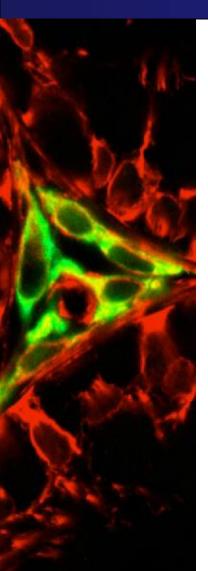
### French Senate 2013



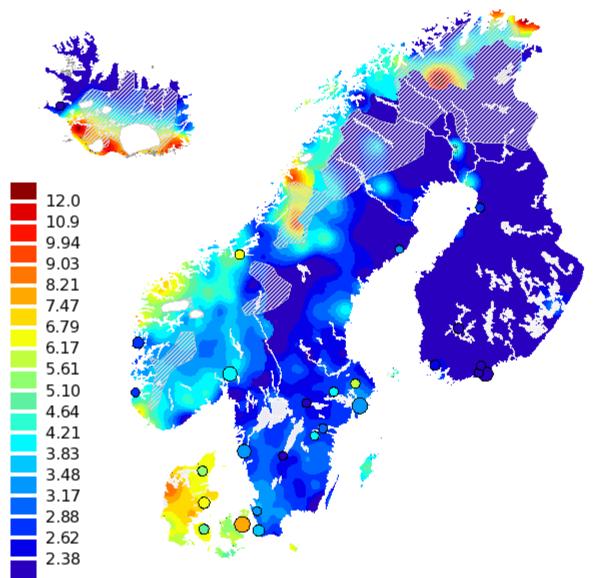
### Endocrine disrupters and the decline in male reproductive health

Andreas Kortenkamp, Olwenn Martin Brunel University London Institute for the Environment

26 April 2013

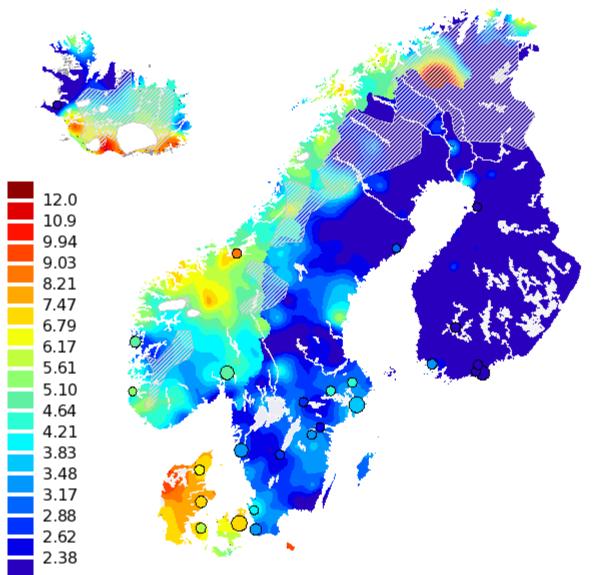
### Testicular cancer, 1970-1976

Incidence / 100,000.



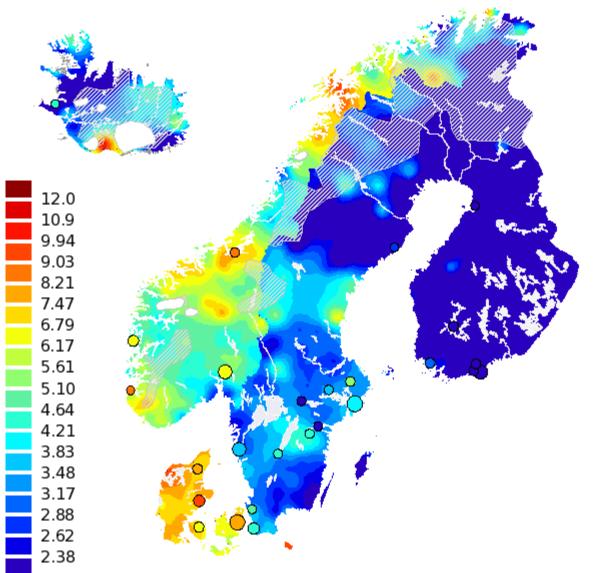
### Testicular cancer, 1974-1979

Incidence / 100,000.



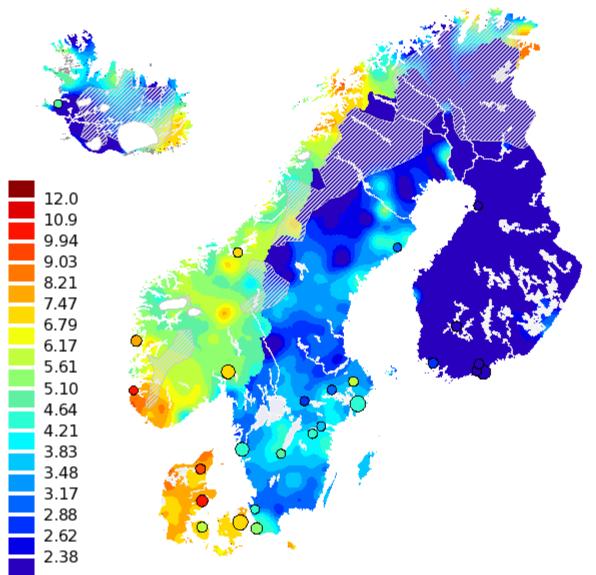
### Testicular cancer, 1977-1982

Incidence / 100,000.



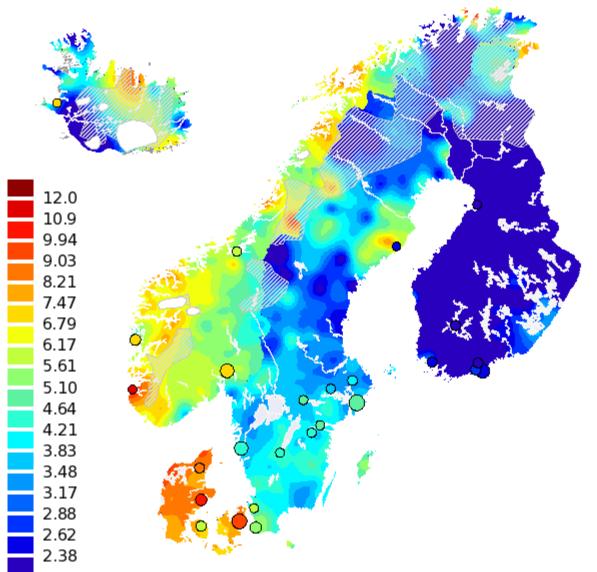
### Testicular cancer, 1980-1985

Incidence / 100,000.



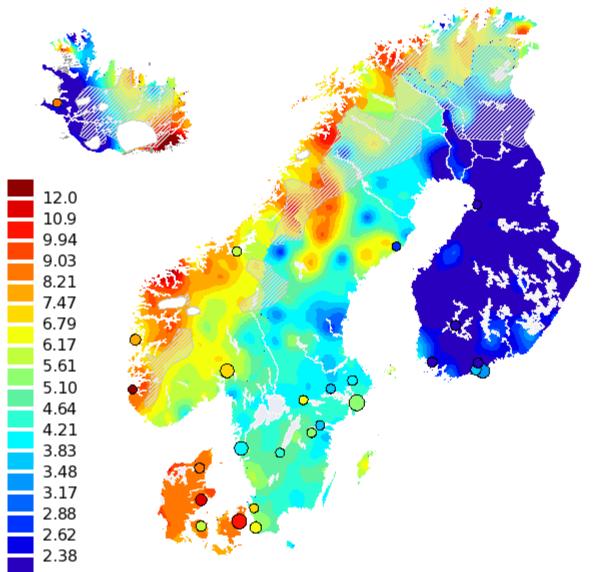
### Testicular cancer, 1983-1988

Incidence / 100,000.



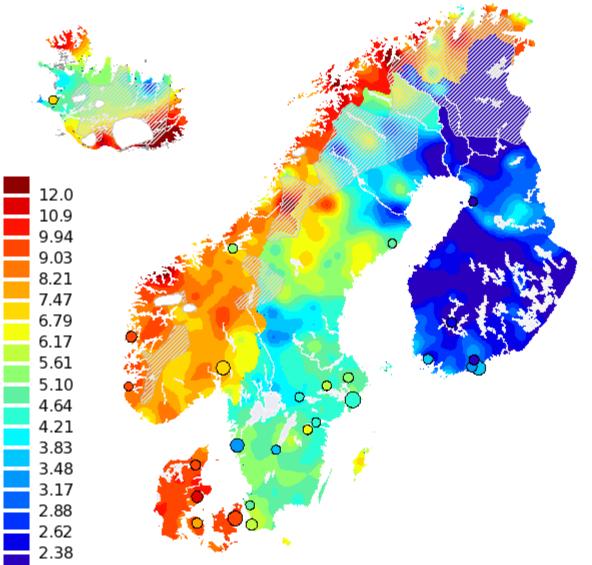
### Testicular cancer, 1986-1991

Incidence / 100,000.



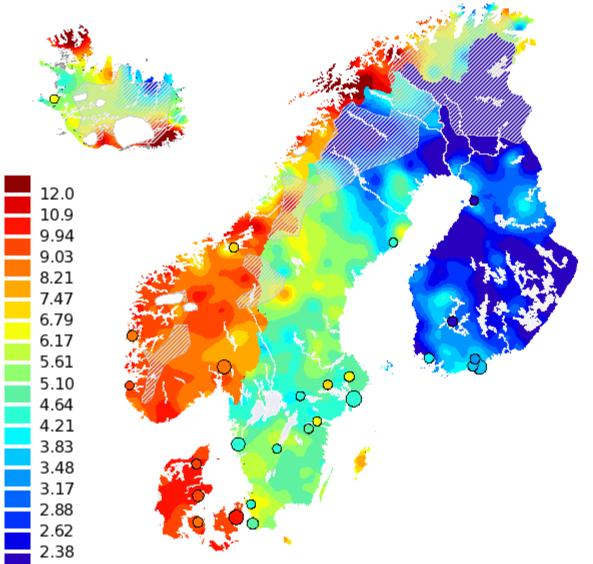
### Testicular cancer, 1989-1994

Incidence / 100,000.



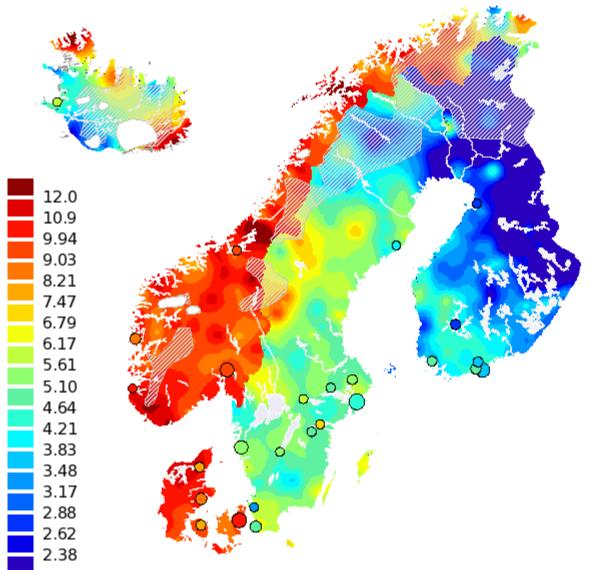
### Testicular cancer, 1992-1997

Incidence / 100,000.



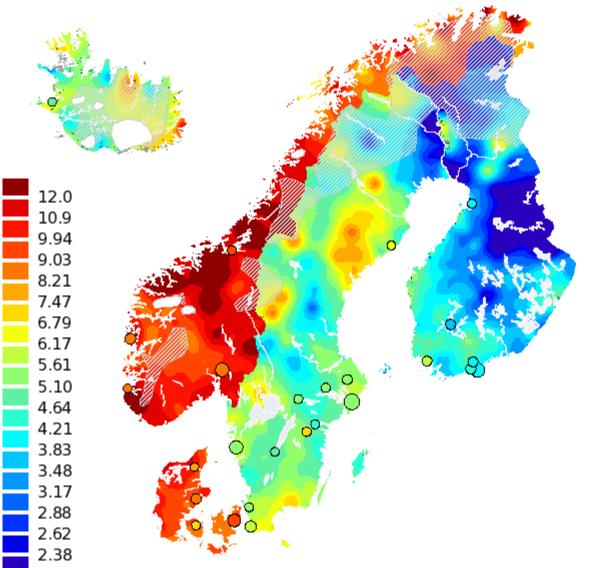
### Testicular cancer, 1995-2000

Incidence / 100,000.



### Testicular cancer, 1998-2003

Incidence / 100,000.

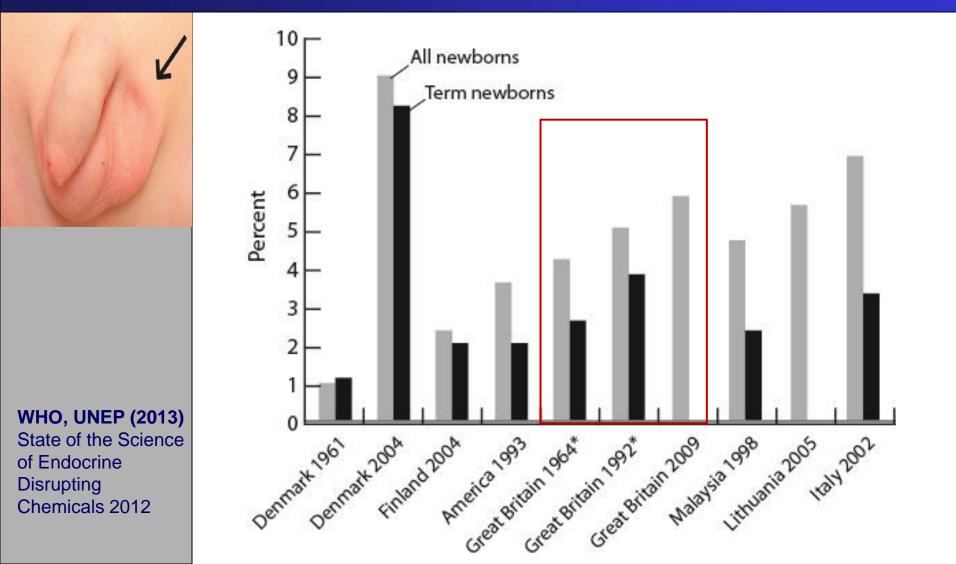


### Testicular germ cell cancers

Within 30 years **3-4 fold** increases
in Scandinavia

- Not due to improved diagnosis or genetics
- Smoking not associated with risks

# Cryptorchidism

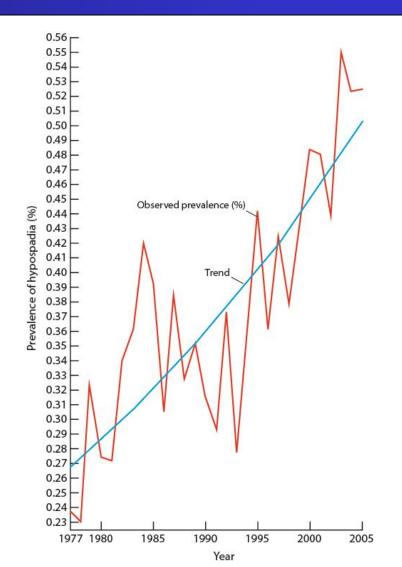


## Hypospadias

Urethral / meatus

> WHO, UNEP (2013) State of the Science of Endocrine Disrupting Chemicals 2012

Prevalence of hypospadias among new-born boys in Denmark 1977 - 2005



## Testicular dysgenesis syndrome

- V **Urethral**
- Skakkebaek (2001): Common foetal origin of testicular germ cell cancers, cryptorchidisms and hypospadias
- Diminished androgen action in foetal life
- Negative impact on Sertoli and Leydig cells with irreversible consequences in adult life
- Proposes an environmental component (exposure to antiandrogens)

# Anti-androgens – experimental studies



- In vitro screening and QSAR
  - Many estrogens are AR antagonists
  - Suppression steroidogenesis
  - QSAR: 8% of all chemicals AR antagonists
- In vivo studies
  - Certain phthalates
  - Azole pesticides
  - PBDE
  - TCDD (different mechanism)

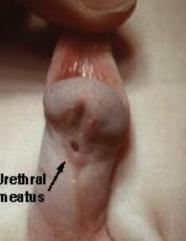
### Testicular germ cell cancers



- Epidemiology (8 studies): Associations
  with DDE/DDT (3 studies)
  - certain PCBs (3 studies 1 reported lack of assoc)
  - PBDEs (1 study)
  - certain organochlorine pesticides (3 studies)
- No information about association with antiandrogenic EDC (e.g. phthalates, azole fungicides etc)
- No information about combination effects
- Lack of animal model for the detection of testicular carcinogens

## Cryptorchidisms, hypospadias





Indirect exposure measurements in epidemiology - association with occupational pesticide exposures

- Working in farming
- Areas of high pesticide use
- Complex, undefined occupational pesticide exposure (greenhouses)
- Not limited to single observations (7 studies)

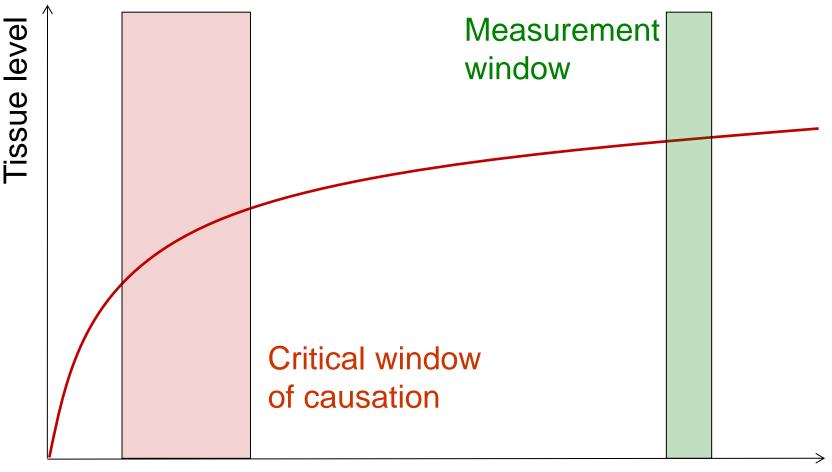
## Cryptorchidisms, hypospadias



Ureth ral neatus

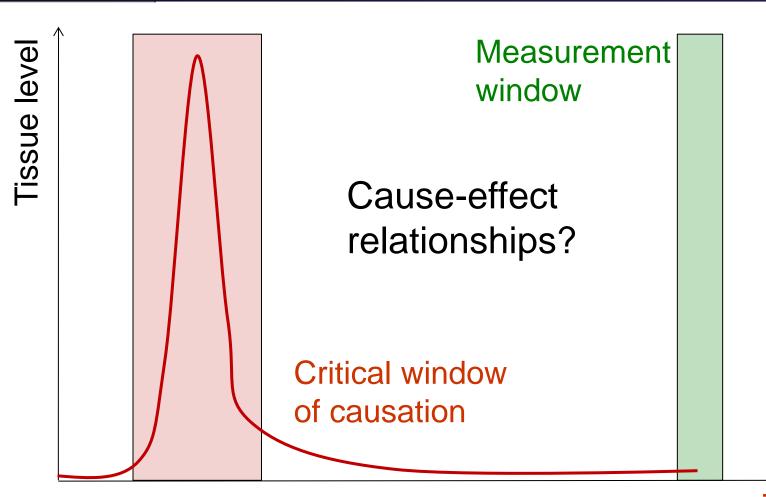
- No single EDC shows strong associations with risk of cryptorchidism and hypospadias
- For cryptorchidisms: Indications of cumulative effects
  - Sum of PBDEs in mother's milk
  - Sum of organochlorine pesticides in mother's milk
  - Total estrogenicity in placenta extracts

## Challenges: Critical windows



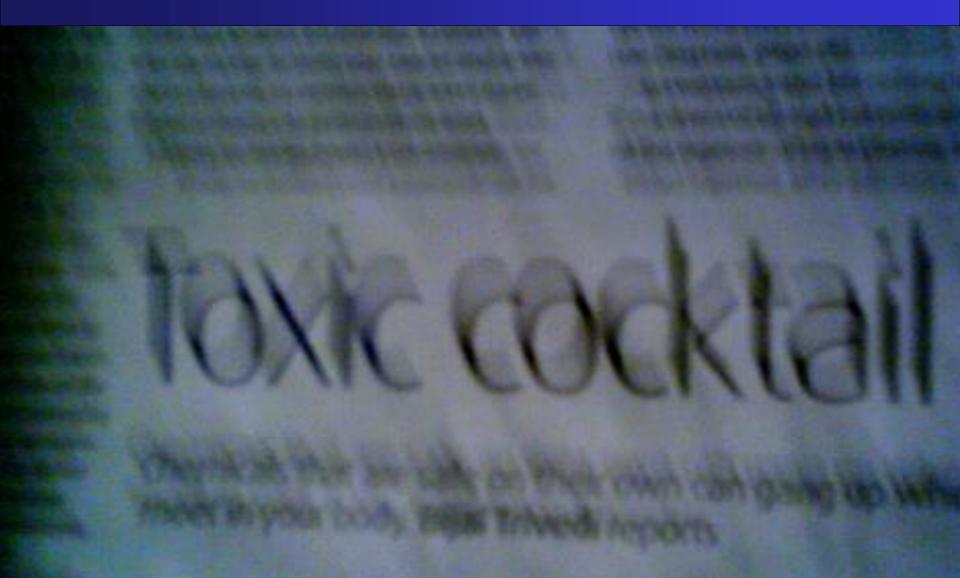
Time

# Challenges: Critical windows







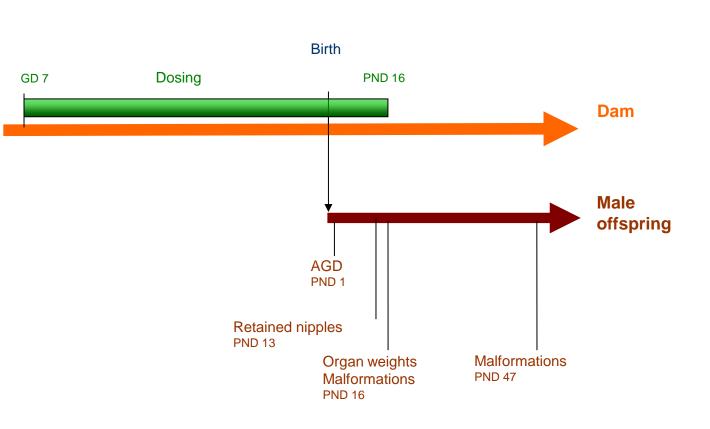


### Challenges: combined exposures

- Do we face a situation where exposure to numerous chemicals, each at innocuous levels, makes an impact?
- How do antiandrogens work together?
- Do they produce joint effects at low levels?

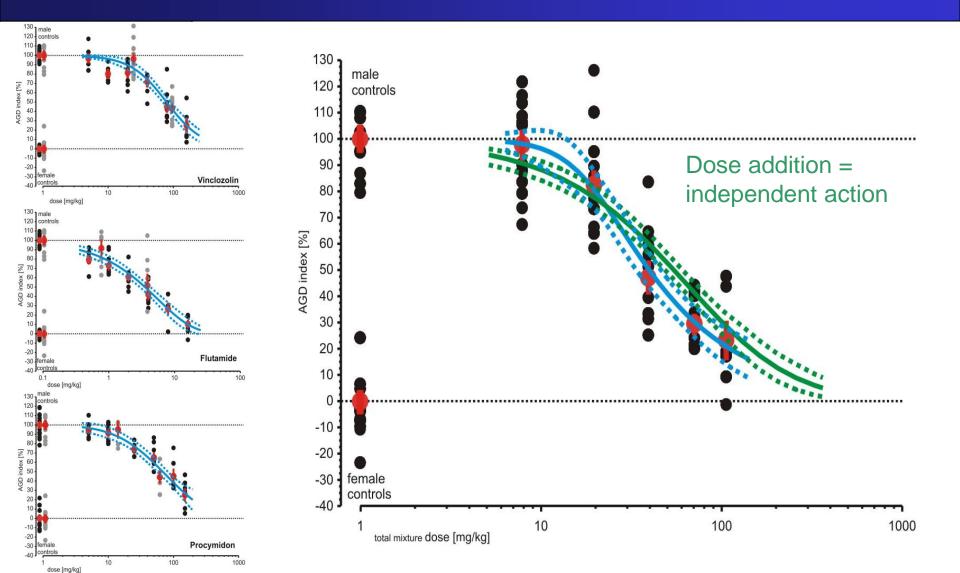
### Developmental toxicity model in the rat

Experimental design

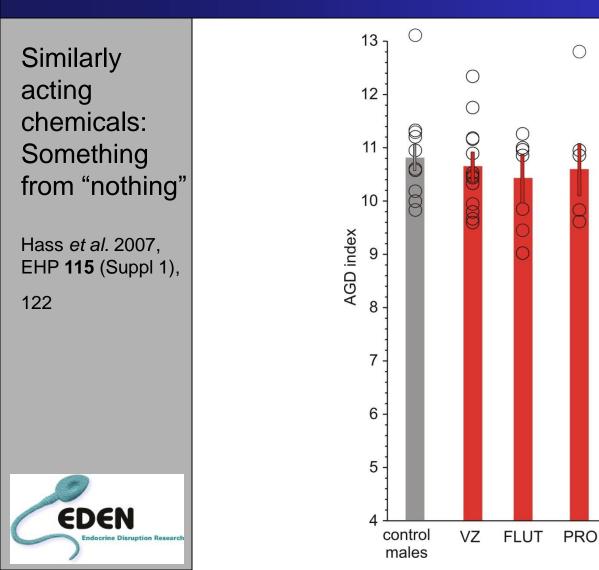




### Assessment and prediction (1) Hass *et al.* 2007 EHP **115** Suppl 1, 122



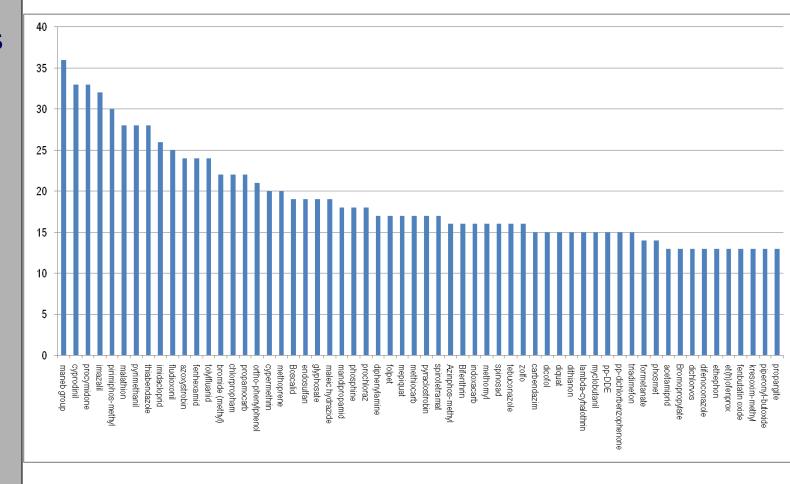
# Comparing mixture effects with those of components



# Searching for antiandrogens: pesticides

### Pesticides in the EU, ranked according to usage

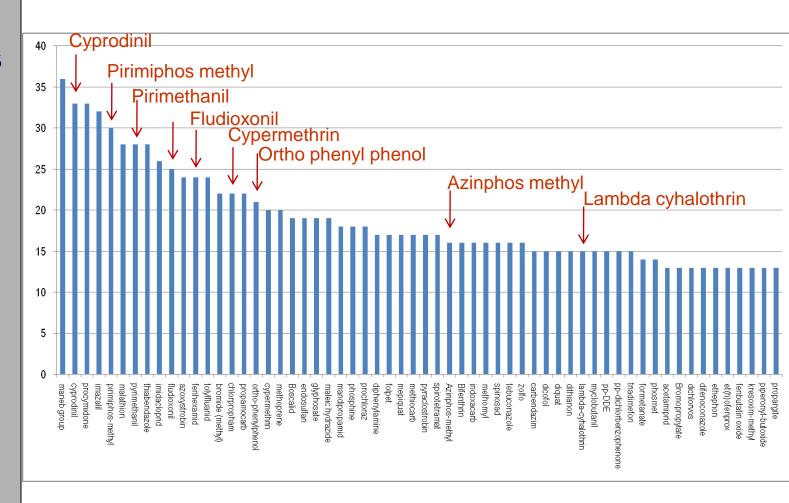
Orton *et al.* 2011 Environ. Health Perspect. <u>119</u>, 794-800



## Pesticide intakes rank order (EU)

Pesticides in the EU, ranked according to usage

Orton *et al.* 2011 Environ. Health Perspect. <u>119</u>, 794-800



## **EDC** regulation

- Do endocrine disrupters pose risks comparable to those of
  - Carcinogens
  - Mutagens
  - Reproductive toxicants
- Features:
  - Irreversibility
  - Harm to subsequent generations

# EDC regulation: Three elements

# What is an endocrine disrupter?

**Definition** (what is it you want to deal with?)

**Tests** (do you have the tools to identify an EDC?)

**Criteria** (how to translate test outcomes into regulatory decisions?)

# Definition



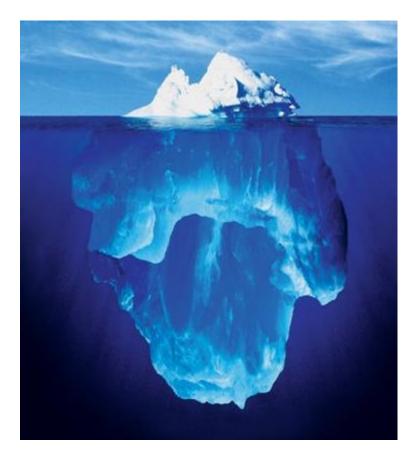
### WHO/IPCS definition

- "An endocrine disrupter is an exogenous substance or mixture that alters function(s) of the endocrine system and consequently causes adverse health effects in an intact organism, or its progeny, or (sub)populations."
- Does not define the endocrine system
- Adversity whole animal tests
- Endocrine mode of action

# Tests for identifying ED properties

- Have to rely on validated and internationally agreed test methods (OECD/OCDE)
- This severely limits the range of ED effects that can currently become subject to regulation

# ED testing



Current testing requirements OECD Conceptual Framework

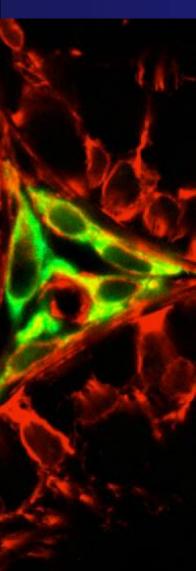
guidance is not yet drafted or those included in the Detailed Review Paper

Other receptors /pathways

# Tests – general principles

- Demonstrate adverse effects in whole organisms – Level 5 OECD
  - Capture an endocrine mechanism – Level 2 OECD

## Tests: PPPR – Human toxicology

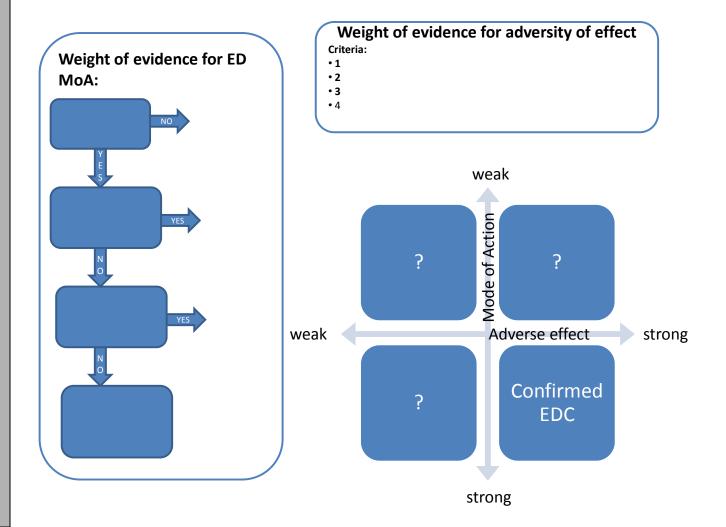


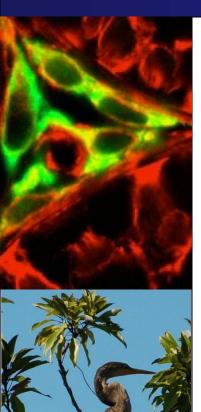
- **Update** Commission Regulations on data requirements for pesticides
- Minimum requirements for EDC identification, achievable immediately:
- Addition of endpoints relevant to ED in reproductive toxicity studies
- Two-generation repro (TG 416) or extended one-generation (draft TG 433)
- OECD Level 2 assays (to establish MoA)
- EU 283/2013 has been updated

### Stage 1: Evaluation of evidence for ED properties

- Adversity
- Mode of action
- Filter

Adversity and MoA considered in parallel





- Stage 2: Evaluating human and wildlife relevance
- Apply weight of evidence approaches (to be worked out)
- Assume relevance in the absence of appropriate scientific data
- Filter

### Stage 3: Toxicological evaluation

- Potency
- Lead toxicity
- Severity
- Specificity
- Irreversibility
- No criterion decisive: no substance should leave the decision tree at this stage
- In line with weight of evidence approaches: consider all the evidence
- Do not filter



- Stage 4: Final decision, classification and categorisation
- PPPR: cut-off
- REACH: authorisation required
- Weight of evidence approaches to be worked out
- Case-by-case decisions necessary

### Recommendations

- Implementation of test methods as part of information requirements
- Further development of **guidance documents** for the interpretation of test data
- Develop weight of evidence procedures for criteria "adversity" and "mode of action" in an inclusive, but not mutually exclusive, way
- Create regulatory categories that stimulate the provision of data

### Acknowledgements

- European Commission
- EDEN project
- CONTAMED project



contamed

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### Thank you

