

# Implementing General Principles and Approaches in Chemical RA in the EU since the adoption of Regulation (EC) 178/2002

**Djien Liem**

Lead Expert in International Scientific Cooperation

## OUTLINE

**1. Chemical RA in EFSA**

**2. General principles**

**3. Challenges 2017-2020**



## OUTLINE

**1. Chemical RA in EFSA**

**2. General principles**

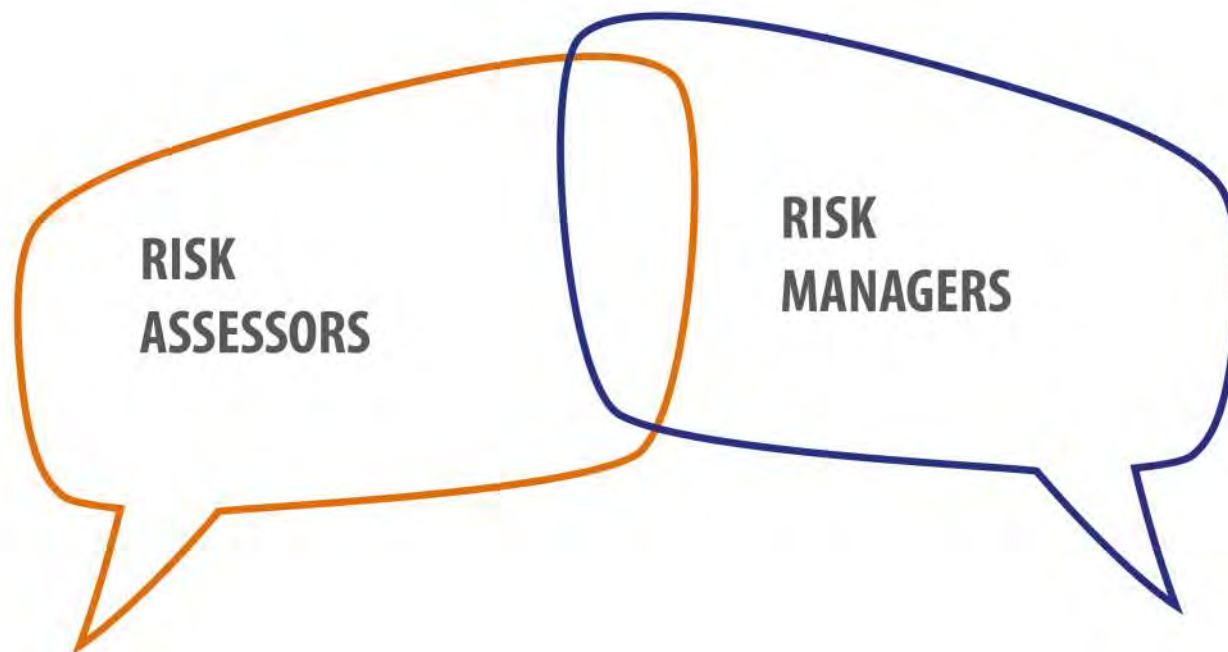
**3. Challenges 2017-2020**



## EU FOOD SAFETY POLICY – MAIN ELEMENTS

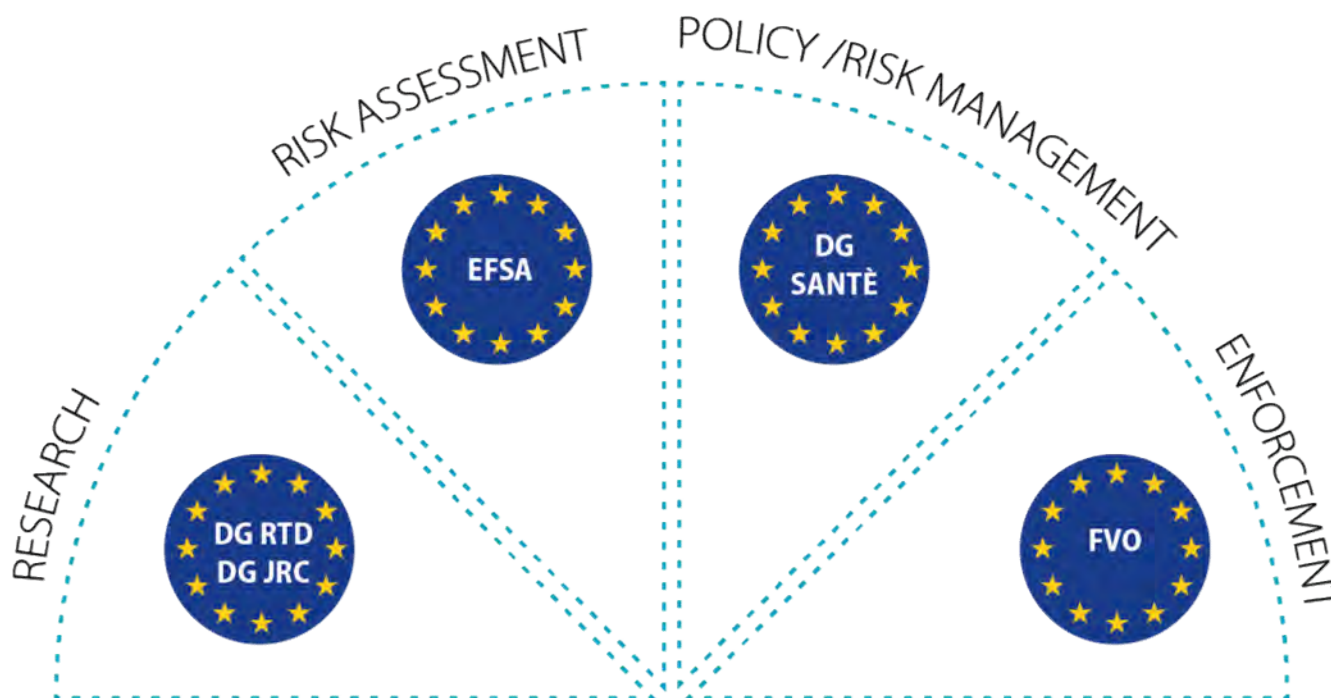
- From **Farm to Fork** approach
- Based on sound **scientific advice**
- Comprehensive **legislation** on:
  - food & animal feed safety;
  - food hygiene; animal health & welfare;
  - plant protection;
  - clear information on content and origin of food
- **Enforcement** & checks

## RISK ANALYSIS PRINCIPLE AT EU LEVEL



**RISK COMMUNICATION** 

## FOOD SAFETY INSTITUTIONAL SET UP IN THE EU







HEADQUARTERS  
in the **heart of Parma**

## EFSA IS TASKED TO



**ADVISE**



**COMMUNICATE**



**COLLABORATE**



## EFSA'S ROLE

### WHAT Efsa does

- Scientific advice on:
  - food-related risks,
  - dietary issues,
  - animal health & welfare and plant health
- Risk communication

### EFSA DOES NOT DO

- Food safety policies and standards
- Pre-market authorization of new products
- Enforcement/control
- Labelling
- Food quality

# HOW EFSA WORKS



ADVISE



EU Commission



European Parliament

EU  
Parliament



Member States



EFSA self  
mandate

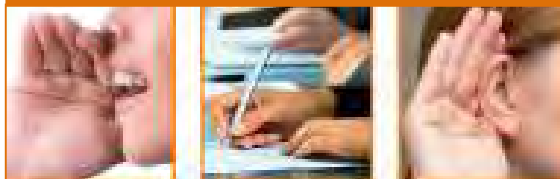
EFSA receives a question



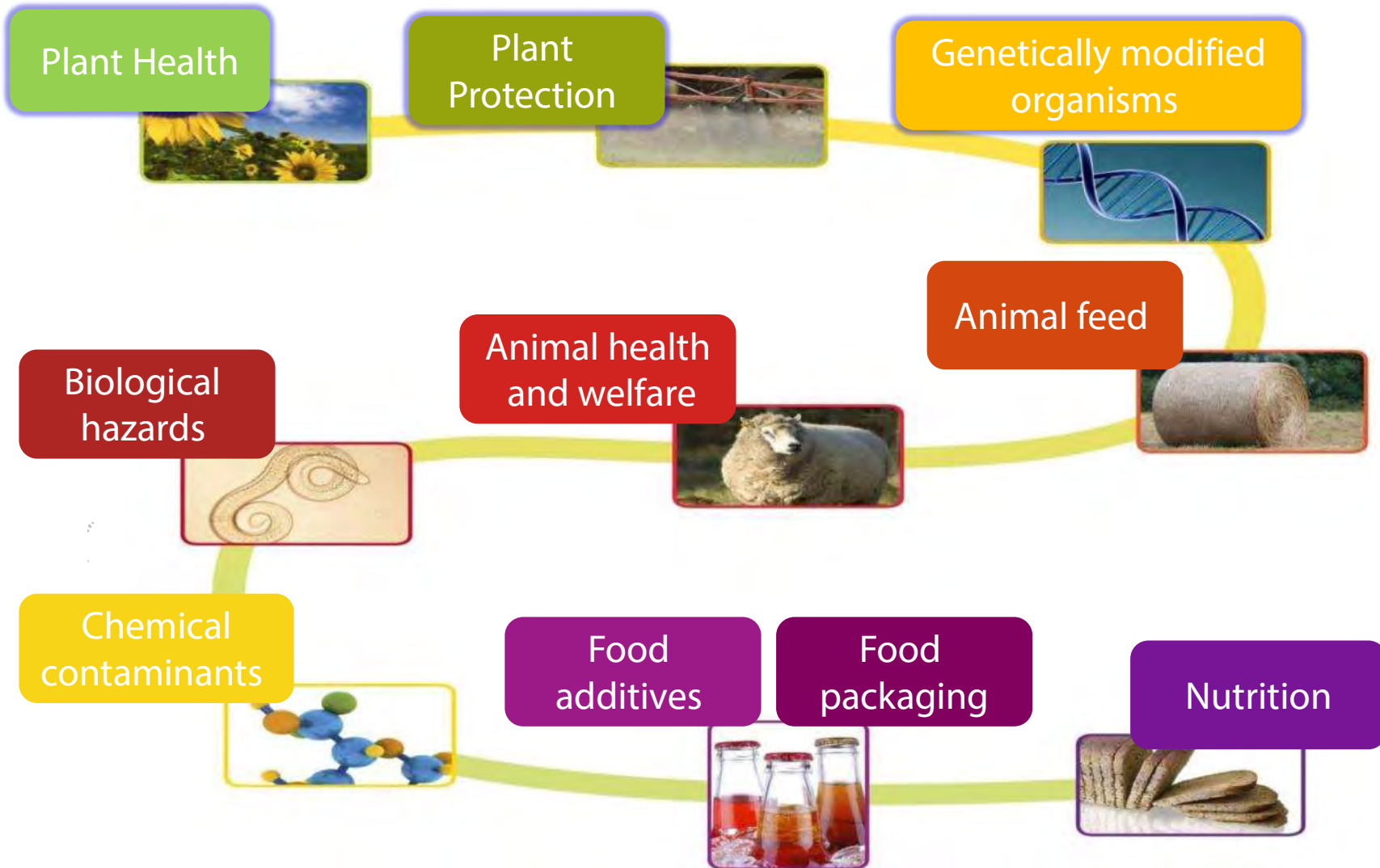
EFSA's scientists evaluate, assess, advise



Adoption and  
communication



## THE SCIENTIFIC PANELS



## SCIENTIFIC COMMITTEE AND PANELS

### Scientific Panels

- 10 Scientific Panels (thematic remit)
- 21 scientists selected on the basis of proven excellence
- Open meetings, transparent work
- Mandatory commitment to independence



### Scientific Committee

- 10 Chairs of Scientific Panels plus 6 top level independent scientists
- Horizontal scientific issues, consistency of scientific opinions, harmonised methodologies

## EFSA'S SCIENTIFIC OUTPUTS



### Advice on:

- Generic Health Issues
- Regulated Products
- Emerging Risks



### Tools for Risk Assessment:

- Guidance
- Methods



### Reports



## WHO'S BEHIND EFSA'S ACTIVITIES?



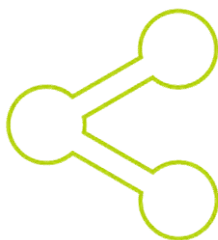
**450** staff



**1** Scientific Committee &  
**10** Panels



**1500** experts



**1** Advisory Forum &  
**15** Scientific Networks



**400** Research  
Institutes/Academia



## SCIENTIFIC COOPERATION



COLLABORATE



**Individual  
experts**



**National food  
safety  
organisations**



**International  
organisations**



**Research  
institutes &  
academia**

# PEOPLE





## OUTLINE

**1. Chemical RA in EFSA**

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## KEY CHEMICALS ASSESSED IN EFSA

- **Contaminants**
- **Pesticides**
- **Vitamins and minerals**
- **Food additives and nutrient sources**
- **Feed Additives**
- **Food contact materials, Enzymes**
- **Flavourings and processing aids**
- **Proteins used in GMOs**



# CHEMICAL RISK ASSESSMENT: A BRIEF OVERVIEW

The four pillars of Risk Assessment

**Hazard Identification**

**Hazard Characterisation**

**Exposure Assessment**

**Risk Characterisation**



# CHEMICAL RISK ASSESSMENT: A BRIEF OVERVIEW

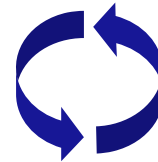
## HAZARD IDENTIFICATION

What health problems are caused by the chemical?



## EXPOSURE ASSESSMENT

Levels in food, dietary exposure, relevant food groups, relevant populations, time trends



## HAZARD CHARACTERISATION

ADME, acute to chronic toxicity, human data, genotox, reprotox, etc.  
Derivation of a health based guidance value (e.g. ADI)



## RISK CHARACTERISATION

Relate **exposure** to **Health Based Guidance Value**



**Risk Managers**





## HAZARD IDENTIFICATION & CHARACTERISATION

### Overview of the types of studies

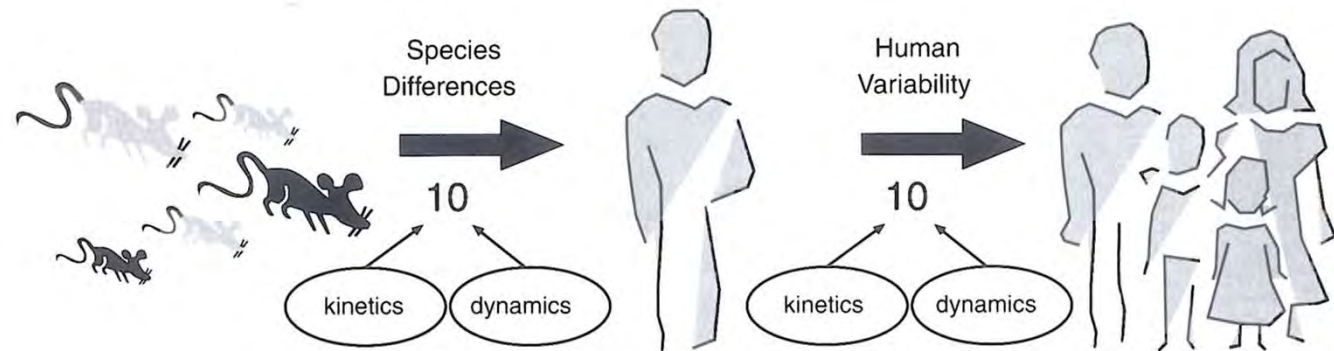
- ADME – absorption, distribution, metabolism and excretion (toxicokinetics)
- Acute, sub-acute, and sub chronic in vivo studies
- Gene mutation and chromosome damage studies
- Carcinogenicity
- Fertility, Development, parturition, and post-natal development
- Special studies (e.g. hypersensitivity studies, local toxicity studies)



## DERIVATION OF A HEALTH BASED GUIDANCE VALUE

### Typical approach

1. Take the most sensitive endpoint and species from a range of toxicological hazards.
2. Take the highest dose tested that does **not** cause toxicity (using the above endpoint).
3. Apply Uncertainty Factors (typically 100)



4.  $ADI = NOAEL / (UF)$

# EXPOSURE ASSESSMENT

## Dietary exposure

### Indirect methods

- Levels in food
- Food consumption
- Intake assessment
- Adults, children, etc

### Direct methods

- Duplicate portion
- Adults, children, etc.

## Non-dietary exposure

### Inhalation

### Ingestion

### Dermal

# EXPOSURE ASSESSMENT

Dietary  
exposure

## Indirect methods

- Levels in food
- Food consumption
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## Direct methods

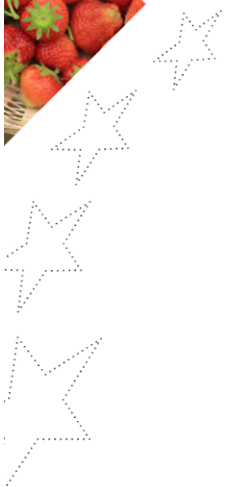
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Non-  
dietary  
exposure

**Inhalation**

**Ingestion**

**Dermal**

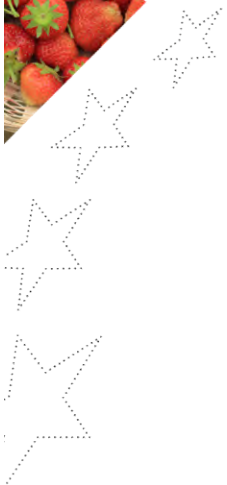


## DIETARY EXPOSURE ASSESSMENT - INDIRECT

### Market basket/Individual foods method



Levels in *all* foods  
eaten by a  
*representative*  
consumer







## DIETARY EXPOSURE ASSESSMENT - INDIRECT

**Food consumption survey**

**Market Basket Survey**

Food group	Concentration (pg/g fat)	Consumption (g of fat/day)	Intake (pg/day)
Beef	2.6	5	13
Pork	0.28	15	4.2
Poultry	2.3	1	2.1
Eggs	1.5	1.5	2.3
Fatty sea fish	35	0.4	14
...			
<b>Total</b>			<b>115</b>

**A health concern?**





## DIETARY EXPOSURE ASSESSMENT - INDIRECT

### Many critical issues

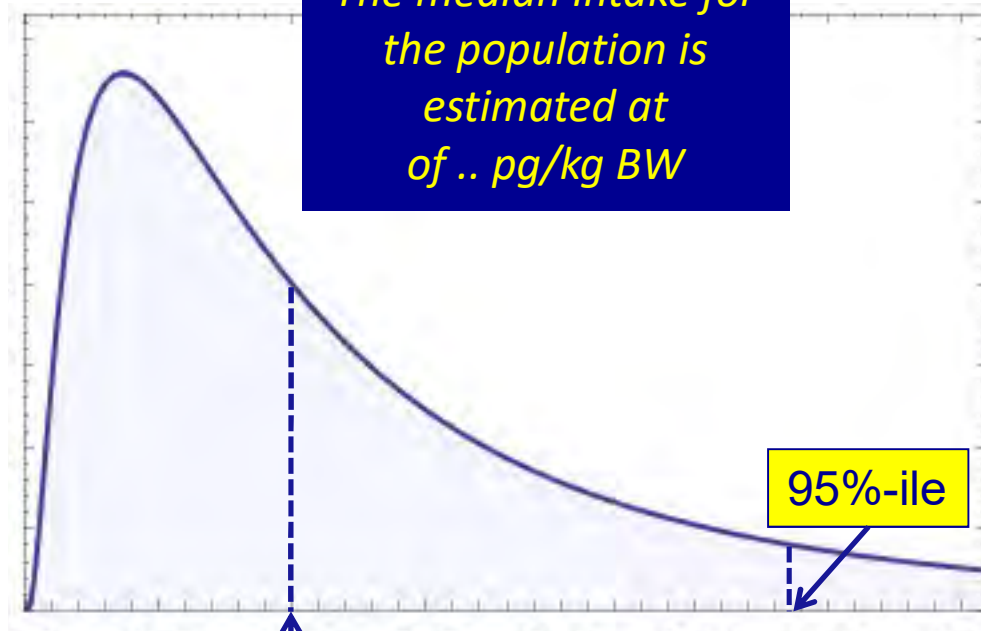
- **Food consumption:** age, representativity, within & between person variability, food supply, food habits, food choice, socio-economic factors, time trends
- **Sampling strategy:** representativity of foods selected, geographical distribution, proportion of imported vs primary production
- **Analytical measurements:** specificity, sensitivity, within and between lab reproducibility
- **Intake calculations:** mean, median, 95%-ile, age group, distribution, subpopulations, handling of nondetects

# DIETARY EXPOSURE ASSESSMENT

Frequency



*The median intake for the population is estimated at of .. pg/kg BW*



median

95%-ile

Intake  
(pg/kg BW)

*95% of the population has an intake of up to .. pg/kg BW*

# CHEMICAL RISK ASSESSMENT: A BRIEF OVERVIEW

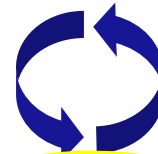
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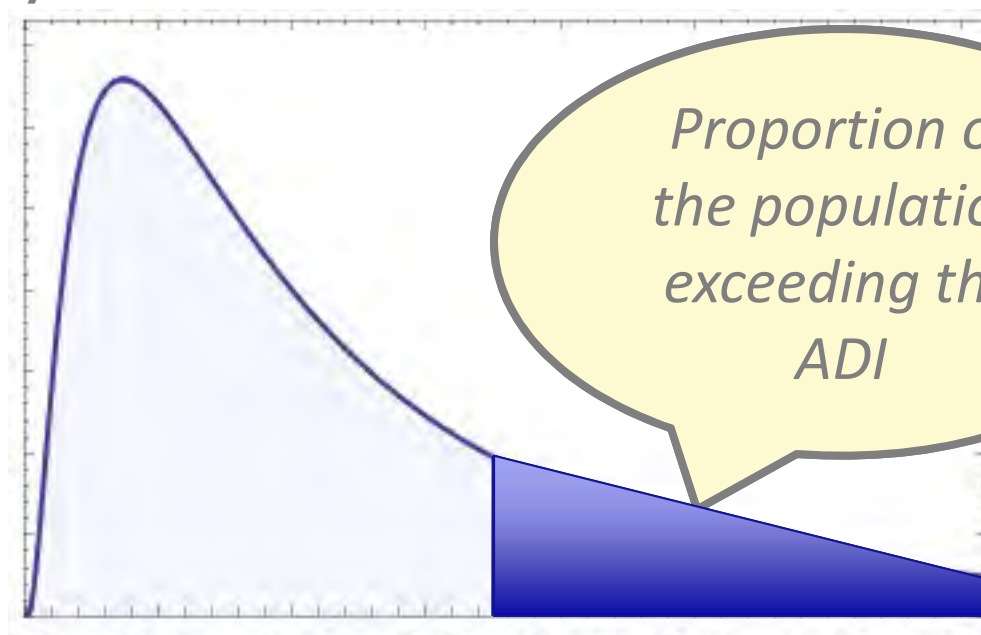


**Risk Managers**



## RISK CHARACTERISATION

Frequency



ADI

Intake  
(pg/kg BW)

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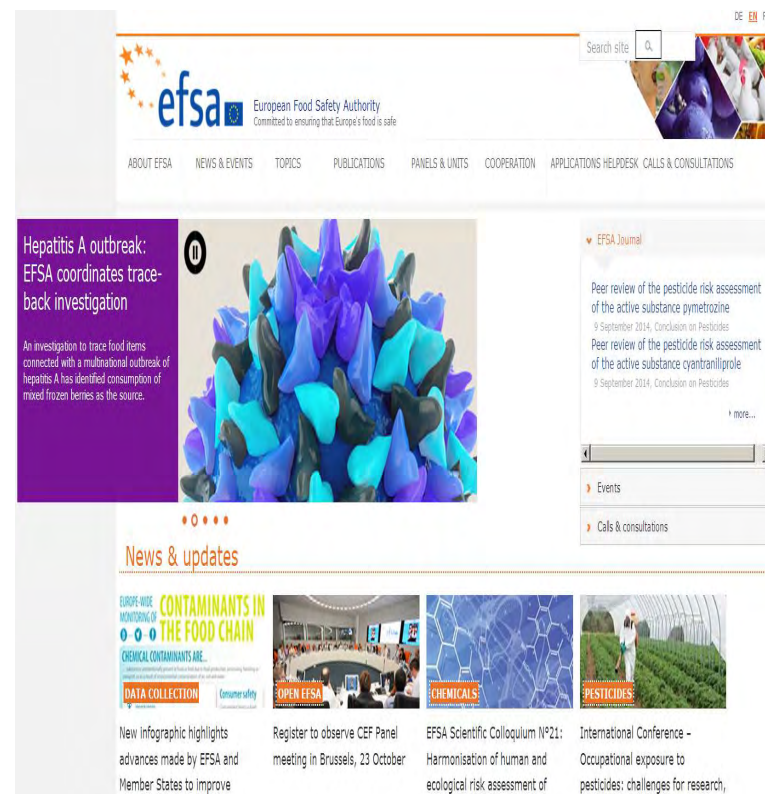
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**3. Challenges 2017-2020**



## THE NATURE OF EFSA WORK IS CHANGING...

- More work on regulated products
- Not always predictable
- Increased calls for responsiveness, more efficiency
- Direct interest by industry, close scrutiny by other stakeholders
- More guidance, better services







## ... AND DIVERSIFYING INTO NEW AREAS

- Evaluation of the safety and environmental impact of new products
  - e.g. novel food, additives
- Development of new risk evaluation methods
  - e.g. nanotechnology, active and intelligent packaging
  - e.g. 'omics', less animal testing
- Evaluation of efficacy/ benefits
  - e.g. pesticides, claims

**Sustainable innovation**  
=  
**safe, environmentally-friendly,  
backed by science**



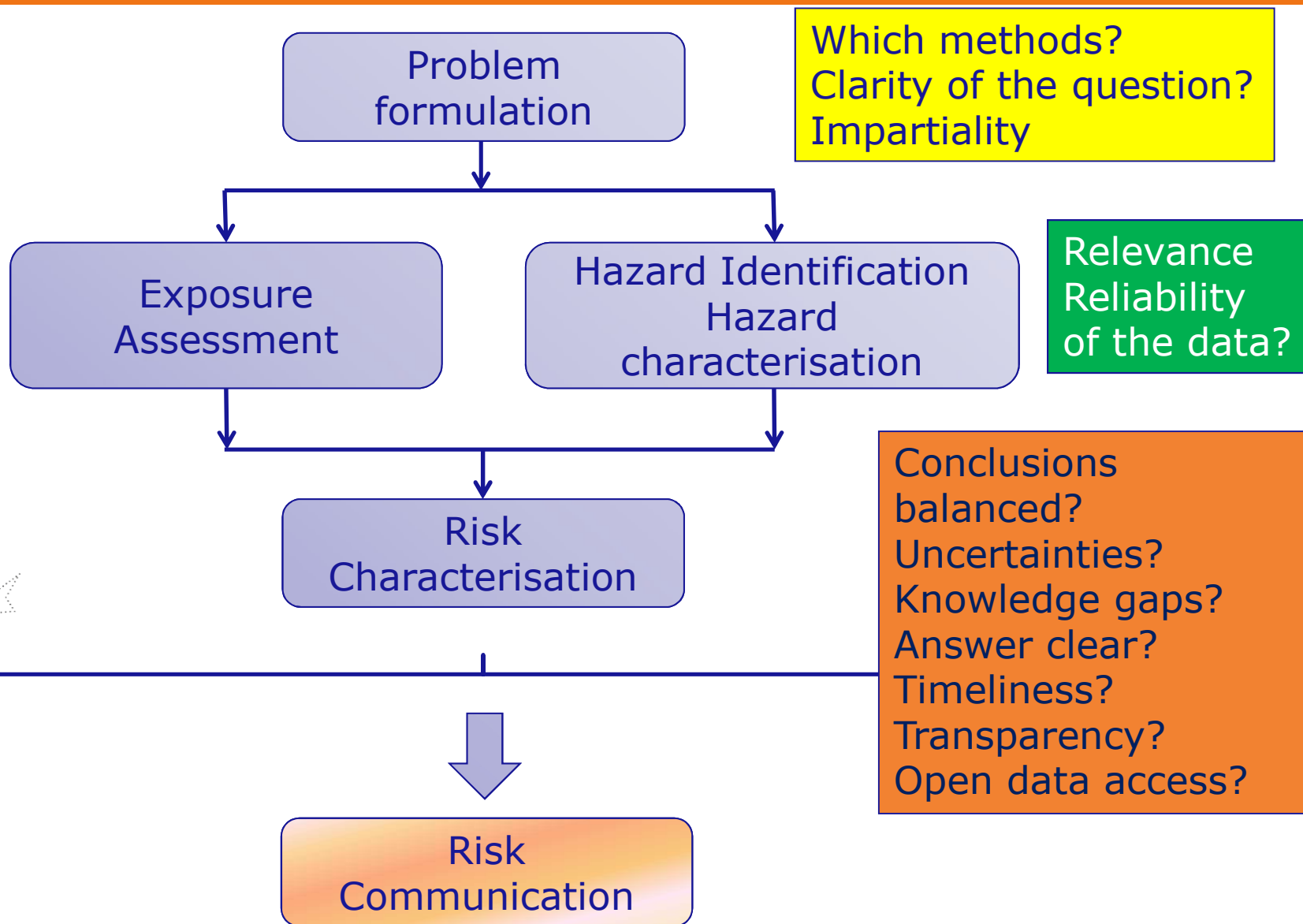
**EU 2020**

## ... AND NEW RISKS AND CHALLENGES ARISING

- Chemical mixtures/combined toxicity
- Emerging antimicrobial resistance
- Hazards linked to globalisation (plant pests, animal diseases, food-borne diseases outbreaks...)



## CHALLENGES FOR ASSESSMENT PROCESS



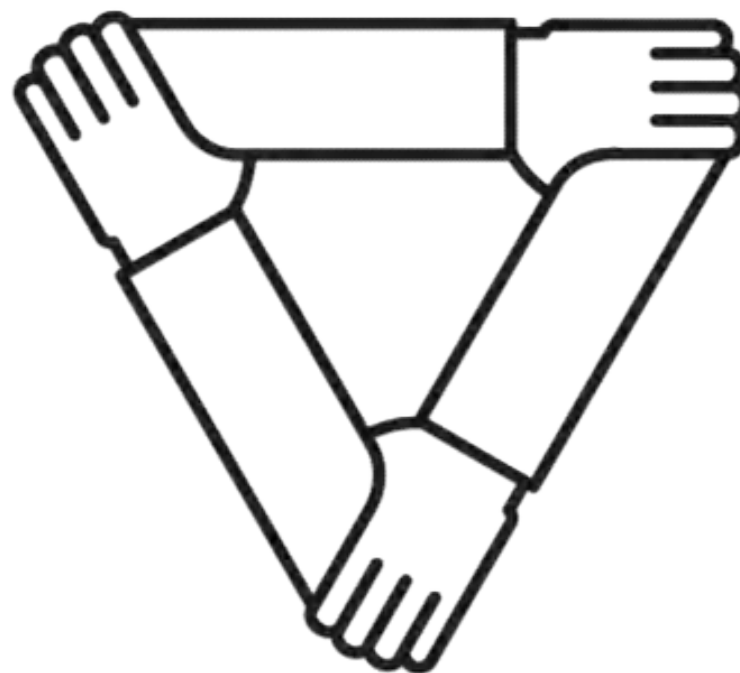


## GUIDANCE DEVELOPMENT

- Systematic review
- Transparency guidance (update)
- Guidance on handling of uncertainties
- Guidance on weight of evidence
- Guidance on biological relevance
- Guidance on RA of chemical mixtures
- Guidance on Environmental RA
- Guidance on BMD Approach (update)
- Guidance on Exposure Assessment (update)
- Implementing new RA methods



## FUTURE CHALLENGES FOR RISK ASSESSMENT

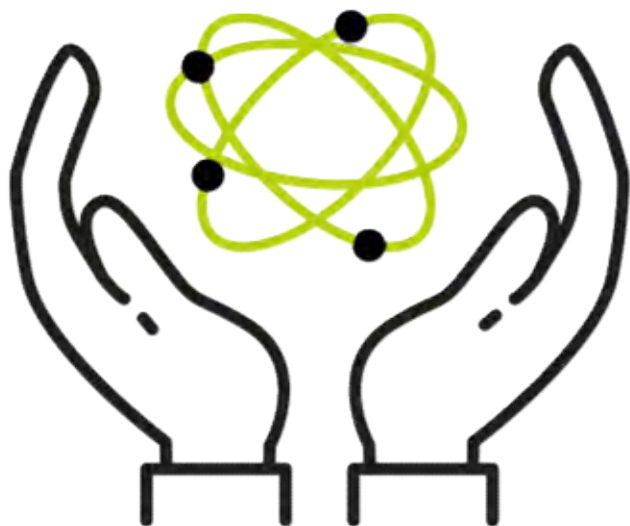


**COOPERATION**

## FUTURE CHALLENGES FOR RISK ASSESSMENT



SCIENTIFIC COMPLEXITY



SCIENTIFIC EXCELLENCE



INNOVATION



## FUTURE CHALLENGES FOR RISK ASSESSMENT



**OPENNESS**



**INDEPENDENCE**



**MUCHAS GRACIAS POR SU ATENCIÓN**