Diet and Cancer
A guide for patients and families
Diet and Cancer

This booklet has been written to help you understand more about diet and cancer. It has been prepared and checked by dietitians, nurses and patients. The information in this booklet is an agreed view on diet and cancer.

If you are a patient, your doctor, dietitian or nurse may like to go through the booklet with you. They can mark sections that are important for you. You can also make a note below of the contact names and information you may need quickly.

<table>
<thead>
<tr>
<th>Dietitian</th>
<th>Name</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialist nurse</td>
<td>Name</td>
<td>Telephone</td>
</tr>
<tr>
<td>Family doctor (GP)</td>
<td>Name</td>
<td>Telephone</td>
</tr>
<tr>
<td>Surgeon</td>
<td>Name</td>
<td>Telephone</td>
</tr>
<tr>
<td>Medical oncologist</td>
<td>Name</td>
<td>Telephone</td>
</tr>
<tr>
<td>Radiation oncologist</td>
<td>Name</td>
<td>Telephone</td>
</tr>
<tr>
<td>Radiation therapist</td>
<td>Name</td>
<td>Telephone</td>
</tr>
<tr>
<td>Medical social worker</td>
<td>Name</td>
<td>Telephone</td>
</tr>
<tr>
<td>Speech and language therapist</td>
<td>Name</td>
<td>Telephone</td>
</tr>
<tr>
<td>Emergency</td>
<td>Name</td>
<td>Telephone</td>
</tr>
</tbody>
</table>
This booklet has been produced by the Irish Cancer Society to meet the need for improved communication, information and support for cancer patients and their families throughout diagnosis and treatment. We would like to thank all those patients, families and professionals whose support and advice made this publication possible. We would particularly like to acknowledge the contribution of the many consultants, nurses and other healthcare professionals who so kindly gave up their time and expertise to contribute to previous editions of this booklet.

DIET AND CANCER ADVISERS
Dr. Miriam O’Connor, Consultant Medical Oncologist
Fiona Cregan, Senior Dietitian
Diarmuid Duggan, Senior Dietitian

EDITOR
Sarah Lane

The following sources were used in the publication of this booklet:

Published in Ireland by the Irish Cancer Society.
Next revision: 2020

Product or brand names that appear in this book are for example only. The Irish Cancer Society does not endorse any specific product or brand.

All rights reserved. No part of this publication may be reproduced or transmitted, in any form or by any means, electronic or mechanical, including photocopying, recording or any information storage and retrieval system, without permission in writing from the Irish Cancer Society.

ISBN 0953236901
**Introduction**

**Why is it important to eat well when you have cancer?**
Eating well when you have cancer can help you feel better. It can make you feel strong and help you to maintain a healthy weight. It can also help you tolerate the side-effects of treatment, reduce the risk of infection, and help your recovery.

**Who is this booklet for?**
This booklet has been written to help you learn more about diet and cancer. It’s aimed at people with cancer at any stage. This includes newly diagnosed, during and after treatment, or when active cancer treatment has stopped.

**What is the booklet about?**
This booklet has information on how to get a balanced diet and some eating issues that can happen during and after treatment - and how to cope with them. There is a section on building yourself up if you have lost weight unintentionally or if you are having eating problems. There are also some tips for carers about diet and preparing food. Some advice is given about special diets and supplements as well.

**Where can I get more information?**
We hope this booklet will answer some of your questions. If you have any questions, you can call our Cancer Nurseline on Freephone 1800 200 700 or visit a Daffodil Centre to get information and advice from a cancer nurse. Your hospital dietitian can also give you support and advice.
Balanced diets

What is a balanced diet?

Having a balanced diet means that your body has the nutrition it needs to grow and work well. It may also help to prevent illness.

To have a balanced diet you need to eat a variety of foods that provide the nutrients your body needs in the right amounts. These include protein, carbohydrates, fats, vitamins and minerals. They are used by your body to give you energy, repair and build essential tissues, and help with lots of body functions.

If you have cancer, eating a balanced diet is even more important during treatment. It can help you to:

- Feel better
- Keep up your energy and strength
- Keep a healthy weight
- Tolerate the dose of drugs given
- Cope better with side-effects of treatment
- Reduce your risk of infection
- Heal and recover faster

The food pyramid

The food pyramid on pages 8–9 can help you to see how to balance your own diet, by getting the right amount of different types of foods.

Cancer and cancer treatment can affect your body in different ways. You may need to eat different types of foods or different quantities. You might need special advice from a dietitian to keep a good balance in your diet. Ask to be referred to the dietitian if you have any worries about your diet.

>>> If you have changed the way you eat because of your treatment or how you feel, speak to your dietitian to help you to get a balanced diet again.
The **Food Pyramid**

For adults, teenagers and children aged five and over

### Foods and drinks high in fat, sugar and salt

Most people consume snacks high in fat, sugar and salt and sugar sweetened drinks up to 6 times a day (Healthy Ireland Survey 2016). There are no recommended servings for top shelf foods and drinks because they are not needed for good health.

### Fats, spreads and oils

Use as little as possible. Choose mono or polyunsaturated reduced-fat or light spreads. Choose rapeseed, olive, canola, sunflower or corn oils. Limit mayonnaise, coleslaw and salad dressings as they also contain oil. Always cook with as little fat or oil as possible - grilling, oven-baking, steaming, boiling or stir-frying.

### Meat, poultry, fish, eggs, beans and nuts

Choose lean meat, poultry (without skin) and fish. Eat oily fish up to twice a week. Choose eggs, beans and nuts. Limit processed salty meats such as sausages, bacon and ham.

### Milk, yogurt and cheese

Choose low-fat milk and yogurt more often than cheese. Enjoy cheese in small amounts. Women who are pregnant or breastfeeding need 3 servings a day.

### Wholemeal cereals and breads, potatoes, pasta and rice

Wholemeal and wholegrain cereals are best. Enjoy at each meal. The number of servings depends on age, size, if you are a man or a woman and on activity levels. Watch your serving size and use the Daily Servings Guide below.

### Vegetables, salad and fruit

Base your meals on these and enjoy a variety of colours. More is better. Limit fruit juice to unsweetened, once a day.

### Daily Servings Guide – wholemeal cereals and breads, potatoes, pasta and rice

<table>
<thead>
<tr>
<th>Active Child (3–5)</th>
<th>Inactive Child (3–5)</th>
<th>Teenager (16–18)</th>
<th>Adult (19–50)</th>
<th>Adult (51+)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3–4</td>
<td>3</td>
<td>3–4</td>
<td>3–4</td>
<td>3</td>
</tr>
<tr>
<td>3–5</td>
<td>3</td>
<td>5–7</td>
<td>5–7</td>
<td>4–5</td>
</tr>
</tbody>
</table>

There is no guideline for inactive children as it is essential that all children are active.

### 1 serving size is:

<table>
<thead>
<tr>
<th>Portion pack</th>
<th>reduced-fat or light spread for 2 slices of bread</th>
<th>1 teaspoon oil per person when cooking</th>
<th>50–75g cooked lean beef, lamb, pork, mince or poultry (half size of palm of hand)</th>
<th>100g cooked fish, soy or tofu</th>
<th>1/4 cup beans or lentils</th>
<th>2 eggs</th>
<th>40g unsalted nuts or seeds</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 glass (200ml) milk</td>
<td>1 carton (125g) yogurt drink</td>
<td>3 servings a day for children age 9–12 and teenagers age 13–18</td>
<td>3 servings a day for teenage boys and men age 19–50</td>
<td>3–5 servings a day</td>
<td>Up to 3 servings wholemeal bread or 1 pitta pocket</td>
<td>1 medium sized fruit – apple, orange, pear or banana</td>
<td>1 medium sized fruit – apple, orange, pear or banana</td>
</tr>
</tbody>
</table>

### Reduced-fat spread

Portion packs found in cafes can guide the amount you use. One pack should be enough for two slices of bread.

### Oils

Use one teaspoon of oil per person when cooking or in salads.
What is a healthy weight?

A healthy weight is when your weight is right for your height, your body mass index (BMI) is normal and you are neither overweight nor underweight. The best way to be a healthy body weight is to balance the food and drink you eat with physical activity.

Getting active

Exercise can help you to keep a healthy weight. Exercise can also help to boost your mood and improve your energy levels if you are feeling very tired (fatigued). Ask your doctor or physiotherapist for advice about the best exercise for you.

Eating and cooking tips

- Prepare and cook your meals using fresh ingredients. Avoid ready meals and takeaways in general.
- Always read the nutrition label: check for high levels of fat, sugar and salt.
- Eat more fish, especially oily fish such as mackerel, sardines and salmon, at least once a week.
- Drink about 8–10 cups or glasses of fluid every day. Water is best.
- Eat slowly and chew your food properly.
- Eat breakfast – you're more likely to be a healthy weight if you do.
- Limit or avoid alcohol and don't drink on an empty stomach.
- If you eat a healthy balanced diet, there is no need to take food supplements, unless advised by your doctor.

What is a serving?

Serving sizes vary depending on the type of food. 1 serving is:

- **Meat:** A piece about the size of your palm
- **Fruit:** 1 banana, 2 plums or 6 strawberries
- **Vegetables:** Around half a 200ml disposable plastic cup
- **Potatoes:** 2 medium or 4 small
- **Pasta or rice:** A 200ml disposable plastic cup full
- **Bread:** 2 thin slices
- **Cheese:** A piece the size of 2 thumbs
- **Milk:** One glass
- **Oil:** 1 teaspoon per person when cooking
- **Spreads:** 1 portion pack size

See [www.safefood.eu](http://www.safefood.eu) for more about the food pyramid.

<table>
<thead>
<tr>
<th>Group</th>
<th>Food type</th>
<th>Amount to take every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Fats, spreads and oils</td>
<td>Very small amounts*</td>
</tr>
<tr>
<td>2</td>
<td>Meat, poultry, fish, eggs, beans, nuts</td>
<td>2 servings*</td>
</tr>
<tr>
<td>3</td>
<td>Milk, cheese and yoghurt</td>
<td>3 servings*</td>
</tr>
<tr>
<td>4</td>
<td>Wholemeal bread and cereals, potatoes, rice and pasta</td>
<td>3–5 servings*</td>
</tr>
<tr>
<td>5</td>
<td>Vegetables, salad and fruit</td>
<td>5–7 servings*</td>
</tr>
<tr>
<td></td>
<td>Sugars, confectionery, cakes, biscuits, high-fat snack foods</td>
<td>Not every day – 1-2 times a week at most</td>
</tr>
</tbody>
</table>

*This amount may change in special diets.*

Underweight

<table>
<thead>
<tr>
<th>BMI</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>18.5 or less</td>
<td>Underweight</td>
</tr>
<tr>
<td>18.5–24.9</td>
<td>Healthy weight</td>
</tr>
<tr>
<td>25.0–29.9</td>
<td>Overweight</td>
</tr>
<tr>
<td>30 or more</td>
<td>Obese</td>
</tr>
</tbody>
</table>

Your dietitian can measure your BMI for you. Sometimes there are scales in shopping centres or pharmacies that will measure it for you.
To sum up

- A balanced diet during cancer treatment can help you feel better and recover faster.
- A balanced diet is when you take in all the essential nutrients in the right amounts so your body can grow, work, and repair itself.
- For a diet to be well balanced, you must eat fruit and vegetables. You should include all the food groups in the food pyramid in the right amounts.
- A healthy weight is when you are neither overweight nor underweight.

BMI is a guide only. If you are worried about your score, do talk to your dietician. Most people are advised to keep their current body weight during cancer treatment. If you are losing or gaining weight, discuss it with your nurse, doctor or dietician.

Measuring BMI yourself

You can also calculate your BMI yourself. But first you will need to know your weight in kilograms (kg) and your height in metres (m). Divide your weight by your height and then divide the result again by your height. There are also websites that can help you to calculate it.

Waistline measurement

Measuring your waistline is a way of checking if you are at risk of cancer, especially bowel cancer. Extra weight around your middle can also lead to health problems such as diabetes and heart disease.

To measure your waistline:
- Find the top of your hipbone.
- At this point, measure around your waist. Make sure the tape measure is snug but not marking your skin.
- Take the measurement at the end of a normal breath.

Your risk of cancer is higher if your waistline is more than 94 cm or 37 inches for men and more than 80 cm or 32 inches for women. Talk to your dietician if you are worried about your waistline.

Nutrition and treatment

How might cancer treatment affect how I eat?

Some cancer treatments can affect your appetite or how you eat. For example, how you chew, swallow, and absorb food. Before any treatment, your doctor and nurse will explain any likely side-effects.

Sometimes it can be hard to know what kind of eating problems to expect. It can depend on several things, for example:

- Location of your cancer and if it has spread
- Type of treatment given
- Area being treated
- Number of treatments
- Dose of treatment given
- Length of treatment
- Symptoms caused by the cancer
- Side-effects of treatment
- Your own general health

Referral to a dietician

Cancer or the side-effects of treatment can reduce your appetite or cause weight loss. This can make you weak and tired, more likely to get infections or less able to tolerate treatment. Ask to be referred to a dietician if you are underweight or losing weight or have any concerns during your treatment.

For support and advice on diet, talk to your dietician.

Surgery

It’s common to have some eating problems after surgery. Usually most people can start eating again a day or two after surgery. If you have surgery to your digestive system, the eating problems may take longer to clear up. This includes surgery to your mouth, tongue, throat, gullet (oesophagus), stomach, small intestine, bowel, rectum, pancreas, liver, and gallbladder.
Some common eating problems after surgery include:

- Feeling full
- Swallowing problems
- Loss of appetite
- Nausea
- Vomiting
- Cramping
- Diarrhoea
- Constipation
- Weight gain or loss

Because surgery may slow your digestion or affect your mouth, throat and stomach, you will need good nutrition. Good nutrition will help your wound to heal well and speed up your recovery. In some cases, you might need tube feeding after your surgery. See page 22 for more details about tube feeding.

### Eating tips before surgery

- Your doctor, dietician and nurse will decide if you need building up. This may be needed if you are malnourished through weight loss. If you are going for neck or stomach surgery you may benefit from a special type of nutrition called immunonutrition. This means giving special nutrients to try to boost your immune system to help you to recover better. Speak to your doctor and dietician about this before your surgery.
- Follow the advice of your nurse about clearing your bowels and fasting.

### Chemotherapy

Chemotherapy can affect normal cells as well as cancer cells. It can affect cells in your gut and bowel. This means at times you may lose your desire for food or be less able to eat. Eating problems due to chemotherapy can include:

- Taste and smell changes
- Loss of appetite
- Sore mouth or throat
- Nausea and vomiting
- Diarrhoea
- Constipation
- Weight gain or loss

These problems can vary and depend on the drug, dosage and your own response to it. Usually these problems clear up once treatment ends or soon after.

### Eating tips before chemotherapy

- Bring a light meal or snack with you. Some hospitals may offer food and drink to you.
- Eat something before treatment. Most people find a light meal or snack goes down well.
- If you are taking chemotherapy tablets, follow the instructions about whether it’s best to take them before or after eating, or with food.

See page 25 for more details about specific eating problems.

### Probiotic foods

Probiotic foods should be avoided if you are having chemotherapy. For example, ‘live’ or ‘bio’ yoghurts and drinks. These foods contain live bacteria and could make you sick, especially if your white cell count is low. Ask your nurse and dietician for more advice.

### Radiotherapy

Radiotherapy may cause eating problems if an area of the body linked to eating and digestion has been treated with radiotherapy. How severe any eating problems are depends on the area being treated and for how long.

#### Treatment of head and neck may cause:

- Dry mouth
- Sore mouth
- Sore throat
- Difficulty swallowing

#### Treatment of lung, oesophagus or breast may cause:

- Loss of appetite
- Nausea and vomiting
- Indigestion
- Increased phlegm (spit)

#### Treatment of stomach or pelvis may cause:

- Loss of appetite
- Nausea and vomiting
- Diarrhoea
- Cramping
- Bloating
Fatigue and appetite changes may also affect you during treatment. You may feel too tired to shop, prepare or eat food. After treatment, some of these problems may take longer to clear up. Talk to your dietitian for advice about your situation.

### Eating tips before radiotherapy
- Eat something at least 1 hour before treatment.
- Bring foods or snacks to eat or drink on the way home.
- Eat small frequent meals with fluids if you are having eating problems.

See page 25 for more details about specific eating problems.

### Biological therapy
Biological therapies use your immune system to fight cancer cells. Because your immune system is working harder, it can affect your desire or ability to eat.

Common eating problems are:
- Loss of appetite
- Dry mouth
- Sore mouth
- Taste and smell changes
- Nausea and vomiting

Some of these eating problems go away after the first few doses of the drug or once treatment is over. If your blood count is low, see page 45 for more about food safety.

See page 25 for more details about specific eating problems.

### Hormone therapy
Some types of hormone therapy can affect your appetite and change how your body deals with fluids. It can cause:
- Increased appetite
- Excess fluids in your body (fluid retention)

These problems usually go away once treatment is over. See page 25 for more details about specific eating problems.

---

**Are there any foods that can affect treatment?**

Some foods and drink might affect chemotherapy, hormone therapy or biological therapies. For example, alcohol, grapefruit or soy.

**Alcohol:** It’s best to avoid alcohol, or at least reduce your intake, during chemotherapy or biological therapy. This is because some drugs may affect treatment or else dehydrate you. Ask your doctor for advice. Alcohol may also irritate your mouth if you are receiving radiotherapy to your head, neck or chest region. Even small amounts found in mouthwashes can hurt if your mouth is inflamed.

**Grapefruit:** It is uncertain if grapefruit interferes with some hormone drugs used in the treatment of breast cancer. There is a link in theory that it can affect the absorption rate of these drugs. For example, tamoxifen, anastrazole, letrozole and exemestane. In the absence of clear evidence, you might prefer to avoid grapefruit or grapefruit juice. For most people, fruit juices are safe to drink and are a good source of vitamin C. Some fruit juices like grapefruit, however, can also affect certain antibiotics, cyclosporine (used after transplants), and some drugs used to treat heart disease. Ask your doctor for advice. It is best to take most medications with water, unless your doctor or nurse tells you otherwise.

**Soy products:** In general, soy is a good source of protein and low in saturated fat. But it may affect certain hormone drugs, like tamoxifen, used in the treatment of breast cancer. Soy contains isoflavones, which are compounds very like the hormone oestrogen. Research is ongoing to find out if soy can affect oestrogen levels in the body. Soy should not be taken if you have hormone-sensitive breast cancer and are taking tamoxifen. Soy may also interfere with aromatase inhibitors used in breast cancer treatment. Do talk to your doctor and nurse about it.

**Herbal products** may also affect chemotherapy. See page 52 for more details.

---

**If you are worried about any possible reactions with your medicine, always check with a doctor or dietitian.**
To sum up

- Eating problems can depend on many things like the type of cancer and treatment, and the number and dose of treatments.
- Common eating problems are loss of appetite, dry or sore mouth, taste and smell changes, difficulty swallowing, nausea and vomiting, diarrhoea and constipation.

What foods contain energy and protein?

- Carbohydrates – a good source of energy
- Fats – high in energy
- Proteins – help your body to repair itself after illness or treatment and fight infection
- Vitamins and minerals – help your body to use the foods you eat

<table>
<thead>
<tr>
<th>Carbohydrates</th>
<th>Fats</th>
<th>Proteins</th>
<th>Vitamins and minerals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bread</td>
<td>Butter</td>
<td>Meat</td>
<td>Build-up drinks</td>
</tr>
<tr>
<td>Cereals</td>
<td>Margarine</td>
<td>Chicken</td>
<td>Dried, tinned or frozen fruit and vegetables</td>
</tr>
<tr>
<td>Potatoes</td>
<td>Oil</td>
<td>Fish</td>
<td>Smoothies made with fruit and yoghurt or fruit and ice cream</td>
</tr>
<tr>
<td>Rice</td>
<td>Full-fat milk</td>
<td>Eggs</td>
<td>Chicken</td>
</tr>
<tr>
<td>Pasta</td>
<td>Full-fat yoghurt</td>
<td>Milk</td>
<td>Fish</td>
</tr>
<tr>
<td>Scones</td>
<td>Full-fat cheese</td>
<td>Cheese</td>
<td>Eggs</td>
</tr>
<tr>
<td>Crackers</td>
<td>Cream</td>
<td>Yoghurt</td>
<td>Cheese</td>
</tr>
<tr>
<td>Cakes</td>
<td>Eggs</td>
<td>Nuts</td>
<td>Milk and yoghurt</td>
</tr>
<tr>
<td>Buns and biscuits</td>
<td>Fromage frais</td>
<td>Pulses (peas, beans, lentils)</td>
<td></td>
</tr>
</tbody>
</table>

Talk to your doctor, nurse or dietitian about nutritional supplements. For example, build-up drinks.

Severe weight loss

Sometimes severe weight loss (cancer cachexia) can happen due to cancer itself or its treatment. This is where there is severe loss of appetite, weight loss, loss of strength and muscle mass. If this happens, there are ways to improve it. Your dietitian and nurse will discuss these with you. See page 38 for more details.

How can I build myself up?

During diagnosis, your nurse will talk to you about your eating habits. He or she can discuss any recent weight loss as well. This will include checking your weight and height. You can also talk about any eating problems you have or have had, or any situations where you find it hard to eat. If you live alone or need someone to prepare food, it can be arranged before you go home.

Building yourself up

If you are underweight, have lost weight unintentionally or have a poor appetite, you may need to build yourself up.

Your doctor, nurse or dietitian may advise you to follow a diet high in protein and energy (calories) to help you to build up your strength. This will help you to deal with the effects of cancer and treatment. You should also be less prone to infection.

It may seem strange to be told to eat lots of calories, but cancer and its treatment can put extra demands on your body that mean you need extra nutrition.

Increasing energy and protein

Here are some ways to increase your levels of energy and protein.

1. Eat more nutritious snacks and meals during the day. For example, eat six times a day.
2. For extra energy and protein, add the following to your food:
   - Butter or margarine
   - Milk
   - Cream
   - Cheese
   - Dressings, sauces and gravies
   - Honey, jam and sugar
   - Fry your food
3. Talk to your doctor, nurse or dietitian about nutritional supplements. For example, build-up drinks.
Your dietitian will tell you which ones are suitable for you. Some build-up drinks are not suitable if you have diabetes, kidney failure or other medical disorders.

You can buy build-up drinks in pharmacies and some supermarkets, or your doctor may prescribe them for you.

**Sample meal plans**

Here are some sample meal plans that are high in protein and energy. They may give you ideas on how to plan your meals for the day.

Remember to eat often if you have eating difficulties. Set aside a little time every 3 hours to eat something. For snack ideas, see the centre pages of this booklet.

---

**Nutritious snacks high in calories and protein**

- Baked potatoes with beans, cheese, tuna, crème fraiche
- Breakfast cereal – hot or cold
- Beans
- Cheese
- Crackers
- Creamy soups or broth
- Custards
- Dips made with cheese or yoghurt
- Hot chocolate
- Ice cream
- Milk puddings
- Milkshakes
- Mousse
- Muffins or scones
- Nuts
- Omelette
- Quiche
- Sandwiches
- Scrambled eggs
- Smoothies made with yoghurt
- Creamy soups or broth
- Yoghurt or fromage frais

---

**Build-up drinks and products**

There are other ways to help you if you are not getting enough calories and protein from your diet. You can get ‘build-up’ drinks to give you nourishment. These are known as nutritional supplements. Most are high in protein and have extra vitamins and minerals. These drinks should not replace your food but be taken alongside your other food as a supplement if you cannot eat well.

There are many types of drinks available to suit your taste and to help with particular problems.

Some are milky, some are yoghurt- or milkshake-style drinks and some are fruity. Some are just ‘shots’, others are bigger drinks.

Some have extra benefits like added fibre, fish oils to improve severe weight loss (cachexia) or ingredients to help wound healing.

If you have problems swallowing, there are also puddings and powders to thicken food or drinks.

Over time the protein and calories in these drinks can help you put on weight. Also, your energy levels may improve and make you feel better.
Who can give me advice about my diet?

There are many experts on the medical team who can give you and your family advice about diet throughout your treatment and afterwards. Your surgeon can let you know what kind of problems to expect from surgery and when it is safe to start eating again. Other members of the medical team, like dietitians, can give you plenty of advice on the type of foods to eat or avoid.

Your doctors may be able to give you some advice on diet. Some of the people listed here can give you more specific help.

**Dietitian**
This is an expert on food and nutrition mainly based in hospitals. They are trained to give advice on diet during illness and use diet to help symptoms. They can also give you advice as an outpatient. Your dietitian may put you in touch with special services in the community too.

**Speech and language therapist**
This is an expert on eating, drinking and swallowing difficulties. They are based in hospitals and in the community and are trained to assess swallowing problems. They can advise you on how to manage dry or sore mouth and on the safest drinks and foods for you to swallow.

**Clinical nurse specialist/ oncology liaison nurse**
These are specially trained nurses who work in a cancer care unit. They can give you and your family advice and support throughout treatment, including help with your diet and any eating problems. They can put you in touch with a dietitian too.

**Irish Cancer Society nurses**
Call the Irish Cancer Society Cancer Nurseline or call into a Daffodil Centre to get advice from a cancer nurse on eating problems and suggestions on suitable menus. The Cancer Nurseline number is Freephone 1800 200 700.

---

### What if I can't eat?

Most cancer patients can get all their nutrients from their diet, or from their diet and nutritional supplements. If you’re not getting enough nutrition this way, your doctor and dietitian can decide to give you nutrients another way. They can be given through a feeding tube or straight into a vein.

#### Tube feeding

The need for tube feeding will depend on your type of cancer or surgery and your general health. After major surgery to the digestive system, you may not be able to eat normally at first. You may receive nutrients through a tube passed into your nose, stomach or small bowel for a short while. Nutrients can also be given directly into your stomach using a PEG tube.

Tube feeding can also be done if there is serious weight loss, swallowing difficulties, or when not enough nutrients are taken.

#### Feeding into a vein

In some cases, feeding may need to be given directly into a vein. This is called total parenteral nutrition (TPN). TPN is used if your gut is not working properly or cannot be used for feeding. For example, if there is a blockage in your bowel or a large amount of bowel has been removed during surgery.

Your dietitian will talk to you about special feeding if you need it.

---

### Breakfast

<table>
<thead>
<tr>
<th>Breakfast</th>
<th>Lunch</th>
<th>Dinner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fresh fruit juice</td>
<td>Egg and cress sandwich</td>
<td>Mashed potatoes – add grated cheese or full-fat butter</td>
</tr>
<tr>
<td>Porridge – made with full-fat milk, add some cream to porridge</td>
<td>– mix egg filling with full-fat mayonnaise</td>
<td>Grilled/baked fillet of cod – add fresh herbs and olive oil</td>
</tr>
<tr>
<td>Toast – add extra full-fat butter to toast</td>
<td>Yoghurt – choose thick and creamy or full-fat versions</td>
<td>Green beans</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sherry trifle – add double cream</td>
</tr>
</tbody>
</table>
Medical social worker
This is an expert at giving emotional support to cancer patients. They can help with benefits and entitlements too. If you live alone, they can organise a home-help to shop and prepare your meals.

Support groups
Someone with a similar cancer and treatment as yours can give you practical advice about living with cancer. They may have useful tips about eating problems too.

Eating problems during treatment
Some of the common eating problems are listed here, with some advice about how to manage them. Ask your dietitian, doctor and nurse for more advice, if you need it.

Most of these problems go away once treatment has ended or soon afterwards. Others like dry mouth from radiotherapy may be permanent.

Depending on the type of surgery you have, it may take some time for other eating problems to clear up.

See the centre of this booklet for useful foods high in protein and calories. If you are a diabetic, vegetarian or vegan, talk to your dietitian about how to get extra proteins and calories in your diet.

Hints & Tips – shopping and cooking
- Get someone to help you with cooking and shopping or do it for you until you feel better.
- Accept all offers of help, even if you prefer to do things yourself.
- Find out if your local shops can deliver your shopping if you order it over the phone.
- If you or someone you know has internet access, order your shopping online from a supermarket.
- Plan and prepare meals in advance.

Poor appetite
- Make the most of your appetite when it’s good. Eat when and what you want.
- Take small meals and snacks about every 2–3 hours.
- Take snacks high in calories and protein.
- Keep snacks handy. Try cheese and crackers, sandwiches, muffins or scones.
- Use a smaller plate for your meals. Large portions can be off-putting if your appetite is small.
- Eat slowly and chew your food well.
- Take plenty of drinks like milk, juices and soups.
- Try build-up drinks, which have a balanced mix of nutrients for when it’s hard for you to eat food.
- Special high-calorie drinks can help to keep your strength up. Talk to your diettitian about suitable ones for you. Your doctor can also give you a prescription for these drinks.
- Take only small sips while eating, as drinking might make you full.
- Encourage your family to eat together and make mealtimes relaxing and enjoyable.
- Take regular exercise, if you can, as it may help your appetite. Fresh air can help too.
- Talk to your doctor about medications to help other problems, like constipation, nausea, pain or other side-effects of treatment, if they affect your appetite.

Taste and smell changes

- Eat foods that appeal to your taste buds and smell good.
- Keep your mouth clean by rinsing and brushing – it may improve the taste of foods.
- Eat food cold or at room temperature, if smells bother you.
- Hold off eating foods that no longer appeal to you. Try them again some days or weeks later as you might enjoy them again.
- Flavour foods with onion, garlic or herbs like mint and basil, if you find food tasteless.
- Marinate meat, chicken or fish to help the flavour.
- Try small-sized tasty sandwiches.
- Rinse your mouth with tea, saltwater or baking soda to help clear your taste buds before eating.
- Drink plenty of fluids.
- If liquids leave an unpleasant taste in your mouth, try drinking decaffeinated tea or coffee.

- Eat fresh fruit and vegetables rather than canned ones, if possible.
- Try chewing fresh or tinned pineapple before meals to get rid of bad tastes.
- Use plastic utensils if you have a metallic taste while eating.

Sore mouth, gums or throat

- Take sips of fluids like water often. Drink through a straw if your mouth is painful.
- Eat soft, moist food like omelettes, scrambled eggs, mashed potatoes, cream soups, natural yoghurt, milkshakes, stews, puddings.
- Moisten dry or solid foods with sauces or gravies.
- Purée or liquidise foods, for example, fruit and vegetables, in a blender to make them easier to swallow.
- Take cold foods and drinks like ice cream to soothe your mouth.
- Take care with the following as they can make a sore mouth or throat worse:
  — pickled, salty or spicy foods
  — rough food, like crispy bread, dry toast or raw vegetables
  — alcohol and tobacco
  — citrus juices, like orange, lemon, lime, grapefruit or pineapple
  — mouthwashes that contain alcohol, or acidic ones.
- Take nutritious fluids like special build-up drinks and milkshakes and desserts like yoghurt, ice cream or custard. Eating foods high in protein and calories will quicken healing.
- Keep your mouth fresh and clean. Try sucking on mango or pineapple chunks, but avoid them if they sting.
- Rinse your mouth often with a salt and baking soda mouthwash. Add 1 teaspoon of baking soda and 1 teaspoon of salt to 1 pint of warm water.
- Use special mouthwashes and gels often. Ask your nurse and doctor about safe ones to use.
- Use a soft toothbrush. Put it into a container of warm water to soften the bristles.
Ask your doctor and nurse for painkillers if your mouth is painful. They may prescribe some antiseptic or local anaesthetic gels or lozenges.

Visit your dentist regularly. He or she can give you advice about caring for your mouth and special mouthwashes.

**Dry mouth**

- Take sips of fluids like water often. Sucking ice cubes or ice pops may help too.
- Drinking milk can help to protect your teeth. It is also a good source of protein and calories.
- Eat soft moist food. Moisten your food with sauces or gravy.
- Rinse your mouth regularly, especially before and after meals.
- Avoid the following as they can dry out your mouth:
  - salty and spicy foods
  - alcohol and caffeine
  - mouthwashes that contain alcohol or acidic ones.
- Take care with chocolate, pastry and freshly baked bread as they may stick to the roof of your mouth.
- Use special mouthwashes, gels and moisturisers often. For example, products that contain saliva enzymes. Your doctor or pharmacist can advise you about products to try.
- If you have thick saliva, rinse your mouth often with a baking soda mouthwash. Add 1 teaspoon of baking soda to 1½ pints of water.
- If your mouth has a bad taste due to dryness, rinse it before meals or suck on pineapple chunks.
- Brush your teeth after every meal or snack. Use a soft toothbrush. Put it into a container of warm water to soften the bristles.
- Stimulate the flow of saliva with sugarless gum, boiled sweets or pastilles.
- Keep your lips moist with a lip balm.

**Indigestion**

- Try to eat small frequent meals instead of large ones.
- Sipping some drops of peppermint oil in hot water may help to relieve any discomfort.
- Herbal teas like mint or liquorice may help.
- Avoid fizzy drinks, alcohol, spicy foods, pickles and citrus fruits.
- Talk to your doctor or pharmacist about antacid medications that may help.
- If indigestion is worse at night, avoid eating or drinking for 3 to 4 hours before bedtime.
- Sit up after eating.

**Difficulty swallowing**

- Eat your favourite foods but soften them with sauces and gravies, where possible.
- Try eating soft, liquid foods like soups, broths, milkshakes, custards, natural yoghurt. But vary them so you don’t get bored. Make sure soups and broths have potato, meat or fish in them for extra nourishment.
- Thickened liquids can be easier to swallow. Your speech and language therapist can advise you on how to alter your foods.
- Chop up meat and vegetables finely for stews or casseroles.
- Blend or liquidise cooked foods.
- Eat small, frequent meals.
- Sit up as straight as possible for all your meals. Try to remain seated upright for 20–30 minutes after eating.
- Take build-up drinks, which are high in calories and protein. Your dietitian can advise you about these and your doctor may prescribe them.
- Drink at least 6 to 8 cups of fluid each day.
- Ask your doctor to refer you to a speech and language therapist for special eating techniques.
Feeling full

- Eat smaller meals often.
- As you begin to feel less full, gradually increase the amounts of food and the time between meals.
- Avoid foods high in fibre to prevent you feeling full very quickly. For example, large portions of fruit and vegetables, wholegrain rice and pasta and wholemeal bread.
- Don’t drink large amounts of liquids, especially fizzy drinks, just before mealtimes.

Nausea (feeling sick)

- If you have nausea during radiotherapy or chemotherapy, avoid eating for 1–2 hours before treatment.
- Drink clear liquids to prevent getting dehydrated.
- Take plenty of nourishing fluids if you miss a meal or two.
- Take fluids in between meals, as they may fill you up when eating.
- Eating little and often may help. Eat slowly and chew food well.
- Rest after your meals.
- Eat before you get hungry, as hunger can make nausea worse.
- If you are sensitive to the smell of hot food, try bland, cold foods.
- Try the following foods and drink as they might help:
  - Fizzy drinks like mineral water, ginger ale, or lemonade
  - Cold foods like yoghurt, desserts, boiled potatoes, rice, noodles, breakfast cereal or cheese
  - Dry food like toast, scones, crackers or breakfast cereals. This can help in the morning before you get up
  - Bland foods like breakfast cereal, bread or toast, soup and crackers, yoghurt, milk puddings, scones or sandwiches
  - Herbal teas like mint
- Avoid the following foods, as they may make nausea worse:
  - Fatty, greasy or fried foods
  - Spicy foods
  - Very sugary foods
  - Foods with a strong smell.

Vomiting

- Don’t eat anything until the vomiting has stopped and is under control.
- When the vomiting is under control, try small amounts of clear liquids like water.
- Carry on taking small amounts of liquid as often as you can keep them down.
- When you can keep down clear liquids, try a full liquid diet or a soft diet.
- Ask your doctor and nurse about any anti-sickness medication you could take. Take them as advised.
- A rest after meals may help prevent vomiting.
- Relaxation exercises or acupuncture can sometimes help to prevent vomiting.

Cramping

- Eat and drink slowly. Small mouthfuls and chewing well can help.
- Avoid food and drink that can cause wind or cramps like beer, beans, cabbage, garlic, spicy foods and sugar-free gum and sweets made with sorbitol.
- Let fizzy drinks go flat before drinking them.
Herbal teas like mint or liquorice may help.

Gentle exercise like walking can ease cramps.

**Bloating**

- Avoid gassy foods like beans, brussels sprouts, onions, celery, carrots, raisins, bananas, prune juice, apricots and wheatgerm.
- Avoid fizzy drinks and beer.
- Eat and drink slowly and chew your food well.
- Don’t skip meals.
- Eat 4 to 6 small meals spread out over the day. Avoid large meals.
- Add fibre to your diet slowly. For example, small amounts of vegetables, fresh and dried fruits, and wholegrains. Fibre may make bloating worse for some people.
- Try not to talk while eating.
- Avoid chewing gum and sucking on hard sweets.
- Don’t smoke.
- Talk to your doctor and nurse to see if your medication or lactose intolerance is causing the bloating.
- Ask your doctor or nurse if any over-the-counter preparations can help.
- If you wear dentures, check with your dentist that they fit properly.
- Exercise regularly if you can. Get at least 30 minutes of exercise each day.

**Diarrhoea**

- Drink plenty of fluids to replace what you lose with diarrhoea. Take liquids 30 minutes to 1 hour after your meal and/or between meals.
- Eat small amounts of food during the day instead of three large meals.
- Avoid high-fibre foods temporarily. These include bran, wholegrain cereals, nuts and seeds, beans and peas, dried fruits, raw fruits and vegetables.
- Your doctor may prescribe something to control the diarrhoea. Take this as advised.

---

**Pull-out menu suggestions**

**Nutritious Snacks**

- Cereals – hot or cold
- Beans on toast
- Cheese and crackers
- Custards
- Hot chocolate (make with milk)
- Milk puddings
- Milkshakes
- Creamy soups
- Yoghurt or fromage frais
- Smoothies
- Mousses

- Sandwiches
- Nuts
- Omelettes
- Quiche
- Muffins or scones
- Scrambled eggs
- Baked potatoes with beans, cheese, tuna
- Dips made with cheese or yoghurt
**Liquids**

**Clear Liquids**
- Water
- Fruit juices without fruit pieces
- Clear broth
- Consommé
- Ice pops
- Honey
- Clear fizzy drinks
- Fizzy energy drinks
- Sports drinks
- Strained vegetable broth

**Full Liquids**
- Milk
- Fruit juices
- Fruit nectars
- Fruit purée
- Fresh or frozen yoghurt
- Milkshakes
- Smooth ice cream
- Liquidised soup
- Tomato juice
- Vegetable juice
- Build-up drinks
- Soft custard
- Drinking chocolate

**Nutritious Meals**
- Omelette or scrambled egg
- Baked egg custard
- Egg mayonnaise
- Creamed soups
- French toast
- Baked beans with grated cheese
- Tinned spaghetti with grated cheese
- Macaroni cheese
- Cauliflower with cheese
- Casseroles or stews
- Shepherd’s pie or cottage pie
- Bolognaise sauce
- Lasagne
- Savoury mince
- Pasta with creamy tomato sauce
- Soft poached or flaked fish in sauce
- Salmon mousse
- Fish and potato in a creamy sauce
- Mashed carrots with honey and cream
- Vegetables mashed with butter and melted cheese
- Chicken in cream sauce
- Quiche
- Jacket potato with butter, grated cheese or cream cheese
- Dips like hummus, pesto, guacamole, cream cheese
How to increase calories

- Add butter or margarine to soups, mashed and baked potatoes, sauces, cooked vegetables, rice.
- Add whipped cream to desserts, puddings and fruit. Add it unsweetened to mashed potatoes and pureed vegetables.
- Add milk or cream to soups, sauces, puddings, custards, cereals. Use cream instead of milk in recipes.
- Add cheese to casseroles, potatoes, vegetables, omelettes, sandwiches. Melt where possible.
- Add chopped hard-boiled eggs to salads, vegetables, casseroles.
- Sauté or fry foods if you can tolerate them.
- Add sauces or gravies to your food.

How to increase protein

- Eat more hard and soft cheeses. Add them to food where possible.
- Use milk instead of water as a drink and in cooking whenever possible. Use full-fat milk.
- Take build-up drinks.
- Add ice cream or yoghurt to drinks, fruit and cereals.
- Add eggs to your food whenever possible. Avoid raw eggs.
- Add nuts, seeds and wheat germ to your food. Add to casseroles, salads, breads, biscuits.
- Add chopped meat or fish to vegetables, salads, casseroles, soups, baked potatoes.
- Eat more beans and peas. Add to soups and casseroles.

How to increase calories and protein

- Take care with the following foods as they can make diarrhoea worse:
  - Fatty, greasy and fried foods
  - Fizzy drinks
  - Drinks with caffeine like coffee, tea, coke and hot chocolate
  - Citrus fruits, like orange and grapefruit, and tomato juices
  - Very hot or very cold fluids
  - Foods containing sorbitol, the artificial sweetener.
- Avoid alcohol and tobacco. They can make diarrhoea worse.
- Live yoghurt or probiotic yoghurt drinks may help to replace healthy bacteria lost from your bowel, but probiotic foods may not be suitable for everyone. For example, if your white blood cell count is low. Check with your doctor and dietitian before you take probiotic or ‘live’ foods.
- Call your doctor if the diarrhoea continues or gets worse, or if the stools are red or dark in colour.

**Constipation**

- Drink plenty of fluids. For example, 2 litres of water every day.
- Eat regular meals and at the same time each day.
- Eat foods high in fibre. For example, wholegrain cereals, wholegrain breads, brown rice, wholewheat pasta, pulse vegetables (peas, beans and lentils), beetroot, fruit, prune juice and other fruit juices.
- Drink fig syrup or prune juice as they can help.
- Drink hot or cold drinks.
- Aim to have a bowel motion at the same time each day.
- Try sitting in this special position on the toilet:
  1. Use a footrest to get your knees higher than your hips.
  2. Lean forwards and put your elbows on your knees.
  3. Push out your tummy (abdomen) and straighten your spine.
- Get some gentle exercise.
- Ask your doctor for a suitable laxative, especially if you are taking painkillers that cause constipation.
Fatigue (too tired to cook or eat)
- Prepare meals in advance when you have the energy. Freeze them for when you feel too tired to cook.
- Have nourishing drinks when you don’t feel like eating.
- Buy ready-made meals like frozen meals, takeaways, tinned foods.
- Stock up on healthy convenience foods.
- Ask family and friends to help you shop, prepare and cook food.
- Get enough rest. Nap during the day.
- Get some regular exercise, if possible, like walking.

Weight loss
- Make the most of your appetite when it is good.
- Take nourishing snacks high in calories and full of protein.
- Eat snacks about every 2–3 hours. Do not skip meals.
- Add calories to food. See the centre pages of this booklet for suggestions.
- Avoid drinking liquids before meals.
- Take only small sips at mealtimes, as fluids may make you full.
- Don’t put too much food on your plate. It can be off-putting if your appetite is small.
- Try nutritional supplements when you find it hard to eat food.
- Keep snacks handy. Try cheese and crackers, sandwiches, muffins or scones.
- Drink special high-calorie drinks to help keep your strength up.
- Your doctor can give you a prescription for these drinks.
- Encourage your family to eat together and make mealtimes relaxing and enjoyable.

Severe weight loss (cancer cachexia)
- Your dietitian will advise you on any special food and drinks to take.
- Eat more protein and calories in your diet.

Too much weight gain
- Eat smaller meals and often.
- Don’t skip meals and remember to eat snacks frequently.
- Add cream or butter to food to increase calories and protein.
- Drink juices, milk or sweetened drinks.
- Add diced meat or cheese to sauces, vegetables, soups and casseroles.
- Choose nourishing snacks like yoghurts, milk puddings, cereal with milk, or crackers and cheese. Or eat snacks high in calories like nuts, sweets and dried fruits during the day.
- Take nutritional supplements like build-up drinks.
- Eat more fats. Add cream, butter or margarine to breads and vegetables. Add lots of gravies and sauces to your foods.
- If you cannot digest fat, talk to your dietitian about other sources of fat. They may advise you on suitable supplements to take.

Caused by medication
Some weight gain during treatment may be caused by medications like steroids. Once the steroids are stopped, you will have less of an appetite and lose any weight gained.
- Eat lots of fruit and vegetables. Juice your vegetables if you prefer.
- Eat wholegrain starchy foods like brown bread, pasta, potatoes (with skins), high-fibre breakfast cereals and brown rice, so you feel full.
- Try to choose the high-fibre varieties.
- Choose lean meat (beef or pork without the fat, skinless chicken).
- Have low-fat dairy products like low-fat milk or diet yoghurt.
- Avoid sweets, biscuits and cakes, and snacks between meals.
- Avoid fried foods. Grill or steam your food instead.
- Get more exercise, if possible.
- Talk to your dietitian if you are worried about the amount of weight gained.
- Don’t diet without getting the advice of your doctor and dietitian first.
Diet and cancer

Nutrition after treatment

Your diet after treatment

Once your treatment is over, ask your doctor if there is any food you should avoid in future. Your dietitian can help you plan a balanced diet and give you meal suggestions.

It may take some time before you feel back to normal. Don’t worry if you don’t feel like cooking home-cooked meals straightaway.

Caused by extra fluids

Some weight gain during hormone therapy or chemotherapy may be caused by extra fluid in your body. This holding on to extra water is known as fluid retention or oedema.

- Limit the amount of salt you take, if advised by your doctor or dietitian.
- Only take water pills (diuretics) prescribed by your doctor.

Other problems

There are a number of other problems that can happen due to cancer treatments, especially surgery. These include:

- Problems digesting nutrients, especially fat
- Rapid passage of food through your gut or dumping syndrome
- Losing too much fluid from your ileostomy
- Enteritis (inflammation of your small bowel)

If you have any eating problems that are not covered in this booklet, speak to your doctor, nurse or dietitian for individual advice. You can also call our Cancer Nurseline on 1800 200 700 or visit a Daffodil Centre and speak to a cancer nurse. For problems relating to stomach cancer surgery, ask for a copy of the booklet Understanding Cancer of the Stomach. For bowel surgery problems, the booklet Understanding Cancer of the Colon and Rectum (Bowel) might be useful for you.

Hints & Tips – general guide to eating and drinking

- Eat food that you enjoy and try to eat with family and friends.
- Check with your doctor and nurse if you can drink alcohol.
- Be careful about avoiding certain foods because you think they are harmful. For example, red meat. If you avoid dairy products such as milk, yoghurt and cheese, you may not be getting enough calcium in your diet. Avoid them only if advised by your dietitian.
- There is no proof that organic foods are better than non-organic foods. In general, organic foods are more expensive.
- If you have specific eating problems related to another medical condition, discuss them with your dietitian.

Preparing meals

- Make simple meals using easy-to-prepare recipes.
- Buy some prepared foods like grated cheese or peeled and chopped vegetables to make cooking easier.
- Stock up on your favourite foods so you can shop less often.
- Buy foods you are able to eat even when ill.
- Cook enough for two or three meals.
- Freeze foods in meal-sized portions.
- Don’t be afraid to ask a friend or family member for help with cooking or shopping.
- Ask the medical social worker in your hospital to arrange a home help for you if you live alone.

Staying healthy and reducing the risk of cancer

There’s evidence that making healthy lifestyle choices not only helps you to feel well. It can help to reduce your risk of many cancers.

- Be as lean as possible without becoming underweight.
- Be physically active for at least 30 minutes every day. Check with your doctor or dietitian before you start any exercise programme.
- Avoid sugary drinks. Limit processed foods that are high in added sugar or low in fibre or high in fat.
- Eat a variety of fruit and vegetables, wholegrains and pulses (beans, peas).
Nutrition and advanced cancer

Support for eating problems

If you have advanced cancer, you will have different needs. The aim will be to treat your symptoms and make you comfortable rather than cure the cancer. This type of care is called palliative care.

Many people with advanced cancer find that they lose weight and that their appetite becomes smaller. This can be due to side-effects of treatment, symptoms of cancer or due to the cancer itself.

You may find for example that the amount of food you eat or the type of food that you like changes from day to day or from hour to hour for no reason. So it’s important to eat the foods that you most enjoy and aim to have small meals when you feel able to eat. Discuss changes in appetite and weight with your doctor, nurse or dietitian. A dietitian can help to improve your comfort at mealtimes.

Hints & Tips – good nutrition for advanced cancer

- Choose food and drinks you enjoy and that you can tolerate.
- If you don’t feel you can manage large meals, aim to have a small meal or snack every 2–3 hours. Snack on foods like cereal, soup, milk, yoghurt, milky puddings, trifle, mousse, desserts, soft cake, cream crackers, scrambled eggs, ice cream, bread or toast, chocolate or biscuits.
- If you find large meals offputting, try having smaller meals on a small plate.
- If you find eating is hard work, try soft food so you do not need to chew. For example, porridge, soup, stew or casserole, poached fish, ice cream, stewed fruits, bananas, custard or milk puddings, jelly, mousse, trifle or scrambled eggs.
- If you cannot eat food, try taking yoghurt drinks, milkshakes, smoothies or build-up drinks. Talk to your dietitian, doctor or nurse about these drinks.
- If you find preparing food makes you tired, try to use fresh ready-made meals or tinned or frozen foods. Accept help from family members and friends as well. You could also find out about meal-delivery companies or chat to local pubs and restaurants to see if they will give you a discount if you plan to order from them regularly.
Pressure to eat

Sometimes family members and carers can put pressure on you to eat or they might watch what you eat. You might find this upsetting. It might even put you off your food. Remember your family or carer only does this out of love and concern for you. Do tell them that you appreciate their efforts.

Try not to worry that you are upsetting your family and friends if you don’t eat. But it can help to talk to them about how you are feeling. For example, let them know if your appetite is poor and ask them to bring you the foods you enjoy but in small amounts.

Tips for carers

When your friend or loved one is ill, it is natural to want to feed them as well as possible. Sometimes this is not so easy. Difficulty in eating is a problem faced by many people with advanced cancer. Here are some things to consider at this time:

- Ask what foods they would prefer to eat.
- Don’t force them into eating and drinking. Encourage without being pushy.
- Expect that their food tastes will change from day to day. They may go off their favourite food or else try something that was not tolerated the day before.
- Have a variety of snacks in the house so that if a meal is refused you can offer something else. Discuss what type of snacks they would prefer.
- Put small amounts of food on a small plate so the amount is not overwhelming.
- Offer small, frequent meals and snacks every 2 hours.
- Offer soft or liquid foods if they are having problems swallowing.
- Present food in an attractive way.
- If they can’t eat, encourage them to drink plenty of fluids.
- Avoid liquids with meals to prevent them feeling full, unless needed to help with dry mouth and swallowing.
- Ask the dietitian for advice on suitable foods, build-up drinks and products.
- Eating problems can be upsetting for people with advanced cancer. Try not to get upset if they don’t eat your carefully prepared meals. Instead talk about what type of foods they would prefer and offer these in small amounts. Focus on their enjoyment of food rather than the amount of food they are eating.
- If they have lost a lot of weight, it can help to get clothes in a smaller size. If they have dentures, check that they still fit as well.

Other diets and supplements

Food safety

Usually, basic food hygiene is enough to prevent you getting any bugs. But some patients may have a low white cell count due to their cancer or treatment, which can mean your immune system doesn’t work as well to fight off infections like food poisoning. It is best to avoid the following foods until your white cell count is normal:

- Raw or lightly cooked eggs
- Coleslaw
- Unpasteurised cheeses like Brie, Camembert, Feta, Stilton, Blue, Roquefort
- Pâté
- Shellfish
- Homemade mayonnaise
- Probiotics, which contain live bacteria.

If your blood count is low, ask your doctor, nurse and dietitian about food safety and any precautions you should take.

Ways to prevent food poisoning

- Wash your hands before and after you handle any food.
- Avoid unpasteurised milk and dairy products. For example, any cheese, milk, yoghurt that has not been pasteurised.
- Never eat any vegetable, fruit or bread that has signs of mould.
- Take special care when handling raw meats, fish, poultry and eggs.
- Avoid probiotic, live or bio dairy products such as live yogurts and probiotic drinks.
- Cook meat and eggs fully. Avoid raw and undercooked meat, poultry, fish, shellfish or eggs.
- Wash all raw fruits and vegetables well. Avoid them if they cannot be washed well.
- Avoid tinned food if there are any bulges on the tin.
- Store raw meats and ready-to-eat foods separately.
- Thaw meat in the fridge and not on the kitchen counter.
- Don’t eat food left out at room temperature for longer than 90 minutes.
There are many myths about cancer. One of them is that ‘sugar feeds cancer’. Sugar in your diet does not directly increase your risk of cancer, or help it to grow. But sugar contains no nutrients needed by the body, apart from energy, and we can get all the energy we need from healthier sources. So it's best to limit the amount of sugar in your diet and eat a well-balanced diet as outlined in the food pyramid on pages 8–9.

If you are taking steroids while on chemotherapy or have diabetes, your blood sugars will be checked often. Again, you should eat a well-balanced diet, as advised by your dietician. If there are any changes to your blood sugars, your dietician and nurse will advise you on your diet.

Other diets

If you have cancer, you may feel that you should be following a special diet. But there is no one ‘superfood’ or special diet that has been proven to control cancer or to stop it coming back.

Cutting out important parts of a normal diet is not advised. Too much of any one food is not helpful either and may even be harmful. While fruit and vegetables are good for you, large amounts can cause bowel problems. They can make you too full to eat other foods that you need to give you energy and protein.

Be careful about diets that claim to ‘fight’ cancer. Many of these diets are restrictive. This means that certain food items must be avoided and will cause unwanted weight loss.

After a cancer diagnosis, some people may decide to stop eating dairy products or take less calcium. While it may be good to eat a low-fat diet in general, it is not good to cut out all sources of fat and protein in your diet. Ask your dietician for advice first. You can also call our Cancer Nurseline on 1800 200 700 or visit a Daffodil Centre for more information. Ask for a copy of Understanding Cancer and Complementary Therapies: A Guide for Cancer Patients. You can also download the booklet on our website, www.cancer.ie

Email cancernurseline@irishcancer.ie

Should I change my diet?

Each person will have their own nutrition needs. For that reason, it is best to talk to your doctor or dietician about the foods you should be eating or avoiding. If your appetite is normal and you have not lost any weight, the best advice is to eat a balanced and varied diet. It’s not wise to experiment with diets during chemotherapy or radiotherapy.

During chemotherapy, you may feel fatigued or lose your appetite. You will need plenty of nutrition and calories to keep your strength up. Some cancer treatments may cause you to put on weight. It's best not to try to lose this extra weight until all your treatments are finished.

Low-sugar diet

There are many myths about cancer. One of them is that ‘sugar feeds cancer’. Sugar in your diet does not directly increase your risk of cancer, or help it to grow. But sugar contains no nutrients needed by the body, apart from energy, and we can get all the energy we need from healthier sources. So it’s best to limit the amount of sugar in your diet and eat a well-balanced diet as outlined in the food pyramid on pages 8–9.

If you are taking steroids while on chemotherapy or have diabetes, your blood sugars will be checked often. Again, you should eat a well-balanced diet, as advised by your dietician. If there are any changes to your blood sugars, your dietician and nurse will advise you on your diet.

Taking supplements

Most people get all the nutrients they need from a balanced and varied diet. Unless you are having problems after treatment, supplements like iron or multivitamins are usually not needed.
Some people with cancer take large amounts of supplements to boost their immune system. Or they may take them in the hope of killing cancer cells. There is no proof that this will happen. Some of these substances can be harmful. In fact, large doses of some vitamins and minerals may make chemotherapy and radiotherapy work less well.

Let your doctor or nurse know if you are taking any dietary supplements, no matter how safe you think they are. Be careful what you read in the newspapers or on the internet. Adverts may say that something has been used for many years, but that does not prove it is safe or helpful. You do not need a prescription to buy dietary supplements, but be careful and use common sense. Keep in mind that just because a treatment is natural, it does not mean it is harmless.

**Vitamin therapy**

Vitamins are nutrients needed in small amounts for the normal growth and health of your body. Because the body does not make them, they must be taken in food. Multivitamin supplements can be used safely as part of healthy eating, but may not be necessary. It is best to take them at the recommended daily allowance (RDA).

Some people believe that large doses of vitamins can prevent or cure cancer. But too much of any vitamin is not safe. High doses of vitamins can be toxic. This is true for everyone, whether you have cancer or not.

**Types of vitamins**

Vitamins are divided into two groups. There are four fat-soluble vitamins (A, D, E and K) and nine water-soluble vitamins (eight B vitamins and vitamin C). The fat-soluble ones are stored in your body and can be toxic when too much is taken. In general, the water-soluble ones are not stored in your body and so cause fewer problems.

Avoid all supplements if you are pregnant, unless advised by your doctor. Discuss with your dietitian the dosage of vitamins you should take.

Some vitamins may also affect chemotherapy drugs. For example, vitamin B9 supplements. These may interfere with some cancer drugs, such as methotrexate. It may also affect your white cell count after chemotherapy. Too much vitamin C in particular can make radiotherapy or chemotherapy work less well.

**Mineral therapy**

Minerals are nutrients needed by your body in small amounts to help it work properly and stay strong. Examples include iron, calcium, potassium and sodium. Some Ayurvedic and traditional Chinese medicine remedies may contain lead, mercury or arsenic at levels that could be harmful. These minerals might interact with medication you are taking as well. For that reason, tell your doctor about any herbal remedies you are taking. For those who have advanced breast cancer it may be best to avoid calcium supplements. Talk to your nurse or dietitian for more advice.

**Taking soy products**

Soybeans are native to Southeast Asia and can be taken in many forms. This includes milk, tofu or soya protein products like chicken-style pieces, soya mince and sausages. It’s believed that soy products can help to protect against some types of cancer because of the isoflavones found in them. Remember these substances are not suitable on their own as a cancer treatment. But foods containing soy can form part of a healthy diet because it is a good source of protein and low in saturated fat. Concentrated soy powders or large quantities of soy products are not recommended.

Talk to your dietitian if you have any questions about soy and cancer. Soy should not be taken if you have hormone-sensitive breast cancer and are taking tamoxifen. Soy may also interfere with aromatase inhibitors used in breast cancer treatment. See page 17 for more about soy products.

**Staying healthy**

There are many ideas today for staying healthy coming from TV, the internet, magazines and by word of mouth. Naturally, things can get confusing, especially if you have a serious illness. Before you make any changes to your diet, discuss it with your doctor, nurse or dietitian.
Complementary and alternative diets

Today many patients are interested in complementary and alternative therapies. Complementary means a therapy given along with conventional or standard medical treatments. Alternative means the therapy is given instead of conventional treatments. For example, diet therapy, megavitamin therapy and herbalism. Alternative therapies have not been scientifically proven. Some alternative therapies may even harm your health.

There are many types of cancer diets. Some believe they can improve your well-being and also cure you. But be careful because there is no evidence that they do.

Many of these diets focus on eating fruit and vegetables and avoiding red meat, sugar, caffeine, alcohol and dairy products. Most are low-calorie diets that cut out important sources of protein and carbohydrates.

And they may not be very tasty as well. You are likely to lose weight on these diets. Too many high-fibre foods, like fruit and vegetables, can also lead to bloating and diarrhoea. They can be expensive and harmful and they are not advised if you are receiving cancer treatment.

Complementary or alternative diets may leave out some of the following:
- Dairy foods
- Red meat, poultry and eggs

Complementary or alternative diets may include some of the following:
- High-fibre foods, fruit and vegetables
- Organic foods
- Vegetable diets
- Soya

Examples of complementary and alternative diets

Dairy-free diet: Many research studies have looked for a link between diets that are high in dairy products and cancer, especially breast and prostate cancer. But these studies have not shown a clear link. Because of this, cancer experts do not recommend following a dairy-free diet to reduce the risk of cancer. Dairy products are an important source of protein, calcium and some vitamins.

Juicing: Juicing involves extracting juices from fresh fruit and uncooked vegetables. Juicing can add variety to the diet and can be a good way to eat more vegetables and fruit, especially if chewing or swallowing is a problem. But juices may be less filling than whole vegetables and fruits and can often have less fibre. Adding fresh fruit and vegetable juice to a healthy, balanced diet can be useful but you should not replace meals with juices. There is no evidence to show that extracted juices are healthier than whole fruits and vegetables.

Ketogenic diet: The ketogenic diet is high in fat and low in carbohydrates, with moderate amounts of protein. The purpose of the diet is to produce higher levels of ketones in the blood, a state known as a ketosis. This means that the body has to break down body fat for energy. There is no evidence to show that this diet can help cancer patients.

Alkaline diet: The alkaline diet is based on the belief that certain foods can affect the pH of bodily fluids, and can therefore be used to prevent or treat illness. It is not recommended for cancer patients because of a lack of scientific evidence.

Before you try any diets, you should talk to your doctor, dietitian or nurse. For more information about diets, read Understanding Cancer and Complementary Therapies: A Guide for Cancer Patients. Call our Cancer Nurseline on 1800 200 700 for a free copy, or visit a Daffodil Centre.

Detox therapies

Some people are a little uneasy about taking chemotherapy drugs. You may worry that toxins due to treatment will build up in your body. You may feel that your body needs to be ‘detoxed’ as a result.

Be careful about deciding to have any therapies that claim to clean out your bowel. These include colonic irrigation and metabolic therapy using coffee enemas.

These treatments may be harmful if you have had surgery or have any bowel conditions. They can lead to dehydration, chemical imbalances, and infections. Ask your doctor, nurse or dietitian for advice before trying any detox therapy.
A note on genetically modified foods and organic foods

**Genetically modified (GM) foods** are made from organisms whose genetic material (DNA) has been changed in a way that does not occur naturally. For example, GM foods may have been changed to be more resistant to pests, slower to spoil or have better flavour.

There is no evidence at this time that GM foods are harmful or that eating them can increase or decrease your cancer risk. Because GM foods have been available for a relatively short time, some people are concerned about their possible long-term effects.

**Organic foods** are produced using methods of organic farming, which don’t use pesticides.

Some people worry that pesticides used in non-organic farming may cause cancer. In the EU, there are regulations on the use of pesticides and laws to ensure that agricultural pesticides are used within a safe level. There’s no evidence that these small amounts on our food increase the overall risk of cancer in people who eat them.

Herbs

Herbs found in nature have been used to treat illness for centuries. Many of them are safe to use but others can have strong effects. Just because something grows naturally does not mean it is safe.

Remember herbal remedies are also drugs. They can affect your body in many ways – known and unknown. Do ask your doctor, dietitian or pharmacist for advice before taking any herb.

Some people take herbs to boost their immune system or cure cancer. But these can interact with medicines you are taking, including chemotherapy. They can sometimes cause severe allergic reactions. More research is needed to see if they have any positive effects.

Remember...

- Herbs that can help to prevent a disease may not have any benefits once you have the disease.
- Herbs may cure animals of cancer when tested in a laboratory. But when tested on humans they do not have the same effects.
- Some herbs may contain dangerous materials like lead and mercury or hormones like phytoestrogens.
- Some herbs may interact with your cancer or treatment in unknown ways.
- Taking some supplements may be good for you but finding accurate information about them may be hard.

If you decide to use complementary or alternative therapies

Before you decide to change your diet or take supplements, be sure to talk to your doctor, dietitian or nurse. Some methods can be safely used along with standard medical treatment. But others can interfere with standard treatment or cause serious side-effects. For that reason, it is important to talk openly with your GP or cancer specialist if you are thinking of about complementary or alternative options. Don’t be afraid that your doctor will be offended by your wish to try other things. In fact, he or she may be able to advise a safe and useful therapy for you and recommend a practitioner with the right training.

Be cautious in selecting a practitioner. Don’t be misled by promises of cures. In Ireland, this area is not fully regulated. Ensure that the practitioners you plan to visit are properly qualified and have a good reputation. If you’re unsure but would like to know what other patients have found helpful, contact your doctor or a patient support group. Also, it is important to make sure that the practitioner is charging a fair price for your treatment.

More information is available in a free booklet from the Irish Cancer Society called *Understanding Cancer and Complementary Therapies: A Guide for Cancer Patients*. If you would like a copy or more advice, call our Cancer Nurseline on 1800 200 700 or visit a Daffodil Centre.
A diagnosis of cancer often means that you will have extra expenses, like car parking during hospital visits, medication, travel, heating and childcare costs. If you can’t work or you are unemployed, this may cause even more stress. It may be harder for you to deal with cancer if you are worried about money.

**Medical expenses**

Medical expenses that you might have to pay include:

- Visits to your family doctor (GP)
- Visits to hospital
- Overnight stays in hospital
- Medicines
- Appliances, like wigs

How much you pay towards your medical expenses depends on whether or not you qualify for a medical card and what type of health insurance you have, if any.

If you have a medical card, you will probably have very little to pay for hospital and GP (family doctor) care or your medication.

Medical cards are usually for people on low incomes, but sometimes a card can be given even if your income is above the limit. For example, if you have a large amount of medical expenses. This is known as a discretionary medical card.

An emergency medical card may be issued if you are terminally ill and in palliative care, irrespective of your income.

If you do not have a medical card you will have to pay some of the cost of your care and medication.

If you have health insurance the insurance company will pay some of the costs, but the amount will depend on your insurance plan. It’s important to contact your insurance company before starting treatment.
Benefits and allowances

There are benefits available from the Department of Social Protection that can help people who are ill and their family. For example, Illness Benefit, Disability Allowance, Invalidity Pension, Partial Capacity Benefit, Carer’s Allowance, Carer’s Benefit and Carer’s Leave.

If you want more information on benefits and allowances, contact:

- The medical social worker in the hospital you are attending
- Citizens Information – Tel: 0761 074 000
- Department of Social Protection (DSP) – Tel: 1890 662 244 or ask to speak to a DSP representative at your local health centre or DSP office.

Always have your PPS number to hand when you are asking about entitlements and benefits. It’s also a good idea to photocopy completed forms before posting them.

If you have financial difficulties

If you are getting into debt or you are in debt, the Money Advice and Budgeting Service (MABS) can help you. MABS can look at your situation, work out your budget, help you to deal with your debts and manage your payments. The service is free and confidential. Call the MABS Helpline 0761 07 2000 for information.

If you are finding it hard to cope financially, contact your medical social worker in the hospital or your local health centre for advice. The Irish Cancer Society can also give some help towards travel costs in certain cases. See page 58 for more details of our Volunteer Driving Service and the Travel2Care fund.

You can also call our Cancer Nurseline 1800 200 700 or visit a Daffodil Centre and the nurse will suggest ways to help you manage.

More information

For more information go to [www.cancer.ie/publications](http://www.cancer.ie/publications) and check out our booklet, *Managing the Financial Impact of Cancer – A Guide for Patients and their Families*. This explains:

- Medical costs and help available
- Benefits and allowances that you or your family may qualify for
- Travel services
- Ways to cope with the cost of cancer

The booklet also has lots of other information to help you manage the cost of cancer. For example, disability and mobility supports, help for people in financial difficulty, help for carers and living at home and nursing home supports.

Irish Cancer Society services

Our Cancer Support Department provides a range of cancer support services for people with cancer, at home and in hospital, including:

- Cancer Nurseline
- Daffodil Centres
- Survivor Support
- Support in your area
- Patient travel and financial support services
- Night nursing
- Publications and website information

- Our Cancer Nurseline Freephone 1800 200 700. Call our Cancer Nurseline and speak to one of our cancer nurses for confidential advice, support and information. You can also email us on cancernurseline@irishcancer.ie or visit our Online Community at [www.cancer.ie](http://www.cancer.ie)

For the deaf community, our Cancer Nurseline is using the Sign Language Interpreting Service (SLIS) using IRIS. Contact IRIS by text 087 980 6996 or email: remote@slis.ie

- Our Daffodil Centres. Visit our Daffodil Centres, located in thirteen hospitals nationwide. The centres are staffed by cancer nurses and trained volunteers who provide confidential advice, support and information to anyone concerned about or affected by cancer.
Local cancer support services

The Irish Cancer Society works with cancer support services all over Ireland. They have a range of services for cancer patients and their families, during and after treatment, many of which are free. For example:

- **Professional counselling** (the Irish Cancer Society funds up to 8 sessions of free counselling in many affiliated support services)
- **Support groups**, often led by professionals like social workers, counsellors, psychologists, or cancer nurses
- **Special exercise programmes**, like the Irish Cancer Society’s *Strides for Life* walking group programme
- **Stress management and relaxation techniques**, such as mindfulness and meditation
- **Complementary therapies** like massage, reflexology and acupuncture
- **Specialist services** such as prosthesis or wig fitting and manual lymph drainage
- **Mind and body sessions**, for example, yoga and tai chi
- **Expressive therapies** such as creative writing and art
- **Free Irish Cancer Society publications** and other high-quality, trustworthy information on a range of topics

Cancer support services usually have a drop-in service where you can call in for a cup of tea and find out what’s available.

You can call our Cancer Nurseline on Freephone 1800 200 700 to find your nearest cancer support centre. Or see our online directory at [http://www.cancer.ie/support/support-in-your-area/directory](http://www.cancer.ie/support/support-in-your-area/directory)
Helpful books

The Irish Cancer Society has a wide range of information on reducing your risk of cancer, different types of cancer, treatments, and coping. For free copies call the Cancer Nurseline on 1800 200 700 or visit a Daffodil Centre. You can also download or order the booklets on our website: [www.cancer.ie](http://www.cancer.ie).

You may find the following helpful:

**Treatment and side-effects**
- Understanding Chemotherapy
- Understanding Radiotherapy
- Understanding Cancer and Complimentary Therapies
- Coping with Fatigue

**Coping and emotions**
- Lost for Words: How to Talk to Someone with Cancer
- Who Can Ever Understand? Taking About Your Cancer
- Talking to Children about Cancer: A Guide for Parents
- A Time to Care: Caring for Someone Seriously Ill at Home

What does that word mean?

**Alternative therapy**
A way of promoting health and well-being that has a different philosophy and viewpoint from conventional medicine. In this case, the therapies are used instead of conventional medicine. For example, herbalism, metabolic therapy, megavitamin therapy.

**Anorexia**
Loss of appetite, lack of desire or interest in food.

**Antioxidants**
Chemicals that protect your body from other chemicals called free radicals that cause cell damage. Antioxidants are vitamins, enzymes and minerals. They are found in berries, broccoli, tomatoes, red grapes, garlic, spinach, tea and carrots. Some well-known antioxidants are vitamin A, vitamin C and vitamin E. See also free radicals.

**Biological therapy**
A treatment to help your immune system fight disease and infection. It uses proteins from your body to destroy cancer cells.

**Calorie**
This measures the energy your body gets from food. You need calories so your body has the energy to work, grow and repair itself.

**Cachexia**
When there is severe loss of appetite, weight loss, loss of strength and muscle mass due to cancer and/or its treatment.

**Complementary**
Therapies that can be given with conventional therapy medicine. For example, massage, acupuncture.

**Chemotherapy**
A treatment that uses drugs to cure or control cancer.

**Dehydration**
When your body loses too much water and affects how it works.
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Digestive tract</td>
<td>The parts of your body involved with eating, digesting, and getting rid of food. This includes the mouth, gullet (oesophagus), stomach and intestines.</td>
</tr>
<tr>
<td>Diet</td>
<td>The foods you eat and drink. This includes liquids and solids.</td>
</tr>
<tr>
<td>Dietitian</td>
<td>An expert on food and nutrition. They can give advice on the most suitable type of diet to follow when you have cancer.</td>
</tr>
<tr>
<td>Fibre</td>
<td>The part of plant foods that your body cannot digest. It helps to move waste out of your bowels quickly.</td>
</tr>
<tr>
<td>Fluids</td>
<td>Things to drink, like water. Also called liquids.</td>
</tr>
<tr>
<td>Free radicals</td>
<td>Chemicals that are highly reactive and often contain oxygen or nitrogen. They are formed naturally in your body during chemical reactions.</td>
</tr>
<tr>
<td>Herbalism</td>
<td>A form of alternative medicine that uses plants and simple extracts of plants to heal the whole body.</td>
</tr>
<tr>
<td>Hormone therapy</td>
<td>A treatment that changes the amount of hormones in your body to cure or prevent cancer coming back.</td>
</tr>
<tr>
<td>Malnourished</td>
<td>When you do not take in enough energy, protein and other nutrients, you will lose weight and your body may not work as well as it should. This can happen if you do not eat a balanced diet. Undereating or overeating can lead to a lack of a balanced diet.</td>
</tr>
<tr>
<td>Minerals</td>
<td>Nutrients needed by your body to help it work well. These include iron, calcium, potassium and sodium.</td>
</tr>
<tr>
<td>Natural products</td>
<td>Products that occur in nature. This does not mean that they are safe but that they are naturally occurring medicines.</td>
</tr>
<tr>
<td>Nutrients</td>
<td>Chemicals that make up foods. These include protein, fat, carbohydrate, vitamins and minerals. They are used by your body to work properly and grow. Essential nutrients are those that your body does not make itself and must get from food eaten.</td>
</tr>
<tr>
<td>Nutrition</td>
<td>The taking in and use of food by your body. After food is eaten, the body breaks it down into nutrients, which then travel through the bloodstream to cells in your body to help it grow and work.</td>
</tr>
<tr>
<td>Obesity</td>
<td>Having a high amount of body fat. A person is said to obese if they have a body mass index (BMI) greater than 30.</td>
</tr>
<tr>
<td>Radiotherapy</td>
<td>A treatment that uses high-energy X-rays to cure or control cancer and other diseases.</td>
</tr>
<tr>
<td>Soft diet</td>
<td>Food that is softened by cooking, mashing, blending or puréeing.</td>
</tr>
<tr>
<td>Tube feeding</td>
<td>A small tube that is placed in your nose and down into your stomach or directly into your stomach or bowel. It can give you liquid nutrients.</td>
</tr>
<tr>
<td>Vitamins</td>
<td>Nutrients which your body needs to grow and stay strong. For example, vitamins A, B, C, D, E, K.</td>
</tr>
</tbody>
</table>
Questions to ask your doctor

Here is a list of questions that you may like to ask. There is also some space for you to write down your own questions if you prefer.

- What eating problems can I expect from treatment?
- Do I have to change my diet?
- How can my diet prevent cancer coming back?
- How can I increase calories?
- How can I increase protein in my diet?
- I’m overweight, can I lose some weight?

Your own questions

1

Answer

2

Answer

3

Answer

4

Answer

5

Answer

6

Answer
Join the Irish Cancer Society team
If you want to make a difference to people affected by cancer, join our team!

Support people affected by cancer
Reaching out directly to people with cancer is one of the most rewarding ways to help:
- Help people needing lifts to hospital by becoming a volunteer driver
- Give one-on-one support to someone newly diagnosed with cancer as part of our Survivor Support programme
- Give information and support to people concerned about or affected by cancer at one of our hospital-based Daffodil Centres

Share your experiences
Use your voice to bring reassurance to cancer patients and their families, help people to connect with our services or inspire them to get involved as a volunteer:
- Share your cancer story
- Tell people about our services
- Describe what it’s like to organise or take part in a fundraising event

Raise money
All our services are funded by the public’s generosity:
- Donate direct
- Take part in one of our fundraising events or challenges
- Organise your own event

Contact our Cancer Nurseline on Freephone 1800 200 700 if you want to get involved!

Did you like this booklet?
We would love to hear your comments and suggestions. Please email reviewers@irishcancer.ie

More information and support
If you would like more information or someone to talk to, now or at any time in the future, please call our Cancer Nurseline on 1800 200 700.