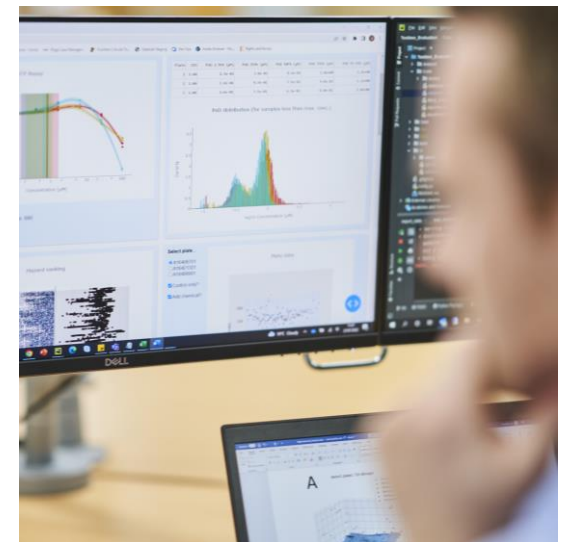


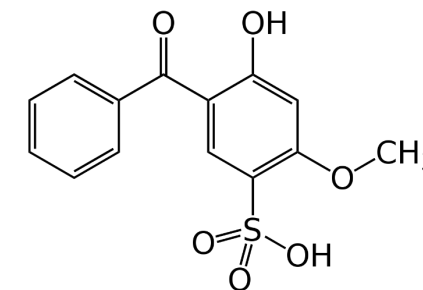
# Next Generation Risk Assessment (NGRA) using New Approach Methods (NAMs) to Evaluate Systemic Safety for Consumers Using Benzophenone-4 as a UV-filter in a Sunscreen Product

Maria Baltazar, Unilever Safety and Environmental Assurance Centre, UK



## Benzophenone-4 (BP-4) case study: Objectives & Approach

- In 2019, the European Commission defined a list of 28 cosmetic ingredients with potential endocrine activity
- BP-4 is one of the 28 chemicals for which the call for data took place
- BP-4 is an **UV-filter ingredient used in sunscreen cosmetics** to prevent sunburns or photodegradation by inhibiting the infiltration of UV light



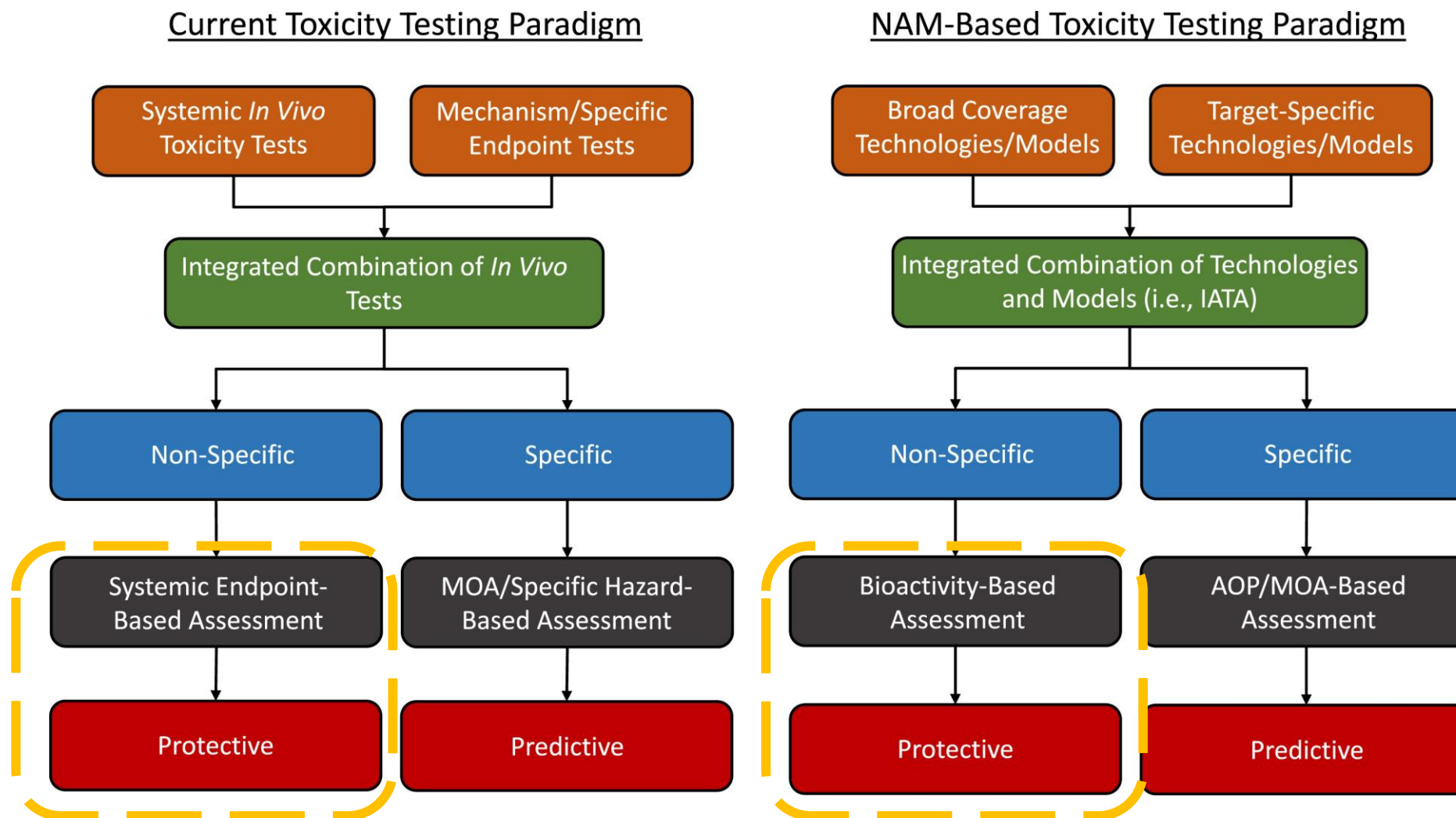
CAS No. 4065-45-6; EC No. 223-772-2; sulisobenzonone; 2-Hydroxy-4-methoxybenzophenone-5-sulphonic acid)

### Objective of the case study:

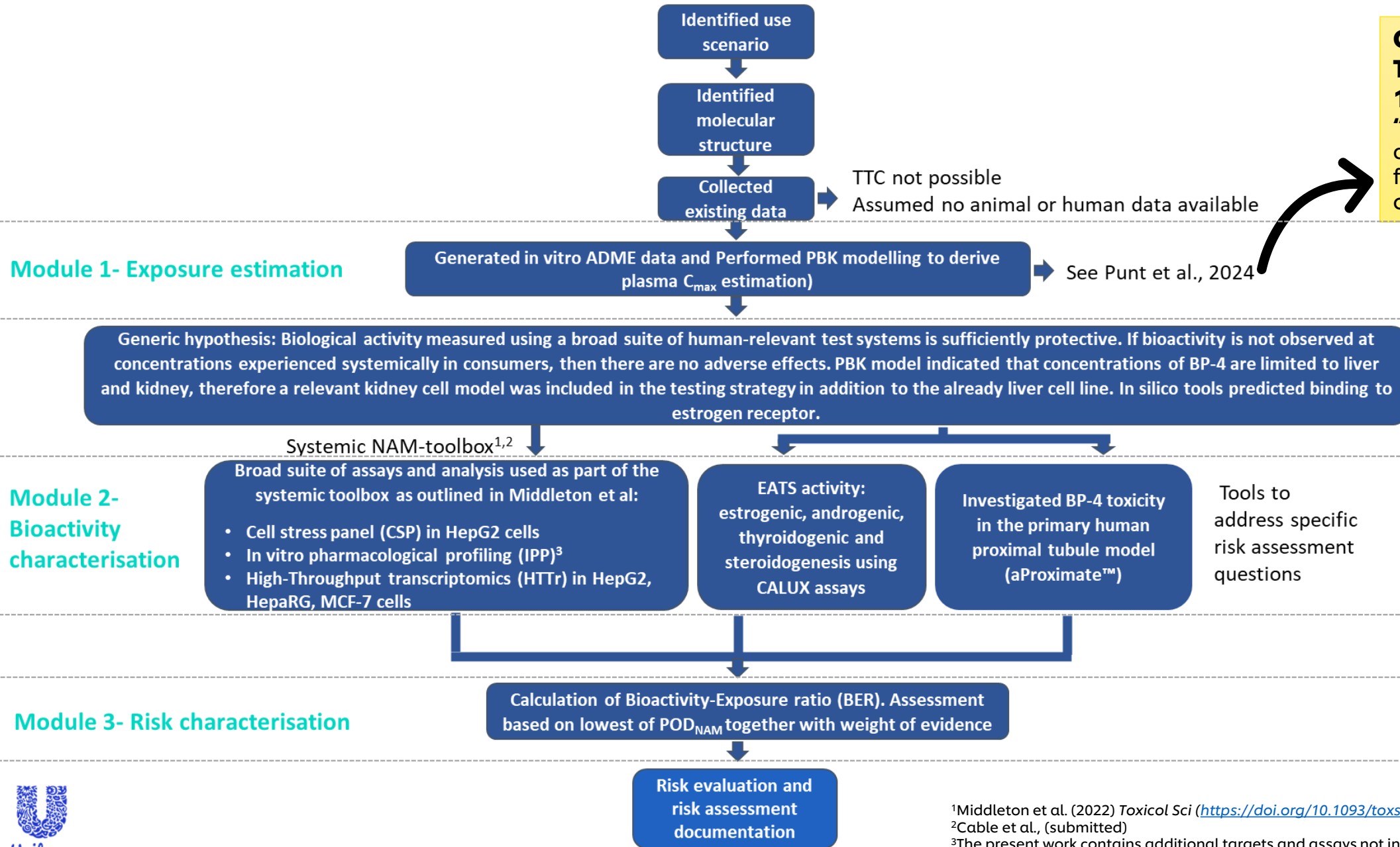
- **To assess whether a tiered NGRA approach is sufficiently protective and also useful to answer a real-life question**
- For the purposes of this exercise, it has been assumed that **no *in vivo* animal data exist on the ingredient**
- Focus on **systemic toxicity** (excluding genetic toxicity or DART) **using NAMs**

**Is Benzophenone-4 safe in a sunscreen product at the maximum approved level of 5%?**

# Context of use: bioactivity based-assessment and protection of human health



**OS02: Short Orals Tuesday, 10h00 – 12h00- Ans Punt**  
 “Establishing scientific confidence in PBK models for QIVIVE in the absence of in vivo kinetic data”



<sup>1</sup>Middleton et al. (2022) *Toxicol Sci* (<https://doi.org/10.1093/toxsci/kfac068>)

<sup>2</sup>Cable et al., (submitted)

<sup>3</sup>The present work contains additional targets and assays not included in the Middleton et al., 2022 and Cable et al., 2024 publications

## Gathering information: Alerts from *in silico* tools

•**Tools used:** DEREK Nexus, METEOR Nexus, OECD Toolbox, TIMES, OPERA, VEGA

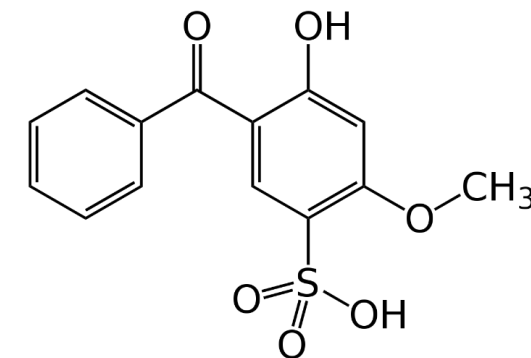
•**Results:**

•**Benzophenone-4 did not trigger many alerts within the tools used.** The most common alert across the tools was for skin sensitisation, or protein binding as an indication of skin sensitisation, in the DEREK, TIMES and OECD Toolbox outputs.

•No alerts for DNA binding, no systemic alerts including DART alerts, no androgen agonism/antagonism

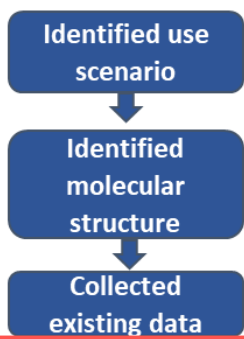
•Very few predicted metabolites (via hydroxylation and demethylation)

•**Benzophenone-4 triggered one potential alert for estrogen receptor binding in the VEGA profiler**, however this was not consistent across other profilers that also assess estrogen receptor activity.



**Skin sens out of scope**

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TTC not possible  
 Assumed no animal or human data available

**Module 1- Exposure estimation**

Generated in vitro ADME data and Performed PBK modelling to derive plasma  $C_{max}$  estimation

See Punt et al., 2024

Generic hypothesis: Biological activity measured using a broad suite of human-relevant test systems is sufficiently protective. If bioactivity is not observed at concentrations experienced systemically in consumers, then there are no adverse effects. PBK model indicated that concentrations of BP-4 are limited to liver and kidney, therefore a relevant kidney cell model was included in the testing strategy in addition to the already liver cell line. In silico tools predicted binding to estrogen receptor.

**Module 2- Bioactivity characterisation**

Systemic NAM-toolbox<sup>1,2</sup>

Broad suite of assays and analysis used as part of the systemic toolbox as outlined in Middleton et al:

- Cell stress panel (CSP) in HepG2 cells
- In vitro pharmacological profiling (IPP)<sup>3</sup>
- High-Throughput transcriptomics (HTTr) in HepG2, HepaRG, MCF-7 cells

EATS activity: estrogenic, androgenic, thyroidogenic and steroidogenesis using CALUX assays

Investigated BP-4 toxicity in the primary human proximal tubule model (aProximate™)

Tools to address specific risk assessment questions

**Module 3- Risk characterisation**

Calculation of Bioactivity-Exposure ratio (BER). Assessment based on lowest of  $POD_{NAM}$  together with weight of evidence

Risk evaluation and risk assessment documentation



<sup>1</sup>Middleton et al. (2022) *Toxicol Sci* (<https://doi.org/10.1093/toxsci/kfac068>)

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# Module 1: steps to estimate internal exposure

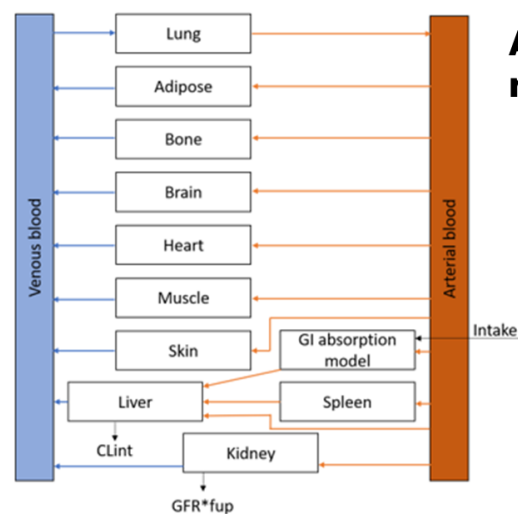
## Exposure scenario (applied dose)

- 5% in Sunscreen product,
- 18g/day, two times, 9g/application (as per SCCS notes of guidance)
- On body and face 17500cm<sup>2</sup> (total body area)

## ADME data for model building

### Core model input:

- Absorption (dermal in case of BP-4)
- Partition coefficients, fraction unbound, blood:plasma ratio
- Liver metabolism
- Passive renal excretion (glomerular filtration rate \* fraction unbound)



### Advanced input (when needed):

- PAMPA permeability
- Transporter kinetics transfected cell lines

## Population simulation

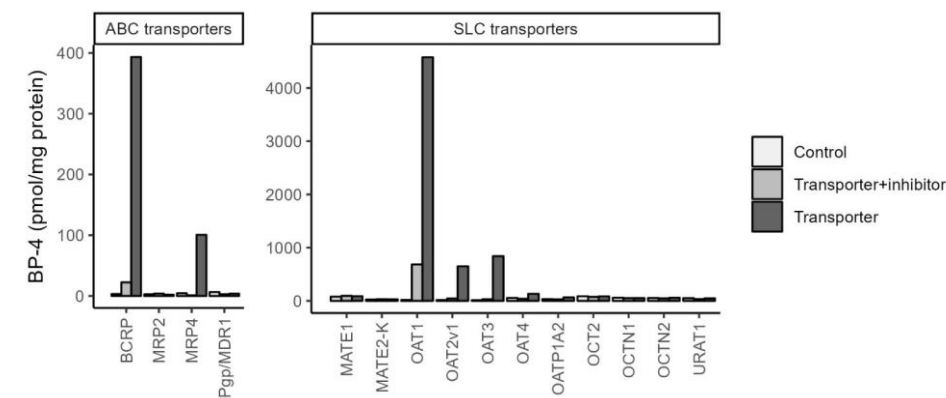
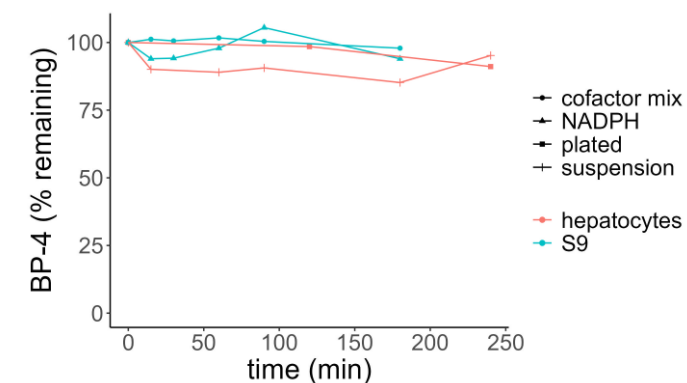
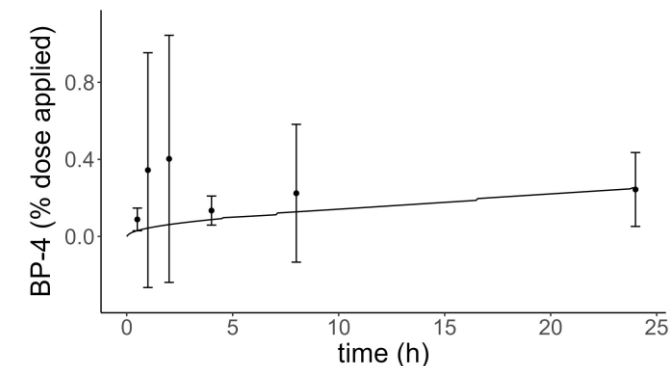
- Population of 50% females and 50% males, an age variation between 16 and 70 years, and a body weight range between 45-85 kg.

## Software: GastroPlus 9.7



## Module 1: Key ADME findings

- Limited dermal absorption (0.4%)
- Stable in primary human hepatocytes and S9 fraction (liver metabolism is negligible)
- BP-4 is a substrate of OAT1, OAT2, OAT3, BCRP, and MRP4 which indicates BP-4 is mainly secreted.
- In contrast, BP-4 was not found to be a substrate of transporters involved in reabsorption (movement from urine to blood).
- Limited membrane permeability (from PAMPA assay)





## Module 1: plasma C<sub>max</sub> prediction for the population

- **Mean population plasma C<sub>max</sub> of 0.9 μM** (5th and 95th percentile of 0.4 and 1.24 μM, respectively)
- The influx rates of OAT1, OAT2, and OAT3 were higher than the efflux rates of BCRP and MRP4, leading to substantial **concentrations within the liver (0.23 μM) and kidney (0.17 μM)**.
- Limited distribution to any other organ

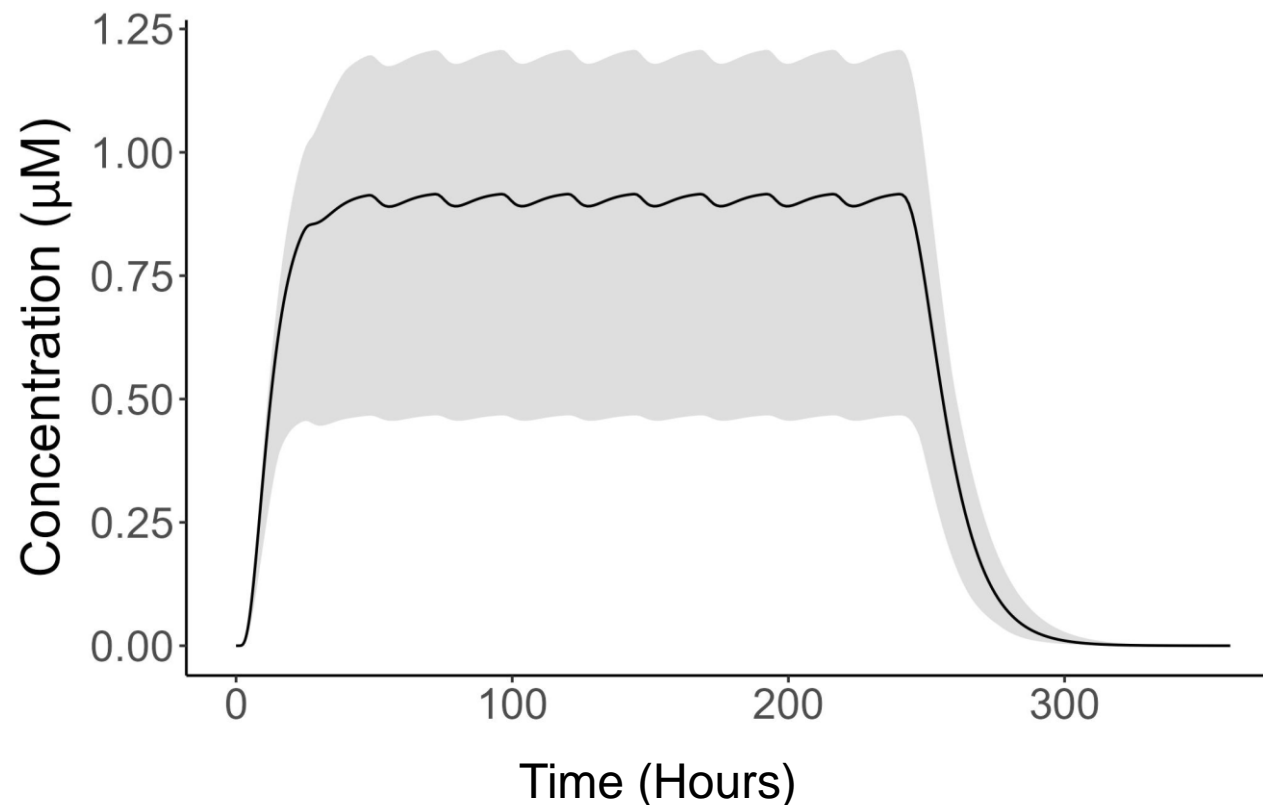
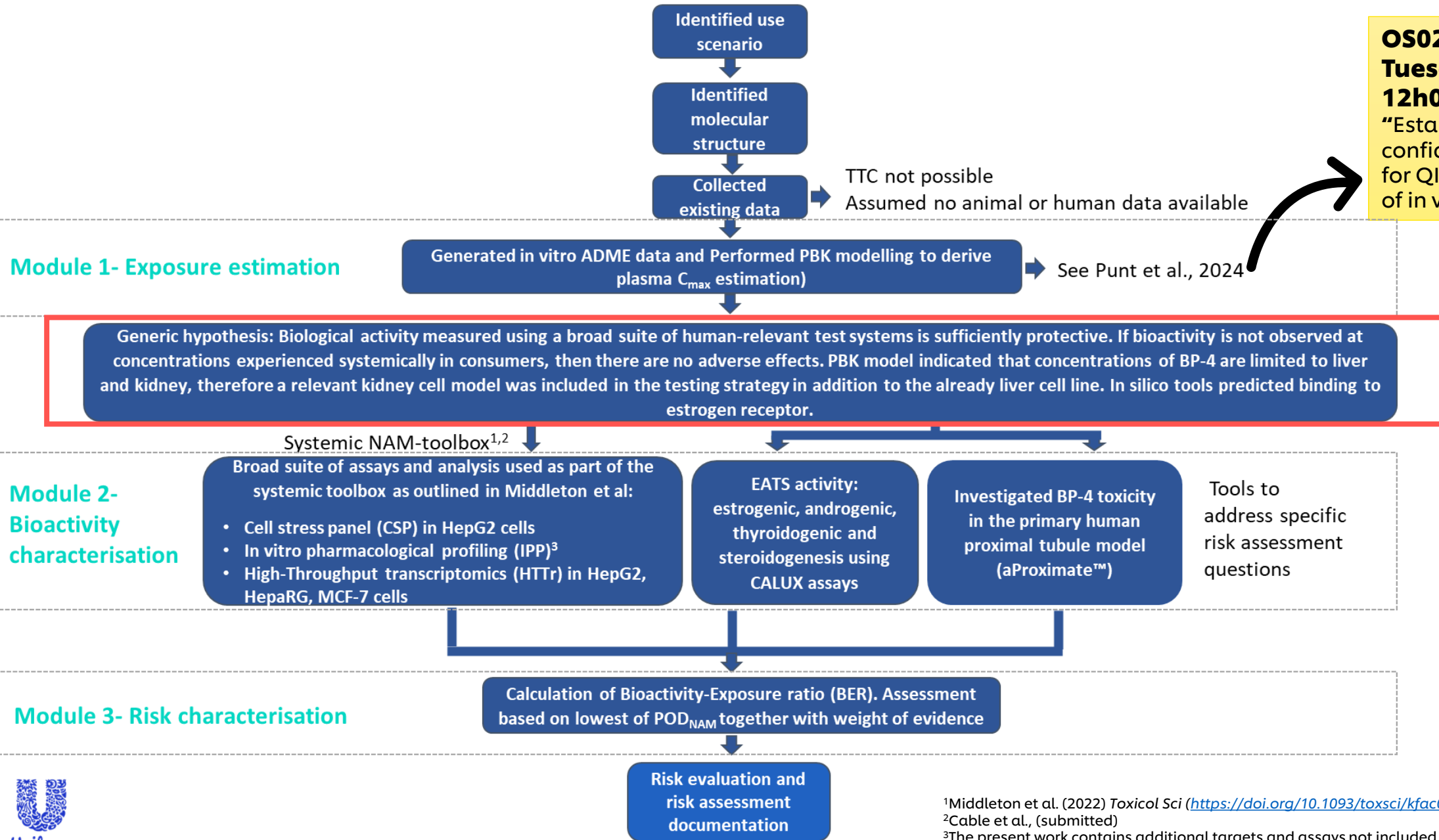


Figure. Population PBK simulation results (time course data and C<sub>max</sub>) on benzophenone-4 concentrations in plasma after repeated exposure of body lotion 18g/day, i.e., 9g two times per day for a period of 10 days, with 5% benzophenone-4, on the whole body.

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 “Establishing scientific confidence in PBK models for QIVIVE in the absence of in vivo kinetic data”



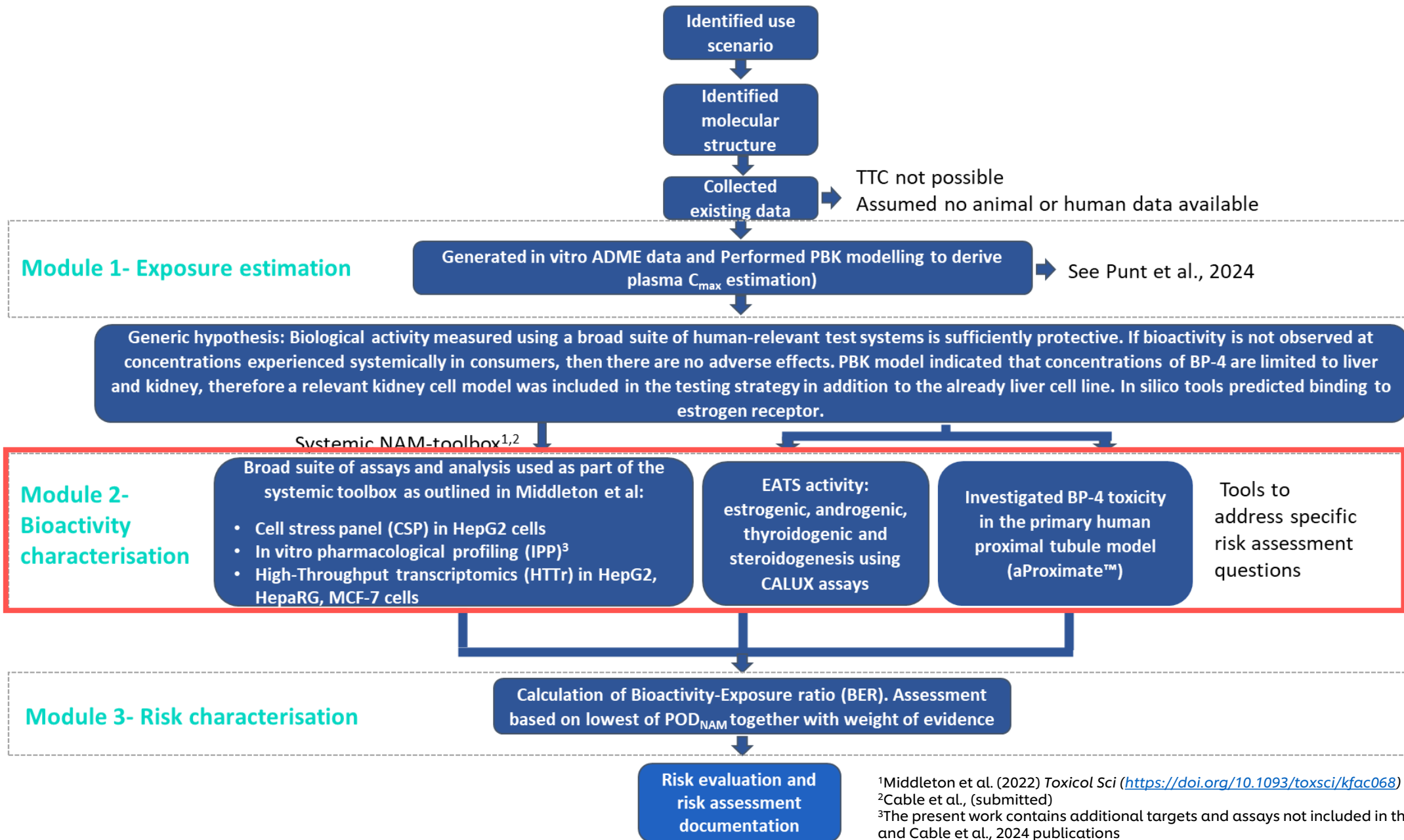
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## Problem formulation after collating existing information and exposure estimation

<b>Hypothesis</b>	<b>Testing strategy</b>
<ul style="list-style-type: none"> <li>BP-4 could bind to estrogen receptor (VEGA in silico tool flagged a potential binding to estrogen receptor)</li> </ul>	<ul style="list-style-type: none"> <li><i>In vitro</i> CALUX® EATS (estrogenic, androgenic, thyroidogenic and steroidogenesis)</li> </ul>
<ul style="list-style-type: none"> <li>Cell models previously tested (HepG2, HepaRG and MCF-7) might lack the transporters involved in BP-4 organ distribution</li> <li>Potential underestimation of bioactivity</li> </ul>	<ul style="list-style-type: none"> <li>Literature review of cell lines expressing the key transporters</li> <li>Addition of a primary proximal tubule cell model to evaluate BP-4 bioactivity.</li> </ul>
<ul style="list-style-type: none"> <li>Absence of in silico alerts ≠ no toxicity</li> </ul>	<ul style="list-style-type: none"> <li>Test a systemic toolbox using non targeted (transcriptomics, cell stress panel) &amp; targeted NAMs (in vitro pharmacological profiling)</li> </ul>

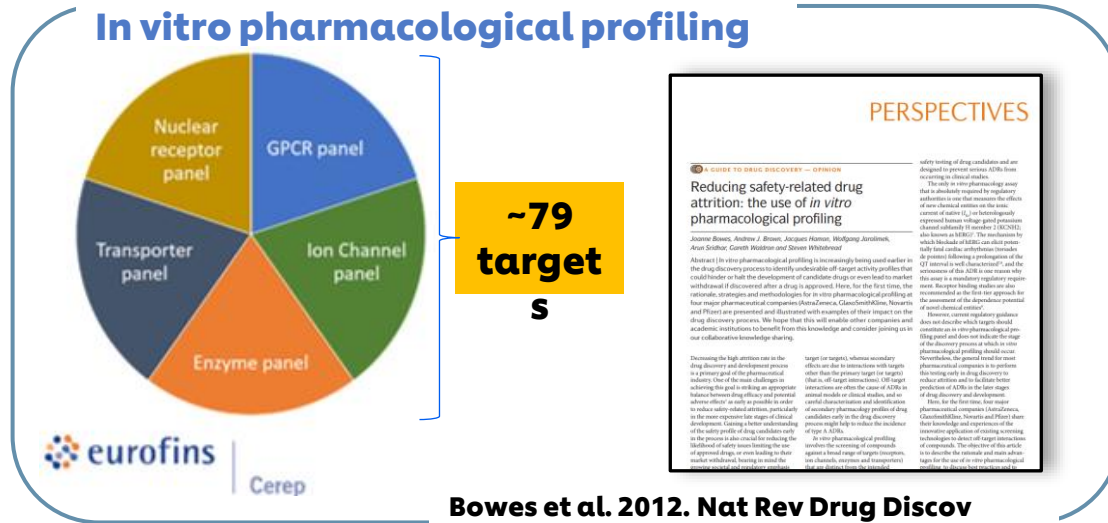


<sup>1</sup>Middleton et al. (2022) *Toxicol Sci* (<https://doi.org/10.1093/toxsci/kfac068>)

<sup>2</sup>Cable et al., (submitted)

<sup>3</sup>The present work contains additional targets and assays not included in the Middleton et al., 2022 and Cable et al., 2024 publications

# Module 2: Broad suite of assays and analysis used as part of the systemic toolbox



**PERSPECTIVES**

**REDUCING SAFETY-RELATED DRUG ATTRITION: THE USE OF *in vitro* PHARMACOLOGICAL PROFILING**

James Bowes, Andrew J. Brown, Arqian Hameed, Wolfgang Arnold, Arun Sidhu, Gareth Walliser and Steven Whitehead

**Abstract** | *In vitro* pharmacological profiling is increasingly being used earlier in the drug discovery process to identify undesirable off-target activity profiles that could hinder or halt the development of candidate drugs or even lead to market withdrawal if discovered after a drug is approved. Here, for the first time, the rationale, strategies and methodologies for *in vitro* pharmacological profiling at four major pharmaceutical companies (AstraZeneca, GlaxoSmithKline, Novartis and Pfizer) are presented and illustrated with examples of their impact on the drug discovery pipeline. We hope that this will enable other companies and academic institutions to benefit from this knowledge and consider joining us in our collaborative knowledge sharing.

Reducing the high attrition rate in the drug discovery and development process is a primary goal of the pharmaceutical industry. One of the major challenges in achieving this goal is making an appropriate balance between drug efficacy and potential adverse effects. *In vitro* pharmacological profiling of secondary pharmacology profiles of drug candidates early in the drug discovery process might help to reduce the incidence of type A ADRs.

*In vitro* pharmacological profiling involves the screening of compounds against a broad range of target interactions, not directly targeting the primary target (or targets) of interest, but rather other off-target interactions. Off-target interactions can often be the cause of ADRs in clinical practice or clinical studies and are particularly concerning in the case of secondary pharmacology profiles of drug candidates early in the drug discovery process, as they may help to reduce the incidence of type A ADRs.

*In vitro* pharmacological profiling involves the screening of compounds against a broad range of target interactions, not directly targeting the primary target (or targets) of interest, but rather other off-target interactions. Off-target interactions can often be the cause of ADRs in clinical practice or clinical studies and are particularly concerning in the case of secondary pharmacology profiles of drug candidates early in the drug discovery process, as they may help to reduce the incidence of type A ADRs.

Bowes et al. 2012. Nat Rev Drug Discov 11(12): 909-22

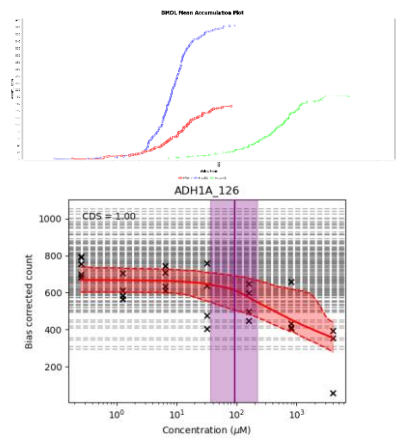
**To investigate specific biological activity with 44 key targets involved in drug attrition (Pharma) and additional targets relevant to exposure to cosmetics—now expanded to 79 targets**

**Transcriptomics was applied as a broad nontargeted biological screen**

**To characterize non-specific biological activity which is not mediated via a specific protein/receptor interaction**

## High-Throughput transcriptomics (HTTr)

- TempO-seq technology – full gene panel
- 24hr exposure
- 7 concentrations
- HepG2, MCF7, HepaRG
- Dose-response analysis using BMDExpress2 and BIFROST model



Reynolds et al. 2020. Comp Tox 16: 100138  
Baltazar et al. 2020. Toxicol Sci 176(1): 236–252

## Cell stress panel (CSP)

- 36 biomarkers covering 10 cell stress pathways
- HepG2
- 24hr exposure
- 8 concentrations
- Dose-response analysis using BIFROST model

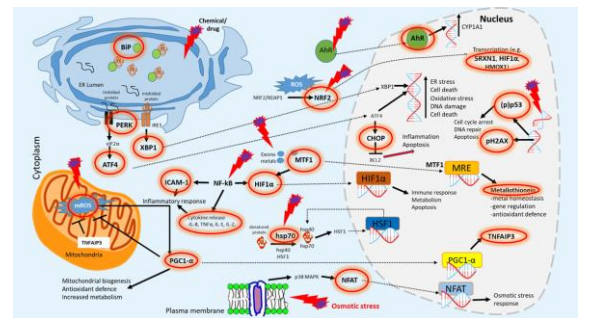


Image kindly provided by Paul Walker (Cyprotex)

Hatherell et al. 2020. Toxicol Sci 176(1): 11-33



## Module 2: Tools to address specific risk assessment questions

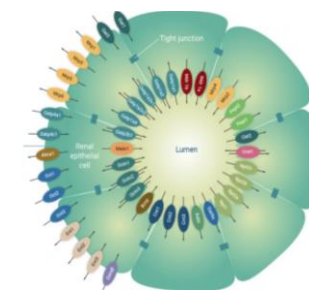
### EATS activity: estrogenic, androgenic, thyroidogenic and steroidogenesis

- CALUX bioassays to measure transcriptional activation and binding assays:
  - U2-OS incorporating the firefly luciferase reporter gene coupled to Responsive Elements (REs)
  - ER $\alpha$ , AR, TTR-TR $\beta$ - and hTPO
- In vitro H295R Steroidogenesis Assay (H295R) utilises human adenocarcinoma cell line NCI-H295R. Quantification of 17 $\beta$ -estradiol and Testosterone is performed using the AR CALUX and ER $\alpha$  CALUX bioassays
- 12 concentrations. Calculation of AC50, LOEC and NOEC

### Renal Toxicity

Renal biomarkers (3 donors, duplicate per donor), 8 concentrations, 24h and 72h timepoints in primary proximal tubule cell:

- KIM-1
- NGAL
- Clusterin
- TEER (Day 0 and Day 3)
- ATP
- LDH
- Toxicogenomics (3 donors, 2 duplicates per donor), 8 concentrations, 24h and 72h timepoints
- Omeprazole and cisplatin added as benchmarks/positive controls



[Newcells aProximate™ platform](#)

# Key Results & Deriving Points of Departure (PODs)

## HTTr (HepG2, HepaRG, MCF7, PTC)

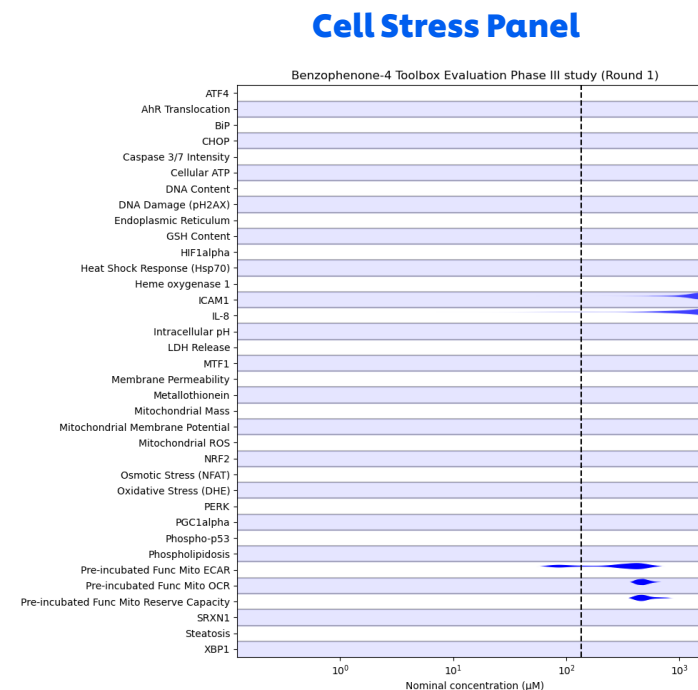
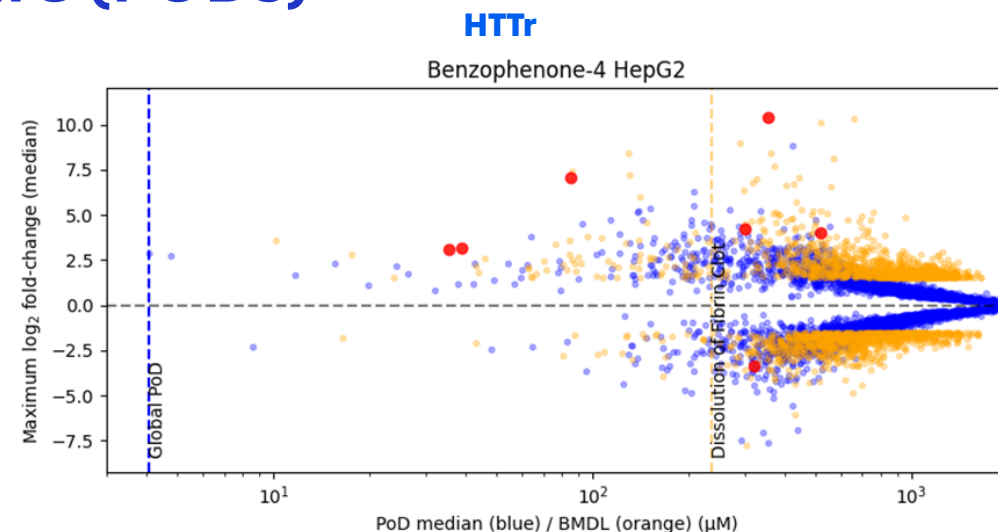
- Two approaches to calculating POD – BIFROST (gene level HepG2, 4.2  $\mu\text{M}$ ) and BMDL (pathway level HepG2, 240  $\mu\text{M}$ )
- Significantly lower bioactivity was detected in kidney cells (gene level: 320  $\mu\text{M}$ ). No pathways formed

## Cell Stress Panel

- Global  $\text{POD}_{\text{NAM}} = 140 \mu\text{M}$

## In vitro Pharmacological profiling

- Tested up to 100  $\mu\text{M}$
- ~83 targets compiled by Cosmetics Europe Safety pharmacology WG
- **2 hits** (PXR and PDE4D) (IC50 of 36 and 92  $\mu\text{M}$ , respectively)



# Key Results & Deriving Points of Departure (PoDs)

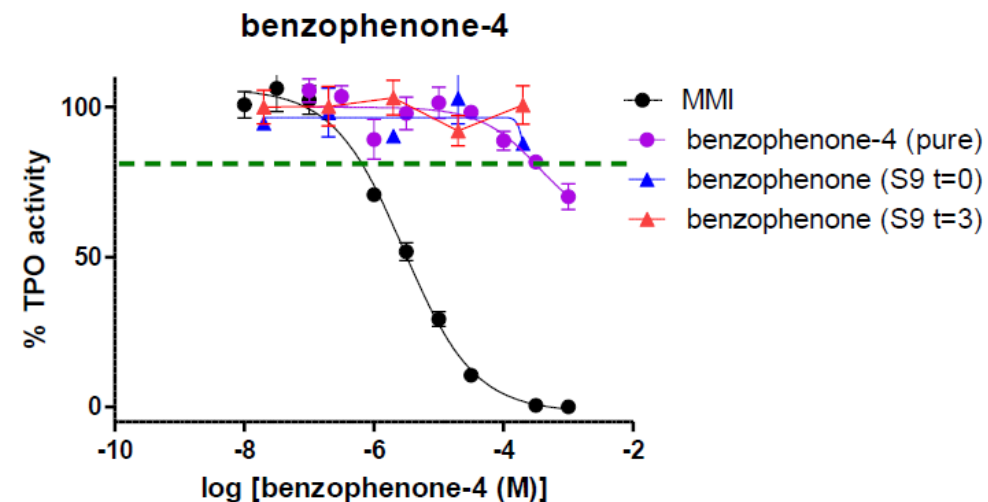
## Calux assays

- No agonism or antagonism of ER, AR or TR and no effect on production of oestrogens or androgens  $\pm$ S9
- Activity towards hTPO and TTR was found at high concentrations (LOEC= 300-600  $\mu$ M).

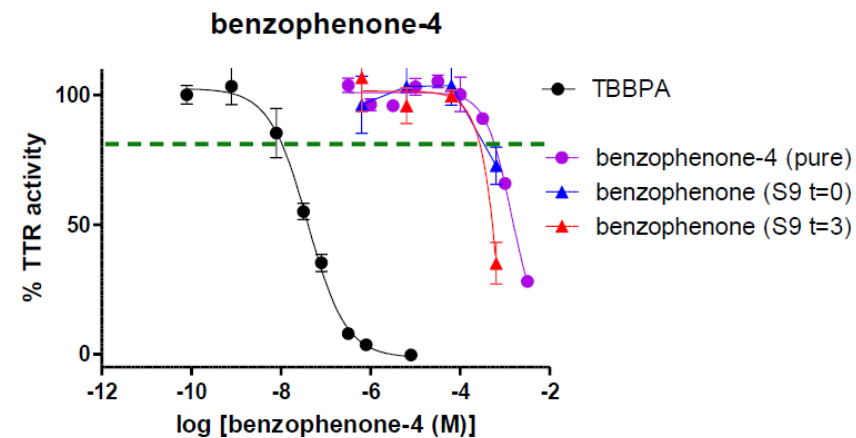
## Renal biomarkers (PTC)

- No significant response for BP-4
- Positive controls (Cisplatin and Omeprazole gave expected dose-response at 72-h)

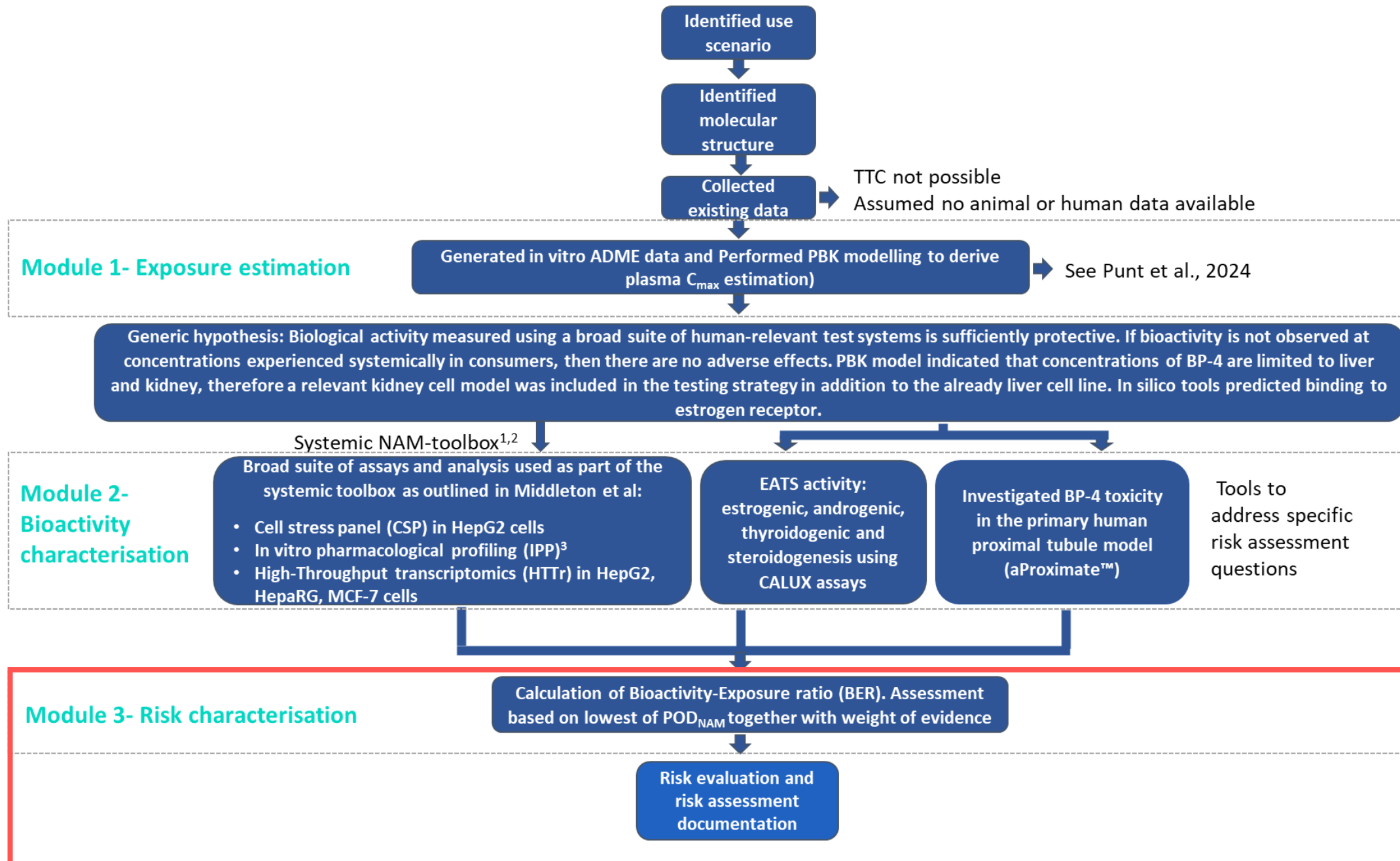
### hTPO inhibition assay results



### TTR-TR $\beta$ assay results

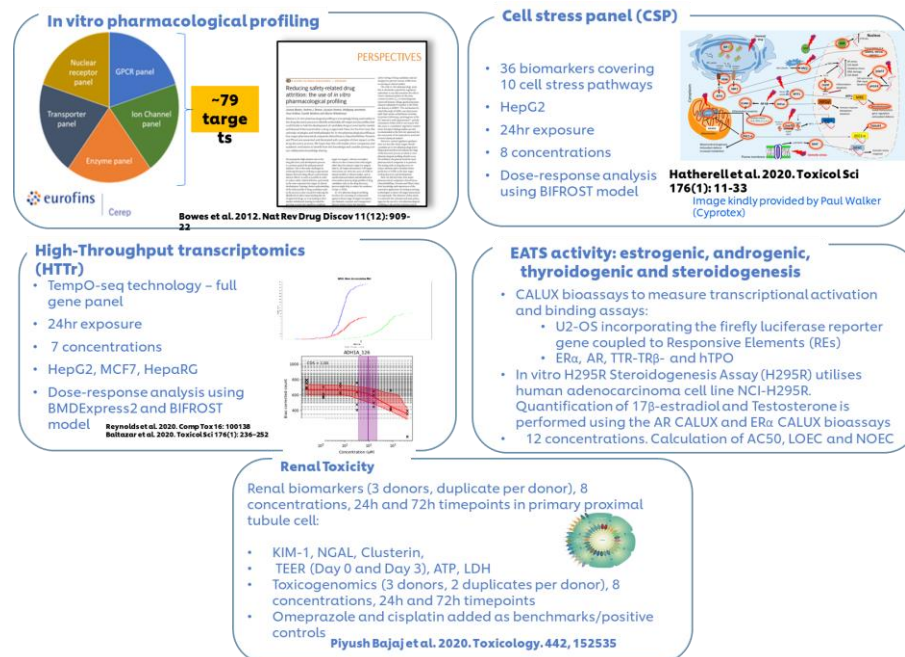




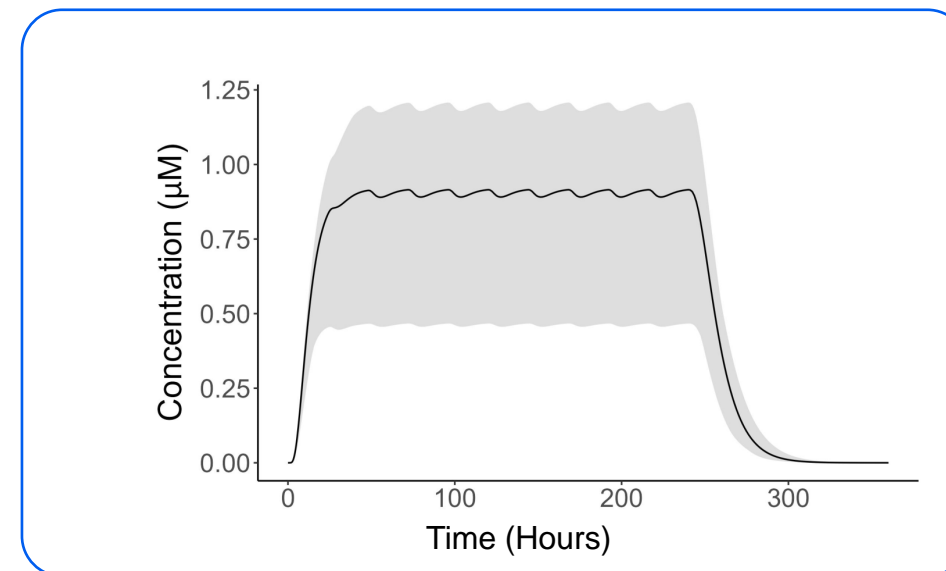


# Module 3- Risk characterisation

## BIOACTIVITY



## EXPOSURE



Identify lowest (most sensitive) point of departure, expressed in  $\mu\text{M}$

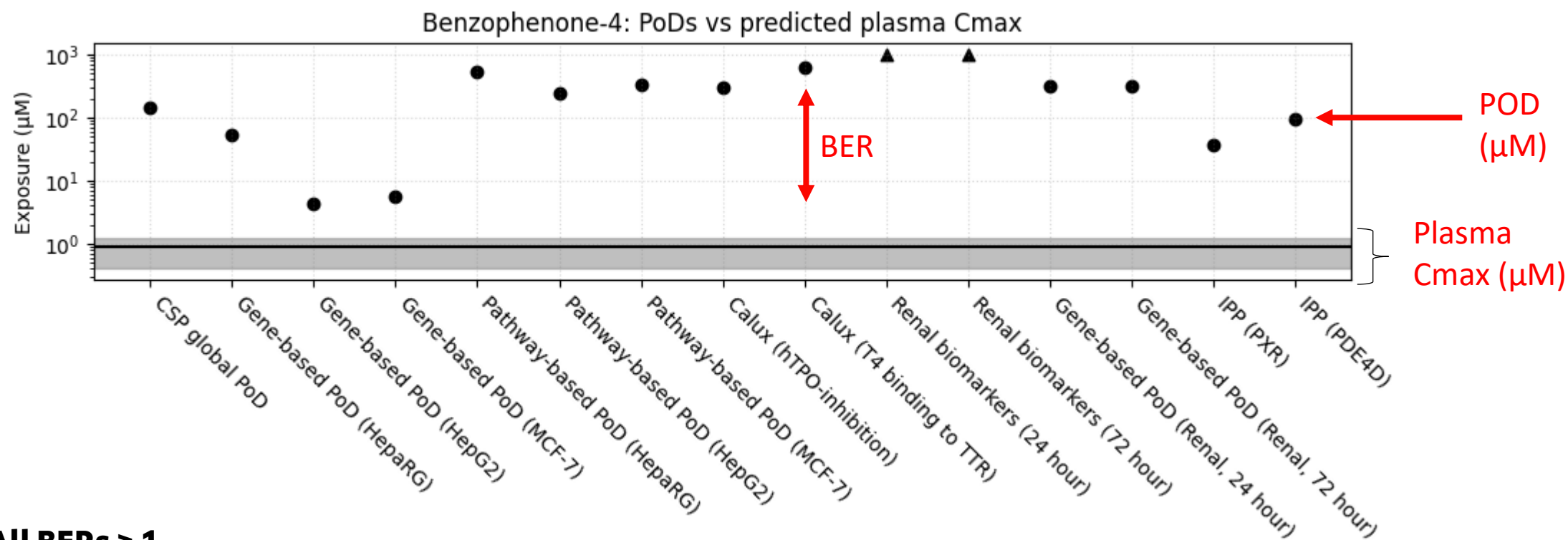
Identify realistic worst-case plasma exposure ( $C_{\text{max}}$ ) expressed as  $\mu\text{M}$

BIOACTIVITY EXPOSURE RATIO =

$\frac{\text{BIOACTIVITY}}{\text{EXPOSURE}}$

The bigger the BER, the greater the confidence that bioactivity will not occur in exposed consumers

## Bioactivity: exposure ratio calculation: BER ranging from 3.4-508



- **All BERs > 1**
- **Lowest BER (3.4):** PODs was obtained from HTTr in HepG2 cells when the BIFROST method was used (POD of 4.2  $\mu\text{M}$ ). BER obtained from pathway level POD was 193.
- **Highest BER (508):** PODNAM derived from the Calux assay (T4 binding to TTR).

## When is a BER sufficiently protective?

**Conceptually, with the following assumptions a BER>1 indicates a low risk of adverse effects in consumers following use of the product:**

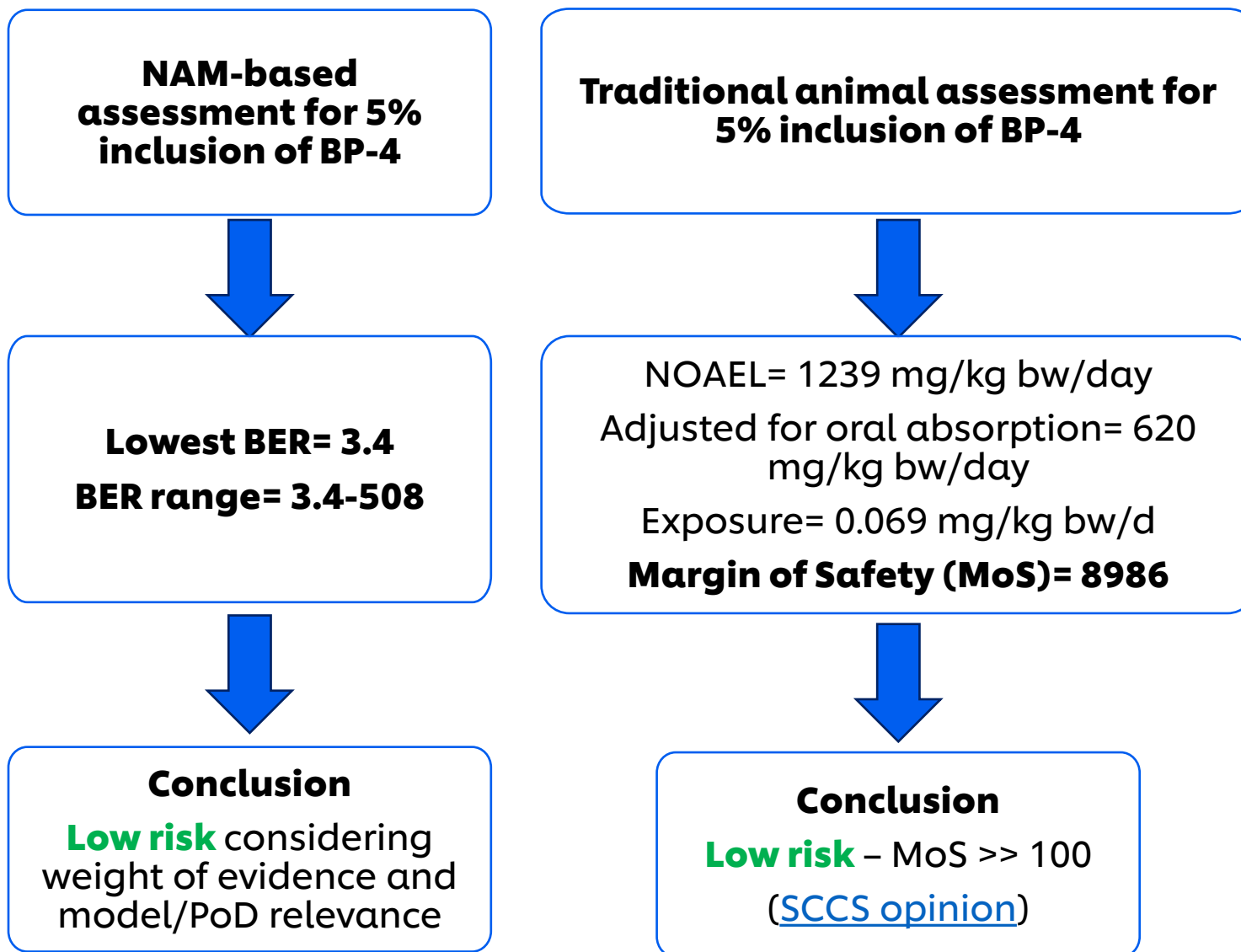
- a) The in vitro measures of bioactivity provide appropriate biological coverage
- b) There is confidence that the test systems are at least as sensitive to perturbation as human cells in vivo
- c) The exposure estimate is conservative for the exposed population

## Safety assessment discussion

- Lowest BER across all PODs was obtained from HTTr in HepG2 cells when the BIFROST method was used (POD of 4.2  $\mu\text{M}$ )
  - *Single gene change of CYP 1A1*
  - *Lowest BMDL in the same cell line is 240  $\mu\text{M}$  (BER of 193)*
  - This provides some assurance that the gene changes seen at 4.1  $\mu\text{M}$  may be of limited toxicological significance.
- The high IC50s and LOEC obtained in the pharmacology and endocrine panels combined with the unique kinetic profile (i.e. limited distribution) indicate that BP-4 is unlikely to exhibit specific modes of toxicity not covered by the NAMs tested.

**Conclusion:** *Based on the tools and test systems used in this assessment and the assumptions used in the risk assessment, internal exposures would need to be greater than those predicted to lead to toxicologically significant systemic biological activity in consumers.*

## Conclusions & reflections



**NAM-based risk assessments are in generally more conservative than traditional approaches**

- Middleton et al. (2022) *Toxicol Sci* (<https://doi.org/10.1093/toxsci/kf ac068>)
- Reardon A et al., 2023  
<https://doi.org/10.3389/ftox.2023.1194895>
- Zobl et al., 2023  
<http://dx.doi.org/10.14573/altex.2309081>
- Paul-Friedman K et al., 2020:  
<https://doi.org/10.1093%2Ftoxsci%2Fkfz201>
- Baltazar MT et al., 2020:  
<http://dx.doi.org/10.1093/toxsci/kfaa048>
- Ebmeyer et al., 2024:  
<https://doi.org/10.3389/fphar.2024.1345992>

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**Katie Przybylak**

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**BP4 Consortium**

**Cosmetics Europe/LRSS**

**Case study Leaders  
Team**

**Pharmacelsus**

**Eurofins**

**BioClavis**

**Cyprotex**

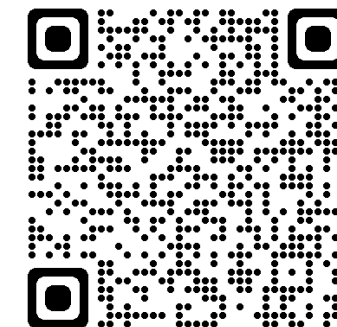
**SOLVO**

**BioDetection Systems**

**NewCells**



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# Thank You



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