

LIVE WELL WORK WELL

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Fewer Men Are Being Screened, Diagnosed, and Treated for Prostate Cancer

A new study reveals declines in prostate cancer screening and diagnoses in the United States in recent years, as well as decreases in the use of definitive treatments in men who have been diagnosed.

There is considerable debate surrounding the value of prostate cancer screening with prostate-specific antigen (PSA) testing, and the 2012 United States Preventive Services Task Force (USPSTF) recommendation against PSA testing lies at the center of this debate. This recommendation was made in part due to the potential harms – such as erectile dysfunction and urinary incontinence – associated with the treatment of clinically insignificant prostate cancer with radical prostatectomy or radiation.

To examine the use of diagnostics and treatments for prostate cancer in the years surrounding the USPSTF recommendation, James Kearns, MD, of the University of Washington School of Medicine in Seattle, and his colleagues analyzed MarketScan claims, which capture more than 30 million privately insured patients in the United States.

In the analysis of approximately 6 million men with a full year of data, PSA testing, prostate biopsy, and prostate cancer detection declined significantly between 2009 and 2014, most notably after 2011. The prostate biopsy rate per 100 patients with a PSA test decreased from 1.95 to 1.52. Prostate cancer incidence per prostate biopsy increased from 0.36 to 0.39. Of new prostate cancer diagnoses, the proportion managed with definitive local treatment decreased from 69 percent to 54 percent.

“In addition to finding decreased prostate cancer screening, we found that fewer men were being diagnosed with prostate cancer, and even fewer men were being treated with surgery or radiation for their prostate cancer. This means that they are likely choosing active surveillance for low risk prostate cancer,” said Dr. Kearns.

In an accompanying editorial, Christopher Filson, MD, MS, of Emory University School of Medicine notes that additional research is needed to determine which men will gain the most value from screening and to identify and correct gaps in the delivery of prostate cancer care to minimize overtreatment. “The key will be performing PSA screening – in addition to biopsies and prostate cancer treatment – more intelligently, not more frequently,” he writes.

Wiley. “Fewer men are being screened, diagnosed, and treated for prostate cancer.”
ScienceDaily. www.sciencedaily.com/releases/2018/05/180521092712.htm (accessed August 16, 2018).

Cookbooks Are Not a Reliable Source of Food Safety Information

A recent study finds bestselling cookbooks offer readers little useful advice about reducing food-safety risks, and much of the advice they do provide is inaccurate and not based on sound science.

"Cookbooks tell people how to cook, so we wanted to see if cookbooks were providing any food-safety information related to cooking meat, poultry, seafood or eggs," says Ben Chapman, senior author of a paper on the work and an associate professor of agricultural and human sciences at North Carolina State University.

To that end, the researchers evaluated a total 1,497 recipes from 29 cookbooks that appeared on the New York Times best sellers list for food and diet books. All of the recipes included handling meat, poultry, seafood or eggs.

The researchers found that only 123 recipes – 8 percent of those reviewed – mentioned cooking the dish to a specific temperature. And not all of the temperatures listed were high enough to reduce the risk of foodborne illness.

North Carolina State University. "Cookbooks give readers (mostly) bad advice on food safety." ScienceDaily. www.sciencedaily.com/releases/2017/03/170327142815.htm (accessed August 14, 2018).

In addition, 99.7 percent of recipes gave readers "subjective indicators" to determine when a dish was done cooking. And none of those indicators were reliable ways to tell if a dish was cooked to a safe temperature.

"The most common indicator was cooking time, which appeared in 44 percent of the recipes," says Katrina Levine, lead author of the paper and an extension associate in NC State's Department of Agricultural and Human Sciences.

Other common indicators used in the cookbooks included references to the color or texture of the meat, as well as vague language such as "cook until done."

Chapman stated, "A similar study was done 25 years ago and found similar results – so nothing has changed in the past quarter century. But by talking about these new results, we're hoping to encourage that change."

A list of safe cooking temperatures can be found at: <https://www.foodsafety.gov/keep/charts/mintemp.html>

Fruits & Veggies: How Much is Enough?

If you're like the majority of Americans, you're most likely not eating enough fruits and vegetables. *Fruits & Veggies – More Matters*, a national health observance that occurs every September, wants to change that. Fruits and vegetables contain essential vitamins, minerals, fiber, and other naturally occurring substances that may help prevent chronic diseases.

How much is enough?

According to MyPlate, the U.S. Department of Agriculture's symbol for healthy eating, the recommended adult daily servings for fruits and vegetables are:

Fruits

- **Women:** 2 cups (ages 19-30), 1 ½ cups (ages 31+)
- **Men:** 2 cups (ages 19+)

Veggies

- **Women:** 2 ½ cups (ages 19-50), 2 cups (ages 51+)
- **Men:** 3 cups (ages 19-50), 2 ½ cups (ages 51+)

What Counts as a Cup?

Fruits: In general, 1 cup of 100% fruit juice, or ½ cup of dried fruit can be considered as 1 cup.

Veggies: Generally, 1 cup of raw or cooked vegetables, juice, or 2 cups of raw leafy greens can be considered as 1 cup from the vegetable group.

Fruits and Vegetables Shown to Lower Blood Pressure

Eating potassium-rich foods like sweet potatoes, avocados, spinach, beans, bananas, and even coffee could be key to lowering blood pressure, according to Alicia McDonough, PhD, professor of cell and neurobiology at the Keck School of Medicine of the University of Southern California (USC).

“Decreasing sodium intake is a well-established way to lower blood pressure,” McDonough says, “but evidence suggests that increasing dietary potassium may have an equally important effect on hypertension.”

McDonough explored the link between blood pressure and dietary sodium, potassium, and the sodium-potassium ratio in a review article published in the April 2017 issue of the American Journal of Physiology – Endocrinology and Metabolism. The review looked at population, interventional, and molecular mechanism studies that investigated the effects of dietary sodium and potassium on hypertension.

McDonough's review found several population studies demonstrating that higher dietary potassium (estimated from urinary excretion or dietary recall) was associated with lower blood pressure, regardless of sodium intake. Interventional studies with potassium supplementation also suggested that potassium provides a direct benefit.

“When dietary potassium is high, kidneys excrete more salt and water, which increases potassium excretion,” McDonough says. “Eating a high potassium diet is like taking a diuretic.”

But how much dietary potassium should we consume? A 2004 Institute of Medicine report recommends that adults consume at least 4.7 grams of potassium per day to lower blood pressure, blunt the effects of dietary sodium, and reduce the risks of kidney stones and bone loss, McDonough says. Eating $\frac{3}{4}$ cup of black beans, for example, will help you achieve almost 50% of your daily potassium goal.

University of Southern California - Health Sciences. “Fruits and vegetables’ latest superpower? Lowering blood pressure: Dietary potassium linked with lower blood pressure.” ScienceDaily. www.sciencedaily.com/releases/2017/04/170405130950.htm (accessed August 14, 2018).

September Recipe: Chicken Cordon Bleu

Ingredients:

- 1 lb uncooked boneless, skinless chicken breasts
- 4 oz extra lean sliced ham
- 2 light mozzarella string cheese sticks
- $\frac{1}{4}$ cup seasoned bread crumbs



Pre-heat oven to 350 degrees. Cover pan with aluminum foil and spray with non-stick spray. Flatten the breast out to $\frac{1}{2}$ inch or less using a rolling pin or meat tenderizer. Cut the ham slices into strips and lay the strips in the middle of the chicken breasts. Cut the cheese sticks in half and lay on top of the ham. Fold up the chicken breasts with the ham and cheese on the inside. Roll the chicken in the bread crumbs and set in the pan. Bake for 25- 30 minutes or until chicken is cooked to an internal temperature of 165 degrees.

Yield: 4 servings. Each serving provides: Calories- 192, Carbs- 7g, Protein- 31g, Fat- 3.5g

Source: <http://staylean.blogspot.com/2010/04/chicken-cordon-bleu.html>

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