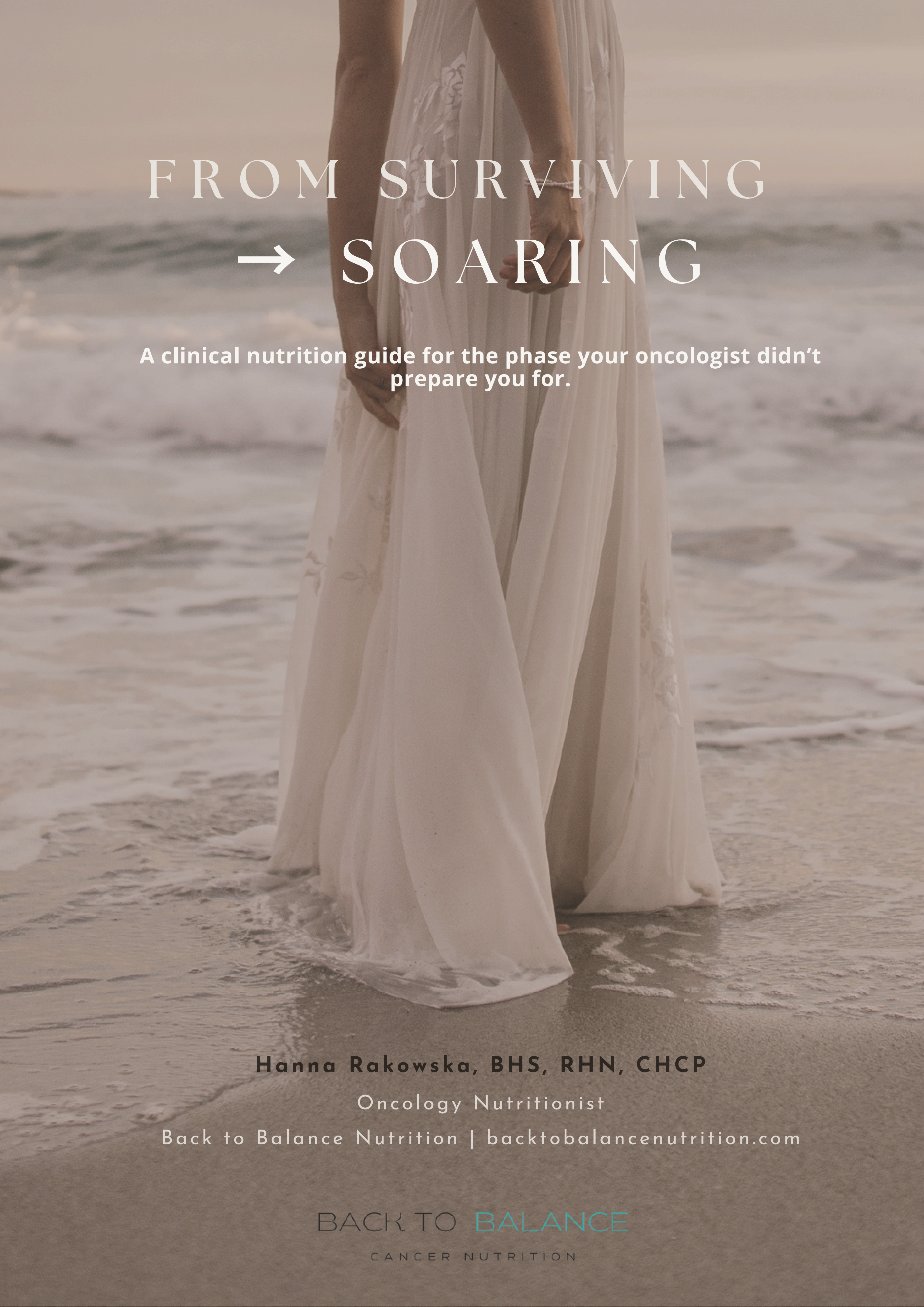

FROM SURVIVING → SOARING

A clinical nutrition guide for the phase your oncologist didn't prepare you for.

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BACK TO BALANCE

CANCER NUTRITION

A note before you begin.

I created this guide for the woman who finished cancer treatment and is now standing in the gap between what she survived and who she is trying to become.

The gap is real. Most oncology care ends at the scan. You are handed a follow-up schedule, sent home, and expected to recover on your own timeline. What you are not given is an honest picture of what treatment actually did to your body, or a clinical framework for addressing it.

I know what that gap feels like from the inside. I was twenty years old when I was diagnosed. I got through treatment by focusing on getting through it. When it ended, I expected relief. What I got instead was unpredictable energy, disrupted digestion, hormonal dysregulation that nobody named or explained, and a body that no longer behaved the way I expected it to.

What changed everything for me was not a supplement or a diet. It was understanding — with clinical precision — what treatment had actually done to my body. And building a nutritional approach around that honest picture, not a softened version of it designed to make everyone comfortable.

That is what this guide is. Not a checklist. Not a wellness program. A clear starting point built on the same clinical framework I use with the women I work with in remission.

Read it as a map, not a to-do list. The sequence matters.

Hanna

The moment no one talks about.

You finished treatment. Everyone exhaled. And somehow you were left standing in the middle of your own life, wondering why you still don’t feel like yourself.

You are doing everything you were told to do. Eating well. Moving your body. Resting when you can. And your body is still not responding the way you expected it to by now.

This is not a mindset problem. This is not impatience. This is not you.

This is what happens when a body that has been through something as systemically demanding as cancer treatment is sent home without a clinical plan for what comes next.

What treatment did to your body

•Your gut microbiome was measurably disrupted. The ecosystem of bacteria responsible for digestion, immune function, and serotonin production does not simply recover when treatment ends. This is why your digestion is unpredictable, why anxiety and mood changes persist, why bloating appears without an obvious cause.

•Your mitochondria took a direct hit. These are the structures inside every cell responsible for producing energy. Chemotherapy damages them measurably. This is not tiredness. It is cellular depletion. It is why you can sleep eight hours and wake up exhausted.

•Your hormonal pathways were altered. Chemotherapy accelerates hormonal shifts affecting weight, metabolism, mood, and inflammatory response. This is why your body composition has changed without a corresponding change in what you eat.

•Your immune surveillance capacity needs active support. Your body’s ongoing ability to detect and respond to abnormal cells does not function at the level required for remission maintenance without deliberate nutritional input.

These are not vague wellness concerns. They are specific, documented, measurable consequences of the treatment that saved your life. And they each require a precise nutritional response.

You cannot rebuild what you haven’t honestly assessed. This is where we start.

Your body does not need more information. It needs a sequence.

Most post-treatment nutrition advice presents everything at once — a list of foods, a set of habits, a general framework. The problem is not the information. The problem is that a body in active recovery cannot absorb, implement, and respond to everything simultaneously.

Rebuilding after cancer treatment requires a specific order of operations. You cannot optimise a system that hasn't been stabilised. You cannot activate healing pathways that haven't been nourished. You cannot rebuild strength in a body that is still in a state of systemic depletion.

This is why the SOAR framework moves through four stages — not because the framework is tidy, but because the biology demands it.

S	O	A	R
Stabilize	**Optimize**	**Activate**	**Rebuild**

S — STABILIZE

Build the foundation first.

Before anything else, your body needs a nutritional foundation. This means addressing the deficiencies that treatment left behind — not with a generic supplement protocol, but with a targeted assessment of what your specific body is depleted in and what it needs to begin functioning at the level required for recovery.

Nothing in the stages that follow works without this. Protein. Calories. Key micronutrients. Absorption capacity. If the foundation is not stable, optimising on top of it is like building on sand.

WHERE TO START

• Prioritise protein at every meal. Your body requires adequate protein to repair tissue, support immune function, and rebuild muscle. A post-treatment body in active recovery needs more than standard recommendations. Aim for 25–30g of quality protein per meal as a starting point.

• Do not skip meals. Consistent nourishment matters more than perfect nourishment. Irregular eating destabilises blood glucose, compounds fatigue, and undermines the hormonal regulation your body is already struggling to maintain.

• Hydrate with intention. Aim for 2–2.5 litres of water daily. Add electrolytes if you are still experiencing treatment-related symptoms. Dehydration amplifies every symptom you are already managing.

• Address key micronutrient depletion. Vitamin D, B12, magnesium, iron, and zinc are most commonly depleted post-treatment. A full blood panel is the starting point — not assumption.

The clinical reason this comes first

Mitochondrial dysfunction after chemotherapy is documented, measurable, and addressable. But mitochondria cannot be repaired without the raw materials to do so. Protein, B vitamins, magnesium, coenzyme Q10, and alpha-lipoic acid are all required for mitochondrial energy production. This is not optional groundwork. It is the condition under which everything else becomes possible.

O — Optimize

Use nutrition strategically.

Once the foundation is stable, nutrition becomes a clinical tool. Specific foods and nutritional compounds are introduced not for general wellness, but to support immune surveillance, reduce systemic inflammation, and create the internal environment your body needs to protect itself long term.

This is not a list of superfoods. This is evidence-based nutritional therapy applied to the specific physiological state your body is in right now.

WHAT TO ADD AND WHY

•Cruciferous vegetables daily. Broccoli, broccoli sprouts, cauliflower, kale, and cabbage contain sulforaphane — a compound that activates the Nrf2 pathway, which governs the body's antioxidant and detoxification defense systems. Chopping or crushing these vegetables and resting them for five to ten minutes before cooking significantly increases bioavailability.

•Flaxseed. Freshly ground flaxseed is the richest dietary source of lignans, a class of phytoestrogens with evidence for hormonal modulation. Particularly relevant post-chemotherapy, when hormonal pathways have been disrupted. One to two tablespoons daily in a smoothie or over food is a practical starting point.

•Berries every day. Blueberries, raspberries, and pomegranate contain ellagic acid and quercetin — compounds with anti-inflammatory and anti-proliferative properties and direct relevance to immune surveillance capacity.

•Cooked tomatoes. Lycopene — the carotenoid responsible for the red colour — is significantly more bioavailable when tomatoes are cooked with a fat source. It has documented antioxidant activity and relevance to remission maintenance.

•Legumes regularly. Chickpeas, lentils, black beans, and edamame provide fibre, plant protein, and prebiotic compounds that directly feed the beneficial bacteria your microbiome needs to rebuild.

A practical daily structure

Morning: smoothie with frozen berries, leafy greens, ground flaxseed, quality protein powder, and unsweetened plant milk.

Lunch or dinner: batch-cooked soup or grain bowl with legumes, cruciferous vegetables, and a fat source to support absorption.

Keep it simple. Keep it consistent. This is not about adding everything — it is about adding the right things in an order your body can use.

A — Activate

Rebuild the systems treatment disrupted.

This is the stage most women never reach — because they never had a structured framework to get here. Your gut lining, microbiome, detoxification pathways, and cellular repair mechanisms all took measurable damage during treatment. This stage addresses each of those systems directly.

YOUR GUT

Approximately 90 percent of the body's serotonin is produced in the gut. When the microbiome is disrupted by chemotherapy, serotonin production is disrupted. This is the clinical reason why anxiety, mood changes, and cognitive fog persist after treatment ends — and why they resist interventions that do not address the gut directly.

•Introduce prebiotic fibre gradually. Oats, onions, garlic, leeks, and legumes feed the beneficial bacteria your microbiome needs to re-establish. Start low and increase slowly — a compromised gut needs time to adapt.

•Add fermented foods if tolerated. Yoghurt with live cultures, kefir, kimchi, sauerkraut, and miso introduce beneficial bacteria directly. If you are immunocompromised, check with your oncologist before introducing unpasteurised fermented foods.

•Remove ultra-processed foods. These directly suppress beneficial gut bacteria and fuel systemic inflammation. This is not a permanent restriction — it is a recovery priority.

YOUR SLEEP

Sleep is not a lifestyle extra in the post-treatment phase. The majority of immune repair, cytokine production, and natural killer cell activity occurs during deep sleep. The brain's glymphatic system — responsible for clearing metabolic waste, including the compounds associated with cognitive fog — operates primarily during deep sleep.

Disrupted sleep compounds every symptom you are managing: fatigue, anxiety, hormonal dysregulation, and impaired immune surveillance. Protecting sleep architecture is as clinically significant as any nutritional intervention in this phase.

Three things to protect sleep in remission

Keep the sleep environment dark. Melatonin has direct anti-proliferative properties and is produced during dark-phase sleep. Artificial light suppresses it.

Maintain a consistent wake time. This is the single most effective intervention for stabilising circadian rhythm, which in turn regulates cortisol, insulin, immune function, and mood.

Magnesium glycinate before bed. This form is well-absorbed and calms the nervous system without sedation. Relevant if anxiety, muscle tension, or light sleep are current issues.

R — Rebuild

Restore what treatment cost you.

Energy. Hormonal stability. Muscle. Metabolic function. Cognitive clarity. These do not return on their own timeline. They return when the body has been given the conditions to restore them.

This stage consolidates everything that came before it and builds the foundation for the long-term health you came here for. It is also where most women begin to feel the shift — not because something was added, but because everything before it was done in the right order.

ENERGY AND HORMONAL STABILITY

•Continue prioritising protein. Hormonal rebuilding requires adequate protein as the raw material for hormone synthesis. This is not negotiable in the rebuild phase.
•Support your thyroid with selenium and iodine. Chemotherapy and radiation can accelerate thyroid dysfunction. Selenium-rich foods include Brazil nuts (one to two daily), sunflower seeds, and eggs. Iodine sources include nori and seafood.
•Manage blood glucose actively. Post-treatment metabolic dysregulation affects insulin sensitivity. Pairing protein and fat with carbohydrates at every meal reduces glucose spikes and the cortisol response that follows.

MOVEMENT AS A CLINICAL TOOL

Exercise in remission is not general wellness advice. It is active remission maintenance. The evidence is clear:

•Zone 2 aerobic exercise — sustained moderate-intensity movement where you can hold a conversation. It stimulates PGC-1alpha, the primary regulator of mitochondrial biogenesis. This is directly relevant to chemotherapy-induced mitochondrial dysfunction.

•Resistance training improves insulin sensitivity and glucose uptake, relevant to the metabolic dysregulation that makes post-treatment weight behave differently than it ever did before.

•Moderate-intensity exercise increases natural killer cell activity and circulating lymphocytes — active immune surveillance, not passive recovery.

Start with what your body can sustain. Ten minutes of walking is a clinical intervention. Build from there. The goal is not performance. The goal is consistency at a level that supports recovery without depleting it.

The rebuild triad

Sulforaphane supports mitochondrial defence. Zone 2 cardio rebuilds mitochondrial capacity.
Deep sleep is where mitochondrial repair actually happens.
All three are required. None of them work as well in isolation.

You are not starting over.

The woman on the other side of this rebuild knows her body in a way most people never will. She understands what depletes her and what restores her. She has a relationship with her own biology that she could not have developed without going through exactly what she went through.

That is not a consolation prize. That is the work.

This guide is the starting point. The SOAR Method™ is the complete clinical process — six live, clinician-led sessions that move through each stage in sequence, with direct guidance from a practitioner who has been through treatment herself and has spent nineteen years studying what the body needs after it.

If you are ready to rebuild properly — this is where it begins.

You are not starting over. You are rebuilding.

And this is where it begins.

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This guide is for educational purposes and does not constitute medical advice. Please consult with your healthcare team before making changes to your nutrition or lifestyle.