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INFERRING POPULATION EXPOSURE FROM BIOMONITORING DATA ON URINE CONCENTRATIONS ABSTRACT # 2234n

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ABSTRACT

Biomonitoring studies such as the National Health and Nutrition Examination Survey (NHANES) are valuable to exposure assessment both as sources of data to evaluate exposure models and as training sets to develop heuristics for rapid-exposure-assessment tools. However, linking individual measurements of urine concentrations of a metabolite back to an individual's exposure rate is generally difficult, because: urine concentrations need to be converted to excretion rates; chemical exposures are inferred from multiple, sometimes overlapping metabolites measured in urine; and the same observation may be due to a less-recent, large exposure or a more-recent, smaller exposure. While individual measures are problematic, we demonstrate approaches to solutions for the above problems for population distributions of exposure. We calibrate models for gender-, ethnicity-, age-, and bodyweight-dependent predictors of creatinine production rate for the US population, based on the 2009-2010 NHANES sample. We use Bayesian methods to infer parental exposure given measurements on metabolites, allowing for the fact that multiple parents may result in the same metabolite. We show results of simulations with stochastic exposure scenarios that demonstrate that simple models assuming steady-state exposure give approximately the correct population median, but that the population variance of exposure depends on the exposure variance, the frequency of exposure events, and aspects of pharmacokinetics, and is thus more problematic. However, the population variance can be bounded, and even uncertain knowledge of pharmacokinetic properties can help improve exposure estimates.

INTRODUCTION

The National Health and Nutrition Examination Survey (NHANES) is a repeating survey of health-related characteristics of the US population. The sampling is based on a design targeted at getting estimates that validly represent the whole population.

Our goal is to use the biomonitoring data from NHANES to develop estimates of exposures to environmental chemicals, for use in evaluating models that predict exposure.

Both serum and urine are evaluated for exogenous chemicals in select individuals. Here, we discuss issues surrounding evaluating urine samples.

This poster discusses our approach to solving three problems:

- Mostly it is metabolites of chemicals of interest that are measured in urine, but we want to track those measurements back to exposure to the parent chemicals, where the relationship between metabolite and parent is often not 1:1.

- NHANES urinary concentration data are measured per urine volume and per mg creatinine. Before 2009, the relevant volume of urine was not reported. We use the 2009-2010 data to develop a model for daily creatinine excretion rates that depend on age, weight, gender, and ethnicity/race.

- Models to extrapolate back to exposure rates need to make some simplifying assumptions, particularly that exposure is analogous to a constant infusion. The reality is more complex - even in the absence of pharmacokinetic and exposure variability, the mechanics of how exposures occur generate variability in urinary measures. How can we estimate population mean exposures under the steady-state exposure assumption?

ESTIMATING EXPOSURE FROM URINE SAMPLES

A Model for Estimating Population (Geometric) Mean Parent Chemical Exposure from Urinary Measurements of Metabolites

Assume exposures to parent chemicals are homogeneous over time for any given individual: as in a steady-state infusion dosing scheme. Then, urinary output is at steady state as well.

Urinary metabolites may originate from the metabolism of multiple parent compounds. For example, Assuming 100% absorption, and that all exposure molecules are accounted for (important assumptions), concentration of urinary metabolite j , U_j is

$$U_j = \sum_{i=1}^n \phi_i P_i$$

Here, ϕ_i is the proportion of absorbed molecules of chemical that are excreted and detected as metabolite j . When all of a parent compound i is metabolized to a single metabolite j , or is excreted unmetabolized, then $\phi_j = 1$ for that particular parent-metabolite pair, and $\phi_k = 0$ for all other metabolites k . More generally, if all exposure molecules are accounted for, then

$$\sum_{j=1}^m \phi_j = M_i$$

where M_i is the number of metabolite molecules parent i generates. For instance, if a parent molecule is split into two new molecules, both of which appear in urine, then M is 2.

The P_i are unknown. The coefficients ϕ_j are known, except to the extent they are constrained by the M_i 's, which are assumed known. The U_j are estimated from NHANES data.

Estimating Population Geometric Mean Metabolite Urine Metabolite Excretion Rates

A subsample of just under 2000 NHANES participants contributed urine samples for chemical evaluation. Urine samples were analyzed for a range of metabolites of exposures of concerns, as well as for creatinine concentration. Resulting measurements are reported as either below a sample-specific limit of quantification or as the ratio of concentration of metabolite to concentration of creatinine. In the analysis reported here, age, gender, weight, and ethnicity-specific creatinine excretion rates (see panel to the lower left) were used to convert measurements to a daily excretion rate of the measured metabolites.

Data were taken directly from the publicly available CDC datafiles (<http://www.cdc.gov/nchs/nhanes.htm>). Utilities in the survey package (Lumley, 2004, 2012) were used to get maximum pseudo-likelihood estimates of population geometric means and population coefficients of variation (CV), using censored likelihoods to account for below-limit-of-detection observations.

Bayesian Estimates of Exposure Rates

Bayesian methods were used to estimate the distribution of exposure rates that are consistent with the observed estimates of population geometric mean metabolite concentrations and their uncertainty and the unknown quantitative relationships between parent exposure and metabolite excretion. The Hamiltonian Monte Carlo sampler, stan (Stan development team, 2013), was used to draw samples for probability distributions characterizing the uncertainty of the exposure rates.

Summary, Caveats, and Future Work

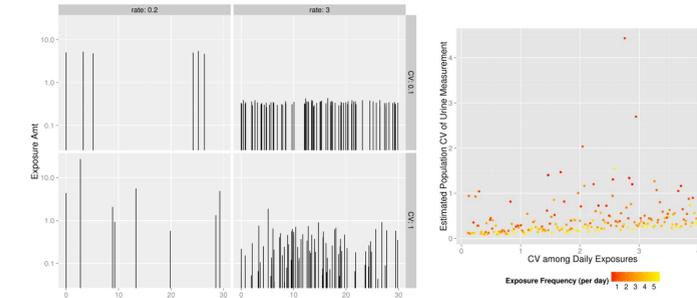
While estimates of exposure to individuals from samples collected at a single time point are problematic, it is possible to estimate population mean exposures from such sampling designs. The estimates in this poster depend on assumptions about the fraction of the exposed chemical recovered as metabolites in urine, and about the fraction of the exposure which is absorbed. Future work will attempt to characterize those fractions. The Bayesian framework used here adapts quite naturally to include statements of uncertainty about the fraction of parent recovered as metabolites (e.g., about 5% recovery, between about 1% and 15%). The work described here assumes that exposure and elimination are at pseudo steady state. This may be reasonable for chemicals measured in urine, but may well not be for chemicals measured in serum (see Strope et al, poster 363, abstract # 2234m).

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RELAXING THE STEADY STATE ASSUMPTION

The population exposure inferences were made assuming a constant steady-infusion dose. What if we relax that to a simpler, more plausible exposure model, still with constant long-term exposure rate, but with some variability in exposure from time to time, and no population variability in pharmacokinetics? This simulation addresses two questions:

- Does the geometric mean estimated under the stochastic exposure scenario match the real geometric mean dose?
- What does the variance among single urine samples look like, and how does that compare to that observed in the NHANES data?

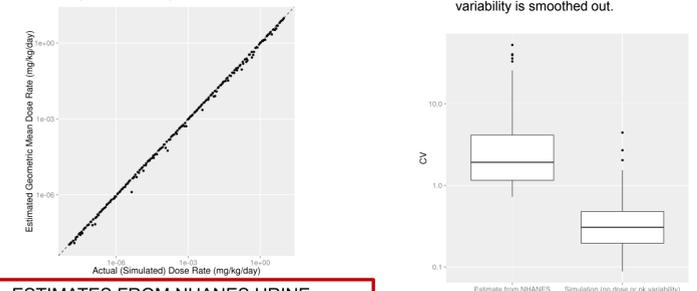


Approach to the Simulation

- Simulate exposure events as occurring at random (exponential waiting times), given by simulation parameter λ .
- The exposure amount is assumed to be lognormally distributed with specified CV (given by simulation parameter CV). For a given exposure event rate, the median of the exposure distribution is computed to give a fixed long-term average dose rate (given by the simulation parameter λ and CV).
- The exposure amount is used as input into a one compartment model with absorption half-life t_a and elimination half-life t_e . Time between voids is random, uniformly distributed between 2 and 3 hours.
- For each set of parameter values, collect 1000 samples.
- Estimate geometric mean and CV using maximum likelihood
- Select 200 sets of parameter values in an Optimum Latin Hypercube design from the ranges:
 - t_a : 1 hr - 14 weeks
 - t_e : 1 - 12 hours
 - CV: .1 - 4
 - dose: 10^{-4} - 10 mg/kg/day
 - rate: .1/day - 6/day

Examples of 30 days of simulated exposures. All four examples have the same daily dose rate, but vary in the daily rate of exposure events (λ) and CV for exposure amount.

As the frequency of exposure events increases, urine measurements look less variable, because the time-to-time variability is smoothed out.



ESTIMATES FROM NHANES URINE MEASUREMENTS CAN BE INTERPRETED AS ESTIMATES OF POPULATION GEOMETRIC MEAN EXPOSURES

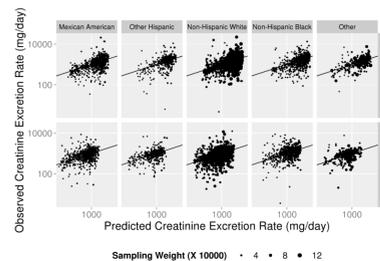
Over 9 orders of magnitude of dose rate, the estimated population geometric mean of simulated urine measurements closely match the administered dose rate, over a plausibly wide range of elimination and absorption rates, exposure event rates and variability of the magnitude of exposure events. This is consistent with Aylward et al (2012)

Little of the observed population variability in NHANES urinary measurements is likely to be due to the sorts of stochastic aspects considered in this simulation. This leaves real variability in exposure and pharmacokinetics as the important contributors to the variability measured in NHANES.

A PREDICTOR for CREATININE EXCRETION RATE

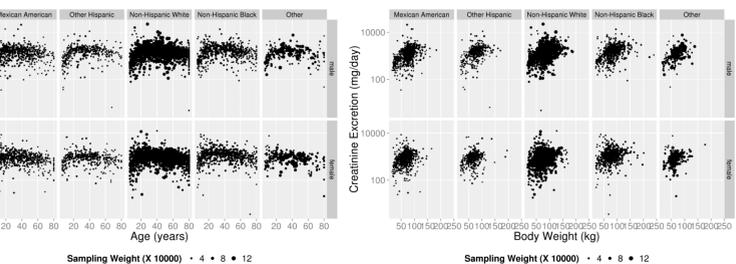
Data were taken directly from SAS xport files for the 2009-2010 cycle of NHANES. Daily creatinine excretion (CER) is extrapolated from urinary creatinine concentration and the volume and time since last void for the urine samples taken as part of the NHANES lab visit for NHANES participants.

The analysis was carried out using the R statistical programming environment (R-core, 2013), and takes the sampling design into account, using the package "survey" (Lumley 2004, 2012).



$$\log_{10}(\text{CER}) = M_{\text{Gender}} + D_{\text{Ethnicity}} + ns(\text{Age, knots=c}(20, 60)) + ns(\text{Bwt, knots=c}(50, 100)) + s \times E$$

$E \sim t(df = 3.5)$
 $ns =$ natural cubic spline
 $t =$ Student's t distribution with df degrees of freedom (to handle "outliers")



Daily creatinine excretion inferred from NHANES urine volumes

Evaluating model fit

Parameter	Estimate (95% CI)	P-value (H0: parameter = 0)
M _{Female Mexican American}	2.48 (2.45, 2.51)	< 0.001
M _{Male Mexican American}	2.63 (2.59, 2.66)	< 0.001
D _{Other Hispanic}	0.039 (0.00879, 0.6850)	0.011
D _{Non-Hispanic White}	0.062 (0.0401, 0.0842)	< 0.001
D _{Non-Hispanic Black}	0.096 (0.0746, 0.1180)	< 0.001
D _{Other}	0.035 (0.0129, 0.0577)	0.002
Bwt ₁	0.46 (0.414, 0.511)	< 0.001
Bwt ₂	0.79 (0.637, 0.936)	< 0.001
Bwt ₃	0.22 (0.0016, 0.432)	0.048
Age ₁	0.011 (-0.0106, 0.0319)	0.32575
Age ₂	0.089 (0.0363, 0.143)	< 0.001
Age ₃	-0.24 (-0.270, -2.17)	< 0.001

Metabolites Measured in NHANES Urine Samples

CASRN	Chemical Name	CASRN	Chemical Name	CASRN	Chemical Name
100-02-7	Paracetamol	30833-53-5	Mono-isobutyl phthalate (MBP)	674898-38-9	Azoxibor methacrylate
10295-02-4	Metformin	33923-85-4	Tricresol	757336-4	Mono-isobutyl phthalate (MBP)
1068-22-0	Diethylstilbestrol (DES)	3759-38-6	3-nitrobenzoic acid	756-80-0	Dimethylstilbestrol (DMSP)
1112-38-5	4-Hydroxyphenanthrene	4021-99-0	Mono-(2-ethyl-5-hydroxyethyl) phthalate (MEHP)	795-98-7	4-Hydroxyphenanthrene
11991-09-4	Nicosulfon	4021-99-1	Mono-(2-ethyl-5-hydroxyethyl) phthalate (MEHP)	7728-89-1	Fluoro-phenylenic acid
11960-92-0	Azoxibor methacrylate	4095-41-4	Mono-(2-ethyl-5-hydroxyethyl) phthalate (MEHP)	91-07-7	Biphenyl A
1190-28-9	Malathion diacid	4378-18-5	Mono-methyl phthalate (MMP)	813-78-5	Dimethylphosphate (DMP)
120-47-8	Chyl paraffin	4379-20-9	Mono-2-ethylbutyl phthalate (MEBP)	82190-07-2	Metatoluenemethyl
120-83-2	2,4-Dichlorophenol	5315-79-7	Hydroxyurea	88-86-5	Permethrin
131-07-7	Chyl paraffin	53179-78-6	Di-(2,2-dibromovinyl)-2,2-dimethylpropane carboxylic acid	90-43-7	2,4,6-Trichlorophenol
131-70-4	Mono-n-butyl phthalate (MBP)	5393-19-1	Mono-n-butyl phthalate (MBP)	90-15-3	1-Hydroxyphenanthrene (1-Napthol)
134-02-3	DEET	55701-03-6	trans-3-(2,2-dibromovinyl)-2,2-dimethylpropane carboxylic acid	93-78-5	2,4,6-Trichlorophenol
13792-96-0	Azoxibor methacrylate	5871-17-0	2,5-Dichlorophenol	94-26-8	Propyl paraben
140-86-9	4-tail Octylphenol	5873-78-6	2,5-Dichlorophenol	94-26-8	Benzyl paraben
14176-32-0	Subsulfon	5873-78-6	2,5-Dichlorophenol	94-26-8	2,4-Dichlorophenoxyacetic acid
1583-38-8	Carbarylparathion	59595-64-8	Methacryl methacrylate	96-45-7	2,4,6-Trichlorophenol
15959-64-8	Methacryl methacrylate	598-02-7	Diethylphosphate (DEP)	96-45-7	Ethylene triazene
1689-04-1	9-Hydroxyfluorene	605-33-4	Mono-ethyl phthalate (MEP)	96-45-7	Methyl paraben
1695-33-4	Mono-ethyl phthalate (MEP)	605-67-8	3-Hydroxyphenanthrene	96-45-7	Mono-(carboxymethyl) phthalate (MCP)
2433-58-9	1-Hydroxyphenanthrene	6344-87-8	4-Hydroxyfluorene	96-45-7	Mono-(carboxymethyl) phthalate (MCP)
6343-58-5	1-Hydroxyphenanthrene	6460-72-3	Chloranil	96-45-7	Mono-(carboxymethyl) phthalate (MCP)
2528-16-7	Mono-benzyl phthalate (MBzP)	6661-48-5	Mono-(2-carboxypropyl) phthalate (MCP)	96-45-7	MNP
30560-19-1	Acetophenone				

Parental Compounds Associated with Metabolites Measured in NHANES Urine Samples

CASRN	Chemical Name	Associated Metabolite CAS	CASRN	Chemical Name	Associated Metabolite CAS
100-17-4	4-Nitroanisole	100-02-7	4278-02-3	Bifenox	120-83-2
106-46-7	para-Dichlorobenzene	883-78-8	81218-45-2	Meclozacin	19990-64-6
1068-22-0	Azoxibor methacrylate	1068-22-0	82190-07-2	Supramin	3729-38-6, 50701-03-6, 55701-05-8
108-70-3	1,3,5-Trichlorobenzene	88-06-2	82370-16-9	Naproxen	135-13-0
11191-09-4	Nicosulfon	11191-09-4	82403-53-1	Diethylmethoxyacetamide	3729-38-6, 50701-03-6, 55701-05-8
11748-17	D,2-dimethylheptyl phthalate	4021-99-0, 4021-99-1, 40809-41-4, 4378-20-9	82468-8	Tricresol	813-78-5
11748-17	D,2-dimethylheptyl phthalate	4021-99-0, 4021-99-1, 40809-41-4, 4378-20-9	82468-8	Diethylmethoxyacetamide	3729-38-6, 53179-78-5
118-74-1	Hexachlorobenzene	6893-48-6, 5300-19-1	841-73-1	1,3-Dichlorobenzene	120-83-2
120-47-8	Chyl paraffin	87-86-5, 88-06-2, 95-95-4	84902-45-6	Carbamazepine	598-02-7
120-83-2	1,2,4-Trichlorobenzene	95-46-4	856-67-7	Ferriol	1983-38-8
121242-17	Zinc	7440-66-3	856-67-7	Ferriol	1112-38-5, 813-78-5
121-75-5	Malathion	1112-38-5, 1190-28-9, 756-80-0, 813-78-5	856-67-7	Chlorpyrifos methyl	1112-38-5, 813-78-5
122-14-0	Fenitrothion	1112-38-5, 813-78-5	856-67-7	Parathion	505-10-2
123-33-8	4-Aminophenol	100-52-7	856-67-7	Parathion	100-02-7, 588-02-7
12427-38-2	Menthol	96-45-7	856-67-7	Carbamazepine	598-02-7
129-00-0	Pyrene	581-79-7	856-67-7	Phosphoric acid	8971-17-0
131-11-3	Dimethyl phthalate	598-02-7	856-67-7	Tetralin	87-86-5, 88-06-2, 95-95-4
131-67-1	Benzophenone	4378-18-5	856-67-7	Dimethoxyacetamide	1112-38-5, 756-80-0, 813-78-5
134-62-3	N,N-Diethyl-3-methylbenzamide	134-62-3	856-67-7	Dichloroacetamide	813-78-5
140-66-0	4-tail Octylphenol	14176-32-1	856-67-7	Carbamazepine	598-02-7
141-76-6	Dioxinophen	813-78-5	856-67-7	Chloranil	6460-72-3
142-66-0	Nabam	14176-32-1	856-67-7	Fluoranthene	1563-38-8
158740-9	Azoxibor methacrylate	158740-9	856-67-7	Carbamazepine	5971-03-6, 55701-05-8, 77279-89-1
159-75-2	Metformin	159-75-2	856-67-7	Metformin	1593-38-8
1836-77-7	Chloranil	100-02-7, 120-83-2	856-67-7	Metatoluenemethyl	80-05-7
1840-34-5	Phenanthrene	100-02-7, 588-02-7	856-67-7	Biphenyl A	96-45-7
2194-84-5	EPN	100-02-7	856-67-7	Permethrin	82190-07-2
2224-79-8	Transchlorobenzene	813-78-5	856-67-7	Permethrin	1983-38-8
2871-40-0	Di-isobutyl phthalate	100-02-7, 1112-38-5, 813-78-5	856-67-7	Diethyl phthalate	2305-33-4
2871-40-0	Di-isobutyl phthalate	100-02-7, 1112-38-5, 813-78-5	856-67-7	Di-isobutyl phthalate	30833-53-5
2912-93-7	Chlorpyrifos	598-02-7	856-67-7	Diethyl phthalate	1311-70-4
296-02-7	Methyl parathion	100-02-7, 1112-38-5, 813-78-5	856-67-7	Phenanthrene	1311-70-4, 2528-16-7
296-02-7	Methyl parathion	100-02-7, 1112-38-5, 813-78-5	856-67-7	Acetophenone	1112-38-5, 756-80-0, 813-78-5
296-02-7	Methyl parathion	100-02-7, 1112-38-5, 813-78-5	856-67-7	Fluorene	1889-64-1, 2443-58-5, 6344-87-8
296-02-7	Methyl parathion	100-02-7, 1112-38-5, 813-78-5	856-67-7	Fluorene	87-86-5, 88-06-2, 95-95-4
300-78-5	Diethyl phthalate	96-45-7	856-67-7	Melamin	96-45-7
301-15-2	Chlorpyrifos	1112-38-5, 813-78-5	856-67-7	Chlorpyrifos	135-19-3, 90-15-3
30560-19-1	Acetophenone	1112-38-5, 30560-19-1	856-67-7	Naphthalene	91-20-3
315-46-7	4,4'-Dichlorodiphenylmethane	100-02-7, 120-83-2, 95-95-4	856-67-7	4,4'-Dichlorodiphenylmethane	94-26-8
327-88-1	Trifluoromethyl	94-26-8	856-67-7	Propyl paraben	94-26-8
328-140-1	Diazepam	94-26-8	856-67-7	Propyl paraben	94-26-8
333-41-5	Diazepam	94-26-8	856-67-7	Propyl paraben	94-26-8
338-34-5	Diazepam	94-26-8	856-67-7	Propyl paraben	94-26-8
338-34-5	Diazepam	94-26-8	856-67-7	Propyl paraben	94-26-8
338-34-5	Diazepam	94-26-8	856-67-7	Propyl paraben	94-26-8
3463-46-4	Propofol	67400-38-9	856-67-7	Methacryl methacrylate	598-02-7
3565-10-7	Propofol	67400-38-9	856-67-7	Ethylene triazene	96-45-7
3619-00-3	Phosphon				