

### Introduction to the

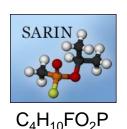
# Systematic Review of Long-term Neurological Effects Following Acute Exposure to Sarin

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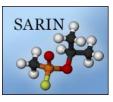




- Synthetic compound, related to organophosphate insecticides
- One of the "G-series" less persistent nerve agents discovered and synthesized in Germany in 1930s and 1940s
- Used as a chemical weapon due to extreme potency as nerve agent
  - Attacks the nervous system by blocking action of the enzyme acetylcholinesterase to prevent the break down of acetylcholine
  - Excess acetylcholine in nerve synapses leads to overstimulation (cholinergic crisis) of nerves and muscles, which can affect all organ systems



# **Health Effects of Sarin Exposure**



 $C_4H_{10}FO_2P$ 

- Acute effects of sarin exposure are well known
  - Most symptoms are from inhibition of acetylcholinesterase and the cholinergic syndrome of overstimulation of nerves and muscles
  - Range of symptoms from drooling or excessive sweating, to paralysis, convulsions, respiratory failure, and death
- Long-term neurological effects of exposure to sarin are not well characterized in humans
- National Academies of Sciences review (NAS 2004)
  - Sufficient evidence for ACUTE effects:
     a dose-dependent cholinergic syndrome is evident seconds to hours subsequent to sarin exposure that resolves in days to months
  - <u>Limited evidence</u> for **LONG-TERM effects:** at sarin doses that cause cholinergic signs, suggestive evidence for a variety
     of subsequent long-term neurological effects



# Countermeasures Against Chemical Threats Program



- The CounterACT program, a trans-NIH initiative, promotes the development of medical countermeasures to prevent and treat conditions caused by potential and existing chemical threats
- Nomination noted that long-term neurological effects following acute exposure to sarin are not well characterized
- CounterACT requested that NTP conduct a systematic review of the evidence for long-term neurological health effects of sarin
- The systematic review will inform the potential need to develop therapeutics to treat long-term neurological effects



# **NTP Monographs**

### Office of Health Assessment and Translation (OHAT)

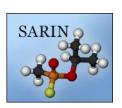
- OHAT develops literature-based evaluations to assess the evidence that environmental substances cause health effects
- Evaluations are conducted following the OHAT Approach for Systematic Review and Evidence Integration
- When the evidence is sufficient to support conclusions, the resulting NTP Monograph describes the methods, results, and NTP hazard conclusions
  - Hazard conclusions are reached by integrating "levels of evidence" from human and non-human animal studies with consideration of biological plausibility and the degree of support from mechanistic data





# **Draft NTP Monograph on Sarin**

### Systematic Review of Evidence for Long-term Neurological Effects



Objective

To evaluate the evidence for long-term neurological effects in humans and animals following acute exposure to sarin

Long-term effects
 For nerve agents, defined as any effect >24 hours after exposure

- 3 post-exposure time periods
   Evidence of effects characterized within separate time periods
  - "Initial": >24 hours to 7 days after exposure
  - "Intermediate": 8 days to 1 year after exposure
  - "Extended": >1 year after exposure



# **Stepwise Methods**

### Problem Formulation and Protocol Development

- Refine research question and develop systematic review protocol
- Peer review and posting revised protocol

### Identifying Evidence

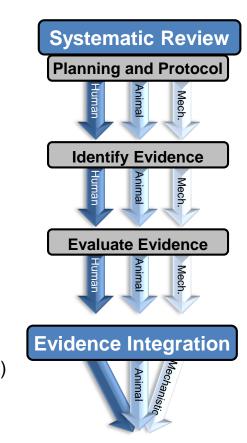
- Perform comprehensive literature search
- Select relevant studies
- Extract data into web-based project pages in Health Assessment Workspace Collaborative (HAWC)

### Evaluating Evidence

Assess individual study quality/risk of bias – also in HAWC

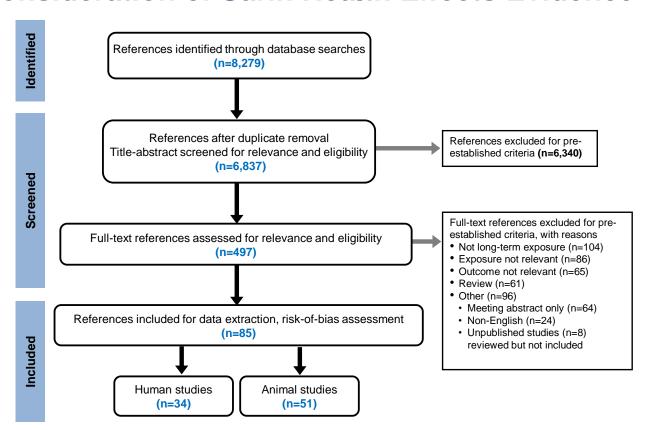
### Integrating Evidence

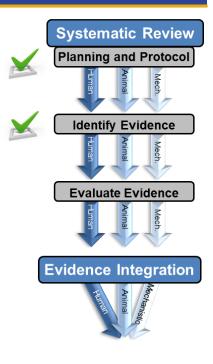
- Identify bodies of evidence studies grouped by outcome (animal, human)
- Develop confidence ratings for bodies of evidence
- Translate confidence rating into levels of evidence
- Develop hazard identification conclusions





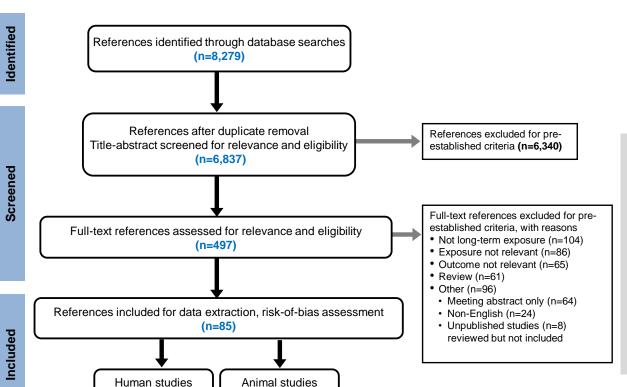
### **Consideration of Sarin Health Effects Evidence**







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(n=51)

(n=34)

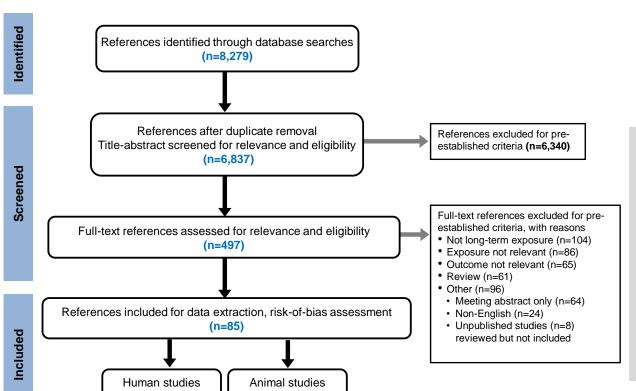


# Non-English Language Publications

- 24 identified at title-abstract level
- All excluded based on review at that level (e.g., title and English language abstract)
- Determined made that the studies would be unlikely to impact conclusions (e.g., same population/data as other study)



### **Consideration of Sarin Health Effects Evidence**



(n=51)

(n=34)



### **Unpublished studies**

- For transparency, only publicly available data considered
- 8 studies/reports identified that had not been peer previewed
- Determined made that the data from these studies would not impact conclusions (e.g., subsequently published, only added to already heterogeneous endpoints)



### **Consideration of Sarin Health Effects Evidence**

- Identifying Evidence
- Evaluating Evidence
- Integrating Evidence

Results are grouped by same or similar outcomes to develop bodies of evidence

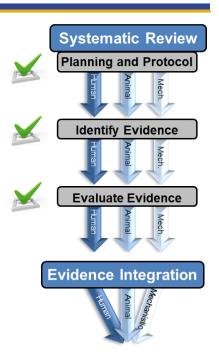


4 main health effect categories were identified

- Changes in cholinesterase levels
- Visual and ocular effects
- Learning, memory and intelligence
- Nervous system morphological and histological changes



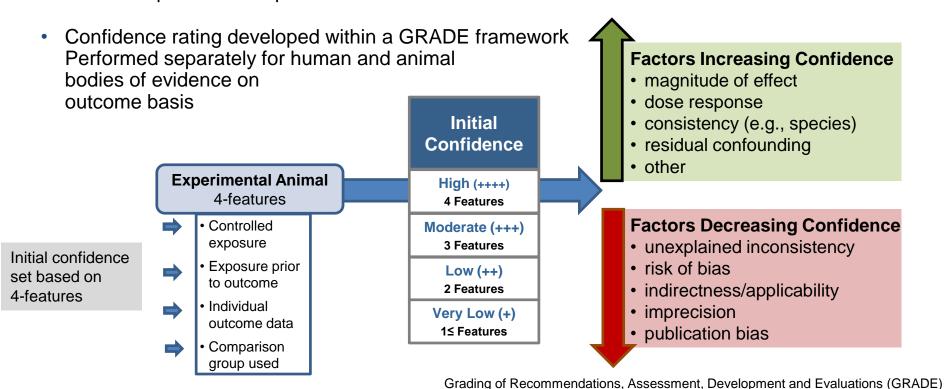
Other outcomes were considered (data in Appendix 4)





### **Evidence Integration: Rating Confidence in the Body of Evidence**

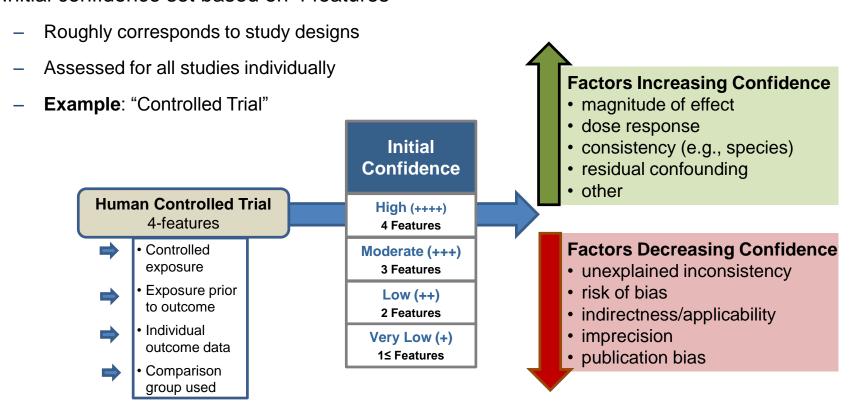
 Rating is a measure of how confident you are that findings from a group of studies reflect the true relationship between exposure to a substance and effect





### **Evidence Integration: Rating Confidence in the Body of Evidence**

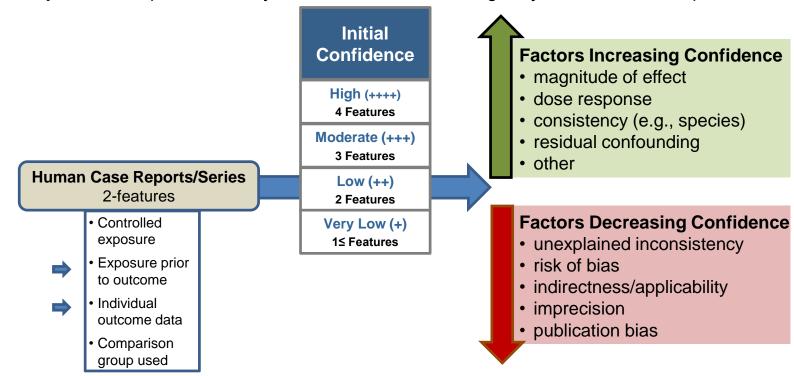
Initial confidence set based on 4 features





### **Evidence Integration: Rating Confidence in the Body of Evidence**

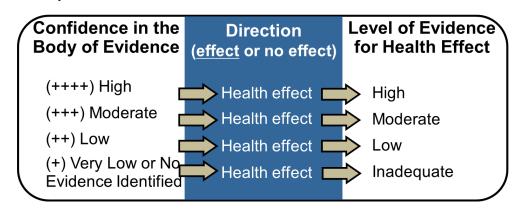
- Initial confidence set based on 4 features
  - Example: "case report" on a subject or "case series" tracking subjects with known exposure





### **Evidence Integration: Translating Confidence Ratings Into Level of Evidence**

- Level of Evidence Considers:
  - Confidence rating in body of evidence from previous step
  - The direction of the outcome (health effect or no effect)
  - If there is evidence of health effect
    - High to high, moderate to moderate, low to low
    - Very low or no evidence to inadequate





### **Level of Evidence Conclusions**

### High Level of Evidence

 There is high confidence in the body of evidence for an association between acute exposure to sarin and the health outcome.

### Moderate Level of Evidence

 There is moderate confidence in the body of evidence for an association between acute exposure to sarin and the health outcome.

### Low Level of Evidence

 There is low confidence in the body of evidence for an association between acute exposure to sarin and the health outcome.

### Inadequate Level of Evidence

 There is insufficient evidence available to assess if acute exposure to sarin is associated with the health outcome, or no data are available.

### Evidence of No Health Effect

 There is high confidence in the body of evidence that acute exposure to sarin is <u>not</u> associated with the health outcome.



# **Evidence Integration: Developing Hazard Conclusions**

(1) Initial Hazard Conclusion

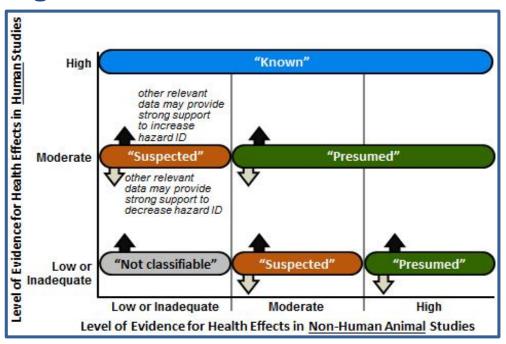
Consider human and animal evidence together

### (2) Final Hazard Conclusion

Consider impact of any relevant mechanistic data and biological plausibility of effect

### Assess if there is:

- Strong support to increase hazard ID
- Strong opposition to decrease hazard ID
- Or not impact the hazard ID





# **Integrate Evidence to Develop Hazard Conclusions**

Hazard conclusions developed for 3 post-exposure time periods (initial, intermediate, extended) for the main health effect categories

(1) Initial Hazard Conclusion

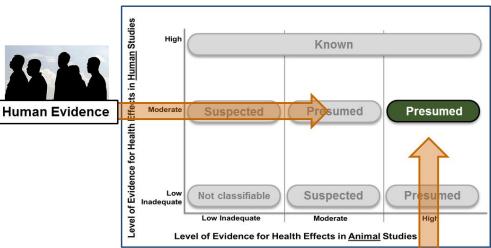
Consider human and animal evidence together

### (2) Final Hazard Conclusion

Consider impact of any relevant mechanistic data and biological plausibility of effect

### Assess if there is:

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- Or not impact the hazard ID



Example to illustrate the method





# **Integrate Evidence to Develop Hazard Conclusions**

Note: outcomes with level of evidence ratings that would support conclusion of "Not classifiable" included in Appendix 4

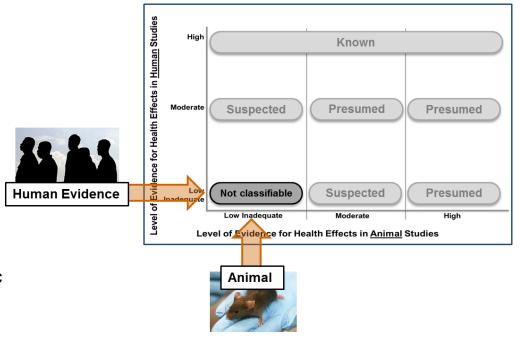
(1) <u>Initial Hazard Conclusion</u>
Consider human and animal evidence together

### (2) Final Hazard Conclusion

Consider impact of any relevant mechanistic data and biological plausibility of effect

### Assess if there is:

- Strong support to increase hazard ID
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# **Integrate Evidence to Develop Hazard Conclusions**

Conclusions with highest level of evidence for each time period are used to reach the overall conclusions

(1) Initial Hazard Conclusion

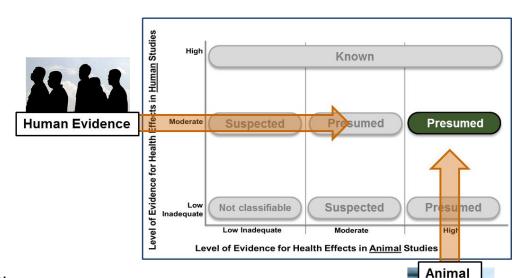
Consider human and animal evidence together

### (2) Final Hazard Conclusion

Consider impact of any relevant mechanistic data and biological plausibility of effect

### Assess if there is:

- Strong support to increase hazard ID
- Strong opposition to decrease hazard ID
- Or not impact the hazard ID





# Questions?