Abstract

Inhalation is a major route by which human exposure to substances can occur. Resources have therefore been dedicated to optimize human-relevant in vitro approaches that can accurately and efficiently predict the toxicity of inhaled chemicals for robust risk assessment and management. In this study, called the INSPIRE Initiative (IN vitro System to Predict REspiratory toxicity), two- and three-dimensional (2D and 3D) systems were used to predict the ability of chemicals to cause portal-of-entry effects on the human respiratory tract. Human bronchial epithelial cell line (BEAS-2B) and reconstructed tissue model (MucilAir[™], Epithelix) were exposed to silanes (triethoxysilane (TES, Globally Harmonized System classification (GHS) 2) and trimethoxysilane (TMS, GHS 1)) at the air-liquid interface in a VITROCELL[®] 6/4 system. Nitrogen dioxide was included as a positive control, and sodium chloride (0.9%), incubator control, or nitrogen gas (N_2) as negative controls. Endpoints assessed include cell viability (Prestoblue[™] assay), cytotoxicity (lactate dehydrogenase assay), and secretion of inflammatory markers (electrochemiluminescence immunoassay, Meso Scale Discovery) and, for the 3D tissues, morphology (hematoxylin and eosin staining), barrier integrity (transepithelial electrical resistance), and cilia beating frequency (SAVA system) were also examined. The results show a concentration-dependent decrease in cell viability and an increase in cytotoxicity after 30 minutes and 19-24h exposure of BEAS-2B cells to TES (1, 50, and 150 ppm) and TMS (1, 25, and 85ppm) as compared to N_2 . An increase in secretion of inflammatory markers (including interleukin (IL)-2, IL-6, IL-8, and tumor necrosis factor-alpha) was observed for both silanes in BEAS-2B cells at middle concentrations with no change at the lowest concentration (1ppm). In 3D tissues, a concentration-dependent decrease in cell viability and increase in cytotoxicity was observed at 19-24h post exposure. The active cilia beating areas and barrier integrity were also reduced in a concentration-dependent manner at 19-24h post exposure. Studies are underway to assess additional test chemicals in both systems. The results of this project can be used to better understand the usefulness of different test systems and to predict the likelihood of a chemical to cause portal-of-entry effects on the human respiratory tract and inform regulatory decision-making.



Human cell-based in vitro systems to assess respiratory toxicity of chemicals

Monita Sharma^{1*}, Andreas O. Stucki¹, Sandra Verstraelen², An Jacobs², David Poelmans², Karen Hollanders², Lieve Geerts², Stefaan Voorspoels², Jo Van Laer², Amy J. Clippinger¹ ¹PETA Science Consortium International e.V., Stuttgart, Germany, ²VITO, Flemish Institute for Technological Research, Mol, Belgium. *Corresponding author: MonitaS@thepsci.eu

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ase1	Pilot study assessing TES in BEAS-2B cells	 Purpose of Phase 1: To generate preliminary data to optimize study design 	
ase 2	Assess the respiratory toxicity of silanes and surfactants in BEAS-2B cells	 Key differences between Phase 1 and Phase 2: Reduce exposure time from 1hr to 30min Additional test substances (TMS and surfactants) Adding "true" negative control (sodium chloride) Using nitrogen as a carrier control Testing only four cytokines (IL-2, IL-6, IL-8, TNF-α) Not adding media to the apical side after exposure Removed bovine pituitary extract from cell media 	
ase 3 ngoing)	Assess the respiratory toxicity of silanes and surfactants in MucilAir™	 Key differences between Phase 2 and Phase 3: Using a 3D model (4 single donors (not pooled)) Assessing additional endpoints (TEER, CBF, and histology) Adding 7 day recovery period 	



Test systems and endpoints

BEAS-2B



Human bronchial epithelial cell line

MucilAir™



3D Human bronchial epithelial tissue model

BEAS-2B	MucilAir
\checkmark	\checkmark
\checkmark	\checkmark
\checkmark	\checkmark
	\checkmark
	\checkmark
	\checkmark
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Experimental set-up





Abbreviations: LPS (Lipopolysaccharide): positive control for inflammatory response LDH (Lactate dehydrogenase): positive control for LDH assay ISO* (Isoproterenol: positive control for CBF (only tested in MucilAir™) C1 (Concentration 1): three concentrations were tested for each chemical





for IL-6 and IL-8. After 7d PE, the inflammatory markers were still slightly elevated for all test conditions (data not shown) Both chemicals led to decreased TEER in a dose-dependent manner. At 7d PE, all samples recovered to pre-exposure values The active cilia beating areas are decreased in a dose-dependent manner and CBF increased at the highest concentrations of TES and TMS at 19-24h PE. The average active area (AAA) further decreased for samples exposed to the low and mid concentration of TES at 7d postexposure, while the CBF increased at the same time.

Next steps

Test additional chemicals (surfactants) using similar

Complete Phase 3 testing

study design







- 8, IL-10, IL-12p70, IL-13, and TNF-α was observed

100 300 LPS

TMS (ppm)

