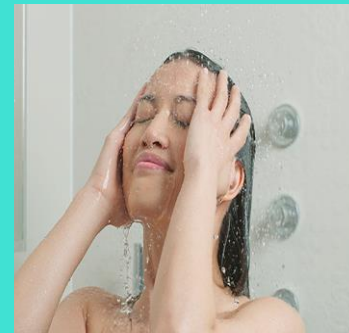


# Exposure considerations when assuring human safety of cosmetic ingredients without animal testing

Carl Westmoreland

29<sup>th</sup> April 2022



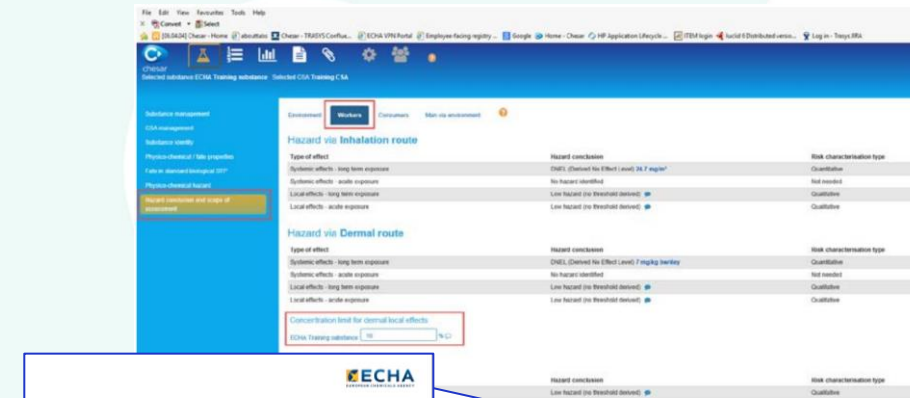
# Data on how humans are exposed to cosmetic ingredients

## Consumers

## Workers

**Table 3A:** Daily exposure levels for different cosmetic product categories in Europe, calculated by multiplying daily amounts (Hall et al., 2007, 2011) and  $f_{ret}$ .

Product type	Estimated daily amount applied $q_x$ (g/d)	Relative daily amount applied <sup>1</sup> $q_x/bw$ (mg/kg bw/d)	Retention factor <sup>2</sup> $f_{ret}$	Calculated daily exposure $E_{product}$ (g/d)	Calculated relative daily exposure <sup>1</sup> $E_{product}/bw$ (mg/kg bw/d)
<b>Bathing, showering</b>					
Shower gel	18.67	279.20	0.01	<b>0.19</b>	<b>2.79</b>
<b>Hair care</b>					
Shampoo	10.46	150.49	0.01	<b>0.11</b>	<b>1.51</b>
Hair styling products	4.00	57.40	0.10	<b>0.40</b>	<b>5.74</b>
<b>Skin care</b>					
Body lotion	7.82	123.20	1.00	<b>7.82</b>	<b>123.20</b>
Face cream	1.54	24.14	1.00	<b>1.54</b>	<b>24.14</b>
Hand cream	2.16	32.70	1.00	<b>2.16</b>	<b>32.70</b>
<b>Make-up</b>					
Liquid foundation	0.51	7.90	1.00	<b>0.51</b>	<b>7.90</b>
Lipstick, lip salve	0.057	0.90	1.00	<b>0.057</b>	<b>0.90</b>
<b>Deodorant</b>					
Deodorant non-spray	1.50	22.08	1.00	<b>1.50</b>	<b>22.08</b>
Deodorant spray	0.69	10.00	1.00	<b>0.69</b>	<b>10.00</b>
<b>Oral hygiene</b>					
Toothpaste (adult)	2.75	43.29	0.05	<b>0.138</b>	<b>2.16</b>
Mouthwash	21.62	325.40	0.10	<b>2.16</b>	<b>32.54</b>



[https://ec.europa.eu/health/system/files/2021-04/sccs\\_o\\_250\\_0.pdf](https://ec.europa.eu/health/system/files/2021-04/sccs_o_250_0.pdf)



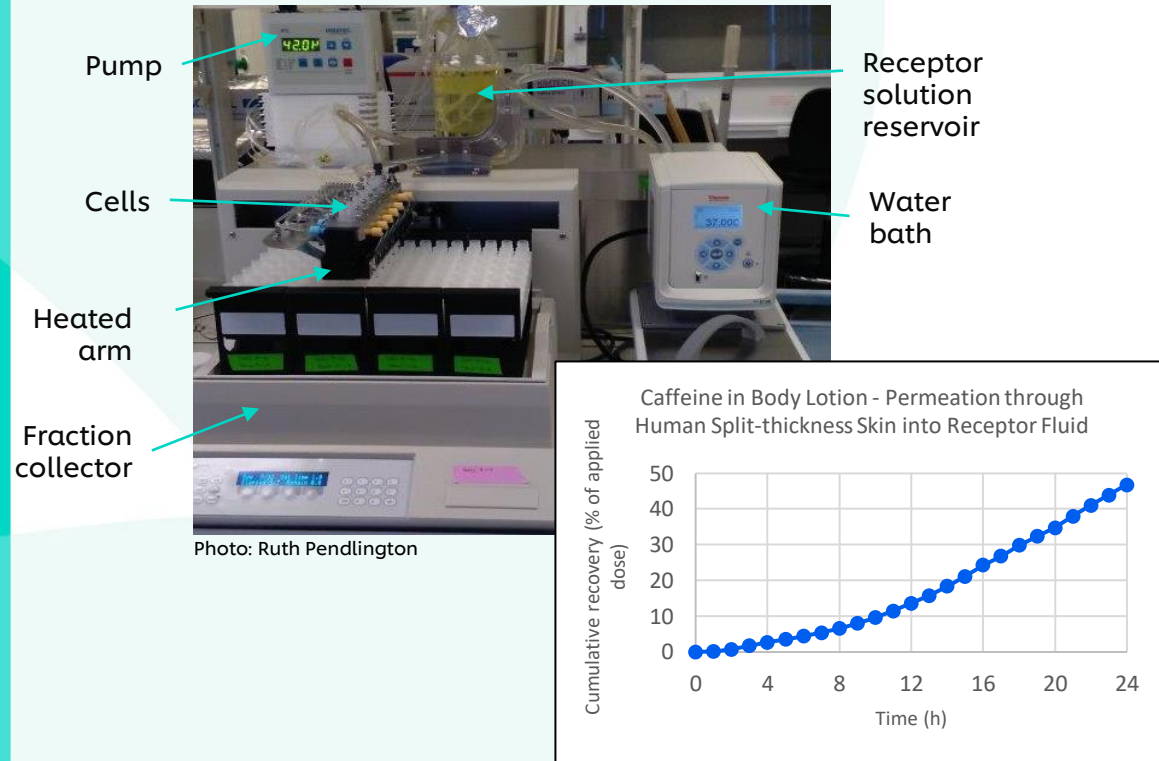
Using probabilistic modelling and aggregate exposure considerations

<https://chesar.echa.europa.eu/documents/736332/8711025/Chesar-3-6-user-man-en.pdf/65edfa9e-57b8-f334-07f7-afb9841e8099>



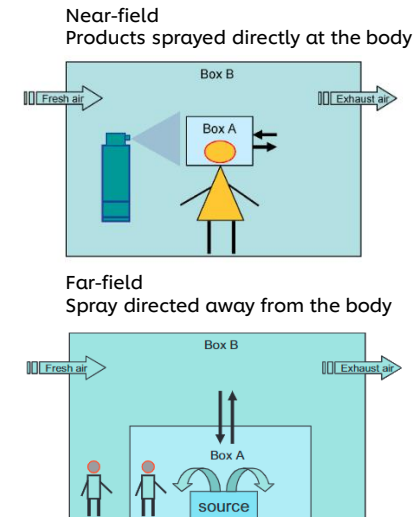
# Generating specific information on human exposure

## e.g. Skin Penetration



## e.g. Inhalation Exposure

### Exposure Modelling



### Simulated consumer exposure methods



Steiling et al (2014) Toxicology Letters, 227, 41-49

# Exposure in Next Generation Risk Assessment (NGRA)

4

## Main overriding principles:

- » The overall goal is a human safety risk assessment
- » The assessment is exposure led
- » The assessment is hypothesis driven
- » The assessment is designed to prevent harm



3

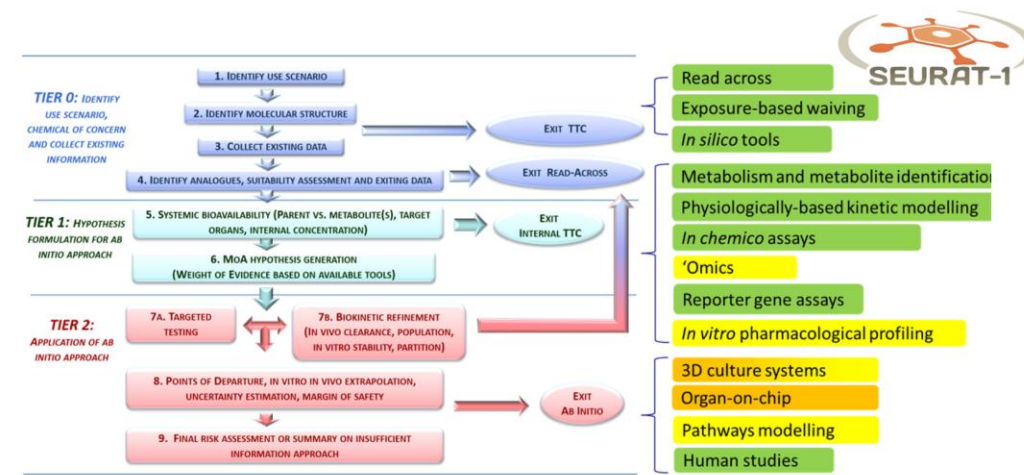
## Principles describe how a NGRA should be conducted:

- » Following an appropriate appraisal of existing information
- » Using a tiered and iterative approach
- » Using robust and relevant methods and strategies

2

## Principles for documenting NGRA:

- » Sources of uncertainty should be characterized and documented
- » The logic of the approach should be transparently and documented



Dent et al (2018), Computational Toxicology, 7, 20-26

Berggren et al (2017) Computational Toxicology 4, 31-44



# Physiologically-based Kinetic (PBK) Modelling

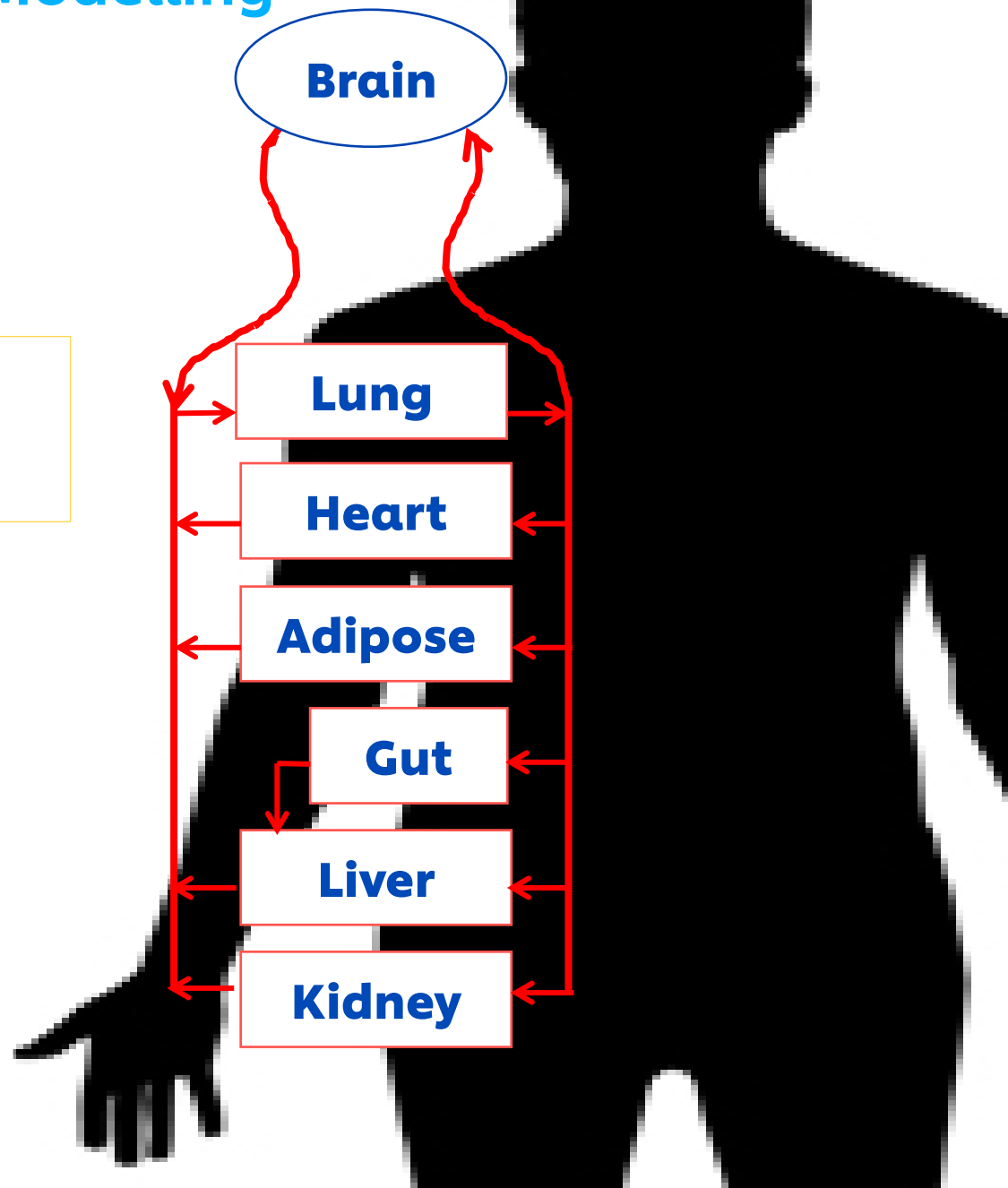
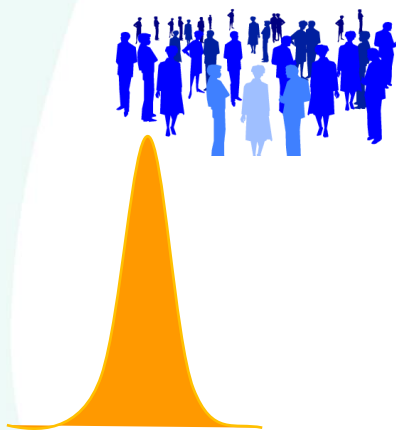
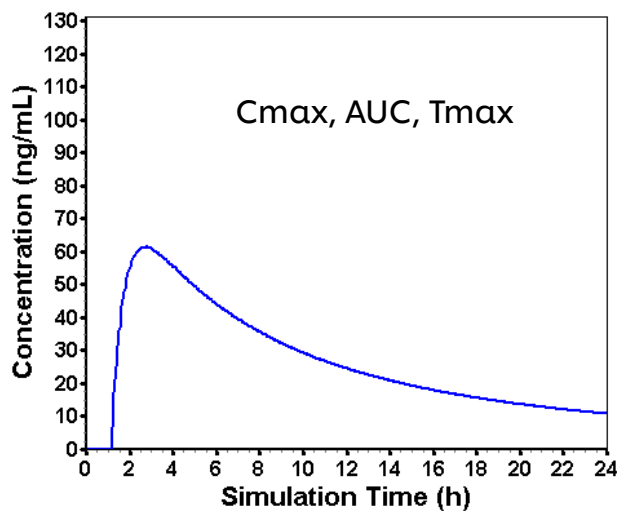
## Input

ADME properties

Absorption, Distribution, Metabolism, Excretion

- Physiological parameters (e.g. body weight, blood flow rates, tissue volume)
- Physico-chemical parameters (e.g. LogP, Fup, tissue/plasma partition coefficients)
- Kinetic parameters (e.g. dermal absorption, hepatic metabolism, renal excretion)
- Product use information (e.g. dose, frequency, site area, formulation)

## Output



# Exposure estimation: From applied dose to internal exposure based on NAM\*s

## Level 0:

- Characterise exposure scenario (who, where, how often, and how much)
- Product & chemical information

## Level 1:

- Predictions from *in silico* only
- parameterisation & sensitivity

## Level 2:

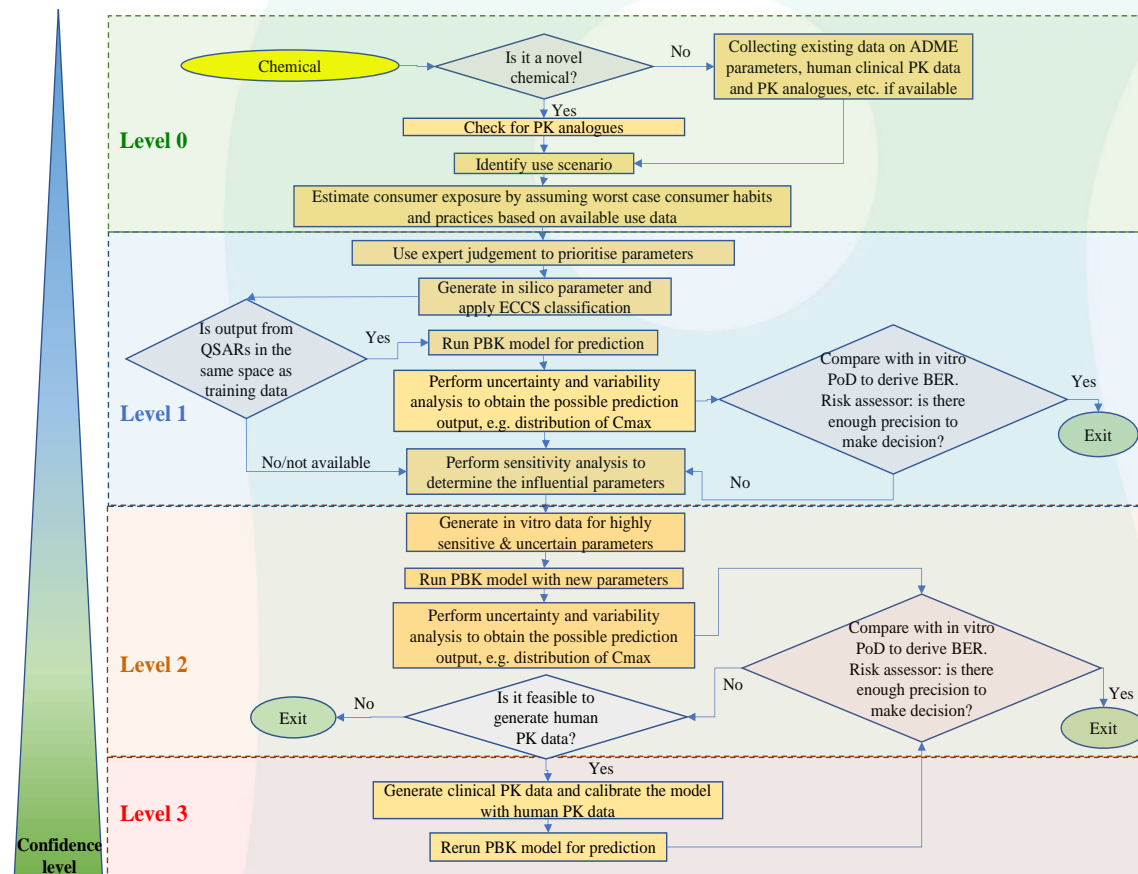
- PBK modelling based on *in vitro* parameterisation

## Level 3:

- Generating human PK data for validation or/and calibration

- The progression between levels is closely related to the risk assessment process
- Use tools that are as complex as necessary to make the decision
- move to more complex tools if more data is needed

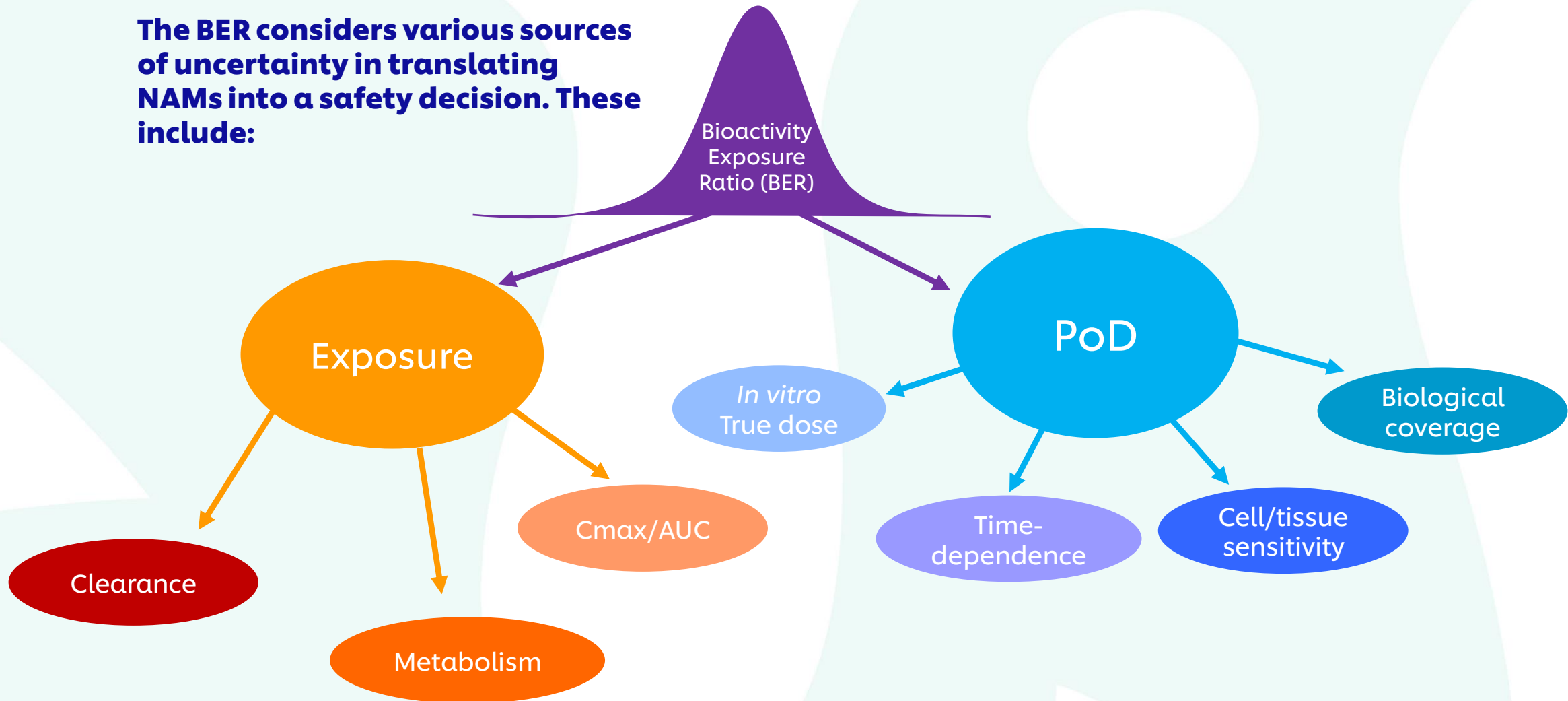
## PBK Modelling Framework



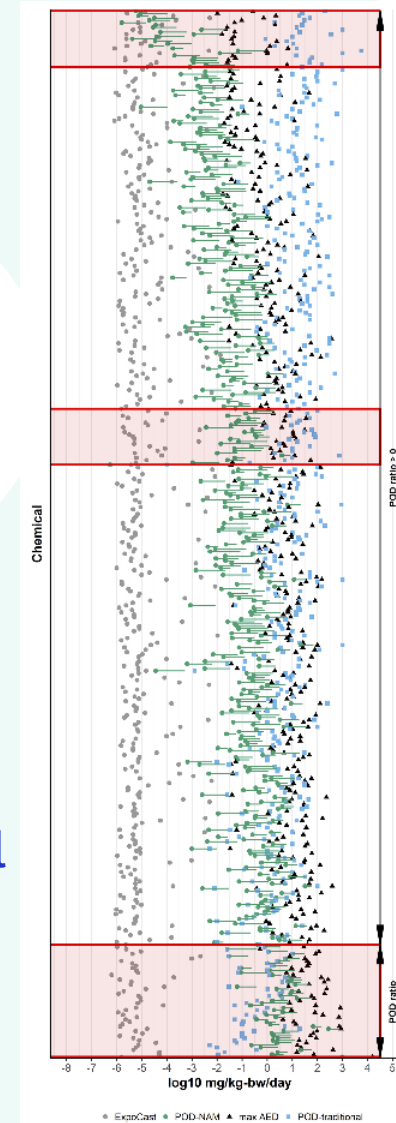
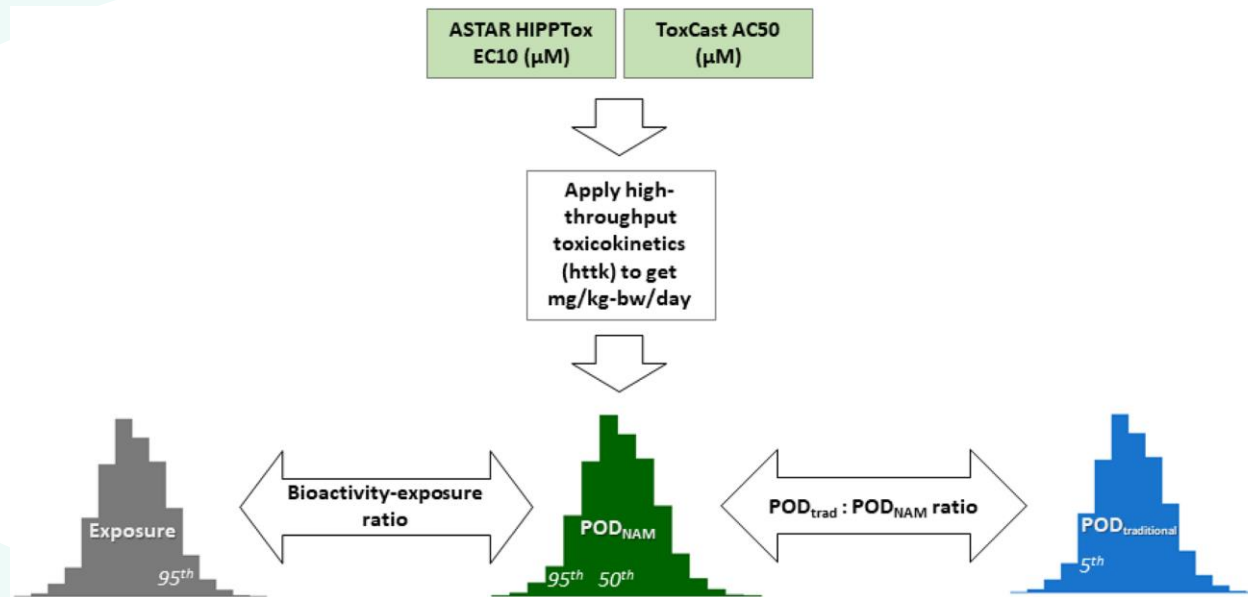
Li et al (2022) *Toxicology and Applied Pharmacology*, **442**, 115992

# Integrating Exposure and Bioactivity Data from NAMs to Make Safety Decisions

The BER considers various sources of uncertainty in translating NAMs into a safety decision. These include:



# APCRA\* approach to evaluate the integration of exposure and bioactivity



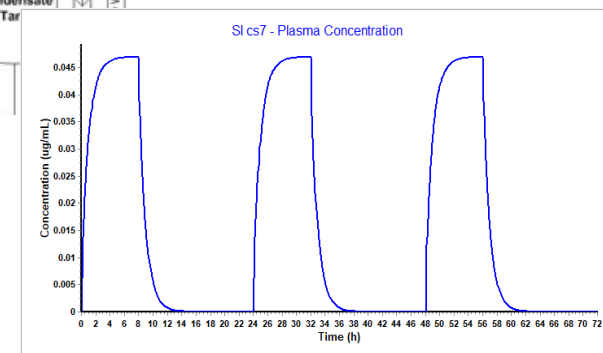
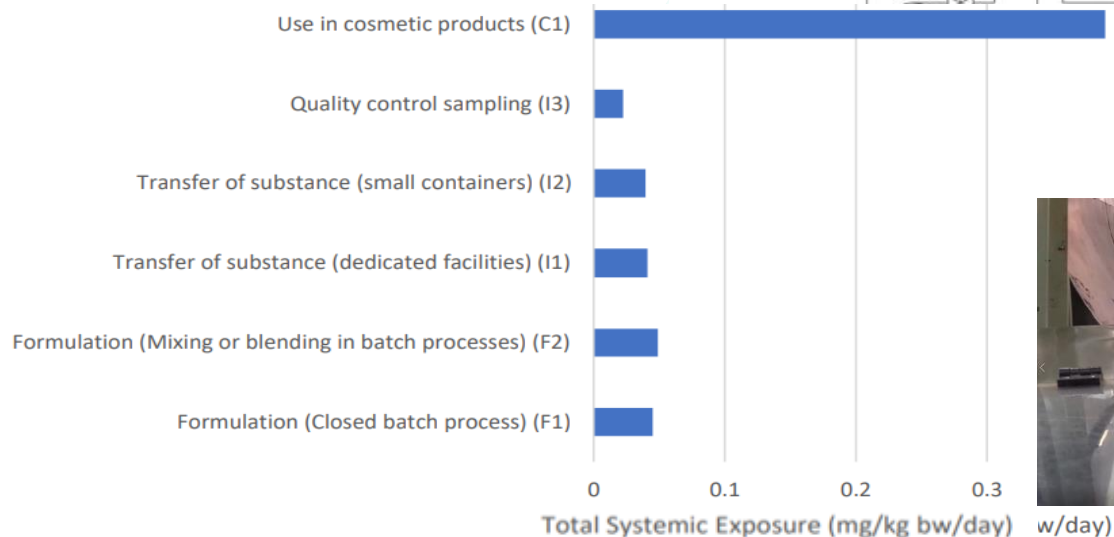
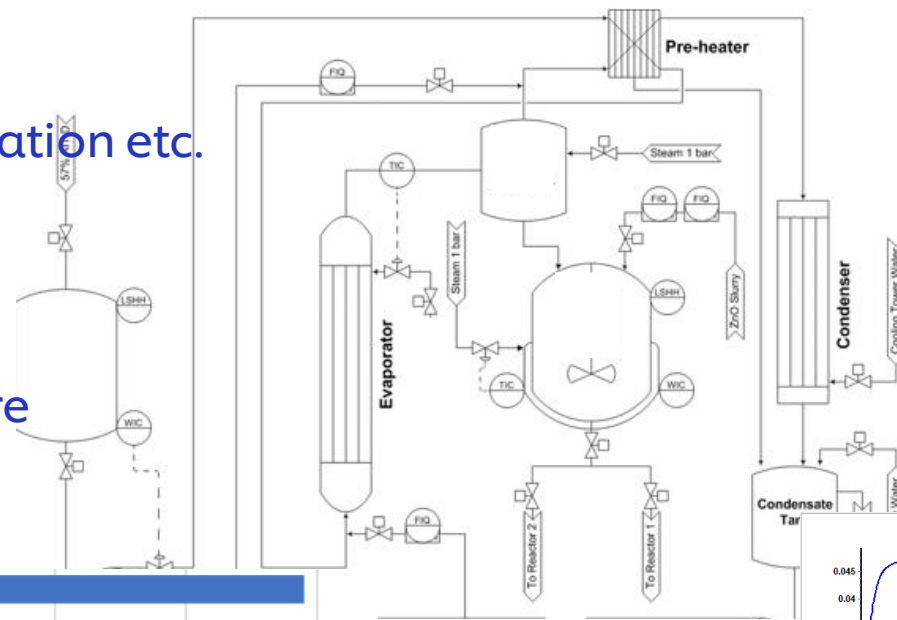
- Evaluation of *in vitro* NAMs, exposure modelling and dose-response models.
- For 89% of the chemicals NAM PoD was more conservative than the traditional POD.
- Bioactivity : exposure ratios (BERs) approach useful for accelerate screening and assessment using NAMs for hazard and exposure.

[Paul Friedman et al \(2020\), Toxicol Sciences, 173, 202-225](#)



# NGRA and Worker Safety

- Understanding worker exposure
  - Routes
  - Levels of exposure
  - PPE\*, engineering controls, ventilation etc.
  - PBK for worker exposure
- NGRA
  - BER approach for worker exposure

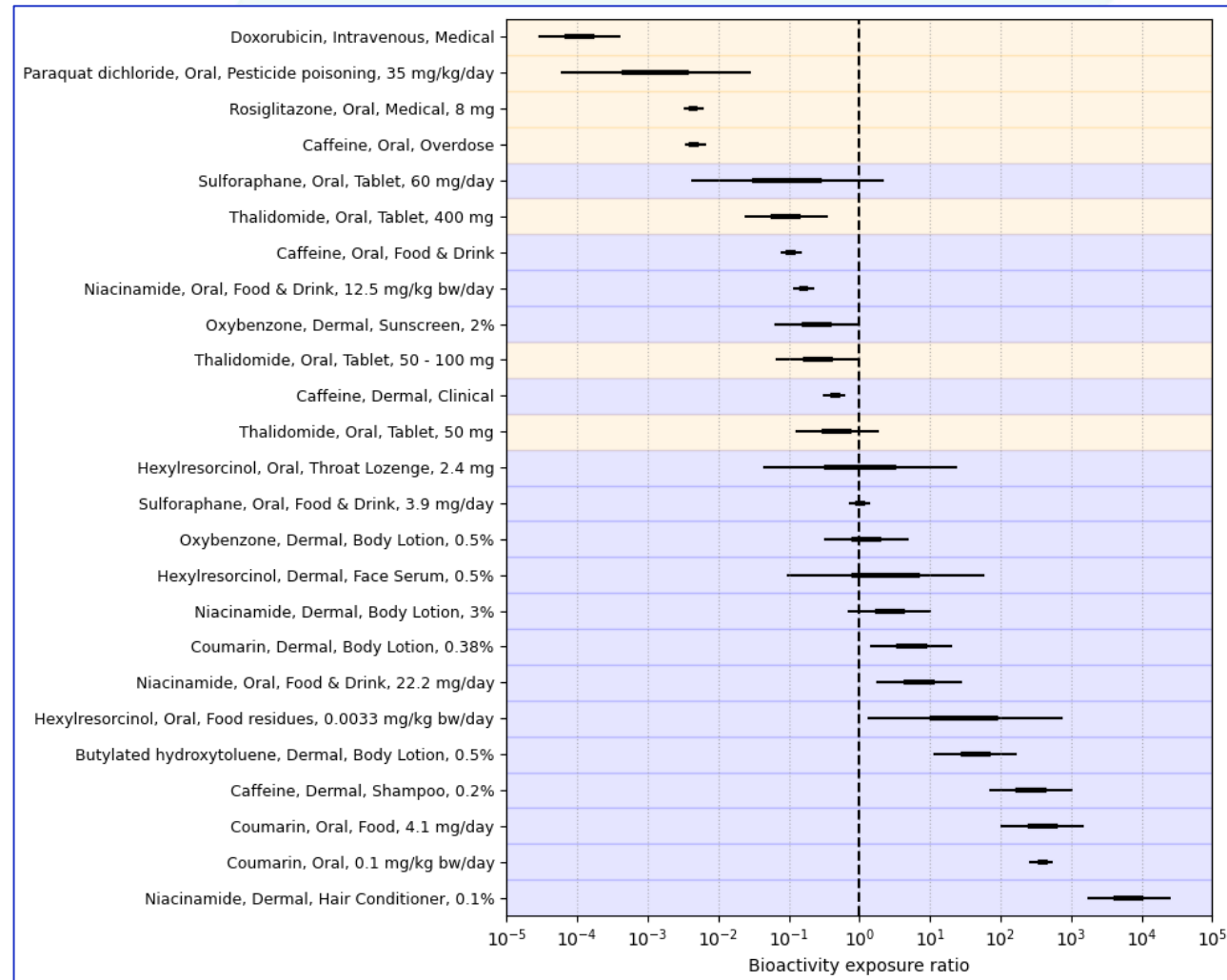
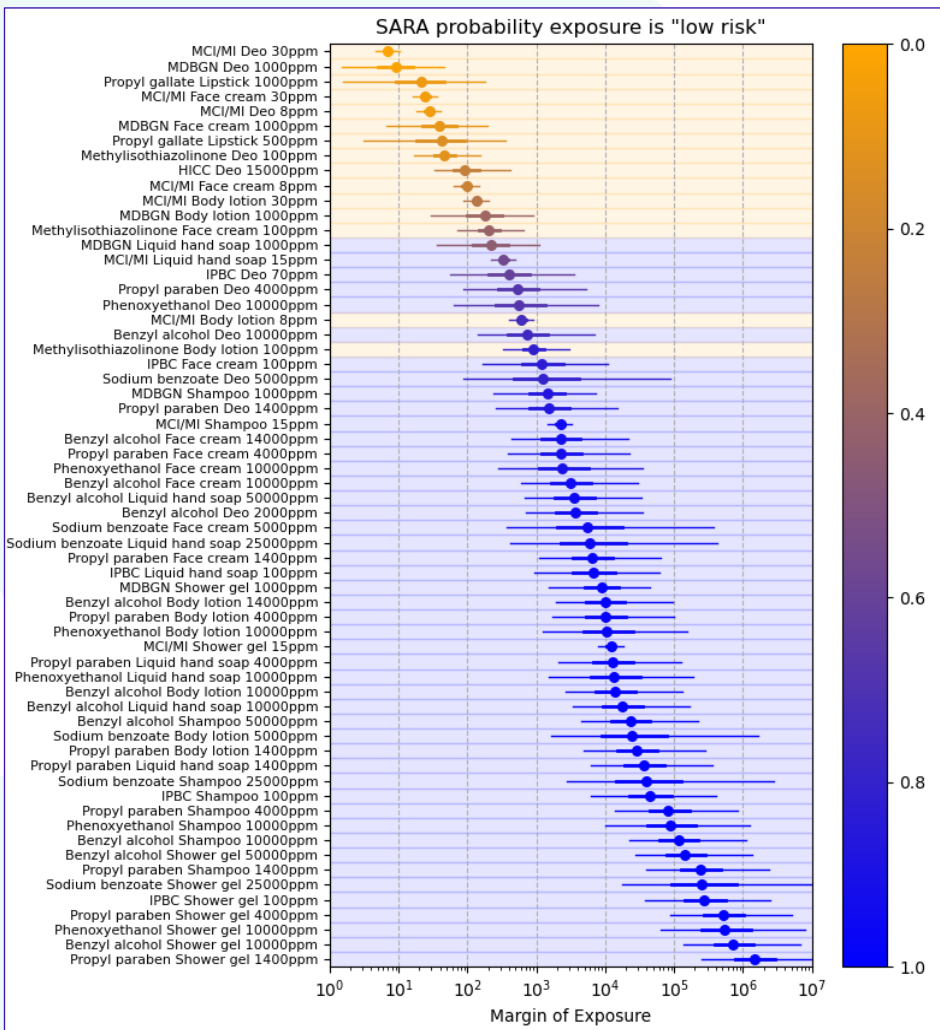


Dosage Form	Dose (mg)	TD Dose Vol (ml)	Start (h)	End (h)	Physiology or cat file	PBPK Physiology or pbk file
IV Infusion	8.68	0	0	8	Human - Physiological - Fed	HunAneFerPregIGA30Y_7558g_28_
IV Infusion	8.68	0	24	32	Human - Physiological - Fed	HunAneFerPregIGA30Y_7558g_28_
IV Infusion	8.68	0	48	56	Human - Physiological - Fed	HunAneFerPregIGA30Y_7558g_28_
IV Infusion	8.68	0	72	80	Human - Physiological - Fed	HunAneFerPregIGA30Y_7558g_28_
IV Infusion	8.68	0	120	128	Human - Physiological - Fed	HunAneFerPregIGA30Y_7558g_28_



\* PPE = Personal protective equipment

# Exposure and Hazard must BOTH be considered when evaluating NAMs for safety assessment



Skin allergy risk assessment:  
 Reynolds, et al (2021) Reg Tox & Pharmacol, **127**, 105075

Systemic safety risk assessment:  
 Middleton et al (2022) Toxicol Sciences (submitted)

## Summary Slide

**Safety assessments for cosmetics are always exposure-led**

**Exposure assessment is equally important for NAM-based consumer safety assessment as it has always been for safety assessments that utilise toxicology data from animals**

**NAM-based human safety assessments rely on estimates of systemic exposure (PBK), not just habits and practices information**

**Worker and consumer exposures can be different, both must be defined for NAM-based safety assessment**

**To fully understand the use and validity of NAMs for safety decision-making, exposure AND hazard information must be used**

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