Cancer, Nutrition, And Misinformation: What Science Actually Says Transcript

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Introduction to the summit and guest speaker

All right. 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, and people are 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, with people with cancer to 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 co-edited a textbook called Plant Based Nutrition in Clinical Practice, published in September of 2022. So we're very lucky to have us, however, with the today.

So and 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 transitioned to knowing more about nutrition as part of your practice?

Yes, absolutely. A bit of a common, story there with, physicians.

Shireen Kassamu2019s medical background and plant-based shift

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

I mean, it's not 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, so in in all the research you've done over the last of 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 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 this 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's certainly not something that, is formally taught in, in sort of oncology modules at medical school or post-graduate training.

Nutrition, cancer risk, and patient outcomes

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, you know, 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, you know, 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 and negatively impacted by all of these sort of diet and lifestyle related conditions.

So, you know, there's a there's twofold, interest in, in, in diet and nutrition, you know, 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, is 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 cancers, 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, when and you and what percent of the patients that you encounter do you think embrace your nutritional advice.

You know fully. Yeah. I mean I think those 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 outcomes? 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 bit, 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 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 you know, 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, quality of life of the, 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, as 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 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 a 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 spilling, the immune system is critical to this person's long term survival.

Yeah, that's absolutely right. You know, in there's over 100 hematological cancers as you know.

Using diet to support treatment and remission

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, hematological 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 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, directly related to sort of diet and nutrition and lifestyle factors.

Yeah, I think that's one of the themes 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 or treatment modalities. Yet the most proven and effective thing they can do, which is making this major dietary change to be eating super healthily, the power of that is under looked and under emphasized and under utilized, you know, 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 do think that's intentional.

It's sort of the, the product of the kind of health care that we provide in general. And, you know, as, as we've described, you know, we're not even taught, these tools for improving, diet and, 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. You know, 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 nutrition on the physician community and other and talked to doctors learning.

How has been you response to your, 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, almost at 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.

You know, throughout the education curriculum, and in various sort of health care institutions. So we teach in medical schools, we teach on nutrition and dietetics courses.

Plant-based health education and physician training

And we, contributing to postgraduate, and training as well. Not not for every single healthcare professionals. But we certainly have made inroads. And and the the health community is really open to, receiving this knowledge and information.

Because, as you say, it's steeped in, in evidence with it, 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 you know, planetary health, the individual health unit, population health.

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

You know, financial resources are stretched. And I think, you know, people are recognizing the, the power of preventive 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, 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, you know, from some early, early stages of, medical and health care, and of courses right at school.

And do you, talk about the like, shared common mechanisms of causation between, like autoimmune disease and, and cancers, whether it's, you know, autoimmune dysregulation, due to some similar causes, you know, yes, I think so.

And it's not just sort of autoimmune 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.

So for the reasons that you described, because most of all chronic conditions, you know, 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, you know, years and years of, of, unhealthy dietary exposures, and a lack of other sort of healthy habits, gut microbiome so important for the onset of so many of, chronic conditions, including cancer.

And also, you know, the development of insulin resistance, we know is is a risk factor for, for driving, regulated 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 airtime.

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. You know, it's almost like simultaneously all cause mortality will go down as cancer mortality goes down.

So, you know, so 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 who want to, prevent or, 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.

Shared mechanisms behind chronic disease and cancer

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, we reach for, because we know that, only 28% of the UK population, consume, five portions of fruits and vegetables.

The rest is consuming less so, emphasizing fruits and vegetables, crowding out, the, the other less healthy foods. With with that approach, I would say adding soya foods to the diet, minimally processed.

So in foods like tofu, tempeh, edamame beans, and soy beverages, in the UK, that and 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, so our proteins and the foods and the protein comes in, is associated at a heart health that 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, of protein. So, you know, removing the 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 the things that we have. Right. But the top, top one that 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 great one carcinogen.

So bacon, ham, sausages, a direct cause of cancer. So why would we be consuming it? You know, the fact that they serve them in hospitals is 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 is zero. So, I come down strong on, that too. And then other things not to do.

I'm not a fan of, 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 and I think it goes without saying that we should be sticking to a diet that's minimally processed.

Top dietary recommendations and foods to avoid

I think globally we have a problem with overconsumption is, 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 hopefully plant based, opposed to, you know, whole food, omnivorous, diet patterns. I know, you know, I'm, 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, BMR, toxins in the coastal, in the continental shelf.

And, you know, so one thing I think people that fish's put up as a health food and it's really 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, the higher protein plant foods have the effects to extend human lifespan.

And they don't realize that the onions and soybeans, which are or which have beneficial hormonal effects on hormonally like prostate and breast cancer, hormonally, sensitive cancers, they think they've been brainwashed or misinformed to think the opposite, that the gene Stein stimulates estrogen instead of the fact that it blocks the estrogen receptors and prevents and has perfective effects, and also only sensitive cancers.

So yes, I'm saying, it's not. Even though for us, I was 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, I 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, you know, 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 soon as, fried fish and chips on a Friday in general, say, yeah, make makes a less healthy food even worse. Yeah. Right, right.

All right. Well, you know, okay, so have you received like, barriers, kickback or negativity to your, to these really, which I consider the of 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, the, 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, that 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.

Barriers to change in hospitals and closing remarks

So we shouldn't be allowing people to consume unhealthy, foods that cause harm in the hospital space, that 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, prioritized more than sort of health targets when it comes to the type of food that 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 serving 335 UK dietitians about their, beliefs and attitudes and knowledge around plant based diets. And 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, you know, and, and 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, remain. And so that's been the and 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 it's just 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 and of course, wishing you and over and all the listeners, great health and hope you're getting great benefit from being part of this. So thanks again and take care, everybody.

Thanks, Joe. And I.