



National Toxicology Program

U.S. Department of Health and Human Services

The Interagency Coordinating Committee on the Validation of Alternative Methods (ICCVAM) Communities of Practice Webinar Series:
Implementing computational approaches for regulatory requirements

Calculating Bioactivity Exposure Ratios (BERs) using New Approach Methods (NAMs) for Chemical Assessment

Jon Arnot^{1,2}, Alessandro Sangion¹, James Armitage³

January 29, 2024

ICCVAM Webinar



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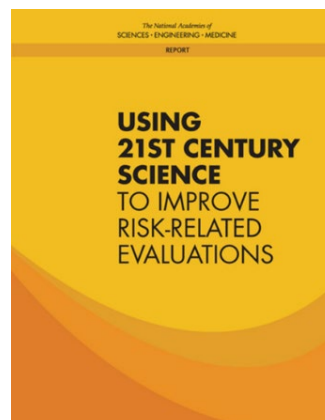
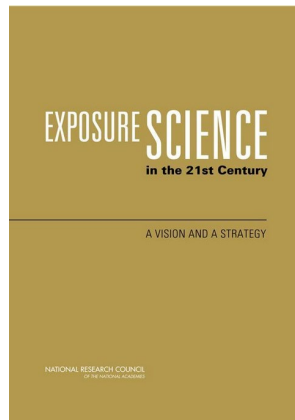
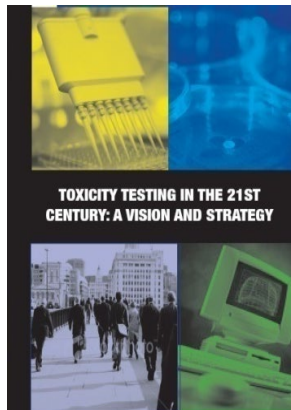
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TORONTO

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Presentation Overview

- Background: Rationale for the work & Bioactivity Exposure Ratios (BERs)
- Exposure modelling (aggregate exposure intake rates)
 - PROTEX-HT & EAS-E Suite
- In Vitro-In Vivo Extrapolation (IVIVE) to calculate Administered Equivalent Dose (AED)
 - In vitro bioassays
 - In Vitro Mass Balance Model (IV-MBM) **
 - In Vivo High Throughput Toxicokinetic (HTTK) Modelling *
- Case study calculating AEDs, aggregate exposure intake rates, and BERs

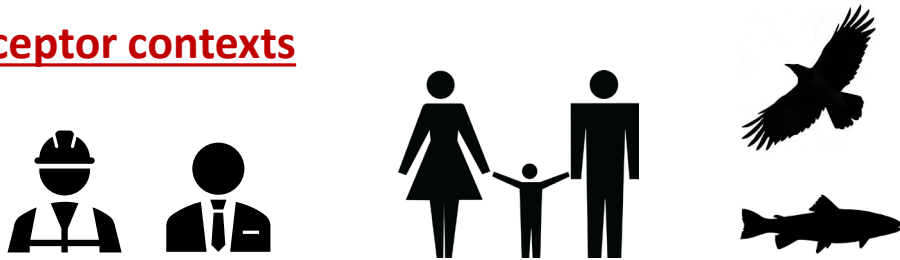


APCRA
ACCELERATING THE PACE OF
CHEMICAL RISK ASSESSMENT

Global Regulatory Situation

- Many diverse chemicals and use contexts require risk evaluation; **limited information** → uncertainty
- Desirable to have a mechanistic understanding of toxicity **and exposure**
- Need to develop, evaluate and apply **databases** and **models** for different contexts, i.e., “**fit-for-purpose**”

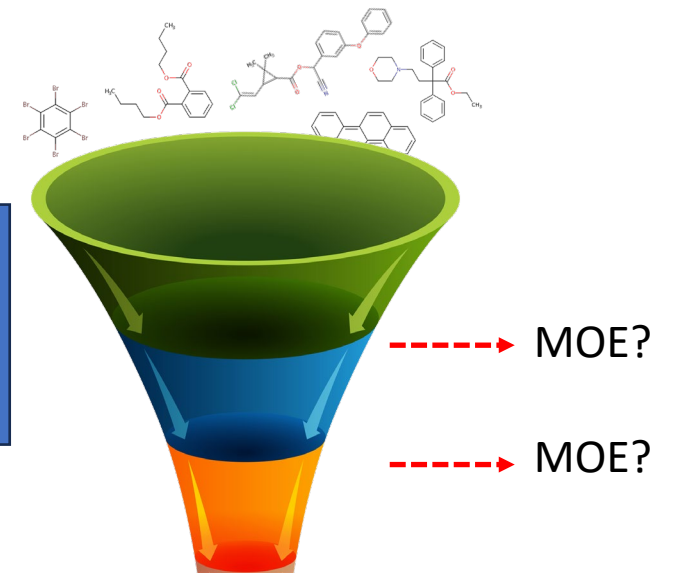
Receptor contexts



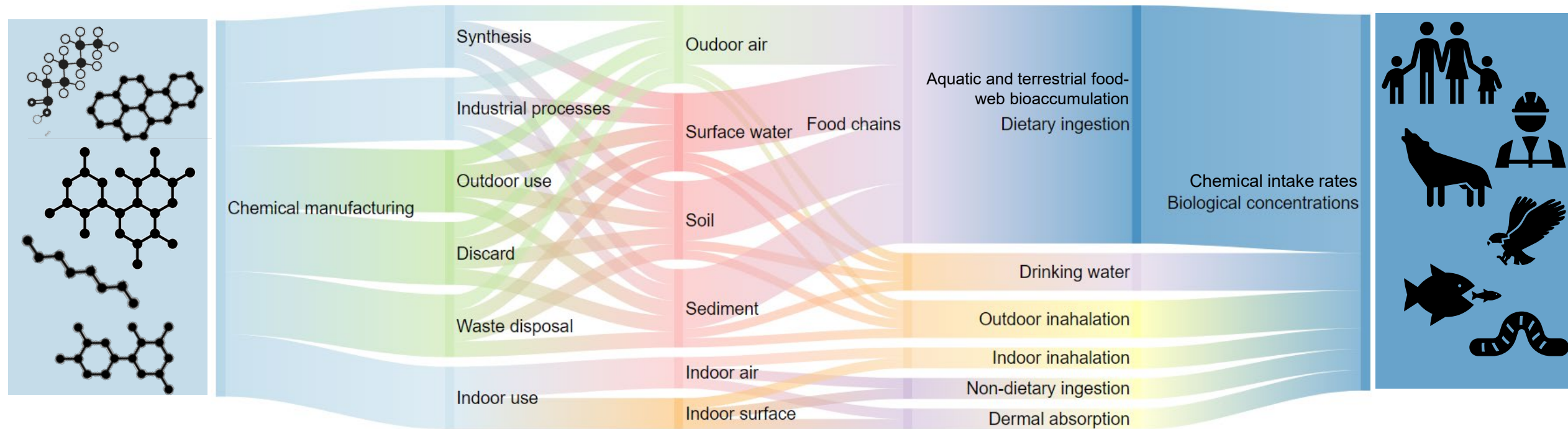
Decision contexts



Comprehensive



The Scope of Exposure Science: Production to Exposure



$$\text{Risk} = \text{Exposure} / \text{Effect}$$

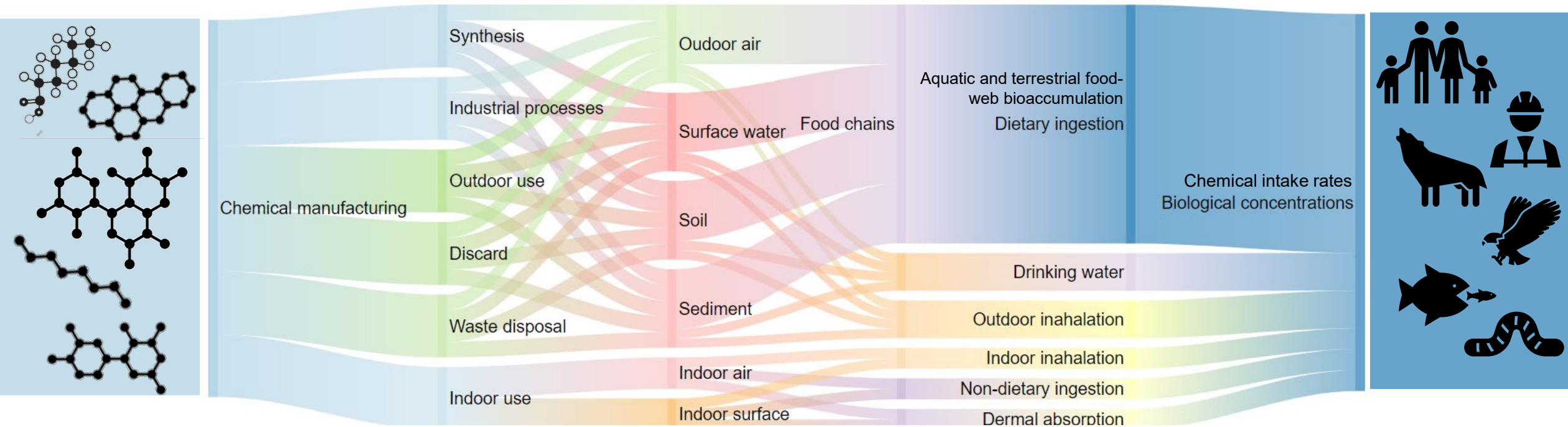
Properties of chemicals

Use characteristics

Environmental characteristics

Receptor characteristics

The Scope of Exposure Science: Production to Exposure



Chemical properties, production volumes & use information

Physiologically-based BioKinetic (PBK) models for various receptors

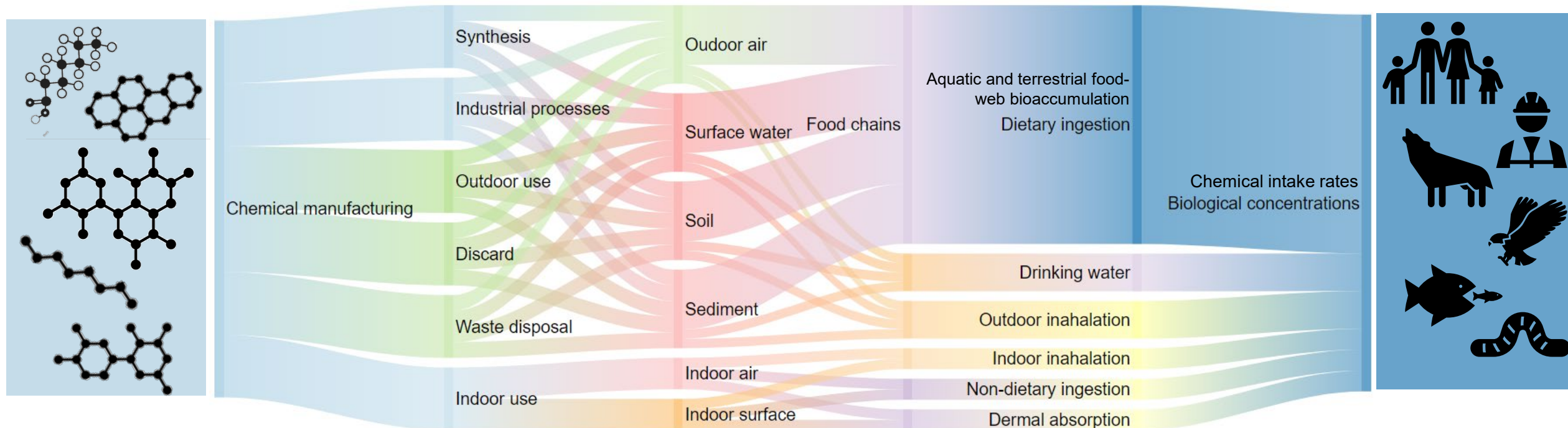
Life cycle chemical emission rates

Food web bioaccumulation models

Multi-media environmental fate & exposure models (outdoor **and** indoor systems)

Exposure pathways, single route and **aggregate exposure** estimates

The Scope of Exposure Science: Production to Exposure



PROduction-To-EXposure High-Throughput (PROTEX-HT) model

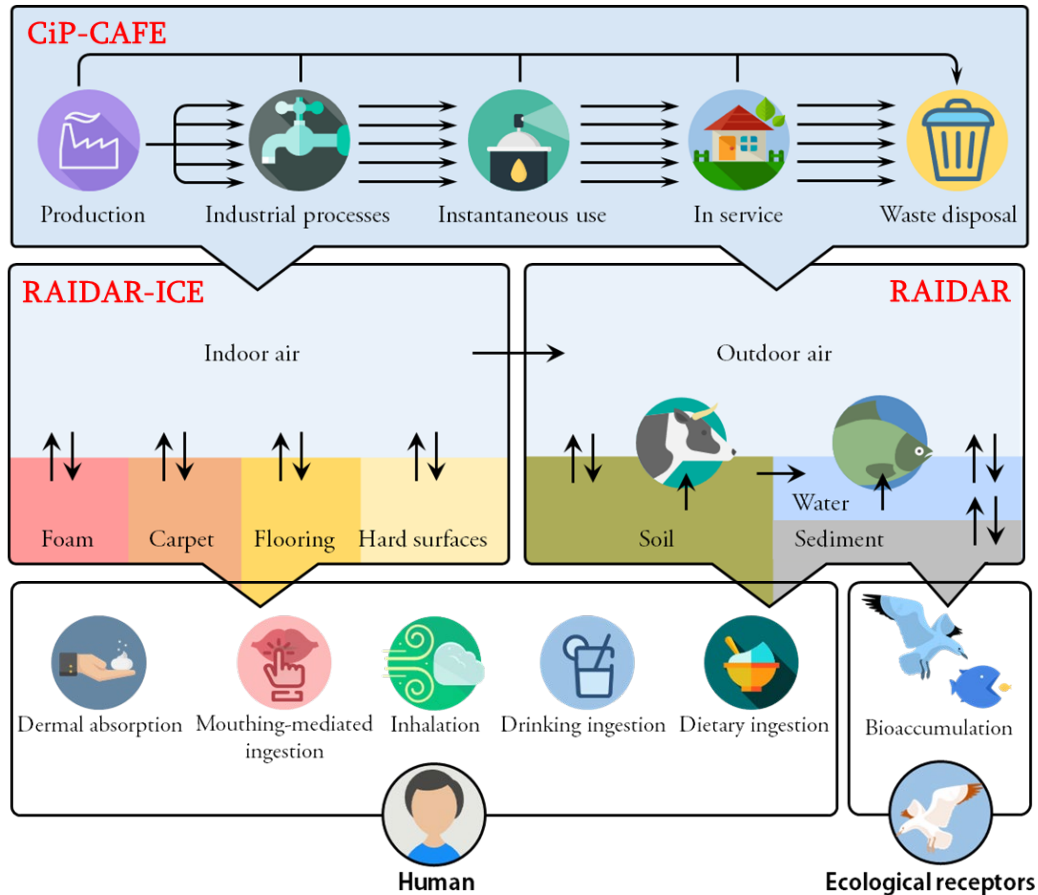
Consolidation of mechanistic (process-driven) mass-balance models

Predictions for multimedia concentrations and external and internal exposure under representative conditions

Requires only chemical structure, production volume (and functional use)

PROTEX-HT

- Simulating aggregate human exposure and ecological exposure: “One Health” approach
- Input parameters: Production Volume, Chemical SMILES (structure), Functional Use Category

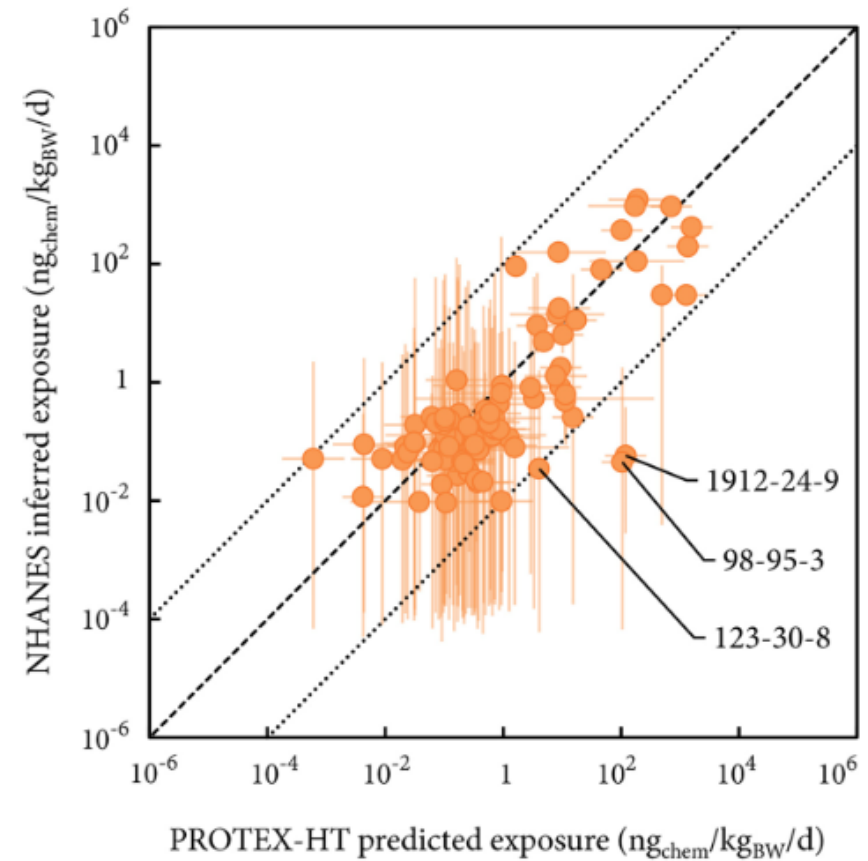
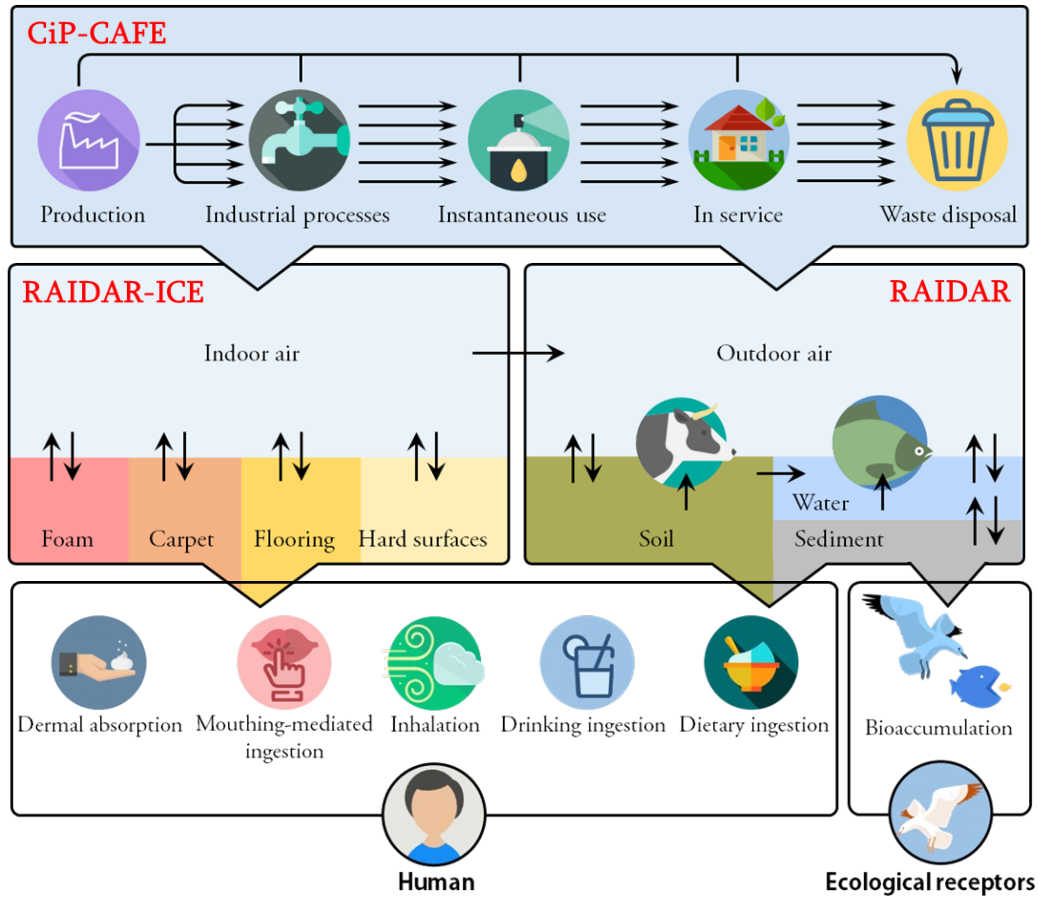


Output:

- Chemical emission rates
- Chemical concentrations in multi-media (air, water, soil, sediment, various ecological and agricultural organisms, humans)
- External exposure rates: route-specific intake rates & aggregate intake rates
- Internal exposure concentrations: body, blood, urine
- Risk / safety estimates when hazard data included




PROTEX-HT



- Simulating aggregate human exposure and ecological exposure: “One Health” approach
- Input parameters: Production Volume, Chemical SMILES (structure), Functional Use Category


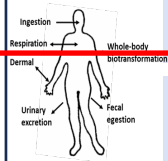



Exposure And Safety Estimation (EAS-E) Suite

- Free, user-friendly online platform of new and existing data and tools www.eas-e-suite.com
- Integrates curated databases, OECD validated QSARs, and environmental fate (P/LRTP), B/TK and exposure models to aid **chemical assessments for ecological and human health** & **chemical safety and sustainability**
- Facilitates model parameterization and data queries based on **CAS, SMILES** or **name** entry using built-in databases (~70K chemicals); *options for user-preferred information to replace system “defaults”*
- For chemicals not in the built-in database: *model parameterization for chemicals with only SMILES notation*

	Chemical properties & $t_{1/2}$s for >70K organic chemicals
	IFSQSAR and ppLFER models for chemical properties and $t_{1/2}$ s
	EPA OPERA QSAR models for chemical properties and $t_{1/2}$ s
	QSARINS for biotransformation and total elim. $t_{1/2}$ s (fish & humans)
	CiP-CAFE: mass flow model to predict emission rate & release throughout life-cycle

	RAIDAR: mass balance for environmental fate, exposure
	RAIDAR-ICE: mass balance for indoor fate human exposure
	POINT SOURCE: mass balance, dilution models for eco & human exposure
	F-PEST: environmental fate & distribution, persistence, long-range transport, mobility
	BET: bioaccumulation estimation tool: lab & field, aquatic & air-breathing

	PROTEX-HT: aggregate human exposure & risk
	Dermal exposure models (“IH-SkinPerm”, EPA CEM, ECETOC TRA)
	EAS-E Suite HTKK models (incl. rTK & IVIVE) for fish, humans, rat; EPA htkk
	IV-MBM: mass balance model for fate & disposition in in vitro assays
	In vitro and in vivo TK data: critically evaluated values for fish, rodents, humans

IVIVE: Administered Equivalent Dose (AED)

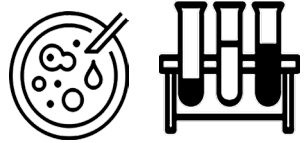
Effect Concentration (EC): Initial nominal medium concentration in the in vitro (μM) system

AED: the “real world” exposure dose expected to give a plasma (or blood) concentration corresponding to an in vitro bioactivity, e.g., in vitro Point of Departure (POD)

$$AED = \frac{EC_X}{C_{SS}} \times \frac{1 \text{ mg}}{\text{kg}_{BW} \times \text{day}}$$

C_{SS} : The steady-state blood or plasma concentration corresponding to an oral exposure of 1 mg/kg-BW/d assuming 100% absorption

IVIVE: Administered Equivalent Dose (AED)

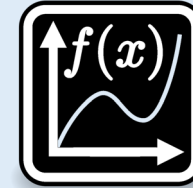


In vitro Effect Concentration
EC (μM)

In Vitro Dosimetry

IV-MBM

(In Vitro Mass Balance Model)



$$AED = \frac{EC_X}{C_{SS}} \times \frac{1 \text{ mg}}{\text{kg}_{BW} \times \text{day}}$$

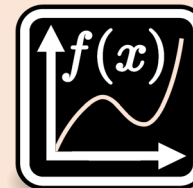


Blood concentration at
steady-state C_{SS} (μM)

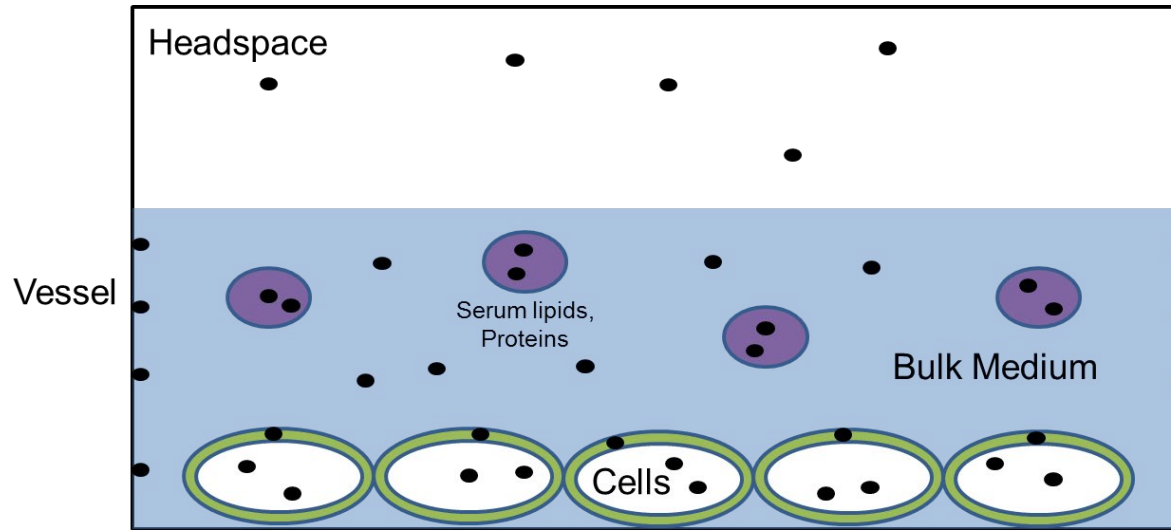
High-Throughput Toxicokinetics

1Co-PBK

(1 compartment physiologically based kinetic model)



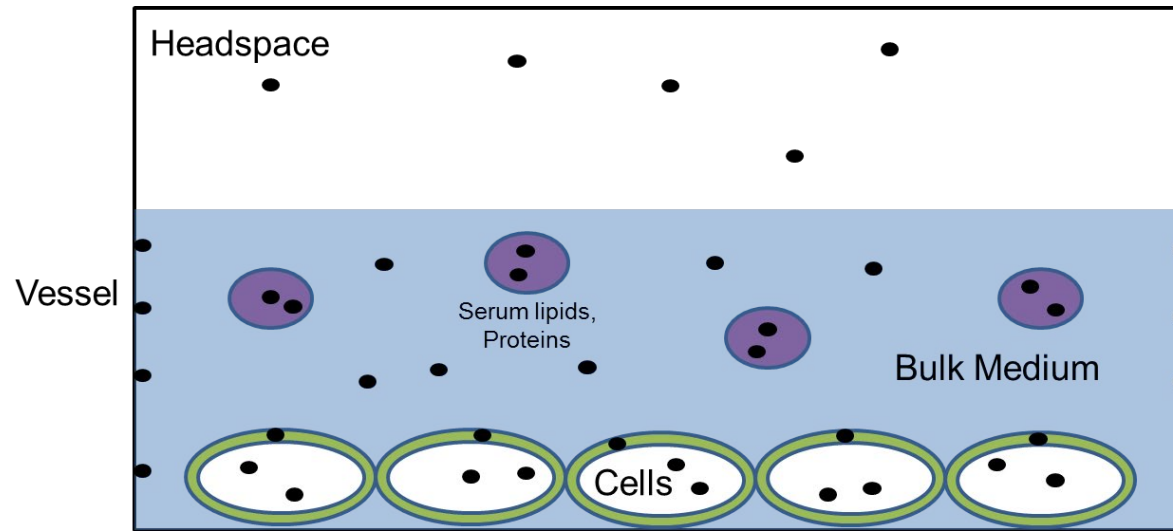
In Vitro Bioactivity Assays



Main Issues

- **Dose-Response is typically reported based on nominal medium concentrations** (i.e., mass of chemical added / volume of medium)
- **BUT: in vitro disposition (i.e., distribution) is chemical- and assay-specific**
- In vitro conditions may not be reflective of the in vivo conditions (i.e., medium composition \neq blood composition)
- There is a need to put in vitro effects data into the proper context to inform the hazard and risk assessment of chemicals

In Vitro Mass Balance Model (IV-MBM)



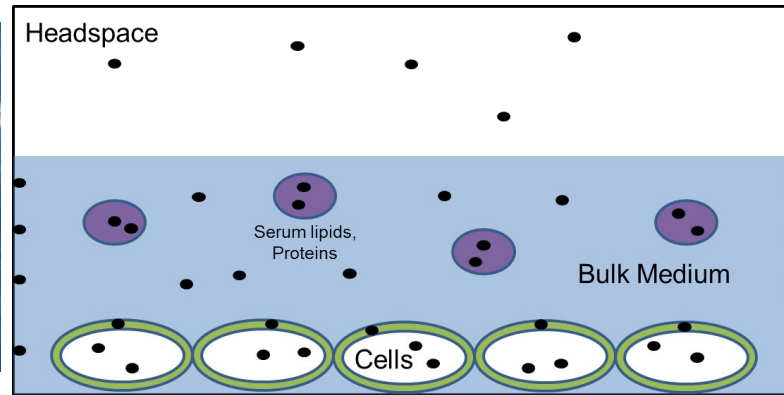
Solution

- Calculate the distribution (disposition) of organic chemicals in in vitro test systems based on chemical-specific partitioning properties and assay-specific properties
- Applicable to neutral organics and many IOCs
- Includes more explicit guidance on parameterization of the numerous in vitro test systems (e.g., well plate characteristics, cell seeding)

IV-MBM: Concepts



Reality



Model

1. Chemical is added to bulk medium
2. Final in vitro disposition (i.e., distribution) is a function of:
 - i. test system (assay) properties
 - ii. partitioning properties (chemical)

Mass balance equations

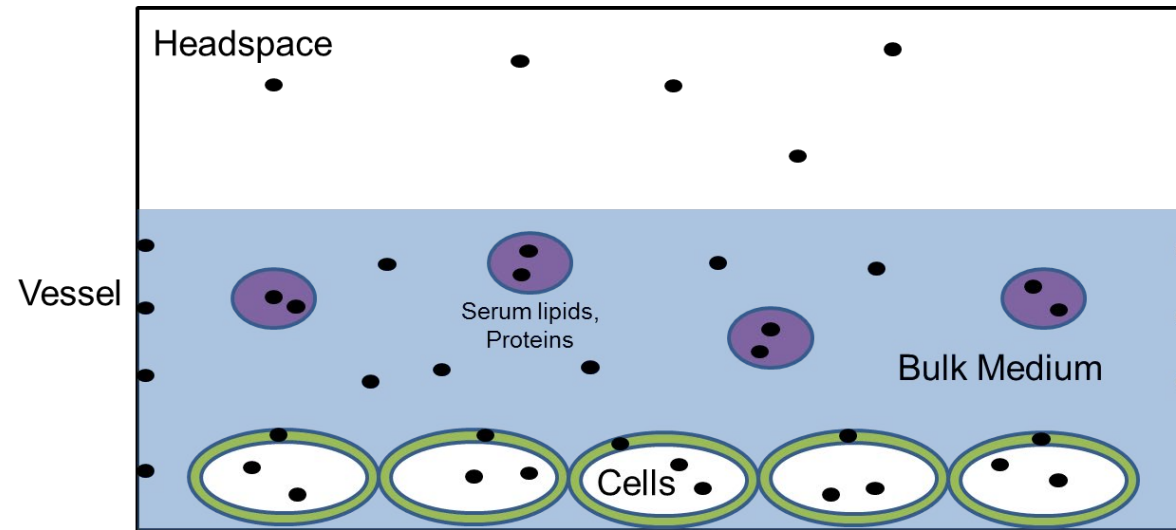
$$C_{Free} = \frac{\text{Total Mass Added}}{V_W + K_{AW} * V_A + K_{SaW} * V_{Sa} + K_{SlW} * V_{Sl} + K_{DsW} * V_{Ds} + K_{CW} * V_C + K_{PlW} * A_{Pl}}$$

↑
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Air-Water
Serum albumin-Water
Storage lipid-Water
Dissolved organic matter-Water
Cell-Water
Plastic-Water

Partition ratios:

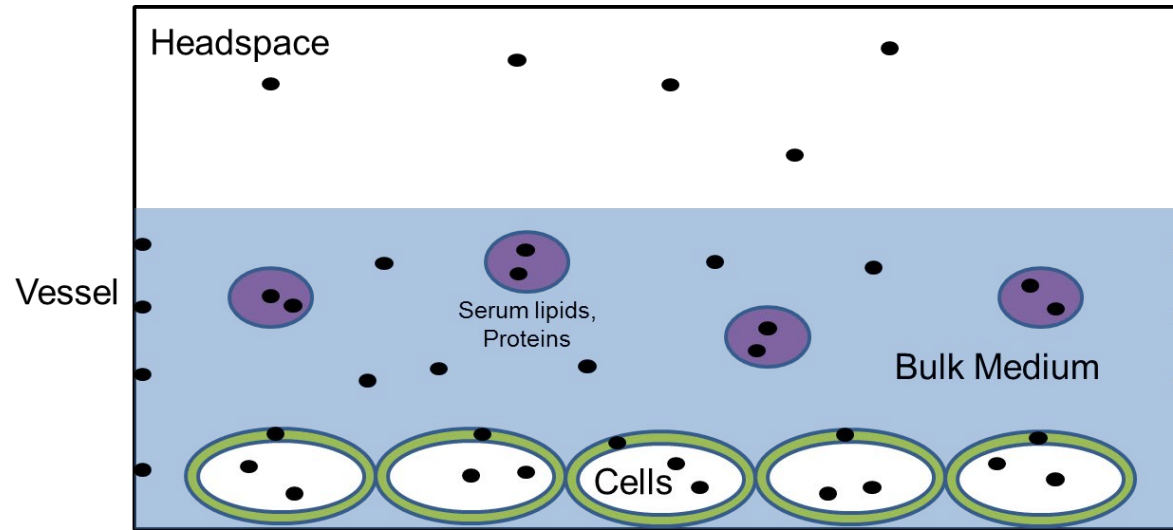
IV-MBM: Assumptions



Equilibrium Partitioning (EQP)

- “Static” i.e., uptake kinetics not considered
- Assay environment considered well mixed
- Single dose only
- No biotransformation/degradation
- No changes to exposure scenario

IV-MBM: Key Outputs

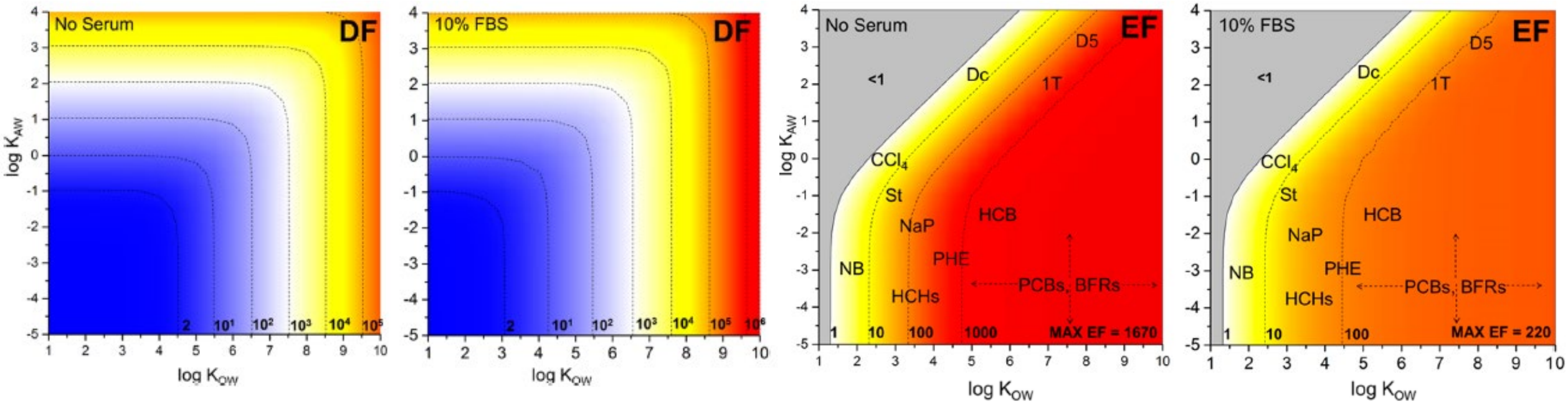


- Predicted masses and mass fractions
- Predicted concentrations in bulk medium, C_{Free} , cells, membranes, head space...
- IVIVE: In vitro POD extrapolated to an “in vivo blood concentration”
 - $C_{Free} \times \text{Blood-water partitioning} \rightarrow$ i.e., directly comparable to total blood concentration
- Warning for possible issues:
 - “Volatility issue”
 - “Solubility issue”
 - “Plastic sorption”
 - “Cytotoxic burst” (Baseline toxicity)

Implications: Expected EQP Chemical Distribution

$$\text{Depletion Factor (DF)} = \frac{C_{\text{Nominal}}}{C_{\text{Free}}}$$

$$\text{Enrichment Factor (EF)} = \frac{C_{\text{Cell}}}{C_{\text{Nominal}}}$$



C_{NOMINAL} = e.g., AC50, EC50, AC10, etc.

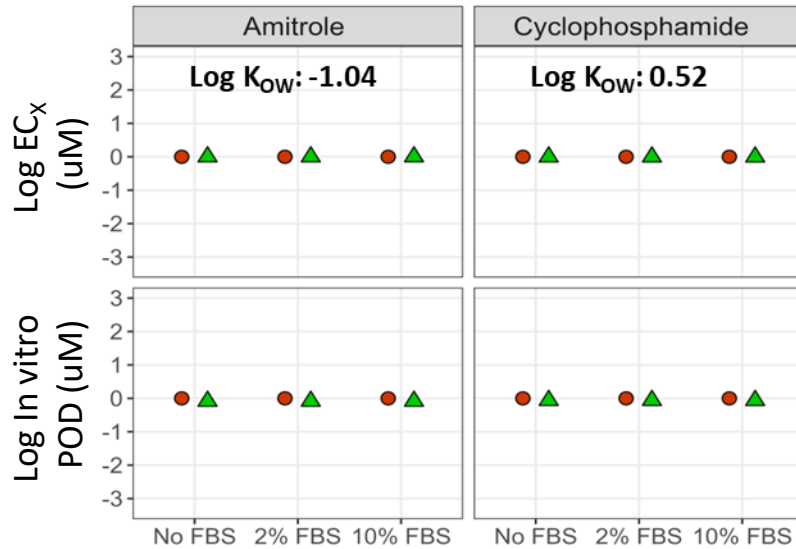
K_{OW} = octanol-water partitioning

K_{AW} = air-water partitioning

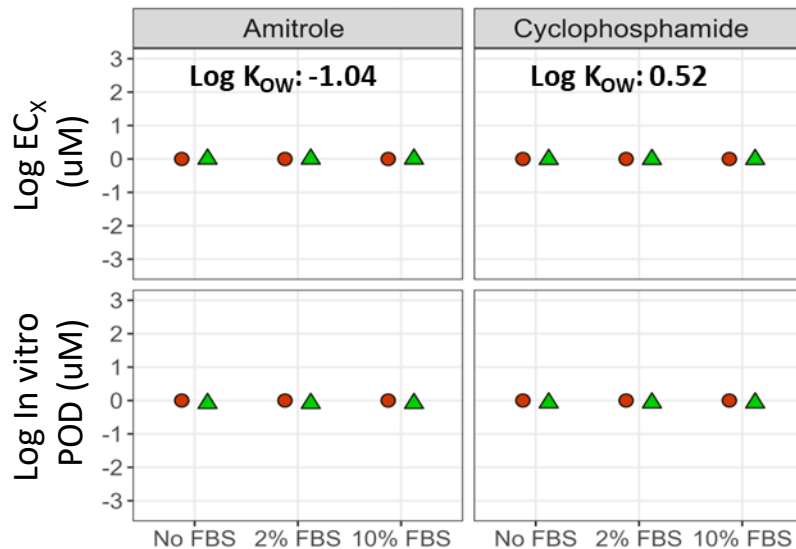
Implications: Illustrative Example

■ Nominal ■ IV-MBM

HepG2 (liver), Lipid fraction: 0.03



MCF-7 (breast), Lipid fraction: 0.005

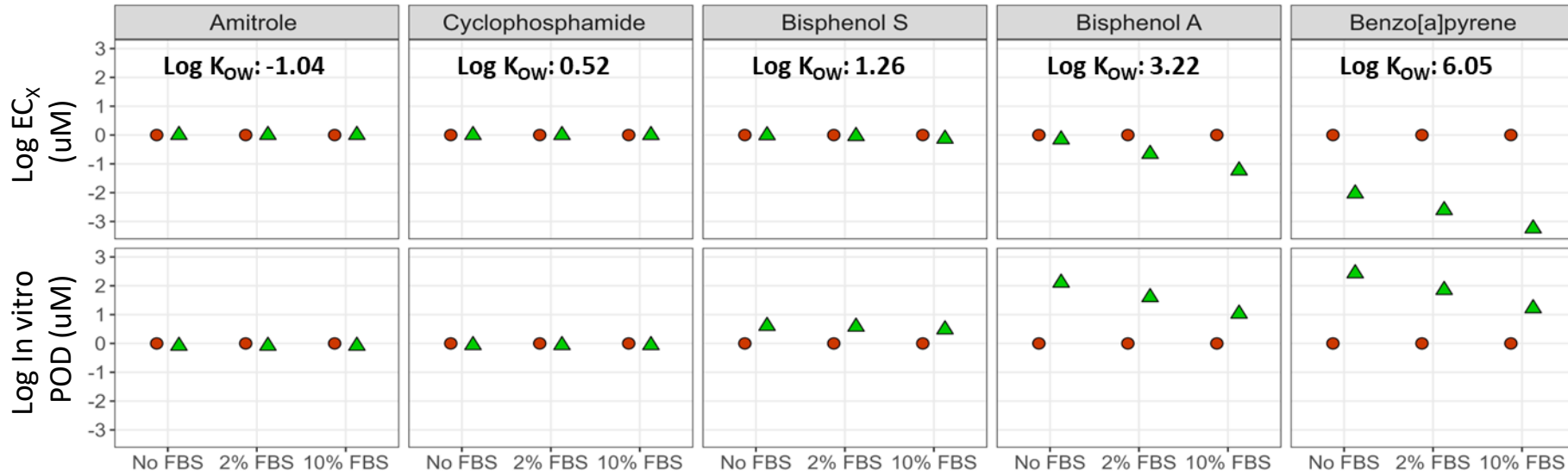


- Different cell lines have different compositions (e.g., different relative lipid contents, proteins)
- A specific assay can be parameterized differently (e.g., different level of added FBS) changing its relative composition
- These differences in relative composition affect chemicals differently according to their physical chemical properties

Implications: Illustrative Example

Nominal IV-MBM

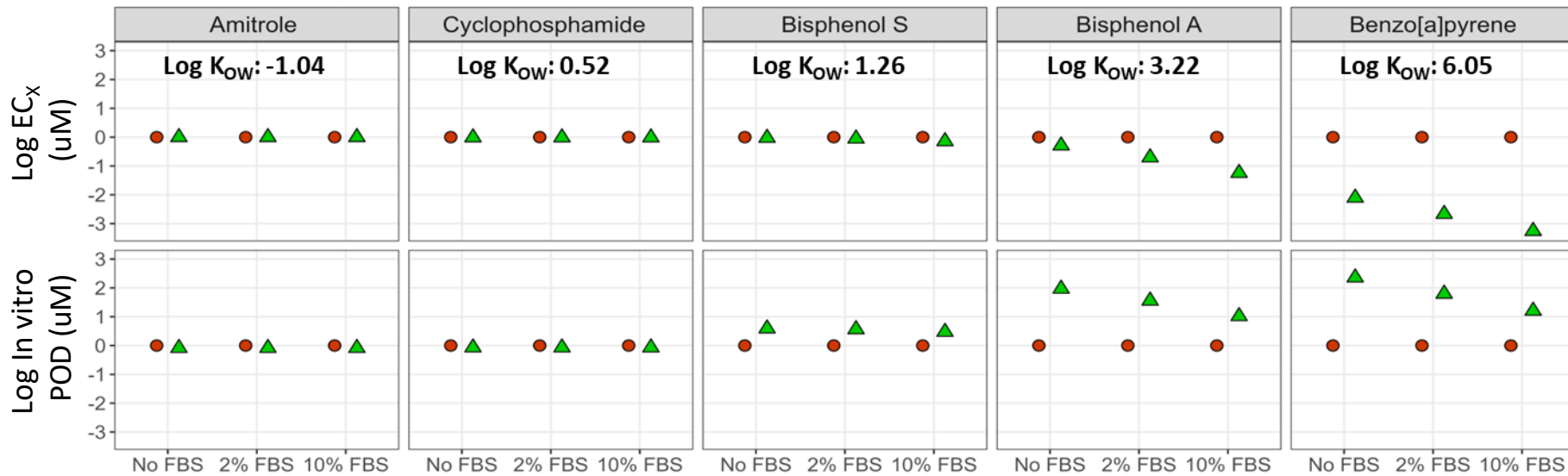
HepG2 (liver), Lipid fraction: 0.03



$$C_{\text{Free}} \leq C_{\text{NOMINAL}}$$

$$C_{\text{Blood}} > C_{\text{NOMINAL}}$$

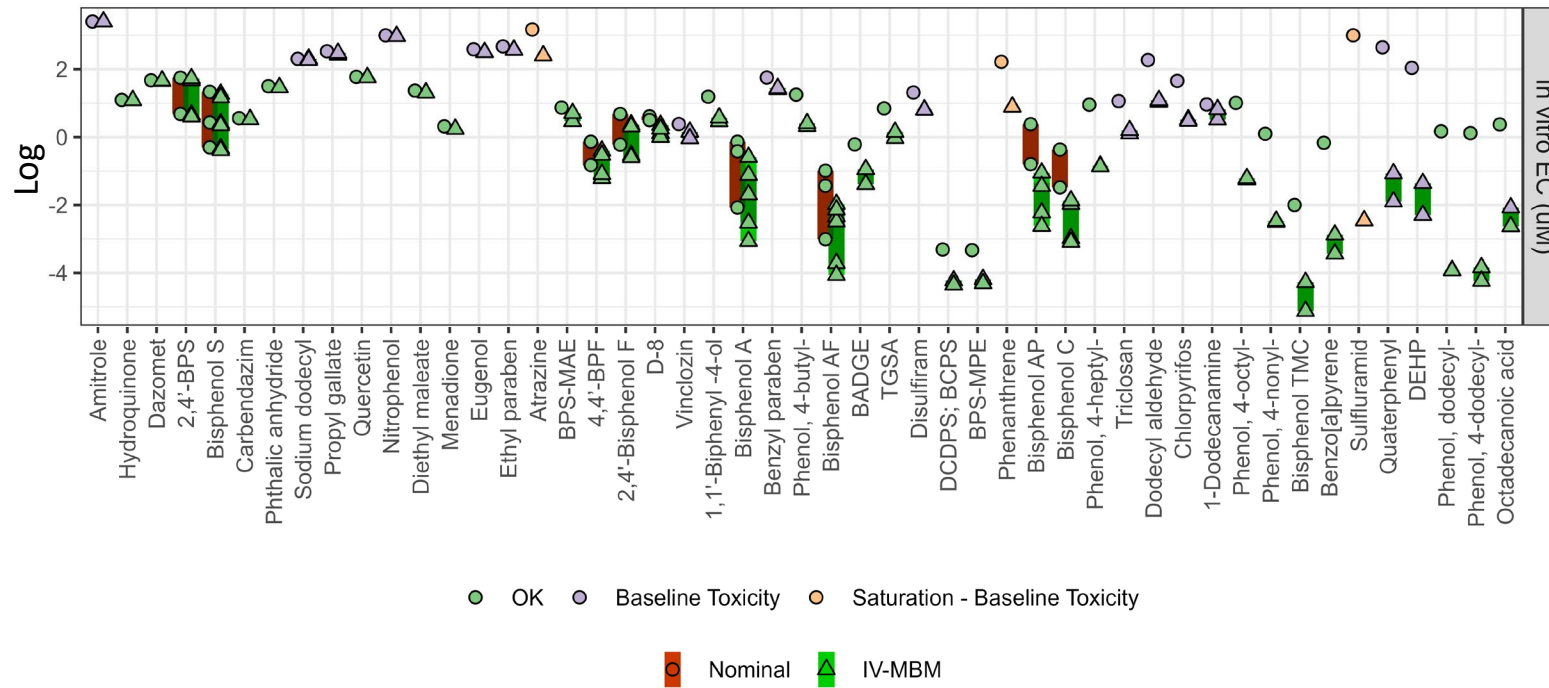
MCF-7 (breast), Lipid fraction: 0.005



$$C_{\text{Free}} \leq C_{\text{NOMINAL}}$$

$$C_{\text{Blood}} > C_{\text{NOMINAL}}$$

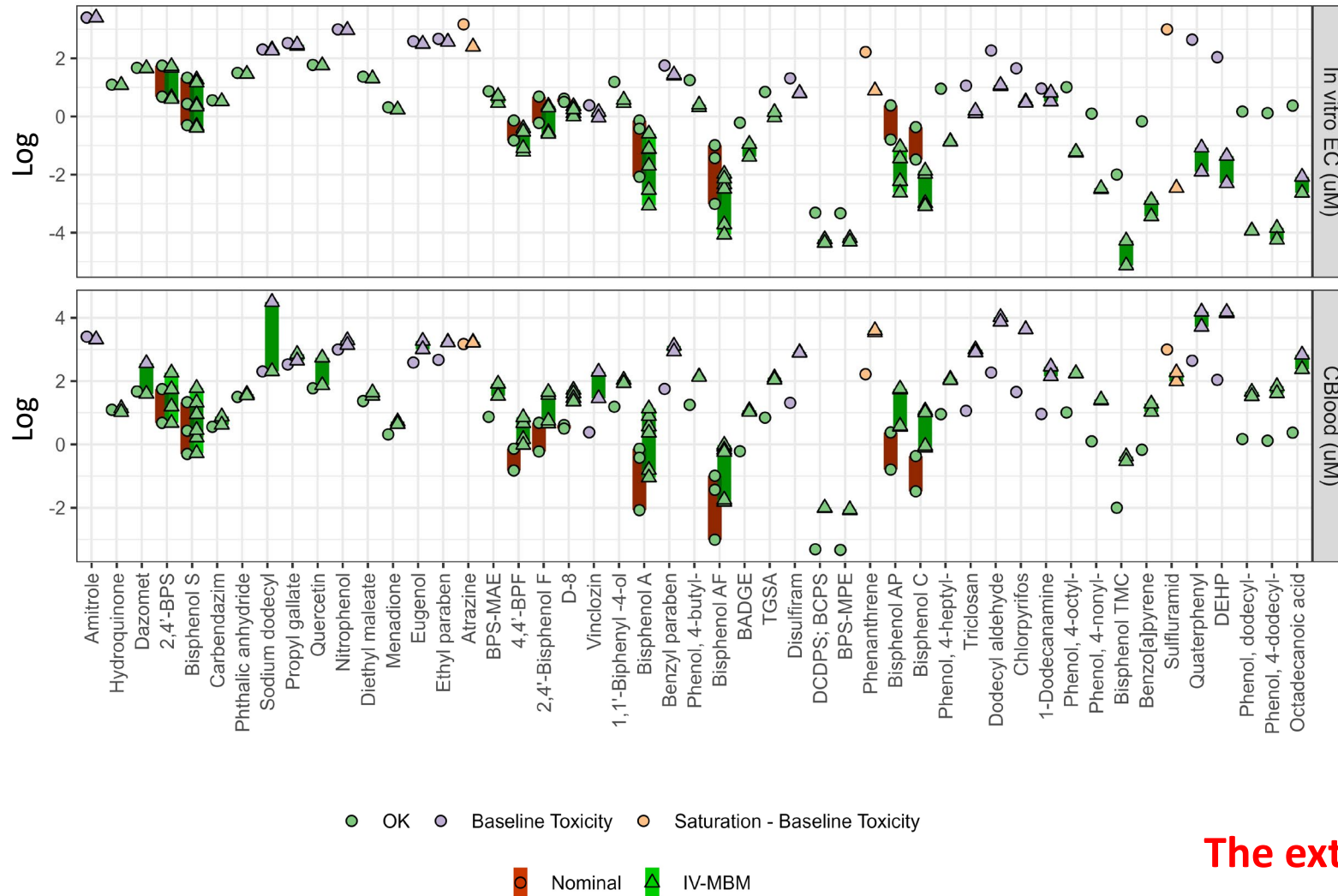
Case Study: IVIVE of Bioactivity Data



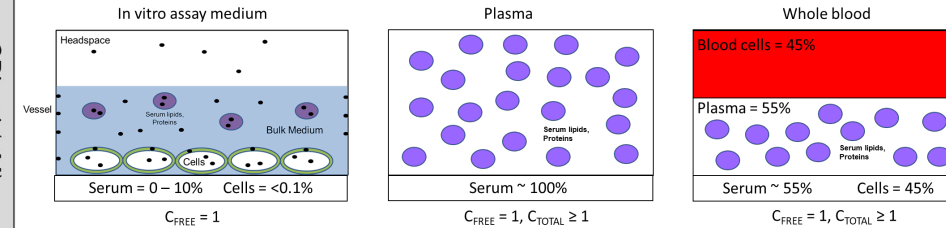
Bioactivity data based on nominal concentrations are problematic because **in vitro disposition** is not considered and can vary by chemical and assay

- IV-MBM applied to express concentration in term of C_{Free} (i.e., concentration that is bioavailable)
- Differences between nominal and freely-dissolved phase concentrations increase with increasing hydrophobicity
- Potential issues are highlighted by the IV-MBM

Case Study: IVIVE of Bioactivity Data



In vitro assay medium is NOT THE SAME as plasma or blood; differences in composition (e.g., volume fraction of serum lipids, proteins, cells) lead to differences in BIOAVAILABILITY



Multiply C_{Free} by the blood-water partition coefficient to get an equivalent C_{blood}

The extrapolated C_{Blood} is the in vitro POD for the AED calculations

C_{SS} Calculation

The steady-state blood or plasma concentration corresponding to an oral exposure of 1 mg/kg-BW/d (assuming 100% absorption):

$$C_{SS} = \frac{Dose \times AE}{VD_{SS} \times k_T}$$

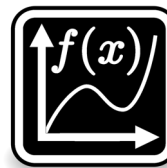
- Dose: 1 (mg/kg_{BW}/d)
- AE – Absorption Efficiency: 1 (100% absorption)
- VD_{SS} - Volume of distribution at steady state: (L_{Blood}/kg_{BW})
- **k_T – total elimination rate constant: (1/d)**

$$HL_T = \frac{\ln(2)}{k_T}$$

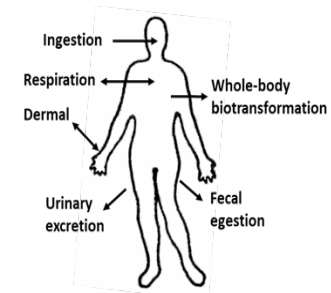
Empirical k_T Data



Direct k_T Prediction:
QSAR



Indirect k_T prediction:
HTTK models (need biotransformation)



k_T - Direct Prediction: QSAR

QSARs developed from **in vivo** data for human total elimination HL (HL_T) **and biotransformation HL (HL_B)**



Article
pubs.acs.org/est

Estimating Screening-Level Organic Chemical Half-Lives in Humans

Jon A. Arnot^{*,†,‡} Trevor N. Brown^{†,§} and Frank Wania[‡]

Iterative Fragment Selection (IFS)



Contents lists available at ScienceDirect

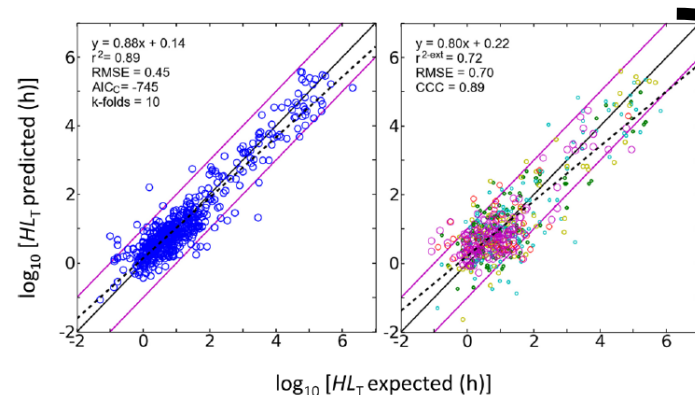
Food and Chemical Toxicology

journal homepage: www.elsevier.com/locate/foodchemtox

Development of human biotransformation QSARs and application for PBT assessment refinement

Ester Papa^{a,*}, Alessandro Sangion^a, Jon A. Arnot^{b,c,d}, Paola Gramatica^a

Molecular descriptor



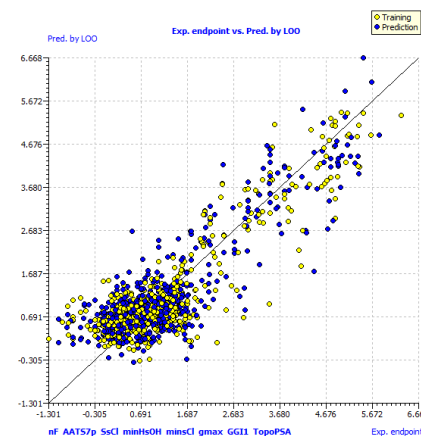
EXPOSURE AND SAFETY ESTIMATION (EAS-E) SUITE

SMILES

Input SMILES

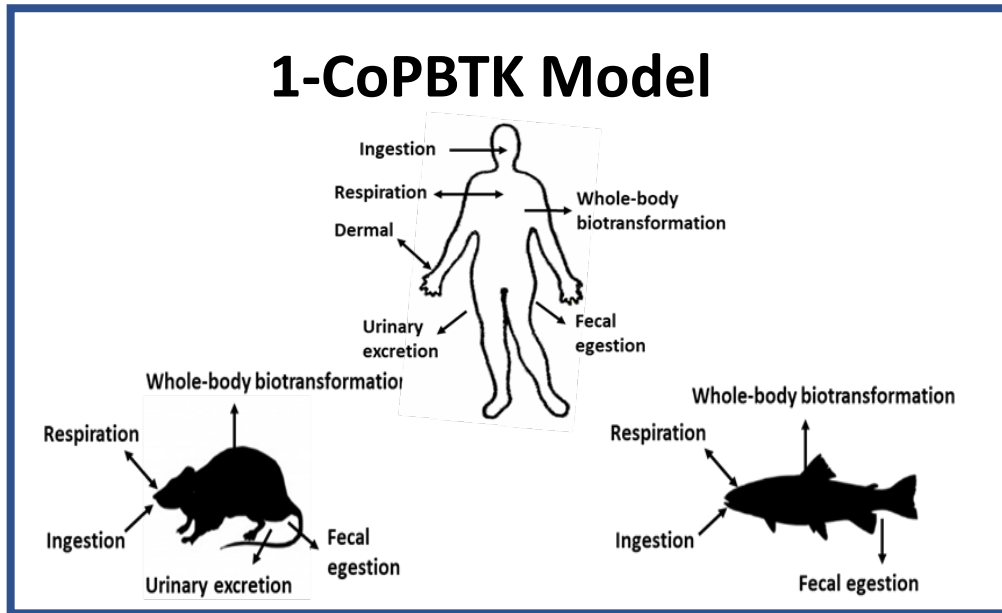
Predict

Consensus approach to improve predictions of individual models and enlarge Applicability Domain (AD).

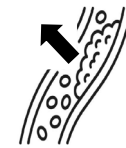


k_T - Indirect Prediction: HTTK

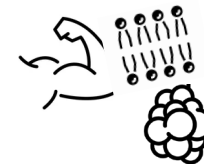
General one-compartment physiologically based toxicokinetic (1Co-PBTK) model that can be parameterized to different mammals implemented in the EAS-E Suite platform



EXPOSURE AND SAFETY ESTIMATION (EAS-E) SUITE



Diet absorption efficiency (ED)



Biopartitioning data to replace octanol assumption



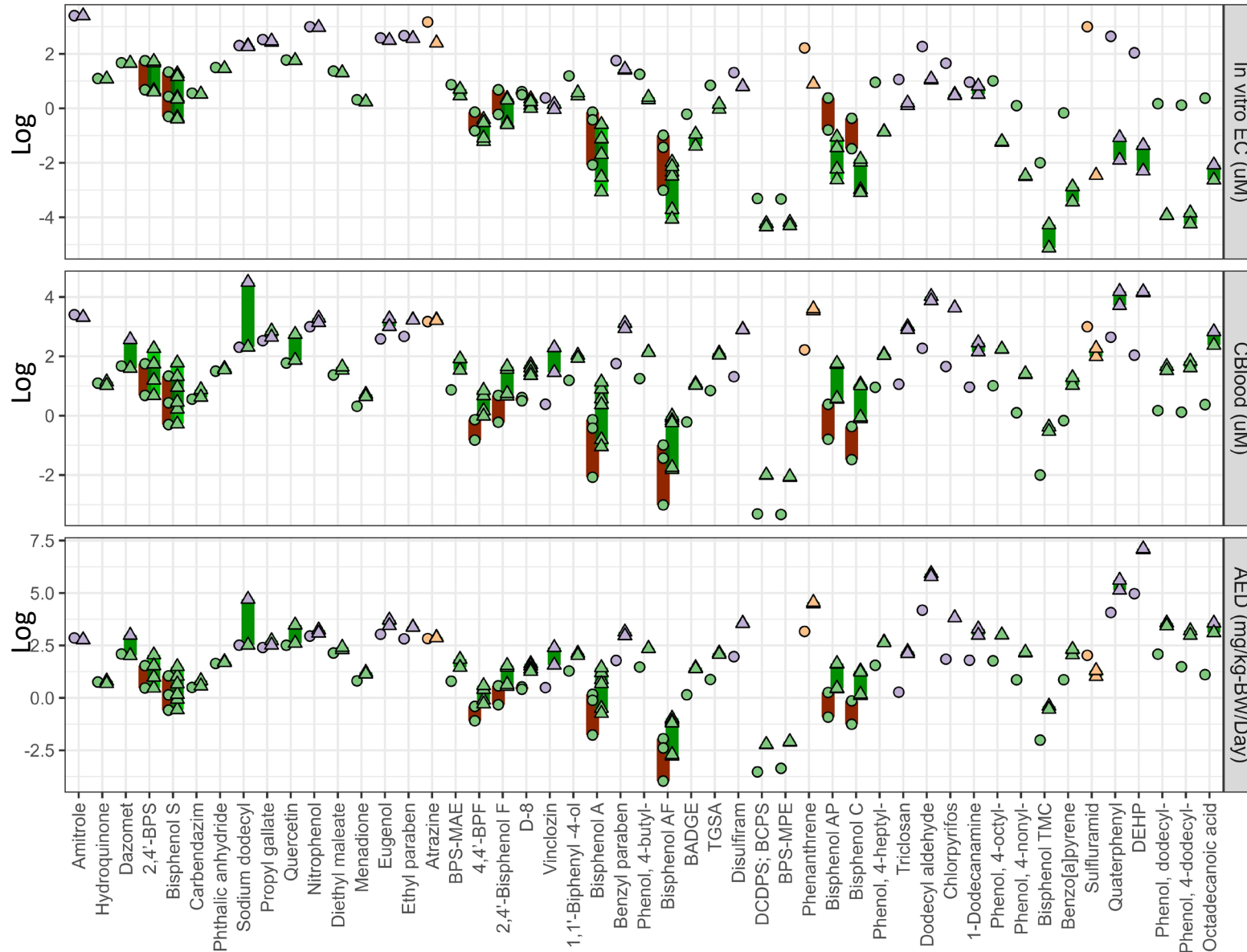
Ionogenic Organic Chemicals (IOCs)

$$k_T = (k_{RO} + k_E + k_B + k_U + k_G)$$

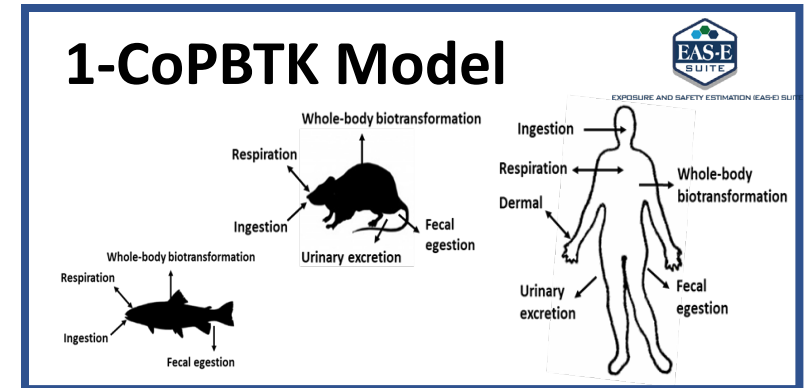
k_{RO} ; k_E ; k_B ; k_U ; k_G ; Respiratory loss, Fecal egestion, **Biotransformation**; Renal, Growth

k_B from empirical in vivo data, or QSAR (Arnot et al., 2014; Papa et al., 2018) or from in vitro (hepatocytes + IVIVE models) or combining these data sources to address a key source of uncertainty in extrapolating in vitro bioactivity data

Case Study: AED of Bioactivity Data

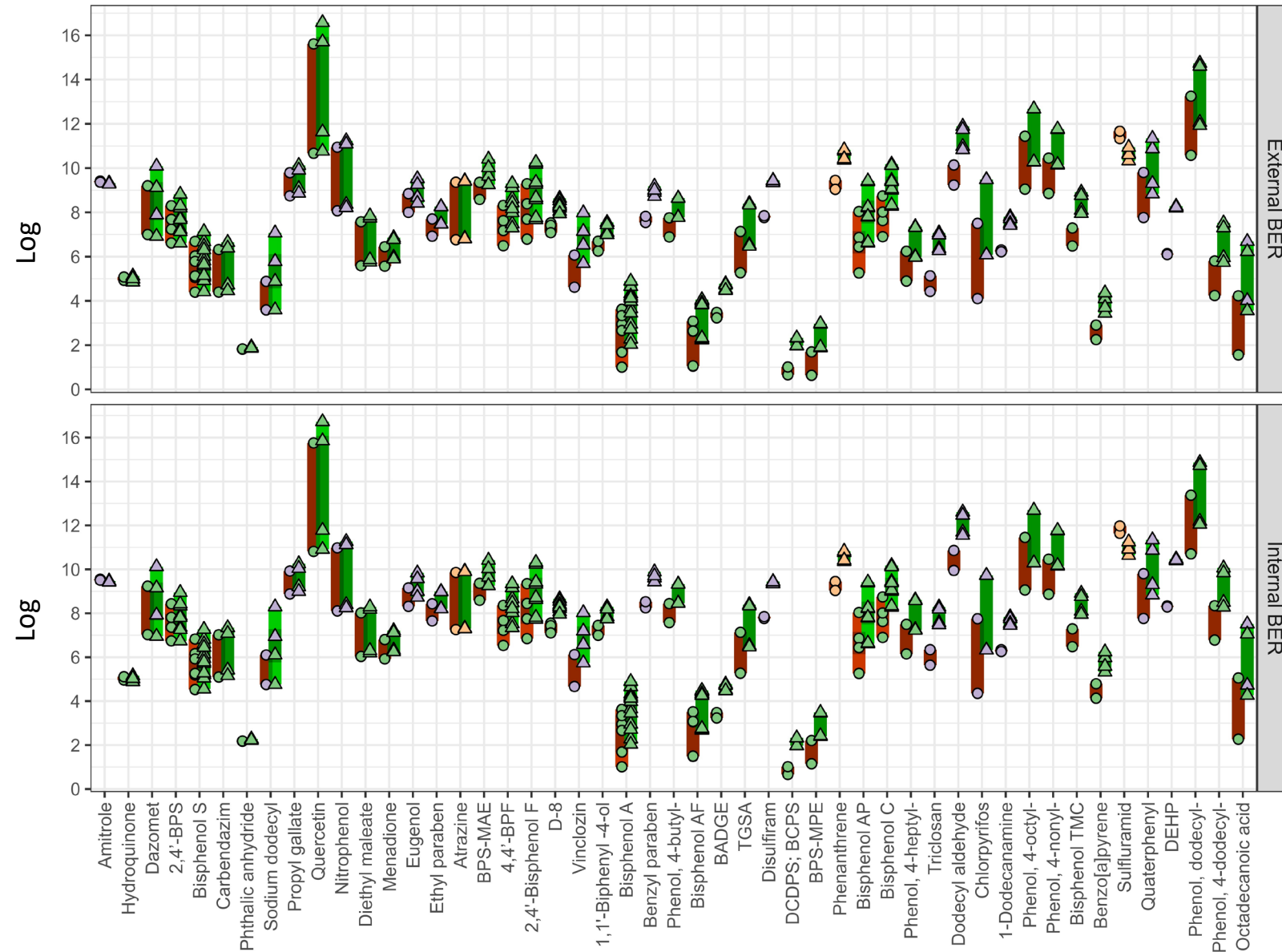


- General PBK model to estimate steady state blood concentration (C_{SS}) corresponding to 1 mg/kg BW/day dose
- AED necessary to generate a C_{Blood} equivalent to an in vitro EC, assuming a 100% absorption efficiency

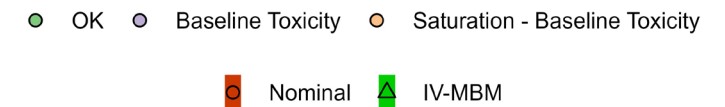


- OK
- Baseline Toxicity
- Saturation - Baseline Toxicity
- Nominal
- IV-MBM

Case Study: BER



- BER synthesized in vitro bioactivity information and exposure estimate
- Results change if nominal concentration is used or if in vitro EC is extrapolated to in vivo condition with the IV-MBM model
- PBK model can be applied to investigate the differences between external (intake) and internal (uptake) exposures



Summary

- Various models and assumptions can be developed and evaluated for applying in vitro data
- Models are hypothesis generating machines for experimental testing -> **scientific method!**
- Need to test IVIVE assumptions (e.g., $C_{\text{nominal}} \neq C_{\text{blood}}$ or $C_{\text{nominal}} \approx C_{\text{blood}}$) and models (e.g., IV-MBM) and exposure models
- **Know your chemical** (key properties!); **know your (assay) system** (key parameters!)
- Measured, high quality biopartitioning data are needed for IOCs to address uncertainty in AED and BER
- **Be quantitative & explicit** → align exposure doses across systems for hazard data comparisons & for risk
- **EAS-E Suite** addresses many challenges for **safe and sustainable** chemical production and use:
 - **Facilitates the application of scientific advancements** for decision-making
 - **Provides public access to many computational tools** for chemical evaluations
 - **Provides opportunities** for coordinated and systematic efforts and guidance to address uncertainty in chemical exposure and risk assessment
 - **Improves communication** (outreach, training, education) among stakeholders



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Acknowledgements:



Health
Canada

Tara Barton-Maclaren
Alexandra Long
Matthew Gagne

www.eas-e-suite.com



LATEST NEWS AND UPDATES

EAS-E SUITE IS RELEASED TO THE GENERAL PUBLIC JULY 2021.
WATCH FOR UPDATES.

[Register and Try EAS-E Suite \(BETA\)](#)