

GUIDANCE FOR IMMUNOTOXICITY RISK ASSESSMENT FOR CHEMICALS

IPCS harmonization project document no. 10)
World Health Organization 2012

<http://www.inchem.org/documents/harmproj/harmproj/harmproj10.pdf>

Contributors to Hypersensitivity

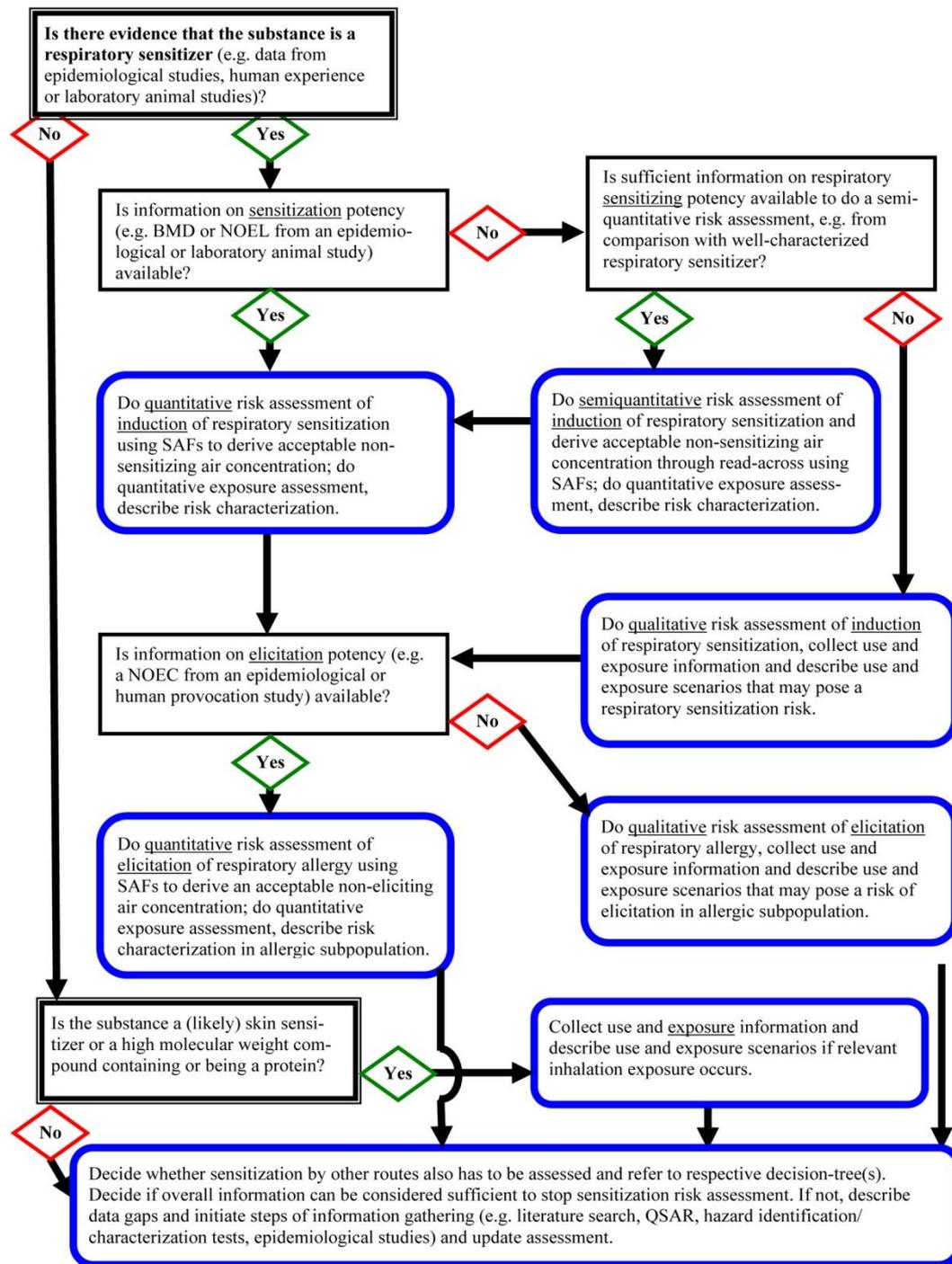
Chapter 6 & Case Study 3

- Peter Griem, Global Product Compliance, Symrise AG, Holzminden, Germany (formerly with Corporate Product Safety, Clariant Produkte (Deutschland))
- Andrew A. Rooney, Ctr for Environmental Assessment, U.S. EPA, Research Triangle Park, NC, USA (current address: Office of Health Assessment Translation, NTP, NIEHS, Research Triangle Pk, NC, USA)
- **MaryJane Selgrade**, Health & Environmental Effects Res Lab, U.S. EPA, Research Triangle Park, NC, USA (currently retired and private consultant)

Other Contributors

- Nursen Basaran, Dept of Toxicology, Hacettepe University, Ankara, Turkey
- Rodney Dietert, Dept of Microbiology & Immunology, Cornell Univ., Ithaca, NY, USA
- Dori Germolec, NTP, Nat'l Inst. Environmental Health Sciences, Research Triangle Pk, NC, USA
- Geert Houben, Food Safety, TNO, Zeist, the Netherlands
- Robert W. Luebke, Health & Environmental Effects Res. Lab., U.S. EPA, Research Triangle Park, NC, USA
- Reiko Teshima, National Institute of Health Sciences, Tokyo, Japan
- Rolaf Van Leeuwen, Ctr for Substances & Integrated Risk Assessment, Nat'l Inst. for Public Health & the Environment (RIVM), Bilthoven, the Netherlands
- Henk Van Loveren, Lab. for Health Protection Research, Nat'l Inst. for Public Health & the Environment (RIVM), Bilthoven
- Carolyn Vickers, International Programme on Chemical Safety, World Health Organization, Geneva, Switzerland

Generic Decision Tree for Respiratory Sensitizers





Assessment of sensitization and allergic response to halogenated platinum salts –Case Study 3

Respiratory sensitizer?

Is there evidence that the substance is a respiratory sensitizer (e.g. data from epidemiological studies, human experience or laboratory animal studies)?

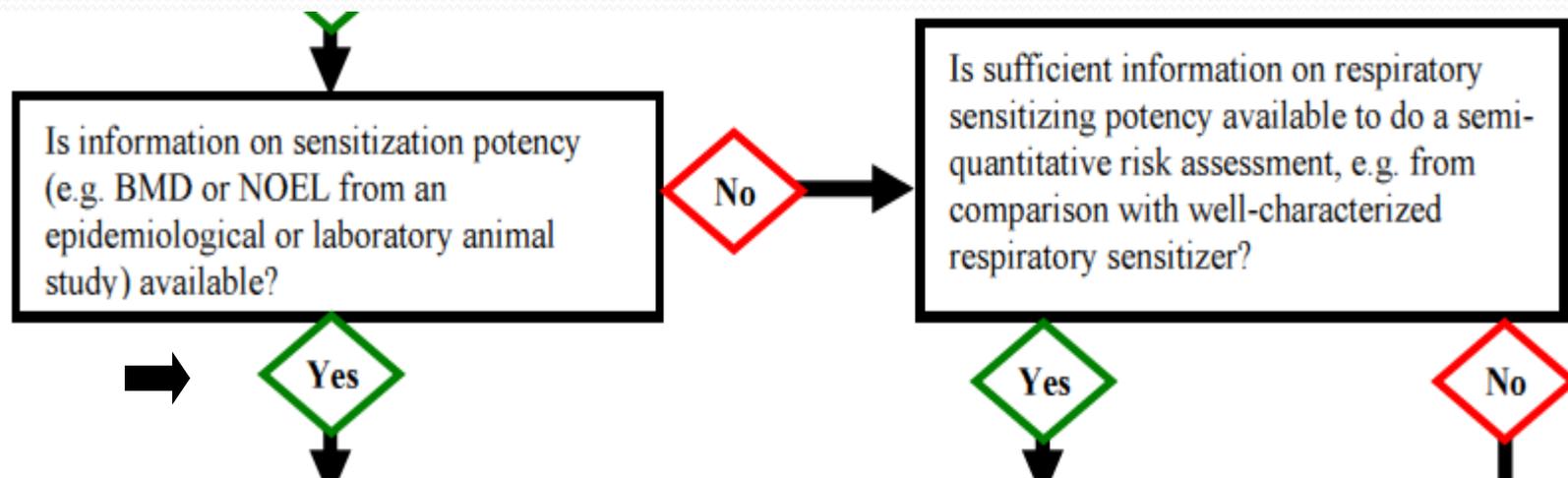
No



Yes

- numerous occupational studies report allergic reactions following exposure to soluble halogenated Pt salts (refs in WHO, 2010, 2012)
 - Respiratory symptoms: airway constriction and inflammation, shortness of breath, wheezing, rhinitis (runny nose and sneezing)
 - conjunctivitis (burning and itching eyes)
 - urticaria (hives)
 - dermatitis (itching skin eruptions)

Potency data?



- Occupational studies: increased prevalence of workers with respiratory allergy at estimated workplace air concentrations below $2 \mu\text{g sol. Pt/m}^3$

Potency Data - Occupational Studies

- Baker (1990) and Brooks (1990)
 - LOEL & exposure-response unclear
 - NOEL was not identified
- Bolm-Audorff (1992)
 - exposure data are not quantitative
 - NOEL & exposure-response relationship not identified
- Linnett (1999)
 - NOEL & exposure-response relationship not identified
- **Merget (2000)***

Potency Data – Occupational Studies

- Merget (2000)
 - 5-year prospective study in German catalyst production plant
 - sensitization indicated by positive SPT to H_2PtCl_6
 - exposure categories (high, low, and no exposure) based on job classifications
 - Air monitoring data for soluble Pt reported by category
 - stationary samples (1992-1993), personal samplers (1993) for high exposure only
 - arithmetic mean across both years used

Potency Data – Occupational Studies

- Merget (2000)

Exposure

Group	Mean Conc. (ng sol. Pt/m ³)	Incidence of skin prick
High	53 ± 20	13 / 115
Low	3.4 ± 0.8	0 / 111
No	0.0048 ± 0.005	0 / 48

Suitable data for quantitative risk assessment

NOEL for respiratory sensitization: 3.4 ng sol. Pt/m³

Potency Data – Animal Studies

- Biagini (1986)
 - Inhalation exposure of monkeys to $[\text{NH}_4]_2\text{PtCl}_6$ causes respiratory sensitization
 - in 1/8 monkeys exposed to Pt alone
 - in 4/8 monkeys exposed to Pt + ozone
 - in 0/7 monkeys exposed to ozone alone

inadequate for deriving exposure-response relationship
support observation of sensitization from soluble
halogenated Pt compounds in workers

Derivation of Acceptable Exposure Level

- NOEL 3.4 ng sol. Pt/m³

- Uncertainty factors

interspecies 1 human data

intraspecies 10 default, no definitive data

matrix 1 air

use not relevant

time 10 if assessing chronic exp.

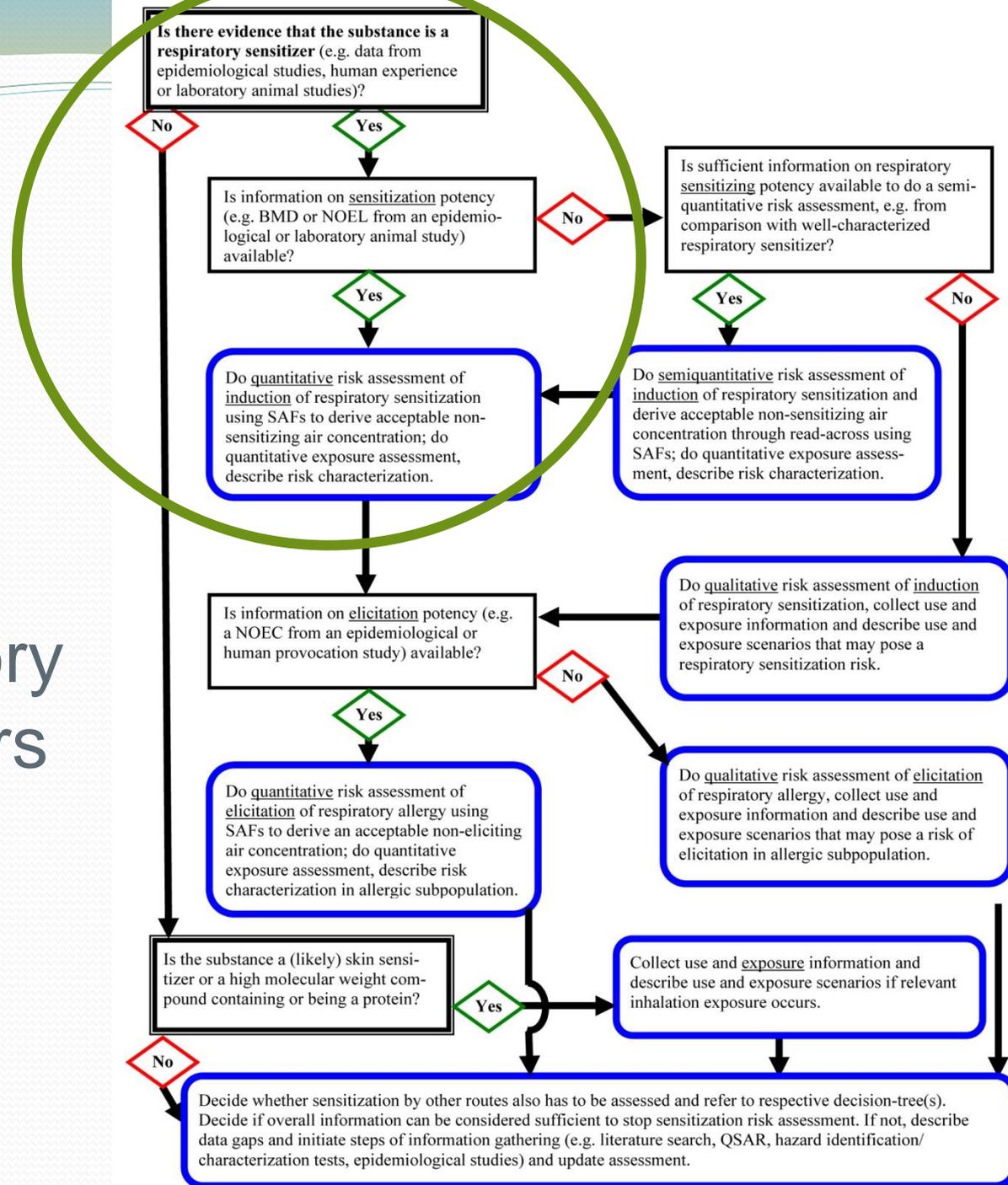
database 1 not required, several
supporting studies

- AEL (workplace) 0.034 ng sol. Pt/m³

Derivation of Acceptable Exposure Level

- NOEL : 3.4 ng sol. Pt/m³
- Adjustment for lifetime vs occupational exposure
daily resp. vol. working days
$$\text{NOEL}_{\text{adj}} = \text{NOEL} \times 10 \text{ m}^3/\text{d} / 20 \text{ m}^3/\text{d} \times 5 \text{ d} / 7\text{d}$$
- NOEL_{adj} : 1.2 ng sol. Pt/m³
- Uncertainty : 100 (for sensitization)
- Reference value (sensitization): 0.012 ng sol. Pt/m³

Generic Decision Tree for Respiratory Sensitizers



Is information on elicitation potency (e.g. a NOEC from an epidemiological or human provocation study) available?

No

Yes

(Merget 1996)

Elicitation data?

- Few human provocation studies
 - reduction of specific airway conductance by 50%: (10^{-2} - 10^{-6} mol $\text{PtCl}_6^{2-}/\text{m}^3$, 10 breaths)
- Positive skin prick test in sensitized workers
 - still working: wide range (10^{-3} - 10^{-8} g/mL)
 - terminated for allergy: lower mean (10^{-6} g/mL) and higher Pt specific IgE (Brooks 1990)

Not sufficient quantitative elicitation information,
qualitative description of exposure scenarios and
concentrations that may lead to allergy elicitation

Exposure assessment

- Known relevant exposures
 - workplace
 - environmental from car catalytic converters (near streets 4-112 pg Pt/m³ with small percentage of halogenated Pt ($\leq 1\%$) (Merget 2001)
- Exposure measurement
 - personal vs. stationary air sampling
 - metal speciation: total soluble Pt measured, while specific immune reaction is against halogenated Pt complexes

Respiratory Sensitization Risk Characterization

- Reference value considered to carry negligible risk of sensitization to halogenated Pt compounds
- Relevant exposure restricted to Pt refinery and catalyst production workers
- Appraisal of toxicological information
 - good quality prospective cohort study
 - limited dose-response information as only one dose level with effects
 - considerable number of supporting studies

Respiratory Sensitization Risk Characterization

- Uncertainties
 - no measurement of halogenated Pt species, no personal samplers
 - unknown relevance of peak vs. mean Pt concentrations
 - Skin prick test detects only IgE-mediated type 1 allergic responses, but may miss non-IgE mediated hypersensitivity found in ~10% on sensitized workers

Respiratory Sensitization Risk Characterization

- Groups at risk
 - asthmatics and individuals with changes in airway integrity might be at an increased risk
 - co-exposure to irritants may increase sensitization risk
 - e.g. odds ratio higher in smokers than non-smokers (Merget 2000)
 - ozone in monkeys (1/8 w/o vs. 4/8 w ozone) (Biagini 1986)

Conclusions

- WHO Guidance on assessment of potential sensitization and allergic response
 - Includes decision tree (covered here)
 - Read document to learn more about
 - Possible ways to develop a POD
 - Uncertainty factors
 - Justification for approach
 - Weight of evidence
 - Also see Selgrade et al., *Regulatory Toxicology and Pharmacology* 63 (2012) 371–380
- Case study illustrates
 - Quantitative risk assessment is possible
 - Many examples would take you down the right side of the decision tree.