Dioxin and Related Compounds in the Human Food Chain

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Learning Objectives

- Explore dioxins and dioxin-like compounds in the food supply
- Summarize the structural similarities of cogeners of dioxins and furans.
- Understand Toxicity Equivalency Factors (TEF) and Toxicity Equivalents (TEQ) for dioxins and related compounds.
- Summarize the known processes and toxicological endpoints of dioxin exposure.

Learning Objectives

- Describe the controversy and data needs concerning low-level dioxin exposure.
- Describe the observed effects and major findings of animal studies with dioxin.
- Summarize the environmental and food sources of dioxins.
- Summarize the known human risk estimations for dioxins.
- Summarize the regulatory control approaches for dioxin release.

The Organochlorine Legacy

- Halogenated organics have been used as synthetic pesticides and industrial compounds for since before WWII stable
- Chlorinated compounds can be formed by combustion and natural processes in the presence of chlorine (dioxins)

- Often non-polar and lipophillic, they have the ability to be sequestered in fat tissue
- Can bioaccumulate up the food chain
- Can circulate in the "liposphere"

Organochlorine Compounds

- Often related to immune dysfunction, neurological effects, cancer, endocrine disruption and other toxicological endpoints
- Chlorinated compounds all around us
- Often the effects of low-level exposure are sub-clinical and "biomolecular" and this complicates the risk assessment for low-level exposure

2003 NAS Institute of Medicine Analysis

- Dioxins and Dioxin-like Compounds in the Food Supply (2003)
 - http://newton.nap.edu/catalog/10763.html

Dioxins

- Widespread, low-level contaminants in animal feeds and the human food supply.
- Animal fats are the primary vector of exposure.
- Dioxins metabolize slowly and accumulate in body fat over a lifetime.
- Data show decline in levels.
- Endocrine disruption is a concern.
- Exposure and children's health and development.
- High public priority to reduce dioxin levels in girls and young women.

Dioxin: Food Supply Exposure

- Animal production systems
 - Airborne deposition on grazing areas or water bodies

- Geographic variability due to sources (incineration)
- Human foods
 - Relatively uniform exposure due to food distribution patterns
- Food-consumption patterns
 - High fat diets
 - = higher exposure
 - Animal fats,
 - full-fat dairy, fatty fish

Chlorinated Dibenzo Dioxins PCDDs Chlorinated Dibenzo Furans

Polychlorinated Biphenyls

Background

- 75 dioxin cogeners and 135 dibenzofuran congeners.
- In general, CDD's and CDF's are present in human adipose tissue and fish and bird samples at a

sub - µg/kg level.

- Many of these being the less or non-toxic isomers.
- In general, relative toxicity:
- CCD > CDF >> PCB >> CN

Combining Risks from Dioxins

- Dioxins share a "common mechanism of toxicity".
- Toxicity Equivalency Factors (TEF) compare the toxicity of different dioxins.
- TEF are expressed in terms of Toxicity Equivalents (TEQ).
- TEQ is the amount of TCDD it would take to equal the combined toxic effect of all the dioxins found in that mixture.

The TEF Scheme for TEQ_{DF}

Dioxin Body Burden Levels

Dioxin Exposure Case Studies

- Love Canal (1940s-1950s).
 - Hazardous waste landfill release.
- Times Beach (pre-1982).
 - Chemical mix used to oil streets.
- Agent Orange.
 - Vietnam "Operation Ranch Hand".

- Seveso, Italy (1976).
 - 2,4,5 Trichlorophenol industrial accident.
- BASF/IB (1953, other).
 - Chlorinated herbicide manufacturing workers.

Background Serum, US 95-97 Dioxin Toxicity

- TCDD characterized as a "human carcinogen"
 - Other dioxins characterized as "likely human carcinogens".
- Dioxins can alter the fundamental growth and development of cells.
- Impact of dioxins on cells results in:
 - Adverse effects upon reproduction and development.
 - Suppression of the immune system.
 - Chloracne (a severe acne-like condition).

Acute Dioxin Poisoning: Chloracne Dioxin Exposure

- Dioxins are highly persistent and can bioaccumulate.
- 95% of dioxin intake for a typical person comes through dietary intake of animal fats.
- Low exposure:
 - Breathing air containing trace amount of dioxins.
 - Ingestion of soil containing dioxins.
 - Absorption through skin contacting air, soil, or water containing minute levels.

Dioxin Exposure, 2

- Environmental processes result in widespread, low-level exposure of the general population.
- Dioxin levels in the environment have declined since the 1970s.
- Dioxin emissions in the US decreased by ~80% between 1987 and 1995.

General Population Body Burden

- US CDD/CDF range = 8.5 pg TEQ/g lipid to 50.0 pg TEQ_{DF-WHO98}/g lipid
- Mean 21.1 pg TEQ_{DF-WHO98}/g lipid

General Population Intake

- US CDD/CDF estimate 41 pg TEQ_{DF-WHO98}/d or 0.59 pg TEQ_{DF-WHO98}/kg/d
- US CDD/CDF/PCB estimate 65 pg TEQ_{DF-WHO98}/d or 1 pg TEQ_{DF-WHO98}/kg/d
- Children: US CDD/CDF estimate 54 pg TEQ_{DF-WHO98}/d or 3.6 pg TEQ_{DF-WHO98}/kg/d – Decrease with age
- 5 compounds = 70% load
 - TCDD, PeCCD, PeCDF HxCDF, PCB 126

Dioxin Effects in Humans

- The amount of dioxin found in the tissues of the general human population (Body Burden) approaches (w/in a factor of 10) the levels at which adverse effects occur.
- Despite which, there is no clear indication of increased disease in the

general population.

- Limitation of current data
 - and scientific tools.

Dioxin Effects in Humans

- <u>1 in 100</u> to <u>1 in 1,000</u> increased chance of experiencing cancer related to dioxin exposure in the general population.
- Cancer risk in 2000 analysis indicates about 10-fold higher chance than

estimated in 1994

reassessment.

Children and Concern Groups

- Fetuses, infants, and children may be more sensitive to dioxin exposure because of rapid growth.
 – Data on risks to children is limited.
- U.S. Air Force personnel exposed to Agent Orange during the Vietnam War.

- Other populations
 - have experienced

elevated exposure from:

- Industrial accidents.
- Unusually high consumption of fish, meat and dairy products.

Dioxin Effect Controversy

- Enzyme induction and indicators of altered cellular function may not clearly indicate toxic response.
- Changes in biology and biochemistry from low-exposure:
 - Adaptive
 - (w/ little or no adverse impact).
 - Àdverse(?).

Case Study: Belgium 1999

- Transformer oil added to animal feed at feed mills.
- Poultry: reduction in egg hatchability, reduced weight gain, an increased mortality, edema, ataxia.
- PCBs and dioxins in animals products.
- 60,000,000 kg of animals destroyed.
- Meat product embargo.

Belgium: Dioxins and PCBs in Feedstuffs Belgium: Dioxins and PCBs in Chicken Clinicopathologic Concepts

- Syndrome induced by CDDs in a given species of animal is comparable to that induced by CDFs, PCBs, PBBs, CNs.
- Pathogenesis of the disease is the same suggests that these chemicals involve the same receptors.
 - Typical exposure may be a mixture
 - of isomers and compounds.
 - Best to view the disease syndrome in terms of etiology rather than specific insult.

Clinicopathologic Syndrome

- Varies from animal species to animal species.
- Skin of primates, rabbits (ears), cattle & some mice show characteristic follicular dermatitis.
 - Chloracne: visible and reversible lesion.
- Livers of chickens, rabbits (mice) show necrotic response of lethal severity.

- Guinea pigs, cattle, NH primates: enlarged liver, epithilial hyperplasia of bile duct/gall bladder.
- Some animals show epithilial lesions: GIT, renal.

Clinicopathologic Syndrome

- The one organ that uniformly shows lesions in all species is the thymus.
 - Often weighs 25% less in lethal intoxications.
 - Site of early life formation of lymphocytes and a site of antibody production.
- Severe intoxication in birds accompanied by fluid accumulation (chick edema).
- Interesting feature:
 - Total dose of TCDD required to produce disease is less if the dose is spread over time compared to a single dose.

LD_{50}

Observations

- In general, young animals and females may be more susceptible to intoxication (field).
 – Not observed in lab studies.
- Neonatal death, poor survival of young, female infertility and reproductive failure are indicators of field problems.
- At lethal dose levels, the time between exposure and death is unusually long.
 - Guinea pig, rat, mice: 2-3 wks.
 - Monkeys: 6 wks.

Observations

- Except for animals with severe liver necrosis (chickens, rabbits), cause of death not usually attributed to a specific organ or system pathology.
- In general, animals exhibit wasting disease.
 Resembles starvation, anorexia.
- In environmental exposures, the disease is complicated by opportunistic infection.

Metabolism of TCDD

- Dog and rat studies.
- Major metabolites are hydroxylated compounds.
- Most is eliminated as parent compound in feces.
- Chronic rodent bioassays, life-term and short duration have addressed the issues of tumor initiation, promotion, co-carcinogenesis, DNA interaction, mutagenesis and clastogenesis.

Carcinogenicity - Mutagenicity Suggested Mechanisms

- Toxicity and carcinogenicity.
 - Alteration of cell membrane function and cell-cell communication.
 - Effect on Vitamin A function.
 - Membrane lipid peroxidation.
 - Thyroid hormones.
 - Hormonal alterations.
 - DNA modifications.

Hepatotoxicity Mechanisms

- Experiments suggest O₂• (superoxide) formation and initiation of peroxidation by Fe²⁺.
 - Progressive liver damage.
- TCDD inhibits hepatic Se-GSHpx and reduced glutathione.
 - Good correlation of GSHpx activity and survival.
 - Lipid peroxidation endpoint.

Early Molecular Events

- Diffusion into the cell.
- Binding of the AhR protein.
- Dissociation from hsp90.
- Active translocation from cytoplasm.
- Association with Arnt protein.
- Conversion of liganded receptor heteromer to enhancer DNA.
- Enhancer activation.
- Altered DNA configuration.
- Histone modification.
- Recruitment of additional protein.
- Nucleosome disruption.
- Increased accessibility of transcriptional promoter.
- Binding of transcription factors to promoter.
- Enhanced mRNA and protein synthesis.

Effects of TCDD and Related Compounds

Environmental Source Types

- Combustion and incineration sources.
- Metals smelting, refining and processing.
- Chemical manufacturing/processing.
- Reservoir sources (e.g. soils).
- Biological and photochemical processes.
- Significant regulatory pressure to limit release.

 $\begin{array}{c} \mathsf{TEQ}_{\mathsf{DF}} \, \mathsf{Releases} - \mathsf{Air}_{\mathsf{US}} \\ \mathsf{TEQ}_{\mathsf{DF}} \, \mathsf{Releases} - \mathsf{Air}_{\mathsf{US}}, 2 \\ \mathsf{TEQ}_{\mathsf{DF}} \, \mathsf{Releases} - \mathsf{Air}_{\mathsf{US}}, 3 \\ \mathsf{TEQ}_{\mathsf{DF}} \, \mathsf{Releases} - \mathsf{Water}_{\mathsf{US}} \\ \mathsf{TEQ}_{\mathsf{DF}} \, \mathsf{Releases} - \mathsf{Land}_{\mathsf{US}} \\ \mathsf{TEQ}_{\mathsf{DF}} \, \mathsf{Releases} - \mathsf{Overall}_{\mathsf{US}} \\ \mathsf{TEQ}_{\mathsf{DF}} \, \mathsf{Releases} - \mathsf{Overall}_{\mathsf{US}} \\ \mathsf{Unquantified} \, \mathsf{Sources} \\ \mathsf{Source} \, \mathsf{Release} \, \mathsf{Reduction} \end{array}$

- 80% decrease between 1987 and 1995 of dioxin and CDDs/CDFs to air, water and land.
 - Due to reduction in air emissions from municipal and medical waste incinerators.
 - Regulations promulgated in 1995 for municipal waste combustors and in 1997 for medical waste incinerators should result in greater than 95% reduction in dioxin emissions from these two categories.

Control Efforts for Air

- The Clean Air Act (CAA) and its amendments requires emission limits based on "maximum achievable control technology" (MACT).
 - Changes in 1995 for municipal waste and 1997 for medical waste incinerators should result in greater than 95% reduction in dioxin emissions.
- CAA and the Resources Conservation and Recovery Act (RCRA) authorize the

regulation emissions from facilities that burn HW.

Control Efforts for Water

- The Clean Water Act (CWA) manages releases through risk-based and technology-based tools.
 - 1984 ambient water quality for 2,3,7,8-TCDD a guidance for state water quality criteria.
- National Pollutant Discharge Elimination System (NPDES) regulates discharge based on state ambient water quality.

Control Efforts for Water, 2

- Pulp and paper facilities were the largest known industrial dischargers of dioxin into water.
 - 1998 CWA guidelines will reduce dioxin discharge from pulp and paper facilities by at least 96%.
- NPDES will places stringent performance requirements through combination of technologybased, health-based and

state water quality standards.

Control Efforts for Water, 3

- 1992 maximum contaminant level goal (MCLG, a nonenforceable, voluntary health goal) of zero.
- Safe Drinking Water Act (SDWA) enforces a maximum contaminant level (MCL) of $3x10^{-8}$ mg/l for TCDD.

Control Efforts for Land

- Superfund and RCRA Corrective Action programs for dioxin (Times Beach and Love Canal).
- Hazardous Waste Identification and Disposal Rules under RCRA designed to prevent future contamination.
- The Toxic Substance Control Act (TSCA) authorizes restricted use of dioxin – contaminated pulp and paper sludge.
- 1999 regulations limit dioxin content of cement kilns and sludge from POST facilities when by-product material is used as soil additives.

Control Efforts for Products

 The Federal Insecticide Fungicide and Rodenticide Act (FIFRA) and TSCA authorizes control or elimination of certain chemicals.
 – 2,4,5-T and pentachlorophenol (PCP).

Environmental Media Estimate Levels in Food

% Contribution of Food Dioxin Intake Children 1-5 Yrs Background/Body Burden Changes

- Body burdens late 1980s
 - 30 80 pg TEQ/g lipid (30 80 ppt)
 - Midpoint of ~55 pg TEQ/g lipid including all dioxins, furans, and dioxin-like PCBs.
- High-end estimates (~ 1% of general pop.) may be 3 times higher.
 - Based on blood-level data and consumption of fat as surrogate for dioxin intake.
- CDD/CDF/PCB body burden in late 1990s 25 ppt (TEQ, lipid basis).

Risk

- Receptor binding and most early biochemical events are <u>likely</u> to demonstrate low-dose linearity.
 - <u>If</u> findings imply low-dose linearity in biologically-based cancer models, then the probability of cancer risk will be linearly related to exposure to TCDD at low doses.
- Until the mechanistic relationships are better understood, the shape of the dose-response curve for risk can only be inferred with uncertainty.