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Inhalation Risk Assessment Using Computational and In Vitro Tools: A Brief Overview

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Defining the Problem

- Pesticide re-registrations examine the completeness of the toxicological database, including inhalation exposures
 - requirements often include a subchronic (90-day) inhalation study (Guideline 870.3465).
- "However, there may be "smarter testing"/alternative approaches that are suitable to inform ...inhalation toxicity in lieu of a subchronic inhalation study"
- We have redefined the risk assessment paradigm using new tools of in vitro tools and dosimetry models

Source to Outcome Approach

Source

- Evaluate the particle size distribution of pesticide applications.

Exposure

Investigate the impact of spray quality on inhalation exposure.

Dosimetry

- Compare deposition in human versus rat airways.

Outcome

- Predict human inhalation toxicity incorporating spray particle size.

Conceptual Model



Particle Size

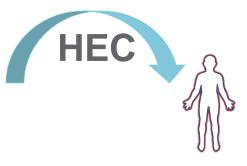
Distribution of

Inhalable Particles

Inhalation

Exposure



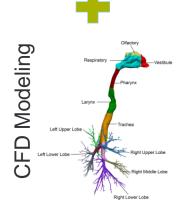


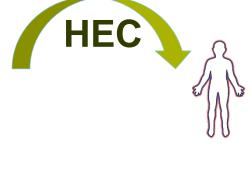
Risk Characterization

In vitro Testing





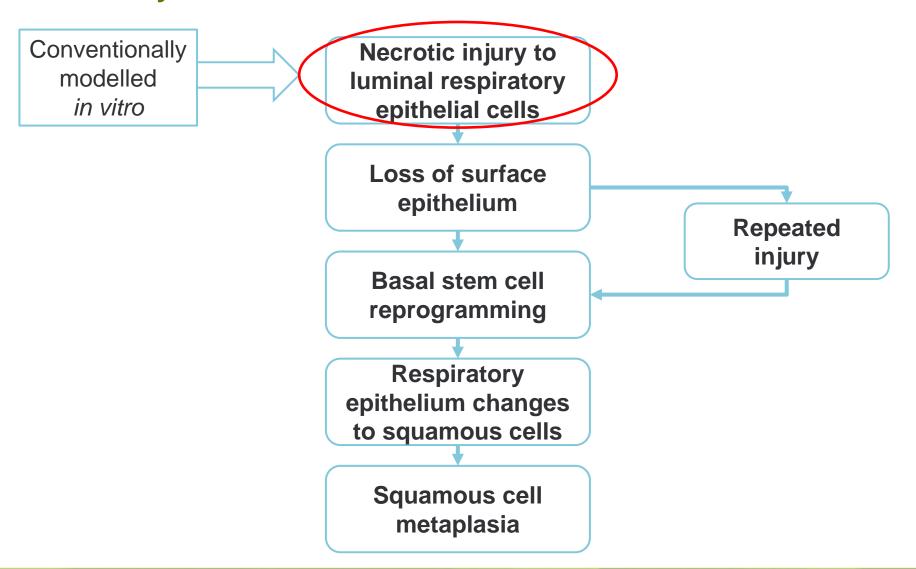




Risk Characterization

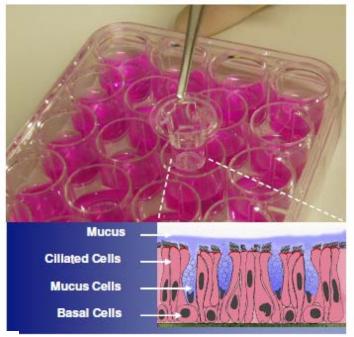


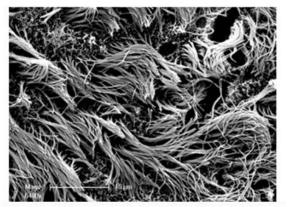
Adverse Outcome Pathway for squamous cell metaplasia of the larynx

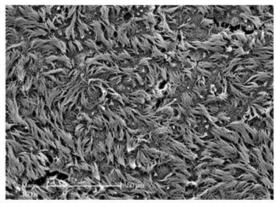


In vitro toxicity assessment

MucilAirTM – 3D *in vitro* cell model of human upper airway epithelium prepared from differentiated primary human cells from a single healthy donor.

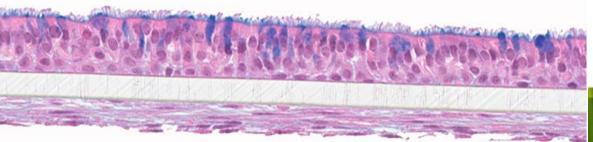






Electron microscopy at 45 days showing differentiated epithelia and cilia

Graphics from http://www.epithelix.com/

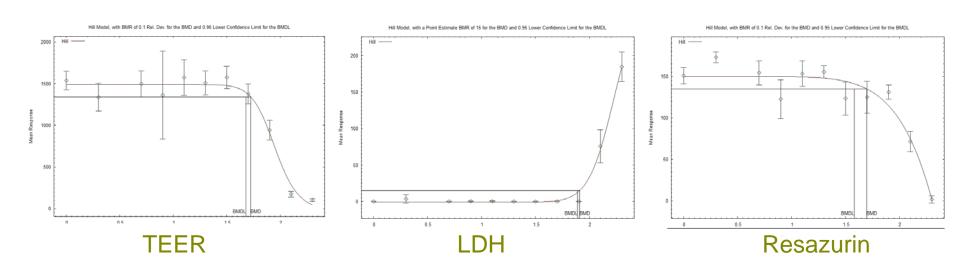


Cross section showing differentiated structure



MucilAir 3D in vitro model

- Measures a variety of membrane and cell damage endpoints as markers of irritation
 - Trans-epithelial electrical resistance (TEER): measures the integrity of tight junctions between cells in the membrane
 - Lactate dehyrogenase (LDH): An enzyme present in most cells released when cells suffer cytotoxic membrane damage
 - Resazurin metabolism: reduced to a fluorescent product in viable cells used as a measure of metabolic competence



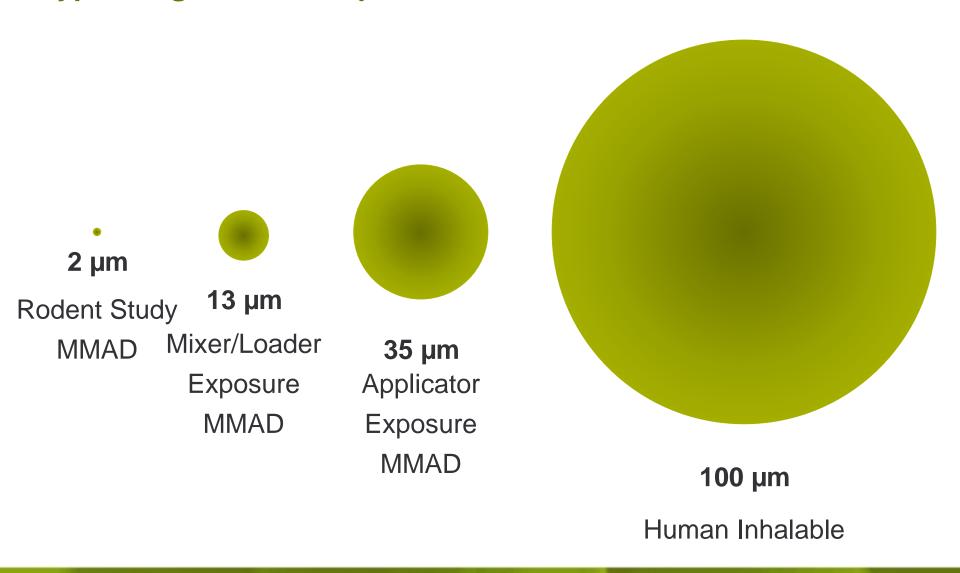
In vitro Point of Departure

- Low inter-donor variability across the 5 donors used
- All measured endpoints responded similarly and BMDL values were fit.
- Overall BMDL mean mass per unit surface area was determined (mg/cm²).

	TEER BMDL (mg/cm ²)	LDH BMDL (mg/cm²)	Resazurin BMDL (mg/cm²)	Mean
Donor 1	0.00430	0.00703	0.00344	0.00470
Donor 2	0.00317	0.00963	0.00224	0.00409
Donor 3	0.00822	0.00878	0.00400	0.00661
Donor 4	0.00937	0.00998	0.00066	0.00395
Donor 5	0.00909	0.00875	0.00674	0.00813
Mean	0.00625	0.00877	0.00267	0.00527

- Necrotic injury to the luminal surface of the respiratory epithelium is a key event in squamous metaplasia of the larynx in treated rats.
- The initial irritant response can be assessed in MucilAir.
- Measured response is converted to a human BMDL which can then be used as the human Point of Departure (PoD) for risk assessment.

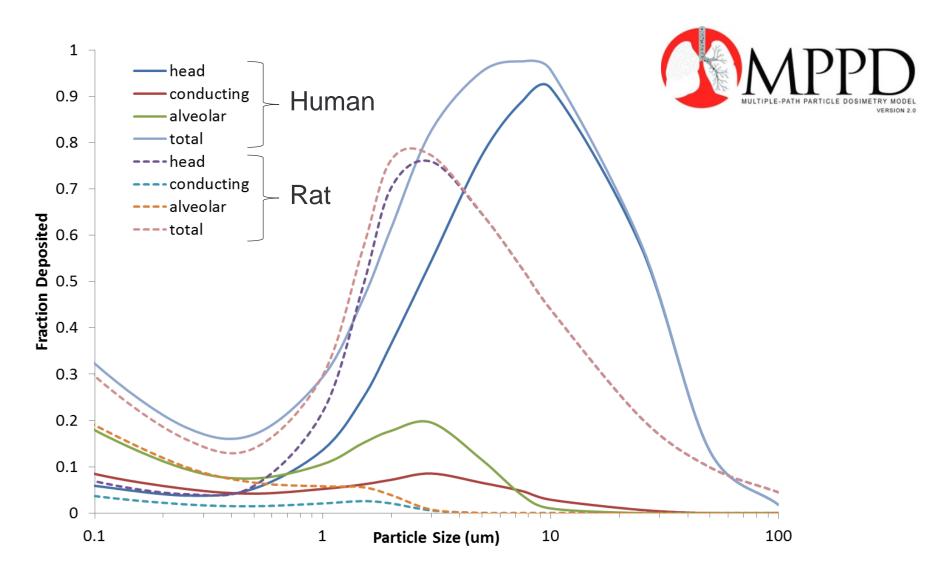
What is the Relevant Aerosol Droplet Size Distribution For Typical Agricultural Exposure?



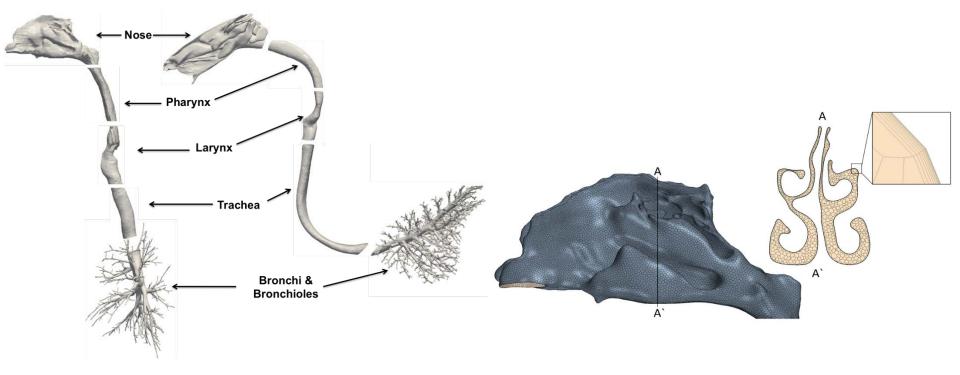
Inhalation Dosimetry Models

- Multiple-Path Particle Dosimetry Model (MPPD) calculates the deposition and clearance of aerosols in the respiratory tracts of rats and humans using theoretically derived efficiencies for deposition by diffusion, sedimentation, and impaction.
 - http://www.ara.com/products/mppd.htm
- In some cases, more precise models are needed to define exact locations in the respiratory tract (e.g. the U-shaped cartilage in the rat larynx).
- Computational fluid dynamics (CFD) simulate the deposition of a large number of individual particles.

Comparative Deposition (Human vs. Rat)

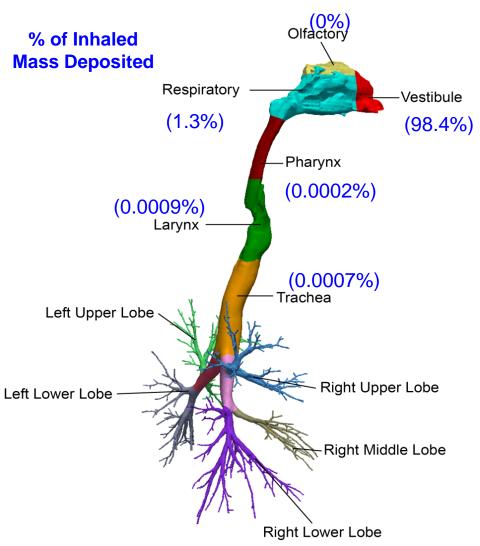


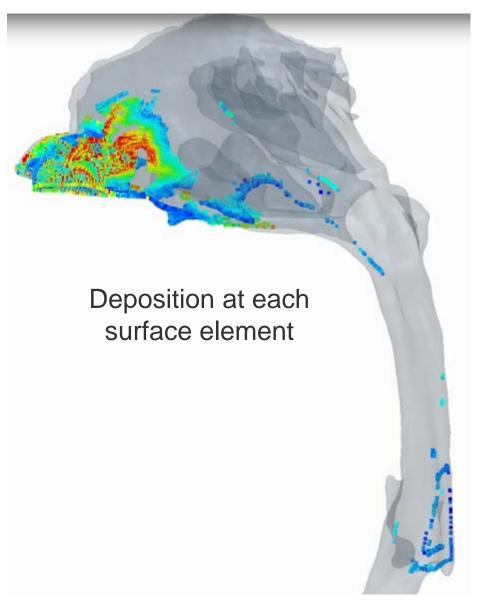
Computational Fluid Dynamics Modeling



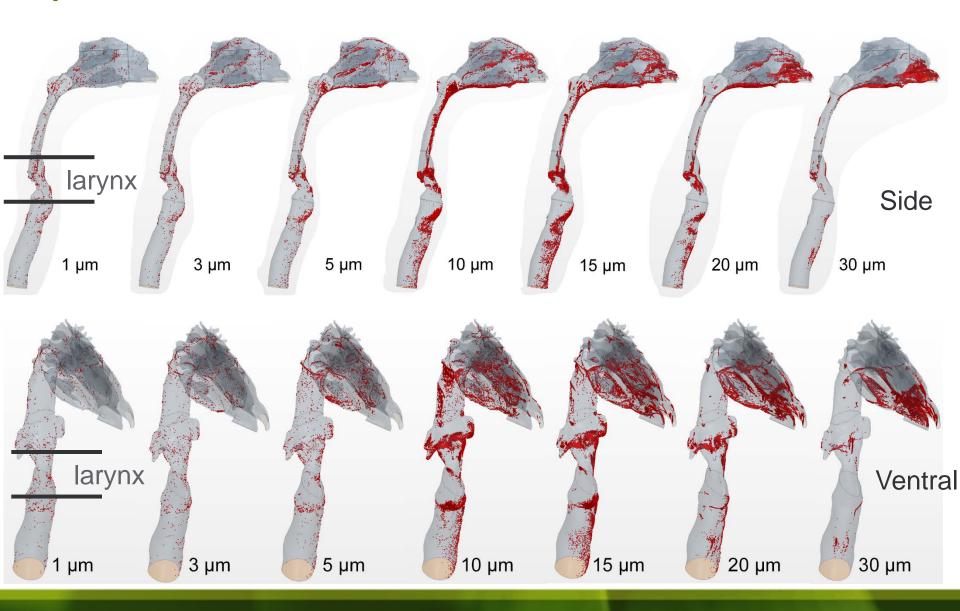
- Simulates the fluid dynamics of the airflow in the respiratory tract.
- Surfaces are meshes of polygons, each of which can be monitored.
- Commonly used in simulation of smaller particulates like bacteria spores and diesel particulates.

Human CFD/Aerosol Simulation (50 µm MMAD)





Deposition Patterns in Humans



Calculation of Human Exposure Concentration - Applicators

- Aerosol: 35 (1.5) µm polydisperse
- Breathing rate: 16.4 breaths/minute or 7872 breaths/8hr
- Dilution Factor 0.438 lb/lb diluted formulation
- *In vitro* BMDL 5.27x10⁻³ mg/cm²

	Respiratory	Olfactory	Pharynx	Larynx	Trachea
Deposition (mg/cm²/breath)	2.00E-06	1.41E-07	8.82E-07	1.61E-06	3.12E-07
Deposition (mg/cm²/8hr)	6.89E-04	4.85E-05	3.04E-04	5.54E-04	1.08E-04
Exposure Concentration (mg/L)	0.34	4.8	0.76	0.42	2.1

 The exposure concentration is the air concentration necessary to match the in vivo 8 hour deposition with the in vitro BMDL

Human Equivalent Concentration (HEC)

 HEC calculated using BMDL (in vitro model) and total daily deposition (CFD model).

Exposure Scenario	Human Equivalent Concentration (mg/L)					
Exposure Scenario	Respiratory	Olfactory	Pharynx	Larynx	Trachea	
Spray Applicator	0.0013	0.0075	0.0019	0.0010	0.0055	
Mixing/Loading Liquids	0.00079	0.0014	0.00071	0.00029	0.0024	

$$HEC = \frac{BMDL}{Total \ daily \ deposition} \times 1 \ mg/L$$

Conclusions

- This Source to Outcome analysis addresses:
 - Inhalation study requirement
 - Point of Departure
 - Uncertainty Factors
 - Database, LOAEL to NOAEL, Interspecies
- Most importantly:
 - A human derived endpoint with dosimetry provides a more accurate estimate of risk.
 - Animal use is reduced.
- EPA Science Advisory Panel review of this work was held in December 2018.