, in the setting, for example, of a hormone sensitive cancer, breast cancer or otherwise, we do see that it is safe and okay to eat soy foods like tofu or tempeh, and those can really be things that are part of a healthy plant-based diet for so many people. So, there is no association between eating a piece of tofu and a higher risk for cancer or cancer recurrence. So that's something that I do love to talk to people about. Again, it's a way to encourage more healthy plant foods and not be so limiting.

There's also a lot out there about, oh gosh, fasting. And I'm not sure if that was one of the things that you mentioned, but it came to mind because I've been getting a lot of questions about it recently from both patients and providers. And I had a patient just today who was asking a bit about it. And I think that with fasting, it's an easy thing again to latch onto. It seems sort of like a simple solution, but everything is going to be more complex so once we dig into it. So, there's a lot of researching in animal studies, but there's actually not a whole lot that we can conclude from human studies. And the human studies that have looked at fasting in the setting of cancer, really tough to draw any conclusions because of the heterogeneity of the patient population, the heterogeneity within the types of tumors, the types of fasting. There's lots of different types of fasting.

But at this point it seems that fasting probably doesn't reduce the tumor burden in the setting of cancer. It may be helpful for some types of side effect management. It's probably not a good idea for the individual who is struggling to keep their weight up, and it's probably not a great idea for someone who is losing any amount of lean body mass. We see that can actually be destructive in that sense. So it



might be appropriate for certain individuals, but again, best to talk to your dietitian an/or your doctor about these approaches.

Mary Purdy:

Really individualizing that treatment. So, I heard you say that it may be helpful for mitigating some symptoms. I did have a patient who fasted before she had chemo and it really helped with her nausea. But being careful if someone is compromised in terms of their weight or perhaps with a history of eating disorder. I have seen some research, which I'm curious to hear your take on, about what they call prolonged nightly fasting, meaning having about 13 to 15 hours between the last meal of the day and the first meal of the following day, and that those who had that period of time around 13 to 15 hours who had had breast cancer were seen in this research to have a lowered risk of that breast cancer recurrence. What have you seen about that research out there? Because I think that can be an interesting, again, individualized recommendation to talk with patients about if they are interested or inquiring about it.

Cara Anselmo:

So, I don't think there's enough information at this point or from that particular research to be able to say we're going to recommend doing this to lower your risk for cancer occurrence. However, I think there's a lot of benefits to doing a slightly prolonged overnight fast. And essentially what we're talking about, Mary, is what humans naturally do. We don't eat at night, and unfortunately, because of job schedules, because of social events, we might be eating at all times during the night, and that's not really what nature intended. So by doing a prolonged nighttime fast, we are just doing really what our bodies are supposed to do, giving them a little break.

Mary Purdy:

And it certainly can't harm unless as we spoke about someone struggling with calorie restriction or something like that.

Cara Anselmo:

So, in the setting of a patient who's actually looking to help manage blood sugar or they're looking to manage excess weight, that might be a really nice solution. Something that I've also found, and when I bring this up with patients, they say, "Oh yes, you're absolutely right." If you're doing a prolonged nighttime fast and you're not eating after dinner, that's a time that a lot of people are consuming less mindfully. So, they might be snacking after dinner on sweets. They might be eating things just because they're in front of the TV and it's there. So, by cutting out that after dinner or that nighttime eating, they're improving their overall diet quality. It has nothing to do with the fasting per se. So that's something that we want to look at as well.

Mary Purdy:

And what about, I'm going to talk about a specific food tier or a food group, which is the cruciferous vegetable family related to breast cancer specifically, and some of the research behind that, both in addressing maybe cancer... Not that if you're going through chemo that a big plate of broccoli is something you're going to be seeking out. But what's your advice around getting in more cruciferous vegetables related to breast cancer or breast cancer recurrence, the risk of breast cancer if you are predisposed to it or have a genetic susceptibility? Give us some thoughts there.



Cara Anselmo:

Sure. I encourage people to eat vegetables. Full stop. So first of all, if a patient asks me what's the best vegetable, I will tell them it is all vegetables, have all of them. Cruciferous vegetables may be particularly beneficial, but if you do not like kale or broccoli, please don't let that mean you won't eat asparagus or you won't eat spinach or green beans because they really do all have benefits. I think for cruciferous vegetables, they can be really hard for some folks to digest. And one of the things I encourage to promote tolerance is having them slightly cooked versus raw. So, an example might be doing steamed or sauteed broccoli rather than raw broccoli.

And if someone is in the midst of treatment, again, this might be the space of three months of their life that they're not eating a lot of cruciferous vegetables. It's okay. So, we'll talk about doing the best they can with how they're feeling at that time and over the course of treatment, years after treatment, incorporating these kinds of foods. So maybe finding a soup recipe that they love that includes some kale and some cauliflower, maybe doing a curry that has some bok choy in it, and looking at those types of foods in their daily eating patterns in a way that doesn't feel forced and that feels enjoyable at any given time, either during treatment or at any point thereafter.

Mary Purdy:

Excellent. And let's say I walk into your office. I say, "I have a great relationship with food. I'm highly motivated. I feel pretty good right now. I've been diagnosed with this cancer. I want to eat as well as I possibly can to be as healthy as I can to have the best outcomes that I can possibly have." What are a few things that you would absolutely say get into your diet and maybe one or two things that you should absolutely minimize. And I'm ready for it.

Cara Anselmo:

Okay. We're taking the gloves off. And I might sound like a broken record here, Mary, but I'm going to encourage a variety of plant foods. I'm going to tell them there's no such thing as a bad vegetable or fruit unless it's one that you don't tolerate or if it interacts with a medication that you're on. So, let's look at ways to practically put them into your diet. About 80% of Americans actually don't even eat the recommended amount of fruit and vegetable each day. So, I think people know this, but they need to know how to put it into place, how to actually do it. I'm going to encourage fiber rich foods. Again, it depends on the person. If someone is experiencing a lot of gas discomfort during treatment, maybe less so, but encouraging at least 25, 30 grams of fiber per day. And that can come from whole grains. It can come from vegetables, can come from beans. So, a variety of sources.

I'm going to encourage, not excluding any specific food group. For example, when people tell me they don't eat carbs, I tell them, "That makes me feel terrible because that means you're not eating foods like brown rice, for example, or quinoa or oatmeal or sweet potatoes, which can be so nutritionally valuable." So, keeping in a balance of all of these different types of foods. I will encourage limiting alcohol. I will encourage limiting added sugar. I think there's a lot of misinformation out there about sugar and cancer, and again, that could be a whole other podcast, but the idea of moderation rather than elimination and not making something so off limits or so taboo that people feel like, "Oh, I can never have that again. And if my cancer does come back, that's why." Because it's not that they ate a



cookie, it's not that they ate a piece of chocolate. And again, there are so many different factors that go into cancer developing.

I've gone off on a tangent a little bit. I just wanted to add one other thing to your question about best practices, and that's hydration. Drinking enough water, and I find that's something that also can fall by the wayside in our day to day.

Mary Purdy:

Excellent. And so, I see a sweet potato, a kale, chickpea soup over brown rice with some water on the side, perhaps a small piece of dark chocolate in my future as your patient here. Thank you. I'm excited to make it. And we talked a lot about food. What about lifestyle? In our last couple minutes here, what are some of your top go-to lifestyle tips? Because cancer diagnosis ain't just about the nutrition, it's also about how we are living our lives. It's about our environment too, which could be its own episode as well in terms of the implications of how our environment affects our diagnosis. But what are some of your go-to top tips as it relates to how lifestyle factors might help?

Cara Anselmo:

So physical activity, movement, exercise, whatever we want to call it, all of the above is so important. And I am a registered dietitian, so I mostly talk about food, but I feel like it would be remiss to not talk about movement with patients, with clients, whether at MSK or in my own practice, because it is so important not only in cancer risk reduction, but for so many reasons. And it can help to manage some of the both short-term and long-term side effects with cancer as well. So, for example, it can be helpful with managing anxiety. It can also be helpful with long-term bone health. And we see sometimes with certain cancer treatments, they can interfere with bone minerality. So, exercise. Mind, body, sleep, rest. I always have to laugh when I hear people say or when I hear healthcare providers is say, "Reduce stress." Because it's a nice idea. But it is easier said than done.

And I think for the average person during these times of late stage capitalism and job insecurities and food insecurities saying decrease stress just adds a layer of stress. But I do want to encourage people to do what they can, whether it is through asking for help of friends, of family, whether it's through trying to prioritize sleep, sleep hygiene, trying to prioritize the movement and the physical activity that feels good for them. So, until I think we have some more structural and systemic changes in place that are going to support that, we do as best as we can with what we have for stress reduction and mind body.

Mary Purdy:

And stress reduction looks different from this person over here than it looks for this person over there. So, moving your body, finding those stress reduction techniques, whatever that may be, getting enough sleep, getting enough water. And maybe, I know you are a yoga teacher as well, have you found meditation and/or some research about yoga meditation related to cancer treatment or related to better outcomes of cancer?

Cara Anselmo:

Yeah. I think yoga can be extremely effective for lots of reasons. It can be a wonderful physical activity, the yoga Asana practice, but the meditation aspects and a lot of the philosophy can also be so valuable. I also want to put out there, I am not a good, seated meditator and a lot of people are not. And I think



when we think of meditation, we think of having to be still and not move and sit on a cushion for an hour. But you can do moving meditations, you can do so many different types of meditations that are not just sitting on a yoga mat. So, I like to encourage people to really look at different aspects of these practices too.

Mary Purdy:

Well, thank you so much. We've learned a lot today about managing cancer diagnoses, empowering patients with nutritional and lifestyle tips to take home with them. And hopefully, practitioners who are out there listening have also gained knowledge about how they might work with their patients. So, thank you for all of your knowledge here. It's been really helpful for many, I'm sure.

Cara Anselmo:

My pleasure, Mary. I'm glad to be here.

Mary Purdy:

I'm sure our listeners are going to want to hear more about how they can get in touch with you if they would like to. So how can they find you?

Cara Anselmo:

Oh, of course, Mary. So, you can reach me on my website. It's very easy to remember. It's my first name and last name, caraanselmo.com. You can also find me on social media as we can find so many people these days. So, on Instagram, on Twitter, I also have a mailing list for my donation-based yoga classes. So, if anyone is interested in that, they are on Zoom, they are pay what you can, pay what you wish. They are not associated with my work in the cancer community, but you can email me through my website and I'm happy to put you on my mailing list.

Mary Purdy:

Wonderful.

So, thanks for tuning in to this episode of the Good Clean Nutrition Podcast. As a reminder, we would love to hear from you. So, we have a brief survey linked in the description of this podcast episode and on our website, healthcare.orgain.com/podcast. Please share any feedback, guest ideas, topic suggestions, or anything else that you can think of. You name it, we want to hear it. And as always, your feedback is greatly appreciated and will only continue to improve this podcast. And if you like the podcast, we would so appreciate it if you'd give it a five-star rating or a review on your favorite podcast platform like Apple Podcasts or Spotify, or a thumbs up on YouTube if you're watching right now. To stay up to date on the latest episodes of this podcast, be sure to subscribe. Thanks so much for tuning in and see you next time.