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**COMMITTEE ON HERBAL MEDICINAL PRODUCTS
(HMPC)**

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**GUIDELINE ON THE ASSESSMENT OF GENOTOXIC CONSTITUENTS IN
HERBAL SUBSTANCES/PREPARATIONS**

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Comments should be provided using this [template](#) to hmpc.secretariat@emea.europa.eu
Fax +44 20 7418 7051

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36 **EXECUTIVE SUMMARY**

37 For many herbal substances/preparations, contained in well-established or traditional herbal
38 medicinal products (HMPs), an adequate safety profile may be confirmed by their documented
39 history of medicinal use. However, in cases where a safety concern is recognised or suspected, non-
40 clinical investigations may be needed. The complete lack of some specific non-clinical studies (e.g.
41 genotoxicity studies) may also present a safety concern because important questions relating to
42 product safety would remain unanswered.

43 This guideline describes a general framework and practical approaches on how to assess or to test
44 the potential genotoxicity of herbal substances/preparations and how to interpret the results.

45 The stepwise approach described below represents a pragmatic approach to address both scientific
46 aspects of genotoxicity testing and the special needs of HMPs within the current regulatory
47 framework applicable to these products.
48

49 **1. INTRODUCTION**

50 Herbal medicinal products (HMPs) present a number of characteristics that clearly differentiate
51 them from other medicinal products. Examples of important differences may include:

- 52 • HMPs are made of natural substances that may be part of regular, environmental
53 exposure, i.e. the contribution of the substance to the overall exposure needs to be
54 considered.
- 55 • HMPs contain as active substance(s) complex mixtures with a large number of
56 constituents that are present in sometimes highly variable amounts.
- 57 • The composition of a defined preparation may vary as a function of harvesting time,
58 geographical origin, mode of preparation etc.
- 59 • The complete composition is very difficult to unravel, so it may be argued that there are
60 always many unknown constituents and thus there may be "hidden" dangers.

61
62 In many other respects, HMPs are similar to other medicinal products for human use that contain
63 synthetic active substances:

- 64 • The same basic legislation determines their legal position (1).
- 65 • Many HMPs have been used for long time by a sizable portion of the population.
- 66 • Clinical experience, despite its shortcomings, may point to their relative safety, at least
67 with respect to the most apparent adverse reactions, but as with other medicinal products,
68 signals of adverse effects arise only occasionally.

69
70 Because HMPs shown to be genotoxic are natural substances to which people may be exposed also
71 via food and other environmental sources, several pertinent questions have to be presented. What is
72 the burden to an individual, on top of natural exposure, by using HMPs? Is there a level of
73 exposure that can be regarded as acceptable? Are there scientifically valid procedures for
74 determining this acceptable exposure? Are there circumstances in which the current methodology
75 for genotoxicity testing is not appropriate for herbal substances/preparations?
76

77 **2. SCOPE**

78 This guideline describes a general framework and practical approaches on how to test the potential
79 genotoxicity of herbal substances/preparations and how to interpret the results. In the development
80 of this guideline, recent experiences in the hazard and risk assessment of some specific
81 preparations such as genotoxicity risks associated with furocoumarins in *Angelica archangelica* L.
82 containing preparations (2) or herbal preparations containing asarone, methyleugenol and safrole
83 (3, 4, 5) have been taken into account.
84

85 **3. LEGAL BASIS**

86 Guidelines for genotoxicity testing of pharmaceuticals have been established by OECD, ICH and
87 EMEA committees. Testing of medicinal products involves a battery of genotoxicity tests, in which
88 pro- and eukaryotic systems in *in vitro* and *in vivo* experimental setups with and without metabolic

89 activation are employed (6, 7, 8, 9, 10). A specific CHMP/SWP guidance (11) addresses the
90 situation of well-established ("old") substances where complete data may not be available in all
91 cases. In the HMPC 'Guideline on non-clinical documentation for herbal medicinal products in
92 applications for marketing authorisation (bibliographical and mixed applications) and in
93 applications for simplified registration' (12) a step-wise procedure for assessing genotoxicity of
94 HMPs was established. The basic requirement is to assess genotoxicity initially in a bacterial
95 reverse mutation test using a test battery of different bacterial strains and metabolic activation. If
96 positive results cannot be clearly attributed to specific constituents with a well-established safety-
97 profile for example quercetin additional *in vitro*, e.g. mouse lymphoma cell assay, and, if
98 necessary, *in vivo* studies were proposed.

99 For clarification, it is of importance to explain why the regular testing procedure for synthetic
100 medicinal products needs to be adapted to the specific situation of such HMPs that have a well-
101 established or traditional use. First of all, the stepwise approach presented in this guideline takes
102 into account the fact that HMPs are mixtures of natural substances for which some background
103 exposure through food and other environmental factors can be expected. In those cases the
104 exposure to these constituents can *a priori* not be avoided or the contribution of the HMPs to the
105 general exposure may be not relevant. Secondly, HMPs are indicated for the use in relatively minor
106 health complaints for short durations, i.e. the use is mostly sporadic and/or intermittent. Thus the
107 exposure, *vis-a-vis* the natural background exposure to dietary constituents, probably remains in
108 most cases relatively low.

109
110 It is also important to stress that pharmacovigilance is incapable of detecting genotoxicity and
111 pharmacovigilance observations or documented long-standing use cannot be used as evidence for
112 absence of genotoxic risks.

113

114 4. MAIN GUIDELINE TEXT

115 4.1 Testing strategy

116

117 The stepwise testing process described below is also presented in the form of a decision tree
118 (Figure 1) which should be read in conjunction with the text.

119

120 It is recognised that a single test, i.e. the Ames test, in the first step cannot cover all genotoxic
121 endpoints and thus a significant sphere of genotoxic potential, e.g. in relation to chromosomal
122 damage, remain untested. However, on the other hand, *in vitro* bacterial reverse mutation test
123 systems are likely to cover the majority of "critical" endpoints, i.e. DNA-reactive herbal
124 substances. The stepwise approach described below represents a pragmatic approach to address
125 both scientific aspects of genotoxicity testing and the special needs of HMPs within the current
126 regulatory framework applicable for these products.

127

128 Step 1: The Ames test

129 In general, the Ames test should be performed and interpreted in conformity with existing OECD
130 and EU guidelines (see section 'References'). Briefly, a set of different Salmonella typhimurium
131 strains (e.g. TA1537, TA1535, TA98, TA100, TA 102 or E.coli WP2 uvrA) with various mutations
132 present in a certain amino acid synthesising gene is incubated in the presence of the studied
133 substance/preparation and metabolic activation system (usually rat liver S9 mix containing induced
134 drug-metabolising enzymes). Chemical-induced mutations which restore the functional capability
135 of the bacteria to synthesise an essential amino acid ('revertants') are counted. The purpose of this
136 test is to reveal the mutagenic potential of a substance in a prokaryote organism and whether the
137 reactive metabolite is a product of metabolic activation by mammalian enzymes.

138

139

140 Scenario 1: Negative test result

141 If the test were considered to have been performed according to the ICH guidelines (6, 7) and the
142 result is unequivocally negative, no further genotoxicity testing is required on the basis of HMPC
143 non-clinical guideline (12). A negative test result fulfils the genotoxicity testing requirements for

144 including a herbal substance or preparation in the Community list of herbal substances,
145 preparations and combinations thereof for use in traditional herbal medicinal products.
146

147 **Scenario 2: Equivocal test result**

148 Genotoxicity result, which is very weak or not consistent regarding the usual positive response in
149 the test, deserves special considerations. The first option is to repeat the test to reveal whether the
150 test outcome is the same as in the original experiment. In all cases, a proper assessment involves a
151 survey of at least the following considerations: Is the response dose-dependent or does it exhibit
152 unusual or irregular features with regard to concentration? Are there indications that the
153 preparation affects the growth of test organisms, thus preventing the detection of genotoxic
154 constituents? The final assessment should be conducted via a thorough and transparent
155 consideration of the test outcome in the light of test material and test conditions.
156

157 **Scenario 3: Positive test result**

158 If the test outcome is judged clearly positive, the next step is dependent on whether some known
159 genotoxic compounds are present or not in the herbal substance or preparation.
160

161 Need of proceeding to step 2 is dependent on the assessment of the result, taking all information
162 about the substance or preparation into consideration.
163

164 **Step 1a: A well-characterized and assessed genotoxic substance is identified to be responsible 165 for genotoxic activity**

166 If a well-known genotoxicant is identified and quantified in the preparation and if there an
167 internationally acknowledged risk assessment on this well-known genotoxicant (e.g. quercetin) is
168 available, it may be used as a basis of the genotoxicity risk assessment of the HMPs. In this case,
169 the most important factor is to determine the potential exposure scenario in the light of the assessed
170 toxicity risk to humans. The concentration of the identified genotoxicant in the preparation should
171 be measured as a pre-condition for risk assessment, as outlined in step 4.
172

173 **Step 1b: Genotoxic response cannot be attributed to any specific constituents**

174 If there is no knowledge about the active principle(s), the herbal substance or preparation has to be
175 studied in a step 2 test.
176

177 **Step 2: Mouse lymphoma assay or other mammalian cell assay**

178 In general, the mouse lymphoma assay should be performed and interpreted in conformity with
179 existing OECD and EU guidelines (see section ‘References’). Briefly, L5178Y mouse lymphoma
180 cells in culture are exposed to a compound or preparation under study and gene mutations in
181 thymidine kinase gene are detected. A purpose is primarily to confirm or refute the positive finding
182 in the Ames test, i.e. the ability of a substance to induce gene mutations (“large colonies”) in a
183 mammalian cell line. Additionally, mouse lymphoma assay might give information on the ability of
184 a herbal substance or preparation to cause chromosomal damage (“small colonies”).
185

186 If other mammalian cell assays such as the CHO, CHO-AS52 and V79 lines of Chinese hamster
187 cells, or TK6 human lymphoblastoid cells are employed for genotoxicity tests, their use has to be
188 justified.
189

190 If the test result is negative, no further testing is required. Still the positive test result in the Ames
191 test has to be fully addressed in the assessment report.
192

193 If the test result is positive for chromosomal damage (“small colonies”) the relevance of the finding
194 should be thoroughly assessed as it is known that the mouse lymphoma assay can give biologically
195 irrelevant findings, e.g. in relation to conditions of high cytotoxicity (13).
196

197 If the test result is unequivocally positive and considered relevant either in gene mutation or
198 chromosomal damage, it is advisable to proceed to step 3.
199

200 In some special circumstances, e.g. when an herbal preparation is known to contain a compound or
201 compounds, or their close analogues, with chromosomal damaging properties, it may be advisable
202 to perform the *in vitro* micronucleus test in mammalian cells in culture [see the OECD (draft)
203 guideline (14)].

204
205 If the test result is unequivocally positive, it is advisable to proceed to step 3.
206

207 **Step 3: Mouse micronucleus test or other *in vivo* genotoxicity tests**

208 In general, the mouse micronucleus test should be performed and interpreted in conformity with the
209 existing OECD and EU guidelines (see section 'References'). Briefly, mice are treated with a
210 compound or preparation under study in an appropriate vehicle and via appropriate route of
211 administration, and micronuclei in bone marrow or peripheral blood cells are counted. The purpose
212 of the micronucleus assay is to identify agents that cause structural and numerical chromosome
213 changes in *in vivo* condition, i.e. a living mammal.

214
215 If other mammalian *in vivo* tests are employed for genotoxicity tests, their use and comparability
216 has to be justified.

217
218 If the test result is negative, no further testing is required. Still the positive test results of Step 1 and
219 2 tests have to be fully addressed in the expert report supporting the marketing
220 authorisation/registration application.

221 222 **Step 4: Risk assessment considerations**

223 **Toxicological background**

224 Current regulatory practice concerning pharmaceuticals assumes that genotoxic compounds have
225 the potential to damage DNA at any level of exposure and thus there is no discernible threshold and
226 any level of exposure carries a risk. However, it has been increasingly recognised that there may be
227 practical thresholds and that linear extrapolation from high *in vitro* or animal concentrations to low
228 human exposures is scientifically questionable. It is equally difficult to experimentally prove both
229 the existence of threshold for the genotoxicity and the linearity of genotoxic response at extremely
230 low exposures. For these reasons, it may be prudent to adopt approaches, which involve a concept
231 of a level of exposure that carries an acceptable risk.

232
233 As already stated above, pharmacovigilance and long-standing use cannot be used as evidence for
234 absence of genotoxic risks

235
236 It is not possible to recommend a single specific approach to perform risk assessment. The standard
237 uncertainty (safety) factor approach, which is a common practice in toxicology, is probably
238 unsuitable for genotoxicity (and carcinogenicity) in the majority of cases. The margin of exposure
239 approach for the risk assessment of genotoxic and carcinogenic compounds (comparison on the
240 animal experimental dose-response curve divided by the estimated intake by humans), which is
241 recommended by the EFSA Scientific Committee on Food (15), is probably not applicable for
242 HMPs, because this approach is based on available carcinogenicity data, which is usually lacking in
243 case of HMPs. If such data are available, the EFSA Committee is of the opinion that a compound
244 with a calculated margin of exposure of 10,000 or higher would be of low health risk.

245 246 **Risk assessment by the Threshold of Toxicological Concern (TTC)**

247 Risk assessment schemes have originally been developed for identified single chemicals or well-
248 characterized mixtures of chemicals. If an herbal preparation contains an identifiable genotoxic
249 compound, the TTC approach could be applied. Recently, the CHMP has published a guideline on
250 genotoxic impurities in pharmaceutical preparations (16). Although genotoxic constituents in
251 herbal preparations are not impurities, this guideline offers an example of an approach which may
252 be useful for the assessment of herbal preparations. In the absence of data usually needed for the
253 application of one of the established risk assessment methods, implementation of a generally
254 applicable approach as defined by the TTC is proposed (17, 18). A TTC value of 1.5 µg/day intake
255 of a genotoxic impurity is considered to be associated with an acceptable risk (excess cancer risk of
256 <1 in 100,000 over a lifetime) for most pharmaceuticals. From this threshold value, a permitted

257 level in the active substance can be calculated based on the expected daily dose. Higher limits may
258 be justified under certain conditions such as short-term exposure periods. The same approach might
259 be considered for genotoxic constituents in herbal substances/preparations, if sufficiently justified
260 by the applicant. Also, higher limits may be applied when the applicant submits additional data and
261 a toxicologically plausible argumentation for the required justification.

262

263 **Genotoxic substances with threshold**

264 If a genotoxic substance is a compound with a demonstrated threshold mechanism, permissible
265 exposure levels without appreciable risk of genotoxicity can be established according to the usual
266 procedure employing the No Observable Effects Level (NOEL) from the most relevant (animal)
267 study applying uncertainty factors, if available. Examples of mechanisms of genotoxicity that may
268 be demonstrated to lead to non-linear or threshold dose-response relationships include interaction
269 with the spindle apparatus of cell division leading to aneuploidy, topoisomerase inhibition,
270 inhibition of DNA synthesis, overloading of defence mechanisms, metabolic overload and
271 physiological perturbations (e.g. induction of erythropoiesis, hyper- or hypothermia).

272

273 **The identification and quantification of the genotoxic constituent**

274 Herbal preparations being complex mixtures with partially unidentified components, it is quite
275 possible that the compound(s) responsible for genotoxicity is(are) still not identified at the end of
276 the testing protocol. There are no established ways to perform risk assessment of genotoxicity due
277 to unidentified substances in herbal preparations. The usual procedure for toxicity testing and risk
278 assessment of mixtures consists in isolation and identification of various principal constituents and
279 testing of the isolated compounds individually. This is a recommended option for clearly genotoxic
280 HMPs, because this approach would provide relevant and reliable information for risk assessment.
281 However, because isolation and identification may require long times and extended efforts, the
282 initial risk assessment should be performed on the basis of the above testing strategy. On the basis
283 of these results and a careful consideration of benefits and risks a marketing authorisation with the
284 obligation to complete some additional tests may be considered. A risk from administration of an
285 HMP might be accepted if its contribution to the overall exposure through food is considered to be
286 small (see also paragraph below 'Exposure considerations').

287

288 **Exposure considerations**

289 Because many herbal substances and preparations are derived from plants which are also used as
290 food, it is apparent that exposure to various herbal constituents can also occur via diet. It is clear
291 that amounts and ratios of these constituents vary enormously, depending on individual and
292 population dietary preferences. For a proper risk assessment, dietary exposures should be assessed
293 and quantified, as far as possible, and comparative assessment of exposures via diet and herbal
294 substances and preparations consumption should be performed. In many cases it may be advisable
295 to contact dietary health risk assessing bodies for information and/or discussion of risk assessment
296 considerations.

297

298 **4.2 Specific considerations related to herbal medicinal products**

299

300 **Problems with complex mixtures**

301 In the interpretation of the test, the fact that HMPs are complex mixtures may pose technical
302 difficulties for their reliable genotoxicity assessment. An analogous precedent in some respects is
303 industrial and environmental mixtures and pollutants, which are challenging to test in *in vitro* and
304 *in vivo* systems. However, experience with these complex mixtures may aid in devising approaches
305 to test HMPs. For example, complex mixtures may contain compounds, which affect, enhance or
306 inhibit the growth of bacteria. They may contain radical scavengers, which trap reactive
307 intermediates produced by the S9 mix enzymes. It is difficult to give unequivocal rules for
308 genotoxicity testing of complex mixtures. Rather, the test interpreter has to present reasonable and
309 transparent argumentation, which led to the proposed test result interpretation.

310

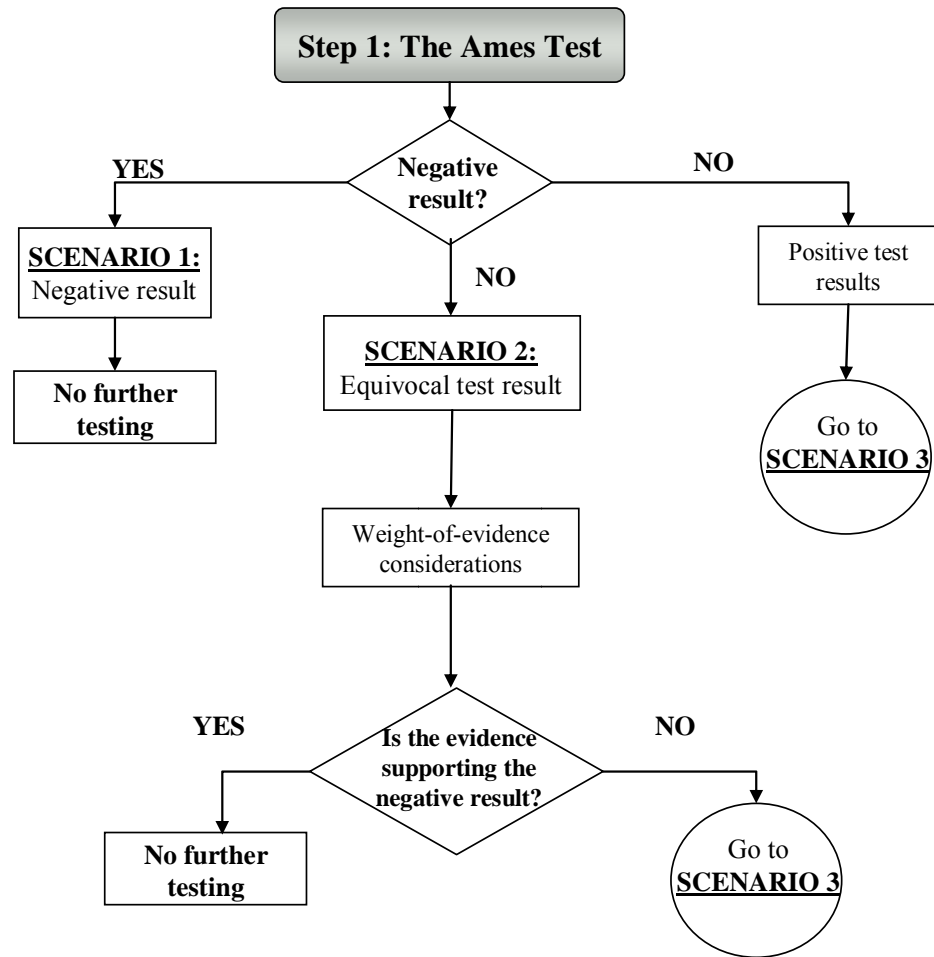
311 **Interpretation of the test result for related preparations**

312 Herbal preparations display some variability between batches due to their complex nature and a
313 question arises whether additional testing might be needed. If variability between batches is within
314 accepted quality specifications, there is no need to perform additional tests unless there is cause for
315 concern with respect to genotoxicity.

316
317 Another consideration needs to address preparations, which contain basically the same herbal
318 substance, but have been prepared by another extraction technique or using a different extraction
319 solvent. For those situations it advised to adopt a case-by-case approach, in which a thorough and
320 transparent assessment is made taking into consideration all the different factors, which might
321 affect the test result. Such an extrapolation beyond closely related preparations such as extracts
322 prepared with ethanol/water mixtures of different concentration, might become possible when more
323 studies on different preparations of the same herbal substance have been submitted and assessed.

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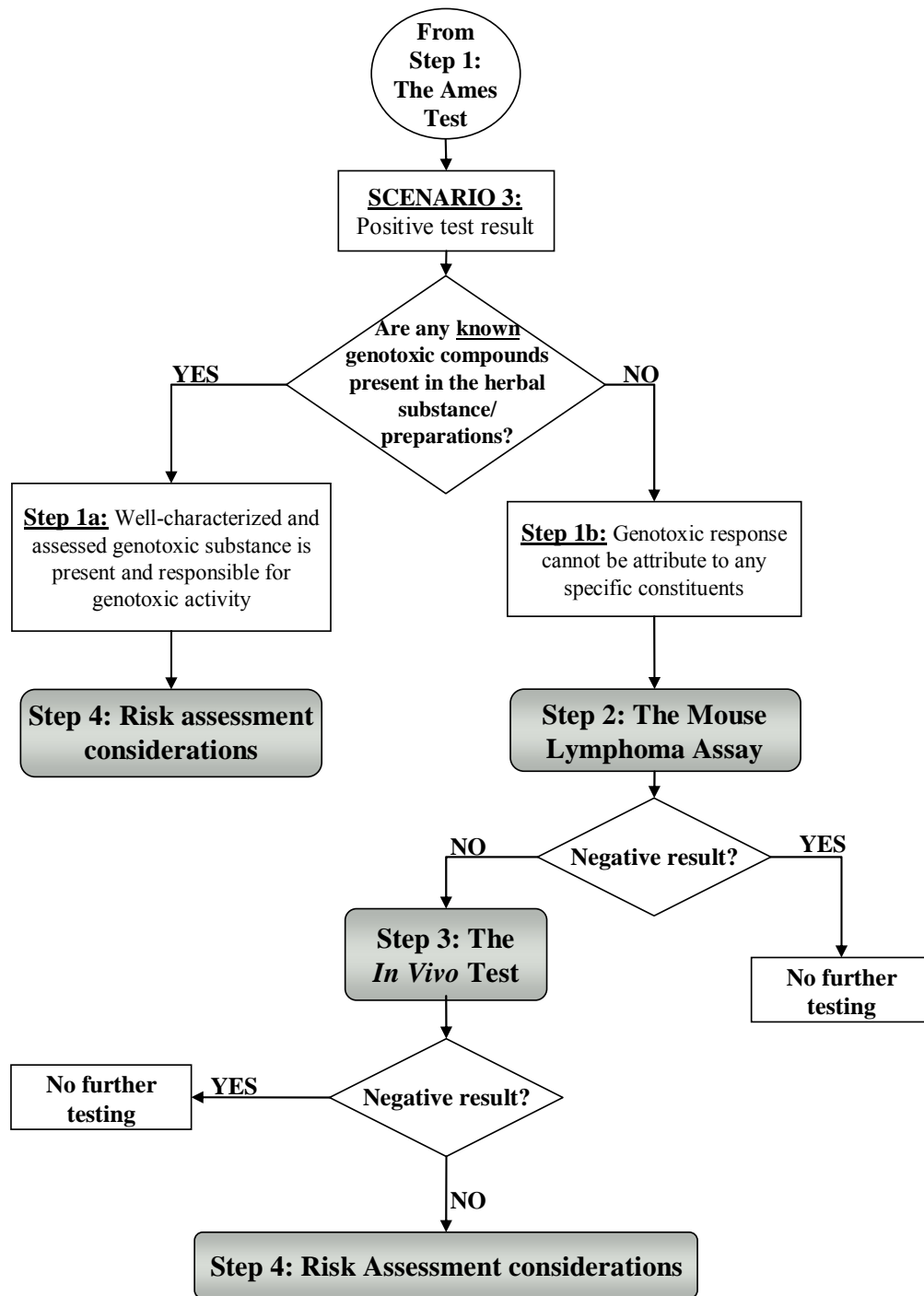
Figure 1. A decision tree on the assessment of genotoxicity of herbal preparations.



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Figure 1. A decision tree on the assessment of genotoxicity of herbal preparations. (cont.)



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333 **5. DEFINITIONS**

334 For definitions reference is made to the relevant guidelines on pre-clinical and clinical safety (see
335 below).
336

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