Nutrition Concerns In Carcinoid Cancers

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Content adapted with permission from Colleen Gill, MS RD, CSO



Fred Hutchinson Cancer Research Center UW Medicine Seattle Children's FRED HUTCHINSON CANCER RESEARCH CENTER

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Nutrition Basics

- Eat a plant focused diet
 - Plenty of vegetables, fruits, whole grains, beans
 - Modify types of fiber as needed
- Lean proteins limit processed meats
- Healthy plant fats
- Limit simple sugars and refined grains
- Aim for a healthy weight
- Drink adequate fluid
- Be physically active daily



Eat the Rainbow!

	B	LUE/PURPLE
Berries, (blue or black) Cabbage (purple) Carrots (purple) Cauliflower (purple)	Dates Eggplant Figs Grapes (purple) Kale (purple) Plums	Potatoes (purple) Prunes Raisins Rice, (block or purple) Foote
Anti-cancer Anti- inflammatory	Cell protection Cognitive health	

		RED	
Adzuki beans Apples Applesauce Cranberries	Plums Pomegranate Radishes Raspberries	Shrimp Strawberries Sweet red peppers	
Chambernes Cherries Kidney beans	Red grapefruit Red grapes		
Anti-cancer Anti- inflammatory	Cell protection DNA health Immune health	Prostate health Vascular health	
	22	-Benefita-	

		ORANGE
Acorn squash Apricots Bell pepper Butternut squash Cantaloupe	Carrots Dried fruit (apricot, mango, papaya) Grapefruit Mango Nectarine	Orange Papaya Sweet potato Turmeric root Winter squash
Anti-cancer Anti-bacterial Immune health Cell protection	Reduced mortality Reproductive health	Foods Skin health Source of vit A Benefits

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Foods
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		GREEN
Artichoke Asparagus Avocado Bamboo sprouts Bean sprouts Bok choy Broccoli Brussels sprouts Cabbage	Celery Chard/Swiss chard Cucumbers Green beans Green peas Green tea Greens (Beet, dendeion, collerd, mustard, turnip) Lettuce	Okra Olives Rosemary Spinach Soy (edamame, tempeh, tofu, tofu burger, miso, natto, soy mite, soy yogurt) Snow peas Watercress
Anti-cancer Anti- inflammatory	Brain health Cell protection Skin health	Hormone balance Heart health Liver health Benefit

IFM Phytonutrient Spectrum

		YELLOW
Bell peppers Corn Corn-on-the-cob	Greens Kale Popcorn	Spinach Succotash
Anti-cancer Anti- inflammatory	Cell protection Cognition Eye health	Foods Heart health Skin health Vascular health Benetta

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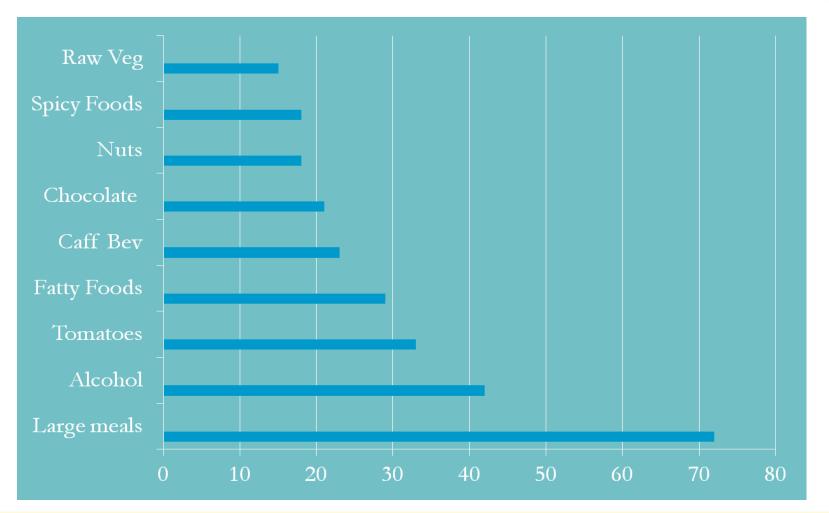




Modify your diet if symptomatic



Percentage Reacting to Food





CANCE CARE'S datayewww.carcinoid.orgnts into cancer survivors.

Nutrition Issues for Carcinoid

- Amines in food may cause symptoms
- Increased protein and niacin requirements due to increased serotonin synthesis
- Fats depending on tolerance, MCT
- Explore solutions for diarrhea



Avoid Vasoactive Amines

Avoid high tyramine, dopamine content foods

- Aged Cheese: Cheddar, Camembert, Stilton
- Alcoholic beverages
- Spoiled, smoked, salted, fish/meats/liver
 Herring, salami, sausage, bologna, pepperoni
- Yeast extracts, Brewer's yeast, fava/soybeans
- Fermented foods: miso, tempeh, sauerkraut



Limit These Amines

Limit moderate sources of tyramine, dopamine, xanthenes, theobromine

- Caffeine in large amounts coffee
- Chocolate, especially dark
- Peanuts, brazil nuts, coconut
- Raspberries, avocado, banana



Flushing

Occurs in 40 – 50% of patients with GI tumors, worse where liver can't effectively inactivate the hormones responsible

Aggravated by:

- Hot temperature foods
- Alcohol, beef: increase gastrin secretion
- Spicy foods, esp. capsaicin/peppers
- Sodium nitrates, cured meats; sulfites/salad
- Wine: tyramine, histamine, sulfites



Carcinoid Disease and Niacin Deficiency

Tryptophan is diverted to make excessive amounts of serotonin, limiting the production of niacin in those with symptoms.

- For carcinoid syndrome: Treatment: 25 50 mg/ twice a day
 - Niacinamide, "No flush", or niacin with 1/2 baby aspirin to counter prostacyclins
 - High protein, with lean meats; 0.7 grams per pound or
 1.5 grams per kilogram of body weight



Somatostatin-Analog Therapy

14-amino acid peptide; binds to somatostatin receptors present on 80% of tumors

- Blocking secretion of many hormones
 Reducing symptoms in 80% patients
- Inhibiting growth of small bowel tumors



Somatostatin-Analog Therapy Side Effects

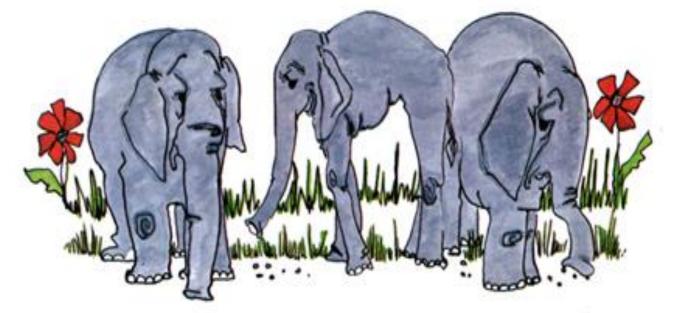
- Inhibits gallbladder contractions
 - Risking gallstones
- Limits pancreatic function, leading to malabsorption in many
- Possible hyperglycemia, hypothyroid



Nutrition Challenges in GI Carcinoid Cancers

- Eating enough to maintain weight
 - Problem with appetite, taste and volumes
- Absorbing what is eaten Malabsorption
 - Limited intestinal tract, from surgical resection
 - Sandostatins impact on gallbladder, pancreas \rightarrow malabsorption of fat, protein





So you've been losing weight and you're just not interested in eating...



Strategies to try

- Set up a schedule! Eat often
 Set cell phone timers
- Post a list: "Things I Tolerate"
 Lower your expectations
- Start "healthy", but with calories!
 - With small volumes, nothing is problematic
- Make it easy, near chair/bed
 - Pace eating/drinking with commercials

Pick easier things on "bad" days



Diet Strategies, Beyond Amines

Choose foods that limit rapid transit

Low fiber/low residue foods

- White rice (congee), peeled potatoes, cream of wheat, some cooked vegetables, canned fruits, peeled apples
- Avoid high fiber foods; extreme temps

Decrease demands on the GI tract

Avoid irritants: magnesium, coffee, caffeine, peppers

Take care with foods creating osmotic pull

Dairy/Lactose May be tolerated with OTC lactase pills Sugar alcohols, mannitol, sorbitol, xylitol Consider ground nutmeg: 1 tsp 3 times per day



Soluble Fiber Foods

Rice	Pasta
Oatmeal	Barley
White or sourdough bread	Rice cereals
Corn meal	Corn cereals
Flour tortillas	Corn tortillas
Soy	Quinoa
Carrots	Yams and sweet potatoes
Potatoes	Rutabagas
Parsnips	Beets
Winter squash	Pumpkins
Mushrooms	Chestnuts
Avocados	Bananas
Peeled apples and applesauce	Mangoes and Papayas



Replace Fluids! Dehydration Makes Everything Worse



Cells don't work well as "raisins"

Advice to "non-drinkers"

- Mix it up! Avoid burn out with variety
- Eat "solid" fluids: soup, popsicles, etc.
- Pace it with 2 oz at every commercial



Carcinoid Disease = Multiple Causes of Diarrhea

Tumor secretion of serotonin

• Treat with Sandostatin

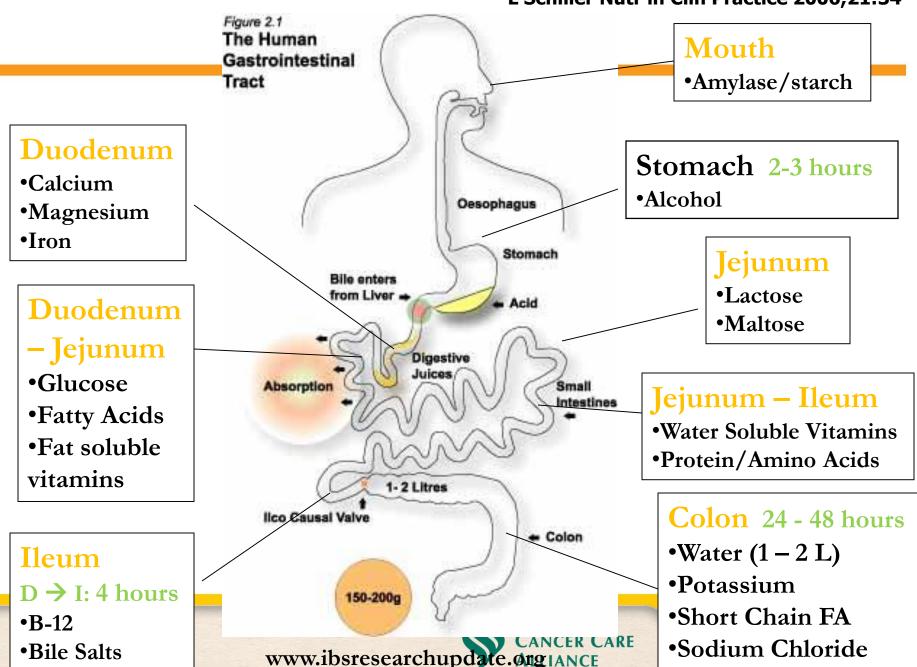
Surgical resection of the small bowel

- Limiting absorption: slow transit with meds/diet
- Terminal ileum: issues with bile, B12

Sandostatin related changes

- Decreased gall bladder contractions/bile
- Decreased pancreatic enzyme production





L Schiller Nutr in Clin Practice 2006;21:34

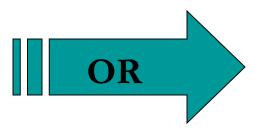
What Causes Malabsorption?

Digestion and absorption requires:

- Enough enzymes to break down the food
- Enough time in the small bowel
- Enough GI surface area to absorb it

A picnic for bacteria/fermentation

Gas and Bloating



Unabsorbed Fat/GI irritation

Foul smelling, yellow stools that float in the stool basin

Diarrhea and weight loss



Problem Solving for Ongoing Malabsorption

- Rapid transit time: + Anti-diarrheals
- Inconsistent enzyme therapy Enzymes not taken consistently Rationale/symptoms are not understood
 - Timing with meals; to travel the gut together
 - Missed doses = a malabsorbed meal or snack
- Inadequate dose: Adjust dose
 - Flex dose with fat content of meal/snack
 - Try half at beginning and half midway through a meal
- Continued malabsorption on higher doses
 - Control stomach acid with PPIs, H2blockers Alternate causes: infection, excess bile



Combining the right diet and medications can help!

- Avoid carcinoid flushing/symptoms
- Maintain your weight
- Manage any GI problems/symptoms
- Prevent any nutrient deficiencies
- Supplements?
 - 1 2 multivitamins (liquid), + 50 100 mg Niacin
 - Check Vitamin D levels

