

# **Integrating chemical, toxicological and clinical research to assess the potential of reducing health risks associated with cigarette smoking through toxicant regulation**

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# Central question and overview of the presentation

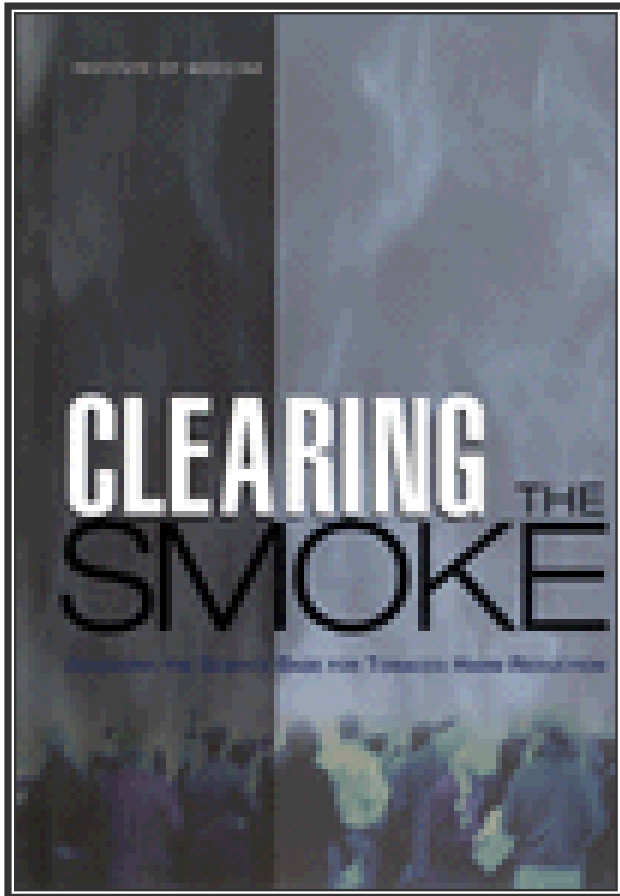
Is there scientific evidence to suggest “reduced toxicant cigarettes” have a distinct place in a tobacco and nicotine risk continuum?

- The risk continuum
- Harmful and potentially harmful constituents in tobacco smoke
- Developing reduced toxicant prototype (RTP) cigarettes
- Chemistry
- Toxicology
- Clinical
- Implications for toxicant reduction regulations



## Chapter 7: Selective reduction

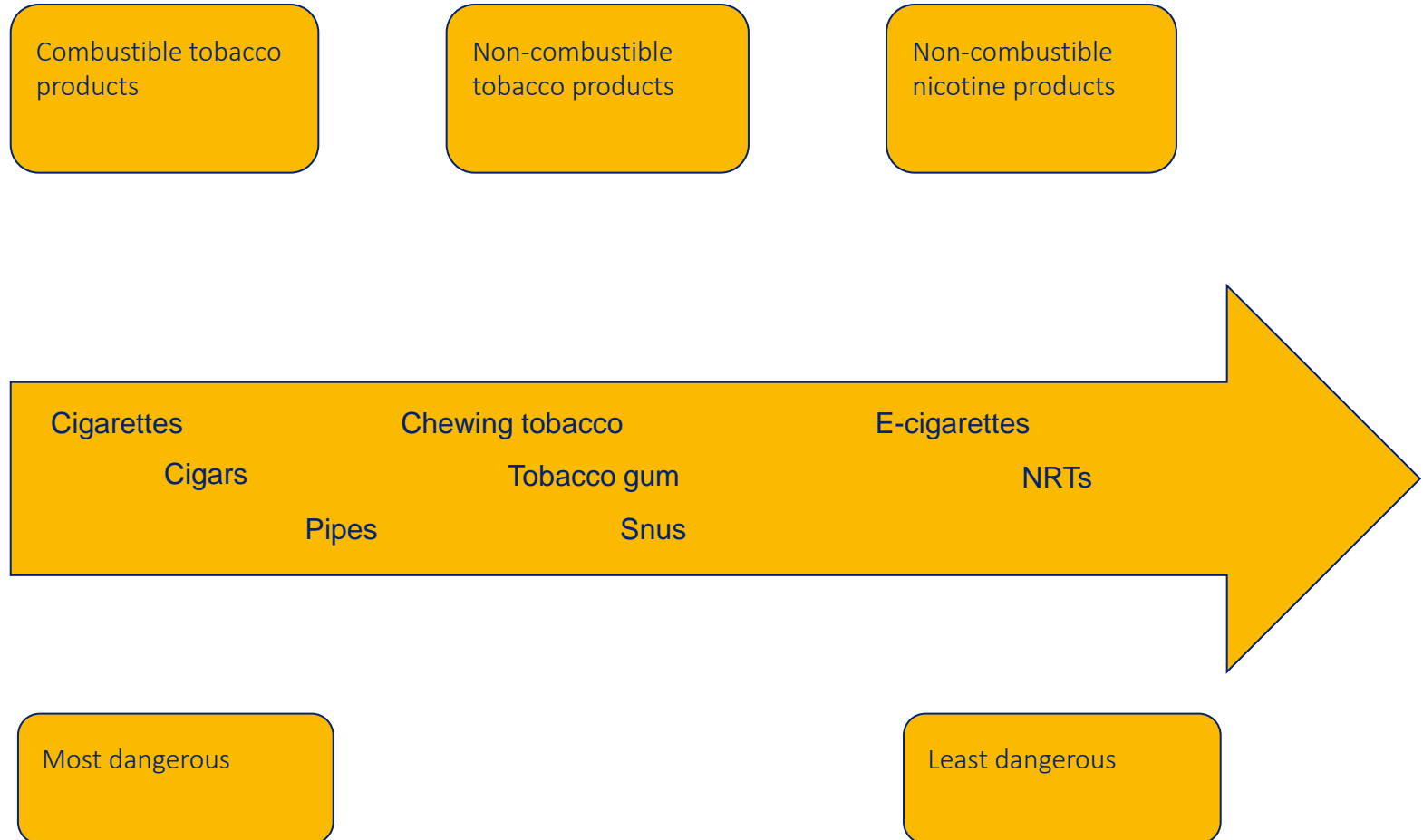
# US Institute of Medicine



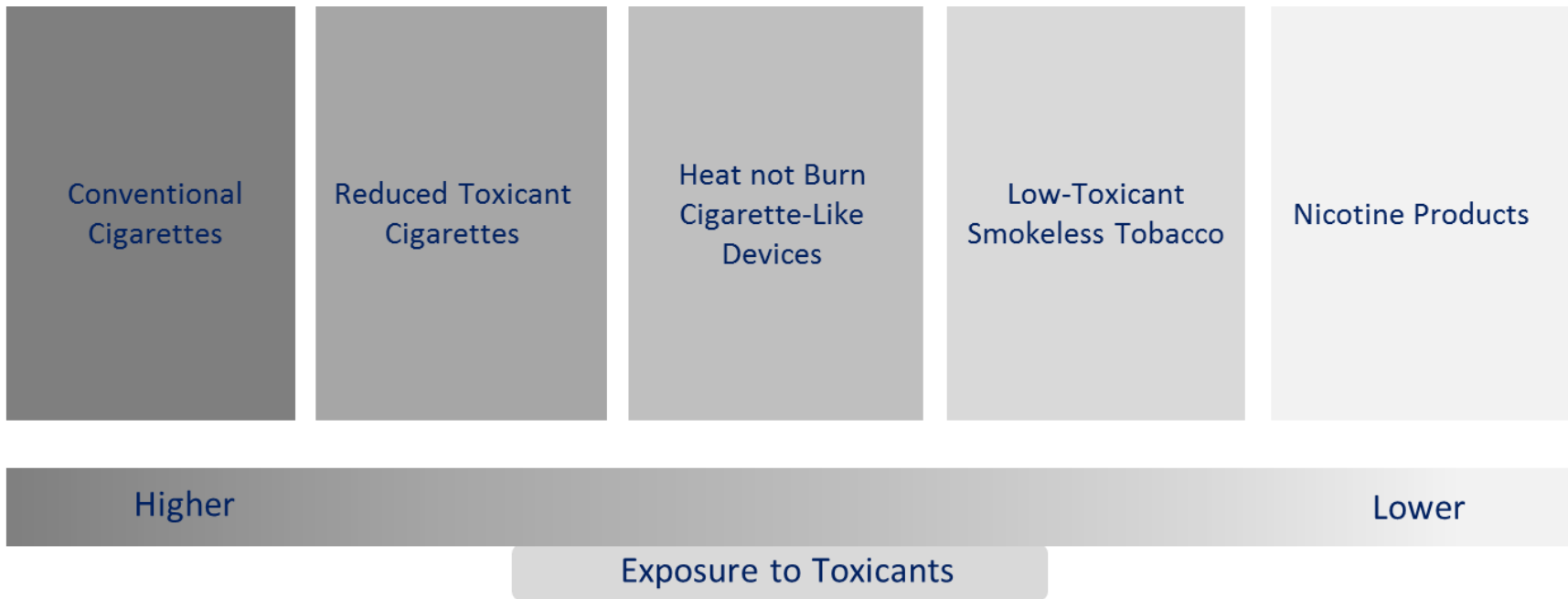
**PREP**: A product that (1) results in the substantial reduction in exposure to one or more tobacco toxicants and (2) can reasonably be expected to reduce the risk of one or more specific diseases or other adverse health effects.

**Source: Institute of Medicine (2001) Report; *Clearing the Smoke, The Science Base for Tobacco Harm Reduction***

# Reducing harm from tobacco use, Professor Ann McNeil and Professor Marcus Munafò, Journal of Psychopharmacology, October 3, 2012



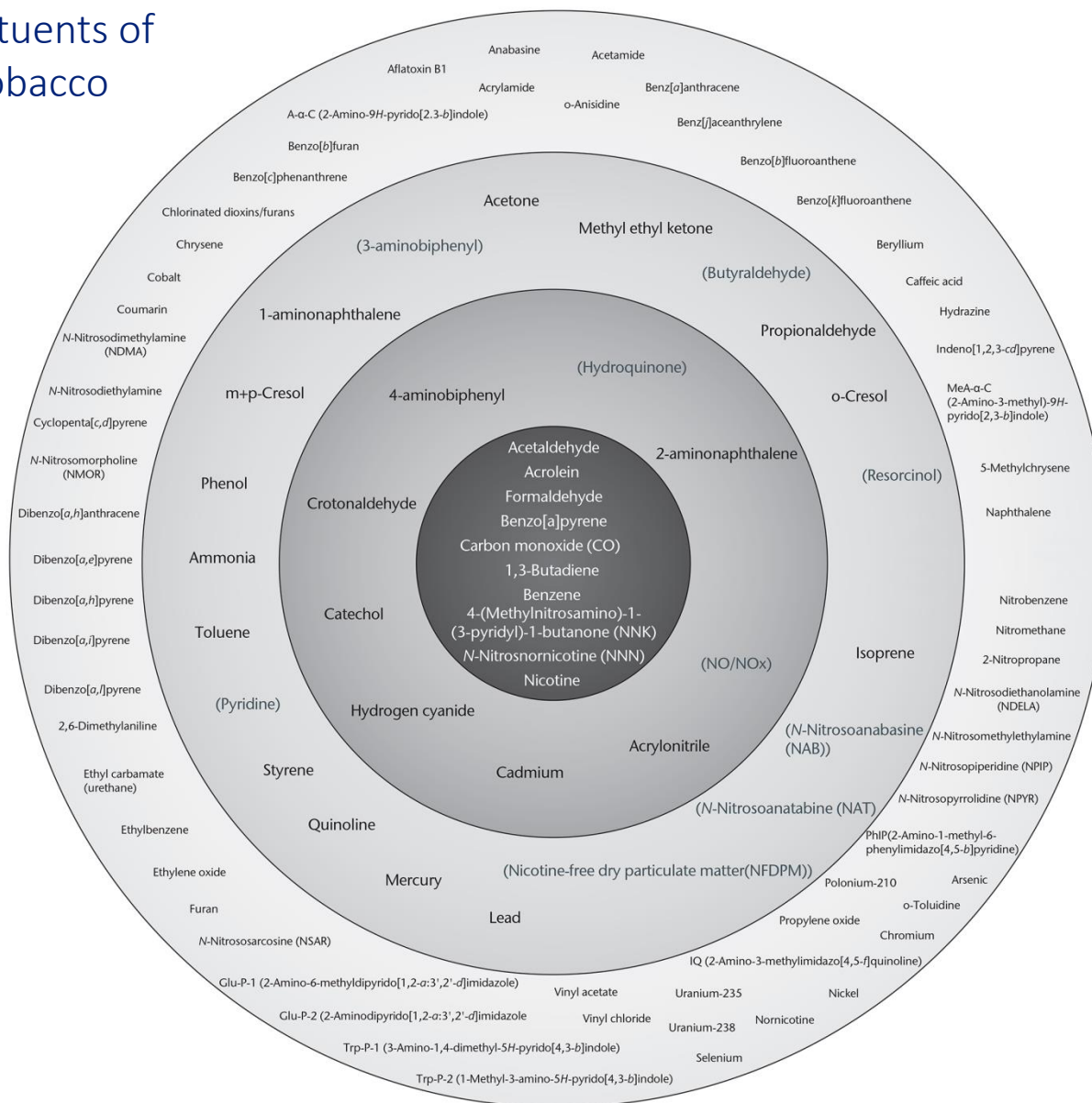
# British American Tobacco “continuum of toxicant exposure”



# The research challenge

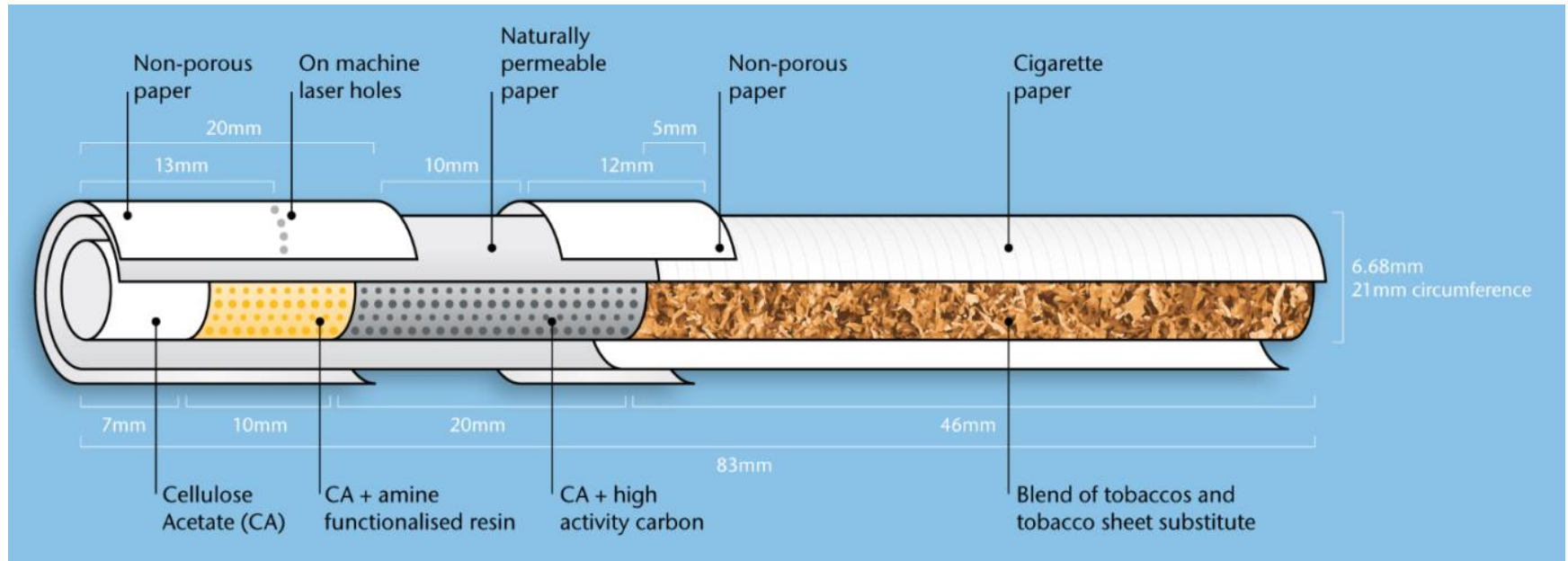
- Develop “reduced toxicant prototype” cigarettes with substantially lower yields of as many toxicants as possible while maintaining reasonable sensory acceptability
- To do this develop new technologies capable of selectively reducing “priority toxicants”
- Evaluate whether these prototypes have the potential to reduce exposure compared to conventional cigarettes, and whether any reduce exposure is likely to be associated with reduced health risk to one or more diseases

# Harmful and potentially harmful constituents of tobacco and tobacco smoke





# Constructing a reduced toxicant prototype cigarette



## Technologies:

High activity carbon (Branton et al, Absorp. Sci. Technol, 29, 117, 2011)

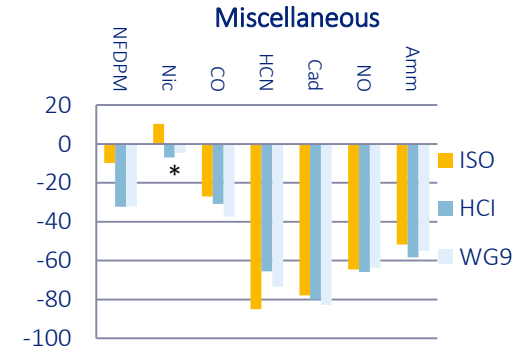
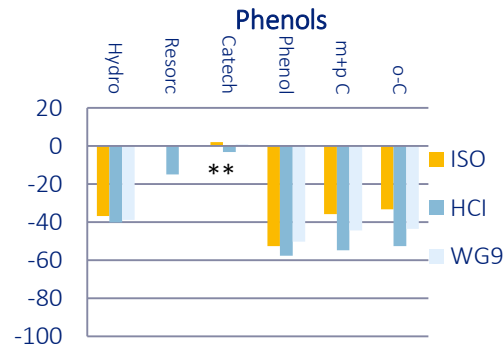
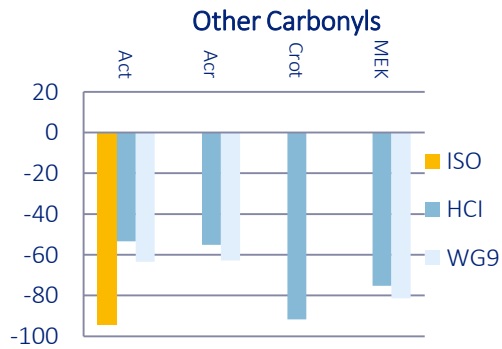
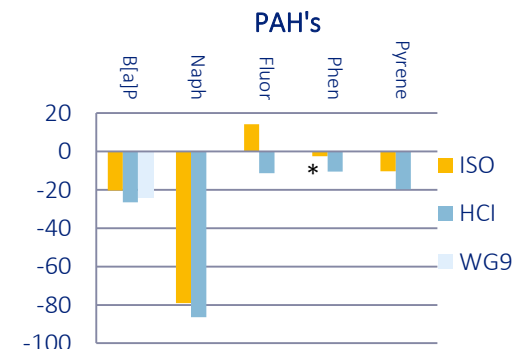
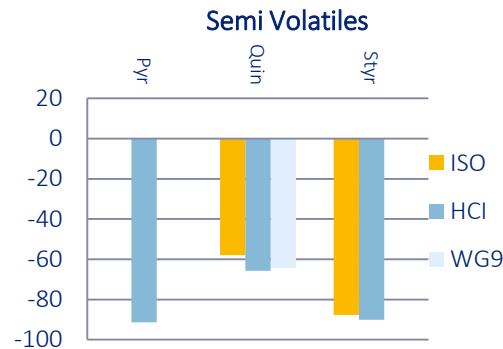
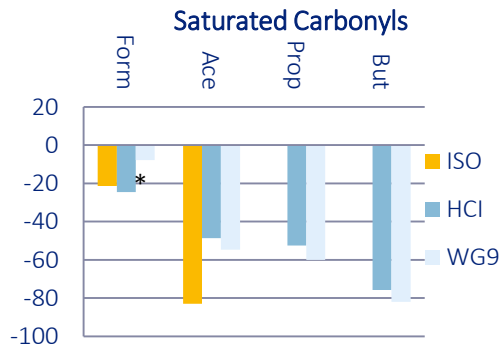
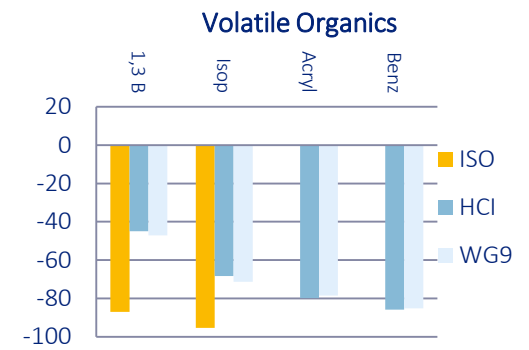
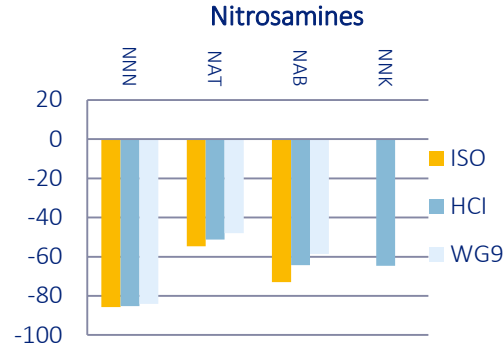
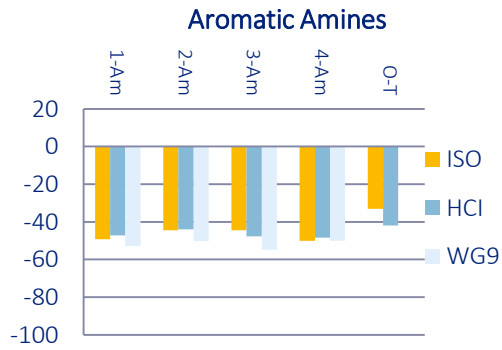
Ion exchange resin (Branton et al, Chem. Centr J., 5, 15, 2011)

Split-tipping (Dittrich et al, Springer Plus, 3, 374, 2014)

Tobacco substitute sheet (McAdam et al, Food Chem. Toxicol., 49, 1684, 2011)

Blend treated tobacco (Lui et al, Food Chem. Toxicol., 49, 1904, 2011)

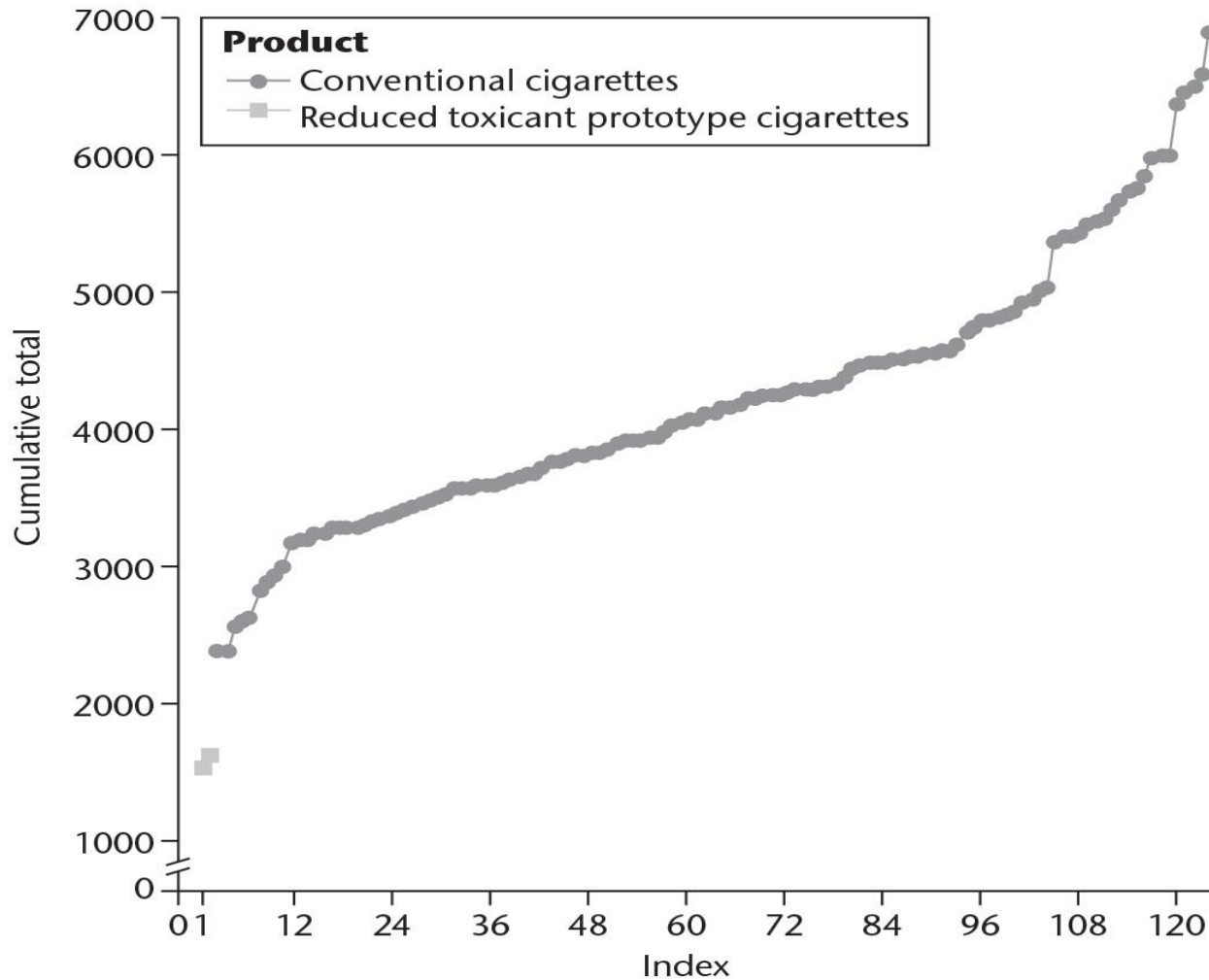
# Chemistry of the RTP



# Creating a “cumulative toxicant index”

- We wanted to assess the “performance” of the RTP against a range of conventional cigarettes across a range of toxicants
- Used a database “Hoffman” analyte” yields measured at HCl of 120 commercial products from a variety of countries
- Normalised the median for each toxicant as 100, and scaled the yield for each product against this
- Summed the scaled values for all toxicants to give cumulative score

# “Cumulative toxicant index” of a range of commercial cigarettes versus Reduced Toxicant Prototype cigarettes



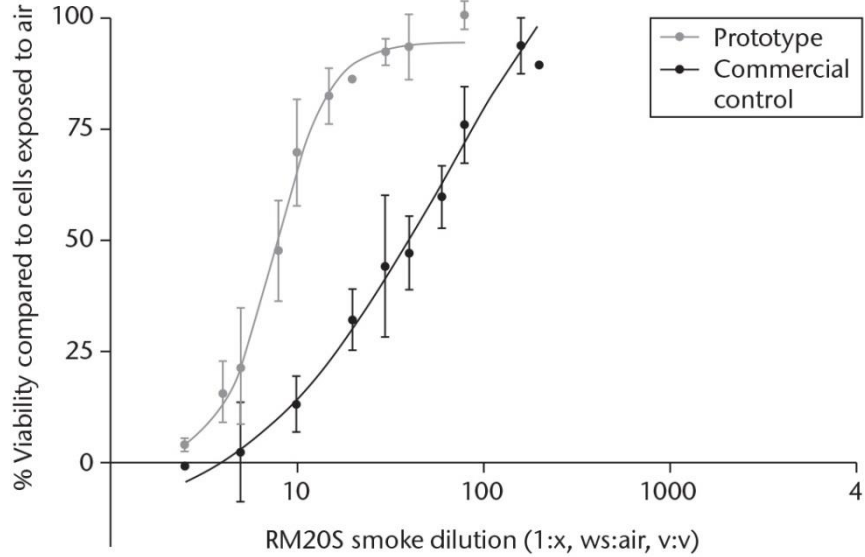
## *In Vitro* toxicology

- We conducted a battery of *in vitro* toxicological tests
- For the particulate matter collected for RTP and control we used the Ames test, mouse lymphoma assay, *in vitro* micronucleus test and Neutral Red assay
- Some reductions in bacterial mutagenicity and mammalian genotoxicity were seen in the RTP compared to control, consistent with lower levels of some toxicants such as heterocyclic amines and the dilution of PM resulting from the tobacco substitute sheet

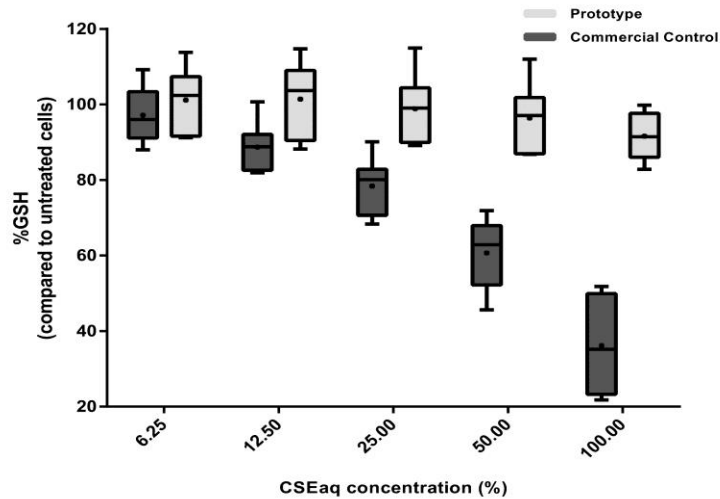
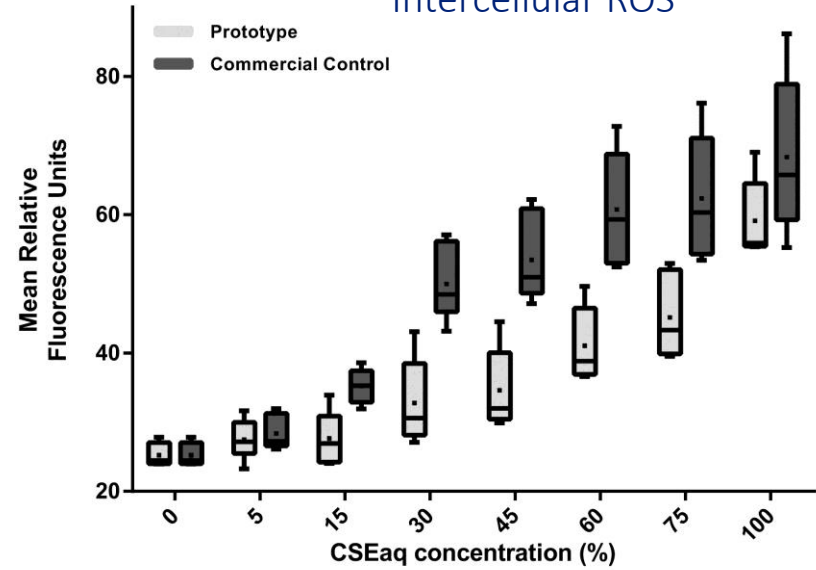
(Crooks et al, The combination of two tobacco blend technologies to reduce tobacco smoke toxicant yields: Assessment in the Ames and *in vitro* micronucleus test, 10<sup>th</sup> International Conference on Environmental Mutagens, 2014, see [www.bat-science.com/Library](http://www.bat-science.com/Library))

# In vitro toxicology

### Whole smoke cytotoxicity



### Intercellular ROS



### Glutathione

# Computational toxicology

- We have a multi-staged approach to assessing toxicants through the use of computational toxicology
  - Margins of exposure (MOE)
  - Modes of Action (MOA)
  - Physiologically based pharmacokinetic modelling (PBPK)

(Cunningham et. Al., A novel application of the modes of exposure approach: segregation of tobacco smoke toxicants, Food Chem Tox, 49, 11, 2921, 2011)

# Margin of exposure priority assignments for a reference cigarette, commercially- based control cigarette and a reduced toxicant prototype

Smoke constituent	3R4F	Control cigarette	Reduced toxicant prototype
Acrolein	Top priority	Top Priority	Top Priority
Acrylonitrile	Top priority	Very high	Very high
Formaldehyde	Top priority	Top priority	Top Priority
Acetaldehyde	Very high	Very high	High
Isoprene	Very High	Very high	High
Styrene	Very high	Very high	High
Benzene	High	High	Medium
1,3-Butadiene	High	High	High
m- + p-Cresols	High	High	Medium
NNK	High	High	Medium
Toluene	High	High	Medium
Naphthalene	Medium	Medium	Low
NNN	Medium	Medium	Low



# Estimates of toxicant yields necessary to achieve a low priority assignment in modes of exposure calculations

Compound	HCl* 3R4F yield $\mu\text{g}/\text{cig}$	MOE from HCl 3R4F (assuming 20 cigs daily)	Target $\mu\text{g}/\text{cig}$ for 10,000 MOE (assuming 20 cigs per day and 100% retention)
Acrolein	155	0.3	0.0046
Formaldehyde	68.1	2	0.011
Cadmium	0.146	6	0.000086
Acetaldehyde	1534	45	6.9
Acrylamide	1.37 (ISO)	460	0.063
Benzene	104	252	2.6
1,3-Butadiene	76.5	220	1.7
Ethylene oxide	9.24 (ISO)	424	0.4
NNK	0.243	278	0.0067
NNN	0.276	2759	0.076
Benzo(a)pyrene	0.0162	16805	0.027

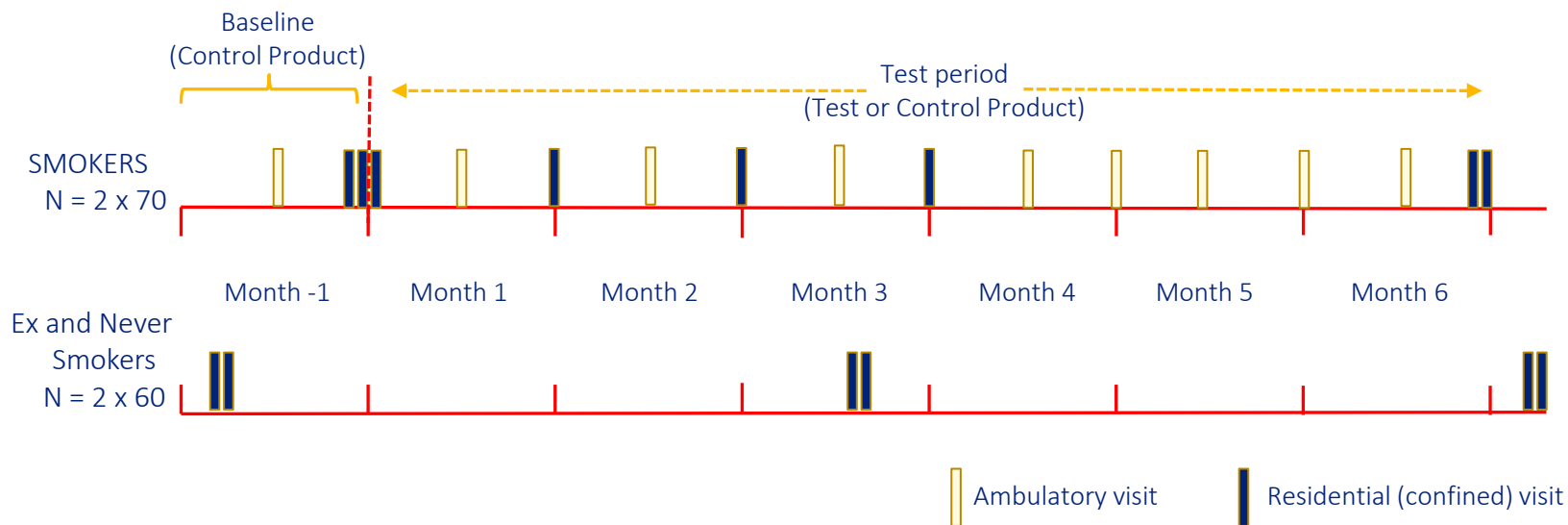
# Overview of chemistry and toxicology

- Can substantially reduce yields of some but not all toxicants compared to commercial cigarettes
- *In vitro* toxicology gives mixed results, but generally suggest this could result in some lower toxicological activity in some assays and little to suggest increase toxicology
- Computational toxicology MOAs suggest that for some toxicants reducing the yields sufficiently to classify the levels of low priority may be impossible to achieve

# Clinical studies

- Two key clinical studies, built on a series of clinical studies determining the value of biomarkers of exposure
- First was a short term switching study focused on evaluating whether reduced HCl chemistry yields translated to reduced biomarkers of exposure toxicant yields in human volunteers  
(Shepperd et al, Changes in levels of biomarkers of exposure observed in a controlled study of smokers switched from conventional to reduced toxicant prototype cigarettes, Reg Pharm Tox, 66, 1, 147, 2013)
- Second was a 6 month switching study focused on BOE and BOBE

# Study Design



140 smokers supplied with control product for 2 weeks; baseline biomarker measures in clinic; 70 switched to RTP, 70 to visually different control (from cork to white tipping)

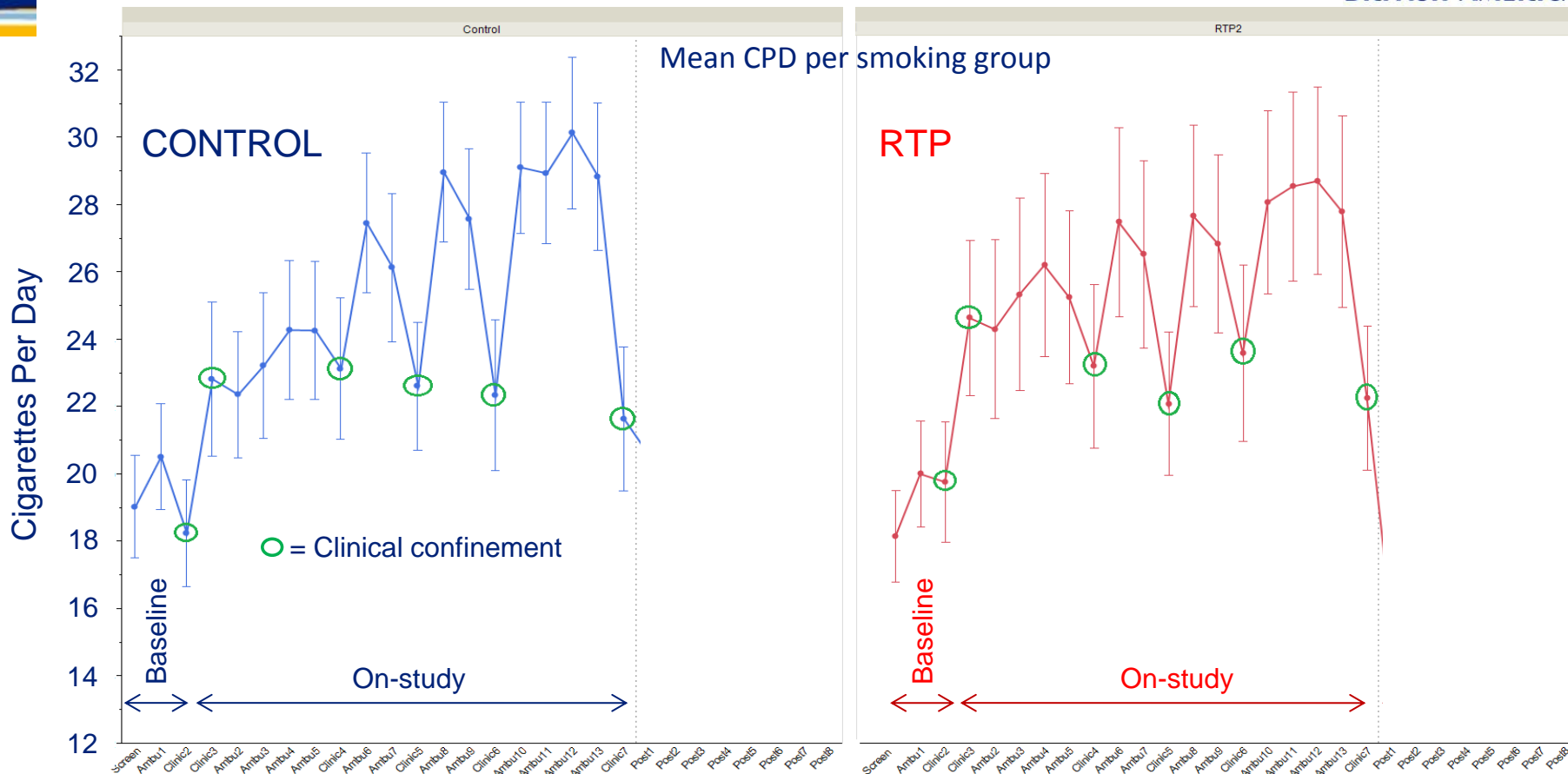
Clinical visits for sample collection/biomarker analysis at 1, 2, 3 and 6 months. Ambulatory visits to collect further supplies of cigarettes

Ex- and never smokers provide background levels of biomarkers of exposure and biological effect

# Consumption data (baseline & on-study)



BRITISH AMERICAN



Each error bar is constructed using a 95% confidence interval of the mean.

## Observed consumption change initiated:

- Increased consumption monitoring (electronic diaries) and added questionnaire
- Set-up of independent Data Safety Monitoring Board (DSMB)
- Addition of post-study monitoring of cigarette consumption

# Reasons for smoking more cigarettes

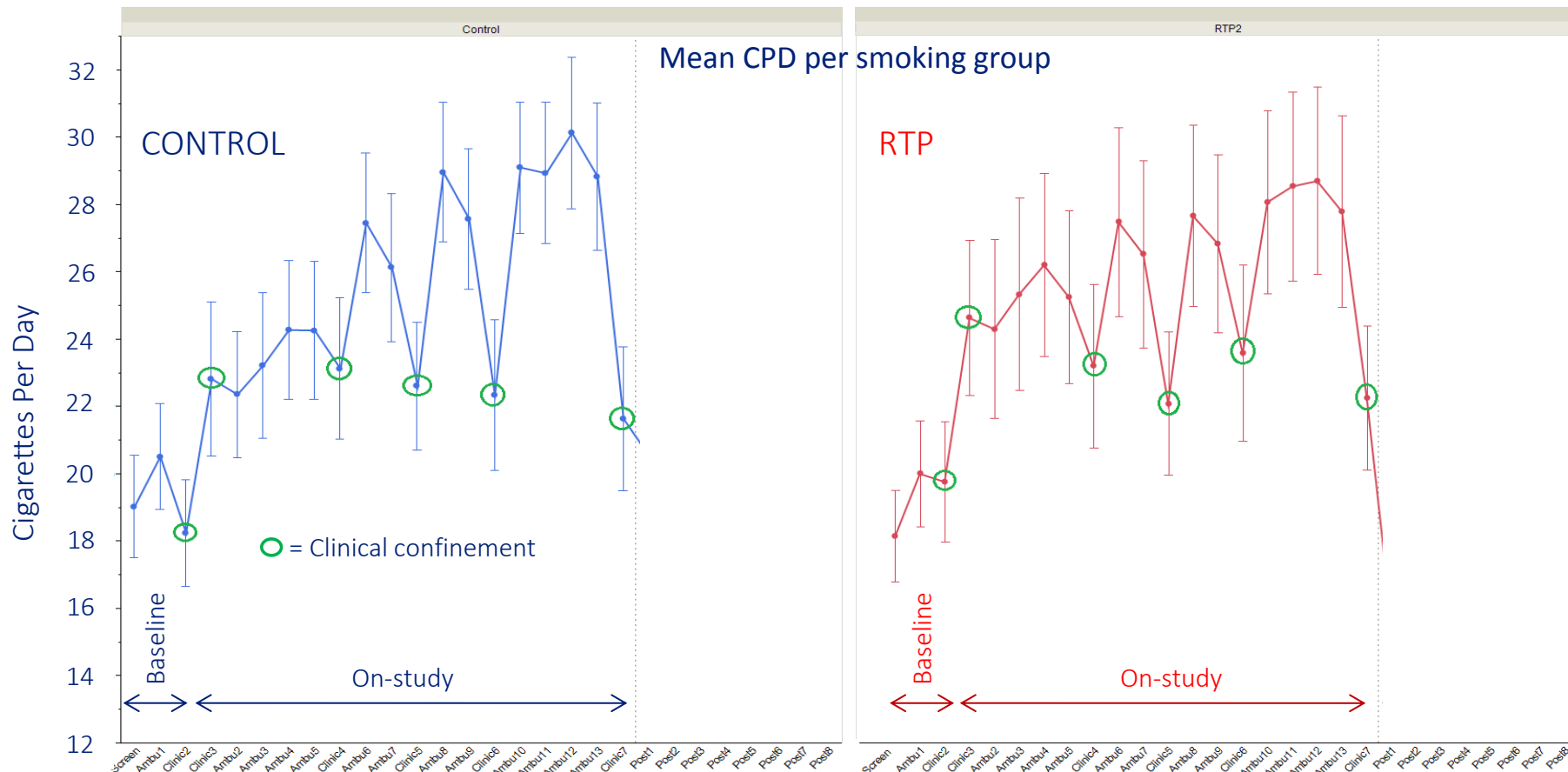
Scored (4-point scale) pre-set questions



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# Consumption data (baseline, on-study & POST-STUDY)

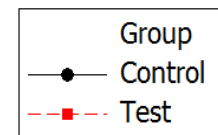
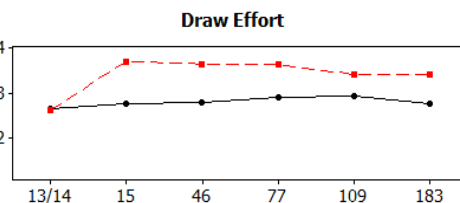
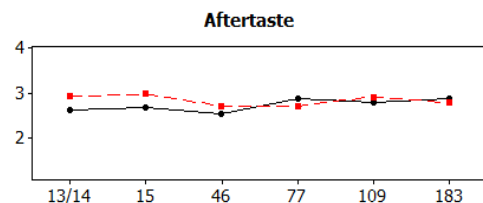
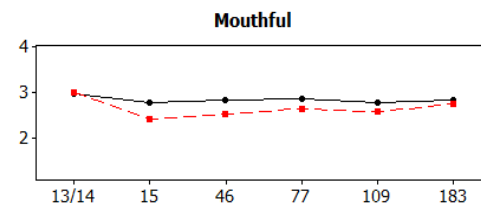
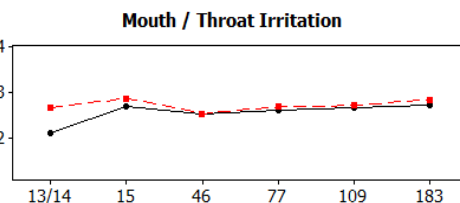
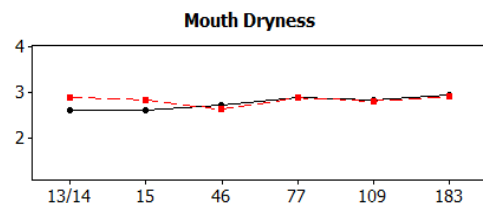
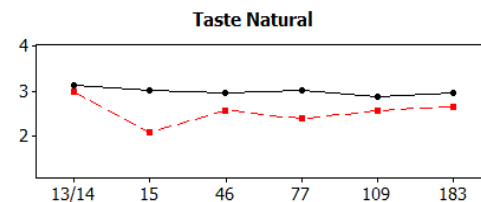
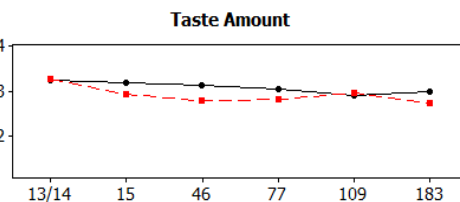
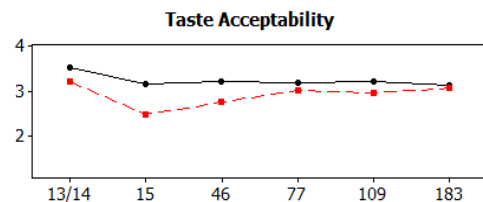
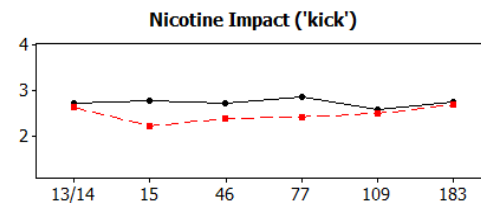
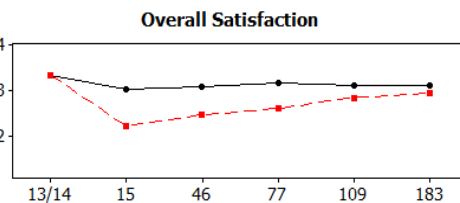
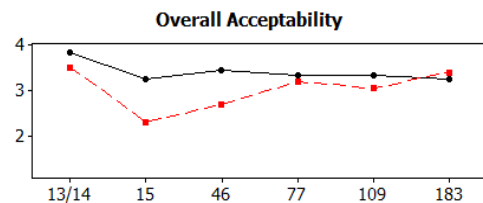
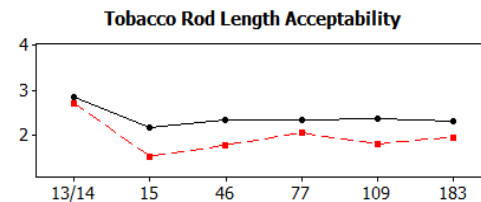
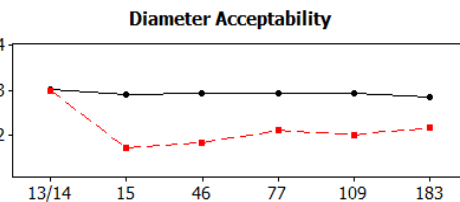
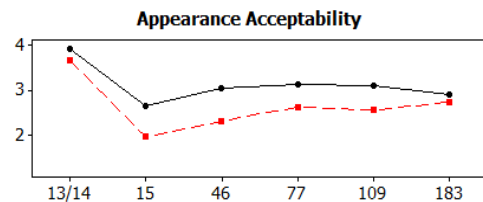


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# Sensory



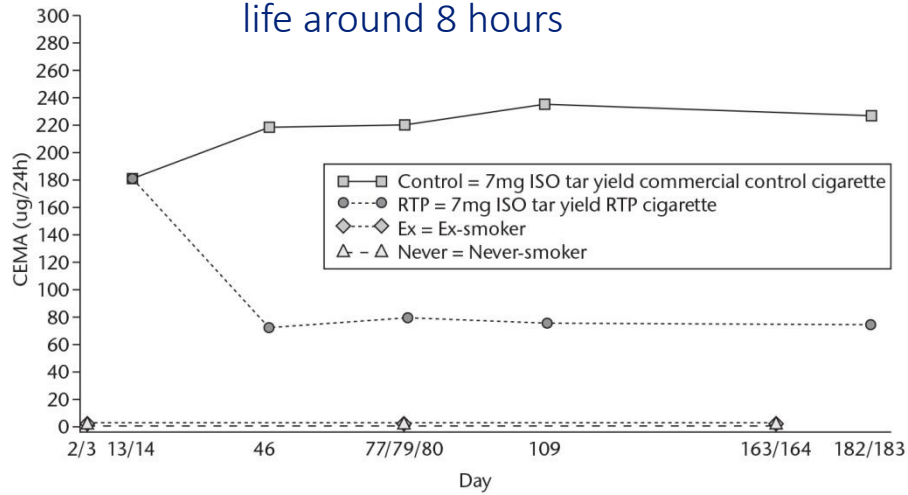
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Tobacco



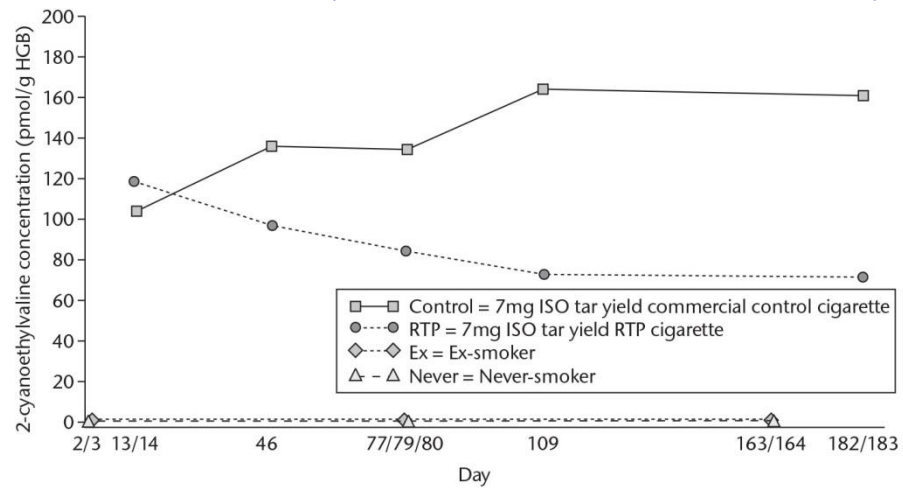


# Biomarkers of effective dose

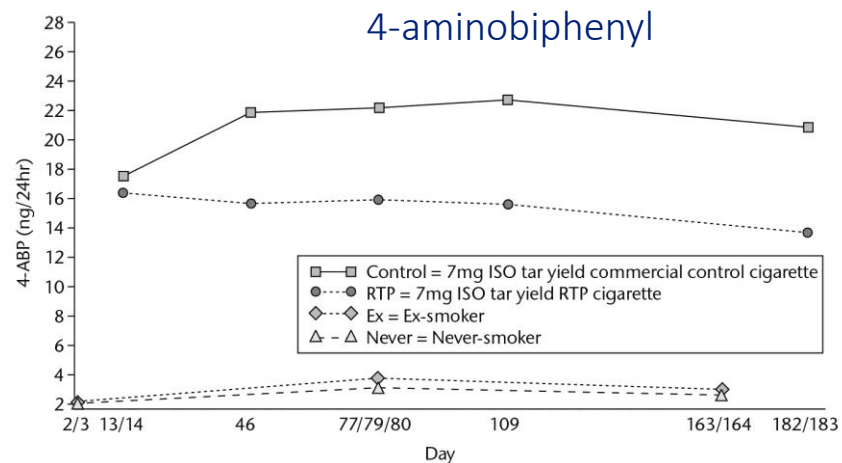
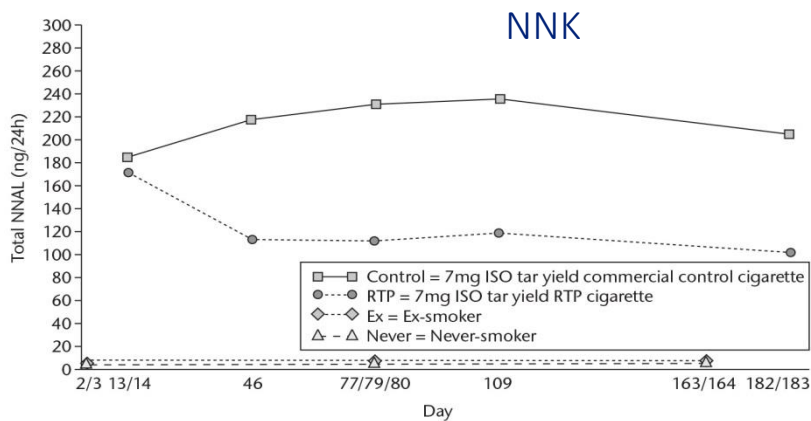
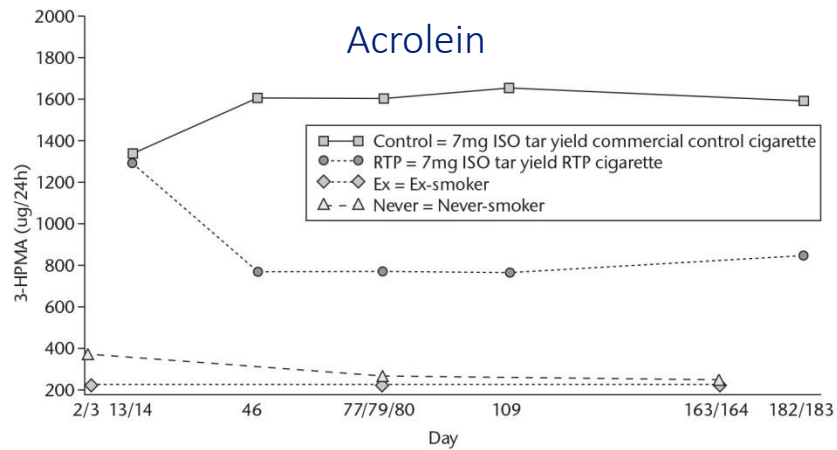
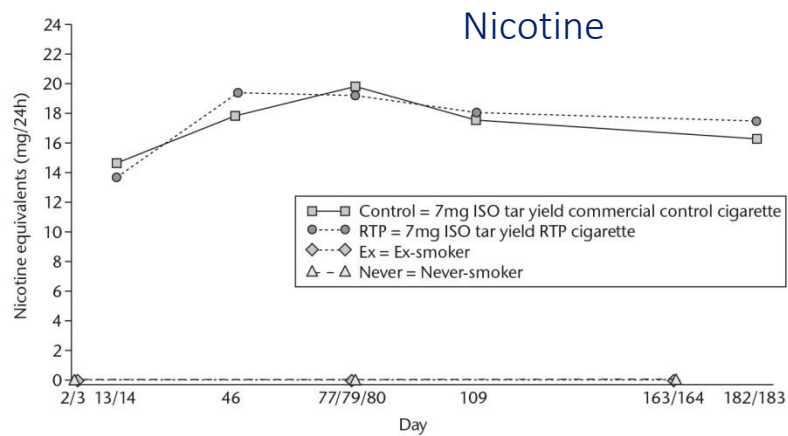
Acrylonitrile BoE in urine – half life around 8 hours



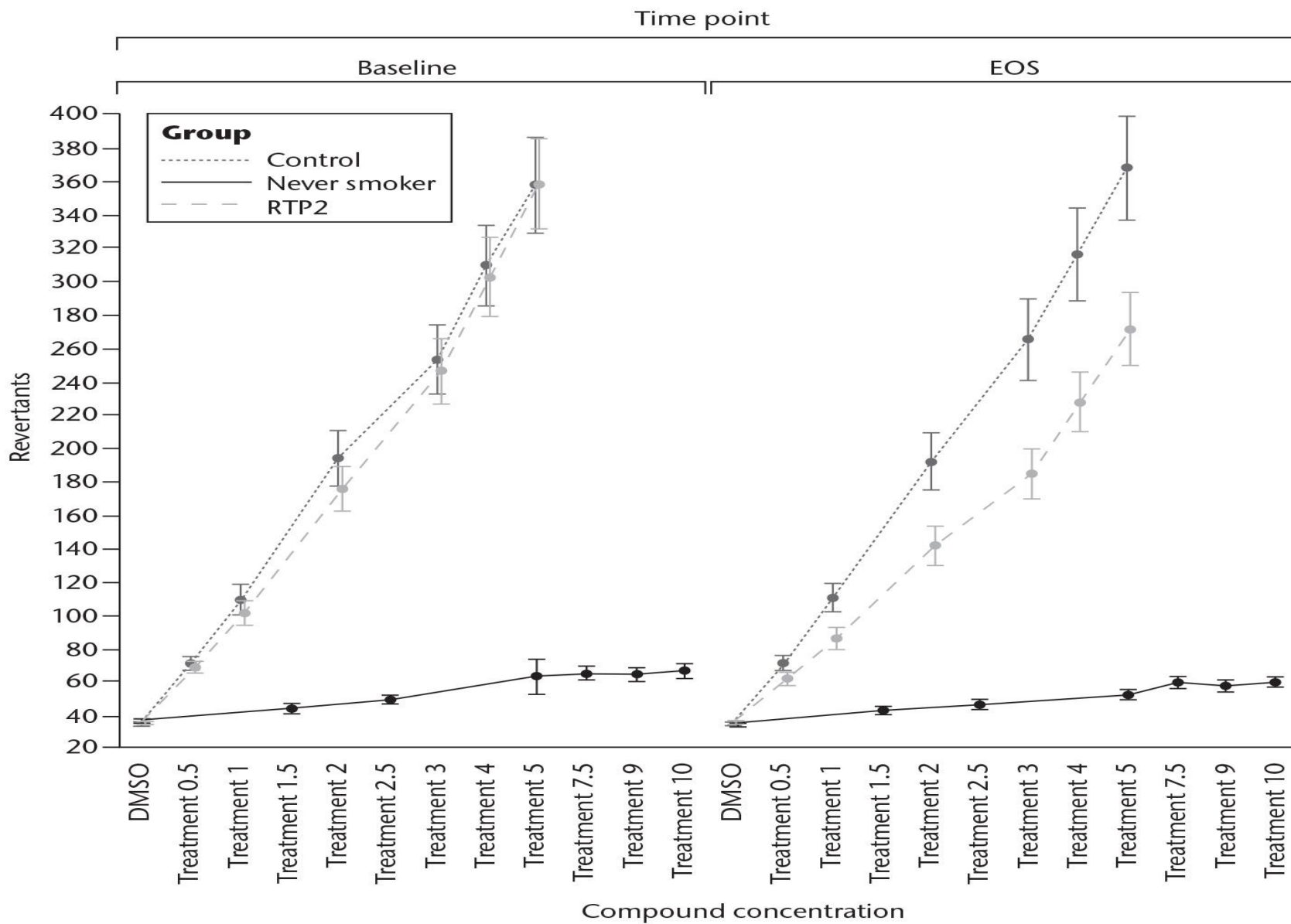
Acrylonitrile haemoglobin adduct – body residence time around 120 days



# Biomarkers of Exposure

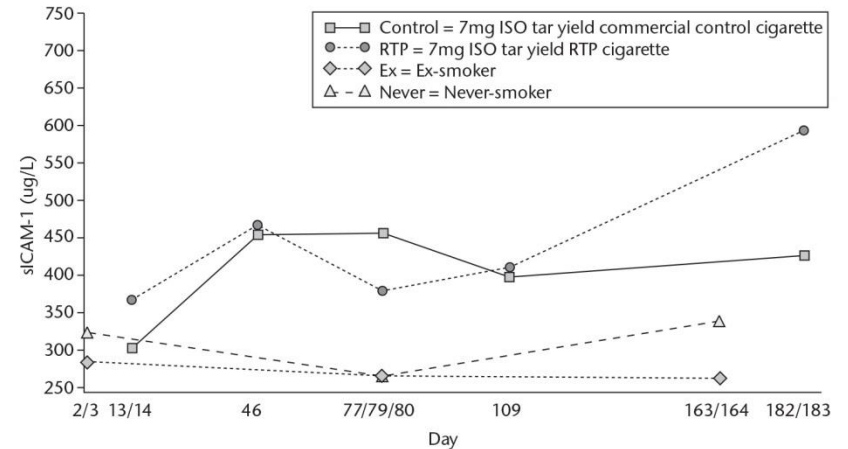
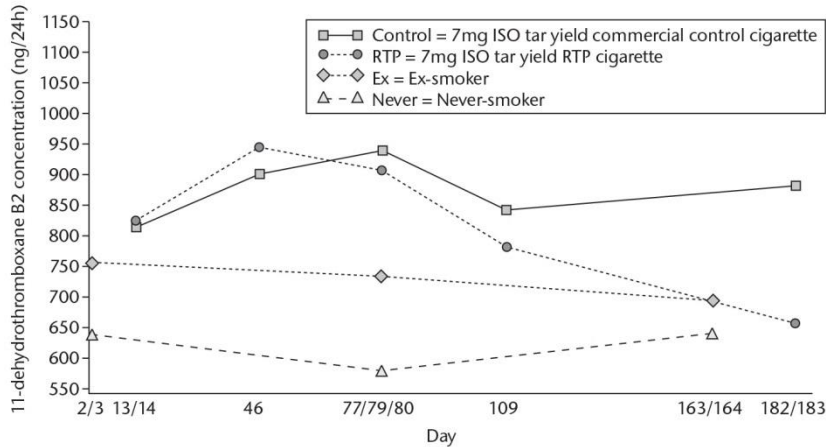
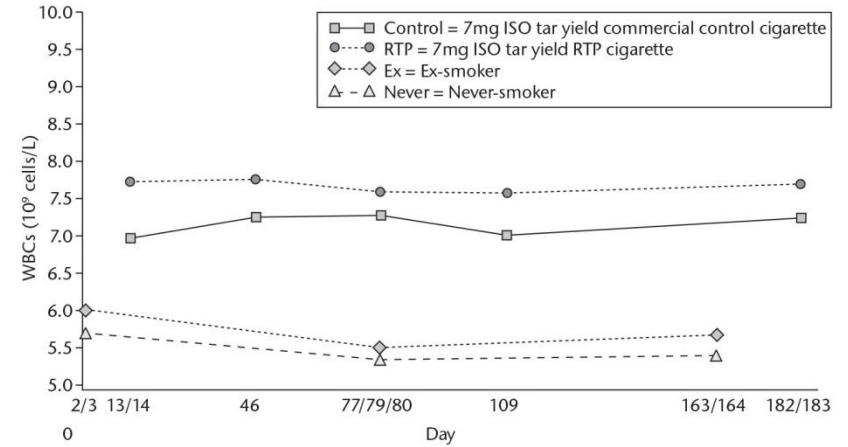
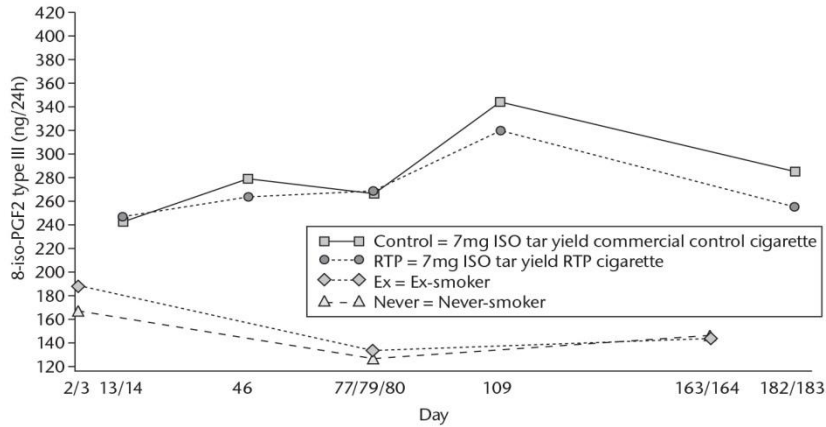


# Urinary mutagenicity



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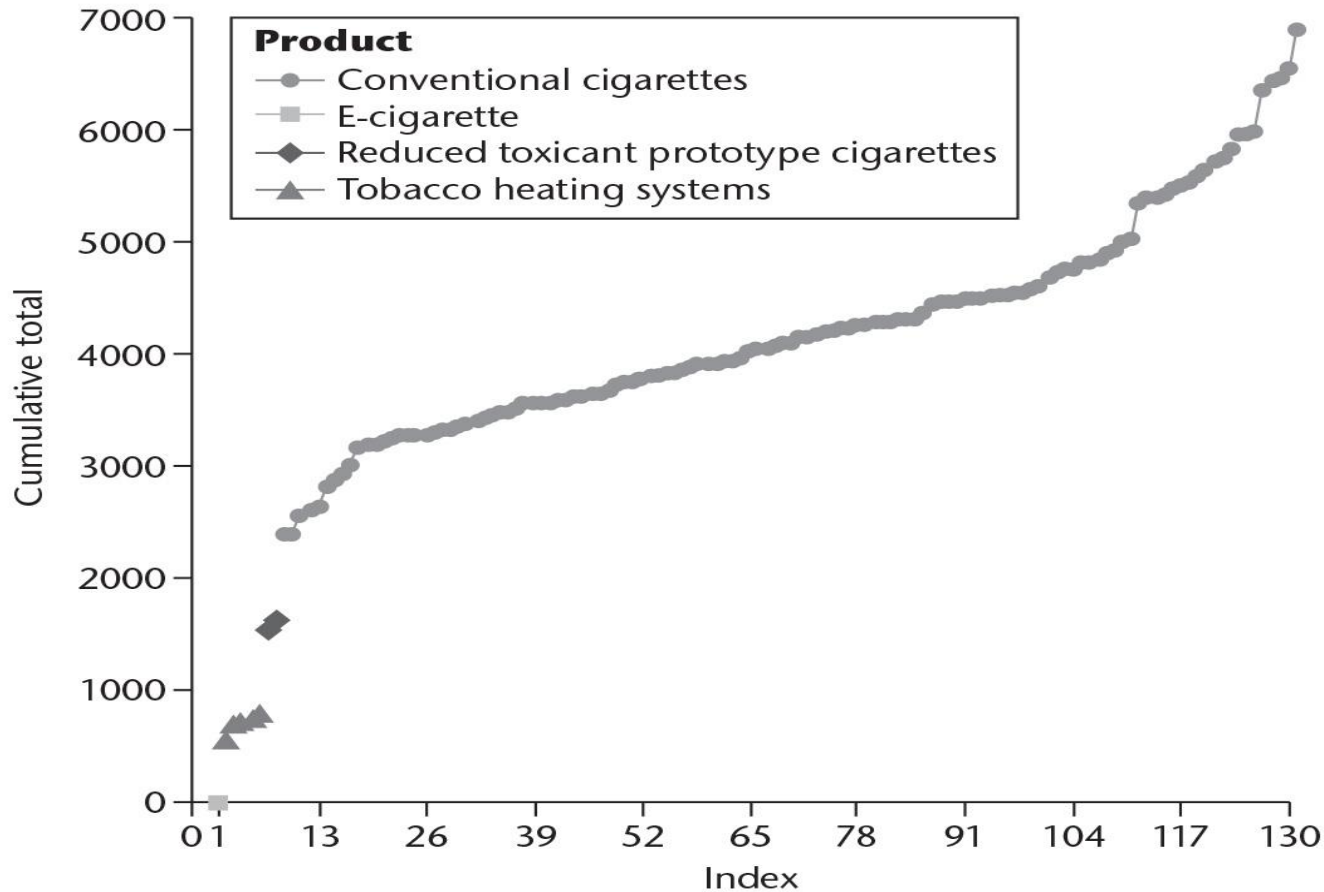
# Biomarkers of biological effect



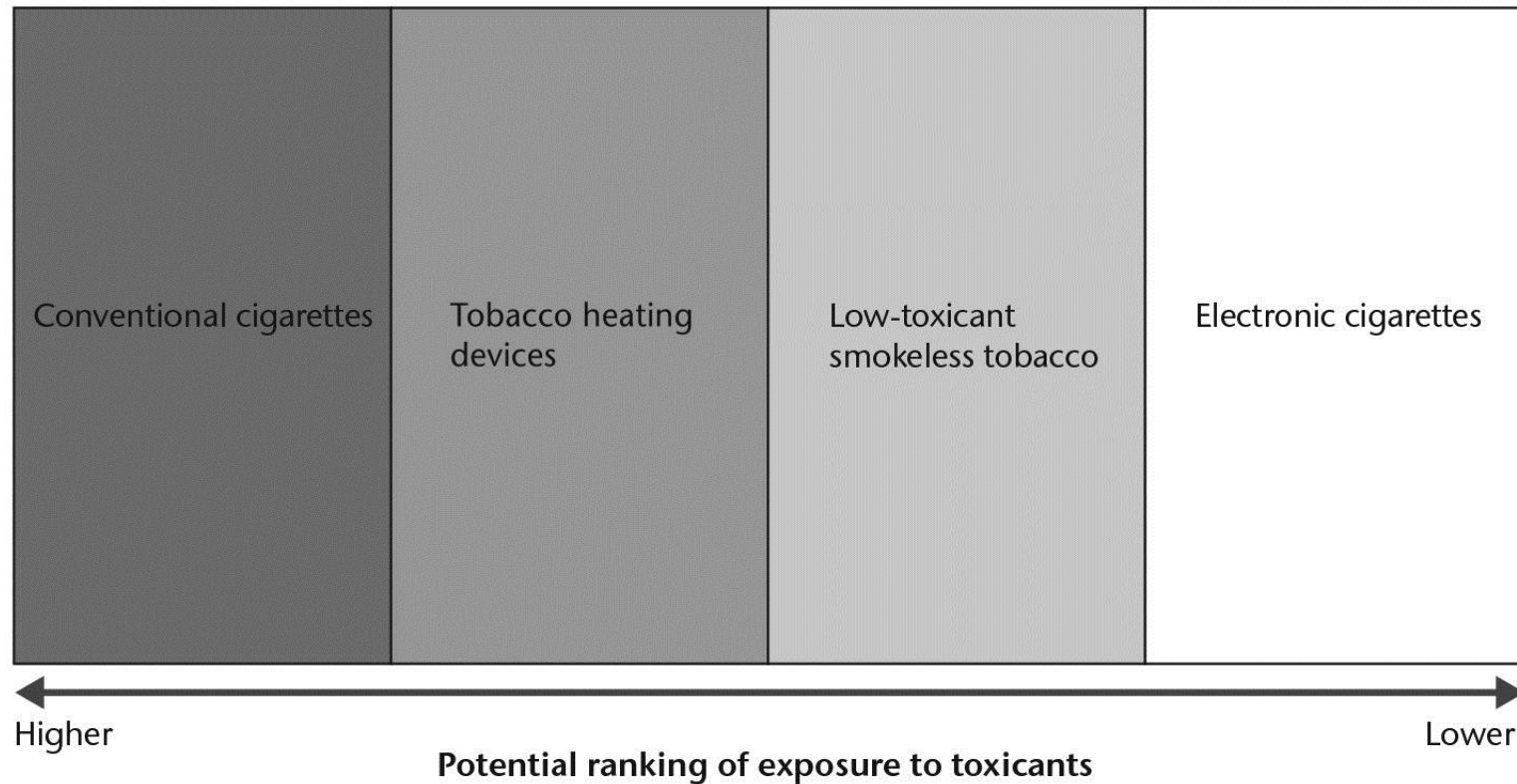
# Conclusion of clinical studies

- Switching volunteers from a conventional cigarette to a reduced toxicant prototype can result in sustained reductions in exposure to some toxicants, as measured by biomarkers of exposure
- Clinical designs of long term switching studies can cause changes in daily consumption
- Some biomarkers of biological effect clearly distinguish smokers and non-smokers
- We didn't see clear changes in BOBE in this 6 months switching study – neither increases related to increased consumption nor decreases related to lower toxicant yields
- Greater toxicant reduction may be necessary than can be achieved through modifying cigarettes

# “Cumulative toxicant index” comparing a range of commercial cigarettes, reduced toxicant prototype cigarettes, tobacco heating systems and e-cigarettes



Is there scientific evidence to suggest “reduced toxicant cigarettes” have a distinct place in a tobacco and nicotine risk continuum?



# Implications for the regulation of tobacco and tobacco smoke toxicants

Potential toxicant regulations:

FDA could set product standards related to yields of toxicants

WHO's TobReg proposed a complex scheme of toxicant monitoring across a complete country/market followed by limits on nine toxicants

NNK and NNN limited at median of the dataset

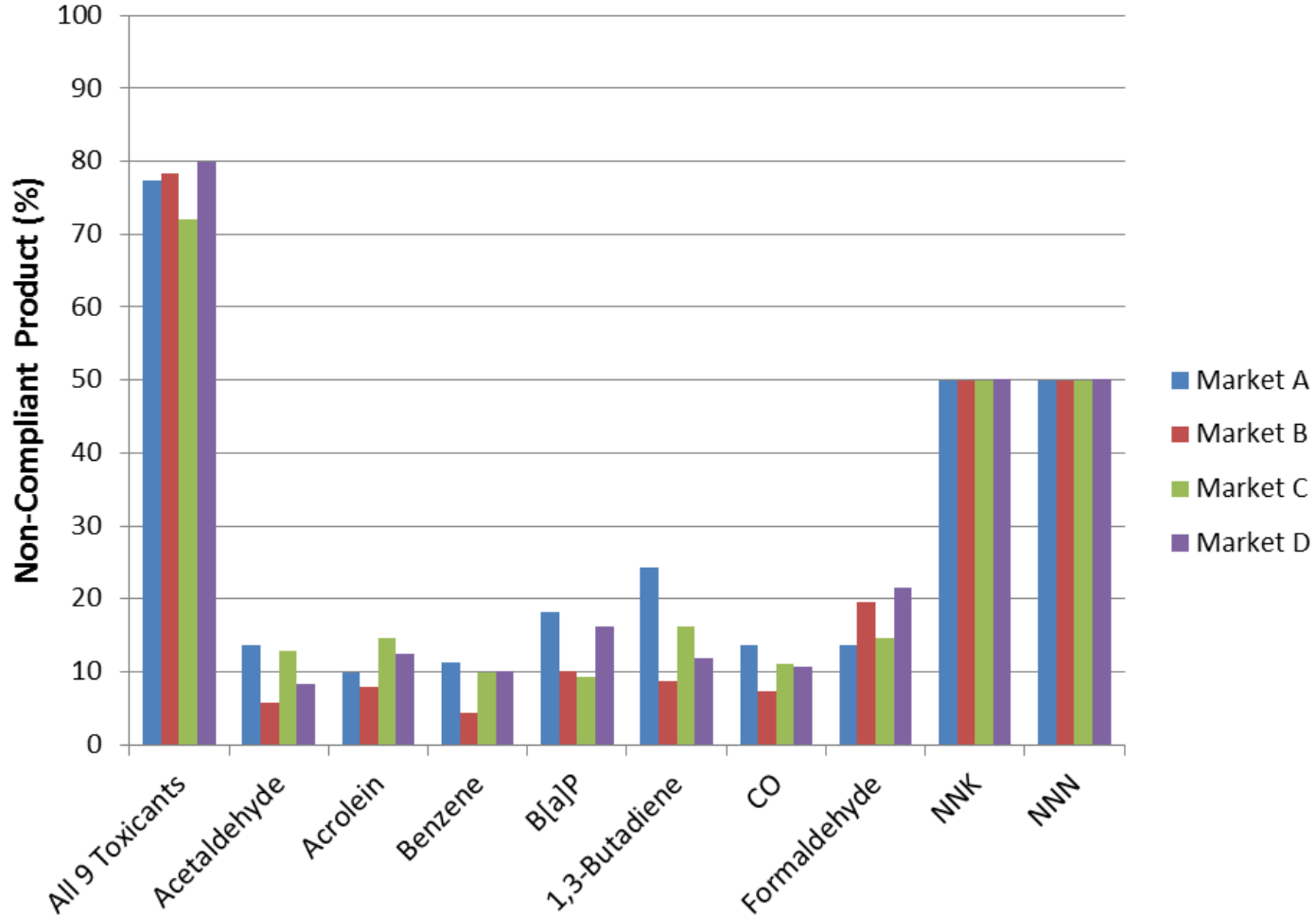
Acetaldehyde, acrolein, benzene, benzo [a] pyrene, 1,3-butadiene, carbon monoxide and formaldehyde limited at 125% of the median

(or against limits identified from either an international dataset or a Canadian brands dataset)

(Burns et al, Mandated lowering of toxicants in cigarette smoke: a description of the World Health Organization TobReg proposal, Tob. Control, 17, 2, 132, 2008)



# Results of our market surveys



Market A – Mixed tobacco blend, low filter charcoal incidence

Market B – Mixed tobacco blend, high filter charcoal incidence

Market C – Predominantly flue-cured blend

Market D – Predominantly US blended cigarettes

# Determining the potential public health impact of toxicant regulations

- Tobacco smoking causes a wide range of diseases and it is exposure to toxicants in tobacco smoke
- The epidemiology typically shows dose-response relationships, and reductions in risk following cessation
- Our studies suggest limited scope for reducing health risks substantially by modifying toxicants in cigarettes, but there are important limitations to our studies
- More research on which toxicants, or combinations of toxicants, are the drivers of smoking-related diseases, and the dynamic range of their actions, remains important
- Research evaluating the effects of tobacco heating devices and e-cigarettes may provide insights

# Acknowledgements

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