

Challenges In Nourishment For The Cancer Patient: When To Seek A Dietitian Consult



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Agenda

- **Correlation between body, mind and diet, during a cancer diagnosis**
- **Managing side effects of cancer treatments**
- **Practical nutrition tips to support your patients**

Survivorship:



Body, Mind, Diet and Cancer

- **Being diagnosed with a life threatening disease such as cancer and undergoing treatment can cause unwanted distress and interferes with quality of life.**
- **Uncontrolled stress can have a negative effect on a number of biological systems and processes leading to negative health outcomes.**
- **Malnutrition is associated with increased complications during cancer treatment**

Sloan EK, Priceman SJ, Cox BF, Yu S, Pimentel MA, Tangkanangnukul V, Arevalo JM, Morizono K, Karanikolas BD, Wu L, Sood AK, Cole SW. The sympathetic nervous system induces a metastatic switch in primary breast cancer. *Cancer Res.* 2010 Sep 15;70(18):7042–7052. [[PMC free article](#)] [[PubMed](#)] [[Google Scholar](#)]

[Clinical Nutrition](#)
[Volume 38, Issue 2](#), April 2019, Pages 644-651

Why Nutrition?

Weight Loss, Impaired Physical Performance and Systemic Inflammation Cause:

- **Decrease in Quality of Life**
- **Increase of Toxicity of Treatment**
- **Fewer or Interruptions of Treatment**
- **Poor Prognosis**

Why Nutrition?

Weight Loss, Impaired Physical Performance and Systemic Inflammation

As part of ESPEN guidelines on Nutrition in the Cancer Patient, all three components interact with each other and result in continuous deterioration of the patient's overall state and well being.

Why Nutrition?

HARD FACT

Reversal of cachexia is practically impossible

Case Study

Patient is a 65 year old postmenopausal female

Diagnosed in Feb. 2021 with TcT2N1M0 right breast invasive mammary carcinoma; poorly differentiated ER, PR -, HER2 +

Ht: 5'3" Wt: 118 lb

She was offered and started neoadjuvant chemotherapy with Docetaxel, Carboplatin, Trastuzumab and Pertuzumab

After first cycle patient c/o severe diarrhea and abdominal pain.

Conservative measures did not improve her condition. On day 7 she developed fever and she was admitted for management of febrile neutropenia.

Case Study

Patient was diagnosed with C diff colitis, neutropenia resolved and she was discharged on oral antibiotics

Patient continued to have poor food tolerance and diarrhea

Urgent Nutrition Referral was placed on 3/19/2021

Chief complaint:

- anxiety**
- weight loss**
- abdominal discomfort**
- fear of not able to complete the curative treatment**

Case Study

Our intervention:

- **Dietitian consult**
- **Psychology consult**
- **Change in chemotherapy regimen to Paclitaxel/ Carboplatin/Pertuzumab weekly.**

Case Study



Dietitian recommendations:

- **BRATT Diet**
- **Protein**
- **Enterade, a medical food to help manage diarrhea and dehydration**

Case Study

3/21/2021

- Patient had gone 20 hours without diarrhea, following BRATT and taking Enterade BID
- Diarrhea started up again
- Reviewed how sugar and fat can play a role in diarrhea

3/26/2021

- Concerned about 5 lb weight loss. Wt: 114 lb
- Continued with intermittent diarrhea
- Introduced Kefir and Greek yogurt to include probiotics, now that her course of antibiotics was over.

Case Study

4/14/2021

Wt: 111 lb

- **Having stomach issues with dairy alternative milk, Ripple**
- **Switched to Almond milk, and discussed adequate protein intake**
- **Provided link to Banatrol, a fermentable soluble fiber**

4/27/2021

Wt:108 lb

- **Requested Kate Farms Standard 1.4 supplement samples**
- **Organic formula that does not contain milk, soy, corn, peanuts, tree nuts, fish, gluten, artificial sweeteners or artificial flavors. Provides 455 kcals 20 grams protein/ 11 oz container**

Case Study

4/29/2021

Wt: 111 lb

No diarrhea for the past 3 days

- **Orgain Vegan Organic Nutrition Shake; 11 oz 220 kcal 16 grams protein**
- **Dairy free, gluten free**

5/3/2021

Wt: 108.5 lb

- **Complaining of awful taste**
- **Provided FASS for Troubled Tastebuds**

5/7/2021

Wt: 108.5 lb

- **Miracle Fruit recommended**

Why Nutrition?

Early and Intensive MNT Can:

- Increase weight gain or maintenance
- Increase LBM gain or maintenance
- Enhance QOL
- Increase perceived health benefits and patient satisfaction
- Decrease hospital admissions
- Decrease hospital length of stay
- Improve appetite
- Improve treatment tolerance
- Increase energy and protein intake

Why Nutrition?

Screening is the Key Component



NUTRISCORE

A. Have you lost weight involuntarily in the last 3 months?

- No 0
- I am not sure 2

If yes, how much weight (in kilograms) have you lost?

- 1-5 1
- 6-10 2
- 11-15 3
- >15 4
- Unsure 2

B. Have you been eating poorly in the last week because of a decreased appetite?

- No 0
- Yes 1

Location / Neoplasm	Nutritional risk	Score
Head and neck Upper GI tract: oesophagus, gastric, pancreas, intestines Lymphoma that compromised GI tract	High*	+ 2
Lung Abdominal and pelvis: liver, biliary tract, renal, ovaries, endometrial	Medium	+ 1
Breast Central Nervous System Bladder, prostate Colorectal Leukaemia, other lymphomas Others	Low	+ 0
Treatment	YES (+2)	NO (+0)
The patient is receiving concomitant chemo radiotherapy		
The patient is receiving hyper fractionated radiation therapy		
Haematopoietic stem cell transplantation		
	YES (+1)	NO (+0)
The patient is receiving chemotherapy		
The patient is only receiving radiotherapy		
	YES (+0)	NO (+0)
Other treatments or only symptomatic treatment		

**Please repeat the screening every week for those patients at high risk*

Total Score

Score ≥ 5: the patient is at nutritional risk. Please refer to a dietician.

Types of Treatment For (Breast) Cancer

CURRATIVE SETTING:

- **Surgery**
- **Radiation**
- **Chemotherapy**
- **Hormonal therapy**
- **Targeted therapy**
- **Immunotherapy**

PALLIATIVE SETTING:

- **Radiation**
- **Chemotherapy**
- **Hormonal therapy**
- **Targeted therapy**
- **Immunotherapy**
- **REPEAT**

Side Effects from Cancer Treatment

- **Increased Caloric Needs**



Dietary Management

- **Choose calorie dense foods like peanut butter, avocado, whole fat yogurt**



Side Effects from Cancer Treatment

- **Increased Protein Needs**



Dietary Management

- **Include protein with each meal, ie eggs, nuts, legumes, protein supplements**



Side Effects from Cancer Treatment

- **Loss of appetite/weight loss**

Dietary Management

- **Eat small meals, more frequently, separate solids from liquids, to reduce stomach volume, eat the most, during your best time of day**

Side Effects from Cancer Treatment

- **Change in taste**



Dietary Management

- **Experiment with spices and herbs, marinate meats, use plastic if foods taste metallic, try Miracle Fruit**



Side Effects from Cancer Treatment

- **Constipation/diarrhea**



Dietary Management

- **Which type of fiber is right for you? Choose between water soluble fiber and water insoluble fiber**

Side Effects from Cancer Treatment

- **Nausea/vomiting**



Dietary Management

- **Limit odors on days that you feel nauseated, by eating cold or room temperature foods. Use a cup with a lid and drink through a straw, if beverages have an offensive odor.**
- **Incorporate ginger into your diet.**
- **Eat dry food on an empty stomach**
- **Separate solids from liquids**



Side Effects from Cancer Treatment

- **Mouth sores**



Dietary Management

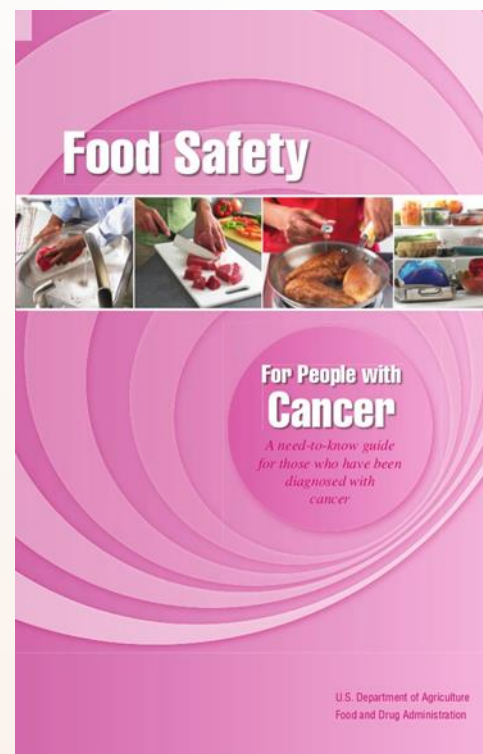
- **Protein will help to heal sores faster. Incorporate high protein smoothies into your meal plan**

Side Effects from Cancer Treatment

- **Low blood counts**

Dietary Management

- **Follow food safety guidelines; When in doubt, throw it out!**



The New American Plate



Anti-Inflammatory Diet

CORE FOOD PLAN

EATING TIPS

WHAT:

- Colorful vegetables and fruits
- Lean protein
- Healthy fats
- Fiber-rich foods
- Protein and fat with each meal
- Organic foods

HOW MUCH:

- Small, frequent meals
- 3 meals, 2 snacks
- Appropriate portions
- MINIMUM per day:
 - Legumes, 1 serving
 - Nuts & Seeds, 1 serving
 - Vegetables and Fruits:
 - 1 red, 1 orange, 1 yellow,
 - 1 green, 1 blue-purple

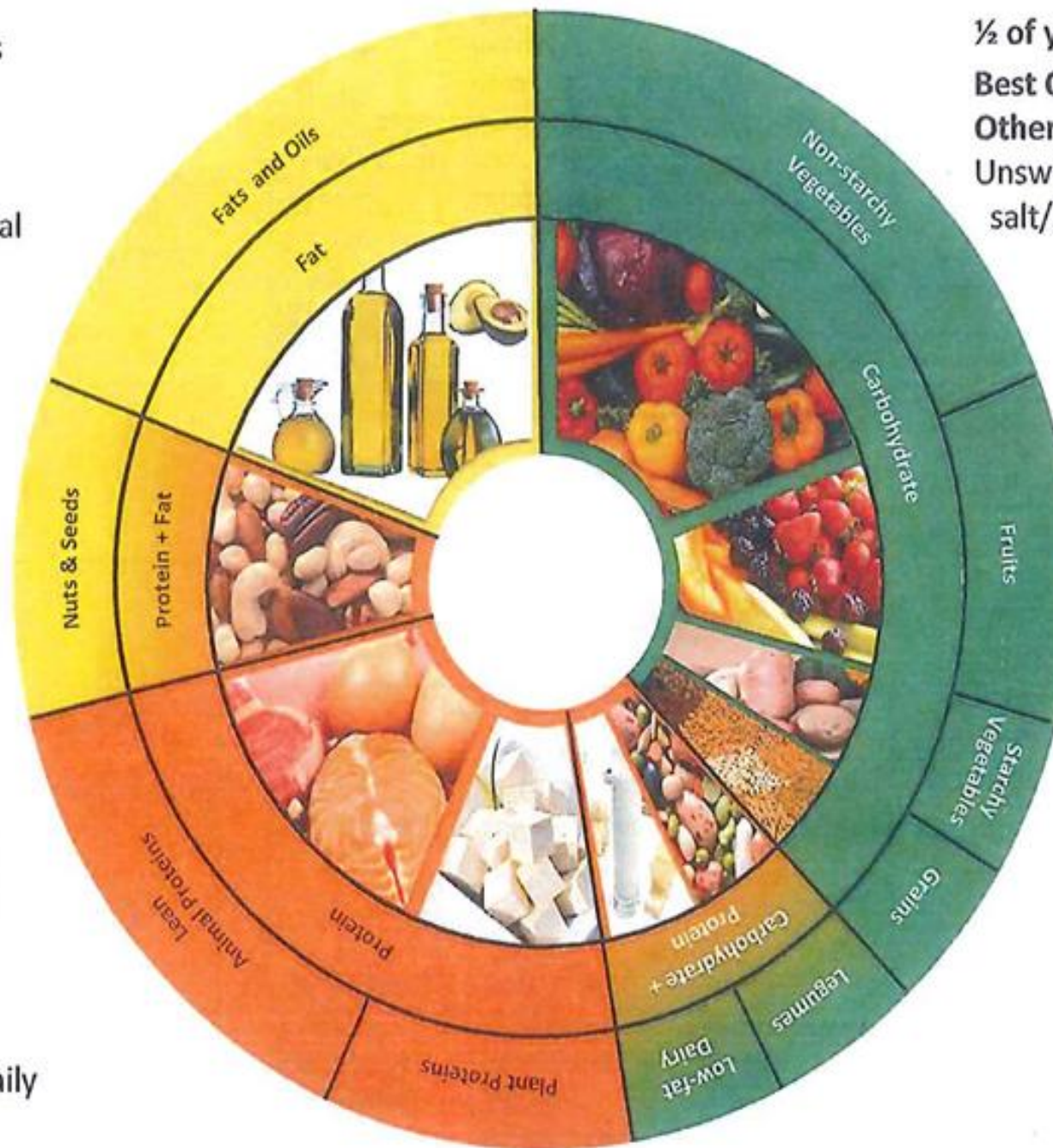
WHEN:

- Start the day with breakfast
- Approximately every 3 hours

HOW:

- Enjoy your food
- Eat mindfully, peacefully
- Share meals with friends/family

DAILY FOOD INTAKE



DAILY FLUID INTAKE

½ of your desirable weight (lbs) in ounces

Best Choice: Purified water

Other Options:

Unsweetened beverages low in salt/sodium and caffeine



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Rainbow of Phytonutrients

BLUE/PURPLE

Berries, (blue or black) Cabbage (purple) Carrots (purple) Cauliflower (purple)	Dates Eggplant Figs Grapes (purple) Kale (purple) Plums	Potatoes (purple) Prunes Raisins Rice, (black or purple)
<small>Foods</small>		
Anti-cancer Anti-inflammatory	Cell protection Cognitive health	Heart health
<small>Benefits</small>		

RED

Adzuki beans Apples Applesauce Cranberries Cherries Kidney beans	Plums Pomegranate Radishes Raspberries Red grapefruit Red grapes	Shrimp Strawberries Sweet red peppers Rooibos tea Tomato
<small>Foods</small>		
Anti-cancer Anti-inflammatory	Cell protection DNA health Immune health	Prostate health Vascular health
<small>Benefits</small>		

ORANGE

Acorn squash Apricots Bell pepper Butternut squash Cantaloupe	Carrots Dried fruit (apricot, mango, papaya) Grapefruit Mango Nectarine	Orange Papaya Sweet potato Turmeric root Winter squash
<small>Foods</small>		
Anti-cancer Anti-bacterial Immune health Cell protection	Reduced mortality Reproductive health	Skin health Source of vit A
<small>Benefits</small>		



IFM Phytonutrient Spectrum

WHITE/TAN

Bean dips Cinnamon Clove Dark chocolate Flaxseed meal Garlic Ginger	Hummus Legumes Nuts Onions Refried beans, low-fat Sesame seeds	Shallots Tahini Whole flaxseeds Whole grains (quinoa, brown rice, wheat, spelt)
<small>Foods</small>		
Anti-cancer Anti-microbial Cell protection	Gastrointestinal health Heart health	Hormone balance Liver health
<small>Benefits</small>		

GREEN

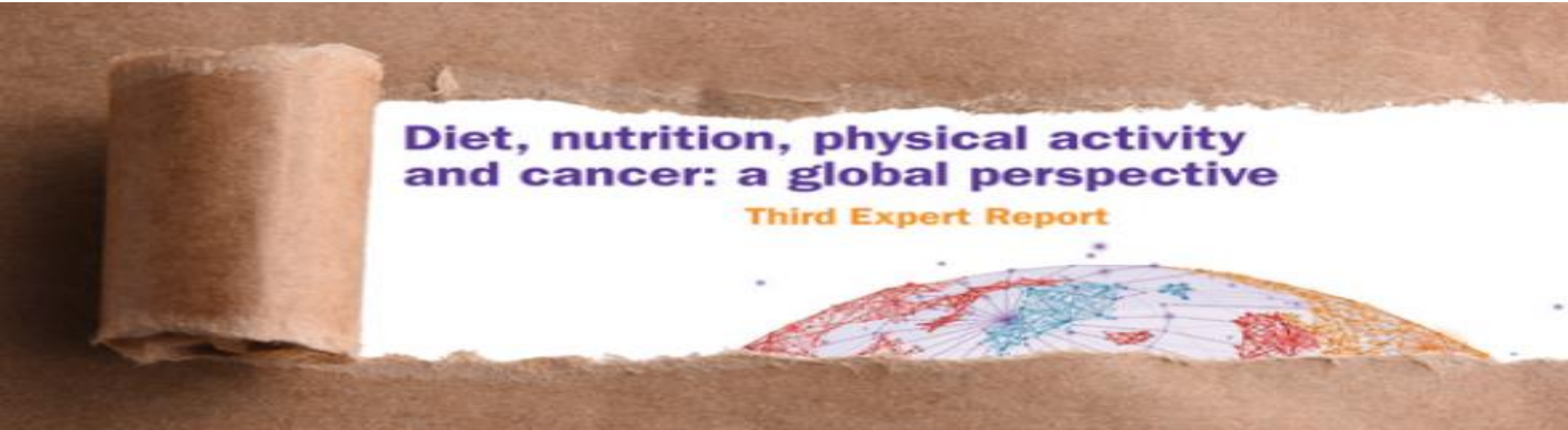
Artichoke Asparagus Avocado Bamboo sprouts Bean sprouts Bok choy Broccoli Brussels sprouts Cabbage	Celery Chard/Swiss chard Cucumbers Green beans Green peas Green tea Greens (Beet, dandelion, collard, mustard, turnip) Lettuce	Okra Olives Rosemary Spinach Soy (edamame, tempeh, tofu, tofu burger, miso, natto, soy milk, soy yogurt) Snow peas Watercress
<small>Foods</small>		
Anti-cancer Anti-inflammatory	Brain health Cell protection Skin health	Hormone balance Heart health Liver health
<small>Benefits</small>		

YELLOW

Bell peppers Corn Corn-on-the-cob	Greens Kale Popcorn	Spinach Succotash
<small>Foods</small>		
Anti-cancer Anti-inflammatory	Cell protection Cognition Eye health	Heart health Skin health Vascular health
<small>Benefits</small>		

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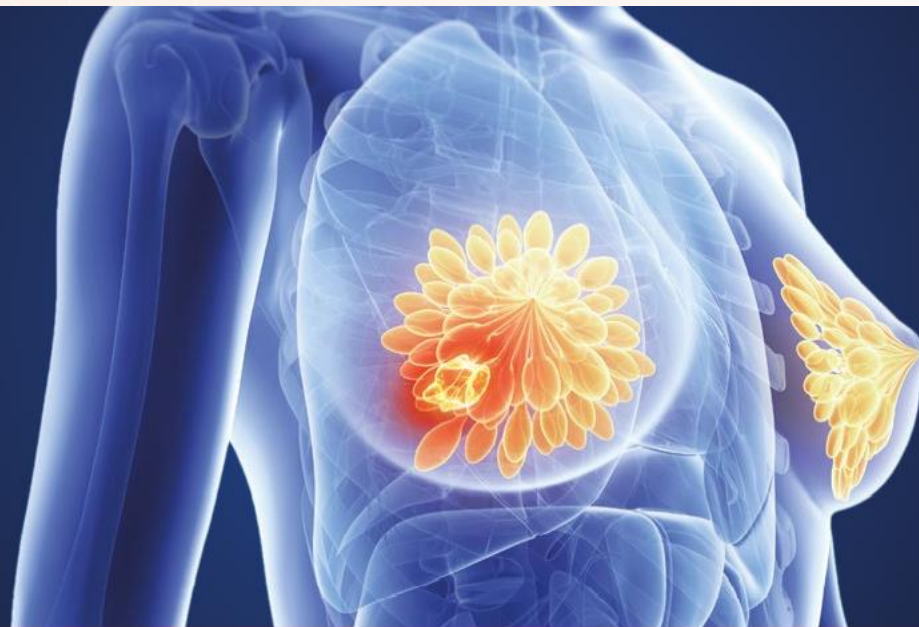
**Diet, nutrition, physical activity
and cancer: a global perspective**

Third Expert Report

THIRD EXPERT REPORT

A Landmark in Cancer Prevention

Created from a massive database of scientific literature, the Third Expert Report (*Diet, Nutrition, Physical Activity and Cancer: a Global Perspective*) provides a comprehensive and authoritative body of evidence on how lifestyle factors such as diet, nutrition, body weight, and physical activity can impact cancer risk and survivorship.



Diet, nutrition, physical activity
and **breast cancer**

2017

Revised 2018

2017	DIET, NUTRITION, PHYSICAL ACTIVITY AND PREMENOPAUSAL BREAST CANCER		
		DECREASES RISK	INCREASES RISK
STRONG EVIDENCE	Convincing		Adult attained height ¹
	Probable	Vigorous physical activity Body fatness ² Lactation ³	Alcoholic drinks ⁴ Greater birthweight ⁵
LIMITED EVIDENCE	Limited – suggestive	Non-starchy vegetables (ER– breast cancers only) ⁶ Dairy products Foods containing carotenoids ⁷ Diets high in calcium Physical activity ⁸	
	Limited – no conclusion	Cereals (grains) and their products; dietary fibre; potatoes; non-starchy vegetables (ER+ breast cancers); fruits; pulses (legumes); soya and soya products; red and processed meat; poultry; fish; eggs; fats and oils; total fat; vegetable fat; fatty acid composition; saturated fatty acids; mono-unsaturated fatty acids; polyunsaturated fatty acids; trans-fatty acids; cholesterol; sugar (sucrose); other sugars; sugary foods and drinks; coffee; tea; carbohydrate; starch; glycaemic index; glycaemic load; protein; vitamin A; riboflavin; vitamin B6; folate; vitamin B12; vitamin C; vitamin D; vitamin E; calcium supplements; iron; selenium; phytoestrogens; isoflavones; dichlorodiphenyldichloroethylene; dichlorodiphenyltrichloroethane; dieldrin; hexachlorobenzene; hexachlorocyclohexane; trans-nonachlor; polychlorinated biphenyls; acrylamide; dietary patterns; culturally defined diets; sedentary behaviour; adult weight gain; energy intake	
STRONG EVIDENCE	Substantial effect on risk unlikely		

World Cancer Research Fund/American Institute for Cancer Research.

Diet, Nutrition, Physical Activity and Cancer: A Global Perspective.

Continuous Update Project Expert Report, 2018.

2017	DIET, NUTRITION, PHYSICAL ACTIVITY AND POSTMENOPAUSAL BREAST CANCER		
		DECREASES RISK	INCREASES RISK
STRONG EVIDENCE	Convincing		Alcoholic drinks ¹ Body fatness ² Adult weight gain Adult attained height ³
	Probable	Physical activity ⁴ Body fatness in young adulthood ⁵ Lactation ⁶	
LIMITED EVIDENCE	Limited – suggestive	Non-starchy vegetables (ER– breast cancers only) ⁷ Foods containing carotenoids ⁸ Diets high in calcium	
	Limited – no conclusion	Cereals (grains) and their products; dietary fibre; potatoes; non-starchy vegetables (ER+ breast cancers); fruits; pulses (legumes); soya and soya products; red and processed meat; poultry; fish; eggs; dairy products; fats and oils; total fat; vegetable fat; fatty acid composition; saturated fatty acids; mono-unsaturated fatty acids; polyunsaturated fatty acids; trans-fatty acids; cholesterol; sugar (sucrose); other sugars; sugary foods and drinks; coffee; tea; carbohydrate; starch; glycaemic index; glycaemic load; protein; vitamin A; riboflavin; vitamin B6; folate; vitamin B12; vitamin C; vitamin D; vitamin E; calcium supplements; iron; selenium; phytoestrogens; isoflavones; dichlorodiphenyldichloroethylene; dichlorodiphenyltrichloroethane; dieldrin; hexachlorobenzene; hexachlorocyclohexane; trans-nonachlor; polychlorinated biphenyls; acrylamide; dietary patterns; culturally defined diets; sedentary behaviour; energy intake	
STRONG EVIDENCE	Substantial effect on risk unlikely		

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Diet, Nutrition, Physical Activity and Cancer: A Global Perspective.
 Continuous Update Project Expert Report, 2018.



GENERAL PRINCIPLES OF NUTRITION

- Assess dietary pattern for daily intake of fruits, vegetables, and unrefined grains, as well as red and processed meats, alcohol, and processed foods or beverages with added fats and/or sugars.
- Assess eating and snacking habits, including portion size, frequency of eating out, timing of meals, and use of added fats and/or sugars to foods or beverages.
- All survivors should be encouraged to:
 - ▶ Make informed choices about food to ensure variety and adequate nutrient intake.
 - ▶ Limit red meat intake to <18 oz per week and avoid processed meat.
 - ▶ Limit refined sugars and processed foods.
 - ▶ Eat a diet that is at least 50% plant-based, with the majority of food being vegetables, fruit, and whole grains.^{a,b}
 - ▶ Track calorie intake.
 - ◇ Self-monitoring of caloric intake has been shown to be an effective strategy for weight management.
 - ▶ Minimize alcohol intake.
 - ◇ Limit intake to no more than one drink per day for a woman and two drinks per day for a man.^{c,d}
 - ◇ Alcohol is high in calories, leads to poorer food choices, and is associated with elevated risk for several cancers.
- For patients desiring further recommendations for dietary guidelines
 - ▶ Consider referral to a dietitian or nutritionist.
 - ▶ The USDA approximate food plate volumes (www.choosemyplate.gov) are:
 - ◇ Vegetables and fruits should comprise half the volume of food on the plate
 - ◇ Vegetables: 30% of plate; fruits 20% of plate
 - ◇ Whole grains: 30% of plate
 - ◇ Protein: 20% of plate
- Recommended sources of dietary components:
 - ▶ Fat: plant sources such as olive or canola oil, avocados, seeds and nuts, and fatty fish^e
 - ▶ Carbohydrates: fruits, vegetables, whole grains, and legumes
 - ▶ Protein: poultry, fish, legumes, low-fat dairy foods, and nuts
- Currently there is no consensus either refuting or supporting the role of soy foods in cancer control. Thus, moderate consumption (3 or fewer servings per day) of soy foods is considered prudent.

^aRecommendation for healthy food portion sizes can be found on the American Institute of Cancer Research (AICR) New American Plate website (<https://www.aicr.org/cancer-prevention/food-facts/aicrs-new-american-plate/>) as well as the USDA "Choose My Plate" website www.choosemyplate.gov.

^bEncourage the use of healthy recipes from resources such as the American Cancer Society's "Find Healthy Recipes" website.



NCCN Guidelines Version 1.2021

Survivorship: Nutrition and Weight Management

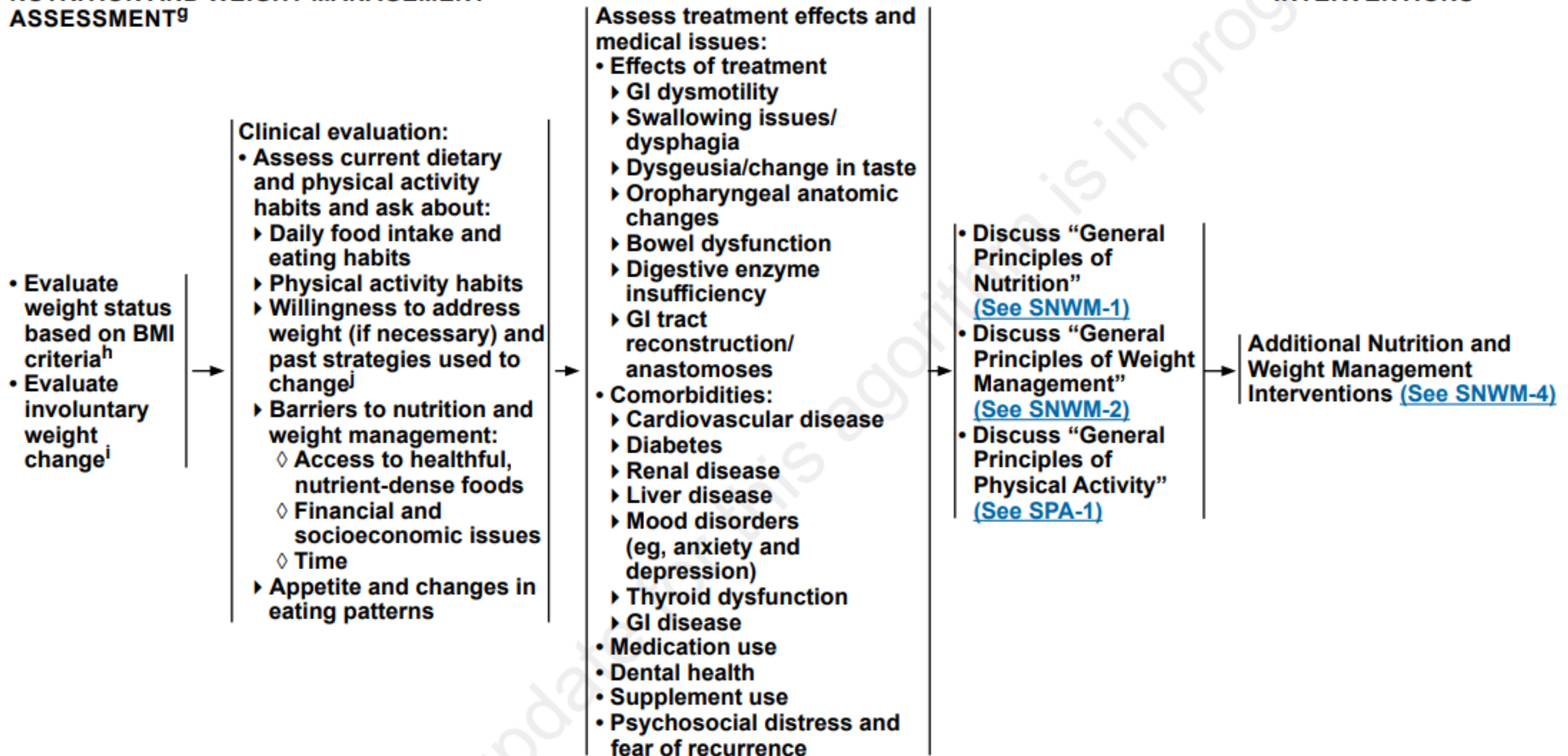
GENERAL PRINCIPLES OF WEIGHT MANAGEMENT

- All survivors should be encouraged to achieve and maintain a normal body mass index (BMI) and strive for metabolic health.
 - ▶ Weight gain should be a priority for underweight survivors. ([See SNWM-4](#))
 - ▶ Weight loss should be a priority for overweight/obese survivors.
 - ◇ Weight gain after cancer diagnosis and treatment is common and can exacerbate risk for functional decline, comorbidity, and possibly cancer recurrence or death, and can reduce quality of life.
 - ▶ Weight maintenance should be a priority for normal weight survivors.
- In conjunction with primary care, survivors should be assessed for metabolic health and body composition independently of BMI.
- Providers should discuss strategies for weight management.
 - ◇ Practice portion control.
 - ◇ Make informed food choices through routine evaluation of food labels.
 - ◇ Incorporate physical activity, particularly strength training, to assure optimal lean body mass ([SPA-1](#)).
 - ◇ Track weight, diet, calories, and physical activity routines (eg, journaling, mobile-phone apps).
- Referrals to registered dietitians, especially those who are Certified Specialists in Oncology Nutrition (CSO) and members of the Oncology Nutrition Dietetic Practice Group of the Academy of Nutrition and Dietetics, should be considered.^f
- There is no current evidence to support the use of weight loss supplements in cancer survivors.



NUTRITION AND WEIGHT MANAGEMENT ASSESSMENT^g

INTERVENTIONS



^gCoordination with primary care physicians and other involved providers is recommended.

GOAL	ADDITIONAL NUTRITION AND WEIGHT MANAGEMENT INTERVENTIONS ^{g,j}
Weight gain ^k →	<ul style="list-style-type: none"> • Discuss increasing frequency of feeding • Discuss avoiding fluid intake with meals • Encourage foods that are both high in calories and nutrient-dense (eg, avocados, nuts) • Manage contributing treatment effects and risk factors as clinically indicated <ul style="list-style-type: none"> ▶ Dental health and risk factors for poor oral intake ▶ Swallowing disorder, taste/smell disorders, and GI motility as appropriate ▶ Offer smoking cessation assistance as appropriate (See NCCN Guidelines for Smoking Cessation) ▶ Contributing psychosocial factors (See SANXDE-1) ▶ Barriers to food access and preparation such as living too far from grocery store, lack of transportation, or lack of abilities to prepare food • Consider referral to dietitian for individualized counseling
Weight maintenance →	<ul style="list-style-type: none"> • Reinforce maintenance of normal body weight throughout lifetime • Monitor weight weekly • Limit foods that are high in calories, particular those that provide relatively few nutrients such as sugar-sweetened beverages and foods with high amounts fo fats and sugars • Practice portion control through plate and serving size awareness
Weight loss ^k →	<ul style="list-style-type: none"> • Manage contributing treatment effects and risk factors as clinically indicated <ul style="list-style-type: none"> ▶ Contributing psychosocial factors, including depression (See SANXDE-1) ▶ Barriers to healthy food access such as living too far from grocery store, lack of transportation, or lack of abilities to prepare food • Refer to community resources or PCP • Refer to dietitian or weight management programs for individualized help as needed^k • Consider evaluation for bariatric surgery or pharmacologic therapy^m as appropriate (if obese or morbidly obese) • Monitor weight daily • Recommend weight loss of no more than 2 lbs per week and no more than 1 lb per week in survivors older than 64 years • Limit foods that are high in calories, particularly those with relatively few nutrients such as sugar-sweetened beverages and foods with high amounts of fat and sugars • Substitute high-calorie foods with low-calorie, nutrient-dense foods such as water-rich/low-starch vegetables, broth-based soups, whole grains, fresh fruits for desserts, and beverages such as water, unsweetened tea, and black coffee. • Practice portion control by using smaller plates and restricting intake to one serving

^gCoordination with primary care physicians and other involved providers is recommended.

^jFor additional resources see the ASCO Toolkit on Obesity and Cancer: <https://www.asco.org/practice-policy/cancer-care-initiatives/prevention-survivorship/obesity-cancer> and the LIVESTRONG My Plate Calorie Tracker: <http://www.livestrong.com/myplate>.

Monday, May 10, 2021
Today's Paper

The New York Times



NYTIMES.COM

How Food May Improve Your Mood

The sugar-laden, high-fat foods we often crave when we are stressed or...

Taking Control And Fighting Back With Your Fork



Helping Hands

Tools For Your Tool Box



The Healthy 10 Challenge is a 10-week interactive program, through AICR, that will help you build healthy habits to eat smarter and move more.

Research suggests that the evidenced-based recommendations not only lower cancer risk, but also help survivors.

Helping Hands

Tools For Your Tool Box



About Herbs gives expert advice and information on supplements, integrative medicine treatments, and more. Memorial Sloan Kettering Cancer Center's, tool for the public as well as healthcare professionals.



A Food and Nutrition Nonprofit, helping people live healthier, happier lives. Traditional diets include: Mediterranean, African Heritage, Latin American, Asian Heritage and Vegetarian & Vegan

Helping Hands

Tools For Your Tool Box



Myfitnesspal, easy to use! Track food and physical activity daily.



EWG app helps shoppers cut through cluttered food labels so that they can better understand what's in your food. Food Scores rates more than 80,000 foods, 5,000 ingredients and 1,500 brands. Products are rated on a 1 to 10 scale, based on three elements: nutrition, ingredient concerns and degree of processing. Nutrition is weighted most heavily, followed by ingredient concerns and processing. Scan a product, review its rating, it's pros and cons and make a more informed choice.

Taking Control And Fighting Back With Your Fork

- Ask to speak to a registered dietitian nutritionist (RDN)
- www.eatright.org (Academy of Nutrition and Dietetics – find expert in your area)
- Adult Ambulatory Oncology Nutrition REF250
- Sylvester Comprehensive Cancer Center registered dietitians (Nutrition Services are COMPLIMENTARY)
- Cancer Support Services:
(305)243-4129



Taking Control And Fighting Back With Your Fork

References:

American Cancer Society <https://www.cancer.org/cancer/cancer-causes/diet-physical-activity/body-weight-and-cancer-risk/effects.html#:~:text=Being%20overweight%20or%20obese%20is,7%25%20of%20all%20cancer%20deaths.>

Center for Disease Control [https://www.cdc.gov/media/releases/2017/p1003-vs-cancer-obesity.html#:~:text=Overweight%20and%20obesity%20are%20associated,Control%20and%20Prevention%20\(CDC\).](https://www.cdc.gov/media/releases/2017/p1003-vs-cancer-obesity.html#:~:text=Overweight%20and%20obesity%20are%20associated,Control%20and%20Prevention%20(CDC).)

European Society for Parenteral and Enteral Nutrition
<https://www.sciencedirect.com/science/article/pii/S0261561416301819>

Academy of Nutrition and Dietetics www.eatright.org

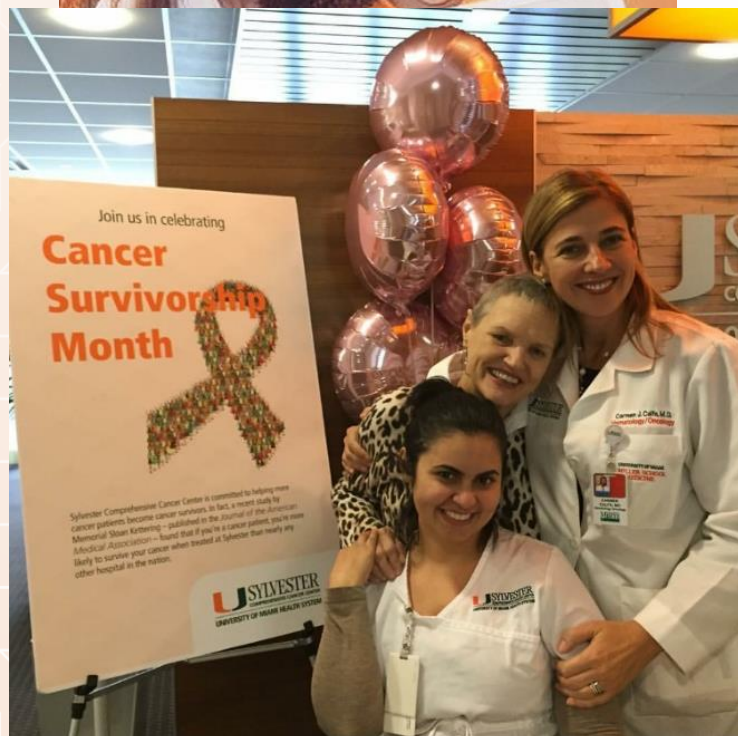
Cancer Support Services:

- Arts in Medicine
- Music Therapy
- Oncology massage
- Acupuncture
- Pet Therapy
- Physical Therapy
- Pastoral Care
- Social Work (support groups)
- Physical Medicine and Rehabilitation
- Palliative Care
- Integrative Medicine
- Cancer Resource Center
- Adolescent & Young Adult Program



*Pictures courtesy of cancer support services team

Life as a Survivor at Sylvester:



IN PURSUIT OF YOUR CURE.™



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Thank You

Questions

