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BY EMAIL

The CEO  
Cancer Association of South Africa (CANSA)  
JOHANNESBURG

27 February 2013

Dear Ms Janse van Rensburg,

**OMEGA CARO-E “nutritional supplement”**

Thank you for your considered response to the concerns raised in my letter dated 19 February 2013.

I have not yet received the promised modified “next invite and reminder” you referred to in your letter.

In your response you stated that “[t]aking all of this information into consideration it was decided to award this product the CANSA Smart Choice Supplement logo because the unique mixture of molecules (DHA, EPA, carotenoids and tocotrienols) in this product have been the subject of numerous scientific studies indicating the reduction of the risk of cancer.<sup>1,2,3,4</sup>

Of these four studies, the first was: “MS Donaldson. A Carotenoid Health Index based on plasma carotenoids and health outcomes. *Nutrients*. 2011;3:1003-1022.”

This review article proposes a series of cutoff points related to carotenoid levels in USA citizens. Of note are the following quotes from this article:

“ . . . differences in interindividual absorption, assimilation, and metabolism of carotenoids contribute to this problem [of the poor reliability of correlation coefficients between plasma carotenoids and fruit and vegetable intake].” (my emphasis) (page 1004)

[My comment: there is no evidence that the interindividual absorption, assimilation, and metabolism of the carotenoids in Omega Caro-E has been accounted for in the promotion of it and in the awarding of the CANSA Smart Choice Seal of Recognition to it.]

“It is important to note that the population studies of health outcomes **do not support the use of dietary supplements** to raise plasma carotenoids, but rather indicate that antioxidant-rich and carotenoid-rich foods should be eaten.” (my emphases) (page 1005)

[My comment: This would suggest that CANSA should not support the use of Omega Caro-E with its Seal of Recognition.]

“For cancer outcomes the results are mixed, but overall favor a significant benefit only in the upper concentrations of carotenoids.” (page 1011)

[My comment: No evidence – e.g. bioavailability studies – has been presented officially or in correspondence with Dr Albrecht that Omega Caro-E results in “upper concentrations of carotenoids.” Considering the “interindividual differences in absorption etc., referred to above, such studies would seem to me to be mandatory in order for CANSA to award the product its Smart Choice Seal of Recognition.]

“Self-reported health outcomes from people following programs like the Hallelujah Diet, though anecdotal in nature, seem to indicate some benefits from such high intakes of colorful plant foods.” (my emphases) (page 1013)

[My comment: Anecdotal self-reported health outcomes are notoriously unreliable. The author has a vested interest in the ‘Hallelujah Diet’ which is declared. The article refers only to foods and not “dietary/nutritional supplements.”]

“From a public health standpoint, the main message is to eat a variety of antioxidant-rich and carotenoid-rich fruit and vegetables (not just tomatoes or carrots) to increase the total carotenoids to a concentration that will include protective concentrations of the individual carotenoids.” (my emphases) (page 1013)

[My comment: Again the recommendation is for foods – and a variety of foods – not “molecules” in a capsule which is what the Omega Caro-E product is. CANSA’s apparent public health concern in promoting a “nutritional supplement” rather than foods is clearly not supported by this article. You stated in your letter: “However, we do insist on being allowed to divulge generic information from reputable sources pertaining to the molecules in Omega Caro E. We see this as an important component of our activities in CANSA. We also see it as a natural right of consumers to know what is in their food and what the health consequences of this knowledge are.” (my emphasis) Omega Caro-E is by definition not a food as, being formulated into a gelatine capsule, it is not “ordinarily eaten or drunk” by humans.

I believe that the promotion of the product by CANSA contravenes the following component of Regulation 13(d) of Notice R146 (1 March 2010): “. . . the words ‘health’ or ‘healthy’ or other words . . . implying that the foodstuff [i.e. ‘Omega Caro-E’ as a *pseudofoodstuff*] in and of itself or a substance of the foodstuff has health-giving properties in any manner . . .” Further, I believe CANSA to be deliberately and knowingly contravening the terms of the letter of authorisation dated 3 August 2011. (Attached as Annexure 1 with my emphases added.) The final quote from the Donaldson article is:

“There are dietary supplements containing mixed carotenoids that will boost a person’s plasma carotenoid concentration. However, the studies summarized here did not use such dietary supplements, so there is very little scientific support for the use of dietary supplements of carotenoids to improve health outcomes [or to reduce the risk of diseases!]. It is true that carotenoids are bioactive compounds, but there are many other compounds in fruits and vegetables that are also beneficial and should be included in the diet. Though *unscrupulous marketers* may use the [proposed] carotenoid health index for selling dietary supplements, responsible scientists and food producers need to emphasize the use of foods and whole food products to improve plasma carotenoid concentrations. We have painfully learned that just adding a  $\beta$ -carotene supplement to one’s diet will

increase the risk of lung cancer in smokers [101]. Such mistakes should not be repeated.” (my emphases) (page 1014)  
Reference 101: The Alpha-Tocopherol Beta Carotene Cancer Prevention Study Group. The effect of vitamin E and beta carotene on the incidence of lung cancer and other cancers in male smokers. *N. Engl. J. Med.* 1994;330:1029–1035. (page 1022)

[My comment: How bizarre that you have sent me a reference ostensibly in support of Omega Caro-E which indicates that there is very little support for such a product as far as carotenoids are concerned; and furthermore states that “responsible scientists” would emphasise the use of “foods and whole food products” to improve plasma carotenoid concentrations! Is CANSA being responsible? As I have no information about the concentration of  $\beta$ -carotene (or Vitamin E) in Omega Caro-E, I cannot comment on its safety in male smokers. It would however be of great concern if the concentrations of  $\beta$ -carotene and Vitamin E in Omega Caro-E were such that the product increased the risk of lung cancer in male smokers!]

There is a subsequent article by the same author: “Donaldson M. Development of a rapid, simple assay of plasma total carotenoids. *BMC Res Notes.* 2012 Sep 24;5:521. doi: 10.1186/1756-0500-5-521. <http://www.biomedcentral.com/1756-0500/5/521>.”

I would draw your attention to the following statements:

“There is a distinct shift in the percent of individual carotenoids as the total carotenoid concentration increased. As seen in Table 2, with increasing total carotenoids the mean percent of lycopene dropped from 43 to 11 percent, the mean percent of beta-carotene increased from 17 to 46 percent, and the mean percent of alpha-carotene increased from 7 to 16 percent. A similar trend of decreasing percentage of lycopene and increasing beta-carotene percentage with increasing total carotenoids was seen in a recent survey of plasma carotenoid concentrations in a representative population sample in the USA [10]. The trend in the CDC report was not so dramatic, probably because the range of total carotenoids was not so large as seen in this study.” (pages 3-4/7)  
Reference 10. CDC: National Report on Biochemical Indicators of Diet and Nutrition – Vitamins A and E and Carotenoids. Center for Disease Control and Prevention: Atlanta, GA; 2008.

[My comment: What evidence is there that Omega Caro-E would increase or decrease individual carotenoids? If it is unknown, should the product be awarded the CANSA's Smart Choice Seal of Recognition? Could some carotenoids actually be *reduced* by taking the product?]

“Conclusions

The unique part of this study is that a spectrometric assay of carotenoids is standardized to the total carotenoid concentration analyzed by a gold standard method, HPLC. Previous methods have not provided this gold standard comparison. As such, this assay method is a robust, inexpensive, fast, and accurate measurement of total plasma carotenoids. This rapid assay, when coupled with the carotenoid health index, may be useful for nutrition intervention studies, population cohort studies, and public health interventions.” (my emphases) (page 7/7)

[My comment: If the claims made for this analytical methodology are correct, surely the method could be used to show the extent of the bioavailability of the carotenoids from Omega Caro-E?]

Another article on carotenoids and breast cancer is: “Zhang X et.al. Carotenoid intakes and risk of

breast cancer defined by estrogen receptor and progesterone receptor status: a pooled analysis of 18 prospective cohort studies. *Am J Clin Nutr.* 2012;95(3):713-725.”

I only have access to the abstract at this time. The study included 1,028,438 participants followed for a maximum follow-up of 26 years across studies with 33,380 incident invasive breast cancers identified. The conclusion states: “Intakes of  $\alpha$ -carotene,  $\beta$ -carotene, and lutein/zeaxanthin were inversely associated with risk of ER-negative, but **not ER-positive**, breast cancer. However, the results **need to be interpreted with caution** because it is **unclear whether the observed association is real or due to other constituents in the same food sources**.” (my emphases) It would seem to me that the scientific consensus is to be wary of drawing conclusions about the effects of individual molecules out of the context of “food.” And as you would know, ER-positive breast cancer is particularly concerning.

The second of the articles you have referred me to is: “Eliassen AH et. al. Circulating carotenoids and risk of breast cancer: pooled analysis of eight prospective studies. *J Natl Cancer Inst.* 2012;104:1905– 1916.”

This article, as indicated in the title, is relevant only to women with breast cancer. Although the concluding sentence appears to support a reduction of risk of breast cancer,<sup>1</sup> the authors make several other statements relevant to CANSA’s decision to award Omega Caro-E its Smart Choice Seal of Recognition.

“There are several limitations to our study. First [limitation], despite biologic plausibility that carotenoids are responsible for the observed inverse associations with breast cancer risk, there are alternative explanations for our findings. Other phytochemicals in fruits and vegetables, such as flavonoids and other phenolic compounds, or an interaction among various phytochemicals (63) could be associated with carotenoids and responsible for the observed association.” (my emphases) (page 1913)  
Reference 63. Liu RH. Health benefits of fruit and vegetables are from additive and synergistic combinations of phytochemicals. *Am J Clin Nutr.* 2003;78(3 Suppl):517S–520S.

[My comment: The study you have referred me to is therefore surely insufficient to support the CANSA Smart Choice Seal of Recognition for any reduction of risk in cancer *generally*. Was the above statement ignored?]

“Second [limitation], for this analysis only one blood sample was available from each participant.” (page 1913)

[My comment: This could probably not have been avoided considering the study design.]

“Third [limitation], although circulating carotenoids are indirect markers of activity at the breast tissue, plasma levels are positively correlated with breast tissue levels. Given the relatively high correlations among individual carotenoids, isolating the independent effects of a specific carotenoid is difficult.” (my emphasis) (page 1913-14)

[My comment: Clearly “independent effects” in the reduction of risk of cancer for individual carotenoids has probably not been achieved for the Omega Caro-E. Is there any evidence for the effects of each of the 11 different carotenes in the product? If there is no such evidence why does the product qualify for the CANSA Smart Choice Seal of Recognition?]

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1 “A diet high in carotenoid-rich fruits and vegetables offers many health benefits, including a possible reduced risk of breast cancer.” (my emphasis) (page 1914)

“Final [limitation], although we conducted a large number of analyses, our hypotheses were biologically motivated, and in some cases, have been published previously in the individual studies included in the pooled analysis. However, we interpret the results with caution and note that future studies should be conducted to confirm our findings. (my emphasis) (page 1914)

[My comment: If the authors interpret the results with “caution” – should CANSA not be even more cautious in applying them?] In their concluding paragraph the authors state:

“Given the possibility that another bioactive compound is responsible for the observed associations, as well as the uncertainty about the specific carotenoid(s) that are important, use of specific carotenoid supplements is not advised and may indeed be harmful among smokers.” (my emphases) (page 1914)

[My comment: It is again bizarre that you have sent me a reference ostensibly in support of Omega Caro-E which states that such products – i.e. carotenoid supplements such as Omega Caro-E – are “*not advised*” and may be *harmful* to smokers.]

The third article you have referred me to is: “Kim J. et. al. Fatty fish and fish omega-3 fatty acid intakes decrease the breast cancer risk: a case control study. *BMC Cancer*. 2009;9:216.”

It becomes apparent in reading the article (and not from the title) that the study was only done in Korean women and “that participants enrolled from the cancer screening program may over-represent those with healthier habits as opposed to their community-based counterparts.” The authors state that “[i]n addition to study design [issues described in the literature], ethnic groups have also responded differently in these studies.” This raises the concern about extrapolating from Korean women to South African (majority black) women.

My major concern about the study itself is that the main research instrument was a retrospective food frequency questionnaire (FFQ). Although the authors claim that it was “validated,” they also state that their study “possesses some of the limitations usually inherent to case-control study designs (i.e., selection and recall biases).” In my view this was exacerbated by the following statement: “Cancer patients may differ from controls in their recall of dietary habits. For this reason, the interviewer tried to collect information as soon as possible after diagnosis, which was typically right after surgery.” Surely this is a major confounding factor? How do women “right after surgery” and diagnosis of cancer accurately recall their dietary intake for 103 items, including the average frequency, and the typical portion sizes, of each item for the previous year!

The authors themselves state that “according to a recent systematic review, one study showed a significantly increased risk for breast cancer, three studies showed a decreased risk, and seven studies failed to show a significant association with  $\omega$ -3 fatty acids intake. [20]” (page 3,5 of 10) Reference 20: MacLean CH, Newberry SJ, Mojica WA, Khanna P, Issa AM, Sattorp MJ, Lim YW, Traina SB, Hilton L, Garland R, et al.: Effects of omega-3 fatty acids on cancer risk: a systematic review. *JAMA* 2006, 295(4):403-415.

It is remarkable to me that CANSA is now proposing that a (in my view) rather flawed study be taken more seriously than a systematic review which is equivocal.

Ironically the authors state in reference to the systematic review: “We also can not exclude the possibility that inconsistent results between epidemiological studies are due to measurement errors associated with dietary assessment, as these are inherent in a retrospective study design.” This is exactly the problem with their own study.

They also state in the discussion of their results: “However, it remains possible that other nutrients

or micronutrients in fish are partly responsible for the inverse association [between fish consumption and the development of breast cancer].” They conclude that their “findings will provide the basis for further studies.”

I cannot accept that this study in Korean women with breast cancer provides a reasonable basis for awarding Omega Caro-E the CANSA Smart Choice Seal of Recognition as “assisting in reducing the risk of cancer” *generally* in South Africans. This would not be a “soft claim” – it would, in my view, at best be an exaggeration – and at worst wishful thinking. Is there even any evidence that the “high quality fish oil from Iceland and a palm oil fraction from Malaysia in a gelatine capsule” is sufficiently absorbed to be of *any* benefit?

The fourth article you have referred me to is: “Ling MT et. al. Tocotrienol as a potential anticancer agent. *Carcinogenesis*. 2012;33(2):233-239.”

The authors state that “most of the studies on tocotrienols (T3) have demonstrated positive chemopreventive effects (13–18).” References 14-18 are all animal studies and must therefore be disregarded. Reference 13 is “Sylvester PW The value of tocotrienols in the prevention and treatment of cancer. *Journal of the American College of Nutrition* 2010;29(SUPPL. 1):324S-333S.” I was only able to access the abstract. A few important statements can nevertheless be quoted.

“Tocopherols and tocotrienols represent the 2 subgroups that make up the vitamin E family of compounds, but only tocotrienols display potent anticancer activity.”

[My comment: we have no idea whether Omega Caro-E’s “five forms of Vitamin E” consist mainly of tocopherols or tocotrienols, in order to assess the possibility of a cancer risk reduction effect.]

“Although in vitro experimental evidence has been very promising, oral supplementation of tocotrienols in animal and human studies has produced inconsistent results. However, recent studies have now clarified the reasons for these discrepancies observed between in vitro and in vivo studies. Oral absorption of tocotrienols into the circulation is mediated in large part by carrier transporter systems that display saturation and apparently down-regulation when exposed to high concentrations of tocotrienols.” (my emphases)

[My comment: If Omega Caro-E contains tocotrienols, is it not possible that the carrier transporter systems of the person taking the product may become saturated resulting in possible *down-regulation* of the carrier systems?]

“To circumvent these limitations in oral absorption of tocotrienols, investigators have developed novel prodrug derivatives and nanoparticle delivery systems that greatly enhance tocotrienol bioavailability . . .”

[My comment: It would appear that Omega Caro-E capsules do not use a delivery system that would enhance tocotrienol bioavailability. Is there any *evidence* that the Vitamin E components of the product are adequately absorbed? If not, does the product warrant the award of CANSA’s Smart Choice Seal of Recognition? Is there any evidence for the bioavailability and effects of each of the five different forms of Vitamin E in the product? Being fat soluble, how much is simply excreted in the faeces?]

I have to therefore contest that your / CANSA’s “due consideration of the evidence in peer-reviewed publications on fish oil, specifically DHA and EPA; carotenoids and tocotrienols, indicating ‘reducing the risk of cancer’ ” is valid – if the publications are of similar quality, and have such equivocal (dare I say “soft”) findings as those you provided me the references for.

I am of the view that the general public will interpret “can assist with reducing the risk of cancer and other non-communicable diseases like diabetes and heart disease” as equivalent to “*prevention*.” As there is no legal definition of “nutritional supplement” I am of the view that it is highly problematic for CANSA to call Omega Caro-E a nutritional supplement. (I am glad to note however that you do distinguish between a nutritional supplement and a medicine.)

You state: “. . . we do insist on being allowed to divulge generic information from reputable sources pertaining to the molecules in Omega Caro E. We see this as an important component of our activities in CANSA. We also see it as a natural right of consumers to know what is in their food and what the health consequences of this knowledge are.” (my emphasis)

I have some problems with this. It seems that your reputable sources may not be entirely credible as demonstrated above. I would dispute that Omega Caro-E is a “food”<sup>2</sup> because it is presented in a gelatine capsule (as a medicine would be presented) and is not “ordinarily eaten or drunk” by humans. As I said earlier, I believe the award of the Smart Choice Seal of Recognition (and indeed the “launch” on Thursday) to be in contravention of the Foodstuffs Act, and also contravenes the conditions stated in the letter of authority from the Director-General. (Annexure 1)

Please note that the “ridiculous suggestion” that “all vegetables and fruit be registered with the MCC” never emanated from me and I have never made any such suggestion about foods. I have certainly never seen any non-manipulated “vegetables and fruit” that look like “medicines.”

You stated in the context of sunscreens that “[a] further good example is sunscreens where we never say that these products can prevent cancer.” On the CANSA website under a heading “How has CANSA’s Research Advocacy made a Difference” it is stated: “Better sunscreen to prevent melanoma” (my emphasis) <http://www.cansa.org.za/cansas-advocacy-changing-legislation-and-public-opinion/>

In a November 2011 CANSA “fact sheet” written by Prof Michael C Herbst with the title: “Fact Sheet on Solar Radiation and Skin Cancer” there is a section with the heading: “How to Prevent Skin Cancer” and below it:

“To prevent skin cancer, CANSA advocates the following [among others]:

- Always apply sunscreen with a Sun Protection Factor (SPF) of a minimum of 20 and not higher than 50, to all exposed skin areas, preferably one bearing the CANSA Seal of Recognition (CSOR). Re-apply regularly (at least every two hours), after towel-drying, perspiring or swimming. Apply it liberally to all exposed skin; including the back of the neck, tips of ears, arms, feet and hands. The use of sunscreen lotion is not a license to “bare all” in the sun. Go under cover whenever possible, to ensure that you are SunSmart while out in the sun.”

Clearly CANSA *has* referred to prevention of cancer rather than just “reduction of risk” in the past.

CANSA also says: “From the start of our Watchdog focus approximately five years ago, we decided never to be emotive, but to stay focused in our quest to do what is right and work behind the scenes to ensure that we give the public the benefit of our scientific findings once we had ‘done our homework in full.’ ” <http://www.cansa.org.za/cansa-ceo-letter-re-sunscreen-standards/>

I would argue, that this “homework” has not been done in full for Omega Caro E and that CANSA is not doing what is right. All that can perhaps be said about the product is that it has certain

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2 "foodstuff" means any article or substance (except a medicine as defined in the Medicines and Related Substances Act, 1965 (Act 101 of 1965)) ordinarily eaten or drunk by man (sic) or purporting to be suitable, or manufactured or sold, for human consumption and includes any part or ingredient of such article or substance, or any substance used or intended or destined to be used as a part or ingredient of any such article or substance." Act 54 of 1972. (my emphasis)

concentrations of certain ingredients. You can't even be sure that they'll be sufficiently absorbed to provide any benefit!

Finally in the revised letter you sent to me, you state: "we will include the following words in our further communications and statements to avoid any further confusion: 'Accredited literature indicates that pure marine derived fish oil and plant derived carotenoids may assist in reducing the risk for cancer.' (We will forward you our next invite and reminder that will be mailed to CANSA partners and possible interested parties on this coming Monday.)"

I am not sure what you mean by "accredited" literature. Certainly the literature you sent me the references for was not unequivocal. I have however been forwarded a copy of a reminder dated 26 January 2013 which DOES NOT include these words, and which is not different from the one I have concerns about.

In summary, I am of the view that to award the CANSA Smart Choice Seal of Recognition to Omega Caro E is an abuse of the approval given to CANSA by the Director General in terms of Regulation 13(a)(ii) of Notice R.146 of 1 March 2010; that it contravenes the Regulations in making health claims (no matter how soft!); and that it is a betrayal of the public's trust.

I cannot understand why CANSA could not wait for phase 2 of the Food Labelling and Advertising Regulations to be finalised before awarding Omega Caro-E its Smart Choice Seal of Recognition, and ensure that it was done within the legislative framework of our country.

A handwritten signature in black ink, appearing to read 'M.R. Jobson', is positioned above the typed name.

Yours sincerely,  
M.R. JOBSON



**DIRECTOR GENERAL  
HEALTH  
REPUBLIC OF SOUTH AFRICA**

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Ms Sue Janse van Rensburg  
Chief Executive Officer  
CANSA  
P O Box 2121  
**BEDFORDVIEW  
2008**

Dear Ms Janse van Rensburg

**REQUEST FOR APPROVAL TO ACT AS AN 'ENDORSEMENT ENTITY' IN TERMS OF THE  
REGULATIONS RELATING TO THE LABELLING AND ADVERTISING OF FOODSTUFFS  
(R.146 OF MARCH 2010)**

Your request for approval for the Cancer Association of South Africa (CANSA) to act as an 'endorsement entity' in terms of the new Regulations Relating to the Labelling and Advertising of Foodstuffs (R.146 of March 2010 as amended), which were published by the Minister of Health under Section 15 of the Foodstuffs Cosmetics and Disinfectants Act, 1972 (Act No. 54 of 1972), refers.

The request in question relates to Regulation 13(a)(ii), which provides for the prohibition of certain information or declarations to be reflected on a label or advertisement of a foodstuffs, including words, pictorial representations, marks, logos or descriptions which create an impression that such a foodstuff is supported, endorsed, complies with or has been manufactured in accordance with recommendations by organizations, associations, foundations and other entities. The Regulation also requires that the use of such information or declarations be considered by the Department of Health and approved by the Director-General, based on the evidence provided as verification that your organization is involved in generic health promotion, supported by evidence-based nutrition, as well as that the aims of your organization do not contradict the requirements of these Regulations related to nutritional claims, based on the criteria thereof.

The dossier with relevant documented evidence that accompanied the request received from CANSA for the approval of the use of your logos on labels and advertisements of foodstuffs was evaluated by a Committee comprising officials from the Directorates: Food Control, Nutrition and Non-communicable Diseases of the Department. The following criteria were applied by the Committee to evaluate the relevant information related to applications received by the Department in terms of Regulation 13(a)(ii):

- (i) Evaluation of the evidence submitted in support of projects aimed at promoting evidence-based nutrition; and
- (ii) Assessment to ensure that the activities of the organization do not contradict the requirements of the mentioned Regulations related to nutritional claims and the criteria thereof.

You are hereby informed that, based on the outcome of the evaluation of the information that accompanied your request, the Department is of the opinion that sufficient evidence was provided to support the approval of the CANSA to act as an 'endorsement entity' in terms of Regulation 13(a)(ii) and that the logos of the Foundation can therefore be included on the labels and advertisements of foodstuffs, as provided for under the Regulations Relating to the Labelling and Advertising of Foodstuffs (R.146 of March 2010), subject to the following conditions:

1. This approval is considered to be valid until such time as phase 2 of the Food Labelling and Advertising Regulations have been finalized in future, which will include, among others, requirements for the evaluation of categories of foodstuffs to allow for the approval of nutrient and/or health claims on the labels and advertising of such foodstuffs. Logos such as that of CANSA may not be appropriate for use on those categories of foodstuffs, which, after evaluation may not bear a nutrient or health claim on the label. Such a situation could provide confusing messages to the consumer.
2. The approval by the Director-General of the use of the CANSA logo on the labels and advertising of foodstuffs does not necessarily constitute an approval of the criteria used by CANSA. The Department reserves a final opinion on the criteria in question until such time as phase 2 of the Food Labelling and Advertising Regulations has been finalized.
3. Logos such as that of CANSA may only be used on foodstuffs of which the labels are fully compliant to the new Food Labelling and Advertising Regulations, R.146/2010, as well as the new Trans Fat Regulations, R.127/2011.

It should be noted that the relevant Regulations of the Department related to the labelling and advertising of foodstuffs stipulates that no label or advertisement of any nature of a foodstuff shall refer to the Act or food-related Regulations; the Department of Health, Provincial or Local Government; or an official of the said Department, Provincial or Local Government.

Yours faithfully



MS MP MATSOSO  
DIRECTOR GENERAL: HEALTH  
DATE: 3/8/2011