

Claudius Griesinger, Thomas Hartung, ECVAM team.





*Key area leader*

■ ***Evidence-Based Toxicology (EBT)***

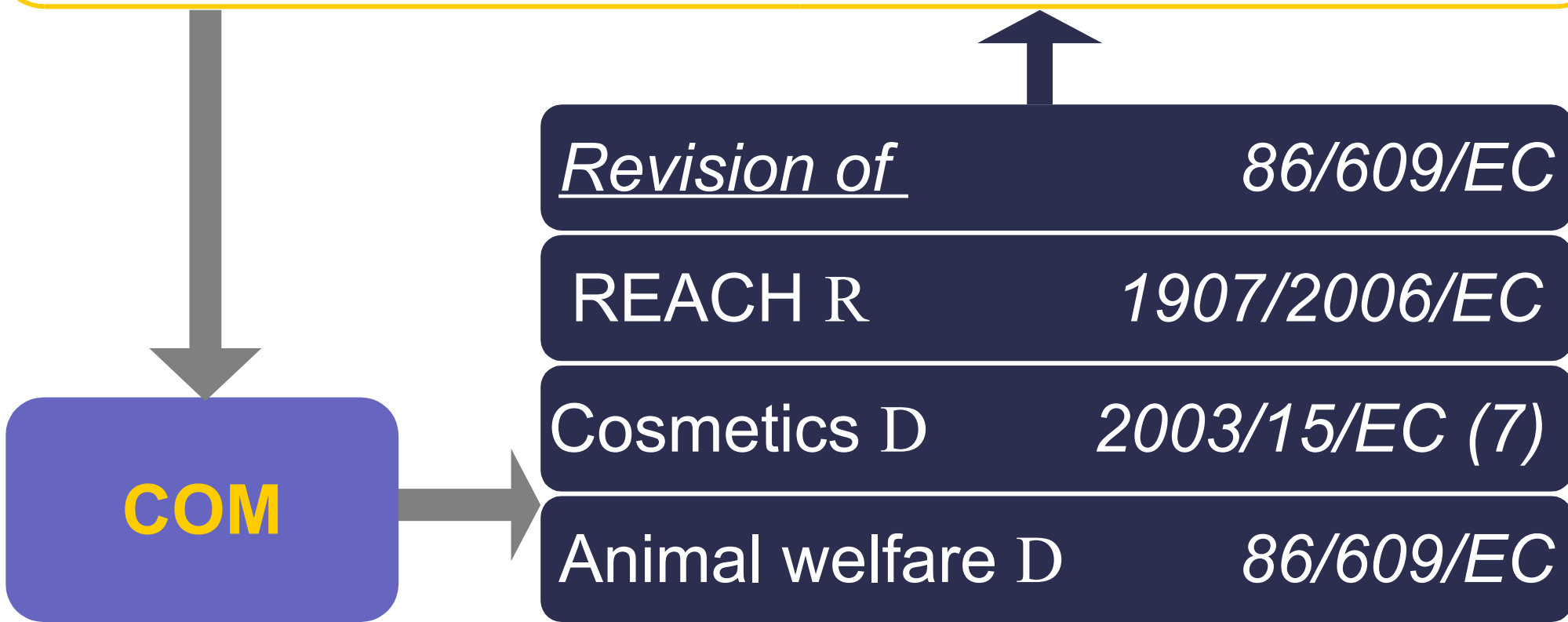
■ ***CORRELATE ('Commission Reference Laboratory for  
Alternative Test Evaluation')***



# OVERVIEW

-  *Driving forces:*  
**translating societal expectations into legislation**
-  *Key legislations:*  
**REACH & Article XI**
-  *The “decade of toxicology”? Are we ready ?*  
**Evidence-based Toxicology**
-  *Independent assessment of alternative methods*  
**CORRELATE**

## The driving force: societal expectations of sustainability



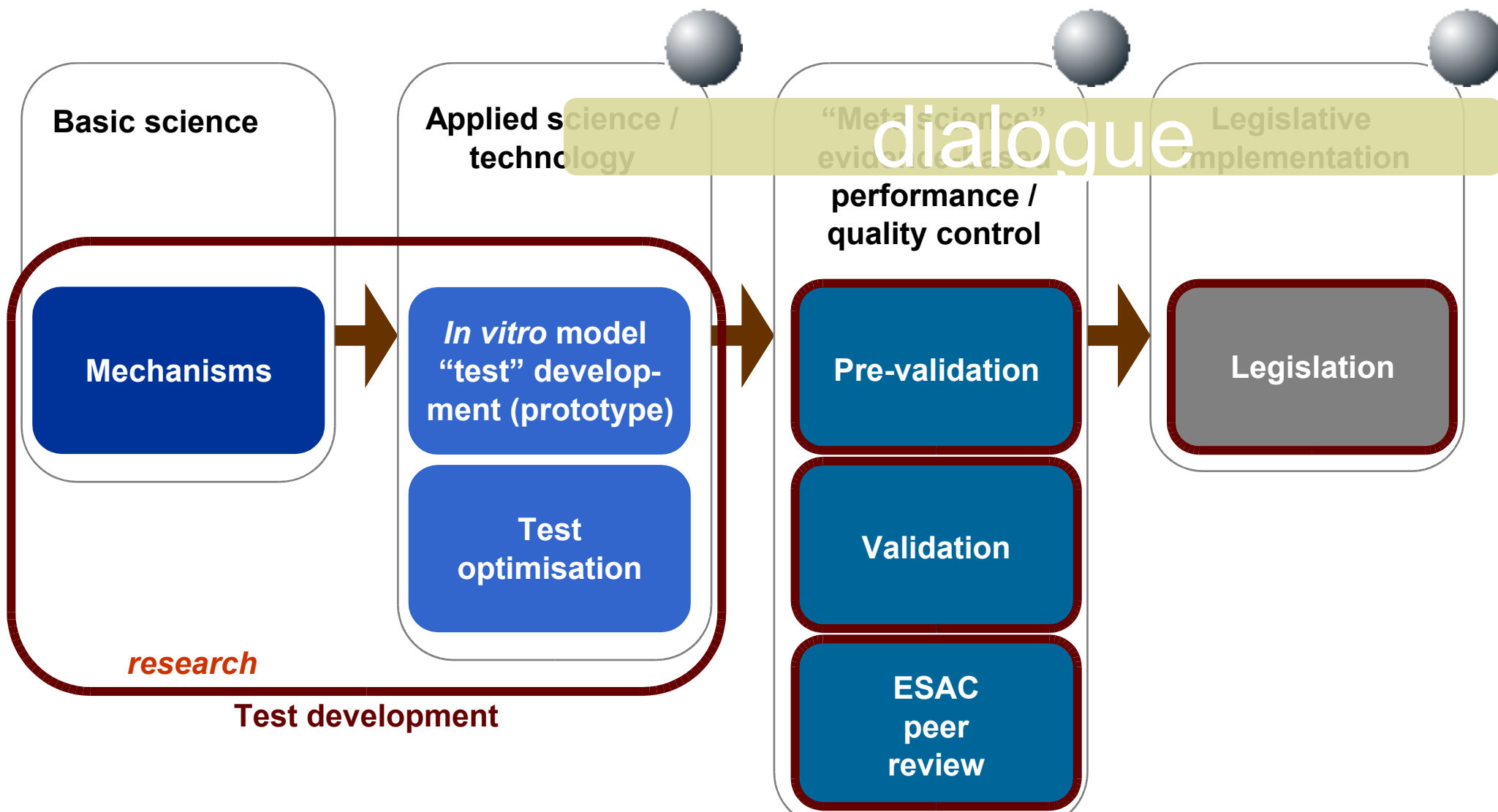
# ESAC statements. *chemicals*

67/548/EEC

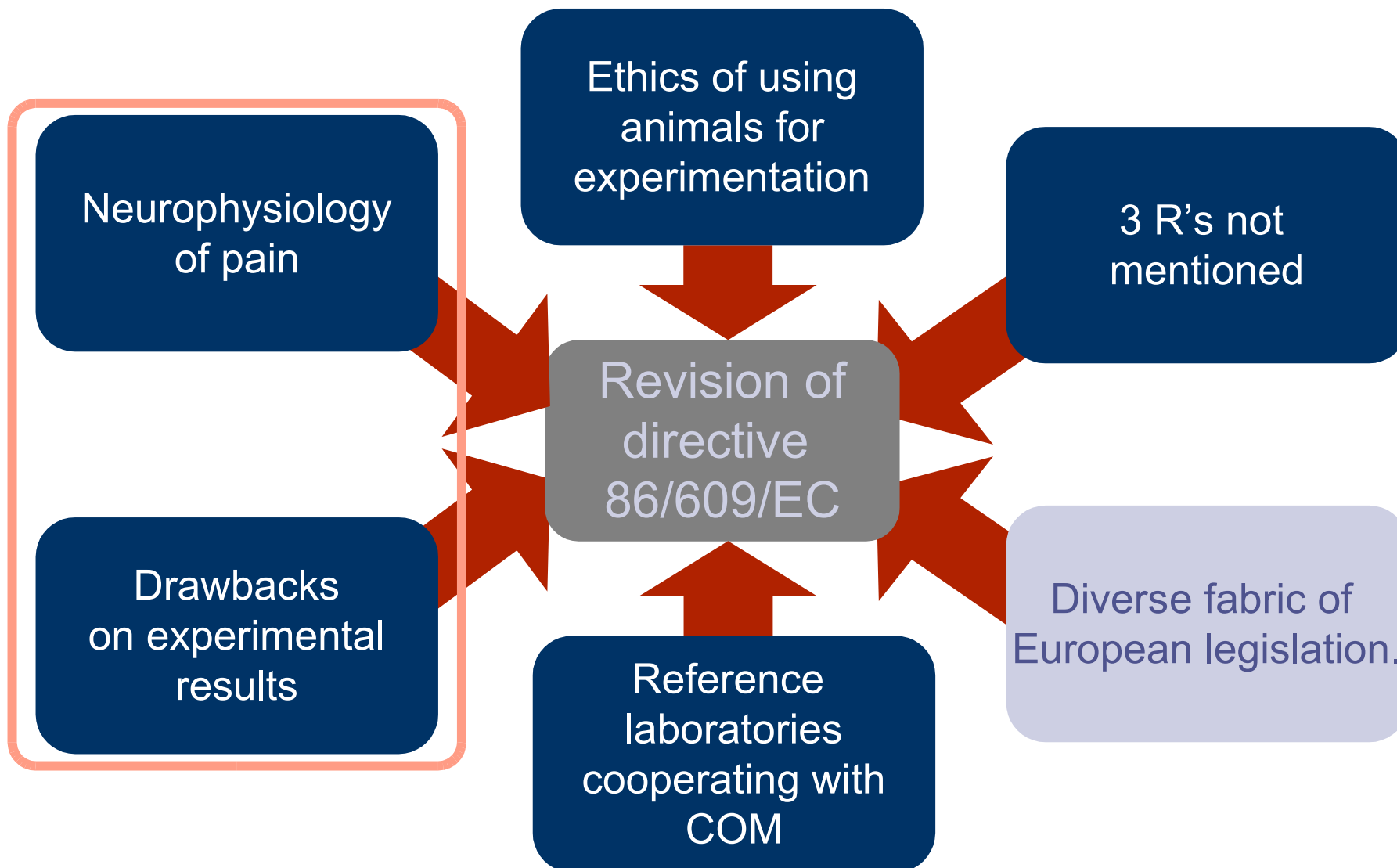
OECD

ESAC Statement	Date		
• 3T3 NRU phototoxicity test	1997	2000	2002
• EPISKIN™ skin corrosivity test	1998	2000	2002
• Rat TER skin corrosivity test	1998	2000	2002
• 3T3 NRU phototoxicity test to UV filter chemicals	2000		
• Local Lymph Node assay for skin sensitisation	2000		2002
• EpiDerm™ skin corrosivity test	2000	2000	2002
• CORROSITEX® skin corrosivity test	2000		2006
• Embryonic stem cell test for embryotoxicity	2002		
• Whole-embryo culture test for embryotoxicity	2002		
• Micromass test for embryotoxicity	2002		
• Micronucleus test, alternative to in vitro chromosome aberration	2006		
• SkinEthic skin corrosivity test	2006		
• BCOP / ICE test for identifying severe eye irritants	2007		
• rLLNA (reduced local lymph node assay – skin sensitisation)	2007		
• EPISKIN (MTT.IL1a) + EpiDerm (MTT) – skin irritation (full & partial replacement)	2007		





# Ante / pre / validation / post



# Revision of 86/609/EC



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# REACH and alternative methods

Whereas 1

Article 1

Article 13

Article 25

Annex XI



# REACH and in vitro – Whereas 1

## *Whereas 1*

The purpose of this Regulation is to ensure a high level of protection of human health and the environment, as well as the free movement of substances, on their own, in preparations and in articles while enhancing competitiveness and innovation. This Regulation should also promote the development of alternative methods for the assessment of hazards of substances.

# REACH and in vitro – Article 1

## *Article 1* *Aim and Scope*

The purpose of this Regulation is to ensure a high level of protection of human health and the environment, **including the promotion of alternative methods for assessment of hazards of substances**, as well as the free circulation of substances on the internal market while enhancing competitiveness and innovation.

## REACH and in vitro – Article 13

### *Article 13*

*General requirements for generation of information on i. p. of substances*

(3)

To generate information, conduct in accordance with „...**test methods laid down in a Commission regulation** or other international test methods recognised by the Commission or the Agency as being appropriate.“

„...**information ... may be generated in accordance with other test methods provided that the conditions set out in Annex XI are met.**“

# REACH and in vitro – Article 25

## *Article 25*

### *Objectives and General Rules*

In order to avoid animal testing, testing on vertebrate animals for the purposes of this Regulation shall be undertaken only as a last resort. It is also necessary to take measures limiting duplication of other tests.

# REACH and alternative methods

Whereas 1

*Development*

Article 1

*Promote their use  
in hazard testing*

Article 13

*Not only 'canonized'  
methods -> val. AM's*

Article 25

*Their use indirectly  
encouraged*

Annex XI

# REACH – Annex XI

## *Annex XI*

*General rules for adaptation of the standard testing regime  
set out in Annexes VII to X*

*1. Standard (often Animal )* **Testing does not appear scientifically necessary**

1.1 Use of existing data

1.2 Weight of evidence

1.3 Qualitative or quantitative structure-activity relationships

**1.4 In vitro methods**

1.5 Grouping of substances and read-across approach

# Suitable methods according to REACH

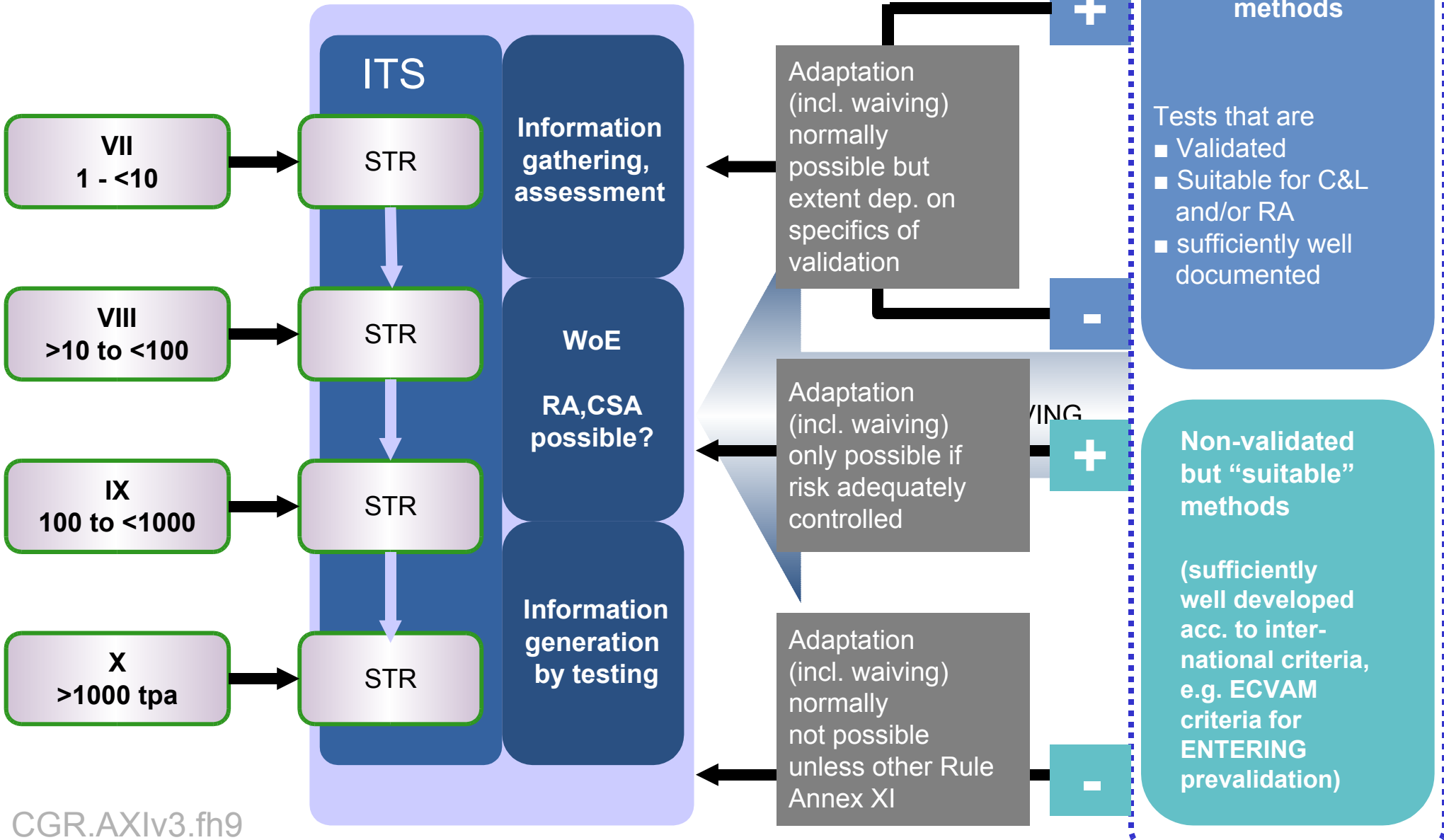
Suitable methods  
(at least qualifying for pre-validation)

Everything between  
just entering  
pre-validation and  
just not validated

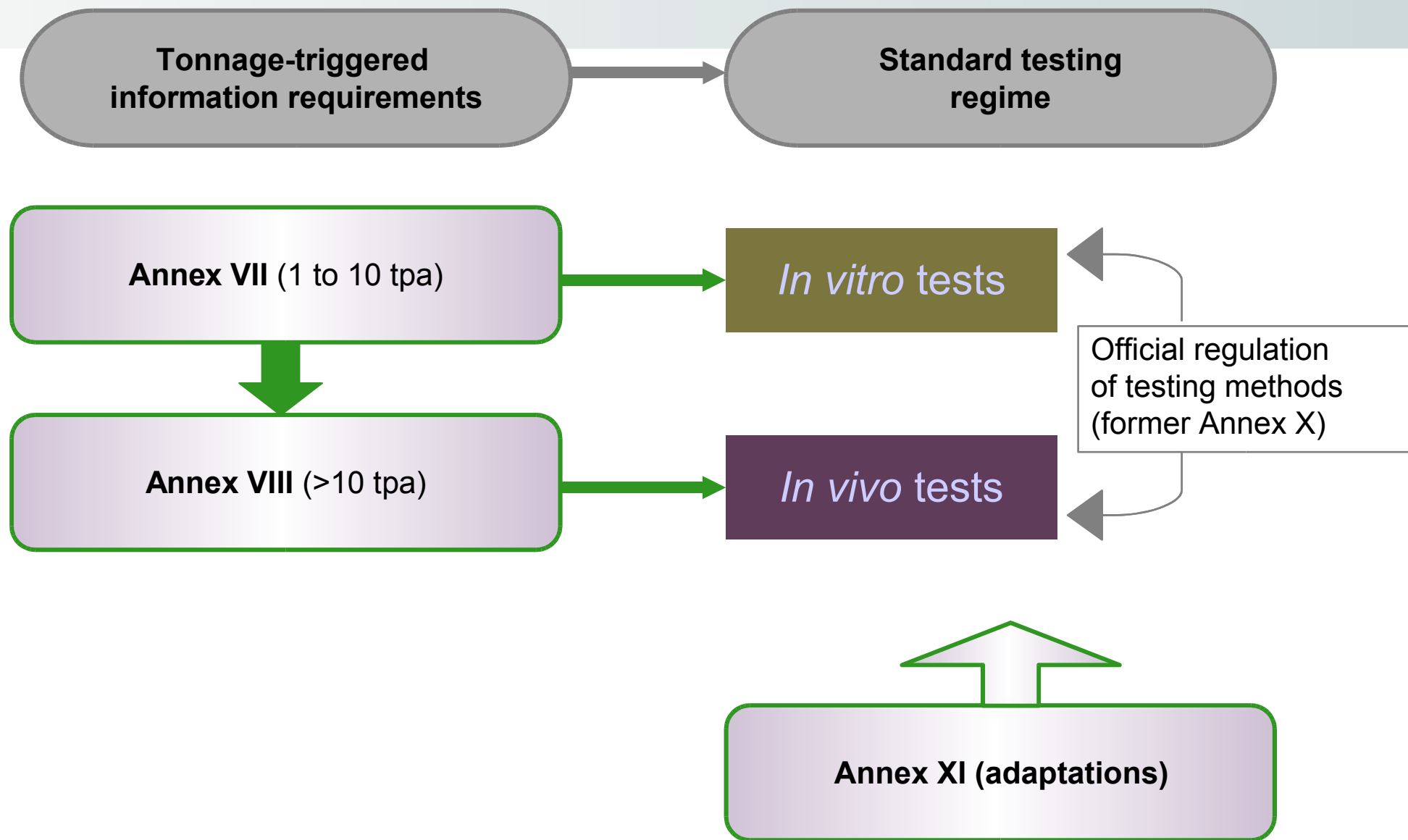
*Who decides?*

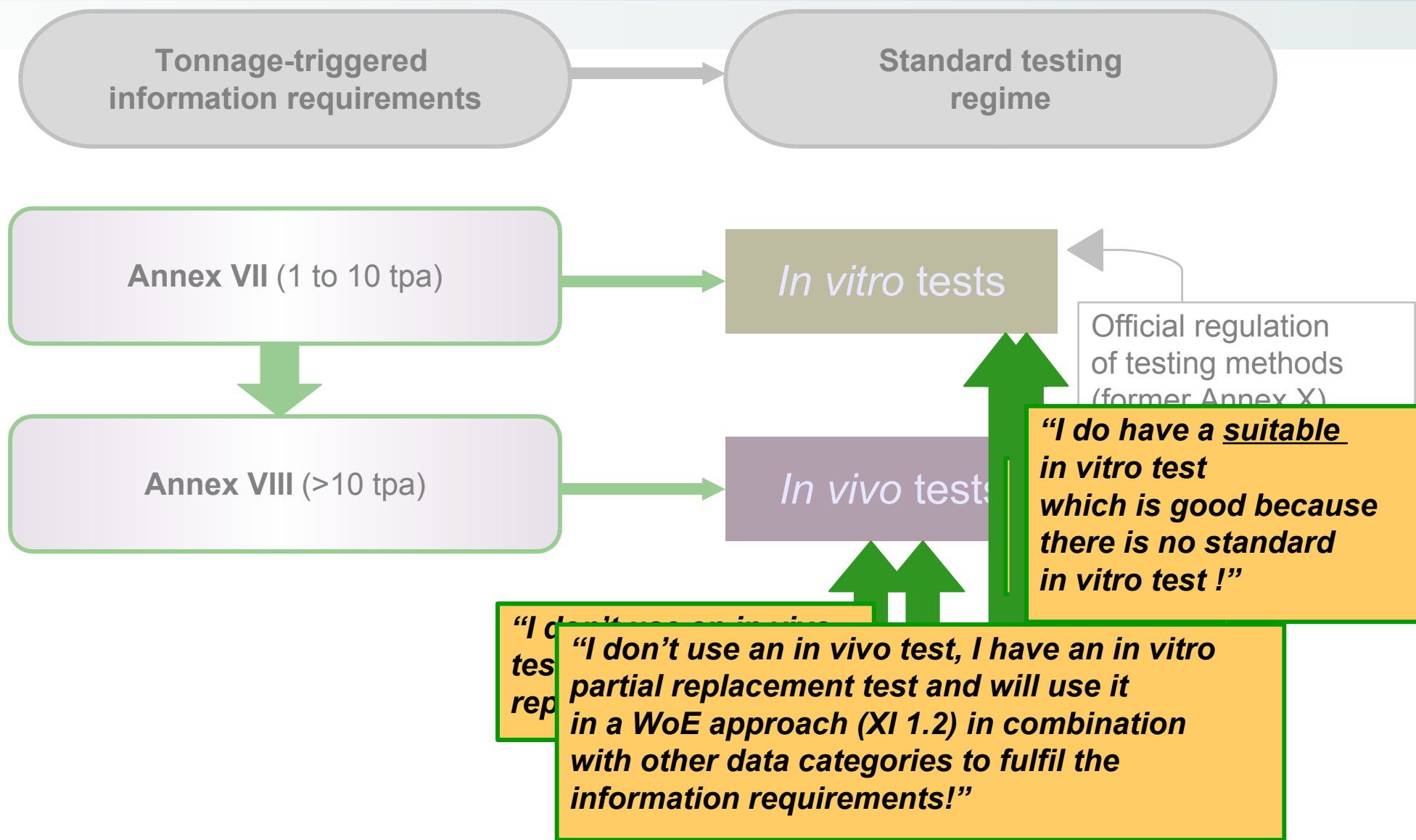
Validated methods

Standard information requirements.  
If testing necessary, to be fulfilled by  
Standard Testing Regime (STR)









## RIP 3.3 ECVAM's contribution



### ***Stakeholder expert group (SEG) input process:***

Thomas Hartung, Christoph Klein



### ***Contribution to “endpoint working groups” (EWGs):***





- Acute toxicity (Laura Gribaldo)
- Sensitisation (Costanza Rovida)
- Reproductive toxicity (Susanne Bremer)
- Toxicokinetics (Michel Bouvier d'Ivoire)
- Mutagenicity, Carcinogenicity (Raffaella Corvi)
- Environmental/aquatic toxicity (Marlies Halder)
- Skin & eye corrosion/irritation & respiratory irritation.  
(Chaired by ECVAM: Valerie Zuang, Claudius Griesinger).



### ***Drafting group RIP 3.3***

Christoph Klein, Costanza Rovida, Claudius Griesinger

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# Evidence-based toxicology

Toxicology is a success story, but there is some room for improvement !

Lack of adaptation to progress in life & toxicological sciences

Traditional assessment methods:  
Unknown reliability & relevance

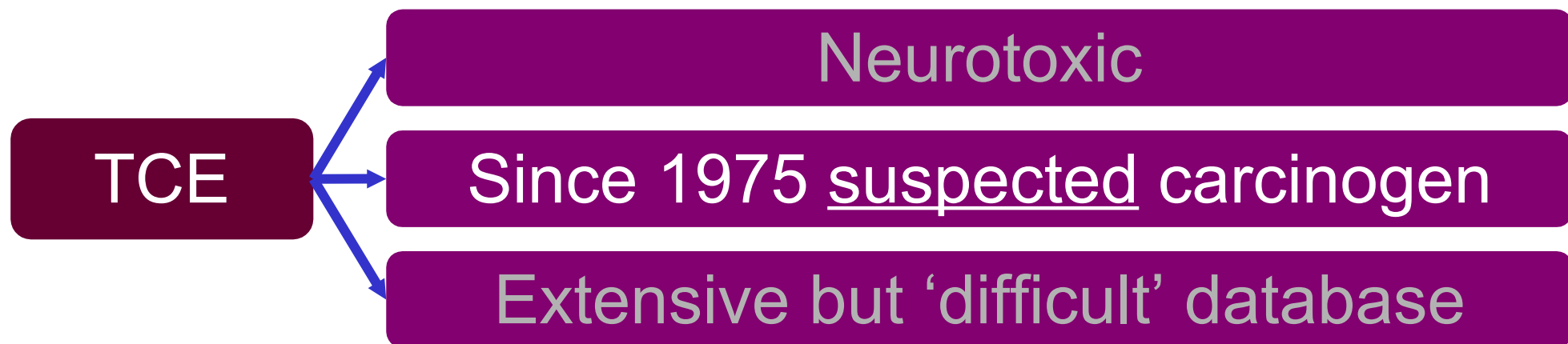
Decision-making on risks & hazards:  
No global “best practice”, consensus-driven, en-route criteria

Data integration – lack of quantitative and more objective methodologies

No mechanisms to listen to societal expectations (sustainability)

## Example: Risk assessment of trichloroethylene

29 risk assessments (animal & human data) analysed



# Example: Risk assessments of trichloroethylene

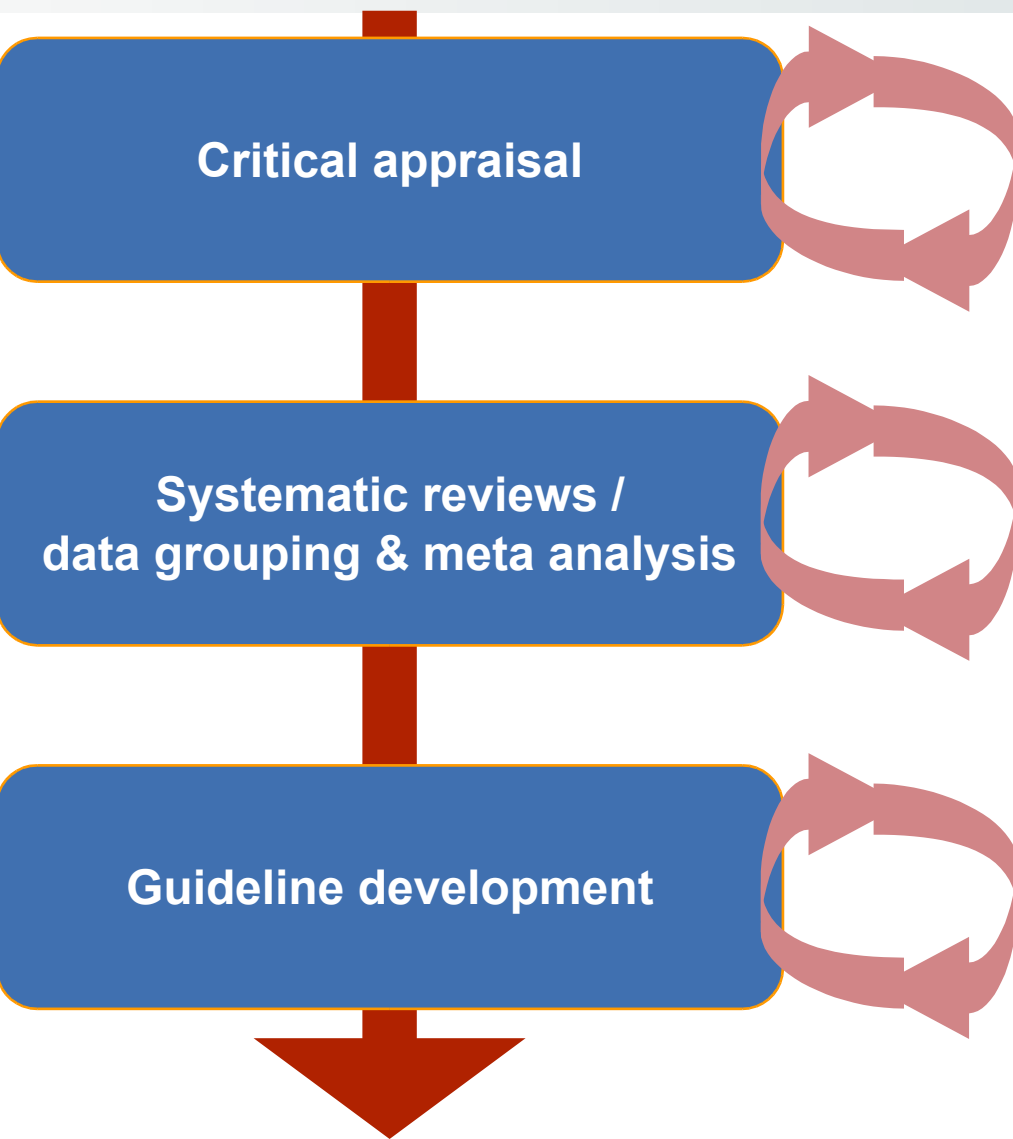
**Carcinogen**  
4 studies

**Equivocal**  
19 studies

**No carcinogen**  
6 studies

- average reference coverage  
**18%**
  - average citation coverage of most relevant studies  
**80%**
  - interpretation differences of most relevant studies  
in **27%**
  - study/data quality: assessment not documented in  
diverse **65%**
- Reasons for differences in risk assessments**
- selection bias  
bias in data selection (incomplete and diverse)  
different data interpretation/evaluation

# Evidence based medicine - tools



- Continuous adaptation to scientific progress.
- Transparency.
- Explicitness.
- Conscientious, Judicious use of best “evidence”.



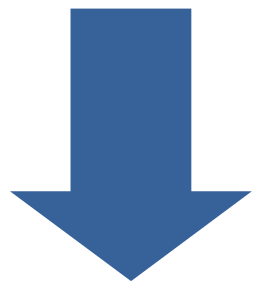
## Evidence-Based Medicine: systematic reviews

*Question*

How much more reliable/efficient is diagnostic method X compared to Y detect Z

*Standards*

Define *ex ante* criteria for **search**, **inclusion**, **evidential power** of information



***Minimising intrinsic bias***

*Question*

*Standards*

“Protocol”  
(Study plan, review plan)

**Peer  
review (I)**



# Evidence-Based Medicine: systematic reviews

*Question*

How much more reliable/efficient is diagnostic method X compared to Y detect Z

*Standards*

Define ex ante criteria for **search**, **inclusion**, **evidential power** of information

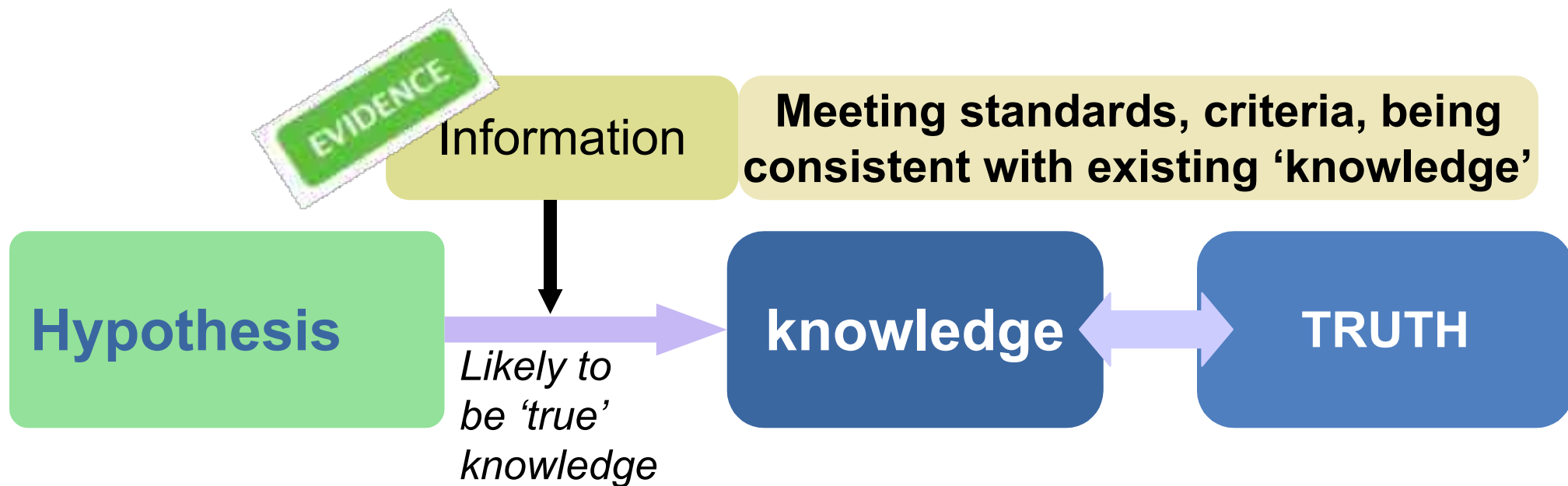
all → relevant → inclusion → Conclusion/

***Minimising application bias***

EVIDENCE

**Peer  
review (II)**

# What actually is evidence ? – epistemology



- *What **criteria / standards** must **information** fulfil to be regarded as **evidence** for / against a hypothesis so that we can regard the hypothesis as **probable knowledge**?*

**EBT**

*1st International Forum towards  
Evidence-Based Toxicology (EBT)  
15-18 October 2007, Como, Italy*

[www.ebtox.org](http://www.ebtox.org)



**About 170 participants**

- From basic research, industry, regulation, animal welfare, policy making...
- From > 25 countries
- From Europe, Africa, Asia, America

## Two of the core questions of the forum

- *Kaizen* : How can we further improve toxicological practice ?
- **Can toxicology profit from evidence-based approaches (e.g. EBM) ?**
- **How can we use Evidence-Based tools in Toxicology (EBT) ?**
- How do we define EBT, what are its objective and aims ?
- How can we make EBT workable ?

## Basic science (Life sciences)

Knowledge  
creation

knowledge

## Medicine

Knowledge  
creation

knowledge

Decision making

Act

## Toxicology

Knowledge  
creation

knowledge

Decision making

Act

**A craft (e.g. metallurgy)**

# Medicine: causation & probability

## Medicine

Hypotheses on causal links (causation)

● **Z**  $\longrightarrow$  **A** (adverse effect)

● **C,P**  $\longrightarrow$  **D** (desired effect), **A**↓

*Disease, hazard*

*Pathogenesis*

*Curative/preventive acts*

Probability of **A** to **occur** (probability)

Probability of **C** to cause add. adverse effects **A2**

*Risk*

Probability of **C** (cure) to reduce **A** (probability)

Probability of **P** (prevention) to avoid **A** (probability)

*Effectiveness*



# Toxicology: causation & probability

## Toxicology

Hypotheses on causal links (causation)

●  $Y \longrightarrow A$  (adverse effect)

●  $P \longrightarrow A \downarrow$

Probability of the  $A$  to occur (probability)

Probability of the  $P$  (RRM) to prevent  $A$  (probability)

*Hazard*

*“Toxicogenesis”*

*Curative/Preventive  
acts*

*Risk*

*Effectiveness*



## Core concepts: causation and probability

	Medicine	Toxicology
Causation	<i>Disease, hazard</i>	<i>Hazard</i>
	<i>Pathogenesis</i>	<i>“Toxicogenesis”</i>
	<i>Curative/preventive acts</i>	<i>Curative/Preventive acts</i>
Probability	<i>Risk (A, A2)</i>	<i>Risk (A)</i>
	<i>Effectiveness</i>	<i>Effectiveness</i>

**'Open' knowledge creation**



**'Purposeful' knowledge**

**'Experiment' in species of interest**



**Decision making**



**Acts**

**Human / Environmental Health**

## Medicine


- Basics science
- Pathogenesis
- Pharmacology...
- Diagnostic testing
- Efficacy testing
- Hazard testing
- Dia. test testing
- P Risks  $\begin{matrix} \swarrow A \\ \searrow C, P \end{matrix}$
- Interventive Treatment, Surgery
- Prevention

**Additional non-testing information**

## Toxicology

- Basics science
- Toxicogenesis
- Hazard testing
- Validation
- P Risks  $\begin{matrix} \swarrow A \\ \searrow P \end{matrix}$
- Preventive RRM

## Application in toxicology ?

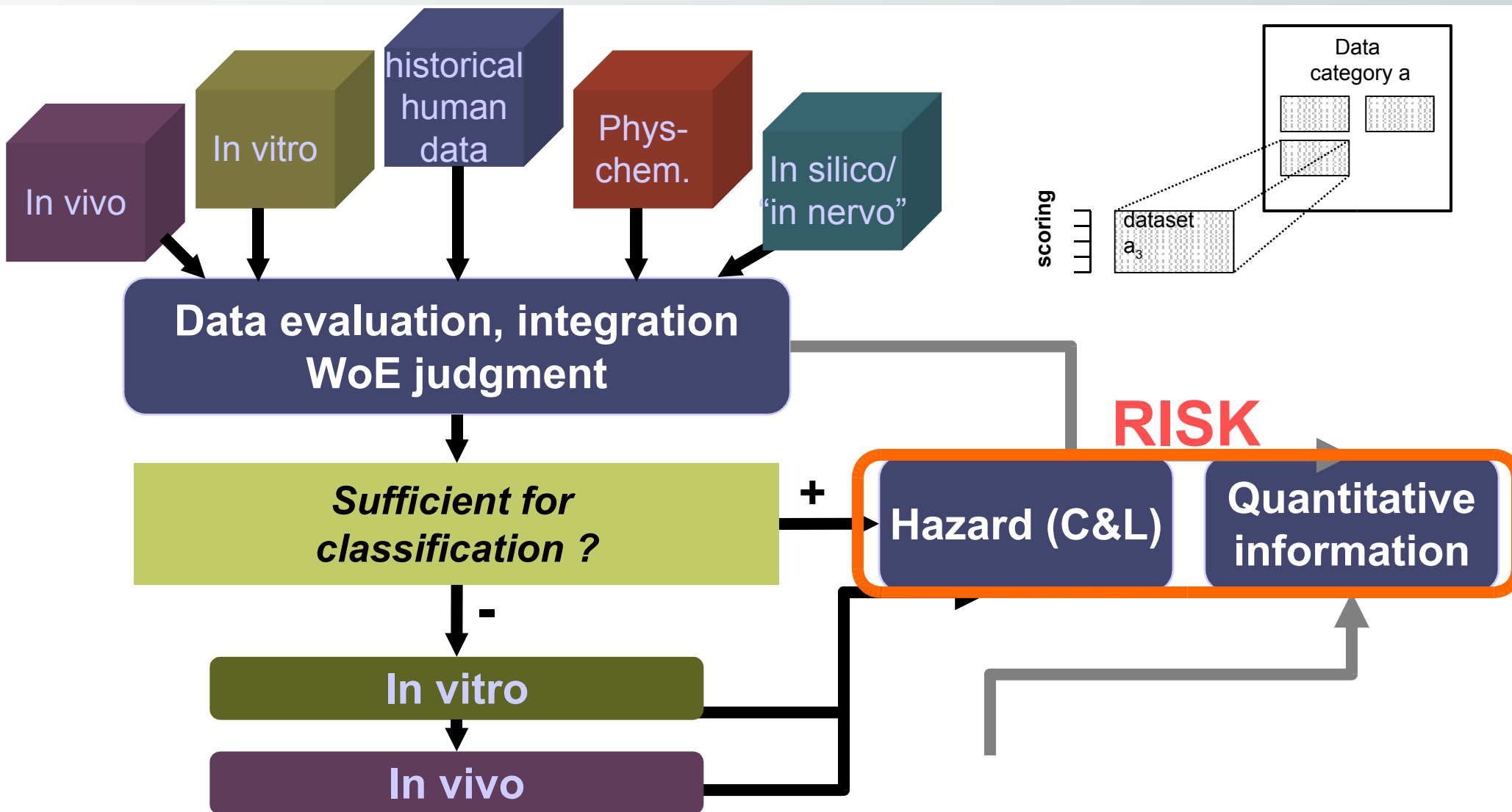


Developing and applying  
ex ante criteria for extracting  
“evidential power” of information to  
evaluate a specific question using  
structured approaches  
(systematic reviews)



Quantitative data evaluation for  
acute decision making

# Quantitative assessment of data (REACH)



## Results



Declaration

10 defining characteristics

*Definition / mission statement*

Proceedings (early 2008)

EBT symposium Eurotox, Rhodes,  
Greece, 2008





## Facilitation steps

Dissemination

Setting up method groups

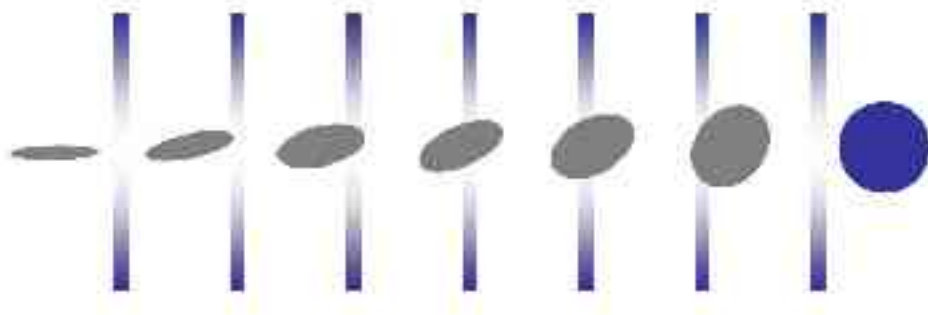
Cross-fertilization with other  
e.b. disciplines

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**CORRELATE**

## CORRELATE...

# CORRELATE



- Is functional.
- Products will be peer-reviewed & endorsed by ESAC.
- 1<sup>st</sup> validation study starting December / January.
- Strong motivation to cooperate with national reference laboratories (to be set up).

# Possible roles of CORRELATE



**Validation tool for  
similar methods**

*Market 'pluralism'  
of methods*

**Reference laboratory  
network**

*European added value*



**Prospective validation**

*Assessment: robustness,  
handling qualities*

**REACH suitability**

*Continuous REACH  
implementation - ECHA*





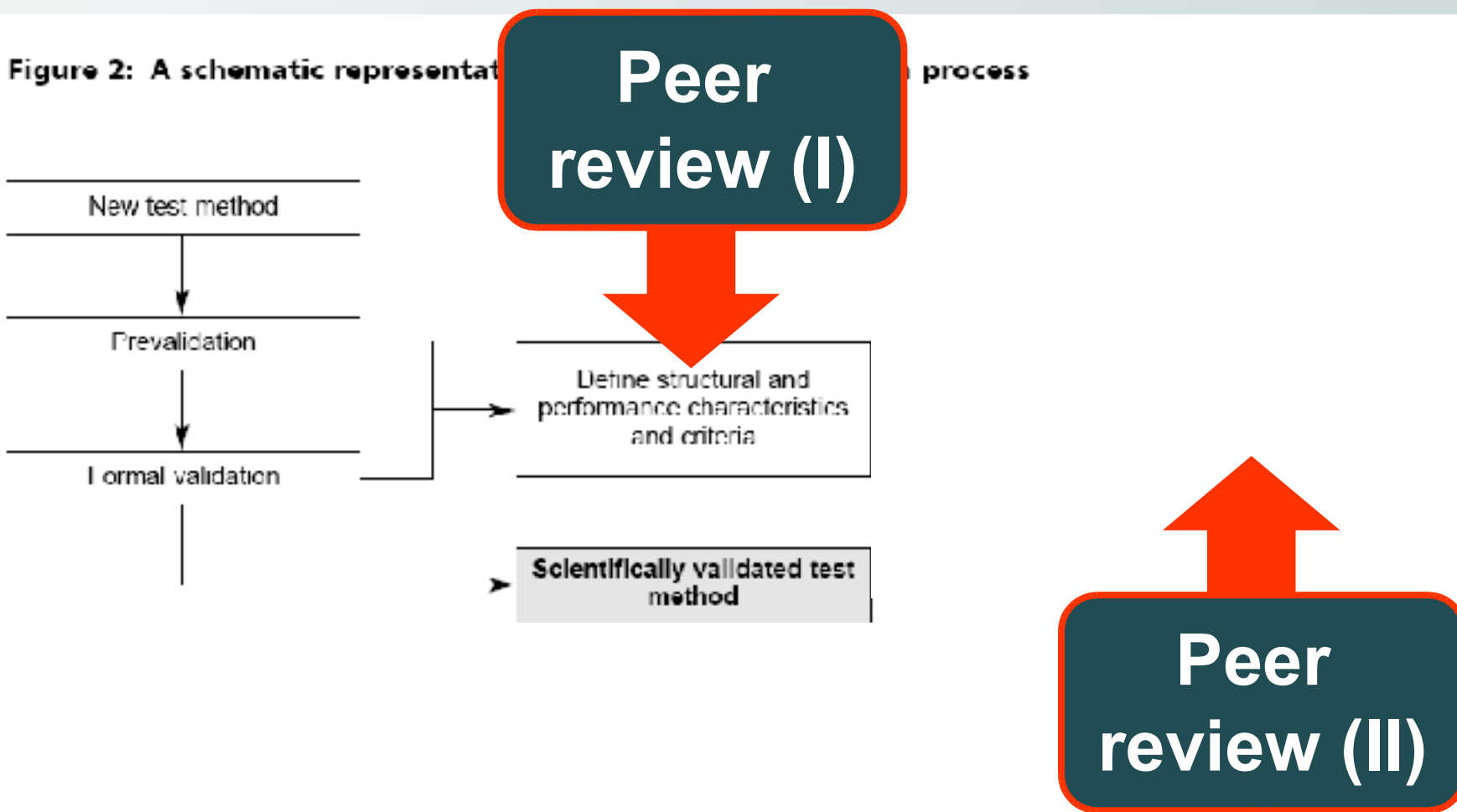
## Two catch-up studies so far

### Skin corrosion

3. EpiDerm (catch-up with EPISKIN)	2000
4. SkinEthic	2006
5. EST-1000	2007/8

# The “classical” catch-up validation pathway

Figure 2: A schematic representation of the process

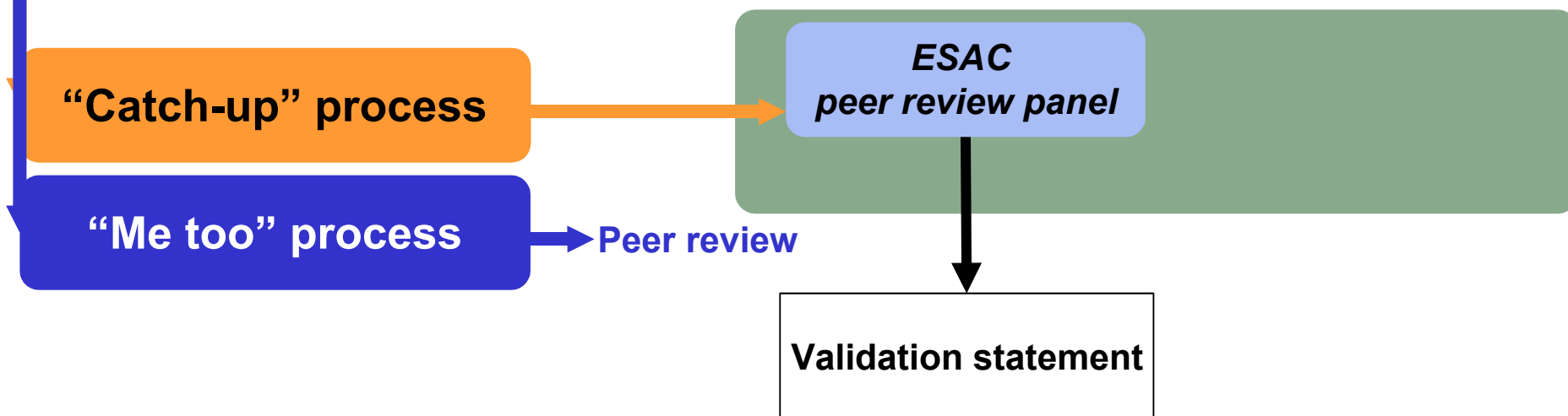


*In the ECVAM process, a scientifically validated method is one that has been endorsed by the ECVAM Scientific Advisory Committee (ESAC). If the method is appropriate for chemicals testing, a draft Annex V guideline, incorporating the method, will be submitted to the EU Competent Authorities for Directive 67/548/EEC for consideration for regulatory acceptance and application.*

# Catch-up vs me-too: between laboratory variability

**Hypothesis 1:**  
**Similarity** ✓

	Submitter	Correlate	Third laboratory	BLV datasets (required = 3)
SCENARIO 1	● ● ●			3
SCENARIO 2	● ●	●		3
SCENARIO 3	●	●	●	3



# Catch-up vs me-too: between laboratory variability

## “Catch-up” process

### In the past:

Comparable to submissions of external validation studies.  
No independent laboratory involved.

### In the future:

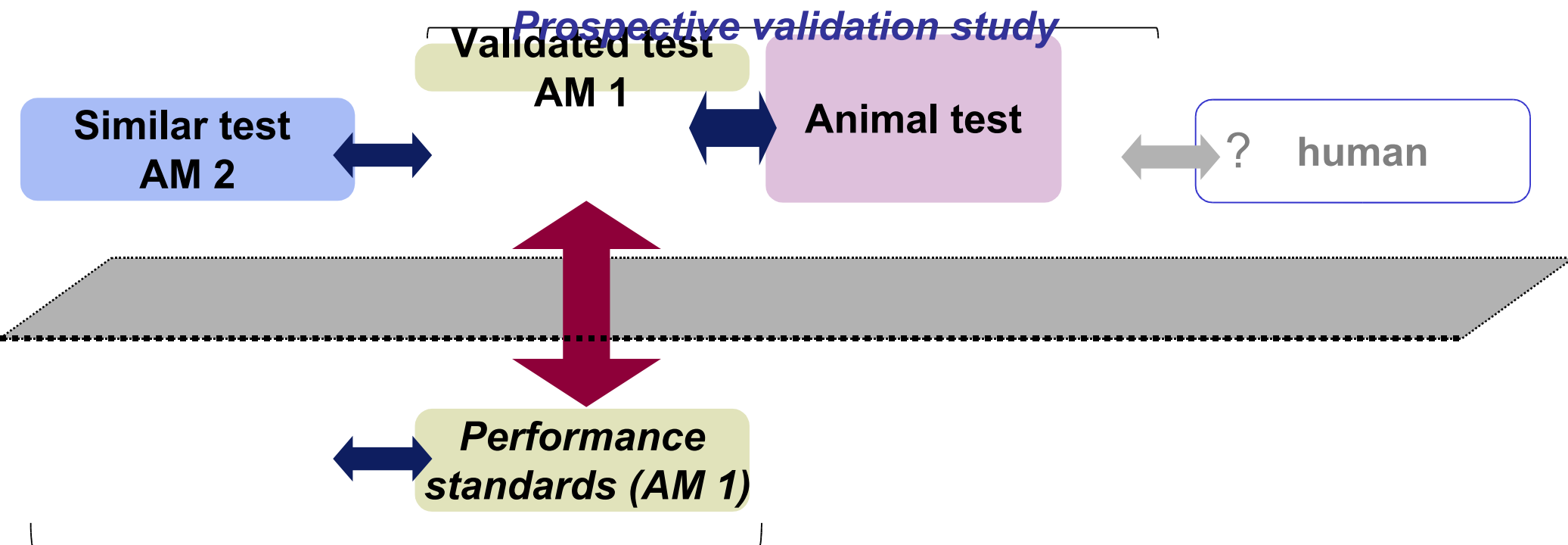
External studies coordinated by ECVAM with / without participation of NETWORK laboratory.

## “Me too” process

### In the future:

Studies with part of data generation by ECVAM-CORRELATE (and NETWORK laboratory)

# The “validation regress” of justifications



# Validation of similar methods

*Performance standards*

*Hypothesis 1:  
Similarity*

**Conditional hypothesis !**

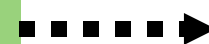
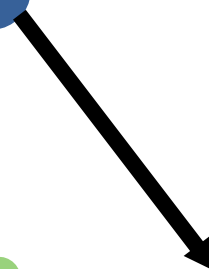
**Limited experimental set**

*Hypothesis 2:  
Equal performance*

*Reproducibility*

*Predictive  
relevance*

**Applicability domain**



## Validation of similar methods

***Hypothesis 1:  
Similarity***

**Conditional hypothesis !**

**Limited experimental set**

***Hypothesis 2:  
Equal performance***

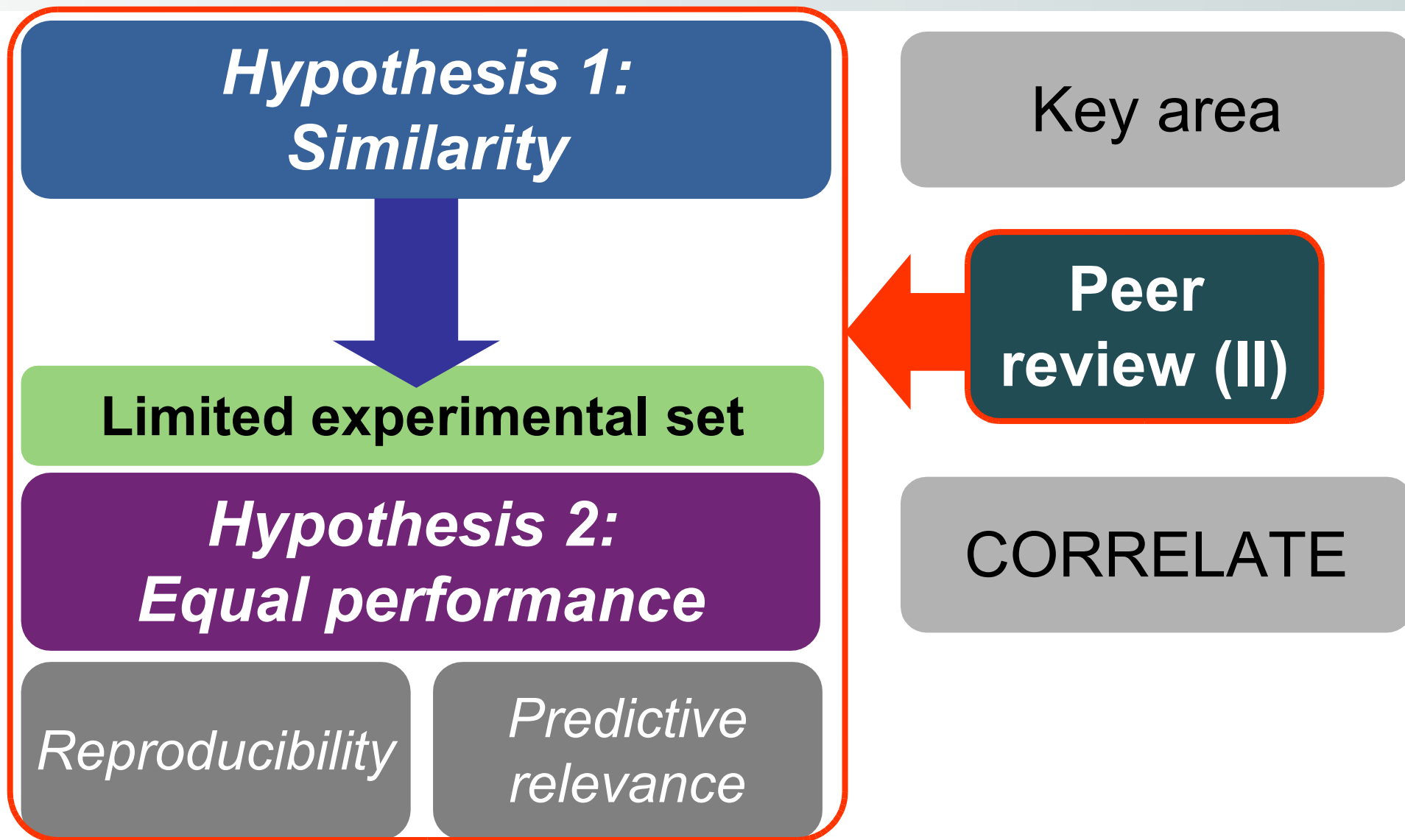
*Reproducibility*

*Predictive  
relevance*

***NOT empirically  
testable.  
Justification via  
standards / ex ante  
criteria linked:  
Evidence-based***

***Empirically  
testable using  
a limited  
experimental  
set (reference  
chemicals)***

## Peer review is essential in evidence-based approaches





## ESAC statements for new methods might be updated once similar methods have been validated

***ESAC statement on scientific validity of***

**New method AM1**

**Similar method AM2**

**Similar method AM3**

**Similar method AM4**

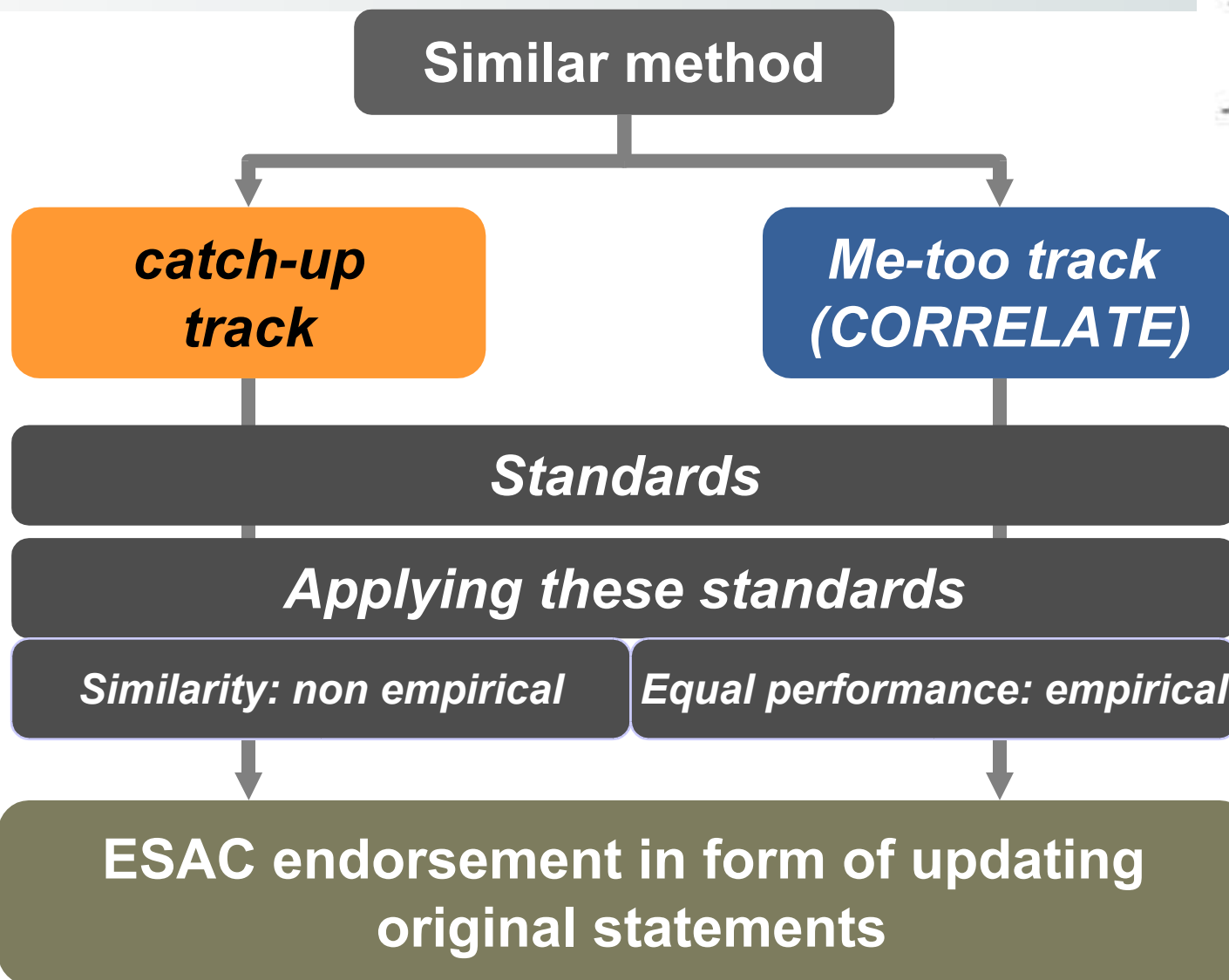
***version 1***

***version 2***

***version 3***

***version 4***

## Summary (1)



Peer review ✓

Peer review

*Thank you  
for your  
attention !*