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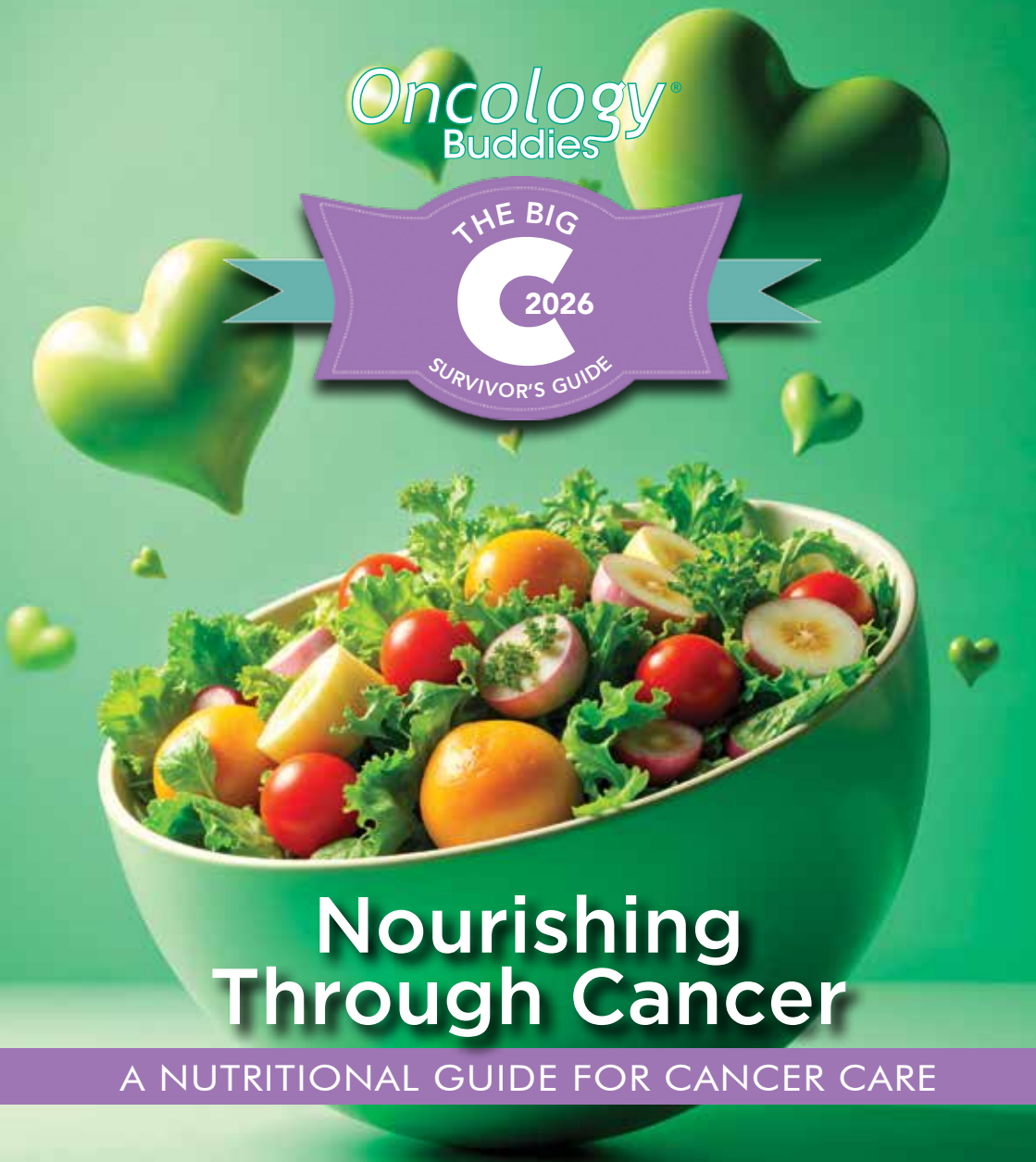

Nourishing Through Cancer

A NUTRITIONAL GUIDE FOR CANCER CARE

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Write to the hearts of our markets

Nineth edition, December 2025
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Mission
Oncology Buddies informs and inspires all those who have, or are affected by cancer. We are committed to working with all stakeholders to find solutions aimed at improving the quality, lifestyle, satisfaction, enjoyment, and activities of people affected by cancer.

Oncology Buddies is supported by the Cancer Association of South Africa.

WELCOME

If you are holding this guide, it likely means you or someone you love is walking through a cancer journey. Before anything else, I want to say this: you're not alone here.

This guide was created to sit beside you, not to overwhelm you with rules or pressure, but to gently offer guidance, comfort, and clarity especially around an area that can quickly feel confusing during treatment: food and strength.

Cancer changes so much: your routines, energy, sometimes even your relationship with food and your own body. Many people tell me, "I don't even know what I should be eating anymore," or, "Everything tastes different, and I feel guilty when I can't eat properly." If that sounds familiar, exhale. You are not doing it wrong. You're a person going through something big and your body deserves kindness, not perfection.

WHY THIS GUIDE EXISTS

This isn't a strict diet plan or a list of good and bad foods. Instead, this guide will help you focus on small actions that support healing. Small adjustments can make a big difference in energy, weight stability, treatment tolerance, and overall well-being.

HOW TO USE THIS GUIDE

There is *no-start-at-page-one-and finish-everything* expectation here. Think of it as a companion you can flip through depending on how you feel that day. Some pages may speak to you immediately, others may be useful later. Take what you need, when you need it.

You might find it helpful to keep a pen nearby to jot down meals that worked for you, questions for your healthcare team, or simply a note to remind yourself of how far you've already come.

Meagan Atcheson
Registered Dietitian

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CO-CREATORS

Meagan Atcheson is a clinical dietitian, specialising in oncology nutrition and complex clinical care. She focuses on quality of life, managing treatment-related symptoms, and empowering patients through every phase of cancer care with structured yet gentle nutrition guidance.

Mikyla Heins is a registered dietitian currently completing her Master's degree in Paediatric Oncology. Her focus is on improving nutritional outcomes for children undergoing treatment, with a commitment to evidence-based, compassionate care.

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Robyn van der Westhuizen is a clinical dietitian who works at Life New Kensington Rehabilitation Clinic and Life Bedford Gardens Hospital, and runs NutraConnect, her own private practice that supports patients at home, including those needing palliative care during cancer treatment.

Casey Forman is a registered counselling psychologist with a special interest in oncology support, rare diseases, and palliative care. Her work focuses on empowering individuals and families through compassionate, evidence-based psychological care across the illness journey.

Sindi-marie Hall is a registered dietitian with a passion for imparting positive transformations through the realm of nutrition. She is committed to fostering well-being among those grappling with chronic or life-changing conditions, such as cancer, and the elderly.

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I'VE GOT CANCER - what should I eat

FOOD AS SUPPORT, NOT A BATTLE

During cancer treatment, eating can start to feel complicated. Your body may respond differently to food. Some days you may feel hungry, other days the thought of eating can feel heavy or even uncomfortable.

If no one has said this to you yet, let me do so clearly: you don't have to eat perfectly to support your body. You only need to eat enough to keep your strength up. Right now, food isn't about strict health rules; it's about nourishment, comfort, and helping your body do the healing work it's already trying so hard to do.

Many people tell me they feel guilty when they can only manage toast or a cracker. But here's the truth: every small bite still counts. Even a few sips of a smoothie, half a yoghurt, or a single soft scrambled egg can give your body protein and energy that it can use. Think in terms of gentle nutrition rather than perfect meals.

WHY EATING ENOUGH MATTERS DURING TREATMENT?

Your body is incredibly busy during treatment. It repairs cells, manages inflammation, and works to maintain muscle and immune function. This means it needs protein and energy regularly. When energy or protein intake drops too low for too long, the body is forced to use your muscle stores for fuel. This is when fatigue increases, muscle strength begins to drop, and treatment can start feeling even harder.

To help prevent this, aim for small amounts of protein throughout the day. This could be a boiled egg, a few spoons of cottage cheese, a small piece of fish, a little chicken, baked beans, lentil soup, or even a nourishing shake if eating feels like too much. Try not to wait for hunger to guide you completely.

During treatment, hunger cues can be unreliable. Instead, think of eating like taking small medicine doses throughout the day, calmly and without pressure.

WHEN APPETITE CHANGES AND FOOD FEELS DIFFICULT

It can be unsettling when food that you once enjoyed suddenly feels unfamiliar. Treatment can change taste, smell, and appetite. If this is happening to you, it 's not your fault and it's not a sign that you're doing anything wrong. It's simply your body adapting and reacting.

EASY TIPS TO TRY

- If strong smells bother you, try cooler foods like yoghurt, fresh fruit, cold pasta salad, or a smoothie. Cold foods often release fewer aromas and can feel easier on the stomach.
- If meat tastes metallic, try softer proteins like eggs, chicken, baked fish, hummus or beans that are gently seasoned. Don't use metal knives or forks.
- If large meals feel overwhelming, focus on small offerings. A few bites every two hours is often more manageable than a plate of food three times a day.
- If taste feels muted or dull, squeeze a little lemon over your food or add fresh herbs to bring gentle flavour back.

You don't need to force large meals. Instead, think comfort. Can you manage half a banana with peanut butter? A spoon of yoghurt? A small piece of cheese? A cup of soup? These small moments of nourishment truly help.

HONOURING ENERGY LEVELS

Tiredness during treatment is real and deeply valid. Planning meals or cooking can feel like climbing a mountain on certain days. It's okay to simplify. Use what makes life easier: ready-made soups, pre-cut fruit, soft cooked vegetables, or store-bought smoothies are all acceptable options. Let loved ones help.

Keep a basket of easy snacks close to where you rest. Things like small tubs of yoghurt, fruit puree, crackers with cheese, soft muffins and nut butters can provide energy with little effort. If you have energy at one time of the day, use that moment to prepare something small that you can warm later. These little acts of self-care add up.

MYTHS AND FOOD FEAR

There is a lot of info out there about what you should or shouldn't eat during treatment, which can feel frightening. Remember, food isn't your enemy. You don't need to follow extreme diets or cut out entire food groups, unless your medical team specifically advised it. You deserve to feel safe around food.

TRUTHS

- You don't need to remove every bit of sugar from your diet to heal.
- Enjoying small treats can provide emotional comfort, which also matters.
- Dairy, soya, and grains can all fit into a nourishing cancer-friendly eating pattern unless you have a personal intolerance or allergy.
- You're allowed to eat in a way that feels realistic and calm, not rigid or fearful.

WHEN EATING FEELS EMOTIONAL

Food is more than fuel. It carries memories, comfort, and emotion. During treatment, you may feel detached from food, while others use it as a source of comfort. Both are understandable. Offer yourself compassion in these moments. If a food brings you a moment of peace, it has value. If a food feels too heavy today, leave it and try again tomorrow.

SMALL WINS MATTER

Every sip, every bite, every gentle choice is worth acknowledging. Instead of focusing on what you can't manage right now, notice the things you're doing. You took a sip of water. You nibbled on a cracker. You tried something new even when your appetite was low. These are quiet yet powerful acts of resilience.

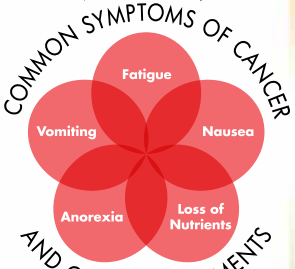
If eating feels hard, reach out. Your dietitian is there to adapt your plan with you, not to judge what you can or can't eat. You deserve personalised support from someone who understands the emotional and physical journey of eating during cancer.

GOOD NUTRITION
A way of fighting back!

Good nutrition is especially important when you have cancer because both the illness and its treatments can change the way you need to eat. Cancer treatments are known to cause **nausea and vomiting** which can cause weight changes and malnutrition.

Cancer itself can also often causes specific **vitamin** & **protein deficiencies.**

Cancer-related fatigue is also a common, severe form of fatigue described as overwhelming tiredness, exhaustion, and weakness that doesn't go away with sleep and rest.



Good nutrition can help you to:

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Glutamine and cancer
by Robyn van der Westhuizen

GLUTAMINE'S ROLE IN GUT HEALTH AND MOUTH SORES

Glutamine is a type of protein building block (amino acid) that your body makes naturally. It's the most common amino acid in your blood and is especially important for the cells that line your stomach and intestines. These cells use glutamine as their main fuel source to stay healthy and repair themselves.

During chemotherapy or radiation, your body's demand for glutamine increases. Treatments can damage the lining of the mouth, throat, and gut, leading to a painful condition called mucositis (mouth sores). This can make eating, drinking, and swallowing difficult. When your body is under this kind of stress, it may not make enough glutamine on its own, this is when extra glutamine might help.

Studies show that glutamine supplements may reduce the severity of mouth sores and help the gut heal faster. Reviews of clinical trials have found that participants who took glutamine during treatment had fewer severe mouth ulcers than those who didn't.

This is largely due to glutamine's ability to help the body repair damaged tissues, strengthen the gut lining, and reduce inflammation.

By protecting the mouth and promoting healing, glutamine can help reduce discomfort, improve eating, and support better nutrition during treatment. However, benefits vary according to the type of cancer, the dose used, and when glutamine was started.

Note: Glutamine should be used under the guidance of your cancer care team.

WHEN AND HOW GLUTAMINE IS USED IN CANCER CARE

Glutamine is recommended during cancer treatment, not to treat the cancer itself, but to help the body cope better with side effects, such as mouth sores, gut inflammation, or poor nutrition.

It's most often used for patients receiving radiation or chemotherapy, especially in cancers of the head, neck, and digestive system.

Doctors and dietitians may recommend it before treatment starts and for a short time afterwards to support healing. It can be taken as a powder mixed with water or as part of a special medical nutritional supplement drink.

There is some concern that glutamine may feed cancer, as laboratory studies have shown that certain cancer cells can use glutamine for growth. However, research in humans hasn't demonstrated that standard supplement doses of glutamine promote cancer growth. The doses used in supportive care are far lower than those required to stimulate tumour growth.

Your oncologist and dietitian will carefully decide whether glutamine is right for you, depending on the type of cancer, treatment plan, and your overall health. It's important not to take any supplement, including glutamine, without your care team's approval.

TYPES OF GLUTAMINE SUPPLEMENTS

If your doctor or dietitian recommends glutamine, it's important to use medical-grade products. These products are tested for purity and safety and are different from general sports or fitness supplements.

Medical-grade glutamine comes in various forms:

- **Powder:** The most common form. It's usually mixed into water or juice and taken a few times a day.
- **Tube-feeding formulas:** For people who can't eat by mouth, some feeding formulas contain added glutamine.
- **Combination products:** Ready-to-drink oral nutritional supplements where glutamine is combined with other nutrients, such as arginine or antioxidants, to support tissue repair and immune function.

The dose of glutamine varies between individuals. The typical dose recommended is 0.3-0.5g per kg of body weight per day, approximately 15-30g of glutamine per day, divided into smaller servings. However, the correct dose will depend on your treatment, side effects, nutritional status, and weight.

Glutamine is generally well tolerated; however, some individuals may occasionally experience mild stomach discomfort. If you notice any unusual symptoms, let your care team know. Never start or change supplements on your own, always seek guidance from your dietitian.

Taking care of your nutrition during cancer treatment is one of the most powerful ways to support your strength, comfort, and healing. Glutamine can sometimes be a valuable part of that plan, but always as part of a co-ordinated approach with your oncology and dietetic team.

To view references, visit *oncologybuddies.com*

Prescribed minimum benefits
by Meagan Atcheson

In SA, prescribed minimum benefits (PMBs) are protections put in place to ensure that people with serious conditions, like cancer, aren't denied essential treatment due to medical aid limitations. It's meant to be a form of safety net.

WHAT PMBS MEAN FOR YOU?

If your diagnosis falls under the PMB list, your medical aid is required to cover certain treatments. This includes chemotherapy, radiation, surgery, and essential oncology visits. It's your right to ask your medical aid whether your cancer is listed as a PMB condition. You're allowed to know what level of care is covered and what is not.

WHERE DIETITIANS FIT IN

Unfortunately, dietitians aren't automatically covered under the oncology benefit on most medical aids. This means a consultation isn't always freely included, even though nutrition plays such an important role in treatment strength and recovery.

However, there are situations where a dietitian can apply for PMB funding on your behalf. This usually happens when there is a very specific medical need, such as rapid weight loss, severe malnutrition, swallowing difficulties or the need for medical nutrition supplements or tube feeding. These applications take time and care. Your dietitian will first assess your nutrition risk, then write a motivation to your medical aid explaining why nutritional intervention is necessary for your medical safety.

A REALISTIC EXPECTATION

It's important to know that approval isn't automatic. There is strict criteria that medical aids use before authorising nutritional supplements or dietitian sessions under PMB. Please try not to feel disheartened if the process feels slow. If your dietitian applies on your behalf, it's because they see a valid need and that nutritional support will genuinely help your recovery.

FOR GOVERNMENT PATIENTS

If you're receiving care in the public health system, you can ask your doctor to refer you to a dietitian. Dietitians in government hospitals can assess whether you meet criteria for nutritional supplements. These decisions are usually based on weight loss, low BMI, or difficulty eating. Care may take time but asking is an important first step in receiving support.

YOU ARE ALLOWED TO ASK

You may be unsure or afraid to ask about benefits or funding. But remember, you're not asking for something extra. You're asking for support that helps your body stay strong through treatment. Whether in the private or public healthcare system, your voice matters. And where possible, we advocate with you and for you.

The benefits of early consultation with a dietitian
by Meagan Atcheson

When treatment begins, most people naturally focus on the medical side first. The scans, schedules, and results. Nutrition and emotional support often get pushed aside with the thought of "I'll deal with that later." But the truth is, seeing a dietitian early on can make your journey feel lighter, more supported, and far less overwhelming.

WHY IT HELPS MORE THAN YOU THINK

Many people wait until they lose weight or start struggling with eating before asking for help. But by connecting with a dietitian early on, we can prepare for what might come. Together, we can:

- Talk through what to expect with appetite, taste, or digestion so you don't feel shocked when changes happen.
- Create a simple plan that feels safe and flexible, with foods you genuinely enjoy.
- Explore ways to maintain strength and weight, even on low-appetite days, so treatment feels more manageable.

Seeing a dietitian early on isn't about being given a strict plan. It's about having someone in your corner who understands the emotional and physical side of eating during cancer. Someone who says, "If toast and tea is all you can manage today, let's make that work for you." That kind of support can make you feel less alone and less worried about doing it right.

EMOTIONAL SUPPORT MATTERS TOO

Cancer can shake the emotional ground beneath you. It can feel like life has been separated into before and after. A psychologist or counsellor can help you hold that emotional weight. Sometimes it's simply having a safe place to say, "I feel scared," without needing to be strong for anyone else.

Seeing a psychologist early on doesn't mean you aren't coping. It means you're allowing yourself to be supported. Just as your body deserves nourishment, your emotional world deserves gentleness too. Talking through fear, fatigue, body image changes, or life adjustments can help prevent those feelings from silently building up over time.

NUTRITION AND EMOTIONAL WELL-BEING WORK HAND IN HAND

When emotions feel heavy, eating can become difficult. And when eating is difficult, energy and mood can drop further. Therefore, nutritional care and psychological care belong together. They are two soft hands guiding you through the same journey. One supports your body. The other supports your heart.

A REMINDER

Please know that asking for help isn't a sign of weakness. It's a brave and loving act toward yourself. Support early on can prevent later struggles and help you feel held during a time when so much can feel out of your control.

Why early counselling is essential in cancer care
by Casey Forman

THE EMOTIONAL GAP IN ONCOLOGY

When you first hear the word cancer, your focus understandably shifts to survival mode—treatment plans, chemotherapy, surgery. In this rush toward physical healing, emotional well-being is often sidelined.

Recent studies show that up to 40% of cancer patients experience significant psychological distress, yet many don't seek mental health support early on.

In SA and similar contexts, access to psycho-oncology services remains limited, with patients often unaware that counselling is even an option.

Patients frequently delay mental health support due to:

- Prioritising medical treatment
- Cultural stigma around mental health
- Financial constraints
- Lack of awareness about available support

This delay can lead to increased anxiety, depression, and poorer treatment outcomes.

The reality is that cancer affects the whole family. Cancer doesn't just impact an individual; it reshapes the entire family dynamic and can be traumatic for the entire family system. Partners become caregivers, children face emotional uncertainty, and roles shift overnight.

Family members often experience:

- Anticipatory grief and chronic stress
- Emotional burnout and role confusion
- Difficulty communicating about the illness

- **When families are involved in counselling:**
- They learn to regulate their own emotions, reducing the emotional burden on their ill loved one.
- They develop healthier coping strategies and communication skills.
- They become active participants in the healing process, fostering resilience, and connection.

FINDING BALANCE WITH EMOTIONAL EATING

It's natural to reach for food when emotions run high. Rather than judging yourself, notice the moments this happens. Sometimes a call to a friend, a short walk, or listening to music can provide comfort in the same way. And if you do choose comfort food, allow yourself to enjoy it without guilt.

Remember, you don't have to navigate this alone. With the right support, you can find strength, balance, and resilience on this journey.

A CALL TO ACTION

Early counselling isn't a luxury; it's a necessity. By integrating psychological support from the beginning, we empower you and your family to navigate the cancer journey with clarity, strength, and compassion.

Let's normalize seeking help, not just for the body, but for the mind and heart.

MANAGING SIDE EFFECTS DURING TREATMENT

Cancer treatment can be challenging for eating and digestion, contributing to reduced dietary intake and/or weight loss. The goal is to help you maintain your strength, prevent unnecessary weight loss, and make eating feel more manageable.

Below are practical, evidence-based tips you can start using right away. Remember, everyone is different, use what works best for you, and speak with your healthcare team for personalised guidance.

NAUSEA AND VOMITING

Chemotherapy drugs target cancer cells, but they can also affect healthy cells in your stomach and intestines. This can result in nausea and/or vomiting. Medical anti-sickness (antiemetic) medicines are the first line of defence. Your oncology team will choose these using up-to-date antiemesis guidelines.

If nausea starts, try these helpful tips:

- Small frequent meals. Aim for six small meals or snacks daily instead of three large meals. Example: 2-3 Tbsp of plain porridge or soft bread every 2–3 hours.
- Easy-to-digest bland foods, such as soft white porridge, dry toast, white crackers, plain rice, and mashed potatoes.
- Avoid spicy, fried, or greasy foods.
- Cold or room-temperature foods are tolerated better.
- Cold sandwiches with mild fillings (mashed avocado or cottage cheese).
- Cold fruits, such as peeled apple, melon, or banana slices.
- Ginger tea can be made by boiling fresh ginger root, ginger biscuits, or ginger sweets (Gingerbon).
- Use small volumes, 60–120ml servings of oral nutritional supplements between meals.

PRACTICAL TIPS

Wear loose clothing and stay upright for at least an hour after meals and fluids. Use a straw when drinking for strong smells (less nausea).

Sample meal and snack example

Please note this is only for short-term use as it's not nutritionally complete.

- **Early morning:** ½ slice dry white toast, mild flavoured jam, and ginger tea.
- **Mid-morning:** 2 Tbsp white porridge (Jungle Taystee Wheat, Futurelife Smart Food Original, maize meal porridge) with a tsp sugar.
- **Lunch:** Plain white rice with boiled chicken (no gravy), boiled carrots, a small portion.
- **Mid-afternoon:** 1 small banana or applesauce with small sips of rooibos tea.
- **Early evening:** Plain mashed potatoes with 1 tsp butter.
- **Late evening:** Small serving of plain yoghurt or custard.

OPTIMISING FLUID INTAKE WHEN YOU FEEL NAUSEOUS

- Sip small amounts of water, rooibos tea, or ginger tea and frequently. Taking small sips every 5–10 minutes is easier than drinking large amounts at once.
- Flavour lightly with cucumber, mint, or a splash of fruit juice to make water more palatable.
- Use ice chips, crushed ice, or ice lollies. They count towards fluid intake and can be easier to tolerate.
- Include high-fluid foods, such as jelly, soups, smoothies, stewed fruit, custard, and yoghurt.
- Try clear broths or mild herbal teas between meals.

TASTE CHANGES (DYSGEUSIA)

Taste and smell often change during treatment. Food may seem metallic, bitter, too sweet, or bland.

- Keep your mouth fresh with regular gentle mouth rinses (for example, ½ tsp baking soda and ½ tsp salt in 250ml warm water; spit out). Brush softly with a soft-bristled brush.
- Try marinating meat in citrus-free options like herbs, soya, honey, or ginger, fruit juice, or mild herbs to mask metallic tastes or smells.
- If red meat tastes unpleasant, try chicken, eggs, fish, beans, or dairy for protein.
- Use plastic cutlery if the food tastes metallic.
- If food tastes bland, add gentle flavour with lemon juice, fresh herbs, or mild spices.
- If you dislike the taste of water, flavour it with citrus-free options like cucumber, mint, or diluted fruit juice.
- Let hot dishes cool slightly; choose cold foods (yoghurt, smoothies, egg mayonnaise, cottage cheese, chilled fruit). Heat can intensify strong tastes.

Many may find that stronger flavours (chutney, pickles) make food more enjoyable; others prefer mild and creamy textures. Experiment and keep a list of safe foods.

SORE MOUTH AND ORAL MUCOSITIS

Sore mouth and mouth ulcers can make chewing and swallowing painful.

- Choose soft, moist, smooth, non-acidic foods, such as scrambled eggs, mashed potatoes with gravy, pasta with a creamy sauce, soups, stewed fruit, pawpaw, banana, plain yoghurt, and custard.
- Avoid rough, crunchy, spicy, or acidic foods, such as toast, chips, citrus, tomato-based dishes, vinegar, or fizzy drinks if they sting.
- Add extra sauces, gravies, custard, or cream to increase moisture and kilojoules.
- Eat lukewarm or cool foods; hot foods can increase pain.
- Avoid alcohol-containing mouthwashes, as they can burn and dry the mouth.
- Keep lips moist with balm and sip water throughout the day. If you wear dentures, ensure the fit is checked.

FATIGUE

Nutrition can't remove treatment-related fatigue, but it can make it more manageable.

Keep a steady flow of fluids and small protein-containing snacks to avoid energy dips. On extreme tired days, use convenience options without guilt (ready soups, pre-cut fruit, rotisserie chicken, fortified smoothies). Combining nutrition with light physical activity, as you're able and cleared by your team, can improve energy and appetite.

REFLUX (HEARTBURN)

Reflux can worsen with some treatments or steroids.

- Eat smaller meals.
- Avoid lying down for at least 2–3 hours after eating, and raise the head of the bed.
- Keep a log of your trigger foods.
- Trigger foods may include: chocolate, mint, fatty or spicy foods, and caffeine.

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USE UNDER MEDICAL SUPERVISION

DIARRHOEA

Some chemotherapy, targeted drugs, immunotherapy, and pelvic radiotherapy can cause diarrhoea. It's important to manage diarrhoea to prevent dehydration and malnutrition.

- Stay hydrated to replace fluid losses. Drink clear liquids (water, flat ginger ale, or electrolyte replacement drinks) for 12 to 24 hours after a sudden bout of diarrhoea.
- To make a homemade electrolyte replacement drink, mix: ¼ tsp of salt, 8 tsp of sugar, 3 Tbsp of orange juice concentrate, and 4 cups of water.
- Drinking clear liquids helps the bowels rest and replaces lost fluids. Examples include rooibos tea without milk, clear non-fat broths, strained pulp-free fruit and vegetable juices, pulp-free ice lollies, jelly, or clear oral nutritional supplements.
- Eat five or six small meals per day instead of three larger meals. Eating smaller meals may put less stress on your digestive system and make it easier for your body to digest food.
- If your diarrhoea gets worse after eating a certain food, stop eating that food until you recover.
- Avoid foods and drinks that can worsen your diarrhoea. High-fibre foods, raw fruits and vegetables, full-fat dairy products, foods and drinks containing caffeine, and spicy or high-fat foods can worsen diarrhoea.
- Choose foods that help manage diarrhoea, like white rice, puffed rice cereal or other low-fibre grains, soft fruits like bananas and applesauce, cooked soft vegetables, and low-fat meats and dairy products.

CONSTIPATION

Constipation refers to having fewer bowel movements than usual, having trouble passing stools, or having stools that are hard and dry.

During chemotherapy, it can be caused by the treatment itself, certain anti-nausea or anti-pain medications, changes in diet, reduced physical activity, or decreased fluid intake.

Gentle fibre (if tolerated)

- Use soft, soluble fibre to avoid bloating: oats, psyllium husk, mashed banana, stewed prunes or pears, cooked pumpkin or carrots.
- If appetite is poor, blend fruits and/or vegetables into small smoothies with added yoghurt or milk for energy and protein.
- Prepare gut health jelly: place 3 tsp of psyllium husk into a jar, add 150ml of fresh juice, and add some lime to make it sour. Place into the fridge for 10 minutes. Add to smoothies, oats, or plain yoghurt.

Tips for increasing fibre intake

- Sprinkle high-fibre cereal, flax seeds or a tsp of the gut health jelly to yoghurt, soup, or salad.
- Add ½ cup of pureed cooked sugar beans to a mashed potato.
- Add 1 tsp hummus to mayonnaise.
- Cook stews/curries with legumes, beans, and lentils.
- Add stewed/pureed prunes to oats, smoothies, or yoghurt, or drink 125-250ml of prune juice a day. **Note:** Large amounts may cause bloating and gas.

Stimulating the bowel without heavy fluid loads

- Small, frequent meals keep the gut moving.
- Warm fluids in the morning (even half a cup) can trigger bowel movement.
- Gentle movement, short walks, or stretching can improve gut motility.

APPETITE LOSS

It's common for appetite to dip during treatment. Your goal on low-appetite days is to eat by the clock, not by hunger.

- Try six small snacks rather than three big meals. Keep ready-to-eat options on hand: yoghurts, custard, cheese and crackers and/or peanut butter on toast.
- Stay hydrated but avoid overhydrating. Drink fluids between meals rather than with meals to avoid feeling full too quickly.
- Sip on nourishing drinks, such as milkshakes, smoothies, or oral nutritional supplements, if eating enough food is difficult.
- Avoid foods and liquids with strong odours that might worsen your appetite.
- Make food appealing: eat foods at temperatures you enjoy, enjoy your favourite meals, change the time, place, and surroundings of meals. Listen to music, eat with others, or enjoy a liked TV show while eating.
- Opt for soft, easy-to-eat foods, such as mashed potatoes, scrambled eggs, smooth soups, smoothies, custards, and fruit purees.

SMART NUTRITION TO MANAGE EARLY FULLNESS AND WEIGHT LOSS

- Swapping to smaller, more frequent meals is key.
- Limit large drinks with meals; have most fluids between meals so you don't fill up on liquid.
- Enrich your meals, focus on quality, not quantity:
- Add scoops of protein powder to foods, such as yoghurt, soups, stews, smoothies, porridge, tea, coffee, Milo, Nesquik, custard, flapjack mix, and desserts. This works well with a neutral-flavoured protein powder.
- Use honey, condensed milk or cream to flavour your food, drinks, or coffee.
- Add smooth cottage cheese or mascarpone to cooked starches.
- Add cream, cheese, or mascarpone to cooked sauces and add to meals.
- Add butter to cooked porridge and potatoes.
- Add grated cheese to potatoes and vegetables.
- Add hummus or tahini to mayonnaise.
- Add pureed lentils to gravies and butterbeans to mashed potatoes.
- Add nut butter, and/or powdered milk to breakfast cereals, yoghurt, desserts, smoothies, soups, and cooked starches.
- Use nuts as snacks or sprinkle roasted nuts and seeds over foods like vegetables, yoghurt, and breakfast cereals.
- Add avocado to smoothies.

CANCER CACHEXIA

Cancer cachexia is a complex condition involving weight loss (especially muscle), poor appetite, and inflammation. It's not simply not eating enough, though eating enough remains crucial.

Management is multimodal: early dietitian input, managing symptoms (nausea, pain, constipation), and movement as tolerated. If weight is falling despite your best efforts, ask for a formal nutrition assessment. Options include fortified diets, prescription oral nutritional supplementation, texture changes for swallowing issues, and, when appropriate, short-term tube feeding to support you through treatment.

To view references, visit *oncologybuddies.com*

Hormonal therapy and side effects
by Sindi-marie Hall and Meagan Atcheson

Hormone therapy is one of the most effective treatments for certain breast and prostate cancers that are fuelled by hormones. These cancers are called hormone receptor–positive, meaning the cancer cells rely on hormones, such as oestrogen or testosterone, to fuel their growth.

BREAST CANCER

In women, oestrogen is mainly produced by the ovaries before menopause and after menopause by other body tissues that convert hormones from the adrenal glands.

Adjuvant hormone therapy (AHT) helps slow or stop the growth of oestrogen-dependent cancer by either blocking the effects of oestrogen or reducing its production. The most commonly used agents include:

- Tamoxifen, a selective oestrogen receptor modulator (SERM) that blocks oestrogen receptors in breast tissue.
- Aromatase inhibitors (AIs), such as anastrozole, letrozole, and exemestane, which inhibit oestrogen production in post-menopausal women.
- Ovarian suppression therapy, which reduces oestrogen levels in premenopausal women, sometimes combined with AIs for enhanced effect.

PROSTATE CANCER

In men, androgen deprivation therapy (ADT) remains the foundation of treatment for prostate cancer, which depends on testosterone for growth. The goal of ADT is to reduce or block testosterone activity in the body. Current medications used are:

- Gonadotropin-releasing hormone (GnRH) agonists, such as leuprolide, which suppress testosterone production.
- Second-generation non-steroidal androgen receptor (AR) antagonists, including enzalutamide, apalutamide, and darolutamide, which prevents testosterone from binding to its receptor.
- Androgen biosynthesis inhibitors, such as abiraterone, which blocks the enzyme CYP17 and reduces androgen synthesis.

Hormone therapy can be given before surgery or radiation to shrink tumours or after treatment to reduce recurrence risk. It's also used in advanced disease to control progression and symptoms.

SIDE EFFECTS

While hormone therapy is generally well tolerated and highly effective, long-term suppression of sex hormones can cause physical, cognitive, and emotional side effects. Awareness and proactive management of these effects are essential to maintaining quality of life and treatment adherence.

PHYSICAL SIDE EFFECTS

Musculoskeletal symptoms: Joint pain, stiffness, and muscle aches are common, especially with aromatase inhibitors in women and ADT in men. Severe stiffness or pain can interfere with daily activities and reduce independence.

Vasomotor symptoms: Hot flashes and night sweats affect both men and women, often disturbing sleep and leading to fatigue. Fatigue is known to be the most common side effect in any cancer treatment and can last long after treatment has stopped.

Sleep disturbance: Difficulty falling or staying asleep is a prevalent side effect, contributing to daytime tiredness, impaired concentration, and reduced mood.

Cognitive impairment: Also known as brain fog, people with cancer may experience memory lapses, difficulty concentrating, and slower thinking, affecting work, social life, and daily tasks.

Weight gain and body composition changes: Loss of muscle mass, increased fat, and changes in body shape can impact self-esteem. Men on ADT are particularly at risk of central adiposity (accumulation of excess fat in the abdominal area) and insulin resistance.

Bone health: Long-term hormone suppression accelerates bone loss, increasing the risk of osteoporosis that can lead to fractures. Preventive measures, such as bisphosphonates or denosumab, are recommended for high-risk people with cancer.

Hormonal therapy and side effects
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EMOTIONAL AND PSYCHOSOCIAL SIDE EFFECTS

Mood changes and feeling low: Fatigue, sleep disruption, and hormonal changes contribute to persistent low mood, irritability, and emotional distress, sometimes reducing motivation to adhere to therapy.

Body image and self-perception: Weight gain, bloating, joint stiffness, and hair thinning can alter self-esteem and confidence. You may not feel yourself or feel older than your age.

Social impacts: Pain, fatigue, and emotional distress often reduce participation in social activities, potentially leading to isolation and decreased quality of life.

Sexual health and fertility: Women may experience low libido, vaginal dryness, or painful intercourse. Men may have reduced libido or erectile difficulties. Younger women face challenges from treatment-induced menopause and fertility loss, which can cause significant emotional distress often undermined by the healthcare team.

Most side effects can be linked to the physical side effects, thus management plays a vital role for physical as well as emotional recovery.

MANAGING SIDE EFFECTS

Effective management involves a multimodal approach:

- Pharmacologic treatments (SSRIs for hot flashes, bisphosphonates for bone health).
- Exercise and physical therapy to maintain strength and mobility.
- Cognitive and behavioural support for brain fog and fatigue.
- Psychosocial support to address mood changes and improve adherence.
- Open communication with healthcare providers is essential. You should report side effects honestly, as underreporting may lead to premature discontinuation of therapy. There is also a need for more research into personalised side effect management, ensuring each patient receives strategies tailored to their needs.

USING FOOD TO HELP MANAGE SIDE EFFECTS

Nutrition plays an important role in reducing the physical and emotional side effects of hormone therapy and supporting recovery. While no single food can reverse the impact of hormone suppression, a balanced diet can help maintain strength, stabilise energy, and protect long-term health.

Staying hydrated, eating regular balanced meals, and maintaining a healthy relationship with food are key to supporting both physical and emotional well-being during treatment. Working with a registered dietitian can help tailor nutrition goals to your treatment and recovery stage.

Exposing mushrooms to sunlight for 15–20 minutes with their stems facing up significantly increases their vitamin D levels, making them one of the few plant-based foods that can help support healthy vitamin D status giving you a delicious, sun-powered nutrient lift when you eat them.

FATIGUE AND MUSCLE LOSS

Aim to include a good source of protein at every meal, such as eggs, fish, lean chicken, lentils, beans, or yoghurt. Pairing these with slow-release carbohydrates like oats, quinoa, or brown rice helps sustain energy levels. Including small protein-rich snacks (boiled egg, handful of nuts, or cottage cheese with fruit) can also reduce afternoon fatigue and preserve muscle mass.

BONE HEALTH

Calcium and vitamin D are essential. Choose calcium-rich foods, such as dairy or fortified plant milks, sardines, almonds, and leafy greens. Regular sunlight exposure and foods, such as salmon, egg yolks, or fortified cereals help maintain vitamin D levels. Magnesium from nuts, seeds, and whole grains also supports bone strength.

JOINT STIFFNESS AND INFLAMMATION

Focus on an anti-inflammatory eating pattern which includes plenty of colourful fruit and vegetables, olive oil, nuts, seeds, and oily fish. These foods provide antioxidants and omega-3 fats that help reduce inflammation and support joint mobility.

WEIGHT AND METABOLIC CHANGES

Limit refined carbohydrates, sugary drinks, and processed snacks. Replace these with high-fibre foods, such as vegetables, legumes, and whole grains, to improve insulin sensitivity, and promote satiety.

HOT FLUSHES AND MOOD SWINGS

Reducing caffeine, avoiding alcohol and spicy foods can ease symptoms. Including soya foods like tofu, edamame, or soya milk (if tolerated) may help balance mild hormonal symptoms in women.

Nutritional care in childhood cancer
by Mikyla Heins

Every child with cancer deserves care that nourishes both their physical and emotional needs.

Nutritional support is a vital, yet an often overlooked aspect of paediatric oncology treatment.

Treatments, such as surgery, radiotherapy, and chemotherapy, increase the child's energy needs whilst frequently reducing food tolerance and appetite.

A child may encounter adverse consequences, such as nausea, mouth sores, and taste changes, that contribute to an unfavourable eating environment while their body is fighting infection and undergoing recovery.

TOP TIP

Nutritional support should be included as an essential part of care for every child with cancer.

TOLERANCE, GROWTH, AND RECOVERY

Providing a child with sufficient nutrition supports their treatment tolerance, growth, and recovery. Research has indicated that malnourished children face more infections, treatment delays, and longer hospital stays. Even modest gains in muscle strength and weight can significantly improve outcomes and quality of life.

To ensure that a child with cancer can achieve this, early nutrition screening is imperative. A dietitian will evaluate a child's weight trends, food intake, biochemical parameters, clinical signs, and growth from the initial diagnosis onwards. Nutrition plans are individualised per child and regularly updated according to the child's unique needs.

A dietitian will educate families on practical ways to increase the child's protein and energy intake through their daily meals, for example, adding peanut butter, milk powder, or oil to porridge.

If it has been identified that the child's oral intake is insufficient, enteral (tube feeding) or parenteral (intravenous) nutrition may be recommended to assist the child in maintaining their strength during their treatment.

Dietitians will further collaborate with doctors, psychologists, and nurses to also manage side effects and reduce the child's mealtime stress.

Families are encouraged to recognise small achievements, such as trying a new food, maintaining weight during challenging periods, or even just finishing a supplement.

Ultimately, nutritional care in childhood cancer is about more than just the kilojoules. It's a focus on supporting the child's immunity, confidence, and growth, and providing hope during one of the hardest journeys a child can face.

Nutrition Screening Bingo

Are you newly diagnosed, currently receiving chemotherapy or radiation, or post-treatment/in remission? If yes to any, lets play a game of Bingo!
This tool helps identify those at risk of nutrition issues who may benefit from a registered dietitian's support.

I HAVE experienced symptoms such as nausea, vomiting, changes in taste, dry mouth, painful swallowing, constipation, or diarrhoea that make eating or swallowing difficult.	I have NOT noticed any recent loss of muscle or fat.	I HAVE recently had a reduced appetite or felt full quickly for several days.	I DO NOT need nutritional supplements.
I have NOT felt more tired or weak.	I HAVE unintentionally lost 5% or more of my usual body weight in the past 3-6 months.	I have NOT had any symptoms that make eating or swallowing difficult.	I HAVE noticed increased weakness, fatigue, or difficulty performing my usual daily activities since my diagnosis or during treatment.
I HAVE been consistently eating less than half of my usual amount of food or experienced a persistent decrease in appetite for more than a week.	I DO NOT have any appetite changes.	I HAVE recently begun taking oral nutrition drinks or shakes to support my weight or energy levels during my treatment.	I eat the same amount that I always eat.
I HAVE NOT lost any weight in the past 3-6 months.	I HAVE observed noticeable loss of muscle or fat, such as slimmer arms, legs, or face, or looser-fitting clothes recently.	I DO NOT have any symptoms.	I HAVE had inflammation, infections, or side effects from treatment (like fever, wounds, or mouth sores) that could affect my nutrition or recovery.

Low risk: 0-1 red blocks. Continue current diet, re-screen monthly.
At risk: 2-3 red blocks. Begin diet enrichment. Consider supplementation.
High risk: 4 or more red blocks. Refer to a dietitian for full assessment and support.

PEG feeding
by Robyn van der Westhuizen

Percutaneous endoscopic gastrostomy (PEG) is a small, soft tube placed through the abdomen into the stomach so that liquid food, water, and medicines can go in easily. It doesn't stop you from eating by mouth; when you feel able, you can eat orally. Think of a PEG as a backup route for nutrition while your body heals.

WHEN IT IS NECESSARY AND HOW DOES IT WORK?

A PEG is considered when swallowing is unsafe or too painful, or when you're losing weight and can't meet your needs by mouth for more than a couple of weeks. This can happen with cancers of the head, neck, and oesophagus, or after major surgery or chemoradiotherapy.

A PEG is preferred for longer-term support (more than four to six weeks), while temporary nasogastric (NG) tubes are often used for shorter periods.

HOW IS A PEG PLACED?

A gastroenterologist or surgeon passes a flexible camera down the throat to guide placement. The tube is brought out through a tiny cut in the abdomen. The procedure usually takes less than an hour under sedation. You can normally start using the tube within 24 hours. Your hospital team will teach you and your caregivers how to use and clean it.

WHAT GOES THROUGH THE TUBE?

Ready-made liquid feeds that contain energy, protein, vitamins, minerals, and fluid are used in the hospital setting. Once discharged, you may continue with commercial feeds or transition to a home-blended diet using ordinary foods.

A dietitian will assess individual needs and develop a personalised feeding plan to ensure the right balance of nutrients, safe preparation, and appropriate consistency for PEG feeding at home.

If you can still swallow safely, you can eat and drink by mouth alongside PEG feeding.

REASSURANCE ON QUALITY OF LIFE AND NUTRITION

Does PEG feeding help quality of life? Yes, especially when eating has become a daily battle. Studies in head, neck, and oral cancers suggest PEG can better maintain nutrition and reduce interruptions to treatment compared with NG tubes and improves treatment tolerance.

In palliative cancer care, nutrition support (which includes oral nutrition supplements and enteral feeding like PEG) may support comfort and quality of life, particularly when it prevents distressing hunger or dehydration. Decisions are personal and should match your goals and values; your care team will revisit them as your situation changes.

WILL I STILL ENJOY FOOD?

If it's safe to swallow, you can keep tasting and eating what you enjoy. The PEG can then be used to top up your nutrition, so mealtimes become less stressful. Some people find that once pain, nausea, or dry mouth are better managed, they can increase oral eating again and reduce tube feeds.

To view references, visit *oncologybuddies.com*

FAQ

Will the tube be permanent?
Not necessarily. PEGs can be removed when you're eating enough by mouth again.

Does a PEG mean my cancer has progressed?
No. A PEG is a support tool, not a sign of disease stage. We recommend it to protect your strength and help you tolerate treatment. Guidance stresses early nutrition support to prevent or treat malnutrition.

Could a PEG delay my cancer treatment?
Maintaining nutrition often helps you complete treatment on time by reducing weight loss and treatment breaks.

STARCH AND PROTEIN BLEND

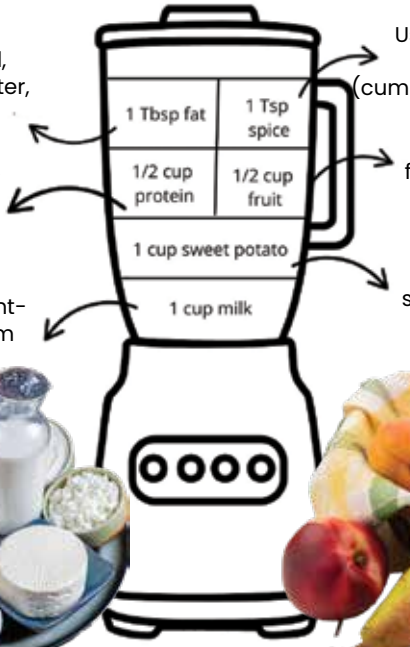
This recipe template allows for flexibility while ensuring a kilojoule-dense blend. Since ingredients may vary, there will be small variations in nutritional content, volume, and viscosity.

NUTRITION DETAILS
Makes 500-600ml | Kilojoules 2092-2510 | Protein 30-35g

Options include olive oil, nut oil, vegetable oil, melted margarine/butter, or coconut oil.

Cooked or canned fish, meat, beans, lentils, chickpeas, tofu, or scrambled eggs.

Use low-fat milk or plant-based milk with calcium and at least 7g protein per cup. Soya milk is a good choice.



Use a dry or fresh herb or a mild powdered spice (cumin, coriander, or ginger).

Use any fresh or frozen fruit (pear, apple, peach or mango).

Use steamed, chopped sweet potato, or squash. Remove peels.

POST-TREATMENT NUTRITION

EATING FOR RECOVERY, STRENGTH, AND GENTLE REBUILDING

Finishing treatment is often imagined as a moment of celebration and relief, and while that is true for many, it can also come with unexpected emotions. Some people say, "Everyone thinks I should feel back to normal, but I don't feel like myself yet." Others describe it as stepping out of a storm and suddenly noticing the quiet. Life after cancer is a new phase that also deserves care, patience, and nourishment.

RELEARNING YOUR BODY

After treatment, your body may feel unfamiliar. Energy levels can rise and fall unpredictably. Hunger might return slowly or change entirely. Some people regain appetite quickly, while others feel hesitant around food because of past discomfort. There is no right way to feel.

Rather than expecting yourself to bounce back, try viewing this phase as a gentle rebuilding. Your cells are still healing. Muscles may need time to regain strength. Digestion might be sensitive. Offer your body small acts of care, the same way you would care for someone you love who has been through something hard.

FOOD AS A PARTNER IN RECOVERY

Nourishing your body after treatment isn't about turning food into a strict health project. It's about choosing foods that help your body rebuild quietly from the inside.

ALLOWING RECOVERY TO BE SLOW

You're not late. You're not behind. Healing isn't a race or a return to an old version of yourself. It's a soft unfolding into a new season. Some days you'll feel strong and motivated. Other days your body will ask you to rest and eat simply. Both days are valid.

You might find it helpful to tune into gentle hunger and fullness cues again. Notice what foods feel comforting. Appreciate the small moments, like enjoying a meal without nausea or tasting a flavour that once felt unfamiliar. These are quiet signs of healing.

SUPPORTIVE HABITS TO EXPLORE AT YOUR OWN PACE

- Include protein often. Protein helps repair tissues and regain muscle. This might look like an egg in the morning, beans or lentils at lunch, a piece of chicken or fish at supper, or yoghurt or nut butter as a snack.
- Add colour slowly. If vegetables felt too harsh during treatment, reintroduce them gently. Soft roasted carrots, mashed butternut, ripe fruit, or blended soups are gentle ways to add vitamins and fibre back in.
- Whole grains for steady energy. Foods like oats, brown rice, quinoa, or wholegrain toast can support digestion and help sustain your energy throughout the day.
- Hydration is healing. Water, herbal teas, broth or infused water can help your body recover from inflammation and support your kidneys and digestion as your system settles.

PERMISSION TO FIND JOY AGAIN

After long months of associating food with treatment, it can take time to reconnect with eating as something joyful or social. When you're ready, try sharing a meal with someone, trying a favourite recipe, or enjoying something nostalgic. Food doesn't only rebuild the body, it can help reconnect you to pleasure, normalcy, and moments of peace.

Exercise and cancer
by Meagan Atcheson

MOVEMENT AS MEDICINE

With recovery, you must note that *movement is medicine*. Just like food, exercise supports the body's ability to heal, regain strength, and restore confidence after cancer treatment.

This doesn't mean you need to sign up for a marathon or join a gym. In fact, for most people, recovery starts with the simplest acts like standing up more often, stretching gently, or taking short walks outside. What matters most is consistency and kindness toward your body as it learns to trust itself again.

WHY EXERCISE MATTERS AFTER CANCER

During treatment, the body often loses muscle, bone strength, and stamina. Gentle exercise helps rebuild all three. Moving regularly improves circulation, boosts mood, reduces fatigue, and supports immune function. It can also help manage treatment-related side effects, like stiffness, lymphoedema, and joint pain.

Research shows that survivors who include regular physical activity often report better sleep, improved digestion, and a stronger sense of well-being. Movement releases endorphins which are natural mood-lifters that can ease anxiety and depression, helping you reconnect with life beyond treatment.

START SMALL, START SLOW

If you've been inactive for a while, begin slowly. Even a few minutes of gentle stretching or breathing exercises can be powerful. As you feel stronger, aim for:

- **Aerobic activity** – Walking, swimming, or cycling to build endurance.
- **Strength training** – Using resistance bands or light weights to rebuild muscle.
- **Flexibility and balance work** – Pilates, Tai Chi or yoga to improve posture and reduce falls.

Always check with your doctor or physiotherapist before starting a new exercise routine, especially if you have, bone metastases, lymphoedema, or ports. An oncology-trained physiotherapist or biokineticist can design a safe, individualised plan for your needs.

OVERCOMING FATIGUE

One of the biggest barriers to exercise after cancer is exhaustion. Ironically, gentle movement is one of the best ways to fight it. On very tired days, try stretching in bed, walking to the garden, or doing a few minutes of deep breathing. Gradually increase your activity as your body allows. Listen to your limits and rest when needed but keep moving when you can.

THE MENTAL BENEFITS

Exercise isn't just about muscles and joints; it's also about mood and motivation. Many people feel anxious after treatment ends, worried about recurrence, or unsure how to rebuild daily life. Movement can offer a sense of control and progress. Each step, stretch, or class becomes a reminder that your body is still capable, adaptable, and alive.

Some survivors find group classes or gentle yoga helpful for community support. Others prefer solitary activities like walking in nature or swimming. There's no single right way. What matters is choosing something that feels good to you.

MOVING FORWARD

Think of exercise and nutrition as lifelong partners. Nourishing food gives you the energy to move; movement helps your body use that fuel to rebuild and thrive. Together, they form the foundation for your new normal; one built on strength, balance, and hope.

Recovery doesn't happen overnight. Some days you'll feel full of energy; others, not at all. But every small effort counts. Whether it's a five-minute walk or a full yoga class, every bit of movement helps your body heal and your confidence grow.

Your journey doesn't end when treatment stops, it simply changes direction. Keep nourishing yourself, keep moving gently, and keep believing in your body's ability to recover and renew itself.

Cancer changes many things, not only in the body, but in how you think, feel, and connect with food. For many survivors, eating is no longer just about nourishment or pleasure; it may become tied to fear, control, and self-protection. Understanding these emotional shifts is an essential part of recovery and long-term well-being.

FEAR OF RECURRENCE: THE CONSTANT COMPANION

Even years after treatment, the fear that cancer might return remains one of the most common psychological challenges among survivors. Studies have shown that fear of recurrence (FCR) affects up to 70% of survivors to some degree, influencing mood, sleep, and daily decisions.

Research found that survivors who maintained a healthy lifestyle, through regular physical activity and balanced eating, experienced less fear, largely because these behaviours boosted their confidence in controlling their health. In other words, feeling capable in your body can quiet the mind.

However, for others, the same fear can lead to hypervigilance, a constant monitoring of every symptom, every meal, every perceived mistake. When eating becomes a tool for control rather than enjoyment, it can easily slip into guilt and anxiety.

A CHANGED RELATIONSHIP WITH FOOD AND BODY

Cancer treatment changes more than appetite. Many survivors describe a different sensory experience, food may taste or smell unfamiliar, swallowing may be difficult, or certain textures may trigger unpleasant memories.

In a *Supportive Care in Cancer* (2024) study, head and neck cancer survivors spoke about how eating shifted from a joyful experience to a task that required planning and endurance. Others described feeling socially isolated, avoiding restaurants or family meals because eating felt different or embarrassing.

At the same time, body image often takes a knock. Fatigue, weight changes, and scars can alter how you see yourself. Many participants in recent studies reported struggling with self-esteem, frustration about weight gain, or guilt when they couldn't maintain their previous level of control over diet and exercise. The result can be a complex mix of shame and determination, wanting to be healthy but feeling trapped between fear and fatigue.

EMOTIONAL REGULATION AND SELF-COMPASSION

Recent research offers hope. A 2024 study found that survivors who practised self-compassion (being kind to

THE EMOTIONAL SIDE OF EATING

Food holds deep emotional meaning. After cancer, many survivors report feeling disconnected from their body and from the foods they once loved. A 2022 *Journal of Human Nutrition and Dietetics* study found that many survivors felt they needed to *relearn how to eat*, navigating taste changes, digestive discomfort, or the lingering emotional weight of treatment.

For some, this uncertainty leads to emotional eating: turning to food for comfort, relief, or distraction. For others, it causes restriction, avoiding bad foods in an effort to feel in control. Both responses stem from the same emotional root: a desire for safety.

A study described how survivors drive to *be a better me* often translated into a heightened preoccupation with clean or perfect eating. While healthy eating can be empowering, researchers cautioned that this focus can become obsessive, increasing stress, and reducing quality of life.

themselves and accepting imperfection) were more successful in maintaining healthy eating and lifestyle habits. Emotional regulation strategies, like reframing negative thoughts or practising mindfulness, helped reduce distress and build resilience.

Rather than striving for perfection, survivors who focused on balance and flexibility found greater peace with food. They viewed nutrition as a form of self-care, not self-punishment.

MOVING FORWARD: A BALANCED APPROACH

Healthy eating after cancer isn't just about avoiding recurrence, it's also about reclaiming joy and confidence in daily life. Systematic reviews show that higher diet quality (rich in fruits, vegetables, whole grains, and lean proteins) is associated with lower overall mortality and improved well-being in survivors. But equally important is how you approach food.

Encouraging open communication between you and your healthcare team is key. Survivors often downplay the emotional and physical side effects of their treatments, or their struggles with eating, out of fear of seeming ungrateful or weak. Yet, acknowledging these challenges allows healthcare providers to tailor support, whether through counselling, dietetic guidance, or peer groups.

Finally, researchers continue to call for more personalised approaches to managing side effects and eating behaviours. Every survivor's relationship with food is unique, shaped by biology, emotion, and experience.

Cancer may leave lasting marks, but it can also open the door to a more compassionate connection with your body. Healing the relationship with food is part of healing the self, not through rigid rules, but through patience, self-kindness, and the belief that every small step toward balance is a victory worth celebrating.

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