



SUN

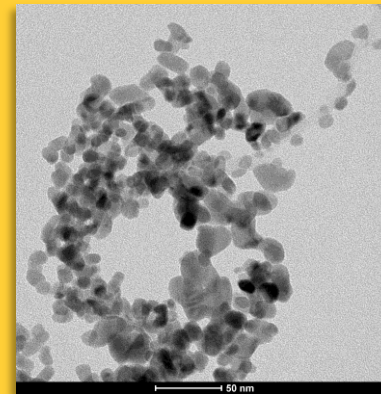
Sustainable Nanotechnologies Project



National Institute for Public Health
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Ministry of Health, Welfare and Sport

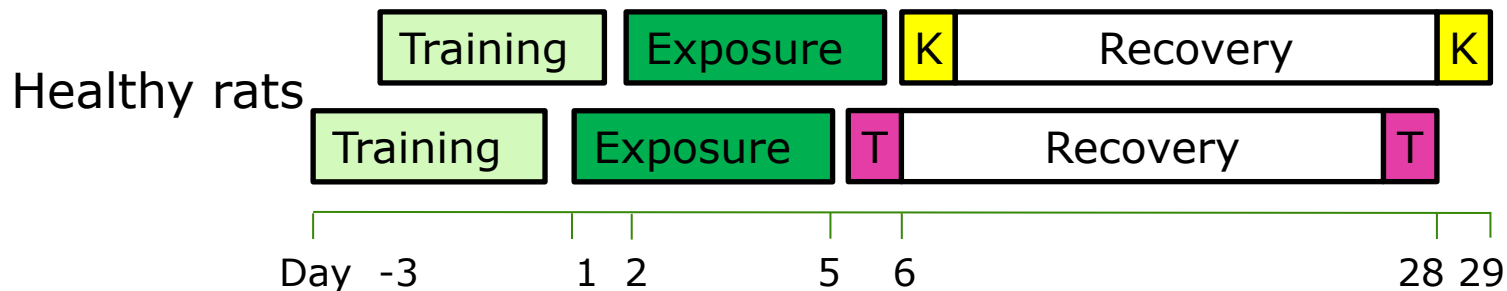
Pulmonary toxicity of surface modified copper oxide nanoparticles

Flemming R. Cassee





Short term inhalation study CuO



Training for adaptation to nose-only tubes

Exposure to CuO or filtered air during 5 days

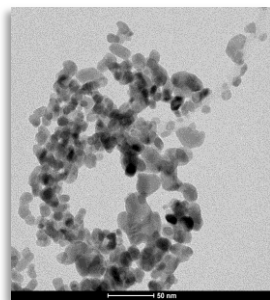
The dose is expressed as 6 h-concentration equivalents of 0, 0.6, 2.4, 3.3, 6.3, and 13.2 mg/m³

Recovery period of three weeks

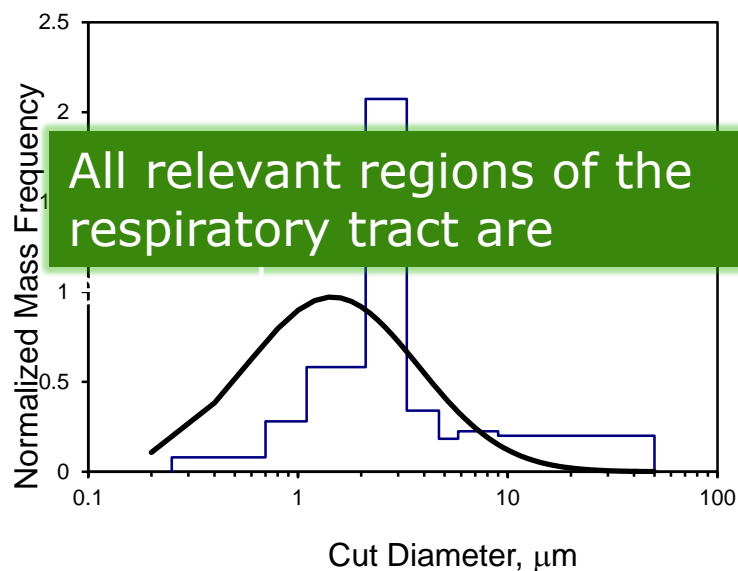
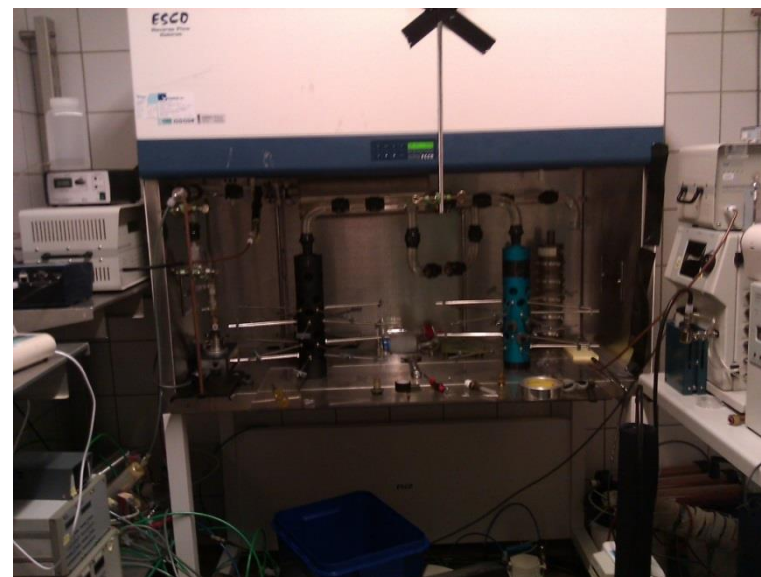
K is kinetic analysis

T is toxicological assessment

Nose-only inhalation CuO exposure



TEM CuO nanoparticles: 10 nm



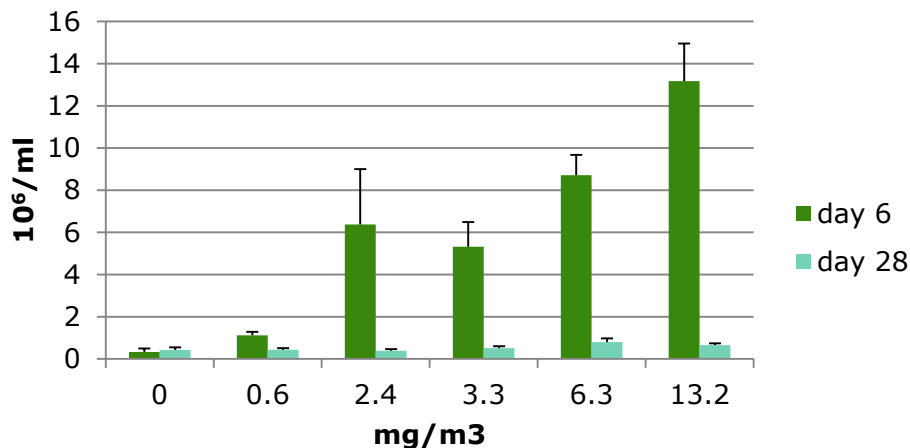
MMAD: 1.45 μm , GSD: 2.57 μm



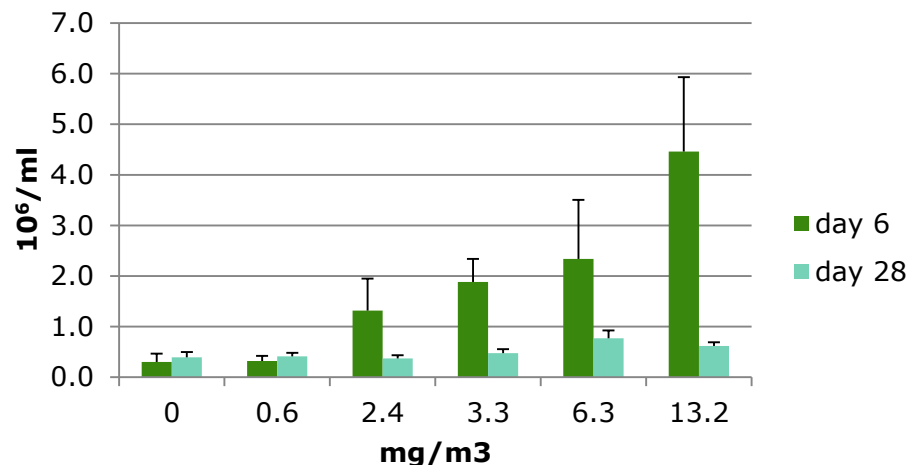


Lung inflammation and cell damage

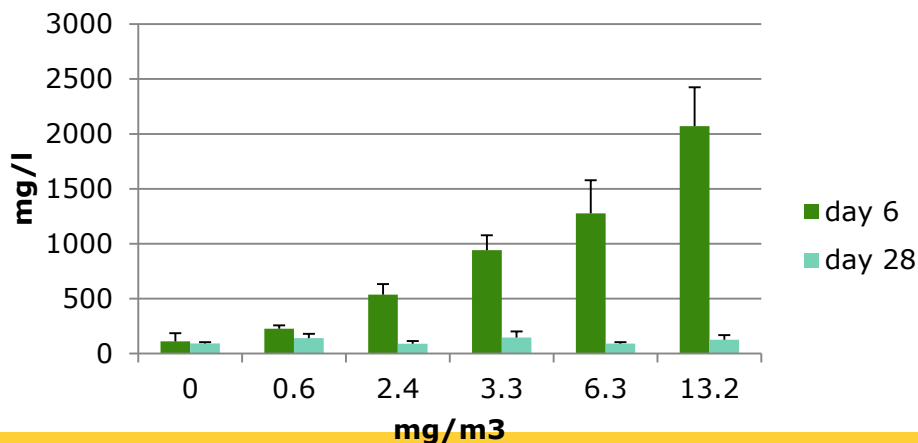
Total cell number BALF



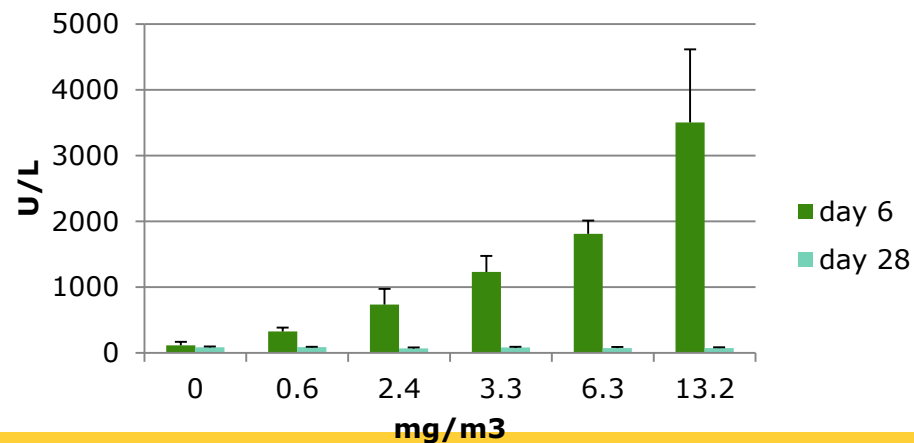
macrophages BALF



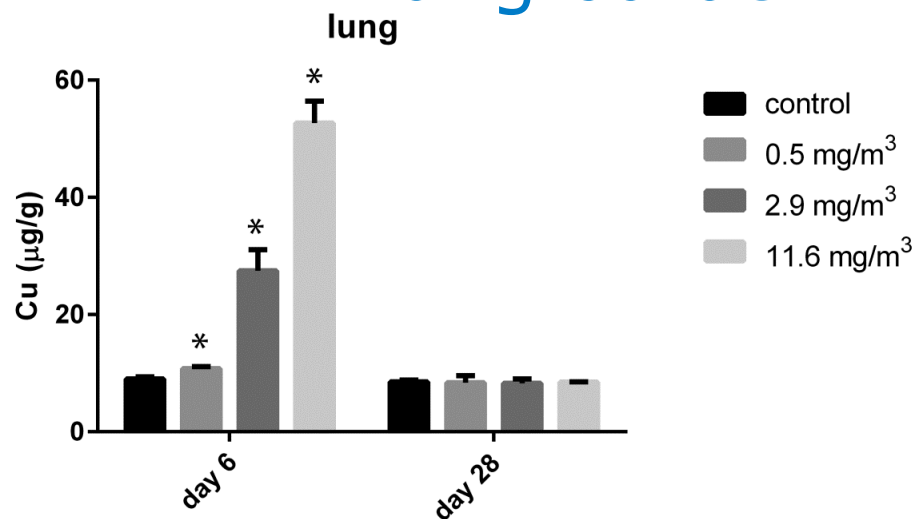
total protein



LDH

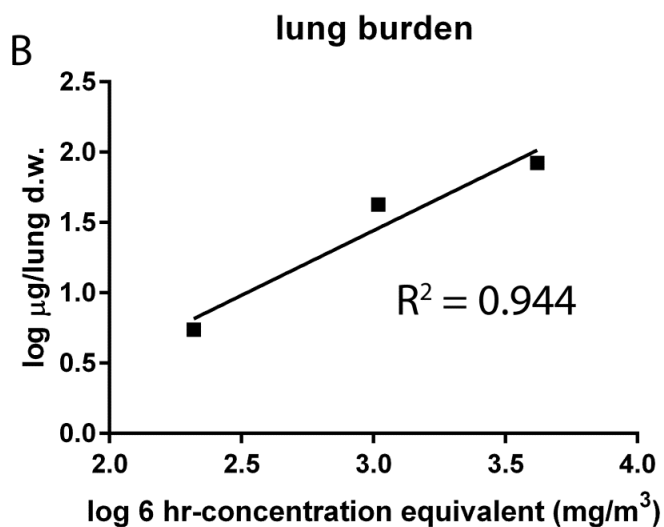


A Lung burden



Retained lung burden

Measured load: 0.085 mg (43% of modeled deposited dose including clearance at day 6)



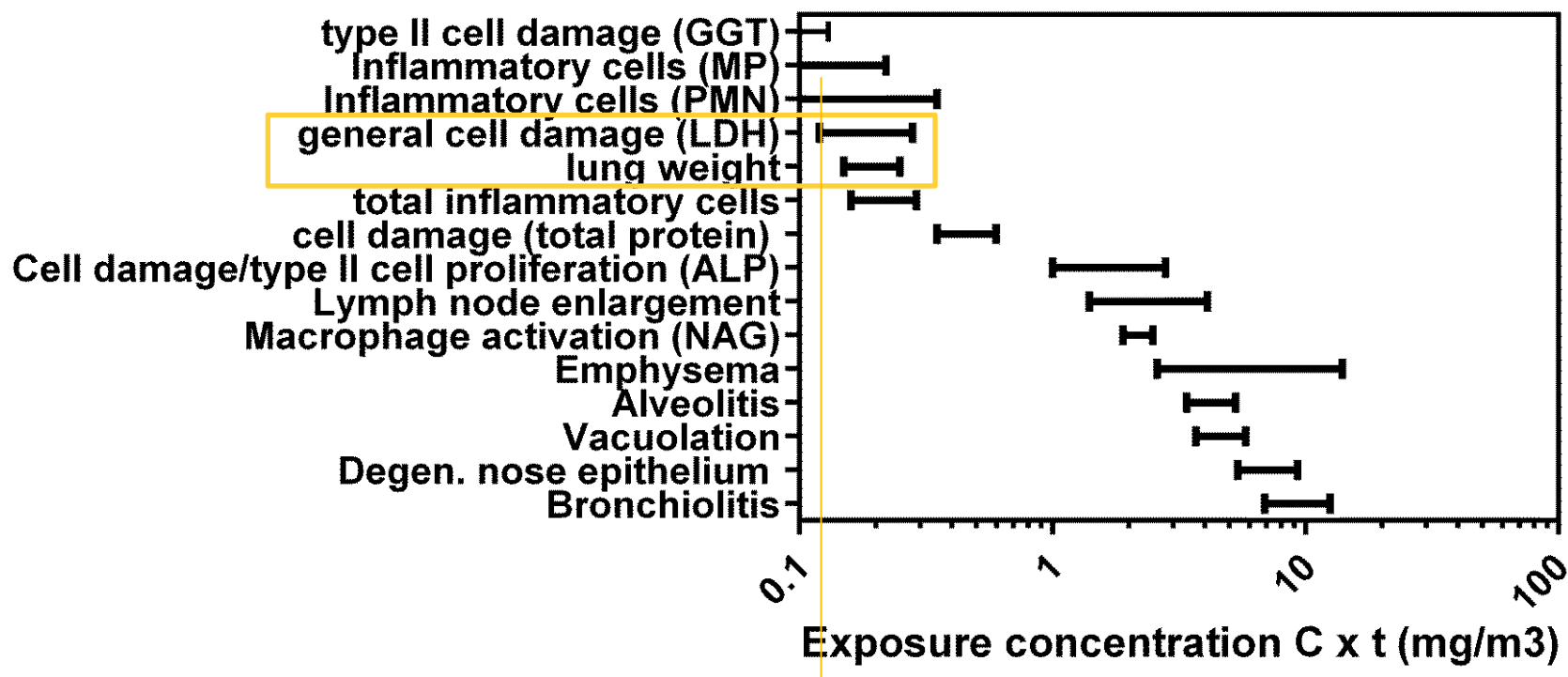
Linear relationship for measured lung burden

Clearance kinetics not similar as for poorly soluble particles

from Gosens et al. (2016) Nanotoxicology

Bench mark dose for risk assessment

dose needed to induce a certain effect



Cellular damage was completely reversible, while inflammatory response was not completely reversible 3-weeks post exposure



Summary pristine CuO

- Dose-dependent inflammatory response with cellular damage in the lung at day 6
- Linear increase in lung burden with increasing exposure at day 6 and no Cu levels above detection limit after the recovery period
- Although no Cu levels are detected at day 28, some remnants of inflammation present in lung
- Activation of draining lymph nodes as expected
- Degeneration of olfactory epithelium that completely recovers
- No inflammation or degeneration of other organs and no Cu levels detected in other organs.



Nanotoxicology

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ORIGINAL ARTICLE

Organ burden and pulmonary toxicity of nano-sized copper (II) oxide particles after short-term inhalation exposure

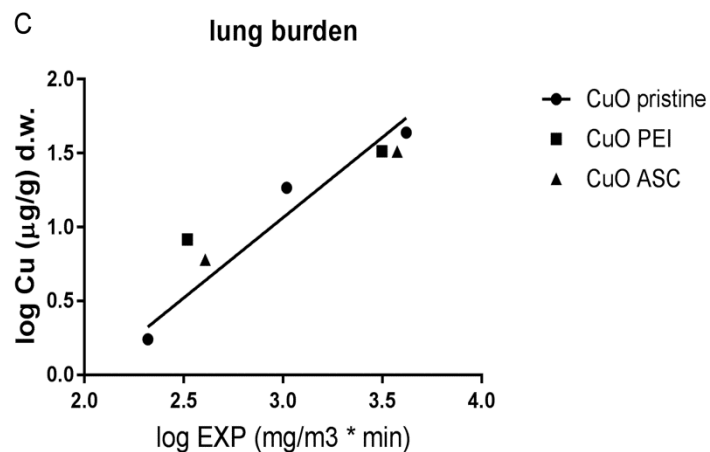
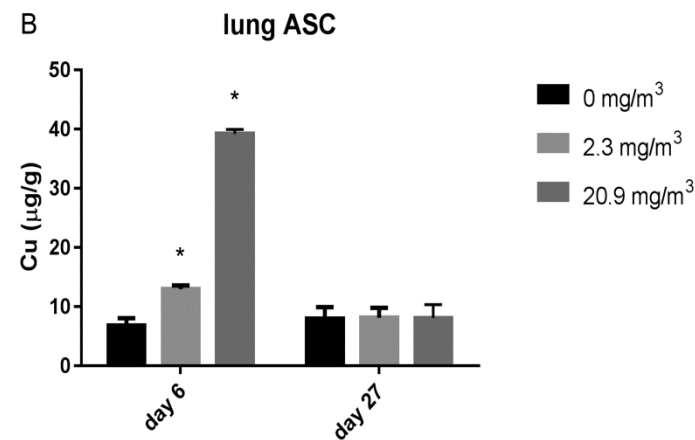
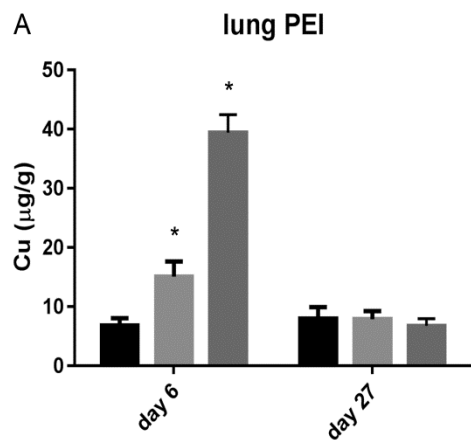
Ilse Gosens¹, Flemming R. Cassee^{1,2}, Michela Zanella³, Laura Manodori³, Andrea Brunelli⁴, Anna Luisa Costa⁵, Bas G. H. Bokkers¹, Wim H. de Jong¹, David Brown⁶, Danail Hristozov⁴, and Vicki Stone⁶



Can the toxicity of CuO NPs be decreased? (safer-by-design)

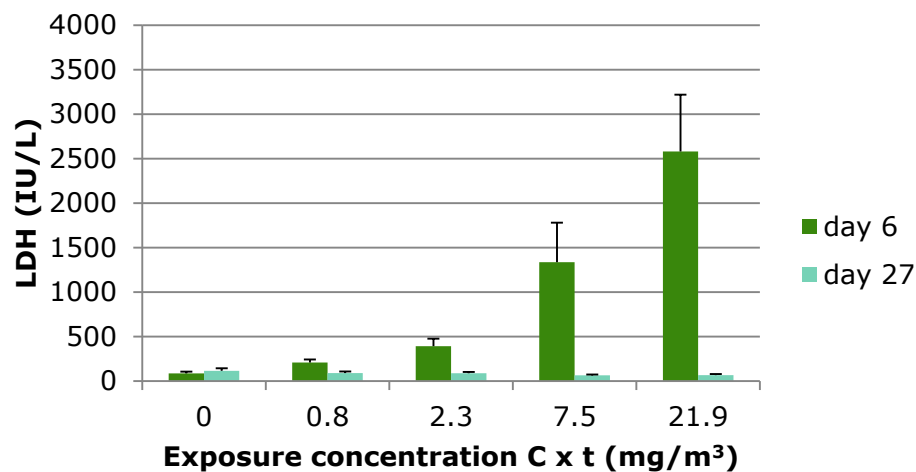
- Positively charged NPs have been shown to be more toxic compared to negatively charged NPs partly due to enhanced macrophage recognition (Bhattacharjee et al 2010).
- 10 nm CuO NPs were modified with either a polyethylenimine (PEI, positive charge) or ascorbate (ASC, negative charge) coating.
- Ascorbate might protect against free radicals that are generated during inflammatory reactions.
- We hypothesize that negatively charged CuO-ASC NPs contribute to a **safer design** by inducing less pulmonary toxicity compared to positively charged CuO-PEI NPs.

Lung burden – 5 day inhalation, 3 weeks recovery

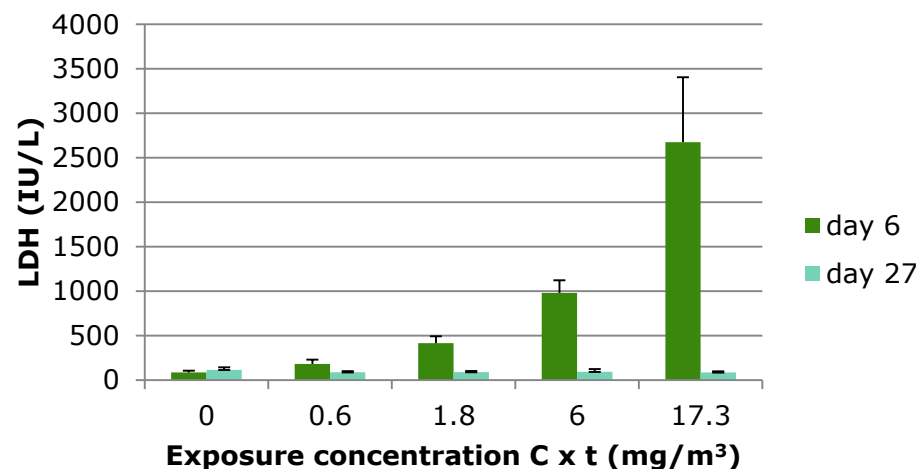


LDH release in lung

CuO-ASC

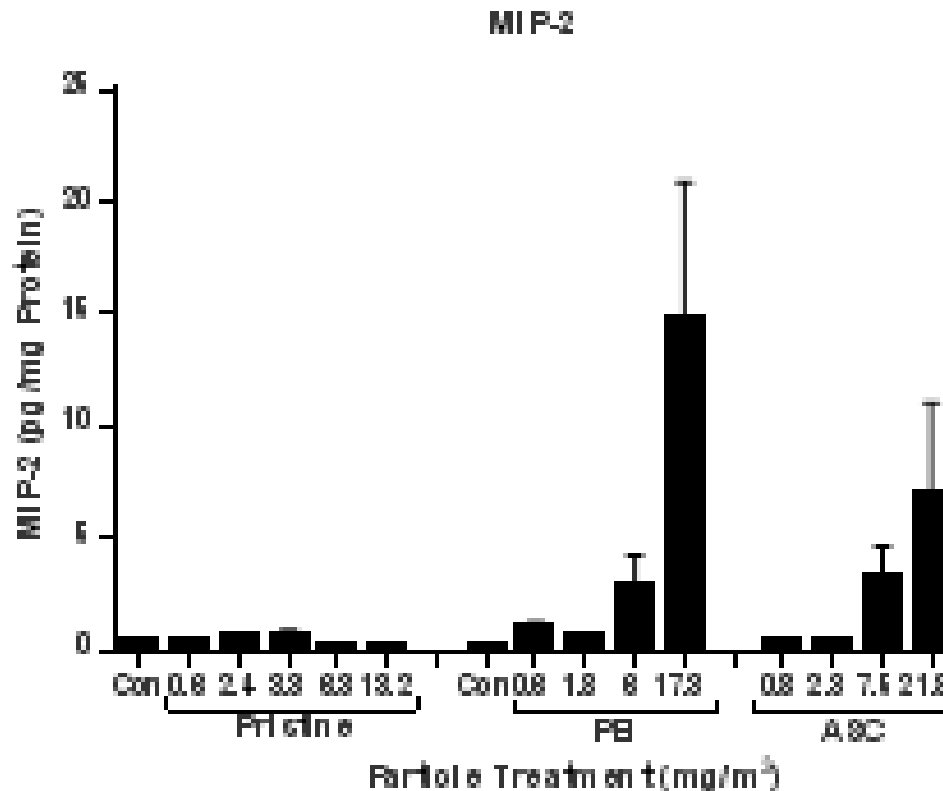


CuO-PEI



Levels return to baseline values 3-wk post-exposure

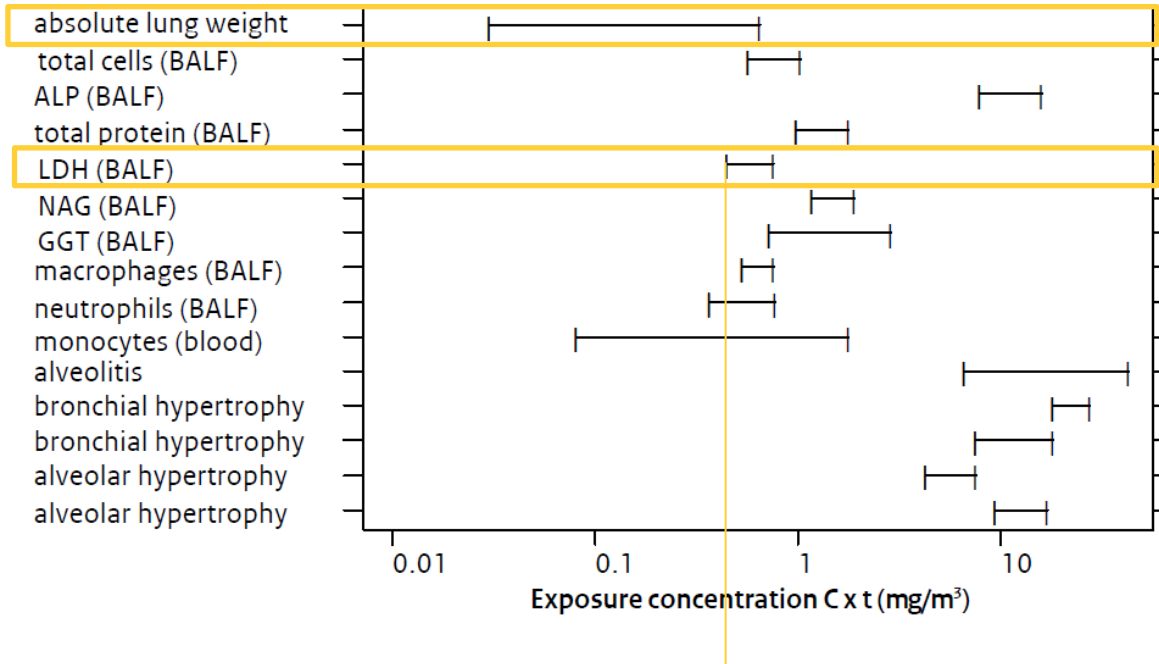
Comparing pristine and modified CuO



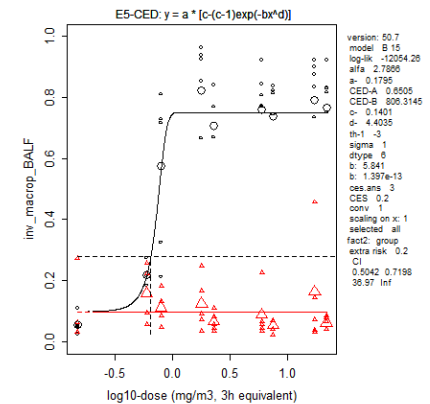
Modified seem slightly more potent inducing inflammation



Results modified CuO NPs



ASC and PEI
ASC and PEI
ASC and PEI
ASC and PEI
ASC and PEI
ASC and PEI
ASC and PEI
ASC and PEI
ASC and PEI
ASC and PEI
ASC and PEI
ASC and PEI
ASC
PEI
ASC
PEI



- Both positively charged and negatively charged CuO NPs lead to lung inflammation and cellular damage
- No differences were found after exposure to CuO-ASC and CuO-PEI except for histopathological markers bronchiolar and alveolar hypertrophy.



Conclusion modified CuO NPs

- In contrast to our hypothesis, the **ascorbate coating does not** protect against the pulmonary effects.
- Additional microarray analysis: might reveal a difference in pathway activation? → Karolinska – Bengt Fadeel and Health Canada – Sabina Halappanavar



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