

The Bloodline with Blood Cancer United Podcast

A Podcast for Patients and Caregivers

Episode: ‘Nutrition Made Simple: Helping Kids Thrive During Cancer Treatment’

Description:

Nutrition plays a powerful role in supporting children through cancer treatment, but it’s not always easy for caregivers to know what’s best, especially when there are taste changes, appetite shifts, and treatment side effects.

In this episode, we sit down with Michell Fullmer, a registered dietitian at Nemours Children’s Hospital, to share practical insights that simplify nutrition during cancer care, reduce mealtime stress, and empower caregivers to make choices that help their child feel better every day. Join us for myth-busting, actionable tips, and reassurance from an expert who has guided countless families through this important part of care.

Transcript:

Elissa: Welcome to *The Bloodline with Blood Cancer United*. I’m Elissa.

Holly: And I’m Holly. Thank you so much for joining us on this episode.

Elissa: Today, we are speaking to Michell Fullmer, a registered dietitian at Nemours Children’s Hospital in Wilmington, Delaware. She has over 35 years of experience in the science of nutrition and more than 15 years dedicated to pediatric oncology. Michell has not only cared for countless families, but also contributed to the field through published research, including groundbreaking work on vitamin D and childhood cancer. She is a firm believer that nutrition is a cornerstone of cancer

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treatment, and she finds deep joy in helping children and their families thrive through personal evidence-based nutritional support. Welcome, Michell.

Michell Fullmer, RDN, LDN, CSP, CNSC: Thank you for having me.

Elissa: So, our episode today is on nutrition for pediatric cancer patients. Could you tell us why nutrition is so important for children after a cancer diagnosis?

Michell: It is the cornerstone in the foundation for, not only what happens during chemotherapy and active treatment, but also survivorship. So, if we think of this in a two-fold manner, during the cancer treatment itself, having adequate nutritional status – and that just doesn't always mean not gaining weight appropriately, but it also includes micronutrients, things like, magnesium, potassium, vitamin D, vitamin A, all of those nutrients – really helps you tolerate cancer treatments much better. Definitely, I've seen in my practice patients who, have lost weight or are struggling with some of their micronutrients. Like vitamin D actually has a direct correlation to adequate levels improving mucositis through chemotherapy.

Elissa: Oh!

Michell: So, it can be a very supportive measure. We think about, not just giving chemotherapy in cancer therapies, but how to support people through that so they do well. Those who have an adequate nutritional status have actually been shown to have less hospitalizations and decreased infection rates, as well.

Now, when we flip over to being done with cancer treatment and into the survivorship mode, many of the long-term late effects sequelae of cancer treatment, like cardiovascular disease, bone health, have, really ties in nutrition being the keys to turning those things around. So, nutrition is, just those building blocks underlyingly the foundation that helps support patients through their cancer treatments.

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Holly: Now, we all know that healthy eating is so very important, so here's a question for you. How do parents deal with picky eaters who may just want fast food or junk food instead of healthier options like fruits and vegetables?

Michell: That's an amazing question. A, would definitely depend on the treatment that the patient's undergoing, right, because we have some therapies that can cause excessive weight gain; and we have those patients who are struggling with maintaining their weight and maintaining their nutritional status.

For the most part, I would say you would deal with it a lot in the same way as you would for a patient without cancer, as well. So, making sure that there are some of the backbones of things like family meals. You know, are we eating together, which, really gets to be a struggle when you are going back and forth to clinic and your patient's hospitalized and you're in the room and the child is in the bed and you're sitting with the bedside table. But, bringing back some of those important things. Kids need to see you eat those fruits and vegetables that you want them to eat before they are even going to attempt it. So, Stage 1 is, being able to spend some time together, which is incredibly important in a busy cancer treatment time.

The other way I always say to tackle picky eating is, we talk about how great the ice cream is and how wonderful the chocolate chip cookies are. Can we talk about how good the broccoli tastes because it actually does taste good? But maybe if we spent a little bit more time at the table between mom and dad or mom and sister and not at the child and engage the curiosity. "Oh, this broccoli tastes really good. How did you cook that today? Oh, that was better than it was last week" or "I like these," and just really talking them up. You know, engage some curiosity in there.

Making sure that there's always a fruit or vegetable on that plate. You don't have to waste a half a pound of broccoli on a child's plate. A floret or two is just fine. And,

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when you see them go to grab it, you might want to remark and be like, “Oh, I like that. Did you like that too?” And if they say, “No, I didn’t like it,” well, then you could also remind them that it can often take several times for you to taste something for you to actually like it. “So, it’s great that you gave it a try this time. Be wonderful if you were able to give it a taste again sometime in the future.”

And in terms of fast food, we definitely worry in our institution that foodborne illness is a place where you can control where you get sick from. And we definitely add a layer of caution when it comes to fast food. So, we worry that our kids could, a little bit more easily, become ill. You know that little GI (gastrointestinal) bug that we might get could turn into a full-blown illness for those kids.

Other alternatives might be instead of driving through fast food, maybe driving through the market and picking up a rotisserie chicken and some extra sides along the way. If you really think about it, just a good old-fashioned peanut butter and jelly on whole wheat bread has got a ton more nutrition than some of our fast-food Happy Meals®. And what’s so wrong with pizza with a veggie on it? Another great alternative which we have to give because these families are living little bit chaotic lives that they weren’t ready for. So, they’re some of the suggestions that I often offer my families.

Elissa: So on that flipside, what about the children who were adventurous eaters prior to cancer? But as taste may change during treatment, they may only want to stick with very particular foods, such as they only want salty foods or just mac and cheese every day or chicken nuggets. Is there anything to do to help them increase the types of foods and diversity of foods that they eat?

Michell: That definitely gets to be a tough one, right, because if we think about that (A) you encourage them to continue their adventurous eating between their chemotherapy treatments, (B) we have to think about them as a person and how we

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might feel if we just, had a GI bug, right? Even though we might eat brussels sprouts all day long beforehand, that's probably not going to be the food we're going to go for.

Elissa: Yeah.

Michell: So, getting them through that acute period, which is usually only somewhere upwards of like three to seven days while we're in active chemotherapy and encouraging them to make up for their previous intake and increasing their fruits and vegetables during those times. I think, last week I made one of my patients some spaghetti squash. So, that was a little bit of a mixture of something that, may be a little bit more tolerated, during chemotherapy and/or sticking some like well-cooked broccoli in with that mac and cheese in tinier pieces, might be some other tactics.

But it can be tough. I feel like when it comes to nutrition and pediatric cancer, we can't necessarily always have some hard lines.

Elissa: Right.

Michell: We really need to give ourselves and the families some grace and think about what's going on, how we can best support them, how can you maybe inch it just a little bit, get a little bit extra nutrition in it is a huge success. It doesn't have to be, eating salads while you're going through chemo kind of thing. I think that's an important thing to think about and consider.

Elissa: But there's also the thing too is that you just really want them to eat, right, at the end of the day.

Michell: Yeah, absolutely.

Elissa: So trying to find those foods that they will eat, so at least they have some bit of nutrition and food and they're nourishing their bodies.

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Michell: And there's a time and place for everything, right? And sometimes during those times, maybe their bodies just need calories, right, and some protein. Their bodies are struggling to survive and that's okay. Sometimes when they're really struggling and even the adventurous eater or the not adventurous eater, always try to think of what food is working now and how can I make that a little bit more nutritious or palatable.

Elissa: Oh, yeah.

Michell: I'm not going to say the brand name; but my kids love a very spicy chip. There's one in particular that, we've crushed that particular chip over, a casserole to give it that spicy flavor or some veggies or in some breading for some chicken tenders that way. You know, just thinking of different ways to add things in.

Holly: So, maybe even if a child is having an aversion to veggies and they've liked them before, doing simple things, especially when you're cooking at home, like possibly blending in the veggies makes it a little more palatable too.

Michell: Yeah, I would just to suggest, if anyone does that, that their child actually still knows that that's the veggie that's in there because if we hide them too much, too frequently, when we get old enough to make those choices, we're not necessarily making those choices. So, I do think there is some benefit in adding fruits and things like that in smoothies is helpful. But I do think it's still important to know you're not necessarily being deceptive and hiding it. You are transparent with it because those things give good nutrients to your body during that time.

Elissa: Yeah.

Michell: And I think the most important, we talk about growing kids, right? But we're also growing their relationship with food.

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Elissa: Yes.

Michell: And we can't forget that, and we can't be deceptive along with that. And, the relationship with food should always be joyful. Unfortunately, that is one of the toughest struggles I feel like with childhood cancer that continues past into the survivorship period. Then we try really hard, right, but sometimes our best efforts don't always come to fruition. But maintaining that joy and that relationship with food is hard but extremely, extremely important for lifelong health.

Holly: So, speaking of growing kids, parents often follow healthy weight guidelines for their children while they are growing. With potential treatment effects like chemo causing weight loss or steroids causing weight gain, how do parents know if their child is eating the appropriate amount of food?

Michell: They can definitely reference places like [healthyweight.gov](https://www.healthyyweight.gov). You do want to remember, one of the things that sometimes our families can be so hyper-focused on is the amount that that kid is eating, whether or not it's for weight gain or weight loss. The one key that we have to remember is that children fluctuate every day. So, we fluctuate every day, right? Some days we don't eat so much; and then we have really hungry days other days.

So, to fit it into a box every day is really, really difficult. The two pieces of guidance that I feel like are the most important is trying to get, at least half the plate or close to half the plate of a fruit or veggie, right? And really think about if you're a kid that's under ten or eight years old, maybe think about using one of the smaller plates, you know, one of the salad or dessert plates because that's going to fit more of what their portion size should be.

And if it's a child of younger age, even if they're struggling with eating, that smaller size makes it feel more attainable; and they're actually able to eat those things. And

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also on the other end, if you're a child who's struggling with too much weight gain, that may help to portion it out and, have that plate done before we're moving onto the next.

But, having at least half of that plate as a fruit or vegetable, and I say or because this is probably one of the things that families will often express to me. "Well, but Junior only eats fruits. That's it. He doesn't eat any vegetables," and you know you'll get the mom who gets really upset about this. And my remark to that is usually that they actually have a lot of the same nutrients. They're just, one is savory; one is sweet. Some of us are savory people, and some of us are sweet people. And, if Junior wants half his plate in fruits, I love that. That's still a lot of nutrients packed on that plate. That's okay. But if Sally wants half of her plate in veggies, that's okay too.

Elissa: So, let's get more into the foods, what to have, what to avoid, how to have a balanced meal. But first, are there any foods to avoid during cancer treatment?

Michell: There are. The foods that we worry about most is the foods that we can control getting sick from while we're in an immune compromised state. They're the ones I worry about the most. So, safe food handling is of utmost importance in pediatric cancer. I often will relate that to a pregnancy kind of diet, as well. So, all the things that we would worry about a baby being in mom's womb, we would also worry about those immune-compromised patients as well.

So, you want to make sure milk, cheeses, yogurts are all pasteurized. You want to make sure that, if it's luncheon meats, that they're heated or prepackaged. You want to make sure that things like buffets or salad bars where other people's hands can be in are also sometimes a little bit worrisome, as well, in terms of foodborne illness. They are some of the biggest topics that we worry about.

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Elissa: Should parents also be keeping an eye on FDA Food & Drug Administration) food recalls-

Michell: Oh, yes. Yes, Elissa, that's a great point.

Elissa: -when we're looking at like *Listeria*, *E. coli* outbreaks?

Michell: Absolutely, which happens frequently. And, unfortunately, it tends to happen with our fresh fruits or vegetables. Fresh fruits and vegetables are great. So, you want to make sure that they're washed. And it doesn't require a special rinse, if that makes you feel better. That's great. That's fine. There's nothing wrong with that. But a good cold-water rinse is perfect.

If it's blueberries, get your fingers all in there and, swipe them around and make sure that they're all getting washed. When you're out at, restaurants, you really do want to have a little layer of caution. Many restaurants use a prewashed or don't wash the fruits and vegetables, just because it degrades them. It's just the common restaurant practice. And so, you may want to ask or avoid those things when you're out in those situations.

Elissa: Okay, so one thing I was also told when I was in cancer treatment, they had cautioned me about berries that had the little nooks and crannies in there that you had to watch for. And so it's really just, with those kinds of things, just washing them super well. Is that adequate?

Michell: It is, Elissa. I'm so glad you asked this question because this is an area in which I'm watching evolve. So, many, many years ago, we used to restrict any of our cancer patients to what we call a neutropenic diet. So, no fresh fruits or vegetables unless you could peel them, like an orange or banana were the only fruits or vegetables you were allowed to have.

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However, science has actually looked at being able to provide fresh fruits or vegetables but just that they're well-washed compared to that neutropenic diet where you couldn't have any of those fruits or vegetables except those that were peeled.

And you're not going to believe it. The ones that were well-washed fruits and vegetables, actually those kids had less infections.

Elissa: Wow.

Michell: Yes. That's the power of actually eating fruits or vegetables against infection risk.

Elissa: Absolutely. Yeah, fruits and vegetables are very important.

Michell: For the win.

Elissa: So, on the other side of that, what about treats? I know one frequent thing that many cancer patients and their parents have heard is that sugar feeds the cancer. Are sugary snacks okay to eat in moderation or should they be avoided?

Michell: So, I think one of the reasons that the myth of sugar feeding the cancer is their relationship to PET (Positron Emission Tomography) scans; and that we put people on a low carb diet beforehand because the cancer cells light up a little bit more or if there are carbohydrates or sugar in the diet.

Now, the thing to think about is, yes, do cancer cells use sugar for energy? Absolutely. But guess what, the whole rest of our body does too. So, sugar starts out as a carbohydrate, whether or not it's a complex carbohydrate like pasta or baked potato or cereal; and then it gets converted to a simple carbohydrate like your candies, cakes, etc. If we restrict carbohydrates, it doesn't mean that the cancer cell does use it for energy. But if you restrict it with a malnourished child, there is only one evidence-

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based protocol in which, limiting sugar has decreased the growth of those cancer cells; and that's in some of our brain tumors. And that's been found effective in those cases.

I can tell you personally, I have had a handful of patients over my tenure of kids with leukemias who wanted to try a, low carb or ketogenic diet that was not ever successful in decreasing the rate of advancement of cancer.

So, I said that to say, on the other hand, do we give a lot of candy to every child? No, not necessarily. But let's reframe it. Like, it's not necessarily a treat. What if, a small amount of whatever the sugar or the sweet was actually on the plate at dinner? Right, maybe think of it as being, not this wonderfully desirable thing that we can't have often because we know what happens to that, right?

One of my daughter's favorite stories was *Beauty and the Beast*. And if you can remember, she wasn't allowed to go to the West Wing, right?

Elissa: Yes.

Michell: But what happened when you tell her she can't do something? She wanted to go to the West Wing so bad. So, maybe try to normalize it. It's not necessarily a treat. We have some foods that give our bodies nutrients; and there's other food that our bodies need to grow and growing is really important, and being well is really important. But there are other foods that are sometimes just for fun; and it's okay to have a little bit of each of those.

Elissa: So, it makes me think of things that parents would put a lot of times in a lunchbox, so they would have a lot of little balanced meals. But then a little treat at the end, a little piece of candy, a little brownie. You know, whatever at the end and so just kind of a well-balanced full meal like that.

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Michell: Yep. And, once the plate is done, yeah, you can have an extra serving, if that's what you want. But the plate needs to be done then. You know, we move on. We're balanced. All the things our bodies and our mouths and our minds need.

Holly: So, let's spend a minute talking about balanced nutrition. To start, let's discuss proteins, fats, and carbohydrates. Could you tell us what those are and why each is so important for good nutrition?

Michell: Okay. So, proteins, definitely important during cancer therapy. One of the things that we have seen over the years is that children and even adults are developing something called sarcopenia, which sort of happens during cancer treatment, because of a multitude of factors. Steroids usually are one of the culprits but also inactivity.

And what the sarcopenia is, is that there's less muscle mass and more fat mass. So, having a little bit extra protein helps. But you also need that protein in addition to some activity to be able to help maintain some of that muscle mass. And your proteins can be found in meat, chicken, fish, eggs; but you can also find them in places like beans and peanut butter and nuts are also great sources, and they don't always have to all come from animal protein sources. And tofu, which gets a bad rap. If you flavor it accordingly, one of the things I love to change my patients' minds about is to cook a little tofu. Cover it in a little bit of corn starch with a little olive oil in the pan. Make it nice and crispy. Put some buffalo sauce or teriyaki sauce over that and, you have a wonderful little treat. So, those are the some of the really good sources of protein.

In terms of carbohydrates, carbohydrates are giving our bodies energy to make it through chemotherapy. Our energy needs are a little bit higher when you're going through cancer therapy. The important part, and here's where we go another half, is, trying to make half of those carbohydrate or grains whole grains as much as you can –

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whether or not it's a whole grain pasta, a slice of whole grain bread, or getting your carbohydrates from beans. Another carbohydrate would be a potato. Eating the skin with the potato is where we can get some more fiber and some more nutrients in there as well. If you're making French fries at home, just keep that skin on there. That'll be one way to say you got something good from those fries today.

So, fats are going to give our bodies energy. But during cancer therapy, they can also help if they're some of the choices of fats that have some omega-3s. They can give your body some anti-inflammatory effects. The omega-3 containing fats are avocado oil, olive oil, and some of the grapeseed oil.

Now, why is anti-inflammatory effects important? Well, because, think about it, cancer itself is a whole inflammatory process. So, your body is in this flight or fight. So, if we can get something to calm it down a little bit, they would be excellent choices.

Holly: So, let's imagine a plate in front of us, and we have our protein, our fats, and our carbs. What are the recommendations for the percentages of each that are going to go on our plate?

Michell: I think it's probably easier to think about it in terms of food groups versus food percentages because then that helps us think about the nutrients in there and not just the micronutrients and not just the macros – the protein, carbs, and fat.

Usually, I will guide my families. A really great place to know how much protein you should have is on your palm. We all are different sizes, right? Our palms come as different sizes. So, if you can think, about an inch thickness and your palm size, that's going to give you your palm serving size. Does that make sense?

Elissa: Okay. It does.

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Michell: And half fruit or vegetables. And, for the younger child, the grains/starch portion's going to be somewhere around, a quarter to a third of a cup. And the adolescent's going to be, depending on whether or not it's a boy or a girl, a half to three-quarters of a cup.

Holly: And should it be a priority for parents to make sure organic foods are on the plate, especially when you're talking about things like access and affordability, as well?

Michell: Well, organic items are changing almost every couple of years in terms of what our guidelines are and the certification. The USDA's getting a little tighter with that. I do have to say, in terms of organics for my families when I talk to them around it, during active chemotherapy treatment, nonorganic foods are usually fertilized, with chemicals. But, depending on whether or not you know where the organic farming process is coming from, oftentimes many organic farmers will use things like manure or compost. So, those items can actually have more bacteriad. I'm not quoting science right now, and I'm going to fully disclose that. And I do think it depends on the farm itself. But I do think that there's a level of caution because, Elissa, you've mentioned those berries and the nooks and crannies, right? So, what happens when that berry falls into, a composted or manure base and you might have some E. coli or salmonella in there. So, I do exercise a little bit of caution in recommending, especially like the dirty dozen organic wise, the ones that are going to be more apt to cling onto some of that dirt or some of that bacteria.

They're starting to have some emerging evidence as to organics being helpful possibly in limiting cancer production, but I don't know that science is completely out there to tell us this is a slam dunk, that you eat organics and you won't get cancer.

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I would love that families spend less time thinking about that; and I would love if they spent more time thinking about, maybe trying some less processed foods, some stuff that's not in the box. That, I feel like is where our nutrient-dense items are. An organic box of something that has like 50 things on the label, to me is probably not worth the energy. But maybe get a cracker that only has salt, wheat, and a little bit of oil; and that might be more optimal, and that's not labeled organic.

Elissa: It makes me think of the advice I took years and years ago where they said shop on the outside of the grocery store.

Michell: Yep.

Elissa: So shop along the perimeter where you'll find those whole foods. And then, go into the aisles where you need to get sauces, to get other things. But I think about that all the time, to try to shop on the perimeter of the store.

Michell: Yep. And you know, organics is definitely a personal choice, right? But, parents and families and guardians going through cancer therapy with a child already have enough burden on their plates. So, that is not something that I tell them that they absolutely have to engage in; and I don't know that there's a lot of the science to support me even if I said it.

Elissa: Yeah, yeah.

So, now, I'm sure patients listening have seen that side effects of treatment may affect nutrition, so such as mouth sores, food tasting like metal, no appetite, or constipation or diarrhea. Do you have tips for parents on dealing with side effects? Might there be foods to help the children feel better or maybe just easier to eat foods?

Michell: So, it's interesting what I've learned. And I have definitely learned to let the kids guide me over the years. Obviously when someone has mucositis, we, say, "Well,

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maybe, mashed potatoes with soft foods.” I asked one of my patients this morning for a tip to give you, and she said she loved cold foods when she had mucositis. I find some patients don’t. Sometimes that’s, too aggressive for their mouths. And, I know this is probably not the answer that everyone wants, but I want to give you a story because it’ll explain.

My families would say, “Well, what should I feed them?” And I thought I could tell them everything. And then, one day one of my patients who had significant mucositis after stem cell transplant. I mean just flaming mucositis, and he was a three-year-old little guy, right?

Elissa: Oh!

Michell: And next thing I know, I see him housing buffalo wings. Hot, spicy buffalo wings.

Elissa: Okay.

Michell: And then, well then I walked in over in my head; and I realized, hmm, he’s smarter than me because, some places are using actual hot pepper, which is capsaicin, which, after a few minutes, is a natural pain reliever. Duh! So, I try to give them guidance. We advocate for mouthcare, first of all. Mouthcare is one of the very few evidence-based practices that can actually decrease mucositis. And I’ll just tell my patients and families, “You’ve just got to really get in there. Make sure you’re getting all of the exposed parts. That’s going to be the most important.” And if we can get that pain under control, they can usually get to eating. And smoothies or milkshakes, sometimes are a little bit more tolerable. And just making sure your nutrition, is optimal before you get into that, medication that is going to cause mucositis because I find well-nourished patients tend not to fall apart quite as much.

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In terms of no appetite, you know, trying to eat meals frequently or the metal taste. Trying to maybe use plastic utensils. But kids are so much different than adults, I do have to say, in their taste because I've learned that things like for the odd taste in their mouth, adding a spicy item, adding vinegar-based items, adding teriyaki sauce. Anything that can completely overtake the taste that's already in their mouth. Like some kind of pop of power. Those are the things that I personally have found in my practice to help when that taste is just not happening.

Constipation's always a tough one. So, knowing you're going into say that treatment with vincristine, making sure that you stoolled a couple times before that; and if they'll take it, and teenagers actually might. I'll, encourage some prune juice along the way. Maybe getting some extra fiber in by using some wheat bran by putting that in some pancakes or some mini muffins or their scrambled eggs in the morning can sometimes be helpful. That or flax seed has double benefit. The flax seeds got a little bit extra omega-3s and the fiber. So, love to incorporate that wherever I can. And making sure they're drinking enough. Because you get a lot of fiber in there, and if you don't have fluid to push it through, you could get even a little bit more constipated.

The diarrhea, my patients and families will laugh at me and my providers. I have a diarrhea list. Like these are the foods we're sticking to when we have diarrhea; and that's, making sure juices are not full strength, that they're diluted. Even though we're talking about kids, making sure that you use decaf instead of caffeinated products, and that goes for sodas too. You know, stick with cereals with maybe a milk that doesn't have lactose in it or a soy milk or something like that and crackers and plain chicken, etc. are some of the best tips that I've been able to give along the way.

Elissa: Okay.

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Holly: What's some advice that you can tell our parents listening today who may be feeling the societal pressure to have their child eat perfectly on top of the emotional impact of their child having cancer?

Michell: My heart breaks for them. We watch them struggle every day; and best advice I can give them is to remember that no one is perfect. That all of this is so hard and to give yourself as much grace as possible. The only things that are perfect are those Instagram® images; and we all know they are not perfect. They're far from perfect.

Parenting at baseline is hard, right? It's a struggle every day with trying to juggle work and family and just trying to find some balance. Being a parent of a child with cancer is unlike what anyone can ever feel or understand. So, please, please, please don't give into those pressures. Be with your child. That's the best thing you can do.

Being with your child and being present at mealtimes is the best advice I can give – even if it's not the most perfect meal, even if it doesn't have half of that plate is fruit or vegetable because you've been in the hospital for the last five days, and the green beans that you were going to cook went bad, and it is that can of whatever you had to open. Just sit there with your child and enjoy them, enjoy the meal.

Elissa: So, our final question today, on our patient podcast home page, we have a quote that says, "After diagnosis comes hope." With regards to nutrition and the importance of nourishing your body, what would you say to families to give them hope after a diagnosis of cancer?

Michell: Lead with your heart. Love the food with your heart; and oftentimes the cancer journey will lead to ups and downs in terms of nutrition. And go with those ebbs and flows. Insert things as you're able to in terms of nutrition, but please don't get too

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hung up and that's your whole world because you'll have a whole child to love and grow.

Elissa: That is wonderful advice. And thank you so much, Michell, for joining us today and talking all about nutrition. It's great to get this information to pediatric cancer families. It's so important.

I do want to point out to our listeners that we do have free consultations with our registered dietitians at the Nutrition Education Services Center, and you can also talk to your registered dietitians at your local children's hospital, as well. And also, a very special thank you to Nemours Children's Health for their support of this episode. But, again, thank you so, so very much, Michell, for joining us today. We really appreciate you.

Michell: Thank you. I really enjoyed this. Thank you.

Elissa: And thank you to everyone listening today. *The Bloodline with Blood Cancer United* is one part of our mission to improve the quality of lives of patients and their families.

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TheBloodline@bloodcancerunited.org. We hope this podcast helped you today. Stay tuned for more information on the resources that Blood Cancer United 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? Blood Cancer United 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 BloodCancerUnited.org/PatientSupport. You can get more information on nutrition, as well as sign up for free consultations with a registered dietitian, at BloodCancerUnitedNutrition.org. These links and more will be found in the show notes or at the 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.