

Favorite Five Articles From Recent Medical Journals



The American Cancer Society Is Now against Prostate Cancer (PSA) Testing

American Cancer Society Guideline for the Early Detection of Prostate Cancer: Update 2010

was published in the March 2010 issue of [CA: a cancer journal for clinicians](#). Andrew M. D. Wolf, MD and his colleagues decided after extensive meetings that, "The ACS recommends that asymptomatic men who have at least a 10-year life expectancy have an opportunity to make an informed decision with their health care provider about screening for prostate cancer after they receive information about the uncertainties, risks, and potential benefits associated with prostate cancer screening. Prostate cancer screening should not occur without an informed decision-making process. Men at average risk should receive this information beginning at age 50 years."

An accompanying [editorial](#) by the Chief Medical Officer of the ACS, Otis Brawley, MD, clarified the Society's change in position over the past years: "The ACS guidelines are neither a statement against prostate screening nor a statement for prostate screening; rather, they are a statement for informed or shared decision making. More clearly than in 1997 and 2001, these guidelines state that there are definite uncertainties regarding the efficacy of prostate cancer screening, there are known risks associated with it, and there may be a benefit...In these guidelines, the ACS has taken a clear position discouraging routine or mass screening and encouraging a discussion within the physician-patient relationship."

Comments: The American Cancer Society has clearly done some soul-searching over their past recommendations, which have been perceived by many as encouraging men to have a blood test to measure their level of prostate specific antigen (PSA). Their change in position followed the publication in March 2009 of two large randomized trials showing the lack of the effectiveness of PSA testing and the harms done. One [study](#) published from the US of 76,693 men offered annual PSA testing for 6 years and digital rectal examination for 4 years, or usual care, showed no difference in death rates between the two groups. The [second study](#) from Europe of 182,000 men assigned to PSA screening at an average of once every 4 years or to a control group that did not receive such screening found, "1410 men would need to be screened and 48 additional cases of prostate cancer would need to be treated to prevent one death from prostate cancer." In other words, 1410 men would be inconvenienced, worried, and required to spend money, and 48 men's lives would be dramatically changed by being labeled "cancer victims" and receiving treatments that cause physical pain, urinary leakage, and impotence, in order to save one life (maybe). Of the men diagnosed by PSA testing, aggressive testing and treatments unnecessarily harmed 47 of them because they would never have known they had a problem if doctors weren't busily looking for trouble.

Every day thousands of potential patients and professionals stop betting on this dead horse, the PSA test. Richard J. Ablin, the inventor in 1970 of the PSA test, wrote an [op-ed piece](#) titled "The Great Prostate Mistake" for the *New York Times* on March 9, 2010. He expressed his regrets: "Even then, the test is hardly more effective than a coin toss. As I've been trying to make clear for many years now, PSA testing can't detect prostate cancer and, more important, it can't distinguish between the two types of prostate cancer –the one that will kill you and the one that won't." He continues, "So why is it still used? Because drug companies continue peddling the tests and advocacy groups push 'prostate cancer awareness' by encouraging men to get screened...Testing should absolutely not be deployed to screen the entire population of men over the age of 50, the outcome pushed by those who stand to profit." His apology continued: "I never dreamed that my discovery four decades ago would lead to such a profit-driven public health disaster."

Because of the huge profits that go to doctors, laboratories, pharmaceutical and device companies, men will continue to be bullied and frightened into getting their PSA levels checked. Most guilty of propagating this test that leads to psychological suffering and physical mutilation of men are the trade unions that represent doctors, laboratories, and drug companies. The American Urological Association (AUA) serving the interest of more than 16,000 urologic health professionals worldwide believes..."that all men, with a life expectancy of 10 years or more, should have a baseline PSA test at the age of 40." A look at their

[website](#) discloses one big reason for their position. The AUA is supported by makers of prostate cancer drugs, including Pfizer, Eli Lilly, and GlaxoSmithKline, and by manufacturers and suppliers of equipment used to test and treat men. Their vested interests are blatant and so are those of other fronts for industry, such as the [American College of Radiology](#) and the [Urological Society of Australia and New Zealand](#).

For those readers interested in learning more about my views on the PSA test, please see three newsletters I have written on this topic over this past year:

[February 2010](#): Early Detection Testing? Chance of Harm Is 100%. Chance of Benefit Is < 1 in a 1000.

[October 2009](#): The American Cancer Society Reverses Its Strong Position on Mammograms and PSA Testing.

[August 2009](#): Larry King Live on Prostate Cancer Screening (PSA) Show Sets a New Standard for Disease Mongering.

Copper and Iron from Meat Damage the Brain and Body

Risks of Copper and Iron Toxicity during Aging in Humans by George J. Brewer published in the February 2010 issue of *Chemical Research in Toxicology* found that, "Diseases of aging, such as Alzheimer's disease, other neurodegenerative diseases, arteriosclerosis, diabetes mellitus, and more, may all be contributed to by excess copper and iron. A very disturbing study has found that in the general population those in the highest fifth of copper intake, if they are also eating a relatively high fat diet, lose cognition (brain function) at over three times the normal rate... both (minerals) contribute to the production of excess damaging oxidant radicals."

The author's recommendations are to:

Avoid almost all multivitamin/multi-mineral pills because they contain copper and/or iron.

Avoid eating all kinds of meats because they are plentiful in both minerals. Copper and iron are much more bio-available from meat than from vegetable foods. Liver and shellfish are particularly high in copper. Red meat is particularly high in bio-available iron.

Avoid drinking water with elevated copper content. Eighty percent of the homes in the US have copper pipes for water. Check levels in your water. A reverse osmosis device can be installed on the tap used for drinking and cooking water.

Comments: Copper and iron are metals essential for life; however, in excess they are toxic to the body's tissues. The author, Brewer, points out that careful research by Waldman and Lamb in their book, *Dying for a Hamburger*, has shown that Alzheimer's disease did not exist until 100 years ago. It still is rare in India and Africa. (Waldman and Lamb believe the infectious prion agent that causes Mad Cow Disease from tainted beef causes this form of dementia.) Brewer believes copper and iron toxicity cause Alzheimer's disease from consuming meat. Other metals taken in with our foods and beverages, especially [aluminum](#), are also believed to play a major causal role in Alzheimer's disease. The [Western diet](#) has been tied to Alzheimer's disease because of damage from the cholesterol and fat in the diet.

Brewer considers diabetes, atherosclerosis leading to heart attacks and strokes, and other common diseases to be from mineral toxicity. His paper adds to the interesting debate about which part of the Western diet is most harmful? Or does it really matter? As consumers we have enough evidence to know which foods (meats and dairy products being prime culprits) are making us sick.

The Broad Street Pump Analogy

Cholera spread throughout England beginning in 1831. At that time, this disease was believed to be from "miasma" (malodorous vapors) in the atmosphere. Four serious epidemics, taking tens of thousands of lives in England, occurred from then until 1854 when an anesthesiologist, John Snow, solved the mystery.

Dr. Snow noticed that the distribution of cases of cholera was largely confined to those people who obtained their water from one particular well, called the Broad Street Pump. He also observed that of the 530 inmates of the Poland Street workhouse, which was around the corner from the Broad Street Pump, only five people had contracted cholera; and that no one from the workhouse drank the pump water, because the building had its own well. Among the 70 workers in a Broad Street brewery, where the men were given an allowance of free beer every day, and consequently never drank water, there were no fatalities. These findings resulted in the identification of the Broad Street Pump as the source of cholera, and with the removal of the handle from the well's pump the epidemic of cholera ended.

Almost 30 years passed before it was recognized that the cause of this disease was a bacteria called *Vibrio cholerae*; however, this did not stop Dr. Snow and the community surrounding the Broad Street Pump from taking action that saved thousands of lives. The important message here is that even without identifying the exact agent causing the disease, he saved people by avoiding the contaminated well. Dr. Snow's work marks the beginning of the science of epidemiology.

*Here is the analogy: the Western diet is the "Broad Street Pump" – And even though scientists may not agree upon the exact components of the food that are causing and promoting common chronic diseases, all the evidence points to the Western diet filled with meats, poultry, fish, oils, and processed items. Just as you would not need to know that *Vibrio cholerae* was the exact killing agent before you stopped drinking from the Broad Street Pump; you do not need to know exactly which components of the foods are causing heart disease, cancer, diabetes, inflammatory arthritis, MS, and Alzheimer's disease before you avoid the Western diet (the well) and change to a healthy starch-based diet.*

Brewer GJ. Risks of copper and iron toxicity during aging in humans. *Chem Res Toxicol.* 2010 Feb 15;23(2):319-26.

Appetizers Can Encourage Weight Loss

The effect of fruit in different forms on energy intake and satiety at a meal by Julie E. Flood-Obbagy in the April 2009 issue of the journal *Appetite* found "...that eating fruit at the start of a meal can reduce energy intake...Overall, whole apple increased satiety more than applesauce or apple juice. Adding naturally occurring levels of fiber to juice did not enhance satiety (1)." When subjects ate the apple segments at the beginning of lunch, they reduced overall intake (the apples plus the meal that followed) by 187 calories compared to eating the meal without the sliced apple appetizer. The researchers also found that eating apple segments resulted in higher ratings of fullness and lower ratings of hunger compared to the other forms of fruit appetizers (applesauce, juice, and juice plus fiber).

Comments: An appetizer is defined as a food or drink that stimulates the appetite, usually served before a meal or as the first course. However, the results of this experiment proved the opposite. A healthy appetizer, such as apple slices, actually reduced the appetite and the subsequent amount of food consumed. Similar appetite satisfaction has been demonstrated with appetizers of soup and salad at the

start of a meal. Results from one study showed that consuming a low-energy-dense soup (see [Mary's recipes](#) for an example) reduced the overall meal intake that followed the soup by 20 percent (2). (That's 134 fewer calories for the soup plus the meal than from the meal without the soup.) (The vegetable soups in this experiment were made from broccoli, potatoes, cauliflower, and carrots, with chicken broth and a small amount of butter.)

A salad appetizer will also reduce appetite and subsequent food intake if made with a low-fat dressing. One experiment compared having no first course with consuming a salad with a low-fat and a high-fat dressing (3). A salad made with a low-fat dressing reduced the total calorie intake of the meal by 7% for a small salad and 12% for a large one. However, salads made with greater amounts of oil and dairy products increased the overall energy intake of the meal by 8% for a small salad and 17% for larger one. The basic salad ingredients were iceberg and romaine lettuce, carrots, cherry tomatoes, celery, and cucumber tossed with Italian dressing (low, medium, or high-fat) and various amounts of shredded mozzarella and Parmesan cheese.

These experiments demonstrate a simple way to consume fewer calories without being hungry is by eating a healthy appetizer of whole fruit, simple vegetable soup, and/or a salad with low-fat dressing. If the meal that follows the appetizer is [properly planned](#) around cooked starches and vegetables then you will be on the road to successful health with the McDougall Program for Maximum Weight Loss.

1) Flood-Obbagy JE, Rolls BJ. The effect of fruit in different forms on energy intake and satiety at a meal. *Appetite*. 2009 Apr;52(2):416-22.

2) Flood JE, Rolls BJ. Soup preloads in a variety of forms reduce meal energy intake. *Appetite*. 2007 Nov;49(3):626-34.

3) Rolls BJ, Roe LS, Meengs JS. Salad and satiety: energy density and portion size of a first course salad affect energy intake at lunch. *J Am Diet Assoc*. 2004 Oct;104(10):1570-6.

Ghostwriting—Medical Journals' Dirty Little Secrets

Ghostwriting at elite academic medical centers in the United States by Jeffrey R. Lacasse published in the February 2010 issue of the open access journal, [Public Library of Science Medicine](#) found "A minority of top-50 US-based academic medical centers publicly prohibit their faculty from participating in ghostwriting...In this way, academic medical centers enable the pharmaceutical industry to covertly shape the medical literature in favor of commercial interests. When a pharmaceutical salesperson hands a clinician an article reprint, the name of the institution on the front page of the reprint serves as a stamp of approval. The article is not viewed as an advertisement, but as scientific research..."

Comments: Concerning scientific literature, ghostwriting usually refers to medical writers who make major research or writing contribution to articles that are then published under the names of well-known and well-respected researchers. Commonly, pharmaceutical companies hire professional writers to produce papers promoting their products and then pay academic physicians or scientists to sign on as authors.

A recent *New York Times* [article](#) reported a survey released by the editors of the *Journal of the American Medical Association* revealing a "ghostwriting rate of 7.9 percent in *JAMA*, 7.6 percent in the *Lancet*, 7.6 percent in *PLoS Medicine*, 4.9 percent in the *Annals of Internal Medicine*, and 2 percent in *Nature Medicine*." The editors also remarked that most of those people surveyed did not admit to this plagiaristic activity and that ghostwriting was far more prevalent than the survey showed. Because of this common practice, your doctor does not know which articles are tainted and which are not. I assume most of the research published in the last 30 years, especially in papers favoring a drug, device, procedure, product, or food, is not to be trusted.

Lacasse JR, Leo J. **Ghostwriting at elite academic medical centers in the United States**. *PLoS Med*. 2010 Feb 2;7(2):e1000230.

Fat Taste Bud Discovered

Oral sensitivity to fatty acids, food consumption and BMI in human subjects by Jessica E. Stewart published in the March 2010 issue of the *British Journal of Nutrition* notes, "Considering that the physiological function of many nutrient sensors within the mouth is to detect the nutritious or toxic value of foods, it makes sense that components of dietary fats (fatty acids) would be detected in the mouth, similar to the nutritive components of proteins (monosodium glutamate (MSG) or inosine 50 - monophosphate) and carbohydrates (sucrose, fructose, etc.)...oral fatty acid hypersensitivity is associated with lower energy and fat intakes and BMI, and it may serve as a factor that influences fat consumption in human subjects (1)."

Comments: The classic taste buds that dominate the tip of the tongue are for carbohydrates (sweet) and salt, which cause us to be seekers of these important nutrients. Bitter and sour sensitivities are located towards the back of the tongue and they serve to identify poisonous items we may eat. A fifth taste for the amino acid monosodium glutamate (MSG) was identified in 1908 from isolates of seaweed. This taste was called umami. When tasted alone, MSG is unpalatable, but when mixed with other foods, it becomes a flavor enhancer. Although originally it was thought that umami was for the identification of protein in foods, research has not supported this theory. Seaweed and tomatoes, which are not rich sources of protein, have a umami taste. Moreover, protein deficiency does not enhance the intake of umami-tasting foods (2). There are specific tastes for proteins that are found in obligate carnivores, such as your pet cat (3). As expected, these carnivores have no taste buds for carbohydrates (sweet) (3). Meat, which contains no carbohydrates and plentiful amounts of animal protein, is their food.

This article reports a sixth taste for fat found in people (1). People who are highly sensitive to the taste of fat avoid eating fatty foods and are less likely to be overweight. The overexposure of people on the Western diet to fatty foods may cause their tastes to become desensitized to fat, leaving these people more susceptible to overeating fats and oils. This would be analogous to the adaptation that takes place with salt. When people switch to a low salt diet they soon become accustomed to the new taste and perceive high salt foods as less palatable. Following a low-fat diet would increase the sensitivity of the fat sensors in the mouth to detect high levels of fat in the foods. In a short time – say in less than the 10 days that are spent at a McDougall residential program – people lose their taste for fat and find oily and greasy meals repulsive.

1) Stewart JE, Feinle-Bisset C, Golding M, Delahunty C, Clifton PM, Keast RS. Oral sensitivity to fatty acids, food consumption and BMI in human subjects. *Br J Nutr.* 2010 Mar 3:1-8.

2) Gary K Beauchamp. Sensory and receptor responses to umami: an overview of pioneering work *Am J Clin Nutr* 2009 90: 723S-727S.

3) Bradshaw JW, Goodwin D, Legrand-Defrtin V, Nott HM. Food selection by the domestic cat, an obligate carnivore. *Comp Biochem Physiol A Physiol.* 1996 Jul;114(3):205-9.