





The A-Cute-Tox Project: Optimization and Prevalidation of an *in vitro* Test Strategy for Predicting Human Toxicity

Workshop on Acute Chemical Testing: Advancing In Vitro Approaches and Humane Endpoints for Systemic Toxicity Evaluation - NICEATM - January 10 and 11, 2008



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Strategy to Replace Acute Toxicity Testing



In vitro cytotoxicity test: Relatively good correlation (~70%) Certain number of misclassifications

Further needs:

Improve the *in vitro - in vivo* correlation by evaluating existing <u>outliers</u> in order to introduce <u>further parameters</u> (ADE, metabolism, organ specificity).

























WP1: Selection of reference chemicals and collection of *in vivo* data

• 97 reference chemicals were selected within a wide range of acute toxicity and generic u



• Generation of the in vivo database (animal and human)







LD50 data & Chemicals: criteria for data reduction/selection

- □ Only LD50 data cited with common unit (mg/kg) selected
- □ Only LD50 data cited as finite numbers selected
- □ Of regulatory significance:
 - □ focus on rat and mouse data (~40% each, of full dataset)
 - □ only oral/gavage dose route analysed
- □ Chemicals < 3 oral LD50's excluded (unreliable for statistical evaluation)

	rat	mouse
Total number of LD50 studies	921	907
Oral studies (total)	601	377
Oral studies (> 2 LD50 values per chemical)	504	300
(number of eligible chemicals)	(62)	(51)







WP1: Evaluation of in vivo animal data – variability

Distribution of SD for log-transformed LD50 (rat oral studies: 62 chemicals)



SD of log-transformedLD50 (rat, oral)







WP1: Evaluation of in vivo human data – calc. of LC50 values

View cases Case type: Sub-lethal acute poisoning (single dose): Clinical observations (time related) Chemical (CAS): Acetaminophen (103-90-2)																						
Reference (linked to full source)	Case age/sex	Case category	Dose: 9	Notes (case, dose, time)	Time (exposure to sampling): h	Notes (blood sample)	Blood conc.: (mg/l)	Blood conc.: (µM)	Metabolite Blood conc.: (mgil)	Metabolite Blood conc.: (µM)	Symptoms and signs	Treatment	Time (exposure to recovery): h									
SPC 1957	15F	S	20		24		206	1362			0h: C, L	NAC										
SDC 4076-5	17F	8	17.5	5	4		284	1878			0h: V, MS	MT										
SPC 1970.3					7		82	542														
SPC 1976:6	24F				2		484	3200			0h: MS	MT, CA										
		e	24		5		150	992														
		0	24		9		90	595														
																16		15	99			

The database contains human acute toxicity data from a single poisoning, consisting of:

- sub-lethal blood concentrations
- lethal blood concentrations
- post-mortem blood concentrations







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WP1: Estimation of LC50 human

Example: Acetaminophen approximate LC0 and LC100 and LC50



LC100 = 3.40 LC0 = 3.35 LC50 = (3.35+ 3.40)/2= 3.37 in microM Converted to M LC50=-2.63















WP2: Generation of in vitro basal cytotoxicity data

- Assessment of basal cytotoxicity in:
 - BALB/3T3 (NRU)
 - NHK (NRU)
 - HL-60 (ATP)
 - HepG2 (NRU, total protein)
 - Fa32 (NRU, total protein)



Generation of an *in vitro* database for 97 selected reference chemicals







Automation

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3T3 NRU validated protocol

ECVAM Unit, IHCP, JRC NMI Unit, IHCP, JRC University Nottingham, UK

21 chemicals from the ACuteTox list tested





LDH protocol on NeoHep ECVAM/NMI Units, IHCP, JRC University of Konstanz, Germany TU Munich, Germany University of Valencia, Spain University of Oulu, Finland

11 chemicals tested from the ACuteTox list: 6 reported metabolism-mediate effect















WP3: Evaluation of in vitro cytotoxicity data

- 6 basal cytotoxicity tests: similar information i.e. similar ranking
- The validated 3T3/NRU seems to be the best candidate







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Plot observed rat vs predicted LD50 From in vitro 3T3/NRU, PLS regression analysis



Log LD50 (mol/kg b.w.), predicted with 3T3/NRU







Plot observed LC50 humans vs predicted from *in vitro*



Chemicals wit poor human da





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WP4: Cytokine secretion









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WP4: Haematopoiesis







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WP5: Role of ADE (in vitro/in silico)

- Measurement of the transport across the intestinal barrier and the blood-brain barrier using *in vitro* models and neuronal networks (n=21)
- Measurement of protein binding, microsomal stability, lipophilicity (n=42)
- Measurement (n=3) and modelling of free concentration of compounds in the *in vitro* systems.
- Generic biokinetic model for the interpretation of *in vitro* toxic concentrations in relation to the *in vivo* acute toxic dose – under development









WP5: Oral absorption



72% overall accuracy







WP5: Blood-brain barrier

DLOOD-DRAIN DARRIER PASSAGE MODEL								
		BBB						
Chemical	LogBBpred	Class ^b	Class	Class	Exper.			
		P13	P35	P15	Data			
					(logBB)			
Acetaminophen	-1.0	Р	M	Н	-0.31/H			
Actylsalicylic acid	-0.6	M		M	-0.5/M			
Atropine Sulfate	-0.9	Р	Н	Μ				
Caffeine	-0.1	H	H	H				
Carbamazepine	0.1	H	H	H	-0.06/H			
Colchicine	0.0	H	L	Μ	0/H			
Cycloheximide	-0.9	Р	Н	M				
Diazepam	-0.5	M	H	M	0.52/H			
Digoxin	ND	-	Н	-				
Isopropyl alcohol	1.1	H	H	-	-0.15/H			
Malathion	-0.2	H	H	M				
Mercury II Chloride	ND	-	Н	-				
Pentachlorophenol	-0.1	H	H	M				
Phenobarbital	1.2	H	H	H	0.12/H			
SLS	-0.9	Р	Н					
Sodium Valproate	1.5	H	Н	M	-0.22/H			

PLOOD PDATN PADDTED PASSACE MODE

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73% overall accuracy





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WP6: Role of metabolism



								Reported
Compound	Casno	P15	P23	P31	Bayer	Mean	Comparison hepatocyes vs HepG2	bioactivation
Atropine sulfate	5908-99-6	>1E-03	0,06	0,53	0,01	0,20	More toxic to hepatocytesthan to HepG2	YES
Mercury II	7487-94-7	0,04	0,18	0,75	0,18	0,29	More toxic to hepatocytesthan to HepG2	NO
Pentachlorophen	87-86-5	0,97	0,04	0,84	1,28	0,78	Slightly more toxic to hepatocytes than to HepG2	YES
Rifampicine	13292-46-1	0,85	0,56	1,18	0,67	0,82	Slightly more toxic to hepatocytes than to HepG2	NO
Tetracycline HCI	64-75-5	>1E-03	0,31	0,06	1,13	0,50	Slightly more toxic to hepatocytes than to HepG2	NO
Orphenadrine HCI	341-95-5	1,34	1,55	0,25	0,56	0,93	Similar toxicity to hepatocytes than to HepG2	NO
Diazepam	439-14-5	1,25	1,50	1,24	0,85	1,21	Similar toxicity to hepatocytes than to HepG2	NO
Malathion	121-75-5	1,46	1,46	>=1E-03	>1E-03	1,46	Similar toxicity to hepatocytes than to HepG2	YES
Amiodarone HCI	1951-25-3	1,35	1,02	1,10	1,54	1,25	Similar toxicity to hepatocytes than to HepG2	NO
SLS	151-2-3	1,63	0,42	1,69	1,45	1,30	Similar toxicity to hepatocytes than to HepG2	NO
Digoxin	20830-75-5	908,72	??	>=1000		>=1000	Less toxic to hepatocytes than to HepG2	NO
(±)-Verapamil HCI	152-11-4	8,85	2,75	0,31	1,70	3,40	Less toxic to hepatocytes than to HepG2	NO





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WP7.1: Neurotoxicity

- Basal cytotoxicity
- General cell physiology (energy status, glycolytic activity, Ca2+ homeostasis, cell and mitochondrial membrane potential, oxidative stress (ROS)

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- Neurochemistry
 - Voltage operated ion channels
 - Receptor function
 - Neurotransmitter synthesis/degradation
 - Neurotransmitter uptake
 - Neurotransmitter release
 - Global electrical activity

Human neuroblastoma SH-SY5Y cell line







Primary cultures of cerebellar granule ce

Serum-free aggregating rat brain cell cultures







WP7.2: Nephrotoxicity

- •TER: sensitive indicator of nephrotoxicity
- •TER: greater sensitivity for nephrotoxic chemicals
- Compounds requiring metabolism (diethylene glycol) did not show toxicity at concentrations used





REMS MACHINE

↓TER

1 Permeability

Loss of barrier function







WP7.3 Hepatotoxicity

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 $IC_{50}(A) < IC_{50}(B) \approx IC_{50}(C)$: "hepatotoxic" (bioactivable) $\rightarrow alert$

IC50(A) ≈ IC50 (B) < IC50(C): "hepatotoxic" → alert

IC50(A) ≈ IC50 (B) ≈ IC50(C): no hepatotoxic → no alert





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ECVAM follow-up validation study

