

1. What was your overall impression of the two-part Catalyst program?

In my opinion, both episodes of the two-part Catalyst program were unscientific, confusing and irresponsibly misleading.

2. Do you believe the program presented a balanced view of the debate surrounding cholesterol and statins? If not, why not?

No, I do not believe that the program presented a balanced view of the debate concerning diet, the role of cholesterol and statins. I had provided extensive evidence-based arguments over the preceding months to try to address the serious misconceptions that were promoted in both episodes. *[Edited by Media Watch for legal reasons]* This may reflect an impression of intransigence on the part of the Catalyst production team. The questions that were posed at interview were based on incorrect assumptions, and the answers I provided during more than 2 hours of interview were largely ignored and omitted. The narrative was closely aligned with the views of the American catalyst contributors. This led to an overwhelming bias in favour of one side of the argument.

As an example, the producer asked for more information concerning the Mediterranean Diet Heart Study. My response was : " As far as the Mediterranean diet is concerned, it is reported in de Lorgeril, M et al, The Lancet343.8911: 1454-9, where it explains that the control group just received the prudent diet advice associated with management after an AMI whereas the treatment group received training to alter to a Mediterranean pattern and a regular supply of margarine to replace butter and cream. This was associated with a saturated fat consumption of 8.3% compared to 11.7% in the control "prudent diet" group." Despite this clear piece of evidence, the discussion of Mediterranean diet was split into 2 parts in episode 1 and in the process margarine was vilified. The benefits of the Mediterranean diet were later ascribed to vegetable n-3 fatty acids. The low saturated fat status of the Mediterranean diet was concealed. This is one of several instances in which the evidence I provided as rebuttals was used to "steer" the program around topics which did not fit the producers' viewpoint *[edited by Media Watch for legal reasons]*. Several other examples are available on request.

3. When were you first contacted by Catalyst? What advice did you provide the program, and when did you provide it?

Contact was initiated with a very long telephone inquiry by Dr Demasi in early May 2013. The discussion was scientifically alarming because the views expressed by Dr Demasi were outdated and inconsistent with recent scientific knowledge. I provided an up-to-date, comprehensive review of the role of diet in CVD on 6/5/13, which Dr Demasi acknowledged on 7/5/13. Further inquiries led to detailed email exchanges in which I repeatedly presented evidence and references to try to counter the factual errors that the program intended to air.

4. When did Catalyst first put in a request for an on-camera interview with you?

Request for an on-camera interview was received on or around 25/9/13

5. Were you satisfied with the way in which your comments were presented in the program? If not, why not?

No, I was not satisfied for several reasons. Firstly, the comments had to be provided in response to biased questions that were often based on false assumptions. Secondly, the responses were not afforded the credulity that should be paid to scientifically based explanations. Finally, many comments which challenged the prevailing view of the production team were excluded. The very small amount of material that was included was often less relevant.

6. The background and commercial interests of several of the talent in the Catalyst programs has been written about on the internet following the program. It has been pointed out that some of the interviewees have financial interests in supplements and books on the topic of cholesterol. It has also been pointed out that you have received substantial research funding from the Heart Foundation and it has been suggested that you have advised pharmaceutical companies. Is this information correct and do you believe this potential conflict should have been disclosed? If not, why not?

I gave a verbal description of all my conflicts of interest on the day of interview. This was in accordance with standard practice in relationship to scientific presentations and monitoring of clinical research. I agree that the American participants, particularly those in the first episode, appear to have conflicts of interest along the lines you describe, which were not disclosed. On 24/10/13, Dr Demasi tweeted "**Dr Maryanne Demasi** @MaryanneDemasi @whereisdaz "the only one with research conflict of interest was dr Sullivan whose lipid research is funded by heart foundations." 24 Oct

This remark is an insult to the competitive medical research grant system within Australia and the National Heart Foundation (please see my final remark). The grants are competitive, peer reviewed and awarded via the NHMRC portal. The funds are directed to accounts administered by research institutions rather than individuals. This type of research funding is an important highlight in the CV of any clinician or scientist. The remark was particularly provocative in light of the undeclared interests of the American faculty and others associated with the program.

As far as the pharmaceutical industry is concerned, the story portrayed on Catalyst was misleading. Statins are off patent and prices are relatively low. I pointed out that several statin trials were conducted by academic institutions, as was the case in Australia. I also pointed out the overwhelming evidence for benefit and safety in patients with and without prior coronary disease. Whilst these views could be construed as being "pro statin", I pointed out to the producers of Catalyst that my practice and research is largely centred on patients who cannot tolerate statins and consequently, there is disincentive for me to take a "pro-statin" view. My statements were motivated by the conviction that statins are a very important component in the fight against cardiovascular disease.

7. Do you believe that it is legitimate for Catalyst to argue that cholesterol is not a significant risk factor in heart disease and that statins are overprescribed? If not why not?

There is conclusive evidence that cholesterol, particularly when considered in terms of its fractions (LDL and HDL), is a very significant risk factor for coronary heart disease, stroke and other forms of artery disease. Statin therapy is extremely valuable in those patients in whom there is a demonstrated need (eg those at high absolute risk). The targeting of statin therapy could be improved because quite large numbers of patients who do not need statins receive them, whilst a similarly large number of patients who DO need statins DON'T receive them.

Many thanks for considering these questions. If you have anything else you would like to add, please feel free to do so.

I would like to make 2 final comments.

The first is in regard to the disclaimer which accompanied the second episode of Catalyst. At the time of interview, I was coaxed into recommending that patients should see their doctor before interrupting therapy. This is a reasonable precaution, so I made the statement without any qualms. The promotion and content of the program emphasised this point, seemingly in the belief that this represented some form of disclaimer. On the other hand, the program did not show the courtesy of consulting medical organisations or taking steps to justify or prepare them for the confusion caused by the program. Furthermore, the negative comments voiced by the participants undermined patient confidence in medical advice. The legal status of this so-called "disclaimer" must be tested elsewhere, but the moral responsibility for the medical consequences of the programs remains with Catalyst.

The second is in regard to Catalyst's treatment of the National Heart Foundation of Australia (NHFA). The diet and patient management theories expressed by Catalyst contradicted not only those of NHFA, but also state, national and international evidence-based best practice guidelines for diet and non-diet management of CVD risk. Why was Catalyst selective in its attack against NHFA? This charitable organization that has led the remarkably successful implementation of CVD prevention measures in Australia for the past half century. Such an attack seems completely unjustified.