



Bundesanstalt für Arbeitsschutz und Arbeitsmedizin

How to address health hazards of nanomaterials?

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Which nanomaterials pose particular concern?

- **particulate** nanomaterial dusts:
 - relevance of inhalation exposure
- and: **high persistence** in biological systems
- *not covered here : medical applications:*
 - *materials are generally different due to design*
(e.g. solid lipids)
 - *different definition (primary particle diameter*
up to 1000 nm)

Systemic distribution and toxicity of persistent nanomaterials

https://www.baua.de/de/Themen-von-A-Z/Gefahrstoffe/AGS/AGS-zu-Nanomaterialien_content.html

not covered here:

Distribution in(to) the body (kinetics)

generally low distribution rate

Data gap: systemic accumulation after long term exposure

Systemic toxicity (dynamics) : *generally low (AGS 2011)*

Data gap: systemic toxicity after long term exposure

Particles may be systemically distributed – if nano or not

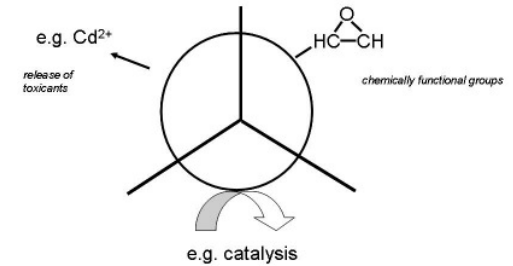
Example: spleen tissue, coal workers

LeFevre et al. Hum Pathol. 1982;13(12):1121-6.

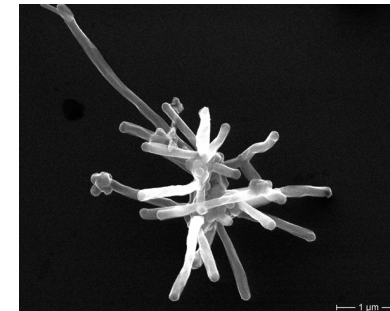


Nanomaterials: grouping according to mode of action

i) Is there a specific ,chemical‘ toxicity?



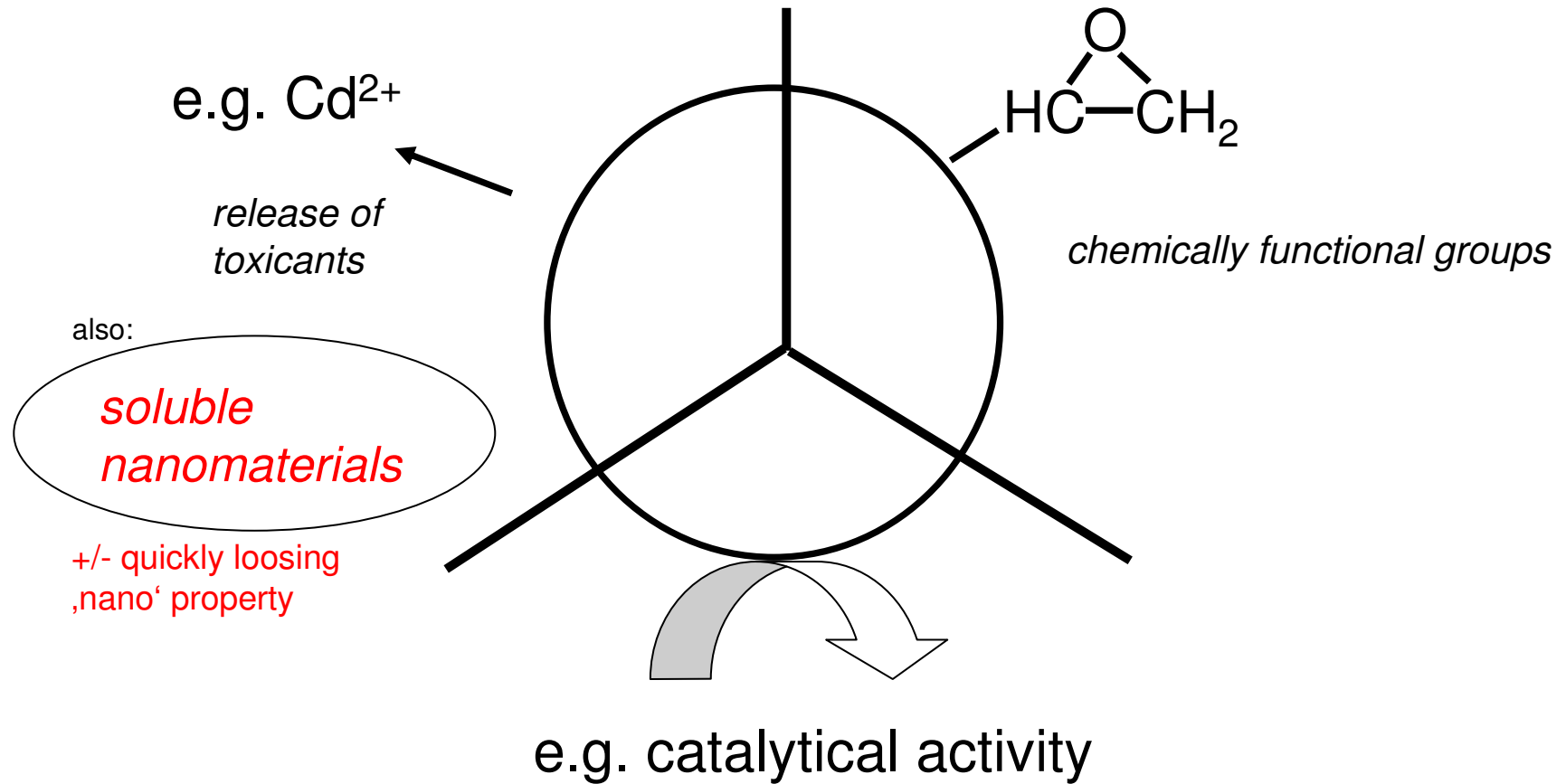
ii) Does the fibre principle apply?



iii) Are the **particles granular, biopersistent**
& not specifically toxic?

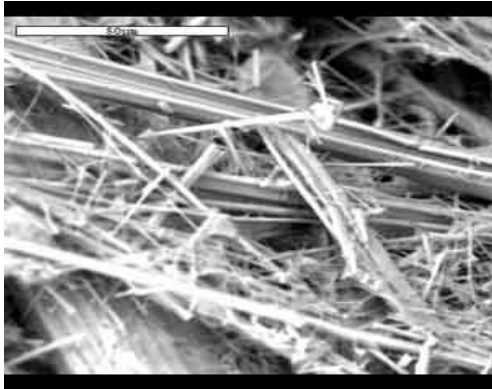
nanomaterials: possible modes of action – I-

i) Evaluation case by case, if:



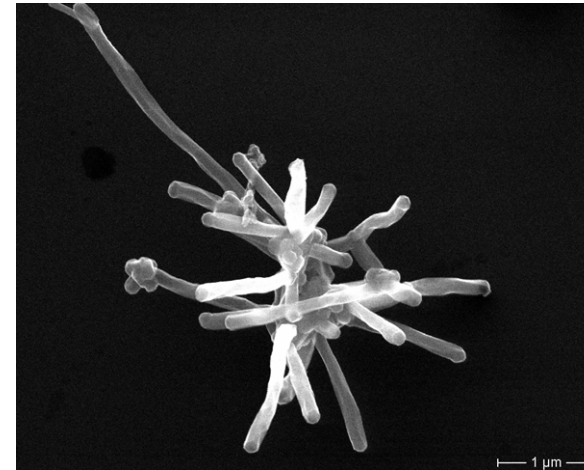
nanomaterials: possible modes of action – II-

ii) Does the fibre principle apply?

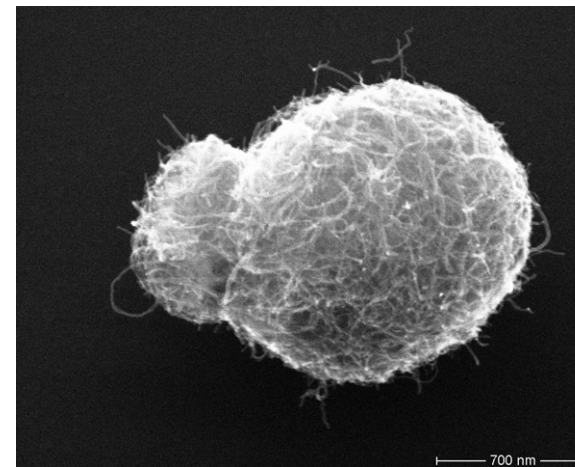


asbestos

3-D-principle:
dose,
dimension,
durability



carbon nanotubes



Can nanomaterials be described as.....?

GBP

respirable granular biodurable particles without known significant specific toxicity (*Roller & Pott, 2006*)

PSP

poorly soluble particles of low cytotoxicity

(*Oberdörster et al., 2002*)

PSLT

poorly soluble, low toxicity particles (*Dankovic et al., 2007*)

...and there are more terms....

GBP nanomaterials

respirable **g**ranular **b**iodurable low toxicity **p**articles:
same mode of toxicological action
relevant group of nanomaterials

e.g.

titanium dioxide,

carbon black,

cerium oxide,

barium sulphate

Status of discussion

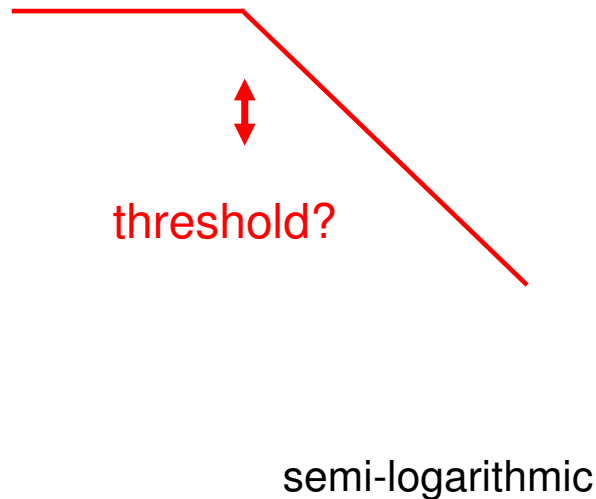
- IARC 2006: titanium dioxide & carbon black:
*sufficient evidence in experimental animals (rat) for
(inhalation) carcinogenicity (Baan et al., 2007)*
- **there are people that say....**
*rat is no adequate species to study GBP carcinogenicity
threshold for carcinogenicity
lung tumours only due to lung overload*

What do the data tell us....

rat is relevant: hazard & risk assessment

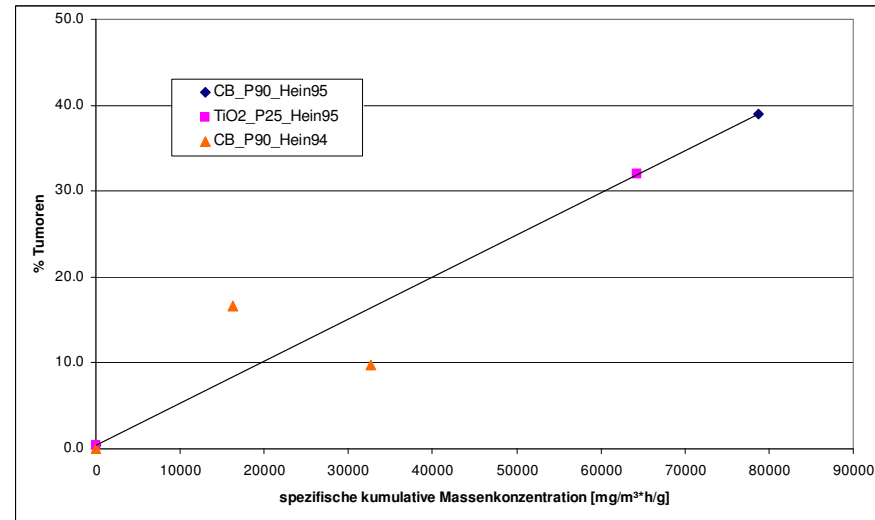
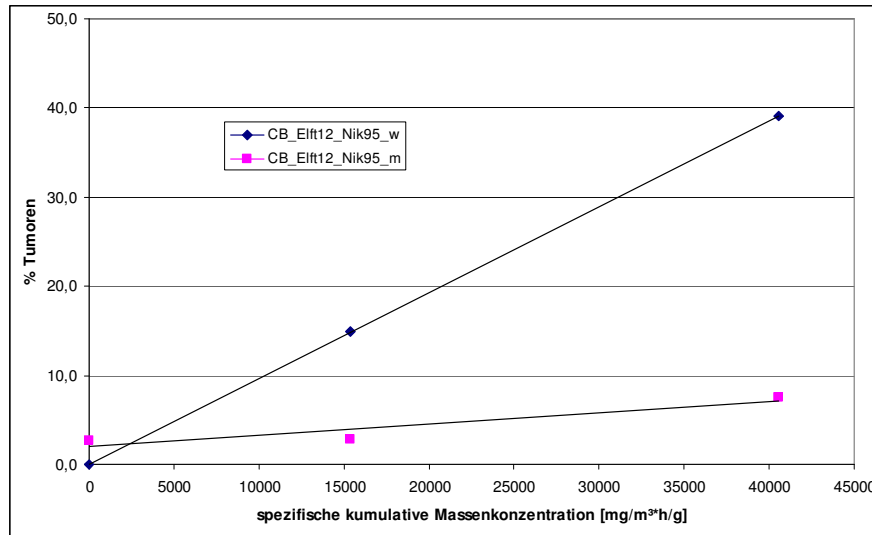
evidence for inflammation at non-‘overload’ exposures

no clear evidence for threshold (*clearance with increasing dust load*)



What do the data tell us....

Linear rat lung carcinogenicity TiO_2 , carbon black looks linear !



GBP nanomaterials

Open question

comparative carcinogenic potency

of GBP nanomaterials

vs GBP micromaterials

(PPD > 100 nm in all dimensions)

selected endpoint: carcinogenicity in rat inhalation studies

→ meta-analysis was performed

Gebel (2012) Arch Toxicol. 2012; 86(7):995-1007.

Survey on the available rat carcinogenicity studies

substance	form	study	abbreviation	rat strain	t _{exposed} (mth)	t _{section} (mth)	sex	MMAD (μ m)	PPD (μ m)	BET (m ² /g)
coal dust		Martin et al. 1977	Coal_Mart77	SD	24	24	f	-	-	-
titanium dioxide	rutile	Lee et al. 1985; 1986	TiO2_Lee85	SD	24	24	f/m	1.6	230	8
	P25 (80% anatase / 20% rutile)	Heinrich et al. 1995	TiO2_P25_Hein95	Wistar	24	30	f	0.8	21	48
carbon black	Printex 90	Heinrich et al. 1994	CB_P90_Hein94	Wistar	10/20	30	f	1.1	14	227
	Elftex-12	Nikula et al., 1995	CB_Elft12_Nik95	F344/N	24	25.5	f/m	1.95/0.1	37	43
	Printex 90	Heinrich et al. 1995	CB_P90_Hein95	Wistar	24	30	f	0.64	14	227
diesel engine emissions		Heinrich et al. 1995	DME_Hein95	Wistar	24	30	f	0.25	15	~20
		Mauderly et al., 1987; Cheng et al., 1984	DME_Maud87	F344/ CrI	24	30	f/m	0.25	-	
		Nikula et al., 1995	DME_Nik95	F344/N	24	25,5	f/m	2.00/0.1	-	
		Iwai et al., 2000	DME_Iwai00	F344	3/6/9/12	30	f	-	-	
		Heinrich et al. 1986	DME_Hein86	Wistar	32	32	f	0.35	-	
		Brightwell et al. 1989	DME_Bright89	F344	24	30	f/m	-	-	
		Iwai et al., 1986	DME_Iwai86	F344	24	30	f	-	-	
		Ishinishi et al., 1986	DME_Ishi86	F344/Jcl	30	30	f/m	-	-	
talc		NTP 1993	Talc_NTP93	F344/N	28/26	28/26	f/m	2.95	-	11
toner		Muhle et al., 1991; Bellmann et al., 1991	Ton_Muhle91	F344	24	26	f/m	4	-	3,6

MMAD, mass median aerodyn. diameter; PPD, primary particle diameter, BET: spec. surface area, t, time

red: GBP micromaterial studies; black: studies with nanostructured particles



Meta-analysis procedure

Carcinogenicity studies with different protocols:

Several adjustments needed before comparison:

e.g.

- exposure duration (h/d; d/week, total months)
- total study duration (tumour induction age-dependent)

Mauderly et al. 1987

Comparative carcinogenic potency

- rat carcinogenicity studies: GBP nanomaterials are maximally ~ **5 times more potent** cf. GBP micromaterials.
- studies with GBP nanomaterials **longer** than those with GBP micromaterials (median value 4 mths):
real potency difference is ~ 2-3
- no relevant difference +/- diesel data: particle is toxic principle

conclusion: **potency difference** between GBP nanomaterials and GBP micromaterials for OEL derivation **is small** when using the rat carcinogenicity studies

Summary I

The relevant toxic effects of the major nanomaterials are covered by the current knowledge in dust toxicology

target organ: lung (inhalation)

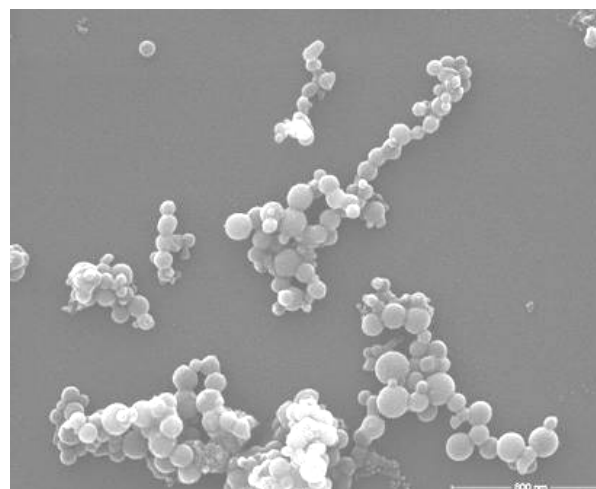
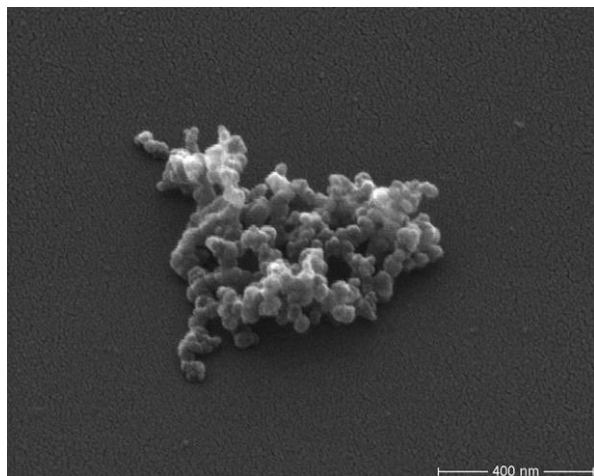
→ effects are known:

chronic inhalation of respirable dust (**work place!**):
inflammation and putative **carcinogenicity**

Summary II

nanomaterial health hazards
can be described by known modes of toxic action

⇒ methods for the evaluation of possible
effects of nanomaterials are available



There is currently no evidence for
a new & specific nanomaterial toxicology.