

Accelerating the Pace of Chemical Risk Assessment Case Studies and Implications for New Approach Methods-Based PODs

Katie Paul Friedman, PhD

https://orcid.org/0000-0002-2710-1691

Center for Computational Toxicology and Exposure, Office of Research and Development, U.S. Environmental Protection Agency



Presentation to the Tox21 & RISK-HUNT3R Meeting

March 21, 2023

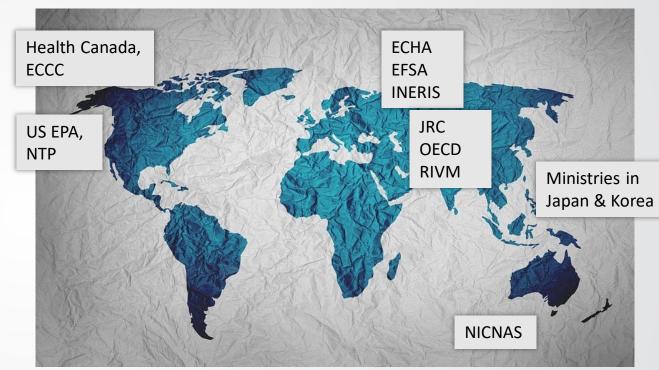
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Goals of the Accelerating the Pace of Chemical Risk Assessment (APCRA) initiative



- To bring together international regulators to discuss progress and barriers in applying new approach methods (NAMs) to prioritization, screening, and quantitative risk assessment applications
- To formulate and execute collaborative case studies to advance this primary objective





Key questions that unify APCRA case study collection

How to make progress on NAMbased:

Prioritization First tier assessment Full assessments Replacement of animal studies Classification and labeling

- Current barriers?
 - Benchmarking NAMs against animal studies
 - Potential technology limitations
 - Lack of confidence in NAM application
 - Differing regulatory needs for decision-making
- Near-term efforts?
 - Exploring ways of describing hazard and exposure with NAMs
 - Safety instead of adversity
 - Analysis of NAM uncertainties
- Greater acceptance and scientific confidence by the regulators and public?
 - Training and communication
 - Case studies



- Part 1: POD learnings and limitations from the APCRA retrospective case study
- Part 2: POD learnings from APCRA prospective case study (in preparation)
- Part 3: POD learnings from organ-level reproducibility study (in preparation)

Based on current case studies, what quantitative uncertainty factor would be needed to ensure conservatism of the POD_{NAM} for all chemicals?

Thinking ahead to the conclusion: What could be done to customize the uncertainty factor to the toxicokinetic profile of the chemical?



Part 1

APCRA retrospective case study (focus on POD_{NAM})



APCRA retrospective case study developed confidence in a straight-forward workflow for a protective POD_{NAM}



TOXICOLOGICAL SCIENCES, 2019, 1–24 doi: 10.1093/hoxsel/kfi201 Advance Acress Publication Date: September 18, 2019 Research Article

Utility of In Vitro Bioactivity as a Lower Bound Estimate of In Vivo Adverse Effect Levels and in Risk-Based Prioritization

Katie Paul Friedman (), *1 Matthew Gagne, † Lit-Hsin Loo, † Panagiotis Karamertzanis, [§] Tatiana Netzeva, [§] Tomasz Sobanski, [§] Jill A. Franzosa, [¶] Ann M. Richard, *Ryan R. Lougee, *.|| Andrea Gissi, [§] Jia-Ying Joey Lee, [‡] Michelle Angrish, ^{|||} Jean Lou Dome, ^{||||} Stiven Foster, [#] Kathleen Raffaele, [#] Tina Bahadori, ^{||} Maureen R. Gwinn, *Jason Lambert, *Maurice Whelan, ** Mike Rasenberg, [§] Tara Barton-Maclaren, [†] and Russell S. Thomas () *

"National Center for Computational Toxicology, Office of Research and Development, US Environmental Protection Agency, Research Triangle Park, NC, 27711; ¹Healthy Environments and Consumer Safety Branch, Health Canada, Government of Canada, Ottawa, Ontario, Canada, K1A0K9; ¹Ennovations in Food and Chemical Safety Program me and Bioinformatics Institute, Agency for Science, Technology and Research, Singapore, 138671, Singapore; ¹Computational Assessment Unit, European Chemicals Agency, European Chemicals Agency Annankatu 18, P.O. Box 400, FI-O0121 Helsinki, Uusimaa, Finland; ¹National Health and Environmental Effects Research Laboratory, Office of Research and Development, US Environmental Protection Agency, Research Triangle Park, NC, 27711; ¹Oak Ridge Institute for Science and Education, U.S. Department of Energy, Oak Ridge, TN 37831, USA; ¹National Center for Environmental Assessment and Scientific Assistance, Via Carlo Magno 1A, 43126 Parma, Italy; ⁴Office of Land and Emergency Management, U.S. Environmental Protection Agency, Washington, DC, 20004 and Research Scientific Assistance, Via Earto Magno 1A, 43126 Parma, Italy; ⁴Office of Land and Emergency Management, U.S. Environmental Protection Agency, Washington, DC, 20004; and ^{*}European Commission, Joint Research Centre (IRC), Via Enrico Fermi, 2749, 1-2027 Ispra, Italy

¹To whom correspondence should be addressed at 109 T.W. Alaxander Drive, Mall Drop D143-02, Research Triangle Park, NC 27711. Fax: (929) 543-1294. E-mail: paul-Siedman katie@opa.gov.

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ABSTRACT

Use of high-throughput, invite bicactivity data in setting a point-of departure (POD) has the potential to acclerate the pace of human health safety evaluation by informing screening-level as assements. The pinnary objective of this work was to compare PODs based on high-throughput predictions of bioactivity, exposure predictions, and traditional hazard information for 448 chemicals. PODs derived from new approach method dogice (NAMs) were obtained for this comparison using the 50th (POD_{1004,45}) and the 95th (POD_{1004,46}) porcentialle credible interval estimates for the steady-state plasma

Published by Oxford University Press on behalf of the Society of Toxicology 2019. This work is written by US Government employees and is in the public domain in the US

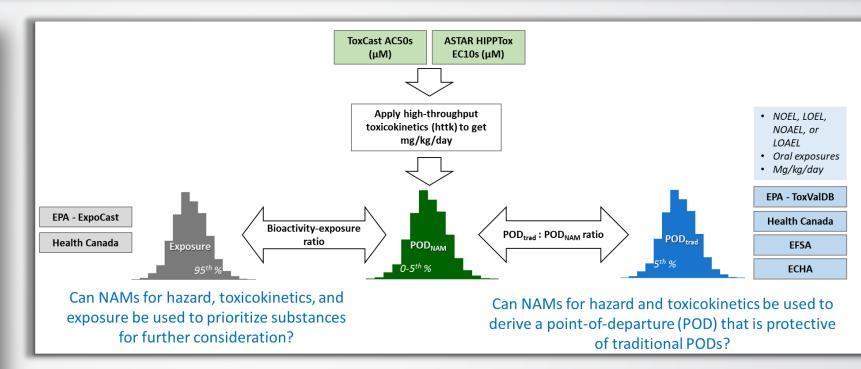
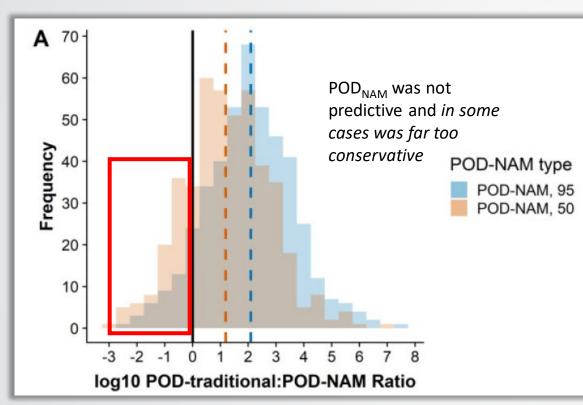


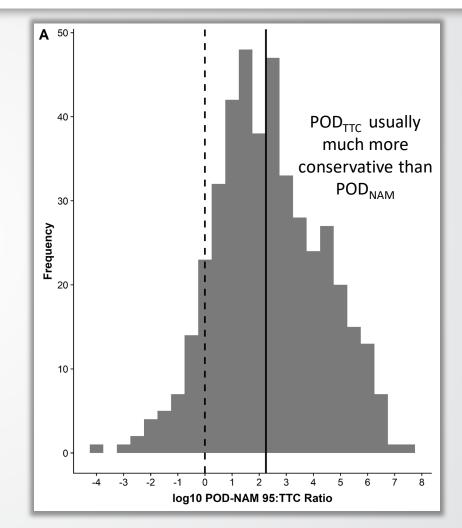
Figure from Paul Friedman et al. 2020



Convinced the field we could produce POD_{NAM} < POD_{traditional} and further popularized a simple workflow for IVIVE and bioactivity:exposure ratio



....but with as much as ~2-3 orders of magnitude uncertainty for capturing POD_{traditional} for a minority (<10%) of the 448 chemicals included



POD_{NAM} not conservative enough for chemistries we could catch with TTC, e.g. organophosphates and carbamates



Part 2

APCRA prospective case study (focus on POD_{NAM})



APCRA prospective case study aims to bridge new approach methods (NAMs) to the need for any additional *in vivo* data in an international context (*in prep*)

In silico and in vitro NAMs for toxicodynamics and toxicokinetics ~200 substances Goal: Point of departure (POD)

estimates and insights into hazard 5-day rodent studies using transcriptomics in liver/kidney ~20 substances Goal: Greater certainty in POD Development of a NAMenhanced 90-day study?

of substances tbd

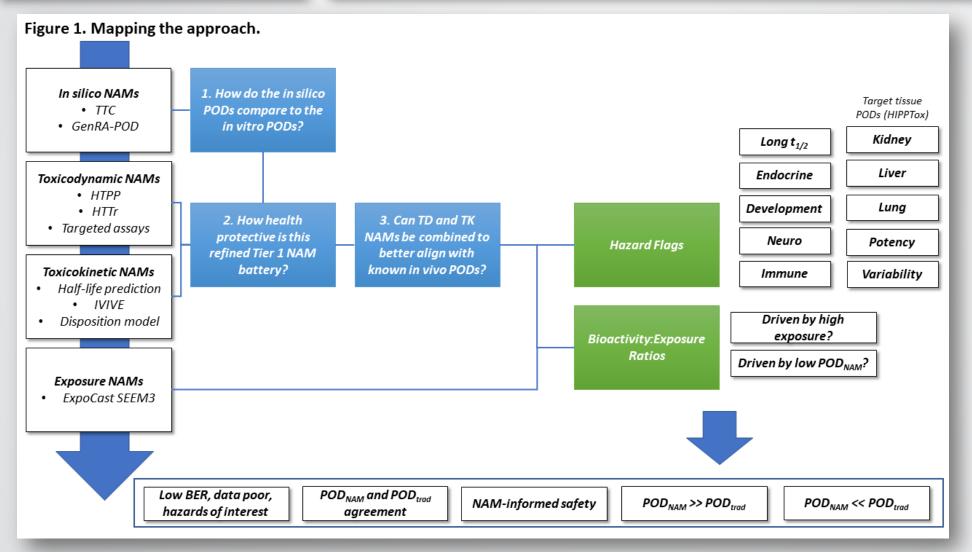
Goal: Confirmation of POD from 5-day studies and/or hazard profile, if needed

- Building confidence in the connections between NAMs and traditional toxicology studies
- Inform needs for data-poor substances in an international context
- POD_{NAM} calculation and development of "hazard flags" to suggest particular biological indications





In silico and *in vitro* NAMs are combined prospectively to identify chemicals with putative hazard and BER based prioritization



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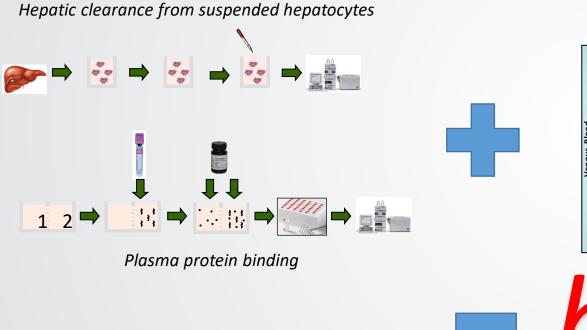
- Refine assay battery and include assays with broad biological coverage
- Refine IVIVE approach
- Experiment to understand which data may be most informative of POD_{traditional}
- Include indicators of putative hazard and related interests (hazard flags)
- Include updated exposure predictions for BER

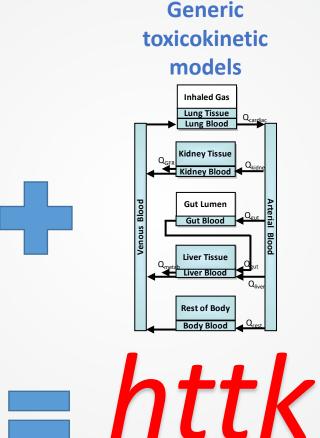
5 potentially overlapping groups that the NAM data can inform for selection of chemicals for additional screening

IVIVE approach based on R library 'httk'

in vitro data

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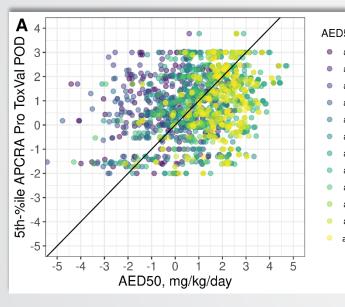
• Preference to PBTK model over 3 compartment steady state model

- Preference to in vitro HTTK data over in silico HTTK predictions
- Predictive modeling of available estimates of a lower bound *in vivo* POD using AEDs from 3 compartment steady state or PBTK modeling failed to show unique improvement



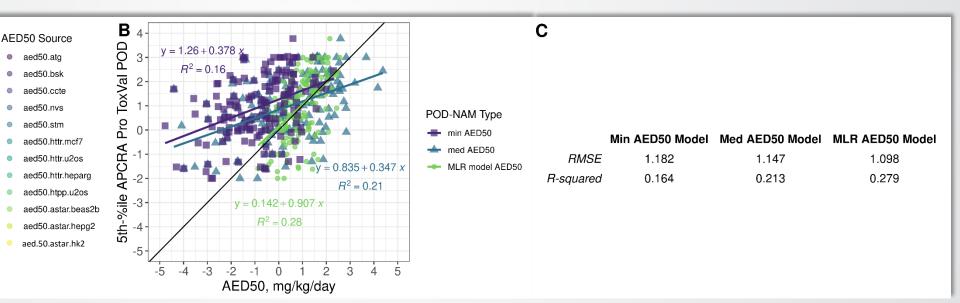
Is POD_{AED50} predictive of POD_{traditional}? With some amount of error

(A) Minimum AED50s by assay technology fail to suggest that a single technology can accurately predict estimates of POD_{traditional}



(B) The median from the set of minimum AED50s by assay technology performs fairly well in predicting estimates of POD_{traditional}

(C) Predicting estimates of $POD_{traditional}$ with TD and TK NAMs resulted in RMSE that approach 1 to 1.2 log_{10} -mg/kg/day

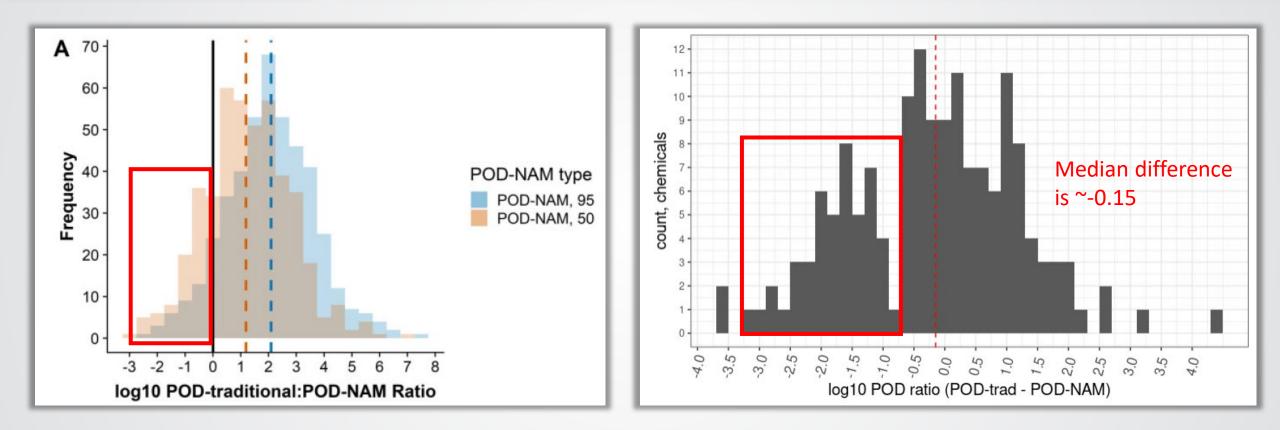


A multi-linear regression model performs slightly better than the median (as did a random forest model). Models failed to reduce the RMSE below $1.1 \log_{10} - \frac{100}{mg/kg/day}$.

If no other data were available, a possible adjustment factor to ensure conservatism for using POD_{AED50} could be ~ 2-2.5 log_{10} mg/kg/day (-1.96*RMSE)



How does the overall level of conservatism of POD compare to the retrospective case study?



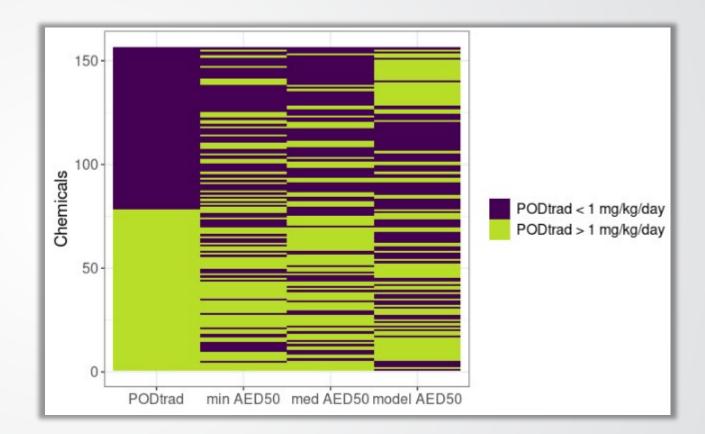
The median difference in the APCRA prospective case study is smaller, but the tails of these distributions still suggest that for a subset of chemicals we may not be conservative enough (perhaps by 3 orders of magnitude).



How well does POD_{AED50} recapitulate the order of POD_{traditional}?

Condition	% of chemicals with POD _{traditional} < 10
POD _{medAED50} < 10	61%
$POD_{medAED50} < 100$	85%
$POD_{medAED50} < 1000$	99%

An uncertainty factor of 1000 (3 orders of magnitude on a log10-mg/kg/day scale) would ensure low POD was captured for practically all chemicals in the case study



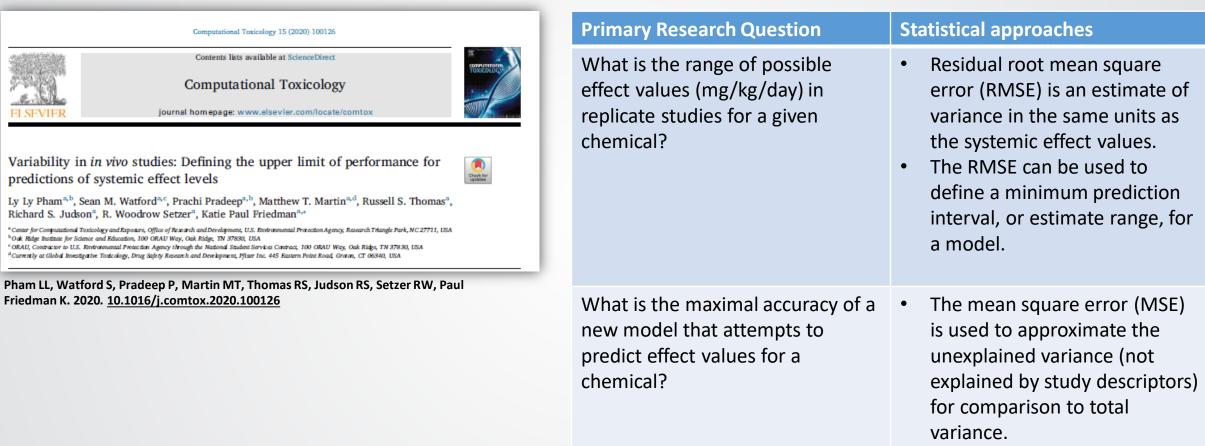


Part 3

Paul Friedman *et al.* (in prep) Qualitative and Quantitative Variability of Repeat Dose Animal Toxicity Studies



We defined a benchmark for quantitative reproducibility of systemic findings in repeat dose animal studies

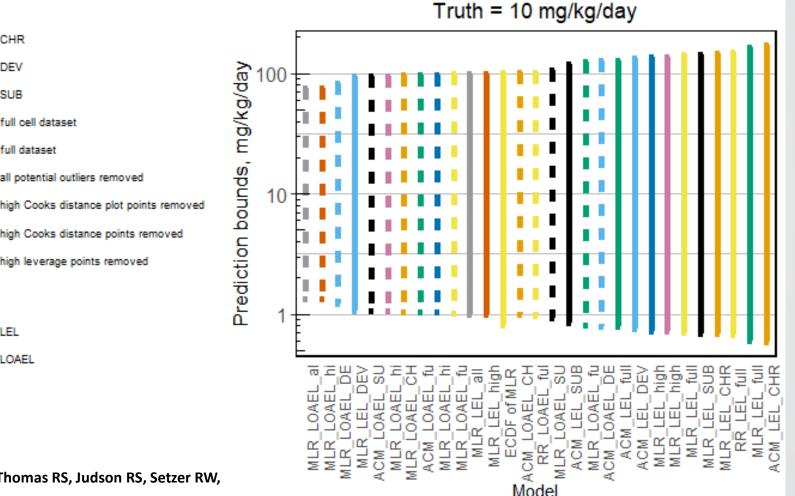


• This % unexplained variance limits the maximal R-squared on a new model.

A key learning was that 95% minimum prediction intervals across the modeling approaches, effect levels, and study types were 58-284-fold

If attempting to use a NAM-based predictive model for prediction of a reference systemic effect level value of 10 mg/kg/day, it is likely that given the variability in reference data of this kind, that a model prediction of somewhere between 1 and 100 mg/kg/day would be the greatest amount of accuracy achievable (100-fold wide).

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SUB

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LOAFL

full dataset



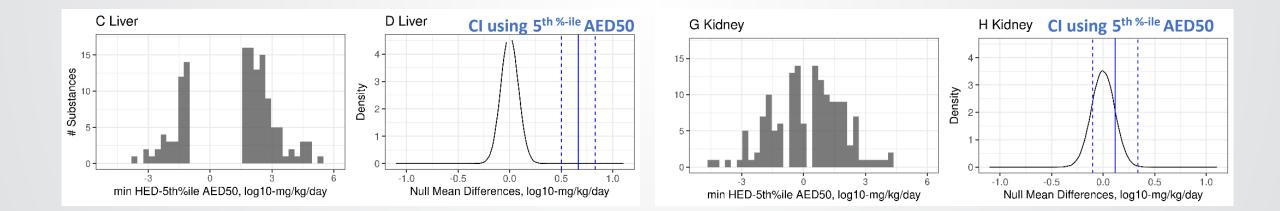
In new work in preparation, we examine organ-level effects and their quantitative and qualitative reproducibility

 A component of this work is: How well do currently available liver and kidney-related NAMs in ToxCast predict liver and kidney lowest effect level values *in vivo*?



The distribution of LEL-AED₅₀ differences demonstrated very long tails, signaling the differences in LELs or HEDs and AEDs can be extreme

- Distributions of raw differences suggest the mean difference approaches 0
- But these distributions demonstrated much longer tails, with minimum LEL to AED₅₀ comparisons at times suggesting differences in excess of 3 orders of magnitude in either direction at the tails
- The mean differences (HED or LEL summary AED50 metrics) are all within 1 log10-mg/kg/day



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The distribution of LEL-AED₅₀ differences demonstrated very long tails, signaling that for smaller numbers of chemicals, the differences in LELs and AEDs can be extreme

Organ	# Chemicals	In vivo POD (log ₁₀ - mg/kg/day)	AED type (log ₁₀ - mg/kg/day)	Mean difference, in vivo POD - AED (log10- mg/kg/day)	p-value	Lower Cl bound	Upper Cl bound
Liver	365	min LEL	mean AED	0.3203	<0.0001	0.1736	0.4670
Liver	365	min LEL	5 th %-ile AED	1.3755	<0.0001	1.172	1.579
Kidney	194	min LEL	mean AED	0.5060	<0.0001	0.290	0.7223
Kidney	194	min LEL	5 th %-ile AED	0.8586	<0.0001	0.608	1.110
Liver	365	min HED	mean AED	-0.3900	<0.0001	-0.5394	-0.2405
Liver	365	min HED	5 th %-ile AED	0.6652	<0.0001	0.5013	0.8291
Kidney	194	min HED	mean AED	-0.2357	0.0245	-0.4418	-0.0295
Kidney	194	min HED	5 th %-ile AED	0.1169	0.2953	-0.1027	0.3366

Table 3, Paul Friedman et al. (in prep).

It is possible that existing NAMs that indicate organ-level effects, on average, may predict liver- or kidney-related HEDs within estimates of variability in replicate *in vivo* studies, *but caution should be employed in viewing this result due to* the tails on the distribution of raw differences

SEPA Conclusions

- Work in the APCRA and in EPA-ORD-CCTE has advanced our understanding of the utility of POD_{NAM}, among other objectives
- It is likely that an uncertainty factor of 100-1000 is necessary to maintain conservatism of POD_{NAM} for POD_{traditional} for all chemicals...unless...
 - Triage chemicals by the degree of certainty in their toxicokinetic profile such that chemicals with a higher degree of certainty in IVIVE (e.g., pharmaceuticals) could have a lower uncertainty factor applied to the POD_{NAM}
 - Refine IVIVE approach with more information (bioavailability, *in vitro* disposition, more curation of concentration vs. time data for training)
 - Combine POD_{vitro} with POD_{QSAR} for a consensus POD_{NAM}

Thank you for listening

Thanks especially to John Wambaugh, Richard Judson, Woody Setzer, Ly Ly Pham, Prachi Pradeep, MJ Foster, Sean Watford, and Rusty Thomas

SEPA



Office of Research and Development Center for Computational Toxicology & Exposure (CCTE) Bioinformatic and Computational Toxicology Division



Prospective case study members

EPA	Health Canada	ECHA	DTT
Katie Paul Friedman John Wambaugh Josh Harrill Richard Judson Rusty Thomas	Matthew Gagne Marc Beal Tara Barton-Maclaren	Tomasz Sobanski Ulla Simanainen Mounir Bouhifd Lidka Maslankiewicz Mike Rasenberg	Scott Auerbach John Bucher
A*STAR	JRC	Uni Birmingham	
Lit-Hsin Loo	Thomas Cole Maurice Whelan	Mark Viant	