Reduced levels of harmful and potentially harmful constituents in heated tobacco aerosol translate to reduced in vitro (geno)toxicological outcomes

Fiona Chapman¹, Roman Wieczorek², Edgar Trelles Sticken², Sarah Jean Pour², Ole Dethloff², Matthew Stevenson¹ ¹Imperial Brands PLC, 121 Winterstoke Road, Bristol, BS3 2LL, UK ²Reemtsma Cigarettenfabriken GmbH, an Imperial Brands PLC Company, Albert-Einstein-Ring-7, D-22761, Hamburg, Germany

1. BACKGROUND

Combustible tobacco smoking is a cause of serious disease in smokers including lung cancer, heart disease and emphysema^{1,2}. Smoke generated from combustible cigarettes contains around 7000 chemicals, including harmful and potentially harmful constituents (HPHCs), which have been identified by a number of public health bodies^{3,4}. However, next generation products (NGPs), such tobacco products (HTPs), offer as heated potentially reduced risk nicotine delivery, without the need for tobacco combustion, for adult smokers who would otherwise continue to smoke.

In the HTP category, nicotine delivery is achieved via heating of a reconstituted tobacco consumable (stick) (Figure 1) using a rechargeable device containing a heating element (Figure 2) to generate an aerosol which is inhaled by the adult smoker. This heating occurs at temperatures below those required for combustion. The aerosols generated from HTPs have been demonstrated to contain fewer and substantially reduced levels of HPHCs compared to cigarette smoke^{5,6}; this reduction in measured HPHCs correlates with reduced *in vitro* toxicological outcomes^{5,7}.

This study aimed to compare the aerosol chemistry of a prototype HTP (p-HTP) to the composition of 1R6F Reference Cigarette smoke using a selected list of HPHCs. The effects of the smoke and aerosol were then compared in a number of *in vitro* toxicological endpoints related to genotoxicity.

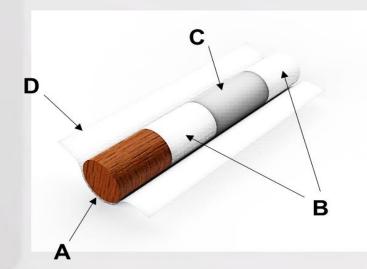


Figure 1: Image representative of the reconstituted tobacco p-HTP stick used in this study, consisting of reconstituted tobacco (A), filters (B), a cardboard tube (C) and outer paper



Figure 2: Rendered image representative of the p-HTP device used in this study with a reconstituted tobacco stick inserted.

4. CONCLUSIONS

The levels of HPHCs analysed within the p-HTP aerosol were still substantial. This reduction translated into reduced in vitro toxicological outcomes in the NRU, micronucleus and Ames tests. Further to this, when NHBE cells were exposed to smoke/ aerosol bPBS, and exposures compared to a nicotine delivery basis, responses to the p-HTP were greatly reduced compared to smoke/ aerosol bPBS, and exposures compared to a nicotine delivery basis, responses to the p-HTP were greatly reduced compared to a nicotine delivery basis, responses to the p-HTP were greatly reduced compared to a nicotine delivery basis, responses to the p-HTP were greatly reduced compared to a nicotine delivery basis, responses to the p-HTP were greatly reduced compared to a nicotine delivery basis, responses to the p-HTP were greatly reduced compared to a nicotine delivery basis, responses to the p-HTP were greatly reduced compared to a nicotine delivery basis, responses to the p-HTP were greatly reduced compared to a nicotine delivery basis, responses to the p-HTP were greatly reduced compared to a nicotine delivery basis, responses to the p-HTP were greatly reduced compared to a nicotine delivery basis, responses to the p-HTP were greatly reduced compared to a nicotine delivery basis, responses to the p-HTP were greatly reduced compared to a nicotine delivery basis, responses to the p-HTP were greater pre-clinical understanding of the test products. Overall, these results are consistent with the scientific evidence that HTPs may offer potentially reduced harm nicotine delivery to adult smokers who would otherwise continue to smoke.

¹International Agency for Research on Cancer (2012). "Personal habits and indoor combustions. A review of human carcinogens: IARC monographs on the evaluation of carcinogens: IARC monographs on the evaluation of carcinogens: IARC monographs.iarc.fr/wp-content/uploads/2018/06/mono100E.pdf (Last accessed 13-02-2021). ²United States Surgeon General's Report – How tobacco smoke causes disease: The biology and behavioural analysis for smoking-attributable disease.' https://www.cdc.gov/tobacco/data_statistics/sgr/2010/index.htm (Last accessed 13-02-2021). ³FDA (2011). "Guidance for Industry and FDA Staff. In: "Harmful and Potentially Harmful and Potentially Harmful and Potentially Harmful Constituents" in Tobacco Products/Labeling/RulesRegulationsGuidance/UCM241352.pdf. ⁴Burns, D., Dybing, E., Gray, N., Hecht, S., Anderson, C., Sanner, T., O'Connor, R., Djordjevic, a Used in Section 904(e) of the Federal Food, Drug, and Cosmetic Act, 2011 (Revised)." https://www.fda.gov/downloads/TobaccoProducts/Labeling/RulesRegulationsGuidance/UCM241352.pdf. M., Dresler C., Hainaut, P., Jarvis, M., Opperhuizen, A., Straif, K. (2008). "Mandated lowering of toxicants in cigarette smoke: a description of the World Health Organization TobReg proposal." Tobacco Control 17: 132-141. DOI: 10.1136/tc.2007.024158. "Evaluation of the strain of the world Health Organization TobReg proposal." Tobacco Control 17: 132-141. DOI: 10.1136/tc.2007.024158. "Evaluation of the world Health Organization TobReg proposal." Tobacco Control 17: 132-141. DOI: 10.1136/tc.2007.024158. "Evaluation of the world Health Organization TobReg proposal." Tobacco Control 17: 132-141. DOI: 10.1136/tc.2007.024158. "Evaluation of the world Health Organization TobReg proposal." Tobacco Control 17: 132-141. DOI: 10.1136/tc.2007.024158. "Evaluation of the world Health Organization TobReg proposal." Tobacco Control 17: 132-141. DOI: 10.1136/tc.2007.024158. "Evaluation of the world Health Organization TobReg proposal." Tobacco Control 17: 132-141. DOI: 10.1136/tc.2007.024158. "Evaluation of the world Health Organization TobReg proposal." Tobacco Control 17: 132-141. DOI: 10.1136/tc.2007.024158. "Evaluation of the world Health Organization TobReg proposal." Tobacco Control 17: 132-141. DOI: 10.1136/tc.2007.024158. "Evaluation of the world Health Organization TobReg proposal." Tobacco Control 17: 132-141. DOI: 10.1136/tc.2007.024158. "Evaluation of the world Health Organization TobReg proposal." Tobacco Control 17: 132-141. DOI: 10.1136/tc.2007.024158. "Evaluation of the world Health Organization TobReg proposal." Tobacco Control 17: 132-141. DOI: 10.1136/tc.2007.024158. "Evaluation of the world Health Organization TobReg proposal." Tobacco Control 17: 132-141. DOI: 10.1136/tc.2007.024158. "Evaluation of the world Health Organization TobReg proposal." Tobacco Control 17: 132-141. DOI: 10.1136/tc.2007.024158. "Evaluation of the world Health Organization" Tobacco Control 17: 132-141. DOI: 10.1136/tc.2007.024158. "Evaluation of the world Health Organization" Tobacco Control 17: 132-141. DOI: 10.1136/tc.2007.024158.

2. METHODS

2.1. Smoke/ aerosol analysis

Levels of selected HPHCs within 1R6F Reference Cigarette (University of Kentucky, Center for Tobacco Reference Products) smoke and p-HTP aerosol were measured, including the WHO TobReg 9 list of analytes⁴ and nicotine.

Product	Stick conditioning	Smoking regime			
1R6F Reference Cigarette	ISO 3402 (at least 48h at 22±1°C and 60±3% relative humidity)	ISO 20778 (55ml puff volume, 2s puff duration, 30s puff interval, bell shaped puff profile, ventilation blocking)			
p-HTP	ISO 3402	ISO 20778 (modified, e.g., no ventilation blocking)			

2.2. In vitro assessment

Interface; SAEIVS: Smoke Aerosol Exposure <i>In vitro</i> System.					
Assay	Cells	Exposure method	Output		
Neutral red uptake (NRU) (cytotoxicity)	Beas-2B (ECACC 95102433)	ALI using the SAEIVS 1R6F: 0-0.6 puffs p-HTP: 0-27 puffs	Number of puffs required to induce 50% cytotoxicity (EC ₅₀)		
Micronucleus (MN)	V79 (+/-S9) (ECACC 86041102)	ALI using the SAEIVS 1R6F: 0-2.5 puffs +S9; 0- 1.67 puffs -S9 p-HTP: 0-36 puffs +/-S9	Number of puffs required to increase micronucleus frequency to 3x above background levels (ECMN3)		
Ames	Salmonella typhimurium: TA98, TA100 (+/-S9) (Trinova Biochem GmbH)	Fresh smoke/ aerosol generated using the Vitrocell VC 10-S Smoking Robot and bubbled through bacterial suspensions (increasing puff-wise concentrations)	Slope of response compared to background		
High content screening (HCS)	Normal human bronchial epithelial (NHBE) (PromoCell GmbH)	Exposures to increasing concentrations (for 4h or 24h) of 1R6F smoke or p-HTP aerosol bubbled PBS (bPBS) generated using the Vitrocell VC 10-S. Bubbling was consistent with the methods used by Czekala <i>et al.</i> ⁸	Cells stained for seven markers related to cell stress and screening carried out using the Thermo Scientific ArrayScan XTI High Content Analysis Reader. Endpoints detailed in Table 3		

Endpoint		
Cytotoxicity		
Mitochondrial stress		
Oxidative stress		
DNA damage		
Cell cycle control		
Cellular stress response		
Mitochondrial dysfunction		

Relevant positive controls were also tested in parallel. The responses in the above in vitro assays were calculated as fold-changes compared to 1R6F. Statistical analyses were carried out using GraphPad PRISM version 8.4.3.

Table 1: Stick conditioning and smoking regimes used in this study.

Table 2: Details of *in vitro* assessments used in this study. ALI: air-liquid interface: SAEIVS: Smoke Aerosol Exposure In Vitro System.

Table 3: HCS endpoints assessed in this study and the markers used.

3. RESULTS

3.1. Reduced levels of HPHCs in p-HTP aerosol

- HPHC levels were substantially reduced in the p-HTP aerosol compared to 1R6F smoke per puff (Figure 3)
- Around 43% of the nicotine found in one puff of 1R6F smoke was in one puff of the p-HTP aerosol. However, even when normalised for nicotine concentration (i.e., 1 puff of 1R6F smoke and 2.3 puffs of p-HTP aerosol), levels of the HPHCs in the p-HTP aerosol were still substantially reduced

3.2. Reduced levels of HPHCs translate to reduced in vitro toxicity

- NRU and micronucleus assays: the effects of p-HTP aerosol were substantially reduced compared to 1R6F smoke (Table 4, Table 5, Figure 4)
- Ames test: p-HTP aerosol was not mutagenic under the conditions of the test; 1R6F was classed as mutagenic (Table 6, Figure 4)
- HCS: compared on a nicotine concentration basis, NHBE cell responses to p-HTP aerosol were substantially reduced compared to 1R6F (**Figure 5**)

Table 4: NRU assay (detailed in Table 2) results.

Product	EC ₅₀ (puffs)	Fold-cl comp to 1
1R6F	0.234	1
p-HTP	9.14	3

Table 5: Micronucleus assay (detailed in Table 2) results.

Product	ECN	Fold- compare	
	+S9	-S9	+S9
1R6F	1.6	1.3	1
p-HTP	12.6	16.6	8.0

Table 6: Ames test (detailed in Table 2) results.

Product	TA98: response slope (significantly changed compared to 0?)		TA98: fold-change compared to 1R6F		TA100: response slope (significantly changed compared to 0?)		TA100: fold-change compared to 1R6F	
	+\$9	-S9	+S9	-S9	+\$9	-S9	+\$9	-S9
1R6F	2.00 (yes)	0.826 (yes)	1	1	2.74 (yes)	1.702 (yes)	1	1
р-НТР	-0.00494 (no)	0.0124 (no)	405.0	66.9	0.106 (no)	0.148 (no)	25.9	11.5

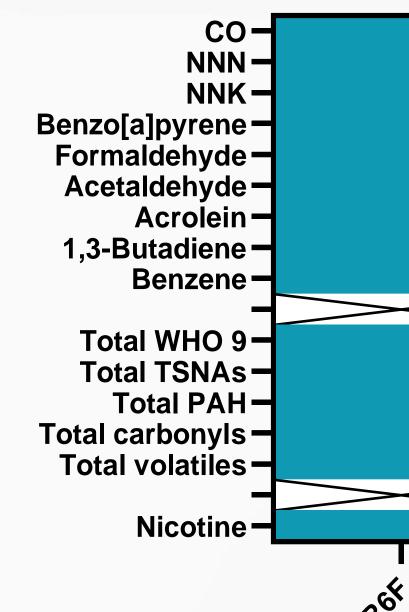


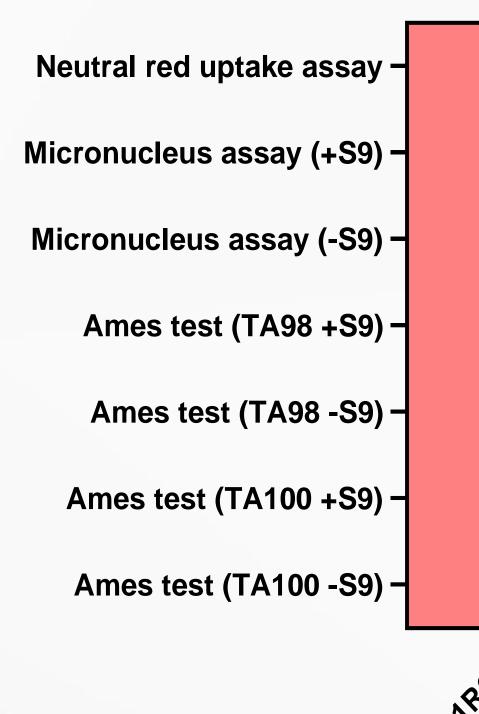
EEMGS AGM 24TH JUNE 2021

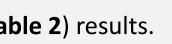


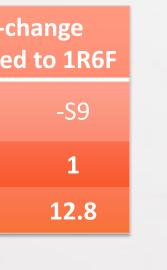


TobReg9









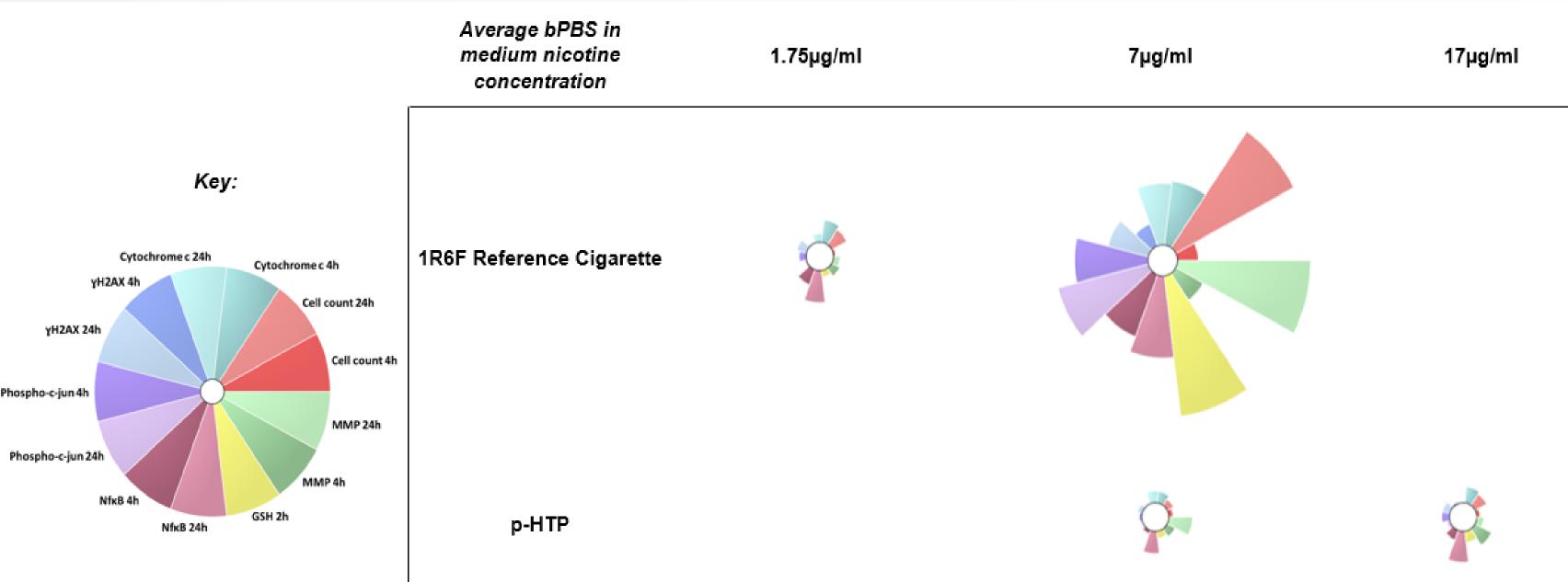


Figure 5: ToxPi visual plots of HCS data outputs at a low nicotine concentration (1.75µg/ml = 0.019puffs/ml for 1R6F), at an equivalent (7±0.3µg/ml = approx. 0.075puffs/ml for 1R6F and 0.18puffs/ml for the p-HTP) and a high nicotine concentration (17±0.9µg/ml = 0.45puffs/ml for the p-HTP). Plotted fold changes in responses (compared to the endpoints' respective background levels (set to 1-fold)) are scaled according to the maximum values observed for each endpoint (over both 4h and 24h) across all doses and samples tested (note, the highest fold responses (in either direction) were always induced by 1R6F). The key plot on the left indicates which slices correspond to which endpoint and timepoint.

MPERIAL BRANDS SCIENCE

Visit our Scientific Research website www.imperialbrandscience.com

