**ICanServe Foundation**

**Silver Linings 2019**

**Nutrition Concerns** **& Resolutions During & After Cancer Treatment**

**PICC Room 6**

**Speaker: Dr. Divina Cristy Redondo-Samin**

**Moderator: Louie Sangalang**

3:02:38 Louie Sangalang: For next session, thank you very much. Again, good afternoon to everyone. My name is Louie Sangalang. And in my 20s, I actually had colon cancer. Three years after, I became a professional athlete, and I did mixed martial arts, became one of the local champions. And last year, I ran the North Pole marathon becoming the first Filipino cancer survivor. Thank you.

3:03:12 Louie: I’m here to introduce our next speaker for this afternoon. And she’s going to be talking about nutrition concerns and resolutions during and after cancer treatment. Her name is Dr. Divina Cristy Redondo-Samin, and she is a registered nutritionist-dietician, a medical doctor and holds a diplomate from the Philippine Board of Clinical Nutrition. As a clinical nutrition specialist, she is associated with the Premier Medical Center and Dr. Paulino J. Garcia Memorial Research and Medical Center, both in Nueva Ecija, as well as in St. Luke’s Medical Center and the National Kidney and Transplant Institute, both in Quezon City.

3:03:54 Louie: As an educator, she is currently part of the faculty of the Philippine Society for Parenteral and Enteral Nutrition, giving short courses for continuing medical education and is an adjunct professor associate with the faculty of Health of the University of Canberra in Australia.

3:04:12 Louie: A published author or co-author of several scientific research papers. Her areas of interest include among others, Critical Care Nutrition, Pharmaconutrients and Oral Nutrition Supplements, Functional Nutrition and Medicine, and the use of Diet and Exercise in Obesity and in the prevention and treatment of non-communicable diseases. Let’s all give a warm welcome to Dr. Divina Redondo-Samin.

(audience clapping)

3:04:42 Dr. Divina Redondo-Samin: Hello. Good afternoon po. So, first of all, I’d like to thank our sponsor for inviting me over here and be part of this activity. So, thank you, Del Monte.

3:04:56 Dr. Redondo-Samin: Anyway, I’m glad to be part of ICan -- tama po ba? ICanServe Silver Linings activity, ano? We usually do lay forum in the hospital, but, actually, this is my first time to be invited in a very big lay forum.

3:05:12 Dr. Redondo-Samin: Anyway, so, I’ll be talking about nutrition regimens before and during cancer treatment and later on, you can ask your questions. I think the last question thrown to our doctors kanina tungkol sa diet. So we’ll be talking a lot about diet now.

3:05:25 Dr. Redondo-Samin: Kanina nga may nagtatanong. Ano ang topic na susunod? So, sabi ko, “Nutrition.” “Ay, hindi ko kailangan yan.” And I’m sad to know about that. Why? Because nutrition is a very, very big part of cancer treatment, whether it’s breast CA or all other CA, particularly the gastrointestinal CA from your mouth to anus.

3:05:50 Dr. Redondo-Samin: So, what are we going to discuss this afternoon? These are my outlines. We’ll be talking about the expectations from your treatment and how these can affect your eating, eating well, and how we can maintain our weight, some food safety guidelines that you actually should know particularly when somebody is on chemotherapy or on treatment. And then, I’ll talk a little bit about nutrients, the overview of the six important classes of nutrients, some dietary supplements and herbal remedies which are very, very famous not only in the Philippines, but globally. And then we’ll try to discuss a little bit on how we can actually obtain adequate nutrients.

3:06:35 Dr. Redondo-Samin: And we’ll also talk about how do we eat before cancer treatment. So, we’ll talk about pre-treatment diet planning and managing diet during treatment, even after treatment.

3:06:49 Dr. Redondo-Samin: What’s all about cancer? Sino po sa inyo, if you don’t mind, ang mga cancer survivors or on cancer treatment? Halos lahat po, ano. Sino po yung mga relatives or caregivers lang ng mga may cancer treatment? All right. Sige po.

3:07:08 Dr. Redondo-Samin: So, at least, ang mga nakaharap ko, I hope at the end of this session, you’ll be able to appreciate how important your diet and nutrition is. Okay? Now, in globally, the problem now is that 70 billion or 70% of people worldwide are dying of chronic diseases which include your cardiovascular diseases, which include also your diabetes mellitus, chronic obstructive pulmonary diseases, obesity, and cancer. And 30% of the causes of cancer is brought about by diet, poor eating habits, poor nutrition.

3:07:54 Dr. Redondo-Samin: Second lang so tobacco use ang diet as cause of cancer. And so it’s important that we take a very good look on how we can improve diet, and then, therefore, prevent cancer later on. Now kung may cancer na, how can we treat cancer with diet? After cancer, how can we prevent cancer from recurring with just diet and nutrition?

3:08:21 Dr. Redondo-Samin: So, the problem worldwide is unhealthy eating. So tingnan niyo nga yung kinain niyo kaninang lunch. Is it a healthy diet? Yes, naman. E how about your breakfast? Yes. Tingnan niyo mga breakfast natin. Sarap no? And then what’s happening nowadays?

3:08:50 Dr. Redondo-Samin: Let me just briefly discuss how nutrition transition is happening now in the Philippines way back -- sino po bang mga 1970s? 1970s or early 1980s? Sino’ng mga XY, XY gen dito? Tayo po yun.

3:09:13 Dr. Redondo-Samin: So, way back 1970s, 80s, iilan lang yung fast food. Nowadays, left and right, nagulat nga ako pagdating ko sa paakyat ng Baguio, oh my gosh, paakyat ng Baguio left and right, andun na lahat ng fast food. And that’s nutrition transition. It’s very sad because we’re adopting a SAD diet. What is SAD? Standardized Americanized Diet.

3:09:39 Dr. Redondo-Samin: So, it’s sad that we’re adopting SAD. And it’s very bad, why? Because this nutrition transition from purely or most of the time vegetable, fruit intake kung mga bulanglang natin, diningding. Ngayon po, ano na pizza, carbonara, what else? Lahat ng gusto niyo, lahat ng masarap, ano pa? Lechong baboy, okay. Lechon kawali. Nandiyan na lahat. So, it’s part of a nutrition transition tapos ano pa po parang GrabFood, Food-to-Go, ayaw nang lumabas ng tao and it also decreases the physical activity of the population.

3:10:29 Dr. Redondo-Samin: So, two things. That’s nutrition transition. You have changes in the diet from high fruit-and-vegetable intake to a high-calorie, high-fat, high-refined-sugar diet. And from a very strenuous activity lifestyle before to a very low physical activity or sedentary lifestyle nowadays.

3:10:53 Dr. Redondo-Samin: And so, all these diseases are coming out. In fact, even cancer, kami po ako, bilang doktor, hindi ko na ma-explain bakit may cancer ‘to, walang risk factors. And my theory as a clinical nutritionist is that diet is playing a big, big role in cancer development and aggravation of some diets.

3:11:16 Dr. Redondo-Samin: And one of the biggest contributory to cancer is obesity. Kaya nga po, in fact, sa mga pasyente as young as five years old, I’m seeing some patients who have fatty liver already. A five-year-old child with fatty liver because sobrang katabaan. And if we don’t treat fatty liver it can progress to liver cirrhosis or even hepatocellular cancer later on in life.

3:11:46 Dr. Redondo-Samin: What I’m trying to say is that obesity as brought about by poor diet and less physical activity can cause cancer, pati mga blood cancer, breast cancer can be brought about by obesity. And some hormonal -- and some esophagus cancer, and even gastrointestinal cancer, particularly colorectal cancer.

3:12:14 Dr. Redondo-Samin: Sabi nga kung ang smoking at tobacco use halos lahat ng katawan merong puedeng gawing cancer yan, yung diet halos kalahati ng katawan puedeng ma-affect ng -- magkaroon ng cancer because of this poor nutrition.

3:12:30 Dr. Redondo-Samin: And so we would want to address all these problems with good nutrition. Of course, there’s medical management with cancer. Talking about it, na-discuss na po kanina ng mga three doctors natin, but we’ll focus on nutrition management, which is very important in the prevention and treatment of cancer.

3:12:52 Dr. Redondo-Samin: Okay. Let me just give you a background on the prevalence of malnutrition among cancer patients, and even weight loss among cancer patients. Look at this. A cancer diagnosis at the time that the cancer is diagnosed, approximately 50% of patients present with some nutritional issues. What are those nutritional issues? Most of the time it’s weight loss, involuntary weight loss. Kusang nagkaroon ng weight loss. Sa breast CA, hindi po makikita ‘yun. In fact, weight gain ang breast CA.

3:13:27 Dr. Redondo-Samin: Baliktad. Isa ang breast CA sa hindi mo ma-de-detect kagad ang cancer kasi weight gaining siya. Most of the cancers, particularly gastrointestinal cancers, they are usually associated with weight losing. Isa sa mga parameters namin bilang doktor yan na there’s an involuntary weight loss despite a very good diet, despite a very good adequate intake. So, pag sinabi na, “Dati 60 kilos yan, naging 50 kilos.” One consideration is cancer.

3:13:58 Dr. Redondo-Samin: What else? In certain cancers up to 85% of patients will develop malnutrition or weight loss during treatment. In fact, as it was said earlier, I’m a clinical nutrition practitioner, and I have seen how patients developed malnutrition, particularly weight loss over time of their chemotherapy, radiation therapy, or even after surgical treatment.

3:14:28 Dr. Redondo-Samin: So, 85%, kahit ang ganda ng nutritional status nila at the time of diagnosis or even before the treatment, 85% of them developed weight loss and malnutrition. And that’s a prognosis for someone who is being treated on chemotherapy, radio therapy, or even stem cell therapy. So, involuntary weight loss of just 5% results in decreased survival. In fact, it was already noted that sa mga pasyente na meron ka lang 35% weight loss from your original weight it’s already associated with mortality. Kaya in fact, pag nakakakuha ako ng referral sa hospital na ang body mass index, yun pong tinatawag nating adiposity of index, normal is 18.5 to 24.9, pag nakakuha po ako ng 12 ang BMI, so ibig sabihin po wala kasing mukhang 12 dito, eh. Kalahatiin niyo -- mga 2/3 katawan ko, that’s the BMI, kinakabahan na kami because that is already or can be associated with mortality.

3:15:39 Dr. Redondo-Samin: And most secondary diagnosis for cancer patient is malnutrition. In fact, hindi sila namamatay sa cancer. They died or they are dying simply because of malnutrition or severe muscle mass loss. And we have to address this.

3:15:58 Dr. Redondo-Samin: And so, with cancer, there could be weight loss. If there is a persistent weight loss, then, there could be malnutrition. And if malnutrition sets in and we don’t give any treatment or we don’t address it, then, cancer cachexia, naririnig niyo po yun? Cancer cachexia can set in.

3:16:19 Dr. Redondo-Samin: Ano po yung cancer cachexia? This is a progressive involuntary continuing weight loss na halos wala na tayong magagawa. It’s irreversible. It cannot be reversed already. No matter how good the nutrition is, no matter how much antioxidants you give, you cannot revers it anymore. Although there are some studies na may mga particular special nutrients na mukhang may potential na nagkakaroon ng weight gain. But wala pa rin pong exact studies na particular pointing out na ma-re-reverse pa siya.

3:16:55 Dr. Redondo-Samin: And this is the one that we don’t like for cancer patients. Once it’s there, killing me softly na talaga po ito. Wala na po kami magagawa dito.

3:17:07 Dr. Redondo-Samin: And, of course, if you have cancer cachexia, that is a poor prognosis for treatment. Minsan, di lang minsan, karamihan sa doktor hindi mag-po-proceed sa treatment because alam nilang it will just cause problems and will lead to mortality. Mas mapapadali ang buhay ng pasyente. All right?

3:17:27 Dr. Redondo-Samin: So, why am I specifying this because I would want you to focus how important diet and nutrition is in cancer treatment.

3:17:37 Dr. Redondo-Samin: Eto po wag na lang ano kasi masyadong toxic yung slide. So, I just want you to show na yung effect mismo ng tumor, tumor itself will cause weight loss. Effect of treatment will cause weight loss. Iba pa po yung anxiety which can cause weight loss at iba pa po yung effect ng diet which can cause weight loss. Put them together, grabe ang weight loss ng pasyente.

3:18:10 Dr. Redondo-Samin: And these are the treatment-related side effects which can have a very, very negative impact on the nutritional status of patients. Chemotherapy, most of the time, radiation therapy, surgery. So you look at the symptoms - weight loss, fatigue. Kayo po ba, most of you po mga breast CA po ba? Okay. Usually fatigue ano po? Nausea and vomiting, I’m sure pinagdaanan po ito. Taste alterations, yes. Oral mucositis, if you have radiation, it’s usually produced or results to oral mucositis. Constipation, yes. Tapos, in between nag-ko-constipate ka. Susunod naman, diarrhea. Yes. Okay. Dry mouth. Di ba kahit anong gawin mong ano parang tuyung-tuyo pa rin, di ba? And then you have loss of appetite.

3:19:07 Dr. Redondo-Samin: Did you experience any of those symptoms?

3:19:10 Audience: Yes.

3:19:11 Dr. Redondo-Samin: So, imagine niyo kung ang treatment niyo you have chemotherapy, on top of that, you have concurrent radiation, and after that you have surgical therapy. So, tatlong ito, all these treatments will actually result to these symptoms which will actually result to very bad appetite and poor intake which will all lead now to malnutrition.

3:19:36 Dr. Redondo-Samin: Now, why don’t we want malnutrition because of these negative consequences. You look at this. Decreased response to treatment. Kung binigyan kayo ng, for example, two to nine weeks of radiation therapy, puede pong mahinto ito. Kasi hindi niyo natatapos because poor ang appetite, fatigue, hindi kaya ng katawan. Most of the time, yung pasyente na-ho-hospitalize pa.

3:20:05 Dr. Redondo-Samin: Right now, I’m seeing like 10 patients on chemotherapy or yung na-stop ang therapy because naka-hospitalize po sila and the main problem is fatigue and loss of appetite.

3:20:20 Dr. Redondo-Samin: What else? It increase incidents of infection. The more malnourished you are, kasi dati nakatutok lang tayo sa bata, di ba? Pag malnourished ang bata, alam natin na kapitin ng infection. It’s the same thing with adults. So, can you ever imagine [3:20:32] [indiscernible] patients who have cancer patients, who are cancer patients as well. So, ito po, mas malnourished, mas kapitin ng impeksyon. Bakit? Mas decreased ang immune system, walang lumalaban masyado sa mga infection, and so, it increases the incidence of infection, and most of the time it’s pneumonia. As simple as upper respiratory tract infection or colds can actually result to hospitalization. Yun na ‘yun. And even readmission, kakagagaling lang sa ospital, babalik na naman.

3:21:04 Dr. Redondo-Samin: What else? Increased length of hospital stay. So dapat yung mga three days, dahil decreased ang immune system nila, ‘di sila maka-recover. Sabi ko nga kahit ano’ng ganda ng antibiotics na bigay sa inyo, if your nutritional status is impaired, your immune system will also be impaired. And so, the hospitalization is prolonged. And if your hospitalization is prolonged, what happened to your pocket?

3:21:30 Audience: Butas.

3:21:31 Dr. Redondo-Samin: Butas. May cancer din ang pocket, di ba? So, can you ever imagine simply because napabayaan ang nutrition, it all results to a very high cost of hospitalization, even treatment of infection.

3:21:48 Dr. Redondo-Samin: So, pag sa cancer naman, poorer prognosis. So, sabi nga namin yung iba nga hindi na na-se-surgery, hinihintay ma-build up. Hindi namin ma-bi-build up yan ng isang linggo lang, lalo na kung buto’t balat na ang pasyente. So, it’s a poorer prognosis, and the surgeon will not operate on someone who has not underwent any nutrition buildup.

3:22:13 Dr. Redondo-Samin: Kasi bakit? Yung healing nung wound kung dito yun, or kung saan man yun, mas mabagal. And poorer quality of life, and lastly, is increased mortality.

3:22:25 Dr. Redondo-Samin: So, it’s very important that we recognize that nutritional status, we have to maintain a good nutritional status from before treatment, during treatment, and even after treatment because this will predict the [3:22:40] quality of the patient. Ito ang magsasabi sa ‘tin kung gaano kahaba, kung ano’ng puedeng ihaba ng buhay ng isang tao. Karamihan po sa mga referrals sa kin na cancer patient, pampahaba ako ng buhay na lang. Wala na kasing puedeng treatment eh. Lalo na yung mga palliative, yung wala na po silang magawa. Ang ginagawa na lang po namin bino-boost namin immune system, binibigyan ng adequate nutrition para humaba ang buhay. Yung iba nga pinapahaba namin para lang dumating yung mga kamag-anak sa abroad. Ano ibig sabihin nun? Ibig sabihin lang po nun that’s how important nutrition is. To prolong or even improve quality of life of the patient.

3:23:21 Dr. Redondo-Samin: And so the key consideration is that we would want to maintain a healthy weight. For breast CA survivors, we would want to maintain a healthy ideal body weight. No more fat mass gaining, but more of muscle mass gaining. Kasi most of you have or had breast cancers. Dun tayo nakatutok kasi ayaw natin mas maraming taba kesa sa muscle. What we would want to focus now sa inyo po is mag-focus tayo na dapat mas maraming muscle ang katawan natin kesa taba.

3:23:54 Dr. Redondo-Samin: Look at yourself. Asan ang mga taba sa katawan? You have to shed it off, okay? All over, oo. Di bale sana kung papa-recons -- bago ka magpa-reconstruct ano, sige, gamitin muna ‘yan ano. But, anyway, so, those fats, we don’t want in the body. It’s more of the muscle mass that we would want. Particularly, sabi ko nga sa inyo, particularly breast CA kasi ito lang po ang breast CA na most of the time, or 90% hindi nag-lo-lose ng timbang. It’s the other way around, it’s gain weight. And we don’t want too much gain weight as well because it’s associated with the poorer treatment as well because of the fat mass and even the onset of diabetes.

3:24:38 Dr. Redondo-Samin: Now, what if we would want to start na with treatment? How do we prepare now? So, I’m talking about not only breasts, but for all cancer patients. So, generic ‘tong lecture ko. So how to prepare for all treatment? I would just want to focus on food safety guidelines. Why? Because during treatment, dito na po pumapasok yung ang dami namang mga pinag -- anong tawag dito? Yung mga bawal-bawal o di kaya yung mga gusto mong kainin, very important during treatment is that you have to maintain food safety. It’s not only nutrition, but also maintaining food safety because infection can set in during chemotherapy wherein your WBC can go down. So, ito po ang mga babantayan natin. These are just practical applications ano po.

3:25:28 Dr. Redondo-Samin: So, before in handling all foods, wash hands thoroughly lalo na po yung mga meat products. Kasi minsan, tayo, tamad maghugas ng -- hugas na lang ganyan, eh. Ano ba ang ideal na paghuhugas lalo na when you’re handling meat products, raw meat products? It should be 15 seconds with soap. Maybe kung you have antibacterial soap, kaya alam niyo po yung Happy Birthday, totoo yun, 15 seconds. Especially when you’re handling raw meat products or yun pong may lupa-lupa. So be very careful with that.

3:26:05 Dr. Redondo-Samin: So, keep raw fish, meat, and poultry from all other foods in the ref. ito po, marami akong nakikita because I’m handling also dietary service and I’m checking the ref, even sa mga nurses’ station, tinitingnan ko din po yung ref niyan. Kasi yung food safety very important yan, eh.

3:26:27 Dr. Redondo-Samin: So, makikita niyo yung -- nakakita na po ba kayo yung mga meat products tapos tumutulo yung mga dugo nandun sa chiller na. Tapos yung chiller, nandun yung yoghurt. I don't know. But, what I’m trying to say is that you have to make sure na malinis na pagpasok sa ref yung meat products because it can contaminate other foods.

3:26:54 Dr. Redondo-Samin: And also, wash all utensils using raw meat before using them on other foods [3:26:58] clean, especially the cutting boards. Careful kayo. Baka yung iba sa inyo, you don’t mind how your housekeeper or your helper prepare foods, very important po yung mga cutting boards na ‘yan. Kaya nga po sa hospital, iba-iba yung kuay namin sa cutting boards. Pag red, that’s for red meat. White, white meat. Green, for green leafy vegetables. So, ganun po because we would want to prevent cross-contamination.

3:27:27 Dr. Redondo-Samin: So, kaya po pag may meat product na prepare sa cutting board, hugasan talaga yun as in parang naghugas ka from the start, all right, before you actually cut some food items there. Kung wala po kayong iba-ibang cutting board, di ba ang sosyal naman ang dami mong cutting board sa bahay.

3:27:46 Dr. Redondo-Samin: So, do not marinate raw meat on the counter, but in the refrigerator. Most of the time, yung marination, di ba, iniiwan mo lang dun? Sasabihin niyo naman, “May soysauce naman or may calamansi naman.” So, it may prolong the life of the meat. But that can actually increase contamination or bacterial contamination in the meat so papasok niyo po talaga sa ref yun.

3:28:11 Dr. Redondo-Samin: What else? Cook whole and ground meat thoroughly minimum of 160 degrees Fahrenheit. What do I mean? For cancer, for those who are served and have cancer, it’s important that thoroughly cooked ang meat po. Lalo na ngayon.

3:28:33 Dr. Redondo-Samin: So, fish, whether it’s fish, meat, poultry, dairies, so, importante po yan properly cooked or thoroughly cooked kasi po ang dami pong bacteria na hindi kagad mamamatay kapag hindi niyo nilutong mabuti yan. In fact, talagang ang recommendation namin lutung-lultung-luto hanggang maghiwa-hiwalay na sila. All right? Okay.

3:28:55 Dr. Redondo-Samin: And then do not eat raw fish. Ito po yung time na kahit ang hilig-hilig niyo sa Japanese food, you cannot eat raw fish. Why? Because that is a risk factor for you to acquire some parasite or even some bacteria, especially that you have low WBC. So, imagine niyo, nagkaroon kayo ng amoeba. In fact, meron akong isang pasyente ngayon, okay na sana lahat, napataba na namin. Tapos biglang na-hospitalize. Bakit? Dumi nang dumi simply because of amoeba. Amoebiasis. Ta’s stop na naman yung chemotherapy niya. So, you see how infection can actually delay the treatment, and even increase the cost of your treatment.

3:29:45 Dr. Redondo-Samin: So, saka na lang yan si sushi. Wala na -- goodbye na muna Japanese food.

3:29:50 Audience: Forever.

3:29:51 Dr. Redondo-Samin: Forever? Hindi naman po forever, okay? (giggling) During chemotherapy. During chemo.

3:29:57 Audience: During.

3:29:59 Dr. Redondo-Samin: Yeah, during chemo, after, careful pa rin. Still raw, eh, remember? Still raw. Hanap na lang kayo -- marami naman. Tempura. (laughing) Okay? All right what else?

3:30:17 Dr. Redondo-Samin: Keep refrigerator -- ito po I hope you mind checking the temperature of your refrigerator. Kasi di ba, pag ano lang, ay, malamig. O ganun lang. Pero the safety, the food safety will be safe if lower than 40 degrees. Mura na lang naman po, mabibili naman kahit saan yung temperature to check for cold or hot temperature.

3:30:43 Dr. Redondo-Samin: So, this one, do not eat raw or undercooked eggs. Most of the time, they will tell you, “Oh, the more natural, the less cooked it is, it is better.” Hindi po better yan. Salmonella ang aabutin niyo. And when you have salmonella, you have diarrhea again. You’ll have infection. It’ll take about one to two weeks sa ibang pasyente kung magkakaroon ng salmonella infection. So, it’s not recommend -- even for healthy individuals, I do not recommend eating raw eggs. Unless you can assure me where it was obtained or where it was acquired. Kasi ngayon po, pano niyo ba malalaman kung yung integrity ng egg? Yung pag in-open niyo siya, parehas na firm yung yellow egg at saka po yung white egg. Di ba minsan merong egg po na pag in-open niyo, nag-se-spread out yung yellow egg, that’s -- pangit na ‘yun. Kahit amuyin niyo, wala namang amoy. Hindi pa rin. So, luma na ‘yun, so, it’s not good anymore. Susunod na ‘yun babaho na ‘yun. So, pag meron po, wag niyo na lalo na sa mga cancer patients.

3:31:55 Dr. Redondo-Samin: Do not eat food, of course, past expiration date. But most of the time, siyempre, yung ibang mga ibang patient, of course, especially, yung mga medyo hindi nagtitingin ng nutrition label, or ng food label, it’s very important na makita niyo po. Minsan nga po kahit hindi pa expiration, sira na yung pagkain. Bakit? Mali ang storage niya na dapat nasa 10 degrees, nandun siya sa 20 degrees. Kaya, titingnan niyo po. So, it’s not just about looking at the expiration, but you look, yun pala, meron nang molds-molds. So, yun, napakasimpleng bagay na minsan na-o-overlooked natin, but it’s very important to check on that as well. Okay?

3:32:38 Dr. Redondo-Samin: Now what else? Wash the top of canned foods before opening and clean the can after using the can opener. Kasi di ba tayo wala, magmamadali. Open lang kagad yung can e ano. But lalo na po yung galing sa mga supermarket. Pag pasok, ang daming handling niyan, the handling processes, from this storage area, dun sa may truck, tapos wala namang mga gloves din yan. Tapos iba pa yung mga food handlers. So, tapos pangit -- madumi pa yung can opener na kung papansinin niyo, one year na yatang ‘di nililinis. May ganun po, eh, di ba? So it’s very important because those are source of infection.

3:33:24 Dr. Redondo-Samin: Now, how about dining out? When dining out or outside the home, avoid high-risk foods including anything from salad bars, buffet, potlucks and street vendors. You’re never assured of how they were prepared, how these foods are prepared. And so we try to avoid these areas. Bye-bye na lang po muna po yung buffet. (giggling)

3:33:47 Dr. Redondo-Samin: These are very simple techniques or practical strategies and yet, mind you, it cause a lot of problems for someone who undergo chemotherapy or even radiation therapy.

3:34:02 Dr. Redondo-Samin: What else? Avoid raw fruits. Eto narinig ko ‘tong tinanong, eh. Are you going to eat raw fruits and vegetables? Avoid raw fruits and vegetables when dining out. Why? Kahit ano po yan, you don’t know how was it handled. Pero kung nasa bahay po kayo, nahugasan niyo siyang mabuti under cold running water, just simple water lang, di niyo kailangan ng sabon. Merong iba nagtatanong sa ‘kin, “Puede ba yung may ginagamit na yung sa mga bata, di ba, yung mga -- “ still chemical yun. So you just have to wash it with cold running water kahit po yung saging. Di ba may cover na siya? Oo, so, hinuhugasan pa rin yan. Even citrus fruits, huhugasan pa rin yan, okay? So gano katagal? Until you are safe to assume na malinis na siya. Then after that you wash your hands as well with soap and water because nandito sa kamay mo yung lahat ng nawala dun sa fruits and vegetables. Okay?

3:35:00 Dr. Redondo-Samin: If you want to take leftovers home with you, what do you do? Dito po kasi sa ‘tin, masyado tayo kasing prima donna. “Ay, pakibalot.” Sa ibang bansa, bibigyan ka talaga ng plastic or the styrofor or the Styrofoam. So, puede niyo gawin po yun kasi bakit? Kasi it prevent the food from going back again to the kitchen. Na-expose na naman siya sa mga contamination. Eh pag loko pa yung food handler, kinamay lang yung ano mo. So we’re not sure. And that’s why one technique is you just ask for plastic or for styropor and then kayo na po ang maglipat ng food. Simple technique, but it can prevent bacterial contamination to your food. And then, pagdating sa bahay, immediately lagay sa ref.

3:35:56 Dr. Redondo-Samin: Now do not leave perishable food items in your car. Sa sobrang init na ho ngayon, climate change, kahit naka-aircon ang car, pansinin niyo ang bilis, lalo na po ang mga rice, yung mga carbo, pasta, be very careful on that. In fact, hindi na nga dapat dinadala yan pag alam niyong medyo more than two hours or four hours kayo mawawala sa -- yung food sa ref, lalo na yung mga pasta and rice.

3:36:24 Dr. Redondo-Samin: Do not eat food with mold on it. Siyempre, sa mga probinsiya po, kasi I also practice in the province. Sa mga province, ang gagawin diyan, “Uy, wala naman ‘to, kalahati lang o.” De, hahatiin niya, “Puede pa ‘to.” But we don’t want that. Andun pa rin yun. Nagkataon lang yung isang parte mas maraming nag-grow.

3:36:46 Dr. Redondo-Samin: What else? Avoid eating unpasteurized milk cheese or other dairy products because this is where fermentation, high fermentation comes in so you have a lot of bacterial fermentation bacteria. And then, again, avoid cold smoked fish and pickled fish. Masarap pa man din, ano, kimchi. Okay. So we try to avoid that pre and during. Pre and during, after, we’ll see. Okay?

3:37:20 Dr. Redondo-Samin: And last slide on food safety guidelines, avoid raw, uncooked sprouts. Yung pong mga toge. So, di ba, luluto naman siya, eh, pero di siya niluto, oo. Ang sarap-sarap pa man din non. Andyan po lahat ng molds, andyan lahat ng fungi, andyan lahat ng bacteria. Alfalfa, di ba, sa pizza, ang sarap pa man din po nun. Nakakatawa yung mga pizza ta’s nillagyan nila ng alfalfa ta’s ibabalot nila yun. Sarap. Okay. But that’s for someone who’s not undergoing any cancer treatment, di puede po ‘yun, okay?

3:37:54 Dr. Redondo-Samin: So, what else? Avoid raw honeycomb non-heat-treated honey. Ang lagi niyong maririnig, “Ay, okay ang honey for cancer.” But honey can have a very -- can actually acquire that bad bacteria which can actually result to a lot of this food-borne illnesses. Siguradong-siguradong IV kayo diyan, sigura-siguradong ma-ho-hospitalize kayo diyan. So, pre, during, and after treatment, we don’t want this non-heated honey or any raw honeycomb.

3:38:28 Dr. Redondo-Samin: May lumalabas lang pong mga studies on the Manuka honey, which is very, very, very expensive. When I went to New Zealand, ay habang pataas pala nang pataas ang meron po silang yung grading like 20-plus, 30-plus, 40-plus ay pataas pa rin nang pataas yung price. Pag hawak ko nga dun sa isa, mag-u-uwi sana ako. $120. Ay…Isang piraso lang po ‘yun because there are some findings in which it can actually be antibacterial for cancer treatment. But may studies pa lang po. Hindi pa po ganun kaganda yung evidences. Okay. All right.

3:39:07 Dr. Redondo-Samin: What else? Avoid unpasteurized commercial fruit and vegetable juices. Unpasteurized. Most of the juices naman are pasteurized. Particularly yung mga galing sa ibang bansa. But, again, take a look on the label. Avoid all miso products. Ay, na naman si ma’am. (laughing) Parang talagang goodbye muna Japanese food. Unpasteurized beer and even apple cider. Okay. So, di ba, ay, mas -- actually, apple cider, nagpapayat ako, sabi ni Doktora papayat ako. Mas maganda sa breast CA na mas payat. Okay. Pero apple cider can be used for weight management in some cases. But again, for someone na pre, during, and after, we don’t want apple cider. Careful pa rin kami after. Okay?

3:39:56 Dr. Redondo-Samin: Avoid unroasted nuts, roasted nuts in their shells and choose canned po yan or bottled roasted nuts. Again, ano po ‘yun? Yung handling kasi hindi natin alam. Kahit na gaano kasarap yung amoy naaamoy niyo diyan sa mga paligid, especially street vendors, you have to be very careful with that.

3:40:13 Dr. Redondo-Samin: Then avoid herbal supplements. This is before and during treatment. If you focus, if you decide to be treated with the evidence-based cancer therapy, then, you have to avoid herbal supplements. Ito po ang napakalaking issue namin sa aming mga doktor na, “Doc, ito magaling.” Di na ko mag-me-mention ng brand. ‘Di na ‘ko mag-me-mention ng doktor. “Doktor din ‘yun, Doc.” O, magsasabi na, “Doktor din naman, Doc, so, puede.” But we practice, I particularly practice an evidence-based, scientifically based medicine and nutrition.

3:40:56 Dr. Redondo-Samin: And so, pre and during treatment, these herbal supplements can actually affect the effectivity of some cancer treatment, especially for chemotherapy. In fact, some herbal supplements will have drug, drug interaction or even drug nutrient interaction with the other foods that you are taking in some of the chemotherapy. What happens is that nagiging less ang effectiveness nung treatment ninyo. Ang i-be-blame ninyo ngayon si treatment, tapos ititigil si treatment, mag-he-herbal supplements.

3:41:31 Dr. Redondo-Samin: So, kami, siyempre decision ng isang pasyente, whether alternative or the medical-based, evidence-based or sometimes we have complementary medicine. We actually allow that, I actually allow that as a medical nutrition specialist, but not before and during treatment. Okay? So, let me emphasize that. Kasi ang dami niyo pong name it, you have it sa market na ngayon, right? And even internet.

3:42:01 Dr. Redondo-Samin: Anyway, so those are some of the food safety guidelines that are important that you have to remember. Now everything nutrients, let me just -- 10 minutes na pala.

3:42:13 Dr. Redondo-Samin: Anyway, so, what are the six classes of nutrients, let’s focus. Carbohydrates, protein, fats, vitamins, minerals, and water. Don’t forget water. It’s a nutrient. That’s why it’s so important that we also know how much water do we need to take in a day.

3:42:28 Dr. Redondo-Samin: Carbohydrates, let’s focus on carbohydrates. There are two types of your carbohydrates, your complex carbohydrates and your simple carbohydrates. Kanina narinig ko yung white rice versus brown rice. Brown rice is a complex carbohydrate. Super milled rice, which is white rice is some sort of a simple carbohydrates.

3:42:50 Dr. Redondo-Samin: What’s the difference between complex and simple carbohydrates? Yung simple carbohydrates po usually sa refined sugar, sa mga matatamis, sa mga cake, lahat ng masasarap na mga desserts natin, those are simple. Tsaka mismong sugar itself is a simple. Some fruits like watermelon, those are simple sugars. Easily taken by the body and can be easily be a source of energy for growth of cancer cells. Yun po ang ayaw natin. Yung simple refined sugars. Kasi maririnig niyo, I’m sure, narinig niyo na na may ibang alternative doctors na ayaw ng carbohydrates.

3:43:34 Dr. Redondo-Samin: Let me qualify. It’s the simple carbohydrates that we don’t want and we focus on the complex carbohydrates. What are these? Wheat, bran, wheat bread, brown rice, black rice, lahat po na ‘yan. So those are -- vegetables. So yun ang mga importante.

3:43:56 Dr. Redondo-Samin: So, proteins, eto po ‘yun. Diyan naman papasok yung red meat versus white meat. Red meat nandun po sa baboy at saka sa mga baka. We don’t want too much red meat because this is the one associated with cancer. Particularly, gastrointestinal colorectal cancer, and blood cancer, lymphoma, leukemia. When you eat too much meat, what is too much meat? You’re eating like daily because the recommendation to prevent those type of cancer is just two servings in a week. Hay, opo, yan na ‘yun. Okay? All right.

3:44:29 Dr. Redondo-Samin: So, vitamins, minerals, those are important thing because for vitamins and minerals, we would want them because they have antioxidants, especially [3:44:37] [indiscernible] your fruits and vegetables. Ang tawag po namin diyan rainbow colors. The more rainbow colors you see, the more the prevention of cancer puede yun. But mamaya, titingnan natin. Hindi lahat nun, so during treatment, hindi siya effective. Okay?

3:44:55 Dr. Redondo-Samin: But pre-treatment or even prevention of cancer, those are important free radical scavengers. Bakit po? Kasi free radical scavengers, they can actually lessen those free radicals which are actually associated with cancer development or cancer progression. So meron kayong maririnig na mga phytochemicals, di ba? Lycopene, vitamin A, C, E, okay, selenium. So those are phytochemicals which can actually be a very good source of antioxidants.

3:45:24 Dr. Redondo-Samin: Now for herbal supplements, I’ve mentioned that already kasi nandiyan yung diet supplements at saka herbal supplements. So, can I start or continue them na sabihan ko na kanina, eh. Don’t start pre and during. Because these are the results. I’ve mentioned that already na it can interfere effectiveness of treatment.

3:45:46 Dr. Redondo-Samin: Now how are we going to -- ang importante sa nutrition is that how are going to obtain adequate nutrition? So, this is for patients who have no weight loss. So, eto po ‘yun. Dito tayo mag-fo-focus on healthy eating. Pre-treatment or during treatment, pag wala pong weight loss ang pasyente, okay lang po yung healthy eating. Ibig sabihin ng healthy eating more of the fiber, fruits and vegetables. Less meat, less red meat but it’s more of the red meat, not the white meat.

3:46:21 Dr. Redondo-Samin: So, eating lean protein sources and then eating breakfast is very important. If you’re not a breakfast eater, this is the best time to start developing a habit of eating breakfast. Why? Kahit saan po ‘yan, hindi lang sa cancer patients. Lalo na sa mga bata. Because it will jumpstart the metabolism for the day. Ibig sabihin parang kotse. Pag ‘di niyo nilagyan ng gasolina, hindi aandar. Ganun din ho ang katawan natin. Imagine niyo yung maghapon, magdamag na wala kayong kinakain. Kaya ka nag-be-breakfast, you break the fasting. Okay? You break the fasting period from 10 pm or 8 pm na wala kang kinakain, 6 o’clock kakain ka na. That’s why it’s called breakfast. So, you have to jumpstart your metabolism with breakfast, okay?

3:47:16 Dr. Redondo-Samin: And now, also, pre-treatment, this is the best time to practice a mini-five-to-six meals a day. If your habit is just three meals a day, bago po mag-treatment, kasi nandun na yung side effects talaga ng treatment, you have to practice eating small frequent feedings.

3:47:36 Dr. Redondo-Samin: What else? Don’t get caught up in eating healthy foods if your appetite begins to decline. Ito po nagiging problema naming mga doktor. Sa dami ng nababasa sa internet, sabihin, “Ay, ito ang healthy, brown rice.” E pag nag-decline na ‘yung intake niyo, okay na si white rice. Bakit po? Kasi hindi niyo na masyadong makakain ang brown rice kasi ang bigat sa tiyan niyan. Kaya kesa walang kinain, at kakainin, mas magandang may makain. Kaya po ito yung time na hindi kayo bawal nang bawal nang bawal sa mga pasyente natin. Or even kayo sa sarili niyo, ito yung time na wag niyo namang gutumin ang sarili, “Ay, bawal ‘to.” Hindi po. Once your appetite declines, mas problema naming doktor na magkaroon ka ng loss of appetite and you don’t have much intake rather than eat the bad food. Not really the bad food, but, you know, the not-so-healthy foods. Okay?

3:48:34 Dr. Redondo-Samin: So, again, our focus on comfort foods, you can focus on comfort -- di ba meron pa kayong comfort foods? Minsan ang comfort food niyo lechon. Eh yun talaga, eh. Di pakainin niyo. Bawal kayo nang bawal, eh, gusto nun, eh. Di yun ang focus niyo. Makakakain siya, bibigyan niyo ng grilled fish or, for example, steamed fish tapos masuka-suka yung pasyente. Eh lalong hindi kakain yun. Right? So focus on that, focus on comfort foods. But, mind you, if you have nausea and vomiting, do not give the favorite food because kung nag-no-nausea and vomiting po kayo at kinain niyo yung favorite food, matatandaan ng utak yun. Sa susunod, ayaw niyo na. Tapos sabihin, “Ay, kinain ko yun, nagsuka ako.”

3:49:22 Dr. Redondo-Samin: Hindi po yung si food na ‘yun ang nag-cause ng suka, yung mismong side effect ng gamot. Kaya, don’t eat your favorite food or don’t offer the favorite food kapag po may nausea and vomiting. Comfort food lang. All right? And keep a wide variety of the snack foods readily available. Siyempre, kung wala ka namang kukuhaning pagkain, eh, pa’no ka naman kakain? Okay?

3:49:43 Dr. Redondo-Samin: So, sometimes, even the noodles, puede. “Ay, bawal yan, Doktora, ang dami nun.” Eh, wala ngang kinakain, eh, babawalin mo pa. Minsan yun, yung salty kasi nga walang panlasa, eh. So, puede yun. So, kasi naman hindi naman forever ang treatment, saglit lang yun. Ang diet ho na may effect, yung pong chronically eaten like years. Kung kelan kayo 20, 30 years na kumakain ng red meat, biglang pag during treatment, bigla kayong nag-no-no red meat, e kailangan yun dahil yun ang high-iron-containing food. Nakita niyo po yung difference?

3:50:23 Dr. Redondo-Samin: All right. Once the cancer is there, you cannot remove, I mean, you cannot really stop the cancer. It’s just with treatment. Hindi yung karneng baboy or karneng baka ang magpapalakas ng cancer. Hindi po. You just have -- andun na siya, eh. But you have to feed the good healthy cells. Otherwise, the treatment will be bad. All right? Okay.

3:50:43 Dr. Redondo-Samin: Mamaya, puede na ko kumain ng during treatment ba kayo? (giggling) May nausea and vomiting ba kayo? Anyway, all right. So, prepare yourself for the possibility that you may be eating differently. Acceptance. Try to get -- talagang ganun po, eh. Nagbabago ang appetite. Bawat treatment, maybe second treatment okay ka. Third treatment, andyan na si nausea vomiting. Fourth treatment, puedeng okay ka. Fifth, sixth, puedeng wala na naman. It may vary. And so, each stage, you have to modify the diet. Ganun po talaga.

3:51:22 Dr. Redondo-Samin: So, always talk to your doctors, nutritionist, kesa po ‘yung alam niyo po ‘yung halos wala na kayong makain. Fatigue andun na. Tapos yun nga, yung doktor niyo pag nakita kayong lupasay diyan, hindi kayo i-te-treat diyan. Hindi kayo i-a-RT or chemo. So, seek early consult if you think that you need help, all right?

3:51:41 Dr. Redondo-Samin: Now how about with weight loss? Pag weight loss, ito po. Kahit po ano bigay niyo. High-calorie-dense food. High-protein. This is the time not for fruits and vegetable. Why? Fruits and vegetable, that’s low-calorie. That’s high in antioxidant, but it will make you full. It will make you full and yet, you cannot eat the food that you need for the day, the adequate calories and protein. Konti lang, busog ka na sa prutas. Konti lang, busog ka na sa gulay. Patay. Kulang ang nutrition.

3:52:15 Dr. Redondo-Samin: So, we focus sometimes on medial nutritional formula and then tube feeding and IV nutrition. Wag po kayong matatakot that there are cases in which meron pong pasyente na kailangan mag-tube feeding. Yung nilalagyan ng NGT or peg. Lalo na po yung may head and neck cancer o di kaya po yung rectal or colon cancer. Bakit po? Yung iba po kasi pag nalagyan ng NGT ay mamamatay na si nanay at si tatay, hindi po. Yung tube feeding na ‘yun ay ikabubuhay niya. So focus on that. Temporary lang po ‘yun. In fact, I have seen a lot of our patients pineg namin, nilagyan namin ng tubo, natapos ang radiation. Natapos ang chemo. Dalawa lang ang hospitalization as compared to someone na may head and neck cancer, na ang problema niya pabalik-balik sa ospital kasi hindi makakain. At kailangan namin ng IV nutrition.

3:53:12 Dr. Redondo-Samin: Meron po talagang treatment yung tubo sa either sa ilong or dito sa peg. So, wag po tayong matakot dun. Kasi yun po ang lagi naming ano dilemma, eh. Ang pag kain, siguradong maibibigay, mas gaganda ang treatment. All right?

3:53:28 Dr. Redondo-Samin: Now how do we manage -- can exercise be important? Very good. Kahit po pagod na pagod kayo, bakit ba kailangan ng exercise. It will improve your muscle. Muscle ang kailangan natin sa cancer. Prevent the muscle, it will activate some good hormones there and will make your mood or elevate. Kung may depression ka, it can also lessen the depression. But make sure you also ask clearance from your doctor and it’s just moderate, light to moderate exercise.

3:53:58 Dr. Redondo-Samin: So, these are some of the bag of tricks that you -- diet tricks that you can do during treatment. So ito po yung nausea and vomiting pag may poor appetite, definitely snack on kung ano’ng gusto niyo, go. Walang bawal-bawal muna. So avoid capitalizing on items when feeling best.

3:54:16 Dr. Redondo-Samin: And then, always keep nutrient-dense. Ano po ‘yung keep nutrient dense? Ibig sabihin sa 200 ml, 400 calories siya. May mga ganun pong mga nutritionals na. Na parang kumain ka na ng isang buong meal. So you can give that.

3:54:32 Dr. Redondo-Samin: What else? Try not to eat water before kumain or during kumakain. Kasi it will make you fall. So ang tubig, parang isang lagok lang after eating the solid food. And then, later on na lang after one to two hours ang tubig. Why? Para makain niyo po ‘yung dami ng dapat niyong makain sa isang araw.

3:54:57 Dr. Redondo-Samin: And then, for nausea and vomiting, again, this one advice -- avoidance of foods with strong odors. Yung po di ba minsan, para silang mga naglilihi no. yung mga onions. So, avoid fried greasy rich and very spicy and odorous foods. High-fiber? Wag muna po. Hindi pa ito yung mga whole wheat, yung wheat bread, wag muna po itong time na ‘to.

3:55:21 Dr. Redondo-Samin: And then, try drinking from an insulated travel mug. Alam niyo po yung mga insulated mug kasi ‘di niyo maaamoy yung nasa loob. So, mas na-lessen yung nausea and vomiting. So, isa sa mga technique yun.

3:55:38 Dr. Redondo-Samin: Diarrhea. For diarrhea, more of the soluble. Ito yung soluble foods. So, hindi po yung mga sugar alcohol. And then, ano po ‘yung mga soluble fiber? Example po nito yung banana. All right.

3:55:58 Dr. Redondo-Samin: And then, lastly, constipation. Water is important. Sometimes, it’s not just about low fiber, it’s low water intake. So, yung fiber po more of fruits and vegetables yan kasi sila ang may mga hibla. Example nga ang brown rice, mataas ang hibla niyan.

3:56:14 Dr. Redondo-Samin: And fatigue, what do we do? Pakainin ang pasyente, okay. So, kulang sa pagkain eh. So pakainin ang pasyente and nutrient-dense foods.

3:56:25 Dr. Redondo-Samin: And lastly, this last slide, after treatment, what do we do? It’s not just about diet. It’s just about improving your environment. What’s that? Sleep is important. It has been shown in several studies that kapag deprived ka ng sleep, what is that? Less than three hours or four hours, it’s like inducing infection and inflammation in the body. Para po kayo nagkakaron ng infection. Lumalabas yung mga tinatawag naming pro-inflammatory cytokines. So, na-a-activate niya ngayon yung time na para ba kayong may pumapasok na infection sa katawan. And so it’s important that you have adequate sleep. What’s adequate sleep? Five to six or five to eight continuous sleep, di yung naiihi kayo, nagising, tapos, ah, yun palang utang ko kay Aling Maria, hindi ko pa nababayaran. Hindi ho ganun, okay?

3:57:19 Dr. Redondo-Samin: What else? Stress management, by the way. Narinig ko yun, eh, yung isa no, parang nag-wo-worry. Ako, bata pa lang ako, na-a-ano ko worrying is like a rocking chair. It gives you something to do, but it doesn’t gets you anywhere. May ginagawa ka, andun ka lang. Right? So, stress management is important. Why? Even yung walang cancer. Kung may genes kayo ng may cancer, try to avoid stress. How do you try to avoid stress? Kung may galit ka, yung staff mo ang kulit-kulit, ang hirap pasunurin. Ako, pag may trabaho ako na sobrang stressful, iniiwan ko ‘yan.

3:58:02 Dr. Redondo-Samin: No, whati mean is that these can actually activate inflammation. And inflammation is the basis of cancer development. Kaya kami, pag nagagalit kami sa ospital, “Ay, bawal ang stress, bawal magalit.” Bakit? Kasi ayoko ma-activate ang aking cancer cells. It’s important that you manage this to prevent inflammation. And all others -- healthy eating, exercise are very important.

3:58:30 Dr. Redondo-Samin: I think I’ll finish it there. So thank you very much.

3:58:35 Louie: Wow, thank you so much, Dr. Samin, for a very educational talk. So we have a few minutes for an open forum. May mga gusto po ba magtanong? Yes, you can use the mic po. It’s in the middle.

3:58:51 Audience 1: I-clarify ko lang po. Post-treatment, raw broccoli, hindi puede?

3:58:58 Dr. Redondo-Samin: Pag po post-treatment, okay na lahat. Yun po yung time na puedeng bumalik sa healthy eating. But this is for someone who did not have any weight loss. Kasi ang broccoli po ay napakataas magpa-full, the fullness is very high tapos may bloatedness. It can cause bloatedness and gassy formation. Pag-iba ang hangin ng tiyan. Kapag po laging gassy formation ka, you tend to eat less.

3:59:30 Dr. Redondo-Samin: So, pero kung ano naman po kung wala namang issue sa weight loss, you can go back, this is the time that you go back now to healthy eating. Meaning to say high fiber, more of fruits, more of vegetables, less of too much red meat or lean meat. So ganun po. Pero puede po basta po raw po ba yung sinasabi niyo?

3:59:49 Audience 1: Opo.

3:59:51 Dr. Redondo-Samin: Basta ang raw po tinitingnan. Basta ang WBC niyo hindi bumabagsak, that’s okay.

3:59:56 Audience 1: Ah, that’s another point. That’s another question I have to ask you. Kasi low WBC ako, borderline. Alam ng doktor pero they’re not showing any concern, parang okay lang sa kanila na borderline ang WBC ko. Pano ko -- di ko alam kung pa’no ko itataas, at least, above normal. So, itatanong ko po sa inyo kung pa’no po itataas ang WBC ko?

4:00:26 Dr. Redondo-Samin: Then you make sure you eat the adequate diet. When I say adequate diet, I will emphasize on the individualized diet or meal. You have to have your own individualized meal plan. Meaning to say you know at your weight, with your weight status, for example, sa tingin ko po, normal ang weight status niyo, ano. So you have to know how much food do you need to maintain that weight. Kasi pag nag-start po kayo mag-lose ng timbang, babagsak din yung WBC niyo.

4:00:55 Dr. Redondo-Samin: Yung development, yung pagtaas niyan, nandun sa immune system ninyo. So you have to eat adequate. So ibig sabihin it’s a combination of your carbo, your protein, your fat, and your antioxidants. So, mai-improve po ‘yan, of course, with proper diet. Then there is a time din, of course, yung may effect pa rin ang chemotherapy, your doctor will discuss it with you kung kelan yan puedeng tumaas. But definitely, yung adequate yung dami ng tamang balanse ng pagkain ninyo, yun po ang magpapataas niyan.

4:01:26 Audience 1: Nagpa-ano na kasi niyan sa Medical City sa nutrition department. And they gave me this yung diet plan. Yung tray.

4:01:32 Dr. Redondo-Samin: Meal plan. Yes po.

4:01:35 Audience 1: Eh, hindi ko naman magawa, eh.

4:01:37 Dr. Redondo-Samin: What do you mean hindi po magawa?

4:01:39 Audience 1: I mean, sinusunod ko naman yung, di ba, mas marami ang gulay, konti lang ang ano. Always borderline naman ang WBC ko, eh.

4:01:50 Dr. Redondo-Samin: Takes time din po. Remember, ang diet, di po siya overnight. So it takes time. The diet po, in several studies, ang effect niyan usually yan two weeks to one month to two months to three months. Okay. Opo. So, depende po yan. So, depende nga po. It will depend on your nutritional status prior to your treatment. Hindi, yun nga po. So, ibig sabihin kung mas maganda ang nutritional status before your treatment, that will be a sign na medyo mas mabilis. Puedeng pataasin yan with good nutrition. But from the very start you have bad nutritional status, minsan kasi kahit ano’ng ganda ng pangangatawan, but looking inside, ang bagsak ng mga antioxidants, you have very high free radicals, then, yun po, aayusin pa yan ng good diet. Saka pa mag-e-effect later on pag matagal mo nang kinakain yan.

4:02:47 Dr. Redondo-Samin: That’s why you have to stick to the diet. Hindi yung pag one week, wala namang effect, balik na ‘ko sa dati kong diet. Di po ganun. All right? Okay. Medyo kumplikado ang diet, eh.

4:02:57 Louie: Okay, we have a time for a couple more questions. We’re running out of time actually, but very interesting topic. You have one question, Ma’am?

4:03:06 Audience 2: Doc, good afternoon. We have phone-in question. My friend has cancer and she can’t make it today. So ang tanong niya ang breast cancer stage 2B. I’m sending the slides through messenger. Ang tanong niya, “Can I have coffee? Pre, during, and after treatment?”

4:03:26 Dr. Redondo-Samin: Again, let’s qualify, no. Okay ba ang nutritional status? Okay ba ang weight? Pag okay ang weight, normal, walang weight loss, that’s okay. Pre, muna ha. Okay? Tapos wala tayong cardiovascular problem. Breast CA lang. CA lang, eh, no? Breast CA lang, for example. Not talking about any co-morbidities. Puede po siya. Let me qualify the coffee. Hindi siya 3-in-1, eh kasi po ano’ng meron sa 3? I’m sorry. Meron bang mga ano? Very high in sugar. Very high in refined sugar. So I will go to the true blue, you know, Batangas or Benguet coffee. Okay? Opo.

4:04:17 Dr. Redondo-Samin: But during treatment, if you have problem with sores, if you have a problem with mucositis, sumasakit ang tiyan, nausea and vomiting, it cannot be because that will exacerbate the problem. So, stop muna. What you can have is the non-caffeinated tea. May non-caffeinated tea po. So, you can have that. Actually, one is ginger tea. That can alleviate also nausea and vomiting. Okay? Yes?

4:04:48 Dr. Redondo-Samin: After, puede na uli. Studies have shown na puede rin siyang puede sa weight loss din for breast CA. But hanggang yung caffein po hanggang 50 grams lang kaya tinitingnan ano’ng klaseng kape ang iniinom mo. Ano’ng variety. Brazilian ba ‘yan o mga ganun. The true coffee, the true coffee. Not the --

4:05:13 Louie: So yung mga barako, Doc, puede po yun? Yung mga barakong coffee? Mga

4:05:15 Dr. Redondo-Samin: Puede, puede.

4:05:16 Louie: Mga Batangas galing Sagada, ganun?

4:05:18 Dr. Redondo-Samin: Yes, be mindful lang of the sugar that you’re going to put in.

4:05:20 Louie: Okay.

4:05:21 Dr. Redondo-Samin: Ookay.

4:05:21 Louie: So better kung black siya?

4:05:22 Dr. Redondo-Samin: So, either [4:05:23] [indiscernible] sugar, you can add a little bit of the coco sugar or the muscovado, not too much, yeah. Oo. Not the refined sugar. Stevia is okay.

4:05:37 Dr. Redondo-Samin: I’d rather go for coco su -- because it’s less refined po siya, eh. Sorry, sorry po. Unahin ko lang po ‘yung nakatayo.

4:05:44 Louie: Yes, we have one more question from the back.

4:05:47 Audience 3: I actually have two questions. One is very simple. All you talk about the food is not applicable to other cancer? Is applicable to other cancer?

4:05:59 Dr. Redondo-Samin: The one that I discussed?

4:06:00 Audience 3: Yes.

4:06:00 Dr. Redondo-Samin: Yes, it’s applicable to all cancer.

4:06:02 Audience 3: Okay. All, okay, good. Secondly, since like me, my problem is I have both constipation-diarrhea and whatever food intake I take, whether vegetables or whatever, I think, just goes out. So, do I have to double up my vegetable consumption and my meat?

4:06:21 Dr. Redondo-Samin: Okay. Does your diarrhea or constipation limit your intake from other food items?

4:06:28 Audience 3: Not necessarily.

4:06:29 Dr. Redondo-Samin: Not necessarily.

4:06:29 Audience 3: I don’t think so, yeah.

4:06:30 Dr. Redondo-Samin: Okay, oo. So, it depends. If it’s diarrhea, you have to take more of the soluble fiber-containing fruits and vegetable. Dalawa po ang fiber. It could be soluble or insoluble. The one addressing the diarrhea is the fruits and vegetable high in soluble fiber like your apple, your banana, your citrus.

4:06:53 Audience 3: Okay.

4:06:53 Dr. Redondo-Samin: Now if you have constipation, you would want to increase more of your insoluble fiber which can form bulk to your stool and then pass it out. So example of that is the wheat, yun po, wheat bran.

4:07:08 Audience 3: I think my problem is more of the diarrhea, so more fruits.

4:07:12 Dr. Redondo-Samin: Yeah, more fruit high insoluble fiber kasi meron pong high insoluble, like for example --

4:07:19 Audience 3: Oranges and apples.

4:07:21 Dr. Redondo-Samin: Yes, and banana.

4:07:23 Audience 3: Okay. And to add with that, when I asked another nutritionist, she said fruits still have sugar, it will how do you say it, parang give you an addictive feeling the whole day. She said to add protein in the morning for breakfast with a fruit.

4:07:41 Dr. Redondo-Samin: Actually for fruits, I always advice this to take it as like a dessert.

4:07:47 Audience 3: Okay. After a meal [4:07:50] [indiscernible].

4:07:50 Dr. Redondo-Samin: After meal, it’s like a dessert not with meals, with the meals like breakfast, lunch, dinner or snack time. Especially when you have, remember if you have obesity, particular for breast CA, you might have insulin resistance. And insular resistance because of the sobrang taba can lead possibly later on to diabetes. And we don’t want again to feed the yung sinasabi nating ito naririnig niyong feed the cancer cells. It’s actually the refined sugars.

4:08:19 Dr. Redondo-Samin: So, fruit is a refined sugar. But you need the antioxidant from the fruits, so you add it up with the main meal. So that it will be more a little bit complex before ma-digest yan.

4:08:32 Audience 3: Okay.

4:08:32 Dr. Redondo-Samin: So that’s the best. Especially to prevent insulin resistance or, you know, high sugar intake, I mean, high sugar level.

4:08:40 Audience 4: Doktora, last lang. Is MX3 3-in-1 coffee, despite their claim, included in the list of 3-in-1 that we should not be taking?

4:08:51 Dr. Redondo-Samin: Yes.

4:08:52 Audience 4: Thank you.

4:08:55 Dr. Redondo-Samin: Sorry po, but --

4:08:56 Audience 4: Kasi di ba their ads tell us it’s safe, it’s this and that. So --

4:08:59 Dr. Redondo-Samin: Until this time, we don’t have evidences on that. There are some institutions in which I’m working on now, but we’re working on the mushroom. So, with anticancer ability to, you know. But in terms of that one, as I’ve mentioned, some herbal supplements may interfere with the effectiveness in bio availability of your drug treatment. Okay, so be careful na. So, not pre, during. I might have to consider that after treatment. (laughing)

4:09:36 Louie: Okay. So, that wraps up our session for this afternoon. Thank you so much, Dr. Samin. If you want to reach out to Dr. Samin, you may reach her at [dcsredondo@yahoo.com](mailto:dcsredondo@yahoo.com) via email or have questions after.

4:09:51 Louie: May we remind everyone to please go back to the Plenary Hall afterwards? Again, thank you, Dr. Samin, and good afternoon, everyone. (audience clapping)

**END OF NUTRITION CONCERNS AND & RESOLUTIONS DURING & AFTER CANCER TREATMENT SESSION**