

Committee on _____ **MUTAGENICITY**

MUT/MIN/2016/3

COMMITTEE ON MUTAGENICITY OF CHEMICALS IN FOOD, CONSUMER PRODUCTS AND THE ENVIRONMENT

Minutes of the meeting held at 10.30 am on Thursday 20th October 2016 at the Department of Health in Room 140B Skipton House, Elephant and Castle, London, SE1 6LH.

Present:

Chairman:

Dr D Lovell

Members:

Dr C Beevers
Dr G Clare
Professor S Doak
Dr S Dean
Professor D Harrison
Professor G Jenkins
Professor D Kirkland
Dr M O'Donovan
Ms P Hardwick

Secretariat:

Dr O Sepai (PHE Secretary)
Mr B Maycock (FSA Secretariat)
Dr K Burnett* (PHE Tox Unit)
Mr K Okona-Mensah (PHE Tox Unit)
Mr S Robjohns (PHE Secretariat)
Miss H Smith (PHE Secretariat)

Assessors:

Dr L Koshy (HSE)

In attendance:

*participated by phone

Miss B Gadeberg (PHE COC Secretariat)
Dr G Johnson (Swansea University item 6)

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|-------------------------------------|--|----|
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1
2 **ITEM 1: ANNOUNCEMENTS/APOLOGIES FOR ABSENCE**
3

4 1. The Chair welcomed members, the secretariat and assessors. Mr B
5 Maycock was substituting for Dr D Benford as secretariat for the Food
6 Standards Agency (FSA) and Miss B Gadeberg (PHE) was attending for the
7 COC Secretariat. Professor D Harrison, the chair of the COC, was attending as
8 an ex-officio member. The Chair also welcomed the assessor Dr L Koshy
9 (HSE).

10
11 2. Apologies for absence were received from Dr D Benford (Secretariat
12 FSA), Professor F Martin (member), Dr H Stemplewski (MHRA) and Dr Colin
13 Ramsay (Health Protection Scotland).

14
15 3. The committee was informed that two new members had been
16 appointed; Dr Andrew Povey (University of Manchester) was appointed as an
17 expert member and Dr Helga Drummond (University of Liverpool) as a lay
18 member. Four members had not received their reappointment letters due to
19 delays in ministerial sign off, but are able to continue to attend committee
20 meetings based on informal correspondence.

21
22 4. The Chair noted that recent correspondence had referred to members
23 as non-executive directors instead of members. It was clarified that the COM is
24 an advisory non-departmental public body which therefore has members.

25
26
27 5. No members declared a conflict of interest for the items on the meeting
28 agenda.
29

30 **ITEM 2: MINUTES OF MEETING ON 16 JUNE 2016 (MUT/MIN/2016/2)**
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32 6. Members agreed the minutes subject to minor changes.
33

34 **ITEM 3: MATTERS ARISING**
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36

37 7. One member asked for an update on glyphosate. The secretariat
38 informed the committee that the public consultation on the proposal for
39 harmonised classification and labelling of glyphosate had closed; the proposal
40 and comments would be considered by the European Chemicals Agency's
41 (ECHA) Committee for Risk Assessment (RAC). The European Food Safety
42 Authority (EFSA) was due to publish the raw data used in its recent evaluation
43 of glyphosate as part of a commitment to increase transparency. One member
44 had contributed to a special issue of 'Critical Reviews in Toxicology' which
45 presents an independent critical review of the four main aspects of the
46 International Agency for Research on Cancer (IARC) review: i) epidemiology,
47 ii) exposure, iii) carcinogenicity and iv) genotoxicity. The special issue was in
48 press at the time of this COM meeting, but could be viewed online:
49 <http://www.tandfonline.com/doi/full/10.1080/10408444.2016.1214677>.
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3 RESERVED BUSINESS
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6 **ITEM 4: DISCUSSION OF GENOTOXICITY STUDIES INVESTIGATING**
7 **EMISSIONS FROM INCINERATORS**
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9 8. This item was discussed as reserved business as it relates to pre-
10 publication research. Once the research has been published, the minutes will
11 be made available.
12

13 9. The secretariat explained that in 2009 the then Health Protection
14 Agency published a position statement on the health effects associated with
15 emissions from incinerators, which concluded that any potential damage to the
16 health of those living close to modern, well-regulated municipal waste
17 incinerators is likely to be very small, if detectable. Due to continued interest in
18 health effects associated with emissions from incinerators, PHE has been
19 conducting a review of the health effects associated with emissions from
20 incinerators, evaluating the evidence in a systematic manner. This review
21 considered epidemiological, biomonitoring, animal and in vitro studies.

22 10. The committee were provided with a draft discussion paper, which
23 focussed on summaries of the 14 *in vitro* genotoxicity studies that were
24 included in the review. No *in vivo* genotoxicity studies met the inclusion criteria.
25 The committee was asked for its views on the design, suitability and reporting
26 of the studies; the strengths and weaknesses of the overall evidence base; and
27 whether it is suitable to undertake these kinds of studies on incinerator
28 emissions.

29 11. The committee enquired about the progress of the project and was
30 informed that a draft report was being produced, which PHE expected to
31 submit for publication in spring 2017. In addition, PHE hoped to publish a
32 number of supporting papers in peer reviewed journals, which could include a
33 paper on the limitations of the animal and in vitro studies reviewed.

34 12. The committee noted that the majority of studies identified were
35 conducted in the 1980s and enquired whether valuable 'grey literature' could
36 have been missed by the search methodology. It was also commented that,
37 although the word 'toxicology' was included in the search string, more specific
38 terms including 'genetic toxicology' and 'mutagenicity' were missing. The
39 secretariat informed the committee that an updated literature search was being
40 conducted and that the search string would be reviewed. It was also noted that
41 the review focused on peer-reviewed literature only. It was suggested that PHE
42 could include a targeted search for publications by scientists known to be
43 working in this field. The committee noted that studies identified by the search
44 were likely to be affected by publication bias and highlighted that one of the
45 studies had stated that they conducted follow-up studies on positive results
46 only.

1 13. The committee noted that the available studies had used a wide variety
2 of sampling and exposure methodologies, which included variations in
3 sampling location, sampling device, sample types and exposure method. This
4 variability meant that it was difficult to compare and interpret the studies, and
5 therefore, it was proposed that a standardised methodological approach would
6 be required to produce meaningful results. It was suggested that approaches
7 used to measure health impacts of other emission sources (e.g. diesel
8 exhaust) could provide a useful model.

9 14. It was noted that the majority of the studies reviewed were Ames tests
10 using organic material extracted from the surface of particulates sampled from
11 within an incinerator. In addition, some studies had further fractionated the
12 extracts using different solvents. As these samples omitted the particulates, it
13 was considered that they do not reflect the complex mixture emitted from
14 incinerators. One member noted that the Ames test results suggested that the
15 emissions studied may contain some mutagenic polycyclic aromatic
16 hydrocarbons and nitropyrenes, which would be expected constituents of
17 emissions from any combustion source. However, Ames test results cannot
18 inform on the concentration of these compounds emitted and whether they
19 pose a significant risk to human health. In addition, members noted that many
20 of the Ames tests included technical limitations and insufficient reporting
21 details. For example, several of the studies used dichloromethane, which is
22 positive in the Ames tests, to extract organics from the surface of particulates.
23 Insufficient details were provided on if or how dichloromethane was removed
24 prior to testing. Another Ames test transferred the extracts into acetone, which
25 is cytotoxic, before conducting the study. Therefore, it was not possible to
26 identify whether the cytotoxicity, which may have compromised the study, was
27 due to the use of acetone or the inherent toxicity of the sample extract. It was
28 also noted that a limited number of bacterial strains were used in the studies.

29 15. It was suggested that studies using samples taken from the environment
30 would provide a better proxy for human exposure than samples taken from
31 within the incinerator. One of the studies, which used the Ames test, had
32 collected samples downwind of an incinerator; however, this study was
33 relatively old and had been conducted in the early 1990s outside of the EU.
34 Three studies used the Tradescantia Stamen Hair Mutation (Trad-SHM) assay
35 and/or the Tradescantia Stamen Micronucleus (Trad-MN) assay to measure
36 genotoxicity in plants growing in the proximity of an incinerator; however, it was
37 commented that these methodologies are not commonly applied in modern
38 genotoxicity studies. Members discussed the possibility of using sentinel
39 animals living in the proximity of an incinerator as models to measure
40 genotoxicity. However, it was considered that it would be difficult to establish a
41 control group and that the animals are likely to be exposed to a number of
42 different emission sources and other environmental chemicals. The secretariat
43 informed the committee that an animal study investigating another health
44 endpoint had been reviewed, which used a mobile laboratory with a fine
45 particle concentrator to expose rats to filtered air (control group) or on-site real-
46 time concentrated ambient particles (test group) from a site in proximity to an
47 incinerator. Members considered that a similar approach could have been

1 applied to conduct genotoxicity studies, such as a Pig-A assay or a
2 micronucleus test.

3 16. The committee enquired about the basis upon which EU emission limits
4 are set and were informed that they are derived based on technical
5 achievability to reduce emission of pollutants, rather than specific health based
6 values. It was also noted that the required incinerator emission monitoring
7 approaches vary for different pollutants; some are monitored continuously,
8 whilst others are monitored periodically. One member proposed that as a
9 starting point, studies on incinerators should include analyses of the
10 composition of emissions.

11 17. Overall, the COM noted that the majority of studies were relatively old
12 and conducted in non-EU countries, and therefore, were not informative on the
13 genotoxicity of emissions from modern incinerators that comply with EU
14 regulatory emission limits. The studies contained fundamental reporting and
15 technical limitations. Additionally, the studies could not be compared or
16 interpreted due to the variability in both quality and methodology used.
17 However, the committee concluded that genotoxicity studies on incinerator
18 emissions could provide valuable information, provided that a standardised
19 methodology for sample collection and exposure is developed.

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21 OPEN SESSION
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24 **ITEM 5: QUANTITATIVE APPROCHES TO THE ASSESSMENT OF**
25 **GENOTOXICITY DATA (MUT/2016/07)**
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27 18. The COM first considered quantitative approaches to assessing
28 genotoxicity data and how they could be used in chemical risk assessment at
29 its horizon scanning exercise in June 2013. This topic was also addressed in a
30 special issue of Mutagenesis published in June 2016 following an ILSI/HESI
31 Genetic Toxicology Technical committee (GTTC) and European Environmental
32 Mutagen Society /UKEMS workshop held in Lancaster in July 2014. The
33 International Workshop on Genotoxicity Testing (IWGT) working group on
34 Quantitative Genetic Toxicology Risk Assessment (the QWG) also recently
35 published the outcome of its discussions and consensus views in two
36 publications.

37
38 19. MUT/2016/07 was produced as an introductory scoping paper to outline
39 the current approaches to the quantitative risk assessment of mutagenic
40 substances. It also summarised recent developments in the use of genotoxicity
41 data in health risk assessment and included a discussion of thresholds and
42 genotoxicity endpoints. The scoping paper listed a number of questions that
43 was intended to aid a COM discussion of this topic.
44

45 20. Members noted that amendments to paper MUT/2016/07 were needed
46 in paragraphs 7 and 9 to clarify the level of risk in relation to the Margin of
47 Exposure (MOE) and also to refer to the assumption of a linear non-threshold
48 dose response for mutagenic substances.

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2 **ITEM 6: PRESENTATION – DR GEORGE JOHNSON – QUANTITATIVE**
3 **ASSESSMENT OF GENETIC TOXICOLOGY DATA: A GLOBAL**
4 **PERSPECTIVE**
5

6 21. To help facilitate discussions and for information on this subject, Dr
7 George Johnson from Swansea University presented some of the work that
8 had been undertaken by ILSI/HESI GTTC and IWGT groups on quantitative
9 approaches to the evaluation of genotoxicity data. Health Canada had also
10 contributed to this work.
11

12 22. Professor Johnson suggested that a paradigm shift was taking place in
13 genetic toxicology with a move away from a dichotomous (yes or no) hazard
14 evaluation of genotoxicity test results towards a quantitative dose-response
15 analysis e.g. involving the estimation of a point of departure from the dose-
16 response data to assess human health risk. It was suggested that to enable
17 such a broader approach to examining genotoxicity data, a next generation
18 testing strategy may be required to allow a more flexible approach to testing
19 and subsequent modelling of the test data.
20

21 23. A large number of studies and genotoxicity endpoints had been
22 evaluated for a few known genotoxic substances (e.g. EMS, ENU, MMS and
23 MNU). Various Points of Departure (POD) metrics were investigated such as
24 the No Observed Genotoxic Effect Level (NOGEL), the Breakpoint dose (BPD),
25 the Slope transition Dose (STD) and Benchmark Dose (BMD). The Bi-linear
26 models (i.e. the NOGEL and the BPD) were considered to have some
27 advantages and disadvantages. For example, the NOGEL is easy to
28 determine, but it is dependent on study design and sparse data tends to give
29 higher PODs. Similarly for the BPD, advantages are that it is a simple bi-linear
30 form and appropriate for some Modes of Action (MOA), but it is also dependent
31 on study design. Overall, a consensus was reached by the study group that
32 use of the BMD was the preferred option.
33

34 24. Advantages included that it is a flexible methodology, which uses all the
35 available data points, covariate analyses can be performed, confidence limits
36 can be derived and that it is less affected by experimental design (e.g. dose
37 selection and dose spacing). A disadvantage is that it requires consensus on
38 the Benchmark response (BMR) size for each genotoxicity endpoint evaluated.
39 There were currently two main approaches used for the BMD. The US
40 Environmental Protection Agency (EPA) BMD uses the best transformation of
41 the response data for analyses, whereas the Netherlands National Institute for
42 Public Health and the Environment (RIVM) PROAST model uses the default
43 assumption of a log-normal distribution. Furthermore, the Benchmark Dose
44 Response (BMR) uses an increase relative to a negative control either by one
45 standard deviation (US EPA) or a percentage (e.g. 5 or 10%) increased
46 response (RIVM PROAST).
47

48 25. Professor Johnson discussed how the working group considered how
49 PODs could be used to determine human exposure levels expected to present

1 a low or negligible risk to health. This involved consideration of a number of
2 case studies and *in vivo* genotoxicity data sets.

3
4 26. For example, a case study using the MutaTM Mouse and 28 day repeat
5 oral dosing with benzo(a)pyrene was illustrated. The most sensitive BMDL (the
6 lower confidence limit of the BMD) for micronuclei formation in the small
7 intestine was used to estimate a human Tolerable Daily Intake (TDI) following
8 allometric scaling, calculation of a human-equivalent dose and the application
9 of uncertainty factors. A margin of exposure approach could also be used by
10 comparing the estimated human exposure with the lowest *in vivo* BMDL.

11
12 27. In another case study involving MelQX there appeared to be a trend of
13 increasing values of the BMDLs for different endpoints progressing towards
14 tumour development (i.e. from DNA adducts, mutations, pre-neoplastic lesions
15 to tumours). However, further consideration demonstrated that endpoints were
16 not directly comparable because the increase in tumour incidence is quantal
17 and so a 10% increase in DNA adducts or mutation frequency is not
18 comparable to a 10% increase in tumour incidence. Analyses of B(a)P and
19 BMD_{10s} across different genotoxicity endpoints (e.g. DNA adducts, lacZ
20 mutations, Pig-a mutations and chromosome aberrations) showed that the fold
21 increase in response above background for each endpoint varied considerably
22 (e.g. 5 fold for chromosome aberrations and 250 fold for DNA adducts). It was
23 relatively easy to get a 10% response increase for adducts; moderately easy
24 for Pig-a mutations; and harder for chromosome aberrations. The trend of the
25 BMDL values across the different genotoxicity endpoints was said to be not
26 necessarily meaningful. The impact of identical treatments across different
27 genotoxicity endpoints may differ depending on the ranges in responses
28 available. A possible solution to this was suggested to be the use of endpoint
29 specific BMR values accounting for the relative differences in response
30 maxima across endpoints. It was noted that a statistical framework
31 demonstrating how to define suitable BMR across endpoints would be
32 published soon.

33
34 28. Professor Johnson also suggested that BMDLs should not be used in
35 themselves to assess the reproducibility of studies. This was demonstrated by
36 a case study that looked at the reproducibility of EMS BMDL_{10s} across Muta
37 Mouse and Gpt delta Mouse. The BMDL_{10s} were much lower for mutations in
38 Gpt-Delta mouse than in Muta Mouse. This was considered to be due to the
39 Gpt-Delta data being more uncertain. It was stated that it was important to note
40 that where the confidence intervals overlapped across the test systems (as in
41 this case), it could not be concluded the two test systems reported differently.
42 The confidence intervals for mutations in the bone marrow, small intestine and
43 the liver overlapped for these two *in vivo* gene mutation test systems.

44
45 29. Analysis of a further case study consisting of the benzimidazole
46 compounds that act as aneugens, illustrated that BMD derived potency
47 rankings could be a useful starting point to define equipotent chemical
48 grouping for data gap/read across purposes i.e. when supported by relevant
49 structural and mechanistic information. Individual compounds can only be
50 rank-ordered by potency where the confidence intervals show no overlap.

30. A further case study provided evidence that lowest BMD₀₅ for the *in vivo* micronucleus study correlated with lowest BMD₁₀ for carcinogenicity for a number of investigated compounds.

31. In summary, Professor Johnson concluded that the use of the BMD was the best approach for deriving a POD from genotoxicity dose-response data; that it is critically important to consider confidence intervals when comparing across covariates (e.g. compound, tissue etc.); confidence interval plots provide a visual tool for assessing effects of covariates in genotoxicity studies; BMD derived potency estimates may provide a basis for categorization of equipotent compounds for read across; BMD derived health based exposure values from B(a)P exposed transgenic rodent studies give health based values that are in line with those derived from the BMDL₁₀ from carcinogenicity studies; and that there is a correlation between the lowest *in vivo* BMD₀₅s for the micronucleus test and the lowest BMDL₁₀s from carcinogenicity data.

32. Following the presentation there was a discussion by the COM. Members noted that there was now better quality *in vivo* genotoxicity data available than there had been in the past, which was more amenable to dose-response analysis. For example, there were more genotoxicity endpoints and a greater number of tissues that could be evaluated. Also, more dose groups tended to be used in *in vivo* genotoxicity studies than previously and there was better exposure data available (e.g. plasma levels), which was more conducive for dose-response analysis. However, the COM agreed that it was important to have good quality *in vivo* data for the dose-response analysis to be meaningful. It was noted that good quality data was generally considered to produce confidence intervals with a ratio below 10 fold and data producing confidence intervals greater than 100 was suggested to be unacceptable. It was also considered desirable to analyse more than one data set. Analysis of a combination of data sets would help avoid misleading results arising from a single 'rogue' or poor quality data set. It was noted that more case studies were needed to test the theory of using endpoint specific Benchmark response analysis. Members suggested it would be useful to investigate whether there were an optimum number of dose groups for *in vivo* genotoxicity testing. The committee was aware that it was generally considered preferable from a statistical point of view to have a larger number of dose groups with fewer animals per dose group i.e. as opposed to a lower number of dose groups with more animals per dose.

33. The COM noted that there were currently the two different approaches to Benchmark dose analysis used (e.g. the US EPA one standard deviation approach and the RIVM-PROAST percentage response approach) and suggested that it would be helpful if agreement could be reached on the use of one approach. The committee also agreed that if quantitative dose-response analysis of *in vivo* genotoxicity is developed and becomes accepted as an approach to estimate human cancer health risks, then there must be confidence that it is sufficiently precautionary and health protective. To aid the development of quantitative dose-response analysis and the evaluation of its potential use, it would be helpful to obtain better quality *in vivo* genotoxicity and

1 carcinogenicity data, such as unpublished well conducted modern studies
2 conforming to GLP held by industry.

3
4 34. It was noted that it was not possible to prove a threshold for *in vivo*
5 mutagenicity statistically, but mechanistic evidence could demonstrate the
6 likelihood of its occurrence. Determining whether a threshold for mutagenicity
7 was likely is important, as currently two different risk assessment approaches
8 are adopted depending on whether there is a threshold or not e.g. a Tolerable
9 Daily Intake can be derived for threshold chemicals and a margin of exposure
10 approach is applied to chemicals assumed to have no threshold for adverse
11 effects.

12
13 35. Regarding the suggested questions for consideration, the COM agreed
14 that there has been a change in the quality of available *in vivo* genotoxicity
15 data (e.g. more endpoints, tissues and dose groups) and developments in
16 dose response modelling that allow *in vivo* genotoxicity data to be analysed
17 quantitatively rather than only qualitatively, but that the analysis needed be
18 conducted on good quality and consistent data to be informative. Aspects that
19 needed to be considered in terms of risk assessment included what test
20 systems and endpoints were the most suitable (e.g. gene mutations or
21 micronuclei), what tissues should be analysed, what critical effect size should
22 be used (e.g. BMDL₀₅ or BMDL₁₀), and what BMR values were needed for
23 each genotoxicity endpoint. It was anticipated that quantitative approaches to
24 genotoxicity data would be considered further by the COM at future meetings.

25 26 27 28 **ITEM 7: ANY OTHER BUSINESS**

29 30 **i) Statements from EU Regulatory Agencies**

31
32 36. One member provided further details on concerns expressed at a
33 previous COM meeting regarding four statements from regulatory reviews by
34 EFSA/ECHA. The first was a statement that, for *in vivo* genotoxicity, the
35 intraperitoneal route of administration should be preferred to oral and inhalation
36 because it appears to produce a more sensitive test. It was noted that one
37 agency had requested another *in vivo* study by the intraperitoneal route for
38 some substances with a positive *in vitro* genotoxicity assay, which had been
39 followed up with a negative *in vivo* assay by the oral route. The committee
40 agreed that there are a number of examples where intraperitoneal
41 administration is not a reliable route of exposure, as the compound precipitates
42 out and collects in the peritoneal cavity. For the majority of compounds it was
43 agreed that the intraperitoneal route of administration does not represent a
44 realistic route of exposure.

45
46 37. The second statement was that for mouse micronucleus tests, even if a
47 test compound is detected in the plasma it does not necessarily indicate that
48 the target tissue in the bone marrow had been sufficiently exposed to the test
49 compound. It was noted that the ILSI Health and Environmental Sciences
50 Institute (HESI) Genetic Toxicology (GTTC) Committee are likely to have

1 access to relevant data (including tissue distribution data) that could be utilised
2 to address this statement.

3
4 38. The third statement was that even if it can be demonstrated that a test
5 chemical has reached the bone marrow at a concentration that exceeds
6 anticipated human exposure, it may not be considered adequate. This is
7 because a higher exposure could be achieved in an *in vivo* site-of-contact
8 comet assay. This could lead to the requirement for further comet/site of
9 contact tests to be conducted at a higher exposure and therefore use of more
10 animals.

11
12 39. Fourthly, the ECHAs Member State Committee (MSC) recently
13 requested that, for site of contact assays, in addition to the liver and
14 duodenum, the glandular stomach should also be sampled following oral
15 administration. The justifications proposed by the MSC for such requests were
16 that an additional tissue would help to account for variables such as different
17 tissue structure/function, different pH conditions, variable physicochemical
18 properties/fate, different local absorption rates and differences in breakdown
19 product(s). However, the committee noted that these principles would apply to
20 every tissue within the body and that requests for such studies would lead to
21 additional animal testing. It was proposed that a request for data that has been
22 conducted in both the duodenum and glandular stomach could be sent to
23 UKEMS members to evaluate this fourth statement.

24
25 40. It was agreed that the COM would consider these regulatory
26 genotoxicity testing requests at an upcoming meeting and that details of the
27 specific examples discussed would be shared with the secretariat to aid in
28 drafting a paper(s). It was proposed that the second and third statements could
29 be addressed by data collection. However, the first and fourth statements
30 related to general principles in genotoxicity testing and it was therefore agreed
31 that the committee would consider producing a statement or addendum to the
32 testing guidance to address these principles. A working group at GTTC is
33 addressing the first statement, so COM can review their findings in the future.
34 One member had started drafting a paper regarding the fourth statement,
35 which would be shared with the committee for further discussion. It was also
36 proposed that the committee may wish to co-opt a member from the National
37 Centre for the Replacement, Refinement and Reduction of Animals in
38 Research (NC3Rs) as the statements from EFSA/ECHA involved requests for
39 the conduct of further animal tests and to consult with a metabolism expert.

40 41 **ii) Horizon Scanning**

42
43 41. The chair invited the committee to contribute to an informal horizon
44 scanning exercise. One member proposed that the committee could consider
45 reviewing ecological screening methods for the conduct of genotoxicity tests on
46 environmental pollutants. It was noted that there are a number of research
47 groups working on developing high dimension/high output studies that
48 measure multiple endpoints (including P53, polyploidy, gamma-H2AX and
49 phosphor-H3) within a single 96-well plate. It was noted that these techniques
50 could provide useful mode of action information in addition to standard

1 genotoxicity tests; however, the committee may want to consider how these
2 tests could fit into the overall testing strategy for genotoxicity. It was noted that
3 two modified versions of the Ames test had been developed. The Ames Multi
4 Plate format (MPF) uses the same bacterial strains as the standard Ames test,
5 but is conducted in a 384-well plate. Whereas, Ames II differs from Ames MPF
6 in that it uses TA98 and TAMix, consisting of a series of TA7000 strains. It was
7 suggested that the COM should monitor the progress of these assays and
8 noted that an OECD Test Guideline was under development for Ames MPF. It
9 was also suggested that the COM monitor developments in Clustered
10 Regularly Interspaced Short Palindromic Repeats (CRISPR) technology, gene
11 editing tools and off-target effects in relation to genotoxicity. The committee
12 were informed that the COT were reviewing e-cigarettes and novel tobacco
13 products and would consult the COM for an opinion on the available
14 genotoxicity data.

15 16 **iii) BREXIT**

17
18 42. The committee discussed the possible impacts of Brexit on genotoxicity
19 research, regulatory submissions and testing. It was noted that there were
20 uncertainties regarding whether UK universities could continue to lead Horizon
21 2020 EU funded projects. The Government stated that they would continue to
22 fund universities to participate in EU projects; however, the detail of this
23 proposal was still unclear. It was noted that if UK universities are not able to
24 directly contribute to EU projects in the future it could have a negative impact
25 on the training of UK scientists in the affected disciplines. These projects can
26 also feed into developments in regulatory practice; therefore, there is potential
27 the UK could lose some scientific influence in policy making at the EU level.
28 For pharmaceuticals, it was noted that the testing requirements are driven by
29 the International Council for Harmonisation of Technical Requirements for
30 Pharmaceuticals for Human Use (ICH) and are therefore unlikely to be
31 affected; however, regulatory submissions may not continue to be submitted to
32 the European Medicines Agency. It was noted that, as an expert committee,
33 the COM could continue to engage with European agencies (e.g. ECHA/EFSA)
34 and provide influential advice.

35 36 37 **ITEM 8: DATE OF NEXT MEETING**

38
39 43. 23rd February 2016.