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EPIDEMIOLOGY AND RISK
ASSESSMENT:
REFLECTIONS ON WORKING
TOGETHER TO IMPROVE
PUBLIC HEALTH

Judy S. LaKind, Ph.D.

International Conference on Using
Epidemiological Studies in Health Risk
Assessments: Relevance, Reliability and
Causality

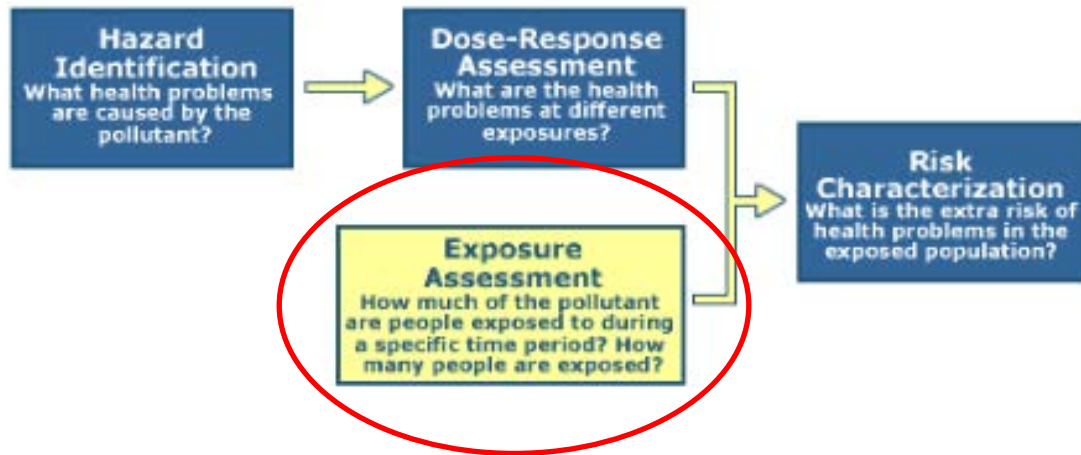
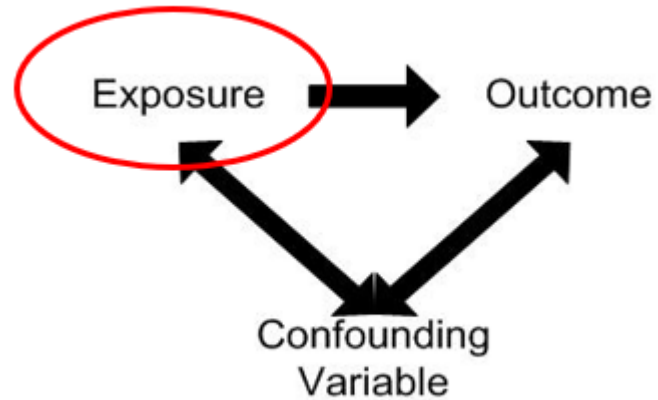
9 November 2023

Outline


- Disclaimer
- Background
- Barriers
- Tools

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Disclaimer



- Not an epidemiologist
- Am an exposure scientist and risk assessor
- American exposure scientist and risk assessor



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Background

Chemistry

Geology

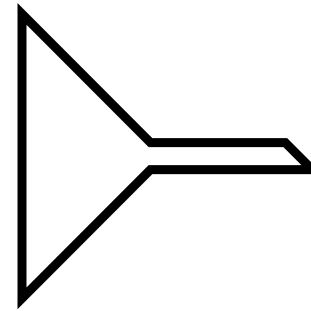
Biology

Hydrology

Toxicology

Epidemiology

NAMS (e.g., in vitro, in silico)



Risk Assessment

Early post grad school training in
risk assessment in the 1980's

Need for data for quantitative
activities

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**Risk Assessment
Guidance for Superfund
Volume I
Human Health Evaluation Manual
(Part A)**

Interim Final

EPA/540/1-89/002
December 1989

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Time went by.....

Use of
information for
WOE/systematic
review/etc.

Many important attributes

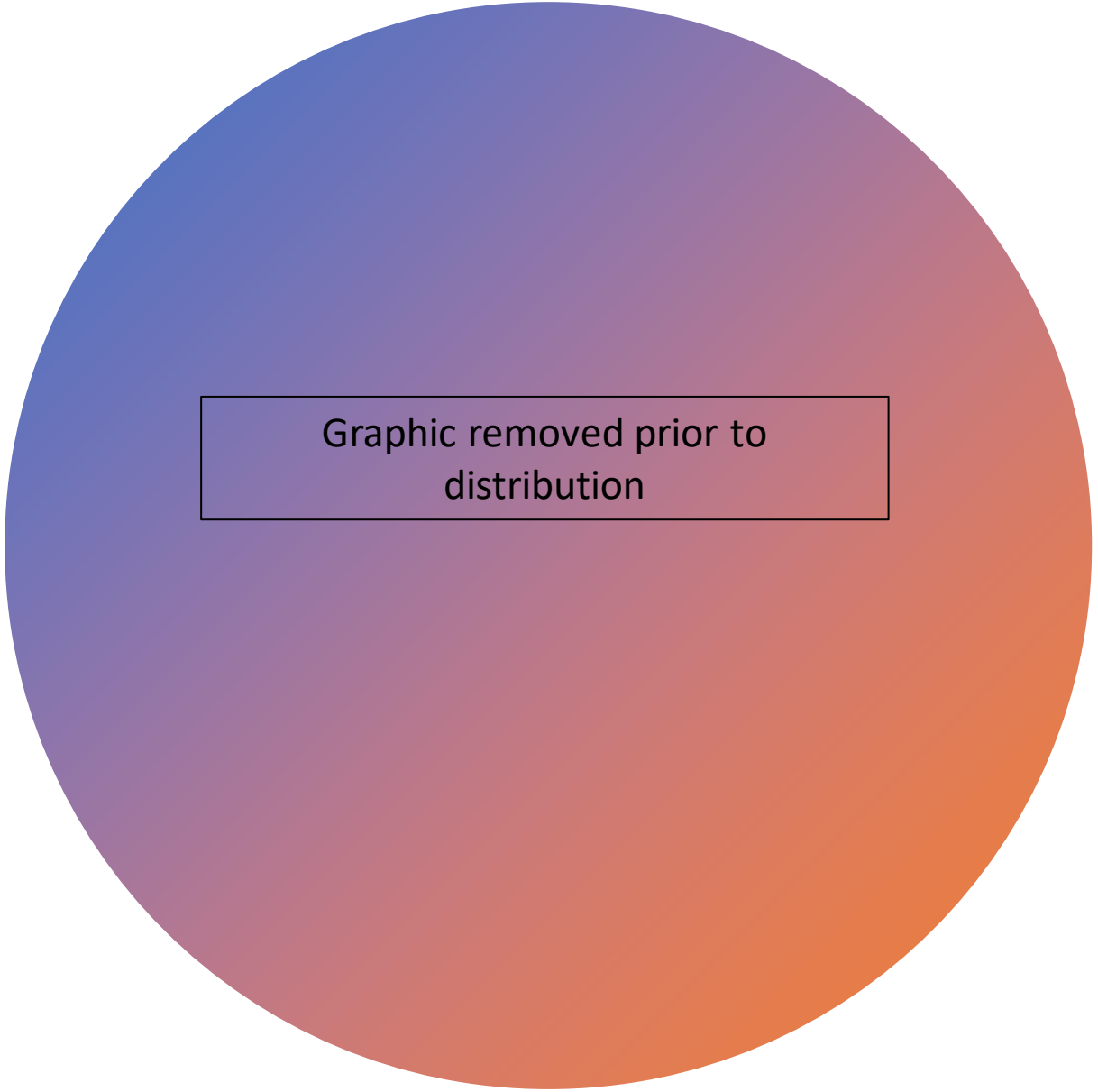
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Target species is directly relevant

Reduces need for high-to-low dose extrapolations

No/poor laboratory animal models for some
health endpoints

Minimize the use of animals in chemical testing



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Barriers to use of
epidemiology research in
risk assessment

Epi-risk assessment
barriers: not a new issue

For decades, calls for
improving suitability of
epidemiology studies for
risk assessment.

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Barriers

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From Conference announcement:

“The presumed inability of observational studies to demonstrate a causal relationship may even lead to their exclusion from the evidence assessment...”



545 health assessments...as of June 2007, ~8% derived non-cancer or cancer risk estimates based on human data.

Not just due to no epi studies

Quality of epi studies:

- selection and characterization of comparison groups
- sufficient length of follow-up in prospective studies
- adequate sample size to detect an effect
- accuracy of the exposure characterization

Assessment of chemicals in IRIS using neurodevelopmental testing in children in a regulatory context was limited by several factors:

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- Adequacy of sample size
- Inconsistent testing methodologies
- Questions about the selection or implementation of testing procedures
- Inadequate consideration of confounding factors
- Uncertainties regarding the exposures
- Reproducibility of the study findings
- Inconsistencies due to timing or life stage of assessment

EPA - National Ambient Air Quality Standards (NAAQS) - Integrated Science Assessments

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Are the air quality, exposure, or dose metrics of adequate quality and are they sufficiently representative of or pertinent to ambient conditions?

US EPA, 2015. Preamble to the Integrated Science Assessments (ISA). U.S. Environmental Protection Agency, Washington, DC vol EPA/600/R-15/067U.S.

LaKind JS, Burns CJ, Johnson GT, Lange SS. Epidemiology for risk assessment: US EPA guidance and the Matrix. *Hygiene and Environmental Health Advances* 106:100059.

Risk assessor attitudes

Not useful but has potential: 16%

Not useful, no potential 19%

Useful but could be more so 39%

Useful as is 20%

Common theme: need for useful exposure measurements

“this needs to be done right for the results to be useful, and it usually is not.”

“...multiple calls for epidemiologists to sit down with risk assessors and learn what they need...”

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Road trip –

met with epis from
academia, government,
business

Epi attitudes

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- Why should *we* sit down with *them*?
- Epi studies are fine – it is the risk assessors who need to change
- We are doing the research the way we want to answer the questions that interest us
- No reward (benefit)
- Funding barriers

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But:

- How can I learn more?
- Where can I get training?
- What is it that risk assessors need?



You can't always get what you want...

...but if you try sometimes you might
find you get what you need

.....Mick Jagger

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Tools are not rocket
science – that is the point!!

Two tools have some
overlap – that is *also* the
point

Focus here on exposure

Tool #1: BEES-C



Contents lists available at ScienceDirect

Environment International

journal homepage: www.elsevier.com/locate/envint



A proposal for assessing study quality: Biomonitoring, Environmental Epidemiology, and Short-lived Chemicals (BEES-C) instrument



Judy S. LaKind ^{a,b,c,*}, Jon R. Sobus ^d, Michael Goodman ^e, Dana Boyd Barr ^f, Peter Fürst ^g, Richard J. Albertini ^h,
Tye E. Arbuckle ⁱ, Greet Schoeters ^{j,k}, Yu-Mei Tan ^d, Justin Teeguarden ^l,
Rogelio Tornero-Velez ^d, Clifford P. Weisel ^m

*any medium or chemical

BEES-C: Exposure Quality Evaluation

STUDY ASSESSMENT COMPONENTS	TIER 1	TIER 2	TIER 3
Biomarker Selection and Measurement			
Biological relevance (parent/surrogate relationship) of exposure biomarker	Biomarker in a specified matrix has accurate and precise quantitative relationship with external exposure, internal dose, or target dose.	Evidence exists for a relationship between biomarker in a specified matrix and external exposure, internal dose, or target dose.	Biomarker in a specified matrix is a poor surrogate (low accuracy and precision) for exposure/dose.
Biological relevance (parent/surrogate relationship) of effect biomarker	Bioindicator of a key event in an AOP.	Biomarkers of effect shown to have a relationship to health outcomes but the mechanism of action is not understood.	Biomarker has undetermined consequences (e.g., biomarker is not specific to a health outcome).
Specificity	Biomarker is derived from exposure to one parent chemical.	Biomarker is derived from multiple parent chemicals with similar adverse endpoints.	Biomarker is derived from multiple parent chemicals with varying types of adverse endpoints.

- Exposure and biological relevance
- Specificity
- Method sensitivity
- Contamination
- Stability
- Adjust for matrix dilution
- Ability to use data to estimate exposure over window of interest
- Ability to establish that exposure precedes effect

Documentation of avoidance of sample contamination

Environmental media and human matrices:
contamination during sample collection, transport, storage, in lab

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Tier 1

Documentation that samples are contamination-free from time of collection to time of measurement

Matrix/total number of 2,4-D epi studies

Foods/beverages: 7

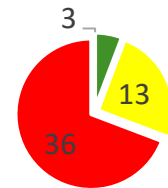
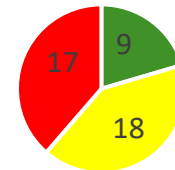
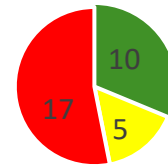
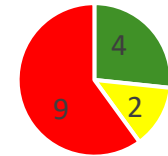
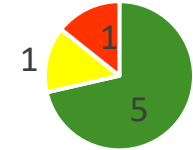
Soil and dust: 16

Air: 32

Water: 44

Urine: 52

Contamination



Establish that
exposure
precedes effect:

Can one
biomonitoring
sample do this?

outcome

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exposure

exposure

exposure

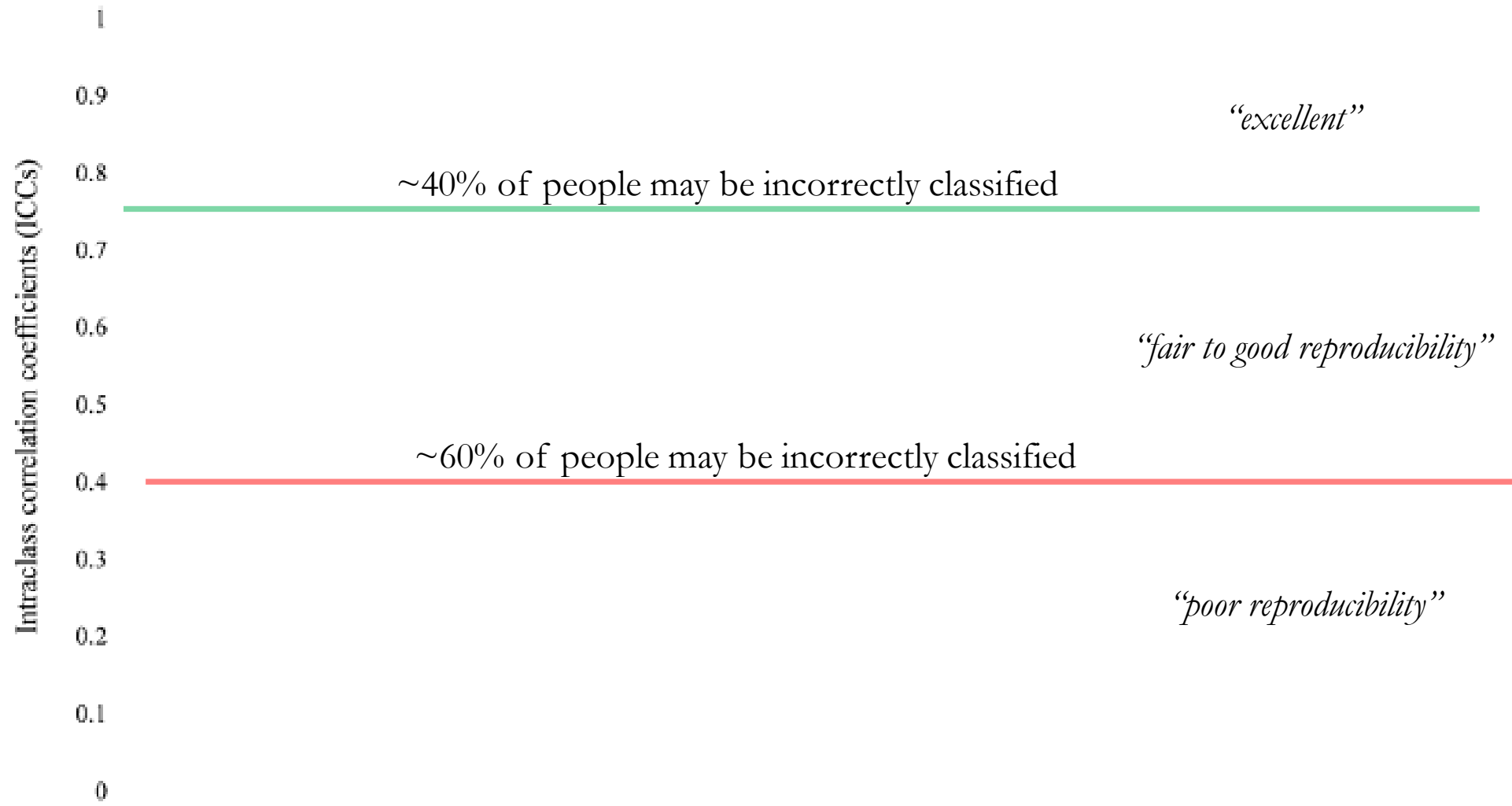
ICC (intraclass correlation coefficient)

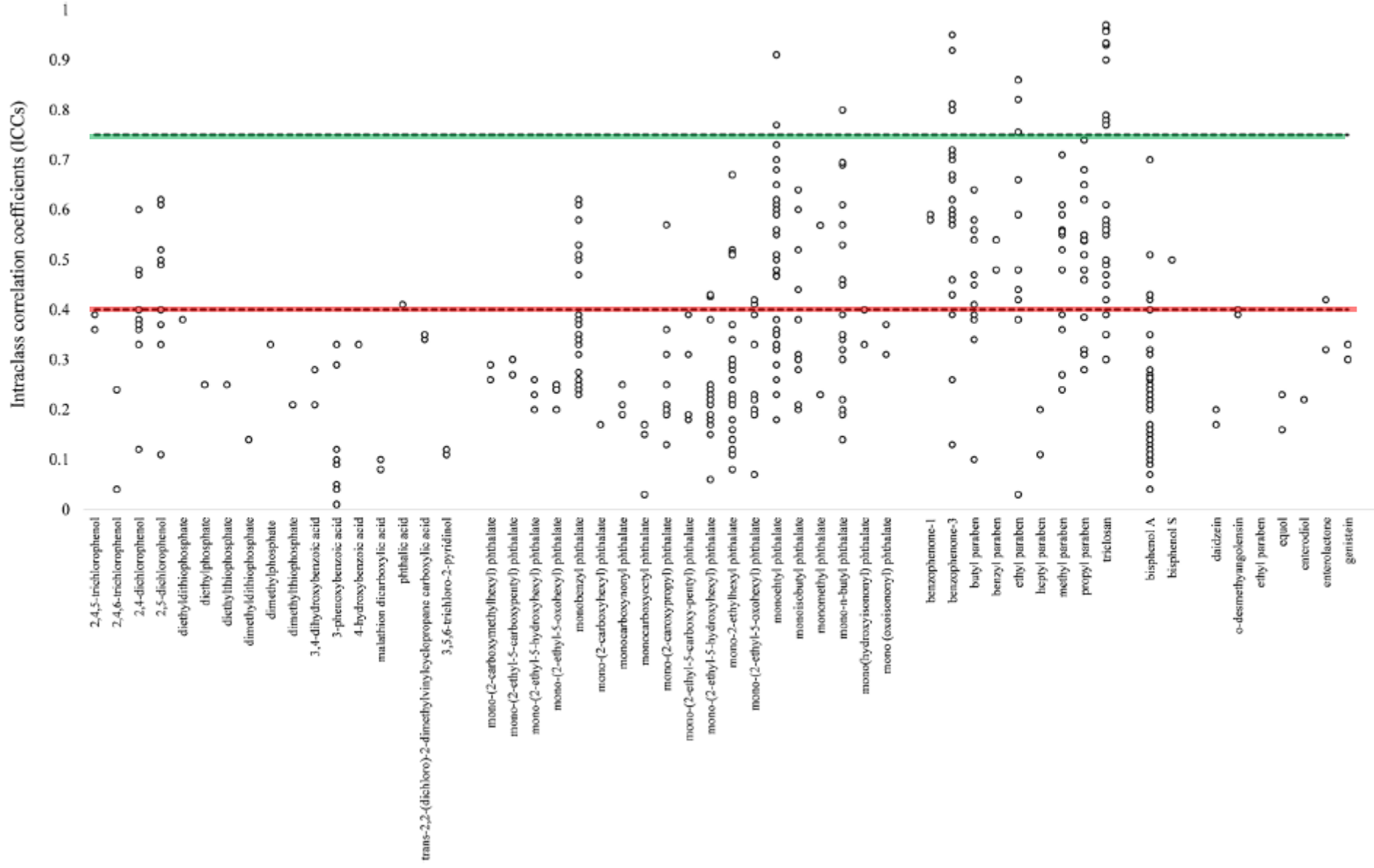
Proportion of variability
explained by between subject
variation

*ICC < 0.4 – poor
reproducibility*

*ICC ≥ 0.40 - fair to good
reproducibility*

ICC ≥ 0.75 excellent





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Take-home

One sample generally not
sufficient for properly
characterizing exposure

Valuable to have the
resources to do serial
sampling

Tool #2: Matrix

A little more, please!

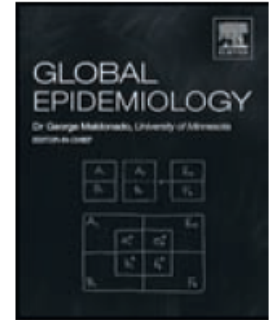
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Contents lists available at ScienceDirect

Global Epidemiology

journal homepage: <https://www.journals.elsevier.com/global-epidemiology>



Methodology article

A matrix for bridging the epidemiology and risk assessment gap[☆]



Carol J. Burns^{a,*}, Judy S. LaKind^{2b}, Donald R. Mattison^c, Cecilia S. Alcala^d, Francesca Branch^e, Juan Castillo^f, April Clark^g, Jane Ellen Clougherty^h, Sally P. Darneyⁱ, Heidi Erickson^j, Michael Goodman^k, Matthias Greiner^l, Anne M. Jurek^m, Aubrey Millerⁿ, Andrew A. Rooney^o, Angelika Zidek^p

The Matrix

	Asks for risk assessment		
Hazard ID	Confirm outcome?	Confirm exposure?	Report methods fully and transparently?
Dose Response	Include information on shape of the curve?	Harmonize exposure categories?	Describe direction/magnitude of error?
Exposure Assessment	Describe source-to-intake pathways?	Provide complete exposure data?	Report on quality assurance/quality control?

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Source to intake pathway?

- Part of study planning
- Multiple media sampling can offer information on main source(s) of exposure
- High impact study
- This allows for ACTION

	Asks for risk assessment		
Hazard ID	Confirm outcome?	Confirm exposure?	Report methods fully and transparently?
Dose Response	Include information on shape of the curve?	Harmonize exposure categories?	Describe direction/magnitude of error?
Exposure Assessment	Describe source-to-intake pathways?	Provide complete exposure data?	Report on quality assurance/quality control?

- Communication tool
 - advance an understanding of risk assessment
 - increase the translation of epidemiology data
- Asks for epidemiologists
- Elements that have impact
- Not intended to supplant current best practices
- Forward-looking

Summary

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Risk assessors *want* to use epidemiology data

Epidemiologists *want* to have impact but don't know what is needed

BEES-C and Matrix:

- offer guidance on key aspects of epi studies that can help with translation
- serve as a foundation for inter-disciplinary dialogue

Small changes can have a BIG impact

Many problems feel
overwhelming and
insurmountable...

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...enhancing epi for
risk assessment
should not be one of
them

Risk assessors and epidemiologists can be vocal about the need for:

- Training (providing succinct, clear information)
- Funding (support for the additional components/analyses)
- Rewards (promotions, awards)

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Danke fürs Zuhören!

For information, contact me at
lakindassoc@gmail.com