In Reply Dr Kerley raises 4 concerns with the design and conduct of the MEAL trial: (1) evidence of dietary changes in the control group; (2) a potential placebo effect in the control group; (3) an inability to achieve predefined dietary targets in the intervention group; and (4) a failure of the intervention to incorporate fat intake. We believe these issues do not change the validity of our conclusions.

First, while we observed small changes from baseline in some dietary components in the control group, most were small and insignificant compared with the intervention group and did not last beyond 12 months. Moreover, at least 1 change was counterproductive: after 24 months, control participants were eating fewer tomatoes compared with at baseline.

Second, to our knowledge, there exists no proven placebo effect for any type of prostate cancer treatment; the cited study, which focused on PSA outcomes in patients with advanced prostate cancer, provided no evidence of it. Fluctuations in PSA values in the control groups of this study were small, consistent with expected event rates, and attributable to regression to the mean.

Third, predefined targets for behavior change are aspirational, and the intervention produced clinically meaningful changes with very large between-group differences. Intervention participants increased vegetable consumption by 60%, including a 2.5-fold increase in cruciferous vegetables. Circulating lycopene levels in these patients increased by 60%, including a 2.5-fold increase in cruciferous vegetables. Circulating lycopene levels in these patients increased by 60%, including a 2.5-fold increase in cruciferous vegetables.

Fourth, although we did not target saturated fat, intervention participants nevertheless consumed 15% less of it after 12 months compared with controls, a significantly larger decline from baseline that was sustained over 24 months. Moreover, the 2 cited studies associating fat intake with prostate cancer progression incorporated outcomes of unproven clinical relevance. Regardless of baseline dietary intake, our study does not support the hypothesis that vegetable or fruit intakes modify clinical progression.

J. Kellogg Parsons, MD, MHS
John P. Pierce, PhD
James R. Marshall, PhD

Author Affiliations: Department of Urology, UC San Diego Moores Comprehensive Cancer Center, La Jolla, California (Parsons); Cancer Prevention and Control Program, UC San Diego Moores Comprehensive Cancer Center, La Jolla, California (Pierce); Roswell Park Cancer Institute, Buffalo, New York (Marshall).

Corresponding Author: J. Kellogg Parsons, MD, MHS, UC San Diego Moores Comprehensive Cancer Center, 9400 Campus Point Dr, MC7987, La Jolla, CA 92039 (jkaparsons@ucsd.edu).

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CORRECTION

Inaccurate Quote: The Medical News and Perspectives article “Coconut Oil’s Health Halo a Mirage, Clinical Trials Suggest,” published in the April 28, 2020, issue of JAMA, included a quote that did not accurately explain how medium-chain fatty acids (MCFAs) are absorbed by humans. This article was corrected online.