

Nutrition Action

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HEALTH LETTER®
CENTER FOR SCIENCE IN THE PUBLIC INTEREST



BREAST CANCER

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LOWER YOUR RISK

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Ice cream bars & more

THE GAME CHANGER
GETTING VACCINATED

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M E M O

The Game Changer



It has been more than a year since the country entered lockdown in the battle against Covid-19 ...and all of us entered a new world of social distancing, hand washing, mask wearing, avoiding large gatherings, and not

seeing family and friends.

Today, finally, there's a glimmer of hope. The game changer: vaccines.

Covid cases and rates are already down dramatically from their January peaks. The challenge now is to try to approach "herd immunity," typically defined as the point at which 70 to 85 percent of the population has already been exposed to the virus, vaccinated against it, or both.

That's easier said than done. Here's why:

■ **Age.** Between a quarter and a fifth of Americans are under 18, and herd immunity will be out of reach until a significant number of them have been vaccinated. As of this writing, though, none of the U.S. vaccines have been authorized for anyone under 16. That may well have changed by the time you read this.

■ **Variants.** Rising vaccination rates mean fewer infections, but the virus is constantly mutating. Some future variant could be more infectious, more lethal, and (though that's not the case now) less susceptible to the U.S. vaccines.

■ **Skepticism.** A sizeable fraction of the population is "vaccine hesitant." While that number should drop as the benefits of being vaccinated become more evident, those folks

will become more of a factor once everyone else has gotten their jab.

At CSPI, we're doing our part.

Recently, we were invited by the White House to be a founding member of the [Community Corps](#). It's part of the administration's "[We Can Do This](#)" campaign "to increase vaccine confidence while reinforcing basic prevention measures."

We've also put together a website on the safety and effectiveness of the vaccines (see [cspinet.org/covidvaccines](#)). Its bottom line: While rare complications can always emerge as the vaccination campaign ramps up, all the vaccines currently available in the U.S.

are strikingly effective, and their benefits greatly outweigh their known risks.

They're especially effective when it comes to preventing the most serious Covid infections. They protect against the variants that are currently

circulating. Notably, they protect older people. And most have been shown to protect against asymptomatic infections. (If you're asymptomatic, you have no symptoms but can still spread the disease.)

That's why the single most important thing you can do this summer is to get vaccinated (if you haven't already) and to let any friends or relatives who are on the fence know why you did.

That's our way out of the pandemic—one shot at a time.

Peter G. Lurie, MD, MPH, President
Center for Science in the Public Interest



We can do this...with your help.

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CELEBRATING
50 YEARS



BREAST CANCER

WHAT MAY—AND MAY NOT—
LOWER YOUR RISK

BY BONNIE LIEBMAN

One out of every eight [U.S. women](#) will be diagnosed with breast cancer during her lifetime, and [one in 39 women](#)—an estimated [43,600 in 2021](#)—will die of the disease each year. Yet a third of the average woman’s risk after menopause may be due to diet, exercise, or other factors that she can change. Here’s what you may not know.

The Big Picture

“Breast cancer is the most common cancer among women in the U.S. and worldwide,” says Regina Ziegler, formerly a senior investigator at the National Cancer Institute.

Breast cancer death rates in the U.S. dropped by 41 percent between 1989 and 2018, thanks largely to earlier detection and better treatment.¹ (See “Cancer Death Rates in Women,” p. 4.)

But we still have a long way to go. The good news: you can lower your risk.

“About a third of postmenopausal breast cancer is due to factors women can control,” says Walter Willett, professor of epidemiology and nutrition at the Harvard T.H. Chan School of Public Health.²

“Lifestyle is very powerful.”

How much do genes matter?

“If you have a harmful *BRCA1* or *BRCA2* gene variant, your lifetime risk of breast cancer is 45 to 70 percent,” says Ziegler.

But those high-risk variants are rare: They occur in about 1 in 40 people of Eastern European (Ashkenazi) Jewish descent and 1 in 400 of most others.¹

In contrast, many other variants increase risk only slightly.³

“Alone, these low-risk variants have small effects, but together they may become useful in predicting who will get breast cancer and how to prevent it,” notes Ziegler.

Even so, she agrees that genes aren’t the whole ballgame.

“Breast cancer rates rise in populations who move to the U.S. from low-risk countries like Japan and China,” says Ziegler.⁴

“So we know that lifestyle is a major determinant of the high rates of breast cancer in the U.S.”

Weight

“Weight gain during adult life is probably the single most important risk factor for postmenopausal breast cancer that women can change,” says Willett.²

“The pound or two a year that many women gain adds up to a lot of risk by the time they hit 50,” he adds. “And it raises not just the risk of breast cancer, but lots of other conditions as well.”

A recent study pooled data from 20 studies tracking a million women.⁵

“It’s not just women with obesity who are at increased risk of breast cancer,”



Not sure if your family history is a risk? Google “[CDC breast cancer family](#)” to get started.

says Ziegler. “Risk starts to rise in women who are overweight.”

That’s for postmenopausal breast cancer, which accounts for about 8 out of 10 cases. When it comes to breast cancer that strikes premenopausal women, excess weight *lowers* risk.

“We still don’t know exactly why extra weight in the early adult years protects

women and then the relationship flips,” says Ziegler.

That said, scientists don’t encourage young women to gain weight.

“It’s not a practical means of prevention, because excess weight has so many other consequences,” says Willett.

How might excess weight put postmenopausal women at higher risk?

“When a woman goes into menopause, the ovaries are no longer the major source of circulating estrogens,” explains Ziegler.

“Instead, they come primarily from the conversion of androgens into estrogens in fat cells in the breast or elsewhere. So the more fat cells you have, the higher your estrogen levels are.”

That’s why weight matters more for women who don’t take estrogen and progestin after menopause than for women who do. Taking those hormones raises the risk of breast cancer by 28 percent.⁶ (Their “bioidentical” versions are no safer.⁷) The hormones drown out the estrogen made by the body’s fat cells.

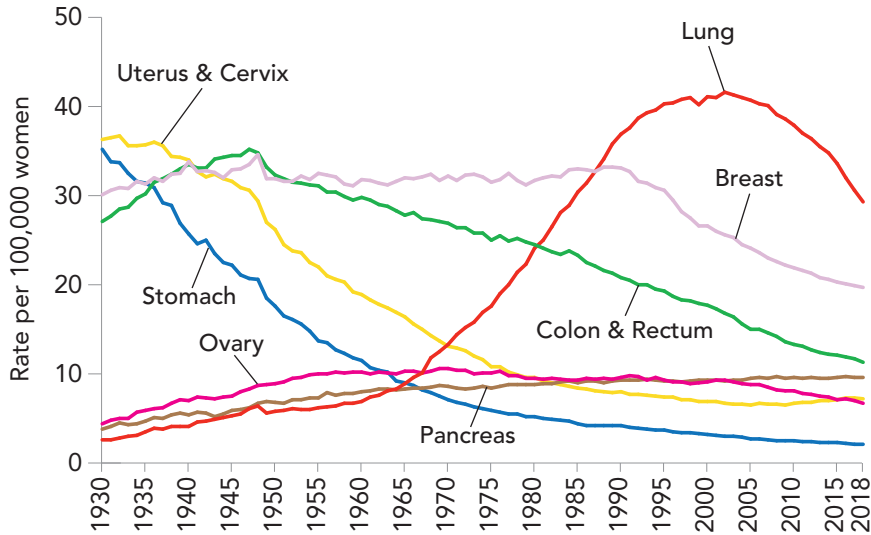
The inflammation and high insulin levels linked to excess weight may also play a role, especially in women with larger waist sizes.^{8,9}

On the upside, “we now have good evidence that after menopause, sustained weight loss reduces the risk of breast cancer,” says Willett.

And you don’t have to lose much.

When researchers pooled data on roughly 125,000 women aged 50 or older who took no hormones, the risk of breast cancer was 18 percent lower in those who lost and kept off 4.5 to 9.9 pounds than in those whose weight was stable over 10 years. The risk was 32 percent lower in those who lost and kept off at least 20 pounds.¹⁰

Cancer Death Rates in Women



Age-adjusted to the 2000 U.S. standard population.
 Source: National Center for Health Statistics, Centers for Disease Control and Prevention, 2020.

Breast cancer death rates have been dropping since 1990. Five-year survival rates are 99 percent for cancers found only in the breast, 86 percent for cancers that have spread to nearby lymph nodes, and 27 percent for metastatic cancers.¹

Stay Active

In study after study, women who do more exercise have a lower risk of breast cancer than those who are sedentary.¹¹

“We haven’t done large-scale trials where we put women on an exercise program and follow them to see what happens to the incidence of breast cancer,” says Christine Friedenreich, scientific director of cancer epidemiology and prevention research at Alberta Health Services in Canada.

That would take 35,000 to 45,000 women and 8 to 10 years, she estimates.

So instead, “we’ve looked at what happens to estrogen levels when we put women on exercise programs.”

For example, in Friedenreich’s ALPHA trial, 320 sedentary postmenopausal women were randomly assigned to do aerobic exercise for 225 minutes a week or to maintain their usual level of activity.¹² After one year, estrogen levels were lower in the exercisers.

In some other trials, however, hormones didn’t change significantly.¹³ So researchers tried to see if weight loss would make a difference.

“We conducted randomized controlled trials to see if getting postmenopausal women with overweight or obesity to lose weight, increase physical activity, or both, could lower their sex hormones,” says Anne McTiernan, professor of epidemiology at the Fred Hutchinson Cancer Research Center in Seattle.

After a year, estrogen levels dropped by about 21 percent in women assigned to cut calories and by 26 percent in women assigned to cut calories and exercise for 225 minutes a week—that is, roughly 45 minutes five days a week. (On average, the diet group lost 20 pounds and the diet-plus-exercise group lost 22 pounds.)¹⁴

“We were surprised at how large the effect of weight loss was,” says McTiernan. “The greater the amount of weight loss, the greater the reduction in estrogens.”

And it’s not just estrogen. In the ALPHA trial, the women assigned to exercise also had lower levels of insulin and c-reactive protein, a marker of low-grade inflammation.^{15,16}

“Insulin levels and inflammation both seem to be pretty strong markers of an increased risk of breast cancer,” says Friedenreich.

“For women of any size, we recommend following the [U.S. Physical Activity Guidelines](#) to aim for 150 to 300 minutes a week of moderate-intensity physical



Aim for at least 150 minutes of exercise a week. Twice that much would be even better.

activity,” says McTiernan. “That means something like walking, dancing, gym aerobic machines, or biking. Getting more than the minimum 150 minutes a week is better.”

Bonus: That may also lower your risk of heart disease, stroke, type 2 diabetes, osteoporosis, depression, anxiety, dementia, and other cancers.

Alcohol

When researchers pooled data

on roughly a million women who were tracked for, typically, a decade or so, those who usually had at least two drinks a day had about a 30 percent higher risk of breast cancer than those who didn’t drink.¹⁷

“That’s not huge, but it’s not trivial,” says Harvard’s Walter Willett. And it doesn’t matter if you’re getting the alcohol in beer, wine, or liquor.

“Even three or four drinks a week can cause a 10 percent increase in risk,” says Willett. “That’s small, but it was statistically significant.”

It’s not clear how alcohol may promote breast cancer. Among the possibilities: “Alcohol may stimulate cell proliferation by raising estrogen levels,” says Ziegler. “Or it may be metabolized into acetaldehyde, which is carcinogenic.”

Stay Tuned

The jury is still out on what else can help protect against breast cancer.

■ **Fruits & vegetables.** In a study that followed roughly 182,000 women for an average of 24 years, those who consumed more than 5½ servings of fruits and vegetables a day had about a 10 percent lower risk of breast cancer than those who ate no more than 2½ servings a day.¹⁸

“We were excited to see a lower risk in women with estrogen-negative

cancers,” says Willett, “because it tends to be more aggressive and more fatal than estrogen-positive cancer, and we know less about its prevention.”

(Estrogen-negative breast tumors are not fueled by estrogen. They’re far less common than estrogen-positive tumors.)

Some fruits and vegetables are more closely tied to a lower risk.

“Those that are high in carotenoids—like green leafy vegetables, carrots, and winter squash—may be especially

important for preventing breast cancer,” says Willett. “So are the cruciferous vegetables, especially broccoli, cabbage, and cauliflower.”

Those findings are backed by studies that see a lower risk of breast cancer in women with higher blood levels of carotenoids.¹⁹ (Carotenoids—like beta-carotene and lutein—are abundant in dark green, orange, and yellow fruits and vegetables.)

One recent finding: In women at high risk of breast cancer—because of genetic

variants or dense breast tissue—those with high blood carotenoid levels had a lower risk than women with lower levels.²⁰

“This study suggests that even if you are at high risk, carotenoid-rich fruits and vegetables may have a protective effect, and the effect is substantial,” says Ziegler.

But some questions remain. “Blood levels of carotenoids are very good markers of elevated fruit and vegetable



Reader Beware

You can't trust everything you see online

If you google “best diet to prevent breast cancer,” some of the top results you’re likely to see are from Healthline.com, MedicalNewsToday.com, and EverydayHealth.com.

And their advice may seem reliable. After all, it’s been “medically reviewed,” and it relies on what two of the websites call “trusted sources.” But some of what they tell you *can't* be trusted. A few examples:



■ **Garlic & onions.** “Garlic, onions, and leeks are all allium vegetables that boast an array of nutrients, including organosulfur compounds, flavonoid antioxidants, and

vitamin C. These may have powerful anticancer properties,” says a [Healthline article](#) entitled “Breast Cancer and Diet: 10 Foods to Eat (and a Few to Avoid).”

The article’s key “trusted source”: a case-control study that asked 285 Iranian women who had been hospitalized for breast cancer surgery (cases) and 297 similar women hospitalized for an illness other than cancer (controls) about their past diets.¹

But that doesn’t tell you much.

“The case-control studies for diet and cancer have turned out to be unreliable,” says Harvard’s Walter Willett. “That doesn’t mean they’re all wrong. But it means that you don’t know which ones are right and which are wrong.”

That’s partly because a cancer diagnosis may influence what people remember eating. It’s called “recall bias.”

Another problem: The Iranian women who ate more cooked onions had a *higher* risk of breast cancer, notes Healthline, which added that “more research on onions and breast health is needed.”

So much for those “powerful anticancer properties.”

■ **Good fats.** Omega-3 fats may “help reduce the risk of breast cancer,” says the [Medical News Today](#) article entitled “Dietary choices to help prevent breast cancer.”

The evidence: a “rodent study” (which may not apply to humans), and a “study involving over 3,000 women, which showed that those who consumed high levels of omega-3 had a 25% lower risk of breast cancer recurrence over the next 7 years.”

But that’s just one study. “The overall literature doesn’t support much of an effect of omega-3 fats on breast cancer risk,” says Willett.

What’s more, in the VITAL trial, which randomly assigned nearly 26,000 people to take a placebo or (omega-3-rich) fish oil every day for five years, fish oil takers had no lower risk of breast cancer.²



■ **Turmeric.** “Turmeric puts up a fight against inflammation,” says the big print in the [Everyday Health article](#) entitled “12 Foods to Add to Your Diet for Breast Cancer Prevention.”

The research on curcumin—the key compound in turmeric—is “inconclusive,” acknowledges the finer print.

“But lab studies have shown that curcumin supplements could play a role in helping fight breast cancer tumors when combined with certain drug-based therapy,” it goes on to say, naming no drugs or evidence. “On the other hand,” it adds, “some research suggests it might interfere with chemotherapy, so be sure to talk to your doctor.” Again, no details. Gee, thanks.

Googling advice on cancer? Keep scrolling until you reach the [American Cancer Society](#) or the [National Cancer Institute](#).

¹ [J. Breast Cancer 19: 292, 2016.](#)

² [N. Engl. J. Med. 380: 23, 2019.](#)

What Raises Risk?

These factors raise your lifetime risk of a first (or subsequent) breast cancer. To better judge your risk, go to cancer.gov/bcrisktool or yourdiseaserisk.wustl.edu. Better yet, talk to your doctor.

Your risk is more than 4 times higher than someone without these factors if:

- you are 65 or older (the risk increases with age until you're 80)
- you have been diagnosed with atypical hyperplasia after a biopsy
- you have a high-risk genetic mutation for breast cancer (like *BRCA1* or *BRCA2*)
- you have been diagnosed with lobular carcinoma in situ (abnormal cells in breast lobules)

Your risk is about 2 to 4 times higher than someone without these factors if:

- your mammogram shows dense breasts
- your estrogen or progesterone levels are high (and you're postmenopausal)
- you have had high-dose radiation to the chest (often as treatment for Hodgkin lymphoma)
- 2 or more of your first-degree relatives (mother, sister, daughter) had breast cancer
- You have been diagnosed with ductal carcinoma in situ (abnormal cells in a breast duct)

Your risk is 10% to 2 times higher than someone without these factors if:

- 1 of your first-degree relatives (mother, sister, daughter) had breast cancer
- you have had ovarian or endometrial cancer
- your menstrual periods began before age 11
- you are tall
- you were older than 30 during your first full-term pregnancy
- you went through menopause after age 55
- you had no full-term pregnancies
- you never breastfed a child
- you have excess weight (and you're postmenopausal)
- you drink alcohol regularly
- you are sedentary
- your estrogen or testosterone levels are high (and you're premenopausal)
- you took estrogen plus progestin after menopause (the risk diminishes after you stop)
- you take oral contraceptives (the risk diminishes after you stop)
- you have been diagnosed with proliferative lesions without atypia after a biopsy
- you took DES while pregnant (before 1972)

These factors do not increase your risk:

- abortions, bras, breast implants

Adapted from Breast Cancer Facts & Figures 2019-2020, American Cancer Society (cancer.org/research/cancerfactsstatistics/breast-cancer-facts-figures).



Fruits and vegetables: good for your heart, brain, and maybe your breasts.

intake," notes Ziegler. "So it may not be carotenoids, but higher fruit and vegetable intake—or even a healthy lifestyle—that's protective."

"So don't go out and buy carotenoid supplements."

■ **Olive oil.** In the PREDIMED trial, Spanish women aged 60 to 80 who were given supplies of extra-virgin olive oil for nearly five years had a 70 percent lower risk of breast cancer than those who were assigned to a control group.²¹

(The trial was designed to pit a Mediterranean diet with extra olive oil or nuts against a low-fat diet, but all three groups ate a Mediterranean diet. The only meaningful difference between groups was the oil or nuts.²² The nut eaters had no lower risk of breast cancer.)

The catch: "The numbers were small," says Willett. (Only eight women in the olive oil group and 17 women in the control group were diagnosed with breast cancer during the study.)

"So even though PREDIMED was a controlled trial, we need more data on olive oil."

■ **Soy foods.** In a 1996 pilot study, women had more abnormal cells in their breast fluid when they ate 37 grams a day of soy protein (what you'd get in a pound of tofu) for several months than when they were given no soy.²³

In 2013, a larger study found no difference in abnormal cells, but by then, many women had begun to fear soy foods.²⁴

Meanwhile, studies in Asia—where diets are rich in soy—asked women what they ate and then tracked their cancers.

"Asian studies find a lower risk of premenopausal breast cancer in those who

consumed the most soy, especially during their young adult years," says Willett.²⁵

Soy had no benefit in postmenopausal women, but "reassuringly, there was no hint of an increase" in breast cancer risk, he adds. "Having a couple of glasses of soy milk a day is unlikely to be a problem."

■ **Sugar.** In the NutriNet-Santé study of nearly 80,000 French women who were tracked for an average of six years, those who consumed the most added sugar (at least 10 teaspoons a day) had a 52 percent higher risk of postmenopausal breast cancer than those who ate the least (less than 4 teaspoons a day).²⁶

"We're now looking at sugars in the Nurses' Health Study, but I don't think we'll see anything as strong as NutriNet," says Willett. "Of course, added sugars have so many other adverse effects that it's still good to keep your intake low." 🍌

¹ cancer.org/research/cancer-facts-statistics/breast-cancer-facts-figures.html.

² *Am. J. Epidemiol.* 184: 884, 2016.

³ *Am. J. Hum. Genet.* 104: 21, 2019.

⁴ *J. Natl. Cancer Inst.* 85: 1819, 1993.

⁵ *Eur. J. Epidemiol.* 36: 37, 2021.

⁶ *JAMA* 324: 369, 2020.

⁷ nap.edu/read/25791.

⁸ *J. Natl. Cancer Inst.* 101: 48, 2009.

⁹ *J. Natl. Cancer Inst.* 107: djv169, 2015.

¹⁰ *J. Natl. Cancer Inst.* 112: djz226, 2020.

¹¹ *J. Clin. Oncol.* 38: 686, 2020.

¹² *J. Clin. Oncol.* 28: 1458, 2010.

¹³ *Breast Cancer Res.* 2018. doi:10.1186/s13058-018-1009-8.

¹⁴ *J. Clin. Oncol.* 30: 2314, 2012.

¹⁵ *Endocr. Relat. Cancer* 18: 357, 2011.

¹⁶ *Cancer Prev. Res.* 5: 98, 2012.

¹⁷ *Int. J. Epidemiol.* 45: 916, 2016.

¹⁸ *Int. J. Cancer* 144: 1496, 2019.

¹⁹ *J. Natl. Cancer Inst.* 104: 1905, 2012.

²⁰ *Am. J. Clin. Nutr.* 113: 525, 2021.

²¹ *JAMA Intern. Med.* 175: 1752, 2015.

²² *N. Engl. J. Med.* 368: 1353, 2013.

²³ *Cancer Epidemiol. Biomarkers Prev.* 5: 785, 1996.

²⁴ *Nutr. Cancer* 65: 1116, 2013.

²⁵ *Am. J. Clin. Nutr.* 89: 1920, 2009.

²⁶ *Am. J. Clin. Nutr.* 112: 1267, 2020.

To Learn More

Want to know more about how often to get mammograms, who should get tested for genetic mutations, and more?

GO TO:

cdc.gov/cancer/breast

cancer.org/cancer/breast-cancer

cancer.gov/types/breast/patient/breast-prevention-pdq

aicr.org/cancer-prevention

Quick Studies

A snapshot of the latest research on diet, exercise, and more.

Covid-19 & Brain Health



Covid-19 may raise the risk of roughly a dozen neurological and psychiatric disorders.

Scientists looked at more than 236,000 people six months after they had been diagnosed with Covid-19. By that time, 13 percent of them had also been diagnosed with a new neurological or psychiatric condition.

For example, compared to people who had been diagnosed with the flu six months earlier, Covid patients were roughly twice as likely to also be diagnosed with a brain bleed (including hemorrhagic stroke), a non-hemorrhagic stroke, dementia, insomnia, or a psychotic disorder.

What to do: Get vaccinated. Though this kind of study can't prove that Covid caused these disorders, why take the risk?

[Lancet Psychiatry 2021. doi:10.1016/S2215-0366\(21\)00084-5.](https://doi.org/10.1016/S2215-0366(21)00084-5)

Stimulants in your Supplements?

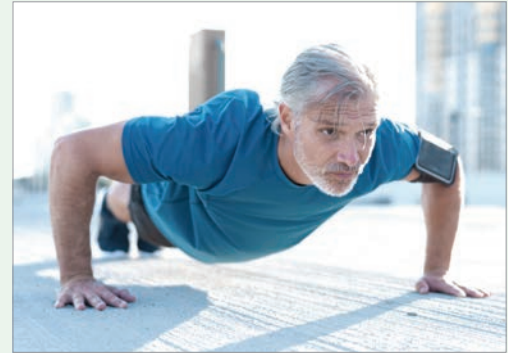
Researchers analyzed 17 brands of weight loss or sports products labeled as supplements that listed deterenol (or a synonym) as an ingredient. All contained either deterenol or other unapproved stimulants (or both). Some, like 1,3-DMAA, may cause heart attacks, warns the FDA. All are illegal.



What to do: Beware of supplements marketed as weight, fat-burning, or pre-workout aids. Some may contain unsafe stimulants.

[Clin. Toxicol. 2021. doi:10.1080/15563650.2021.1894333.](https://doi.org/10.1080/15563650.2021.1894333)

Beefitsnotforworkouts



"Studies show exercise is more effective when paired with a higher-protein diet," says beefitswhatsfordinner.com, the beef industry's website. Not according to a new industry-funded study.

Researchers randomly assigned 50 middle-aged adults to do strength training while on a "moderate" protein diet (0.5 grams per pound of body weight) or a "high" protein diet (0.7 grams per pound). The "moderates" ate 3 oz. of lean beef after training and drank 15 grams of beef isolate protein powder dissolved in water each night before bed. The "high" group got twice as much of both.

After 10 weeks, strength increased equally in both groups, regardless of protein intake.

What to do: To build strength, work out. Extra protein won't help (see Jul./Aug. 2020, p. 3).

[Am. J. Physiol. Endocrinol. Metab. 320: E900, 2021.](https://doi.org/10.1093/ajph/111.10.1800)

Gluten & Inflammatory Bowel Disease

An estimated 2.7 million Americans eat a gluten-free diet even though they don't have celiac disease. Some may fear that gluten—a protein in grains like wheat, rye, and barley—will lead to inflammatory bowel disease (ulcerative colitis or Crohn's disease).

Scientists studied more than 200,000 men and women who started out with neither celiac nor inflammatory bowel

disease. After roughly 25 years, those who reported consuming the most gluten had no higher risk of ulcerative colitis or Crohn's disease than those who consumed the least gluten.

What to do: This study can't prove cause and effect, but keep it in mind if you're avoiding gluten and don't have celiac. "Gluten-free" on the label doesn't make breads, crackers, cookies, or other packaged foods healthier. Many replace wheat flour with potato, corn, or tapioca starch (plus gluten-free flours). 🍌

[Clin. Gastroenterol. Hepatol. 2021. doi:10.1016/j.jgh.2021.03.029.](https://doi.org/10.1016/j.jgh.2021.03.029)



TESTING... TESTING?

8 things to know about direct-to-consumer health tests

BY CAITLIN DOW

Step right up. Learn about your health from the comfort of your home without ever seeing a doctor. Just send in a urine, saliva, or blood sample, and you're on the path to knowing more about *you*.

Do you have Lyme disease or HIV? How's your vitamin D? Your cholesterol? Your estrogen levels? Do your genes make you more likely to get late-onset Alzheimer's?

"In theory, I like the idea of direct-to-consumer testing," says Rashmi Mullur, an endocrinologist and assistant professor of medicine at UCLA. "The thought of not having to go into a lab to get a blood test is so appealing."

"But I worry that some patients are taking these tests out of frustration because they haven't found an answer through traditional systems, and they feel compelled to take matters into their own hands."

What's more, adds Mullur, "some of these tests are not ready for prime time."

Here's what to know before you spit into that sample vial.

1 Beware the limitations

The stakes for some tests are far too high to risk a wrong answer.

For example, more than 1,000 variants in the *BRCA1* and *BRCA2* genes are linked to a higher risk of breast and ovarian cancers. 23andMe tests for just three of them.

And knowing if you have a disease-causing *BRCA* variant matters. Women with some of those variants have a 45 to

"Demand better for your body," says Everlywell, which offers "easy, affordable, & private lab testing without leaving home."

"You're already doing so much to track your health," says gene-testing giant 23andMe. "Add personalized DNA insights for a more complete picture of your health."

Are direct-to-consumer health tests worth it?

With direct-to-consumer tests for *BRCA* variants, "people may experience unneeded anxiety or false reassurance," [cautions](#) the National Cancer Institute.

"If you have a family history of breast cancer, do not rely on a direct-to-consumer genetic test to assess your risk," [says](#) the CDC. Instead,

see a geneticist or genetic counselor. Period. End of story.



23andMe tests for only 3—out of 1,000—gene variants for breast and ovarian cancers.

70 percent lifetime risk of breast cancer and a 10 to 45 percent risk of ovarian cancer.^{1,2} (In fact, many experts advise those women to consider surgery to remove their ovaries and breasts as soon as they're done having children.³)

2 Oversight is iffy

It's the Food and Drug Administration's job to keep tabs on direct-to-consumer test companies and to ensure that customers are getting clear, accurate information.

For most tests, though, the FDA does little or nothing.

"If the test claims to make a diagnosis, the FDA is supposed to regulate that," says Alberto Gutierrez, former director of in vitro diagnostics at the FDA.

"But there are claims that fall into the category of wellness that the agency is not interested in seeing because they are considered low-risk," he adds.

What's wellness? Tests that predict, say, athletic ability, caffeine metabolism, or lactose intolerance.

"But it's very much a gray area," Gutierrez admits. "There are a lot of internal discussions at FDA about what is considered wellness."

And the testing companies aren't making things easier.

Everlywell, for example, claims that most of its tests are for "wellness monitoring, informational and educational

use.” That includes its test for hemoglobin A1c, a long-term measure of blood sugar.

“It’s hard to see how that fits under wellness,” says Gutierrez, because doctors use hemoglobin A1c to diagnose diabetes.

The company does offer some tests—for Lyme disease and a handful of sexually transmitted infections—that it calls “diagnostic.” But other than a test for Covid-19, the FDA hasn’t authorized any of Everlywell’s diagnostic tests.

Why not? “The agency has been inconsistent about what they regulate,” says Gutierrez.

Sometimes, the feds seem to be on the job. For example, in 2013, the FDA [ordered](#) 23andMe to stop marketing genetic tests that told customers about their risk of disease. (The letter was signed by Gutierrez.)

In 2017, after the company submitted enough data to satisfy the agency, it got the FDA’s stamp of approval to tell users about their genetic risk for 10 diseases. And in 2018, 23andMe received the green light to test for three of the *BRCA1* and *BRCA2* mutations that occur more frequently in people of Eastern European Jewish descent.

“It’s difficult to know exactly why the agency hasn’t thrown the book at Everlywell, Lets Get Checked, and others,” says Gutierrez.

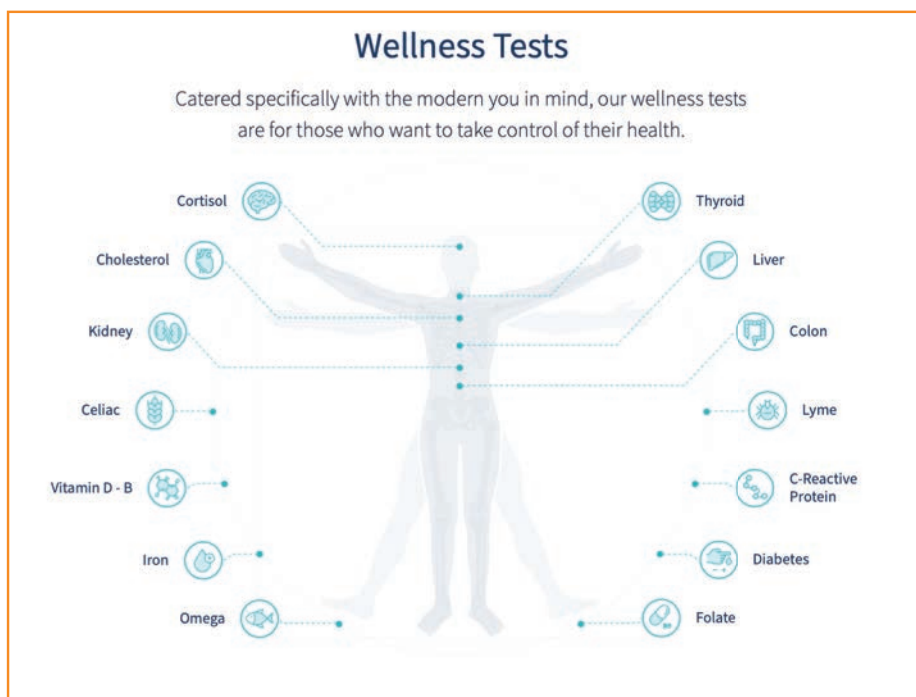
The FDA needs to step up, he adds.

“Consumers need a referee. Companies have a lot of incentive to make claims. And if somebody isn’t looking at the data behind those claims and making a judgment, you’re in a ‘buyer beware’ marketplace.”

3 Be skeptical of results for rare disease-causing variants

“Common genetic test often wrong when identifying rare disease-causing variants such as *BRCA1* and *BRCA2*, study says,” ran the [CNN.com](#) headline in February.

“We had heard anecdotal reports from our clinical colleagues that patients were coming in with positive results from direct-to-consumer tests for rare disease-causing variants,” says Caroline



Some tests from companies like [Lets Get Checked](#) are “diagnostic,” others are “wellness.” Who decides which is which? It’s unclear. And the difference matters.

Wright, a professor of genomic medicine at the University of Exeter in the UK.

That’s not just stressful; it could lead to unnecessary and invasive screening, treatment, or surgery.

The problem? A test called a SNP chip that wasn’t designed to detect rare genetic variants. (SNP—pronounced “snip”—stands for single-nucleotide polymorphism.)

“It’s the wrong tool for the job,” says Wright. The right tool? “Genome sequencing, which is very accurate for detecting rare variants.”

“We analyzed genetic data from nearly 50,000 adults who had both SNP chip and genome sequencing results,” Wright explains.

“The SNP chip was excellent for detecting common variants that are present in more than 1 in 100 people, as we expected. But as the variants got more rare—present in fewer than about 1 in 100,000 individuals—the SNP chip performed incredibly poorly. We were surprised at how bad it was.”

Of the roughly 4,800 rare variants identified by the SNP chip, 84 percent were false positives when tested against genome sequencing.³

And when Wright looked at rare variants in the *BRCA1* and *BRCA2* genes, nearly 95 percent of the positive SNP chip results were wrong.

Wright also looked at data on 21 adults who had both direct-to-consumer SNP chip tests and genome sequencing.

“We found that 20 out of 21 were falsely identified by the SNP chip as having at least one rare disease-causing variant,” she says.

“The message is that rare genetic variants detected by a SNP chip are far more likely to be wrong than right.”

4 Be wary of third-party services

The good news: “Many of the direct-to-consumer companies try their best to be responsible and only report rare variants that they have validated in-house,” says Wright.

The problem is that most companies also let you download your ‘raw’ data.

In a recent survey, 89 percent of people who had taken a direct-to-consumer genetic test downloaded their raw data. Of those, 94 percent reported using at least one third-party service—that is, another website—to interpret their results.⁴

Among them: SelfDecode.com, which allows you to upload your data from companies like 23andMe and Ancestry.

“Get comprehensive reports that analyze your genes and give suggestions to help you optimize specific health areas,” SelfDecode promises.

Of course, that assumes that the data you've uploaded to them is correct. If it's not, "they could end up interpreting false results," Wright warns.

5 It's genetics. It's complicated

"There are a lot of cases where genetic testing is essential," says Wright.

For example, for rare diseases caused by a single-gene mutation, like Huntington's disease, genetic testing can confirm a diagnosis that was based on symptoms.

And genetic testing can help people with a family history of a disease manage their risk and take preventive measures.

But that type of testing—which is best done under the guidance of a geneticist or genetic counselor—is meant to detect specific rare variants, not the hundreds of thousands of variants that direct-to-consumer tests analyze with a SNP chip.

Experts don't even know what many of those variants mean for your risk of disease. Researchers have a term for them: "variants of uncertain significance."

"I don't think people appreciate how much variation there is in our genes," says Wright. "The more you look, the more you find. But you don't know what all that information means."

"Getting a variant-of-uncertain-significance result is not uncommon, and it can be unsettling," she notes. "As we sequence more people's genomes, a lot of this uncertainty will resolve. Most of these variants are likely benign. For a few, we'll realize that they cause disease."

6 Genes are just a small piece of the puzzle

In most instances, "your genes are not determinative," says Gutierrez.

"Common variants tend to explain much less of your risk than rare variants," Wright explains. (Common variants are linked to diseases like diabetes

and heart disease; rare variants are linked to diseases like cystic fibrosis.)

Instead, your lifestyle and environment have a greater impact on your risk than your genes.

Most of the information you get from a direct-to-consumer genetic test has limited value, says Gutierrez.

"Say a test tells you that you are at



"Should someone my age really feel this tired?" asks the woman in the Everlywell ad. "I am going to find answers." But Everlywell's test may not have them.

higher risk for diabetes. What are you going to do? You're going to diet and exercise. Well, that's what all of us should be doing."

7 Hormone testing isn't enough

Everlywell sells 32 direct-to-consumer tests, many of which measure hormones related to metabolism, fatigue, fertility, menopause, and more.

"The fundamental principle about hormone testing is that it only gives you a snapshot in time," explains UCLA endocrinologist Rashmi Mullur.

"It tells you if the hormone is present and at what level. It doesn't tell you if the hormone is working in your body."

For example, Everlywell's metabolism test measures thyroid-stimulating hormone, testosterone, and cortisol.

"By measuring your levels of each," says the company's website, "you can understand what you may be experiencing with your weight and energy."

Don't count on it.

"If a patient complains of having low energy or fatigue, I might test those hormones," says Mullur. "But there are also

non-hormonal tests of fatigue. I would also measure their electrolytes, I'd get a complete blood count, I'd test for iron deficiency, liver function, and so on."

"In nine out of ten cases, I repeat my patients' direct-to-consumer tests in my lab to confirm the results," says Mullur.

"If I'm running other tests, I have to measure them again so that I can interpret the results as a unified bunch. It's naive to think that you can get an answer about your health with a simple hormone test."

8 Tests could lead to rash decisions

Scratching your head after looking at a direct-to-consumer test result?

Lets Get Checked allows users to discuss results with a nurse, while Everlywell offers

a physician-led live webinar where you can ask questions. (If you test positive for, say, an STD, they offer a consult.)

But the nurses and physicians can only provide so much insight without knowing you or your medical history.

Mullur recommends talking with your doctor before making any big changes.

"When patients come in with direct-to-consumer test results, my first step is to figure out what they were trying to investigate," says Mullur.

"Maybe they asked for the wrong test, maybe we need more testing, or maybe I can make a diagnosis based on their symptoms."

And don't forget the false positives from SNP chip tests for rare variants.

"If a test says that you have a rare gene variant and suggests a clinical action like screening or surgery," says Wright, "work with a geneticist or genetic counselor to verify the finding."

"Don't put the cart before the horse." 🐎

¹ cancer.gov/about-cancer/causes-prevention/genetics/brca-fact-sheet.

² *J. Natl. Compr. Canc. Netw.* 19: 77, 2021.

³ *BMJ* 2021. doi:10.1136/bmj.n214.

⁴ *Am. J. Hum. Genet.* 105:122, 2019.

A Sip of Summer

Drinks that skimp on sugar

BY LINDSAY MOYER

Nothing says June like a frosty glass of lemonade or iced tea. Here are some summery drinks that don't top 10 calories or 1 gram of sugar. Some are unsweetened; others use safer sweeteners (monk fruit or stevia extract) and no aspartame, sucralose, or acesulfame potassium (see chemicalcuisine.org). Cheers!

Better Bubbles

LaCroix, Bubly, Polar, AHA—you name it. Flavored unsweetened seltzer is easy to find in cans or bottles.

But now anyone with a SodaStream or other fizzy-water maker can join the calorie-free party. To avoid over-fizzing, wait until *after* your liter of water has been carbonated before you add the $\frac{3}{4}$ teaspoon of **Bubly Drops** “unsweetened natural flavor essence” (aka natural flavor).

Lime, Grapefruit, Orange, Peach, Mango...the list goes on. To find your fave, try sodastream.com or amazon.com.



Ice It!

If you're an iced-tea devotee, brewing your own beats buying bottled. You can lose the sugar...and spare the planet some plastic.

Quart-size brew pouches like **The Republic of Tea's** make it easy. The tea bags are made without plastic, says the company. Try unsweetened **Iced Teas** like **Ginger Peach** or herbal **Hibiscus Sangria**, or **Sweet Tea**, which gets its subtle sweetness from monk fruit. Not at your supermarket? Try republicoftea.com.

Another option: Use a metal infuser to brew your favorite loose-leaf tea.



Pop Progress

Want a “zero sugar” or “diet” Coke, Cherry Coke, Barq's, Dr Pepper, Mtn Dew, or Orange Fanta, but without their aspartame, acesulfame potassium, or sucralose? Stevia-sweetened **Zevia** serves up each of those flavors...plus **Ginger Ale, Grapefruit Citrus, Cream Soda, Black Cherry, Grape, Strawberry, and Lemon Lime Twist**. Pick from 15 in all.

What's missing? Pour one, and it'll be clear. No. *Really* clear. There are no food dyes or caramel color. And Zevia's calories? *What* calories?



Cool Brew

Cold brewing—soaking ground coffee in cold water for hours—is *hot*. It yields a smooth brew that tastes great iced. Nearly every brand, from Starbucks to La Colombe, now sells it by the bottle and without sugar.

New to unsweetened joe? Try mild-tasting **Chobani Pure Black** over ice or with milk. Just keep in mind that a 12 oz. serving has as much caffeine (120 mg) as, well, 12 oz. of coffee.



Catch a Drift

Spindrift's new line of lightly fizzy **Unsweetened Lemonade** gets its mouth-puckering flavor from a dash of lemon and lime juices, plus strawberry purée (in the **Strawberry Lemonade**) or cherry and raspberry juices (in the **Pink Lemonade**). Yum!

Another can't-miss Spindrift variety: the **Half Tea & Half Lemon**.

Look for them all at Target.



Mix it Up

Each **True Lemon Original Lemonade Drink Mix** packet adds just 10 calories to your 16 oz. glass of water. And it's plenty sweet, mostly from stevia, not its smidgen (1 gram) of sugar.

And just think about the options: You can carry a packet for your water bottle on the go. You can add extra water if you like less sweet. You can mix it with unsweetened iced tea (hello, Arnold Palmer).

Bonus: You don't have to lug home a heavy plastic bottle that may never get recycled.

Want to “add the delicious taste of fresh squeezed fruit to your water” (when there's no real citrus around)? Keep zero-calorie packets of the company's *unsweetened True Lemon* or *Lime* or *Grapefruit* on hand. 🍋



The Healthy Cook

Grains & Greens



Short-grain brown rice makes for an amazingly creamy risotto. If you've got an enameled cast iron pot, now's the time to break it out. It will help the risotto cook evenly and keep bubbling along. 🍷

Green Risotto

 MAKES 6 CUPS

- 3 Tbs. extra-virgin olive oil
- 1 onion, finely chopped
- 1 cup short-grain brown rice
- ½ cup dry white wine or vermouth
- 3 cups + 1 cup hot unsalted vegetable or chicken stock (preferably homemade)*
- 2 cups spinach leaves
- 2 cups grated zucchini
- 1 cup fresh or frozen peas
- 1 tsp. kosher salt
- freshly ground white or black pepper, to taste
- 1 lemon, zested and juiced

1. In a large heavy pot over medium heat, heat the oil until shimmering. Sauté the onion until softened, 3–5 minutes.
2. Stir in the rice to coat with the oil. Stir in the wine and cook until the rice starts to stick, 1–2 minutes.
3. Stir in 3 cups stock. Reduce the heat to medium-low, cover, and cook, stirring occasionally, until most of the liquid has been absorbed but the rice is still chewy, 25–30 minutes.
4. In a blender, purée the spinach with the remaining 1 cup stock.
5. Increase the heat to medium-high. Stir in the zucchini, puréed spinach, and peas. Cook, stirring constantly, until the rice is al dente, 3–5 minutes.
6. Season with the salt, pepper, and lemon zest and juice.

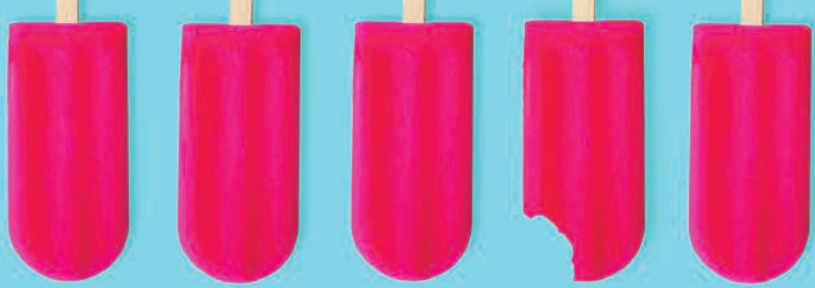
*Need a recipe? Go to nutritionaction.com/stock.

PER SERVING (1 cup): calories 230 | total fat 8 g | sat fat 1 g | carbs 34 g | fiber 5 g | total sugar 5 g | added sugar 0 g | protein 5 g | sodium 350 mg

The Healthy Cook's Kitchen

This month's recipe is from *Whole Grains*, the latest collection from The Healthy Cook, Kate Sherwood. To order it or the other volumes in *The Healthy Cook's Kitchen* series (*Spring & Summer Vegetables*, *Fall & Winter Vegetables*, *Tofu & Tempeh*, *Seafood*, and *Beans & Lentils*), go to store.nutritionaction.com.





BAR NONE

The best frozen bars, sandwiches, & more

BY LINDSAY MOYER & KAAMILAH MITCHELL

Any frozen dessert that comes on a stick, in a cone, or individually wrapped has one huge edge over any tub of ice cream, sorbet, or frozen yogurt: it's crystal clear what one serving is.

Just in time for summer, here's a look at healthier single-serving frozen desserts...and the brands our taste testers loved.

What to Look For

Our Better Bites aren't health food—we're talking mostly sugary frozen desserts and ice creams, after all—but they're still the cream of the crop. Our criteria for one full-size or mini bar, "bite," cone, or sandwich:

- **Added sugar. No more than 3 teaspoons (13 grams).** The "Added Sugars" number on the new Nutrition Facts label doesn't count the few grams of naturally occurring sugar from fruit or milk in many items. (They're included under "Total Sugars.") Because our sugar limit largely keeps portions in check, we didn't need to set a calorie limit.
- **Saturated fat. No more than 2 grams.** That nets the best of the bunch: yogurt bars, fudge bars, light ice cream bars, and fruit bars. What misses the cut? Full-fat ice cream, keto bars, and fully-chocolate-dipped bars and cones (except for some minis).
- **Low-calorie sweeteners. No acesulfame potassium, aspartame, or sucralose.** All have an "avoid" rating (see chemicalcuisine.org). We didn't disqualify items sweetened with (safe) stevia extract or with monk fruit extract, a natural sweetener that hasn't been well tested in animals (though the fruit has been eaten in China for centuries). Allulose and sugar alcohols (like sorbitol and maltitol) are also safe, though they can cause diarrhea or (with erythritol) nausea if you eat too much.

Yogurt & Beyond

Some kinds of frozen treats are perennial Better Bites. It's hard to find a yogurt bar or fudge bar that doesn't make the cut.

A few good bets:

■ **Yasso Greek Yogurt Bars.** Yasso is king of the frozen-yogurt case. All 13 of the company's **Greek Yogurt Bars**—from Black Raspberry Chip to Vanilla Bean—are Better Bites. And most are jam-packed with mix-ins like cookie dough, chocolate chips, brownie dough, crushed cookies, or pistachio brittle...at no more than 100 calories a pop.



A whopping 13 Better Bites. Go Yasso!

Just keep in mind that frozen Greek yogurt isn't the protein superstar you might expect. The 5 grams of protein in most Yassos make them a decent source, but they can't compare to the 10 to 15 grams in a 5.3 oz. serving of refrigerated Greek yogurt. That's partly because Yasso mixes its yogurt with milk.

■ **Fudge bars.** Most—like **Fudgsicle Low Fat Original** or **WW Giant** or **Snack Size**

Chocolate Fudge—are Better Bites because their main ingredient is nonfat or low-fat milk.

Dairy-free fudge bars like **GoodPop** and **So Delicious** miss out on Better Bites. Their coconut means more saturated fat (3½ to 5 grams), though no more calories (around 50 to 100, depending on the size and the sugar).

Keto or Light?

Nowadays, lower-sugar ice cream bars from brands like **Halo Top** and **Enlightened** come in two breeds: keto and light.

The ketos typically have no added sugar... but plenty of cream. Many lights go light on the added sugar *and* the dairy fat. Win-win.

Halo Top Keto Pops, for example, have enough cream and coconut oil to reach 130 to 180 calories and 8 to 10 grams of saturated fat (10 grams is half a day's worth). Their chocolate-flavored coating doesn't help.



Halo's Light Ice Cream Pops go easy on the cream.

Halo's uncoated **Light Ice Cream Pops**, on the other hand, don't top 100 calories. And most have just a teaspoon of added sugar and a smidge of sat fat. Even better, Halo **Mini Pops** cut the calories and sugar in half. They're largely skim milk...and they're yummy.

Halo and other sugar-slashing brands use low-calorie sweeteners like maltitol or allulose, plus processed fibers like inulin (aka chicory root fiber) or polydextrose. If they give you GI distress, try **Yasso Greek Yogurt Bars**, which skip them all (see "Yogurt & Beyond").

Sandwiches, etc.

To home in on the best ice cream sandwiches and cones, think small.

That means less ice cream...and less refined flour from the wafers (cookies, really).



Looking for an ice cream or dairy-free sandwich? Small is beautiful.

■ **Yasso Sandwiches.** Vanilla Bean (100 calories), Fudge Swirl or Mint Chocolate Chip (120 calories), or Peanut Butter (140 calories). Take your pick. They're all Better Bites.

■ **So Delicious Vanilla Almondmilk Sandwiches.** These creamy, dairy-free, 100-calorie sammies just miss a Better Bite because palm and coconut oils nudge their saturated fat up to 3 grams. But that still beats the sat fat in So Delicious bars that come on a stick (nearly all of them are dipped in chocolate).

■ **Skinny Cow Skinny Minis.** At 160 calories a pop, most of the Cow's regular light ice cream sandwiches are Better Bites. But the mini Viva Vanilla Snackers are even better. They shave off 60 calories and about 1½ teaspoons of added sugar, thanks to their smaller size and stevia extract sweetener.

■ **Mini cones.** Skinny Cow Skinny Minis Not Fudging Around Chocolate Fudge Cones also join the 100-calorie Better Bite crowd. Just be careful with Trader Joe's chocolatey-coated Hold the Cone! minis. They're so mini that it's hard not to dip back into the box for a second...and a third. Each cone (80 or 90 calories) is gone in about three bites.



Just 60 calories...but once you pop, it's hard to stop.

Chocolate Coated

Premium chocolate-coated ice cream bars like Magnum (dairy or non-dairy) reach 200 to 250 calories and at least half a day's saturated fat (10 grams).

While Yasso Dipped Greek Yogurt Bars are better, they'll still set you back around 160 calories and a quarter of a day's sat fat. That's chocolatey coconut oil coating, for you. The solution? Downsize.

■ **Yasso Poppables.** Like Yasso's bars, its Poppables enrobe creamy Greek yogurt in "a dark chocolatey quinoa crunch." Mmm. But the sat fat (2½ grams) only stays in Better Bite territory if you stop after one itty-bitty "poppable."

■ **WW.** Most of its coated bars are Better Bites because they're on the smaller side and only half dipped.

■ **KIND Frozen.** A petite size and a half dip can only take you so far. KIND Plant Based bars still manage to squeeze 180 calories and 5 grams of sat fat into four or five bites. Their coconut and palm oils don't help. KIND bar? Or kinda like a frozen candy bar?

Fruit & Juice

Fruit pops aren't exactly real fruit, despite what some labels say. They often blend in juice along with their whole fruit or purée, and most of their sugar is added or comes from juice. But they are low-ish in calories and high in icy refreshment. Four to look for:

■ **Outshine or Chloe's.** Both are typical for fruit bars—around 60 calories and 2½ to 3 teaspoons of added sugar. Outshine also makes smaller bars (most are sold only in variety packs) that shave the added sugar down to 2 teaspoons.

■ **Halo Top.** Halo uses stevia extract, so all its fruit pops (except Coconut) have just 35 to 45 calories, 1 to 1½ teaspoons of added sugar, and all the sweetness of full-sugar pops.

■ **GoodPop.** Looking for less sweet? Try GoodPop's 100% juice Twin Pops, its fresh-tasting Watermelon Agave Pops, or, for a dose of nostalgia, its Cherry n' Lemonade Pops. (Think of them as a food-dye-free spin on red, white, and blue Bomb Pops.)



Fruity pops get the less-sugary Halo Top treatment.

Fruit & Chocolate

Want chocolate around your frozen fruit, fruit bar, or sorbet? We found three fabulous picks that earned (or just missed) a Better Bite. Each has just 2 to 3 grams of saturated fat:

■ **Sambazon Original Superfruit Açai Bites.**

Irresistible dairy-free sorbet. Rich chocolate coating. Only a teaspoon of added sugar. Just 50 calories. Need we say more?

■ **Outshine ½ Dipped Raspberry Bars.** The half dip of "70% cacao" dark chocolate is a perfect foil for each tangy (110-calorie) berry bar.

Just don't get too excited about the "good source" of "ANTIOXIDANTS" claim. Outshine tosses in enough vitamins C and E to hit 10 percent of a day's worth of each. It's marketing 101: Dress up your bar to look like a health food.

■ **Dole Dippers.** A 100-calorie pack, with its four decadent ("67% cacao") Dark Chocolate Covered Banana Slices, is plenty satisfying. And since Dole starts with a naturally sweet fruit, it only needs to add a teaspoon of sugar. Let it thaw for a few minutes before you dig in. 🍌



Taste? Super. Added antioxidants? Unnecessary.

Freeze Frame

Better Bites (✓) have no more than 2 grams of saturated fat and 3 teaspoons of added sugar per bar, cone, sandwich, or “bite.” They’re also free of aspartame, acesulfame potassium, or sucralose. Products are ranked from least to most saturated fat, then added sugar, then calories.

Fruit Bars (1)

	Calories	Sat Fat (g)	Added Sugar (tsp.)	Protein (g)
✓ GoodPop Cherry n’ Lemonade (1.8 fl. oz.)	30	0	0	0
✓ GoodPop Organic Freezer Pops (1.8 fl. oz.) ¹	35	0	0	0
✓ GoodPop Twin Pops (2.3 fl. oz.) ¹	35	0	0	0
✓ Chloe’s No Sugar Added Strawberry (2.2 fl. oz.)	40	0	0	0
Outshine No Sugar Added Strawberry (2.5 fl. oz.) ⁵	45	0	0	0
✓ Halo Top Fruit Pops—except Coconut (2.5 fl. oz.) ¹	40	0	1	0
✓ GoodPop Watermelon Agave (2.5 fl. oz.)	40	0	1.5	0
✓ Outshine, variety packs (1.5 fl. oz.) ¹	40	0	2	0
✓ GoodPop Mango Chile (2.5 fl. oz.)	60	0	2	0
✓ Chloe’s—except Lime (2.5 fl. oz.) ¹	60	0	2.5	0
✓ Outshine—except Creamy Coconut, Lemon, or Lime (2.5 fl. oz.) ¹	60	0	2.5	0
Chloe’s Lime (2.5 fl. oz.)	60	0	3.5	0
Outshine Lime (2.5 fl. oz.)	60	0	3.5	0
Outshine Lemon (2.5 fl. oz.)	70	0	3.5	0
Outshine Creamy Coconut (2.7 fl. oz.)	100	2.5	3	3
Halo Top Fruit Pops Coconut (2.5 fl. oz.)	90	3.5	1.5	1

Creamy Bars (1)

Fudgsicle No Sugar Added (1.6 fl. oz.) ⁵	40	0	0	1
✓ WW Snack Size Chocolate Fudge (1.8 fl. oz.)	50	0	1	2
✓ WW Giant Chocolate Fudge (3.5 fl. oz.)	90	0.5	2	3
✓ Halo Top Mini Pops (2 fl. oz.) ¹	60	1	0.5	3
✓ Fudgsicle Low Fat Original (1.6 fl. oz.)	60	1	1.5	1
✓ Yasso Greek Yogurt (3.5 fl. oz.) ¹	100	1	2	5
✓ Enlightened Light Ice Cream (3.7 fl. oz.) ¹	90	1.5	0.5*	7
✓ Halo Top Gourmet Fudge Pops (3 fl. oz.)	80	1.5	1	6
✓ Enlightened Dairy-Free (3.7 fl. oz.) ¹	90	1.5	1*	3
✓ Halo Top Light Ice Cream Pops (3.5 fl. oz.) ¹	100	1.5	1	5
✓ Outshine Simply Indulgent (2.5 fl. oz.) ¹	90	1.5	2	5
Skinny Cow Oh La La Chocolate Truffle (2.6 fl. oz.)	120	2.5	2	3
So Delicious Dairy Free No Sugar Added Fudge (2.3 fl. oz.)	60	3.5	0	1
GoodPop Dairy Free Orange n’ Cream (2.5 fl. oz.)	90	3.5	2	0
GoodPop Dairy Free Coldbrew Latte (2.5 fl. oz.)	80	4	1	1
GoodPop Dairy Free Chocolate Fudge (2.5 fl. oz.)	90	4.5	1.5	1
So Delicious Dairy Free Fudge (2.3 fl. oz.)	100	5	2.5	1
Enlightened Keto Collection (3.7 fl. oz.) ¹	190	10	0	3

Cones (1)

✓ Skinny Cow Skinny Minis Not Fudging Around Chocolate Fudge (2.2 fl. oz.)	100	2	2	2
Trader Joe’s Mini Hold the Cone! (1 oz.) ¹	90	3	1.5	1
Nestlé Drumstick Lil’ Drums (2.2 fl. oz.) ¹	110	3	2	1
Nestlé Drumstick Mini Drums (0.8 fl. oz.) ¹	70	3.5	1	1
Skinny Cow Not Fudging Around Chocolate Fudge (4 fl. oz.)	170	3.5	3	4
Skinny Cow Next Level Vanilla Caramel (4 fl. oz.)	170	3.5	3.5	3

Sandwiches (1)

	Calories	Sat Fat (g)	Added Sugar (tsp.)	Protein (g)
✓ Yasso Vanilla Bean (2.5 fl. oz.)	100	0.5	2	4
Skinny Cow No Sugar Added Vanilla Gone Wild (4 fl. oz.) ⁵	140	1	0	4
✓ Skinny Cow Skinny Minis Viva Vanilla Snackers (2.8 fl. oz.)	100	1	1.5	3
✓ Yasso Peanut Butter (2.5 fl. oz.)	140	1	2	5
✓ Yasso Fudge Swirl (2.5 fl. oz.)	120	1	2.5	4
✓ Yasso Mint Chocolate Chip (2.5 fl. oz.)	120	1.5	2	4
✓ Skinny Cow Completely Crush-worthy Cookies ‘n Cream (4 fl. oz.)	160	2	3	4
✓ Skinny Cow Vanilla Gone Wild (4 fl. oz.)	160	2	3	4
So Delicious Dairy Free Almondmilk Vanilla (2.3 fl. oz.)	100	3	1.5	1
So Delicious Dairy Free Coconutmilk (2.3 fl. oz.) ¹	100	3.5	1.5	1
Trader Joe’s Brownie Crisp Coffee (2.5 fl. oz.)	140	4.5	3	3

Dipped Bars & Bites (1)

✓ WW Dark Chocolate Raspberry (1.6 fl. oz.)	70	1.5	1	1
✓ Sambazon Superfruit Açai Bites Original (0.8 fl. oz.)	50	2	1	0
✓ Sambazon Superfruit Açai Bites Peanut Butter & Chocolate (0.8 fl. oz.)	60	2	1	0
✓ WW Snack Size Cookies & Cream (2.2 fl. oz.)	90	2	2	2
✓ WW Snack Size Divine Triple Chocolate (2.2 fl. oz.)	90	2	2	2
✓ WW Snack Size Salted Caramel (2.2 fl. oz.)	90	2	2	2
Dove Minis with Dark Chocolate (0.8 fl. oz.)	60	2.5	1	1
Yasso Poppables (0.7 fl. oz.) ¹	60	2.5	1	2
WW English Toffee (1.6 fl. oz.)	80	2.5	1.5	1
Outshine ½ Dipped Raspberry (2.4 fl. oz.)	110	2.5	3	1
Dove Minis with Milk Chocolate (0.8 fl. oz.)	70	3	1	1
Dole Dippers Dark Chocolate Covered Banana Slices (1 pack, 1.6 oz.)	100	3	1	1
Outshine Strawberry with Dark Chocolate, Granola & Cacao Nibs (2.7 fl. oz.)	140	4	3.5	1
KIND Frozen Plant Based (1.6 fl. oz.) ¹	180	5	1.5	3
Klondike Minis The Original (2 fl. oz.)	120	5	2	1
Dove Raspberry Sorbet with Dark Chocolate (2.1 fl. oz.)	150	5	3.5	1
Outshine ½ Dipped Creamy Coconut (2.4 fl. oz.)	160	5	3.5	3
Magnum Mini Classic (1.9 fl. oz.)	140	6	2	2
Yasso Dipped Greek Yogurt (2.6 fl. oz.) ¹	160	6	2.5	5
Klondike No Sugar Added Vanilla (4 fl. oz.) ⁵	170	8	0	3
Halo Top Keto Pops (2.6 fl. oz.) ¹	150	9	0	3
Häagen-Dazs Soft Dipped Coffee (3 fl. oz.)	260	9	3.5	3
So Delicious Dairy Free Dipped (2.3 fl. oz.) ¹	180	10	3	1
Magnum Non-Dairy Classic (3 fl. oz.)	230	10	5	1
Daiya Dairy-Free (2.6 fl. oz.) ¹	190	11	3.5	1
Klondike The Original (4.5 fl. oz.)	250	11	4.5	3
Magnum Double Chocolate (3 fl. oz.)	260	12	4.5	4
Enlightened Keto Caramel Dark Chocolate Peanut (2.6 fl. oz.)	230	14	0	3

✓ Better Bite. ¹ Average of the entire line or the varieties listed.

⁵ Contains aspartame, acesulfame potassium, and/or sucralose.

* Estimate. Note: Better Bite refers to numbers only, not taste.

Daily Values (for a 2,000-calorie diet): **Saturated Fat:** 20 grams.

Protein: 50 grams. **Added Sugar:** 50 grams (12 teaspoons).

(To convert teaspoons of sugar to grams, multiply by 4.2.)

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



FOOD FIND

Peak Peas



Green. English. Garden. Frozen **peas** go by many names. But in June, the name you want is *fresh*.

Most supermarkets sell shelled fresh peas, but at many farmers

markets, the little pearls come in nature's own packaging. For the sweetest, least-starchy peas, look for firm, plump pods that aren't wrinkled with age.

For maximum sweetness, you want to eat your peas as soon as possible. And you don't want to shell them until right before you prepare them.

To shuck the peas, break off one tip of the pod, remove the strings that run along the seams, then push out the fresh peas. Expect roughly 1 cup of shelled peas for each pound of pods.

Then just steam or boil them until tender, 2–5 minutes. (Or try The Healthy Cook's vibrant "Green Risotto," p. 12.)

Another strategy: Let the eaters have all the fun. Steam or grill *intact* pods whole, then eat the cooked peas straight out of them (like you would edamame).

Toss the empty pods in your compost pile or freeze them for your next veggie stock (see nutritionaction.com/stock).

We're talking legumes, so a (60-calorie) half cup of peas is a good source of folate, vitamin C, and vitamin K, with a nice dose of fiber and protein (about 4 grams each).

And don't forget snow peas and snap peas for a crunchy salad or a quick stir-fry *any* time of year. Pass the peas, please!

Photos: Sea Wave/stock.adobe.com (top left), Kraft Heinz (top right), Kate Sherwood/CSPI (bottom).

FOOD FAIL



Pain Point



"From makeshift work-from-home spaces to splitting household chores, this past year couples were forced to share much more than usual," explained the [press release](#) introducing **Philadelphia Cheesecake Crumbles**.

"One major pain point is sharing that last bite of food, especially when it comes to sharing something particularly delicious, like cheesecake. In fact, 53% of couples say they have argued over sharing the last bite of dessert."

Solution: "A personal serving of Philadelphia Cheesecake that you don't have to share."

Brilliant! To solve the relationship-threatening "last-bite dilemma," Kraft Heinz packs each (roughly 1/3-cup) serving of cheesecake in its own plastic tub, and the toppings in a separate plastic tub. Sheesh.

And each 340-calorie **Original Crumble** packs in three-quarters of a day's saturated fat, 1 gram of (naturally occurring) trans fat, and 4 teaspoons of added sugar. You can thank the usual suspects—like cream, butter, corn syrup, and flour.

Those numbers are about what you'd get from a 2/3-cup serving of Häagen-Dazs ice cream (but in fewer bites). The **Strawberry, Cherry, and Chocolate Hazelnut Crumbles** are similar.

"Is your relationship one-bite-of-cheesecake from crumbling?" asks the [website](#). If so, your own personal tub may not help.

philadelphiacheesecakecrumble.com



DISH of the month

Smoked Almond Caesar

Whisk together 4 Tbs. mayo, 1 Tbs. lemon juice, 1/2 tsp. dijon mustard, 1 finely grated clove garlic, and 1/4 tsp. salt. Toss with 8 cups shredded kale, romaine, or cabbage and 1/4 cup chopped smoked almonds.

WE CAN'T DO IT WITHOUT YOU!

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