Summit Introduction and Guest Background

Welcome, everybody, and thanks for joining us on this Plant Based Cancer Solution Summit. We feel this is such an important summit. I'm having leaders in this field from all over the world to give you the encouragement, motivation and knowledge to really impact your future.

Make future decisions in your life. Because we get so confused with so much conflicting and nonsensical information and people so confused about health and nutrition.

And today we're very lucky to have with us a specialist, a hematologist and researcher from the UK. And this is Doctor Shireen Kassam. She's a medical doctor and PhD, and she's a consultant, hematologist and certified lifestyle medicine physician and professor of plant based nutrition.

And she's the founder of the plant based Health Professionals UK, a company providing education and healthy plant based diets. And she advises other doctors and of course, works with people with cancer, too.

And of course, she's written she's been involved in two books. Her first book was Eating Plant Based Scientific Answers to Your Nutrition Questions, coauthored with her sister Zahra, and that was published in 2022.

And then she also quoted a textbook called Plant Based Nutrition and Clinical Practice, published in September of 2022. So we're very lucky to have with it today.

Thanks for joining us all the way from the UK. Right. Yeah. Thanks very much, Jill. Nice to be invited. Yeah. So tell me, how did you get started in did you go to medical school and proceed with conventional research and then transition to knowing more about nutrition as part of your practice?

Yes, absolutely. A bit of a common story there with physicians. So yes, I went to medical school back in 94, qualified in 2000, but it wasn't until I had become a consultant hematologist back in 2012 and then the subsequent year, 2013, when I decided to adopt a plant based or vegan diet myself, that I started delving into the science and evidence around nutrition for promoting health and wellness and its role in preventing chronic conditions and living well beyond.

And, you know, a diagnosis of a condition like cancer, which I'm dealing with on a day to day basis. So did you have any initial health problems yourself that you changed your diet, or you just would do learning this for the betterment of your patients and other people? Yes.

How Plant-Based Nutrition Entered Clinical Practice

I mean, it started I didn't have any health conditions to improve, luckily, but it was really because I decided that a plant based diet was more aligned with my ethical viewpoint, that I decided to look into the value of plant based diets for promoting my own health and wellness, and then came across, you know, the the wealth of evidence that was supporting that in its role for clinical practice.

So I hadn't intended it to be part of my clinical practice, but it was so obvious that it needed to be. Once I had educated myself and learned how to adopt a healthy, plant based diet for myself and my family.

So, and all the research you've done over these last, over these, these years, how have you found that diet nutrition has been such a major factor promoting the development of common cancers in the chances you see?

And then how would that affect people who already have cancer? Yeah. No, absolutely. I mean, I was astonished to learn that the sort of, you know, back in the 80s, we already knew that up to 35% of cancers could be linked

back to dietary risk factors, not necessarily the hematological cancers that I'm dealing with, but the common cancers that we see more regularly, such as breast, colorectal cancer, prostate cancer.

And so, you know, the fact that dietary risk factors are so important for preventing cancer was a bit of a surprise to me, because it certainly not something that it is formally taught in, in sort of oncology modules at medical school or postgraduate training.

But for me, for, for hematology, I'm seeing people with established hematological cancers that aren't necessarily related directly to diet and lifestyle.

But my patients commonly have other chronic conditions, such as cardiovascular diseases such as hypertension, high cholesterol. They may have even had a previous heart attack or stroke and other cardiometabolic conditions.

So living with obesity, overweight and obesity, which we know in itself increases your risk of cancer and type two diabetes, and these conditions adversely affect the outcomes of the cancers that I'm trying to treat.

Diet, Cancer Risk, and Patient Outcomes

And so not only is treatment more complicated and difficult outcomes after treatment and negatively impacted by all of these sort of diet and lifestyle related conditions, there's two fold interest in diet nutrition for preventing cancer, but also for optimizing outcomes with cancer treatments and then living well after a cancer diagnosis.

All of those stages of cancer, it's important to optimize diet and nutrition. And yeah, I didn't really realize that even though my PhD was really based around the role of selenium in treating cancer, but I hadn't really linked it all back to healthy diet patterns.

Yeah, so that had happened later. So have you had have you seen improvement in your patients outcomes long term with hematologic cancers too? And what percent of the patients that you encountered do you think embrace your nutritional advice.

You know fully? Yeah, I mean I think there's are two difficult questions. I mean, I think the one thing is that virtually every patient asks me, you know, what can I do? What should I eat?

You know, is there anything that can improve my outcome so I feel I can better answer those questions, you know, with an evidence based knowledge that I didn't have, you know, prior to 2013.

So patients are definitely interested and they're definitely open and willing to make changes. Now, obviously, everyone is starting at a different point in their journey in terms of adopting healthy habits and be it, you know, diet or physical activity.

And so, you know, as a physician, as you know, we need to sort of meet people where they are and try and sort of encourage people to make those changes that within their grasp.

And then over time, you know, hopefully moving people more towards a fully plant based diet. Now, obviously on an individual basis, it's difficult to know whether, you know, we're positively impacting outcomes.

But I think what we know from the emerging science around hematological cancers and dietary approaches is that optimizing a diet with lots of healthy plant foods, which has a knock on effect on improving gut health, can improve responses to treatment and can positively impact, you know, duration of remission and and quality of life after a cancer diagnosis, including hematological cancers.

But we're sort of far off in the hematological world from being able to have large scale studies demonstrating that. And as I say, patients benefit by reducing risk factors and cardiometabolic risk factors such as hypertension, high cholesterol, insulin resistance, which is also important for preventing the secondary complications of the treatments that we give our patients.

So absolutely, yes, people benefit from that. They're willing to make the changes. And yes, you can. Yeah. There's good examples of patients that I've looked after that have come off their medicines for hypertension or, you know, benefited their blood lipids or been able to lower their blood glucose levels through a diet and lifestyle approach, which we know will improve their cancer outcomes as well.

Right. Because in your field, I presume that there's some risk of them developing a secondary cancer or recurrence of the original cancer or cells that escaped that conventional treatment, that then can form another problem five years later.

And so we're talking here about that possibility of that nutrition and the immune building. The immune system is critical to this person's long term survival.

Yeah. That's absolutely right. You know in there's there's over a hundred hematological cancers as you know, but the common ones that we've got used to treating well and that are curable, we know that despite curing a good number of our hematological cancers, people die younger than they should compare to the general population because of the reasons that you mentioned the second cancers, but also the increased risk of cardiometabolic conditions.

So, you know, from that viewpoint. Absolutely. And then, yes, improving responses to the treatment that we've already got, we know that sort of having good glucose control, less cardiometabolic disease, a healthier gut microbiome helps you respond better and tolerate treatments with lower toxicity compared to people who are living with other chronic conditions that are directly related to sort of diet and nutrition and lifestyle factors.

Yeah, I think that's one of the things I think I'm stressing in this summit, and that is that people gravitate towards alternative and extreme interventions, sometimes making the opposite diet.

They should be eating or being heavily involved with some, you know, potentially risky or worthless treatment modalities. Yet the most proven and effective thing they can do, which is making this major dietary change to be eating super healthfully.

Key Plant-Based Recommendations and What to Avoid

The power of that is undercooked and under emphasized and underutilized. So that's the main thing people should do. People are not doing in these things that they because people are always looking for magic.

They're always looking for something instantaneous. They're always looking for something easy, a pill, a potion to therapy rather than change their diet.

And they leave open the thing that has the most power to affect their future lifespan and health. Yeah, I agree, I mean, but I don't think that's intentional.

It's sort of the product of the kind of health care that we provide in general. And, you know, as we've described, you know, we're not even taught these tools for improving diet and lifestyle.

And, you know, sometimes these healthy habits and healthy dietary habits are not not within reach for a lot of people who suffer with financial insecurities and things.

So there's a lot of inequalities in terms of accessing this. But yes, I think empowering people with the knowledge to make those healthy shifts is hugely powerful because, as you say, in contrast, when I ask my patients, many are taking various supplements that would be better spent financially using that money to improve the quality of their diet with eating more healthy whole plant foods.

Yeah. So and I know you've you've worked with trying to move the needle on the physician community and and to doctors learning how has been response to your viewpoints and your knowledge to other doctors that you've been communicating with.

Yeah. Well, I think it's it feels like a positive story there. You know, we set up the organization Plant Based Health Professionals UK back in 2018. If you remember, you came to give a talk for us in 2019 or was it 2018?

I have to look back at my diary, but we've grown considerably since then and we are providing education on plant based diet and lifestyle medicine, you know, throughout the education curriculum in various sort of healthcare institutions.

So we teach in medical schools, we teach on nutrition and dietetics courses, and we are contributing to postgraduate training as well, not not for every single health care professionals.

But we certainly have made inroads. And the health community is really open to receiving this knowledge and information because, as you say, it's steeped in in evidence with a with a good scientific basis.

And I think, you know, people are also coming from different routes into wanting to learn more about plant based nutrition, whether it be from the planetary health, the individual health, you know, population health.

And it really speaks to the priorities of our healthcare service here in the UK, which is stretched at the best of times. But, you know, we are overburdened by these and preventable chronic conditions.

Financial resources are stretched. And I think, you know, people are recognizing the power of the preventative health care because it's the only way to ensure, you know, a sustainable future, you know, for us and the planet.

And so I think interest has grown sharply enough for our resources to be incorporated into, you know, training programs and so forth. So I think it is positive. It's not sufficient.

And of course, there's a lot of misinformation out there. But but that's why we see our role to to try and get into the established curriculum and be teaching from early stages of medical and health care courses right in school.

And do you talk about the shared common mechanisms of causation between like autoimmune disease and common cancers with this, you know, autoimmune dysregulation due to similar causes?

Yes, I think so. And it's not just sort of water immune conditions. It's all sort of, you know, chronic conditions. So I mean, it's quite clear that people living with type two diabetes or cardiovascular disease or autoimmune conditions have an increased risk of cancer for for the reasons that you describe, because most of our clinic conditions come back to that shared mechanism of some sort of cellular damage, whether it's oxidative stress, it's, you know, exposure to toxins or carcinogens within our diet or environment.

It's, you know, that chronic inflammation that arises from years and years of unhealthy dietary exposures and lack of other sort of healthy habits, gut microbiome so important for the onset of so many of our chronic conditions, including cancer.

And also, you know, the development of insulin resistance, we know is a risk factor for for driving unregulated cell growth and increasing our risk of cancer.

So, absolutely, I mean, I think just having a diagnosis of cancer increases your risk of cardiovascular disease and vice versa. So there's this bidirectional relationship between chronic conditions and cancer, which I think doesn't really get much air time.

We've had a couple of large scale observational studies demonstrating just that, that, you know, diet and lifestyle, you know, contribute about around a third to 40% of the risk of developing cancer.

But another sort of third of that risk comes from other underlying chronic conditions. So on the one hand, if we got rid of all of the sort of diet and lifestyle related conditions, the rates of cancer would absolutely reduce, albeit, you know, not going to get rid of it completely, but significantly reduce the burden of cancer.

Yeah, it's almost like simultaneously all cause mortality will go down as cancer goes, mortality goes down, you know? So what would you. Could I ask you, like, what are you like three most powerful tips or interventions or recommendations you could give people either who want to prevent or to do, even if they have some type of cancer.

Yes. And the three things they should not do, the most worst things they can do, and the best things they could do. Yeah, no, that's good. And I'm going to say it's always nice to start with some positive add ons and things that we should do.

I would say my top one is to be emphasizing fruits and vegetables, colorful fruits and vegetables as the key kind of, you know, foods that we reach for because we know that only 28% of the UK population consume five portions of fruits and vegetables, the rest are consuming there.

Barriers in Hospitals and Medical Training

So emphasizing fruits and vegetables, crowding out the other less healthy foods. With that approach, I would say adding soya foods to the diet, minimally processed soil, foods like tofu, tempeh, edamame beans and soya beverages in the UK don't know what it's like in the US, but in the UK, people just don't aren't familiar with using soya as a as a food.

So that would be a top tip, because Sawyer proteins and the foods the protein comes in is associated better heart health better cancer outcomes. So that's a no brainer.

And then the other thing to do would be, well, it's a sort of do and don't, but really prioritizing plant sources of protein. So you know, removing what we consider the necessity of meat for protein, it really needs to be focusing in on beans and lentils and pulses as your primary source of protein, along with nuts and seeds.

And then the don'ts, you know, they're much easier, aren't they? Because there's so many of the things that we're right. But the top one, I would say, is to remove red and processed meat from the diet completely.

I mean, I think the most harmful foods that we consume are the red and processed meat. And as you mentioned or alluded to, you know, processed meat is a Group one carcinogen.

So bacon, ham, sausages and a direct cause of cancer. So why would we be consuming it? You know, the fact that they serve them in hospitals as a travesty.

So yeah, removing red and processed meat, I would say you've got to stop drinking alcohol. You know, just this was it earlier this year at end of last year, the surgeon general in the US has finally come out with a position statement on alcohol and cancer.

And there's no doubt that alcohol causes cancer. There's no safe limit, the best amount to drink a zero. So I come down strong on on that too. And then other things not to do.

I'm not a fan of dairy products. I mean, I think the best thing to do is to make a healthy swap. And, you know, swapping out cow's milk for something like a soya beverage is known to improve health outcomes, lower your risk of prostate cancer and breast cancer, and also improve cardiometabolic health.

So those are the things that I think it goes without saying that we should be sticking to a diet that's minimally processed. I think globally we have a problem with overconsumption of sort of ultra processed foods.

But, you know, I guess we're here talking about, you know, a whole food diet, but I'm trying to shift people over to a whole food plant based opposed to, you know, whole food, omnivorous diet patterns. No.

You know, I'm a little even maybe even more radical, but because I'm saying, yeah, of course, those are really important. But I'm even concerned about people thinking fish as a health food number one with so much pollution,

microplastics, BMA, toxins in the coastal in the continental shelf.

And, you know, so the one thing I think people that fishes put up as a health food and it's really potentially a cause of cancer. The other issue here is that there's just what you said.

People don't understand that we have so much data showing that increasing animal protein, the diet collectively shortens lifespan, increases cancer risk.

Whereas the foods you mentioned the high protein plant foods greens, beans, soy, nuts and seeds, the higher protein plant foods have the effects to extend human lifespan.

And they don't realize the soybeans which are which have beneficial hormonal effects on hormonally like prostate and breast cancer. Home only sensitive cancers.

They think they've been brainwashed or misinformed to think the opposite, that the genocide stimulates estrogen instead of the fact that it blocks the estrogen receptors and prevents and has perfected effects on those who only sensitive cancers.

Yes, I'm saying it's not. Even though for us we're thinking about this and we know about it for the general public, they they think the opposite even, you know.

Yeah, absolutely. And I think, you know, the recommendations for fish are really lagging behind. I mean, my interpretation of the data is that we don't know that it directly causes cancer. We can't say that.

But I focus in on better choices that we can make. And as you say, you're much better off for your health and for the environment to choose plant sources of protein.

And I think over time, we will get that data demonstrating that exposure to microplastics and PCBs and dioxins is not going to be beneficial for prevention of cancer.

I guess the trouble is we have in the UK is that people are eating things that are considered much less healthy even than consuming fish, but the UK public don't really consume that much fish less than a portion a week.

And then the trouble is that it comes, as you know, fried fish and chips on a Friday in general. Yeah, makes a less healthy food even worse. Yeah. Right, right.

All right. Well, you know, so have you received like barriers kickback or negativity to your to these really which I consider the the evidence is overwhelming of what we do being so beneficial for people.

But we still get kickback from obviously the powers that be. Right. Yes, absolutely. And I think I mentioned to you previously that we've been trying to work with hospitals to change the food environment, because that seems to be the first thing to do, isn't it, to role model and showcase the type of diet we expect our patients to be adopting as part of, you know, any sort of care in hospital.

And I think that's where we see the biggest barriers. The same themes come up all the time. People suggest to me that it's not right to restrict choice.

Doesn't make sense to me because we, you know, we don't let people smoke and tobacco or consume alcohol. So we shouldn't be allowing people to consume unhealthy foods that cause harm in the hospital space.

But people do still worry about restricting choice and hence getting negative feedback from patients, staff and and visitors. And of course, you know, financial targets are prioritized more than sort of health targets when it comes to the type of food that's served.

I also think, you know, within the hospital setting, there's still a lot of misconception amongst our dietetic

colleagues. And in fact, we've just published a paper surveying 335 UK dietitians about their beliefs and attitudes and knowledge around plant based diets.

And unfortunately, in summary, it is rather lacking. And there's, you know, reluctance to prioritize and emphasize plant based meals as the kind of go to option in the hospital setting, because people still concerned about protein quality, calorie density, and and are still preferring animal sources of protein for people who are undernourished or frail.

And of course, science doesn't support that. But I think, you know, the teaching hasn't really caught up. And I think people are just, you know, unless you're plant based yourself, you don't understand how to prepare, you know, adequate caloric density, high protein meals because you haven't had to.

And so the status quo remains. And so that's been the those are the sort of two barriers we face when it comes to talking about hospital food and making those changes.

And I think that's the kind of, you know, the final frontier, isn't it, to have the hospital showcasing this food. Because at the moment we serve bacon and sausage in the morning to our patients.

And like, I have no words, I have no words. I'm embarrassed and ashamed to be in a workplace that does that well. Thank you for the great work you're doing, and thank you for being part of this summit.

And of course, wishing you and all the listeners great health and hope you're getting great benefit from being part of this. So thanks again and take care of everybody.

Thanks, Joe. Bye bye.