

THE BLOODLINE WITH LLS

A PODCAST FOR PATIENTS AND CAREGIVERS

Episode: 'Cancer Nutrition: Myth Busters Edition'

Description:

When it comes to cancer and nutrition, there's a lot of misinformation out there. Can sugar fuel cancer? Should you cut out carbs? In this episode, we're busting some of the biggest myths about cancer nutrition and breaking down what really matters when it comes to fueling your body during treatment and beyond.

Join us as we chat with LLS Registered Dietitians, Margaret Martin and Heather Knutson, about evidence-based nutrition strategies that can help support energy levels, manage side effects, and promote overall well-being. Plus, we'll share how you can access free, personalized nutrition support through The Leukemia & Lymphoma Society's Nutrition Education Services Center (NESC).

Get ready to separate fact from fiction and take the guesswork out of eating well during cancer!

Transcript:

Elissa: Welcome to *The Bloodline with LLS*. I'm Elissa. Thank you so much for joining us on this episode.

Today, we will be speaking to Margaret Martin and Heather Knutson all about cancer nutrition. Margaret is a registered dietitian and nutritionist and is the Manager of Nutrition Education at The Leukemia & Lymphoma Society. With more than 20 years of experience in clinical nutrition, Margaret provides nutrition consultations in the LLS Nutrition Education Services Center (NESC) and also contributes to LLS Nutrition Resources available for patients and caregivers.

Heather is a registered dietitian and nutrition educator for the LLS Nutrition Education Services Center and is Board certified in oncology nutrition. She has been working in



the oncology field for over a decade and is an advocate for personalized care for patients with cancer. Like Margaret, she provides nutrition consultations for patients and caregivers. Welcome Margaret and Heather.

Heather Knutson, MS, RD, CSO, LD: Hello.

Margaret Martin, RD, MS, LDN, CDCES: Good to see you.

Elissa: Good to see you too. So today, we'll be discussing common myths about cancer nutrition. But before we get into the myths, could you tell us why is cancer nutrition important and how is it different from just general nutrition?

Heather: I think one thing that makes nutrition really unique in the cancer care setting is that we can use a lot of pieces of nutrition to help support people's immune systems through treatment, help to keep their strength up and tolerate treatment better, and we use nutrition to help navigate through different side effects to help make people feel as less bad as they possibly can through cancer treatment.

Margaret: And just to add to that, good nutrition can help people tolerate their treatments better, which means fewer breaks in treatment so that hopefully they'll have a better outcome from their treatment and improved quality of life as well.

Elissa: That is definitely very important with cancer care – improving quality of life.

So, okay, let's get into some common cancer nutrition myths. We're going to start with some reasons that patients may think either prevent cancer or may have caused their cancer. One of the big things we hear often is that you can prevent cancer with "superfoods" or multivitamins. Is that true?

Heather: I love hearing the word "superfood". We hear this so often, right, and we think of these like brightly colored foods like kale and blueberries. But "superfoods" isn't actually a technical term. It was invented by marketers to promote certain foods or make the "Top Five What Should You Eat" list.

And so, yes, we definitely should eat lots of brightly colored foods; but there is no true superfood like all food that comes from plants are super, right? There's no one food that you have to eat. No food is super. We know that multivitamins don't cure cancer either, but eating a good, very balanced diet is what is helpful. What do you think, Margaret?

Margaret: Oh, I agree. All foods fit into your menu during the cancer journey. Vitamins and minerals can't prevent cancer. If they could, we wouldn't be here, right? But we know a lot about the vitamins and minerals in our food supply, and we know recommendations about different food groups and how many servings in a day might be a goal. We don't know a lot about dietary supplements, vitamins and minerals, other than what it says on the label from the proprietor. So, we do know what's in our food supply, so we promote that as the best way to get your nutrition if at all possible.

Elissa: So, the next major one we hear about is the concern that some foods or drinks that we consume may cause cancer. Common ones would be artificial sweeteners like aspartame, genetically modified organisms, or GMOs, and then the hormones that go into meats that we consume. What does the research say about these things being a cause of cancer?

Margaret: Well, I think when we think of sugar-sweetened beverages in America are a great source of excessive calories. And obesity is linked to about at least 13 types of cancer. So, limiting sugar-sweetened beverages sweetened with real sugar. Then when we go into artificial sweeteners, in America those have been heavily researched and are given the term GRAS, generally recognized as safe. So, if that helps someone be able to drink and hydrate and get calories from other things that might be in the beverage, I think they're an okay thing for that person.

Heather: When you talk about beverages causing cancer, the biggest one that comes to my mind is alcohol. Excess alcohol intake may increase your risk for certain

cancers. So, it is recommended to limit alcohol intake to no more than one standard drink per day for women or two standard drinks per day for men.

When it comes to some of the other things in our food supply, like Margaret mentioned - sugar-sweetened beverages or artificial sweeteners, GMOs, we don't have the evidence that those things do cause cancer. When we consume a good, varied diet, each of those things are pretty small in our diet and don't play a significant role in our overall health outcomes.

I always think talking about genetically modified foods is interesting. Most of them are found in a lot of our processed foods. And so, aiming to eat more whole foods in general is a helpful way to limit those naturally if that's something that you're concerned about.

Margaret: That's a good reminder.

Elissa: Yes, whole foods is good. And really, if you think about it, just excess of almost anything can be difficult on your body. I mean, water is toxic if you have too much of it; and we all know that water is very good for you. So, it is okay to still have your diet drinks in moderation.

Heather: Yes. And we were just talking about this yesterday that, with so much of nutrition, the poison is really in the dose, right? Too much of absolutely anything, even water, milk is not helpful.

Elissa: Exactly. So, our next common myths are about treating or even curing cancer with nutrition. Now, you mentioned supplements that people are taking; but we don't really have a lot of evidence as to what they can do. Is there any benefit that we know of, of taking supplements such as treating side effects or, actually, helping treat the cancer at all?

Margaret: Well, that's a question we get quite often, Elissa. I think the best time to take a supplement on your cancer journey is when you and your medical team sit

down and talk about your side effects, your treatments. Some treatments can deplete nutrients, or you may have comorbidities or other conditions. So, if you and your treatment team decide that a supplement can be beneficial to you and prescribe it in the right doses and frequencies, I think that's the best time to take a supplement.

Heather: And there might be times that you do have a true nutrient deficiency, like maybe your vitamin D level is too low or your potassium. And those are, the times when you should take a supplement when your doctor recommends it and it's part of your treatment plan.

Elissa: Yes, absolutely. I remember when I was getting treated for leukemia, my magnesium and potassium were slightly lower. So, that was a recommendation from my treatment team to take these magnesium or potassium pills or just have extra bananas or things like that that would increase those levels for me. That is definitely good advice for the supplements to listen to your treatment team.

So, next on the list would be certain things that you can eat to potentially cure your cancer. Apricot kernels, which are high in vitamin B17, were fairly popular a few years ago. And then, alkaline diets have seemed to make a comeback more recently. What are these diets and foods, and is there any research showing that it could potentially cure cancer?

Heather: So, off the bat, when it comes to the apricot kernels, and, gosh, every once in a while we see that recirculate. But, with those, there's a much bigger risk from harm and no evidence that they might help. Consuming too many apricot kernels, which might not be many for some people, can cause a cyanide toxicity-

Elissa: Yes.

Heather: -which is not something that you want to be happening in the middle of your cancer treatment, for sure. With the alkaline diet, a lot of the foods that tend to be more alkaline are a lot of the plant-based foods, which, yes, we want you eating;

and so a lot of those recommendations are helpful. But the science behind it is not there. We know that our body, like our kidneys, help to keep our body in a very tight pH range, not causing it to be too acidic or too alkaline. Otherwise, we wouldn't be alive. So, it's not possible for the foods that you eat to change the acidity or alkalinity of your body.

Elissa: Yeah, because wasn't the thing that people say that cancer can't survive in an alkaline environment, but that would seem with what you said with how the body works and manages the pH, that can really only be seen then in a petri dish or outside of the body then, right?

Margaret: Yes, and I think sometimes we take a little bit of science like cancer cannot survive maybe in an alkaline environment and people try to apply that to other things like diet or water or, you know, a whole protocol about the alkaline diet. So, I think it's consumer beware. Who is writing this information about alkaline diet and what is your motivation?

Elissa: That is definitely important to look at, absolutely.

Heather: And that's such a good point, Margaret. You know, when it comes to like where's this information coming from, we can't know a lot from one single study or studies that have just been performed in a petri dish or in mice. Like humans are so much more than that. And if we were the same as a mouse or a petri dish, that would be easy; and we would be a lot further along in the treatment and cure for cancer.

Elissa: Which is why we eventually go to human trials and try out these things on people to make sure that they actually work before they just go out into the market.

Now, certain diets have also been popular with some saying they could cure or prevent cancer, like the keto diet, raw food, or all organic diets. What are your thoughts with these?

Margaret: Well, I think organic food is a personal choice. Many people feel better if they're able to choose foods that are grown by the organic USDA food standards. But when you look at the research about organic foods, it's really undetermined if it can have an effect to reduce cancer. And most people agree that organic food and traditionally cultivated food have very similar nutrient content, so we don't want people to feel guilty or feel they're not doing well if they can't purchase organic food, which tends to be more costly than traditionally grown food.

Try to buy food that's maybe grown close to home, or you might know the farmer or the farm that's raising it. I think that's a much better practice than only using organic food for your treatment.

Heather: Yeah, absolutely. And I think, sometimes organic food is maybe priced similar to conventionally produced food, and it makes it easy to purchase. But we don't have the evidence; and food prices are so high right now. It becomes very unreasonable for many people to buy organic. And so, that's one place you could save money and not purchase as we don't have the evidence for that.

When it comes to consuming only raw food, we also don't have evidence that that is superior. If you want to consume all raw food, yeah, that's totally fine. It is a lot of work from a logistical standpoint and a lot of chewing and planning, and really hard for a lot of people to digest, especially people who are going through cancer treatment and maybe experiencing a lot of bowel changes. Certainly with the keto diet, that's something I know, there's a lot of studies currently exploring maybe some applications for that.

I think what sometimes people don't understand when we hear that or see little snippets from those individual studies is that the medical keto diet is very different than what we might see from a dieting keto diet pattern. It's 70 to 80% fat, some protein, maybe a tiny little bit of vegetables, but that's really it. And so, it really excludes a lot of those foods that an abundance of studies tell us are really helpful and

do good things in our bodies, like fruits and vegetables, whole grains, nuts, seeds, beans, lentils. And when we consume a varied plant-based diet with mostly whole foods, it does produce a similar environment to a keto diet where blood sugar levels are low and relatively stable throughout the day.

Elissa: Yeah. Is there any evidence out there that any of these kinds of diets or diet in general could help cure your cancer, particularly a blood cancer?

Heather: I have not seen evidence that blood cancers, especially, might be cured by those types of diets. There have been some individual case studies which, from a science standpoint, that's like their very initial base of starting exploration into something that specific types of primary brain cancer-

Elissa: Yes.

Heather: -may benefit from a ketogenic diet and that there may be benefits compared to the standard American diet in other cases, but those are very small studies. We're at the point there's a lot more questions than there are answers and not a standard recommendation at this point.

Elissa: Yeah. And the big part about scientific studies also is that they have to be repeatable, right, to be seen as valid and reliable? You have to be able to take what they did, take those methods and be able to do them again on other people. And so, if we're not seeing that, then we want to, maybe take a step back and think about what evidence is out there that has been repeated.

Margaret: I think for blood cancer; we're seeing more studies around plant-based eating. As Heather said, getting in that wide variety of plant foods from all the different food groups, along with protein, I think would be a more moderate approach. And when we look at the risk of some of these other very restrictive plans, we don't always see the benefit for that particular patient. So, I think looking at the risk and the benefits of these different plants are important, especially if you're in treatment.

Elissa: Yes. Yes, very important. So, the last one of this category, and I'm sure every patient listening has heard this, and you can probably guess what it is, is that sugar feeds the cancer cells; and eliminating it will starve cancer cells. Is that true?

Heather: Oh Elissa, that would be so easy, right? If that was true, it would be so easy, but no, that is not the case. Simply eliminating sugar does not change the trajectory of cancer.

You know, when we do not consume any carbohydrates or any added sugar whatsoever, our liver steps in and makes glucose. Glucose is what sugar or carbohydrates are broken down to in our body after we eat them. And that helps to keep our blood sugar at a safe and steady level to keep us alive.

We know that limiting added sugar intake overall is helpful. We want to make sure people are consuming a good variety of other foods and not skipping healthful foods because they're consuming too much sugar. And we know limiting sugar is helpful for preventing all kinds of other chronic conditions like diabetes and heart disease, but it doesn't mean no sugar when you're living with cancer.

Elissa: Right. I'm sure that will make a lot of people happy to know that they can still have some sugar.

Margaret: I think sometimes when people get a cancer diagnosis, Heather and I both hear this a lot, it's like they're grasping at things. And on this tree of things I could do for nutrition, one of them is eliminating sugar or another type of food modification. What we like to present to people is not so much restriction like of sugar but add back healthy foods to help your immune system and help your body weight stay healthy for the duration.

I know Heather, and I talk to patients. They're so vigorous in eliminating sugar and maybe other foods on a list that they're losing weight. They're compounding their

fatigue. So, eat a variety of foods from all the food groups, I think, is a really good caveat to give people.

Elissa: Yeah, because really with eliminating sugar, you're also eliminating really healthy things like fruits, right?

Margaret: Exactly.

Elissa: Yeah, and fruits are very good for you to eat.

So, let's move onto just general nutrition and survivorship. There is a lot of talk about what food is best to eat. Frozen versus fresh or, like we talked about, all organic. Is there a better type of food for patients to eat when they have cancer?

Heather: Yeah. So, you know when it comes to organic, we talked about you don't need to eat all organic. We've mentioned, eating a variety of foods. We often talk about a plant-based diet, and by all means that does not mean only plants. It means a majority of your diet coming from plant-based foods and limiting animal-based foods to maybe about a third of your overall diet. So, it is truly eating balanced foods from each food group. What do you think, Margaret?

Margaret: I think focusing on variety is much more important than if your food is non-GMO, organic, grass fed, free range. The important thing is you're getting these fruits and veggies and whole grains and proteins rather than where they come from, necessarily. They're not any more wholesome or don't contain significantly more nutrients.

And when we think about patients going through treatment, their energy levels may be very low compared to what they were used to. I talked to someone this week and he said, "You know, I'm really a foodie. I used to spend an hour or more a day in the kitchen cooking, but now I just can't. I can't soak my beans any more or buy all my foods fresh and chop and dice." We want people to feel good about using frozen foods, canned foods, foods that are frozen and maybe, be pre-sliced for you for

smoothies, or stir fry or just to use in maybe a sheet meal, where you have your protein and your veggies all on one sheet pan. Some canned foods are actually containing more nutrients than their fresh counterparts.

Elissa: Oh!

Margaret: So, we like for people to realize that foods, no matter if they're frozen, fresh, canned, cooked, they're all very nutritious for you.

Heather: I think that's a really good point, Margaret, that we kind of have this idea of what ideal nutrition might look like. But during cancer treatment, or when you're experiencing side effects from cancer or its treatment, you might need to adjust what your normal is or eat slightly differently to better manage side effects or your budget or your energy levels at that time. And that's absolutely okay to do. You know, as we move through life in general and experience different things, we oftentimes do tweak different things in our diet; and that's an okay and a really helpful thing to do.

Margaret: And just to add, Heather, to what you were saying, cancer nutrition can be different than wellness nutrition. In cancer care, we may not have the energy to be in the kitchen a lot. You may experience neuropathy in your hands and it may not be safe for you to be chopping and slicing and dicing. So, it's okay to buy things that are canned or frozen, pre-sliced for you. And we want people to feel good about those choices.

Elissa: Yeah. I think the biggest thing, really, is that it's easy to do and that they can still get foods in them to nourish their body during the treatment, right?

Margaret: Yes, I like that.

Elissa: So, you mentioned side effects. Next, we have some common things that patients may be told will be good for them or help them improve side effects from the treatments, and those are juice cleanses and detoxes and then, maybe fasting. Are these good for patients to try?

Margaret: Well, I like to talk through detox protocols or juice cleansings with people before I really give them my opinion. Juices are a wonderful food. Some people make their juices at home, and that's a great additive or side dish to a meal or snack. But our body does a great job already of cleansing itself, and so there's really no need for a cleanse or a detox. Our liver does a great job of that already and our kidneys.

Heather: Absolutely, and I think, when it comes to fasting, there are some really intriguing, very small initial studies talking about fasting and that maybe there is a benefit in the side effects that people experience through treatment, although they don't show any changes in outcome overall from cancer or changes in tumor markers or tumor volume.

It's important to remember those studies are still very small and at the beginning stages; and there are a lot of instances as well where those would not be applicable when people are not able to eat a lot of food. If they have malnutrition or a history of eating disorders or certain treatments, and so that's not something that practitioners are practicing in the field. If people were to do that, it would be very important that they are followed very closely by a doctor and dietitian who have a protocol and are well-versed in that; and we're just not to that point yet. Maybe there will be more coming out on fasting through treatment but stay tuned. Maybe another podcast episode someday.

Elissa: Yes. So, now that we've gone through several common myths for cancer nutrition, let's talk a little bit more about what patients can do. Particularly after chemo, patients may have side effects like loss of taste, gastrointestinal issues or nausea. Are there any good tips for general diet that may help reduce those side effects?

Margaret: Well, I think for taste, we get this issue that pops up frequently when Heather and I talk with patients or caregivers. Chemo can hopefully attack the fast-growing cancer cells; but it also can attack fast-growing healthy cells like our hair, skin,

nails, but also in our mouth and in our GI tract. And if your mouth and GI tract aren't regenerating themselves as quickly as they can, that's when people may get dry mouth, tenderness, or taste changes.

So, rinsing your mouth with warm water with a pinch of baking soda and salt before meals helps renew the mouth and cleanses your tastebuds, so hopefully people can taste more accurately. Flavoring your food differently can help. If things are too sweet, you can add lemon juice or some citrus juice. If things taste too bitter, maybe sprinkle on some maple syrup or another kind of jelly-type syrup. So, there are some tricks, that we can share, depending on what kind of side effects and taste changes people have.

Heather: Yeah, taste change is so interesting because everybody experiences it so differently. I would encourage people to connect with a registered dietitian that can kind of help navigate them through that based on what they are experiencing.

When it comes to GI side effects like nausea, diarrhea, constipation, I think the simplest thing to maybe start with is making sure you're really well-hydrated and also eating more frequently throughout the day. Sometimes we hear like five or six small meals; and that always feels really overwhelming to me. Like I have to have five little meals in a day? That sounds like a lot of work. But, even breaking it down to looking at three little meals and two to three snacks in between meals.

Elissa: Yeah.

Heather: That premise of never overfilling your stomach, but never letting it get empty either. Just those little bits throughout the day or grazing as you're able those two things can really go a long way.

Elissa: That is good advice.

Now, what about food safety for immunocompromised patients? When I was doing chemo for leukemia, I was told to follow the neutropenic diet. But it seems that that is

not as common any longer. They're moving away from that. So, what tips could you provide to patients to make sure they aren't putting themselves at risk for infection or illness with their diet?

Margaret: Well, the neutropenic diet over the last years has not been shown to reduce the risk of foodborne illness in patients on their cancer journey. What does seem to help is following a set of food safety guidelines that had been tested and shown to really reduce the exposure to foods and beverages that are known to be at high risk for foodborne illness. So, eliminating sprouts in sushi, undercooked meat, poultry, eggs is very helpful. Food handling, in general. Dating your food and throwing it out after two, three days has been shown to be helpful. Heather, what tips do you share with your patients?

Heather: Yeah, I know a hot topic is always fresh produce and recommendations really encourage that people can consume fresh produce. As long as it is washed well with running water, you don't need to use a special rinse or spray that you might find at the grocery store. Scrubbing the produce with clean hands or a clean cloth is the most important part. We encourage people, even those things that come from the grocery store that are prewashed like salad mixes or baby carrots or precut vegetables, to wash those again at home. But we know that those can be really beneficial for people to consume if they enjoy those foods through treatment.

Elissa: What about things like blackberries and raspberries that have all those little nooks and crannies that make it a little bit harder to wash?

Heather: Yeah. I think soaking them in some water can be really helpful first and then rinsing them off. There's no evidence that they cannot be consumed. Sprouts I think is the one produce, like alfalfa sprouts, broccoli sprouts, those types of sprouts that you might put on a salad or sandwich is really the one piece of produce to avoid.

Elissa: Okay. So, this has been a really great discussion about nutrition after a cancer diagnosis and really busting a lot of the myths that patients hear about all the

time. So, now, let's talk about what they can do to get more individualized advice. You both work in the LLS Nutrition Education Services Center and provide free 30-minute nutrition consults. Could you tell us who is eligible to get a consult?

Margaret: Yes, Elissa. Anyone with a cancer diagnosis or their caregiver can have a nutrition telephone consultation with us. So, it's beyond blood cancer, but does include blood cancer, but it's also cancers with hard tumors like lung, colon, breast, etc. And we speak with both the patient and their caregiver who might be preparing or shopping for the patient.

Elissa: That's great. So, what typically happens during a 30-minute consult? Can you walk us through that?

Heather: Yeah, so we might have a little bit of information from the start when they schedule online or from our schedulers regarding their diagnosis or treatment and their concerns. We usually start with a brief interview, getting an idea of where they are at with nutrition currently, maybe walk through what a typical day of eating looks like for them, and getting a good idea of what their diet concerns are.

We then provide education on those, whether it's navigating through different side effects that they're experiencing with treatment, if they're trying to lose weight after cancer treatment, or optimizing their diet before a bone marrow transplant. We can provide some tips and information and resources to help with that, and make any recommendations for long-term care follow-up, whether they might need to help them connect with a dietitian that can help to provide them continuing ongoing follow-up or other resources in their community.

Margaret: Also we send an email with just a brief summary of our consultation, and we have some beautiful nutrition booklets and different topic brochures that we can share with them by mail too from LLS. So, I think we try to reinforce their learning and how they like to learn. Some people like to read, some people like to hear and

listen, and a lot of us need two or three of those techniques for learning to get the message.

Elissa: Yes, definitely. Well, I think that sounds like a great follow-up, sending them a lot of resources. This is all amazing. So, if a patient or caregiver listening right now would like to have a consult, how do they sign up?

Heather: I think the easiest is our website, that is, LLSNutrition.org or our phone number is 877-467-1936.

Elissa: Great. For patients and caregivers listening, be sure to check out the show notes because that link will be in the show notes for you to make it easy.

So, our final question today, on our patient podcast home page, we have a quote that says, "After diagnosis comes hope." Where nutrition is concerned, what would you say to give hope to patients and their loved ones following a cancer diagnosis?

Margaret: Well, I like to share with people that eating and food is a wonderful foundation to help you through your treatment and survivorship. It's something that you can do for yourself or your family, your care caregiver can help you do. And the focus is on adding back foods in a variety to give you more benefit.

Heather: Looking big picture every little change adds up; and especially through treatment it might be little steps at a time, but those are all really important and are really helpful. And I also think it's really hopeful that nutrition is being integrated more into cancer care. Having resources like LLS and some cancer centers have dietitians, and they are accessible, which is really wonderful and helpful.

Elissa: Absolutely. Well, thank you so much, Margaret and Heather, for joining us today and talking all about cancer nutrition, but really also dispelling some of these myths that cancer patients can sometimes be overwhelmed with from so many different places, whether they're seeing it online or hearing it from family or friends or just a random person. And it's hard to know what is true and what might not be quite



so true. And so, thank you so much for talking all about these and then telling us about these consults.

As I said, we will have information in the show notes for our patients and caregivers listening of any kind of cancer that would like to sign up. And so, again, thank you both so very much.

Heather: Yes, thank you, Elissa.

Margaret: Thanks, so much, Elissa. It's been very wonderful to meet with you today and get our message out to a lot of people.

Elissa: Thank you.

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.

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In addition to the Lounge, we could use your feedback 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. 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 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. For nutrition resources and to sign up for a free consult, please visit LLSNutrition.org. These links and more will be found in the show notes or at TheBloodline.org.

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