



GLOBAL ORGANIZATION FOR EPA AND DHA OMEGA-3S

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Submitted electronically via [www.regulations.gov](http://www.regulations.gov)

RE: Docket No. FNS-2019-0001: Dietary Guidelines Advisory Committee

Dear Dietary Guidelines Advisory Committee:

GOED, the Global Organization for EPA and DHA Omega-3s, is a trade association representing 170+ companies worldwide that are active in the EPA and DHA omega-3 industry. GOED's membership includes all segments of the omega-3 supply chain from fishing and seafood companies to refiners, supplement manufacturers, food and beverage marketers and pharmaceutical companies. GOED's members agree to adhere to product quality and ethical standards that represent the benchmark for quality in the omega-3 market. GOED's mission is to increase global consumption of EPA and DHA and ensure that our members produce quality products that consumers can trust.

GOED thanks the Dietary Guidelines Advisory Committee (DGAC) for the opportunity to provide written comments, which are primarily related to the posted protocols to assess the scientific evidence.

Before that, however, we would like to encourage the DGAC to make use of existing high-quality systematic reviews and meta-analyses conducted by qualified scientists outside of the federal government. While updates to the Dietary Guidelines for Americans should reflect the latest scientific evidence, excluding the use of high-quality, scientifically-sound external systematic reviews and meta-analyses will undoubtedly reduce the efficiency and effectiveness of the DGAC process. In addition, such exclusion introduces an unnecessary bias into the process. In the case of omega-3s (i.e. EPA and DHA), we are happy to provide a list of relevant references once the protocols are finalized.

Regarding the posted protocols, our comments follow:

Pregnancy and Lactation Subcommittee

*What is the relationship between omega-3 fatty acids from supplements and/or fortified foods consumed before and during pregnancy and lactation and specific health outcomes?*

While the protocol has not been posted, GOED encourages the inclusion of preterm and early preterm birth as outcomes, which are clearly in scope, because this Subcommittee is addressing another question (i.e. What is the relationship between dietary patterns consumed during pregnancy and gestational age at birth?) which



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includes gestational age at birth. Last November, an updated Cochrane Review<sup>1</sup> of 70 randomized controlled trials (RCTs), involving almost 20,000 women, reported that O-3 LCPUFA interventions (supplementation or food additions) during pregnancy reduce the risk of preterm- and early preterm birth by 11% and 42%, respectively. Such risk reductions are of public health relevance, particularly given that the documented benefit of DHA for reducing early preterm birth could save the U.S. healthcare system up to USD 6 billion.<sup>2</sup>

The intervention/exposure and comparator of omega-3 fatty acids should be further clarified as ALA, EPA and DHA so that studies looking at ALA are not lumped together with studies looking at EPA and DHA.

Birth to 24 Months Subcommittee

For all of the questions listed under *Recommended Duration, Frequency, and Volume of Exclusive Human Milk and/or Infant Formula Feeding*, GOED recommends expanding the topic to include composition (i.e. DHA). The questions listed, including “growth, size, and body composition; food allergies and atopic allergic diseases; long-term health outcomes; and developmental milestones, including neurocognitive development” are relevant/applicable to composition, including DHA. If it’s not desirable to expand the questions to include composition, then all questions listed under *Specific Nutrients from Supplements and/or Fortified Foods* should be expanded to include infant formula. One way or another, the benefits of DHA during this life stage (birth to 24 months) need to be examined.

For all of the questions listed under *Specific Nutrients from Supplements and/or Fortified Foods*, the intervention/exposure and comparator of omega-3 fatty acids should be further clarified as ALA, EPA and DHA so that studies looking at ALA are not lumped together with studies looking at EPA and DHA.

Dietary Fats and Seafood Subcommittee

For all of the questions listed under *Dietary Fats*, the intervention/exposure and comparator of omega-3 fatty acids should be further clarified as ALA, EPA and DHA so that studies looking at ALA are not lumped together with studies looking at EPA and DHA.

Once again, GOED thanks you for the opportunity to provide comments. We look forward to watching the DGAC’s progress on this important work.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Harry B. Rice'.

Harry B. Rice, Ph.D.  
Vice-President, Regulatory & Scientific Affairs

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<sup>1</sup> Middleton P, Gomersall JC, Gould JF, Shepherd E, Olsen SF, Makrides M. Omega-3 fatty acid addition during pregnancy. *Cochrane Database Syst Rev*. 2018; 15;11:CD003402. <https://www.ncbi.nlm.nih.gov/pubmed/30480773>

<sup>2</sup> Shireman TI, Kerling EH, Gajewski BJ, Colombo J, Carlson SE. Docosahexaenoic acid supplementation (DHA) and the return on investment for pregnancy outcomes. *Prostaglandins Leukot Essent Fatty Acids*. 2016;111:8-10.