



WESTEND 61 © GETTY IMAGES

Eating well

with gastrointestinal cancer

MyFood Program



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Welcome to MyFood

MyFood is part of the **Support Harmonized Advances for better Patient Experiences (SHAPE)** program: an international, multi-stakeholder initiative providing lifestyle support to people with gastrointestinal (GI) cancer.

Is this guide for you?

When you are faced with a GI (also known as digestive) cancer diagnosis, it is really important that you maintain a healthy and balanced diet, making sure you have an adequate intake of nutrients and calories to help keep you strong throughout your treatment and recovery. This can be a real challenge especially when dealing with cancer and treatment. **GI cancers include colorectal cancer (CRC), metastatic colorectal cancer (mCRC), pancreatic cancer (PC), and gastric cancer (GC).**

Cancer symptoms or side effects of treatment may affect your appetite, and you may not enjoy eating the way you did before. Your weight or bowel movements may change. These effects are common, and there are ways you can overcome these, with the right support.

Along with staying active, being well nourished may improve your quality of life and wellbeing, and may also impact your response to treatment or surgery.¹ You can even find enjoyment from food during your cancer journey.

The **MyFood brochure** is designed to help you adapt the foods you eat depending on your personal situation and to find pleasure from your food, while living with a digestive cancer.*

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* This brochure has been reviewed by a cancer dietitian, with input from patient representatives, carers and health care professionals. A glossary of terms can be found at the end of the brochure.



What can I do to help improve my diet and nutrition during my cancer treatment journey

Does my diet affect my cancer journey?

Diet and nutrition are especially important considerations for people with digestive cancers. With the right guidance and support, changes to your diet and nutrition could impact:¹

- How your cancer develops
- Your response to treatment or surgery
- The symptoms you experience
- Your quality of life and well-being

Did you know that as many as 8 in 10 people with cancer will become undernourished?^{1,2}

It's common for cancer patients to become undernourished, resulting in malnutrition (cachexia is the term sometimes used to describe weakness and wasting of the body due to illness, such as cancer). This means they are not eating enough of the right nutrients or taking in enough calories. Studies have shown that people with digestive cancer can also become undernourished.^{2,3} Thinking about your nutrition could help you to ensure you are eating the food your body needs.

You may find you can't eat the same foods after your cancer treatment

Since everyone's cancer journey is different, the foods you can or want to eat may be affected. It is possible to make adjustments to your diet that help you continue to eat well while you undergo treatments or procedures, or if you experience certain symptoms.

If you have recently been diagnosed with a digestive cancer, you can speak to your health care team for advice about your diet. Your dietary needs should be regularly reviewed by your health care team and rebalanced as needed.

We've included dietary advice to help with all of the listed scenarios. As you read through the MyFood brochure, you may want to think about the advice given and how it could help you.

Do any of these apply to you?:

- You may need to change your diet because of **symptoms**, which depend on the type of cancer you have (i.e., stomach, bowel, pancreatic, or esophageal cancer) and how advanced your cancer is
- **Treatments** like chemotherapy or radiotherapy may change the way food tastes to you and may affect your appetite
- You may be preparing your body for **surgery**, which is called 'prehabilitation'
- You may adapt your diet because of **procedures** you have had, e.g., you may have a stoma (an opening that allows waste to be removed from the body) or a tube fitted to help you eat
- In some specific cases, you may need **nutritional supplements** due to your cancer type. Your health care professional will explain these to you.
 - Always speak to your health care team before you decide yourself to take additional vitamins, supplements, or probiotics, as these can affect your treatment
- Your age, body weight, activity levels, mood, and personal likes and dislikes could also affect your diet.

TOP TIP

Try to find foods that you enjoy and work for you. This will vary depending on your personal situation. You can add food of nutritional value into your own preferred diet.

Can changes to my diet help me beat my cancer and stop it from returning?

What changes can I make to my diet to help improve my general health?

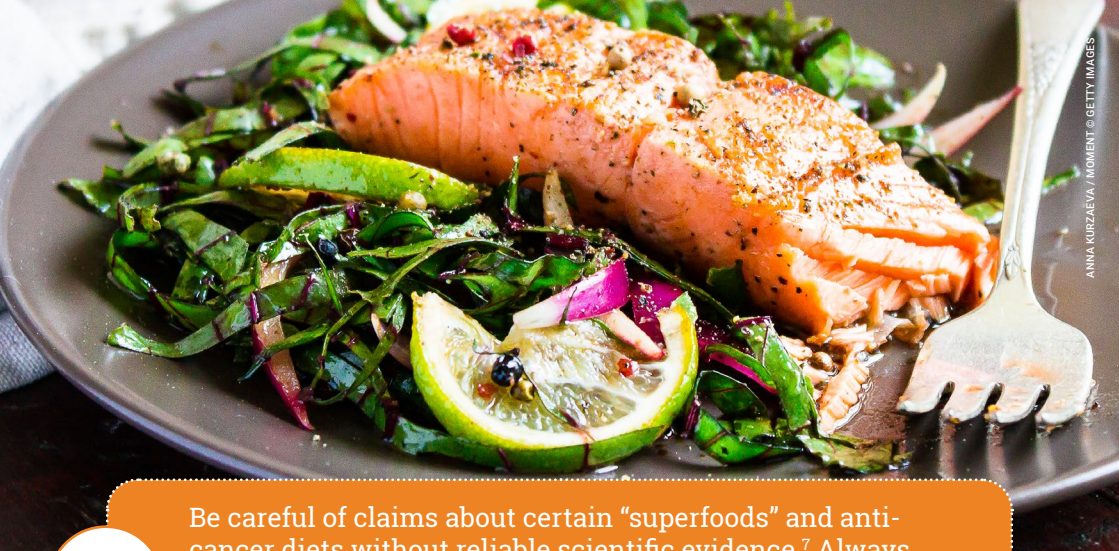
Following a healthy and balanced diet is not only important for maintaining overall good health but it can also help you to feel physically and emotionally well.⁴ While healthy eating on its own cannot prevent your cancer from coming back, it can help you to regain strength and improve how you feel after treatment.⁵

What sorts of foods should I be eating as part of a healthy and balanced diet?

A diet that is high in healthy proteins (like fresh chicken, lentils, or fish), fruits and vegetables, and wholegrains (like brown rice).⁶ As a guide you should try to:

- Eat at least 5 portions of a variety of fruit and vegetables every day
- Base meals on higher fiber starchy foods like potatoes, bread, rice or pasta
- Have some dairy or dairy alternatives (such as soya drinks)
- Eat some beans, pulses, fish, eggs, meat and other protein
- Choose unsaturated oils and spreads, and eat them in small amounts
- Drink plenty of fluids (at least 6 to 8 glasses a day)
- Maintain a diet low in processed or red meat, as these have been shown to increase the risk of cancer
- Avoid alcohol
- Avoid eating too many fried and / or sugary foods.⁶

If you have a diagnosis of digestive cancer, you may need to adapt the foods you eat to your own individual needs, depending on your symptoms or treatment. We hope that this brochure provides you with some ideas to help you adapt your diet, if needed.



TOP TIP

Be careful of claims about certain “superfoods” and anti-cancer diets without reliable scientific evidence.⁷ Always speak to your health care team about any changes to your diet, as you may not be able to have certain foods or supplements alongside your treatment.



A note about “superfoods”⁶

You may hear some foods being called “superfoods” – things like blueberries, broccoli, or green tea.



These are often reported to have special health benefits, or even the ability to cure diseases like cancer. However, while having a healthy, balanced diet overall may help to reduce risk of cancer in some people, there is no current evidence to suggest that particular foods will make a difference on their own.⁷



TOP TIP

Prepare to eat well in advance! Fill the fridge, cupboard and freezer with healthy foods and stock up on foods that require little or no cooking time. Maybe you can prepare meals ahead of time and freeze them. You can still prepare nutritious meals using convenience foods such as frozen or chilled meals, or tinned fishes and meats, ready prepared salads, pre-chopped vegetables and sandwiches.⁸

Food for thought: adapting my diet for treatment, surgery, or important procedures

Following a healthy diet is important before starting any treatment

Eating a healthy and balanced diet and trying to maintain your body weight will help you to stay strong and lower your risk of infection. It will also help you to cope better with treatment side effects, have a greater chance of receiving therapy without unplanned breaks and recover from your treatment.⁵

How should I adapt my diet...

Before chemotherapy/radiotherapy?



It's okay to eat before you come in for your first intravenous (IV) infusion.

- Eat a light meal 2-3 hours before and choose a meal high in fiber
- Avoid fatty, greasy or spicy foods
- If you're not having an IV you should still try and eat a nourishing, well-balanced diet to keep you strong.

After chemotherapy/radiotherapy?



You may want to eat small portions of foods (5-6 small meals rather than 3 large meals) containing as much nourishment as possible and include a variety of foods you enjoy including:

- Energy-rich foods
- Protein-rich foods
- Fruits and vegetables.⁹

Should I still be drinking alcohol?



- Whether it is safe to drink alcohol during your treatment will partly depend on the particular drugs you are having.
In general, it is recommended that you stop drinking alcohol during treatment.
- Your healthcare team will be able to let you know if it's safe to drink alcohol with your treatment.

Chemotherapy/radiotherapy may cause symptoms like nausea, diarrhea and taste changes, which can affect your appetite and the types of food you want to/can eat.^{4,8,10}

What can I do if I have side effects related to my chemotherapy treatment that are affecting me eating?

- If your mouth is sore, you could try eating soft foods
- If you feel sick, peppermint or ginger tea can provide relief. You may also be prescribed anti-nausea medications. Avoid fatty or strong-smelling foods – if possible, you might want to stay away from the kitchen while food is being cooked
- If your sense of taste changes, try experimenting with highly flavored foods – use spices, marinades, vinegar, pickles, or lemon juice. Or use contrasting temperatures, like hot pie with cold ice cream. Use fruit teas or hot squash, instead of tea/coffee. Add texture to foods, like breadcrumbs or chopped nuts
- Oral thrush – a fungal infection of the mouth and throat - is a common side effect of chemotherapy. White patches covering the mouth, tongue, inside of the cheeks and back of the throat are symptoms of oral thrush. It can make eating unpleasant but it is treatable, so you should speak to your doctor if you notice these symptoms
- Remember to stay hydrated by drinking lots of water

Note: Remember to speak to your doctor if you experience any of the described side effects, if your appetite or weight changes a lot during treatment and before making changes to your diet.

How should I adapt my diet...

Before surgery?

You may need to prepare your body, which is called “prehabilitation”. This could mean thinking about improving nutrition or instilling healthy behaviors.¹¹

Foods that could help you prepare for recovery include:

- Chicken, eggs, or fish, which are high in protein
- Energy-rich wholegrains like pasta, bread, and rice
- Supplement drinks (usually prescribed by your health care professional).

Before certain important procedures you may also need to prepare your body. For example, before a colonoscopy you will need to empty the contents of the bowel. Ask your health care team for more information before any such procedures.

After surgery?

Surgery may slow digestion (how the body uses food) and can also affect your eating. After surgery, you may find that it takes some time to get back to your usual eating patterns which is perfectly normal.⁵

Your health care team can help you with individualized nutritional advice. As you return to eating, try small portions, eat slowly, and chew your food well. Make sure to stay hydrated by drinking lots of water.

Will my eating problems ever get better?

Your eating may return to normal after a few months. For some patients, this may take a little bit longer and they may still notice differences in eating.¹² If you’ve had surgery to remove part of your stomach or intestines, then eating challenges may always be part of your life, but you should be given advice from your health care professional on how to manage this. You may want to refer to the next page where we talk specifically about adapting your diet after a stoma procedure.

**TOP
TIP**

Surgery increases your need for good nutrition. If you are weak or underweight you may need to eat a high-protein, high-calorie diet before surgery.



Food for thought: adapting my diet after a stoma procedure

What is a stoma?

People with digestive cancers will often need a stoma – an opening in the stomach area (the abdomen) that is used to remove waste from the body. If you need to have a stoma, you will be helped with specialized nutritional advice.

There are different types of stoma procedure. A colostomy connects the bowel (colon) to the wall of the abdomen, while an ileostomy connects part of the small intestine (the ileum) to the wall of the abdomen. A stoma may be permanent or temporary.¹³

What and how should I eat and drink following my stoma?

You may need to follow a low-fiber diet, as it may be more difficult for the body to digest fiber in foods. You should be able to return to a normal diet after around 8 weeks. However, everyone is different, and for some people it may take up to 2 years and there may be certain foods you need to avoid.^{12,14} In preparation for this, fiber should be gradually re-introduced in small quantities.

At first, the waste output into your stoma can be looser than normal – so try to chew food well. As you recover, you should aim to eat a healthy, well-balanced diet that includes lots of fresh fruit and vegetables,¹⁴ consume small meals and drink lots of water.

If you do want to introduce new foods into your diet, you should do so slowly, with one type of food each meal. This will allow you to see how each food affects your digestive system.¹⁴ Do chew your food well to avoid excess wind.

See overleaf for suggestions of foods to eat on a low-fiber diet – these may be useful even if you have not had a stoma.

Low-fiber food checklist

You can choose:



All meats, fish, high-protein soy based alternatives, and tofu, but avoid overcooked and fatty meat



White flour-based products – bread, biscuits, rice cakes



Cakes and biscuits without dried fruit and nuts



Low-fiber carbohydrates – white rice, pasta, noodles, semolina/couscous, low-fiber breakfast cereals



Peeled or cooked fruit and vegetables – avoid seeds and pith



These foods may be easier for your body to digest and may reduce discomfort from symptoms like bloating or gas.

TOP TIP

You may want to keep a food diary to share with your health care professional. We've created one for you to use which you can find at the end this brochure.

Food for thought: adapting my diet if I have a low appetite or low energy

I really don't have much of an appetite, how can I make sure I still get enough calories?

- Try to eat when you have energy – and keep high-energy, nutritious snacks close at hand
- You may want to eat regular, small portions of simple foods with as much nourishment as possible – for example, foods that slowly release energy, like wholegrains. You might also add more iron to your diet, like green, leafy vegetables, meat, lentils, and beans
- You could also try drinking a high-calorie meal replacement drink or preparing a protein shake
- Try to find foods you like to eat. It might help to make meals look more appealing on the plate
- Take small sips of water while eating to keep you from feeling full too soon (unless you have a very dry mouth)

I'm not keeping active and getting enough sleep

Although it might seem difficult, try to keep as active as you can as this can help improve your appetite.⁵ Go for walks, take the stairs instead of the elevator, get off the bus one stop earlier and walk the rest of the way. If you find yourself at home a lot, there are still ways that you can stay active. See the MyMove brochure for workouts tailored for the home.

Make sure you are getting enough restorative sleep, which is especially important for your physical and emotional restoration. See the MyMood brochures for more suggestions: https://servier.com/wp-content/uploads/2020/12/21LN1063BA_MyMood-Patients.pdf.

**TOP
TIP**

Instead of eating three large meals per day (breakfast, lunch and dinner), you may want to have five or six meals smaller meals per day, introducing three snacks (one for the morning, afternoon and evening). Try to eat the same amount of food you normally would daily but spread further throughout the day.

I feel tired/have low energy during my treatment

- The advice above will also help improve your energy levels
- If you live alone and find cooking or preparing meals regularly is becoming tiring, you could always freeze portions of meals ahead of time
- If you live with someone else, maybe they could help with your meal preparation. You may also want to ask friends and family for support with preparing meals
- Speak to your doctor as soon as possible so they can support and advise you

TOP TIP

Look for ways to maintain enjoyment in eating – stick to simple meals, made with foods you really enjoy. You will get more pleasure from things you want to eat! Eat well when you have an appetite.

Try this recipe:

Banana & Peanut butter flapjacks

World Cancer Research Fund

<https://www.wcrf-uk.org/uk/recipes/banana-and-peanut-butter-flapjacks>

High energy/high protein food checklist

Increase the energy/protein in your favorite recipes by adding some simple ingredients:



Olive oil to vegetables, salads or soups



Spoonful's of plain yogurt, mascarpone cheese, sour cream, nut butters to sauces, soups, or meat dishes



Nuts, seeds, cream, plain Greek or natural yogurt, evaporated cream or condensed milk to desserts and cake



Meat (mainly white meat, such as chicken) and fish



Cheese and eggs; on their own or added to other dishes



Food for thought: adapting my diet if it is difficult to swallow

What should I do if I'm finding it hard to swallow?

Try moist, soft foods, like scrambled eggs, mashed potato, and slow-cooked meat and vegetables and chew everything really well. You can also soften foods using sauces. Eat small portions 5 to 6 times a day instead of 3 large meals.⁵

If you are finding it very difficult to swallow then mixing or blending foods into soups or smoothies might help.

I have been fitted with a feeding tube¹⁵

What is a feeding tube?

Some people with digestive cancer will be fitted with a feeding tube (a naso-gastric feeding tube) to provide extra nourishment. This is placed through the nose, into the stomach.

What kind of nourishment does it provide?

You will receive food in liquid form that contains the essential nutrients for your body. You may be fed through the tube at night, or during the day, or both. Depending on your situation (i.e., whether you can swallow), you might also be able to eat and drink.

TOP TIP

Sometimes you might not feel like eating much – so when you do feel hungry, make the most of it!

Soft foods suggestions



For breakfast, you could try:

- Porridge or cereals soaked in hot milk
- Greek yogurt or full-fat yogurt, or fromage frais
- Soft fruits, like bananas, melons, or stewed fruits; or fruit smoothies made with yogurt or ice cream
- Pancakes with butter, honey, or syrup



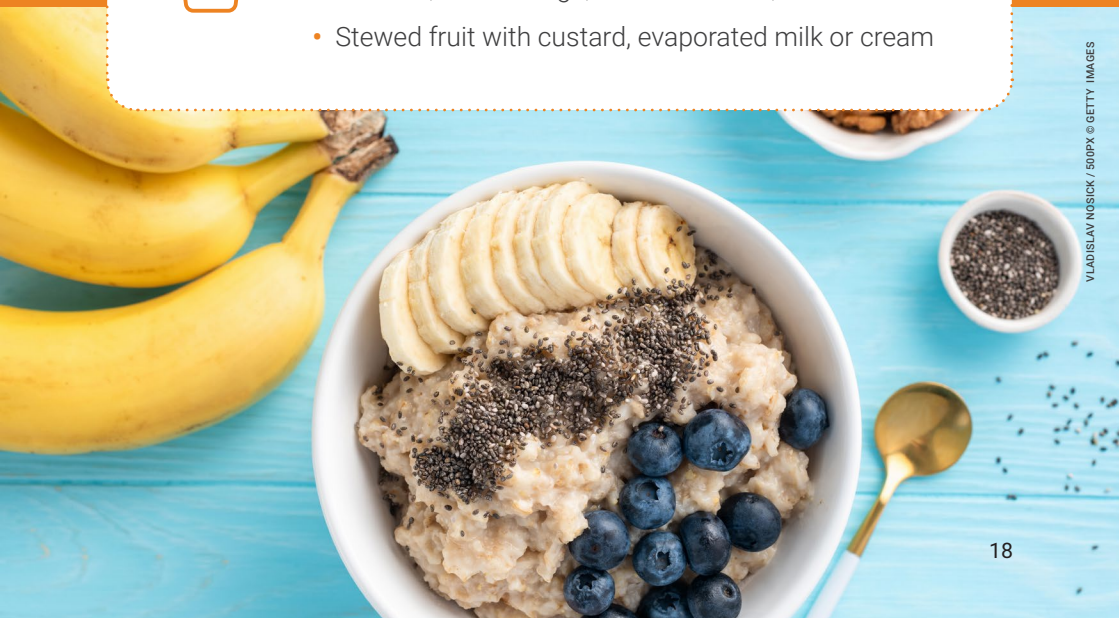
For meals and savory snacks, you could try:

- Tender stews, casseroles, or curries
- Fish pies, fish poached in sauce (parsley, cheese, hollandaise sauce); fish pastes or mousses
- Soft pasta/noodles in sauce, risotto, polenta
- Egg mayonnaise, scrambled eggs, or soufflé



For dessert, you could try:

- Milky puddings: custard, yogurt, rice pudding, tapioca, mousse, blancmange, crème caramel, or ice cream
- Stewed fruit with custard, evaporated milk or cream



Eating and the enjoyment of food: can I still enjoy food alone or with friends if I have a digestive cancer diagnosis?

Finding pleasure and enjoyment of food after your diagnosis

A cancer diagnosis can be life-changing in many ways. Sometimes, you may not want to eat as you don't enjoy food like you did before, or you may not feel like socializing with your friends or family like you used to, especially if social events involve food and eating. However, there are many ways that you can adapt how you eat food so you enjoy eating again whether you are eating alone or eating out.

If you have taste or smell changes following cancer treatment:⁵

- Choose foods that look and smell good: avoid foods that don't appeal to you
- Marinate foods to help improve the flavor of meats and fish
- Make foods sweeter if they have a salty, bitter or acid taste
- Add extra flavor to your foods with herbs, onions, or use sauces on meats
- Avoid foods and drinks with smells that bother you.

Cook when you're feeling good to keep that pleasure of cooking alive. If you are eating alone, make the most of the good days and treat yourself to your favorite foods without feeling guilty and enjoy!

TOP TIP

If you're finding that eating healthy is becoming costly why not buy frozen fruit and vegetables? Freezing is a safe way to increase the shelf life of nutritious foods and you can always be sure to get your favorite fruits and vegetables even they are out of season.

High FIVE: top tips for eating out or eating with friends:



Food safety is even more important if you have cancer, so it might be a good idea to visit restaurants that have been recommended to you as reputable or to visit places you have been to before. That way you can be sure that the restaurant follows all appropriate food hygiene standards.



Many restaurants have their menus available online. You might want to take a look before you arrive, so you can decide what you would like to order. You may want a starter or a side instead of a main course if you are only able to eat small meals. Knowing what the restaurant serves may help reduce any anxiety you may feel about eating out and help you feel prepared.



Restaurants come across many different dietary requirements nowadays and a lot of them are used to adapting their menu.

Don't be afraid to ask the restaurant to make you a special meal or to adapt something on their menu if you think this will help you.



When you arrive at a restaurant it could be a good idea to locate where the bathroom facilities are in case you need to access them quickly during your visit.



If you are eating at a friend's house, it is probably a good idea, if you feel comfortable, to **speak to them in advance about what foods you can eat.** You might also want to prepare and take some food with you if you are following a very specific diet because of your cancer.

Patient experiences: eating with digestive cancer

“ I was diagnosed with Stage IV metastatic colorectal cancer in 2006. My treatment involved several combinations of chemotherapy, a biological and also radiotherapy. I was seriously ill and my treatment was affecting my well-being and appetite. There was a metallic taste and dryness in my mouth after chemo and I could smell this all over my body. I remember the tiredness that is like no other. I also remember the highlights of every day: the smiles and love in front of the worries.

Everyone was trying to help me. As sociable creatures, we place food high on our list of priorities, and I remember my dear Mum making special meals for me. Eating to please her was not a good idea and I became quite ill. Toning down the spice and eating small portions more often was best for me. I was advised against taking unproven advice from the internet such as following a yogurt and flax oil diet as this could react with the chemo.

For me, I saw cancer as part of my body rather than a beast. I could help myself by working with it; taking advice on nutrition, rest and exercise. I am so pleased to tell you that I am very well today, 14 years later, a turn-around from the short prognosis of only three months. ”

Barbara Moss, mCRC survivor and patient advocate, DiCE



“ I had my stomach removed as a precautionary measure after diagnosis with a familial mutation linked to gastric cancer. I didn't have to do chemotherapy.

The histology revealed that the cancer was there. I saved my life! My choice was a tough one, but it turned out to be the right one. After the operation I had no food for 12 days. I still remember my first meal after the operation, a slice of chicken and some mashed potatoes. I couldn't wait to taste it, but when I swallowed it, I felt like I was suffocating.

At that moment, I understood the meaning of the words I had heard from other gastro-resected patients: afterwards nothing will be the same. The old Maria no longer existed, from that day on I fought against myself, trying to accept what I had become. The first year was a time of change and adaptation. The flavors were not the same, having to chew food so much altered its consistency, I felt like I was eating vomit! At night I dreamt of food, during the day I struggled to eat just to survive. Five months after the operation I weighed 42 kg, having lost 15 kg. I didn't recognise myself, my skin wrinkled, hair fell out in my hands, and cheeks hollowed.

Everyone kept telling me that I had to eat, but for me it was even worse. I loved meat but I couldn't even smell it, it stank to high heaven, it was as if the surgery had amplified the smells and tastes.

I often had diarrhea after I ate. The doctors said “you have to eat, eat little and often”. I did want to eat and rediscover the flavors I had loved so much. It was not that I didn't want to, but rather not being able to.

Slowly things have started to get better, the diarrhea has improved but food is still the main character of my dreams, I rarely manage to eat with enthusiasm. What has changed is the way of facing it, accepting the change, accepting that it is not up to me, and that there are good and bad days.

I don't regret the operation, I would do it all again, because life is beautiful, and I want to live. I am grateful for having had the chance to choose and to save my life. I am proud of having done what I did, because I will be lucky enough to see my children grow up, and if they should be positive for the mutation, their mother will be their example, you can live without a stomach. ”

Maria Troina, person living without a stomach and patient advocate

Ask the expert: Q&A with a dietitian

I'm a patient



When do I need see a dietitian or health care professional?

- Speak to a health care professional as soon as possible if you are worried that your nutrition is being affected by living with cancer.
- For example, if you have seen a large change in your weight (i.e. you have lost more than 5% of your pre-illness body weight over 6-12 months), or if your bowel movements are very different to normal for you.

What foods will improve my energy levels?

- Try foods that slowly release energy over time, like wholegrain breakfast cereals, new potatoes, or wholegrain bread.
- Eat good sources of protein, like lean meat and fish, nuts, seeds, and pulses. And, try to keep hydrated by drinking lots of fluids.

Should I limit what I eat in any way?

- Your main goal should be to eat as full a diet as possible. Your health care team will let you know if there is a need to limit any foods or drinks, or your calorie intake, but this should be approached with caution – especially during treatment – and led by a health care professional.

Do I need any vitamins, supplements or probiotics?

- You may need a vitamin or mineral if you are struggling to eat a full diet, but this advice should always come from your health care team.
- Some supplements interact with treatment, so always follow your doctor or dietitian's advice. Similarly, although there is some emerging evidence that a healthy gut microbiome may have a protective role in cancer, this is a complex area.
- So, you should only take probiotics on the advice of your health care professional and not during treatment.

Is there ever a time to start dieting?

- You should discuss any form of dieting with a health care professional. If you have a good appetite, try to follow a healthy, balanced diet – eat whole grains, proteins like meat, fish, pulses, and fruits and vegetables.
- Be mindful of how and what you are eating, and try incorporating movement or exercise into your life as you are able (see the MyMove brochure).



Ask the expert: Q&A with a dietitian

I'm a caregiver

How can I look after myself while caring for somebody with cancer?

- It is important that caregivers have time to think about their own nutrition.
- Try to take exercise, getting fresh air and rest as needed as well. You might also want to seek support and share your experiences with other people who are going through something similar. Patient support groups often offer this kind of support.

How can I prepare foods for someone with cancer when they don't feel like eating?

- Food is far more likely to be eaten if it is less overwhelming, so make small portions, on small plates.
- Use attractive presentation and experiment with flavors, if you can. You might want to cook away from the person (unless they want to help!), but try to eat together.
- Remember to take it day-by-day and don't be discouraged if taste or appetite changes from day to day.

The food diary

	BREAKFAST	LUNCH	DINNER
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			
NOTES			



SNACKS

DRINKS

HOW ARE YOU FEELING TODAY?

Glossary of Terms

Diet:	the kinds of food a person eats
Dietitian:	an expert on diet and nutrition
Cachexia:	extreme weight and muscle loss due to severe illness, such as cancer
Chemotherapy:	a drug treatment used to treat cancer by killing cells, or stopping them from growing and multiplying
Colon preparation:	emptying the contents of the bowels before a colonoscopy, which is a procedure used to look inside the colon
Colostomy:	a procedure to connect the bowel to the wall of the abdomen, to remove waste materials from the body
Gastrointestinal cancer:	relating to cancers of the digestive system, including the esophagus, stomach, pancreas, intestines, and colon
Ileostomy:	a procedure to connect part of the small intestine (the ileum) to the wall of the abdomen, to remove waste materials from the body
Malnutrition:	an umbrella term for poor nutrition, including inadequate consumption or absorption of nutrients (undernourished) and excess consumption of nutrients (overnourished)
Naso-gastric feeding tube:	a tube inserted into the stomach to provide necessary nourishment
Nutrient:	substances in foods that are essential for health
Prehabilitation:	preparation of the body before surgery through diet
Radiotherapy:	a cancer treatment that uses X-rays or similar types of radiation
Stoma:	an opening in the abdomen (stomach) that allows for removal of waste from the body (see: ileostomy and colostomy)
Undernourished:	having insufficient food or other substances for good health and condition

Resources

TOP TIP

Patient support groups are a great source of support and advice for patients with many different types of cancer and often give dietary advice on their websites, or may organize cooking lessons.

The Eatwell Guide:

<https://www.nhs.uk/live-well/eat-well/the-eatwell-guide>

The Healthy Eating Plate:

<https://www.hsph.harvard.edu/nutritionsource/healthy-eating-plate/>

Notes



The SHAPE Steering Committee:

- **Chair:** Professor Alberto Sobrero, San Martino Hospital, Italy (oncologist)
- Dr Alexander Stein, University Cancer Centre, Germany (oncologist)
- Claire Taylor, St Mark's Hospital, UK (oncology nurse)
- Klaus Meier, HKK Soltau, Germany (oncology specialist hospital pharmacist)
- Zorana Maravic, Acting CEO, Digestive Cancers Europe (patient advocacy leader)

Thank you to our partner in patient perspectives and insight – Digestive Cancers Europe (DiCE) – and its members for their collaboration.

The MyFood brochure is part of the Support Harmonized Advances for better Patient Experience (SHAPE) initiative that is funded by an unrestricted grant from Servier.

Index of SHAPE brochures:

1. MyMove – moving more with mCRC
2. MyMood – managing your emotional health with mCRC
3. MyDialogue – getting more from your conversations with health care professionals
4. **MyFood – managing your nutrition with GI cancers**
5. MyJourney – negotiating the GI cancers journey (planned)

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