

North Carolina Research at Kannapolis



David Murdoch of Dole Foods - \$1 billion personal investment to study

Plants For Human Health



Partners

- Six North Carolina Universities
 - Including NC State, UNC, Duke
- Monsanto, Dole Foods, Murdoch Research Institute
- ARS (\$1 million earmark in 2009)



Science and Pseudoscience in Adult Nutrition Research and Practice

Reynolds Spector , Robert Wood Johnson Foundation

- In summary, the critics suggest that much nutritional research and practice is ... science's laughingstock, for two reasons: much of the research, especially epidemiology/observational studies is pseudoscientific....and second, many practitioners and commercial interests do not readily acknowledge the truth.

The ARS program at Kannapolis

Establish a “Proof of Concept” model for studying human health benefits of plant foods

- The opportunity:
 - Animal and cell culture studies suggest blueberries may help prevent age-related cognitive decline
- The problem:
 - This idea has not been tested in a well designed human trial
 - Past experience has shown us that not all people respond the same way to a food; this is because of variability in:
 - Human genetics
 - Human environment
 - Plant genetics
 - Plant environment



The ARS program at Kannapolis

Establish a “Proof of Concept” model for studying human health benefits of plant foods

- Scientists in 3 disciplines:
 - Horticulture
 - Post Harvest processing
 - Varietal variation
 - Biochemistry Cellular mechanisms
 - Human Nutrition
 - Well-designed clinical studies
 - Conducted in collaboration with a psychologist



The ARS program at Kannapolis

Establish a “Proof of Concept” model for studying human health benefits of plant foods

- Cooperation across disciplines
- Characterization of variability in food and in the human
- Understanding of “responders” and “non-responders”
- Nutritional advice based on clinical studies

A call for “Evidence-Based Nutrition”

- Evidence based on well planned and executed clinical trials
- May require challenging prior assumptions and approaches

Evidence-based medicine (EBM)

(from Wikipedia)

- Applies the best available evidence gained from the scientific method to medical decision making.
- Assesses the quality of evidence of the risks and benefits of treatments (including lack of treatment).
- EBM seeksto apply these methods to ensure the best prediction of outcomes in medical treatment.

Scientific evidence for the function of a food ingredient:

1. Predicted (no evidence); Organic food is more nutritious?



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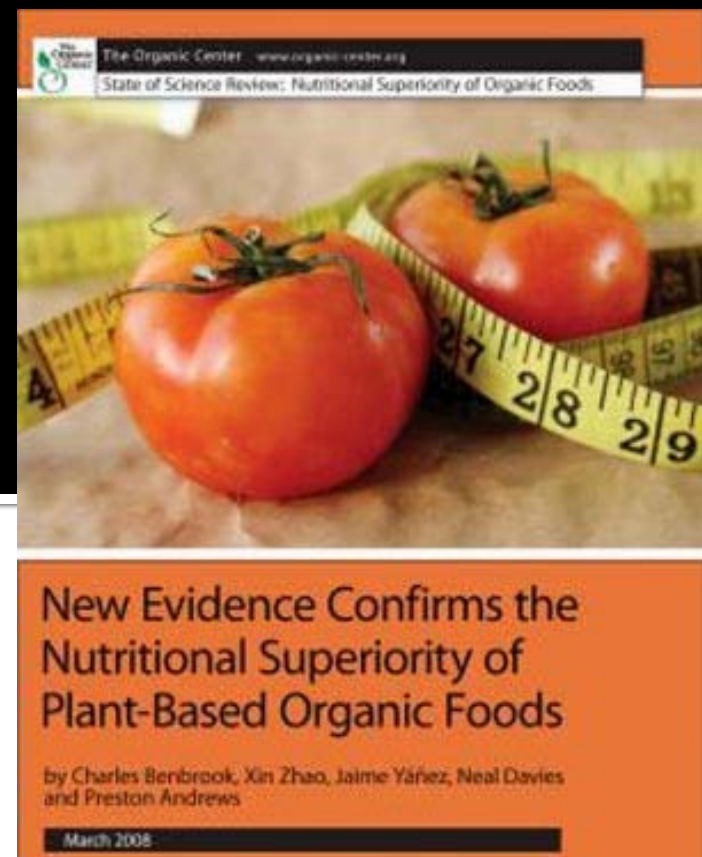
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OFFICIAL


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Swans



The Organic Center www.organic-center.org

State of Science Review: Nutritional Superiority of Organic Foods



New Evidence Confirms the Nutritional Superiority of Plant-Based Organic Foods

by Charles Benbrook, Xin Zhao, Jaime Yáñez, Neal Davies and Preston Andrews

March 2008

Scientific evidence for the function of a food ingredient:

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2. Chemistry; e.g. ORAC



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The **Best of Nature & Science***

The advertisement features a background image of a farm with a red barn and a green field under a sunset sky. A scientist in a white lab coat is shown in the bottom right corner, holding a blue flask. The text is arranged in a circular or semi-circular pattern around the central image.

Scientific evidence for the function of a food ingredient:

1. Predicted (no evidence); Organic food is more nutritious ?
2. Chemistry; e.g. ORAC
3. **In vitro; e.g. cell culture**



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But all the above only generate
HYPOTHESES

Evidence requires human studies

Scientific evidence for the function of a food ingredient:

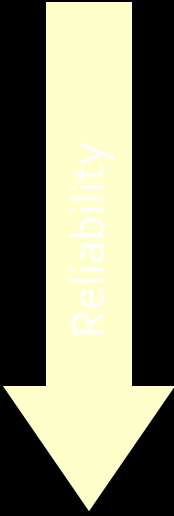
1. Predicted (no evidence); Organic food is more nutritious ?
2. Inorganic chemistry; e.g. ORAC
3. In vitro; e.g. cell culture
4. Animal studies
5. Human – Epidemiology and ecological
6. Human – Clinical trials



Human Evidence

Clinical evidence for functionality: all is not equal

■ Observational vs. Interventional evidence

- 
- Survey studies
 - Longitudinal observational studies
 - **Case Control Studies**
 - **Retrospective cohort studies**
 - **Prospective cohort studies**

Evidence of efficacy

Judging study value:

- Valid biomarkers

NIH guidelines accepted by FDA

Heart disease

- *Serum cholesterol, triglycerides, LDL cholesterol*
- *Blood pressure*
- *Diagnosis of Cardiac event/stroke*
- *Heart disease mortality (certified by pathologist)*



Allows for short-term studies

Evidence of efficacy

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■ Cancer

- *Ademaetous Colonic Polyps*
- *Diagnosis of cancer*
- *Cancer mortality (certified by pathologist)*



Allows for short-term studies



Studies must be long-term

Evidence of efficacy

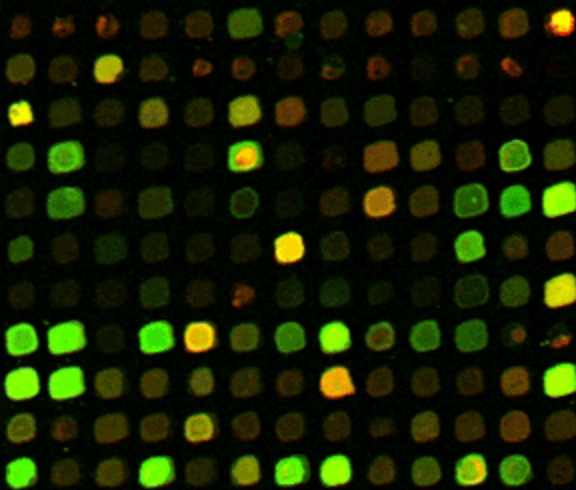
Judging study value:

How much is enough??

FCC:

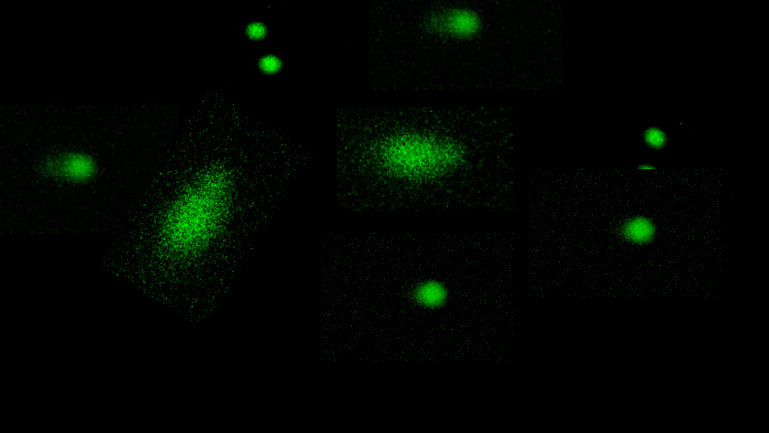
- Truthful and non-deceptive;
- Must have evidence to back up their claims
- Advertisements cannot be unfair.
- From point of view of the "reasonable consumer"
- "Express" and "implied" claims.

Health or safety claims must be supported by "competent and reliable scientific evidence" - tests, studies, or other scientific evidence that has been evaluated by people qualified to review it.



Evidence of efficacy

Judging study value:

- Valid biomarkers
 - Many common biomarkers NOT acceptable to FDA
 - *Cancer*
 - *PSA*
 - *COMET assay and similar*
 - *Gene activation*
 - *Enzyme activity*
 - *Circulating cytokines*
- 

Evidence of efficacy

Judging study value:

- Valid biomarker
- Accurate estimate of intake
 - Validated Food Frequency Questionnaire
 - Secondary measures help validate:
 - Urinary nitrogen \simeq protein intake
 - Doubly labeled water \simeq energy intake
 - Surrogate markers of intake
 - Serum conc., enzyme activity, etc.



Validation of a self-administered food-frequency questionnaire administered in the European Prospective Investigation into Cancer and Nutrition (EPIC) Study: comparison of energy, protein, and macronutrient intakes estimated with the doubly labeled water, urinary nitrogen, and repeated 24-h dietary recall methods

Evidence of efficacy

Judging study value:



- Valid biomarker
- Accurate estimate of intake

- Relevant/Adequate survey population

- Valid baseline or comparative group

- DRUGS cure ill health,
FOOD maintains good health
- Use Healthy subjects



Evidence of efficacy


Judging study value:

- Valid biomarker
- Accurate estimate of intake
- Relevant/Adequate survey population
- Valid baseline or comparative group
- Lack of 'bias'
- **Adequate statistics**
 - **Sample size (Power analysis)**
 - **Randomization**
 - **Sequence effects (e.g. day length)**
 - **Proper design**
 - **Controls**
 - **Validated measures**

Evidence of efficacy

Judging study value:

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- Relevant/Adequate survey population
- Valid baseline or comparative group
- Lack of 'bias'
- Adequate statistics
- **Are conclusions justified?**
 - Do data support conclusions?
 - Where are conclusions published?
 - Are they relevant to the target population?
 - Do they fit known chemistry/metabolism?



Evidence of efficacy

Judging study value:

- Valid biomarker
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- Valid baseline or comparative group
- Lack of 'bias'
- Adequate statistics
- Are conclusions justified?
- **Studies in context of:**
 - Whole Food (not isolated component)
 - Overall diet
 - Lifestyle



Summary

- We need a model that tests food claims within context of the food, diet and individual lifestyle



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- Accept that “one size does not fit all”; i.e. there will be responders and non-responders
- Must follow guidelines of “Evidence-based Nutrition”; evidence must ultimately come from clinical trial
- Accept that health benefit may not justify increased consumption
- **Kannapolis is “Proof of Concept”**



Summary



- We need to “Get it right” or the public will lose faith