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All In One Runtimes V2.4.6

This package is a rewrite and porting of the v2.4.6

v2.4.2, v2.4.0, v2.3.0, v2.2.1, v2.1.1, v2.1.0, v2.0.0. the same SNPs). We suggest that cross-cohort comparison of such subgroups may help identify subpopulations that are representative of an entire cohort and may reduce the risk of significant biases by relying on unrepresentative subpopulations. The n-3 PUFA content and ratio of n-6/n-3 PUFA in the blood lipidome and biomarkers were generally consistent in our study. In general, the participants were in the middle of the normal range of n-6/n-3 PUFA ratio. All three cohorts were fed a typical Western diet that contains very high levels of industrially produced corn and soybean oils and is low in n-3 PUFA. This cohort has a high prevalence of diabetes and metabolic syndrome. Although we found significant associations in many of the subgroups, the limited sample size and small number of significant associations in some subgroups contributed to wide confidence intervals around the point estimates. Furthermore, we were unable to test interaction terms because we were limited to three subgroups and one biomarker. This limitation may have led to an over- or under-estimation of the effect of n-3 PUFA intake in some cases. Furthermore, the small proportion of cases in some of the subgroups may have led to decreased power to detect significant associations. Nevertheless, our study suggests that some

subgroups may be more sensitive to n-3 PUFA intake than others, and further studies are needed to validate these results. Additional studies are also needed to replicate the associations found in this study. The primary strength of the present study is the prospective design and the measurement of both lipidome and biomarker responses in the same participants. The longitudinal design permitted us to assess the effect of long-term n-3 PUFA intake on changes in lipidome and biomarkers over time. Furthermore, the long-term follow-up of these cohorts for incident hypertension, stroke and vascular events allows these relationships to be assessed in the context of a variety of health outcomes. There are several limitations to our study. The cohort-specific health outcomes used to define the

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