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Up to 40% of cancer patients die from complications of malnutrition, not from the disease itself

Dr. Keith Block & Dr. David Katz offer advice to fight malnutrition

EVANSTON, IL - According to the National Cancer Institute, *an astounding 20% to 40% of cancer patients die from causes related to malnutrition, not from the cancer itself*, and 80% of cancer patients develop some form of clinical malnutrition. Unfortunately, conventional medical advice suggesting a patient eat whatever they want, can actually feed the patient's cancer, promote their malnutrition, and contribute to the patient's inability to tolerate treatment. In addition, if the malnutrition is not addressed, it can lead to a condition called "cachexia," defined as a wasting syndrome that results in compromised immunity, weakness, and a loss of weight, fat, and muscle.

"The current scientific consensus is that cancer cachexia results primarily from an underlying metabolic imbalance induced by the cancer, causing the body's metabolism to speed up," explained Keith I. Block, MD, Medical/ Scientific Director of the Block Center for Integrative Cancer Treatment in Evanston, Illinois. "The malignancy generates the production of low-grade inflammatory molecules that breakdown lean muscle, and can disrupt immune functioning. The heavy consumption of fats, refined flours and sugars found in the traditional American diet can increase this inflammation, contributing to a lack of appetite, more debilitating weight loss, and actually promote the very disease the patient is trying to fight."

It isn't just severe malnutrition that will impact a cancer patient's health. Even relatively small degrees of under-nutrition are associated with a marked increased risk of hospital admissions and death¹. According to David Katz, MD, director and co-founder of the Yale Prevention Research Center and nationally renowned authority on nutrition, weight control, and the prevention of chronic disease, "Cancer may kill, in part, by causing starvation and conventional therapies may actually exacerbate this aspect of the disease. While these treatments can effectively attack the cancer, they also take a toll on the patient. There is thus a need to combine effective assaults on cancer, with effective nurturing, and nourishing, of the body. Optimizing nutrition during and following cancer therapy is unquestionably a vital element in overcoming the disease, and reclaiming good health."

So what kind of a diet can fight malnutrition and help a cancer patient combat their disease? Drs. Block and Katz offer the following suggestions:

- Include cancer and inflammation-fighting phytochemicals (found in abundance in many fruits and vegetables)
- Omega 3 fats, monounsaturated fats such as olive oil, complex carbohydrates and healthy sources of proteins
- Eat energy dense/nutrient dense foods such as avocado; nut butters; and soy
- Avoid "bad" dietary fats such as saturated fats found in milk, cheese, butter, red meat, pork, coconut, and poultry
- Eliminate unnatural fats, called trans fat, found abundantly in margarine, hydrogenated oils, as well as many baked goods and convenience foods

- Reduce or eliminate simple carbohydrates such as sugar, honey, high fructose corn syrup, concentrated sweeteners, sugary beverages, cookies, cakes, pastries, white bread, crackers and white-flour baked goods. These are high-glycemic foods that cause a sudden rise in blood sugar and ultimately increase inflammation.

The side effects commonly associated with cancer treatment also make it more difficult to maintain a well-balanced diet. Side effects often include a marked decrease in appetite, nausea, and a strong aversion to food – even foods once very much enjoyed. To help patients increase their intake of healthy, nutritious food, Drs. Block and Katz suggest shifting eating patterns to coincide with appetite. For example, eat the biggest meal of the day in the morning, if that's what you are most inclined to do. With your physician's approval, introduce light exercise, and, if possible, eat with family members and friends. Let them know that you're having difficulty with your appetite and ask for their support.

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¹Grant, J.P. Proper use and recognized role of TPN in the cancer patient. Nutrition 6(4): Suppl, 6S-7S, 10S, Jul/Aug 1990.