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A multi-tiered hierarchical Bayesian approach to derive toxic equivalency factors (TEFs)

Caroline L. Ring, Ph.D

Center for Computational Toxicology and Exposure United States Environmental Protection Agency

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Background: Dioxin-like compounds (DLCs) are "a group of chemical compounds that share certain chemical structures and biological characteristics" ¹

- Polychlorinated dibenzo-p-dioxins (PCDDs)
- Polychlorinated dibenzofurans (PCDFs)
- Polychlorinated biphenyls (PCBs)

Usually occur as mixtures

29 DLCs exhibit toxicity, via the same mechanism: binding to aryl hydrocarbon (AhR) receptor

- transcription factor affecting expression of many genes
- Many different adverse biological effects





General chemical structure of PCDDs By Edgar181 - Own work, Public Domain, https://commons.wikimedia.org/w/index.php?curid=5428581



General chemical structure of PCDFs

By Leyo - Own work, Public Domain, https://commons.wikimedia.org/w/index.php?curid=7106630



General chemical structure of PCBs By D.328 - Own work, CC BY-SA 3.0, https://commons.wikimedia.org/w/index.php?curid=1048994 2



Toxicity equivalence framework for dioxin-like compounds [EPA, 2010]

- DLCs exhibit additive toxicity
- Toxicity of each congener expressed relative to index compound, 2,3,7,8-TCDD

Toxicity equivalence factor (TEF): "consensus estimates of compound-specific toxicity/potency of a congener, relative to the toxicity/potency of index chemical" (EPA, 2010)

Toxicity equivalence quotient (TEQ):

$$TEQ = \sum_{i=1}^{N_{\text{congeners}}} \operatorname{conc}_i \times TE$$

EF_i The toxicity equivalence (TEF/TEQ) framework allows rapid estimation of risk from exposure to mixtures of congeners.

Parallel or similarly-shaped curves (EPA, 2010)





TEFs are estimated from studies of relative potency (REP)



Relative potency can be calculated in different ways (ratio of ED50s, ED20s, BMDs, NOAEL/LOAELs...) Usually, only point-estimate REP is reported – uncertainty not quantified



In 2005, TEFs were determined by WHO expert panel from qualitative assessment of an evidence base of relative potency studies (REP_{2004})

- 83 publications, 634 REP values
 - Mammals or mammalian cells
 - Both in vivo and in vitro studies included
 - Wide variety of endpoints (both toxic and biochemical)
- REP distributions were only used as starting points for expert judgment
 - TEFs were *not* chosen as fixed percentiles
- TEFs were assigned in half-log increments (rough uncertainty quantification)







WHO (2005) expert panel noted varying **reliability**, **relevance**, and **amount** of REP data, and the need to weight it accordingly

- **REPs measured by higher-quality studies should be more heavily weighted** (van den Berg et al., 2006)
 - E.g., less uncertainty in extrapolating from *in vivo* vs. *in vitro* studies
- Uncertainty from differing REP calculation methods
 - What metric of potency was used?
 - Uncertainty in dose-response modeling
 - Were curves parallel?
- **Database uncertainty**: Some congeners have many REP studies; others have few (Haws et al., 2006)
- In 2005, weighting and database uncertainty was handled using qualitative expert judgment.
 - Panel recommended developing a quantitative consensus weighting scheme in future [Van den Berg et al. (2006), Haws et al. (2006)].



In 2021, database of REP studies was updated





[®]REP₂₀₂₁ database also now includes original dose-response data, where available (570 of 1269 REP studies)



Dose-response data allows evaluation of the assumption of parallel curves Dose-response data also allows estimation of uncertainty in each REP



Updated TEF analysis using REP₂₀₂₁ database

- Transparent & reproducible
- All assumptions made explicit
- Incorporate quantitative weighting based on study quality (reliability & relevance)
- Quantify uncertainty

Best Estimate TEF Workflow

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Best Estimate TEF Workflow **Environmental Protection** Agency Machine Learning-Based **REP Dataset Quality Derivation of Model Reference-**Predictions **Congener Relationship Estimates** 2 2.5 (unused studytype 3.5 (unused 4.5 (unus Synthesis of data using **Bayesian Meta-Analysis** (4) 0 0 4 15 3 80 2 0 0 0 57 0 0 0 00022 00000 5.5 0 0 0 0 0 0 0 0 18 (1) 62 0 0 0 0 0 0 0 0 3 0 0 12 92 11 11 0 0 0 3 0 0 0 10 4 1 0 0 0 Standardized dose **Bayesian Dose Response Modeling Derivation of Model TEF Estimates** and Standardization for all **D/C-R Datasets** 2 -Standardized Response 1.5 Standardized dose 0.5 10^{3} 106 10-3

Standardized Dose

Ring et al. (2023)

0.05

0.07

Best-Estimate TEF

0.10



Machine-Learning-Based REP Dataset Quality Predictions [Wikoff et al., 2023]

- Expert panel (2004): Identify study attributes that characterize reliability and relevance
- Expert panel (2004): Rate study quality on categorical scale from 1-5.5 (1 best)
 - based on qualitative expert judgment
 - no explicit decision criteria
- Train a machine-learning model to *infer* the expert panel's decision criteria & quantify uncertainty in category ratings
- (How to translate quality category into quantitative weight? That comes later!)



Study attributes of reliability/relevance [Wikoff et al., 2023]

- Study type (*in vivo*, or *in vitro* with human primary, human immortalized, or non-human mammalian cells)
- Study endpoint (toxic or biochemical)
- Study model (whole organism, organ-level, unicellular)
- Whether the congener had a kinetic profile similar to TCDD
- Whether the study duration was sufficient to achieve kinetic steady-state
- Whether a **sufficient number of dose levels** was tested (≥3)
- Whether a sufficient number of animals/replicates was tested (n depends on endpoint)
- Whether maximal response was achieved

Machine-learning model infers expert panel's decision criteria



Wikoff et al., 2023

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Bayesian Dose-Response Modeling

- Hill model
- Within each study, fit multiple congeners simultaneously
- Result: *Probabilistic* estimates of Hill model parameters, per study & congener





Standardize fitted doseresponse curves

1. Subtract control response



3. Normalize dose to TCDD ED50





Best Estimate TEF Workflow





Synthesis of data using Bayesian Meta-Analysis

- Infer the "average" standardized dose-response curve for each congener (and its uncertainty) from all the study-specific curves
- Quality weighting: Assume higherquality curves are clustered closer to "average" curve, lower-quality curves" scattered more widely
- "Database uncertainty" represented by Bayesian priors: range of *possible* "average" curves assumed *a priori*



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Model Estimate of Standardized Dose-Response Relationship for each Congener (Fitch et al., 2023)





Best-Estimate TEFs and Uncertainty Distributions (Fitch et al. 2023)





October 2022: WHO expert panel re-evaluated TEFs for dioxin-like compounds

- Evaluated the Best-Estimate TEF workflow and the resulting TEF values
- WHO panel adopted "Best-Estimate" TEFs for everything except monoortho PCBs
- Outcome and details published in peer-reviewed article (DeVito et al., 2023)



Summary and Conclusion

- TEFs for dioxin-like compounds are estimated based on weight-of-evidence from a body of relative potency (REP) data
 - $\operatorname{REP}_{2004} \rightarrow \operatorname{REP}_{2021}$ (updated to include new REP studies!)
- REP studies are of varying reliability and relevance
- We developed a method to quantitatively integrate REP data
 - Consensus quantitative weighting by reliability & relevance
 - Integration of dose-response and non-dose-response REP data
- Best-Estimate TEF Workflow:
 - Transparent assumptions & model structure
 - Database & model code are proprietary, but described in published literature
 - Full quantification of uncertainty at every stage
- WHO (2022) expert panel agreed on applying this method in re-evaluating TEFs for dioxin-like compounds
- EPA is currently reviewing the WHO's recent reanalysis and update of the TEFs for dioxin and dioxin-like chemicals and determining their suitability for use in agency decision making



Disclosures

The views expressed in this presentation are those of the author and do not necessarily reflect the views or policies of the U.S. EPA.

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Dr. Birnbaum is currently a defense expert in dioxin-related litigation.

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