What I Eat

Glenn Sabin, diagnosed with chronic lymphocytic leukemia 29 years ago, lives in Maryland with his wife, Linda, and sons, Miles and Jared.

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Lifestyle changes are a powerful way to help prevent, manage and reduce the recurrence of disease—and to improve your quality of life. But nutrition can be confusing. That's why I believe that anyone living with cancer should seek guidance from a well-trained expert in cancer nutrition science and clinical care.

I am not that expert. But I can share my personal approach to food-based nutrition as a 29-year cancer "thriver."

Within the first couple of years after being diagnosed with chronic lymphocytic leukemia (CLL), I radically altered my diet. I changed from an avid carnivore, ingesting copious amounts of meat products and processed foods sprinkled with occasional veggies, to what now might be best described as an adherent of the Mediterranean diet—with a few caveats.

I eat a ton of veggies—a rainbow of colors, heavy on the cruciferous family, especially broccoli, Brussels sprouts, cabbage, bok choy and cauliflower. Whenever I can, I buy organic fruits and vegetables. For grains, it's brown rice or sprouted grains. I enjoy tofu, tempeh, beans, legumes, nuts, seeds, fermented foods, including sauerkraut, and lots of spices. The oils in my kitchen are extra virgin cold-pressed olive oil and organic coconut oil.

The only animal protein I consume is fish rich in omega-3 fatty acids. I mostly stick with cold-water swimmers like salmon, halibut and sardines, although as a lifelong Marylander, I readily admit that I gorge on our famous, yet not so clean, Chesapeake Bay blue crabs at least a half dozen times each summer. To wash all this down, I drink filtered water only—lots of it.

I have almost completely eliminated sugar from my diet, with the exception of an occasional indulgence in 85% dark chocolate. My go-to sweetener is medjool dates, and I sometimes use agave or stevia. When dining out, I always ask if dishes can be prepared without sugar; most can be. I do not eat processed foods or anything high glycemic (white or whole wheat bread, white rice, white potato) that quickly converts to blood sugar and spikes insulin. The only dairy I consume—a couple of times each year, typically with my kids while we watch a football game—is pizza: real cheese, white flour and all.

This is the way I have eaten for a quarter century. I have been largely successful with this food routine—not a diet per se, simply a part of my everyday lifestyle that supports my body—and my mind.

I am in remission.

My hematologist believed that diet would have no impact on the course of my CLL. But he certainly did not dissuade me from being the healthiest patient possible.

And neither should your hematologist. A hematologist's goal is to effectively treat or manage disease—the underlying malignancy. In my case that was CLL.

Your goal should be to create an internal terrain that is inhospitable for cancer. There is absolutely no downside to becoming your healthiest self. If you are living with disease in the here and now, start feeding your body now with intent to heal.

Glenn Sabin (GlennSabin.com) is the author of the book n of 1.

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