

# impARAS



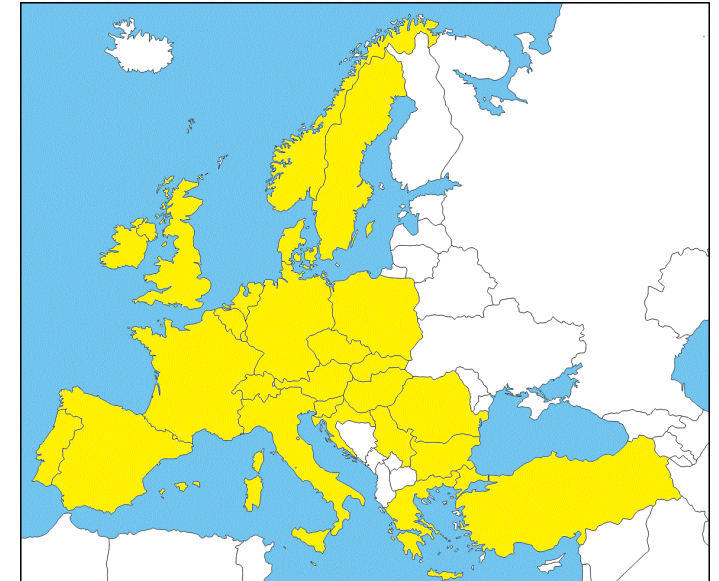
Improving Allergy Risk Assessment Strategy for new food proteins

Dr. Kitty Verhoeckx  
UMC Utrecht

 **cost**  
EUROPEAN COOPERATION  
IN SCIENCE AND TECHNOLOGY



# impARAS

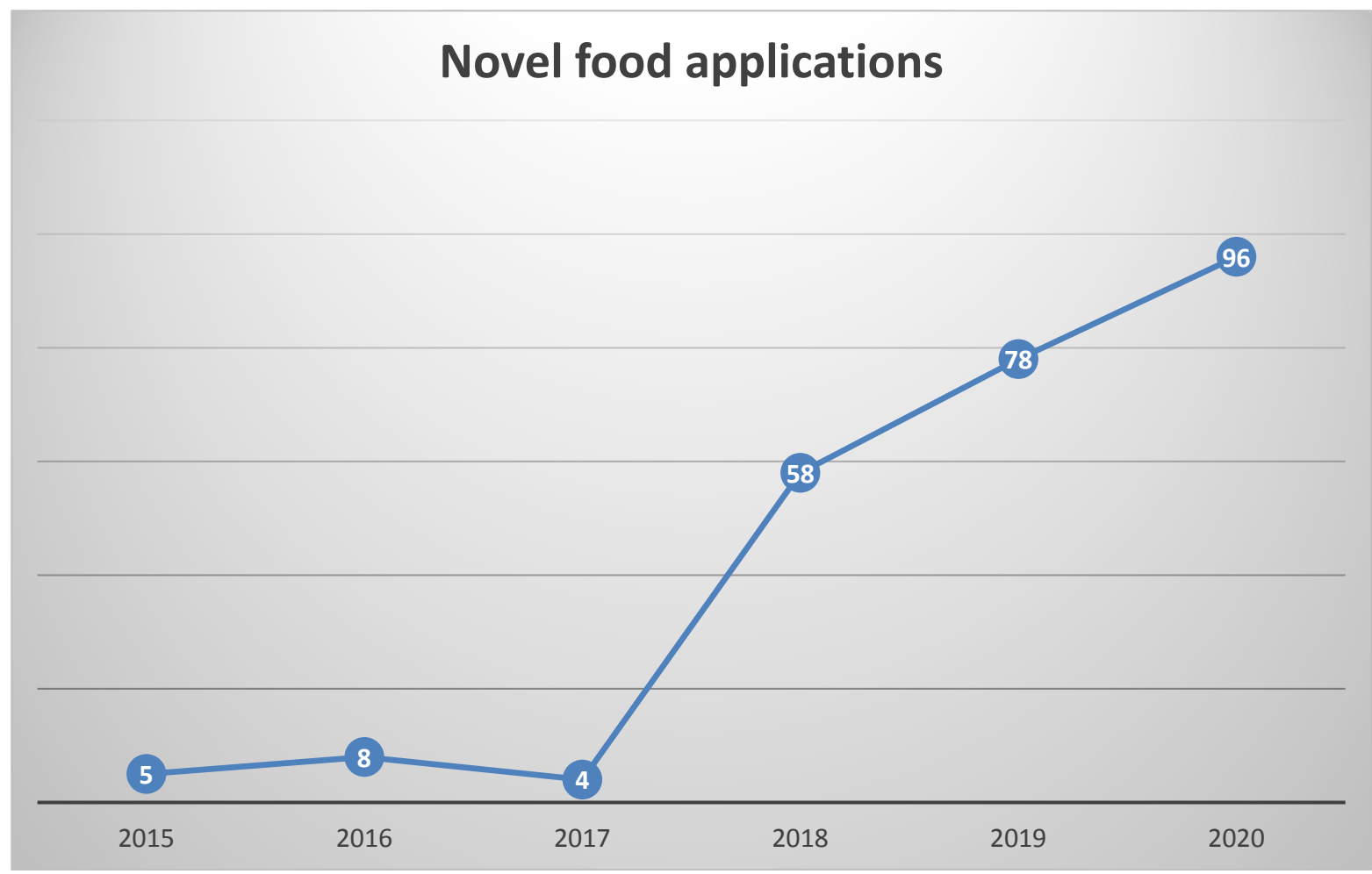


## Aim:

To build an interdisciplinary European network of scientists with a broad range of expertise to discuss, with an out-of-the-box view, new ideas and more predictive models and approaches to improve the current allergenicity risk assessment strategy of novel foods



# Novel food applications 2015-2020





## Guidance novel foods 21 Sep 2016, (amending EC regulation No 97/618 and 2015/2283)

- › Regulation is in force since January 2018
- › Default assumption for Novel Foods containing proteins is that such Novel Foods have allergenic potential
- › Comprehensive literature review in order to retrieve available information on **sensitization**, and on case reports of allergic reactions and/or allergenicity studies (in vitro, in animals, in humans) of the Novel Food and/or its source(s).
- › GMO guidance → individual proteins (digestion, homology, source of the gene, stability, IgE binding).



# No validated methods for prediction sensitisation



## Safety of rapeseed protein isolate

The Panel considers that the risk of sensitisation to rapeseed cannot be excluded and that it is likely that rapeseed trigger can allergic reactions in mustard allergic subjects.



## Safety of 'Chia seed (*Salvia hispanica*) and ground whole Chia seed'

The Panel notes the cross-reactivity of sera from patients known to be allergic against peanuts and sesame and reiterates its previous opinion that it is not possible to predict the potential allergenicity of Chia using methodologies available to date.



## Should we worry about novel foods?



- › 87% of the Shrimp allergic patients had a positive DBPCFC to mealworm
  - › Allergens involved: Tropomyosin and Arginine kinase
  - › Reaction on first meal
- › De novo sensitization/allergy to mealworm is also possible.
  - › 2 out of 25 mealworm breeders had a positive DBPCFC to mealworm
  - › 2 workers in production facility of mealworm flour food allergic to mealworm
  - › Patients where not allergic to shrimp or any other food
  - › Responsible allergen: Larval Cuticle protein, cockroach allergen like protein, early-staged encapsulation protein and troponin C
  - › Route of sensitisation: lungs, skin and ingestion of multiple doses





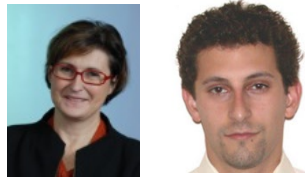
**Chair:** Kitty Verhoeckx



**Vice Chair:** René Crevel



**Working group 1**  
Physical chemical properties  
and Analysis



Karin Hoffmann-Sommergruber  
& Gabriel Mazzucchelli

**Working group 2**  
*In vitro* methods



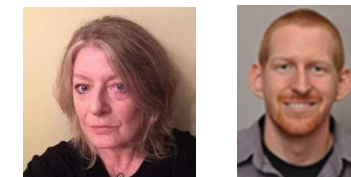
Erwin Roggen &  
Edyta Sienkiewicz-Szlapka

**Working group 3**  
*In vivo* methods



Liam O'Mahony &  
Katrine Lindholm Bøgh

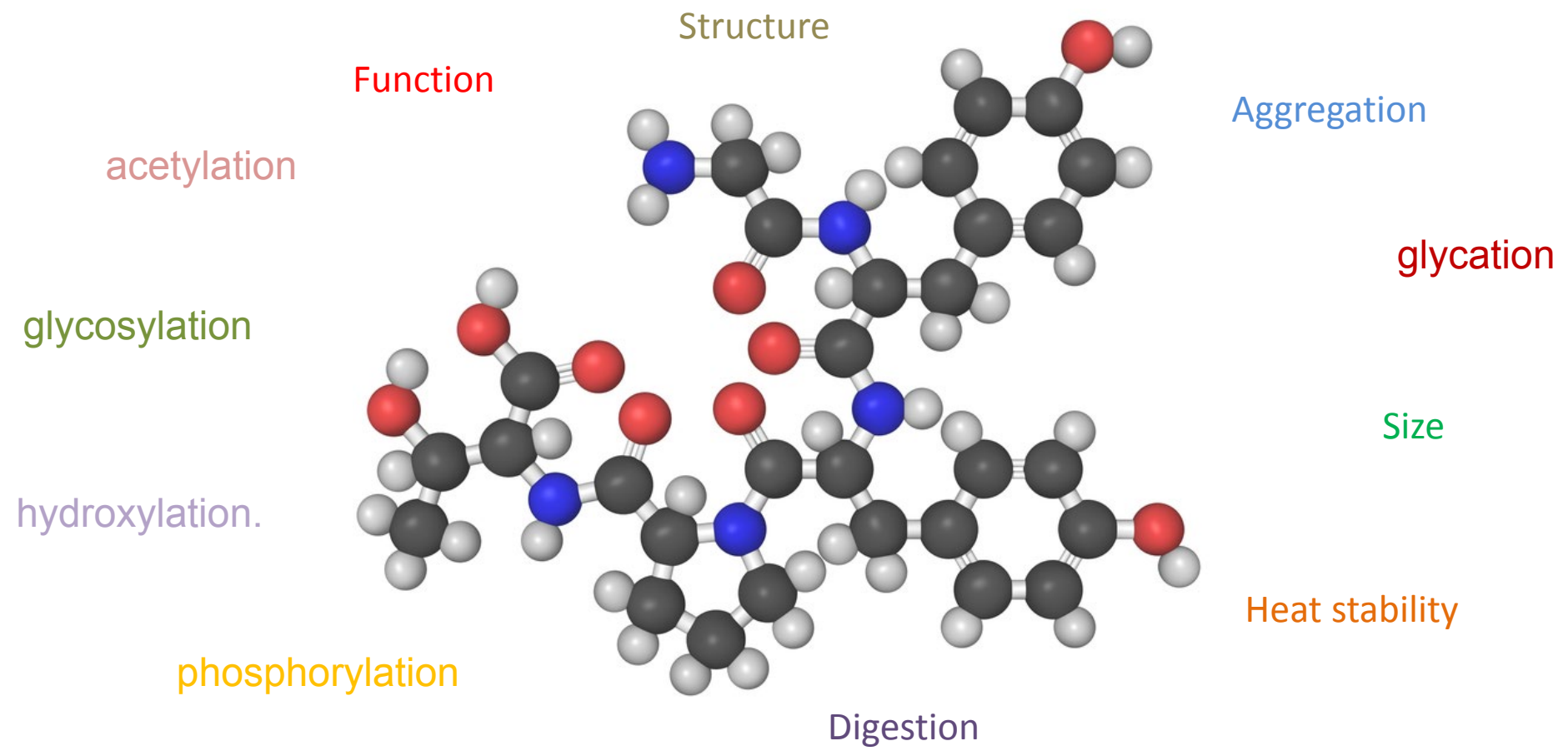
**Working group 4**  
Risks assessment and clinical perspectives



Anne Constable & Ben Remington



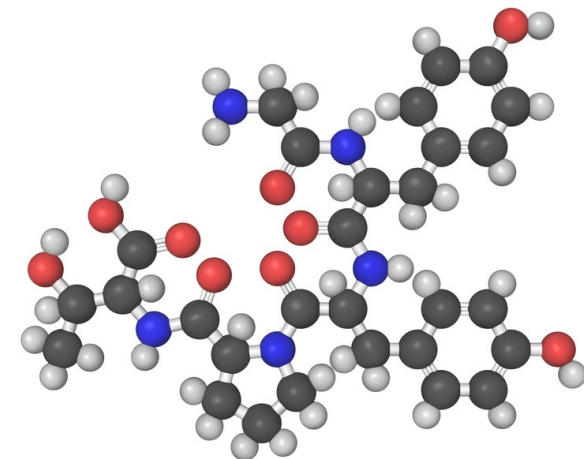
# What makes a protein an allergen?





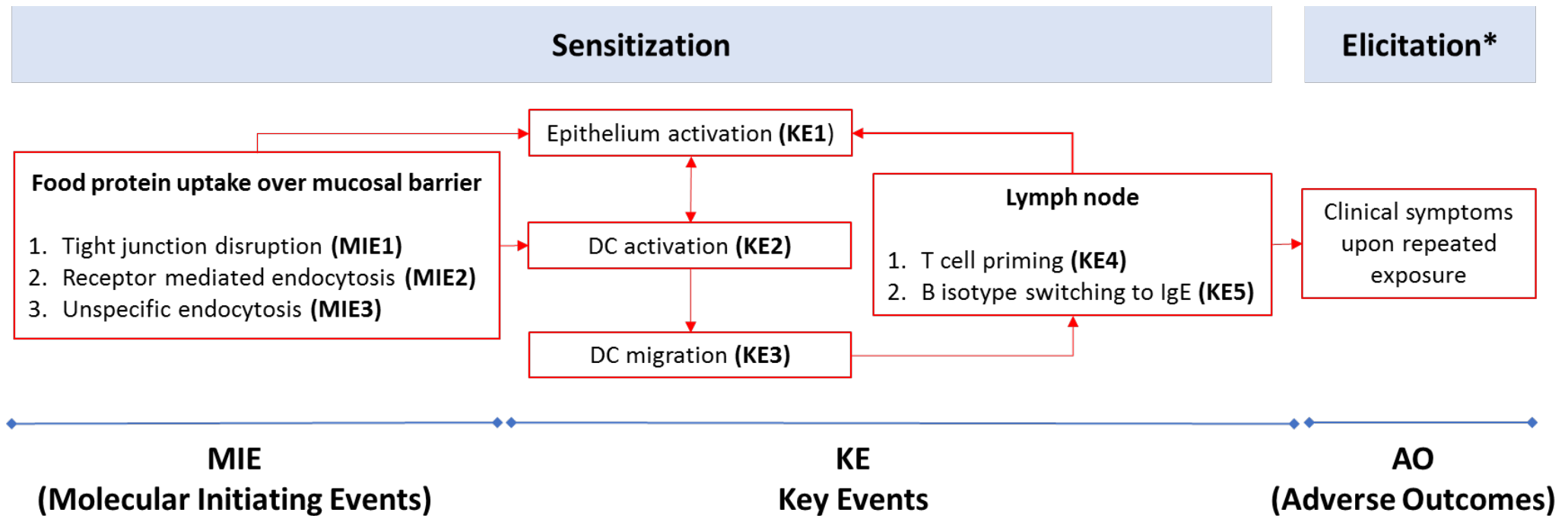


- › **No single** distinct molecular parameter within one protein family (plant and animal) seems to be exclusively responsible for the allergenic potential at the site of elicitation.
- › The integration of all the factors (properties) using a **multivariate statistical** approach could give a broader picture on how the complete set of properties impact protein allergenicity.





## In vitro models based on Adverse Outcome Pathway (AOP): a framework on different levels



<http://www.saaop.org/>

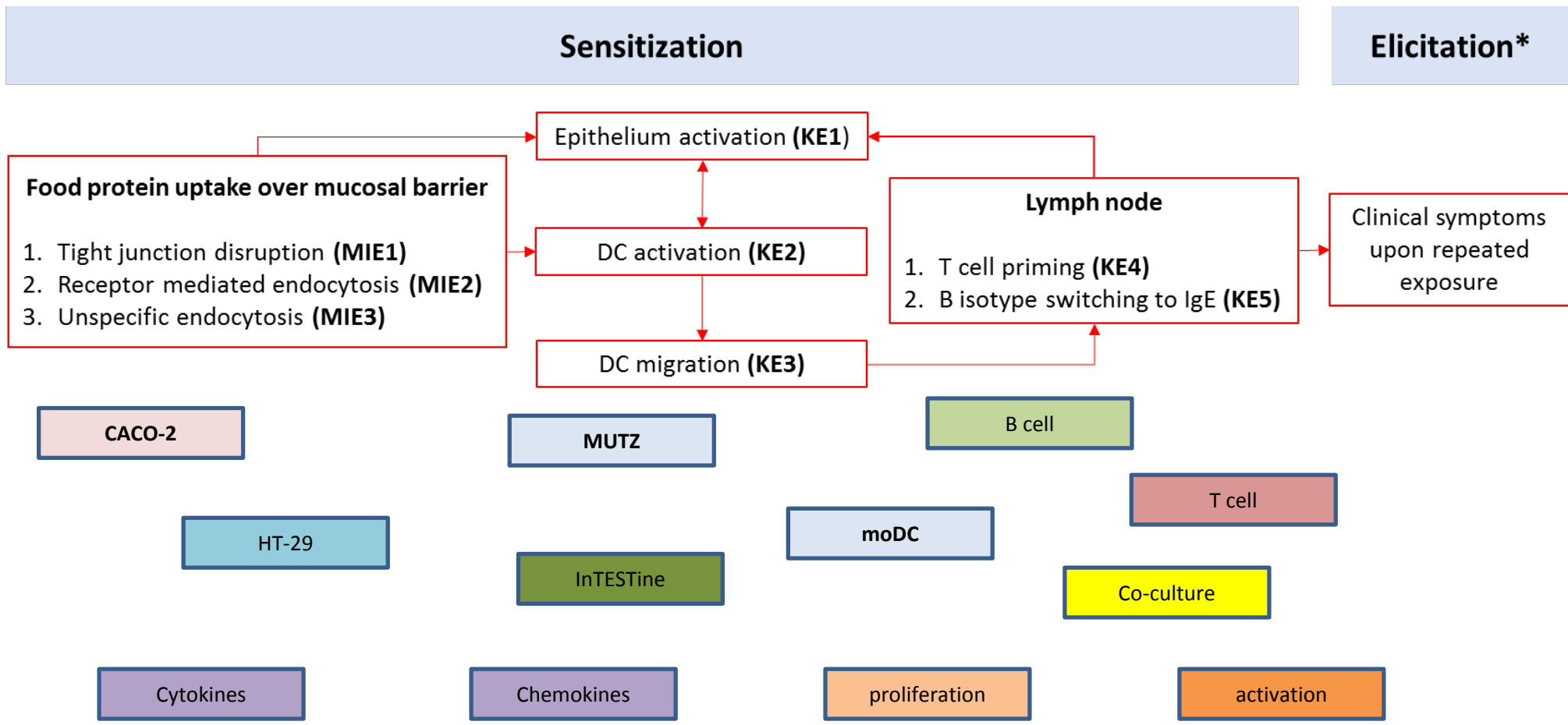
Verhoeckx et al. *Clin Transl Allergy*, 2020 doi: 10.1186/s13601-020-00318-x

Van Bilsen et al, *Clin Transl Allergy*, 2017 May, doi: 10.1186/s13601-017-0152-0.

Lozano-Ojalvo et al, *Trends in Food Science & Technology* ,2019, doi: 10.1016/j.tifs.2019.01.014



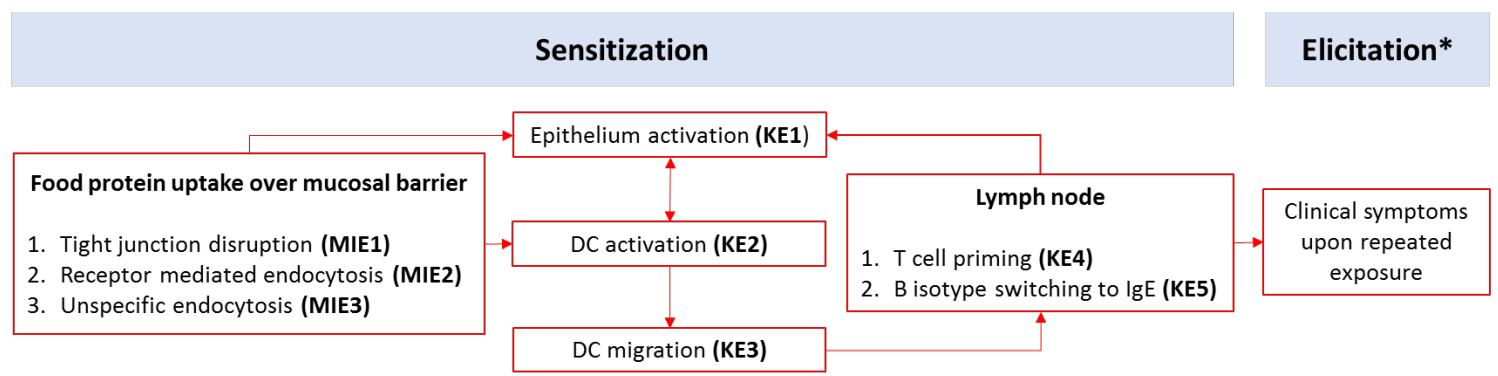
# In vitro models based on Adverse Outcome Pathway (AOP): a framework on different levels





# *In vitro* models based on Adverse Outcome Pathway (AOP): a framework on different levels

- › In vitro methods should focus on the different events of the AOP for food allergy sensitization and initially, especially MIE 1-3 (food protein uptake over mucosal barrier) and KE1 (epithelium activation) using human epithelial cell models.

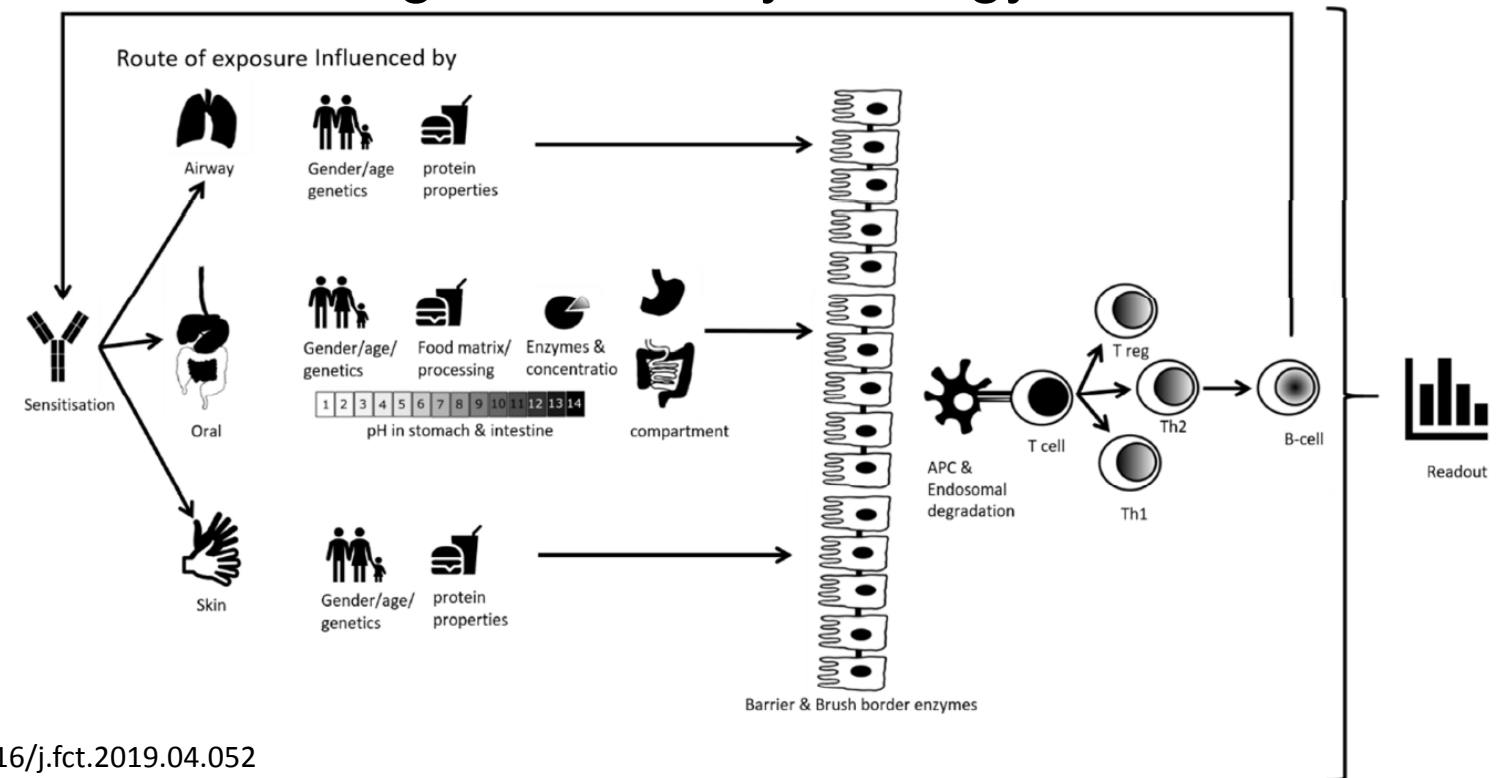


Verhoeckx *et al. Clin Transl Allergy*,2020 doi: 10.1186/s13601-020-00318-x  
Van Bilsen *et al, Clin Transl Allergy*, 2017 May, doi: 10.1186/s13601-017-0152-0.  
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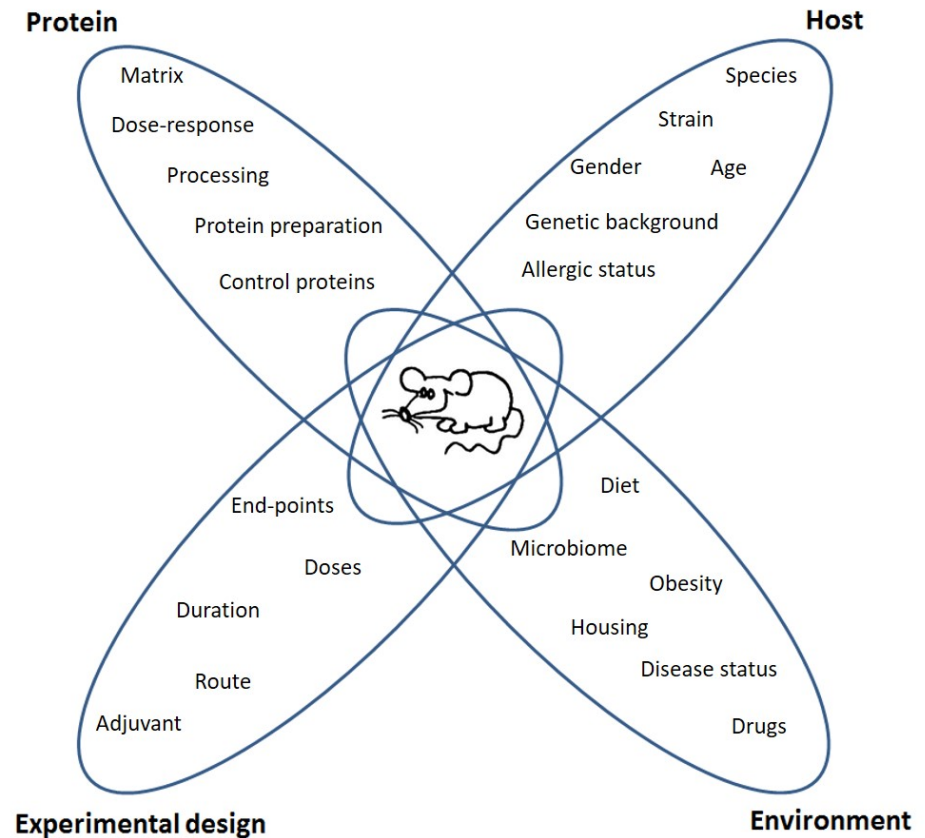
## Relevance Protein digestion

- Protein digestion is relevant for allergenicity of some proteins, but not for all. Many other factors in addition to digestion in the stomach might play more pivotal roles and some of these factors may have a great impact on digestion and should be included in the digestion assay strategy.





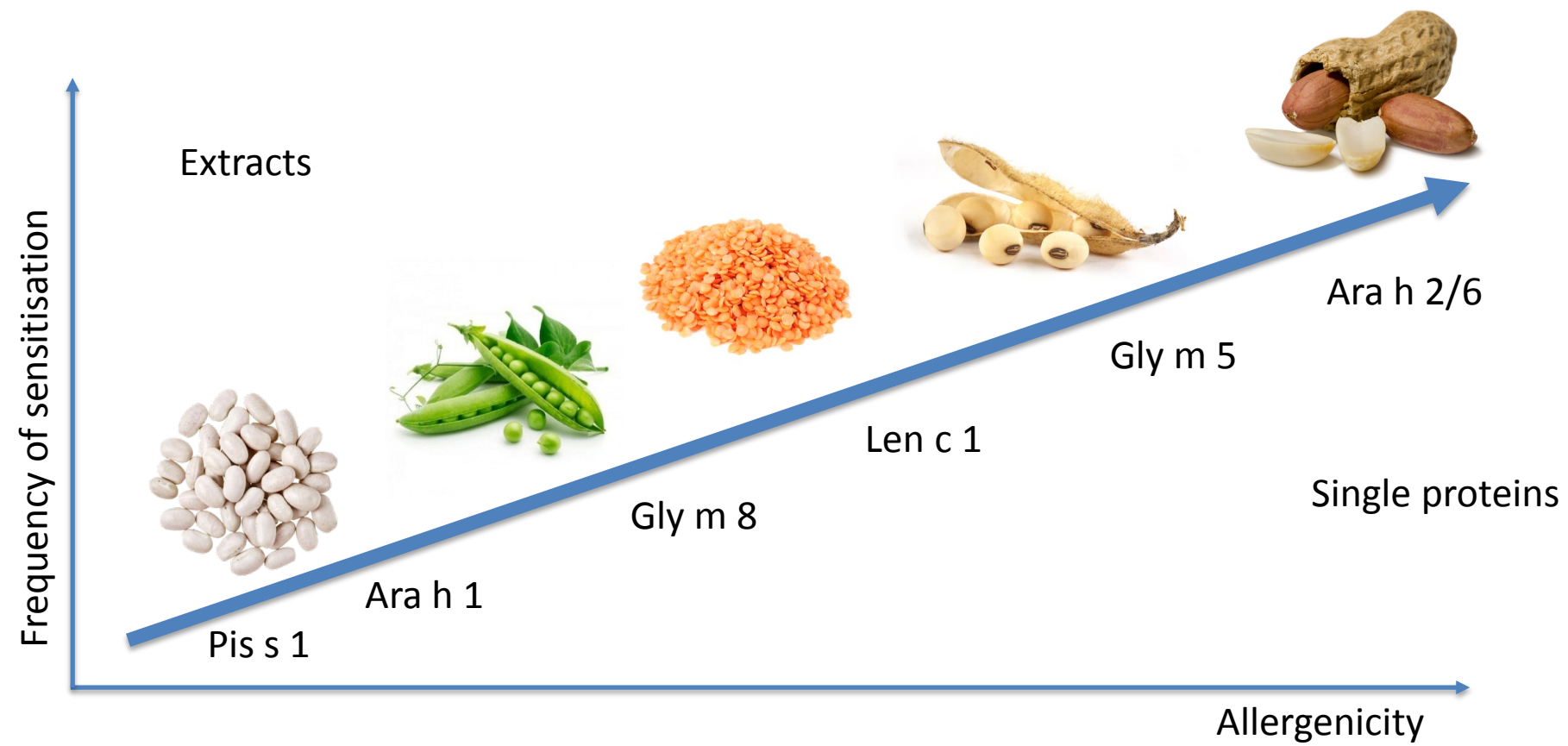
- In vitro and in vivo methods including clear endpoint(s) need to be harmonised and validated for instance in ring trials using specified reference proteins/extracts







› The current general lack of systematic data to rank existing, known allergenic proteins according to their allergenic potency reflects a significant knowledge gap, which impairs the development and validation of potential methodologies.





## What risk do we want to prevent?



Sensitisation phase

Elicitation phase

|                     |  | GENERIC (NO PROTEIN-SPECIFIC)          |   |                                |  |   |   |  |   |                                  |
|---------------------|--|--|---|--------------------------------|--|---|---|--|---|----------------------------------|
|                     |  | Hazard-based                           |   |                                | Exposure-based                                       |   |   | Risk-based                               |   |                                  |
| Sensitisation phase |  | Sensitizing                            | Strongly sensitizing                          |                                | Exposure above generic threshold(s) of sensitization |   | (High prevalence of) sensitization            | (High prevalence of) allergy             |   |                                  |
|                     |  | Non-sensitizing                        | Weakly sensitizing                            |                                | Exposure below generic threshold(s) of sensitization |   | Low prevalence or no sensitization            | Low prevalence or no allergy             |   |                                  |
| Elicitation phase   |  | Low eliciting doses allergic symptoms  | Low eliciting doses severe allergic symptoms  | Low eliciting doses lethality  | Exposure above generic threshold of elicitation      | Exposure above generic threshold of severe symptoms | Exposure above generic threshold of lethality | (High incidence of) allergic symptoms    | (High incidence of) severe allergic symptoms    | (High incidence of) lethality    |
|                     |  | High eliciting doses allergic symptoms | High eliciting doses severe allergic symptoms | High eliciting doses lethality | Exposure below generic threshold of elicitation      | Exposure below generic threshold of severe symptoms | Exposure below generic threshold of lethality | Low incidence of or no allergic symptoms | Low incidence of or no severe allergic symptoms | Low incidence of or no lethality |
|                     |  |  |   |                                |  |   |   |  |   |                                  |



# Decision has Implications for risk management and method development

Exposure  
above  
generic  
threshold(s)  
of  
sensitization

## Risk management

Criterion would require assurance that exposure can be managed and kept below the threshold

Exposure  
below  
generic  
threshold(s)  
of  
sensitization

## Methods

A threshold level of sensitisation is needed

Methods needed to assess and monitor exposure



# What risk do we want to prevent?

- › A clear outline of preferred decision-making criteria is needed from the risk management sector to help guide researchers during method development and ensure the applicability of newly developed methods to the risk management questions at hand.

|  |   | GENERIC (NOT PROTEIN-SPECIFIC) |   |  |   |  |   |                                  |  |  |
|--|---|--------------------------------|---|--|---|--|---|----------------------------------|--|--|
|  |   | Hazard-based                   |   | Exposure-based                                       |   |  | Risk-based                                      |                                  |  |  |
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| High eliciting doses allergic symptoms | High eliciting doses severe allergic symptoms | High eliciting doses lethality | Exposure below generic threshold of elicitation | Exposure below generic threshold of severe symptoms  | Exposure below generic threshold of lethality | Low incidence of or no allergic symptoms | Low incidence of or no severe allergic symptoms | Low incidence of or no lethality |  |  |



## Take home messages

- › **Decision-making criteria** for risk assessment
- › **Ranking existing**, known allergenic proteins according to their allergenic potency
- › Focus on **exposure, intrinsic protein properties** and **impact matrix/processing** on allergenicity
- › **Multivariate statistics**/ in silico tools to find molecular patterns in protein characteristics to predict allergenicity
- › AOP for food allergy sensitization focus on **food protein uptake** over mucosal barrier and **epithelium activation**
- › **Clear endpoints** for In vitro and in vivo methods, **validation** for instance in ring trials using specified **reference proteins/extracts**



# Acknowledgement



[www.ImpARAS.eu](http://www.ImpARAS.eu)



Dr. Kitty Verhoeckx  
Assistant professor UMCU  
Dept. Dermatology & Allergology  
@: [K.C.M.Verhoeckx-2@umcutrecht.nl](mailto:K.C.M.Verhoeckx-2@umcutrecht.nl)