



## **Frequently Asked Questions around dietary and fasting interventions in breast cancer presentations:**

### **Q: Is Intermittent Fasting useful during treatment, and what are the available options?**

A: There is a lot of research underway at the moment regarding various fasting regimes, including extended overnight fasting, twice a week fasting, and short term fasting mimicking diets. There is evidence that fasting for more than 13 hours per night reduces the risk of breast cancer recurrence, and this is a safe and manageable strategy to implement on a regular basis. Clear, sugar free fluids are able to be freely consumed during the fasting period. Other fasting regimes may be relevant however do need to be discussed with a practitioner, as suitability varies depending on your particular situation.

### **Q: What is fasting around chemotherapy and is it recommended?**

A: There are over 1000+ clinical trials going on into fasting around various types of chemotherapy. It seems to achieve “differential stress resistance”: less toxicity to healthy cells, and more damage to cancer cells. However, it is still a new area and there are certainly dangers associated with it. Fasting needs to be done in a timely and careful manner, and not too long or too frequently. Due to the variation in treatment approaches and individual body types and nutritional status, you must absolutely talk to an experienced practitioner before commencing any fasting regimes.

### **Q: Which foods can I eat to reduce the risk of breast cancer recurrence?**

A: There are various foods that have been found to be protective against BC recurrence, including cruciferous vegetables and legumes. Overall, a Mediterranean style diet, rich in whole plant foods is most protective: it is nutrient dense and high in antioxidants and fibre, whilst low in “empty calories”, sodium and saturated fats. A Mediterranean Diet incorporates plenty of fresh, colourful vegetables, fruit, nuts and seeds, legumes, good quality fish and seafood, and only low amounts of meats, dairy, processed food and alcohol.

### **Q: Is there value in limiting or eliminating sugar from the diet?**

A: Carbohydrates, and particularly refined carbohydrates (eg sugar) influence insulin release and in turn activate growth promoting pathways. Eliminating refined carbohydrates and processed foods from the diet is certainly an important start. Reducing overall glycaemic load and incorporating good quality protein, fats and fibre helps further balance blood sugar levels.

### **Q: Is drinking Green Tea safe during Tamoxifen?**

A: Research published to date (August 2021) has found no evidence of a negative interaction between Green Tea drinking and Tamoxifen.

### **Q: Does tea consumption influence iron absorption?**

A: Tannins found in black and green tea can bind to minerals and inhibit absorption. Have your teas away from meals and avoid excessively strong teas (steep for no more than 90 seconds).

### **Q: Is soymilk and soy products safe in breast cancer?**



A: The consumption of whole bean soymilk and whole soy foods as plant-based proteins has demonstrated preventative effects in long term studies that focus on incidence of breast cancer. When a patient has active breast cancer (any type), the research published to date indicates that whole bean soymilk and whole bean soy foods such as edamame and tempeh appear to be safe when consumed in low to moderate amounts in breast cancer. We do not recommend processed soy products, soy protein isolate or soy milk 'drinks' (such as 'So Good') in patients with cancer.

**Q: Is Vitamin C safe to take during or after treatment?**

A: Vitamin C may interact positively or negatively with cancer treatments, and this information is drug-specific, so we are unable to make generalised comments about the use of Vitamin C during treatment. However, the consumption of Vitamin C rich foods is safe during treatment.

After treatment, the consumption of vitamin C rich foods and supplemental use is safe in breast cancer patients and may enhance healthy longevity as part of an antioxidant rich diet and lifestyle.

**Q: Is it safe and beneficial to take Turmeric during BC treatment?**

A: Whilst turmeric/curcumin has many applications in Integrative Oncology, it can have negative interactions with particular drugs and treatment types. For example, it seems to have a negative pharmacokinetic interaction with Tamoxifen as well as some chemotherapies (such as AC: doxorubicin and cyclophosphamide). A pharmacokinetic interaction means that the combination of the two substances can affect the absorption or elimination patterns – especially if taken at the same time. Self-prescription should definitely be avoided, and any supplement use should be under the guidance of an experienced integrative practitioner only. Food sources of turmeric are safe in moderate amounts.

**Q: Is bone broth beneficial during cancer treatment?**

A: Home made bone broth (from organic bones) is a highly nutritious, functional food. It is rich in electrolytes and nutrients that can be very restorative during and after treatment. Bone broth is also particularly high in gelatine and collagen, which have a soothing effect on the gut lining, which can often be inflamed during treatment. Collagen protein is helpful during the pre and postoperative periods as well.

**Q: Where can we find a directory of Acupuncturists and Oncology Massage therapists?**

A:

<https://www.acupuncture.org.au/>

<https://www.oncologymassagetraining.com.au/>

Complementary Medicines can have positive or negative interactions with medical interventions including chemotherapy, radiotherapy, surgery or other medications. The interactions are treatment-specific, therefore there are no general guidelines for all situations. For recommendations about Evidence Based Complementary Medicines (ie supplements) to take during or after treatment, please refer to a qualified and experienced Integrative Oncology practitioner.