

Anticancer
LIFESTYLE PROGRAM

Busting Common Cancer Food Myths

Oct. 25, 2023

Crystal Pace
MS, RD, NBC-HWC
Registered Dietitian & Nutritionist





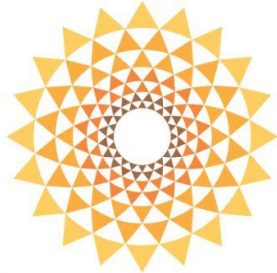
Before we get started

- **Use the Q&A function** to ask questions at anytime. We'll answer them at the end.
- **You will receive an email with the webinar recording** once it's over. Note that webinars are also archived on our website, under "Program".
- Closed captioning is available in English.

Who We Are

The Anticancer Lifestyle Program (ACLP) offers free, doctor-recommended, expert-led resources to help you reduce your risk of cancer, cancer recurrence, and chronic illness.

Get started at anticancerlifestyle.org



Anticancer LIFESTYLE PROGRAM[®]



Change



Mindset



Diet



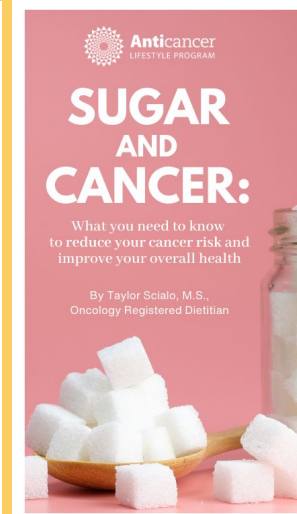
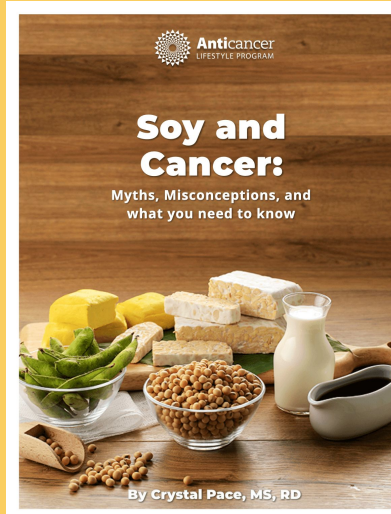
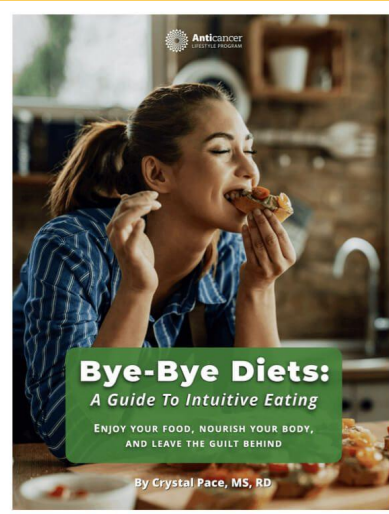
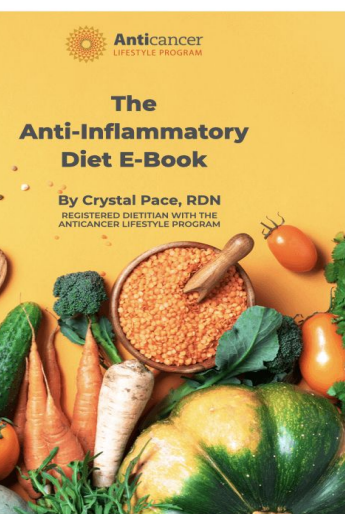
Fitness



Environment

Check out our **free** resources!

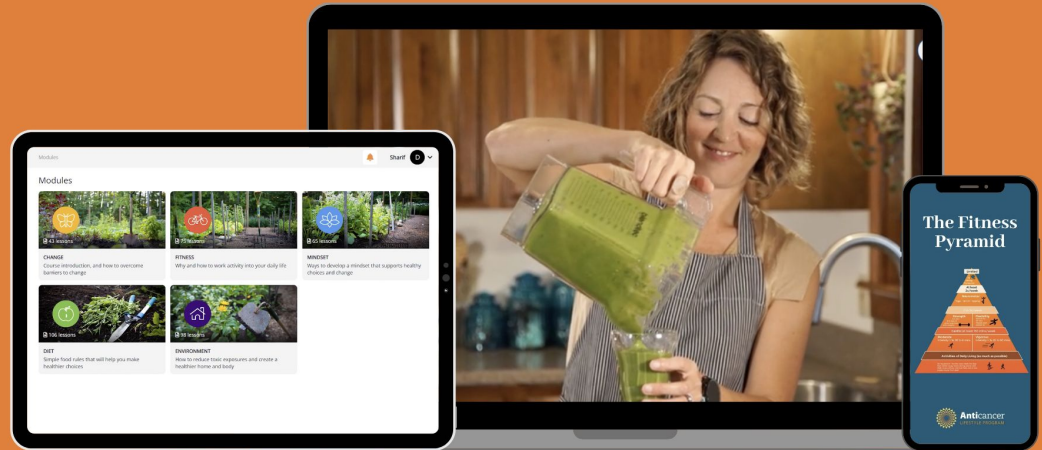
Check out our eBooks



Take Our Online Course

Our FREE 10-hour course is divided into five self-paced modules. It's accessible on all devices, so you can learn anytime, anywhere.

And our dedicated mobile app makes the course just one click away



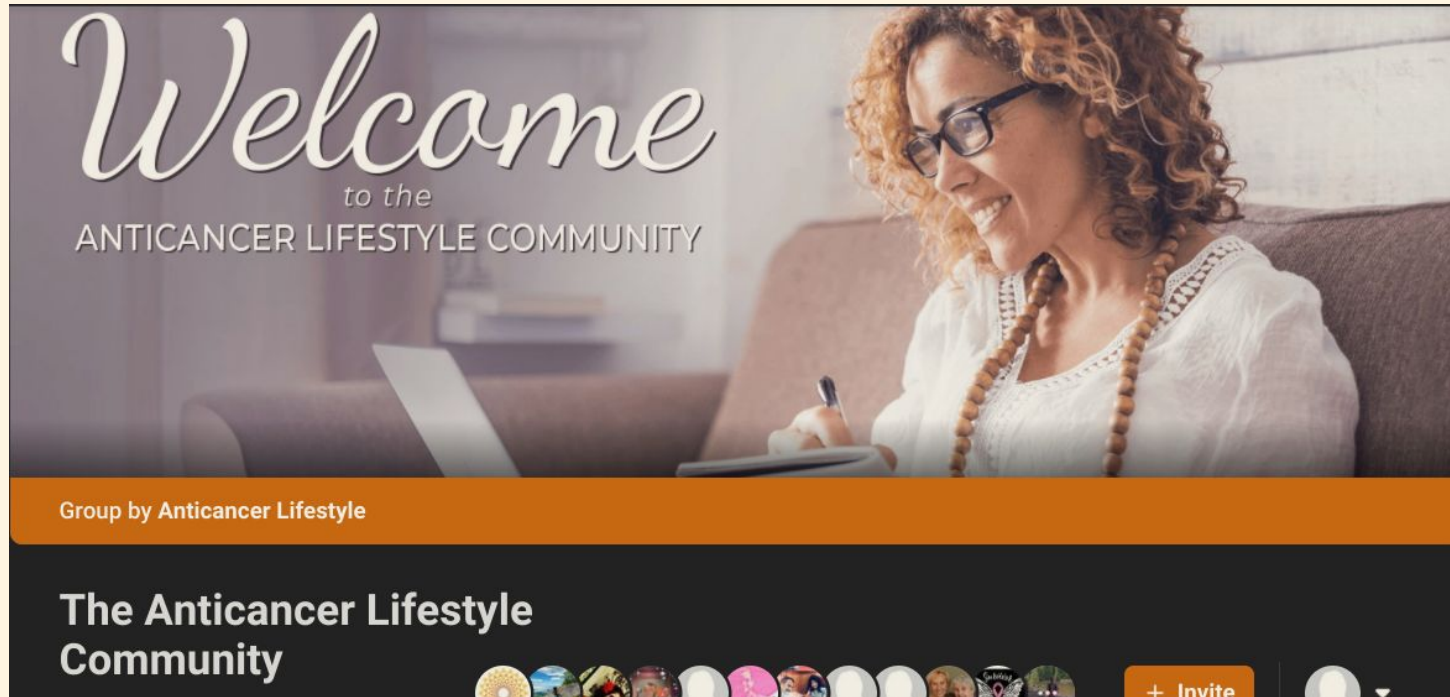
Anticancer Diet Module

Introduces simple healthy eating guidelines that will help you make better food choices to honor your health and well-being. Topics covered include:

- Benefits of a plant-based diet
- Recommended choices for protein
- Healthy oils
- The power of herbs and spices
- Eating organic foods on a budget
- *And much more!*



Join our Facebook community!



<https://www.facebook.com/groups/AnticancerLifestyleCommunity>

We appreciate your donations

Your TAX-DEDUCTIBLE donation, no matter what the amount, allows us to share our program with even more cancer survivors and those interested in cancer prevention.

Anti-Inflammatory Diet and Chronic Illness: What You Need to Know – FREE WEBINAR

Anticancer LIFESTYLE PROGRAM

Home About Learn Toolkit Events Resources AA ↕ 🌐 🕒 🗂️ Get Started

What do I do **now?**

Learn about lifestyle changes that can reduce your risk of cancer, cancer recurrence, and chronic illness.

Watch Video About the Program

Backed by experts.
Powered by evidence.

We are honored to have earned the trust of countless doctors, nurses, registered dietitians, social workers, and other health care professionals, who regularly refer patients to the **Anticancer Lifestyle Program**. They count on us to deliver evidence-based lifestyle recommendations that can:

- Decrease inflammation

50,000+
We have served over 50K participants

75 countries
We have helped people from all over the world

www.anticancerlifestyle.org/donate

Today's Presenters



Crystal Pace
RD, NBC-HWC



Erika Crespo
ACLP



Nicole Jones
ACLP

Presenter:

CRYSTAL PACE

MS, RD, NBC-HWC
Registered Dietitian Nutritionist,
Anticancer Lifestyle Program

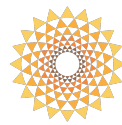
Hosts:

ERIKA CRESPO

Social Media Director, Anticancer Lifestyle Program

NICOLE JONES

Marketing Director, Anticancer Lifestyle Program



About Crystal



- Registered Dietitian Nutritionist (RDN)
- Board Certified Health and Wellness Coach (NBC-HWC)
- Certified Intuitive Eating Counselor

Education

- MS, Clinical Nutrition
- BS, Nutrition & Dietetics

In this webinar, we'll debunk

7 common cancer food myths:

1. Sugar feeds cancer and should be avoided.



2. Eating soy foods causes cancer.



3. Consuming dairy products causes cancer.



4. If I already have cancer then it doesn't matter what I eat or drink.



5. The more vitamin and mineral supplements, the better.

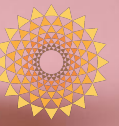


6. Juice cleanses, coffee enemas, and other detoxes are good for cancer prevention and treatment.



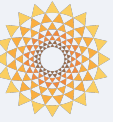
7. It's too expensive to eat an anticancer diet.





MYTH #1

**Sugar feeds
cancer and should
be avoided**



FACT

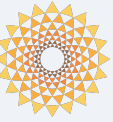
Sugar is a **carbohydrate**, and all of the body's cells, including cancer cells, depend on sugar in the form of glucose for energy.





Feeding the myth: PET scans use a sugar injection to detect cancer

- Cancer cells have an excessive need for energy in the form of sugar (glucose). This is why cancerous tumors “light up” when patients are injected with a sugar solution during PET-CT scans.
- However, since ALL the body’s cells need glucose, there is no way for our bodies to reserve energy solely for the “good” cells while excluding the “bad” cells (cancer).
- Restricting intake of all carbohydrates (including sugar), such as is prescribed in the ketogenic diet, has not been proven to be effective for cancer management.



FACT

Increased added sugars in the diet above recommended limits, especially those found in sugar-sweetened beverages and processed foods, **may increase the risk of developing cancer.**

Added sugars are commonly found in **processed foods** such as sugary drinks, flavored yogurts, breakfast cereals, granola bars, and more.

Since by far most added sugar in the western diet comes from processed foods, don't worry about adding a little sugar to your tea or coffee!





What are the recommended limits?

It depends on who you ask!

The USDA, the American Heart Association, and the World Health Organization (WHO) all recommend limiting intake of added sugars.

Their specific recommendations are different, but the bottom line remains:

Limit your intake of added sugar as much as possible.



Nutrition Facts

Serving size: 1 container

Amount per serving

Calories

140

As Packaged

Food component / Nutrient	Amount As Packaged	% DV* As Packaged
Total Fat	1.5g	2%
Saturated Fat	1g	5%
Trans Fat	0g	—
Cholesterol	5mg	2%
Sodium	90mg	4%
Total Carbohydrate	27g	10%
Dietary Fiber	0g	0%
Total Sugars	19g	—
Incl. Added Sugars	13g	26%
Protein	5g	—
Vitamin D	3mcg	15%
Calcium	260mg	20%
Iron	0mg	0%
Potassium	280mg	6%
Vitamin A	180mcg	20%

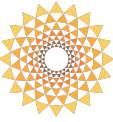
Reading labels for added sugars

Look at the **grams of added sugars** next to the “added sugars” section on the Nutrition Facts label, and read ingredient lists. Manufacturers are required to list **“Added Sugars”** on the Nutrition Facts label.

Ideally, consume products with zero added sugars, or that have added sugars listed lower on the ingredient list. (Note that ingredients are listed by weight, with the greatest listed first.)

Pro Tip:

4 grams of sugar = 1 teaspoon of sugar.



An example: strawberry yogurt

Nutrition Facts

Serving size: 1 container

Amount per serving

Calories

140

As Packaged

Food component / Nutrient	Amount As Packaged	% DV* As Packaged
---------------------------	-----------------------	----------------------

Total Fat	1.5g	2%
Saturated Fat	1g	5%
Trans Fat	0g	—
Cholesterol	5mg	2%
Sodium	90mg	4%
Total Carbohydrate	27g	10%
Dietary Fiber	0g	0%
Total Sugars	19g	—
Incl. Added Sugars	13g	26%
Protein	5g	—

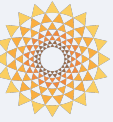
Vitamin D	3mcg	15%
Calcium	260mg	20%
Iron	0mg	0%
Potassium	280mg	6%
Vitamin A	180mcg	20%



Ingredients

Cultured Grade A Low Fat Milk, **Sugar**, Strawberries, Modified Food Starch, Water. Contains 1% or less of: Corn Starch, Tricalcium Phosphate, Carmine (for color), Pectin, Natural Flavor, Kosher Gelatin, Vitamin A Acetate, Vitamin D3.

CONTAINS MILK INGREDIENTS.



FACT

Many factors influence the relationship between dietary carbohydrate intake and risk of cancer development and progression. One factor is the **type of carbohydrate** consumed.





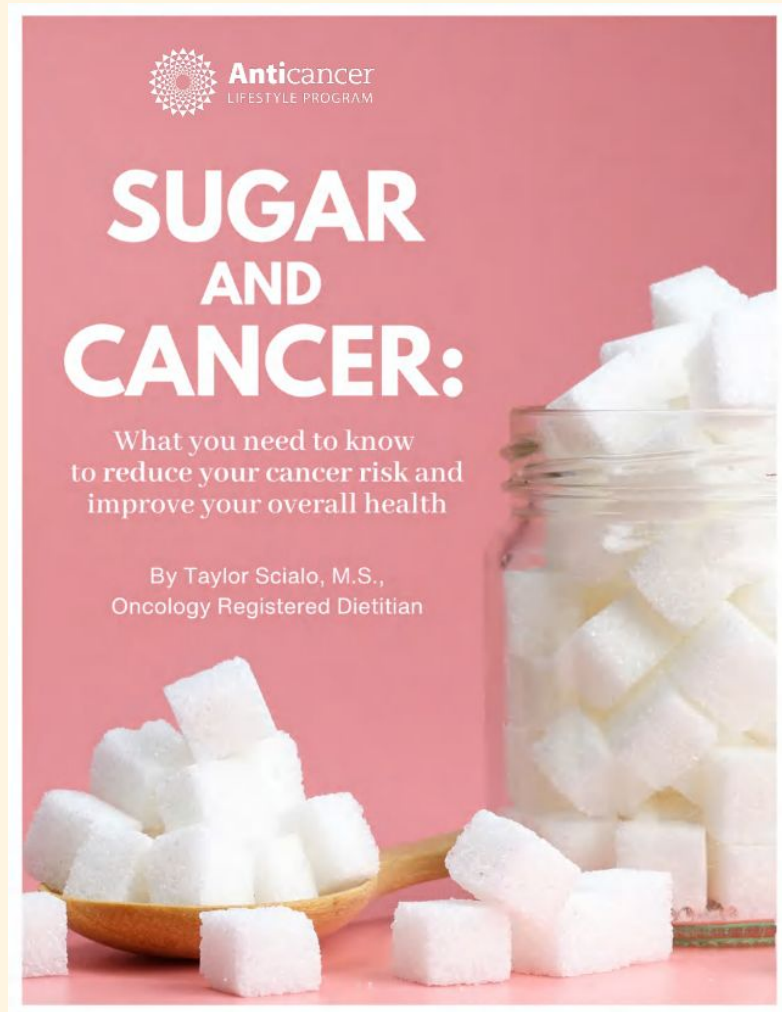
Sugar & Cancer PRO TIPS

✓ **Limit added sugars by reading Nutrition Facts labels and ingredient lists for added sugars.**

✓ **Eat and enjoy natural forms of sugar** that come packaged with fiber such as fruits and complex carbohydrates including whole grains, beans, lentils, and starchy vegetables.

✓ **Pair carbohydrates with fiber, protein, and health-promoting fats** for blood sugar regulating benefits. (Examples: pair brown rice with salmon and a veggie; pair oatmeal with berries; apple with peanut butter.)

Check out our
“Sugar and Cancer”
eBook for more
information!





MYTH #2
**Eating soy
foods can
cause
cancer.**





SOY AND CANCER FACTS

- Soy does not increase cancer risk, and in fact can actually reduce cancer risk.
- Eating soy foods has been associated with reduced risk for breast and prostate cancers specifically.
- It is recommended to consume whole and minimally processed soy-based foods instead of highly processed soy-based products.



FACT

Soy does not increase cancer risk, and can actually reduce cancer risk.



But doesn't soy contain estrogen?

Soy contains “phytoestrogens” which are estrogen-like compounds found in soy and other plant foods. **They are not the same as human estrogen.**

The phytoestrogens in soy have been found to reduce risk for cancer and even slow cancer growth.





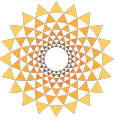
Soy and Cancer Risk

- Soy consumption has been associated with **lower risk for certain cancers**, including lung, stomach, colon, prostate, and breast cancers.
- Eating one to two servings of soy-based foods per day has been found to **decrease risk for breast cancer recurrence**.
- Higher intake of soy foods has been associated with **lower risk of death** from breast cancer, especially estrogen-receptor positive breast cancers.
- Up to **three servings a day** of soy foods have been consumed in Asian populations long-term without any link to increased breast cancer risk. In fact, there is a **much lower risk for developing breast cancer in Asia** where soy is a staple part of the daily diet.



FACT

It is recommended to consume whole and minimally processed soy-based foods instead of highly processed soy-based products.



Choose Whole and Minimally Processed Soy



- Highly processed soy examples include soy protein isolates, soy isoflavones, and soy protein concentrates that are added to products such as plant-based imitation meats, isoflavone supplements, plant-based protein powders, cereals, granola bars, and more.
- **Whole, soy-based foods** (such as edamame, tofu, tempeh, miso, etc.) have greater health-promoting benefits, including anticancer benefits, than processed soy
- Whole, soy-based foods come without the addition of chemicals and ingredients of concern for health
- Look for products made using **whole soybeans** and choose **organic** when possible

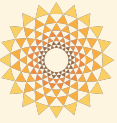
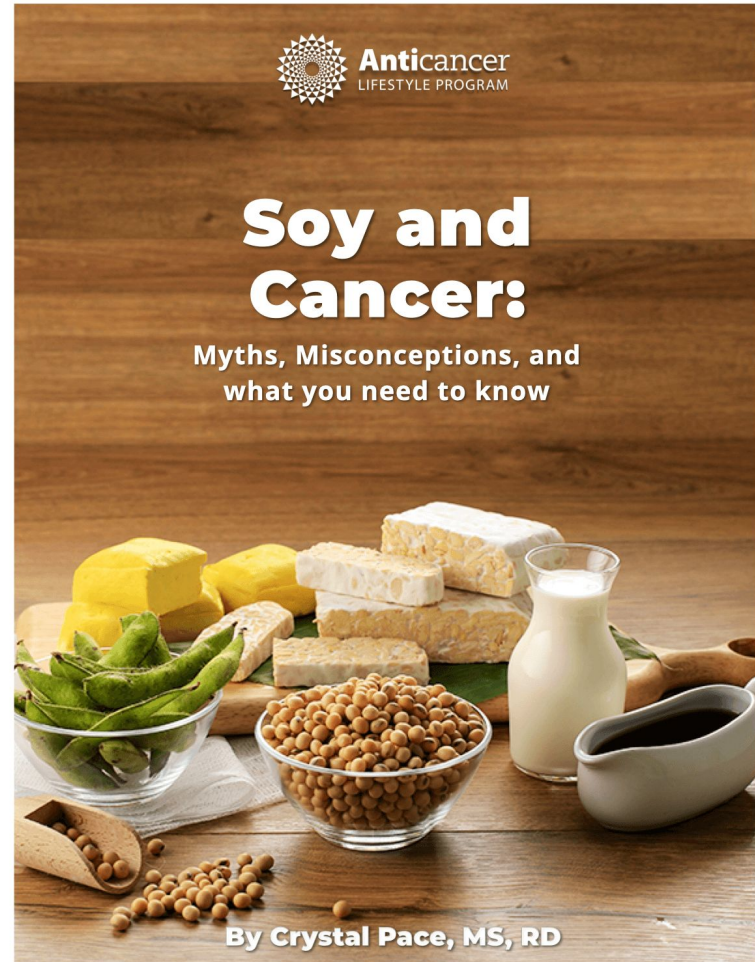
A collage of soy products. At the top, a glass pitcher of white soy milk sits on a wooden surface. Below it, a white bowl contains green edamame pods. In the foreground, a glass bowl is filled with light-colored soybeans, with a wooden scoop also containing some beans. To the right, a wooden cutting board holds several pieces of yellow and white tofu. The background is a warm, wooden texture.

Soy & Cancer PRO TIPS

- ✓ Eat and enjoy more whole and minimally processed soy foods and beverages such as edamame, tofu, tempeh, miso, and soy milk.

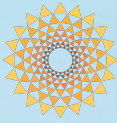
- ✓ Minimize consumption of products that contain highly processed soy.

Check out our
“Soy and Cancer”
eBook for more
information!





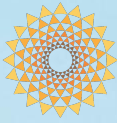
MYTH #3
**Consuming
dairy causes
cancer**



FACT

Diets high in animal fat, including dairy products high in fat, have been associated with increase cancer risk. It is recommended that if you enjoy dairy products, you consume them in moderation.

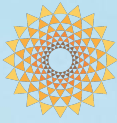




FACT

Increased dairy consumption has been associated with increased risk for prostate cancer, and reduced risk for colon cancer.





FACT

The research on dairy and cancer is clearly inconsistent and unsettled!

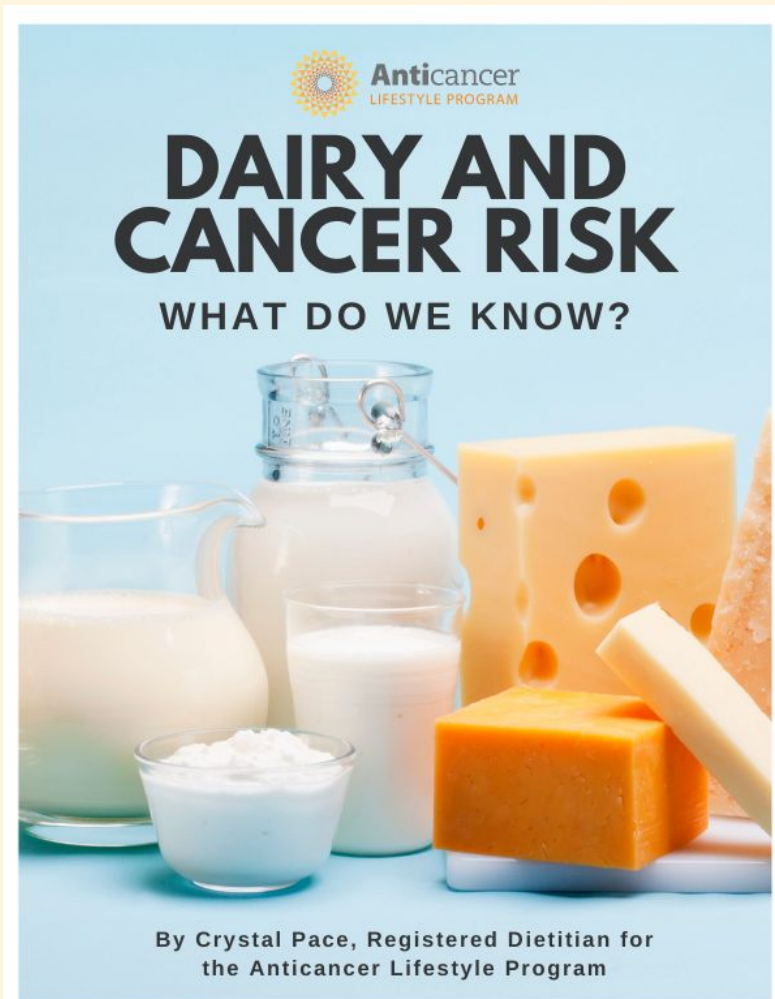


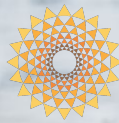


Dairy & Cancer PRO TIPS

- ✓ To reduce cancer risk, if you enjoy dairy it is advised to consume dairy products **in moderation**, and prioritize cultured dairy products, such as yogurt and kefir.
- ✓ If you choose to consume dairy products it is recommended to purchase **organic** whenever possible.
- ✓ Choose dairy products with **no added sugars**, such as plain yogurt vs. flavored yogurts.

Check out our
“Dairy and Cancer”
eBook for more
information!





MYTH #4

“Since I already have cancer it doesn’t matter what I eat or drink.”



NUTRITION AND CANCER FACTS

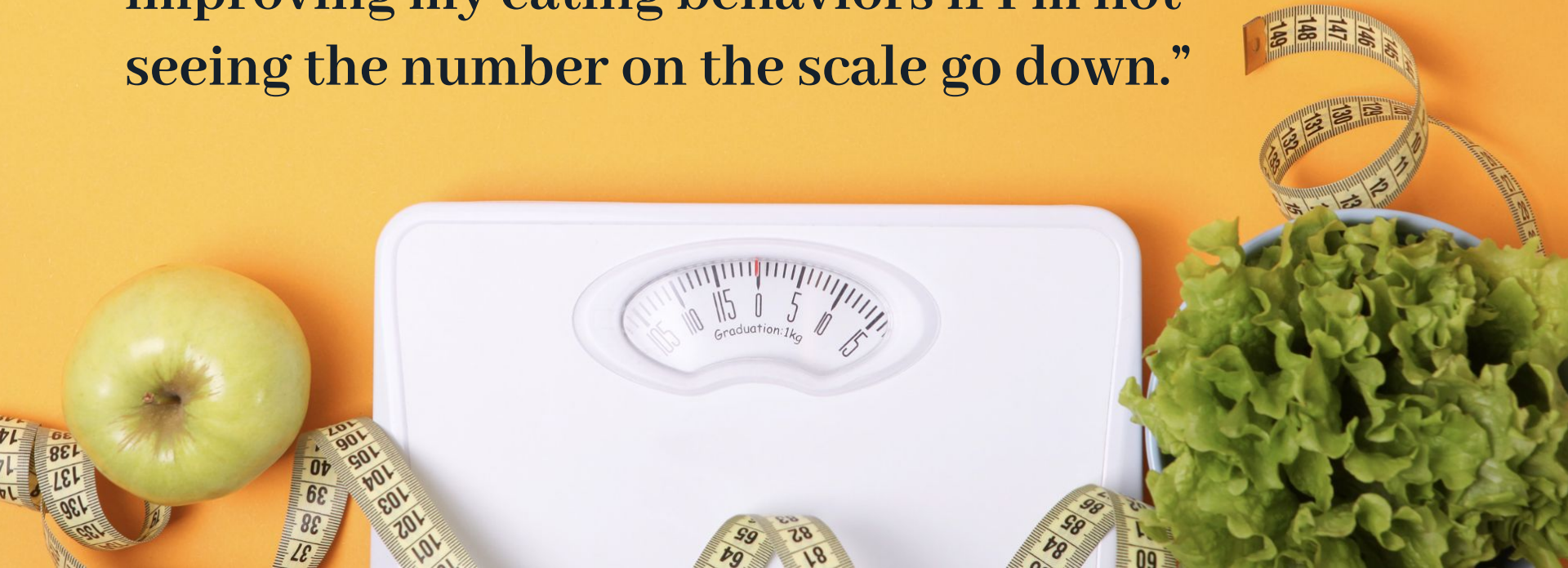
★ Research shows that nutrients can play a protective role during all stages of cancer formation (or “carcinogenesis”). **Compounds within plants have the potential to prevent and slow cancer initiation and progression.**

Biological process protecting the cell, preventing cancer initiation and progression:	Examples of nutrients shown to support the process:	Example Food Sources
Detoxification of carcinogens	Isothiocyanates, flavonoids	Cruciferous vegetables (broccoli, cabbage, cauliflower, etc.), fruits
Protection of DNA from oxidation	Vitamin A, C, D, and E, selenium	Sweet potatoes, red peppers, salmon, nuts, seeds
DNA repair	Folate, selenium, lycopene, retinoids	Whole grains, nuts, watermelon, carrots
Cell cycle regulation	Polyphenols, retinoids, folate, selenium	Blueberries, tomatoes, dark leafy greens, seafood
Promotion of cell differentiation	Long-chain omega-3 fatty acids, vitamin D, retinoic acid	Fatty fish such as salmon, yogurt, spinach
Induction of apoptosis (cell death) in initiated cancer cells	Curcumin, polyphenols, sulforaphane, isothiocyanates, quercetin, lycopene	Turmeric, herbs and spices, brussels sprouts, radish, citrus fruits, apricots
Prevention of angiogenesis (the formation of new blood vessels to feed the cancer cell)	Indol-3-carbinol, curcumin	Kale, turmeric
Suppression of inflammation	Omega-3 fatty acids, indol-3-carbinol	Flaxseeds and chia seeds, turnips
Regulation of hormones	Soy isoflavones, vitamin D, carotenoids	Tofu, mushrooms, cantaloupe



Another related myth...

“It doesn’t matter if I’m exercising and improving my eating behaviors if I’m not seeing the number on the scale go down.”



FACTS



- Engaging in **health-promoting behaviors** can improve health and decrease risk of disease, regardless of changes in weight.
- Engaging in physical activity can lower cancer risk regardless of weight status.
- A poor diet is one of the leading risk factors that increases cancer risk independent of weight status.

! Healthy lifestyle behaviors matter immensely when it comes to reducing cancer risk! Weight is not a behavior, though behaviors may impact weight.





Nutrition & Cancer PRO TIPS

✓ **Optimize your diet during cancer treatment.** A healthy diet will provide the nutrients necessary for health and well-being and help prevent significant malnutrition as well as loss of muscle mass caused by treatment side effects.

✓ **Seek counseling from a Registered Dietitian (RD) during cancer treatment, if available.**

Nutrition education has been associated with fewer treatment-related side effects, fewer hospitalizations, and improved quality of life.

✓ **Be sure to focus on proper nourishment after treatment as well.**

This has been shown to be important for post-treatment recovery.



MYTH #5

The more vitamin and mineral supplements I consume, the better.

64% to 81% of cancer survivors are known to consume dietary supplements, which is a higher frequency of use than the overall population.

Dietary supplements fuel a multibillion-dollar industry.

Dietary supplements are not required to undergo pre-market evaluation, which means adverse side effects are often not recognized until reported by consumers.

Due to lack of regulation, it's virtually impossible to know what is actually in dietary supplements. There are no legal requirements to test for either active and inactive ingredients.



“What's actually in the bottles becomes a matter of faith.”

-Dr. Marion Nestle

- **Vitamin A supplement** -
When third party tested, it was found to have only 44% of the amount of vitamin A that was listed on the bottle
- **Turmeric supplement** - Found to have lead contamination when third party tested
- **Green Tea Supplements** -
Found to have very low levels of EGCG, the active component in green tea

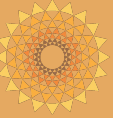




SUPPLEMENTS & CANCER FACTS

- Taking excessive doses of nutrients from supplements **may promote cancer growth.**
- **Some supplements**, such as St. John's Wort and garlic supplements, **can interact with cancer treatment drugs.**
- Dietary supplement use should be **directed towards correcting nutrient deficiencies**, and for those at risk for malnutrition due to difficulty eating because of cancer treatment-related side effects.
- Research examining the role of vitamin and mineral supplements in cancer prevention has **failed to demonstrate a benefit.**





THE FACTS ON ANTIOXIDANT SUPPLEMENTS

- Research regarding antioxidant supplementation during chemotherapy or radiotherapy (or both) is mixed and **results from human and animal studies are contradictory.**
- Human studies have suggested that **antioxidant supplements may reduce the effectiveness of cancer treatments and even support tumor growth.**

Due to equivocal and concerning data, there is no general recommendation about using supplemental antioxidants during cancer treatment. More research is needed.



Safety Recap of Some Common Supplements

Some *may* be good, but more is most definitely not better.

- High dose **Vitamin E and beta-carotene supplements** can increase risk for cancer.
- Some **turmeric supplements** are combined with piperine, a spice in black pepper to improve absorption, but the addition of piperine can interact with certain medications.
- The evidence is limited, but suggestive, that **vitamin D** including from diet AND supplements may reduce the risk for colorectal cancer. Dose known to be safe: up to 2,000 IU per day of vitamin D3.
- **Green Tea** is safe to drink, but there is concern for liver toxicity with supplements, and green tea supplements can interfere with certain medications.
- **Melatonin** is relatively safe and well tolerated, and has anticancer effects.
- **N-acetylcysteine (NAC)** is an antioxidant, and is known to be well tolerated and safe.
- **Omega 3 fats** - up to 3 grams per day is considered safe. Omega-3's can interact with certain medications, such as blood thinners.
- **Turkey tail mushroom** - generally safe and well tolerated. Has anticancer effects.
- **Calcium** - dose above 200 milligrams per day probably protects against colorectal cancer, but might increase the risk for prostate cancer.
- **Astragalus** - known to be relatively safe and has anticancer properties.

It is important to consult with your healthcare team, including cancer care team, before considering taking any supplements.

Supplements & Cancer PRO TIPS

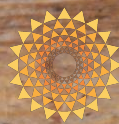
Some *may* be good, but more is most definitely not better.

- ✓ Some supplements might be safe, but others may be unsafe and have **potential to interfere with cancer treatments**.
- ✓ The overall body of evidence does not support using dietary supplements as an effective strategy for reducing cancer risk and for cancer treatment.
- ✓ It is advised to obtain nutrients and other compounds from a **food-first approach**.
- ✓ **Supplementation with nutrients to treat low dietary intakes or insufficient body levels may be beneficial.** In contrast, for individuals who have adequate amounts of a specific nutrient, supplementation, particularly in high doses, can cause harm.

MYTH #6

Juice cleanses, coffee enemas, and other detoxes are good for cancer prevention and treatment.





DETOXES & CANCER FACTS

Marketers of detoxification products, diets, and supplements claim they can cleanse your system and provide benefits such as more energy, reduce inflammation, weight loss, and more.

The science does NOT support these claims.

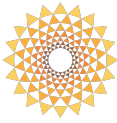
Your body is designed to detoxify itself! The **liver, kidneys, large intestine, lymphatic system, and sweat glands** work together as whole to help us reduce the body burden of chemicals.

We excrete toxins via urine, feces, and sweat.



Detoxes are not without risk. Buyer beware.

- ★ Detox supplements do not have to be reviewed for safety and effectiveness by the FDA.
- ★ Undeclared drugs have been found in detox supplements such as the active ingredient found in an obesity treatment drug.
- ★ Ingredients have been found in detox supplements that have been not recognized as safe by the FDA.
- ★ Certain detox supplements have been found to be contaminated with heavy metals, such as lead and arsenic.
- ★ Microbial contaminants such as Salmonella have been found in certain detox products.
- ★ Zeolite is an ingredient in many detox supplements and can lead to reduced nutrient absorption.
- ★ Coffee enemas carry risk of perforating the intestinal wall and causing blood infections.
- ★ Detox diets can be DANGEROUS! They can lead to **electrolyte imbalances, malnutrition, vitamin and mineral deficiencies, diarrhea, fatigue, and more.**



How to naturally support our metabolic detoxification system

1. Avoid alcohol.
2. Exercise (sweating helps!)
3. Reduce toxin exposure in ways that are within our control, such as reducing exposure to canned foods and plastics.
4. Eat a plant-based diet which provides nutrients (including fiber) essential to support liver detoxification pathways.
5. Stay hydrated (we excrete toxins via urine).
6. Eat enough protein each day. Protein is a key nutrient that helps the liver process toxins to eliminate them from the body.
7. Go organic when possible.
8. Choose wild-caught fish, and lower mercury fish.
9. Eat enough. Avoid crash dieting! Calories are needed to fuel pathways to move toxins out of our system.





How To Create a Healthy, Nontoxic Home *Free Resources from ACLP*

Is Makeup Bad for You?

Choosing safe
cosmetics and
personal care
products



PRESENTED BY:
CARLA BURNS
SENIOR DIRECTOR OF
COSMETIC SCIENCE AT THE
ENVIRONMENTAL
WORKING GROUP (EWG)

Toxic Chemicals in Food Packaging:

Reducing Your
Exposure



PRESENTED BY:
DEBORAH DEMOULIED
GREEN LIVING EXPERT




Detox Your Home: *A Room-By-Room Guide to Creating a Healthy Home Environment*



Clean Cleaning: *Nontoxic Ways to Tidy Up*





Detoxes & Cancer PRO TIP

✓ Instead of detox diets and products which come with risk and are not evidence-based, focus on:

- plant-based diet
- adequate fiber
- reducing toxin exposure
- getting more exercise
- avoiding alcohol
- staying hydrated



MYTH #7

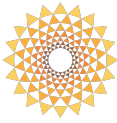
**It's too expensive to
eat an anticancer diet**



FACTS ABOUT THE COST OF AN ANTICANCER DIET

Reducing animal protein intake, especially meat, as part of an anticancer diet can actually help save food dollars.

You can obtain all of the protein you need from plant-based foods and plant-based proteins are significantly cheaper than meat!



Ways to eat an anticancer diet on a budget



- Choose plant-based proteins, and limit meat, if consumed
- Utilize the Environmental Working Group [“Dirty Dozen”](#) and [“Clean Fifteen”](#) lists
- Consider joining a CSA, buying food in season, and purchasing from local organic farms
- Buy frozen fruits and veggies (organic if possible) when consuming them out of season
- Buy in bulk
- Avoid convenience: single servings, shredded cheese, pre-cut fruits and veggies cost significantly more.
- Check out the Environmental Working Group’s [“Good food on a tight budget”](#) resource
- Plan meals each week considering items you may already have, and make a grocery list accordingly

Busting the Top Cancer Food Myths: We Did It!

1. Sugar feeds cancer and should be avoided. **FALSE**



2. Eating soy foods causes cancer. **FALSE**



3. Consuming dairy products causes cancer. **FALSE**



4. If I already have cancer then it doesn't matter what I eat or drink. **FALSE**



5. The more vitamin and mineral supplements, the better. **FALSE**



6. Juice cleanses, coffee enemas, and other detoxes are good for cancer prevention and treatment. **FALSE**



7. It's too expensive to eat an anticancer diet. **FALSE**





IN SUMMARY

Diet quality plays a strong role in decreasing the risk of developing cancer, more so than any one food, ingredient, or beverage.

Diets higher in fruits, vegetables, whole grains, plant-based proteins, and unsaturated fats are linked to reduced risk of cancer.



7-Day Diet Kickstart

IT'S FREE AND ONLY **15** MINUTES A DAY!

Rejuvenate your health in one week with help from **Crystal Pace, RD, MS.**



DAY 1
Anti-Inflammatory Foods

DAY 2
Mindful Eating

DAY 3
Healthy Food Shopping

DAY 4
Ultra-Processed Foods

DAY 5
Fiber and Gut Health

DAY 6
Nontoxic Cookware & Food Storage

DAY 7
Recipes and Next Steps

Begin your
7-day Kickstart today!
Sign up now!

Thank you!

Please take our short survey about this event:



On the survey page, you'll find links to:

- **Download free resources** like our Online Course, eBooks, and webinars
- **Join our private Facebook community** to connect with other Anticancer Lifestyle Program members and find support with peers.
- **Follow us on Twitter, Facebook, and Instagram** to get all the latest information, tips, and inspiration from the Anticancer Lifestyle Program.

For more information, visit us at **anticancerlifestyle.org** and contact us at **info@anticancerlifestyle.org**



Time for questions!

References

1. Wang YM, Jin BZ, Ai F, et al. The efficacy and safety of melatonin in concurrent chemotherapy or radiotherapy for solid tumors: a meta-analysis of randomized controlled trials. *Cancer Chemother Pharmacol*. 2012;69(5):1213-1220. doi:10.1007/s00280-012-1828-8
2. Dan A, Swain R, Belonce S, Jacobs RJ. Therapeutic Effects of Medicinal Mushrooms on Gastric, Breast, and Colorectal Cancer: A Scoping Review. *Cureus*. 2023;15(4):e37574. Published 2023 Apr 14. doi:10.7759/cureus.37574
3. Eliza WL, Fai CK, Chung LP. Efficacy of Yun Zhi (*Coriolus versicolor*) on survival in cancer patients: systematic review and meta-analysis. *Recent Pat Inflamm Allergy Drug Discov*. 2012;6(1):78-87. doi:10.2174/187221312798889310
4. McCulloch M, See C, Shu XJ, et al. Astragalus-based Chinese herbs and platinum-based chemotherapy for advanced non-small-cell lung cancer: meta-analysis of randomized trials. *J Clin Oncol*. 2006;24(3):419-430. doi:10.1200/JCO.2005.03.6392
5. Yang YF, Mattamel PB, Joseph T, et al. Efficacy of Low-Carbohydrate Ketogenic Diet as an Adjuvant Cancer Therapy: A Systematic Review and Meta-Analysis of Randomized Controlled Trials. *Nutrients*. 2021;13(5):1388. Published 2021 Apr 21. doi:10.3390/nu13051388

References

6. Akter S, Mizoue T, Nanri A, et al. Low carbohydrate diet and all cause and cause-specific mortality. *Clin Nutr.* 2021;40(4):2016-2024. doi:10.1016/j.clnu.2020.09.022
7. Cai H, Sobue T, Kitamura T, et al. Low-carbohydrate diet and risk of cancer incidence: The Japan Public Health Center-based prospective study. *Cancer Sci.* 2022;113(2):744-755. doi:10.1111/cas.15215
8. World Cancer Research Fund/American Institute for Cancer Research: *Diet, Nutrition, Physical Activity, and Cancer: a Global Perspective.* Continuous Update Project Expert Report 2018. Available at dietandcancerreport.org
9. Shin S, Fu J, Shin WK, Huang D, Min S, Kang D. Association of food groups and dietary pattern with breast cancer risk: A systematic review and meta-analysis. *Clin Nutr.* 2023;42(3):282-297. doi:10.1016/j.clnu.2023.01.003
10. Hardt L, Mahamat-Saleh Y, Aune D, Schlesinger S. Plant-Based Diets and Cancer Prognosis: a Review of Recent Research. *Curr Nutr Rep.* 2022;11(4):695-716. doi:10.1007/s13668-022-00440-1

References

11. Applegate CC, Rowles JL, Ranard KM, Jeon S, Erdman JW. Soy Consumption and the Risk of Prostate Cancer: An Updated Systematic Review and Meta-Analysis. *Nutrients*. 2018;10(1):40. Published 2018 Jan 4. doi:10.3390/nu10010040
12. Christoforou P, Christopoulos PF, Koutsilieris M. The role of estrogen receptor β in prostate cancer. *Mol Med*. 2014;20(1):427-434. Published 2014 Oct 2. doi:10.2119/molmed.2014.00105
13. Korde LA, Wu AH, Fears T, et al. Childhood soy intake and breast cancer risk in Asian American women. *Cancer Epidemiol Biomarkers Prev*. 2009;18(4):1050-1059. doi:10.1158/1055-9965.EPI-08-0405
14. Shu XO, Zheng Y, Cai H, et al. Soy food intake and breast cancer survival. *JAMA*. 2009;302(22):2437-2443. doi:10.1001/jama.2009.1783
15. Guha N, Kwan ML, Quesenberry CP Jr, Weltzien EK, Castillo AL, Caan BJ. Soy isoflavones and risk of cancer recurrence in a cohort of breast cancer survivors: the Life After Cancer Epidemiology study. *Breast Cancer Res Treat*. 2009;118(2):395-405. doi:10.1007/s10549-009-0321-5

References

16. Setchell KD, Brown NM, Zhao X, et al. Soy isoflavone phase II metabolism differs between rodents and humans: implications for the effect on breast cancer risk. *Am J Clin Nutr*. 2011;94(5):1284-1294. doi:10.3945/ajcn.111.019638
17. Stanford JL, Herrinton LJ, Schwartz SM, Weiss NS. Breast cancer incidence in Asian migrants to the United States and their descendants. *Epidemiology*. 1995;6(2):181-183. doi:10.1097/00001648-199503000-00017
18. Stanford JL, Herrinton LJ, Schwartz SM, Weiss NS. Breast cancer incidence in Asian migrants to the United States and their descendants. *Epidemiology*. 1995;6(2):181-183. doi:10.1097/00001648-199503000-00017
19. Yamashita H, Iwase H, Toyama T, et al. Estrogen receptor-positive breast cancer in Japanese women: trends in incidence, characteristics, and prognosis. *Ann Oncol*. 2011;22(6):1318-1325. doi:10.1093/annonc/mdq596
20. Morito K, Hirose T, Kinjo J, et al. Interaction of phytoestrogens with estrogen receptors alpha and beta. *Biol Pharm Bull*. 2001;24(4):351-356. doi:10.1248/bpb.24.351

References

21. Khurana RK, Jain A, Jain A, Sharma T, Singh B, Kesharwani P. Administration of antioxidants in cancer: debate of the decade. *Drug Discov Today*. 2018;23(4):763-770. doi:10.1016/j.drudis.2018.01.021
22. Zhang Q, Wang C, Li B, et al. Research progress in tofu processing: From raw materials to processing conditions. *Crit Rev Food Sci Nutr*. 2018;58(9):1448-1467. doi:10.1080/10408398.2016.1263823
23. Zaheer K, Humayoun Akhtar M. An updated review of dietary isoflavones: Nutrition, processing, bioavailability and impacts on human health. *Crit Rev Food Sci Nutr*. 2017;57(6):1280-1293. doi:10.1080/10408398.2014.989958
24. Kazemi A, Barati-Boldaji R, Soltani S, et al. Intake of Various Food Groups and Risk of Breast Cancer: A Systematic Review and Dose-Response Meta-Analysis of Prospective Studies. *Adv Nutr*. 2021;12(3):809-849. doi:10.1093/advances/nmaa147
25. Voss CA, Williams V. *Oncology Nutrition for Clinical Practice*. Academy of Nutrition and Dietetics; 2021.

References

26. Dairy in the Mediterranean diet. Oldways.
<https://oldwayspt.org/blog/dairy-mediterranean-diet>. Accessed April 1, 2023.
27. Vigar V, Myers S, Oliver C, Arellano J, Robinson S, Leifert C. A Systematic Review of Organic Versus Conventional Food Consumption: Is There a Measurable Benefit on Human Health?. *Nutrients*. 2019;12(1):7. Published 2019 Dec 18. doi:10.3390/nu12010007
28. Du M, Liu SH, Mitchell C, Fung TT. Associations between Diet Quality Scores and Risk of Postmenopausal Estrogen Receptor-Negative Breast Cancer: A Systematic Review. *J Nutr*. 2018;148(1):100-108. doi:10.1093/jn/nxx015
29. Fraser GE, Jaceldo-Siegl K, Orlich M, Mashchak A, Sirirat R, Knutsen S. Dairy, soy, and risk of breast cancer: those confounded milks. *Int J Epidemiol*. 2020;49(5):1526-1537. doi:10.1093/ije/dyaa007
30. López-Plaza B, Bermejo LM, Santurino C, Cavero-Redondo I, Álvarez-Bueno C, Gómez-Candela C. Milk and Dairy Product Consumption and Prostate Cancer Risk and Mortality: An Overview of Systematic Reviews and Meta-analyses. *Adv Nutr*. 2019;10(suppl_2):S212-S223. doi:10.1093/advances/nmz014

References

31. Song Y, Chavarro JE, Cao Y, et al. Whole milk intake is associated with prostate cancer-specific mortality among U.S. male physicians. *J Nutr.* 2013;143(2):189-196. doi:10.3945/jn.112.168484

32. World Cancer Research Fund/American Institute for Cancer Research. The cancer process. In *Diet, Nutrition, Physical Activity and Cancer: A global Perspective*. Continuous Update Project Expert Report 2018. Accessed October 22, 2023. www.wcrf.org/dietandcancer

Chart on slide 45 adapted from the two following sources:

33. World Cancer Research Fund/American Institute for Cancer Research. The cancer process. In: *Diet, Nutrition, Physical Activity, and Cancer: A Global Perspective*. Continuous Update Project Expert Report 2018. www.wcrf.org/dietandcancer/cancerprocess. See reference 10.

34. Voss CA, Williams V. Chapter 1: Overview of Cancer, Carcinogenesis, and the Role of Nutrition. *Oncology Nutrition for Clinical Practice*. Academy of Nutrition and Dietetics; 2021:6. See figure 1.2.

References

35. US Burden of Disease Collaborators, Mokdad AH, Ballestros K, et al. The State of US Health, 1990-2016: Burden of Diseases, Injuries, and Risk Factors Among US States. *JAMA*. 2018;319(14):1444-1472. doi:10.1001/jama.2018.0158

36. Male D, Fergus K, Yufe S. 'Weighing' Losses and Gains: Evaluation of the Healthy Lifestyle Modification After Breast Cancer Pilot Program. *Front Psychol*. 2022;13:814671. Published 2022 Mar 25. doi:10.3389/fpsyg.2022.814671

37. Zuniga KE, Parma DL, Muñoz E, Spaniol M, Wargovich M, Ramirez AG. Dietary intervention among breast cancer survivors increased adherence to a Mediterranean-style, anti-inflammatory dietary pattern: the Rx for Better Breast Health Randomized Controlled Trial. *Breast Cancer Res Treat*. 2019;173(1):145-154. doi:10.1007/s10549-018-4982-9

38. Moore SC, Lee IM, Weiderpass E, et al. Association of Leisure-Time Physical Activity With Risk of 26 Types of Cancer in 1.44 Million Adults. *JAMA Intern Med*. 2016;176(6):816-825. doi:10.1001/jamainternmed.2016.1548

39. Davies AA, Davey Smith G, Harbord R, et al. Nutritional interventions and outcome in patients with cancer or preinvasive lesions: systematic review. *J Natl Cancer Inst*. 2006;98(14):961-973. doi:10.1093/jnci/djj263

References

40. Pocobelli G, Peters U, Kristal AR, White E. Use of supplements of multivitamins, vitamin C, and vitamin E in relation to mortality. *Am J Epidemiol*. 2009;170(4):472-483. doi:10.1093/aje/kwp167
41. Bailey RL, Gahche JJ, Lentino CV, et al. Dietary supplement use in the United States, 2003-2006. *J Nutr*. 2011;141(2):261-266. doi:10.3945/jn.110.133025
42. Ferrucci LM, McCorkle R, Smith T, Stein KD, Cartmel B. Factors related to the use of dietary supplements by cancer survivors. *J Altern Complement Med*. 2009;15(6):673-680. doi:10.1089/acm.2008.0387
43. Eisele JW, Reay DT. Deaths related to coffee enemas. *JAMA*. 1980;244(14):1608-1609.
44. Kim S, Cha JM, Lee CH, et al. Rectal perforation due to benign stricture caused by rectal burns associated with hot coffee enemas. *Endoscopy*. 2012;44 Suppl 2 UCTN:E32-E33. doi:10.1055/s-0031-1291512
45. Son H, Song HJ, Seo HJ, Lee H, Choi SM, Lee S. The safety and effectiveness of self-administered coffee enema: A systematic review of case reports. *Medicine (Baltimore)*. 2020;99(36):e21998. doi:10.1097/MD.00000000000021998

References

46. Klein AV, Kiat H. Detox diets for toxin elimination and weight management: a critical review of the evidence. *J Hum Nutr Diet.* 2015;28(6):675-686. doi:10.1111/jhn.12286