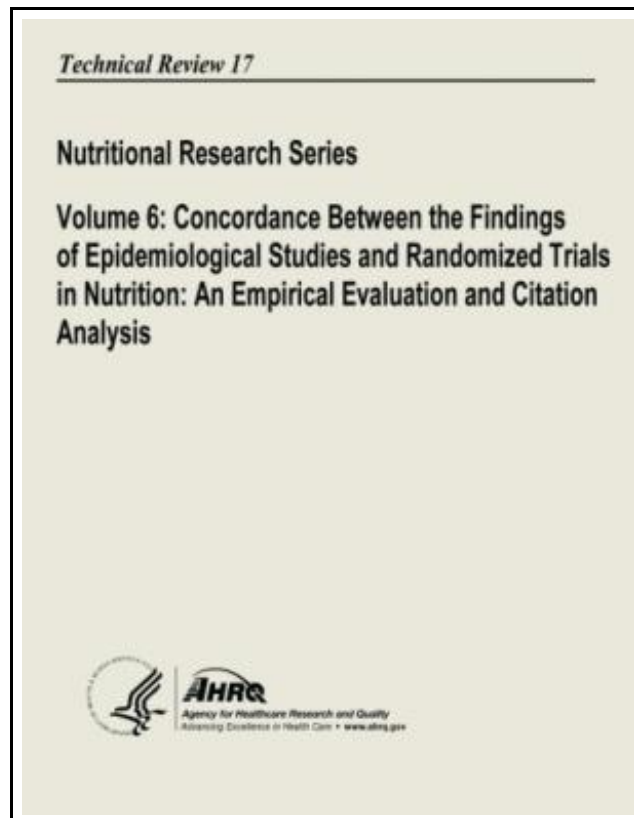


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Createspace. Paperback. Book Condition: New. This item is printed on demand. Paperback. 64 pages. Dimensions: 11.0in. x 8.5in. x 0.1in. Many randomized controlled trials (RCTs) comparing nutrient interventions with placebo control have failed to replicate the (usually protective) associations between nutrients and risk of chronic disease found in large-scale observational data. High-profile examples of such RCTs found no evidence of intervention effects for fiber and colon cancer, vitamin E and cardiovascular disease, vitamin E and lung cancer, beta-carotene and coronary events, vitamin C and cardiovascular disease, or folate and cardiovascular disease, and even identified adverse effects of nutrient supplementation (e. g. , beta-carotene and cancer). The discrepancies between the findings of RCTs and epidemiological studies raised serious questions about the currently used approach for determining whether the evidence base is adequate to justify launching a large-scale RCT, with hard endpoints as the outcome measure. Deciding which specific nutrient-outcome association to further evaluate in human intervention trials is challenging. Simply having a plausible epidemiological support is probably not enough; all aforementioned negative large RCTs were motivated by hypotheses vetted in epidemiological data or in smaller RCTs examining surrogate outcomes. In previous work, we hypothesized that additional critical components pertain to the maturity and reliability of the relevant evidence base that is, the strength of the data supporting a potential nutrient-disease association, the biological plausibility of the association, the reliability of existing data, and the likelihood of bias and systematic errors affecting interpretation of the available data. The evidence base is formed by the interplay of various translational paths, in which an initial hypothesis-forming observation supports subsequent research and is eventually translated to interventions for preventing or treating human disease. Understanding the translational paths that shape the evidence base may result in insights on why epidemiological and randomized data disagree or agree. To some...



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