Interfacial rheology of lung surfactant: experiments & modelling to explore disruption of breathing by aerosolised compounds







NATIONAL RESEARCH CENTRE FOR THE WORKING ENVIRONMENT

<u>Hugh Barlow</u>, Sreyoshee Sengupta, Maria Terese Baltazar, Jorid Sørli



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# **Context:**

# Assuring safety of consumer products



#### Assuring inhalation safety: Inhalation exposure depends on product type and habits & practices

Several consumer goods products can lead to an unintentional inhalation exposure : Can we safely use x% of ingredient y in product z?





Hairsprays (pump and aerosol)





Anti-perspirant/ deodorant aerosols

**Shampoos** 

Household cleaning products



Need for robust safety assessment of ingredients in consumer products

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#### Assuring inhalation safety without animal testing

'Traditional' Risk Assessment

**Historically** risk assessment of ingredients (xenobiotic) in aerosols and sprays formulations relied on animal tests **in rats exposed to aerosols** for 28 or 90days, 6h/day



Philips et al. Journ. Vis. Experiments 2017

#### 'Next Generation' Risk Assessment

based on advances in <u>human</u> biology and in vitro/computational modelling



#### SEAC Inhalation Safety Science



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#### Example from other industry sector; Consumer harm from lung surfactant inhibition

Aerosols of alkylsiloxane polymers produced by US tile coating company used in waterproofing were recalled from sale after they caused hospitalisation.

Injury was shown to be caused by interactions between polymer and lung surfactant

Testing strategy needs to be developed to understand and protect consumers in case of adverse interactions between novel products and lung surfactant



Eric Lipton, New York Times, 2007



Duch et al, Clin. Tox. 2014



# Lung Surfactant



#### **Respiratory System Rheology**





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#### Lung Surfactant

- ~80-90% Phospholipids
- ~10% Surfactant Proteins
- Surfactant monolayers form at air/liquid Interface within alveoli
- Laplace Pressure





(11)

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Surfactant monolayers form at air/liquid Interface within alveoli

Laplace Pressure



$$\Delta p = \frac{2\gamma}{R}$$

Dziura et al. Symmetry 2021

During Breathing the alveoli expand and contract over time

$$\frac{\partial \Delta p}{\partial R} = -\frac{2\gamma}{R^2} + \frac{2}{R}\frac{\partial \gamma}{\partial R} = \frac{2}{R}\left(-\gamma + \frac{\partial \gamma}{\partial \ln A}\right)$$

$$\gamma = \gamma_0 - \Pi$$
  
E =  $-\frac{\partial \Pi}{\partial \ln A}$  where the dilational elasticity of the lung surfactant



(12)

#### **Surfactant Dilational Rheology**

Surface Pressure  $\Pi(\Gamma)$ 

Surface Concentration Γ

As surface expands and contracts molecules migrate between bulk and surface



dataphysics-instruments.com



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Surface Pressure  $\Pi(\Gamma)$ 

Surface Concentration Γ

As surface expands and contracts molecules migrate between bulk and surface

Surfactant Proteins modify the process by forming subsurface structures



Increases the rate at which the surfactants re-adsorb during inhalation

#### dataphysics-instruments.com



Blanco & Perez-Gil, European Journal of Pharmacology 568 (2007)



(14)









# Experiments



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# **Experiments**

Solution of model lung surfactant (Curosurf®) prepared at fixed concentration

Droplet size is cycled at fixed rate with 20% amplitude





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# **Experiments**

Solution of model lung surfactant (Curosurf®) prepared at fixed concentration

Droplet size is cycled at fixed rate with 20% amplitude

Images of droplet are processed To measure surface tension





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### **Experiments**



$$E^* = E' + iE'' = \frac{\mathfrak{F}(\gamma)}{\mathfrak{F}(\ln A/A_0)}$$

Solid Line  $\gamma^2 - 2E' \ln A/A_0 \gamma + \ln A/A_0^2 (E'^2 + E''^2) = E''^2 \ln A_{max}/A_0^2$ 



### **Experiments - Base Rheology**

Storage and loss moduli show reasonable agreement with literature values within range of typical human breathing frequencies







Wuestnec et al. Adv. Coll. & Surf.2005)

# **Experiments - (Alkylsiloxane Polymer)**



- 1. Base Response established before infusion
- 2. Infusion begins at 40s
- 3. New response appears after short time



**Experiments - (Alkylsiloxane Polymer)** 



- 1. Base Response established before aerosol infusion
- 2. Infusion begins at 40s
- 3. New response appears after short time



SEAC | Unilever

**Experiments - (Alkylsiloxane Polymer)** 



Lissajous curves show significant decreases in elasticity following introduction of xenobiotic

Despite continuous infusion, new steady response is observed



### **Experiments - (Alkylsiloxane Polymer)**



Lissajous curves show significant decreases in elasticity following introduction of xenobiotic

Despite continuous infusion, new steady response is observed

#### Now to study other compounds



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# **Experiments**

Sodium Dodecyl Sulfate (SDS)

$$H_3C \left[ - \right]_{10} 0^{-} 0^{-} Na^{-1}$$

#### **Description: Anionic Surfactant**

Toxicology: Known irritant but acceptable for use below known effect levels



Commercial use: Cleaning Products

#### Polyhexanide (PHMB)



#### **Description: Amphiphilic Polymer**

Toxicology: Not suitable for aerosol use

#### **Commercial use: Disinfectant**

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# **Experiments**

Quantifying change in rheology

$$E^*| = \sqrt{E'^2 + E''^2}$$

$$\Delta \tilde{E} = \frac{|E_{post}^*| - |E_{pre}^*|}{|E_{pre}^*|}$$

Different concentrations and Infusion rates confirm dose rate hypothesis



#### Polyhexanide





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# **Experiments**

In both cases we see reasonable Curve collapse

Dose Rate=Concentration Infusion Rate





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Dose Rate=Concentration ×Infusion Rate

"This suggests that the *dose rate* rather than the *total inhaled dose* of substance is critical for the toxic effect." Duch et al. Clin. Toxicol. 2014

Effect also seen in vivo suggests that In vitro method is capturing key factors for predicting human safety



Unilever

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Can we now understand this in terms of surfactant physics?





# Modelling



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#### **Modelling Lung Surfactant**

Several models have been developed To simulate the dynamics of lung surfactant

Models tend to be quite complex to account for different regimes/pressures with many fitting parameters

Our goal here is to construct a minimal model that can be used to understand how aerosolised compounds are interfering with lung surfactant function.

Bouchoris & Bontozoglou C&S:A. 2021





#### Modelling - Volmer isotherm

Assume that lung surfactant on surface behaves as a two dimensional gas with surface concentration  $\Gamma$  and migrates between bulk and surface continuously

Surface Tension  $\gamma = \gamma_0 - k_B T \Pi(\Gamma)$  Surface Pressure  $\Pi(\Gamma) = m \frac{\Gamma_{\infty} \Gamma}{\Gamma_{\infty} - \Gamma}$ Total Surfactant Flux  $Q = \frac{d(\Gamma A)}{dt}$ 

Rate of change surfactant concentration

Maximum Concentration  $\Gamma_{\infty} = 50 \text{ Å}^{-2}$ 

$$\frac{d\Gamma}{dt} = k_a C(\Gamma_{\infty} - \Gamma) - k_d \Gamma e^{\frac{\xi(\Gamma)}{k_B T}} - \frac{\Gamma}{A} \frac{dA}{dt}$$

Non-local Interactions

$$\xi(\Gamma) = k_B T \frac{m\Gamma}{\Gamma_{\infty} - \Gamma}$$

Rate constants  $k_a, k_d$ 

Empirical Scaling Parameter m

Kralchevsky et al. Handbook of Surfactant Science 2008



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#### Model - Base Rheology



Model parameters are fit to Lissajous curve for single frequency

Model fails to capture both elastic and viscous behaviour exactly but does capture salient features of unexposed lung surfactant viscoelasticity



#### Model – Xenobiotic Effects

Assume that the aerosolised compound is introduced at fixed rate  $\dot{\Gamma}_{x}$ 

Desorption rate of compound  $k_{x,d}$ 

Non-local Interaction xenobiotic parameter  $\beta_{\chi}$ 

 $\dot{\Gamma}_x = \alpha \times \text{Dose Rate}$ 

These three parameters are used to fit our model for each chemical studied

$$\Pi(\Gamma, \Gamma_{x}) = m \frac{\Gamma + \Gamma_{x}}{\Gamma_{\infty} - \Gamma - \Gamma_{x}} + \frac{\beta_{x}}{k_{B} T} (\Gamma_{x} / \Gamma_{\infty})^{2}$$

 $\gamma = \gamma_0 - k_B T \Gamma_{\infty} \Pi(\Gamma, \Gamma_x)$ 

$$\frac{d\Gamma}{dt} = k_a C(\Gamma_{\infty} - \Gamma - \Gamma_{\chi}) - k_d \Gamma e^{\frac{\xi(\Gamma, \Gamma_{\chi})}{k_B T}} - \frac{\Gamma}{A} \frac{dA}{dt}$$

$$\frac{d\Gamma_x}{dt} = \dot{\Gamma}_x - k_{x,d} \Gamma_x e^{\frac{\xi(\Gamma,\Gamma_x)}{k_B T}} - \frac{\Gamma_x}{A} \frac{dA}{dt}$$

$$\xi(\Gamma,\Gamma_{\chi}) = k_B Tm \frac{\Gamma + \Gamma_{\chi}}{\Gamma_{\infty} - \Gamma - \Gamma_{\chi}} + \beta_{\chi} \Gamma_{\chi} / \Gamma_{\infty}$$



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#### Modelling – Xenobiotic Effects

Model Accurately reproduces observed change in Lissajous curves with increasing dose rate





Data

102

100

101

Dose Rate (mg/min)

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#### Polyhexane 1. --- Model Fit 0.8 Model Accurately reproduces observed change in Lissajous curves 0.6 ΔĒ with increasing dose rate ΔĒ 0.4 0.2 100 101 Dose Rate (mg/min) Model also reproduces observed change in SDS dilational modulus for both Polyhexane and SDS 1.0 --- Model Fit Data 0.8 0.6 ΔĒ 0.4 0.2

#### Modelling – Xenobiotic Effects



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#### Modelling – Xenobiotic Effects



Model can be successfully fit to observed change in rheology across all chemicals studied

Measured relative potencies of each chemical encouragingly agree with literature



Suggests that the mechanism for inhibition is generic and well captured by model

(Larsen et al. B&C P&T 2012)

#### Conclusions

- Inhibition of function of lung surfactant function demonstrated to be linked to compound altering dilational rheology
- In vitro study reproduces dose rate dependence/potencies seen in literature
- Modelling successfully fits all data from experiments suggesting mechanism is generic
- Results of this study act as a very encouraging example of how in vitro experiments and modelling can be used for assuring safety without animal testing

#### **Future Work**

- What determines the relative potency of each chemical?
- Extend the modelling to include effects of multilayer structures



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#### Acknowledgements





# Thank you & Questions?

