

No Genotoxic Consequences of Daily Doses of EMS Inducing up to 380'000 DNA-Alkylations/Cell/Day

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Why did we study EMS?

- <u>June 2007:</u> High impurity levels of EMS (ethyl methanesulfonate) were found in batches of an anti-AIDS medication (nelfinavir mesylate) produced in early 2007
- Information of health authorities (EMEA, Swissmedic); all batches on the market were recalled, marketing authorisation was suspended,
- request for patient registry was issued

Reason for accident:

 Residual cleaning fluid (ethanol) had not been removed from storage tank before filling with methanesulfonic acid, time of storage was 77 days until next campaign

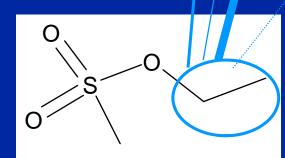
Patient exposure:

- → Maximal content of EMS in tablets: ca 1000 ppm (TTC level: 0.6 ppm)
- → Maximal dose of EMS to patients: 0.055 mg/kg
- → Maximal duration of exposure: 3 months
- → Number of patients: ≤ 40 000

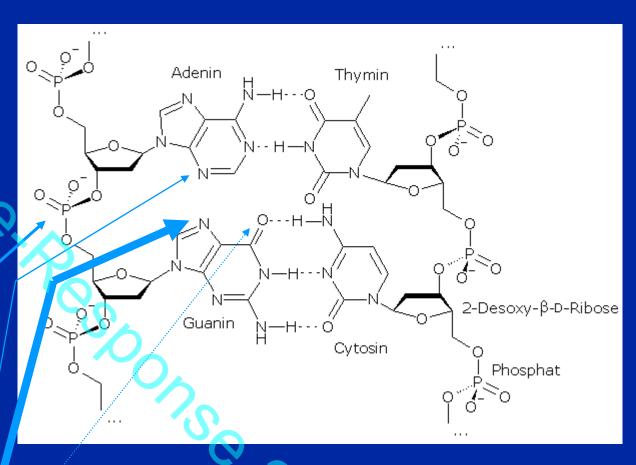
EMS is an exemplary alkylating genotoxin

→ so it shows linear dose response relations!!

or does it...?



Ethylmethanesulfonate



DNA damage by EMS

EMS ethylates DNA predominantly at N⁷-Guanine

RISK ASSESSMENT APPROACHES



- 1) Linear back extrapolation (based on cancer data with MMS):
 - → less than 1 addtl. cancer in 10 000 exposed patients

2) Alternative approach:

Working hypothesis of thresholded dose response (based on Doak et al paper)

- ullet If there exists a threshold for EMS-induced mutations also in vivo
- ullet If all adverse events due to EMS are secondary to DNA damage \cdots
- ullet If the exposure to EMS in patients was below this threshold \cdots

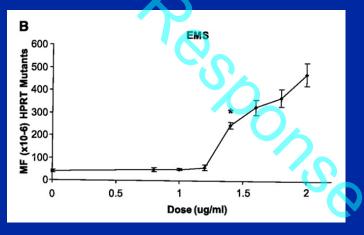
No additional risk for

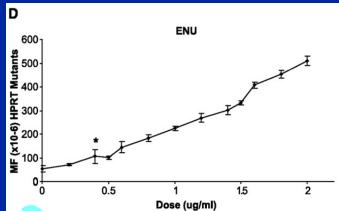
EMS shows a threshold for genotoxicity in human cell line in vitro!



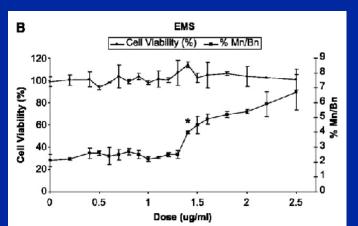
EMS Doak Versus (2007) ENU

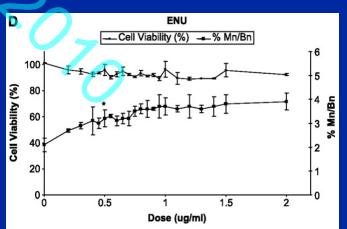
gene mutation induction





chromosomal damage induction







Decision:

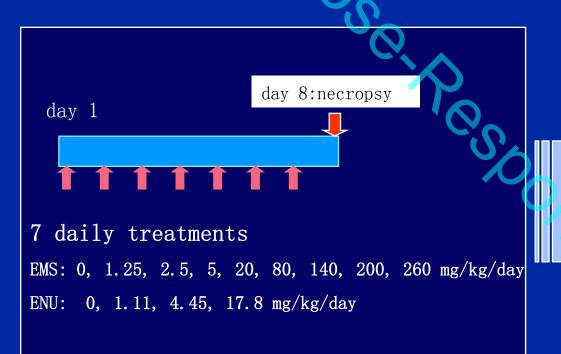
Attempt to obtain solid in vivo evidence for thresholded dose response

to assure the patients that they do not carry an increased risk for mutations (and by inference for cancer, birth defects)

and with the hope that request for patient registry would be withdrawn



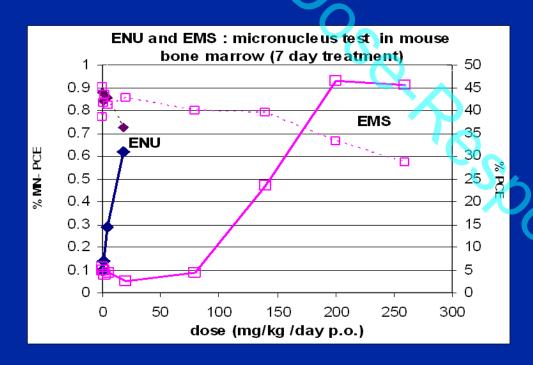
Induction of chromosomal damage in bone marrow of mice

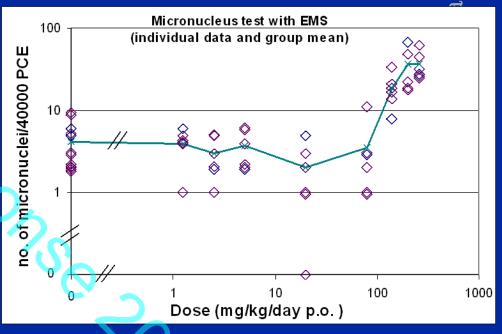


- Erythrocytes prepared from bone marrow for assessment of micronuclei
- Assessment of exposure via ethyl- adducts in terminal valine of hemoglobin



Micronuclei as a function of dose

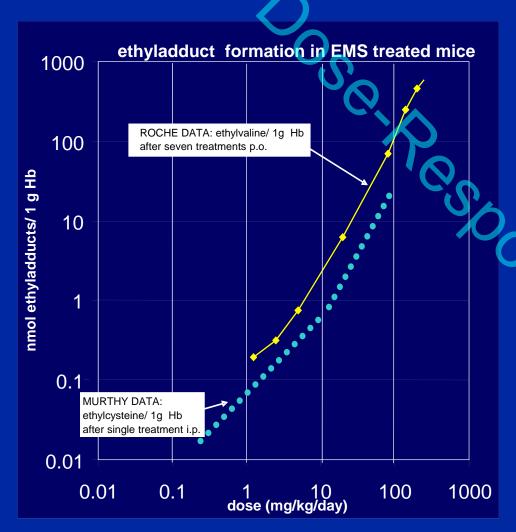




- EMS induces a thresholded dose response (80 mg/kg/day)
- ENU induces a linear response



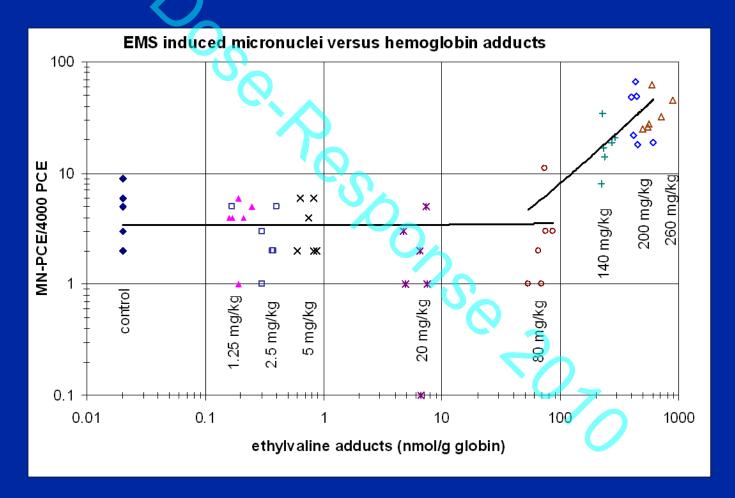
Ethylvaline formation in globin as a biomarker of exposure



- Roughly linear increase at low doses, above linear increase at higher doses
- Data are fully in line with previous study by Murthy et al (1984)

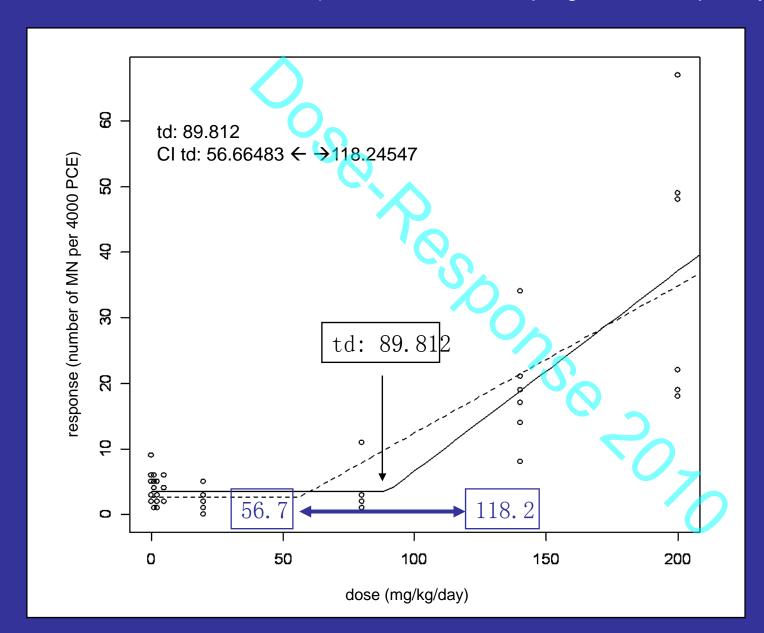


Micronuclei as a function of exposure (ethylvaline adduct levels)

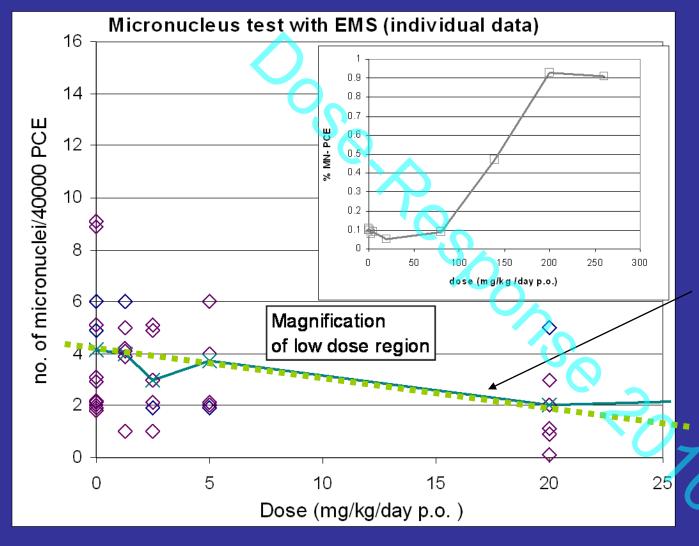


• No increase of micronuclei below ~100 nmol/g globin (more than 1000 fold higher than background level of < 0.1 $^{\rm nmol/g\ globin)}$

Statistics MNT bone marrow (assessed with stat. program developed by Lutz and Lutz, 2009)



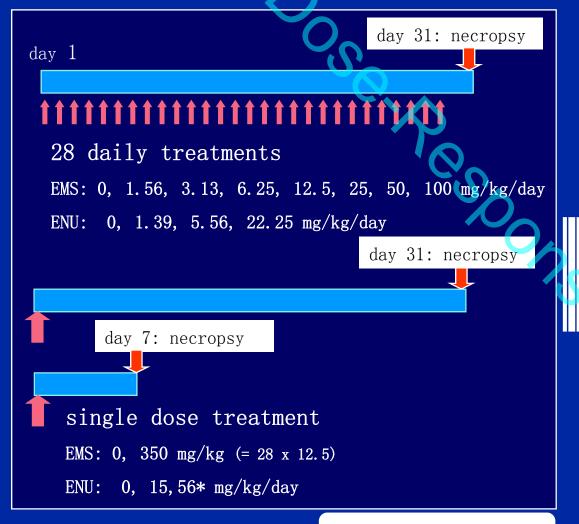
Dose response at low doses:



The slope at doses below 20 mg/kg/day is significantly negative (p \leq 0.05)



Induction of LacZ gene mutations in MutaMouse (transgenic) model



- DNA extracted from
- bone marrow
- liver
- GI tract

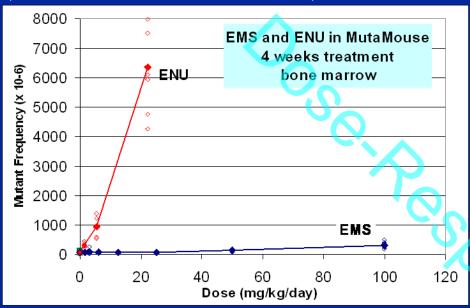
for assessment of gene mutations at LacZ gene

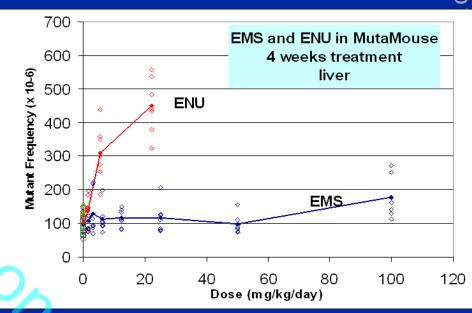
• Assessment of exposure via ethyl- adducts in terminal valine of hemoglobin

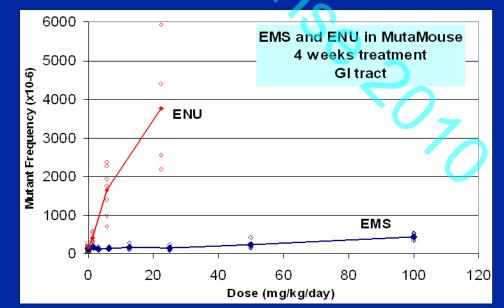
*planned was a tenfold higher dose (28 x 5.56 = 156 mg/kg)

MutaMouse results: comparison EMS vs ENU

(4-weeks treatment)

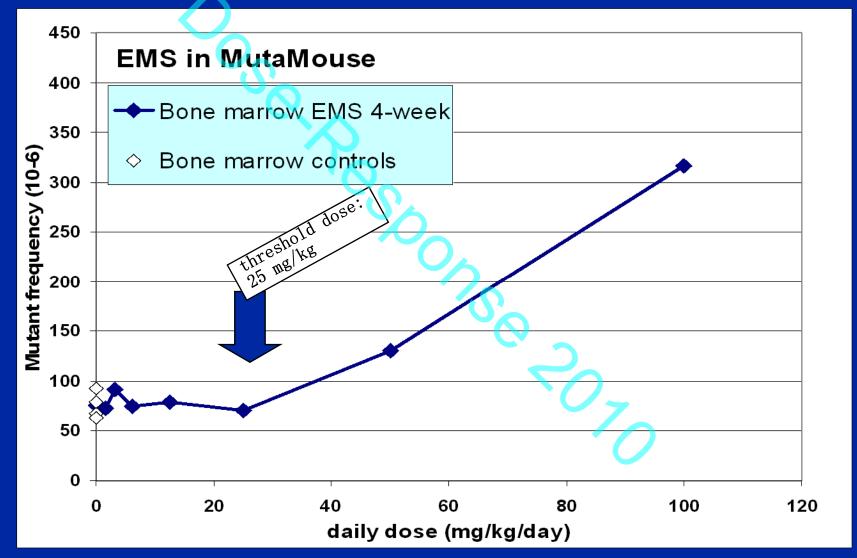






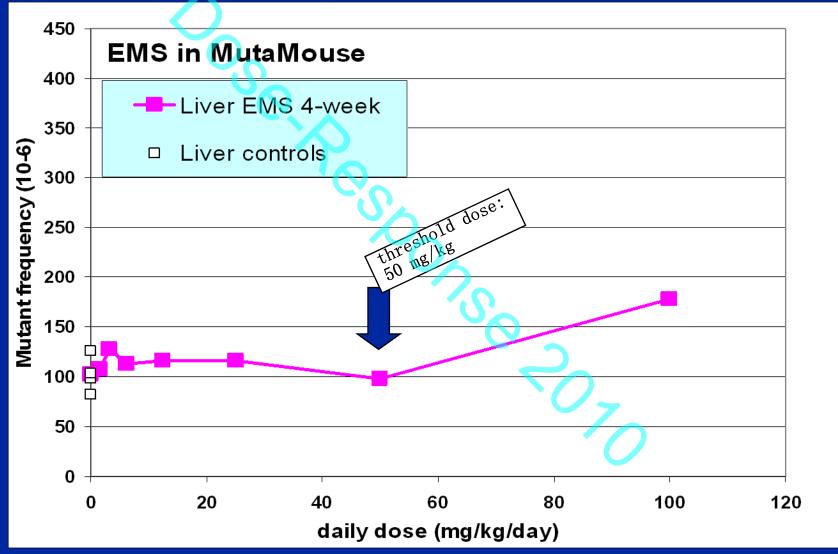


Gene mutations in bone marrow as function of dose (4-weeks treatment)



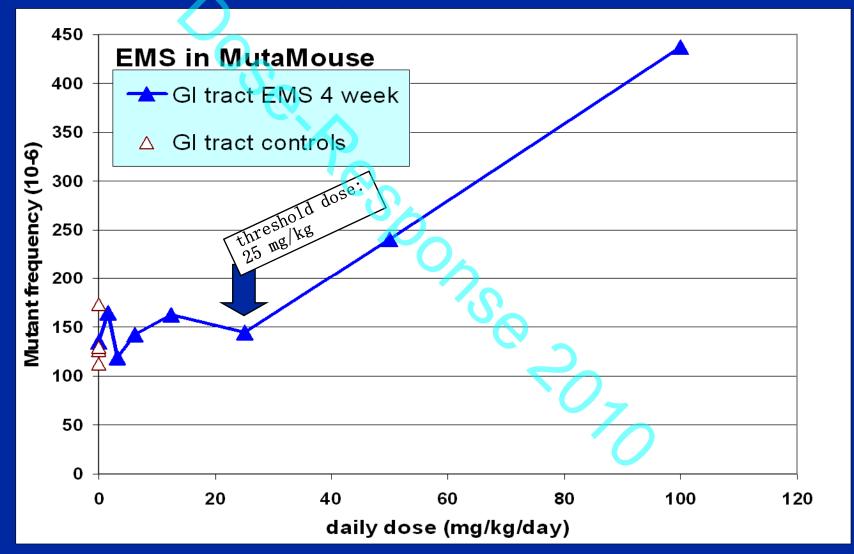


Gene mutations in liver as function of dose (4-weeks treatment)





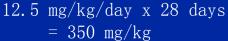
Gene mutations in GI tract as function of dose (4-weeks treatment)

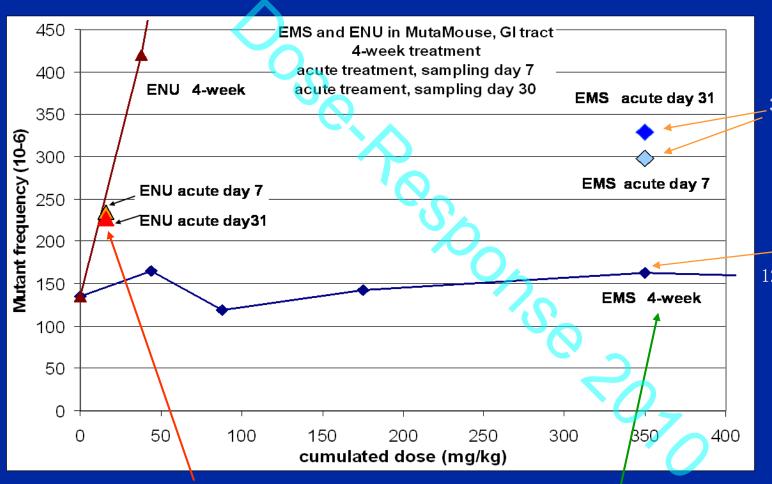


MutaMouse results: Cumulative versus acute treament: GI tract



Roche Roche S = 350 mg/kg





ENU: effect independent of dose fractionation

EMS: dose fractionation abolishes the effect



Complete statistical approach (a)

- 1. Comparison of control groups (to allow cumulation)
- 2. Rejection of linear dose response relationship (entire dose range)
- 3. Acceptance of linear dose response relationship below the NOEL
- 4. Application of threshold software developed by Lutz and Lutz (2009)

Threshold analysis by hotekeystick tapproblem (Luxe and Euiz, 2009) confidence limits

study	organ	NOEL (mg/kg)	td (mg/kg)	95% Confidence interval of td (mg/kg)	
MNT	Bone marrow	80	89.812	56.665 to 118.245	
Muta TM mouse	Bone marrow	25	35.446	21.464 to 45.728	
Muta TM mouse	liver	50	51.314	25.670 to 99.997	
Muta TM mouse	GI-tract	25	24.51	12.966 to 38.513	



confidence interval does not include ,0'



Complete statistical approach (b)

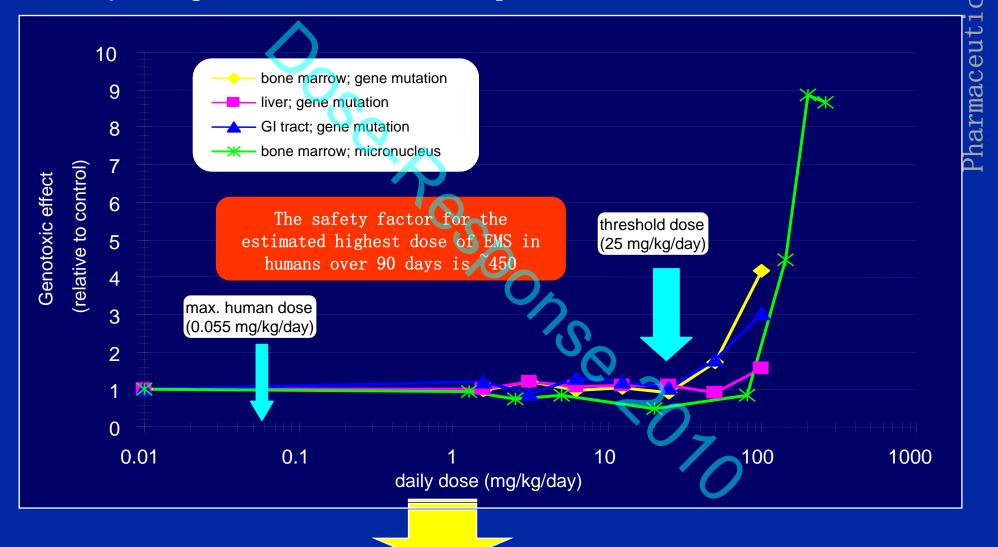
5. Analysis of slope in low dose region

study	organ	Slope at low dose region	95% Confidence interval of slope	
MNT	Bone marrow	-0.10	-0.201 to -0.001	
Muta TM mouse	Bone marrow	-0.19	-1.19 to 0.81	
Muta TM mouse	liver	-0.10	-0.69 to 0.48	
Muta TM mouse	GI-tract	0.48	-0.96 to 1.92	

slope is given as No. of MN/4000PCE/mg/kg, and mutation frequency (x106)/mg/kg, respectively

Summary of genotoxicity studies: Safety margin (dose based comparison)



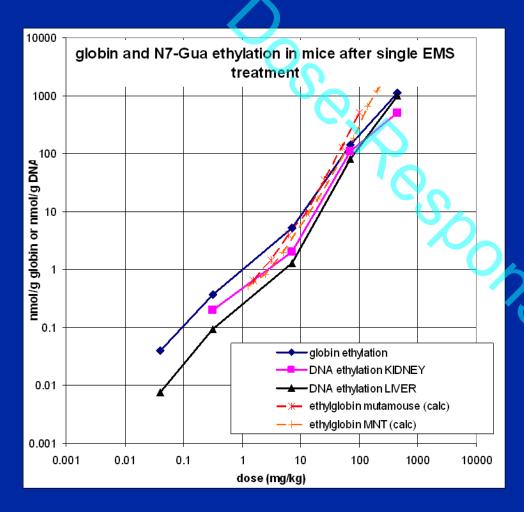


Authorities were convinced -> request for patient registry was withdrawn



DNA ethylations at threshold dose

based on Murthy et al (1984), Beranek (1990) and our data on ethylvaline



Dose response for N7-Gua ethylation and

total globin ethylation



EMS induced

380 000 ethylations everyday in the DNA of each each liver cell at the threshold dose

The cell can repair large amounts of DNA damages FULLY ERROR FREE

THERE IS A THRESHOLD FOR MUTAGENESIS BY DNA DAMAGING MUTAGENS !!!!

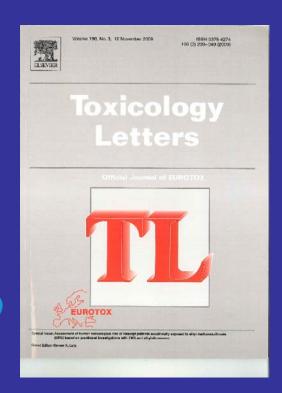
(at least for some)

The cell can repair large amounts of exogeneously induced

DNA damages FULLY ERROR FREE

A paradigm shift in risk assessment of genotoxic carcinogens

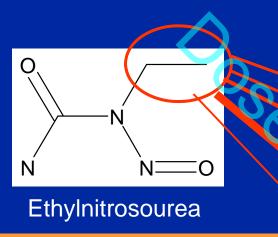
The complete data (incl. ADME and general Tox studies) and detailed risk assessment are published as special issue in Tox. Letters



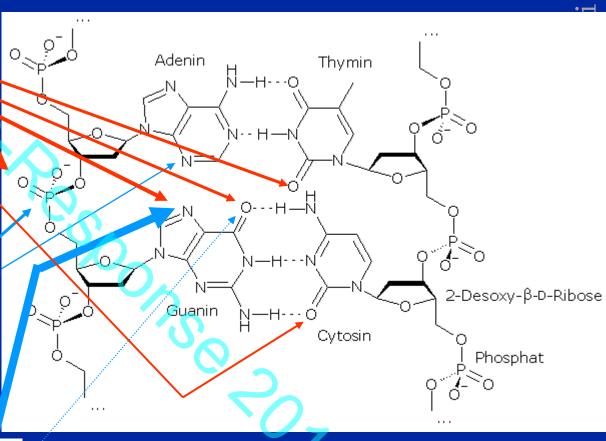
...and what about a threshold for ENU?

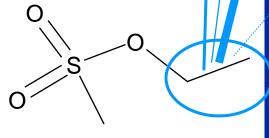


cals



ENU ethylates stronger at O⁶-G; O²-T, O²-C





EMS ethylates DNA predominantly at N⁷-Guanine

Ethylmethanesulfonate

Comparison of adduct formation:

based on ethylvaline adducts (our study) and localisation of adducts in DNA (Beranek et al 1990)



ENU induces about 60 fold more adducts at oxygen (O⁶G,O²T,O⁴T,O²C) than EMS at the same dose

Table 1. DNA adduct profiles for MMS, MNU, EMS and ENU

Adduct	MMS	EMS	MNU	ENU
s value	>0.83	0.67	0.42	0.26
N ⁷ -G	81-83	58-65	65-70	11-11.5
N ³ -G	0.6	0.3-0.9	0.6 - 1.9	0.6-1.6
N^7 -A	1.8	1.1-1.9	0.8 - 2	0.3-0.6
N ³ -A	10.4-11.3	4.2 - 4.9	8-9	2.8 - 5.6
N^3 -T	0.1	Nd	0.1 - 0.3	0.8
N ³ -C	<1	0.4 - 0.6	0.06 - 0.6	0.2 - 0.6
O ⁶ -G	0.3	2	5.9 - 8.2	7.8 - 9.5
O^2 -T	Nd	Nd	0.1 - 0.3	7.4-7.8
O^4 -T	Nd	Nd	0.1 - 0.7	1-2.5
O ² -C	Nd	0.3	0.1	2.7-2.8
Phosphotriesters	0.8	12-13	12-17	55-57

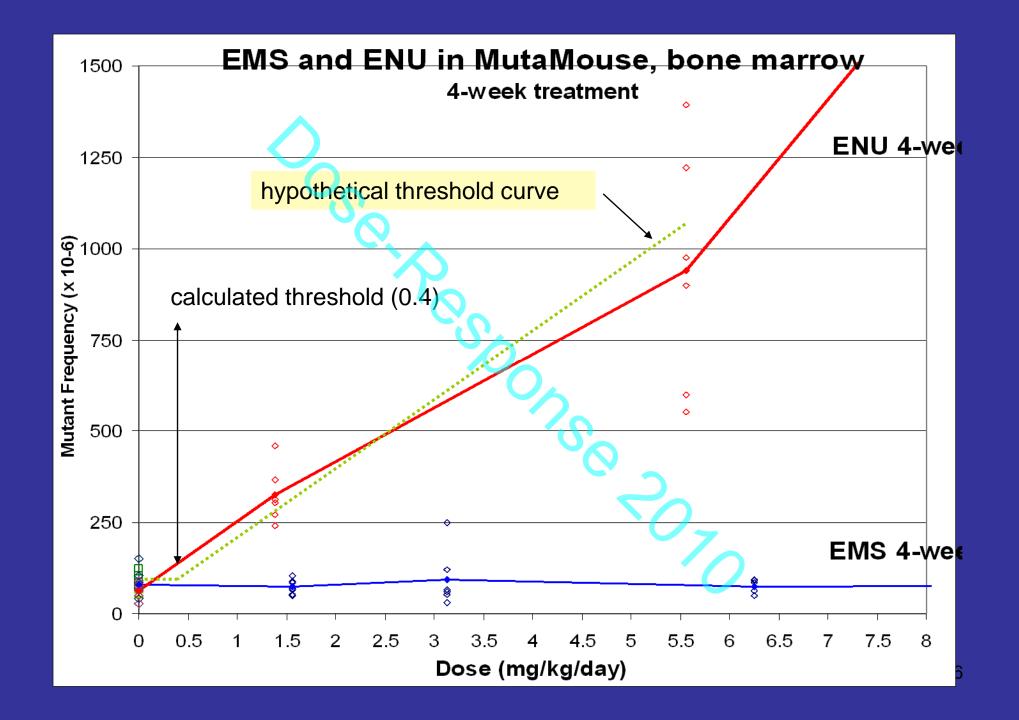
NOTE: Adapted from Beranek (13). Data are in percentages; all possible adducts were not included, so columns do not add up to 100%. Abbreviation: Nd, not detected.



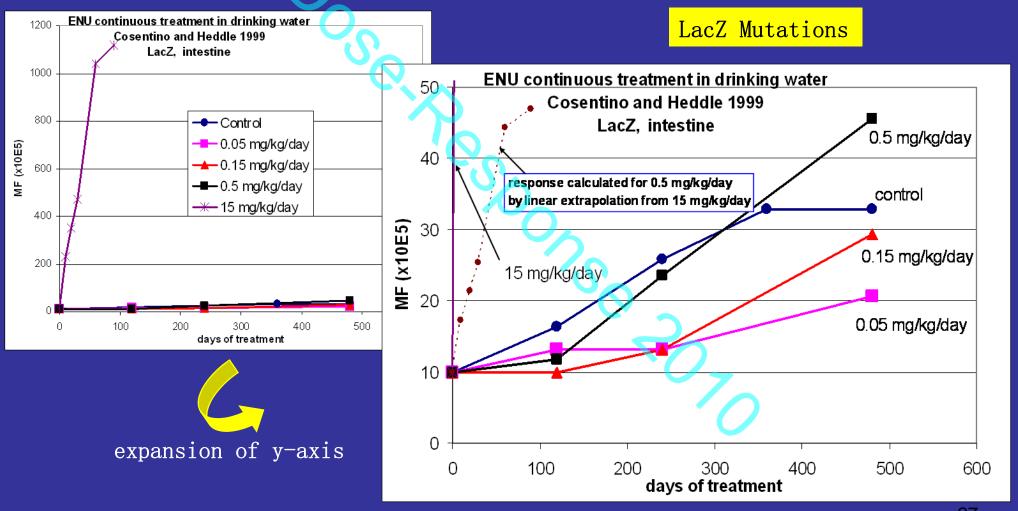
If thresholds arise due to oxygen adducts the threshold for ENU should be

25 mg/kg/day/60 = 0.4 mg/kg/day for gene mutations in bone marrow, GI tract

50 mg/kg/day/60 = 0.8 mg/kg/day for gene mutations in liver



in vivo data: Continuous ENU treatment in drinking water Sampling after 120,240, 360, 480 days with 0.05 to 0.5 mg/kg/day 10, 20, 30, 90 days for 15 mg/kg/day (redrawn from Cosentino and Heddle 1999)



→ at most marginal effect at 0.5 mg/kg/day, much lower than predicted by linear extrapolation

