



Nutrition in the Patient with Lung Cancer Frequently Asked Questions

[Lorren] Hello, thank you so much for joining us for the Caring Ambassadors Program video series, Learn from the Experts. We are excited to welcome back Rhone Levin, a clinical oncology dietitian at the Florida Cancer Specialist and Research Institute in Fort Myers, Florida, as our featured author in this video, Nutrition in the Patient with Lung Cancer. In this session, Rhone will be discussing 'Frequently asked Questions' and common concerns of patients.

I'm Lorren Sandt, the Executive Director of the Caring Ambassadors Program. I'm joined today by Cindy Langhorne-Hatfield, our Lung Cancer Program Director, and a panel of people living with lung cancer.

We hope this video will be helpful and provide insights and information for patients and caregivers dealing with lung cancer. If you're interested in learning more about the Caring Ambassadors Program and our mission to help patients with lung cancer, please watch the series. Please share this information with anyone who might find it useful. Together, we can make a difference in those lives affected by lung cancer.

Welcome back, Rhone.

[Rhone] I would like to thank the Caring Ambassadors for having me today. My name is Rhone Levin, and I'm a registered dietitian nutritionist and I'm board certified in oncology nutrition. And I'm here today to discuss nutrition in the patient with lung cancer in this session I'm going to focus on frequently asked questions in common patient concerns. Many times, people have never met with the dietitian before so they're not quite sure exactly how a dietitian would be useful, or what kinds of things a dietitian would be able to help with. An oncology

dietitian has been trained in a skill set to help people navigate through and around the treatment side effects that can occur during their cancer treatments, and of course cancer treatment changes you know throughout the scope. It can start with surgery. Surgery can have side effects that involve the swallowing or eating, even the chemotherapy can have side effects that can interrupt people's appetite or can interrupt people's tolerance of eating. Perhaps they have upset stomach, perhaps it causes GI problems like diarrhea, radiation treatment can cause problems with swallowing if it if the radiation crosses over the esophagus, it can cause problems with swelling, so the dietitian is prepared to help people to work through those time periods and help people to develop an individualized nutrition plan that will optimize their nutrition and at the same time kind of helping them reduce the impact of the nutrition side effects. The dietitian also helps people coordinate if they have specific dietary needs and so many times people will come into treatment, perhaps they're on a heart diet, or they're on a diabetic diet, and so the dietitian will have to coordinate those specific needs within their treatments so kind of coordinating between the changes that they need to make to address their side effects but still staying within their specific doctor recommended nutrition plan. Another thing a dietitian does is sometimes people may need more or less of certain nutrients and so people may also have food allergies, people may have had previous surgeries to their GI tracts such as gastrectomy, or they may have a colostomy, and the dietitian is an expert at helping to manage those type of situations to get them through their cancer treatment. We also may have situations where people have a specialized nutrition access, so for example patients who have tube feeding Sometimes people will meet with a dietitian before they start with treatment. Many times, people will be referred to a dietitian during their treatment once they're experiencing side effects. If you were looking to meet with a dietitian, the first place to go is to ask your medical team if there is a dietitian available through your Cancer Center or your hospital system. Oftentimes if you're in a large hospital system they'll have an outpatient dietitian system available. If you do not have access to a dietitian through your doctor or through the hospital system you can go through the Academy of Nutrition and Dietetics, and their website is eatright.org and they have a section called find a nutrition expert and you can specify answer or oncology nutrition in that. It's also helpful sometimes you can go through your insurance company. First of all to see if you have coverage for nutrition services, but also sometimes they'll be able to direct you to in-network dietitian. Another very common concern that patients have is that they may not have a very strong

appetite. With a diagnosis of lung cancer more than half of the people will already be experiencing a decrease in their natural appetite and more than half of the people at their first oncologist visit will have actually already lost weight. And this is kind of a weird situation because all of our lives were hungry all of their lives were thinking about what's the next meal. I always like to joke that the last thing my husband says to me at night is not I love you honey, he says what's for breakfast. So it's important to recognize the necessity of eating anyways and so this can be a difficult thing for people to do when they don't have their natural appetite so I ask people to consider it almost like reframe it that it's a part of your treatment or it's a part of your medicine to support your nutrition. The very first step to this is to ask people to create a schedule for eating and drinking and create their own schedule or a pattern with their meals and snacks. Again, you're not really asking yourself are you hungry you're asking yourself what can I tolerate right now and so you just kind of open up different possibilities, instead of eating your traditional or your regular meals. Some people may benefit from an appetite stimulant medication and there are several available and of course your medical team would be the one to decide if there's any that are appropriate for you. I'd like people to know about appetite stimulants that they don't make you have a natural hunger. So sometimes when people are taking it they'll try it and they'll say it's not working, but in fact appetite stimulants make it easier to eat, they make it easier to tolerate this kind of frequent schedule. So it doesn't fix your appetite but it does ease it. In some states it may be available that people may have a more natural option which is medical marijuana or THC, and some people find that to be a benefit as well. The issue with that type of natural supplement though is that oftentimes people don't like to use it across the daytime. So it might be useful for example for evening meal but it's not necessarily something that people would want to use. So each so none of these things are a Panacea all of them may help in some way so it's just important to kind of have those conversations with your medical team and see what would be most appropriate for you. One of the common things I hear from people when they first are diagnosed is that they may be experiencing unintentional weight loss and may actually be kind of happy about it. Sometimes people have been trying to lose weight and so I'll have people actually argue with me about, " Well I want to lose weight and I'm glad that I'm losing weight", and so it's a confusing to for people to talk about you know trying to keep your weight stable and eat in a way that will keep your weight stable at a time where you know people are starting with treatment. So it's important for people to understand that this is a different kind

of weight loss, so in fact when you're losing weight during your cancer treatment and your body is trying to do too many things at once so it's trying to heal as well as manage this weight loss. What happens is you lose a lot of your muscle. There's a term for that which is called sarcopenia, what happens is it puts people at risk for extraordinary fatigue during their treatment feeling very weak and potentially can even interfere with the healing process and potentially even interfere with the oncology treatment. We like to address this idea that our main goal as far as weight during your treatment no matter where you're starting is to maintain weight and to avoid unintentional weight loss. Another common question that I get is people ask me, "Can I eat raw fruits and vegetables while I'm in cancer treatment", and so sometimes you'll get this message from the cancer team as part of their education about what can happen during treatment. And I like people to know that during most of the time yes you absolutely can't eat raw fruits and vegetables during your cancer treatment. There are times though where people may be advised to avoid fresh fruits and vegetables and choose fruits and vegetables that are heat treated or cooked. And this would be the situation where somebody is having difficulty with low white blood cell count. The white blood cells in your system are the infection fighters. So after chemotherapy sometimes with radiation treatment people may have difficulty recovering their blood counts and you will be told at the clinic when your white blood cell counts are low. You are more at risk for infection during that time period and these infections also include foodborne illnesses so basically the answer is yes, you may eat, eat raw fruits and vegetables. Be aware though if your white blood cell count is low and at that time then you might adopt avoiding fresh fruits and vegetables for a short period of time. There are some great resources that you can check out. There's a booklet from the National Cancer Institute called eating h-i-n-t-s, which you can find online, and they have a section on food safety during cancer treatment. There's also at FDA.gov you can Google the term food safety for adults or people with cancer and that will pull up a booklet that is very detailed on food safety for during treatment. Another very common question that comes up is, "Should I follow a no sugar diet?". Many people have heard the terminology sugar feeds cancer and so this is a question that we get very frequently as an oncology dietitian. The short answer to this is do you need to follow a no sugar diet, no. According to the evidence-based guidelines such as the National Cancer Institute, the American Cancer Society, the American Institute for Cancer Research, we have very strong evidence that says the answer is a healthy balanced diet. While researchers are continuing to investigate the relationship

between sugar intake and cancer it remains a source of uncertainty it makes people feel concerned, it makes people feel afraid to eat certain foods. The idea behind this is that sugar as digested or glucose can fuel the growth of cancer cells but in fact this is only true in very specific situations. For most people going through cancer treatment it is totally appropriate for them to consume foods that offer carbohydrates, so that would be of course your starches, your breads, your grains, your pasta, your potato, those are all perfectly fine to be eating throughout your treatment. It means you know making good choices in terms of a balanced diet. Do I tell people to eat an all-sugar diet? No, I do not, but it is okay to have sweets and treats in a balanced manner. Another question that is commonly asked is, "What should I do if I have to follow a special diet", and so this is where people might come into treatment and perhaps they're diabetic, perhaps they have a history of heart disease and they've been in a heart-healthy diet for many years, sometimes people have renal or kidney problems. So, it's important to continue the special diet when necessary. However, we do ask for patients to check with their regular doctors or their you know their PCP or their other specialist if it's possible to liberalize their diet. So, in other words you may have special dietary constraints, and let's just use diabetes as an example, where people might be eating a low or moderate carbohydrate diet. The question would be is when they're in treatment if they have days where they're not eating well is there a way that we can liberalize that so that people are able to consume a wider variety of foods, or maybe they can consume foods that are not usually on their diet. A visit with an oncology dietitian is especially useful in this situation because this is where a dietitian can help to personalize and individualize your food choices so that they're appropriate. So that you can get through your treatment well but also maintain your health in other areas.

[Lorren] Thank you for attending this session please stay tuned or come back again for our next session and we're going to be talking with our panel of patients and caregivers who will be discussing their questions, thank you.

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