

Highlight report: the bisphenol A controversy

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Over the last 10 years, the scientific and journalistic controversy over whether bisphenol A (BPA) causes adverse effects in humans has attracted a lot of attention. Despite more than 5,000 published articles on BPA, the never-ending and sometimes emotional debate on possible human health hazards remains open. To give a well-founded and balanced resolution of the dead-locked situation, the Advisory Committee of the German Society of Toxicology has published a comprehensive review discussing key questions of the controversy on BPA (Hengstler et al. 2011). The Advisory Committee is elected by the members of the German Society of Toxicology; the largest toxicological Society in Europe with more than 1,000 members. Since BPA (Drozd K et al. 2010; Yang et al. 2009; Schmidt et al. 2006; Moors et al. 2006) and endocrine disruption (Romano et al. 2010; Umamo et al. 2010, 2009; Wang et al. 2010; Asp et al. 2009) represent cutting-edge topics in our journal, we have summarized some key messages of the Advisory Committee (Table 1). The review is a must-read for everybody interested in the evaluation of the health hazards caused by exposure to BPA.

The review article of the Advisory Committee demonstrates again that with more than 5,000 published studies on BPA, an excellent database is available, which is better than for many other potentially more critical chemicals. In this context, a “funding bias” has recently been addressed (Bolt 2011). BPA appears to represent a typical example of

a compound with a huge discrepancy between perceived and real toxicological risk.

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Table 1 Key messages of the recently published comprehensive review article of the Advisory Committee of the German Society of Toxicology (Hengstler et al. 2011)

A tolerable daily intake value (TDI) of 50 µg/kg body weight/day has been established by the European Food Safety Authority (EFSA). The TDI is based on an overall no observed adverse effect level (NOAEL) of 5 mg BPA/kg bw/day and an uncertainty factor of 100

The NOAEL is mainly based on body weight changes in two- and three-generation studies in rats and mice. Recently, the latter studies have been criticized. However, the Advisory Committee concluded that the criticism was not justified. One of the published points of critique was that too many animals per group have been tested. This is an unusual argument, because if the study was overpowered (which in fact is not the case), this would not lead to incorrect conclusions

The Advisory Committee addressed the question whether oral doses of BPA below 5 mg/kg bw/day cause adverse health effects in laboratory animals. Similar to previous expert panels, the Advisory Committee concluded that it has repeatedly been impossible to reproduce the initial positive effects. Furthermore, recently published large and well-designed studies were negative for doses below 5 mg/kg bw/day

Published toxicokinetic studies have shown that orally administered BPA leads to maximum concentrations approximately 80 min post-administration to human volunteers. The half-life is less than 2 h. Importantly, the administered doses were completely recovered in urine as BPA-glucuronide. This is relevant for biomonitoring and allows precise exposure assessments

Using data on urinary concentrations of BPA, total daily doses of BPA well below 1 µg/kg bw/day have been derived for the general population. This is clearly below the TDI of 50 µg/kg bw/day

The Advisory Committee carefully considered if there are susceptible subpopulations. Newborns are at higher systemic BPA exposure due to lower glucuronidation activity. Pharmacokinetic modelling considering the reduced glucuronidation capacity and the already established BPA sulfation pathway concluded that threefold higher plasma concentrations can be expected in newborns and 1.6-fold higher concentrations in 3-month-old children compared to adults. Using worst-case estimations, an exposure of 11 µg/kg bw/day BPA has been derived for a 3-month infant who was fed with a polycarbonate bottle. It should also be considered that the TDI has been derived using an uncertainty factor of 100, including 10 for interspecies differences. This can be considered conservative as there is no evidence that humans are more susceptible to BPA than rodents. Specific exposure conditions are known for patients of neonatal intensive care units, where exposure to BPA may exceed the TDI although this occurs for only a limited period of time

Besides its estrogenic activity, BPA also activates other receptors, usually at higher concentrations. This is not surprising because hormonally active chemicals and also drugs usually interact with several receptors with different affinities. It should be noted that current risk assessment is based on a large number of adverse end points in animal experiments, including contributions by mechanisms other than activation of estrogen receptors, where relevant

Epidemiological studies have reported associations between urinary BPA levels and diabetes, cardiovascular disease, liver disease, semen quality, serum testosterone, estradiol sex hormone-binding globulin, and further end points. However, it is difficult to exclude unmeasured confounding factors in such studies (Melzer and Galloway 2011), and association studies can at best raise hypotheses but not demonstrate causal relationships

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