

Call for Nominations of Quantitative High-Throughput Screening Assays from Relevant Human Toxicity Pathways

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Abstract:
The National Research Council of the United States National Academies of Science has recently released a document outlining a long-range vision and strategy for transforming toxicity testing from largely whole animal-based testing to one based on in vitro assays. "Toxicity Testing in the 21st Century: A Vision and a Strategy" advises a focus on relevant human toxicity pathway assays. Toxicity pathways are defined in the document as "Cellular response pathways that, when sufficiently perturbed, are expected to result in adverse health effects". Results of such pathway screens would serve as a filter to drive selection of more specific, targeted testing that will complement and validate the pathway assays. In response to this report, the US EPA has partnered with two NIH organizations, the National Toxicology Program and the NIH Chemical Genomics Center (NCGC), in a program named Tox21. A major goal of this collaboration is to screen chemical libraries consisting of known toxicants, chemicals of environmental and occupational exposure concern, and human pharmaceuticals in cell-based pathway assays. Currently, approximately 3000 compounds (increasing to 9000 by the end of 2009) are being validated and screened in quantitative high-throughput (qHTS) format at the NCGC producing extensive concentration-response data for a diverse set of potential toxicity pathways. The Tox21 collaboration for these assays is currently being sought from all interested sectors—industry, universities, interest groups and the public. Accepted nominations of the assays could be screened at NCGC with results made available to the public through the PubChem database or other databases, including ACToR and CEB3. It is hoped that the opportunity to evaluate robust, qHTS assays against these large libraries of important compounds will contribute toward a better understanding of what constitutes a toxicity pathway and ultimately result in a stronger scientific foundation for understanding risk to humans of exposure to chemicals of all types. This work was reviewed by EPA and approved for publication but does not necessarily reflect official Agency policy.

Collaboration Partners

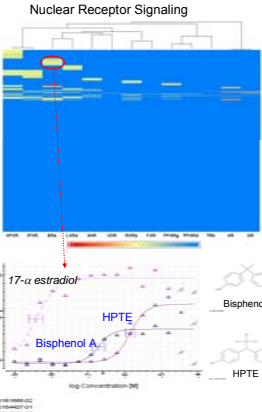


qHTS Assay Guidance Criteria

Item	Guidance Criteria
Plate Format*	96-well or higher density plate NTP: 1536-well format Assay Volume: 4-8 µl
Assay Steps	5-10 steps with 96-well plate Steps include: reagent additions, timed incubations, plate transfers to incubator, reading, etc.
Minimum time increments and maximum assay duration	2-5 min to read machine time Minimum assay window is 5 min
Reagent removal steps	Aspiration steps
Temperature	Between RT and 37°C
Demonstrated DMSO Tolerance*	0.5-1% DMSO
Signal: Background Ratio	≥ 3:1
CV across the DMSO plate	≤ 3.0%
Repeatability: variation of control (e.g., IC_{50} , EC_{50})	≤ 4-fold
Reagent stability @ final working concentration	48 hrs @ RT or on ice bath No on-line flow
Protocol	Complete detailed protocol for all steps, equipment used, all vendor & catalog # for reagents. Detailed cell culture procedure, passage #. Data from 96-well or high density plate tests.
Detectors	RF ViewLux (Top reading only: FL, TRF, FP, Abs, luminescence) RF Evian (Bottom reading: FL, AL, PL) Autonomous Equipment (fluorescence, luminescence)
Special	Cells must be certified mycoplasma-free by plated culture assay and cell-DNA fluorescence staining.

Table Notes:
* NCGC will convert assays to 1536-well from 96- or 384-well format.
* Reagent removal steps: Are any step that requires the removal of material from the well of a microtiter plate. While such steps may be routine with 96-well plates they are not recommended on robotic systems using 1536-well plates.
* Demonstrated DMSO Tolerance: Because all compounds screened are stored in ~100% DMSO and delivered as a 1:100 dilution to the assay the assay sensitivity to between 0.5 and 1% DMSO must be determined.

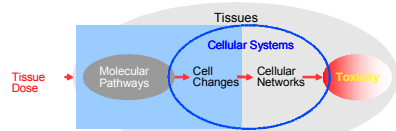
Example qHTS Results:



Assay Nomination Form

- Available from:
 - <http://ntp.niehs.nih.gov/go/htsnom>
 - <http://epa.gov/ncct/toxcast/assays.html>
- Nominations accepted from government, private, academic, NGO sectors
- Accepted nominations may be run at NCGC
- Results will be publically available via PubChem

Grand Challenge in Toxicology



Tox21 Existing and Candidate Chemical* Screening Library

Universe With structures Plausible P-chem (logP)	13,247	8,277	7,116
Library	Current	Additional	
NTP	1353	1400	
EPA	1330	2800	
NCGC		3000 (drugs)	
Total	~2400	~10,000	

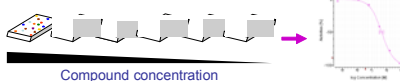
*Sources include NTP, EPA HPV, CCL, OPPIN, OW, Inerts, ToxCast, DSSTox, EU Carcinogenomics, Pharmaceuticals, and others

Key Questions for qHTS of Toxicity Pathways

- How to identify appropriate cellular toxicity pathways and targets
 - Target major pathway hubs?
 - Probe specific disease-related pathways?
 - How many targets needed to define a pathway?
- How to meet the need for biotransformation capacity of assay systems
 - Co-culture with primary hepatocytes?
 - Stem-cell derived hepatocytes?
 - Phase I/Phase II enzyme systems?
 - Bioreactors with metabolic capacity?

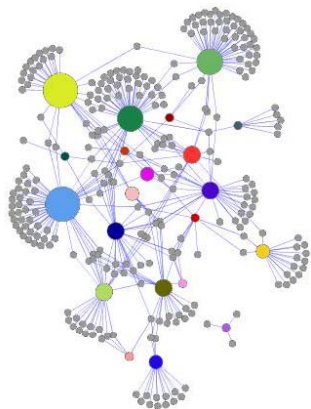
Quantitative HTS Guidelines

- Conventional HTS done at one concentration (typically 10 µM)
- qHTS assays compounds at multiple concentrations (0.5nM-92µM)
 - 7-15 concentrations
 - Assay volumes miniaturized into ~5 µL and 1536-well plate format
 - Concentration-response curve generated for each cpd from 1* screen
- Informatics pipeline for data processing, curve fitting & classification, extraction of SAR
- Generates pharmacological actives rather than statistical "hits"
 - Dramatically increases reliability
 - Dramatically reduces false positives and false negatives



Toxicity Pathways

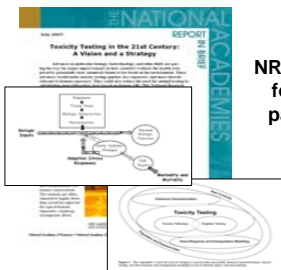
Definition: "Cellular response pathways that, when sufficiently perturbed in an intact animal, are expected to result in adverse health effects." (Toxicity Testing in the 21st Century: A Vision and a Strategy (National Academies Press, Washington, DC, 2007))



Disorder Class
<input checked="" type="radio"/> Behavioral
<input checked="" type="radio"/> Blood
<input checked="" type="radio"/> Cancer
<input checked="" type="radio"/> Cardio/Respiratory
<input checked="" type="radio"/> Cell Process
<input checked="" type="radio"/> Development
<input checked="" type="radio"/> Endocrine
<input checked="" type="radio"/> Gastrointestinal
<input checked="" type="radio"/> Hematological
<input checked="" type="radio"/> Immunological
<input checked="" type="radio"/> Metabolic
<input checked="" type="radio"/> Nuclear Receptor
<input checked="" type="radio"/> Neurological
<input checked="" type="radio"/> Ophthalmological
<input checked="" type="radio"/> Psychiatric
<input checked="" type="radio"/> Renal
<input checked="" type="radio"/> Skeletal/Bone
<input checked="" type="radio"/> Muscular
<input checked="" type="radio"/> Multiple
<input checked="" type="radio"/> ToxCast Phase I Assay

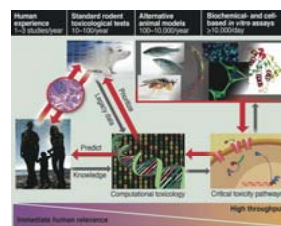
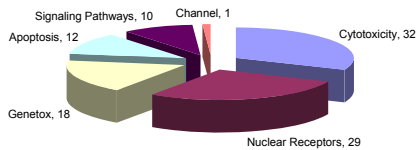
Node Size
60-75
31-50
21-30
11-20
1-10
0

Network diagram of the disorder classes probed by ToxCast Phase I HTS Assays. Colors denote grouped disease types defined by OMIM disease-gene associations and based loosely on disease classes used by Goh et al., PNAS 104: 8685 (2007). Node size corresponds to the number of distinct loci present in each disorder class.



NRC Report: focus on pathways

Tox21 Assays Completed



Collins et al., Science 319, 906 (2008)