



## IRIS Public Science Meeting – Systematic Review Protocol for Hexavalent Chromium IRIS Assessment

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*Comments on behalf of the American Chemistry Council*

Commend the use of systematic review – it *can* improve the risk assessment process:

- ✓ Focused Review Specific to Chemical Knowledge Base
- ✓ Transparent Identification of Evidence by Outcome
- ✓ Clear Process for Hazard Classification Based on Totality of Evidence
- ✓ Transparency and Objectivity in Selection of Candidate Studies Based on Study Validity
- ✓ Consideration of Quantitative Techniques to Combine Studies (vs. Single Candidate Study Approach)
- ✓ Facilitates Quantitative Uncertainty Analysis

# Challenges in providing public comment on the protocol

## **Draft protocol issued prior to release of the IRIS Handbook**

- Unclear if methods described in the protocol are consistent with that of the IRIS handbook
- *Request immediate release of the Handbook discussed at previous NAS meetings*

## **Protocol is retrospective**

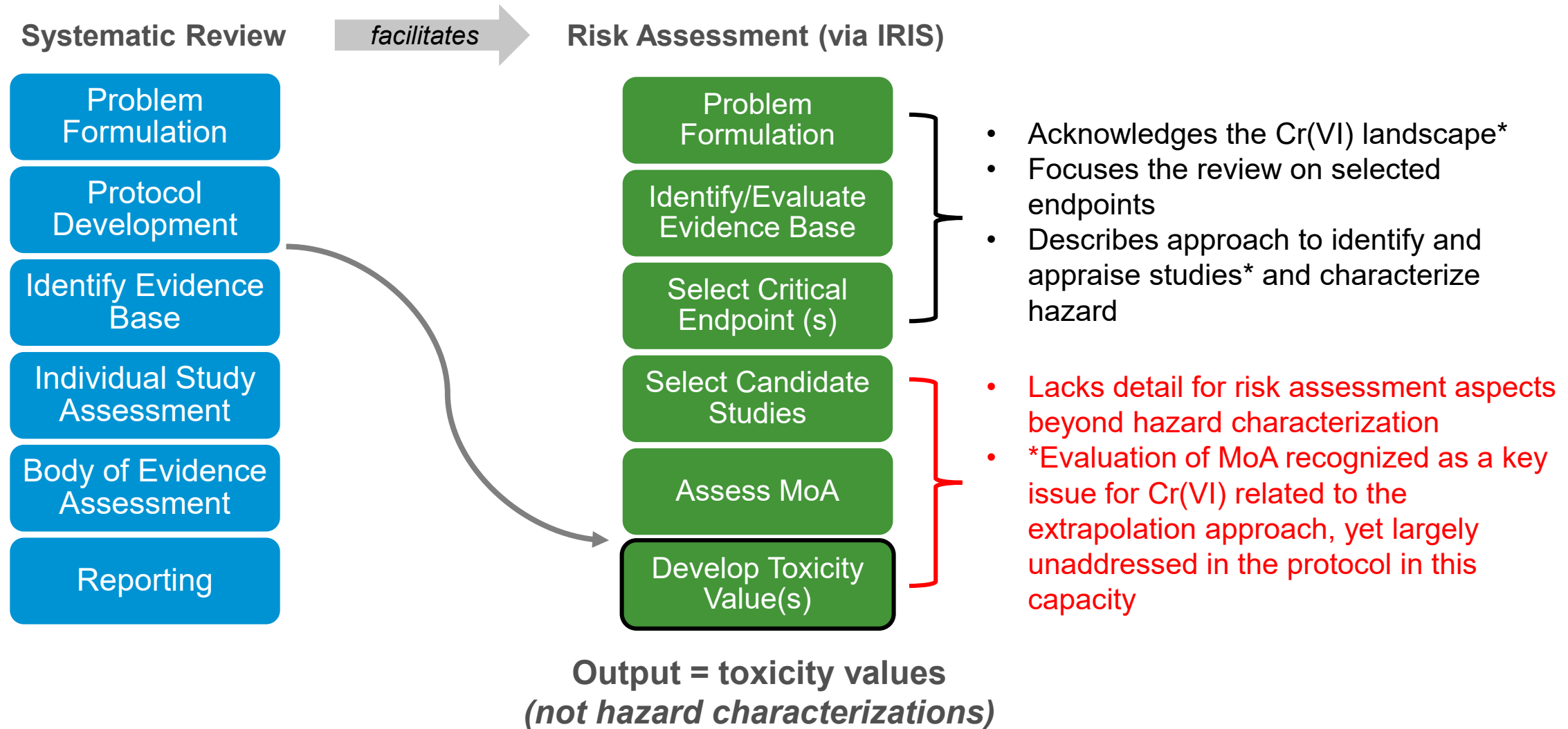
- Fundamentally inconsistent with systematic review guidance (which requires *a priori* release of the protocol)

## **Several steps of the review have already been completed yet only partial results from the completed steps appear to have been provided**

- Appears to combine multiple literature search efforts and multiple platforms (DRAGON, HAWC, HERO, DistillerSR); unclear if all screening completed was systematic

***Difficult to understand how comments will or even could be addressed***

# Protocol could better facilitate the development of toxicity values via the risk assessment process specific to Cr(VI)



# Unclear if the protocol (and PECO) match the specific aims

Specific Aim (Section 3.2)	Rationale for Refinement or Clarification
<p>“The systematic review will focus on identifying data from inhalation exposures that are useful for deriving quantitative estimates for lung cancer and nasal effects <u>rather than revisiting the qualitative identification of hazard for these outcomes</u>”</p>	<p>The majority of the protocol appears to be focused on hazard identification (e.g., Section 7. Organizing the Hazard Review; Section 9. Synthesis within Lines of Evidence; Section 10. Integration Across Lines of Evidence [for Hazard ID])</p> <p>Several subsequent specific aims relate to hazard characterization (e.g., “to conclude whether a substance is hazardous to humans”)</p> <p>Unclear how studies that are useful for deriving quantitative estimates are differentiated from others</p>
<p>“<u>Characterize uncertainties</u> and identify key data gaps...”</p>	<p>Protocol does not contain a section for uncertainty analysis (qualitative or quantitative); this is a specific recommendation made by the NAS (2014) to the IRIS program</p>
<p>“Evaluate mechanistic events associated with exposure to Cr(VI)...”</p> <p>“<u>The primary focus will be on the analysis of mechanistic evidence for cancer and noncancer effects of the GI tract following oral exposures to Cr(VI)</u>”</p> <p>“Because the hazard identification of lung cancer and nasal effects will not be revisited, <u>the mechanistic analyses for these health effects will focus on evidence that may affect the dose-response assessment.</u>”</p>	<p>PECO does not address mechanistic evidence (the <u>O</u>utcomes only include cancer outcomes and selected noncancer outcomes)</p> <p>Mechanistic data are not “included”; no clear criteria for determining which data were tagged as “potentially relevant” and/or prioritized/deprioritized</p> <p>No critical appraisal for mechanistic data planned (or possible for selected studies only)</p> <p>Unclear if the aim of investigating the mechanistic events is to assess MoA (i.e., how are the mechanistic data being defined and/or used – surrogate for MoA or otherwise? Mode vs. mechanism of action?</p>

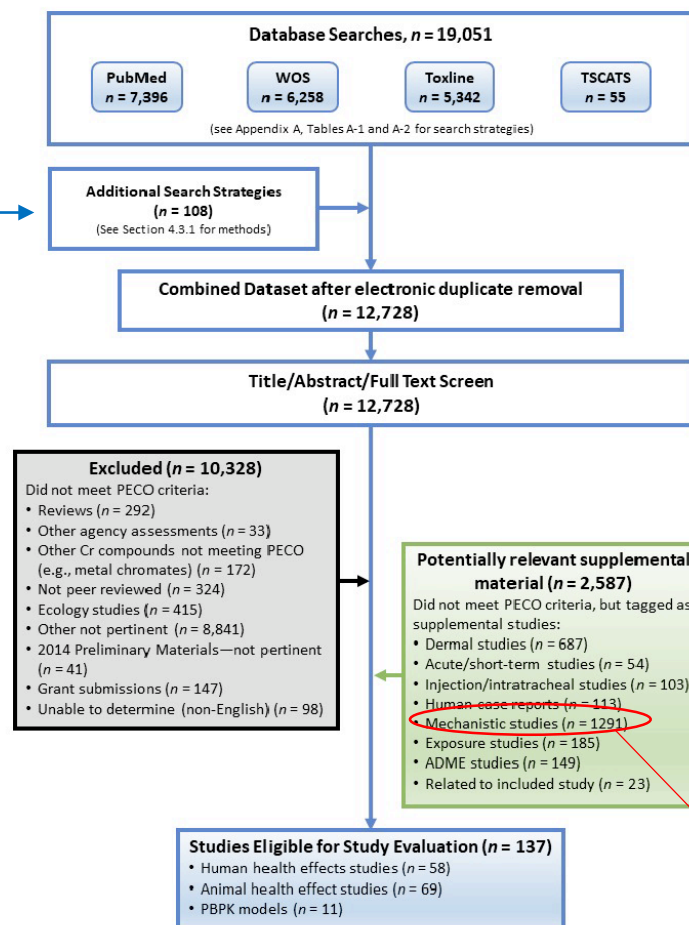
# Clarifications on literature search(es) and platforms

## Does Figure 1 contain all evidence being considered?

- Gray literature? (other than EPA Chemistry Dashboard?)
- Non-peer reviewed data (that was included)?
- “Backward” searching?

## How does what is in HERO compare to that from Figure 1 and HAWC?

- Some HERO tags match Figure 1; others do not
- Several HERO tags not in Figure 1 (e.g., “not in literature search”, “2019 lit search GI occupational”)
- HERO tags appear to have changed during protocol review period



*Result = difficult to comment on potentially missing studies with changing results, various platforms (and versions of software?)*

Potentially relevant – not “included” – difficult to understand selection of mechanistic studies:

- TiAb screen (no clear inclusion criteria; single screener; excluded if not relevant in 2014)?
- Re-review of excluded (subset only; driven by machine learning; 2 reviewers)?
- Deprioritization/Prioritization (and KCC tagging)?
- “May be processed” through an additional round (p.21)?
- Clarification on inclusion and evaluation of mechanistic evidence is needed

**HAWC reports 1267 mechanistic studies on 4/22 but 1245 on 4/23**

Figure 1. Literature search flow diagram for Cr(VI).

# Suggest modifying overall approach to better reflect the Guidelines for Carcinogen Risk Assessment (and MoA specifically)

EPA/630/P-03/001F  
March 2005

## Guidelines for Carcinogen Risk Assessment

1.3. KEY FEATURES OF THE CANCER GUIDELINES	1-7
1.3.1. Critical Analysis of Available Information as the Starting Point for Evaluation	1-7
1.3.2. Mode of Action	1-10
1.3.3. Weight of Evidence Narrative	1-11
1.3.4. Dose-response Assessment	1-12
1.3.5. Susceptible Populations and Lifestages	1-13
1.3.6. Evaluating Risks from Childhood Exposures	1-15
1.3.7. Emphasis on Characterization	1-21

2.4. MODE OF ACTION—GENERAL CONSIDERATIONS AND FRAMEWORK FOR ANALYSIS	2-36
2.4.1. General Considerations	2-36
2.4.2. Evaluating a Hypothesized Mode of Action	2-40
2.4.2.1. Peer Review	2-40
2.4.2.2. Use of the Framework	2-40
2.4.3. Framework for Evaluating Each Hypothesized Carcinogenic Mode of Action	2-41
2.4.3.1. Description of the Hypothesized Mode of Action	2-43
2.4.3.2. Discussion of the Experimental Support for the Hypothesized Mode of Action	2-44
2.4.3.3. Consideration of the Possibility of Other Modes of Action	2-46
2.4.3.4. Conclusions About the Hypothesized Mode of Action	2-47
2.4.4. Evolution with Experience	2-49

Protocol does not contain a section for evaluation of MoA (notably lacks the evidence to decision methods that will be employed for MoA)

- Rather, protocol includes reference to categorization of mechanistic data via the key characteristics of carcinogens (limited to organization of data); later in protocol, MoA is discussed primarily in context of evidence synthesis and hazard ID (and not dose-response extrapolation)

Unclear why hypothesized MoAs for Cr(VI) are not also discussed (particularly considering they were utilized in two of the most recent authoritative assessments cited in the protocol)

- Presents potential uncertainty in identification of “potentially relevant” mechanistic data

# Additional clarifications suggested based on compliance with systematic review methodologies

## Provide a timeline for completion

- Consistent with that required of PROSPERO

## Provide clarification of the status of each step as part of the protocol

- Consistent with that required of PROSPERO

## Provide clarification re: posting of protocol on Zenodo

- Suggested in protocol but does not appear to be in the Zenodo repository

## Update the study quality criteria to reflect topic-specific refinements

- Suggested by authoritative bodies; feasible considering that literature search has been completed

## Include process for addressing the methodological quality and relevance of mechanistic data

- Note importance of construct validity in assessing such

## Enhance the section of the protocol that addresses development of toxicity values, particularly related to combined-data approaches (e.g., meta-regression)

## Add section related to uncertainty analysis

The screenshot shows the PROSPERO website header with the NHS logo and navigation links. Two sections are circled in red: '4. Anticipated completion date.' and '5. Stage of review at time of this submission.' Both are marked as mandatory fields. The text for section 4 explains that a realistic date should be set and can be modified. The text for section 5 explains that the stage of progress should be indicated by ticking boxes, and that reviews beyond the initial data extraction stage are not eligible for inclusion.

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This field may be edited at any time. All edits will appear in the record audit trail. A brief explanation of the reason for changes should be given in the Revision Notes facility.

**5. Stage of review at time of this submission.**  
*This is a mandatory field*

Indicate the stage of progress of the review by ticking the relevant Started and Completed boxes. Additional information may be added in the free text box provided.

Please note: Reviews that have progressed beyond the point of completing data extraction at the time of initial registration are not eligible for inclusion in PROSPERO. Should evidence of incorrect status and/or completion date being supplied at the time of submission come to light, the content of the PROSPERO record will be removed leaving only the title and named contact details and a statement that inaccuracies in the stage of the review date had been identified.

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