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**TOX/2006/01
CC/06/01**

**COMMITTEES ON TOXICITY AND CARCINOGENICITY OF CHEMICALS
IN FOOD CONSUMER PRODUCTS AND THE ENVIRONMENT.**

**ROYAL COMMISSION ON ENVIRONMENTAL POLLUTION: CROP
SPRAYING AND THE HEALTH OF RESIDENTS AND BYSTANDERS**

COVERING SUMMARY TABLE OF QUESTIONS FOR DISCUSSION

Advice requested from COT and COC.

1. The COT and COC are asked to
 - i) Consider, based on members expertise and the evidence presented in the RCEP report, whether the conclusions and recommendations reached in respect of health related topics are appropriate (see paras 6.20-6.29 of the report)
 - ii) Derive COT/COC conclusions in relation to the health related questions posed by the RCEP (para 10 below) on the basis of the evidence reviewed and members expertise, and to consider whether these concur with those reached with RCEP.
 - iii) Consider whether any further work by COT/COC/COM should be undertaken with respect to bystander pesticide risk assessment and report any suggestions for further work to the Advisory Committee on Pesticides (ACP).

Questions arising from text of chapter 2 of RCEP report.

(For information on approach used by RCEP see paras 1-11 of covering paper TOX/2006/1)

Section of RCEP report (Annex 1 to TOX/2006/1 in full)	Subject covered	Relevant paras in COT paper and information appended to TOX/2006/1	Question for COT/COC members.
Paras 2.1-2.15 (pages 15-18)	Introduction, health effects attributed to pesticides, acute effects, chronic health effects.	Paras 13-18 of covering paper page 4-5 (Paras 15-61 of appended information, 15-32 regarding acute effects identified through post market monitoring, 33-61 regarding epidemiology for chronic ill health)	Members are asked to consider whether the data base reported by the RCEP is sufficiently robust to form the basis of any conclusions regarding the plausibility of linking acute or chronic ill health to pesticide exposure.
Paras 2.16-2.19 (pages 18-19)	Mechanisms of action of pesticides and possible targets in humans	Para 19, page 6.	What are members' views of this section?

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Paras 2.20-2.26 (pages 19-21)	Epidemiology	Para 21, page 6	What are members' views on this section?
Paras 2.27-2.34 (pages 21-23)	Review of epidemiology studies	Para 23, page 6	What are members' views on this section?
Paras 2.35-2.39, appendix F, G, H) (pages 23-25, and 145-151)	Multi-system disease (Chronic fatigue syndrome, multiple chemical sensitivity)	Para 25-27, page 6-7), two additional papers cited by RCEP on CFS appended as Annex 2.	Should a COT view of the association between chemical exposure and CFS be undertaken? Do members consider a further review of MCS should be undertaken?
Paras 2.40-2.53, page 25-30.	Toxicology, introduction, testing paradigm, uncertainty factors, new technologies and techniques.,	Paras, 28-32, page 7	With regard to the sections on toxicology, what are members' views? In particular do members have any comments on the development of novel animal models for chronic ill health reported by bystanders and residents? (see Annex 2 for references cited by RCEP)
Paras 2.54-2.64 (page 30-33)	Monitoring, introduction, biomarkers of pesticide exposure, US studies, UK studies.	Paras 33-36 (page 7-8)	What are members' views on this section?
Paras 2.65-2.69	Recommendations; human health	Para 38, page 8.	What are members' comments on these recommendations. Do the COT/COC concur with the RCEP? If not, what is the rationale for reaching different conclusions based on the evidence in the RCEP report? What further work would the COT/COC recommend?
Paras 2.70—2.96, appendix J, (pages 35-41, 155-156)	Health effects, monitoring and reporting, Introduction, primary care, reporting public ill health effects of exposure, surveillance of ill health effects from pesticides,	Paras 39-47, Annex 3 for guidance to medical practitioners on approach to patients with chronic symptoms (DH 1996). Example copy of a PIAP report (2004/5), Annex 4	No specific questions on this section. Members asked to comment on recommendations derived from this section.
Paras 2.97-2.107, (pages 41-43)	Recommendations (Health effects and monitoring) and conclusions	Para 48 (pages 11-12)	What are members' comments on these recommendations. Do the COT/COC concur with the RCEP? If not, what is the rationale for reaching different conclusions? What further work would the

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			COT/COC recommend?
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Secretariat January 2006