Science Question 4: Mechanistic Studies Database—MOA in the Lung

Key Points

- Considerations regarding the lung cancer MOA based on recent review (Proctor et al. 2014 *Toxicology* 325:160-179)
- Integrated analysis of toxicokinetic, epidemiology, mechanistic and animal data
- Findings support a non-mutagenic MOA

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Literature Review and Analysis

Kinetics Are Important

• Provide biological basis for non-linearity in exposure-response (Haney et al. 2012)

• Focus on in vivo mechanistic data

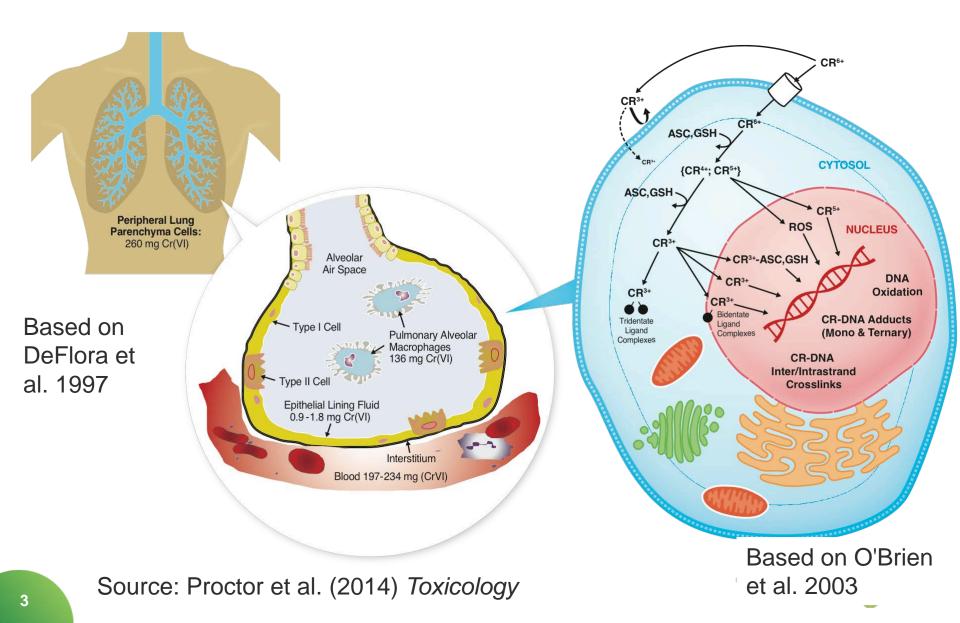
• Most in vivo mutagenicity data are negative

Epidemiology

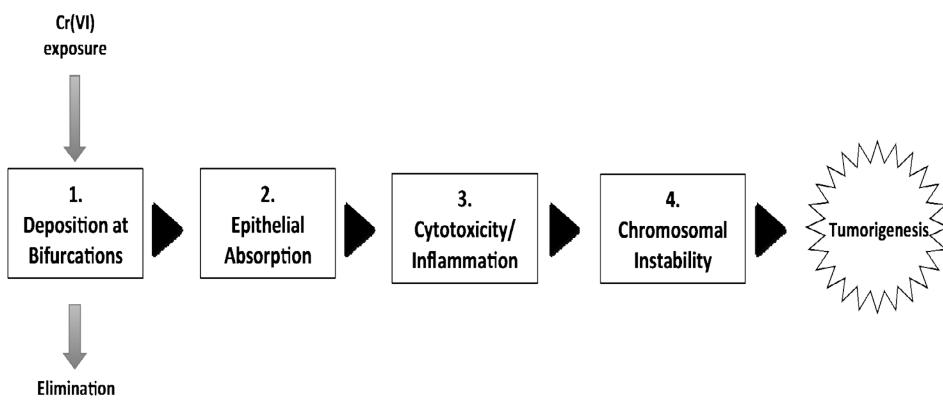
- Strongest Cr(VI)-lung cancer associations for industries with respiratory irritation
- Dose-rate effect (Gibb et al. 2011)
- Some industries have no increased risk [welding (Gerin et al. 1993), aerospace (Boice et al. 1999)] but significant exposure
- Animal data (repeat dosing)
 - Role for inflammation (Beaver et al. 2009; Nickens et al. 2010)
 - Dose-rate effect (Steinhoff et al. 1986)
 - Weak carcinogen (Glaser et al. 1986)
 - Recovery from early tissue damage (hyperplasia and fibrosis) (Glaser et al. 1990)



Reductive Capacity of Cr(VI) in the Lung and Published Mechanisms of DNA Damage



Proposed Lung Cancer MOA



Source: Proctor et al. 2014 Toxicology



Comparative WOE for Non-mutagenic and Mutagenic MOA in the lung using WHO/IPCS framework

Modified Bradford Hill	Supporting Non-Mutagenic	Sup	porting Mutagenic MOA	
Dose- response and	Extracellular reduction provides biological basis for non-linearity	Intratracheal instillation increased MF in Big Blue		
temporal concordance	Lung tumors preceded by		mice (Cheng et al., 2000)	
Concordance	irritation and inflammation in both dose and time, and early hyperplasia is reversible (Glaser et al. 1986, 1990; Steinhoff et al.)	dosi	A damage after 3 days ing at 0.25 mg/day (Izzotti I. 1998)	
	Early tissue injury and inflammation in the lung in animals (Beaver et al.2009a,b) and humans (Gibb et al. 2000)	mice dosi	DNA breaks in leukocytes of mice, within 24 hrs of gavage dosing (0.18 to 24 mg/kg Cr(VI) (Danadevi et al., 2001)	
	In workers, lung cancer occurs after long latency period, clear			
	evidence for cancer limited to the lung		Approach adapted from Meek et al. 2013)	

Comparative WOE for Non-mutagenic and Mutagenic MOA in the lung using WHO/IPCS framework

Modified Bradford Hill	Supporting Non-Mutagenic	Supporting Mutagenic MOA
Consistency, specificity	Two chronic bioassays found similar non-neoplastic and neoplastic lesions in rodent lungs (Steinhoff et al., 1986; Glaser et al., 1986)	Cr(VI) is mutagenic and genotoxic in numerous <i>in</i> <i>vitro</i> assays, in some animal studies but by unnatural routes and at
	Mechanistic data supports oxidative lesions, inflammation, and	toxic doses
	proliferation	DNA damage reported in peripheral blood
	Clinical evidence of respiratory irritation and tissue damage in	lymphocytes and buccal cells among workers in
	occupational cohorts with lung	two studies (Danadevi
	cancer	2004; Benova 2002); however negative data
	Dose-rate effect in animals and humans (Steinhoff et al 1986; Gibb	are published (Gao 1994, Sarto1990) and these are
	et al. 2011)	not target tissues for cancer

Comparative WOE for Non-mutagenic and Mutagenic MOA in the lung using WHO/IPCS framework

Modified Bradford Hill	Supporting Non-Mutagenic	Supporting Mutagenic MOA
Biologic Plausibility	Many chromium researchers believe that Cr(VI) mutagenic potency is weak (ERD, 2011; Holmes et al. 2008). Epigenetic mechanisms identified in tumors of Cr(VI)-exposed workers (Takahashi et al. 2005); microsatellite instability (Hirose et al. 2002); low P53 mutation frequency (Kondo et al. 1997). Non-mutagenic MOA for other Cr(VI)- induced tumors (intestine and oral)	Cr(VI) is mutagenic and genotoxic in numerous <i>in vitro</i> assays, in some animal, and in humans studies

