IDF (International Dairy Federation) would like to reiterate the committee’s discussion at its 35th session:

9. The Committee recalled that CCFL at its last session had agreed to request the Committee to establish conditions for free of TFAs claims. The Committee noted that waiting for the outcome of NUGAG was preferable to consider the conditions

10. The Committee agreed that the Delegation of Canada would draft a proposal for consideration at the next CCNFSDU, taking into consideration the outcome of the next session of NUGAG.

In line with this decision IDF request that the consideration of establishing conditions for “free of TFA” claim would be postponed until the WHO NUGAG group has completed its review on TFA. IDF would also like to emphasize the importance of the availability of analytical methods and thus establishing the conditions for “free of TFA” claim should await CCMAS endorsement of a new method for TFA. If the Committee would decide to proceed without awaiting these two elements, the proposed Trans fatty acid claims guidelines are not supported by the dairy industry.

1. Ingredients of concern are trans fat derived from partially hydrogenated oils and fats

It is strongly recommended that any consideration of claims related to Trans fatty acids be reconsidered in the context of reduction of trans fatty acids from partially hydrogenated oils and fats. Furthermore any conditions that are set for Trans Fatty Acid Free Claims should consider that amounts that are deemed to be physiologically insignificant are permissible to be present.

The WHO Global Strategy on Diet, Physical Activity and Health background documents refers to partially hydrogenated oils and fats when considering trans fats intake in the context of cardiovascular health. Thus the ingredients of concern are trans fat derived from partially hydrogenated oils and fats (“To promote cardiovascular health, diets should contain very low levels of trans fatty acids (hydrogenated oils and fats”). The same background document also recognises that not all Trans fats have the same cardiovascular risk, as does the FAO/WHO Joint Expert Consultation on Fats and Fatty Acids in Human Nutrition 2008 report, hence the focus on reducing trans fats from partially hydrogenated oils and fats in the diet.

It is important to differentiate ruminant TFA with industrially-produced TFA. Recommending in policies the elimination of all TFAs without differentiation between the types of TFA will potentially lead to poorer diets because ruminant TFA cannot be entirely removed from foods. This may result in lower consumption of dairy foods, which play a key role in healthy human nutrition and development throughout life, but especially in childhood.

2. No adverse health events were observed at habitual ruminant TFA consumption levels

Industrial-sourced TFA (iTFA) and ruminant TFA (rTFA) differ greatly in their isomer distribution, stereochemistry, physical property as well as their prevalence in food sources and individual contributions to dietary intake. Cumulative epidemiological evidence has suggested the positive association with iTFA intake and CHD incidence and major CVD risk factors. On the contrary, no adverse health events were...
observed at habitual rTFA consumption levels\textsuperscript{vii viii ix xi xii}, which strongly support the notion that natural ruminant Trans fat have very different bioactive potential compared to industrial Trans fat\textsuperscript{xiii}.

3. Ruminant TFA have recognized health benefits

Well known and also recognized by WHO/FAO are the health benefits of the rTFA rumenic acid (conjugated linoleic acid, CLA cis-9, trans-11 18:2)\textsuperscript{xiv}. Dairy products are considered the main source for this particular CLA rumenic acid.

Emerging evidence suggests that not only rumenic acid but also other major rTFA such as transpalmitoleic acid (trans-9 16:1) and vaccenic acid (trans-11 18:1) may have important potential health benefits.

**Plasma Transpalmitoleic acid** was associated with lower metabolic risk factors, such as lower triglycerides, lower fasting insulin, and lower blood pressure, and a risk reduction for onset of diabetes type 2 in two independent cohorts\textsuperscript{xv xvi}. In addition transpalmitoleic acid was not associated with cardiovascular disease or coronary heart disease incidence\textsuperscript{xvii}. Dairy products are considered a major food source for transpalmitoleic acid, and plasma transpalmitoleic levels are used as biomarker for dairy fat intake\textsuperscript{vii xv}.

Furthermore evidence also suggests vaccenic acid may have an independent lipid-lowering benefit at 1-2% energy\textsuperscript{vii}, implying that full-fat dairy products high in both vaccenic acid and rumenic acid may have potential health benefits. However, this amount does not comply with the current maximal recommended TFA intake (<1% E).

These results show that advice to limit trans fat intake regardless of type and source should be approached with caution.

4. IDF do not support any claim that includes all trans fat

Would any condition of use be chosen by the Committee on a claim about trans fat, and based on elements stated in previous points, IDF proposes the following changes to the Canadian proposal in point 12:

<table>
<thead>
<tr>
<th>Component</th>
<th>Claim</th>
<th>Conditions (not more than)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Industrially produced</td>
<td>Trans fatty acids</td>
<td>X g per 100 g (solids)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>X g per 100 ml (liquids)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>X g per serving</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.5g saturated fat per 100g (solids)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0.75g saturated fat per 100ml (liquids)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>10% of energy of saturated fat</td>
</tr>
</tbody>
</table>

5. Additional remarks

In addition IDF would also like to draw the attention to new evidence and recent literature on saturated fat which questions the alleged association between these and cardiovascular diseases\textsuperscript{ xviii xix}.

And finally, IDF would like to stress the significant scientific evidence supporting the fact that the fat content of a food cannot be considered in isolation and that it is important to take into account the effect of a food in its entirety when considering cardiovascular risk\textsuperscript{xx xxi xii xxi xiv xxv}.

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\textsuperscript{i} REP14/NFSDU


Ramsden CE et al., (2010) n-6 fatty acid-specific and mixed polyunsaturate dietary interventions have different effects on CHD risk: a meta-analysis of randomised controlled trials. *British Journal of Nutrition* 104, 1586-1600. See also accompanying commentary by Philip Calder (1575-6).