

The Interagency Coordinating Committee on the Validation of Alternative Methods (ICCVAM) Peer Review Panel Evaluation of the Revised Up-and-Down Procedure (UDP) for Acute Oral Toxicity

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Abstract	UDP Technical Task Force	Background	ICCVAM Peer Review of the UDP (Cont'd)	Revisions to the UDP in to the July 25, 2000 Pan
Image: the transmission of transmission of the transmission of transmission of transmission of the transmission of transmi	Dr. Greg Carr Ms. Deborah McCall Proctor & Gamble Company U.S. EPA Mr. David Farrar U.S. EPA Dr. Michael Green Mr. John Redden CPSC U.S. EPA Dr. Kailash Gupta Dr. Amy Rispin (Leader) CPSC U.S. EPA Dr. Kailash Gupta Dr. Amy Rispin (Leader) CPSC U.S. EPA Dr. Kailash Gupta Dr. Amy Rispin (Leader) U.S. EPA Dr. Katherine Stitzel V.S. EPA Dr. Katherine Stitzel Dr. Step (Correlinating Committee on the Validation of Alternative Methods (ICCVAM) Acute Toxicity Working Group (ATWG) Agency for Toxic Substances National Institute of Environmental Health Services (NIEHS) Dr. John Wheeler Dr. William S. Stokes (Co-C	 1981 Organisation for Economic Co-operation and Development (OECD) adopted an international test guideline (TG) for acute oral toxicity (TG 401) used 30-50 test animals 1987 OECD adopted revised TG 401 used 20 - 25 test animals 1987 - 1998 OECD adopted three additional test guidelines for acute toxicity: Fixed Dose Procedure (FDP; TG 420) Acute Toxic Class Method (ATCM; TG 423) Up-and-Down Procedure (UDP; TG 425) 1998 OECD proposed deletion of TG 401 Prior to deletion, OECD requires revision of FDP, ATCM, and UDP to conform to Globally Harmonized Hazard Classification Scheme 1998 U.S. EPA agreed to organize Technical Task Force to revise UDP The UDP Technical Task Force was charged with preparing a revised UDP which comprised three procedures: <i>Limit Test</i> – for substances anticipated to have minimal toxicity 	2000 February Federal Register Notice (Vol. 65, No. 34, 8385-8386) • Requested nominations for Peer Review Panel • Requested data and information regarding usefulness and limitations of UDP as a replacement for conventional LD50 test March Peer Review Panel Finalized by ATWG • Recommended 19 members with expertise in acute toxicity testing, biostatistics, alternative methods, pharmacology, and toxicokinetics • Included members from industry, academia, and government from the US, UK, New Zealand and The Netherlands April UDP Technical Task Force submitted Revised UDP to ICCVAM June Federal Register Notice (Vol. 65, No. 106, 35109-35110) • Announced availability of UDP review materials • Requested public comment on materials • Requested public comment on materials • Announced Peer Review Meeting information All comments received in response to Federal Register notice were provided to the Panel for consideration	In response to the Panel's conclusions and r UDP Technical Task Force revised the UDP t as follows: Incorporated recommended Panel revisions Primary and Limit Tests The UDP Supplemental Test to determine response curve was deleted A procedure was added (for use with the Pr the Cl for the estimated LD50. This procedure that does not require the use of additional and place the estimated LD50 in a statistical cor assessment purposes. The U.S. EPA developed a software program test doses, determining when to stop the test and providing a Cl for the LD50. The publicly developed to mitigate complexity for the user performance of the UDP. The UDP Technical Task Force also pro clarifications regarding animal welfare: The UDP Technical Task Force also pro clarifications regarding animal welfare: The UDP Technical Task Force also pro clarifications regarding animal welfare: The UDP guideline significantly reduces the 1 in comparison to OECD TG 401 by the incorp 1) a stopping rule which limits the maximum test, and 2) a sequential dosing method w efficiencies in a minal use. The UDP guideline provision that the initial.
a software program to accompany the Revised UDP. A second meeting of the UDP Panel was convened via teleconference on August 21, 2001. The Panel endorsed the modifications to the Revised UDP, the CI calculation procedure, and the software program. Based on these conclusions, ICCVAM forwarded recommendations to Federal agencies supporting the use of the Revised UDP as a substitute test for the conventional LD50 test. Supported by NIEHS Contract N01-ES-85424.	Dr. Susan Aitken Dr. Surender Ahir Department of Defense (DOD) U.S. Environmental Protection Agency (U.S. EPA) Dr. Harry Salem Dr. Richard Hill (Co-Chair) Department of Transportation (DOT) Dr. Angela Auletta Dr. George Cushmac Dr. Di Backus Food and Drug Administration (FDA) Mr. David Farrar Dr. Roerge	 Supplemental Test – determines slope and confidence interval (C) for the dose-response curve Computer simulations used to design and validate the revised test – NO ANIMALS WERE USED FOR THE VALIDATION 	July 25, 2000 - UDP Peer Review Meeting UDP Peer Review Panel Charge:	 below the LD50 will result in fewer animals thereby providing further potential reductic Adherence to the OECD Guidance Documen should provide additional reduction or minimiz in animals used in this procedure.
Interagency Coordinating Committee on the Validation of Alternative Methods (ICCVAM) Designated Agency Representatives Agency for Toxic Sublastances and Disease Registry William Chaire, Ph.D. Food and Purg Administration "Validation, Chaire, Chaire Viscourd M, Standards, Ph.D. J.A.B.T. Consumer Product Stafety Commission "Maring", Mung, Ph.D. (New Chair) Consumer Product Stafety Commission "Maring", Mung, Ph.D. (New Chair) Consumer Product Stafety Commission "Maring", Mung, Ph.D. (New Chair)	Dr. Nakisas Sadriéh Dr. Bentley Gregg Dr. Antonia Mattia Dr. Patrick G. Swann Dr. Karen Hamernik Ms. Suzanne Fitzpatrick McI Ms. Marianne Lewis Dr. Elizabeth Margosches Dr. Joanie McAndrew Ms. Debbie McCall Dr. John Redden Dr. John Redden Dr. John Redden Dr. Amy Rispin Dr. Roy Sjoblad		 Evaluate all of the available information in the Background Review Document (BRD) in accordance with published criteria for validation and acceptance of toxicological test methods (NIEHS, 1997). Prepare a written report that summarizes the extent to which each of these criteria have been addressed, and the usefulness and limitations of the UDP for determining the acute oral toxic potential of chemicals and products. Focus of the Review for UDP Primary, Limit, and Supplemental Tests: Has the revised UDP been evaluated sufficiently and is the performance satisfactory to support its adoption as a substitute for the traditional LD50 test for acute oral toxicity (U.S. EPA Health Effects Guideline OPPTS 870.1100, 1996; OECD, 1987)? With respect to animal welfare, does the revised UDP adequately 	ICCVAM Peer Review of the 2001 June UDP Technical Task Force comple and the development of the U Revised materials submitted to ICI Peer Panel review. June Federal Register Notice (Vol. 66, • Announced availability of r
Susan Akiken, Ph.D. Raju Kammula, D.V.M., Ph.D., D.A.B.T. Nailah C. Song, D.V.M., Ph.D. Raju Kammula, D.V.M., Ph.D., D.A.B.T. Parizo Binner Parizo Binner Department of Apriculture America Statistics and Research Valida K.G. Song, D.V.M., Ph.D. Center for Biologics Evaluation and Research Valida K.G. Song, D.V.M. Center for Food Safety and Namiton Object Tensor of Apriculture Department of Defense Provid S. Haman, Ph.D. Center for Veerinary Medicine Paray Decol Naminal, Ph.D. Valence of Easing Ph.D. Loais T. Mallign, D.V.M. Valence of Easing Ph.D. National Center for Toxicological Research Valence of Easing Veel of the Interior National Center for Aprice Veel of the Interior Valence of Tensological Ph.D. National Center for Common the Interior Valence of Tensological Ph.D. Valence of Aprice Veel of the Interior Valence of Tensological Ph.D. Valence of Aprice Veel of the Interior Valence of Tensological Ph.D. Valence Interior Valence of Tensological Ph.D. Valence Interior Valence of Tensological Ph.D. Valence Interior Valence Interior Val	UDP Peer Review Panel Turtis Klassen, Ph.D. (Co-Chair) University of Kanasa Medical Center Winnersity of Kanasa Medical Center Columbus, OH PAREL SECTIONS 1. Revised UDP Protoco: General Considerations Janice Kuhn, Ph.D., D.A.B.T. (Leader) Sullmeadow, Inc. Sugariand, TX Kinbery Bonnette, M.S., L.A.T.G. Sperincefule, OH Section Agency Statimento, CA Robert Condon, Ph.D. Consulting Biostatician	ICCVAM Peer Review of the UDP 1999 August U.S. EPA asked ICCVAM to conduct an Independent Scientific Peer Review of the UDP ICCVAM convened the Acute Toxicity Working Group (ATWG) composed of knowledgeable individuals in ICCVAM agencies November First ATWG Meeting	 consider and incorporate where scientifically feasible, procedures that refine, reduce, and/or replace animal use? UDP Panel Conclusions/Recommendations: The performance of the revised UDP Primary Test is satisfactory and exceeds the performance of OECD TG 401 in providing, with fewer animals, both an improved estimate of the LD50 for the purpose of hazard classification and more accurate information on acute toxicity. In particular, the use of 0.5 log units for dose spacing is reasonable and appropriate based on experience and the results of computer simulations. Three disadvantages of the revised UDP Primary Test recognized by the Panel were: a) the increased length of time needed to conduct a study. b) the increased costs per test material evaluated; and c) the increased complexity of the protocol. The revised UDP Limit Test at 2000 or 5000 mg/kg is expected to perform as well as or better than the Limit Test in OECD TG 401, 	guideline • Announced availability of a pri- Cl for the estimated LD50 • Announced availability of a sc in establishing test doses, de the UDP test, and estimating the estimated LD50 • Requested Public comment o All comments received in re <i>Register</i> notice were provi consideration July <i>Federal Register</i> Notice (Vol. 66, • Announced August 21, 2001 L Teleconference information
 Biner Huang, Ph.D. 	Gary Wnorowski, B.S. Myersville, MD Product Safety Labs A.J. van Iersel, Ph.D. East Brunswick, NJ A.J. van Iersel, Ph.D. RivM-instlue's Centre for Alternatives to Arinal Testing National Instlue's Centre for Alternatives to Arinal Testing 2. Revised UDP Primary Test Boston, MA Waltace Hayes, Ph.D., D.A.B.T., D.A.T.S. (Leader) 4. UDP Supplemental Test for Slope/Confidence Limits The Gillette Company Boston, MA Toxicology Consultant Turecht University Utrecht University Tucson, A.Z Howard University Washington, DC Yana Dorough, Ph.D. John Reeve, M.S. Nancy Fluorough, Ph.D. Ministry of Agriculture and Forestry Food Assurance Authority Weilington, New Zealand Nancy Fluorough, Ph.D. Yweilington, New Zealand Nancy Fluorough, Ph.D. Ministry of Agriculture and Forestry Weilington, New Zealand Nancy Fluorough, Ph.D. Yweilington, New Zealand Nancy Fluorough, Ph.D. Ministry of Agriculture and Forestry Nancy Fluorough, Ph.D. Yweilington, New Zealand Nancy Fluorough, Ph.D. Ywashington, DC Nancy Fluorough, DC	 ATWG Charge: Review the Revised UDP submission for completeness Propose expert scientists for the Peer Review Panel Provide guidance to the UDP Technical Task Force to assemble adequate information for scientific peer review in accordance with ICCVAM Submission Guidelines Prepare evaluation questions to be addressed by the independent scientific Peer Review Panel Develop draft ICCVAM Test Recommendations based on Panel's evaluation 	 with a reduction in the number of animals needed to conduct a test. The UDP Supplemental Test for slope and Cl was not recommended for adoption. The Panel was unable to evaluate the utility of the test because sufficient information regarding the use of the resulting data was not provided. As a consequence, any impact on animal use was not assessed. The revised UDP Primary Test and the revised UDP Limit Test will reduce the number of animals used, but will not replace the use of animals. The Panel could not reach a consensus on the extent that the UDP provided for refinement. However, the OECD Guidance Document on the Recognition, Assessment, and Use of Clinical Signs as Humane Endpoints for Experimental Animals used in Safety Evaluation, referenced in the revised UDP Guideline, provides an element of refinement. Numerous recommendations were made for the revision to the UDP Test Guideline. 	ALL UDP Docu Available on <i>ICCVAM/NICI</i> WEBSITE: http://iccvam.niehs

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University of Reading East Gate Reading, UK

in Response anel Report

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npleted revision of the UDP UDP software program. ICCVAM for follow-up UDP

66, No. 121, 33550-33552) of revised draft UDP test

procedure to calculate the

a software program for use , determining when to stop ing the LD50 and the CI for

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66, No. 133, 36294-36295) 1 UDP Peer Panel Review

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http://iccvam.niehs.nih.gov/

August 21, 2001 - UDP Peer Review Meeting

UDP Peer Review Panel Charge:

- · Evaluate the extent to which the revised draft UDP test guideline (July 12, 2001) incorporates modifications in accordance with the mendations of the July 25, 2000 Peer Review Panel meeting;
- Evaluate the appropriateness and adequacy of the proposed procedure for calculating a CI for the LD50; and
- Evaluate the adequacy and consistency of the software program for use in the revised draft UDP test guideline.

UDP Panel Conclusions/Reco Revised UDP Test Guideline

The Panel concluded that many of the recommended and requested changes had been appropriately considered and all members concurred with the current modifications. However, several previous recommendations appeared to have not been adequately addressed in the revised UDP Test Guideline, and the Panel recommended adding the following:

- · Either sex of animal can be used, or if information is available indicating that one sex is more sensitive, the more sensitive sex should be used.
- A practicability evaluation of the usability of the in vivo test should be conducted to supplement the computational analyses.
- · A separate section on how the revised UDP Primary Test addresses reduction, refinement, and replacement of animals when compared to the previous tests should be included to the UDP guideline
- · Constant concentration in dosing should be used unless there is a clear scientific or regulatory justification for using constant volume. In the event that constant volume is used, information on the actual concentrations utilized should be provided.
- · Additional guidance pertaining to the use of pre-start data (data available before the acute toxicity test is conducted) should be provided, which may be helpful in determining the starting dose level (e.g., using *in vitro* data to estimate starting doses).

CI Procedure

- Endorsed the proposed procedure for calculating the CI for the estimated LD50.
- Recommended the inclusion of language in the UDP guideline and software to fully describe the limitations and uncertainties of the proposed method, and to provide appropriate cautions for interpretation of test results.
- · Noted that statistical techniques are evolving and recommended the future development of alternative approaches, such as nonparametric methods, be encouraged.

UDP Software Program • Concluded the software program was appropriate and suitable for establishing test doses, determining when to stop the test, estimating the LD50, and providing a CI for the LD50.

Conclusion of ICCVAM Review of the UDP			
2001			
September	UDP Technical Task Force revised the UDP test guideline in response to the Panel's recommendations.		
October	ICCVAM endorsed the revised UDP test guideline.		
	 In accordance with the ICCVAM Authorization Act of 2000 (P.L. 106-545), ICCVAM developed and adopted 		
	ICCVAM test recommendations for the UDP to be forwarded to Federal agencies for their consideration and appropriate action.		
December	The ICCVAM Final Report, "The Revised Up-and-Down Procedure: A Test Method for Determining the Acute Oral Toxicity of Chemicals," is published.		
2002			
February	Federal Register Notice (Vol. 67, No. 26, pp. 5842-5844) Announced availability of Final Report Requested public comment 		
June	ICCVAM requests Director of NIEHS to transmit UDP test recommendations through the Secretary, DHHS, to Federal agencies in accordance with P.L. 106-545.		
July	Director of NIEHS transmits ICCVAM recommendations through NIH to Secretary, DHHS.		