

PROSTATE CANCER

To Treat or Not to Treat

SELLING HEALTH?
The latest ad hype

Winners & losers
Menu items face off

DRESS IT UP!
15 time-saving toppings

M E M O

FDA: Protect Patients *and* the Public



In June of 2017—a year that would see nearly 70,000 Americans die from drug overdoses—the Food and Drug Administration [asked](#) the makers of Opana ER to take its opioid pain tablets off the market after the drug was linked to an outbreak of HIV infections. (People had started injecting it.)

Technically, the law only requires the FDA to consider whether a new drug is safe and effective as “prescribed, recommended, or suggested” on its label. (That also applies to “biologics” like vaccines.)

But in its letter to Opana ER’s manufacturer, the FDA went beyond that. For the first time, it cited the “public health consequences of abuse” of an opioid.

A little-noticed [draft guidance](#) issued by the FDA this past September suggests that the agency will consider the public’s health more often in the future. In some cases, it will take into account risks such as “misuse, accidental exposure, or disease transmission”...and not just for patients who are prescribed the drug.

That’s welcome news, as I recently [wrote](#) in the *Journal of the American Medical Association* with Josh Sharfstein, vice dean for public health practice and community engagement at the Johns Hopkins Bloomberg School of Public Health. It’s a sign that the FDA plans to use its regulatory powers to more fully protect the public’s health.

The implications go beyond opioid drugs

like Opana ER. For example, the FDA might consider whether the overuse of antibiotics promotes the spread of bacteria that are resistant to those antibiotics or whether vaccines can help us reach herd immunity.

When it comes to tobacco, the law *already* requires the FDA to take into account the impact on the public’s health. Last year, the agency considered the risks of e-cigarettes not only for adults trying to quit smoking but also for young people who may become addicted to nicotine.

The FDA [said](#) that it would no longer allow companies to market several new tobacco-flavored e-cigarettes if it finds evidence that they’re being used by people who never smoked before.

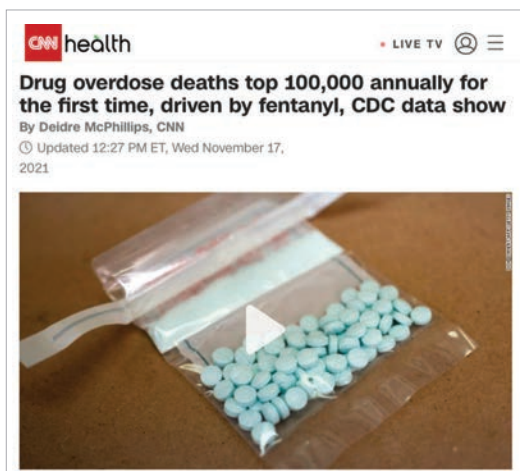
Between 1999 and 2019, nearly 500,000 Americans died from opioid overdoses. The epidemic is a painful reminder that the risks and benefits

of a prescription drug affect not only patients but families and entire communities.

My advice: If you need an opioid, take it for the shortest period and at the lowest dose that relieves your pain.

And if someone you know suffers from opioid addiction, get naloxone to keep around the house. The life-saving drug—which is available as a nasal spray, like Narcan—can counteract an opioid overdose. And you typically don’t need a prescription to get it.

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



The FDA should think twice about approving a new drug that’s likely to be abused.

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PROSTATE CANCER

To Treat or Not to Treat



Laurence Klotz is a professor of surgery at the University of Toronto. He chairs the World Urologic Oncology Federation and the Canadian Urology

Research Consortium and is former president of the Urological Research Society. He was the founding editor-in-chief of the *Canadian Journal of Urology* and was awarded the prestigious Order of Canada for his work on prostate cancer. Klotz spoke with *Nutrition Action's* Bonnie Liebman.

Keeping Tabs on Prostate Cancer

Q: What led you to try active surveillance?

A: I had just gone into practice in the late 1980s, when a [paper](#) that reported on 120 British men with localized prostate cancer hit me like a bomb.

The men had not been treated, yet after seven years, only 4 percent of them had died of prostate cancer. And I thought, “Why are we now treating all men with localized cancer when so many end up with serious side effects and so few would die of prostate cancer?”

So we came up with this idea of monitoring patients—repeating their biopsies, periodically tracking them, and treating them only if a biopsy showed a higher-grade cancer.

In the late 1980s, the [incidence](#) of prostate cancer shot up after experts urged most men aged 50 or older to get blood tests for PSA (prostate-specific antigen)—an indicator of cancer risk. Yet for every [80 men](#) treated for prostate cancer with surgery or radiation, 50 end up with erectile dysfunction and 15 have urinary incontinence. And many of those men had a cancer that would have caused no harm. Today, researchers know more about who needs immediate treatment...and who can be monitored with “active surveillance.”

That led to a firestorm of controversy, which lasted about 10 years. People thought that patients would die unnecessarily if we didn't treat them. Now active surveillance is no longer in dispute. The question is how to do it optimally.

Q: Why don't all prostate cancers need to be treated?

A: Small amounts of low-grade prostate cancer develop normally with age. They occur in two-thirds of men in their sixties.

And it has become widely accepted that low-grade prostate cancer—which is now called Grade Group 1—is not a cancer in the way people think of it. [See “Grade Groups,” p. 5.]

Q: It's fairly harmless?

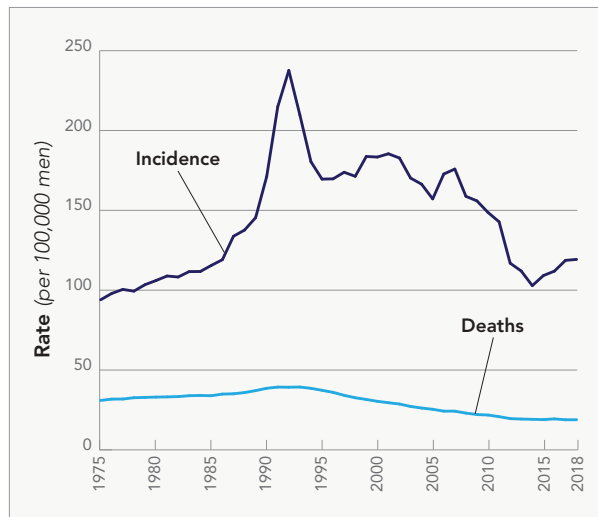
A: Yes. In about 98 percent of cases, Grade Group 1 doesn't have the typical genetic abnormalities associated with cancer. It never [metastasizes](#). It doesn't cause problems.

There's even a controversy over whether it should be called cancer. But in a tiny percent of cases it can invade locally, so in my view, it does qualify.

Q: So you still keep tabs on men with Grade Group 1 cancer?

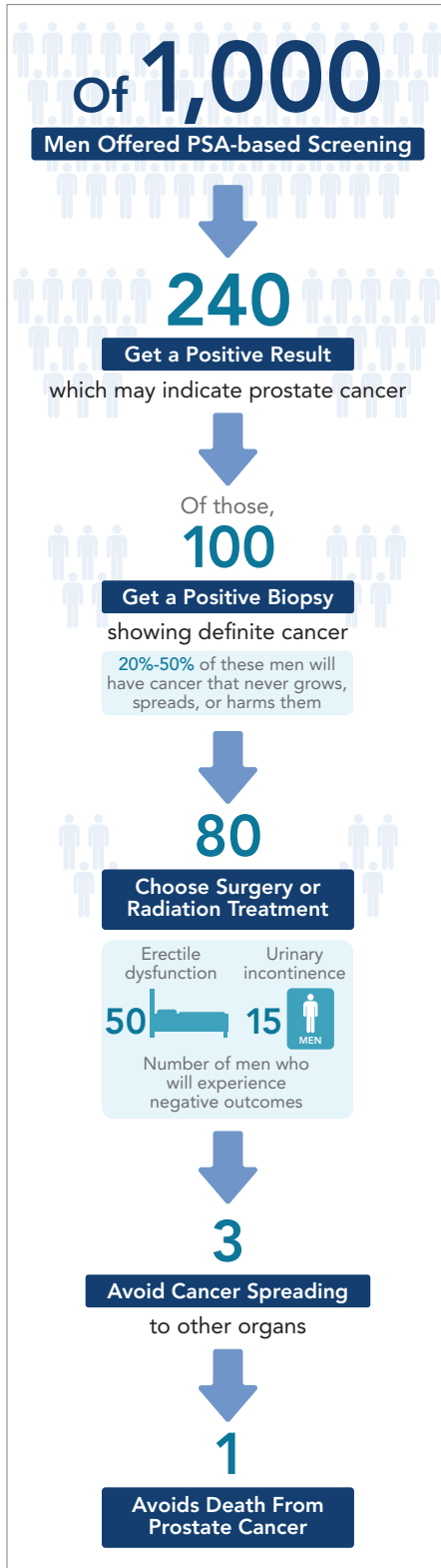
A: Yes, because if someone has a low-

DIAGNOSES VS. DEATHS



The incidence of prostate cancer spiked after most men got PSA tests and many with “low-grade” cancer were treated. Now about [half](#) of those men initially choose active surveillance instead.

PSA: BY THE NUMBERS



Screening 1,000 men for prostate cancer only saves 1 life, [said](#) the U.S. Preventive Services Task Force in 2018. Its advice: Talk to your doctor about whether to get a PSA test.

grade cancer, they're at risk for having a higher-grade cancer that we don't know about. That's the whole concept of active surveillance. It doesn't mean doing nothing. It means monitoring the patient and re-evaluating them over time to make sure they don't have something worse that you don't know about.

Q: Is "something worse" usually Grade Group 2 prostate cancer?

A: Yes. Grade Group 1 means the pathologist who examines a biopsy sees no cells above Gleason Pattern 3. Grade Group 2 means that *most* of your cells are Pattern 3, but some are Pattern 4. [See "Grade Groups," p. 5.]

Pattern 3 and 4 are like night and day. Pattern 4 is real cancer. It has all the genetic abnormalities of cancer. And it can metastasize.

So if it's all Pattern 3, we can say to the patient, "The cancer we have diagnosed you with poses no threat."

But as soon as there's some Pattern 4, we can say, "Most patients like you have slow-growing disease that doesn't pose much of threat, but the threat is not zero."

Q: What if most of the cells are Pattern 4 but some are Pattern 3?

A: That's Grade Group 3. In those patients—or in men with any Pattern 5—we eradicate the prostate with surgery or radiation, unless the patient's life expectancy is quite short. For men with higher-grade cancer, treatment saves lives.

The Gray Zone

Q: Do you offer active surveillance to men with Grade Group 2?

A: It depends. That's the gray zone. The challenge with Grade Group 2 is to stratify those patients who have something life-threatening from those who don't.

We have a number of tools to do that, including markers of genetic abnormalities in the biopsied tissue like Decipher, Oncotype DX, and Polaris. And there are so-called liquid markers in blood or urine like 4K, phi, and SelectMDx. Imaging also has a major role.

Q: Does the percentage of Pattern 4 matter?

A: It's been known for approximately 40 years that the percent of Pattern 4 is the most important predictor for how a cancer is going to behave. In people who have 5 percent or less Pattern 4, it's often an artifact caused by the way the biopsy needle cuts into a Pattern 3 cell. So I treat them like it's all Pattern 3, keeping in mind that they may have Pattern 4, so we have to keep an eye on it.

Q: And if it's more than 5 percent?

A: In men who have, say, 10, 15, or 20 percent Pattern 4, it's mostly indolent disease, and they are often candidates for active surveillance. If they have disease on only one side of the prostate, we increasingly offer these guys focal or partial gland ablation.

Q: That destroys part of the gland?

A: Yes. You may treat, say, a third of the prostate, like a lumpectomy for breast cancer. You don't eradicate the whole gland for a small lesion in one part of it.

Here in Toronto we mostly use high-intensity focused ultrasound, or HIFU. But there's a long list of techniques—using lasers or freezing, for example. At this point we can't make a strong evidence-based statement that one is clearly superior to the other.

Q: What about using ultrasound to destroy the prostate from within?

A: I'm a little biased because this technique—MRI-guided [transurethral ultrasound ablation](#), or TULSA—came out of my institution. And we do receive research funding from Profound Medical, which markets the technology. But it looks promising.

The appeal is its precision because the MRI tells you the temperature in each area of the prostate in real time. So if there's a cold spot, you can go back and re-treat that area.

Q: And all of these techniques lead to fewer side effects?

A: Yes. The risk of incontinence or erectile dysfunction is lower than with surgery or

GRADE GROUPS

radiation. And in most cases, it eradicates the cancer that you're worried about. That said, we don't have long-term follow-up on cancer risk.

Q: But you still have to monitor these patients?

A: Yes. And you can't just check PSA levels. Patients need an MRI and biopsy within the first year to look for cancer both in the treated and non-treated areas.

Other Risk Factors

Q: What else do you consider?

A: It's been known for years that Black men are more likely to harbor a higher-grade cancer. And on a repeat biopsy a year or more later, they're more likely to have a higher-grade cancer. I think that reflects a genetic predisposition, and access to health care may play a role in the U.S.

But despite that, in a recent U.S. study that managed 2,280 Black and 6,446 white men with surveillance and intervention when necessary, there was no difference in their rate of metastasis or risk of dying, which is what's important. So this is reassuring. You have to be on top of these patients, but if you are, their risk is no greater.

Q: What about age?

A: The older the patient, the greater the likelihood that they'll have a higher-grade cancer present, because over time, there's a greater likelihood that the cells in their prostate will de-differentiate—that is, lose their normal structure.

The irony is that the older the patient, the less likely they are to live long enough to die of the disease. So you have two competing forces at work—an increased risk of higher-grade cancer, but also a higher risk of dying of something else.

Q: Do men diagnosed at a younger age have more aggressive cancers?

A: No. We have quite good data now that young men are more likely to have low-

Doctors now use Grade Groups to classify prostate cells in a lesion. (The groups replace Gleason scores like 3+3, 3+4, etc.) They're based largely on how much Pattern 4 is present:

Grade Group 1: No Pattern 4

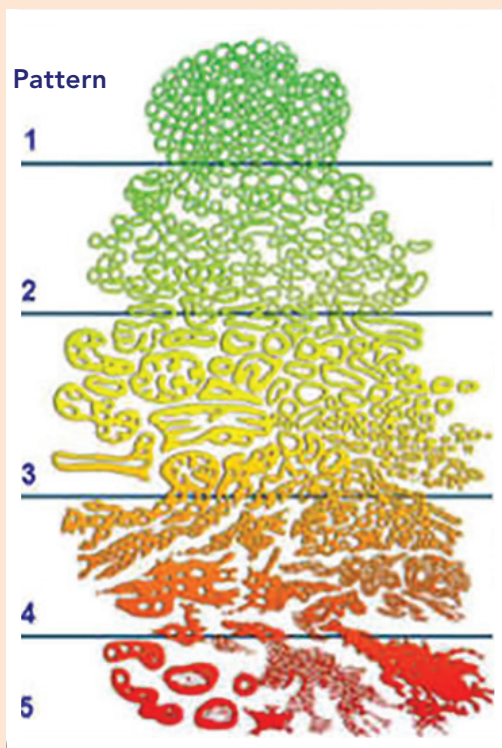
Grade Group 2: Less than half are Pattern 4

Grade Group 3: More than half are Pattern 4

Grade Group 4: All cells are Pattern 4

Grade Group 5: Any cells are Pattern 5

To many experts, Group 1 can be followed with active surveillance, Groups 3 to 5 require treatment, and Group 2 is a gray zone.



grade tumors, so we're less likely to miss an aggressive cancer.

No one has followed patients for 30 years, but we recently pooled our patients with low-grade cancer under the age of 60 with similar patients from Harvard researchers.

With more than 400 men and a typical follow-up of about six years, we saw absolutely no difference in progression rates compared to the older patients. The rate of metastasis was virtually zero.

Q: Does a family history of prostate cancer matter?

A: It doesn't mean the patient is at increased risk for more aggressive disease, unless they have mutations in DNA repair genes like BRCA2.

There's a growing consensus now that BRCA2 patients with low-grade cancer should be treated with surgery, though it's not universal. BRCA tests are now widely available for only about \$100. I think that's amazing value for the information these tests provide.

Q: Would you tell Grade Group 2 patients to hang on for a while?

A: It depends on how much Pattern 4 they have, what their imaging shows, their average life expectancy, and their other health problems. But in general, yes, there's no rush.

The Latest Tools

Q: What new tools for diagnosis and treatment are in the works?

A: This field is on fire. In a few years, I think we'll be using one of the new liquid assays to decide who needs imaging and a biopsy. So by the time the patient comes in to get a biopsy, you'll know with almost complete certainty that he's got clinically significant cancer.

In fact, I'm the chief medical officer for miR Scientific, which is developing one of these assays.

Q: So fewer men will end up getting biopsies?

A: Yes. And then for monitoring patients, imagine you have a urine assay that's very sensitive for significant cancer. In a Grade Group 1 patient, if the assay is negative, you can follow the patient. And then five years down the road, if it gives you a signal that there's some significant disease present, you can do a biopsy.

So I'm very optimistic about the future of the molecular biomarkers. But we're not quite there yet.



Prostate Cancer: What May Matter. What Doesn't.

BY BONNIE LIEBMAN

What can—or can't—help lower the risk of a higher-grade prostate cancer or keep a lower-grade cancer from progressing? Here's what we know so far.

Smoking. Smokers have a higher risk of dying of prostate cancer.¹ That could motivate some men to quit.

"Patients who are newly diagnosed with prostate cancer may be very amenable to a message about smoking," says urologist Laurence Klotz. "Counseling patients to stop smoking is the single most cost-effective intervention in all of medicine."

Exercise. In studies that track men for years, exercise—especially if it's vigorous—has been linked to a lower risk of high-grade prostate cancer.²

So the ERASE trial randomly assigned 52 men with mostly Grade Group 1—and a few with Grade Group 2—prostate cancer to either supervised high-intensity interval training (HIIT) or a control group.³



Vigorous exercise may keep prostate cancer from progressing.

Three times a week, the HIIT group alternated two minutes of high-intensity exercise and two minutes of recovery exercise on a treadmill for about 20 to 30 minutes.

After 12 weeks, the exercise group's average PSA had dropped significantly (by about 1 point) compared to the control group's PSA. And in test tubes, the HIIT group's blood samples were better at inhibiting the growth of prostate cancer cells than the control group's.

"Larger similar trials would be required to demonstrate actual clinical benefit," says Klotz. "But there's at least eight different ways that exercise may favorably influence prostate cancer biology."

And that's just one of many potential



Vegetables didn't lower PSA in a recent trial, but they can still protect your health.

benefits. "If exercise were a pill, we would all take it," says Klotz.

Vegetables. Some studies have reported a lower risk of high-grade prostate cancer in men with higher blood levels of carotenoids like beta-carotene or lycopene.⁴

So the MEAL trial randomly assigned 478 men on active surveillance to eat at least seven daily servings of vegetables—especially carotenoid-rich ones like carrots, leafy greens, and tomatoes—or to a control group.⁵

After two years, the intervention group had upped its veggie intake from roughly three servings a day to five, but "there was no difference in PSA or in anything related to prostate cancer," says Klotz.

"Your diet over a lifetime has a major impact on health, but once you're diagnosed in midlife or later with prostate cancer, it may not make much difference in the outcome of the disease."

Weight. Obesity, though not overweight, is linked to a higher risk of dying of

prostate cancer.⁶ And in a recent study, men on active surveillance were more likely to progress to a higher grade if they had more fat surrounding their prostate.⁷

Vitamin E & Selenium. The SELECT trial randomly assigned 35,533 men to take vitamin E (400 IU a day), selenium (200 micrograms a day), both, or a placebo. The trial was stopped after five years. Three years later, men who had taken vitamin E had a 17 percent *higher* risk of prostate cancer than men who hadn't. Selenium had no impact on risk.⁸

Vitamin D. In the VITAL trial on 25,871 healthy people, men assigned to take vitamin D (2,000 IU a day) for five years had no lower risk of being diagnosed with prostate cancer than placebo takers.⁹

But trials haven't tested vitamin D on men on active surveillance. And among men with prostate cancer, low vitamin D levels are linked to higher-grade cancers.¹⁰



In a large trial, high doses of vitamin E increased the risk of prostate cancer.

"Correlation isn't causation," notes Klotz. "But it costs pennies a day to take a vitamin D supplement to reverse a deficiency. So I think it's worth taking in Canada or in northern parts of the U.S., where low blood levels of vitamin D are common." 🚫

Want More Info?

■ For more on whether to get a PSA test, go to cancer.org/cancer/prostate-cancer/detection-diagnosis-staging/detection.html.

■ For more about biomarkers that help decide who needs a biopsy or treatment, go to pcmarkers.com.

■ To watch talks by Dr. Klotz, go to grandroundsinurology.com/author/lklotz.

¹ *JAMA Oncol.* 4: 953, 2018.

² *Arch. Intern. Med.* 165: 1005, 2005.

³ *JAMA Oncol.* 7: 1487, 2021.

⁴ *Prostate* 76: 339, 2016.

⁵ *JAMA* 323: 140, 2020.

⁶ *J. Natl. Cancer Inst.* 109: djw225, 2017.

⁷ *J. Urol.* 205: 122, 2021.

⁸ *JAMA* 306: 1549, 2011.

⁹ *N. Engl. J. Med.* 380: 33, 2019.

¹⁰ *Int. J. Cancer* 131: 1187, 2012.

Quick Studies

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

Fish Oil to Dodge Depression? Don't Bother.



"Helps support emotional health," says Country Life Omega 3 Mood supplement. Don't count on it. Researchers randomly assigned 18,353 adults to take a daily dose of fish oil (465 mg of EPA and 375 mg of DHA) or a placebo. None had experienced depression in the previous two years. After five years, the fish oil takers had a slightly *higher* risk of depression.

There were roughly 14 cases of depression a year for every 1,000 people who took the fish oil versus 12 cases for every 1,000 who took the placebo. Mood scores didn't differ between groups, however.

In the same trial, the risk of depression was no different in people who were randomly assigned to take vitamin D (2,000 IU a day) rather than a placebo.

What to do: Don't expect fish oil (or vitamin D) to prevent depression or boost your mood. And there's only shaky evidence (from other studies) that fish oil helps people who already have depression. Check with your doctor.

[JAMA 326: 2385, 2021.](#) [JAMA 324: 471, 2020.](#)

Milk & Muscle



Does extra protein boost muscle? In a study funded by the Dairy Farmers of Canada, scientists randomly assigned 22 older women to drink two cups

a day of whole milk, skim milk, or almond milk for three days while doing their usual exercise and for three more days while taking 50 percent more steps than usual.

The dairy-milk drinkers got more protein per day (75 grams for those drinking skim, 71 grams for those drinking whole) than the almond-milk drinkers (59 grams). That gave the almond drinkers the RDA for protein (0.36 grams for every pound of body weight), while the dairy-milk drinkers got roughly the higher level recommended by some experts (0.5 grams per pound).

Muscle protein synthesis—measured by muscle biopsies—increased when the women took 50 percent more steps than usual. The type of milk they drank made no difference.

What to do: Want more muscle? Extra movement—not extra protein—matters.

[J. Nutr. 2022. doi:10.1093/jn/nxab358.](#)

"Light" isn't a Green Light

Researchers offered participants an unlimited quantity of the same pasta-tomato-pesto salad labeled either "light" or "filling" for lunch on separate occasions. On average, the participants consumed more calories from the "light" salad (469) than from the "filling" salad (427).



What to do: Labeling rules require a food that's "light" in calories to have at least a third fewer than usual. But that doesn't matter if you pile it on.

[Appetite 2022. doi:10.1016/j.appet.2022.105916.](#)

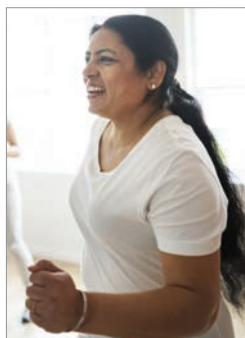
When to Exercise? Whenever You Prefer.

Does it matter whether you work out in the morning or evening? Researchers randomly assigned 40 sedentary adults with overweight or obesity to three supervised one-hour walking-plus-resistance-exercise sessions per week either in the morning (8 to 10 a.m.) or evening (5 to 7 p.m.). After 12 weeks, average cardiovas-

cular fitness and time asleep increased equally in both groups, while body fat, waist size, and calorie intake fell equally in both groups. Both groups also felt less likely to overeat in response to appealing food or emotional stress than when they entered the study.

What to do: Whether and how much you exercise matters more than when you exercise. 🏃

[Appetite 2021. doi:10.1016/j.appet.2021.105600.](#)

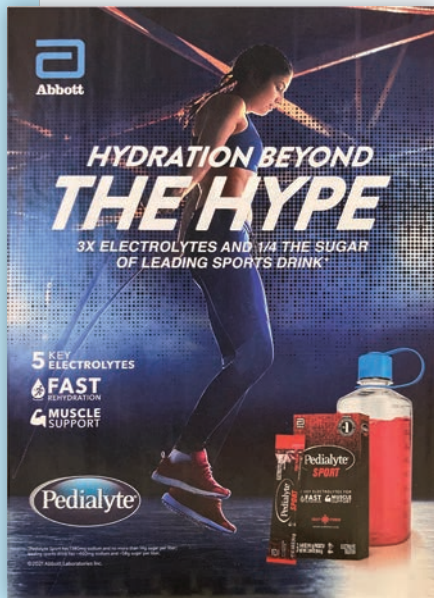


HYPE OR HEALTH?

BY LINDSAY MOYER & BONNIE LIEBMAN

Health sells. So ad agencies tap into—or amp up—the latest fads and fears about food. Want more energy, protein, or hydration? Avoiding carbs, gluten, or lactose? *Should* you avoid them? You can't dodge the hype. But you *can* not fall for it. Here's the latest crop.

Not Lyte on Hype



Pedialyte Sport is “hydration beyond the hype” with “3x electrolytes,” says the magazine ad.

The artificially sweetened, red-dyed packet of **Fruit Punch** makes a 16 oz. drink with 7 grams of added sugar and 650 milligrams of sodium

(more than a quarter of a day's max).

Do you need all that salt if, say, you're doing a cardio workout (like the woman jumping rope in the ad)? Don't bet on it.

Unless you're exercising intensely for more than an hour, plain water is fine. And even if you *do* exercise enough to need to replace electrolytes—like sodium and potassium—that are lost when you sweat, plain water plus food should take care of it.

Original Pedialyte is mostly for kids with diarrhea. But why not use its name recognition to sell a similar drink to...anyone who exercises? Brilliant!

Cheesy Spin



“An ancient recipe without gluten or lactose. Talk about forward thinking,” says the ad for **gruyère** from a cheese industry group in Switzerland.

Gluten-free? Sure. But *most* cheeses—basically cultured milk, salt, and enzymes—are gluten-free. And who cares...unless you need to avoid gluten.

Lactose-free? Yes. But so are just about all hard cheeses. Only soft cheeses (cottage, ricotta, etc.) have a few grams of lactose (milk sugar) per serving.

If you're lactose intolerant, look for 0 grams of sugar or carbs on the Nutrition Facts label. For the rest of us, lactose-free or gluten-free claims for gruyère aren't forward thinking. They're marketing-speak.

Cookie Con



“**Atkins** just pulled off quite the cookie miracle,” says actor Rob Lowe in the [TV ad](#), as he reassures a woman who wonders whether chocolate chip cookies can “blow your whole low-carb day.”

A miracle, indeed. Atkins tossed together some butter (the predominant ingredient), soluble corn fiber, milk protein isolate, palm oil, unsweetened chocolate, erythritol, polydextrose, whey protein concentrate, calcium caseinate, sucralose, and 10 other mouth-watering ingredients to make its **Chocolate Chip Protein Cookies**.

Each 1.4 oz. cookie has a third of a day's saturated fat (7 grams) and 170 calories. You'd get the same calories from three Chips Ahoy's (1.2 oz.).

Do Atkins's 170 calories (mostly from fat and protein) lead to weight loss because they cause a smaller bump in blood sugar than any other cookie's 170 calories (mostly from flour, sugar, and fat)? Now *that* would be a miracle.

Marketing to the Max



"I brought in **Ensure Max Protein**, with 30 grams of protein," boasts the talking Ensure Original shake container in the [TV ad](#). "Those who tried me felt more energy in just two weeks!" pipes in the Max container.

Cue the tiny print at the bottom of the screen (visible for three whole seconds): "Survey of 1,038 consumers 50+; Those who drank 1 Ensure Max Protein shake per day for 14 days and reported feeling more energy vs. control group. Ensure Max Protein has 50 Calories, 30g Protein, and 8 B vitamins for energy metabolism."

Wow. Did Abbott (Ensure's manufacturer) randomly assign people to drink Ensure Max Protein or a placebo drink for two weeks without anyone knowing which they were getting?

We asked Abbott that and other questions about their "survey." By our deadline, they hadn't provided any answers.

Abbott is a Fortune 500 company that can afford to do a real study on Ensure Max Protein. Of course, it got that way in part by pitching Ensure to millions of healthy people who don't need it.

Sweet Dreams



Need NyQuil or Day-Quil to tame cold or flu symptoms?

Vicks is hoping you'll fork over some extra cash for the version sold with **Super C**. You get 1,000 mg of vitamin C plus B vitamins, calcium, and ginseng, green tea, and turmeric extracts in the "daily" supplement and 1,000 mg of C plus calcium, zinc, copper, and ashwagandha, chamomile, and echinacea extracts in the "nightly" one.

Do they help? Only Vicks's bottom line.

"Super C is not intended to treat cold or flu," says the ad's fine print. Got *that* right!

A Hard Sell



"This year, upgrade your drinks to **Hard Kombucha**," says the Instagram ad for **JuneShine**, which calls itself a "better-for-you alcohol." Seriously?

Alcohol is linked to a higher risk of some cancers (like breast), heart disease, strokes, and liver disease. Plus, it supplies empty calories.

So the only "better-for-you" alcohol is *less* alcohol.

Yet a 12 oz. can of **JuneShine Blood Orange Mint** has the same calories (145) and about as much alcohol (6 percent) as a 12 oz. Budweiser (5 percent).

Maybe that's why the company's website compares

JuneShine to wine: 12 oz. of red wine has about 290 calories, it points out. Of course, the wine is 13 percent alcohol (as JuneShine notes). And that's why a typical wine pour is around 6 oz. and 145 calories. Poof! There goes JuneShine's edge.

Want to "upgrade your drinks"? Cut back on alcohol and try a lower-calorie *non-alcoholic* kombucha (many hover around 30 calories per cup) or seltzer with a splash of juice (like Spindrift). Beer fan? Most "hopped" sparkling waters and teas (like Hoplark) are calorie-free.



Start Something Processed

"Dinnertime again?" asks the **Campbell's TV ad**, as condensed **Cream of Mushroom Soup** is dumped in a pot of "curry" with sweet potatoes, spinach, and chicken. "Start something good."

"The wonderful consistency of cream of mushroom soup eliminates the need for yogurt!" exclaims the "Chicken Curry in a Hurry" recipe on Campbell's website.

Who needs healthy yogurt, when you can dump a glob of (mostly) water, mushrooms, oil, and cornstarch—with its 2,150 mg of sodium—into your curry, which ends up with 810 mg per serving and takes 45 minutes to cook. (That's a "hurry"?)

Who, indeed? Maybe ask the ad execs who are on a mission to sell Americans a steady diet of ultra-processed junk. 🍷

Win or Lose?

Menu contenders face off



BY LINDSAY MOYER

Soup or sandwich? Burrito or tacos? Pancakes or eggs? Here's how to wade through some popular choices on restaurant menus. In some cases, a **WINNER** is clear. But win or lose, everyone could use some **TIPS** to up their restaurant game. Our numbers are from chains, but most winners and tips should hold up elsewhere.

You Pick Two: Soup, Salad, or Sandwich?



WINNERS: Salad and sandwich. At chains like Panera or Corner Bakery, salad is a no-brainer for half your "pick two" combo. Hello, vegetables!

Your second pick—a cup of soup or half a sandwich—is trickier. Don't bet on soup. Most are salt bombs. Panera's typically pack 700 to

1,000 milligrams of sodium—30 to 40 percent of a day's max—in just a cup.

And soups are typically light on the protein you'd get in a sandwich. Most of Panera's have just 3 to 6 grams of protein per cup. (Exception: the Turkey Chili with beans has 14 grams.)

Which half sandwich? Look for chicken, tuna, turkey, or hummus and veggies rather than cheese, steak, ham, or bacon. Panera's winners: Napa Almond

Chicken Salad, Tuna Salad, Turkey, or Mediterranean Veggie.

TIP: Ordering a half (or full) sandwich at Panera? The White Whole Grain bread—it's got more whole wheat than refined flour—is the best you can do. And for your side, an apple beats a baguette (more bread) or chips (more starch).



Thai Stir-fry or Noodles?

WINNER: Thai stir-fry. That means vegetables—not stir-fried noodles—with sautéed chicken, seafood, or tofu.

Some stir-fry winners: pad pak (mixed vegetables), pad

king (ginger, mushrooms, onions), and pad prik king (green beans). They're bulked up with vegetables, not with the refined-carb noodles in dishes like pad Thai, pad see ew, pad woon sen, or pad kee mao (drunken noodles).

Stir-fries also trounce creamy Thai curries, which are drenched in saturated fat from coconut milk. You can lose some by spooning the vegetables, chicken, or whatever over the rice on your plate...leaving most of the sauce behind.

TIP: At Thai restaurants, the rice for veggie stir-fries (or curries) typically comes on the side, so *you* get to decide how much to have. A cup adds 200 calories.

Love noodles? To lighten yours, mix in a side order of steamed veggies. There's probably plenty of sauce to spare.



Tacos or Burrito?

WINNER: Tacos. A burrito comes wrapped in a giant flour tortilla—Chipotle's has 320 calories—*plus* white or brown rice (210 calories), so it doesn't stand a chance. That's how a chicken burrito with rice, beans, sour cream, cheese, and salsa can end up with 1,000+ calories.

In contrast, the tally for three crispy chicken tacos is about 750 calories (800 if made with soft flour tortillas).

To cut a burrito's calories, lose the tortilla. If a bowl with lettuce, chicken, beans, cheese, and salsa isn't enough, add brown rice.

TIP: A burrito or three tacos has about three-quarters of a day's saturated fat. Get cheese *or* sour cream (not both) to drop it down to half a day's.





Latte or Macchiato?

WINNER: A regular latte...or a classic macchiato. A regular latte—a Caffè Latte at Starbucks—means no flavored syrups. So

you get the basics: steamed and foamed milk plus espresso. What you don't get: the four pumps of syrup in, say, a grande (16 oz.) Starbucks Blonde Vanilla Latte. (That adds 4 teaspoons of sugar, we estimate.)

Likewise, a grande Caramel Macchiato adds three pumps of sugary syrup plus a caramel drizzle to espresso and milk, for the same calories (250) as the vanilla latte.

TIP: A classic Italian macchiato—Starbucks calls it an Espresso Macchiato—is just espresso with a dollop of steamed and foamed milk. It's a few sips with few calories (15 in a "doppio") and intense flavor.

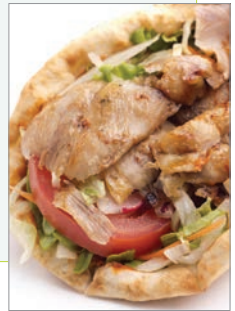


Gyro or Souvlaki?

WINNER: Chicken souvlaki. At a Middle Eastern or Greek eatery, the red meat—typically fattier beef or lamb gyro meat—won't do your heart any favors. Chicken souvlaki or chicken shawarma is a leaner pick for your platter, salad, or pita.

At The Halal Guys chain, for example, a beef gyro pita has about 600 calories and 11 grams of saturated fat—that's half a day's max. A chicken pita drops the sat fat to just 2 grams (and cuts 200 calories).

TIP: Prefer plant-based? Falafel also beats gyros. The chickpea fritters have more calories and less protein than chicken, but unhealthy fat is no problem. They're typically fried in unsaturated oil.



Chicken Tikka or Chicken Tikka Masala?

WINNER: Chicken tikka. At an Indian restaurant, chicken ("murrgh") tikka is grilled boneless chicken chunks that have been marinated in yogurt and spices. (Chicken tandoori—a grilled, bone-in half chicken—is similar.) But chicken tikka masala envelops its chicken chunks in a tomato curry sauce made with heavy cream. Incoming!

That doesn't mean all masalas are creamy. Chana masala, for example, simmers chickpeas in a tangy, cream-free tomato sauce that's mildly spicy. It's a vegetarian winner.

TIP: Does the restaurant cook its dishes in ghee (clarified butter) or (typically unsaturated) vegetable oil? You can't tell unless you ask.



Salad or Bowl?

WINNER: Salad. At a build-your-own "fast-casual" place like Sweetgreen, it's hard to beat a salad.

That doesn't mean you should never go near a bowl, though. It's just that

the bowls' base has grains, not just greens, so it's easier to wind up with more food—and calories—than you might want. At Sweetgreen, for example, most of the salads have 400 to 500 calories, while the bowls go from 500 to 700. (The side of bread that comes with either one adds 80 calories.)

A Harvest Bowl—Sweetgreen's most popular bowl for five straight years, with its wild rice, kale, sweet potatoes, apples, almonds, chicken, goat cheese, and balsamic vinaigrette—clocks in at 685 calories.

TIP: At fast-casuals, you're the chef. Knock the Harvest Bowl down to 550 calories by swapping the rice for more greens. Or drop the cheese and sweet potato and you're at 530. Or lose the cheese and half the dressing and you've hit 520.



Pancakes or Eggs?

WINNER: Eggs. At IHOP, even a "short stack" of Original Buttermilk Pancakes means three. That's 450 calories—370 if you skip the butter—before you add syrup. It's a short stack of mostly white flour.

But with eggs, you've got options. Take IHOP's "build your own" omelette. You could ask for egg whites and veggies (like peppers, onions, mushrooms, spinach, and tomatoes) with a side of fresh fruit, for 390 calories. That's about the same as the no-syrup, no-butter pancakes, but with more protein, fiber, fruits, and vegetables (and less sodium). You've also dodged the processed meat (ham, bacon, or sausage)

that's everywhere on a.m. menus.

TIP: Prefer pancakes? Go a la carte. Order a couple of scrambled eggs or egg whites, and split a short stack or a side of pancakes—and maybe some fruit—with a friend. 🍌



The Healthy Cook

Simply Salmon

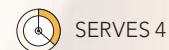


This simple salmon hits the table in 20 minutes. Add some broccoli, and dinner is done. (Could it get any easier?) For a slightly sweeter version, use orange zest and juice instead of lemon. 🍷

Sesame Baked Salmon

1 Tbs. tahini	½ tsp. ground coriander
1½ Tbs. reduced-sodium soy sauce	4 6 oz. skinless salmon fillets, patted dry
1 tsp. lemon zest	2 Tbs. toasted sesame seeds
1 tsp. fresh lemon juice	2 scallions, sliced
1 tsp. grated ginger	

1. Preheat the oven to 325°F.
2. In a small bowl, whisk together the tahini, soy sauce, lemon zest and juice, ginger, and coriander.
3. Arrange the salmon on a rimmed baking pan. Spoon the tahini sauce over the fish, sprinkle with the sesame seeds, and bake until the salmon flakes easily with a fork and is just opaque in the center, 8–12 minutes, depending on the thickness of the fillets. Sprinkle with the scallions.



SERVES 4

PER SERVING (1 salmon fillet): calories 350 | total fat 22 g | sat fat 4 g | carbs 3 g | fiber 1 g | total sugar 0 g | added sugar 0 g | protein 33 g | sodium 310 mg

For more salmon recipes

Go to nutritionaction.com/salmon for **Salmon with Lemon Herb Sauce** and **Balsamic Glazed Salmon**

For cooking advice

Write to Chef Kate at healthycook@cspinet.org

Dress it up!

15 time-saving toppings to make flavors pop

BY LINDSAY MOYER & KATE SHERWOOD

Wouldn't it be nice to build a stable of dips, dressings, sauces, and toppings that can take your salads, veggies, pasta, poultry, seafood, grains, and more from good to great in a snap? These fast flavorings pack a punch without much salt or sugar or add creamy richness without overdoing unhealthy (saturated) fats.



Fruity Vinegar

Many bottled raspberry vinaigrette dressings taste cloyingly sweet because they add more sugar than raspberry purée or juice. For a more balanced dressing, whisk together a fruity vinegar with a neutral-tasting oil (like grapeseed or sunflower) and a pinch of salt.

Two vinegars to try: **Acid League's Strawberry Rosé** (made with Riesling grape and strawberry juices) and its **Meyer Lemon Honey** (made with lemon juice and honey). Neither tops 2 grams of total sugar or 10 calories per tablespoon.

The downside: Be prepared to spend more than you would for a basic red wine vinegar. Acid League, for example, costs \$10 for 12.7 oz. at Whole Foods. On the upside, vinegar lasts, well, pretty much forever.

Also try: Champagne vinegar (light-tasting), white balsamic vinegar (a tad sweet), or sherry vinegar (less acidic and more complex than red wine vinegar).

How to use: Dress greens like baby arugula or green leaf or butter lettuce. Then top with oranges & avocado, kiwi & radishes, or berries & walnuts.

Salsa Meets Guac



Most store-bought guacamoles lack the tart lime-y zip and chunky texture of a guac you whipped up just 60 seconds ago. A step up: **Wholly Guacamole Avocado Verde**.

Wholly's punch comes from its tomatillo salsa, yet two tablespoons have a mere 100 mg of sodium (and just 50 calories).

How to use: You know the drill: tacos, taco salads, bowls, veggie dipping, etc.

Also try: Refrigerated fresh salsa (aka **salsa fresca**). Taste-wise, the tubs of tomato, onion, and jalapeño beat many jarred salsas, with their tomato paste or purée base. And they're lower in sodium. (Ditto for chunky **pico de gallo**, though it may not taste fresh for as long as salsa fresca does.) Look for a salsa with no more than 150-or-so mg of sodium in a two-tablespoon serving.

Fresh Pesto



Nothing beats homemade basil pesto. For a supermarket pesto that doesn't disappoint, skip the shelf-stable jars and head to the refrigerator case.

You want one that's bright green and that has no more than

350 mg of sodium per quarter cup...one like **Bear Pond Farm Premium Basil Pesto** (260 mg). (Read those Nutrition Facts labels. Rana, for example, has 680 mg of sodium. Trader Joe's Pesto alla Genovese hits 960 mg. Sheesh!)

Also try: Dairy-free or vegan? **Gotham Greens** uses the classic combo of basil, pine nuts, and olive oil, but leaves out the parmesan cheese, in its **Vegan Pesto**. **Trader Joe's Vegan Kale, Cashew & Basil Pesto** shakes things up...for just \$4 for 8 oz. For pesto, that's a steal.

How to use: Pesto is a perfect match for earthy whole wheat or legume pasta. Before tossing them together, thin the pesto by mixing in one or two tablespoons of pasta cooking water per quarter cup of pesto. Other great add-ins: cooked broccolini, asparagus, tomatoes, or red peppers.

Got leftover pesto? Dab it on veggies or stir a spoonful into a pot of minestrone or vegetable soup just before serving. When in doubt, freeze it.



A Go-To Vinaigrette

It's not easy to find a brand with a variety of salad dressings that don't top 150 mg of sodium in two tablespoons. **Tessemae's** does it... and with flavor to spare.

The pleasantly mustardy, lemony **Organic Lemon Garlic** sticks to simple ingredients—sunflower and extra-virgin olive oils, lemon juice, mustard, salt, and garlic oil—that keep it versatile. Find it in the refrigerator case. Or stop by the shelf-stable dressings aisle for **Tessemae's Pantry Organic Lemon Pepper** or **Classic Italian**.

How to use: Green salads, bean or lentil salads, pasta salads...you name it.

Also try: Need a sweet dressing? **Tessemae's** balanced, sweet-yet-tangy **Organic Honey Poppyseed** has 6 grams (1½ teaspoons) of added sugar in two tablespoons. But it's so flavorful, you won't need much.



Balsamic Glaze



With a bottle of **balsamic glaze** in your cabinet, you don't need to spend 15 minutes cooking down balsamic vinegar until it thickens.

Like **Whole Foods Market 365 Organic**, many brands hover around 4 to 5 grams of added sugar and 30 to 40 calories per tablespoon. But you're more likely to use it by the *teaspoon* because its rich balsamic flavor is so concentrated. Mmm.

Also try: Fig balsamic vinegar.

How to use: Toss with roasted brussels sprouts or broccoli, drizzle (with extra-virgin olive oil) on fresh mozzarella and tomatoes, or whisk with extra-virgin olive oil into a vinaigrette to spoon over salad greens plus chicken, pecans, and apple.



Beyond Basic Hummus

With a base of chickpeas, tahini (sesame seed paste), and unsaturated oils, almost any brand of hummus is a healthy-snacking staple.

When you want a new spin, though, **Ithaca Hummus** dials up the flavor, not the salt. A two-tablespoon serving of most varieties has 95 to 120 mg of sodium—that's typical for hummus—and 50 to 70 calories.

After trying the company's herby **Lemon Dill**, zippy **Smoked Chipotle**, or bold **Kalamata Olive**, you might never go back to your former go-to brand.

How to use: Just like any hummus. For starters, spread on whole-grain crackers or use as a dunker for raw veggies like carrot or jicama sticks, sliced cukes, bell pepper strips, mini tomatoes, or cauliflower florets.

Also try: Want to *really* mix up your dip routine? Swap your hummus for **tzatziki** or **baba ghanoush**.

Mayo may look creamy, but it has no cream. And because it's mostly unsaturated oil and water (with a bit of egg, vinegar, and salt), a tablespoon has just 1½ grams or so of saturated fat...plus plenty of healthy fats. Who knew?

Flavored mayos—think **chipotle**, **curry**, **garlic**, or **sriracha**—can lend new flavors to sandwiches and more, often for just 90 to 150 mg of sodium per tablespoon.

Despite its name, **Hellmann's Organic Spicy Chipotle** is pleasantly mild, with more spice (from chipotle chile and smoked paprika) than heat.

Also try: Tangy **Whole Foods Market Organic Spicy**

Flavored Mayo



Harissa Mayonnaise, if you like more heat. (Harissa is a chile paste common in North African cuisines.)

How to use: As a dipping sauce for breaded chicken or plant-based tenders, drizzled over tofu or grain bowls, or (for chipotle mayo) on fish or shrimp tacos. If needed, first thin by whisking in a teensy splash of water.

Tip: Mayo has around 90 calories per tablespoon. If you want less, start with **Hellmann's Light** (35 calories) and mix in a squirt of sriracha, pinch of curry powder, etc. That also works if you'd rather use vegan mayo or don't want to buy a whole jar of a single mayo flavor. Neat, huh?



Zhoug

Trader Joe's Zhoug Sauce is "a very spicy green herbal sauce with Yemeni roots" made of puréed cilantro, canola oil, jalapeños, chile flakes, garlic, cardamom, salt, and cumin. Two tablespoons pile on those flavors for just 160 mg of sodium (and 90 calories).

Also try: Making your own. Trader Joe's aside, supermarket zhoug (pronounced "zoog") isn't so easy to come by. And Joe's "very spicy" stuff is for heat-seekers only. But with The Healthy Cook's recipe (see Dish of the Month, back cover), you can tamp down the heat to your liking by adding less—or none—of the jalapeño pepper's seeds and ribs. Or you can leave out the pepper entirely.

How to use: Swirl a little zhoug into hummus, spread some on a whole wheat pita with chicken or chickpeas, use it to top frittatas or scrambled eggs (or egg whites), or dollop it atop cooked fish or grains. It's also great on roasted carrots, sweet potatoes, cauliflower, or broccoli.

Chile Flakes 2.0

Ever wondered if you could get the distinctive flavor of chile peppers without the kick of spicy red pepper flakes? Say hello to earthy, smoky, and low-heat **Korean chile flakes** (aka **gochugaru**).

Also try: **Chipotle chile flakes**. They're medium-hot and a bit smoky.

How to use: Korean chile flakes are mild enough to sprinkle on just about anything—from scrambled eggs to pasta, roasted vegetables, or grain bowls. Use chipotle flakes when you want a little more heat—in chili, salsa, and other Mexican dishes, for example.



Tangy BBQ Sauce

Some bottled barbecue sauces are almost as sugary as jam. Take **Sweet Baby Ray's**. A two-tablespoon serving packs 16 grams of added sugar. That's 4 teaspoons—a third of a day's worth!

But **Stubb's Original** is a *Texas-style* BBQ sauce. That means less syrupy, with just the right balance of savory, tangy, and sweet. Its first ingredient is tomato purée. (Sweet Baby Ray's is high fructose corn syrup.) So you get just 4 grams (1 teaspoon) of added sugar in two tablespoons.

It's rare to find a BBQ sauce that's low in sodium, though. Even **Stubb's** has 250 mg. So go easy.

How to use: Try it on chicken, plant-based meats, tofu, or tempeh.

Indian Condiments



Achaar is an Indian relish that mixes spicy, sour, sweet, and savory into one spoonful you won't soon forget.

Brooklyn Delhi Tomato Achaar is a good place to start. Think of it as a tangy hot sauce of tomatoes, oil, garlic, tamarind, and Indian spices without too much sodium (45 mg per teaspoon) and next-to-no calories (just 10).

How to use: "Traditionally," says the company's website, "it's eaten with rice, curry, dal and yogurt, but you can top it on most anything." They suggest lentils, avocado toast, chicken, and more. Sounds good to us.

Also try: Don't want heat? **Brooklyn Delhi** offers a delicious **Curry Mustard** (use it any place you'd use mustard) and a not-too-sweet **Mango Chutney** with just 3 grams of added sugar per tablespoon (serve it with grilled or roasted chicken).

Fresh-tasting Indian **green chutney** made with cilantro or mint is rare in supermarkets. Head to our website (see "Whip it up!") for The Healthy Cook's cilantro chutney recipe and how to use it.

Smoked Almonds



"Smoked" almonds like **Blue Diamond Smokehouse Almonds** haven't really been smoked like, say, smoked salmon or Applewood smoked bacon. The nuts get their taste from a dose of natural smoke *flavor*.

That comes close enough to make smoked nuts a perfect plant-based substitute for bacon's smoky flavor—with a reasonable 150 mg of sodium per ounce (about ¼ cup). Hold the processed meat!

How to use: Add chopped smoked almonds to grain bowls and salads (try a kale caesar), cooked veggies (like broccoli or green beans), or breading for chicken.

Tzatziki



The traditional Greek dip is made with yogurt, cucumber, garlic, fresh dill or mint, and salt. That helps explain why most brands have about half the calories of hummus (just 35 in two tablespoons).

Plenty—like **Cedar's**, **Trader Joe's**, **Whole Foods Market 365**, or **Boar's Head**—fit the bill, though we didn't find any as smooth and creamy as **Cava Tzatziki**.

How to use: Dipping is only the start. Try a dollop to jazz up your lentils, chicken, falafel, sandwiches, brown rice, or bulgur.

Also try: Dropping dairy? We didn't find any convincing vegan tzatziki that wasn't full of saturated-fat-rich coconut oil. But **Trader Joe's** refrigerated **Vegan Creamy Dill Dressing** can punch up salads or stand in for tzatziki. The herby dressing is made with pureed cauliflower, canola oil, and almonds, so two tablespoons have just 60 calories, zero sat fat, and 120 mg of sodium. Taste? You'll be back at Joe's for another bottle in no time.

Baba Ghanoush



Baba ghanoush is a slightly smoky, super creamy Middle Eastern dip made from pureed grilled or roasted eggplant, tahini (sesame seed paste), garlic, and salt.

Too bad baba hasn't yet made its way to most national brands. If you live on the East Coast, you might be able to find (deliciously creamy) **Esti**. If you don't, keep your eyes peeled for a regional brand.

Also try: **Cava's** sesame-free **Roasted Eggplant Dip** is mostly eggplant, oil, parsley, garlic, onion, lemon, and salt.

How to use: See "How to use" for tzatziki.

Roasted Sesame Seeds



Keeping a shaker of any brand's **roasted** (or **toasted**) **sesame seeds** in your fridge is a good way to top off salads, bowls, and cooked vegetables with flavor, crunch, and healthy fats at a moment's notice.

How to use: Add to salads (try dark leafy greens with a sesame or citrus dressing and tofu, salmon, or chicken). Or sprinkle over sautéed spinach, broccolini, or Asian greens like bok choy, yu choy, or gai lan. You can boost the sesame flavor

by sprinkling on a few drops of toasted sesame oil.

Tip: In many supermarkets, roasted sesame seeds are stocked alongside the soy sauce and other Asian condiments, not in the spice aisle, where you're more likely to find small jars of *unroasted* sesame seeds.

Also try: Toast your own almond slivers or other nuts. Go online for a how-to (see "Whip it up!"). Use them for crunch in salads (instead of white-flour croutons), cereal, oatmeal, or yogurt (instead of sugary granola). Heads up: They go from browned to burnt super fast. 🚫

Whip it up!

To see recipes for The Healthy Cook's pesto, guacamole, salsa, tzatziki, cilantro chutney, hummus, and more, go to nutritionaction.com/DressItUp. For zhoug, turn the page.



FOOD FIND

Cherry Picking



Waiting for spring or summer to indulge in cherries? No need.

Like most frozen fruit, **frozen dark sweet cherries** hit the snacking trifecta: juicy, all the nutrients of fresh fruit, and irresistible straight

out of the bag. No washing, no de-stemming, no pitting.

As the cherries defrost, they release some of their juices. That makes them perfect for lending a hint of sweetness to plain yogurt or adding a bit of pizzazz to cold cereal, oatmeal, or cottage cheese.

One more plus: When out-of-season fresh cherries are \$7 a pound, a frozen bag is a steal.

Frozen fruit is fast fruit. So while you're at it, also consider:

■ **Frozen mango chunks.** Say hello to vitamin C, folate, and potassium...and kiss goodbye the peeling and chopping. For a tropical icy treat, snack on mango chunks before they're fully defrosted.

■ **Frozen berries.** Smoothie heaven. Blueberries, raspberries, strawberries—you name it. Or try (smaller) wild blueberries. With less pulp and more skin, they stay firmer as they thaw.

Bonus: Frozen fruit makes it easy to sidestep food waste. No worries that your fresh berries or cherries are going bad somewhere in the recesses of your fridge.

How's that for fuss-free fruit?



DISH of the month

Zhoug Hot Sauce

Combine 1 bunch chopped cilantro, 2 chopped jalapeños, 2 Tbs. sherry vinegar, 2 cloves garlic, ½ cup extra-virgin olive oil, and ½ tsp. each coriander, cumin, and kosher salt in a blender. Purée until smooth.

FOOD FAIL



Meltdown



"Today, IHOP introduces its latest menu innovation of **Hand-Crafted Melts**, a collection of sandwiches with

savory flavors, as part of the restaurant's ongoing commitment to the prioritization of the P.M. daypart and portable menu options," announced the October press release.

Who wouldn't want to spend their P.M. daypart sinking their teeth into one of seven cheese-loaded sandwiches?

Take the **Pepper Jack Patty Melt**. It's got cheese not just on its "steakburger" patty but also on the "cheese-crusted" bread. So you walk away with 1,250 calories plus 33 grams of saturated fat (1½ days' worth) and

2,370 milligrams of sodium (a day's max).

It's like eating a Double Quarter Pounder with Cheese *plus* a Triple Cheeseburger at McDonald's.

And that's without a side, like onion rings (550 calories), french fries (320), buttermilk pancakes (320), or fruit (50).

Or try the **Cheese-Crusted Four Cheese Melt**. It's got cheese on the bread, cheese between the bread, and a tub of cheese (queso) for dipping. All "hand-crafted" with 50-plus ingredients like sodium hexametaphosphate, TBHQ, and artificial color.

"We took the patty melt up a level," says the company's website. And if your cholesterol, blood pressure, and weight follow? Not IHOP's problem.

ihop.com—(866) 444-5144

Photos: Dole (top left), IHOP (top right), Kate Sherwood/CSPI (bottom).

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