VKM

Vitenskapskomiteen for mat og miljø

Norwegian Scientific Committee for Food and Environment

Use of epidemiological studies in a benefit and risk assessment of fish intake by VKM

Christine L. Parr, PhD Senior advisor, epidemiology, VKM Secretariat <u>ChristineLouise.Parr@vkm.no</u> www.VKM.no







VKM Report 2022: 17

Benefit and risk assessment of fish in the Norwegian diet

Scientific Opinion of the Steering Committee of the Norwegian Scientific Committee for Food and Environment

https://www.vkm.no/english

About VKM

- Part of the national government administration, provides different agencies with risk- or benefit/risk assessments, and other science-based evidence
- Our main commissioners
 - Food Safety Authority
 - Environment Agency
 - (Medicines Agency- if GMO involved)
 - (Directorate of Health)
- Focal point for the European Food Safety Authority (EFSA)





European Food Safety Authority



Background for fish report

- Fish an important source of nutrients and contaminants
- National dietary guideline for fish intake in Norway questioned after EFSA lowered the tolerable weekly intake (TWIs) of dioxins and dioxin-like PCBs (dI-PCBs) in 2018¹
 - Critical health effect: reduced semen quality
- Perfluorinated alkylated substances (PFASs) in 2020²
 - Critical health effect: reduced vaccine response in children
 - 1. EFSA Panel on Contaminants in the Food Chain (2018): *Risk for animal and human health related to the presence of dioxins and dioxin-like PCBs in feed and food.* EFSA J, 2018. **16**(11): p. e05333.
 - 2. EFSA Panel on Contaminants in the Food Chain (2020): *Risk to human health related to the presence of perfluoroalkyl substances in food.* EFSA J, 2020. **18**(9): p. e06223.



Terms of reference – Norwegian food safety authority

To estimate health consequences for the Norwegian population if fish intake:

1) remains at current level

2) increases to meet recommendations by the Directorate of Health

Current recommendation:

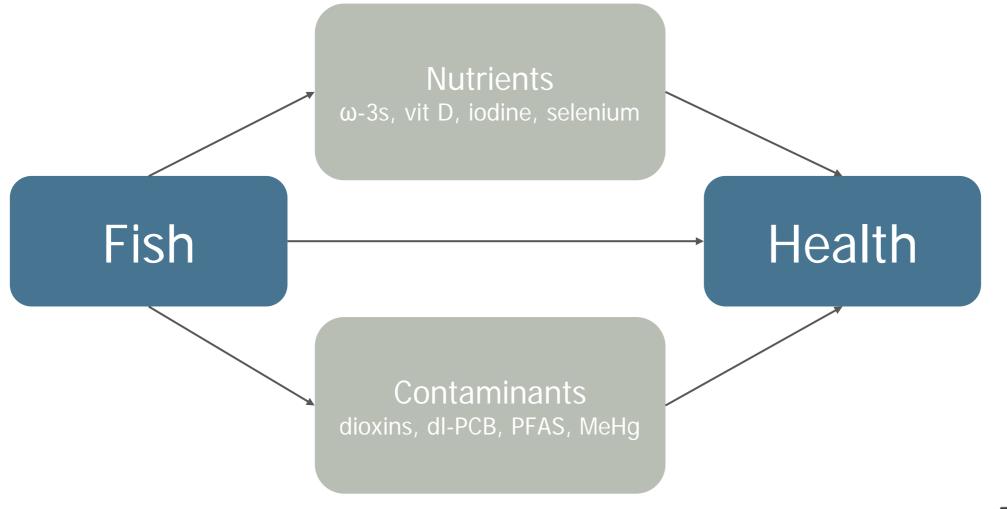
- Eat fish for dinner 2-3 times/week, use fish as spread on bread
- Around 300-450 g/week in adults, min 200 g should be fatty fish

VKM have used 3 scenarios:

• 150, 300, and 450 g/week vs. current intake



Fish – integrates nutrients and contaminants



VKM

How did we use epidemiological studies?

- In the benefit/risk identification and characterization
- Systematic literature review (SLR) of epi-evidence on health outcomes for
 - Fish intake: primary studies and SLRs; high-low meta-analysis (pooled RR)
 Nutrients in fish (omega-3 fatty acids, vit D, iodine, selenium): SLRs only
- Contaminants in fish (dioxins, dI-PCB, PFAS, MeHg): epi-evidence evaluated by EFSA when setting tolerable weekly intakes (TWI)
- For outcomes graded «probable» (or higher) for causal effect,
 - Meta dose-response figures from SLRs used for modelling impacts of changes in fish intake on disease incidence or mortality



Health outcomes summarized for fish intake in VKM report

Mortality all-cause, cause specific (adults)	Cardiovascular diseases incidence and mortality (adults)	Cognition, cognitive decline (adults)	Type 2 diabetes (adults)			
Hip fractures (adults)	Rheumatoid arthritis (adults)	Multiple sclerosis (adults)	Birth outcomes (preterm birth, SGA, LBW)			
Mental disorders, e.g. autism, ADHD (children)	Neurodevelopment (children)	Asthma and allergies (children)	Weight/overweight/ body composition (children, adults)			
Cancer (World Cancer Research Fund 2018)Semen quality and male fertility (empty review)Vaccine response (empty review)						

Amount of literature on health outcomes

- Primary studies on fish intake (inception to Oct 2021):
 - Around 26 000 screened by title/abstract
 - Around 350 quality assessed
 - 270 included (1%)
- Review studies on fish intake (from 2016 to Oct 2021):
 - Around 800 screened by title/abstract
 - Around 60 quality assessed
 - Around 40 included (5%)
- Review studies on nutrient intakes (ω-3s, vit D, iodine, selenium) from 4 searches:
 - Around 2000 screened by title/abstract
 - Around 80 quality assessed
 - Around 40 included (2%)

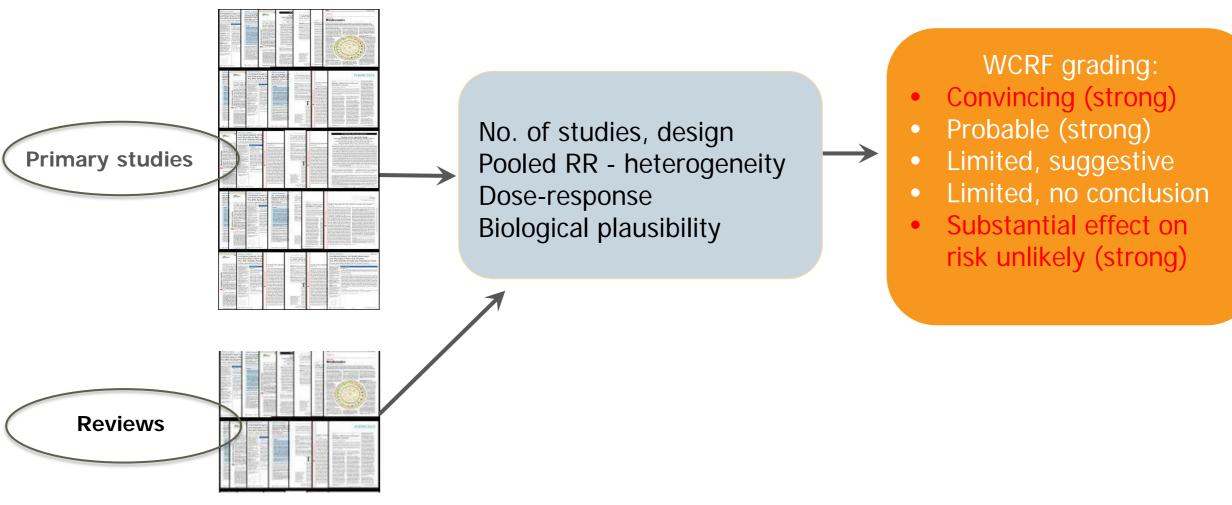


Quality assessment/risk of bias (RoB)

- Systematic reviews
 - AMSTAR tool
- Primary studies
 - Cross-sectional design used as exclusion criteria, no RoB
 - Templates from Nordic Nutrition Recommendations (NNR) 2012 for
 - Case-control
 - Prospective cohort
 - Nested case-control
 - RCT
 - Overall grade A, B or C. Studies graded C were excluded.



Grading of evidence – WCRF criteria (2018)



WCRF = World Cancer Research Fund

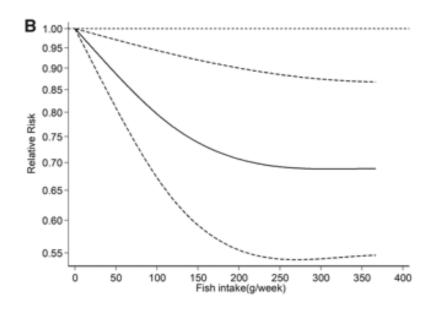
VKM

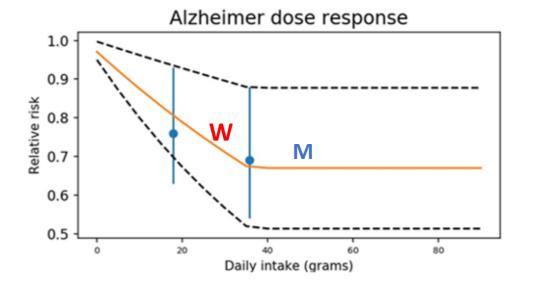
Modelling example – fish intake and Alzheimer's

Meta-dose response analysis (7 studies) by Kosti 2022:

Weighted mixed-effects model with restricted cubic splines, 3 knots at fixed percentiles of fish intake)

Loglinear model fitted to the reported relative risks





Kosti et al. 2022: *Nutrition Reviews*, Volume 80, Issue 6, June 2022, p 1452

Current mean population fish intake: Men= 50 g/d, Women = 34 g/d **Example:** Potential impact fractions (PIF) or percent change in annual number of new cases estimated for change in fish intakes from the current intake to 150, 300 or 450 g/week

Health outcome	Men (350 g/wk)			Women (238 g/wk)		
	Scenario 1 150 g/wk	Scenario 2 300 g/wk	Scenario 3 450 g/wk	Scenario 1 150 g/wk	Scenario 2 300 g/wk	Scenario 3 450 g/wk
Alzheimer's	16% (5.2, 28)	0% (0, 0)	0% (0, 0)	13.95% (4.6, 24.2)	-1.76% (-2.9, -0.6)	-1.76% (-2.9, -0.6)
New cases (70-90+ yrs)	+416	0	0	+481	-61	-61

- The numbers in brackets indicate the estimated PIF using the lower and upper limits of the 95% confidence intervals around the relative risks.
- A negative sign indicates an expected percentwise decrease in number of cases



Some challenges in assessment

- Different body of epi evidence on fish, nutrients and contaminants
 - Differences in study designs, health outcomes and population groups
 - E.g. mostly observational studies for fish intake, and mostly RCTs for nutrients (dietary supplement intake)
 - How to weigh benefits and risk considering these differences
- Large body of evidence for fish/nutrients and health
 - How to synthesize evidence from multiple/independent reviews
 - RoB assessment becomes very time consuming



Which RoB tools should we use in future assessments?

- Nordic Nutrient Recommendations 2023 implemented other tools*
 - RCTs: RoB 2 from Cochrane
 - Nutrition Observational Studies: (RoB-NObS) from the USDA
 - Nutrition Evidence Systematic Review team
 - Non-randomized intervention studies: ROBINS-I
 - (ROBINS-E for effects of exposure not available at the time)
- Other options
 - OHAT (US National Toxicology Program)
 - raROB (BfR)

*Arnesen EK et al. The Nordic Nutrition Recommendations 2022 - handbook for qualified systematic reviews. Food Nutr Res. 2020 Jun 18;64. PMID: 32612492



Acknowledgement - project group:

- Lene Frost Andersen (scientific leader)
- Bente Mangschou (project leader)
- Kirsten Rakkestad (project leader)
- Paula Berstad
- Barbara Bukhvalova
- Monica Carlsen
- Lisbeth Dahl
- Anders Goksøyr
- Lea Sletting Jakobsen
- Helle K Knutsen
- Ingrid Kvestad
- Inger Therese Lillegaard
- Haakon E Meyer
- Maarten Nauta
- Christine L Parr

- Josef D Rasinger
- Sayantan Sengupta
- Guri Skeie
- Jostein Starrfelt
- Sofie Thomsen
- Stine M Ulven





VKM

Vitenskapskomiteen for mat og miljø

Norwegian Scientific Committee for Food and Environment

Thank you for your attention!

