Western Diet Tied to Colon Cancer Return

BY MARY ANN MOON

Contributing Writer

olon cancer patients who eat a typical Western diet seem to have triple the risk of recurrence, compared with those who don't follow a Western diet.

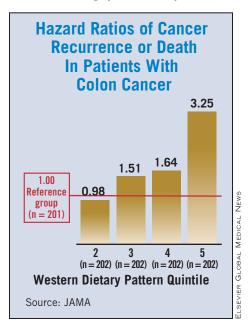
After a potentially curative resection of stage III colon cancer and adjuvant chemotherapy, a diet replete with sweets, french fries, refined grains, and red and processed meats "may facilitate a milieu that allows residual microscopic disease to proliferate and spread," Dr. Jeffrey A. Meyerhardt of the Dana-Farber Cancer Institute, Boston, and his associates said.

Some studies have examined the influence of diet and other lifestyle factors on the development of colon cancer, but few have addressed diet's influence in patients with established colon cancer. The investigators assessed the effect of two distinct dietary patterns—a typical Western diet versus what the investigators termed a "prudent" diet that included greater intakes of fruits, vegetables, legumes, fish, poultry, and whole grains—in 1,009 adult subjects who were already participating in a National Cancer Institute trial comparing different chemotherapy regimens.

The subjects had undergone complete surgical resection of the primary tumor in 1999-2001, and had regional lymph node metastases but no distant metastases. Their diets were assessed midway through the adjuvant chemotherapy. They were followed for a median of 5 years; a total of 324 developed a recurrence during follow-up.

Greater intake of a Western diet was associated with recurrence and cancer mortality. Patients in the highest quintile of the Western dietary pattern were three times more likely to develop recurrence and die from cancer than those in the lowest quintile of the pattern, the authors said (JAMA 2007;298:754-64). There was no association between the prudent diet and risk of cancer recurrence or mortality.

The deleterious effect of the typical Western diet was not significantly modified by patient age, gender, body mass index, or level of physical activity.



FDA: PPIs Pose No Increased Heart Risks

BY JOHN R. BELL
Associate Editor

New data supplied by AstraZeneca, maker of the prescription proton pump inhibitors Prilosec (omeprazole) and Nexium (esomeprazole), do not suggest that either drug increases cardiovascular event risks in patients with severe gastroesophageal reflux disease, according a preliminary conclusion announced by the Food and Drug Administration

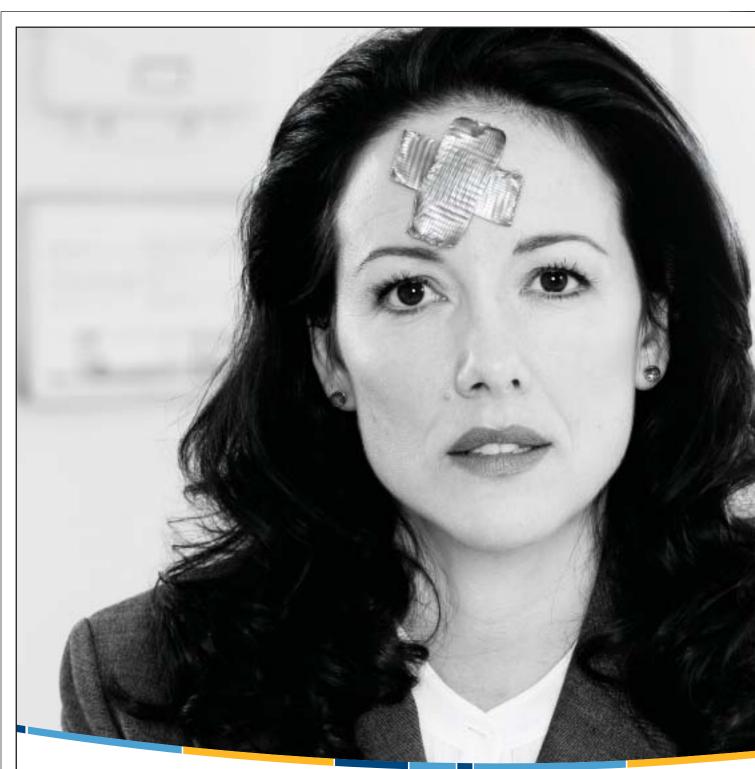
Physicians and other providers should not change their prescribing practices for either drug, the agency said.

The new information contradicts earlier data from two small, ongoing studies that the company provided to the FDA earlier this year. These data suggested that patients who took either drug were at increased risk for cardiovascular events, including myocardial infarction and heart failure. The agency did not issue a safety warning at that time.

In a teleconference and in the FDA's

first-ever "early communication" statement, the agency noted that the increased cardiovascular risk seen in AstraZeneca's two initial trials was likely caused by older patient age and more extensive history of heart problems in patients who received either drug for treatment of GERD, compared with patients who instead underwent surgery for their disease.

Dr. Paul Seligman, associate director for safety policy and communication in the agency's Center for Drug Evaluation



TOPAMAX Tablets and TOPAMAX Sprinkle Capsules are indicated for adults for the prophylaxis of migraine headache. The usefulness of TOPAMAX in the acute treatment of migraine headache has not been studied.

TOPAMAX is contraindicated in patients with a history of hypersensitivity to any component of this product.

IMPORTANT SAFETY INFORMATION

TOPAMAX has been associated with serious adverse events, including:

- Hyperchloremic, non-anion gap metabolic acidosis—lowering of bicarbonate levels in the blood. Measurement of baseline and periodic serum bicarbonate is recommended.
- Acute myopia and secondary angle-closure glaucoma—patients should be cautioned to seek medical attention if they experience blurred vision or ocular pain.
- Oligohidrosis and hyperthermia—decreased sweating and increased body temperature, especially in hot weather. The majority of reports have been in children.
- Cognitive/psychiatric side effects including cognitive dysfunction, psychiatric/ behavioral disturbances including suicidal thoughts or behavior, and somnolence and fatigue.

Most common adverse events associated with TOPAMAX 100 mg vs placebo were: paresthesia, 51% vs 6%; anorexia,* 15% vs 6%; fatigue, 15% vs 11%; nausea, 13% vs 8%; diarrhea, 11% vs 4%; weight decrease, 9% vs 1%; taste alteration, 8% vs 1%.

The possibility of decreased contraceptive efficacy and increased breakthrough bleeding should be considered in patients taking combination oral contraceptive products with TOPAMAX.

Patients should be instructed to maintain an adequate fluid intake in order to minimize the risk of renal stone formation.

*Anorexia is defined as loss of appetite.