Integrated Risk Information System (IRIS) Program Public Science Meeting Topic #: Consideration of potential toxicity and toxicokinetic differences across vanadium compounds. By Debbie C. Crans; Colorado State University

For developing *the* **Populations, Exposures, Comparators and Outcomes (PECO) criteria for Vanadium** with the ultimate goal of **setting guidelines for safe limits in drinking water** 23 Vanadium 50.9415

Disclaimer

- I do not have any financial relationships with persons or organizations having an interest in a toxicological review of vanadium compounds.
- No interested party had reviewed the input I am providing at the meeting today.

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Vanadium levels in Blood and Plasma

Vanadium salt interact with components in blood; proteins and metabolites

Studies report recycling between oxidation states IV and V

Human study showing blood levels not consistent with observed response

Uptake depend on cell type/animal and vanadium compound

- Cellular uptake difference between vanadyl(V) and vanadium(V(V))
- Model studies show different interactions and ability to penetrate interfaces / membranes
- Answer: NaVO₃ interact differently with the interface than VOSO₄
- Animal cells show difference in toxic responses between $NaVO_3$ and $VOSO_4$ Answer: Generally $NaVO_3$ slightly more toxic than $VOSO_4$
- Human cells show difference in toxic responses between NaVO₃ and VOSO₄ Answer: NaVO₃ slightly more toxic than VOSO₄

Are differential effects of vanadium species observed in animal/human studies? Answer: Sometimes yes / no – in animals and in humans – why?

- Vanadium(IV) salts given ad libertum can oxidize in the presence of oxygen
- The observations can be due to different species or overall concentrations

Topic: Consideration of potential toxicity and toxicokinetic differences across vanadium compounds.

Studies report recycling between oxidation states IV and V
Both in vitro and in vivo studies demonstrate that interconversions do occur

Vanadium in blood / serum can be bound to blood / serum components

- Key blood/serum metabolites are glutathione and ascorbate
- Key blood/serum proteins are transferrin and serum albumin
- Extensive chemical work has been reported with these systems

Human study with Type 2 diabetic patients showing blood levels not consistent with observed response

Vanadium and gluthathione

Vanadium(V) and vanadium(IV) form both complexes with gluthathione (GSH)
Vanadium(IV) form complexes with gluthathione (GSSG)
Vanadium(V) can be reduced by GSH; metabolizing and can form both the

V(IV)-GSH and V(IV)-GSSG complexes



• Conclusion: Vanadium in blood or plasma is likely to be in part in the form of a V(IV)-GSH and possible also a V(IV) complex



The V(IV)O²⁺-GSH system with V(IV) 10 mM and 250 mM GSH

The V(IV)²⁺-GSSG system V(IV) 7 mM and 70 mM GSSG

Pessoa et al. J. Inor. Biochem. 2001, 84, 259-270

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Pessoa et al. J. Biol. Chem. 2002, 7, 225-240

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Vanadium and Ascorbate





- Vanadium for complexes with ascorbate
- Vanadium(V) is reduced by ascorbate
- The reaction contribute to convert any potential vanadium(V) compounds to vanadium(IV)

$$H_{2}AA + VO_{2}^{+}(aq) \xrightarrow{K_{f}} \text{ intermediate } VO^{2+} + HAA^{+} + H^{+}$$

$$k_{et2} \downarrow + H_{2}AA$$

$$H_{2}AA + HAA^{+} + VO^{2+} + H^{+}$$

Scheme 1. Detailed mechanism for the ascorbic acid reduction by VO₂⁺ presented previously [14].

Reaction supportive of the possibility that vanadium(V) complexes converts to vanadium(IV) in blood or plasma

"Impairment of ascorbates' anti-oxidant properties in confined media: Inter and intramolecular reactions with air and with vanadate at acidic pH," Debbie C. Crans, Bharat Baruah, Ernestas Gaidamauskas, <u>Brant G. Lemons</u> and Michael D. Johnson, *J. Inorg. Biochem*, **2008**, *102*, 1334-1347 and references therein

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Vanadium and proteins in blood (transferrin and albumin)

- Vanadium in oxidation states III, IV and V are known to bind tightly to transferrin and transferred readily in blood
- Vanadium also is known to bind to serum albumin (both bovine and human serum albumin)
- Such interactions can be measured using MS methods

Very active research area:

D. Sanna, L. Biro, P. Buglyo, G. Micera and E. Garribba, *Metallomics*, **2012**, 4, 33–36.

J. C. Pessoa and I. Tomaz, Curr. Med. Chem., 2010, 17, 3701–3738.

Recently reviewed in "Developing vanadium as an antidiabetic drug: A clinical and historical perspective" Debbie C. Crans, LaRee Henry, Gabriel Cardiff and Gary Posner, *Met. Ions Life Sci*, **2019**, *19*, 203-230

Recent publications that may be of relevance

"Speciation of metal drugs, supplements and toxins in media and bodily fluids controls *in vitro* activities" Aviva Levina, Debbie C. Crans, Peter A. Lay *Coor. Chem. Rev.* **2017**, *352*, 473-498.

"ESI-MS Study of the Interaction of Potential V^{IV} Drugs and Amavadin with Proteins" Valeria Ugone, Daniele Sanna, Giuseppe Sciortino, Debbie C. Crans, and Eugenio Garribba *Inorg. Chem.* **2020**, 59, 9739-9755. Levina and Lay *Inorg. Chem.* **2020**, ASAP

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Examination of administration of VOSO₄ to humans

Type 2 diabetic patients were given 25, 50 or 100 mg VOSO₄ 3 times daily. Vanadium levels was measured using Graphite Furnace Atomic Absorption Spectroscopy

Figure Caption: Serum vanadium accumulation for all patients dosed at 25, 50, and 100 mg V as vanadyl sulfate. A one-compartment open model using the equation Ct = baseline concentration + $C_o e^{-kt}$. Mean serum V levels are indicated by (•) for the 25 mg V dose, (solid triangle) for the 50 mg V dose, and (solid square) for the 100 mg V dose.

Observation: Non-linear response between serum level and amount administered

Conclusion: The total vanadium pool is not the active pool of vanadium

"Coordination chemistry may explain pharmacokinetics and clinical response of vanadyl sulfate in type 2 diabetic patients," Gail R. Willsky, Katherine Halvorson, Michael E. Godzala III, Lai-Har Chi, Mathew Most, Peter Kaszynski, Debbie C. Crans, Allison B. Goldfine and Paul J. Kostnyniak, *Metallomics*, **2013**, *5*, (11) 1491-1502.



Topic: Consideration of potential toxicity and toxicokinetic differences across vanadium compounds.

Take home messages:

Vanadium levels in Blood and Plasma

- Uptake depend on speciation and should be measured
- Interaction with the membrane exist and several uptake mechanisms documented

Are differential effects of vanadium species observed?
Yes studies have been reported with both diabetic animals and human beings
Some of these effects are due to different vanadium compounds but in the case of salts may also be due to overall concentrations

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Take home messages:

Presence in blood / serum depend on blood / serum components

- Blood Components: gluthathione, ascorbate, transferrin and serum albumin all bind vanadium and can be measured
- Presence in blood may change as a function of time; more data is needed on changes as a function of time
- Method has now been reported to measure the protein-vanadium complexes

Study with human Type 2 diabetic patients showing vanadium blood and serum levels did not correlate with the observed antidiabetic effects