



HBM4EU

science and policy
for a healthy future

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SCOPING DOCUMENT

(2nd round of prioritization)

**Prioritized substance group:
UV filters - Benzophenones**

Chemical Group Leader: Tamar Berman

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1. Introduction

Human Biomonitoring for Europe (HBM4EU) has established a strategy for deriving prioritized substance groups that HBM4EU will work on in 2019 and 2020. This stepwise strategy included input from national and EU policy makers and from stakeholders. The substances were nominated and prioritised according to a transparent procedure that is described in Deliverable 4.3 on the Prioritisation strategy and criteria, produced by the French Agency for Food, Environmental and Occupational Health & Safety (ANSES). The detailed description of how this prioritisation strategy was implemented in practice, the inputs received and the methodology applied for selecting substances to include in the second list of prioritised substances is the subject of the Deliverable D4.4 (lead European Environment Agency, EEA).

First, a survey was launched to understand the demands of the National Hubs, EU policy makers and members of the HBM4EU Stakeholder Forum. Subsequently an online survey requested the nomination of substances for research under HBM4EU. A long list of new nominated single substances and substance groups was produced. Substances on the long list were ranked according to the number of nominations received, enabling to reduce the list down to a short list of approximately 25 substances. Background documents on the substances on the short list were produced. An expert group of HBM4EU scientists scored and ranked the substances according to their hazardous properties, exposure characteristics; and public concern. The ranked list was discussed at a joint meeting of the HBM4EU Management Board and the EU Policy Board in March 2018, where agreement was reached on the draft 2nd list of HBM4EU priority substances. The Governing Board approved the final list. The Governing Board members were asked to identify a list of candidate institutions and experts for the positions of Chemical Substance Group Leaders for the new substances/groups of substances. The substance group leaders were approved and were asked to produce the scoping documents for the new list of prioritised substances. The process is documented in D4.5 Second list of HBM4EU priority substances and Chemical Substance Group Leaders for 2019-2021.

2. Background information

2.1 Hazardous properties

- **Benzophenone 3 (BP-3)** displays a low acute toxicity profile. It is not considered as being irritating to the skin and the eyes¹. Results from animal studies—primarily dietary studies that affected body weight gain—showed alterations in liver, kidney, and reproductive organs in rats and mice with BP-3 administered dermally and orally². BP-3 is on the Community Rolling Action Plan (CoRAP) list because of potential endocrine disruption³. BP-3 elicited anti-androgenic activity in a human breast carcinoma cell line⁴ and interferes with functions of human sperm cells in vitro⁵. Critical effects are maternal and developmental toxicity⁶. In female mice, low dose exposure causes long-lasting alterations to mammary gland morphology and function⁷. Studies in rat primary cortical neuronal cultures and neuroblastoma cell lines showed decreased cell viability after BP-3 treatment at moderate concentrations⁸.

In a study on young men from Spain, there was a significant positive association between urinary **BP-3** concentrations and serum FSH levels⁹. In male adolescents in the US, urinary BP-3 was associated with lower total testosterone¹⁰. In a study of young Danish men, associations between male reproductive health parameters and urinary levels of benzophenones such as BP-3, BP-1 and 4-HBP were observed in filaggrin gene mutation carriers but not in controls¹¹. In a study in healthy, premenopausal women, UV filter factors (BP-1, BP-3) were associated with decreased estradiol, FSH, and LH¹².

- **Benzophenone** is possibly carcinogenic to humans (Group 2B, IARC classification, based on sufficient evidence in experimental animals).⁴ Benzophenone exerts tumourigenic effects in rats and mice in the liver, the kidney and in the haematopoietic system, including rare histiocytic sarcomas. Available evidence supports that benzophenone is not genotoxic. Benzophenone meets the criteria for classification as carcinogenic in category 2¹³. Benzophenone may alter endocrine signalling through multiple effects on receptors.⁴ Critical effects are liver and kidney effects.⁶
- **Benzophenone-1 (BP-1)** is used as a UV filter, but is also the major metabolite of BP-3. BP-1 is not irritating nor sensitizing at concentrations that may be found in cosmetic products. The toxicity studies available indicate low acute and subchronic toxicity of BP-1. BP-1 is not mutagenic. The lowest effect levels were determined for reproductive toxicity with lowest observable adverse effect levels (LOAELs) between 100-625 mg/kg and NOAELs between 100-250 mg/kg. BP-1 is on the European Commission priority list of potential endocrine disruptors.⁶

In a study of young Danish men, associations between male reproductive health parameters and urinary levels of benzophenones such as BP-3, BP-1 and 4-HBP were observed in filaggrin gene mutation carriers but not in controls.¹¹ In a study in healthy, premenopausal women, UV filter factors (BP-1, BP-3) were associated with decreased estradiol, FSH, and LH.¹²

- **Benzophenone-2 (BP-2)** is a UV filter used in personal care products. BP-2 may disturb thyroid hormone homeostasis by inhibiting or inactivating thyroid peroxidase, effects that are even more pronounced in the absence of iodide¹⁴. Both BP-2 and BP-3 were shown to exert uterotrophic effects and BP2 was shown to bind to estrogen receptors¹⁵. In fish and mammals, BP-2 induces a variety of reproductive disorders, including feminization of male fish, inhibition of gamete development in fish, reduction of testosterone secretions from testicular tissue, induction of uterotrophic effects in rats, changes in bone density and osteo-regulation, changes in LH, cholesterol levels, fat deposition, and an increased risk of endometriosis¹⁶.
In a study on exposure to UV filters and fertility, male partners' concentrations BP-2 was associated with reduced fecundity¹⁷.
- **4-Methylbenzylidene camphor (4-MBC)** is found in cosmetics and in drinking water.⁶ The available data suggest no genotoxicity, mutagenic potential or phototoxicity of 4-MBC. However, this chemical is suspected to have a mild endocrine disrupting effect on the thyroid gland. Experiments on rats found 4-MBC to have development toxicity.^{6,18}
- **3-benzylidene camphor (3-BC)** - 3-BC is a potential endocrine disrupter. Experiments in vivo and in vitro revealed oestrogenic activity. In addition, 3-BC was found to interrupt sexual development and maturation in animal models.¹⁴ According to the Scientific Committee on Consumer Safety, hormonal activities of 3-BC have been reported in vitro: estrogenic and anti-estrogenic effects as well anti- androgenic activities. In vivo, the expression of target genes (ER α , ER β , SRC-1 and PR (progesterone receptor)) has been shown to be altered in both males and females rats.¹⁵
- **4-hydroxy benzophenone (4-HBP)** is used as an industrial UV-filter. 4-HBP has potential to disrupt endocrine activity, and fetal growth. 4-HBP exposure in women carrying a male fetus was associated with increased maternal thyroid hormone concentrations, in addition to decreased birth outcomes (lower weight and shorter head and abdominal circumferences at birth compared to the low exposure group)¹⁹.
- **4-methylbenzophenone (4-MBP)** is used in paints and varnishes, in food packaging but not in cosmetics.⁵ According to an assessment by EFSA, the currently available data on 4-methylbenzophenone are insufficient to enable the assessment of this substance with respect to its human toxicological effects. 4-MBP is expected to be a non-genotoxic carcinogen²⁰.

Hazardous Properties of Benzophenones

	Critical effect	Potential Endocrine Disruption	Other
BP-3	Maternal and reproductive toxicity	Suspected	Developmental neurotoxicity
BP	Liver and kidney	Suspected	Possible carcinogenic in human (IARC)
BP-1		Suspected	
BP-2		Suspected	
4-MBC	Repeated dose: thyroid effects	Suspected	
3-BC		Suspected	
4-HBP		Suspected	
4-MBP			Expected carcinogen (EFSA)

2.2 Exposure characteristics

- Benzophenone is manufactured and/or imported in the European Economic Area in 1000-10000 tonnes per year; it is used by consumers, by professional workers (widespread uses), in formulations or re-packaging and at industrial sites.
- Benzophenones are used in cosmetics and in personal care products, food contact materials, coating products, fillers, modelling clay and finger paints. UV-absorbers and UV filters including benzophenone-1 and benzophenone-3 are added to food packaging to protect the packaging itself and the contained food from harmful UV light.⁶
- Release to the environment is likely to occur from: industrial use, indoor use (e.g. machine wash detergents, personal care products, paints and coating, fragrances and air fresheners).
- Biological half-life (in serum) of 19 hours⁴.
- Human biomonitoring (HBM) data: pregnant women in US (California)²¹, France²², China²³, Israel²⁴, general public in Belgium²⁵, Denmark²⁶, and the US²⁷. Data on exposure in children is available for the US²⁸, Denmark^{29,30,31,32}, China³³, Australia³⁴, Taiwan³⁵ and Germany³⁶ (GerES V, publication in preparation, for HBM4EU available data on 3 to 14 year old children and adolescents; young adults: 20-29 years, Environmental Specimen Bank).
- Several biomonitoring studies (including NHANES) have focused on BP-3.²⁷ BP-3 has been widely detected in several biomonitoring studies with urinary levels correlated with the use of personal care products. Higher BP3 exposure has been observed in the female population, possible due to its presence in personal care products²⁷.

2.3 Policy relevance

- Since September 2017 the use of BP-3 in the EU is restricted to 6% in cosmetic sunscreen products and up to 0.5 % in other cosmetic products³⁷. According to the Cosmetics Regulation (EU Regulation 1223/2009). BP-4 and BP-5 are permitted as UV filters in cosmetic products. 4-MBC is allowed as a UV filter in cosmetic products with a maximum concentration of 4% in ready-for-use preparations³⁸.
- According to the Scientific Committee on Consumer Safety, the use of 3-BC as a UV-filter in cosmetic products in a concentration up to 2.0% is not safe³⁹.
- Benzophenone is approved as an additive in plastic food contact materials, with a specific migration limit of 0.6 mg/kg⁴⁰.
- Inks are not covered by a specific European legislation on food contact materials. The use of printing inks has to comply with the general rules of Regulation (EC) No 1935/2004 and with good manufacturing practice as laid down in Commission Regulation (EC) No 2023/2006.

2.4 Technical aspects

- BP-3 can be directly measured and quantified in urine in HBM studies. Benzophenones including BP-1 and BP-3 can be measured using an on-line LC/LC-MS/MS method for the simultaneous determination of nine parabens and seven environmental phenols in urine⁴¹. In addition, three oxidative metabolites (2,4-dihydroxylbenzophenone, 2,2'-dihydroxy-4-

methoxybenzophenone, and 2,3,4-trihydroxybenzophenone) can also be measured in HBM studies using quantitative analytical methods⁴².

- 4 – MBC urinary metabolites (3- (4-carboxybenzylidene) camphor and 3-(4-carboxybenzylidene)-6-hydroxycamphor) can be measured using gas chromatography high resolution mass spectrometry (GC-HRMS)⁴³.
- LC-MS/MS based methods have been developed in Germany³⁶ for simultaneous biomonitoring of nine parabens and seven environmental phenols including BP-3 and BP-1 and in Denmark³² for simultaneous biomonitoring of nine UV filters in urine (BP, BP-1, BP-2, BP-3, 3-BC, 4-MBC, 4-HBP, 4-HBP, and 5-chloro-2- hydroxybenzophenone). However, urine might not be the preferred matrix for measurements of the most lipophilic UV filters such as 3-BC and 4-MBC.

2.5 Societal concern

UV filters, including benzophenones, are widely used in cosmetics, personal care products, food contact materials, inks, textiles and other consumer products. Therefore, there is a high potential for the general public (including vulnerable populations) to be exposed to benzophenones.

While UV filters in sunscreens and cosmetics have been effective in protecting against a variety of UV-related pathologies, such as sunburns and melanomas, growing popularity of sunscreens and increasing potential exposure has led to increased societal concern about their potential impact on the environment and human health.

There are several EU regulations regarding benzophenones, such as the restriction of BP-3 to 6% in cosmetic sunscreen products and to 0.5% in other cosmetic products. However, there are regulatory gaps regarding benzophenones. There are also knowledge gaps regarding the exposure pathways kinetics, metabolism, and health effects in humans of many of the benzophenones. BP-3 was included in the Community Rolling Action Plan list because of potential endocrine disruption and fulfilling exposure criteria⁴⁴.

BP, BP-2 and BP-3 are on the SIN (“Substitute It Now”) list.

In addition, CHEMTrust nominated the group of benzophenones as a priority substance for HBM4EU. In 2018, the Environment Working Group (EWG) reviewed studies and documents regarding UV filters and recommended a thorough investigation of the safety of all ingredients currently in sunscreens to ensure that none of them damage skin or cause other toxic effects in consumers. Because of concerns regarding potential health effects, the EWG has recommended that consumers avoid sunscreens with oxybenzone (synonyme for BP-3). It is noteworthy that consumer avoidance of sunscreens because could increase public health risk from UV rays (sunburn and skin cancers); ***therefore risk- benefit analysis and risk communication is especially important with regards to benzophenones.***

It is also noteworthy that HBM studies showed that a majority of the populations were exposed to BP-3, and many of these studies cover year-round sample collection or winter time time sample collection.^{29,32} Therefore, the major sources for BP-3 exposure might not be sunscreens.

Of note, due to reports on adverse effects of UV filters on coral reef, there is societal concern about ecological effects of sunscreens.

3. Categorization of Substances

Table 3.1: Substances included in the substance group, listed according to availability of toxicology and human biomarker data, in category A, B, C, D, E substances (see general introduction)

Category	Abbreviation/ Acronym	Systematic name	CAS No.	Regulation
B	BP-3	Benzophenone-3	131-57-7	Cosmetics 2017/238
C	BP	Benzophenone	119-61-9	Plastic materials in contact with food 2002/72
C	BP-1	Benzophenone-1	131-56-6	
C	BP-2	Benzophenone-2	131-55-5	
C	4-MBC	3-(4-methylbenzylidene)-camphor	36861-47-9	
C	3-BC	3-benzylidene camphor	15087-24-8	
C	4-HBP	4-hydroxy-benzophenone	1137-42-4	
C	4-MBP	4-methyl-benzophenone	134-84-9	

Justification of Grouping

We propose to categorize BP-3 in **Category B**, as European HBM data are available from some countries. Understanding of sources of human exposure is limited. For BP-3, there is a need for improved understanding of exposure levels and potential health impacts to inform policy makers.

For the remaining substances, we propose to categorize them as **Category C** as HBM data is scarce. While analytical methods have been developed, there is a need for validation and widespread collection of data using validated methods.

4. Policy-related questions

1. Are sensitive, reliable and cost effective methods and biomarkers available to measure UV filters?
2. What are current exposure levels to benzophenones in the EU population (cumulative exposure from different exposures sources)?
3. What are the major sources of exposure to benzophenones in the EU population and in vulnerable groups such as children and pregnant women? (Sunscreens, cosmetics and personal care products, plastic and other food contact materials, textiles, furnitures and building materials and others)
4. Do exposure levels differ significantly between different EU countries (possibly related to climate)?
5. Do exposure levels differ between different sub-groups: elderly, adults, and children? between males and females? Between adults of different age groups? Between individuals in different ethnic subgroups (perhaps due to differences in use of sunscreen products)?
6. Are current exposure levels safe in relation to the endocrine and carcinogenic properties of benzophenones? (for the general population and for vulnerable groups such as children and pregnant women)
7. Was the restriction of BP-3 in cosmetics in the EU (September 2017) effective in reducing public exposure? Did exposure to other benzophenone or other UV filter compounds increase as a result?

5. Research Activities to be undertaken

Table 5.1: Listing of research activities to be carried out to answer the policy questions

Policy question	Substance	Available knowledge	Knowledge gaps and activities needed
1. Are sensitive, reliable and cost effective methods and biomarkers available to measure UV filters?	Benzophenones	Methods have been reported for BP-3 and three oxidative metabolites (2,4-dihydroxybenzophenone, 2,2'-dihydroxy-4-methoxybenzophenone, and 2,3,4-trihydroxybenzophenone); and simultaneous measurement of 9 UV filters in urine	WP9 - Are HBM methods to measure BP-3 / its metabolites and other benzophenones quality assured? Are levels of detection and quantification adequate? - Is there a need to develop new analytical methods?
2. What are current level of exposure of the EU population to benzophenone UV-filters?	Benzophenones, emphasis on BP-3	Benzophenones are likely to be increasingly detected in the general population in the EU, due to their extensive use in personal care products (sunscreens), food contact materials, and other products.	WP7 & WP8; WP16 Systematic collection of available HBM data on benzophenones; Generation of data in targeted studies and from bio-banked samples if available. WP10 Is existing exposure data sufficient to derive valid estimates for the exposure of the EU population? What data is needed to derive reference values?
3. Do the exposure levels differ significantly between the countries?	Benzophenones, emphasis on BP-3	Human biomonitoring data is scarce (only available for some countries with different population groups measured, e.g. France, Denmark)	WP7 & WP8; WP10; WP16 Systematic collection of available HBM data on benzophenones; Generation of data in targeted studies and from bio-banked samples if available.
4. What are the main sources of exposure to benzophenones?	Benzophenones	The main sources of exposure to benzophenones are cosmetics and personal care products; food packaging materials; and other uses in consumer products	WP10 What are major sources of exposure to benzophenones in the general population and in sub-groups? (per single substance and substance group) WP12 Estimation of the contribution of different routes of exposure to the total exposure.
5. Who are the highest exposed groups? Are there statistical differences in concentration between different ages? males and females? Ethnic subgroups? occupational vs. general population exposure.	Benzophenones, emphasis on BP-3	There is insufficient research to date to answer these questions; indications that exposure is higher in females due to increased use of personal care products and/ or cosmetics	WP10 - Based on existing data, determine different exposure levels between: males/females, different age groups (depending on the data available) - In case occupational population data exists, determine different exposure levels in occupational populations in comparison with the general population WP8 Targeted HBM studies on benzophenone exposure
6. How effective was the restriction of BP-3 in reducing exposures in the EU population?	BP-3 and other benzophenones	Since September 2017 the use of BP-3 has in EU been restricted to 6% in cosmetic sunscreen products and up to 0.5 % in other cosmetic products	WP10 - Compare between exposure to regulated UV-filters (BP-3) and nonregulated UV-filters
7. Are potential health effects related to age and gender?	BP-3	The current research is not sufficient to answer this question	WP10 & WP11 Epidemiological studies investigating endocrine effects WP13 Investigate associations between exposure and health outcomes

Policy question	Substance	Available knowledge	Knowledge gaps and activities needed
8. How can cumulative risks of benzophenones and other UV filters be assessed for their health relevance? Are their additive (or other) effects relevant for regulation?	Benzophenones and other UV filters	The current research is not sufficient to answer these questions	<p>WP15 Cumulative risk assessment</p> <p>WP5 & WP15 Assessing the feasibility of deriving an HBM health-based guidance value for combined UV-filter exposure</p>
9. How can HBM4EU results feed into regulatory decisions and risk assessments (ECHA and EFSA)?	UV filters, specifically BP-3		<p>WP5 - Derivation of Health-based guidance values using HBM data for benzophenones</p> <p>WP5 How can HBM data on benzophenones inform chemical risk assessment and management (exposure assessment, TDI evaluation)? What HBM data is needed to inform risk assessment and management?</p> <p>WP12,13,14,15 Instruments to link health and exposure and to better estimate risks will be explored and their suitability in risk assessment and management will be evaluated (e.g. cumulative risk assessment)</p>

Table 5.2: Summary of biomonitoring studies on UV filters

Study / Institution	Country	Year of publication	Study Population	Matrix	Analytes	Citation + link
NHANES	USA	2003-2004	General, includes children	Urine	BP-3	Calafat et al.
NHANES	USA	2003-2010 (sample collection)	General, includes children	Urine	BP-3	CDC Report
Bispebjerg Hospital	Denmark	2004	General	Urine, plasma	BP-3, 4-MBC	Janjua et al.
Princess Alexandra Hospital	Australia	2005	Human skin culture	Skin	BP-3, Octocrylene	Hayden et al.
Sahlgrenska University Hospital	Sweden	2006	General	Urine	BP-3	Gonzalez et al.
South Korean institutes	South Korea	2010-2011	General	Urine	BP-1, BP-2, BP-3, BP-4, BP-8	Kang et al
Maternal and Infant Environmental Exposure Project (MIEEP)	USA	2010-2011 (sample collection)	Pregnant women and infants	Urine	BP-3	Biomonitoring California
Biomonitoring Exposures Study (BEST) – Pilot Study and Expanded Study	USA	2011-2012 (sample collection)	Adults	Urine	BP-3	Biomonitoring California
State University of New York at Albany	USA	2012	Woman	Urine	BP-1, BP-3, , BP-2, BP-8	Kunisue et al
Institut Albert Bonniot	France	2012	Mothers giving birth	Urine	BP-3	Philippat et al
Nankai University	China	2013	children, adults, and pregnant women	Urine, blood	BP-1, BP-2, BP-3, BP-8, 4OH-BP	Zhang et al
Institut Albert Bonniot	France	2013	Pregnant women	Urine	BP-3	Philippat et al
University of Copenhagen	Denmark	2013	Children	Urine	BP, BP-1, BP-2, BP-3, BP-7, 4-MBP, 4-HBP, 4-MBC, 3-BC	Krause et al
Copenhagen University Hospital	Denmark	2013	Mother-child pairs	urine	BP-3	Frederiksen et al
Institute of Ruhr University Bochum	Germany	2014	Children and adults	urine	BP-1, BP-3, BP-8	Moos et al
University of Liege	Belgium	2014	Adults	Urine	BP-3	Dewalque et al.
University of Copenhagen	Denmark	2014	Children, adolescents, young men, and pregnant women (review)	Urine	BP-3	Frederiksen et al
Queensland	Australia	2015	Children and adults	Urine	BP-3	Heffernan et al.
Several universities	China	2015	Young children	Urine	BP, BP-1, BP-2, BP-3, BP-8, 4-HBP	Gao et al
Several universities	Denmark	2017	General	Urine	BP-1, BP-3	Morrison et al
I-Shou University	Taiwan	2017	Children and adolescents	Urine	BP-3	Chang et al
Copenhagen University Hospital	Denmark	2017	Children and adolescents	Urine	BP, BP-1, BP-2, BP-3, BP-7, 4-HBP, 4-MBP, 4-MBC, 3-BC	Frederiksen et al.
University of Bath	UK	2018	General (samples collected from a festival event)	Urine	BP-1, BP-2 ,BP-3, 3-BC, Homosalate, Octocrylene	Lopardo et al
Pregnant women in Israel	Israel	2018	Pregnant women	Urine	BP-3	Machtinger et al
University of Copenhagen	Denmark	2018	Mothers and fetus	Serum and urine	BP-1, BP-3, 4-MBP, 4-HBP	Krause et al

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