



Beth Israel Deaconess
Medical Center



A teaching hospital of
Harvard Medical School

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October 4, 2023

The Honorable Xavier Becerra
Secretary
Department of Health and Human Services
200 Independence Avenue, SW
Washington, D.C. 20201

The Honorable Robert M. Califf, MD
Commissioner of Food and Drugs
Food and Drug Administration
10903 New Hampshire Avenue
Building 32, Room 2346
Silver Spring, MD 20993

Dockets Management, FDA-2023-P-3942
Food and Drug Administration
5630 Fishers Lane, Room 1061
Rockville, MD 20852

Re: Comments on FDA Citizen Petition to Label Gluten as a Major Food Allergen
FDA Docket Number: FDA-2023-P-3942 (“Citizen Petition”).

Dear Secretary Becerra and Commissioner Califf:

As a Professor of Medicine, Harvard Medical School, J. Thomas LaMont Professor of Gastroenterology, Associate Director, Gastroenterology Training Fellowship and Director, Celiac Center, Beth Israel Deaconess Medical Center in Boston, Massachusetts (“BIDMC”), I am writing to provide comments in support of Celiac Journey’s FDA Citizen Petition to require the labeling of Gluten on all food packages in the United States, similar to how Gluten is required to be declared on food labels in 87 other countries worldwide.¹

I have been engaged in patient care and research in Celiac disease for more than 25 years. In 2004, I founded the Celiac Center at BIDMC, and I have served as its Medical Director since its inception.² In 2013, I co-founded the Celiac Research Program³ at Harvard Medical School which brings together Celiac disease researchers and

¹ <https://www.regulations.gov/document/FDA-2023-P-3942-0001>

² <https://www.bidmc.org/centers-and-departments/digestive-disease-center/services-and-programs/celiac-center>

³ <https://www.bidmc.org/centers-and-departments/digestive-disease-center/services-and-programs/celiac-center/research-at-the-celiac-center>

educators from Harvard teaching hospitals including Boston Children’s Hospital, Massachusetts General Hospital, and BIDMC. I am also a founding member and past President of the Society for the Study of Celiac Disease.

I have worked internationally in the diagnosis and management of Celiac disease and, in my clinical practice, I specialize in difficult-to-treat enteropathies. I also lead research programs on the pathogenesis of Celiac disease, its diagnosis, and new approaches to treatment.

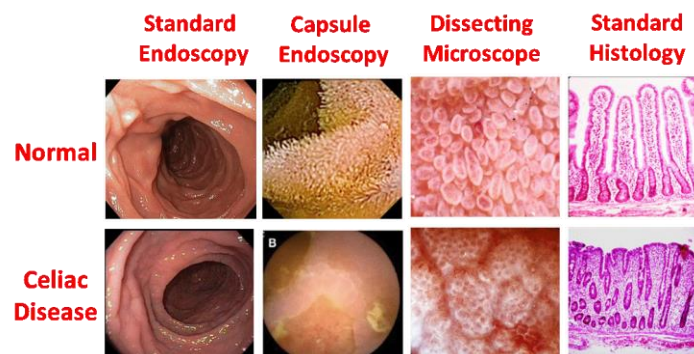
I have served as a committee member of the NIH, Center for Scientific Review as well as FDA, CDC and NIH committees on Celiac disease and C. difficile infection. I am also the author of more than 300 clinical and basic research book chapters, invited reviews, and original research articles appearing in medical and scientific journals including: Gastroenterology, Vaccine, Infection & Immunity, The Journal of Clinical Investigation, The Lancet, and The New England Journal of Medicine.

I agree with the FDA that people with Celiac Disease “face potentially life-threatening illnesses if they eat gluten, typically found in breads, cakes, cereals, pastas, and many other foods... There is no cure for celiac disease and the only way to manage the disease is to avoid eating gluten.”⁴

However, research has shown that 44% of people with Celiac Disease who follow a strict Gluten Free diet are still ingesting gluten at least once a month, and “many with celiac disease pay over 40% more in annual healthcare costs.”⁵

To better understand the serious adverse health reactions that Gluten ingestion can cause, it is instructive to visualize villous atrophy that occurs in Celiacs.

Visualizing Villous Atrophy: Gluten Triggered Auto-Immune Cascade in Celiacs Damages the Small Intestine



⁴ <https://www.fda.gov/consumers/consumer-updates/gluten-free-means-what-it-says>

⁵ <https://twitter.com/abast/status/1551780196243603457> and <https://www.beyondceliac.org/>

According to the NIH's "Notice of Special Interest (NOSI): Accelerating Progress in Celiac Disease Research" that was published on November 23, 2021, there are more than 3 million Americans who have Celiac Disease.

"Celiac disease is an autoimmune disease that occurs in genetically susceptible individuals who develop an immune response to ingested gluten. This disease affects greater than 1% of the US population, and incidence appears to have been increasing over the last several decades. The only known treatment is life-long strict avoidance of all forms of wheat, rye, and barley. Although a gluten-free diet is an effective treatment in many individuals, recent research has revealed that up to 50% of individuals following a gluten-free diet are inadvertently exposed to gluten, and a substantial minority develop persistent or recurrent symptoms.

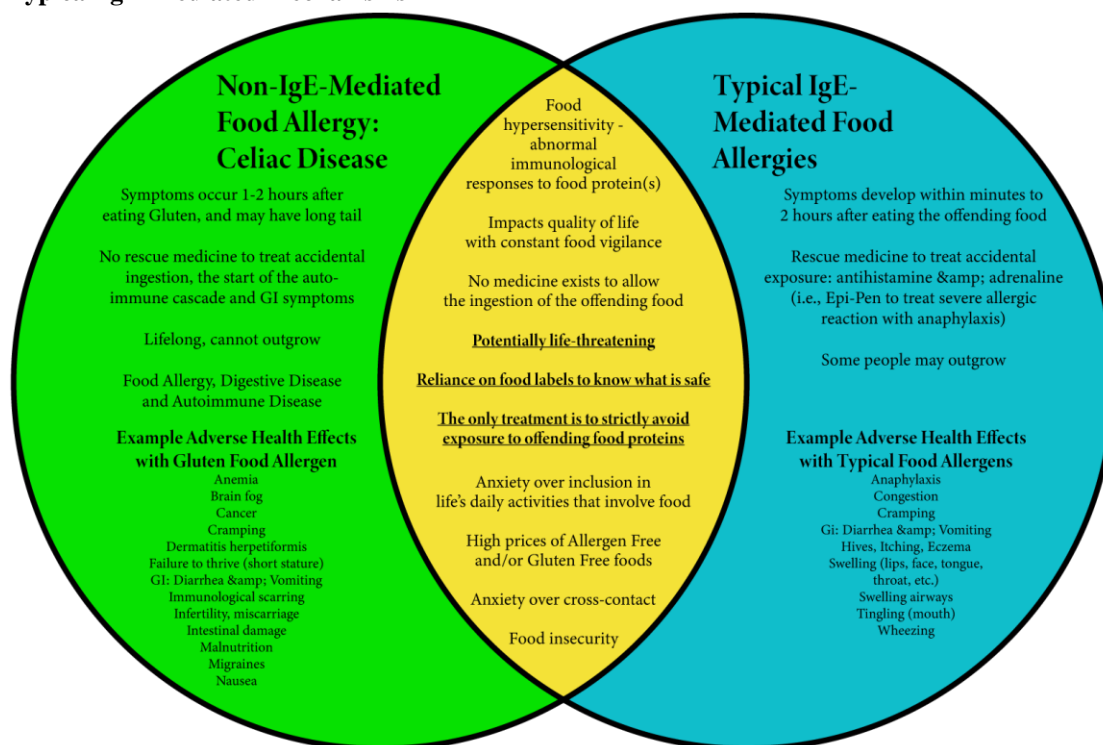
Clinical manifestations are multifaceted and include gastrointestinal (ranging from severe malabsorption to subclinical damage of the gastrointestinal tract) as well as extraintestinal (e.g., skin) expressions of disease. Additional manifestations may vary from subclinical damage of the gastrointestinal tract to refractory celiac disease that is non-responsive to a gluten-free diet. Although rare, celiac disease is associated with increased risk of gastrointestinal tract cancers and lymphomas."⁶

For someone with Celiac Disease, eating, sleeping, thinking, learning and working are major life activities that can be impacted on a daily basis through the ingestion of Gluten, and there are various bodily systems which can be impacted including: gastrointestinal (digestive), nervous (anxiety, ataxia and neuropathy), skeletal, reproductive (infertility) and integumentary. Celiacs are also at a greater risk of being diagnosed with additional auto-immune disorders.

The Venn diagram below illustrates the key near-peer similarities between food allergies that are Non-IgE-Mediated as in Celiac Disease (Gluten) and typical IgE-Mediated Mechanisms: potentially life-threatening, the only treatment is to strictly avoid the food allergen(s), and consumers' reliance on food labels to know what is safe to eat.

⁶ <https://grants.nih.gov/grants/guide/notice-files/NOT-AI-22-004.html>

The Similarities and Differences Between Non-IgE-Mediated Mechanisms in Celiac Disease & Typical IgE-Mediated Mechanisms



Labeling Gluten as a Major Food Allergen is congruent with the conclusions of international food safety authorities and expert committees comprised of scientists, regulators, physicians, clinicians and risk managers from academia, government and the food industry including:

- 1999 Joint Food and Agriculture Organization of the United Nations/World Health Organization Expert Committee on Food Additives “Evaluation of Certain Food Additives and Contaminants: Fifty-third Report of the Joint FAO/WHO Expert Committee on Food Additives. 2000. WHO Technical Report Series 896. World Health Organization, Geneva (“1999 FAO-WHO Expert Consultation”; also referred to as the “1999 Codex criteria”).⁷
- 2021 Food and Agriculture Organization of the United Nations/World Health Organization Expert Consultation on Risk Assessment of Food Allergens, which included the FDA’s Dr. Lauren Jackson, Chair, and the FDA’s Dr. Stefano Luccioli (“2021 FAO/WHO Expert Consultation”). The 2021 FAO/WHO Expert Consultation found, “[b]ased on systematic and thorough assessments which used all three criteria (prevalence, severity and potency), the Committee recommended that the following should be listed as priority allergens: Cereals containing gluten (i.e., wheat and other Triticum species, rye and other Secale species, barley and

⁷ https://apps.who.int/iris/bitstream/handle/10665/42378/WHO_TRS_896.pdf

other *Hordeum* species and their hybridized strains), crustacea, eggs, fish, milk, peanuts, sesame, specific tree nuts (almond, cashew, hazelnut, pecan, pistachio and walnut).”⁸

According to research cited in the FAO and WHO 2022 Risk Assessment of Food Allergens, Part 1 - Review and validation of Codex Alimentarius Priority Allergen List Through Risk Assessment. Meeting Report, Food Safety and Quality Series No. 14, Rome,

“It might be considered that oats should be on a regional priority allergen list because oats are generally contaminated, and often at significant levels, with gluten containing cereals. In Canada, taking into consideration lot-to-lot variability, approximately 88 percent of commercial oats samples (n = 133) were reported to be contaminated above the Codex-recommended gluten-free level (20 ppm), gluten concentration ranging from 21 to 3800 mg/kg of oats (Koerner et al., 2011). If oats are not on a priority allergen list, the possible presence of (contaminated) oats as an ingredient remains, and several products may cause reactions in consumers with coeliac disease. For this reason, oats are included in Canadian legislation.”⁹

Requested Action

Today, Wheat is required to be labeled in the U.S., but Gluten is not. Gluten is found in Wheat, Barley, Rye and most Oats. This Citizen Petition is requesting a long-overdue reckoning by the FDA to better protect more than 3.3 million Americans with Celiac by labeling Gluten (Wheat, Barley, Rye and Oats) as a Major Food Allergen on all packaged foods. Under its existing authority in the Food Allergen Labeling and Consumer Protection Act in statute at 21 U.S.C. § 343(x), we request that the FDA issue a rule to: 1) require that all ingredients with Gluten be listed by name in the ingredient lists of all foods and; 2) add Gluten to the FDA’s list of allergens in Sec. 555.250 of its Compliance Policy Guides Manual, “Statement of Policy for Labeling and Preventing Cross-contact of Common Food Allergens” to address both labeling and cross contact issues related to food manufacturing practices.

⁸ <http://www.fao.org/3/cb4653en/cb4653en.pdf>

⁹ <https://www.fao.org/3/cb9070en/cb9070en.pdf> , and

<https://www.tandfonline.com/doi/pdf/10.1080/19440049.2011.579626?>

I agree with the comments from Dr. Virginia Stallings, a board-certified nutrition expert and pediatrician, Professor of Pediatrics and Director of the Nutrition Center at the Children's Hospital of Philadelphia. Dr. Stallings was also the Editor and Chair of the National Academies of Sciences, Engineering, and Medicine, Committee on Food Allergies which published the seminal work: "Finding a Path to Safety in Food Allergy: Assessment of the Global Burden, Causes, Prevention, Management and Public Policy." As it pertains to Gluten, Dr. Stallings opined:

"While a Non-IgE-Mediated food allergy does not trigger anaphylaxis and is not immediately life-threatening, people with Celiac Disease face potentially life-threatening and severe adverse health effects that can arise through gluten ingestion including by way of example and not limited to: anemia, cancer, heart disease, immunological scarring, intestinal damage and malnutrition... A gluten free diet is not all that is needed to treat Celiac Disease; rather a gluten free diet is all that has ever been historically available to treat Celiac Disease. Additionally, with respect to labeling food products in the United States, the voluntary gluten free labeling scheme does not sufficiently protect consumers who are on medically required and very restrictive gluten free diets. My strong recommendation is that gluten be labeled on all packaged foods in the United States, in accordance with the 2021 FAO/WHO Expert Consultation, just like it is in more than 85 countries around the world."¹¹

I am respectfully requesting that the FDA change the voluntary labeling rule to a mandatory labeling rule to keep 3.3 million Americans with Celiac safer. I would be pleased to answer any questions that you may have.
Thank you for your attention.

Sincerely,

A handwritten signature in black ink, appearing to read "Ciarán P. Kelly". The signature is fluid and cursive, with the first name "Ciarán" being more legible than the last name "Kelly".

Ciarán P Kelly, MD

¹¹ https://downloads.regulations.gov/FDA-2021-N-0553-1169/attachment_1.pdf