

22 November 2022, 8th FCM Network

EFSA activities on Bisphenol A (BPA)

Cristina Croera
Coordinator of WG on BPA re-evaluation

Trusted science for safe food

EC regulatory update of BPA in Feb 2018

Following the 2015 BPA EFSA opinion :

- EC amended the Plastics **Regulation (EU) No 10/2011** with lower limits for BPA in **plastics**
- EC introduced new **Regulation (EU) 2018/213** applying the SML also to **varnishes** and **coatings**.

Plastic FCM: **Reduction of the Specific Migration Limit (SML)** for BPA from 0.6 mg/kg to 0.05 mg/kg of food

Plastic FCM: **Extension of the ban** on the use of BPA in the manufacture of polycarbonate baby bottles to sippy cups

Varnishes and coatings (e.g. interior of food cans): exceptional application of the **same SML** (0.05 mg/kg) as in plastics

Varnishes and coatings in articles specifically intended to come into contact with young children's food: **SML of non-detect = NO migration** (detection limit = 0.01 mg/kg) of BPA



2015

Scientific opinion on BPA risk assessment (temporary-TDI: from 50 to 4 µg/kg bw per day)

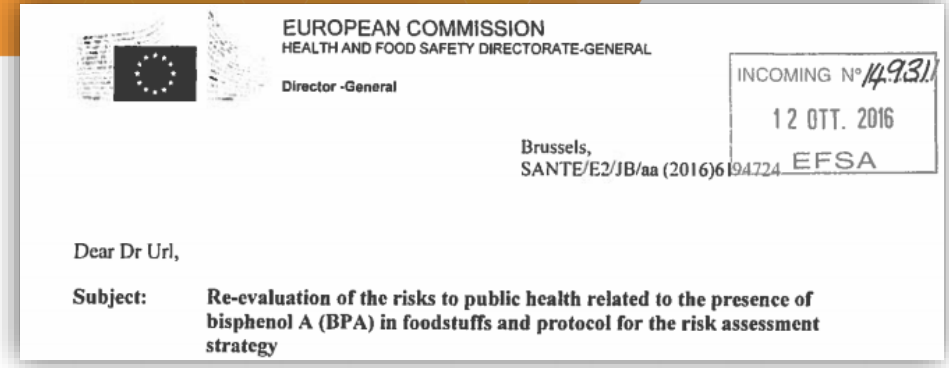
2016

Statement on BPA immunotoxicity

2016

New two step-mandate on BPA hazard re-evaluation by EC to EFSA

Mandate on BPA's re-evaluation



Annex

Terms of Reference

In accordance with Article 29(1)(a) of Regulation (EC) No 178/2002², the European Commission asks EFSA to:

Finished

- establish a protocol detailing the criteria for new study inclusion and for toxicological evidence appraisal for the re-evaluation of BPA, to ensure an efficient and transparent re-assessment of BPA;

Ongoing

- re-evaluate the risks to public health related to the presence of bisphenol A (BPA) in foodstuffs. In particular, the re-evaluation should take into consideration new data available from the results of the US NTP/ FDA study due in 2017 as well as all other new available information not previously evaluated by EFSA and which fulfil the criteria laid down in an established protocol. This re-evaluation should seek to clarify the remaining uncertainties concerning the toxicological endpoints of BPA, especially those concerning the mammary gland, reproductive, metabolic, neurobehavioural and immune systems and to establish a full tolerable daily intake (TDI) on the basis of the new information available.

New two step-mandate on BPA hazard re-evaluation by EC to EFSA (2016)

■ 1st step: BPA hazard assessment protocol



TECHNICAL REPORT 

APPROVED: 30 November 2017
doi:10.2903/sp.efsa.2017.EN-1354

Bisphenol A (BPA) hazard assessment protocol

European Food Safety Authority (EFSA),
Ursula Gundert-Remy, Johanna Bodin, Cristina Bosetti, Rex FitzGerald, Annika Hanberg, Ulla Hass, Carlijn Hooijmans, Andrew A. Rooney, Christophe Rousselle, Henk van Loveren, Detlef Wölfle, Fulvio Barizzone, Cristina Croera, Claudio Putzu and Anna F. Castoldi



The '2017 methodology'

■ 2nd step: Re-evaluation of BPA safety



The '2017 methodology': to be tested on a sample of paper in the

TECHNICAL REPORT 

APPROVED: 24 October 2019
doi:10.2903/sp.efsa.2019.EN-1732

Testing the study appraisal methodology from the 2017 Bisphenol A (BPA) hazard assessment protocol

European Food Safety Authority (EFSA)

Cristina Croera, Monika Batke, Emanuela Corsini, Rex E. FitzGerald, David Gott, Evangelia Ntzani, Ursula Gundert-Remy, Thorhallur Halldorsson, Henri Schroeder, Eugenio Scanziani, Inger-Lise Steffensen, Beate Ulbrich, Ine Waalkens-Berendsen, Detlef Wölfle, Fulvio Barizzone, Federica Barrucci, Ellen Van Haver, Anna F. Castoldi and Henk Van Loveren

The '2019 methodology'

■ 24 November 2021

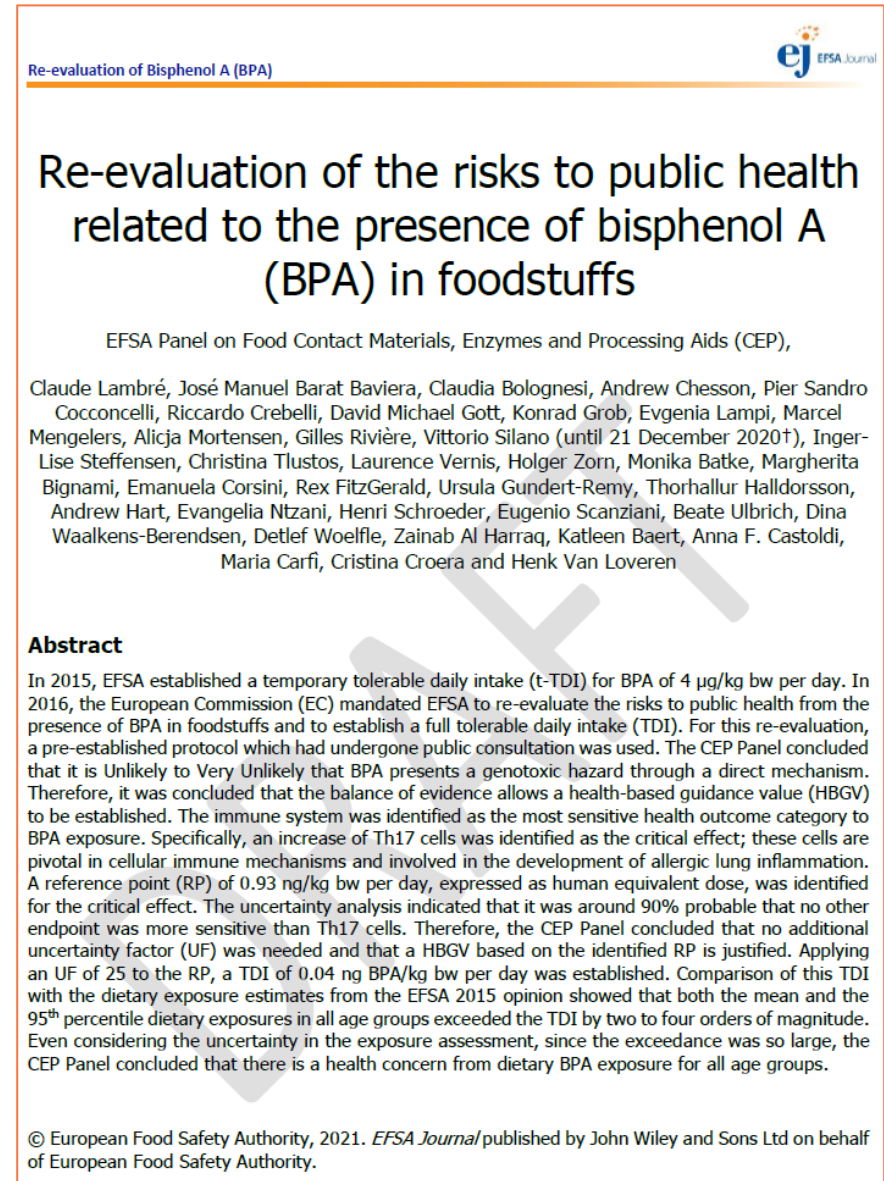
The EFSA Panel on Food Contact Materials, Enzymes and Processing Aids (CEP) **endorsed for public consultation** the draft scientific opinion.

■ 15 December 2021 to 22 February 2022

Public consultation open

Interested parties submitted comments using the dedicated EFSA webpage.

<https://connect.efsa.europa.eu/RM/s/publicconsultation2/a0l1v00000E8BRD/pc0109>



Re-evaluation of Bisphenol A (BPA)

Re-evaluation of the risks to public health related to the presence of bisphenol A (BPA) in foodstuffs

EFSA Panel on Food Contact Materials, Enzymes and Processing Aids (CEP),
Claude Lambré, José Manuel Barat Baviera, Claudia Bolognesi, Andrew Chesson, Pier Sandro Cocconcelli, Riccardo Crebelli, David Michael Gott, Konrad Grob, Evgenia Lampi, Marcel Mengelers, Alicja Mortensen, Gilles Rivière, Vittorio Silano (until 21 December 2020†), Inger-Lise Steffensen, Christina Tlustos, Laurence Vernis, Holger Zorn, Monika Batke, Margherita Bignami, Emanuela Corsini, Rex FitzGerald, Ursula Gundert-Remy, Thorhallur Halldorsson, Andrew Hart, Evangelia Ntzani, Henri Schroeder, Eugenio Scanziani, Beate Ulbrich, Dina Waalkens-Berendsen, Detlef Woelfle, Zainab Al Harraq, Katleen Baert, Anna F. Castoldi, Maria Carfi, Cristina Croera and Henk Van Loveren

Abstract

In 2015, EFSA established a temporary tolerable daily intake (t-TDI) for BPA of 4 µg/kg bw per day. In 2016, the European Commission (EC) mandated EFSA to re-evaluate the risks to public health from the presence of BPA in foodstuffs and to establish a full tolerable daily intake (TDI). For this re-evaluation, a pre-established protocol which had undergone public consultation was used. The CEP Panel concluded that it is Unlikely to Very Unlikely that BPA presents a genotoxic hazard through a direct mechanism. Therefore, it was concluded that the balance of evidence allows a health-based guidance value (HBGV) to be established. The immune system was identified as the most sensitive health outcome category to BPA exposure. Specifically, an increase of Th17 cells was identified as the critical effect; these cells are pivotal in cellular immune mechanisms and involved in the development of allergic lung inflammation. A reference point (RP) of 0.93 ng/kg bw per day, expressed as human equivalent dose, was identified for the critical effect. The uncertainty analysis indicated that it was around 90% probable that no other endpoint was more sensitive than Th17 cells. Therefore, the CEP Panel concluded that no additional uncertainty factor (UF) was needed and that a HBGV based on the identified RP is justified. Applying an UF of 25 to the RP, a TDI of 0.04 ng BPA/kg bw per day was established. Comparison of this TDI with the dietary exposure estimates from the EFSA 2015 opinion showed that both the mean and the 95th percentile dietary exposures in all age groups exceeded the TDI by two to four orders of magnitude. Even considering the uncertainty in the exposure assessment, since the exceedance was so large, the CEP Panel concluded that there is a health concern from dietary BPA exposure for all age groups.

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- **Stakeholders and interested parties:** public meeting on 24 Jan. 2022
- **EU Member states:** 25 Jan. 2022
- **US FDA:** 7 Feb. 2022
- **European Medicines Agency:** 16 Feb. 2022
- **EFSA Scientific Committee:** 22 and 28 April 2022
- **Thematic workshop on biomarkers of effects:** 22-23 Sept. 2022

- **Aim** of this hazard assessment:

To assess whether the new scientific evidence (published after 31/12/2012, and not previously appraised by the EFSA), still supports the **previous t-TDI for BPA of 4 µg/kg bw per day**.

- Decision should be based on the evaluation of:
 - (i) **adverse effects in humans** associated with the exposure to BPA via any route;
 - (ii) **adverse effects in animals** after exposure to BPA via any route;
 - (iii) human and animal **toxicokinetics** of BPA

- Assessed endpoints were grouped into structural and/or functional clusters **for each health outcome category** (HOC).

- General toxicity
- Immunotoxicity
- Metabolic effects
- Neurotoxicity and developmental neurotoxicity
- Reproductive and developmental toxicity
- Cardiotoxicity
- Carcinogenicity and mammary gland proliferative effects
- Genotoxicity

Hazard identification

Immunotoxicity hazard identification: Integrated likelihood

Human stream		Animal stream		Integrated likelihood
Cluster	Overall likelihood	Cluster	Overall likelihood	
Asthma/ allergy	ALAN (P, C)	Allergic lung inflammation	Likely (D, A)	Likely
		Cellular immunity	Likely (D)	Likely
		Inflammation	Likely (G)	Likely
		Humoral immunity	ALAN (D)	ALAN
		Innate immunity	ALAN (D)	ALAN

P: Exposure during pregnancy

C: Exposure during childhood

D: Developmental (pre- / post-natal until weaning) exposure

G: Growth phase / young age exposure

A: Adult exposure

Reproductive and developmental toxicity hazard identification: Integrated likelihood

Human stream		Animal stream		Integrated likelihood
Cluster	Overall likelihood	Cluster	Overall likelihood	
		Developmental toxicity	ALAN (D, D&A,G)	ALAN
Fetal and Post-natal Growth	Not Likely (P)			Not Likely
Pubertal/Endocrine	ALAN (P)			ALAN
Female fertility	ALAN (A)	Female reproductive toxicity	Likely (D,D&A,G,A)	Likely
Male fertility	Not Likely (A)	Male reproductive toxicity	Likely (D&A,G,A)	Likely
Prematurity	Not Likely (P)			Not Likely
Pre-eclampsia	ALAN			ALAN

P: Exposure during pregnancy
 C: Exposure during childhood
 A: Adult exposure

D: Developmental (pre- / post-natal until weaning) exposure
 D&A: Developmental until adulthood exposure
 G: Growth phase / young age exposure
 A: Adult exposure

Metabolic effects hazard identification: Integrated likelihood (1/2)

Human stream		Animal stream		Integrated likelihood
Cluster	Overall likelihood	Cluster	Overall likelihood	
Obesity	ALAN (A)	Obesity	ALAN (D, D&A, G)	ALAN
Thyroid effects	Not Likely (P)	Thyroid hormones	Not Likely (D, D&A, A)	Not Likely
Cardiometabolic effects	Not Likely (P)			Not Likely
T2DM	ALAN (A)			ALAN
Gestational Diabetes Mellitus	Not Likely (A)			Not Likely

P: Exposure during pregnancy;
C: Exposure during childhood;
A: Adult exposure

D: Developmental (pre-/post-natal until weaning) exposure
D&A: Developmental until adulthood exposure
G: Growth phase / young age exposure
A: Adult exposure
I: Indirect (germline) exposure

Metabolic effects hazard identification: Integrated likelihood (2/2)

Human stream		Animal stream		Integrated likelihood
Cluster	Overall likelihood	Cluster	Overall likelihood	
		Uric Acid	Likely (A)	Likely
		T1DM	ALAN (G, A)	ALAN
		Fat deposition in the liver	ALAN (D, G, A)	ALAN
		Glucose regulation	ALAN (D, A, I)	ALAN
		Blood lipids	ALAN (A)	ALAN
		Other metabolic hormones	Not Likely (D, D&A, G, A)	Not Likely

P: Exposure during pregnancy;
C: Exposure during childhood;
A: Adult exposure

D: Developmental (pre-/post-natal until weaning) exposure
D&A: Developmental until adulthood exposure
G: Growth phase / young age exposure
A: Adult exposure
I: Indirect (germline) exposure

Neurotoxicity and developmental neurotoxicity hazard identification: Integrated likelihood

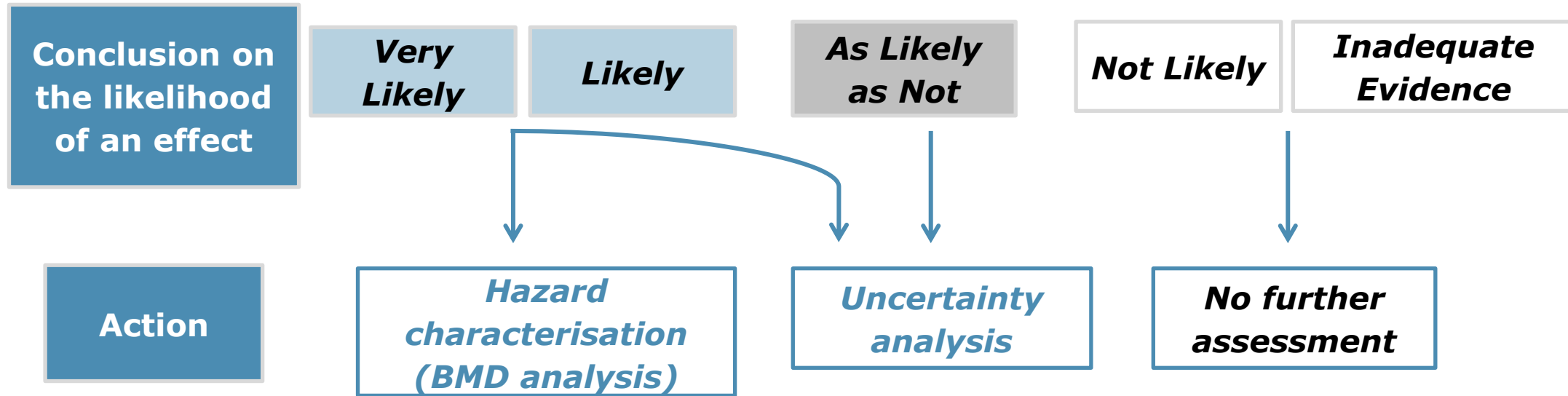
Human stream		Animal stream		Integrated likelihood
Cluster	Overall likelihood	Cluster	Overall likelihood	
Neurodevelopment (behaviour after developmental exposure)	Not likely (P)	Behaviour	Likely (D, G, A, I)	Likely
		Neuromorphology	Likely (D, G)	Likely
		Nervous system functionality	Likely (A)	Likely

P: Exposure during pregnancy
 C: Exposure during childhood

D: Developmental (pre- / post-natal until weaning) exposure
 G: Growth phase / young age exposure
 A: Adult exposure
 I: Indirect (germline) exposure

Hazard characterisation

Selection of the effects for the hazard characterisation and the uncertainty analysis (UA)



- Studies investigating **Very likely** or **Likely effects**, with at least 1 ctrl+ two BPA dose levels, were considered for **benchmark dose (BMD) analysis**.
- All **ALAN**, **Likely** and **Very likely** clusters were included in the **uncertainty analysis (UA)**.

- ❑ The CEP Panel decided to use the **median value of the AUCs from two human studies** for the calculation of the **Human Equivalent Dose Factor (HEDF)**.
- ❑ **AUC data for mice** were used from the 2015 EFSA opinion (EFSA CEF Panel, 2015)

Species (oral route)	AUC (nM × h)	HEDF (AUC animal/ AUC human)
Human (Thayer et al., 2015 and Teeguarden et al., 2015) (median)	15.7	
Mouse (Doerge et al., 2011)	0.244	0.0155



Endpoints brought forward for selection reference point (RP)

Immuno- toxicity

- Effect on Th17 cells
- Effect on neutrophils in epididymis
- Effect on OVA specific IgE

Metabolic effects

- Hepatic uric acid

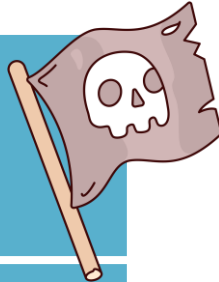

Neurotoxicity and developmental neurotoxicity

- Anxiety/emotionality
- Learning and memory
- Dendritic spine density

Reproductive and developmental toxicity

- Ovary weight
- Ovary histology
- Epididymis histology
- Effects on sperm

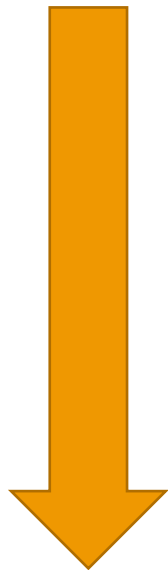
- Of all endpoints considered for the identification of a RP, the effect of BPA on Th17 cells in mice was the most sensitive (i.e. lowest BMDL)
- Besides the immunotoxicity study, also studies in other health outcome categories, i.e. in reproductive toxicity (ratio of primordial and total follicles, sperm motility) and metabolism (uric acid), had BMDLs within a range of up to 7-fold higher compared to the BMDL for Th17 cells

Critical endpoint <i>Reference</i> <i>Species</i>	
Th17 cells Luo et al., 2016 (RefID 4679) Mice	
Hepatic uric acid Ma et al., 2018 (RefID 12637) Mice	
Primordial/Total follicles ratio Hu et al., 2018 (RefID 11119) Mice	
Sperm motility Wang et al. 2016 (RefID 7618) Mice	

- The uncertainty analysis was conducted **in accordance with EFSA's guidance on uncertainty analysis**, using a combination of methods appropriate to each step of the assessment (EFSA Scientific Committee, 2018).
- **Aim:** To assess whether other effects of BPA may potentially occur after exposure to lower doses than the endpoint on which the reference point (RP) is based and, if so, inform a decision on what size of **additional uncertainty factor** would be suitable to take those effects into account.



Reference point (RP) for the critical effect in the **range of ng/kg bw per day**, expressed as human equivalent dose



Default UF of **25**

- inter-species toxicodynamic difference (2.5)
- intra-human variability in toxicokinetics and toxicodynamics (10)

Uncertainty analysis: additional UF

Tolerable daily intake (TDI) in the **low range of ng BPA/kg bw per day***

*until the opinion is adopted the value may still be changed

