CASG-ED - HEAL Comments following first meeting - 9th March 2020

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1. Introductory comments

The Health and Environment Alliance (HEAL) thanks the European Commission for initiating the process to update the information requirements for EDCs under REACH – a process which we have long asked for. These comments build on the comments submitted ahead of the initiating of the CASG-ED process on 4th December 2019 and will be further developed as the working group moves forward with elaborating proposals and support documents.

We support an update aimed at improving the identification of EDCs under REACH in a way that clarifies the assessment process and makes it more efficient. This update should be guided by essential principles of the EU law, including the precautionary and the "no data, no market" principles so that the burden of proof relies on the applicant rather than on the assessing authorities.

2. Hazard categorisation of EDCs

As mentioned by several Member States during the CASG-ED meeting of February 7th, we would welcome additional information from the Commission on practical aspects of the potential creation of a specific hazard class for EDCs under CLP. In principle, having a specific hazard category is a good step forward and it would benefit information dissemination throughout the supply chain and to consumers – provided it is implemented properly. However we need more information to understand the different steps and conditions in the process as well as the timeline that this would entail in order to make a firm judgement.

As we mentioned during the February meeting, HEAL is in favour of moving forward with hazard categorisation for EDCs at the European level before making proposals at the GHS level (which we expect will take years).

Delivering on the goal of improved EDC identification towards the minimisation of exposure promised by the European Commission requires acknowledging that:

a) We need a hazard categorisation that allows reflecting the varying levels of scientific knowledge and evidence for different substances.
b) Whichever hazard categorization route is chosen (CLP hazard class or other), such categorisation therefore needs to include a category of 'suspected' EDC in order to inform and prioritise further risk management measures across regulations.
c) The update of the information requirements under REACH therefore needs to serve the purpose to identify not only 'known' and 'presumed' EDCs, but also those 'suspected' EDCs mentioned above.
d) To deliver on the European Commission's aim to minimise people's exposure to EDCs and their related health effects, this process should take place as soon as possible.

3. Update of the information requirements under REACH

At a very minimum, the process should allow a practical translation of the OECD Guidance Document 150 (GD 150) into the actual information requirements in order to facilitate the assessment. Despite its limitations to the EATS modalities, the very mere fact that it has been used in the context of the SVHC identifications until now provides a compelling case for doing so. Moreover the GD 150 is also the departure point of the recently agreed ECHA/EFSA guidance for the implementation of the EDC criteria under the pesticides and biocides regulations.

Implications for test requirements:

As a starting point, a comparison with the requirements under the different levels of the GD 150 could be made in order to check which existing tests under the OECD framework can be referenced and added under REACH.

According to the REACH principles, we support a tiered approach for the testing of EDCs. However, considering the specificities of EDCs (low dose effects, possibility for non-monotonic dose response curves, high windows of developmental vulnerability and possible large time lags between exposure and effects), the points mentioned below are important to keep in mind.

a) Better use of in vitro, in silico tests and existing data for screening purposes

- Available information under QSAR, Toxcast, EASIS and other resources should be automatically checked for all substances at all tonnages.
- Every test method referenced under conceptual framework (CF) level 2 of the OECD GD 150 should also be referenced in the updated requirements for low tonnages under 10 tonnes per annum (tpa), and should be requested when no information is available from the existing data mentioned above.
- However, as stated on many instances in meetings or by writing, due to EDC specificities, negative results from in vitro/in-silico tests or from existing data should never be used alone to discard adverse effects in humans or prevent Member States from requesting more data and studies.
- Due to the current limitations of the test methods pertaining to EDCs and the narrow focus of the GD 150 on the EATS modalities, it is essential that independent peer-reviewed literature and tests can be taken into account during the assessment and given the same weight when raising ED concerns, taking decisions to ask for further tests, and considering various health endpoints.

b) Upgrade of requirements in relation to in vivo tests pertaining to human health effects

- Not all the tests proposed under levels 3/4 of GD 150 are relevant and sensitive enough to detect adverse effects of EDCs in the goal to regulate towards exposure minimisation. This needs to be taken into account when deciding which tests to request beyond 10 tpa to either confirm positive information coming from positive results from level 2 studies and screening data, or to further investigate a concern that might exist based on independent data. For instance, levels 3 assays such as the Uterotrophic assay can give rise to lots of false negatives – which cannot be deemed acceptable if we are serious about identifying substances that might result in irreversible health effects.
- This also implies that the current practice - whereby higher tiered tests for ED endpoints need to be triggered by lower tiered assays - should be re-evaluated in the light of the

limited focus (EATS only) of lower tiered tests and the lack of adequate triggers in level 3/4 tests. In this regard, we also refer to the ECHA/EFSA, which contains useful language regarding the use of the weight of evidence approach for the assessment of the available scientific data and the fact that "expert judgement will be necessary when considering the available lines of evidence, including the overall evaluation of the consistency of the data set as a whole" (ECHA/EFSA guidance, pp. 7-8). Not only should the assessing authority be left the leverage needed to clarify ED concerns as it best sees fit, but also the specificities of EDCs versus the limitations of the currently validated test guidelines call for some flexibility to the tiered approach.

- Therefore, based on indications of EDC activity from in vitro/in silico and/or concerns from the assessing authority based on other data (mentioned in point a) above), we are in favour of focusing on the request for the EOGRTS/TG 443 as a standard requirement for endocrine related concerns, including the DIT and DNT cohorts. Because of the EOGRTS higher sensitivity than the Two-Generation Reproductive Toxicity Study (TG416), the former should always be favoured over the latter and DIT and DNT cohorts should always be included. This would be beneficial to the investigation of several health endpoints (including immunotoxicity and reproductive toxicity) and overall increase the efficiency of the testing.
- We also use the opportunity of our written comments to repeat concerns that we have voiced in the past (including at the ECHA EDC expert group) about dosing at which tests are being performed. In updating the test requirements, especially in the context of the EOGRTS, it is essential to clarify that tests need to be performed at high enough doses in order to allow seeing some toxicity and so that the studies can be relevant for the assessment of substances and increase the efficiency of animal testing. Considering the limitations of currently validated tests, avoiding testing at too low doses is necessary. This clarification should be included in the actual text of the relevant REACH annexes pertaining to testing.

HEAL looks forward to further engaging in this discussion in the coming months. Once we see more detailed documents about the European Commission thinking and proposals for moving forward, we will contribute further detailed comments on test methods and requirements.