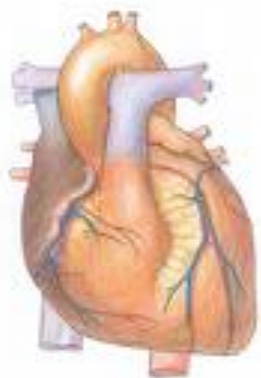




**NTP**  
National Toxicology Program

# Heart Breakout Group

Dr. Ben Van Houten, NIEHS





## Characteristics of the “Ideal” Biomarker

- Method appropriate for the species being evaluated
- Sensitive, specific, predictive, efficient
- Bridges animal and human applications
- Additional attributes
  - Sampling procedure non-invasive or readily accessible (survival)
  - Assay easily and rapidly performed
  - Reliable
  - “Cost worthy”



## Recommended biomarker #1: Troponin

- Is it applicable to rodents and humans? **YES**
- What is the disease process(es) evaluated (e.g., tissue injury, altered function, inflammation, altered metabolism)? **DEGENERATION, NECROSIS, MYOCYTE DAMAGE (Apoptosis?)** Does it identify early or late events? **EARLY**
- Is it sensitive, specific, and/or predictive of the disease process? **YES (indicative, not predictive)** Could it be used to demonstrate a NOAEL? **NOT YET (no reference ranges available)**
- What type of specimen/measurement is needed? **SERUM (<100 µL)** Is obtaining it noninvasive and easily accessible? **YES** What is the appropriate time for sample or measurement collection? **HOURS AND DAYS**
- Are there other special considerations with including it in NTP studies (e.g., extra animals needed)? **TIME-DEPENDENT (6hr half-life) AND \$50 PER TEST**
- What technology is required? **RIGHT ASSAY** Is it accurate, reproducible, and cost effective? **YES**



## Recommended biomarker #2: B-type Natriuretic Protein (BNP)

- Is it applicable to rodents and humans? **YES**
- What is the disease process(es) evaluated (e.g., tissue injury, altered function, inflammation, altered metabolism)? **MYOCARDIAL PRESSURE/VOLUME OVERLOAD**
- Is it sensitive, specific, and/or predictive of the disease process? **HIGH NEGATIVE PREDICTOR; POSITIVE LESS SPECIFIC, BUT PERSISTENT WITH PATHOLOGY** (indicative, not predictive) Could it be used to demonstrate a NOAEL? **UNKNOWN**
- What type of specimen/measurement is needed? **RNA** Is obtaining it noninvasive and easily accessible? **NO** What is the appropriate time for sample or measurement collection? **NECROPSY**
- Are there other special considerations with including it in NTP studies (e.g., extra animals needed)? **RNA NEEDED; SERUM ASSAY COULD BE DEVELOPED; may want to parallel with ultrasound**
- What technology is required? **SEE ABOVE** Is it accurate, reproducible, and cost effective? **YES**



## Recommended biomarker #3: Ultrasound

- Is it applicable to rodents and humans? **YES**
- What is the disease process(es) evaluated (e.g., tissue injury, altered function, inflammation, altered metabolism)? **ALL THAT ALTER FUNCTION** Does it identify early or late events? **BOTH**
- Is it sensitive, specific, and/or predictive of the disease process? **INDICATIVE, NOT PREDICTIVE** Could it be used to demonstrate a NOAEL? **LIKELY**
- What type of specimen/measurement is needed? **LIVE ANIMAL (Isoflurane or Conscious)** Is obtaining it noninvasive and easily accessible? **YES** What is the appropriate time for sample or measurement collection? **END OF STUDY; AS NEEDED**
- Are there other special considerations with including it in NTP studies (e.g., extra animals needed)? **SKILLED OPERATOR NEEDED (can do 40-60 per day if conscious); STRESS vs. ANESTHESIA**
- What technology is required? **UPGRADE MACHINE** Is it accurate, reproducible, and cost effective? **YES (high throughput)**



## Recommended biomarker #4: $\alpha$ 2-macroglobulin (Rat)

- Is it applicable to rodents and humans? **ANALGOUS TO HUMAN CRP; MOUSE?**
- What is the disease process(es) evaluated (e.g., tissue injury, altered function, inflammation, altered metabolism)? **SYSTEMIC INFLAMMATION** Does it identify early or late events? **INTERMEDIATE**
- Is it sensitive, specific, and/or predictive of the disease process? **NEGATIVE PREDICTOR** Could it be used to demonstrate a NOAEL? **LIKELY**
- What type of specimen/measurement is needed? **SERUM** Is obtaining it noninvasive and easily accessible? **YES** What is the appropriate time for sample or measurement collection? **48 HOURS POST-INJURY**
- Are there other special considerations with including it in NTP studies (e.g., extra animals needed)? **CAREFUL INTERPRETATION NEEDED (Non-specific); REFERENCE RANGES NEEDED**
- What technology is required? **ELISA** Is it accurate, reproducible, and cost effective? **YES**



## Additional biomarkers for future consideration

- Molecular Probes for Ultrasound/Near IR; micro-CT
- G protein-coupled receptor kinase-2 (heart & lymphocytes)
- Telemetry – expensive and time consuming
- Gene Expression – mechanism based
- Inbred Strains (NTP strain vs. JAX Lab)
  - Transgenics
  - Unpublished strain sensitivities
- EM - AZT
- mtDNA – atherosclerosis, dilated cardiomyopathy, AZT
- Cell culture?



## Decision Tree

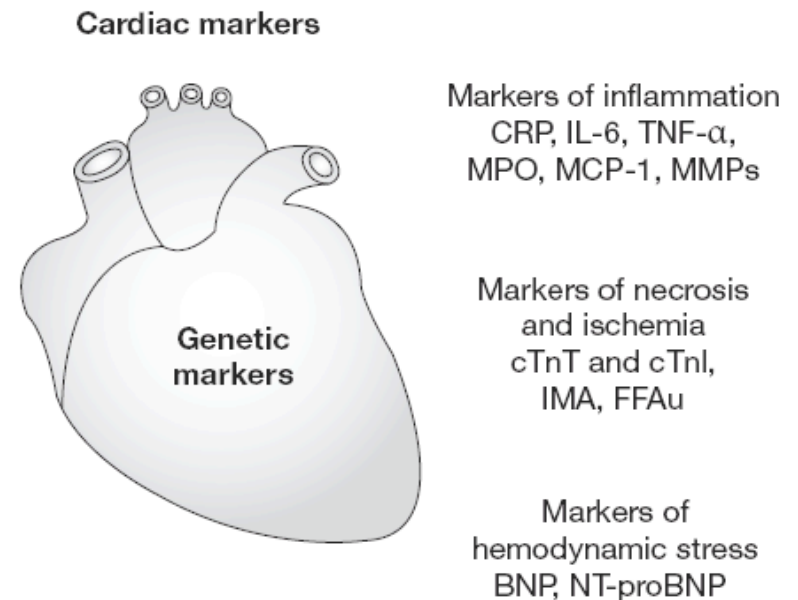
### 1. Standard Clinical Chemistry / Histopathology

#### Routine Studies:

1. Troponin
2.  $\alpha$ 2-macroglobulin (rat)
3. Serum BNP in conjunction with Ultrasound

#### Suspect Cardiotoxins:

1. Enhanced Imaging / Future







## Breakout Group Participants

- Ben Van Houten, NIEHS (Chair)
- **Warren Lieuallen**, Pathology Associates (Rappateur)
- **Fred Apple**, Hennepin County Medical Center
- **Burns Blaxall**, University of Rochester Medical Center
- John Bucher, NIEHS
- **Mark Donahue**, Duke University
- June Dunnick, NIEHS
- David Malarkey, NIEHS
- Pat Mastin, NIEHS
- Alex Merrick, NIEHS
- Abraham Nyska, Integrated Laboratory Systems Inc.
- **Frank Sistare**, Merck & Co. Inc.