

QRA Methodology Update (QRA2) and evaluating its effectiveness in consumer protection

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Work by IDEA 2016 Completion of QRA2 dossier



- Response by IDEA to SCCS and JRC comments and the subsequent Annual Review met the deadline of October 30, 2015.
- Additional editing included on 'foreseeable use' and more detailed information on the incorporation of the aggregate exposure model.
- Final dossier submission to DG Grow October 2, 2016.

Work undertaken in 2016

Details in next presentations



- Integration of Alternatives to Animal Testing (non-animal data) into QRA2 – WG meeting on April 26, 2016.
- Pre- and pro- hapten assessment:
 - Development of framework for integration into QRA2 WG meeting Dec. 13, 2016 on identification,
 understanding of formation and exposure assessment.
 - Development of an analytical method for detection and quantification of hydroperoxides .
 - progress report on the development of analytical method.

Critical importance of surveillance



- The scientific community / EU Commission (particular SCCS) / dermatologists require the assessment of the effectiveness of the revised QRA2.
 - In order to do this a reliable surveillance system must be in operation.
 - Inclusion of 'new' fragrance substances.

IDEA Surveillance 2015-2016



Surveillance system draft proposal, spring 2015:

- Developed from that used for monitoring isothiazolinone 'crisis' in Europe.
- Presented and discussed at IDEA WG meeting on April 6, 2016.

Key conclusions of this meeting:

- Support for the surveillance system to assess prevalence of contact allergy in eczema patients as recommended by the dermatologists.
- The surveillance system alone may not verify whether the QRA2 is effective due to confounding factors.
- Work in parallel is, therefore, recommended and will be subject to further discussion.



Surveillance: discussions



Meetings to pursue recommendations, develop protocols, engaging with clinics/dermatologists, examining size and duration of studies and detailed planning:

- Meeting in Malmö (Sweden), May 23rd 2016 with M Bruze and colleagues and Chemotechnique Diagnostics (allergen preparation manufacturer).
- Meeting in Erlangen (Germany) with W Uter, expert in study design and data treatment (July 7th, 2016 and February 1st, 2017).
- The context and the plan for an IDEA surveillance study presented (IR White) at the September 2016 ESCD meeting.
- Internal industry discussions on preparing a meaningful surveillance system continued.

Priorities for surveillance



For surveillance of 'routine' fragrance substances, the choices are:

- Only include FMI and II and its constituents (+ some screening materials).
 - FMI (introduced in 1977):

amyl cinnamal eugenol <u>Evernia prunastri</u> (Oak moss) geraniol

 FMII (introduced in 2004): citral farnesol

hexyl cinnamal

isoeugenol
hydroxycitronellal
cinnamyl alcohol
cinnamal

citronellol coumarin HICC

Testing all 26 fragrance substances requiring labelling on cosmetic products

Other allergens in the 26: amyl cinnamyl alcohol, anise alcohol, benzyl alcohol, benzyl benzoate, benzyl cinnamate, benzyl salicylate, butylphenyl methylpropional, **d-limonene**, **linalool**, methyl 2-octynoate, α -iso-methyl ionone, Evernia furfuracea (Tree moss)

Surveillance of new ingredients



Recommendation to first look at additional materials identified by the SCCS in its 2012 opinion:

For other fragrance substances identified by the SCCS as (potential) allergens in humans, routine testing of groups of substances over blocks of time should provide information on the prevalence and relative importance of them as allergens (information on consumer exposure is required).

- In discussions with stakeholders, the inclusion of 'new ingredients' is recognized as a crucial point for the further development of surveillance system.
- Stringent criteria to select new ingredients to reduce confounding factors.

Effectiveness of QRA2: critical work



- For the proposed surveillance studies to be effective, considerable effort and engagement by clinical dermatologists is required.
 - <u>All</u> clinical dermatology centres test with FMI+II (present in European baseline series).
 - <u>Some</u> centres additionally test all patients with individual ingredients of FMI+II.
 - Few centres test with all 26 labelled substances as well as FMI+II.

Clear information on when QRA2 fully incorporated for each substance on the market.

Assuming QRA2 is fully utilised for all labelled fragrance substances, should we anticipate a reduction in clinical sensitisation, whatever the confounding factors?

- Testing with 'new' fragrance materials as they are introduced onto the consumer market will show what is happening in the naïve population
 - Meeting is planned for end 2017 for agreement.