



# Practical considerations for the inclusion of additional immunotoxicity endpoints in existing regulatory studies

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# Outline

- 01 Practical considerations for existing immunotoxicity endpoints (EOGRTS)
- 02 Adding additional endpoints - example
- 03 Dose level selection

# Immunotoxicity endpoints in regulatory studies

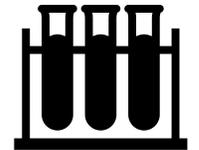
Immunotoxicity studies are not mandated for all chemicals but triggered by specific concerns.

However, the following endpoints are included in many repeated dose toxicity studies:

- Hematological changes
- Immune system organ weight changes; thymus, spleen, lymph nodes.
- Histopathological changes in above mentioned organs and/or bone marrow
- *Incidence of infection*

EOGRTS:

- Splenic lymphocyte subpopulation analysis – Cohort 1A; independent of DIT Cohort inclusion
- DIT Cohort (TDAR assay)



# Immunotoxicity endpoints in regulatory studies

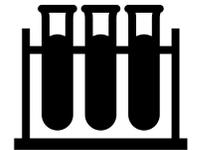
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EOGRTS:

- Splenic lymphocyte subpopulation analysis – Cohort 1A; independent of DIT Cohort inclusion
- **DIT Cohort (TDAR assay) June 2025 update**



# Developmental Immunotoxicity (DIT)

## EOGRTS

10 animals/sex/group

Determination of primary IgM antibody response to a T-cell dependent antigen (TDAR)

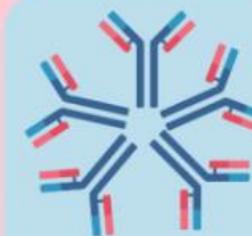
### TDAR method

Antigen:

- Sheep red blood cells (SRBC)
- Keyhole limpet Hemocyanin (KLH)

Evaluation of response to immunization:

- Counting specific plaque-forming cells (PFC) in the spleen
- Determine titer of IgM antibody in serum by ELISA

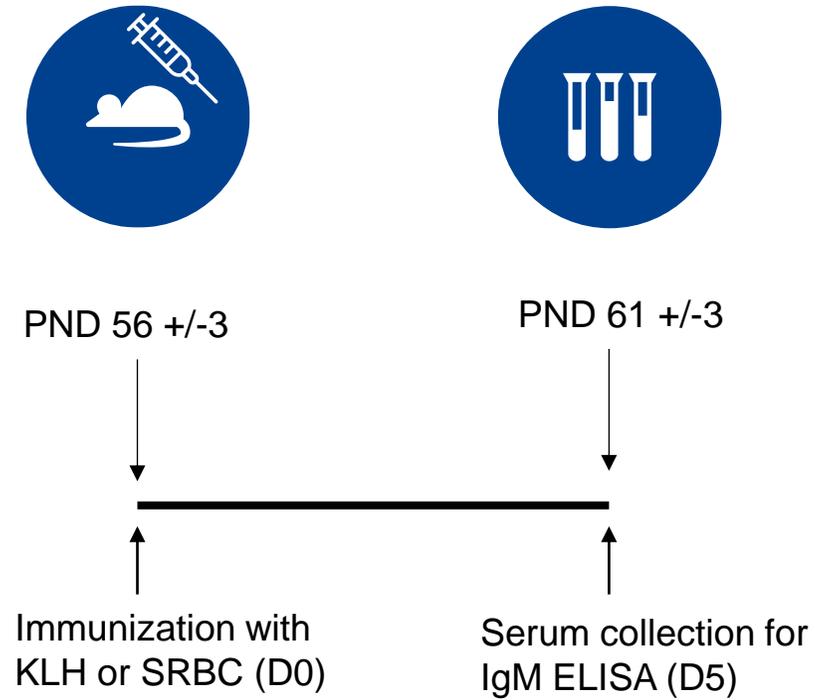


### IgM

Fixes complement.  
Main antibody of primary responses. B-cell receptor. Immune system memory.

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# Basic TDAR assay design



# EOGRTS satellite report outcome

- Variety in used protocols (antigen used, route of administration, prime of prime/booster immunization, IgG measurement)
- Variable response to positive control compound (cyclophosphamide)
- Proficiency not always demonstrated
- Statistical analysis lacking
- Findings not discussed in relation to spenic lymphocyte subpopulation assay

# Developmental Immunotoxicity (DIT)

## OECD443 TG update 2025

10 animals/sex/group

Determination of primary **and secondary IgM and IgG** antibody response to a T-cell dependent antigen (TDAR)

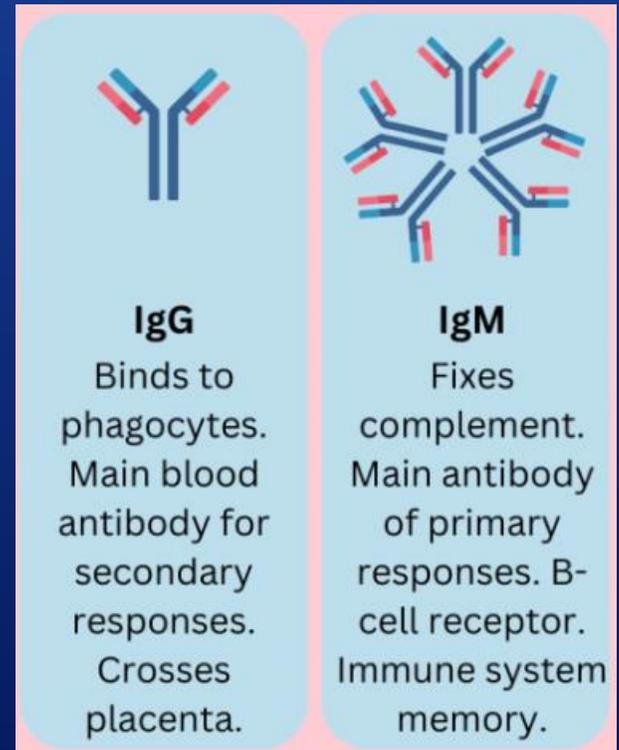
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Antigen:

- ~~Sheep red blood cells (SRBC)~~
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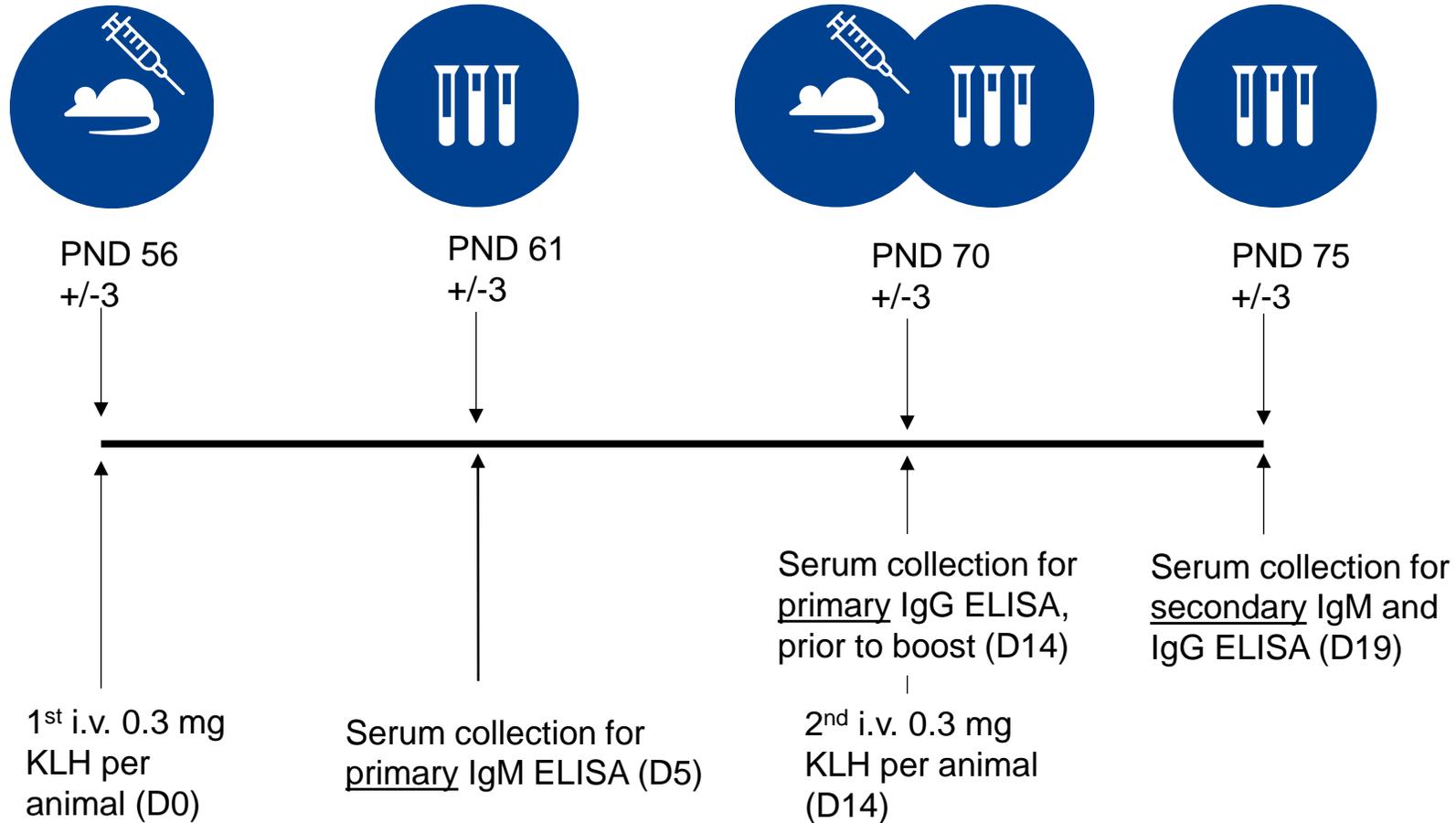
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# Update June 2025



# Update June 2025

## Implications

- Harmonized protocol.
- More exhaustive evaluation of immune response.
- Extension of dosing period and second immunization.
- Increased volume blood collection.
- Validations and proficiency to be updated for all labs.

# Considerations for adding immunotoxicity endpoint to existing studies

# Scientific guidance on smoke flavouring applications

Example of proposed OECD408 enhancement with immunotoxicity endpoints

- 2021
- It was recognized that all data for Tier 1 can be obtained from the EOGRTS study, however that timelines were too short for renewals.
- Considering this legal timeline, an alternative was suggested > OECD408 including several immunotoxicity endpoints.

# Suggested immunotoxicity endpoints

	Standard	Enhancement
<b>At term (necropsy):</b>		
Histopathology (lymphatic organs, including bone marrow cellularity)	X	
Weighing lymphoid organs	X	
<b>In blood:</b>		
Immunoglobulin isotypes		X
Complement assays: total serum haemolytic activity or individual components		X
C-reactive protein (CRP)		X
Total and differential white blood cell count	X	
<b>In spleen:</b>		
Phenotypic analysis of spleen cells (CD4 and CD8 T cells, regulatory T cells, B cells, natural (NK) cells, macrophages)		X
Natural killer cell functional analysis		X
Phagocytic activity		X
Mitogen stimulation assays for B and T cells		X

## Overall considerations



Logistics and validation



Proficiency



Historical control data



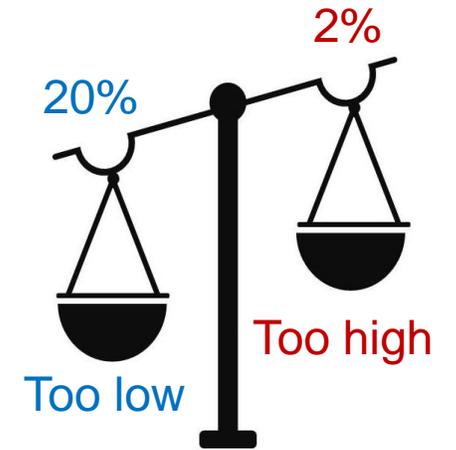
Tiered approach?

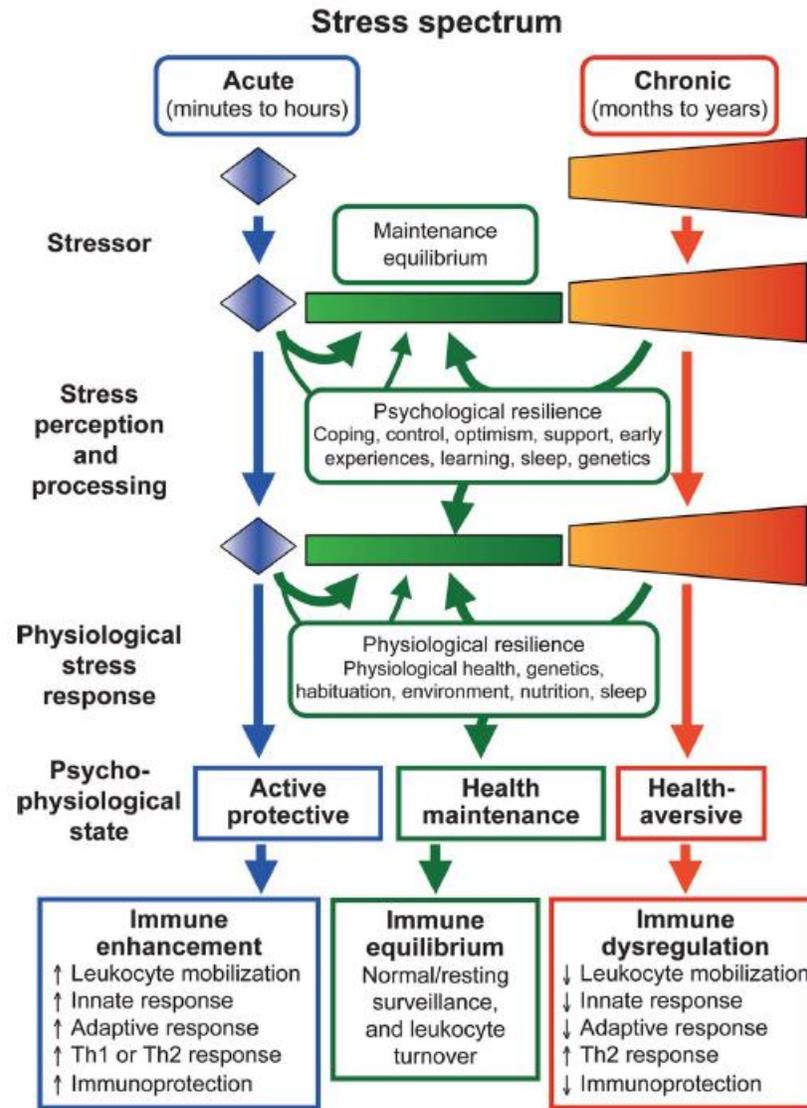


*Dose level section*

# Finding ECHA EOGRTS Review Project – dose level

- 11/55 studies (20%) did not use adequate dose levels (according to ECHA).
- 80% of the studies evaluated by ECHA were **appropriately dosed!**
- Meanwhile we know that there is no need to ‘push’ the high dose, however dose level selection should be considered when adding immunotoxicity endpoint to regulatory studies.
- Differentiate between direct and indirect immunotoxicity?





Everds et al. 2013  
 Interpreting Stress Responses during Routine  
 Toxicity Studies: A Review of the Biology, Impact,  
 and Assessment



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