

# The Application of Post-Market Monitoring to Novel Foods

An Expert Group Opinion,  
ILSI Europe Novel Foods Task Force.

Presented by Anne Constable,  
Nestlé Research Centre, CH

## ILSI

- Scientific Platforms > Clusters > Task Forces
- Assessment of Benefits and Risks
- Novel Foods (and Nanotechnology) Task Force

## Objective

- To review how novel foods, novel food ingredients and new processing techniques should be evaluated scientifically from the safety and nutritional viewpoints
  - Expert Groups
  - Workshops
  - Concise monographs
  - ILSI Reports
  - Publications

- Approval required if not used for human consumption in the EU community before 15 May 1997 **and** fall into the following categories
  - new or intentionally modified primary molecular structure;
  - consisting of, or isolated from, micro-organisms, fungi or algae;
  - consisting of, or isolated from plants, or food ingredients isolated from animals *except* for those obtained by traditional propagating or breeding practices, and having a *history of safe food use*;
  - or has been applied a production process not currently used, resulting in significant changes in the composition/structure which affect their nutritional value, metabolism or level of undesirable substances
- If substantially equivalent to existing foods with a *history of safe use*, then a simplified notification procedure can be used
- Produced from GM sources (EC 1829/2003)

- Foods prepared and used in traditional ways (cultural practises) considered to be safe for the consuming population on basis of long-term human experience
- A level of safety, subject to appropriate risk management procedures, which is regarded as 'acceptable' by consumers of traditional food



IDENTITY



PREPARATION



USE PATTERNS



AVOIDANCE

Characterisation + Details of Use + Human Exposure + Health Effects

- A body of knowledge on which to establish the existing safety profile of a food, with known limitations

- Analytical/compositional/ nutritional characteristics of the novel food
  - Source of material / Changes due to new processing
- Previous history of human exposure
  - Comparison to traditional counterpart (if available)
- Expected applications and the *predicted* exposure
  - Purpose
  - Food categories and Use levels (usually worst-case; over-estimates)
- Necessity, appropriateness and outcome of safety studies
  - Fate in biological systems
  - Standard toxicology , feeding studies
  - Focused toxicity studies
  - Allergenicity
  - Human studies : focused effects, target populations, efficacy....

- Risk Assessment (- ADI?)
  - $f$  (Hazard x Exposure)
- To inform Risk Management decisions and Risk Communication
  - Regulatory Approval (or not);
  - Conditions/ limitations,
  - labelling as conditions of approval?
- Ensure foods placed commercially on the market are safe for the consumer and do not present undue risk
- Safe for the intended uses and Compliant with legislation

- No mandatory requirement
- *‘PMM should, where appropriate, be performed for foods derived from genetically modified sources, specifically where there is no traditional comparator available’.* (EFSA, 2004, 2006)
- PMM data *‘will provide additional reassurance regarding long term safety of products, as well as their impact on the food supply’* (FSANZ, 2005)
- Condition for approval of phytosterol esters in fat spreads in EU  
*‘ Establish a surveillance programme accompanying the marketing of the product ..... in order to estimate the extent to which the product is reaching its target group, ... and to estimate exposures to phytosterols from this source in other population groups.....’*  
(Committee Decision 2000/500/EC )

- Post Market Surveillance (PMS)
  - Post Market Monitoring (PMM)
  - Post Launch Monitoring (PLM)
  - Pharmacovigilance for Drugs
  - Cosmetovigilance for Cosmetics
- 
- PMM : a hypothesis driven, scientific methodology for obtaining information through consumer investigations relevant to the safety of a novel food after market launch (ILSI 2008).



## PMS Medicines

- Prescriptive
- Specific population
- Pharmacies
- Small patient base
- Medical condition
- Health professionals
- Clear dose , cause v effect

## PMM Foods

- No controls
- General population
- Freely available
- Large consumer base
- Health status unknown
- Consumer carelines
- Causality?

- Reason for PMM
  - Pre-market assessment : EDI (8.3 - 34 mg/kg bw/d) close to ADI (40 – 50 mg/kg bw/d)
  - Consumer reports of adverse health effects post-launch
- Methodologies
  - Intake assessment by household menu survey (market research)
  - Collection and evaluation of anecdotal reports by independent authority (CDC/FDA)
- Outcome
  - Intake confirmed to be within limits
  - Safety confirmed by additional targeted studies in humans and animals
  - No link between aspartame consumption and reported adverse events

- Reasons for PMM
  - Confirmation of pre-market assumptions concerning intake and consumer nutritional status (fat soluble vitamins), GI effects
  - Precautionary labelling
- Methods
  - Intake assessment in random cross-sectional population study by FFQ
  - Passive monitoring for consumer reports of adverse effects
  - Serum micronutrient levels measured in cohort study
- Outcomes
  - Intake/usage patterns : compliant with pre-market assessment
  - Expected effects confirmed as within background
  - Reported allergic reactions : not confirmed in follow up
  - Targeted clinical study :absence of effect on anti-coagulant medication
  - Labelling removed

- Reason for PMM
  - Condition of pre-market approval to confirm predictions concerning intake and target populations
- Methods
  - Intake and pattern of use assessed by market research (direct survey of households)
  - Passive monitoring for consumer reports of adverse effects
- Outcome
  - Pre-market assumptions concerning intake and target group confirmed
  - No unexpected effects of any significance observed

More products, continuing monitoring (EFSA 2008, PHYTOST..)

- Reason
  - Consumer complaints of adverse health effects
- Methods
  - Collection/evaluation of consumer reports by independent authority
  - Retrospective intake assessment in 'positive' cases by chemical analysis of food; measurements of biomarkers (IgE) in subjects
- Outcome
  - No association between putative allergic reactions and exposure to StarLink maize
  - no confirmation of allergic potential of Cry9C protein
  - No PMM strategy applied

## Intake

- If EDI is close to ADI - monitor real consumption patterns
- Original application for one product; further applications leading to different exposure patterns
- Product intended for use in foods in certain populations
- Monitor potential non-intended use

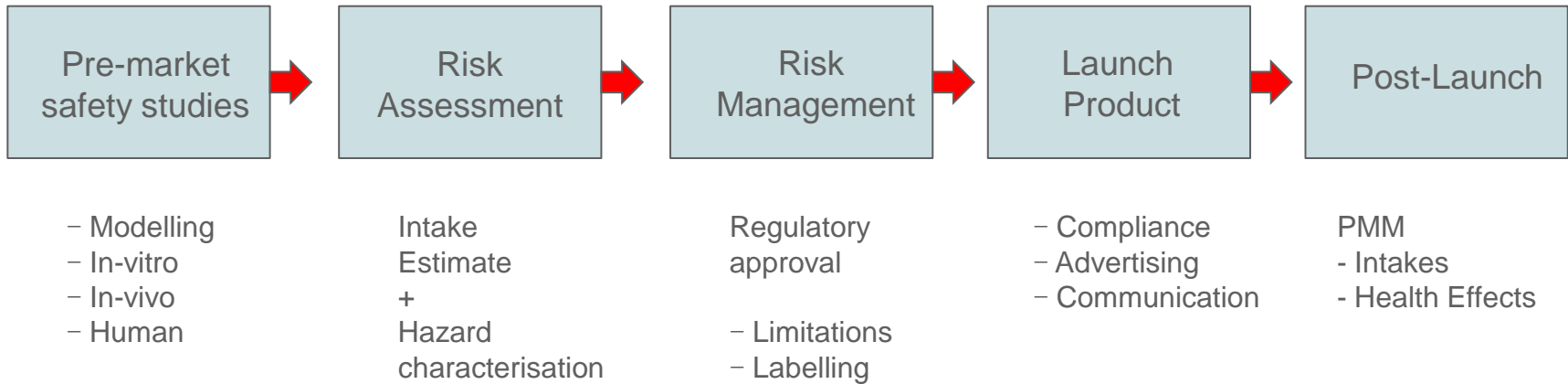
## Health

- Possible (side-)effects identified in pre-market
- Reassurance of no adverse effects – but need a reasoned hypothesis, system to collect signals.
- If significant number of complaints received?
- If new issues highlighted – further research?

# PMM : a Complement to Risk Assessment ?

*A tool for getting market data which can be used for refinement of the risk assessment*

Refine



- Food *supply* data
  - Track production of agricultural commodities
  - Measure volumes *available* for consumption
- *Household* food purchase data
  - National Food Surveys (eg UK - 6000 households since 1940)
  - Commercial market surveys
  - Retailer loyalty card info
    - Out of home ?
- Survey of *individual* intake
  - Dietary recalls



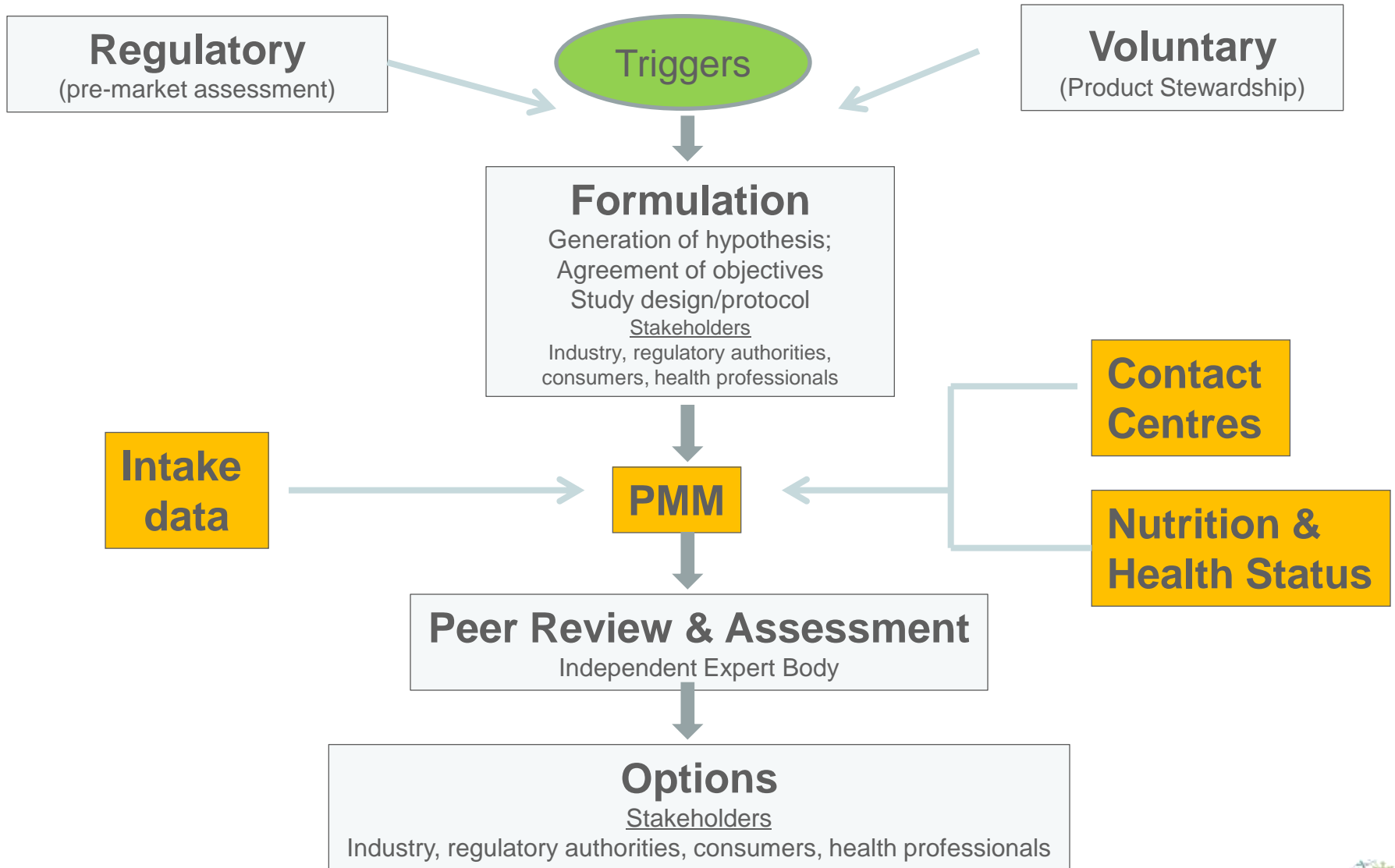
- Limitations/developments
  - Traceability (occurrence, food products)
  - Sources of info : Food composition databases (e.g. EuroFIR)
  - Brands v food products v ingredients
  - Statistical modelling : improve predicted intakes
  - Harmonisation of methodologies (different countries)

- Company Contact Centres (channels for consumer relations)
  - Collating information from consumers
  - Surveillance, detection of signals for follow-up
    - Reactive, Proactive
    - Specific (branded) food products
    - Contact (culture, country, motivation)
    - Long term effects not identified
    - Quality of information (asked and received)
    - Expert follow-up
- Disease Registers
  - Patient Care, Public Health
    - Planning of public health care
    - Do not cover all diseases
    - Difficult to link with dietary exposures
    - Ethical/data protection

- Epidemiological Studies
  - Prospective studies (forward looking)
    - Monitor dietary practice and monitor health consequences
  - Case control studies
    - Investigate subjects with a particular disease in relation to previous dietary intake
  
- Needs/Developments/Improvements?
  - Detailed (accurate and continuous) dietary intakes
  - Link health effect to specific food/ingredient?
  - Early predictive (bio)markers of health effects - validation?
  - (Clinical trials in specific populations; v PMM)

- Must be hypothesis driven
- Power of methodology employed must be sufficient to meet the needs of the PMM
- Study parameters must be clearly defined
- Timelines
- Adequate traceability and identification of the NF in question
- Reliable assessment of food intake
- Population must be large enough to ensure a statistically valid interpretation
- Collection, validation, recording checked for relevance and veracity by appropriate experts
- Characterised by codification in accordance with internationally recognised systems
- Transparent process fully involving all stakeholders.
- Decision making

# Requirements for a hypothesis driven PMM



PMM may be appropriate to:

- Confirm that product use is as predicted in the pre-market assessment
- Provide reassurance that effects observed in the pre-market assessment occur with no greater frequency or intensity in the post-market phase than anticipated
- Investigate the significance of any adverse effects reported by consumers after market launch

- PMM should not replace any steps in the pre-market safety assessment
- PMM should only be used when triggered by specific evidence based questions
- Cannot be used to test hypothesis that effects are absent ; it is not possible to prove a negative.
  - Outcome is limited by power and nature of a study possible (duration).
  - (*Can provide a measure of confidence that effects will not occur*).
- Methodologies place limitations on what PMM can achieve

- To discuss possibilities and limitations on PMM for Novel Foods
- Discussed in workshop Barcelona 2006.
- *Hepburn et al (2008). The application of Post-Market Monitoring to Novel Foods, Food Chemical Toxicology, 46(1) 9 – 33.*

Dr Heiner Boeing,	German Inst of Human Nutrition
Dr Andrew Cockburn,	Consultant
Dr Anne Constable,	Nestle
Dr Agnes Davi,	Danone
Dr Paul Hepburn,	Unilever
Dr John Howlett,	Consultant
Dr Nynke de Jong,	RIVM, Netherlands
Prof Bevan Moseley ,	Consultant
Dr Regina Oberdorfer,	Bayer CropScience
Dr Claire Robertson,	University of Westminster, London, UK
Dr Hans Verhagen,	RIVM, Netherlands
Dr Jean-Michel Wal,	Nat Inst Agronomic Research, France
Ms Fiona Samuels,	
Ms Wiebke Tueting,	ILSI Europe