NUTROBIO

Nutritional Oncology Biotechnology

WHY NUTROVENE

A Guide for Cancer Patients and Their Families

2026 · Nutrobio · For patients, carers, and families

STARTING WHERE YOU ARE

You are not imagining it. The fatigue that does not go away with rest. The weight that keeps falling despite your best efforts to eat. The gut that will not settle. The food that tastes wrong, or like nothing at all. The sense that your body is under pressure on too many fronts at once.

These are not signs of weakness or failure. They are the measurable, documented biological consequences of what cancer — and its treatment — does to the body. And they can be addressed.

The scale of nutritional compromise in cancer

Up to 80% of people with cancer experience significant nutritional changes during treatment. Between 50 and 80% are affected by muscle wasting — a major risk factor for poorer treatment outcomes. Up to 90% are vitamin D insufficient at diagnosis. Poor nutritional status is independently associated not only with worse clinical outcomes, but with significantly reduced quality of life — more severe fatigue, greater loss of independence, more difficulty maintaining social and family roles, and slower recovery after treatment ends.

This is not a minor issue at the edges of cancer care. It is a central determinant of how patients live through cancer and what their life looks like afterwards.

WHAT CANCER ACTUALLY DOES TO YOUR BODY

Cancer doesn't just affect the part of your body where the tumour is. It affects your whole system. And the treatments that target the cancer create their own additional demands. Understanding what is actually happening is the first step to addressing it with something designed for it.

What you may be experiencing	What is causing it
Fatigue that doesn't respond to rest	Cancer alters how your cells produce energy at a fundamental level. The fatigue this causes is different from ordinary tiredness — it comes from changes in cellular energy metabolism, depletion of specific compounds your cells need to function, and the inflammatory signalling that cancer generates. Rest addresses the symptom temporarily but not the cause.
Losing weight despite trying to eat	Cancer triggers a catabolic (breakdown) state driven by inflammatory signals. The body breaks down muscle and fat even when calorie intake

	appears adequate. This is called cachexia and it is driven by cancer biology, not diet failure.
Gut symptoms — diarrhoea, nausea, mouth sores	Chemotherapy and radiotherapy disrupt the gut lining, the gut microbiome, and the immune cells that live in the gut wall. The gut side effects of cancer treatment — diarrhoea, mouth sores, nausea, bloating — have specific biological causes that nutrition can address.
Bone pain or bone density concerns	Bone density is affected across the cancer journey — not only during hormone therapies. Corticosteroids (widely used across multiple cancer protocols), reduced physical activity during treatment, cancer-related inflammation, and vitamin D insufficiency (present in 60–90% of patients at diagnosis) all reduce bone density. This is relevant to virtually every cancer patient, not just those on hormone therapies.
Poor absorption of what you eat	Treatment damages the gut lining, reduces digestive enzyme output, and disrupts the microbiome that normally supports nutrient absorption. Eating well during cancer treatment is necessary — but not sufficient if the gut cannot absorb what you eat.
Immune system under pressure	Cancer and its treatment both affect immune function — but in different ways. Cancer actively suppresses immune surveillance. Chemotherapy and radiotherapy reduce the white blood cell counts that maintain immune defence. Immunotherapy creates its own immune balance challenges.

WHAT NUTRITIONAL ONCOLOGY IS

Nutritional oncology is the field that examines how nutrition — in its full biological complexity — influences cancer development, treatment, and recovery. It looks not just at calories and protein, but at how specific nutrients interact with cancer metabolism, how they affect treatment outcomes, how they address the specific damage that different therapies cause, and how they support the body's own defences against cancer.

Standard dietary guidelines were not built for cancer metabolism. Standard supplements were not formulated for a gut damaged by chemotherapy, or a bone under pressure from hormone therapy, or an immune system simultaneously working alongside treatment. Nutritional oncology addresses this gap.

Muscle wasting and cancer cachexia	The inflammatory signals produced by cancer break down muscle tissue even when protein intake appears adequate. Addressing this requires not just protein, but specific protein sources with the right amino acid profile combined with ingredients that address the inflammatory environment.
Vitamin D insufficiency and bone health throughout the cancer journey	Vitamin D insufficiency is present in 60–90% of cancer patients at diagnosis — independent of cancer type or treatment. It is not only a bone issue. Vitamin D regulates immune function, cell differentiation, inflammation, and has documented relevance to cancer prognosis. Hormone therapies create the most acute bone risk, but corticosteroid use, reduced activity, malabsorption, and the cancer itself all affect bone density across virtually

	all treatment contexts. The D3/K2 combination in specific bioavailable forms addresses this throughout the cancer journey.
Why 'eating well' is necessary but not sufficient	A nutritious diet during cancer treatment is important and should be maintained wherever possible. But the specific biological changes that cancer creates — impaired cellular energy metabolism, muscle wasting driven by inflammatory signals, gut microbiome disruption, compromised nutrient absorption, and treatment-specific damage to bones, nerves, and tissues — require targeted nutritional support that goes beyond dietary advice. Nutritional oncology is the clinical discipline that provides that support.

WHY NUTROVENE IS DIFFERENT

Most nutritional supplements were not formulated for cancer patients. They were formulated for general malnutrition, athletic performance, or general health — and adapted for oncology use. Nutrovene was built from the ground up for what cancer and its treatment actually does to the body.

Eight functional layers — not a single-purpose supplement Nutrovene addresses eight separate physiological areas that cancer and its treatment compromises simultaneously. No existing single product integrates all eight — protein and anti-cachexia support, active B-vitamins, fat-soluble vitamins, chelated minerals, gut and immune support, metabolic and mitochondrial support, cellular membrane protection, and treatment tolerability.	**Ingredients in forms your body can actually absorb right now** Standard supplements often use ingredient forms that require normal digestion and metabolic conversion to become useful. Nutrovene uses the specific forms that absorb and work regardless of what treatment has done to your gut: CWS vitamin D3 that absorbs without dietary fat, chelated minerals that absorb in a damaged gut, active-form vitamins that bypass the conversion steps that treatment may have impaired.
Cellular membrane protection Tocotrienols and a full carotenoid complex protect healthy cells from treatment-related damage — chosen specifically because they do not carry concerns about interfering with how chemotherapy works. This was a deliberate formulation decision based on how tocotrienols differ from standard vitamin E.	**Clinically transparent — nothing hidden** Every ingredient in Nutrovene is named, with its specific form documented and its clinical rationale published. There are no proprietary blends, no mystery ingredients. A full drug interaction reference is available from medical@nutrobio.com. This transparency is itself a clinical signal that Nutrovene is designed for medical contexts, not general wellness.
Built for the full cancer journey Nutrovene is not just for active treatment. It is formulated for prehabilitation (building reserves before treatment begins), active treatment (sustaining nutritional status under maximum demand), and survivorship (maintaining what has been built). The same product serves all three	**Formulated to be tolerable when eating is difficult** Xylitol instead of sugar (gentler on a dry or sore mouth). MCT oil that digests without requiring normal fat digestion. A flavour profile designed to be tolerable under the taste changes from chemotherapy. If a full serving feels like too much, start with half — even a partial serving provides meaningful support.

stages — simplifying the supplementation decision across the entire journey.	

HOW TO TAKE NUTROVENE

Daily use	One serving daily, mixed with 200–250ml water or a plant-based alternative. No food required for absorption — Nutrovene is specifically formulated to absorb reliably whether or not you can eat. For those periods when eating is very difficult — which many people experience during active treatment — it provides a meaningful nutritional foundation on its own.
Getting started	If you find the first week difficult — which some people do as the gut adjusts to the probiotic blend and MCT oil — start with half a serving for the first 7 days. This is a normal adjustment that passes within a few days.
Consistency	Meaningful nutritional change takes time. We recommend a minimum of 8 weeks of consistent daily use before evaluating whether Nutrovene is making a difference. Some people notice changes in energy or digestive tolerance within the first few weeks. Others don't notice anything specific but their clinical team observes improvements.
With antibiotics	If you are prescribed antibiotics during treatment, leave at least 2 hours between your antibiotic dose and Nutrovene to preserve the probiotic strains.
Tell your team	Before you start taking Nutrovene, please share the full ingredient list with your oncologist, pharmacist, and dietitian. There are a small number of situations where individual assessment is needed — particularly if you are on anticoagulants like warfarin, if you have a confirmed cow's milk protein allergy, or if you are in the immediate period after a bone marrow transplant.

TAKE IT	TELL YOUR TEAM	QUESTIONS	WEBSITE
One serving daily 200–250ml water or plant-based alternative	Share the ingredient list with your oncologist & pharmacist first	medical@nutrobio.com	www.nutrobio.com

Nutrovene is a nutritional supplement — not a medicinal product. It is not intended to diagnose, treat, cure, or prevent any cancer or medical condition. For use as an adjunct to standard oncology care under the supervision of a qualified healthcare professional. Always tell your oncologist, pharmacist, and dietitian before starting any new supplement. © 2026 Nutrobio.