

# Comparative risk assessment of heated tobacco product (HTP) and electronic cigarette (EC) aerosols with cigarette smoke based on cancer potency and margin of exposure

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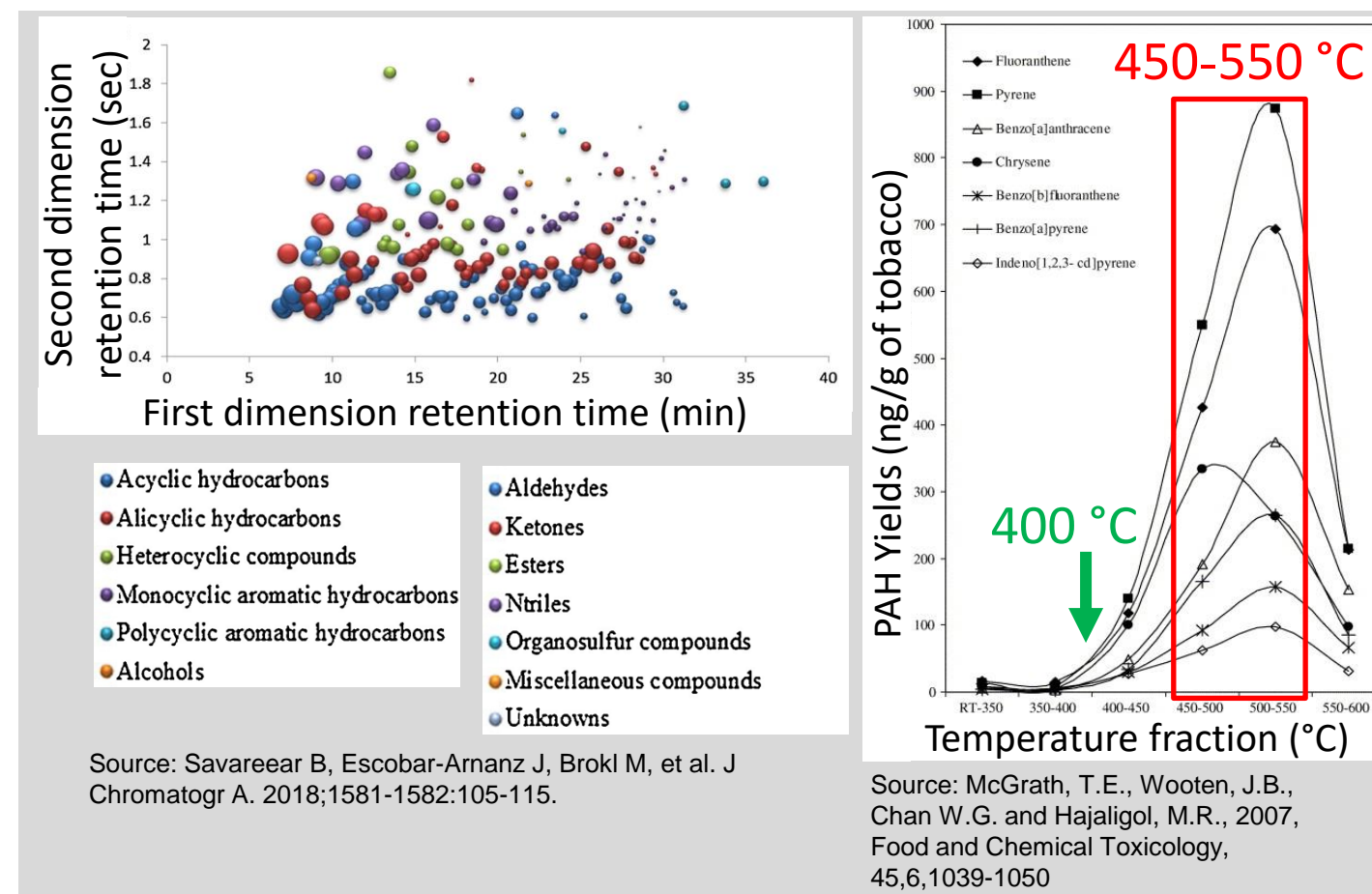
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# Outline

- Impact of smoking on health
- Specificity of non-combusted alternatives
- Estimate of the health risk with non-combusted alternatives
- Our model-based approach
- Results
- Limitations of the developed model
- Conclusions

# Cigarette smoke and health impact

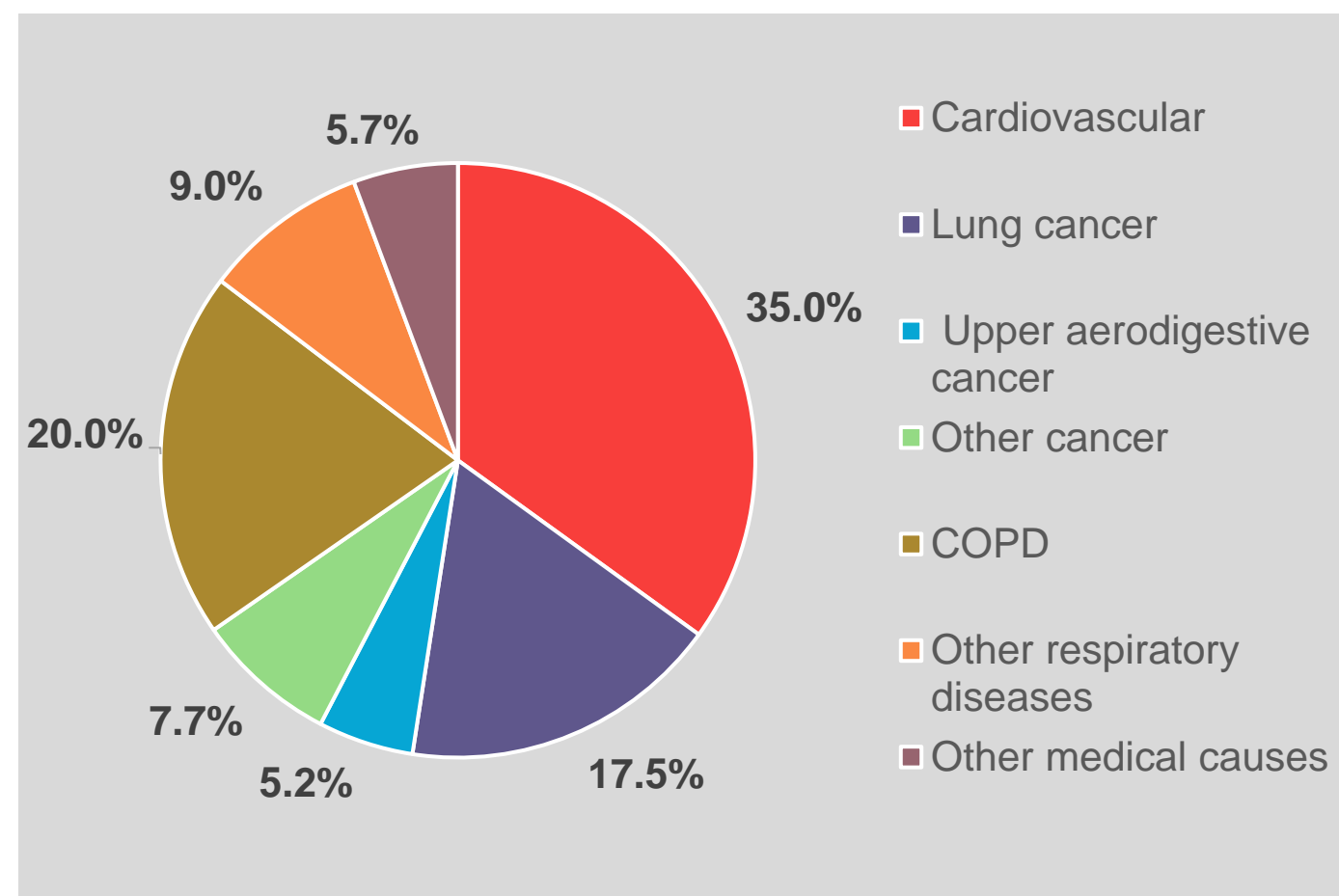


## Smoke: A complex aerosol

- More than 7000 constituents
- About 100 recognized as harmful or potentially harmful
- Harmful or potentially harmful constituents (HPHC) responsible for smoking-related diseases
- Mainly formed during tobacco combustion

## Health impact

- Cardiovascular diseases (35%)
  - Stroke
  - Ischemic heart disease
  - Other cardiovascular diseases
- Cancer (30.4%)
  - Lungs
  - Upper aerodigestive organs
  - Other organs
- Respiratory diseases (29%)
  - COPD
  - Emphysema
- Others (5.7%)



Reproduced from Ezzati, M., & Lopez, A. D. (2004). Chapter 11: Smoking and oral tobacco use. In: Ezzati, M., Lopez, A. D., Rodgers, A., & Murray, C. J. (2004). Comparative quantification of health risks. Global and regional burden of disease attributable to selected major risk factors. Vol 1:883-957. Geneva: World Health Organization.

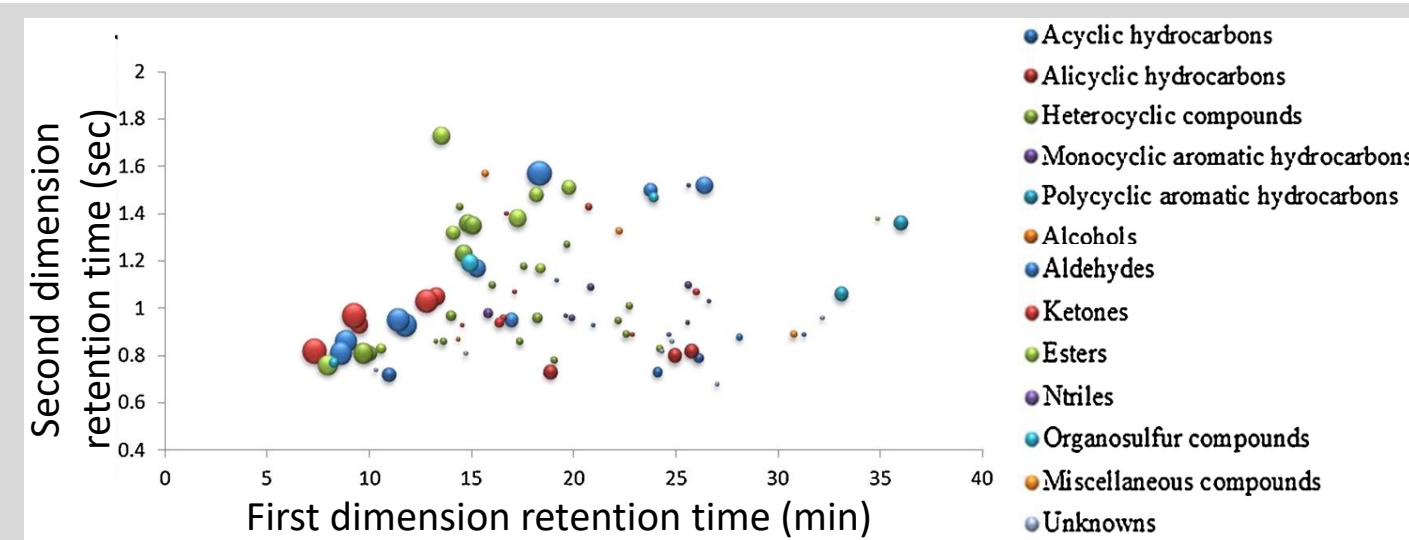
COPD: Chronic Obstructive Pulmonary Disease



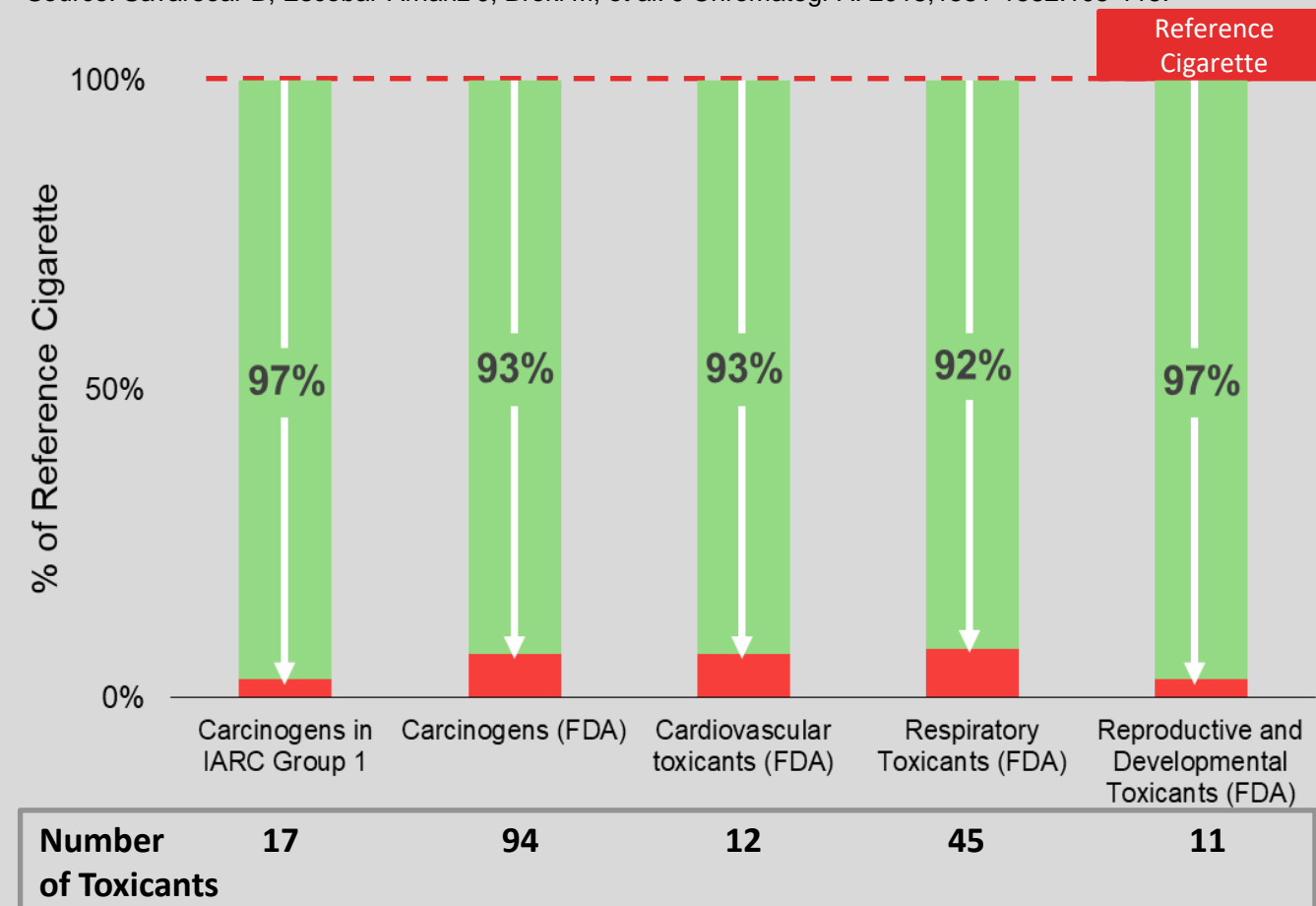
# Non-combusted alternatives

Reduced Emissions

Aerosol Chemistry



Source: Savareear B, Escobar-Amanz J, Brokl M, et al. J Chromatogr A. 2018;1581-1582:105-115.



Source: PMI Science

Reduced Exposure

*In vitro* studies  
*In vivo* studies  
Clinical studies

Reduced Adverse Health Effects

*In vivo* studies  
Clinical studies  
Epidemiological studies

## Reduced emissions in HTPs and ECs

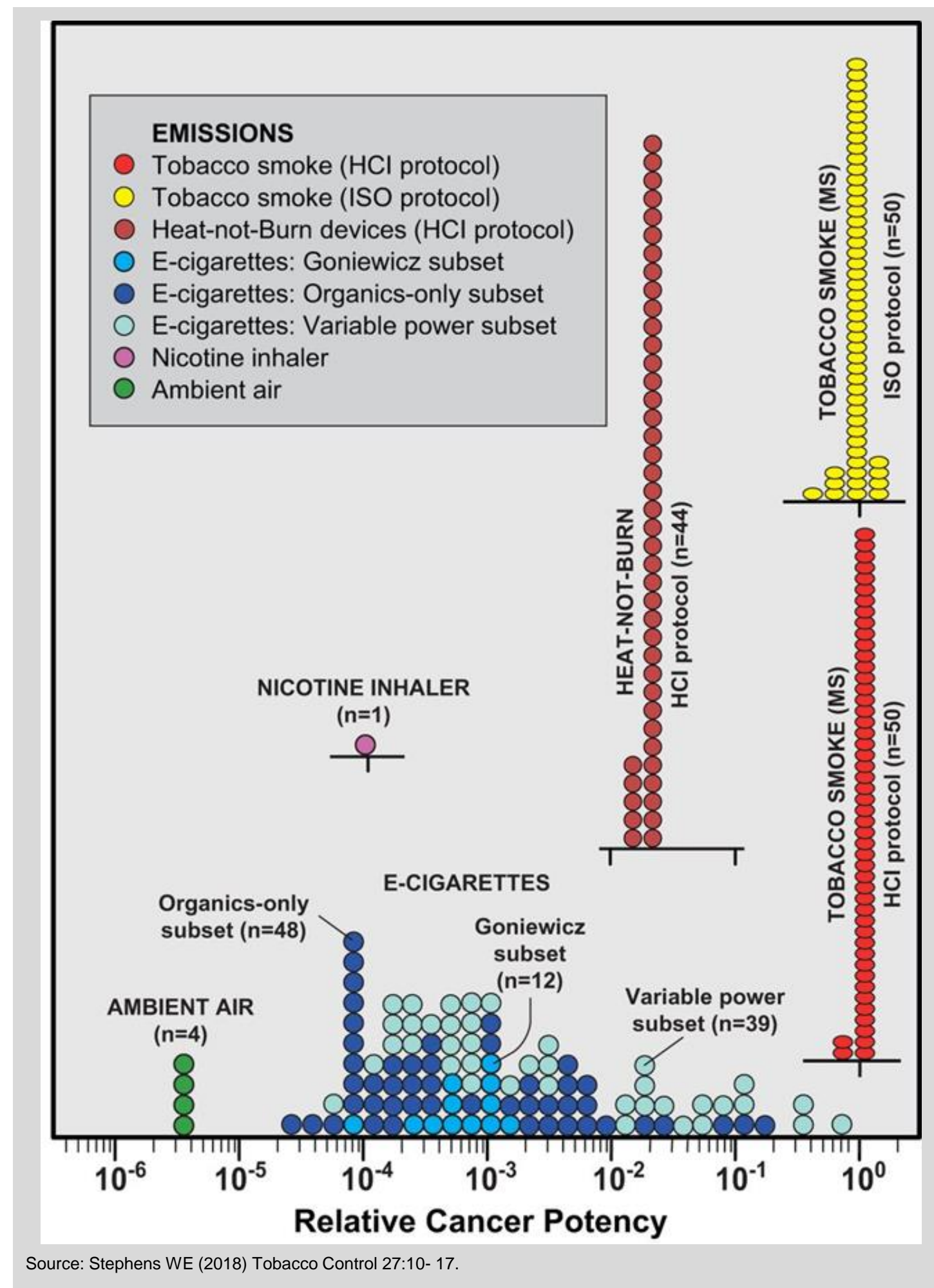
- A less complex aerosol
- Average reduction in formation of HPHCs with THS 2.2 relative to the levels measured in smoke from the reference cigarette on the basis of all compounds included in the FDA-93 list of HPHCs.

## Health impact ?

- Long-term effects remain unknown
- Epidemiological studies not compatible with innovative product development
- Surrogate(s) to characterize associated potential health risks



# HTP, EC, and health risk estimates (1)



HCI: Health Canada Intense smoking regime  
 ISO: International Organization for Standardization  
 OEHHA: Office of Environmental Health Hazard Assessment

## Cancer risk

- Surrogate: Cancer potencies modeled with HPHC yields and their respective Inhalation Unit Risks (IUR, OEHHA)
- Comparative assessment of cancer potencies:
  - HTPs ~50-times reduction
  - ECs ~500-times reduction
- Comparative assessment of mean lifetime cancer risk:
  - HTPs ~40-times reduction
  - ECs ~250-times reduction
- HTPs and ECs: risk reduction relative to cigarettes



# HTP, EC, and health risk estimates (2)

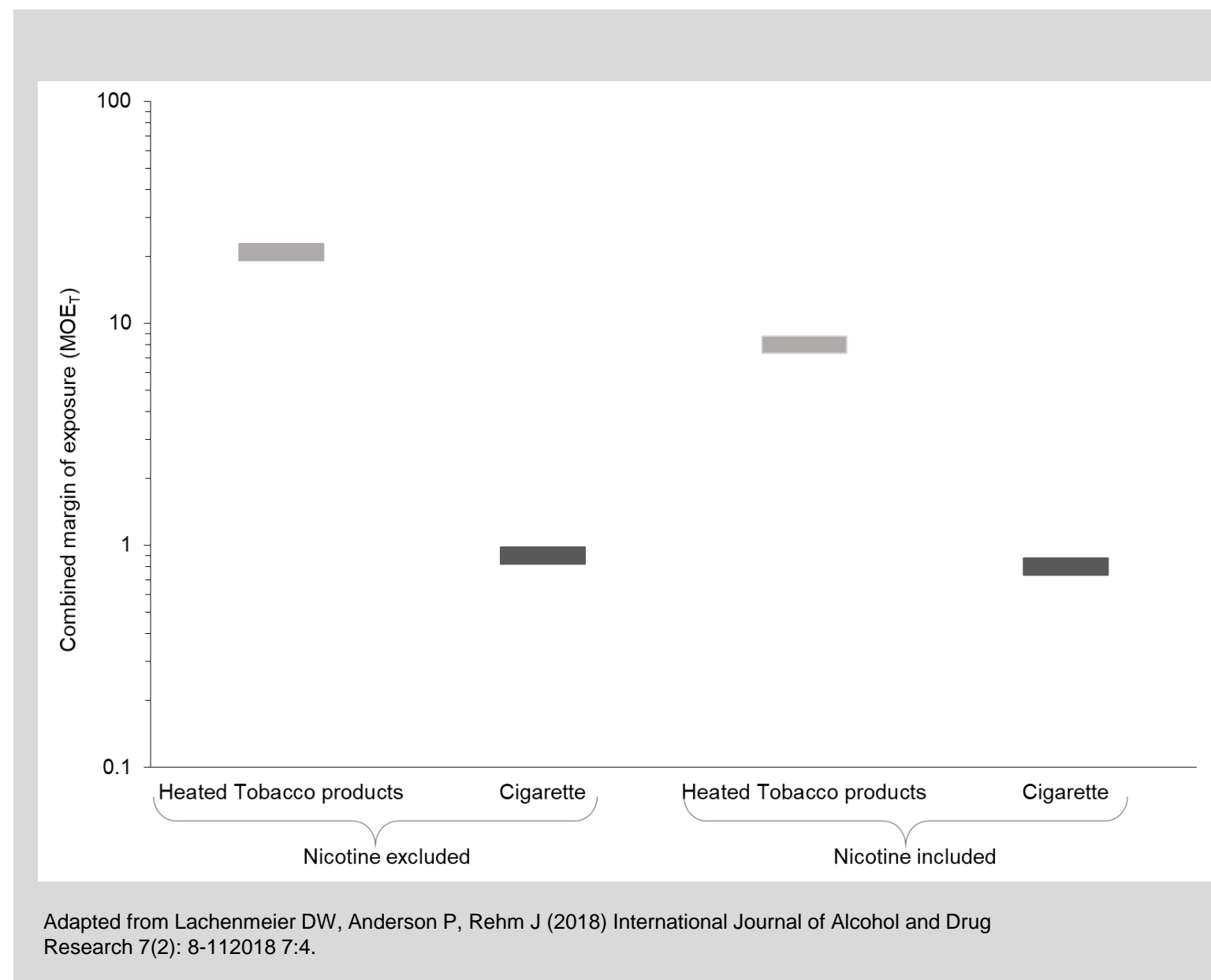
## Cancer risk

- Surrogate: Change in Cumulative Emission (CCE) modeled with HPHC emission yields and their respective relative potency factor (RPF, see Slob W. et al., Risk Analysis, 40: 1355-1366)
- Translation of the CCE into an health impact estimate:
  - $CCE < 1$ : increase in harm
  - $CCE = 1$ : health impact not modified
  - $CCE \geq 10$ : Substantial reduction in harm may be expected
- Comparative assessment of IQOS with cigarette:
  - 8 compounds considered (acrylonitrile, acetaldehyde, benzo[a]pyrene, 1,3-butadiene, ethylene oxide, formaldehyde, nitrobenzene, and propylene oxide)
  - Calculated uncertainty range of CCE: 9.6 - 26
  - Cumulative emission from HTP exposure estimated about 10 to 25 times lower compared to cigarette exposure on the basis of the eight compounds
- Reduction in expected life span substantially smaller for HTP users than smokers

# HTP, EC, and health risk estimates (3)

## Non-cancer risk

- Surrogate: Combined margin of exposure ( $MOE_T$ ) modeled with the margin of exposure (MOE) from selected compounds. MOE determined for the selected compounds by using their respective HPHC yields and corresponding toxicological thresholds, typically the BMDL (benchmark dose lower bound)
  - Comparative assessment of  $MOE_T$ :
    - HTPs ~23-times increase (nicotine excluded)
    - HTPs ~10-times increase (nicotine included)
- ➡ HTPs: non-negligible risk reduction relative to cigarettes





# Our approach

$$\text{Cancer Potency} = \sum_{j=1}^n IUR_j C_j$$

$$DAI = \text{Puff volume} \times \text{Puff number} \times DC$$

$$DAI = 0.001 \times DC$$

$$\text{Lifetime Cancer Risk} = \frac{DAI}{DBV} \times \text{Cancer Potency}$$

*j* refers to the *j*<sup>th</sup> compound  
 IUR: Inhalation unit risk  
 C: HPHC yield  
 DAI: Daily aerosol intake  
 DC: Daily consumption (20 cigarettes, 20 sticks for HTPs, or 20 L of inhaled aerosol for ECs)  
 Puff volume: 55 mL (aerosols generated under ISO 20778 and ISO 20768)  
 DBV: Daily breathed volume (20 m<sup>3</sup>)

$$MOE = \frac{\text{Toxicological threshold}}{\text{Human estimated exposure dose}}$$

$$MOE_j = \frac{IEL_j \times DBV}{DAI \times C_j}$$

$$MOE_T = \frac{1}{\sum_{j=1}^n \frac{1}{MOE_j}}$$

*j* refers to the *j*<sup>th</sup> compound  
 IEL: Inhalation exposure limit  
 C: HPHC yield  
 DAI: Daily aerosol intake  
 DBV: Daily breathed volume (20 m<sup>3</sup>)

US EPA: United States Environmental Protection Agency  
 DNEL: derived no effect level  
 ECHA: European Chemicals Agency  
 REL: reference exposure limit  
 RfC: reference concentration

## Cancer risk

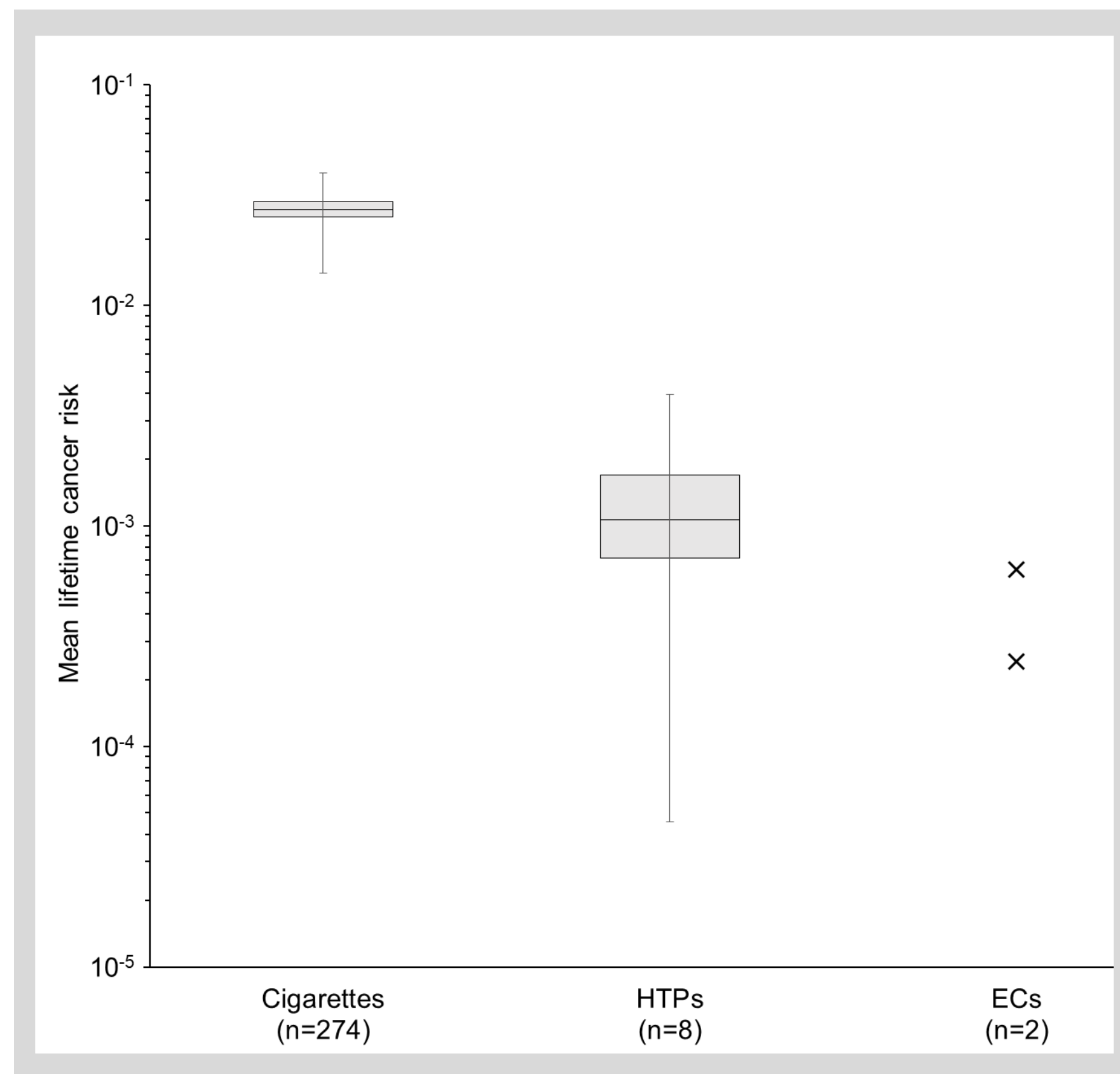
- Surrogate: Cancer potencies modeled with HPHC yields and their respective IURs (US EPA or OEHHA)
- Lifetime cancer risk (LCR) estimates
- Conservative: highest IUR considered

## Non-cancer risk

- Surrogate: MOE<sub>T</sub> modeled with HPHC yields and their respective MOE
- MOE based on inhalation exposure limits (IELs): DNELs (ECHA), RELs (OEHHA), and RfCs (US EPA)
- Conservative: lowest IEL considered



# Cancer risk: HTPs and ECs vs. cigarette



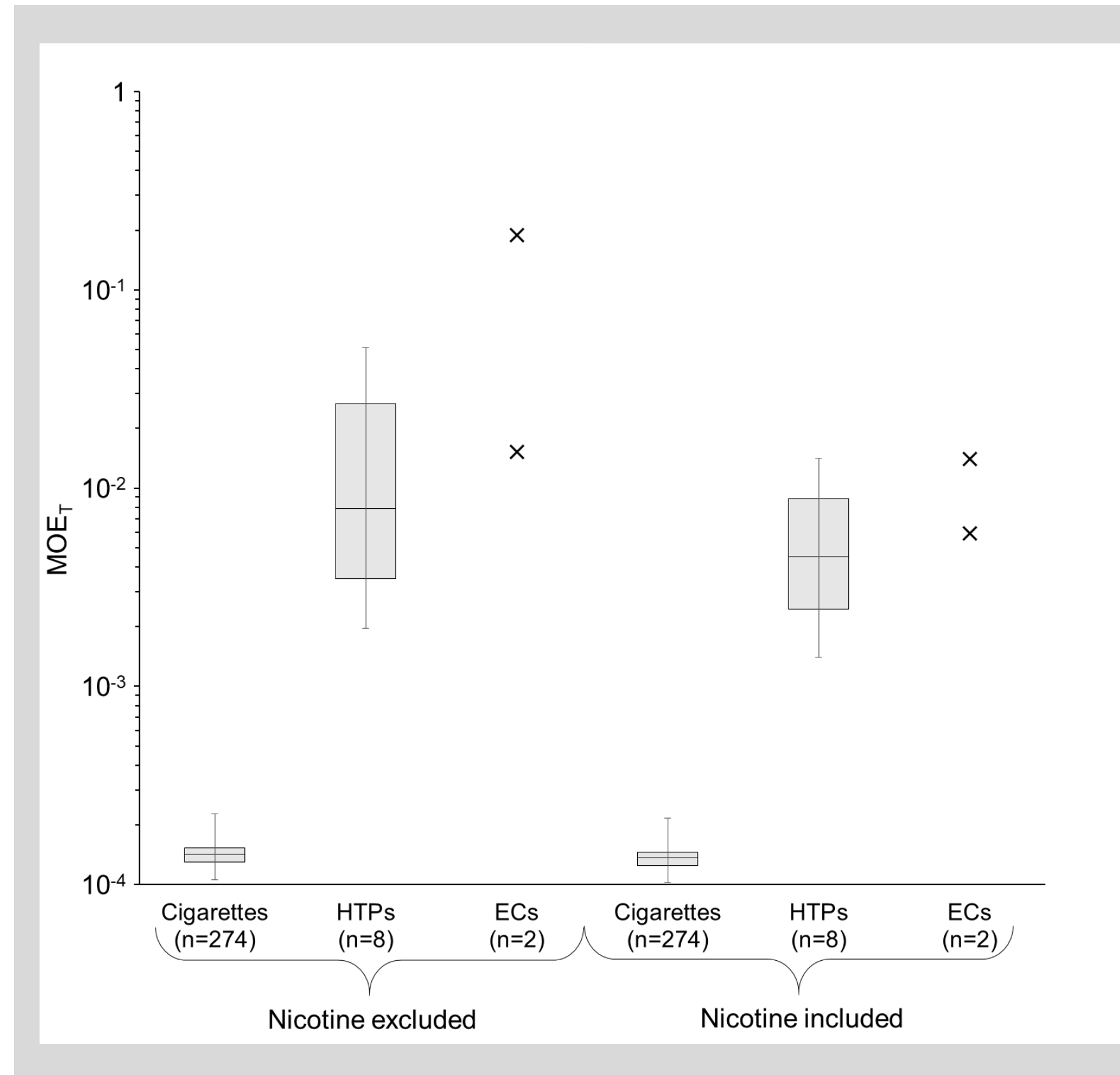
## Reduced mean LCR of non-combusted products relative to cigarettes

- $1.40 \times 10^{-2}$  to  $3.97 \times 10^{-2}$  for cigarettes, with  $2.73 \times 10^{-2}$  as median
- $4.53 \times 10^{-5}$  to  $3.95 \times 10^{-3}$  for HTPs, with  $1.06 \times 10^{-3}$  as median
- $2.42 \times 10^{-4}$  and  $3.95 \times 10^{-4}$  for ECs

➡ Significant decrease in cancer risk, as suggested by the model



# Non-cancer risk: HTPs and ECs vs. cigarette



## Increased MOE<sub>T</sub> of non-combusted products relative to cigarettes

- Excluding MOE for nicotine
  - 1.06x10<sup>-4</sup> to 2.28x10<sup>-4</sup> for cigarettes, with 1.42x10<sup>-4</sup> as median
  - 1.96x10<sup>-3</sup> to 5.10x10<sup>-2</sup> for HTPs, with 7.86x10<sup>-3</sup> as median
  - 1.53x10<sup>-2</sup> and 1.73x10<sup>-1</sup> for ECs
- Including MOE for nicotine
  - 1.03x10<sup>-4</sup> to 2.16x10<sup>-4</sup> for cigarettes, with 1.36x10<sup>-4</sup> as median
  - 1.40x10<sup>-3</sup> to 1.42x10<sup>-2</sup> for HTPs, with 4.49x10<sup>-3</sup> as median
  - 5.92x10<sup>-3</sup> and 8.10x10<sup>-3</sup> for ECs

➤ **Significant decrease in non-cancer risk, as suggested by the model**



# Limitations

- Only a global health risk description allowed
- No risk prediction in absence of
  - IUR/IEL
  - Yield data for the constituent of interest
- Inappropriate to evaluate synergistic effects
- Predicted risk affected by uncertainties
  - Animal studies used to derive toxicological thresholds
  - Study quality and reliability
  - Precision of the analytical methods



# Conclusions

- Development of a health risk assessment model driven by the need to characterize both cancer and non-cancer risk associated with exposure to HTP and EC aerosols.
  - Mean lifetime cancer risk index used as an indicator of cancer risk
  - Combined  $MOE_T$  used as an indicator of non-cancer risk
- Main limitations:
  - Reliable analytical methods to determine chemical yields
  - Availability of IURs/IELs
  - Selection process among available thresholds
- Significant cancer and non-cancer risk reductions are suggested for HTPs and ECs relative to cigarettes, according to the developed model. This is consistent with published results.