

# Contact

A helping hand for families of children and young people with cancer



Children's  
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Group

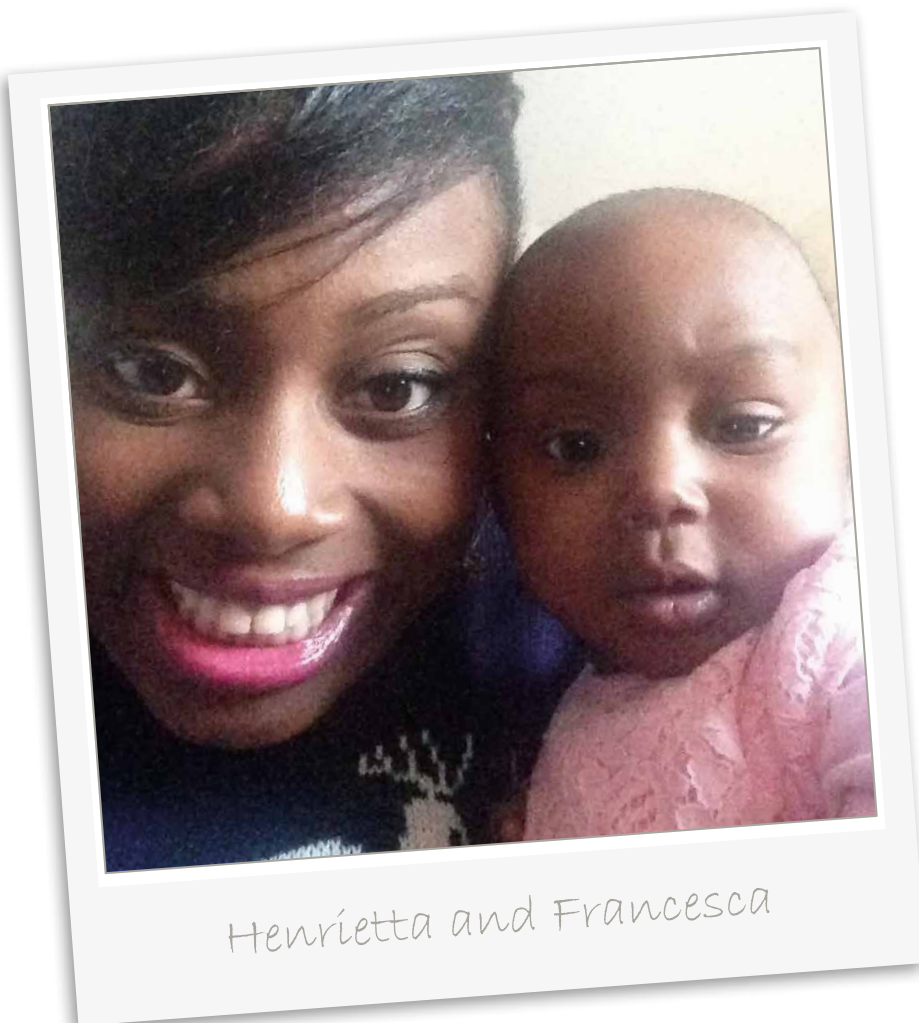
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YEARS  
SAVING  
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## Breastfeeding a baby diagnosed with cancer

**Henrietta Ashun** describes the challenge of continuing to breastfeed her daughter Francesca, diagnosed with infantile neuroblastoma at 9 weeks old.



"I noticed Francesca was groaning after a feed, and feeling uncomfortable until her next feed. She was seen a few times by our health visitor and GP, however, my husband knew something was just not right and we went to A&E.

When Francesca was first diagnosed, I was in sheer disbelief and I thought: 'but she is exclusively breastfed, surely there is a mistake?' I thought that exclusively breastfed babies were supposedly much less likely to become ill, especially in their first year of life.

Once my husband and I had seen her treatment plan, all I knew was that I wanted to be able continue to breastfeed her. Breast milk is proven to contain antibodies which change according to the child's needs and mother's environment, so I thought she would especially benefit from breastfeeding, particularly with her young age and lowered immunity.

Francesca's consultant told me I could continue to breastfeed her for as long as I could. It was great to have her support at this uncertain time. The following day, the breastfeeding nurse specialist came to see us and offered us further support including access to a hospital grade pump; breastfeeding vouchers (so I could buy homemade food from the canteen) and secure storage facilities.

(...continued on page 2)

**INSIDE  
THIS  
ISSUE:**

Back to Basics - Eating and nutrition while on treatment

Page 6

Can I give my child supplements?

Page 10

Cover story continued...

Unfortunately, as the tumour was quite aggressive, Francesca was finding it hard to feed without getting too tired and she gained insufficient weight, so an NG tube was inserted. This was quite distressing as breastfeeding provided some normality and comfort for Francesca. However, it was more important she was able to thrive and be treated. Fortunately, Francesca was able to have breast milk in her NG tube, and was given a few days before we had to start a special high energy formula from the hospital dietitian.

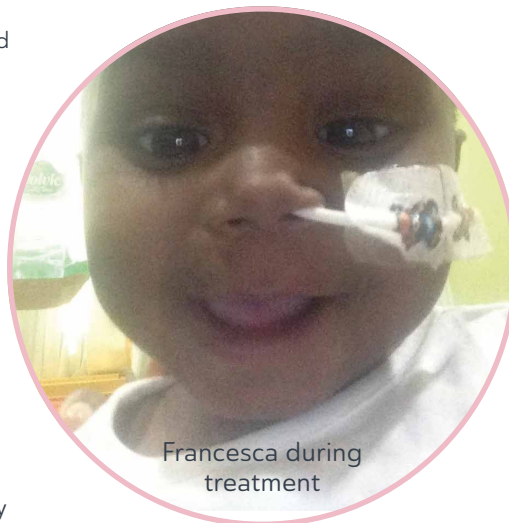
I pumped milk every few hours, which maintained my milk supply and gave her sufficient quantities of milk, which the nurses could monitor. Eventually the NG tube came out and she had gained a considerable amount of weight so we did not need to supplement with formula.

When we were finally discharged from hospital, Francesca fed on demand. She gained weight very well throughout her treatment. For every hospital stay at GOSH or our local hospital, her food (breast milk) came with her, at the right temperature and no preparation needed! Francesca breastfed through treatment, transfusions and dressing changes. Even when she lost her appetite or had a fever, she fed for comfort.

Our biggest challenge was when Francesca had major abdominal surgery at seven months old. She wasn't able to eat or drink for about seven days. I pumped round the clock and each bottle was stored away safely

in a special fridge in the hospital. When she was finally able to eat, breast milk was light enough for her stomach to tolerate and also gave her sufficient nutrition. Francesca weaned slowly onto solids when we returned home and now eats three meals a day. She is not a fussy eater and is a fully fledged 'foodie' like mummy.

I took my breastfeeding vitamins religiously each day, and I ate and drank well to make sure my milk was good quality and I produced sufficient amounts. I found the La Leche League ([www.laleche.org.uk](http://www.laleche.org.uk)) useful with specific advice on breastfeeding a poorly child. Through one of the hardest times of my life, breastfeeding helped me to remain strong, energetic and able to look after my Francesca and her two brothers. I believe breast milk really helped, when Francesca had little to no immunity. It also provided her with nutrition, comfort, and gave us an amazing bond which kept us both strong during the distressing times."



Francesca during treatment

Editor's note



Claire Shinfield  
Email: [cs349@le.ac.uk](mailto:cs349@le.ac.uk)

Children and food can be a tricky mix at the best of times but eating while on cancer treatment can create even more upheaval for parents trying to help their child eat normally and healthily. Parents can be faced with children constantly demanding and craving food at all hours of the day or are desperately coaxing their child to eat even though they have lost their appetite. Family dinnertimes can become stressful battlefields for everyone concerned.

On top of this, there are always media stories claiming of a new diet or food type that can cure cancer. Is it true? Do they work? Where can parents go for advice? Luckily, every children's cancer team in the UK will have a specialist dietitian who can support families with eating issues and can advise on diets and supplements.

In this issue, we try to answer some common questions from families by featuring articles written by experts on how dietitians can help children, a useful mythbusting article and what those 'miracle' supplements actually contain.

Henrietta shares her interesting story on the challenges of trying to breastfeed while her baby was on treatment and her dedication and commitment to continue doing so is inspirational.

Express your feelings about childhood cancer. See page 11.

**Contact** is a free, quarterly magazine for families of children and young people with cancer.

Contact aims to reduce the sense of isolation many families feel following a diagnosis of childhood cancer. **Contact is produced by the CCLG in collaboration with CCPA.** Children's Cancer and Leukaemia Group brings together childhood cancer professionals to ensure all children receive the best possible treatment and care. The Childhood Cancer Parents Alliance is a parent-run organisation with the common aim of working together to support children and young adults with cancer and their families. **Contact magazine was founded in 1998 by The Lisa Thaxter Trust and CCLG.**

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## Medical adviser

Contact's medical adviser, **Dr Bob Phillips** (Consultant Paediatric Oncologist at Leeds Royal Infirmary and CCLG member), writes...



### Mean green monster...

*"Feed me, Seymour,  
feed me all night long!"\**

It might have been the plea of a mean green monster plant from outer space as in the film 'Little Shop of Horrors' (1986), or it might be the sound coming from little patients during the induction phase of ALL treatment when hunger is at its worst! While children can experience insatiable hunger while on steroid treatment, there will be other patients who struggle to eat while on treatment and may not be able to swallow properly.

This issue of Contact takes us into the heart of food and childhood cancer, busting some myths, showing us how hospital food is provided and where it gets that magical taste from, and the stories of others who have been through different experiences.

Food and drink are really important to us all. If someone pops around to visit, you offer them tea and a biscuit; children are sent home from parties with a goody bag and cake; and everyone socialises around barbecues and Christmas dinner.

Then cancer happens and food becomes a really big deal for families. From the endless delivery of cheesy puff snacks to the pleading to have just one mouthful of yoghurt, or finish the sip-feed milkshake. From the constant alarm of the feed pump during the night to the stream of 'helpful' articles from friends and family that show how grapefruits, peach-kernels or just green food will cure cancer. Food has to be very safe, germ free, and holds a time bomb in each mouthful.

Suddenly, with everything else out of your control and seemingly taken out of your hands, the one thing left that you can actively do is to cook and make drinks for your poorly child.

From the healthcare side, I think we can benefit from thinking a bit more about how we 'do' food and what it means, and this issue can assist no end with that. Hopefully, the sharing of information about different aspects of food and nutrition will help professionals too.

As always, we'd be delighted to hear from you about the magazine and the articles, and maybe get your own rendition of the famous 'Audrey2' song as a video to share on our website!"

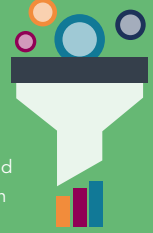


\*See Seymour in action at [www.youtube.com/watch?v=L7SkrYF8ICU](http://www.youtube.com/watch?v=L7SkrYF8ICU)

## News in brief

### Launch of CCLG data collection project

CCLG is funding and managing a national project that will collect important outcomes data from children, teenagers and young adults with cancer on issues such as unexpected side effects, quality of life issues and information about relapse. This data will then help doctors and patients to make better decisions about treatment.



### Last chance to book your place at the UK Childhood Cancer Conference 2017

**Friday 9 June, 2017:** Meet parents and professionals and find out about the latest research into childhood cancer, and talk about other key topics. **Register at:** [www.childhoodcancerconference.org.uk](http://www.childhoodcancerconference.org.uk)

### Every child's tumour to be DNA sequenced

From March 2017, children's cancer tumours removed during a biopsy will also undergo DNA screening allowing doctors to match drugs to the cancer's genetic code. This could mean that some children would be spared chemotherapy if it was found to be ineffective for their specific tumour.

## Call for volunteers:

### Research study into support for families of a child with cancer

A research team from Southampton, led by Dr Sam Watts, is asking for volunteers to talk to them about how they think psychological and social support can be best provided, in order to understand how to develop better ways of delivering such care.

Taking part in the study would involve completing one single telephone interview with a member of the research team. The interview would last for less than one hour and can be scheduled for anytime of the week that is most convenient for the parent, including evenings and weekends. The aim of the study is to use the information collected from the parents we interview to develop an online support intervention for parents.

If you would like to hear more about the study or would like to take part, then please contact Sam on [s.watts@soton.ac.uk](mailto:s.watts@soton.ac.uk)

# Q&A: Diet mythbuster

Information about food and cancer can be confusing and contradictory and it can be difficult to get an unbiased, evidence-based view on these reports.

**Louise Henry**, Senior Specialist Dietitian at the Royal Marsden Hospital, answers some common questions asked by families.

## Does burnt toast cause cancer?

Burnt toast, roast potatoes and 'dark' chips contain high levels of a naturally occurring chemical called 'acrylamide'. It is recommended that we reduce the amount of acrylamide in our diets as it may lead to an increase in a person's overall lifetime risk of developing cancer. This is based on animal studies and there are no conclusive human studies showing that acrylamide can cause cancer in humans. On balance, the occasional piece of burnt toast is unlikely to cause a problem for the general population or patients undergoing cancer treatment.

## Should my child eat an organic diet?

Some studies show that organic fruit and vegetables may have increased levels of some vitamins and minerals and less contaminants. However, there is no evidence organic foods are better for cancer patients. All fruit and vegetables, organic or not, should be washed well before eating.

## Do alkaline diets work?

This diet is based on the idea that cancer cells create a slightly acidic environment around them and some people think that by changing the diet to make the cell environment more alkaline, cancer cells are then killed. However, it is not possible to do this through diet as the body's pH balance is very tightly regulated and isn't affected by what you eat. Significant changes in blood pH levels can make you very unwell and can even be life threatening.

There is no research to support the idea or use of an alkaline or acid diet in cancer and no benefit from trying to create an 'alkaline diet' or testing the pH of urine to assess for acid/alkaline balance.

## Does sugar feed cancer?

Glucose is the main fuel for all cells in our bodies but cancer cells use up more glucose than normal cells. Cutting out sugar does not mean that cancer cells will die as we can also get glucose from carbohydrates such as bread and pasta, milk and even from fruit and vegetables.

If we don't have enough glucose in our blood, our bodies will 'make' glucose from other nutrients such as protein or break down muscle and fat stores to provide energy. Our bodies don't choose which cells get what fuel and so the glucose we eat goes to whichever body tissues and cells need them, even cancer cells.

We have carefully regulated blood sugar levels and the body will not allow blood sugar levels to get low enough to 'starve' the cancer cells. Cutting carbohydrates out of a child's diet means the loss of calories and other important nutrients such as fibre, vitamins and minerals.

## Should my child go on a ketogenic diet?

This diet is high in fat, low in carbohydrate and protein and aims to get the body to produce 'ketones', a fuel that some cancer cells cannot use. The diet involves cutting out all starchy and sugary foods as well as fruits, milk and pulses. It is a very complicated diet to follow with unpleasant side effects such as being sick, constipation and diarrhoea so people following the diet need lots of support to help them get all the nutrients they need.

Most of the research into ketogenic diets has been conducted in animals with only a small number of human patient case studies, which have focused on patients with brain tumours, but there is criticism of

the research methods used and the quality of the research. It is difficult to say whether the burden of following such a diet would outweigh any benefits to patients.

It is important you speak to your child's dietitian before changing your child's diet. They will help you look at all of the evidence and make sure the diet is balanced and contains all the essential nutrients they need. Other sources of advice on nutrition and cancer claims in the media include the Cancer Research UK website and the 'Behind the headlines' section of NHS Choices.



# A day in the life of ...a hospital catering team

The Oak Centre for Children and Young People at The Royal Marsden, has two purpose built kitchens for patients aged between one and 24.

The catering team is Shirley, Head Cook and longest serving member of the team, Liz, Abi and Jonathan. They serve up to 81 meals a day to inpatients and 25 meals a day for daycare patients – that's 36,000 meals a year!

The notice board is covered with letters from patients and parents thanking them for their lovely meals. Shirley and the team have developed a menu tailored to the children and young people. The meals are so popular they feature on the main hospital's menu.

The catering team are always looking to improve the service they provide and love the challenge of creating new dishes for patients with special diets.



Abi

## A typical day on the unit....

### 8am - Breakfast

The most popular breakfast choices are cereal and toast served with apple juice or smoothie. On the teenage unit, it is a cooked breakfast, croissants and yoghurts. At about 8.30, the first requests come from daycare as the patients having general anaesthetics start to be ready for their food.

### 10:30am - Lunch orders and snack trolley

This allows staff to talk to the patients and find out more about what they enjoy eating. Popular snacks are crisps, yoghurts, grapes and smoothies. Most of the children and young people prefer savoury options while on treatment.

### 12:30-1pm - Lunch

In daycare, sandwich snack boxes are always a popular choice. On the ward, pasta (pesto or tomato), roast dinners, homemade chicken dippers and pizza are top choices for patients. For pudding, the most popular options are yoghurts and fresh fruit salad. On hot days, ice cream sundaes and ice lollies go down a treat!

### 2:30pm - Dinner orders and snack trolley

The team find out what patients would like for their evening meal and think about their orders for breakfast.

### 5-6pm - Dinner



Pictured left to right: Liz, Jonathan, Shirley

*“The hardest part of the job is trying to make food taste like their mum's! This is what all our patients want to eat and it can be hard to get it just right.”*

Shirley - Head Cook

### But it doesn't finish there...

A lot of the patients get very hungry at night, especially on the teenage unit, so the team stock up the ward with sandwiches and other snacks to keep the hunger at bay. As patients arrive at all times of the day, meals are available outside the set mealtimes and the team are always happy to provide an alternative meal if a patient doesn't like what they've ordered.

The team organise special themed meals. On Wednesday mornings, there's a brunch for the young adult patients and their families. At the request of one patient who had a poor appetite, one evening the team cooked a spicy American feast for the unit!

They also prepare cakes for patients' birthdays and special occasions. Every two months there's a party which encourages the patients to socialise and for those who don't have much of an appetite to try something, which delights the team.



# BACK TO BASICS

## Eating and nutrition while on treatment

**Evelyn Ward**, Clinical Dietetic Manager at Leeds Children's Hospital, gives an overview of the importance of nutrition while a child is receiving cancer treatment.



During your child's treatment there will often be times when their appetite is not so good or they are unable to eat due to the side effects of treatment.

Side effects such as feeling sick, being sick, sore mouth, diarrhoea, tummy pain, constipation and taste changes can all affect your child's food intake and appetite. This makes it hard for them not only to eat but also to decide what it is they want to eat.

Nutrition during treatment is important as the better nourished your child is, the better they will be able to fight any infections, tolerate their treatment and help their body to repair any healthy tissues that have been damaged by chemotherapy or radiotherapy. It is also important to make sure they grow and develop during their treatment.

### How dietitians can help patients

- Assess your child's nutritional intake and status (whether or not they are losing or gaining too much weight for their height and age)
- Monitor your child's nutritional status at the start of their treatment and ensure they are able to maintain a good status throughout their treatment

- Identify early on in treatment children with certain types of cancers who, because of the intensity of their treatment, will struggle to maintain an adequate food intake and weight, and help them by recommending nutritional support

- Ensure the nutritional support given provides adequate protein, calories, vitamin and minerals for children and young people, taking into account their condition, treatment and age.

### Eating while on steroids

It is usually common for your child to gain weight if they are on steroids as part of their treatment. They may complain about feeling hungry all the time and wake at night wanting food. Whilst it is good to see your child wanting to eat, you may be concerned they are gaining too much weight. Some of this weight gain will be fluid and once they stop steroids their appetite will return to normal and they often lose the weight they have gained.

Get your child to fill up on starchy foods like bread, potato, rice and pasta and encourage more fruit and vegetables to fill up on. If your child is eating more between meals then cut down on their portion sizes at mealtimes.

If you are concerned they are putting on too much weight then your dietitian can give further advice.

### Who else can help?

As well as the doctors, nurses and dietitian caring for your child there are other health professionals who work alongside us that we may refer to for extra help around feeding.

**Speech and language therapists** can help to assess your child's swallowing, and give you advice on oral feeding if your child is reluctant to put food in their mouth. This is especially the case for young children and toddlers.

**Psychologists** can help if your child has developed a food aversion due to side effects of treatment or being supported for a long period of time on tube feeding. They can also help if your child is reluctant to try new or different foods, eats a very limited variety of foods or is struggling to lose weight.

**Play therapists** are a great source of help by encouraging play with food, making it a 'fun' activity, and helping to prepare children for tube feeding by showing them and playing with dolls, teddies and so on who have tubes in place.





## Steps of nutritional support

If your child is currently eating well, has a good appetite and able to eat a good variety of foods then we would encourage your child to continue with this.

However, this is not always possible and if your child is struggling to maintain an adequate nutritional intake your dietitian will recommend some nutritional support. Nutritional support can be the use of dietary supplements, tube feeding or in some cases intravenous feeding.

### Supplements

Dietary supplements can be taken between or after meals in order to give your child additional nutrition above what they are able to eat. The supplements recommended will depend on your child's taste preferences and age. They can be:

- 'Nutritionally complete' in that they provide extra calories, protein, vitamins and minerals in a milkshake-type drink or a juice. However, because of taste changes, some children find them too sweet or tire easily of the range of flavours. The dietitian will be able to give advice on other ways of taking them, or recipes using them.
- 'Extra calories' such as 'shot'- type supplements, where the child takes 20-30ml of a high calorie supplement 1-3 times a day. Others include powders or liquids that can be added into their normal drinks and semi-solid foods to help them to maintain or gain weight.

### Tube feeding

Children often continue to struggle to maintain their weight and nutritional intake even with dietary supplements. Seeing your child being unable to eat or not wanting to eat can become a great cause of stress and anxiety for families. Despite best efforts in encouraging your child to eat, it is not your or your child's fault but simply comes down to the side effects of treatment.

If this happens, the dietitian will advise your child starts tube feeding. It is only natural for you and your child not to want this intervention, however, once the tube is in place and feeds are started, families see the advantages of it. It helps to take away the pressure of your child trying to eat an adequate diet when they are physically unable to do so, and relieves pressure and anxiety from parents and carers trying to coax or force their child to eat which can often result in food battles.

The two main types of tubes we use are nasogastric and gastrostomy:

- **Nasogastric tube** is a fine smooth tube which goes down the nose and into the stomach.
- **Gastrostomy tube** is a feeding tube which is surgically placed directly into your child's stomach.

The advantages and disadvantages of both types will be discussed with you by the dietitian, doctors and nurses caring for your child. The feeds we put through the feeding tubes are all nutritionally complete with adequate calorie, protein, vitamin and mineral intake. The dietitian and nursing staff will teach you how to give the feeds so as you can continue to give them safely at home.

### Intravenous feeding (Total Parenteral Nutrition)

Intravenous nutrition or total parenteral nutrition (TPN or PN) is a more specialised method of nutritional support and is only used in children with gut-related side effects of treatment who are not able to tolerate tube feeding.

We use it when we need to give a child's tummy a 'rest' for a while or if they have lots of diarrhoea and/or sickness and are unable to absorb enough nutrients from tube feeding.

TPN gives calories, protein, vitamins and minerals and is given through your child's central line (Hickman line or Portacath). Your child will need to remain in hospital for TPN but it is usually only needed until your child can tolerate enough tube feeding or able to eat, then the TPN will be reduced and stopped.



# “He would eat and eat until he made himself sick”

**Melody Berthoud** gives an honest account of coping with her son’s eating behaviour while on steroid treatment for acute lymphoblastic leukemia (ALL).

My son Andrew was diagnosed in October 2012 and we started with a month of steroids almost straightaway. He had to take them twice a day for 27 days. We were warned they would turn him into a little monster!

Andrew started with liquid oral steroids but kept throwing them up which was particularly stressful. Eventually, we swapped to tablets which was much easier.

The overeating on steroids began after a few days; he would eat and eat until he made himself sick. The steroids seemed to turn off his ability to know when he was full.

He had other symptoms while on the long block of steroids too, such as high blood pressure, irritable gut, sore bottom, bloated tummy due to constipation (he had to drink Movical to get things moving), constant hunger, wakefulness, feebleness, low mood and lethargy, and high glucose (so he had a pin-prick test four times a day to monitor blood sugar levels).

We reduced his steroid dose slowly at the end of this block of time so all the side effects started to drift away.

Andrew’s tastebuds changed from week to week and he wanted more sweet food. It was so frustrating, but we did not cook him separate dinners. He had to try some of the food I prepared in order to earn something

else such as a bowl of cereal or sandwich, and he had to have his five fresh fruit or vegetables a day.

However, he loved baked beans, scrambled eggs with ketchup or pizza. We bought sweeter vegetables and fruit such as red and yellow pepper (dipped in hummus or salad cream), bananas, kiwis, grapes, pineapple and pears (dipped in melted chocolate). Snacks with fibre included apple biscuits or cereal with a banana.

His sister Clara hated steroid week. Each month we’d warn her it was Andrew’s grumpy week and had to remind her to ignore his mood and not react to it.

She found the injustice hard. Andrew was allowed to watch more TV, eat different dinners to us, and be rude or moody. We would tell her off for provoking Andrew but she didn’t understand.

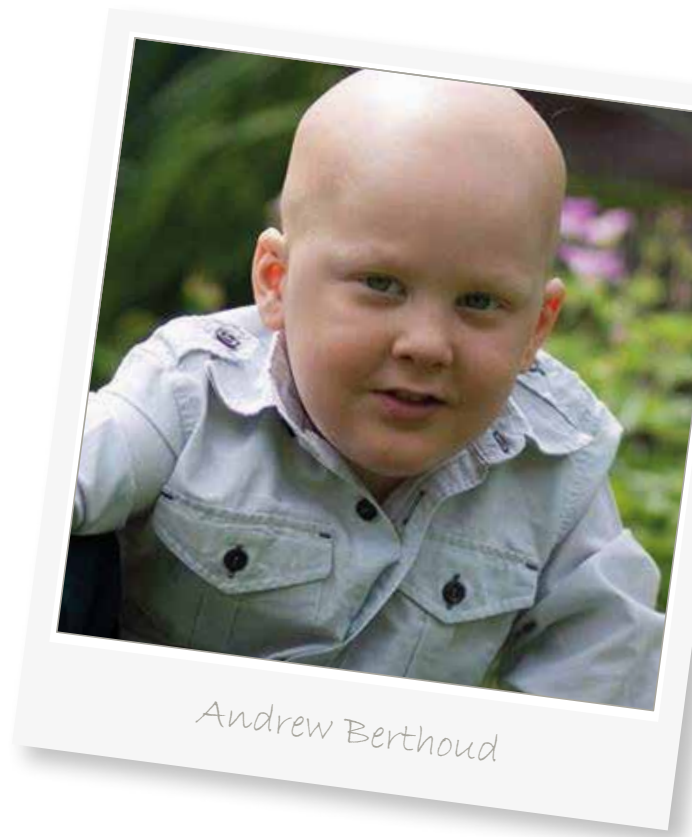
By the end of the five days, the clingier Andrew got, the more demanding Clara

became. I had occasions where they were both fighting to sit next to me at dinner or to hold my hand.

The steroids meant he slept badly, suffering with insomnia and nightmares, and he ended up in bed with us. Sometimes he would sleep for twelve hours at night but still wake up tired.

Andrew’s dad was good at distracting him and playing games with him. I retreated mentally, as I found it harder to deal with Andrew’s mood swings while on steroids. He was very mummy-obsessed and wanted to cuddle me, sleep in bed with me, hold my hand or stroke me. The more he demanded me and the more Clara needed me, the more I wanted to escape as I felt so claustrophobic. I spent a lot of the week feeling guilty.

On the plus side, steroids did increase Andrew’s neutrophils so we could always plan to go out or away for the weekend afterwards knowing that he was less at risk of infection, so it was something to look forward to.



Andrew Berthoud







18th October 2012 - day 2 at home

Today has been one of the hardest days. I have been on my own with Andrew. He is constantly hungry. To try and combat the sickness, we decided we would give him small amounts to eat and often, so I fed him every hour. He eats but two minutes later says he is hungry and wants more. I ate breakfast and lunch (all in secret). If he smells food or hears someone talking about it he wants it NOW, and has no concept of the time it takes to cook. I feel drained from the constant attention he demands and am trying to balance it with getting jobs done, worrying about germs and giving his sister the attention she deserves too.



Andrew during treatment



29th May 2013

The last week has been REALLY hard. I have been putting up with Andrew's constant hunger and depression, and he has lost the ability to walk again, so I am carrying him everywhere. He has long daytime naps and wakeful nights, early mornings and an appalling diet. Now though, it is harder because we have to train him out of all the bad habits:

1. Walk
2. Eat vegetables and fruit to relieve constipation
3. Eat meals with the rest of us, not what you fancy when you fancy it
4. Eat at the table, not on a comfy chair because your back or legs hurt
5. Sleep on your own without the radio on
6. Play. Do not watch TV all the time
7. Give me some space and do not demand to be held or cuddled constantly

# Can I give my child supplements?

**Susan Clarke**, Lead Pharmacist in Medicines Information and Paediatrics at the Royal Marsden, gives advice on whether supplements such as herbs, plant extracts, vitamins and minerals are helpful in cancer treatment in coping with side effects.



**A**s part of my role, I review supplements that people ask if they can take during cancer treatment either for themselves or for their children. Despite a lot of research into cancer and supplements, there is not enough scientific evidence to prove they can help treat cancer or stop it coming back.

Herbs and plants may be natural but this does not mean they are safe to take during cancer treatment.

We have found many of the supplements we look at can possibly prevent cancer treatment from working as well as we expect or could increase the risks of side effects from the cancer treatment. Unlike normal medicines, many of these supplements have not been tested for effectiveness or safety. This means there is a lack of evidence for their safe use in combination with cancer treatments.

There is also limited information on the risks of taking supplements in the time before planned surgery. Supplements may interact with the drugs used in anaesthesia or increase the risk of bleeding during or after the surgery (a known risk with some herbs). Generally, it is recommended supplements are stopped two weeks before planned surgery to remove these risks.

It is worth noting that the World Cancer Research Fund UK advises against taking supplements to reduce the risk of cancer. Some studies actually suggest high-dose supplements could be harmful, including increasing the risk of some cancers occurring.

We are usually asked about the following supplements:

## Antioxidants

Many supplements and herbal products are antioxidants or have antioxidant properties. Antioxidants may help prevent cell damage but may also stop chemotherapy or radiotherapy from working as well as they should. We always advise patients should avoid antioxidant supplements whilst on treatment for cancer. Antioxidants occur naturally in our food and it is not necessary to try and avoid foods that contain antioxidants, it is the extra that would be present in supplements that could be a problem.

Some supplements claim they have antioxidant properties but on others it is not clear they contain antioxidants until you have reviewed all their ingredients. Examples of antioxidants are coenzyme Q10, turmeric/curcumin, wheatgrass, and spirulina. Vitamins A, C and E and the mineral selenium are also antioxidant in high doses.

## Probiotics

Probiotics contain live bacteria; there is a small risk these could cause an infection which the body will not be able to fight as well as normal whilst undergoing treatment. Therefore, we recommend probiotic products are not taken whilst receiving cancer treatment, but do not worry if a probiotic yogurt or other product containing probiotics is accidentally eaten. 'Live' and 'bio' yogurts and yogurt drinks are usually safe to eat.

## Fish oils

Common fish oil products that are taken are cod liver oil and omega 3 products. There is a theoretical risk that some types of fish oil supplements may affect platinum-based chemotherapy, such as cisplatin and carboplatin. As fish oil supplements may be taken for certain medical conditions (generally in adults), then the benefit of taking a fish oil supplement may outweigh this possible low risk. Where a fish oil supplement is being taken on the advice of a doctor, it is best to discuss its use with your specialist team.

## So, what is the advice?

I recommend no supplements are taken during chemotherapy, radiotherapy or prior to surgery. If people are taking supplements before treatment I recommend these are stopped during the period of cancer treatment (this includes the days between cycles of chemotherapy). Ideally, stop a few weeks before starting treatment with chemotherapy or radiotherapy and wait for a few weeks after the end of treatment before restarting them."





# Get *creative* today for childhood cancer!

Draw a picture, write a poem or take a photograph to show what childhood cancer means to you as part of our creative display for Childhood Cancer Awareness Month in September!

It's open to all ages and any standard for anyone who would like to creatively express their experiences and feelings about childhood cancer.

Anyone can send something in, including patients, family members, siblings, friends, neighbours and even hospital staff! A selection of artwork, poetry and photography will be shown during September at the New Walk Museum and Art Gallery in Leicester and will be featured in the September edition of Contact magazine. All submissions will be showcased online.

**Entry deadline: Friday 30 June 2017**

Find out more at [www.cclg.org.uk/art](http://www.cclg.org.uk/art)

**PAST ISSUES OF CONTACT:** The wide variety of articles published during the year in Contact adds up to a valuable and informative reference archive. If you would like any back issues, please contact the Editor (address page 2). Details of key articles in previous editions are listed on the web at [www.cclg.org.uk](http://www.cclg.org.uk). **Previous themes:**

ABOUT RESEARCH  
Issue no: 69 / Dec 2015

ACHIEVEMENT  
Issue no: 57 / Dec 2012

AWARENESS  
Issue no: 64 / Sept 2014

BEST OF CONTACT  
Issue no: 50 / March 2011

BLOOD  
Issue no: 63 / June 2014

CELEBRATION  
Issue no: 50 / March 2011

CHEMOTHERAPY  
Issue no: 65 / Winter 2014

COPING STRATEGIES  
Issue no: 37 / Dec 2007

DEALING WITH  
DIAGNOSIS  
Issue no: 68 / Sept 2015

DIAGNOSIS  
Issue no: 47 / June 2010

EMOTIONS  
Issue no: 43 / June 2009

EMPLOYMENT  
Issue no: 42 / March 2009

EMPOWERMENT  
Issue no: 53 / Dec 2011

ENJOYING LIFE  
Issue no: 70 / March 2016

FAMILY AND FRIENDS  
Issue no: 46 / March 2010

FEELING GOOD  
Issue no: 74 / Feb 2017

GOOD IDEAS  
Issue no: 48 / Sept 2010

IDENTITY  
Issue no: 52 / Sept 2011

ISOLATION  
Issue no: 51 / June 2011

KEEPING ACTIVE  
Issue no: 71 / June 2016

MEDIA AND  
COMMUNICATION  
Issue no: 58 / March 2013

MOVING ON  
Issue no: 62 / March 2014

MOVING ON  
AND CHANGES  
Issue no: 41 / Dec 2008

NETWORKING  
Issue no: 38 / March 2008

NORMALITY  
Issue no: 55 / June 2012

NOW & THEN  
Issue no: 72 / Sept 2016

NUTRITION  
Issue no: 39 / June 2008

OVERCOMING  
CHALLENGES  
Issue no: 61 / Winter 2013

PARENTS AND CARERS  
Issue no: 59 / June 2013

PLAY/ENJOYMENT  
Issue no: 35 / June 2007

PROGRESS  
Issue no: 60 / Sept 2013

RADIOTHERAPY  
Issue no: 40 / Sept 2008

REHABILITATION  
Issue no: 45 / Dec 2009

RELAPSE & REMISSION  
Issue no: 36 / Sept 2007

SCHOOL LIFE AND  
CANCER  
Issue no: 73 / Winter 2016

SUPPORT NETWORKS  
Issue no: 56 / Sept 2012

SUPPORTIVE CARE  
Issue no: 33 / Dec 2006

SURGERY  
Issue no: 44 / Sept 2009

SURVIVORS  
Issue no: 34 / March 2007

TESTS & SCANS  
Issue no: 67 / June 2015

TRANSITION  
Issue no: 49 / Dec 2010

TRANSPLANTATION  
Issue no: 32 / Sept 2006

TREATMENT  
Issue no: 54 / March 2012

## Helping your child to eat

Most children suffering from cancer will experience problems with eating and drinking at some stage.

This can be due to the disease itself, the treatment or medication. A well-nourished child is better able to cope with their treatment and fight any infections. It will also help your child feel better and keep up their strength.

Many parents worry about their child's diet before, during and after treatment. Food and diet can become a great source of stress and anxiety. The dietitian, doctor and nurse will be happy to talk through any concerns you may have.



### Mealtime tips

- Many children with poor appetites eat very slowly. Limit mealtimes to no longer than twenty minutes.
- At mealtimes, focus on what your child has eaten rather than what they haven't.
- Aim to eat at the same time as your child and try to include the family to help take the focus off eating and make mealtimes a social occasion.
- Sometimes your child may not feel hungry, never force your child to eat. Try a snack or nutritional drink later.
- An overfull plate can be off-putting - try a smaller plate with reduced portions.
- Encourage your child to be involved in choosing and preparing their food. Limit their choice to 2-3 different foods or snacks so it doesn't become overwhelming.

## High energy snacks, meals and puddings:

### Savoury...

- Crisps, nuts, corn chips, dips, olives
- Oven-baked potato shapes or waffles with dips or sauce
- Snacks on toast: cheese, beans, tinned spaghetti
- Breadsticks, cheese sticks and dips
- Cheese slices/strings, cheese spread triangles, cheese and crackers
- Sandwiches – experiment with the fillings or try them toasted
- Jacket potatoes with beans, cheese, tuna, chilli
- Omelettes, scrambled eggs
- Samosa, pakora, onion bhaji, poppadums with chutney and raita
- Mini spring rolls, sesame toast
- Houmous or taramasalata and pitta bread, falafel
- Fish fingers, fish pie, salmon bites
- Savoury rice, noodles

### Sweet...

- Muffins, crumpets (sweet or savoury topping), fruit buns, teacakes, scones
- A bowl of breakfast cereal
- Toast and butter with jam, honey, marmalade, marmite, lemon curd, chocolate spread or peanut butter
- Tamarind balls, coconut drops
- Yoghurt drinks or milkshakes
- Milk puddings such as rice pudding, semolina, tapioca
- Custard - tinned or homemade
- Fruit jelly and purees
- Ice cream, sorbet, choc ices, ice lollies

All children should be encouraged to eat a variety of foods to make sure they are having all of the energy, protein, vitamins and minerals they need.



These are just a few ideas, find more in our booklet 'Helping your child to eat'... download for free from our website.

