The ILSI Threshold project: introducing the Key Events Dose-Response Framework

Alan R Boobis
a.boobis@imperial.ac.uk

ILSI Europe Annual Mtg

25-26 March 2010, Brussels

Risk assessment

Hazard ID
Hazard characterisation

Uncertainty factor

Reference value (e.g. ADI)
[RV] = NOAEL/UF

Exposure assessment
Risk characterisation

Use of science to underpin the use of reference values (ADIs, etc)

- The RV approach is based on the premise that most toxicological endpoints have a true biological threshold, although this is not identifiable with precision
- Risk assessment would be improved if the existence of such thresholds could be established mechanistically

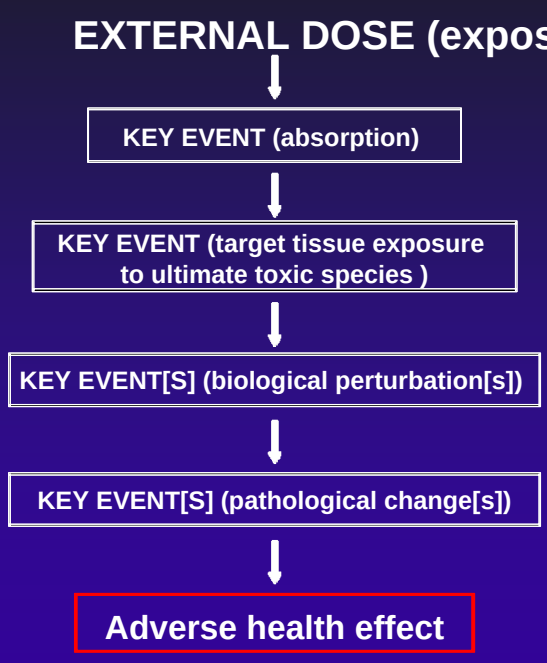
Traditional approach to hazard characterization

- Identify point of departure (NOAEL/BMDL), from epidemiological or experimental evidence, to serve as reference point, and apply default uncertainty factors
- The POD is not a no-effect level and derivation of “acceptable” doses requires assumptions about thresholds and variability in those thresholds
- In studies of inherently limited power, it is implicit that there is uncertainty as to the magnitude of the response, if any, at the POD
- Are the assumptions in risk assessment conservative overall?

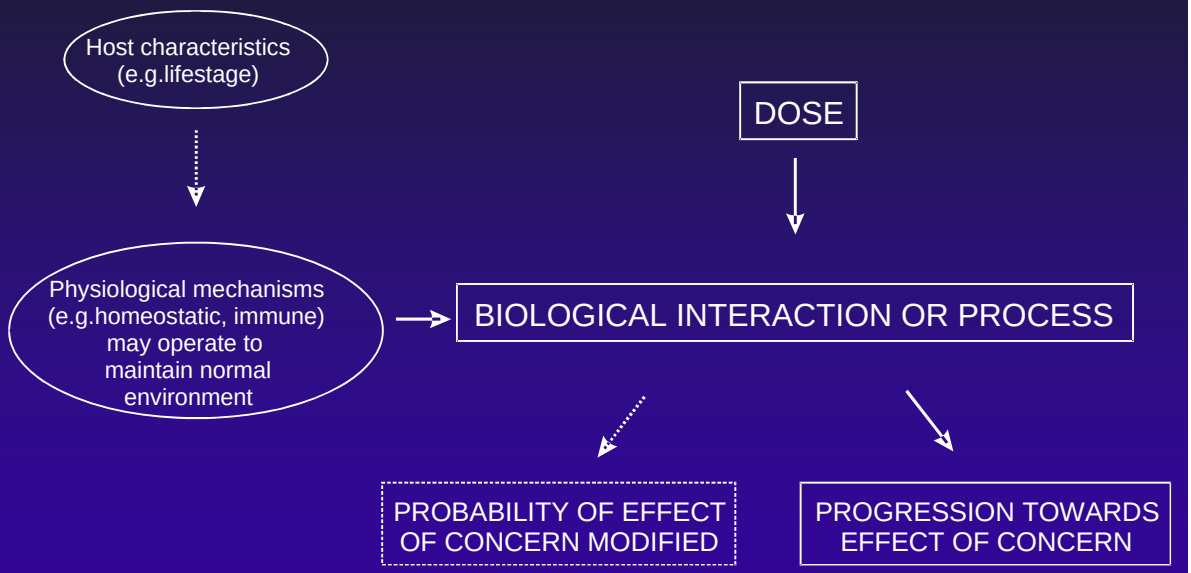
Key Events Dose-Response Framework

- ILSI Research Foundation established a tripartite, multidisciplinary activity to develop an integrated framework to incorporate advances in scientific knowledge to support sound scientific decisions
- Based on mode of action concept, with focus on understanding the fundamental biology and dose-response (including possible thresholds) at each key event, to inform hazard characterization and risk assessment
- *Crit. Rev. Food Sci. Nutr.* **49**(8), September 2009 – open access

Mode of action and key events



Factors operating at the level of a key event



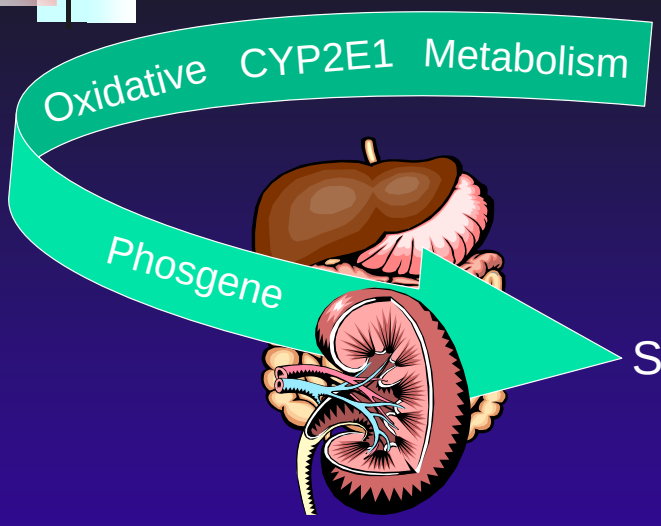
Address each key event systematically

- Is a minimum dose level required in order for this key event to occur? What data would be needed to demonstrate this?
- What response mechanisms (e.g. homeostasis, repair) are involved? At what dose would these be overwhelmed?
- What modifying factors (e.g. lifestage, disease state, nutritional status) can potentially reduce the effectiveness of response mechanisms? What factors can increase the effectiveness of response mechanisms?
- Do such modifying factors change the dose level at which response mechanisms become overwhelmed? What data would be needed to demonstrate this?
- Is any one key event rate limiting, driving the shape of the overall dose-response curve?

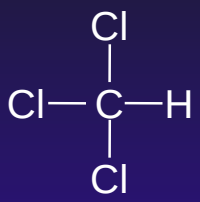
Case studies

- Chemicals
  - Non-DNA-reactive carcinogen (chloroform)
  - DNA-reactive carcinogens
  - Endocrine active (binding to estrogen receptor)
- Nutrients
  - Vitamin A (retinol) toxicity
- Pathogens
  - General discussion of toxigenic, toxicoinfectious, and invasive bacteria
  - *Listeria monocytogenes*
- Food Allergens
  - General discussion of key events for elicitation

Postulated MOA for $CHCl_3$



Chloroform



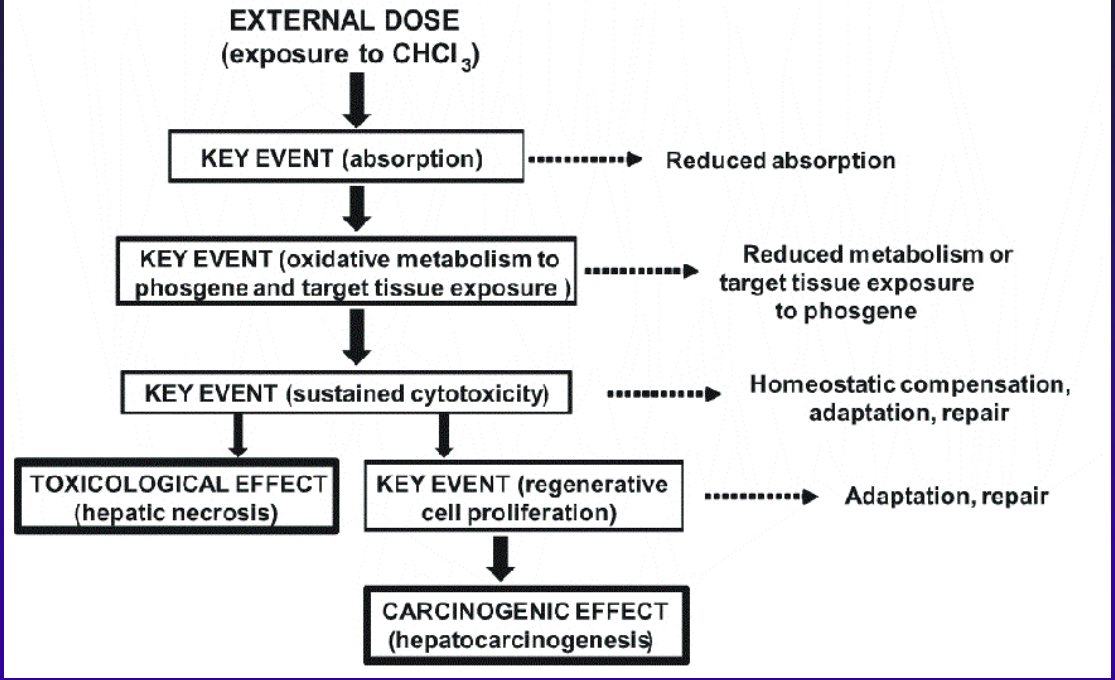
Sustained cytoxicity

Regenerative cell proliferation

Key events

Tumour development

Key events for chloroform carcinogenicity



Cytotoxicity

Homeostatic 'steady state'

↓

Cellular adaptations

↓

Reversible cell injury

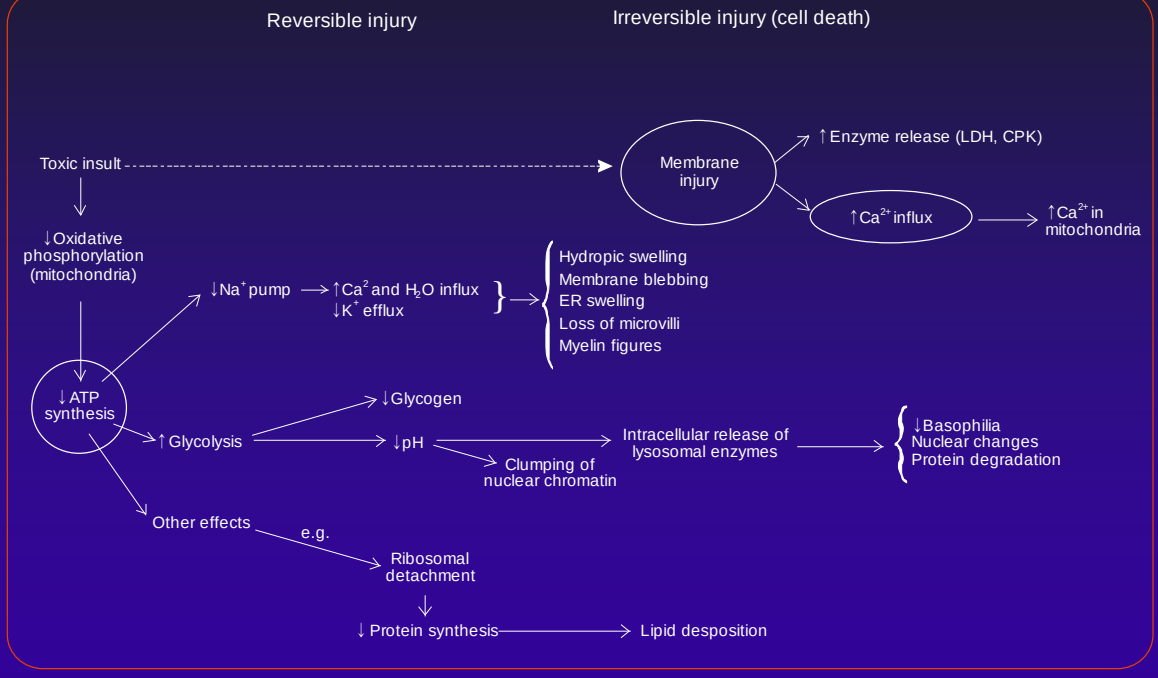
↓

Irreversible cell injury

↓

Cell death

Examples of potential thresholds in cytotoxicity



Key events for a generic nutrient

Nutrient intake (initial dose)

↓

Uptake from Lumen

↓

Intestinal Metabolism and Distribution

↓

Uptake into Liver

↓

Liver Metabolism and Storage

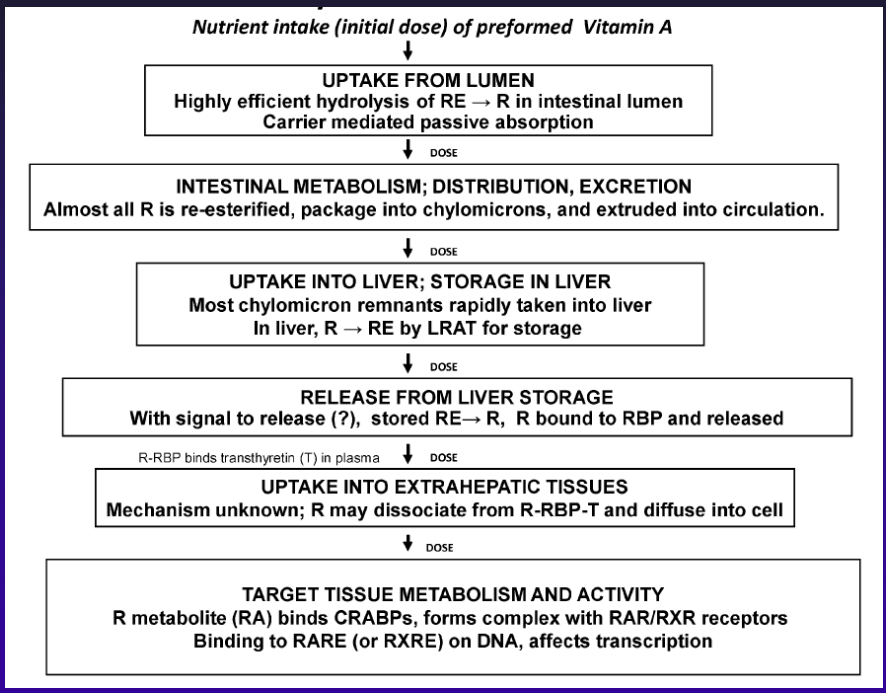
↓

Uptake into tissues

↓

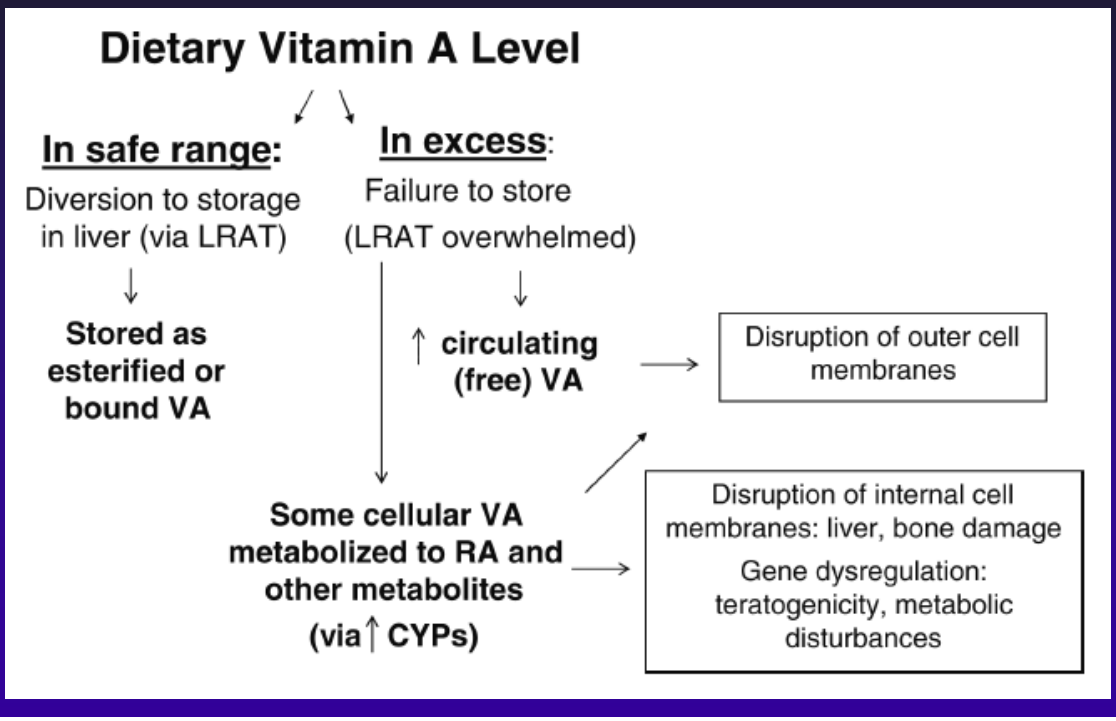
Target Tissue Metabolism and Interaction

Key events for retinol

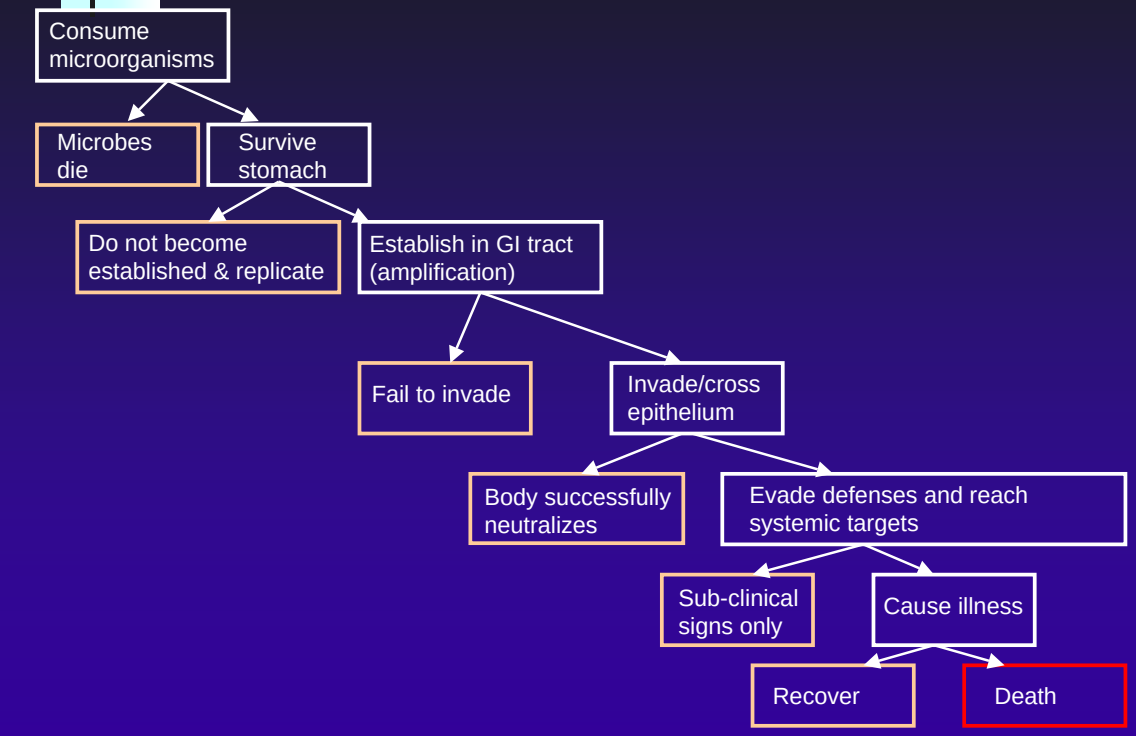


LRAT=lecithin:retinol acetyltransferase; RBP=Retinol binding protein; CRABP=cellular retinoic acid binding protein

Key events for retinol toxicity



Key events for infectious microorganism



Major steps in elicitation of allergic response

Ingestion

↘

Digestion

↘

Uptake and distribution

↘

Cellular Events (immune system)

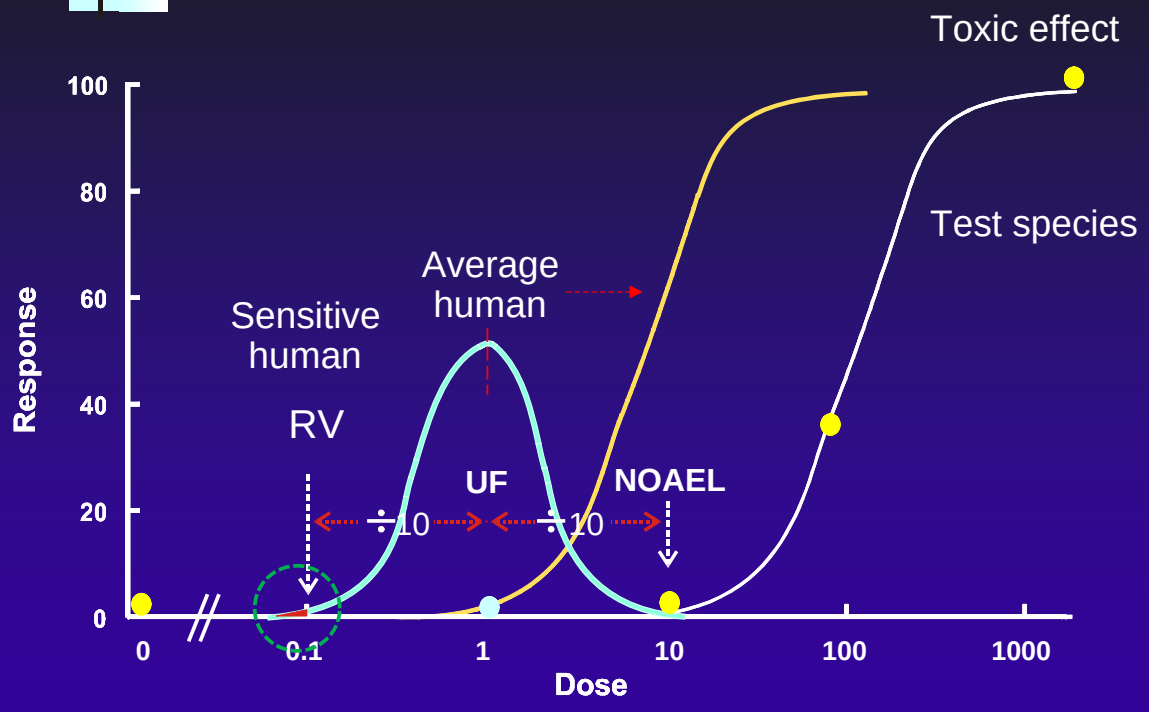
↘

Signs and Symptoms (mediator)

Proving non-linearity

- An undesirable health effect of an agent can be described by a series of key events, comprising a mode of action
- Each key event comprises many biochemical and cellular changes, one or more of which may exhibit a threshold, resulting in non-linearity overall
- Proving the existence of a threshold will require detailed analysis of the mechanisms of each key event, at the molecular level, and understanding of the role of homeostasis and/or adaptation

Individual v population thresholds



Individual vs. population thresholds

- Thresholds will vary among individuals
- Once the determining key events are understood, research to study contributions to population variability (including identification of susceptible subpopulations) can be targeted on those events
- The goal is to understand how various factors (age, gender, disease state, nutritional status, etc.) may quantitatively affect the doses at which those determining events occur
- Some key events are likely to show absolute population bounds, thus determining population thresholds

Research needs

- Identifying key events at the appropriate level of biological organization
  - Contribution of toxicogenomics
- Development and application of mechanism-based biodynamic models to identify rate-limiting processes in modes of action
- Understanding interindividual variability in the rate determining molecular events involved may enable a true population threshold(s) to be identified

ILSI RF Threshold Working Group

- Chemical Group: Alan Boobis (Imperial College London), George Daston (Procter & Gamble), and Julian Preston (EPA)
- Nutrient Group: Sanford Miller (U Maryland), Joseph Rodricks (ENVIRON), Ian Munro (CANTOX), A. Catharine Ross (Pennsylvania State), Robert Russell (Tufts), and Elizabeth Yetley (retired NIH)
- Allergen Group: Steven Gendel (FDA CFSAN), Geert Houben (TNO), and Steve Taylor (U Nebraska)
- Pathogen Group: Bob Buchanan (U Maryland), Arie Havelaar (RIVM), Mary Alice Smith (U Georgia), and Richard Whiting (Exponent)
- ILSI RF: Stephen Olin and Elizabeth Julien