Regulations and perspectives on disinfection by-products

- Importance of estimating overall toxicity

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ABSTRACT

Chemical disinfection of drinking-water results in the formation of disinfection by-products (DBPs). This paper reviews evidence on the overall toxicity of disinfected water instead of focusing on the effects of individual DBPs. The possible health effects of ingesting DBPs include development of cancer and adverse reproductive/developmental outcomes. Only a few of the 600-700 chlorinated-by-products are regulated, accounting for only a small portion of the overall toxicity of DBPs. This review showed that current water quality management, based on complying with standard values set for individual DBPs, is insufficient in responding to overall toxicity from DBP species. Because water suppliers typically focus their water quality management efforts on meeting the defined maximum concentration standards for individual regulated parameters, current water management practices may not adequately focus on effectively reducing overall DBP toxicity. Therefore, we recommend a progressive shift towards preventive and holistic DBP management based on a comprehensive health-based risk assessment that takes into account the overall toxicity and is supported by a validation of the control processes. We also present a prioritized research agenda that will help determine risk assessment and management and facilitate the development of regulations. This includes the development of an overall index for overall DBP toxicity.

Keywords carcinogenicity, disinfection by-products, drinking-water quality standards, reproductive/developmental toxicity
WEAKNESSES IN THE CURRENT REGULATORY APPROACHES ON DBPS

Trihalomethanes (THMs) were originally recognized as a potential health concern in drinking-water in the 1970s. Since then, there has been extensive effort by researchers internationally to detect and identify other disinfection by-products (DBPs) (Krasner et al. 1989; Stevens et al. 1990; Richardson 1998). Although THMs are the most commonly regulated DBP group, they only account for 20-30% of total organic halides (TOX) formed by chlorination. With advances in analytical technologies, 600-700 chlorinated by-products have now been identified. Despite these efforts, it is estimated that detectable by-products account for approximately 50% of TOX. Richardson et al. (2007) recently reviewed this issue focusing on carcinogenicity and genotoxicity of DBPs. In addition, the evidence to date has been considered adequate to set health-based values for less than 20 DBPs. As a matter of fact, a total of 18 DBPs currently have health-based values including provisional guideline values that have been derived by World Health Organization (2006), U.S. (U.S. Environmental Protection Agency 2006), European Union (1998), Canada (Health Canada 2003), and Japan (Council on Public Welfare Science 2003). No by-product has a health-based value that was determined to account for reproductive and developmental endpoints.

Internationally, current DBP-related regulations (World Health Organization 2006; Karanfil et al. 2008) address only a relatively small fraction of the overall DBP toxicity. This proportion cannot be easily increased by monitoring increased numbers of DBP species, because regulation and monitoring of more DBPs has both scientific and financial constraints. Therefore, efforts have focused on the overall toxicity of drinking-water. Here we review the results of studies on the overall toxicity of disinfected water instead of focusing on individual DBPs. The toxicity described in this report includes not only carcinogenicity but also reproductive and developmental toxicity. First, this paper presents some evidence that demonstrates toxicity in disinfected water that cannot be attributed to the currently-regulated by-products. This confirms the importance of estimating the overall toxicity of drinking-water. Next, we review attempts to evaluate the overall toxicity of disinfected water using in vivo bioassays. We discuss problems with these assays and describe on-going research by the U.S. Environmental Protection Agency (US EPA). Finally, we highlight requirements of future drinking-water quality regulation and make recommendations.

EXAMPLES ILLUSTRATING THE IMPORTANCE OF ESTIMATING THE OVERALL TOXICITY OF DISINFECTED WATER
Contribution of individual by-products to the toxicity of chlorinated water

Some researchers have measured the concentrations of by-products and examined the toxicity of individual by-products by in vitro bioassays. Table 1 shows an example obtained by Itoh & Echigo (2008). The chromosomal aberration test using Chinese hamster lung cells and the transformation test using mouse fibroblast cells were performed as indices to estimate the initiation and promotion, respectively, in the carcinogenesis process. Three by-products: chloroform, dichloroacetic acid (DCA), and trichloroacetic acid (TCA), contributed 2.9% of the chromosomal aberration-inducing activity and 1.4% to the transformation efficiency. The contributions of MX (3-chloro-4-(dichloromethyl)-5-hydroxy-2(5H)-furanone) and bromate ion were almost negligible (less than 0.1%).

Previous research has also reported that individual DBPs make small contributions to overall mutagenicity, as reviewed by Donald et al. (1989). Meier et al. (1985) estimated that the summed mutagenicity of ten chlorinated by-products was only 7-8% on TA100 and less than 2% on TA98 by the Ames test. Research using the Ames test has shown that MX contributes from 0.2 to 60 percent of the mutagenicity of chlorinated water (Kronberg et al. 1988; Kinae et al. 2000). On the other hand, the contribution of MX to mutagenicity assessed by the Ames test and by a test using cultured mammalian cells differ. Plewa et al. (2002) measured the DNA-damaging activity of several DBPs and MX by alkaline single-cell gel electrophoresis (SCGE, comet assay) using CHO cells. This assay indicated that the genotoxicity of MX was very weak compared to that of bromoacetic acid. This is because MX has high affinity for protein and other nucleophiles to reduce its genotoxicity in mammalian cells. Thus, an estimate of MX based on the result of the Ames test may overestimate its cancer risk (McDonald & Komulainen 2005).

It is widely known that the individual by-products analyzed in these studies account for a small proportion of the overall genotoxicity of chlorinated water and the toxicity of chlorinated water can be attributed predominantly to by-products other than those currently regulated. The overall toxicity measured by in vitro and in vivo bioassays is discussed in in vitro mutagenicity testing and in vivo testing, respectively. There is no guarantee that the concentrations of the regulated DBPs track the concentrations of all DBPs of adverse health consequences. An implication is that current water quality management, based on standard values for individual by-products, is insufficient in responding to overall toxicity arising from all DBP species in drinking-water.

Contributions of organobromine compounds and bromate ion
In general, the concentrations of brominated by-products formed by chlorination are lower than those of chlorinated by-products. However, brominated low molecular weight by-products such as brominated THMs and haloacetic acids (HAAs) are more toxic than chlorinated by-products (Plewa et al. 2002; Richardson et al. 2007). A complex mixture of by-products from humic acids formed by hypobromous acid has three-fold greater mutagenicity than that formed by hypochlorous acid (Echigo et al. 2004).

A previous study assessed the contribution of organobromine by-products to the induction of chromosomal aberrations in chlorinated water (Echigo et al. 2004). Total organic chlorine (TOCl) and total organic bromine (TOBr) in TOX were measured separately. This study found that the contribution of TOBr ranged from 28-52% in the actual tap water conditions of [Br]/TOC = 0.05-0.1 mg Br/mg C and [HOCl]/TOC=1.0-1.5 mg Cl₂/mg C. In most chlorinated waters, the concentration of TOBr is far lower than that of TOCl; however, TOBr is more toxic. Thus, the contribution of TOBr can be unexpectedly large. In some parts of the world the concentrations of naturally-occurring bromide ions in source waters are often over 100 µg/L. In these cases, the contribution of TOBr to overall toxicity may exceed that of TOCl.

The contribution of bromate ions to the toxicity of ozonated and chlorinated water is very small or negligible, as shown in Table 1.

Figure 1 summarizes these findings on ozonated/chlorinated water. The areas of ellipses approximately show the strength of mutagenicity based on the results of chromosomal aberration test (Echigo et al. 2004). TOCl and TOBr are formed in chlorinated waters.

Although the TOBr concentration is low, the contribution of TOBr to overall toxicity is significant. In waters that are both ozonated and chlorinated, oxidized by-products without halogen are formed, including bromate ions that contribute a very small proportion of the overall toxicity.

Figure 2 shows the induction of chromosomal aberrations by humic acid solutions containing bromide ion that had been chlorinated and ozonated/chlorinated (Echigo et al. 2004). When ozonation was followed by chlorination, the chromosomal aberration-inducing activity was less than that of water treated only with chlorine. Bromate ion up to 1.1 mg/L was formed by ozonation. Water containing bromated ions that has been treated only with ozone has a weak chromosomal aberration-inducing activity. Because ozonation changes the chemical structures of natural organic matter (NOM), different by-products will be formed and induction of chromosomal aberration is less in chlorinated water if it has been ozonated. Thus, ozonation can produce safer (chlorinated) drinking water even with forming bromate ion.

Some water supply utilities reduce bromide ion in raw water by chlorination to decrease the concentration of bromate ions that is formed by subsequent ozonation (Buffle et al. 2002).
Chlorination before ozonation can result in formation of organobromine by-products (TOBr). However, the contribution of bromate ion to the toxicity of chlorinated water as a final product is negligible, and organobromine by-products have a far greater contribution as shown in Figure 1. Therefore, this procedure may increase overall toxicity of drinking-water and a careful safety evaluation should be performed before this is implemented.

Meeting water quality standards for individual DBPs (bromate ion in this case) may result in other potentially-significant problems being overlooked, leading to potentially inappropriate and potentially counter-productive treatment measures. Water quality standards for DBPs should be considered as a reference for water quality management. A relative evaluation on the toxicity of brominated organic by-products and bromate ion (Figure 1) and a result indicating the significance of ozonation (Figure 2) present examples of the necessity of measuring the overall toxicity of drinking-water.

**Change of the toxicity of chlorinated water and its index**

Since concentrations of THMs and HAAs in chlorinated drinking-water increase in water distribution systems (Tanaka et al. 1991; Sasaki & Ueda 1992; Summers et al. 1996; Arora et al. 1997), it is widely believed by water supply utilities that the toxicity of drinking water also increases.

On the other hand, it has been found that mutagenicity of chlorinated water and some chlorinated by-products is not stable. Meier et al. (1983) have examined the effect of pH on the stability of mutagenicity of chlorinated water. Mutagenicity of chlorinated humic acids decreases with increasing pH. Nazar & Rapson (1982) have shown that mutagenicity of the known organochlorine mutagens decreases by cleavage of organically bound chlorine. As cleavage of chlorine proceeds by hydroxide ion, mutagenicity decreases faster at higher pH. These findings have shown that the structure of some organochlorine compounds produced by chlorination can be changed by hydrolysis.

Itoh et al. (2006) investigated changes in the toxicity in chlorinated water after chlorine addition. Figure 3 illustrates the results. The chromosomal aberration test and transformation test were carried out as indices to initiation activity and promotion activity, respectively. Firstly, it shows that initiation activity just after chlorination is stronger than promotion activity. This was found by a comparison between chlorinated water and various chemicals. Secondly, initiation activity is produced by chlorine, however, it is unstable and decreases sharply over time after chlorination even in the presence of residual chlorine. In contrast, promotion activity produced by chlorine increases slightly over time after chlorination.

Thus, toxicity that decreases or increases is present in chlorinated water. The increasing toxicity (promotion activity) is present in chlorinated water, however, initiation activity drastically decreases. Since the toxicity of water is measured by *in vitro* assays in this study,
it is not possible to get a conclusion on the change of toxicity on the human body. However, it should be noted that the overall toxicity associated with carcinogenic activity can be mainly attributed to initiation activity and presumably decreases over time after chlorination. This was also suggested by the non-two-stage transformation test that is an index of the sum of initiation and promotion activity.

It is well known that concentrations of typical by-products such as THMs and HAAs increase after chlorine injection based on studies on characteristics of DBPs formation by chlorination and factors affecting the DBPs yield (Rockhow et al. 1990; Zhuo et al. 2001; Liang & Singer 2003). Since many investigations have been carried out on the mutagenicity in chlorinated drinking water, some characteristics on the mutagenicity have been clarified. One of the representative characteristics is that the mutagenicity easily changes and decreases over time after disinfection depending upon pH and temperature of water (Rapson et al. 1980; Meier et al. 1983; Kinae et al. 1992; Ueda et al. 1996; Itoh et al. 2001). These findings suggest that the direction of change in the mutagenicity is inconsistent with those of THMs and HAAs. In addition to these previous view, Figure 3 obtained by in vitro tests as indices of initiation activity and promotion activity shows that the toxicity of chlorinated water is not consistent with concentrations of THMs and HAAs. These by-products are widely measured, however, they would not be appropriate as indices to compare the toxicity of chlorinated drinking-water in distribution systems.

The stability of some DBPs after the production by chlorine has been examined and discussed (Glezer et al. 1999; Nikolaou et al. 2001; Lekkas & Nikolaou 2004; Xie 2004). MX, a strong mutagen and carcinogen (McDonald & Komulainen 2005), is also produced by chlorination, however, it has been found that it decreases over time after it is formed by chlorine (Meier et al. 1987; Kinae et al. 1992). This decrease could be attributed to hydrolysis and the reaction of MX with residual chlorine. This direction of change is in reverse to those of THMs and HAAs. In addition, the change in concentration of MX was quantitatively consistent with the change of the toxicity (Itoh et al. 2006). Consequently, MX is appropriate as an index for comparing the carcinogenicity of tap water near and far from a water purification plant.

This example suggests that we have to focus on the overall toxicity of chlorinated water and indicator by-products have to be selected in view of the purpose of water quality management.

Toxicity and characteristics of chlorine dioxide-treated water

The use of so-called ‘alternative’ (meaning non-chlorine) disinfectants can markedly reduce the levels of halogenated organic compounds, including THMs, in drinking-water (Fielding & Farrimond 1999; Singer et al. 1999; Barrett et al. 2000). DBPs formed by
chlorine dioxide including inorganic by-products such as chlorite and chlorate ions have also been examined (Chang et al. 2000a, b; Dabrowska et al. 2003; Veschetti et al. 2005). Chlorine dioxide is generally thought to be suitable for practical disinfection processes with reducing the levels of halogenated DBPs (Gates 1998). However, the use of alternative disinfectants have had unexpected consequences including the production of a different set of toxic DBPs (Sedlak & Von Gunten 2011). For this reason, we have to consider the overall level of toxicity of water that is formed by these disinfectants, in addition to typical halogenated DBPs.

From this point of view, in vitro short-term genotoxicity tests are useful, because they can evaluate the combined action of DBPs present in drinking water as complex mixtures. Actually, there have been some studies on the mutagenicity formation by chlorine dioxide and the comparison between waters treated with chlorine dioxide and chlorine (Donald et al. 1989; Anderson et al. 1990; Itoh et al. 2001; Guzzella et al. 2004; Onarca et al. 2004). As described in Change of the toxicity of chlorinated water and its index, the mutagenicity in chlorinated water changes over time after chlorination. A few studies show the change or persistence of DBPs formed by chlorine dioxide in distribution systems (Korn et al. 2002; Hoehn et al. 2003), however, no studies have been conducted on the change in the mutagenicity formed by chlorine dioxide over time after the water treatment. We have to consider that there are some differences in the mutagenicity level and the change rate of the mutagenicity over time after disinfection between chlorination and chlorine dioxidation.

In one study the toxicity of chlorine dioxide-treated water and associated changes were examined and compared with that of chlorinated water (Itoh et al. 2007). The chromosomal aberration-inducing activity is produced by chlorination and chlorine dioxidation; however, this activity is unstable and gradually decreases over time after the treatments. Moreover, this activity decreases even under conditions where residual chlorine and chlorine dioxide can be detected. Changes in the chromosomal aberration-inducing activity were estimated to compare the safety of drinking water treated with chlorine and chlorine dioxide in distribution systems. The time to reach the maximum chromosomal aberration-inducing activity observed in chlorinated water or chlorine dioxide-treated water was set at 24 hours or 10 hours, respectively, based on the data obtained. Decreasing rate constants for the chromosomal aberration-inducing activity were calculated as a function of the concentration of residual disinfectants. It has been found that the decreasing rate constant is smaller, as the residual disinfectant concentration is higher. Residual concentrations in distribution systems were set at 0.1 mg/L and 0.4 mg/L. Figure 4 shows an estimated result based on typical drinking-water in Japan. The 1.0 on the vertical axis indicates the maximum chromosomal aberration-inducing activity in chlorinated water.

The levels of chloroform and TOX formed by chlorine dioxidation were approximately
1% and 5-7%, respectively, of those formed by chlorination (Itoh et al. 2007). A major advantage of chlorine dioxide over chlorine is that it produces significantly lower levels of halogenated organic compounds. **Figure 4** shows, however, the chromosomal aberration-inducing activity produced by chlorine dioxidation is stronger than would be expected based on the quantity of the formed by-products. Therefore, it is important to note that the use of chlorine dioxide instead of chlorine as an alternative disinfectant does not dramatically reduce the mutagenicity of the treated water.

**Figure 4** shows that the activity in chlorine dioxide-treated water that induces chromosomal aberrations decreases more slowly, indicating that the mutagenicity of chlorine dioxide-treated water is more stable. The chromosomal aberration-inducing activity in chlorine dioxide-treated water is weaker than that in chlorinated water just after treatments; however, the difference in the two activities decreases over time after treatment. In particular, when the residual disinfectants are 0.1 mg/L, the activity in chlorine dioxide-treated water that induces chromosomal aberrations becomes equal to that in chlorinated water at approximately four days. After that, the relationship is reversed. When the residual disinfectants are 0.4 mg/L, the difference in the two activities does not rapidly decrease.

Assuming that the drinking-water is retained in distribution systems typically for less than two days, **Figure 4** also suggests that the mutagenicity of chlorine dioxide-treated water would be 70-80% of that of chlorinated water – a potential advantage of chlorine dioxide treatment. In addition, although chlorine dioxide-treated water is less mutagenic than chlorinated water, the difference is small when the drinking-water remains in the distribution system for a long period of time.

Thus, while at face value chlorine dioxide treatment can ‘solve’ the THMs problem, it should be noted that it is similar to chlorine in terms of the mutagenicity of drinking-water.

Chlorate ion and chlorite ion are formed as inorganic by-products by chlorine dioxide and standard values have been set for these by-products that prevent its widespread use because they are not easy to achieve. The finding presented here is an additional limitation in using chlorine dioxide.

**Contribution of DBPs to the estrogenic effects of drinking-water**

The potential health risks of endocrine disrupting chemicals (EDCs) were of great public interest in the mid to late 1990s. Many epidemiological studies have been conducted to examine the relationship between adverse reproductive and developmental outcomes and exposure to chlorinated drinking-water. Some reviews of these studies (Zavaleta et al. 1999; International Programme on Chemical Safety 2000; Nieuwenhuijsen et al. 2000; U.S. Environmental Protection Agency 2006) have suggested that adverse outcomes, such as spontaneous abortion, stillbirth, low birth weight, neurotoxicity, and birth defects, can be
associated with THMs and chlorinated by-products. These associations were not reported in other studies and further research would be needed to confirm any association.

Hundreds of compounds have been listed as suspected EDCs (Endocrine Disruptor Screening and Testing Advisory Committee 1998), and most research on EDCs focuses on these individual micropollutants. In contrast, the relationship between the consumption of chlorinated water and reproductive and developmental toxicity has been explored in epidemiological studies as mentioned above. Therefore, chlorinated by-products formed from NOMs should be an interest in addition to typical EDCs.

We consider it is important to measure the estrogenic effects of raw water containing both micropollutants and NOMs, and of chlorinated by-products in addition to suspected EDCs. The Endocrine Disruptor Screening and Testing Advisory Committee (EDSTAC) (1998) established by the US EPA also recommended that a mixture of DBPs be evaluated for their potential to cause endocrine disruption.

**Figure 5(a)** illustrates the components of water that induce estrogenic effects and how they are changed by chlorination (Itoh et al. 2009). First, NOMs have a weak estrogenic effect that increases after chlorination. Itoh et al. (2000a) found that commercial humic acid exhibits the estrogenic effect, which increases upon chlorination. In addition, this study demonstrated that the estrogenic effect of concentrated Lake Biwa water using the XAD7HP resin increases up to 2.3 times upon chlorination. The reasons that chlorination increases the estrogenic effect could be 1) chlorine produces by-products such as organochlorine substances, which are estrogenic; 2) a low-molecular-weight fraction, which may bind to the estrogen receptor in a cell, increases due to the oxidation and hydrolysis caused by chlorination; and 3) chlorine releases estrogenic substances, which interact with humic substances in the aqueous environment. Itoh et al. (2000b) revealed that the main factor affecting the increase in the estrogenic effect is the effect of chlorination by-products. However, it has not been successful in identifying specific by-products contributing to the increase in the estrogenic effect.

In addition, coagulation and activated carbon treatment decreased the estrogenic effect of the source water, but chlorination increased the estrogenic effect of the source water and treated waters (Itoh et al. 2009). These results suggest that the estrogenic effect is formed due to the reaction of chlorine with organic matter that remains after water treatment. It should be emphasized that this phenomenon is very similar to the formation of THMs in the drinking water treatment process, that is, NOMs are major precursors for both the estrogenic effect and THMs.

On the other hand, the estrogenic effects of most micropollutants decrease after chlorination as shown in **Figure 5(a)**. The effects of chlorination of bisphenol A (BPA), 4-nonylphenol (4-NP), estrone (E₁), 17β-estradiol (E₂), estriol (E₃), and 17α-ethynylestradiol...
(EE2) on the estrogenic effect have been reported (Hu et al. 2002; Kuroto-Niwa et al. 2002; Lenz et al. 2003; Tabata et al. 2003; Deborde et al. 2004; García-Reyero et al. 2004; Lee et al. 2004; Nakamura et al. 2006; Kuruto-Niwa et al. 2007). In fact, some chlorinated derivatives or intermediates during chlorination of BPA and 4-NP show stronger estrogenic effect than parent compounds, however, the estrogenic effect of these compounds eventually decreases after the chlorination with chlorine dosage typically used in practice.

Different results have been reported about the effect of chlorination on the estrogenic effect of river water and treated wastewater. The estrogenic effect decreased by chlorination in some studies (Takigami et al. 1998; Akatsuka et al. 2000), however, it increased in other study (Yakou et al. 2000). Figure 5 (a) indicates that organic matters of which estrogenic effect increases or decreases after chlorination are present in raw water. The findings demonstrate that the overall estrogenic effects in chlorinated drinking-water are the sum of the increased and decreased activities of individual constituents after chlorination. The effect of chlorination depends on the quantity of the estrogenic effect that increases and decreases by chlorination.

In addition, the estrogenic effect originated from NOMs shown in Figure 5(a) following chlorination increased gradually over time, even in the absence of residual chlorine (Itoh et al. 2009). It is known that the concentration of THMs and HAAs increases while in the distribution system. The obtained result suggests that some part of the estrogenic effect in drinking water also increases over time after chlorination. The increase in estrogenic effect is faster at a higher pH than at a neutral pH, which is reasonable because the hydrolysis rate increases as the pH increases. Based on this finding, Figure 5(b) illustrates the components of the estrogenic effect originated from NOMs. It shows that the components, which form the “estrogenic effect formation potential” and “estrogenic effect intermediates”, can be defined. The estrogenic substances formed just after chlorination are part of the chlorinated by-products. The “estrogenic effect intermediates” change into estrogenic substances over time, explaining the increased estrogenic effect shown in Figure 5(a) continues to increase over time after chlorination.

This phenomenon is similar to the formation of THMs because NOMs are major precursors of both estrogenic effect and THMs. The “THM formation potential” and the “THM intermediates” in the formation process of THMs have definitions that are similar to those illustrated in Figure 5(b) (Xie 2004). To decrease the estrogenic effects of drinking-water, NOMs in addition to suspected EDCs should be removed before chlorination. Furthermore, it is important to assess the reproductive and developmental toxicity of mixtures of by-products that originated from NOMs.

ATTEMPTS TO ESTIMATE THE OVERALL TOXICITY OF

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DISINFECTED WATER

In vitro mutagenicity testing

As discussed above, we have to pay much attention to numerous other DBPs in addition to typical ones formed by disinfection. It has been emphasized for many years that it is important to measure and evaluate the toxicity of complex DBP mixtures in chlorinated water. In vitro short-term bioassays such as the Ames test can evaluate the combined action of DBPs. Many studies have investigated the mutagenicity of organic extract in disinfected water, including chlorinated water (Loper et al. 1978; Donald et al. 1989). As mutagenicity tests, the Ames test had been mainly carried out until the 1980s, however, various kinds of in vitro bioassays such as assays using cultured mammalian cells have been performed after that.

Our review of studies that compared the mutagenicity of water treated with different disinfectants (Zoeteman et al. 1982; Backlund 1985; Meier & Bull 1985; Cognet et al. 1986; Kamei et al. 1989; Anderson et al. 1990; Sayato et al. 1991; DeMarini et al. 1995; Monarca et al. 1998; Guzzella et al. 2004; Maffei et al. 2005) found that a study by Meier & Bull (1985) yielded typical results. This study showed that the mutagenicity of chlorinated water was the strongest and that chloramine-treated water was also mutagenic. The mutagenicity of chlorine dioxide-treated water was minimal, and ozonated water had no detected mutagenicity. DeMarini et al. (1995) showed that different types of disinfected water had mutagenicity in the following order: chlorination > ozonation plus chlorination > chloramination > ozonation plus chloramination > ozonation > raw water. There are additional findings on ozonation such as; ozone has the effect that reduces the mutagenicity of raw water (Zoeteman et al. 1982); the mutagenicity of ozonated water is detected in some cases (Cognet et al. 1986) and not in others (Meier & Bull 1985; Anderson et al. 1990). In addition, these results may vary with raw water quality and a sample preparation procedure etc. For example, Sayato et al. (1991) showed that chlorination reduces mutagenicity because the mutagenicity of raw water is strong.

Performing in vitro mutagenicity testings is not quantifications of individual chemicals by chemical analysis, and they can provide one of the indicators of the overall toxicity of water. As a matter of fact, epidemiological studies have reported associations between the mutagenicity of chlorinated drinking-water and increased risk of cancers of bladder, rectum, kidney, pancreas, and lymphatic system (Koivusalo et al. 1995; Koivusalo et al. 1997; Koivusalo et al. 1998). The results of in vitro mutagenicity testings can be employed for reducing risk of drinking water, and can contribute to develop a better water treatment process. On the other hand, these tests have the limitation that toxicity to the human body cannot be assessed and a health-based value cannot be derived by extrapolating the results.
for humans.

**In vivo testing**

It is essential to estimate the overall toxicity of disinfected water with *in vivo* assays so that the toxicity of TOX, i.e., complex mixtures of chlorinated water, can be estimated. However, only a few carcinogenicity studies using experimental animals have been conducted.

Bull *et al.* (1982) showed an increased number of tumors when concentrates of US drinking-water were applied to mouse skin as tumor initiators in initiation/promotion studies. The same study also showed that water disinfected by chlorine, ozone, and chloramine resulted in a greater number of papillomas compared to nondisinfected water. Van Duuren *et al.* (1986) administered a chlorinated humic acid solution (1 g TOC/L) as drinking-water to mice for two years. There were no increases in tumors. Similarly, no adverse effects relevant to carcinogenicity have been detected in other studies (Kool *et al.* 1985; Miller *et al.* 1986; Condie *et al.* 1994). Condie *et al.* (1985) carried out a sub-chronic toxicity test administering chlorinated humic acid solution in drinking water for 90 days. NOAEL (no-observed adverse effect level) was derived as 0.5 g-TOC/L. Daniel *et al.* (1991) conducted a sub-chronic toxicity test in male and female rats. A provisional NOAEL of untreated humic acid solution, ozonated water and ozonated/chlorinated water was set to be 1.0 g-TOC/L.

In summary, no studies have shown evidence of the carcinogenic effects of complex DBP mixtures via drinking-water consumed by rodents. There have been many epidemiological studies of associations between consumption of chlorinated drinking-water and increased risk of various cancers (International Agency for Research on Cancer 2004; U.S. Environmental Protection Agency 2006). The US EPA has concluded that the available data indicates a potential association between consumption of drinking-water and bladder cancer, and it also suggests a potential association between consumption of drinking-water and rectal and colon cancers. Although an epidemiological study is useful as a means to observe adverse effects on human health, there is no attempt to date to derive health-based values of DBPs based on epidemiological evidence. *In vivo* assays using experimental animals should be given a higher priority to derive a health-based value of a DBP mixture.

**Toxicity estimation project initiated by the US EPA**

Available evidence suggests that it will be essential to perform *in vivo* toxicity tests on disinfected water to obtain results that can be used to derive water quality standards for TOX (μg Cl/L). The US EPA has initiated the Integrated Disinfection Byproducts Mixture Research Project for this purpose (Simmons *et al.* 2002; 2004).

In this project, the following *in vivo* toxicology tests will be performed: reproductive and
developmental toxicity, mutagenicity, carcinogenicity, immunogenicity, hepatic/renal
toxicity, neurotoxicity, developmental neurotoxicity, and kinetics/metabolism. In vitro
bioassays on similar types of toxicity have also been designed to be performed. It is very
valuable that, in addition to in vitro bioassays, in vivo toxicity studies that are associated not
only with carcinogenicity but also with other several types of toxicity have been planned.

This project confronts challenging technical issues such as the development of a
concentration procedure using a reverse osmosis membrane (Speth et al. 2008), preparation
of water concentrates that are drinkable by laboratory animals (Narotsky et al. 2008), and
ensuring the chemical stability of water concentrates (McDonald et al. 2010). Since
multi-disciplinarity is needed to tackle these technical issues, specialists from different fields
have designed and initiated this huge project.

The reproductive and developmental endpoints are being given first priority in this project.
The results obtained to date showed that 130-fold concentrates of both chlorinated and
ozonated/postchlorinated water appeared to exert no adverse developmental effects
(Narotsky et al. 2008). Cancer endpoints, however, were assigned a lower priority because of
the difficulty in obtaining enough water concentrate for a two-year cancer bioassay. In
addition, water is disinfectated either by chlorination or by ozonation/postchlorination, and
there is no plan to research adverse effects of water that has been treated with chlorine
dioxide or chloramines (Simmons et al. 2008). Future research progress is highly
encouraged.

Since obtaining useful information for actual regulation depends on the progress and
success of in vivo bioassays, they should be given a higher international priority.

CONCLUSIONS AND RECOMMENDATIONS

The regulation of DBPs has played a great role in producing safe drinking-water; however,
there are numerous limitations with the current system. Only a few of the 600-700
chlorinated by-products are regulated, accounting for only a small portion of the overall
toxicity represented by DBPs.

Water suppliers typically focus their water quality management efforts to comply with
defined maximum concentration standards for individual regulated parameters. As a result,
toxicity from causes other than regulated by-products is overlooked, leading to potentially
inappropriate and potentially counter-productive treatment measures. The contribution of
bromate ion to overall water toxicity (Figure 1) and the toxicity and changes in chlorine
dioxide-treated water (Figure 4) are good examples. Standard values are never sufficient as
golden rules as far as DBPs are concerned. Instead, they should serve as important points of
reference for water quality management.
We recommend a paradigm shift towards preventive and holistic DBP management based on a comprehensive health-based risk assessment that takes into account the overall toxicity. This approach is recommended in the WHO Guidelines for Drinking-water Quality as "Water Safety Plans" (WSPs). WSPs require assessment of risks from catchment to consumer, and implementation of control measures that are validated to effectively mitigate risks. Moreover, the WSP approach puts more emphasis on monitoring of control measures rather than on monitoring at end-of-pipe against an ever-growing list standards. The implication for DBP management is to focus efforts on the implementation and monitoring of preventive control measures such as removal of DBP precursor compounds, the consideration of the costs and benefits of using alternative or non-chemical disinfection processes, and if appropriate, to establish and validate removal of DBPs prior to distribution. Care must be taken to not compromise disinfection efficacy in efforts to reduce DBP toxicity, and this should also be demonstrated in the WSP risk management plan.

Other than a progressive shift to promotion of WSPs, there may be a limited number of immediately implementable policy or regulatory actions. One step would be to keep standard values that have been derived with sufficiently large safety (uncertainty) factors. For example, first, an alternative approach such as the benchmark dose method has been introduced to derive tolerable daily intakes (TDIs). This method may give a new health-based value that differs from a previous value, even when the same toxicity data are analyzed. Second, it has been emphasized that a standard value should be set using an appropriate allocation of the TDI to drinking-water. An actual measurement of the proportion of intake from drinking-water may give a new allocation of intake instead of the default value, ultimately resulting in a new health-based value. Even in these cases, however, any changes in the present standard values should be considered carefully and the overall toxicity of water should be considered.

International organizations and national standard value setting committees should collect information on the overall toxicity of disinfected water. Obtaining useful information for actual regulation depends on the progress and success of in vivo bioassays that can be used to derive health-based values. Therefore, in vivo assays with experimental animals should be given a higher international priority.

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Table 1 Contribution of individual DBPs to the chromosomal aberration-inducing activity and the transformation-inducing activity in chlorinated water (Itoh & Echigo, 2008).

<table>
<thead>
<tr>
<th>DBPs</th>
<th>Chromosomal aberration-inducing activity</th>
<th>Transformation-inducing activity (by the two-stage assay)</th>
<th>Experimental conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chloroform</td>
<td>0.5%</td>
<td>0.9%</td>
<td>Humic acid solution chlorinated with Cl₂/TOC = 1.0.</td>
</tr>
<tr>
<td>DCA</td>
<td>0.8%</td>
<td>0.25%</td>
<td></td>
</tr>
<tr>
<td>TCA</td>
<td>1.6%</td>
<td>0.25%</td>
<td></td>
</tr>
<tr>
<td>MX</td>
<td>&lt;0.1%</td>
<td>&lt;0.1%</td>
<td>Chlorinated Lake Biwa water.</td>
</tr>
<tr>
<td>Bromate</td>
<td>&lt;0.1%</td>
<td></td>
<td>Humic acid solution treated with ozone/chlorine sequential treatment. Br⁻ in the humic acid solution: 37.5 mg/L.</td>
</tr>
</tbody>
</table>
Fig. 1. Contributions of DBPs to the mutagenicity of ozonated/chlorinated water.

The areas of ellipses suggest the strength of mutagenicity based on the results of chromosomal aberration test.
Fig. 2. Effect of ozonation on the chromosomal aberration-inducing activity in chlorinated water with Br⁻ (Echigo et al., 2004).

Conditions: humic acid concentration, 750 mg C/L; Br⁻, 37.5 mg/L; reaction time, 1 day; temperature, 20°C; chlorine dose, 1500 mg Cl₂/L; pH, 7.0.
Fig. 3. Proposed change of the toxicity of chlorinated water (Itoh et al., 2006).

The thickness of arrows show the strength of initiation activity and promotion activity. Changes of the thickness of arrows after the lapse of time indicate changes of initiation activity and promotion activity in the presence of residual chlorine.
Fig. 4. Estimated changes in the chromosomal aberration-inducing activity in drinking-water (Itoh et al., 2007). DOC of raw water, 2.0 mg/L; DOC after rapid sand filtration, 1.1 mg/L; added disinfectant, 1.1 mg/L (disinfectant/DOC=1); assumed residual disinfectant concentrations, 0.1 and 0.4 mg/L.
Fig. 5. Components of the estrogenic effects in chlorinated drinking-water (Itoh et al., 2009).