Characterizing the Risks of Acrylamide in Food

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The Challenge of Risk Characterization

Examining Current Risk Characterizations of Acrylamide in Food

Key Issues for Risk Characterization

Risk Characterization

Summarizes scientific knowledge about the a risk

Important information for decision-makers

Key part of risk communication

What Should be In a Risk Characterization?

In the description of the nature and often the magnitude of human risk, including attendant uncertainty."

Risk Assessment in the Federal Government: Managing the Process. National Academy of Sciences, 1983

Integration of hazard identification, hazard characterization and exposure assessment into an estimation of the adverse effects likely to occur in a given population, including attendant uncertainties

Joint FAO/WHO Expert Consultation on Application of risk analysis to food standards issues



Kisk Characterization should:

Address the potential adverse effects
 Be quantitative
 Characterize uncertainty

* "Well-balanced risk characterizations present risk conclusions and information regarding the strengths and limitations of the assessment for other risk assessors, EPA decision-makers, and the public" US EPA Risk Characterization Policy and Guidance (1995)

Risk Characterization of Acrylamide in Food

- Petition to Establish Interim Acceptable Levels for Acrylamide In Major Food Sources Submitted by the CENTER FOR SCIENCE IN THE PUBLIC INTEREST US Department of HHS/US FDA - June 4, 2003
- Konings, E.J.M, et al. (2003) Acrylamide exposure from foods of the Dutch population and an assessment of the consequent risks. Food and Chemical Toxicology 41:1569–1579
- Bybing, E, and Sanner, T. (2003) Risk Assessment of Acrylamide in Foods. Toxicological Sciences 75:7-15
- Risk Assessment of Acrylamide Intake from Foods with Special Emphasis on Cancer Risk Report from the Scientific Committee of the Norwegian Food Control Authority - 6 June 2002
- Risk Assessment of Acrylamide Intake from Cereal-Based Baby Foods
 Report from the Scientific Committee of the Norwegian Food Control Authority 13
 December 2002
- Assessment of Cancer Risk due to Acrylamide Intake from Coffee Consumption Report from the Scientific Committee of the Norwegian Food Control Authority - 13 December 2002
- # EUROPEAN COMMISSION HEALTH & CONSUMER PROTECTION DIRECTORATE-GENERAL

Scientific Committee on Food - Opinion of the Scientific Committee on Food on new findings regarding the presence of acrylamide in food - SCF/CS/CNTM/CONT/4 Final 3 July 2002

Characterizing Hazards

Harris All assessments discuss cancer, genotoxic potential, and neurotoxicity

Some mention reproductive/developmental toxicity

Host discuss both toxicologic and epidemiologic evidence

Quantifying Risks - Exposure

 Bybing & Sanner - Norwegians - food and coffee
 Male - mean 0.49 µg/kg/day (97.5 - 1.62 µg/kg/day)

 Female - mean 0.46 µg/kg/day (97.5 - 1.45 µg/kg/day)

CSPI - American diet - CSFII with "modifying factors"
 △0.53 µg/kg/day
 △No discussion of distribution

₭ Konings, E.J.M., *et al*. - Dutch diet
 Mean intake 0.48 µg/kg/day
 99th percentile 1.0 µg/kg/day

Quantifying Risks - NonCancer

Dybing & Sanner

NOAEL of 0.5 mg/kg/day - rat peripheric neuropathy
NOAEL of 5 and 2 mg/kg/day - rat repro/developmental

CSPI

Use FDA ADI of 12 µg/day (0.17 µg/kg/day) - rat neurotoxicity

Konings, E.J.M., *et al.*NOAEL of 0.5 mg/kg/day - rat peripheric neuropathy

Characterizing NonCancer Risk

Dybing & Sanner

Margin of safety for average male - ~1000

Highest intake (97.5th 13 yr old boy) - 175

CSPI

"Using our exposure estimate of 34 micrograms per day, it appears that the average American is consuming three times as much acrylamide as that [FDA] safe level"

₭ Konings, E.J.M., *et al*.

△Margin of exposure of 333 for high exposure group

"the risk of neurotoxicity even at a lifelong intake of 4 µg/kg/day is negligible"

Quantifying Risks - Cancer

Dybing & Sanner

Carcinogenic potency of 1 x 10⁻³ per µg/kg/day

CSPI

Our See EPA potency of 4.5 x 10⁻³ per µg/kg/day

₭ Konings, E.J.M., *et al*.

Use potency of 0.7 x 10⁻³ per µg/kg/day
 Based on WHO estimate of 10⁻⁵ risk for 1µg/day
 Also use 1 x 10⁻³ per µg/kg/day

Characterizing Cancer Risks -Lifetime Individual Risk

Dybing & Sanner

△Lifetime male cancer risk (mean)
0.6 x 10⁻³

CSPI

Lifetime cancer risk

2.4 x 10⁻³

₭ Konings, E.J.M., *et al*.

△Lifetime mean cancer risk (WHO potency) 0.3×10^{-3} △Lifetime cancer risk mean (NCFA potency) 0.5×10^{-3}

Characterizing Uncertainty

% No one does formal quantitative uncertainty analysis

Konings et al. present cancer risk estimates from alternative potency values

Studies that quantitatively characterize variability in exposure present range of risk estimates to reflect different intake in specific groups

Characterizing Uncertainty

Bybing & Sanner

Excellent qualitative discussion of uncertainties in toxicology, exposure, and risk assessment

Emphasize conservative nature of their calculations

CSPI

Discuss uncertainty in exposure and potency, suggest possible increased sensitivity of fetus

Emphasize uncertainty in exposure, especially high consumers

₭ Konings, E.J.M., *et al*.

Some discussion of uncertainties in toxicology, exposure, risk assessment and bioavailability

"risk estimations have to be handled with great care"

What Do We Learn?

Herry small differences in mean exposure estimates, even high percentiles less than 2 fold differences

- Substantial differences in estimates of noncancer "safe" levels leads to interpretations from "negligible" to significant fraction of population over ADI
- 8-fold range of cancer risk estimates (all well above conventional benchmarks) driven by different cancer potency values

Critical Issues for Risk Characterization

Exposure

△Refine estimates of population intake

Are there modifying factors like bioavailability?

Toxicology

Appropriate studies/endpoints for noncancer assessment

- Relevance of animal data including mechanism, doses, tumor types
- Species similarities and differences in pharmacokinetics and pharmacodynamics

Critical Issues for Risk Characterization

🔀 Risk assessment

- △Adequacy of margins-of-exposure
- Appropriate dose-response relationship for cancer
 - ⊠Additive/linear?
 - ⊠Multiplicative?
 - ⊠Other?
- △Can we develop a "best estimate" of risk?

△What about tradeoffs?

Integration with emerging epidemiology

Others?

Thank You!