

# CODEX ALIMENTARIUS COMMISSION



Food and Agriculture  
Organization of the  
United Nations



World Health  
Organization

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Agenda Item 6

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## JOINT FAO/WHO FOOD STANDARDS PROGRAMME CODEX COMMITTEE ON NUTRITION AND FOODS FOR SPECIAL DIETARY USES

Thirty-ninth Session

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*Comments of Canada*

### Agenda Item 6

#### General Comments

Canada thanks Chile and the Russian Federation for chairing the eWG and preparing this report.

At this time, Canada is not in a position to support a NRV-NCD for EPA and DHA. Canada is of the opinion that the evidence is not sufficient yet to establish a NRV-NCD for EPA and DHA.

#### Specific Comments

**Recommendation 1:** Taking into account that only 12 comments were received in the latest round of discussion, to extend commenting period and to allow Codex members to study evidence presented in Documents 1 and 2 taking into account additional information requested in Recommendations 2 and 3.

Canada agrees with Recommendation 1. However, Canada notes that it will likely not change Canada's opinion that the evidence is not sufficient yet to establish a NRV-NCD for EPA and DHA.

**Recommendation 2:** To seek additional advice on how findings in Document 1 and Document 2 correlate with recommendations for EPA and DHA intake of 250 mg/day outlined in WHO/FAO expert consultation on risks and benefits of fish consumption and FAO expert consultation on fats and fatty acids.

Canada notes that it is unlikely that the two reports can be correlated. In addition, it will likely not change Canada's opinion that the evidence is not sufficient yet to establish a NRV-NCD for EPA and DHA.

**Recommendation 3:** To seek additional advice on significance of NUGAG findings that studies at low summary risk of bias suggested that LCn3 fats reduce serum triglycerides, one of the biomarkers of coronary heart disease.

Canada notes that serum triglycerides should not be used to set a NRV-NCD because serum triglyceride is not a validated biomarker for coronary heart disease. Triglyceride levels are considered secondary targets for cardiovascular risk once LDL cholesterol is at goal<sup>1</sup>.

**Recommendation 4:** To revise 3.1.2 of General Principles for Establishing NRVs set out in the Annex to the Codex Guidelines on Nutrition Labelling (CAC/GL 2-1985) and ensure unambiguous interpretation of the following text: "Relevant daily intake reference values that reflect recent independent review of the science, from recognized authoritative scientific bodies other than FAO/WHO could also be taken into consideration". Clarify if opinions from RASBs that did not set daily intake reference values could also be taken into account when establishing NRVs.

<sup>1</sup> Genest J, McPherson R, Frohlich J, Anderson T, Campbell N, Carpentier A, et al. 2009 Canadian cardiovascular Society/Canadian guidelines for the diagnosis and treatment of dyslipidemia and prevention of cardiovascular disease in the adult - 2009 recommendations. *Can J Cardiol.* 2009;25(10):567-79.

Canada agrees with Recommendation 4 to clarify if opinions from RASBs that did not set daily intake reference values could also be taken into account when establishing NRVs. Canada's interpretation is that RASBs assessing the evidence for a relationship between a nutrient and noncommunicable disease risk should be taken into consideration to assess if criterion 3.2.2.1 is met. If some RASBs found that the evidence is not convincing or generally accepted, it is understandable that no daily intake reference value would be set.

**Recommendations 5:** To review text of 3.2.2.1 of General Principles and clarify what level of evidence quality under the GRADE classification shall be considered as the "relevant convincing/generally accepted scientific evidence or the comparable level of evidence under the GRADE classification".

Canada agrees with Recommendation 5 to revise the principles to clarify what level of evidence quality under the GRADE classification is comparable to "relevant convincing/generally accepted scientific evidence". Canada's interpretation is that high quality evidence as per the GRADE approach is equivalent to "relevant convincing/generally accepted scientific evidence".

**Recommendation 6:** To agree if definition of convincing evidence given in the report of a joint WHO/FAO expert consultation is applicable for the purpose of establishing an NRV-NCD.

Canada agrees with Recommendation 6. Canada notes that even if the definition of convincing evidence given in the joint FAO/WHO report is applicable for the purpose of establishing a NRV-NCD, more recent evidence from WHO's systematic reviews should be taken into account, especially if it is contradictory.

Canada notes that the joint WHO/FAO expert consultation used the criteria employed in the report *Diet, Nutrition, and the Prevention of Chronic Diseases; Report of a Joint WHO/FAO Expert Consultation* (WHO, 2003)<sup>2</sup> where *convincing evidence* means: "Evidence based on epidemiological studies showing consistent associations between exposure and disease, with little or no evidence to the contrary. The available evidence is based on a substantial number of studies including prospective observational studies and where relevant, randomized controlled trials of sufficient size, duration and quality showing consistent effects. The association should be biologically plausible."

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<sup>2</sup> [http://apps.who.int/iris/bitstream/10665/42665/1/WHO\\_TRS\\_916.pdf](http://apps.who.int/iris/bitstream/10665/42665/1/WHO_TRS_916.pdf)