

コメットアッセイの 国際バリデーション研究

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センター長

遺伝毒性試験

	DNA 傷害性	遺伝子突然変異	染色体異常 誘発性
<i>in vitro</i>	recアッセイ, コメット試験, UDS試験	Ames試験 MLA	CHL, ヒト末梢血, MLA
<i>in vivo</i>	コメット試験, UDS試験	トランスジェニック 動物試験	げっ歯類を用いる 小核試験



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Evaluation of the ability of a battery of three in vitro genotoxicity tests to discriminate rodent carcinogens and non-carcinogens

I. Sensitivity, specificity and relative predictivity[☆]

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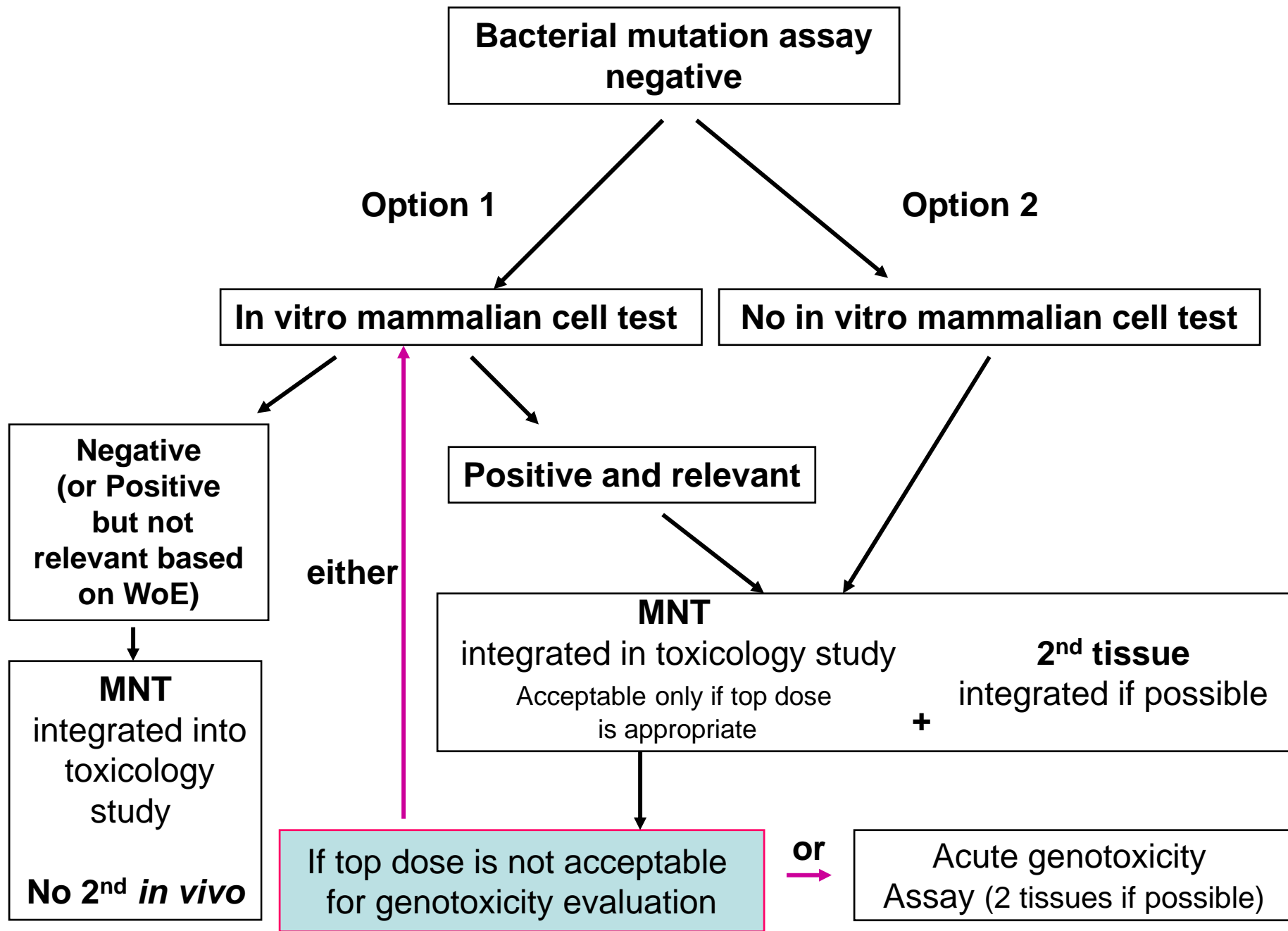
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Motivations of revision

- *Too many positives in the in vitro mammalian cells assay systems that may not be relevant to human risk*
- *Taking into consideration of 3R's for genotoxicity assays whenever possible “without impacting” the scientific value of the tests and the evaluation of the human risk.*

Summary of major points of the revisions

- S2A and S2B guidances merged into one
- Options provided for the test battery
 - O-1 Battery **with** *in vitro* mammalian cell assay
 - O-2 Battery **without** *in vitro* mammalian cell assay but two *in vivo* assays
- *In vitro* mammalian cell assay
 - Reduction in top concentration **from 10 mM to 1 mM**
 - Tightened acceptable cytotoxicity limits
 - No longer require testing of precipitating concentrations
- *In vitro* bacterial mutation assay no longer requires duplicate assay



Benefits of revisions:

The 3 R's

- No longer require concurrent positive controls in every *in vivo* assay
- Integration of genotoxicity into toxicology assays
- Reduction in “non-relevant” *in vitro* results will reduce number of follow-up *in vivo* assays

ECVAM Workshop

Reduction in Regulatory Genotoxicity Testing: Identification and Implementation Opportunities



Ranco (VA), Italy
24th – 25th June, 2008

Combination and integration in repeat dose tox studies

- Ideally Comet and MN would be integrated into repeated dose tox
- Lack of experience
- Most uncertainties are related to Comet assay
- Dosing 3h before sacrifice for Comet is needed, but may influence the general tox parameters or organ toxicity (false positives)

Combination and integration in repeat dose tox studies

- Addition of positive control group needed?
- Practical/logistic problems?
- Can increased proliferation as results of repeat dosing lead to false positive results in Comet assay? Histopathological samples would be helpful for interpretation of Comet data
- If you have accumulation of compound in tissues it would be preferred to integrate Comet and MN in repeat dose study (instead of acute/stand alone)

Summary

- Integration of MN is highly recommended
- Combination of MN and Comet in one acute test is recommended
- Integration of Comet in repeat dose tox test is not yet mature enough, more data/experience are needed

In Vivo Comet Assay:
Update on the On-Going Validation
Coordinated by JaCVAM

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JEMS/MMS

Introduction

An *in vivo* rodent alkaline Comet assay is practically used worldwide for detecting genotoxic chemicals, and it is expected as a second *in vivo* genotoxicity test in the revised ICH-S2 guidance.

The assay, however, has not been validated formally, and the international validation study is now on-going coordinated by JaCVAM. The purposes are to validate the *in vivo* Comet assay as a potential predictor of carcinogens and as an alternative follow-up assay to the more commonly used *in vivo* rodent UDS assay.

Organization Update (in vivo)

Validation Management Team (VMT)

M. Hayashi (Chair, BSRC)
R. Corvi (ECVAM)
M. Honma (NIHS)
L. Schechtman (Consultant)
R. Tice (NTP/ICCVAM)
Y. Uno (MTPC, JEMS/MMS)

Secretariat

H. Kojima (NIHS/JaCVAM)

Leading Laboratory Team (LLT)

BioReliance (B. Krsmanovic, et al.)
FDSC (K. Yamakage, et al.)
HLS (B. Burlinson, et al.)
Merck (R.D. Storer, et al.)

Consultation Team (CT)

N. Asano (JEMS/MMS)
P. Escobar (Boehringer-Ingelheim)
D. Lovell (Univ. of Surrey)
T. Morita (NIHS)
M. Nakajima (BSRC)
Y. Ohno (NIHS/JaCVAM)
T. Omori (Kyoto Univ.)
YF. Sasaki (Hachinohe Nat.Coll.Tech.)

Local Committee in JPN

Mainly from JEMS/MMS members

Progress of Validation Effort (in vivo)

2006

Aug.: Kick-off mtg. and Start of 1st validation study with EMS

Dec.: End of exp. of 1st validation study

- **Study protocol was optimized overall**
- **Well-validated data were obtained**

2007

Apr.: Start of 2nd validation study with EMS and three coded chem.

Jul.: Announcement of invitation to participate in this validation effort

2008

Jan.: Start of exp. to select participants of 4th (definitive) validation study

Mar.: End of exp. of 2nd validation study

- **Data acceptance criteria were set based on negative & positive cont. data**
- **Especially, 2,4- & 2,6-DAT showed a little bit complicated results**

May: 3rd validation study with EMS and additional 3 coded chem.

Aug.: Participants of 4th validation study were selected

Dec.: End of exp. of 3rd validation study

2nd Phase Validation Study

- **Purpose:** by using data of negative control and EMS,
 - ✓ **To determine data acceptance criteria**
 - ✓ **To examine within/between lab variability**
- **Test compound: EMS* and Three coded chemicals****
 - * Each exp. for coded chemicals included EMS group as a positive control, and 3 data of EMS/lab X 5 labs = 15 data were applied to determine data acceptance criteria
 - ** Acrylamide, 2,4-diaminotoluene, 2,6-diaminotoluene
- **Protocol: version 12**
- **Result:**
 - ✓ **Data acceptance criteria (draft) were set**
 - ✓ **Data of three coded chemicals were obtained**

Data Acceptance Criteria (draft*)

based on 2nd phase validation study results

a. Negative control

- Mean of %DNA in tail in liver: 1-8%
- Mean of %DNA in tail in stomach: 1-30% (preferably 1-20%)

b. Positive control: EMS, 200 mg/kg, single (or twice) p.o.

- Effect (ratio of means of %DNA in tail between EMS & vehicle) in liver and stomach: 2-fold or higher
- Effect (difference of means of %DNA in tail between EMS & vehicle) in liver and stomach: 5% or higher
- CV of Effect (ratio) in two or more independent experiments with liver and stomach: 50% or less

* Data acceptance criteria may be revised based on the 3rd phase validation results

Summary

- ✓ **Expects: Acrylamide is clearly but not so strongly positive in both/either organs. 2,4-DAT and 2,6-DAT are weakly positive and negative in liver, respectively (unknown in stomach).**
- ✓ **Overall results: acrylamide was positive in both organs (one laboratory seemed not to detect this chemical as positive).**
- ✓ **In liver, 2,4-DAT was positive in labs. #2 and 3. 2,6-DAT was negative except for lab. #3. 2,6-DAT results may almost fit the expected assay results, but 2,4-DAT results may be a little bit unexpected. Overall, this validation study results may be coincident with the rat liver UDS assay results, because 2,4- and 2,6-DAT are reported as weakly positive and negative in the UDS assays, respectively.**
- ✓ **In stomach, 2,4- and 2,6-DAT seem positive in lab. #2 and 3. Both chemicals are mutagens and may have genotoxic potential *in vivo*, and *in vivo* Comet assay may sometimes detect such weakly genotoxic effects.**

Facilities and Participants of 4th Phase Validation Study

- 1. AstraZeneca (UK) : Catherine Smith**
- 2. Bayer HelthCare (Germany) : Uta Wirnitzer**
- 3. BioReliance (USA) : Buba Krsmanovic**
- 4. Covance (UK) : Lucinda Williams**
- 5. Food and Drug Safety Center (JPN) : Kohji Yamakage**
- 6. Health Canada (Canada) : James P. McNamee**
- 7. Huntingdon Life Sciences (UK) : Brian Burlinson**
- 8. Johnson & Johnson (Belgium) : Marlies De Boeck**
- 9. Merck (USA) : Richard D. Storer**
- 10. Mitsubishi Chemical Safety Institute (JPN) : Kazunori Narumi**
- 11. Novartis Pharma (Switzerland) : Ulla Plappert-Helbig**
- 12. Sumitomo Chemical (JPN) : Sachiko Kitamoto**
- 13. The Institute of Environmental Toxicology (JPN) : Kunio Wada**

Outlines of On-going/Next Phase Validation Studies

- **Study and purpose:**
 - a. 3rd phase validation study: ongoing**
To reconfirm data acceptance criteria based on 2nd phase validation data, and To further optimize the standard protocol
 - b. 4th phase validation study: now planning**
To investigate predictive capacity of genotoxic carcinogens
- **Test compound:**
 - a. Coded three chemicals plus EMS in 3rd phase validation
 - b. Coded “the number of 30-50” chemicals in 4th phase validation
- **Participant:**
 - a. 4 leading lab for 3rd phase validation
 - b. 4 leading lab plus selected lab (max. 9) for 4th phase validation
- **Method:** In accordance with the standard protocol
- **Schedule:**
 - a. March/2008 – February/2009 in 3rd phase validation
 - b. Start on 1Q/2009 for 4th phase validation
Finish by the end of 2010 (tentative)

EFPIA/PHRMA initiative on integration of genotoxicity assays into general toxicity studies