

# **Summary Presentation**

## **Working Group on Quantitative Approaches to Genetic Toxicology Risk Assessment**

**Foz do Iguassu, Brazil  
November 1, 2013**

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# IWGT Working Group on Quantitative Approaches to Genetic Toxicology Risk Assessment (QWG)

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# **Topics addressed:**

- **The need for quantitative dose-response analysis.**
- **Methods to analyze exposure-response relationships & derive point of departure (PoD) metrics**
- **Points of departure (PoD) and mechanistic threshold considerations.**
- **Approaches to define exposure-related risks**
- **Empirical relationships between Genetic Damage (Mutation) and Cancer**
- **Extrapolations across test systems and species**

# Working Premise

- **Genetic toxicity assays have typically been used for hazard identification (i.e., qualitative +/- classifications).**
- **Quantitative analyses of genetic toxicology results can provide metrics for improved risk characterization.**

<b>METHOD</b>	<b>BMD</b>	<b>NOGEL</b>	<b>Threshold using a bi-linear model</b>
Measurement	Benchmark dose - dose associated with a specific benchmark response (BMR)	Highest dose with no statistically signif. response	Estimate of Threshold (Breakpoint)
Advantages	<ul style="list-style-type: none"> <li>- Has proper incentives*</li> <li>- Uses data efficiently &amp; fits a model to all dose-response data</li> <li>- Currently used by many regulatory agencies</li> </ul>	<ul style="list-style-type: none"> <li>- Easy to apply</li> <li>- Does not require dose response modeling</li> </ul>	<ul style="list-style-type: none"> <li>- Has proper incentives*</li> </ul>
Disadvantages	<ul style="list-style-type: none"> <li>- Continuous &amp; quantal data modeled differently</li> <li>- Requires consensus on appropriate, biologically relevant, benchmark response (BMR) for each endpoint.</li> </ul>	<ul style="list-style-type: none"> <li>- Statistical assumptions must be met</li> <li>- Highly dependent on exptl design</li> <li>- Does not have proper incentives*</li> </ul>	<ul style="list-style-type: none"> <li>- Based on 1 model</li> <li>- Unstable metric</li> <li>- Cannot account for other functions</li> <li>- Mechanistic support required to justify.</li> </ul>

\*Lower power tends to provide smaller PODs

***General preference lies in this order BMD>NOGEL>bilinear***



GM = Gene Mutation; MN = Micronuclei,  
 \*\*Not enough data below NOEL to satisfy threshold analysis

					NOEL	TD	BMD	Reference
<b>EMS</b>	GM (HPRT)	<i>in vitro</i>	AHH-1	µg/ml	1	0.95	1.08	Doak et al 2007; Johnson
	MN (Flow Cyto.)	<i>in vitro</i>	TK6	µg/ml	1.17	4.76	0.54	Bryce et al 2010
	MN (CB-MN)	<i>in vitro</i>	AHH-1	µg/ml	1.3	0.87	1.29	Doak et al 2007; Johnson et al 20
	<b>GM (PigA)</b>	<b><i>in vivo</i></b>	<b>Blood</b>	<b>mg/kg/day</b>	<b>25</b>	<b>21.9</b>		<b>Dobo et al., 2011</b>
	<b>GM (MutaMouse)</b>	<b><i>in vivo</i></b>	<b>Bone Marrow</b>	<b>mg/kg/day</b>	<b>50</b>	<b>21.46</b>	<b>9.29</b>	<b>Gocke and Wall, 2009</b>
	<b>GM (MutaMouse)</b>	<b><i>in vivo</i></b>	<b>Liver</b>	<b>mg/kg/day</b>	<b>50</b>	<b>25.67</b>	<b>41.00</b>	<b>Gocke and Wall, 2009</b>
	<b>MN</b>	<b><i>in vivo</i></b>	<b>GI Tract</b>	<b>mg/kg/day</b>	<b>25</b>	<b>12.97</b>	<b>12.23</b>	<b>Gocke and Wall, 2009</b>
	<b>MN</b>	<b><i>in vivo</i></b>	<b>Bone Marrow</b>	<b>mg/kg/day</b>	<b>80</b>	<b>56.66</b>	<b>58.68</b>	<b>Gocke and Wall, 2009</b>
<b>MMS</b>	GM (HPRT)	<i>in vitro</i>	AHH-1	µg/ml	1	0.86	0.56	Doak et al 2007; Johnson et al 20
	GM (MLA-TK)	<i>in vitro</i>	L5178Y	µg/ml	1.1	0.519	0.52	Pottenger <i>et al.</i> , 2009
	MN (CB-MN)	<i>in vitro</i>	AHH-1	µg/ml	0.8	0.14	0.54	Doak et al 2007; Johnson et al 20
	MN (Flow Cyto.)	<i>in vitro</i>	TK6	µg/ml	0.63	0.26	0.19	Bryce et al 2010
	<b>MN</b>	<b><i>in vivo</i></b>	<b>Blood</b>	<b>mg/kg/day</b>	<b>5</b>	<b>14.07</b>	<b>1.47</b>	<b>Dow Chemical 2012</b>
<b>MNU</b>	GM (MLA-TK)	<i>in vitro</i>	L5178Y	µg/ml	0.07	0.021	0.0093	Pottenger <i>et al.</i> , 2009
	MN (Flow Cyto.)	<i>in vitro</i>	TK6	µg/ml	0.31	0.19	0.023	Bryce et al 2010
	MN (CBMN)	<i>in vitro</i>	AHH-1	µg/ml	0.01	**	0.003	Doak et al., 2007
	<b>GM (Pig-A)</b>	<b><i>In vivo</i></b>	<b>RBC, RET</b>	<b>mg/kg/day</b>	<b>1.5</b>	<b>2.17/3,18</b>		<b>Lynch et al 2011. GSK</b>
	<b>MN (Flow)</b>	<b><i>in vivo</i></b>	<b>Blood</b>	<b>mg/kg/day</b>	<b>0.60</b>	<b>0.20</b>	<b>0.27</b>	<b>GlaxoSmithKline</b>
<b>ENU</b>	GM (HPRT)	<i>in vitro</i>	AHH-1	µg/ml	0.2	0.22**	0.11	Doak et al., 2007
	MN (Flow Cyto.)	<i>in vitro</i>	TK6	µg/ml	2.344	1.32	0.87	Bryce et al., 2010
	<b>GM (PigA – Flow)</b>	<b><i>In vivo</i></b>	<b>Blood (PigA)</b>	<b>mg/kg/day</b>	<b>0.25</b>	<b>0.64</b>		<b>Dobo et al., 2011</b>
	<b>GM (MutaMouse)</b>	<b><i>in vivo</i></b>	<b>Bone Marrow</b>	<b>mg/kg/day</b>	<b>**</b>	<b>**</b>	<b>0.00018</b>	<b>Gocke and Wall 2009</b>
	<b>GM (MutaMouse)</b>	<b><i>in vivo</i></b>	<b>Liver</b>	<b>mg/kg/day</b>	<b>1.39</b>	<b>**</b>	<b>0.145</b>	<b>Gocke and Wall 2009</b>
	<b>MN</b>	<b><i>in vivo</i></b>	<b>Bone Marrow</b>	<b>mg/kg/day</b>	<b>1.11</b>	<b>**</b>	<b>0.098</b>	<b>Gocke and Wall 2009</b>
	<b>MN (Flow Cyto.)</b>	<b><i>in vivo</i></b>	<b>Blood</b>	<b>mg/kg/day</b>	<b>5</b>	<b>2.54</b>	<b>0.120</b>	<b>Litron 2011</b>

Gollapudi, Johnson et al., 2013, EMM

Johnson et al., 2014. In Preparation

# Point of Departure Preference

- **The working group critically examined and considered numerous PoD metrics.**
- **Detailed examination of the benchmark dose (BMD), the NOGEL, and estimation of a PoD from a bilinear model → preference for the BMD method.**

# **Key Issue: Are there thresholds for Genotoxic Substances?**

- **General consensus that some genotoxic agents, acting by indirect non-DNA-reactive mechanisms, mechanistic information indicates that there would be no effect below a defined exposure threshold.**
  - **e.g., many aneugens, disturbance of nucleotide pools, glutathione depletion, DNA synthesis inhibitors (Thybaud et al., Mutat. Res. 627: 41-58, 2007)**



# Regarding thresholds for DNA-reactive genotoxic substances -

- At low doses, it is not possible to experimentally determine whether a small incremental risk is within the normal range of the (ever-present) spontaneous background.
- Any data set – no matter how extensive -- will be consistent with both threshold and low-dose linear responses (Crump, Crit. Rev. Toxicol. 41: 637-650, 2011)
- Evaluations should be made on a *case-by-case* basis taking into account all known mechanistic information regarding Mode-of-Action (e.g., metabolism, DNA-repair, etc.).

# **Pragmatic Approach to Genetic Toxicity Risk Assessment**

- Since mutations are generally considered deleterious, protection against mutagenesis should minimize the risk of adverse health effects.**
  
- PoDs, when combined with safety or uncertainty factors, can be used to examine risk of genetic damage, and identify an exposure associated with negligible risk.**
  
- Although it is desirable to directly relate genetic damage to specific health outcomes.**
  - ✓ Many factors can influence the consequences of genetic damage (i.e., apical disease).**

# Mode of Action (MoA) Considerations

- **Quantitative approaches, including appropriate dose-response models, should be consistent with MoA understanding.**
- **A number of factors need to be considered to determine the nature of the dose-response relationship (e.g., linear, sub-linear, other), subsequently a meaningful PoD can be used to estimate a level at which the risk of deleterious effect is negligible.**
  - **Non-DNA targets, exceeding detox capacity, disruption of DNA replication or cell-cycle progression, ADME/PK, nucleotide pool disruption, etc.**

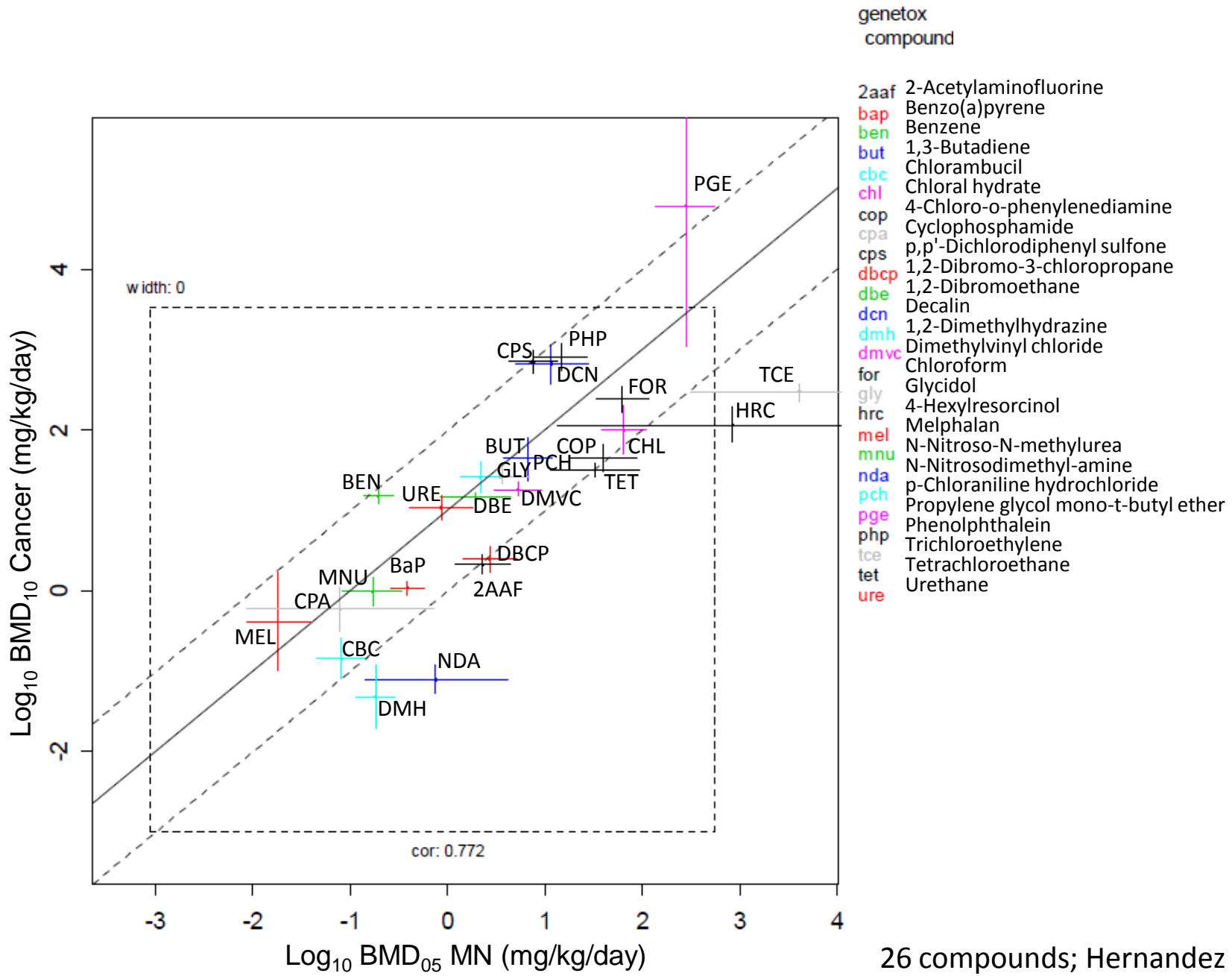
# **Factors that Contribute to Uncertainty: Animal to Human Extrapolation**

- Scaling to account for allometric differences between rodents and humans;**
- Severity of effect**
- Inter-individual variability**
- Differences in repair capacity**
- Study endpoint & duration**
- Metabolic and PK differences**

# Extrapolation - Experimental Genetic Toxicity to Human Risk

- **In vivo factors -**
  - **Comprehensive exposure, ADME/PK assessments reduce need for uncertainty factors**
  - **Viracept: quantitative analysis and extrapolation of can be accepted by regulators**
- **In vitro -**
  - **Bacterial mutagenicity data can be useful (MOA determination, potency ranking within structural classes).**
  - **Data from mammalian assays can be used to support the data package (incl. in vivo data) for quantitative extrapolation**
  - **Quantitative extrapolation from Ames data, especially for compounds requiring metabolic activation, is in most cases extremely complex**

**Can we use genotoxicity  
data to refine cancer risk  
assessment?**

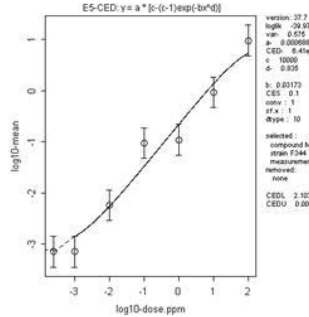


26 compounds; Hernandez *et al.* (2013)

# MelQx: Results of analysis

## DNA adduct

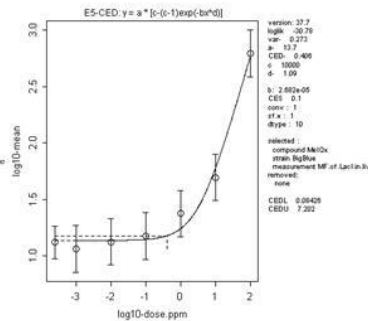
MelQx-DNA  
adduct liver



Fukushima *et al.* (2002)

## Mutation

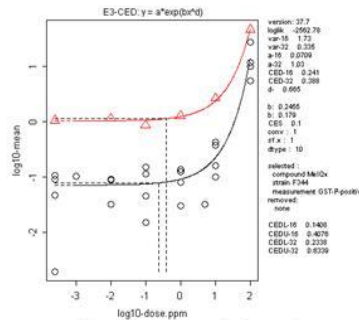
Mutant frequency



Hoshi *et al.* (2004)

## Preneoplastic lesion

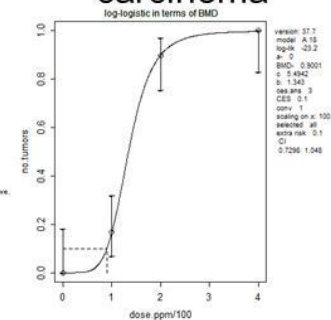
GST-P +ve  
Foci in liver



Fukushima *et al.* (2002)

## Tumor

Liver Hepatocellular  
adenoma and  
carcinoma



Kushida *et al.* (1994)

(ppm) 4 weeks  
BMD<sub>10</sub> 6.41e-05  
BMDL<sub>10</sub> 2e-05  
BMDU<sub>10</sub> 0.00018

16 weeks  
0.41  
0.08  
7.20

16 weeks 32 weeks  
0.24 0.39  
0.14 0.23  
0.41 0.63

56 weeks corrected for less  
than lifetime exposure  
14.04  
11.4  
16.34

DNA adducts  
4 weeks

Mutation  
16 weeks

Pre-neoplastic lesion  
16-32 weeks

Cancer  
56 weeks

## BMDL<sub>10</sub> ranking:

DNA adduct<sub>4weeks</sub> << Mutation<sub>16weeks</sub> < Foci<sub>16weeks</sub> < Foci<sub>32weeks</sub> < Cancer<sub>56weeks</sub>



# Conclusions from Mutation-Cancer Correlations

- Need to calculate PoDs for induction of different types of cancerous lesions in different organ tissues.
- MeIQx: suggests that protection against key genetic events in cancer induction may protect against cancer induction
- Only a few compounds with genotoxicity data matched with carcinogenicity (tissue, species, etc).
- Analyses to date indicated that these all may be achievable but more (good!!) data required.