

alícia
responsible food lab



Cuina
i PKU



Alícia is a pioneering center of research, development and innovation in cooking consisting of a multidisciplinary team of experts in all food areas.



THAT EVERYBODY EATS BETTER

In any circumstance



eat better



Healthier



More
sustainable

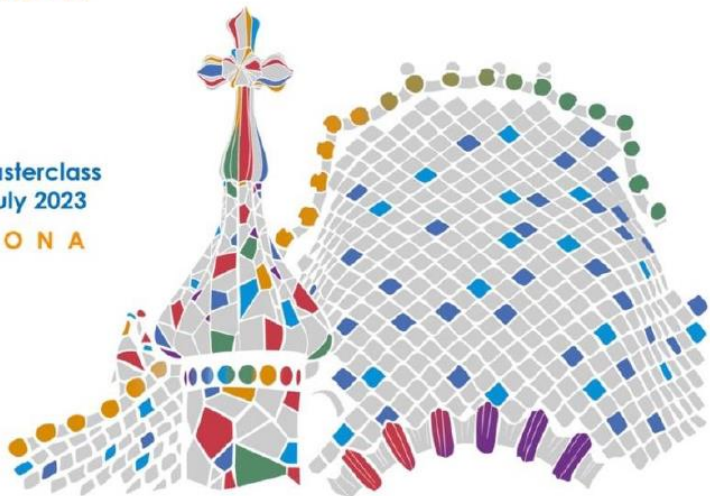


Good

From an innovative and responsible cooking with environment
and people

Diseases, restrictions and circumstances *already worked by Alícia*

- Cardiovascular diseases
- Hyperlipidaemia / hypercholesterolemia
- Hypertension
- Overweight and obesity
- Diabetes
- Cancer
- Dysphagia
- Dementia – Alzheimer's
- Parkinson's
- Arthritis - arthrosis
- Psoriasis
- Chronic renal failure
- Anaemia
- Rare diseases
- Glucogenosis
- Phenylketonuria
- Prader- Willi
- PDH / GLUT-1 deficiency (ketogenic diet)
- Epilepsy – ketogenic diet
- Irritable bowel syndrome
- Malnutrition
- Sleep apnea
- Ostomies
- Traumatology
- Food allergies and intolerances
- Eye health - blindness
- HIV
- Cystic fibrosis
- Multiple sclerosis
- Amyotrophic lateral sclerosis
- Osteoporosis - osteopenia
- Endometriosis
- Insomnia
- Autism
- Intellectual disability
- Microbiota and intestinal health
- ...



11:30 -12:30

Session 3: Dietary Support for Digestive Cancer Patients

Supportive Care in Cancer (2022) 30:7991–7996
<https://doi.org/10.1007/s00520-022-07241-w>

ORIGINAL ARTICLE



The impact of nutrition on the lives of patients with digestive cancers: a position paper

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oncoalícia

Food and cancer. Eating during cancer treatment

www.oncoalicia.com

What should I eat during cancer treatment?

Search for recipes adapted to many situations

[See recipes →](#)



A social and scientific project to adapt food during cancer treatment

A Fundació Catalunya La Pedrera project, developed by the Alícia together with other leading organisations.

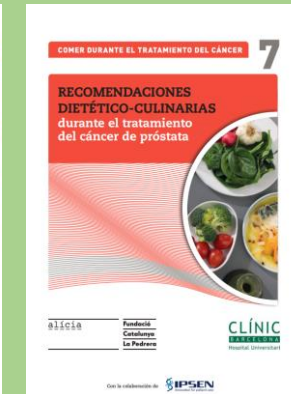
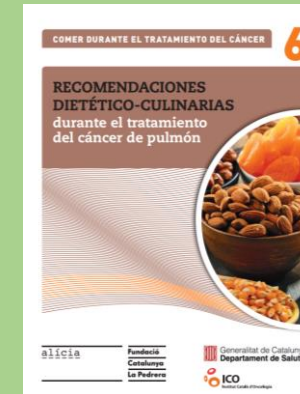
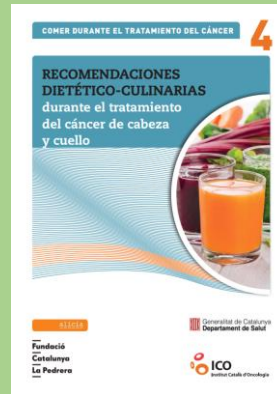
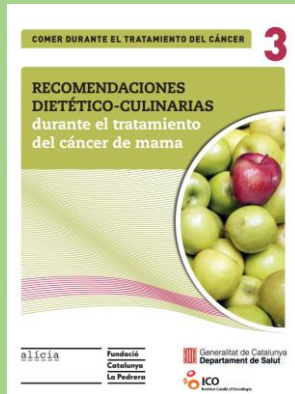
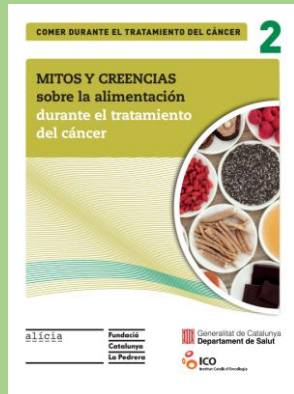
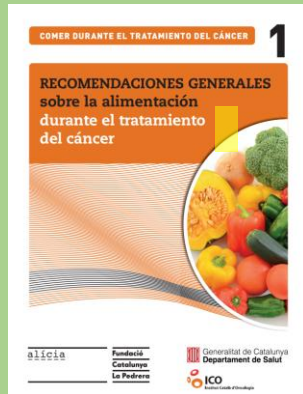
[About the project →](#)

<https://youtu.be/oXCjy2c5a7Q>



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2010 ----- Eating during cancer treatment guides ----- 2021 2022

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The project is endorsed by [the College of Dietitians-Nutritionists of Catalonia \(CoDiNuCat\)](#) and [the Spanish Society of Clinical Nutrition and Metabolism \(SENPE\)](#).



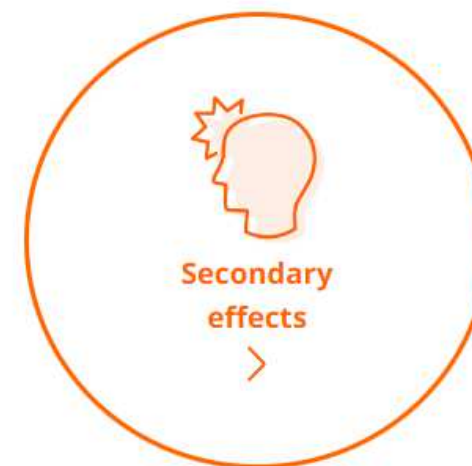
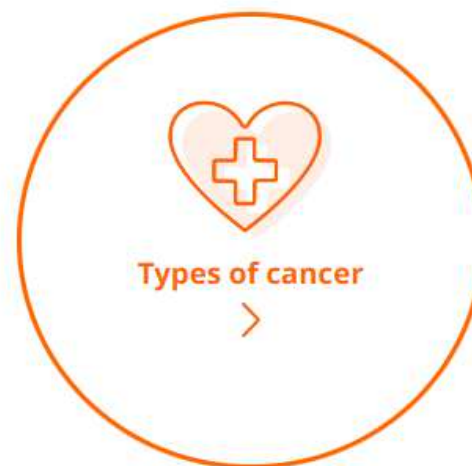
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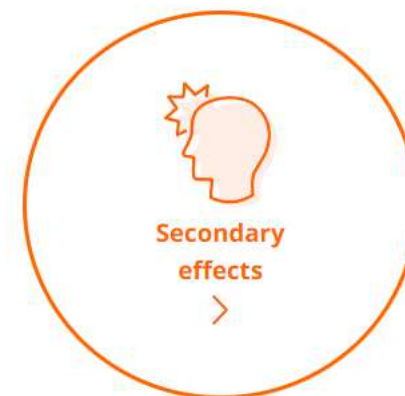
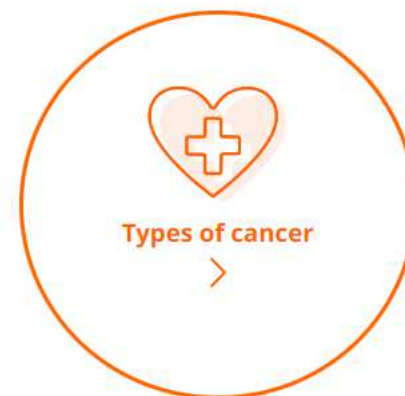
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<http://wma.comb.cat>



Resolució de Certificació de Web Mèdic Acreditat (WMA)

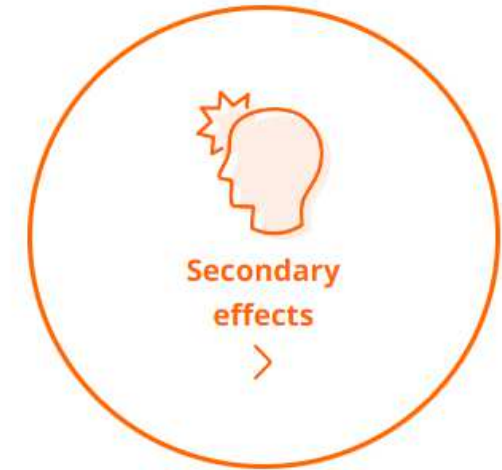
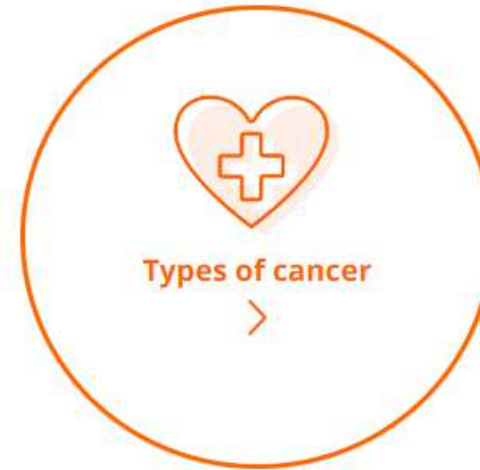
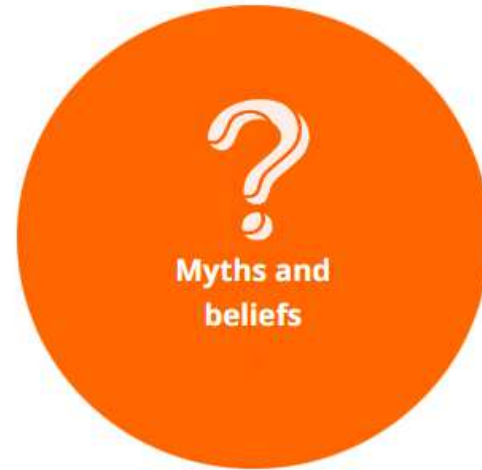






The 10 key points regarding nutrition and cancer treatment





Myths and beliefs about food and nutrition during cancer treatment



Can I eat red meat?



Should I cut dairy products out of my diet?



Does the consumption of sugar promote the growth of tumour cells?



Does chocolate have a negative effect on people undergoing cancer treatment?



Do I need special pots and pans?



Is it safe to use the microwave?



Is eating grilled food during cancer treatment harmful?



Should I follow an exclusively organic diet?



Can I eat artificial sweeteners?



Is harmful to drink tap water during treatment?



Can I eat oily fish?



Are all containers to store and conserve food safe?



Does garlic have anti-cancer properties?



Does eating berries have a healing effect?



Can drinking green tea help cure cancer?



Can eating flaxseeds cure cancer?



Does turmeric have beneficial effects during treatment?



Are alternative diets and dietary supplements suitable?



Are genetically modified foods linked to tumour processes?
























Is drinking coffee during treatment beneficial?



Are food additives harmful during cancer treatment?

Myths and beliefs about food and nutrition during cancer treatment

 <p>Can I eat red meat?</p>	 <p>Should I cut dairy products out of my diet?</p>	 <p>Does the consumption of sugar promote the growth of tumour cells?</p>	 <p>Does chocolate have a negative effect on people undergoing cancer treatment?</p>	 <p>Do I need special pots and pans?</p>	 <p>Is it safe to use the microwave?</p>	 <p>Is eating grilled food during cancer treatment harmful?</p>	 <p>Should I follow an exclusively organic diet?</p>
 <p>Can I eat artificial sweeteners?</p>	 <p>Is harmful to drink tap water during treatment?</p>	 <p>Can I eat oily fish?</p>	 <p>Are all containers to store and conserve food safe?</p>	 <p>Does garlic have anti-cancer properties?</p>	 <p>Does eating berries have a healing effect?</p>	 <p>Can drinking green tea help cure cancer?</p>	 <p>Can eating flaxseeds cure cancer?</p>
 <p>Does turmeric have beneficial effects during treatment?</p>	 <p>Are alternative diets and dietary supplements suitable?</p>	 <p>Are genetically modified foods linked to tumour processes?</p>	 <p>Is drinking coffee during treatment beneficial?</p>	 <p>Are food additives harmful during cancer treatment?</p>			

Can I eat oily fish?

Yes. Fish (both white and oily varieties) and seafood are essential in a balanced and varied diet. They are an excellent source of proteins, minerals, vitamins from group B (B6 and B12) and vitamins A, D, E, and the best food source of omega-3 fatty acids.

MYTH

The origin of the myth comes from the apparent mercury content in oily fish and the health risks associated with its consumption. Some sources advocate its negative effect during cancer treatment and therefore promote the total elimination of oily fish from the diet.

RECOMMENDATION

Fish is an essential food and must be a regular part of the diet of people undergoing cancer treatment due to its multiple benefits. Patients should eat fish three to four times a week, where one or two of the times it should be oily fish (sardines, mackerel, anchovies, salmon, etc.).

EVIDENCE

Today, evidence shows that omega-3 fatty acids in oily fish have a positive effect during the treatment and prevention of some types of tumours. Mercury is an element that can bioaccumulate in some long-lived predatory species such as tuna, swordfish, groupers, or shark. Both the European Food Safety Authority (EFSA) and the Spanish Agency for Food Safety and Nutrition advise the consumption of oily fish occasionally and recommend avoiding it in pregnant and breastfeeding women and children from 1 to 30 months. Small oily fish (sardines, anchovies, mackerel, etc.) and white fish do not accumulate methylmercury and can therefore be eaten regularly as part of a balanced diet.

[See specific bibliography](#) ↓

[See specific bibliography](#) ↓

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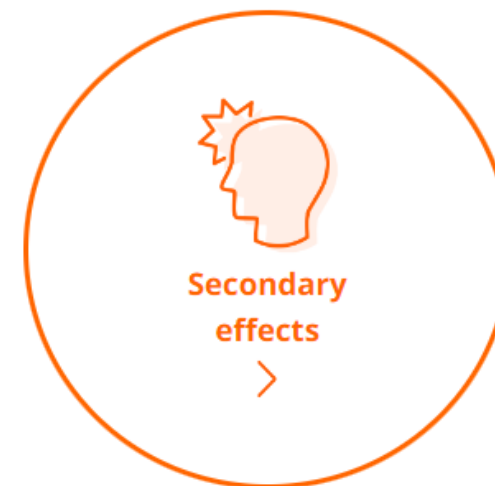
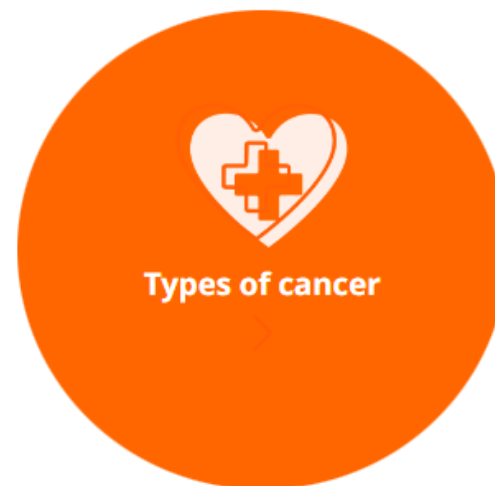
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Last updated: January 2022



Types of cancer



[BREAST CANCER >](#)



[HEAD AND NECK CANCER >](#)



[COLORECTAL CANCER >](#)



[LUNG CANCER >](#)



[PROSTATE CANCER >](#)



[OTHER TYPES OF CANCER >](#)

Types of cancer



[BREAST CANCER >](#)



[HEAD AND NECK CANCER >](#)



[COLORECTAL CANCER >](#)



[LUNG CANCER >](#)



[PROSTATE CANCER >](#)



[OTHER TYPES OF CANCER >](#)

**Gastric
Cancer**

Types of cancer



[BREAST CANCER >](#)



[HEAD AND NECK CANCER >](#)



[COLORECTAL CANCER >](#)



[LUNG CANCER >](#)



[PROSTATE CANCER >](#)



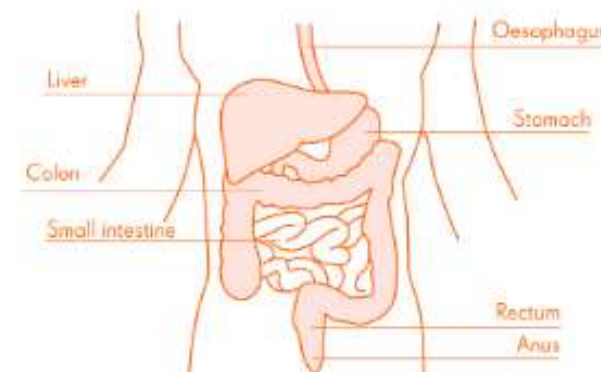
[OTHER TYPES OF CANCER >](#)

Nutrition during the treatment of colorectal cancer

The colon is the part of the large intestine that connects the small intestine with the rectum and anus. Together, they form the final part of the digestive system, responsible for absorbing water, minerals, nutrients, and shaping stool. Colorectal cancer encompasses all tumours that can affect the first part of the large intestine up to the rectum and/or anus.

Dietary priorities during the treatment of colorectal cancer are to ensure adequate nutritional status, improve symptoms, and avoid complications. However, it can be complicated to establish a general diet for this disease, as it depends on several factors: where the tumour is located, the treatments and therapeutic options used, and the patient's nutritional status and social environment, amongst other factors.

Treatment may cause effects that require some restriction in the diet or, contrarily, may not involve any dietary restrictions: there may be a risk of bowel obstruction (occlusion) or the placement of a bag to collect stool (ostomy). In general, to ensure an adequate nutritional status, in addition to following the **["General recommendations on nutrition during cancer treatment"](#)**, in colorectal cancer it is important to:



1. **Pay special attention to the fibre in food and adjust your intake according to your situation.** Fibre is a part of whole-food and plant-based foods (fruit, vegetables, pulses, nuts, dried fruit and whole grains) that the body cannot digest, and reaches the large intestine to be broken down by the micro-organisms that live there. The consumption of fibre should be adjusted in situations such as:

- When the tumour occupies an important part of the intestinal passage, where a high intake of fibre could cause abdominal pain or aggravation.
- When there is a risk of bowel obstruction.
- When a patient has had an ostomy (ileostomy or colostomy) as a result of a surgical procedure. This consists of an artificial opening in the small intestine or colon into the abdomen and outside the body to allow bodily waste to pass through. The opening is called an ostomy and is where a special bag, attached to the skin, is placed to collect stool. This placement may be temporary or permanent.
- When diarrhoea occurs.

In any of these situations, it will always be the specialist who will indicate the degree of fibre restriction. In case of persistent constipation or severe abdominal pain, consult the specialist.

2. **Recognise the behaviour of foods.** In addition to fibre, during colon cancer treatment it is important to be aware of the effect that different food groups have on digestion, bowel movements and stool. It is a good idea to write a **food diary** during the first few weeks.
3. **Check for any food-drug interactions.** In this type of cancer, possible interactions have been described with plants and herbs, such as hypericum and aloe; foods such as grapefruit and grapefruit juice; and with nutrients in certain foods and supplements, such as folic acid. These interactions may occur depending on the treatment prescribed, so always consult the oncologist.
4. **Adapt the diet according to side effects and other symptoms that may appear,** based on the dietary-culinary recommendations set out below.

Side effects and most frequent symptoms

Loss of appetite >

Nausea and vomiting >

Mouth and/or throat sores >

Colostomies >

Alteration of taste >

Diarrhea >

Ileostomies >

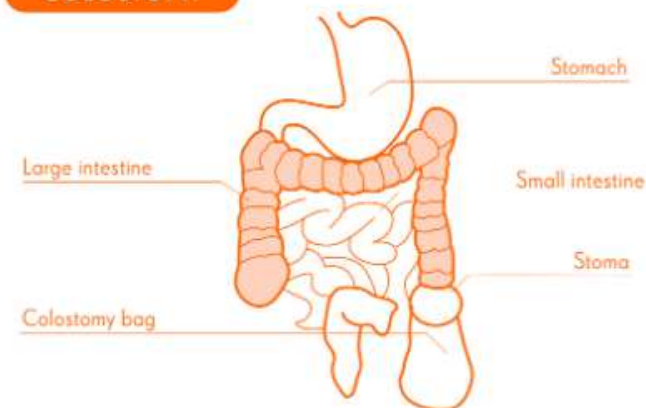
Intestinal obstruction >

[Colostomies](#) >[Ileostomies](#) >[Intestinal
obstruction](#) >

Colostomies

A colostomy is a surgery to divert the large intestine through an opening in the stomach and the placement of a bag that collects your stools. In colostomies, the stool will be thick or even solid and will generally be discharged only at certain times of the day. Once the colostomy has been placed and is well adapted and tolerated, the aim is to follow a balanced and varied diet without any added special dietary restrictions.

COLOSTOMY



WHAT DO WE RECOMMEND?

[Eat calmly and chew food well.](#) ▾

[Eat at regular intervals.](#) ▾

[Avoid major weight changes.](#) ▾

[Progress in your diet according to tolerance.](#) ▾

[Example of a progression menu.](#) ▾

[Be aware of the different situations that may arise depending on the type of food consumed.](#) ▾

Progress in your diet according to tolerance. ▾

After the colostomy, fibre-rich foods should be introduced into the diet according to personal tolerance, until a varied and balanced diet is possible. The time of adaptation may vary for each person. Start with a low-fibre diet and use simple cooking methods, whilst gradually incorporating new foods and forms of preparation and cooking methods.



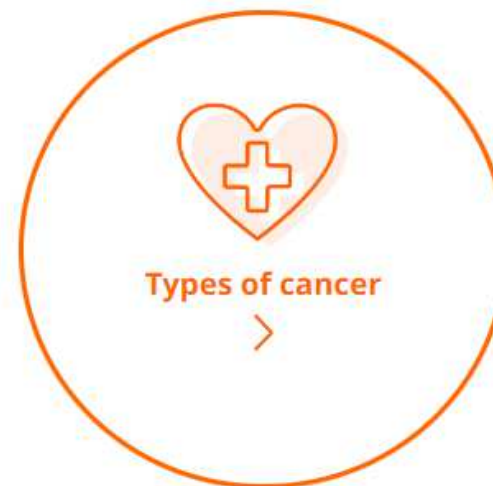
Recommended foods and foods to avoid in a low-fibre diet

Food group	Allowed foods	Unadvised foods	
Refined cereals and derivatives	White rice, rice noodles, rice semolina, wheat pasta (noodles, macaroni, couscous, semolina...), tapioca, polenta, white bread, toast...	Maria or butter cookies, gingerbread, muffins, fiber-free breakfast cereals, etc.	All whole grains (with fiber).
Legumes	none Sometimes, if there is a good tolerance, they can be eaten without the skin, passed through a puree.		All (beans, lentils, chickpeas, fava beans, peas...).
Dried fruit or dried fruit	none		All (walnuts, hazelnuts, almonds, prunes, dried figs...).
Vegetables and tubers	Without skin or seeds and very cooked: potato, carrot, pumpkin, courgette and grated onion. Sifted tomato. Strained vegetable broth.		The remaining.
fruits	Raw, ripe, without skin or seeds: apple, pear, melon, watermelon, banana, avocado and grapes. Liquid: all. Cooked: apple, pear and peach.		The remaining.
Meat, fish and eggs	Everything well cooked: meat, fish, egg, seafood, surimi.		Avoid eating meat with tender and/or strong parts.
Milk and derivatives	Milk, natural or flavored yogurts, cheeses, custards, custard, curds, ice creams.		Milk with fiber, yogurt with pieces of fruit or muesli.
fats	All: extra virgin olive oil, sunflower oil, margarine, butter...		

Example of a progression menu. ▾

Example of three-day progression menu

	Low-fibre, easily digestible diet menu	Moderate fibre diet menu	Unrestricted diet menu
To have breakfast	Decaffeinated tea/infusion/coffee with milk (lactose-free milk). White bread toasts with salt and virgin olive oil and turkey.	Tea/infusion/decaffeinated coffee with milk. Bread sandwich with tomato (seedless and skinless), virgin olive oil and turkey sausage.	Tea/infusion/coffee with milk. Bread sandwich with tomato and turkey.
Midday	Apple in the microwave with cinnamon.	Apple in the microwave with cinnamon.	Fresh apple or fruit.
To have breakfast	Boiled white rice with carrot and cod. Baked banana.	Vegetable and cod risotto. Macedon of banana, pear and strained natural orange juice.	Fish pan Seasonal fruit macedonia.
have a snack	Two Maria type cookies.	Two Maria type cookies.	A handful of dried fruit.
Dinner	Mashed potato and carrot. Grilled chicken breast. Natural yogurt (with or without lactose, depending on tolerance).	Cream of potato, onion and courgette. Grilled chicken breast. Cup of yogurt and mint.	Vegetable's soup. Grilled chicken breast with salad garnish. Cup of yogurt with mint.

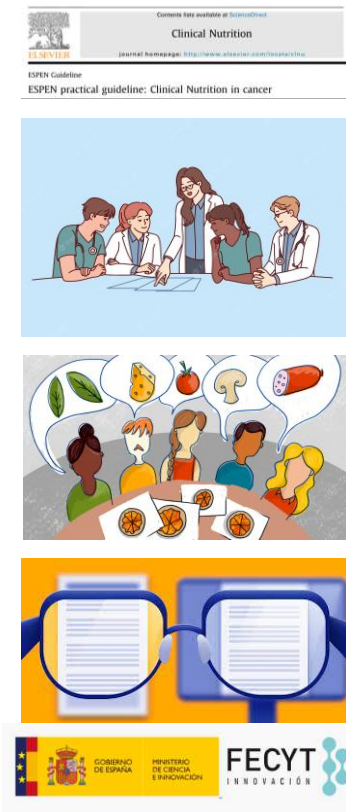


Given that each type of cancer and its treatments can lead to the appearance of specific side effects and symptoms, we recommend that you first consult the specific section for each [type of tumor](#). In the event that the type of tumor to be consulted is not yet available, in its section, in this section, you will find information on the most common and frequent side effects during the treatment of cancer and the main dietary-culinary strategies that will help to - face it

[Alteration of taste >](#)[Dry mouth >](#)[Diarrhoea >](#)[Constipation >](#)[Mouth and/or
throat sores >](#)[Nausea and/or
vomiting >](#)[Loss of appetite >](#)

New
tumor

oncoalicia



1. Deciding on the next tumor
 - Own decision (prevalence, eating problems, risk of malnutrition)
 - Professional request
 - Synergy with another project
 - Scholarship or specific aid
2. Searching for additional funding if needed
3. Creating the internal (Alícia) and external (hospital) team.
4. Reviewing scientific evidence and official organizations recommendations
5. Focus groups with professionals (Hospitals or Patient Associations)
6. Focus groups with patients
7. Development of theoretical content
8. Review by the external team
9. Designing recipes that address specific needs
10. Final review
11. Uploading to the website
12. Dissemination.



We want a better world,
making everyone eats
better, **Let's do it
together?**

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