

The use of Adverse Outcome Pathways (AOPs) in nanotoxicology (SmartNanoTox)

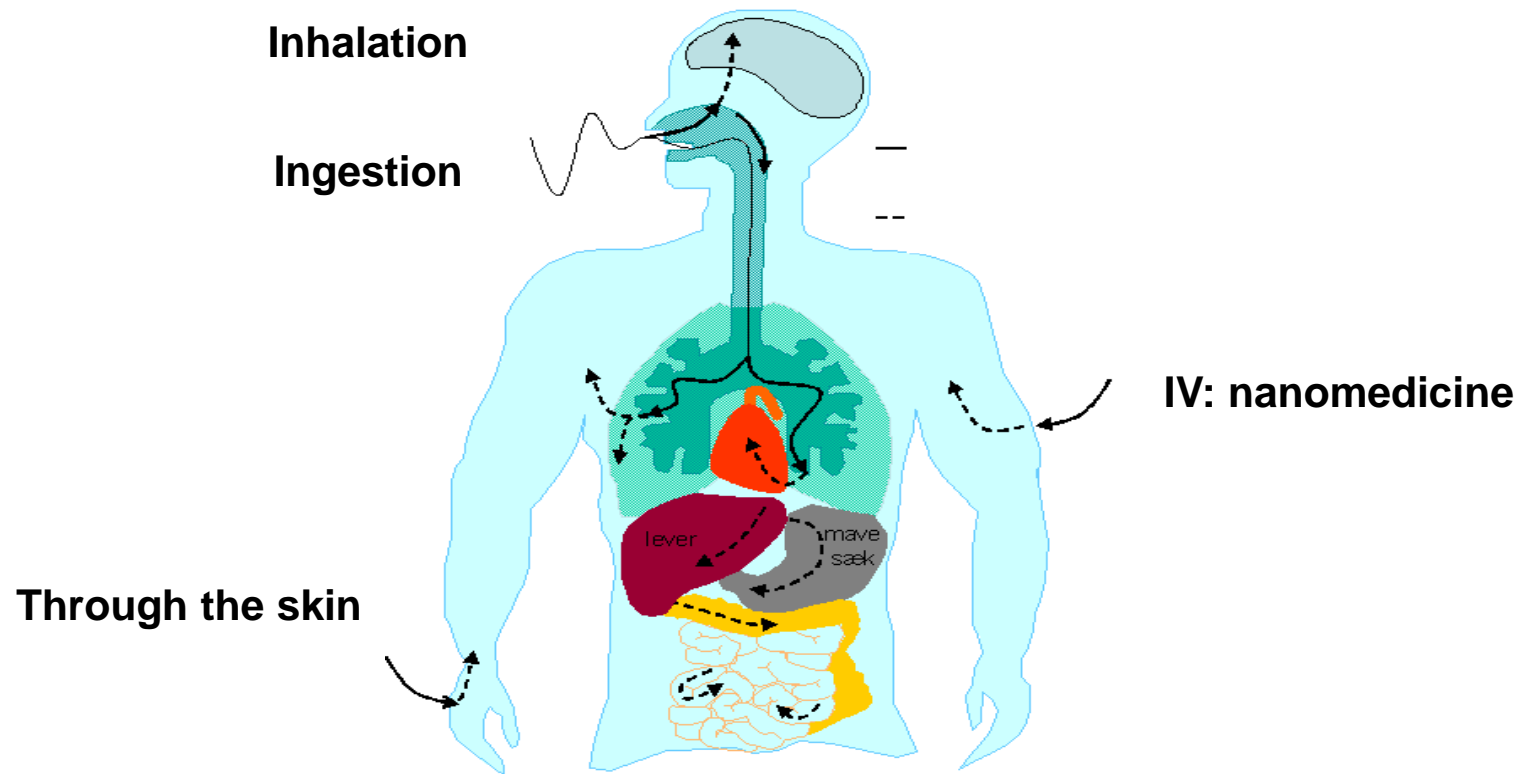
Ulla Vogel, professor

Nanosafety at the National Research Centre for the Working Environment



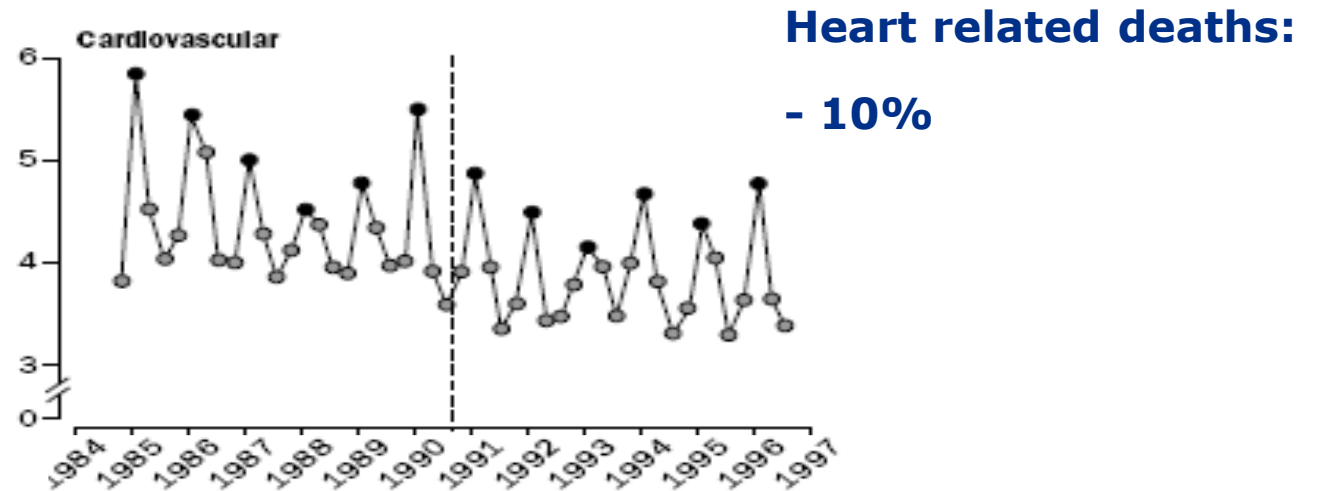
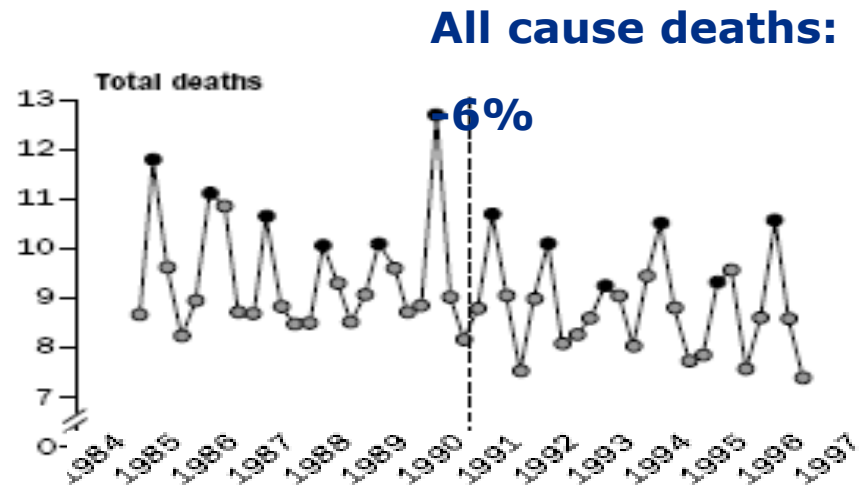
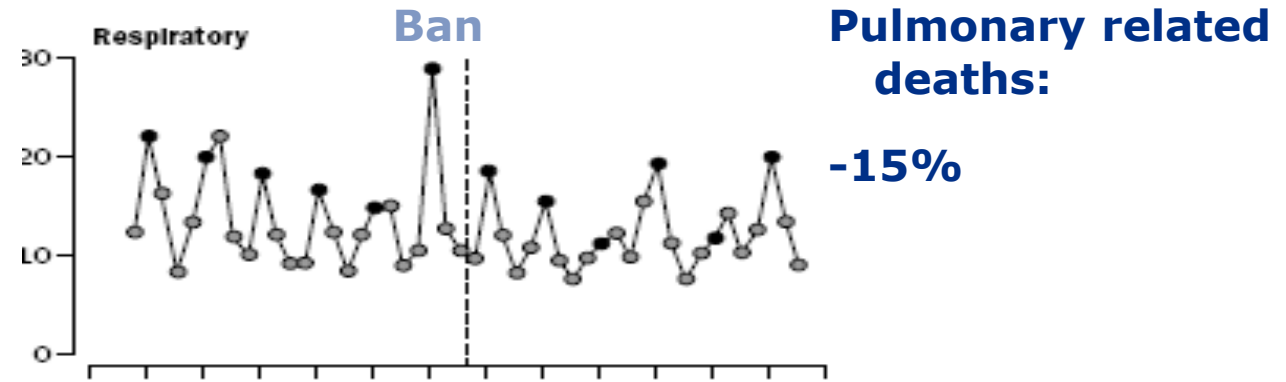
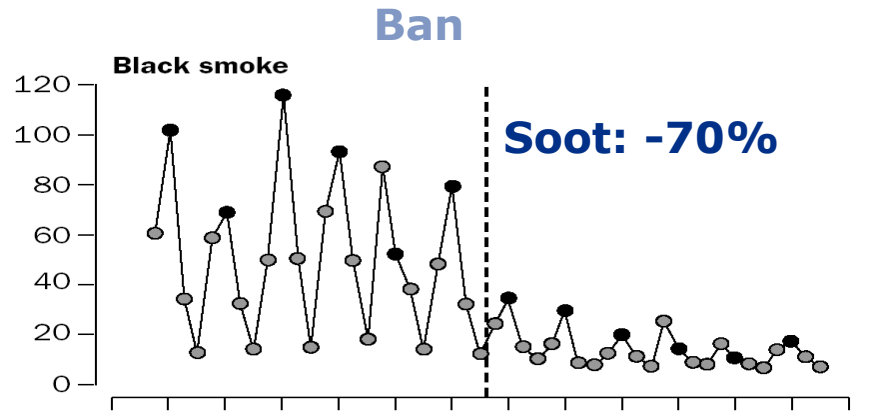
- Government research institute under the Ministry of Employment
- Nanosafety as strategic research area since 2005
- At present 35 persons in nanosafety research
- Advisors for the Danish Working Environment Authorities, EPA, EU, OECD, WHO
- Past and present partners in 20 EU projects on (nano)particle safety including NanoReg1 and 2

SmartNanoTox has focus on inhalation of nanomaterials



Inhalation of particles affects health:

Soot and death per 1000 person year before and after ban on coal in Dublin



The vision

SmartNanoTox
AOPs &
assays for
testing of toxicity



Mechanism-based
understanding of
toxicological effect



Evidence-based risk assessment.
Prediction of toxicological effects on the basis
of information on physico-chemical properties



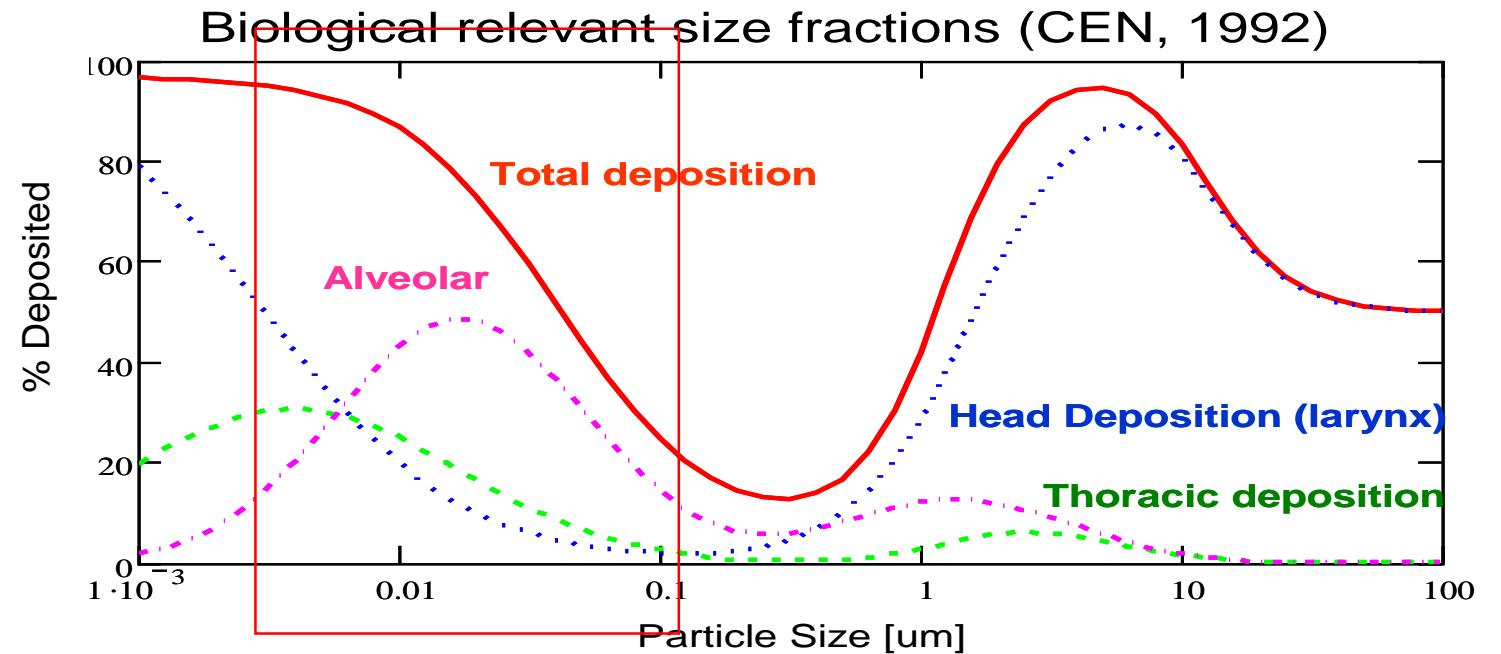
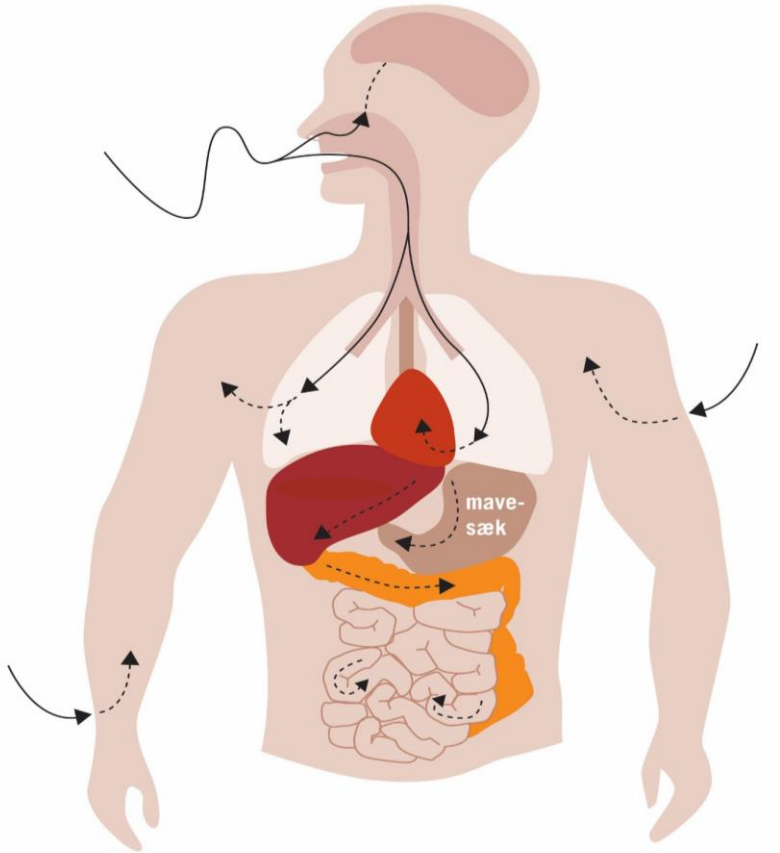
Safe use of nanomaterials including
high volume nanomaterials



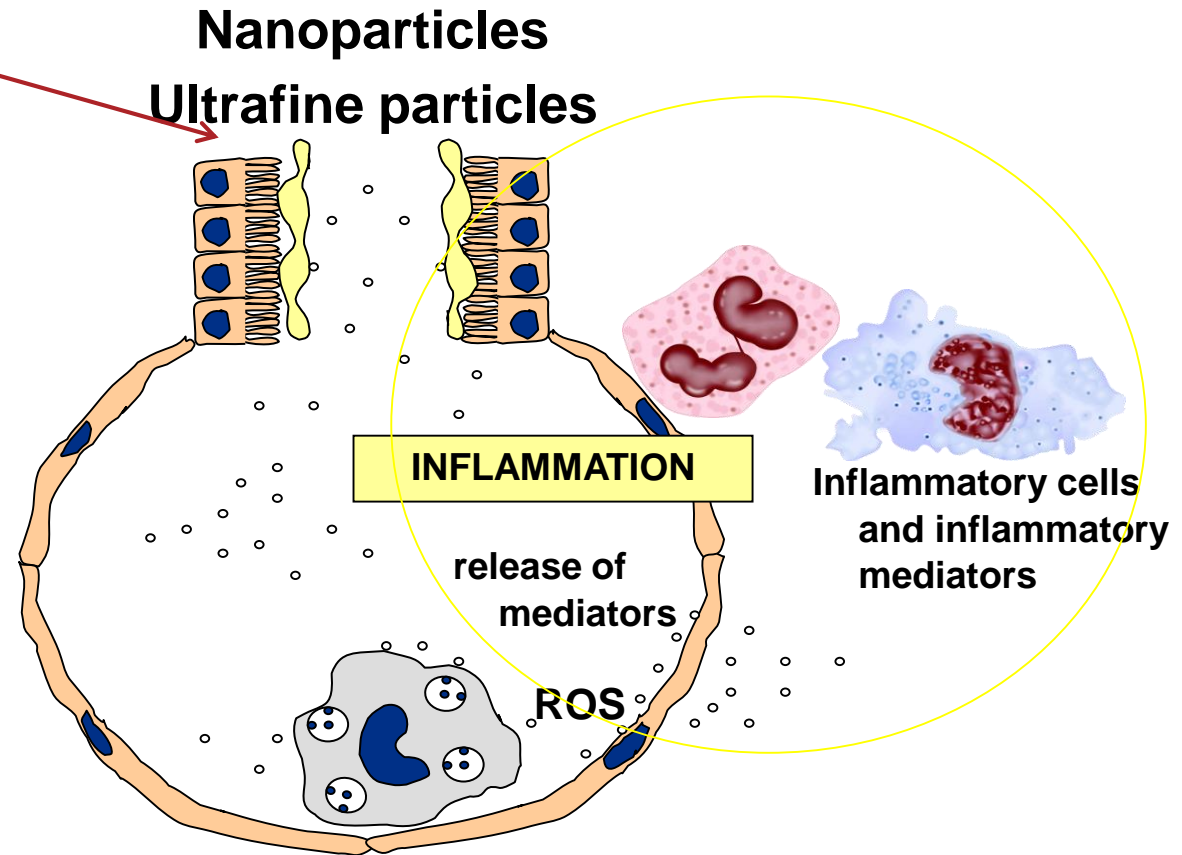
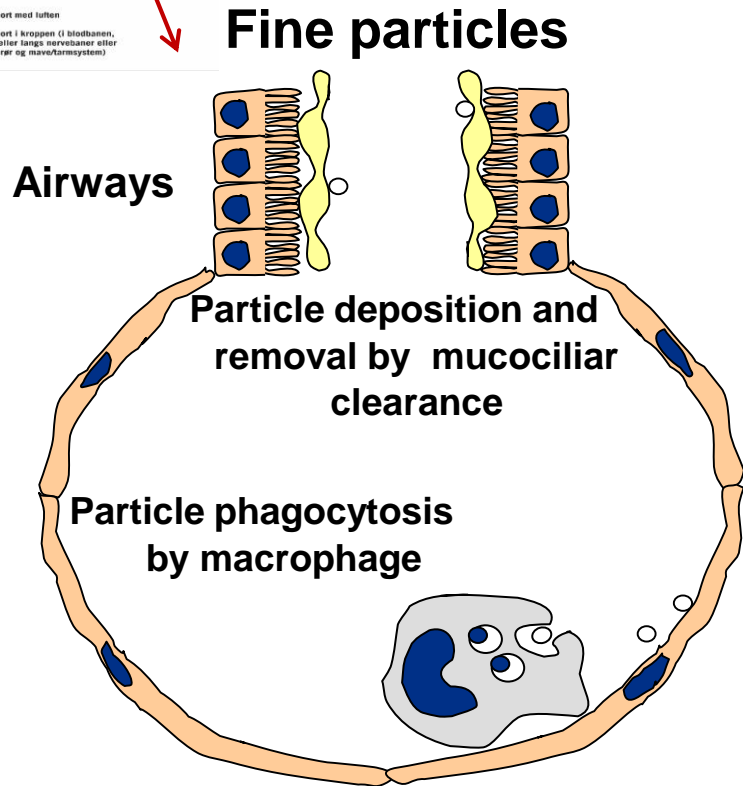
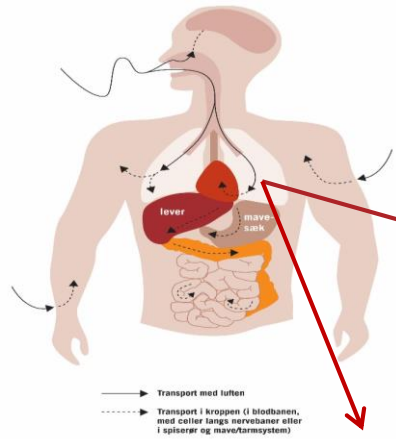
Grouping and ranking for regulation
Safe-by-design for innovation



Lung deposition is determined by particle size



Low clearance of nanoparticles from the lung



Inhaled TiO₂ nanoparticles in the lung are removed very slowly

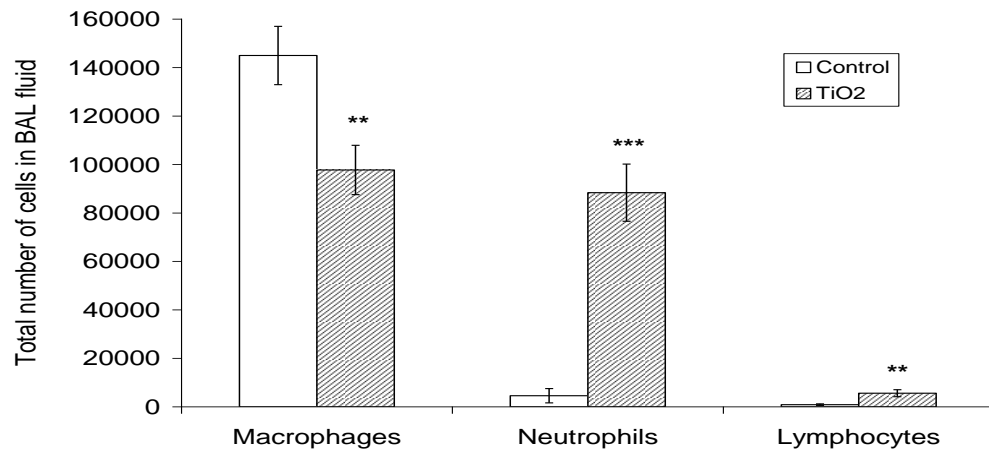
Mice inhaled 40 mg/m³ nanosized TiO₂ 1 hour daily for 11 days.

TiO₂ content in lung tissue was measured by ICP-MS.

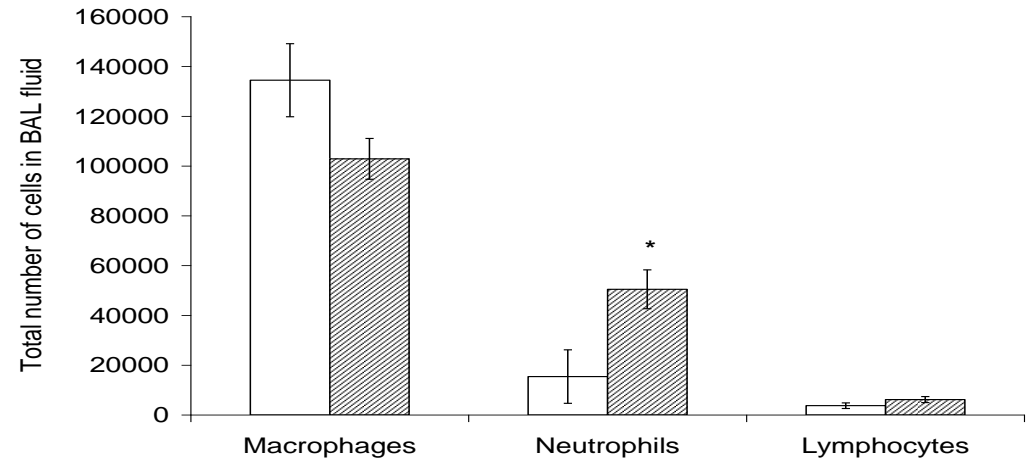
Exposure	Days after exposure	N	TiO ₂ in lung (mg/kg) (mean ± sd)	Procent of deposited dose
TiO ₂	5	3	63 ± 10	24%
Air	5	3	< 8	
TiO ₂	25	3	55 ± 30	21%
Air	25	3	< 1	

Inhalation of nano-TiO₂ results in long lasting inflammation

After 5 days



After 4 weeks



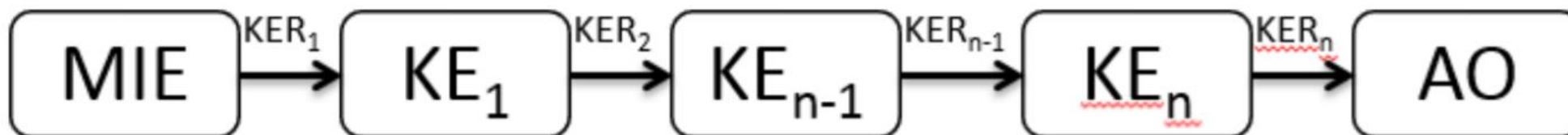
Types and numbers of cells in lung fluid

Known health effects of (nano)particle inhalation exposure

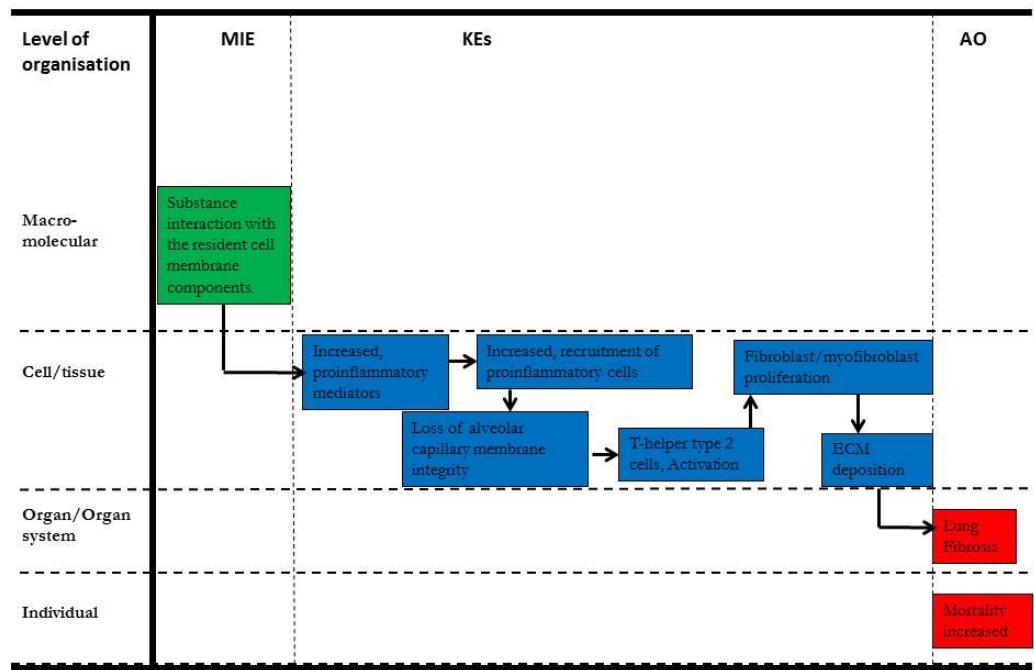
- Inflammation (all insoluble nanoparticles)
- Cardiovascular disease (air pollution, welding fumes)
- Fibrosis (Quartz, carbon nanotubes)
- Lung cancer (carbon black, titanium dioxide, one carbon nanotube)
- Acute lung toxicity (Surface treatment spray products)
- SMARTNANOTOX DEVELOPS ADVERSE OUTCOME PATHWAYS (AOPs) FOR THESE HEALTH OUTCOMES

SmartNanoTox will develop Adverse Outcome Pathways for nanomaterial-induced toxicity

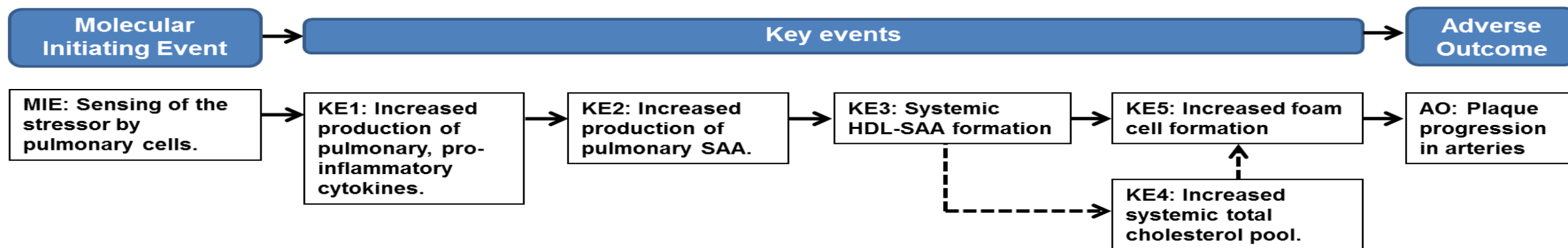
- An **adverse outcome pathway (AOP)** is structured representation of biological events leading to adverse effects and is considered relevant to risk assessment
- The AOP links in a linear way existing knowledge along one or more series of causally connected **key events (KE)** between two points — a **molecular initiating event (MIE)** and an **adverse outcome (AO)** that occur at a level of biological organization relevant to risk assessment.^[2] The linkage between the events is described by **key event relationships (KER)** that describe the causal relationships between the key events.



AOP 173: Increased substance interaction with the resident cell membrane components leading to lung fibrosis



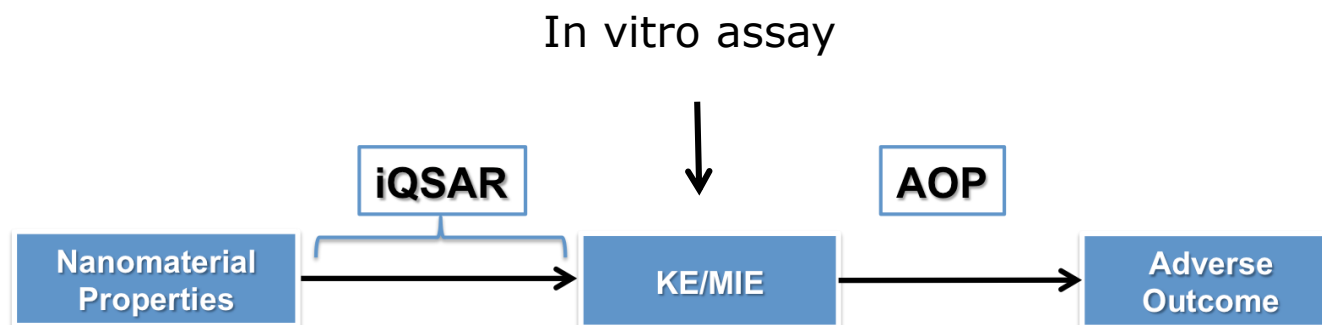
AOP 237: Secretion of inflammatory cytokines after cellular sensing of the stressor leading to **plaque progression**



SmartNanoTox ambitions

- Submit 5 AOPs to OECD AOP sponsorship program
- AOP 173 has been approved
- AOP 237 has been submitted
- 3 more are under development in SmartNanoTox
- Next step:

PATROLS:
Focus on in vitro
assays to detect
KEs



An Example: AOP for ENM-induced risk of developing atherosclerotic plaques

Inhalation of TiO₂ NP induced inflammation and acute phase response in mice. Acute phase genes were the most differentially expressed genes in lung tissue

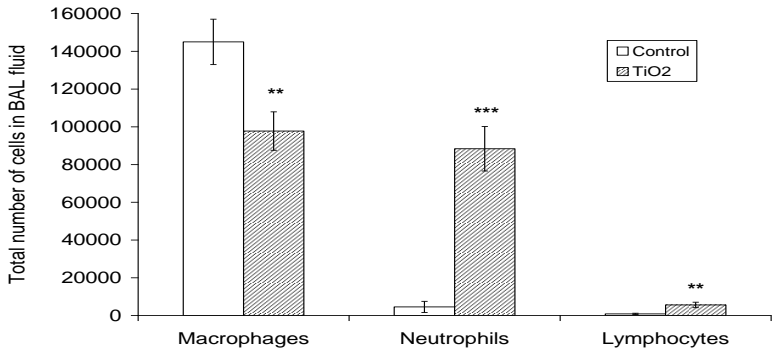
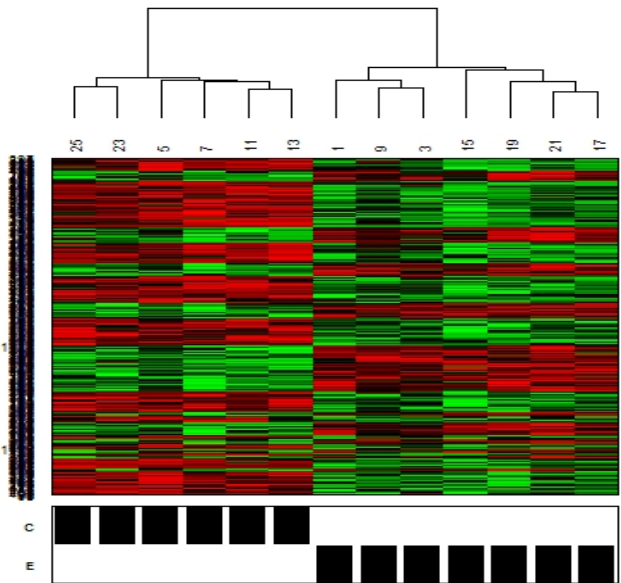


TABLE II. List of all Acute Phase Response Genes Showing Fold Changes Higher Than 1.2 in exposed mice

Acute phase reactants	<i>P</i> value	Fold change ^a
Serum amyloid A1	0.00	2.24
Serum amyloid A3	0.00	4.71
Complement protein C3	0.00	1.37
Complement component 1, s (C1s)	0.00	1.28
Complement component 3a receptor 1 (C3ar1)	0.00	1.15
Complement component 1, q beta polypeptide (C1qb)	0.00	1.30
Complement component 1, r subcomponent (C1r)	0.00	1.31
Complement component C1RB (C1rb)	0.00	1.21
Fibrinogen	0.01	2.05
Coagulation factor II (F2)	0.01	1.72
Mannose binding protein	0.02	1.70
Albumin	0.01	1.79
apoA1	0.01	1.51
apoAII	0.03	1.61
alpha2-HS glycoprotein	0.00	1.85
S100A8 (calgranulin A)	0.01	-1.85
Serpina3n	0.00	1.37

Gene names in bold indicate FDR adjusted *P* value > 0.05.

^aAverage fold change compared with matched controls.



The acute phase response: A risk factor for cardiovascular disease

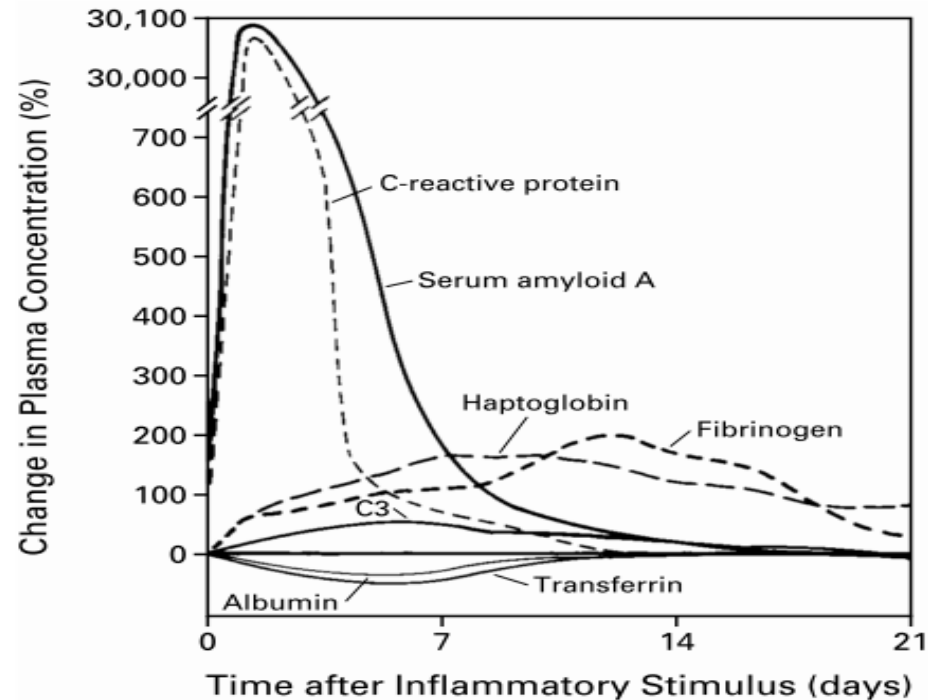


Figure 1. Characteristic Patterns of Change in Plasma Concentrations of Some Acute-Phase Proteins after a Moderate Inflammatory Stimulus.

Modified from Gitlin and Colten⁵ with the permission of the publisher.

- The acute phase response is the systemic response to acute and chronic inflammatory states caused by fx bacterial infection, trauma and infarction.
- Conditions that induce acute phase response are associated with risk of cardiovascular disease, including asthma and air pollution exposure.

Acute phase proteins CRP & SAA are associated with risk of CVD in prospective epidemiological studies

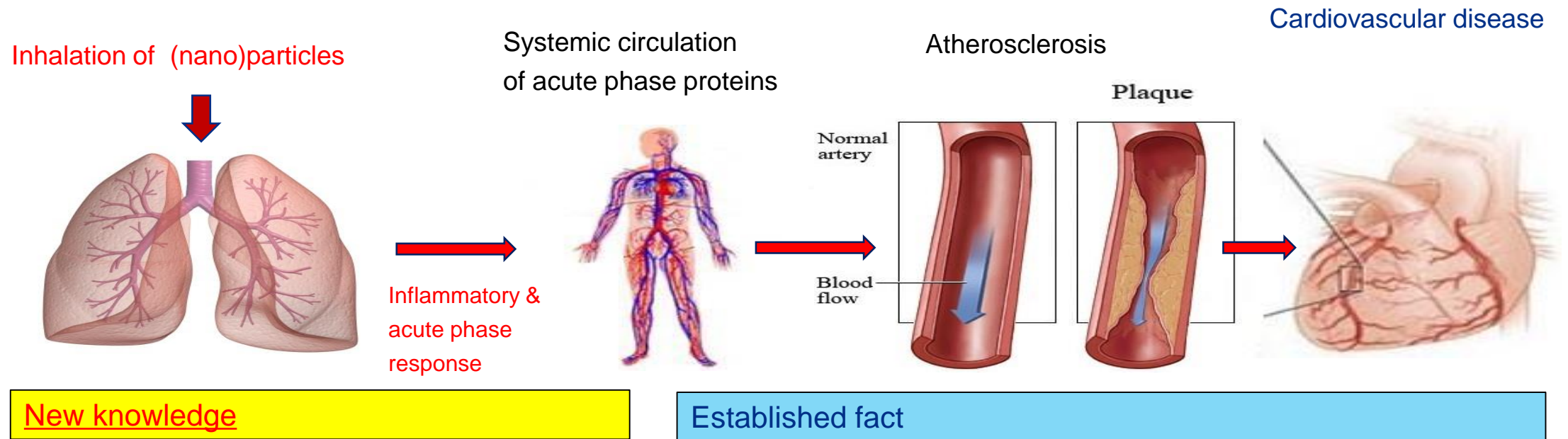
Nurses' Health Study : 120.000 participants

TABLE 3. RELATIVE RISK OF CARDIOVASCULAR EVENTS ACCORDING TO BASE-LINE PLASMA LEVELS OF MARKERS OF INFLAMMATION AND LIPIDS.*

VARIABLE	QUARTILE OF PLASMA LEVEL				P VALUE FOR TREND
	1	2	3	4	
High-sensitivity C-reactive protein					
Median — mg/dl	0.06	0.19	0.38	0.85	
Relative risk (95% CI)	1.0	2.1 (1.0–4.5)	2.1 (1.0–4.4)	4.4 (2.2–8.9)	<0.001
Serum amyloid A					
Median — mg/dl	0.25	0.43	0.62	1.17	
Relative risk (95% CI)	1.0	1.8 (0.9–3.6)	1.9 (0.9–3.8)	3.0 (1.5–6.0)	0.002

Proposed mechanism of action

Inhaled particles promote atherosclerosis via acute phase response



Time- and dose-dependent pulmonary acute phase response in mice

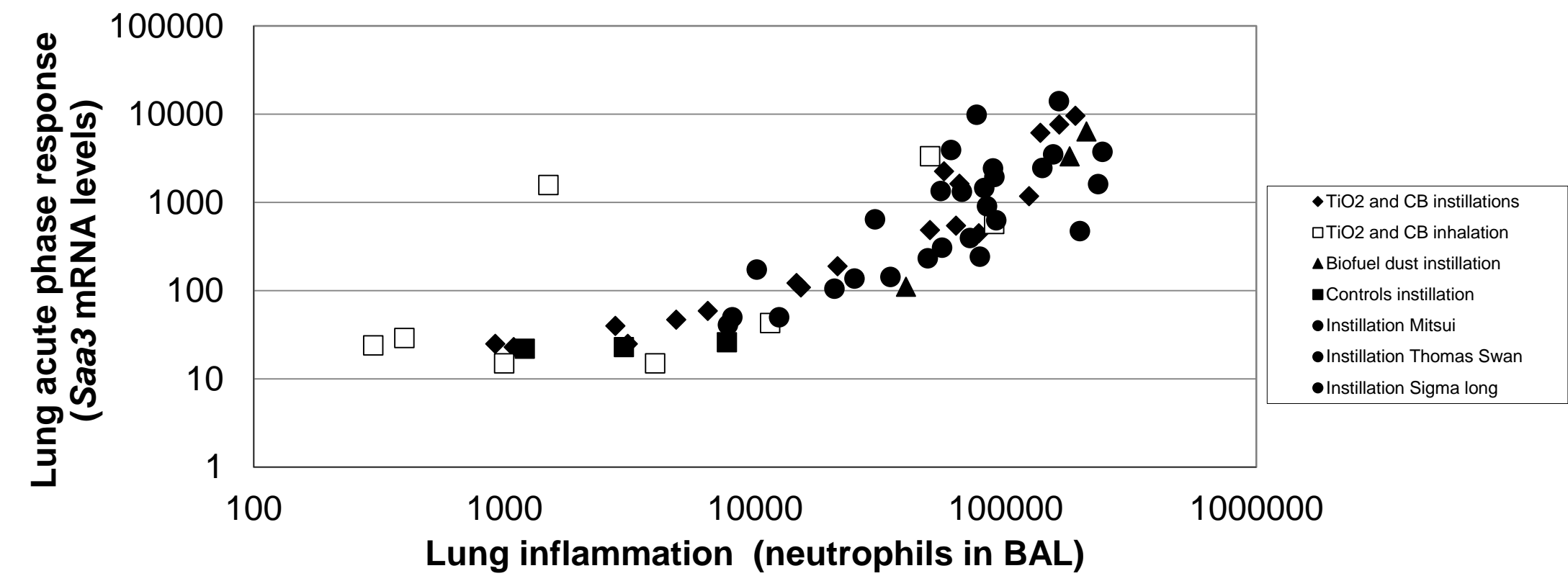
TABLE 1 | Differential Expression of Murine Acute Phase Genes and *Saa3* Expression Levels after Exposure to Different Nanomaterials and at Different Time Points

Post Exposure Day	1			3			28			Ref
Dose/Animal	18 µg	54 µg	162 µg	18 µg	54 µg	162 µg	18 µg	54 µg	162 µg	
<u>TiO₂ nanoparticles</u>	→									
N acute phase genes ¹	0	5	10	3	1	3	1	2	3	28
Fold increase of <i>Saa3</i> mRNA ²	1.8	87	368	1.1	2.6	19	1	1.8	5.5	11
<u>Carbon Black nanoparticles</u>	→									
N acute phase genes ¹	0	7	10	0	0	4	0	0	2	42
Fold increase of <i>Saa3</i> mRNA ²	63	237	294	8.3	24	51	1.1	5	22	11
<u>Multiwalled Carbon nanotubes</u>	→									
N acute phase genes ¹	5	5	10	ND	ND	ND	ND	1	ND	35
Fold increase of <i>Saa3</i> mRNA ²	52	151	95	39	152	612	7.9	29	88	11

Saber *et al.* 2014

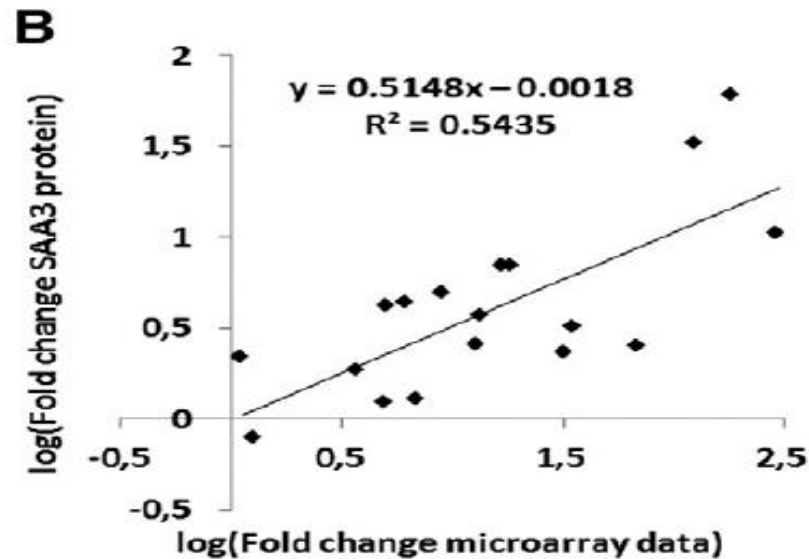
WIREs Nanomed nanobiotech

Close correlation between *pulmonary acute phase response* and *pulmonary inflammation* across particles, doses, time points

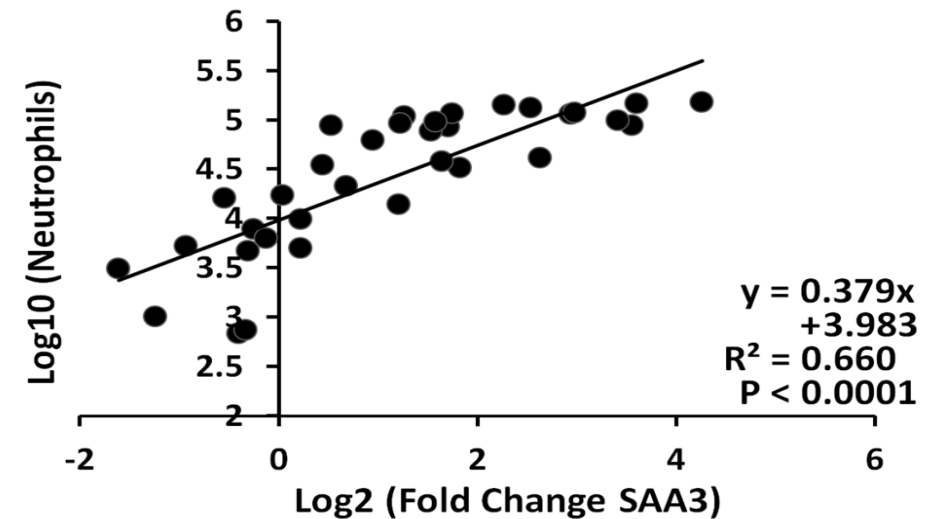


Plasma levels of acute phase protein SAA3 correlates with lung responses

Saa3 mRNA in lung correlates with plasma SAA3

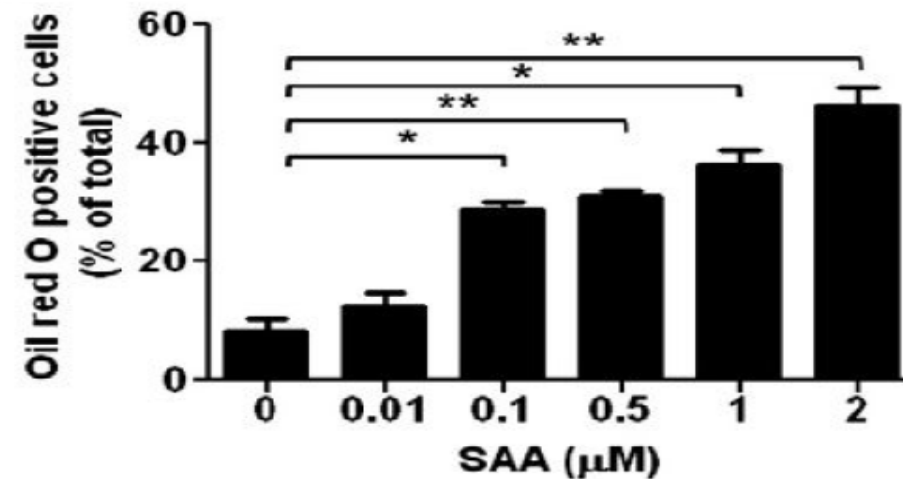


Plasma SAA3 levels and neutrophil influx



SAA: an acute phase protein that directly promotes formation of foam cells

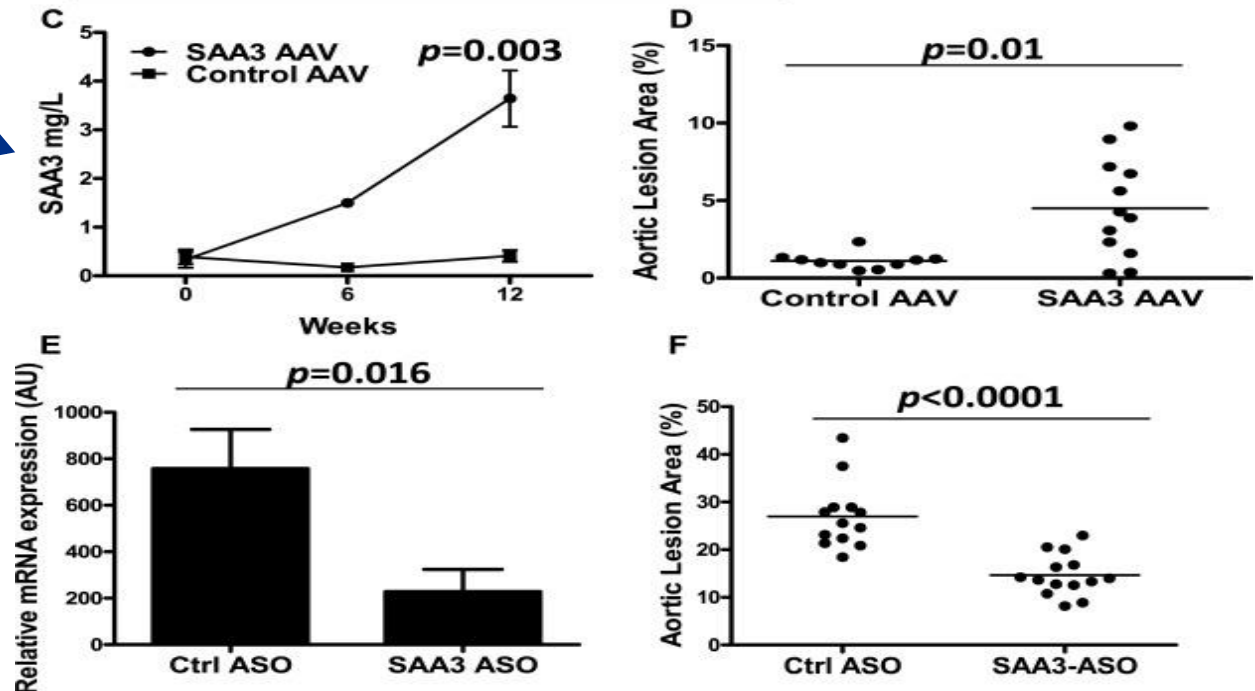
- SAA can replace ApoA-1 as the major HDL protein.
- This inhibits HDLs role in reverse cholesterol transport.
- SAA induces foam cell formation in macrophages [1].



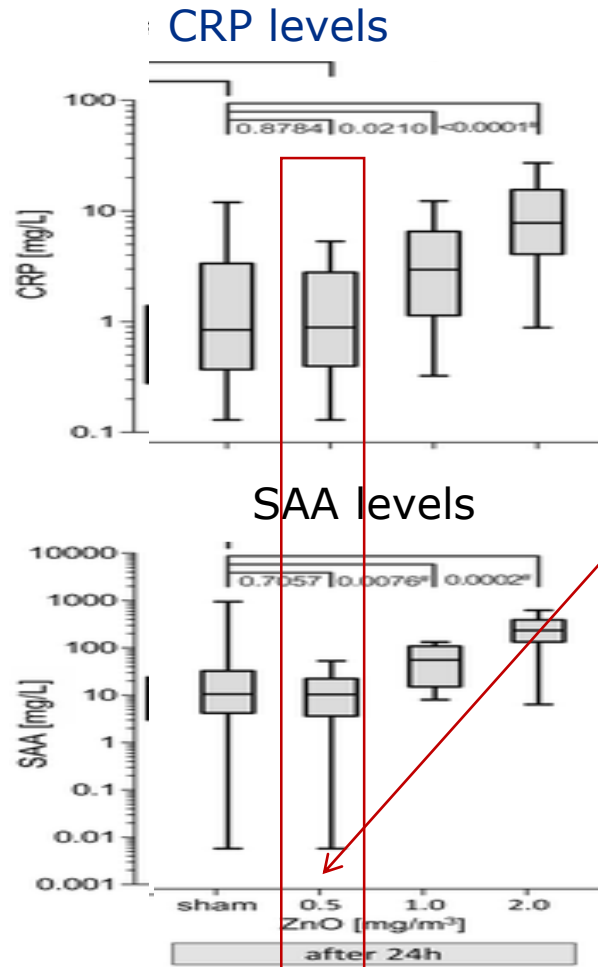
[1] Lee et al, 2013, BBRC

Acute phase protein SAA is causally implicated in plaque progression

- Mice have 3 inducible SAA isogenes (*Saa1*, *Saa2*, *Saa3*)
- Over-expression of SAA3 increases plaque progression (Thompson 2018)
- Inactivation (KO) of all SAA isogenes results in reduced plaque progression (Thompson 2018)



Any Human relevance?: Yes; inhalation of ZnO induces acute phase response in human volunteers



- No effect level:
- 0.5 mg/m³

Study set up:

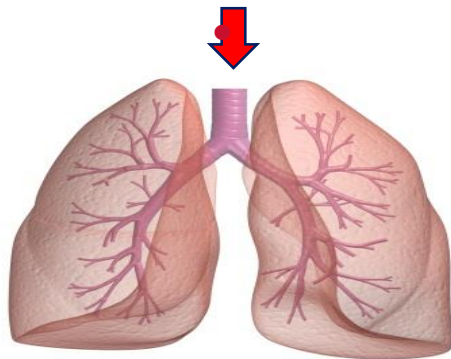
- 16 volunteers
- Exposed to 0, 0.5, 1 or 2 mg/m³ ZnO particles for 4 h
- OEL: 5 mg/m³ for 8 h
- Acute phase response proteins CRP and SAA

Acute phase response was induced after ZnO inhalation at concentrations well below incurrent OEL

Summary: The Adverse Outcome Pathway for particle-induced cardiovascular disease

Inhaled particles promote atherosclerosis via acute phase response

Inhalation of (nano)particles



Inflammatory &
acute phase
response

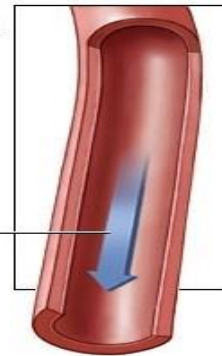
Systemic circulation
of acute phase proteins



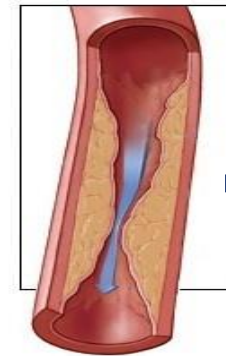
Atherosclerosis

Normal
artery

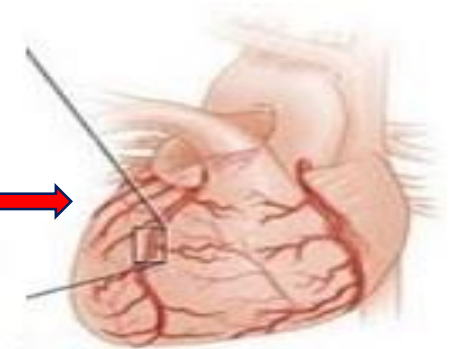
Blood
flow



Plaque



Cardiovascular disease



New knowledge

Established fact

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Health
Canada

Santé
Canada

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