



Cancer Survivorship

Hosted by: Steven Gore, MD

Guest: Maura Harrigan, MS, RDN, CSO, Oncology Research Registered Dietitian/Project Manager; Registered Dietitian Nutritionist, Survivorship Clinic

March 31, 2019

[00:00.000 --> 00:10.100](#)

Support for Yale Cancer Center Answers comes from AstraZeneca, dedicated to advancing options and providing hope for people living with cancer. More information at astrazeneca-us.com.

00:10.100 --> 00:50.300

Welcome to Yale Cancer Answers with doctors Anees Chapgar and Steven Gore. I am Bruce Barber. Yale Cancer Answers features the latest information on cancer care by welcoming oncologists and specialists who are on the forefront of the battle to fight cancer. This week, it is a conversation about the role of nutrition in cancer survivorship with Maura Harrigan. Maura is an Oncology Research Registered Dietician and Project Manager at the Yale School of Public Health, and Dr. Gore is a Professor of Internal Medicine and Hematology at the Yale School of Medicine and Director of Hematologic Malignancies at Smilow Cancer Hospital.

00:50.300 --> 01:00.200

Gore Let's see, oncology research registered dietician? Is there a special kind of registration for research dieticians or...?

01:00.200 --> 01:10.100

Harrigan Yes. There is specialty training for oncology nutrition, it is actually a board certification every 5 years.

01:10.100 --> 01:17.700

Gore Wow! I had no idea. So, how long have you been in this survivorship nutrition business?

01:17.700 --> 01:36.400

Harrigan I started with the survivorship clinic when it began back in 2006. So, it has been over 12 years. And I have to say, I have learned a lot from the survivors who come to clinic about their unique nutritional needs now as treatments change and emerge and their nutrition needs change over time.

01:36.400 --> 02:14.800

Gore You know, we hear a lot about, we see on TV, the commercials "I am a survivor, I am a survivor," which is really, really wonderful, but cancer patients are surviving. We also know that some people, you

know, whose cancers unfortunately do come back and stuff, so you are working with people at which stage? Are these people who are like long-term survivors, are these people who have just got through their treatment and they are surviving right now and that's all that counts, or what is the population in the survivorship clinic?

[02:14.800 --> 02:30.000](#)

Harrigan Well, we take all comers, but they have to have completed their active treatment. So, they are done with surgery, chemotherapy, radiation. So, once they are done, they are welcome to come to clinic, you do not need a MD referral, you can self-refer yourself.

02:30.000 --> 02:36.300

Gore I see. So, it does not matter if you are a bonafide cured patient, it is not about that?

02:36.300 --> 02:43.300

Harrigan No, not at all. We see people 1 year out, 5 years out. We have people come who are 20 years out from your diagnosis.

02:43.300 --> 02:53.400

Gore I see. And what about patients who have completed their treatment and they have persistent cancer but it is stable, are they welcome to the clinic as well, they are living with cancer?

02:53.400 --> 03:04.500

Harrigan Absolutely. And we emphasize the living with cancer and how to best manage it through nutrition and exercise by nourishing your body and supporting your body.

03:04.500 --> 03:47.500

Gore Well, that is really cool. You know, I was a Yale Medical School student, graduate school alumnus, a Yale Medical School graduate, full disclosure, and this was back in the late 70s to 80s, so you can imagine, we were in the post, post-Vietnam I would say of generation and we thought we were pretty alternative and there were a lot of feelings that "nutrition" was not being taught and so students would organize alternative nutrition classes and stuff, do you think that has changed over the years?

[03:47.500 --> 03:51.800](#)

Harrigan I hate to say, but not much.

03:51.800 --> 03:53.200

Gore I was worried that you are going to say that.

03:53.200 --> 04:04.100

Harrigan It's true. I think the power of nutrition is overlooked in the treatment of cancer.

04:04.100 --> 04:19.700

Gore And yet, here you are at a major cancer center in a bonafide recognized clinic that presumably has cancer center support and you are doing nutrition. So that is a little different right?

04:19.700 --> 04:56.100

Harrigan Yes. As far as being a registered dietician, I feel I am finally in a position where I could really use the power of nutrition in counseling patients. So, I have been given the opportunity through the clinic. So, it really is a wonderful place for survivors to come and to kind of, you know, we work how they get through their day in terms of how they eat and also how they exercise, and what we would like to say to patients is, you know, nutrition and exercise really is your contribution to your care.

04:56.100 --> 04:57.600

Gore Sure, something you can control.

04:57.600 --> 05:16.300

Harrigan You can control because they often feel this loss of control with the diagnosis of cancer. And they have this whole superb treatment team around them who are experts, but they still feel a loss of control. Whereas, the nutrition piece and the exercise piece can empower them and it actually helps them feel better.

05:16.300 --> 05:46.900

Gore No, I bet it does, but is there really more to it than just saying eat up, you know, healthy diet or make sure you get 2000 calories; I mean, I am not being demeaning or diminishing, I really do not know,

people ask me and I kind of feel like, well if you are eating pretty healthy diet, you are not losing weight and your various proteins we measure in the blood and the stuff are holding up, then you are probably doing okay. These are the people who are in active treatment that I am thinking of.

[05:46.900 --> 06:25.200](#)

Harrigan There is a lot to it. There is the art of counseling because everyone is different. So, as a dietician, we look at the person and where they are at and their living conditions and their stage of life. So, let's say for example, I have 2 women who are diagnosed with breast cancer, but one woman is a young mother with young children at home and is on a tight food budget; the other woman is recently widowed and living alone and has kind of lost interest in eating and cooking, so that is 2 same cancer but 2 different people with different sets of nutritional needs and how I counsel them.

[06:25.200 --> 06:38.700](#)

Gore I see, and even if at the bottom line you are just minimally hoping to get them to a healthy diet with an adequate caloric intake, the way you have to approach might be very different in those settings right?

[06:38.700 --> 06:52.900](#)

Harrigan Yes, and it is really giving them the skill set of how to do it, that is important. So, it goes deeper than just saying eat a better diet. It is like this is how you can do it given your circumstances.

[06:52.900 --> 07:00.600](#)

Gore Right. No, and again, I did not mean to be in anyway simplifying it or dumbing it down and was just trying to understand and...

[07:00.600 --> 07:14.400](#)

Harrigan And the focus really is not so much on calories per se, but nutrients. So, you really want to make sure they are nourishing their body and really tapping into the power of good eating, which is really based in plant foods.

[07:14.400 --> 07:25.000](#)

Gore So, how do you approach it? Do you start with a history of like what you like to eat, you find if you are like a potato chip is your favorite food group or?

[07:25.000 --> 07:47.000](#)

Harrigan Absolutely. Yeah, we call that a diet history and usually the way I approach it is say, just walk me through your day eating-wise. And I get a sense of what is their style of eating, do they cook or do they not cook, do they eat out or they are a fast food person? So, you get a sense of where, what their day is like and start from there.

07:47.000 --> 08:13.200

Gore Right. And if somebody has a lifestyle that most of us would probably recognize right away that it is not optimal, lot of fried foods, fast food, processed food for whatever reason, not to be judgmental, just what we have learned is not great; I mean, I would imagine that it cannot be that easy to re-educate or redirect such patients, I do not know what do you find?

08:13.200 --> 08:18.500

Harrigan It is a challenge and I tend to approach it as a negotiation.

08:18.500 --> 08:18.700

Gore Aha! Give me an example.

08:18.700 --> 09:09.100

Harrigan Well, let us say there is someone with a very high simple sugar intake, mostly through beverages, it's a lot of soda, lot of sports drinks, I am kind of just approaching not one piece of it and I try to go for the biggest bang for your buck. So, you know, the place I would start in terms of getting you to a better place nutritionally is really to kind of trim back on these added sugars that you have in your drinks, and then often if I explain the connection to, you know, how their body works and the effect it has on your body and how we are trying to minimize that, you know, I try to get them to buy into it. So, I usually look for the biggest change that would give the biggest benefit and help them feel better quickly and that kind of starts them on the road to further improvements.

09:09.100 --> 10:07.100

Gore Well, you know, that's really amazing because in my previous place of employment, different university and I may be different now, I left there 5 years ago, we did not have this kind of service, we of course had nutritionists, but I had long-term survivors of leukemia who had adult lifelong problems with morbid obesity for example, and they still have such problems right, and even trying to give them just as a physician simple counseling, simple ideas, you know, then they come back 3 months, Jee Juh can I try that and I have gained another 5 pounds, and you know, somebody who struggle with weight myself,

you know, I am certainly very sensitive to it, but it is hard to maintain a lifestyle change, food has so much psychological and habitual, I don't for me anyway?

[10:07.100 --> 11:06.000](#)

Harrigan And let's not forget food is pleasurable. So, we do not want to lose sight of that and everyone eats and we celebrate with food. So, we do not want to lose sight of that, but weight management is difficult and lifelong weight management is a challenge given the environment we live in where we do not move much and there is a lot of food out there that is high in fat, high in sugar, and when you eat out large portions, so we are kind of up against an environment that promotes weight gain. So, I try to point that out to people that to really kind of manage your weight, job #1 is prevention of further weight gain. Just, it is really navigating the environment and giving them a skillset to do that. But the first thing is really to set a realistic weight loss goal. It does not take much to get a benefit. So, as little as 2% improved heart health. So, for a 200-pound person, that is 4 pounds.

11:06.000 --> 11:08.000

Gore Right. Seems like nothing when you think about it.

11:08.000 --> 11:11.700

Harrigan And when you present that to someone; yes, they are like oh! I can do that!

11:11.700 --> 11:13.900

Gore You know they are not going to be satisfied with that right?

11:13.900 --> 11:27.300

Harrigan Well, I try to convince them that this is good enough and it is important to keep it off. And then, if you could get to 5%, which is again for a 200-pound person 10 pounds...

11:27.300 --> 11:27.500

Gore Right, still not a lot...

11:27.500 --> 11:49.400

Harrigan Not a lot, but doable and sustainable, and what people say I can do that, and they will say okay let's get to work. And a lot of it is also debunking a lot of misinformation out there from the

diet industry. So, we are really trying to promote a healthy lifestyle, which is healthy eating along with exercise on a daily basis.

[11:49.400 --> 12:03.600](#)

Gore You know, most of your patients in the survivorship clinic are they mostly dealing with needing to gain or maintain weight which they have lost because of their cancer or do you have obesity problems, is it all across the board, what do you find?

12:03.600 --> 12:45.900

Harrigan It is all across the board. So, depends on the cancer and the treatments received. So, let's say, in head and neck cancers, the treatments... throat cancer, mouth cancer, the treatment can cause a substantial weight loss and then they cannot swallow, so that is real challenge. How do you replenish your body when you have difficulty swallowing. So, there we do a lot of techniques where we alter the texture of foods and educate people on how you can still eat nutrient-dense foods, but we make the texture soft and moist so then they are able to swallow those foods and start to regain the weight.

Gore But that does not sound very pleasant to be eating moist, soft food right? No, I am serious there is aesthetics to eating too right?

12:53.500 --> 13:10.500

Harrigan There is aesthetics and I try to work with their favorite foods and try to make it pleasurable. And also, to encourage them to create a calm environment when you are eating so they are not anxious about eating.

13:10.500 --> 13:10.700

Gore Right, will I choke?

13:10.700 --> 13:21.000

Harrigan Exactly. And sometimes I even have to counsel family members to back off a little bit because their concern is from a place of love.

13:21.000 --> 13:21.500

Gore They are not eating enough, how are they going to get better if they do not enough?

[13:21.500 --> 13:41.700](#)

Harrigan Exactly. And then, that increases the person's anxiety which makes it harder for them to swallow. So, there are a lot of techniques to help encourage people who have lost a lot of weight, lost their appetite to kind of retrain their body to eat again, get their appetite back, get their taste back and enjoy eating again.

13:41.700 --> 13:52.100

Gore Well, that sounds like a big challenge and super-important and I am going to want to talk about it more in a minute, but right now, we are going to take a short break for a medical minute.

13:52.100 --> 14:10.600

Medical Minute

Support for Yale Cancer Answers comes from AstraZeneca, proud supporter of the many individuals and organizations who are working together to end cancer as a cause of death. Learn more about the Your Cancer Movement at yourcancer.org.

14:10.600 --> 15:05.500

This is a medical minute about smoking cessation. There are many obstacles to face when quitting smoking as smoking involves the potent drug nicotine, but it is a very important lifestyle change, especially for patients undergoing cancer treatment. Quitting smoking has been shown to positively impact response to treatments, decrease the likelihood that patients will develop second malignancies and increase rates of survival. Tobacco treatment programs are currently being offered at federally designated comprehensive cancer centers and operate on the principles of the US Public Health service clinical practice guidelines. All treatment components are evidence based and therefore all patients are treated with FDA approved first-line medications for smoking cessation as well as smoking cessation counseling that stresses appropriate coping skills. More information is available at YaleCancerCenter.org. You are listening to Connecticut Public Radio.

15:05.500 --> 15:36.900

Gore Welcome back to Yale Cancer Answers. This is Dr. Steven Gore. I am joined tonight by my guest Maura Harrigan. We have been discussing cancer survivorship and the role of nutrition. Maura, one thing that I wanted to come back to from our first half I found very fascinating you kind of kind of just threw it out that as everyone knows this that, you know, basis for a healthy diet is plant-based nutrition, tell me about that.

[15:36.900 --> 15:49.700](#)

Harrigan Yes. Well, the power of nutrition really is in plant foods from mother nature and the colors of plant foods, and I know this sounds simplistic but it is a very effective teaching tool.

15:49.700 --> 15:51.300

Gore Okay, give me an example.

15:51.300 --> 16:01.100

Harrigan So, what I do is I tell people, you know, this sounds again simple but it is eat the rainbow in the course of your weeks. So, you think of all the colors of the rainbow.

16:01.100 --> 16:04.300

Gore I got the orange, that is your sweet potatoes, right?

16:04.300 --> 16:17.600

Harrigan Right. Obvious greens, but you also have red, yellow, orange, purple, blue, white. So, think about it, if you are lacking those colors...

16:17.600 --> 16:18.400

Gore What is blue?

16:18.400 --> 16:23.600

Harrigan Berries, plums.

16:23.600--> 16:24.900

Gore I am not a big plum fan, but I see it, yeah.

[16:24.900 --> 16:51.900](#)

Harrigan But the idea that you capture with all these colors in the course of your week and when you look at the foods you are eating -- that meal, that snack, say do I have any color here, can I add a color? Now, what happens is, there are compounds in the plant foods that create the colors. They are called phyto-nutrients, phyto meaning plants. And there are hundreds of them and they have very chemical sounding names like luteins, sulforaphane, I cannot even remember them, but it is very

16:51.900 --> 16:51.900

Gore But you know they are good?

16:51.900 --> 17:06.300

Harrigan I know they are good, and I know that the clusters of these phyto-nutrients create the color. So, if you capture all these colors in your week, you have captured these hundreds of phyto-nutrients. These are the compounds that reduce inflammation in the body.

17:06.300 --> 17:07.500

Gore Really?

17:07.500 --> 18:43.100

Harrigan Yes. So, the cornerstone of eating well is capturing your colors. It is the most simple, elegant teaching tool I have and it resonates with people because food is visual and people will say, you know I look at food differently now, I think colors and I shop by colors, you shop, you get frozen fruits and vegetables, they could be canned, they could be dried, does not have to be organic, so could be done very economically, stock their kitchen with colors and then it is just easier to eat more color in your week and this is really the power of eating well. So that when you look at your plate, you want two-thirds of your plate to have foods that come from plants and just one-third of the plate with foods that come from animals. So, this is what we call a predominantly plant-based way of eating. It is not vegetarian but it is closer to a vegetarian than the typical American diet where it is very meat center and we plan every meal around our meats, this is saying, no plan your meal around your plant foods and your colors and use your meat as a condiment. And then, it puts your overall eating pattern into a beautiful alignment of a very high phyto-nutrient content, high-fiber, low-added sugar, lower in salt, lower in saturated fats and it just aligns your diet beautifully to support your body and it is really to reduce inflammation, stabilize blood glucose levels, normalize insulin levels which we, you know, know is really important for prevention of cancer and also prevention of cancer recurrence.

[18:43.100 --> 18:47.600](#)

Gore And where do you put dairy products in that, are those considered animal based?

18:47.600 --> 18:49.300

Harrigan Yes. It is.

18:49.300 --> 18:51.400

Gore Really, so even cheese?

18:51.400 --> 18:56.200

Harrigan You hit a big one, you hit a big one with cheese because cheese is something that....

18:56.200 --> 18:57.400

Gore Delicious, cheese is delicious.

18:57.400 --> 19:02.700

Harrigan But needs to be trimmed back a bit. You have to be mindful with your cheese.

19:02.700 --> 19:05.200

Gore And what about like yogurt, kefir, all those?

19:05.200 --> 19:17.200

Harrigan All that is part of dairy, which is all of part of animal side of it, so it has a role, but it is a supporting role, and really your plant foods and your high-fiber grains are your starring.

19:17.200 --> 19:29.000

Gore Well, what differences do you notice in your patients who are successful in painting their rainbow and maintaining their rainbow? What do you hear from them and what do you observe?

[19:29.000 --> 19:58.000](#)

Harrigan What I observe is something quite remarkable to watch. They change their relationship with food. They think about food in terms of colors, they say that they actually start to feel better, their energy levels are better and then it is always by the way, and by the way, I lost weight and they were not even focusing on weight loss.

19:58.000 --> 20:12.400

Gore That's interesting. What do you measure as a metric of success for your patients? In other words, how do you monitor that you need a different tack or?

20:12.400 --> 20:17.200

Harrigan That's a challenging question because it really, it depends on the person.

20:17.200 --> 20:19.200

Gore Sure. what their goals are...?

20:19.200 --> 20:41.400

Harrigan What their goals are. But to me when I see that they take ownership and make it their own, and I see that they are reading labels, looking at ingredients list and kind of come back of Aha! moments, saying did you know how much added sugar is in a fruited yogurt, I had no idea. When they start saying things like that, that is success.

20:41.400 --> 20:51.300

Gore Cool. And do you interact with the rest, more medical, traditional medicine part of the survivorship clinic, how does that work?

20:51.300 --> 21:02.200

Harrigan Yes, we are a multi-disciplinary team, so we have a medical oncologist, physician assistant, social worker and physical therapist, and we have a team meeting before each clinic and we review the medical history of every patient.

[21:02.200 --> 21:03.100](#)

Gore I see, as a group?

21:03.100 --> 21:14.300

Harrigan As a group. And then, we regroup afterwards and we all kind of review our interaction, which can be interesting. We all see different facets of the person.

21:14.300 --> 21:17.500

Gore So, you each see the patient in general?

21:17.500 --> 21:44.800

Harrigan Yes, it is a 2-hour clinic. So, they spend a half hour with each of us and then at the end, we compile a survivorship care plan, which incorporates nutrition and exercise tailored to the individual, also the social worker has her piece for it and we develop a survivorship care plan which maps out their goals going forward for monitoring their goals for wellness.

21:44.800 --> 21:54.600

Gore And are they monitored by your clinic or do they take this plan to their oncologist or internist or GYN?

21:54.600 --> 22:12.300

Harrigan Yes, we do not monitor them. Our clinic is a 2-visit clinic, but then the care plan is what they take back to their team and to their primary care and it summarizes all the treatment they received all in one document, so it is a very powerful document for cancer survivors to have.

22:12.300 --> 22:17.100

Gore I mean it sound like a great thing. Do you get a lot of positive feedback from the patients?

22:17.100 --> 22:18.900

Harrigan Absolutely. Absolutely.

[22:18.900 --> 22:30.10](#)

Gore What about the exercise thing? That is another thing I wanted to talk about. You said that you counsel about exercise, and it is funny I have not really thought about nutritionists as being exercise counselors?

22:30.10 --> 22:54.300

Harrigan That's right. Well, you know, it goes hand in hand. They work synergistically. So, a healthy lifestyle is eating well and moving more. So, but there are very clear exercise guidelines, which are very attainable and the first is sit less, take breaks from sittings. That is job #1. So, if you are at a computer all day, that is a challenge.

22:54.300 --> 23:00.600

Gore My watch tells me every hour that I have not moved, and I look at it and say, yeah I know.

23:00.600 --> 23:04.100

Harrigan Supposed to get up then.

23:04.100 --> 23:08.30

Gore Oh! I missed that part of the memo.

23:08.30 --> 23:18.800

Harrigan Go take a little walk, get some water to drink, and the next step is walking more. And the goal is 10,000 steps a day which is a challenge.

23:18.800 --> 23:18.800

Gore Its hard.

23:18.800 --> 23:36.100

Harrigan It is hard. It is hard. So, you start weaving it into your day; parking farther away, taking stairs instead of the elevator. Some people wear monitors on their wrist like a Fitbit and that helps track their steps.

[23:36.100 --> 23:47.500](#)

Gore Most people's smart phones will do that and people do not even realize they just have to install the app that lets them count it or find where to do it. I know, iPhones do but I think most androids do as well.

23:47.500 --> 24:01.300

Harrigan Yes. So, your phones can count your steps. Now, the next thing is we like you to accumulate a 150 minutes a week of walking, intentional walking for the week so you can do that....

24:01.300 --> 24:09.400

Gore You mean, it is separate from us walking around at work? Like it is 10,000 steps plus 150 minutes?

24:01.300 --> 24:10.300

Harrigan Yes.

24:10.300 --> 24:10.400

Gore You are tough.

24:10.400 --> 24:13.100

Harrigan I am tough. It just shows how sedentary we are.

24:13.100 --> 24:14.800

Gore Yeah, that's 30 minutes a day x5.

24:14.800 --> 24:44.400

Harrigan Exactly. Now, for some cancer survivors, they have low energy days. So, on those days, maybe a walk is not in the picture, but that is the beauty of having a weekly goal because you could say, okay today is not my day but tomorrow I will feel more energy and I will walk 20 minutes and so you add it up as you go along and some people even enlist walking buddies at work who say 'okay, its lunchtime let's go'.

[24:44.400 --> 24:45.100](#)

Gore That's a chick thing I think?

24:45.100 --> 24:46.100

Harrigan Very much so.

24:46.100 --> 24:47.000

Gore Which is sad.

24:47.000 --> 24:48.200

Harrigan You guys should try it.

24:48.200 --> 24:57.300

Gore We should. We are so limited. You know, my wife is always like, why don't you have friends. I like guys do not have friends. I mean, it is sick right? It is so sick.

24:57.300 --> 25:00.800

Harrigan You get good chat sessions while you do that.

25:00.800 --> 25:03.400

Gore And you probably talk about work if it is a work companion if you want?

25:03.400 --> 25:12.100

You can. So, you can do a walk and talk meeting. It is true. Now, there is more. So....

25:12.100 --> 25:15.200

Gore I am exhausted already.

[25:15.200 --> 25:28.500](#)

Harrigan So, we would like to see 2 training strength sessions a week. Does not mean going to the gym and pumping iron... something you can do at home very easily, with light weights, 3 pounds, 5 pounds, but ...

25:28.500 --> 25:30.100

Gore Get out your old Jane Fonda tapes?

25:30.100 --> 26:00.600

Harrigan Oh! I love those. You are dating me. But you know, cancer treatments can create muscle loss. So, part of the fatigue that lingers after treatment is from that loss of muscle. So, the strength training can help rebuild and restore some of that muscle loss and also help with balance and all those exercise also help boost the immune system, so it is quite powerful.

26:00.600 --> 26:45.700

Gore You know, it is so interesting because I have a lot of patients who, you know, complain about fatigue and it is not cancer related as far as I can tell and of course they have moderate obesity at least and they are sedentary and they may have some sleep disorder as well, and you know, they do not want to hear, it is hard, you know, you can say well you know unfortunately probably carrying around that extra weight is contributing, and you know, it is frustrating as a practitioner because you do focus on the cancer as oncologist right and they really need a continuity kind of person who can shepherd the lifestyle change, they need the motivation as well.

26:45.700 --> 26:50.900

Harrigan Absolutely. I would love to see that be the model in the cancer center.

26:50.900 --> 26:52.000

Gore I guess I should send them to your clinic?

26:52.000 --> 27:22.700

Harrigan Please do, all welcome. And we break it down for the person into doable goals. So, when they leave the clinic, they are feeling I can do this. And then, we build upon those successes. So,

we really work hard to make the person feel like they can do this and make it work for them in very achievable small steps that build into big games.

[27:22.700 --> 27:27.600](#)

Gore What about family support, do you try to engage family members?

27:27.600 --> 27:47.600

Harrigan Oh! absolutely. A lot of people come with family members and it is important because again from a dietician's view point, in their household who is in charge of the food shopping, who is in charge of the cooking, sometimes it is not the patient, so you need that other person there so everyone can be on the same page.

27:47.600 --> 27:59.200

Gore I imagine it is also hard if everybody else is leading X lifestyle and you are trying to lead Y lifestyle, it is a little bit of an uphill battle, not only in terms of food but also exercise.

27:59.200 --> 28:24.000

Harrigan That's a big challenge and what we try to encourage patients to do is say, you know, start with yourself, focus on yourself, this is all learning how to practice self-care. And, then you are setting an example and when those around you see you feeling better, see you doing more, see you being more active, they may start buying into it, so you can become the agent of change.

28:24.000 --> 28:27.500

Gore That is a lot of responsibility for the person who is just recovering from cancer right?

28:27.500 --> 28:31.600

Harrigan It is. So, they need a lot of support and encouragement.

28:31.600 --> 28:44.500

Gore I guess on the other hand, maybe makes them feel some people anyway like this is something positive that is coming out of this, you know, terrible thing that they have had to endure, it is not always terrible, but I mean you know?

[28:44.500 --> 29:14.800](#)

Harrigan Well, many people can find that the cancer diagnosis and the treatment can become a teachable moment where they start re-prioritizing what is important and often they find, it gives them the opportunity to give themselves permission to make these changes that they have been leaning to, been wanting to but never quite got around to doing it and now they are motivated.

29:14.800 --> 29:18.200

Gore Kind of a reboot?

29:18.200 --> 29:34.000

Harrigan It is a reboot. And I have had many people who have come through survivorship clinic after they have adopted these dietary changes and exercise and say, I have never been healthier, how crazy is that, I had a cancer diagnosis and I am healthier now than I was before.

29:34.000 --> 30:02.700

Maura Harrigan is an Oncology Research Registered Dietician and Project Manager at the Yale School of Public Health. If you have questions, the address is canceranswers@yale.edu and past editions of the program are available in audio and written form at YaleCancerCenter.org. I am Bruce Barber reminding you to tune in each week to learn more about the fight against cancer here on Connecticut Public Radio.