

# Comparing the Role of Time in *In Vitro* and *In Vivo* Toxicity Tests

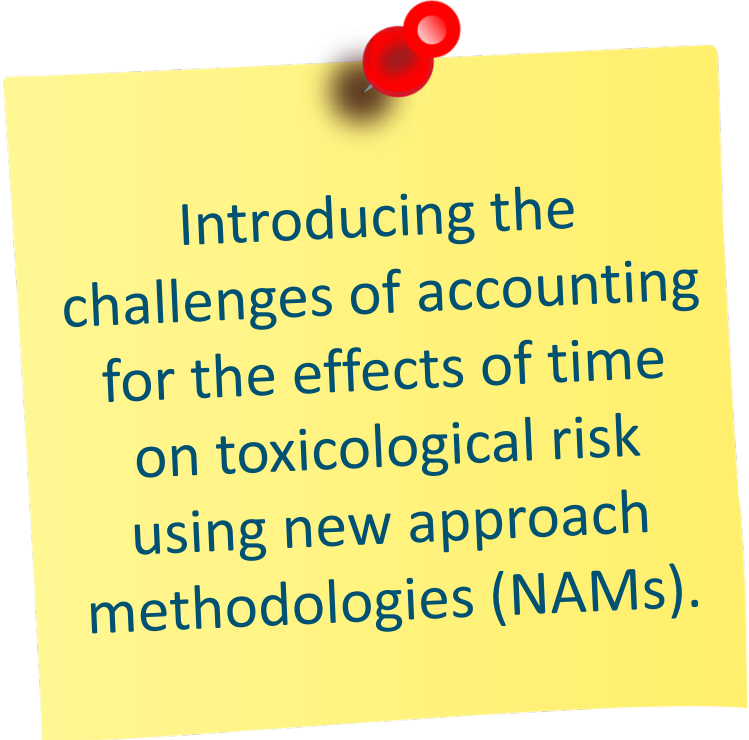
Dr. Nynke Kramer | [nynke.kramer@wur.nl](mailto:nynke.kramer@wur.nl) | 07 November 2023

ECETOC Workshop 'Chronos and Kairos: Understanding Time in NGRA', Brussels



# Presentation Aim

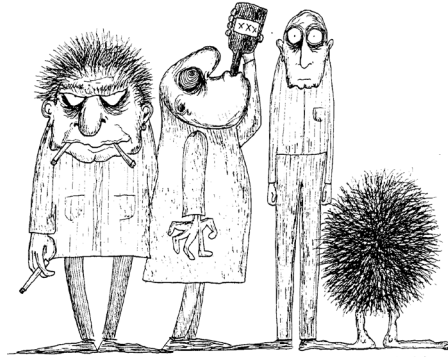
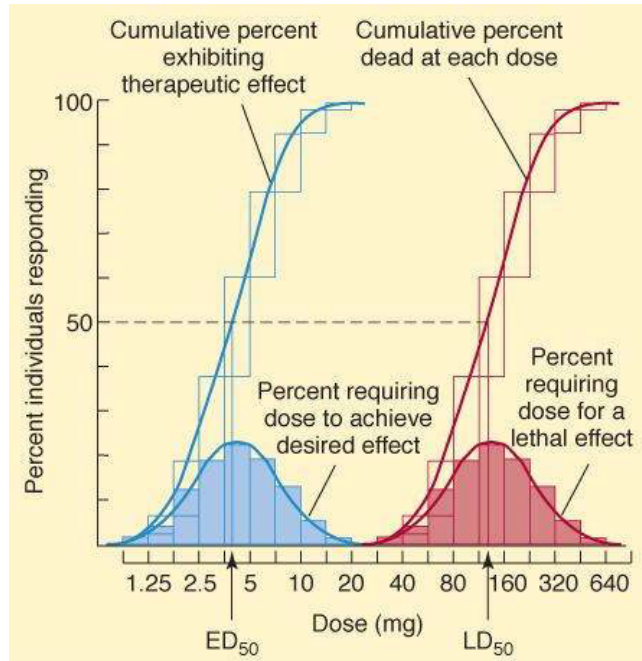
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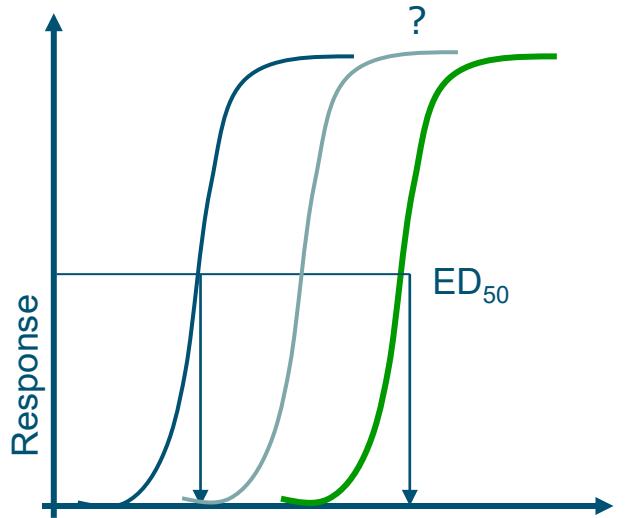
Introducing the  
challenges of accounting  
for the effects of time  
on toxicological risk  
using new approach  
methodologies (NAMs).

# The Central Tenant in Toxicology

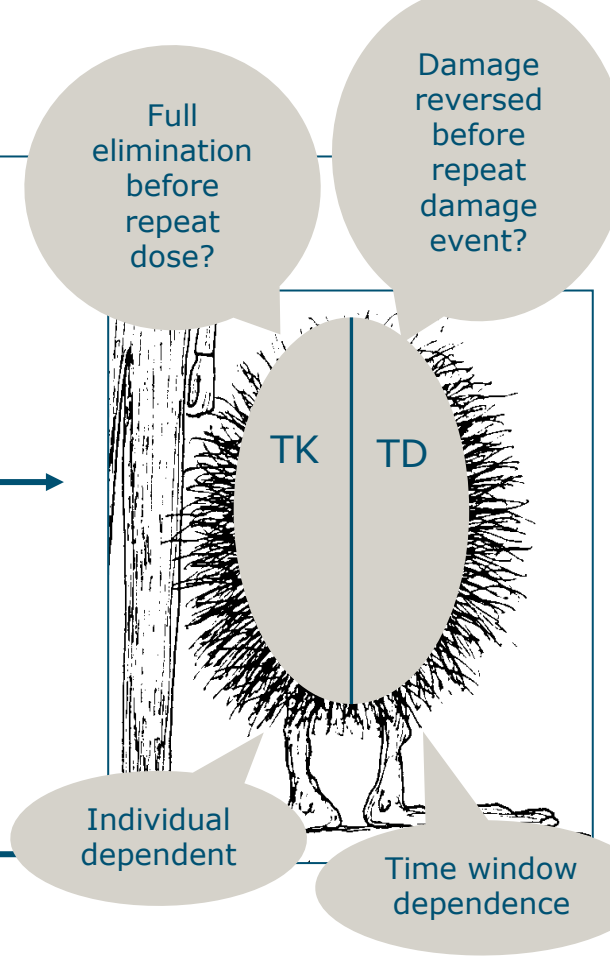
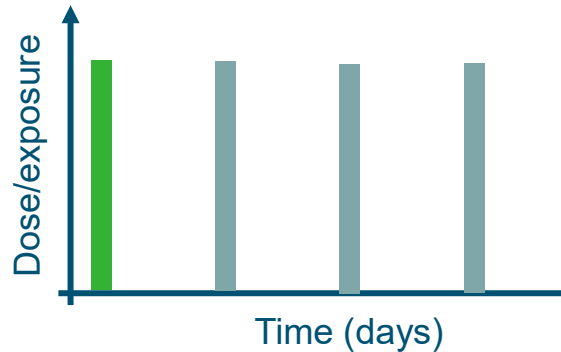
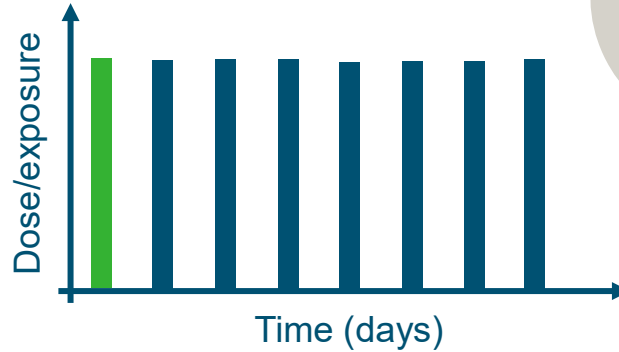
- The dose makes the poison



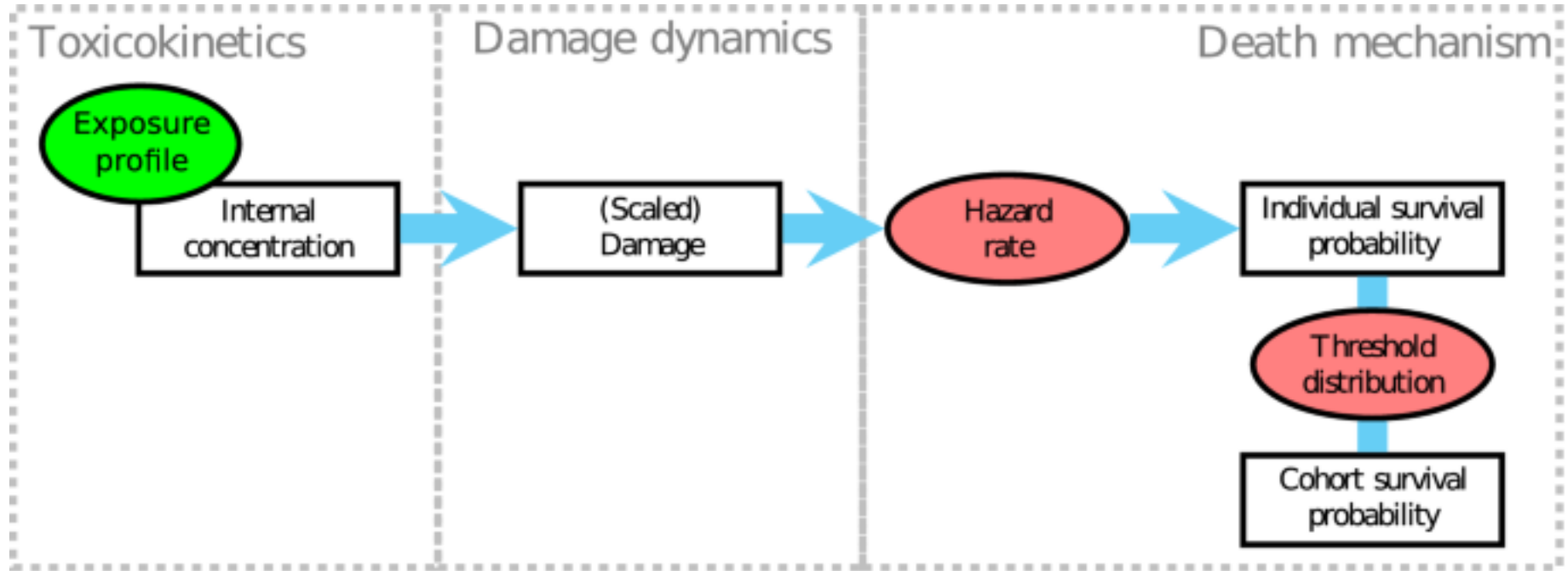
# But What is the Dose?



Dose (mg/kg bw after single dose)  
Dose (mg/kg bw/day over a lifetime)



# But What is the Dose?



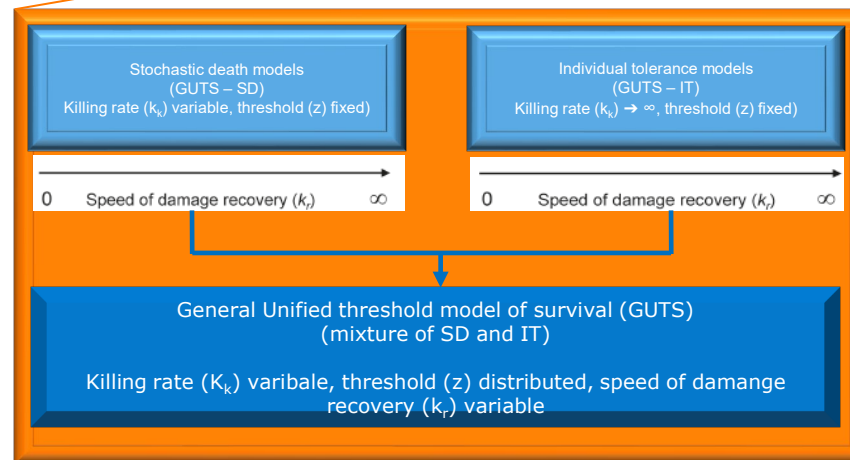
# General Unified threshold model of survival (GUTS)

- Absorption
- Distribution
- Biotransformation
- Elimination
- Damage accrual (toxic mechanism)
- Damage recovery (biochemical and physiological compensation process)

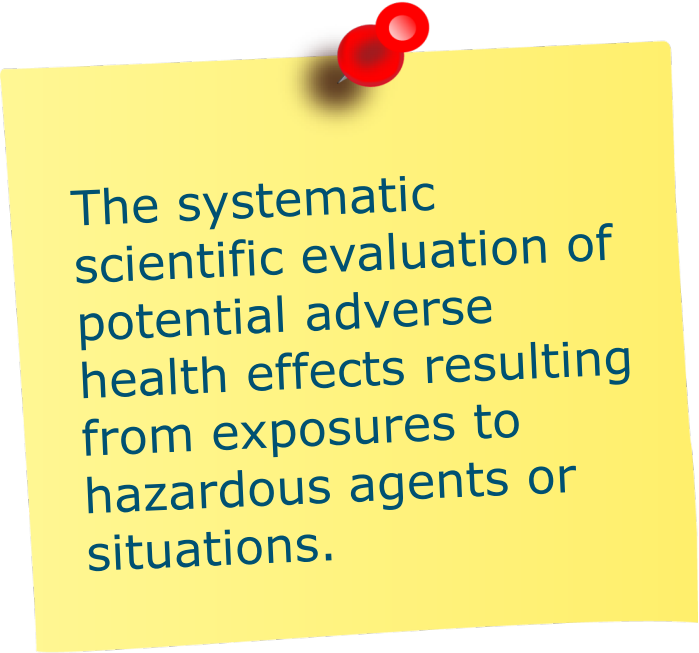
$$\frac{dC_i(t)}{dt} = k_i C_w(t) - k_e C_i(t)$$



$$\frac{dD^*(t)}{dt} = k_r(C_i(t) - D^*(t))$$



# Chemical Risk Assessment



The systematic scientific evaluation of potential adverse health effects resulting from exposures to hazardous agents or situations.

## 4 steps

- Exposure assessment
- Hazard identification
- Hazard characterisation (dose-response)
- Risk characterisation

# Exposure Assessment

The process of estimating or measuring the magnitude, frequency and duration of exposure to an agent, along with the number and characteristics of the population exposed. Describes the sources, transport, routes, and the uncertainties in the assessment.

$$\text{Exposure} = \int \text{concentration} \times \text{exposure factors} dt$$

Which population is exposed?

What is the media concentration

What are the sources?

How is agent transported through the environment?

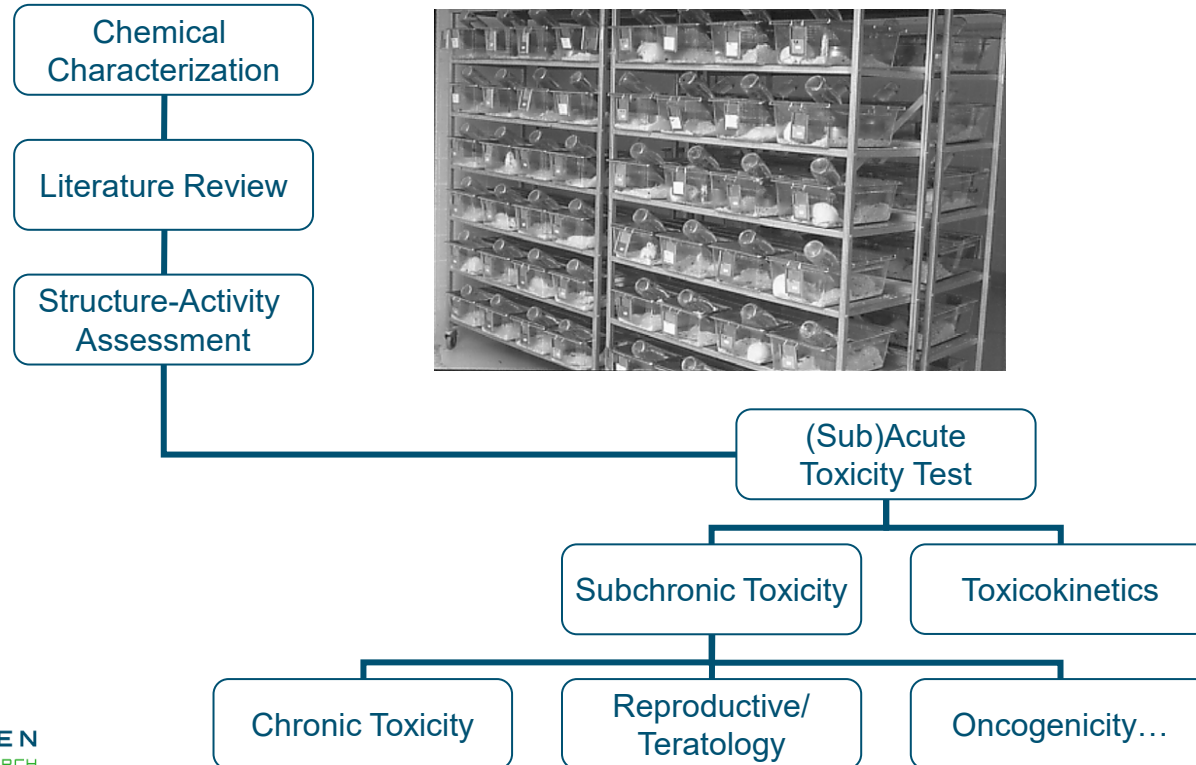
What is the exposure scenario?

$$\text{LADD} = \frac{\text{Concentration of the toxicant in the exposure media} \times \text{Contact rate} \times \text{Contact fraction} \times \text{Exposure duration}}{(\text{body weight}) (\text{lifetime})}$$

Lifetime average daily dose



# Hazard Characterisation



# A Change in Paradigm

## Toxicity Testing in the 21<sup>st</sup> Century: A Vision and Strategy

Committee on Toxicity Testing and Assessment of  
Environmental Agents

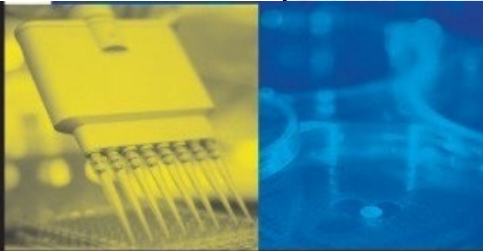
Board on Environmental Studies and Toxicology

Institute for Laboratory Animal Research

Division on Earth and Life Studies

National Research Council

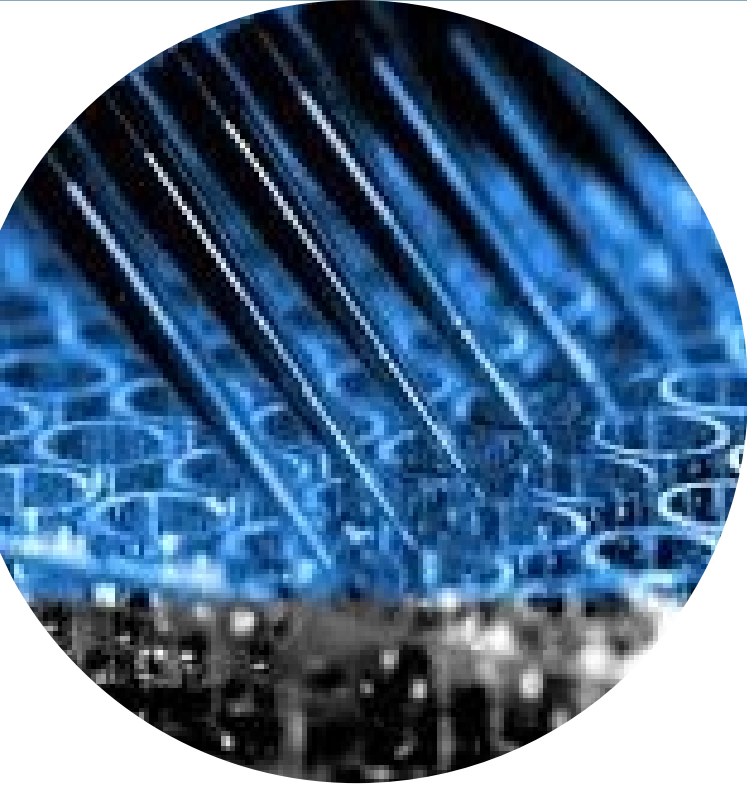
**THE NATIONAL ACADEMIES**  
*Advisers to the Nation on Science, Engineering, and Medicine*



**TOXICITY TESTING IN THE 21<sup>ST</sup>  
CENTURY: A VISION AND STRATEGY**



# *In Vitro* Toxicity Assays



High throughput



Little waste



Human tissue

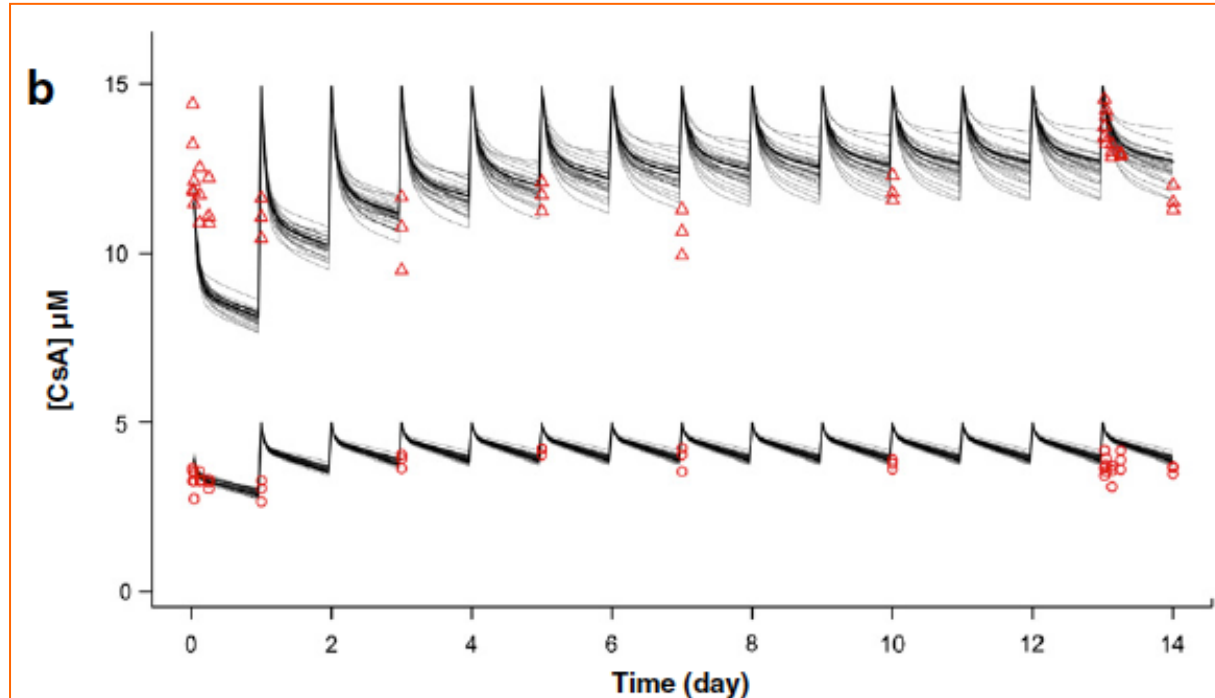


(Ethically) sound science



Mechanistic approach

# Repeat Dose *In Vitro* Representative for *In Vivo*?



# Going Back in Time

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# Maybe Not that Far Back?



# Time Matters Workshop, Utrecht, 2015



Universiteit Utrecht

Institute for Risk Assessment Sciences



## **Workshop Time Matters: How to interpret in vitro data in the context of (sub)chronic toxicity**



**Bas J. Blaauboer**  
Emeritus Doerenkamp-Zbinden Chair  
Institute for Risk Assessment Sciences (IRAS)  
Utrecht University, the Netherlands

- Since then, NAMs in risk assessment have really taken off...
- Understanding how to incorporate the effects of time on toxicological risk is critical

# ECETOC Workshop Aim

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- Explore the need and approaches to study the influence of time in toxicity in NAM-based (human) risk assessment.
- Discuss how to integrate the influence of exposure time window, duration, frequency and damage accrual rate in developing and interpreting NAM data for risk assessment, incl.
  - *in vitro* assays and molecular biomarkers of toxicity
  - quantitative adverse outcome pathways (qAOP)
  - quantitative *in vitro* to *in vivo* extrapolation (QIVIVE).



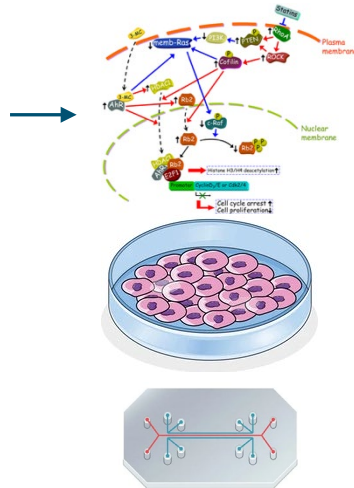
# How do we relate an early molecular effect *in vitro* to a latent toxic effect *in vivo*?

External dose

Interaction with target

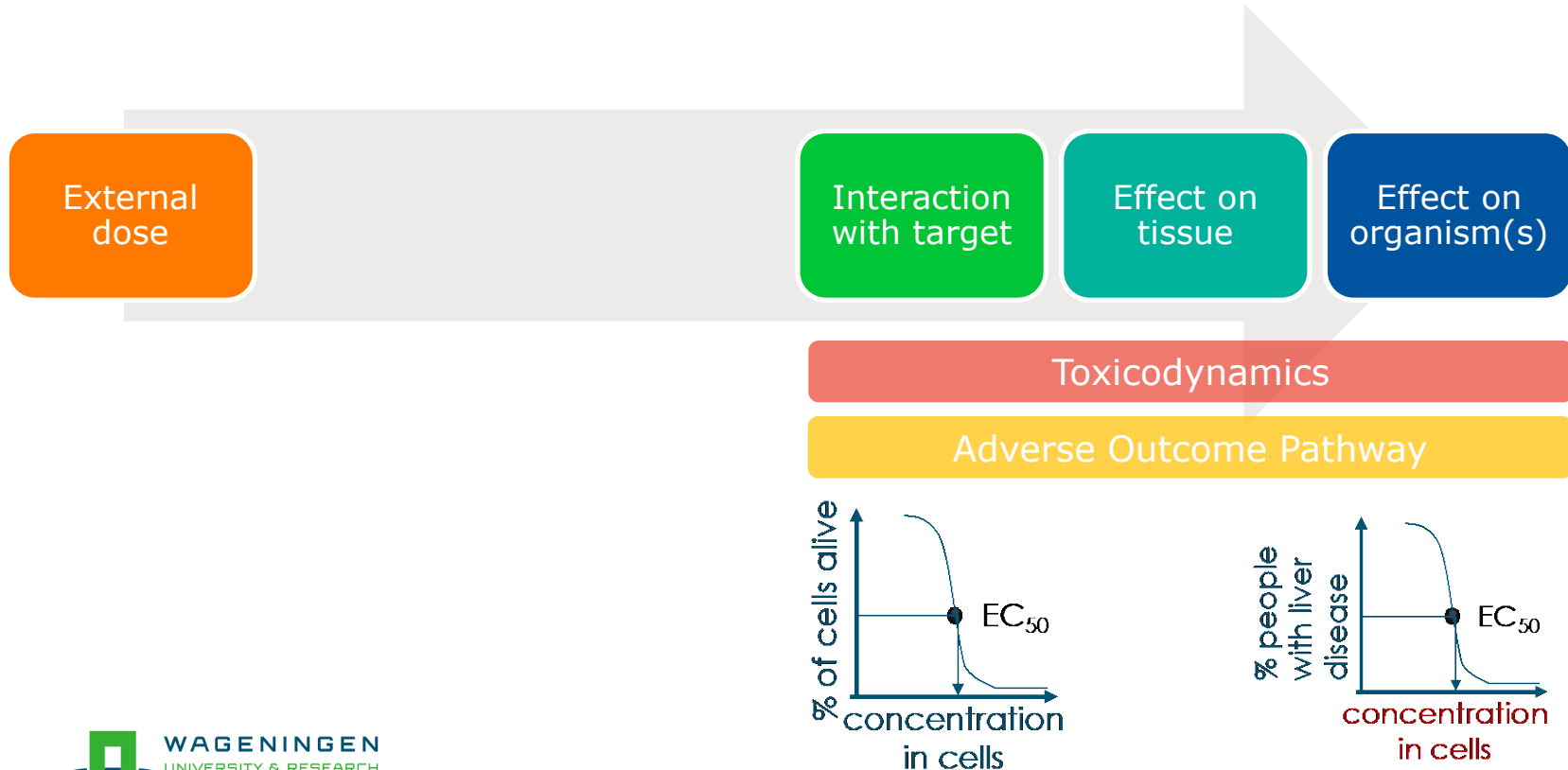
Effect on organism(s)

*in vitro*  
e.g. fold gene  
expression  
change



*in vivo*  
e.g. neuro-  
degeneration

# Toxic Concentration in Cells $\neq$ Toxic Applied Dose



# Adverse Outcome Pathways (AOP) Help

External dose

Interaction with target

Effect on tissue

Effect on organism(s)

An **adverse outcome pathway (AOP)** is structured representation of biological events leading to adverse effects and is considered relevant to risk assessment.

Toxicodynamics

Adverse Outcome Pathway

Interaction with target molecule

Cellular dysfunction/injury

Insufficient repair/adaptation

Organ toxicity

Adverse effect on organism

MIE

KE

KE

KE

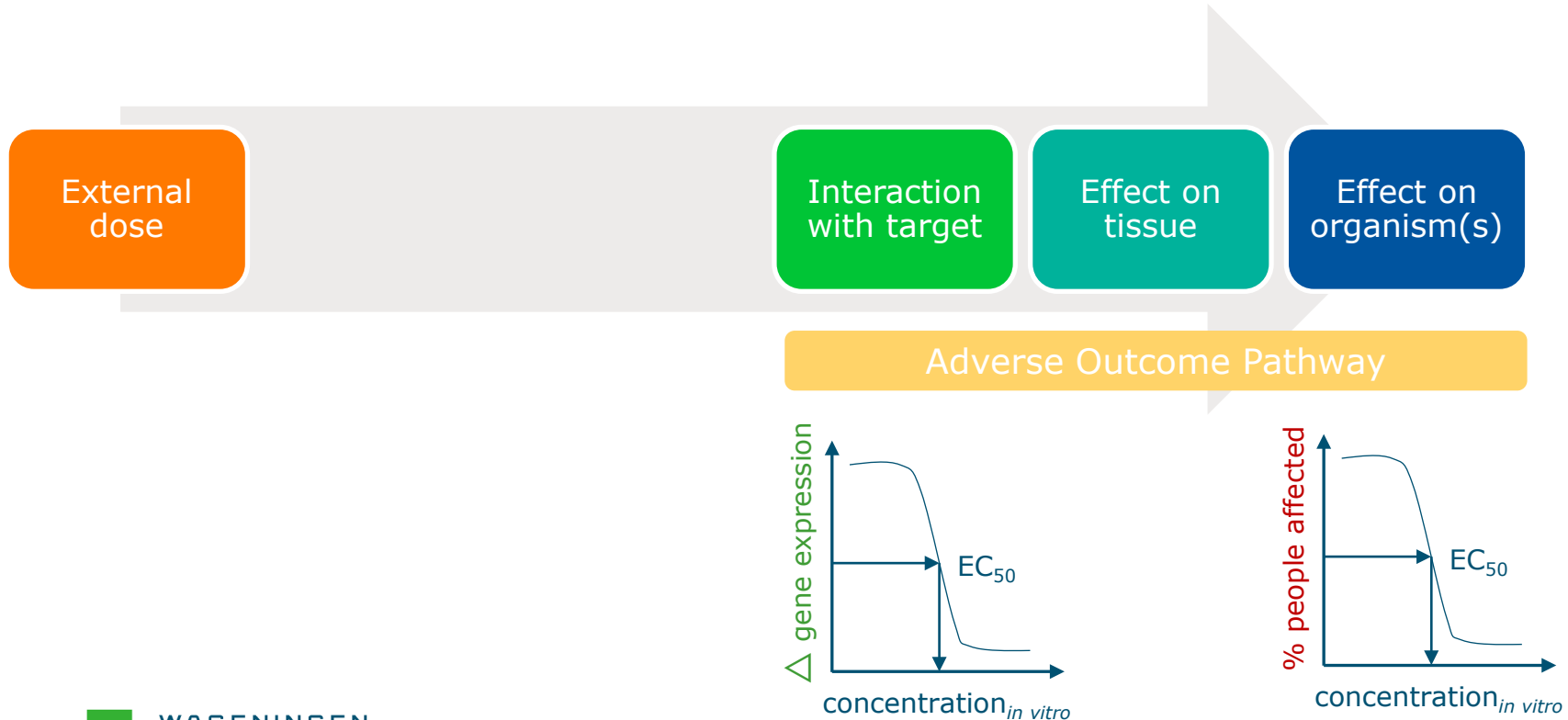
AO

Receptor interaction → altered signalling → altered physiology → impaired development

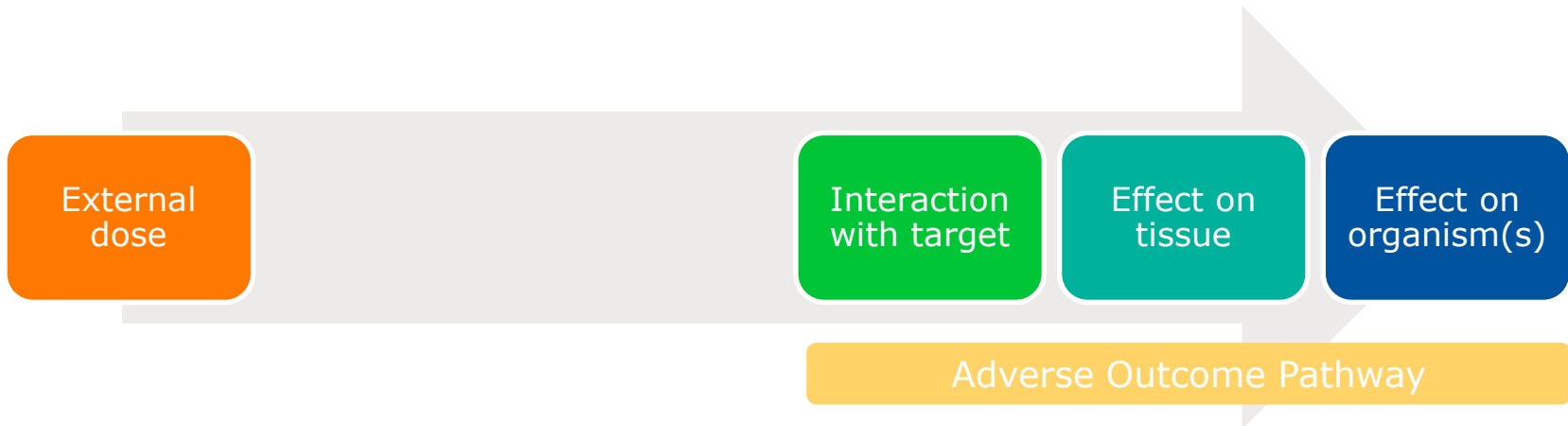
*in vitro* assays

clinical data

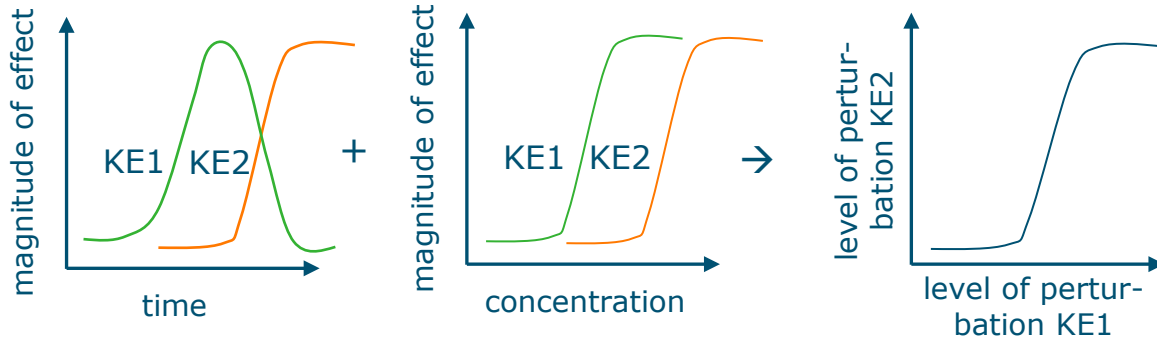
# Quantitative Adverse Outcome Pathways (qAOP)



# Response-Response Modelling

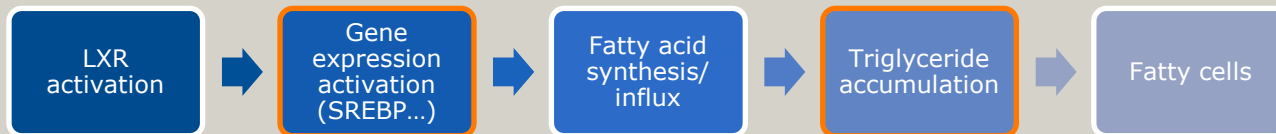
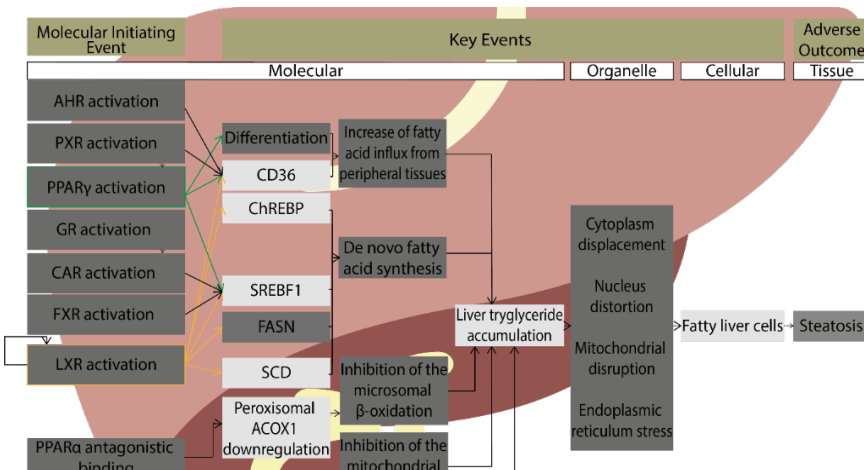
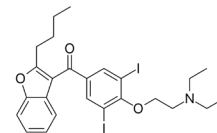


Causality +

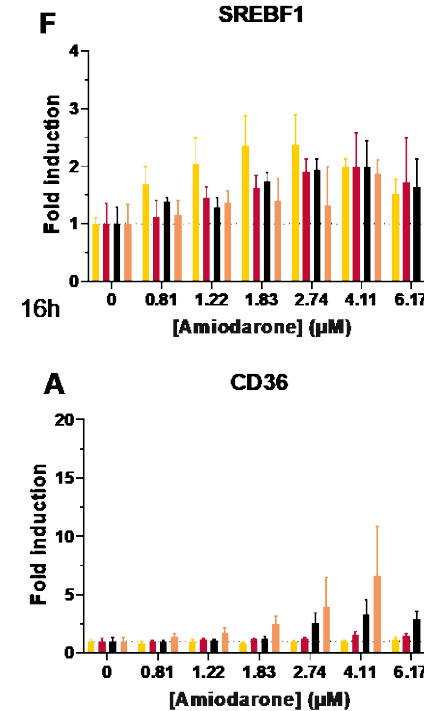
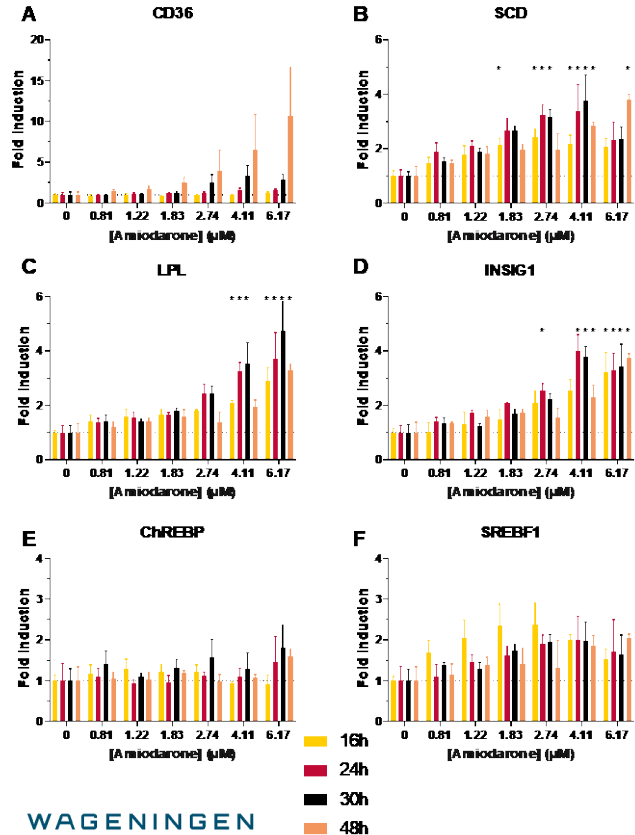


# Liver steatosis by amiodarone

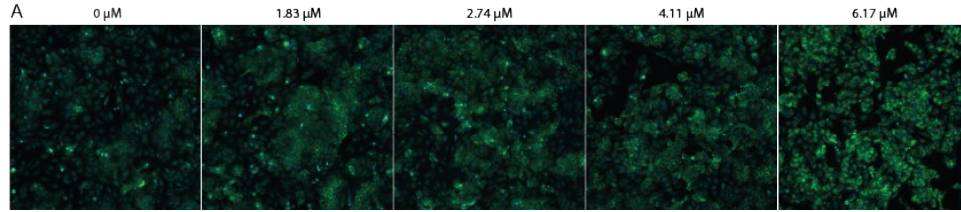
- Lipophilic antiarrhythmic drug with numerous unwanted side effects, including hepatic and neurotoxicity ( $\pm 3\%$  of patients).
- Setup *in vitro* test battery with HepaRG for liver steatosis qAOP development.



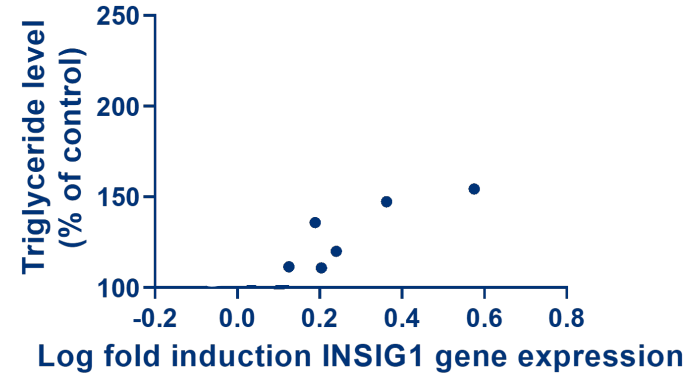
# Concentration and time-dependent $\Delta$ gene expression



# ...and tryglyceride accumulation



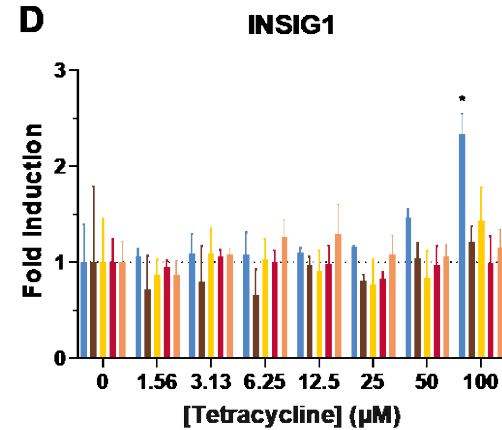
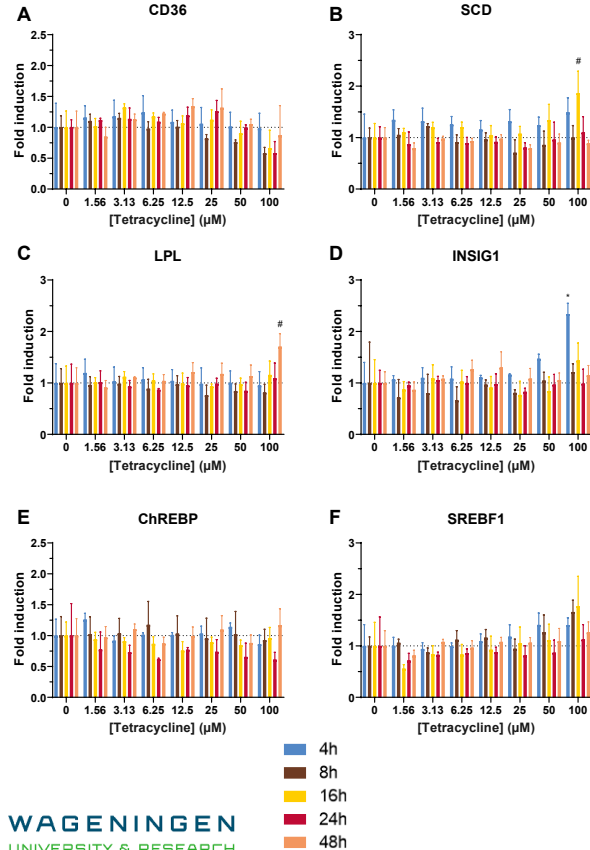
No detectable accumulation before 72h exposure



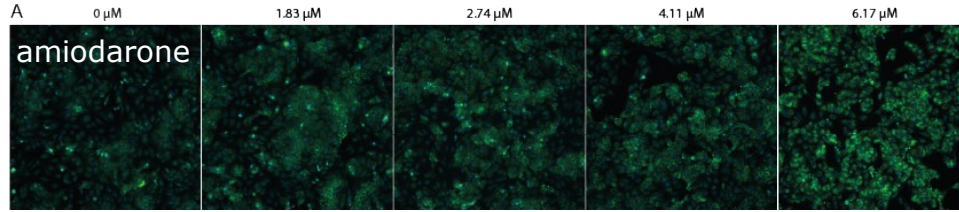
Response-response relationship  
for amiodarone using traditional  
nominal concentrations at 24h  
exposure



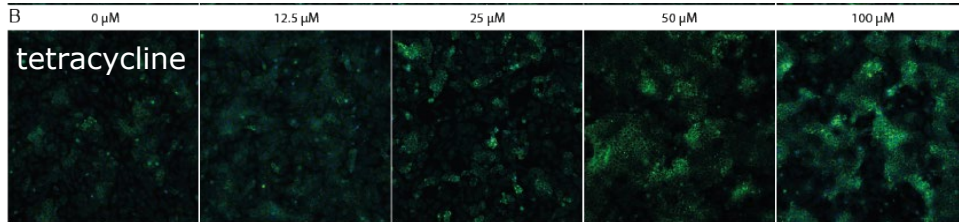
# Different concentration-time profiles for tetracycline



# Consequences for response-response modelling

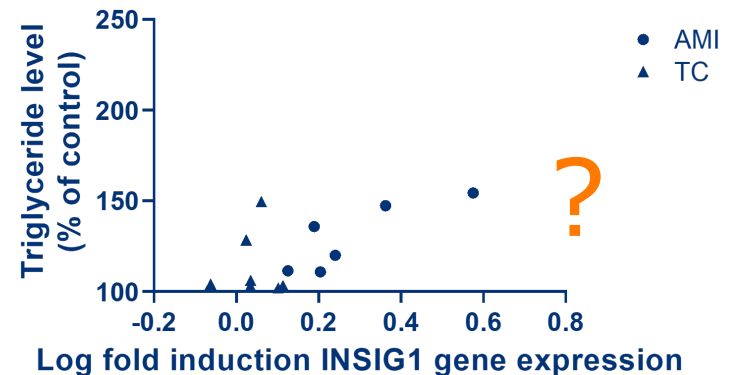
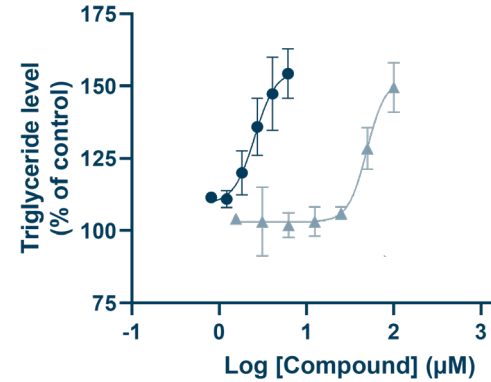


No detectable accumulation before 72h exposure

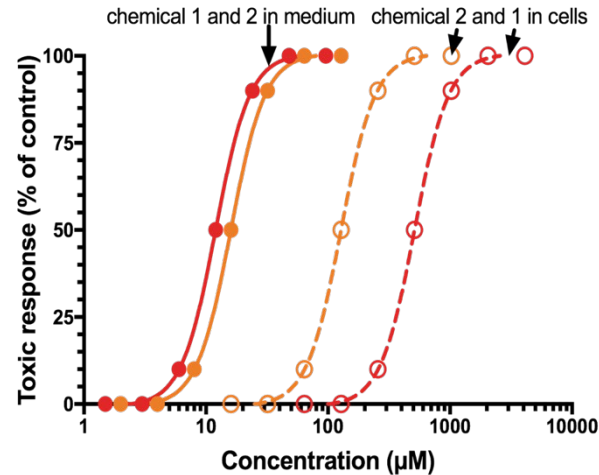
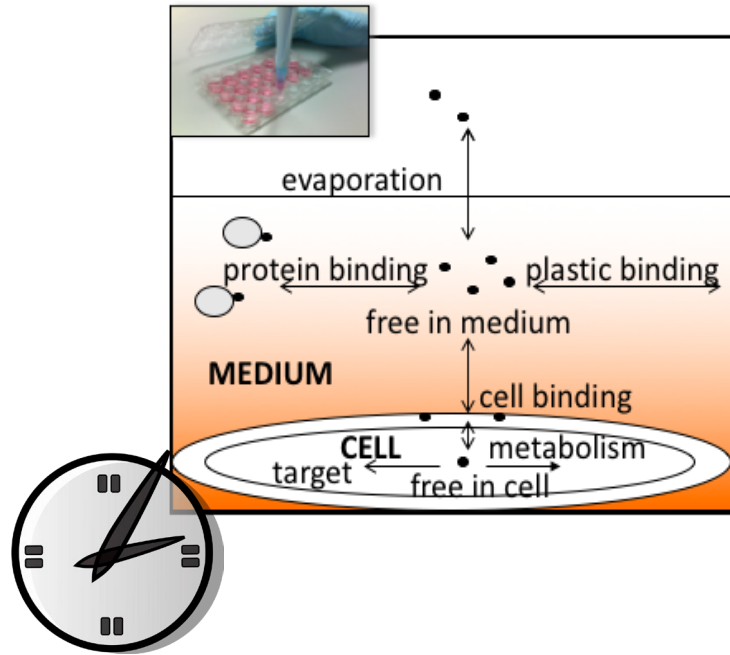


Max. accumulation at 48h exposure

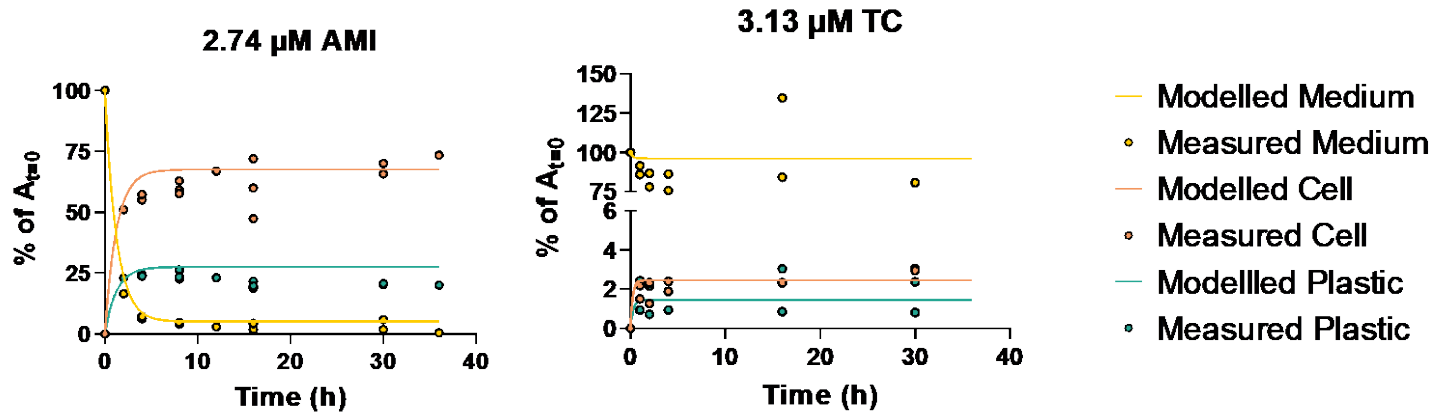
Response-response relationship  
using traditional nominal  
concentrations at 24h exposure



# Role of *in vitro* distribution kinetics in AOP development



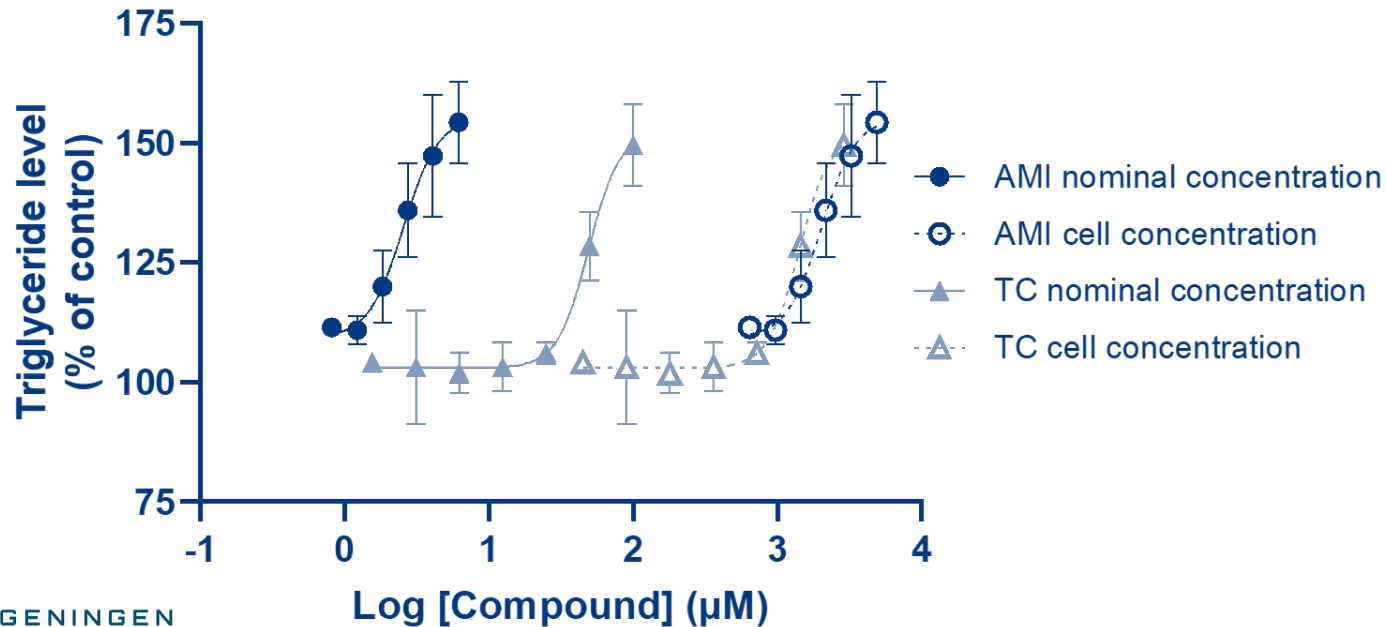
# Role of *in vitro* distribution kinetics in AOP development



- Using a compartmental model, concentrations in plastic, medium and cells were simulated.
- It takes 6h for 60% of amiodarone to accumulate in HepaRG whereas 2% of dose of tetracycline is instantaneously associated with cells.

# Role of *in vitro* distribution kinetics in AOP development

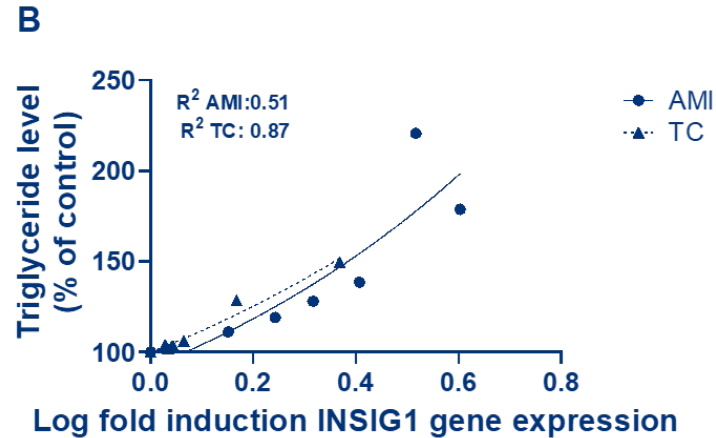
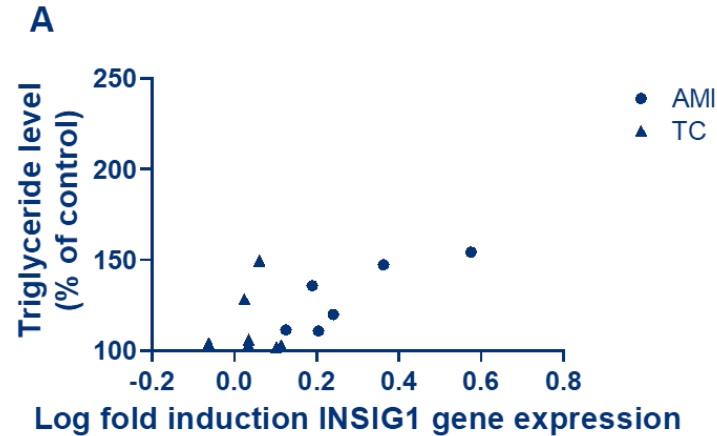
Use concentration-effect relationships based on cell-associated concentrations at exposure time point leading to lowest effect concentrations.



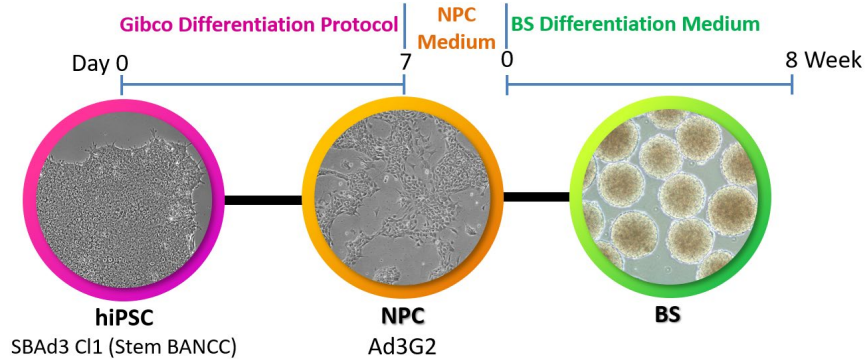
# Role of *in vitro* distribution kinetics in AOP development

Standard: readout @24h nominal exposure

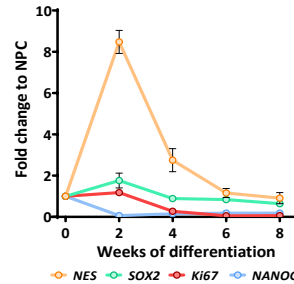
Suggested: readout @T<sub>max</sub> C<sub>cell</sub> exposure



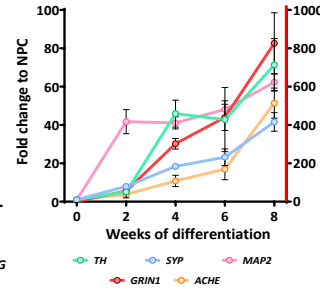
# Amiodarone Toxicity in BrainSpheres



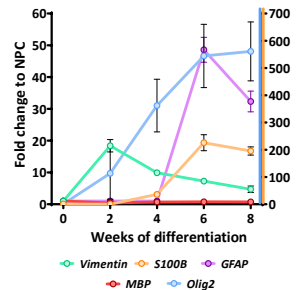
Proliferation and Stem Cell



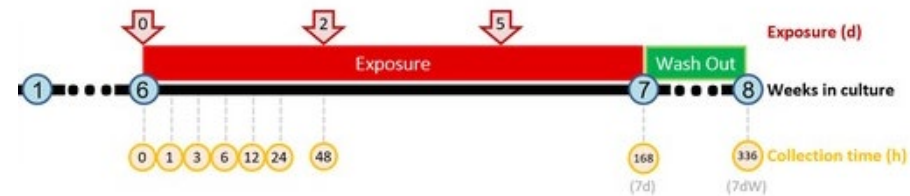
Neuronal



Astrocytes and Oligodendrocytes

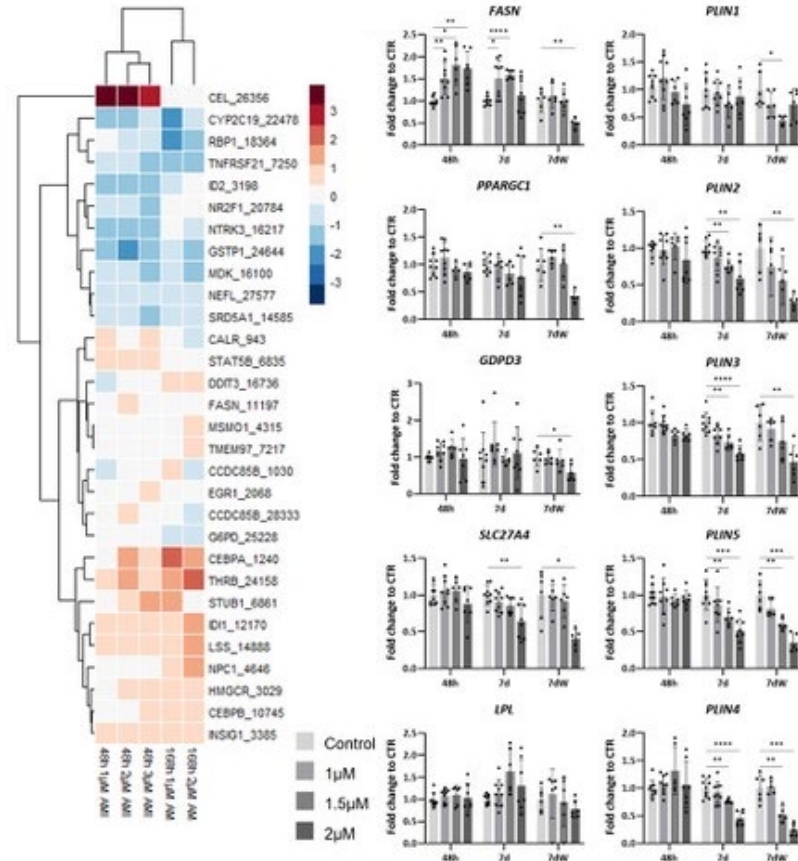


- hiPSCs-derived 3D model BrainSpheres
- Acute (48 h) vs. repeat (7 days) exposure to similar concentrations of amiodarone



# Gene Expression Changes in BrainSpheres

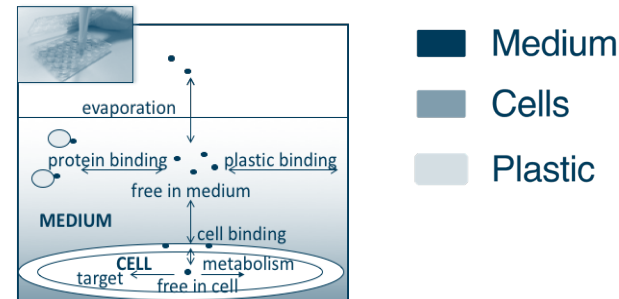
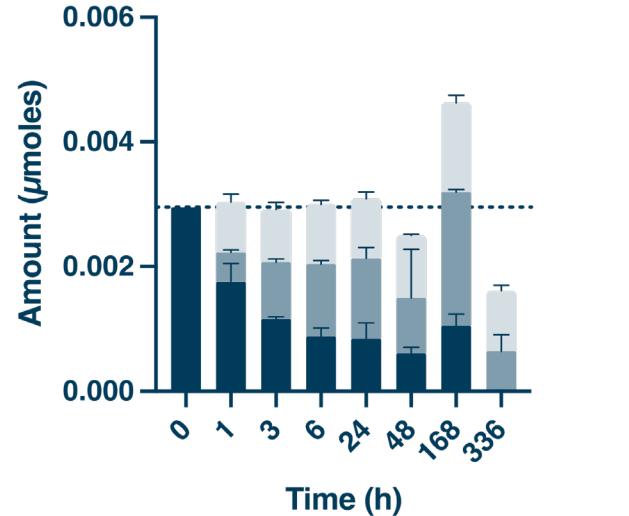
- Neurotoxicity assessed using transcriptomics and immunohistochemistry for cell type-specific markers.
- Time and concentration-dependent gene expression changes observed.
- Lipid metabolism genes induced at lowest exposure times and concentrations, followed by differentiation and neuronal function genes.



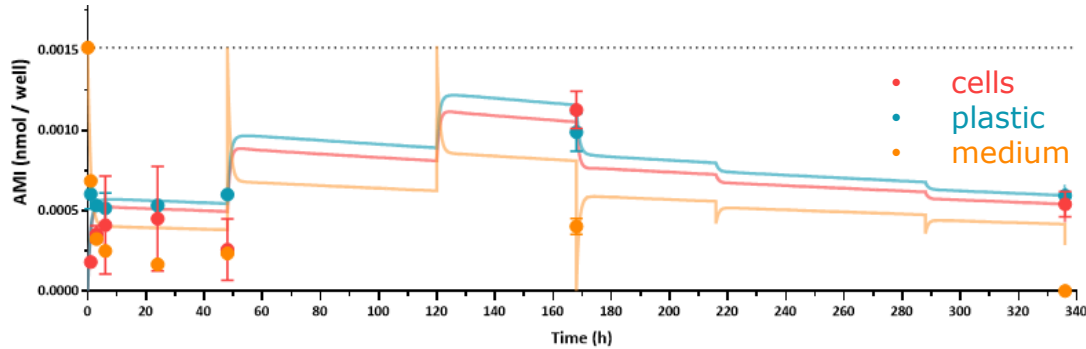


# Role of *In Vitro* Kinetics in Amiodarone Toxicity

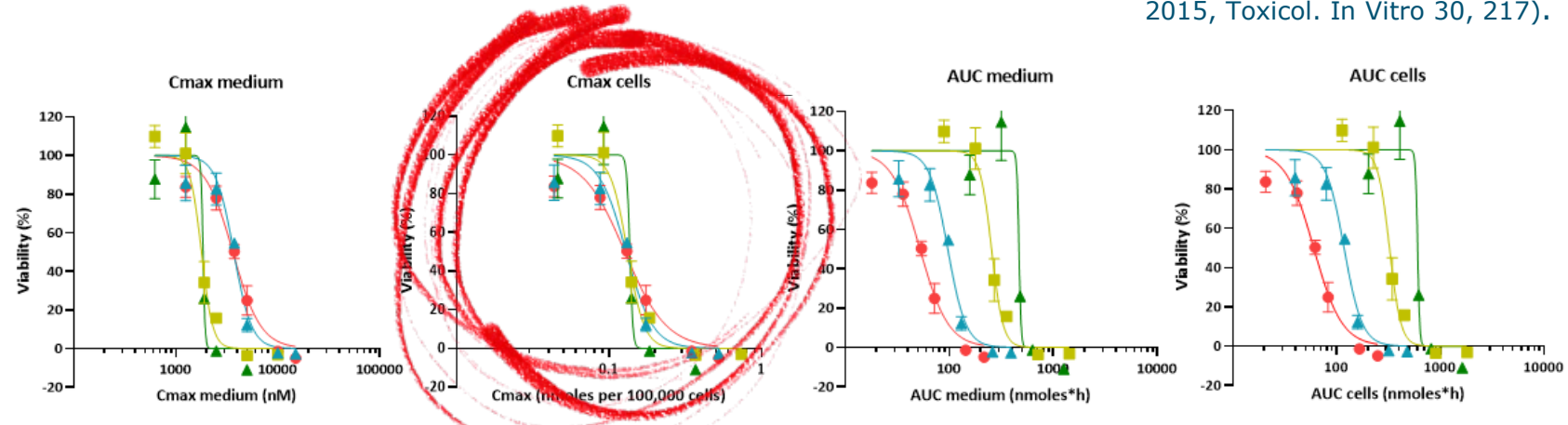
- Amiodarone accumulation in cells after repeat dosing explains increased toxicity with repeat dose.
- 30%+ amiodarone in cells after 6h exposure
- Refreshing medium does not remove chemical from cells and plastic, leading to accumulation with repeat dosing.



# Role of *In Vitro* Kinetics in Amiodarone Toxicity



- *In vitro* kinetic modelling simulates cell-associated concentrations over time in BrainSpheres to assess appropriate dose metric for POD in QIVIVE.
- Modelling indicates lower EC in BrainSpheres than HepaRG and rat brain aggregates (Kramer et al., 2015, Toxicol. In Vitro 30, 217).



# From Internal to External Dose

## Toxicokinetics

External dose

Internal dose

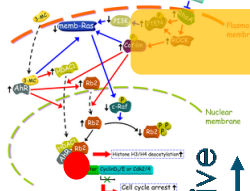
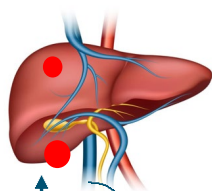
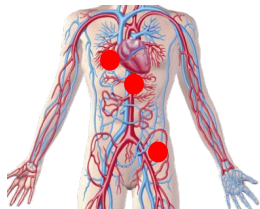
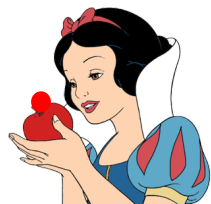
Target dose

Interaction with target

Effect on tissue

Effect on organism(s)

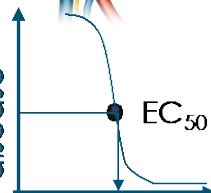
oral dose  $\rightarrow$   $C_{\text{plasma}}$   $\rightarrow$   $C_{\text{tissue}}$   $\rightarrow$  BED



## Toxicodynamics

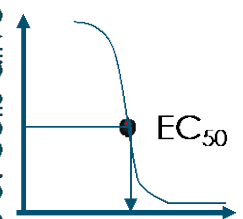
### Adverse Outcome Pathway

% people with liver disease



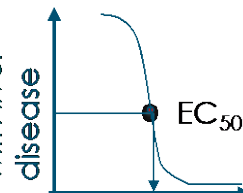
oral dose

% of cells alive



in cells

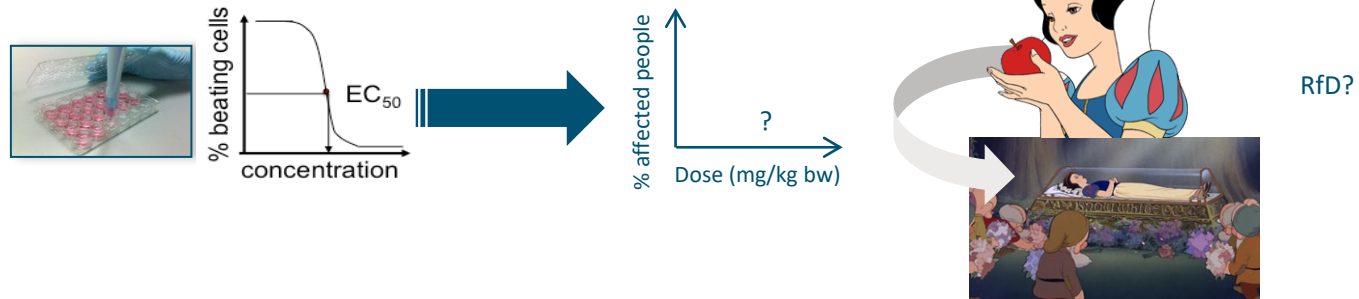
% people with liver disease



concentration in cells

# Quantitative In Vitro-In Vivo Extrapolation (QIVIVE)

*def.* The estimation of chemical exposures producing target tissue exposures in the species of interest equivalent to those associated with effects in *in vitro* toxicity tests.



# Physiologically Based Kinetic (PBK) Models

Series of mass balance differential equations  
simulating transport of chemical between tissues.

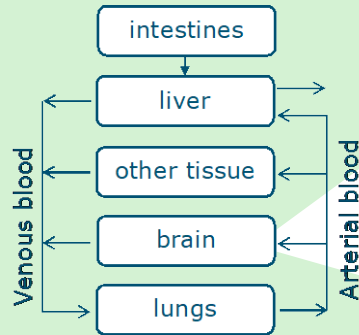
## Input parameters

External/internal exposures

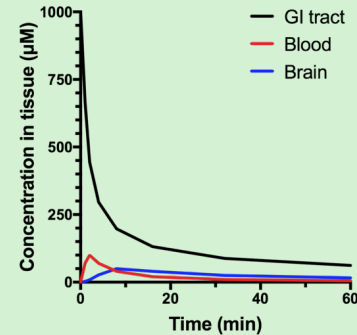
Organism properties

## Chemical properties

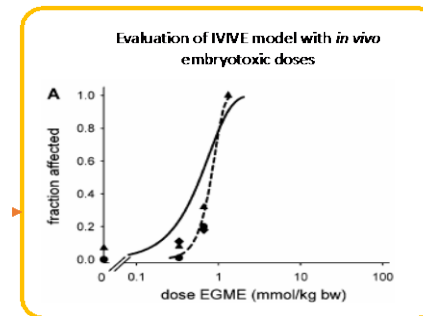
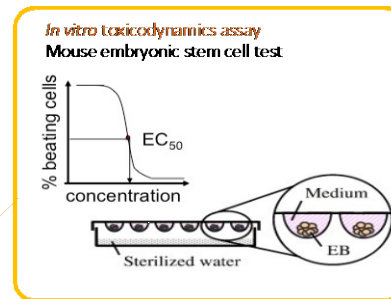
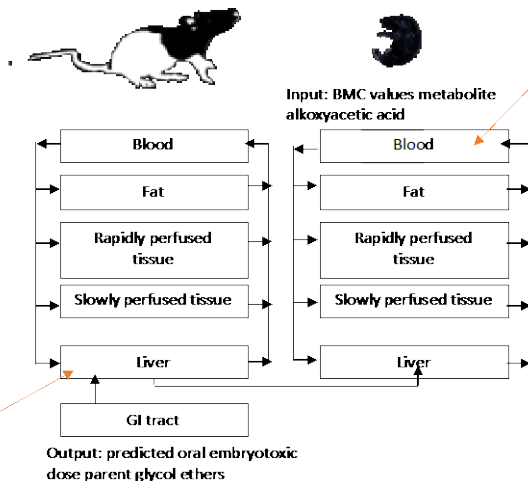
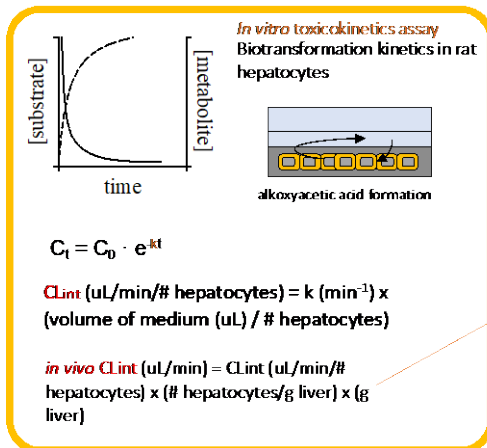
Absorption ( $P_{app}$ )  
Distribution ( $P_t$ ,  $f_u$ ,  $P_{app}$ )  
Metabolism ( $V_{max}$ ,  $K_m$ ,  $CL_{int}$ )  
Excretion ( $P_{ba}$ ,  $K_m$ ,  $V_{max}$ )



$$\begin{aligned} \frac{dA_{brain}}{dt} &= \\ & Q_{brain} (l/h) * C_{arterial\ blood} (mg/l) \\ & - Q_{brain} (l/h) C_{venous\ blood\ in\ brain} (mg/l) \\ A_{brain} &= \int_0^t dA_{brain} \\ C_{brain} &= A_{brain} / V_{brain} \\ C_{venous\ blood\ in\ brain} &= C_{brain} / P_{brain: blood} \end{aligned}$$



# Quantitative *In Vitro* to *In Vivo* Extrapolation



This is the last slide!

Thank you for  
your attention!

Questions?