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Comment on FR Doc # 2019-12806

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Comment

RE: Beef Checkoff observations as they relate to draft conclusions posted May 26, 2020

The Beef Checkoff appreciates the opportunity to reiterate prior evidence regarding 1) the draft conclusion statement for the relationship between dietary patterns consumed and all-cause mortality, 2) the relevancy of meat-related observations to red meat advice, and 3) the opportunity for the DGAC to recognize the positive contribution of the "burgers and sandwiches" food sub-category.

The 2020 DGAC draft conclusion statement for the relationship between dietary patterns consumed and all-cause mortality, posted to the DGAC website on May 26, includes a series of ungraded observations following a conclusion statement graded as "strong." It is unclear if each of the ancillary evidence observation statements meets the criteria for an evidence grade of "strong." The data regarding the five grading elements used to evaluate and grade the strength of evidence of this, and all, the conclusion statements has yet to be provided. We anticipate that ancillary evidence observations for all-cause mortality and dietary patterns will be clearly distinguished from final conclusion statements and, if not, they will be individually graded and accompanied by grading element assessments.

The draft conclusion regarding all-cause mortality indicates that lower red and processed meat intake is consistent with a healthy dietary pattern. The understanding of beef's role in healthy dietary patterns is confounded by limitations of dietary pattern methodology including inconsistent meat terminology, and the classification of beef in heterogeneous food categories. We request additional clarification on how "total meat" scores in various dietary pattern methods, are used to make red meat-specific recommendations.

In the recently posted draft conclusions the following is noted, "Intakes of burgers and sandwiches contribute to most food groups, nutrients, and food components that fall outside of recommended ranges." We've previously noted that the DGAC "...has an opportunity to provide analyses that demonstrate how to practically improve the quality of sandwiches to further their positive contribution, while lessening their negative contributions." We have also noted that based on previous evidence, "sandwiches and burgers" rather than "burgers and sandwiches" accurately represents the available data based on analysis of 2009-2012 NHANES data. We request that the DGAC's final report include data-driven justification for the current naming of this food sub-category and provide guidance that demonstrates how to further the positive contributions of the category.

Thank you for the opportunity to share the attached evidence overview.

Attachments (1)

[BeefCheckoffObservationsofDGACDraftConclusions061020](#)

View Attachment:

ID: FNS-2019-0001-61962

Tracking Number: 1k4-9h6j-tpzy

Document Information

Date Posted:

Jun 11, 2020

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Category:

Food industry

June 10, 2020

Barbara Schneeman, PhD
Chair, 2020-2025 Dietary Guidelines Advisory Committee

Ron Kleinman, MD
Vice-Chair, 2020-2025 Dietary Guidelines Advisory Committee

CC: 2020-2025 Dietary Guidelines Advisory Committee Members
U.S. Department of Agriculture
U.S. Department of Health and Human Services
Brandon Lipps, Deputy Undersecretary for Food and Nutrition Consumer Services

RE: Beef Checkoff observations as they relate to draft conclusions posted May 26, 2020

Dear Members of the Dietary Guidelines Advisory Committee (DGAC):

The Beef Checkoff appreciates the opportunity to reiterate prior evidence regarding 1) the draft conclusion statement for the relationship between dietary patterns consumed and all-cause mortality, 2) the relevancy of meat-related observations to red meat advice, and 3) the opportunity for the DGAC to recognize the positive contribution of the “burgers and sandwiches” food sub-category.

The 2020 DGAC draft conclusion statement for the relationship between dietary patterns consumed and all-cause mortality, posted to the DGAC website on May 26, includes a series of ungraded observations following a conclusion statement graded as “strong.” It is unclear if each of the ancillary evidence observation statements meets the criteria for an evidence grade of “strong.” The data regarding the five grading elements used to evaluate and grade the strength of evidence of this, and all, the conclusion statements has yet to be provided. We anticipate that ancillary evidence observations for all-cause mortality and dietary patterns will be clearly distinguished from final conclusion statements and, if not, they will be individually graded and accompanied by grading element assessments.

The draft conclusion regarding all-cause mortality indicates that lower red and processed meat intake is consistent with a healthy dietary pattern. The understanding of beef’s role in healthy dietary patterns is confounded by limitations of dietary pattern methodology including inconsistent meat terminology, and the classification of beef in heterogeneous food categories. We request additional clarification on how “total meat” scores in various dietary pattern methods, are used to make red meat-specific recommendations.

In the recently posted draft conclusions the following is noted, “Intakes of burgers and sandwiches contribute to most food groups, nutrients, and food components that fall outside of recommended ranges.” We’ve previously noted that the DGAC “...has an opportunity to provide analyses that demonstrate how to practically improve the quality of sandwiches to further their positive contribution, while lessening their negative contributions.” We have also noted that based on previous evidence, “sandwiches and burgers” rather than “burgers and sandwiches” accurately represents the available data based on analysis of 2009-2012 NHANES data. We request that the DGAC’s final report include data-driven justification for the current naming of this food sub-category and provide guidance that demonstrates how to further the positive contributions of the category.

Thank you for the opportunity to share the attached evidence overview.



Shalene McNeill, PhD, RD
Executive Director, Human Nutrition Research
National Cattlemen's Beef Association

RE: Beef Checkoff observations as they relate to draft conclusions posted May 26, 2020

On May 26, 2020, the Dietary Guidelines for Americans (DGA) website was updated to include draft conclusion statements for all research questions that the 2020 Dietary Guidelines Advisory Committee (DGAC) had sufficient time to complete.^{1,2} The following evidence overview reiterates previous Beef Checkoff observations regarding 1) the draft conclusion statement for the relationship between dietary patterns consumed and all-cause mortality³, 2) the relevancy of meat-related observations to red meat advice⁴, and 3) the opportunity for the DGAC to recognize the positive contribution of the “burgers and sandwiches” food sub-category.⁵ **As detailed below, in the recently posted draft conclusion statements, the evidence observations in the draft all-cause mortality conclusion statement remain ungraded and are not supported by risk of bias assessments, and 2) the burgers and sandwiches category is described in a negative context without recognition of positive contributions made by this category.**

Graded Conclusions versus Research Observations

In the 2020 DGAC draft conclusion statement for the relationship between dietary patterns consumed and all-cause mortality, a series of observations are listed following a graded conclusion statement.⁶ Specifically:

Strong evidence suggests that certain dietary patterns in adults and older adults are associated with decreased risk of all-cause mortality. These dietary patterns were characterized by intake from vegetables, legumes, fruit, nuts, whole grains, fish, lean meat or poultry, and unsaturated vegetable oils.

- *Not all* of these dietary patterns included animal-products. Of the dietary patterns that reported animal-products, protective associations were *generally* observed with *relatively* lower consumption of red and processed meat or meat and meat products. [emphasis added]
- *Not all* of these dietary patterns reported inclusion of dairy products. Of the dietary patterns that reported dairy, protective associations were *generally* observed with *relatively* higher consumption of low-fat relative to high-fat dairy. [emphasis added]
- *Not all* of these dietary patterns included refined carbohydrates/sweets as elements. Of the dietary patterns that reported these elements, protective associations were *generally* observed with *relatively* lower consumption of refined carbohydrates/sweets. [emphasis added]
- *Some* of these dietary patterns also included alcoholic beverages in moderation or within specific thresholds in adults. [emphasis added]

Grade: Strong

While the grade “strong” is listed at the end of this draft statement, as written, it is unclear if each of the ancillary evidence observations statements meets the criteria for an evidence grade of “strong.” As noted on the 2020 DGAC website, a “strong” evidence grade indicates that “the conclusion statement is based on a strong body of evidence as assessed by risk of bias, consistency, precision, directness, and generalizability. The level of certainty in the conclusion is strong, such that if new evidence emerges, modifications to the conclusion are unlikely to be required.” **Yet, aspects of the ancillary evidence statements contain qualifying language, specifically, “not all**

¹ <https://www.dietaryguidelines.gov/work-under-way/review-science/topics-and-questions-under-review>

² <https://www.dietaryguidelines.gov/most-popular-questions>; Question – Why didn’t the Committee answer all the questions, were they not given enough time to complete their work?

³ <https://www.regulations.gov/document?D=FNS-2019-0001-46832>

⁴ <https://www.regulations.gov/document?D=FNS-2019-0001-42337>

⁵ <https://www.regulations.gov/document?D=FNS-2019-0001-43888>

⁶ <https://www.dietaryguidelines.gov/dietary-patterns-and-all-cause-mortality-0>

the dietary patterns included” X products, “associations were generally observed” and “relatively lower consumption,” not inherent in the primary graded statement. The final protocol for this, or any of the DGAC questions, does not include the results of the “...five grading elements (i.e., risk of bias, consistency, directness, precision, and generalizability) that are used to evaluate and grade the strength of the evidence supporting each conclusion statement.”⁷ Risk of bias assessment, in particular, of studies included in the evidence base “...is a foundational part of all systematic reviews.”^{8,9} The final protocols have not reported risk of bias assessment results and as such, are lacking critical information regarding, for example, magnitude and direction of effect sizes for individual studies comprising the evidence base. Risk of bias reporting is considered best practice in systematic review, increasing transparency by providing justification for strength of evidence grades.^{8,9} **We expect that the final DGAC report will include the data regarding the five grading elements used to evaluate and grade the strength of evidence of this, and all, the conclusion statements provided. We further anticipate that ancillary evidence observations for all-cause mortality and dietary patterns will be clearly distinguished from final conclusion statements and, if not, they will be individually graded and accompanied by grading element assessments.**

Relevancy of Meat-related Observations to Red Meat Advice

As previously noted,⁴ the 2020 DGAC has indicated that a significant majority of the dietary pattern studies used by the 2020 DGAC to reach their draft conclusion for all-cause mortality relied on a Mediterranean Dietary Index score developed in 2003 by Trichopolou et al.^{10,11} The index developed by Trichopolou and co-workers applies the following scoring system: “For components **presumed** to be **detrimental** (meat, **poultry**, and dairy products, which are rarely nonfat or low-fat in Greece), persons whose consumption was below the median were assigned a value of 1, and persons whose consumption was at or above the median were assigned a value of 0”.¹¹ [emphasis added] While relying on evidence derived from variations of this tool, the 2020 DGAC has written a draft conclusion regarding all-cause mortality indicating that lower red and processed meat intake is consistent with a healthy dietary pattern. **Yet, the Trichopolou index does not define “meat”, does not distinguish fresh “meat” from processed “meat,” and considers poultry detrimental. We request additional clarification on how total meat scores, such as the Trichopolou index, are used to make red meat specific recommendations.**

Long term, specific and standardized food categories and descriptions for meat are needed in observational dietary pattern studies, in addition to the use of more randomized controlled trial studies where meat types and intakes are clearly defined to inform recommendations for meat.⁴ In the meantime, dietary guidance, including the 2020 DGAC conclusions, can recognize evidence limitations and provide appropriate evidence grades. **The understanding of beef’s role in healthy dietary patterns is confounded by limitations of dietary pattern methodology including inconsistent meat terminology, and the classification of beef in heterogeneous food categories.**^{12,13} **There is significant evidence supports beef’s role as a foundational food that nourishes and optimizes Americans’ health at every life stage.**¹⁴

⁷ <https://www.dietaryguidelines.gov/most-popular-questions>; Question – What is the process the 2020 Committee is using to grade the strength of the evidence in its systematic reviews?

⁸ IOM (Institute of Medicine). 2011. Finding What Works in Health Care: Standards for Systematic Reviews. Washington, DC: The National Academies Press.

⁹ Viswanathan M, et al. Assessing the Risk of Bias in Systematic Reviews of Health Care Interventions. Methods Guide for Comparative Effectiveness Reviews. (Prepared by the Scientific Resource Center under Contract No. 290-2012-0004-C). AHRQ Publication No. 17(18)-EHC036-EF. Rockville, MD: Agency for Healthcare Research and Quality; December 2017. Posted final reports are located on the Effective Health Care Program search page. DOI: <https://doi.org/10.23970/AHRQEPCCMETHGUIDE2>.

¹⁰ DGAC 4th meeting, Jan 24, 2020, Morning Session. Timestamp: 30:10. <https://www.youtube.com/watch?v=2RnX37Xoz18&feature=youtu.be> Accessed June 8, 2020.

¹¹ Trichopolou A, et al. 2003. Adherence to a Mediterranean Diet and Survival in a Greek Population. N Engl J Med 348;26.

¹² O’Connor LE, et al. Dietary meat categories and descriptions in chronic disease research are substantively different within and between experimental and observational studies: A systematic review and landscape analysis. Adv Nutr 2020;11:41-51.

¹³ Gifford CL, et al. Broad and Inconsistent Muscle Food Classification Is Problematic for Dietary Guidance in the U.S. Nutrients 2017;9(9).

¹⁴ McNeill SM. Inclusion of red meat in healthful dietary patterns. Meat Sci 2014;98:452-60.

Positive Contribution of Burgers and Sandwiches

In a prior evidence overview⁵, we noted that the DGAC “...has an opportunity to provide analyses that demonstrate how to practically improve the quality of sandwiches to further their positive contribution, while lessening their negative contributions.” In the recently posted draft conclusions the following is noted, “Intakes of burgers and sandwiches contribute to most food groups, nutrients, and food components that fall outside of recommended ranges.”¹

- The positive contributions of the “burgers and sandwiches” category were outlined during the DGAC Meeting 4 and included recognition of this category as a top contributor of calcium, potassium, and Vitamin D across various life stages.¹⁵
 - This is consistent with evidence from 2009-2012 NHANES where sandwiches were found to contribute 15% of calcium, 10% of Vitamin D, and 9% of potassium intake by adults.¹⁶
- The negative contributions of this category were also highlighted (e.g. sodium and excess energy) but it is unclear what aspect of the many ingredients in the category provided these nutrients, e.g. cold-cuts, cheese, grains or meat, nor was the specific contribution made by “burgers” discussed.
 - While evidence from NHANES 2013-2016, presented during Meeting 4, suggests the “burgers and sandwiches” food sub-category is the leading contributor to sodium and calories, in fact, consumption of beef hand-helds likely make only a minor contribution to intake of these nutrients.¹⁵
 - **Specifically, based on analysis of WWEIA NHANES 2007-2010 data, beef in sandwiches contributes only 2.4% of energy and 2.2% of sodium to the sandwich food sub-category.**¹⁷

In the same submission, we additionally noted that based on previous evidence, “sandwiches and burgers” rather than “burgers and sandwiches” accurately represents the available data based on analysis of 2009-2012 NHANES data.⁵ **We request that the DGAC’s final report include data-driven justification for the naming of this food sub-category with priority given to the predominate sub-type, i.e. if sandwiches continue, as previously, to contribute the majority to the sub-category, the sub-category be aptly re-named.**

¹⁵ DGAC 4th meeting, Jan 23, 2020, Afternoon Session. Timestamp: 2:05. https://www.youtube.com/watch?v=fRq_F2me8Tc&feature=youtu.be Accessed June 8, 2020.

¹⁶ Sebastian RS, et al. Sandwich consumption by adults in the U.S.: What We Eat In America, NHANES 2009-2012. Food Surveys Research Group Dietary Data Brief No. 14. December 2015.

¹⁷ Data available upon request.