

PRIORITIZATION OF CHEMICALS ACCORDING TO THEIR HUMAN HEALTH TOXICITY

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GOAL

To propose a system for prioritizing chemicals according to their human health toxicity

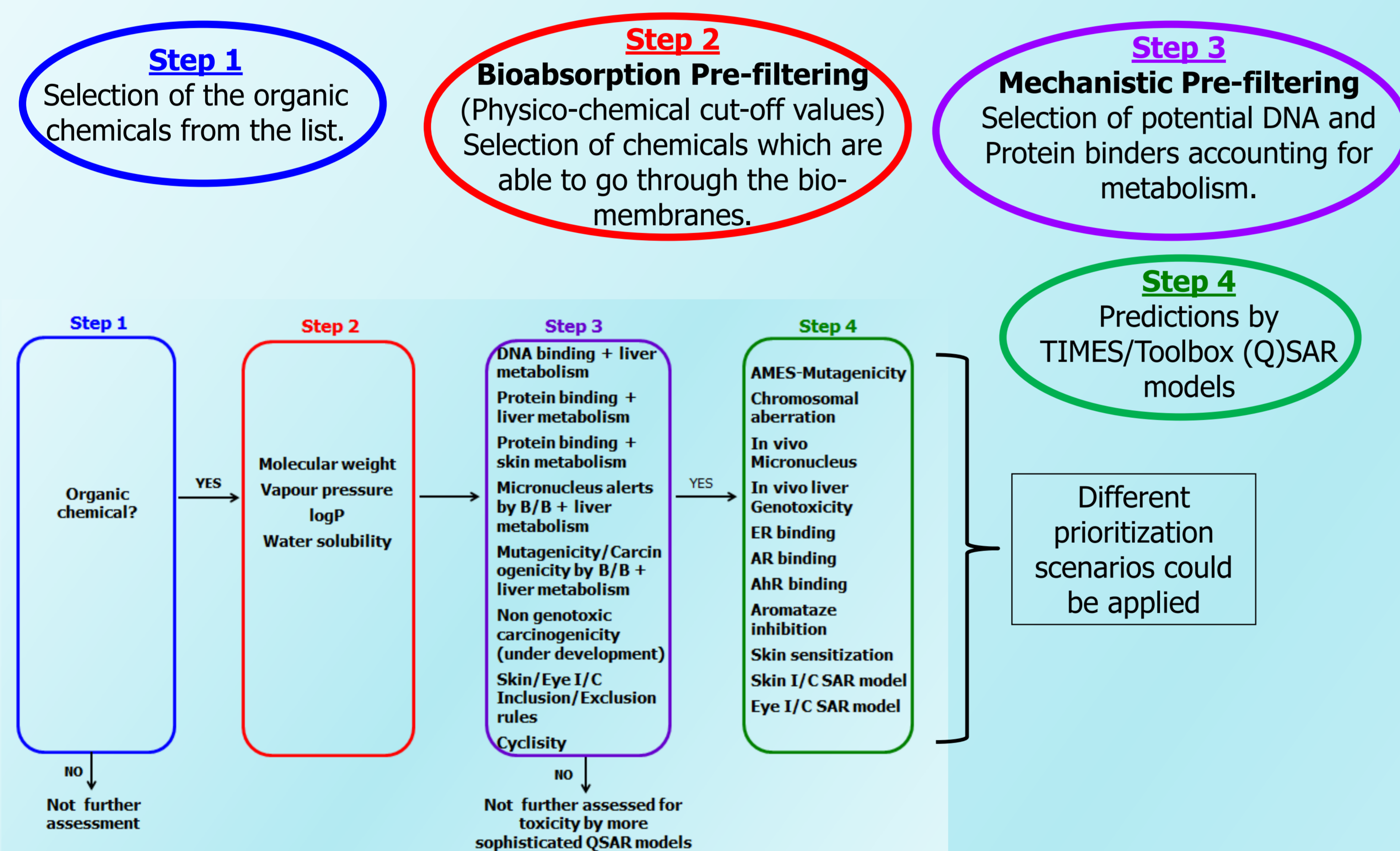
The development of new chemicals requires their rapid prioritization with respect to the possible impact on human health and the environment. In many cases, this prioritization even precedes the experimental syntheses of new products. In turn, the regulatory authorities are also interested in prioritization of their inventories for existing and new chemicals to identify the potentially most hazardous chemicals which deserve to be tested. Thus, the time taken to assess the risk of thousands of chemicals that are in current use can be reduced significantly. The use of the QSAR approach for prioritization of chemicals could save time and resources and give satisfactory results.

MATERIALS AND METHODS

OECD QSAR Toolbox functionalities and OASIS TIMES models were used in the prioritization process

The prioritization scheme consists of two stages. The first one is pre-filtering and it is based on OECD QSAR Toolbox [1] categorization profiles. Bio-absorption thresholds, mechanistic and endpoint specific alerts applied to parents and metabolites are used for pre-filtering purposes. The second stage includes (Q)SAR predictions based on TIMES [2-5] and OECD Toolbox models applied to already pre-filtered chemicals. Based on the endpoint hierarchy the chemicals are grouped into toxic categories.

After defining toxicity categories, two layers of confidence are associated with each of the toxicity category. The first layer provides "degree of certainty" of predictions depending on the structural target of these predictions: parent chemical, their metabolites or structural alerts, respectively. The second layer of confidence, called "reliability of prediction" is defined according to belonging of chemical structures to model applicability domain.

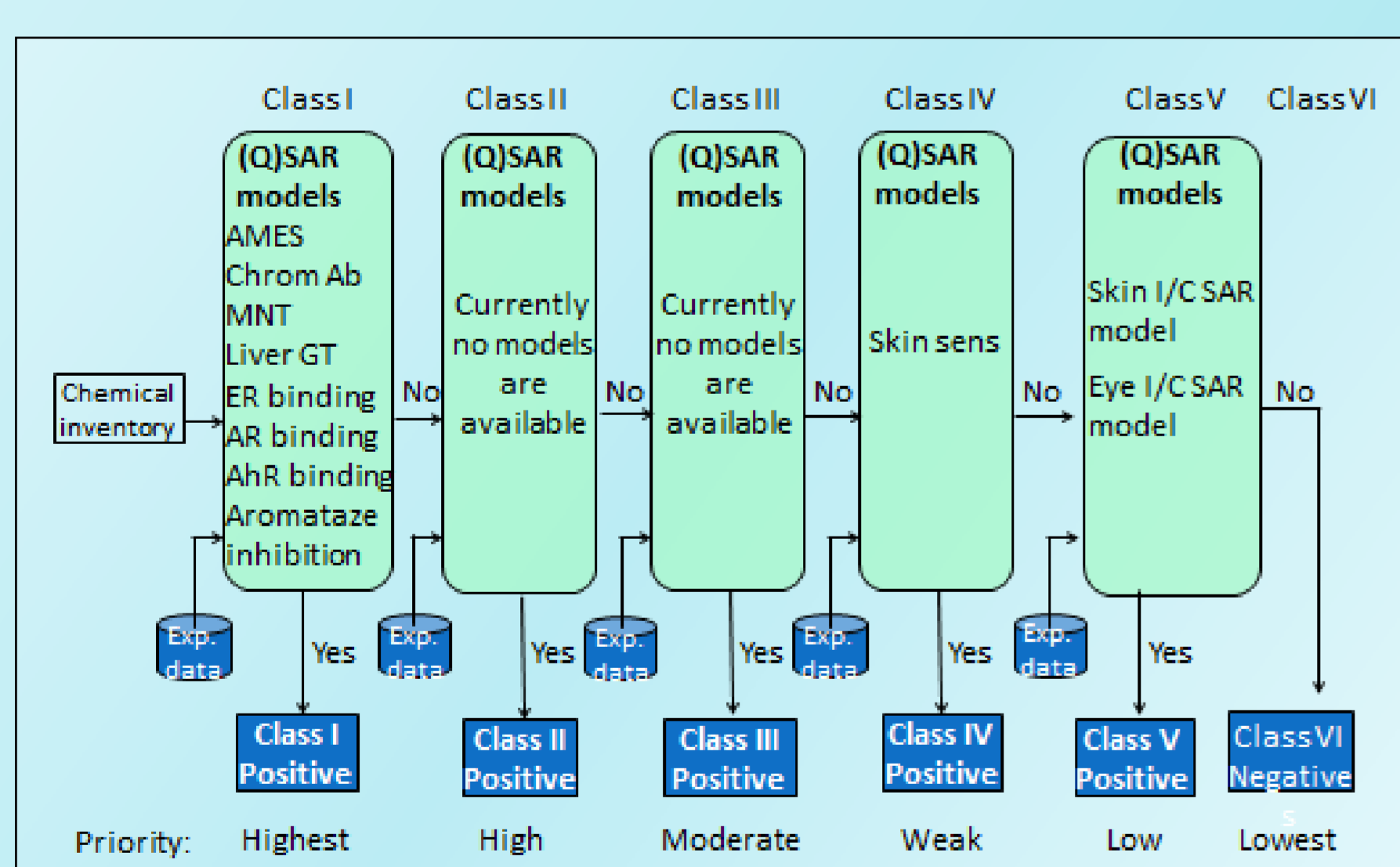


Proposed requirements for toxic priorities (could be dynamically modified)

| Toxicity Priority | Carcinogenicity | | Genotoxicity | | Reproductive/ Developmental Toxicity | | Acute toxicity | Repeat dose toxicity | Sensitization | | Irritation | |
|----------------------|-----------------|---------------|--------------|---------|--------------------------------------|------------|----------------|----------------------|---------------|------|------------|-----|
| | Genotoxic | Non Genotoxic | In vitro | In vivo | ER binding | AR binding | | | Skin | Lung | skin | eye |
| Class I (Highest) | | | + | | | | +/- | +/- | +/- | | +/- | |
| Class II (High) | | | - | | | | + | +/- | +/- | | +/- | |
| Class III (Moderate) | | | - | | | | - | + | +/- | | +/- | |
| Class IV (Weak) | | | - | | | | - | - | + | | +/- | |
| Class V (Low) | | | - | | | | - | - | - | | + | |
| Class VI (Lowest) | | | - | | | | - | - | - | | - | |

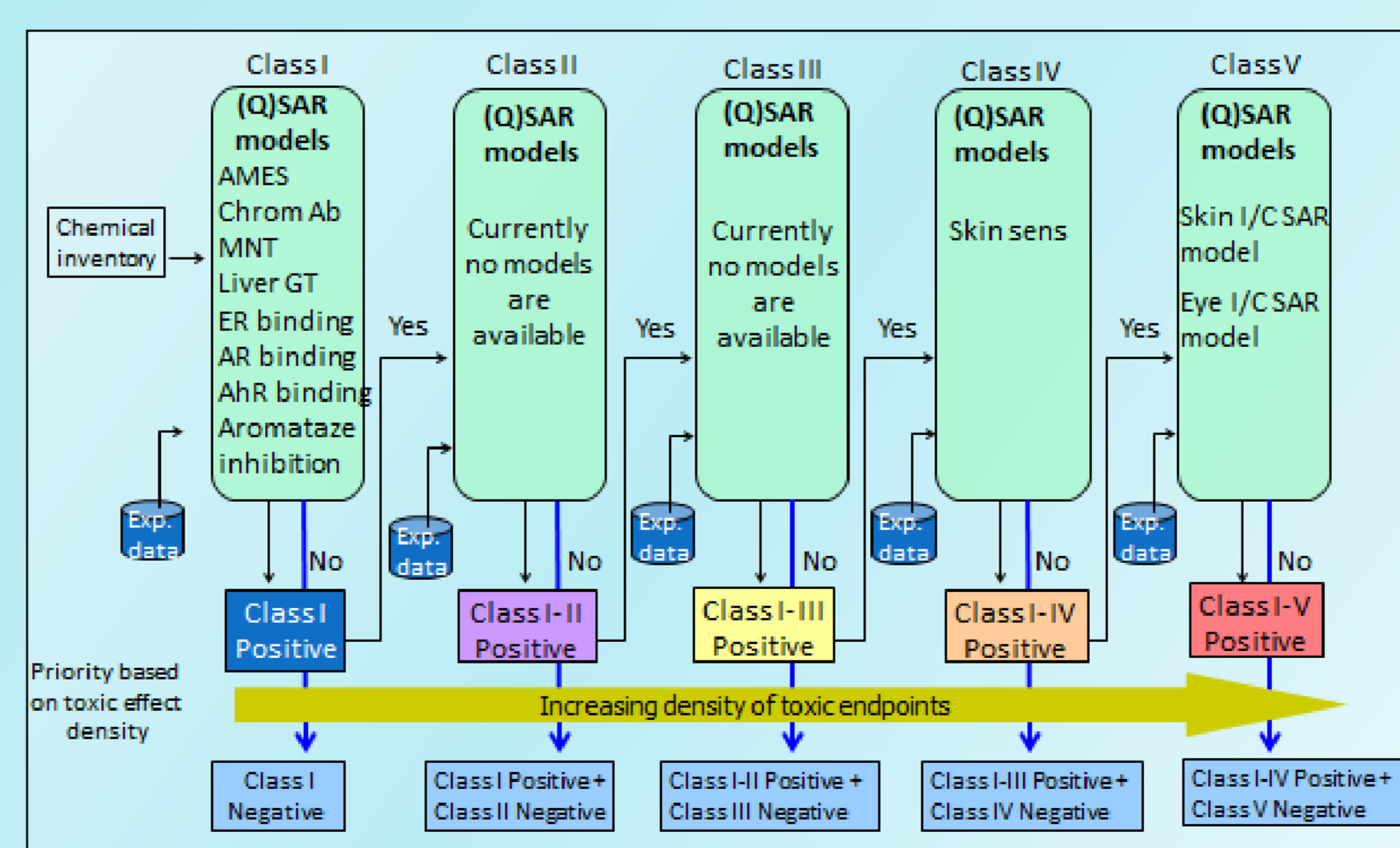
PRIORITIZATION SCENARIOS

Simplified prioritization

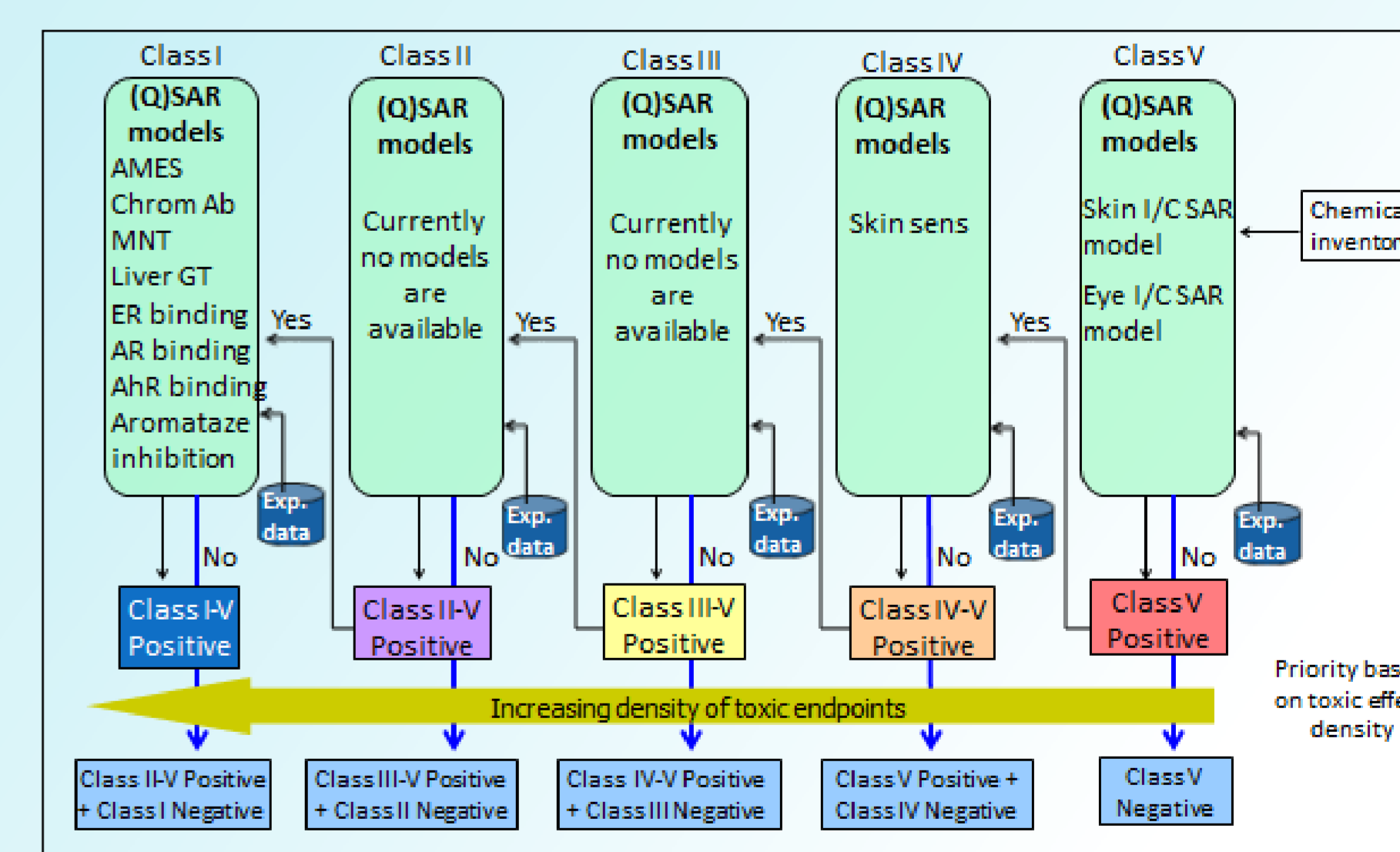


Prioritization based on accumulated toxic effects

Forward approach



Backward approach



SUMMARY

- ❖ Human Health Toxicity prioritization scheme has been proposed
- ❖ OECD Toolbox and OASIS-TIMES platforms are used as endpoint assessment tools and data sources
- ❖ Six classes of toxicity have been proposed
- ❖ Two layers of confidence have been added to each of the toxicity classes depending on:
 - Degree of certainty, i.e. whether toxicity is due to parent, metabolites or structural alerts
 - Reliability of prediction, i.e. belonging to model domain
- ❖ Two prioritization schemes are proposed based on:
 - Hierarchy of toxicity classes
 - Accumulated toxic effects

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