

January 14, 2025



U.S. Departments of Health and Human Services and Agriculture,

In response to the call for public comments on the scientific report of the 2025 Dietary Guidelines Advisory Committee (DGAC), the [U.S. Canola Association](#), a non-profit commodity association, applauds the DGAC's report and appreciates its focus on saturated fat and shortfall nutrients. But we would like to highlight the composition and health benefits of canola oil in support of a few minor proposed additions.

COMPOSITION

[Canola oil](#) is predominantly composed of unsaturated fatty acids (UFAs), including 62% of the monounsaturated fatty acid (MUFA) oleic acid and 9% and 19% of polyunsaturated fatty acids (PUFAs) alpha-linolenic acid (omega-3) and linoleic acid (omega-6), respectively. In fact, canola oil has the highest amount of UFAs (93%) of all common vegetable oils. It is the [second most widely consumed oil in the United States](#). Therefore, we kindly request that canola oil be added as an example of vegetable oils high in UFAs in Part D, Chapter 4: Food Sources of Saturated Fat, page 5.

Canola oil is also a good source of tocopherol (vitamin E) and vitamin K, two micronutrients underconsumed by the majority of Americans per the DGAC report. In fact, 74% ages 1 year and older do not meet the Estimated Average Requirement for vitamin E. While not specified in the DGAC report, the recommended daily intake of vitamin E is 15 milligrams (mg) per day for ages 14 and up and for vitamin K, 90 and 120 micrograms (mcg) for female and male adults aged 19 and over. Canola oil provides 2.4 mg of tocopherol and 10 mcg of vitamin K per tablespoon. It can help Americans increase their intake of both of these shortfall nutrients as an affordable, everyday cooking oil. Therefore, we suggest noting canola and other vitamin E- and vitamin K-containing vegetable oils (e.g., safflower, wheat germ; soybean) as good sources of these nutrients before or within the section Food Subcategory Sources of Vitamin E in Part D, Chapter 1: Current Dietary Intakes and Prevalence of Nutrition-Related Chronic Health Conditions, page 31.

HEALTH BENEFITS

Canola oil fits well into the 2025 DGAC's recommendations and healthy dietary patterns across all life stages. It has several well-documented health benefits, particularly related to cardiovascular disease (CVD) prevention.

On Oct. 6, 2006, the [U.S. Food and Drug Administration](#) (FDA) authorized a [qualified health claim](#) for canola oil on its ability to reduce the risk of heart disease when used in place of saturated fatty acids (SFAs) based on clinical studies. In short, it states that consuming about 1.5 tablespoons (19 g) of canola oil daily in place of SFAs may reduce the risk of coronary heart disease. On Nov. 19, 2018, the FDA authorized a similar qualified health claim for edible oils high in oleic acid (containing at least 70% per serving), including [high-oleic canola oil](#).

Consistent with the DGAC report, a scientific literature review published in the [British Journal of Nutrition](#) on Oct. 30, 2024, "Perspective on the health effects of unsaturated fatty acids and

commonly consumed plant oils high in unsaturated fat,” found that consumption of seed oils high in UFAs is associated with numerous health benefits and may lower the risk of chronic diseases. These vegetable oils derived from seeds, such as canola, corn and soybean, contain predominantly UFAs, including MUFA and the PUFAs linoleic acid and alpha-linolenic acid to varying degrees. The review concluded that:

- **Significant clinical evidence supports the beneficial effect of replacing saturated fatty acids with unsaturated fatty acids, particularly PUFAs, on key CVD risk factors**, such as elevated blood cholesterol levels. Further, population studies show that replacement of SFA sources with PUFA-containing oils substantially lowers CVD risk.
- **Higher PUFA intake as well as replacement of SFAs with PUFAs are associated with lower risk of CVD and type 2 diabetes.** Diets higher in UFAs may also help reduce risk of developing and/or managing type 2 diabetes.
- **Increased consumption of the omega-6 linoleic acid is associated with reduced risk of developing type 2 diabetes**, according to large population studies in which participants were followed for decades.
- **Intake of linoleic acid does not increase inflammation or oxidative stress.** In fact, population studies often show that higher intake is associated with reduced, rather than increased, inflammation.

This study supports other scientific literature reviews addressing the beneficial effects of linoleic acid on cardiometabolic health in the Sept. 12, 2024 [Lipids in Health and Disease](#); effects of canola oil on cardiovascular risk factors in the Nov. 27, 2020 [Nutrition, Metabolism & Cardiovascular Diseases](#); and “Evidence of health benefits of canola oil” in the June 2013 [Nutrition Reviews](#), which found that:

- **Canola oil substantially reduces total and low-density lipoprotein (LDL) cholesterol levels** and improves insulin sensitivity when used in place of SFAs as well as increases levels of tocopherol (vitamin E) compared with other dietary fat sources.
- **Canola oil can help consumers meet expert dietary fat recommendations** (less than 10% SFAs from total daily calories and minimal *trans* fat) and can be included in diets designed to reduce blood cholesterol and/or heart disease risk.
- Compared with high-SFA or typical Western diets, **canola oil-based diets can reduce total and LDL cholesterol** in healthy people and those with high cholesterol, reducing heart disease risk.
- **With its high MUFA content, canola oil may prevent the oxidation of LDL cholesterol.** Oxidized LDL may contribute to inflammation in the arteries and heart disease risk.
- **Canola oil may promote immune and cardiovascular health** through its anti-blood clotting and anti-oxidative effects.

[Many additional studies](#) on canola oil support its health benefits, too. For example:

- A May 2019 meta-analysis in [Advances in Nutrition](#) concluded that canola oil consumption modestly reduced body weight, particularly in participants with type 2 diabetes.
- Canola and high-oleic canola oils were shown to lower abdominal fat by 1.6% when used in place of three other types of oils in a heart-healthy diet for weight maintenance, according to the Canola Oil Multicentre Intervention Trial (COMIT). Published in the November 2016 journal [Obesity](#), the study showed that consumption of these oils may reduce the risk of metabolic syndrome in participants at risk for it.
- Canola oil can help control blood glucose, and therefore risk of CVD, in people with type 2 diabetes when included as part of a low-glycemic index diet per a study in the July 2014 [Diabetes Care](#).

Moreover, canola oil is very versatile with a neutral flavor, light texture and high heat tolerance (smoke point of 468 °F) as well as budget-friendly. It is suitable for a wide range of cuisines and culinary applications.

In summary, canola oil is an affordable, popular and versatile source of healthy UFAs. It fits well into the DGAC report, dietary patterns across life stages, helps reduce the risk of CVD when used in place of SFAs, and can help increase American intake of the underconsumed nutrients vitamins E and K. We appreciate you considering adding canola oil as a good source of UFAs and these nutrients.

Respectfully submitted,

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U.S. Canola Association