

## **Cadmium in food**

### **Scientific opinion of the Panel on Contaminants in the Food Chain**

**(Question No EFSA-Q-2007-138)**

**Adopted on 30 January 2009**

#### **SUMMARY**

Cadmium (Cd) is a heavy metal found as an environmental contaminant, both through natural occurrence and from industrial and agricultural sources. Foodstuffs are the main source of cadmium exposure for the non-smoking general population. Cadmium absorption after dietary exposure in humans is relatively low (3–5 %) but cadmium is efficiently retained in the kidney and liver in the human body, with a very long biological half-life ranging from 10 to 30 years. Cadmium is primarily toxic to the kidney, especially to the proximal tubular cells where it accumulates over time and may cause renal dysfunction. Cadmium can also cause bone demineralisation, either through direct bone damage or indirectly as a result of renal dysfunction. After prolonged and/or high exposure the tubular damage may progress to decreased glomerular filtration rate, and eventually to renal failure. The International Agency for Research on Cancer has classified cadmium as a human carcinogen (Group 1) on the basis of occupational studies. Newer data on human exposure to cadmium in the general population have been statistically associated with increased risk of cancer such as in the lung, endometrium, bladder, and breast.

Cadmium bioavailability, retention and consequently toxicity are affected by several factors such as nutritional status (low body iron stores) and multiple pregnancies, preexisting health conditions or diseases.

A health based guidance value for cadmium of 7 µg/kg body weight (b.w.) per week (Provisional Tolerable Weekly Intake (PTWI)) was established previously by the Joint FAO/WHO Expert Committee on Food Additives and endorsed by the Scientific Committee for Food. Although available data indicated that most individuals had intake levels below this PTWI, several international bodies recognised that the margin between this PTWI and the actual weekly intake of cadmium by the general population was small and in some populations may be non-existent.

The Scientific Panel on Contaminants in the Food Chain (CONTAM) was asked by the European Commission to assess the risks to human health related to the presence of cadmium in foodstuffs. To provide an updated assessment of exposure from foodstuffs, about 140,000 data covering the period from 2003 to 2007 on cadmium occurrence in various food

commodities were received from 20 Member States and considered by the CONTAM Panel. The highest cadmium concentrations were detected in the following food commodities: seaweed, fish and seafood, chocolate, and foods for special dietary uses. For most foods only a small percentage of the analysed samples (<5 %) exceeded the maximum level (ML), where specified. Up to 20 % of the samples were above the MLs for celeriac, horse meat, fish, bivalve molluscs other than oysters and cephalopods. Highly contaminated areas may show higher cadmium concentrations in locally produced food and the use of cadmium-containing fertilisers in agriculture increases cadmium concentrations in the crops and derived products.

To assess cadmium dietary exposure, the occurrence data and the consumption data as reported in the EFSA's Concise European Food Consumption Database were used. National food consumption dietary surveys were used to estimate the consumption pattern of specific sub-groups such as vegetarians and children. The food groups that contributed to the major part of the dietary cadmium exposure, primarily because of the high consumption, were cereals and cereal products, vegetables, nuts and pulses, starchy roots or potatoes, and meat and meat products. The mean dietary exposure across European countries was estimated to be 2.3 µg/kg b.w. per week (range from 1.9 to 3.0 µg/kg b.w. per week) and the high exposure was estimated to be 3.0 µg/kg b.w. per week (range from 2.5 to 3.9 µg/kg b.w. per week). Due to their high consumption of cereals, nuts, oilseeds and pulses, vegetarians have a higher dietary exposure of up to 5.4 µg/kg b.w. per week. Regular consumers of bivalve molluscs and wild mushrooms were also found to have higher dietary exposures of 4.6 and 4.3 µg/kg b.w. per week, respectively. Tobacco smoking can contribute to a similar internal exposure as that from the diet. House dust can be an important source of exposure for children.

Cadmium levels in urine are widely accepted as a measure of the body burden and the cumulative amount in the kidneys. The CONTAM Panel carried out a meta-analysis on a selected set of studies to evaluate the dose-response relationship between urinary cadmium and urinary beta-2-microglobulin (B2M). B2M, a low molecular weight protein, is recognised as the most useful biomarker in relation to tubular effects. A Hill model was fitted to the dose-response relationship between urinary cadmium and B2M for subjects over 50 years of age and for the whole population. From the model, a benchmark dose lower confidence limit for a 5 percent increase of the prevalence of elevated B2M (BMDL5) of 4 µg Cd/g creatinine was derived. A chemical-specific adjustment factor of 3.9, to account for inter-individual variation of urinary cadmium within the study populations, was applied, leading to a value of 1.0 µg Cd/g creatinine. Such a value was also supported by data from occupationally exposed workers and by the results of several individual studies using a variety of biomarkers.

A one-compartment model was fitted to a large data set based on non-smoking Swedish women (age range from 58 to 70 years), comprising both measurement of dietary cadmium exposure and urinary cadmium concentration to allow an estimation of the relationship between the two. The dietary cadmium exposure that corresponds to the critical urinary cadmium concentration of 1 µg/g creatinine after 50 years of exposure was then estimated using the model. In order to remain below 1 µg Cd/g creatinine in urine in 95 % of the population by age 50, the average daily dietary cadmium intake should not exceed 0.36 µg Cd/kg b.w., corresponding to a weekly dietary intake of 2.52 µg Cd/kg b.w. The model calculation took into consideration the human variability in absorption rates (1–10 %) so that high absorption rates common in women of reproductive age groups due to high prevalence of low and empty iron stores as well as variations in half-life were included. Because the data used in the dose-response and kinetic modelling relate to an early biological response and a sensitive population, respectively, no adjustment or uncertainty factor was required for

individual variability in susceptibility. Therefore, the CONTAM Panel established a tolerable weekly intake (TWI) for cadmium of 2.5 µg/kg b.w.

The mean exposure for adults across Europe is close to, or slightly exceeding, the TWI of 2.5 µg/kg b.w. Subgroups such as vegetarians, children, smokers and people living in highly contaminated areas may exceed the TWI by about 2-fold. Although the risk for adverse effects on kidney function at an individual level at dietary exposures across Europe is very low, the CONTAM Panel concluded that the current exposure to Cd at the population level should be reduced.

**Key words:** cadmium, food, occurrence, exposure, consumption, biomarkers, beta-2-microglobulin, tolerable weekly intake, risk assessment.