

THE BLOODLINE WITH LLS

A PODCAST FOR PATIENTS AND CAREGIVERS

Episode: 'Fueling Hope: Nutrition Insights for Chronic Myeloid Leukemia (CML)

Description:

Nourishing your body after a cancer diagnosis can seem like an impossible task when your mind is focused on survival. Join us as we talk to chronic myeloid leukemia (CML) patient, Jonathan Daige, and Registered Dietitian, Jennifer Redlich, about healthy eating and the benefits of a balanced diet.

In this episode, Jonathan, a three-time cancer survivor, shares his journey of nutrition and exercise through his cancer treatments. Jennifer gives tips on putting together balanced meals that provide patients with the nutrients they need to nourish their bodies during cancer treatments. All cancer patients and caregivers can benefit from this episode, as we learn that no step is too small to maintain good nutrition.

Transcript:

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

Margie: I'm Margie.

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

Elissa: Today, we will be speaking to Jonathan Daige, who is living with chronic myeloid leukemia, or CML, and registered dietitian, Jennifer Redlich, about nutrition for CML patients. Jonathan is a three-time cancer survivor, having had testicular cancer that was in remission but then returned in his lungs. Reaching remission again, he rebuilt his life. Several years later, in November of 2021, he was diagnosed with chronic myeloid leukemia (CML). Throughout his life as a soldier in the U.S. Army and then police officer, Jonathan had stayed very active with fundraising, athletic activities like climbing Mt. Everest, and long bike rides until complications of the cancer set him

back. He now runs a nonprofit called Thin Blue Ride, which raises funds for military veterans, first responders, and their families fighting cancer.

Jennifer Redlich is a registered dietitian with a board specialty certification in Oncology Nutrition. She works at Levine Cancer Institute in Charlotte, North Carolina, and helps patients to nourish their bodies while undergoing cancer treatment and into survivorship. Welcome Jonathan and Jennifer.

Jennifer Redlich, MS, RD, CSO, LDN: Hi.

Jonathan Daige: How's it going?

Elissa: Good. So, before we get into nutrition, Jonathan, would you tell us a little about your diagnosis of chronic myeloid leukemia or CML? What signs and symptoms did you have, and how did you end up being diagnosed?

Jonathan: So, initially, I was working a lot, and I was losing weight, which I typically lose weight if I have a strict running regimen or if I have a strict diet plan. I didn't have either of those, so losing weight was kind of a red flag.

My fiancé at the time said, "All right, now you definitely have to go to the doctor because you're losing weight for no reason." And on top of not feeling great, my workouts weren't 100%, so I knew something was wrong. That's what made me go to the doctor.

Lizette: When you found out that you had CML, did you know what leukemia was? Did you know that it was a blood cancer?

Jonathan: No. Initially, I remember going to the doctor, getting some bloodwork done. I guess people are supposed to have 5,000 or 6,000 white blood cells. My blood count was about 180,000, which is a little elevated.

They went on and told me I probably have CML. Then, I had to have the biopsy in the bone marrow done, which wasn't super pleasant. It was kind of the worst time to get

diagnosed because my son Max had COVID, so I couldn't go home. I was staying in a hotel for like a week, staying with friends. Then, my wife got COVID-

Elissa: Oh, no.

Jonathan: -so then I couldn't go home. We have a picture; I'm sitting on the deck on Thanksgiving with the door shut; and the family is inside having Thanksgiving dinner. We made it work. It could always be worse. That's always what I tell myself.

It was tough finding out that I had cancer again, especially after all the stuff that I've gone through previously. But, okay, you have cancer, what's the next step? There's always a plan in place, especially being right outside of Boston, which has one of the better cancer facilities, so it's great to have some doctors there that really understand the cancer process.

Lizette: Right, and what was your treatment for CML, and are you still on the same treatment today?

Jonathan: I started with Sprycel®. I think it's a second generation. There's different generations of drugs and a handful of different brand names. But I took Sprycel for a year and a half, up until I had some recent issues with low oxygen during workouts. And my CML number got down to like 2 something. That number was at a stalemate, and it wasn't getting lower, so the doctor was going to change meds anyways, and I switched to Tasigna®, which is more of a pain to take because it's two pills, 12 hours apart. You have to fast two hours before, one hour after. So, you just have to kind of plan, and I love food, so it was a little problematic at times, but-

Elissa: So, you're on the right podcast.

Jonathan: Yeah. So, I'm on the Tasigna now, which seems to be working. I feel like it has less side effects. Sprycel, I had bone pain, gut issues, fatigue. I was still working as a police officer on the mounted unit where I would be riding horses, doing barn work-

Elissa: Wow.

Jonathan: -on top of working out every day and trying to keep active. I would just come home and crash, which would be just in time for the kids to get out of school. And coached sports and all that stuff. Yeah, it was a little difficult with the side effects from it. But the Tasigna doesn't seem to be doing as bad with the side effects, but I'm also not working, so that could be helping with just feeling better and having more energy.

Lizette: Were you surprised that the medication was an oral pill to take for your leukemia?

Jonathan: Yeah, I was kind of excited by it because I had chemo twice. The first time I had chemo, I was hooked up 8 hours a day, 5 days a week. Then, I would go home for two weeks. Then, I'd go back, and I'd be hooked up 8 hours a day, 5 days a week. And there was three different types of chemos with probably eight other bags of potassium, fluids, all this other stuff.

I try not to scare everybody, but, I mean, chemo just flat-out sucks. It's kind of like a bad hangover, which you feel like crap; and then you start to feel better over time. I wasn't super upset it was going to be an oral drug. It does its job because my numbers have been going lower, and it's more manageable than an IV.

Elissa: That's good. And when we're talking about your last cancers, not only did you have chemo, but you also had surgeries as well. So, an oral pill must sound just great.

Jonathan: Yeah, I mean same as the vitamins I take in the morning. Just kind of one of those things that I'll take with it.

Margie: And Jonathan, in the introduction, we mentioned that you had two bouts of cancer and were very active prior to the diagnosis. And by the way, thank you for your service-

Jonathan: Thank you.

Margie: -that you've given to our country. What did your diet generally look like at the time when you were active since you say that you enjoy eating?

Jonathan: I've always been active. I grew up doing construction for my father, so it was always grinders or subs for lunch; maybe bacon, egg, and cheese for breakfast; and then the steak and potatoes kind of meal or pizza. And then I got to being more active. Then, it would be salad, chicken salad, fruits, vegetables.

I didn't really look into the specifics of my diet until after the testicular cancer. That's when I started looking into how bad sugar, gluten, and dairy was. So, after the treatment, I kind of had a big shift. I was 230 pounds, and I'm about 6'1". So, I was pretty big. The meds I was on actually had some steroids too. So, it made me bigger and hold the weight. Typically, I'm like anywhere from 200 to 210. And the holistic doctor I saw wanted me to go no gluten, no dairy, no alcohol – which I did, and I dropped from 230 to, I think, 185. I felt great, and I had really good energy. It was when I was cycling a lot, so I'd take my bike. I'd ride 30 miles in New England with some good hills and everything. And 20, 30, sometimes 40 miles at least twice a week on top of no dairy, no gluten, no alcohol; and I dropped a ton of weight.

But the only problem with that was being a police officer and the lifestyle I do enjoy going out and getting food, and with this type of work, it's easy. I was working 4 to midnight, so we'd always go to pizza parlors and order food. So, I'd be like, "All right, let's have a little cheat meal because I have like 5 minutes to get food."

From there, I kind of switched. I made up my own meals. Like when I first started the gluten-free, dairy-free, I'd look at a menu and get anxiety of what can I get, what can I not get? But I just thought about the basics, so I would go to a pizza place, and I would order grilled chicken, vegetables, peppers, onions, tomatoes, and marinara sauce. So, there'd be no pasta. There'd be no pizza. Not that it was great; but it was

something better, and it's all the food that they had. So, I'm just getting a little creative with it.

Sometimes you could do that; sometimes it's a little harder. You're starving and you have to be somewhere, and the only place you could go is Dunkin' Donuts® for an egg and cheese, and there's been plenty of times where I'll throw the bread out and just eat that microwave egg with some bacon or sausage with it.

Lizette: And, Jennifer, I think a lot of us have felt that anxiety when you're looking at a menu.

And you don't know what you can have that you think is healthy for you by just looking at that menu. Have a lot of cancer patients talked to you about that, Jennifer?

Jennifer: Yeah, I think because food is the only thing that someone has control over. You don't get to pick your drugs. You certainly didn't pick the diagnosis. Diet is something that somebody has control over, so that actually empowers people, but it also creates a lot of anxiety.

And I always tell people just to start where you are, and Jonathan did it exactly right. He looked at his options in front of him and made the healthiest choices that he could make. And even if it's not always what you might think is perfect, you might be doing better than you think; and you're actually creating something that works for you, and those are really important things.

Elissa: Yeah. Now, Jonathan, let's discuss your nutrition when you first started treatment for CML. Did you end up having any changes in your diet? Often, we're hearing from patients that appetites change, or they may have some foods that taste different or that they can't tolerate as a result of the medication. What was it like in your case?

Jonathan: I feel like, when I was cancer-free the first time and took a little more of the holistic approach, where I was like, "Okay, now let me just shop on the outside of

the supermarket." I was looking up what to take. I feel like it was a lot of raspberries, blueberries, antioxidants and stuff like that.

Any fruits and vegetables is a good choice. I'm not 100%, let's make a green shake every morning. I'll still have that, "All right; We don't feel like cooking tonight. We've got football practice, baseball, gymnastics competition, so let's get a gluten-free pizza." I don't want to not incorporate something because when I was really strict with the diet years ago, I remember trying to get a gluten-free wrap at a deli, and they gave me a regular wrap, and I got physically ill from eating that piece of bread. That's crazy how your body can reject something because you haven't had it in your system for so long.

I know gluten-free is probably not a super healthy option; it's just more of a easily digestible vessel to have your food. I wish I could be a little more like leafy greens and more vegetable, fruit-based; but, again, sometimes it's convenience.

Lizette: Jennifer, I know that Jonathan mentioned going towards the outside of the store. A lot of folks feel that the outside of the supermarkets they're the healthy choices. But folks with cancer do have to be careful in regards to fruits and vegetables, and preparing their foods differently, correct?

Jennifer: That is true. One of the things that we consider with CML is the health of the immune system. If the immune system is really healthy, then there's no reason to not include plenty of fresh fruits and vegetables. But if somebody is having a hard time or they maybe had to get a stem cell transplant or something like that and their immune system is suppressed, then we would want them to be extra careful; and that might involve using cooked fruits and vegetables. And so, maybe you put cooked blueberries into your smoothie instead of using fresh blueberries, right out of the fresh produce section. So, that is something that I think that's really great information and great guidance to eat foods as they looked in nature, is the way I always say it. That's going to usually have the most health benefits.

What I mean by that is if you are going to an orange tree, you would find an orange growing there. An orange has probably over 250 different active nutrients in there, and some of them aren't even nutrients. They're just bioactive compounds, but they benefit our health in various ways.

And whenever we drink a glass of juice, they squeeze all of the juices out of the orange and toss a lot of the really good stuff. So when we look at how the food is made in nature, if we can choose that form most often, we're going to get the most health benefits of that. So, think about picking the orange rather than the juice. You certainly wouldn't find a vitamin C capsule there, and you definitely wouldn't find an orange soft drink with artificial flavors and colors, even if it tastes pretty similar to orange juice.

Lizette: Yeah, I know that Jonathan mentioned one of the medications that is utilized for CML, there is some dietary restrictions as to when you can have food and not have food with that medication. Do you see that a lot of patients change their diets?

Jennifer: I think a cancer diagnosis is really motivating to look at lifestyle and see what you can adjust. And so, I do see a lot of people with CML and other types of cancer who really take a look at their diet and think, is there a way that I can use foods to help nourish and heal my body to the best of its ability? And so, I do see a lot of people making those choices.

Some of the side effects from treatments can impact the foods that someone tolerates. For example, with some of the drugs, Jonathan mentioned this before, chemo is a lot more toxic systemically. There's a lot more side effects. I don't see as much nausea, for example, with some of the TKI-types of drugs that I might see with chemotherapy. So, a lot of times, nausea is not what we're talking about, and what it has moved towards is more like diarrhea. It can upset the digestive tract, and so sometimes somebody might really want to have blueberries, but maybe fresh blueberries aren't what their immune system could handle, or it may be whole fresh blueberries, even if

their immune system is fine with that, maybe their digestive tract is not. So, we might have to adjust their diet a little bit to where we could still, maybe, figure out a way to use a blueberry, but maybe it needs to be put in a blender and made into a smoothie rather than just a fresh blueberry that doesn't get chewed well enough. So, yeah, we do sometimes need to change the diet a bit; but I always try to meet people where they're at and figure out what it is that they want to do and how can we make that happen?

Lizette: So, because there are side effects typically with cancer treatments, are there ways with diet to alleviate some of those side effects that we're mentioning?

Jennifer: Absolutely. Diet's really critical and important in managing side effects. When I'm working with a person who is getting treatments, I try to find out what kind of side effects are they having, and then we try to address that. Like, if somebody's having a lot of diarrhea, I always steer them towards things that are kind of sticky, gummy, and slimy. While that doesn't sound delicious, it kind of gives somebody an opportunity to take a look, what does their food look like?

So, what I mean by that is think about the slime quality of a banana or the stickiness of mashed potatoes. Those things help feed and nourish not just our body. They can absorb some fluid because it can slow down diarrhea; but I think maybe where the magic happens, we have trillions of tiny little friends that partner with us in our life. And those are called our gut microbiome. We have these little bacteria and viruses and all kinds of little microscopic compounds, and they are our friends. They help us digest our food, and so sometimes, they're just not feeling very well whenever we go on certain medications.

So you think, "Oh, it's just a mashed potato." It's just sticky, and maybe that's why it slows the diarrhea, maybe it absorbs some fluid; but the gut microbiome can actually feed off of some of those resistant starches and those other compounds that we can't digest. And then that gives them nourishment, and then they actually calm down a

little bit; and one of the compounds they give off, sends off a white flag of surrender and peace. Like everything's okay in here. I'm sending out this short-chain fatty acid. It's a molecule of a white flag, and so the body's like, "Oh, okay, those little bacteria, I see you. And oh, yeah, I remember your friend." And so, we don't have to set up a diarrhea episode to get rid of them. They're actually okay, and they're meant to be here. So, sometimes when we choose those foods like bananas or canned peaches or oatmeal, we're doing way more than just nourishing our body; and the overall impact is really helpful.

Now, if somebody's having constipation, they can still have those things; but they might want to have some things that are going to move things through the digestive tract a bit better. But they still also feed and nourish the gut microbiome, but maybe in a different part.

So, for example, instead of peanut butter, which is sticky, gummy, slimy, right, maybe just chewing your peanuts actually can help move things through the digestive tract a little bit better or faster. Sometimes it's not even changing up the food as much as it is changing up the form that the food is in. Peanuts versus peanut butter.

Elissa: Wow, that's really interesting. I hadn't ever thought about food like that before.

So, Jennifer, since CML is a chronic disease, does the patient's diet change as they continue on with treatments for years?

Jennifer: It can. I think a lot of time the stage of health someone is in can make a difference on what their diet may need to look like. Overall, we want people to eat as healthy as they can; but you want to start where you're at. For example, if you're going through treatment and you feel lousy and all you can eat is a milkshake. Well, by having that milkshake, you're feeding and nourishing your body. If that's the best you can do, then that's really good.

But let's say you have a really good day, maybe that couple of days after chemo you're feeling a lot better; and you know you could have the salmon and the salad and the blueberries for dessert. Then, you don't want to say, "Well, you know the milkshake's, was okay a couple of days ago. So, I think that's just what I'll have for lunch again." You want to do the best that you can do, and sometimes, as people go through treatment, they'll go through different stages. Sometimes they will be feeling good, and sometimes they won't be feeling good. So I think adjusting and allowing permission to have those foods that they tolerate well, but then when they can tolerate something healthier, to choose those are really helpful.

Elissa: Okay.

Jennifer: Kind of looking at the overall picture.

Elissa: Yeah.

Jennifer: We're not the same every single day, and it's okay to adjust our diet in that way that suits us well.

Elissa: Absolutely. And now, Jonathan, you are about a year and a half past your diagnosis. What is your diet like now? You mentioned earlier that you haven't been able to work, but you are still active. Do you have plans for your nutrition in the future if you're able to get back to those really high-level athletic activities again?

Jonathan: I'm hoping. I'm actually missing the World's [America's] Most Beautiful Bike Ride next month. I signed up. I made my buddy sign up. I made the mistake of having my wife come to the doctor's meeting with my pulmonologist; and she said, "No, you definitely can't ride your bike around Lake Tahoe."

Elissa: Oh, can you tell us what that ride consists of because it's through LLS's Team and Training?



Jonathan: Yes. So I did the Shred for Red, which was skiing in Deer Valley. Me, my dad, and his buddy raised money and went out there and skied for the weekend, all to raise money for The Leukemia & Lymphoma Society.

And then, I heard about The World's [America's] Most Beautiful Bike Ride around Lake Tahoe. So, we signed up. We had a few fundraisers going, so we're probably up to maybe a couple thousand bucks. That's the first weekend in June, and it's a 75-mile ride around Lake Tahoe that I'll be watching from the sidelines.

Elissa: Oh, but next year. Next year.

Jonathan: So, yeah, I mean my training regimen; I'd like to find something to push myself. A while back, a friend of mine mentioned going to Everest with his son. I'm on the Swat team with him. His son is in the Air Force, so they said they were going to Everest Base Camp. I'd love to say I climbed it, but we just went to base camp.

So we did. It was probably 95 miles we walked in, I think, a week and a half. It was pretty incredible, and having a lot of lungs missing, I have a third of my right lung removed and 10% of my left lung removed. A lot of the hiking was pretty difficult, but I put my headphones in and just took it one step at a time.

It's definitely doable. I say if I could do it, anybody could do it. That was an awesome experience. And then, this bike ride around Lake Tahoe is another great experience. So, I'll be, yeah, again, watching from the sidelines, which I'm super upset about. But health comes first.

Elissa: Yes.

Jonathan: As far as my workout regimen now, I'll get on the Peloton® and ride a couple miles in the morning. I keep an O₂ sensor on my finger so I can gauge my low O₂ levels because that's what's causing me problems now.

Then, I'll typically try to do some stuff with the nonprofit seeing as how I'm out of work and maybe do another workout later on in the day with weights. But it's more, I would go from a typical kind of CrossFit style workout, like high intensity; but now, it's more like simple. Squats, deadlifts, push press, stuff like that.

Elissa: Yeah. Keep your oxygen and heart rate set.

Jonathan: Yeah, again, I get a monitor to the heart rate and make sure it's where it needs to be. I could actually feel that threshold of probably around 160 where my heart rate is up and my O₂ goes from like low 90s to the low 80s.

Elissa: Yeah.

Jonathan: We've been trying to figure it out. I just came back from a test. I'm waiting on results for that. I have no idea what it is. I don't think it's lung-specific. I think it could be something else. Maybe the medication, because that's the newest variable, I guess, in my life in the past two years. So hopefully, it could change, and I could get back to doing some crazy stuff.

Elissa: Yeah, hopefully, they'll be able to figure that out; but with your lower activity level, did you have to work on decreasing the amount of food that you're eating or change your diet at all?

Jonathan: I haven't really changed much. I think I'm eating smarter. Meaning like less gluten-less dairy. Sometimes I'll intermittent fast so last minute will be dinner time. I'll wake up, do a workout, take CML meds, and then I'll wait till lunch to have something.

I'm just not finding myself as hungry, but I'm also, I guess, restricting caloric intake.

Elissa: Right.

Jonathan: Where I don't really need so much food.

Elissa: Don't eat quite as much as you did when you were climbing mountains.

Jonathan: Yeah.

Margie: Well, that's been quite inspiring. I lost my breath just on the first bike ride, and I'm sitting down. So, it's wonderful to hear how you keep yourself active.

And with that said, Jennifer, CML patients, are they able to be active like Jonathan? And if so, what are the nutritional factors that would help them if they're not at that stage where Jonathan is, but want to start because he's been very inspiring? I mean, I have a bike right here, and I'm about to get on it. So, if they feel that they want to start, what is the nutritional factor? What should they be starting out with?

Jennifer: Well, exercise is definitely important; and I'm not an exercise specialist, but I know any amount that you can do is beneficial. So, if you're a couch potato and you even stand up during the commercials or make laps around your living room, that's going to be beneficial or exercising to the stage that Jonathan is able to. Wow, that's even better.

If you're a couch potato making laps around your living room, of course, it's not going to increase your energy needs as much as hiking to Mt. Everest. But you can still choose a healthy diet.

I think overall, what you're looking for, if you think about your plate, you want at least half, if not 75% of that to be filled with fruits and vegetables, whole grains, and foods that looked like they came from plants that you could find in nature. And you want at least 25% to maybe a third, if you're really active like Jonathan, maybe even up to half of your plate with good-quality animal proteins or vegetarian proteins, which can also be from plants.

And if you are just someone who's getting started with physical activity, maybe you just need one plate per meal; and maybe somebody like Jonathan needs two or three

plates per meal. But the plate would actually look about the same. A healthy balance would be the same for everyone.

And so, I think really starting out focusing on having a good-quality protein that's really good for your muscles but it's also good for satiety if you're wanting to maintain a healthy weight. Maybe you're on steroids and so you're constantly famished, and you need to eat more. Having good-quality protein there is going to help you feel fuller. And then filling the rest of your plate up with plants is going to give you a lot of good bioactive compounds your body can use to be healthy.

Lizette: Yeah, and Jennifer, one thing we would like to do today is really dispel those myths about nutrition and cancer. One example that we hear is that sugar feeds cancer, so don't have sugar. Or eating a plant-based diet will help to heal the cancer. Can you discuss the myths that you've heard that patients have discussed with you?

Jennifer: Yeah, there's a lot of them out there, and you name a couple of really important ones that I hear most often. So, the question about does sugar feeds cancer. There is truth to every myth that you hear. There's at least a grain of truth. But sometimes it's taken out of context, or it's not measured in the way we would normally measure it. And so that little seed of truth isn't even true anymore.

What I mean by that is, for example, if you're just looking at sugar, if you're in a test tube in a lab, you can easily take sugar out of the test tube, and then you can see how well cancer cells grow in that lab.

But our human body doesn't work at all like a test tube. So when we eat something, our body does turn it into sugar. That feeds normal cells as well as abnormal cells. And if we didn't eat any sugar, our body would make it. It's that important to our life. So, our body is constantly measuring the amount of sugar in our bloodstream, and even if we don't eat it, we will make some.

That said, it's also not true to say, "Oh, sugar doesn't matter." So, whenever we have a healthy diet that's not really high in refined sugars, we have a lot more room for plant compounds that have those anticancer compounds in there or those ones that are designed for health.

If you are one that nibbles on candy throughout the day, blueberries no longer taste sweet, and you also fill up your tummy. You don't have room for blueberries, strawberries, spinach, and all of that. So, whenever we choose, we just give ourselves permission to eat as much sugar as we want. That's not good for us. But, again, if somebody's really struggling with their appetite and they feel like they eat better if they suck on a lemon drop in the middle of the day and that stimulates their appetite, I'm okay with that as well.

On the other hand, it's also not true that all sugar is bad for you. Sometimes, I've had patients that have told me that they're afraid of mango, bananas, or even carrots because those are higher sugar types of fruits and vegetables; and there's absolutely no science to support that. So, don't ever be afraid of anything that comes naturally from fruits and even vegetables; but avoiding refined sugars is probably pretty prudent most of the time, unless it's something you need to feed your normal cells during treatment when you feel so badly that that's all you can get down.

With a plant-based diet, you never have to be vegetarian, but you always want to include plenty of plants. We don't always think about it, but plants grow in a very hostile environment. The sun beats down on them, bugs want to eat them. They're constantly under attack and may manufacture these compounds that help them heal.

Have you ever seen an apple that looks like maybe it got a bee sting and it's all sealed up? It's all healed. Plants are able to heal themselves, and when we eat the plants, we get those healing compounds for ourselves.

And so, we want to include plenty of plants in our diets so we can get a variety of healing compounds, and so, again, you never have to be vegetarian; but you do want

to include lots of plants and a variety of plants so that way you get all of those healing compounds.

I think a lot of times, the best way to think about the myths is use your common sense. We all know that apples, blueberries, and spinach are better for us than candy, chips, and cookies. And so while you can use candy, chips and cookies as an occasional treat, it's certainly not something that you want to make a big part of your diet because you're missing opportunities to get the parts of your diet that can really benefit your health.

Elissa: Now our final question today. On our patient podcast homepage, we have a quote that says, "After diagnosis comes hope." Jonathan, based on your cancer experience, and Jennifer, based on your experience as a dietitian, what advice would each of you give to patients and caregivers about nutrition to give them hope after a diagnosis?

Jonathan: With me, I felt like initially, after the chemo, I decided to start eating cleaner, more healthy stuff.

I feel like I need to do this or I'm going to get a cancer again, which isn't the best mentality. If somebody just walked up the street and they're like, "Well, I'm going to start eating healthy tomorrow because I want to start eating healthy." That's different for somebody who has cancer now to be like, "Well, I'm going to start eating healthy to help battle this cancer," because I think the food could be a tool to help you.

Like Jennifer said, it's to try and heal your own body. I feel like all the little stuff adds up, especially with diet, because you think about how many times you drink something or eat something, you count that. That's a lot of times in one day, or a month, or a year, so the little things add up, which can be beneficial towards healthy recovery.

Jennifer: I think you always have permission to start where you're at, and no step is too small. You get plant compounds when you sprinkle cinnamon on your yogurt, or

your banana, or even your ice cream. You're going to get some plant compounds there. If you're eating a piece of pizza, you get more plant compounds if you sprinkle on more oregano, or basil, or garlic powder. So, there's never a place that's too small to start.

I remember once seeing a study where they looked at meat and potato eaters who dipped their potatoes, their french fries in ketchup. And those who dipped their potatoes in ketchup had health benefits compared to those that did not. No step is too small.

The other thing is there's no person who can't improve their diet. I remember working with a patient once. She was a cancer survivor, and her integrative doctor said, "You really need to eat more plants." And she was in tears. So, she got a referral to me. When I went in to meet her for the first time, she was sobbing. She's like, "I hate all plants. I can't even think of anything I do like." So I was like, "Well, let's start with your condiments. Do you like mustard? That comes from a plant. Do you like ketchup or barbeque sauce because there's herbs and spices in plants? There's tomatoes in ketchup." Nope, she didn't even like to dip her foods.

And we sat there together for a while; and I said, "Can you think of a plant you don't hate?" And she said, "I don't hate green bean casserole at Thanksgiving." And I'm like, "Yes, green beans are a plant. We'll go with it." So she made a commitment to putting green bean casserole on every plate, and a few days later she called me in tears and she said, "I can't eat another green bean. But I just remembered I don't hate corn. Is corn even a plant?" And I said, "You bet it is." So, she started adding corn to her plate.

And then I got a call a few days later saying, with tears, "I can't eat another piece of corn or another green bean. But you know what? I tried some carrots, and I think that those are okay." And I'm like, "Yay, okay, we're up to three now." So she just



made a daily, by meal, commitment to having some kind of plant on every single plate. And sometimes she didn't finish it, but she made that commitment.

And I kept giving her some support off and on throughout the year, and then one day she called me, and it occurred to me that I hadn't heard from her in months. And she was asking me a question that wasn't related to how to get more plants on her plate and in her diet. She had another question about how much energy she might need in a day. And I said, "Hey, while I have you on the phone, tell me, I haven't heard from you in a while. How's it going with your diet?" And she said, "Oh, Jennifer, oh my gosh, I had rhubarb yesterday. I didn't love it, but I'm going to finish up the batch because it was kind of expensive, and I had blueberries this morning for breakfast. I'm way beyond where I was a year ago."

So step by step, you can begin to make changes. Everybody can. There's absolutely no one that has a diet so processed and poor that you cannot begin to make steps to changing it. And each step does take you further down that road you want to travel.

Elissa: That is very good advice.

Now, before we go today, I do want to mention to all our listeners who may be thinking, now what do I do? LLS has PearlPoint Nutrition Services®, that are free 30-minute consults to patients and caregivers. And this is available to all cancers. So if you have a friend with breast cancer, have them call in. We'll have information at the bottom of the episode and also in our Show Notes.

I want to give a huge thank you to Jennifer, Jonathan for joining us today and sharing, Jonathan, all about your cancer story and all your very exciting activities. And then Jennifer, thank you for coming in with the science and information; and I hope that everybody listening today will be able to take those small steps to improve their diet and really help them feel better as they're nourishing their body during these CML treatments. So, thank you both so very much for joining us.



Jonathan: Thank you.

Jennifer: Thank you.

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.

Did you know that you can get more involved with *The Bloodline* podcast? Be sure to check out our Subscriber Lounge where you can gain access to exclusive content, discuss episodes with other listeners, make suggestions for future topics, or share your story to potentially be featured as a future guest. You will also receive an email notification for each new episode. Join for free today at TheBloodline.org/SubscriberLounge.

In addition to the Lounge, we could use your feedback to help us continue to provide 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. 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. However, if you would like to contact the LLS staff, please email TheBloodline@LLS.org.

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. You can find more information on



nutrition and free consults from PearlPoint Nutrition Services at LLS.org/Nutrition.
These links will be found in the Show Notes or at TheBloodline.org.

Thank you again for listening. Be sure to subscribe to *The Bloodline* so you don't miss an episode. We look forward to having you join us next time.