

Bioaccumulation? What is it all about?

Philippe Lemaire





Bioaccumulation ?

What is it all about ?

Mineral oil in human tissues, Part I: Concentrations and molecular mass distributions

Laura Barp ª, Christoph Kornauth ^b, Tanja Wuerger ^b, Margaretha Rudas ^b, Maurus Biedermann ^c, Angelika Reiner ^d, Nicole Concin ^e, Koni Grob ^c 유 쩓



DEFINITION

- ▶ BCF, BMF, BAC ?
- What does bioaccumulation mean ?
- Relationship between Kow and BCF
- What has been observed in some human studies
- Why mineral oils have limited potential to bioaccumulate ?
- Why mineral oils should not be considered as bioaccumulative ?



Bioaccumulation ?

BIOCONCENTRATION ?

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BIOMAGNIFICATION ?



Bioaccumulation can be applied to all organisms including human as mammals living in the environment

 Organisms need outside compounds to maintain their life (living, growing, breeding,...)

 Bioaccumulation is the <u>net</u> result of the intake from environment and the output, minus metabolism used for living and growing



BIOCONCENTRATION = BCF

- Accumulation into organisms from living environment (water, air, soil,...)
 - In link with Kow, derived BCF

BIOMAGNIFICATION = BMF

Accumulation into organisms from trophic levels (plants, herbivorous, carnivorous,...)
In link with Kow, derived BMF factor

BIOACCUMULATION

- Bioaccumulation is the sum of bioconcentration + Biomagnification
- **BAC = BCF + BMF**

Generally speaking people are wrongly talking about bioaccumulation !!!



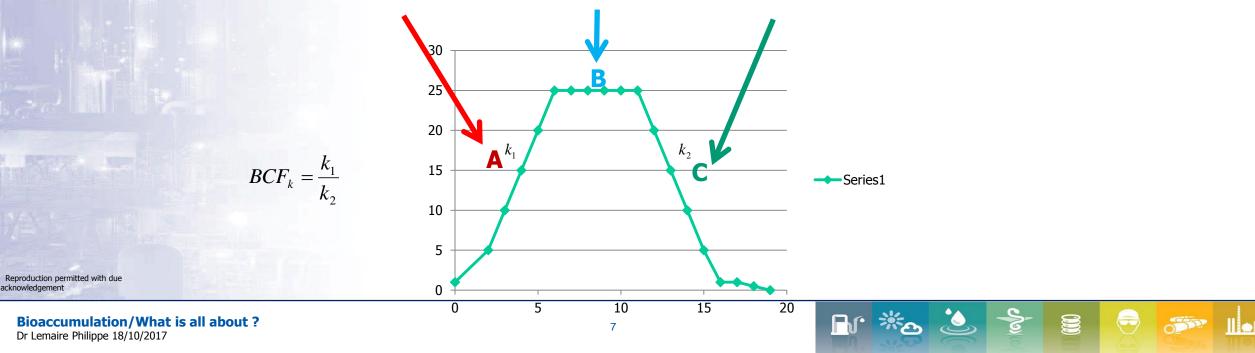
Bioaccumalation can be really characterized as being the net result of three phases:

A = intake: Substances go into organisms (link with Kow and BCF) intake is higher than metabolization and elimination

B= steady state: Intake equal to «metabolization + output »

C = output: Elimination (including metabolization) is higher than intake

A simple measurement can not show if you are A,B or C





Recent human data

1000 No relationship with age 900 MHC levels in liver (mg/kg fresh tissue) Not indicative of becoming 800 « higher and higher » 700 No adverse effects reported 600 500 400 300 200 100 0

Age (Years)

25 35 48 49 50 51 52 54 55 60 61 62 63 65 68 69 70 72 73 75 78 80 83 84 85 87 88 91

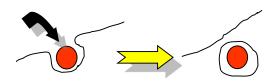
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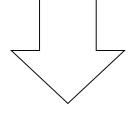


What has been observed in some human studies ?

Is that phase A of input at anytime? Is that phase B or steady state at anytime ? Or is that phase C or output at one time ? Even is that endocytosis phenomena ?



The only thing that has been observed is the presence of mineral oil



Presence does not mean any toxic effect !



EFSA 2017 guidance for food contact materials states:

"Bioaccumulation is a direct accumulation in mammalian tissues and not on biomagnification through the food chain.

However, normally a log kow value below 3 would be considered sufficient evidence for the lack of accumulative potential in the mammalian body, unless special considerations, e.g. chemical structure, give cause for concern.

On the other hand, a log kow of 3 and higher will not by itself be proof of accumulation as a substance may not be absorbed or be metabolised to substances with no accumulation potential. In these circumstances, other evidence for the absence of accumulative potential is needed."





What does bioaccumulation mean?

- Toxicology point of view: Kow>1 and/or BCF>1
- However at regulatory point of view it is different and not that clear
- For instance: bioaccumulation is defined as being :

67/648/CE: Kow>3 and BCF>100 OSPAR: Kow>3 and BCF>100 GHS/CLP: Kow >4 and BCF >500 European PBT: Kow>5 and BCF>2000 UK (substance of highest concern): Kow>4.5 and BCF>2000 UK (substance of concern): Kow>4 and BCF>500 Canada TSM: Kow>5 and BCF>5000 vPvB: Kow>5 and BCF>5000



it is C?

- These are for environment, however for mammals there is no regulatory framework and guidance to define bioaccumulation for human health
- The fact of a substance to be present in any organisms does not mean it is bioaccumulating
- > Need to take into account the steady state and the output to reach the net result

it is B?

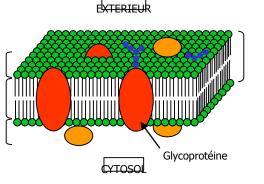
Presence is not equal to bioaccumulation:

it is A?



In theory yes because:

Kow is showing affinity of the substance for lipid or aqueous phases in link with the cells membran phospholipidic constitution.



Historically and theoritically speaking there is a direct link between Kow and BCF:

true for Kow between 0 and 5-6 because database has been developed with those data and given the wellknown following equations :

linear: $-\log BCF = 0.85 \times \log Kow - 0.70$ for substances with Kow in the range of 2 and 6

parabolic: $-\log BCF = 0,20 \log Kow^2 + 2,74 \log Kow - 4,72$ for substances with Kow more than 6 but max Kow with big size molecule

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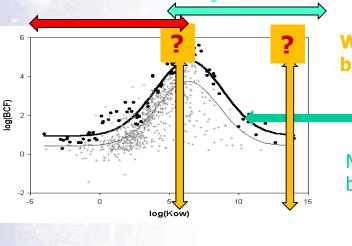


In practice yes for Kow more than 2 to 6 and less than Y

First paradigm: substance with high Kow have potentiality to bioaccumulate but does not mean there are bioaccumulative.

Second paradigm: Kow is in direct link with carbon chain length (higher is the chain length higher is the **probability** of the substance to bioaccumulate). Up to a certain molecular size their is link between Kow and BCF.

Third paradigm: second paradigm is true up to the Y value



Where does a substance starts not being anymore bioaccumulative ?

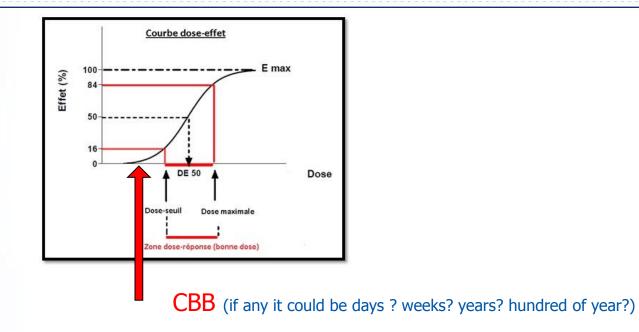
Mineral oils have limited bioaccumulative potential because of their limited gut absoprtion

Bioaccumulation/What is all about ? Dr Lemaire Philippe 18/10/2017

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What has been observed in some studies ?



- To reach toxic effect need to reach the Critical Body Burden = CBB
- CBB = NOAEL X BCF
- For human none of those two criteria are met because for mineral oil a « No adverse effect » has not been observed neither bioaccumulation or biomagnification.

Observations made in human studies => Retention and not bioaccumulation



Because of numerous criteria:

- Mineral oils do not fulfil criteria for bioaccumulation
- They are too big to be bioaccumulative
- Even following available classification criteria no BCF has ever been measured in any organism
- Toxicity is required to reach CBB (NOAEL x BCF)
- Only presence and not toxicity has been observed
- No increment with age

Retention also includes phagocytosis (lipogranuloma)



Recent human data

25 35 48 49 50 51 52 54 55 60 61 62 63 65 68 69 70 72 73 75 78 80 83 84 85 87 88 91 Age (Years)

0

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