

**NTP**  
National Toxicology Program

**Evaluation of poly/perfluoroalkyl substances (PFAS) for potential health effects**

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**Comparative Study of Straight Chain PFAS**

**NTP rat studies started in 2006 (2004 nomination)**

Evaluated seven PFAS plus used a PPARα positive (Wyeth-14,643) for comparison

- PFOS, PFHxS, PFBS
- PFDA, PFNA, PFOA, PFHxA



From Charles River Labs photo stock

Endpoints (n=10/dose/sex):

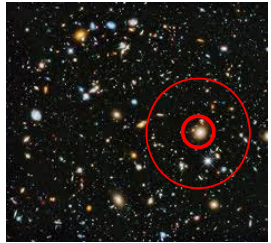
- Organ Weights
- Histopathology
- Clinical Pathology (Clinical Chemistry; Hematology)
- Andrology and Estrous Cycling
- Hormones (Thyroid = T3, T4, fT4, TSH; Testosterone)
- Liver activity (PPARα/CAR genes; Acyl-CoA enzyme activity)
- Plasma and liver (male) PFAS levels

**Reporting of GLP Toxicity Data**

- **28-Day Toxicity Studies**
  - Data available now:  
<https://ntp.niehs.nih.gov/results/path/index.html>
  - TOX Report 96: Sulfonates
  - TOX Report 97: Carboxylates
- **PFOA Two Year Carcinogenesis**
  - Data available very soon:  
<https://ntp.niehs.nih.gov/testing/types/cartox/index.html>
  - Technical Report draft to be posted late 2018/early 2019 for peer review

**Toxicity of class largely defined by PFOA & PFOS**

- **Major Health Outcomes**
  - Endocrine Disruption
  - Development
  - Hepatotoxicity
  - Immune
  - Behavior
  - Cancer



Looking for order in the PFAS universe

**Chemical “Universe” problem**

EPA-HFR - EPA Chemicals associated with hydraulic fracturing

Endocrine Disruption Screening Program (EDSP) Universe of Chemicals

PFAS Master List of PFAS Substances

PFASOECD (4730)

PFASKEMI (2396)

PFASRIER (592)

EPAPFASINV (430)

EPAPFASINSP(43)

EPAPFASINSP(PI)

*Slide courtesy of Ann Richard, US EPA*

Figure from: Wang et al. 2017, ES&T

perfluoroalkyl acids (PFAAs)

- PFCA<sub>n</sub> (n=4)
- PFCA<sub>n</sub> (n=5)
- PFCA<sub>n</sub> (n=6)
- PFCA<sub>n</sub> (n=7)
- PFCA<sub>n</sub> (n=8)
- PFCA<sub>n</sub> (n=9)
- PFCA<sub>n</sub> (n=10)
- PFCA<sub>n</sub> (n=11)
- PFCA<sub>n</sub> (n=12)
- PFCA<sub>n</sub> (n=13)
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- PFCA<sub>n</sub> (n=46)
- PFCA<sub>n</sub> (n=47)
- PFCA<sub>n</sub> (n=48)
- PFCA<sub>n</sub> (n=49)
- PFCA<sub>n</sub> (n=50)

PFAAs may have been on the global market

PFAAs precursors

fluorotoluene-based substances

fluoropolymers

perfluoropolyethers (PFPEs)

PFASs in red are those that have been restricted under national/regional/global regulatory or voluntary frameworks, with or without specific exemptions (for details, see OECD (2015). Risk reduction approaches for PFAS, <http://oe.cd/NAN>).  
\* The numbers of articles (related to all aspects of PFAS) were retrieved from Scifinder on Nov 1, 2017.

### Challenges in Studying PFAS Health Effects

- 5000+ on market – one by one will be replaced
- Multiple routes of exposure that we don't fully understand (lacking data)
- Half-lives and persistence are not predictable based on structure
  - Sex-based differences within a species
  - Species differences in clearance
- Development as a sensitive period for this class
- Mode of action not understood for any of the PFAS
- Issues to address by in vitro testing: where is the chemical, solubility of compounds, IVIVE
- Mixtures exposure problem

### How can NTP generate faster responses?

**Developed focused work-groups for REACT:**  
**R**esponsive **E**valuation and **A**ssessment of **C**hemical **T**oxicity

**Primary goal:**  
 To provide enough targeted information in relatively short time frames for Centers/Agencies/Departments/Institutes or states to make decisions

- Currently, evaluating newer PFAS in an integrated fashion by using in silico, in vitro, and in vivo approaches
  - In silico assessment of the class using Leadscope QSAR
  - In vitro assessments of potential liver and other target tissue toxicity, chemical clearance, and developmental toxicity
  - In vivo assessments of PBPK, potential general, developmental, and immune toxicity
- Communicate with our research colleagues to save time/money

### Targets of interest

- Fetal development
  - Birth weight decrements (transient at low doses; permanent at high doses)
- Adipose
  - Overweight if developmentally exposed (transient?), underweight at high doses
- Breast/Mammary gland
  - Decreased breastfeeding duration/efficiency/ability
  - Mammary developmental delays with no change in other pubertal timepoints (in studies that have evaluated this tissue) – permanent change in those studies that have evaluated latent effects
- Liver
  - Hepatocellular hypertrophy, lipid deposition, enlarged relative liver weight
  - Liver disease (altered enzyme levels, cancer, etc)
- Endocrine disruption
  - down regulates ER pathways in MG and liver
  - Thyroid target: altered TT4 and fT4, but little effect on TSH
- Kidney
  - altered glomerular filtration rate; cancer

### Ongoing Work on Uncharacterized PFAS

EPA library of 75 chemicals (underway.....)

- NTP/EPA collaborative effort plan

Endpoint of Interest	NTP	EPA
Hepatotoxicity	X	
Developmental Toxicity	X	X
Immunotoxicity	X	
Mitochondrial Toxicity	X	
Developmental Neurotoxicity		X
Hepatic Clearance	X	
Plasma Protein Binding		X
Enterohepatic Recirculation		X
In Vitro Disposition	X	X

### Blinded Evaluation of 45 PFAS at NTP

#### Specific In Vitro Assays

- Most grown in 384-well models

Endpoint of Interest	Assay
Adiposity	3T3-L1 high throughput assays for adipogenic and lipogenic effect (mouse)
Hepatotox	Metabolomics in HepaRG; cytotoxicity assays; mitochondrial function (human and rat)
Immunotox	NTP Immunotoxicity Contract
Placental Model	Using human JEG-3 cells for screening; Mouse model for evaluating fetal growth potential
Mammary gland model	Human MCF-7 cell proliferation assays and mouse MC-11 cytotoxicity & milk protein production assays
Renal Transport	Renal proximal tubule permeability assay in rats and humans (contracted)
Embryoid Bodies	Looking at transcriptional markers of differentiation and cell viability

### Cell-based Screening Approach

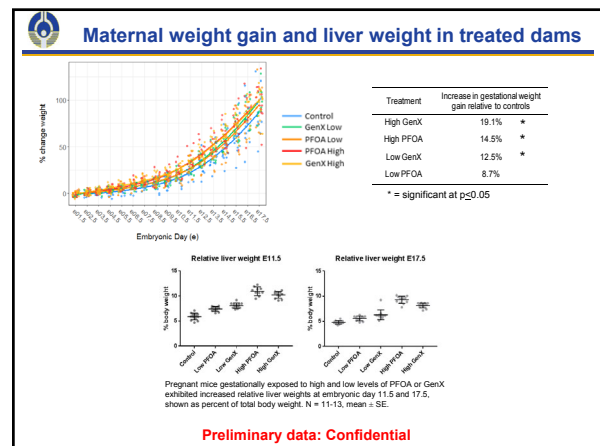
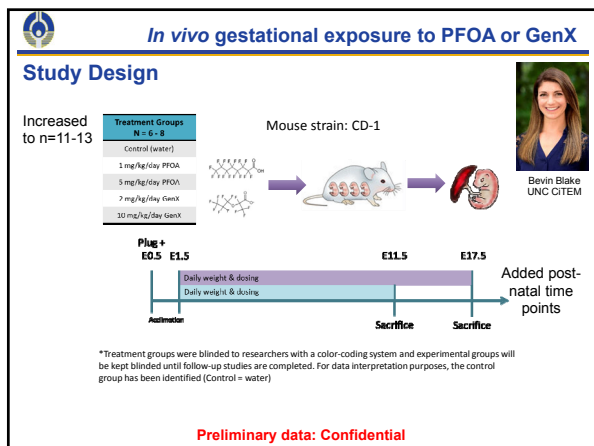
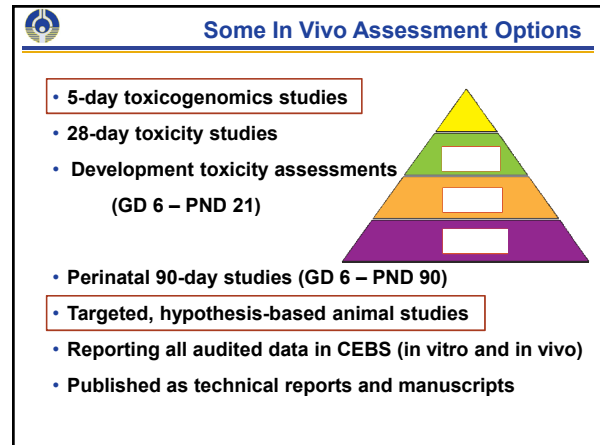
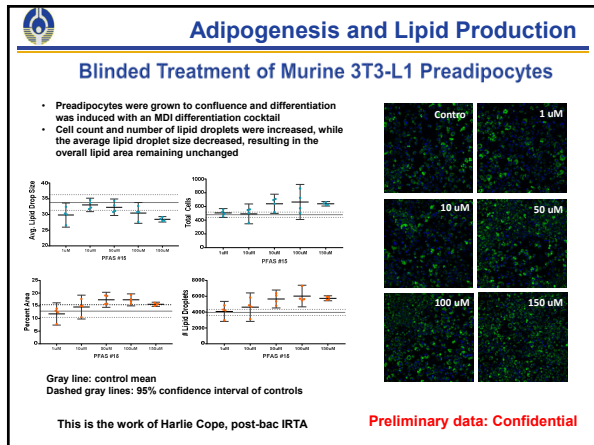
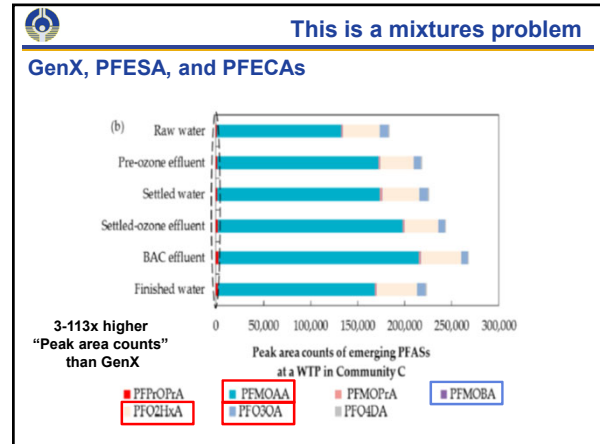
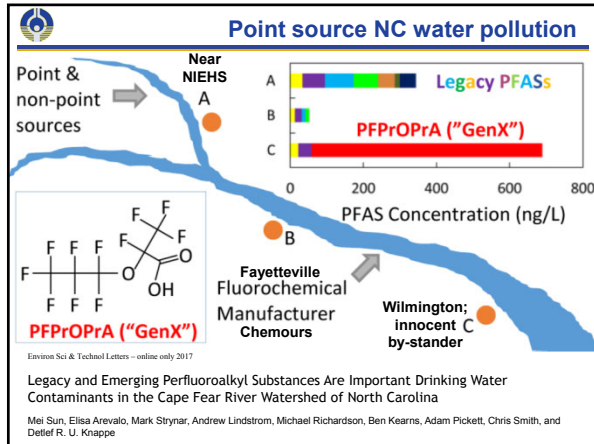
Screening a panel of 45 PFAS (blinded to treatment) for effects on cell viability, mitochondrial membrane potential (MMP) and number, and cell proliferation rates in human and rodent cell lines

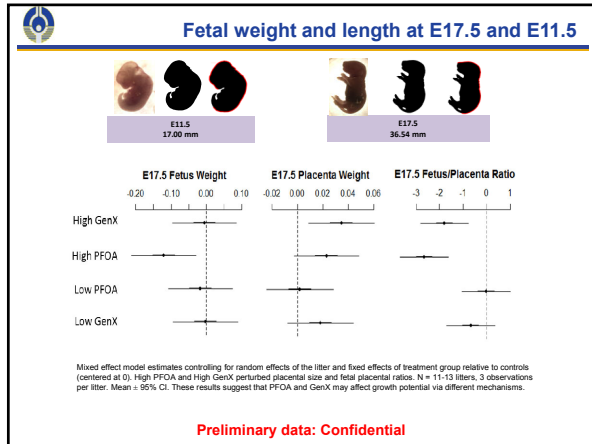
Positive and negative controls specific to each cell type  
 11-12 compounds per plate

MMP: Other assays are being added to provide better ability to interpret results.

Cell viability: Dye based to measure number of nuclei

Proliferation: Confluence (area) & Dye based to measure number of nuclei



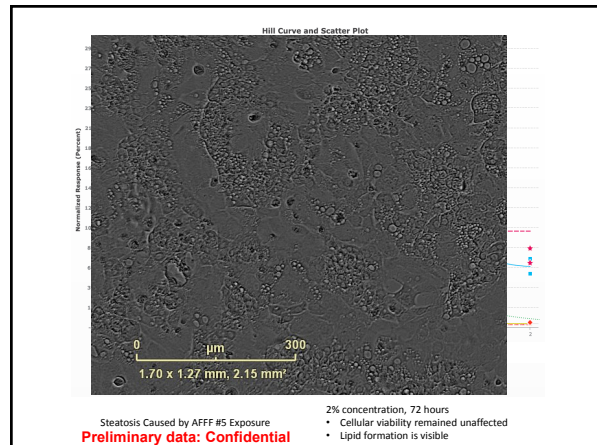
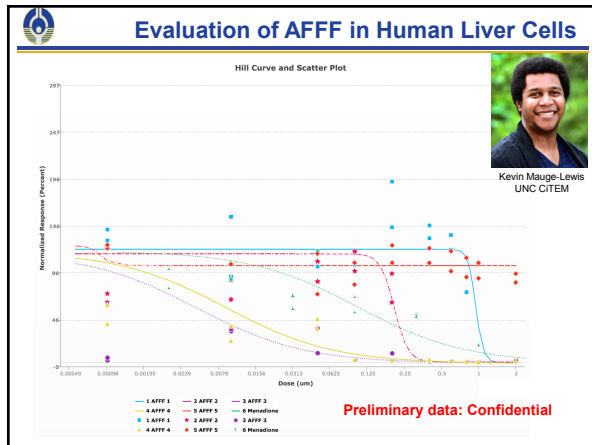


### A Problem of Mixtures

Two current collaborations to address these issues:

- 1. AFFF**
  - Testing 10 AFFF for content, cyto-toxicity, etc
  - Transcriptomics
  - What fraction of the AFFF confers the activity?
- 2. NC water problems**
  - Test water concentrate from Cape Fear River basin
  - Test as many single chemicals in that extract as we can purchase or isolate

\*Hope to develop collaborations on epidemiologic projects focused on legacy PFAS mixtures



### Current Challenges

**We all need to work together.....**

- Communicate compounds that are being tested, together or separately – diluent is important for in vitro testing, don't want to duplicate efforts, difficult to acquire many of those we are interested in
- Half-lives and metabolism of most are not known and cannot be predicted by size or substitution group; the MAF for several, adult and offspring are not equal
- Use additional high throughput methods to test large numbers of compounds at once - Txomics
- Inclusion of developmental stages in HTT
- Mode or mechanism of action studies should be done at human relevant exposures (which we also don't know for more than about 15)

### REACT Team in NTP

Mike DeVito (REACT Lead)  
Scott Auerbach (In silico lead)  
Chad Blystone (In vivo lead)  
Sue Fenton (In vitro lead)  
Dori Germolec (Immunotoxicity lead)  
Andy Rooney (DHAT lead)  
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### Collaborators

US EPA  
Mark Stymar  
James McCord  
Ann Richard

### NTP Labs-based studies:

Bevin Blake  
Kevin Mauge-Lewis  
Harlie Cope  
Tanner Russ (NIEHS Scholars Connect Program)

Julie Rice  
Paul Dunlap  
Susan Elmore, DVM