



# *“Mind the Gap”*: Dosimetry Modeling to Aid Experimental Design, Evidence Integration, and Inferences

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Design of an *in vitro* System to Assess the  
Inhalation of Nanomaterials  
February 24 & 25, 2015  
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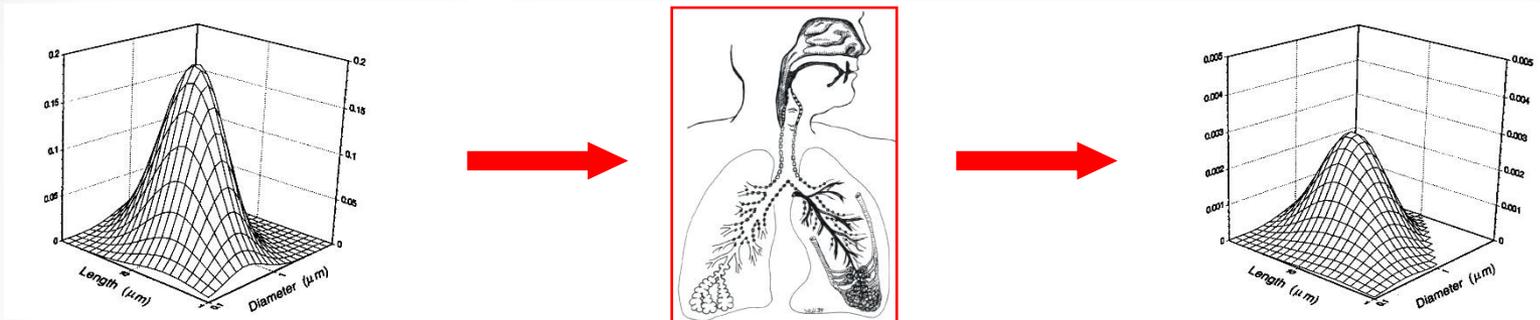
- **Conceptual basis and background: Mechanistic modeling**
  - **Dosimetry as bridge between exposure and response**
  - **Modeling mechanisms of deposition and retention of inhaled particles in the respiratory tract**
- **Context: Applications in risk assessment**
  - **Data integration and inferences**
  - **Dose metrics to describe mode of action**
- **Challenges and considerations for an approach to *in vitro* inhaled nanomaterials**

*Disclaimer: These views are those of the author and do not represent US EPA policy.*

- **Qualitative agreement with biological understanding of a process**
- **Quantitative agreement with existing data describing the process**
- **Validation through prediction of experimental data not used in model construction and novel to the construction process**
- **Comparisons quantitatively characterized by differences in critical parameters**
- **Consistent with contemporary toxicology: Comprehensive descriptions of pathogenesis and key events coupled with enhanced computational capacity**



# Motivation: Dosimetry to “Mind the Gap”



- **External exposure  $\neq$  Internal dose (i.e., tissue burden)**
- **Incorporates current biological understanding and testing measures**
- **Provides insights on important properties of different particles or fibers and their associated toxicity**
- **Translates dose across various experimental designs to improve data integration**
- **Addresses differences between test species and humans to refine inferences**
- **Quantifies and explores properties systematically and consistently!**

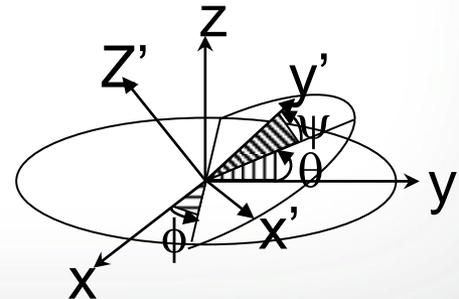




# Precedent: Particle Model Applications

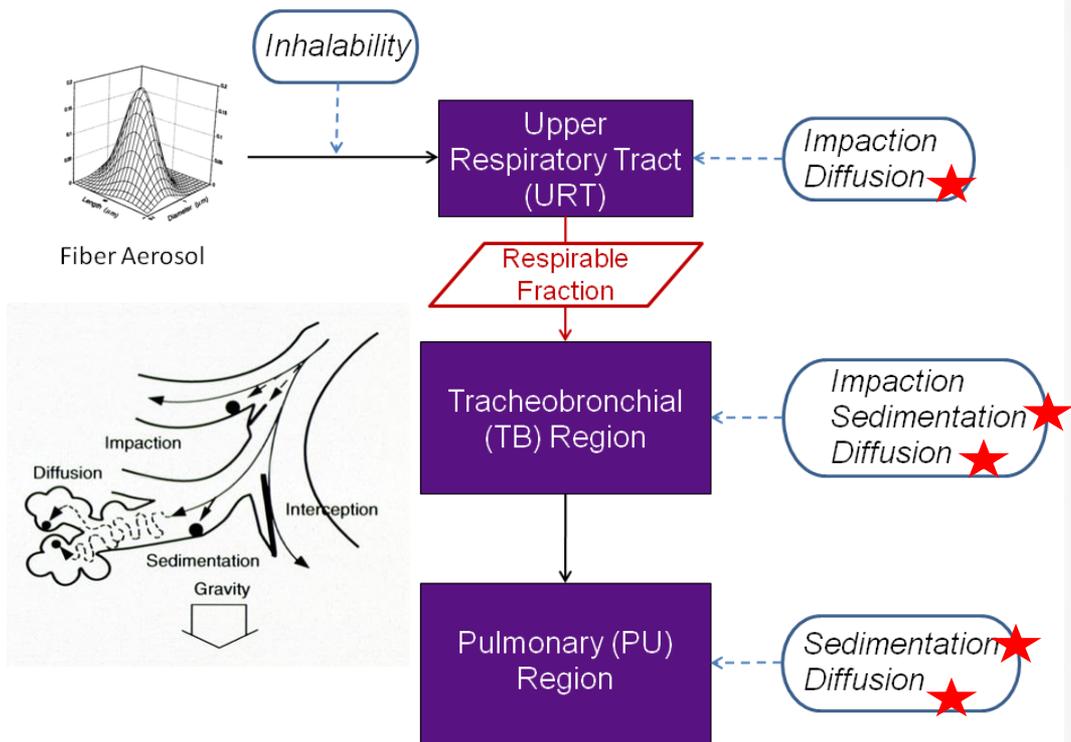
- **Data rich: Particle dosimetry began with radionuclide efforts of 1940's**
- **National Ambient Air Quality Standard (NAAQS) for particulate matter (PM): PM10 and PM2.5 criteria based on dosimetry models**
- **Basis of dosimetric adjustment factor (DAF) used for interspecies extrapolation in development of inhalation reference concentration (RfC) risk estimates of air toxics**
- **Strategy of “size-selective” exposure sampling: “nasal” or “thoracic” or “respirable” samples**
- **Evaluation criteria for refractory ceramic fibers (RCF) and man-made vitreous fibers (MMVF)**
- **Targets pharmaceutical drug delivery**
- ***Now extending approaches to nanoparticles and in vitro systems***

- **Aerodynamics dependent on particle size, distribution, and density**
- **Material transport is dictated by dimensions of airway architecture and ventilation rate in each species**
  - **Inhalability**
  - **Breathing mode (nose or mouth) and ventilation activity pattern**
- **“Slip correction” factors for objects (e.g., particles or fibers) transported in a fluid (i.e., air)**
- **Deposition based on fundamental first principles of physics: Laws of conservation of mass and momentum for both airflow and particles**
- **Fiber orientation: Based on statistics and deterministic description (e.g., parallel or perpendicular) to airflow**
- **Characterization of aerodynamics for fibers requires bivariate distribution (i.e., length *and* width) and density**



# Deposition: Mechanisms and Dosimetry Modeling

- **Semi-empirical: Structure based on fit to data and theory**
- **Species-specific architecture and airflows or activity patterns**
- **Fundamental first principles of physics (Laws of conservation of mass and momentum for both airflow and fibers)**
- **Equivalent aerodynamic fiber diameters derived based on dimensions and density for each deposition mechanism**

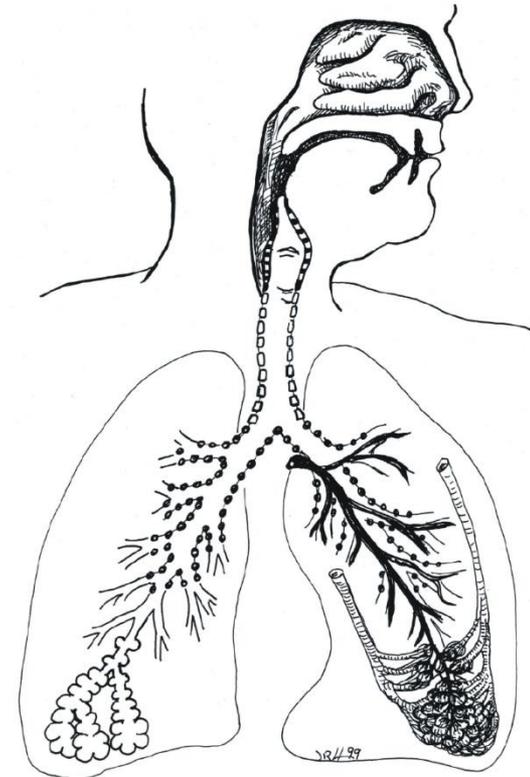
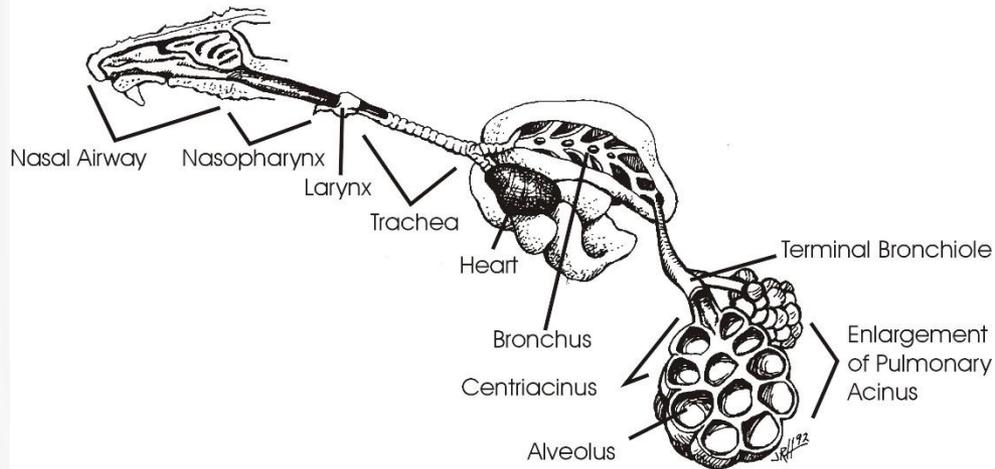


$$\text{Retained burden} = (\text{Inhalability} + \text{Deposition}) - \text{Clearance}$$

*Note: Relative contribution of each mechanism is different in each region of respiratory tract*

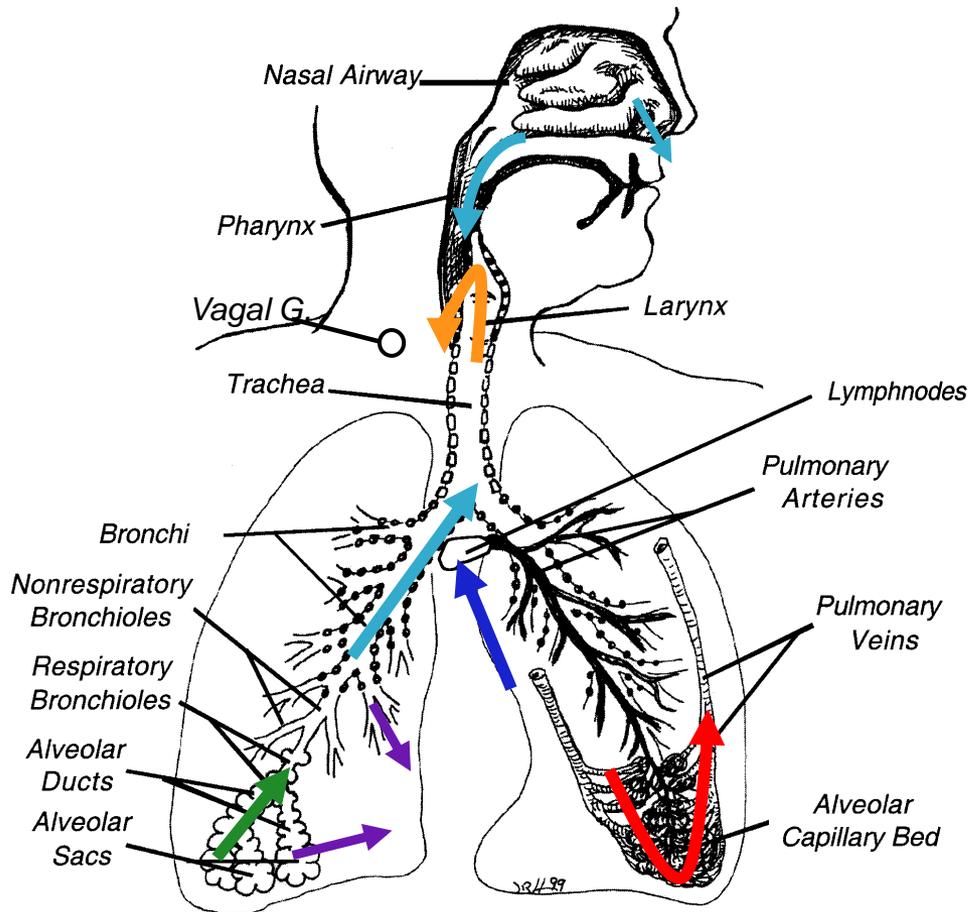
# Airway Anatomy

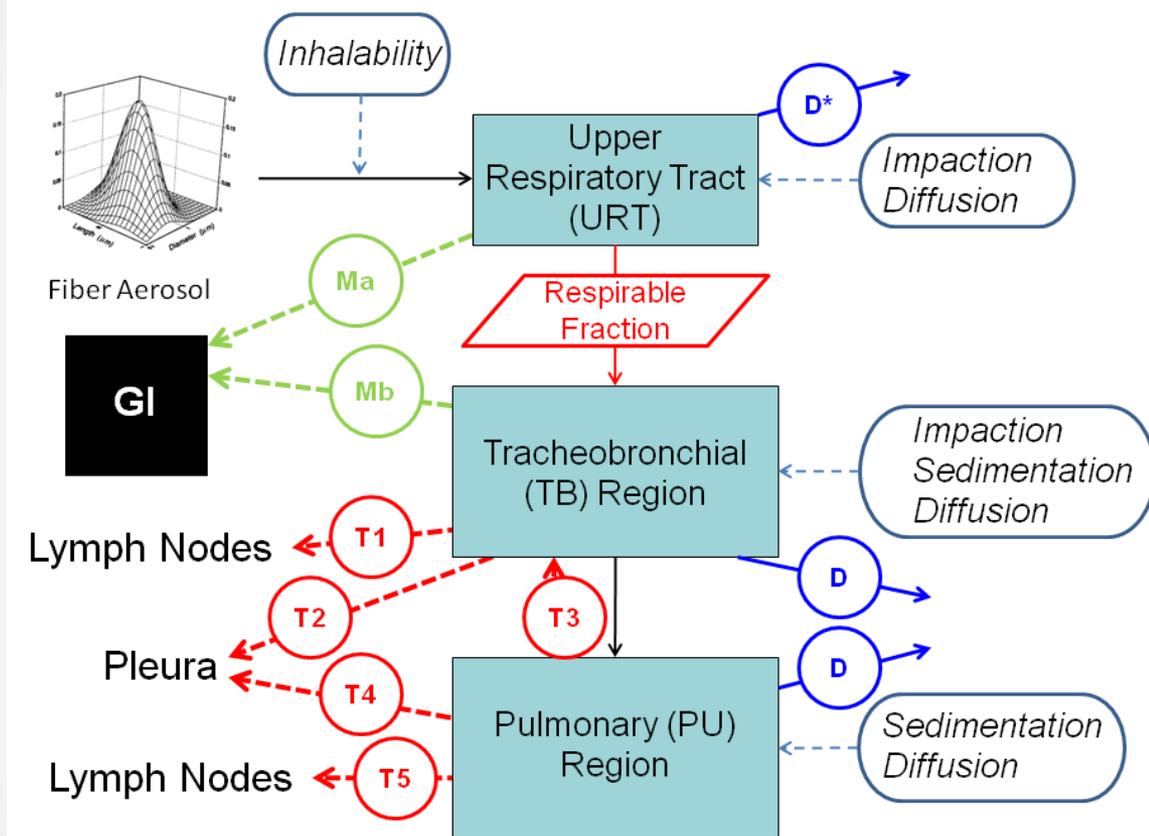
- Nasal or URT
- Tracheobronchial
- Pulmonary
- Other (e.g., pleura?)



# Clearance Mechanisms

Mucociliary Escalator
GI Tract
AM-mediated Clearance
Interstitial (via Epithelium)
Lymphat. Circulation
Blood Circulation





- **Based on MPPD Model**
- **Compartmental structure to address 3 major components**
  - 1) **Mucociliary clearance (M)**
  - 2) **Translocation (T)**
  - 3) **Dissolution (D)**
- **Derived from time-course data for fiber burdens in each tissue**

**Comprehensive Dosimetry Model for Libby Amphibole Asbestos: Inhalability, Deposition, and Retention in the Respiratory Tract of F344 Rats and Humans**

A.M. Jarabek, O.T. Price, S.H. Gavett, and B. Asgharian. Accepted for SOT 2015 in San Diego. (SOT Poster 615; Abstract No. 733).



# Multi-path Particle Dosimetry Model (MPPD)



- **Established in regulatory practice**
  - **Flexible and friendly GUI**
  - **Publicly available and supported by Applied Research Associates, Inc.**
- **Updated deposition efficiencies verified with experimental data**
- **Enhanced algorithms**
  - **Inhalability**
  - **More explicit mechanisms**
- **Capable of stochastically predicting deposition and retained dose as a function of various physicochemical (size, distribution, density, shape, solubility) and physiological factors (age, ventilation rates, breathing mode and activity patterns)**
- **Comprehensive range of particle sizes:**
  - **EPA to release fiber version**
  - ***NIOSH contract has extended coverage to nanoparticles: Version 3 soon to be released***



## Defining Dose: Operational Dosimetry Modeling in Risk Assessment

- **“Dose”**
  - **Exposure versus internal amount (deposited or retained)**
  - ***Defined best as causal or at least a metric best associated (correlated) with toxicity or key event / endpoint used to evaluate “dose-response” relationship***
- **“Metric”**
  - **Measurement: mass, surface area (SA), number (#)**
  - **Scale of metric should be same as observation or response endpoint (e.g., lung region versus local, specific cell type)**
- **“Model”**
  - **Conceptual or quantitative description of important processes**
  - **Simulate different exposure scenarios and experimental designs**



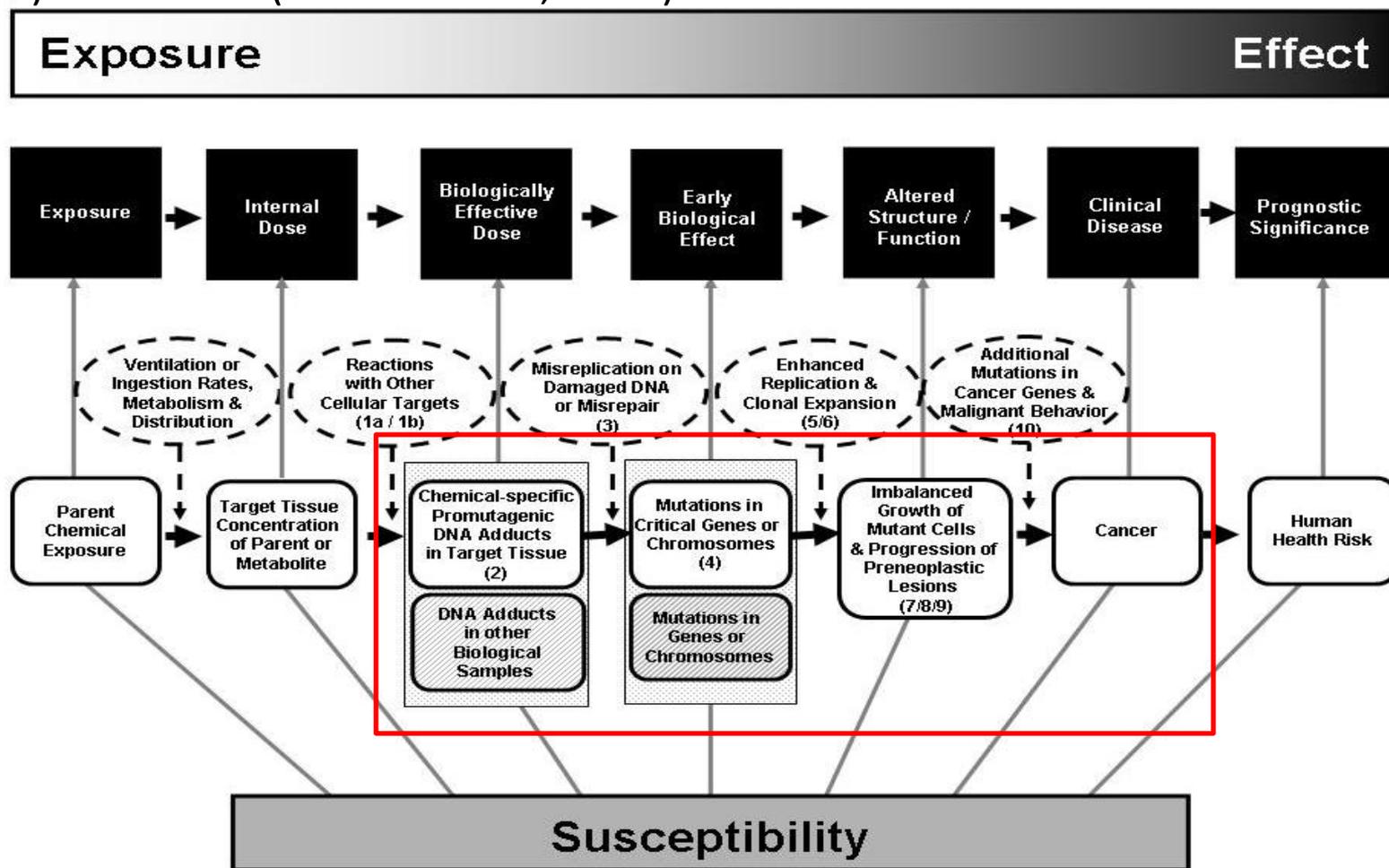
## Risk Assessment: Mode of Action (MOA) and Adverse Outcome Pathways (AOP)

- The term **“mode of action” (MOA)** is defined as a sequence of key events and processes, starting with interaction of an agent with a cell, proceeding through operational and anatomical changes, and resulting in cancer formation (US EPA, 2005).
- A **“key event”** is an empirically observable precursor step that is itself a necessary element of the mode of action or is a biologically based marker for such an element.
- An **Adverse Outcome Pathway (AOP)** is a conceptual framework that portrays existing knowledge concerning the linkage between a direct **molecular initiating event** and an **adverse outcome**, at a level of biological organization relevant to risk assessment. (Ankley et al., 2010)



# Sequence of Key Events

Revised NAS Biomarker Scheme: DNA Adducts in DNA-reactive Mode of Action (MOA) for Cancer (Jarabek et al., 2009)



- **Mass administered**
- **Media mass, surface area (SA) or number (#) concentration**
- **Deposited mass, surface area or #**
- **Deposited mass, SA or # / cell or cm<sup>2</sup>**
- **Retained mass, SA or #**
- **Internalized mass, SA or # per cell or cm<sup>2</sup>**
- **Target site mass, SA or #**

Exposure

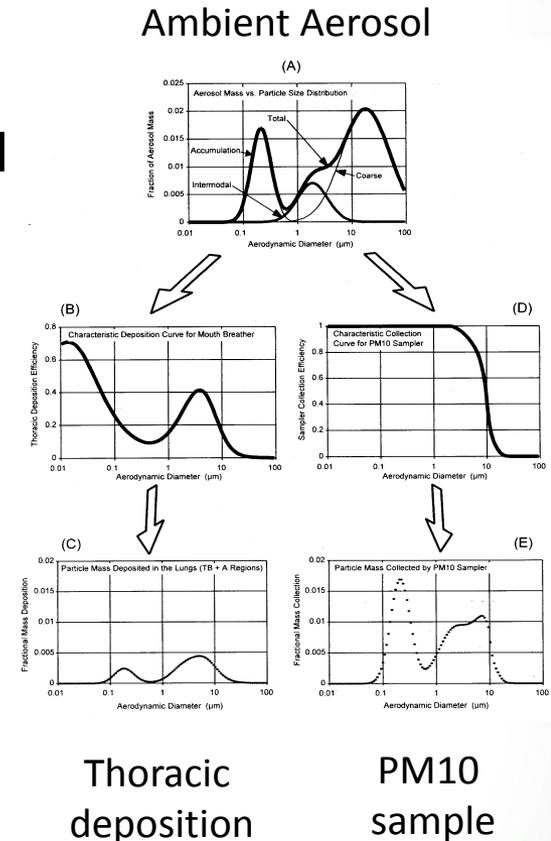


Delivered  
Dose



Cellular  
Dose

- **Context for comparisons**
  - **Epidemiological studies: Exposure**
  - ***In vivo* studies: Inhalation or instilled**
  - ***In vitro* studies: Applied to media or at cell level**
  
- **Impact on inferences**
  - **Biases introduced based on**
    - **Exposure sampling methods**
    - **Analytical methods**
    - **Sample or tissue preparation**
  - **Poor correlation due to failure to account for determinants of dose and causative events of response**





## Selecting the Relevant Dose Metric

- **Appropriate selection depends on describing the hypothesized mode of action**
  - **Corresponding to key event (e.g., cytotoxicity, inflammation, proliferation)**
  - **At the level of organization for observation (e.g., genomic, cellular, tissue)**
  - **Accounts for temporality of disease dimension (e.g., deposited for acute, retained for chronic endpoints)**
- **Accounts for key characteristics of**
  - **Exposure**
    - **Concentration, duration**
    - **Periodic, ambient constant, workplace**
  - **Individual physiological parameters**
    - **Age-specific anatomy and ventilation rate**
    - **Activity pattern (e.g., rest, exertion)**
    - **Breathing mode (nasal, oronasal or mouth)**
  - **Particle properties – more dynamic and complicated than chemical only**
    - **Size, distribution**
    - **Density**



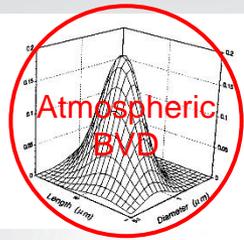
## Engineered Nanomaterial (ENM) Properties

- **Unique properties for their application also are likely essential to characterize to understand their potential toxicity**
- **Consider dynamics of test system to understand spatial and temporal impacts**
- **Critical properties to characterize:**
  - **Particle size and distribution**
  - **Density (\*)**
  - **Agglomeration state**
  - **Shape**
  - **Crystal structure**
  - **Chemical composition (spatially averaged (bulk) and heterogenous)**
    - **Physiosorption or chemisorption of biomolecules (e.g., proteins)**
    - **Biochemically-induced changes in surface chemistry**
  - **Surface area**
  - **Surface chemistry**
  - **Surface charge (Zeta potential)**
  - **Porosity**



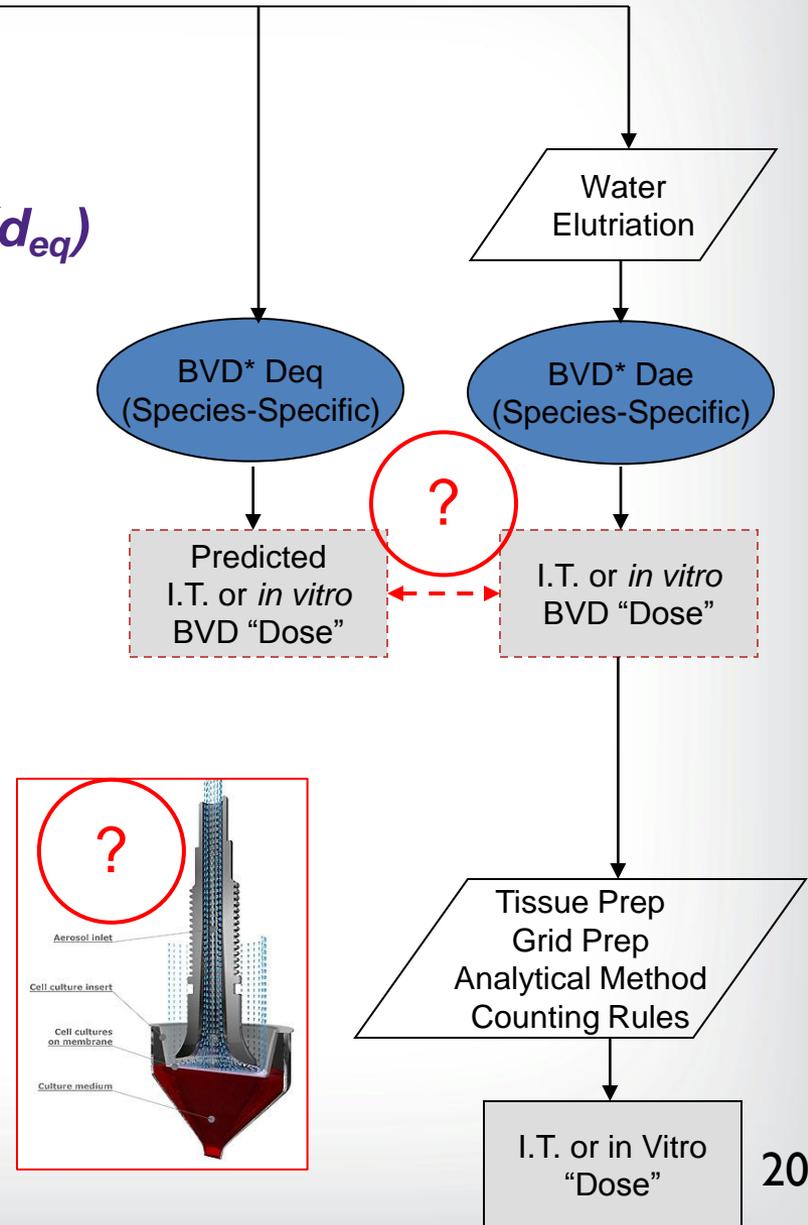
## Recommended Elements of Screening Strategy for ENM

- **ILSI Research Foundation / Risk Science Institute Nanomaterial Toxicity Screening Working Group report (Oberdorster et al., 2005)**
- **Multidisciplinary testing strategy – setting characterization criteria would be premature**
- **Collect sufficient information on potentially significant properties to enable quantitative interpretation of data; notably characterize critical physical metrics of**
  - **Mass**
  - **Surface area**
  - **Number**
- **Context for screening of toxicity testing includes:**
  - **Human exposure characterization**
  - **Material following administration**
  - **Administered material**
  - **As-produced or supplied material**

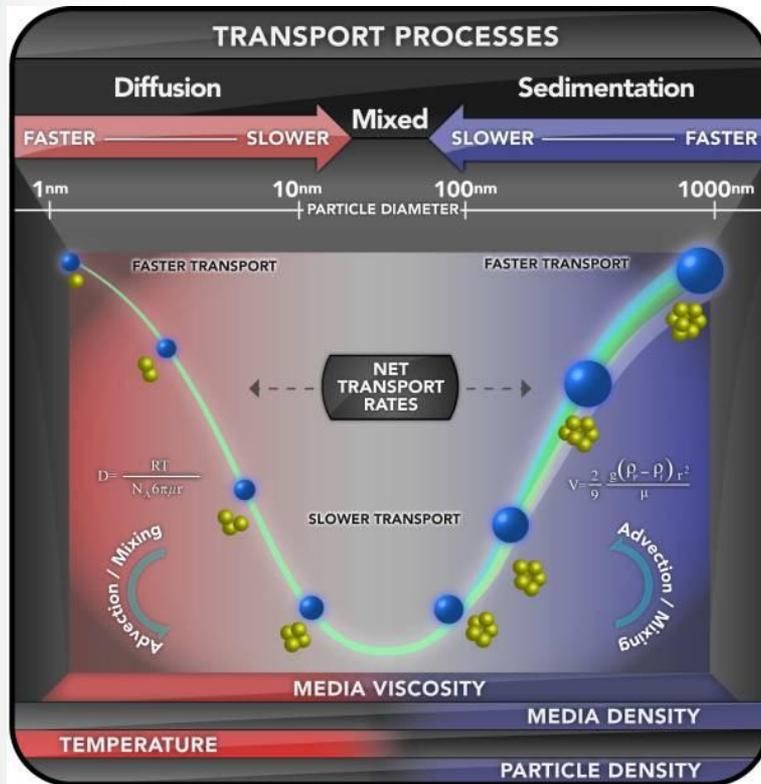


**Example: Respirable Fraction (RF)  
Defined by fiber equivalent diameter ( $d_{eq}$ )  
or  
Particle aerodynamic diameter ( $d_{ae}$ )**

- Preparation of a respirable fiber sample is a critical and challenging first step of toxicological studies. The respirable fraction (RF) is defined as the amount of aerosol that will penetrate to the lower respiratory tract (LRT).
- Water elutriation method assumes spherical particles and sedimentation, but impaction is most important deposition mechanism for fibers.
- **Consider operating specifications and dose definitions of in vitro system!**



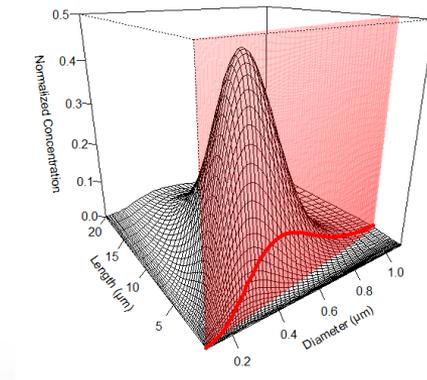
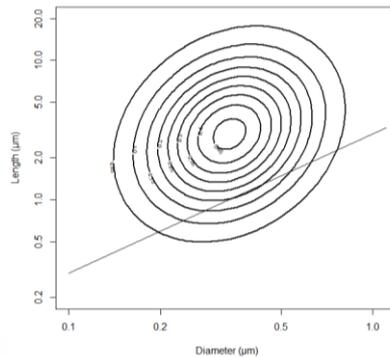
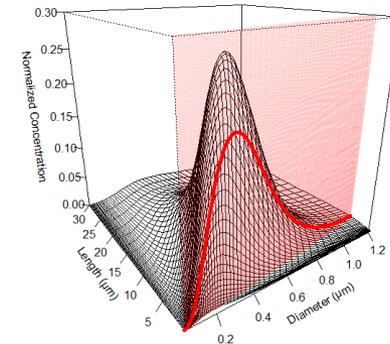
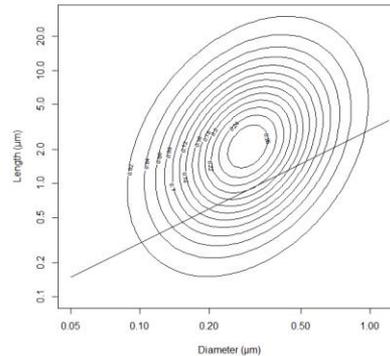
# Dosimetry in the Dish



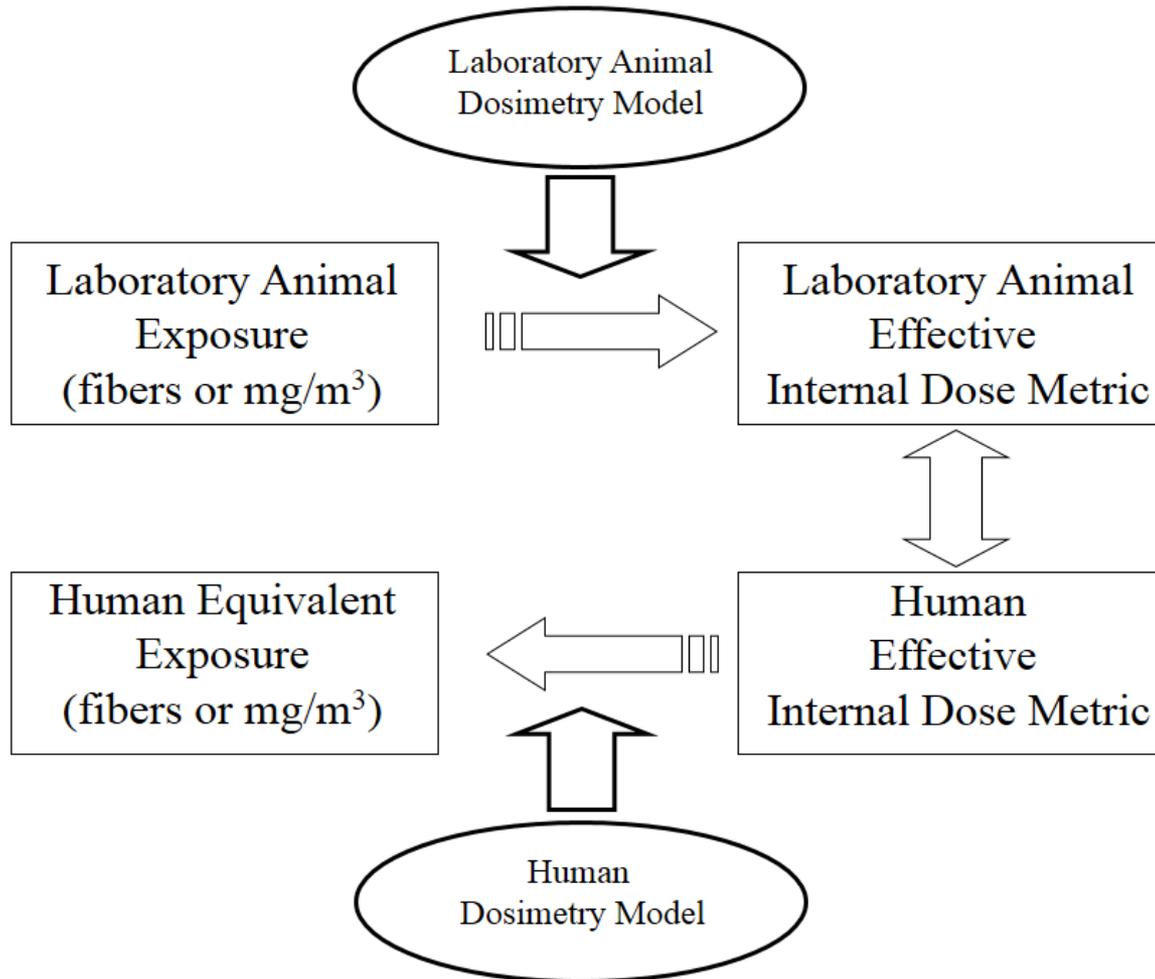
- **Considerations of transport mechanisms for particles in an *in vitro* system shown to be a major factor in delivered dose to cells.**
- **These considerations should be interfaced with predicted doses to respiratory tract of test species in question to best estimate dose range for realistic testing**

Hinderliter et al. (2010). ISDD: A computational model of particle sedimentation, diffusion, and target cell dosimetry for *in vitro* toxicity studies. [Part Fibre Toxicol.](#) Nov 30;7(1):36.

- **Exposure isopleth and bivariate distribution of 3.5 mg/m<sup>3</sup> (1-day with 0-hr recovery)**
- **Red line indicates truncation of exposure distribution by definition of fiber using aspect ratio ( $\beta$ ) of 3:1**
- **Isopleth and bivariate distribution of resultant LRT fiber burden**
- **Red line indicates truncation of fiber burdens by definition of fiber using aspect ratio ( $\beta$ ) of 3:1**



# Interspecies Extrapolation





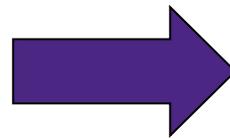
## Human Equivalent Concentration (HEC) Calculation

- Illustrated for deposited but can be calculated for any other dose metric (SA, #) or normalizing factor (# epithelial cells, # alveolar macrophages)
- Minute volume can be age-specific and incorporate a ventilatory activity pattern reflecting breathing mode (nasal, mouth, oronasal)

$$\left( \begin{array}{c} \text{deposited} \\ \text{mass} \end{array} \right) = \left( \begin{array}{c} \text{deposition} \\ \text{fraction} \end{array} \right) \times \left( \begin{array}{c} \text{exposure} \\ \text{concentration} \end{array} \right) \times \left( \begin{array}{c} \text{minute} \\ \text{volume} \end{array} \right) \times \left( \begin{array}{c} \text{exposure} \\ \text{time} \end{array} \right)$$

$$\text{Mass} = (\text{DF}) \times (\text{C}) \times (\dot{V}_E) \times (\delta t)$$

$$\left( \frac{\text{Mass}}{\text{SA}} \right)_H = \left( \frac{\text{Mass}}{\text{SA}} \right)_A$$

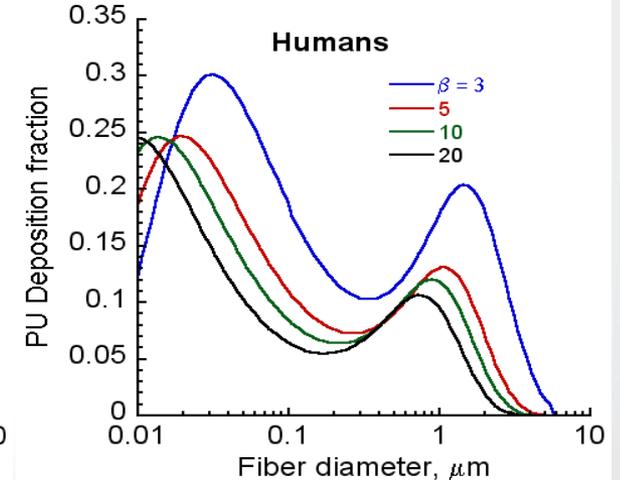
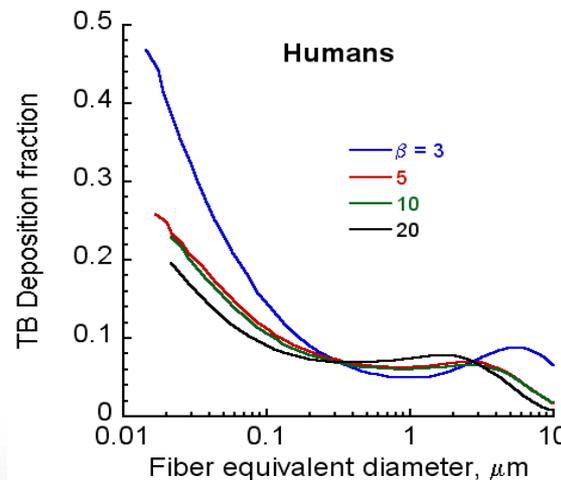
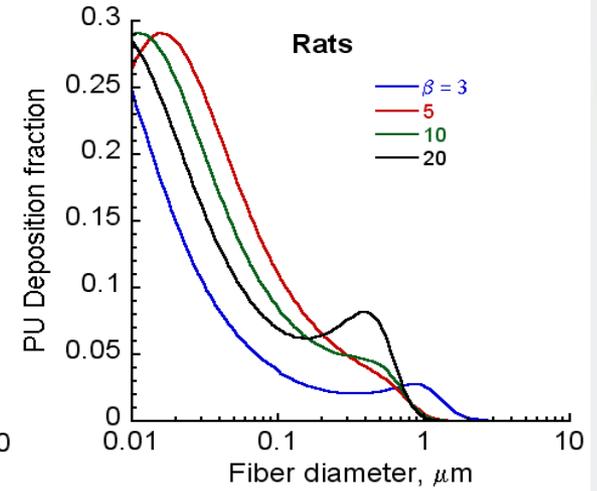
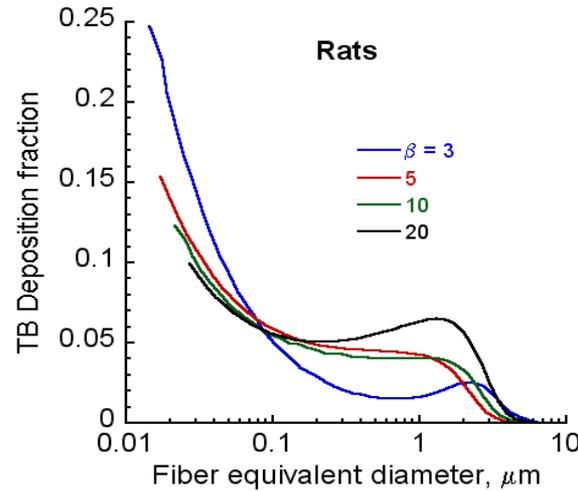


$$\frac{\text{HEC}}{C_A} = \frac{(\dot{V}_E)_A}{(\dot{V}_E)_H} \times \frac{(\text{DF/SA})_A}{(\text{DF/SA})_H}$$

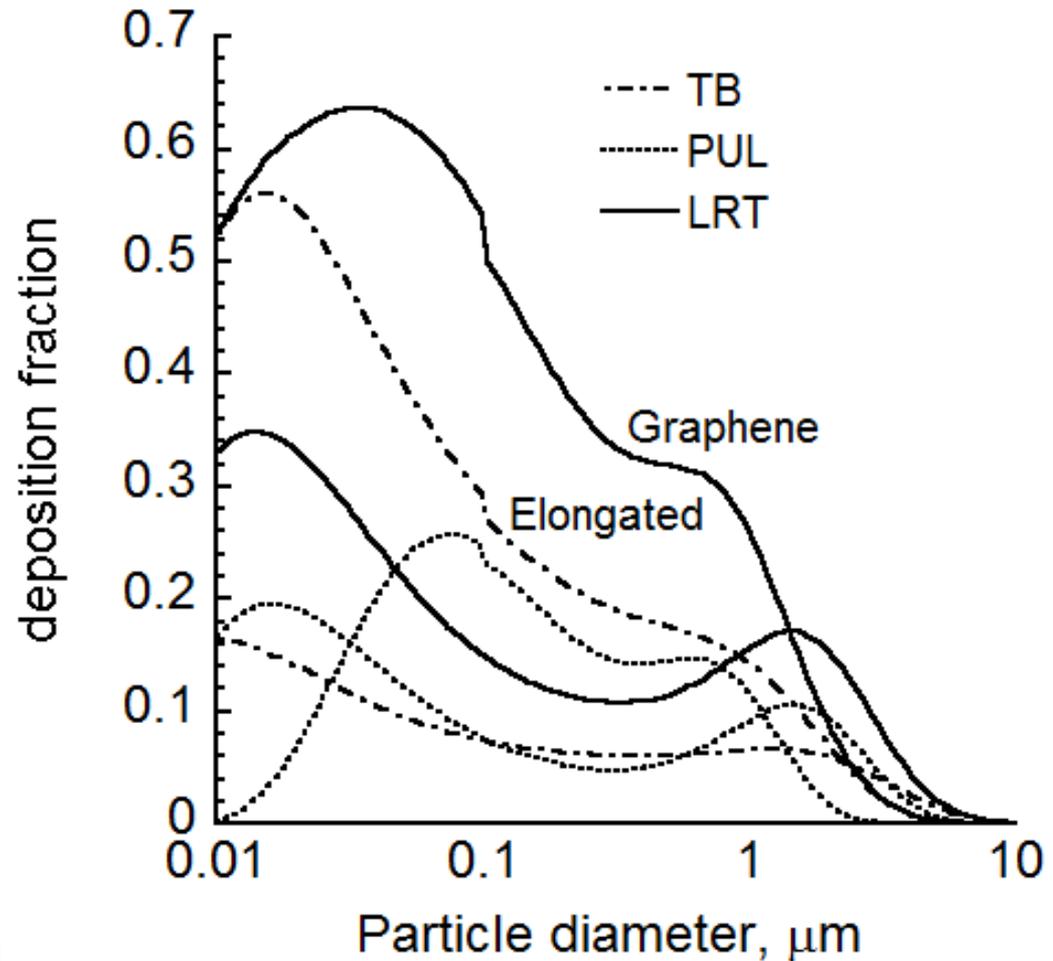


# Predicted Interspecies Differences in Fiber Mass Deposition

- **TB (Left) and PU (right) deposition in rats (top) and humans (bottom) for different aspect ratios**



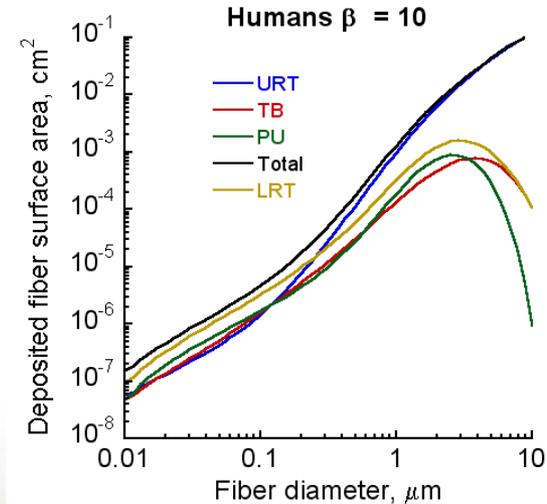
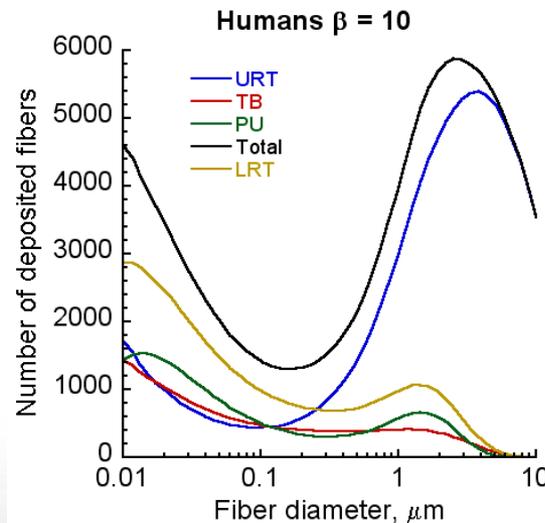
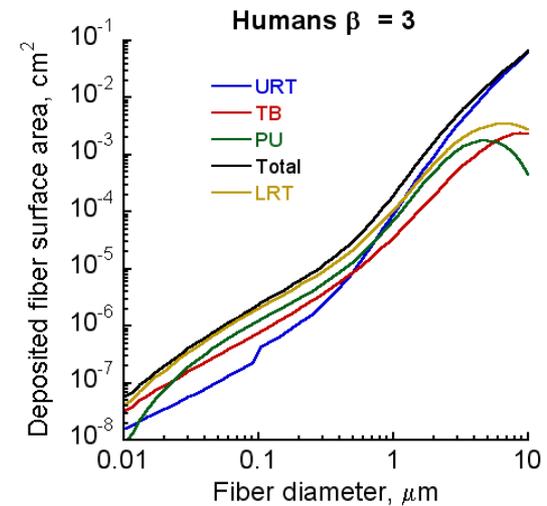
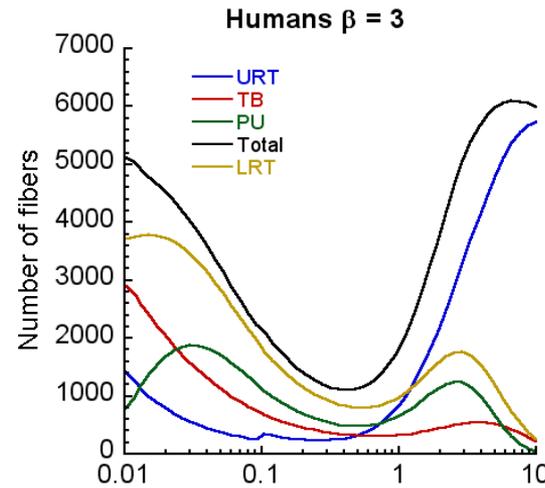
- **Difference in deposition due to shape is evident for a flat graphene ENM versus elongated nanotube of same dimension**





# Deposition Differences due to Dose Metrics

- **Number (left) and Surface area (right)**
- **Aspect ratio = 3 (top) versus 10 (bottom)**
- **Metric and aspect ratio determine**
  - **Magnitude of deposition**
  - **Degree of regional differences**
  - **Species differences (not shown)**





## Recommended ENM Measurements: Exposure

Metric	Measurement Recommendation
Mass – off-line	E (coupled with on-line)
Mass – on-line	E
Size distribution – off line	E
Size distribution – on line	E/D
Surface area – off line	O
Surface area – on line	O
Number – off line	N
Number – on line	E

E: These measurements are considered to be essential.

D: These measurements are considered to provide valuable information, but are not recommended as essential due to constraints associated with complexity, cost and availability.

O: These measurements are considered to provide valuable but non-essential exposure information.

N: These measurements are not considered to be of significant value to inhalation studies.

Source: Oberdorster et al. (2005). Principles for characterizing the potential human health effects from exposure to nanomaterials: Elements of a screening strategy. Part Fibre Toxicol. 2005 Oct 6;2:8.



# Recommended ENM Characterization in Studies

Characterization (Off-line)	Human exposure	Toxicity Screening Studies		
		Supplied material	Administered material	Material in vivo/in vitro
Size distribution (primary particles)	E (Combine with agglomeration state)	E	D	D
Shape	E	E	O	O
Surface area	D	E	D	O
Composition	E	E	O	O
Surface chemistry	D	E	D	D/O
Surface contamination	D	N	D	N
Surface charge – suspension/solution	O	E	E	O
Surface charge – powder (use bio fluid surrogate)	O	E	N	O
Crystal structure	O	E	O	O
Particle physicochemical structure	E	E	D	D
Agglomeration state	E	N	E	D
Porosity	D	D	N	N
Method of production	E	E	–	–
Preparation process	–	–	E	–
Heterogeneity	D	E	E	D
Prior storage of material	E	E	E	–
Concentration	E	–	E	D

E: These characterizations are considered to be essential.

D: These characterizations are considered to provide valuable information, but are not recommended as essential due to constraints associated with complexity, cost and availability.

O: These characterizations are considered to provide valuable but non-essential information.

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## Advantages to Mechanistic Modeling of Nanomaterials

- **Builds on current understanding of biological and physicochemical mechanisms in mode of action (MOA)**
- **Aids comparisons and translation of results**
  - *in vitro* to *in vivo* context
  - **Across fiber types**
  - **Between species**
- **Facilitates comparisons of regional to local estimates of different fiber doses metrics with disease endpoints and measurements**
  - **Provides insights on MOA inferences and integration**
  - **Refines risk assessment predictions**



## Selected References

Gangwal S, Brown JS, Wang A, Houck KA, Dix DJ, Kavlock RJ, Cohen Hubal EA. (2011). Informing selection of nanomaterial concentrations for ToxCast *in vitro* testing based on occupational exposure potential. *Environ Health Perspect* 119, 1539-1546.

Hinderliter PM, Minard KR, Orr G, Chrisler WB, Thrall BD, Pounds JG, Teeguarden JG. (2010). ISDD: A computational model of particle sedimentation, diffusion, and target cell dosimetry for *in vitro* toxicity studies. [Part Fibre Toxicol](#). Nov 30;7(1):36.

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Teeguarden J, Hinderliter PM, Orr G, Thrall BD, Pounds JG. (2007). Particokinetics *In Vitro*: Dosimetry considerations for *in vitro* nanoparticle toxicity assessments. *Toxicol Sci* 95(2), 300-312.



**Thank you**

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