



WHO



UNEP

INTERNATIONAL PROGRAMME ON CHEMICAL SAFETY

REPORT

**WORKSHOP ON POISONS CENTRES AND THE USE OF HUMAN DATA IN
CONSUMER PRODUCT RISK ASSESSMENT**

**WHO in collaboration with EC JRC, EAPCCT, ECETOC and
the Federal Institute of Risk Assessment, Germany**

Held at the Federal Institute for Risk Assessment, Berlin, Germany

9 May 2005

1. Background

A consensus is emerging that data from the inadvertent exposures of humans to chemicals should play a larger role in the risk assessment. To address this need, a framework to describe the actions needed to improve the use of human data in risk assessment in order to better protect citizens from chemical threats is being developed collaboratively under the auspices of the International Programme of Chemical Safety (IPCS).

As a first step in developing the framework, there is a need to consider the different sources and types of human data available as well as how this data can contribute to improving risk assessment. Many data are generated or collected as part of routine clinical or occupational health and safety practice and emergency response. The framework is anticipated to provide a basis for more well-developed interaction between clinical scientists and risk assessors. Such interaction is expected to further strengthen the predictive value of risk assessment and increase the effectiveness of risk management and prevention.

The framework will ultimately embrace three key needs: 1) to improve the collection of comparative data from human exposures; 2) to identify the priority areas where data from human exposures can help reduce uncertainties in risk assessment, and 3) the opportunities where data from human exposures may increase the effectiveness of risk management.

2. Objectives of the Workshop

In the context of the above, a collaborative Workshop was organized between the International Programme on Chemical Safety (IPCS), the European Commission Joint Research Centre Institute for Health and Consumer Protection (JRC IHCP), the European Centre for Ecotoxicology and Toxicology of Chemicals (ECETOC), the European Association of Poisons Centres and Clinical Toxicologists (EAPCCT) and the Federal Institute for Risk Assessment, Germany (BfR).

The Workshop was organized at the time of the XXV International Congress of the European Congress of Poisons Centres and Clinical Toxicologists (EAPCCT) to facilitate participation of poisons centre professionals and enable a discussion and better understanding of focus on the type and availability of data from poisons centres.

Gerhard Heinemeyer welcomed the participants of the workshop on behalf of the President of the Federal Institute for Risk Assessment, Prof. Andreas Hensel, and made some introductory remarks about the needs of exposure assessment.

Lesley Onyon (International Programme on Chemical Safety) welcomed participants to the Workshop on behalf of the IPCS, the EU JRC, EAPCCT, ECETOC. She acknowledged the financial support of the German Federal Ministry of the Environment, Nature Conservation and Nuclear Safety for the Workshop.

Given the importance of improving the risk assessment of consumer products and the experience of poisons centres in dealing with cases of human exposure to consumer products, the objectives of the Workshop were confirmed as follows:

- To discuss current and future approaches to the risk assessment of consumer products and data needs;
- To identify the consumer-related aspects of human data availability and use in risk assessment, including accidental and other reasonably foreseeable exposures to consumer products;

- To discuss the potential role of poisons centres and other clinical toxicology institutions for collecting human health data from consumer exposures;
- To identify priorities for using human health effects and exposure data including actions to maximize effective risk management actions; and
- To recommend next steps that could be taken collaboratively including the development of guidelines for collecting data from poisons centres and the conduct of a pilot to test the feasibility of data collection.

Rolf Hertel (Federal Institute for Risk Assessment, Germany) was elected Chair of the Workshop. Michael Dourson was elected Rapporteur. When accepting the position of Chair, Dr Hertel drew attention to his own experience in the IPCS CICAD programme where about 15 IPCS Concise Risk Assessment Documents (CICADS) have used human data as the basis for recommending criteria for setting tolerable intakes or guidance values. He also referred to the existing technical guidance documents supporting the European Existing Substances Regulations as providing a basis for providing additional guidance.

A copy of the adopted agenda for the Workshop is given in Annex 1. A list of participants is given in Annex 2.

3. Current status and challenges for the risk assessment for consumer products

Three presentations provided an overview of the scope and operation of consumer product safety arrangements in the US, the European Union and Canada. Discussions focused specifically on chemical-related consumer products safety review, links with other regulatory agencies, connections with poisons centres, current and future challenges and examples where data from incidents/cases of human exposures to chemicals in consumer products have been informative to the risk assessment process.

Michael Babich (US) described the work of the US Consumer Product Safety Commission (CPSC) which is charged with protecting the public from the risks of serious injury or ill-health to approximately 15,000 consumer products. Dr Babich illustrated his presentation with references to recent case studies involving methacrylic acid, fluorides and leather protectors. He acknowledged the partners who work with CPSC in undertaking their work namely the American Association of Poisons Control Centres (AAPCC), hospitals participating in the National Electronic Injury Surveillance System (NEIHSS) other US Federal agencies, state and local health agencies and international agencies. He described five different types of injury databases used by CPSC to monitor acute hazards due to consumer products, namely; NEIHSS, CAP (a children and poisoning subset of NEIHSS), IPII, (Injury or potential injury incidents based on news articles, customer complaints etc), medial examiners and coroners reports and death certificates. He also described the operations of the Toxic Exposure Surveillance System (TESS), compiled on behalf of AAPCC, and from which CPSC purchased data on poisoning incidents involving children under 5 years old. He saw the main limitations of injury databases as having only limited information on product ingredients (in the US), and limited exposure information. Data from TESS provided data from more specific product categories and had the potential to be linked to ingredients in products. TESS, however, was non-population based and therefore gave no information about prevalence of particular effects. Neither system provided surveillance information on chronic hazards both being focused on acute incidents. Recognizing these and other limitations Dr Babich, nevertheless viewed acute human data as important in consumer product safety surveillance helping to identify emerging hazards, monitor increases and decreases in injuries, assisting to ensure compliance, product recalls and corrective actions and to develop new regulations and voluntary standards. Available human data collection systems also provided an opportunity to conduct special studies responding to specific needs.

Panagiotis Daskerelos (European Commission) described the framework for consumer product safety in Europe and referred to an increasing emphasis on the protection of human health and environment. In the EC, Consumer product safety is ensured by legal instruments covering specific product sectors, e.g. toys, cosmetics and biocides (these are referred to as vertical approaches) and by instruments such as the General Product Safety Directive which applies to all products (so called horizontal approaches). This Directive also provides a rapid exchange system that facilitates the recall and withdrawal of products. In addition there were laws and regulations on the safety evaluation of individual substances (i.e. for new and existing substances) and on preparations (relating to classification and labeling). Risk assessment and risk management activities are separated within the Commission with independent scientific advice provided by Committees of external scientists or specialized agencies such as the European Food Safety Authority (EFSA).

Dr Daskerelos described the current risk assessment challenges relating to hazard characterization (including development of new methodologies, refinement of existing methods and development of alternatives). Lack of consistency in decision-making under different legislation and regimes was a concern and this included divergent conclusions based upon on different sets of data, different models and different exposure situations. Consumer exposure assessment had proved to be a major bottle-neck in European risk assessment processes and exposure data and the lack of methods to measure the release of chemicals from articles were areas of frequent concern. Better human data would be useful to improve risk assessment of consumer products in a number of areas:

- Post-marketing monitoring of products (information on accidents, morbidity etc);
- Real life validation of risk assessment and risk management policy options (i.e. have the risks been manifested in real life);
- Specific investigations of new or unexpected risks (e.g. unforeseen accidents, health effects etc);
- Collection of data and information facilitating risk assessment and the setting of priorities for measures;
- Long term effects - establishing causal relationships between exposure and long-term health effects; and
- Epidemiology.

Bette Meek (Canada) described the current focus of Health Canada to meet a significantly expanded mandate to screen all chemicals on its Domestic Substances List (approximately 23,000 chemicals with widely differing datasets) under the Canadian Environmental Protection Act (CEPA). Dr Meek provided an overview of the tools, products and processes being used that built on the experiences gained and lessons learnt from its earlier work on priority existing substances.

Human health assessment under CEPA called for priorities to be set for consumer and environmental exposure, all age groups and multi-media exposures. This mandate gave additional emphasis to the need to set priorities for data generation and risk assessment for both human health and ecological effects. The approach that had been adopted used multiple stages of screening and priority setting with increasing complexity. The first stages involved the use of simple tools that are conservative in the absence of information. Subsequent stages are more discriminating. Health Canada has developed several new modeling tools. For example, SimET (simple Exposure Tool) identifies chemicals with the greatest, intermediate and lowest potential for exposure. ComET (complex Exposure Tool) develops plausible maximum estimates of individuals by age group to sentinel products (product with likely highest exposure). Use profiles are matched to sentinel products and near- and far-field estimations of direct and indirect intakes are given. This effort results in an upper bounding estimate of exposure intake.

The experience so far has shown that environment and health priorities may be diverging. Consumer uses of chemicals, as in Europe, are increasingly driving the priority setting. Typically volume of production is being shown to be a poor surrogate for exposure and better intelligence and information is needed. Dr Meek referred to several areas where there was a potential for poisons centres to contribute to the risk assessment process for consumer products:

- Confirming composition of products gleaned from limited public sources, this would minimize the impact on industry of the frequent and sometimes extensive surveys conducted;
- Confirming patterns of important exposures on the basis of the profiling of large numbers of substances and developing generic exposure scenarios;
- Adverse effect reporting on highest priority substances; and
- Identifying "at risk" populations and data relevant to interspecies extrapolation for specific substances e.g. ethylene glycol.

Dr Meek suggested that coordination at a national level between specific programmes and activities was needed together with a forum for sharing experience at the international level. Continued dialogue between risk assessors and poisons centers and cross-training were also important.

4. Progress on the use of human data in risk assessment

Lesley Onyon presented an overview of activities underway to improve the use of human data in risk assessment and some of the progress achieved so far. The importance of consumer exposures was highlighted by reference to WHO figures estimating that 6% of all global injuries were caused by poisoning. One third of these injuries occurred in Europe and involved young adults and children suggesting accidental poisoning played a significant role. As such poisoning was preventable and poisons centers had an important role to play.

While use of human observational data was a long-standing part of risk assessment practices, some sources of data remained under-utilized. Poisons centre data was one of many sources which had not been sufficiently explored in the past, others included injury data and data from biological monitoring.

In February 2004, IPCS held a **Workshop on the Collection, Reporting and Use of Human Data (Cardiff, UK)** to identify and discuss the work needed to address the IFCS recommendation. The workshop reviewed international efforts to develop and harmonize risk assessment methods, capacity-building activities to strengthen poisons centres and the developing needs for chemical incident alert, surveillance and response in the aftermath of heightened threats of deliberate releases of chemical agents in terrorist activities. The workshop concluded that there were substantial public health benefits from the more effective collection, recording sharing and use of human effects and exposure data and that poisons centres had a number of roles to play in relation to risk assessment, incident alert, surveillance and response. The report from this workshop is available from the IPCS web site *

Ms Onyon described some of the characteristics of poisons centre operations that enabled the collection of information relevant for risk assessment, including telephone enquires, clinical

* http://www.who.int/ipcs/publications/methods/human_data/en/.

and analytical toxicology services, and clinical case management. The fact that poisons centres are already in place in over 75 countries provided the basis for a global network and the multi-centre aggregation of data. Substantial work had already taken place to develop a harmonized and standardized format and terminology for the collection of poisons-centre case data. This system is known as IPCS INTOX. As well as providing an off-the-shelf solution for newly established poisons centres, it also provided a powerful basis for aggregating a harmonized dataset for reporting chemical uses and exposures, patient details and symptoms and signs and poisoning severity data from multiple centres.

In summary, there was now a wider appreciation of the need for collaborative work on the use of human data. A framework for action is currently being developed to build on the recommendations from the fourth session of the Intergovernmental Forum on Chemical Safety (IFCS, Bangkok, 2003). At this Forum, IPCS was invited to take the lead on developing additional guidance on, and mechanisms for collecting, disseminating and utilizing clinical and exposure data from human observations. This mandate has since been reflected in the Global Plan of Action being developed as part of the new Strategic Approach to International Chemicals Management being finalized for adoption in February 2006. †

Chris Money (ExxonMobil) reported on ECETOC activities advocating the need for improving the use of human data in risk assessment. He summarized the discussions that took place at a **ECETOC Workshop on the Use of Human Data in Risk Assessment (Cardiff, 2004)**. This Workshop identified the need for better quality exposure data from humans and a clear framework for assessing the quality of human data from different sources. The Workshop initiated discussions on what such a framework should cover using examples largely from the field of occupational health and safety. The Report of this Workshop is available from ECETOC: Workshop Report No.3: Workshop on the Use of Human Data in Risk Assessment. (23-24 February 2004).

Dr Money also described some of the progress to date including the establishment of a task force to develop criteria for the consistent use of biomonitoring data, and work to pinpoint more precisely some of the challenges to interpretation of human data which hindered its consistent use.

5. The EU EIS-ChemRisks project

Demosthenes Papameletiou (European Commission) presented an overview of the rationale and objectives of the EC Joint Research Centre's EIS ChemRisks project. This project was designed to meet the need to better collect human exposure data relating to chemicals released from consumer products/articles and thereby to assist in the implementation of the EC General Product Safety Directive and proposals for the Registration, Evaluation and Authorisation of chemical substances (REACH). The overall intent was to strengthen knowledge and establish a EU-wide infrastructure, including exposure methods and tools including knowledge-based tools and reference databases. IPCS/OECD Risk Assessment Terminology[‡] had provided a basis for harmonizing the glossary of terms used to index relevant information in the databases being established.

Work on two pilot studies (i.e. clothing textiles and hair dyes) provided an illustration of the progress made with developing the system and a basis on which to discuss some of the issues arising when faced with complex, variable and uncertain exposure data. To address these issues a set of criteria had been developed which could be used to evaluate the validity of single case reports. As a result of experience to date it was suggested that thematic networks

† http://www.chem.unep.ch/ICCM/meeting_docs/

‡ (<http://www.who.int/ipcs/methods/harmonization/areas/ipcsterminologyparts1and2.pdf>)

of clinical scientists would be useful to further develop, harmonize and apply common criteria to validate the studies and practices and to exchange and centrally process data. Clinical diagnostic criteria were one area where greater harmonization would lead to more comparable data. The European Surveillance System on Contact Allergies which focused on allergies associated with textiles, shoes, paints, glues and cosmetics was an example of a thematic network. Further collaborative activities with this group are planned.

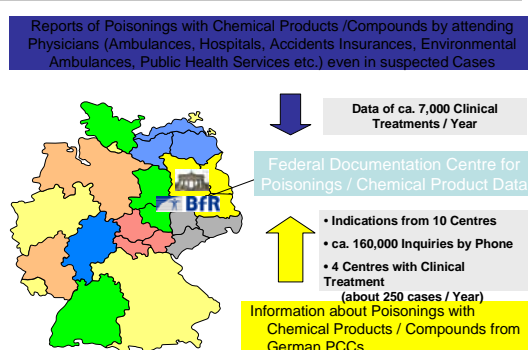
Dieter Schwela (Stockholm Environment Institute at York University, UK) demonstrated the use of the ExpoData model to retrieve information on cases of human exposure to textile chemicals. In future it was anticipated that data would originate not only from the published literature but from members of thematic networks. Poisons centres may also represent another future source.

6. Recent experiences with collection of human data

In this session some poisons centre experiences and relevant projects were reviewed.

Axel Hahn (Germany) described recent work to develop the Federal Institute for Risk Assessment's Case Report Database which aggregates information from poisons centres, physicians and industry. These groups made up a German toxicological network. The collection of data from the network was facilitated by the legal measures which enable the documentation centre of the Federal Institute to formally collect reports from poisonings by attending physicians and paramedics as well as incidents reported by poisons centres and cases dealt with by clinical treatment centres (See Figure below).

The German Double Chain: Chemicals Act § 16e / PCCs

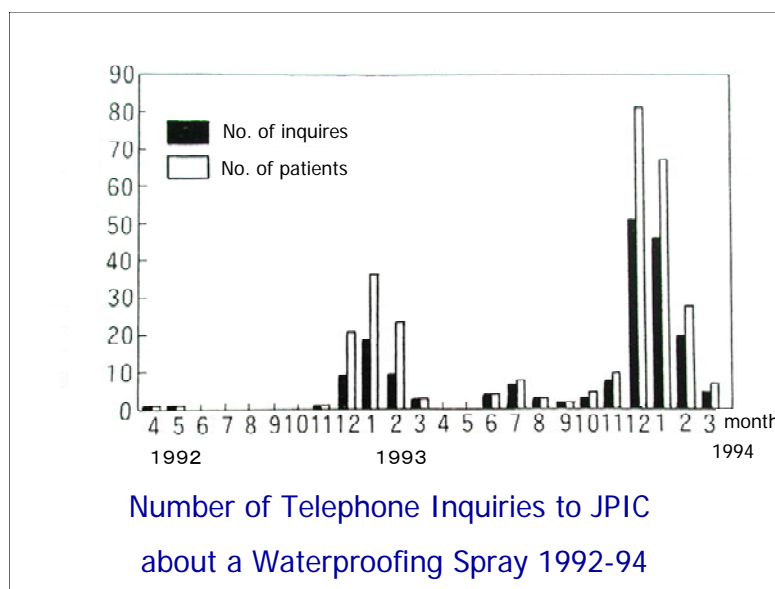


Data was in the process of being compiled into a case database which allowed further standardization of the reports, the identification of rare cases, cases with an unexpected clinical course and cases of special interest. Documentation was being compiled in both English and German with a view to making the database accessible to authorized users through the Internet. Dr Hahn referred to experience with the German Toxicology network with the exchange of case-reports on lamp-oil and the importance of such efforts for toxicovigilance. Dr Hahn offered to provide a selection of recent case reports to the Workshop participants as a basis for further follow-up discussions on standardized case reporting formats.

Monique Mathieu-Nolf (France) described the "Toxicovigilance" activities of the French Centre Anti-poisons de Lille which had been supported by French law since 1996. A French National Plan for the Development of Health and the Environment (2004) had formally recognized the role of French poisons centres in public health surveillance and for collecting information on

health effects. A national common format for collecting data had been established for poisons centre use, based on the IPCS INTOX terminology. Poisons Centre data were used by national agencies with responsibilities for risk assessment with whom the poisons centres had developed working relations. In addition to playing a part in a national system, French poisons centres also had local additional research expertise and activities. In Lille, the Poisons centre is involved in making a more complete collection of the composition of chemical products.

Yumiko Kuroki (Japan) described the experience of the Japanese Poison Information Centre (JPIC) in the collection of human data and some of the collaborative activities between JPIC and the Japanese Ministry of Health Labour and Welfare (MHLW). In 2004, approximately 74% of calls to JPIC were from the public. 65% of calls involved household products showing a strong focus on consumer products. Dr Kuroki described how detecting an unexpected increase in the number of calls to the centre had drawn attention to a more hazardous presentation of a leather waterproofing spray (see figure below). Early detection and collaborative work with the relevant Ministry (MHLW), clinical toxicologists, risk assessors and industrial manufacturers had been successful in identifying the cause of the increase in cases. A decrease in the number of cases was equally dramatic after the introduction of corrective measures. Similar successes were also described in relation to a new form of toilet-bowl deodorizing liquid which could be mistaken for eye-drops, and in the case of a new laundry detergent which demonstrated a greater potential for inhalation. All of these incidents had strengthened collaborative work with risk assessors and had led to the involvement of JPIC in developing improved guidance for manufacturers on consumer-safety measures and consumer product labeling. Dr Kuroki also described a research project for collecting nationwide information on cases of poisoning for which there was associated clinical toxicology data. A database involving 290 cases had been established together with relevant serum concentrations of toxicants. This work was intended to assist in identifying new biomarkers, enabling a correlation with poisoning severity and outcome and as a contribution to strengthening the predictiveness of risk assessments carried out.



Lesley Onyon (IPCS) described an IPCS feasibility study to examine the availability and accessibility of information held by 7 poisons centres in Japan, UK, Uruguay, France, Switzerland, Australia and Germany. The study found that identifying cases with the chemicals of interest, was very dependent on the availability of complete product data. Three centres with the most complete access to product data were also those which successfully retrieved case data on all of the chemicals. Whether coincidental or not, these centres were also those with the most well established and formal linkages to authorities responsible for risk

assessment. Comparing the nature of the cases retrieved, there were appreciable differences between the specific exposures to the products in any country, reflecting on the normal use of the product in a particular country. The feasibility study also compared the chemicals which were the subject of most calls to poisons centers, with those under assessment internationally. Very little commonality was found, indicating a potential value for both sides in sharing information and experiences.

7. Working Group Discussions and Conclusions

Workshop participants broke into three Working Groups to reflect on the information presented during the course of the Workshop, and to discuss the possible scope of activities to develop a framework for the better use of human data on exposures due to unintended uses and misuses of consumer products. Three points were addressed, one for each group:

- Which data are needed to improve risk assessment of consumer products?
- What data can be provided by poisons centres and clinical toxicology?
- How can data be provided by poisons centres and clinical toxicology?

The following paragraphs summarize the points arising from the discussions.

Which data are needed to improve risk assessment of consumer products?

Increasing emphasis is being given to the need to ensure consumer-product safety. Current risk assessment procedures face many challenges in this area. Presentations in the early part of the Workshop emphasized a common need for better exposure assessment including more accurate and realistic models, the need to take into account releases of chemicals from articles, and better appreciation of real-life exposures and scenarios and product uses.

Additional procedures for monitoring consumer product safety would be useful, particularly those that allow better prioritization of chemicals for risk assessment and management, and which identify vulnerable populations and groups. These include the collection and use of post-marketing surveillance data.

Given the strengths and weaknesses of different injury reporting systems, the need to build linkages between different data sets was seen as important, e.g. injury databases, poisons centre data, data collected by special thematic networks, physicians reporting systems.

The identification and establishment of thematic networks of different clinical scientists could be useful in sharing expertise of uncommon and complex problems and improving chemical-related diagnostic criteria.

What data can be provided by poisons centres and clinical toxicology?

Poisons centres commonly deal with enquiries regarding exposures to members of the public and are potentially well placed to gather consumer-related information. Poisons centres can already provide data on acute poisonings. These data are mainly obtained by phone calls, and detailed information on exposure and outcome is rarely available. Not all data represent poisonings, but they do represent exposures and situations of concern.

The data from European poisons centres, if shared, constitute over 1 million calls per year, and therefore could provide useful information on trends related to acute poisonings, misuse of consumer products, and at-risk groups of the population. A core system to gather essential

information on calls from national databases into an integrated European database is needed to enable use of the data for such purposes.

In order to encourage the greater contribution of poisons centres to risk assessment, data should be collected prospectively to allow improvements in data recording to be put in place. Guidance is required from risk assessors for those poisonings with outcomes that should be systematically followed. Poisons centres staff should be involved in the analysis of data to ensure correct interpretation of these data for risk assessment. This new role of poisons centres in risk assessment will require adequate staff and funding.

Clinical toxicology data differ markedly from poisons centres data, as they are normally well documented, but far less numerous. The value of occupational medicine and teratology data for risk assessment from human experience should also not be forgotten.

How can data be provided by poisons centres and clinical toxicology ?

The majority of poisons centres (PCs) collect data on their consultations and store (at least part of) this data in local database systems. Many centres around the world use database software developed and provided by IPCS/INTOX, while in Europe almost all PCs use traditionally, individual, mostly tailor-made systems. In the US, most poisons centres contribute to the nationwide database TESS. Today, a majority of PCs store product names with relation to their case documentation. Only a limited number of PCs store names of chemical substances and product formulations in a systematic and retrievable way.

Although data structures differ between systems in use, PCs would be able to export data sets on their consultations in a "flat" data format, i.e. basic information characterizing one case (with exposure) as one line of a spreadsheet or database table. Columns of the table (data fields) could include number of exposed persons, circumstances of exposure etc. Important data are product name(s) and name(s) of substance(s) used in the formulation involved. However, if more than one product for one case or more than a small, limited number of substances for one case or product has to be documented, then a more complex database model (more than one table with well defined relations between tables) is needed.

For some user groups, product category instead of product name may be displayed on retrieval for cases to guarantee confidentiality of information on formulation given to the poisons centres by the companies.

This basic data structure is sufficient to describe exposures with products or substances in a quantitative way (number of cases/number of exposed persons with a particular substance or product).

If a poisoning severity grade is included in the dataset provided by the PC (reported in another column of the table), preliminary information on human poisoning risk could be derived from this data in addition. More information on clinical courses could be delivered using a long text field ('wide table column').

However, meaningful information on poisoning severity and clinical course can only be derived from cases when clinical observation is documented for several hours after exposure (or onset of exposure). The fraction of cases that is followed up by the PC - for a longer period of time after an initial consultation early after exposure - varies today between 0 and 100 %, depending on the PC's resources (and duties).

Data Logistics

In principle, most poisons centres would be able to provide case data with limited technical developmental work if a basic data set for exchange is agreed on. Today, most PCs could export case data related to product names, a smaller number of PCs could export case data related to substances.

Nevertheless, case data in PCs' databases are to a variable extent, data of uncontrolled quality. Therefore, careful quality control, especially but not only on poisoning severity grading, and on description of clinical courses, is necessary if the export of case data, and compilation of data from different sources in one database system is to be carried out. Strict criteria for quality control have to be defined and agreed on for sufficient data reliability.

Poisons Centres typically have a number of functions and receive partial funding from a variety of different bodies. Costs associated with initial consultation and 24 hour - 7 day emergency services are typically provided by local or national health authority. The cost of follow-up of cases, documentation and grading of clinical data are often only covered for a small fraction of cases. Parties interested in using and aggregating Poisons Centre data may need to consider the ways of supporting Poisons Centres in providing additional quality control and arrangements for data export, if such data are to be available for risk assessment purposes on a sustainable basis.

8. Conclusions and possibilities for collaboration and future steps

Poisons Centres can provide both statistical data on the frequency of incidents and specific data on selected cases. These data can assist in the risk assessment of consumer products and provide post-marketing surveillance to add to the tools currently used by risk assessment.

Many existing examples illustrate this type of post-marketing surveillance or "toxicovigilance". These examples show the potential advantage of early collaborative action between poisons centres, manufacturers and risk assessment authorities.

Opportunities for further collaboration between risk assessors and poisons centre professionals need to be enhanced on an ongoing and routine basis.

A pilot study could provide substantial additional information on tasks, IT structures, and costs for human case data collection by poisons centres for improvement of risk assessment in the future.

Minimum data requirements for risk assessment depend on the specific, intended use of the data. As exposure data on consumer products appears to be a bottle-neck in risk assessment with many challenges, the involvement of poisons centres in contributing to improving the set of available data in this area should be pursued.

As a follow-up to the Workshop, Gerhard Heinemeyer was invited to present some of the results of the workshop, together with a concept for collaboration of risk assessors and clinical toxicologists to the EAPCCT XXV Congress held immediately following the Workshop.[§]

[§] Heinemeyer, G and Hahn A (2005) The Use of Product Databases for Risk Assessment Purposes. *Toxicology and Applied Pharmacology* 207 636-644



International Programme on Chemical Safety (IPCS)

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**WHO in collaboration with EU JRC, EAPCCT, ECETOC and
the Federal Institute of Risk Assessment, Germany**

To be held at the Federal Institute for Risk Assessment
Berlin-Marienfelde
Diedersdorfer Weg1
12277 Berlin, Germany
Tel: +49 30 8412 0

Starting at 09:00 on Monday 9 May 2005

DRAFT AGENDA

1. Opening and Introduction
2. Objectives of the Workshop
3. Current status and challenges for the risk assessment for consumer products (Experience from US, EU and Canada)
4. Progress on the use of human data in risk assessment (WHO and ECETOC)
5. The EU EIS-ChemRisks project (EC JRC IHCP)
6. Recent experiences with collection of human data (Germany, France, Japan, IPCS)
7. Working Group Discussions

Development of a framework for better use of human data on exposures due to intended and unintended uses and misuses of consumer products

- Which data are needed to improve risk assessment of consumer products
 - What data can be provided by poison centres and clinical toxicology
 - How can data be provided by poison centres and clinical toxicology
8. Rapporteur's report on the "Possibilities for collaboration and future steps"
 7. Conclusions and way forward

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List of Invited Participants

This annex has been deleted from the copy of the Workshop Report published on the Internet. Further details are available on request from the IPCS Secretariat.