Division of Dockets Management (HFA-305)
Food and Drug Administration
5630 Fishers Lane, rm. 1061
Rockville, MD 20852.

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Glycemic Index Symbol Program

23 August 2007

Re: [Docket No. 2007N-0277] Food Labeling: Use of Symbols to Communicate Nutrition Information, Consideration of Consumer Studies and Nutritional Criteria; Public Hearing; Request for Comments.

Dear FDA,

Glycemic Index Limited (GIL) is an Australian-based, not-for-profit organisation wholly owned by the University of Sydney, Diabetes Australia and the Juvenile Diabetes Research Foundation of Australia. GIL is committed to a vision of promoting healthier lifestyles to the whole community through a combination of low-GI diets and sound nutrition. At the heart of GIL is the Glycemic Index Symbol Program (GISP) and its internationally registered "Glycemic Index Tested" certification trademark (Ctm)). There are currently two product ranges carrying the Glycemic Index Tested Ctm in the United States: 1) Sweet Cactus Farms Premium Agave Nectar, and; 2) The Organic Beverage Company's Syzmo. We are currently looking for suitable partner organisations in the United States, with the aim to increase the range of foods and beverages carrying our Ctm in the future.

We would like to present our response to the issues and questions circulated for discussion at your Public Hearing on the 10th and 11th of September.

Issue 1: There are many food label nutrition symbol programs currently in the domestic and international marketplace. Each system uses different nutrition criteria and requirements regarding eligibility for use. The agency would like information on the food products that bear nutrition symbols and the nutrient requirements for those symbols.

Question 1. In what product categories are nutrition symbols used (e.g., packaged foods, fresh produce, meat/poultry, seafood)?

In the United States at present, our Glycemic Index Tested Ctm is used in two categories: 1) Beverages, and ; 2) Sweeteners. However, it is being registered for use in all food and beverage product categories that are a source of carbohydrate.

Question 2. Which symbols are nutrient specific, and which are summary symbols based on multiple nutrients?

The Glycemic Index Tested Ctm focuses on the glycemic impact of the food or beverage. However, in order to be eligible to use the Ctm the food or beverage must meet category-specific nutrient criteria to ensure that they are a healthier option within their particular food group. As such, the Glycemic Index Tested Ctm is a summary symbol based on multiple nutrients, with a particular focus on the glycemic carbohydrate content.

Question 3. What are the nutritional criteria, including calories, included in a symbol system and how were those particular nutritional criteria chosen for inclusion?

The nutritional criteria for the GISP were developed using the procedure described by Mullis et al J Am Diet Assoc. 1990 Jun;90(6):847-51. Briefly, this involves (a) identifying the scientific basis for the criteria; Glycemic Index Ltd chose the Dietary Guidelines for Australians (http://www.nhmrc.gov.au/publications/synopses/dietsyn.htm) as the basis. These are similar to the Dietary Guidelines for Americans. (b) developing food-group-specific nutrient criteria based on a referent meal pattern (see below); (c) developing the eligibility of single servings of specific foods for labeling based on the nutrient criteria of the food group to which the specific food belongs, and (d) validating the criteria by reviewing actual food products in the grocery stores and restaurants; we used a process of computer modelling of each food group on a customised database of Australian and New Zealand foods.

The food-group-specific nutrient criteria developed for the program using this methodology are as follows:

1. CEREAL GRAINS AND PRODUCTS

Breads and Crispbreads

Fat	5 g/100 g or less, or 5 – 10 g/100g, provided that saturated fat is ≤ 28% of the total fat content
Sodium	450 mg/100 g or less
Dietary fibre	3 g/100 g or more

Breakfast Cereals

Fat	5 g /100 g or less, or 5 – 10 g/100g, provided that saturated fat is ≤ 28% of the total fat content (or up to 15g/100g if the source of saturated fat is grains, seeds or nuts but not coconut).
Sodium	400 mg/100 g or less
Dietary fibre	3 g/100g or more

Bran

Fat	5 g /100 g or less, or 5 – 10 g/100g, provided that saturated fat is ≤ 28% of the total fat content
Sodium	400 mg/100 g or less
Dietary fibre	3 g/100g or more

Bakery Products

Includes cakes, muffins, slices, fruit pies, pikelets, pancakes, crumpets, waffles, hotcakes, breakfast cereal bars and fruit-filled bars, and sweet biscuits (fresh, frozen or made from packet mix).

Fat	5 g/100 g or less, or 5 – 10 g/100g, provided that saturated fat is ≤ 28% of the total fat content
Sodium	400 mg/100 g or less
Dietary fibre	3 g/100 g or more
Carbohydrate	35 g per serve (2 exchanges) or less
Energy	≤ 1500 kJ per 100 g or ≤ 500 kJ per serve.

Muesli bars

Energy	≤ 1700 kJ per 100 g or ≤ 550 kJ per serve.
Saturated fat	No more than 40 % of total fat content
Sodium	300 mg/100 g or less
Dietary fibre	3 g/100g or more
Carbohydrate	35 g per serve (2 exchanges) or less

Plain Grains, Flours and Pasta

All acceptable (eg. oats, pasta, noodles, rice, couscous, polenta, wheat, barley, burghul, tapioca, sago).

Filled Pasta, Instant/Savoury Noodles, Combined Pasta and Sauce Mixes

These nutrient limits apply to the cooked products, ready for consumption.

Fat	5 g/100 g or less, or 5 – 10 g/100g, provided that saturated fat is ≤ 28% of the total fat content
Sodium	350 mg/100 g or less

2. LEGUMES AND PRODUCTS

Dried

All acceptable.

Canned, Vacuum-packed

Fat	5 g/100 g or less, or 5 – 10 g/100g, provided that saturated fat is ≤ 28% of the total fat content
Sodium	300 mg/100 g or less

Tofu, Tempeh, and TVP-based Products

Fat	5 g/100 g or less, or 5 – 10 g/100g, provided that saturated fat is ≤ 28% of the total fat content
Sodium	450 mg/ 100 g or less

3. FRESH FRUIT AND FRUIT PRODUCTS

Fresh, Frozen, Dried or Canned Fruit

All fruits acceptable (unless fat added).

Fat	No added fat, unless used as a processing aid (< 5 g /100 g)

Dried Fruit Bars

For example, dried fruit bars and fruit straps.

Fat	5 g/100 g or less, or 5 – 10 g/100g, provided that saturated fat is ≤ 28 % of the total fat content.
Sodium	no added sodium
Dietary fibre	3g/100g or more
Energy	≤ 1100 kJ/100g or ≤ 500 kJ/serve

4. FRESH VEGETABLES AND VEGETABLE PRODUCTS

Fresh, Frozen, or Dried Vegetables

All fresh vegetables acceptable.

Fat	No added fat, unless used as a processing aid (< 5 g /100 g, or up to 10g/100g if saturated fat accounts for ≤ 28% of total fat content)
Sodium	No added sodium

Canned Vegetables With or Without Sauce

Fat	5 g/100 g or less, provided that saturated fat is ≤ 28 % of the total fat content
Sodium	300mg /100 g or less

5. MILK, DAIRY PRODUCTS AND ALTERNATIVES

Milk Fluid and Dried (as reconstituted) and Dairy Drinks

Fat	2 g/100 g or less, or 2-4 g /100 g, provided that saturated fat is ≤ 28% of total fat
Calcium	100 mg/100 g or more

Soy and Alternative Beverages

Fat	2 g/100 g or less, or 2-4 g /100 g, provided that saturated fat is ≤ 28% of total fat
Calcium	100 mg/100 g or more

Evaporated Milk

Fat	4 g/100 g or less

Frozen Dessert, Ice Cream, Frozen Yoghurt, Gelato, Sorbet, Jelly, Mousse, Custard

Fat	5 g/100 mL (or 50 g) or less, or 5 – 10 g/100 mL if saturated fat ≤ 28 % of total fat content
Energy	≤ 350 kJ /100 mL (or 50 g)

Yoghurt, Soy Yoghurt, or Fromage Frais

Fat	2 g/100 g or less, or 2-4 g /100 g, provided that saturated fat is ≤ 28% of total fat
Energy	≤ 400 kJ /100 g
Calcium	100 mg/100 g or more

6. SNACK FOODS

Nut and seed-based snack bars

Includes nut based bars with or without dried fruit.

Saturated fat	No more than 28 % of total fat content
Sodium	400 mg/100 g or less
Dietary fibre	3 g/100g or more
Carbohydrate	35 g per serve (2 exchanges) or less

Savoury Snacks, Biscuits or Crackers

Includes popcorn, potato crisps, extruded snacks, soy chips, biscuits, crackers.

Fat	≤ 5 g /100 g, or 5 –10 g/100g, if saturated fat is ≤ 28% of total fat content
Sodium	500 mg /100 g or less

7. SPORTS DRINKS AND SPORTS BARS

Sports Drinks

(should be isotonic or hypotonic, ie. sodium and sugar content equal to or less than that of blood)

Carbohydrate	4 - 8 g /100 mL
Sodium	≤ 25 mmol / litre

Sports Bars and Miscellaneous Sports Products

Fat	5 g/100 g or less, or 5 – 10 g/100g, provided that saturated fat is ≤ 28% of the total fat content
Sodium	400 mg/100 g or less

8. MEDICAL NUTRITIONAL PRODUCTS

eg. Sustagen, Glucerna.
For appropriate medical and/or nutritional purposes.

All acceptable.

9. CONVENIENCE FOODS

Prepared Salads (potato, bean or pasta-based)

Fat	5 g/100 g or less, or 5 – 10 g/100g, provided that saturated fat is ≤ 28% of the total fat content
Sodium	350 mg/100 g or less
Fibre	1 g/100g or more

Pre-prepared Meals (frozen, canned or fresh)

eg. Pasta dishes, casseroles with rice/potato, curry and rice, stir-fry meals and rice, TV dinners.

Fat	≤ 10 g fat/100g, saturated fat must be ≤ 28% of total fat content
Sodium	350 mg/100 g or less
Fibre	1 g/100g or more

Meat Pies, Pasties, Sausage Rolls, Pizza, etc…

Fat	≤ 10 g fat/100g, saturated fat must be ≤ 28% of total fat content
Sodium	350 mg/100 g or less
Fibre	1 g/100g or more

Soups (reconstituted, ready to eat)

Fat	2 g/100 g or less, or 2-5 g/100g, if saturated fat is ≤ 28% of total fat content
Sodium	350mg/100 g or less
Fibre	1 g/100g or more

10. MISCELLANEOUS

Dips

Eg. Hommus, salsa, yoghurt-based, etc…

Fat	5 g/100 g or less, or 5 – 10 g/100g, provided that saturated fat is ≤ 28% of the total fat content
Sodium	450 mg /100 g or less

Flavoured Milk Powders (as reconstituted)

Eg. Milo, Nesquik.

Fat	2.5 g / 100 g or less, or 2.5 - 5 g / 100 g if saturated fat is ≤ 28% of total fat
Sodium	400 mg / 100 g or less

Nutritive Sweeteners

Low GI varieties only (Eg. Fructose, Lactose, honey, etc...)

Fat	5 g/100g or less
Carbohydrate	≥ 80 g per 100 g
Sodium	300 mg / 100 g or less

Sandwich Spreads

Eg. peanut butter, honey, jam, marmalade.

Saturated fat	No more than 26 % of total fat content
Trans fat	No more than 2 % of total fat content
Sodium	350 mg /100 g or less

Sauces and Savoury Condiments

Eg. pasta, cook-in sauces, HP sauce, tomato sauce, chutney, relish, pickle, etc.

Fat	5 g/100 g or less, or 5 – 10 g/100g if saturated fat is ≤ 28% of total fat content
Sodium	450 mg/100 g or less

Soft Drinks

Low GI varieties only

Energy	≤ 175 kJ/100 mL
Carbohydrate	≤ 10 g /100 mL
Sodium	≤ 150 mg

11. General

All other foods not specifically excluded

Fat	5 g/100 g or less, or 5 – 10 g/100g if saturated fat is ≤ 28% of total fat content
Sodium	450 mg/100 g or less

Question 4. What nutrient thresholds and/or algorithms are used to determine if a food product may display a nutrient specific or summary symbol?

The food must have its glycemic index measured using the Australian Standard; Glycemic Index of Foods AS4694-2007 (which has been submitted to the International Standards Organisation), contain at least 10g of carbohydrate per serve, or be ≥ 80% carbohydrate AND traditionally served in multiple units of small serve sizes (eg. nutritive sweeteners), and meet the food-category-specific criteria listed in the response to Question 3.

Question 5. Are nutrition symbols presented together with front label nutrition claims such as ``low fat'' or ``good source of calcium'' and, if so, to what extent and for what types of claims?

The foods that currently carry the Glycemic Index Tested Ctm also carry a range of nutrition content claims including source of fibre, low fat, source of calcium, etc.... These are currently regulated in Australia through a food industry Code of Practice. The nutrient criteria for the GISP (described in the response to Question 3) are broadly consistent with the requirements for many nutrition content claims in the Code of Practice facilitating the process.

Question 6. Are there programs to educate consumers to understand the nutrition symbols or is all information contained in the symbols? When education programs are available, how are they presented?

A broad range of educational activities have been utilised to raise consumer awareness and understanding of the Glycemic Index Tested Ctm. These include (but are not limited to) a series of books (The New Glucose Revolution), fliers, a range of websites (www.gisymbol.com , www.glycemicindex.com , and http://ginews.blogspot.com/), articles and advertisements in a broad range of magazines and newspapers, and occasional television coverage. Glycemic Index Ltd has also held workshops/conferences for a range of health professionals to raise awareness and to increase skills to help them to provide appropriate advice for their patients/clients.

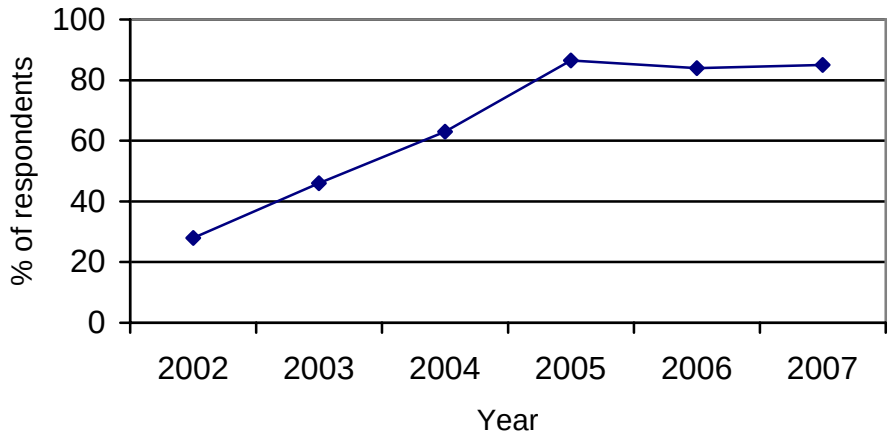
Issue 2: The presence of nutrition symbols could affect the food purchasing decisions of consumers. Symbols could help consumers make food choices, but it is also possible that symbols could introduce confusion when making decisions. The agency would like information on consumer research that supported the development of these programs and research that illustrates how these programs are understood and utilized by consumers.

The GISP was developed by its partner organisations due to consumer demand. For example, Diabetes Australia surveyed its members through its member magazine *Conquest* in December 1999. Out of a total of 633 respondents, the most requested "new" item to have on the labels of food was the glycemic index (68% of respondents), and 98% requested the development of a symbol to identify which foods were suitable everyday choices for people with diabetes. The current form of the GISP is a direct consequence of this research.

Glycemic Index Ltd has been conducting consumer research annually since the program was officially launched to consumers in July 2002. We have investigated the awareness, understanding and intention to purchase, of a random sample of around 500 adult (18+ years) grocery buyers in the major Australian cities. The research has been conducted by highly reputable research companies including Newspoll and AC Nielsen.

As can be seen from figure 1, consumer awareness and understanding of the GI has increased dramatically since the program was launched.

Figure 1: Awareness of the GI in random samples of Australian adult grocery buyers.



The most common meaning that GI has for consumers is providing sustained "energy" and "sugar" release, suggesting they have a good understanding of the primary messages that have been promoted through the program.

Despite the fact that two of the owners of GI Ltd are diabetes organizations, only 4% of respondents considered the GISP to be "only for people with diabetes"; most people (86%) indicated that the program had benefits for "everyone".

The majority of people (72%) understood that eating low GI foods on a regular basis is best for general health, and most importantly, most people (73%) indicated that they would NOT purchase a food based on its GI rating alone, strongly supporting the need for the stringent nutrient criteria that are an integral component of the Glycemic Index symbol program.

Question 7. What are consumer attitudes toward nutrition symbols?

Food Standards Australia New Zealand (FSANZ) has recently published their research on consumers and food labelling (www.foodstandards.gov.au). Their aim was to assess consumers understanding of the different components of food labels including the ingredient list, nutrition information panel, date marking, nutrient claims and endorsements.

In 2002, a total of 1940 people were interviewed; 1259 in Australia and 681 in New Zealand. The response rate was excellent with 86% of households contacted participating in face-to-face interviews. The Glycemic Index Tested Ctm was one of the examples of an endorsement in the survey.

Respondents were asked to rate clarity of label elements that they use, as either:

very clear/fairly clear/not very clear.

Endorsements had the highest proportion of *very clear* responses (55%), followed by date marks (44%)

Respondents were asked "How much do you feel you can trust the information given on the label" (label element), using the scale:

I trust what it says/I'm pretty sure I trust what it says/I'm not sure whether I trust it or not

Endorsements and date marks both received the highest proportion of *"I trust what it says"* responses (53%), followed by preparation and storage instructions (50%)

In summary, qualitative research from FSANZ clearly demonstrates that endorsements like the Glycemic Index Tested Ctm are the most clearly understood item on Food Labels; and are the most trusted component of Food Labels.

Question 8. What are consumer attitudes toward products or brands that carry a nutrition symbol compared to other products or brands in the same product category (e.g., cereals) and in other categories that do not carry such a symbol?

Glycemic Index Ltd consumer research (discussed under Issue 2 above) indicates that nearly 9 out of 10 people believe that the Glycemic Index Tested Ctm is a useful tool when shopping, and over half indicated that they would switch to a brand that carried the Glycemic Index Tested Ctm.

Question 9. What are consumer interpretations of symbol-carrying products or brands in terms of their overall healthfulness, specific health benefits, featured nutrition attributes, nonfeatured nutrition attributes, quality, safety, and any other non-nutrition attributes?

A recent review from Canada (Smith et al, Can J Diet Pract Res. 2002 Summer;63(2):55-60.) answers many of these questions. Although this Canadian research pre-dates the GISP in Australia, the results are consistent with Glycemic Index Ltd consumer research discussed above.

Question 10. What is consumer perception of the presence of multiple and different nutrition symbols on front labels of different brands in a given product category, e.g., cereals?

A number of foods carry both the Glycemic Index Tested Ctm and the Heart Foundation of Australia's "Tick" endorsement. However, Glycemic Index Ltd has not to-date conducted any research to gauge what consumers perceive of this.

Question 11. What is consumer interpretation of the co-existence on the food label of symbols and/or other nutrition messages, when present, and quantitative nutrition information (e.g., the Nutrition Facts label that appears on foods in the United States)?

Glycemic Index Ltd consumer research quoted above suggests that while they trust endorsements, they check nutrition information on pack before making final purchasing decisions.

Question 12. What is consumer interpretation of the co-existence of front-label nutrition symbols and nutrition symbols present on the tags of supermarket shelves, when available?

Question 13. When do consumers use nutrition symbols and what do they use them for?

There is little research in the area and Glycemic Index Ltd has not conducted any of its own. Some references we would recommend are:

Kreuter et al. Am J Prev Med 1997; 13(4): 277-83
Neuhouser et al. JADA 1999; 99(1): 45-53
Rayner et al. J Nutr Educ 2001; 33: 24-30
Smith et al, Can J Diet Pract Res. 2002 Summer;63(2):55-60

Question 14. Do nutrition symbols on food labels direct consumers toward purchase of foods that bear them and, if so, to what extent?

Glycemic Index Ltd consumer research (discussed under Issue 2 above) indicates that nearly 9 out of 10 people believe that the Glycemic Index Tested Ctm is a useful tool when shopping, and over half indicated that they would switch to a brand that carried the Glycemic Index Tested Ctm. Other research investigating the affect of similar programs in Canada and Australia (Reid et al. Can J Public Health. 2004 Mar-Apr;95(2):146-50) suggest that nutrition symbols do influence consumer purchasing decisions.

Question 15. Do symbols affect the nutritional quality of the total diet of consumers who use the symbols and, if so, to what extent?

The GISP has nutrient criteria that are designed to identify healthier options within food groups. The criteria themselves are based around the Dietary Guidelines for Australians (http://www.nhmrc.gov.au/publications/synopses/dietsyn.htm), which are similar to the Dietary Guidelines for Americans. Glycemic Index Ltd does not have any data to prove that the GISP has improved the overall dietary intake of the Australian adult population at this stage, though that is one of the programs primary objectives. We have baseline nutrient intake data from a large Australian prospective cohort study collected around the time the GISP was launched in 2003. A 5-year follow study will commence in 2008, and this will provide data that may help answer this question in the future. Other research investigating the affect of similar programs in Canada, Australia and New Zealand (Reid et al. Can J Public Health. 2004 Mar-Apr;95(2):146-50) suggest that nutrition symbols do improve the nutritional quality of the total diet of consumers (Reid et al. Can J Public Health. 2004 Mar-Apr;95(2):146-50; Young and Swinburn. Health Promot Int. 2002 Mar;17(1):13-9).

Issue 3: The availability of a nutrition symbol for use on the food label could have an impact on costs for both industry and for consumers. The agency would like information on possible economic impacts.

Two of the GISP partners (Diabetes Australia and the University of Sydney) conducted a survey of a major supermarket in Sydney in 2005 to investigate this question. The abstract from the Masters Thesis that encapsulated the research is presented below:

"It has been suggested that nutrition and/or health claims increase the cost of foods, making healthier foods less affordable for people of low socio-economic status who often need them most. Our research aimed to investigate whether foods with nutrient and/or health claims were more expensive than similar foods without claims. A comprehensive survey was conducted of the labels of packaged foods sold in a major supermarket in Broadway [Sydney], NSW. Presence, type and wording of claims were recorded, as was the retail price of the product. Statistical tests were performed to determine whether products with nutrient and/or health claims were more expensive than those without. In total, 3413 products were assessed, with 62.0% displaying some form of nutrition and/or health claim. Overall, products with nutrient and/or health claims were more expensive, although this was not the case for all food categories."

The price differences (Australian dollars) between food groups with and without nutrition claims identified in the thesis are presented below:

Food Category	Number	Ave. cost of products with claims (AUD$/100g)	Ave. cost of products without claims (AUD$/100g)	*P*
Categories that are significantly more expensive with claims				
Biscuits	244	1.69	1.21	<0.001
Convenience pasta/noodles/rice +/- sauce	156	1.51	1.37	0.046
Fat spreads	76	0.65	0.51	0.0295
Legumes	55	0.33	0.26	<0.001
Meat	121	2.34	1.79	<0.001
Snack foods	160	1.98	1.68	0.043
Vegetables – canned	109	0.46	0.37	0.034
Categories that are significantly more expensive without claims				
Cakes	112	0.65	0.76	0.009
Noodles	26	0.63	0.93	<0.001
Spreads	173	0.91	1.05	0.032
Categories with no significant difference between claims and no claims				
Breads	71	0.51	0.49	0.347
Breakfast cereals	139	0.88	0.81	0.233
Cheese	99	1.20	1.34	0.059
Convenience canned meals	44	0.54	0.50	0.316
Cream	33	0.61	0.81	0.105
Desserts	18	0.60	1.02	0.094

Dressings	96	1.29	1.78	0.054
Fish and seafood	241	1.63	1.77	0.152
Ice cream	95	0.47	0.41	0.188
Milk & alternatives	91	0.26	0.32	0.183
Pasta	71	0.84	0.77	0.248
Pickled foods	137	1.10	1.05	0.375
Rice	55	0.53	0.44	0.224
Sauces	427	0.80	0.82	0.313
Savoury biscuits	144	1.43	1.40	0.402
Soup	160	1.48	1.48	0.498
Vegetables – dried	10	3.30	1.61	0.109
Yoghurt & fromage frais	106	0.69	0.72	0.370

Question 16. To what extent, if any, have products been developed or re-formulated to qualify them for a given nutrition symbol?

A large proportion of the foods that are part of the GISP have been specifically developed to be low GI, and to meet the programs eligibility criteria. This includes breads, crackers, cakes, noodles, rice, yoghurt, ice cream, and beverages.

Other research investigating the affect of similar programs in Australia (Williams P, McMahon A, Boustead R. Health Promot Int. 2003 Mar;18(1):51-6.) and New Zealand (Young and Swinburn. Health Promot Int. 2002 Mar;17(1):13-9) provide quantitative evidence that nutrition symbol programs do lead to beneficial food product reformulation.

Question 17. What are the costs associated with product development, re-formulation, or both?

Glycemic Index Ltd does not have any specific information about the cost of developing foods to meet the GISP.

Question 18. What are the costs associated with putting symbols on packages?

Glycemic Index Ltd's standard fee structure per Territory is determined as follows:

- the annual license fee for the product with the highest budgeted annual gross ex-factory sales is 0.5% of budgeted annual gross ex-factory sales (plus GST if in Australia).
- the annual license fee for any additional products is 0.25% of budgeted annual gross ex-factory sales (plus GST if in Australia).
- There is a minimum licence fee of AUD$3,000 per annum.

- The maximum fee can be capped through negotiation.

Question 19. What, if any, are the price differences between symbol-carrying products and other products within the same category?

Glycemic Index Ltd does not have information specific to the GISP. However, the Masters Thesis research discussed above under Issue 3 indicated that in 2005, foods that carried endorsements such as the Glycemic Index Tested Ctm and the Heart Foundation Tick are, on average, more expensive than similar food items that do not carry a similar endorsement.

Question 20. Has inclusion of nutrition symbols on the labels of food products affected the sales of those products?

Glycemic Index Ltd is not a liberty to release the sales data of its GISP partners. However, overall, use of the Glycemic Index Tested Ctm increases the sales of a range of foods and beverages.

Sincerely,

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