

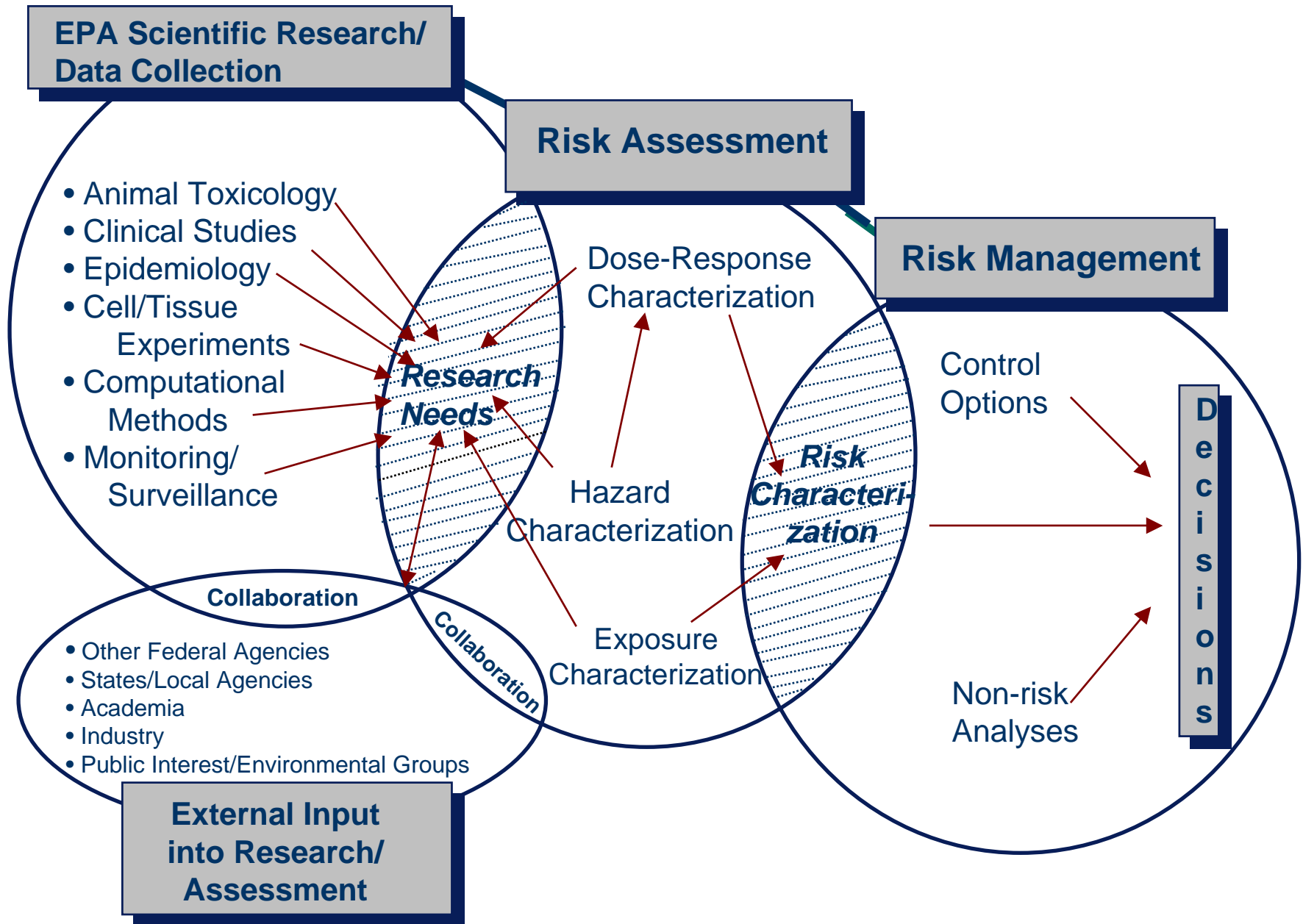
US EPA ARCHIVE DOCUMENT

**STAR Regional Science Seminar**  
**Chicago, IL**  
**July 14, 2004**

*Biomarkers: Taking Stock*  
**~ Biomarkers in Risk Assessment ~**  
**Current Use and Future Directions**

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# *Research* ↔ *Assessment* ↔ *Management*



# Recent Emphasis Focuses on the Use of *Mode-of-Action* Data

“The quality of risk analysis will improve as the quality of input improves. As we learn more about biology, chemistry, physics, and demography, we can make progressively better assessments of the risks involved. Risk assessment evolves continually, with reevaluation as new models and data become available.”

**“Science and Judgment in Risk Assessment” (National Research Council, 1994)**



# Revision Directions for Risk Assessment Guidelines --

- Emphasize full **characterization**
- Expand role of **mode-of-action** information (and, therefore, ***biomarkers!***)
- Use **all information** to design dose response approach
- **Two step** dose response assessment



# BIOMARKERS --

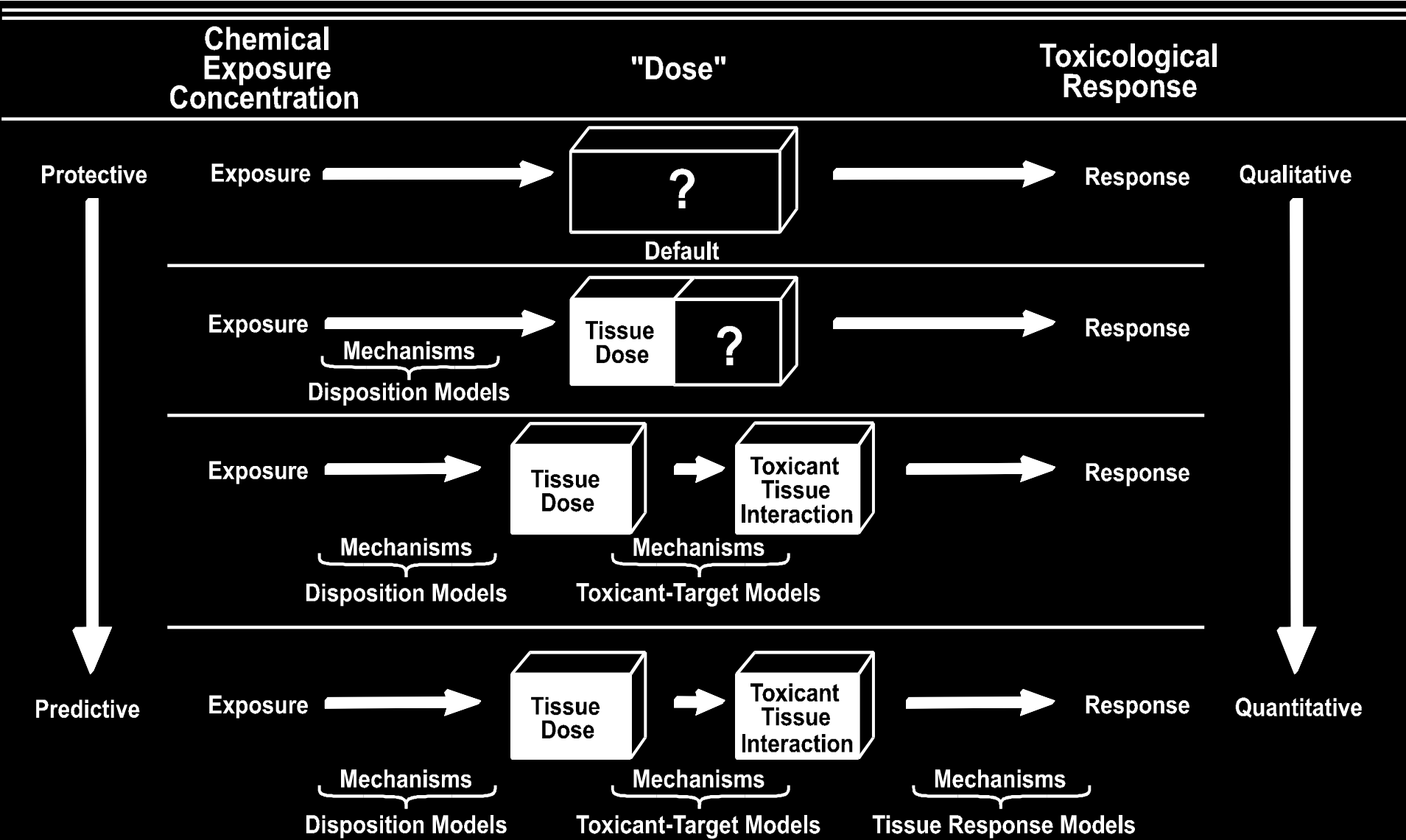
## *Definition:*

Biologic markers are indicators signaling events in biologic systems or samples.

## *Three types:*

- ➔ Exposure
- ➔ Effect
- ➔ Susceptibility

# Systematic Characterization of Comprehensive Exposure-Dose-Response Continuum and the Evolution of Protective to Predictive Dose-Response Estimates



# Mechanism vs. Mode-of-Action

## Mechanism of action:

*Detailed molecular description of a key event in the induction of cancer or other health endpoints*

## Mode-of-Action:

*Key events and processes, starting with the interaction of an agent with a cell, through functional and anatomical changes, resulting in cancer or other health endpoints*





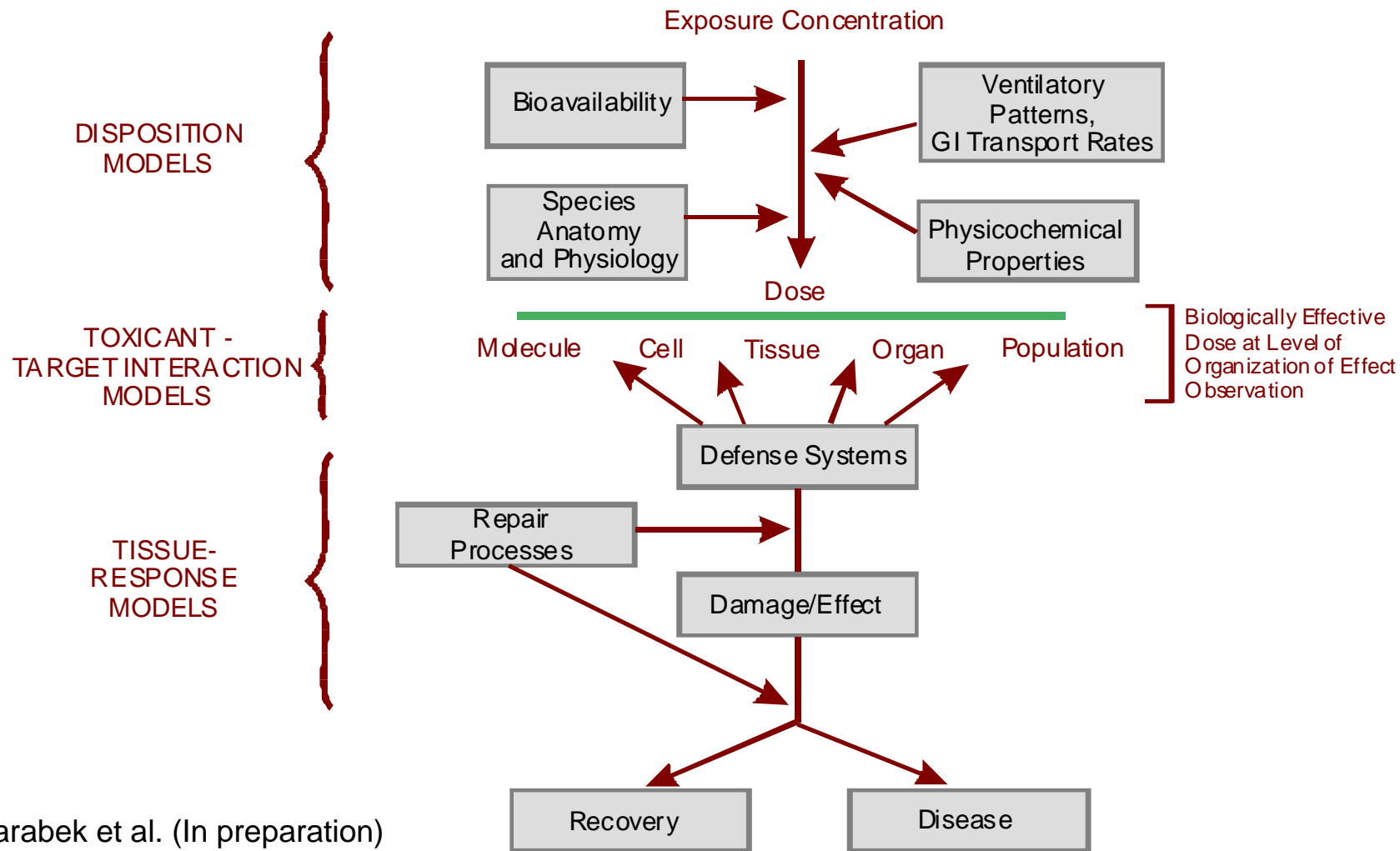
# Mode-of-Action --

- How does the chemical produce its effect?
- Are there mechanistic data to support this hypothesis?
- Have other mechanistic hypotheses been considered and rejected?



# MODE-OF-ACTION:

## *Species- and Chemical-Specific Influences on Exposure-Dose-Response Relationships*



# How is mode-of-action information used?

## ***Address Uncertainty in Risk Assessment:***

- Comparative Structure Activity Relationships (SAR)
- Relevance of animal data for extrapolation
- Shape of dose-response curve
  - ➔ Range of Observation
  - ➔ Range of Inference
- Susceptibility of individuals/subpopulations



# Uncertainty and the Continuum Between Exposure and Disease

## UNCERTAINTY

Human Variability

Human Susceptibility

Exposure

Internal  
Dose

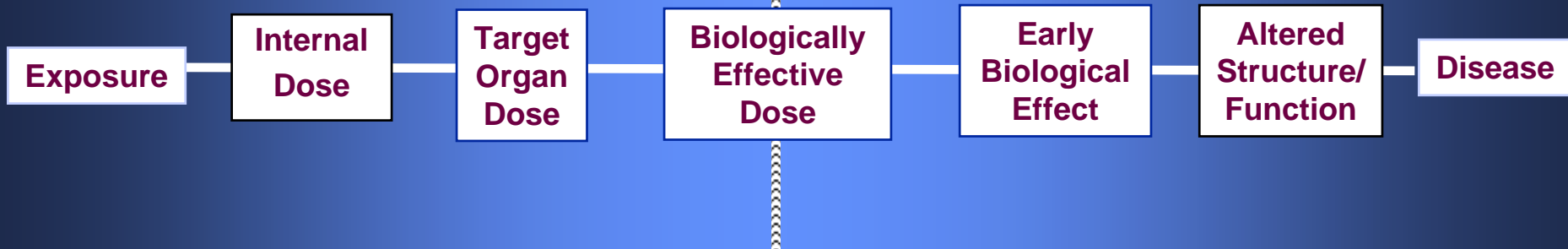
Target  
Organ  
Dose

Biologically  
Effective  
Dose

Early  
Biological  
Effect

Altered  
Structure/  
Function

Disease



# Demonstrating a Mode-of-Action --

To show that a postulated ***mode-of-action*** is operative, it is generally necessary to:

- ⇒ **outline** the sequence of events leading to effects;
- ⇒ **identify** key events that can be measured; and
- ⇒ **weigh** information to determine whether there is a causal relationship between events and cancer formation.



# Framework --

- Summary Description of Postulated Mode-of-Action
- Topics:
  1. *"Identify key events" (→ BIOMARKERS?)*
  2. *"Strength, consistency, specificity of association"*
  3. *"Dose-response relationship"*
  4. *"Temporal relationship"*
  5. *"Biological plausibility and coherence"*
- Conclusion

# Key Event--

## *DEFINITION:*

An empirically observable, precursor step that is a necessary element of the mode-of-action, or is a marker for such an element



# Key Event --

## ***Examples:***

- ♦ Metabolism
- ♦ Receptor-ligand changes
- ♦ DNA or chromosome effects
- ♦ Increased cell growth and organ weight
- ♦ Hormone or other physiological perturbations
- ♦ Hyperplasia, cellular proliferation





# Use of Mode-of-Action Information: *Examples*

■ Formaldehyde	⇒	DNA crosslinks
	⇒	Cell proliferation
■ Methylene Chloride	⇒	Pharmacokinetics
	⇒	Genetic polymorphisms
■ d-Limonene	⇒	" -2-u-globulin, etc.
■ Chloroform	⇒	Cytotoxicity
■ Dioxin	⇒	Receptor-mediated responses

# Use of Mode-of-Action

## Information: *More Examples*

- **BaP**
  - ⇒ DNA reactive metabolites
  - ⇒ Cell proliferation
- **Amitrole**
  - ⇒ Increased Thyroid Stimulating Hormone (TSH)
  - ⇒ Cell proliferation
- **Melamine**
  - ⇒ Increased urinary pH
  - ⇒ Irritation
- ***Perchlorate*** ⇒ *Altered thyroid homeostasis*
- ***Vinyl Acetate***
  - ⇒ *Cytotoxicity*
  - ⇒ *Cell proliferation*

# Where do we go from here?

- ✓ Development/validation of sensitive tools aimed at understanding mode-of- action
- ✓ Incorporation of “Framework” Concept
- ✓ More Attention to Route-Specific/  
Situation-Specific Characterizations
- ✓ Addressing Sensitive Subpopulations

***“Biologically-Based Risk Assessments...”***



# Biologically-Based Risk Assessment

- Refine estimates of dose to relevant targets through use of biomarkers of exposure
- Improve hazard characterization through use of biomarkers of response with mechanistic linkage to endpoints of concern
- Strengthen inferences regarding the shape of dose/response curves outside the range of observation
- Identify targets of opportunity for further study in potentially sensitive human populations

