Amended Safety Assessment of Kojic Acid as Used in Cosmetics

Status:	Draft Tentative Amended Report for Panel Review
Release Date:	September 11, 2026
Panel Meeting Date:	October 5-6, 2026

The Expert Panel for Cosmetic Ingredient Safety members are: Chair, Wilma F. Bergfeld, M.D., F.A.C.P.; Donald V. Belsito, M.D.; Bruce A. Brod, M.D., M.H.C.I., F.A.A.D.; Samuel M. Cohen, M.D., Ph.D.; Curtis D. Klaassen, Ph.D.; Allan E. Rettie, Ph.D.; David Ross, Ph.D.; Paul W. Snyder, D.V.M., Ph.D.; and Susan C. Tilton, Ph.D. Previous Panel member involved in this assessment: David E. Cohen, M.D. The Cosmetic Ingredient Review (CIR) Executive Director is Bart Heldreth, Ph.D., and the Senior Director is Monice Fiume, M.B.A. This safety assessment was prepared by Christina Burnett, M.S., Senior Scientific Analyst/Writer, CIR, and Jinqiu Zhu, Ph.D., DABT, ERT, DCST, CIR Toxicologist.

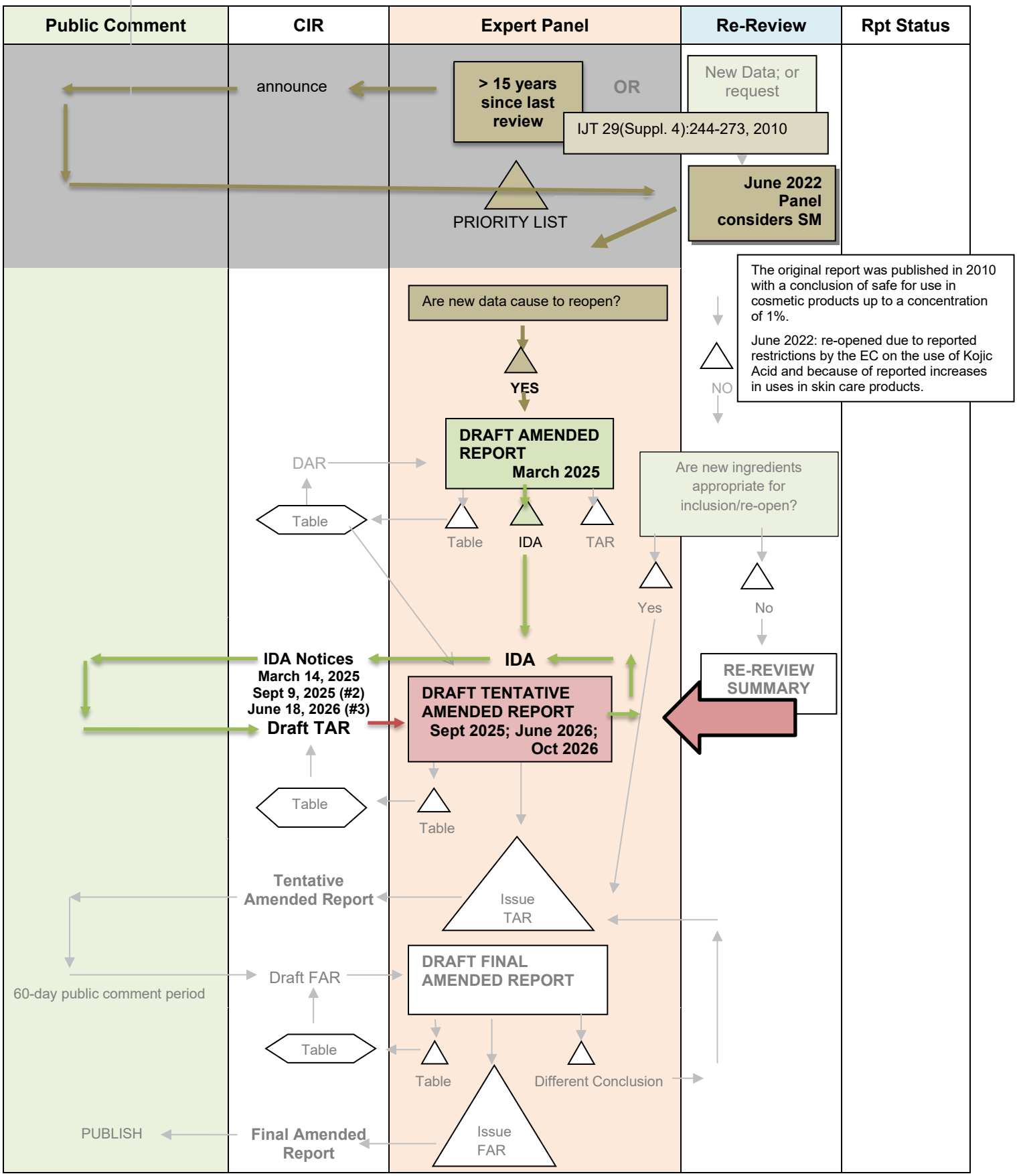
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RE-REVIEW FLOW CHART

INGREDIENT/FAMILY Kojic Acid

MEETING October 2026



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Memorandum

To: Expert Panel for Cosmetic Ingredient Safety Members and Liaisons
From: Christina L. Burnett, M.S., Senior Scientific Analyst/Writer, CIR
Date: September 11, 2026
Subject: Amended Safety Assessment of Kojic Acid as Used in Cosmetics

Enclosed is the Draft Tentative Amended Report on the Safety Assessment of Kojic Acid as Used in Cosmetics. (It is identified as *report_KojicAcid_102026* in the pdf document). At the June 2026 meeting, the Panel issued a third Insufficient Data Announcement (IDA) for Kojic Acid. The additional data needed to determine the safety of this ingredient are:

- Maximum concentration of use for products with anogenital applications (i.e. wipes and douches)

Since this IDA was issued, CIR has received no additional data. No comments were received from the Council prior to the June 2026 meeting. An updated literature search yielded a new relevant anti-carcinogenicity study, which has been summarized and highlighted in this current draft of the report.

Supporting documents for this report package include a flow chart (*flow_KojicAcid_102026*), report history (*history_KojicAcid_102026*), a search strategy (*search_KojicAcid_102026*), a data profile (*dataprofile_KojicAcid_102026*), transcripts from the most recent meetings at which Kojic Acid has been discussed (*transcripts_KojicAcid_102026*), the minutes from all the meetings at which Kojic Acid were discussed during the original reviews (*originalminutes_KojicAcid_102026*), and the original report (*originalreport2010_KojicAcid_102026*).

The Panel should carefully consider and discuss the data (or lack thereof), and issue a Tentative Amended Report with a safe, safe with qualifications, insufficient data, unsafe, or split conclusion, and identify any additional items for inclusion in the Discussion.

For your recollection:

Data need	Received?	Notes
First IDA Data Requests (March 2025)		
MOE calculation for whole body exposure	Yes	MOE value below 100
Explanation as to why the EU restricted use of Kojic Aci to the face and hands only	Yes	MOE values indicated a potential risk to human health when used high levels of exposure occur
Second IDA Data Requests (September 2025)		
Maximum concentration of use for baby products and rinse-off skin care products	No	Data not received
Margin of exposure (MOE) calculations for various exposure scenarios, specifically (e.g., in bath products at 0.05%, rinse-off product, whole body, face and hands, etc.) and toxicity endpoints (developmental and reproductive toxicity, repeated-dose studies, etc.).	Partial	MOE calculation received for rinse-off products for the whole body
Third IDA Data Request (June 2026)		
Maximum concentration of use for products with anogenital applications (i.e. wipes and douches)	No	Data not received

Kojic Acid History

2010 – The CIR Final Report on the Safety Assessment of Kojic Acid was published in the *International Journal of Toxicology*. The Panel concluded that Kojic Acid is safe as a cosmetic ingredient up to a concentration of 1%.

June 2022 – The Panel determined that this safety assessment should be re-opened for re-evaluation due to reported restrictions by the European Commission on the use of Kojic Acid and because of reported increases in uses in skin care products.

March 2025 – The Panel determined that the data were insufficient to support safety of this cosmetic ingredient and issued an IDA. The additional data needs were:

- An MOE calculation for whole body exposure
- An explanation as to why the EU restricted use of Kojic Acid to the face and hands only

September 2025 - The Panel issued a second IDA for Kojic Acid. The additional data needed to determine the safety of this ingredient are:

- Maximum concentration of use for baby products and rinse-off skin care products
- MOE calculations for various exposure scenarios, specifically (e.g., in bath products at 0.05%, rinse-off product, whole-body, face and hands, etc.) and toxicity endpoints (developmental and reproductive toxicity, repeated-dose studies, etc.).

June 2026 - The Panel issued a third IDA for Kojic Acid. The additional data needed to determine the safety of this ingredient are:

- Maximum concentration of use for products with anogenital applications (i.e. wipes and douches)

Kojic Acid Data Profile* – October 2026 – Christina Burnett																														
	Use				Toxico-kinetics			Acute Tox			Repeated Dose Tox			DART		Genotox		Carci		Dermal Irritation			Dermal Sensitization				Ocular Irritation		Clinical Studies	
	New Rpt	Old Rpt	Method of Mfg	Impurities	log P/log K_{ow}	Dermal Penetration	ADME	Dermal	Oral	Inhalation	Dermal	Oral	Inhalation	Dermal	Oral	In Vitro	In Vivo	Dermal	Oral	In Vitro	Animal	Human	In Vitro	Animal	Human	Phototoxicity	In Vitro	Animal	Retrospective/ Multicenter	Case Reports
Kojic Acid CAS No. 501-30-4	X	O	X	X	XO	XO	O	O	O		XO	XO			O	XO	XO	O	O		O	O		O	O	O		O	O	XO

* "X" indicates that new data were available in this category for the ingredient; "O" indicates that data from the original assessment were available

Kojic Acid

Ingredient	CAS #	PubMed	FDA	CompTox	ChemPort	NIOSH	NTIS	NTP	FEMA	EU	ECHA	SIDS	SCCS
Kojic Acid	501-30-4	√	√	√	√	√	√	√	√	√	√	√	√

Search Strategy

PubMed

Search performed from 2005 to present
(kojic acid) OR (501-30-4[EC/RN Number]) – 1173 hits, 29 relevant

LINKS

Search Engines

- Pubmed - http://www.ncbi.nlm.nih.gov/pubmed
  - appropriate qualifiers are used as necessary
  - search results are reviewed to identify relevant documents
- CompTox: https://comptox.epa.gov/dashboard/chemical/pubmed-abstract-sifter/DTXSID3039242; https://www.epa.gov/comptox-tools/downloadable-computational-toxicology-data#LM
- eChemPortal: https://www.echemportal.org/echemportal/
- DeepDyve: https://www.deepdyve.com/
- Connected Papers - https://www.connectedpapers.com/

Pertinent Websites

- wINCI - https://incipedia.personalcarecouncil.org/winci/ingredient-custom-search/
- FDA Cosmetics page - https://www.fda.gov/cosmetics
- eCFR (Code of Federal Regulations) - https://www.ecfr.gov/
- FDA search databases: https://www.fda.gov/industry/fda-basics-industry/search-databases
- Substances Added to Food (formerly, EAFUS): https://www.fda.gov/food/food-additives-petitions/substances-added-food-formerly-eafus
- GRAS listing: https://www.fda.gov/food/food-ingredients-packaging/generally-recognized-safe-gras
- SCOGS database: https://www.fda.gov/food/generally-recognized-safe-gras/gras-substances-scogs-database
- Inventory of Food Contact Substances Listed in 21 CFR: https://www.cfsanappsexternal.fda.gov/scripts/fdcc/index.cfm?set=IndirectAdditives
- Drug Approvals and Database: https://www.fda.gov/drugs/development-approval-process-drugs/drug-approvals-and-databases
- FDA Orange Book: https://www.fda.gov/drugs/drug-approvals-and-databases/approved-drug-products-therapeutic-equivalence-evaluations-orange-book
- OTC Monographs - https://dps.fda.gov/omuf
- Inactive Ingredients Approved For Drugs: https://www.accessdata.fda.gov/scripts/cder/iig/
- FEMA (Flavor & Extract Manufacturers Association) GRAS: https://www.femaflavor.org/fema-gras
- NIOSH (National Institute for Occupational Safety and Health) - http://www.cdc.gov/niosh/
- NTIS (National Technical Information Service) - http://www.ntis.gov/
  - technical reports search page: https://ntrl.ntis.gov/NTRL/
- NTP (National Toxicology Program) - http://ntp.niehs.nih.gov/
- EUR-Lex - https://eur-lex.europa.eu/homepage.html
- Scientific Committees (SCCS, etc) opinions: https://health.ec.europa.eu/scientific-committees_en https://health.ec.europa.eu/scientific-committees/scientific-committee-consumer-safety-sccs_en
- ECHA (European Chemicals Agency – REACH dossiers) – https://echa.europa.eu/
- European Medicines Agency (EMA) - http://www.ema.europa.eu/ema/
- OECD SIDS (Organisation for Economic Co-operation and Development Screening Info Data Sets)- http://webnet.oecd.org/hpv/ui/Search.aspx
- EFSA (European Food Safety Authority) - https://www.efsa.europa.eu/en
- ECETOC (European Centre for Ecotoxicology and Toxicology of Chemicals) - http://www.ecetoc.org
- AICIS (Australian Industrial Chemicals Introduction Scheme)- https://www.industrialchemicals.gov.au/
- International Programme on Chemical Safety http://www.inchem.org/
- Office of Dietary Supplements https://ods.od.nih.gov/
- FAO (Food and Agriculture Organization of the United Nations) - http://www.fao.org/food/food-safety-quality/scientific-advice/jecfa/jecfa-additives/en/
- WHO (World Health Organization) IRIS library - https://apps.who.int/iris/
- a general Google and Google Scholar search should be performed for additional background information, to identify references that are available, and for other general information - www.google.com https://scholar.google.com/

JUNE 2022 PANEL MEETING – STRATEGY MEMO

Belsito Team – June 16, 2022

Dr. Belsito - OK. Okey doke. So we have, I think 4 minutes, but let's try and knock off we want to try and knock off the Kojic Acid. That's *(inaudible) use area Monice?

Monice Fiume (CIR) - Uh, sure.

Dr. Belsito - And that's in wave.

Monice Fiume (CIR) - I believe they should be in the original submission. A strategy memos.

Dr. Belsito - In the admin memo is that it?

Monice Fiume (CIR) - Let me see how it was put into the book. It's should say strategy memo. On the flash, it starts with SM and then Kojic Acid, SM aluminum prostaglandins and use table, yeah.

Dr. Belsito – Yeah. That's. Umm. Yeah. OK. So first of all, let me talk about aluminum. Since I'm the person who chooses the allergen of the year, we do not have to reopen it. The issue is with vaccines, not with cosmetic use.

Monice Fiume (CIR) - OK.

Dr. Belsito - And it's not even that common with vaccines. So definitely a no to reopening aluminum. And kojic acid. Umm. So this is basically new data that the SCCS has acted upon, and namely data from the US EPA noise 2019. It came to the conclusion that elevated TSH and rodents leads to thyroid hypertrophy and potential thyroid cancer and adverse outcome that is limited relevance to human thyroid cancer due to species differences in sensitivity. And the same conclusion was also made previously by several other expert groups, but through some reason, SCCS. US has decided that. They are. Not to reduce the interspecies factor. And has come up with some different conclusions than what we had. Nonetheless, I mean, there's clearly new data. The 2019 EPA study since we last looked at kojic acid. So do we need to reopen this?

Dr. Rettie - There was some mention of possible endocrine disruption as well. Did that come from the Europe study European group?

Dr. Belsito - You know, that came the noise group *(inaudible). That's the thyroid stuff that I just.

Dr. Rettie - Uh, so those were related in, in rats. The yeah. OK, go.

Dr. Belsito - Yeah.

Dr. Klaassen - This there's basically in Europe, anything that's considered an endocrine disruptor is kind of like a fire bomb. And so there's an endocrine disruptor they get overly excited, let's say about its relevance to humans. This this thyroid problem is not considered a problem in the United States and for the FDA or the EPA. So I have no problem with the thyroid aspect and think it's just an overreaction of the European to endocrine disruptors in general.

Dr. Rettie - OK. Thanks.

Dr. Belsito - For Curt, you don't think we need to go back and revisit it?

Dr. Klaassen - I don't think so personally, no.

Dr. Liebler - Isn't the question isn't the question whether to do it on our 15 year clock, which would bring it up in 2025, or rereview it now?

Dr. Belsito - Correct.

Dr. Klaassen - Right.

Dr. Liebler - And so you know, I it sounds like we wait until it's due rather than rush to rereview it now.

Dr. Klaassen - I agree.

Dr. Belsito - Then what are your thoughts, given the EPA data that's new to us?

Dr. Liebler - I mean I guess I agree with Curt, but I'm willing to be talked out of it if Don, if you feel that the that the new data justifies speeding up?

Dr. Belsito - Well, I mean, it's now, you know, 2022, June of 2022, 2025 is going to be here before we know it. You know even if we agreed to reopen it, it would just Monice how would that work? It would go onto the priority list for 2023 and it probably would be what December of 2023 before we start looking at it?

Monice Fiume (CIR) - It may be earlier than that, it doesn't necessarily have to go onto the priority list because the panel can reopen anything at any given time. If you want it added to the 2023 priority list, we could do it that way, but it would just be issued really as a report that is being reopened for cause.

Dr. Belsito – Paul?

Dr. Snyder - Yeah, I was. I was a little bit like Dan. I was kind of on the fence on this. I think that the issues for me, that change in that the kojic acid not safe when used it at up to 1% for skin lightening due to endocrine disrupting properties, I was I had a question. What drove that conclusion? And so if we reopened, we could kind of better understand that conclusion. The other issues I had two other issues. Were there any data in the SEC SCCP report that weren't in our report? And so that would be, were there any significant new data that we really need?

Dr. Belsito - Just that EPA study.

Dr. Snyder - That we really need to have a look at and then any differences in the formulations of kojic acid used as a skin lightening agent versus cosmetic product. Even though the skin lightening is the drug effect. But if there was a difference in formulation that might help us better understand that because I think we always kind of deal with that and discuss that. So I could go either way, I mean I.

Dr. Belsito - I think we'll find that the cosmetic uses of this have skyrocketed since we last looked at it. It is a hot ingredient in the quote UN quote, Cosmeceuticals I know that that is not an appropriately accepted term, but that's what dermatologists referred to as Cosmetic products that are marketed with very heavy marketing claims to improve. Whatever that keeps them out of the OTC category. But the consumer doesn't understand the difference so.

Dr. Snyder - On that basis, I think we, I think we should reopen then I would sway that would sway me to the if it, if it's skyrocketed and this this change in this levels and things I would think it would be a good due diligence on our part to just make sure that we're good with our conclusion.

Dr. Belsito - Yeah, I mean, I said we should open it to rereview. It's going to come up in another couple years anyway, so let's do it now.

Dr. Snyder - Yeah, I'm agree with that.

Dr. Klaassen - I have no problem with that.

Dr. Liebler - Same here.

Dr. Belsito - OK, Monice so this one we will reopen.

Monice Fiume (CIR) - OK and just to give insight according to the VCRP, the number of uses for kojic acid is currently 87.

Dr. Belsito - That's voluntary. And what was it when we last looked at it?

Monice Fiume (CIR) - Let me see.16.

Dr. Belsito - You know.

Monice Fiume (CIR) - So yeah, so it's gone up.

Dr. Belsito - And there are in a lot of the companies that are using it, are probably leading are almost certainly not members of PCPC and are probably not reporting. Because it's used in a lot of these little boutique bronze.

Cohen Team – June 16, 2022

Transcript of discussion missing.

Full Panel – June 17, 2022

Dr. Belsito - OK so panel safety assessment on this was issued in 2010. We concluded two endpoints of concern, dermal sensitization and skin lightening would not be seen at use concentrations below 1 cent and so we went with the safe for use in cosmetic products at that level. I will remind you it is effective in lightening and skin lightening would be considered a drug or facts. They get to a number of studies on endocrine disruption, particularly thyroid, and recognize that the rodent thyroid and is sensitive to chemical substances and physiologic perturbations in ways different than in humans. So we thought that that was not an issue here. We're now reviewing it because it's been more than 15 years. Yeah. Well, we'll soon be 15 years, I should say in 2025. It's not yet at 15 years. And the question was, should we accelerate review? And I thought we should because the use of this product is increasing rapidly, you know, from the VCRP data Monice, I think it went from what, 11 or 12 up to 84. I think that that's probably gross underrepresentation. Kojic acid has become a huge issue and or huge product in in this in "cosmeceuticals". I know they don't exist, but it, you know dermatologist are using it like crazy. And the companies that I see

with patients bringing kojic acid products are relatively small, probably don't participate in PCPC and are probably not reporting their uses to the VCRP. So I think we need to relook at this because it's a hot consumer item.

Dr. Bergfeld - Any other comments?

Dr. Cohen - Yeah. So, Don, we, we had a virtually parallel discussions. I think most of the discussion of kojic acid and the dermatology lexicon relates to a drug effect, a lightening effect. and I didn't think that the three year typical window was that far out that we needed to reaccelerate it and we have in there 1% and I understand the new the European regulation is .7%. I listen. I'm not digging in on this. It's just that we thought that there wasn't enough there to accelerate it. And this also coupled with the fact that our publication expectation on this is 2 to three years anyway. So that was our comment on it.

Dr. Belsito - We discussed that also, but it's only going to be a matter of a couple years before it's going to come up so. Or I'll let other Members in my group and other people comment. I just think that yeah, the Europeans have changed their opinion. And the use is certainly more than 84 products. And when you look at the marketing, you know it's marketed skin brightening. You know, not lightening. You know you so they avoid any drug claims, you know.

Dr. Cohen - So. So Don, I think your points and your teams points are well taken instead of maybe having your team persuade our team, maybe I'll just ask our team if there's any objections to the acceleration cause it, we went back and forth on this. So Tom, Ron, Dave, any issues if we affirm the Belsito's team of reaccelerated more for public awareness issues.

Dr. Slaga - Uh, Tom here. No matter of fact, I was my original.

Dr. Cohen - It was.

Dr. Ross - Fine with me there, Ross.

Dr. Bergfeld – Ron?

Dr. Shank - I don't see it as so important, but it's strictly up to the dermatologist.

Dr. Cohen - OK. So Don, we can affirm your motion to accelerate the review.

Dr. Belsito - Thank you.

Dr. Bergfeld - I think that we've actually had a vote to accelerate by all the comments made and the individuals commenting, so we will accelerate this ingredient. Thank you. So we're moving on to the next ingredient.

MARCH 2025 PANEL MEETING – DRAFT AMENDED REPORT

Belsito Team – March 13, 2025

DR. SNYDER: The next one is Kojic Acid. Bring it up here, Kojic Acid. This is an amended safety assessment. The original review was published in 2010. It was safe as used up to 1 percent. It's 15 years since that was looked at, so it was reopened.

In June of 2022, we reopened due to the EU restrictions that we learned due to increased uses in skin care products. In 2024 RLD data, there were 1,114 formulations, mostly skin care preps, up to 1 percent in leave-ons. So, the report's on Page 60, did anybody have any comments?

MS. BURNETT: I did want to note that, at the time, in June 2022, when the Panel looked at this and decided to reopen it, the EU had one conclusion. And then they changed it.

DR. SNYDER: Okay.

MS. BURNETT: And the current opinion is in the report. But, at that time, they had declared it insufficient data. And then, the data was produced.

DR. SNYDER: Went as safe?

MS. BURNETT: Yeah.

DR. SNYDER: Okay.

DR. BELSITO: But they approved it only for hands and face, which I don't understand. Right?

MS. BURNETT: Correct. Yeah. that's what it says.

MS. FIUME: But is it only hand and face?

DR. BELSITO: On PDF Page 63, for this ingredient, the regulation states that Kojic Acid may only be used in face and hand products at a maximum concentration of 1 percent.

MS. BURNETT: Okay.

MS. FIUME: Okay. sorry. I was looking at the SCCS. Yes, the EU said 1 percent, face and hand. Yes.

DR. BELSITO: And I didn't understand that. Do we have any idea why they limited it to hands and face? I mean, they did their MOE calculation -- sorry, Curt, for using that word -- based on the amount that would be applied to the hands and face. But I just don't understand that restriction.

MS. BURNETT: I mean, I don't know for sure what their logic was, but maybe they were thinking that if you are wanting to lighten your skin, those are the places that you would most likely apply it. Don't know if anyone would actually take a bath in it.

DR. BELSITO: But I mean, as a cosmetic ingredient that we're looking at, skin lightening would not be an effect that we would look at.

MS. BURNETT: Correct.

DR. SNYDER: No. That's a drug effect. Yeah.

DR. BELSITO: Right. I mean, again, the EU, I'm trying to think are -- sunscreens are cosmetics in Europe, they're over the counter here. Maybe skin lightening creams are also cosmetics in Europe, and that's what they were looking at. But we have uses other than hands and face in our report. Right?

DR. SNYDER: Yes.

MS. BURNETT: Correct.

DR. SNYDER: Well, maybe we can get clarification on that by the time we come around in the next version of this. You think we can dig that out?

MS. BURNETT: Maybe.

DR. SNYDER: Try.

MS. BURNETT: I mean, sometimes you can find deliberations for the SCCP, sometimes you can't. But it's just not in the opinion. I don't know.

MS. FIUME: But it's the EU, they have different wordings.

MS. BURNETT: Right.

MS. FIUME: So we would have to figure out which --

MS. BURNETT: For sure. That's hard to find, their deliberations, if it's the EU.

DR. SNYDER: Okay. But we have no data to suggest that we need to limit it to the hands and face. Right, Don?

DR. BELSITO: Yeah. I mean, that's my point. We have, you know, RLD data that suggests that it's used in products other than the hands and face. You know, we have a lot of other data that I think we could basically say -- what I had here was heavy metal boilerplate. Thyroid effects were not relevant. And other genotox data was Okay. the DART data was clean. Sensitization data was clean. Skin lightening, not to be expected with a cosmetic product.

And what we would need to do -- Curt, again, my apologies -- margin of exposure to determine use beyond hand and face if we were concerned about it.

DR. KLAASSEN: I'd like to add to that, that with Kojic Acid, they actually did the study for absorption in humans.

DR. BELSITO: My conclusion there was probably safe as used but need further data supporting on face and hand use in Discussion, perhaps a margin of exposure assessment, and would like clarification why the EU limited to hands and face.

DR. RETTIE: So, from a radiolabeled study in dermatomed skin, they had 17 percent. Is that the number you're looking at?

DR. KLAASSEN: Yeah.

DR. SNYDER: Okay. So we'll try to get that clarification. Other than that, we're moving it forward, safe as used.

DR. BELSITO: I mean, I think we need to do a few calculations.

DR. SNYDER: Okay.

DR. BELSITO: But I didn't see any data that suggested that there were issues. Did you?

DR. SNYDER: No, I did not. I agree. Okay. you got that, Christina? Okay. Thank you.

Cohen Team – March 13, 2025

DR. DAVID COHEN: Okay. Kojic Acid.

The original review of Kojic Acid was performed in 2010 with the conclusion that Kojic Acid is safe for use in cosmetic products at a concentration up to 1 percent. It has been 15 years since this has been reviewed. Excuse me one second. In June of 2022, the Panel determined that the safety assessment should be reopened because of restrictions by the European Commission and use of Kojic Acid reportedly being used in skin care preparations.

There's some original report data that is put in here because it was sort of critical to finishing this report. In 2024, RLD data reported it in over 1,100 formulations. The VCRP had it in 123. Most were leave-on products. And a concentration of use survey conducted by the Council, in 2024, indicated its use at 1 percent in leave-on products, down from 2 percent in 2008.

The EU has this as Annex III and has restricted its use to 1 percent for face and hand products. And it could be used as a skin lightening agent in cosmetic products up to 1 percent.

Okay. I can open it up. I thought some of the material from the HRIPT from the old one ought to be pulled forward. Otherwise, it looks like we don't have anything in the new report on it. I thought it was pretty good information.

DR. BERGFELD: What did you think about the boilerplate in the previous discussion? Would that be added, or we'd update that?

DR. DAVID COHEN: What part?

DR. BERGFELD: The boilerplate for inhalation. Are we going to update that one?

DR. DAVID COHEN: It needs to be updated to the new boilerplate.

DR. BERGFELD: Yeah. And then the question I had was, are you going to restrict it to 1 percent or less because of depigmentation?

DR. ROSS: Present practices of use.

DR. DAVID COHEN: I'll come back around to it. What's that?

DR. ROSS: Present practices of use because --

DR. BERGFELD: Yeah. It's 1 percent.

DR. ROSS: Everything is aligning at 1 percent. You know, the Annex III, the previous, and our current concentrations.

DR. BERGFELD: As a dermatologist, pretty common ingredient for us to bleach the skin?

DR. ROSS: Yeah, right.

DR. DAVID COHEN: Or to even the tone of the skin.

DR. BERGFELD: Even the tone?

DR. DAVID COHEN: It's really for that, right? It's for tone evening rather than just skin bleaching, right?

MS. BURNETT: I do want to note that in the United States, skin lightening is not considered a cosmetic effect.

DR. DAVID COHEN: No, it's a drug effect.

MS. BURNETT: Right. So I do need wording for Discussion on how to address that. If you are satisfied with how it was addressed in the original Discussion, I can just pull it forward. But if you want it re-emphasized or written differently, please let me know.

DR. DAVID COHEN: Let me go through -- let me run the Panel first on this for other issues. David?

DR. ROSS: I didn't have too much on this absorption. It looked okay. Tox, no concerns and acute subchronic and chronic. DART, I didn't have anything. I'll let Sam comment on genotox and carcinogenesis.

Thyroid was cropping up there, and there's quite a few questionable points on the thyroid cancers in animals relative to humans. There's some nice reviews out there which highlight that.

This was a competitive inhibitor of tyrosinase, but it had no effects on melanocytes, which was interesting. The irritation looked okay, 1 in 3 percent. It was mild in rabbits. Sensitization, up to 30 percent, wasn't a sensitizer. Humans, HRIPTs, as you commented, David, 1 percent and 2 percent were okay.

The dermal depigmentation, they used that black guinea pig model, which was extensively commented on in the previous reviews of this material at CIR. And it was found to be acceptable in that model at 1 and 4 percent in the 2010 report. And it was very little effect of Kojic Acid relative to phenylhydroquinone, which was the positive control.

Christina pulled the original Japanese paper for me in 2002, and I looked at that, and that looked fine. Phototox was good. Ocular, 3 percent, it's not an irritant. And there are some MOEs out there, and you can expand that discussion or leave it as is. It looks okay.

So if you agree with the black guinea pig model for depigmentation and the MOE estimate, you're probably safe as used at 1 percent. I mean, that's where I was.

DR. DAVID COHEN: Okay. Susan?

DR. TILTON: Yeah, I agree. That was a good summary. No additional concerns about the toxicity data.

I guess there was a question posed to us about how some of the data was presented previously in tables within the report for the genotoxicity and the carcinogenicity studies, and maybe I'll let Sam comment on that.

I mean, from my perspective, it can just be included in the report. I mean, I haven't seen a report come through where the data has been presented that way. So that doesn't seem consistent with how we would typically present the data. And it's discussed within the report. So that was my only comment.

DR. DAVID COHEN: So you were safe as used at 1 percent?

DR. TILTON: Oh yeah, safe as used at 1 percent.

DR. BERGFELD: Are you going to put 1 percent into the Conclusion or just safe as used?

DR. DAVID COHEN: I might want to put it in the Conclusion. It's a cosmeceutical product, right? So you have in there that the 4 percent and the 1 percent, it doesn't go to depigmentation. But, I mean, it may have effect on dyschromias in a positive way, but that is a drug effect.

MS. BURNETT: So you're essentially reaffirming the original conclusion?

DR. DAVID COHEN: Yeah. Yeah. I am. What do you got, Sam?

DR. SAMUEL COHEN: Yeah, I would certainly reaffirm that as well. But on the genotox studies, there were some older Ames studies, chromat, and SCE studies. Again, the qualifier for the SCE you can -- but the Ames tests and the chromat were in vitro, and there were concerns about cytotoxicity. So they probably were not valid. And there are some recent in vitro tests that have all been negative consistently.

On top of that, in vivo, there's a negative micronucleus assay, a negative comet assay, and a negative DNA adduct study. There's also negative UDS, but you have to put the qualifier for that. So I think the in vivo data clearly here is overriding the in vitro.

And then with regard to carcinogenicity, the thyroid and liver tumors, these are most likely what are called CAR activator related. And those are not relevant to human cancer risk. And the adrenal tumors in rats are also not relevant to human risk. There's a nice review by Greim, G-R-E-I-M, et al. in Critical Reviews in Toxicology, maybe 10, 15 years ago. If you can't find it, let me know. I can send it to you.

So I have no concern in the fact that even IRAC classified as a 3, they don't have any concern, which is very unusual for IR. And then on top of it, is that the cytotoxicity data is all in vitro, and it's in millimolar concentrations, which is, in orders of magnitude higher than anything you're gonna attain in human exposure.

DR. ROSS: Yeah, I pulled the Greim papers myself.

DR. SAMUEL COHEN: Yeah, he did a nice job on that.

DR. ROSS: Yeah.

DR. DAVID COHEN: Sounds like quite a paper.

DR. SAMUEL COHEN: Actually, I refer to it a lot anytime I see adrenal tumors in rats. I just say it's not relevant to humans, see Greim et al.

DR. DAVID COHEN: So if we go as safe as used, and we have this Discussion issue, this is still going to come back as a draft tentative, isn't it? We have some time to think about the Discussion and the skin lightening?

DR. BERGFELD: Is this a draft item?

DR. DAVID COHEN: Right, it's not going to skip over tentative, will it?

MS. BURNETT: No, no.

DR. HELDRETH: So it's a Draft Amended Report right now. If you're giving a conclusion now, it'll go out as a Tentative Amended Report. And then it'll come back to you at a future meeting as a Draft Final Report.

MS. BURNETT: A discussion will be formulated for the public comment coming out of this meeting. If you want me to essentially update the previous discussion, I can do that.

DR. DAVID COHEN: That's why I want to think --

MS. BURNETT: If there's a point that you want me to take out, I obviously would update the inhalation boilerplate and anything else that's a boilerplate that hasn't been updated since 2010.

DR. DAVID COHEN: Okay.

DR. BERGFELD: Well, it sounds to me that the third paragraph in that previous Discussion that deals with the thyroid, we have to also add the adrenal gland comments.

DR. DAVID COHEN: I'm just going back to that for a second.

DR. HELDRETH: Yeah, and if you have any updates to the Discussion like that, please put them in your Panel returns to help Christina get it right.

DR. DAVID COHEN: I agree with you, Wilma, yeah, to the adrenal glands can go in there. Okay.

DR. BERGFELD: Have we decided on the conclusion containing the 1 percent restricted concentration, or are we just putting that in the Discussion?

DR. ROSS: I guess it depends whether you got evidence that it's not safe above 1 percent.

DR. BERGFELD: Yeah. But you could put that in the Discussion. You could say that in a sentence after you'd report all the other stuff you have in there. Where did that go?

DR. DAVID COHEN: Now, maybe we just go safe as used as described in the report because what about 1.2 percent? We don't have data to see that it's not safe.

DR. ROSS: Yeah, we don't. So, I agree with you, Dave.

DR. DAVID COHEN: Yeah, just safe as used. At first, I wanted to go with it because of the way it's used, but I don't want to apply that arbitrarily.

DR. BERGFELD: It's right there in the first paragraph, though. It says, "Therefore, the expert Panel finds that Kojic Acid should only be used up to a concentration of 1 percent in cosmetic products."

DR. DAVID COHEN: That's not --

DR. BERGFELD: That's the first paragraph of the previous Discussion.

DR. DAVID COHEN: In the Discussion?

DR. BERGFELD: Yeah. Yeah.

DR. DAVID COHEN: Yeah, yeah, in the Discussion. Okay. I thought you were mentioning a conclusion.

DR. BERGFELD: Well, I did ask that.

DR. DAVID COHEN: No, you did. You did.

DR. BERGFELD: It could go in the Discussion.

DR. DAVID COHEN: And I think we answered it.

DR. BERGFELD: Yes.

Full Panel – March 14, 2025

DR. SNYDER: So Kojic Acid, the original review was published in 2010, safe as used up to one percent. It's been 15 years so it was reopened in June of 2022, due to the EU restrictions and due to increased uses in skin care products. We received new RLD data that suggest that there's over 1,100 formulations, mostly skin care preps, up to 1 percent in leave-ons, and in products other than hands and face.

The Belsito Team motions to move this forward to an amendment safety assessment, safe as used. With one caveat, pending -- we understand the wide restrictions in the EU were to the hands and face -- if we can get that information. Widely restricted to hands and face.

DR. DAVID COHEN: So, what's the motion specifically?

DR. BERGFELD: Safe as used.

DR. SNYDER: Safe as used.

DR. DAVID COHEN: Safe.

DR. BELSITO: But we would like to look at margins of exposures for other uses on other body parts. Our discussion ended up being that we thought, perhaps, and we don't know, just like sunscreens are cosmetics in Europe and OTC here, skin

lightening creams may be cosmetics in Europe. And they were looking at it specifically in terms of use on face and hand as a skin lightener.

But, the data is, I mean, it's really clean. The thyroid effects are not relevant. The genotox data is okay. The DART data is clean. The sensitization data is clean. You know, you basically have a heavy metal boilerplate skin lightening effects. And we've dealt with those before by saying cosmetics should not have skin lightening effects. So, the restrictions to hands and face do not make sense since we're told they're used in other body parts, right?

DR. DAVID COHEN: No, no. I have no issue with the motion. The issue is, if we're moving it forward but you still want to see this. And what if you don't get to see this? What happens here?

DR. SNYDER: We'll deal with it then, because we're going to see the report again, right, before it goes final?

DR. DAVID COHEN: Comes as a final.

DR. BELSITO: Yes.

DR. SNYDER: So that's okay, yes.

DR. DAVID COHEN: Right, and I'm just fast-forwarding.

DR. SNYDER: We're fairly confident that it's going to be for the reasons Don stated. So we don't think there's any reason to hold it up. Right, Don?

DR. BELSITO: Right.

DR. DAVID COHEN: Reasonable expectations we'll get it?

DR. BELSITO: I think we can easily do the calculations; we have the data.

DR. BERGFELD: Dr. Ross?

DR. ROSS: Yes, I think this one, you know, Don, you could do those calculations. You know, in our team --

DR. BELSITO: I couldn't, you could.

DR. ROSS: Well, in our team, we discussed those MOEs that we have. And SCCS basically used a very conservative NOAEL, most conservative one they could find. And they say that in their discussion. But, I didn't think it was an overwhelming margin of exposure even with what they were using. So, I mean, we can do more MOE calculations to add to that.

One other thing we can do is expand the MOE Discussion. There is some literature out there that we didn't quote, which has an MOE in it. And we also have NOAEL values in the dossier, in sub-chronic and chronic studies, which you could incorporate and expand that MOE discussion if you wish. So you could do that. That would be my comment.

You know, if you're expanding their calculations to use on other areas of the body, then you may drive that MOE down when you do accumulative. You know what I mean, if you add in all of the exposure areas? So I just want to make that caution. If you do that then you may not get these same answers that you're looking at right now.

Jinqiu also looked at this. I don't know if he has any comments, but he can add to it if he wishes. But, we can certainly expand the MOE discussion if you like, Don.

DR. BELSITO: I mean, I think we can look at it. If you want to go out as insufficient pending an MOE, I'm okay with that too. There aren't that many uses beyond the hands and the face, but I certainly agree with your point. The more you add cumulative exposure, the lower the margin of exposure is going to become. We'll see.

DR. DAVID COHEN: Well, so I guess that's the question at hand. We're clearing this, but you still have questions. And, are those questions not important enough that if they don't happen, or they don't come, you're still going to pass it through.

DR. BELSITO: I don't know. Paul, you're leading, I mean, what do you want to do here?

DR. SNYDER: Yes, I think it's a good discussion. I'll rescind my motion. And I'll move a motion that we will issue an Insufficient Data Announcement. And the data needs will be the calculation of the margin of safety based upon all of the uses.

DR. DAVID COHEN: Second.

DR. BERGFELD: Second.

DR. DAVID COHEN: Other comments, the previous discussion discusses 2 percent as an appropriate concentration. So, we have editorial changes for the Discussion that will be in the returns, getting it back to 1 percent.

DR. BELSITO: Right.

DR. DAVID COHEN: New inhalation boilerplate, adrenal tumor should go in the Discussion as well.

DR. SNYDER: Yes, we had similar editorial comments, so we accept those.

DR. BERGFELD: Curt, did you have a comment?

DR. KLAASSEN: Yes. In this margin of exposure they have 267, 199, and 141. Am I supposed to interpret that as the 267 is for face, 199 is for neck, and 141 is for hands?

DR. DAVID COHEN: Is that all of them?

MS. BURNETT: The 267 is the face and neck. The 199 is hands. And then the 141 is an aggregate of all those.

DR. ROSS: That's how I had it defined.

DR. KLAASSEN: Okay. All right.

DR. ROSS: So the aggregate obviously got lower, right. So, we start adding more things into that, if we use that very conservative NOAEL, then that's going to push that close to the line. But, you know, if we expand that discussion and look at other NOAELs we could use that are in the dossier, you could, I think, make a more balance decision then.

DR. BERGFELD: So at the moment we're going out as insufficient for the MOE re-review I'm going to say. Okay, let's call the question. All those in favor of this motion please indicate by raising your hand. Don, is your hand up, yes, unanimous, thank you. Go ahead, Bart, you want to say something?

DR. HELDRETH: Before we move on, I just wanted to narrow down what CIR is actually tasked with at this point. So, of course we're now insufficient for those MOE, and possibly find out why the SCCS decided on the amount they did. If we get to a point where that information is not available, because not everything is available publicly about what goes into an annex, or how that was translated in the European Union, if that information is not found, do you want Jinqiu to start building these draft MOEs for these other exposures and circulate them to Dave Ross and Curt Klaassen to look at in advance of the meeting?

DR. BERGFELD: Absolutely.

DR. SNYDER: I think that's a great idea to have it in advance of the meeting so that we come prepared, so we're not doing that on the fly at the meeting. Thank you. It's a good idea.

SEPTEMBER 2025 PANEL MEETING – DRAFT TENTATIVE AMENDED REPORT

Belsito Team – September 8, 2025

DR. BELSITO: Okay. So, then we'll move on to Kojic Acid. Okay. So, this is a Draft Tentative Amended Report on the safety of Kojic Acid. At the June 2025 meeting, we determined that the data were insufficient to support safety. We wanted margin of exposure calculations for whole body exposure and an next explanation as to why the E.U. restricted use of Kojic Acid to face and hands only.

So, we got two data submissions, essentially the same, one from the Council and one from another submitter, containing margin of exposure calculations for whole body exposure to Kojic Acid, which was the reason for the E.U. restriction for whole body exposure. The margin for whole body application the margin of exposure was less than 100, indicating a potential for health risks at a high level. And those were mitigated when you restricted Kojic Acid to face and hands only.

Now, the thing with that and why the E.U. did that, is they also have the purview of reviewing products that we would consider prescription or over-the-counter prescription medications. In this case, they were looking at the fact that this would be used for skin lightening and would be primarily used on the hands and face. We can restrict it to the hands, neck and face only to reduce that concern if we feel that it is a concern for whole body exposure.

But I just wanted to point that out, that if you read their data on this, that's where they came up with the idea of restricting it to hands and face, which would be the areas that people would be interested in applying a cream to cause lightening of sun damage effects.

Another thing to note about the NOAEL of the SCCS is they reduced it by a factor of three to account for the fact that it was a 28-day study. But the endpoint, the adverse endpoint, was a thyroid endpoint that is apparently not relevant to humans. So, does it need to be reduced if the endpoint they're using for an NOAEL is not a relevant endpoint for humans? So, there is, I think, a lot to discuss on this.

Obviously, we can restrict it to hands, neck and face, do our own margin of exposure based upon whatever NOAEL we decide to accept. I think it's bad form to regurgitate the SCCS, but we're also going to have to say that use as a skin lightening agent would not be appropriate for a cosmetic in our country.

So, I'll open it up for team discussion. I mean we got the request that we asked for. We got the margin of exposure assessment, and we got the reason for the E.U. restriction. So, where do we go?

DR. RETTIE: What do you think about the MOE, Curt? Do we do our own?

DR. KLAASSEN: Well, the question is, what are we going to call our most sensitive toxic effect, that is our NOAEL, if we don't use the thyroid. If we use the thyroid like they did we'll come out with the same numbers approximately.

DR. BELSITO: Well, unless we don't do the additional reduction.

DR. KLAASSEN: Yeah. I guess I personally don't think we should use the thyroid as the endpoint, which is what we're all saying, I think.

DR. BELSITO: Well, I guess it would be DART then. Right? But those effects were pretty minimum.

DR. KLAASSEN: Right.

DR. SNYDER: Yeah. Even using the thyroid, which isn't appropriate, it was well below 100. So, anything else is going to be even further below 100, I think, right, in regards to risk?

DR. BELSITO: Below or above?

DR. SNYDER: Well, it's in that last sentence on Page 81, in the risk assessment, the --

DR. BELSITO: Right.

DR. SNYDER: "83 and 36, respectively, which are below the value of 100, indicating a potential health risk under higher exposure conditions." Yeah.

DR. BELSITO: Right. But that, again, was based off the thyroid endpoint.

DR. SNYDER: But, like you said, Don, the other effects, the DART effects, were even way lower. Right?

DR. BELSITO: Yeah. They used -- so they started with --

DR. KLAASSEN: What did they use as their NOAEL --

DR. BELSITO: That's what I'm looking for.

DR. KLAASSEN: -- for the thyroid?

MS. BURNETT: Two milligrams per day, or two milligrams per kilogram.

DR. KLAASSEN: Okay.

MS. BURNETT: Oh, wait. I'm sorry. Hold on. That's the adjusted NOAEL. Before it was adjusted, it was six. I'm looking at the top of PDF Page 81.

DR. SNYDER: Yeah. They used a factor of three to go to a sub-chronic study.

MS. BURNETT: Right.

DR. SNYDER: It's clearly stated in there.

DR. KLAASSEN: If one looks at the DART studies, wow. If this is correct, it says that male rats that received 50 micrograms per day -- well that's not per kilogram.

DR. RETTIE: So, that'd be half a milligram per kilogram per day.

DR. BELSITO: Yeah. So, their NOAEL for the SCCS study was two milligrams per kilogram of body weight per day.

DR. KLAASSEN: Right.

DR. BELSITO: Based on their adjustment of 100 and then an additional adjustment of 3. So, it brought it from 6 to 2. And then, with the DART studies --

DR. KLAASSEN: Seems to me, in the DART study, they didn't --

DR. BELSITO: The main effect was weight loss. No?

DR. KLAASSEN: Well, if you look at the second paragraph, five lines from the bottom, a fertility study of male rats that received 50 micrograms per day had some testicular change and decrease in sizes of the litters.

DR. BELSITO: Yeah.

DR. KLAASSEN: So, 50 micrograms per day, by my calculations --

DR. BELSITO: Much lower.

DR. KLAASSEN: -- turns out to be about two milligrams per kilogram per day.

DR. RETTIE: For a 400-gram rat.

DR. KLAASSEN: This is mice, wasn't it? Oh, it was rats.

DR. BELSITO: Yeah.

DR. KLAASSEN: Oh, it was rats. Okay. You're right.

DR. RETTIE: Male rats.

DR. KLAASSEN: I was figuring mice. Okay. Well, let's figure a 300-gram rat.

DR. RETTIE: Big hammer.

DR. KLAASSEN: So, we would multiply that by three?

DR. RETTIE: Yeah. That gets us to 150.

DR. KLAASSEN: 150 micrograms.

DR. RETTIE: A kilo per day.

DR. KLAASSEN: That's a pretty small dose.

DR. BELSITO: The penetration of Kojic Acid is pretty low, PDF Page 74. And in vitro percutaneous absorption using human dermatome skin, absorption over 24-hour period was 0.698 percent.

DR. KLAASSEN: But there's another place that says that it's 18 percent.

DR. BELSITO: 17 percent. Same difference.

DR. KLAASSEN: Yeah, 17, 18. Christina, I wonder if this study that I mentioned with the 50 micrograms might be 50 milligrams instead of micrograms.

MS. BURNETT: I will go and check.

DR. KLAASSEN: That just seems a little strange.

DR. BELSITO: It's a very low dose.

DR. KLAASSEN: All other studies have been using milligrams, 100 milligrams or so.

MS. FIUME: Do you have access to those documents from the original report?

MS. BURNETT: I believe I do. I will go check. I'm looking at the reference. I'm looking for which reference it is right now. I'll try to pull it up momentarily.

MS. FIUME: It's Reference 72 from that report, I believe.

DR. BURNETT: Yep. Now it says 50 micrograms per day.

DR. BELSITO: It is micrograms.

MS. BURNETT: Yes.

DR. KLAASSEN: That was reference, what did you say, 71?

DR. BURNETT: 72. Would you like me to share my screen?

DR. BELSITO: Yeah. Sure.

DR. KLAASSEN: Yeah.

MS. BURNETT: Bear with me here. Can you see something?

DR. BELSITO: Yeah.

DR. KLAASSEN: Yes.

MS. BURNETT: Okay. Right down the second paragraph.

DR. RETTIE: They give the rat weights as well. So, you got 250 micrograms per milligram per kilogram per day.

DR. KLAASSEN: But what are they doing here? Is this talking about aflatoxin?

DR. BELSITO: Yeah.

DR. KLAASSEN: Yeah.

DR. BELSITO: But then, it's not clear because then it says that the aflatoxin was in propylene glycol. And then, it says and 50 micrograms per rat per day of Kojic Acid for 21 days individually in each group.

DR. KLAASSEN: Okay.

DR. BELSITO: So, each group also got Kojic Acid on top of the mycotoxin with propylene glycol, is almost as I'm reading it. Is that not right? It wasn't a separate control?

DR. SNYDER: No. It wasn't a separate control. I don't think it's a valid study because it was done in conjunction with the mycotoxins.

MS. FIUME: But was it, Christina? Because, if you look at the table on top of the next page --

MS. BURNETT: Yeah. Let me scroll down. Yeah. I think this, to me, looks like it was tested separate.

MS. FIUME: Christina, can you magnify it a little bit?

MS. BURNETT: Sure.

MS. FIUME: Thank you.

MS. BURNETT: Better?

MS. FIUME: Yes.

DR. BELSITO: Much better. Just go back. I see the table, and I would agree it looks like the Kojic Acid is used alone. But just go back to their description on the next page, on the prior page, rather.

So, it says that the mycotoxin of propylene glycol at a dose of 10 and 50 mics per rat per day -- no, wait a minute. No, then it says and 15 micrograms per rat per day Kojic Acid. I don't understand why they put Kojic Acid in parentheses.

DR. RETTIE: So, back when this was written, long ago when this was written it seems like Kojic Acid was considered a mycotoxin since it's a fungal metabolite. But that was decided later on that it was mistakenly identified as a mycotoxin. But that might be why they're all lumped together in this paper.

DR. BELSITO: Yeah. It says mycotoxins, parentheses, afla, stearic, and Kojic were procured and were orally administrated with a suspension of mycotoxin and propylene glycol. And the dose was 10 mics per rat per day for afla and stearic, and 50 mics per day for Kojic Acid. So, Kojic Acid was used alone.

DR. RETTIE: Yeah.

DR. BELSITO: Okay. So, it was 15 mics.

MS. FIUME: Yeah.

DR. BELSITO: Wow.

DR. KLAASSEN: Kind of hard to believe.

DR. RETTIE: But, back then (audio skip) -toxins, and aflatoxin is a really potent mycotoxin. Maybe that's an explanation for why that dose is really low.

DR. BELSITO: Yeah. I know, but they saw effects at that low dose. We don't have to explain why they chose a low dose, we have to explain why they saw effects.

DR. KLAASSEN: Other people gave 150 milligram and on up and never talked about testicular changes.

DR. BELSITO: Right.

DR. KLAASSEN: Maybe they didn't look for them, but this is pretty dramatic. I mean, this is pretty unsafe by that number.

DR. BELSITO: Right. Yeah.

DR. KLAASSEN: I don't know what we do about that.

DR. BELSITO: All of the DART studies we have are just looking at female rats, or females rather. And we just have that mention, again, of this 15-microgram study. So, that's in the report. I'm curious why the SCCS overlooked that report. Paul, what do you think? You're our animal expert.

DR. SNYDER: Yeah. I'm confused. Considering the source of the study and everything, they may not have put much weight into it. I'd like to see whether they even referenced it in their report.

MS. FIUME: So, PDF 159.

DR. SNYDER: Yeah.

MS. FIUME: They do have it in their document.

DR. SNYDER: And do they address it?

MS. FIUME: Looking.

DR. BELSITO: PDF 59?

DR. KLAASSEN: If you can, show us that page.

MS. FIUME: 159.

DR. BELSITO: Oh, 159.

MS. BURNETT: That's the top paragraph.

DR. BELSITO: They say that there were no effects.

DR. SNYDER: Yeah. There's a big discrepancy because down in the developmental it says, NOAEL, no effects for maternal or fetal were 100 milligrams. So, something is amiss with that study.

DR. BELSITO: Yeah. But they're saying their analysis of that study was that there were no effects from Kojic Acid on spermatogenesis or sperm parameters, and that six of the eight Kojic Acid-treated males succeeded in mating.

DR. SNYDER: If you go to Page 160 or 161 -- 160 at the top -- it said the SCCP considered the study of limited value because of its limited description. So, they discounted that. They discounted that in their opinion, pretty much. You see that, Don, where it says that?

DR. BELSITO: Yeah. Yeah.

MS. BURNETT: That was for the '92 study. Is the '92 and the '94, the same?

DR. SNYDER: Well, it's referenced. Yeah. I think it is, unless it's a mislabel. But it says for the --

MS. BURNETT: One was on female rats.

DR. SNYDER: Yeah. Yeah. So, I think they found it --

DR. BELSITO: Okay. Yeah. I think it's mislabeled because, first, they report the studies, and then they go into their impression of the studies, right? Because it talks about the cannibalistic behavior that was reported in that study, et cetera. Well, except it's Chowdary '94, and then Chowdary et al. What are their references?

MS. BURNETT: There are two different references for that author. One's a '92 study.

DR. BELSITO: Yeah. And one's a '94 with other authors.

DR. RETTIE: There's more information in the following paragraph, Richard, 1998, where there's a NOAEL from maternal toxicity, embryo toxicity and fetal toxicity, 100 milligrams per kilograms per day.

DR. KLAASSEN: Yeah. But that's the teratology part. This is the male reproductive part.

DR. BELSITO: Right.

DR. RETTIE: Oh, yeah, yeah, yeah, yeah.

DR. BELSITO: That '94 reference is weird, 497 to 449. Is it 549? Do you have that reference, Christina?

MS. BURNETT: I have the other one too, yes. Would you like me to show it?

DR. BELSITO: It almost seems like it's --

MS. BURNETT: I'll share that one too. Hold on.

DR. BELSITO: Almost seems like it's the same study. Did they --

DR. SNYDER: I'm pretty certain it's the same study.

MS. FIUME: There is a '94 and a '92 study.

DR. BELSITO: Right.

MS. FIUME: One is males and one is females. Right, Christina?

MS. BURNETT: Yes. I'm displaying the '92 study right now. Let me know if you need me to scroll.

DR. BELSITO: Need you to enlarge a bit.

MS. BURNETT: Okay. I can do that too.

DR. BELSITO: So, where's the material and methods? Was it just on females?

MS. BURNETT: Listing is seven females, four groups of mated albinos.

DR. BELSITO: This is the '92 study?

MS. BURNETT: Correct.

DR. BELSITO: So, this looks like it's just females that they were looking at.

DR. KLAASSEN: Yeah, postcoital.

DR. BELSITO: Yeah. The only thing that they looked at in the male was -- they didn't really -- they were examined to make sure that there were spermatozoa there. So, it looks like it was just treated females in this study. So, it's the '94 study that looked at male effects. Bring about anti-implantation abortifacient -- yeah, I mean, it's just female.

DR. KLAASSEN: So, if you look at these references, those first -- if you can, go back to those references on the paper right there. And the first one is toxic effects. Oh, that's just of aflatoxin.

DR. BELSITO: As Allan pointed out, they're considering Kojic Acid -- well, no, as a mycotoxin -- an aflatoxin, sorry.

DR. KLAASSEN: Yeah. Right. Well, the question is what --

DR. BELSITO: But, anyway, the '92 study is clearly just on females. So, it's a '94 study, and they discounted that. And that was the one on males. Correct?

MS. FIUME: They discounted the '92 study on females in the SCCS opinion. Or SCCP.

DR. KLAASSEN: Did the SCCP say anything about males?

MS. BURNETT: Yeah. Both studies were shown there. Let me see, what was that one? This paragraph right here, which is PDF Page 159, this is the paragraph on the males from the '94 study.

DR. RETTIE: Okay. Let's read it.

DR. KLAASSEN: Well, that sure says something different than what we just read. Right?

MS. BURNETT: Would you like me to pull that other one up again?

DR. KLAASSEN: Yeah.

MS. BURNETT: Just let me know where you want me to rest it.

DR. BELSITO: Yeah. They say there were no effects of Kojic Acid on spermatogenesis or sperm parameters, which is not what we're seeing. Right? They're saying no adverse effects. So, let's go back to their table. What do they say in the table?

MS. BURNETT: This one.

DR. BELSITO: Compared to control, 1334 testis epididymis 482583, seminal vesicle. Yeah, it doesn't really, in terms of weight, look like there was anything. And what's said in the --

MS. BURNETT: Scroll down.

MS. FIUME: So, Christina, actually the bottom of Page 497 states that Kojic Acid significantly reduced the weight of testes and epididymis.

MS. BURNETT: I'm sorry. Could you repeat that again?

MS. FIUME: Yeah. If you go up to the first page, the very last full paragraph, where it talks about body and organ weights, it does say that the weights of the testes and epididymis was significantly reduced by Kojic Acid.

DR. BELSITO: Right.

DR. RETTIE: But isn't that just a statistical significance at 0.1 percent rather than even 0.05?

MS. BURNETT: So, right here, 0.05 for testes.

DR. RETTIE: 0.05 rather, yeah

MS. BURNETT: 0.01 for epididymis. You can't tell what this is.

DR. RETTIE: So, Kojic Acid is P less than 0.01 for epididymis, less than 0.05 for testes. I'm pretty close.

DR. BELSITO: It seems hard for me to swallow. They have seven controls in eight treated patient or eight treated animals and 1,334 versus 1,374 as a P of less than 0.05.

DR. RETTIE: And that must have been pretty borderline.

DR. KLAASSEN: They got extremely small standard errors or standard deviation or whatever it is.

DR. BELSITO: I guess. But I guess the question still occurs; why would the SCCP go with a thyroid effect when they've got this?

DR. KLAASSEN: Is there a breeding number when these males mated with females? I mean, were they able to make babies?

MS. FIUME: Six of eight successfully mated. It's in the second table, Table 2 on the bottom of the second page.

DR. SNYDER: Which is the same as a control group.

DR. BELSITO: Yeah.

DR. KLAASSEN: Yeah. I would say that the data is not very impressive.

DR. SNYDER: Yeah. I think that's why they said that it was of limited value.

DR. BELSITO: Where do they say that, Paul?

DR. SNYDER: Page 159. I thought they said that.

DR. BELSITO: That was a different study.

DR. SNYDER: Oh, was it?

DR. BELSITO: Yeah. That was the 1994 study. And this is the '92 study. Right, Christina? Or is it the '94?

DR. SNYDER: They've got it backwards.

MS. BURNETT: This is the '94.

DR. BELSITO: Oh.

DR. SNYDER: The '92 study, they discounted the effect due to the limited description. They didn't say anything about the '94 study.

MS. BURNETT: Right.

DR. BELSITO: I wonder why they didn't say anything. Basically they did say that there were no effects of Kojic Acid on spermatogenesis or sperm parameter. So, I guess they just didn't mention that there were effects on the testis and epididymis. But they discounted that, obviously, since mating was successful in the same number of animals, is I guess what I'm assuming here. But they didn't mention it.

MS. FIUME: So, Don, on PDF Page 169, they do talk a little bit about those studies and saying that, however, these effects were not reported by other authors and its relevance is unclear in their discussion of the results of all the study types.

DR. BELSITO: But the effect they're referring to is cannibalistic behavior, no?

MS. FIUME: True. But were they attributing some of the effects to the cannibalistic behavior?

DR. BELSITO: Well, the effects we're talking about are testes and epididymis weight, which would not be related to cannibalistic behavior. But it seems to me that they say previously that it's spermatogenesis, and so they're just discounting these effects on the weight as being not relevant to reproductive toxicity since it didn't affect the --

DR. SNYDER: Remaining success.

DR. BELSITO: Right.

DR. SNYDER: That Table 2 says Mating Performance Test.

DR. BELSITO: Right.

DR. SNYDER: Well, I certainly think the rabbit study is way more powerful. There's 13 rabbits per group.

DR. BELSITO: What page are you on, Paul? You muted, Paul.

DR. SNYDER: Page 159, pregnant New Zealand white rabbits, 13 females per group.

DR. BELSITO: Yeah.

DR. SNYDER: Yeah.

DR. BELSITO: But this is looking just only at females. I mean, it would give us an NOAEL if -- we basically, I think, could go with the SCCS and say we're discounting the effects on testis and epididymis weight in the Chowdary 1994 study, given the fact that mating behavior and success was the same as controls, right?

DR. SNYDER: Unaffected, yes.

DR. BELSITO: Right. And, if we chose not to use a thyroid endpoint, the NOAEL would be 100 milligrams, based upon maternal and embryo toxicity from the rabbit study. So, is that what we would suggest as NOAEL, to do our own margin of exposure, Curt?

DR. KLAASSEN: Yeah, that sounds appropriate.

DR. SNYDER: Well, Don, let's go with that approach. David presents this one, so let's see what they say.

DR. BELSITO: Okay. So, anything else on this?

DR. SNYDER: Nothing for me.

DR. BELSITO: So, where are we? What we're talking about at this point, Monice, is again insufficiency to do our own margin of exposure using a NOAEL of 100 milligrams per kilogram, based upon the rabbit developmental tox study. So, this was at what stage at this point? This was a tentative final?

MS. FIUME: Right. So, this is a Draft Tentative Report. So, a tentative final could have been coming out of this meeting, but if you need that MOE it would have to go out for a second IDA.

DR. BELSITO: Okay. So, it's not like we're forced into an insufficient conclusion final?

MS. FIUME: No, because, if you don't have the information, if it's insufficient for information different than you've asked for before, it needs the IDA.

DR. BELSITO: Okay. So, I guess we understand why it was restricted to hands and face only from the SCCS. We don't want to regurgitate their margin of exposure.

We have concerns about their use of a thyroid endpoint since it's not relative to humans, and that we would recommend a margin of exposure calculation based upon the NOAEL for the rabbit developmental toxicity of 100 milligrams per kilogram body weight per day, and see what we get for both whole body exposure as well as the limited exposure that the SCCS suggested. Is that where our team is at?

DR. SNYDER: I think you summarize it very well, Don. I agree 100 percent.

DR. BELSITO: Curt? Allan?

DR. KLAASSEN: Yes.

DR. RETTIE: Yes.

Cohen Team – September 8, 2025

DR. DAVID COHEN: Just move to the next thing. Kojic Acid. This is a Draft Tentative Amended Report on the safety assessment of Kojic Acid. In June, the Panel determined that the data were insufficient with an IDA identifying the following needs: an MOE calculation for whole body exposure, an explanation as to why the EU restricted the use of Kojic Acid to the face and hands only.

Since the IDA, CIR received two data submissions, one which came from the Council and the other directly from the submitter, containing MOE calculations for whole body exposure to Kojic Acid, and the rationale for the EU restrictions. The MOE for whole body application was less than an a hundred, suggesting the health risk.

The concern of potential risk to human health when Kojic Acid is used at high levels is what prompted EU to restrict the use of Kojic Acid to the face and hands only. So, how do we want to proceed?

DR. TILTON: So, I would suggest that we could move forward based on our prior conversations for safe as used up to 1 percent in face and hand products.

DR. ROSS: I would second.

DR. TILTON: Yeah.

DR. ROSS: I second that.

DR. TILTON: I think the information we got clarified the questions that we had about whole-body use.

DR. SAM COHEN: Concern I have is on the calculation of the margin of exposure. From what I understand, that's based on the thyroid iodine effects. But the thyroid effects with Kojic Acid, if I understand right, are CAR related, which is not relevant to humans. So, you're calculating a margin of exposure based on the non-human risk.

DR. ROSS: Well, the issue there, I think, was when SCCS did this originally, Sam, in 2008, they went with that iodine uptake endpoint, and they concluded that all their MOEs -- because they were using pretty high absorption values -- all of their MOEs were less than a hundred. So, face, hands, the whole body, the whole thing. In 2012, they went back to it and they rejected new absorption data that was submitted by industry in 2012. But they kept the iodine uptake studies in rats, because they recognize that the thyroid tumor studies in rodents were irrelevant for human risk assessment as you point out. But they felt that the iodine uptake was still relevant to humans, but they modified the intraspecies sensitivity adjustment factors. So, things came out -- apart from the whole body, I think, came out as safe.

Now, in 2021, when they looked at it again, they kept the iodine uptake, but they actually said that we don't agree with changing the interspecies sensitivity, so then again they messed around with that. But then they took a different absorption

study, if you remember, the ones we discussed with the cream in a study in Japanese women on the cheeks. And so, they came out as safe as used apart from the whole body.

So, yes, you're right; they're using that iodine uptake, but they're not using a tumor endpoint, they're using an uptake. And they deem that is still relevant.

I'm okay with that. I think we can still use the most sensitive endpoint and we can still support the MOEs in that document, again, from these two independents submitters it came to us -- or one independent and PCPC -- as safe apart from when you use whole body. It's safe for face and hands, face and hands and neck, but not for whole body.

So, that's where I was. I agree with Susan, we would go with the 1 percent. That was my call on it.

DR. BERGFELD: Mine too.

DR. DAVID COHEN: So, we're okay with the 1 percent, and we're okay at defending 1 percent over any higher concentration?

DR. ROSS: And I had a brief discussion with Curt on that, Sam, and he was okay with that. And he felt we should either get rid of the lot or just keep it as is.

DR. BERGFELD: How are you going to deal with that? Are you going to put that in the Discussion or are you going to put it in the Conclusion as a restricted percentage?

DR. DAVID COHEN: I think that's in the Conclusion.

DR. ROSS: I think it's in there already, isn't it?

DR. BERGFELD: I don't have it in my piece of paper.

DR. TILTON: No, no, Susan just penned the motion.

DR. BERGFELD: Oh, okay. Okay.

MS. BURNETT: The original conclusion has the 1 percent.

DR. SAM COHEN: Wasn't that recalculation -- didn't the MOE for whole body come out above a hundred also?

DR. ROSS: No, it was less.

DR. TILTON: No.

DR. DAVID COHEN: Wasn't that the European motion?

DR. ROSS: Yeah. And then we got an independent submission from Sansho Pharmaceuticals, and their whole body --

DR. DAVID COHEN: We had a motion --

DR. ROSS: But our motion is, I think, to keep the same --

DR. BERGFELD: Well, it doesn't restrict it -- the original motion does not restrict it to hands and face. It restricts it to the 1 percent only.

DR. ROSS: Is that right? Okay.

DR. BERGFELD: That's the old one.

DR. TILTON: Yeah. So, in 2010, the original conclusion was safe for use at up to 1 percent.

DR. DAVID COHEN: Right. And you're using hands --

DR. BERGFELD: Face and hands.

DR. DAVID COHEN: You're using hands and face, and that's approximating what percent body surface area?

DR. ROSS: Yeah, those values are in the memos here, and they're in the MOE calculations. But I can tell you, for example -- let's see here. Face and neck were surface area of 885, hands 860, face and neck and hands 1,745 centimeters squared, and whole body was 15,670. That's from the Japanese manufacturer.

DR. DAVID COHEN: Wait, give me that again. So, what's the total face and hands square centimeters?

DR. ROSS: Do you really need that or you really want to go with the MOEs?

DR. DAVID COHEN: Well, isn't the MOE based on a surface area?

DR. ROSS: It is. But I'm just wondering --

DR. DAVID COHEN: Well, I'm just curious, what was the hands and face total?

DR. ROSS: Hands -- face, neck and hands, do you want that total?

DR. DAVID COHEN: Sure, sure.

DR. ROSS: Seventeen forty-five I'm seeing from this, at least from this memo.

DR. DAVID COHEN: And the total --

DR. BERGFELD: You're looking at 20 percent body surface basically.

DR. DAVID COHEN: Well, what was the total?

MS. BERGFELD: Fifteen hundred.

DR. ROSS: Fifteen thousand.

DR. BERGFELD: Fifteen thousand.

DR. DAVID COHEN: Was it 15,000?

DR. ROSS: And then we had another -- yeah.

MS. BURNETT: He was looking at PDF Page 126 if that helps.

DR. DAVID COHEN: It would if I was in a PDF. I'll open the PDF. I open it right from the website. What's the PDF, again, Christina?

MS. BURNETT: One twenty-six. Data one, second page. There's a table at the bottom.

DR. DAVID COHEN: Seventeen forty-five -- 11.1 percent.

DR. ROSS: So, I'm okay with Susan's original statement. And I would say that the last time we discussed this, we had safe as used as 1 percent. The MOE values raised a few questions.

Don, I think he rightly wanted clarification of the reason that SCCS went with hands and face only. And I think that was found by digging back into these old SCCS opinions, and then also the most recent submissions by -- I think, PCPC helped us out and I think Sansho Pharmaceuticals helped us here.

DR. DAVID COHEN: Okay. I'm just trying to do it in my head. Face and neck about 4 to 5 percent, the remaining in the hands. That works. I just wanted, Wilma, like our dogmatic use of the body surface.

DR. BERGFELD: Yeah. Yeah, right. I think it'd be easier for interpreting it. Not just hands and face, they may want to do 10, 20 percent somewhere else, not just hands and face.

DR. ROSS: Oh, I see. Yeah, good point.

DR. BERGFELD: So, body surface percentage might be a better way of addressing that. Do you think you calculated that at 10 percent or 20? What I had heard was about 20 percent.

DR. DAVID COHEN: I think the 10 to 11 percent is sensible. You know, like, it would be a confusing conclusion because the end user can't do that calculation. And why would you want to use Kojic acid? I mean, unless you had some pigmentary alterations somewhere, maybe you'd want to use Kojic Acid somewhere else, but it tends to be sort of a face and hand thing anyway, right?

DR. BERGFELD: It does, but I heard that neck was in there as well, face, neck, and hands

DR. ROSS: Yeah, I think it would be hard for the end user to interpret that. I agree with David there. Yeah.

DR. HELDRETH: Yeah, it might even be difficult for the formulator to use it as well. I mean, what if -- are we talking about things where it's diluted? Like there's 274 uses in bath soaps and body washes. Can you only use that bath soap and body wash on hands and neck and face or is it not allowed?

DR. DAVID COHEN: Just opened it here, one second.

DR. HELDRETH: We also have baby products. Are we limiting it to baby hands and face and neck, or is there a certain -- you know. I'm just trying to think how does that relate to FDA's product categories?

DR. DAVID COHEN: So, if it's going to have a conclusion of hands and face, it actually makes many of these uses unsafe or not supported.

DR. HELDRETH: Yeah, or just not commented on, basically, yeah.

DR. DAVID COHEN: Well, I mean, it's a direct hit. The conclusion is very specific.

DR. HELDRETH: Yeah.

DR. DAVID COHEN: I'm glad we didn't move on from this. What are you doing with the baby products, and why are they in a baby product?

DR. ROSS: Yeah, why are they in there?

DR. BERGFELD: There not very many in there. Total of five.

DR. TILTON: Yeah, they haven't shown up until the recent RLD.

DR. BERGFELD: Yeah, and no concentrations.

DR. HELDRETH: Thirteen eye lotions. Isn't that skin relatively thin? Does that make it a big difference there? It's up to 1 percent in an eye lotion and there is 13 products with that. I don't know.

DR. DAVID COHEN: Let's go back to this for a second.

DR. HELDRETH: I guess that's old data for the percentage, but --

DR. DAVID COHEN: No, I mean it's -- I'm just trying to go back to irritation. Three percent aqueous` solution is not an ocular irritant.

DR. ROSS: Yeah.

DR. DAVID COHEN: With HRIPT at two percent.

DR. ROSS: A doubtful response.

DR. DAVID COHEN: Yeah. So, how are we going to deal with Bart's dilemma?

DR. TILTON: So, there is no -- trying to think about the original conclusion. There was no depigmentation up to 1 percent. Really no irritation or sensitization. And then that just would not include the MOE.

DR. ROSS: But we know that someone is applying this to whole body, for whatever reason. Based on MOE values, that's probably not safe to do.

DR. TILTON: But there would be differences in leave on versus rinse off, right?

DR. ROSS: Depends on why you were applying it.

DR. EISENMANN: And if you believe the thyroid effects are relevant to humans.

DR. ROSS: Yeah, let's see. Well, they concluded the tumors weren't relevant, but the uptake issues were and that's why they messed around with the modification factors between species, but then they came back to the original modification factor. It's a fascinating journey through SCCS MOE calculations, actually.

DR. SAM COHEN: But the iodine uptake thing separate from the CAR-mediated doesn't make any sense at all. The iodine uptake is happening because you're having to replace what's happening secondary to the CAR effects on peripheral thyroid, which leads to TSH, which leads to having to absorb more iodine.

DR. ROSS: I think it's certainly by no means as sensitive as the rodent studies. I agree with you, Sam. And when you looked at that there was discussion of those opinions and those effects, that it was certainly a lot less sensitive for humans. However, they felt they couldn't discount it, and that's why they went to the most conservative. And they went with the most conservative NOAEL. Now we can expand that section and talk about other NOAELs in the literature.

DR. DAVID COHEN: But why would iodine uptake not be an issue in humans?

DR. ROSS: Just less sensitive, as Sam just described, than rodents. A lot less sensitive.

DR. SAM COHEN: And plus, the reason that the rodents are having an uptake of the iodine is secondary to a CAR effect on the liver, which doesn't pertain to humans because we've got circulated thyroglobulin and we don't have to worry about it.

DR. ROSS: Well, when I looked at this I felt we could go with, A; the original conclusion, as Susan said. But, I think, getting back to my major concern right now, as you brought up, these baby products, and I don't know how we're going to deal with that.

DR. BERGFELD: But we have no data on it. We have just the RLDs.

DR. SAM COHEN: Yeah.

DR. DAVID COHEN: Well, the Conclusion very much deals with it.

DR. BERGFELD: Well, you would put this in your Discussion that baby products are not included since there was no data to evaluate it.

DR. TILTON: Yeah, but as Bart mentioned, I mean, they're also used quite a bit in bath soaps and body washes, and you can't really limit that to a percent of your body.

DR. ROSS: Exactly.

DR. DAVID COHEN: It's hard to get into the bath like that.

DR. EISENMANN: There is also no category for hand soaps, so I think people also put a hand soap into bath --or face soap or something. I mean, some people might put a face soap into the face and neck product category, or face and hand, I guess, it is. Or no, it's body and hand, it's face and neck.

DR. ROSS: So, Wilma, you think we can deal with that in the Discussion?

DR. BERGFELD: I think so.

DR. ROSS: And I would just call for, on the MOE, an expanded discussion in the MOE section, bringing in line this discussion of the iodine endpoint used, which Sam raised and Carol commented on, and the SCCS did the most conservative thing they could come up with that, but there are other MOE values available.

And there's at least two or three we can quote, and have that expanded discussion in the MOE section emphasizing that the most conservative one was used. And then the baby products, if we can deal with that in the Discussion, I'm not quite sure how we deal with that, but if we can then --

DR. DAVID COHEN: Well, we never had an IDA for the baby products, but we didn't ask for anything. I mean, unless we go out -- this is a tentative document. We could issue an IDA. We could issue a new IDA and swing it back around for questions about baby products.

If we're going to go with the conclusion, safe as used in 1 percent in face and hand products, and we have evidence in the use tables of non-face and hands, how do we clear that? We didn't ask for anything.

DR. BERGFELD: You have a point.

DR. DAVID COHEN: I didn't mean to take the air out of the room with that one, but are we -- what would we need to know? So, we can't clear it for body wash because your MOE doesn't allow for that. The MOE is adjusting for body surface area. Really, it's not face and hands, it's body surface area.

DR. ROSS: Correct**.**

DR. DAVID COHEN: Right. And so, if it's a body surface area, then all those other uses are not supported. The MOE is forcing that issue. Bart, you have any wisdom here for us? Can you get us out of this -- we're meandering through the desert now.

DR. HELDRETH: Yeah, no. This is a really challenging one. I mean, I think we've gotten so conservative on our risk assessment that we've painted ourselves in a corner here. I mean, we're not even confident about this point of departure being super relevant. And now here we are limiting it to certain areas of the body, and then that in turn paints the user and the formulator into another corner of what products does that mean? I'm not sure how this applies.

So, I don't know, I think it's challenging. Honestly, I think there's not enough data here for making a decision. I mean, if we need a margin of exposure, maybe we need a better point of departure, maybe we need something that clears it more confidently. I don't know. I'm just a chemist, I mean, that's up to you experts.

DR. SAM COHEN: David, what other NOAELs do we have besides the thyroid one that would be more legitimate?

DR. ROSS: Well, there's one in sub-chronic and chronic studies which included thyroid endpoints, in my notes. I'd have to go back in there, but that was at 125 migs per kig. There was another at 250 migs per kig.

DR. SAM COHEN: But take away the thyroid effects in all these studies, what are we left with? Especially in the rat.

DR. ROSS: I don't know how to split out that one, Sam, we'd have to look. But there is another one that's published, Nohynek et al., 2004. I think that was 250 migs per kig to rats to arrive at MOE of at least 4,200. So, you can see we're dealing with the SCCS numbers essentially, and they chose 6 migs per kig but they had to adapt that by a factor of three for their own guidelines, so they came up with 2 migs per kig per day. So that's a lot different to 125 or to 250.

And that's why I think you could expand that MOE section. And I think Don called for that originally, actually. And yeah, I mean, that could be done. I mean, right now our problem is these baby products and shampoos and bath products -- and there's quite a lot of uses, 69 I'm seeing here.

DR. SAM COHEN: Yeah. Can we come up with a NOAEL for a non-rat thyroid effect? Which would be a lot more legitimate for basing a MOE.

DR. ROSS: We'd have to go through that data again. I mean, I didn't parse it out trying to do that.

DR. HELDRETH: Yeah, I think the SCC- --

DR. TILTON: I agree with you that that seems like a good path forward to move away from the thyroid effects.

DR. HELDRETH: Yeah, I think the SCCS, clearly they had the question in front of them, is this okay for hands and face? But the question we have in front of us is, is this okay for baby products, is this okay for bath preparations, for eye lotions, for tonics and dressings? We've got a much different list of is this okay for it?

DR. SAM COHEN: David pointed out that many of these uses go away if you exclude body exposure. I mean, all the bath preparations and --

DR. ROSS: Yeah, they go.

DR. DAVID COHEN: I don't have a problem with that, but we should just be sure that we're confident with our conclusion because it's going to affect a lot of people out there.

DR. ROSS: But we don't have any concentrations of use for the bath products, do we?

DR. SAM COHEN: No.

DR. DAVID COHEN: No. We have bubble baths, oils, tablets, salts. Bubble baths, bath capsules. I mean, these are meant to be used in a whole body, there's no getting around that.

DR. ROSS: But we have no concentrations.

DR. SAM COHEN: Yeah, you have 0.001.

DR. HELDRETH: For oils, tablets, and salts.

DR. SAM COHEN: Yeah.

DR. DAVID COHEN: Where is that?

DR. SAM COHEN: Under bath preparations, bath oils, tablets and salts, 2024 is 0.001.

DR. DAVID COHEN: Ah, yeah, yeah.

DR. SAM COHEN: Which, I'm guessing would be well below the margin of exposure issues, so it'd probably be okay.

DR. ROSS: So maybe it's all a moot point, yeah.

DR. HELDRETH: There's also a personal cleanliness subcategory of bath soaps and body washes that's 0.05.

DR. ROSS: Well, why don't we put another MOE in at 0.05 concentration and see what that comes up with.

DR. SAM COHEN: Yeah, because it might be that if you calculate that you're still in a safe range.

DR. ROSS: I suspect.

DR. SAM COHEN: Especially, once you've diluted it into a tub of water.

DR. DAVID COHEN: Yeah, that's right.

DR. SAM COHEN: All these bath ones are, you know --

DR. DAVID COHEN: Sam, that's an example of diluting the product before use as opposed to a rinse off product, which doesn't necessarily dilute it before use. Remember that conversation I had in the morning.

DR. SAM COHEN: Yeah.

DR. DAVID COHEN: So, are we tabling this? Are we holding the forward motion on this for another MOE calculation? Because the current motion, which I've struck, doesn't work.

DR. SAM COHEN: I think we need the additional, more detailed MOE calculations; one, to take into account these lower concentrations which are well below what were used for calculating the current MOE, plus looking for a better basis for calculating an MOE on a NOAEL that's not thyroid based. Just in case you have nothing else to do, David.

DR. DAVID COHEN: But even if you use the thyroid -- even if you use the point of departure that you have now, would total body use of these concentrations in a tub of water really give you a low MOE? Wouldn't you have an MOE that passed anyway, even if you use this point of departure?

DR. SAM COHEN: I think so.

DR. DAVID COHEN: So why leave the conservative point of departure that you might think is overconservative if we're talking about baby products? And do the MOE based on some of these concentrations we're talking about, because the MOE was based on like a 1 percent in a hand and face product.

DR. SAM COHEN: But then we need the concentrations of use in the baby products, which we don't have, so we're asking for more information.

DR. ROSS: Well, that's certainly true. We need that. And I'm just eyeballing it, if it's 0.05 percent that's 20-fold less than we've got. And so, we've got a factor of times 20 around the MOE.

DR. SAM COHEN: So, you're up to 1,600.

DR. ROSS: But I mean, if you're doing a whole-body exposure, you're probably still going to come out okay.

DR. SAM COHEN: Yeah.

DR. DAVID COHEN: I mean, I'd rather issue another IDA and swing this back around again for comment, but should we ask for concentration of use for baby products?

DR. ROSS: And an MOE for use in bath products.

DR. DAVID COHEN: Right. Which, we have some of that data now but would also be contingent on what we hear back.

DR. HELDRETH: You also want that to include rinse offs as well? Because I'm looking in Table 2, there's one particular FDA category that's body and hand, excluding shaving preparations, and the range of maximum use concentrations is 0.05 to 1. But there's 44 leave ons and 13 rinse offs in that same category.

So, if we have a conclusion that says, well, if it's a rinse off in the body that's okay, but if you have to limit it to something small like hands or whatever for a leave on, then that's going to play some havoc in just that one row in the table.

DR. DAVID COHEN: Well, that's just cleansing, right? And skin care presentation you're talking about?

DR. HELDRETH: Right.

DR. DAVID COHEN: Should I assume that's a wash off product or not necessary?

DR. HELDRETH: Well, if you look under the RLD there, column, for 2024, it says 44 LO and 13 RO, and that means leave on or rinse off.

So, FDA puts in little subcategories on some of these, and this body/hand under cleansing products -- well actually under skin care preparations is actually the whole overhead arching part there -- actually has that split out --

DR. DAVID COHEN: So why don't we add that to our IDA?

DR. BERGFELD: What are you adding?

DR. DAVID COHEN: Concentration of use for skin care preparations that are rinse off.

DR. BERGFELD: Okay.

DR. DAVID COHEN: Because if it's that 1 percent, we're back to where we were before.

DR. BERGFELD: Are you adding the baby request for concentration of baby products?

DR. HELDRETH: And then MOEs for bath and for other rinse offs?

DR. DAVID COHEN: I just put bath products, but I'll put and other rinse offs. Okay.

DR. BERGFELD: Have we decided whether to table this or to go for a second Insufficient Data Announcement?

DR. DAVID COHEN: IDA. We're going to issue an IDA.

DR. BERGFELD: IDA. Oh, IDA, okay.

DR. DAVID COHEN: Because that'll function as a table, but we do need this other data anyway.

DR. BERGFELD: Okay

DR. HELDRETH: Right.

Full Panel – September 9, 2025

DR. DAVID COHEN: Okay. This is a Draft Tentative Amended Report on the safety of Kojic Acid. At the June 2025 meeting the Panel determined that the data was insufficient to support the safety of this cosmetic ingredient. And an Insufficient Data Announcement was issued, identifying additional data needs: a margin of exposure calculation for whole body exposure, and an explanation as to why the European Union restricted use of Kojic Acid to the face and hands only.

Since the IDA, the CIR has received two data submissions, one which came through the Council and the other that was directly received from the submitter containing MOE calculations for whole body exposure to Kojic Acid, and the rationale for EU restrictions.

The MOE values for whole body application were less than 100, suggesting a health risk at high-level exposure. The concern of potential risk to human health when Kojic Acid is used at high-level is what prompted the EU to restrict Kojic Acid to the face and hand only.

We will clearly have a lot to discuss on this. Our motion is as follows. We have a new Insufficient Data Announcement for concentration of use for baby products, and concentration of use for skin care preparations that are rinse-off. We also need a more detailed MOE based on bath products and other rinse-off products that have a max concentration of 0.05 percent. And, of course, we'll need to discuss this further.

DR. BELSITO: After you, Wilma.

DR. BERGFELD: Is there a second to that motion, or further discussion?

DR. BELSITO: No, there's no motion. David said we need to discuss it further, right?

DR. BERGFELD: Yes.

DR. DAVID COHEN: Well, I had a motion, but we can discuss it. I can restate it after the discussion.

DR. BERGFELD: Please.

DR. DAVID COHEN: I'm sure you'll have important things to tell us.

DR. BELSITO: Well, a couple of things. The NOAEL, which actually they didn't have, they took a LOAEL, was for effects on the thyroid, which are then stated to not be relevant based on the mechanism of action of thyroid toxicity. And, then they further reduced it by 3 to account for the fact that it was a 28-day and not a 90-day study.

So, we question the NOAEL that the SCC used in this case, and thought that as a group we should look for a more appropriate NOAEL for this group of substances. And we're hoping that David Ross might make some suggestions.

It was restricted to the neck (audio skip). It was restricted to the face and hands simply because, in the EU, over-the-counter cosmetics are actually not over-the-counter, they're considered cosmetic products. Since this is primarily used in Europe for lightening of skin, they said, well, where would you need lightening? You know, face and hands from photo-aging.

And, so, then they redid their calculations, at a request from industry, to see if it would clear that restriction, which it did, which is why the Europeans restricted it to the face and hands.

So overall, we thought currently this was perhaps insufficient, and that we needed to do a margin of exposure and whatever NOAEL the group decided was the most appropriate for this ingredient. And then, of course, in the Discussions, since lightening would be a drug-effect in the US, there would be that restriction.

So that's where we sort of left it as a discussion here today as to whether that approach is reasonable, and if so, what NOAEL we would agree on. And then do our own margin of calculation, margin of exposure, for whole body and not whole body.

I guess we didn't discuss the baby products. What is your concern about baby products, the thyroid issue? Was that the issue as to why you (audio skip) those?

DR. DAVID COHEN: Yeah, well, there are a few things. There are baby products that are listed, and there are products that obviously can't be restricted to the hands and face limiting body surface area. And, I was a little concerned about surface to body weight differences in babies, as opposed to adults.

My recollection was I thought the iodine uptake was an endpoint that was being considered for the humans, maybe not the end thyroid effects. But, I might not have that well-stated, and Sam, and David and Susan can comment on it.

But, we asked in our IDA for an MOE based on these bath products at 0.05 percent, because the max use concentration was higher than that. And with those lower bath products concentrations we needed a different MOE.

DR. ROSS: I can just very briefly summarize. We spent a long time on this and we went around and around. We had much of the same discussion, Don, and summarized that. But, very briefly, when SCCS looked at this, and they had a long tortuous path of calculating different MOE values, with different assumptions, et cetera, et cetera, with that endpoint you mentioned, which I'll get to in a second.

But when they considered it -- well, asked the question about the use of Kojic Acid as a skin lightening agent, which obviously we wouldn't be using. But in our discussion we also brought in the potential use of baby products, which obviously you can't -- and bath products. In a bath product you can't restrict body surface area, right? You can't say, well, you can't apply it to 80 percent of your area, or 20 percent of the area.

And then we had the baby concern. And there was no puns yesterday about babies and bath water, with that saying. But, with respect to the suitable -- we had a long discussion on the endpoints for the NOAELs. And I think when we discussed this last time, we talked about broadening the NOAELs because the iodine uptake is certainly it may not be relevant for humans, but it

may be -- certainly the tumors aren't -- but as it is human are going to be a lot less sensitive. And Sam can comment in a minute.

With respect to broadening the discussion, we do have a few other NOAELs in there we can use. There was a value in sub-chronic and chronic studies, for example. But I think that was at 125 mgs/kgs. And there was another one published in 2004, which was even higher.

So the way I was sort of thinking about this, overnight, was maybe we broadening the discussion on different endpoints? We bring in different NOAELs, and we compare it to what we're getting with the iodine uptake NOAEL and see where we are. And maybe you use two or three and compare those with respect -- I think that's easily done. With respect to the thyroid endpoints, clearly humans are less sensitive, so, yeah, it's going to be an issue.

DR. BERGFELD: Sam?

DR. SAM COHEN: Yeah, my impression was that we really should be using the thyroid as an endpoint and have it there for comparison. But I think not only are the tumors not relevant, but the thyroid effects, in general, aren't relevant. It's secondary to a CAR activation.

And CAR activation we know will lead to changes in the thyroid. And it's not relevant to humans because of our having thyroglobulin availability, and we've got plenty of iodine floating around our blood stream, so we never run into that. Plus, the issue is that there's no indication that any of these CAR activators produce a thyroid effect in human.

DR. ROSS: I would address Curt actually, Sam. Curt's on the call now. He's our transporter expert. You know, is uptake of iodine, Curt? Is it all CAR-mediated in humans, or what is the transporter that does that? Do you know?

DR. KLAASSEN: Okay. It's not known for sure what transporter is transporting the iodine into the thyroid. But all of this has to do with -- the CAR activators all, in essence, turn on various genes in the body. Okay, so CAR is a transcription factor. And, whenever you turn on CAR you turn on some of the CYPs, especially the 2Bs and the 3As. And the --

DR. ROSS: UTTs, yeah.

DR. KLAASSEN: And some of the 2s. And, so, it turns out that as a result you also get cell proliferation. And when you have a cell proliferation, you increase your likelihood of having tumors, and this occurs in rodents.

In fact, we've done a lot of studies in this area ourselves, and it doesn't have any influence in humans, just like what Sam said. A classic example is phenobarbital, which causes both liver tumors and thyroid tumors, but in rats and mice, but not in humans as people have taken phenobarbital for decades.

That is a pretty solid story that we don't pay it much attention, including the regulatory agencies in the United States, or Europe, in regards to these thyroid effects. So, I don't think it is appropriate to use the thyroid as your measuring stick, that is as your NOAEL, so we need to use those others.

And I'd do just what Dave said, is take a couple of those others and calculate what is the margin of exposure. And I think it'll come out quite nicely.

DR. ROSS: Well, thanks for the information on the transporters. I wasn't aware of which one did the uptake. I realized that, obviously, humans were going to be less sensitive. And I think we probably, in retrospect looking at the transcripts from last time, should have broadened that NOAEL to include others when we did these MOEs for this go around.

DR. KLAASSEN: Correct.

DR. BERGFELD: So, David Cohen -- oh, go ahead, Sam.

DR. SAM COHEN: I think, David, that while you're doing the calculations, though, is to broaden it also to take into account the different concentration for whole body versus the hands and face.

DR. ROSS: Exactly.

DR. KLAASSEN: Correct.

DR. SAM COHEN: So, it's really a different endpoint and taking into account these different concentrations.

DR. ROSS: Yeah. No, I agree, Sam. It has to -- I mean, that was a great point that David brought up yesterday.

DR. BERGFELD: David, do you want to restate the action you'd like taken here?

DR. DAVID COHEN: Well, I don't know if I'm quite there yet. We have an IDA asking for concentration of use for baby products, and for all the rinse-off products, right. And we said we need a more detailed MOE based on bath products and other rinse-off products, as Sam just indicated and David as well. Because the max use in those, right now, for some of them is .05 percent.

How should we alter this motion to fully capture the data needs? And, Don, what am I missing from your team's needs, so I could --

DR. BELSITO: The only thing you're missing from our team's need, we just thought we needed to do a margin of exposure calculation. But, we wanted to hear from David Ross as to what we should use as a NOAEL. What endpoint did he think was best? We were sort of looking at a chronic oral, but we didn't know what David Ross would think.

DR. ROSS: The iodine is questionable, as we've just discussed. Whether or not you still include it for comparison purposes is up to us. We can probable do that first, Curt, and see where we are. And there are other NOAELs around that we can use.

DR. DAVID COHEN: And I think to Don's question before, which is good, David, the baby products question that we asked. Would your MOE calculation be different, would your interpretation be different, for baby products based on this surface area to body weight? And, would you add extra margin in there for those endpoints?

DR. ROSS: Yeah, you'd have to look at -- I mean, usually you're looking at different absorption, you're looking at different surface area, you're looking at potentially different safety factors in that. So, yeah, we'd have to look at that, David, in more detail. But, yeah, you would see -- and it's not a straightforward, you know, this, this and this.

DR. DAVID COHEN: No.

DR. ROSS: They will also be compound specific. And our motion on the baby product was concentration of use for baby products?

DR. DAVID COHEN: Yes.

DR. ROSS: Yeah. Okay.

DR. SNYDER: I like David's assessment saying it's not straightforward. That seems to be the theme for this meeting and some of these ingredients. Doesn't seem like -- many of these things are not very straightforward and quite complex.

DR. BELSITO: Yeah, but I mean, if you ended up with a margin of exposure of like 500 for an adult, would you be concerned about a baby product?

DR. ROSS: Well, you'd have to do the calculation.

DR. BELSITO: No, I understand.

DR. SAM COHEN: Isn't the default for the infant based on just a factor of three? So, if it was a margin of 500 you'd still be okay.

DR. BELSITO: Right.

DR. SAM COHEN: If you even count another factor of three.

DR. ROSS: It's probably likely you're going to be okay, but --

DR. DAVID COHEN: Depends on what your tox endpoints are, too, doesn't it?

DR. BELSITO: Yeah, I mean --

DR. ROSS: Tox endpoints, concentration, yeah. But, as Sam says, if you get a pretty high MOE you're probably going to be okay. But, you know, I'm not going to say that, I'd like to do the calculation first. I'd like to be cautious on that.

DR. BELSITO: But, so then, I guess the question is where is this? Because this was a tentative final, is that not correct, Bart?

DR. HELDRETH: No, it's a Tentative Amended Report.

DR. BELSITO: Tentative amended, and after this meeting it becomes a tentative final?

DR. DAVID COHEN: No, we're asking for an IDA now. We're sending it backward.

DR. HELDRETH: Right, so the status of it won't change. Right now it was brought to you as a Draft Tentative Amended Report, it'll come back as a Draft Tentative Amended Report next time.

DR. BELSITO: Okay. Then fine.

DR. BERGFELD: So there's a second to the motion?

DR. BELSITO: Who's going to look at margin of exposure and decide what the NOAEL is? David Ross, are you going to do that, or Sam Cohen?

DR. ROSS: Jinqiu, myself, Sam can be involved if he wishes, and, yep. I'm volunteering Jinqiu, Bart, is that okay?

DR. HELDRETH: Yes.

DR. BELSITO: You volunteered Sam.

DR. ROSS: Yes, I'm volunteering Sam.

DR. BELSITO: Jinqiu works for CIR, he has no choice.

DR. ROSS: Sam, yeah, he doesn't have to do it. But, Sam would you? I'm sure he'd be willing to do that.

DR. SAM COHEN: Yeah, I'll take a look at it.

DR. BERGFELD: Am I hearing a second to the motion David made?

DR. BELSITO: Yeah.

DR. BERGFELD: Okay. And we've had a lot of discussion about it going out as an IDA. Everyone comfortable with this IDA and what's being requested, the MOE and the recalculation?

DR. DAVID COHEN: And the concentrations of --

DR. BERGFELD: Concentration of use as well for adults and baby products. I guess it's back. All right, I'm going to call the question.

MS. BURNETT: Can I have it restated? I'm sorry, Dr. Bergfeld. Can I have it restated just to make sure I have it down right?

DR. BERGFELD: Sure, Christina. David?

DR. DAVID COHEN: Yeah. The IDA is for concentration of use for baby products, and concentration of use under the heading of skin care preparations that are the bath and rinse-off products. And, we need a more detailed MOE using different toxicity endpoints. And I guess we need MOEs based on the bath product concentrations, and max use concentrations for other uses, for non-total body uses.

DR. ROSS: I think those MOEs should be easily doable given what's in the dossier.

DR. BERGFELD: Okay. All right, may I call the question now? All those opposed? Abstaining? This IDA is now approved, thank you. A lot of good discussion. Thank you.

JUNE 2026 PANEL MEETING – 2ND DRAFT TENTATIVE AMENDED REPORT

Belsito Team – June 15, 2026

DR. BELSITO: Okay, Kojic Acid. At the September 2025 meeting, we issued our second insufficient data report because we sort of changed our data needs. Maximum concentration of use for baby products and rinse-off skincare products, and margin of exposure calculations for various exposure scenarios, bath products at .05 percent, and it says rinse-off products, but that would be like a bath product anyway. Whole body, face, and hands, and toxicity endpoints, developmental and repro, and repeated dose. Yeah, that's the word I was looking for, repeated dose.

Since the IDA, CIR has received data submission through the Council containing margin of exposure calculations. The rinse-off products are applied to the whole body, and those are in the report. And the Use table has been updated. Kojic Acid is used in 3,726 formulations, increased, with the majority of uses in personal cleanliness products and skincare preparations. And then we have the overwhelming 17.

So, that's where we are. We still don't have the concentration of use for baby products. But my comment is, can't we assume that that would mean -- the baby product is a wash, right?

MS. BURNETT: Um-hmm.

DR. BELSITO: Can't we assume that would be the same as an adult wash? At the very worse, I mean, if you're thinking about a company that is marketing --

MS. FIUME: There's leave-on too. Baby lotions, oils, powders, and creams.

DR. BELSITO: Okay.

MS. FIUME: There's five.

DR. BELSITO: Ah, I missed that.

MS. FIUME: Right, this is Kojic. Yeah.

DR. BELSITO: But we have concentration of use for lotions and creams in other products, right, that aren't baby? That are, like, minuscule?

MS. BURNETT: I think it's 1 percent for (inaudible).

MS. FIUME: Yeah, leave-on, not sprays.

DR. BELSITO: Can't we assume that the baby products would be the same across categories?

MS. FIUME: You would probably need a statement in the Discussion that you're assuming that.

DR. SNYDER: In the Discussion saying that the Panel presumes that -- is interpreting it would be at the same level as the --

DR. BELSITO: I mean, are you okay with --

DR. SNYDER: Yeah, I am.

DR. BELSITO: Okay, so assume the same as for adults? Well, for non-baby products, let's put it that way. And should that appear in both the Cosmetic section and the Discussion?

MS. FIUME: Do you want it in the Cosmetic section as well?

DR. SNYDER: I think so; we might as well.

MS. FIUME: So, where it says in the last paragraph, on PDF Page 90, in the Use section for that second paragraph where it says, the results of the use survey indicated use up to 1 percent in leave-on skin care preparations. You would just want, like, a semicolon saying that the assumption is the use in baby lotions would not exceed this concentration?

DR. BELSITO: Well, I mean, then we'd have to keep doing it for each category in which there's a baby. I would just develop a boilerplate that, in the instances where there are baby products that are used in a specific cosmetic category, without reported concentrations of use, the assumption is that the concentration would be no higher than that reported in the same category for non-baby products.

DR. SNYDER: That's perfect.

DR. BELSITO: And have that at the end of paragraph two.

MS. BURNETT: Okay.

MS. FIUME: And then is there any concern with being used in baby wipes without a known concentration of use?

DR. BELSITO: Yeah, the, um --

MS. FIUME: Because I don't think -- because the disposable -- there's disposable wipes, but there is 43 uses, but there's no concentration of use available for it.

DR. BELSITO: And we have no other concentration for wipes?

MS. FIUME: No. For both the disposable wipes, and the baby wipes, there's no concentration of use. And there's no concentration of use given for douches, which would also be sensitive skin, mucous membrane. It's just that the boilerplate --

DR. BELSITO: Yeah, it would not take effect for wipes or -- that's where we got into trouble with methylisothiazolinone, was with wipes.

MS. FIUME: Is there any mucous membrane (inaudible)?

MS. BURNETT: (Inaudible) bringing that up?

MS. FIUME: No, no, but I mean, do we have any studies on this?

DR. BELSITO: Yeah. So there's one baby wipe.

MS. BURNETT: One baby wipe and --

MS. FIUME: Forty-three -- forty-three --

MS. BURNETT: Forty-three regular wipes, disposable wipes.

DR. BELSITO: Where are the other wipes?

MS. BURNETT: Disposable wipes on PDF Page 103 in the table.

DR. BELSITO: But this is not eye, not children's for the disposable wipes.

MS. BURNETT: I'm sorry?

DR. BELSITO: The category says makeup preparations, not eye, not children's.

MS. BURNETT: Others. This is under personal cleanliness products.

DR. BELSITO: Oh, okay. Yeah, you're right. Sorry. Okay, so this raises another question. When we have that kind of exposure in a douche or a wipe, and we have no concentration of use?

MS. FIUME: So, there's something that's mucous membrane that has a concentration of 0.05. Let's see what that is.

MS. BURNETT: That's the bath soaps and body washes. Is that considered a mucous membrane?

DR. BELSITO: It's potential exposure, but I don't really consider it the same category as a wipe or a douche.

MS. BURNETT: Oh, because it stays on?

MS. FIUME: Because a wipe is a leave on?

DR. BELSITO: You know, there's -- the sole exposure is really anogenital.

MS. FIUME: And leave-on versus the bath soap. Yeah.

DR. BELSITO: Right. Yeah, so I guess this is a discussion. I mean, insufficient for products designed for anogenital exposure, mucous membrane exposure. What would you prefer and what's needed as concentration of use? Because that is a very different exposure. And if you do QRA, there's always gonna reduce the significant amount. Team, what do you think?

DR. SNYDER: That's the only way we can do it. We have to have that insufficient for that, because we don't have the data. I agree.

DR. RETTIE: Anogenital use seems to cover it.

DR. SNYDER: Yeah, anogenital. Would that cover douches and everything? Wouldn't it?

DR. BELSITO: Yeah, anogenital.

DR. SNYDER: Yeah.

DR. BELSITO: Yeah, because mucosal would be lips and -- you know, I'm not that concerned about lip exposure. Before we just asked for baby products and we really didn't ask for douches, did we?

MS. FIUME: No, it was just some baby products and rinse-off skin care products.

DR. BELSITO: Right. So we're going out with another insufficiency?

DR. SNYDER: It's different.

MS. FIUME: You can, or you can let it ride for the baby products, assuming that that's the worst-case scenario, if you're comfortable with that.

DR. BELSITO: But I think we need to address --

MS. FIUME: The mucous membrane issue?

DR. BELSITO: Yeah, I mean, because that was a big thing with sodium borate, right? And I can never remember their new name, Women's Voices of the Earth, right?

MS. FIUME: The Weaving --

DR. BELSITO: Weaving Voices for Health and --

DR. SNYDER: What is it, Women -- Weaving?

DR. BELSITO: Weaving Voices --

DR. KLAASSEN: For Health and Justice.

DR. BELSITO: For Health and Justice.

MS. FIUME: So it's mucous membrane exposure concentration in non-rinse off?

DR. BELSITO: Yeah. You know, because we didn't -- we asked for baby products so we could get away with that, but we didn't ask for douches.

MS. FIUME: Yeah, we asked for rinse-off skin care.

DR. BELSITO: Right, I don't know why --

MS. BURNETT: Yeah, I don't remember if it was in last year's table, so it -- the last time I saw it, it might not have been in the table.

MS. FIUME: But the wipes should have been because it was such a big number, yeah.

DR. SNYDER: I spend more time looking at the Use table than I do the wording in the report, you know?

DR. BELSITO: Right.

MS. FIUME: And, you know, I'll try and make a note for the writers, too, so that we're aware and there's those wipe -- you know, to bring it to the attention in the Transmittal Memo.

DR. SNYDER: Thank you. That'd be helpful, yeah. Good?

DR. BELSITO: Yeah, I mean, Discussion -- not that we're there yet -- respiratory and airbrush boilerplate, pigment changes shouldn't occur. I thought the Discussion was very good about the thyroid.

MS. BURNETT: Okay.

DR. BELSITO: I didn't really have any comments with that.

MS. BURNETT: Okay. So, for the next draft, the potential addition -- or the addition for the draft Discussion would be the --

DR. SNYDER: Anogenital and urogenital uses.

MS. BURNETT: Right. And the assumption of baby use, other baby use, would be at the same level --

DR. SNYDER: As the adult.

MS. BURNETT: Yep. Gotcha.

DR. SNYDER: Yep. Perfect.

MS. FIUME: But we're hoping that we get those values.

DR. BELSITO: Anogenital concentration of use, and we can put specifically wipes and douches.

MS. FIUME: So it's anogenital? That specific is for the --

DR. BELSITO: I mean, I think that's what we're concerned about, because mucous membrane would be lips, right?

MS. FIUME: Um-hmm.

DR. BELSITO: I mean, we're not really asking that. Because when you get to lip, right, we're more concerned with potential oral. You know, with anogenital, we're concerned with absorption and --

DR. SNYDER: Local effects.

DR. BELSITO: Local effects and systemic effects.

DR. RETTIE: Do we need to specify anogenital and urogenital? I thought anogenital encompassed urogenital.

DR. BELSITO: Yeah, it does.

DR. SNYDER: Yeah, that's right.

DR. RETTIE: I misunderstood.

DR. BELSITO: And a boilerplate about baby products without concentrations.

MS. FIUME: So that'll be good, you'll be able to see with the boilerplate then; rather than us having to bring it tomorrow and have it discussed at the Panel, where they're maybe not aware of it, you'll see it before the report goes tentative.

DR. SNYDER: Okay.

MS. FIUME: And that'd be a better discussion. Is that okay to do it that way next time?

DR. BELSITO: Yeah.

DR. SNYDER: Yeah, perfect.

DR. BELSITO: Okay, so this is going out for another insufficient, which I think is reasonable at this point.

MS. FIUME: And timing-wise, if we want to, we'll have to look at the agenda, but the next meeting isn't until October. So, if we wanted to, since this is the third one, we should be able to bring it back.

DR. BELSITO: Yeah, bring it back.

DR. SNYDER: Thank you. Perfect.

DR. BELSITO: Who's reporting on this tomorrow?

MS. FIUME: Dr. Brod.

DR. BELSITO: Okay.

Brod Team – June 15, 2026

DR. BROD: Kojic acid is before us now, and the Panel concluded, in 2010, that it's safe up to 1 percent. The report was reopened in 2022. Due to the new EU restrictions we issued two IDAs in March for baby products and rinse-off concentration data, and September for MOE calculations across exposure scenarios.

Current use is 3,726 formulations in the 2025 RLD. That's up considerably from 1,014 in 2024, with more voluntary reporting. The maximum leave-on concentration is 1 percent; rinse-off products, 0.05 percent. Thank you to the CIR staff who performed an MOE calculation, using the Panel's preferred point of departure, of 125 mg/kg/d. All the MOEs are well above 100 and the question is, where do we want to proceed? Where do things stand?

The draft TAR is now currently to be determined. We have to, I think, write the conclusion at this meeting. The reference point of 2010, it was safe at less than -- or equal to 1 percent. In 2025, it looks like the teams converged on safe as used up to 1 percent. And I think the MOE was resolved at the 2025 meeting. All values were above 100.

The baby concentration data wasn't received. The infant MOE was calculated on a 0.05 percent proxy and led to a large MOE of 3,279. That was okay. So, that's what we have here. And so, it may be important to think about some of the issues at hand here. Do we need to say something about the baby products and the MOE calculation, and the lack of concentration data is one question? I'll open it up to the floor.

DR. TILTON: I was just going to say, I think we have two -- I mean, we did have new MOEs, I thought, because we had the whole body calculation now that wasn't included before.

DR. ROSS: Yeah.

DR. TILTON: And then the infant, based on the max concentration of use in products.

DR. ROSS: Yeah.

DR. BROD: With the mucous membrane is where that value came from.

DR. ROSS: Yeah, and I applied an additional tenfold certainty factor because we didn't really know the concentration. I mean, generally, I felt that this had a relatively, relatively clean toxic profile. Our previous major debates were based on the MOE, you know, the suitability of the iodine uptake endpoint used by the SCCS, particularly for adults, under various assumptions of risk factors and uncertainty factors used by SCCS, but with three different risk estimates.

And we concluded last time, I think, that the iodine uptake endpoint wasn't the appropriate endpoint for adults. And we used a different NOAEL, as Bruce said. The iodine uptake endpoint was retained for infant exposures because they're more susceptible to development issues.

The MOE values, using our new calculations, indicates safety. Actually, Jinqiu and I did these a little differently, and we kept slightly different numbers, but all of them indicated safety. And we've used Jinqiu's because he had actual -- I thought his approach was a little bit more accurate, that's the numbers you'll see in here. And I had no problem moving forward with this based on those MOE values.

DR. SAM COHEN: Yeah, I agree. I have just one question for you, David. And that is, for the infant calculation, you used an additional safety factor of 10?

DR. ROSS: Yeah.

DR. SAM COHEN: And I'm wondering why you didn't use 3, which is the more traditional default?

DR. ROSS: Yeah. You certainly can use between 3 and 10, Sam, you're dead on with that. We just wanted to be as conservative as possible, particularly as we didn't actually have that concentration. That's why we used it.

DR. SAM COHEN: Okay.

DR. TILTON: I really appreciate the MOE calculations being included; they're very helpful, and the conservative approach that was taken, with regard to the infant, since we don't have actual concentrations. Otherwise, I agree, Dave, I thought this was a pretty clean report and I would agree with safe as used.

DR. BERGFELD: I'd like to make a comment about the pigmentation. Under non-cosmetic use, it's used for depigmenter. And I'm not sure where the FDA stands on it because it's not an OTC I don't believe. And the depigmentation, if that's what they're trying to achieve at 3.9 percent, that would be active, depigmenter.

And then, some of the studies they show that the skin changes were noted for 72 hours and then it disappeared. And I wondered, being a dermatopathologist, if that wasn't due to increase in melanophages in the superficial dermis, which disappear over time, especially if the epidermis is interfered with in any way. And it is a depigmentation process.

So, if 3.9 percent is in a product to depigment, and your top is 1 percent, I'm just hoping that we have enough data here to say that 1 percent and under does not do that. And I don't know. I looked and looked, I see erythema disappearing. I'm not sure I noted it was a little bit hyperpigmented after patch testing.

DR. BROD: Yeah, and that may have been post-inflammatory type change.

DR. BERGFELD: Yeah.

DR. BROD: I think, is what was going on.

DR. BERGFELD: Yeah, the melanophage just being increased. Yeah.

DR. BROD: There are case reports where it's a sensitizer, of course, but I'm not concerned about the sensitization of this at 1 percent. It's a low irritant. I think one of the things that -- yeah, you raise a good point. The thing that provides some level of comfort is it's not a direct toxin to the melanocytes. It depigments through a different mechanism.

DR. BERGFELD: Through tyrosinase.

DR. BROD: Yeah, of action.

DR. BERGFELD: Um-hmm. It is mentioned in the draft Discussion. There's a paragraph -- one, two, third paragraph talks about lightening effect, which is depigmentation.

DR. BROD: It's in the Discussion, yeah. Are you thinking additional?

DR. BERGFELD: No, I'm just saying at the margin of safety, you've already proved it for sensitization, I believe, with the MOE; but I don't know if you've proved it for depigmentation, if that was even considered, actually.

And I think it's possible that -- and FDA could respond to that, that 3.9 percent in depigmenting cream used for lightening skin, and then setting a safe level of 1 percent for cosmetic use.

DR. ZANG: Okay. Well, again, this is the jurisdiction question that we're talking about. And the jurisdiction conclusions usually, it's not directly based on the concentration, there's no clean cut. And most of the time it depends on the claim, intended use and whatever we found on the labeling, right?

So that's why labeling review is defin- -- it's a case-by-case situation, depending on the labeling information. And to this date, I don't know if -- if it's considered OTC, then OTC will have a monograph about that, but I'm not aware of such a thing.

DR. BERGFELD: It doesn't mention in our Summary here that it was OTC, but it suggested it was, just by its use. We've covered it in the Summary, but I was just wondering about the difference in percentages in the product; where would be our endpoint where depigmentation starts and ends, if 1 percent is low enough to protect the individual from depigmentation?

DR. ZANG: Do we have scientific data to support that?

DR. BERGFELD: Not that I saw.

DR. BROD: No. There's was a guinea pig study mentioned, and it didn't produce meaningful whitening at even 4 percent. And the melanocyte counts and morphology were unchanged. And I know the EU had concern about this, but I don't know if it's coming in at the right level about it.

DR. BERGFELD: Yeah.

DR. BROD: Well, maybe we have enough in the Discussion, then, just to cover the fact that we recognized it. I would favor that, staying with the discussion language to elucidate that we talked about the science of it.

DR. TILTON: And in the Summary it also describes skin lightning is considered a drug effect. If skin lightning is a drug effect, what else is this ingredient being used for in cosmetics? Because that's a little concerning, and it would obviously implicate a different regulatory scheme.

DR. BERGFELD: Well, a lot of the topical lotions are anti-oxidants and anti-inflammatory just innately. Every hand lotion, every body lotion does that. So, my sense of it was part of that.

DR. BROD: Yeah, I had the same sense, that it's functioning as an antioxidant in the personal care product space, and not as a skin lightening agent in that space.

DR. HELDRETH: You know, oftentimes, we have to remember that chemicals are kind of agnostic to their function. You think of something like citric acid, in one situation pH adjuster, right? But citric acid is also a preservative. You gotta go, oh, no, there's a preservative here, when it's not being used in a product for that function. I think that's kind of an analogy to what's going on here.

DR. BERGFELD: So, we're going to go as safe and keep the Discussion?

DR. BROD: Safe and keep the Discussion. The MOE calculations took into account the infant use, asking -- I mean, not in the Discussion but, as a side note, FDA clarification, and up to 1 percent safe use.

MS. BURNETT: Clarification. So, it does have a limitation of 1 percent in the actual conclusions? Or is it safe as used as described?

DR. ROSS: I thought went safe as used as described. That's usually what we do with the dossiers, rather than put a specific amount in. But I could go with the flow.

DR. BERGFELD: Our previous declaration review earlier was 1 percent?

DR. BROD: I thought it had 1 percent.

DR. BERGFELD: So, if we change it --

DR. ROSS: Did it have 1 percent, was that the previous conclusion?

MS. BURNETT: The original conclusion was at 1 percent, so you are changing the conclusion.

DR. ROSS: Okay.

DR. HELDRETH: But it works out here that that's our max use concentration that was reported.

DR. BERGFELD: So is that an editorial, or is that something that has to be gone out for approval, 60 days?

DR. HELDRETH: Well, this is a Tentative Amended Report, you haven't actually issued a conclusion this time around for Kojic Acid.

DR. BERGFELD: Okay.

DR. HELDRETH: So, it's going out for comment no matter what.

DR. BROD: We have the max concentration at 1 percent; safe as used at 1 percent would address that. We're not seeing any signal for skin lightening. Would it be a safer conclusion to say, safe is used at 1 percent rather than change it so that we don't see cosmetic industry wading into skin lightening industry?

DR. HELDRETH: Yeah. So the full conclusion would be safe as used in cosmetics, in the present practices of use and concentration, as described in this report. So, that "as described" forces the line of 1 percent.

DR. BROD: It would really, de facto, set the limit of 1 percent?

DR. HELDRETH: That's right.

DR. BROD: Yeah, I'm okay with that. Yeah.

DR. ROSS: And some of the uses are going to be less than 1 percent. So, I think, in the present practices as continued in the report is probably the right verbiage there.

DR. TILTON: But we don't have a max concentration for baby products, though. So, as described in the report, but we don't have a max concentration for baby products?

DR. ROSS: That's correct. But you don't want it being used necessarily at 1 percent of baby products, right? So, what we've done in the daily product MOE, is approximated that concentration using a considerable approximation.

But, I think, rather than specifically going with 1 percent, I think Bart's conclusion was probably the best way to go. Usually, I argue the other way, but I think in this case that's probably the way to do it.

DR. HELDRETH: Do you want to add some additional verbiage to the Discussion section that clarifies that, so the reader isn't confused?

DR. BERGFELD: I would.

DR. HELDRETH: And what would that verbiage be?

DR. BERGFELD: Well, that you did the MOE, basically, and it showed a certain range of safety, or we do not have max concentration of us in the document, something that incorporates those two factors.

DR. ROSS: I mean, when you look at the use in baby products, the max use of Kojic Acid in rinse-off was 0.05 percent, while the use of the bath preps was 50 fold lower at 0.001 percent. We utilized 0.05 percent in those calculations, so it's pretty conservative.

DR. HELDRETH: Do we want to make a strong statement about the baby products in the Discussion?

DR. ROSS: I don't think we need to. I think it's covered in our Risk Assessment section.

DR. BERGFELD: Okay. All right.

DR. BROD: Yeah. All right.

DR. BERGFELD: We tried.

DR. BROD: Well, we'll have another bite tomorrow, too.

DR. ROSS: Yeah, I'm sure there will be more discussion tomorrow.

DR. BROD: There will be more discussion tomorrow.

DR. BERGFELD: For sure.

Full Panel – June 16, 2026

DR. BROD: Yeah, Kojic acid: the Panel last reviewed this in September 2026, and the Panel concluded, in 2010, that Kojic acid is safe up to 1 percent. That report was reopened in 2022, due to new European Commission restrictions. We issued two IDAs, March of 2025, for baby product and rinse-off concentration, and September 2025, for MOE calculations.

Across exposure scenarios the current use is 3,726 formulations in the 2025 RLD, up from over 1,000 in 2024. So, that's a jump. The maximum leave-on concentration is 1 percent, rinse-off products up to .05 percent. The CIR staff, thank you, performed MOE calculations using the Panel's preferred POD of 125 mg/kg/day. All the MOEs are well above 100. The thyroid endpoint was used to calculate the MOE for children's products. In baby products, there are seven uses. We don't have concentration data on that.

And the motion I would like to make is that Kojic acid is safe in cosmetics in the present practices of use and concentrations.

DR. BERGFELD: Is there a second?

DR. BELSITO: No.

DR. BERGFELD: No. Any comments then?

DR. BELSITO: Yeah, we thought it was still insufficient for anogenital concentrations of use, specifically in wipes and douches. We also recommended that there are a number of ingredients where we have uses in babies, but we don't have concentrations of use; and that a boilerplate be constructed to essentially say that we're working under the assumption that the concentration in baby categories, whatever they may be, a moisturizer, for instance, would be no higher than what's reported in non-baby categories.

DR. BERGFELD: Are you rescinding your motion or going forward?

DR. BROD: Yeah, I think that's reasonable to ask for the additional data.

DR. BERGFELD: So, can we have another motion? Paul?

DR. BELSITO: Okay, so, insufficient for anogenital concentration of use, specifically, in wipes and douches.

DR. BROD: I'd like to hear from the other team members.

DR. TILTON: Yeah, we had that conversation about concentration of use, availability, and anchoring the report to the data that we had and the uses where it was reported. So, it did get a little bit complicated, especially for the baby products. So, I support waiting for that data if we can get it.

DR. BERGFELD: Sam?

DR. SAM COHEN: Well, I think that the MOE calculations were all very conservative, including with the baby products, that we used the uncertainty factor of 10 rather than the standard 3. But nevertheless, we do need to have the concentration of use in all the areas.

DR. ROSS: I think this report would be strengthened by the concentration of use. This is Dave Ross. As Sam says, we went pretty conservative; we used the maximum of .05 percent, and then we used a tenfold uncertainty factor.

But still, I agree with what Don said. I think this would be a stronger report, it would be a stronger prediction, it would be a stronger MOE value with more solid implication, if we had the actual concentration. So, I agree with the amendment.

DR. BERGFELD: So, we've had a motion. It's been seconded. We've had comments. May I call the question to go insufficient on this ingredient? All in favor?

DR. EISENMANN: One question. Isn't part of it safe? You're saying insufficient for those specific uses, but what about the dermal uses, the other -- most of the other uses --

DR. BELSITO: I think the other uses are safe, but they're also used in wipes and douches, which are unsafe -- which are insufficient, rather.

DR. EISENMANN: But you have to have two parts to the conclusion, don't you?

DR. BELSITO: This is not a final.

DR. EISENMANN: This is a tentative, right?

MS. FIUME: They're saying IDA.

DR. EISENMANN: Oh, they're saying another IDA? Okay.

DR. BROD: Yeah.

DR. BERGFELD: Are we clear on this? Another IDA for the insufficiency?

DR. BELSITO: Yeah.

DR. BERGFELD: And so, we're going to move ahead then because we've made a decision on the Kojic acid. Okay.

DR. HELDRETH: So I hear you about the IDA. I just want to confirm that it is the consensus of the whole Panel that we would utilize a concentration of use, max concentration of use, for wipes for adults, and use that to calculate an MOE for wipes in baby products? I feel like I heard that proposed. Is that the case?

DR. BERGFELD: David, do you want to respond? David Ross?

DR. ROSS: I think we need baby product data to calculate a baby product MOE. Can you just restate that Bart? I may have missed that. You were saying we were using adult concentrations to get to a baby product MOE?

DR. BERGFELD: He's asking for confirmation of what you're going to use for the baby products.

DR. HELDRETH: I apologize, maybe I misheard; but I thought that's what Dr. Belsito was saying, that the concentration of use used to calculate an MOE for wipes could be translated to an MOE for baby product wipes.

DR. BELSITO: They could be, but we're not sure. -- you know, I'm asking for concentrations in, particularly, wipes that are used in the anogenital area, and it's not clear that that concentration of use for wipes, whether it be cosmetic wipes.

DR. ROSS: I think if I was doing another MOE for baby products, I would want the concentration of use in baby products. I mean, the one we have is pretty strong, given the conservative assumptions; but if we're going to make it better, let's get the right concentrations.

DR. BERGFELD: So it's an ask. We'll include that as an ask?

DR. BELSITO: Right. So, it goes out as another IDA.

DR. HELDRETH: That's correct, since we have different data needs than in the past.

DR. BELSITO: Right.

DR. HELDRETH: It's a second IDA.

DR. BERGFELD: I forgot if we voted on this. Have we voted on this? I forgot.

DR. BELSITO: No.

DR. BERGFELD: No. All those in favor of insufficiency, then, with the statement as stated, raise your hands, please. Unanimous.

SEPTEMBER 2009 PANEL MEETING – INITIAL REVIEW/DRAFT REPORT

Belsito Team – September 24, 2009

DR. KLAASSEN: I like this new style. I don't know about other people, but this is the one that has (off mike) new way or a different way of covering them.

DR. BELSITO: Yes.

DR. LIEBLER: Yeah, I like it too.

DR. BELSITO: Yeah, very nice. Okay. So before we start looking at the documents, we were handed three new piece of data here.

MS. BURNETT: Yeah, I have a few more back at the office, but the Japanese studies on the carcinogenesis are – well, they're saying the Japanese lab just keeps playing around with it, so I didn't (off mike) all out to figure their (off mike).

DR. BELSITO: Okay. So –

MS. BURNETT: Dr. Snyder provided the one (off mike) study.

DR. BELSITO: Okay. So Paul provided that, so you can summarize these studies for us.

DR. SNYDER: Well, because they gave it a NOAEL in the male rat of .5 percent or 227 milligrams per kilogram per day (off mike) it looks like (off mike) NOAEL for the male rat.

DR. BELSITO: So this was a 55-week feeding study in male rats. And so it was an NOAEL or –

DR. SNYDER: NOAEL

DR. BELSITO: Okay, of 227 milligrams per kilogram per day for renal toxicity or carcinoma.

DR. SNYDER: Well, it was (off mike) for the thyroid and the –

SPEAKER: Yeah, liver.

DR. SNYDER: Thyroid and liver agent.

DR. BELSITO: Okay. And then there is the Takazawa study, "Enhancement of Hepatocarcinogenicity by Kojic Acid," 2-stage model after initiation with nitrosamines. So the authors conclude that at least with nitrosamines at 2 percent, kojic acid is tumor-promoting and possibly hepatocarcinogenic –

DR. SNYDER: And that's 1,000 milligrams per kilogram per day.

DR. LIEBLER: And what they're really looking at is not tumorous, but these GSTP-positive foci, which is, you know, several arrows upstream of any possible tumor. And, you know, the magnitude of the effects that they're seeing is quite modest at a high dose of kojic acid, so their conclusion is that possible hepatocarcinogenic activity, but the carcinogenic potential is likely to be weak.

DR. BELSITO: Okay. SO that obviously would need to be added and go into discussions as we move forward.

And then the last is just an abstract from 2004.

DR. SNYDER: One question. Is (off mike) – if you go to page – of the Takazawa paper, he has this reference (off mike).

MS. BURNETT: I have that back in the office, too.

DR. SNYDER: No, but, I mean, is it in the report? Is it referenced in the report? Because it's harder to find the references because they're not alphabetical.

MS. BURNETT: Yeah, I know. I don't think that one's in, but I have it sitting on my desk to go in.

DR. SNYDER: Because they actually give us a .03 to .06 milligrams per kilogram per day may be absorbed through the skin.

MS. BURNETT: Yeah, I have that one back at the office.

DR. KLAASSEN: That would be perfect for this review.

DR. BELSITO: Okay. And then we have an abstract. There's no heading. Is that what you're referring to?

MS. BURNETT: Oh, (off mike) up here.

DR. SNYDER: Oh, yeah, it is. Yeah.

DR. BELSITO: Okay.

DR. SNYDER: Yeah, I didn't catch that when (off mike).

SPEAKER: That was the one we were just referring to. How did that come out?

DR. BELSITO: So comparing the values with the NOEL and oral subchronic animal studies of 250 milligrams per kilogram per day, they calculate a margin of safety as 4,200 to 8,900-fold.

DR. LIEBLER: So there should be a full paper on that, right?

DR. BELSITO: Yes.

MS. FIUME: Yes.

DR. BELSITO: Okay.

DR. LIEBLER: 2004.

MS. BURNETT: I (off mike) and I didn't – you know, like you guys wanted it (off mike). I gave you the hard ones.

DR. LIEBLER: (off mike)

DR. BELSITO: Yes, yeah. It has absorption and alkaline solutions at 309 to 312, and then there was some questionable slight phototoxicity to it without any photosensitization. And the use concentrations are up to 4 percent is the highest they have.

MS. BURNETT: I did get an update from the council on the additional ingredients and they did not have any reported concentrations other than –

DR. BELSITO: They did not have any?

MS. BURNETT: For the kojic isopalmitate and chlorokojic acid. There are no reported concentrations of use for them.

DR. BELSITO: So in 2009, all of these values disappear, is that what you're saying?

MS. BURNETT: No, no, no. Kojic acid is used.

DR. BELSITO: Right.

MS. BURNETT: The proposed additional ingredients, the chlorokojic acid, the –

DR. BELSITO: Kojic isopalmitate.

MS. BURNETT: Yeah.

DR. BELSITO: And kojic dipalmitate.

MS. BURNETT: Have no concentrations of use.

DR. BELSITO: Right, okay.

MS. BURNETT: So they hadn't run a survey on those when I wrote the SLR.

DR. BELSITO: Right. But we've dealt with that before. Just to make a note. So it was 5 percent kojic acid and alcohol that had some very questionable phototoxicity. But it'd be nice to know what the pH of that was because it seems that the absorption is really very pH-dependent, so I think there could be some issues with that in terms of phototoxicity. It certainly needs to be defined a little bit better.

On page 23 of the document, on the reproductive toxicity, the last paragraph actually the last three lines, it says: Body weight gain in the 25 milligram per kilogram maternal mice was slightly, but significantly, greater than the control values. Is that slightly – is that "significant" of "slightly, but not significant?" I would just check that because normally when you're writing something and you say it was "slightly greater, but not significant" rather than "slightly, but significant."

MS. BURNETT: For some reason that sticks out in my mind that that was written as it's reported.

DR. BELSITO: Okay.

MS. BURNETT: But I will check.

DR. BELSITO: Just making sure. And then page 24, the second through fourth lines:

The authors concluded that kojic acid causes an anti-implantation effect and abortifacient effect and litter death in albino rats, which is mainly due to the compound's toxicity.

Do you mean compound's "maternal toxicity?" I'm assuming "maternal" should go in there.

MS. BURNETT: Probably

DR. BELSITO: Okay. And on page 27, I guess I was just interested in Curt and Paul and Dan's comments on the genotox.

DR. SNYDER: Genotoxins.

DR. BELSITO: Yeah. The in vivos, though, were all negative, which I think is important to note, but the in vitro was like everywhere. So I was just curious what you guys thought about that.

DR. KLAASSEN: Well, it's all followed up with carcinogenicity test, so.

DR. LIEBLER: Right. I mean, the in vitro stuff usually was with a lot of kojic acid. And, you know, I think Christina's summary basically says that this is a mixed bag of systems and results.

DR. BELSITO: Okay. So you're between the negative in vivos and the carcinogenicity.

DR. LIEBLER: Data.

DR. BELSITO: We're not going to worry about this mixed bag of in vitro stuff.

DR. LIEBLER: Right.

DR. BELSITO: Okay. Page 36, under the photogenotoxicity, the next to the last line of the first paragraph, it says: The UVA doses were 10 millijoules per centimeter-squared of UVA. UVA's usually measured in joules, so I think it was probably 10 joules per centimeter-squared. UVB is millijoules.

MS. BURNETT: I'll check that.

DR. BELSITO: Yeah, check it. And 10 joules per centimeter-squared is a standard UVA dose for phototoxicity.

So I guess we answered all my questions that I had about the carcinogenicity data from 38 on.

On page 42, bottom paragraph, fourth line, is that the right chemical, acteaminofluorene?

DR. LIEBLER: Probably acetyl.

SPEAKER: 42, bottom.

MS. BURNETT: I will go back and check that.

SPEAKER: (off mike)

SPEAKER: Yeah. Where are you? What line?

SPEAKER: Seventh line up from the bottom.

SPEAKER: Yeah.

DR. LIEBLER: Oh, yes, acetyl. I'm sure that's acetylaminofluorene. That's AAF. Yeah, that's a standard abbreviation for it. It's a hepatocarcinogen.

DR. KLAASSEN: Classic (off mike).

DR. LIEBLER: Yeah, right. That's just a typo.

DR. BELSITO: So it's acetylaminofluorene?

DR. LIEBLER: Right.

DR. BELSITO: Okay.

Just to point out to everyone involved that the sensitization and irritation data that we have on these are really limited and there was no human data. That I find hard to believe.

MS. BURNETT: And that's how many?

DR. BELSITO: And the Japanese are throwing this into everything.

MS. BURNETT: Right. For whatever reason. And they allude to some irritation, but I was not able to find anything.

DR. BELSITO: Okay. Because I think that, at least from my standpoint, at the end of the day, however we work out this issue with the carcinogenicity, and it seems like we've worked through that based upon margins of safety and yadda, yadda, yadda, I think that there's going to be insufficient data for phototoxicity. I think there's going to be insufficient data for sensitization and irritation. And more importantly, I don't have a dose response for a skin lightening effect that is marketed quite clearly as a cosmeceutical for lightening skin. So I think that, from my standpoint, those would be real insufficiencies.

And then the only other comment that I had was on page 3 and on page 51 about EU.

DR. SNYDER: Well, SCCP, you can limit it at the end of (off mike).

DR. BELSITO: Yeah. It says: The European Commission determined the use of kojic acid, a maximum concentration of 1 percent in skin care formulations. It poses a risk to human health due to potential systemic effects and skin sensitization.

So they don't limit it. They say it poses a risk. And then on page 51, it says: The Europeans determined the use of kojic acid at a maximum concentration of 1 percent in skin care products pose a risk to health due to potential systemic effects and skin sensitization.

MS. BURNETT: That's the same.

DR. BELSITO: No, but it doesn't make sense, "at al maximum concentration of 1 percent?" Which means that – I don't understand how that works. A maximum concentration of 1 percent, it poses a risk. So does that mean that above 1 percent it doesn't, below 1 percent it doesn't? I mean, the terminology, "a maximum concentration" is what throws me off there. So is the data suggesting that below 1 percent there's no risk? Do you see what I'm saying? I don't understand the meaning of a sentence that says at a maximum concentration of this, it poses no risk. Normally you would say at concentrations less than or equal to 1 percent there is not risk or at concentrations greater than or equal to 1 percent there is a risk.

DR. SNYDER: And what are they referring to as systemic effects?

DR. BELSITO: Right. So I guess I would like to see that study. It's reference 15.

MS. BURNETT: I think I provided it with the online data.

SPEAKER: Can you speak up a little bit?

MS. BURNETT: I said I think I provided with the online data, but I can snag it and bring it tomorrow.

DR. SNYDER: I guess that's one issue we hadn't really thought about. If everything's online and we discuss it here, (off mike) computer (off mike).

DR. BELSITO: Yeah, it'd be nice, but then you're going to need to have –

DR. LIEBLER: We're going to get issued laptops?

SPEAKER: Only some (off mike).

DR. BELSITO: Yeah.

DR. LIEBLER: I've got mine. You want to look something up?

DR. BELSITO: No, but we need to have Internet access, too.

DR. LIEBLER: Yeah, I got that. I charged it to your room.

DR. BELSITO: Just –

DR. LIEBLER: Yeah, I can try and grab – I can just grab a paper. I mean, it'll take me a few minutes to get – but.

DR. BELSITO: So –

DR. LIEBLER: It might be a good idea, though. I mean, Don's got a good point, just in case somebody doesn't bring – somebody on staff for each team has a laptop and can go and grab stuff as needed because, I mean, you can do it in a couple of minutes.

DR. SEIDMAN: It'd be nice to have a screen, too.

DR: LIEBLER: Yeah, we could do that.

DR. SEIDMAN: LED.

DR. LIEBLER: Or at least be able to grab it and read it.

DR. BELSITO: Yeah.

SPEAKER: It's 2009.

DR. BRESLAWEC: No, I completely agree. It think that's a great idea. I mean, if we're going to be sending you stuff that's not hard copy, the least we can do is provide access.

DR. SNYDER: I mean, that is (off mike) discussions.

DR. BRESLAWEC: Absolutely.

DR. SNYDER: (off mike) we take a look at, you know, this table or look at this data or, you know.

DR. BRESLAWEC: Yeah. No argument, it's a great suggestion.

DR. KLAASSEN: I'm actually thinking (off mike) at this point not be able to have time, but go completely electronic.

DR. LIEBLER: Yeah, I think so (off mike).

DR. KLAASSEN: And actually everything, you know. I'm the most unlikely person to get this because this is the first time that I've come to this meeting that I have a cell telephone.

DR. LIEBLER: We just say cell phone.

DR. KLAASSEN: Oh, cell phone. See, I didn't know how to say the right word.

DR. LIEBLER: But yours doesn't have a (off mike) on the side, does it?

DR. KLAASSEN: I'm getting to the point of looking here and looking there. It'd be easier just to have it all in one place, you know, for each thing that you're doing.

MS. BURNETT: Kojic acid was the first report where I think all of the unpublished data came in on a CD-ROM. I didn't have any hard copies.

DR. LIEBLER: Yeah. See, what would be really convenient is if each of us could have a login on your server and then we had all of the documents either listed as PDFs of other downloadable common formats.

MS. BURNETT: Yeah.

DR. LIEBLER: You simply access those and download them. None of them would be too big.

DR. BRESLAWEC: One of our concerns was that we didn't know how you all would react to it at all, so we didn't want to completely switch over. And my sense is that the reaction is positive to going to pretty much all data online or as much of it as we can. And now that we have that feedback, we can (off mike) that.

DR. BELSITO: Yeah, I think that, you know, instead of – I mean, I would like still the written document that's going to be published, but I think all of the supporting document – the only comment I would make is because this was a new thing and because I've been in Europe for two weeks, where sometimes they charge you 30 euros for a day's access of Internet, you know, when I came across documents where the old reports weren't attached, I really didn't want to spend 30 euros to get an old report. So if I had known that ahead of time, if there had been a sheet before I left that said the following information is available online, then I could have gone online, snagged it, and just saved it on my laptop.

DR. SEIDMAN: Just for a point of clarification, you'd probably still want the books online as well so you could download these in additional to having (off mike).

DR. BELSITO: Yeah, if we get to the point where there are this many books, and I wouldn't have carried them with me. This was a small number; it was easy enough to carry.

DR. SEIDMAN: In Word (off mike).

DR. BRESLAWEC: Please mention this at the main session tomorrow.

DR. BELSITO: Yeah. But I think Word would be nice because I don't – I try to, you know – I mean, I don't know how to make corrections in PDF.

DR. SEIDMAN: You need a special program. You need Adobe Professional or Adobe Standard.

DR. BELSITO: Right.

DR. SEIDMAN: You can't use Adobe Reader. That's why we had trouble.

DR. LIEBLER: Yeah. Now, so, when I started two meetings ago, they made it possible for me to download the – they sent me the books as PDFs.

DR. BELSITO: Right.

DR. LIEBLER: And I was able to mark those up as PDFs and just give them back my marked up files on a USB key.

This time I didn't get those for some reason. And it's no big deal, I used the books and a pen. But that's actually a pretty convenient way to do it. And again, if you had those accessible on the server you could just download the PDFs. And getting Adobe Professional on your computer is no big deal.. It just has a – in this case, the only thing you have that you don't have in Adobe Reader is you have a toolbar that has, you know, text highlight, insert note here, stuff like that, that's –

DR. SEIDMAN: It's a standalone program they have to buy unlike Adobe Reader, which is free, you know.

DR. LIEBLER: Right, but, you know, that's not a real barrier.

DR. SEIDMAN: Yeah.

DR. BELSITO: Particularly if CIR gives it to us.

SPEAKER: They would (off mike).

DR. SEIDMAN: Us? What are you talking about?

DR. LIEBLER: It's cheap.

DR. KLAASSEN: Well, the relative cost of this, it's – I mean, it's not what it was 10 years ago.

Dr. LIEBLER: But that way you could literally have everything that you needed for the meeting on your laptop.

DR. BELSITO: Yeah.

DR. BRESLAWEC: Well, we'd like to work for that. It makes it easier for us as well.

DR. BELSITO: Yeah. No, definitely. And I think that, you know, oftentimes, you know, it is a voluminous waster of paper because, you know, you send us 80 pages of, you know, a Hilltop research report and we're interested in only 3 or 4 pages.

DR. SNYDER: Conclusion.

DR. BELSITO: Well, no, conclusion. I mean, sometimes you're interested in the individual data, scanning data to see about outliers, but, by and large, there are only three pages you're concentrating on. Okay.

So let's see, are there any other comments on this document?

DR. LIEBLER: I have a few.

DR. BRESLAWEC: Did that report clarify the 1 percent maximum (off mike)?

DR. BELSITO: Yeah, it was based upon calculation of margin of safety, not – and – do you have it?

SPEAKER: I gave it back.

DR. BELSITO: Did Dan get a chance to see it?

DR. LIEBLER: Yeah.

DR. BELSITO: Okay.

DR. LIEBLER: I'll look at it.

DR. BELSITO: Go ahead, Dan.

DR. LIEBLER: So I have a few things ranging from the chemically trivial to the more significant, I guess. On page 1, under Physical and Chemical Properties, according to the review article by Velik, "the phenolic hydroxyl group," it's actually not "phenolic," it's just "enolic," so you can ditch the P-H on that word.

DR. BELSITO: Which line is that, Dan?

DR. LIEBLER: The middle line under Physical and Chemical Properties, "the phenolic hydroxyl group." It's not really "phenolic" because there's an oxygen in the ring so it can't be phenolic. It's enolic hydroxyl group.

MS. BURNETT: Okay.

DR. LIEBLER: And then next page, under Analytical Methods, "Kojic acid can be detected with chromatographic or electrophreic," it probably should be "electrophorectic," R-E-T-I-C, "techniques that take advantage of UV light absorption maxima." You could probably just say "absorption" because the actual maxima for kojic acid is shown in Table 1 are different. They're not 254 and 280.

MS. BURNETT: Right.

DR. LIEBLER: And when I saw 254 and 280, that struck me as too much of a coincidence because that's normally the wave lengths of filters that you commonly have put in UV detectors.

MS. BURNETT: Okay.

DR. LIEBLER: And so something that absorbs like kojic acid at 268 in an acidic or neural solution it has, you know, a wide enough band that you pick up some absorbance at 254. So it's a relatively little detail, but you can detect it at 254, but the maxima is higher.

MS. BURNETT: Okay. Do you have notes?

DR. LIEBLER: I did. I made notes for you. And then on page 9, there's a section about aflatoxin and kojic acid, and as far as I can tell it's really just about whether or not aflatoxin and kojic acid are produced together in these various microorganisms. And unless there's aflatoxin contaminating the kojic acid that's used in cosmetic ingredients, I think this information's not really relevant to our evaluation.

DR. BELSITO: So you would recommend deleting that?

DR. LIEBLER: Deleting that section unless there's some issue of kojic acid and aflatoxins co-purifying, which I find hard to believe.

And then on page 48 and 49, there's a section about effects on thyroid and T3 and T4 levels. And so presumably, the mechanism of action of kojic acid in skin lightening is by inhibiting peroxidases – or –

SPEAKER: Tyrosinases.

DR. LIEBLER: Right, tyrosinase, which is a peroxidase. And this kind of compound is capable of inhibiting a lot of different peroxidases because it simply is easily oxidized as an alternate substrate. And so thyroid peroxidase inhibition may be the mechanism of action by which kojic acid exerts these effects because that's how T3 and T4 get made, the iodines get put on the ring by thyroid peroxidase. So what I would suggest is could you look and see if there's any possible literature on thyroid peroxidase inhibition by kojic acid?

MS. BURNETT: Thyroid?

DR. LIEBLER: Thyroid peroxidase.

MS. BURNETT: Peroxidase.

DR. LIEBLER: That's the enzyme that adds the iodine atoms to the phenyl rings, to the tyrosine rings, in T3 and T4, (off mike) those.

MS. BURNETT: Okay.

DR. LIEBLER: There might be relevant literature on that.

And I think that was it for me.

DR. BELSITO: Well, Curt?

DR. KLAASSEN: I guess I was a little surprised that there wasn't more data on the metabolism of kojic acid.

There's only, you know, one short paragraph on here, and you know, it just says that it's a glucuronate and a sulfate. And I just wonder if you could double-check to see if there's a little bit more data up there. It seems like with all of this carcinogenicity work that they would have done more plain biotransformation of a chemical.

DR. BELSITO: Okay. Other comments? Okay. So, where we are with this, let me try summarizing, is that we're fairly comfortable with the carcinogenicity issues based upon exposure. And that would include the use concentration up to 4 percent, which is the highest concentration we're given, is that correct? So it'd be insufficiencies boil down to phototoxicity in a basic solution or we're told that it absorbs in the UVB range; sensitization and irritation at concentration of use; and a dose response for skin lightening effects.

DR. BRESLAWEC: Dr. Belsito? Are you looking for dose responses for the effect or for toxicity?

DR. BELSITO: Well, we're looking at – I mean, we don't necessarily need a dose response, I guess, if they're going to use it at 4 percent. We need information that 4 percent does not result in skin lightening. Is that a better way of saying it?

DR. BRESLAWEC: Thank you.

DR. BELSITO: So absence of skin lightening at whatever concentration they maximally want to use this in a cosmetic.

Now as I recall, we had sort of pushed this up in priority because of FDA concerns about this skin lightening use. And so I guess I'd like to hear from the FDA folks if they have any other concerns that we're not addressing at this point.

Anything else on kojic acid? Okay.

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DR. MARKS: We're going to look at kojic acid now, and this is the first time we've seen this safety assessment so we need to look at data needs, we look to look at the ingredients. Two out of the four proposed ingredients are not used. I'll open the discussion. Ron, Ron, and Tom, in terms of data needs. Is there sufficient data to move on with this report?

DR. SHANK: I don't think so. I think we need skin depigmentation data at the use concentration of 4 percent. That's the only insufficient data need that I came up with.

DR. BERGFELD: Ron, I will tell you that it is used as a depigmenter especially with Asians.

DR. SHANK: But not as a cosmetic. Right?

DR. BERGFELD: It's in cosmetics. It's not a prescription. On the West Coast they just love it.

DR. KATZ: I can't comment about it because I actually didn't understand something I read in the book either about reference to it being or not being looked at by drugs, and my question was whether or not it was ever considered for monograph, and if there's any reason that it should have been or just the reference that it's not used in OTC drugs is just a reference to state of fact that it's not used in OTC drugs.

DR. BERGFELD: I know it's compounded. I have friends who are using it and compounding it in Japan and brining it over.

MS. WEINTRAUB: I have a question about the process. Kojic acid has not been approved by the FDA for such use. Then what is our role here?

DR. MARKS: Our role is to determine whether it's safe to be used in cosmetics, and of course Ron raises the issue of if it has, and there is good evidence, hypopigmentation of one of its effects. We need to know what level as a cosmetic can it be used without worrying about hypopigmentation if I interpreted what you said, and I had the same concerns, Ron. I have no idea.

MS. WEINTRAUB: Even though FDA only approves the use as an antioxidant?

DR. KATZ: That addresses the question that I had raised. I'm not aware that it ever came in as an ingredient either through the monograph or through an NDA process to be approved as a drug. I may not have made it very clear. The wording was strange to me that if it's used as a cosmetic ingredient, then FDA would not have approved it. FDA would only have approved it if it came in for a drug approval. I agree with what Jim is saying, that the question really is is this something that should be a cosmetic or should it be something that should go into the FDA to be looked at as a drug which is a whole different issue than what's really being asked for here.

DR. BERGFELD: I think it's concentration related like so many things. The hydroquinone on page 50 that's talking about clinical testing and therapeutic use was at 2 percent glycolic acid and 2 percent kojic acid. It's my understanding that 1 and 2 percent hydroquinone was on the market as just an over-the-counter product. I understand also that it had been relooked at and possibly FDA had pulled it off the market, just the 2 percent hydroquinone. There was a bleach on the market for cosmetic use.

DR. KATZ: There is a bleach on the market for cosmetic use, but it can't really be called a bleach. As a drug you're correct in that it is a topic of a tentative final monograph and they were trying to finalize the monograph I think about 2 years ago. There was a call for data and FDA was waiting to receive data to substantiate the safety of its use in over-the-counter drugs. As far as I know, that monograph for hydroquinone for a drug has not yet been finalized. I know that they've been assessing information that they've received, but I'm not aware that they finalized that monograph.

DR. BERGFELD: I know that the American Academy of Dermatology did response in letter form though.

DR. MARKS: In terms of?

DR. BERGFELD: A report on hydroquinone.

DR. MARKS: Supporting hydroquinone.

DR. SEIDMAN: As FDA regulated kojic acid, the submission would come in with proposed doses for a specific intended use. I'm a little confused about where the distinction is then between cosmetics and a drug because if I've understood you correctly, you're saying it's a matter of dose.

DR. KATZ: No, it's concentration and it's also use. What distinguishes between a cosmetic and a drug usually is whether or not the ingredient itself and how it's being prescribed is something that one can use safely without intervention for a drug in general, but there are certain other distinctions and whether it affects structure function claim itself is a structure function claim os some other mediating of disease, prevention, et cetera, which would make something a drug rather than a cosmetic. So it really depends on how something is being used and the concentration in which it's being used that might make part of the distinction.

DR MARKS: I think for us the issue is not whether it's being used as skin lightening, that's toxicologic end point we're worried about, we're looking at this as a cosmetic which presumably is used as an antioxidant and/or a skin-conditioning emollient. So it would seem like something if it's being used in Asia as a treatment at 1 percent concentration, there's got to be something less than that that does not have the potential of hypopigmentation but we just don't know that so that that would be a data need.

DR. SEIDMAN: Use concentrations go up to 4 percent in facial creams.

DR. MARKS: Yes, so that would be concerning to me. The other thing continuing on skin impact is that it's a sensitizer, that's on page 30, although in guinea pig testing ti was safe up to 30 percent, but then, Wilma, going back to the study you referred to on page 51, it says at 1 percent preparation, a side effect of this treatment is contact allergy and I don't see any RIPTs to establish a safe level. I would also be interested potentially, although I think we already hazard alerts occurred on what a local lymph node assay would show, but to me it's really what is the RIPT, what is the safe level that this can be used in a cosmetic which isn't a sensitizer. I'm not sure, and Tom mentioned it and I'll refer to that also, on page 3 the SCCP determined a maximum concentration of 1 percent and I'm not sure how they arrived at that. Again I would think it would be less than that if you have 1 percent preparations used for the treatment of melasma in Asia, and contact allergy is a significant side effect.

DR. BERGFELD: Is it significant? On page 50 of women who have an irritant response, and then on page 51 you have a citation of a single report, a 1 percent preparation used two a day for 2 months and the side effect of this treatment is contact allergy but we don't have any numbers there.

DR. MARKS: I guess the problem I had on page 50, without a study it was a mixture of glycolic acid and hydroquinone and glycolic acid is a known irritant, and they talk about what could be an irritation reaction there. They really to my mind don't define whether it's allergic contact or just irritation. That study didn't have as much meaning as the following paragraph on the next page at the top where they talk about this preparation and contact allergy as a side effect. That's not quantified and I'd like to know how often that occurs. As I said, I'd like to see what an RIPT looks like so that we could get a sense of what is a safe level.

DR. SLAGA: There is no data to support that.

DR. MARKS: Right.

DR. SLAGA: It's a statement.

DR. MARKS: Absolutely, but it's an alert in my mind.

MS. BURNETT: That study was an efficacy study, so I just culled out what was most important from that efficacy study to report it in the report.

DR. MARKS: For me, not only would I want to see what is the safe level in terms of the side effect of hypopigmentation, but I'd also want to see what is a safe level for sensitization.

The other things, impurities, Ron, Tom, Ron? I'm going to do that many different ways to change it up. Rather than Ron, Ron and Tom, I may do Ron, Tom, Ron. At any rate, impurities are okay in that impurities are okay in that part? And then the other thing is the other geno and carcinogenicity. That's all fine?

DR. SLAGA: Yes, even on the skin it's a much higher dose and it has no effect. As a skin carcinogen, there are some internal tumor-promoting types of things, but I don't have any concern with that.

DR. MARKS: Impurities?

DR. SLAGA: No.

DR. HILL: No.

DR. MARKS: Do we need that?

DR. SLAGA: No, it's fairly pure from my understanding.

DR. MARKS: Let's go to the four ingredients. We had these data needs certainly for kojic acid. I think we would move forward at this point with insufficient.

DR. SLAGA: Yes.

DR. MARKS: As I said earlier, the chlorokojic acid and the kojic isopalmitate are not used. The kojic dipalmitate does have uses. Forget the number. Is there any problem with extending it from kojic acid to those other three ingredients?

DR. SHANK: I would not add the chlorokojic acid. That's not a simple ester. The dipalmitate is a simple ester. That's okay. But chlorokojic acid could be something entirely different so I would not include that.

DR. HILL: I didn't see it in here: Did you run across information as to how that ester is handled biologically? Certainly that will be when dermally administered a very different beast than kojic acid.

MS. BURNETT: I have found no information on that. It was essentially nonexistent.

DR. HILL: I know, because I would expect to see very different behavior, maybe no difference in the end results, but very different behavior in terms of dermal penetration, how deep in the skin it got, what exited the skin, how fast, what were the species? Do we end up with a monoester leaving and entering the circulation or just kojic acid? Because if the only thing that escapes the skin is kojic acid, then we know what the data suggests. If on the other hand the ester or a monoester escapes into the general circulation, and there are two possible monoesters, but I think the one that's listed here would be the most stable and most likely to come out without hydrolysis and what happens to that, and without that data I don't see what's there for kojic acid supports that diester at all in my mind.

MS. BURNETT: Unfortunately what I could find is in there. There are hardly any data. Also to clarify, I didn't include it in the transmittal memo, but the industry provided me a memo that said that there was no concentration of use for the additional ingredients and that what we have is what's provided.

DR. SHANK: I don't see the advantage of adding another cluster to a report that's going to go insufficient data, so I would leave it just kojic acid.

DR. ANSELL: Yes, and we've just seen this report. The only cosmetic application for this is as an antioxidant and we really question the response we got as it relates to 4 percent, whether that is truly a cosmetic application and should be included within this report. The effective concentrations at the tenth percent are much more likely to be the cosmetic application. So we would propose on tabling or giving us an opportunity to contact FDA and see if there's an opportunity to identify who actually made this report and whether it's truly a cosmetic application because of the concerns that we started the discussions with.

DR. MARKS: I'm going to go back and then, Jay, I'll address your comments because whether it's at 4 percent, 2 percent, or .05 percent, we don't know what the safe level for hypopigmentation -- sensitization at this point is. So I think I would probably say we still should not table at this point or hold, but to just put it out as insufficient, and really what we need are those end points of toxicologic effect. Ron and Ron, you would limit this report to kojic acid alone and not extend?

DR. SHANK: Correct.

DR. MARKS: Because you had mentioned the chloro not being a simple ester, Ron, and then, Ron, you were concerned about the metabolism of dipalmitate also. Correct?

DR. HILL: I think the systemic exposure difference between that and kojic acid itself with that diester. It's a long-chain diester compared with kojic acid itself, so I'm not sure all of the dermal toxicity studies that are done with kojic acid are relevant to the diester in this case. Without knowing something about how fast that ester is hydrolyzed and do we get kojic acid rapidly before it ever penetrates much into the skin, I guess then that would be no problem from where I sit.

DR. BERGFELD: I'm sorry, what did you really say?

DR. HILL: What did I really say? That at least transdermal behavior and if even the hemiester, in other words, the half-ester survives intact to penetrate into the lower levels of skin, then we start to worry about the tumor-promoting activity of skin-type cancers, or if in fact pervasive esterases rapidly hydrolyze that diester before it ever gets anywhere that it can do any harm.

DR. BERGFELD: So your real recommendation would be if you're putting out a want list, that if you had the skin absorption studies for these esters, they might be included?

DR. HILL: Absorption and biological fade, in other words, how rapidly the ester is hydrolyzed. And if there is information as to biological activity, then maybe that half-ester that we're not including could be included because that would the logical metabolite I believe.

MS. BURNETT: Since it's not being used, I'm not sure we're going to get data on that. I don't know if industry would want to pursue that.

DR. ANSELL: If the report is limited to kojic acid, then it takes all the ester off the table, so all the questions become moot.

DR. HILL: If the curiosity would be satisfied or if we learned something about the bio-handling, put in the chemical abstracts number into the chemical abstracts and see what pops up would be very easy. Nothing popped up?

MS. BURNETT: No.

DR. HILL: Not even patents or you didn't open it to that?

MS. BURNETT: No.

DR. MARKS: So we'll recommend tomorrow an insufficient data conclusion, we're concerned about a limit for hypopigmentation as a side effect of the cosmetic, with sensitization we need RIPT, and we will limit this report to just kojic acid. Are there any other comments?

DR. ANDERSEN: What did you think of the summaries?

DR. MARKS: Thank you, Alan. They got into the meat of this. I actually liked the summaries personally, but I think there was some disagreement in my team, maybe referred to "Cliff's Notes" or even less than that. The other thing is if the summaries now rather than in the final article. So I actually liked the summaries, but I'll let my other panel members speak for themselves. Tom?

DR. SLAGA: I have no problem with the summary. We're supposed to read it anyway, but at the same time it directs your thoughts going down to reading it in detail. So I have no problem. Ron?

DR. SHANK: I don't see that they're necessary.

DR. HILL: If they're just duplicating what's in the ultimate summary at the end of the document, they probably aren't necessary. I liked the concept. I had specific criticisms of some of them, but I just made notes. And also perhaps with increased use of elegant tables, those summaries would become somewhat less necessary, but I don't know that's true.

DR. MARKS: Alan, what's your sense in terms of the editors of the journal? Is this something that they are really pushing for? Again if that's the case and we certainly want to put this besides on the Website in the public arena in the form of a journal publication, then if this is what they're aiming for then it seems to me that we should try and accommodate that.

DR. ANDERSEN: We've tried the experiment at one level, but let me direct your attention to pages 27 to 36. That's nine pages of genotox data. The peer-review feedback that we're getting from the tox journal is what's the take-home message? We did it as a summary for the whole genotox section. We actually talked about maybe a better way of doing it might have been to summarize the bacterial assays in that section and then summarize the mammalian assays. We're not wedded to a specific approach, but what we're getting is that pushback from the journal that says you've got to slog through all of this stuff and we're certainly getting the suggestion of condense it, you're too wordy, but even once you condense it, what's the take-home message to this section? We're particularly guilty in the absorption, distribution, metabolism and excretion section in which when we present a dozen studies none of which were done relating to the cosmetic use of the product, it's all data kluged together for some other reason, that it reads like it's kluged together and the read is left with, huh? One study says this, one study says this. You don't make any attempt at all to unify this, and we've talked about it extensively and have simply had to say guilty as charged. It's how we've been doing it, we want to change so that the material is conveyed more consistently in a way that can be compared, and one of the things is as you go through a section of material, summarize it so that there's a take-home message.

DR. MARKS: I guess one of the things in terms of the repetition of the summary on page 51, and this is a marked difference from the way the reports have been done in the past, is do you eliminate the summary section of the paper since that's occurring piece meal throughout the paper?

DR. BERGFELD: No.

DR. MARKS: Then you have the discussion which puts it in the context of say a broader vantage point.

DR. ANDERSEN: What we were thinking is as we go through and in whatever fashion we end up putting these internal summaries, that we effectively have written the summary, we just pull them out and repeat them in the summary section. You could ask isn't that just duplicating? But we also have been criticized by the journal for having summaries that repeat a lot of the data. We've also been guilty of that. It's a function of who's written the report. But we tend to put a lot of stuff in summaries and we're being told to back it down, summary not regurgitation, and this was also a way of helping us be more concise. Those are the pressures we're trying to respond to and the fact that it's being pointed out that we tend to be a little bit wordy seems to be a valid criticism. It's a long report. Make these shorter. You don't have to read so much.

DR. SLAGA: If you take the genotoxicity as the example that you just went over, it's positive in bacterial systems and it's positive in some of the mammalian but not. To me in the discussion is where you should state what you think that really means and then in light of the skin carcinogenesis studies, it obviously does not have an effect on the skin so that you're really not weighing that genotoxicity as very positive because in the past we would say if it's positive in both we want to see skin carcinogenesis. We have that, so therefore we say it's not important in this case.

DR. ANSELL: In our review of these, we didn't find this particular one objectionable, but we do have a concern that the summaries read awfully like conclusions and we don't want to start drawing conclusions from any single set of data for exactly the reasons that Tom just said. So if we go down this road, I think we need to be careful that we're summarizing data.

DR. SLAGA: We're not drawing conclusions. That's only a summary.

DR. ANSELL: Right, but we saw earlier a summary which drew conclusions as I mentioned earlier, and so when we start talking about that it is mutagenic, that has to be taken within the context of the entire package which is what you do in the overall summary, so that we raised that as a concern.

DR. ANDERSEN: So that if you're going to do summaries, constrain them to just capturing what's in that section and not interpreting it.

DR. ANSELL: Yes. In fact, we thought the tables were perhaps a good idea, although the panel has their own opinion on that apparently. We had some technical comments as to what the tables looked like, but we did not object to condensing it through the use of tables.

DR. SEIDMAN: I think give the Panel's role, you're right that we can't draw conclusions on the data per se, and Alan may weigh in on that. Still I think it's CIR's job to point out where there are inconsistencies in the data or where we have concerns about the data because something wasn't reported, so we can weigh in about the quality of the data, and I think that's valuable. And we can weigh in on the weight of evidence. If 90 percent of the studies point to genotoxicity, we can say that, and we don't say though that it's genotoxic, we're just weighing in on what the data report. Do you agree with that distinction or is that too fuzzy?

DR. ANSELL: No, I think that's exactly what we're talking about, but that weigh in, and indeed we fully supported bringing on people with just the expertise to do that, should not be done piecemeal, it has to be done in the discussion as opposed to trying to draw a conclusion on each little dataset.

DR. SEIDMAN: I don't feel one way or the other about summary statements to be quite honest. I prefer tables and then to make summary statements at the end, but still I'd like to know if you're objecting to the summary statements that discuss

what's missing from the data or inconsistencies in the data? Is that something you would personally care for or you'd prefer not having that and just going to the summary section for that kind of information?

DR. ANSELL: I'll defer to the Panel on that.

DR. BERGFELD: I would like to go back in history a little bit. What I see is just an upgrade for user-friendliness and transmitting good information. The Panel has put together a document that nobody has. They've consolidated a lot of information and the readers and public who's reading this is quite diverse including the dermatologists. So I like what's being said here. I like the fact that we're having some summary statements and some of the more laborious types of recording, and whether you would want to go to tables and keep some of these longer pieces and tables I have no objection to. I do have an objection though to when it comes to altering the summaries. I think the summaries are excellent as are the extracts. It's the front and the back of an article, the focus issue, it anchors the article. I think that we put the discussion in there to discuss just what we're talking about, the lack of and why we went this way because we used such and such and that discussion was a real addition to our documents when we put it in a number of years ago. So I think this is looking very good and I think the upgrades and the suggestions are very good, and I think that over time that it will even be a slicker document.

DR. MARKS: Does that answer your question, Alan?

DR. ANDERSEN: I think so.

MS. WEINTRAUB: I think they are very useful. I think though some of the summarize don't quite summarize all of the information in that section. Some of the summaries really were almost verbatim from one study one group of studies, but then as you read on in that section, there were other studies as well that the summary did not mention at all. So I think we still have to be careful that the summary actually summarizes the entire section.

DR. ANDERSEN: To get it right.

MS. WEINTRAUB: Yes, but I think in terms of, I don't know how many consumers actually read these, but I think it definitely helps to really focus reading and knowing what type of information is supposed to be discussed and should be discussed in the section so that I think it's an overall asset.

DR. ANDERSEN: We've been on a lot of summer booklists.

MS. WEINTRAUB: "New York Times" bestsellers.

DR. MARKS: I think the conclusion is that we by and large like the idea of having each section summarized since we're being pushed that way by the journal, that we'll maintain the summary section at the back which is as Alan pointed out will probably be repeated from those individual sections, and that the discussion is to put this all in perspective when there are differences in results in various section of the paper and they need to be put in perspective.

DR. HILL: One of my specific criticisms that I mentioned was on the issue that she discussed.

DR. MARKS: Again just to repeat, we will recommend tomorrow an insufficient conclusion, that we need a safe level for sensitization, and we're going to limit this report to only kojic acid.

DR. ANDERSEN: The phraseology was interesting, safe level of sensitization I understand. Safe level for pigmentation, you want the level at which it doesn't pigment, absence of pigmentation?

DR. MARKS: That's correct. Are there any other comments? The next group of ingredients are the cyclomethicones.

DR. HILL: I'm sorry, one question I had while I was glancing through you were asking is maybe the aflatoxin information was there for our consumption, but that falls into the category of information that I'm not sure needs to stay in the final. I know about aflatoxins, but I didn't see the relevance to a cosmetic in human use.

MS. BURNETT: It can be deleted and probably will be.

DR. ANDERSEN: Good pick-up.

Full Panel – September 25, 2009

DR. BERGFELD: -- I think it's time to move on to the last item in this particular grouping, and that's the kojic acid group, Dr. Belsito presenting.

DR. BELSITO: This is "Kojic Acid and Related Ingredients," and again this is a new cosmetic ingredient for use, and my team looked at the document, and we thought that while there is a good amount of data, the data was still not sufficient to look at safety and that what we needed was information on sensitization and irritation and concentration of use. The phototoxic potential of this chemical in basic solution if it was to used in a basic solution because it does absorb in the high UVB range and also since it's been touted as a cosmeceutical for skin lightening, some notion of what percentage this may or may not cause skin lightening would be needed. And additionally there was a request from Dan, and he might want to expand upon

this, if we could get some information about inhibition of thyroid peroxidase by kojic acid, because we know it does seem to be a tyrosine inhibitor, that would be helpful as well.

DR. BERGFELD: Dan.

DR. LIEBLER: My comment was based on the fact that the chemical nature of this compound makes it a pretty good inhibitor of many peroxidases, and because there were several pages of material on effects on thryox – thyroid hormone, this process is also governed by a peroxidase, and so I thought that that would be valuable to include in terms of understand mechanism.

DR. BERGFELD: Anyone over here? Ron?

DR. MARKS: Yeah, we concur with that. The only other thing we would suggest is limiting the report to just kojic acid. The other ingredients which were listed – those other three – were either – the biologic fate of these ester is really not known, nor are they simple ester, so we would limit only the kojic acid, and we would move to issue an insufficient report with those needs.

DR. BERGFELD: I guess your option is either to table it and have it go out as an announcement or go out insufficient, is that correct?

DR. ANDERSEN: Oh, I think the appropriate step is an insufficient data announcement. It signals that the Panel believes there are specific additional data that it would like to look at, and that's the position that you should stake out at this point. You have the option of reviewing the data that you receive and making an alternate approach once you have the data, so it's just –

DR. BERGFELD: Don, your opinion on this?

DR. BELSITO: Oh, yeah. I mean, I think we should –

DR. BERGFELD: You didn't make a motion.

DR. BELSITO: No, we should proceed. I made a motion for insufficient. I think it's been seconded.

DR. BERGFELD: Okay, I didn't hear that.

DR. BELSITO: Yeah, that was my motion. Insufficient.

DR. BERGFELD: Okay.

DR. BELSITO: I gave a list.

DR. BERGFELD: Okay.

DR. BELSITO: And Jim's only comment was to delete the other ingredients other than kojic acid.

DR. BERGFELD: Okay. Any other comments?

DR. ANDERSEN: I have a question in terms of the deletion. I understood the discussions that related to the chlorokojic acid. I'm a little concerned about the reluctance on the esters. They seem to be of the same class that the Panel has argued that simple water hydrolysis is very effective in breaking these particular kinds of structures, and even if that doesn't work, esterases are plentiful in the skin. So it is a little concerning to me why we can't expand to include the monoester and the diester. So, I wouldn't mind some further discussion of that.

DR. MARKS: Ron Hill, would you mind?

DR. HILL: There's no answer – three's no information whatsoever, at least in what I had access to, as to in fact does that very lipophilic ester, which is quite chemically different because of that modification from kojic acid, pass through the skin and what escapes the other side of the skin in normal use. And so while I would agree that probably the phenolic ester would be cleaved fairly rapidly, I'm not sure that's true within the layers of skin within the environment of skin, and the monoester cleavage – I mean, the hydroxy methyl ester cleavage might not go so quickly, and if that escapes into the circulation or, for that matter, some information – well, that could have effects, but I think of greater concern is does the diester or either of the monoesters – it would presumably be the hydroxy methyl ester – have biological effects within the skin, in particular promotion or – well, promotion of any carcinogenesis within dermal layers, because such lipophilic compounds can, in fact, have effects – biological effects – on the kinds of targets that may promote tumorigenesis, and so there's no data whatsoever on those esters in terms of biology if, in fact, in the layers of skin they're there and doing something.

DR. BERGFELD: Dan.

DR. LIEBLER: So, I have no objection to considering these esters. I'd like to just make one correction as a follow-up to Alan's comment and a clarification on Ron's – is that even though – first of all, these compounds, even though in principle and solution under the right conditions, they can hydrolyze. For these esters, those conditions will probably not be achieve in skin under conditions where you don't have a lot of skin damage. It would have to be too acidic or too basic. There is a lot of

esterase activity in skin but not enough to make much of a dent in the mole fraction of material applied. If you – we actually studied tocopheryl acetate, a vitamin E acetate ester, in the '90s in my lab quite a bit, and other tocopheryl family members and applied material at least in rodent skin had a very small mole fraction of ester mediated hydrolysis. So, even though there are already enzymes there, you're talking about putting such a whopping amount of material on the skin that the fractional hydrolysis is relatively small. So, most of the material would probably be there in the esterified form, and then whatever biologic activities it has it's going to have there.

DR. BERGFELD: Thank you.

DR. ANDERSEN: That's – that helps the thinking process. Thank you.

DR. BERGFELD: So, the motion is to vote on an insufficient data announcement – or report.

DR. ANDERSEN: Well, I think – did Don accept the amendment to the motion to constrain to kojic acid?

DR. BELSITO: Yeah, is that your recommendation, Dan?

DR. LIEBLER: We could constrain it.

DR. BELSITO: Fine.

DR. BERGFELD: So, call for the motion. All those in favor of an insufficient data report. Thank you. Unanimous.

DR. ANDERSEN: It will make it easier for us, because there's just no information on all the other stuff. Nada, nothing, it's –

DR. BERGFELD: Would you be considering just mentioning that in the report or not – or just avoiding it?

DR. ANDERSEN: No.

DR. BERGFELD: Okay.

DR. ANDERSEN: We're focused now and that'll make it easier.

DECEMBER 2009 MEETING – SECOND REVIEW/DRAFT TENTATIVE REPORT

Belsito Team – December 7, 2009

DR. BELSITO: Thanks. Okay. Okay, kojic acid. So we can get back at them with this one, huh? Where is this? Pinky? Yeah. Pink Book II. Okay, we got a phototox and we got a primary skin irritation in rabbits on kojic acid. Where are my cheat notes here?

MS. BURNETT: Carol also has an HRIPT study and she will hopefully have information on the concentration that was used in the study so we provide this tomorrow.

DR. BELSITO: Okay. So, back in September, we looked at this and we went out insufficient, asked for dermal sensitization and irritation at current use concentrations, phototoxicity, and so we got phototoxicity here. It was done on male, albino guinea pig skin and it was done on 30 male albinos, experimental. And the treated group got 1 or -- 10 animals got 1 percent kojic acid, 10 got 3 percent. In the control, positive control was 10 percent anthracene ointment, and the anthracene mice got the expected phototoxicity, the petrolatum didn't, and then the kojic acid. There was nothing at 1or 3 percent in a total of 20 guinea pigs, so that's what we have for phototoxicity.

For irritation on rabbit skin, again, 1 and 3 percent and the number of rabbits -- 12 male rabbits, and there's nothing at 3 percent. And the concentration of use for kojic acid in cosmetics is --

DR. BERGFELD: 4 percent.

DR. BELSITO: Okay, so 3 percent is close to 4 percent, but is not 4 percent. So, we don't have dermal sensitization, we have irritation in a small number of rabbits. And is the sensitization going to be in rabbits also or is it going to be a human repeat insult patch like we said?

DR. ANSELL: Supposedly human.

DR. BELSITO: Okay, and in the end, do we know, is it a good end?

MS. BURNETT: I haven't seen the study yet.

DR. ANSELL: Yeah, and we're still chasing after the concentration it was run at, which is why we haven't provided it as yet.

DR. BELSITO: Okay, so that's all we're going to get on this, is we're going to get an HRIPT. That's the only thing that's outstanding?

DR. BERGFELD: How about the hypopigmentation?

DR. BELSITO: Well, that's what I'm going to get to because then there's still several other points.

DR. BERGFELD: Well, except that they are -- IP could give that to you maybe.

DR. BELSITO: It wouldn't be long enough.

DR. ANSELL: We do believe we have -- let me invite Tom up to talk a little bit about the hypopigmentation.

DR. RE: Tom Re from L'Oreal. We have a supplier who has expressed interest in providing a study to delineate a concentration that doesn't cause skin bleaching, but they wanted feedback from the panelists to what type of data that the panel feels would suffice. Would an individual study on tyrosinase inhibition be sufficient or do you want an in vivo study either in animals or humans?

DR. BELSITO: Well, animals, I think, are always difficult to do for hypopigmentation, but, I mean, I think the -- probably the least expensive study that would address the point would be looking at effects on tyrosinase, you know, the enzyme, supposedly mediator, that's responsible for the lightening effect. So if they could do that, I mean --

DR. BERGFELD: Well, the problem with that is, at least clinically, it's known to lighten the skin color and even f you had inhibition of tyrosinase in that other model, what if it didn't lighten it to make it white? How are you going to make that differential? Because some of the reasons it's used is the antioxidant property of it, which includes the lightening property.

So, I'm not sure that that's applicable if you're looking at humans. Maybe it should be an animal model.

DR. ANSELL: Well, it might help if I understood exactly what the concern is. What is the pathology associated with the hypopigmentation? Why --

DR. BERGFELD: Whether it goes to complete cessation of tyrosinase.

DR. BELSITO: Well, even if it doesn't, Wilma, cosmetics should not have a biological effect, and if it effects the pigmentation of the skin, then it's a drug. So, it doesn't matter whether it causes complete de-pigmentation or just some slight lightening. I mean, I guess the point is, is that the cosmetic industry has gotten themselves into their own dilemma here by promoting this as skin lightening in their marketing terms and so now the question is, does it, in fact, lighten skin? And if it does, at what concentration does that occur?

DR. ANSELL: If anyone is, in fact, claiming that it lightens the skin, then they are selling an illegal, unapproved drug. It doesn't make it an unsafe cosmetic, it makes it an illegal drug.

DR. BELSITO: Well, I understand that, but then there must be a reason why they -- you know, I mean, it's all the cosmeceutical marketing, that gray zone where they sort of promise things, but not quite promise it, so.

DR. ANSELL: Well, we've crossed from kind of a safety discussion into a regulatory discussion. In fact, such claims would not necessarily be illegal outside the U.S.

DR. BELSITO: Well, I agree. That's not the discussion I want to get into. The point is, is that for whatever reason, there must be some thought that this would help with blemish problems. It's certainly thought to be true among the Japanese, who are particularly fond of this cream to treat their melasma, so the issue is at what level would this occur? And so -- but what we're now being asked to do is to help industry design a study that would give us, or at least suggest a way, of getting to that problem. Would a study where -- I mean, I guess the question is, if it does "have a lightening effect on skin," what is the mechanism? Is the mechanism through an inhibition of tyrosinase or is there another mechanism? Does it affect melanosome transfer from melanocytes to keratinocytes? I mean, I'm assuming that it's through an effect on tyrosinase. If that's true then doing a study to look at effects on tyrosinase levels in skin would probably be the cheapest way to answer that question.

DR. BERGFELD: Could I give a piece of information? One of the Aveeno products that contains soy extract has done tyrosinase inhibitory studies and it's sold as an over-the-counter facial cream for women for radiance, sold for radiance in photo damage, but it definitely does have a tyrosinase inhibitor in it and it definitely -- in both animal and in the cell models and that's a cosmetic.

DR. BELSITO: Yeah, but I mean if you look at page 7, okay, kojic acid inhibits the activity of the enzyme tyrosinase in in vitro assays, so I'm assuming -- and if you assume that that's how it would have a skin lightening effect, then I would be comfortable with a study showing me a dose, you know, in vitro, human skin, going across the stratum corneum where there's -- if it could be done. And I don't know, I mean, I'm not an expert on whether the activity of tyrosinase on skin that's taken from an abdominoplasty or mammoplasty or whatever, how long that stays intact. But if you can show me a level that doesn't get across the stratum corneum and doesn't affect tyrosinase, I'd be comfortable with that in terms of a level for skin lightening effect, but I don't know if the other panel members would. But that still doesn't answer the question that Dan had before about thyroid peroxidase.

DR. LIEBLER: Yeah, I'm going to pull that one. Based on my reading of this and thinking about it some more, I'm not really concerned about thyroid peroxidase anymore, because I don't think you would achieve levels of compound needed to produce the thyroid effects that were observed.

DR. BELSITO: Right, but I think that that would -- and, again, a study on human skin to me would be much more beneficial. You can't do a skin lightening study on humans. I mean, that's not going to get through any ethics board, so it would have to be on animals.

DR. BERGFELD: Page 7 has some of that.

DR. LIEBLER: I think technically it may be quite difficult to do a study even in skin, human skin, in vitro to look at the doses that would inhibit tyrosinase because I think it would be a very difficult thing to measure. I'm not sure how specific the enzyme would be for tyrosine or any other substrate and how sample preparation, you know, homogenization, and so forth would affect the enzymes. So, I'm having a hard time envisioning how you could do a very good study to look at the ability of topically applied kojic acid to inhibit tyrosinase in situ and then somehow measure that accurately. It's one thing to get purified tyrosinase enzymes and do those types of studies that were mentioned here in the document that we have already.

DR. BRONAUGH: I think that -- some of these companies that make cultured skin preparations, make them with melanocytes, and you could probably use a cultured skin preparation to determine what dose in that preparation would inhibit tyrosinase. But if you're interested in the barrier properties of the skin, these cultured skin preparations don't have very good barrier properties.

DR. BERGFELD: Isn't it true that -- it states on page 2 that kojic acid is used as an antioxidant cosmetic line. Now, I don't know how you expand antioxidant to tyrosinase inhibitor, but I suspect it could.

DR. LIEBLER: I don't think they're necessarily related.

DR. BERGFELD: Are they not related?

DR. LIEBLER: No. Antioxidant most commonly means that it's something that chemically acts with oxidants, vitamin E being an excellent example of that. Sometimes things are called antioxidants when they change the levels of antioxidant enzymes by influencing gene expression. Technically that's not an antioxidant, but in common parlance that's come to be referred to as antioxidant as well. I don't think we have any evidence that kojic acid does that. If it does either of those it probably does the former, which is that direct reaction with oxidants.

DR. BELSITO: But to follow up on what Bob said, so if we -- if industry got an epidermal model with melanocytes, could calculate a dose at which there was no effect on tyrosinase, we do have good amount of percutaneous absorption material, you could then do a risk calculation based upon that, you know, concentration in cosmetics -- how much gets across the stratum corneum, what would have -- what has an effect on melanocytes -- and come up with some numbers at least. Because, I mean, if you're using that model, it's going to be a worst-case scenario because 100 percent of the kojic acid is going to be acting on those melanocytes.

DR. ANDERSEN: Just a question in terms of translating the data we already have potentially and to answering the question. We've got information in the report that there's an absence of inhibitory effects on melanin production at levels 10 micromolar.

It also says at 100 micromolar, but we've got other data that says there's tyrosinase inhibition at 100 micromolar. So if we target 10 micromolar and work backwards, is there a snowball's chance that you can reach those levels given what's in cosmetics and assume whatever dermal penetration you want ? I mean, it's -- might this simply be amenable to a calculation approach? Is it --

DR. BELSITO: Well, I mean, certainly you're right. I mean, looking at, again, page 7, you have 10 micromolar with cultured "melan-a" cells showing no inhibitory effect on melanin production and then tyrosinase was -- do we know that 10 micromolar is negative in that assay? We know that 100 micromolar is positive, but we don't know that 10 is negative.

DR. LIEBLER: Christina, is that reference 8 there in that -- is that the same publication for the lack of effect that 10 and 100 micromolar in the cultured melan-a cells? Do you remember? On page 7, the second paragraph that begins, "Kojic acid was a reference sample," and then it ends with "in cultured melan-a cells." Does that all refer to the same publication? Reference 8?

MS. BURNETT: Yeah.

DR. LIEBLER: Okay. Because that could be key -- a really key reference in making the argument that Alan just laid out for us.

DR. KLAASSEN: How are you going to figure out the concentration of the kojic acid around those cells? Even if you know 50 percent is absorbed or 10 percent is absorbed or 2 percent is absorbed, how do we get that -- change that percent into the micromolar?

DR. BELSITO: And then there are also some additional studies, Christina, that I guess you didn't pick up, references 33 through 36. I wonder if those would help us in retrospect aswe're going this way?

MS. BURNETT: I'm not positive because in all these studies the main chemical that was being researched was not kojic acid. They were using kojic acid as a positive control. So, I can go back and look, but from what I remember it was just, here's your concentration --

DR. BELSITO: Right, yeah, so one concentration of kojic acid and one that was positive, not negative.

MS. BURNETT: Right.

DR. BELSITO: Well, one thing, I think, is clear from the data that we're seeing on this tyrosinase inhibition is that it appears that at levels where you do observe some degree of tyrosinase inhibition there is no effect in melanin production because the first paragraph kojic acid was a potent inhibitor of tyrosinase, but they weren't seeing changes in the melanocytes. And then as we saw from that second and third paragraph, 100 micromolar did not affect melanin production, but did have some effects on tyrosinase activities. So if you could get to some way of showing us no effect on tyrosinase activity, I think based upon the data we could be fairly certain there wouldn't be any effect on pigment.

DR. BERGFELD: And so you would be left with this antioxidant description as its activity.

DR. BELSITO: Well, I mean, we're not going with a skin lightening activity for a cosmetic product.

DR. BERGFELD: No, no, but you would have dealt with that.

DR. BELSITO: Yeah, I mean --

DR. BERGFELD: And we know from the other antioxidants that we dealt with, namely the fruit acids, but it was pH-dependent and this has some pH dependency with UV and it was whether there was a salt of it or not. They acted differently. When there was a salt of the fruit acids, it was an emollient. When it was a pH which was rather acidic, it was an exfoliant, and it had other activity, obviously related to absorption.

Can you speak to why it's in these products?

DR. LIEBLER: So, when kojic acid is used as described in these cell studies, these are obviously short- term studies, kojic acid did not reduce pigmentation in mammalian cells, for example, in paragraph one. I think that's a different scenario than repeated use of a product over time that could affect the production of melanin. We don't know if it's going to have an effect on the production of melanin. That's the issue that I think that we're concerned about. And so I think these -- at least these cell model studies don't really address that issue satisfactorily.

DR. BELSITO: Okay, I mean, point well taken. In the acute setting you may not see some changes in melanin whereas in the chronic you might. But, I mean, again, I think it goes back to, you know, industry is coming up to the plate and asking us, you know, how can we answer that question. So, would we be comfortable on a study that looks at tyrosinase inhibition rather than a long-term study where they're painting an animal? Obviously it would have to be, you know, probably one of the --

DR. BERGFELD: Pigmented.

DR. BELSITO: -- pigmented, darker strained guinea pigs or whatever, and rely on that data. And that's what they're asking. So would we be comfortable on, you know, effects on tyrosinase and margin of safety on percutaneous absorption. Or do we want them to do a pigmented guinea pig paint-on study for 180 or whatever number of days?

DR. LIEBLER: I think if they brought us an in vitro tyrosinase inhibition study we'd be right where we are now, having to try and infer from that result what the impact -- what the relevance is to the likely affect on pigmentation in human skin.

DR. BELSITO: Would be over time.

DR. LIEBLER: Right, over time, right. So, I think that kind of study, even though it would be relatively easy to do, really wouldn't help us very much. I think the type of study that would give us an answer that would be more helpful would be the one you just described where you have a pigmented animal model, you apply it over time, and you look at the dose response for any pigmentation affect.

DR. BELSITO: So, Alan, parahydroxyanisole, is that the one we banned because of an effect on pigment?

DR. BERGFELD: It was the first one.

DR. BELSITO: And how long was that study done and on what strain, do we know?

DR. ANDERSEN: My guess is there's not enough information. There's not enough information in the compendium necessarily to answer that. Let's see, "Because of the de-pigmenting action of parahydroxyanisole in black guinea pigs at reported concentrations approaching those used in cosmetics, it is concluded that parahydroxyanisole is unsafe for use as a cosmetic ingredient." So, I'm assuming that there is a study in that safety assessment of parahydroxyanisole using black guinea pigs and skin lightening. I mean, we can find the -- it doesn't say when that was.

DR. BERGFELD: It used to just say on the top. The old document had it on the top.

DR. ANDERSEN: Yeah, but it doesn't now.

DR. BERGFELD: It needs to go back.

DR. ANDERSEN: Volume 4, number 5, Wilber.

DR. BELSITO: Okay. So then, Dan, would you be satisfied if industry looked up that study that was done on para-hydroxyanisole and reduplicated it with kojic acid and came up with a concentration where there was no de-pigmenting effect?

DR. LIEBLER: Yes.

DR. BRESLAWEC: I'd just like to add that that study was done many, many years ago, 20+. Perhaps the study model has changed.

DR. BELSITO: I don't think so.

DR. BERGFELD: You don't think so?

SPEAKER: Take a black guinea pig and paint them with a chemical and look at their pigment.

DR. RE: I actually just got this request from the supplier last week, so we really have -- we at L'Oreal have not even looked at the literature yet to see if there are more updated models or not. But I think, you know, I think that we can definitely by next meeting come back to you with a -- either we're not going to go or some indication of what the model should be.

DR. BELSITO: So, yeah, what you can take back to your supplier will come, I guess, tomorrow, but I guess from our team standpoint, measuring tyrosinase activity isn't going to help us.

So, we are -- where are we? It's pink. So we're going to get the HRIPT and find out if the dermal sensitization is sufficient. If that's sufficient from an HRIPT, then the irritation should be sufficient. But what we have for irritation right now is not sufficient to me. Twelve rabbits does not a safe compound make.

Phototoxicity seems okay and it's going to hinge on the skin lightening effects, but we have not a promise, but -- I mean, this is pink. So are we going formal and sufficient or are we going to table it until we hear back as to whether industry is going to do this study?

DR. BERGFELD: Table. My opinion.

DR. BELSITO: Madam Chairman says table. Dan? Paul? Kurt?

DR. LIEBLER: I would not argue with Madam Chairman.

DR. BELSITO: Okay, so we will --

SPEAKER: Never, ever?

DR. LIEBLER: Not right now.

DR. BELSITO: We will tentatively table this to see what industry's response will be to our skin lightening request.

DR. ANDERSEN: The converse view is you signaled back in September that these data were needed. You didn't receive them. Tough noogies.

DR. ANSELL: If I'm not mistaken, Alan, and you, of course, are the expert on your own procedures. The obligation is to come forward with an offer, not to come forward with the actual data.

DR. ANDERSEN: An offer is one of the things on the table, but this is a discussion of maybe there's an offer. So, it's --

DR. BERGFELD: For public relation's sake --

DR. ANDERSEN: There's nothing fundamentally wrong with tabling it, it's just if we're going to be hardnosed about continuing to move things along, at some point there's got to be an example. I guess we did it earlier today in which you were forceful in saying insufficient data. This one needs that test of, you know, you'd really much rather have the data than not have it. So, I'll shut up.

DR. BELSITO: Yeah, I mean, I think that we're -- we are prepared, you know. I mean, there's enough time between now and the April meeting for industry to decide whether they're going to do something. You can bring this back at the April meeting and if industry is going to do it, then we'll table it again for the data. If industry isn't going to do it, then we've got an insufficient report and we know where we're going with it.

DR. BERGFELD: Did I hear you say that you also needed the census HRIPT data?

DR. BELSITO: Well, I'm told that Carol is going to give us that tomorrow.

DR. BERGFELD: Okay.

DR. BELSITO: So, we'll see.

MS. BURNETT: Perhaps, she's waiting on --

DR. BELSITO: Perhaps.

MS. BURNETT: -- waiting on concentration data.

DR. BELSITO: Perhaps, so that could be another data request.

DR. EISENMANN: I have the study. I just need to know what concentration (inaudible).

DR. BELSITO: Okay, and the study was an HRIPT?

DR. EISENMANN: Yes.

DR. BELSITO: And what was the N?

DR. EISENMANN: I think in the 50s. I'd have to look back at that.

DR. BELSITO: Because that would make a difference, too, because if it's an N of 12 --

DR. EISENMANN: I'll have that number for you tomorrow.

DR. BELSITO: Thank you.

DR. BERGFELD: I'm sure it isn't.

DR. BELSITO: Okay, so we'll also look at the dermal sensitization issue tomorrow when we hear at what concentration it was tested.

MS. BURNETT: Before we move on, we had a few other items that the council commented on and I just want to have you guys address it. Dr. Mark's team addressed it too, so I just want to make sure that everybody's all on the same page.

The first item under the reproductive section --

DR. BELSITO: Page?

MS. BURNETT: Pages 23, 24. It'd be Choudhary studies 60 and 61. They would like your comments on the relevance of the studies and if there was any need for discussion.

DR. BELSITO: I didn't make any comments on it.

MS. BURNETT: Okay.

DR. BELSITO: Paul, did you?

DR. SNYDER: I mean, it's not a primary kojic acid study, so that's probably going to be the issue, there wasn't a (inaudible). There's nothing that comes out in the repro studies.

SPEAKER: Microphone.

DR. SNYDER: There's nothing that really comes out in the repro studies to -- I mean, it could -- it can stay or it can go, either way. I'm okay with it either way. It doesn't have any substantive new information or detractive information in my opinion.

MS. BURNETT: That's what I needed to know. Okay. And then the next discussion point, they would like further discussion on what you think on thyroid tumors in rodents and how they are relevant to humans.

DR. BELSITO: Page?

MS. BURNETT: They would be pages 45, and then I guess some research.

DR. BELSITO: Yes, thyroid gland hyperplasia, follicular adenomas were significantly increased.

MS. BURNETT: And I had added a citation by Hill, et al., at the end of that section on page 51. The Council would like to either have that stricken or the information from the SCCP opinion added so that it's balanced.

DR. KLAASSEN: Yes, I did put a question mark by that on page 51 when I read it. I – you know, this is -- I'm familiar with this article and I'm familiar with these thyroid tumors and, in general, we don't think that they probably are relevant for humans. So what we're seeing here in these relevance -- and, you know, what this sentence says here that Hill makes is basically kind of a government statement that -- where is it here? Okay, so, the EPA follows the position that chemically induced rodent thyroid tumors are presumed to be relevant to humans and that when interspecies information is lacking, the default is to assume co able carcinogenetic sensitivity in rodents and humans.

However, while it might say that there are many chemicals that produce these thyroid tumors in rodents and the way the thyroid hormone is handled by rodents is very different than in humans. Number one, the rodents don't have the thyroid-binding globulin and plasma and the half-life of thyroid hormone itself is much more rapid than in rodents than in humans, and there are other effects. And we have many drugs on the market that cause these thyroid tumors which appear to be identical to this and don't appear to be relevant. So, I'm not overly concerned. Plus we need to recall, you know, the dose difference between what this chemical can do when given at high doses, that the doses and the concentrations that are being absorbed across the skin are much less than will produce these effects.

I would suggest, quite frankly, that this paragraph that Hill wrote is -- really be removed because that's not really the general status of this area, but for people that work in this area.

DR. SNYDER: That's my interpretation of this data that was presented with, also, rodents are exquisitely sensitive to minor perturbations in thyroid hormone levels and circulation. We have data to suggest that that does occur in animals treated with kojic acid and so the expected response would be an increased proliferation of the thyroid and they all have increased organ weights consistent with that. So that mechanism appears to be the mechanism. We get no evidence. We've actually got studies that were looked at, genotoxicity and carcinogenic specific effects, initiation, promotion, in the thyroid, which were all negative. So, that doesn't appear to be the mechanism. So I think exactly what Dr. Klaassen is saying is correct, that this is something that's unique to the rodent, and we'll capture it or we should capture that in the discussion.

DR. BELSITO: Plus we've already captured that. I mean, this is this gentleman's opinion of doing a review of the literature. This is not primary research and we've already captured -- that was the point before -- that there are thyroid issues in animals treated with very high doses that if we feel we need to discuss it in the discussion, we can discuss it. We don't need this individual from the EPA giving us his opinion.

DR. LIEBLER: Maybe I could make a suggestion. The -- instead of this paragraph citing the Hill paper, as Curt's points out, perhaps there is a review, a perspective in the literature on rodent thyroid carcinogenesis not necessarily by kojic acid, but by other compounds, that might be used to illustrate Curt's point. Because I think Curt's point should be in this report in place of this Hill thing that makes the point about the sort of unique characteristics or nonhuman- like characteristics of thyroid carcinogenesis by other chemical substances. So, even if it doesn't necessarily cite kojic acid, and it might not have come up in your literature search, Christina, it might be the right thing to have there.

DR. BELSITO: But not there. This is under tumor initiation. It would be the right thing to have in the discussion as to why we felt that the thyroid effects were not relevant to humans.

DR. LIEBLER: Then that's fine. Yeah. Right, it should be in the document.

DR. SNYDER: The article, Charles Capen, "Toxicologic Pathology," 1996.

SPEAKER: For example.

DR. BELSITO: What were the page numbers?

SPEAKER: It's right here.

DR. KLAASSEN: You can also look in Casarett and Doull's Toxicology textbook.

DR. LIEBLER: Edited by whom?

DR. KLAASSEN: And if you want to look for the chemical that's been examined the most, it's phenobarbital. I have also written a dozen manuscripts on this area.

DR. BELSITO: Okay, any other points from the council? That's it?

MS. BURNETT: I think I have them covered.

DR. BELSITO: Okay, so industry is going to let us know what they're going to do about the skin lightening effect, Carol's going to let us know tomorrow what she's found out about sensitization that might be added in, we're keeping the data on the thyroid tumors in the document. In the discussion we're going to talk about why they're not relevant to humans referencing whichever reference we please, and we go from there. And industry, if we don't – our team would like to see this come back on the April meeting, and if we don't have a commitment from industry to do the studies, then it will go out as insufficient.

Marks Team – December 7, 2009

DR. MARKS: Okay. So at the September meeting this year, the panel issued an insufficient data announcement with a number of data needs: Sensitization and irritation data, phototoxicity, the dose response and skin lightening, and the role of kojic acid in inhibition of thyroid peroxidase. And we received some new data just a couple of hours ago.

MS. BURNETT: I looked at the new data and it doesn't fill the needs.

DR. MARKS: Not at all?

MS. BURNETT: It's just skin irritation and phototoxicity, which we already had some information on. And it doesn't really show anything different.

DR. SHANK: Right.

DR. BAILEY: I think it addressed some of the data needs, but not all.

DR. MARKS: Right. It would appear that both the skin irritation that's a slight mild irritant, and then I didn't have a lot of time to look at the phototoxicity, but, again, it would appear it would be not phototoxic, although there's some technical issues

(inaudible) in the study about whether there is some irritation. So I get some conflicting interpretation of this from my mind. How would you address those, Carol?

DR. EISENMANN: There's an HIRPT I have.

DR. MARKS: Oh, there is?

DR. EISENMANN: But I don't know the concentration yet, so I'm waiting for that. As soon as I get the concentration in the HIRPT -- I mean, it's negative, but I don't know the concentration of the material tested of kojic acid yet. So it's possible when I go back to my office this evening that it'll be there and I'll bring it tomorrow. I'm expecting that.

DR. MARKS: So it sounds like we may have the sensitization and irritation because presumably if it's negative it's not a significant irritant either if you have an HIRPT. So that would be helpful.

Did you -- did anybody else get to look through these? The phototoxicity, again, I was a little conflicted, but I think it's okay.

DR. SLAGA: It's least in cream was the way we wanted it.

DR. MARKS: Yes. Yeah, it's in cream. The concentration they used was 3 percent. And I think in use it may be up to 4 percent, but I think that's close enough, particularly if you have a concentration of HIRPT that is negative. That would be very helpful. So I think that may -- those first two data needs are going to be addressed.

I didn't see anything on skin lightening.

DR. SLAGA: No.

DR. SHANK: No.

DR. MARKS: And then the issue of the thyroid peroxidase, again --

DR. SHANK: Do we really need that?

DR. MARKS: Well, that's the next thing. We oftentimes, when we initially see an ingredient we kind of put out a lot of things we want and need. And then as we have more time to think about it and look at the data again we refine that. So do we really need the thyroid peroxidase data?

DR. SLAGA: I don't think we need it. I'm trying to recall how we originally stated that just to see if there was more data on that particular point. It really has not any relevance on the skin.

DR. SHANK: I agree.

DR. SLAGA: As long as it gets absorbed.

DR. SHANK: I agree.

SPEAKER: So we can remove that.

DR. BAILEY: So you would take that off of the list of data. What we may be down to then is skin lightening effect data --

DR. MARKS: Yes.

DR. BAILEY: -- to show limit on skin lightening.

DR. MARKS: Right.

DR. BAILEY: But on that, I mean, that's -- I mean, I understand the question, but I'm not sure how pathologically significant it would be. I mean, you get into the issue of skin lighteners and hydroquinone and the drug versus cosmetic effect and so forth. And certainly, you know, kojic acid can exert a skin lightening effect. But I'm just not sure from a cosmetic perspective a nondrug use as an antioxidant, how significant in a safety health question that would be in making a determination about safety for cosmetic uses.

I mean, for example, with hydroquinone, I think one of the conclusions was that it's safe for hair dye use, but not as a -- I don't know if it's stated OTC or non-drug use or whatever. We've made these distinctions in the past, so I'm wondering if we can't be in the same situation here. If we can come up with a reasonable basis for talking about skin lightening effects.

DR. MARKS: Well, it's used for eye makeup, so it's going to be applied on eyelids. And then it's also used in facial creams.

DR. BAILEY: I understand. And certainly the safety assessment should take that into account. But the skin lightening per se, is that an endpoint of concern?

DR. MARKS: Yeah. I think if you have skin of color it could be. And my understanding is it's being used in the Japanese market, too, as skin lightening. Is that correct?

DR. BAILEY: I think (inaudible).

DR. MARKS: So I think, you know, in the Japanese market it may be fine if you get a little lightening, but I'm not sure that I would feel that it would be good and safe in a much more heterogeneous population.

DR. BAILEY: But that's a good question that you could capture in your safety assessment. It's -- I mean, I think what I'm arguing for here is to table this while Carol gets some more data, we present that, and then maybe we can go back and talk about thresholds for skin lightening effects and provide something at the next meeting on that. Is that a reasonable thing, Tom?

DR. RE: Yeah, and if (inaudible) --

REPORTER: Actually, can you move closer?

DR. RE: I'm sorry. We have at least one supplier that has expressed interest in following up on the skin lightening, but they would like some direction as to what the panel would like to see in the way of data.

DR. MARKS: Basically, we want to see a threshold that under this concentration we're not concerned about skin lightening. Then that way we can say if it's -- I think the highest concentration was 4 percent. So if you used a product that contained 4 percent or less of kojic acid you would not be worried that there would be an effect on the pigmentation of the skin.

DR. RE: So you're talking about a clinical study that essentially does response?

Would an in vitro study on tyrosinase inhibition -- would that suffice?

DR. SLAGA: That would be more sensitive. It would probably come up that it would have effect on that at a lower concentration than in vivo.

DR. MARKS: I don't know. Do we have it comparable with hydroquinone where you take the test tube and compare it to the clinical?

DR. SLAGA: Yeah, I don't think --

DR. MARKS: So, I'm not sure you can translate an in vitro to an in vivo. That would be my only concern. There are pigmented animals that have been used in the past to look at skin lightening with hydroquinones.

DR. BAILEY: But if they could come up with a reasonable protocol for this comparison --

DR. MARKS: Right.

DR. SLAGA: And it's above 4 percent, which (inaudible).

DR. BAILEY: -- I assume that would be acceptable.

DR. RE: Okay.

DR. MARKS: Yeah. I think we need to have a -- you know, it'd be nice to say at whatever percentage down -- if it's above 4, then there's no safety issues at all from that point of view. Because that sounds like that now is the only concern we have.

There was some new carcinogenicity data, which we'll talk about --

DR. SLAGA: It's all very weak or it's actually tumor promotion at a weak stage. It normally occurs at a higher level, even at a weak promoting thing, so.

DR. MARKS: So you're not concerned about that. So we still have -- then the only thing, Tom, is the skin lightening.

DR. RE: And a pigmented animal model would be acceptable to the panel?

DR. SLAGA: Well, Ron brought up a good point. It's thinner than human skin, so it could come up where you actually -- I don't know how to do it with that. But in the past we would accept --

DR. RE: We'd be erring on the side of safety, though.

DR. SHANK: Yeah. It would be a much more sensitive model if it's negative in a pigmented rodent.

SPEAKER: What about hamsters?

DR. MARKS: As long as we have -- how do I want to say, you'd want a good control in that.

DR. RE: Sure.

DR. MARKS: To know that we really -- because, again, back in the hydroquinone and the de-pigmenting phenolics there were animal models used, but I don't know how widespread and how well accepted that was in terms of using that as a screen for human. I can't remember whether it was a mouse or whatever, rat.

DR. BRESLAWEC: I'm just wondering about the likelihood of actually getting this data – is that a real possibility -- from the industry?

DR. RE: As I said, we had a supplier who expressed interest. We need now to go back to them and see if their interest is real.

DR. BRESLAWEC: Thank you.

DR. MARKS: Okay. So -- go ahead, Ron.

DR. HILL: This was actually probably just something to write into the report. But back to the peroxidase activity I wondered, on page 45 is where the new section is added in there, and they see decreased serum T3 levels. They say likely mechanism with decreased serum T3 levels and increased thyroid stimulating hormone. I wondered in the drug uses of this compound -- I mean, surely somebody has looked at in the actual drug use where there's a significant effect on these levels. And that information ought to be out there and could at least be incorporated in the report.

DR. BRESLAWEC: Do we have any approved drug use of this?

DR. HILL: Isn't it used as a drug? Overseas?

DR. BAILEY: I want to say it was -- there was an RX use. And that data, I would guess, is probably not available. I don't know. Typically in these situations, somebody owns the data that's been provided to the FDA. And then if --

DR. HILL: If it's provided to the FDA, it's public record.

DR. KATZ: That depends.

DR. HILL: No?

DR. KATZ: Not necessarily.

DR. HILL: Okay.

DR. KATZ: If the drug itself has not been approved, then it would not be available for public record.

DR. HILL: Okay.

DR. KATZ: And some of the information may be proprietary.

DR. HILL: Okay.

DR. KATZ: So that it would not be available either even if the drug had been approved. You can request it under FOIA, but you may not get everything that you'd want because of what -- depending upon the nature of the data that's there.

DR. HILL: Well, could we make that request?

MS. BURNETT: I've already submitted a FOIA request.

DR. HILL: You did?

MS. BURNETT: And didn't receive anything.

DR. HILL: Didn't receive even a no?

MS. BURNETT: Well, not in the specific terms. I just asked for whatever available tox data they have and they didn't provide – they didn't have anything. I got a no. They provided me with the VCRP data and that was it.

SPEAKER: Thanks (inaudible).

DR. HILL: Somebody, somewhere, maybe not in the U.S., knows whether that use as a skin lightener at these higher levels would affect T3 levels and TSH levels. It might be in Japan or it might be in Europe, but somebody, somewhere, knows that answer. I'd be shocked if it isn't out there in the literature somewhere in case reports.

DR. BRESLAWEC: I want to point out that I'm pretty certain that kojic acid is not approved by the U.S. Food and Drug Administration for anything.

DR. HILL: Yes.

DR. BRESLAWEC: And as a dossier, if you will, that's under review, it's extraordinarily unlikely that we would get any information from FDA. The fact that Christina searched the literature and was not able to find anything suggests there's nothing in the published literature. And if somebody would like to submit it from their unpublished literature, we'll take it, but we have no way of acquiring that submission.

DR. HILL: So you did a fairly recent search for things like case reports on the literature and hadn't seen anything?

DR. BRESLAWEC: Absolutely.

MS. BURNETT: I always check right before the panel meeting.

DR. HILL: Okay. And you didn't see anything with T3 levels?

MS. BURNETT: Nothing.

SPEAKER: Interesting.

DR. MARKS: In getting back, even without that, Ron and Tom, you're not concerned about this eliminating that as the thyroid peroxidase again as a data need?

DR. SHANK: Correct.

DR. HILL: When did that go into the list of data needs? Because that was certainly --

DR. MARKS: At our last meeting.

MS. BURNETT: It was a request from Belsito's Team.

DR. HILL: Well, I guess if they have further concern we'll find out about that tomorrow, right?

DR. EISENMANN: I have a comment. The thyroid tumor issue, the citing of the EPA document. And I just wanted to make sure you know that the SCCP reviewed the data and concluded that thyroid tumors were not relevant to humans.

DR. HILL: Right.

DR. EISENMANN: So I don't know how you want to present that. If you want to stick with how it is. I suggest put both and say there's differing opinions or just your opinion. Get rid of the EPA reference and just put your opinion in the discussion. Either way is appropriate. But how it's stated right now in the summary of the section, it says that "is to assume comparable carcinogen sensitivity in rodents and humans." For this tumor I don't think that's appropriate anymore.

DR. HILL: The reason I wondered whether there was something out there on possible effects on the T3 levels or TSH levels, because they might be a relatively sensitive indicator of systemic exposure. And I wasn't very confident with the way that they estimated systemic exposure. And although I didn't have a chance to look up the paper, there was one place where they were talking about serum levels. And I wasn't clear whether they were measuring the parent compound only or they were including in that measurement the conjugates: The glucuronides and sulphatessulfates. And so I wasn't 100 percent confident in their – what I had in here in terms of the index of systemic exposure. And that goes to concentration of use. Because if we go up to 4 percent and there is significant systemic exposure, I was looking for some indication that that was still unimportant.

DR. MARKS: Tom? Ron?

DR. BAILEY: We do have the European assessment. I presumed that that was part of their deliberation on it. So it's not like this is, I think, a totally unknown issue. And so while it would be, you know, nice to have a study in front of us that answers that totally, I'm not sure I'm hearing that it's really needed.

DR. HILL: I agree. I just thought that if there happened to fortuitously be information that would give us some sense of that, I mean, no effect is no effect and it really doesn't tell you much other than --

DR. BAILEY: I mean, for hydroquinone, I think, because it's so studied there's probably information out there. But the kojic acid, I'm not familiar with a similar massive body of data because of the drug uses.

DR. MARKS: Christina, the reference to the SCCP on page 2, they say it's a maximum concentration of 1 percent in skin care formulations. And they did a margin of safety calculation. Do you know what that margin of safety was? What were they concerned about?

DR. EISENMANN: Thyroid effects.

DR. MARKS: Oh, the thyroid.

DR. EISENMANN: But noncarcinogenic thyroid effects.

DR. MARKS: Okay. Okay.

DR. SLAGA: Just, there's an editorial on the carcinogenicity and such. And that doesn't read through some statements about control versus treatment that are not correct (inaudible).

DR. MARKS: And then, Tom, I assume you'll also in the discussion, the second -- it's actually not a paragraph, it's sort of the second paragraph on page 55, these data -- "There were data that suggested carcinogenicity weak and tumor promotion activity."

DR. SHANK: Yeah.

DR. MARKS: Obviously you're going to leave that stand alone.

DR. SHANK: No.

DR. MARKS: Either it's going to be eliminated or you're going to have a follow-up sentence putting it in perspective.

DR. SHANK: Well, I had another phrase on the absorption, the slow rate of absorption across the skin.

DR. MARKS: Okay. So, we'll capture those, Christina.

DR. HILL: And that is where I say I was a little less than confident and comfortable that we had the solid answer on that. I had loose ends in that calculation that maybe just require looking at the original reference soon, like, later today.

DR. MARKS: Okay. Let's -- so, my sense is that the team would like to table this. That suggestion was made, I think, by John, which I will latch onto, that we table this with the idea that industry is going to provide us dose response studies for skin lightening effects of kojic acid. And that that's really the only safety concern we have now since it sounds like we have an HIRPT, which is going to be safe. And rather than issue, I think, an insufficient tentative report, we could table it awaiting the results of that industry study. Does that sound okay? Tom? Ron?

DR. SHANK: Yes.

DR. HILL: Yes.

MS. BURNETT: Can I just go back and clarify on the Hill reference? Did you want that removed or did you want me to add in the SCCP?

DR. SHANK: Could you say that again?

MS. BURNETT: The Hill reference, the EPA reference on the thyroid tumors. Did you want me to remove that or did you want me to add in the information of the SCCP regarding their margin of safety calculations?

DR. SHANK: I think add.

DR. EISENMANN: It's not the margin of safety calculation.

MS. BURNETT: Well --

DR. EISENMANN: It's the conclusion about thyroid tumors.

MS. BURNETT: Right.

DR. SHANK: I would add it.

MS. BURNETT: You want to add it?

DR. EISENMANN: And leave in the Hill?

DR. SHANK: Yeah.

DR. EISENMANN: Okay. You have both.

MS. BURNETT: And one more thing that I have that was a council comment, they would like you to discuss the -- I have two references in the reproduction section by Choudhary. They would like you to discuss them. It is on page 23, references 60 and 61. And just to let you know, it is the motility versus mortality. It's written as it's written in the --

DR. MARKS: So it's the last paragraph on 23?

MS. BURNETT: It's essentially the whole page.

DR. SLAGA: It's almost the whole page.

SPEAKER: Sixty and what? Sixty-one?

MS. BURNETT: And 61. It's essentially the whole page going on to the top of the next.

DR. SHANK: Oral administration.

DR. EISENMANN: They see effects of much lower doses. Or if they're really effects. I mean, it's much lower doses than -- other reports are -- NOEL are much higher. And I just thought that might be worth mentioning in the discussion.

DR. SHANK: You know, when the animals die and have infections and things like that, it sounds like the laboratory is not the best.

MS. BURNETT: I have the original studies with me if you need a closer look. It was pretty much -- it was two pages.

DR. SHANK: Two pages?

MS. BURNETT: They're not very well described (inaudible).

DR. SHANK: Uh-huh.

DR. MARKS: So, Carol, your question here was whether or not these two studies should be addressed in the discussion?

DR. EISENMANN: Addressed or delete them because they're so out of line of the other studies. Or, I mean, I don't care what -- I mean, I just --

DR. MARKS: I'll tell you what. That's going to be an editorial thing.

DR. EISENMANN: Okay.

DR. MARKS: I think. So why don't we let Dr. Shank read through those, think about it a little bit?

DR. EISENMANN: That's fine.

DR. MARKS: And then he can get back to Christina to decide whether or not -- how to handle those two studies. Does that sound good?

DR. SHANK: Yeah. They even allowed cannibalism.

SPEAKER: Huh?

DR. SHANK: They even allowed cannibalism. So you eat your data.

DR. MARKS: So I think the issue will be do we comment or do we delete? What's the precedent on that, Ron?

DR. EISENMANN: Or, I mean, you can ignore them if you want. Continue to ignore them completely if you want to, but I just thought --

DR. MARKS: Okay. Well, thank -- Carol, thank you for bringing that up.

SPEAKER: Mold does produce kojic acid. Yeah.

SPEAKER: So would did you call (inaudible)?

SPEAKER: Yes.

DR. MARKS: So, do you want to comment now or do you want to wait, Ron?

DR. SHANK: Yeah. I don't like --

DR. MARKS: Throwing away stuff.

DR. SHANK: -- throwing it away.

DR. MARKS: Yes. Exactly.

DR. SHANK: Because that makes us look biased.

DR. MARKS: Yes.

DR. SHANK: So I think we need to explain why we're not giving heavy weight to the data and that requires careful wording. So I need to think.

DR. MARKS: So, Ron, we'll have you give that to Christina then.

MS. BURNETT: Thank you.

MS. WEINTRAUB: Can I just bring up one point?

DR. MARKS: Sure.

MS. WEINTRAUB: And I'm sorry if you discussed this previously, but --

DR. MARKS: That's okay.

MS. WEINTRAUB: -- in reading the minutes from last time, which I think are very useful to have in front of the report, I saw that Dr. Katz and I had a discussion about the role of FDA and their position on kojic acid in this context. And when I read that I remember feeling the same sense of uncertainty that I felt then. And I just wanted to make sure that I completely understood the dynamic in terms of FDA approving this for use for -- is it for drug purposes at this point, kojic acid?

DR. KATZ: Kojic acid is not approved by the FDA.

MS. WEINTRAUB: For any --

DR. KATZ: For any use.

SPEAKER: For any drug use.

DR. KATZ: Drug use. And for cosmetics, we don't approve anything.

MS. WEINTRAUB: Right. Right.

DR. KATZ: So that at this point in time it's not approved by the FDA.

MS. WEINTRAUB: But nothing is really.

DR. KATZ: That's right. Well, in terms of a drug.

MS. WEINTRAUB: Right.

DR. KATZ: And for cosmetics, that's correct. We don't approve ingredients that go into cosmetics.

MS. WEINTRAUB: Right. So --

DR. KATZ: Particular cosmetics.

MS. WEINTRAUB: So does the FDA have a position in terms of drug use on kojic acid? Or no position on that either?

DR. KATZ: Well, I'm not sure what you mean by a position. At this point in time since it's not approved, I'm not sure that you have a position one way or the other. I don't even know, in all honesty, whether or not kojic acid has been submitted as an ingredient for a drug that has not been approved. And that I can't answer because the drug side is totally separate from us. And the only way -- and that was part of the earlier discussion to know if the FDA has even addressed the issue -- is to make an FOIA request, which it appears was done. And the FDA has not presented or answered the request. Or if they did answer the request, they said that there was no information. So that from the drug side, that's about as much as you're going to get at this point in time.

MS. WEINTRAUB: So basically there's nothing to glean -- nothing to glean at all from FDA's sort of non- position on this?

DR. KATZ: Well, I wouldn't say the FDA has a non- position.

MS. WEINTRAUB: Or just they have not -- I mean, I understand that there is no higher people in cosmetics.

DR. KATZ: That's right.

MS. WEINTRAUB: Obviously, which is why we exist. And then in terms of drugs, we don't know what that process is. So there's just nothing that we can really glean from that.

DR. KATZ: Well, we do know what the process is from drugs.

MS. WEINTRAUB: Yes.

DR. KATZ: But we just don't have any information by which to -- the reason why I'm changing the wording a little bit is because the way that it's phrased is not really kind of accurate because the FDA does review applications that they get submitted, both in terms of investigational new drugs and NDAs, which were the new drug applications.

MS. WEINTRAUB: I just meant we don't know what the specific sort of place or where kojic acid is in that system, in that known process at this point.

DR. KATZ: At this point in time there are no known -- there are no approvals of kojic acid in an FDA drug. And that's what you do know.

MS. WEINTRAUB: Okay.

DR. BAILEY: If I could elaborate just a little bit, and that is there is an OTC drug monograph for skin bleaching products. Okay? And it's clearly classified as a drug effect. But the only ingredient that's in there is hydroquinone. And that's not a final monograph either. I think there's still deliberations that are going on. So kojic acid is not within the structure of an existing OTC drug monograph.

And what Linda is saying is that there are also -- we don't know there are no NDAs or other type of application that would indicate that the agency is looking at this from a prescription drug or some other way to get it into the monograph.

So, we know hydroquinone is a drug. We know skin bleaching is a drug. What we don't know is if anybody has applied for kojic acid unless an FOIA is submitted, which CIR has done.

DR. MARKS: Okay. Any other comments? Otherwise, we'll wrap up the discussion on kojic acid. And our team tomorrow will propose or move that this ingredient be tabled for an industry study in the future which will define the skin lightening effects of kojic acid.

DR. HILL: I have a report generation question. And since Halyna is here, maybe you could comment on this.

There were several places in the -- for the September meeting where I'd flagged that we had concentrations in the report in milligram per mil. And I had made the comment that I'd like to see them converted to micromolar concentrations. And I got the sense from the comments that maybe if that's not the way they calculated it in the original report we shouldn't put them in this review. But yet, milligram per mil -- I mean, I can do the calculation. I wondered if we could at least -- if we have a policy that we can't put them in the line of text, that we could at least footnote. Because if you know the molecular weight and

you know the milligram per mil, you can get that concentration. It's about a 10-second calculation. And it would really help in the reviews to have that information sometimes. Because when you have a concentration that inhibits an enzyme, for example, like tyrosinase or the peroxidase, you see milligram per mil, you see serum concentration, milligram per mil, and you don't really have a sense for how that relates to what the concentrations are that are necessary to inhibit those enzymes. And again, I, as a reviewer, can do that calculation if I happen to have a calculator with me.

DR. BRESLAWEC: Just to make it clear, you're talking about per surface area concentration (inaudible).

DR. HILL: No, no, no. I'm talking about actually solution concentrations, like the TC-50, 10.8 plus -- here's one example, and there are several like it -- 10.8, so it's plus or minus 4 milligram per mil. All right. What I really want to know is what's the micromolar concentration?

DR. BRESLAWEC: Yeah. We've not routinely done that calculation.

DR. HILL: Could we, I guess, is what I'm asking.

DR. BRESLAWEC: We'll certainly consider the request. Yes.

DR. HILL: It's pure substance and, you know, I mean -- and you know the molecular weight, you can do that.

DR. BRESLAWEC: We'll certainly --

DR. HILL: And if you don't want it in the footnote as a matter -- or in the text as a matter of policy, footnoting it would be awfully -- I mean, like I said, I can do those calculations.

DR. BRESLAWEC: Right. I think we're more trying to emphasize changing the values of what we get in terms of skin exposure from, you know, milliliter administered to surface area. And that's what we seem to be focusing more on in terms of the conversion.

DR. HILL: Well, I made that comment, too.

DR. BRESLAWEC: Yes. We will take your --

DR. HILL: I repeatedly made that comment, too. But I --

DR. BRESLAWEC: We'll take your suggestion under consideration.

DR. HILL: And same with serum concentrations when it's possible because, again, if you have some idea about how that relates to what concentrations -- and, of course, serum concentration is not the same as tissue, but sometimes it's pretty close. You at least have some idea we're in the same order of magnitude or, gosh, this is -- 4 is a magnitude above and we really don't care about that. We got this concentration. It's 10 nanomolar, but it takes 10 micromolar to inhibit an enzyme. Then kind of who cares? But if it's somewhere in the same magnitude, then you can immediately see that and immediately know whether there's a potential effect.

And I'm sorry. I guess this is -- I'm sitting on a plane, for example, and I have this -- I'm looking at this number and I don't have the calculator handy. Then it would be really awfully nice.

DR. BRESLAWEC: Okay. Actually, it may be something that you'd want to bring up in General Session and see how the others would react. That would be a good idea.

DR. HILL: Or we can just ask Alan how he feels about it. And he's not the only decider, but --

DR. BRESLAWEC: Yeah. Yeah. That's fine.

DR. BAILEY: Would that be a general request throughout the document or just for serum and those kinds of levels? Because it does add an extra burden to the staff, so if there's a particular that is -- and I fully appreciate you saying.

DR. HILL: It doesn't add a burden because we're talking about a 10-second calculation. And once you know the molecular weight, you can do that repeatedly for any time --

DR. BAILEY: Once you get the molecular weight --

DR. HILL: Well, okay, but we got that almost always in the documents. I mean, I'm being lazy, I guess, in the sense that I can do that calculation --

DR. BAILEY: Well, you guys are the reviewers, so, you know, they need to facilitate their review.

DR. HILL: That's all I'm asking. And it would be helpful.

DR. BAILEY: Yeah. Okay.

DR. MARKS: Okay. Any other comments?

DR. SHANK: I'd like to go back to page and these two studies about Choudhary on reproductive toxicity. Christina's handled it very well, very objective, and I think that's just fine.

The first part, you see these effects were seen and the authors said this is mainly due to maternal toxicity. Leave it at that.

The next one you say the authors concluded that the implantation and the cannibalistic effects in females decrease viability. I think that's fine just to leave it that way. And don't say anything in the discussion because anybody who knows about this kind of toxicity testing will say this is not the way you do it. And we don't need to say that the studies we felt were flawed.

Thank you, Christina.

DR. MARKS: Okay.

DR. SHANK: In the -- one other thing, a contradiction. Let me find it.

On page 53 at the bottom in the summary, the last paragraph says that kojic acid is rapidly absorbed and distributed to all organs and oral subcutaneous and dermal treatments. I don't think it was rapid and dermal.

And then on the next page we say absorption through kojic acid in human dermatomed skin was low. So, if you go back to the studies on kojic acid absorption in rats it says it was rapid and oral, not as rapid subcutaneous, and less in skin. So I don't think it's a good idea to include at the bottom of page 3 the rapid absorption in oral subcutaneous and dermal.

MS. BURNETT: Okay.

DR. HILL: And I'm not a dermatologist, so I'll just make that -- but when you say -- when you make a statement like approximately 17 percent of the applied dose being absorbed, does that always apply a 24-hour absorption study? Because otherwise, I mean --

DR. SHANK: Not always.

DR. HILL: Because 17 percent is absorbed in 10 minutes is a very different result than 17 percent is absorbed in 24 hours. And in terms of systemic exposure, the rate is really what matters much more than the amount.

I think I even made the comment here on one of the places that there were two statements where it had amounts where we really want it for rates. I just wrote it said rate and then it put 17 percent, and I wrote not a rate. And it was something else on the same line. Not a rate. Because, you know, even basic pharmacokinetics, you know how much that matters.

DR. MARKS: Okay.

DR. SHANK: One last thing, since this is used in sprays, different kinds of sprays, we should add the boilerplate to the discussion on aerosols. Particle size of aerosols. That's all.

DR. MARKS: There's a number of editorial things. Christina, I won't go over all those tomorrow, particularly since we're tabling it. But --

Okay. Does the team need some sort of idea -- since we're tabling it, are we tabling it for a year? Do you want a suggested timeline? Certainly, we should have some feedback.

DR. SLAGA: Well, it would be nice to have the feedback by next meeting if there is data coming.

DR. SHANK: By April we should have some idea as to whether industry is considering supplying data or not.

DR. RE: I will definitely let you know by next meeting whether or not the data is forthcoming.

DR. SHANK: Still interested. Okay.

DR. RE: And if it is, it's not going to be a year. It'll be, you know, a short timeframe.

DR. SHANK: Okay. Thank you.

DR. MARKS: Okay. That was easy. Let's go on to the next one.

Full Panel – December 8, 2009

DR. BERGFELD: Then moving on to the next ingredient, Dr. Marks, kojic acid group.

DR. MARKS: At the September 2009 CIR meeting, the panel issued an insufficient data announcement for data needs. First was dermal sensitization and irritation in current use concentrations. And we did receive data about irritation, sensitization, including this morning HRIPT, which would support that kojic acid is safe with relevance to these toxic effects.

We received phototoxic data and that would be okay. We did not receive anything about dose response for skin lightening effects and our team didn't feel we needed the thyroid peroxidase data or the role of kojic acid in this, but we had asked again the input from the Belsito Team about that need.

So, what we, in our discussions, felt the way to proceed is to table this ingredient. We got assurances from industry that we would have feedback by April concerning the skin lightening effects of kojic acid and that we would probably have scientific data to establish a threshold for skin lightening.

DR. BERGFELD: And that's a motion to table? Is there a second?

DR. BELSITO: Well, can we have a little discussion because there is --

DR. BERGFELD: Well, you can keep talking until we have another motion.

DR. BELSITO: There is an issue here that the sensitization data we got this morning was only to 1 percent, and this is used in face creams, lotions, up to 4 percent. So, we had, yesterday, agreed to table it awaiting industry's response whether they would do the skin lightening study à la para-hydroxyanisole, which went as a --

DR. BERGFELD: Unsafe.

DR. BELSITO: Unsafe, based on skin lightening. Thank you, Wilma. But now we have a second data need, which is going to be sensitization and concentration of use, so that's insufficient as well. So, I'm not so certain that we should be tabling it now. I just throw that out because we don't have sufficient sensitization data.

DR. BERGFELD: Discussion? Dr. Marks? Dr. Snyder?

DR. SNYDER: It's the same conundrum we had before where I think we do have insufficient data needs and then we also have this other issue that we're going to get some data that will help us explain another effect. And so we're justcaught between the two again.

I'm a little bit concerned about tabling all these reports because I think we need to keep moving them forward because, otherwise, we're defeating the purpose of expanding reports and moving them along. And I think many (inaudible) on the --

DR. MARKS: Well, Alan, would you like to proceed as insufficient? I'd like your -- because we certainly could do that.

DR. HILL: Could I say something before we comment on that? I'm a little confused about the skin lightening deal now because -- from our discussion yesterday, because, I mean, I did some reading overnight. I was looking for something else, but, I mean, the paper here is very clear that at 1 percent it's used for skin lightening in Asia. So, I mean, it would seem to be a moot point whether it has skin lightening effect because they're pretty clear that's what they're using it for at the 1 percent level.

And so, the questions that were sort of informally discussed in the interim, since yesterday is, do we care? Is that a drug use?

DR. BELSITO: But that's a claim that is used. I don't, you know --

DR. HILL: Or is it like an herbal where there is no claim, but everybody knows that's what it's used for, it's just not claimed so on the label.

DR. BELSITO: We don't have any data to indicate that 1 percent will, in fact, cause skin lightening, whether they claim -- and it could be additional ingredients that are put in with kojic acid like hydroquinone that caused the skin lightening. So, we don't really know what those are coming from, so we need the data.

DR. HILL: Or the mechanism.

DR. BELSITO: Right.

DR. BERGFELD: Alan, can you respond to table versus insufficient data announcement?

DR. ANDERSEN: I -- my preference would be to move forward with issuing a tentative report with an insufficient data conclusion. You have already issued an insufficient data announcement. And on your hallmark question, you received no data, and that's the question of skin lightening. You should proceed on that basis.

You also received data that did not fully address the sensitization question, so that remains an ongoing data need. So my preference would be to take the next step. It's not a final decision. The industry still has the opportunity to do two things, one is either provide additional data or to raise their hands and say we will undertake a study to develop the needed data.

At that point, you can indeed table it since you know there's something going on. But if the response is, well, we're not going to undertake a study and we're not going to provide you the data, at least then your positioned to make a final decision and say that's it.

So, I'd rather you issue a tentative report with an insufficient data conclusion.

DR. BERGFELD: John Bailey, can you respond?

DR. BAILEY: Yeah, first, I would say on the sensitization, I would ask the panel, the data supports that it's not sensitized at 1 percent. And so the panel's conclusion could be 1 percent is safe even though there are higher levels reported in the use. So, I would -- I think the notion that it's insufficient needs to be very, you know, very closely linked to the higher levels above 1 percent.

I would -- you know, we have made a commitment to address the skin lightening effects. I have questions about whether -- I mean, we really have to be careful to separate the drug uses from what we're dealing with right now, and that is the safety of an ingredient for cosmetic use separate from the claims. You know, the claims are FDA's domain and they would need to address that, so we don't regulate or address claims in this deliberation.

So, you know, it comes down to, is a level of skin lightening safe or unsafe as determined by whatever data you have before you? And so, you know, in other words, is there a pathology associated with skin lightening effects? I can't answer that. That's your decision, but we really need to be careful to keep those two issues separate.

DR. BERGFELD: So, what I hear you saying is that this should be tabled. You have sensitization at 1 percent and you have a promise to do the tyrosinase inhibitory testing from L'Oreal.

Linda Katz? Dr. Katz? Any comment about the FDA and it's dealing with this particular ingredient? Nothing.

DR. KATZ: As far as I'm aware, that this is not a drug there, so that I can't really speak to the drug issue anyway. That would be CDER's jurisdiction, but I'm not aware of it being approved as a drug. And as far as a cosmetic, again, there's no premarket approval for cosmetic use, so that would be the FDA's current position.

DR. BERGFELD: Thank you.

DR. LIEBLER: Wilma, perhaps this panel could look at the skin lightening, actually, as an adverse effect of the cosmetic product as opposed to a drug effect because we're not about drugs. But so perhaps the consideration of this as an adverse effect might guide our thinking a little bit better than thinking about it as a drug.

DR. BERGFELD: That's a nice approach. Thank you.

DR. ANDERSEN: Well, and that parallels how the panel dealt with para-hydroxyanisole.

DR. BERGFELD: So, Dr. Marks, how would you like to proceed?

DR. MARKS: Well, my sense is, the motion that I made that it be tabled would tend to support that, with the option in the future of having a conclusion at 1 percent limit as safe, since we have an RIPT to indicate that, but we still have data needs as far as the skin lightening adverse effect. And we can await industry's response that by April, we'll know whether a study has been devised and proceeding. So, that's sort of different. I'd have to withdraw the table motion if we wanted to move onto -- continue insufficient.

DR. BERGFELD: Your table motion was not seconded, though. We're now reconsidering tabling. Are you seconding or are you commenting?

DR. BELSITO: Commenting.

DR. BERGFELD: Thank you.

DR. BELSITO: Again, we don't -- I mean, what we were told yesterday is that our request for the studies to look at skin lightening will be brought back to industry. There was no definite commitment on the part of industry to do it at this point. We don't know. And I think with this additional data need I would prefer that we go ahead as insufficient, and if industry comes up in April and says, yes, we're going to do this study, we can agree to table it. If they come up and say, no, we're not going to do it, well, we're done with the report. We've already issued our insufficient, we can move on, we don't need to look at it again.

So, that's the reason why now that there's this other data need that we clearly have that I would like to go insufficient.

DR. BERGFELD: John Bailey?

DR. BAILEY: As long as we understand that, again, the -- if data or a strong commitment to provide data is provided, that the panel will take that and do deliberation and, you know, either continue the insufficient data status or move it back to tabled or whatever is appropriate, I just don't want a hammer to come down in 60 days and say that no more deliberation. Let's put that on the record.

DR. BERGFELD: Well, the consideration right now is either to table or to go out as a tentative final insufficient, not to retain the status quo of insufficient data announcD

R. BAILEY: I think there is a high interest in the agreed and I would not call it a promise, but I think that there's sufficient interest that we can -- you know, we will have a commitment to provide the information. I don't want to say something I can't necessarily follow through on.

DR. BERGFELD: So, there is a motion to table. Is there a second? Is there another motion?

DR. BELSITO: The motion would be insufficient for sensitization, irritation at concentration of use, and for a dose at which there is no skin lightening effect.

And in terms of your prior question about thyroid peroxidase, we deleted that from our list of requests.

DR. BERGFELD: So, there's a motion to go forward -- yes, John?

DR. BAILEY: Could we word that a little differently? I would say not to provide information on a no-dose effect, but to study the skin lightening effect, present information on skin lightening effects of kojic acid.

DR. BERGFELD: Is that good?

DR. BELSITO: Yeah, I mean, actually what we want is pick a concentration, the highest one industry wants to use in a cosmetic product, and show us that it doesn't cause skin lightening. We don't need a dose response effect to see at what point you get skin lightening. We just want proof that there's no skin lightening at a concentration that industry wants to use this chemical.

DR. BERGFELD: So, that's a motion to go forward with the tentative final insufficient. Is there a second?

DR. SLAGA: Second.

DR. BERGFELD: A second. Any further discussion? Seeing none, call the question -- yes?

MS. BURNETT: On the discussion yesterday of the thyroid tumor effects, the teams had different positions and I just want to have that clarified for my own purposes. Dr. Marks' team would like to keep the Hill document -- the EPA, FDA information, and also incorporate the SCCP's position. Dr. Belsito's Team said to remove that citation from Hill and to use different sources. So, I just want to make sure I go the right way.

DR. BERGFELD: I think that we can handle this after the motion as a discussant point if you don't mind. So, I'm going to call for the question, all those in favor of the motion to move forward as an insufficient data -- tentative report insufficient.

All right, so it's unanimous now. Christina has asked how to deal with the thyroid abnormalities. Two opposing thoughts from each team. So, Paul, you're making a motion or a movement to speak?

DR. SNYDER: I think that either -- I think there's a common ground between the two. I think we need to see the next iteration of how you draft the wording. I think that we're not concerned about the thyroid lesions, and I provided you with a reference yesterday on a mechanistic publication on that in rodents. And so I think that once both teams see that and see the language that you would craft from that to deal with that, and why we're not concerned with that, I think we can then make a determination as to what language you want to keep and what language you want to remove.

Curt, I guess, might speak to it, but he was a little bit more adamant about removing the Hill language. I was more in favor of removing the Hill language and adding some additional language that would justify our reasoning behind why we're not concerned.

DR. BERGFELD: Ron Shank?

DR. SHANK: Well, I think this is what Christina is asking for, how does she write it up in the next iteration? Does she leave in the Hill and add more or does she take the Hill material out? And I'm reluctant to just delete the data because we think it doesn't fit.

DR. BELSITO: It's not data, it's a review.

DR. SHANK: Review.

DR. BERGFELD: Curt?

DR. KLAASSEN: Yeah, I mean, I think, as long as it's all put in perspective, you know, I have no real problem of lumping it in. The way it is, it's not balanced. It is his opinion. The overall opinion of people that are doing research in the area is quite contrary to his opinion, but -- so, I think -- I have no trouble of leaving, you know, his reference in there, but it needs to be clear that it's his opinion that's been published. There's really no data behind his opinion, and so it just needs to be word smithed and put all in perspective and I think it will be okay.

DR. BERGFELD: We can work with it.

DR. KLAASSEN: And if not, we'll modify it the next time around.

DR. BERGFELD: Curt, would you agree to work with Christina on that --

DR. KLAASSEN: Sure.

DR. BERGFELD: -- prior to the meeting? And is there a second reference that would balance his opinion?

DR. KLAASSEN: Yes, we gave her --

DR. BERGFELD: Do we have that? Good.

DR. KLAASSEN: -- that yesterday.

DR. BERGFELD: Okay. All right, is there anything else that we should discuss around this? Nothing. Okay, we'll move on to the next ingredient. Thank you for bringing that up, by the way.

MARCH 2010 MEETING – THIRD REVIEW/DRAFT FINAL REPORT

Belsito Team – April 5, 2010

DR. BELSITO: So kojic acid. This is the Blue. Okay, so we got a repeat insult patch test on a product containing 2 percent kojic acid. And 230 subjects, 218 completed the study. There were six less to follow up, five voluntary withdrawals, and one critical deviation in that the subject was over 70 years of age. And there was anyway no evidence of sensitization in this study on 2 percent kojic acid. Otherwise --

DR. EISENMANN: Did you see the study on --

DR. BELSITO: Pardon?

DR. EISENMANN: The guinea pig. The black guinea pig study.

DR. BELSITO: Right. Yeah. So in December we went with an insufficient -- we asked for dermal sensitization, irritation, and concentration of use repeat insult patch testing. So we have that now at 2 percent. We didn't see any irritation or significant sensitization. We asked for a dose response for skin lightening sufficient to demonstrate a threshold. And in the second wave of material posted there was a guinea pig study on lightening. Right? A black guinea pig study. And then there was some irritation (inaudible) rabbit studies and a further toxicity study at.6 percent. Is that all correct? And then in the guinea pig -- black guinea pig study there was no lightening at 1 or 4 percent. And I guess, and I really don't know, is whether -- I mean, is that black guinea pig -- is that the way to look at this or not? I mean, was there a causative control? And the answer was I didn't see one.

DR. EISENMANN: Well, the other different type of compounds. I mean, they did see --

DR. SNYDER: Phenyl hydroquinone.

DR. EISENMANN: Right. They did see lightening with a different type of compound.

MS. BURNETT: Yeah. It wasn't the primary ingredient or chemical that was being reviewed. It was reviewed in addition to hydrophenol and arbutin, and a few others.

DR. LIEBLER: I wasn't sure how to interpret this study because of two things. One is I don't know how relevant this model is compared to human skin lightening.

DR. BELSITO: Right.

DR. LIEBLER: And second, I don't think that the information presented about the kojic acid really allows us to establish a threshold.

DR. BELSITO: Threshold.

DR. LIEBLER: Essentially reports are negative data for kojic acid. I think two concentrations used. But I think taking a threshold you've got to have a positive effect and a negative effect of two different doses at minimum.

DR. BELSITO: Well, unless it's used below 4 percent. Or 2 percent.

DR. EISENMANN: Well, they'd be satisfied with the 1 percent on this.

DR. BELSITO: Right. And the information that we have in terms of concentration of use is the highest is at 2 percent in a face and neck cream. So, while we didn't get a dose response, we got -- I mean, if you accept the black guinea pig model, we have data suggesting that neither 2 nor 4 percent induced any kind of pigmentary change. So at that point do we really need a dose response? We have a level two times higher than what's reported to be used in cosmetics, not altering pigmentation. We have a sensitization and irritation study at 2 percent that's negative, and those were the data points. I mean, essentially that's what we were asking for.

I guess the issue I have, again, is whether you know, I'm not enough of a pigment biologist and of dermatology to know whether that black guinea pig model is the right way of looking for chemical depigmentation. In other words, when people study hydroquinone, what models did they use to look at that? Because we are faced with a lot of data. You know, on pages 44 and 45, they talk to us about the effectiveness, for instance, of a gel containing 2 percent kojic acid and I think, granted, it also continued hydroquinone. But then another study, Garcia and Fulton, compared the effectiveness of kojic acid and hydroquinone. There was at least one study. I think that was a combination where kojic acid is used to treat melasma.

DR. SNYDER: I thought (inaudible) at the last paragraph before it goes to summary.

SPEAKER: Pregano, Pregnano.

DR. BELSITO: Yeah. Yeah, the treatment is widely used in Asia. I mean, and it is. I mean, did we get any information from -- I mean, how does Japan regulate this? Because they promote it very heavily as a -- to improve --

DR. EISENMANN: It's my understanding it's 1 percent in quasi-drugs.

DR. BELSITO: In quasi-drugs. And how does Japan define a quasi-drug? Do they need to look at safety and efficacy? Do they just need to look at safety? I mean, what kind of data do they require?

DR. BAILEY: The quasi-drugs are sort of a funny category because it includes hair dyes. In the quasi-drug category. So I think they look at safety and also effectiveness, but not effectiveness necessarily in a medicinal way. More, does it perform? So I think it's a little different than, you know, like we have with drugs and OTC drugs and cosmetics, where in Europe where -- when there are so many OTC drugs regulated as cosmetics, you know.

DR. BELSITO: I guess --

DR. BAILEY: It's an odd -- it's a little bit of an odd (inaudible).

DR. BELSITO: You know, we clearly have the information we asked for. And at face value the information we asked for is negative. However, before going out with a final safe as used up to 2 percent, I would like to at least get some comments of an independent pigment biologist as to the appropriateness of this guinea pig study. I mean, I'm just not comfortable saying that that is an adequate study, particularly given all the other claims that may just be snake oil claims on kojic acid 1 percent and higher improving depigmentation.

So, and I guess that would be my comment. I would like to table it for a little bit more thought and maybe if, you know, ask the other team or anyone who can identify a pigment biologist. Wilma may know some people or I could, you know, do some research, you know, as to whom might be the appropriate person to throw this report at and just get a comment back from them. That's my thought. But I think in terms of sensitization and irritation your HRIPT took care of that, so I think that data need goes away. And temporarily the data need for a dose response for a skin lightening effect go away since we have 2 and 4 percent. The question is, is that an adequate model?

DR. KLAASSEN: Yeah, I'm not an expert in that area either. However, it seems like it probably is because, you know, working through the tyrosines, you know, I would guess it's probably a bit of a model of anything that we do in toxicology, but that's only from having read this, not from being an expert.

DR. BAILEY: We do have as a control hydroquinone, right?

DR. EISENMANN: Well, not in this paper (inaudible) that they actually saw --

DR. BAILEY: It's the quinone structure that's --

DR. EISENMANN: They work by different mechanisms.

DR. BAILEY: -- (inaudible) those two. If you look at the structure of kojic acid I think you're also going to see probably something quinone-like in that, too. I mean, it's a -- I mean, you could envision that this would be a quinone.

DR. LIEBLER: It's an enolate.

DR. BAILEY: Yeah.

DR. LIEBLER: It, you know, it can inhibit tyrosinase. It can inhibit peroxidase chemistry as I believe that's elsewhere in the background. Is that right? Is that this compound or is it something else I'm thinking of?

DR. SNYDER: I think you're right.

DR. LIEBLER: It wasn't thyroid. Was it this one (inaudible)?

SPEAKERS: Yeah.

DR. SNYDER: Okay. So we've been down that road, yeah.

SPEAKER: Yep, yep.

DR. SNYDER: So it is able to inhibit peroxidase chemistry.

DR. LIEBLER: Okay.

DR. SNYDER: Okay. And part of the mechanism for inhibiting pigment -- my understanding is it could inhibit peroxidase chemistry involved in making dopa polymers, which are the melanins. And it also could affect the packaging of the pigment because once this pigment is made it's packaged and extruded into outside the cells. Outside the melanocytes. Right? And that's the way the pigment is packaged in large part it accounts for differences in skin (inaudible) at least. So I just don't know how much of that part of the biology in the guinea pig model translates to humans.

SPEAKER: Right.

DR. SNYDER: And so I don't know if the effect that was observed in the black guinea pig model is because of peroxidase inhibition or tyrosinase inhabitation to be more specific. Or if it has to do with the way the melanin is packaged and distributed in the skin. And that's where somebody who works -- who is familiar with this model might be able to provide some clarification.

DR. BAILEY: I mean, I think we do have what appears to be -- and I agree with the model part. I'm not knowledgeable in that area either, but we do have, you know, an apparent lack of effect versus a control. And I think as Carol said that, you know, I think the industry would be comfortable going down to 1 percent rather than to the 2 if that provides a greater margin of, you know, safety or effect. So I would take those into account, too. I don't know who's, you know, we'd have to go look and see who's the expert in this area.

DR. LIEBLER: It's possible we locate an expert and they come back and tell us, well, the effect of these compounds could be at both steps. And it's not possible for us to say that this model is not a reflection of human pigment biology or does not adequately reflect human pigment biology. And then where are we?

DR. BAILEY: Well, that's the other thing. I'm not sure what models, you know, what the array of models --

DR. BELSITO: Well, then I think we're back where we are, you know, and that is insufficient and we need the right model. So I think that's what we need to know. And in terms of reducing it to 1 percent and then we have no rationale for doing that, I mean, basically, you know, we're told it's used up to 2 percent. We have HRIPT at 2 percent that's negative. And then the second concern we had was pigmentary change and we have a study -- we either accept the model and say 1 percent and 4 percent are negative and, therefore, 2 percent is fine. Or we don't accept the model and say, you know, we need additional data in this model. And that's what I'm not comfortable going there. Certainly, hydroquinone, I mean, you saw some depigmenting effect. The drugs were applied or the chemicals were applied six days a week for five weeks. Maybe that's sufficient for hydroquinone and not for kojic acid. I just don't, you know, it's not my area of expertise. So since it's been a hang up since there are all these claims out there, I would just feel more comfortable having someone whose area of expertise it was saying, yeah, this is a good study and you can feel comfortable going ahead with it.

DR. BAILEY: So you're recommending to table it?

DR. BELSITO: I would like to table it and just have someone ask -- see if we can identify an independent individual to review this study and give us a one page response back as to adequacy.

DR. LIEBLER: I think that's a good idea.

DR. EISENMANN: Any suggestions on who?

DR. BELSITO: I don't know yet. I mean, I could make some suggestions, you know, but let's see if Wilma or Jim or someone else knows of someone in particular because I don't have any personal friends that I could suggest or call. I would make the suggestion by going back to the literature and see who's doing work in dermatology on pigmentary changes and that I know is a reputable person.

DR. BAILEY: I'm not sure what models have been used by the FDA either or were presented to FDA in the study about the quinones.

DR. BELSITO: Yeah. I mean, that would be interesting to know, too. If a black guinea pig was used for those then --

DR. BAILEY: And we can explore that.

DR. BELSITO: Yeah. If you could do that, that would be great.

DR. BAILEY: Okay.

DR. BELSITO: So we're going to table this and at least look at models for depigmentation and perhaps get an expert who can review that black guinea pig study and get back to us. But at this point we're not asking for any other additional data.

DR. BAILEY: Yeah, Tom Re of L'Oreal has been instrumental in looking at this. I don't know where Tom is right now. He's (inaudible), but perhaps he could (inaudible).

DR. BELSITO: (inaudible) tomorrow.

DR. BAILEY: So we can see if he has any thoughts also.

DR. BELSITO: Sure.

DR. SNYDER: Lunch?

DR. BELSITO: It's lunch. It's 5 after 12:00.

DR. SNYDER: We have some more stuff to discuss on this.

DR. BELSITO: Okay. So we're going to table and we'll come back from lunch and we'll do comments. Okay.

(LUNCH BREAK)

DR. BELSITO: Start with those.

DR. SNYDER: So, first of all, on page 7 of the kojic acid report, Blue No. 1. In many of these reports, the writers are using this terminology as it -- is it here in this report -- to a significant acute oral toxicant in mice or rats, and so are you okay with that terminology? Okay.

DR. LIEBLER: I flagged the same thing.

DR. SNYDER: Okay. So, I mean, because to me, one -- even at 1 gram per kilogram, that's not considered insignificant, so it's --

DR. LIEBLER: It just sounds -- it says, kojic acid is not a significant acute toxicant, blah, blah, blah, in all dose groups, clinical signs included -- and then there's a list of toxicity. So, I think it might be better to say it's not a potent toxicant.

DR. SNYDER: Well, that's why I'm going to current -- because what is the current thought in tox in regards to saying something is a mild, minimal, or moderate, or what is -- could we give them some guidance on that?

DR. KLAASSEN: That's used less and less. Yeah, I would, I think potent would be a -- it may be a better word to put in there.

DR. SNYDER: Okay, so if maybe you could relay this to the rest of the writers too because it's kind of a common --

MS. BURNETT: Okay.

DR. KLAASSEN: That's kind of old terminology.

DR. BELSITO: Well, instead of trying to classify it into potent, mild, moderate, minimal, if there aren't accepted guidelines can't we just say, kojic acid had LD-50 values greater than 1 gram per kilograms? State what we have, not interpret it?

DR. SNYDER: That's kind of what I wrote, I said, what it is, not what it isn't.

DR. BELSITO: Right.

DR. SNYDER: So, kind of in scientific writing you're better off to say what it is, not what it isn't.

DR. BELSITO: The acute oral LD-50 values of kojic acid --

DR. SNYDER: -- are in the 1 gram per kilogram range.

MS. BURNETT: Okay, can do that.

DR. SNYDER: And then on page --

DR. BELSITO: Or are greater than 1 gram per kilogram.

DR. SNYDER: One gram or greater.

MS. BURNETT: Okay.

DR. SNYDER: On page 13, the top paragraph there seems like it got lost, it's out of place, it says genotox but yet it gives LD-50s and it's under short-term dermal, so I don't know what happened there. It's a stand-alone paragraph that appears -- I don't know where that comes -- it's out of place.

DR. BELSITO: So, it should be in (inaudible)?

DR. SNYDER: Well, it's a genotox.

MS. BURNETT: I think --

DR. BAILEY: First two lines.

DR. SNYDER: Yeah.

MS. BURNETT: Yeah, I see that. My guess is --

DR. BELSITO: For five days. I mean it's acute oral.

MS. BURNETT: But I think it's because they did give LD-50 values, I probably put it both in the genotox section and here.

DR. SNYDER: Uh-huh. But it's under short-term dermal. That's the issue.

MS. BURNETT: I'll check to see where it's supposed to go. It might have gotten moved during editing.

DR. BELSITO: So, would five days be considered a short term oral or an acute oral?

DR. SNYDER: It's probably an acute oral, is what it is, because they've got LD-50 so that's probably where it goes, but does it have a genotoxic component?

MS. BURNETT: Let me see --

DR. BELSITO: Oh, not it says (inaudible) genotox, so --

MS. BURNETT: Let me check to see -- 52, 53 -- yeah, it's cited again under bacterial (inaudible)?

DR. BELSITO: It can't be bacterial, it was in vivo.

MS. BURNETT: It was probably -- there was a cerebral study that they did multiple things and --

DR. SNYDER: But it's not in its place where it's currently at, so we just need --

MS. BURNETT: Okay, I'll look at it.

DR. SNYDER: If it's already in the acute oral just strike it here.

MS. BURNETT: Okay.

DR. SNYDER: And then on page --

MS. BURNETT: Yeah, it was a dominant lethal study. So, it's also --

DR. BELSITO: Okay, so it's in genotox and is it already under acute oral?

MS. BURNETT: No, so I'll move it --

DR. SNYDER: Appropriately.

MS. BURNETT: Yeah.

DR. SNYDER: And then on page 18, this goes to something I mentioned to Bart earlier, I don't know if you were here or not, but in these italicized sections where we're going for brevity and hitting the high points, at the top of page 18 the sentence, "It appeared that the exposure of male deformed mating resulted in adverse effects," But the reproductive studies were in multiple species so I think we really need to -- if it's -- we've got to talk about specifically which species we're talking about.

MS. BURNETT: Okay.

DR. SNYDER: And make sure that we -- on male what? Rather than just saying "in males," particularly if there's more than one species is used.

MS. BURNETT: Okay.

DR. SNYDER: Then on page 24, first complete sentence where it starts, "Erratic toxic effects were observed in the first experiment. Results for treatment with S9 only reported in both experiments toxic effects." So, can we -- was it decreased viability, cytotoxicity? If we can be more specific there because I don't know what erratic toxic effects means as opposed to just toxic effects. So, if it was cytotoxicity that contributed to the inconsistency of the results, we probably ought to -- and then a question in regards to, so the new journal format, they want you to put the references right after -- if you mention the author's name as opposed to at the end of the sentence? Just in a general -- is that the new format for the journal?

MS. BURNETT: I think we're still working that out. I'll ask Kevin. You would prefer it at the end of the sentence or after?

DR. SNYDER: Well, it's just, when you were like on page 30, if you go to page 30, right above carcinogenicity the second paragraph, under the Higa --

MS. BURNETT: Higa.

DR. SNYDER: -- et al., is 8686, so that's not right, but --

MS. BURNETT: Did it show up like that in yours?

DR. BELSITO: Mm-hmm. It's 8686. Higa, et al., 8686.

DR. SNYDER: So, when you mention the author's name you put the reference, superscript, right there, as opposed to all other instances you put the reference at the end of the article.

MS. BURNETT: Okay.

DR. SNYDER: So, I'm just asking --

MS. BURNETT: Consistency will --

DR. SNYDER: Well, I'm just asking. It seems kind of odd to do it that way, but --

DR. BELSITO: It probably is a carryover from putting the authors and then in parentheses putting the year of publication. It should go at the end of the statement.

MS. BURNETT: Right.

DR. BELSITO: And then on page 37, I think you did a really good job of capturing that information I sent you about the thyroid effects. And so I just think we need to -- we need to clean up that italicized part there because there was no progression of lesions, the effects were reversible -- so there's lots of -- there's some other data -- there's some other information that you can put in there, (inaudible) put it in here regarding --

MS. BURNETT: Okay.

DR. SNYDER: You captured it -- the discussion section was really good in capturing those -- page 43 was really good --

DR. BELSITO: And you editorialized it?

DR. SNYDER: Yeah, yeah.

DR. BELSITO: (inaudible)

DR. SNYDER: So just so (inaudible). That's why.

MS. BURNETT: Okay. I will find it. All right, thank you.

DR. KLAASSEN: So, this is the kind of style that everybody's going to?

DR. SNYDER: Yeah.

DR. KLAASSEN: I like it.

DR. BELSITO: I think it's so much easier not to review all the old data, just to see it summarized and referenced as (inaudible).

DR. SNYDER: (inaudible) you can go look it up.

DR. BELSITO: Right.

DR. EISENMANN: We'll have to delete Table 4?

MS. BURNETT: We will delete Table 4. It was -- mainly how this came about is that during the last iteration I received data -- information saying that the VCRP reporting went down 10 ingredients which seemed odd because we've been hearing that from the people talking that it's being used in more things, so we checked Environmental Working Group's website and, boom, they had a whole bunch of -- and they're listing it as skin lighteners.

So, we just -- to illustrate that the VCRP data may not be complete, we decided to include what the EWG included and then we also contacted Health Canada to see what -- you know, what's going on in Canada and that's where Table 5 came from. So, we were never planning on leaving the EWG table in. We'd still like to leave the little blurb in the text in there.

DR. BELSITO: What page does that blurb in the text occur?

MS. BURNETT: Two. Page 2. It's highlighted.

DR. BAILEY: On Table 5, this is from Health Canada and so for a concentration range shown, they reported that the number of products that claim to have kojic acid in them at those levels -- I find it a bit hard to --

DR. LIEBLER: Ten to 30 percent?

DR. BAILEY: Yeah. I just -- I just don't see that. I mean, I -- you know, it just doesn't make sense based on what we know about its use from -- you know, from 5 percent -- I mean, that's more than a lot, it's like --

DR. LIEBLER: Tenfold higher.

DR. BAILEY: Yeah, so I'm just -- I don't know. I'm not sure how much this helps.

DR. BELSITO: Well, but it's --

DR. BAILEY: No, I understand it's the information that's out there and it's certainly worth talking about -- being aware of.

DR. KLAASSEN: You are or are not going to put this in the file --

DR. BELSITO: The Health Canada?

DR. KLAASSEN: Yeah.

DR. BELSITO: We said we're going to keep it.

MS. BURNETT: It might not be a table. It might go to just prose.

DR. BELSITO: I don't know. I would keep it in the table.

MS. BURNETT: Okay.

DR. BELSITO: I mean, the fact remains that we're told it's up to 2 percent, in Canada they have 17 -- at least 17 products that are reported to be -- have higher uses, and so I would -- yeah, I mean, this is -- I mean, it's reliable government data. I'm not sure -- right? I mean, Health Canada is like the FDA, right?

DR. SNYDER: So, it's mandatory, right?

MS. BURNETT: They have mandatory reporting.

DR. BELSITO: So, I don't know if they go out and test the concentrations but this is adequate government data that's -- you know, for what's available, very close to our market. So, I mean, I think it would -- you know, if we -- if we decide to go ahead with a "safe as used" up to 2 percent, you know, then I think it would bear a mention in our discussion that at least data that we receive from Health Canada indicated uses above this level and the panel has found -- would find that those uses would be -- there would be insufficient data to support those uses.

DR. BAILEY: Well, what I'm wondering is, and I don't know, but I'm wondering if these numbers are concentrations of a preparation. In other words, 30 percent of a material that contains 5 percent, you know, kojic acid that's added. I mean, the same sort of issue we were running into earlier about what's being studied, so, I mean, I just -- yeah, and actually, I will inquire the Health Canada about this. But I just have a hard time believing 10 to 30 percent. I'm wondering if this isn't some kind of formulation that's then added to --

DR. KATZ: Do you know if it's in fact a cosmetic and not a drug? If this is truly cosmetic use or if it's drug use?

MS. BURNETT: We asked -- as cosmetic, and that's what their response was. Like --

DR. KATZ: Because you might need to double check because they have a -- their OTC system is not that dissimilar to our OTC system and these could be OTC drugs. So, depending upon how you actually phrased the question, you might have asked over-the-counter.

MS. BURNETT: I'm pretty sure I asked, as cosmetic ingredients. It's maybe how they -- what they consider to be a cosmetic versus a pharmaceutical.

DR. KATZ: That's right.

MS. BURNETT: And you don't know.

DR. KATZ: And some of their products that would be here OTC drugs are now -- they're developing a third tier on some ingredients and some products and that might fall into their third tier. So, you might need to double check just to see how they're truly regulated.

DR. BAILEY: I'll send an e-mail to Louisa to see what says.

DR. BELSITO: Do you have connections there, John?

DR. BAILEY: Mm-hmm.

DR. BELSITO: Yeah, so I mean, just clarify it for us. I mean, one way or the other I'd like to include the report and if, in fact, there are uses above 2 percent, then it doesn't change what our conclusions would be, it just might change a little bit the discussion in terms of what we're aware of being out there in the1 market outside of the U.S.

DR. BAILEY: Okay. I'll see what I can find out.

DR. SNYDER: That's it.

DR. BELSITO: Okay, so obviously in the summary we need to add that new data that came through in the HRIPT, the 3 percent guinea pig. And basically we're tabling this and we're asking for some outside expert opinion and it's worth getting the guinea pig study. Okay.

DR. KLAASSEN: And you know, it -- we might find out tomorrow that Slaga knows that this is an excellent method.

DR. BELSITO: Yeah, I mean --

DR. KLAASSEN: He is a skin person (inaudible).

DR. BELSITO: We'll change what we sent based upon what they (inaudible).

Marks Team – April 5, 2010

DR. MARKS: So, in December the Panel issued a tentative safety assessment for kojic acid with an insufficient data conclusion, and the data needs per the memo from Christina were the dermal sensitization and irritation at use concentrations and then also a dose response for skin- lightening effects since that's a prominent effect of kojic acid from the literature and also a prominent concern we had since it's obviously not a cosmetic effect that we're -- it would be a drug effect.

MS. BURNETT: Dr. Marks, to let the team know, this morning you received another piece of information. It should say "TKO Research 2007, Another HRIPT Study."

DR. MARKS: Right. This is the April 1st one where they repeat insult patch tests using 2 percent kojic acid. It revealed no sensitization. So, we had actually that piece this morning and a previous one, which was the HRIPT that Alan mentioned, which was given out on the second day of the last meeting in December, which 1 percent was okay from an irritation and sensitization standpoint, so I think that data need is met. Is that correct?

DR. SHANK: I would think so. In an RIPT test, if you have a lot of people in that test with pigmented skin, would that test detect a skin lightener, depigmenter?

DR. BERGFELD: A shade --

DR. SHANK: Would one notice -- when one 1 does one of those RIPT tests, if the agent – if the ingredient -- if a test chemical were a skin lightener, would that show up if some of the patients had pigmented skin?

DR. MARKS: I don't think there -- first of all, I don't think there's any standard assay for that to begin with. We have a second piece of information in the data using a black guinea pig, but again the question is: Is that assay really relevant or acceptable to determine the safety of kojic acid? So, I would say no. It's a short-term -- the HRIPT is a short-term testing. Sometimes a depigmentation of skin after application of a chemical is delayed, and so I wouldn't feel that just a routine HRIPT and, oh, by the way, was lightening noticed during that period, would be an adequate screen.

DR. BERGFELD: May I comment? I think that if the patient in this situation had a whitening effect where the skin actually turned white, like we see with the hydroquinones if we use them, or some of the other ones, then you would say that. But just slight lightening you probably would not detect that nor would you be stating it as a side remark. And as I recall, reading some of the pigmentation studies, this kojic acid is really a minimal whitener, and there's no melanocyte damage, oxidative damage, so I would sense that the patient or individual's complexion would look fresher, however that's interpreted, but that the patient does say "fresher," but they would not detect whitening -- white, white.

DR. MARKS: Are there any comments from our visitors? Because we are going to be issuing, I think, an insufficient data conclusion if we can't resolve the lightening issue.

DR. ANSELL: Well, I would like to point out that the data we provided demonstrates the material is not a skin whitener. Rather, it interferes with the darkening process. And that the study from Ishima goes to the mechanism of the prevention in terms of interfering with tyrosinase activity in a reversible way. So, it's not a skin lightener; it prevents UV-induced darkening.

DR. BERGFELD: That's the study that shows in vitro tyrosinase inhibition you're referring to, Jay.

DR. SLAGA: So, it doesn't take normal skin and make it light, hmm?

DR. ANSELL: Yeah, the study indicates that it induces a reversible decrease in tyrosinase activity and that this is reversible

and that the cells recover this activity and the ability to form melanin after treatment is stopped, so what it's doing is reducing UV-induced hyperpigmentation.

DR. SLAGA: But the question, if you take normal skin without UV exposure, does it make the skin get lighter?

DR. BERGFELD: Yeah, well, the study showed that it got a little lighter but not significantly, and the tyrosinase activity inhibition would be true whether it be sun exposure or non-sun exposure, because that's an active enzyme system. But if the question is, is it enough lightening to restrict it in any way and, yes, there are no studies looking at doses, you know?

DR. SLAGA: Where are we on the dose response, the Japanese study that's being translated?

MS. BURNETT: You received it in the second wave of information. This one.

DR. SHANK: In that paper, with the black guinea pig study, the authors referred to two other papers also in Japanese that kojic acid is a skin lightener, but those papers are in Japanese. Can we get those? There was also -- in December there was an offer for -- a statement said that perhaps there would be a skin-lightening study done. Where are we on that?

DR. ANDERSEN: I don't think we've heard anything further about additional studies. I guess the question, though, comes back to the point that Jay made. In looking at the Tayama thesis work that was published in '02, there's a clear differentiation between the effects of hydroquinone and kojic acid. There's a different mechanism involved. Kojic acid, no decreased epidermal melanocytes, no decreased melanin granules that you see with hydroquinone; and those effects, I think, are what have classically led the Panel to say we don't want that level of activity in cosmetics. Kojic acid is acting differently, so maybe the question of the search for a level that causes no skin lightening is not hugely relevant anymore. It's more for Jim and Wilma from the --

DR. BERGFELD: I'd like to add you can get lightening by taking the stratum corneum off, so there are other ingredients or chemicals that we've dealt with that do a little bit of stripping and hydrating. So, I'm not so sure it doesn't fall into that sort of low-level category rather than something that's cytotoxic, which is a more dynamic biological activity.

DR. SHANK: Well, other than the cytotoxicity issue, is there -- I don't know how you'd classify the issue. Some people may not want the skin-lightening effect. So, should it be labeled that --

DR. BERGFELD: May have skin lightening --

DR. SHANK: -- it could lighten the skin. It would not be a toxicity issue; it would be a --

DR. BERGFELD: Cosmetic.

DR. SHANK: -- cosmetic issue.

DR. BERGFELD: That's a good idea.

DR. HILL: So, does that constitute something like a slight of hand in the sense that we don't have the FDA person here to comment, but it can't be labeled as a skin lightener else it's a drug rather than a cosmetic, yes?

DR. MARKS: Correct.

DR. HILL: But if it were labeled "This preparation may lighten the skin as a side effect," that seems to be almost --

DR. ANDERSEN: Well, I think it's going to depend --

DR. HILL: -- a backdoor claim?

DR. ANDERSEN: -- on the nature of the claim. If the claim is couched in appearance terms, then the ingredient can be a cosmetic. If the product as I saw time after time after time at the Academy of Dermatology meeting, those folks using 4 percent or so of kojic acid in products that appeared to be over-the-counter drugs were making a clear skin- lightening claim, not an appearance of skin lightening, but they didn't seem to have any question that they were drugs. And we're not talking about those products here; we're talking about the 2 percent kojic acid that has a claim that can be considered a cosmetic claim.

DR. MARKS: I think it can be handled like any other side effect in terms of if you look at the Japanese experience. In the references, 1 percent is used in Asia, and lightening may be the intended use or it could be viewed as a side effect just as allergic contact dermatitis has occurred with that concentration in Japan, even though we have now HRIPT indicating that 2 percent is a safe level for kojic acid, that it could it be handled as a side effect, so to speak, but I wouldn't want to see it as a claim. I guess the other comment when I go on page 45 of the report -- the one reference, though -- the last paragraph right above the summary, I think that reference is a secondary reference that would have been nice again that, "A side effect of this treatment is contact dermatitis. This treatment is widely used in Asia." It's Draelos. I wonder whether or not there was some -- again, getting back to Ron's points on primary Japanese references, again, to attest to the safety. To me, I guess if you were going to -- we had a 2 percent level of safety with sensitization. It's used up to 2 percent in the reports we have yet. For skin-lightening effect, at least using the black guinea pig, we have 1 percent is the safe level, so we may end up having to put a 1 percent just based on skin lightening.

DR. HILL: My recollection was that's why the dose responses curve was solicited. It just seems to me nobody -- okay, contact dermatitis is a side effect, but nobody's going to use it to cause contact dermatitis, okay, but name somebody who goes and purposely finds something with kojic acid in it. They're probably seeking the skin anti-darkening activity. And so if you put that on there and you label it as a side effect, it's -- I don't see the distinction really. I mean, and a level, I don't care, but --

DR. MARKS: Tom, you had a comment?

DR. RE: Yeah. Just one. There's only one major supplier --

DR. ANDERSEN: We'll have to use the mike.

DR. RE: Just one point. There's only one major supplier of cosmetic grade kojic acid, and that supplier does not recommend it being used over 1 percent. Two percent has been used, and the RIPT 2 percent is evidence that it has been used, but they don't recommend it above 1 percent. In fact, they have practically said that 2 percent is really a maximum level.

DR. MARKS: And the reason, Tom?

DR. RE: The reason for 1 percent?

DR. MARKS: Yes.

DR. RE: It's based basically on the guinea pig study where levels above 1 percent caused depigmentation, where a level of 1 percent there was no cytotoxicity and there's no active activity against melanocytes.

DR. MARKS: And I could go back and look at this study again, but did they follow these guinea pigs out, a la Jay, what you were saying, this is a reversible hypopigmentation based on inhibition of tyrosinase? Did those guinea pigs actually repigment with the high doses?

DR. SHANK: They didn't look at that.

DR. ANSELL: Right, the study was the one that I'm looking at, looked at the reversibility of the enzyme activity.

DR. MARKS: Right.

DR. ANSELL: Not the skin color per se. But, again, this study was looking at the reduction of hypopigmentation, not skin whitening, and specifically solar and senile lentigo.

DR. MARKS: Yeah, I think I would feel -- it's interesting, Tom, I was thinking 1 percent would be a safe level based on the guinea pig data that I think I could feel comfortable with that. I wouldn't go up to 2 percent even though we have sensitization data that would recommend that, so I think in my mind it's either insufficient versus limit to 1 percent.

DR. ANSELL: Well, we could support 1 percent. I mean, that seems quite reasonable.

DR. MARKS: Two Rons and Tom.

DR. SHANK: And that 1 percent is based on this Japanese paper that was just translated, is that correct?

DR. MARKS: Yes. Is that going to be enough safety data from your point of view, Ron? And I think a la what Alan said earlier, it would appear that its proliferation in the cosmetic dermatology world, that if there were really significant and prolonged depigmentation, which would be what we would be most concerned about, that that, I would have thought, would have appeared by now and also from the Japanese literature. So, I think experience would also support setting a level of 1 percent.

DR. SLAGA: I think that's a good compromise.

DR. BERGFELD: I'd like to make a comment about the comment you just made about we hadn't heard of any sort of liginous skin being developed from kojic acid. However, it is true on the West Coast at least that kojic acid is on the increased use by the dermatologists for its bleaching effect and lightening effect. So, whether they're using 4 percent or 2 percent, I'm unclear, but certainly they're using it, and they're using it as an OTC or a cosmetic ingredient. It's not a drug.

DR. ANSELL: Well, if they're using it for that purpose, it is a drug, and so –

DR. BERGFELD: I know that, but they're obtaining it without a prescription basically.

DR. MARKS: Well, I guess when we decide on our final report if we do set a limit, then it'll be incumbent on the manufacturers to take that into consideration. So, I'd probably -- not probably -- I would recommend we come to a conclusion with a final report. Actually, I guess since we're setting a limit, and we haven't done that, it would be actually a tentative final report with a 1 percent limit.

DR. HILL: Just glancing back over some, I think the most pertinent question here that was asked is: Is the skin lightening or anti-darkening effect reversible? I mean, I would guess it should be fully reversible based on the mechanism and action.

DR. MARKS: Correct.

DR. HILL: Because I get some sense here, glancing back at a couple of things, that the manner of use -- in other words, how long it's used and how often -- might have a big impact here on the safety of it. In other words, maybe using 2 percent over a short period of time is perfectly safe and fine; using 1 percent over a long period time I guess is probably okay, but it looks like there may be some issues in terms of sensitization, or at least contact allergy, rather. So, I'm wondering if it is -- I know you're saying not recommended above 1 percent, but is that recommendation based on I'd rather not be sued so this is my recommendation and really it's perfectly fine to use 2 percent, and then are we keeping things off the market that don't need to be kept off the market that people could make good use of?

DR. MARKS: I think we have this scientific data that 1 percent is safe in the black guinea pig, and that's probably the best model we have. And so I think we can make the recommendation of 1 percent based on data-driven evidence.

DR. HILL: And there's still opportunity even once this goes up for comment if need be, right, if there are people who want --

DR. MARKS: Right.

DR. HILL: -- 2 percent, they can still --

DR. MARKS: Absolutely.

DR. HILL: -- take the opportunity.

DR. MARKS: That's why it would be a tentative final report, and it has a 60-day period.

DR. RE: The black guinea pig was the study that was requested by the Panel, and I think that's the same model that was used with hydroquinone and other whitening agents.

DR. MARKS: Correct.

DR. SHANK: Yeah, the black guinea pig is an old model, and when it was initially studied with the hydroquinones, that was the animal model they used. I've not seen any -- actually this issue hasn't come up in the dermatologic world until, really, recently with a kojic acid.

DR. MARKS: So, Ron, Ron, and Tom, does safe with a limit of percent appear reasonable? I'm still troubled about basing this on --

SPEAKER: Mic please.

DR. SHANK: I'm still troubled about basing this percent on this translated Japanese paper. First concern is the focus of the paper was not on kojic acid; it was on a different chemical, and the studies were done on that. The focus was on melanocyte toxicity and loss of melanosomes. The data that are presented in tabular form are for the fifth day of exposure; yet, it went on for five weeks and there are no quantitative data there, and I wonder why that's the case. Why pick five days for your data if --

being a researcher myself, I can imagine that that was probably the best data point in the five-week study. I don't know that, but it's strange that you would pick five days if you're doing a five-week study and you pick day five to do your quantitative study and you don't mention the quantization elsewhere. So, I'm not content with basing the 1 percent on that one study.

Also those authors state two references -- references 26 and 27 -- in their paper, Japanese papers, that kojic acid is a skin lightener. So, I think I would stay with an insufficient data report, meaning information on repeated exposure levels that do not produce skin lightening. That's not a toxicity issue; that's a cosmetic issue I think.

MS. BURNETT: I will try to pull those two papers. We're going to get those translated. It can take a while, and we might not have them in time for the next Panel meeting.

DR. SHANK: Do you want those references? It was in the supplemental material, the translation of the Japanese paper. I'm sorry to keep referring to it as a Japanese paper, but I don't have the first page of that, so I can't say the authors. But it was a thesis on a different chemical, and kojic acid was included as a comparator, and in the reference section -- references 26 and 27 -- 26 is Sugai and 27 is Mashima; and the author of the translated paper on page 17 of that paper states that kojic acid has shown skin- lightening activity in even skin.

DR. MARKS: Okay. Well, with that in mind then what we would be doing, the team – Ron and Tom -- we would be issuing -- we will move, since I am presenting this tomorrow -- will move that a final tentative safety assessment, because now the conclusion hasn't changed, a final safety assessment be issued for kojic acid with an insufficient data conclusion and that we need the dose response for skin-lightening effects the same as previously so that we can --

DR. ANDERSEN: In humans, is that --

DR. BERGFELD: I think that's a problem in humans, because if you get --

DR. ANDERSEN: Well, would the guinea pig model be sufficient? is the question. I don't want to have work done that you won't like when you see it.

DR. SHANK: I'm not familiar with the various animal test models for skin lightening, so I'm afraid I couldn't answer that question. I would assume there must be some animal model that could be used.

DR. BERGFELD: Well, there's also an in vitro model. We've seen that with soy, which also interferes with tyrosinase, which is in cosmetic products. I know that there's an in vitro model.

DR. SHANK: Do we know that the human skin- lightening effect is due to tyrosinase inhibition? I don't know that we know that.

DR. SLAGA: Yeah, we don't that. We only know what the --

DR. BERGFELD: From the Japanese paper.

DR. SLAGA: Yeah.

DR. BERGFELD: True. I'd like to respond to the reason I would not do human and what we have seen with hydroquinone as well as p-hydroxyanisole, which is one of the -- put on an unsafe basis because depigmenting in one area sometimes gives you an autoimmune response where you get depigmentation in other areas, and we since don't do that. Totally know the mechanism of this particular chemical. I would hesitate to put it on a human and have that phenomenon occur.

DR. MARKS: I would say, Ron, that a more robust black guinea pig study would probably meet our needs, so not only having the thought in this case the five-day data on tyrosinase split carrying it out longer seeing what effect it actually has besides on tyrosinase but the actual pigmentation of the skin, whether there's lightening. We expect there'd be no depigmentation but do a dose response on the black-skinned guinea pig would probably adequate wouldn't you think, Wilma?

DR. BERGFELD: Yes.

DR. MARKS: Yeah.

DR. SHANK: Don't you think there are epidemiological type data out there on humans? These two Japanese papers say that it's a skin lightening -- they have concentration of kojic acid in those database?

DR. MARKS: I would -- yeah, that's Tom shaking his head here. That would, in my mind, also answer the question if you know you have products that have widespread use and the adverse -- the reporting or the safety data that should support that in humans, say as some sort of repeated application over a chronic period of time with -- address this -- that would be fine, also.

DR. SHANK: I don't know if epidemiological data is out there or not, but I can ask Ms. McGuire, and I want an intermediary here. But as I understand it, the skin- lightening effects of the kojic acid were demonstrated in an occupational setting where the workers had their hands in vats of kojic acid for extended periods of time and their skin became lighter.

DR. MARKS: That's how a lot of these are discovered -- by happenstance -- aren't they? Then the question, obviously, is was it reversible when they changed jobs. And depending on the cultural circumstances, even skin lightening may not be acceptable.

DR. HILL: I would guess whether it's reversible or not should be known from that. It would be hard to imagine it wasn't.

DR. MARKS: Often times there are reports and then no follow-up.

DR. HILL: Well, it might not be reported in open literature, but an inquiry to whatever companies had this incident. I mean, they might be willing to part with the information as to whether it was reversible, because up until -- I mean, I got to thinking about the mechanism issue -- is that if it is tyrosinase, there may be information as to how the -- what the potency of inhibition -- in other words, the binding constant of kojic acid on the human versus the black guinea pig enzyme -- is, but you would also need that in conjunction with how well this kojic acid penetrates the guinea pig skin from their test formulation versus state of use in human cosmetic preparations for that to have any informational value.

DR. MARKS: It would be interesting if the manufacturer has any safety data -- what's the reason at 1 percent they had, you know, no reports of adverse effects but at 2 percent and 4 percent they had a large number. So, I think, Alan, I think, to answer your question, what is really needed to overcome this insufficient conclusion concerning the skin-lightening threshold of kojic acid would either be another study in the black guinea pig actually establishing a threshold over a chronic period of time looking at skin lightening per se, not just applied days with tyrosinase activity, versus having an epidemiologic study. Ron Shank suggested that it would attest to the safety of it at a particular concentration.

DR. ANDERSEN: All right, it's good to capture that. I'm concerned that while the data presentation in the black guinea pig study were incomplete -- and that's bothersome -- the conclusion seemed to be at either 1 or 2 percent, there was no effect that could be seen in black guinea pig skin. So, in that range for depigmentation, kojic acid didn't do much to the black guinea pig. Now, again, I'd love to see the complete data.

DR. SHANK: When you say "no effect," actually there was no effect on melanosomes or melanocytes, okay?

DR. ANDERSEN: Mm-hmm.

DR. SHANK: There was skin lightening at 4 percent in their report. But I think we have to be careful to use that paper carefully, that their main concern was the study on melanocyte toxicity.

DR. ANDERSEN: Yes. No question.

DR. ANSELL: While that's certainly true, they also point out that the color metric could well be responsible due to crystallization of the substances being tested, which is why they saw such a trivial increase. The vehicle group, a white substance thought to be crystals of the applied substance, was attached to the skin surface, and the effect of the attached substance seemed to be greater than the deep pigmentation action.

DR. MARKS: Okay. So, again, tomorrow, team, what we're going to -- what I will move is that we issue a final safety assessment with an insufficient data conclusion, and it's the skin-lightening threshold which we are concerned about. And we need more robust either black guinea studies versus an epidemiologic study to attest to the safety of this material at least the use concentration now, which is 2 percent. So even though it's recommended 1 percent, if the data supports 1 percent, that's what the final -- but we don't have that at this point. Does that sound okay, Ron, Ron, Tom?

DR. BERGFELD: Did you want to explore in vitro studies, if they're available?

DR. MARKS: Well, I think anything there, but ultimately it's not going to be what does it -- presumably it's tyrosinase activity; presumably it's reversible. But, really, we're concerned about the end result, the lightening of the skin.

DR. SLAGA: In vitro it's kind of very difficult to extrapolate the amount of the whole animal unless you do --

DR. BERGFELD: I know --

DR. SLAGA: -- so, like, to me it would be to -- tyrosinase inhibition in vivo would be the --

DR. BERGFELD: I was just thinking about mechanisms.

DR. MARKS: Comment? Ron, you're shaking your head. Do you think we could add another -- is there an in vitro or in vivo other than -- that could be done other than the two suggestions we had? This is, again, for Alan when we go to industry if they're going to address this. Is there some other way that they could address it and reassure us from a safety point?

DR. HILL: I would honestly be reassured if the incident he was talking about where the occupational exposure was found to be fully reversible and that could be documented. To me that would be more than sufficient. If it is simply an irreversible inhibition of tyrosinase, I just -- did I say irreversible? I meant reversible inhibition of tyrosinase. I can't easily imagine any long-term consequences, any irreversibility that would come from that without really thinking out of the box. I mean, it could, but I doubt it. And, yeah, I mean, if there is information out there in terms of the IC50 values on human versus the black guinea pig enzyme or -- because that -- I mean, but otherwise, without knowing for sure that that's a mechanism in humans -- I think Wilma said that -- I'm not sure how much that really tells you.

DR. ANDERSEN: Don't we -- we've got data on tyrosinase inhibition, page 6, in the current document. The kojic acid inhibits this enzyme is not an issue. There's ample data demonstrating that. They don't --

DR. HILL: But relative affinities on human versus black guinea pig enzyme -- I don't think that's in there.

DR. ANSELL: Yeah, we don't have the human enzymatic, but we do have a 21-day human study looking at the prevention of hypopigmentation again, and although they are silent on the method -- mention of skin lightening, they do talk about the effectiveness in terms of preventing pigmentation in application of kojic acid cream for two months in a total of 204 cases.

DR. HILL: Where are you looking? I'm sorry.

DR. ANSELL: One of the Japanese papers -- unfortunately, we're getting a little confused with our Japanese authors, but this is a paper by Mishima Ogimawa Shibata, "Inhibitory Action of Kojic Acid on Melanogenesis and the Therapeutic Effects of Various Human Hyperpigmentation Disorders."

DR. MARKS: Did we get that one? Yeah, I don't -- we did? Did we get that one? It sounds like we didn't see that, Jay. Or if we did, it may have been that it came through in the electrons which somehow we missed.

Okay. Well, I don't think we're -- right now I think we can move on, because we'll have the Belsito's team input. But ours is going to be -- I will move -- our team will move that the final safety assessment is insufficient data, and then we can -- and we're still concerned about the skin lightening effect of kojic acid. And we need a threshold that we can feel comfortable that, one, either it does not occur or, two, that it's reversible.

Okay? Any other comments? I'm not sure we can -- oh, Jay, yes.

DR. HILL: Can we get a copy of that to look at later in the morning? I mean, I'm just asking.

DR. MARKS: Did you have that, Christina, that paper?

MS. BURNETT: Is this what I had in the paper already or is this something new?

DR. ANSELL: I'm not sure exactly where it came. It was just in the package of paper that I got. I do have another comment when we get to --

DR. MARKS: Sure.

DR. ANSELL: We have a question concerning the inclusion of a new table, Table 4, where we started to include a table which includes commercial products, trade names. This doesn't seem to go to either application or concentration associated with the safety. We're curious as to what it actually contributes -- a simple iteration of trade names solicited from second-party sources, page 51 and 52.

DR. MARKS: Do you want to address that, Christina or Alan?

DR. ANDERSEN: Well, I think it's data that are out there as provided by the Environmental Working Group. Their methodology is to look at labels of cosmetics that are available online, and these are the products that they found with kojic acid listed in the list of ingredients. So, it's simply another way to capture information on what's out there. What we thought was particularly significant is that the list is considerably longer than the list of numbers reported to the Voluntary Cosmetic Reporting Program. Now, we've known for a long time that the VCRP is underreported. I don't know whether these -- I don't know that we're saying these data fix it; it's just another perspective on products in which kojic acid is used. It is what it is.

DR. MARKS: Yeah, actually that brings up -- because there's another report. I was going to ask the number of uses that the EWG -- the Environmental Working Group -- is a reference group in another table, which is a standard table. We'll get to that later on. How comfortable do we feel with the data that's reported by the Environmental Working Group in terms of its accuracy, I guess?

DR. ANDERSEN: Yeah, that's a very good question. I don't have any sense of accuracy of that as a database. I don't know what it represents in terms of the universe. Is it also underreported? Are there products listed there for which it is not true that kojic acid is an ingredient? I don't really have a sense of the accuracy of those data from that standpoint.

DR. ANSELL: Well, I think my concern goes to not accuracy, although our experience has been that simple accumulation of data off the internet is often not particularly accurate. Mine goes to relevance. Have we identified an end-use application or concentration that would inform a safety assessment as opposed to a simple iteration of trade names? I think if you've identified

an application which is appropriate or an application which has not been included, then it needs to be carried into Table 3, for example, or into the discussion. But a simple iteration from a second party as to what they found on the internet I do not think informs a safety assessment.

DR. MARKS: Actually, I'd agree with you, Jay. The only reason I might and maybe not have it as a table, but mention that this is, that if you notice in the product, in their name of the product -- and this could be captured in one sentence if it's important from the safety point of view -- is many of these reference an effect on skin pigmentation, lightening or brightening or those with -- that appears in the name of the product very frequently. So maybe in that case it might be worthwhile referencing as a main use, but I don't think the table really adds anything to the safety assessment.

DR. ANDERSEN: Okay. There's the two footnotes to the table that I would be concerned that you not ignore, and that is that one product included on the label that kojic acid was used at 4 percent and another one reported 2 percent. Now, if those -- well, just those data were available from the label.

DR. ANSELL: Well, more specifically, EWG reported. CIR staff has not confirmed.

DR. ANDERSEN: No, we have not checked that.

MS. BURNETT: Actually, I went to the website for that producer and it says 4 percent.

DR. ANSELL: Well, then their product would fall well outside of the CIR review, and that should be referenced to -- that's --

MS. BURNETT: Right.

DR. ANSELL: -- whatever process we have come up with in terms of identifying --

DR. ANDERSEN: And it may not even be a cosmetic product. It may be, you know, practically an OTC drug.

MS. BURNETT: EWG reported it at 4 percent. I went to their -- the producer's website and confirmed that it said 4 percent. We didn't want to further analyze the EWG note. We just took it for what it was and just put it in there.

DR. ANDERSEN: But the sentence that was discussed that characterizes that there are further data from EWG and does that in just a short sentence is in the body, so if you just wanted to eliminate the table, we have captured at least the idea.

DR. MARKS: Another idea I had is, looking at Table 3, you could have another footnote there. Not only is it in the body, but for somebody looking at uses and concentrations, one could also say, again as I'll repeat according to data from the Environmental Working Group, the concentration is listed up to 4 percent -- just so you capture that. To me, that's a stylistic. I'm not sure we need to use two pages and Table 4 to capture that information and safety assessment.

DR. HILL: Does the International Journal of Toxicology publish supplemental material online? Is it something that can be put in a -- I mean, journals that I use, they do a lot of supplemental data, published only online and not in the hard copy of the journal.

DR. ANDERSEN: Not that I'm aware of.

DR. HILL: Okay. But we could query Mary Beth as to whether that's doable? Could that be done, that explore the --

DR. ANDERSEN: Yes.

DR. HILL: Because this would be a great -- I mean, then you have a reference and it's up there, unless we have concerns about -- real, genuine concerns about the accuracy of the data, and, of course, if this exact information is already available in EWG materials, then that -- then there's a link and you're good. But here, even if that's the case, you still get a nice snapshot, and I think there's merit in having it available somewhere.

DR. ANDERSEN: Well, that was one of the reasons why we included it -- was to get exactly this discussion going. But I wouldn't want to limit the discussion, because I direct your attention to Table 5, which I'd also like the team's view on. Again, if you capture the snapshot from the FDA VCRP data, you find there are 16 reported uses, and if you look, as we did, and ask Health Canada to tell us what's reported to them, there are rather more products in use with kojic acid over a considerably larger concentration range. It's a contact that we made with Health Canada, and we found that they were not only willing but eager to share their data on reported uses for ingredients, so we captured it and it's here. What do you think?

DR. MARKS: My concern is where do you make the cutoff and now do you go to Mexico? Do you go to Brazil? Do you go to Europe since we're really doing a safety assessment on ingredients which are available in the United States? So, I guess I would say that, yes, that should be captured in the body, say, that it's used up the 30 percent range of kojic acid in three products in Canada per se. But I'm not sure I'd create another table. You know, we don't know -- where it seems to be most widely available and used is in Japan and Asia, so it would be interesting to see what it is there, but we don't have that data. I'd ask the rest of the team to comment. So, my immediate response would be I would include it in a table, but I would, again, have it in the text for those that are interested.

DR. SLAGA: I agree. I think Table 4 and Table 5, as long as it's stated succinctly in the text, is sufficient.

DR. BERGFELD: I have a comment. I think what is in here is interesting, and I concur that you could put it in the text, but I would suggest that you go down a little further than 30 percent, and I would suggest that you do anything above 2 percent, because there's notable products at 1 to 3 at 45. And I think when you just say 3 products at 30, that misrepresents that group.

DR. MARKS: I didn't mean to limit it to that. I was just picking the highest concentration. If Canada hasn't seen an epidemic of skin lightening of marked degree at 30 percent, that actually is reassuring. I wouldn't limit it just to the -- you know, I would probably say just take the row of numbers that are X-number of products with concentrations ranging from less than 0.1 to 30 percent. And if you want to say the most frequent area -- or concentrations 1 to 3 percent, fine, but that can be done in one sentence.

DR. BERGFELD: I think we also have to ask the FDA if they're looking a kojic acid at 4 percent as an OTC to get the status of that, you know?

DR. SLAGA: Yeah.

DR. BERGFELD: Or anything above 2.

DR. HAVERY: You might want to ask Dr. Katz tomorrow, since she used to work for the Center of Drugs, but you probably know that kojic acid is not monographed, which means that any use intended to lighten or brighten the skin would be an unapproved drug.

DR. ANDERSEN: Well stated.

DR. HAVERY: Don Havery, FDA. And to the inclusion of Health Canada, it becomes very, very complicated. We don't know within their regulatory scheme whether these materials are being sold as drugs, whether they are being sold under conditions which would be significantly different than a cosmetic in the U.S. Japan has a whole category of quasi-drug products. So, unless we wanted to do an analysis of the teasing out the cosmetic -- a U.S. cosmetic from a U.S. drug within the context of a foreign regulatory scheme, it might be difficult to inform us as to whether the application would meet a U.S. sense of cosmetic application being a product that could be sold without physician intervention or review of labeling or any of the other distinguishing elements between OTC drugs and cosmetics.

DR. MARKS: Any other discussion? This has been robust and enlightening.

DR. SLAGA: Yes.

DR. BERGFELD: I didn't hear James' conclusion.

DR. MARKS: My conclusion was to just eliminate, as Tom said, Tables 4 and 5 and include capture the essence in the text. Jay, is that -- what was your -- how would you handle it?

DR. ANSELL: Well, to the extent we've identified elements which inform the safety assessment through these other reviews, I think they should be included. I'm not sure that in this particular case we've identified applications or concentrations which would be beyond those discussions we've already had, but I think it would depend very much on the verbiage. We were much more concerned about just a table just iterating, you know, a Google search on the Internet and including trade names within a CIR report.

DR. MARKS: Okay. Do the team members have any other comments about this or may we move on? Ron, did you have one?

DR. HILL: I was just going to see if we could get reference 37 as well, which is the -- because that's mammalian tyrosinase activity, and there are some statements in the main document that I flagged last time that I remember now that we were discussing it and that it should have some -- and I don't know if has human in there, but it says "mammalian," so that I'm guessing there are multiple species of enzyme -- enzymes from multiple species in there. And also it appears not to be competitive inhibition, so perhaps there are some details in that paper as to what kind of inhibition we're looking at. It's reversible, but not competitive, so are we looking at allosteric or what?

MS. BURNETT: I believe I have that in my filing cabinet. I can have it here tomorrow.

DR. HILL: Yeah, tomorrow's fine.

DR. MARKS: Are the results of that going to change our conclusions?

DR. HILL: I doubt it, but I --

DR. MARKS: Okay.

DR. HILL: If something comes up in the discussion tomorrow, I would like to be slightly educated. I would have looked up that reference and seen it already, except I thought this was going to go a little bit differently today.

DR. MARKS: Okay.

DR. HILL: Actually, I think you landed where I thought we were going to land, but circuitously.

DR. BERGFELD: That's right. They're enormous. I think it's time to get on with it then, and so we're going to go to the first report, kojic acid, with Dr. Marks presenting one of the final documents.

DR. MARKS: In December of last year the expert panel issued a tentative safety announcement for kojic acid with insufficient data conclusion. There were two data needs, essentially dermal sensitization and irritation at the current use concentration. Secondly, an indication of what dose response the skin-lightening effect of kojic acid occurred. We have received new data. Concerning the dermal sensitization we have an HRIPT test which shows that it's safe at this concentration which is 2 percent, the use concentration. Then for our team the more difficult issue was the skin lightening and there is a I think pivotal guinea pig study from Japan in which the primary purpose of that paper was to look at hydroquinone and kojic acid in 4 and 1 percent were evaluated in this guinea pig model and 1 percent had no effect, 4 percent did have some lightening effect, but when you look at the paper the author felt that part of this was due to a white substance deposited on the skin's surface. So with that in mind, that within the range there did not appear to be any significant lightening of the use concentration we moved that the final safety assessment is that this kojic acid is safe.

DR. BERGFELD: You're presenting that as a motion?

DR. MARKS: Correct.

DR. BERGFELD: Is there discussion or second?

DR. BELSITO: Discussion. I guess you're saying safe at current concentration of use as reported at 2 percent.

DR. MARKS: Correct.

DR. BELSITO: But there is significant skin lightening, but they explain it at least partly with powder at 4 percent.

DR. MARKS: Correct.

DR. BELSITO: And we don't know what 2 percent would do.

DR. MARKS: Correct. It was minimal. When you look at the actual values it seemed like there were minimal changes between 1 and 4 percent in that study. Also when you look at the mechanism, this would appear to be reversible. It's inhibition of tyrosinase. So we're not concerned that there are irreversible pigmentary changes such as you see with hydroquinone. Therefore, we felt that we could move that it was safe in light of the well-known effect of skin lightening.

DR. BELSITO: The P value at 4 percent compared to control was 0.01, the L value was 35.68 for 1 percent and the vehicle is 30.3, and the para-hydroquinone was 37.2 at 1 percent. The issue that our team had yesterday were is this a value model and I guess that's the first question to throw out because I'm not a pigment biologist so we're interested in Tom's feeling about this model for depigmentation.

DR. SLAGA: This model is used for this and actually I think the beauty of this particular paper is that they compared a number of different compounds including hydroquinone and at different doses. If you rank all of them, KA comes way down on the list. They even use the term very weak at the higher dose, but it's shown as a plus or minus in the table.

DR. BELSITO: So that you feel the system is good, and then I guess the next question is even if it's reversible, it's a biologic effect and cosmetics should not a biological effect at 4 percent. So I guess I have difficulty unless there was a study at 2 percent. I'd be more comfortable saying safe up to 1 percent in a cosmetic product as we have negative data at 1 percent.

DR. MARKS: Obviously we're extrapolating when we feel that 2 percent is safe, but if your team feels that the limit should be 1 percent based on the lightening effect then our team I'm sure would be comfortable with that and it would be up to industry to show that it's safe at the present use concentration of 2 percent which we think it would be, but you're absolutely right that we're extrapolating data to come to that conclusion.

DR. BERGFELD: John?

DR. BAILEY: We're comfortable with 1 percent so that if that's your conclusion, I think that will work for us.

DR. MARKS: With that in mind I'll withdraw my motion and reframe it that we move that it's safe at 1 percent.

DR. BELSITO: Second.

DR. BERGFELD: Is there any further discussion? Seeing none, I call for a vote. Do you have discussion?

DR. BELSITO: Just some editorial, that we felt that Table 4 in the document should be deleted, that's the survey by the Environmental Working Group, but that Table 5 should be kept because it is a government authority data and then in the discussion we'd have to point out that the products with concentrations above 1 percent, it's not clear what those are, whether they are OTC drugs or not, but they would not be appropriate as a cosmetic product.

DR. BERGFELD: Dr. Katz, would you make a comment on the FDA and kojic acid? Is there any activity at the FDA?

DR. KATZ: Not that I'm aware of. I don't know if it's being looked at by OTC drugs or not.

DR. BERGFELD: Thank you. Is there any other discussion? Did you have discussion regarding the text?

DR. MARKS: No, we felt that Table 4 should also be deleted. However, we felt also that Table 5 could be deleted and captured in the text because we didn't know at what government agency would you stop, if Mexico had similar ones, Europe had similar ones, Japan, then do you stop at one or do you have multiple tables? That's a relatively minor point and I don't think it's going to create stress either way for us.

DR. BERGFELD: Is there any other discussion?

DR. BAILEY: We would agree that Tables 4 and 5 probably should be taken out of the final report that is published.

DR. BERGFELD: Dr. Andersen?

DR. ANDERSEN: I think the effort to query the Environmental Working Group database and the Canadian database was at least partly related to the decrease in use, that we thought we were seeing such a low frequency of use in the VCRP. We all understand that the VCRP will never and can never be a complete finding of everything that is in use. It's voluntary reporting to FDA. It's a marvelous barometer for a lot of things, but to suggest that it is an absolute piece of information, we don't want to be in that position and I think everyone understands that. So we look at what other data are available. EWG gave us some additional information, Canada gave us some additional information, but it also confuses things because it's not clear that all of the data from Canada are just cosmetics, there may be some cosmetic drugs in that group and that just confuses it. I think the discussion has been marvelous and it gives us guidance on what to do with those two pieces of data for this particular report. I think it's wonderful.

DR. BERGFELD: Dr. Belsito?

DR. BELSITO: I would agree. I think that since the FDA system is voluntary and it's not going to capture everything that it's certainly worth going out and looking at how Canada reports simply because they're immediately to our north and a lot of those products are probably on our market and it's certainly worth looking at what the Environmental Working Group is finding, but we have no idea whether those products are still in use, whether the concentration ranges that they might report are in fact valid. I don't think that that final information should be in our report. I think what it should do is spur industry to go back to its constituents and say VCRP has no report of a product like this or a concentration range like this, but it's on the Environmental Working Group website or it's on Health Canada or whatever, what can you tell us about this. I think it's helpful, but when it comes to the final report I think unsubstantiated data like that at least from nongovernment agencies, and if you have a problem with where do we cut off the government agencies, it should not be in our report.

DR. BERGFELD: Are you inferring that it shouldn’t appear anywhere, a text or table both?

DR. BELSITO: I guess it depends upon how things turn out. I gather, and I'm blanking on the name of the ingredient, in one ingredient it turned out that the Environmental Working Group reported a class of cosmetics where the ingredient was used whereas the VCRP it was not reported when it went back to industry we found a report, so in that case maybe it doesn't need to be in the report. On the other hand, if we find the Environmental Working Group or Health Canada say that this product or a specific ingredient is being used in a type of product for which we have no report, we may want to make note that there have been reports from EWG or Health Canada or wherever of this ingredient being used in this type of cosmetic product for which we don't have reporting to FDA or substantiation from the industry. Then if it might be an issue in safety, we might want to bring it into the discussion. I think it's going to be on an ad hoc basis.

DR. HILL: I wanted to make sure that the panel people did not feel discouraged if the tables are not there in the final report and then they won't do this again because I felt like it did supply useful fodder for discussion and I wouldn't want them to be thinking that that was wasted effort.

DR. BERGFELD: Is there any other discussion? Dr. Bailey?

DR. BAILEY: Just one additional comment. I think that this is a great illustration of the contributions that this process makes because what you've done is to define the cosmetic uses for kojic acid, in other words, the nonbleaching cosmetic uses. If you look especially at the EWG list, much of what's on there are lightening or brightening or bleaching products which may fall outside of your conclusions so that I think that the benefit that you're providing is sort of drawing that line in the sand as to what's cosmetic and what's not. I think that's very helpful.

DR. BERGFELD: Thank you. Is there any other discussion? Seeing none I'm going to call for the vote. All those in favor of going forward with this ingredient? Unanimous. Thank you. No dissenters.

Amended Safety Assessment of Kojic Acid as Used in Cosmetics

Status:	Draft Tentative Amended Report for Panel Review
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ABBREVIATIONS

2-AAF	2-acetylaminofluorene
8-OxodG	8-oxodeoxyguanosine
ALP	alkaline phosphatase
AUC	area under the curve
BrdU	bromodeoxyuridine
CAR	constitutive androstane receptor
C_{max}	peak concentration
CHO	Chinese hamster ovary
CIR	Cosmetic Ingredient Review
Council	Personal Care Products Council
CPSC	Consumer Product Safety Commission
DART	developmental and reproductive toxicity
Dictionary	*International Cosmetic Ingredient Dictionary*
DHPN	*N*-bis(2-hydroxypropyl)nitrosamine
DMBA	9,10-dimethyl-1,2-benzanthracene
EC	European Commission
ECHA	European Chemicals Agency
EPA	US Environmental Protection Agency
EU	European Union
FDA	US Food and Drug Administration
GEDIAC	Grupo Español de Investigación Dermatitis de Contacto y Alergia Cutánea
GLP	good laboratory practice
GOT	glutamic-oxaloacetic transaminase
GPT	glutamic-pyruvic transaminase
GST-P	glutathione S-transferase-placental form
HRIPT	human repeated insult patch test
IARC	International Agency for Research on Cancer
iDMM	iPS cell-derived melanocyte medium
IL	interleukin
iPS	induced pluripotent stem
LDH	lactate dehydrogenase
LI	labeling indices
MDA	malondialdehyde
MoCRA	Modernization of Cosmetics Regulation Act of 2022
MOE	margin of exposure
MOS	margin of safety
MTT	methyl thiazol tetrazolium
NOAEL	no-observable-adverse-effect level
NOEL	no-observable-effect level
NR	not reported
OECD	Organisation for Economic Co-operation and Development
Panel	Expert Panel for Cosmetic Ingredient Safety
PCNA	proliferating cell nuclear antigen
POD	point of departure
REACH	Registration, Evaluation, Authorisation and Restriction of Chemicals
RLD	Registration and Listing Data
SCCP	EC Scientific Committee on Consumer Products
SCCS	EC Scientific Committee on Consumer Safety
SDM	sulfadimethoxine
SED	systemic exposure dose
SPB	phenobarbital sodium salt
T3	triiodothyronine
T4	thyroxine
TG	test guideline
TPA	phorbol-12-myristate-13 acetate
TSH	thyroid-stimulating hormone
UDP-GT	diphosphate glucuronosyltransferase
US	United States
USDA	US Department of Agriculture

DRAFT ABSTRACT

The Expert Panel for Cosmetic Ingredient Safety (Panel) reassessed the safety of Kojic Acid, which is reported to function as an antioxidant in cosmetic products. The Panel reviewed the available data to determine the safety of this ingredient. The Panel issued an amended report…[TBD].

INTRODUCTION

This assessment reviews the safety of Kojic Acid as used in cosmetic formulations. According to the *International Cosmetic Ingredient Dictionary* (*Dictionary*), Kojic Acid functions as an antioxidant in cosmetic formulations.[1] While Kojic Acid is purported to have skin-lightening properties, whitening of the skin is considered to be a drug effect in the US.

The Panel first reviewed the safety of Kojic Acid in a report published in 2010, with the conclusion "Kojic Acid is safe for use in cosmetic products up to a concentration of 1%."[2] In June 2022, the Panel determined that this safety assessment should be re-opened for re-evaluation due to reported restrictions by the European Commission (EC) on the use of Kojic Acid.[3] Excerpts from the summaries of the 2010 report are disseminated throughout this document, as appropriate, and are identified by *italicized* text. (This information is not included in the Summary section.)

This safety assessment includes relevant published and unpublished data that are available for each endpoint that is evaluated. Published data are identified by conducting an extensive search of the world's literature; a search was last performed in September 2026. A listing of the search engines and websites that are used and the sources that are typically explored, as well as the endpoints that the Panel typically evaluates, is provided on the Cosmetic Ingredient Review (CIR) website (https://www.cir-safety.org/supplementaldoc/preliminary-search-engines-and-websites; https://www.cir-safety.org/supplementaldoc/cir-report-format-outline). Unpublished data are provided by the cosmetics industry, as well as by other interested parties.

Some of the new data included in this safety assessment were found in the opinions by the EC Scientific Committee on Consumer Products (SCCP)[4] and Scientific Committee on Consumer Safety (SCCS)[3,5] Please note that these sources provide summaries of information generated by industry, and it is those summary data that are reported in this safety assessment when the SCCP and SCCS are cited.

CHEMISTRY

Definition and Structure

According to the *Dictionary*, Kojic Acid (CAS No. 501-30-4) is the heterocyclic compound that conforms to the structure in Figure 1.[1]

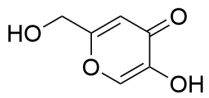


Figure 1. Kojic Acid

Chemical Properties

UV absorption appears to vary as a function of the pH.[2] *The enolic hydroxyl group at C5 gives Kojic Acid its weakly acidic property and allows it to form salts with a number of metals.*

Chemical properties for Kojic Acid are summarized in Table 1. Kojic Acid is a white to light yellow crystalline powder with a molecular weight of 142.11 g/mol.[2,3] The log K_{ow} is reported to be -0.64.[3]

Method of Manufacture

The method of manufacturing of Kojic Acid for cosmetic use is not clearly described in the published literature. However, Kojic Acid is a hydrophilic metabolite mainly derived from various species of *Aspergillus* and *Penicillium* by using glucose and yeast extract as carbon and nitrogen sources, respectively.[6] It also can be produced by using a variety of sugars (e.g., sucrose, lactose, galactose, arabinose, ribose, and starch) or using different organic wastes via microbial fermentation. Different fermentation procedures have been reported for large scale Kojic Acid production, including submerged batch fermentation.

Kojic Acid may also be synthesized by acetylation of tetraacetyl-galactosone hydrate by action of acetic anhydride and pyridine to yield diacetylkojic acid.[7] This is followed by deacetylation in the presence of ammonia in methanol or methoxide.

Impurities

The purity of Kojic Acid was reported to be greater than 97%.[3] Impurities may include heavy metals (10 mg/kg maximum) and arsenic (4 mg/kg). One sample was reported to contain $\leq$ 2 ppm arsenic, $\leq$ 50 ppm chloride, $\leq$ 10 ppm heavy metals, $\leq$ 120 ppm sulfate, and < 1.08 ppb aflatoxins.

Natural Occurrence

Kojic Acid is naturally produced as a secondary metabolite in the following Aspergillus strains: A. albus, A. alliaceus, A. awamori, A. arachidicola, A. bombycis, A. caelatus, A. candidus, A. clavatus, A. effusus, A. flavus, A. fumigatus, A. giganteus, A. glaucus, A. gymnosardae, A. leporis, A. luteovirescens, A. lutescens, A. minisclerotigenes, A. nidulans, A. nomius, A. parasiticus, A. parvisclerotigenus, A. pseudotamarii, A. tamarii, and A. wentii.[2] *Kojic Acid is also a secondary metabolite of several strains of Penicillium and Acetobacter fungi and several species of acetic acid bacilli.*

USE

Cosmetic

The safety of the cosmetic ingredient addressed in this assessment is evaluated based on data received from the US Food and Drug Administration (FDA) and the cosmetics industry on the expected use of Kojic Acid in cosmetics. Registration and Listing Data (RLD) obtained from the FDA report frequency of use, and responses to a survey conducted by the Personal Care Products Council (Council) indicate maximum reported concentrations of use; it is these values that define the present practices of use and concentration that are assessed by the Panel. Since 2024, as a result of the Modernization of Cosmetics Regulation Act of 2022 (MoCRA), manufacturers and processors are required to register facilities and list their products (and ingredients therein) with the FDA (i.e., RLD). An exception is made for small businesses (average gross annual sales in the US of cosmetic products for the previous 3-yr period is less than $1,000,000, adjusted for inflation), which are exempt from MoCRA reporting for most cosmetic product categories. Eye area products, injected products, internal use products, or products that alter appearance for more than 24 h, and the facilities that manufacture these products, are not included in this exemption.[8] Another change resulting from MoCRA is the addition of tattoo preparations (permanent tattoo inks, temporary tattoo inks, and other tattoo products) to the product categories for which companies need to list their products with FDA. However, evaluating the safety of ingredients as used in tattoo preparations is not within the purview of the Panel; accordingly, such use is not included as part of the present practices of use that are assessed by the Panel.

According to RLD obtained from the FDA in 2025, Kojic Acid is reported to be used in 3726 formulations, with the majority of the uses reported in personal cleanliness products (867 in bath soaps and body washes) and skin care preparations (822 in face and neck products; Table 2).[9,10] The results of the concentration of use survey conducted by the Council in 2024 indicate Kojic Acid is used at up to 1% in leave-on skin care preparations.[11]

RLD and the results of the concentration of use survey indicate that Kojic Acid is used in products that may come into contact with mucous membranes (0.001% in bath oils, tablets, and salts; 0.05% in bath soaps and body washes).[9,10] Uses have also been reported in eye makeup preparations (no concentrations reported). Additionally, Kojic Acid is used in cosmetic sprays and powders and could possibly be inhaled; for example, Kojic Acid is used in hair sprays and face powders (concentrations not reported).[9,10] In practice, as stated in the Panel's respiratory exposure resource document (https://www.cir-safety.org/cir-findings), most droplets/particles incidentally inhaled from cosmetic sprays would be deposited in the nasopharyngeal and tracheobronchial regions and would not be respirable (i.e., they would not enter the lungs) to any appreciable amount. Conservative estimates of inhalation exposures to respirable particles during the use of loose powder cosmetic products are 400-fold to 1000-fold less than protective regulatory and guidance limits for inert airborne respirable particles in the workplace.

For Kojic Acid, reported uses in baby products are identified in the RLD; however, concentration of use data are not available for every reported category of baby product. In cases where a baby product category is reported without an associated concentration, but an analogous adult product category with reported concentration data is available, the adult product use level may be considered informative for exposure characterization. In such cases, concentrations in the corresponding baby product category are not expected to exceed those reported for the analogous adult product category. For example, Kojic Acid has no reported concentration of use in baby lotions, oils, powders, and creams, but it is reported in body and hand skin care products (creams, lotions, powders) at a maximum concentration of 1%; accordingly, concentrations in baby lotions, oils, powders, and creams are not expected to exceed this value. The category "other baby products" represents a miscellaneous grouping of reported uses not assigned to specific baby product subcategories. Given its broad and non-specific nature, it does not correspond to a single analogous adult product category; therefore, the adult-product concentration bridging approach is not applied to this category.

Following the passage of MoCRA, the FDA created a number of new product categories, including "(17) Other preparations (i.e., those preparations that do not fit another category)" (Category 17). CIR and the Panel utilize these product categories to inform, in part, the weight-of-evidence in exposure and risk analyses. However, citation of Category 17, alone, as the product use category is uninformative. When a product is co-categorized with both Category 17 and one or more common product use categories (e.g., eye makeup preparations), or other information in the RLD such as the product name are indicative of use type (e.g., "lip balm" is part of the product name), then those uses are accounted for and may be considered to be part of the "the present practices of use" for those products; as such, the Panel's safety conclusion may be inclusive thereon. Conversely, for instances wherein the use of an ingredient in a cosmetic product is only categorized as Category 17 and other information in the RLD is not indicative of use type, the present practices of use for these products remain unknown and the Panel's safety assessment conclusion, therefore, does not apply thereon.

It is possible that some products containing Kojic Acid may be marketed for use with airbrush delivery systems. With the advent of MoCRA and the current product categories outlined therein, it is now mandatory that cosmetic products used in airbrush delivery systems be reported as such for some, but not all, product categories in the RLD. In other words, a reliable source of frequency of use data regarding the use of cosmetic ingredients in conjunction with airbrush delivery systems is now available, in some instances. None of the reported product categories for this ingredient as listed in the RLD include a designation indicating airbrush application, so it is possible that this ingredient is used with airbrush delivery systems, but not reported as such. Additionally, concentration of use surveys are conducted based on product categories as stated in the RLD, but airbrush use was not reported in response to the survey. No consumer habits and practices data or particle size data are publicly available to evaluate the exposure associated with airbrush technology, thereby preempting the ability to evaluate risk or safety. Without information regarding the consumer habits and practices data or product particle size data (or other relevant particle data, e.g., diameter) related to this use technology, the data profile is incomplete, and the Panel is not able to determine safety for use in airbrush formulations. If this ingredient was to be used in airbrush formulations, the data are insufficient to evaluate the exposure resulting from cosmetics applied in such a manner.

In the European Union (EU), the SCCS concluded in 2022 that Kojic Acid is safe when used as a skin lightening agent in cosmetic products at concentrations of up to 1%.[3] (It should be noted that in Europe, products that whiten the skin are considered to be cosmetics; however, in the US, skin lightening is considered to be a drug effect.) The EC has categorized Kojic Acid in Annex III, the list of substances which cosmetic products must not contain except subject to the restrictions laid down.[12] For this ingredient, the regulation states that Kojic Acid may only be used in face and hand products at a maximum concentration of 1%. This restriction is based on the overall safety assessment performed by the SCCS, which incorporated margin of exposure (MOE) evaluations that indicate higher exposure levels, such as those resulting from use on larger body areas, may pose a health risk.[13]

Non-Cosmetic

Non-cosmetic uses reported for Kojic Acid include therapeutic uses for melasma, antioxidant and preservative in foods, antibiotic, chemical intermediate, metal chelate, pesticide, and antimicrobial agents.[2]

Numerous studies have identified Kojic Acid as a topical treatment for hyperpigmentation.[6,14-16] Research has also been conducted on Kojic Acid for use as treatment for neurodegenerative diseases, including Alzheimer's disease,[17,18] and corneal injuries.[19] Kojic Acid is used in the production of a number of foods, including soybean paste (miso), shoyu (soy sauce), or sake.[5]

While Kojic Acid is purported to have skin lightening properties, it is currently not approved by the US FDA for such use in over-the counter pharmaceutical products. However, a study that quantified several known skin-lightening agents in commercial skin lightening products found Kojic Acid at concentrations as high as 3.9% (in a cream formulation).[20]

TOXICOKINETIC STUDIES

Dermal Penetration

Absorption of radiolabeled Kojic Acid at 1.045% in a formulation through human dermatomed skin resulted in 17% of the applied dose being absorbed.[2] *The in vivo percutaneous absorption of 1% Kojic Acid in a cream formulation (500 mg) was studied in 6 human volunteers. [This study was used in the 2022 SCCS opinion to calculate the margin of exposure (MOE).] The test material was applied to the entire surface of the facial skin (left and right cheeks). Kojic Acid was detected in the plasma of all the participants at one or more blood collection times (up to 24 h after application). All the concentrations in plasma were only slightly above the quantitation limit of 1 ng/ml. The mean peak concentration (C_{max}) was 1.54 ng/ml and the mean area under the curve ($AUC_{0\text{-}24\ h}$) was 19.4 h·ng/ml. There were no adverse effects observed in the participants. Based on pharmacokinetic studies in rat (described below under Absorption, Distribution, Metabolism, and Excretion) and in vitro percutaneous absorption values in human skin, the systemic exposure dose (SED) range was determined to be 0.03 to 0.06 mg/kg/d. The SED range was calculated using the application area of the hands and face (400 and 590 cm^2, respectively), a maximum application rate of 1.0 g of 1% Kojic Acid cream at 1 mg/cm^2 (total application of 10 mg Kojic Acid/d), and percutaneous absorption of 17% of the applied dose (3.6 µg/cm^2) in humans.*

In Vitro

The percutaneous absorption of ^{14}C-Kojic Acid was studied in accordance with Organisation for Economic Co-operation and Development (OECD) test guideline (TG) 428 with human dermatomed skin.[5] A leave-on skin care formulation containing 1% Kojic Acid was applied to 12 intact skin membranes on static diffusion cells at a rate of 2 mg/cm^2 (equivalent to 20 µg Kojic Acid/cm^2) for 24 h. The skin surface was then washed with 2% sodium dodecyl sulfate in water, followed by rinsing with water. The stratum corneum was then removed by tape-stripping. The 24-h penetration profile was determined by collecting receptor fluid (phosphate buffered saline) samples at 0.5, 1,2, 4, 8, 12, 16, 20 and 24 h following application. Mean recovery of the applied test material was 95.48 ± 3.33% (19.44 ± 0.68 µg/cm^2). The average penetration rate was 0.006 µg/cm^2/h. The mean amount of Kojic Acid that penetrated over the 24-h exposure period was 0.698% of the applied dose (0.142 ± 0.265 µg/cm^2). The mean total systemically available dose of Kojic Acid (remaining epidermis + dermis and receptor fluid) was 3.68% of the applied dose (0.749 µg/cm^2). The SCCS noted that there were several issues with the study, including a discrepancy in the reported concentration of Kojic Acid tested (0.88% instead of 1%) and the

potential that the formulation may not be representative of the majority of the Kojic Acid-containing formulations on the market due to the high amount of silicones, polyols and nylon in the test material.[3,5]

Absorption, Distribution, Metabolism, and Excretion

In rats, Kojic Acid is rapidly absorbed and distributed to all organs in oral treatments.[2] *Kojic Acid is not as rapidly absorbed or distributed in subcutaneous treatments, is slowly absorbed in dermal treatments, and can be transferred at low levels to milk. Kojic Acid is mainly excreted in the urine; metabolites are sulfate and glucuronide conjugates of Kojic Acid.*

The toxicokinetics of ^{14}C-Kojic Acid was studied in male Wistar rats (number not reported) in a non-good laboratory practice (GLP) study.[21] The rats received a single oral (33 mg/kg in water/propylene glycol (2:1)), subcutaneous (same dose as oral), or dermal (1% in cream formulation at 33 mg/kg on 9 cm^2 area; 24-h application under occlusion) dose. With the oral and subcutaneous doses, Kojic Acid was rapidly absorbed and metabolized, with approximately 70% of the dose excreted in urine, 5% in feces, and 1.4% in expired radiolabeled carbon dioxide. The order of magnitude of plasma levels (C_{max} > 20 µg eq/ml following a single dose of 1.72 mg/kg) suggest a relatively high bioavailability after oral or subcutaneous administration. Appearance of radiolabel in expired air indicated that a minor portion of the administered Kojic Acid was metabolized completely. Topical administration resulted in lower plasma values, indicating a lower bioavailability, as compared with those following oral or subcutaneous administration. The calculated $AUC_{0\text{-}6\ h}$ values were 71.8, 63.9, and 13.3 µg ^{14}C eq · h/ml for oral, subcutaneous, and topical administration, respectively. It was determined that the bioavailability after topical application in rats under occluded conditions may be estimated to be in the order of 18% of a respective oral administration.

TOXICOLOGICAL STUDIES

Acute Toxicity Studies

In acute mouse studies with Kojic Acid, oral, subcutaneous, and intraperitoneal LD_{50} values were 5.1, 2.7, and 2.6 g/kg bw, respectively.[2] *In rats, the LD_{50} values were greater than 2 g/kg bw in oral and dermal studies, and 2.6 and 2.4 g/kg bw in subcutaneous and intraperitoneal studies, respectively.*

Short-Term Toxicity Studies

Dermal

A 4-wk dermal study in rats found that exposure at up to 1000 mg/kg/d Kojic Acid lowered lymphocyte counts at 300 and 1000 mg/kg/d and decreased absolute and relative spleen weights at 1000 mg/kg/d.[2] *The no-observable-effect level (NOEL) for this study was 100 mg/kg/d.*

The dermal toxicity of Kojic Acid was assessed in a 30-d study in New Zealand White rabbits.[3,4] Groups of 5 males and 5 females received 0, 13, 130, or 1300 mg/kg bw/d (0, 0.65, 6.5, or 65% w/v) Kojic Acid in 1% aqueous methylcellulose on abraded skin daily (2 ml/kg/d). Treatment sites were covered for 6 h each day with gauze before being washed with warm water. Animals were observed daily for clinical signs and mortality, and body weight and feed consumption were recorded weekly. Blood samples for hematological and biochemical parameters were taken prior to the start of treatment and in the control and in the highest dose group prior to study end. The rabbits were killed after the end of the treatment and underwent necropsy and histopathology.

All rabbits had slight dermal reactions, but effects were more persistent in the animals that were treated with Kojic Acid. Erythematous papules and abscesses were observed in several rabbits (no further details provided). Two animals had an infection of *Staphylococcus aureus*. One female of the 13 mg/kg bw/d group and 1 male of the 130 mg/kg bw/d group were found dead and 1 male of the control group was killed *in extremis*. Necropsy of these animals revealed lesions of the lung, liver, kidney, and brain that may have been contributing factors. In the 1300 mg/kg bw/d dose group, statistically significant changes were observed in the mean corpuscle hemoglobin concentration, the mean cell volume, and A/G ratio when compared to controls. In the 13 mg/kg bw/d dose group, the pituitary weight was significantly increased. Ophthalmoscopic examination revealed changes in the eyes in 1 control animal, 1 animal in the 13 mg/kg bw/d dose group, 3 animals in the 130 mg/kg bw/d dose group, and 3 animals in the 1300 mg/kg bw/d dose group. Plaques in the aorta were reported in 1 control male, 3 males and 1 female in the 13 mg/kg bw/d dose group, 1 male and 1 female in the 130 mg/kg bw/d dose group, and 4 males in the 1300 mg/kg bw/d dose group. Pale kidneys were reported in all treated groups. The SCCP noted that effects on skin and eyes could not be evaluated due to the bacterial infection in the animals. Because hematological and biochemical parameters after the treatment period were only studied in the 1300 mg/kg bw/d dose group, a conclusion on dose-dependency of statistically significant changes could not be made.[3,4]

Subchronic Toxicity Studies

Oral

In a 13-wk oral toxicity study, male rats received up to 3000 mg/kg/d Kojic Acid in 1.0% carboxymethycellulose.[2] *Rats that received 250 mg/kg or more of Kojic Acid had significant suppression of body weight gain when compared to the control group. The 1000 mg/kg dose group also had a slight decrease in erythrocyte counts and decreases of hematocrit value and hemoglobin concentration. Increases of glutamic-oxaloacetic transaminase (GOT) and glutamic-pyruvic transaminase (GPT) were observed in dose groups receiving 250, 500, and 1000 mg/kg. The 500 and 1000 mg/kg dose groups had*

increased alkaline phosphatase (ALP), and slight increases of total cholesterol, bilirubin, and calcium were observed in the 1000 mg/kg dose group. At necropsy, the absolute and relative weights of the adrenal glands were increased in the dose groups receiving 500 and 1000 mg/kg Kojic Acid. The NOEL was determined to be 125 mg/kg/d.

Chronic Toxicity Studies

Oral

In a 26-wk study, groups of 10 male SLC-SD rats received 0, 125, 250, 500, or 1000 mg/kg bw/d Kojic Acid in 1% aqueous solution of carboxymethylcellulose (0.5 ml/100 g bw) via gavage.[3] A 5-wk recovery period occurred in the 250, 500, and 1000 mg/kg bw/d dose groups. The animals were observed for abnormalities daily, and body weight, feed consumption, and water intake were measured twice a week until 13 wk after the initial administration, then once a week thereafter. Urine was analyzed prior to necropsy at the end of the dosing period and at the end of the 5-wk recovery. Hematological and serobiochemical tests were performed before necropsy. Blood levels for triiodothyronine (T3), thyroxine (T4), and thyroid-stimulating hormone (TSH) were not measured. Animals were killed and subjected to macroscopic and microscopic examinations.

In the groups receiving 250 mg/kg bw/d and more, excitation and subsequent sedation were observed for 2 and 3 h after administration of Kojic Acid. In the groups receiving 500 mg/kg and more, there were also some cases accompanied by exophthalmos and salivation. Suppression of body weight gain was reported in groups receiving 250 mg/kg bw/d and above. A temporary decrease in feed consumption and increase in water intake were observed in the groups treated with 500 mg/kg and above. A decrease in urine volume was observed in the 2 highest dose groups, and at 1000 mg/kg bw/d a decrease of urinary pH was reported. Statistically significant hematological and biochemical differences reported included an increase in creatinine in the 250 and 500 mg/kg bw/d groups; an increase in ALP values in the 500 and 1000 mg/kg bw/d groups; increases in GOT, GPT, bilirubin, and relative amounts of monocytes; and decreases in the number of erythrocytes, hematocrit and hemoglobin in the highest dose group. These changes were not observed at the end of recovery period. Relative weights for several organs were statistically different from controls in the 250 mg/kg bw/d dose group and above. Decreases in absolute organ weights were reported for the heart (500 mg/kg bw/d and above dose groups) and for the spleen (500 mg/kg bw/d group only). Absolute organ weight increased in the adrenals in the 500 mg/kg bw/d and above dose groups. Thyroid weights were increased significantly at 500 and 1000 mg/kg bw/d. The NOEL for Kojic Acid was determined to be 125 mg/kg bw/d in this oral study.[3]

DEVELOPMENTAL AND REPRODUCTIVE TOXICITY STUDIES

Oral

The no-observable-adverse-effect level (NOAEL) for maternal toxicity and embryotoxicity was 150 mg/kg/d in an oral two-generation developmental and reproductive toxicity (DART) study in female mice that received 0, 25, 150, or 900 mg/kg/d Kojic Acid in 1% methylcellulose on gestation days 6 - 15.[2] Fetuses of the 900 mg/kg dose group had a slight but significant decrease in the body weights (males), a slight but significant retardation of ossification (males and females), and a significant decrease in ossified calcaneus (males and females). In another two-generation oral study, female mice received 0, 30, 160, or 800 mg/kg on gestation day 15 to postpartum day 21. The dams in the 800 mg/kg/d does group, which had a significant decrease in feed consumption and water intake accompanied by a significant decrease in body weight at the end of gestation through the lactation period had a significantly decreased number of live female pups and total number of live pups at birth compared to controls, and a significant decrease in body weight gain was observed in female weanlings of this dose group. The F_1 mice had decreased relative organ weights and significant retardation of incisor eruption.

Female rats that received 50 µg/d Kojic Acid in propylene glycol on days 1 - 5 post-coitum had significant decreases in implantation sites, a significant increase in litter mortality, and a significant decrease in litter sizes. Cannibalistic behavior towards pups in treated dams was also observed. Significant decreases in the number of implantations occurred, but no decline in the number of corpora lutea were observed. No teratogenic effects were observed in the treated group. In an oral DART study in male and female rats that received 0, 25, 150, or 900 mg/kg/d Kojic Acid in methylcellulose prior to mating (9 wk prior in males and 2 wk prior in females) and through gestation day 7 in females, clinical signs of toxicity were observed in both sexes in the 900 mg/kg/d dose group. In the 900 mg/kg/d dose group, slightly delayed mating and lower values of mean litter size and number of implantations per litter were observed when compared to controls. No treatment-related effects were observed in any treatment group with regard to post-implantation loss, mean fetal weight, or embryonic or fetal development. In an oral developmental study in female rats that received 0, 100, 300, or 1000 mg/kg/d Kojic Acid in 0.5% methylcellulose on gestation days 6 - 17, no clinical signs of toxicity, abnormal macroscopic findings, abortions/resorptions, or death were observed in the dams at any dose level. There were no treatment-related effects on litter parameters, external malformations, or anomalies in fetuses in any dose group. In a fertility study of male rats that received 50 µg/d Kojic Acid in propylene glycol for up to 21 d (rats were mated on days 16 - 21), body weights were significantly decreased in treated males, and weights of the testis and epididymis were also significantly decreased when compared to controls. Implantations and litter sizes were significantly decreased in the treated group, and a loss of litter viability was observed on the second or third day after delivery. Cannibalism of the litter occurred in the dams mated with treated males 2 days after delivery that was not observed in the controls.

Female rabbits were given 0, 20, 100, or 500 mg/kg/d Kojic Acid in 1% methylcellulose via gavage on days 6 - 18 of gestation. No treatment-related effects on litter size, post-implantation loss, litter and mean fetal weights, or embryonic and fetal development were observed.

GENOTOXICITY STUDIES

Some genotoxicity assays are no longer considered appropriate as standard methods for evaluating genotoxic potential under current OECD guidance. (See https://www.cir-safety.org/sites/default/files/Genotoxicity_ResourceDocument_062026.pdf for the identification of such study types.) Although these assays may be reported in the published literature, unpublished reports, or data submissions, the results from these assays (as identified in the guidance) are of limited interpretability and therefore, the studies are not summarized herein.[2,22]

Kojic Acid (tested at up to 10,000 µg/plate) was genotoxic in Salmonella typhimurium and Escherichia coli in several Ames studies performed with and without metabolic activation.[2] Genotoxicity was observed to Kojic Acid in Chinese hamster ovary (CHO) assays for chromosomal aberrations (up to 6 mg/ml, with or without metabolic activation) assay, but genotoxicity was not observed in cell mutation assays in mouse lymphoma L5178 TK$^{+/-}$ cells (up to 1421 µg/ml, with or without metabolic activation) or in Chinese hamster V79 cells (up to 3000 µg/ml). Kojic Acid was a weak clastogen without metabolic activation in a chromosome aberration assay in Chinese hamster V79 cells when tested at up to1420 µg/ml, with and without metabolic activation, but the effects observed may have been related to cytotoxicity. In in vivo mammalian tests, Kojic Acid was not genotoxic in micronucleus tests in mice that received up to 4000 mg/kg bw intraperitoneally, a dominant lethal test in mice (up to 700 mg/kg orally), a comet assay in rats (up to 2000 mg/kg orally), or DNA adduct assays (up to 2% in diet). In an oral micronucleus study in both mice (3- and 9-wk old) and rats (9-wk old) with up to 1000 mg/kg Kojic Acid, mean values of micronucleated hepatocytes in 9-wk old mice were increased in a dose-dependent manner, with a significant increase over the negative control at 1000 mg/kg; however, this effect was not observed in 3-wk old mice or in the rats. Kojic Acid was a weak photo-mutagen in a photo-reverse mutation assay in S. typhimurium and E. coli when tested at up to 5000 µg/ml, and in a chromosomal aberration study with light irradiation in Chinese hamster lung cells when tested at up to 1.4 mg/ml. Irradiation of Kojic Acid, both in a gene mutation assay with E. coli at up to 5000 µg/plate and in a micronucleus study in mice that were treated dermally with a cream containing up to 3% Kojic Acid, did not result in genotoxicity.

Additional in vitro and in vivo genotoxicity studies on Kojic Acid are summarized in Table 3. Chromosomal damage was not observed in an in vitro micronucleus assay, with or without metabolic activation, in SVK14 human keratinocyte cells at 500 - 8000 µg/ml Kojic Acid.[3] Genotoxicity results were not clear in another in vitro micronucleus assay using HepG2 human liver cancer cells at 1000 - 8000 µg/ml Kojic Acid.[3] In an in vivo chromosomal damage study, no induction of micronuclei were observed in a micronucleus assay in male rats at up to 1000 mg/kg/d Kojic Acid.[23] Additionally, no DNA strand breaks were observed in a comet assay performed in male rats at up to 1000 mg/kg/d Kojic Acid.

CARCINOGENICITY STUDIES

The International Agency for Research on Cancer (IARC) concluded that Kojic Acid is in group 3—not classifiable to human carcinogenicity.[2] Tumorigenic potential of Kojic Acid was observed in the liver, but not in the thyroid follicular epithelial cells in mice that were fed a diet containing up to 3% Kojic Acid for 26 wk; however, up to 1% Kojic Acid was not tumorigenic to mice in a 78-wk dietary study. In a 55-wk rat dietary study of 0.5 or 2% Kojic Acid, the no-observable-adverse-effect level (NOAEL) was determined to be below 0.5%. Changes in the liver, thyroid glands, and adrenal glands, including diffuse follicular cell hyperplasia in the thyroid glands in both treatment groups and adenomas and/or carcinomas in the 2% group, were observed.

Liver tumors observed in rodents often arise through a mode of action involving activation of the constitutive androstane receptor (CAR), leading to hepatocellular proliferation via enzyme induction.[24] However, this mechanism is not considered relevant to humans, as CAR activators do not induce the same proliferative response in human hepatocytes. Adrenal pheochromocytomas reported in rat studies are also generally considered not relevant to human cancer risk.[25] These tumors are frequently induced via secondary, non-genotoxic mechanisms such as sustained endocrine stimulation or mitochondrial dysfunction, which are not reflective of processes in humans.

Tumor Promotion and/or Tumor Initiation

Kojic Acid did not possess initiation or promotion potential for skin carcinogenesis in mice.[2] Several studies on mice and rat liver found Kojic Acid to have carcinogenesis-promoting potential but not an initiation potential. While data from previous reports are usually not presented in tables in amended safety assessments, data from the previous report are found in Table 4 in order to adequately capture the details of these numerous studies.

Thyroid Effects

Studies on the effect of Kojic Acid on rodent thyroids found the chemical inhibits iodine uptake and organification in the thyroid, which causes a proliferative effect.[2] More robust summaries of these data may be found in Table 5. The SCCS utilized the results of the 4-wk oral studies in rats (up to 2% or 1387.3 mg/kg bw/d) for MOE calculations.

In a 4-wk dietary study, groups of 8 male F344 rats received Kojic Acid at 0, 0.008, 0.03, 0.125, 0.5, 2.0% (0, 5.85, 23.8, 95.3, 393.6, 1387.3 mg/kg bw/d, respectively).[26] Blood samples were taken from 5 rats at the end of treatment period for hormone analysis and animals were necropsied. Histopathological examination of thyroid and pituitary tissues was performed. The remaining animals injected intraperitoneally with 0.4 ml of 0.1 M $Na^{125}I$ in saline 24 h prior to being killed for measurement of ^{125}I uptake and organification in the thyroid. There were no significant intergroup differences in the final body weights. Absolute and relative thyroid weights were increased in a dose-dependent manner in all treatment groups, with statistical significance at 0.5 and 2% Kojic Acid. Pituitary and liver relative weights also significantly increased compared to the control. ^{125}I uptake decreased in a dose-dependent manner, with statistical significance starting at 0.03% and higher. In addition, a significant reduction of organic formation of iodine and serum T3 and T4 levels were observed in the 2% Kojic Acid group along with a significant increase of TSH. Histopathologically, decreased colloid in the thyroid follicles and follicular cell hypertrophy in the thyroid were apparent at high incidences in the groups that received 0.03% Kojic Acid or more. In addition, thyroid capsular fibrosis was evident in all rats of the 2% Kojic Acid group. In quantitative morphometric analysis the ratio of the area of follicular epithelial cells to the area of the colloids in a unit area was significantly increased in groups treated with 0.03% Kojic Acid and above.

Kojic Acid has been considered to have no genotoxic potential in vivo; evidence indicates that humans are less sensitive than rodents with regard to perturbation of thyroid hormone homeostasis.[3] Rodent thyroid follicular cell tumors are often associated with sustained elevations in thyroid-stimulating hormone (TSH), leading to hypertrophy and tumor formation.[27] However, these effects are species-specific, as rodents exhibit a shorter half-life of thyroxine (T4) and heightened TSH responsiveness compared to humans. There are currently no compound-specific quantitative data available to substantiate the assertion that Kojic Acid could interfere with thyroid hormone homeostasis in humans. Reflecting these differences, both the IARC and the US Environmental Protection Agency (EPA) have emphasized that rodent thyroid tumorigenesis should be interpreted with caution when extrapolating to humans, as the underlying mechanisms are not predictive of human thyroid cancer risk. The US EPA concluded that elevated TSH in rodents leads to thyroid hypertrophy and potential thyroid cancer, an adverse outcome that has limited relevance to human thyroid cancer due to species differences in sensitivity.[28]

The effects of Kojic Acid on thyroid function were studied in cultured rat FRTL-5 thyroid cells and by a single-dose oral administration in rats.[29] In the thyroid cells, Kojic Acid inhibited iodine organification dose-dependently, but did not inhibit iodine uptake. In rats receiving a single dose of 1000 mg/kg Kojic Acid, the ^{125}I uptake from blood into the thyroid gland was significantly lower than that of the control group from 30 min to 24 h after administration. The ^{125}I organification activity of the Kojic Acid groups was significantly lower than controls from 30 min to 6 h after administration; however, this activity 24 or 48 h after administration recovered enough to be nearly comparable with the control group. These results suggest that the observed lower iodine uptake activity in the single-dose administration study in rats was due to the inhibition of iodine organification caused by Kojic Acid, which decreased iodine in the entire thyroid gland. Although serum T4 showed a tendency to decrease from 2 to 48 h after oral administration of Kojic Acid, serum TSH did not show any evident change associated with the administration of Kojic Acid in rats.

ANTI-CARCINOGENICITY STUDIES

The anti-carcinogenic effects of Kojic Acid were studied in human A375 and A2058t melanoma cells and in a mouse xenograft model established using A375 cells.[30] In vitro, A375 and A2058t cells were treated with 0, 0.25, 0.5, 1, 2, or 4 mM Kojic Acid in sterile water. After 48 h, Kojic Acid reduced cell viability and induced apoptosis, with the greatest effects observed at 2 and 4 mM. Colony formation was also significantly reduced after 14 d, with nearly complete suppression at 4 mM. No detectable cytotoxicity was observed in WS1 human dermal fibroblasts.

Transcriptomic and mechanistic analysis indicated dose-dependent repression of MYC target genes, including CCNA2 and KPNA2. Kojic Acid did not affect MYC expression but reduced MYC binding to the *CCNA2* and *KPNA2* promoters, thereby reducing their transcriptional activation. In the xenograft model, male BALB/c-nude mice were injected subcutaneously with A375 cells into the right flank. When tumors were approximately 100 mm^3, mice were randomized into vehicle-control and treatment groups (6/group). Kojic Acid (4 mM or 0.568 mg/ml; in sterile water) or an equal volume of vehicle was applied directly onto the tumor surface once daily for 21 d. At study termination, the tumors were excised for histopathological and immunohistochemical analyses. Compared to control mice, topical application of Kojic Acid led to significant reductions in tumor volume and weight in the mice. Histopathological examination revealed extensive necrosis in Kojic Acid-treated tumors. Immunohistochemical analysis showed decreased expression of the proinflammatory chemokine Cxcl1, the proliferation marker Ki-67, and the angiogenesis-related factor VEGFA, suggesting suppression of tumor cell proliferation, inflammation, and vascularization.[30]

OTHER RELEVANT STUDIES

Cytotoxicity

The effect of Kojic Acid (4.22, 8.02, or 12.67 mM) on human liver HepG2 cells was assessed using the methyl thiazol tetrazolium (MTT) and crystal violet cell viability assays.[31] Kojic Acid significantly reduced cell viability in a dose-dependent manner following treatment up to 48 h, with an IC_{50} of 8.02 mM. A significant loss in cell viability was seen at 4.22 and 12.67 mM. After 24 h treatment, caspase - 3/7, -8, and -9 activities were all increased in HepG2 cells at 4.22 mM

and 8.02 mM. The effect of Kojic Acid on the integrity of cell membrane was assessed by lactate dehydrogenase (LDH) assay, with LDH leakage observed at 12.67 mM.

The study further examined the impact of Kojic Acid on oxidative stress and antioxidant responses. Kojic Acid significantly increased the production of extracellular malondialdehyde (MDA), a by-product of lipid peroxidation, while significantly reducing protein carbonyl levels. However, 8-OHdG levels remain unchanged. The expression of antioxidant response proteins, Nrf2 and p-Nrf2, and catalase, a component in the detoxification of peroxides, were significantly downregulated. The gene expression of glutathione peroxidase was increased at 4.22 mM (1.51-fold) and 8.02 mM (1.07-fold), but unchanged at 12.67 mM. *NFκB* gene expression was decreased at 8.02 mM (0.24-fold), indicating a significant suppression of the NFκB inflammatory pathway. Mitogen-activated protein kinases including JNK 1/2 and p38 were also evaluated by Western blot: Kojic Acid significantly decreased JNK 1/2 expression but increased p38 expression at 4.22 and 8.02 mM. At the treated doses, no DNA or protein damage were detected. The researchers concluded that Kojic Acid exhibited minimal toxicity to HepG2 cells.[23]

Hepatic Effects

The effect of Kojic Acid on the expression of cytochrome P450 isozymes was studied in 4 groups of 4 male F344 rats.[32] The rats received 0.6, 3, or 1875 mg/kg bw Kojic Acid for 14 d. Kojic Acid at 1875 mg/kg bw significantly decreased body weight and serum T4 levels, but increased liver and thyroid gland weights. Protein expression of CYP2B1, CYP2E1, and CYP2C11 in liver tissues were analyzed by Western blotting. The pattern of CYP2B1 protein expression in the livers of Kojic Acid-treated rats showed that low-dose Kojic Acid significantly decreased the level of expression, but medium and high doses of Kojic Acid significantly increased CYP2B1 expression. Kojic Acid also decreased CYP2E1 expression in rat livers, and CYP2C11 was significantly decreased in livers of the rats that received the high dose of Kojic Acid.

Effects on Keratinocytes

Primary human melanocyte and keratinocyte co-culture systems were used to evaluate whether Kojic Acid induced changes in keratinocytes were associated with anti-melanogenic activities in melanocytes.[33] The cytokine secretion profiles in response to Kojic Acid (0.2 mM) were analyzed. Kojic Acid was found to have increased interleukin (IL)-6 and IL-8 production in melanocyte/keratinocyte co-cultures; however, only IL-6 directly suppressed melanogenesis while IL-8 did not. Kojic Acid did not increase IL-6 production in melanocyte monocultures; whereas in keratinocyte monoculture it significantly up-regulated IL-6 gene and protein expression. Anti-IL-6 antibody treatment antagonized the anti-melanogenic effect of Kojic Acid on the co-cultures. The authors concluded that anti-melanogenic activity of Kojic Acid on hyper-pigmented skin was associated with the Kojic Acid-induced IL-6 production in keratinocytes.

Tyrosinase Effects

Because of its well-documented ability to inhibit tyrosinase activity, Kojic Acid has been used in numerous studies as a positive control.[2]

The effects of Kojic Acid on melasma were studied using human induced pluripotent stem (iPS) cell-derived melanocytes.[34] The melanocytes were cultured in human iPS cell-derived melanocyte medium (iDMM). Kojic Acid (70 µg/ml) was directly added to iDMM. Microscopic analysis did not show any differences between human iPS cell-derived melanocytes treated with Kojic Acid when compared to untreated controls. The effects of Kojic Acid on tyrosinase activity were then investigated in human iPS cell-derived melanocytes. The addition of 70 µg/ml Kojic Acid for 2 wk had no effect on tyrosinase activity when compared to untreated controls.

Dermal Depigmentation

The depigmenting effects of Kojic Acid were studied in a black guinea pig study.[2] *Kojic Acid at 0.1 ml was applied at concentrations of 1 and 4% (w/v) in a 1:4 mixture of dimethyl sulfoxide and ethanol to the shaved dorsal area (4 x 4 cm^2 or 4 x 3 cm^2) of 4 JY-4 black guinea pigs. The vehicle alone was also tested. The test substance was applied once a day, 6 d/wk, for 5 successive weeks. After the application period had ended, the animals were killed and skin samples were prepared for examination. The depigmentation action was evaluated by macroscopic observation and spectrophotometric colorimetry. Optical and electron microscopy of epidermal melanocytes were also performed for morphological examination. The mechanism for which skin whitening occurs was also investigated by measuring oxygen consumption and the relation of free radicals to melanin synthesizing enzyme tyrosinase.*

The skin whitening action of Kojic Acid was very weak when compared to phenylhydroquinone: the results of the macroscopic evaluation of phenylhydroquinone at 1 and 4% were "+" and "++", respectively, while these results were "-" and "+ ~ ±" in the 1 and 4% Kojic Acid, respectively. The 4% Kojic Acid test group, however, showed no statistically significant difference from the vehicle group in the colorimetric value. A white substance that was thought to be crystals of the applied Kojic Acid may have been causing the whitening rather than an actual depigmenting action. With repeated application, the white substance on the skin surface of the 4% Kojic Acid group turned light brown. There was no difference in the melanocyte count nor were there any morphological differences between the Kojic Acid groups and the vehicle group. The number of melanocytes in the 1 and 4% Kojic Acid groups was comparable to the vehicle group. Kojic Acid did not show oxygen consumption and free radical production, which indicated melanocytes were not damaged. The researchers concluded that Kojic Acid showed almost no depigmenting action in black guinea pigs.

Toxicogenomics

In a gene expression study, human skin A375 malignant melanoma cells were cultured with 0. 0.32, 1.6, 8, 40, 200, or 1000 µg/ml Kojic Acid for 72 h to evaluate cell-growth inhibition.[35] Cell growth was observed to be inhibited in a dose-dependent manner by Kojic Acid (20% for 0.32 - 40 µg/ml and ~ 40% for 1000 µg/ml). For the gene expression analysis, total RNA was isolated from cells exposed to 8 µg/ml Kojic Acid for 24 h. A total of 361 differently expressed genes were identified, including 136 up-regulated and 225 down-regulated genes. Category classification of differentially expressed genes was conducted. Seven of the downregulated genes (APOBEC1, ARHGEF16, CD22, FGFR3, GALNT1, UNC5C and ZNF146) were identified as tumor suppressor genes in melanoma cancer cells.

Immunomodulatory Effects

The effects of Kojic Acid (50 µg/ml) on functional properties related to macrophage activation were assessed in an in vitro study.[36] Macrophages incubated for 1 h with Kojic Acid had enhanced cell spreading and an increase in cell surface exposure, associated with a rearrangement of microtubules, actin filaments, and intermediate filaments. Kojic Acid also potentiated phagocytosis by macrophages, as seen by the increase in phagocytic activity towards yeast, when compared to untreated cells. Reactive oxygen species production was increased in the presence of Kojic Acid, but not nitric oxide production. Cell viability of macrophages was furthermore not affected following Kojic Acid treatment.

The ability of Kojic Acid (50 µg/ml) to influence innate immune responses was studied in vitro using human peripheral blood monocytes.[37] Following a 48-h exposure, Kojic Acid induced morphological alterations in monocytes, such as increased cell size, as well as numerous cellular projections. Increased labeling of cell surface EMR1-F4/80 was detected using a flow cytometer, but labeling of CD11b and CD14 was decreased. Kojic Acid exposure was found to increase IL-6 cytokine production, but did not cause cytotoxic effects in monocytes. It was concluded that Kojic Acid promotes the differentiation of monocytes into macrophages, and thus has the ability to act as an immunomodulatory agent.

DERMAL IRRITATION AND SENSITIZATION STUDIES

Kojic Acid at 1 and 3% was a mild dermal irritant in rabbits.[2] *In guinea pigs, 30% Kojic Acid was not a dermal sensitizer.*

In a human repeated insult patch test (HRIPT), subjects received 24-h occlusive induction applications of a cream product containing 1% Kojic Acid (amount sufficient to cover ¾ in^2 pad) on the same previously untreated site on the back 3 times/wk for 3 wk. Following a 2-wk non-treatment period, the challenge application was applied to a previously untreated site for 24 h, and the site was scored 24 and 72 h after patch removal. No responses were observed during either the induction or challenge tests. In another HRIPT study, the potential of a formula containing 2% Kojic Acid (0.2 mg on a 2 cm^2 pad) to induce sensitization was evaluated using 218 subjects. The test sites were semi-occluded. The patches were removed after 24 h, and the test sites were evaluated after 48 or 72 h. After a 2-wk non-treatment period, the subjects received challenge applications on previously untreated sites for 24 h, and the test sites were evaluated after 48 or 72 h. During the induction phase, 11 minimal or doubtful ("?") responses and 4 definite erythema ("+") responses were observed. Only one minimal or doubtful response was observed at 48 h, but was resolved at 72 h.

Phototoxicity

Slight skin reactions with 5 consecutive daily exposures of 15 or 30 min to UV light (5 Blacklite tubes of 15 W each; 350 nm) were observed in guinea pigs that received 5% Kojic Acid dermally.[2] *No phototoxicity was observed in guinea pigs that received 5 consecutive daily exposures of 38 min to UV light (10 Blacklite tubes; 320 nm) following topical treatments of 1 or 3% Kojic Acid.*

OCULAR IRRITATION STUDIES

Kojic Acid in a 3% aqueous solution was not an ocular irritant in rabbit eyes.[2]

CLINICAL STUDIES

Kojic Acid is reportedly used to treat melasma.[2] *In an efficacy test of formulations containing 2% Kojic Acid and glycolic acid (with or without hydroquinone) for the treatment of melasma in 39 patients for a month, burning and desquamation were reported in all patients. In another efficacy study in 40 Chinese women with a formulation containing 2% Kojic Acid, 10% glycolic acid, and 2% hydroquinone, patients experienced redness, itchiness, and exfoliation on the treatment sites, although these results were also observed on skin that was not treated with Kojic Acid. Another therapeutic study reported that the side effect of the treatment of melasma with 1% Kojic Acid was contact allergy.*

The efficacy of a topical therapy for the treatment of dyschromia was evaluated in a 12-wk clinical study in 55 healthy female patients with Fitzpatrick skin types I-IV.[15] At least 50% of the subjects had self-perceived sensitive skin. The topical therapy contained 1% Kojic Acid, 3% transexamic acid, 5% niacinamide, and 5% hydroxyethylpiperazineethane sulfonic acid. The test material was applied to clean facial skin twice daily. In addition to the efficacy parameters tested, the subjects were assessed for irritation. Minor transient effects such as erythema (2/55), itching (1/55), pruritis (1/55), redness (1/55) or stinging (1/55) were observed during the study. These effects quickly resolved after application of the test material.

Retrospective and Multicenter Studies

Of 220 female patients patch tested for suspected cosmetic-related contact dermatitis, 5 had reactions to Kojic Acid as well as products they owned that contained 1% Kojic Acid.[2] *The 5 patients had developed facial dermatitis within 1 to 12 mo of using Kojic Acid-containing cosmetic products. Reactions to 1 and 5% Kojic Acid in these patients were + and ++, respectively. The remaining 215 patients in the patch test group, including 3 that had previous exposures to Kojic Acid, did not have any reactions to Kojic Acid.*

Case Reports

A 30-yr-old woman was prescribed a cream containing 3% Kojic Acid, urea, hydroquinone, lactic acid, witch hazel, castor oil, citric acid, cellulose, and propylene glycol to treat hyperpigmentation.[2] *More than 4 mo later and a few weeks after a second medication was prescribed to use in conjunction with the cream, the patient presented with eczematous eruption on and around the hyperpigmentation. Patch tests with the Grupo Español de Investigación Dermatitis de Contacto y Alergia Cutánea (GEIDAC) series were negative, but a patch test of the cream was ++ after 4 d. Patching with 0.1, 0.5, 1, and 5% Kojic Acid resulted in positive results after 2 and 4 d, with a ++ reaction to 1 and 5% Kojic Acid. Patch tests of other components were negative. In another case report, a 54-yr-old woman with actinic lentigines on her arms and forearms developed pigmented contact dermatitis. The patient had been using a formulation similar to the one described above with 3% Kojic Acid. One year prior to presentation, the patient experienced progressive, asymptomatic erythematous and hyperpigmented area on her arms, but continued to use the formulation. A biopsy showed pigmentary incontinence, melanophagia, and moderate lymphohistiocytic infiltrate without a spongiotic epidermis. Patch tests with GEIDAC series, disperse dyes, and photopatch tests were negative. Patch tests with 1% Kojic Acid (aq.) and the compound "as is' were negative on day 2, but hyperpigmentation was present at both sites on day 4 and 7. These lesions persisted for 1 mo.*

A 40-yr-old woman developed acute dermatitis on the face and neck following application of a makeup product containing Kojic Acid on pigmented areas of her skin for 3 d.[38] The patient was patch tested with the European standard series, the makeup product, and individual components of the product, including 0.5, 1, and 3% Kojic Acid (pet.). Positive reactions were obtained for the makeup product (+++), Kojic Acid (0.5% ++, 1% +++, and 3% +++), lactic acid (++), and to polysorbate 80 (++) after 2 and 4 d. No reactions were observed to the other ingredients of the makeup product. Negative results were observed in 10 control patients tested. Further patch testing after 3 wk with lactic acid and polysorbate 80 were negative.

In another case report, a 54-yr-old woman presented with facial erythema associated with itching and a burning sensation.[39] The patient had been applying a serum to her face for approximately 1 mo prior. The patient was patch tested with the standard series recommended by GEIDAC and the serum. The 48- and 96-h readings were positive (+++) for the serum only. The patient was later tested with the individual ingredients of the serum, including 1% Kojic Acid in a water solution. No reactions were observed at 48 h, but a strong positive reaction (++) to Kojic Acid was observed at 96 h. The reaction persisted for 7 d. No reactions were observed to the other ingredients. No reactions were observed to 1% Kojic Acid solution in 12 control patients.

RISK ASSESSMENT

MOE is a quantitative ratio calculated for cosmetic ingredients by dividing the point of departure (POD) obtained for an ingredient in an animal experiment by the estimated SED for the ingredient in humans, generally according to US EPA and EC SCCS guidelines. An MOE value greater than 100 has traditionally been considered an indication of safety. The basis for this MOE value of 100 comes from two multiplication factors: a 10-fold factor for extrapolating data from test animals to human beings (interspecies extrapolation), and an additional 10-fold for differences among the human population (intraspecies extrapolation). Notably, the MOE value is sometimes referred to as the margin of safety (MOS) despite the parameters being definitionally different.

The SCCS calculated MOE values for Kojic Acid at 1% in a cream product for application scenarios involving the face and neck, the hands, and an aggregate of these applications (face + neck + hands).[3] The MOE values were 267, 199, and 141, respectively (the value for the hands appears to be a typographical error in the SCCS opinion and should be 299[40, CIR Staff]). When the same approach was applied to the whole-body exposure scenarios, the resulting MOE values were 83 for body exposure and 36 for total body area exposure, which may include body, face, and hands exposure.[3,40-42]

In these calculations, the SED was derived from a human percutaneous absorption study in which 500 mg of a cream containing 1% Kojic Acid, corresponding to 5 mg Kojic Acid, was applied to the entire face.[43] The internal exposure was estimated from the 95th percentile of the $AUC_{0\text{-}24\ h}$ of 32.4 ng/ml·h, which corresponded to an AUC-derived systemic estimate of 0.093 mg/d. This value was then scaled according to the amount of Kojic Acid applied in each adult exposure scenario presented in Table 6. The SCCS used an adjusted NOAEL of 2 mg/kg bw/d in its MOE calculations. This value was derived from a 28-d oral repeated dose study in rats, which identified histological changes in the thyroid and altered iodine uptake, with a reported NOAEL of 6 mg/kg bw/d.[26,44] An assessment factor of 3 was further applied to account for extrapolation from a subacute study duration to a subchronic exposure scenario.

The Panel considered that the iodine uptake endpoint was not the most appropriate POD for evaluating adult cosmetic exposure to Kojic Acid. Thyroid iodine uptake changes in rats may reflect species-specific thyroid physiology and

homeostatic responses that are not directly predictive of adverse thyroid effects in adult humans. Because species differences in thyroid hormone binding, metabolism, clearance, and compensatory regulation may affect extrapolation of rodent thyroid endpoints to humans, use of this endpoint may overestimate adult human risk.

The Panel reviewed the other available NOEL/NOAEL values for Kojic Acid and selected the NOEL of 125 mg/kg bw/d from the 26-wk oral rat study as the POD for adult MOE calculation, which represents a repeated-dose systemic toxicity endpoint. However, because thyroid iodine uptake is an essential upstream step in thyroid hormone biosynthesis and thyroid hormone homeostasis is critical for growth and neurodevelopment during early life,[45-47] the Panel retained the iodine uptake endpoint as a conservative basis for a separate infant MOE calculation.

Exposure parameter details for the MOE calculations are presented in Table 6. For adult use of leave-on cream products containing 1% Kojic Acid, the calculated MOEs were 16,667 for face and neck, 18,657 for hands, 8803 for aggregate face, neck, and hands exposure, 5156 for body exposure, and 2240 for total body area exposure. For adult use of rinse-off shower gel containing 0.05% Kojic Acid, the resulting MOE was 4,325,260.

The Panel noted the uncertainties associated with the absence of infant-specific concentration-of-use data and the use of adult-derived percutaneous absorption data for infant exposure estimates. As a conservative estimate, the maximum reported concentration of 0.05% for products that may contact mucous membranes was used in the rinse-off MOE calculation. An additional 10-fold safety factor may be further applied for infants (3-6 mo old) to account for the uncertainties. When the NOAEL of 2 mg/kg bw/d was used, the resulting MOE was 32,786; after application of the additional 10-fold safety factor, the adjusted MOE was 3279 (Table 7). All of the calculated MOE values for adults and infants were greater than 100 and were considered protective. In the absence of baby-product-specific concentration data, this adult-use concentration was used as a surrogate for a conservative screening-level assessment; however, the resulting MOE was considered supportive only and should be recalculated when actual concentration of use data for baby products become available.

SUMMARY

Kojic Acid is reported to function as an antioxidant in cosmetics, according to the *Dictionary*. The Panel first reviewed the safety of Kojic Acid in a report published in 2010 with the conclusion "Kojic Acid is safe for use in cosmetic products up to a concentration of 1%."[2] In accordance with its Procedures, the Panel evaluates the conclusions of previously-issued reports approximately every 15 years, and it has been at least 15 years since this assessment has been issued. In June 2022, the Panel determined that this safety assessment should be re-opened for re-evaluation due to reported restrictions by the European Commission on the use of Kojic Acid.

According to RLD obtained from the FDA in 2025, Kojic Acid is reported to be used in 3726 formulations. The results of the concentration of use survey conducted by the Council in 2024 indicate Kojic Acid is used at up to 1% in leave-on skin care preparations.

In the EU, the SCCS concluded in 2022 that Kojic Acid is safe when used as a skin lightening agent in cosmetic products at concentrations of up to 1%. (It should be noted that in Europe, products that whiten the skin are considered to be cosmetics; however, in the US, skin lightening is considered to be a drug effect.) The EC has categorized Kojic Acid in Annex III, the list of substances which cosmetic products must not contain except subject to the restrictions laid down. For this ingredient, the regulation states that Kojic Acid may only be used in face and hand products at a maximum concentration of 1%. Based on the SCCS opinion and MOE calculations, the EC determined that high exposure to Kojic Acid (when the concentration exceeds certain levels form applications beyond those to the face and hands), may increase health risk.

The percutaneous absorption of a leave-on skin care formulation containing radiolabeled ^{14}C-Kojic Acid at 1% was studied using human dermatomed skin. Mean recovery of the applied test material was 95.48 ± 3.33% (19.44 ± 0.68 μg/cm^2). The average penetration rate was 0.006 μg/cm^2/h. The mean amount of Kojic Acid that penetrated over the 24 h exposure period was 0.698% of the applied dose (0.142 ± 0.265 μg/cm^2). The mean total systemically available dose of Kojic Acid (remaining epidermis + dermis and receptor fluid) was 3.68% of the applied dose (0.749 μg/cm^2).

In a 30-d dermal toxicity study in rabbits, 0, 13, 130, or 1300 mg/kg bw/d (0, 0.65, 6.5, or 65% w/v) Kojic Acid in 1% aqueous methylcellulose was applied to abraded skin daily. Effects on the skin and eyes could not be accurately evaluated due to a bacterial infection in the animals. Necropsy of 3 animals that died during the course of the study (1 female in the 13 mg/kg group, 1 male in the 130 mg/kg group, and 1 male control) revealed lesions of the lung, liver, kidney, and brain that may have been contributing factors. In the 1300 mg/kg bw/d dose group, statistically significant changes were observed in the mean corpuscle hemoglobin concentration, the mean cell volume, and A/G ratio when compared to controls. In the 13 mg/kg bw/d dose group, the pituitary weight was significantly increased. A conclusion of dose-dependent statistical changes for hematology and biochemistry could not be made because parameters were only measured in the controls and the 1300 mg/kg dose groups. Plaques in the aorta were reported in 1 control male, 3 males and 1 female in the 13 mg/kg bw/d dose group, 1 male and 1 female in the 130 mg/kg bw/d dose group, and 4 males in the 1300 mg/kg bw/d dose group. Pale kidneys were reported in all treated groups.

The NOEL for Kojic Acid in a 26-wk oral toxicity study in rats was 125 mg/kg bw/d. Male rats received 0, 125, 250, 500 or 1000 mg/kg bw/d Kojic Acid in 1% aqueous solution of carboxymethylcellulose and a 5 wk-recovery occurred in the

3 highest does groups. Statistically significant hematological and biochemical differences reported included an increase in creatinine in the 250 and 500 mg/kg bw/d groups; an increase in ALP values in the 500 and 1000 mg/kg bw/d groups; increases in GOT, GPT, bilirubin, and relative amount of monocyte; and decreases in number of erythrocytes, hematocrit and hemoglobin in the highest dose group. These changes were not observed at the end of recovery period. Relative weights for several organs were statistically different from controls in the 250 mg/kg bw/d dose group and above. Decrease in absolute organ weights were reported for the heart (500 mg/kg bw/d and above dose groups) and for the spleen (500 mg/kg bw/d group only). Absolute organ weight increased in the adrenals in the 500 mg/kg bw/d and above dose groups. Thyroid weights increased significantly at 500 and 1000 mg/kg bw/d.

Chromosomal damage was not observed in an in vitro micronucleus assay, with and without metabolic activation, in SVK14 human keratinocyte cells at 500 - 8000 µg/ml Kojic Acid. Genotoxicity results were not clear in another in vitro micronucleus assay using HepG2 human liver cancer cells at 1000 - 8000 µg/ml Kojic Acid. In an in vivo chromosomal damage study, no induction of micronuclei were observed in a micronucleus assay in male rats at up to 1000 mg/kg/d Kojic Acid. Additionally, no DNA strand breaks were observed in a comet assay performed in male rats at up to 1000 mg/kg/d Kojic Acid.

The effects of Kojic Acid on thyroid function in cultured rat thyroid cells found that Kojic Acid inhibited iodine organification dose-dependently, but did not inhibit iodine uptake. In rats receiving a single dose of 1000 mg/kg Kojic Acid, the ^{125}I uptake from blood into the thyroid gland was significantly lower than that of the control group from 30 min to 24 h after administration, and the ^{125}I organification activity of the Kojic Acid groups was significantly lower than controls from 30 min to 6 h after administration. This activity 24 or 48 h after administration recovered enough to be nearly comparable with the control group.

Kojic Acid (4.11, 8.02, or 12.67 mM) significantly reduced cell viability in human liver HepG2 cells in a dose-dependent manner following treatment up to 48 h, with an IC_{50} of 8.02 mM. Further examination of the impact of Kojic Acid on oxidative stress and antioxidant responses found that this ingredient exhibited minimal toxicity to HepG2 cells.

In rats, Kojic Acid at 1875 mg/kg bw significantly decreased body weight and serum T4 levels, but increased liver and thyroid gland weights. The pattern of CYP2B1 protein expression in the livers of Kojic Acid-treated rats showed that 0.6 mg/kg bw Kojic Acid significantly decreased the level of expression, but 3 and 1975 mg/kg bw of Kojic Acid significantly increased CYP2B1 expression. Kojic Acid also decreased CYP2E1 expression in rat livers, and CYP2C11 was significantly decreased in livers of the rats that received 1875 mg/kg bw Kojic Acid.

Kojic Acid (0.2 mM) was found to have increased IL-6 and IL-8 production in melanocyte/keratinocyte co-cultures; however, only IL-6 directly suppressed melanogenesis while IL-8 did not. Kojic Acid did not increase IL-6 production in melanocyte monocultures; whereas in keratinocyte monoculture it significantly up-regulated IL-6 gene and protein expression. Anti-IL-6 antibody treatment antagonized the anti-melanogenic effect of Kojic Acid on the co-cultures.

In a study using human iPS cell-derived melanocytes, microscopic analysis did not show any differences between human iPS cell-derived melanocytes treated with Kojic Acid when compared to untreated controls. The addition of 70 µg/ml Kojic Acid to the melanocytes for 2 wk had no effect on tyrosinase activity when compared to untreated controls.

In a gene expression study with human skin A375 malignant melanoma cells cultured with 0. 0.32, 1.6, 8. 40, 200, or 1000 µg/ml Kojic Acid, cell growth was observed to be inhibited in a dose-dependent manner. A total of 361 differently expressed genes were distinctively changed with 136 up-regulated and 225 down-regulated. Seven of the downregulated genes were identified as tumor suppressor genes in melanoma cancer cells.

Macrophages incubated for 1 h with Kojic Acid (50 µg/ml) had enhanced cell spreading and an increase in cell surface exposure, associated with a rearrangement of microtubules, actin filaments, and intermediate filaments. Kojic Acid also potentiated phagocytosis by macrophages, as seen by the increase in phagocytic activity towards yeast, when compared to untreated cells. Reactive oxygen species production increased in the presence of Kojic Acid, but not nitric oxide production. Cell viability of macrophages was furthermore not affected following Kojic Acid treatment. Following a 48-h exposure, Kojic Acid (50 µg/ml) induced morphological alterations in human peripheral blood monocytes, such as increased cell size, as well as numerous cellular projections. Kojic Acid exposure was found to increase IL-6 cytokine production but did not cause cytotoxic effects in monocytes.

In an efficacy study evaluating a topical therapy containing 1% Kojic Acid for the treatment of dyschromia, minor transient irritation effects were observed. Case studies in 2 women reported acute dermatitis to the face following application of skin products that contained Kojic Acid; patch testing yielded positive results to 0.5 to 3% Kojic Acid.

The SCCS calculated MOE values for Kojic Acid at 1% in a cream product for application scenarios on the face and neck, the hands, and an aggregate of these applications (face + neck + hands). The MOE values were 267, 299, and 141, respectively. The Panel reviewed the other available NOEL/NOAEL values for Kojic Acid and selected the NOEL of 125 mg/kg bw/d from the 26-wk oral rat study as the POD for adult MOE calculation, and the Panel retained the iodine uptake endpoint as a conservative basis for a separate infant MOE calculation. For adult use of leave-on cream products containing 1% Kojic Acid, the calculated MOEs were 16,667 for face and neck, 18,657 for hands, 8803 for aggregate face, neck, and hands exposure, 5156 for body exposure, and 2240 for total body area exposure. For adult use of rinse-off shower gel

containing 0.05% Kojic Acid, the resulting MOE was 4,325,260. For infant exposure, the NOAEL of 2 mg/kg bw/d was used, the resulting MOE was 32,786; after application of the additional 10-fold safety factor, the adjusted MOE was 3279. All of the calculated MOE values for adults and infants were greater than 100 and were considered protective.

DRAFT DISCUSSION

[Note: This Discussion is in draft form, and changes will be made following the Panel meeting.]

In accordance with its Procedures, the Panel re-evaluates the conclusions of previously-issued reports approximately every 15 years. In 2010, the Panel published a final report on Kojic Acid and concluded that Kojic Acid is safe for use in cosmetic products up to a concentration of 1%. This report was reopened for re-evaluation due to reported restrictions by the EC on the use of Kojic Acid, and this amended report reviews the safety of Kojic Acid as used in cosmetic formulations, in accordance with the product categories and concentrations of use identified in the Use section and Use table. The Panel concluded [to be determined].

The Panel noted that liver, thyroid, and adrenal tumors were observed in rodent studies. However, these effects are considered not relevant to human cancer risk due to well-characterized species differences in mode of action. Liver tumors are associated with CAR-mediated enzyme induction, which is a rodent-specific mechanism not operative in humans. Thyroid effects are linked to disruption of hormone homeostasis, to which rodents are particularly sensitive due to differences in thyroid hormone metabolism and regulation. Adrenal tumors observed in rats also involve mechanisms not predictive of human risk. Given these species-specific responses, the Panel stated that the observed tumorigenic effects do not indicate a significant carcinogenic risk to humans under cosmetic use conditions.

Data included in this report indicate that Kojic Acid may have a skin lightening effect. The Panel noted that skin lightening is considered a drug effect in the US and should not occur during the use of cosmetic products. Because of that caveat, the Panel's knowledge of the mechanism of action (i.e., inhibition of tyrosinase activity), and clinical experience, concern for this effect in cosmetics was mitigated. Nevertheless, cosmetic formulators should only use this ingredient in products in a manner that does not cause depigmentation.

The Panel expressed concern regarding heavy metals that may be present in this ingredient. They stressed that the cosmetics industry should continue to use the necessary procedures to minimize impurities in cosmetic formulations according to limits set by the US FDA and EPA. Certain *Aspergillus* species used in the production of Kojic Acid are capable of producing aflatoxins. The Panel believes that aflatoxins should not be present in Kojic Acid and has adopted the US Department of Agriculture (USDA) designation of ≤ 15 ppb as corresponding to "negative" aflatoxin content. The reported aflatoxin result for one Kojic Acid sample was < 1.08 ppb, below this designation.

Use in baby products has been reported, but concentration of use data were not available for certain baby product categories. When use in a baby product category is reported without an associated concentration, and an analogous adult product category with reported concentration data is available, the adult product concentration is considered informative for exposure characterization. Accordingly, concentrations in the corresponding baby product categories are not expected to exceed those reported for the analogous adult product categories. Thus, although no concentration of use is reported for Kojic Acid in baby lotions, oils, powders, and creams, this ingredient is reported in body and hand skin care products (creams, lotions, powders) at a maximum concentration of 1%, and concentrations in baby lotions, oils, powders, and creams are not expected to exceed this value. The category "other baby products" represents a miscellaneous grouping of reported uses not assigned to specific baby product subcategories; given its broad and non-specific nature, an analogous adult product category could not be identified, and the adult-product bridging is not applied.

Additionally, at least 1 use for the ingredient reviewed in this assessment is reported in the RLD under Category 17, "other preparations." For instances wherein the use of an ingredient in a cosmetic product is only categorized as Category 17, and other information in the RLD is not indicative of use type, the present practices of use for such products remain unknown and the Panel's safety assessment conclusion, therefore, does not apply thereon.

The Panel discussed the issue of incidental inhalation exposure resulting from this ingredient. Inhalation toxicity data were not available. However, the Panel noted that the majority of droplets/particles would not be respirable to any appreciable amount. Furthermore, droplets/particles deposited in the nasopharyngeal or tracheobronchial regions of the respiratory tract present no toxicological concerns based on the chemical and biological properties of this ingredient. Coupled with the small actual exposure in the breathing zone and the low concentrations at which this ingredient is used (or expected to be used) in potentially inhaled products, the available information indicates that incidental inhalation would not be a significant route of exposure that might lead to local respiratory or systemic effects. A detailed discussion and summary of the Panel's approach to evaluating incidental inhalation exposures to ingredients in cosmetic products is available at https://www.cir-safety.org/cir-findings.

The Panel's respiratory exposure resource document (see link above) notes that airbrush technology presents a potential safety concern. Although frequency and concentration of use data are now available (and in some cases mandated) for ingredients marketed for use with airbrush delivery systems in certain product categories, no data are available for consumer habits and practices thereof, product particle size, or other relevant particle data (e.g., diameter). As a result of deficiencies in

these critical data needs, the data profile is incomplete, and the safety of cosmetic ingredients applied by airbrush delivery systems cannot be determined by the Panel. Accordingly, the Panel has concluded that if this ingredient is used in airbrush formulations, the data are insufficient to support safe use when applied with such delivery system.

CONCLUSION

To be determined.

TABLES

Table 1. Chemical properties

Property	Value	Reference
Physical Form	Prismatic needles from acetone, ethanol + ether, or methanol + ethyl acetate White to light yellow crystalline powder	2 3
Molecular Weight (g/mol)	142.11	2
Density (g/ml)	1.542	3
Melting Point (ºC)	152-154	2
Water Solubility (g/l)	43.85 Soluble in water	3 2
Other Solubility	Soluble in ethanol, acetone; sparingly soluble in ether, ethyl acetate, chloroform, pyridine; insoluble in benzene	2
log K_{ow}	-0.64 -1.25	3 2
Disassociation constants (pKa @ 25 ºC) (pKa)	7.66 7.90, 8.03	3 2
UV Absorption (λ nm)	270 in water 215-216 and 268-269 in acidic or neutral solutions; 226-227 and 309-312 in alkaline solution 280 (pH of solution not reported)	3 2 2

Table 2. Frequency and concentration of use of Kojic Acid according to likely duration and exposure and by product category

	# of Uses	Max Conc of Use
	RLD (2025)[9,10]	% (2024)[11]
Totals*	**3726**	**0.001-1**
summarized by likely duration and exposure**		
Duration of Use		
Leave-On	*2142*	*0.005-1*
Rinse-Off	*1973*	*0.05*
Diluted for (Bath) Use	*190*	*0.001*
Unknown	*107*	*0.66*
Exposure Type		
Baby Products	7	NR
Children's Makeup	NR	NR
Eye Area	51	NR
Incidental Ingestion	1	NR
Mucous Membrane	1274	0.001-0.05
Incidental Inhalation-Spray	7; 1149[a], 1098[b]	NR
Incidental Inhalation-Airbrush	NR	NR
Incidental Inhalation-Powder	6; 1098[b]; 5[c]	0.005-1[c]
Dermal Contact	4274	0.001-1
Deodorant (underarm)	4	NR
Hair - Non-Coloring	23	NR
Hair-Coloring	NR	NR
Nail	4	NR
Other Preparations (Unknown Exposure Type)	107	0.66[d]
as reported by product category		
Baby Products		
Baby Shampoos	1	NR
Baby Lotions/Oils/Powders/Creams	5	NR
Baby Wipes	1	NR
Bath Preparations		
Bath Oils, Tablets, and Salts	32	0.001
Bubble Baths	2	NR
Bath Capsules	1	NR
Other Bath Preparations	155	NR
Eye Makeup Preparations (other than children's eye makeup preparations)		
Eyebrow Pencil	1	NR
Eye Lotion	27	NR
Eyelash and Eyebrow Preparations (primers, conditioners, serums, fortifiers)	5	NR
Other Eye Makeup Preparations	18	NR
Fragrance Preparations		
Other Fragrance Preparation	5	NR
Hair Preparations (non-coloring)		
Hair Conditioners	6 r.o.	NR
Hair Sprays (aerosol fixatives)	2	NR

Table 2. Frequency and concentration of use of Kojic Acid according to likely duration and exposure and by product category

	# of Uses	Max Conc of Use
	RLD (2025)[9,10]	% (2024)[11]
Shampoos (non-coloring)	5 r.o.	NR
Tonics, Dressings, and Other Hair Grooming Aids	8	NR
Other Hair Preparations	1 r.o.	NR
Makeup Preparations (not eye; not children's)		
Blushers and Rouges (all types)	1	NR
Face Powders	6	NR
Lipsticks and Lip Glosses	1	NR
Other Makeup Preparations	15	NR
Manicuring Preparations		
Other Manicuring Preparations	4	NR
Personal Cleanliness		
Bath Soaps and Body Washes	867	0.05
Deodorants (underarm)	4	NR
Douches	3	NR
Disposable Wipes	43	NR
Other Personal Cleanliness Products	22 l.o.; 147 r.o.	NR
Shaving Preparations		
Aftershave Lotions	1	NR
Shaving Creams (aerosol, brushless, and lather)	1	NR
Shaving Soaps (cakes, sticks, etc.)	7	NR
Other Shaving Preparation Products	1	NR
Skin Care Preparations (creams, lotions, powder, and sprays)		
Cleansing (cold creams, cleansing lotions, liquids, and pads)	620	NR
Depilatories	2	NR
Face and Neck (excluding shaving preparations)	822 l.o.; 174 r.o.	0.01-1 (l.o.; not spray)
Body and Hand (excluding shaving preparations)	128 l.o.; 37 r.o.	0.005-1 (l.o.; not spray)
Foot Powders and Sprays	2	NR
Moisturizing	720	0.01 (not spray)
Night	32	NR
Paste Masks (mud packs)	48	NR
Skin Fresheners	126	NR
Other Skin Care Preparations	137 l.o.; 53 r.o.	NR
Suntan Preparations		
Suntan Gels, Creams, and Liquids	5	NR
Other Suntan Preparations	1	NR
Other Preparations (i.e., those preparations that do not fit another category)	107	0.66[d]

NR – not reported

l.o. – leave-on; r.o. – rinse-off

*The sum of the counts given for duration of use and by exposure type, and the sum of the frequency reported by product category, may not equal the sum of total uses because each ingredient may be used in cosmetic formulations that are reported under more than one product category.

**Likely duration and exposure are derived from survey data based on product category (see Use Categorization https://www.cir-safety.org/cir-findings)

[a] It is possible these products are sprays, but it is not specified whether the reported uses are sprays.

[b] Not specified whether a spray or a powder, but it is possible the use can be as a spray or a powder, therefore the information is captured in both categories

[c] It is possible these products are powders, but it is not specified whether the reported uses are powders.

[d] Facial toner used before applying facial peel

Table 3. Genotoxicity studies of Kojic Acid

Concentration/Dose	Vehicle	Test System	Procedure	Results	Reference
IN VITRO					
Chromosomal Damage					
500 – 8000 µg/ml	Not reported	SVK14 human keratinocyte cells	Micronucleus assay, with and without metabolic activity; no further details provided	Not genotoxic, no further details provided	[3]
1000 – 8000 µg/ml	Not reported	HepG2 human liver cancer cells	Micronucleus assay, without metabolic activity; no further details provided	Results uncertain; positive at concentration that are above the OECD required level of the top concentration, which are cytotoxic concentrations; no further details provided	[3]
IN VIVO					
Chromosomal Damage					
250, 500, or 1000 mg/kg/d for 14 d, or, 125, 250, or 500 mg/kg/d for 28 d	0.5% sodium carboxymethylcellulose	Groups of 5 male Crl:CD (SD) rats	Mammalian micronucleus assay; oral administration via gavage for 14- or 28-d; cells from the liver, bone marrow, and peripheral blood were assessed for genotoxic effects	No induction of micronuclei; an increase of relative liver weight was observed in the 14-d 1000 mg/kg dose group, minimal hypertrophy of hepatocytes was also observed in this group	[23]
DNA Strand Breaks					
250, 500, or 1000 mg/kg/d for 14 d	0.5% sodium carboxymethylcellulose	Groups of 5 male Crl:CD (SD) rats	Comet assay in accordance with OECD TG 489; assay was performed in concert with the micronucleus assay described above; assay performed 21 h after last oral administration and cells from the liver and peripheral blood were assessed for genotoxic effects	No induction of strand breaks	[23]

Table 4. Tumor promotion and/or tumor initiation studies from the original safety assessment on Kojic Acid [2]

Concentration/Dose	*Vehicle*	*Test System*	*Procedure*	*Results*
			DERMAL	
up to 3%	*cream formulation*	*groups of 10 or 15 female CD-1 mice*	*The study utilized 9,10-dimethyl-1,2-benzanthracene (DMBA) as the tumor initiator and phorbol-12-myristate-13 acetate (TPA) as the promoter. Groups of mice were treated in the following manner: DMBA + vehicle, DMBA + 0.3% Kojic Acid, DMBA + 3% Kojic Acid, DMBA + TPA, acetone + 0.3% Kojic Acid, acetone + 3% Kojic Acid, vehicle + TPA, or 3% Kojic Acid + TPA. The control or test substances were applied to shaved backs (4 cm^2). The mice receiving DMBA or acetone were treated once at the beginning of the experiment while the mice treated with vehicle + TPA or 3% Kojic Acid + TPA received 50 mg of the test substances daily for 1 wk. A week after the study commenced, the treatment groups with DMBA or acetone received 50 mg of the test substances 5 x weekly for 19 wk. The remaining groups received TPA twice weekly for 19 wk at 1 or 2 wk after study commencement.*	*Kojic Acid in a cream formulation did not possess promotion potential for skin carcinogenesis. The positive controls (DMBA + TPA) yielded expected results that included skin nodules that were squamous cell hyperplasia, papilloma, or carcinoma, significantly increased body weight gain, and significantly increased absolute and relative liver weights. Body weight gain was significantly decreased in week 2 or weeks 3 and 4 in the DMBA + 0.3% Kojic Acid and acetone +3% Kojic Acid dose groups, respectively. Squamous cell papilloma was observed in 1 mouse from the DMBA + 3% Kojic Acid group.*
			ORAL	
0 or 3%	*diet*	*male ICR mice*	*A dietary study on the tumor-initiating potential of Kojic Acid The mice received the test material in the diet for 4 wk. The mice then received distilled water containing 0 or 500 ppm phenobarbital for 14 wk. A partial hepatectomy was performed on all mice 2 wk after the treatment with phenobarbital.*	*No proliferative lesions were observed in any dose groups during microscopic examinations. The authors concluded that Kojic Acid has no tumor-initiating activity in mouse liver; however, the SCCP concluded that the Kojic Acid effect on proliferation of liver cells cannot be excluded since Kojic Acid + distilled water PCNA values were increased compared to basal diet + distilled water.*
0, 0.125, 0.5, or 2%	*diet*	*male F344 rats (60 total)*	*20-wk dietary study; rats received a single subcutaneous injection of N-bis(2-hydroxypropyl)nitrosamine (DHPN) or the vehicle prior to receiving a diet containing test material*	*Kojic Acid was found to have carcinogenesis-promoting potential; rats that received 2% Kojic Acid with DHPN had a significantly increased ($p < 0.01$) relative liver weights. Histopathology revealed an increased incidence of microgranuloma and vacuolation of centrilobular hepatocytes. A significant increase ($p < 0.01$) in the number and area of glutathione S-transferase-placental form (GST-P) positive foci per unit area of liver in the DHPN and 2% Kojic Acid group was observed when compared to the DHPN only treated group. A similar increase was also observed in the 2% Kojic Acid group that did not receive DHPN. No treatment-related effects were observed in the other test groups that received Kojic Acid, with or without DHPN.*
0, 0.125, 0.5, or 2%	*diet*	*groups of 20 male F344 rats*	*20-wk dietary study of Kojic Acid were performed without DHPN initiation. The researchers also performed a medium-term liver bioassay to determine the promoting influence of Kojic Acid.*	*2% Kojic Acid was tumor-promoting and had weak hepatocarcinogenic potential. Dose-related increases in absolute and relative liver weights were observed in both treatment groups. Numbers and areas of GST-P positive foci were significantly increased ($p < 0.01$) in the 2 % Kojic Acid group when compared to the control group. Additionally, increased incidences of microgranuloma and vacuolation of hepatocytes were observed in the 2% Kojic Acid group. PCNA expression was significantly increased ($p < 0.05$) in the 2% Kojic Acid group, with proliferating cell nuclear antigen (PCNA)-positive hepatocytes mainly localized around the vacuolated and granulomatous regions. A dose-related decrease in body weight gains and an increase in relative liver weights were observed, with statistical significance ($p < 0.01$) observed in the 2% dose group. Significant increases ($p < 0.01$) in number and areas of GST-P positive foci were observed in the 2% dose group when compared to the control.*

Table 4. Tumor promotion and/or tumor initiation studies from the original safety assessment on Kojic Acid [2]

Concentration/Dose	Vehicle	Test System	Procedure	Results
0 or 2%	*diet*	*groups of 5 male F344 rats*	*A 2-part study investigated the initiation potential of Kojic Acid. In the first part of the study, the rats received Kojic Acid in the diet for 3, 7, or 28 d. All rats were injected with 100 mg/kg bw bromodeoxyuridine (BrdU) intraperitoneally once a day for the last 2 d of exposure and 2 h prior to termination. Labeling indices (LIs) were calculated as percentages of cells positive for BrdU incorporation divided by the total number of cells counted. In addition, 8-oxo¬deoxy¬guanosine (8-OxodG) was measured in nuclear DNA to examine the formation of oxidative DNA adduct.* *In the second part of this study, the rats were subjected to a two-third partial hepatectomy on day 0. At 12-h post-surgery, the rats were treated once orally with carboxymethylcellulose vehicle, or 1000 or 2000 mg/kg Kojic Acid. The rats were then fed basal diet for 2 wk and then diet containing 0.015% 2-acetylaminofluorene (2-AAF) for another 2 wk. At 3 wk post-Kojic Acid administration, rats received a single 0.8 ml/kg bw dose of carbon tetrachloride.*	*In the first part of the study on day 28, body weight gains in the 2% Kojic Acid group were significantly decreased compared to the control group. In the 2% Kojic Acid dose group, absolute liver weights were significantly increased on day 7 but decreased on day 28. Relative liver weights were significantly increased at all time points. The LI values of hepatocytes of the 2% dose group were significantly increased as compared to the controls on days 3 and 7. All 8-OxodG levels in the liver DNA in the 2% dose group were slightly higher than the control values but were not statistically significant.* *In the second part, slight decreases were observed in the mean area and numbers of GST-P positive foci, but these differences were not statistically significant. The researchers concluded that Kojic Acid has neither liver initiation activity nor the capability of 8-OxodG formation; however, the findings suggest that Kojic Acid has liver tumor-promoting effects.*
0, 0.5, 1 or 2%	*diet*	*groups of 15 male F344 rats*	*Liver carcinogenesis bioassay; rats received Kojic Acid or the positive control 2-AAF at concentrations of 0.001 or 0.01% for 4 wk. After the treatment period, all rats received basal diet for 1 wk, and then a diet containing 0.5% phenobarbital sodium salt (SPB) for 6 wk. In another portion of the study, groups of 9 rats received 0 or 2% Kojic Acid or 0.001 or 0.01% 2-AAF in feed for 4 wk, and then all rats received basal diet for 7 wk. At 6 wk after the beginning of the study, all animals from both portions of the study underwent a two-third partial hepatectomy.*	*No treatment-related effects or deaths were observed during the study. Rats that received 2% Kojic Acid in both portions of the study had significant decreases in body weights during initiation period of the study, but body weights returned to control levels during the SPB or basal diet treatments. Decreases in feed consumption during the initiation period occurred in the 1 and 2% Kojic Acid groups, but increases in feed consumption during the SPB or basal diet treatment were marked with increases in body weight change. No treatment-related differences were observed in final body or liver weights, with or without SPB. Numbers of GST-P-positive foci in Kojic Acid-treated groups were similar to the control values, with or without SPB. No other treatment-related effects were observed. The positive control groups yielded expected results. This study concluded that Kojic Acid did not possess initiation potential in the rat liver.*

Table 5. Thyroid effects studies from the original safety assessment of Kojic Acid [2]

Concentration/Dose	Vehicle	Test System	Procedure	Results
0, 1.5, or 3%	*diet*	*groups of 65 male and female B6C3F1 mice*	*20-mo study of the tumorigenicity of Kojic Acid*	*Thyroid weights were increased significantly in the Kojic Acid-treated groups of both genders, especially in the male groups; there were no significant differences in other major organ or tissue weights or hematological values or serum biochemical parameters in any of the treatment groups. Incidences of thyroid gland hyperplasia and follicular adenomas were significantly increased in all treatment groups. In mice that received normal feed 30 d prior to termination, incidences of thyroid gland adenomas were significantly decreased, although average thyroid weights were unchanged. The serum-free T3 levels in the 3.0% dose groups of both genders were significantly lower than the control at month 6, while the TSH levels were increased. The decreases in the free T3 levels continued at the later measurements, but changes in the TSH levels disappeared. It was concluded that chronic high doses of Kojic Acid induced thyroid adenomas in mice.*

Table 5. Thyroid effects studies from the original safety assessment of Kojic Acid [2]

Concentration/Dose	***Vehicle***	***Test System***	***Procedure***	***Results***
0, 0.008, 0.03, 0.125, 0.5, or 2.% (doses equivalent to 0, 5.85, 23.8, 95.3, 393.6, and 1387.3 mg/kg bw/d)	*diet*	*groups of 8 male F344 rats*	*4 wk study to determine the mechanisms of serum thyroid hormone reduce and thyroid tumor-promotion effects of Kojic Acid exposure on rats*	*Absolute and relative thyroid gland weights were increased in all groups treated with Kojic Acid in a dose-dependent manner, with significant increases occurring at 0.5% or more. A statistically significant decrease in serum T3 and T4 levels was observed in the 2% group when compared with the control group. The serum TSH in the 2% group was significantly increased when compared to controls. There were no other significant differences in these parameters in the other dose groups. Thyroid 125I uptake was significantly decreased in a dose-dependent manner starting at 0.03% Kojic Acid. A significant reduction in organic formation of iodine was observed in the 2% group. Histopathologic examination revealed decreased colloid in the thyroid follicles and follicular cell hypertrophy in the thyroid in high incidences in groups that received 0.03% Kojic Acid or more. All rats in the 2% group had thyroid capsular fibrosis. In a quantitative morphometric analysis, the ratio of the area of follicular epithelial cells to the area of colloids was significantly increased in the 0.03% dose group and higher.* *This study was utilized in MOE calculations performed by the SCCS.*
0, 0.008, 0.03, 0.125, 0.5, or 2% (doses equivalent to 0, 5.85, 23.8, 95.3, 393.6, and 1387.3 mg/kg bw/d)	*diet*	*groups of 9 male F344 rats in the 1st experiment; groups of 8 male and 8 female F344 rats in the 2nd experiment; groups of 8 male F344 rats in the 3rd experiment*	*The mechanism of thyroid tumorigenesis from Kojic Acid was studied in a 3-part experiment. In the first experiment, rats received Kojic Acid in their diets for 4 wk. In the second experiment, male and female rats received diet containing 0 or 2% Kojic Acid; male groups were killed at weeks 1, 2, 3, or 4 and female groups were killed at weeks 2 and 4. For the final experiment in this study, groups of male rats received 0 and 2% Kojic Acid in diet for 4 wk. At the end of the treatment, Kojic Acid was replaced with basal diet for 0, 6, 12, 24, or 48 h.*	*In the first experiment, thyroid gland weights were increased in a dose-dependent manner in rats receiving 0.125% or more Kojic Acid, with the thyroid gland weights from the 2% dose group 9 times that of the controls. Uptake of ^{125}I into the thyroid gland was more sensitive to Kojic Acid treatment, with significant suppression at 0.03%. Organic ^{125}I formation was interrupted only in the 2% dose group. Serum T3, T4, and TSH levels were affected only in the 2% group.* *In the second experiment, thyroid gland weights of male rats increased linearly in the 4 wk of treatment with 2% Kojic Acid. A less prominent, but still significant, increase in thyroid gland weights was observed in females. The suppression of ^{125}I uptake was also time-dependent and in males, the decrease started at 1 wk after Kojic Acid treatment and reached about 2% of control values by wk 3, with organic ^{125}I formation significantly decreased by 50% compared to the controls. These effects were not as significant in females, with only 20% suppression of ^{125}I uptake at wk 4. Serum T3 and T4 levels were decreased to minimum levels after 2 wk of Kojic Acid treatment, but recovered thereafter although at lower than control values in both genders. Serum TSH started to increase at wk 1 and reached a maximum at weeks 2 and 3.* *In the third experiment, organic ^{125}I formation returned to normal limits after 6 h and ^{125}I uptake per unit of thyroid weight increased to 70% of the control values within 24 h. Serum T3 and T4 were 47% and 34% of the control values, respectively, after 4 wk of the Kojic Acid diet. The levels increased to normal limits within 48 h after returning to basal diet and high levels of TSH decreased to normal within 24 h. The histopathological investigation on thyroid glands in these 3 experiments found a diffuse type of hyperplasia. After 2 wk of returning to basal diet, normal thyroid follicular structure was apparent in enlarged thyroid glands.* *This study was utilized in MOE calculations performed by the SCCS.*
0 or 2%	*diet*	*Groups of 10 male F344 rats*	*In a study to determine whether Kojic Acid causes a promoting effect on thyroid carcinogenesis, rats were initiated with DHPN. One week later, the rats received basal diet containing Kojic Acid for 12 wk. A control group received no DHPN initiation or Kojic Acid and were fed basal diet for 13 wk. Another 2 groups of rats not initiated with DHPN received diet containing Kojic Acid for 20 wk.*	*Body weights were decreased in the rats that received Kojic Acid at both week 4 and 12. Rats exposed to Kojic Acid also had increased absolute and relative thyroid weights up to 25-fold greater than the control group, as well as increased relative liver weights at each time point. Absolute liver weights were significantly increased in rats exposed to Kojic Acid for 20 wk. Serum T3 and T4 levels were significantly decreased (approximately one half to one third the values of the DHPN alone group) and serum TSH was significantly increased (13-19 times higher than the DHPN alone group) in the DHPN + Kojic Acid group at both time periods. Similar changes in other serum thyroid-related hormones were observed in the 2% Kojic Acid alone group at wk 4 but not at week 20. At wk 4, 4 of the 5 rats in the DHPN + Kojic Acid group had focal thyroid follicular hyperplasias, while 3 of the 5 rats had focal thyroid follicular adenomas. These lesions were observed in all rats in the DHPN + Kojic Acid group by wk 12. Rats that only received Kojic Acid had marked diffuse hypertrophy of follicular epithelial cells at wk 4 and 20. The DHPN alone and the untreated control groups had no changes in thyroid-related hormone levels or histopathological lesions. There were no significant intergroup changes of the liver T4-uridine diphosphate glucuronosyltransferase (UDP-GT) activity*

Table 5. Thyroid effects studies from the original safety assessment of Kojic Acid [2]

Concentration/Dose	***Vehicle***	***Test System***	***Procedure***	***Results***
0, 0.02, 0.2, or 2%	*diet*	*groups of 20 male F344 rats*	*The potential thyroid tumor initiation activity of Kojic Acid was evaluated in a 2-part study on rats. Rats received a diet containing 0, 0.02, 0.2, or 2% Kojic Acid for 8 wk that was followed by treatment with 0.1% sulfadimethoxine (SDM) in drinking water for 23 wk. A 13-wk recovery period followed the SDM treatment. Controls included a group that received 4 subcutaneous injections of DHPN during the initiation period followed by an administration of 0.1% SDM, a group that received diet containing 2% Kojic Acid for the initial 8 wk alone, a group that received 2% Kojic Acid for the entire 31 wk, and a group that received only basal diet.*	*During the treatment and recovery periods, deaths from tracheal obstruction from extremely hypertrophied thyroids were observed in the DHPN control group (5 in total), the 31-wk administration of Kojic Acid control group (3 in total), the 8-wk Kojic Acid control group (1 in total), and the 2% Kojic Acid + SDM treatment group (1 in total). Significant suppression of body weight gain was observed in the DHPN and 31-wk Kojic Acid control groups during administration that continued until the end of the recovery period. All treated groups had significantly increased absolute and relative thyroid gland weights when compared to the basal diet control group at the end of the administration period. These values, however, were decreased at the end of the recovery period, except in the DHPN control group. When compared to the untreated controls, serum T3 levels in the 0% Kojic Acid + SDM, 2% Kojic Acid + SDM, and DHPN control group were significantly decreased at the end of the administration period, as were the serum T4 levels in all treatment groups except the 8-wk Kojic Acid control. The serum T3 and T4 levels in the 8-wk Kojic Acid control were significantly increased compared to the untreated controls. Dose-dependent significant increases in the serum TSH levels occurred in all treatment groups, except the 8-wk Kojic Acid control. These increases were also dependent on treatment duration in the groups that received Kojic Acid. Thyroid carcinomas and adenomas were observed in all rats of the DHPN control group, while no histopathological lesions were observed in the untreated control group. One adenoma was observed in the 31-wk Kojic Acid control group, but no other carcinomas or adenomas were observed in the remaining treatment groups. At the end of administration, focal follicular cell hyperplasia was significantly higher in rats in the 2% Kojic Acid + SDM, DHPN control, and 31wk Kojic Acid control groups. This effect was observed in the latter 2 groups until the end of the recovery period. The mean percentage of PCNA positive cells to follicular cells counted per proliferative lesion was significantly increased in the DHPN control and the 31-wk Kojic Acid control group.*
received 0, 4, 15, 62.5, 250, or 1000 mg/kg	*0.5% carboxy-methyl-cellulose*	*groups of 10 male F344/Du Crj rats*	*In a study on the effect of Kojic Acid on thyroid function, groups of male rats received Kojic Acid via gavage daily for 4 wk.*	*No abnormalities were observed in rats in the 0 to 250 mg/kg dose groups during treatment. Several rats in the 1000 mg/kg dose group had transient and slight decreases in motility 30 min to 1 h after dosing on days 18 to 28 of treatment. Body weights and feed consumption in the 1000 mg/kg dose group were significantly inhibited when compared to the control group. The absolute and relative weights of the thyroid glands were nearly comparable to the controls in the 4 to 250 mg/kg dose groups throughout the treatment period. Absolute and relative weights of the thyroid gland in the 1000 mg/kg dose groups were 1.2-fold and 1.3-fold greater than the control group, respectively. Serum T3 concentration in the 250 mg/kg dose group had a significant decrease only at week 1 when compared to the control group, but the other dose groups showed no significant differences compared to the control at weeks 2 to 4. The serum T4 concentration in the 1000 mg/kg dose group was significantly decreased at week 4, but no dosage of Kojic Acid affected the serum TSH concentration significantly. The 1000 mg/kg dose group had hypertrophy of epithelial cells in the thyroid gland at week 1 to 4; this was not observed in the 250 mg/kg dose group. Radioactive iodine uptake in the 4 to 250 mg/kg dose groups was comparable to the control group at week 1 to 4. In the 1000 mg/kg dose group, the iodine uptake was about 2-fold greater than the control group in week 1; the uptake in this group continued to be constant and high through wk 4. The TCA-precipitable radioactive iodine in the thyroid gland was also increased in the 1000 mg/kg dose group. The absorption of Kojic Acid was rapid as manifested by the Tmax of blood concentration of radioactivity, which was as short as 1.0 + 0.0 h and the t1/2 was 4.8 + 0.3 h. Blood concentrations of radioactivity had nearly disappeared by 24 h after treatment.*

Table 6. MOE calculations for cosmetic product use in adults

	Area of Application	Surface Area (cm^2)[3,48]	Retention Factor[48]	Conc. of Kojic Acid (%)[9,10]	Estimated Daily Amount Applied (g/d)[3,48]	Calculated Systemic Amount of Applied Kojic Acid (mg/d) [3,40,41]	SED* (mg/kg bw/d)[3,40-42]	NOEL† (mg/kg bw/d)[3]	MOE
Leave-on (Cream)	Face + Neck	565+320=885	1	1	2.41	0.448	0.0075	125	16,667
	Hands	860	1	1	2.16	0.402	0.0067	125	18,657
	Aggregate (Face + Neck + Hands)	1745	1	1	4.57	0.850	0.0142	125	8803
	Body	15,670	1	1	7.82	1.455	0.0242	125	5156
	Total body area	17,500	1	1	18.0	3.348	0.0558	125	2240
Rinse-off (shower gel)	Total body area	17,500	0.01	0.05	18.67	0.00174	0.0000289	125	4,325,260

*SED was calculated based on the 95th percentile of AUC values (0 – 24 h) obtained from a clinical study[43] in which a cream containing 1% of Kojic Acid was applied dermally.
†NOEL = 26-wk oral rat study; identified systemic toxicity, including clinical signs, reduced body-weight gain, hematological/clinical chemistry changes, and organ-weight changes

Table 7. MOE calculations for bath products use in infants (3-6 mo)

	Area of Application	Infant Body Weight (kg)[49]	Surface Area (cm^2)[50]	Retention factor[48]	Conc. of Kojic Acid (%)[9,10]	Estimated Daily Amount Applied (g/d)[51]	Calculated Systemic Amount of Applied Kojic Acid (mg/d)	SED* (mg/kg bw/d)	NOAEL† (mg/kg bw/d)[3]	MOE	Adjusted MOE[#]
Rinse-off (shower gel)	Total body area	9.1 (95th percentile)	4400 (95th percentile)	0.01	0.05	6	0.00056	0.000061	2	32,786	3279

*SED was calculated based on the 95th percentile of AUC values (0 – 24 h) obtained from a clinical study[43] in which a cream containing 1% of Kojic Acid was applied dermally.
†NOAEL = 28-d oral rat study; identified histological changes in the thyroid and altered iodine uptake
[#] An additional 10-fold safety factor was applied to account for uncertainties associated with infant exposure estimates.

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Final Report of the Safety Assessment of Kojic Acid as Used in Cosmetics

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Abstract

Kojic acid functions as an antioxidant in cosmetic products. Kojic acid was not a toxicant in acute, chronic, reproductive, and genotoxicity studies. While some animal data suggested tumor promotion and weak carcinogenicity, kojic acid is slowly absorbed into the circulation from human skin and likely would not reach the threshold at which these effects were seen. The available human sensitization data supported the safety of kojic acid at a use concentration of 2% in leave-on cosmetics. Kojic acid depigmented black guinea pig skin at a concentration of 4%, but this effect was not seen at 1%. The Cosmetic Ingredient Review (CIR) Expert Panel concluded that the 2 end points of concern, dermal sensitization and skin lightening, would not be seen at use concentrations below 1%; therefore, this ingredient is safe for use in cosmetic products up to that level.

Keywords

cosmetics, kojic acid, safety

Introduction

Kojic acid is an antioxidant used by the cosmetics industry and has been described as an alternative to hydroquinone in skin lightening.[1] Kojic acid was discovered in 1907 through isolation from the mycelia of *Aspergillus oryzae* grown on steamed rice (the term koji means steamed rice in Japanese).[2]

While kojic acid is purported to have skin-whitening properties, it is currently not approved by the US Food and Drug Administration (FDA) for such use in over-the-counter pharmaceutical products.

Chemistry

Kojic acid (CAS No 501-30-4) is the heterocyclic compound that conforms to the structure depicted in Figure 1. Technical names, traced names, and trade mixture names for this ingredient are listed in Table 1.[3]

Physical and chemical properties of kojic acid are described in Table 2. UV absorption appears to vary as a function of the pH.

According to a review article by Beelik, the enolic hydroxyl group at C5 gives kojic acid its weakly acidic property and allows it to form salts with a number of metals.[2]

Kojic acid is naturally produced as a secondary metabolite in the following *Aspergillus* strains: *Aalbus*, *A alliaceus*, *A awamori*, *A arachidicola*, *A bombycis*, *A caelatus*, *A candidus*, *A clavatus*, *A effusus*, *A flavus*, *A fumigatus*, *A giganteus*, *A glaucus*, *A gymnosardae*, *A leporis*, *A luteovirescens*, *A lutescens*, *A minisclerotigenes*, *A nidulans*, *A nomius*, *A parasiticus*, *A parvisclerotigenus*, *A pseudotamarii*, *A tamarii*, and *A wentii*.[2,9] It is also the secondary metabolite of several strains of *Penicillium* and *Acetobacter* fungi and several species of acetic acid bacilli.[2,10,11]

Kojic acid can be detected with chromatographic or electrophoretic techniques.[9,10,12-14]

Use

Cosmetic

According to information supplied to the FDA by industry as part of the Voluntary Cosmetic Registration Program (VCRP), kojic acid is used in a total of 16 products. In a survey of current use concentrations conducted by the Personal Care Products Council, kojic acid is used at concentrations ranging from 0.1% to 2%, with the maximum concentration used in face and neck creams, lotions, and powders.[15] The available data on uses and use concentration as a function of product type are presented in Table 3.

Gottschalck and Bailey described the current use of kojic acid as an antioxidant; however, trade names and trade name

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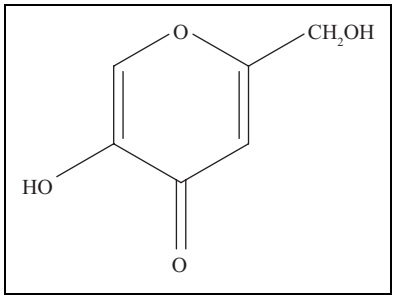


Figure 1. Kojic acid.

Table 1. Technical Names, Trade Names, and Trade Name Mixtures for Kojic Acid[3]

Technical Names	Trade Names	Trade Name Mixtures
Kojic acid		
4H-Pyran-4-one, 5-hydroxy-2-(hydroxymethyl)-;	AEC Kojic acid	Botacenta SLC 175
5-Hydroxy-2-(hydroxymethyl)-4H-pyran-4-one	Kojic acid	Dermawhite HS
	Kojic acid SL	Melarrest A
	Melanobleach-K	Melarrest L
	OriStar KA	Vegewhite
	Rita KA	
	Tonelite Kojic acid	

mixtures such as Melanobleach-K, Dermawhite HS, and Vegewhite suggest skin-whitening uses.[16] As noted earlier, the FDA has not approved kojic acid for use in over-the-counter pharmaceutical products. The Environmental Working Group (EWG) reports that there are 79 cosmetic products that contain kojic acid, of which approximately half of the products are described to have a skin fading/lightener effect.[18] One product reportedly contains 4% kojic acid.

Health Canada's Cosmetic Notification System reported that 148 products contain kojic acid, with all uses in skin care products (mostly moisturizers/antiwrinkle creams; L. K. Carter, Personal Communication, February 15, 2010).[19] The ranges of concentrations of use for kojic acid in Canada are 0.1% or less (37 products), 0.1% to 0.3% (11 products), 0.3% to 1% (34 products), 1% to 3% (45 products), 3% to 10% (14 products), and 10% to30% (3 products).

The European Commission's Scientific Committee on Consumer Products (SCCP) determined that, based on a margin of safety calculation, the use of kojic acid at a maximum concentration of 1.0% in skin care formulations poses a risk to human health due to potential systemic effects (thyroid effects). The SCCP also found kojic acid to be a potential skin sensitizer.[20]

Kojic acid is not included on the list of ingredients that must not be used in cosmetic products that are marketed in Japan.[21]

Table 2. Physical and Chemical Properties of Kojic Acid

Properties		Reference
Physical form	Crystalline; prismatic needles from acetone, ethanol + ether, or methanol + ethyl acetate	4,5
Molecular weight	142.11	4
Melting point	152°C-154°C	4,5
pKa	7.90, 8.03	4
Log K_{ow}	−1.25	6
Solubility	Soluble in water, ethanol, acetone; sparingly soluble in ether, ethyl acetate, chloroform, pyridine; insoluble in benzene	4,5
UV absorption peaks	215-216 nm and 268-269 nm in acidic or neutral solutions; 226-227nm and 309-312 nm in alkaline solution; 280 nm (pH of solution not reported)	7 (K. Kariya, H. Okamoto, H. Iwaki, A. Yamauchi, and Y. Higa, Unpublished data, 1979)

However, in Japan, products used as skin whiteners are regulated as quasi-drugs, and kojic acid is used as a skin-whitening product in Japan.[22-26] Quasi-drugs are defined as "having a mild effect on the body but are intended for neither the diagnosis, prevention, nor treatment of disease, nor to affect the structure or function of the body."[25]

Kojic acid may be used in cosmetic spray products, and effects on the lungs that may be induced by aerosolized products containing this ingredient are of concern.

The aerosol properties that determine deposition in the respiratory system are particle size and density. The parameter most closely associated with deposition is the aerodynamic diameter, d_a, defined as the diameter of a sphere of unit density possessing the same terminal settling velocity as the particle in question. In humans, particles with an aerodynamic diameter of $\leq$10 μm are respirable. Particles with a d_a from 0.1 to 10 μm settle in the upper respiratory tract and particles with a $d_a < 0.1$ μm settle in the lower respiratory tract.[28,29]

Particle diameters of 60 to 80 μm and $\geq$80 μm have been reported for anhydrous hair sprays and pump hairsprays, respectively.[30] In practice, aerosols should have at least 99% of their particle diameters in the 10 to 110 μm range and the mean particle diameter in a typical aerosol spray has been reported as $\sim$38 μm.[31] Therefore, most aerosol particles are deposited in the nasopharyngeal region and are not respirable.

Noncosmetic

Kojic acid is an antibiotic produced by many species of *Aspergillus* and *Penicillium* that has anti-inflammatory and pain

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Table 3. Cosmetic Product Uses and Concentrations for Kojic Acid

Product Category	2009 Uses (Total Number of Products in Category)[14,15]	2008 Concentrations of Use (Personal Care Products Council, Unpublished Data, 2010), %
Kojic acid		
Bath products		
Soaps and detergents	1 (1665)	–
Other bath products	1 (234)	–
Eye makeup		
Eye lotions	−(254)	0.1-1
Skin care products		
Skin cleansing creams, lotions, liquids, and pads	2 (1446)	–
Face and neck creams, lotions, powders, and sprays	2 (1583)	2[a]
Body and hand creams, lotions, powders, and sprays	−(1744)	1[a]
Moisturizers	2 (2508)	–
Skin fresheners	2 (259)	–
Other skin products	6 (1308)	–
Total uses/ranges for Kojic acid	16	0.1-2

[a] Concentrations of use reported for kojic acid in this category were not in spray products.

relief properties, with skin whitening activity reportedly caused by the inhibition of tyrosinase.[32]

According to *The Merck Index*,[4] kojic acid is used in maltol and ethyl maltol synthesis and in flavor-enhancing additives in food.

Uses for kojic acid in *Hawley's Condensed Chemical Dictionary* include chemical intermediate, metal chelation, and insecticidal, antifungal, and antimicrobial agents.[5]

Kojic acid was reported to be used in a number of Japanese foods, including soybean paste, soy sauce, sake, and mirin.[33] Additional uses in foods include use as an antioxidant, a preservative, a food additive to inhibit tyrosinase, an inhibitor of nitrosopyrrolidine formation in fried food, and a reddening agent in unripe strawberries.

General Biology

Absorption, Distribution, Metabolism, Excretion

Sansho Seiyaku Co, Ltd described a 1978 rat absorption, distribution, metabolism, and excretion study (oral, subcutaneous, and dermal routes) that was revised in 2001.[34,35] [^{14}C] Kojic acid was biosynthesized by adding [^{14}C-U] glucose into a cultured broth of *Aspergillus candidus*, extracting with ethyl acetate, and purifying by recrystallization. The purity of the radiolabeled kojic acid was 99.9%. [^{14}C] Kojic acid was administered to groups of 3 male JCL-Wistar rats at a dose of 10 μCi/100 g body weight via a single oral, subcutaneous, or dermal administration. An additional group of rats received the same subcutaneous dose over a period of 7 days. Blood samples were collected from the tail tip 0.5, 1, 3, 6, 24, and 48 hours after administration for the rats that received a single dose. Urine and feces were collected from metabolic cages, and bile samples were collected from cannulation in the common bile duct at 0 to 10 minutes, 30 minutes to 1 hour, 1 to 3 hour, 3 to 6 hour, and 6 to 24 hour. In rats that received repeated doses of kojic acid, blood, urine, and feces samples were collected at 24 hours after each administration. Enterohepatic circulation was studied by connecting a cannula from a bile duct of a treated rat to an untreated rat's duodenum, from which the bile samples were collected. At the end of the experiment, the rats were killed 30 minutes, 1, 3, 6, 24, 48, or 72 hours after treatment and tissues were collected and cut into sections for autoradiograph examination.

Radiolabel from the single oral exposure was found in the intestine within 3 hours and in the cecum within 6 hours after administration. The radioactivity was distributed in tissues and organs very rapidly and maximum values were reached within 30 minutes of administration. Very high levels of radiolabel were measured in the liver, kidneys, and pancreas, and high levels were measured in the lungs, heart, and spleen. In the blood, radioactivity decreased to 20.63% and 25.05% of total radioactivity at 30 minutes and 1 hour, respectively, and decreased to background levels within 24 hours. The amount of ^{14}C in the bile within 24 hours was approximately 0.5 μCi/10 μCi administered dose. No radioactivity was detected in the bile samples from the enterohepatic circulation study. Approximately 70% of the administered radioactivity was excreted in the urine within 48 hours, while excretion in the feces over the same time period was only 0.82%.

Distribution of the radiolabel in the tissues and organs following a single subcutaneous exposure was slightly slower than that following the oral exposure. Distribution of radiolabel after a single dermal exposure was further slowed. High levels of radiolabel were measured in the kidney and liver 30 minutes and 1 hour after subcutaneous exposure, while no remarkable radioactivity was detected in the liver following dermal exposure. In the blood, radioactivity was 13.29% and 21.67% at 30 minutes and 1 hour, respectively, following subcutaneous exposure and 5% at 30 minutes following dermal exposure. The amount of ^{14}C in the bile within 24 hours was approximately 0.76 μCi/10 μCi and 0.5 μCi/10 μCi for the subcutaneous exposure and dermal exposure, respectively. No radioactivity was measured in the bile samples from the enterohepatic circulation study after either exposure type. Approximately 50% and 56% of the subcutaneous and dermal administered radioactivity, respectively, were excreted in the urine within 48 hours. Excretion in the feces over the same time period was 2.62% and 1.58% of the administered subcutaneous

and dermal doses, respectively. Recovery of radiolabel in expired air in the rats administered a single subcutaneous dose within 5 hours was 1.4%.

In the repeated subcutaneous dosed rats, radiolabel in blood and urine samples increased until the fourth dosing and reached an equilibrium state thereafter. Distribution of the radiolabel was measured 10 minutes, 1, 6, 24, and 48 hours after the last treatment. When compared to the single dose rats, radioactivity was several times higher in all organs and tissues in the repeated dose rats, especially in the intestinal tract 1-hour measurement and in the pancreas and adipose tissues.

For all portions of the study, the major metabolites in the urine and bile were glucuronide (6.4%-39.6% of total radioactivity) and sulfate conjugates of kojic acid (35.6%-93.7% of total radioactivity). Unmetabolized kojic acid was also detected in the urine.[34,35]

The transfer of [^{14}C] kojic acid (subcutaneous injection) to fetuses and milk in pregnant JCL-Wistar rats was also investigated.[34,35] Groups of 2 pregnant rats received 10 μCi/100 g body weight [^{14}C] kojic acid subcutaneously on day 11 or 20 of gestation. Ten minutes, 30 minutes, or 3 hours after treatment, fetuses were surgically extracted and prepared for autoradiograms, and the fluids, excreta, and tissues from the dams were evaluated for radioactivity content as described above for the male rats. For the milk transfer study, groups of 3 nursing dams received 10 μCi/100 g body weight [^{14}C] kojic acid subcutaneously on day 3 of lactation. The stomachs of nursing pups were extracted at 30 minutes, 1 hour, or 3 hours after treatment of the dams to determine the radiolabel concentration in milk.

In pregnant rats, the radioactivity was distributed rapidly in tissues and organs. Very high values were observed in the kidney and high values were observed in the liver, pancreas, spleen, salivary gland, lungs, and kidney immediately after administration. Radioactivity was also detected in the uterus, placenta, amniotic fluid, and the fetus 30 minutes after treatment. Fetal distribution of radiolabel was similar to that in the adults, with high amounts detected in the liver and gastrointestinal tract. In nursing pups, radioactivity was detected in the stomach wall and stomach content, with about 0.02% detected 3 hours after treatment. It was concluded that the radiolabel from kojic acid was transported freely to the fetus, uterus and other reproductive organs, and secreted into milk in this rat study.[34,35]

Dermal Penetration

In an in vitro percutaneous absorption and distribution study,[36] [^{14}C] kojic acid at 1.045% (w/w) in a formulation was applied to human dermatomed skin. The integrity of the skin was tested by measuring transepidermal water loss (TEWL) prior to test material application. The formulation was applied at 2 mg/cm^2 (20.61 ± 1.68 $\mu g_{eq}/cm^2$ of [^{14}C] kojic acid) on the skin surface. After 16 hours, the formulation was washed from the skin surface with sodium lauryl ether sulfate and distilled water. Liquid scintillation was employed to determine percutaneous absorption. Total recovery of the radiolabeled kojic acid was 96.41% ± 4.82% of the applied dose, with 75.55% ± 9.30% of the applied dose (15.52 ± 1.43 $\mu g_{eq}/cm^2$) in skin excess, 3.65% ± 2.22% of the applied dose (0.76 ± 0.48 $\mu g_{eq}/cm^2$) in the stratum corneum, 9.17% ± 4.31% of the applied dose (1.93 ± 1.07 $\mu g_{eq}/cm^2$) in the epidermis and dermis, and 7.81% ± 6.79% of the applied dose (1.65 ± 1.49 $\mu g_{eq}/cm^2$) in the receptor fluid. The total absorbed amount of [^{14}C]-kojic acid was 16.98% ± 10.28% of the applied dose (3.58 ± 2.38 $\mu g_{eq}/cm^2$).

In another study by Sansho Seiyaku Co, Ltd,[37] the in vivo percutaneous absorption of kojic acid was evaluated in human volunteers. The study was open and uncontrolled. Six healthy postmenopausal Japanese women received a single 500 mg application of a cream formulation containing 1% kojic acid. The test material was applied to the entire surface of the facial skin (left and right cheeks). The participants were examined the day before, immediately before, and 24 hours after application and samples were collected for hematology, blood chemistry, urinalysis, and immune serological tests. The amount of test material in plasma was measured before application and at 0.5, 1, 1.5, 3, 6, 12, and 24 hours after application.

Kojic acid was detected in the plasma of all the participants at one or more blood collection times. All the concentrations in plasma were only slightly above the quantitation limit of 1 ng/mL. The mean C_{max} was 1.54 ng/mL and the mean $AUC_{0\text{-}24\ h}$ was 19.4 h·ng/mL. There were no adverse effects observed in the participants. It was concluded that the potential dermal transfer of kojic acid into the blood was very low.[37]

Based on the pharmacokinetic studies in rats and in vitro percutaneous absorption values in human skin, a review by Nohynek et al calculated a systemic exposure dose (SED) range of 0.03 to 0.06 mg/kg per d in humans following a topical application.[38] This SED range was based on an application area of the hands and face (400 and 590 cm^2, respectively), a maximum application rate of 1.0 g of 1.0% kojic acid cream at 1 mg/cm^2 (total application of 10 mg kojic acid/d), and percutaneous absorption of 17% of the applied dose (3.6 μg/cm^2) in humans.

Tyrosinase Inhibition

Cabanes et al stated that kojic acid is a slow-binding inhibitor of catecholase activity of frog tyrosinase in a nonclassical manner.[39] In a study of several mammalian melanocyte tyrosinase inhibitors, kojic acid was considered a potent free enzyme inhibitor with an IC_{50} (50% inhibition concentration of tyrosinase activity) value of 6.2 ± 2 μg/mL.[40] In this study, however, Kojic acid did not reduce pigmentation in mammalian cells. Melanocyte toxicity IC_{50} was >200 μg/mL, which indicated that kojic acid was not considered cytotoxic.

Kojic acid was a reference sample in a study of the tyrosinase activity of a nitrogen analog of stilbene.[7] The IC_{50} value of kojic acid was 275.6 μmol/L (39.17 μg/mL). In the same study, kojic acid was a positive control for the evaluation of superoxide dismutase-like (SOD-like) activity and melanin production in the stilbene analog. Kojic acid inhibited 18.8%

and 21.9% SOD-like activity at concentrations of 10 (1.42 μg/mL) and 50 μmol/L (7.11 μg/mL), respectively. Kojic acid did not show inhibitory effects on melanin production at 10 (1.42 μg/mL) and 100 μmol/L (14.2 μg/mL) in cultured "melan-a" cells.

Kojic acid was a positive control in a study of the inhibitory effects of oxyresveratrol and hydroxystilbene compounds on mushroom and murine melanoma B-16 tyrosinase.[41] At 100 μmol/L (14.2 μg/mL), kojic acid had a 76.7% ± 1.1% inhibitory effect on mushroom tyrosinase and a 43.0% ± 2.5% inhibitory effect on murine tyrosinase. The IC_{50} values of kojic acid were 40.1 μmol/L (5.83 μg/mL) and >100 μmol/L (14.2 μg/mL) for mushroom and murine tyrosinases, respectively. Mushroom tyrosinase inhibitory effects were dose-dependent. Kojic acid was a competitive inhibitor of mushroom tyrosinase in the kinetic portion of the study. In comparison, the IC_{50} values of oxyresveratrol were 1.2 μmol/L (0.29 μg/mL) in mushroom tyrosinase and 52.7 μmol/L (12.9 μg/mL) in murine tyrosinase. The percentage inhibition for 100 μmol/L (24.4 μg/mL) of this compound was 97.3% ± 1.6% in mushroom tyrosinase and 63.3% ± 2.3% in murine tyrosinase.

Additional studies where kojic acid had been used as a positive control in mushroom tyrosinase inhibition studies have been identified.[42-45]

Animal Toxicity

Acute Oral Toxicity

Kynoch and Lloyd[46] reported the effects of acute doses of kojic acid in fasted CFLP mice. The mice were divided into groups of 2 males and 2 females and received 1, 4, or 16 g/kg kojic acid in a 40% w/v suspension with 0.5% methylcellulose by oral intubation. Dose volumes ranged from 10 to 40 mL/kg body weight. The control group received 40 mL/kg of the vehicle alone. Clinical signs of toxicity and mortalities were recorded during the 14-day observation period. Mice that died during the observation period and those that survived through day 14 were necropsied. Preliminary findings indicated the LD_{50} to be between 4 and 16 g/kg body weight. In order to pinpoint a more precise LD_{50}, dosing was extended to groups of 5 male and 5 female mice. The groups received 4, 6.4, 10, or 16 g/kg kojic acid.

Clinical signs observed shortly after dosing included lethargy, piloerection, hunched posture, ataxia, and depressed respiratory rate. Mice treated with 6.4 g/kg body weight also were observed gasping. One male and 2 females in the 4 g/kg, 4 males, and 3 females in the 6.4 g/kg, and all the males and females in the 10 and 16 g/kg dose groups died within 1 to 3 hours of dosing. Necropsy of these animals revealed congestion of the lungs and pallor of the liver, kidneys, and spleen. Survivors completely recovered by day 4. Body weight gains in females of the 4 g/kg dose group were slightly decreased during the first week of observation but were comparable to controls by the second week. No abnormalities were observed in the surviving mice at necropsy. No clinical signs or deaths were observed in the control group. The authors calculated the LD_{50} of kojic acid in mice to be 5.1 g/kg body weight (95% confidence limits = 3.9-6.7 g/kg body weight).[46]

A similar acute oral study of kojic acid was performed by Kynoch and Lloyd[47] using fasted CFY rats. The preliminary LD_{50} was determined to be between 1 and 4 g/kg body weight. To more precisely determine the LD_{50}, the dose groups were expanded to 5 males and 5 females and received 1, 1.6, 2.5, or 4 g/kg body weight kojic acid in a 40% w/v suspension of 1.0% methylcellulose via oral intubation.

Lethargy, piloerection, ataxia, depressed respiratory rate, and loss of righting reflex were observed shortly after treatment. Rats treated with doses above 1 g/kg also had increased salivation and body tremors. Increased lacrimation and diuresis were observed in the 1.6 g/kg dose group and convulsions prior to death were observed in the 2.5 and 4 g/kg dose groups. Two males and 1 female in the 1.6 g/kg dose group and all of the males and females in the 2.5 and 4 g/kg dose groups died within 3 to 67 hours after dosing. Necropsy of these rats revealed congestion in the lungs with no specific cause of death evident. Opacity of the right eye was observed in 1 female in the 4 g/kg dose group. Recovery of the survivors was complete within 7 days. Body weight increases were slightly decreased in the 1.6 g/kg dose group for the first week of observation but were comparable to controls by the second week. No abnormalities were observed in the surviving rats at necropsy. No clinical signs or deaths were observed in the control group. The authors calculated the LD_{50} of kojic acid in rats to be 1.8 g/kg body weight (95% confidence limits = 1.5-2.0 g/kg body weight).

The acute oral toxicity of kojic acid was evaluated by Manciaux[48] in 6-week-old Wistar rats. The test material, prepared in 0.5% methylcellulose, was administered at a dose of 2000 mg/kg (volume 10 mL/kg) by gavage to a group of 5 male and 5 female fasted rats. Another group of 5 males and 5 females received the vehicle alone. Clinical signs, mortality, and body weight gain were checked for 14 days following the single administration. At the end of the observation period, the animals were necropsied.

All animals in the treatment group were observed with sedation or hypoactivity, dyspnea, and lateral recumbency on day 1. One female rat was found dead 6 hours after treatment. The remaining animals fully recovered on day 2. No clinical signs or deaths were observed in the control group. Body weight gain in the surviving rats was similar to the control group. No abnormalities were observed at necropsy. It was concluded that the oral LD_{50} of kojic acid was greater than 2 g/kg in rats.[48]

Acute Subcutaneous Toxicity

The effects of acute subcutaneous doses of kojic acid in CFLP mice were studied.[49] Preliminary findings indicated the LD_{50} to be between 4 and 16 g/kg body weight. In order to pinpoint a more precise LD_{50}, dosing was extended to groups of 5 male and 5 female mice. The groups received 0, 1.6, 2.5, 4, 6.4, 10, or 16 g/kg kojic acid as a 40% w/v suspension with 0.5%

methylcellulose by injection. Clinical signs of toxicity and mortalities were recorded during a 14-day observation period.

Hemorrhage at the injection site was observed immediately after dosing in all mice receiving kojic acid. Clinical signs observed shortly after dosing included lethargy, piloerection, depressed respiratory rate, gasping, abnormal body carriage (hunched posture), and ataxia. Mice treated with 2.5 g/kg body weight also had coarse body tremors. In male mice, none from the 1.6 g/kg dose group, 3 from the 4 g/kg dose groups, and all in the remaining dose groups died. In female mice, 2 from the 1.6 g/kg dose group, 3 from the 2.5 dose groups, 4 in the 4, 6.4, and 10 g/kg dose groups, and all in the 16 g/kg dose groups died. Death occurred within 1 to 4 h after dosing. Necropsy of these animals revealed the presence of dose material in subcutaneous tissues near the injection site, pulmonary hemorrhage, and pallor of the liver. Opacities in the eyes were observed in 1 mouse each of the 1.6 g/kg and 10 g/kg dose groups. Survivors completely recovered by day 4. No abnormalities were observed in the surviving mice at necropsy. No clinical signs or deaths were observed in the control group. The authors calculated the LD_{50} of kojic acid in mice to be 2.7 g/kg body weight (95% confidence limits = 1.9-3.9 g/kg body weight.[49]

A similar acute subcutaneous study of kojic acid was done using CFY rats.[50] The preliminary LD_{50} was determined to be between 4 and 16 g/kg body weight. To more precisely determine the LD_{50}, the dose groups were expanded to 5 males and 5 females and received 1, 1.6, 2.5, 4, 6.4, or 10 g/kg body weight kojic acid in a 40% w/v suspension of 1.0% methylcellulose via injection.

Lethargy, piloerection, abnormal body carriage (hunched posture), diuresis, and depressed respiratory rate were observed shortly after treatment. Ataxia and convulsions accompanied these signs in rats in the 2.5 g/kg dose groups and above. Rats treated with 6.4 g/kg and above also had tremors. A total of 4 males and 3 females in the 2.5 g/kg dose group, 4 males and 4 females in the 4 g/kg dose group, all males and females in the 6.4 g/kg dose group, and all males and 3 females in the 10 g/kg dose group died within 2 to 21 hours after dosing. Necropsy of these rats revealed hemorrhage of the subcutaneous tissue at the injection site, pulmonary hemorrhage, and pallor of the liver. Opacity of one or both eyes was observed in about half of the mortalities. Recovery of the survivors was complete within 6 days. Body weight increases were slightly depressed in surviving males in the 2.5 and 4.0 g/kg dose groups and in the surviving female in the 4.0 g/kg dose group for the first week of observation but were comparable to controls by the second week. No abnormalities were observed in the surviving rats at necropsy. No clinical signs or deaths were observed in the control group.

An additional group of 5 male and 5 female rats were treated subcutaneously with 4 g/kg kojic acid to further investigate the opacities. Lenticular opacities were observed in both eyes of 2 male rats and drying and clouding of the cornea were observed in 5 rats along with swelling of the cornea in 1 male and 1 female rat. This last effect obscured observation of the lens in 2 rats. One male rat died before the reading 2.5 hours after dosing. The authors determined that these opacities were not inconsistent with those of acute reversible lens opacities that have been ascribed to changes in the osmolarity of the aqueous humor. The authors calculated the LD_{50} of kojic acid in rats to be 2.6 g/kg body weight (95% confidence limits = 2.0-3.2 g/kg body weight.[50]

Acute Intraperitoneal Toxicity

The effects of acute intraperitoneal injections of kojic acid in CFLP mice were studied.[7] Preliminary findings indicated the LD_{50} to be between 1 and 4 g/kg body weight. To pinpoint a more precise LD_{50}, dosing was extended to groups of 5 male and 5 female mice. The groups received 0, 1.6, 2.5, 4, 6.4, or 10 g/kg kojic acid in a 40% w/v suspension with 0.5% methylcellulose by injection. Clinical signs of toxicity and mortalities were recorded during a 14-day observation period.

Clinical signs observed shortly after dosing included lethargy, piloerection, depressed respiratory rate, and ataxia. Mice treated with 2.5 g/kg body weight were observed gasping. Three male and 2 female mice from the 1.6 g/kg dose group and all mice in the 4, 6.4, and 10 g/kg dose groups died. Death occurred within 1 to 3 hours after dosing. Necropsy of these animals revealed the pallor of the liver and kidneys, pulmonary hemorrhage, and injection of the blood vessels of the abdominal viscera. Survivors completely recovered within 2 days of dosing. Body weight gains were comparable to controls. No abnormalities were observed in the surviving mice at necropsy. No clinical signs or deaths were observed in the control group. The authors calculated the LD_{50} of kojic acid in mice to be 2.6 g/kg body weight (95% confidence limits = 2.2-3.0 g/kg body weight.[51]

A similar acute intraperitoneal study of kojic acid was done using CFY rats.[52] The preliminary LD_{50} was determined to be between 1 and 4 g/kg body weight. To more precisely determine the LD_{50}, the dose groups were expanded to 5 males and 5 females and received 1, 1.6, 2.5, or 4 g/kg body weight kojic acid in a 40% w/v suspension of 1.0% methylcellulose via intraperitoneal injection.

Lethargy, piloerection, abnormal body carriage (hunched posture), ataxia, and depressed respiratory rate were observed shortly after treatment. Coarse body tremors and convulsions were observed in rats in the 1 g/kg dose group. Rats treated with doses above 1 g/kg also had increased salivation, diuresis, gasping, coarse body tremors, and convulsions prior to death. One female rat in the 1 g/kg dose group had slight paralysis of the hind limbs on day 3 that was still apparent at study termination. No deaths occurred in any of the males or females in the 1 or 1.6 g/kg dose groups. All of the males and 3 females each in the 2.5 and 4.0 g/kg dose group died between 1 and 19 hours post dosing. Necropsy of these rats revealed congestion, pulmonary hemorrhage, pallor of the liver, and injection of the blood vessels of the abnormal viscera. Opacities of one or both eyes were observed in 7 of the 24 mortalities. Recovery of the survivors was complete within 5 days. Body weight

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increases were slightly decreased in the male 1.6 g/kg dose group for the first week of observation but were comparable to controls by the second week. No abnormalities were observed in the surviving rats at necropsy. No clinical signs or deaths were observed in the control group. The authors calculated the LD_{50} of kojic acid in rats to be 2.4 g/kg body weight (95% confidence limits = 2.0-3.0 g/kg body weight.[52]

Acute Dermal Toxicity

The acute dermal toxicity of 100% kojic acid was evaluated in 8-week-old Wistar rats.[53] The test material, in its original powdered form, was applied to clipped skin on a gauze pad (premoistened with 2 mL of purified water) at a dose of 2000 mg/kg to a group of 5 male and 5 female rats. Another group of 5 males and 5 females were patched with just 2 mL of purified water. The patches were applied for 24 hours and any residual test material was removed with a moistened gauze pad. Clinical signs and mortality were observed daily for 14 days, and body weight gains were checked on days 1, 8, and 15. At the end of the observation period, the animals were necropsied.

No deaths or clinical signs or cutaneous reactions were observed during the study in either the test or control animals. Body weight gains were slightly decreased between day 1 and day 8 in 1/5 treated males and 3/5 treated females, when compared to control animals. No abnormalities were observed at necropsy. It was concluded that the dermal LD_{50} of kojic acid is greater than 2000 mg/kg in rats.[53]

Short-Term Oral Toxicity

In a preliminary study for an in vivo genotoxicity study, male mice received oral doses of kojic acid ranging from 0 to 2000 mg/kg for 5 days. The LD_{50} from the preliminary study was calculated to be 1031.2 mg/kg per d kojic acid.[54,55]

Short-Term Dermal Toxicity

The dermal toxicity potential of kojic acid was evaluated in a 4-week study in 104 Wistar Hannover rats.[56] The rats were randomly allocated to 3 treatment groups and 1 control group, which received 100, 300, 1000 mg/kg per d kojic acid, or the vehicle, 0.5% aqueous methyl cellulose solution (w/w), respectively. The high-dose group and the control group consisted of 16 male and 16 female rats each, while the remaining groups consisted of 10 male and 10 female rats each. The extra rats in the high-dose and control groups were kept for a 2-week treatment-free observation period. The rats received the treatment or the control solutions daily to clipped dorsal skin. The animals were checked daily for mortality and clinical signs of toxicity. Body weights and food consumption were measured once a week. Complete hematology and blood chemistry investigations and urinalysis were performed at the end of the treatment period in the first 10 males and females of the high-dose and control groups and in all of the remaining animals in the other treatment groups. White blood cell and lymphocyte counts were made in the reserved 6 males and 6 females of the high-dose and control groups. All animals were killed at the end of the treatment and treatment-free periods. Select organs were weighed and a complete gross examination was performed in all animals. Microscopic examinations were performed on select tissues from the high-dose and control groups.

No deaths occurred and no relevant clinical signs were observed during the treatment or treatment-free periods. Body weight gains and food consumption were comparable to the control group. Decreased lymphocyte counts were observed at the end of the treatment period in both males and females in the 300 and 1000 mg/kg per d dose groups. This effect had partially reversed at the end of the treatment-free period in males of the high-dose group. No treatment-related changes were observed in blood chemistry parameters or urinalysis. At necropsy, decreased absolute and relative spleen weights were observed in the high-dose females, but there were no treatment-related findings during the gross or microscopic examinations in any dose group. The study concluded that the no observable effect level (NOEL) was 100 mg/kg per d, although the author noted that observed changes in lymphocytes and white blood cell counts in the higher dose groups were minimal to mild in severity and the toxicological significance of this finding was uncertain.[56]

Subchronic Oral Toxicity. In a subchronic study,[8] male SD strain rats received daily oral (by stomach tube) doses of 0, 0.25, 0.5, 1.0, 2.0, or 3.0 g/kg kojic acid suspended in 1.0% carboxymethylcellulose for 13 weeks. The dose groups included 20 rats each. The administration period was followed by a 4-week recovery period. During treatment, the rats were weighed and observed for clinical signs of toxicity and mortality daily. Feed and water intake were measured weekly. Rats from each group were killed at 4, 13, and 17 weeks (5, 10, and 5 rats at each time period, respectively) for necropsy, hematological and serobiochemical examinations, and urinalysis. Animals with lowest weight gain in each treated group (except control) were selected for removal at each time point. In dose groups where the mortality exceeded the number of animals scheduled for termination, no animals were removed.

Rats that received 0.5 g/kg or more of kojic acid had dysbasia 20 to 30 minutes after treatment and developed a strong sedation followed by sleep. Animals in the 1.0, 2.0, and 3.0 g/kg dose groups during treatment bled from the eyes, and exhibited ablepsy, exophthalmos, hematuria, epistaxis, and vomiting. All animals in the 3.0 g/kg dose group died by week 3, while 11 animals in the 2.0 g/kg, 1 animal in the 1.0 g/kg, and 2 animals in the 0.5 g/kg died during the course of the study period. No clinical signs of toxicity or mortalities were observed in the 0.25 g/kg or control groups. Body weight gains were significantly decreased in the 0.5, 1.0, and 2.0 g/kg dose groups during treatment but became comparable to controls during the recovery period. No significant changes in feed or water intake were observed when compared to the control group. No significant changes were observed with regard to hematology or urinalysis in any treatment group when

compared to controls. When compared to control serum chemistry values, serum glutamic-oxaloacetic transaminase (SGOT) enzyme activity was increased in the 1.0 and 2.0 g/kg dose groups and glutamate and calcium levels were decreased in the 2.0 g/kg dose group. Necropsies of animals that died during the course of the study found pulmonary hemorrhage, congestion of the stomach and intestine, adrenal gland hypertrophy, ocular hemorrhage and opacity, and evidence of vomiting and clonic or tonic spasm. Pyoid substance was noted in the lung with partial sclerosis of pulmonary tissue in the rats from the 2.0 and 3.0 g/kg dose group. Necropsy at scheduled termination showed similar findings in a dose-dependent manner. At 13-week necropsy, weights of liver, kidneys, and testes increased in the 1.0 and 2.0 g/kg dose groups and the adrenal gland weights were increased in the 2.0 g/kg dose group. At 17-week necropsy, increases in testicular and thymic weights were noted in the higher dose groups. The observations of normalization during the recovery period suggested to the researchers that kojic acid and its metabolites were rapidly excreted and that toxicity occurred in a dose-dependent manner.[8]

In a 26-week toxicity study,[57] male SD strain rats received daily oral gavage doses of 0, 125, 250, 500, or 1000 mg/kg kojic acid in 1% carboxymethylcellulose. The dose groups consisted of 20 rats each except for the 125 mg/kg dose group. In each group that contained 20 rats, 10 rats were used for a 5-week recovery test following the treatment phase. Clinical signs of toxicity and mortality were observed daily and body weight, feed consumption, and water intake were measured twice a week for the first 13 weeks and then once a week for the remainder of the treatment phase. Urinalysis and hematology and biochemistry tests were performed prior to necropsy at study end. Tissues and organs were examined and weighed at necropsy.

No deaths were observed in any group. Rats in the 250 mg/kg dose group showed excitation followed by sedation, and some rats in the 500 mg/kg and 1000 mg/kg had these clinical signs accompanied by transient exophthalmos and salivation that disappeared 2 to 3 hours after the dosing. Rats that received 250 mg/kg or more of kojic acid had significant suppression of body weight gain when compared to the control group. Body weight gains seemed to recover during the 5-week nontreatment phase. Decreases in urine volume were observed in the 500 and 1000 mg/kg dose groups, with a decrease in the urinary pH also occurring in the 1000 mg/kg dose group. The 1000 mg/kg dose group also had a slight decrease in erythrocyte counts and decrease of hematocrit value and hemoglobin concentration. Increases of SGOT and glutamic-pyruvic transaminase (GPT) activities were observed in dose groups receiving 250, 500, and 1000 mg/kg. The 500 and 1000 mg/kg dose groups had increased alkaline phosphatase (ALP) activity, and slight increases in total cholesterol, bilirubin, and calcium were observed in the 1000 mg/kg dose group. During the nontreatment phase, the changes in urinalysis, hematology, and biochemistry were not observed. At necropsy, the absolute and relative weights of the adrenal glands were increased in the dose groups receiving 500 and 1000 mg/kg kojic acid; however, the absolute weights of the adrenal glands in the recovery groups were almost the same as that for the control group. In the 1000 mg/kg dose group, 2 rats had vacuolation of anterior cells of the pituitary gland, but the researchers of this study could not be certain this effect was treatment-related. No other treatment-related effects in the tissues were observed. It was concluded that the NOEL of kojic acid in this experiment was 125 mg/kg per d.[57]

Chronic Toxicity

Studies of chronic exposures have been summarized in the Carcinogenicity section of this safety assessment.

Ocular and Dermal Irritation

A 3% aqueous solution of kojic acid was tested for ocular irritation potential in rabbits (strain not reported).[58] In a preliminary study, 0.05 mL of the kojic acid solution was instilled in the right eye of 3 rabbits. The eyes were not rinsed. The rabbit eyes were observed at 1, 3, 6, and 48 hours posttreatment. No changes were observed. For the main study, the left eye of 5 rabbits was instilled with 0.05 mL of the kojic acid solution and not rinsed. The eyes were examined at 0.5, 1, 6, 24, 48, and 72 hours and 1 week posttreatment. Slight redness was observed only in 1 rabbit 0.5 hours after treatment. No other effects were observed. To determine the accuracy of this study, another laboratory performed a similar test in 4 Angola rabbits using the same sample of kojic acid.[59] Mild transient hyperemia was observed in 2 of the rabbits. No other effects were observed. A positive control, 3% Thesit Desitin in distilled water, yielded a 24-hour integrated edema value of 19, which was within the normal response range (15-30). A supplemental study of the 3% kojic acid solution in 1 eye of 9 Angola rabbits found no specific response and/or inflammatory response up to 72 hours.[59]

In a dermal irritation study,[60] 0.5 g of kojic acid was mixed with 0.5 mL distilled water and applied to clipped, abraded, and intact skin of 6 albino rabbits with gauze patches. The patches were removed after 24 hours and the skin was evaluated for reactions for a period of 72 hours. None of the animals had any observable skin responses. The primary irritation index (PII) was calculated to be 0 and kojic acid was not considered an irritant to rabbit skin.

Kojic acid at 1% and 3% was evaluated for primary skin irritation in a total of 12 male Japan white rabbits.[61] A solution of 10% sodium lauryl sulfate (SLS) was used as a positive control. The cream base at 0.25 g, the 1% or 3% kojic acid cream, or 0.1 mL of SLS were applied to clipped, abraded, and intact skin (patch sites were 2 cm^2 each). The patches were open. After 4 hours, the sites were wiped with warm water and assessed for reactions after 4, 28, 48, and 72 hours. Erythema was observed 2 to 4 hours after application of both 1% and 3% kojic acid. A score of 1 to 2 was apparent on almost all animals after 24 hours. Erythema gradually faded after 48 hours, with a few sites exhibiting local and very slight erythema after 72 hours.

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No significant difference was observed between abraded and intact skin. No eschar formation or edema was observed in the cream base or kojic acid patches. The PII were 0.78, 0.93, 0.85, and 3.70 for the cream base, 1% kojic acid, 3% kojic acid, and SLS, respectively. In this study, 1% and 3% kojic acid was a mild skin irritant with a PII of no more than 1.

Dermal Sensitization

The potential of kojic acid to induce delayed contact hypersensitivity was evaluated in albino Dunkin-Hartley guinea pigs.[62] The control group and the treatment group consisted of 5 males and 5 females and 10 males and 10 females, respectively. The animals of the treatment group received 3 topical applications (0.5 mL) of 30% kojic acid (w/w) in corn oil on the shaved anterior flank on days 1, 8, and 15 of a 2-week induction phase. The application sites were occluded for 6 hours after each treatment. The animals in the control group received the 0.5 mL corn oil vehicle alone on application sites, which were also occluded. Following a 14-day rest period both groups of animals received a topical application of 30% kojic acid (w/w) in corn oil to the posterior right flank. The left flank was treated with only the corn oil and served as a negative control. Both application sites were occluded for 6 hours. The skin was evaluated for reactions 24 and 48 hours after patch removal. The animals were killed at the end of the study for skin sampling of the challenge application sites in all control animals and in animals that had cutaneous reactions in the treated group.

No clinical signs or deaths were observed during the study. In the induction phase, very slight or well-defined skin reactions were observed in a few of the animals that received kojic acid. Following the challenge phase, no cutaneous reactions were observed in the control group, while very slight erythema occurred in 1 animal and well-defined erythema was observed in another animal in the treatment group at the 24- and 48-hour readings. The latter animal had slight edema at the 48-hour observation. It was concluded that kojic acid should not be classified as sensitizing to the skin.[62]

Dermal Depigmentation

The depigmenting effects of kojic acid along with 5 other substances, including phenylhydroquinone and hydroquinone, were studied in a black guinea pig study.[63] Kojic acid at 0.1 mL was applied at concentrations of 1% and 4% (w/v) in a 1:4 mixture of dimethyl sulfoxide (DMSO) and ethanol to the shaved dorsal area (4 × 4 cm or 4 × 3 cm) of 4 JY-4 black guinea pigs. The vehicle alone was also tested. The test substance was applied once a day, 6 days a week, for 5 successive weeks. After the application period had ended, the animals were killed and skin samples were prepared for examination. The depigmentation action was evaluated by macroscopic observation and spectrophotometric colorimetry. Optical and electron microscopy of epidermal melanocytes were also performed for morphological examination. The mechanism for which skin whitening occurs was also investigated by measuring oxygen consumption and the relation of free radicals to melanin synthesizing enzyme tyrosinase.

The skin whitening action of kojic acid was very weak when compared to phenylhydroquinone: the results of the macroscopic evaluation of phenylhydroquinone at 1% and 4% were "+" and "++," respectively, while these results were "−" and "+ ∼ ±" in 1% and 4% kojic acid, respectively. The 4% kojic acid test group, however, showed no statistically significant difference from the vehicle group in the colorimetric value. A white substance that was thought to be crystals of the applied kojic acid may have been causing the whitening rather than an actual depigmenting action. With repeated application, the white substance on the skin surface of the 4% kojic acid group turned light brown. There was no difference in the melanocyte count nor were there any morphological differences between the kojic acid groups and the vehicle group. The number of melanocytes in the 1% and 4% kojic acid groups was comparable to the vehicle group. Kojic acid did not show oxygen consumption and free radical production, which indicated melanocytes were not damaged. The authors concluded that kojic acid showed almost no depigmenting action in black guinea pigs.[63]

Phototoxicity

The effect of UV light on skin treated with kojic acid was evaluated using 10 albino Dunkin-Hartley guinea pigs.[64] Kojic acid (5% w/v; pH not reported) in absolute alcohol (0.5 mL) were applied on 2 sites on clipped dorsal thoracic skin. One site was occluded while the other site was left unoccluded. The guinea pigs were irradiated with UV light (from 5 18 inch long Blacklite tubes of 15 W each; wavelengths not reported) at a distance of 6 inches from the dorsal skin for 30 minutes. After the UV exposure, the patch was removed and both sites were assessed for erythema and edema. The procedure was repeated daily for 5 consecutive days and the skin was assessed prior to each reexposure. On days 3, 4, and 5, the unoccluded site was cleaned with absolute alcohol after the UV exposure to remove a residual brown stain. On these days, the sites were scored 30 minutes after cleaning. No dermal reactions were observed at any of the occluded sites. Slight erythema was observed in 3 guinea pigs on isolated occasions on days 1, 2, and 3. An additional guinea pig developed erythema on day 3 that persisted to day 4. No reactions were observed in the remaining animals. It was concluded that kojic acid may produce slight skin reactions after UV irradiation in guinea pigs.

The photohypersensitization potential of 5% w/v kojic acid in absolute alcohol was studied in albino guinea pigs.[65] The test material (0.2 mL) was applied to the shaved dorsal neck region of 10 animals daily for 5 consecutive days. A control site on the mid-dorsal region was treated daily with 0.2 mL absolute alcohol. After each induction exposure, the animals were irradiated with UV light (from 5 18 inch long Blacklite tubes of 15 W each; peak wavelength ∼350 nm) held 12 inches away from the skin for 15 minutes and observed for the presence of erythema. After a 10-day rest period, a challenge application

of 1% w/v kojic acid in absolute alcohol was made to the induction sites on the neck region. The mid-dorsal region was again treated with absolute alcohol. The sites were exposed to UV irradiation for 15 minutes and then observed for the presence of erythema at 0, 24, 48, and 72 hours.

No dermal reactions were observed during the first and second induction exposures. Slight erythema was observed in 8 of the 10 animals at the third, fourth, or fifth induction exposures. No other dermal reactions were observed in any of the control animals during induction. During the challenge, no dermal reactions were observed in the test or control animals. The study concluded that kojic acid did not induce delayed contact photohypersensitization.[65]

The phototoxicity of 1% and 3% kojic acid in cream was evaluated in 3 groups of 10 male Hartley albino guinea pigs.[66] The positive control in this study was 10% anthracene ointment with white petrolatum. The groups of animals received either 0.25 g of 1% kojic acid cream: distilled water (1:5), 0.25 g of 3% kojic acid cream: distilled water (1:5), or the positive control on the right shaved dorsal thoracic region on patch sites 2 cm^2. The left dorsal regions of all animals served as vehicle controls. Half of the sites were irradiated with an irradiation device comprising 10 Blacklite lamps at a distance of 10 cm from the skin surface for 38 minutes. To keep the light to no more than 320 nm, a 3-mm thick glass filter was placed between the lamps and the animals. Nonirradiated sites were covered with a filter, aluminum foil, and tape. The irradiation treatments were repeated daily for 5 consecutive days. Reactions were evaluated 24 hours after irradiation. No dermal reactions were observed following irradiation in the 1% or 3% kojic acid groups. The positive controls yielded the expected results. It was concluded that kojic acid was not phototoxic.

Reproductive and Developmental Effects

The effect of kojic acid on fertility and pregnancy in CRL:COBS CD(SD)BR rats was studied.[67] Doses of 0, 25, 150, and 900 mg/kg per d were orally administered in methyl cellulose vehicle to groups of 20 rats of each gender. Male rats at least 6 weeks in age were treated daily for 9 weeks prior to mating and through mating in order for the effects of kojic acid on spermatogenesis to be observed. Sexually mature females were treated daily for 2 weeks prior to mating and through day 7 of gestation and were killed on day 20 of gestation.

The 900 mg/kg per d dose group had a transient increase in activity followed by lethargy accompanied by prone posture, lacrimation, dyspnea, unsteadiness, and catalepsy. This group also exhibited slight aggressiveness, increased salivation, and brown discoloration of saliva, urine, and coats. The 150 mg/kg per d dose group had slightly increased activity and salivation. One death in a 25 mg/kg per d dose group female was unrelated to treatment. No treatment-related effects were observed in the 25 mg/kg per d dose group. Body weight gains of both genders in the 900 mg/kg per d dose group were decreased and feed consumption of males at week 9 was significantly decreased. No body weight changes or feed and water consumption effects were observed in the 25 and 150 mg/kg per d dose groups.

Slight delayed mating was observed in the 900 mg/kg per d dose group and lower values of mean litter size and number of implantations per litter were observed in this group when compared to the control group. No other mating performance or pregnancy rate effects were observed in the other treatment groups. There were nonsignificant differences in respect to lower corpora lutea count and higher preimplantation loss in the 900 mg/kg per d dose group, which resulted in nonsignificant lower values for litter weights. No treatment-related effects were observed in any treatment group with regard to postimplantation loss, mean fetal weight, or embryonic or fetal development.[67]

In another study, pregnant New Zealand white rabbits received 0, 20, 100, or 500 mg/kg per d kojic acid in 1% methylcellulose through gavage on days 6 through 18 of gestation.[68] There were 13 rabbits in each dose group. The animals were observed daily for clinical signs of toxicity and mortality, and body weights were recorded. All animals were killed on day 29 of gestation, and litter parameters were measured and fetuses were examined for abnormalities.

The rabbits in the 500 mg/kg dose group had marginally lower body weight gains throughout treatment. Post-dosing reactions from day 12 of gestation included mydriasis, lethargy, and tachypnea. No effects on body weights were observed in the remaining dose groups when compared to control values. A sporadic occurrence of post-dosing reactions was observed in the 20 and 100 mg/kg dose groups but was not considered significant. No treatment-related effects on litter size, postimplantation loss, litter and mean fetal weights, or embryonic and fetal development were observed.[68]

The effect of oral administration of kojic acid on reproduction and development was studied on pregnant ddy-SLC mice.[69] Groups of 35 mice received 0, 25, 150, or 900 mg/kg per d kojic acid in 1% methylcellulose by gavage on days 6 through 15 of gestation. Clinical signs of toxicity and mortality were observed daily. On day 18 of gestation, 2/3 of the mice underwent Cesarean section to observe toxicity and teratogenicity in the fetuses. The remaining mice were allowed to deliver their litters naturally. From these litters, 4 male and female newborn mice per litter were chosen on day 4 after birth and 2 male and female pups per litter were chosen at weaning to observe growth and reproduction ability. The remaining weanlings underwent skeletal examination.

The maternal mice in the 900 mg/kg dose group exhibited mild calmness and ataxia, and in some cases, coma and dyspnea. In this dose group, there were no treatment-related body weight changes, feed consumption, water intake, course of gestation, or findings in delivery or lactation. Body weight gains in the 25 mg/kg maternal mice were significantly greater than the control values. An increase in body weight gain was also observed in the 150 mg/kg group, but it was not significant. No abnormal effects were observed in the 25 and 150 mg/kg maternal mice, but dams in the 900 mg/kg dose group had decreased heart weights compared to the controls.

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No significant effects of treatment were noted in the 25 and 150 mg/kg dose groups, including numbers of corpus luteum verum, implantations, living fetuses, resorbed and dead embryos, survival rate, body weight, weight of placenta, or gender ratio. A slight but significant decrease in body weights of male fetuses in the 900 mg/kg dose group was observed. Male and female fetuses of this dose group also had slight but significant retardation of ossification. A significant dose-dependent decrease in the number of fetuses with ossified calcaneus was observed in the 150 and 900 mg/kg dose group fetuses. Hypoplasia of the lung and heart was observed in 5.1%, 4.8%, and 7.6% of the 25, 150, and 900 mg/kg dose group fetuses. A slight increase in body weights was observed at birth in the 25 mg/kg dose group pups. Pups in the 900 mg/kg dose group had significantly increased kidney weights at 3 weeks of age. No other effects were observed in the fetuses or weanlings in any dose group. F_1 dams from the 900 mg/kg dose group had significantly decreased heart weights on day 18 of gestation while 13-week males of the 25 and 900 mg/kg dose groups had decreased adrenal and prostate glands, respectively. No other abnormalities were observed in the reproduction of the F_1 mice or in the development of the F_2 fetuses. The no observable adverse effect level (NOAEL) for maternal toxicity and embryotoxicity in this study was 150 mg/kg per d.[69]

The effect of kojic acid was investigated on pregnant Slc:ddy mice and F_1 offspring.[70] The pregnant mice received once daily oral doses of 0, 30, 160, and 800 mg/kg on days 15 of gestation to day 21 postpartum. All dams were allowed spontaneous delivery of the pups and the second generation of mice were subjected to postnatal observations, with litter size adjusted to 4 males and 4 females per litter analyzed on day 4 postpartum and 2 males and 2 females per litter analyzed at weaning for growth and reproductive ability. The remaining weanlings were subjected to skeletal examination.

Dams in the 800 mg/kg per d dose group showed signs of calmness and ventral posture from days 15 of gestation to weaning. A significant decrease in feed consumption and water intake at the terminal stage of gestation accompanied by a significant decrease in body weight also were observed with this dose group. A significant decrease in body weights was also noted during the lactation period in the 800 mg/kg dose group, although no abnormalities were observed in lactation behavior. Gestation duration was significantly prolonged in this dose group. Significant decreases in the absolute and relative organ weights were observed in the kidney of the 160 mg/kg dose group, the thymus, and the spleen (absolute only) of the 800 mg/kg dose group, and the liver of both the 160 and 800 mg/kg dose groups. No significant adverse effects were noted in the dams in the 30 mg/kg dose group.

The number of live female pups at birth and total number of live pups were significantly decreased in the 800 mg/kg dose group when compared to the control values. One dam in this dose group had an entire stillborn litter. No other abnormal litter parameters, including numbers of implantations, total newborns, perinatal mortality, live male pups, gender ratio, or body weights of pups were observed at any dose level. There were no treatment-related effects on skeletal formation or motor responses in the F_1 mice. A significant decrease in body weight gain was observed in female weanlings of the 800 mg/kg dose group. Three-week-old F_1 mice had decreased relative organ weights in the liver (160 and 800 mg/kg dose groups), the brain, the kidney, and the adrenals (160 mg/kg dose group), and the testis (30 mg/kg dose group). Vaginal opening was delayed in the 30 and 160 mg/kg dose groups, and incisor eruption was retarded significantly and dose-dependently in the 160 and 800 mg/kg dose groups. No other developmental or reproductive abnormalities were observed in the F_1 mice and no changes were noted in the F_2 offspring. This study concluded that kojic acid was not teratogenic or a reproductive toxicant in the F_2 mice.[70]

The effect of oral administration of kojic acid, as well as 2 mycotoxins, on pregnant albino rats was studied.[71] The rats were divided into 4 groups, with 1 group of 7 receiving the vehicle (0.1 mL propylene glycol) and 1 group of 8 receiving 50 μg/d kojic acid dissolved in glycol on days 1 to 5 post coitum. The remaining 2 groups received either aflatoxin B_1 or patulin. The rats were laparotomized on day 8 of pregnancy to examine corpora lutea and implantation sites. Litter sizes were recorded at term as well as teratogenic defects, death of young, and behavior of the dams.

The rats that were given kojic acid had significant decreases in implantation sites and loss of viability 2 to 3 days after littering, when compared to the control group. A significant decrease in litter size was also observed in the females given kojic acid. No teratogenic effects were observed in any treatment groups; however, mortality of litter was significant in the kojic acid group. Mothers of these litters had cannibalistic behavior 2 days after delivery. In the kojic acid group, 1 rat died before litter delivery, and 2 other rats had acute nasal and mouth infections. Significant decreases in the number of implantations occurred, but no decline in the number of corpora lutea were observed. The authors concluded that kojic acid causes an anti-implantation effect, an abortifacient effect, and litter death in albino rats, which is mainly due to maternal toxicity.[71]

The potential of kojic acid to cause toxic effects on fertility and cannibalistic behavior was evaluated in another study of mycotoxins.[72] Eight male Sprague Dawley rats with proven fertility received oral doses of 50 μg/d kojic acid in propylene glycol for 21 days. A control group of 7 rats received propylene glycol alone for the same time period. Fertility performance was studied during days 16 through 21 of treatment when each male was caged separately with 2 females of proven fertility. In rats with confirmed pregnancies, a laparotomy was performed on day 8 of gestation to examine and record the number of corpora lutea and implantation sites in addition to litter size, teratogenic effects, and number of live and dead fetuses. The dams were observed for changes in behavior. The male rats were killed on day 22 and were necropsied. The fructose content in the coagulating gland and acid phosphatase activity in the ventral prostate was examined. Spermatozoa were collected from the caput, corpus, and cauda epididymis, and vas deferens and studied microscopically, and their number, morphology, and mortality were recorded.

Body weights were significantly decreased in males exposed to kojic acid and in females with which they were mated. Weights of the testis and epididymis in the males were also significantly decreased when compared to the control group. There were no treatment-related effects on the fructose content of the coagulating gland, acid phosphatase activity, or on spermatogenesis or sperm parameters. Of the 8 males treated with kojic acid, 6 bred successfully with a total of 8 females, as compared to 6 of the 7 control males. Implantations and litter sizes were significantly decreased in the treated group. Also noted was a loss of viability among the litter on the second or third day after delivery. Dams mated to males treated with kojic acid started to eat their litter 2 days after delivery; this was thought to be due to a disturbance in the chemical interaction of the mothers with the litters as there was no nutritional deficiency observed in the control group. The authors concluded that kojic acid caused anti-implantation and cannibalistic effects in females mated with treated males and decreased litter viability.[72]

The potential of kojic acid to cause toxic effects on embryonic and fetal development was studied in mated female Wistar Han rats.[73] Three groups of 6 female rats (10 weeks old) received kojic acid at doses of 100, 300, or 1000 mg/kg per d via oral gavage on days 6 through 17 of pregnancy. An additional group of 6 mated females received the 0.5% methylcellulose vehicle alone as the control. Clinical signs of toxicity, including evidence of abortion/resorption and mortality, were checked daily. Feed consumption and body weight gain were recorded on days 2, 6, 9, 12, 15, 18, and 20 post coitum. The rats were killed on day 20 of pregnancy and fetuses were removed. The dams were examined macroscopically and number of corpora lutea, implantation sites, early and late resorptions, and dead and live fetuses were recorded. The fetuses were weighed, sexed, and submitted for external examination.

In the dams, no clinical signs of toxicity, abortions/resorptions, or death were observed at any dose level. Body weight gains in the 300 and 1000 mg/kg dose groups were slightly lower than the control group on the first 3 days of treatment. The body weight gains of the 100 mg/kg dose group were similar to that of the control. Feed consumption in all dose groups was similar to the control group. No abnormal macroscopic findings were observed at any dose level, and there were no treatment-related effects on litter parameters nor external malformations or anomalies in fetuses in any dose group. The study concluded that aside from slight and transient maternal body weight decreases in the 300 and 1000 mg/kg dose groups, kojic acid caused no signs of maternal toxicity or fetal developmental effects in this study.[73]

Genotoxicity

Bacterial Assays

An Ames assay was performed on several 1,2-dicarbonyl compounds, including kojic acid, utilizing *Salmonella typhimurium* strains TA 98 and TA 100.[74] Kojic acid concentrations were 10 to 10 000 μg/plate, with and without S9 metabolic activation. Solvent controls were water or DMSO and positive controls were quercetin, sterigmatocystin, and benzo[α]pyrene. A dose-dependent increase in revertant colonies was observed in strain TA 100, but not in TA 98, with or without S9. The authors concluded that kojic acid was mutagenic in TA 100.

The mutagenic potential of kojic acid was studied in an Ames test using *S typhimurium* strains TA 98, TA 100, TA 1535, and TA 1537, with and without S9 metabolic activation.[54,75] The test concentrations were 500, 1000, 2000, or 4000 μg/plate. The positive controls were *N*-ethyl-N'-nitro-*N*-nitroguanidine (ENNG), furylfuramide (AF2), 9-aminoacridine, and 2-aminoanthracene. In the presence and absence of S9, dose-dependent increases in the number of mutant colonies were observed at doses of 1000 or 2000 μg/plate and above in all but the TA 1537 strain. The positive controls yielded expected results. Kojic acid was found to be a weak mutagen in this Ames test.

The mutagenic potential of kojic acid was studied in an Ames assay using *S typhimurium* strains TA 98 and TA 100, with and without S9, at concentrations ranging from 100 to 6000 μg/plate.[76] The negative control was the solvent, distilled water, and the positive controls were 2-aminofluorene (both strains with S9), methylmethane sulfonate (TA 100 without S9), and 2-nitrofluorene (TA 98 without S9). In TA 98, kojic acid was toxic at 1000 μg/plate and above without S9 and mutagenic at concentrations of 100 μg/plate and above without S9 and at 2000 μg/plate and above with S9. Mutagenicity was observed in the TA 100 at concentrations of 1000 μg/plate and above without S9 and at 2000 μg/plate and above with S9. Kojic acid was mutagenic in TA 98 and TA 100 in this Ames assay.

The mutagenicity of kojic acid was studied in *S typhimurium* strain TA 100, with and without S9.[77] To rule out the possibility that mutagenicity observed in earlier studies was due to contaminants in kojic acid samples, the researchers purified 3 samples of kojic acid (reagent, food additive, and cosmetic lots) by high-performance liquid chromatography (HPLC) and tested the resulting fractions. In the mutation assay, kojic acid was tested at 500, 1000, and 1500 μg/plate. Positive controls were 4-nitroquinoline 1-oxide (without S9) and benzo[α]pyrene (with S9) and these yielded expected results. The 3 samples of kojic acid were found to have similar mutagenic activities, before and after separation by HPLC and with and without S9, in a linear dose-dependent manner.

The mutagenicity of kojic acid was studied in an Ames test using *S typhimurium* strains TA 98, TA 100, TA 102, TA 1535, and TA 1537, with and without S9.[78] Doses of kojic acid per plate ranged from 0 to 5000 μg (diluted in distilled water). The positive controls for assays with S9 were 2-anthramine (for TA 98, TA 100, TA 1535, and TA 1537) and benzo[α]pyrene (for TA 102), and the positive controls for assays without S9 were sodium azide (for TA 100 and TA 1535), 9-aminoacridine (for TA 1537), 2-nitrofluorene (for TA 98), and mitomycin C (for TA 102). The positive controls yielded expected results. Kojic acid induced mutagenic activity in all 5 *Salmonella* strains, with and without metabolic activation.

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The potential of kojic acid to induce gene mutation was studied in *S typhimurium* strains TA 98, TA 100, TA 1535, and TA 1537 and in *Escherichia coli* strain WP2 uvrA using the reverse mutation assay.[79] The assay was performed with and without S9 metabolic activation, with the concentrations 0, 33, 100, 333, 1000, 2500, and 5000 μg/plate kojic acid (in DMSO). Positive controls for assays without metabolic activation were sodium azide (in TA 100 and TA 1535), 4-nitro-*o*-phenylenediamine (in TA 98 and TA 1537), and methyl methane sulfonate (in WP2 uvrA). The positive control in assays with metabolic activation was 2-aminoanthracene in all strains and species. In the first experiment, toxicity was observed in TA 1537 at 5000 μg/plate, with and without S9. In both experiments, a dose-dependent increase in revertant colony numbers was observed at higher concentrations in all strains treated with kojic acid, except in TA 1537, with and without S9. Positive controls yielded expected results. It was concluded that kojic acid induced gene mutations (through base pair changes and frame shifts) in *S typhimurium* strains TA 98, TA 100, TA 1535 and *E. coli* strain WP2 uvrA.

In another reverse mutation assay,[80] *S typhimurium* strains TA 98 and TA 100 received kojic acid at either concentrations ranging from 0 to 5000 μg/plate with S9 or 0 to 1000 μg/plate without S9. The solvent, DMSO, proved to be toxic to TA 98 without S9 and was replaced with deionized water. The positive control for both strains with S9, for TA 98 without S9, and for TA 100 without S9 were 2-aminoanthracene, 4-nitro-*o*-phenylenediamine, and sodium azide, respectively. "Erratic toxic effects" were observed in the first experiment; results for treatment with S9 only were reported. In both experiments, toxic effects were observed without S9 at concentrations of 333 μg/plate and greater in TA 98 and at concentrations of 100 μg/plate and greater in TA 100. No significant or reproducible increases in revertant colony numbers were observed in either test strain at any dose level, with or without S9. The positive controls yielded expected results. It was concluded that kojic acid was nonmutagenic to *S typhimurium* strains TA 98 and TA 100 in this assay.

Mammalian Cell Assays

The potential for kojic acid to induce sister chromatid exchanges (SCEs) in Chinese hamster ovary (CHO) cells was studied.[76] The cells were incubated for 2 hours with kojic acid (with and without S9 metabolic activation) at concentrations of 3, 4.5, or 6 mg/mL, washed, and incubated for another 24 hours in fresh medium containing 5-bromodeoxyuridine. Cells were also incubated in the negative control, M-199 culture medium, or the positive controls, methylmethane sulfonate (without S9) and cyclophosphamide (with S9). Colchicine was added for the last 3 hours of culture. Cells were fixed and stained. At least 30 metaphases were scored for each dose per duplicate flask.

Cytotoxicity was tested in M-199 culture medium at concentrations of kojic acid ranging from 1.5 to 12 mg/mL. Kojic acid was cytotoxic at concentrations of 9 mg/mL and above. The TC_{50} (50% toxic concentration) was 10.86 ± 3.86 mg/mL based on loss of cellular proteins.

A dose-related and significant increase in SCE in CHO cells was observed after exposure with kojic acid, with and without metabolic activation. However, binding of kojic acid to constituents of the S9 mix may have resulted in reduction of SCE frequency in the groups that was treated with metabolic activation. The positive controls yielded expected results. It was concluded that kojic acid was genotoxic in this SCE study.

In the same study, the potential of kojic acid to induce chromosomal aberrations in CHO cells was studied.[76] The investigation was similar in methodology as the SCE study above except that the slides were stained with 4% Giemsa and that at least 100 metaphases were scored for each dose. Positive controls in this study were triethylenemelamine (without S9) and cyclophosphamide (with S9). A dose-related and significant increase in the percentage of aberrant CHO cells was observed after exposure with kojic acid, with and without metabolic activation. Except for ring aberrations, all categories of chromosomal aberrations increased with increased doses of kojic acid without S9. The authors concluded that kojic acid was clastogenic in this study.

Kojic acid was studied for cell mutation in mouse lymphoma L5178Y $TK^{+/-}$ cells at the *hprt* locus.[81] After a range-finding test to measure cytotoxicity, 2 independent experiments were performed. The concentrations for both experiments ranged from 300 to 1421 μg/mL, with and without S9 metabolic activation. The doses were selected to determine viability and 6-thioguanine resistance 7 days after treatment. Relative survival at the highest concentration was 79% with S9 and 95% without S9, respectively, in the first experiment, and 81% with S9 and 92% without S9 in the second experiment. The vehicle control was purified water. The positive controls were benzo[α]pyrene with S9 and 4-nitroquinoline 1-oxide without S9. A small, statistically significant increase in mutation frequency was observed at 300 μg/mL with S9 in the second experiment. There was no evidence of a dose-related response, however, and no other statistically significant increases in mutation frequency were observed at any dose level tested with or without S9 in either experiment. The controls yielded expected results. It was concluded that kojic acid was not mutagenic in the cell mutation assay.

The mutagenic activity of kojic acid was evaluated in guanidine-resistant Chinese hamster V79 cells.[55,82] The cells were assayed without S9 at concentrations of 0, 30, 100, 300, 1000, or 3000 μg/mL kojic acid in culture medium. The positive control was ethyl methanesulfonate (EMS). Cells were treated for 16 hours and then washed and successively cultured at 2-day intervals for 3 times. Cells were then plated for a culture period of 12 days with 10 μg/mL 6-thioguanine. No significant increase in mutation rate was observed at any dose level and there was no statistically significant difference between the treatment and the solvent control groups. The positive control produced expected results. In this study, kojic acid was not mutagenic in Chinese hamster V79 cells.

The potential of kojic acid to induce structural chromosome aberrations was assessed in vitro using V79 cells of Chinese

hamsters.[83] A range-finding experiment was used to determine the concentrations of the test material to be evaluated with and without S9 metabolic activation in 2 independent experiments. Toxic effects were observed only in the absence of S9. In experiment 1, the concentrations of kojic acid tested were 355, 710, or 1420 μg/mL, with and without S9, and in experiment 2, the concentrations tested with S9 were 355, 710, or 1420 μg/mL and those without S9 were 250, 500, or 1000 μg/mL. Each experiment had 2 parallel cultures. The culture medium and deionized water served as the negative and solvent controls while EMS (without S9) and cyclophosphamide (with S9) were the positive controls. The treatment period for experiment 1 was 4 hours with a 14-hour recovery in both the presence and absence of S9, while the treatment periods in experiment 2 were 4 hours with a 24-hour recovery in the presence of S9 and 18 or 28 hours with no recovery in the absence of S9. Cytogenetic analysis for chromosome aberrations was performed on 100 metaphases/culture.

In the range-finding assay, no toxicity occurred at any concentration after 4 hours, with or without S9, but toxic effects were observed at concentrations of 710 μg/mL and higher without S9. In experiment 1, no toxic effects were observed in cultures tested with S9, but a dose-dependent reduction in cell numbers were observed in both experiments 1 and 2 without S9 and with S9 in experiment 2. The number of cells did not fall below 50% of the solvent control, however. Weak clastogenic effects were observed in experiment 2 with number of cells with aberrations increased significantly after 18 hours (250 and 1000 μg/mL) and 28 hours (1000 μg/mL). No precipitation and no relevant influence of kojic acid on pH value or osmolarity were observed. No biologically relevant increase in polyploid cells was observed when compared to the controls. The positive controls yielded the expected results. It was concluded that in the absence of S9 metabolic activation and after 18 or 28 hours exposures, kojic acid was a weak clastogen, although the effects observed may be related to cytotoxicity.[83]

In Vivo Mammalian Tests

The genotoxic potential of kojic acid was evaluated using a micronucleus test.[84] The main study was preceded by range-finding studies. NMRI mice received 500, 750, 1000, or 2000 mg/kg body weight kojic acid. The test material was administered by a single intraperitoneal injection in 1% carboxyl methyl cellulose (CMC) at a volume of 10 mL/kg body weight. In the main study, mice received 187.5, 375, or 750 mg/kg body weight of the test material. Each treatment group consisted of 5 males and 5 females. There were also vehicle (1% CMC) and positive (cyclophosphamide) control groups. Mice in all dose groups were killed at 24 hours; an additional 750 mg/kg dose group was killed at 48 hours (the high-dose groups had 6 males and 6 females, each). Bone marrow was sampled upon death in all mice. Two thousand polychromatic erythrocytes (PCEs) per animal were studied for the presence of micronuclei. Normochromatic erythrocytes (NCEs) were also studied for micronuclei. The PCE/NCE ratio was measured in 2000 erythrocytes.

In the range-finding studies, deaths occurred within 1 hour of dosing in the 2000 mg/kg dose group. Toxic effects in the other dose groups included reduced spontaneous activity, abdominal position, eyelid closure, and apathy. In the main study, the 750 mg/kg dose group was also observed with the aforementioned clinical signs of toxicity. The mean number of NCEs was not increased after treatment with kojic acid when compared to vehicle control values, indicating that kojic acid was not cytotoxic in the bone marrow. In all dose groups, the number of micronucleated PCE was not statistically increased when compared to the vehicle control group. The positive control group yielded expected results. It was concluded that kojic acid was not genotoxic in this micronucleus assay.[84]

The genotoxic potential of kojic acid was studied in another micronucleus test using male ddY mice.[85] The main study was preceded by a range finding study in which groups of 2 mice received a single intraperitoneal injection of 125, 250, 500, 1000, 2000, or 4000 mg/kg body weight kojic acid in 0.9% physiological saline in a dose volume of 10 mL/kg. In the main study, groups of 6 mice received either 2 or 5 intraperitoneal injections at 24-hour intervals. The doses for the "2-repeated dose" mice were 125, 250, 500, or 1000 mg/kg body weight kojic acid, and the doses for the "5-repeated dose" mice were 125, 250, or 500 mg/kg body weight kojic acid. There were also vehicle (0.9% physiological saline) and positive (mitomycin C) control groups. All mice were killed 6 hours after the final dosing. Bone marrow was sampled upon death in all mice. One thousand PCEs per animal were studied for the presence of micronuclei. A single dose of 1000 mg/kg body weight kojic acid killed 5 of the 6 mice. In the surviving mouse of that dose group, no micronucleus was observed in the 1000 PCEs. The number of micronucleated PCEs was not increased in the 125, 250, or 500 mg/kg dose groups for the 2-day or 5-day exposures when compared to the vehicle control group. The positive control group yielded expected results. Kojic acid was not genotoxic in bone marrow cells of mice.

In a micronucleus assay, male ddY mice (3 and 9 weeks old) and male F344 rats (9 weeks old) in groups of 4 received 0, 500, or 1000 mg/kg kojic acid by gastric intubation.[77] Groups of 3 rodents received the positive control compounds, diethylnitrosamine or cyclophosphamide. At 24 hours after treatment, two-thirds partial hepatectomies were performed on the 9-week-old animals. After 4 days, all animals were killed and the livers were prepared for analysis. In the 3-week-old mice, partial hepatectomies were not performed and livers were removed for analysis at 72, 96, or 120 hours after treatment. The number of micronucleated hepatocytes among 1000 hepatocytes was recorded for each animal. Mean values of micronucleated hepatocytes in the 9-week-old mice were increased dose dependently. At 1000 mg/kg, the value was significantly increased over the negative control. No increases were observed in the rats or in the 3-week-old mice. Positive controls yielded expected results. The authors concluded that while genotoxicity was observed in the mouse liver following kojic acid exposure, it was not proved that this genotoxicity is involved in hepatic tumor development in mice.

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A dominant lethal test of kojic acid in 1% sodium carboxymethylcellulose was conducted on groups of 30 BDF_1 mice.[54,55] Male mice received 0, 350, or 700 mg/kg kojic acid by oral gavage. At the end of the dosing period, each male mouse was mated with a single female. Mating continued for 56 days, with the male mating with an unmated female every 4 days. Thirteen days after mating, the females were killed, necropsied, and number of successful pregnancy, corpora lutea, implantations, and live and dead fetuses were recorded. The number of pregnant females in the treated groups was comparable to the negative control. Postimplantation losses were slight but decreased in a statistically significant manner in the 700 mg/kg per d dose group during mating days 37 to 40. No other induced dominant lethality was observed in either concentration. The positive control, 7,12-dimethylbenz(a)anthracene, induced the expected dominant lethal response. It was concluded that kojic acid did not induce dominant lethality in this test.[54,55]

An unscheduled DNA synthesis study of 100% kojic acid was conducted on Wistar HanIbm male rats.[86] The rats received a single oral gavage dose of 150 or 1500 mg/kg body weight of the test material. Each dose group included 4 rats, 3 of which were processed for the assay. A vehicle control group received 10 mL/kg body weight deionized water and a positive control group received 10 mg/kg body weight 2-acetylaminofluorene. At 2- and 16-hour postadministration, primary hepatocytes were isolated from the rats and incubated with tritiated methyl thymidine for 4 hours and then incubated overnight in medium containing unlabelled thymidine before processing for autoradiography.

The viability of the hepatocytes was not substantially affected in any dose group for either treatment period. Enhanced mean nuclear and cytoplasmic grain counts in addition to slight shifts of the percentage distribution of nuclear grain counts to higher values at the 2- and 16-hour treatment interval after dosing with 1500 mg/kg kojic acid were observed. The net grain values of all dose groups, however, were consistently negative and comparable to the vehicle control. The positive controls yielded expected results. This study concluded that kojic acid did not induce DNA damage leading to unscheduled DNA synthesis in rat hepatocytes and, thus, was not genotoxic to rats.[86]

Kojic acid (100.6% pure) was tested in an in vivo Comet assay in male Wistar rats.[87] Groups of 5 males received 2 oral doses of 0, 1000, or 2000 mg/kg body weight kojic acid in a 0.5% aqueous solution of cremophor. The 2 doses were 21 hours apart. The positive control was EMS (300 mg/kg body weight in a single oral dose). The animals were killed 24 hours after the last treatment (3 hours for positive controls) and the stomach, colon, and liver were examined. Slides were prepared with nuclei isolated from homogenized tissue samples for the Comet assay. Electrophoresis was performed in an ice bath for 40 minutes (30 minutes for stomach cells) at 25 V and at 300 mA.

During a pilot study for this assay, rats in both dose groups had roughened fur, strongly semianesthetized state, and strongly reduced motility. In the main study, rats in the 2000 mg/kg dose group showed signs of toxicity (no details provided). No treatment-related cytotoxicity was observed in the liver, stomach, or colon cells after isolation. No biologically significant increases in mean Comet tail length were observed in the cells from rats treated with kojic acid, but such increases occurred as expected in the positive controls. Kojic acid was considered not genotoxic in this Comet assay of rat liver, stomach, and colon cells.[87]

DNA adduct formation from kojic acid exposure was investigated in male F344/DuCrj rats.[88,89] Rats in groups of 3 received 100.3% kojic acid in the diet at concentrations of 0%, 0.5%, or 2.0% for 7 or 28 days. The positive control, 2-acetylaminofluorene, was administered by gavage once at 16 hours before necropsy. The rats were observed daily for clinical signs of toxicity and weighed weekly. The animals were killed 1 day after the last treatment, and organs were examined and livers weighed. The ^{32}P-postlabeling method was utilized in determining the DNA adducts. Chromatography was performed using 3 solvent systems for kojic acid analysis in order to determine unknown DNA adducts.

No treatment-related clinical signs of toxicity were observed during the treatment period and no abnormalities were observed during gross pathology. Rats in the 2% kojic acid treatment group had significantly decreased body weights after the day 7 treatment when compared to the control group. This treatment group also had slightly decreased food consumption. Liver weights in all treatment groups were comparable to the control group. An unclear autoradiograph pattern was observed in 2 of the solvent systems for the 2.0% treatment groups. A second experiment was performed and these results could not be reproduced. No distinct spots of DNA adducts were detected for the control or 0.5% treatment group. The positive control yielded expected spots of DNA adducts on the autoradiogram. It was concluded in this study that kojic acid has no potential to form DNA adducts in rat liver.[88,89]

The formation of DNA adducts and 8-hydroxydeoxyguanosine (8-OHdG) in rat thyroids was studied in rat thyroids after exposure to kojic acid.[24] Groups of 20 male F344 rats received food with either 0% or 2% kojic acid for 1 or 2 weeks. After the designated treatment period, the thyroids were removed from the rats and the DNA was extracted. Twenty thyroid lobes per animal from 10 animals per group were combined and 2 samples were achieved for the DNA adduct investigation; 6 lobes from 3 rats were combined as one sample for the 8-OHdG investigation; a total of 5 and 6 samples were created from the control animals for the 1 and 2 week exposures, respectively. ^{32}P-postlabeling analysis with HPLC coupled to an electrochemical detector was utilized in determining the DNA adducts and 8-OHdG. No spots indicating DNA adduct formation were detected in the thyroids of rats fed the diet containing 2% kojic acid for 2 weeks. The 8-OHdG values were slightly reduced at 1 week after administration of 2% kojic acid and became significantly decreased after 2 weeks when compared to the controls. The authors of this study concluded that kojic acid has no potential to form DNA adducts or 8-OHdG in rat thyroid.

Genotoxicity studies are summarized in Table 4.

Photogenotoxicity

The potential of 100% pure kojic acid to induce gene mutations in *E coli* strain WP2 during irradiation was investigated by Wollny.[90] The concentrations of kojic acid (dissolved in DMSO) for each experiment were 33, 100, 333, 1000, 2500, or 5000 μg/plate. The positive control was 8-methoxypsoralen (MOP) and the negative control was the solvent. Irradiation was performed with a metal halogenide light source. The UV doses were 10 mJ/cm^2 UVA and 0.5 mJ/cm^2 UVB and the duration was 10 seconds.

No relevant toxic effects were observed. In the first experiment, the 2500 μg/plate concentration had an increase in revertant colonies slightly exceeding the threshold when compared to the solvent control. The threshold was exceeded in the 2500 and 5000 μg/plate concentrations in the second experiment. However, irradiation did not further increase the number of revertant colonies when compared to the corresponding treated but nonirradiated controls. The positive control yielded expected results. The author concluded that irradiation had no influence on the mutagenic potential of kojic acid.[79]

A photo-reverse mutation assay of kojic acid in *S typhimurium* strains TA 98 (concentration ranges 0-2500 μg/mL) and TA 102 (concentration ranges 0-5000 μg/mL) and in *E coli* strain WP2/pKM101 (concentration ranges 0-5000 μg/mL) was done.[89] The bacteria were tested with the plate method with or without UV irradiation and in the absence of metabolic activation. Positive controls were mitomycin C or AF2 (without irradiation) and MOP or chlorpromazine hydrochloride (with irradiation). Revertant colonies were twice the negative control in TA 102 at 5000 μg/mL and in WP2/pKM101 at 2000 μg/mL and higher with UV irradiation. A dose-dependent response was observed. An increase of revertant colonies was also observed in UV irradiation groups as compared to groups without irradiation. An increase of more than twice that of the negative control was not observed in the TA 98 strain, with or without irradiation. The positive controls yielded expected results. The authors concluded that kojic acid was a weak photo-mutagen.

The potential of kojic acid to produce chromosome aberrations in Chinese hamster lung cells following UV irradiation was studied.[89] The cells were exposed to 0.35, 0.70, or 1.4 mg/mL kojic acid with and without light irradiation. The solvent control group was treated with DMSO and the positive control groups were treated with either *N*-methyl-N'-nitro-*N*-nitrosoguanidine ([MNNG] without irradiation) or MOP (with irradiation). A nontreated control group that received light irradiation was also prepared. No statistically significant increase of cells with structural chromosome aberrations or polyploidy cells was observed at any dose level without UV irradiation. Statistically significant increases of cells with structural chromosome aberrations (1.4 mg/mL dose) and polyploidy (0.70 and 1.4 mg/mL doses) were observed. It was concluded that kojic acid was a weak photo-mutagen.

A micronucleus study on male HR-1 mice to determine the photomutagenticity of kojic acid was also done.[89] The backs of the mice were treated with a cream containing 1.0% or 3.0% kojic acid or a positive control solution containing MOP dissolved in acetone:olive oil (2 groups of 3 mice for each substance plus an additional 2 groups of 3 mice that received a control cream that did not contain kojic acid). The materials were applied at 24-hour intervals and 1 group of mice from each treatment type was exposed to UVA irradiation. At 48 hours after the second irradiation, epidermal cells of mouse skin were prepared for micronucleus examination.

After the first irradiation, the skin of the mice treated with kojic acid became brown in tone. No clinical signs of toxicity of mortality were observed in any of the dose groups. Micronucleated cells in the kojic acid-treated groups, with or without UV irradiation, were comparable to the control values. Positive control values yielded expected results both with and without UV irradiation. It was concluded that kojic acid did not produce micronuclei in mouse epidermal cells, in the presence or absence of UV irradiation.[89]

Carcinogenicity

International Agency for Research on Cancer (IARC) determined that kojic acid is "not classifiable as to its carcinogenicity to humans (Group 3)".[91]

A 78 week carcinogenicity study of kojic acid in mice was done.[92] Male and female $B_6C_3F_1$ mice were fed diets containing 0%, 0.16%, 0.4%, or 1% kojic acid. The mice were observed daily for clinical signs of toxicity and mortality, while body weight and feed consumption were measured once a week for 13 weeks and then once every 4 weeks. The mice were killed and necropsied at the end of the treatment period.

A few deaths occurred in both male and female mice during the course of the study, but these occurrences were comparable with the control group. The cumulative survival rates were 92% and 100% for male and female mice, respectively. Gross external examination discovered preputial gland swelling, Harderian gland enlargement, and palpable masses in the fermoral subcutis in the treated male and control groups, but the authors determined that these findings were not related to kojic acid exposure. A slight decrease in body weight gain was observed in both males and females in the 1% dose group, starting at week 3 in males and week 11 in females. Slight body weight gain decreases were also noted in the 0.4% females and 0.16% males but were considered insignificant by the researchers due to the briefness of the occurrence and the fact that the opposite gender in each dose did not have similar results. There were no significant differences in feed consumption between the treated groups and the controls.

Females in the 0.16% dose groups and higher and males in the 0.4% dose groups and higher had a significant increase in both the absolute and relative thyroid weights. Statistically significant, but very slight (less than 1%) and nondose-dependent increases or decreases in absolute organ weights were observed in the prostate glands, adrenal glands of males and females, lungs of males, salivary glands of males, and kidneys of

Table 4. Genotoxicity Studies for Kojic Acid

Strain/Cells Tested	Concentrations Tested	Methodology	Results	Reference
Bacterial cell assays				
Salmonella typhimurium TA 98 and TA 100	10 to 10 000 μg/plate	Ames test with and without metabolic activation	Mutagenic in TA 100	43
S typhimurium TA 98, TA 100, TA 1535, and TA 1537	500 to 4000 μg/plate	Ames test with and without metabolic activation	Weakly mutagenic	39 (S. Iwahara and K. Sakamoto, Unpublished data, 1980)
S typhimurium TA 98 and TA 100	100 to 6000 μg/plate	Ames test with and without metabolic activation	Mutagenic	44
S typhimurium TA 98, TA 100, TA 102, TA 1535, and TA 1537	0 to 5000 μg/plate	Ames test with and without metabolic activation	Mutagenic	D. Marzin, Unpublished data, 1997
S typhimurium TA 98, TA 100, TA 1535, and TA 1537; *Escherichia coli* WP2 uvrA	0 to 5000 μg/plate	Reverse mutation assay with and without metabolic activation	Mutagenic	H. E. Wollny, Unpublished data, 1998
S typhimurium TA 98 and TA 100	0 to 5000 μg/plate with S9, 0 to 1000 μg/plate without S9	Reverse mutation assay with and without metabolic activation	Non-mutagenic	H. E. Wollny, Unpublished data, 2001
S typhimurium TA 100	500 to 1500 μg/plate	Reverse mutation assay with and without metabolic activation	Mutagenic	45
Mammalian cell assays				
CHO cells	3 to 6 mg/mL	SCE test with and without metabolic activation	Genotoxic	44
CHO cells	3 to 6 mg/mL	Chromosomal aberration study with and without metabolic activation	Clastogenic	44
Mouse lymphoma L5178Y $TK^{+/-}$ cells at the *hprt* locus	300 to 1421 μg/mL	Cell mutation assay with and without metabolic activation	Not mutagenic	M. Lloyd, Unpublished data, 2002
Guanidine-resistant Chinese hamster V79 cells	0 to 3000 μg/mL	Cell mutation assay without metabolic activation	Not mutagenic	39, S. Iwahara, Unpublished data, 1981
Chinese hamster V79 cells	355 to 1421 μg/mL with out and without S9 in first experiment, 355 to 1421 μg/mL with S9 and 250 to 1000 μg/mL without S9	Chromosomal aberration study with and without metabolic activation	Weakly clastogenic	M. Schulz, Unpublished data, 2002
In vivo mammalian tests				
NMRI mice	187.5 to 750 mg/kg	Micronucleus test	Not mutagenic	(N. Honarvar, Unpublished data, 2001)
Male ddY mice	125 to 1000 mg/kg	Micronucleus test	Not mutagenic	(H. Omura and M. Nonaka, Unpublished data, 1980)
3- and 9-week-old male ddY mice and 9-week-old F344 male rats	0 to 1000 mg/kg	Micronucleus test	Genotoxic only in 9 week old mice	45
BDF_1 mice	0 to 700 mg/kg	Dominant lethal test	Negative	39 (S. Iwahara, Unpublished data, 1981)
Male Wistar HanIbm rats	150 or 1500 mg/kg	Unscheduled DNA synthesis	Not genotoxic	(W. Volkner, Unpublished data, 1997)
Male Wistar rats	0 to 2000 mg/kg	Comet assay	Not genotoxic	(S. Brendler-Schwaab and B. Kramer-Bautz, Unpublished data, 2004)
Male F344/DuCrj rats	0% to 2.0%	DNA adduct assay	Negative	46 (M. Nakano, Unpublished data, 2005)
Male F344 rats	0% or 2.0%	DNA adduct assay	Negative	21
Photogenotoxicity				
E coli WP2	33 to 5000 μg/plate	Gene mutation study with and without light irradiation	Negative	(H. E. Wollny, Unpublished data, 1998)
S typhimurium TA 98 and TA 102; *E coli* WP2/pKM101	0 to 2500 μg/plate for TA 98, 0 to 5000 for TA 102 and *E coli*	Photo-reverse mutation assay	Weak photo-mutagen	46
Chinese hamster lung cells	0.35 to 1.4 mg/mL	Chromosomal aberration study with and without light irradiation	Weak photo-mutagen	46
Male HR-1 mice	1.0% or 3.0%	Micronucleus test with and without UV irradiation	Negative	46

Abbreviations: CHO, Chinese hamster ovary; SCEs, sister chromatid exchanges.

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males and females. At necropsy, hepatic adenomas and hemangiomas, pulmonary adenomas, malignant lymphomas, leukemia, or pituitary adenomas were observed. These tumor incidences did not differ between the kojic acid treatment groups and the control group. Likewise, nodular hyperplasia in the liver, adrenal subcapsular spindle cell hyperplasia, and uterus cystic endometrial hyperplasia did not occur at significantly differing rates in the treatment groups versus the control groups. The researchers concluded that kojic acid was not tumorigenic to mice in this 78-week study.[92]

The tumorigenic potential of kojic acid was evaluated, using heterozygous *p*53-deficient CBA, *p*53(+/−), mice and wild type littermates, *p*53(+/+).[22] The mice were fed diet containing 0%, 1.5%, or 3.0% kojic acid for 26 weeks. The mice were observed daily for clinical signs of toxicity and were weighed weekly. All surviving mice were killed after blood sampling for hormone assays and necropsied. Livers and thyroid glands were removed and weighed. These organs along with the pituitary, spleen, lungs, and other organs and tissues with macroscopic lesions were fixed for histopathological examination. Additionally, tissue sections were immunohistochemically stained for proliferating cell nuclear antigen (PCNA). Five thousand hepatocellular nuclei in normal background parenchyma in each mouse were counted for PCNA determination.

One wild type male from the 3.0% dose group was found dead at week 13. Both *p*53(+/−) and *p*53(+/+) mice of the 3.0% dose group had decreased body weight gains compared to controls. Absolute thyroid gland weights were significantly ($P < .01$) increased in a dose-related fashion by 209% and 444% in the 1.5% and 3.0% kojic acid dose groups, respectively, in *p*53(+/−) mice and by 140% and 374% in *p*53(+/+) mice. Absolute and relative liver weights in the kojic acid-treated groups had somewhat higher values in both types of mice when compared to controls but was not significant except for the relative weight in the 3.0% *p*53(+/+) mice.

Diffuse hypertrophy and hyperplasia of thyroid follicular epithelial cells were observed along with decreased serum thyroxine (T_4) levels in both *p*53(+/−) and *p*53(+/+) mice treated with kojic acid. No thyroid tumors were observed, however. In the liver, the incidence of altered hepatocellular foci was significantly increased at 1.5% and 3.0% in *p*53(+/−) and at 1.5% in *p*53(+/+) mice. The authors concluded that there is tumorigenic potential of kojic acid in the liver but not in the thyroid follicular epithelial cells in CBA mice. The genotoxic potential of kojic acid on hepatocellular tumor development could not be ruled out.[22]

The above study was repeated using male CBA mice that received 0%, 0.5%, 1%, or 2% kojic acid in their diet for 26 weeks.[25] Incidences of hepatocellular adenomas were 5%, 17%, 10%, and 21%, respectively. Incidences of hepatocellular foci in these dose groups were 15%, 39%, 45%, and 47%, respectively, with a statistically significant difference ($P < .05$) only between the control group and the 2% dose group.

Male F344 rats were used in a 55-week toxicity dietary study of kojic acid.[93] The 7-week-old rats were divided into groups of 20 and received 0%, 0.5%, or 2.0% kojic acid (equivalent to 0, 227, or 968 mg/kg body weight/d, respectively). One week prior to treatment, rats received a single subcutaneous injection of 5 mL/kg saline. The rats were observed daily for clinical signs of toxicity and were weighed regularly. Feed consumption was recorded weekly. At the end of treatment, surviving rats were killed after blood sampling and necropsied. Major organs and tissues were weighed and/or fixed for histopathological examination. Additionally, liver sections were studied immunohistochemically for glutathione S-transferase-placental form (GST-P), PCNA, and single-strand DNA (ssDNA).

No mortality or obvious clinical signs of toxicity were observed during the treatment period. Body weight gains were decreased in the 2.0% group from week 6 until treatment end, when compared to the controls. No significant changes in feed consumption were observed. In both the 0.5% and 2.0% treatment groups, red blood cell counts and hematocrit values were decreased. Significant increases or a tendency for increase were observed in aspartate aminotransferase (AST), alanine aminotransferase (ALT), ALP, γ-glutamyl transpeptidase (γ-GTP), blood urea nitrogen (BUN), and sodium values in both the 0.5% and 2.0% dose groups. In the 2.0% group, total protein, total bilirubin, and total cholesterol values were significantly increased and the albumin/globulin ratio was decreased.

Absolute and relative spleen and thyroid gland weights were increased or had a tendency for increase in both the 0.5% and 2.0% dose groups. In the 2.0% dose group, absolute and relative weights of heart, lungs, liver, adrenal glands, testes, and relative weights of brain and kidneys were significantly increased. Single-cell necrosis of hepatocytes and proliferation of small bile ducts or ductules were recorded in animals from both treatment groups, with the incidence of the proliferation of bile ducts significantly increased in the 2.0% dose group. All 2.0% dose group animals had diffuse hepatocellular hypertrophy and/or vacuolization and formation of microgranulomas containing crystals and/or brown pigment; the incidence of the granulomas was significantly increased. Areas of GST-P-positive foci were significantly increased in the liver of the 2.0% dose group. Incidences of hyaline casts and basophilic tubules were also significantly increased in the 2.0% dose group. Diffuse follicular cell hyperplasia was noted in the thyroid glands in both treatment groups, with focal follicular cell hyperplasia, and adenomas and/or carcinomas observed in the 2.0% group. The 2.0% dose group also had increased hypertrophy of cortical cells in zona fasciculate in the adrenal glands. The study concluded that the NOAEL of kojic acid was below 0.5% (227 mg/kg body weight/d).[93]

Carcinogenicity studies are summarized in Table 5.

Tumor Promotion

The carcinogenesis-modifying action of kojic acid in rat liver using a 2-stage model with initiation by diisopropanolnitrosamine (DHPN) was investigated.[94] Sixty male F344 rats received either a single subcutaneous injection of 2000 mg/kg DHPN or the vehicle and then were fed a diet containing

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0%, 0.125%, 0.5%, or 2% kojic acid for 20 weeks. At the end of the treatment period, the rats were killed and necropsied. The liver was removed, weighed, and prepared for paraffin sectioning. H&E staining and immunostaining to GST-P and PCNA were performed and the sections were investigated histopathologically and cell-kinetically.

Rats treated with 2% kojic acid with DHPN initiation had significantly increased ($P < .01$) relative liver weights. Histopathology revealed an increased incidence of microgranuloma and vacuolation of centrilobular hepatocytes. The number and area of GST-P-positive foci per unit area of the liver in the DHPN and 2% kojic acid group were 22.30 foci and 3745 μm^2, respectively, which was a significant increase ($P < .01$) when compared the 8.48 foci and 531 μm^2 in the group treated with only DHPN. The incidence of GST-P-positive foci and the percentage of PCNA-positive cells were more prominent in animals with marked vacuolation of hepatocytes. In the group treated with 2% kojic acid without DHPN, the number and area of GST-P-positive foci were 1.39 foci and 109.5 μm^2, respectively, which was also a significant increase when compared to the control group values of 0.40 foci and 9.7 μm^2. No treatment-related effects were observed in the rats treated with 0.5% kojic acid or lower, with or without DHPN. The researchers concluded that kojic acid has a carcinogenesis-promoting action in the rat liver and may be carcinogenic without promotion.[94]

Further study on the tumor promotion potential of kojic acid was done.[95] Groups of 20 male F344 rats received 0%, 0.5%, or 2% kojic acid in feed for 20 weeks without DHPN initiation. At the end of the treatment period, the rats were killed and necropsied, and the livers were studied in the same manner as described above. Dose-related increases in absolute and relative liver weights were observed in both kojic acid treatment groups. Numbers and areas of GST-P-positive foci were significantly increased ($P < .01$) in the 2% kojic acid group when compared to the control group. Increased incidences of microgranuloma and vacuolation of hepatocytes were observed in the 2% kojic acid treatment group. PCNA expression was significantly increased ($P < .05$) in the 2% kojic acid dose group when compared to the control group, with PCNA-positive hepatocytes mainly localized around the vacuolated and granulomatous regions.

The authors also performed a medium-term liver bioassay of kojic acid in groups of 25 F344 male rats at concentrations of 0%, 0.125%, 0.5%, or 2% to determine kojic acid's promoting influence.[95] Two weeks prior to the start of the 6-week dietary exposure of kojic acid, the rats received a single intraperitoneal injection of 200 mg/kg *N*-diethylnitrosamine (DEN). At week 3, the rats were subjected to a two-third partial hepatectomy. At the end of the treatment period, the rats were killed and livers were prepared for analysis as above. A dose-related decrease in body weight gains and an increase in relative liver weights were observed, with statistical significance ($P < .01$) in the 2% dose group. Significant increases ($P < .01$) in number and areas of GST-P-positive foci were observed in the 2% dose group when compared to the control group. The authors concluded that kojic acid at 2% was tumor-promoting and had weak hepatocarcinogenic potential. The authors further opined that the enhanced replication of hepatocytes related to toxic changes may have been involved as an underlying mechanism.

Tumor Initiation

A study on the tumor-initiating potential of kojic acid in mouse liver was performed using male ICR mice.[23] The mice received a diet containing 0% or 3% kojic acid for 4 weeks, followed by distilled water containing 0 or 500 ppm phenobarbital (PB) for 14 weeks. Two weeks after the treatment with PB, a two-third partial hepatectomy was performed on all mice. At the end of the study, all mice were killed and liver slices were performed to evaluate γ-glutamyltransferase-positive foci as preneoplastic foci markers in the liver as well as PCNA.

No treatment-related deaths were observed and there were no significant changes in feed consumption or body weights during the course of the study. No proliferative lesions were observed in any dose groups during microscopic examinations. There were no differences in the number of γ-glutamyltransferase-positive cells between the kojic acid and distilled water and the kojic acid + PB groups. Significant increases in the labeling index of PCNA were observed in the control + PB and kojic acid + PB dose groups as compared to the control + distilled water group (1.28 ± 1.93); however, no significant difference in the positivity of PCNA was observed between the control + PB and the kojic acid + PB groups. The authors concluded that kojic acid has no tumor-initiating activity in mouse liver.[23] In reviewing this report, however, the SCCP concluded that the kojic acid effect on proliferation of liver cells cannot be excluded since kojic acid + distilled water PCNA values were increased compared to basal diet + distilled water.[20]

The initiation potential of kojic acid (99.5% pure) in rat liver was examined in a 2-part study.[26]

In the first experiment, groups of 5 male F344 rats were fed a diet containing 0% or 2% kojic acid for 3, 7, or 28 days. All rats were injected with 100 mg/kg body weight bromodeoxyuridine (BrdU) intraperitoneally once a day for the last 2 days of exposure and 2 hours prior to termination. Livers were removed and weighed at necropsy and slices were prepared for BrdU immunostaining. Labeling indices (LIs) were calculated as percentages of cells positive for BrdU incorporation divided by the total number of cells counted. In addition, 8-oxodeoxyguanosine (8-OxodG) was measured in nuclear DNA to examine the formation of oxidative DNA adduct by HPLC-ECD detection.

On day 28 of the experiment, body weight gains in the 2% kojic acid group were significantly decreased compared to the control group. In the 2% kojic acid dose group, absolute liver weights were significantly increased on day 7 but decreased on day 28. Relative liver weights were significantly increased at all time points. The LI values of hepatocytes of the 2% dose group were significantly increased as compared to the controls on days 3 and 7. All 8-OxodG levels in the liver DNA in the 2% dose group were slightly higher than the control values but were not statistically significant.

Table 5. Carcinogenicity Studies for Kojic Acid

Strains Tested	Concentrations of Kojic Acid Tested	Study Duration And Type	Results	References
General carcinogenicity				
$B_6C_3F_1$ mice	0.16% to 1%	78-week; dietary	Not tumorigenic	(Kudo Safety Research Institute, Unpublished data, 1981)
Heterozygous p53-deficient CBA, p53(+/−), mice and wild type littermates, p53(+/+)	1.5% or 3.0%	26-week; dietary	Tumorigenic potential in liver but not thyroid follicular epithelial cells	19
Male CBA mice	0.5% to 2%	26-week; dietary	Hepatocarcinogenic	22
Male F344 rats	0.5% or 2.0%	55-week; dietary	NOAEL below 0.5%	48
Tumor promotion				
Male F344 rats	0.125% to 2%	20-week; dietary 2-stage model with DHPN initiation	May be carcinogenic without promotion; carcinogenesis-promoting in rat liver	(T. Shibusawa, T. Imai, T. Tamura, et al, Unpublished data, 2002)
Male F344 rats	0.5% or 2.0%	20-week; dietary 2-stage model without DHPN initiation	Tumor-promoting	49
Male F344 rats	0.125 to 2.0%	Medium-term liver bioassay	Weak hepatocarcinogenic potential	49
Tumor initiation				
Male ICR mice	3%	Dietary; kojic acid exposure for 4 weeks and PB exposure for 14 weeks	No tumor-initiating activity in mouse liver	20
Male F344 rats	2%	28-day; dietary	Significantly increased LI vales in hepatocytes, nonsignificantly increased 8-OxodG levels in liver DNA	23
Male F344 rats	1000 or 2000 mg/kg	Single oral exposure with dietary administration of 2-AAF for 2 weeks	Tumor-promoting effects in liver	23
Male F344 rats	0.5% to 2%	4-week dietary exposure followed by 6 weeks of PB	No initiation potential in rat liver	46 (M. Kawabe, Unpublished data, 2003)
Dermal tumor promotion				
Female CD-1 (ICR) mice	0.3% or 3%	20-week; topical application with DMBA or kojic acid initiation and TPA or kojic acid promotion	No dermal promotion potential	46 (M. Kawabe, Unpublished data, 2003; M. Kawabe, Unpublished data, 2004
Thyroid Effects				
B6C3F_1 mice	1.5% or 3.0%	20-month; dietary	Thyroid adenomas observed likely due to decrease in serum T3 levels and increased TSH	50
Male F344 rats	0.008% to 2.0%	4-week; dietary	Tumor-promoting effects on development of thyroid proliferative lesions; iodide uptake and iodine organifcation in thyroid prohibited	51-53
Male F344 rats	0.008% to 2.0%	4-week; dietary	Diffuse hyperplasia in thyroid glands	54
Male F344 rats	2.0%	12-week; dietary with BHP initiation	Thyroid proliferative lesions observed	55
Male F344 rats	4 to 1000 mg/kg	4-week; gavage	Decreased blood T4 concentration with enhanced thyroid function	56
Male F344 rats	0.02% to 2.0%	31-week; dietary treatment of kojic acid for 8 weeks followed by 23 weeks of SDM treatment in drinking water	No tumor-initiation activity in thyroid	21

Abbreviations: PB, Phenobarbital; SDM, sulfadimethoxine; BHP, bis(2-hydroxypropyl)nitrosamine; TSH, thyroid-stimulating hormone; TPA, phorbol-12-myristate-13-acetate; DMBA, 9,10-dimethyl-1,2-benzanthracene; DHPN, diisopropanolnitrosamine; NOAEL, no observable adverse effect level; 2-AAF, 2-acetylaminofluorene; LI, labeling index.

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In the second experiment of this study, 30 male F344 rats were subjected to a two-third partial hepatectomy on day 0. At 12-hour postsurgery, the rats were treated once orally with carboxymethylcellulose vehicle (8 rats), 1000 mg/kg kojic acid (12 rats), or 2000 mg/kg kojic acid (10 rats) at a dose volume of 10 mL/kg body weight. The rats were then fed basal diet for 2 weeks and then diet containing 0.015% 2-acetylaminofluorene (2-AAF) for another 2 weeks. At 3 weeks post kojic acid administration, rats received a single 0.8 mL/kg body weight dose of carbon ttetrachloride (CCl_4). Surviving rats were killed at the end of week 5 and slices of all liver lobes were stained immunohistochemically for GST-P. The mean area and number of GST-P-positive foci per unit area of all liver sections were calculated. During the course of the experiment, 1 rat in the control group died. Slight decreases were observed in the mean area and numbers of GST-P positive foci, but these differences were not statistically significant.

The researchers of this second experimental study concluded that kojic acid has neither liver initiation activity nor the capability of 8-OxodG formation; however, the findings suggest that kojic acid has liver tumor-promoting effects.[26]

The initiation potential of kojic acid (100.3% pure) in a liver carcinogenesis bioassay was performed on F344 male rats.[89,96] In one portion of the study, groups of 15 rats received 0%, 0.5%, 1%, or 2% kojic acid or the positive control 2-AAF at concentrations of 0.01% or 0.001% in their feed for 4 weeks. After the treatment period, all rats received basal diet for 1 week, and then a diet containing 0.5% phenobarbital sodium salt (SPB) for 6 weeks. In another portion of the study, groups of 9 rats received 0% or 2% kojic acid or 0.01% or 0.001% 2-AAF in feed for 4 weeks, and then all rats received basal diet for 7 weeks. At 6 weeks after the beginning of the study, all animals from both portions of the study underwent a two-third partial hepatectomy. Rats were checked twice daily for clinical signs of toxicity and mortality. Body weights were measured weekly and daily feed consumption and intake of kojic acid, 2-AAF, and SPB were calculated. All surviving rats were killed at study end, and organs were examined macroscopically. Liver weights were recorded and sections from 3 liver lobes were stained immunohistochemically for GST-P.

No treatment-related effects or deaths were observed during the study. Rats that received 2% kojic acid in both portions of the study had significant decreases in body weights during initiation period of the study, but body weights returned to control levels during the SPB or basal diet treatments. Decreases in feed consumption during the initiation period occurred in the 1.0% and 2.0% kojic acid groups, but increases in feed consumption during the SPB or basal diet treatment were marked with increases in body weight change. No treatment-related differences were observed in final body or liver weights, with or without SPB. Numbers of GST-P-positive foci in kojic acid-treated groups were similar to the control values, with or without SPB. No other treatment-related effects were observed. In the positive control groups, the numbers of GST-P-positive foci were statistically significantly increased in the 0.01% 2-AAF groups, with and without SPB. This study concluded that kojic acid did not possess initiation potential in the rat liver.[89,96]

Dermal Tumor Promotion

A skin carcinogenesis bioassay to determine the promotion potential of kojic acid (reported as 100.3% pure) in a cream formulation was performed using female CD-1 (ICR) mice.[89,96,97] The positive initiator control was 9,10-dimethyl-1,2-benzanthracene (DMBA) and the positive promoter control was phorbol-12-myristate-13-acetate (TPA). Groups of 10 or 15 mice were treated in the following manner: DMBA + vehicle, DMBA + 0.3% kojic acid, DMBA + 3% kojic acid, DMBA + TPA, acetone + 0.3% kojic acid, acetone + 3% kojic acid, vehicle + TPA, or 3% kojic acid + TPA. The control or test substances were applied to the shaved backs of the mice (4 cm^2). The mice receiving DMBA or acetone were treated once at the beginning of the experiment while the mice treated with vehicle + TPA or 3% kojic acid + TPA received 50 mg of the test substances daily for 1 week. A week after the study commencement, the treatment groups with DMBA or acetone received 50 mg of the test substances 5 times weekly for 19 weeks. The remaining groups received TPA twice weekly for 19 weeks 1 or 2 weeks after study commencement. Animals were checked for clinical signs of toxicity and mortality once daily and for skin nodules once weekly. All surviving animals were killed after the completion of the promoter treatment and examined macroscopically. A histological examination of the skin was performed and liver weights were recorded.

No treatment-related mortalities were observed. Body weight gain was significantly decreased in week 2 or weeks 3 and 4 in the DMBA + 0.3% kojic acid and acetone + 3% dose groups, respectively. Squamous cell papilloma was observed in 1 mouse from the DMBA + 3% kojic acid. The positive control group, DMBA + TPA, had significantly increased body weight gain (starting at week 3) and absolute and relative liver weights. The positive control group also had skin nodules, which were revealed to be squamous cell hyperplasia, squamous cell papilloma, or squamous cell carcinoma at necropsy. It was concluded that kojic acid did not possess promotion potential for skin carcinogenesis.[89,96]

Thyroid Effects

The tumorigenicity of kojic acid was studied in a 20-month study in $B6C3F_1$ mice.[98] Groups of 65 male and female mice received 0%, 1.5%, or 3.0% kojic acid in feed for 20 months. Subgroups of 5 animals were killed at 6 and 12 months after the beginning of treatment. Serum was collected for hormone assessment at 6, 12, and 20 months from 5 animals in each treatment group. Another subgroup of 10 to 14 animals in each treatment group was switched to normal diet at month 19. At the end of the treatment period, all surviving animals were killed and necropsied, with major organs and tissues weighed and fixed for histopathological examination.

Survival rates in mice in the treatment groups were comparable with the control groups during the course of the administration period. Thyroid weights were increased significantly in the kojic acid-treated groups of both genders, especially in the male groups; there were no significant differences in other major organ or tissue weights or hematological values or serum biochemical parameters in any of the treatment groups. Incidences of thyroid gland hyperplasia and follicular adenomas were significantly increased in all treatment groups. In mice that received normal feed 30 days prior to termination, incidences of thyroid gland adenomas were significantly decreased, although average thyroid weights were unchanged. The serum-free triiodothyronine (T_3) levels in the 3.0% dose groups of both genders were significantly lower than the control at month 6, while the thyroid-stimulating hormone (TSH) levels were increased. The decreases in the free T_3 levels continued at the later measurements, but changes in the TSH levels disappeared. It was concluded that chronic high doses of kojic acid induces thyroid adenomas in male and female $B6C3F_1$ mice. The authors proposed that the likely mechanism is the decrease in serum T_3 levels and increased TSH.[98]

A study was performed to determine the mechanisms of serum thyroid hormone reduction and thyroid tumor-promotion effects of kojic acid exposure in rats.[99] Groups of 8 male F344 rats received basal diet containing 0%, 0.008%, 0.03%, 0.125%, 0.5%, or 2.0% kojic acid for 4 weeks (doses equivalent to 0, 5.85, 23.8, 95.3, 393.6, and 1387.3 mg/kg body weight/d). At the end of treatment, blood was collected from 5 rats per group for hormone assays. The remaining animals were injected intraperitoneally with 0.4 mL of 0.1 mol/L $Na^{125}I$ in saline 24 hours before they were killed. Measurement of ^{125}I uptake was taken and the thyroid was examined for organification.

No significant changes in body weights were observed in the treated rats when compared to the control rats. Absolute and relative thyroid gland weights were increased in all groups treated with kojic acid in a dose-dependent manner, with significant increases occurring at 0.5% or more. The relative pituitary gland weights were significantly increased in the 2.0% kojic acid group and relative liver weights were significantly greater in all kojic acid groups except the 0.125% group. These last two observations were not dose-dependent or associated with significant changes in absolute weights, and thus were not biologically relevant. A statistically significant decrease in serum T_3 and T_4 levels was observed in the 2.0% kojic acid group when compared with the control group. The serum TSH in the 2% kojic acid group was significantly increased when compared to the controls. There were no other significant differences in these parameters in the other dose groups. Thyroid ^{125}I uptake was significantly decreased in a dose-dependent manner starting at 0.03% kojic acid. A significant reduction in organic formation of iodine was observed in the 2.0% kojic acid group.

Histopathologic examination revealed decreased colloid in the thyroid follicles and follicular cell hyperthrophy in the thyroid in high incidences in groups that received 0.03% kojic acid or more. All rats in the 2.0% kojic acid group had thyroid capsular fibrosis. In a quantitative morphometric analysis, the ratio of the area of follicular epithelial cells to the area of colloids was significantly increased in the 0.03% kojic acid dose group and higher. In this rat study, kojic acid inhibited iodide uptake and iodine organification in the thyroid, with tumor-promoting effects on the development of thyroid proliferative lesions. These effects were likely secondary to prolonged serum TSH stimulation resulting from negative-feedback through the pituitary–thyroid axis.[99] Additional studies found similar results.[100,101]

The mechanism of tumorigenesis in the thyroid from exposure to kojic acid was examined in a 3-part study.[102]

In the first experiment, groups of 9 male F344 rats received 0%, 0.008%, 0.03%, 0.125%, 0.5%, or 2.0% kojic acid in their diets for 4 weeks. Twenty-four hours prior to experiment end, 4 rats in each dose group received 0.2 mL/100 g body weight $Na^{125}I$ at 0.1 mol/L in saline. Rats were killed and the thyroid glands were weighed and examined for ^{125}I uptake. The remaining 5 animals were killed on the same day. Thyroid gland weights were increased in a dose-dependent manner in rats receiving 0.125% or more kojic acid in diet, with the thyroid gland weights from the 2.0% dose group 9 times that of the controls. ^{125}I uptake into the thyroid gland was more sensitive to kojic acid treatment, with significant suppression at 0.03%. Organic ^{125}I formation was interrupted only in the 2.0% dose group. Serum T_3, T_4, and TSH levels were affected only at 2.0%.

In the second experiment, male and female F344 rats were divided into 8 and 4 groups, respectively, with each group consisting of 8 animals. The groups received diet containing 0% or 2.0% kojic acid. Male groups were killed at weeks 1, 2, 3, and 4 and female groups were killed at weeks 2 and 4. Half of the rats were studied for ^{125}I uptake and the other half for hormonal and histopathological examination. In males, thyroid gland weights increased linearly from 11 to 98 mg in the 4 weeks of treatment with 2.0% kojic acid. A less prominent, but still significant, increase in thyroid gland weights was observed in females, from 7.5 to 40 mg. The suppression of ^{125}I uptake was also time dependent and in males, the decrease started at 1 week after kojic acid treatment and reached about 2% of control values by week 3, with organic ^{125}I formation significantly decreased by 50% compared to the controls. These effects were not as significant in females, with only 20% suppression of ^{125}I uptake at week 4. Serum T_3 and T_4 levels were decreased to minimum levels after 2 weeks of kojic acid treatment, but recovered thereafter although at lower than control values in both genders. Serum TSH started to increase at week 1 and reached a maximum at weeks 2 and 3.

For the final experiment in this study, 6 groups of 8 male F344 rats received 0% and 2.0% kojic acid in diet for 4 weeks. At the end of the treatment, kojic acid was replaced with basal diet for 0, 6, 12, 24, or 48 hours. The groups were killed and examined as in the first 2 experiments, except that ^{125}I was injected 12 hours before death. The organic ^{125}I formation returned to normal limits after 6 hours and ^{125}I uptake per unit of thyroid weight increased to 70% of the control values within

24 hours. Serum T_3 and T_4 were 47% and 34% of the control values after 4 weeks of the kojic acid diet. The levels increased to normal limits within 48 hours after return to basal diet and high levels of TSH decreased to normal within 24 hours.

The histopathological investigation on thyroid glands in these 3 experiments found a diffuse type of hyperplasia caused by the kojic acid diet. After 2 weeks of returning to basal diet, normal thyroid follicular structure was apparent in enlarged thyroid glands. The authors of this study suggest that the proliferative effect of kojic acid on the thyroid is not related to a genotoxic pathway.[102]

In a study to determine whether kojic acid causes a promoting effect on thyroid carcinogenesis, male F344 rats were initiated with *N*-bis(2-hydroxypropyl)nitrosamine (BHP) with a single subcutaneous injection (2800 mg/kg).[103] The dose groups included 10 rats each. One week later, the rats received basal diet containing 0% or 2% kojic acid for 12 weeks. An additional group of 8 rats received no BHP initiation or kojic acid and were fed basal diet for 13 weeks. Half of the rats were killed at week 4 and the remainder after the last week of exposure. In the second experiment of the same study, another 2 groups of 10 rats not initiated with BHP received diet containing 0% or 2% kojic acid for 20 weeks. Again, half of the rats were killed at week 4 and the remainder after week 20. Body weights were recorded and blood samples for hormone analysis were taken before death in all animals.

Body weights were decreased in the rats that received kojic acid at both week 4 and 12. Rats in both experiments exposed to kojic acid also had increased absolute and relative thyroid weights up to 25-fold greater than the control group, as well as increased relative liver weights at each time point. Absolute liver weights were significantly increased in rats exposed to kojic acid for 20 weeks. Serum T_3 and T_4 levels were significantly decreased (approximately one half to one third the values of the BHP alone group) and serum TSH was significantly increased (13-19 times higher than the BHP alone group) in the BHP + kojic acid group at both time periods. Similar changes in other serum thyroid-related hormones were observed in the 2% kojic acid alone group at week 4 but not at week 20.

At week 4, 4 of the 5 rats in the BHP + kojic acid group had focal thyroid follicular hyperplasias, while 3 of the 5 rats had focal thyroid follicular adenomas. These lesions were observed in all rats in the BHP + kojic acid group by week 12. Rats that only received kojic acid had marked diffuse hypertrophy of follicular epithelial cells at week 4 and 20. The BHP alone and the untreated control groups had no changes in thyroid-related hormone levels or histopathological lesions. There were no significant intergroup changes of the liver T_4-uridine diphosphate glucuronosyltransferase (UDP-GT) activity. The authors concluded that kojic acid induced thyroid proliferative lesions due to continuous serum TSH stimulation through the negative feedback mechanism of the pituitary–thyroid axis, with decreases of T_3 and T_4 caused by a mechanism independent of T_4-UDP-GT activity.[103]

In a study on the effect of kojic acid on thyroid function, 24 groups of 10 male F344/Du Crj rats received 0, 4, 15, 62.5, 250, or 1000 mg/kg kojic acid daily for 4 weeks.[104] Kojic acid was suspended in 0.5% carboxymethylcellulose and administered at a dosing volume of 5 mL/kg via gavage. At the end of each treatment week, a group of rats from each dose group were killed and necropsied (1 group of rats were necropsied prior to test material administration).

No abnormalities were observed in rats in the 0 to 250 mg/kg dose groups during treatment. Several rats in the 1000 mg/kg dose group had transient and slight decreases in motility 30 minutes to 1 hour after dosing on day 18 to 28 of treatment. Body weights and feed consumption in the 1000 mg/kg dose group were significantly inhibited when compared to the control group. The absolute and relative weights of the thyroid glands were nearly comparable to the control in the 4 to 250 mg/kg dose groups throughout the treatment period. Absolute and relative weights of the thyroid gland in the 1000 mg/kg dose groups were 1.2-fold and 1.3-fold greater than the control group, respectively. Serum T_3 concentration in the 250 mg/kg dose group had a significant decrease only at week 1 when compared to the control group, but the other dose groups showed no significant differences compared to the control at week 2 to 4. The serum T_4 concentration in the 1000 mg/kg dose group was significantly decreased at week 4, but no dosage of kojic acid affected the serum TSH concentration significantly. The 1000 mg/kg dose group had hypertrophy of epithelial cells in the thyroid gland at week 1 to 4; this was not observed in the 250 mg/kg dose group.

In this study, the uptake of iodine and iodination were determined prior to the beginning of treatment and at week 1, 2, 3, and 4 of treatment in 5 animals in each dose group. The rats received ^{125}I-NaI intraperitoneally 24 hours after the last treatment at the end of each week and blood was collected to measure radioactivity 24 hours after each administration of the radiolabel. Animals were killed and thyroid glands were excised and homogenized for radioactivity measurement. Radioactive iodine uptake in the 4 to 250 mg/kg dose groups was comparable to the control group at week 1 to 4. In the 1000 mg/kg dose group, the iodine uptake was about 2-fold greater than the control group in week 1; the uptake in this group continued to be constant and high through week 4. The TCA-precipitable radioactive iodine in the thyroid gland was also increased in the 1000 mg/kg dose group.

This study also determined the absorption of radioactive kojic acid in male Wistar rats dosed with a single-oral dose of 10 μCi/100 g body weight ^{14}C-U-kojic acid. Blood was collected 10 and 30 minutes and 1, 3, 6, and 24 hours after administration and radioactivity was measured with liquid scintillation. The absorption of kojic acid was rapid as manifested by the T_{max} of blood concentration of radioactivity, which was as short as 1.0 ± 0.0 hours and the $t_{1/2}$ was 4.8 ± 0.3 hours. Blood concentrations of radioactivity had nearly disappeared by 24 hours after treatment. The authors concluded that kojic acid may decrease blood T_4 concentration and that thyroid function may be enhanced compensatorily; however, the toxic effect observed on the thyroid gland from the 1000 mg/kg dose group may depend on a fast decrease

following a transient increase of concentration of kojic acid in the blood.[104]

The potential thyroid gland tumor initiation activity of kojic acid was evaluated in a 2-part study on rats.[24] Groups of 20 male F344 rats received a diet containing 0%, 0.02%, 0.2%, or 2% kojic acid for 8 weeks that was followed by treatment with 0.1% sulfadimethoxine (SDM) in drinking water for 23 weeks. A 13-week recovery period followed the SDM treatment. Controls included a group that received 4 subcutaneous injections of BHP during the initiation period followed by an administration of 0.1% SDM, a group that received diet containing 2% kojic acid for the initial 8 weeks alone, a group that received 2% kojic acid for the entire 31 weeks, and a group that received only basal diet. Body weights were measured weekly. At the end of 31 weeks of experimenting, blood was drawn for hormone analysis. Half of the rats in each group were killed prior to the recovery and the remaining rats were killed after. All rats were necropsied. Thyroid glands from the animals were weighed, fixed, and underwent histopathological examination.

During the treatment and recovery periods, deaths from tracheal obstruction from extremely hypertrophied thyroids were observed in the BHP control group (5 in total), the 31-week administration of kojic acid control group (3 in total), the 8-week kojic acid control group (1 in total), and the 2% kojic acid + SDM treatment group (1 in total). Significant suppression of body weight gains was observed in the BHP and 31-week kojic acid control groups during administration that continued until the end of the recovery period in the 31-week kojic acid control. All treated groups had significantly increased absolute and relative thyroid gland weights when compared to the untreated (basal diet) control group at the end of the administration period. These values, however, were decreased at the end of the recovery period, except in the BHP control group. When compared to the untreated controls, serum T_3 levels in the 0% kojic acid + SDM, 2% kojic acid + SDM, and BHP control group were significantly decreased at the end of the administration period, as were the serum T_4 levels in all treatment groups except the 8-week kojic acid control. The serum T_3 and T_4 levels in the 8-week kojic acid control were significantly increased compared to the untreated controls. Dose-dependent significant increases in the serum TSH levels occurred in all treatment groups, except the 8-week kojic acid control. These increases were also dependent on treatment duration in the groups that received kojic acid.

Thyroid carcinomas and adenomas were observed in all rats of the BHP control group while no histopathological lesions were observed in the untreated control group. One adenoma was observed in the 31-week kojic acid control group, but no other carcinomas or adenomas were observed in the remaining treatment groups. At the end of administration, focal follicular cell hyperplasias were significantly higher in rats in the 2% kojic acid + SDM, BHP control, and 31-week kojic acid control groups. This effect was observed in the latter 2 groups until the end of the recovery period. The mean percentage of PCNA-positive cells to 150 to 700 follicular cells counted per proliferative lesion was significantly increased in the BHP control and the 31-week kojic acid control group. The authors concluded that kojic acid had no tumor-initiation activity in the thyroid and observed thyroid tumorigenic activity in earlier studies was likely attributable to nongenotoxic mechanisms.[24]

In this safety assessment, the only thyroid carcinogenesis data available are those pertaining to rodents. A review by Capen reported that rodent thyroid glands, especially in male rats, have greater sensitivity to chemical substances and physiologic perturbations than human thyroid glands.[105] This difference is attributed to several factors, including shorter plasma half-life of T_4 in rodents and differences in transport and binding of proteins for thyroid hormones. Capen concluded that induction of neoplasia in humans from prolonged stimulation of the human thyroid by TSH would occur only in exceptional circumstances. In contrast, a review by Hill et al stated that the US Environmental Protection Agency (EPA) follows the position that chemically induced rodent thyroid tumors are presumed to be relevant to humans and that when interspecies information is lacking, the default is to assume comparable carcinogenic sensitivity in rodents and humans.[106] The SCCP noted that while thyroid tumor induction due to tumor-promoting effect from hormonal disruption occurs in rodents, the effect of kojic acid on human thyroid glands does not pose a significant carcinogenic risk.[20]

Clinical Assessment of Safety

Case Studies

A 30-year-old woman that developed hyperpigmentation following sclerotherapy for varicose veins was prescribed a cream containing 3% kojic acid, 10% urea, 2% hydroquinone, 4% lactic acid, 74% witch hazel, 5% castor oil, 1% citric acid, 1% cellulose, and 10% propylene glycol.[107] After 4 months of use, she saw no improvement of the hyperpigmentation and was prescribed another medication (a mixture of melilotus, alpha bisabolol, Ginko biloba extract, and ascorbic acid) to use along with the cream. A few weeks later, the patient presented with eczematous eruption on and around the hyperpigmentation. Patch tests with the Grupo Español de Investigación Dermatitis de Contacto (GEIDC) series were negative, while a patch test of the entire cream was ++ after 4 days. The individual components of the cream were tested, including kojic acid aqueous solutions of 0.1%, 0.5%, 1%, and 5%. All kojic acid patches were positive after 2 and 4 days, with a ++ reaction to concentrations of 1% and 5%. Patch tests of the other components were negative. Twenty controls tested with the same kojic acid concentrations were negative.

In another case study, a 54-year-old woman with actinic lentigines on her arms and forearms developed pigmented contact dermatitis on her arms.[108] The patient admitted to using a compound with a formulation similar to the one described above containing 3% kojic acid for 5 years. One year before presentation, she noticed progressive, asymptomatic erythematous and hyperpigmented areas on her arms but continued applying the skin lightening compound. Biopsy showed pigmentary

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incontinence, melanophagia, and moderate lymphohistiocytic infiltrate without a spongiotic epidermis. Patch tests with GEIDC series, disperse dyes, and photopatch tests were negative. Patch tests with 1% aqueous kojic acid and the compound "as is" were negative on day 2, but hyperpigmentation was present at both sites on day 4 and 7. These lesions persisted for 1 month. Twenty controls tested with the same compound and 1% aqueous kojic acid were negative.

Clinical Testing and Therapeutic Use

A human repeat insult patch test (HRIPT) of the potential of kojic acid to induce primary or cumulative irritation and/or allergic contact sensitization was conducted using 54 participants.[109] The participants received applications of a cream product containing 1% kojic acid. Induction applications were made to the same, previously untreated site on the back 3 times per week for 3 successive weeks. An amount sufficient to cover the contact surface of kojic acid was applied to a ¾ inch square absorbent pad portion of an adhesive dressing. The test sites were occluded. The patches were removed after 24 hours. Following the 2-week nontreatment period, the challenge application was applied to a previously untreated site for 24 hours, and the site was scored 24 and 72 hours after patch removal. No responses were observed during either the induction or challenge tests.

In another HRIPT study, the potential of a formula containing 2% kojic acid to induce sensitization was evaluated using 218 participants. The induction phase consisted of 9 consecutive applications of 0.2 mg of the test material. The test material was applied on a 2 cm × 2 cm Webril pad, and the test sites were semioccluded. The patches were removed after 24 hours, and the test sites were evaluated after 48 or 72 hours. After a 2-week rest period, the participants received challenge applications on previously untreated sites for 24 hours, and the test sites were evaluated after 48 or 72 hours. During the induction phase, 11 minimal or doubtful ("?") responses and 4 definite erythema ("+") responses were observed. Only one minimal or doubtful response was observed at 48 hours but was resolved at 72 hours. The study concluded that there was no evidence of sensitization in a formula containing 2% kojic acid.

Of the 220 female patients patch tested for suspected cosmetic-related contact dermatitis, 5 reacted to kojic acid as well as products they owned that contained 1% kojic acid.[110] Reactions to 1% and 5% kojic acid in these patients were + and ++. The 5 patients had developed facial dermatitis within 1 to 12 months of using kojic acid-containing cosmetic products. The remaining 215 patients in the patch test group, including 3 that had previous exposures to the kojic acid, did not have any reactions to kojic acid.

The effectiveness of hydroquinone and kojic acid (concentration of 2%) formulations with glycolic acid for the treatment of melasma in 39 patients was compared.[111] The formulations were applied on each half of the face once daily (increasing to twice daily if well tolerated) for a month. Burning and desquamation were reported in all patients, with the kojic acid formulation being more irritating of the 2 formulations tested. None of the patients discontinued treatment, however.

The effectiveness of a gel containing 2% kojic acid, 10% glycolic acid, and 2% hydroquinone to treat melasma was determined in a 12-week study of 40 Chinese women.[112] One half of each woman's face was treated with the test gel and the other half was treated with a gel that did not contain kojic acid. All patients experienced redness, stinging, and mild exfoliation on both halves of the face, with symptoms settling by the third week of the study. Three patients had to withdraw from the study due to these side effects.

Prignano et al[32] described the use of kojic acid in treatment for melasma (cloasma). Kojic acid is normally used in 1% preparations for this skin condition at a frequency of 2 times daily for 2 months. A side effect of this treatment is contact allergy.

Summary

Kojic acid is used as an antioxidant in cosmetics and is derived from several fungal species.

The FDA reports that kojic acid is used in a total of 16 products. In an industry survey of current use concentrations, kojic acid is used at concentrations ranging from 0.1% to 2%. Health Canada and the EWG report 148 and 93 uses, respectively, with the uses in Canada reported as high as 10% to 30%. Kojic acid may be used in cosmetic spray products, but the particle sizes produced by such products are not respirable.

The European Commission's SCCP determined that, based on a margin of safety calculation, the use of kojic acid at 1.0% in skin care formulations poses a risk to human health due to potential systemic effects. The SCCP also found that kojic acid is a potential skin sensitizer. Kojic acid is not included on the list of ingredients that must not be used in cosmetic products that are marketed in Japan.

Noncosmetic uses reported for kojic acid include therapeutic uses for melasma, antioxidant and preservative in foods, antibiotic, chemical intermediate, metal chelate, pesticide, and antimicrobial agents.

In rats, kojic acid is rapidly absorbed and distributed to all organs in oral treatments. Kojic acid is not as rapidly absorbed or distributed in subcutaneous treatments, is slowly absorbed in dermal treatments, and can be transferred at low levels to milk. Kojic acid is mainly excreted in the urine; metabolites are sulfate and glucuronide conjugates of kojic acid.

Absorption of kojic acid through human dermatomed skin resulted in 17% of the applied dose being absorbed. A study of percutaneous absorption of kojic acid in human volunteers found the potential for dermal transfer into the blood to be very low. Based on application of a 1% kojic acid cream to the hands and face and percutaneous absorption of applied dose in human skin, a SED range of 0.03 to 0.06 mg/kg per d was calculated.

Because of its well-documented ability to inhibit tyrosinase activity, kojic acid has been used in numerous studies as a positive control.

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In acute mouse studies with kojic acid, oral, subcutaneous, and intraperitoneal LD_{50} values were 5.1, 2.7, and 2.6 g/kg body weight, respectively. In rats, the LD_{50} values were greater than 2 g/kg body weight in oral and dermal studies, and 2.6 and 2.4 g/kg body weight in subcutaneous and intraperitoneal studies, respectively.

A short-term dermal study in rats found that exposure to kojic acid lowered lymphocyte counts at doses of 300 and 1000 mg/kg per d and decreased absolute and relative spleen weights at 1000 mg/kg per d. The NOEL for this study was 100 mg/kg per d.

The subchronic oral toxicity study in male rats concluded with a NOEL for kojic acid of 125 mg/kg per d. Rats that received 250 mg/kg or more of kojic acid had significant suppression of body weight gain when compared to the control group. The 1000 mg/kg dose group also had a slight decrease in erythrocyte counts and decreases of hematocrit value and hemoglobin concentration. Increases of GOT and GPT were observed in dose groups receiving 250, 500, and 1000 mg/kg. The 500 and 1000 mg/kg dose groups had increased ALP, and slight increases of total cholesterol, bilirubin, and calcium were observed in the 1000 mg/kg dose group. At necropsy, the absolute and relative weights of the adrenal glands were increased in the dose groups receiving 500 and 1000 mg/kg kojic acid.

Kojic acid was not an ocular irritant but was a mild dermal irritant in rabbits. In guinea pigs, this ingredient was not a dermal sensitizer but did produce slight skin reactions with UV light exposure in acidic conditions in human repeat insult patch tests, 1% and 2% kojic acid was not sensitizing. A study of 1% and 4% kojic acid in black guinea saw almost no skin-whitening effects.

Several studies of kojic acid, with doses tested up to 900 mg/kg per d in rodents, found the substance was not a reproductive or developmental toxicant.

Kojic acid was genotoxic in several bacterial assays, but the results in mammalian cell assays were mixed. In vivo mammalian tests of kojic acid were negative for genotoxicity. Kojic acid was a weak photo-mutagen in a photo-reverse mutation assay and a chromosomal aberration study with light irradiation.

International Agency for Research on Cancer has concluded that kojic acid is a group 3 carcinogen—not classifiable to human carcinogenicity. Several studies on mice and rat liver found kojic acid to have carcinogenesis-promoting potential but not an initiation potential. Kojic acid did not possess initiation or promotion potential for skin carcinogenesis in mice. Studies on the effect of kojic acid on rodent thyroids found the chemical inhibits iodine uptake and organification in the thyroid, which causes a proliferative effect.

Thyroid proliferative responses in rodent systems may be due to such factors as shorter plasma half-life of T_4 in rodents and differences in transport and binding of protein for thyroid hormones that do not occur in humans.

Case studies of contact dermatitis have been reported in patients that have used cosmetic products or medicinal creams containing 1% kojic acid. Kojic acid is reportedly used to treat melasma. An efficacy study in Chinese women reported that the patients experienced redness, itchiness, and exfoliation, although these results were also observed on skin that was not treated with kojic acid. Another therapeutic study reported that the side effect of the treatment of melasma with 1% kojic acid was contact allergy.

Discussion

Because kojic acid is not a toxicant in acute, chronic, reproductive, and genotoxicity studies, the Cosmetic Ingredient Review (CIR) Expert Panel considered that these data posed no safety issues. The Panel did note that some animal data suggest tumor promotion and weak carcinogenicity. Kojic acid, however, is slowly absorbed into the circulation from human skin, and likely would not reach the systemic level at which these effects were seen. The available human sensitization data support the safety of kojic acid at a concentration of 2% in leave-on cosmetics, suggesting that a limit of 2% might be appropriate. A depigmentation study of kojic acid in black guinea pigs, however, found that skin whitening was statistically significantly at a concentration of 4%. In the same study, a kojic acid concentration of 1% did not result skin whitening that was different from the vehicle control. Kojic acid did not appear to damage melanocytes, and the skin-whitening effect at 4% likely is attributed to tyrosinase inhibition. While reversible, the Panel considers tyrosinase inhibition to be an adverse effect with a NOEL of 1%. Therefore, the Expert Panel finds that kojic acid should only be used up to a concentration of 1% in cosmetic products.

The Panel recognizes that the EWG on its Web site and Health Canada in its product database have reported uses of kojic acid at concentrations greater than 1%. Because these data may include over-the-counter drug uses, it was not possible to determine the extent to which cosmetic products were being sold with concentrations greater than 1%, the limit established by the Panel.

The CIR Expert Panel noted the large number of studies on the effects of kojic acid on rodent thyroid glands. The weight of evidence indicates differing factors, such as shorter plasma half-life of T_4 in rodents and differences in transport and binding of protein for thyroid hormones between rodents and humans, allow the rodent thyroid system to be more likely to have a proliferative response to physical or chemical stimulation attributable to an indirect effect on thyroid hormone synthesis and secretion rather than a genotoxic mechanism. Recognizing that the rodent thyroid gland is sensitive to chemical substances and physiologic perturbations in ways different from that in humans, the Expert Panel concluded that kojic acid would not pose significant risk to human thyroid glands at the levels used in cosmetic products.

The potential adverse effects of inhaled aerosols depend on the specific chemical species, the concentration, and the duration of the exposure and their site of deposition within the respiratory system. In practice, aerosols should have at least

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99% of their particle diameters in the 10 to 110 μm range and the mean particle diameter in a typical aerosol spray has been reported as ~38 μm. Particles with an aerodynamic diameter of ≤10μm are respirable. In the absence of inhalation toxicity data, the Expert Panel determined that kojic acid can be used safely in cosmetic spray products, because the product particle size is not respirable.

Conclusion

The CIR Expert Panel concluded that kojic acid is safe for use in cosmetic products up to a concentration of 1%.

Author's Note

The 2010 Cosmetic Ingredient Review Expert Panel members are: Chairman, Wilma F. Bergfeld, MD, FACP; Donald V. Belsito, MD; Ronald A. Hill, PhD; Curtis D. Klaassen, PhD; Daniel C. Liebler, PhD; James G. Marks Jr, MD, Ronald C. Shank, PhD; Thomas J. Slaga, PhD; and Paul W. Snyder, DVM, PhD.

The CIR Director is F. Alan Andersen, PhD. This report was prepared by Christina L. Burnett, CIR Scientific Analyst/Writer.

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Conflict of Interest

The author's declared no potential conflict of interest relevant to this article was reported. F. Alan Andersen and Christina L. Burnett are employed by the Cosmetic Ingredient Review.

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