

## What to expect?

- 1. REACH: objectives, requirements
- 2. Role of skin absorption data within REACH
- 3. Tools and their use
- 4. Conclusions



Registration - all manufacturers and importers

- substances produced/imported above 1 tonne/y

Evaluation - Agency (Helsinki) and Member States

Authorisation - substances of very high concern

Restriction - 'safety net'

**CH**emicals

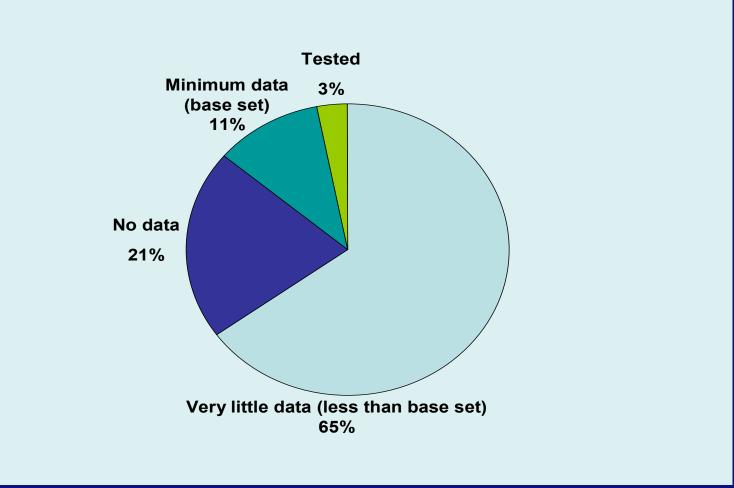


## **Political objectives**

- Protection of human health and the environment
- Maintenance and enhancement of the competitiveness of the EU chemical industry
- Prevention of fragmentation of the internal market
- Increased transparency
- Integration of international efforts
- Promotion of non-animal testing
- > Conformity with EU international obligations under the WTO

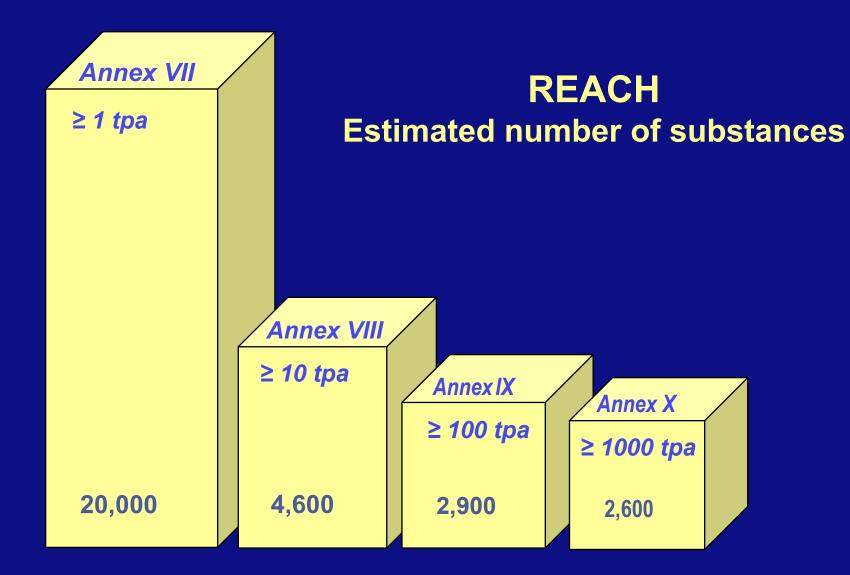


## Lack of knowledge on potential risks



Allanou R, Hansen BG, Van Der Bilt Y. 1999. Public availability of data on EU high production volume chemicals. Report EUR 18996 EN, European Commission, Joint Research Centre, Ispra, Italy.







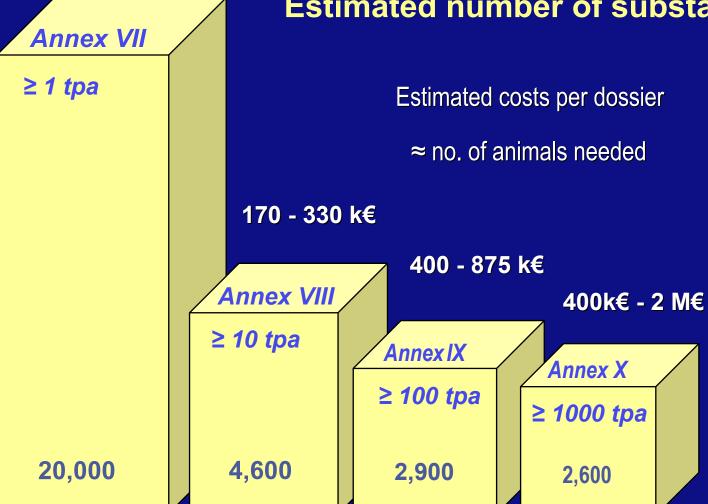
# **Standard Information Requirements**

Tonnage	Health	Environment
1 – 10 tpa	<ul> <li>In vitro skin and eye irritation</li> <li>Skin sensitization</li> <li>In vitro mutagenicity</li> <li>Acute toxicity (one route)</li> </ul>	<ul> <li>Acute aquatic toxicity -Daphnia</li> <li>Biodegradability and hydrolysis</li> <li>Algal toxicity</li> </ul>
10 – 100 tpa	<ul> <li>In vivo skin and eye irritation</li> <li>Further in vitro mutagenicity</li> <li>Sub acute toxicity (28d)</li> <li>Reproductive toxicity screen</li> </ul>	<ul> <li>Acute aquatic toxicity – fish</li> <li>Activated sludge</li> <li>Adsorption / desorption screening</li> </ul>
100 – 1000 tpa	<ul><li>Further mutagenicity tests</li><li>Sub-chronic toxicity (90d)</li><li>Further reproductive toxicity tests</li></ul>	<ul> <li>Long term aquatic toxicity <i>Daphnia</i> and fish</li> <li>Further degradation and fate / behaviour studies</li> <li>Short-term effects on terrestrial organisms</li> </ul>
>1000 tpa	<ul><li>Further mutagenicity tests</li><li>Carcinogenicity</li><li>Chronic toxicity</li><li>Further reproductive toxicity</li></ul>	<ul> <li>Further degradation and fate /         behaviour studies</li> <li>Long-term effects on terrestrial organisms</li> </ul>



~30 k€

# REACH Estimated number of substances





# Dermal absorption information under REACH

No formal requirements, but....



# Dermal absorption information under REACH Substances > 10 tonnes

### Acute toxicity

Testing by the dermal route is appropriate if:

- (1) inhalation of the substance is unlikely; and
- (2) skin contact in production and/or use is likely; and
- (3) the phys-chem properties suggest a significant rate of <u>absorption</u> through the skin



# **Dermal absorption information under REACH Substances > 10 tonnes**

### Short-term (28 day) repeated-dose toxicity

Testing by the dermal route is appropriate if:

- (1) inhalation of the substance is unlikely; and
- (2) skin contact in production and/or use is likely; and
- (3) the phys-chem and tox properties suggest <u>potential for a</u> significant rate of absorption through the skin

### **Toxicokinetics**

Assessment on the basis of available information



# Dermal absorption information under REACH Substances > 100 tonnes

### Sub-chronic (90 day) toxicity

Testing by the dermal route is appropriate if:

- (1) skin contact in production and/or use is likely; and
- (2) the phys-chem properties suggest a significant rate of <u>absorption</u> through the skin; and
- (3) one of the following conditions is met:
  - toxicity is observed in the actute dermal toxicity test at lower doses than in the oral toxicity test, or
  - systemic effects or other <u>evidence of absorption</u> is observed in skin and/or eye irritation studies, or
  - in vitro tests indicate significant dermal absorption, or
  - significant dermal toxicity or <u>dermal penetration</u> is recognized for structurally-related substances



# Dermal absorption information under REACH Substances > 100 tonnes

### Reproductive toxicity

The studies do <u>not</u> have to be conducted if:

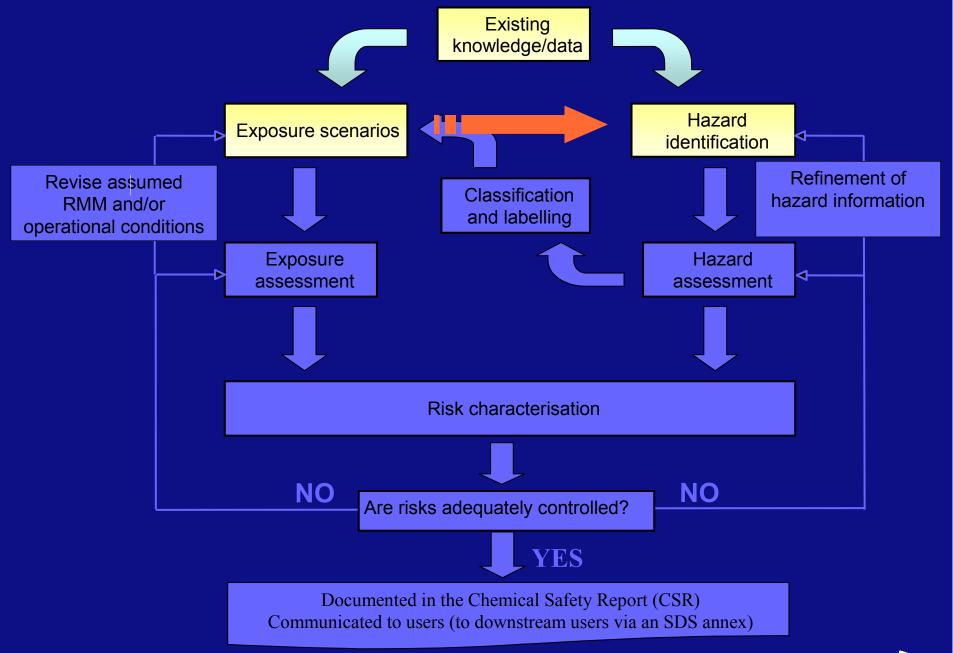
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- the substance is of low toxicological activity (...), it can be proven from toxicokinetic data that <u>no systemic absorption</u> occurs via relevant routes of exposure (...) and there is no or no significant human exposure



# Chemical Safety Assessment (CSA)







## **Exposure scenarios under REACH**

- Process descriptions (incl. quantity used)
- Operational conditions
   (incl. frequency/duration of specified operations)
- Risk management measures
   (e.g. personal protective equipment)



## **Exposure scenarios under REACH**

- Does (relevant) human exposure occur (worker, consumer)?
- Is the dermal route the dominant route of exposure?
- Quantification of dermal exposure?









# Tools to obtain dermal absorption information



### Dermal absorption information

Animal studies only as a last resort

Annex XI: Rules for adaptation of the standard testing regimes

- > Testing does not appear scientifically necessary
  - Use of existing data
  - Weight of evidence
  - Qualitative or Quantitative Structure Activity Relationships
  - In vitro methods
  - Grouping of substances and read-across
- Testing is technically not possible
- Substance-tailored exposure-driven testing



London - November 1, 2007

### In vitro studies

### Pro's - Detailed information

- Use of outcome (% of dose) in risk assessment
- No / very limited use of animals
- Formulated products

### But - Need for valid and sensitive analytical method

- Costs & time





## **QSAR** ('non-testing')

#### Pro's - Costs

- Time
- No use of animals
- No need for laboratory setting

#### But

- Use of outcome (flux, Kp) in risk assessment
- Dose, formulated products
- Applicability domain
- Accuracy of data





### Sources of data

#### Data-rich compounds, high cost, low uncertainty, realistic

Biomonitoring / human PBPK model

B S O R

In vitro and/or animal studies

R P T I O

**QSAR** (non-steady state)

**QSAR** (steady state)

**Assumption 100% absorption** 

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**Field studies** 

**Experimental studies** 

**Probabilistic exposure modeling** 

Tier 1 assessment

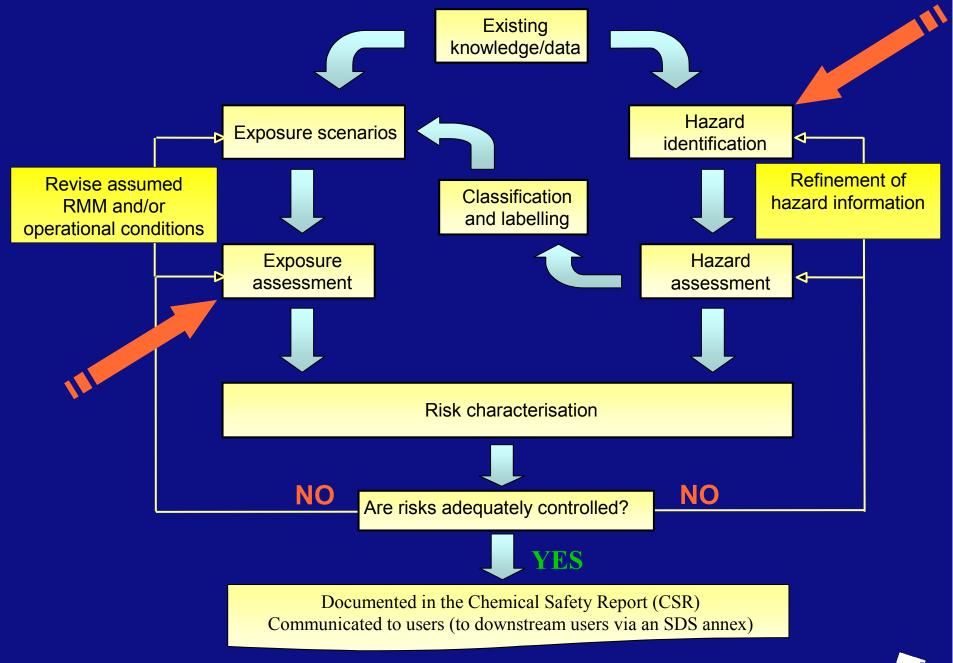
Data-poor compounds, low cost, high uncertainty, worst-case



Many 'test' and 'non-test' procedures...

... which one to choose?





## Use of dermal absorption data in CSA

Substantiation of 'no relevant internal exposure'

- yes/no answer (conservative approach)
- in conjunction with generic Exposure Scenario

Adjustment of 100% absorption for internal exposure assessment

- semi-quantitative (conservative categories)
- quantitative (predictive)
- in conjunction with specific Exposure Scenario



# Classifying chemicals on the basis of $J_{max}$

Table 3
Classification of chemicals (on the basis of their physicochemical properties) in terms of their potential to be absorbed across the skin

$J_{\rm max}  (\mu {\rm g/cm^2/h})$	MW (Da)	$\log P$	Category
$J_{\max} = 0$	Non-reactive chemicals > 1000 Da	Any	Negligible
$J_{\text{max}} \le 0.1$	> 300	< -1  or  > 5	Low
$0.1 < J_{\text{max}} < 1.0$	$\sim 200-300$	> 2.0, 2.5	Medium low
$1.0 < J_{\text{max}} < 10$	$\sim 150-250$	$\sim 1.0-2.0$	Medium high
$10 < J_{\text{max}} < 100$	~60-200	$\sim 0.5-3.5$	High
$J_{\rm max} > 100$	<150	-0.5-2.0	High

 $J_{\text{max}}$ , maximum flux; MW, molecular weight;  $\log P$ ,  $\log$  of the octanol:water partition coefficient.

R. Kroes et al., Food and Chemical Toxicology (2007). Doi:10.1016/j.fct.2007.06.021



### Default adjustment factors (cosmetic ingredients)

$TP_{-}$	14.1	1	- 4
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Proposed default adjustment factors for the % dose absorbed of cosmetic ingredients across the skin

$J_{\text{max}} (\mu \text{g/cm}^2/\text{h})$	Default% dose absorbed per 24 h
Non-reactive chemicals with MW > 1000	Negligible
$J_{\rm max} < 0.1$	10
$0.1 < J_{\text{max}} < 10$	40
$J_{\rm max} > 10$	80

 $J_{\text{max}}$ , maximum flux.

R. Kroes et al., Food and Chemical Toxicology (2007). Doi:10.1016/j.fct.2007.06.021



### **Conclusions**

- > No formal information requirement on dermal absorption under REACH
- ➤ Information on dermal absorption is useful for route selection in toxicity studies and potentially for waiving of information requirements (reproductive toxicity)
- ➤ Various methodologies are available; the choice should be based on required accuracy of data
- ➤ Only by combining data on exposure and absorption, predictions can be made on the internal dose
- ➤ Defining (conservative) categories on the basis of QSAR outcomes, rather than relying on the exact prediction, could be a way forward to gain confidence in the predicted values.



### References

- Kroes R et al., Application of the threshold of toxicological concern (TTC) to the safety evaluation of cosmetic ingredients, *Food and Chemical Toxicology* (2007). Doi:10.1016/j.fct.2007.06.021
- Van de Sandt JJM, Dellarco M and Van Hemmen JJ, From dermal exposure to internal dose, Journal of Exposure Science and Environmental Epidemiology (2007). Doi: 10.1038/sj.jes.7500579
- EDETOX (2004). Edetox database, University of Newcastle, UK. <a href="http://edetox.ncl.ac.uk">http://edetox.ncl.ac.uk</a>
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- Bouwman T, Cronin MTD, Bessems JGM, Van de Sandt JJM (2006). Evaluation of published QSARs for percutaneous absorption. Toxicology Letters 164, S322.



# Thank you for your attention

