



Meta-Analysis to Establish Population Level Estimates of NNAL in Smokers and Non-smokers

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❖ Purpose

- Establish pooled average-observed levels for biomarkers of cigarette smoke exposure to serve as baseline for comparisons against changes in exposure for reduced risk products

❖ Research question

- What is the average-observed level estimate for urinary total NNAL? Previously levels for nicotine equivalents and blood carboxyhemoglobin were established (Published CORESTA Report: BMK-161)

❖ Approach

- **Conduct a meta-analysis**
 - A method for systematically combining pertinent observations from several selected studies to develop a single conclusion that has greater statistical power

Participating Companies

Company	Delegate(s)	Country
JUUL Labs Inc.	Felix Ayala-Fierro (Lead)	U.S.A.
Imperial Brands PLC	Thomas Verron	U.K./France
Altria Client Services	Mohamadi Sarkar (Co-Lead) Pavel (Paul) Lizhnyak	U.S.A.
RAI Services Company USA	Kimberly Frost-Pineda G.L. Prasad Robert (Rob) Freeland	U.S.A.
Philip Morris International	Ashraf Elamin	Switzerland

❖ NNK

- NNK (4-(methylnitrosamino)-1-(3-pyridyl)-1-butanone) is a tobacco-specific nitrosamine; NNK is found in the particulate phase of cigarette smoke
- NNK is identified as a IARC Group 1 carcinogen and is listed as a HPHC in cigarette smoke by FDA

❖ NNAL

- Total urinary NNAL represents metabolites of NNK and is a well-established biomarker to assess NNK exposure
- NNAL has a long half-life (>10d) and is not prone to the variability in measurement from transient changes in smoking behavior
- NNAL levels correlate with cigarette consumption (Rostron *et al* 2020) and provide a reasonable proxy for overall smoke exposure
- NNAL has been shown to differentiate between smokers, nonsmokers and combustible products (Goniewicz *et al* 2018)

❖ Electronic Databases

➤ Data reported in publications from 2008 - 2020

- PubMed (www.ncbi.nlm.nih.gov/en-trez/query.fcgi)
- Science Direct (www.sciencedirect.com)
- ToxNet (www.toxnet.nlm.nih.gov/)
- Google Scholar (<https://scholar.google.com/>)

❖ Evidence Table

➤ Method for Inclusion

- A method was developed for systematic assessment of literature
- Data was extracted from publications to create a master evidence table with elements for evaluation
- Elements determine eligibility for inclusion



Data Template

Data Template

Data Collection

Data Processing

Data Analysis

Labels

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ID

Year of Publication

Type of Publication

Publication Name (i.e. Journal)

Country

Authors

Company/Institution

Title

Relevance for Study

Available

Design

9

Type of Study

Method Randomization

Method Assessment Outcome

Handling Protocol Deviations

COHORT

Time (D0, D1, D2, etc.)

Time Normalized

Type of Subject

Sample Size (# Individuals)

Results

16

Biomarker

Type of Biomaker

Specimen Material, Type Specimen, Material Volume

Volume Unit

Analyte Value

Units, Standard Deviation

Range

Lower limit

Upper limit

Statistical Method

Analytical Method

LLOQ (Lower Limit of Quantification)

Range Inf, Range Sup

Demographics

25+

Gender
(Male, Female)

Race
(White, Black, Other, NA- missing)

Age
(Mean, Med, SD, Min, Max)

BMI
(Mean, Med, SD, Min, Max)

Cigarettes per day (CPD)
(Mean, Med, SD, Min, Max)

Years Smoked
(Mean, Med, Min, Max)

Smoker Status verification

Number corresponds to data elements in each category

Rule: 1 study group per row, 1 data set per cell

- ❖ **A total of 76 studies were identified since 2008 and were reviewed for inclusion in meta-analysis**
 - Relevant data captured in evidence table according to “Data Template”
- ❖ **42 studies were found to contain clinical and/or observational findings with reportable <original> values**
 - Both Free NNAL and Total NNAL, Values reported in different units
- ❖ **34 studies were identified with data in units relevant for the meta-analysis**
 - Ex. geometric and arithmetic mean values, median values
- ❖ **19 studies were selected with relevant units for the statistical evaluation (geometric mean values)**
 - Reason for Exclusion was documented (“Exclusion Tab”)

❖ NNAL Data Availability in Literature

- Common units: pmol/mg creatinine; ng/mg creatinine; ng NNAL/24 h; pg/mg creatinine
- Less common units: pg/mL; pmol/mL; ng/mL; fmol/mL; nmol/24 h

❖ Data Conversion

➤ Data converted to pmol/mg creatinine using a “conversion template”

- Assumptions:

- Median urine volume = 1.8 L/day (0.8 – 2 L/day)
- Median urine creatinine = 2,208 mg/24 h (601 – 2,936 mg/24 h)
- NNAL MW = 209.24 g/mol (C₁₀-H₁₅-N₃-O)

- Example (pg/mL to pmol/mg creatinine):

- **Step 1: Convert pg/mL to pmol/L**

- $\text{NNAL} = 1 \times 10^{-12} \text{ g/mL} = 1 \times 10^{-9} \text{ g/L} = 1 \times 10^{-9} / 209.24 \text{ mol/L} = 4.779 \times 10^{-12} \text{ mol/L} = 4.779 \text{ pmol/L}$

- **Step 2: Normalize for urine and creatinine levels**

- $4.779 \text{ pmol/L} \times 1.8 \text{ L/d urine} = 8.6 \text{ pmol} / 2,208 \text{ mg creatinine/day} = 0.0039 \text{ pmol/mg creatinine}$

❖ Geometric Means & Total NNAL Selected for the Meta-Analysis

- Free NNAL was captured but not considered
- Arithmetic mean and median values captured but not considered. Log-transformed data could be considered equivalent to geometric means (further analysis required).

❖ Sequence of Calculations

- Volume-based: Convert to molar-based and adjust for urine/creatinine
 - $1 \text{ pg/mL NNAL} \times 1 \cdot 10^{-12} \text{ g/pg} \times 1000 \text{ mL/L} / (209.24 \text{ g/mol} \times 1 \cdot 10^{-12} \text{ pmol/L}) = 4.779 \text{ pmol/L} \times 1.8 \text{ L urine} = 8.6 \text{ pmol} / 2,208 \text{ mg creatinine/d} = 0.0039 \text{ pmol NNAL/mg creatinine}$
- Molar based: Adjust for creatinine levels
 - $1 \text{ nmol/24 h NNAL} \times 1000 \text{ pmol/nmol} = 1000 \text{ pmol} / 2,208 \text{ mg creatinine/d} = 0.45 \text{ pmol NNAL/mg creatinine}$
- Mass-based creatinine-adjusted: Adjust for creatine and convert to moles
 - $100 \text{ ng/g creatinine NNAL} \times 2.208 \text{ g creatinine/d} = 220.8 \text{ ng/d} / 209.24 \text{ ng/L} = 1.05 \text{ nmol (1055 pmol)} = 1055 \text{ pmol} / 2,208 \text{ mg creatinine/day} = 0.47 \text{ pmol NNAL/mg creatinine}$

Data Analysis: Statistical Summary

Year	Included / Relevant
2008	0 / 2
2009	1 / 7
2010	4 / 5
2011	2 / 7
2012	2 / 4
2013	3 / 4
2014	0 / 1
2015	2 / 3
2016	3 / 5
2017	0 / 1
2018	1 / 2
2019	- / -
2020	1 / 1
Total	19 / 42

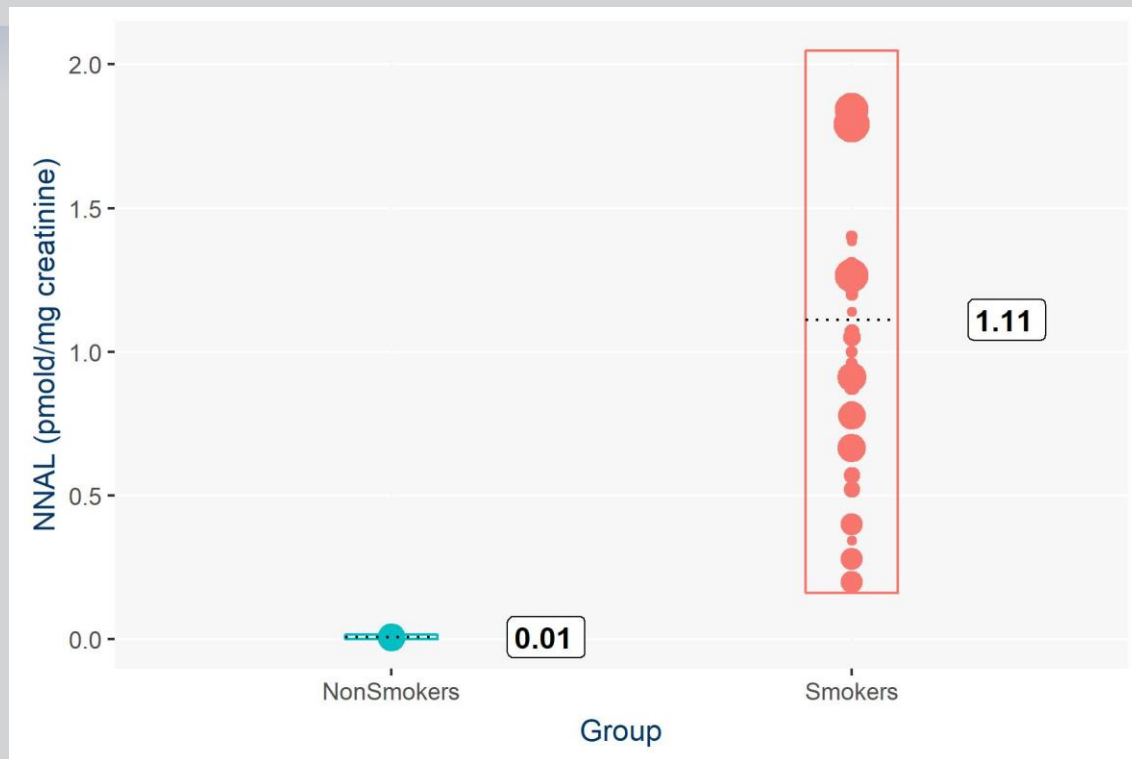
Group	Non-Smokers	Smokers
# Groups	3	36
Total Individuals	1,160	12,218
Average	0.008	1.112
Min	0.002	0.182
Max	0.014	1.842
SD	0.0038	0.5505
95% CI (LL)	0.001	0.161
95% CI (UL)	0.017	2.047

NNAL results are expressed in pmol/mg creatinine.

Comparison	Difference (pmol/mg creatinine)	P-value	Observations
Smokers vs Nonsmokers	1.095	0.0002	Statistically different

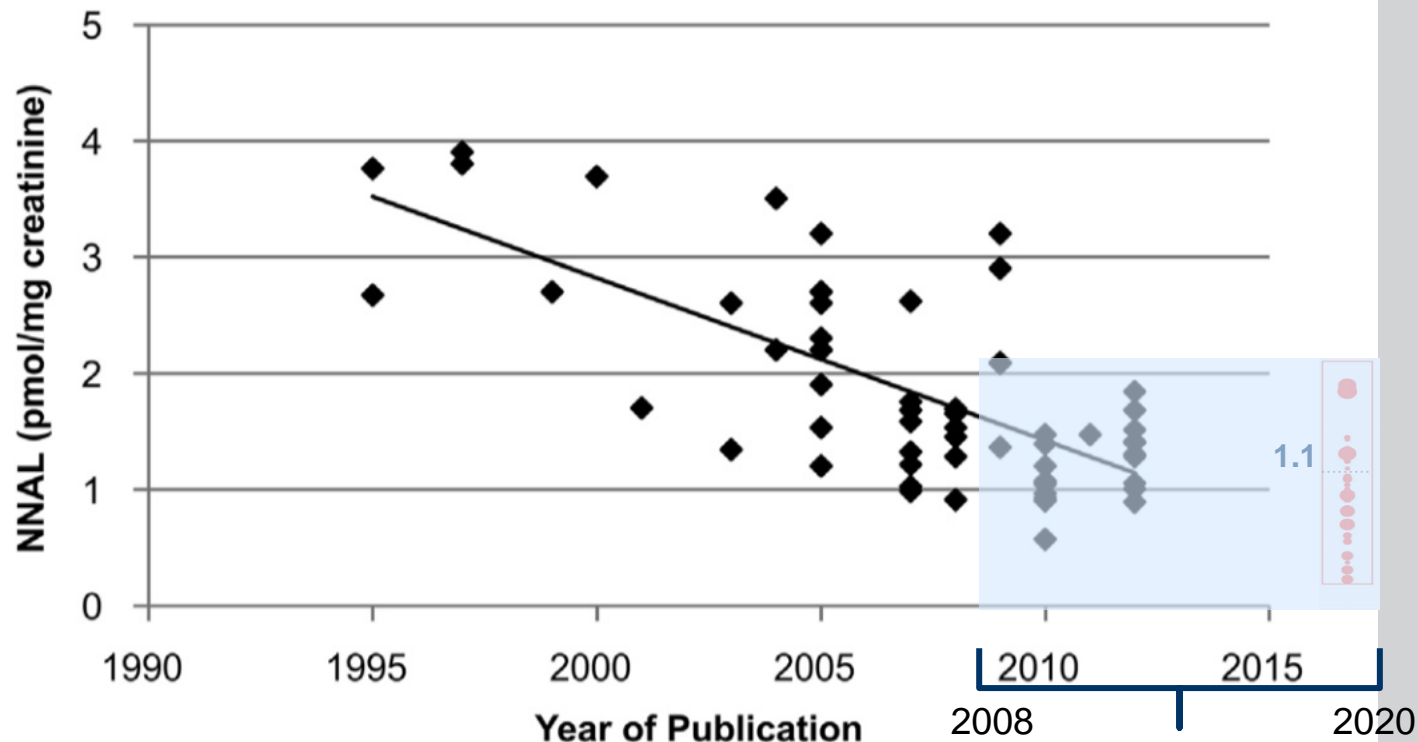
Averages and standard deviations weighted according to the size of the groups, using epanechnikov smothing kernel density

Data Analysis: Group Comparison



NNAL is Smokers - Publication Year Correlation

Appleton *et al* 2014



❖ Summary

- We have established average-observed levels for NNAL in cigarette smokers
- Similar analysis for COHb and NEQ have been previously completed
- A manuscript describing the results for all three biomarkers is currently in progress (Target Journal - Biomarkers)