Meeting

Draft minutes of the 8th February 2022 meeting

Meeting of the Committee at 10:00 on 8th February 2022 on Microsoft Teams

Present

Chair:	Prof Alan Boobis

COT Members:

Dr Phil Botham

Ms Jane Case

Dr Stella Cochrane

Dr Rene Crevel

Dr Caroline Harris

Professor Gary Hutchison

Professor Thorhallur Ingi Halldórsson

Dr Sarah Judge

Dr Gunter Kuhnle

Dr David Lovell

Professor Shirley Price

Dr Mac Provan

Ms Juliet Rix

Dr Michael Routledge

Dr Cheryl Scudamore

Dr Natalie Thatcher Professor Mireille Toledano

Dr Simon Wilkinson

Professor Philippe Wilson

Professor Matthew Wright

Professor Maged Younes

Prof Paul Haggarty	SACN Liaison
Prof John O’Brien	Science Council Liaison

	FSA Scientific Secretary
Food Standards Agency (FSA) Secretariat:	Ms Cath Mulholland
	Mr Barry Maycock
	Ms Claire Potter
	Dr Barbara Doerr
	Dr Douglas Hedley
	Dr Alex Cooper
	Dr Olivia Osborne
	Mr Michael Dickinson
	Dr Joseph Shavila
	Ms Emma French
	Ms Rhoda Aminu
	Ms Sabrina Thomas
	Dr Gail Drummond
	Ms Chara Tsoulli
	Ms Frederique Uy
	Ms Cleanncy Hoppie
	Ms Jocelyn Frimpong-Manso
	Ms Sophy Wells
	Ms Chloe Thomas
	Dr Gaetana Spedalieri
	Mr Thomas Hornsby
	Mr Lawrence Finn
	Mr Shaddad Saleh
	Dr Emily Hudson

UK HSA Secretariat:	Ms Britta Gadeberg	UK HSA Scientific Secretary
Invited Experts and Contractors:	Dr Sarah Bull	IEH
Assessors:	Ms Farah Arikat	DEFRA
	Ms Frances Hill	BEIS
	Ms Susannah Brown	DHSC
	Dr Helen McGarry	HSE
	Mr Anand Kumar	HSE
Observers:	Dr Stephen Ruckman	TSG consulting

FSA and other Officials:	Mr Vincent Greenwood	FSA
	Dr Marianne James	FSS
	Ms Holly Howell-Jones	FSA
	Mr Craig Jones	FSA
	Ms Elli Amanatidou	FSA
	Mr Robin Clifford	FSA
	Mr James Donarski	FSA
	Dr Ovnair Sepai	UKHSA
	Ms Krystle Boss	FSS
	Ms Lucy Smythe	FSS

Contents

Item Paragraph		
1	Apologies for absence	3
2	Draft minutes of December meeting (TOX/MIN/2021/07)	4
3	Matters arising: SAC recruitment	5
3	Matters arising: Vitamin D in infant formula (TOX/2022/01)	6
3	Matters arising: Update on work of OPSS SAC-GS (reserved) (TOX/2022/10)	11

4	Review of potential risks of aflatoxin in foodstuffs at the new proposed Codex Alimentarius maximum levels (reserved) (TOX/2022/02)	13
5	Second draft statement on the effects of excess vitamin A on maternal health (TOX/2022/03)	15
6	First draft statement on the risk assessment of cow’s milk in children aged 1 to 5 years, in the context of plant-based drinks evaluations (TOX/2022/04)	36
7	Discussion paper on lead (TOX/2022/05)	64
8	2021 Draft Annual report (TOX/2022/06)	73
9	Horizon scanning (TOX/2022/07)	89
10	Update on actions taken subsequent to Members’ advice (TOX/2022/08)	98
11	Update on the work of other advisory committees - for information (TOX/2022/09)	99
12	Any other business	100
	Date of the next meetings	10th March 2022 29th March 2022

Announcements

1. The Chair welcomed Members and other attendees.

2. Members were informed that Dr Cheryl Scudamore, Dr Stella Cochrane, Professor Gunter Kuhnle, Dr Michael Routledge, Dr Mac Provan, Dr Natalie Thatcher, Dr David Lovell, Professor Maged Younes and Professor Gary Hutchison had been re-appointed to the Committee.

Interests

3. The Chair reminded those attending the meeting to declare any commercial or other interests they might have in any of the agenda Items.

Item 1: Apologies for absence

4. Apologies were received from COT Member Dr James Coulson.

Item 2: Draft Minutes from the meeting held on 7th of December 2021 (TOX/MIN/2021/07)

5. There were no comments and the minutes and reserved minutes were accepted as an accurate record.

Item 3: Matters arising from the meeting held on 7th of December 2021

SAC recruitment

6. The FSA Scientific Advisory Committees (SACs) including the COT are currently recruiting new Members. This recruitment campaign was launched on the 10th of January 2022 and was open until the 13th of February. Members were asked to circulate the advertisement to any suitable contacts.

Vitamin D in infant formula (TOX/2022/01)

7. No interests were declared.

8. This topic was first discussed by the Committee in December 2021 in paper TOX/2021/62, which focused on assessing the health risk to infants as a result of the increase in the minimum amount of vitamin D in infant formula as

required by UK legislation. Following the Committee's review and request that other dietary sources of vitamin D should be considered, the paper was updated to include exposure to vitamin D from other food sources and was presented as TOX/2022/01.

9. The Secretariat clarified that the last row of Tables 2-3 (4 -<12 month-olds) used the minimum concentration of vitamin D in infant formulas for 4 -<6 month-olds, and the maximum concentration of vitamin D in infant formulas 6 -<12 month-olds. Thus the age range of 4 -<12 month-olds covers both of these age groups.

10. The Committee noted that in Table 2, where the estimated exposures were compared against the original EFSA Tolerable Upper Level (TUL) of 25 µg/day, there were no exceedances for 4 - <6 month-olds at the maximum exposure. However, there was an exceedance of the TUL of 25 µg/day for 6 - <12 month-olds at the maximum exposure; but there would not have been exceedance of the recently revised EFSA TUL of 35 µg/day. Therefore, the Secretariat were asked to determine EFSA's rationale for increasing their TUL from 25 to 35 µg for 6-12 month-olds, to be reviewed by the COT.

11. Members asked whether infant exposure to vitamin D through consumption of breast milk could be assessed, particularly where the mother was taking vitamin D supplements. It would be helpful to include data on average vitamin D concentration in breast milk, if available. However, it was noted that infants consuming breast milk were likely to be consuming less solid food.

Update on work of OPSS SAC-GS (reserved) (TOX/2022/10)

12. Members were provided with an update on the work carried out by the BEIS Office of Product Safety and Standards' Scientific Advisory Group on Chemical Safety of Non-Food and Non-Medicinal Consumer Products (SAG-CS).

13. This item is currently reserved as the opinions reached by SAC-GS have not yet been published.

Item 4: Review of potential risks of aflatoxin in foodstuffs at the new proposed Codex Alimentarius maximum levels (reserved) (TOX/2022/02)

14. No interests were declared.

15. The FSA have asked the Committee to review the toxicity of aflatoxins in certain foodstuffs. This item is reserved as it relates to developing policy. Members requested clarification, for future meetings, of the basis for reserving items from the Minutes, are they were unsure of the exact criteria.

Item 5: Second draft statement on the effects of excess vitamin A on maternal health (TOX/2022/03)

16. No interests were declared.

17. The Scientific Advisory Committee on Nutrition (SACN) last considered maternal diet and nutrition in relation to offspring health in its reports on ‘The influence of maternal, fetal and child nutrition on the development of chronic disease in later life’ (SACN, 2011) and on ‘Feeding in the first year of life’ (SACN, 2018). In the latter report, the impact of breastfeeding on maternal health was also considered.

18. In 2019, SACN agreed to conduct a risk assessment on nutrition and maternal health focusing on maternal outcomes during pregnancy, childbirth, and up to 24 months after delivery; this would include the effects of chemical contaminants and excess nutrients in the diet. The COT would be consulted as appropriate. Vitamin A was first considered in discussion paper TOX/2021/44 at the September COT meeting. A first draft Statement was prepared and presented to the COT in December 2021. A number of requests for clarification were made, and these were addressed in a second draft Statement presented in paper TOX/2022/03.

19. Members discussed the text in paragraph 8 and requested clarification on whether vitamin A2 was biologically active.

20. In paragraph 14, Members considered that further information was needed in the text with regard to how the uncertainty factor of 1.5 was selected.

21. With regards to paragraph 16, it was noted that the reason vitamin A supplementation was not recommended in HIV-positive pregnant women or for the prevention of maternal and infant morbidity and mortality was due to there being no clear indication of benefit, rather than any specific concerns that such

supplementations would be a risk to health.

22. It was agreed that all the aspects of dermal kinetics should be merged into a single paragraph focussing on the implications of systemic exposure via the dermal route.

23. In paragraph 39, it was agreed that in the dermal study by Nohynek et al., (2005) which also included oral exposure, a comparison of the two should be made. The dose metrics should also be harmonised to retinol equivalents.

24. Members noted that there were additional studies on possible teratogenic effects after oral exposure in experimental animals and that these should be added to paragraph 51, which discussed only oxidative damage.

25. The Committee agreed revised text to replace paragraph 74 to provide more clarity on the association of vitamin A with neurodevelopmental disorders in general.

26. It was agreed to add an introductory sentence to paragraph 93, to explain why the interaction with folic acid was being investigated. It was also suggested that it should also be noted that the doses used in this study were particularly high.

27. The text in paragraph 94 should be amended to reflect that phenytoin, phenobarbital, and carbamazepine were not histone deacetylase (HDAC) inhibitors but rather inducers of enzymes involved in retinoic acid metabolism. The mechanism for the effect of ethosuximide on retinoic acid levels is not known.

28. With regards to the study in paragraph 97, Members considered that Omenn *et al.* (1996) had also reported study outcomes, which needed to be included in the text.

29. In paragraph 98, it should be clarified that the weight of evidence suggested that beta carotene had been responsible for the increased incidence of lung cancer observed in the CARET study.

30. It was agreed that in paragraph 102**,** clarification was needed on the source of the statement that in “23 % of the cases intakes were >7,500 RE.”

31. It was agreed that in regard to exposure assessments, it would be useful to provide an insight on the methodology used in the calculations.

32. Revised text was agreed by the Committee in order to explain the significance of ghee exposure in Asian populations.

33. The Committee asked how good the representation of ethnic minorities, who could have high exposure to vitamin A, was in the survey used for the exposure assessments. Members suggested that, in future, a statistical approach and/or computational model could be used to assess the implications for ethnic groups that may not be fully represented in the surveys.

34. It was agreed that further information was needed in paragraph 118 to clarify the statement that beta carotene could be beneficial to fetal bone development, and to note that further work would be needed to clarify those relationships.

35. Members made a number of additional minor suggestions on wording.

36. It was agreed that a third draft statement would be presented to the Committee for consideration.

Item 6: First draft statement on the risk assessment of cow’s milk in children aged 1 to 5 years, in the context of plant-based drinks evaluations (TOX/2022/04)

37. No interests were declared.

38. Due to an increasing interest in the consumption of plant-based drinks as an alternative to dairy, particularly in the diets of infants and young children, the COT reviewed, during 2020, the potential for adverse effects arising from the consumption of plant-based drinks by young children (aged 6 months- 5 years) who were following a plant-based diet. The drinks that were considered were soya, oat and almond; rice drinks were not reviewed since there is existing advice that these should not be given to young children due to their arsenic content. The statement setting out the views and conclusions of the Committee was published in January 2021. Since SACN were also considering these products from a nutritional perspective, it was agreed that a joint Working Group should be established to bring the two aspects of the advice together.

39. DHSC is in the process of conducting an Equalities Analysis covering both the Nursery Milk Scheme and the Healthy Start Scheme, which considers

equalities issues posed by the current legislation as it pertains both to plant-based drinks, and also to animal milks other than cow's milk. DHSC is keen to ensure that this Equalities Analysis reflects the most current advice on safety and toxicity issues from COT, and on nutritional issues from the SACN. The process is, therefore, currently on hold whilst the joint Working Group considers plant-based drinks.

40. The Committee had agreed during their meeting in July 2021 that the main comparator for plant-based drinks should be cow's milk, and that a discussion paper should be produced looking at the potential chemical risks in the consumption of this over the identical population group of interest (children aged 6 months to 5 years).

41. A risk assessment of the components and contaminants present in cow's milk was discussed at the October and December 2021 meetings (TOX/2021/53 and TOX/ 2021/58 respectively). The discussions were captured in the statement presented in TOX/2022/04. Once finalised, this statement will feed into the work being conducted by the SACN/COT joint working group on plant-based drinks and will allow a comparison between the chemical risks in plant-based drinks and cow's milk.

42. Members commented that the summary tables were especially useful for this document where a large number of substances have been covered.

43. The Committee agreed that a sentence should be added to the veterinary medicines and pesticides sections to note that these can be present at levels below their Maximum Residue Level (MRL)s as a result of good veterinary and agricultural practice and would not be of health concern.

44. Members identified inconsistencies between the conclusions in the text and those in the summary tables for BPA, isoflavones and endogenous oestrogens and requested that these be clarified.

45. The Committee requested that the text stating that the COT is currently reviewing the TDI for dioxins to be moved from annex A, which covered chemicals where detailed assessment had not been required, to the main statement.

46. It was agreed that the conclusion on Polycyclic Aromatic Hydrocarbons (PAHs) should be revised to emphasise that the high MOEs present in this exposure assessment suggest that levels of PAHs in milk are not of concern.

47. Members asked that additional information be added to the discussion on lead in paragraph 57 on the contribution of cow's milk to total lead exposure, which was low.

48. It was suggested that some gym-goers may ingest large amounts of milk in shakes for protein supplementation. These age groups were not included within these exposure assessments so it was proposed that it should be noted that these risk assessments did not cover those individuals.

49. Members agreed that in paragraph 65, the conclusions should be revised to ensure it was clear that levels of mercury in cow's milk were not of concern.

50. It was agreed that further information should be included to support the discussion on cadmium in paragraph 67, which described exceedances of the TWI and the relative contribution of cow's milk to total dietary exposures.

51. The Committee requested that in the assessment for iodine, EFSA's HBGVs be used, as these had been utilised in the COT's 2017 statement.

52. In paragraph 89 on perchlorate, Members noted that the nature of exceedances needed to be clarified, with mention of age ranges where exceedances were present and including the level of consumption.

53. Regarding IGF-1, the Committee agreed that a discussion of the natural levels of IGF-1 in milk should be added.

54. For paragraph 101 which discusses oestrogens, the Committee requested an amendment to emphasise that concern regarding exogenous endocrine-active chemicals originated from studying natural physiological processes such as pregnancy and the role of endogenous oestrogens.

55. It was agreed that the oestrogens section should be revised in order to clarify that the COT considered that carcinogenicity was mediated indirectly by a secondary mechanism such as reactive oxygen species, and therefore that oestrogen levels were not of concern. A table showing the levels of oestrogen in cow's milk compared to levels circulating naturally in humans would be beneficial.

56. The Committee requested other mycotoxins should be briefly mentioned in the mycotoxins section.

57. It was noted that the detection of AFB1 in milk was likely due to the high levels of exposure of the animals to AFB1 in Brazil and Mexico where the studies

were conducted. The Committee considered that, in the absence of other data, this was unlikely to occur as a result of EU/UK farming practices.

58. Members suggested that in tables 10-13 discussing aflatoxins, the captions should be amended to clarify that the MOEs presented were for exposures from the total diet; the text should also refer to this.

59. The Committee requested that for aflatoxins (paragraph 111), and in other instances where conclusions stated ‘no risk of harm’, this should be changed to ‘no risk to health’ or ‘not of health concern’.

60. For PFAS, the Committee requested that the conclusions of Kowalczyk *et al*., (2013; Journal of Agricultural Food Chemistry) and Hill, Becanova and Lohmann, (2021; Journal Analytical and Bioanalytical chemistry), should be included in the text.

61. Members suggested that the discussion on the risk of microplastics should be revised to better reflect the considerations of the Committee.

62. The Committee considered it was not appropriate to state that levels of aflatoxin were ‘high’, but rather to note that the risk presented was due to the high potency of aflatoxins.

63. Members suggested a number of additional minor changes to the draft statement and its supporting annex.

64. It was agreed that the Committee would consider a second draft statement in due course.

Item 7: Discussion paper on lead (TOX/2022/05)

65. The Scientific Advisory Committee on Nutrition (SACN) last considered the maternal diet and nutrition in relation to offspring health in its reports on ‘The influence of maternal, fetal and child nutrition on the development of chronic disease in later life’ (SACN, 2011) and ‘Feeding in the first year of life’ (SACN, 2018). In the latter report, the impact of breastfeeding on maternal health was also considered.

66. In 2019, SACN agreed to conduct a risk assessment on nutrition and maternal health focusing on maternal outcomes during pregnancy, childbirth, and up to 24 months after delivery; this would include the effects of chemical contaminants and excess nutrients in the diet. The COT would be consulted as

appropriate.

67. Following discussion of the first prioritisation paper on substances to be considered for risk assessment by the COT, the Committee decided that each of the heavy metals (lead, mercury, cadmium, and arsenic) should be considered in separate papers. The COT have now been asked to assess the risks posed to maternal health by lead (Pb) in the diet and the environment.

68. Members concluded that developmental neurotoxicity was the critical effect, that the BMDL01 was the most relevant benchmark dose, and that this should be used as the reference point for this assessment. Members also considered that a clinically significant effect on IQ was an adverse outcome, with MOEs between 1 and 10 leading to the conclusion that a risk to neurodevelopmental could not be completely ruled out. Below 1, there would be concern of potential adverse effects and above 10, there would be no health concern.

69. The body burden of lead, with a high accumulation ratio, was noted since this affects the consequences of the demineralisation process of bone marrow during pregnancy, potentially releasing significant concentrations of Pb into plasma.

70. It was noted that paragraph 89 should be reworded to make it clear that the risk arising from dietary lead was chronic or sub chronic rather than acute.

71. Members agreed that the exposure assessment should include Pb in soil and dust, taking geographical considerations into account.

72. Overall, Members concluded that, based on the data provided in the discussion paper, Pb exposure from water and food was of low concern for women of childbearing age; however, some risk to health could not be completely ruled out.

73. It was agreed that an additional discussion paper or first draft statement will be presented to the Committee at a later date, the format of which will depend on the additional soil and dust exposure assessment.

Item 8: 2021 Draft Annual report (TOX/2022/06)

74. The Committee was invited to consider the first draft of the 2021 Annual report and comment on the content, presentation, and conclusions of the science. As there was insufficient time to address this in the detail it required, Members

were asked to send their comments to the Secretariat as soon as possible. It was noted that the glossary remained the same but was likely to be transferred to the website, allowing more detailed explanations of certain topics where necessary.

75. Members were asked to consider the extent to which COT evaluations have complied with the Good Practice Agreement for Scientific Advisory Committees (Annex 4) and, where appropriate, to make any suggestions for future improvements.

76. The Committee considered the main principles of the agreement being: defining the problem and the approach, seeking input, validation, uncertainty, drawing conclusions, and communicating the SACs' conclusions. On considering these principles, the Committee concluded that overall, the principles had been adhered to in its discussions.

77. Members agreed that, in general, the Committee received appropriate problem formulation.

78. It was noted that the Committee had consulted stakeholders when appropriate to do so. The Committee considered whether there should be broader consultation of stakeholders by the FSA and it was noted that the FSA does not have a history of formally consulting external stakeholders. COT business was generally conducted in open session and interested parties were free to contact the Secretariat.

79. The Committee noted that all data were considered and evaluated and, when required, other scientific advisory committees were consulted. It was also noted that the Committee had access to external expertise (for example, in computational PBPK modelling). Members asked if the current fellowship and PhD studentship could be a source of information on quantitative analysis; the Secretariat noted that in future, as the fellowship continued, training would be provided to FSA colleagues on different types of computational modelling, to which the Committee would also have access.

80. It was noted that some questions posed to the Committee are retrospective, with data sometimes being several years old. This could be challenging for a researcher undertaking new statistical analysis, with limited or no access to the raw data.

81. When considering the need for data from different parts of the UK, relevance of data to the UK, and whether stakeholders could provide unpublished data, it was noted that this was done regularly as part of the Committee's work.

82. In terms of uncertainty, the Committee noted that identification of data gaps and their corresponding impacts on uncertainty, was done qualitatively, but it was not always possible or appropriate to do so quantitatively. The Committee also noted that areas of ongoing research that may affect their conclusions are routinely considered in their deliberations.

83. The Committee agreed that they acknowledged when conflicting views existed, and also noted that alternative interpretations of evidence is linked to uncertainty. It was noted that the Committee had not previously needed a minority report, though there was a procedure for this eventuality.

84. The Committee have tried to ensure that explanations of their conclusions are expressed in clear terms, but noted there was always room for improvement.

85. The Committee noted that they endeavoured to ensure their interpretation of results, recommended actions or advice was consistent with the quantitative and qualitative evidence, and furthermore with the degree of uncertainty associated with it. It was acknowledged that the final action or policy decision to be taken often requires consideration of other factors, and hence under such circumstances it would not be appropriate for the COT to make a strong recommendation for action. The Committee noted that they make recommendations on general issues relevant to other Committees, as appropriate. It was emphasised that the COT's remit was broader than just responding to questions referred to it by the FSA and UK has, and included proactively reviewing the state of the science and horizon scanning.

86. The Committee noted that it was made clear when evaluations had been carried out by other authoritative bodies, and whether their conclusions were in agreement with those of the COT, and what the reasons for any disagreement might be. An example of this was when considering opinions and evaluations from EFSA, JECFA and other bodies. It was noted that whilst the Committee attempts to reflect on the robustness of its conclusions, an element of judgment is always necessary.

87. Members noted that a list of cited references was published with the papers and the amount of information withheld due to confidentiality concerns was kept to a minimum, with the reasons for so doing being clearly set out. Members questioned what the criteria were for reserving business as there were an increasing number of items needing to be reserved, for reasons other than commercial confidentiality or protection of intellectual property, and what the

implications might be for the COT, which was committed to transparency. It was concluded that this issue would require further discussion, possibly involving the FSA's Chief Scientific Adviser and DHSC's equivalent representative, as it could also affect the COC and COM. It was noted that COT's code of practice and Terms of Reference might need to be updated to reflect the conclusions of any such discussions.

88. The Committee noted, although it was discussed in the code of practice, the Chair had not been invited to any meetings with the FSA board. Members were informed that, in fact, no topics arising from the work of the COT had been presented to the FSA board. Members inquired if there would be an opportunity to update the board on current discussions on a regular basis, perhaps quarterly. It was suggested that this could be discussed with the Chief Scientific Adviser.

89. The Committee was asked to review the draft report in detail and provide feedback before the 1st March 2022.

Item 9: Horizon scanning (TOX/2022/07)

90. The Chair declared a personal nonspecific interest in a section of this item as he is a member/chair of the Joint FAO/WHO Expert Committee on Food Additives (JECFA), involved in the consideration of veterinary drug residues. It was agreed that he was free to chair this item.

91. The annual horizon scanning paper set out in TOX/2022/07 provided an overview of the likely agenda items for 2022, including both ongoing work and potential new topics. It was noted that a number of potential topics had been discussed when subjects for a possible workshop were discussed at the December 2021 meeting; these included BMD modelling, food contact materials and the microbiome.

Phosphate based flame retardants

92. One of the potential new topics proposed was the assessment of phosphate-based flame retardants (PFRs) as new data have been published in the literature since the COT's last assessment. The new literature suggested that there may be other/alternative mechanisms underpinning neurodevelopmental effects of PFRs; however, the Secretariat has not had the time to fully evaluate the new evidence, and therefore was unable to comment on whether these new data have relevance on the previous statement/assessment.

93. It was noted that the scope of the proposal could include the assessment of other flame retardants; this would substantially increase the workload and future work would require prioritisation.

94. The Committee considered that there was not sufficient new information in the literature to justify a review in the near future. However, Members noted that there was a wider research interest in flame retardants, especially with regard to the development of *in vitro* approaches, and it would be appropriate to keeping a watching brief on the area as new information emerges.

Antibiotic residues and obesity

95. A second potential topic was the risk of obesity associated with dietary antibiotic residues. It is well established that sub-therapeutic doses of antibiotic residues were associated with growth promoting effects in animals - an effect thought to be mediated via the intestinal microbiota. Some data suggest that a comparable effect could occur in humans, albeit at therapeutic doses rather than at residue levels.

96. The Committee questioned how relevant an issue this would be for the UK population, given the reduction in the use of antibiotics in recent years and that use as growth promoters was not permitted. Obesity is a complex topic influenced by many other factors, in part through effects on the microbiota, which may play a significant role. In addition, Members considered that lifestyle factors, such as amount of physical exercise, the nature of the diet and caloric intake would play a more significant role in obesity than residues of antibiotic veterinary drugs.

97. While the topic was of interest, the Committee agreed that it was unlikely that there was a significant concern to the UK population. Should this change in the future, the Committee could consider the topic further.

98. Members were reminded that they could send any additional ideas for topics or raise any issues with the Secretariat at any time.

Item 10: Update on actions taken subsequent to Members' advice (TOX/2022/08)

99. This item was for information, and the paper was circulated to Members. There were no comments from Members, though they were advised to contact the Secretariat if they had questions at a later date.

Item 11: Update on the work of other advisory committees - for information (TOX/2022/09)

100. This paper was circulated for information.

Item 12: Any other business

101. Members were informed that a survey sponsored by EFSA had been widely circulated for a project entitled “Preparatory work on how to report, use and interpret historical control data in (eco)toxicity studies”. The closing date for this survey was the 21st of February, 2022. It was proposed that Members who wished to participate should do so as individuals, rather than a Committee wide response being collated.

102. A joint COC/COM meeting was scheduled for the 2nd of March 2022 to which COT Members were also invited. Details and invitations would be circulated once the agenda was finalised.

103. No other business was raised by Members.

Date of next meeting

104. An extraordinary meeting to discuss COT comments on the draft EFSA evaluation of Bisphenol A would take place on Thursday 10th March.

105. The next scheduled meeting of the Committee will be at 10:00 on the 29th of March 2022 via Skype and Teams.