

INTERNATIONAL COUNCIL FOR HARMONISATION OF TECHNICAL  
REQUIREMENTS FOR PHARMACEUTICALS FOR HUMAN USE

**ICH HARMONISED GUIDELINE**

**GUIDELINE FOR ELEMENTAL IMPURITIES**

**Q3D(R1)**

Draft version

Endorsed on 18 May 2018

*Currently under public consultation*

*At Step 2 of the ICH Process, a consensus draft text or guideline, agreed by the appropriate ICH Expert Working Group, is transmitted by the ICH Assembly to the regulatory authorities of the ICH regions for internal and external consultation, according to national or regional procedures.*

**Q3D(R1)**  
**Document History**

<b>Code</b>	<b>History</b>	<b>Date</b>
Q3D(R1)	Endorsement by the Members of the ICH Assembly under <i>Step 2</i> and release for public consultation (document dated 23 February 2018).	18 May 2018
Q3D	Corrigendum to correct: the modifying factor in the text of the safety assessment for Selenium (changed to 2 instead of 10 consistent with Section 3.1); and two references for consistency in the safety assessments for Barium (deleted reference) and Vanadium (revised reference).	16 December 2014
Q3D	Approval by the Steering Committee under <i>Step 4</i> and recommendation for adoption to the ICH regulatory bodies.	12 November 2014
Q3D	Addition of line numbers to facilitate the provision of comments by stakeholders.	30 September 2013
Q3D	Post sign-off minor editorial corrections including: removal of references to Appendix 5 (pgs i & 13); deletion of redundant text (pg 4); change of Option 2 to Option 2a (pg 10); insertion of omitted text under Safety Limiting Toxicity (pg 35); removal of duplicated redundant text (pg 41); replacing references to “metals” in text and “metal” in Table A.4.7 title with “elementals” and “elements” (pg 73); and deletion of header Table A.4.10 (pg 75).	26 July 2013
Q3D	Post sign-off corrigendum in: <ul style="list-style-type: none"> <li>• Table 4.1 W and Al were removed from the list of included elemental impurities in Class 2B and 3 respectively.</li> <li>• Table A.2.1 the Class for Ni was changed to read 3 instead of 2.</li> </ul>	14 June 2013
Q3D	Approval by the Steering Committee under <i>Step 2b</i> and release for public consultation.	6 June 2013
Q3D	Approval by the Steering Committee under <i>Step 2a</i> .	6 June 2013

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1 **CADMIUM**

2 **Summary of PDE for Cadmium**

<b>Cadmium (Cd)</b>			
	<b>Oral</b>	<b>Parenteral</b>	<b>Inhalation</b>
<b>PDE (µg/day)</b>	5.0	1.7	3.4

3 **Introduction**

4 Cadmium (Cd) is a transition metal whose most abundant naturally-occurring isotope is non-radioactive.  
5 It is found in nature in mineral forms and is obtained for commercial uses principally from cadmium ore  
6 (ATSDR, 2012). Cadmium exists as a salt form in the +2 oxidation state only. Some cadmium salts such  
7 as cadmium chloride, cadmium sulfate and cadmium nitrate are water soluble; other insoluble salts can  
8 become more soluble by interaction with acids, light or oxygen. Cadmium, cadmium oxide, cadmium  
9 salts on borosilicate carrier are used as catalysts in organic synthesis. Silver cadmium alloy is used in the  
10 selective hydrogenation of carbonyl compounds.

11 **Safety Limiting Toxicity**

12 Cadmium has shown to be genotoxic, but not mutagenic and has been acknowledged as a human  
13 carcinogen (Group 1; IARC, 2012). Cadmium and cadmium compounds cause cancer of the lung. Also,  
14 positive associations have been observed between exposure to cadmium and cadmium compounds and  
15 cancer of the kidney and of the prostate.

16 A sensitive endpoint for oral exposure to cadmium and cadmium salts is renal toxicity (Buchet *et al.*  
17 1990). Skeletal and renal effects are observed at similar exposure levels and are a sensitive marker of  
18 cadmium exposure (ATSDR, 2012).

19 Evidence from numerous epidemiologic studies assessing inhalation exposures to cadmium *via* both  
20 occupational and environmental routes has demonstrated an increased risk of developing cancer  
21 (primarily lung) that correlates with inhalation exposure to cadmium (IARC, 2012; NTP, 1995). ATSDR  
22 (2012) concluded that lung carcinogenesis due to occupational exposure was not unequivocal. Cadmium  
23 was clearly positive for lung tumours in rats; non-significant, non dose dependent in mice; and not  
24 observed in hamsters. An inhalation unit risk estimate of 0.0018/µg/m<sup>3</sup> has been derived by the US EPA  
25 (1992); however, a modifying factor approach may be used for non-mutagenic carcinogens. The US  
26 Department of Labor has a reported a Permitted Exposure Level of 5 µg/m<sup>3</sup> for cadmium (Cadmium  
27 OSHA, 2004).

28 **PDE – Oral Exposure**

29 A sensitive endpoint for oral exposure to cadmium and cadmium salts is renal toxicity (Buchet *et al.*,  
30 1990). Skeletal and renal effects are observed at similar exposure levels and are a sensitive marker of  
31 cadmium exposure (ATSDR, 2012). A number of oral exposure studies of cadmium in rats and mice  
32 showed no evidence of carcinogenicity. Therefore, the renal toxicity endpoint was used to establish the  
33 oral PDE for cadmium, following the recommendations of ATSDR, an MRL of 0.1 µg/kg for chronic  
34 exposure is used to set the oral PDE. This is consistent with the WHO drinking water limit of 0.003  
35 mg/L/day (WHO, 2011).

36  
37 
$$\text{PDE} = 0.1 \mu\text{g/kg/d} \times 50 \text{ kg} = 5.0 \mu\text{g/day}$$
  
38

39 No modifying factors were applied because they are incorporated into the derivation of the MRL.

40 **PDE – Parenteral Exposure**

41 A 12-week study in rats given daily subcutaneous injections of 0.6 mg/kg Cd, 5 days per week showed  
42 renal damage at week 7 and later (Prozialeck *et al*, 2009). A single dose level was used in this study. The  
43 LOAEL of this study is 0.6 mg/kg based on decreased body weight, increased urine volume and urinary  
44 biomarkers seen at this dose level. This study was used to set the parenteral PDE. In a separate single  
45 dose study where rats were administered 0, 1, 2, 4, 8, 16 or 32  $\mu\text{mol/kg}$  cadmium chloride by the  
46 subcutaneous route, sarcomas were noted at the injection site at the two highest doses at the end of the 72  
47 week observation period (Waalkes *et al*, 1999). It is uncertain whether the granulomas at the sites of  
48 injection over time trap an unspecified amount of the administered cadmium dose at the injection site.  
49 This phenomenon may decrease the actual parenteral cadmium dose, compared with the calculated  
50 parenteral cadmium dose. Taking into account the modifying factors (F1-F5 as discussed in Appendix 1),  
51 and correcting for continuous dosing from 5 days to 7 days per week (factor of 5/7), the parenteral PDE is  
52 calculated as:

53  
54 
$$\text{PDE} = 0.6 \text{ mg/kg} \times 5/7 \times 50 \text{ kg} / 5 \times 10 \times 5 \times 5 \times 10 = 1.7 \mu\text{g/day}$$

55  
56 A factor of 5 was chosen for F4 because cadmium is carcinogenic by the inhalation route and granulomas  
57 were observed by the subcutaneous route. These findings are of uncertain relevance. A factor of 10 was  
58 chosen for F5 because a LOAEL was used to set the PDE.

### 59 **PDE – Inhalation Exposure**

60 The United States Department of Labor Occupational Safety and Health Administration has developed a  
61 Permitted Exposure Level of  $5 \mu\text{g}/\text{m}^3$  for cadmium.

62 Taking into account the modifying factors (F1-F5 as discussed in Appendix 1), the inhalation PDE is  
63 calculated as:

64  
65 For continuous dosing = 
$$\frac{5 \mu\text{g}/\text{m}^3 \times 8 \text{ hr/d} \times 5 \text{ d/wk}}{24 \text{ hr/d} \times 7 \text{ d/wk}} = \frac{1.19 \mu\text{g}/\text{m}^3}{1000 \text{ L}/\text{m}^3} = 0.00119 \mu\text{g/L}$$

66  
67  
68 
$$\text{Daily dose} = \frac{0.00119 \mu\text{g/L} \times 28800 \text{ L}}{50 \text{ kg}} = 0.685 \mu\text{g/kg}$$

69  
70  
71 
$$\text{PDE} = 0.685 \mu\text{g/kg} \times 50 \text{ kg} / 1 \times 10 \times 1 \times 1 \times 1 = 3.43 \mu\text{g/day}$$

72  
73 A modifying factor for F4 of 1 was chosen based on the potential for toxicity to be mitigated by the  
74 possible species specificity of tumorigenesis, uncertain human occupational tumorigenesis, ambient  
75 exposure levels not expected to be a health hazard, and workplace exposure levels expected to be safe. A  
76 larger factor F4 was not considered necessary as the PDE is based on a PEL.

77

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