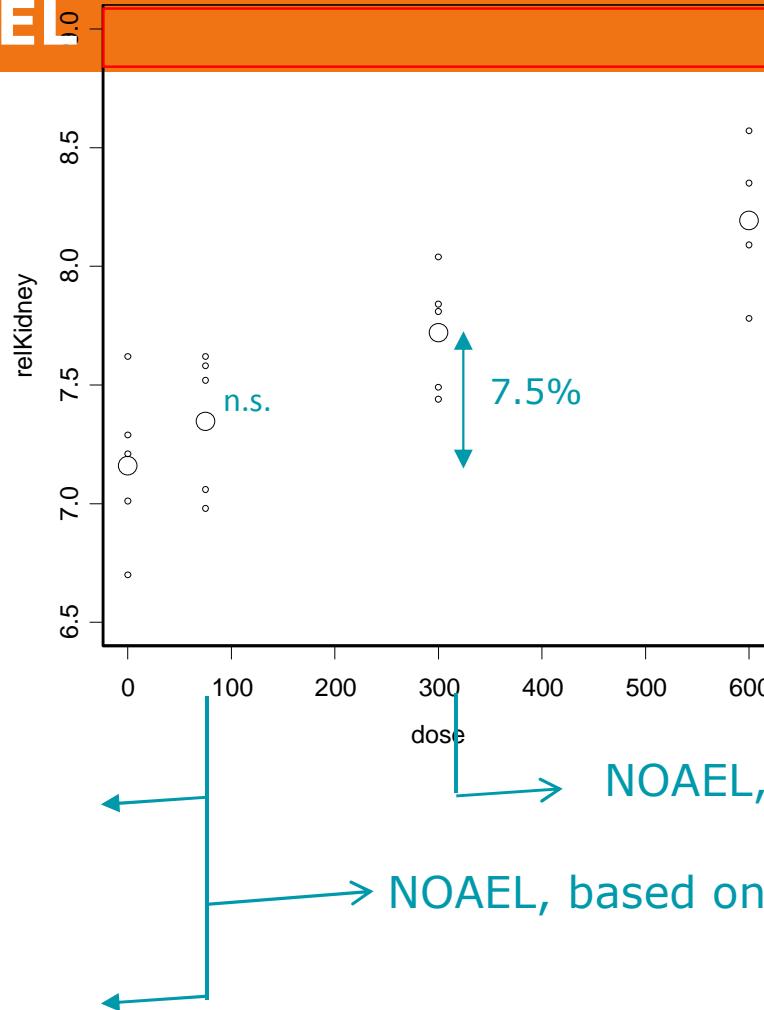




General considerations

March 1, 2017

IDENTIFYING A NOAEL



NOAEL, based on the mean remaining within the scatter of the controls

LOAEL, based on overall trend in dose-response

**Range of assessed NOAELs:
25 up to 300 mg/kg**

NOAEL, based on effect size < 10%

NOAEL, based on statistical (non)significance

DO WE SEE AN EFFECT?

The NOAEL approach:

we see an effect

we don't see an effect



wrong

Reality:

there is an effect

there is no effect

SAMPLING ERROR

Consider a container with a huge number of balls, 90% is white, 10% is red

take a sample of 10 balls

they are all white

(probability of 10 white balls is 35%)



CONCLUSION: there are no red balls in the container

This similarly holds for any tox study where we take samples of animals

SAMPLING ERROR

10% red balls



take a sample of 10 balls

none are red



two are red

difference in non-significant

SAMPLING ERROR

1% red balls



take a sample of 10 balls

none are red



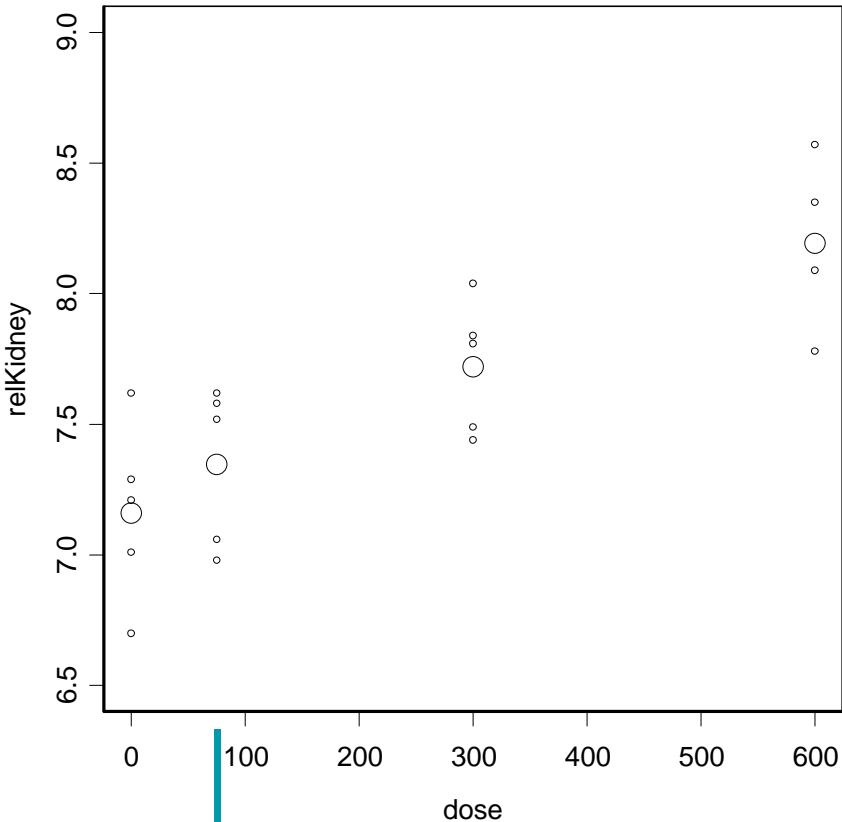
15% red balls



none are red



difference in non-significant



The NOAEL does not guarantee there is no effect

we cannot say if the difference in observed response
is caused by sampling error or by a real effect

→ this dose is non-significant

DO WE SEE AN EFFECT?

The NOAEL approach is based on:
do we see an effect or not?

we see an effect



we don't see an effect



wrong

Reality:

there is an effect



there is no effect

WHAT DO WE MEAN BY “THERE IS NO EFFECT”?

The effect is *in reality*

50 %
5 %
0.1 %
0.001 %
 10^{-10} %
0 % = $10^{-\infty}$ %

what is the borderline between
effect and no effect ?

ESTABLISHING NO EFFECT

No effect is: an effect of size zero, or infinitely small



can be established with infinite group sizes only

AVERAGE EFFECT SIZE AT NOAEL

Various review papers show that the size of the effect at the NOAEL is, on average over studies:

- ~ 5% for continuous data
- ~ 10% for quantal data

So, in individual datasets the effect size may even be larger



The level of protection of the associated ADI is unknown

THE BMR

The effect is *in reality*

effect size at the NOAEL

50 %

effect size at the BMD:

“visible”

20 %

Benchmark response
(nominal value)

10 %

5 %

1 %

“invisible”

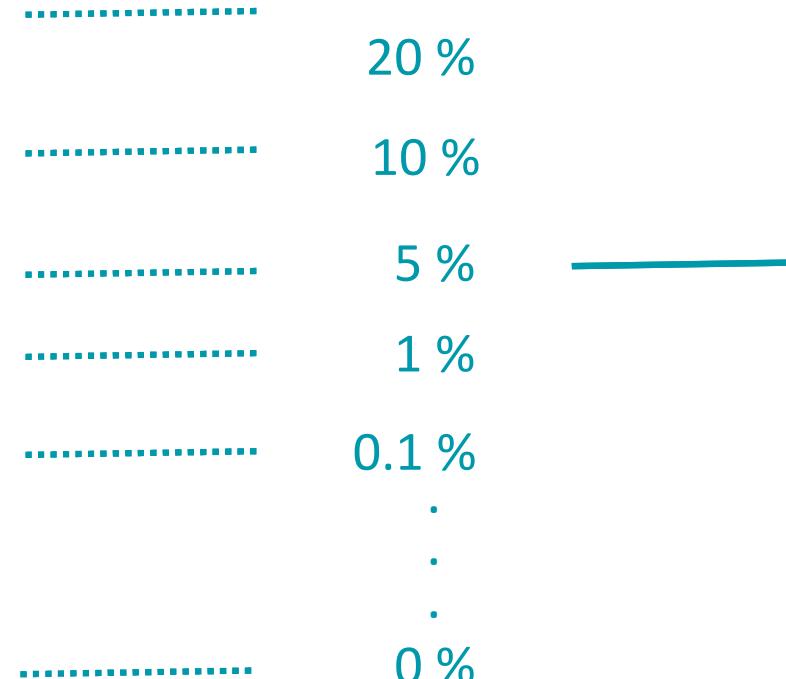
0.1 %

.

.

.

0 %



WHAT IS A NOAEL?

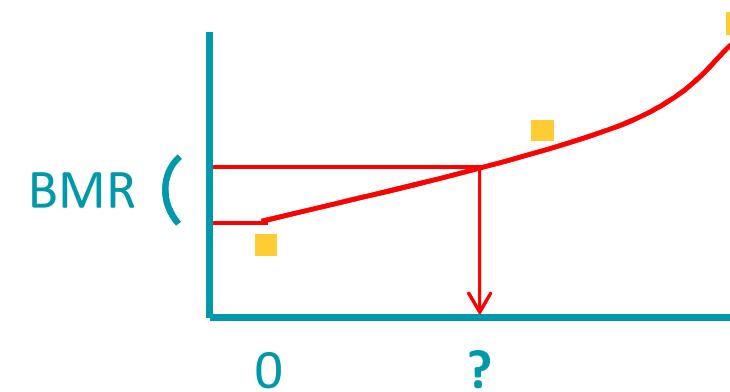
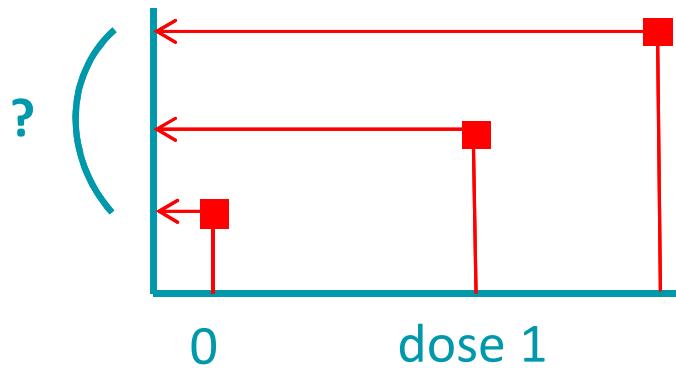
A NOAEL is a dose where the effect is assumed to be small, but we cannot guarantee that

FROM NOAEL TO BMD APPROACH

Step 1: “do we see an effect?” → “how large is the effect”

statistically: significance test → confidence interval

Step 2: focus on effect → focus on dose



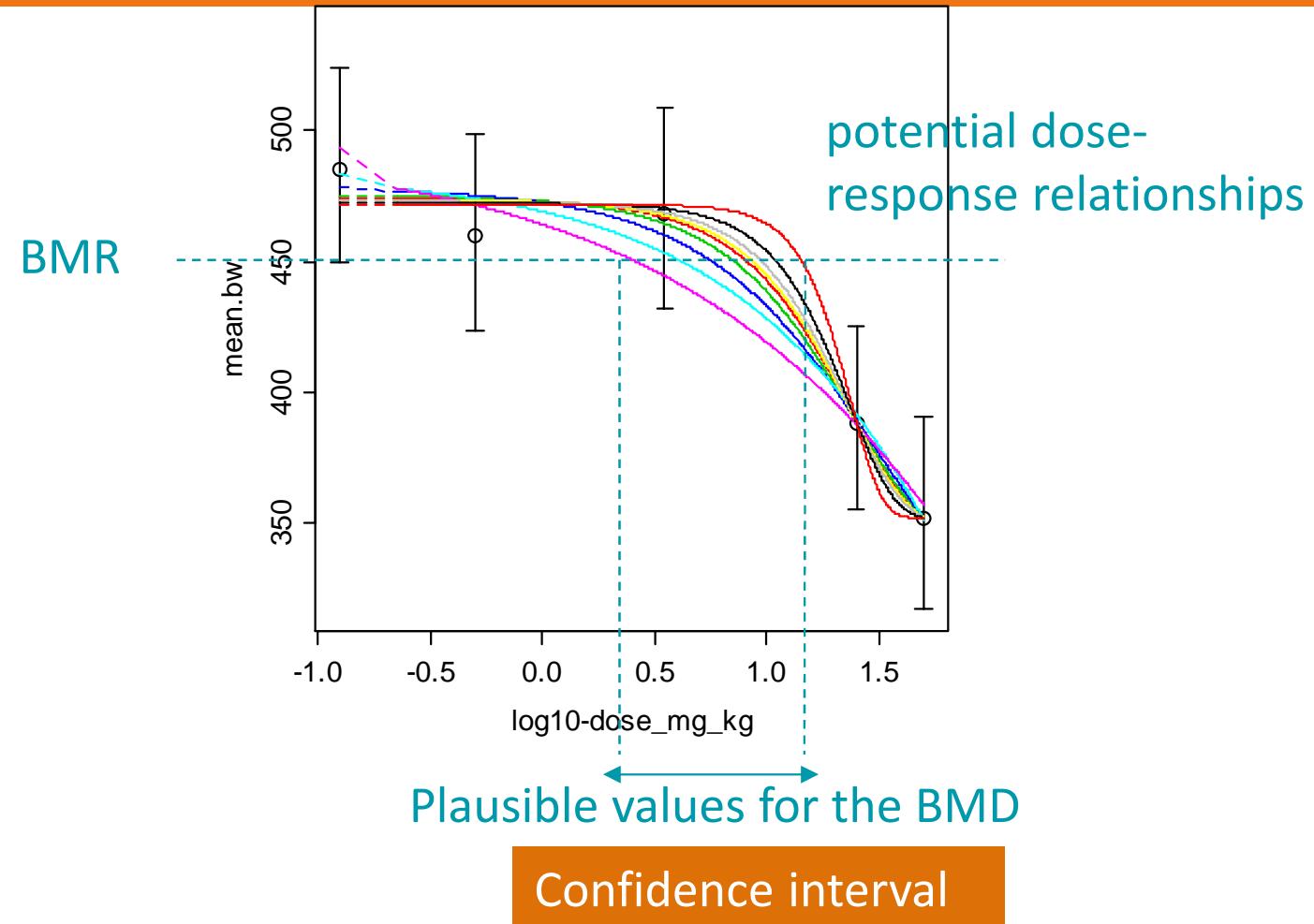
SOME DISADVANTAGES OF THE NOAEL

- The NOAEL is subject to the assessor's view of how to assess it
- The NOAEL is subject to dose selection
- The uncertainty in the NOAEL is not made visible / ignored in practice
- As a result, NOAELs cannot be compared among studies
- Very rich datasets and very poor datasets both result in one single number, without acknowledging for the quality of the data

- The true effect size at a NOAEL remains unknown (is it protective?)

- It does not use all dose-response information available

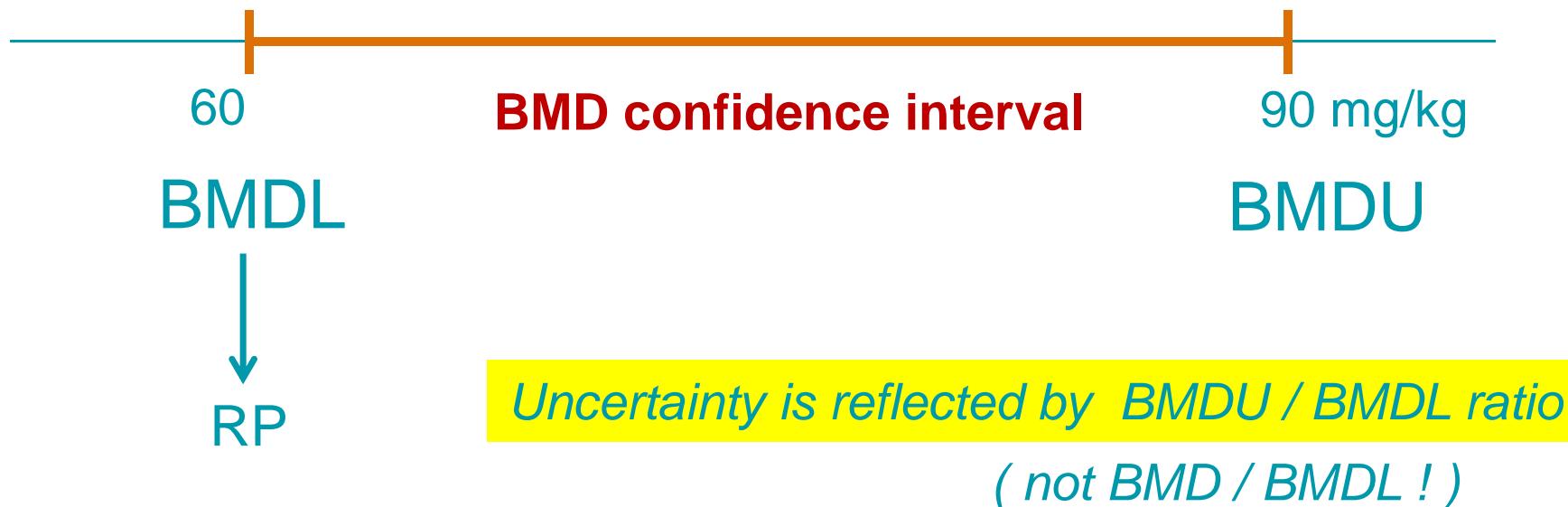
THE BMD APPROACH



THE OUTCOME OF A BMD ANALYSIS

We are interested in the *true* value of the BMD, not in its best estimate

The BMD confidence interval is the essential output from a BMD analysis



USE OF BMDL AND BMDU

When the data are relatively informative:



When they are relatively un-informative:



BMDL remains equally “protective”

BMDU tells you how much higher the BMDL might have been with better data

THE DIFFERENCE BETWEEN BMDL AND NOAEL

A BMDL is a dose at which the effect is smaller than the BMR (with defined confidence)

A NOAEL is a dose where the effect is assumed to be small

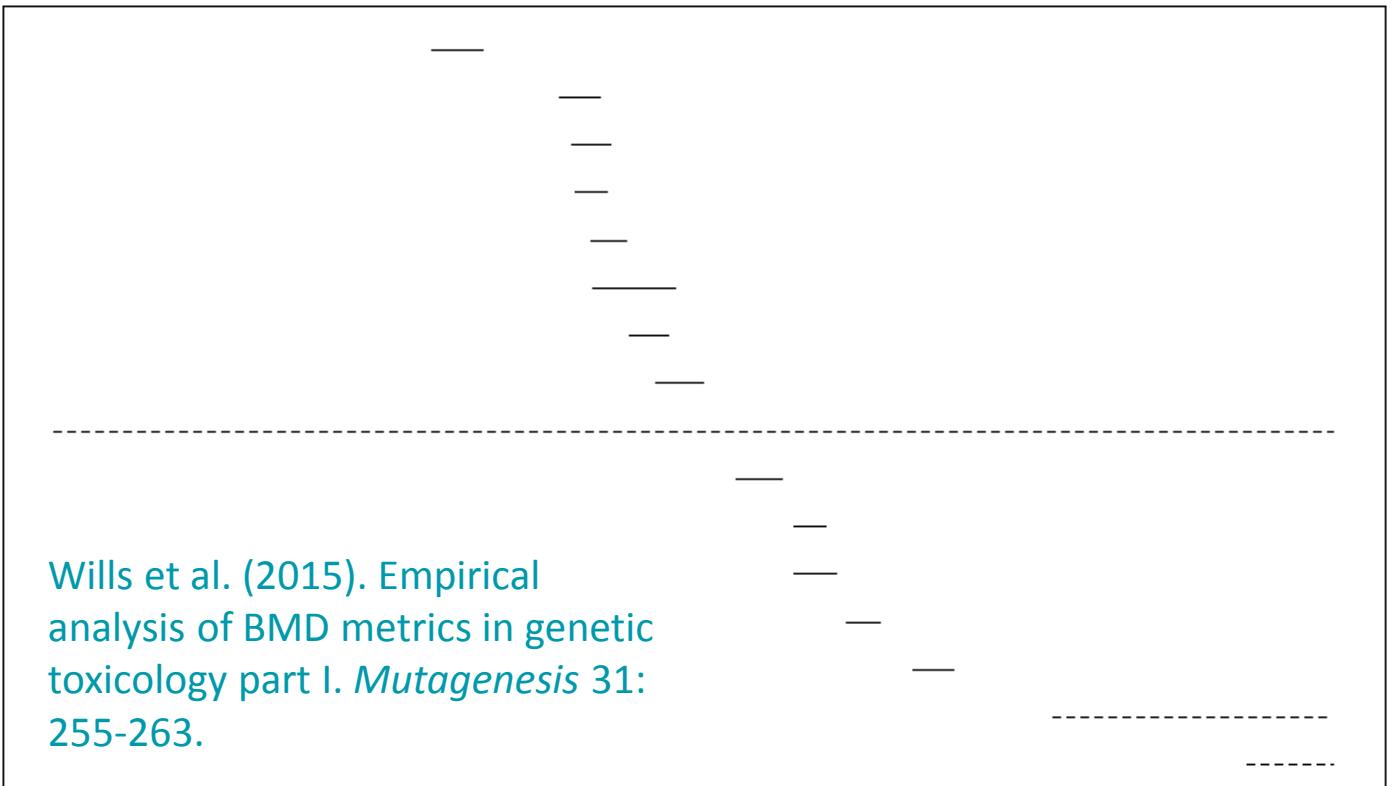
So, the NOAEL is a poor version of the BMDL

CONSEQUENCES FOR ESTABLISHING HBGV

NOAEL and BMDL have, *on average*, similar values

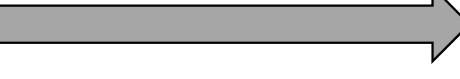
Therefore, the same assessment factors apply

BMD AND POTENCY COMPARISON



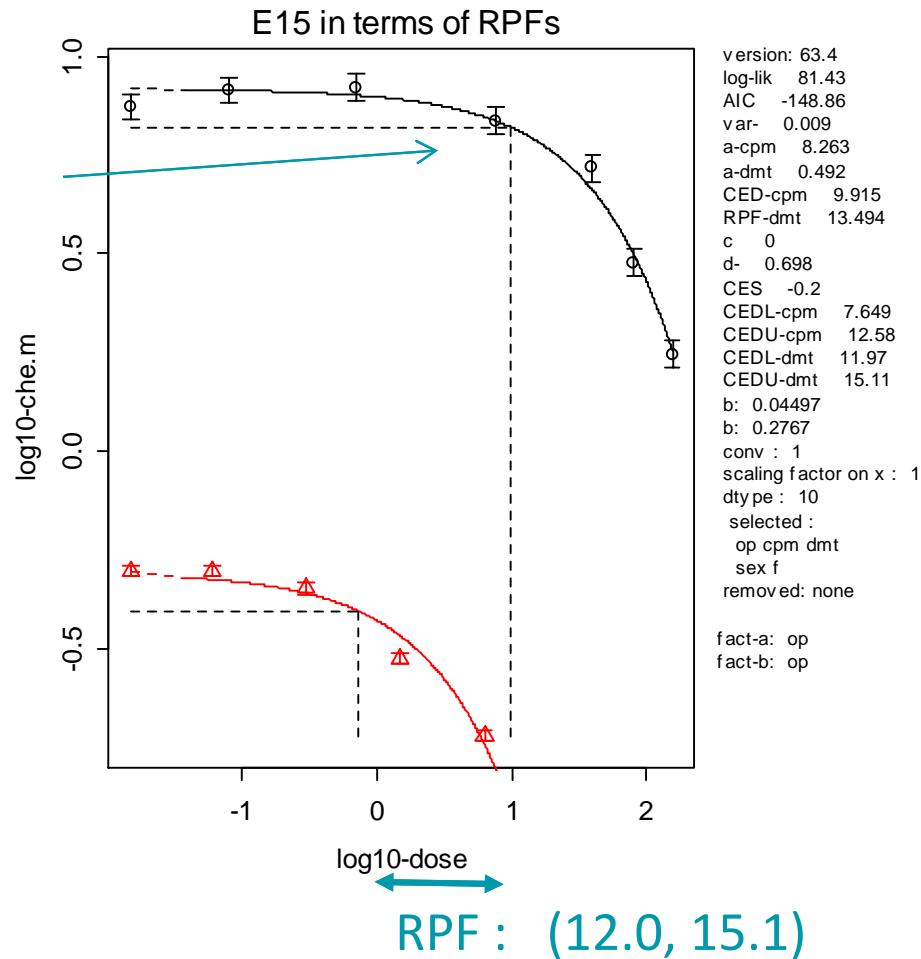
Nocodazole_HL
Oxibendazole_CHOK1
Mebendazole_HL
Flubendazole_CHOK1
Mebendazole_CHOK1
Colchicine_HL
Albendazol_CHOK1
Oestradiol_AHH1
Rotenone_AHH1
Carbendazim_HL
Benomyl_CHOK1
Carbendazim_CHOK1
Albendazol.oxide_CHOK1
Bisphenol.A_AHH1
Diethylstilboestrol_HL
Thiabendazole_HL

16 aneugens
tested in vitro

Decreasing potency  $BMD_{10} \text{ -- log10 } (\mu\text{M})$ 

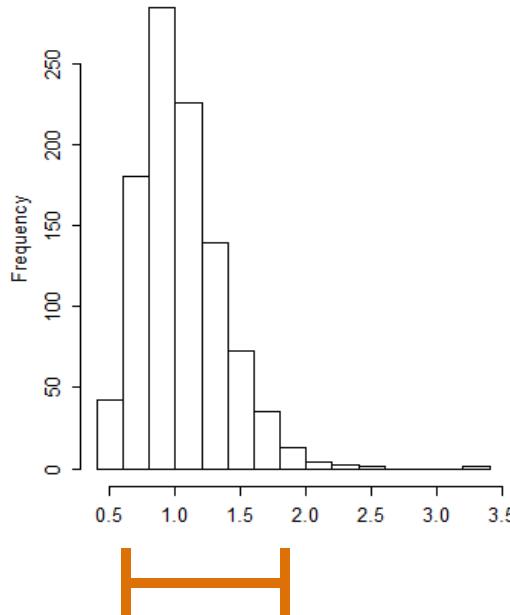
ESTIMATING RELATIVE POTENCY FACTOR (RPF)

reference compound



BMD AND PROBABILISTIC RISK ASSESSMENT

A BMD analysis can also produce an uncertainty distribution for the BMD



which can be combined with uncertainty distributions for the assessment factors



probabilistic ADI (IPCS, 2014)

BMD AND PROGRESS

The BMD approach opens the way to progress in risk assessment methodology, in optimal animal use, and in validating alternative methods

End of General Considerations