Introduction to the Plant-Based Cancer Summit

I was astonished to learn that back in the 80s, we already knew that up to 35% of cancers could be linked back to dietary risk factors. I think the most harmful foods that we consume are the red and processed meat.

Processed meat is a group one carcinogen, so bacon, ham, sausages, a direct cause of cancer. This is Doctor Talks. Welcome everybody and thanks for joining us on this Plant-Based Cancer Solutions 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, people are so confusing 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 Dr.

Shireen Qassam. She's a medical doctor and PhD, she's consultant hemotologist, certified lifestyle medicine physician, professor of plant-based nutrition.

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

She's been involved in two books. Her first book, was eating plant-based scientific answers to your nutrition questions, co-authored with her sister Zara, and that was published in 2022. And then she also coedited a textbook called Plant-Based Nutrition in Clinical Practice, published on September of 2022, so we're very lucky to have her with us today.

Thanks for joining us all the way from the UK, right? Thanks very much, Joel. Nice to be invited. So tell me, how did you get started? 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.

Dr. Shireen Qassamu2019s Medical Background and Shift to Plant-Based Nutrition

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 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 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 were learning this for the betterment of your patients and other people?

Yes. I mean, I didn't have 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 decide to look into the value of plant based diets for promoting my own health and wellness and then came across, you know, 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 practise, but it was so obvious that it needed to once I had educated myself and learnt how to adopt a healthy plant-based diet for myself or my family.

So in all the research you've done over the last, over these decades, these years, how have you found that diet, nutrition has been such a major factor, right?

Promoting the development of common cancers and the cancers 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 eighties, 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's certainly not something that is formally taught in sort of oncology modules at medical school or postgraduate training.

But for me for hematology, I'm seeing people with established hemotological cancers that aren't necessarily related directly to diet and lifestyle, but my patients commonly have other chronic conditions, such as cardiovascular diseases, 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 2 diabetes.

And these conditions adversely affect the outcomes of the cancers that I'm trying to treat. So not only is treatment more complicated and difficult, outcomes after treatment are negatively impacted by all of these sort of diet and lifestyle related conditions.

There's twofold interest in diet nutrition for preventing cancer, but also for optimising outcomes with cancer treatments and then living well after a cancer diagnosis.

All of those stages of cancer, it's important to optimise diet and nutrition.

Diet, Cancer Risk, and Patient Outcomes

And yeah, I didn't really realise that even though my PhD was really based around the role of selenium in treating cancer. I hadn't linked it all back to healthy diet patterns.

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

Yeah, I mean, those are two difficult questions. I think the one thing is that virtually every patient asks me, what can I do? What should I eat? Is there anything that can improve my outcome?

So I feel I can better answer those questions with an evidence-based knowledge. that I didn't have 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 diet or physical activity and so 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 are within their grasp and then over time hopefully moving people more towards a fully plant-based diet.

Now obviously on an individual basis it's difficult to know whether 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 duration of remission and quality of life after a cancer diagnosis, including hematological cancers.

But we're sort of far off in the hemotological world from being able to have large scale studies demonstrating that. And as I say, patients benefit by reducing risk factors and cardiometabolic risk factor 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 hear there's good examples of patients that I've looked after that have come off their medicines for hypertension or benefited their blood lipids or been able to lower their glucose levels through a diet and lifestyle approach, which we know will improve their cancer outcomes as well.

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 the conventional treatment that then can form another problem five years later.

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

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 hematalogical cancers People die younger than they should compared 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 treatment that we've already got. We know that sort of having good glucose control, less cardiometric 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 themes 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 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, the power of that is underlooked and underemphasized and underutilized.

So that's the main thing people should do. People are not doing and these things that they because people are always looking for magic. They're always Looking for something instantaneous They were looking 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.

Practical Nutrition Advice for Prevention and Treatment

But I don't think that's intentional. It's sort of the product of health care that we provide in general. And as we've described, we're not even taught these tools for improving diet and lifestyle.

Sometimes these healthy habits and healthy dietary habits are 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, but 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 worked with trying to move the needle on the physician community and to doctors learning. How has been your response to your viewpoints and your knowledge to other doctors that you have been

communicating with?

Yeah, well, I think it feels like a positive story there. You know, we set up the organisation 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 diets and lifestyle medicine throughout the education curriculum in various healthcare institutions.

We teach in medical schools, we teach on nutrition and dietetic courses and are contributing to postgraduate training as well. Not for every single healthcare 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 evidence with a good scientific basis.

I think 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 and 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 we are overburdened by these preventable chronic conditions.

Financial resources are stretched and I think people are recognising the power of preventative healthcare because it's the only way to ensure a sustainable future for us and the planet.

And so I Think interest has grown sharply enough for our resources to be incorporated into training programmes 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 that's where we see our role to try and get into the established curriculum and be teaching from early stages of medical and healthcare courses.

Right. That's cool. And do you talk about the shared common mechanisms of causation between like autoimmune disease and common cancers with this, you know, auto immune dysregulation to the similar causes?

Yes, I think so. And it's not just sort of autoimmune conditions. It's all sort chronic conditions, so I mean, it is quite clear that people living with type 2 diabetes or cardiovascular disease or auto immune conditions have an increased risk of cancer for the reasons that you described, because most of our chronic condition come back to that shared mechanism of some sort cellular damage, whether it was oxidative stress, It's exposure to toxins or carcinogens within our diet or environment.

It is that chronic inflammation that arises from years and years of unhealthy dietary exposures and lack of other sort of healthy habits. Gut microbiome is so important for the onset of so many chronic conditions, including cancer and also, you know, the development of insulin resistance we know is a risk factor for driving unregulated cell growth and increasing our risk of cancer.

So absolutely, I mean, just having a diagnosis of concern increases your risk for cardiovascular disease and vice versa. 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 diet and lifestyle 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 sort of diet and lifestyle related conditions, the rates of cancer would absolutely reduce, albeit not going to get rid of it completely, but significantly reduce the burden of the cancer.

Yeah, it's almost like simultaneously all cause mortality will go down as cancer goes, mortality goes down. So, you

know, so what would you, could I ask you like, what are your like three most powerful tips or interventions or recommendations you could give people either to want to prevent or to do even if they have some type of cancer?

Yes. And then 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. I was 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 vegetable as the key kind of food 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 less.

So emphasising fruits, vegetables crowding out the other less healthy foods with that approach. I would say adding soya foods to the diet, minimally processed.

Soya foods like tofu, tempeh, edamame beans, and soya beverages. In the UK, don't know what it's like in the US, but in UK people just aren't familiar with using soyer as a food.

That would be a top tip because soye proteins and the foods the protein comes in is associated with a heart health, better cancer outcomes. And 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.

Hospital Food, Barriers, and Changing Medical Culture

So, you know, removing what we consider the necessity of meat for protein, really needs to be focusing in on beans and lentils and pulses as your primary source of a protein along with nuts and seeds.

And the donts, they're much easier, aren't they? Because there's so many of the things that we… 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 redden processed and meat. And as you mentioned, or alluded to, you know, processed, meat is a group one carcinogen.

So bacon, ham, sausages, a direct cause of cancer. So why would we be consuming it? The fact that they serve them in hospitals as a travesty. Removing red and processed meat.

I would say you've got to stop drinking alcohol. Earlier this year or 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 is no safe limit. The best amount to drink is zero. So I come down strong on that too. Then other things not to do, I'm not a fan of dairy.

products. I think the best thing to do is to make a healthy swap and 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 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, a whole food diet, but I'm trying to shift people over to wholefood plant based opposed to, whole-food omnivorous diet patterns.

And now, you know, I'm a little even maybe even more radical, but because I am saying, yeah, of course, those are really important. But I, even concerned about people thinking fish is a health food, number one, with so much pollution, microplastics, BMAA toxins in the coastal, in continental shelf.

And, so the one thing I think people that fish has put up as a whole 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 in the diet collectively shortens lifespan, increases cancer risk.

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

And they dont realize the soybeans, which have beneficial hormonal effects on hormonally, like prostate and breast cancer, hormony sensitive cancers.

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

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 think they opposite even, you know.

Yeah, absolutely. And I think 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 can make. 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, it makes a less healthy food even worse. All right. Well, so have you received like barriers, kickback or negativity to these? Really, which I consider the evidence is overwhelming of what we do being so beneficial for people, but we still get kick back from obviously the powers that be.

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 adopt as part of 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. It doesn't make sense to us because 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 visitors.

And of course, financial targets are prioritized more than sort of health targets when it comes to the type of food that's served. I also think 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 dieticians about their beliefs and attitudes and knowledge around plant-based diets. Unfortunately, in summary, it is rather lacking and there is you know, reluctance to prioritise and emphasise plant-based meals as the kind of go-to option in the hospital setting because people are still concerned about protein quality, calorie density and are preferring animal sources of protein for

people who are undernourished or frail.

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

So the status quo remains. Those are the two barriers we face when it comes to talking about hospital food and making those changes. I 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'm embarrassed and ashamed to be in a workplace that does that.

Well, thank you for the great work you're doing and thank for being part of this summit and of course wishing you and all the listeners great health and hope you are getting great benefit from being a part this.

Thanks again and take care everybody. Thank you for tuning in to Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

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