



Jørn A. Holme Divisjon for miljømedisin Nasjonalt folkehelseinstitutt



Testing for mutagens:

Important for cancer and possible germ cell mutations. Extrapolation from animal to man and from high to low doses.









In vitro

Elements in Risk Assessment of Chemicals

- · Hazard identification
 - What is the toxic potential of the chemical?
- Hazard characterisation
 - What is the relationship between the dose of the chemical and toxicity?
- Exposure assessment - What are the exposures to the chemical?
- Risk characterisation
 - What are the probabilities and consequences of toxic effects in the exposed population?

Elements in Hazard Characterisation

- Establishment of **dose-response** relationship for critical effects
- Identification of the most sensitive species and strain
- Identification of potential **species differences** (qualitatively and quantitatively)
- Characterisation of the mode of action/- mechanism for critical effects
- Extrapolation from high to low dose and from experimental animals to humans

Mutasjoner i kjønnsceller

•Arvelige sykdommer (1.3%)

•Medfødte misdannelser -3-6 % av alle svangerskap

- -60 % sykdom med arvelig innslag
- •Kromosomale mutasjoner
- -5% av alle svangerskap
- -6% av alle dødfødte
- -30% av alle spontanaborter (85% av disse kan skylles nye mutasjoner



Categories of germ cell mutagens (German list)

•Category 1: Germ cell mutagens shown to increase the mutant frequency in the progeny of exposed humans.

•Category 2: Germ cell mutagens shown to increase the mutant frequency in the progeny of exposed mammals

Category 3: A.Substances shown to induce genetic damage in germ cells or animals, or are mutagenic in somatic cells and have been shown to reach the germ cells in their active form.

B.Substances suspected of being germ cells mutagens because of their genotoxic effects in mammalian somatic cells in vivo or, in exceptional cases, in the absence of in vivo data if they are clearly mutagenic in vitro and structurally related to in vivo mutagens

•Category 4: Not applicable (non genotoxic action)

•Category 5: Germ cell mutagens with a potency conceded to be so low that, provided the MAK value is observed, their contribution to genetic risk is expected not to be significant.

Establishment of the Dose-Response Relationship for Critical Effects

Non-Threshold versus Threshold Effects





- 1972 Ustabilt (13 000 purmer og 55 000 SSB per somatisk celle per dag) og følsomt for kjemikalier og stråling
- 1775 Divit reparasjon (77.77777 / Tiking reparasjon)
- + Lengde 1.3 m, 10^{13} celler gir $1.3 \mathrm{x} 10^{10} \, \mathrm{km}$ eller 430x fram og tilbake til sola
- Vekt 5 pg
- 4 deoksyribonykleotider og deoksyribose sukker, 4 baser: A, G, C, T; T-A og C-G
- 64 kodon som koder for 20 ulike aa, 35 000 40 000 gener
- 130 reparasjonsgener











Analysis of DNA-adducts
Radiolabelled chemical
Fluorescence
• HPLC/EC; LC-MS/MS; GC/MS; AMS
• ELISA
• ³² P-Postlabelling
SCGE/with enzymes
- In vitro and in vivo
- Tissue from various organs
- Identification of a adduct not always necessary
All the methods have advantage and disadvantage centred around sensitivity, cost, time, and interpretation of results

Correlation of hepatocarcinogenicity of chemicals with the covalent binding index (CBI=Damage to DNA/Dose)

Compound	CBI	
Strong hepatocarcinogen		
Aflatoxin B1	17.000	
Moderate Hepatocarcinogen		
2-Acetylaminofluorene	560	
Vinylchloride	525	
Weak hepatocarcinogen		
Uretane	29-90	
Parcetamol	1.2	
Non-hepatocarcinogens		
Saccharin	< 0.005	







Identification of Potential Inter- and Intra- Species Differences (Qualitatively and Quantitatively)







DNA damage and repair

Alkaline elution

•Comet assay/Single cell gel electrophoresis

•Unscheduled DNA synthesis

-In vitro and in vivo

-Tissue from various organs (UDS mostly the liver) -Comet assay currently most popular



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Cellular repair of 8-oxoguanine. The cells were exposed and incubated at 37°C to allow repair to occur and the remaining 8-oxoguanines were estimated, as FPG-sensitive sites, using the comet assay. Mean values from lymphocytes from six subjects are shown, with SD. Collins and Harrington, 2002



- Bacteria mutation assays
- Mammalian gene mutation assay in cultered cells
- Chromosomal aberration assay in vitro
- UDS tests in vitro and in vivo
- Rodent erythrocyte micronucleus assay

• *In vivo* mammalian bone marrow chromosomal aberration test

•Mammalian germ cell tests

These tests are very important in hazard identification and characterisation



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Jones et al., Carcinogenesis 2, 1057, 1981

Up and coming tests

- •In vitro micronucleic assay
- Photochemical genotoxicity
- •Comet assay in vitro and in vivo
- •DNA adduct determination
- •Transgenic mutation assay





Comparison of positive results of *in vivo* transgenic mutation (TG) and rodent oncogenicity (Onco) assays at the site of first contact with the chemical, with *in vivo* rat liver UDS and mouse bone marrow/peripheral blood cytogenetics assays (Cyto)

Chemical	TG	UDS	Cyto	Onco
B-Propiolactone				
1-Chloromethylpyrene		ND		
DMBA				
BP				
1,3-Butadiene				
MNNG				
4NQO				
Urethane				
Benzene		ND		
MeIQ		ND		
DMN				





The most potent hepatocarcinogen known. Liver is the usual target for both acute and chronic toxicity.

Metabolic activation of AFB1 to the 8,9-epoxide, leading to binding to GSH, DNA (N-7 guanine) and serum albumin



Mutation spectrum in the tumor suppressor genet p53 linking Aflatoxin B₁ exposure to human liver cancer

•In liver tumors from persons living in geographic areas (Asia, Africa and North America) where AFB₁ and hepatitis B virus (HBV) are cancer risk factors, the majority of *p53* mutations are in codon 249.

•Exposure of AFB₁ to human liver cells *in vitro* produces 249^{ser} (AGG to AGT) p53 mutants.

Expression of the 249^{ser} mutant p53 protein appear to provide a specific growth/survival advantage to liver cells (suppression of apoptosis).

(Hussain and Harris, Mutat. Res., 428, 23-32, 1999)

Aflatoxin B1 - cancer risk estimation

Interactions with virus:

Both experimental as well as epidemiological experiments shows a strong interaction with hepatitis B infection (possible also hepatitis C) with an increased sensitivity towards aflatoxin B1

HBsAg-:

0.01 (0.002-0.03) cancer cases/year per 100.000 pr ng aflatoxin/ kg bw. per day. Lifetime risk 10⁻⁵ = 1.4ng/kg bw pr day

HBsAg+

0.3 (0.05-0.5) cancer cases/year per 100.000 pr ng aflatoxin/ kg bw. per day Lifetime risk $10^{-5} = 0.05$ ng/kg bw pr day

Nordic TDI: 0.01 ng / kg bw Intake in Norway not estimated

Conclusions

•Mutagenicity assays are very important in hazard identification and characterisation

•Carcinogenic effect appear to be more critical than Germ cell mutagensis with regard to exposure to chemical mutagens

•Mutagenicity studies in experimental systems as well as on humanes can gives very important aids to the **carcinogenic risk estimation**

•Mutagenicity test systems are excellent models for characterisation of the **mode of action**/mechanism for critical effects

•Mutagenicity studies may give important information with regard to **species differences** in carcinogenicity and mutagenicity

 Mutagenicity studies will aid in the extrapolation from high to low dose and from experimental systems to humans

•Mutagenicity studies are also important when characterising exposure