4 Comments to the Public Consultation on Acrylamide in Food – Austria

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Brussels, 10.12.2014

Lines 14/15

*"AA is extensively metabolised, **mostly** by conjugation with glutathione but also by epoxidation to glycidamide (GA)."*

Comment:

- To what extent is AA metabolised by conjugation with glutathione and to what extent by epoxidation to glycidamide?
- Do you have information about this? If yes, could this information be implemented into the opinion/abstract?

Line 2047

2046 **6.1.2. Left-censorship management**

2047 According to the WHO guidelines on the censorship treatment (GEMS/Food-EURO, 1995), when
2048 more than 40 % of the results were quantified at the food and food group levels, the mean
2049 contamination level was estimated considering the non detected/quantified results at half of their
2050 respective LOD/LOQ (MB approach). For the food and food groups with less than 40 % of quantified

Comment:

- Regarding the left-censored management, why does EFSA refer to the WHO guidelines (GEMS/Food-EURO, 1995) and not to the EFSA document (Guidance of the Scientific Committee on a request from EFSA related to Uncertainties in Dietary Exposure Assessment, 2006 or Scientific Report of EFSA Management of left-censored data in dietary exposure assessment of chemical substances, 2010)?

Insertion in Line 2055:

"Chronic exposure to AA was assessed at the individual level by multiplying the mean daily consumption for each food with the corresponding mean contamination, **resulting in a distribution of exposure,** *summing up the respective intakes throughout the diet, and finally dividing the results by the individual´s body weight."*

Line 2078

2078 **Table 8:** Exposure to acrylamide (AA) in µg/kg b.w. per day across the surveys and age groups

Age group	Mean Median [Minimum - Maximum]		P95 Median [Minimum - Maximum]	
	LB	UB	LB	UB
Infants (N[(a)] = 4 / 3)	0.8 [0.5 - 1.4]	0.9 [0.7 - 1.7]	2.3 [1.4 - 2.3]	2.5 [1.7 - 2.8]
Toddlers (N = 8 / 5)	1.4 [1.1 - 1.9]	1.5 [1.2 - 1.9]	2.6 [2.3 - 3.4]	2.7 [2.4 - 3.4]
Other children (N = 17 / 17)	1.2 [0.9 - 1.6]	1.2 [0.9 - 1.6]	2.2 [1.4 - 3.2]	2.3 [1.5 - 3.2]
Adolescents (N = 17 / 16)	0.7 [0.4 - 0.9]	0.7 [0.4 - 0.9]	1.4 [0.9 - 2.0]	1.4 [0.9 - 2.0]
Adults (N = 16 / 16)	0.5 [0.4 - 0.6]	0.5 [0.4 - 0.6]	1.0 [0.7 - 1.3]	1.0 [0.8 - 1.4]
Elderly (N = 11 / 11)	0.5 [0.3 - 0.5]	0.5 [0.4 - 0.5]	0.8 [0.6 - 1.0]	0.9 [0.7 - 1.0]
Very elderly (N = 9 / 8)	0.5 [0.3 - 0.5]	0.5 [0.4 - 0.6]	0.9 [0.6 - 1.0]	0.9 [0.6 - 1.0]

2079 LB: lower bound; N: number of samples; P95: 95th percentile; UB: upper bound.
2080 Note: In order to avoid the impression of too high precision, the numbers for all exposure estimates are rounded to 2 figures.
2081 (a): Number of surveys used to derive the minimum/median/maximum mean exposure levels / number of surveys used to
2082 derive the minimum/median/maximum 95th percentile exposure levels.

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2050 respective LOD/LOQ (MB approach). For the food and food groups with less than 40 % of quantified

Line 2078 continued

Comment:

According to AA-exposure, only the Lower Bound – and the Upper Bound-approach are used.

Why not the Medium Bound (MB)?

In the lines 2047 – 2050 the MB approach is also mentioned.


Thank you for your attention!