



Shining the Light on Esophageal Cancer

Esophageal Cancer Education Foundation
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NEWSLETTER

PRESIDENT'S MESSAGE

Hi Everyone:

The first quarter has been a very busy quarter for our Foundation. I will try and briefly let you know what we have been up to and what we have accomplished and more importantly the mission ahead.

BOOK

We have in January published a book called Esophagectomy, Post Surgical Guide Questions & Answers. We have already sold in excess of 400 copies of this guide which will be of help to patients who are beginning their recovery process post surgery. ECEF is offering this book on its Foundation web site www.fightec.org for a donation while supply lasts. We are also making it available, at a discount from its \$17.95 list price, to all Institutions that perform esophagectomy surgeries.

ESOPHAGEAL CANCER AWARENESS MONTH

We are a part of several events that will happen during April, and rather than mention each of them here, if you go to our web site www.fightec.org and click on the What's Happening button you will see all those events we are planning for April which is ESOPHAGEAL CANCER AWARENESS MONTH. Our goal, as always with any event we are a part of, is the first and most important point to make is, to make people aware of this disease, and tell them that heartburn is one of the leading causes of this disease.

Through our Board Members, Kimberly Guilfoyle and Joanne Nicholas, they have spoken to the major networks and FOX, CBS and NBC will have segments on esophageal cancer during the month of April in their broadcasts.

NATIONAL AMBASSADOR PROGRAM

We have begun our National Ambassador Program and we will shortly be sending packets to those who are participating in this Awareness Volunteer Program. The packets will include ways a volunteer can spread the word that esophageal cancer exists. There are 10 point that are the core of this program and people who want to help us shine a light on esophageal cancer can select from the items they would like to help with that comprise this program. They can choose one item or all ten items. Any help in making this program a nationwide program of awareness would be appreciated as our goal is to make people aware of esophageal cancer and hopefully though our efforts we will save lives.

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PATIENT AND CAREGIVER SUPPORT GROUP MEETING

Our patient and caregiver support group from time to time will have a guest speaker that will talk for about 15 minutes on a subject that would be of interest to a post surgical patient with the remaining 45 minutes being spent on open dialogue between the patients and caregivers who are on the call. This discussion will center on issues that a patient is experiencing and would like the feedback from the group concerning that issue.

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PEOPLE WHO HAVED LOST A LOVED ONE SUPPORT GROUP MEETING

Losing a mother, father, husband, wife, son, daughter, companion, significant other all has its toll. We have a social worker out of the Atlanta Area that serves as our director and has been able to make people feel that there is a plan for them and she assists as they go through the grieving process.

Thank you and take care,
Bart Frazzitta
Co Founder

APRIL SUPPORT GROUP PRESENTATION

During our April patient and caregiver monthly support group meeting, we will host Ms. Tamara Duker Freuman who is a dietitian and she will speak to the group on Solving Common Nutrition Problems following Esophagectomy. We present her article on the following pages.

Solving Common Nutrition Problems Following Esophagectomy

By Tamara Duker Freuman, MS, RD, CDN

Significant weight loss is a common side effect of esophageal cancer, resulting both from the disease itself as well as from its treatments through their combined effect on appetite and the mechanics of eating. Poor nutrition, however, can impact a patient's ability to heal from surgery and recover the ability to eat normally again. Therefore, it is important to identify the most common eating-related obstacles that esophagectomy patients face and equip them with practical tips and guidelines to facilitate their successful tolerance of a nutrient-dense diet.

The most common nutrition problems following esophagectomy tend to be reflux and poor appetite. Lactose intolerance, while not a direct side effect from the surgery itself, can be magnified in a predisposed person due to dietary changes in favor of soft, easy-to-swallow, protein-rich foods—many of which are dairy-based. Anemia due to deficiency in Vitamin B12, iron, or both may result in patients who have had large portions of their stomach removed due to the post-operative stomach's insufficient production of necessary compounds required for proper absorption of these nutrients. If a vagotomy (surgical resection of the vagus nerve to reduce acid secretion in the stomach) and pyloroplasty (removal of the muscle that controls passage of food from the stomach to the intestines) were performed, a minority of patients may experience side effects of either delayed stomach emptying (gastroparesis) or the opposite problem, Dumping Syndrome. In some cases, dysphagia (difficulty swallowing) may persist post-operatively, often as a result of scar tissue or complications from the re-attachment of the remaining esophagus and stomach.

Interventions to prevent reflux after esophagectomy are generally behavioral rather than diet-based. This is because the traditional "reflux diet" eliminates foods that reduce pressure of the Lower Esophageal Sphincter (LES)—such as onions, peppermint, chocolate, citrus, tomato products and coffee—and therefore contribute to reflux of stomach contents into the esophagus. However, since esophagectomy results in the removal of the LES, no specific foods can be said to contribute to reflux more than others. Therefore, the main behavioral changes to prevent reflux after esophagectomy include staying upright after meals for at least 2 hours, avoiding clothes that fit tightly around the waist and eating small amounts of food frequently rather than 3 large-volume meals per day.

When poor appetite is a problem after surgery, it can be helpful to drink some of your calories instead of eating them. Meal replacement shakes or homemade protein smoothies may be easier to get down than a solid meal once or twice per day. Common nutritional supplements such as Ensure and Boost are lactose-free if lactose intolerance is an issue, but are relatively high in sugar and can trigger dumping in predisposed people. Sometimes dividing a bottle into several small portions and consuming them slowly over the course of the day can improve tolerance.

There are a growing number of lactose-free dairy products on the market to improve digestibility in lactose-intolerant people. Plain and lower-sugar lactose-free yogurts are offered by Green Valley Organics® and Yammi®; Yoplait® and Lactaid® market higher-sugar lactose-free products. Lactaid® also sells lactose-free cottage cheese. True Greek-style strained yogurts, while not lactose-free, contain about 40-50% less lactose than conventional yogurts and offer twice the protein. Some brands cut corners by fortifying regular yogurt with added whey protein and marketing it as Greek; these products may actually be even higher in lactose than conventional yogurt, so it's important to read the ingredient label. Lactose-free liquid milks are easily available nationwide, but for those who prefer to avoid dairy altogether, soymilk is the highest protein non-dairy alternative. Ricemilk and almond milk are not nutritionally equivalent to cow's milk due to their low protein content, and some flavored varieties have significant added sugar which may be poorly tolerated if Dumping Syndrome is present.

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Lastly, lactase enzyme supplements are sold over-the-counter and are useful in improving the digestibility of conventional dairy products if lactose-free versions are not available.

Vitamin B12 anemia results from the stomach's insufficient production of a compound called "intrinsic factor," which is required to absorb Vitamin B12 in the intestines. A 500 mcg dose of sublingual Vitamin B12 is able to bypass the gut's primary absorption mechanism and enables the appropriate daily value to be taken up even in the absence of intrinsic factor. Also, Vitamin B12 from fortified foods is more easily absorbed than naturally-occurring B12 from animal foods, which is protein-bound. The foods most commonly fortified with Vitamin B12 include breakfast cereals, non-dairy milks (e.g., ricemilk), "energy drinks" and Nutritional Yeast, a dietary supplement similar in taste to Parmesan cheese, which can be sprinkled on foods. Because energy drinks tend to be either high in sugar or artificial ingredients, they are not a preferred source of dietary Vitamin B12.

Iron deficiency anemia results from the post-operative stomach's insufficient production of acid, which is required to convert dietary iron into a more absorbable form. It may also result from dietary changes toward softer foods that, often, tend to have less iron. An over-the-counter iron supplement called Bifera® contains two relatively more bioavailable forms of iron than standard iron supplements, and tends to produce less constipation as a side effect. As far as diet, the best sources of well-absorbed "heme" iron are red meat, chicken liver, dark meat turkey, oysters, clams, light tuna and shrimp. Iron from vegetable sources or fortified foods ("non-heme" iron) will be better absorbed if paired with Vitamin C-rich foods such as citrus, strawberries, kiwi, red peppers, broccoli, cabbage or cauliflower. High iron plant foods include quinoa, amaranth, white beans, collard greens, prunes and raisins. Beans can be pureed and dried fruits can be stewed to make them easier to swallow if necessary. Despite its reputation, spinach is a poor source of dietary iron due to its high content of compounds that interfere with iron's absorption. Some fortified cereals are very high in iron and offer soft, well-tolerated textures. These include some instant oatmeals (McCann's, Quaker) and Farina. General Mills' Cheerios®/Multigrain Cheerios® or Total®, Kellogg's Product 19®, or other highly-fortified cereals can be soaked in milk to soften their texture before eating.

Difficulty swallowing is not uncommon after esophagectomy, though it tends to improve over time. Choosing soft, moist, protein-rich foods that easily form a cohesive mass of food in the back of the mouth will help the food pass down the refashioned esophagus. Examples include mayonnaise-based salads (without raw vegetable pieces) like egg salad, tuna, chicken or whitefish; dairy foods like yogurt and soft cheese; egg-based foods such as cooked eggs, quiches, plain frittatas, French toast in syrup or custards; and soft-cooked protein foods like flaky white fish or tofu. Sauces and gravies can add both beneficial calories and moisture to a meal. Thick beverages, like protein shakes, yogurt smoothies/kefir, tend also to be well-tolerated. When dysphagia is a problem, patients should avoid tough foods like cooked meats and dried fruits; dry/coarse foods like bread, crackers, cake, dry cereal/granola and chips; grainy foods like rice; and hard/crisp foods like raw vegetables.

As can be seen from the discussion above, esophagectomy is often accompanied by several nutritional problems that can be successfully overcome with personalized guidance from a qualified nutrition professional. With some modest modifications in food selection and eating patterns, patients can look forward to years of relatively normal—and delicious—eating experiences after esophagectomy!

The author is a New York City-based registered dietitian who specializes in gastrointestinal diseases and digestive disorders