

Barbara: Food is very comforting to me. It's a bonding thing with my husband and my mom. And I have this café that's by my house that I would go to for breakfast, before all this happened. And when I was sick, I still went, because I wanted the routine. But I couldn't eat anything. I used to get coffee, dark roast. I used to get a big omelet and hash browns and the toast, and I had to problem cleaning—now, I would try an over-easy egg. And coffee, but I would be putting ice in it, so that the temperature was just right. And I couldn't eat—I couldn't eat the toast. I mean—that was bread. That was weird.

So, yeah, I would just be sitting there with one egg, eating it for 45 minutes. And they'd be like, "Are you okay? Do you want that warmed up? Do you—" and I was like, "I'm good, I got this." But even though it was pretty awful, I was like—ever seen *The Shawshank Redemption*, where Tim Robbins is swimming through the sewer to get to the river? That's what it feels like. It just—and like especially when you're right in the middle of chemo. You're just like, 'I'm in that crap tunnel right now.' And I just need to keep going forward. Just keep going forward. Because eventually, it will change. It's not going to be here forever.

Hi, my name is Barbara. I'm an assistant professor at Roosevelt University, I'm the Artistic Director at Oak Park Festival Theater. And I had stage 2A invasive breast cancer.

Caitlin Kiernan: Welcome to the Feel More Like You podcast, presented by Walgreens and *Pretty Sick, The Beauty Guide for Women with Cancer*. I'm the book's author, and your host, Caitlin Kiernan. In each episode, we'll break down the important information to help you look and feel more like you. In this episode:

Female: Those flavors. Every time I would try to eat it, it would just be like so much pain.

Female: Your body will dictate a lot to you. And you just need to listen to what it's saying.

Female: Sugar, which I also liked—I couldn't taste it.

Female: You know when we eat, there's—we don't just eat to fuel ourselves. If we ate to fuel ourselves, we'd be a very healthy culture and civilization. But we hold a lot of emotional ties to food.

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On today's episode, we're going to discuss dry mouth and mouth sores. This can be not only uncomfortable, but can impact what we eat, our ability to talk, and ultimately, to feel more like yourself. To go over what to expect with mouth changes, please welcome Walgreens pharmacist Emily Shafer, beauty consultant Laura Catron, and health editor Emily Ornberg. Hey, gals.

All: Hi. Hi. Hi.

Caitlin: So, another thing coming at you are mouth sores. Which is so crazy. It just feels like a canker sore all over your mouth. It's so uncomfortable. And, first got my diagnosis, it was like, "All right, get to the dentist." And I'm like, with all the doctors' appointments that I'm going to right now, you want me to go to the dentist? But it's really important that if you have something in your mouth that could be festering that you don't know about yet—a cavity, an infection, like—chemotherapy will definitely kickstart that. So it is really important to get to a dentist. What's the clinical take on this, Emily? Because I think a lot of people don't understand that that's even going to happen.

Emily S: Yeah. Well, keep in mind, so chemotherapy, as we definitely know at this point, causes cell death. And so in the oral cavity, chemo can thin the mucosal lining. So this may slough off, and may become red and inflamed. Even cause mouth sores. So these—

Caitlin: Which are like canker sores, right?

Emily S: Right, right, so it's going to be kind of an open sore, and it's really painful. The sores can make eating very painful, drinking, and just being. I mean, it's in this very—a lot of nerve endings and whatnot in your mouth, so you're going to feel all of that. And a lot of patients experience dry mouth, less saliva in their mouth. And that can make it hard—eating, and drinking, and that malnourishment can contribute to more challenges with oral side effects. So as difficult as it is to hear, everything affects everything else. So if you're unable to eat—

Caitlin: —It's interconnected—

Emily S: —Absolutely. If you're unable to eat, that's going to affect how your body physically reacts to your treatment. So it's all—all the more reason to make sure that you're talking to your doctor about the side effects that you're experiencing. And often patients don't know—is this a side effect? Let them know any changes that you're experiencing. This is what's happening in my mouth. This is what's happening in other areas of the body. And there are treatments for that, whether it be magic mouthwash that's compounded at the pharmacy, or another mouthwash for specifically dry mouth, to help with those issues. But your health care team doesn't know how to help you unless you let them know that that's what you're going through.

Caitlin: Yeah. I noticed that when I was going through treatment, my mouth got very dry. What can we do on a beauty end, Laura, to manage that?

Laura: One thing, especially with chemo, even with the mouth sores, it doesn't stop there—it can continue cracking onto the lips. So lip balms are always a really great one. I would personally stay away from something that has a lot of menthol in it, or something like really intense like that, as it can burn. And going right back to that hygiene, maybe stay away from the potted lip balms at that moment. Because they just can—you're just constantly sticking your finger in there—

Caitlin: —It's a germ transfer—

Laura: —Yes—

Caitlin: —From your pot to your mouth again.

Laura: Yes. And so not saying anything's wrong with those, but maybe we just skip those during treatment. So just something you can apply directly to the mouth.

Caitlin: Yeah. And I think it's interesting to note, too, because I didn't really know it until my mouth got dry is that the lips are the one place that do not have oil glands. Your whole face has it, your body has it, but it—the lips are like that one place. So adding that level of that beauty regimen part of it—adding hydration will be a real game changer for your comfort, and for your pout. Pretty pout.

Emily O: One thing I want to stress is that even though some of these mouth changes might be making it hard for you to eat, or maybe you've lost your appetite, food and water are still super important. They give you energy and they're making sure that your treatment is working the best it can. So later this episode, we'll get you some experts that will provide some tips on how to find foods that will be easy for you to eat, and help you heal and feel better.

Caitlin: Ladies, that was great information. So let's just get right into the episode.

Let's hear from our survivor sisters. How did mouth sores or dry mouth impact your cancer treatment?

Brianna: Hi, I'm Brianna. I'm a writer and comedian, and I survived Hodgkin's lymphoma. My gums—because of the sores in my mouth, and just everything my body was going through, gums would bleed all of the time. So my one tradition when I was going through chemotherapy was one of my best friends every time would come and visit me, and he would bring me a strawberry milkshake. And that was like my treat at chemo, because milkshakes are so easy to take down, and you could still—like, the sweetness, I could still taste it. So that strawberry milkshakes will always remind me of chemotherapy, but not necessarily in a bad way, because that was like a nice memory of it for me.

Melissa: Hi, I'm Melissa. I'm a filmmaker living in Chicago, and I have metastatic breast cancer. When I was getting dry mouth, it's almost self-fulfilling. If you feel

terrible, then you're not going to do A, B, and C to make yourself feel better. And if you don't force yourself to, then it's just going to keep—you're just going to keep going around until—you're going to feel bad, you're going to stay feeling bad, and you're going to convince yourself that there is no way to feel better.

So, especially when I'm feeling like that, I try and make sure that I fill my days with as much as I can, making sure that I'm eating as much as I can in a day. That's really important. Now, I am having some—a little bit of mouth sores. Honestly, the thing that helps the most is just gargling salt water. It's so disgusting. But it is the thing that helps the most, over anything else.

Emily: Hi, I'm Emily, and I'm a math teacher, a mother, and I have breast cancer. Mouth sores, they—they told me at the doctor's office, when I started chemo, was going in, that I had to chew ice. And boy I chewed it like there was no tomorrow. I did not want mouth sores. And I credit the nurses, wonderful nurses there, for telling me to do that.

Barbara: Hi, my name is Barbara, and I had stage 2A invasive breast cancer. The first round, yeah, I started to really develop very deep gashes at the side of my mouth. It was just hard to open my mouth, because it would crack and bleed. You know, I just felt like I was eating Aquaphor and Vaseline all the time, because I was just putting that on all the time. And then, second and third round, then the mouth sores started. And it was just like ulcers, blisters, and around the inner lip and the gum area. But, yeah, it was not fun. And—and it does affect—like, because everything is dry.

Something my sister-in-law got me was something called Angel Mints. That are sort of like—it's like those after-dinner mints that they give you in restaurants. And that actually did help. You know, just to get some saliva going. So, yeah, there's little things that you can do.

Jean: Hi, I'm Jean, and I'm an eight-year acute myeloid leukemia survivor. Initially, it was just tenderness. Literally the—I felt like my nerve endings were right there. I felt the pressure—like my teeth were kind of moving, even though I knew that they weren't, it was just a constant pressure. I did have some gum bleedings afterwards. And it was just very sensitive. And it was just very difficult to chew. I tried to suck my foods a little bit more, instead of chewing. I just stayed away from the more solid foods.

But for me, oral health was always important, so even if I would just use, just my finger, or like one of those little—little—they use on the babies, just to activate the gums a little bit—it was cleaning it for me, and that made me feel better.

Laura: If your lips are super dry, they can start to soak in colors of the foods and drinks you're consuming. Carry around a gentle lip exfoliant, like a sugar scrub, and moisturize with a lip balm to keep your puckers pretty.

Emily S: Good oral hygiene can go a long way. Not only does it help protect from infections, and keep your pearly whites healthy, it can help with mouth changes that may occur based on your treatment.

Emily O: New York dentist Brian Kantor helps survivors with more than just their teeth. He helps bring out their inner personality. He notices that when survivors feel their best, they smile more, which helps improve their self-confidence.

Brian Kantor: You don't realize it, but when you actually get a smile that people are proud of, you're speaking more, you're smiling more, you're more outgoing, you're not shying away from a conversation. It really changes—I see it all the time. It really changes someone's whole personality. And it's amazing to see.

Emily O: Dr. Kantor says keeping your mouth healthy can help protect your overall health.

Brian: There's an association—and this is not just for cancer patients, this is for all patients—there is now medical evidence that gum disease or any inflammatory response in the mouth is linked to having an inflammatory response in the rest of your body, such as diabetes, heart attack, stroke. So it's more important than ever now, to have a healthy mouth. Because it can lead to having a healthy body.

Emily O: For cancer patients, oral health is critical. Just like skin and hair cells, cancer treatment attacks the rapidly dividing cells in your mouth, which can lead to side effects like dry mouth, and mouth sores.

Brian: Going through chemo or radiation, the salivary flow is decreased. So when your salivary flow decreases, you're at a higher risk of getting decay, of getting inflammation, with the decreased immune system, going through chemo, the healing is slower. And you're more at risk for infection. And mouth sores are basically an infection in the mouth. So you really have to keep it clean. So you really want to get your mouth checked, have all your cavities filled. You want to take care of anything that is a problem before you go through radiation and chemo.

Emily O: So how do you care for and protect your teeth, mouth and gums during treatment? Dr. Kantor says to visit your dentist regularly and to practice proper oral hygiene, which means brushing and flossing at least twice a day, and rinsing your mouth often to keep it hydrated.

Brian: You want to rinse with a very good—baking soda mixed with a teaspoon of salt and water. It's good for soothing, for the gum tissue, and helps rid the debris and plaque.

Emily O: Dr. Kantor says you can also soothe your mouth with these easy at-home tips.

Brian: One trick at home to do is you have sores in your mouth, soak your extra soft toothbrush in really warm water, makes it even softer. So it won't abrade the—

abrade the sores. You always want to use soft toothbrush. The bristles come in soft, medium, and hard. You always want to use soft. Even if you're not going through cancer. You always want to use toothpaste that contains fluoride, that is anti-decay. It helps prevent the decay from forming on the teeth. And when the gums get sores on it, the aloe vera is really soothing on it as well.

Emily O: Really? You can put that in your mouth?

Brian: You can.

Emily O: Wow.

Brian: Another thing that's good to have are sugar-free candies and gum. So by chewing the gum, it will stimulate saliva flow as well.

Emily O: If you have mouth sores or dry mouth, talk to your doctor or pharmacist about trying a mouth rinse like magic mouthwash.

Brian: If you're going to eat—sometimes when you have a lot of sores in your mouth, it's hard to eat. So if you rinse with magic mouthwash first, it kind of soothes the mouth, and has some lidocaine in it, and the lidocaine will numb it up, so it actually takes the pain away, so you're able to eat.

Emily O: Speaking of eating, when you're managing changes in your mouth, what you put into it is important, too.

Brian: Diet is very important. Now, there is—I'm not a dietician, but eating healthy foods, which are rich in vitamins and nutrients can help boost your immune system. Because, again, going through chemo or radiation, the immune system is down. So your nutrition is as important as ever. So important, when you're going through chemo. Because, due to having a low immune system, you really need the nutrients and vitamins and amino acids involved from what you're eating and drinking.

Emily O: Cancer and its treatments can change the way some foods taste or smell. So how can that affect your daily life? Barbara noticed taste changes impacted her sweet tooth.

Barbara: I basically eat like a 7-year-old. Like I love pizza and spaghetti. It was really interesting. My taste buds for sweet really were affected. So it made me nauseous. It made me sick. Cookies and brownies and candy and—didn't need it, didn't want it. Which is very odd. Because I would go to some people's birthday parties or whatever, and they'd be like, "Have some cake." No thanks. Weird for me. I think during chemo I lost 35 pounds, and I can say I have regained it—it's right here. But yeah, it was just interesting that way.

Emily O: Emily tried different foods until she found what worked for her.

Emily: Even water tasted metallic. And a glass of wine just did not taste right anymore. I found that I just didn't really want to eat anything at first. Because it tasted so bad. But ice cream seemed to change that. Unfortunately, might have gained a few pounds from that diet. I mean, it tasted normal. Everything else tasted yucky. It's just weird how everything changed. But after chemo it all comes back.

Emily O: While she wasn't always able to eat her favorite foods, Brianna paid attention to what her body could handle.

Brianna: I love food so much. I mean, I love spicy foods. I love tacos and Mexican foods, and that did not mix well at all. Like those flavors. Every time I would try to eat it, it would just be like so much pain. I was never that hungry. And I lost a lot of taste. So it would made things that I would normally love less appealing, for sure. Just really, any time food was cooking in my apartment, just the overwhelming smell of garlic or fish, probably smells that some people don't like anyway, but that were always something that I liked—would just make me feel nauseous.

But every two weeks I would get chemotherapy, and the few days before, I would go back is when I would get my appetite back. And I'm like, okay. Every time I'm hungry, I'm just going to go have a meal. And eat as much as I can.

Emily O: Susan found it was important to listen to her body.

Susan: You just don't want to eat, but you have to eat. So what I found out that I did, is I would really try to embrace, or try food that tasted somewhat normal to me, and it didn't matter if I was eating the same thing over and over again, as long as it was nutritious, and it was something that I could get down. That was really important to me. And with each chemo treatment, I became more aware of my body, and more aware of what made me feel the most comfortable. So just really embrace it, and realize, how is that food going down? Does it taste good? Is it easy for you? Is it hurting? Your body will dictate a lot to you, and you just need to listen to what it's saying.

Emily O: And Jean worked with her family to help manage her taste changes.

Jean: Food just did not taste the same. Everybody knows what spaghetti sauce tastes like, and the spaghetti sauce, it started tasting like dirt. And I had no idea why. And certain foods, I'd ask my kids, even, "Does this taste okay? Because it doesn't taste good to me." And they're like, 'No it's fine.' And I said, "All right, then, it's me. It's my taste buds." So I began to not want to desire to eat food. If I ate it, it was just because I knew it was for nutritional value only. For us, family meals were always extremely important, and I always wanted my boys to be as normal, whatever that's supposed to be, as what we used to have.

So I would prepare the family meals, whatever they wanted. If they wanted steak and potatoes, I made them steak and potatoes. And if I couldn't have that, I would have mashed potatoes instead. But we worked together with that.

It was very stressful. There were moments in which I broke down and cried. And asked why this is happening, what was wrong with me, why my gums were doing this? It does take a huge toll on you. But I did have to push through and power through because me, why my gums were doing this. It does take a huge toll on you. But I did have to push through and power through because you've got to get your gums back to where they need to be. So you can chew your food, and you can enjoy food.

Emily O: In a city obsessed with food, Angela Dennison has created her own culinary specialty. She's Chicago's most sought after oncology dietician, who hosts classes and consultations to help survivors combat side effects with cooking.

Angela: I love this setting. I love the ability to have nutrition consults with people, and then also—cooking is a real part of my life. I love to cook. And to be able to bring that information and those skills to our participants is a lot of fun. Because food is fun, right? And so even in the midst of a diagnosis, and treatment, and people come to cooking classes, it's just a whole different dynamic.

Emily O: When patients meet with dieticians in the hospital, it's generally a short, one-time visit. Angela wanted to find a way to form meaningful relationships with survivors through food. So she worked with Wellness House, a local support community, to host free cooking classes.

Angela: You meet people who are pre-treatment, and then you see them go through treatment, and then you see them start to heal after treatment. It's just, you know, something that is very meaningful and impactful to be a part of.

Emily O: In addition to helping survivors combat mouth changes, nausea, and loss of appetite during treatment, Angela's tips help patients fall back in love with food, which can be a hard challenge.

Angela: Dietary changes are not easy to make. You know when we eat, there is—we don't just eat to fuel ourselves. If we ate to fuel ourselves, we'd be a very healthy culture and civilization, but we hold a lot of emotional ties to food. It's very social. Typically when you sit down to eat, whether that's with a family member, a friend, it's a joyous occasion. Food is joyous. It's—there's a lot of social aspect around food. And so we do acknowledge the fact that now eating becomes a chore. Right? The fun has been taken out of it. And that is not easy at all, especially for people who tell me, "I love to eat. I love food. And now I can't taste anything. And I hate food. And I don't want to eat."

Emily O: Food is the main resource for our bodies to be able to function. Without it, we're not as strong. To help survivors balance their diet, Angela tailors her tips to everyone's individual relationships to food.

Angela: You know, bottom line, the most important thing is that you're eating during treatment. That water and food is part of the treatment plan. You think of all the chemotherapy, the radiation, you have all the doctor's visits. And yes, those are absolutely important. But without that food, without the hydration, your

body is not strong enough to—really that will keep up your strength to withhold that treatment, right? Just think about—what are small improvements that I can make. And we think about long-term health, little building blocks.

There's no such thing as, 'Oh, I failed.' Or, 'I didn't—I'm not doing well enough.' The biggest thing is that small changes are made. Small changes go a long way. So I always tell people, don't focus on the things that you should stop eating, or cut down on, but focus on those foods that you can start to boost up, and get excited about. So think about it more in a positive light.

Emily O: If you turn to the Internet, you can find all kinds of rumors. About what you should or shouldn't eat, or how certain foods can feed or cure cancer. Angela wants to help set the record straight, and take the fear out of food.

Angela: And so we kind of go through those little components of what their fears are, what questions they have, just to get them to relax a little bit about food, and get them to eat. And as much as family and friends want to help, sometimes they give some information that's not correct. And so that's why we always encourage people to go to experts—not the Internet, not the bloggers, not the celebrities, to really—because the Internet can be a wormhole. And it has good information, and it has inaccurate information. And just because it's online, doesn't mean it's true. And so we like to talk about that and dispel some of that fear.

Emily O: What are some of those myths that people hear?

Angela: Oh. So—there's a lot. Soy is the biggest one. And so a big population here has breast cancer. So that's the number one type of cancer found in women, right, is breast cancer. And so there's a lot of misinformation about phytoestrogens. So soy falls under the phytoestrogens. And so when we hear the term "estrogen" the theory and the fear is this excess estrogen via plants will cause an increased risk of hormone-sensitive cancers. When actually the research shows that that's really not true. So we talk about why these foods are actually beneficial. Not only the fiber, but the phytonutrients found in those specific foods we eat.

Emily O: What about sugar?

Angela: Okay. So the reason we say it's a myth, right, why sugar feeds cancer, is any time we eat a carbohydrate source. You know, our body—long story short—our body is going to turn that into glucose, and that's what our cells take up for energy. So carbohydrates are found in a variety of foods. Yes, they are found in things like cane sugar. They're found in things like bread. But they're also found in vegetables and fruits and whole grains and beans.

And so when our body utilizes that carbohydrate, it's not like our body can really identify what food source it's coming from, right? So if we're getting carbohydrate from the cookie, carbohydrate from the apple, our body is going to kind of utilize those carbohydrates the same way. Are those created equal? Absolutely not. But our body doesn't pick and choose what cells we feed, right?

And so because we're feeding our cells and feeding our bodies, it does not mean that cancer cells are growing rapidly. So these are some of my biggest recommendations.

Emily O: What are some common taste changes, and how do you combat some of those?

Angela: Working with them to help them identify flavor profiles that are working for them right now, and capitalizing on that. So how can we take recipes to fit the flavors that you're enjoying right now. Do you like spicy stuff? Okay, well then let's spice up your food. Are you gravitating towards sweet foods? Okay, well let's talk about how we can maybe slightly sweeten up the food with some honey or pure maple syrup or dates or something like that to tweak a recipe to make it a little bit sweeter. That's the of the flavors they're going for.

With the metallic flavor, a squeeze of fresh lemon and actually a little pinch of sea salt on your food prior to eating—that can kind of mask the overall metallic flavor. Some kind of fat can mask the metallic flavor. So a drizzle of oil, or maybe something like avocado, that's nice and creamy and that has that natural fat. We also recommend that they use plastic utensils so the metal forks and spoon can actually add to that metallic flavor. So we say, get the plastic utensils, keep them in the house, be mindful of how often you're eating and drinking out of cans.

And then, also, with the quote-unquote “cardboard” or mute flavors, we talk about really utilizing different herbs and spices and different flavor profiles. Because what that does is kind of takes the taste that hangs out at the back of your mouth and pushes it forward, and that's where we most dominantly taste our food. So we play with it, right? And so, sometimes we don't get it right on the first time, but we keep going back at it.

Emily O: Why do you love to make your own food?

Angela: Food, I find very exciting. Even when it's during a time of maybe even helplessness, right? Because people can take control of food. We have full control of what we eat every day. Food is powerful, and it's nourishing and it's—it can be exciting, and even with the cooking classes, to watch others connect with each other over food is really powerful. And so I just get a lot of joy out of that and helping people through food, and I just really like it.

Emily O: When we visit her cooking class in the bright, homey kitchen of Wellness House in Hinsdale, Illinois, Angela is smiling and greeting every guest with a warm introduction.

Angela: Well, it's lovely to have you here on this Friday afternoon. I'm Angela, I'm a registered dietician here at the Wellness House. Just have any people—is anyone new to cooking classes today? Neat. So, welcome.

Emily O: As she sets up her station full of colorful fruits and veggies, Angela explains how adding plants to your meals can impact your overall health.

Angela: You know, when we're talking about side effects, they can overall just really interfere with how you're eating, right? So we like to discuss these different types of strategies to improve your overall intake. Your body is stronger to take that treatment, you're less prone to side effects, you're less prone to hospitalization infection. So keeping up with that intake is so important.

Emily O: Above her countertop is a giant angled mirror that helps show the audience how to complete every step of Angela's custom recipes. First on the menu—

Angela: We are going to be making a creamy cauliflower soup. And the reason I chose the soup is because I think soup overall, no matter what kind of soup, is great for anyone that's dealing with side effects, specifically for the mouth, and as well as just going through active treatment. For someone who wants to boost up their overall nutrition, you could get so much into a soup. And so soup is just a wonderful vehicle to get in a lot of good nutrition, and hydration at the same time. Now, let's get started. So, cauliflower is kind of the new kale. I feel like everyone's using it in everything. Okay. So let's get this warming up. That sizzle is what I like to hear when I throw my onions in.

Emily O: As aromas of garlic and onions start to fill the room, Angela continues to show us how to recreate each dish, and how certain foods can directly impact side effects. And easy swaps for when some are worse than others.

Angela: How we smelling up there?

Female: Smells good.

Angela: Good? You'll notice this soup—I'm not doing a tomato base because tomatoes are acidic, so if someone does have mouth sores or a sore throat, that acidic base can be a little irritating. So we're doing a creamy soup, and we're creaming it up with white beans. Also, if you're dealing with thick saliva in the mouth, along with dry mouth, sometimes dairy can make thick saliva worse. So we're always going to try to substitute that with something else.

Emily O: Moving from one dish to the next, Angela demonstrates how to compensate for taste changes. Angela says to play around with spices to figure out which flavor profiles are right for you.

Angela: Now, carrots are naturally sweet. And so I'll hear people say, well, I'm gravitating toward sweets. I like a lot of sweet things. We'll kind of play on that, then. So adding something like a carrot, which is—with the natural sweetness, can really perk up your taste buds. Another thing you can do—this might sound a little odd, but you can do a little drizzle of pure maple syrup on it. It won't—if you're doing a little—again, it's just going to change that flavor just a tad—your taste buds will kind of perk up a little. Now, think of this as a base line for you. And then you'll be trying the soup today, and then I want you to go home and really mess with the herbs and spices. Find combinations that work for you.

Emily O: If you're feeling nauseous, sipping on liquid calories can help settle your stomach and boost your overall food intake. Angela shares a quick smoothie recipe.

Angela: And so, if you're able to sip on a smoothie like this consistently during the day can help settle your stomach. Any food, really. So if you're able to settle your stomach, get you—you're able to eat a little bit more. So keep those little things around that you know work for you. But one other thing is you can freeze these into your own popsicle molds and make popsicles. So that can be soothing to the mouth, to the throat, or just to be easier to eat when they're frozen. All right. Let's get this guy blending. You guys ready?

Emily O: Once she completes each recipe, she hands out samples.

Angela: Passing out our first sample here. Is it good? Okay. And think about ways you might want to tweak it at home, right? How will it taste better to you? What are some flavors that you're really enjoying right now?

Female: It was fun.

Angela: Oh, good. Good. Food is fun, I think. Right?

Caitlin: Thanks for listening. Be sure to rate and subscribe, and tune in next time to hear:

Female: Listen. Breast cancer is one of the only diseases where patients are really collaborative in part of the decision making. I mean, think about it.

Male: To have a body part removed, and then have someone do something to come as close as possible to what it looked like before, and how that makes you actually feel.

Female: If this scar allowed me an entire rest of my lifetime, honey, I'll gladly wear this scar, and I'll wear it proudly. And I don't care who knows.

Emily O: Special thanks to the survivors for sharing their stories. This Walgreens podcast was clinically reviewed by Emily Shafer. It was written, reported, and produced by me, Emily Ornberg, with Taylor Banasik, Laura Locsmondy and Stefan Clark. It was co-produced by Caitlin Kiernan, author of *Pretty Sick: The Beauty Guide for Women with Cancer*. Follow her on social media at @CaitKiernan. Recording and mixing by Matthew Lejeune, with Connor Boyle, at Chicago Recording Company. For more oncology side effect help, visit [Walgreens.com/FeelMoreLikeYou](https://www.walgreens.com/FeelMoreLikeYou). To find oncology-trained pharmacists and beauty consultants in your area.