

Notes from meeting with American Academy of Pediatrics (AAP)
October 25, 2000
Representing American Academy of Pediatrics—Lynn Goldman

AAP represents pediatricians nationwide

AAP has a policy setting process. That process includes the development of policy by expert committees, which is then approved by the Executive Board. There is an Environmental Health committee.

There is an AAP technical report on mercury in draft, which eventually will be published.

There is an AAP Environmental Handbook for pediatricians to use when advising patients.

There is also an AAP statement on breast milk with information on methyl mercury.

The NAS report needs to be taken seriously by FDA. It is a good example of how a risk assessment ought to be conducted.

Whatever recommendations FDA comes out with should be straightforward. All the government agencies should present clear and consistent messages.

Physicians are used to dealing with benefits and risks.

Response to question #1—the action levels are for adults. We need to consider the average consumer. Need to identify kids from families that eat a lot of fish, i.e. Asian or low-income families.

Is the advisory out-of-date? Need to look to new studies coming out—Seychelles and Faroe Islands. NAS looked at New Zealand study; AAP has not.

The AAP Environmental Handbook states that the benefits of eating fish outweighs the known risks. Pregnant women should eat a limited [not specified] amount of shark, tuna and swordfish caught in commercial waters. Pregnant women should check with state or local authorities before eating fish from local waters. One of the questions is: are other forms of protein available if fish is not consumed. May be an issue in Alaska, for example.

FDA language on following local advisories contorted.

Response to question #2—AAP understand the benefit/risk of methyl mercury, but does not want to see children harmed by it.

AAP would like to see the diets of young children analyzed for fish consumption. What about other subgroups? EPA and NAS risk assessments use food consumption data from USDA—the NHANES study. State data may be available.

Response to question #3—AAP believes there is enough information to have FDA look at this issue on an ongoing basis. As new information comes to light it should be shared. Why wait for another negative study?

[Joe Levitt asked the question what about changing recommendation now and in six months. Lynn Goldman did not think this was an issue.]

Response to question #4—How do you make changes? By including expert pediatricians and toxicological experts. Need to bring in objective experts.

Response to question #5—No specific recommendations. Find ways to communicate through the AAP. Issue mailings and joint mailings w/ cover letter.

Response to question #6—Need more information on fish intake—as mercury level in fish decreases and mercury levels in children decrease you will know the message is getting through.

AAP would support these kind of efforts.

There is a certain amount of linking between AAP and ACOG. There is an ACOG liaison to AAP's environmental working group. Sometimes AAP will bring an issue up to AMA and then it will go back down to the specialties.

A good contact is through the March of Dimes—Don Madison (name?)

FDA should have a liaison on AAP's environmental committee, as does CDC, EPA and USDA. They meet 2-3 times a year, usually in Elk Grove Village, IL, or sometimes in Washinton. Most members are practicing pediatricians. By being on the committee, items can be put on the agenda and presented to the AAP Executive Board.

Also, FDA could invite an AAP to join an FDA FACA committee.