



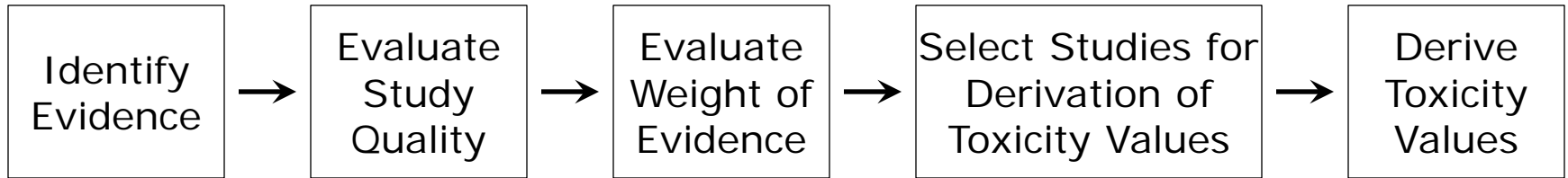
Recent Improvements in IRIS

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Improving IRIS Assessments through Systematic Review

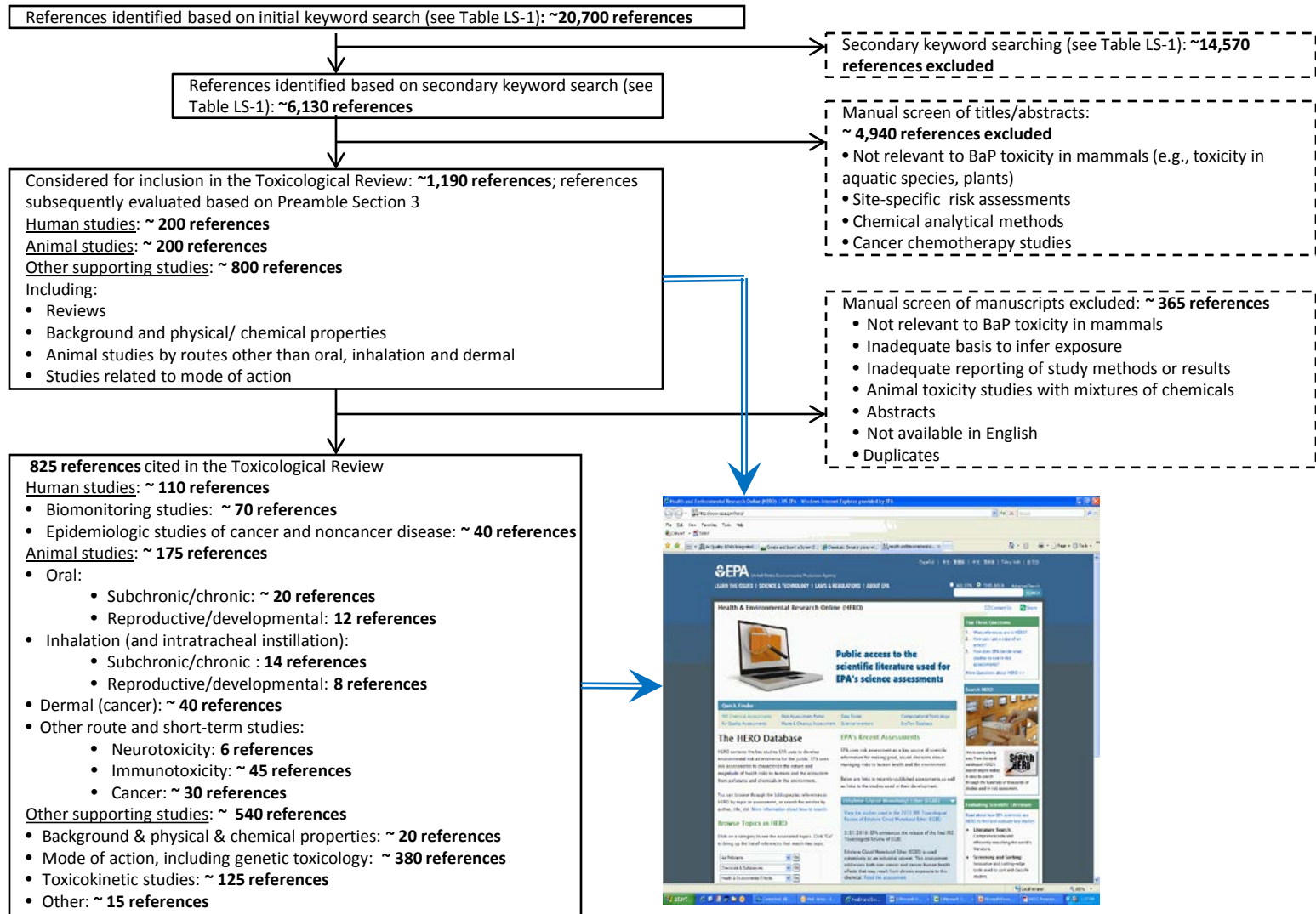


Source: Adapted from NRC (2011) Figure 2-1

- IRIS assessments are adopting the principles of systematic review
- Greater use of tables and figures for clarity
- Plain-language summary of key conclusions



Example: Identifying and Selecting Pertinent Studies



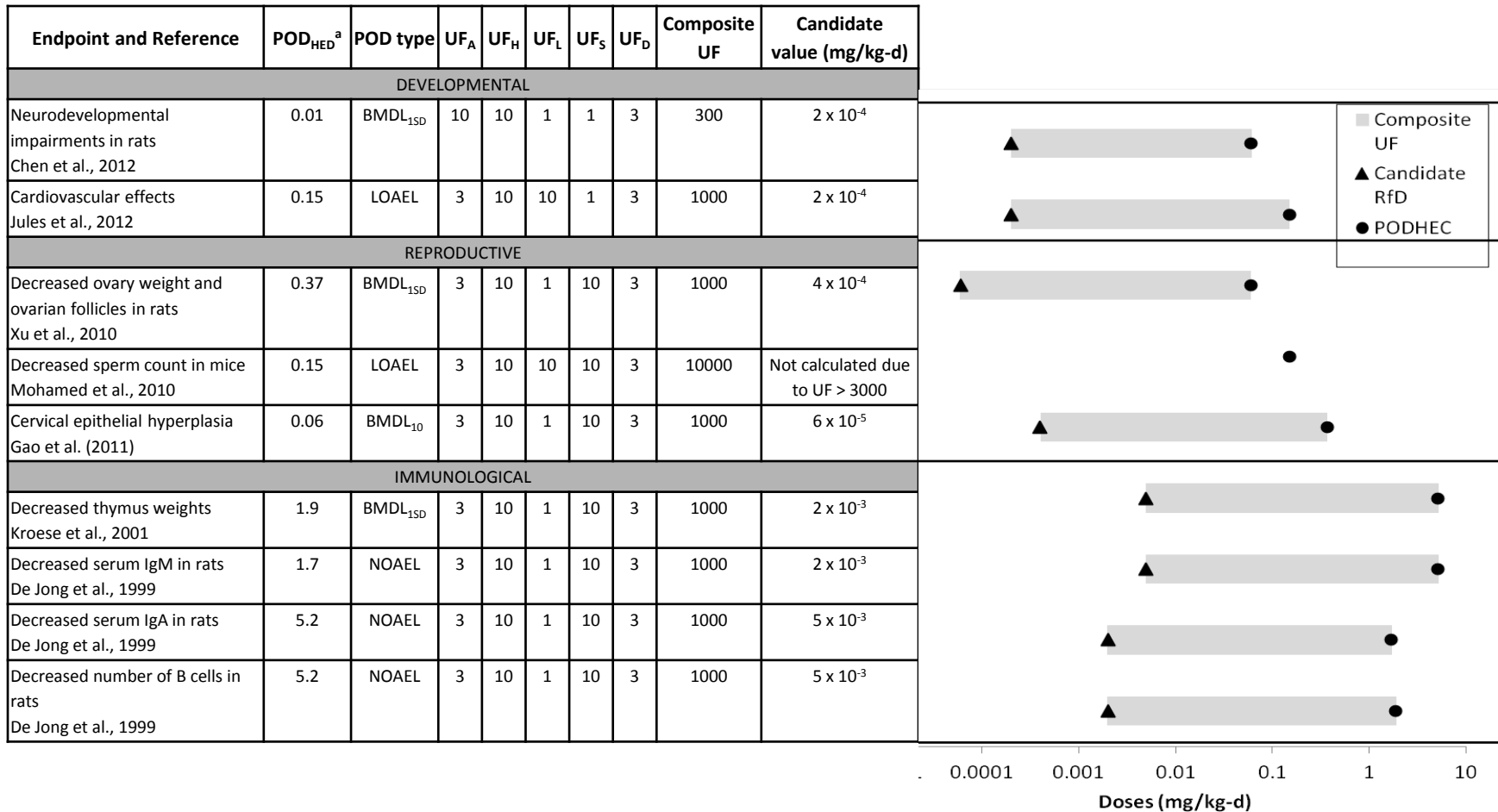


Example: Evaluating the Quality of Individual Studies

Diethyl Phthalate – Anogenital Distance Studies (Draft)							
Reference	Exposure Measure and Range	Outcome classification	Participant Selection and Comparability	Consideration of Likely Confounding	Completeness of results	Adequate Sample Size	Additional Comments - Limitations in Confidence in Results
Suzuki et al., 2011	Maternal urine (9 – 40 weeks; mean 29 weeks), MEP, 75th percentile = 32 ng/mL	Anogenital distance , measured at birth (1-3 days); blinded to exposure	Japan. Birth cohort; 120 of 344 enrollees excluded because did not delivery at study hospital. Internal comparison group.	Gestational age, birth order, maternal age, maternal smoking and environmental tobacco smoke exposure (stepwise regression); Used SG-corrected urine concentrations	Described as not associated (details not reported)	n = 111 male infants	Relatively low, narrow exposure range. Unclear if approach to dilution adjustment is optimal
Swan 2008; Swan et al., 2005	Maternal urine (3rd trimester), MEP, 75th percentile = 437 ng/mL	Anogenital distance, measured at ages 0 - 36 months; assessors blinded to exposure but no information on agreement between sites / raters	United States (3 sites). Birth cohort; 21 of 172 enrollees excluded because exam not considered reliable (child too active); 2 declined interview); other exclusions based on lack of urine sample. Internal Comparison group	Adjusted for weight percentile and age	Percent change per interquartile increase in metabolite and p-value; also presented as metabolite distribution by 3 categories of anogenital distance	n =106 boys	Is age-size adjustment adequate (considering potential temporal changes in exposure)? No adjustment for urine dilution in model



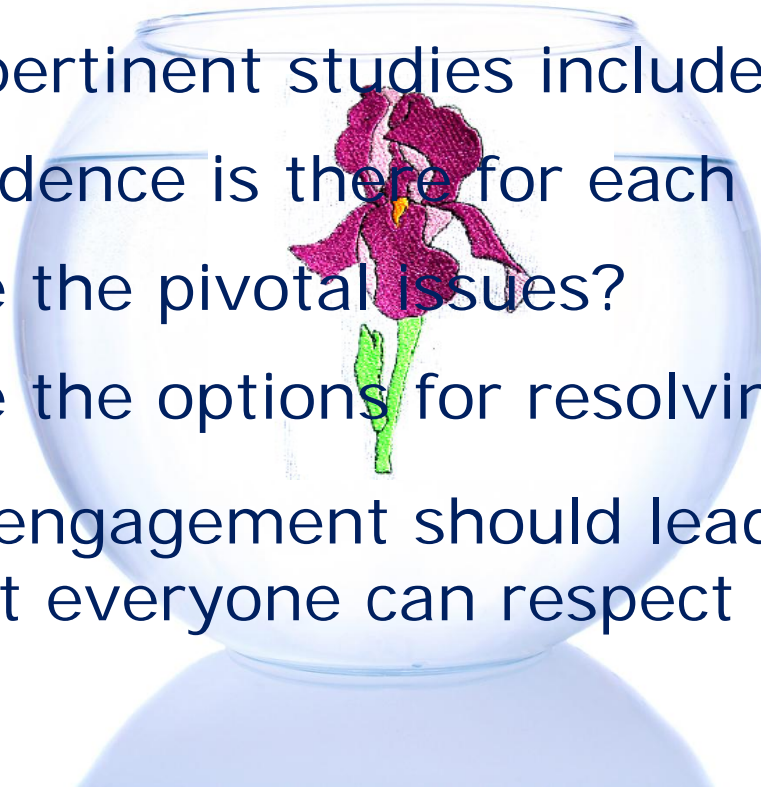
Example: Deriving Toxicity Values





Improving IRIS Assessments through Early Public Engagement

- Public engagement will occur early during draft development
 - Are the pertinent studies included?
 - What evidence is there for each health effect?
 - What are the pivotal issues?
 - What are the options for resolving the issues?
- Early public engagement should lead to an outcome that everyone can respect





Ensuring High-Quality Assessments through Improved Peer Review

- Peer review panels will be larger
- In pivotal areas, there will be multiple experts to provide different perspectives
- EPA will post the names of potential reviewers and ask for comment on their expertise and conflicting interests



Summary

Improved product	IRIS assessments are becoming more clear, more concise, more systematic
Improved process	IRIS is committed to early public engagement during draft development
Improved peer review	More transparent peer review should ensure impartiality and high scientific quality
Improved throughput	We invite your suggestions for how to complete more assessments in less time

Thank you for participating today!