Exposure to engineered nanoparticles emitted from laser printers

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Session B | Exposure Scenario: Consumer Exposure (General Products)

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AND NANOTOXICOLOGY

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Presentation Outline

Background

- Nanotechnology
- Case study: laser printers
- Project design and Research objectives
- Results
 - Physicochemical, morphological and toxicological properties of laser printer-emitted particles (PEPs)
- Concluding remarks



Background: Knowledge gap

NANOTECHNOLOGY

- Superior physical, chemical and optical performance of nanoparticles in comparison to micron-sized components
- Thousands of nano-enabled products (NEPs) introduced to the market (textiles, paints, cosmetics, pharmaceutical, personal care products)

Exposure at the consumer level is inevitable

RESEARCH GAPS

- Risk assessment requires both exposure data as well as toxicological data
 - Exposure evidence is critical to understand adverse health effects from exposures across the life cycle of NEP
- No standardized methodology for the systematic investigation of real world exposures of particulate matter released across life cycle of NEPs (LCPM)
 - No link from LCPM exposure during <u>consumer use</u> or <u>end-of-life</u> to toxicology
 - o Limited exposure data beyond manufacturing stage
 - Life cycle perspective toxicology





Case Study: Laser printer-emitted particles

Exposure studies

Release both particulate matter (PM) and gaseous pollutants during their use

Has the laser-based printing industry incorporated ENMs in toners? If yes, are those ENMs released during printing? What are the properties (PCM) of the LCPM particle.

Toxicology studies

- Using toner powder as the test material instead of printer-emitted particles (PEPs)
- Intratracheally instilling toner powder to mice at unrealistic doses (e.g., 40 mg/kg)
- No inhalation studies evaluating biological responses post PEPs exposure

Not enough data for adequate science-based risk assessment of consumer exposure scenarios and no link between real word exposure to toxicology





Pirela et al., CRT 2017

Conceptual Framework



Research Objectives

- Develop lab-based exposure platform to generate real-world PEPs
- Utilization of developed platform to evaluate PEPs and gaseous copollutants released by laser printers currently in the market
 - Is the toner a nano-enabled product (NEP)? Physico-chemical and morphological characterization of toner powders and PEPs
 - Are ENMs emitted during a print job? Assess emission profile of laser printers (*i.e.*, PM and gaseous co-pollutants)
 - Are there operational parameters that affect the emission profile of laser printers?

Toxicological evaluation of PEPs

- o In vitro: mono- and co-culture systems
- o In vivo: whole-body inhalation and intratracheal instillation of PEPs



Development of Printer Exposure Generation System (PEGS)



Features

- Uninterrupted operation
- Real time aerosol and gaseous emission monitoring
- Particle generation and collection
- Animal exposures
- Simulation of different exposure scenarios (ACH)
- Versatile: can be used for characterization of particle released from various NEPs

Physicochemical and morphological assessment of toner powder and PEPs

Toner powder





- Diameter 10-15 µm
- ENMs on the surface and embedded in the toner particle
- *EDX:* traces of carbon, oxygen, aluminum, silicon, cerium, iron, among others

Toner formulations are nano-enabled products





- Different aggregate shapes/sizes of ~ 20 200 nm
 - Consistent with RT monitoring data
- *EDX:* traces of carbon, oxygen, aluminum, silicon, zinc, iron, cerium, copper, tellerium, titanium, sulfur, among others

ENMs become airborne during consumer use of laser printer



Assessment of laser printer emission profiles: Size distribution and number concentration of PEPs





Mobility diameter (nm)

Emission profiles of 11 laser printers (4 manufacturers)

- No association between emission profile and brand/model
- Peak emissions: 2,990 1.27 million particles/cm³
- Initial burst within 10-12 min
- Mean diameters: 39 122 nm, majority < 100 nm
- Mass concentrations of up to 100 μg/m³
- ♦ Emission profiles identified for printers → rank them based on maximum particle released





AND NANOTOXICOLOGY @ HSPH V 2013; Martin et la 2015, J Hazardous Materials; Pirela et al 2014/2015

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Chemical speciation of PAHs in toner powder and PEPs



PEPs (B1)

- Concentration of PAHs: 24.71 ng/mg
- Major contribution to the PAHS were high molecular weights

Toner powders (A1, B1, B2, C1, C2, C3)

- Concentration of PAHs: 22.5, 21.93,
 14.99, 11.88, 8.62 and 7.97 ng/mg.
- Relatively high fraction of low molecular weight PAH compounds that made up 73-85% of the sample
- 1.86 fold increase of PAHs concentration in PEPs compared to toner (B1)

Chemical speciation of PAHs in toner powder and PEPs

Relative distribution of PAHs



*Relative distribution of PAHs changes from low to high molecular weight PAHs from toner to high molecular weight in PEPs

*PEPs $PM_{0.1}$ appears to have a higher concentration of high molecular weight PAHs than PEPs $PM_{2.5}$

♦ Higher PEF associated with high molecular weight PAHs found mainly in the PEPs rather than the toner \rightarrow toxicological implications?

Mean PAHs and BaP-equivalent concentrations estimated using cancer potency-equivalent factor (PEF)

			Conce	entration (r	ng/g)
	Compound	PEF	Toner powder	PEPs PM _{0.1}	PEPs PM _{2.5}
	Naphthalene	0.001	1.3	2.9	1.7
	Acenaphthylene	0.001	2.2	2.8	2.9
≥	Acenaphthene	0.001	1.8	0.0	1.3
L	Fluorene	0.001	0.7	0.0	2.4
	Phenanthrene	0.001	0.2	0.4	6.3
	Anthracene	0.001	0.4	0.6	10.6
	Fluoranthene	0.001	0.3	0.9	5.5
	Pyrene	0.001	0.3	0.9	2.6
	Benzo[a]anthracene	0.1	0.0	1.3	7.3
MMI	Chrysene	0.01	0.0	3.0	9.6
±	Benzo[b/j]Fluoranthene	0.1	0.0	0.6	5.9
	Benzo[k]Fluoranthene	0.1	0.0	0.2	5.1
	Benzo[a]pyrene	1	0.0	2.3	5.8
	Total PAH:	s conc.	7.2	16.0	67.0
	Total PEF-equivalen	t conc.	0.0	2.6	7.8
	% PEF-equivalent/tota	l conc.	0%	16%	12%

Substantial Deposition and Retention in the Lungs

MPPD2 Lung Deposition Model

CMD	G	MMD	РМ _{0.1} Mass Conc. ^b µg/m ³	% Deposition (number)					
(nm)	Ug	(nm)		Total ^a	Head	Thoracic	Alveolar		
35.1	1.9	123.9	4.5	33.7	5.7	11.1	17.0		
23.1	2.1	113.2	2.2	35.9	6.2	12.1	17.9		
28.0	2.01	121.1	1.9	32.1	6.1	8.6	17.4		
38.3	1.7	86.48	2.2	39.8	6.4	13.2	20.2		
32.4	2.04	148.7	3.6	29.4	5.9	7.7	15.7		
36.2	2.07	177.7	4.6	28.2	6.7	7.1	14.5		
28.2	1.96	109.5	1.8	33.4	6.1	9.0	18.2		
34.9	1.75	89.7	6.4	36.4	6.4	9.9	20.1		
Hun	1an Model			-	Breathing Pa	rameters			
nctional Residu	al Capacity: 3	300.0 mL		Tidal Volume	:: 625 ml				
Head V	o <i>lume</i> : 50 mL		Breathing Frequency: 12 breaths/ min						
Breathin	<i>g Route</i> : Nasal	l		Inspiratory Fraction: 0.5					
					Pause Fract	<i>ion</i> : 0.0			
	CMD (nm) 35.1 23.1 28.0 38.3 32.4 36.2 28.2 34.9 Hun ctional Residu Head Va Breathin	CMD (nm) σg 35.1 1.9 23.1 2.1 28.0 2.01 38.3 1.7 32.4 2.04 36.2 2.07 28.2 1.96 34.9 1.75 Human Model Head Volume: 50 mL Breathing Route: Nasal	CMD (nm) σ_g MMD (nm)35.11.9123.923.12.1113.228.02.01121.138.31.786.4832.42.04148.736.22.07177.728.21.96109.534.91.7589.7Extended Capacity: 3300.0 mLHuman ModelExtended Volume: 50 mLBreathing Route: Nasal	CMD (nm)σ gMMD (nm)PM0.1 Mass Conc.b µg/m³35.11.9123.94.523.12.1113.22.228.02.01121.11.938.31.786.482.232.42.04148.73.636.22.07177.74.628.21.96109.51.834.91.7589.76.4Human Modeltritonal Residual Capacity: 3300.0 mLHead Volume: 50 mLBreathing Route: Nasal	$ \begin{array}{c} \begin{array}{c} { CMD} \\ { (nm)} \\ \end{array} \\ & \\ & \\ & \\ & \\ & \\ & \\ & \\ & \\ &$	CMD (nm) σ_g MMD (nm) $MassConc.bµg/m3 Totala Head 35.1 1.9 123.9 4.5 33.7 5.7 23.1 2.1 113.2 2.2 35.9 6.2 28.0 2.01 121.1 1.9 32.1 6.1 38.3 1.7 86.48 2.2 39.8 6.4 32.4 2.04 148.7 3.6 29.4 5.9 36.2 2.07 177.7 4.6 28.2 6.7 28.2 1.96 109.5 1.8 33.4 6.1 34.9 1.75 89.7 6.4 36.4 6.4 Itead Volume: 50 mL Itead Volume: 50 mL Breathing Route: Nasal $	CMD (nm) σ_g MMD (nm) $\frac{PM_{0.1}}{Mass}$ Conc.bµg/m3 Totala Head Thoracic 35.1 1.9 123.9 4.5 33.7 5.7 11.1 23.1 2.1 113.2 2.2 35.9 6.2 12.1 28.0 2.01 121.1 1.9 32.1 6.1 8.6 38.3 1.7 86.48 2.2 39.8 6.4 13.2 32.4 2.04 148.7 3.6 29.4 5.9 7.7 36.2 2.07 177.7 4.6 28.2 6.7 7.1 28.2 1.96 109.5 1.8 33.4 6.1 9.0 34.9 1.75 89.7 6.4 36.4 6.4 9.9 Human Model Erething Frequency: 12 breaths/min. Idead Volume: 50 mL Erething Frequency: 12 breaths/min. Breathing Route: Nasal Erething Frequency: 12 breaths/min.		



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^{PH} Martin et al 2015, J Hazardous Materials

High Dose and Dose Rate in the Nasal Cavities



Chemical speciation of tVOCs present in toners and PEPs





Toxicological assessment of PEPs – Study design



Cell viability, ROS, Gap junctions, Epithelial-Endothelial interactions, Epigenetics, Lung injury, Inflammation,

Cardiovascular



CENTER FOR NANOTECHNOLOGY ¹ Pirela et al., EHP 2015 | ² Lu et al., Nanotoxicology, 2015 | ³ Sisler et al., Nanotoxicology, 2014 AND NANOTOXICOLOGY @ HSPH

Dosimetric considerations for toxicological assessment





Summary of results from in vitro toxicological assessment

Mono-culture system

- PEPs led to significant cell death in epithelial cells (at highest delivered mass) and in macrophages in a dose-dependent pattern
- PEPs led to a dose dependent increase in ROS production in epithelial cells and in macrophages
- PEPs affect cytokines associated with cell division and immune responses
 - Recruitment of leukocytes to injury site, immune response stimulation, neutrophil production
- PEPs decreased expression levels of in DNA methyltransferases (DNMTs) and TET in a dose-response pattern
 - Possible change in methylation patterns affecting overall gene expression

Co-culture system

- Co-culture system allows for investigation of alveolar-capillary interaction
- Following epithelial cell treatment with PEPs, endothelial cells exhibited:
 - Increased reactive oxygen species
 - o Actin filament remodeling (stress fibers, filopodia, lamellipodia)
 - o Angiogenesis
 - o Substantial gap formation
 - Elevated cytokines levels: IL-1β, IL-8, IP-10, FGF-basic, IL-1RA, IL-6, MCP-1, MIP-1b, RANTES

Toxicological assessment of PEPs – Study design





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In vivo toxicological assessment: Instillation exposure

Experimental Design

- Animals: male Balb/c mice
- Exposure by intratracheal instillation
 - PM_{0.1} (sampled/extracted from CCI)
 - Control group: DI H₂O
- Doses: 0.5, 2.5 and 5.0 mg/kg bw
- Assessment done 24-hrs post exposure
- Samples collected: blood, heart, liver, spleen, lungs, bronchoalveolar lavage
- Parameters examined: lung injury and inflammation, epigenetics, oxidative damage

Intratracheal instillation

- No effect observed on pulmonary membrane integrity and neutrophil degranulation.
- Significant differences in white blood cell population (neutrophils, macrophages and lymphocytes) after PEPs exposure (5 mg/kg).
- Expression of a number of genes (*Nos1*, *Ccl5* and *Ucp2*) involved in inflammatory and oxidative damage responses was elevated after PEPs exposure.
- Leukemia inhibitory factor (LIF) was considerably upregulated by exposure to PEPs.
- Significant loss of DNA methyltransferase Dnmt3a and an elevated expression of TE LINE-1 observed in the whole lung tissue of mice instilled with PEPs.



Inhalation study design (1/2)



Inhalation study design (2/3)



Real-time exposure measurement



- Real-time mean particle diameter: ~45 nm
- Total particle number concentration:
 ~4-5 x10⁵ #/cm³
- Highest mean particle diameter: 67.62 nm
- Particle mass 737.90 μg/m³
- Variation between exposure days was detected in the 2016 study
 - This was due to use of different printers, wear and tear.

Real-time exposure analysis

	Group	Mean particle	Count median	Geometric standard	Particle number	Particle mass	VOCs
		diameter	diameter	deviation	concentration	concentration	
		(nm)	(nm)		(10 ⁵ /cm ³)	(µg/m³)	
	L1	67.62±6.31	61.94±7.41	1.68±0.05	21.67±3.89	737.90±137.56	n/a
	L5	55.68±6.05	50.55±6.59	1.65±0.05	5.48±1.61	107.25±29.21	262.8±134.8
16	L9	50.62±6.83	45.95±7.29	1.62±0.07	4.04±1.98	58.97±30.01	363.2±161.7
20	L13	57.34±8.33	52.39±8.41	1.66±0.07	5.62±2.75	127.52±66.40	248.6±197.1
	L17	63.63±9.15	58.15±9.90	1.69±0.06	10.66±5.14	331.35±155.74	244.8±164.2
	L21	64.93±9.88	59.63±10.20	1.68±0.07	11.10±6.07	363.63±209.30	257.8±165.6
	R1	46.44±6.89	43.76±7.77	1.65±0.06	4.21±1.73	48.10±9.02	
	R5	47.69±6.20	44.78±6.95	1.66±0.07	4.63±1.76	60.31±18.17	
017	R9	47.49±6.39	44.13±7.12	1.68±0.08	4.64±1.78	61.60±17.56	
50	R13	48.25±7.02	44.64±7.93	1.70±1.10	4.06±1.85	58.96±24.77	
	R17	49.35±7.82	45.75±8.90	1.70±0.09	4.22±1.94	64.41±24.20	
	R21	48.96±8.18	44.00±9.05	1.71±0.13	5.84±6.79	76.43±34.08	



Multiple particle pathway analysis (1/2)

L = 2016 study





Deposition:

~ 7%: head

~6%: TB region

21%: alveolar region

Rats

Human

Multiple particle pathway analysis (2/2)

		Retained	Deposition .	Depo	osited mas	s (µg)		Retained	mass (µg)	
	Group	dose (µg/m²)	rate (μg/hour)	Total	ТВ	Pulmona ry	Total	ТВ	Alveolar	Lymph nodes
	L1	1.06	2.34	11.71	2.36	9.35	0.31	0.00	0.30	0.01
	L5	28.2	0.43	10.83	2.15	8.68	8.18	0.05	8.11	0.03
16	L9	28.24	0.25	11.45	2.33	9.12	8.19	0.04	8.10	0.04
20	L13	79.31	0.50	32.74	6.46	26.27	23.00	0.15	22.70	0.17
	L17	252.06	1.23	104.51	20.35	84.15	73.10	0.45	71.90	0.71
	L21	322.75	1.31	137.25	26.90	110.35	93.60	0.53	91.90	1.13
	R1	2.51	0.19	0.93	0.20	0.74	0.73	0.00	0.73	0.00
	R5	15.27	0.24	5.95	1.23	4.72	4.43	0.03	4.39	0.01
1	R9	26.55	0.24	10.80	2.24	8.56	7.70	0.05	7.61	0.04
201	R13	35.86	0.23	15.24	3.10	12.14	10.40	0.07	10.30	0.08
	R17	49.31	0.25	21.67	4.39	17.29	14.30	0.09	14.10	0.14
	R21	70	0.30	31.66	6.47	25.19	20.30	0.11	19.90	0.25
	Human ^b	36.33	0.383	2760	810	1950	2278.36	8.36	1810	460

Rats: 0.29 m² alveolar surface area in rat

Human: 62.7 m² alveolar surface area in human



Pulmonary Region: Inflammatory response

				Nasal Lavag	e						Bro	nchoalveolar Lava	age				
			1.06 µg/m2	28.2 µg/m2	79.31 µg/m2	322.75 µg/m2		1.06 µg/m2	2.51 µg/m2	15.27 µg/m2	26.55 µg/m2	28.2 µg/m2	35.86 µg/m2	49.31 µg/m2	70 μg/m2	79.31 µg/m2	322.75 µg/m2
	ſ	IL-1B	0.43	0.18	0.53	0,47	IL-18	4.78	1.11	3.77	2.7	6.8	1.16	0.96	1.24	4.61	1.81
		IL-5	1.07	1.03	0.89	1.15	IL-5	1	1.44	1.31	0.75	0.9	2.02	0.97	1.14	0.9	0.87
Dra-inflammaton, co	tokina	IL-12	1.01	1.15	1	1.18	IL-12	0.89	0.48	0.4	0.58	1.2	151	0.73	1.15	1.13	0.57
Pro-inflammatory cytokines 🛁		IL-17A	-4	0.23	1	3.48	IL-17A	0.89	0.97	1.85	131	0.76	1	1,53	1	10.93	2.5
		IL-18	1.57	2.96	0.57	1.05	IL-18	1.96	1.09	1.85	1.31	0.83	0.92	0.58	1.06	151	0.84
		IFNy	1	2.28	1		IFNy	1	0.95	3.02	0.65	0.15	191	2.09	1.08	20.25	1
Anti-inflammaton, co		Leptin	1	0.92	171	12	Leptin	2.99	1.17	2.25	1.17	0.74	0.95	1.06	1.08	20.16	1.45
Antennaninatory c		IL-13	0.91	0.73	1.13	0.58	IL-13	0.75	1.99	1.95	0.92	1,67	1.13	0.78	0.87	0.76	1.51
	- ſ	MIP-1a	1	1		1	MIP-1a	1	1.2	1.05	0.73	0.91	1.09	1.22	1.44	3.44	2.65
2	cc 🗕	MIP-2	0.55	2.59	03	0.93	MIP-2	0.67	1.36	1.06	1.17	1.05	1.14	1.14	1.17	1.41	0.48
Champling -		Eotaxin	1.39	0.17	1.51	154	Eotaxin	0.98	0.9	0.79	0.45	0.98	1.78	0.34	174	0.67	0.9
circinovines	CXC	GRO/KC	1	7.14	1	1	GRO/KC	1	1.19	0.71	0.94	0.38	1.39	0.88	1.24	0.2	1
	CX3C	Fractalkine	1.21	0.95	0.93	0.55	Fractalkine	1.52	1.11	1.16	11	1.16	1.27	1.31	0.99	1.56	1.34
Grouth I	lantara 🕤	EGF	0.95	0.98	0.86	0.85	EGF	0.71	1.19	1.29	1.32	1.85	1.78	0.83	1.83	16.74	65.88
And With 1		VEGF	1.09	1.19	0.98	1.39	VEGF	1.32	0.62	0.57	0.72	1.14	1	0.61	191	0.85	0.73

Fold changes (PEPs/Control)



Pvalue ≤0.05

Only IL-18 up-regulation was found to be statistically significant in the BALF at the retention dose of 28.2 µg/m² (L5).

Blood serum biomarker analysis



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- 8-Isoprostane and 4-HNE are well established markers of oxidative stress originating from free radical oxidation of arachidonic acid *in vivo*.
- Leukotriene B4 (LTB4) is an important, wellestablished inflammatory mediator generated from activated innate immune cells such as neutrophils and macrophages, and mast cells.
- Serum markers for oxidative stress and inflammation showed upregulation in response to PEPs exposure.

HNE= 4-hydroxynonemal LTB4= Leukotriene B4

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Rats dose-response analysis relationship

Exposure day	Deposition rate (µg/hour)	Retained mass dose (μg/m²)	Biological outcomes for control versus PEPs exposed Sprague-Dawley rats (p value ≤0.05)	
L1	2.34	1.06		
R1	0.19	2.51		
R5	0.24	15.27		-
R9	0.24	26.55		NOAEL
L5	0.43	28.2	BALF LDH 1	LOAEL
L9	0.25	28.24		
R13	0.23	35.86		
R17	0.25	49.31	IL-18↓	
R21	0.30	70	BALF Hemoglobin \uparrow ; BALF IL-2 \uparrow	
L13	0.50	79.31	BALF LDH 1	
L17	1.23	252.06		
L21	1.31	322.75		

NOAEL= No adverse effect levels

LOAEL= Low adverse effects levels

0.29 m² alveolar surface area in rat



Exposure day	Retention mass dose
NOAEL	4.71 mg/m ²
LOAEL	7.53 mg/m ²
Worst case scenario (Martin et al., 2015)	3.14 mg/m ²

- Exposure NOAEL, LOAEL and Worst case scenario to PEPs exposure for 8 hrs/day, 5 days a week for 21 days.
- Human: 62.7 m² alveolar surface area in human (Oller and Oberdorster, 2010, Regulatory Toxicol Pharma.)
- Worst case scenario based on measurements at Boston, MA photocopier center 8 printing >11,000 copies per day (Martin et al., 2015. J Hazard Mater.).

Summary of results from in vivo toxicological assessment

Inhalation – Work in progress

- PEPs induced mild cytotoxicity, inflammation and oxidative stress in the respiratory region of the Sprague-Dawley rats.
- These responses were in the form of modest release of pro-inflammatory cytokines and chemokines, influx of immune cells and modest increase in peroxidase activity and glutathione levels both in the NLF and BALF of the exposed animals.
- Histological and in situ ROS studies demonstrated no negative and pathological effects from PEPs exposure to both pulmonary and cardiac region of the exposed animals.
- Serum samples analysis indicated upregulation of oxidative stress and inflammatory metabolic biomarkers.
- Repeated PEPs exposure causes hypertension and sympathetic excitation.
- Based on the measured biological responses the PEPs concentration of 28.2 µg/m² was found to be the transition point from NOAEL to LOAEL.
- Extrapolating the obtained results to human exposure to PEPs for 8 hrs/day, 5 days per week and 3 weeks the NOAEL and LOAEL after pulmonary clearance was determined at 4.71 mg/m² and 7.53 mg/m².



Future Directions - Objectives

- To establish a prospective cohort
 - To serve as a model for assessing the risks to exposures from engineered nanoparticles released from nano-enabled products.
 - Develop integrated methodologies that can be used along the exposuredisease continuum.
 - Develop research driven by mechanistic hypothesis.
 - Develop novel effect biomarkers.
 - Develop intervention strategies.
 - Safer by design product reformulations to minimize risks.
 - Promote sustainable nanotechnology efforts in this field.



Inhalation – Primary Exposure Pathway



Central Hypothesis

- Nanoparticles from toner-based printing equipment induce inflammation and oxidative stress, leading to respiratory disorders of the upper and lower airways, immune system activation, cardiovascular health risk, and possibly genotoxicity, in exposed individuals.
 - Oxidative Stress
 - Pro-inflammatory responses
 - o Respiratory
 - o Cardiovascular
 - o Genotoxicity



Impact of the study

- Addressed the importance of evaluating life-cycle implications of NEPs.
- Assessing real world exposures and their associated toxicological properties rather than focusing on "raw" materials used in NEP synthesis.
- Multidisciplinary approach and methodology to investigate toxicological implications of consumer exposures to released PM from NEPs.



Major Knowledge Gaps

- Estimates of the disease burden in workers and consumers are lacking.
 - Respiratory, cardiovascular and immune system, and genotoxicity.
 - Carcinogenicity, neurological and reproductive toxicity.
- Exposure-dose-effect relationships in cohorts have to be established.
- Exposure bio/markers for routine exposure monitoring purposes are currently lacking.
- Exact molecular mechanisms not fully elucidated.



Thank you for your attention! Questions?

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In vitro doses of PEPs and corresponding consumer inhalation exposure duration

		SAEC	THP-1			
Administered dose (cells) ^a (µg/mL)	Delivered dose (cells) ^a (µg/mL)	Corresponding consumer inhalation exposure duration to PEPs (hr) ^b	Delivered dose (cells) ^a (µg/mL)	Corresponding consumer inhalation exposure duration to PEPs (hr) ^b		
0.5	0.5	15.0	0.26	7.8		
5	5	75.2	2.6	39.0		
10	10	150.4	5.2	77.9		
20	20	300.7	10.4	155.8		
30	30	451.1	15.6	233.7		
40	40	601.4	20.8	311.5		
100	100	1503.6	52.0	778.9		

Table 2. In vitro doses of PEPs and the corresponding consumer inhalation exposure duration.

^{*a*} In vitro–administered and delivered doses were based on a 24-hr *in vitro* exposure. ^{*b*}Calculations of the corresponding consumer inhalation exposure duration (hours) were based on the added values of deposition mass flux (µg/m² • min) in the various human airways, excluding head airways: the conducting zone (generations 0 to 16) and the transitional and respiratory zones (generations 17 through 23).



In vivo doses of PEPs and corresponding consumer inhalation exposure duration

Table 2

Comparison of doses of murine PEP exposures used in the study by intratracheal instillation with comparable human inhalation exposures to PEPs.

PEP exposure by intratrachealDinstillationin(mg/kg bw)(1)	Duration of consumer inhalation exposure of PEPs (h)				
0.5	13.7				
2.5	70.9				

