

Guideline Studies Chronic Toxicity Carcinogenicity

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Workshop
Threshold of Toxicological Concern (TTC)
for risk assessment of food contact material chemicals
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Threshold of Toxicological Concern Databases

The presently used TTC values are derived from two databases reporting effects after oral exposure*

- 1- Carcinogen Potency Database (730 chemicals)
 - NCI/NTP Carcinogenesis Bioassay Program (up to July 1980)
 - Bioassays in the published literature from 1948 - 1981
- 2- Munro Analysis (613 chemicals)
 - grouped chemicals according to decision tree of Cramer *et al.*[&]
 - 1921-1993, 44% studies before 1981
 - industrial chemicals, pharmaceuticals, food substances, environmental, agricultural and consumer chemicals

*http://ec.europa.eu/health/scientific_committees/consumer_safety/docs/sccs_o_092.pdf

1-Gold *et al. Env Health Perspect*, 58: 9-319, 1984 2-Munro *et al. Food Chem Toxicol* 34:829-867, 1996
& Cramer *et al. Fd Cosmet Toxicol* 16:255-276, 1978

Guideline Development

- **US Food and Drug Administration** first guidance to industry for assessing toxicity of chemicals in food **1949**
 - Three doses: maximal tolerated dose, intermediate, 100 times the amount proposed to use in food
- **WHO** Procedures for testing of international food additives to establish their safety for use in **1958**
 - Two dose levels plus one control group

1950's marked the first attempts at standardized testing with an emphasis on qualitative hazard identification with a focus on food additives and pharmaceuticals

Guideline Development

- **1960s/1970s**
 - **1970's** increasing reliance on bioassays for assessment of occupational and environmental hazards
 - degree of standardization for bioassays sought
 - Deficient in details regarding dosing, length of treatment, no or imperfect controls
- **National Cancer Institute** Guidelines for Carcinogen Bioassay in Small Rodents **1976**
- **1970s/1980s** use of formal risk assessment procedures began with interest in using data from animal studies for quantitative purposes
 - 1973 FDA proposed procedure for calculating maximum acceptable carcinogen intake
 - 1976 EPA established guidelines for assessing risk from chemicals in the environment

Beyer *et al.* *Crit Rev Toxicol* 41:321-338, 2011

OECD Draft Guidance Document N° 116 <http://www.oecd.org/chemicalsafety/testing/44076587.pdf>

Guideline Development

- **Organization of Economic Cooperation and Development (OECD) Test Guidelines 1981**
 - TG 452 Chronic Toxicity (**2009 update**)
 - TG 451 Carcinogenicity (updated draft)
 - TG 453 Combined (updated draft)
- **US Food and Drug Administration Guidelines: Redbook 1 1982 updated to Redbook 2000**
 - Chapter IV.C.5.a. Chronic Toxicity,
 - Chapter IV.C.6 Carcinogenicity,
 - Chapter IV.C.7 Combined
- **US Environmental Protection Agency Guidelines: 1986 updated 1998**
 - OPPTS 870.4100 Chronic
 - OPPTS 870.4200 Carcinogenicity
 - OPPTS 870.4300 Combined

Guidelines for Carcinogen Bioassay in Rodents Chronic Study (1976)

Objective

-“ to determine the carcinogenicity of the test agent in both sexes of two species and is designed to cover the greater part of the animals’ life span”



Guidelines for Carcinogen Bioassay in Rodents Chronic Study (1976)

Exposure

- animals not older than 6 weeks of age, possible weanlings (50 per group)
- given for a sufficient time to produce a maximum response (usually 24 months)

Dose Levels

- two dose levels
 - Highest dose: maximum tolerated dose
 - Lower dose: a fraction thereof (typically 50 or 25%)

Guidelines for Carcinogen Bioassay in Rodents

Chronic Study

Observation

- viability on daily basis
- palpation and exam once weekly
- monthly body weight, feed consumption on a regular basis
- necropsy
 - external examination, all organs are to be examined *in situ* and following excision
 - peripheral blood smears
 - histopathologic examination of all control and treated animals

Chronic Toxicity Studies TG 452

OECD Guidelines 1981

Objective

“characterize the profile of a substance in a mammalian species following prolonged and repeated exposure”

It should generate data to:

- identify the majority of chronic effects
- determine dose-response relationships

OECD Guideline for Testing of Chemicals Adopted 12 May 1981
<http://www.oecd.org/env/ehs/testing/45125416.pdf>

Chronic Toxicity Studies TG 452

Selection of Species

two mammalian species
well characterized strains

Exposure

to begin after weaning and acclimatisation
duration for 12 months
20 animals (rodent), minimum 4 (non-rodent) / sex / dose level

Dose levels

3 dose levels + vehicle control
Highest: elicit signs of toxicity without excessive lethality
Lowest: should not produce toxicity

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Observations

- 1- daily clinical exam for signs of toxicity, overt neurological and ocular changes, mortality
- 2- body weight / week for the first 13 weeks and then every 4 weeks
- 3- food intake / week for the first 13 weeks and then at 3 month intervals
- 4- hematology: at 3 and 6 months and termination
-hemoglobin content, PCV, total RBC, total WBC, platelets
- 5- differential blood counts highest dose and control groups

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Observations

6-urinalysis: volume, protein, glucose, ketones, occult blood, sediment

7- clinical chemistry at 6 months and termination

- total protein, albumin, liver enzymes, glucose, blood urea nitrogen

8-pathology

- gross necropsy/macroscopic
- microscopic examination of preserved organs (40 suggested)
 - all of the highest dose and control group
 - prematurely died or euthanized
 - any organs showing macroscopic abnormalities

Points of Consideration

1. Objectives of the guideline studies/selection of doses

Emphasis of experimental designs on hazard identification

vs.

Identification of robust thresholds for quantitative risk assessment

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OECD Guideline Adopted 7 September 2009

Objectives

- identification of hazardous properties of a chemical
- identify target organs
- characterization of the dose : response relationship
- identify NOAEL (no observed adverse effect level) or point of departure for establishment of a Benchmark Dose
- prediction of chronic toxicity effects at human exposure levels
- provision of data to test hypotheses regarding mode of action

<http://www.oecd-ilibrary.org/docserver/download/9745201e.pdf?expires=1381776960&id=id&accname=guest&checksum=92613EEB46781A584BEEF52006FF1DC2>



Points of consideration

2. Timing of Exposure

Chronic bioassays: “exposure as soon as possible after weaning” (PND 21 in the rat) and no later than 6 to 8 weeks

Inclusion of published literature in the carcinogenicity database stipulated that exposure had to commence before PND 100

In utero and early postnatal development +/- puberty
have not been routinely evaluated

2. Timing of Exposure

Development is a period of increased sensitivity to external exposures

- experimental teratology: periods of high sensitivity for producing certain types of malformations
- epidemiological and animal studies disorders of homeostatic systems, such as diabetes and hypertension, which could be affected by programming in early life
- organizational/permanent changes following developmental exposure vs activational/reversible changes following exposure in adulthood

2. Timing of Exposure Carcinogenicity

Quantitative and/or qualitative differences
between fetus/neonate vs. adult

- Fetal and neonatal metabolism
 - lack of carcinogen detoxification capacity can increase risk for tumor formation
 - lack of activational enzymes could lead to a decreased risk
- Maternal metabolism
 - Increase of risk: enzyme activation of carcinogens to stable intermediates which are active
 - Decrease of risk: detoxification and clearance of the chemical
- Fetus and neonate are more sensitive due to rapid rate of cell division
 - persistence of mutations before repair can occur

Last Thoughts

How robust are NOELs derived from data obtained from experimental designs emphasizing hazard identification?

How do we assess risk for developmental exposures when adequate data for this is lacking in the databases used to derive the TTC values?



Comparison NOEL

Substance	NOEL <i>Munro et al. Food Chem Toxicol</i> , 1996	NOAEL /LOAEL used for opinion	Source
Bisphenol A	56 mg/kg/d Body weight (1982)	5 mg/kg bw/d NOAEL Liver Toxicity	European Food Safety Authority §
Dibutyl phthalate	125 mg/kg/d Lethality (1953)	2 mg/kg bw/d LOAEL germ cell development/ mammary gland	European Food Safety Authority §
Bis (2-ethylhexyl)phthalate	18 mg/kg/d Reproductive (1986)	5 mg/kg bw/d NOAEL Testicular/developmental toxicity	European Food Safety Authority *
Diethyl phthalate	2218 mg/kg/d Body weight (1955)	150 mg/kg bw/d NOAEL Liver weight	SCCNFP/0411/01 European Commission &
Diethylene glycol	1250 mg/kg/d multiple effects (1991)	50 mg/kg bw/d Cystolithiasis	SCCP/1181/08 Health and Consumer Protection Directorate General European Commission %

§ The EFSA Journal (2006) 428 <http://www.efsa.europa.eu/en/efsajournal/doc/428.pdf>

\$ The EFSA Journal (2005) 242, <http://www.efsa.europa.eu/de/efsajournal/doc/242.pdf>

* The EFSA Journal (2005) 243, <http://www.efsa.europa.eu/en/efsajournal/doc/243.pdf>

& http://ec.europa.eu/health/ph_risk/committees/sccp/documents/out168_en.pdf(2002)

% http://ec.europa.eu/health/ph_risk/committees/04_sccp/docs/sccp_o_139.pdf(2008)

3. Timing of Exposure

Important periods of neurological development in the rat
GD6-15 formation of neural tube, beginning of blood brain barrier formation

GD15-21 neuronal migration

PND 1-9 brain growth spurt (synaptogenesis)

Most of the developmental neurotoxicity studies did not expose the test animals over the entire critical window of development as recommended by the EPA guidelines (GD6-PND10)

Points of Consideration

2. Selection of doses in guideline studies

Previous emphasis on maximally tolerated doses
followed by the use of one or two more doses

Limits the amount of information at dose levels

- near the range of suspected thresholds for

- specific modes of action or
 - metabolism

where robust estimation is needed to perform risk assessment

- relevant for human exposure scenarios