

BEYOND BLUE

FIGHT COLORECTAL CANCER

VOLUME 16 • ISSUE 2

The MICROBIOME

DIET HACKS
10 TIPS FROM SURVIVORS



THE FOOD ISSUE



A
GUIDE
TO A

HAPPY GUT

A Magazine for
RELENTLESS CHAMPIONS
OF HOPE IN THE FIGHT AGAINST
COLORECTAL CANCER

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A large yellow exclamation mark and a yellow five-pointed star are positioned on the left side of the page, partially overlapping the orange background.

**We FIGHT to cure
colorectal cancer
and serve as relentless
champions of hope for
all affected by this disease
through informed patient
support, impactful policy
change, and breakthrough
research endeavors.**

Learn more at FightCRC.org

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Jokes

Just farted on my wallet...

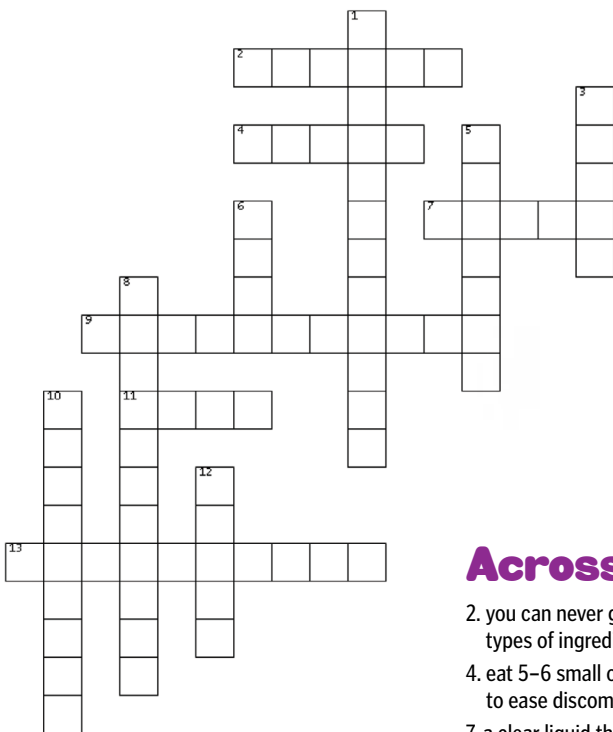
Now I've got gas money!

Do you know why ducks have tail feathers?

To cover their buttquacks.

Jokes submitted by Carol & John St. Clair, KS, caregivers
Submit a joke! Email danielle@fightcrc.org.

Crossword Puzzle



Answer Key

Down 1. Inflammation 3. Tacos 5. Chewing
11. Cake 13. Microbiome

Across 2. Plants 4. Meals 7. Jello 9. Dehydration

Comic



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cancerowl.com

CANCER OWL is a creation of stage II survivor Matthew Paul Mewhorter. Visit his work at cancerowl.com.

Comic reprinted with permission.

Across

2. you can never go wrong including more of these types of ingredients into your diet (see page 28)
4. eat 5-6 small ones each day to ease discomfort
7. a clear liquid that jiggles
9. caused by decreased ability to absorb nutrients, fluids, and electrolytes
11. angel or devil
13. a complex environment of bacteria, viruses, and fungi (see page 10)

Down

1. foods that fight this include tomatoes, olive oil, leafy greens, nuts, fish, and fruits (see page 29)
3. preferably eaten on a Tuesday
5. doing this to your food can help lower risk for a stoma blockage and reduce LARS symptoms (see page 16)
6. type of journal recommended by patients and providers to track which foods do and don't work
8. diet that includes fish, vegetables, legumes, and sometimes dairy (see page 27)
10. good bacteria that keep you healthy that can be found in food and supplements
12. cut back on this when following a low-residue diet



Bon Appétit

Months ago, my friends began texting me about gut health.

They were telling me about all kinds of kits they were buying at the store to test their microbiome and tell them about food sensitivities. I've worked in colorectal cancer (CRC) prevention and awareness for more than 15 years, but I've never seen such an interest in things I talk about every day, like how to keep your colon healthy and how to know if you're healthy by your poop. In what feels like overnight, gut health has become a hot topic.

Even personally, I've become way more interested in nutrition and wellness. I was diagnosed with breast cancer in February 2020, and like many of you, one of the first questions I had was, "What can I do now? How can I stop this from happening again? What could have caused this?" Inevitably, many of these questions led to thoughts about food.

Over the past year and a half, I've adjusted my diet and bought new cookbooks. I've said goodbye to certain foods and adopted new healthy habits, like smoothies at the office and adding way more fruits and veggies to my diet. I've also tried IV hydration therapy and other ways to feel better. Like other patients—I'm still learning.

Part of our mission at Fight CRC is to be a trusted resource for patients and talk about everything involving the CRC patient experience. Not only do we hear this when we're sitting across from survivors and hearing their stories, but our research from three years of focus groups showed this too: Diet and nutrition is on patients' minds. But, we've also heard that diet and nutrition is one of the topics rarely discussed during an oncology visit.

With so many questions out there, not to mention misinformation, this is where Fight CRC comes in.

Diet and nutrition work a lot like treatment—what works for one patient may not work for another. We're not going to tell you what to do, but we will give you some ideas of how you can take steps to find what works for you and people who can offer you coaching and ideas.

We're grateful for the medical experts who came together to offer their guidance for this issue, as well as the patients who've opened up about their diet and nutrition victories and struggles. Our diets are as diverse as we come, yet we all must eat. Whatever you choose to fill your plate with, bon appétit.

YOURS IN THE FIGHT,

**ANJEE DAVIS, MPPA
FIGHT CRC PRESIDENT**

**FOLLOW
ANJEE!**

@anjeedavis



Q: What's the best nutrition advice you've ever received (and stuck with!)?



DENELLE SURANSKI
Stage II Survivor

A: "Having an associate's degree as a dietetic technician and a chef apprentice, I am very passionate about nutrition and what I've learned. I can give the most solid words of advice: Eat to live; don't live to eat. For example, when you eat, think about how nurturing it truly is for your body. Are you eating because you're hungry or because it tastes good? It's also important to eat farm to table. When eating, think about how many processes your food had to go through for it to look the way it does. Was it a lot, or is your food simple—like something straight from the farm? Are you eating a potato or a potato chip? This advice has personally helped me and fueled my passion for helping others."



JOSH WIMBERLY
Stage IV Survivor

A: "Ask for a referral to a dietitian, nutritionist, or nutrition coach. Trust their knowledge as much as you trust your oncologist's, for they should be part of your treatment team. Exercise goes right along with my nutrition advice and comes from advice I've learned from my coaches. **BE CONSISTENT!** That's the hardest and most successful strategy. There is no magic diet, no magic exercise plan, nor a magic wand. The true success behind any program is someone's discipline and consistency."



SHEILA SCHRACK
Stage III Survivor

A: "I reached out to a nutritionist after having increased abdominal pain and constipation. My GI had placed me on a prescription medication after he learned I took four MiraLAX® daily and still had issues. I was speaking with another advocate at Call-on Congress and she recommended a nutritionist from Chicago. Since I'm in Ohio, we had consultations via phone or email. I shared I had already cut out gluten, cruciferous vegetables, corn, and popcorn. We worked together on a meal plan and it helped greatly for a long time. But, slowly over time, I have begun having more problems. I am getting new tests done—a CT scan and a gastric emptying test. It is so frustrating and my quality of life has taken a decline. I have swung from being bloated and constipated to severe diarrhea. But, I don't give up and I keep searching for answers, hoping to find what will help both me and other patients. I recently began PT for pelvic floor strengthening and it's helping."



EVAN CANTWELL
Stage III Survivor

A: "After eating corn chips for three years, I needed bowel resection surgery for a perforated small intestine. Listen to advice! Challenged physically with both a urostomy and ileostomy, I started being more intentional about both natural foods and non-sugary electrolyte supplements like Nuun, balancing my sodium and potassium. This is helping me embrace a more active lifestyle while staying hydrated."



Spotlighting Carrie Lynn Gibson, M.Ed & Wellness, RDN, LND

Assistant Chief for Nutrition and Food Service

Carrie is a familiar face around Fight CRC. She and her twin sister Elsa are devoted advocates based in Puerto Rico. In fact, Carrie got permission from her hospital to represent Fight CRC during March and has presented about the impact of micro and macronutrients in CRC at conferences. Additionally, posting a #StrongArmSelfie and reaching out to representatives in D.C. are some of the many ways Carrie is fighting colorectal cancer.

In her role at the VA Caribbean Healthcare System, she works to improve the health of her entire community as a dietitian.

"I've always been curious about how our dietary patterns affect our physical and mental health. I was once told that nutrition science is always changing and evolving, and that dietitians will have to study forever...that sounded like a good challenge for me. I'm very grateful for this job and I enjoy every day to the fullest. Every day is a challenge; every day is very different. I interact with a lot of different people from all types of services to achieve positive results for our entire community of patients and residents. I love that my work directly impacts and can improve others' lives."

TELL US

If you were guaranteed the next 10 years of life, how would you spend them?

Email your story to danielle@fightcrc.org for a chance to be featured in our next issue!

Holiday Favorites

At the time, I didn't realize how memorable the first Thanksgiving I spent at a nursing home would be, or why.

I was well-aware it was likely one of the last holidays I'd spend with my grandma. We had ordered Thanksgiving dinner from a grocery store so nobody had to cook. Plastic cutlery and to-go containers holding pre-sliced turkey cutlets, casseroles, salads, and rolls filled the table instead of Grandma's dinnerware. It was a new normal for us, but that was OK.

As the takeout containers got passed around, I reached for a lunchbox I'd packed earlier that morning, breaking even more family traditions. I'd never brought my own meal to a holiday, but I knew spending Thanksgiving with Grandma—two hours from home—required adaptations. I struggle with low anterior resection syndrome (LARS), and I knew if I ate the traditional fare, I'd likely spend more time in the bathroom than with my family. I didn't want to stop at every gas station restroom on the drive home. Fortunately, I found recipes with safe ingredients that incorporated Thanksgiving's traditional flavors. I prepared my own food and brought it with me.

The holiday was untraditional, but it became one of my favorites. Not only was it one of the last meals I shared with my grandma, but I didn't feel miserable after eating. I'd taken control of my health, and it felt awesome.

Hands down—figuring out what to eat and what not to eat as families affected by colorectal cancer is one of the most challenging aspects of the disease. There's not one diet that works for everyone, and there's no easy answer to the question, "What should I eat?" Plus—it changes all the time!

But, over the years, I've learned there are some guideposts for healthy eating. There are tips for those of us facing "trial and error" when it comes to our diets. As patients, we've just got to learn the ropes of navigating the advice and finding what works for us. That's why we've brought in experts, foodies, and advocates for this issue of *Beyond Blue*.

As the holiday season nears, remember: You don't have to suffer. Food may be a challenge, but it can also be an adventure. I hope you will embrace and explore new dishes and drinks with confidence after reading this issue. Who knows...maybe this year you'll whip up a cherished memory or even a new holiday favorite.

STAY STRONG,

Danielle Ripley-Burgess

DANIELLE RIPLEY-BURGESS
EDITOR & TWO-TIME SURVIVOR

HOW DO I GET *BEYOND BLUE*?

Beyond Blue is a magazine curated by and for members of the colorectal cancer community. Each fall and spring, Resource Champions hand-carry thousands of copies into doctors' offices, hospitals, gyms, health fairs, airports, and more.



Resource Champions are mailed complementary bundles of magazines to read and distribute. To volunteer as a Resource Champion and help distribute our next issue, sign up at [FightCRC.org/ResourceChampions](https://fightcrc.org/ResourceChampions).



Beyond Blue is also available as a digital magazine. To read and share this issue online, visit [FightCRC.org/BeyondBlue](https://fightcrc.org/BeyondBlue).



FOLLOW DANIELLE!

@DanielleisB



ABOUT THE EDITOR

Danielle Ripley-Burgess is a 20-year colorectal cancer survivor first diagnosed at age 17. Today, she's in remission. Danielle is an award-winning communications professional, author of *Blush: How I Barely Survived 17*, and she serves as Fight CRC's Chief Storyteller.



Rally on **RESEARCH**

Our 3rd annual research symposium tackling early-age onset colorectal cancer (EAO CRC) did not disappoint!

More than 500 thought leaders from 35 countries and six continents logged on for discussions about prevention and early detection, treatment, and survivorship care. Key takeaways identified needs for:

- Increased awareness of EAO CRC from providers and patients—involving primary care providers is essential.
- Equitable ways to identify patients who may benefit most from specific treatment approaches, like biomarker testing and clinical trials.
- Consideration of quality of life for young patients when recommending treatment.
- Identification of the multiple factors contributing to EAO CRC—it's unlikely there is a single cause leading to rising rates.
- Greater federal funding, a critical factor in further research and understanding.

RALLY on RESEARCH **EARLY-AGE ONSET CRC**



SCAN TO WATCH

Scan this code by using your smart phone's camera and clicking on the link that pops up. It will take you to our website where you can catch up on any of the recordings from the event and review the online poster presentations.

IT'S FINAL: 45 IS THE NEW 50

Good news: the draft language submitted to the United States Preventive Services Task Force (USPSTF) regarding moving the CRC screening age to 45 from 50, which follows American Cancer Society guidelines, was accepted in spring 2021. Many insurance carriers follow USPSTF guidance.

From now on, average-risk individuals should begin screening for colorectal cancer at age 45.

DR. FOLA MAY



Vogue

Brag alert: Board member Dr. Fola May serves as the scientific advisor of Saint Supply Olive Oil, a company that got a *Vogue* shoutout earlier this year. Olive oil is considered a super food by many.

Congrats Dr. May!

State-Level Wins!

Our Catalyst program has seen some major advocacy victories! Check out what's recently been signed into law.



KENTUCKY

CRC screening and cancer risk genetic testing is covered for Medicaid patients. Funds from a special CRC license plate to be used toward screening and prevention.



RHODE ISLAND

Eliminates out-of-pocket costs for patients who need a colonoscopy following a positive non-invasive screening test, such as FIT or Cologuard®.



ARKANSAS

CRC screening at 45 is covered and eliminates out-of-pocket costs for patients who need a

colonoscopy following a positive non-invasive screening test.



TEXAS

CRC screening at 45 is covered and eliminates out-of-pocket costs for patients who need a colonoscopy following a positive non-invasive screening test.

CATALYST
STATE-BY-STATE ADVOCACY
FIGHT COLORECTAL CANCER



Learn more about Catalyst and get involved at FightCRC.org/catalyst.

For background on these wins, read our advocacy column on page 23.

NCCN GUIDELINES

UPDATED GUIDELINES

Fight CRC is a proud sponsor of the 2021 National Comprehensive Cancer Network's (NCCN) Colon and Rectal Cancer guidelines.

These tools help both patients and providers understand what steps to take when treating colon and rectal cancers.

View them at nccn.org.

THE SCOOP ON SUGAR AND MEAT

Two recent studies are adding to the conversation about how food and drink impacts colorectal cancer risk.

One study out of Dana-Farber Cancer Institute looked at the mutational signature of patients and found a new pattern attributed to alkylating damage, something that can be caused by eating high amounts of processed and unprocessed red meats.



READ A RECAP

Another set of researchers have been looking at the role sugary beverages play in cancer risk and found that women who have a higher intake during adolescence and adulthood may have an increased risk of early-age onset colorectal cancer. Dr. Jinhee Hur from Harvard T.H. Chan School of Public Health presented her research on this during our Rally on Research.



WATCH DR. HUR

The takeaway?

More research is needed to understand what "too much" means, but diets full of fruits, vegetables, lean proteins, and whole grains will always be healthier and carry less cancer risk than those full of red meats and sugar.

The MICROBIOME

With the rise of pop culture's interest in gut health, the microbiome has taken center stage. Simply put, the microbiome refers to all bacterial cells living inside the gastrointestinal tract. When the gut microbiome is out of whack, there is an imbalance of good bacteria versus bad bacteria. This imbalance can be caused by a variety of factors like diet, medicines, stress, and disease, among others. Many scientists around the world are avidly studying the microbiome to uncover health insights.

We connected with Drs. Michael G. White and Nadim Ajami from The University of Texas MD Anderson Cancer Center to help us understand the role of the gut microbiome, and more specifically, its role in colorectal cancer.

Microbiome Defined

The gut microbiome is a complex environment of bacteria, viruses, and fungi comprising the vast majority of genetic diversity within each person—well beyond an individual's own DNA. Increasingly well-defined, the gut microbiome has been linked with a myriad health conditions. These interactions are now understood to occur both locally (in the gut) and systemically (with impact throughout the body) through changes in the immune system among other mechanisms. The gut microbiome's local proximity to the colon led many early investigators to study its impact on colorectal cancers (CRC), placing CRC at the forefront of studies in the microbiome's influence on cancer development, progression, and response to therapy.

Connection to CRC

While CRC incidence and mortality have decreased over recent years, its increase in young adults has prompted a deeper examination of factors affecting the gut microbiome, such as environmental exposures and diet. A variety of studies have demonstrated an imbalance in the microbiome of CRC patients, including a disproportionate amount of bacteria linked to pro-tumor microenvironments, DNA damage, and modulation of short chain

fatty acids within the gut that may act as protective agents for cancers. CRCs also demonstrate an increased diversity of viruses in their microbiome. Whether this is connected to the imbalance of gut bacteria in cancer patients or they are related to cancer development is an area of active investigation.

Future of CRC Care

Recent findings have the potential to benefit CRC patients and the general population in the near future. Specific microbial species, metabolites, and alterations are being investigated and validated as strategies for cancer interception, treatment, and prevention.

Carefully controlled trials to regulate the microbiome via fecal transplantation are underway to measure the impact of shifting the composition and structure of the gut microbiome. Early data from melanoma patients demonstrates that fecal transplantation can induce a response to immunotherapy in patients who initially were resistant.

Microbial markers of disease progression (genetic material of bacteria and viruses, other proteins, or metabolites) may also improve surveillance and treatment strategies. A future microbial signature could potentially act as a marker for risk of developing metastatic CRC, measured

using a simple blood draw. This could help doctors decide when to prescribe adjuvant chemotherapy and influence the development of future therapeutics.

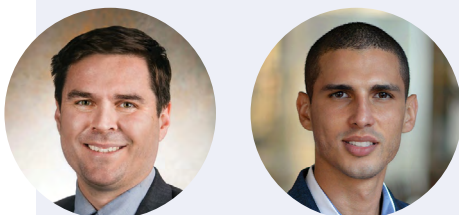
Lastly, microbial markers of CRC hold promise for fine-tuning cancer screening guidelines for the general public. Given the rising rates of CRC in young adults, the percent of the population for whom screening is recommended continues to increase. However, due to a limited number of endoscopists in the U.S., risk assessment tools need improvement. Gut microbial insights could generate more effective screening methods, while also making sure those at the highest risk receive the screening they need.

Practical Takeaways

Microbiome profiling is not akin to glucose or blood pressure measurements, where a single number defining "healthy" can be applied to the general population. Moreover, its complex interactions affect a variety of health conditions in different ways—therefore, an "ideal" gut microbiome for any given condition is not fully defined. Your microbiome should only be studied under the direction and guidance of your medical team.

Direct-to-consumer profiling services (kits you can buy from online and box stores) do not offer appropriate medical follow-up and guidance.

To ensure your microbiome is functioning in the healthiest capacity, the best advice to date is the simplest: follow a diverse, high-fiber diet (as medically able), avoid probiotic supplements (unless recommended by your physician), and only make changes after directed discussion with your physician.



Michael G. White

Nadim Ajami

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View this article online to see the authors' references.

[FightColorectalCancer.org/blog/the-gut-microbiome](https://fightcolorectalcancer.org/blog/the-gut-microbiome)

BURNING QUESTIONS

Food. We can't live without it, but for many in the colorectal cancer community, it's hard to live with it. Yet as doctors, nutritionists, and research data all say: Diet and nutrition play an essential role in cancer prevention and treatment. Food is a topic we can't ignore.

EASIER SAID THAN DONE.



MEET *the* EXPERTS



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"Why don't we get 'real' answers about life after surgery or treatment?" asked Christina Haywood, a stage III rectal cancer survivor diagnosed at age 34.

She voiced what many survivors and caregivers feel when it comes to diet and nutrition guidance. "We hear, 'Wait and see,' and 'Everyone's different,' or 'At least you're alive'—but this doesn't answer what we're really wondering and what we really want to know."

Food pyramids, special diets, and conflicting recommendations have caused great confusion in the cancer community, not to mention the spread of misinformation, particularly on social media.

In fact, a recent study published in the *Journal of the National Cancer Institute* found that up to 30% of posts about cancer on social media are misleading or false. Patients need real answers—and fast.

To get to the bottom of the confusion, frustration, and hanger (you know—when hungry meets anger), we reached out to several accredited experts who work in a variety of institutions. While opinions still vary on some topics, consistencies like the importance of a well-rounded, balanced diet full of plant foods and the benefits of working with a dietitian or nutritionist remain.

At the end of the day, what you eat is your choice. Here is reliable, credited information to consider as you make the smartest choice for your health, lifestyle, and food preferences.



Q **It feels like diet and nutrition are some of the least-discussed subjects with patients, but the topic affects us every day and in very tangible ways. Why doesn't this come up more with patients during the treatment plan and into survivorship?**

A **Carrie Lynn Gibson:**

Despite the vast research establishing medical nutrition therapy's beneficial impact on cancer patients, at multiple levels throughout the disease, it is also very common for patients to not receive it—especially at the early stages of disease. A cancer diagnosis is life-changing for the patient, caregivers, and loved ones. Usually, the main concerns involve the specifics about processing the cancer (like stage and treatment plan), communication to loved ones, economic issues, healthcare access, survivorship, among other serious issues. Clinicians are aware that individualized medical nutrition therapy plays an important role in a cancer patient's life, even after no evidence of the disease is declared.

Medical nutrition therapy is important because it can help detect malnutrition, support muscle mass preservation, and monitor weight management. It should not be overlooked given the implications that it can have in the quality of life and patient's prognosis. A more proactive approach that includes tailored medical nutrition therapy should be promoted not only among the clinical interdisciplinary team but also among patients and caregivers. Patients, ask your doctors about this!

Q **Some CRC patients can eat things I can't, and vice versa, but we had the same diagnosis and the same treatment. Why is this, and what should I do if I'm struggling to find a diet that works for me?**

A **Sarah Crowley:**

Even if your treatment plan is the same as another patient, and you're facing the same diagnosis, you are unique. Everyone's systems react differently to treatment. Our genes, medical history, age, gender, and other factors determine our rate of digestion, absorption, and tolerance of foods. Your microbiome can change drastically during and after treatments, especially with radiation and chemotherapy, and this affects gut health—which ultimately decides which foods or combinations of foods your body can handle. Never compare yourself to someone else; we are all on different paths. Work with your doctor and a dietitian to understand why you may struggle to tolerate certain foods that others seem to enjoy without problems. Trial and error, along with journaling, can help you understand your body more. Focus on what makes you feel good, gives you energy, meets your specific nutritional needs, and satisfies your hunger—literally and physically.

Q **Are there any foods, across the board, that a CRC patient should be eating? Is there a "magic bullet" that you've seen work for just about everyone?**

A **Dr. Colin Zhu:**

Be very skeptical and discerning about "magic bullets" and "quick fixes." The ironic, quick answer is: Eat more real plant food. Research has shown that when a diet is high in fat and red meat, and low in complex carbs/fiber, this creates a gut flora environment toward dysbiosis and CRC. A diet high in fiber/complex carbs and low in fat and red meat creates an environment toward symbiosis and healthy gut cell lining. The amount of fiber we get from food has a direct and dramatic effect on our gut microbiome.



SCAN TO READ

**SCAN TO READ MORE ABOUT
FIBER IN OUR BLOG POST
"WHAT THE FIBER!?"**



A Sarah Crowley:

There is no “one-size-fits-all” diet, the magic happens when it works for you. Many things need to be taken into consideration for a healthy diet to be successful: lifestyle, cancer stage, level of support, cancer treatment plan, side effects, economic status, likes and dislikes, and so much more. A tailored diet accounting for all of these factors is what will help you the most. Nutrition does play a major role in the prevention, treatment, post-treatment, and survivorship of CRC patients. Avoiding foods that may cause harm to the individual may be more important, for example fried foods, processed foods, and alcohol should be limited as much as possible.

Q It seems like holistic, integrative medicine clashes with what’s considered Western medicine, and patients get caught in the crossfire and burdened with making the decision about who to trust. Why is this the case, and is there a middle ground and a way to incorporate strategies and tools from both “sides?”

A Melissa Phelps:

My advice is to work closely with your cancer treatment team. Inquire about seeing an oncology dietitian to personalize nutrition recommendations for you during treatment. There are many ways to prevent or lessen side effects from treatment with nutrition and other natural remedies. Taking a proactive approach is likely to be more beneficial than a reactive one. Also, establish a relationship with your nurse navigator (if available). The nurse can address any questions you may have regarding medications, especially supportive medications like those for nausea, diarrhea, and constipation, and can clarify medical recommendations that you may have misunderstood.

It is important not to start a supplement before discussing it with your care team. Some supplements can interfere with your cancer treatment or medications. Also, supplements in the U.S. are not approved by the Food and Drug Administration (FDA). Therefore, what is in the supplement may not truly be what you are getting. Many companies that sell supplements use marketing campaigns geared toward patients with cancer to help drive sales. These supplements may be costly and can sometimes cause more harm than good.

Nonetheless, there may be a role in use of a particular supplement or two during your cancer treatment. Speaking with your care team, including the dietitian, regarding supplement questions would be most advantageous.

A **Sugar feeds cancer cells—
is this fact or crap? What is
your recommendation on sugar
to patients?**

A **Nichole Andrews:**

Crap. Cancer metabolism is very complex. Cancer cells are not like normal cells. They divide quicker and spread quicker. Cancer cells also use fats and proteins as nutrients. The focus needs to be on supporting your healthy cells. No foods are off-limits during cancer treatment.



SCAN TO READ

Want to hear more from Nichole about what's fact and what's crap when it comes to food and supplements for patients in and out of treatment?

**GET OUR FACT OR CRAP
FOOD GUIDE.**

A **Melissa Phelps:**

According to the 2017 American Institute of Cancer Research (AICR) Cancer Risk Awareness Survey, which included 1,004 adult respondents in the U.S., 28% of Americans believe sugar directly feeds cancer. However, research shows that sugar is only indirectly linked to cancer since too much sugar in the diet can lead to excess body fat and unintended weight gain. Per the Centers for Disease Control (CDC), being overweight or obese increases the risk for 13 different cancers, including colon and rectal cancer. There are several reasons why excess body fat, particularly belly fat, can increase risk for cancer.

To understand the biophysiology, the basic building block of sugar is glucose. All of our cells need glucose to survive. In fact, when blood glucose is too low, you could pass out. The human body has unique pathways to convert non-glucose sources of energy into glucose to prevent you from passing out. Therefore, cutting out grains and fruits—and any other sources of food that turn into glucose (sugar)—will not necessarily be helpful, and, in fact, may be harmful.



SCAN TO READ

Scan to read Melissa's post explaining recommendations for a cancer-protective diet, specially regarding sugar.

**LEARN MORE ABOUT
SUGAR + CANCER**

A **Let's talk about foods with
Genetically Modified Organisms
(GMOs) and organic foods. These
are two places patients quickly
examine when they have cancer.
There's so much fear, especially
around eating. Tips for how patients
can cope and where to turn?**

A **Dr. Colin Zhu:**

Do not fret, we live in a very toxic world, unfortunately. Over the years, I researched and found some great consumer resources. I would recommend nutritionfacts.org for evidence-based food and nutritional resources. And for the best independently researched consumer guides for non-GMO and organic-related topics, go to ewg.org/consumer-guides.

A **Melissa Phelps:**

To date, there is not enough clinical evidence to support that avoiding GMO foods can increase risk for cancer. There is also not enough evidence to support that eating organic foods can decrease risk for cancer. The American Cancer Society (ACS) and the AICR panels support these conclusions.

If you are concerned regarding the use of pesticides on fruits and vegetables, you can refer to the Dirty Dozen and Clean 15 lists that are released annually from the Environmental Working Group. These lists help guide consumers regarding organic versus non-organic produce.

A **Nichole Andrews:**

We are paying a lot more for our food to have labels on them. With organics, I would not buy them. They use pesticides. It doesn't matter—synthetic or organic pesticides. There is a percentage of residue that is safe. Organics do not get tested often, so testing is not regular. When they have done tests, they have shown that organics have about the same amount of residue level as conventional/non-organic foods. There are no standards for that and no nutritional differences. Same with GMOs. Some foods do not even have a non-GMO option, like oranges for example. I would not buy them.



Keep Reading

- Why do hospital menus appear to be unhealthy?
- How to stay hydrated when you don't feel like drinking water?
- How much fiber should you eat as a CRC survivor?

**SCAN TO KEEP READING ANSWERS TO THESE
QUESTIONS AND MORE.**



What should I eat if I have an ostomy? What about an ileostomy? Is there anything I should avoid?

A: Life and health are built on eating a variety of nutritious foods.

Whether you are a foodie who loves to explore new restaurants or dabble in your garden, the good news is that for most, you can eat what you love while living with an ostomy.

For anyone who has had ostomy surgery, it is natural to face concerns regarding food choices and to question whether an ostomy will change how you eat and digest food.

Post-Surgery

Food choices begin just after surgery. For all ostomy types, your post-surgical diet will be low in fiber and residue, which helps to rest the gastrointestinal tract. These foods are easier to digest and produce less gas. The goals are to maintain weight, promote healing, prevent stoma blockage, and maintain healthy fluid levels to prevent dehydration.

It's Personal

Four to six weeks after surgery, you may simply return to your normal eating habits. However, each person is different. The best diet for you will depend on your body and medical history. Your medical doctor and a registered dietitian (RD) can assist your ongoing recovery process and help you thrive long after surgery.

Ileostomy

For those with an ileostomy, there may be a risk for dehydration after surgery due to a decreased ability to absorb nutrients, fluids, and electrolytes. It is important to stay well-hydrated and drink the amount and type of fluids recommended for your health and body weight. There is also an added risk of stoma blockage due to a smaller stoma opening and swelling of the stoma after surgery. These risks can be lowered by avoiding high-fiber/high-residue foods such as vegetables and fruits with skins and seeds, raw fruits and vegetables, and whole grains. This risk can also be averted by chewing your food well.



Stage III survivor Melvin Fernandez is a double-ostomate.

Slowly Introduce Foods

To make your nutrition transition smooth, slowly introduce foods into your diet one at a time. Keep a food journal, which can help when you are speaking with your doctor/RD about which foods seem to work well and which ones do not. For those with an ileostomy, carefully record your reactions as you introduce high-fiber foods and fresh/raw fruits and vegetables. Expand your diet and food choices under the direction of your doctor.

Ostomy surgery is a lifesaving procedure. It restores health and enables you to resume the activities you once enjoyed—including eating! It is all about educating yourself about your surgery, having good communication with your medical professionals regarding food choices, and regaining confidence in eating. Pretty soon you will see yourself at your favorite restaurant again.



For more information, download a free copy of United Ostomy Associations of America, Inc.'s "Eating With An Ostomy," a comprehensive nutrition guide for those living with an ostomy at ostomy.org/diet-nutrition.



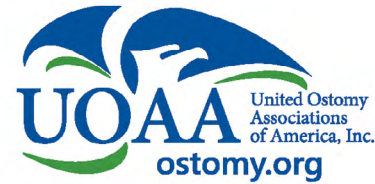
JOANNA BURGESS-STOCKS
BSN, RN, CWOCA

United Ostomy Associations of America, Inc. Advocacy Committee Co-Chair

Foods and Their Effects

Food Reference Chart

Listed below are general guidelines for individuals who have a colostomy or ileostomy, and the guidelines apply to many CRC patients who've undergone colorectal surgery. It is important to know the effects that various foods will have on stool output. The effects may differ for each person depending on surgery type and length/function of the remaining bowel. To determine individual tolerance to foods, try new foods in small quantities. Remember to always chew thoroughly.



GAS PRODUCING:

Alcohol (Beer)
Broccoli
Brussels Sprouts
Cabbage
Carbonated Beverages
Cauliflower
Chewing Gum
Cucumbers
Dairy (e.g., Eggs, Milk)
Legumes (e.g., Baked Beans, Lentils, Peas)
Melons
Nuts
Onions
Pickles
Radishes
Soy Products
Spicy Foods

***ODOR PRODUCING:**

Asparagus
Broccoli
Brussels Sprouts
Cabbage
Cauliflower
Eggs
Fatty Foods
Garlic
Legumes (e.g., Baked Beans, Lentils, Peas)
Onions
Smoked Foods
Strong Cheeses
Some Medications
Some Vitamins

MAY CAUSE LOOSE STOOLS; DIARRHEA:

Alcoholic Beverages
Apple and Prune Juices
Baked Beans
Chocolate
Fresh/Raw Fruit
Fresh/Raw Vegetables
Fried or Spicy Foods
High Sugared Beverages
Leafy Green Vegetables
Milk/Cheese (Lactose Intolerance)

****STOMA BLOCKAGE:**

Cabbage (Fresh/Raw)
Celery
Chinese Vegetables
Coconut
Coleslaw
Corn (Whole Kernel)
Dried Fruits
Fresh/Raw Pineapple
Mushrooms
Nuts, Seeds
Pith from Citrus (e.g., Oranges)
Popcorn
Skin of Fresh Fruits (e.g., Apple Peels, Grapes)

COLOR CHANGES:

Asparagus
Beets
Food Coloring (Red Dyes from Kool-Aid and Punch)
Iron Pills
Licorice
Red Jell-O
Tomato Sauce

***ODOR CONTROL:**

Consume Probiotics (e.g., Yogurt: Aids in Digestion)
Eat Smaller/More Frequent Meals: Aids in Digestion
Fruits and Vegetables: Helps Keep the Colon Clean
Stay Well-Hydrated and Avoid Constipation
Odor Eliminators (Drops, Gels, Sprays, Tablets, Sachets that Can Be Placed into an Ostomy Pouch)

*****CONSTIPATION PREVENTION/RELIEF:**

Bran Products
Fruit Juices
Fruit (Fresh/Raw or Cooked)
Oatmeal
Prunes
Raisins
Vegetables (Fresh/Raw or Cooked)
Water (Stay Hydrated)
Warm Beverages
Warm Soups
Whole Grains

THICKENS STOOL *for Diarrhea and High Output*

Applesauce
Bananas
Boiled White Rice or Noodles
Creamy Peanut Butter
Hot Cereals (Oatmeal, Cream of Wheat, Rice)
Marshmallows
Peeled Potatoes
Tapioca Pudding
Unseasoned Crackers
White Bread, Toast
Yogurt

DISCLAIMER: This chart contains information developed by United Ostomy Associations of America, Inc. This information does not replace medical advice from your healthcare provider. You are a unique individual and your experiences may differ from that of other patients. Talk to your healthcare provider if you have questions about this chart, your condition, or your treatment plan.

*Odor from diet will differ for each person. If you have concerns, discuss with your doctor. Odor eliminators may be purchased from distributors of ostomy products.

**People with an ileostomy are at greater risk for stoma blockage/obstruction. These food types should be eaten with caution and not introduced into the diet until four to six weeks after surgery. Introduce them slowly, one at a time, and chew well.

***Increasing the amount of fiber in your diet will help you avoid becoming constipated. Discuss options with your doctor.



FLEX YOUR SUPPORT

A **#StrongArmSelfie** is an easy way to show you support the fight against colorectal cancer. It's a sign to a patient that you care. A symbol to a caregiver that you've got their back. And, it may also serve as a reminder to get screened for colorectal cancer.

Fight CRC's community of advocates have adopted the "strong arm" as a way to show we fight relentlessly against colorectal cancer and will not back down until there's a cure.



HOW TO PARTICIPATE:

1. Take a selfie while flexing your best strong-arm pose
2. Tag us @FightCRC
3. Post it using #StrongArmSelfie to raise awareness and funds for colorectal cancer

LEE JONES

WELLNESS

Research

Did you know research doesn't only apply to vaccines, treatments, and new therapies? There are all kinds of research studies happening to help people get healthy.



One of those studies recently kicked off. It's being led by Erin L. Van Blarigan, ScD, at the University of California San Francisco (UCSF) and is funded in part by the National Institutes of Health. The study is looking at how to increase physical activity and improve diet among CRC survivors—something that's critical not only for cancer prevention but also for treatment and survivorship.

Several of Fight CRC's research advocates provided feedback for Dr. Van Blarigan's study protocol. They offered comments like, "It's not feasible," or "This won't make sense to participants." This study aims to help people get healthier quicker and to teach healthcare professionals how to effectively help patients—saving both time and money in the long run.



"Participating in this research study provided a great opportunity to share what 'good care' means to patients. While surviving cancer is the initial goal, the patient experience and perspective play a vital role when it comes to staying fit, healthy, and active. As I look back on my cancer journey, the need for this research is crucial because it will allow survivors, including myself, an opportunity to live our best lives within research guidelines that incorporate the patient voice."

— Wenora Johnson Stage IIIb Survivor



"After treatment for CRC, which can be debilitating (as it was for me at stage III), survivors need—truly need—rays of hope. Real-world hope. The UCSF/Van Blarigan study aims to provide that. Plus, the team has quickly responded to advocates' suggestions about how to add 'real-world' amounts of workout and eating advice, without making it seem like 'another job' for the patient! A gift to us all."

— Curt Pesmen Stage III Survivor



Microbiome Research

Lee Jones, a stage IV survivor and research advocate, was one of 10 research advocates from five countries selected to participate in the OPTIMISTIC study, a project investigating the relationship between the human microbiome and CRC. It is funded by a five-year grant from Cancer Research UK as part of their Cancer Grand Challenges program (now in partnership with the U.S. National Cancer Institute).

"This research tends to be mostly lab-related and it requires a much heavier knowledge of science than I have, but research advocates have played an important role. We have helped relate the lab findings to the real world so patients find more potential value. Also, dietary information and tumor, blood, and stool samples are collected at several points during participants' chemotherapy or immunotherapy treatments. We have provided valuable input regarding this as well.

Findings of the study have so far demonstrated strong associations between several microbes and CRC. One of the studies, headed by Dr. Kimmie Ng at Dana-Farber, is looking specifically at the role the microbiome may play in young onset colorectal cancer. One of the more interesting findings is of a predatory bacterium that only attacks one of the cancer-associated microbes. We don't know how this might play out in the human body, but it's amazing to watch the attack under a microscope!"

Read more about the microbiome on page 10.

FUELED BY FOOD

Figuring out how and what to eat after a colorectal cancer diagnosis can come with challenges, but food can also introduce new passions and bring healing. Meet three survivors who have woven their love of food into their lifestyles.



for me.” This was his dream. A former lab scientist for Amgen who later worked in finance, he moved away from Silicon Valley and began pouring everything he had into renovating the property, which he named Raymond’s Bakery after his late father.

Years ago, shortly after his father passed away, Mark Weiss discovered a 3-acre abandoned property in California’s coastal wine country. As he toured the run-down cottages and former restaurant building, he felt “a deep thrum in my chest that it was waiting

The bakery also reminded him of his first memory: baking with his mom. “She had me helping her braid challah. Every holiday we would be in the kitchen for days.”

In 2004, Weiss assumed he felt so run down because of the property renovations, and then a subsequent car crash. But thankfully he saw a doctor who requested a colonoscopy—which happened to be two days before his wife’s scheduled c-section. He was diagnosed with stage III rectal cancer at age 32. Everything in his world changed—including his relationship with food.



BREAD BAKER MARK WEISS

Stage III Survivor • Cazadero, California

At first, food helped him cope. “I drove to the store and picked up some rib-eye steaks and veggies,” he said. “Then I went home and cooked my family a hearty dinner to help sustain us through what was to come.” But when he went on a clinical trial that involved three types of chemotherapy and radiation, everything changed.

“I could hardly consume food...it caused such profound nausea that it was impossible to even eat dry toast most days. I couldn’t even be in the bakery some days because the smell of bread baking was too much.”

A dreamer who has always been willing to take risks and keep going, Weiss never gave up. Today, he is in remission and loves being a dad and running the Elim Grove Cottages and bakery, which sources organic, local ingredients and welcomes visitors to enjoy the beauty of the Redwoods.

"After treatment, being able to bake for others and be a part of their celebration of life was even more beautiful to me," he said. "Today I feel so happy and grateful that I am able to be a part of families' everyday pleasures as well as special times."

During the start of the pandemic, he baked thousands of loaves of bread for any food pantry, shelter, or clinic that was in need of food. Having survived cancer against the odds, being able to make the most of the gift of life became more important than ever.

"I feel as though I want to make the most of every moment—making this world a better place with the gift of my extra time here."



SCAN TO READ

LEARN MORE ABOUT MARK'S STORY AT THE COLON CLUB



FOOD LOVER ULE ALEXANDER

Stage IV Survivor
Baltimore, Maryland

"I'm passionate about food! I love cooking. It is not just my hobby, but my true calling!"

For Ule Alexander, his interest in food began during his first job in the hospitality/food service industry. As a dishwasher serving the back of the house, he picked up on how he could make good wages and impact others' lives by serving food. He also saw how food was powerful and central to any culture. As his career grew, he moved from the back of the house to the front, and from restaurant to restaurant. After getting his culinary arts degree, he worked toward the dream of managing his own restaurant one day.

"This fits my personality, he said. "It lets me interact with different people and make different products—I love to see how the ingredients come in, prepare and plate a dish, serve it to customers, and see their reaction and how much they enjoy it. It's nice."

Unfortunately, the high from cooking for others in Alexander's life met a low after he was diagnosed with CRC at age 36. Five years prior, he had undergone gastric bypass surgery and adopted a lifestyle of measuring foods, preparing healthy meals at home, and working out every day.

"I was shocked when I was diagnosed," he said. "I thought, 'It's impossible.'"

Although Alexander could look back on what led up to his gastric bypass and identify unhealthy eating habits and patterns, he began combating many assumptions.

"People assume your diet was probably terrible when you're diagnosed—like you're eating a ton of red meat," Alexander shared, recounting some of the comments he faced after diagnosis, as well as advice he got

from a CRC conference. "Doctors were on stage and talking about food, telling people to eat super healthy, buy organic, and to make their own soups and gazpachos. I was like, 'but we still have cancer...what are you talking about?' Does it really matter if I eat nothing but green vegetables all day? I don't think so—I ate super healthy and still got cancer. I've been a little angry with the blanket statement that food causes cancer."

Cancer shifted his plans and threw Alexander's life for a loop. In addition to facing grueling treatments and surgeries, his marriage ended and the physical demands of running a restaurant were too much for his body, dashing his hopes of becoming the general manager of an upcoming restaurant opening. Going into true survival mode, Alexander said he felt depressed and lost his relationship with food for a while—eating to live versus living to eat. His appetite waned, as did his interest in trying different restaurants and the social aspects of food that he'd fallen in love with. What brought it back? Surprisingly: COVID-19.

"I moved in with my sister and had nothing to do but sleep and rest, so I'd go to the store to get something to cook that my family hadn't tried. I'd make it, plate it, and take a picture to post on social media. They'd say, 'It's amazing!' With a new audience to cook for, it reignited my passion and brought life back to cooking for me."

FOLLOW ULE'S FOOD ADVENTURES!

@teflondoncatering





HOME CHEF JENNIFER RATNER

Stage I Survivor • New York City

When COVID-19 hit, Jennifer Ratner, a pediatrician in NYC, saw it as an opportunity to dive into her hobbies of cooking and baking.

A foodie who enjoyed frequently dining at her city's amazing restaurants, Ratner signed up for online cooking classes and began experimenting with a variety of new ingredients and spices from her apartment on Manhattan's Upper East Side. While it wasn't cooking for 30 people like she was used to, she enjoyed trying something new.

Ratner also found that the online classes brought even more variety to her pescatarian diet, something she began after being diagnosed with stage I colon cancer in 2018. "I was a healthy eater and

in great shape prior to my diagnosis," she said, but added, "I was looking for a reason I got colorectal cancer, and changing my diet was an easy thing to do." As a physician, she understands there's not a "straight line to the data" and even some controversy over which foods cause cancer, but she viewed cutting out some of the foods that are tied to higher incidence of CRC as a simple way to eat for cancer prevention.

"I didn't typically have bacon at home, but I stopped ordering it at restaurants, and the same with pancetta on a salad and smoked salmon." She discontinued ordering steaks and stuck to lean, white meats and shrimp, even while dining out.

Because of her medical background, she's been able to review the data on diet, nutrition, and exercise. She has made choices that work best for her lifestyle. To other patients who are exploring

what to eat following a CRC diagnosis, she encourages them to keep trying, to remember nothing is entirely written in stone, and to work hand in hand with your doctor and nutritionist to find a plan that works best for you.

"There are important, specific questions for patients to ask—talk to your physician and nutritionist about things like tree nuts, red and processed meats, coffee, vitamins, supplements, and the glycemic load of your diet. If you're not happy with the answers, go to someone else. That's what I did. Don't be afraid to keep asking around. A group like Fight CRC can help guide you to reliable resources. Ask for publications, nutrition guidelines, and food recommendations.

There's so much information out there—go find it.





Advocating for **SCREENING OPTIONS**

Non-invasive colorectal cancer (CRC) screening tests are a key tool to help address disparities in screening, and the impact of COVID-19 on CRC screening further emphasized the importance of having these options.

Earlier this year, a *CBS News* story highlighted a significant challenge in access to colorectal cancer screening by featuring a woman who received a positive result from an at-home, non-invasive CRC screening test (Cologuard®) and needed a follow-up colonoscopy. Fortunately, she did not have CRC, but unfortunately, this patient was hit with a nearly \$2,000 bill.

The story highlighted an issue that we have seen arise with any non-invasive CRC screening test—like FIT and Cologuard®. If a patient receives a positive result on a non-invasive screening test, a follow-up colonoscopy is necessary to complete the screening process. Unfortunately, many patients face out-of-pocket costs for that follow-up colonoscopy, creating a barrier to completing screening.

“It is more important now than ever that we remove barriers and increase access to colorectal cancer screening,” said Anjee Davis, president of Fight CRC. “Unlike many cancers, colorectal cancer can be prevented if caught early, and we need to take advantage of all the tools in our toolbox.”

At Fight CRC, we believe patients should work with their doctor to select the test that works best for them. Ultimately, the best test is the one that gets done. So, it is important that no matter how patients choose to be screened, they are able to complete the full screening process without financial barriers.

While colonoscopy is still the gold standard of CRC screening, at-home, non-invasive tests provide an important option for those at average risk who may be hesitant to get a colonoscopy. Non-invasive CRC screening tests are a key tool to help address disparities in CRC screening, and the impact of COVID-19 on CRC screening further emphasized the importance of having these options.

This is why we’re engaging policymakers—to ensure patients have options.

Over the past year, Fight CRC has been working at the state and federal levels to ensure no patient faces this burdensome out-of-pocket cost in order to complete their CRC screening process.

At the federal level, we have worked with our partners at the American Cancer Society Cancer Action Network (ACS CAN) and the American Gastroenterological Association (AGA) to engage the Department of Health and Human Services (HHS), as well as the Centers for Medicare and

Medicaid Services (CMS) to urge them to remove out-of-pocket costs for patients needing a colonoscopy after a positive non-invasive test.

At the state level, we’ve worked through our Catalyst State-by-State Advocacy Program to provide funding and technical assistance to coalitions working to implement this policy. To date, legislation removing out-of-pocket costs for patients has been signed into law in Arkansas, Rhode Island, Texas, Maine, Oregon, and Kentucky.

Thanks to our Catalyst program, our advocacy efforts have grown, and we’re now rallying advocates to push for better CRC screening policies within their states. We’ve seen great strides forward over the past two years, and we’re looking forward to what’s ahead. There’s great momentum happening.

We can’t keep up this momentum without you. Your stories and your voices are incredibly powerful. Want to join us? A great place to start is to learn who your local lawmakers are, and to check out **FightCRC.org/advocacy** to see what’s happening in your state around CRC screening.

And finally, make sure you’re signed up as an advocate so that when it’s time to speak out and get loud, you’re ready.

JOIN US

BE AN ADVOCATE

See page 32 for details and visit **CallonCongress.org**.

MOLLY MCDONNELL is Fight CRC’s Director of Advocacy

FOLLOW MOLLY!

@MollyFightCRC



DUDE, IT'S TIME TO QUIT TOILET PAPER FOR GOOD



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**DUDE
WIPES**



FOOD *Blogs*

What the Fiber?!

Lots of people have a love/hate relationship with fiber. Too little fiber, and we have poop that's too hard. Too much fiber, and we have poop that's too soft, or maybe too watery, and that's not good either.



Read all about fiber from Connie Rizzo, MEd, RD, LD, Medical Nutrition Therapist at Mercy Hospital, Cancer Resource Center, C.H. "Chub" O'Reilly Cancer Center of Springfield, Missouri.

[SCAN TO READ](#)

Cancer-Related Fatigue

Cancer patients need so much help and support when it comes to fatigue, fitness, nutrition, and mindfulness. Check out this blog where stage IV survivor Mike Mancini shares his journey and why he recommends checking out a new tool for cancer patients, Untire.



[SCAN TO READ](#)



Eating with LARS

What should a patient who is facing low anterior resection syndrome (LARS) do? Get practical advice from Skandan Shanmugan, MD, an associate professor of surgery at the University of Pennsylvania, Perelman School of Medicine, Division of Colon and Rectal Surgery at PENN Presbyterian.



[SCAN TO READ](#)



GET MOVING!

Nutrition and exercise go hand in hand. For tips on everything from how to exercise, how long to work out, and more, check out our newly updated Exercise Fact Sheet.



[SCAN TO READ](#)



diet diversity

For the first time in many decades, discussions about diversity are on the table (no pun intended) in nearly every area of American life.

Unfortunately, this topic has often been neglected during diet and nutrition conversations—and we’re not talking about the importance of eating a colorful variety of fruits and vegetables.

Typically, patients receiving nutrition guidance get handed a list of foods to try and foods to avoid, but most of the foods listed are part of a mainstream “American” diet and fail to incorporate cultural differences. This is something health coach and Fight CRC advocate Marsha Baker hopes

to see improved in the future—diet recommendations tailored not only to the patients’ food preferences, but their cultures as well.

“It’s important to remember that not everyone eats like you,” Baker said. “It’s not a one-size-fits-all situation, ever, but especially when discussing ethnic backgrounds and diversity.”

In America, it can be easy to assume the products lining our mainstream, chain supermarket shelves are what’s stocking everyone’s pantries. But talk to a Native American patient whose culture is preserved by cooking or an Asian family serving up traditional dishes at home and you’ll quickly learn a different story. Diets are as diverse as the people who eat, and remembering that is key when making and receiving food recommendations.

**MARSHA BAKER**

*Health Coach &
Fight CRC Advocate*

Acknowledgement is Key

Diversifying how, where, and when to offer inclusive nutrition guidance is not an easy task, but Baker offers this simple encouragement to both patients and providers who want to grow: acknowledge.

“A lot of plans presented don’t acknowledge the cultural differences of eating and that ethnic meals are cooked at home *and* at restaurants,” Baker said. “We need to recognize and acknowledge that different ethnicities may have different cultural foods: African American, Latinx, Asian, Native American—we need to acknowledge that these groups may eat unique meals and use different types of foods that are often not mentioned in recommended meal plans.”

For medical professionals, acknowledgement looks like asking a patient what foods they eat and recognizing that their diets may not consist of what’s found on most American menus. It means asking questions to learn more about what a patient likes to eat, and what modifications are and are not realistic for them to adopt.

For patients, acknowledgement looks like pushing past fear and opening up about what’s eaten and enjoyed, even if the foods are nowhere to be found on existing resources and materials.

“Patients have to advocate for themselves,” said Baker, who added, “and they need to take control and be willing to make choices.”

One example is Fight CRC’s President Anjee Davis who was diagnosed with breast cancer last year. An avid cook and baker who enjoyed preparing a variety of traditional American dishes and Indonesian foods, cancer made Davis pause and reevaluate her diet. She and her family made a decision to become pescatarian (diet consisting of fish, vegetables, legumes, and sometimes dairy) and get more protein from plant-based sources, which meant approaching her favorite recipes differently.

She explained: “Our go-to dishes were beef curry and chicken fried rice. Making a veggie version sounds like a simple swap but we had to work at finding that balance of health and feeling satisfied (‘Umami’),” she said. “A dietary

PLANT FOOD

Including a variety of plant foods into your diet is one recommendation that will pop up in every consultation and gut health guide—regardless of culture and ethnicity. Every type of cuisine can incorporate plant foods into its dishes!



FRUITS



VEGETABLES



NUTS & SEEDS



OILS



LEGUMES



BEANS



WHOLE GRAINS

Plant foods contain phytonutrients—naturally occurring chemicals that help reduce inflammation and fill you up with antioxidants. These chemicals are also known to help you both prevent and fight off cancer and other diseases. The American Institute for Cancer Research (AICR) recently released a “New American Plate” with recommendations for eating for cancer prevention.

- Fill 2/3 or more of your plate with colorful plant foods such as vegetables, fruits, whole grains, beans, nuts, and seeds
- Fill the remaining 1/3 or less of your plate with animal foods such as poultry, seafood, lean red meats, eggs, and dairy.

If you choose to eat red meat, AICR recommends no more than 12–18 ounces (cooked) per week, and to avoid processed meats as much as possible.

change forces you to be creative and open-minded. Over the last year we have added kimchi, kombucha, jackfruit, tempeh, impossible burgers, and guava syrup to our diet, and we have said goodbye to processed sugars and ramen. As a family, we had to be intentional about our food choices and make sure to eat a balance of protein, fat, and sugar. Most importantly—we allow ourselves to cheat every Thanksgiving and Christmas dinner!”

Baker’s passion for food and coaching others toward health—incorporating a variety of cultural foods into recommended plans—is personal as she has also made dramatic changes to her nutrition over the years while finding ways to keep eating with her family and enjoying their favorite foods. She became an advocate with Fight CRC after her dad passed away from colorectal cancer. She credits her advocacy journey with teaching her about the connection between food and diseases like cancer. Now as a health coach, she’s helping people from a variety of backgrounds set realistic and optimistic goals and change their mindsets when it comes to healthy habits.

“I don’t want people to think you have to exclude certain foods to be healthy and that cultural foods will be unhealthy no matter what,” she said. “There’s certain foods I enjoyed before I began this journey, and I’ve tweaked them to make them healthier and cut down my portion sizes.”

For those inspired to take a wellness journey and focus on nutritious foods relevant to their individual taste and cultures, she offers this encouragement:

“It comes down to finding what works for you—take a piece of every plan you’ve ever tried. You can achieve long-term lifestyle change.”

Adaptation has always been key to our survival as humans, as have communication, acceptance, and embracing diversity. As we evaluate the role food plays in the lives of those affected by cancer, we must remember that no two patients eat exactly alike.

SARAH
COPELAND

Save the Date: Exclusive Culinary Event with Sarah Copeland



Concerned about how your gut is going to survive the holidays?

Register for our exclusive culinary event with Sarah Copeland. Sarah is a bestselling cookbook author and *Real*

Simple's former food editor whose recipes have been featured on outlets like Food Network, *New York Times*, and more. She's known for helping families find easy, fresh, delicious recipes to make on every occasion.

Reserve your seat today for our live, interactive event streamed straight from Sarah's kitchen where she'll introduce us to some gut-friendly entree, side, and dessert ideas for the holidays. She'll also answer our questions about techniques, tips, and food.



SCAN TO REGISTER

- 1) Open camera app on phone
- 2) Hover over this code
- 3) Fill out the form

Can't make the live event? Register anyway and we'll email you the recording!

Can't leave the house?

These apps will deliver groceries to your front door:

- Instacart
- Grocery store apps
- Imperfect Foods
- Hello Fresh

No energy to cook?

These services bring you prepared meals:

- Meals on Wheels
- Magnolia Meals at Home
- Send a Meal (vegan/vegetarian/special diets)

These apps will deliver from local restaurants.

- Door Dash
- Uber Eats
- Grub Hub
- Menufy

Need personalized support?

Ina® The Intelligent Nutrition Assistant

Ina helps people with cancer eat healthy and stay well-nourished throughout their treatment and beyond. Good nutrition can help people with cancer feel better and manage symptoms like diarrhea, nausea, tiredness, and decreased appetite. All you need is a cell phone number. You will receive daily texts once you sign up.

SCAN TO GET STARTED



Struggling to afford food?

Programs making sure you have resources to eat:

- SNAP Assistance (Household must qualify; inquire with your state for eligibility criteria)
- Feeding America (Use the Need Help? Find Food search tool)
- Misfits Market (Reduced-price produce shipped to your door)

Looking for recipe ideas?

- Cook for Your Life
- Savor Health

Fighting inflammation?

Try these foods (as you're able):

- Tomatoes
- Leafy greens
- Nuts
- Olive oil
- Fatty fish
- Fruits like strawberries, blueberries, cherries, and oranges



When learning what to eat and what not to eat, what's worked for you?



Small Portions

Quantity is more important than the specific food item. Almost anything is OK with small portions at this point... except corn makes me bloat like a basketball. I am nine years past having my rectum and part of my sigmoid removed. Some LARS issues continue, but portion control is my biggest key.

Heather White, Stage IIIb Survivor



Tried Paleo

I had a resection, so when I was able to process solid food, I followed more of a paleo diet. I still don't do well with raw greens or lots of dairy. I never touch anything with nitrites, and I cook most of my meals. Also, I had to learn to start and end the day with water.

Paula Chambers Raney, Stage I Survivor



Hemp Helps

CBD has helped me treat nausea, dizziness, headaches, muscle pain, and it's helped improve my sleeping pattern. I have become a believer in the healing power of CBD and enjoy sharing information and recommendations in hopes of helping others facing similar experiences.

Maryella McKenzie, Stage IV Survivor



Be Patient and Learn

I'll be honest, having a colostomy was CAKE! Everything, to me, looked like it digested the same. Ileostomy? Totally different. Hash browns? No go. Tomatoes? Don't think so. Beans? Boy STOP! Talk about a learning curve. I've definitely become patient, and I focus more on what I can digest.

Phillip Alan Dawson II, Stage IV Survivor



Keep it Simple and Keep Trying

Eat as simple and clean as possible, and listen to your body. For a while I couldn't tolerate coffee, but after two years, I could again! I recently cut gluten and sugar from my diet and I've never felt better.

Johanna Poremba, Stage II Survivor



Adjusting the Vegan Diet

I was vegan before my LAR surgery and I have maintained it the whole time with some adjustments. I am two years post surgery and have a lot more variety now than I did after the operation. I have worked hard on my gut microbiome and I eat at regular times of the day. I eat low FODMAP fruit, veggies, grains, etc. A vegan diet can work—you may have to take it slow and be careful about how you mix your foods.

Jacqui Weston-Cole, Stage I Survivor

FODMAP: A diet containing few sugars that lead to intestinal distress. Ask your doctor before trying a low-FODMAP diet.



Go Slow

I had some special needs due to an ostomy, but in general I'd say I have learned how to eat more slowly and chew my food more before swallowing. I drink a ton of water, and I listen to what the doctor tells me in regards to diet.

Scott Blitstein, Stage II Survivor



Food Diary

A food diary was vital in helping me figure out the best diet and tracking how my body handled certain foods. Once I knew what worked, I could tailor a diet specific for me.

Allison Rosen, Stage II Survivor



Skip The Spicy

Before my diagnosis, I LOVED hot/spicy food, but once I had my colon resection and ever since, I can't handle it anymore. Also with my ostomy, I found that any fruits or veggies with the skin were more difficult to digest.

Michael Mancini, Stage IV Survivor



Lean on Low Residue

I ate low residue for a while and slowly added foods to see how my body tolerated them. I've learned to eat slowly and chew my food well.

April Schack, Stage II Survivor



SCAN TO READ



Food Myth Busters

Read our Fact or Crap Food Guide for patients in and out of treatment! Learn more about what's true and what's false when it comes to food and cancer.



HOLIDAY *Eating*

Food can be a tricky subject under the best circumstances.

Add in the complications of cancer, the holidays, AND family—you now have a minefield that would make anyone want to crawl under the table and hide.

Food is much more than simply fuel for our physical bodies. Food is emotional. It's social. It can have deep roots in family and cultural traditions. Humans have always gathered to share and build social bonds through eating. So, when something like colorectal cancer steps in and fundamentally changes our relationship with food, something that was once positive can become a real problem.

The holidays can put this issue front and center. Not only do we navigate what our individual systems can handle, but we have to deal with the awkwardness and problems that our new food restrictions can cause with family and friends. Being the one who can't join in, or the person asking for specific accommodations is really difficult. The last thing we want to be is the one ruining everyone else's fun.

So, what to do?

Look Within Yourself

First, look within yourself. You are responsible for one person: yourself. Let go of worrying about how other people might think or feel: That's not your job. Taking care of our needs requires us to tell others what those needs are. Remember the part in the safety speech on the airplane that says, "If the oxygen mask drops down, put on your own mask before assisting others." The same thing applies here; your responsibility is first to yourself.

Let Others Help

Family and friends want to help. Cancer is also really difficult for caregivers because so frequently there isn't anything they can do. So actually, they're happy to know that making some accommodations can help you. Communicating your needs won't only help you, but it allows those around you to know what to do. Otherwise, they will be guessing, and that's a recipe for problems.

Connect

Clearly communicating your needs allows you to connect. Cancer can be so isolating. We're trapped in our own terrible experience while those around us go on with normal life. How do we bridge the gap and reconnect? Communication. By honestly sharing, you will

let others in and allow them to help. Don't be afraid to say "No." Imagine a friend of yours is struggling, but you don't really know why or how to help. What if they honestly shared how they're feeling and specifically what you could do to help? What a relief! Communication opens up connections.

Remember: It's your job to take care of yourself and get your needs fulfilled. Keep in mind that even though it may be awkward, specifically letting people know what you need will actually help connect you and make the holiday gathering much more fun for everyone.

FOLLOW CHAD!

@chadthe psycho_therapist



CHAD LATTA, MA

Shrink, professor at Metro State University (Denver, Colorado), painter, BJJ black belt, USMC vet, stage III survivor, and frickin' hilarious

Upcoming **Events**

YOUR GUIDE ★ IN THE ★ FIGHT

FIGHT COLORECTAL CANCER

New! **Guide in the Fight Meetups**

SECOND & FOURTH TUESDAYS

Recently diagnosed with colorectal cancer (CRC)? Join us for a free online meetup every second and fourth Tuesday of the month. Fight CRC staff and ambassadors will be logged on and ready to help you find the resources and support you need, as well as connect you with others facing surgery and treatment. Get tips on everyday issues, ask questions, and listen to other patient and caregiver experiences.



Visit **FightCRC.org/meetups** to register for a meetup time that works best for you!



SPECIAL CULINARY EVENT

NOVEMBER 2021

Don't miss it! Learn how to get ready for the holidays during our special culinary event with bestselling cookbook author Sarah Copeland! Get the details on page 29.

Path to a Cure Think Tank

DECEMBER 2021

How are we going to CURE colorectal cancer?

First, we need a plan. We are convening the brightest minds in colorectal cancer research and patient education to build a report and uncover the most significant issues that CRC patients face today. In December, we will bring together these individuals for the first-ever Path to a Cure Think Tank. Scientists, researchers, and medical professionals will map out the path to a cure.



Donate to support research at **FightCRC.org/donate**.

Put a Blue Star on Your State

BEGINNING DECEMBER 2021

Get your state to participate in Colorectal Cancer Awareness Month this March by asking your governor to issue a state proclamation or letter of support! Proclamation materials will be available at **FightCRC.org/proclamations** in early December.



Sign up for updates at **FightCRC.org/advocacy**.

SAVE THE DATE

Call-on Congress 2022

Call-on Congress 2022 will be unlike any other. We will be rallying on The National Mall, a.k.a. America's Front Lawn, to urge policymakers to prioritize colorectal cancer! We are excited to be reuniting in person in March 2022 in Washington, D.C.

Unable to join us in D.C.? Online participation options will be available.

**THANK YOU TO OUR
BEYOND BLUE SPONSORS!**



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Connect with us *on social media!*



2020 Ambassador and stage II rectal cancer survivor Denelle Suranski urging the President and VP to #PrioritizeCRC!



2021 Ambassador and stage III survivor Joe Bullock led one of the community climbs with some of his best friends and brothers from Cancer Wolves. He drew from the strength of his brothers and sisters in the colon cancer community who have passed on.



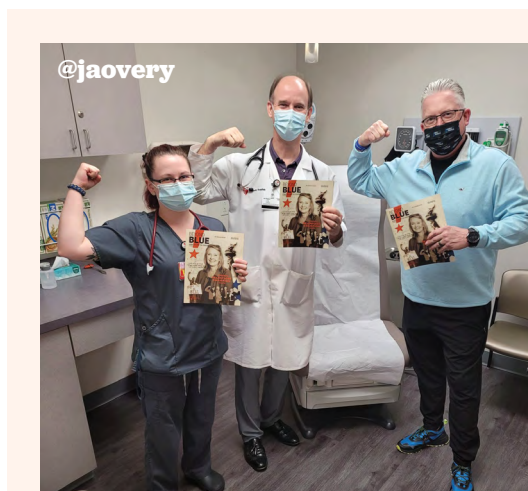
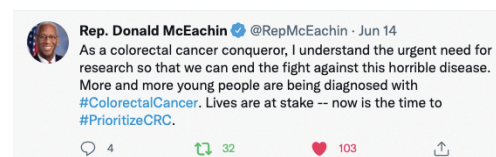
In less than 36 hours, stage IV survivor and Fight CRC board member Teri Grieve climbed 29,029 feet, the equivalent of Mount Everest!



2022 Ambassador and stage III survivor Julie Brown flexing a #StrongArmSelfie!



2022 Ambassador and stage II survivor Kimberly Holiday-Coleman celebrating being 53 and fabulously, officially cancer-free!



2019 Ambassador and stage II survivor Jay Overy delivering his copies of *Beyond Blue* to his local hospital.

If you're a Resource Champion, don't forget to post a picture of your drop off!
Want to be a Resource Champion? Sign up at FightCRC.org/ResourceChampions



Groups

Fight CRC's Climb for a Cure
ADVOCATES at Fight Colorectal Cancer

“A recent prediction was made that by 2030, colorectal cancer will be the leading cause of cancer deaths. This is disturbing—it’s not OK—and our community is not willing to wait for answers.”

—ANJEE DAVIS, PRESIDENT OF FIGHT COLORECTAL CANCER

Your support is essential as we relentlessly fight for informed patient support, impactful policy change, and breakthrough research endeavors.

ONLINE	give.fightcrc.org or email rebecca@fightcrc.org
CHECK	Address your check to “Fight Colorectal Cancer” and mail to 134 Park Central Square #210, Springfield, MO 65806
CALL	(703) 548-1225 x10
STOCK & ESTATE	To learn about setting up estate planning and stock giving, please contact Michell Baker at (703) 407-7534 or michell@fightcrc.org
SHOP	shop.fightcrc.org
IN-KIND	To donate products for our events and care packages, contact Natalie Keiser at (703) 548-1225 x17 or natalie@fightcrc.org
EMPLOYER MATCHING PROGRAM	Thousands of companies participate in employee matching programs. To learn more about how you can get your employer to match your donation, visit FightCRC.org/ways-to-give .

Fight Colorectal Cancer is a 501(c)(3) organization and contributions are tax deductible to the extent allowed by law. Fight Colorectal Cancer has received high rankings for our streamlined, outstanding financial processes from several groups who watch for proper oversight of donations. To view our 990 reports, visit fightcrc.org/donate



Paving *the* Path



Steve Depp served as a board member from 2006–2010. After his diagnosis with stage IV CRC, he searched for ways to improve both prevention and treatment. Steve was a physicist who helped develop bar codes and computer screens; he held multiple patents.

He knew that science could solve problems and he left Fight CRC part of his estate to move science forward when he passed away in 2011.

Diagnosed with stage IV cancer at age 48, Dina M. Golas was determined to find a cure alongside Fight CRC. Before her passing in November 2020 at age 53, she offered her experience from working on Wall Street as a newly appointed board member and she represented patients during the Cologuard® Classic.

Dina believed wholeheartedly in Fight CRC's mission to find a cure and insisted that part of her estate be donated to research efforts.

Dollars from Steve's and Dina's estates are being used to fund our upcoming Path to a Cure Think Tank (see page 32 for details). These funds are paving the path so we can take the necessary next steps to drive research forward.

We are grateful to Steve, Dina, and their families for trusting us with a financial legacy. We will keep fighting in their memories. To talk about ways you can set up a financial legacy at Fight Colorectal Cancer, please contact Michell Baker at (703) 407-7534 or michell@fightcrc.org.

Fundraise for Fight CRC

Get your family and friends involved in the cause! Your generosity helps support our efforts to find a cure. By fundraising for Fight CRC, you directly support colorectal cancer patients every single day. Get started at FightCRC.org/fundraise.

Upcoming Fundraising Events



No-Shave November: November 1–30, 2021
Giving Tuesday: November 30, 2021

WAY TO CLIMB!

Thank you to everyone who participated in the 2021 Climb for a Cure. Whether you participated from your neighborhood, at a local community climb, or Lake Tahoe, you have made a HUGE impact. Over 355 climbers participated on August 22, raising over \$193K. You are incredible!

LOOKING FOR NAMES?

We have moved the names of those honored and remembered through a donation to our annual Impact Report. Be on the lookout for its release later this year!



**NO-SHAVE NOVEMBER
HAS DONATED MORE THAN**

**ONE
MILLION
DOLLARS**

TO FIGHT COLORECTAL CANCER!



**Thank you for fighting with us!
Get hairy this November.**

no-shave.org

F!GHT CRC

NO  **SHAVE
NOVEMBER**