

Nutrition Action

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CENTER FOR SCIENCE IN THE PUBLIC INTEREST

CANCER

How to lower your risk

BY BONNIE LIEBMAN

One in three women. One in two men.

That's how many of us can expect to be diagnosed with cancer in our lifetimes. Of course, those are averages. A smoker is 25 times more likely to get lung cancer than a nonsmoker. Tobacco alone accounts for about a third of all cancer deaths in the U.S.

But smoking isn't the only preventable cause of cancer. Experts estimate that we could dodge up to a third of all cancers by eating healthier, eating less, and moving more.

No one can guarantee that you won't get cancer. But you can lower your risk.

Continued on page 3.

Government Purchases: Lever for Change



If you think getting the food industry to change is tough, try getting the government to *make* the food industry change.

Three cases in point:

■ In 1978, the Center for Science in the Public Interest, *Nutrition Action's*

publisher, first called on the Food and Drug Administration to limit sodium in processed

foods, and to require food labels to disclose the amount of sodium in each serving. It took a mere 16 years to get sodium on the label, and we're *still* arguing about setting sodium limits, or at least voluntary targets.

■ In 1993, CSPI called on the FDA to require food labels to disclose the amount of trans fat

in each serving. The agency finally agreed... in 2006. In 2004, CSPI called for a ban on partially hydrogenated vegetable oil, the main source of artificial trans fat. In 2013, a "scant" nine years later, the FDA announced that it was considering a ban. I'm hoping that one is announced soon.

■ In 1977, then-FDA Commissioner Donald Kennedy said that medically important antibiotics should not be routinely fed to livestock to promote growth. Low levels of antibiotics foster the spread of bacteria—including ones that cause human illnesses—that are resistant to a wide range of antibiotics. We're still waiting for the feds to act.

While those initiatives creep along, the government could do a lot to encourage progress. Its big weapon? Its purchasing power.

The federal government buys tens of billions of dollars' worth of food every year for soldiers, child care centers, cafeterias in office buildings, conferences, prisoners, and VA hospitals. The feds also fund school meals and the SNAP (food stamps) and WIC (Women, Infants, and Children) programs. That's

roughly another \$110 billion. State and local governments spend billions more on food.

Washington, the states, and local governments are beginning to use their food dollars to improve diets *and* change the food system. For example, the nearly 32 million children in the school lunch program are now being offered twice as many fruits and vegetables every day, and are seeing more whole grains, only fat-free or low-fat milk, and foods with less saturated fat, trans fat, and sodium

on their plates. (Some companies and Members of Congress are fighting to weaken the phased-in sodium standards.)

But governments could do a lot more. For example, they could:

■ Set limits on the calories, saturated fat, trans fat, sodium, and added sugars in the foods they purchase and sell.

■ Kick soda and other sugary drinks off of government property to help reduce obesity.

■ Protect animals and the planet by giving financial incentives to suppliers of locally and organically grown foods, meat and poultry produced without antibiotics, eggs from cage-free hens, pork from free-range pigs, and beef from grass-fed cattle.

Getting the federal government, or *your* local government, to set standards for food purchases would help improve the marketplace, and should be far quicker than getting new laws or regulations. Wouldn't it be great if we could make some quick progress?

Michael F. Jacobson, Ph.D.
Executive Director
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For more on improving government food purchasing:
cspinet.org/nutritionpolicy/foodstandards.html

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CANCER

How to lower your risk

Cancer is the leading cause of death among men and women under age 85. Here's a snapshot of cancers that are linked to diet, weight, or exercise. For each one, we also list some key risk factors that—except for smoking—you can't change.

BREAST



One out of every eight women will be diagnosed with breast cancer in her lifetime. Five-year survival rates are good (85 to 99 percent) unless tumors have metastasized (25 percent). Death rates have dropped since 1989, but nowhere near enough.

You have a higher risk if you:

- are a woman 65 or older
- have a relative—especially a mother, sister, or daughter—who had breast cancer
- have mutations in genes (like BRCA1 and BRCA2) found in families with high rates of breast cancer
- had menstrual periods that began before age 12 or menopause that began after 55
- were older than 30 when you had your first child
- never gave birth
- took hormones after menopause
- have dense breast tissue (seen on a mammogram)
- have abnormal breast cells (atypical hyperplasia or carcinoma in situ)

DIET, WEIGHT, EXERCISE

“What’s changed in the last few years is a greater emphasis on cancer subtypes,” says Regina Ziegler of the Division of Cancer Epidemiology & Genetics at the National Cancer Institute. “Researchers wonder if different subtypes have distinct causes.”

For example, breast tumors that have estrogen receptors (called estrogen-positive) and those that don’t (estrogen-negative) may be fueled by different risk factors.

“Being overweight or obese is a stronger risk factor for estrogen-positive cancer,” notes Ziegler.

Among postmenopausal women who

take no hormones, those who are overweight or obese have nearly double the risk of estrogen-positive breast cancer compared to similar women who are lean.¹ Those heavier women have only a 60 percent higher risk of estrogen-negative breast cancers.

“Alcohol is also a stronger risk factor for estrogen-positive cancer,” says Ziegler. In one recent study, women who drank one to six servings of alcohol a week had a 29 percent higher risk of estrogen-positive cancer than women who never drank alcohol. Those who drank at least seven servings a week had a 48 percent higher risk. But there was no link with the less common estrogen-negative tumors.²

In contrast, “eating more fruits and vegetables, especially vegetables, may be protective for estrogen-negative tumors,” says Ziegler. When researchers pooled data from 20 studies on roughly 993,000 women, women who ate the most vegetables had an 18 percent lower risk of those tumors than women who ate the least.³

“The percentage of breast cancer that’s estrogen-negative is higher in younger than in older women,” notes Ziegler. And those tumors are typically harder to treat.

On the other hand, exercise seems to lower the risk of both estrogen-positive and estrogen-negative breast cancer.⁴

“With physical activity, the big question is whether it reduces risk beyond its influence on weight gain,” says Ziegler. “We don’t know.”

It’s also not clear *how* extra pounds boost the odds of postmenopausal breast cancer. “For a long time, people thought that increased estrogen levels in the breast were the main explanation,” says Ziegler.

After menopause, fat cells, not ovaries, are the chief source of estrogen. “If you have more fat cells, they produce more estrogen, and estrogen stimulates breast cell proliferation,” she explains. “But people now believe that insulin and possibly

inflammation also play a role.”

For example, a recent study found that women who had high insulin levels had double the risk of breast cancer, whether or not they were overweight.⁵

Still, adds Ziegler, “you’re more likely to have high insulin levels if you’re heavier and inactive.”

Warning signs: a painless lump in the breast or underarm area. Less common symptoms: thickening, swelling, distortion, tenderness, skin irritation, redness, scaliness, dimpling, puckering, pitting, discharge, or nipple turned inward.

COLON & RECTUM



It’s the third most common cancer in both men and women, and the second most common in nonsmokers.

Fortunately, the incidence has been steadily dropping since the late 1990s, and death rates have fallen for longer. That’s partly because screening tests (like colonoscopies) enable doctors to remove polyps that may turn into cancer.

You have a higher risk if you:

- are 50 or older
- have a parent, brother, sister, or child who had colon cancer or polyps
- have ever had colon polyps
- have ulcerative colitis or Crohn’s disease
- smoke cigarettes

DIET, WEIGHT, EXERCISE

If you need another reason to lose—or not gain—extra pounds and to get up off the couch, here it is.

“Compared to people who are normal weight, we see an increased risk in people who are overweight and the highest risk in people who are obese,” says Amanda Cross, a cancer epidemiologist at Imperial College London.⁶



Why? Extra weight boosts levels of insulin and inflammation, which may nudge tumors to keep growing. Being active may cut your risk because it curbs insulin.

"Many studies are now looking not just at walking, running, or other physical activity but at sedentary behavior—how many hours you spend watching TV or sitting at a computer," notes Cross.⁷

It doesn't matter whether you walk, run, swim, or dance. "Any exercise is better than no exercise," she says.

Eating less meat may also protect the lower GI tract.⁸ In studies that track people for years, "individuals who consume the most red meat or processed meat have a higher risk of colorectal cancer," says Cross.

Those types of studies can't prove that meat causes cancer, she cautions. "But the data is consistent across most large studies conducted around the world."

So far, researchers have fingered three suspects in meat.⁹ "There are the heterocyclic amines and polycyclic aromatic hydrocarbons that are formed when meats are cooked well done by high-temperature cooking methods such as grilling or barbecuing," says Cross.

The third suspect: the N-nitroso compounds that can form in processed meats like bacon, sausage, and lunch meats. "They're also formed in the gut when any red meat is consumed," adds Cross.

"All three are carcinogenic in laboratory animals."

In contrast, people who consume more milk or calcium have a lower risk of colon cancer.¹⁰ And in one study, people who

had precancerous lesions were less likely to get another if they were given a calcium supplement (1,200 mg a day).¹¹

"The evidence for meat, obesity, and physical activity is more convincing," says Cross. "But milk and calcium probably decrease risk."

Vitamin D may also protect the colon.¹² "That's the one cancer site where the evidence is starting to look more compelling," says Christian Abnet of the Division of Cancer Epidemiology & Genetics at the National Cancer Institute.

It would take a trial that gave people either vitamin D or a placebo to nail the answer. "A number of large trials are going on right now," notes Abnet. "But they may not have enough cases of colorectal cancer to answer the question."

Warning signs: diarrhea or constipation, feeling that your bowel doesn't empty completely, blood (bright red or very dark) in your stool, narrow stools, gas pains or cramps, feeling full or bloated, unintended weight loss, fatigue, nausea, vomiting.

ESOPHAGUS



Esophageal cancer is actually two diseases. *Squamous cell carcinoma* is more common in smokers and heavy drinkers. *Adenocar-*

cinoma is linked to obesity and acid reflux. On average, only 18 percent of patients are alive five years after diagnosis.

You have a higher risk if you:

- are over 55
- are male
- use tobacco
- have Barrett's esophagus (for adenocarcinoma risk)

DIET, WEIGHT, EXERCISE

"About 80 to 90 percent of the squamous esophageal cancer in the United States can be explained by tobacco and alcohol," says the National Cancer Institute's Christian Abnet. "But adenocarcinoma is very different."

Tobacco is still a factor, but not the major one. Instead, "you see an excess risk in people who are overweight or obese and in people with reflux disease."^{13,14}

When stomach acid backs up, it can damage the cells that line the esophagus. That can lead to Barrett's esophagus—when esophageal cells get replaced by gland-like cells that resemble the acid-resistant cells that line the stomach.

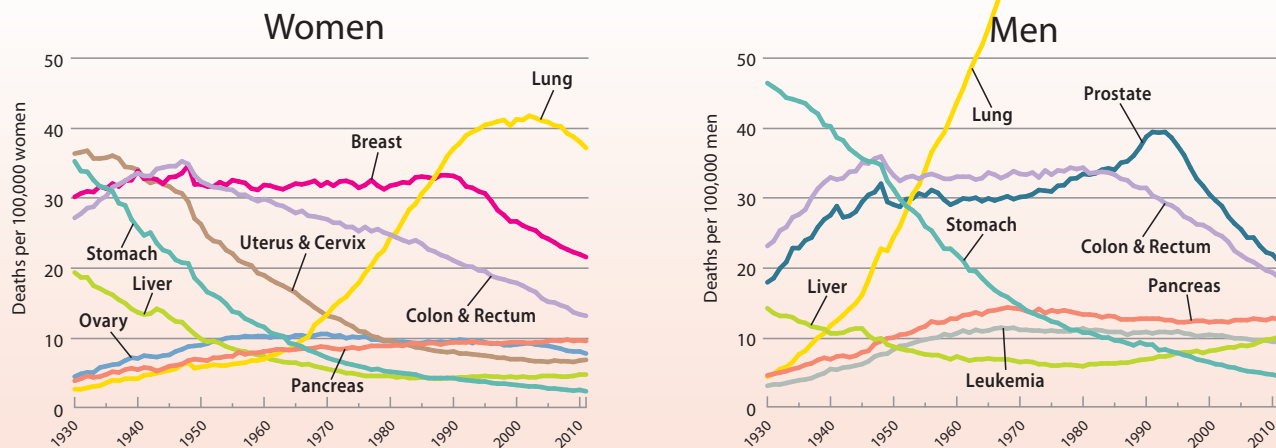
But there's no need to panic.

"Reflux disease is very common," says Abnet. "Something like 20 percent of the U.S. adult population reports weekly reflux. But very, very few of them are going to get esophageal adenocarcinoma. It's still a rare cancer."

So people with reflux shouldn't stay up at night worrying.

"They should focus on preventing the

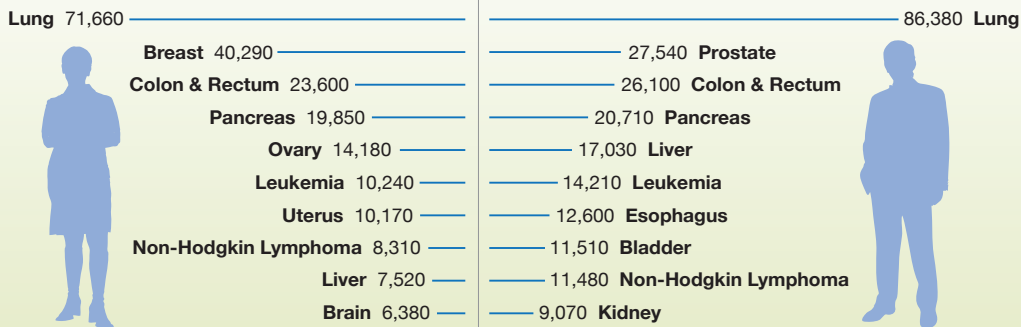
Death Rates from Most Major Cancers are Dropping



Lung cancer death rates in women are finally dropping, but in both women and men, lung cancer still accounts for about a quarter of all cancer deaths. Uterine and cervical cancers are combined because they were not reported separately until 1975.

Source: *Cancer Facts & Figures 2015*, American Cancer Society.

LEADING CANCER KILLERS



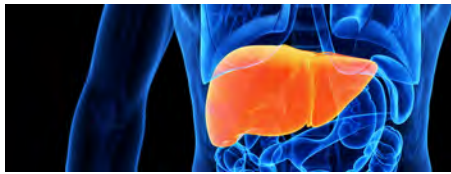
Estimated number of cancer deaths for 2015. Source: *Cancer Facts & Figures 2015*, American Cancer Society.

symptoms, not preventing cancer," says Abnet.

"Upper GI cancers are not so common in the United States, so we emphasize eating a diet that's optimal for overall health. You have a much higher risk of dying from heart disease than from esophageal cancer."

Warning signs: painful or difficult swallowing, chest pain, unintended weight loss, heartburn, a hoarse voice or cough that doesn't go away.

LIVER



Liver cancer is a killer. Five-year survival rates are 30 percent if the cancer is diagnosed early, but 3 percent if it has metastasized. And the incidence has doubled in both men and women in the last two decades (men have triple the risk of women). Obesity, diabetes, and hepatitis may explain why. The CDC recommends that baby boomers get tested (once) for hepatitis C.

You have a higher risk if you:

- have chronic hepatitis B or C infection
- have diabetes
- have alcoholic liver disease or cirrhosis
- smoke cigarettes

DIET, WEIGHT, EXERCISE

It's not clear why liver cancer has spiked in recent years, but the obesity epidemic bears some of the blame.

"In the past, the disease was really driven by hepatitis B and hepatitis C," says the National Cancer Institute's Christian Abnet. "And in countries that still have a lot of hepatitis B, that's still the major risk factor. But obesity is becoming a more important risk factor in the United States."

Obesity leads to non-alcoholic fatty liver disease. When the body runs out of room to store excess calories, the fat tissue

spills over into muscles and the liver, where it doesn't belong.

"It's thought that this intra-organ fat can lead to inflammation," explains Abnet. And inflammation may set the stage for tumors.¹⁵

Of course, *alcoholic* fatty liver disease also raises the risk of cancer, which seems to kick in largely among heavy drinkers.¹⁶ "Most of the data suggest that when people get to three drinks a day, that's when they start to see adverse effects," says Abnet.

One potential new ally in the fight against liver cancer: coffee. In a recent study, people who drank two or three cups a day had a 40 percent lower risk of liver cancer than those who drank none.¹⁷

"And in a 2009 study of people who had failed traditional therapy for hepatitis C," says Abnet, "liver disease was less likely to progress in people who drank at least three cups of coffee a day."¹⁸ (That's not much more than one venti at Starbucks.)

How might java protect the liver?

"There's pretty good evidence that both decaf and caffeinated coffee can lower the risk for type 2 diabetes," notes Abnet. "Something in coffee may reduce insulin resistance or inflammation."

Warning signs: abdominal pain or swelling, hard lump below rib cage on right side, yellow skin or whites of eyes, loss of appetite, unintended weight loss, weakness.

LUNG



Death rates have been dropping in men since 1991 and in women since 2003, thanks to less smoking.

Only 15 percent of patients are diagnosed at an early stage, when five-year survival rates are 54 percent. More than half of patients are diagnosed after the

cancer has metastasized, when five-year survival plummets to 4 percent.

You have a higher risk if you:

- smoke or have smoked tobacco
- have had long-term exposure to radon, asbestos, diesel exhaust, air pollution, or secondhand smoke
- have a parent or sibling who had lung cancer

DIET, WEIGHT, EXERCISE

It's clear that taking high doses of vitamin E doesn't lower your risk of lung cancer, and that if you're a smoker, taking high doses of beta-carotene (42,000 to 50,000 IU a day) may raise your risk.

Other links are still early leads. For example, a 2010 study of 500,000 healthy Europeans found a 56 percent lower risk of lung cancer in people with higher blood levels of vitamin B-6.¹⁹

"It's not clear if vitamin B-6 or other B vitamins—or some characteristics of people who eat vitamin-B-rich diets—explains the link," cautions the National Cancer Institute's Regina Ziegler.

On the downside, men who reported eating more red or very-well-done meat had a higher risk of lung cancer.²⁰

The study tried to carefully account for smoking, but "lung cancer is tricky," notes Imperial College London's Amanda Cross. "It's very difficult to tease apart the effects of smoking and meats because smokers tend to eat more red and processed meats."

How might red or well-done meat increase the risk of not just lung but colorectal, pancreatic, and other cancers?

"If you give animals N-nitroso compounds, heterocyclic amines, or polycyclic aromatic hydrocarbons, tumors will pop up in all sorts of organs, so it's not surprising that we see an association for multiple cancers," says Cross.



Warning signs: persistent cough, shortness of breath, constant chest pain, coughing up blood, a hoarse voice, frequent lung infections like pneumonia, fatigue, unintended weight loss, loss of appetite.

OVARY



Roughly 60 percent of patients are diagnosed after their ovarian cancer has metastasized, when five-year survival rates are only 27 percent. A blood test for CA-125 (a protein produced by many ovarian cancers) is not a good screening tool. In a trial on 78,000 women, those who were randomly assigned to have annual screening with a CA-125 test and a transvaginal ultrasound had no lower death rates from ovarian cancer than those who had “usual care.”²¹

You have a higher risk if you:

- have had breast cancer
- have a mother or sister who had cancer of the ovary or breast
- have mutations in genes (like BRCA1 and BRCA2) that are found in families with high rates of ovarian cancer
- never gave birth
- take or took estrogen (without progestin) within the last three years

DIET, WEIGHT, EXERCISE

“Consuming dairy products...has been shown to increase one’s risk of ovarian cancer,” says “The Dr. Oz Show” website.

“Studies have found that people who ate 30 grams of lactose a day increased their ovarian cancer risk by 20 percent. That’s one glass of milk or one cup of ice cream!”

Relax. Dr. Oz hasn’t done his homework. For starters, one glass of milk has 12 grams of lactose and a cup of ice cream has about 10 grams. What’s more, it’s not even clear that dairy or lactose matters.

When it comes to ovarian cancer, “dairy has been studied more than any other food,” says Melissa Merritt, a research fellow in cancer epidemiology at Imperial College London. “But there’s no consistent evidence linking dairy to ovarian cancer.”

For example, when researchers pooled

data on roughly 550,000 women in 12 studies, they found a “weak, marginally significant” link between lactose and ovarian cancer—and that was only if women got the lactose you’d get in at least three cups of milk per day. They found no link with cheese, yogurt, or calcium.²²

But “when we looked at the Nurses’ Health Study, we didn’t see an association between lactose intake and ovarian cancer risk,” adds Merritt.²³ “That was reassuring.” Her bottom line: “I wouldn’t advise women to change their dairy intake to avoid ovarian cancer.”

Extra weight may also raise the risk, but only in women who have never taken hormones after menopause.²⁴

Your best bet, says Merritt, is to “follow advice for preventing other cancers.”

Warning signs: swollen or bloated abdomen, gas, constipation, pressure or pain in the abdomen or pelvis, the need to urinate often, heavy vaginal bleeding, bleeding after menopause, lump in pelvic area, feeling full quickly.

PANCREAS



It’s the fourth-leading cancer killer, in part because there are no good screening tests and no good treatments. More than half of patients are diagnosed after the cancer has metastasized, when five-year survival rates average just 2 percent. Even if the cancer hasn’t spread at all, only 26 percent of patients survive for five years.

You have a higher risk if you:

- have a parent or sibling who had pancreatic cancer
- have type 2 diabetes
- smoke cigarettes
- have chronic pancreatitis

DIET, WEIGHT, EXERCISE

“The connection between pancreatic cancer and overweight or obesity is quite consistent,” says the National Cancer Institute’s Christian Abnet.

After pooling data on nearly 850,000 people in 14 studies, researchers estimated that overweight people had an 18 percent higher risk and that obese people had a

47 percent higher risk.²⁵ Why?

“Excess weight could raise the risk by inducing type 2 diabetes,” notes Abnet. People with diabetes have a 37 percent higher risk.²⁶

But it’s not clear whether diabetes causes pancreatic cancer or vice versa. “Diabetes could be induced by an undiagnosed tumor in the pancreas,” says Abnet. “You could develop diabetes because your pancreas is no longer functioning normally.”

Red meat is also a suspect. In the NIH-AARP study of roughly 530,000 people, the risk of pancreatic cancer was higher in men who ate the most red meat—or the most meat cooked at high temperatures—than in those who ate the least.²⁷

“We may not have seen an elevated risk in women because they ate less meat than men,” says Imperial College London’s Amanda Cross.

Warning signs: pain in the upper or middle abdomen or back, dark urine, pale stools, yellow skin and eyes, nausea, vomiting, feeling very tired, loss of appetite, unintended weight loss.

PROSTATE



The incidence of prostate cancer spiked in the early 1990s, soon after men started getting PSA tests. But most prostate cancers are not life threatening (see Sept. 2013, p. 1).

“The strongest predictor of prostate cancer is getting a PSA test,” says Lorelei Mucci, associate professor of epidemiology at the Harvard T.H. Chan School of Public Health.

That doesn’t mean that men shouldn’t get their PSA tested, she adds. The trick is to distinguish the harmless from the dangerous cancers. That’s why many newer studies look only for clues to the risk of aggressive or lethal cancers, rather than *all* prostate cancers.

You have a higher risk if you:

- are over 50
- have a father, brother, or son who had prostate cancer
- have had a biopsy that found high-grade prostatic intraepithelial neoplasia
- are of African ancestry

DIET, WEIGHT, EXERCISE

Does calcium raise the risk of prostate cancer? “It’s associated with advanced or fatal prostate cancer only at very high intakes,” says Mucci.

In a recent study that followed more than 47,000 health professionals for 24 years, a higher risk of advanced or fatal prostate cancer showed up only in men who got at least 2,000 milligrams of calcium a day.²⁸

You’re not likely to reach 2,000 mg without a calcium supplement, notes Mucci. (Expect 300 mg in a cup of milk, about 200 mg in a typical slice of cheese or container of yogurt, roughly 300 mg in the rest of a typical diet, and about 200 mg in most multivitamins for men.)

But it wasn’t clear that it was calcium—and not phosphorus—that explained the increased risk of prostate cancer. (Phosphorus is found not just in dairy foods and meat but in phosphate additives in processed and restaurant foods.)

Extra pounds also matter.²⁹ “Being overweight or obese is associated with an increased risk for more advanced prostate cancer,” says Mucci.

On the bright side, research suggests that the lycopene (or something else) in cooked tomatoes, tomato sauce, etc., may protect the prostate.

“Men who consume two to three tomato-based foods per week have a lower risk of developing a more advanced prostate cancer,” says Mucci.

And, she adds, in a recent study on men with prostate cancer, “fewer new blood vessels were being formed by the tumors of men who had consumed high levels of lycopene compared to men who had not.”³⁰ Tumors need to grow blood vessels to spread.

Researchers are also studying men who have been diagnosed with prostate cancer to see what might lead to a recurrence.

Among the findings: “Men who did brisk walking had a lower risk of recurrence and a lower risk of mortality after diagnosis,” notes Mucci.³¹

However, “recurrence is not a very strong predictor of prostate cancer mortality,” she cautions.

“Less than 20 to 25 percent of men who have a recurrence go on to develop metastatic disease. The big, unanswered question is whether a change in lifestyle or diet can improve survival, especially for men with advanced disease.”

Warning signs: weak or interrupted urine flow, difficulty starting or stopping urine flow, the need to urinate often especially at night, sudden urge to urinate, blood in the urine or semen, pain or burning with urination, pain in the back, hips, or pelvis that doesn’t go away.

UTERUS



Cancers of the endometrium (the lining of the uterus) have inched up in recent years. The obesity epidemic may explain why. Five-year survival rates are 82 percent, in part because most cancers are caught early.

You have a higher risk if you:

- never gave birth
- started menopause after age 55
- have taken estrogen without progesterin
- have diabetes
- have high blood pressure

DIET, WEIGHT, EXERCISE

“If you are overweight or obese, you have a higher risk of endometrial cancer,” says Melissa Merritt of Imperial College London. “The evidence is convincing.”

British researchers recently estimated that 40 percent of cancers of the uterus are due to extra pounds.³² Excess weight may promote tumors by boosting both estrogen and insulin levels.³³

The evidence isn’t quite “convincing” for exercise, but studies suggest that it does lower your risk.

For example, in one large study, the risk of endometrial cancer was higher among women who sat at least five hours a day. But exercise was linked to a lower risk only among overweight or obese women who did vigorous activity.³⁴

And there are hints that coffee may give you an edge.

“Two large studies found that a high intake of coffee was associated with a lower risk of endometrial cancer,” says Merritt.³⁵ “But a third did not.”³⁶

Her view: “It’s worth looking further.”

Warning signs: abnormal vaginal bleeding or spotting, discharge, pain during sex, pain in the pelvic area, pain or difficulty emptying the bladder. 🍌

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- ²⁷ *Cancer Epidemiol. Biomarkers Prev.* 16: 2664, 2007.
- ²⁸ *Am. J. Clin. Nutr.* 101: 173, 2015.
- ²⁹ *Cancer Prev. Res.* 4: 486, 2011.
- ³⁰ *J. Natl. Cancer Inst.* 2014. doi:10.1093/jnci/djt430.
- ³¹ *Cancer Res.* 71: 3889, 2011.
- ³² *Lancet* 384: 755, 2014.
- ³³ *Cancer Epidemiol. Biomarkers Prev.* 20: 971, 2011.
- ³⁴ *Int. J. Cancer* 124: 2139, 2009.
- ³⁵ *Cancer Epidemiol. Biomarkers Prev.* 24: 466, 2015.
- ³⁶ *Am. J. Clin. Nutr.* 101: 570, 2015.

For More Information

American Cancer Society
(cancer.org)

National Cancer Institute
(cancer.gov)

The Bottom Line

To reduce your risk of cancer:

1. Don’t use tobacco
2. Lose (or don’t gain) excess weight
3. Limit red and processed meat
4. Limit alcohol to 2 servings a day (men) or as little as possible (women)
5. Get at least 30 minutes of exercise a day



Location, Location

Trying to eat healthier lower-calorie foods? Keep them nearby...and keep the higher-calorie junk food away.

Researchers randomly assigned 56 college students to sit in a kitchen where apple slices and buttered popcorn had been placed in one of three locations: the apples were within arm's reach and the popcorn was about two yards away (Apples Near), the popcorn was within reach and the apples were two yards away (Popcorn Near), or both the apples and popcorn were within reach (Both Near). The participants were told to help themselves while the researcher left the room for six minutes. Then the participants rated their preference for each food.

Overall, they liked the popcorn more, but they ate roughly seven times more apple when it was near than when it was far, and about four times more popcorn when it was near than when it was far. In just six minutes, the people in the Apples Near group ate about 50 calories, while those in the other two groups ate about 150 calories.

What to do: Keep high-calorie foods far away (and preferably out of sight). If you want a snack nearby, make it fresh fruit or veggies.

Appetite 76: 175, 2014.

Peanut Butter & Babies

An estimated 3 percent of children in the United States are allergic to peanuts—a rate that has doubled in the last 10 years.

Between 2000 and 2008, doctors recommended that infants at risk of allergy avoid peanut butter. In 2008, the American Academy of Pediatrics withdrew that advice and called for more studies.

Soon after, British researchers noticed that Jewish children in the UK (where infants typically eat no peanut butter until they're 12 months old) were 10 times more likely to be allergic to peanuts than children in Israel (where infants are typically fed peanut butter starting at seven months).

So they randomly assigned 640 infants (aged four to 11 months) who were at high risk for peanut allergy (because they had severe eczema, egg allergy, or both) to either consume or avoid peanut butter until they were five years old. The “consumers” were supposed to eat at least two grams of peanut protein—what you'd get in about a

teaspoon of peanut butter—three times a week. (Most parents used Bamba, a snack food made of peanuts and puffed corn.)

Among the 530 children who had no signs of peanut allergy (on a skin-prick test) when they entered the study, 14 percent of those who avoided peanut butter—but just 2 percent of those who ate peanut butter—were allergic by age five. Among the roughly 100 children who had signs of a *mild* peanut allergy as infants, 35 percent of those who avoided peanut butter—but only 11 percent of those who ate it—were allergic by age five.

What to do: Until the Academy issues new guidelines, check with your doctor about when to feed peanut butter. (Spread it thinly on bread or crackers. Nuts—and even chunks of peanut butter—are choking hazards for children under four.)

N. Engl. J. Med. 372: 803, 875, 2015.



To Dodge Diabetes...

In 2002, the Diabetes Prevention Program (DPP) reported that a low-calorie, low-fat diet plus exercise lowered the risk of type 2 diabetes more than metformin (a blood-sugar-lowering drug) or a placebo in people at high risk for the disease. Seven years after the three-year trial ended, the weight loss and exercise were still paying off.

Among 1,416 women in the DPP who had no history of diabetes during pregnancy, those who had been in the weight loss + exercise group had a 30 percent lower risk of being diagnosed with diabetes since the study ended than those who got metformin or the placebo.

Among 350 women who had a history of diabetes during pregnancy, those who had been in either the metformin or weight loss + exercise group had about a 35 percent lower risk of diabetes than the placebo takers.

What to do: Lose (or don't gain) excess weight and aim for at least 150 minutes of exercise each week.

J. Clin. Endocrinol. Metab. 2015. doi:10.1210/jc.2014-3761.

To Stay Strong...

Strength training improves muscle strength and function, no matter your age. But does it help overweight people even if they lose no weight?

Researchers randomly assigned 111 sedentary overweight or obese adults aged 65 to 79 to a strength-training program with or without a diet that cut 600 calories from their usual intake. Three days a week, both groups did leg presses, leg curls, biceps curls, and other strength-training exercises under the researchers' supervision.

After five months, both groups lost equal amounts of fat in their muscle and gained equal knee strength and power, balance, and short-distance walking speed. However, only the calorie-cutting group lost weight (about 11 pounds), though that average didn't apply to each member of each group.

What to do: Lose excess weight if you can, but make sure you do strength training even if you're not shedding pounds. 🍌

Am. J. Clin. Nutr. 2015. doi:10.3945/ajcn.114.105270.

DIABETES DEFENSE?

Don't count on supplements to lower your blood sugar

BY DAVID SCHARDT

Blood Sugar Manager. Blood Sugar Defense. Blood Glucose Success. GlucoMiracle. If you have elevated blood sugar, supplements with names like those may grab your attention. Can they really help keep your blood sugar (blood glucose) under control?

The “gold standard” test is to see if their main ingredients lower hemoglobin A1c levels when pitted against a placebo. (A1c shows your average blood sugar over the

past three months: 5.6 percent or less is normal, 6.5 percent or more means you have diabetes, and anything in between is prediabetes.)

Most studies were done in people with type 2 diabetes who were also taking drugs to lower their blood sugar. That's not the same as testing a supplement by itself or in people with prediabetes. But it's all there is for the most popular ingredients in “sugar” supplements.

CINNAMON

In five good studies, a total of 349 people with type 2 diabetes took a daily dose of 1,000 mg ($\frac{1}{3}$ teaspoon) to 4,500 mg ($1\frac{3}{4}$ teaspoons) of cinnamon or a placebo. After three to four months, A1c levels in the cinnamon takers were no lower.¹

CHROMIUM

In a 1997 study of 150 people with type 2 diabetes in China, those who took 200 or 1,000 micrograms a day of chromium picolinate had lower A1c levels after four months than those who got a placebo.²

Since then, however, chromium (including picolinate) has struck out in 7 of 8 studies—including all four from the United States or Europe—in a total of 476 people with type 2 diabetes who took 400 to 1,000 mcg a day or a placebo for at least three months.³

And in a six-month Yale University study of 59 people with prediabetes, 500 and 1,000 mcg a day of chromium picolinate was no better at lowering A1c than a placebo.⁴

GYMNEMA SYLVESTRE

No good studies have compared gymnema with a placebo on A1c levels in people with type 2 diabetes.



FENUGREEK

Only one good study has looked at fenugreek and A1c in people with type 2 diabetes. Chinese researchers gave 46 patients 6.3 grams (about 2 teaspoons) of powdered fenugreek seeds every day. Twenty-three patients got a placebo. After 12 weeks, average A1c levels fell from 8.0 to 6.6 in the fenugreek takers, but from 8.6 to just 8.2 in the placebo takers.⁵

That's worth more research, but no good studies have been published in the seven years since the Chinese study appeared.

BITTER MELON

In the only trial that lasted long enough to see an impact on A1c levels in people with type 2 diabetes, researchers in the Philippines gave daily capsules containing bitter melon fruit and seeds or a placebo to 40 patients. After three months, A1c levels were the same in both groups.⁶

LIPOIC ACID

The two largest and longest studies gave 921 men and women with type 1 or type 2 diabetes 600 mg of liponic acid or a placebo every day. After two years in one study and four years in the other, A1c levels were no lower in the liponic acid takers than in the placebo takers.^{7,8}

¹ Cochrane Database Syst. Rev.: CD007170, 2012.

² Diabetes 46: 1786, 1997.

³ World J. Diabetes 5: 160, 2014.

⁴ Endocr. Pract. 17: 16, 2011.

⁵ Chin. J. Integr. Med. 14: 56, 2008.

⁶ J. Clin. Epidemiol. 60: 554, 2007.

⁷ Diabetes Care 29: 2365, 2006.

⁸ Diabetes Care 34: 2054, 2011.

DIGITAL DIABETES

Maybe you have diabetes. Maybe your blood glucose isn't that high yet, but it's starting to rise.

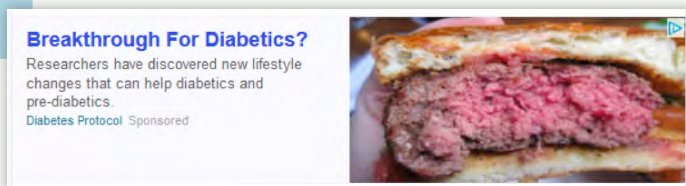
You've read that losing weight is the best way to get your blood sugar down. And you'd *like* to shed those 15 or 25 extra pounds. Maybe you'll start next week.

Then the online ad catches your eye. A "breakthrough"..."secrets the medical establishment doesn't want you to see"...information from researchers with a "moral duty" to get the word out about their "miracle cure."

That's worth 30 bucks, right?

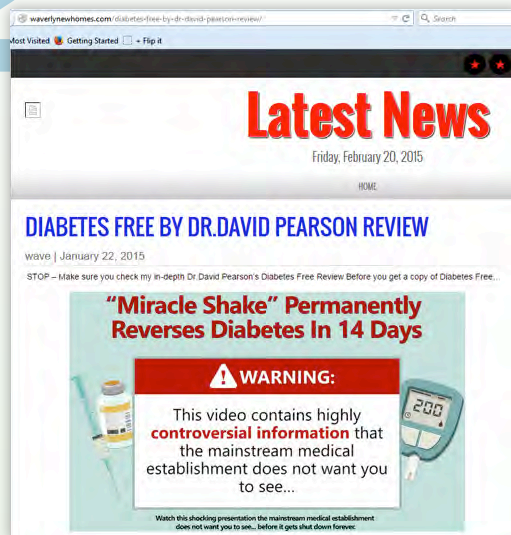
1

Perhaps you've seen ads like this one online.



2

Or maybe you've stumbled on a website like this.



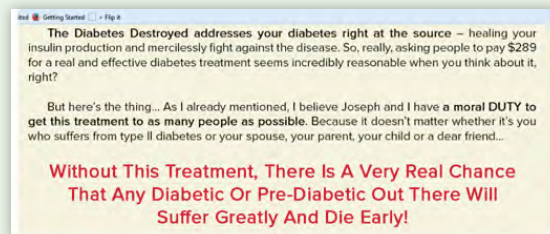
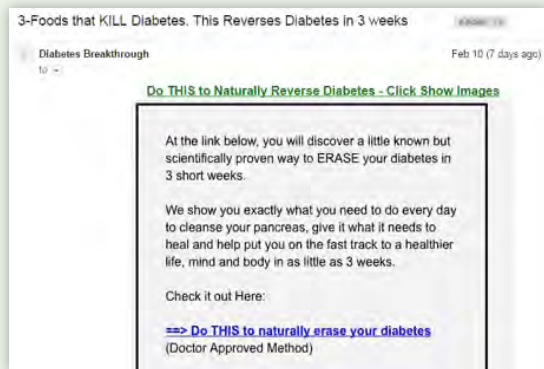
3

Or maybe spam like this has hit your e-mail inbox.



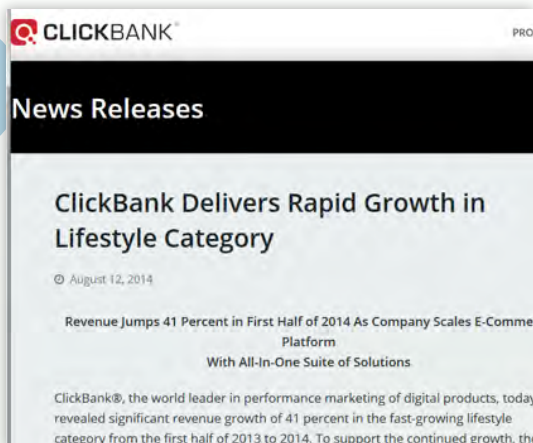
4

If you're curious and click on the links, you'll typically be treated to one of several long videos telling similar stories. A "courageous" medical researcher—sometimes he's "David Pearson," sometimes he's "Kenneth Pullman," sometimes he's someone else—is "risking his career" to alert the public about a simple, natural, quick way to cure diabetes that drug companies are trying to suppress.



The videos assure you that their cures treat the root cause of diabetes, are backed by dozens of studies, and will save thousands of lives. And they can be yours for about \$30 or \$40.

5



Who's behind the videos? It could well be a Boise, Idaho, company named ClickBank, which bills itself as "the world leader in performance marketing of digital products." Among those products is ClickBank's library of 50,000 courses and "cures."

Where do the "digital products" come from? Maybe from you.

"Have you ever compiled or created useful information that is now just 'collecting dust' on your hard drive?" asks the company in a pitch for new material on its website. "ClickBank is the easy way to sell your digital product." Easy is right. You don't even

have to disclose your real name to your prospective customers...or substantiate any claims you make.

If you don't have anything to sell, you can become an "affiliate marketer" and hawk something from ClickBank's extensive library. You simply set up a website—ones that feature phony product reviews (see No. 2) do very well—or send out spam e-mails (see No. 3). Just make sure your websites or e-mails contain links to products from ClickBank's library.

If someone bites, ClickBank collects a fee for handling the credit card transaction, then gives the affiliate marketer (that's you!) a nice chunk of what's left.

Diabetes booklets are among ClickBank's hottest sellers. According to the website cybercoded.com, some affiliate marketers rake in half a million dollars a month selling *Diabetes Free* (see No. 6).

6

And what are online shoppers offered when they click on one of the links?

In the case of *Diabetes Free*, a 121-page booklet (that you have to download and print) with a hodgepodge of advice on "how to treat the root cause of diabetes in as little as 14 days."

For your \$37 ("Retail Price: \$197"), you'll be urged to detoxify your liver with a cleanse, adopt a largely plant-based diet (with no dairy, and no sugar and fat at the same meal), and visualize yourself diabetes-free. You'll also be taught how to make a Diabetes Free Powder (mostly from Chinese herbs), and you'll be encouraged, among other things, to drink

distilled water, use only "natural" household cleaning products, cut back on plastics, buy "natural" alternatives to prescription and OTC drugs, and get more house plants to detoxify the air.

When we e-mailed the publisher, asking for proof that *Diabetes Free's*

advice works, we were referred to the 30 references that take up the last five pages. Not one of them was a test of what the booklet recommends.

Once we put *Diabetes Free* in our cart, but before we could check out, we were deluged with offers for other material—some (like music downloads) having nothing to do with diabetes—that could have added hundreds of dollars to the final bill. 🍌



Salute to Salads

BY KATE SHERWOOD

Salad and spring. Even the *words* sound great together. Now try salad and main dish. Here are three that fit the bill brilliantly: scrumptious...*and* with enough protein to be the center of your meal. To assemble, toss the ingredients with the dressing (it's so low in calories—see p. 14—that you can use more than two tablespoons for four cups of salad). The proteins and grains can be warm or cold. Each salad serves 2. 🍴

Got a question or suggestion? Write to Kate at healthycook@cspinet.org.

Carrot Ginger Tofu Salad

- 4 cups chopped romaine
- 1 cup shredded red cabbage
- ½ cup shelled edamame, thawed from frozen
- ½ lb. sautéed or raw tofu, cut into ½-inch cubes
- ½ cup cooked black, red, or brown rice
- ¼ cup chopped smoked almonds
- 1 scallion, chopped
- ½ cup Carrot Ginger Dressing (see p. 14)

Per serving (about 4 cups): calories 480 | sodium 370 mg
carbs 33 g | fiber 10 g | protein 22 g
total fat 30 g | sat fat 3 g



Avocado Lemon Shrimp Salad

- 4 cups chopped romaine or butter lettuce
- 1 cup sliced cucumber
- 1 cup diced mango
- ½ lb. cooked shrimp
- 1 cup cooked quinoa
- ½ cup Avocado Yogurt Lemon Dill Dressing (see p. 14)

Per serving (about 4 cups): calories 400 | sodium 480 mg
carbs 41 g | fiber 7 g | protein 35 g
total fat 12 g | sat fat 1.5 g



Sun-Dried Tomato Chicken Salad

- 4 cups mixed salad greens
- 1 cup lightly steamed broccoli florets
- 1 cup cherry tomatoes, quartered
- 10 fresh basil leaves
- 1½ cups cooked chicken, cut into ½-inch cubes
- ½ cup cooked bulgur
- ½ cup Sun-Dried Tomato Dressing (see p. 14)

Per serving (about 4 cups): calories 400 | sodium 390 mg
carbs 19 g | fiber 7 g | protein 39 g
total fat 19 g | sat fat 3.5 g





best dressed

Make your salad sizzle

BY JAYNE HURLEY & BONNIE LIEBMAN

1. Slash the salt. It's not clear why some companies dump so much salt into their dressings. Most major brands hover around 300 milligrams of sodium in a two-tablespoon serving.

Some are worse. Ken's Steak House Zesty Italian and Lite Caesar hit 550 mg (a third of a day's worth), proving that, at least for some of his dressings, Ken's *Stroke House* is more like it. Olive Garden's bottled Signature Italian (520 mg) isn't far behind. You can do better.

Two tablespoons of most of Panera's 12 bottled dressings have no more than 150 mg of sodium (our limit for a Best Bite)...and they taste great. Ditto for all Wild Thymes, about half of Tessemae's and Cindy's Kitchen, and half a dozen or so Annie's and Marie's. Check the photos below and on p. 14 for some taste faves among our Best Bites (and near misses).

2. Consider calories. We didn't limit calories for our Best Bites because salad dressings get most of their calories from heart-healthy unsaturated oils. What's more, you're using the dressing to coat low-calorie veggies.

That said, it's easy to overdo dressings if, like most people, you don't measure before you pour. With 50 to 100 calories in *each tablespoon* of most full-fat dressings, you can hit 150 to 400 calories if you

Still think of salad as a small bowl of lettuce, a wedge of tomato, and a few slices of cucumber? News flash: Salads have moved beyond those sad little side dishes.

Today, they come with an endless variety of greens, veggies, fruit, nuts, beans, and more. With some extra protein, they can even take center stage, replacing your carb-heavy, veggie-poor sandwich or pasta as a main dish.

What to put on that salad? If you haven't moved beyond Wish-Bone Italian, it's time for a change. Here's a guide to the best dressings in a bottle...and a few to whip up yourself.

The information for this article was compiled by Lindsay Moyer.

(oops!) drop three or four tablespoons on your salad. (That's how much restaurants like Au Bon Pain, Così, and Panera serve with their entrée-size salads.)

Trying to cut calories? You don't have to settle for off flavors.

Bolthouse Farms, for example, has a line of dressings that replace oil with yogurt and taste surprisingly good for having no more than 45 calories. Annie's Fat Free and Lite and Vino de Milo also have great flavor for dressings that rarely top 60 calories.

Other tips to cut calories:

■ **Toss, toss, toss.** A teaspoon or two of dressing should coat each cup of salad if you toss enough. It's easier to do that if you use a large bowl.

■ **Make your own.** See "Dress to Impress" (p. 14) for four dynamite dressings from

our Healthy Cook, Kate Sherwood. A two-tablespoon serving of any of them has less than 100 calories. (See p. 12 for a few salads to try them on.) Too much trouble to make fresh dressing before you serve? Prepare a week's worth ahead of time.

3. Don't sweat the sat fat. Dressings are largely made of unsaturated oils (typically canola or soybean), which lower LDL ("bad") cholesterol. Some (think blue cheese) add some cheese and/or sour cream. That can tack on an extra gram or so of sat fat, we estimate. But it's still outweighed by the unsaturated oils.

And don't get snookered by these claims:

■ **Omega-3s.** Many Marzetti Simply Dressed dressings brag about their "omega-3 ALA." And many from Litehouse



Photos: (top): © SunnySofotolia.com; bottom (l. to r.): Lindsay Moyer/CSPI, Marie's, Cindy's Kitchen, Marie's, Lindsay Moyer/CSPI, Ken's.

Fruit Vinaigrette	Honey Mustard	Italian	Balsamic	French
Annie's Fat Free Mango Vinaigrette	Cindy's Kitchen Honey Dijon Vinaigrette	Marie's Creamy Italian Garlic	Panera Balsamic Vinaigrette	Ken's Steak House Creamy French
Also try: Wild Thymes Mango Salad Refresher	Also try: Annie's Lite Honey Mustard Vinaigrette	Also try: Tessemae's Italian	Also try: Bolthouse Farms Creamy Balsamic	Also try: Vino de Milo Creamy Light French

Ranch

Asian Vinaigrette

Blue Cheese

Other Vinaigrette

Caesar



Marie's Creamy Ranch

Also try: Cindy's Kitchen Fresh Buttermilk Ranch



Wild Thymes Asian Toasted Sesame Vinaigrette

Also try: Panera Asian Sesame Vinaigrette



Bolthouse Farms Chunky Blue Cheese

Also try: Marie's Chunky Blue Cheese



Tessemae's Cracked Pepper

Also try: Cindy's Kitchen Barcelona



Cindy's Kitchen Roasted Garlic Caesar

Also try: Marie's Caesar

tout their "Canola Oil with Omega 3." So what? You'd get about the same amount of ALA (alpha-linolenic acid) in *any* dressing made with canola or soybean oil.

In contrast, Cindy's Kitchen Roasted Yellow Bell and Serrano Pepper has 160 mg of omega-3s from *fish* oil. That's not a huge dose—you'd get that much in about three teaspoons of salmon—but it's more than the 10 mg in Ken's Light Options dressings.

■ **Olive oil.** Most dressings that make olive oil claims add just a smidgen. Excep-

tion: Tessemae's uses only olive oil (and doesn't make a fuss about it on the label).

■ **Vitamins.** "Naturally Helps Better Absorb Vitamins A & E from salad with the oils in Wish-Bone," says Wish-Bone Italian's bottle. *Any* oil—or any fat in your salad or meal—can help absorb those vitamins. There's nothing special about Wish-Bone.

4. **Keep a lid on sugar.** We couldn't set a limit on added sugars because labels don't distinguish between them and the naturally occurring sugars in any fruit

ingredients. But we did deny Best Bites to dressings that listed sugar as the first ingredient.

As a rule, you're more likely to find added sugars in a French, fruit, honey mustard, poppyseed, or sweet onion dressing than in a blue cheese, Caesar, Italian, ranch, or savory vinaigrette.

Luckily, most dressings that add sugar have no more than about a teaspoon. Just watch out for tricky claims. For example, Briannas Blush Wine Vinaigrette boasts that it contains "No HFCS," but the dressing is roughly half sugar. Marzetti Simply Dressed bottles make a similar claim, but the company just substitutes sugar for high-fructose corn syrup. To your body, HFCS and sugar are essentially the same.

5. **Give small brands a whirl.** If you don't mind paying a few extra bucks and having to head to a store like Whole Foods to find them, some smaller brands deliver amazing taste for less salt...and no food dyes or artificial flavors:

■ **Cindy's Kitchen.** Ingredients like extra-virgin olive oil, vegetable and fruit purées or juices, fresh herbs, roasted tomatillos, avocado, and chipotle, jalapeño, and ancho peppers don't come cheap. But they add up to the best-tasting dressings we tried. Impressive!

■ **Tessemae's.** They cut the emulsifiers, so the oils separate, like a homemade vinaigrette might. And the olive oil solidifies in the refrigerator case, just like it will in your fridge. Don't be put off by either. They'll look fine...and taste great...at room temperature. Caution: Tessemae's labels use a one-tablespoon serving, so you have to double all the Nutrition Facts.

■ **Wild Thymes.** All nine varieties are Best Bites, and none top 70 calories or 60 mg of sodium. (Exception: the Asian Toasted Sesame Vinaigrette has 120 mg.) If you're looking for a fruity dressing, start here. 🍷

DRESS TO IMPRESS

BY KATE SHERWOOD

Salad dressings that taste like a million bucks but aren't salt bombs? Who knew? Well here are four. You may never hit the bottle again.

Directions? Put all the ingredients in a blender and process until smooth. You can refrigerate what you don't use for up to a week.

Sun-Dried Tomato

- ½ cup cherry tomatoes
- ¼ cup extra-virgin olive oil
- ¼ cup plain nonfat yogurt
- 4 pieces oil-packed sun-dried tomatoes, drained
- 2 Tbs. red wine vinegar
- ½ tsp. kosher salt
- ¼ tsp. dried oregano

Makes 1 cup Per 2 Tbs: 70 calories, 130 mg sodium

Apple Mustard Vinaigrette

- ½ cup unsweetened apple sauce
- ¼ cup extra-virgin olive oil
- 1 Tbs. cider vinegar
- 1 Tbs. mayonnaise
- 2 Tbs. whole-grain mustard
- 1 tsp. honey
- ¼ tsp. kosher salt

Makes 1 cup Per 2 Tbs: 90 calories, 150 mg sodium

Avocado Yogurt Lemon Dill

- ½ ripe Hass avocado
- ¼ cup plain nonfat yogurt
- 2 Tbs. mayonnaise
- 2 Tbs. fresh dill sprigs
- 2 Tbs. diced white onion
- 2 Tbs. lemon juice
- ½ tsp. kosher salt

Makes 1 cup Per 2 Tbs: 45 calories, 150 mg sodium

Carrot Ginger

- 1 cup grated carrot
- ¼ cup canola oil
- 2 Tbs. reduced-sodium soy sauce
- 2 Tbs. rice or cider vinegar
- 2 Tbs. minced ginger
- 2 Tbs. water
- 1 Tbs. toasted sesame oil
- 2 tsp. sugar

Makes 1 cup Per 2 Tbs: 90 calories, 150 mg sodium

Dressing Up

Best Bites (✓✓) have no more than 150 milligrams of sodium in a two-tablespoon serving. We disqualified dressings that have sugar (or any sweetener) as the first ingredient. The chart consists almost entirely of Best Bites, and doesn't include many varieties of smaller regional brands or salty big brands like Kraft and Wish-Bone. Dressings are ranked from least to most sodium, then least to most calories.

	Calories	Sodium (mg)
Fruit Vinaigrettes (2 Tbs.)		
✓✓ Annie's Fat Free Mango	20	5
✓✓ Wild Thymes Salad Refresher ¹	70	15
✓✓ Panera Tangerine Honey ^R	70	25
✓✓ Panera Raspberry ^R	20	50
✓✓ Bolthouse Farms Raspberry Merlot ^R	30	50
✓✓ Cindy's Kitchen—Pomegranate or Tangerine ^{1,R}	30	60
✓✓ Annie's Lite or Trader Joe's Raspberry ¹	40	60
✓✓ Cindy's Kitchen—Blueberry, Pear, or Raspberry Nectar ^{1,R}	130	60
✓✓ Litehouse Raspberry Walnut ^R	100	70
✓✓ 365 Organic (Whole Foods) Raspberry	45	85
✓✓ Marie's ^R or Drew's Raspberry ¹	60	90
✓✓ Litehouse—Huckleberry, Pomegranate Blueberry, or Organic Raspberry Lime ^{1,R}	30	100
✓✓ Stonewall Kitchen—Cranberry Ginger or Maine Blueberry ¹	70	100
✓✓ Newman's Own Lite Raspberry & Walnut	70	120
✓✓ Ken's Steak House Lite—Apple Cider, Raspberry Pomegranate, Raspberry Walnut, or Strawberry ¹	80	130
✓✓ Litehouse or Panera Fuji Apple ^{1,R}	100	130
✓✓ Marzetti Strawberry	110	150
Ken's Steak House Fat Free Raspberry Pecan	50	280

Asian Vinaigrettes (2 Tbs.)		
✓✓ Cindy's Kitchen Thai Green Curry ^R	130	25
✓✓ Stonewall Kitchen Sesame Ginger	40	75
✓✓ Cindy's Kitchen Carrot & Ginger ^R	40	95
✓✓ Wild Thymes Asian Toasted Sesame	60	120
✓✓ Panera—Asian Sesame or Thai Chili Lime ^{1,R}	50	135
✓✓ Drew's Thai Sesame Lime	170	140

Balsamic Vinaigrettes (2 Tbs.)		
✓✓ Stonewall Kitchen Olive Oil & Balsamic	160	0
✓✓ 365 Organic (Whole Foods) Strawberry Balsamic	20	10
✓✓ Annie's Fat Free Raspberry Balsamic	30	10
✓✓ Wild Thymes Balsamic—Mediterranean or Raspberry ¹	70	35
✓✓ Vino de Milo Balsamic & Olive Oil	60	55
✓✓ Annie's Balsamic—Organic or regular	100	55
✓✓ Trader Giotto's (Trader Joe's) Balsamic	80	60
✓✓ Panera Balsamic ^R	90	85
✓✓ Marie's Caprese ^R	110	85
✓✓ Stonewall Kitchen Balsamic—Fig, Maple, or Strawberry ¹	90	95
✓✓ Litehouse—White Balsamic or Organic Balsamic ^{1,R}	80	115
✓✓ Tessemae's Balsamic ^R	200	120
✓✓ Bolthouse Farms Balsamic—Classic or Yogurt Creamy ^{1,R}	35	135
✓✓ Drew's Rosemary Balsamic	160	140
✓✓ Cindy's Kitchen Balsamic ^R	140	150
Kraft Balsamic	60	350

Italian & other Savory Vinaigrettes (2 Tbs.)		
✓✓ Wild Thymes Tuscan Tomato Basil	60	30
✓✓ Vino de Milo—Roasted Garlic or Sun-Dried Tomato ¹	35	70
✓✓ Cindy's Kitchen Barcelona ^R	190	70
✓✓ Tessemae's Lemonette ^R	200	70
✓✓ Drew's Smoked Tomato	110	75

✓✓ Stonewall Kitchen Classic Italian	180	75
✓✓ Cindy's Kitchen Tomato Basil ^R	20	80
✓✓ Vino de Milo Creamy Italian	100	90
✓✓ Drew's—Greek Olive or Roasted Garlic & Peppercorn ¹	140	95
✓✓ Cindy's Kitchen Lemon Parsley ^R	35	105
✓✓ 365 Organic (Whole Foods) Sundried Tomato	10	115
✓✓ 365 Organic (Whole Foods) Red Pepper & Feta	15	120
✓✓ Bolthouse Farms Italian ^R	25	120
✓✓ Marie's Creamy Italian Garlic ^R	180	125
✓✓ Tessemae's—Cracked Pepper or Lemon Garlic ^R	200	130
✓✓ Litehouse Tuscan Herb with Lemon ^R	80	135
✓✓ Cindy's Kitchen Roasted Yellow Bell and Serrano Pepper ^R	60	140
✓✓ Litehouse—Greek or Red Wine & Olive Oil ^{1,R}	80	140
✓✓ Tessemae's Italian ^R	160	140
✓✓ Annie's Organic Chile Lime	80	150
✓✓ Newman's Own Olive Oil & Vinegar	150	150
Olive Garden Signature Italian	80	520
Ken's Steak House Zesty Italian	90	550

Honey Mustard & other Sweet Creamy (2 Tbs.)		
✓✓ Panera Poppysseed ^R	30	55
✓✓ Cindy's Kitchen Honey Dijon Vinaigrette ^R	110	60
✓✓ Vino de Milo Gorgonzola Pear	60	80
✓✓ Cindy's Kitchen "Sweet" Basil Vinaigrette ^R	100	85
✓✓ Vino de Milo Creamy Light French	40	95
✓✓ Bolthouse Farms or Marie's Yogurt Honey Mustard ^{1,R}	45	105
✓✓ Briannas Champagne Caper Vinaigrette	160	105
✓✓ Ken's Steak House Sweet Vidalia Onion	120	115
✓✓ Cindy's Kitchen Lite Classic French ^R	60	120
✓✓ Annie's Lite Honey Mustard Vinaigrette	40	125
✓✓ Litehouse Honey Mustard ^R	130	140
✓✓ Briannas Lively Lemon Tarragon	35	150
✓✓ Cindy's Kitchen Vidalia Onion and Cilantro ^R	90	150
✓✓ Ken's Steak House—Creamy French or Honey Mustard	130	150
Kraft Classic Catalina	90	350

Blue Cheese, Caesar, Ranch, etc. (2 Tbs.)		
✓✓ Vino de Milo Artichoke Parmesan	20	45
✓✓ Wild Thymes Parmesan Walnut Caesar Vinaigrette	70	60
✓✓ Trader Joe's Hummus ^R	80	65
✓✓ Cindy's Kitchen Chipotle Ranch ^R	100	80
✓✓ Cindy's Kitchen Roasted Garlic Caesar ^R	170	110
✓✓ Trader Joe's Cilantro ^R	45	115
✓✓ Tessemae's Zesty Ranch ^R	220	130
✓✓ Bolthouse Farms Yogurt Chunky Blue Cheese ^R	35	135
✓✓ Panera Southwest Caesar ^R	120	140
✓✓ Cindy's Kitchen Fresh Buttermilk Ranch ^R	140	140
✓✓ Litehouse Yogurt Caesar ^R	50	150
✓✓ Marie's Ranch—Creamy or Creamy Chipotle ^{1,R}	170	150
✓✓ Trader Joe's Romano Caesar	180	150
Marie's—Caesar or Chunky Blue Cheese ^{1,R}	170	160
Hidden Valley Ranch	140	260
Ken's Steak House Lite Caesar	70	550

✓✓ Best Bite. ¹Average. ^RRefrigerated.
 Note: Best Bites are based on sodium and sugar, not taste.

Daily Sodium Limit (for a 2,000-calorie diet): 1,500 milligrams.

Source: company information. The use of information from this article for commercial purposes is strictly prohibited without written permission from CSPI.

RIGHT STUFF

ZOODLES OF FUN



It doesn't matter if it's spaghetti with marinara, meatballs, puttanesca, pesto, clam, or another sauce. No matter how you serve it, Americans love their pasta.

The problem: spaghetti and its relatives have around 200 calories per cup. And if you eat as much at home as you're served at a typical restaurant, you can multiply those 200 calories by 3 or 4. That's

roughly twice as much grain as most people should eat in a day. (So no cereal or bread or rice for you tomorrow.)

But that was the pasta of the past. Now you can make your own pasta...out of vegetables.

Take the **Veggetti Spiral Vegetable Cutter**. "Veggetti has 12 ultra-sharp stainless steel blades that effortlessly slice through vegetables for endless pasta strips," says the manufacturer's website.

The Veggetti is around \$15 at stores like Bed Bath & Beyond, Target, and Walmart, or on Amazon. Or try similar cutters by **Brieftons**, **GEFU**, or **Ouddy**.

"Just place a zucchini into Veggetti and turn," explains the video that's on the website. "In just seconds you've got tasty zucchini spaghetti with perfect pasta texture."

The calories drop to just 20 per cup if you serve your "zoodles" uncooked. (Toss them with a tasty salad dressing. Mmm.) Make that 30 calories per cup if you boil or sauté them for just a minute or two. (Any longer and they get mushy.)

Then what? Spoon on your favorite fresh tomato or marinara sauce, or toss with olive oil and sautéed garlic and veggies. Zucchini primavera, anyone?

buyveggetti.com

FOOD PORN

CANDYCAKES

"Chocolate chips and white chocolate chips inside two buttermilk pancakes, topped with hot fudge and drizzled with peanut butter sauce."



How clever of **Denny's** to give us a taste of Reese's iconic candy with its **Peanut Butter Cup Pancake Breakfast**.

What better way to start the day than with 1,030 calories' worth of mostly white flour and hot fudge? Bonus: you get in a full day's worth of saturated fat (20 grams) and sodium (1,510 milligrams) and a two-day supply of sugar (15 teaspoons) before 10 a.m. The ¼ cup "side of warm syrup," we estimate, adds another 9 teaspoons of sugar and 220 calories.

But why stop there? Denny's adds "two eggs and hash browns, plus your choice of two strips of bacon or two sausage links." (Remember when two eggs, hash browns, and bacon were a big breakfast? And that's when people were prepping for a day's worth of farm work, not strenuous keyboarding.)

Choose sausage and you'll shuffle out with 1,870 calories and 32 grams of sat fat plus 2,740 mg of sodium and around 24 teaspoons (half a cup) of sugar. With bacon, it's not much better.

It's like eating two Denny's Original Grand Slam breakfasts (each with two pancakes, syrup, two eggs, two bacon strips, and two sausage links).

Compared to the Peanut Butter Cup Pancake Breakfast, a Grand Slam is a *Grand Slim*.

dennys.com — (800) 733-6697

dish OF THE MONTH



Almond Joy

To make just about any salad sparkle, add a tablespoon of toasted slivered or sliced almonds. (Careful. They go from untoasted to charred in seconds.)

They're also brilliant when sprinkled on plain yogurt with berries or sliced bananas.

quicktip

A teaspoon of unscented bleach added to a quart of water makes a great sanitizer for kitchen counters and the walls, shelves, and bins inside your fridge. (Pat them dry with fresh paper towels.) You do clean your fridge every month, right?