

Section A6.5 **Repeated dose toxicity****Annex Point**
IIA6.3 / 6.4 / 6.5*Long-term toxicity, oral, rat*

3.2.5	Age/weight at study initiation	6 weeks / 90 to 120 grams
3.2.6	Number of animals per group	50 males and 50 females / group
3.2.7	Control animals	Yes
3.3	Administration/ Exposure	Oral
3.3.1	Duration of treatment	104 weeks
3.3.2	Frequency of exposure	Daily
3.3.3	Postexposure period	9 weeks recovery period
3.3.4	<u>Oral</u>	
		In drinking water
3.3.4.1	Type	
		0, 2.5 or 5% in drinking water (distilled water)
3.3.4.2	Concentration	
		Drinking water
3.3.4.3	Vehicle	
		0, 2.5 or 5% in drinking water
3.3.4.4	Concentration in vehicle	
		Not applicable
3.3.4.5	Total volume applied	
		Drinking water without test substance
3.3.4.6	Controls	
3.4	Examinations	
3.4.1	Observations	Daily
		Yes, daily
3.4.1.1	Clinical signs	
		Yes, daily
3.4.1.2	Mortality	
3.4.2	Body weight	Yes, once a week for the first 13 weeks, and every 4 weeks thereafter
3.4.3	Food consumption	Not reported
3.4.4	Water consumption	Yes, three times a week
3.4.5	Ophthalmoscopic examination	Not reported
3.4.6	Haematology	Yes on all surviving rats at week 113 No details reported
3.4.7	Clinical Chemistry	Yes, on all surviving rats at week 113 No details reported

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3.4.8	Urinalysis	Not reported
3.5	Sacrifice and pathology	
3.5.1	Organ Weights	Yes on all surviving rats at week 113 Including kidney, brain
3.5.2	Gross and histopathology	Yes on all surviving rats at week 113 Including pituitary gland, thyroid gland, adrenal gland, pancreas, haematopoietic organs, testis, prostate, mammary gland, uterus, vagina, ovary, lung, heart, tongue, forestomach, large intestine, liver, kidney, urinary bladder, skin/subcutis, preputial/choral gland, brain, thoracic cavity and., abdominal cavity
3.5.3	Other examinations	Carcinogenicity: see under A6.7
3.5.4	Statistics	Statistical analyses were performed using Fisher's exact probability test and/or the chi-square test. Also the age-adjusted statistical test recommended by Peto et al (1980) was used.
3.6	Further remarks	None
4 RESULTS AND DISCUSSION		
4.1	Observations	
4.1.1	Clinical signs	Results not reported.
4.1.2	Mortality	First mortalities occurred after 56 weeks. For females the mortality rate in the highest dose group (5%) was slightly higher than those in the other two groups; not statistically significant.
4.2	Body weight gain	A dose-dependent inhibitory effect on the growth of rats was observed. Compared with the controls a 13% decrease in body-weight gain was observed in both male and female rats of the high-dose group (5%).
4.3	Food consumption and compound intake	Not reported
4.4	Ophthalmoscopic examination	Not reported
4.5	Blood analysis	
4.5.1	Haematology	No specific dose related changes were observed
4.5.2	Clinical chemistry	No specific dose related changes were observed
4.5.3	Urinalysis	Not reported

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Females in the high dose group exhibited slightly but significantly higher kidney weights compared with controls. However, histologically there was no difference in the severity of chronic nephropathy between different groups. No toxic lesions were observed in the kidney.

A significant dose-dependent increase in relative brain weights was observed for both male and female rats, although no histological change was detected.

4.6.2 Gross and histopathology

A number of non-neoplastic lesions (e.g. myocardial fibrosis, bile-duct proliferation, hepatic microgranulomas and chronic nephropathy) were observed in all groups.

4.7 Other

None

5 APPLICANT'S SUMMARY AND CONCLUSION**5.1 Materials and methods**

Published article on a long term carcinogenicity study performed by the National Institute of Hygiene Sciences in Tokyo, Japan. No reference is made to a specific test guideline (i.e. OECD), but study resembles OECD guidelines 453. However, no intermediate examinations are reported. It is not clear if these have been performed. All reported endpoints were examined at termination of the study.

5.2 Results and discussion

No clear toxic lesion could be attributed to long-term exposure to calcium lactate. No significant dose-related increase was found in the incidences of tumours in any organ or tissue.

5.3 Conclusion

The results indicate that calcium lactate had neither toxic nor carcinogenic activity in F344 rats.

5.3.1 LO(A)EL

Not applicable

5.3.2 NO(A)EL

No adverse effects were observed at the highest dose level. Therefore the NOAEL is > 5% (in drinking water).

X

In the article the mean total calcium lactate intake (in grams/rat) is calculated. The 5% dose corresponds with 6254 g/ rat for male rats and 4121 g/rat for female rats. (over 104 weeks? Thus per day: 8.6 g/day (male) or 5.6 g/day (female)

X

5.3.3 Other**5.3.4 Reliability**

2

5.3.5 Deficiencies

Yes, study is not performed according to current guidelines. As it is a literature publication, the reporting is concise and raw data are missing. However, the study has been performed well and can be used for the purpose of this dossier. As calcium lactate was used, effects of calcium should also be taken into account.

Evaluation by Competent Authorities

Use separate "evaluation boxes" to provide transparency as to the comments and views submitted

EVALUATION BY RAPPORTEUR MEMBER STATE

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Date	2008/07/16
Materials and Methods	3.1 The applicant's version is acceptable with the following amendment: As calcium lactate is administered dissolved in water, the results of this study can partly be used for lactic acid considering also calcium effects.
Results and discussion	Applicant's version is acceptable.
Conclusion	LO(A)EL: 5 % calcium lactate in drinking water, based on 13 % decreased decrease in body weight gain NO(A)EL: 2.5 % calcium lactate in drinking water In the article the mean total calcium lactate intake (in grams/rat) is calculated. The 5 % dose corresponds with 625.4 g/ rat for male rats and 412.1 g/rat for female rats. This is per day approx. 880 mg/kg bw/d (male) or approx. 930 mg/kg bw/d (female). 2.5 % intake is estimated to be approx. 464 mg/kg bw/d (male) or 535 mg/kg bw/d (female).
Reliability	2
Acceptability	Acceptable with restrictions
Remarks	The results of this study can only be used as a very rough approximation for a NOAEL for L(+) lactic acid because the effects observed (decrease in food consumption and body weight gain) might be due to high calcium intake, low water/food intake (no data presented in the publication) and/or malabsorption due to local gastrointestinal irritation (provoked by calcium or lactate). Thus, in the view of the RMS, the study seems to be inadequate to use the obtained NOAEL for derivation of reference values.
	COMMENTS FROM ... (specify)
Date	<i>Give date of comments submitted</i>
Materials and Methods	<i>Discuss additional relevant discrepancies referring to the (sub)heading numbers and to applicant's summary and conclusion. Discuss if deviating from view of rapporteur member state</i>
Results and discussion	<i>Discuss if deviating from view of rapporteur member state</i>
Conclusion	<i>Discuss if deviating from view of rapporteur member state</i>
Reliability	<i>Discuss if deviating from view of rapporteur member state</i>
Acceptability	<i>Discuss if deviating from view of rapporteur member state</i>
Remarks	