

Opening Remarks to *The Workshop: A Day of Science* – 2009

Terranea Resort

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Good morning and Welcome to *The Workshop: A Day of Science*. This is the first time since 2004 that we have joined *The Workshop* with CRN's Annual Conference as back-to-back events. After holding *The Workshop* as a stand-alone session in Washington D.C. for the past few years, we are so fortunate to have such an extraordinary setting for this year's conference, and we hope that combining the two events will allow many of you to stay over and take in at least part or all of *The Conference*, as well as today's sessions. As we plan for next year and beyond, we would love to hear your feedback on this format.

So let's get right to business: The one question I get asked most when I tell neighbors, friends or new acquaintances that I work in the dietary supplement industry is, "Do they work?" As if the answer was a singular, definitive, across-the-board, categorical response: Yes or No. Do all dietary supplements work? And though we will spend the rest of today wrestling with various permutations on this question, we must never lose

site of the fact that answering this question lies at the heart of the supplement marketplace. Do our products have benefit? Are they effective? Should I take them? At the end of the day, that is why we are here—to be able to assure our customers that when they invest their money—and their faith—in our products that they are getting something that really will improve their health, help to keep them well, maybe even reduce their risk of a chronic disease, or in some cases, actually treat or reverse the disease itself.

To answer that question requires research. But what kind of research? Gold standard clinical trials? Observational studies? Case reports and anecdotal evidence from practitioners? Our consumers don't really care whether the placebo controlled trial was double-blinded, or what the drop-out rate in the control group was, or whether the study was a longitudinal one, or if subjects were randomly assigned versus controlled for with respect to potential confounders. They just want to know if it works.

But unlike our customers, we must care about these things. Because research done wrong leading to the “no effect” result not only discourages today's customer, and sends people out of the store empty-handed, it also

has the potential to shut down promising veins of research that might lead to conclusive results in the other direction if the research was done correctly.

We've seen any number of these kinds of scientific studies over the past few years: research that treats nutrients like drugs, or fails to account for nutrients in the food supply of the control group, or studies a single anti-oxidant in isolation, like you would a new chemotherapy drug. Studies that fail to adequately identify the test materials, or that fail to use a dosage most likely to show a therapeutic effect, or studies that expect six months of supplementation to undo years of bad habits and neglect of healthy lifestyle behaviors.

As you know, when this happens, CRN is quick to qualify those findings and to be openly critical of those interpretations of the data—especially if the message to consumers is that this research is the final word—the proverbial last nail in the coffin for future research on a particular ingredient. And I make no apologies for CRN on those occasions. We live in a 24 hour news cycle. Consumers who once relied on their family doctors to read the medical literature and interpret the research into

meaningful recommendations for their health practices are now inundated with news reports straight from the headlines of medical journals where a single study that shows “no effect” gets trumpeted as the definitive word on the subject—at least until the next study comes along. Without this filter in the system, consumers are more confused than ever and CRN provides balance to the negative headlines.

Now that doesn't mean we should eschew any research that doesn't come out the way we want it to. CRN has always prided itself as being “the science behind the supplements,” and that means studies that don't turn out the way we would like may still be valid. It may mean that a certain winnowing of products will occur, some ingredients may not bear out the promise that we hoped. But as scientists, we must construct valid research and be willing to accept the outcomes—if it's done properly. Our consumers will be better-served in the end.

Nor is it enough for CRN to be critical of research that's done wrong. I have a similar philosophy to a very different dilemma: in my family, when we are trying to decide where to go for a dinner out, I always say to my children, “You can't have veto powers without making an alternative

suggestion.” And the same is true here. If CRN is going to criticize research conducted on nutrients and other dietary supplements, then we must be able to construct some alternative models for research that are appropriate and just as scientifically rigorous.

So today is about examining not only what’s wrong, but what’s right. Can researchers design placebo-controlled, double blind, randomized clinical studies that will produce valid results for dietary supplements? Can clinical trials be conducted that examine botanical ingredients using well identified materials that can be replicated not only in the lab, but also in the marketplace? Do practitioner experiences and case studies have a valid role in developing the evidentiary basis for whether a dietary supplement is beneficial?

These are just some of the questions we’ll be grappling with today. As CRN continues our initiative to define a new paradigm of supplement research, today’s sessions will help identify methods and approaches that explore wellness as more than the absence of disease, and prevention as more than the abatement of symptoms. It will lead us closer to establishing a new framework for evidence-based nutrition, a paradigm for integrating

dietary supplements into healthcare, that is just as authoritative and as scrupulous and as defensible as evidence-based medicine, but unique in recognizing the differences between drugs and nutrients.

I'd also like to extend a special thanks to Dr. Paul Coates, and Dr. Joe Betz from the NIH's Office of Dietary Supplements and Dr. Catherine Meyers from the National Center for Complementary & Alternative Medicine. Their involvement in today's event not only enriches us with their expertise and perspectives, but also demonstrates the openness of these government agencies to consider that dietary supplement research has unique challenges that must be addressed as these agencies develop their funding priorities for future research.

So let's get on with our presenters and keep in mind that the questions we pose today will help our consumers have confidence in their supplement regimens tomorrow. This kind of dialogue will make this a more robust industry and will advance the cause of healthcare. And for all those consumers wrestling with the conflicting information they are getting now, we may find new answers to the question, "Do supplements really work?"

Thank you.