

# Nutrition *Action*

APRIL 2018 \$2.50

HEALTH LETTER®

CENTER FOR SCIENCE IN THE PUBLIC INTEREST

## PROSTATE CANCER

a new era

**APRIL FOOLS!**  
The latest label tricks

When **foods & drugs** *don't mix*

The best frozen  
**bowls**

## M E M O

## Hold the Information and Pass the Salt



It's a common refrain here in Washington that passing legislation is akin to sausage making: messy, requiring the commingling of less-than-desirable elements, and best observed from a safe distance. The result may be palatable, but only rarely is it nutritious.

Congress and the administration du jour offer no shortage of candidates for indigestion. Some recent examples:

■ **Calories on menus.** Thanks to the 2010 Affordable Care Act (and years of effort by CSPI and its partners), on May 5, 2017, menus were all set to show diners what foods at major restaurant, supermarket, convenience store, and movie theater chains would do to their waistlines.



A company could define a "serving" of a 500-calorie muffin as, say, just 1/5 of the muffin...without telling consumers to multiply by 5, according to Congress's notion of "common sense."

On May 4th, the Food and Drug Administration delayed the deadline by a year. But that was too soon for Congress. This February, the House passed the cynically named Common Sense Nutrition Disclosure Act.

If approved by the Senate and signed into law, the act would delay the effective date well beyond May 2018. And it would let restaurants invent misleading serving sizes, hide calories in hard-to-find places in supermarkets and convenience stores, and remove calories from pizza chain menus.

■ **Cutting sodium.** In mid-2016, the FDA proposed that the food industry voluntarily cut sodium in packaged and restaurant foods, with two-year and ten-year targets.

Almost two years later, the FDA's proposed targets have yet to be finalized. But that apparently isn't good enough for Con-

gress. A rider—an unrelated add-on to must-pass budget bills—is preventing the FDA from finalizing the ten-year targets (though that could change in a future spending bill).

■ **Who needs exercise?** The president's proposed 2019 budget would slash funding for the Centers for Disease Control and Prevention, and would eliminate the CDC's Division of Nutrition, Physical Activity, and Obesity.

Now *that's* a novel way to deal with obesity, diet-related diseases, and physical inactivity, which account for nearly 700,000 preventable deaths each year.

■ **SNAP judgment.** The Supplemental Nutrition Assistance Program (SNAP) helps tens of millions of working Americans buy food for their families.

The Trump administration wants to replace about half of the SNAP bene-

fits that most recipients receive with food rations.

"America's Harvest Box" will have things like shelf-stable milk, canned meat, cereal, and peanut butter. Fresh fruits or vegetables? Fresh fish? Apparently, they're for rich people who get to choose their own food.

Rest assured that CSPI will continue to ride herd on these and other health drainers. Eternal vigilance is the price of liberty. The alternative, it seems, is an overcooked sausage.

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# PROSTATE CANCER

a new era

BY BONNIE LIEBMAN

**T**en years ago, everyone was getting radical treatment for prostate cancer,” says Laurence Klotz, chairman of the World Urological Oncology Federation. “Everybody. Even low-risk patients. Then the world changed.”

Now researchers know far more about who to treat and who to keep under “active surveillance.” And now urologists can use new techniques—from MRI scans to tests for genetic aberrations—to help men decide what to do.

“It’s a new era,” says Klotz. “This whole area is changing rapidly.”

## To Screen or Not to Screen...

“I got diagnosed with prostate cancer Friday, June 13th, 2014,” wrote the actor Ben Stiller in 2016 on the website [Medium](#).

“On September 17th of that year I got a test back telling me I was cancer free. The three months in between were a crazy roller coaster ride with which about 180,000 men a year in America can identify.”

That was 2016. By 2017, the number of men diagnosed with prostate cancer had dropped to an estimated 160,000. Is that good news?

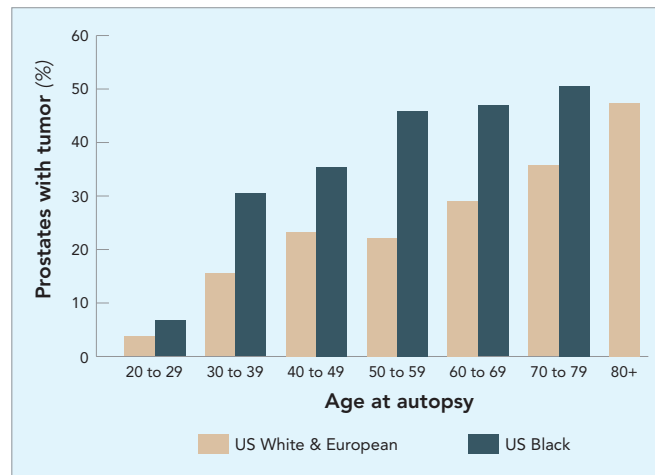
“Normally, we would celebrate a decline in cancer incidence rates,” wrote Meir Stampfer and others in a recent issue of *JAMA Oncology*.<sup>1</sup>

But prostate cancer is different.

“Many, perhaps most, prostate cancers never cause harm because they are indolent,” says Stampfer, professor of epidemiology and nutrition at the Harvard T.H. Chan School of Public Health.

In fact, autopsy studies find undiagnosed prostate cancer in more than a third of Caucasian and half of African-American men aged 70 to 79.<sup>2</sup>

## THE AGING PROSTATE



In autopsy studies of men who die of causes other than prostate cancer, more than a third of Caucasian and half of African-American men over 70 have the disease.

“That tells you right off the bat that most prostate cancer is harmless,” says Stampfer.

But finding and treating those cancers

does cause harm.

For every 1,000 men aged 55 to 69 who are screened, 100 are diagnosed with prostate cancer. And treatment—surgery or radiation—saves only one or two lives. (See “PSA: By the Numbers,” p. 4.)

Meanwhile, 60 of the 100 experience impotence or urinary incontinence. And that doesn’t include the anxiety or pain felt by the 120 who undergo a biopsy that finds no cancer.<sup>3</sup>

In 2012, that led the U.S. Preventive Services Task Force (USPSTF) to recommend against screening for high blood levels of PSA (prostate-specific antigen), which had been the main screening tool since 1994.

“The main driver was the huge overtreatment of prostate cancer,” says Stampfer. “We had lots of men getting surgery and radiation for slow-growing tumors that most likely never would have caused any harm if they weren’t diagnosed.”

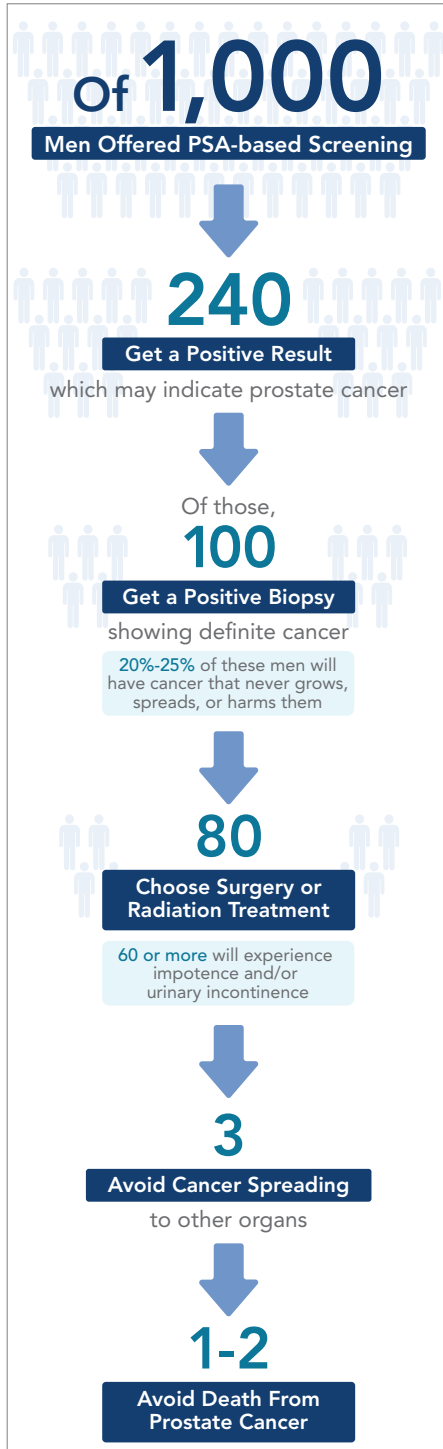
But no screening also has a downside.

“There’s clearly harm caused by overtreatment, but it doesn’t make sense to stop PSA testing completely, because some tumors are aggressive, and we can do something about them,” says Stampfer. “Prostate cancer is still the third leading cause of cancer death in U.S. men.”

In April 2017, the USPSTF issued a new recommendation: Men aged 55 to 69 should talk to their doctor about a PSA test. (Older men can still skip the test, said the USPSTF.)<sup>4</sup>



## PSA: BY THE NUMBERS



PSA screening harms 60 men to save 1 to 2 lives, [says](#) the U.S. Preventive Services Task Force. Fewer men would be harmed if more chose active surveillance.

For starters, instead of going straight from a high PSA to a biopsy, urologists can order a second test—like a 4K score, Phi, or Select MDx—to look at types of

PSA or other markers in blood or urine.

“These tests clearly identify a group of patients who are at higher risk,” says Klotz, who chairs the World Urological Oncology Federation and the Canadian Urology Research Consortium.

For some men, the next step may be an MRI (magnetic resonance imaging). “The MRI is a game changer,” says Klotz.

A key question: Can you skip a biopsy if an MRI finds no cancer?

“In our large national study, MRI didn’t work as well as we had hoped,” says Klotz. “Most patients still needed a biopsy even if the MRI found no cancer.”

So for now, the answer depends on how much of a risk to take.

“If a man’s only risk factor is a slightly elevated PSA, the MRI can probably replace the biopsy,” says Klotz. “But a high-risk patient is going to need a biopsy even if the MRI shows no cancer.”

A biopsy reveals not just who has cancer, but the tumor’s Gleason score. And that’s still the key to deciding whom to treat and whom to keep on “active surveillance.” That means men periodically get a PSA, a biopsy, or other tests, and get treated if necessary.<sup>5</sup>

### Gleason & Beyond

When you get a biopsy, a pathologist gives the prostate cells a Gleason *grade*, which ranges from 1 (most normal) to 5 (most abnormal).

Your Gleason *score* is made up of two Gleason grades: the most common + the most abnormal. So if most of your cells are Gleason grade 3, but a few are grade 4, your score is 3+4. But if most are grade 4, and a few are grade 3, your score is 4+3.

And 3 versus 4 can be the difference between night and day.

“Most Gleason grade 3 cells look normal,” says Klotz. “They lack most of the hallmarks of cancer, and the DNA in about 90 percent of the samples has no molecular aberrations.”

In contrast, “Gleason grade 4 cells look like cancer,” he says. “The DNA has deleted tumor suppressor genes and other aberrations. It’s a real cancer.”

His Toronto Surveillance Cohort has

“That’s better,” says Stampfer. But he’s worried that too few men will get tested.

“A few years after screening started to take hold, the incidence of metastatic cancers at the time of diagnosis fell dramatically, because those cancers were being picked up earlier,” says Stampfer. “And we saw a big drop in prostate cancer mortality.”

But the decline has tapered off.

“Death rates have been flat, and my fear is that they’ll start going back up,” says Stampfer. “PSA testing lets you diagnose the disease about 10 years early,” so deaths may not rise until 2022.

“Instead of putting our heads in the sand by not screening, a more reasonable solution is to do targeted PSA testing,” he argues.

For example, a single PSA test may be enough for many men. “If your PSA is 1 or less at age 60—that’s true for about half of all men—we can say ‘Good news, you’re not going to die of prostate cancer,’ and you’re done,” says Stampfer.

Men who are African-American or who have a family history of prostate cancer should get screened at age 45, he suggests.

But it makes no sense to screen men whose life expectancy is less than 15 years, he notes. “In the early days of testing, my 90-year-old father had a PSA test. That’s just silly.”

What’s more, doctors are getting better at predicting which men with high PSA scores need a biopsy, and which men with cancers need to be treated.

### A New Era

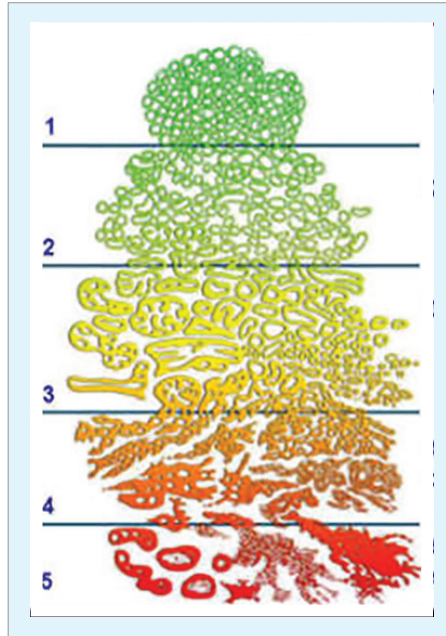
Five years ago, many doctors would do a biopsy on any man with a PSA over 4.

“Now, unless it’s really high, the doctor might say ‘Okay, come back in three or six months,’” says Stampfer. “A high PSA could be due to a prostate infection or too much bike riding or just a fluke.”

And doctors have new tests to predict the odds of whether you have cancer and whether it’s aggressive enough to treat.

“This whole area is changing rapidly,” says Laurence Klotz, past chief of urology at the Sunnybrook Health Sciences Centre in Toronto.

## GLEASON GRADES



If doctors are sure that your prostate harbors no cells with Gleason grade 4 or 5, your cancer is unlikely to cause harm.

biopsy didn't miss a Gleason 4.

"That is the Achilles' heel of this field," says Klotz. It happens in 25 to 30 percent of patients with Gleason 3+3. In contrast, he says, "true progression from a Gleason 3 to a 4 or a 5 occurs in only 1 to 2 percent of cases per year."

So far, three new tests—Decipher, Oncotype DX, and Prolaris—are being used to test prostate tissue genes for signs

that the cancer is aggressive.

"The tests can predict patients who are more at risk for dying of prostate cancer based on the pattern of genetic expression," says Klotz. The tests are unnecessary for most low-risk patients.

"We mainly use them where you have a discrepancy," says Klotz. "For example, you have a patient who has a little bit of Gleason pattern 4, but most of the disease is the more favorable Gleason 3. The MRI shows no cancer. The PSA is favorable. Does that patient really need surgery or radiation? The tests are quite useful in those kinds of borderline situations."

Some genetic tests can also detect if men have genes like BRCA1 or BRCA2.

"These patients don't repair mistakes in their DNA, so they accumulate a massive number of mutations rapidly," says Klotz. "These men should not be on surveillance because they deteriorate rapidly."

Men with BRCA1 or 2 make up about 3 percent of the population but closer to 10 to 15 percent of men with prostate cancer, he adds. Most have a family history of breast or ovarian cancer.

"It's not a stretch to say that within a year or so, we're going to be screening every surveillance candidate for those mutations," adds Klotz.

That's the future, he says.

"With genetic testing, we're going to move to an era where there's no gray zone about who to treat and who to follow. You'll be able to predict with significant accuracy what's going to happen."

## Lower your Risk

Harvard's Meir Stampfer isn't looking for links to a higher risk of *all* prostate cancers.

"We're interested in what raises the risk of lethal prostate cancer, not indolent disease," he says.

Of the risk factors that you can change, "smoking within the previous 10 years is one of the big ones," says Stampfer.

tracked nearly 1,000 patients for up to 20 years.<sup>6</sup> They got periodic biopsies and PSA tests, and they were treated if their Gleasons got worse.

"Having a baseline PSA above 10 didn't have much impact," says Klotz. Nor did a rapid rise in PSA.

What mattered: having any Gleason 4.

"Even in the most-favorable 3+4 group, about 20 percent metastasized by 15 years despite careful monitoring," says Klotz.

"That's too high, so we now say either treat the patient or be very, very cautious." (Anyone with a less-favorable Gleason 4+3 gets treated.)

In contrast, Johns Hopkins University only accepted men at *very* low risk into its active surveillance cohort. (For example, they had no Gleason grade 4 and couldn't have Gleason grade 3 in more than two samples from one biopsy.) Of 1,300 men, only five had metastases after 15 years. Another 47 died of other causes.<sup>7</sup>

"Now Hopkins pretty much offers surveillance to nearly all men with a Gleason 3+3 score," says Klotz.

And urologists now classify Gleason 3+3 as Grade Group 1, not just because it's less risky, but because it sounds less advanced. (Gleason 3+4 is Group 2, and Gleason 4+3 is Group 3.)

Of course, doctors consider other factors before advising each patient.

Nevertheless, says Klotz, "we can now offer active surveillance to a third to 40 percent of newly diagnosed patients."

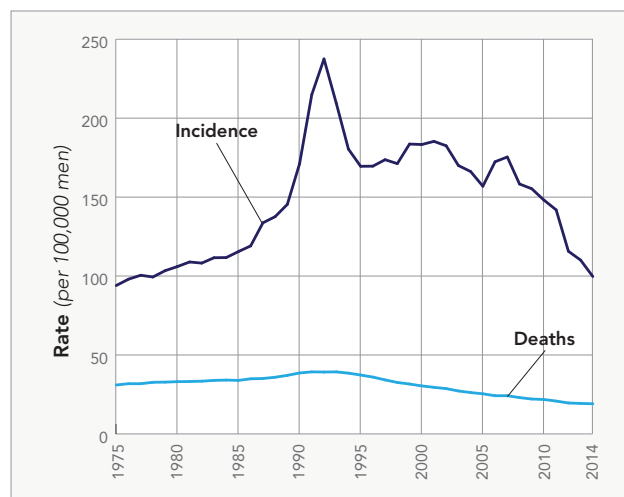
## New Gene Tests

"We have no problem putting patients on surveillance in Canada," says Klotz. "Men accept it and don't seem to have anxiety about it."

But some men, he says, especially "south of the border"—that is, in the United States—are anxious or get infected with anxiety by their physicians.

For those men, an MRI and new genetic tests can help. What's more, they can help ensure that a

## DIAGNOSES VS. DEATHS



Far more men are diagnosed with prostate cancer than die of it. The incidence spiked when PSA tests were introduced.



The evidence on others is growing but still limited:

■ **Exercise.** “We found about a 60 percent decreased risk of lethal prostate cancer in men with prostate cancer who were doing at least three hours of vigorous activity per week,” says Stacey Kenfield, associate professor of urology at the University of California, San Francisco.<sup>8</sup>

Results were similar in healthy men over 65.<sup>9</sup> And in another study of men with prostate cancer, even those who walked briskly for three hours a week had a lower risk of progression (for example, a rising PSA).<sup>10</sup>

“Brisk walking could be vigorous activity for some older men,” say Kenfield. “If your heart rate is elevated, you’re breathing rapidly, and you’d rate your exertion level as ‘hard to very hard,’ you’re doing vigorous exercise.”

■ **Weight.** Men who are obese have a higher risk of fatal prostate cancer.

“Higher levels of insulin-like growth factor, insulin, and inflammation due to obesity may promote prostate tumors,” says Kenfield.<sup>11</sup>

■ **Cooked tomatoes.** In a recent study, men who consumed tomato sauce at least twice a week had a 45 percent lower risk of prostate tumors with a common gene abnormality caused by poorly repaired DNA strand breaks.<sup>12</sup> The lycopene in tomatoes may protect the prostate.

“I wouldn’t say it’s proven, but I recommend cooked tomatoes with some oil, because lycopene is fat soluble,” says Stampfer. “Raw tomato won’t raise your blood levels of lycopene much.”

■ **Fish.** In a study of roughly 2,100 men with prostate cancer, those who ate fish at least five times a week were half as likely to die of prostate cancer than those who

ate fish less than once a week.<sup>13</sup>

“Fatty fish is an excellent source of omega-3 fatty acids,” says Kenfield. Those fats may slow the growth of cancer cells.

■ **Dairy.** In a study of 1,334 men with prostate cancer, “we found that those who drank more than four servings of whole milk a week had a 73 percent increased risk of prostate cancer recurrence than men who had no more than three servings a month,” says Kenfield.

“Low-fat milk and other dairy foods were not associated with recurrence.”<sup>14</sup>

Men who consumed more saturated fat after diagnosis also had a higher risk of dying of prostate cancer.<sup>15</sup>

■ **Calcium & phosphorus.** Men who get more than 2,000 milligrams of calcium a day—from food plus supplements—have a higher risk of lethal prostate cancer.

But the link may be due to phosphorus, which is found along with calcium in dairy foods, as well as in thousands of foods with phosphate-containing additives.<sup>16</sup> Stay tuned.

■ **Selenium & vitamin E.** The SELECT trial gave 35,000 men selenium (200 mi-

crograms a day) or vitamin E (400 IU a day), both, or a placebo for five years. It didn’t turn out as researchers had hoped.

Among men who entered the trial with *high* levels of selenium, those who took selenium had a higher risk of high-grade prostate cancer. And among men who started with *low* selenium levels, those who took vitamin E had a higher risk of high-grade prostate cancer.<sup>17</sup>

Results like those make Kenfield wary of any supplements for the prostate.

“If your vitamin D level is low, it’s completely appropriate to take a supplement,” she says. But if you’re not deficient, “there’s no good evidence support-

ing *any* single supplement after diagnosis.”

On the other hand, two drugs hold promise. “There’s a lot of data that statins slow the progression of prostate cancer,” says Klotz. “And men taking metformin for diabetes have a lower rate of prostate cancer mortality.”

But we don’t yet have rock-solid evidence from trials pitting each drug against a placebo, he notes. A trial on metformin is under way.

Other studies are also in the works.

“By my count, there are about 15 trials looking at various lifestyle interventions in men on surveillance,” says Klotz.

“We’ll have data from them probably in four or five years.”

Until then, “all the epidemiologic data says that if a diet is good for your heart, it’s good for your prostate,” says Klotz.

“That means not too much animal fat, not too much red meat, lots of fruits and vegetables, and avoid obesity.” 🍌



Can tomato sauce or fish protect the prostate? Studies are looking.

- <sup>1</sup> [JAMA Oncol. 3: 1623, 2017.](#)
- <sup>2</sup> [Int. J. Cancer 137: 2795, 2015.](#)
- <sup>3</sup> [screeningforprostatecancer.org/get-the-facts.](#)
- <sup>4</sup> [uspreventiveservicestaskforce.org/Page/Document/draft-recommendation-statement/prostate-cancer-screening1.](#)
- <sup>5</sup> [JAMA 318: 2152, 2017.](#)
- <sup>6</sup> [J. Clin. Oncol. 33: 272, 2014.](#)
- <sup>7</sup> [J. Clin. Oncol. 33: 3379, 2015.](#)
- <sup>8</sup> [J. Clin. Oncol. 29: 726, 2011.](#)
- <sup>9</sup> [Arch. Intern. Med. 165: 1005, 2005.](#)
- <sup>10</sup> [Cancer Res. 71: 3889, 2011.](#)
- <sup>11</sup> [J. Natl. Cancer Inst. 109: djw225, 2017.](#)
- <sup>12</sup> [Am. J. Clin. Nutr. 103: 851, 2016.](#)
- <sup>13</sup> [Am. J. Clin. Nutr. 88: 1297, 2008.](#)
- <sup>14</sup> [Prostate 78: 32, 2018.](#)
- <sup>15</sup> [Cancer Causes Control 26: 1117, 2015.](#)
- <sup>16</sup> [Am. J. Clin. Nutr. 101: 173, 2015.](#)
- <sup>17</sup> [J. Natl. Cancer Inst. 106: djt456, 2014.](#)

## Want More Info?

- For more about biomarkers that help decide who needs a biopsy or treatment, go to [pcmakers.com](#)
- To estimate your risk, go to [prostatecancer-riskcalculator.com](#)
- To watch a 2017 scientific presentation by Dr. Klotz, go to [grandroundsinurology.com/active-surveillance-results-implications-studies](#)



# A Grapefruit a Day?

## When foods and meds interact

**G**rapefruit. Kale. St. John's wort. Some foods and supplements just don't mix with some drugs. The wrong combo could dampen a drug's effect...or deliver a heftier dose. Here are some of the more common ones.



**Joseph Boullata** is a professor of clinical nutrition at Drexel University and a pharmacy specialist at the Hospital of

the University of Pennsylvania. An expert in nutritional pharmacotherapy, Boullata has edited a handbook of drug-nutrient interactions for clinicians. He spoke with *Nutrition Action's* Lindsay Moyer.

### **Q:** How can a food interfere with a drug?

**A:** Sometimes, it's because of similarities in the way that the body handles foods and drugs. Or it's because of the chemistry of the food or the drug. For example, taking a drug with a meal can increase or decrease the absorption of the drug.

### **Q:** So the drug might not work?

**A:** Right. Certain antibiotics, for example, do a great job of binding to minerals like calcium. When the antibiotic does that, it's not going to be completely absorbed. And neither is the calcium.

That's a big deal if somebody is taking an antibiotic for an infection. I remember

a patient who had a urinary tract infection and was taking one of those antibiotics—ciprofloxacin—and nobody had told her how to take it.

She was taking it with yogurt every day. The infection didn't get better, and then became resistant to the antibiotic. Eating yogurt a few hours later would have been fine.

### **Q:** How can foods interfere with how the body handles drugs?

**A:** The body tends to think of most drugs as foreign or toxic compounds, and is always trying to figure out how to get rid of them.

Enzymes make slight changes to the structure of the drug—usually to make it more water soluble—so you can get rid of it through bile or urine. That's what we mean when we say that the enzymes metabolize the drug.

### **Q:** And some foods can affect one of those enzymes?

**A:** Yes. Grapefruit juice is a good example. It contains a number of compounds that can destroy one of the main enzymes, cytochrome P450 3A4.

If that happens, any drug that would normally be metabolized by that enzyme—which is about 50 percent of all the drugs we have—wouldn't be fully metabolized. That would increase the amount of drug in the body. [See "A Bitter Surprise," p. 8.]

### **Q:** So drinking grapefruit juice means you get a bigger dose of a drug?

**A:** Not always. Here's the kicker: Compounds in grapefruit juice can also inhibit some transporters that help some drugs get into and out of cells.

The transporters are there for our normal physiologic substances like glucose and vitamins. But it turns out that a lot of drugs use one or more of those same transporters.

So for some drugs—like the allergy drug fexofenadine, or Allegra—grapefruit and some other fruit juices can actually reduce the amount that gets absorbed when taken together.

### **Q:** Which other juices?

**A:** Some of the same or similar compounds are in orange and apple juice and in green tea. But they tend to be in higher concentrations in grapefruit juice.

And the way that grapefruit juice can totally take out an enzyme might mean that its interactions are more likely to cause side effects than the other juices.

### **Q:** Why do labels on many drugs say to avoid alcohol?

**A:** It depends on the medicine. Alcohol can affect the central nervous system, the liver, and the kidneys. So, for example, if somebody is taking an antidepressant that also affects the central nervous



## A Bitter Surprise

In the late 1980s, researchers wanted to test whether drinking alcohol interfered with a new blood-pressure-lowering medicine called felodipine.

"To make this study more scientifically valid, we tried to find a beverage that would mask the taste of the alcohol," says David Bailey, professor emeritus of clinical pharmacology at the Schulich School of Medicine at Western University and a scientist at the Lawson Health Research Institute in Ontario, Canada.

"One Saturday evening my wife and I went through everything we could find in the refrigerator." The best masker: grapefruit juice.

But when the researchers checked the concentrations of the drug in the study participants' blood, they were puzzled. It was as though everyone—those who drank alcohol plus grapefruit juice and those who drank just grapefruit juice—had gotten at least three times the dose of felodipine.<sup>1</sup>

"This was a huge effect that no one had ever seen before with food," says

Bailey. "It took a while to convince people that it was real."

Could grapefruit mess with other medications? Bailey and his colleagues went on to uncover the two ways it can:

■ **Increased absorption.** Felodipine was the first example. Grapefruit inhibits cytochrome P450 3A4 (CYP3A4), a key enzyme that breaks down many drugs in the small intestine and the liver. With the enzyme hobbled, a higher dose of the drug ends up in your blood.<sup>2</sup>

Bailey says that upwards of 100 medications may be affected (though not all lead to serious side effects).

Some of the best known are the cholesterol-lowering statins atorvastatin, simvastatin, and lovastatin. Consuming even a normal amount of grapefruit juice or grapefruit

increases the risk that the statins will cause muscle pain or damage that in rare instances can lead to kidney failure.<sup>2</sup>

It's safest to avoid grapefruit juice—and eating grapefruit—altogether if you're taking any of those statins, says Bailey. (Grapefruit is unlikely to boost the effects of fluvastatin, pravastatin, pitavastatin, or rosuvastatin, which are not metabolized by CYP3A4.)

The culprit: furanocoumarins, a group of naturally occurring chemicals in grapefruit that can also show up in pomelos and Seville (bitter) oranges, which are used to make marmalade. Other (sweet) oranges are okay.

The impact differs from person to person. "Everybody has CYP3A4 in their gut, but the amount varies," explains Bailey. "And unfortunately, the interaction is not readily predictable."

It's not enough to drink only a small glass of juice, or to drink it a few hours before or after your medication.

"Furanocoumarins are very potent," Bailey says. "There is enough in 7 oz. of grapefruit juice to inactivate the enzyme."

And the effect can last for days...until your body makes new enzyme.

■ **Decreased absorption.** In a second group of medications, grapefruit and some other juices have the opposite effect: They make it harder for the drugs to be absorbed.<sup>3</sup>

That's why the label of the allergy drug fexofenadine (Allegra), for example, says "Do not take with fruit juices." (So far, only grapefruit, orange, and apple juices have been tested.) Compounds in the juices interfere with some uptake transporters on our intestinal cells that absorb drugs.

"The worry here is that you're losing the benefit of the drug," explains Bailey.

The good news: the effect is short-lived. You just need to take the drug about four hours before or after a glass of juice.<sup>3</sup>

system, alcohol may amplify the drug's side effects like drowsiness and dizziness.

Or, if somebody has several drinks every day, that can eventually increase the enzymes that metabolize a lot of medications.

**Q: Because the enzymes are revved up to metabolize the alcohol?**

**A:** Yes. In that case, the medicine might not have a chance to do its work before the enzymes break it down.

On the other hand, a binge drinking episode has the potential to curb blood flow to the liver, which can reduce metabolizing enzymes. So you're not clearing the drug and have a greater risk for side effects. It's a complicated story.

**Q: How do vitamin K-rich foods like leafy greens affect warfarin, or Coumadin?**

**A:** Many people on warfarin were told to never eat leafy greens. But that has changed.

Warfarin works to thin the blood in part by blocking vitamin K, which the body needs to make blood clot. So if you consume a lot of vitamin K, you're countering what the warfarin is doing. But it would take a lot of vitamin K to do that.

**Q: Is the most important thing to be consistent from day to day?**

**A:** Yes. The dietitians I work with don't recommend any decrease in patients' leafy greens. For example, if they like to have collard greens on a regular basis, then go ahead.

Some anticoagulation clinics actually *give* patients a



**It's not just grapefruit.** Fruit juices like orange and apple can also affect the absorption of some drugs.

<sup>1</sup> *Clin. Invest. Med.* 12: 357, 1989.

<sup>2</sup> *CMAJ* 185: 309, 2013.

<sup>3</sup> *Br. J. Clin. Pharmacol.* 70: 645, 2010.



## St. John's Wort

It's not only certain foods (or other medications) that can spell trouble. Some supplements do, too.

One of the worst offenders: St. John's wort.

A phytochemical in the herb ramps up the cytochrome P450 3A4 (CYP3A4) enzyme. (That's the opposite of what grapefruit does to the enzyme.) That spurs the breakdown of many drugs.

"St. John's wort is pretty potent," says Gary Asher, director of integrative medicine services at the University of North Carolina Lineberger Comprehensive Cancer Center.

"And it's a double whammy," he adds. That's because the herb also steps up the activity of a drug transporter called P-glycoprotein, or P-gp.<sup>1</sup>

"Think of P-gp as a sump pump," says Asher. "It actually clears stuff out of the cell." With both CYP3A4 and P-gp working overtime, "you get lower drug levels."

One of the best-known interactions: oral contraceptives. Taking birth control pills with



**Play it safe.** Avoid St. John's wort if you take any medications.

St. John's wort makes them less effective.<sup>2</sup> And that raises the risk of an unintended pregnancy.

St. John's wort also dampens the effect of some drugs for cancer, depression, organ transplant, HIV, and heart failure, among others.<sup>1</sup>

"So the safest advice is to avoid taking St. John's wort if you also take other medications," says Asher.

(St. John's wort may be okay with some drugs, he acknowledges, but it requires expertise to find out.)

Other supplements, including goldenseal, kava kava, and concentrated garlic or green tea, may also affect some meds.<sup>1</sup>

So tell your doctor or pharmacist if you take a supplement in addition to prescription or over-the-counter medications.

Otherwise, says Asher, "a provider can't even begin to evaluate your risk."

<sup>1</sup> *Am. Fam. Physician* 96: 101, 2017.

<sup>2</sup> *Contraception* 94: 668, 2016.

vitamin K supplement. They found that if somebody's intake is very consistent, it makes it easier to manage warfarin.

### **Q: Do people on some blood pressure drugs have to avoid potassium-rich foods?**

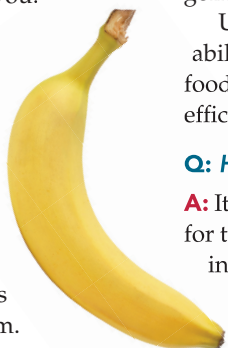
**A:** Most people don't have to worry. One group of medications causes your body to hold on to potassium. Those are drugs like ACE inhibitors, angiotensin II receptor blockers, and potassium-sparing diuretics.

But it's really hard to get too much potassium from your diet. Your body is going to clear whatever you get from food unless you have poor kidney function.

It's rare to tell people to avoid consuming too much, because foods that contain potassium, like fruits and veggies, are really good for you.

### **Q: So you don't need to stop eating bananas or yogurt?**

**A:** Right. However, people who take those drugs should avoid potassium supplements and salt substitutes made of potassium chloride, unless there is a medical reason to take them.



Multivitamins typically have too little potassium to matter.

### **Q: Do some diuretics cause you to lose potassium in your urine?**

**A:** Yes, but in most cases, people are given a potassium supplement along with the drugs. Otherwise, they might have to eat several bananas every day to get an adequate amount. And bananas wouldn't supply much of the chloride that the diuretics deplete.

### **Q: Are older adults more likely to have food-drug interactions?**

**A:** The short answer is yes. It's hard to generalize, but they're more likely to be taking more medications, taking more medications for chronic, ongoing conditions, and have several diseases going on.

Unfortunately, as we age our body's ability to compensate for things like food-drug interactions tends to be less efficient.

### **Q: How can you avoid an interaction?**

**A:** It's important to follow instructions for taking any drug. But if you're starting a new medication, take the time to ask the pharmacist about it.

Pharmacists want to spend time talking to people about their medicines and how to use them appropriately. For a lot of busy primary care physicians, it's just not in their wheelhouse. 🍌

## Want More Info?

This article and these links don't replace medical advice. Always check with your provider or pharmacist.

### Interactions

Type in the meds or supplements you take and see if any have potential interactions.

[drugs.com/drug\\_interactions.html](https://drugs.com/drug_interactions.html)

### Medications & Supplements

Learn how to take them, side effects, potential interactions, etc.

[medlineplus.gov/druginformation.html](https://medlineplus.gov/druginformation.html)

### Alcohol

Find out which meds don't mix with alcohol, and the possible effects.

[pubs.niaaa.nih.gov/publications/medicine/medicine.htm](https://pubs.niaaa.nih.gov/publications/medicine/medicine.htm)

# Quick Studies

A snapshot of the latest research on diet and exercise

## How to Trim Bad Belly Fat



**C**an the right diet or exercise help you lose the worst types of body fat?

Israeli researchers randomly assigned 278 sedentary adults (mostly men) with oversized waists or high triglycerides and low HDL (“good”) cholesterol to one of two diets with equal calories—low-fat or Mediterranean low-carb—for 1½ years.

For the last year, half were also assigned to an exercise program (45 minutes of aerobic plus 15 minutes of strength training) three days a week.

The Mediterranean low-carb group was told to eat more vegetables, beans, poultry, and fish instead of beef and lamb. And they were given an ounce of walnuts to eat each day. Their carb limit was 40 grams a

day for two months, and up to 70 grams a day thereafter.

The low-fat group was told to eat whole grains, vegetables, fruits, and beans, and to cut back on sweets and high-fat snacks. Each group was served either a low-fat or Mediterranean low-carb lunch—the main meal of the day in Israel—at work.

After 1½ years, both groups had lost about six pounds. But the exercisers lost more deep belly (visceral) fat, the worst kind, no matter which diet they ate. And waist size, triglycerides, and liver fat fell more in the Mediterranean low-carb group, whether they exercised or not.

**What to do:** To shrink belly fat, get off the couch! To lower triglycerides and liver fat, replace some carbs with nuts, fish, and other unsaturated fats.

[Circulation 2017. doi:10.1161/CIRCULATIONAHA.117.030501.](https://doi.org/10.1161/CIRCULATIONAHA.117.030501)

## Risky Alternatives

**W**hat happens to cancer patients who choose “alternative treatments”?

Researchers identified roughly 280 people who chose “alternative”—that is, unproven—treatments for several non-metastatic cancers.



Over five years, patients who chose alternative treatments were six times more likely to die of breast cancer, five times more

likely to die of colorectal cancer, two times more likely to die of lung cancer, and no more likely to die of prostate cancer (which progresses slowly) than similar patients who chose conventional treatment.

Those who chose alternative treatments had higher socioeconomic status and education, were more likely to live in the western United States, and had fewer other illnesses than other patients.

**What to do:** Don’t bet your life on unproven cancer remedies. (This study didn’t look at people who use complementary and integrative medicine *in addition* to conventional treatment.)

[J. Natl. Cancer Inst. 110: d145, 2018.](https://doi.org/10.1200/JCO.2018.16.145)

## Did Somebody Say Dessert?

**A**s if we needed more evidence that dessert can be irresistible.

Researchers had 29 young adults press a key each time they saw a “target” (an image rotated on its side) in a rapid stream of images on a computer.

The question: Would they do worse on the test if “distractor” images of a sandwich or dessert preceded the target?



The results: Before lunch, distractors showing either food led to poorer performance. But after a lunch (of unlimited sandwiches), the sandwich images had less impact on performance.

The dessert images? Still a distraction.

**What to do:** Don’t assume that you’ll pass up dessert. 🍷

[Appetite 125: 24, 2018.](https://doi.org/10.1016/j.appet.2018.03.018)

# APRIL FOOLS!

SURPRISE! Every day is April 1st in the supermarket

BY LINDSAY MOYER & BONNIE LIEBMAN



Yes, there's some avocado in **Hidden Valley Avocado Ranch Dressing**. But the bottle basically contains a mix of water and oil. Less than 2 percent is dried avocado.

What explains the avocado-green tint? A mix of Blue 1, Yellow 6, and Yellow 5 food dyes, of course.

What else are they hiding in that valley?

"Nutritious deliciousness," says Oprah's **NO That's Good Creamy Parmesan Pasta... with a Twist of White Beans**. "We've replaced some of the cream with a smooth white bean puree, increasing the number of veggies while keeping all of the savory, cheesy flavor in every bite."

Yes, a "twist" of white beans is better than none. But you're still getting enough cream and cheese to supply a third of a day's saturated fat and sodium in each 280-calorie (one-cup) serving. And that's if you stop at just a third of the package.

Do the beans make it nutritious? The manufacturer—in this case, Kraft Heinz—gets to decide.



"Love your juice. Love your life," says **Welch's Super Berry Juice with Antioxidant Vitamin C 150% Daily Value**.

Wow. Those super berries must have supplied loads of vitamin C!

No, silly. Read the fine print: "Flavored blend of Concord and other grape, aronia and mangosteen juices from concentrate with other natural flavors and added ingredients."

We're talking mostly grape juice plus who-knows-how-little aronia and mangosteen and some added vitamin C.

Gotta love Welch's marketing department.



"New with probiotics," boasts **Kellogg's Special K Nourish Berries & Peaches Real Fruit & Yogurt Pieces Cereal**.

Who can resist "pieces" of hydrogenated palm kernel oil, sugar, and yogurt powder that's been heat-treated (which kills the yogurt's live cultures)?

And what is Nourish's added probiotic (*Bifidobacterium lactis* HN019) good for, anyway? Not much. Lucky for Kellogg that "probiotics" sounds like the answer to whatever GI problem ails you. How special.



"Grab some goodness," implores **Del Monte Fruit & Chia Peaches in Strawberry Dragon Fruit**

**FLAVORED Chia**. See the pictures of fruit on the label? Other than the peaches, they're just for show.

That's what "flavored" means. You get only a flavor...and some carmine (red color from insects) to make it look like you're getting strawberries.

Not that Del Monte is trying to fool anyone. Nah.



**Simply Skinny Roasted Garlic & Sea Salt Mashed Potatoes** may look like a potato-loving dieter's dream.

Surprise! A half-cup serving has just 10 fewer calories than the company's *regular* **Garlic Mashed Potatoes**.

What's behind the "simply skinny" claim? Apparently, it's that the potatoes have "40% less fat." (That amounts to a trivial 2½ fewer grams.)

Memo to Simply: Less fat doesn't lead to skinny. Only fewer calories do. 🍌

# The Healthy Cook

## The Anatomy of the Perfect Bowl



BY KATE SHERWOOD

Making a big, beautiful, lick-your-fork-good bowl isn't as hard as you may think. 🍴

Got a question or suggestion? Write to Kate at [healthycook@cspinet.org](mailto:healthycook@cspinet.org).



### THE BASIC FORMULA

- 1-2 cups raw and/or cooked veggies
- ½ cup chicken, fish, tofu, or beans
- 2-3 cups salad greens
- 2-3 Tbs. dressing



### Smoked Paprika Dressing

- ½ tsp. smoked paprika
- ½ tsp. brown sugar
- ½ tsp. kosher salt
- 2 tsp. tomato paste
- 1 Tbs. mayonnaise
- 2 Tbs. red wine vinegar
- 2 Tbs. extra-virgin olive oil

In a large bowl, whisk together all the ingredients.

MAKES 6 TBS.

Also try this bowl with **Creamy Sesame Dressing** (see back cover for recipe)

**Anytime extras:** herbs, fresh fruit, whole grains, avocado, nuts, or seeds

**Some-of-the-time extras:** pickled veggies, egg, or cheese

### In This Bowl

- |                                   |                                |
|-----------------------------------|--------------------------------|
| ½ cup chopped roasted peppers     | 3 cups salad greens            |
| 1 cup shredded carrot and cabbage | ¼ cup mint and cilantro leaves |
| ¼ cup pickled red onion           | ½ cup cooked lentils           |
|                                   | 2 Tbs. roasted pumpkin seeds   |

PER SERVING (bowl in photo with 3 Tbs. dressing): calories 470 | total fat 27 g | sat fat 4 g | carbs 44 g | fiber 15 g | total sugar 12 g | added sugar 1 g | protein 19 g | sodium 590 mg



# Going Bowling

## Frozen meals get a makeover



BY LINDSAY MOYER & BONNIE LIEBMAN

**B**owls are in. Panera, Chipotle, Sweetgreen, and countless other eateries have jumped on the meal-in-a-bowl wagon. So why not the freezer case?

The good news: a typical bowl is mostly plants. Many offer whole grains, veggies, beans or another protein, sauce, and maybe nuts or seeds. That often means more fiber, potassium, and unsaturated fat—and less refined grain, salt, and cheese—than typical frozen entrées. Here’s a guide to the best.

The information for this article was compiled by Leah Ettman.

### THE BEST BOWLS

Bowls can be packed with lentils, greens, and other healthy ingredients (see “The Healthy Cook,” p. 12). But watch out. Some offer the same old greasy, salty, white-flour mac ‘n cheese, baked ziti, or pad Thai. Here’s how we picked our Best Bites and Honorable Mentions:

■ **Whole grains.** We required grains to be at least *mostly* whole (100% whole-grain pasta is rare in the freezer case). And we allowed no white potatoes. Nutrient-rich sweet potatoes? You bet.

■ **Sodium.** We capped Best Bites at 450 milligrams. But few brands get that low, so Honorable Mentions can have up to 600 mg. That’s generous for a typical 300-calorie bowl.

■ **Saturated fat.** Our limit (3 grams) cut most cheese, fatty red meats, and coconut curries. We allowed a few grams more if the fat came from nuts, seeds, or healthy oils.

See our favorite brands on this page and the next.

### Luvn’ that Luvo



When was the last time you picked up a frozen entrée full of spiced chickpeas and black lentils? Or green garbanzos, cabbage, and kale? Or black rice, pineapple, mango, and cashews? Luvo sets the bar high for nutritious and tasty bowls. Sky high.

With seven Best Bites, Luvo leads the pack. Nearly all of the company’s Bowls and (vegan) Planted Power Bowls earn Best Bites or just miss. And every Luvo bowl stays under 400 milligrams of sodium. That alone deserves a medal.

It’s not just that many Luvos use potassium chloride, a salt substitute that helps cut sodium and boost potassium. It’s also Luvo’s flavorful herbs, spices, and more.

We’re talking cilantro, ginger, and mango powder in the **Chana Masala**, pineapple, mango, and tamari in the **Hawaiian Un-Fried Rice**, tomatillos, poblanos, and jalapeños in the **Quinoa & Veggie Enchilada Verde**, and shiitakes, raisins, and sumac in the **So Cal Kale & Bean**. Yum.



Another plus: Luvo tallies the fruits and veggies on the front of each box (typically ½ cup in the regular Bowls and 1 cup in the Planted Power Bowls).

### Made Smarter

“Smart ingredient swaps that do not compromise taste,” say **SmartMade** bowls. Got that right.

The **Thai-Style Chicken & Vegetables** swaps yogurt for some cream. The

**Roasted Turkey & Vegetables** comes with roasted sweet potatoes, not white. And the **Roasted Vegetables with Angel Hair** delivers 100% whole-wheat pasta.

SmartMade snagged six Honorable Mentions, and six more varieties just missed on sodium. They put the original Smart Ones line—think pizza, mini cheeseburgers, and mac ‘n cheese—to shame.



### Make it a Meal

Unless you’re looking for a light lunch, many bowls need an assist.

■ **Protein.** Some plant-based bowls hover at the low end (6 to 11 grams) of protein. Solution: add tofu (10 grams per ½ cup) or beans (6 to 10 grams per ½ cup), or have low-fat greek yogurt (10 to 15 grams per 5 oz.) for dessert.

■ **Veggies.** To help reach 11 (½-cup) servings of fruits and vegetables a day, serve your bowl over a bed of baby spinach or kale. Or add a salad or a side of sautéed veggies.

## Power Lunch



**Healthy Choice** is shaping up. Its **Simply Steamers** have “nothing artificial,” shorter ingredient lists, and mostly whole grains. Eleven of the 16 varieties earn an Honorable Mention or Best Bite.

And we’re not just talking chicken plus broccoli. Check out the **Chana Masala** (chickpeas,

cauliflower, brown rice), **Mediterranean-Style Lentil Bowl** (lentils, chickpeas, peppers, spinach), and **Unwrapped Burrito Bowl** (black beans, pinto beans, brown rice). All are high in fiber (7 to 12 grams) and won high marks from our tasters.

So did Healthy Choice’s more adventurous **Power Bowls**. The four Honorable Mentions—like the **Adobo Chicken**

**Bowl** over brown and red rice, red quinoa, and black barley with pinto beans, leafy greens, fire-roasted corn, and a guajillo chili sauce—deliver the “bold flavors” they promise.



**Seasoned Steak with Potatoes**—hit 12 to 18 grams (about 3 to 4 teaspoons) of added sugar. You call that healthy?

On the downside, 20 of the 23 **Café Steamers** lost an Honorable Mention or Best Bite due to white rice, white pasta, or white potatoes.

What’s more, a handful—like the **Sweet & Spicy Orange Zest Chicken**, **Sweet & Sour Chicken**, and **Barbecue**

## Keen on Kashi

“Eating well is easier with our entree bowls, which use wholesome plant-powered ingredients, mighty grains, super seeds and yummy roasted veggies,” says **Kashi**’s website.

Indeed.

Kashi’s reliable line of mostly whole-grain (vegan) bowls offers oldies but goodies like **Black Bean Mango** (black beans, roasted veggies, whole-grain pilaf) and **Mayan Harvest Bake** (amaranth polenta, plantains, roasted sweet potato, pumpkin seeds). But Kashi adds welcome newbies like **Pesto Chickpea Quinoa** (arugula-kale pesto, chickpeas, quinoa, red rice) and **Creamy Cashew Noodle** (mostly-buckwheat noodles, edamame, cashew butter sauce).

All but two get a Best Bite or Honorable Mention. Too bad the **Coconut Lemongrass Rice** has enough artery-clogging coconut cream to deliver half a day’s saturated fat.



## Amy’s Best

Many **Amy’s Bowls** have too much salt or refined grains. And the 3 **Cheese & Kale Bake** and **Broccoli & Cheddar Bake** each packs more than half a day’s sat fat. But don’t give up.

Try the **Brown Rice & Vegetables** with tofu (which also comes “Light in Sodium”), the **Light**

**& Lean Quinoa & Black Beans** (with butternut squash and chard), or our tasters’ pick, the **Black-Eyed Peas and Veggies** (with brown rice in a zippy ginger-tamari sauce).

The **Harvest Casserole** piles on sweet potatoes, tofu, red beans, kale, chard, quinoa, and pumpkin seeds, but has a bit too much sodium (640 mg).



## Nourish is Delish

“A delicious warm meal with fresh veggies & sauce.” That’s **Mann’s Nourish Bowls**.

Each fresh (not frozen) bowl starts with a base of shredded or chopped sturdy veggies—like kale, kohlrabi, cabbage, broccoli, or butternut squash—plus beans or brown rice or sweet potatoes. Just microwave, add sauce, and eat!

The upside: you get more veggies (about 1¼ to 2 cups, by our measure) and less grain (about ⅓ cup of brown rice, if any) than usual.



And Mann’s is creative. The **Cauli-Rice Curry** (an Honorable Mention) swaps cauliflower for white rice and green chickpeas for peas. The **Spicy Thai** subs kohlrabi spirals for rice noodles.

But they’re not perfect. The protein (6 to 11 grams) can be low, and the sodium (290 to 800 mg) and sat fat (1 to 7 grams) can be high. The good news: use half the sauce packet, and all but the **Spicy Thai** become Best Bites or Honorable Mentions. 🍴

# The Bowl Cut

**Best Bites** (✓✓) and **Honorable Mentions** (✓) have grains that are 100% or mostly whole and have no white potatoes. They also have no more than 3 grams of saturated fat (we allowed a few grams more if the fat came from nuts, seeds, or healthy oils). Best Bites contain no more than 450 milligrams of sodium. Honorable Mentions can have up to 600 mg. Bowls are ranked from least to most sodium, then least to most sat fat, then most to least protein, then least to most calories.

## Bowls—with all or mostly whole grains

	Calories	Saturated Fat (g)	Protein (g)	Sodium (mg)
✓✓ Grainful Chana Masala	300	1	12	160
✓✓ Amy's Light in Sodium Brown Rice & Vegetables	260	1	9	270
✓✓ Kashi Black Bean Mango	310	1	9	270
✓✓ Kashi Sweet Potato Quinoa	270	1	9	280
Mann's Nourish Spicy Thai	200	7	6	290
✓✓ Luvo Kale Ricotta Ravioli	230	2	12	310
✓✓ Kashi Mayan Harvest Bake	330	1.5	10	320
Luvo Chicken & Corn Chowder	300	3.5	15	320
✓✓ Luvo Chicken Harissa & Chickpeas	270	1.5	16	330
✓✓ Luvo Planted Hawaiian Un-Fried Rice	360	2.5	10	330
✓✓ Luvo Chicken Chorizo Chili	260	1	18	340
✓✓ Sweet Earth Bean & Mango Cubano	350	1	13	340
✓✓ Healthy Choice Simply Unwrapped Burrito	270	1	9	350
✓✓ Luvo Planted So Cal Kale & Bean	300	0.5	10	360
✓✓ Luvo Chana Masala	270	1	11	360
✓✓ Luvo Quinoa & Veggie Enchilada Verde	290	2	10	360
Luvo Roasted Cauliflower Mac & Cheese	340	4	11	380
✓✓ Grainful Vegetarian Chili	270	2.5	11	390
Luvo Planted Mighty Masala & Greens	300	3.5	11	390
✓✓ Amy's Light & Lean Quinoa & Black Beans	240	0.5	10	440
✓ Healthy Choice Simply Kung Pao Chicken	270	1	21	460
✓ Kashi Creamy Cashew Noodle	390	3.5	13	460
✓ Grainful Ranchero Chicken	280	1	17	470
Kashi Coconut Lemongrass Rice	360	10	11	470
✓ Lightlife Mediterranean Tempeh	250	1	10	480
✓ Frontera Barbacoa Taco	290	2	23	480
✓ Kashi Fire Roasted Quinoa	260	2	10	480
✓ Grainful Tuscan Bean & Kale	290	0.5	13	490
✓ Healthy Choice Simply Grilled Basil Chicken	230	1	19	490
✓ Healthy Choice Simply Meatball Marinara	280	2.5	18	490
✓ Healthy Choice Simply Chicken & Vegetable Stir Fry	190	1	23	500
✓ Healthy Choice Simply Beef & Broccoli	280	2	22	500
✓ Healthy Choice Café Steamers Tortellini Primavera Parmesan	260	2.5	10	510
✓ SmartMade Orange Sesame Chicken	240	1	21	530
✓ SmartMade Mexican-Style Chicken	260	2.5	21	530
✓ Grainful Porcini Mushroom Chicken	310	3	19	530
✓ Lightlife Teriyaki Tempeh	280	0.5	12	540
Mann's Nourish Monterey Risotto	310	5	7	540
✓ Amy's Brown Rice & Vegetables	260	1	9	550
✓ SmartMade Asian-Style Garlic Chicken	220	1	21	570
✓ Healthy Choice Café Steamers Portabella Spinach Parmesan	230	1	8	570
✓ Red's Vegetables & Brown Rice	270	2	7	570
✓ Kashi Pesto Chickpea Quinoa	330	2.5	8	570

	Calories	Saturated Fat (g)	Protein (g)	Sodium (mg)
✓ SmartMade Roasted Turkey & Vegetables	240	1	20	580
✓ Healthy Choice Simply Chicken Fried Rice	320	1.5	23	580
✓ SmartMade Thai-Style Chicken & Vegetables	250	1.5	21	580
✓ Grainful Unstuffed Pepper	250	1.5	18	580
✓ Amy's Black-Eyed Peas and Veggies	300	1.5	11	580
✓ Frontera Tinga Taco	260	1	19	590
✓ Sweet Earth Kyoto Stir Fry	270	1	11	590
✓ Lightlife Sweet Potato Shepherd's Pie	160	0	13	600
✓ Healthy Choice Simply Mediterranean-Style Lentil	250	0.5	13	600
✓ Healthy Choice Simply Chana Masala	250	1	9	600
✓ Mann's Nourish Cauli-Rice Curry	260	1	9	600
✓ Healthy Choice Simply Grilled Chicken & Broccoli Alfredo	190	2.5	28	600
✓ Healthy Choice Simply Grilled Chicken Pesto & Vegetables	200	2.5	28	600
✓ Healthy Choice Power Adobo Chicken	330	2.5	26	600
✓ Healthy Choice Power Korean-Inspired Beef	290	2.5	20	600
✓ Healthy Choice Power Cuban-Inspired Pork	340	2.5	20	600
✓ Healthy Choice Café Steamers Four-Cheese Ravioli & Chicken Marinara	270	2.5	19	600
✓ Healthy Choice Power Chicken Sausage & Barley	340	2.5	16	600
✓ SmartMade Rosemary Grilled Beef & Vegetables	270	3	17	600
SmartMade Roasted Vegetables with Angel Hair	260	0.5	9	610
SmartMade Pesto Chicken & Orzo	350	2	24	620
Amy's Harvest Casserole	360	1.5	17	640
Mann's Nourish Southwest Chipotle	220	3	11	680
Mann's Nourish Bacon Maple Brussels	340	3	9	700
Stouffer's Fit Kitchen Steak Fajita	340	3	24	790
Mann's Nourish Sesame Sriracha	310	1.5	7	800
Stouffer's Fit Kitchen Chicken with Cashews	420	2.5	22	940

## Bowls—with refined grains or white potatoes

Healthy Choice Café Steamers Sweet & Spicy Orange Zest Chicken	280	1	18	380
Evol Shawarma Style Chicken	300	2.5	17	440
Healthy Choice Café Steamers Barbecue Seasoned Steak with Potatoes	260	1	17	470
Evol Truffle Parmesan Mac & Cheese	460	13	14	540
Healthy Choice Café Steamers Sweet & Sour Chicken	390	1.5	12	550
Evol Hawaiian Style Grilled Chicken	320	0	13	580
Amy's Mushroom Risotto	240	4	7	590
SmartMade Chicken with Spinach Fettuccine	220	3	22	630
Amy's Broccoli & Cheddar Bake	420	12	16	640
Good Food Made Simple Hatch Chile Mac	490	14	20	690
Amy's 3 Cheese & Kale Bake	480	13	18	760
MorningStar Farms Chik'n Pot Pie	330	9	14	780
Evol Ginger Soy Udon Noodles	310	0.5	10	1,030

✓✓ Best Bite. ✓ Honorable Mention.

**Daily Limits** (for a 2,000-calorie diet): **Saturated Fat:** 20 grams. **Sodium:** 2,300 milligrams. **Daily Protein Target:** 75 grams.

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



## RIGHT STUFF

### Can't Beet 'em



"We're defying all previous notions of beets," promises **Love Beets'** website.

Praise be!

If you're a beet fan, you know their downside: Washing, cooking, peeling, and prepping fresh beets is a messy labor of love.

Love Beets does all that for you. Its refrigerated beets are "harvested young for a sweeter taste, and then cooked until tender in our specially curated marinades."

Start with the **Mild Vinegar** (ingredients: beets and vinegar). One 30-calorie serving (half the container, or ½ cup) is enough to perk up any salad...or to snack on straight from the package. Or try the zippy **Honey + Ginger** (45 calories and about a teaspoon of added sugar).

Let's be honest. Beets don't have the superfood status of, say, spinach or kale. But they're no slouch in the nutrient department. Each serving delivers about 2 grams of fiber, 20 percent of a day's folate, and a decent dose of potassium and magnesium (5 percent of a day's worth for each).

Feeling more ambitious? Try Love Beets' unseasoned **Cooked Beets** (or **Trader Joe's Baby Beets**). Just chop or slice and toss with mixed greens, shredded or grated carrot, and a mustard vinaigrette. Or sprinkle with fresh herbs like chives, parsley, and dill.

"Stay true to your roots," the package implores. With these beets, that's easy.

[lovebeets.com](http://lovebeets.com)—(856) 692-1740

## FOOD PORN



### uNo Thanks

"It all began when Ike Sewell imagined a pizza unlike any other," says **Uno Pizzeria & Grill's** menu. "Fresh dough with a tall edge, topped with homemade



sauce and more cheese than you could believe."

Well, you'll be happy to hear that Uno hasn't lost its more-than-you-could-believe touch.

Take the chain's new **Chicago Meat Market Deep Dish** individual-size (that means it serves one) pizza.

"Layers of garlic sausage, Chicago Italian beef, meatballs, pepperoni, hand-shredded mozzarella, and vine-ripened tomato sauce," says the menu. That's four layers of meat, in case you lost count.

It's not easy to squeeze 2,000 calories—mostly from meat, cheese, and white flour—onto one 7-inch crust.

That's a full day's calories and nearly two days' worth of saturated fat (35 grams) and sodium (4,240 milligrams).

It's worse than eating a California Pizza Kitchen pepperoni pizza topped with three McDonald's hamburgers.

And when you get tired of the Meat Market, you can try Uno's new **River North Sausage** or **The Original Cheese & Tomato**. Each also squeezes a day's worth of food into a single-serve 7-inch pizza.

Good thing most Americans aren't overweight or anything.

"Invented in 1943. By us. You're welcome," says the deep-dish section of Uno's menu.

Gee, thanks.

[unos.com](http://unos.com)—(617) 323-9200



### DISH of the month

#### Creamy Sesame Dressing

Whisk together ¼ cup plain greek yogurt, 2 Tbs. tahini, 2 Tbs. lemon juice, 2 Tbs. reduced-sodium soy sauce, 2 tsp. toasted sesame oil, 2 tsp. honey, 1 clove minced garlic, and ½ tsp. salt. Makes about 12 Tbs.

## quick tip

Don't want your hands to smell like garlic or onion after you're done chopping? Rub them on a stainless steel "soap" bar or faucet before you wash them.

