

## **SAVE THE DATE!**

### **2026 WVAND CONFERENCE**

When: Friday, April 17th, 2026

Where: Tamarack Conference Center in Beckley, WV. Registration: will open in early 2026.



## **PUBLIC POLICY ACTION ALERTS**

### **1. Congress Must Act to Protect Financial Aid**

- Congress's passage of H.R. 1, which eliminated the Grad PLUS program, has created significant uncertainty for those considering careers in nutrition and dietetics. We need policymakers to understand that licensed registered dietitian nutritionists are integral to the healthcare system and must have access to federal loan programs that make their education attainable. Your Members of Congress need to hear from you now. Urge them to push the Department of Education to follow congressional intent and ensure a wide range of health professions—licensed RDNs included—are recognized within the professional degree category

## **2. Expand Medicare Medical Nutrition Therapy (MNT) Coverage**

- Introduced in the U.S. House of Representatives by U.S. Reps. Robin Kelly (Ill.) and Jen Kiggans (Va.), the Medical Nutrition Therapy Act ([H.R.6199](#)) would expand coverage of medical nutrition therapy (MNT) in Medicare Part B beyond diabetes and renal disease to include:
  - Prediabetes;
  - Obesity;
  - Hypertension;
  - Dyslipidemia;
  - Malnutrition;
  - Eating disorders;
  - Cancer;
  - Gastrointestinal diseases including celiac disease;
  - HIV/AIDS;
  - Cardiovascular disease; and
  - Any disease related to unintentional weight loss.
- Passage of the MNT Act would also authorize the Secretary of Health to expand coverage to other disease states, and would allow nurse practitioners, physician assistants, clinical nurse specialists and psychologists to refer their patients for MNT.

## **3. Protect Patients' Access to Telehealth: Support the Telehealth Modernization Act (H.R. 5081, S. 2709)**

- The Telehealth Modernization Act would extend current Medicare telehealth flexibilities through September 30, 2027, ensuring continued access to registered dietitian nutritionists (RDNs) and other clinician services while Congress works toward permanent reform. Separately, The CONNECT Act makes certain telehealth flexibilities permanent. Supporting both bills gives health care providers two opportunities to advocate for continuity of care for telehealth services beyond the short-term Continuing Resolution bills.

- Your voice is needed to ensure Medicare telehealth flexibilities are not only extended but made permanent. Contact your Members of Congress today and urge them to remove barriers to telehealth by supporting the Telehealth Modernization Act.

#### **4. Urge Congress to Restore Nutrition Education Funding**

- On July 4th, 2025, President Donald Trump signed the One Big Beautiful Bill Act into law, eliminating funding for the Nutrition Education and Obesity Prevention Grant Program, also known as SNAP-Ed. However, the underlying statute authorizing this impactful program remains in place. As Congress turns its attention to appropriations, we are urging lawmakers to align funding decisions with the longstanding bipartisan support for nutrition education. Please share success stories and the program's impact on you or your community.

For more information on other Public Policy Action Alerts, visit:  
<https://www.votervoices.net/EATRIGTH/1/home>

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# WEST VIRGINIA ACADEMY OF NUTRITION AND DIETETICS

NEWSLETTER & MEMBER UPDATES

## PUBLIC POLICY UPDATES

The upcoming legislative session will be here before we know it (January 14<sup>th</sup> is the 1<sup>st</sup> day of session). At least two licensure related bill will be presented:

- The Dietitian Licensure Compact
- Model Practice Act (Licensure Modernization)

Federal Updates: The Academy of Nutrition and Dietetics has several Action Alerts Listed on Eatrightpro.org:

- Expanding Medicare Coverage for Medical Nutrition Therapy
- Protecting Access and Removing Barriers to Telehealth
- Supporting Medically Tailored Meals
- Modernizing School Kitchens
- Restoring Funding for SNAP Education
- Supporting the Treat and Reduce Obesity Act
- Protecting Financial Aid for nutrition and dietetics students

The website allows you to easily offer your support on any (or all!) of the above issues. You can access them directly using this Link :

<https://www.votervoice.net/EATRIGT/1/home>

Please do not hesitate to reach out to Emma or Rebecca with any questions and to see how you can get involved!

Emma Slagel, Public Policy Committee Chair  
Rebecca Dattola Mills, HOD representative

# **CANCER NUTRITION MYTHS AND EVIDENCE: WHAT THE RESEARCH REALLY SAYS**

**By Cara Gettings, BS, Dietetic Intern**

In today's social-media-driven world, misinformation travels faster than ever. Anyone with a platform can post advice, and unfortunately, a lot of it is misleading, especially when it comes to cancer and nutrition. You've probably seen claims like "sugar feeds cancer" or "alkaline diets can starve tumors." These kinds of statements can spread fear and confusion, especially among people who are already vulnerable. That's why registered dietitians are so important. We're often the first line of defense against nutrition myths, helping patients understand what the science actually says.

Several major health agencies, including the FDA (Food and Drug administration), NCI (National Cancer Institute), the International Agency for Research on Cancer (IARC) and the American Institute for Cancer Research (AICR), regularly review the evidence about food and cancer. What they find is consistent, no single food directly causes cancer. Instead, it's our long-term eating patterns that matter most.

That said, some foods are linked to a higher risk. Red meats like beef and pork have been connected to colorectal cancer, so it's best to limit them to under 18 ounces a week. Processed meats, like bacon, sausage, and deli meats, contain nitrates and nitrites that are linked to both colorectal and stomach cancers. Alcohol is another one to watch. Drinking too much increases the risk for several types of cancer, including breast, liver, and colorectal. Ultra-processed foods, which are packed with sugar and sodium, also raise risk indirectly by contributing to weight gain and various metabolic problems. Most experts agree the real issue is balance and moderation over time, not cutting out entire food groups.



# WEST VIRGINIA ACADEMY OF NUTRITION AND DIETETICS

## NEWSLETTER & MEMBER UPDATES

Let's start with one of the biggest myths: that sugar “feeds” cancer. This claim has been around for decades, but it's not that simple. All cells in our body, healthy and cancerous, use glucose for energy. There's no evidence that eating sugar makes cancer grow faster. However, diets high in added sugars can lead to weight gain, insulin resistance, and inflammation, all of which increase cancer risk.

A few large studies help explain the complexity. In 2022, Yuan et al. followed over 120,000 participants in two major U.S. health studies. They found that each extra daily serving of a sugar-sweetened beverage was linked to an 18% higher risk of proximal colon cancer and a 39% higher risk of dying from that cancer type. Also, a French study by Debras et al. (2020) found that people who ate the most added sugars had a higher risk of cancer overall, mainly breast cancer. The takeaway? Sugar itself doesn't “feed” cancer, but too much added sugar can raise risk by promoting metabolic changes in the body.

Another popular myth is that alkaline diets can prevent or even cure cancer. Proponents of the alkaline diet claim that eating more “alkaline” foods, like fruits, vegetables, while avoiding “acidic” foods such as meat, dairy, and processed items can change the body's pH and make it less susceptible to disease. The idea is that by making the body more alkaline, you can supposedly improve health and prevent cancer. That idea sounds scientific, but the evidence isn't there. A 2016 review looked at thousands of studies and found only one that met quality standards, and it showed no connection between dietary acid load and cancer risk. A small 2017 study suggested a possible benefit for a few lung cancer patients on an alkaline diet, but it had only 11 participants and no control group. In short, it's not convincing. Our bodies already do a great job of regulating pH through the lungs and kidneys, no matter what we eat. The real benefit of so-called “alkaline diets” comes from the plants themselves like fruits, veggies, and whole foods, not from changing body chemistry.



## WEST VIRGINIA ACADEMY OF NUTRITION AND DIETETICS

### NEWSLETTER & MEMBER UPDATES

Detoxes and juice cleanses fall into a similar category. They promise to “flush out toxins,” but our bodies already have a detox system: the liver and kidneys. Major cancer centers like the American Cancer Society and MD Anderson agree that there’s no good evidence that cleanses prevent or treat cancer. In fact, juice cleanses often remove fiber and spike blood sugar levels, which can do more harm than good. While a smoothie here and there is fine, long-term “detoxing” isn’t necessary or supported by science.

Soy is another food that’s gotten a bad reputation, especially when it comes to breast cancer. Early research made people worry because soy contains isoflavones, which can act like estrogens in the body. But we now know that moderate soy intake, about one to two servings a day from foods like tofu, edamame, or soy milk, is completely safe. In fact, studies show it may lower the risk of breast cancer recurrence and even improve survival for women with estrogen receptor-positive cancers. The American Cancer Society and AICR both confirm that whole soy foods are not only safe but possibly protective. The confusion mainly comes from studies on soy supplements, which aren’t the same as eating soy foods.

Supplements are another gray area where misinformation spreads quickly. Despite what you might see online, no vitamin or supplement can prevent or cure cancer. In fact, taking high doses of certain supplements, especially antioxidants, can interfere with treatments like chemotherapy and radiation. Since supplements aren’t regulated as strictly as medications, their quality can also vary. That said, they can still be helpful in certain cases, such as a multivitamin for someone with poor intake, or probiotics after treatment. It just needs to be discussed with the oncology care team first.

Finally, there’s the idea that only eating organic foods can prevent cancer. While organic produce does reduce exposure to pesticides, there’s no solid evidence that it lowers cancer risk compared with conventionally grown foods.

The AICR recommends focusing less on whether your food is organic and more on eating plenty of plants overall. If you want to minimize pesticide exposure, you can use the Environmental Working Group’s “Dirty Dozen” and “Clean Fifteen” lists or wash fruits and veggies thoroughly in a vinegar-and-water solution.

At the end of the day, nutrition plays a powerful role in preventing and managing cancer, but there’s no single “cancer-fighting” food, supplement, or diet. The best approach is a balanced, plant- emphasized diet, maintaining a healthy weight, and limiting processed foods and added sugars. And when it comes to finding reliable information, stick with trusted sources like the American Cancer Society, the American Institute for Cancer Research, the National Cancer Institute and the American Institute for Cancer Research, or talk to a registered oncology dietitian who can help interpret the science for each person.

### **About the author:**

My name is Cara Gettings, and I am currently a second-year master’s student in the MS/DI program at West Virginia University. Throughout my graduate studies, I’ve developed a strong interest in clinical nutrition, an interest that has only deepened during my clinical rotations at Ruby Memorial Hospital. There, I had the opportunity to work in oncology nutrition, which exposed me to a wide range of strategies for managing treatment-related symptoms.

This experience also highlighted the prevalence of misinformation surrounding nutrition and cancer. Seeing firsthand how confusing and overwhelming this can be for patients and their families motivated me to learn more, dispel common myths, and provide evidence-based guidance.

Ultimately, I hope to support individuals undergoing cancer treatment by helping them feel more informed, empowered, and comfortable throughout their care.



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