

Next generation risk assessment (NGRA) for consumer products

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Outline

- What is NGRA?
- How is it being applied today?
- Where next?

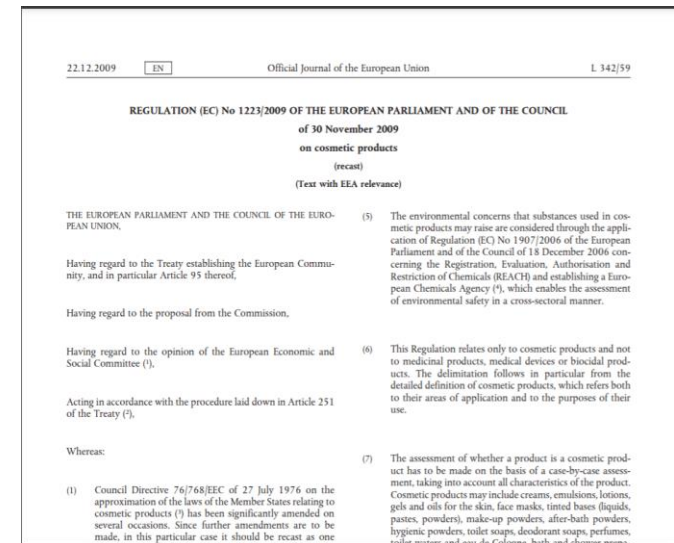
The need for non-animal approaches



Societal Attitudes/Consumer Preference

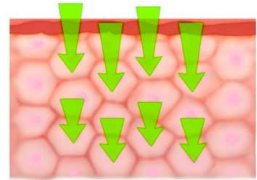


Human Relevance

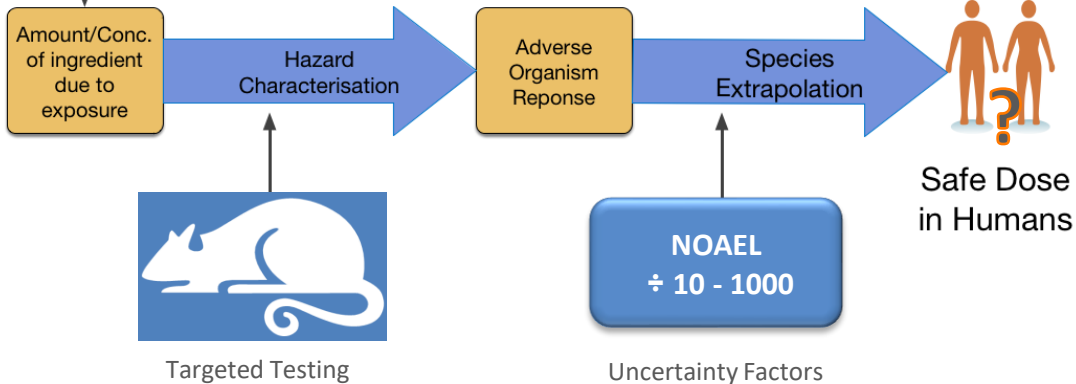
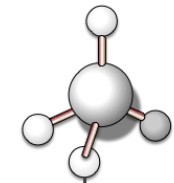
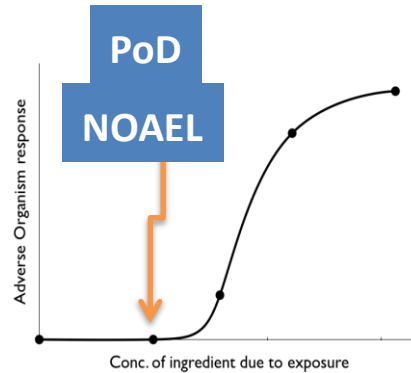


Regulatory Change

Why do we need NGRA?



Is it safe?



Existing approaches

Threshold of Toxicological Concern
(Yang et al 2017)
<https://doi.org/10.1016/j.fct.2017.08.043>

Read across

History of Safe Use
(Neely et al 2011)
<https://doi.org/10.4103/0971-6580.85882>

~~e.g. 90 Day Repeat Dose Study~~



A new non-animal paradigm is needed...

...replacement of animal test data is not the answer

→ NGRA

What is NGRA?

An exposure-led, hypothesis driven risk assessment approach that incorporates one or more NAMs to ensure that chemical exposures do not cause harm to consumers

Dent *et al.* , (2018) *Comp Tox* 7:20-26

Principles of NGRA from ICCR (International Cooperation on Cosmetics Regulation)

4 Main overriding principles:

The overall goal is a human safety risk assessment

The assessment is exposure led

The assessment is hypothesis driven

The assessment is designed to prevent harm

3 Principles describe how a NGRA should be conducted:

Following an appropriate appraisal of existing information

Using a tiered and iterative approach

Using robust and relevant methods and strategies

2 Principles for documenting NGRA:

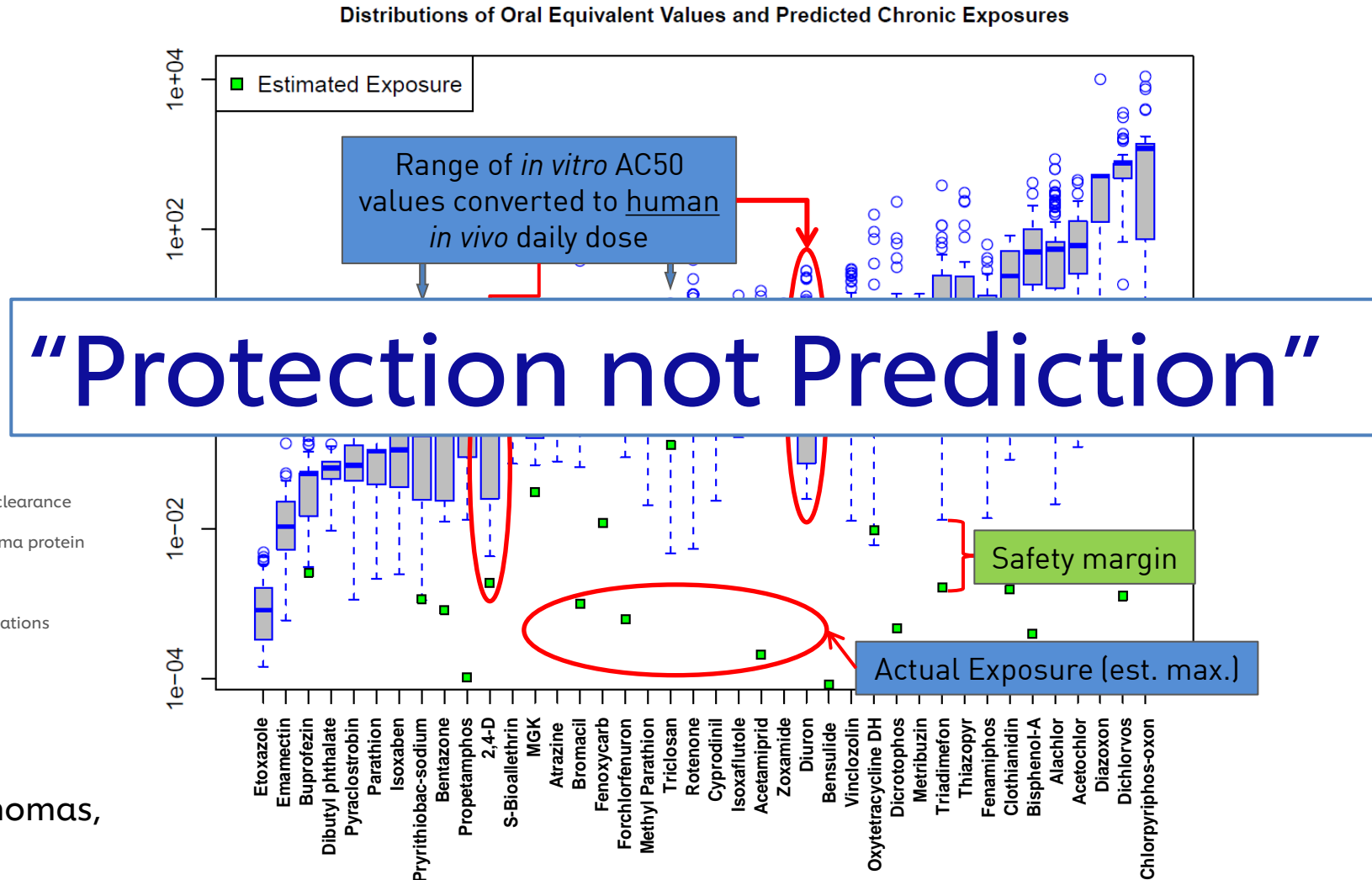
Sources of uncertainty should be characterized and documented

The logic of the approach should be transparent and documented

Integrating different lines of evidence for safety decision making



Low-tier NGRA



Slide from Dr Rusty Thomas, EPA, with thanks

Rotroff, et al. Tox.Sci 2010 Vol 117/2 348-358

<https://doi.org/10.1093/toxsci/kfq220>

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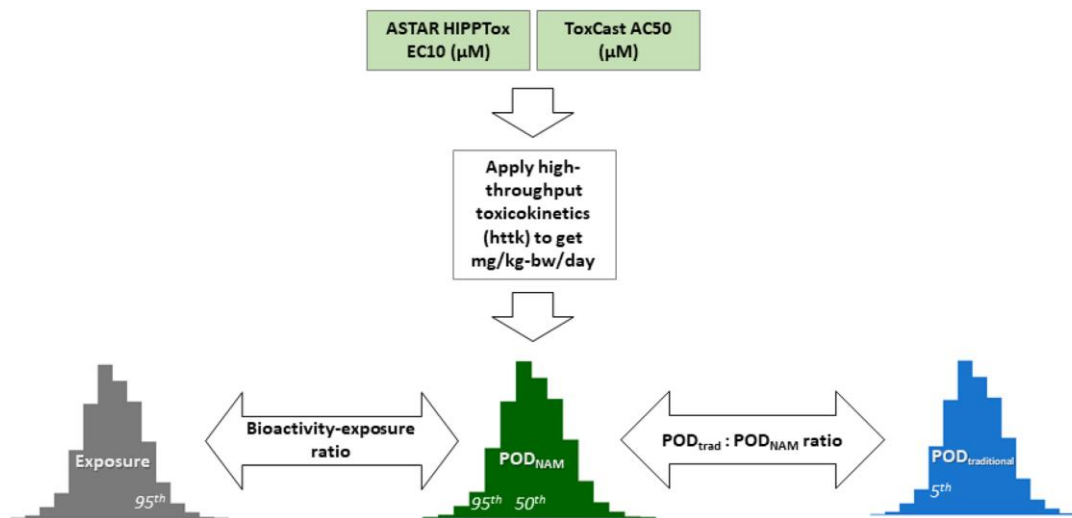
How protective are the NAMs?

Example from the Accelerating the Pace of Chemical Risk Assessment (APCRA) initiative



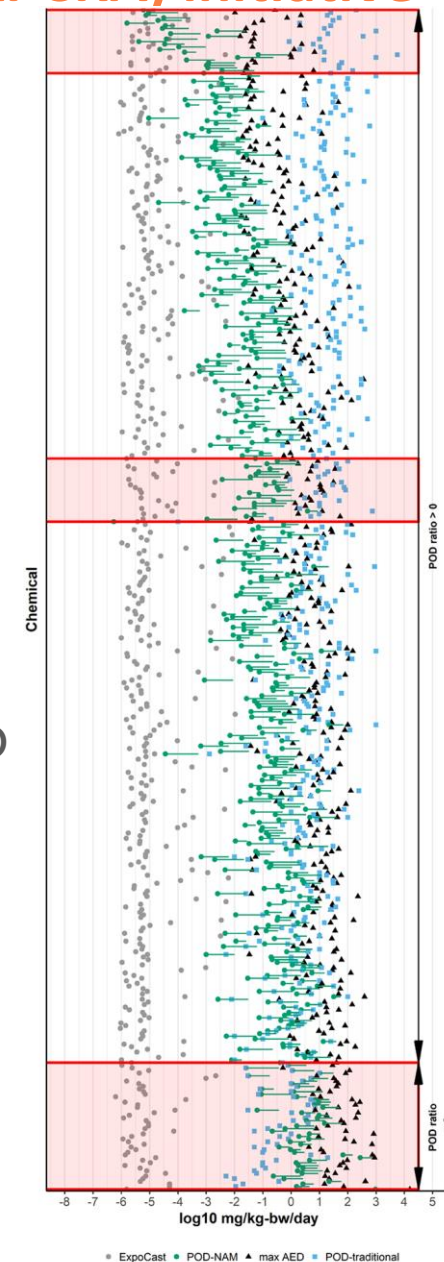
Utility of *In Vitro* Bioactivity as a Lower Bound Estimate of *In Vivo* Adverse Effect Levels and in Risk-Based Prioritization

Katie Paul Friedman ^{*,1} Matthew Gagne, [†] Lit-Hsin Loo, [‡] Panagiotis Karamertzanis, [§] Tatiana Netzeva, [§] Tomasz Sobanski, [§] Jill A. Franzosa, ^{||} Ann M. Richard, ^{*} Ryan R. Lougee, ^{*,||} Andrea Gissi, [§] Jia-Ying Joey Lee, [‡] Michelle Angrish, ^{||} Jean Lou Dome, ^{||} Stiven Foster, [#] Kathleen Raffaele, [#] Tina Bahadori, ^{||} Maureen R. Gwinn, ^{*} Jason Lambert, ^{*} Maurice Whelan, ^{**} Mike Rasenberg, [§] Tara Barton-Maclaren, [†] and Russell S. Thomas ^{*,*}

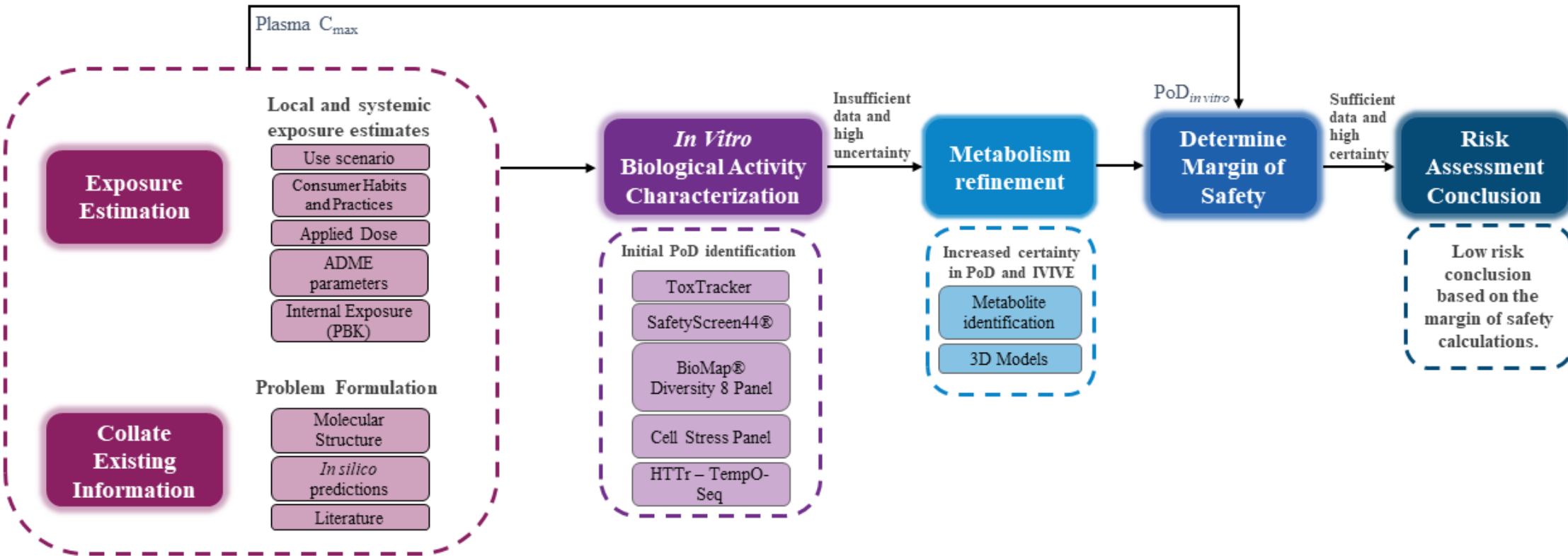


Of the 448 substances, 89% had a $POD_{NAM,95}$ that was less than the traditional $POD_{traditional}$ value.

Bioactivity:exposure ratios (BERs), useful for identification of priority substances, demonstrated that high-throughput exposure predictions were greater than the $POD_{NAM,95}$ for 11 substances.

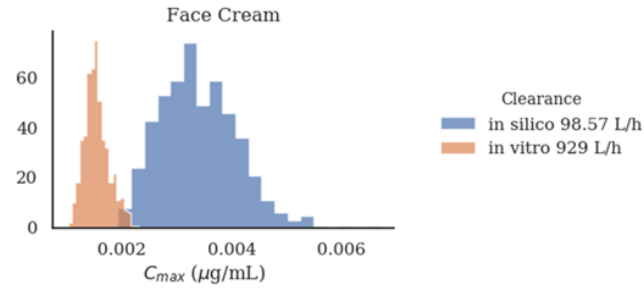
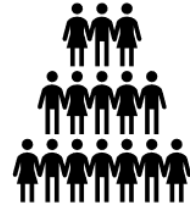


Application of NGRA principles and framework to exposure-led risk assessment: Coumarin example



Some key elements in the NGRA toolbox

PBK Modelling



Toxicology in Vitro (2020), 63, 104746

In vitro pharmacological profiling

PERSPECTIVES

A GUIDE TO DRUG DISCOVERY – OPINION

Reducing safety-related drug attrition: the use of *in vitro* pharmacological profiling

Joanne Brown, Andrew J. Brown, Jacques Homan, Wolfgang Juratnik, Arun Sridhar, Gareth Waldron and Steven Whitbread

Abstract: *In vitro* pharmacological profiling is increasingly being used earlier in the drug discovery process to identify undesirable off-target activity profiles that could hinder or halt the development of candidate drugs or even lead to market withdrawal if discovered after a drug is approved. Here, for the first time, the rationale, strategies and methodologies for *in vitro* pharmacological profiling at four major pharmaceutical companies (AstraZeneca, GlaxoSmithKline, Novartis and Pfizer) are presented and illustrated with examples of their impact on the drug discovery process. We hope that this will enable other companies and academic institutions to benefit from this knowledge and consider joining us in our collaborative knowledge sharing.

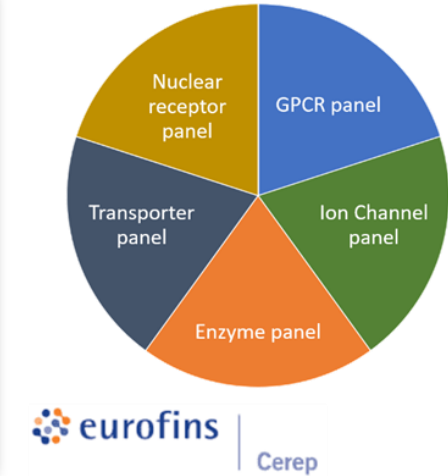
Decreasing the high attrition rate in the drug discovery and development process is a primary goal of the pharmaceutical industry. One of the main challenges in achieving this goal is striking an appropriate balance between drug efficacy and potential adverse effects as early as possible in order to reduce safety-related attrition, particularly in the more expensive late stages of clinical development. Gaining better understanding of the safety profile of drug candidates early in the process is also crucial for reducing the likelihood of safety issues limiting the use of approved drugs, or even leading to their market withdrawal, having to incur the associated financial and regulatory costs.

target (or targets), whereas secondary effects are due to interactions with targets other than the primary target (or targets) that is off-target interactions. Off-target interactions are often the cause of ADRs in animal models or clinical studies, and so careful characterization and identification of secondary pharmacology profiles of drug candidates early in the drug discovery process might help to reduce the incidence of type A ADRs.

In vitro pharmacological profiling involves the screening of compounds against a broad range of targets (receptors, ion channels, enzymes and transporters) that are distinct from the intended

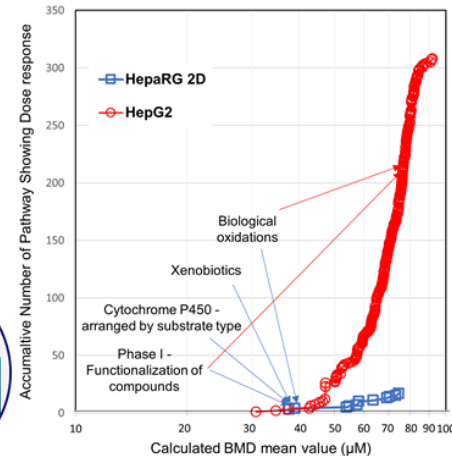
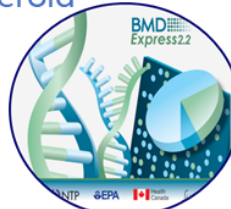
safety testing of drug candidates and are designed to prevent serious ADRs from occurring in clinical studies. The *in vitro* pharmacology assay that is absolutely required by regulatory authorities is that measures the effects of new chemical entities on the ionotropic current of hK₁ (an heterologously expressed human voltage-gated potassium channel subfamily 11 member 2 (hKCNH2), also known as hERG). The mechanism by which blockade of hERG can elicit potentially fatal cardiac arrhythmias (torsades de pointes) following a prolongation of the QT interval is well characterized^{1,2}, and the seriousness of this ADR is one reason why this assay is a mandatory regulatory requirement. Receptor binding studies are also recommended as the first tier approach for the assessment of the dependence potential of novel chemical entities³. However, current regulatory guidance does not describe which targets should constitute an *in vitro* pharmacological profiling panel and does not indicate the stage of the discovery process at which *in vitro* pharmacological profiling should occur. Nevertheless, the general need for most pharmaceutical companies to perform this testing early in drug discovery to reduce attrition and to facilitate better production of ADRs in the later stages of drug discovery and development.

Here, for the first time, four major pharmaceutical companies (AstraZeneca, GlaxoSmithKline, Novartis and Pfizer) share their knowledge and experience of the innovative application of existing screening technologies to detect off-target interactions of compounds. The objective of this article is to describe the rationale and main strategies for the use of *in vitro* pharmacological profiling to reduce both production and



Transcriptomics

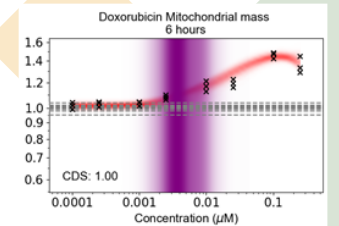
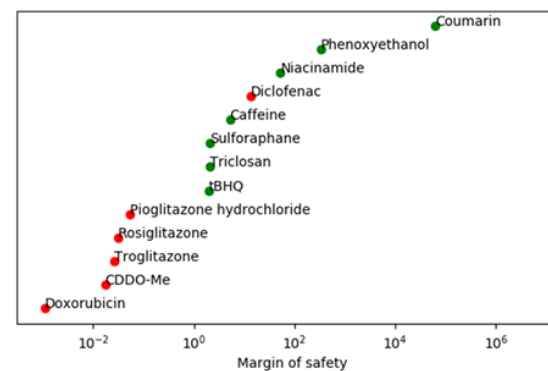
- Use of full human gene panel ~ 21k
- 24 hrs exposure
- 7 concentrations
- 3 cell lines HepG2/ HepaRG/ MCF7
- 3D HepaRG spheroid



Cellular Stress Pathways

13 chemicals, 36 Biomarkers; 3 Timepoints; 8 Concentrations; ~10 Stress Pathways

- Exposure scenario adopted for chemical is 'low risk'** (from consumer goods perspective):
- Niacinamide (food, cosmetics)
 - Caffeine (beverages, cosmetics)
 - Phenoxyethanol (cosmetics)
 - Sulforaphane (food)
 - tBHQ (antioxidant)
 - Triclosan (antimicrobial)
- Exposure scenario adopted for chemical is 'high risk'** (from consumer goods perspective):
- CDDO-Me (drug)
 - DEM (industrial chemical)
 - Doxorubicin (drug)
 - Diclofenac (drug)
 - Troglitazone (drug)
 - Pioglitazone (drug)
 - Rosiglitazone (drug)

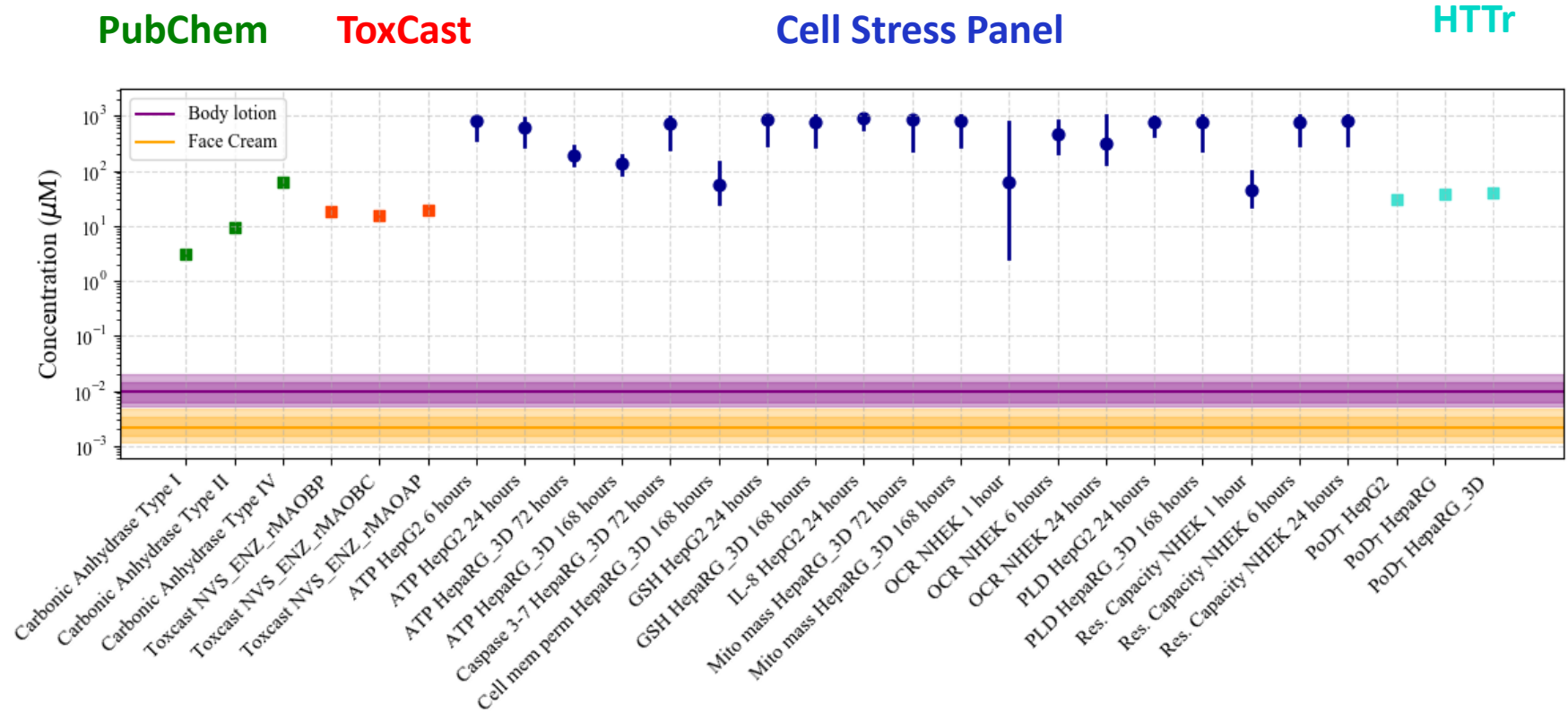


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Margin of Safety considering PODs and Exposure

PoDs and plasma C_{max} (μM) are expressed as total concentration

- C_{max} expressed as a distribution:
- Line = median (50th percentile)
 - Inner band = 25th-75th percentile
 - Outer band = 2.5th-97.5th percentile (95th credible interval)



Where next? Points to visit during our workshop.

- Clarity on the level of protection offered by this approach
 - Bioactivity vs. Adversity
- What does our 'base set' look like?
- Role of metabolism – how to handle pragmatically
- Adequacy of cell lines, timepoints, study designs – what to do when the 'protective not predictive' NGRA fails and higher-tier tools are needed