

## THE BLOODLINE WITH LLS

A PODCAST FOR PATIENTS AND CAREGIVERS

### ***Episode: 'Making a Difference Through Nutrition'***

#### **Description:**

Join us as we speak to Michelle Bratton, a registered dietitian and certified oncology nutritionist with LLS PearlPoint Nutrition Services®. In this episode, Michelle shares the benefits of nutrition throughout treatment and survivorship. Rather than cutting out foods, she changes the narrative for cancer patients by encouraging them to nourish their bodies. She also shares how patients - or caregivers - with any cancer diagnosis can take advantage of a free nutrition consultation to get further resources to guide them through their cancer experience.

#### **Transcript:**

**Elissa:** Welcome to *The Bloodline with LLS*. I'm Elissa.

**Edith:** I'm Edith.

**Lizette:** And I'm Lizette. Thank you so much for joining us on this episode.

**Elissa:** Today we will be speaking to Michelle Bratton. Michelle has been a registered dietitian for 35 years and is also a certified specialist in oncology nutrition. For the past 15 years, she has been an outpatient dietitian at the University of Arizona Cancer Center and has expertise in the nutritional management of patients undergoing chemotherapy, radiation, and surgery. She has published several articles on the topic of nutrition and cancer. Michelle recently joined the PearlPoint Nutrition Services® team with The Leukemia & Lymphoma Society. She educates patients on ways to maintain good nutrition during cancer treatment and adopt a healthy diet for cancer survivorship. She loves her job and finds working with cancer patients very rewarding. Welcome Michelle.

**Michelle Bratton:** Thank you, I'm happy to be here.

**Elissa:** So, to get started, let's learn a little bit about you. How did you start in the field of nutrition and specifically focusing on cancer patients?

**Michelle:** Well, my mother when I was probably in high school was diagnosed with hypertension, and I was intrigued by the connection between food choices and controlling high blood pressure. And so, I think that's what started it. So that's kind of how I got interested in nutrition as a field.

I think my specific interest in oncology probably stemmed from my first job out of my education. I worked on an inpatient oncology unit and dietetic sometimes and nutrition can be a list of all the things that you are not supposed to eat. And with oncology, I loved the opposite end of that in that trying to encourage people to eat lots of good things spoke to the nurturer in me, I guess, or just I really like that aspect of encouraging people to eat good foods, not having a long list of foods they can't have.

That was also a very supportive environment on that inpatient ward. Loved the nurses. Loved the physicians. And so, then years later, a position came open in an outpatient oncology center with that same aspect of encouraging people to eat but also the kind of new twist of eating for survivorship and how our food choices may affect our health long term even after a cancer diagnosis.

**Elissa:** That's interesting because it's kind of getting away a little bit from the diet culture that it's not taking away foods, it's adding in and making sure that you are getting all of those foods to keep your body healthy.

**Michelle:** Exactly. Yeah. Like I said, encouraging people to eat. The abundance of our food supply and the abundance of nutrients and just that aspect of it I find very gratifying.

**Edith:** So, our podcast today is on the LLS nutrition program called PearlPoint. Could you tell us more about that program and who is eligible to participate?

**Michelle:** PearlPoint Nutrition Services® is a service offered by LLS. It's a complimentary consultation for patients and caregivers. And what it does is it connects patients and/or caregivers with a registered dietitian, either myself or there's another dietitian that works for LLS also. And what we do is provide kind of tailored, specific nutrition information dependent upon a patient's diagnosis, where they are in treatment, maybe some of the questions or concerns that they may have.

I think one of the neat things about it also is that even though it's part of LLS, any cancer diagnosis can access our nutrition services, so I think that is really neat. In fact, when I first started here, it kind of occurred to me - I thought I've been a dietitian for quite a while and I've worked with a lot of patient advocacy organizations and things like that and they are great, but I really couldn't think of another service like this for nutrition counseling specifically for cancer patients. So, I think it's just really remarkable because no one else is doing this, and I'm really happy to be a part of it.

**Elissa:** That's great. It's really neat that this service is available to other cancers because really, I would think that they would have a lot of the same nutritional needs with going through the various aspects of treatment, whether it is chemotherapy, radiation, immunotherapy, things like that, right?

**Michelle:** Right, right. And especially for active treatment, whether the nutrition priorities are pretty consistent across board during treatment, whether that treatment is radiation, whether that treatment is chemo or surgery, our nutrition goal is to make sure that patients are well nourished, usually meaning that they're maintaining their weight, as much as possible, they're not losing weight, they're not losing muscle mass. If we can keep people strong enough, that makes them a better candidate for cancer treatment and that really is the same whatever cancer they have.

Now in the survivorship phase or kind of healthy eating, sometimes there may be some specific things that you would do for one diagnosis versus another, but during treatment, it's pretty consistent. We just want to keep people well nourished.

**Elissa:** So once they call in for a consultation and you talk to them about the nutrition during their treatment or in survivorship, how long are they working with you or how often are you talking to them?

**Michelle:** So currently, the service is a one-time service, so they're allowed a 30-minute complimentary consultation. We usually do follow up with some resources after that, whether that's by email or postal service. Some written information that we think that the patient will find helpful in their continuing journey because we only connect with them for a 30-minute consultation, but what we hope to do is provide some tools to help them in the rest of their journey.

**Elissa:** That's great.

**Lizette:** So, what are various diets that patients may have to go on and why? I know that in the past I've heard the neutropenic diet being mentioned a lot where patients are told to really stay away from foods that might have a lot of bacteria because we're making sure that patients don't get sick because they are more apt to get any type of infections because of their blood counts. But is there some type of diets that patients usually have to go on or that patients really talk to you a lot about?

**Michelle:** At our center, we use something kind of along the lines of the neutropenic. It's called the diet for stem cell transplants. Any patient that is going to be receiving any kind of treatment, whether that's a chemotherapy that suppresses especially white blood cells or stem cell transplant patients, when the white count is really negatively affected, we do become very vigilant about food safety. We allow fresh fruits and vegetables, and most larger centers do, we just tell people, "Everything needs to be well washed." And then just other foods that may have an increased risk of foodborne illness, we tell patients to be particularly careful about including those in the diet or

how they handle them. So that is a big part, especially, like I said, patients that might be on highly immunosuppressive therapy.

I think the other thing, a lot of diets, sometimes those are suggested to try and maybe manage a symptom that a patient may have. For example, if someone has maybe a lot of GI (gastrointestinal) distress, maybe some diarrhea or that type of thing, then sometimes you modify the diet to help manage that symptom better. You might put them on a low fiber diet or suggest a low fiber diet as a means to control those symptoms so that that patient can eat better. It's usually kind of geared toward symptom management.

The same thing happens with surgical patients. If they've had intestinal resections, sometimes we have to modify the types of diets, again, to kind of make them manage their symptoms better. So those are the kinds of things that I commonly talk to patients about.

**Elissa:** Yeah. It's interesting to hear if things have changed. I did my AML treatment five years ago, and I couldn't eat certain types of berries, I think, because the divots in there could, could hold that bacteria, but then there were other things like the undercooked food; you talked about food safety. All I wanted was an eggs benedict. I just wanted a poached egg, and it's so undercooked and runny and that's all I wanted. I had to wait till I was not neutropenic anymore so that that would be safe for me to eat. Is that what you're kind of hearing too that they need to make sure things are cooked appropriately as well?

**Michelle:** Right, right. You used the word divots. I talk to people about berries and all the nooks and crannies.

**Elissa:** Oh yes.

**Michelle:** Most fruits and vegetables we tell people, "Just wash them really well." But it's really hard to assure that you get all those little nooks and crannies clean, so

that is true. And you're right, what I tell patients, also a kind of, I think, good catchall that gets them thinking along the lines of the eggs, Elissa, is that any protein food that is meant to be cooked needs to be well cooked.

And so, if you have a patient that likes runny eggs, if you have a patient that likes really rare meat or really rare hamburgers, you tell them, "No, that's usually not a good idea during treatment." Unfortunately, it seems like when you take it away that that patient may want it even more, but most patients are more than, more than happy to say, "You know what, obviously, my treatment is so important, it's not a big deal. I'll put it on a back burner for a while" – pardon the pun – and they just look forward to the day that they can have it again.

**Elissa:** That's great. Now one of the things with being a cancer patient is that a lot of patients either lose or gain weight during treatment. You kind of mentioned trying to maintain that weight there earlier in our chat. I know a common misconception is that all cancer patients will lose a ton of weight and almost wither away.

For my own treatment between the leukemia water weight, steroids, chemo, I think I gained about 50 pounds, and I was like, "I thought I was supposed to lose weight here! I don't know what happened!" But it was really hard on my self-esteem. You're gaining weight and then you're bald and what is that like working with the patients then to kind of think about getting their body back? I mean do you hear that emotional component when you're talking to patients?

**Michelle:** Oh definitely. I think just the emotional impact of a cancer diagnosis and the treatment and oftentimes the randomness of it that it just kind of hits people, especially young people, out of the blue is, one of the first things. But then body image also is one of the things that comes in a little bit later.

I think that the hardest part of it for me is counseling patients and trying to kind of foster in them the sense that it takes a lot of time, and it takes a lot of patience for that return to normalcy. And I-

**Elissa:** Right.

**Michelle:** -get it why people want it to be quicker because whether you are underweight, whether you are overweight, it is very visual, especially if it's a change for you. If you've lost a lot of weight, if you've gained a lot of weight, it is an almost constant reminder of what happened to you. And so, I try to get people to disconnect from the visual and just think about it more kind of on a health type basis, but it really is humbling to me sometimes because it's hard to kind of walk patients through those steps and whether you are trying to lose weight or whether you are trying to gain weight, it is very difficult. It's something that you need to be mindful of almost on a daily basis, trying to either hit that calorie goal every day for people that are trying to gain weight or trying to kind of keep those calories down. And maybe when they're on treatments where they may be on steroids and they may have a really voracious appetite, it's really hard because it's that daily struggle of either getting up there or keeping it lower than it should.

I had a patient once that told me that every night, he goes to bed thinking about did I eat enough calories today. And it really kind of spoke to me because most people we never go to bed thinking, oh, I didn't eat enough today. And it can be a game-changer and it's equally as difficult for the people that say, "Gosh, I had such a hard time with my appetite today. I know I overate." So it's humbling. I encourage patients to be kind to themselves, be patient with themselves, and then we just kind of work on one kind of behavior at a time and go from there.

**Elissa:** Do you worry about the nutrition component and the body change leading to potential eating disorders for patients as they're trying to work through the calories and maybe kind of focusing a little bit too much on gaining or losing weight?

**Michelle:** I haven't experienced that very much. Where, I've had more experience is if you have a patient that has had that maybe in their history, a history of some type of eating disorder or something like that, even if they kind of addressed it and they've

been successful and it's kind of in their relatively distant medical history. Those kinds of things, I think, tend to kind of activate again sometimes when there's that constant focus on calorie intake, whether it's getting high calorie or low calorie.

**Elissa:** Right. So, with all this talk about making sure that you're eating the right foods and not necessarily cutting stuff out with an exception for the food safety issues, could you tell us how nutrition really makes a difference throughout somebody's treatment?

**Michelle:** Oh well, throughout treatment. I think that you can look at it in I kind of use the term studies versus stories. Studies are what I try to draw on as I try to practice evidence-based nutrition therapy. In other words, studies show us that if we have patients that lose weight during treatment statistically, maybe not an individual patient but statistically if they lose a significant amount of weight, they are more at risk of some of the bad side effects of treatment.

Hematological toxicities, fancy word for decreased blood counts, we know those are more pronounced in patients that are malnourished, meaning not getting enough calories, not getting enough protein. We know that malnourished patients, again, are admitted to the hospital more. We know that they have a lower quality of life. There are even some studies that suggest shorter survival in malnourished patients probably because they end up getting less treatment because they're sicker.

The same thing holds true with eating for survivorship the evidence is not as robust, but we know that, you know, if patients continue to have difficulties with weight gain after treatment, they may be at higher risk of recurrence, they may be at higher risk of other chronic disease – diabetes and heart disease and those types of things. So that's the studies part of it.

The stories part of it, which- is more gratifying on an emotional level is how patients, especially when they are malnourished, how they feel when they kind of return or they're able to get adequate nutrition. I had a patient just a couple weeks ago that



was really, really struggling with calorie intake and because of the course of their treatment and different things they did that kind of changed markedly. The patient was able to get more calories in and he actually said, "I was able to walk from the parking lot into the cancer center today." And he said, "A couple weeks ago I was not able to do that." And his treatment course had been relatively stable. Sometimes it's hard to tell, fatigue is so much a part of cancer treatment. But with this gentleman, it was clear that the reason he could not do hardly any physical activity is he just didn't have enough energy. He didn't have enough what I call gas in the tank. And so, when he was able to nourish better, he was able to do a simple thing like walk from the car into the cancer center, was a great victory for him and just warmed my heart as a nutritionist also.

**Elissa:** That's really good. I mean they really do need good nutrition to be able to, one, keep their organs going but then also be able to do just daily activities of living and it is just so important.

**Michelle:** Right. I think we lose sight of the fact that that's why we eat. That's a big part of why we eat. We eat to give our bodies energy, and because so often, especially in our society and in this country, we are trying to always put the lid on it. That we don't want to overdo and so we lose sight of the fact that we eat to give our bodies energy. I tell patients, "The food you take in, the energy you take in allows you to do the things that you want to do. Allows you to do the things that are important to you." And so, yeah, that's one of the most gratifying parts of it, I think.

**Elissa:** I'm curious when patients call in and you're talking to them, when you get diagnosed with cancer, there are a lot of different things that are said to you from family and friends, very well-meaning but, things like, "Sugar feeds the cancer," and "You have to eat this and you have to eat that to be able to get through treatment better." How do you deal with those and kind of make sure that they are getting the correct information of what is really going to help them and what they don't need to worry about?

**Michelle:** I think one of the things that's important is to rather than just dismiss those kinds of things that don't really have a lot of evidence behind them, I try and talk to patients about why that is said out there, why that got started. And like a lot of things there's usually a little fragment of truth in it or maybe an isolated incident where that is a case. So, you explain, "This is how that got started, but this is why it may not be appropriate for the setting that we're in right now." I think it allows the patient to kind of understand the difference. So that's one thing.

I will also tell them, they can sit in my office for an hour and I can explain why sugar feeding cancer may not be as simplistic and as cut and dry as they've heard, but I also know that they're going to go out, they're going to go back to their home, they're going to go back to their families, they're going to go back to their friends and they're going to hear those things again and again. So, I get them for 30 minutes maybe an hour but then other times they're going to get that message again and again.

So one of the things I tell them is why people are doing it? "They're doing it because they care. They're doing it because they want to offer the patient something and they don't know what to offer them, so they offer them that advice. So one, it's because they care and then I will also tell them, "If you're being hassled by a family member," and I've actually had patients that say "yeah, they kind of face about it." I tell them, "Just tell them that you have your own personal nutritionist, your own personal dietitian either you've talked to them at LLS, or you have them at your treatment center, and they are managing all that for you."

**Elissa:** That's great.

**Michelle:** And so, I think that kind of makes the patient feel a little empowered to kind of set their own boundaries about those things that family and friends may say kind of flippantly.

**Lizette:** Yeah. And I know that you've already said that patients should be kind and patient with nutrition and their nutrition needs. Do you have any go-to

recommendations for most patients, especially when they're contacting you for information and they're contacting you once or twice? Do you have anything that is really something that they can take away and maybe go to a local dietitian to get more support?

**Michelle:** First of all, I think on PearlPoint Nutrition ([www.PearlPoint.org](http://www.PearlPoint.org)) we have a lot of good resources for patients. So, I think that is a good resource for people. Talks about nutrition during treatment, nutrition after your treatment, all kinds of side effects. So that is a good resource for patients.

I think that if they are being treated for cancer and we maybe have tried to address some of their issues through LLS PearlPoint but maybe they have more immediate concerns, more kind of individual things based on their medical history, a lot of times I will ask them if at their center maybe they have access, especially to an oncology nutritionist because, not to toot our own horn, but if you're looking for someone that can take a patient's medical history and kind of connect it with what they should be eating, what they should be prioritizing, I don't think anyone is better than a trained oncology registered dietitian. So that's another resource.

And then I also think that the National Cancer Institute (NCI) has a lot of good resources on their website also. *Eating Hints* was a publication for a long time that has now gone online but, again, helping patients deal with some of those symptoms that they may have. So those are, a couple of the things that I would tell patients about.

**Lizette:** Yeah. And especially since a lot of patients and caregivers realize that this is one of the things in their diagnosis that they might be able to take some type of control over because once you're diagnosed with cancer, you don't have a control over the cancer, you don't have the control over how the treatment is going to work in your body. So this is a topic, nutrition, that patients and caregivers can actually play an active part in this part of the treatment journey.

**Michelle:** Yeah, I think that's really true because everything else is being done to them. They're getting imaging, they're getting poked, they're getting chemo, they're doing all these things and they may feel a little bit more passive in that way whereas food choices are something that they're actively doing. I think that's also true with the pediatric population quite a bit too. Kids, I think, probably feel that even more so. They don't want to be in a cancer center. They want to be with their friends, they want to be going out on the weekend and so food choices are a way for them to kind of exhibit or exert control also.

**Edith:** So, Michelle, to finish out the episode, a final question for you. What do you wish patients knew or understood about nutrition during cancer treatments and survivorship?

**Michelle:** I think we've touched on it a little bit, but I think that their needs are oftentimes specific to the treatment that they're undergoing, their diagnosis, and their treatment. Most of what people know about nutrition is what I call public health messaging. If I open up my email today or Yahoo, it's going to talk about different studies about what's healthy, what's not healthy, things like that.

So that's what most people assume that those are the kinds of things that I need to eat or not eat. But that's geared for a large audience. It's not necessarily geared for people that might have specific nutritional needs, whether those nutritional needs are, I need to get more protein in because I need to heal after the surgery or, I need to modify all those fruits and vegetables. They're good for most people and I hear that all the time that those are the things that you're supposed to eat. Boy, they just wreak havoc on my gut and every time I eat them, I'm miserable.

So, I think that's important is realizing, especially with patients or clients we see, is keying them into the fact that, they can look at all that, it's got great information, it may be appropriate for them, but it may not fit their needs at that particular time.



**Elissa:** Well, thank you so much, Michelle, for coming on with us today and telling us all about PearlPoint and how patients can really take advantage of the service that LLS offers to learn about nutrition for their cancer treatment and survivorship and that it's available to all cancers and to caregivers as well. So, we really appreciate you coming on today and telling us all about it.

**Michelle:** Thank you for having me.

**Elissa:** And thank you to everyone listening today. *The Bloodline with LLS* is one part of the mission of The Leukemia & Lymphoma Society to improve the quality of lives of patients and their families. To help us continue to provide the engaging content for all people affected by cancer, we would like to ask you to complete a brief survey that can be found in the Show Notes or at [TheBloodline.org](http://TheBloodline.org). This is your opportunity to provide feedback and suggested topics that will help so many people. We would also like to know about you and how we can serve you better. The survey is completely anonymous and no identifying information will be taken.

We hope this podcast helped you today. Stay tuned for more information on the resources that LLS has for you or your loved ones who have been affected by cancer.

Have you or a loved one been affected by a blood cancer? LLS has many resources available to you – financial support, peer-to-peer connection, nutritional support, and more. We encourage patients and caregivers to contact our Information Specialists at 1-800-955-4572 or go to [LLS.org/PatientSupport](http://LLS.org/PatientSupport). You can learn more about PearlPoint Nutrition or sign up for a consultation at [LLS.org/Nutrition](http://LLS.org/Nutrition). All of these links will be found in the Show Notes or at [TheBloodline.org](http://TheBloodline.org).

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