

# Dermal Technology Laboratory Ltd

## EFSA Guidance on Dermal Absorption (2017) : “Industry View”

**Prof. Jon Heylings**  
Chairman, DTL Ltd  
Professor of Toxicology  
Keele University, UK



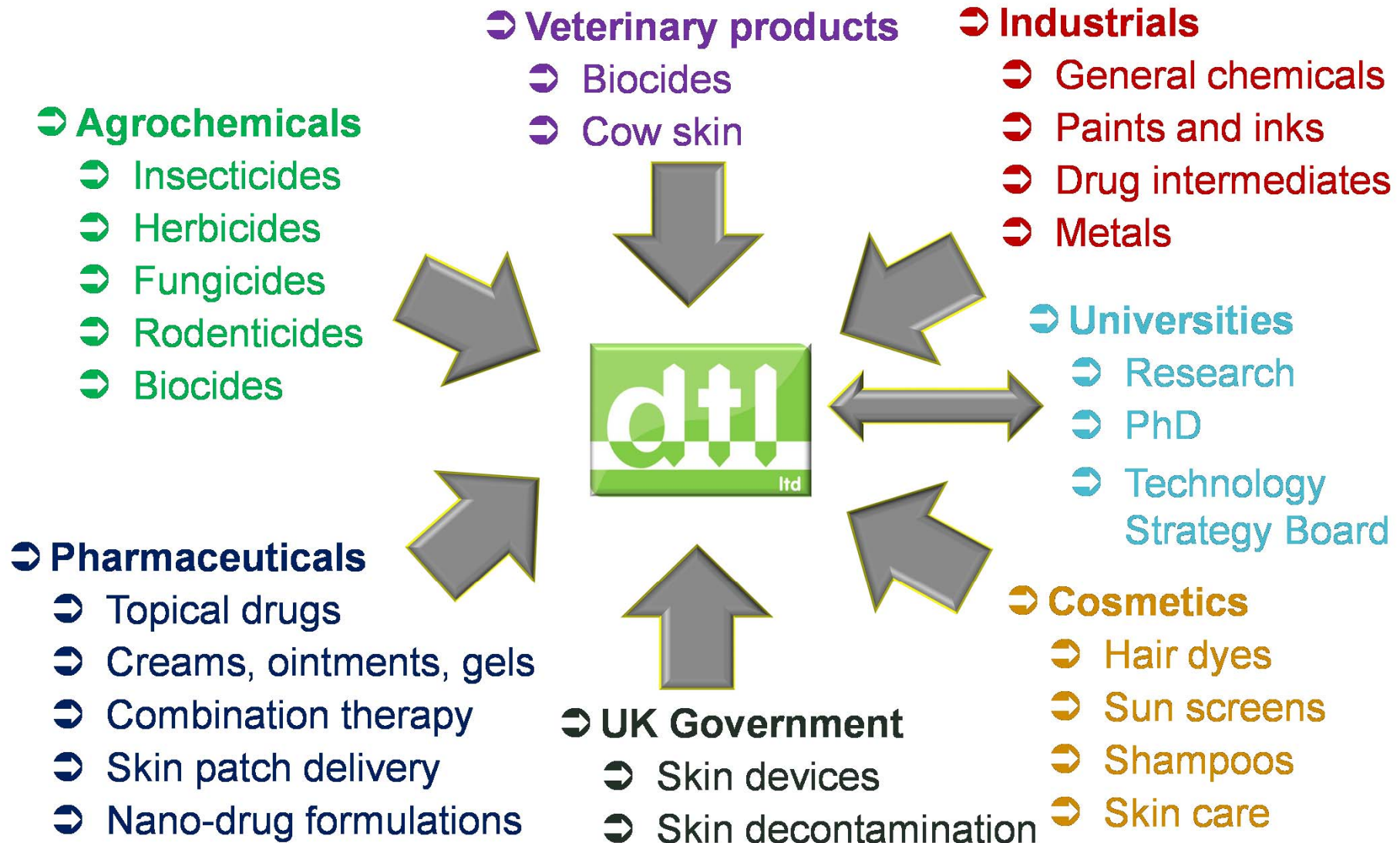
THE QUEEN'S AWARDS  
FOR ENTERPRISE:  
INTERNATIONAL TRADE  
2016

# History

DTL is an independent company established in 2007. We specialise in OECD 428 studies and are based at Keele University Science Park in the United Kingdom



# Industries utilising OECD 428 In Vitro Dermal Absorption Studies



# OECD Test Guidelines for DA



ECVAM Workshop on “Methods for Assessing Percutaneous Absorption” at Ispra, Italy in 1994 agreed that an *in vitro* approach was sufficiently “validated” and could be used as part of the risk assessment process for chemical products



**(Industry member of the OECD Expert Group established in 1999)**

**OECD Guideline 427: Skin Absorption: *In Vivo* Method (2004)**

**OECD Guideline 428: Skin Absorption: *In Vitro* Method (2004)**

**OECD Guidance Document No. 28 (2004)**

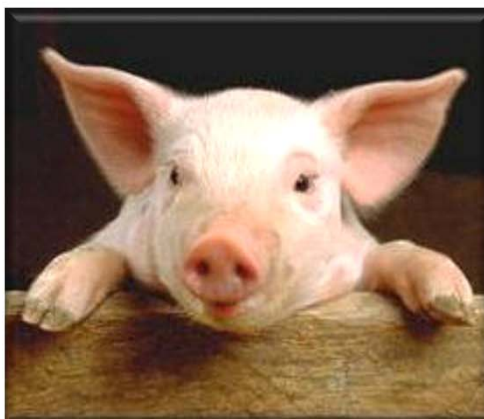
**OECD Guidance Notes on Dermal Absorption No.156 (2011)**

# Which Species?

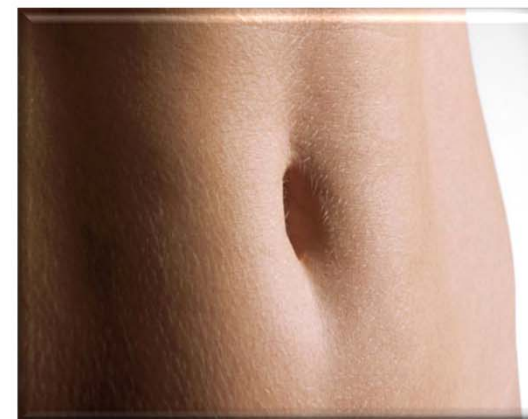
Rat



Pig



Human



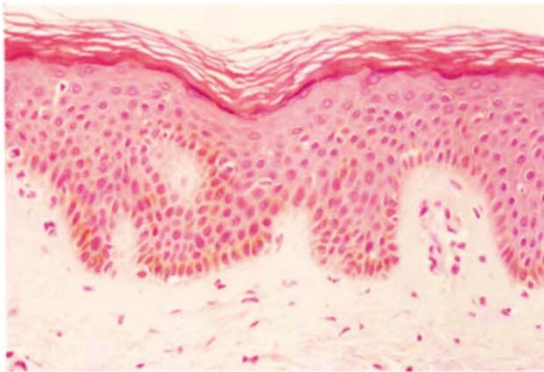
WHO (World Health Organisation), 2006. Dermal Absorption. Environmental Health Criteria **235**. International Programme on Chemical Safety, Geneva.

WHO/IPCS 2006: Recommendation No 1. : *“Human skin in vitro and in vivo should be universally recognised as the gold standard in dermal absorption risk assessment.”*

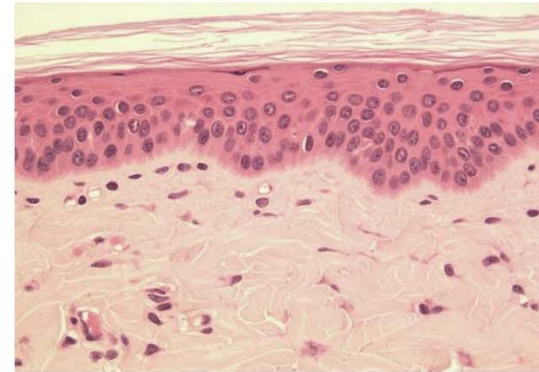


# Skin Morphology

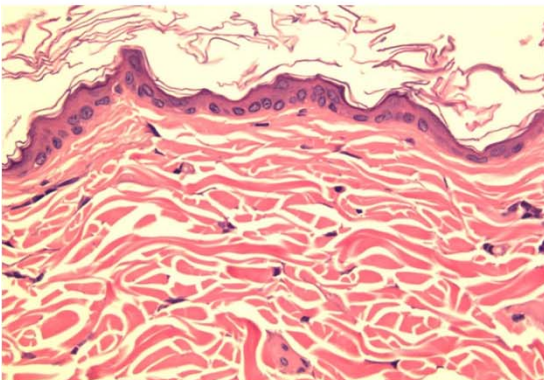
Human



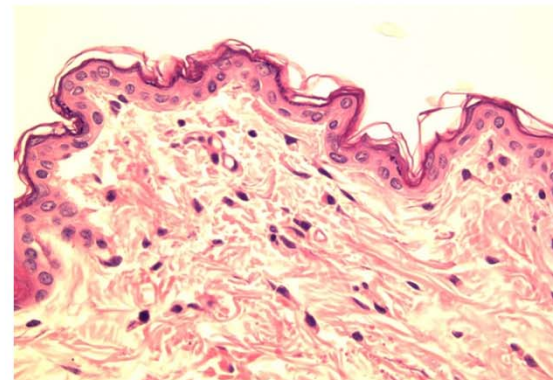
Pig



Rat



Rabbit

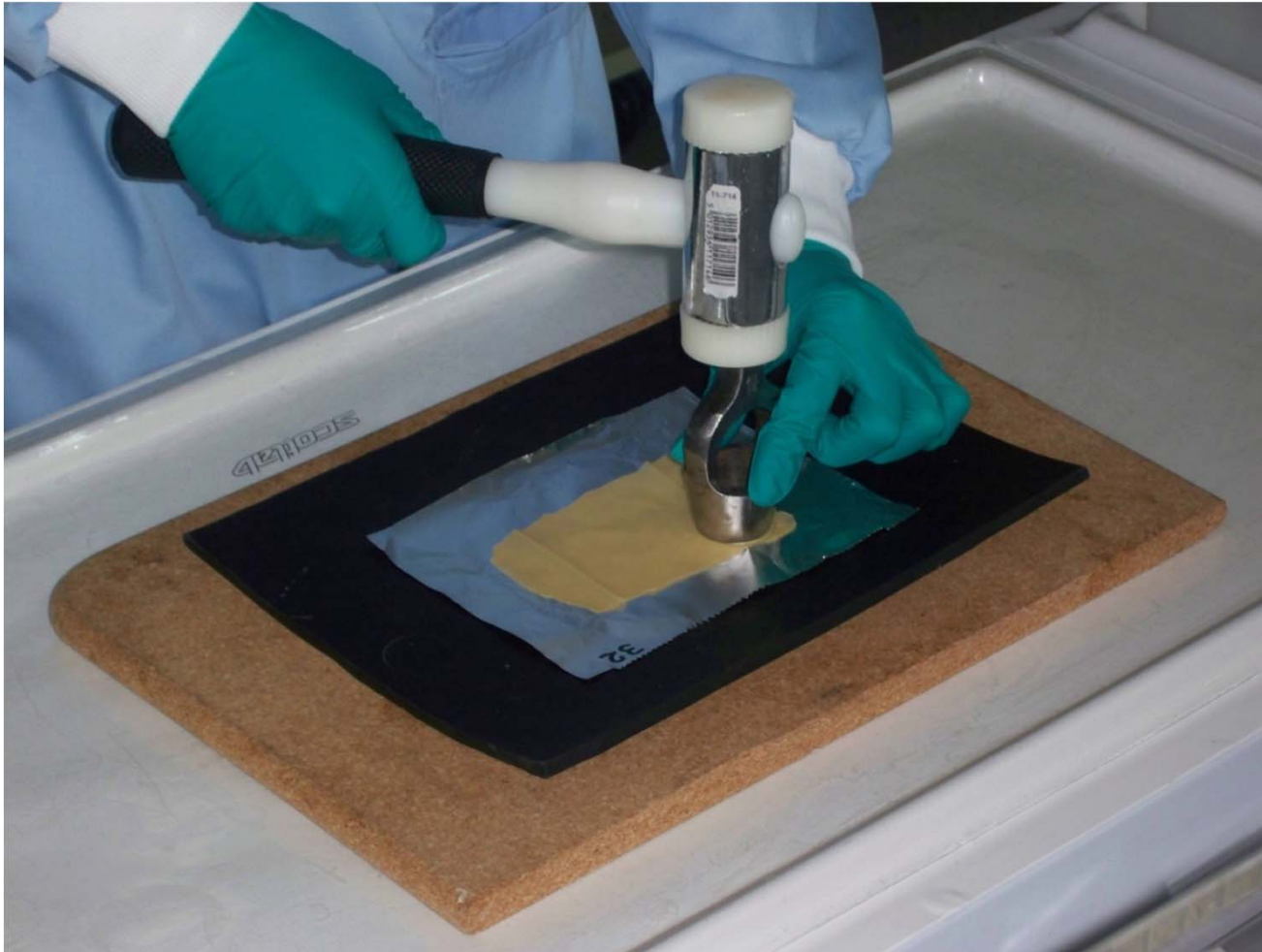




# Technical Issues

- Several key technical aspects on the conduct of studies could have been included in the 2017 EFSA Guidance
- They may be viewed as OECD revision issues but have major impact on the performance and variability of DA data
- Methodological issues including skin quality, skin integrity, characterisation of the test material all feed into the quality and reproducibility of the results
- This “variability” in DA data has led to overly conservative approaches being used in the Risk Assessment

# Skin Quality and Preparation



Zimmer Dermatome







# EFSA Dermal Absorption Guidance 2017



EFSA (European Food Safety Authority), Buist *et al.* 2017.  
Guidance on Dermal Absorption. EFSA Journal  
2017;15(6):4873, 60 pp.

## Section 4: Elements of a study design and reporting that reduce experimental variation and aid consistent interpretation

*“Integrity of skin used in vitro **should** be determined prior to application of the test substance and should be documented...”*

*Any membrane with unacceptable integrity **should** be replaced prior to application. Post-dosing evaluation of integrity and subsequent exclusion of results obtained with skin having insufficient integrity is **not recommended**”.*

# OECD 428: Skin Integrity Assessment

*Davies DJ, Ward RJ and Heylings JR (2004) Toxicology in Vitro 18, 351-358*



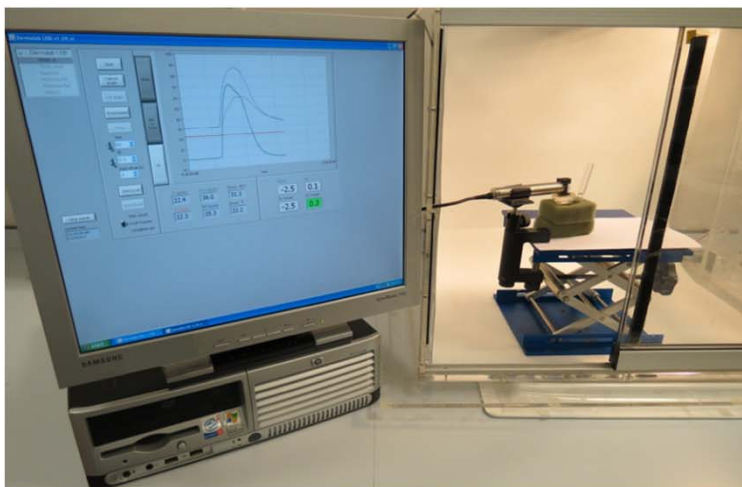
## Electrical Resistance (ER)



## Tritiated Water Flux (TWF)

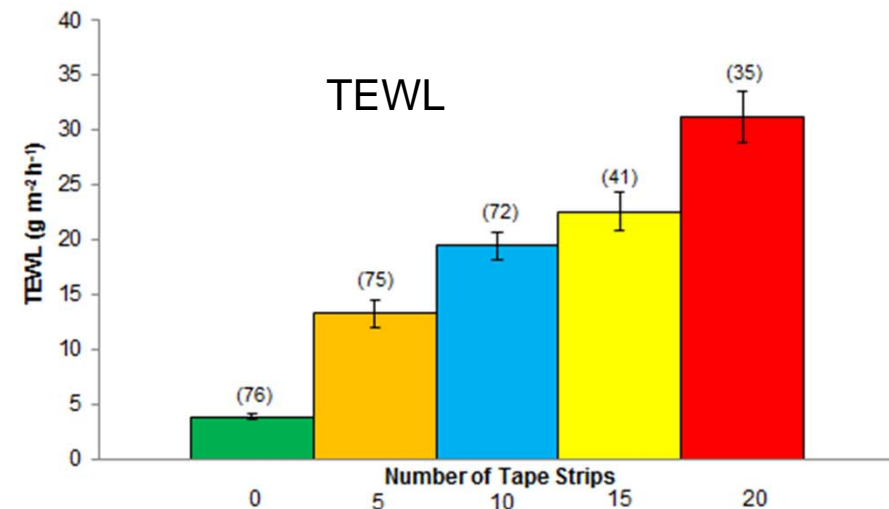
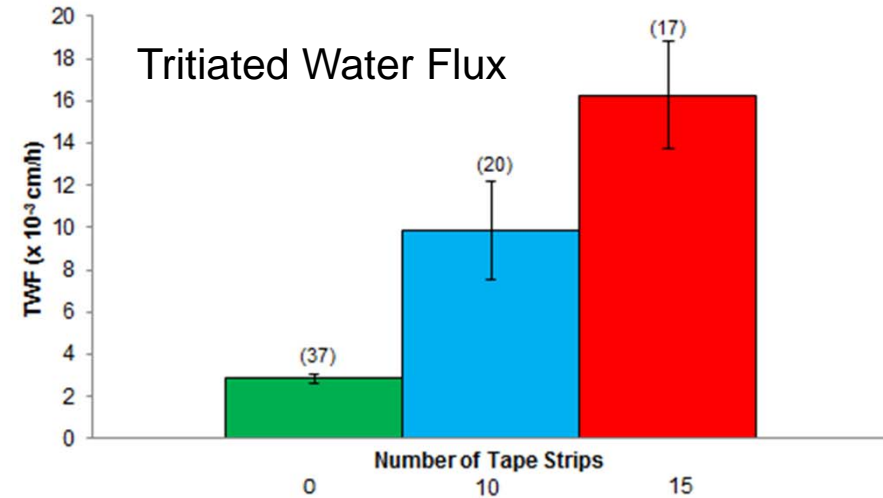
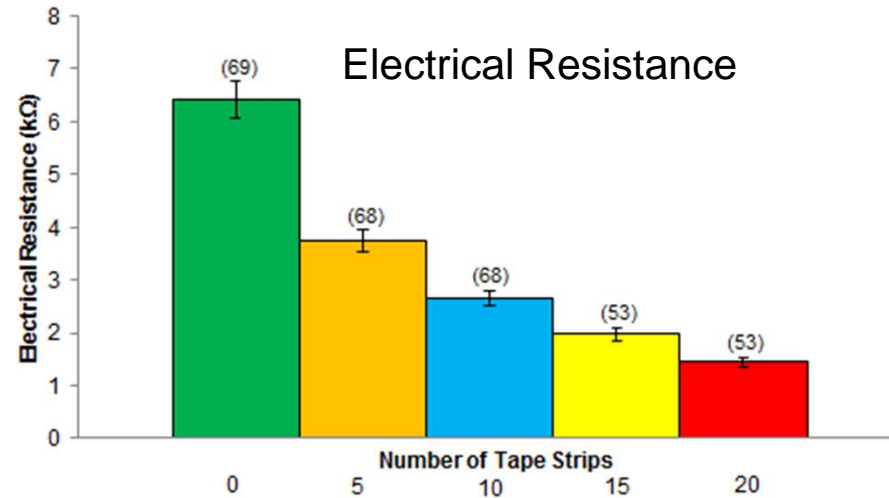


## Trans Epidermal Water Loss (TEWL)



**DTL's Franz Static Diffusion Cell**

# Sensitivity of 3 integrity tests to tape stripping of the *stratum corneum*



Davies DJ, Heylings JR, Correa M and McCarthy TJ. Toxicology In Vitro 29, 176-181, 2015.



# SCCS Dermal Absorption Guidance 2010



**Scientific Committee on Consumer Safety (SCCS): Basic criteria for the *in vitro* assessment of dermal absorption of cosmetic ingredients. SCCS/1358/10.**

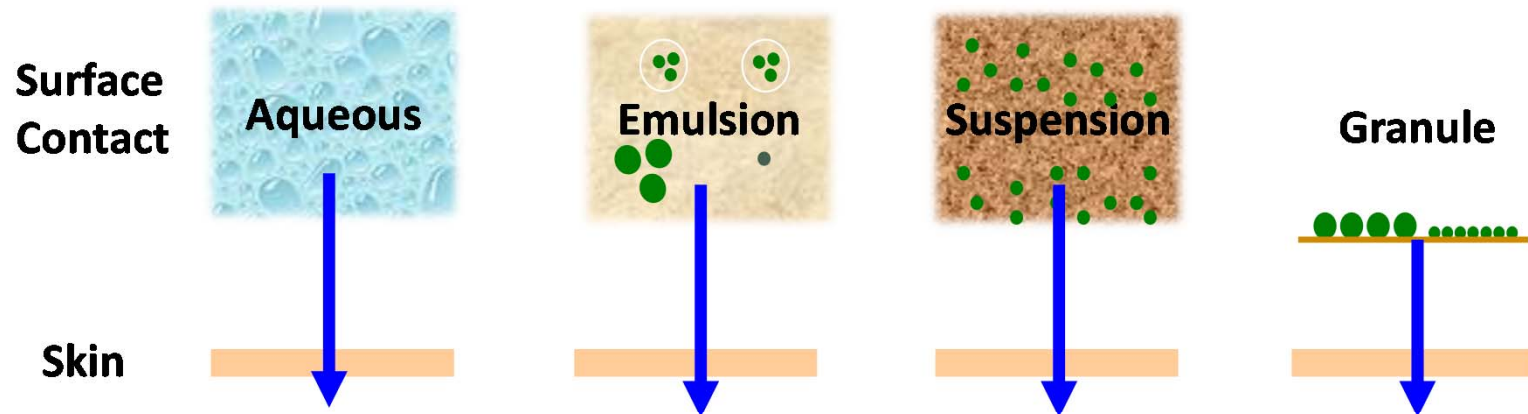
## Section 4.4 : Skin Integrity

*“Barrier integrity is crucial for the experiment, and **must** therefore be measured. This is achieved by either measuring the penetration of a marker molecule e.g. tritiated water, caffeine or sucrose, or by physical methods, such as determination of TEWL (Transepidermal Water Loss) or TER (Transcutaneous Electrical Resistance). Data obtained should be reported.”*



# Dose Preparation and Application to the Skin

Full characterisation of the Active in the Formulation concentrate and each Spray Dilution



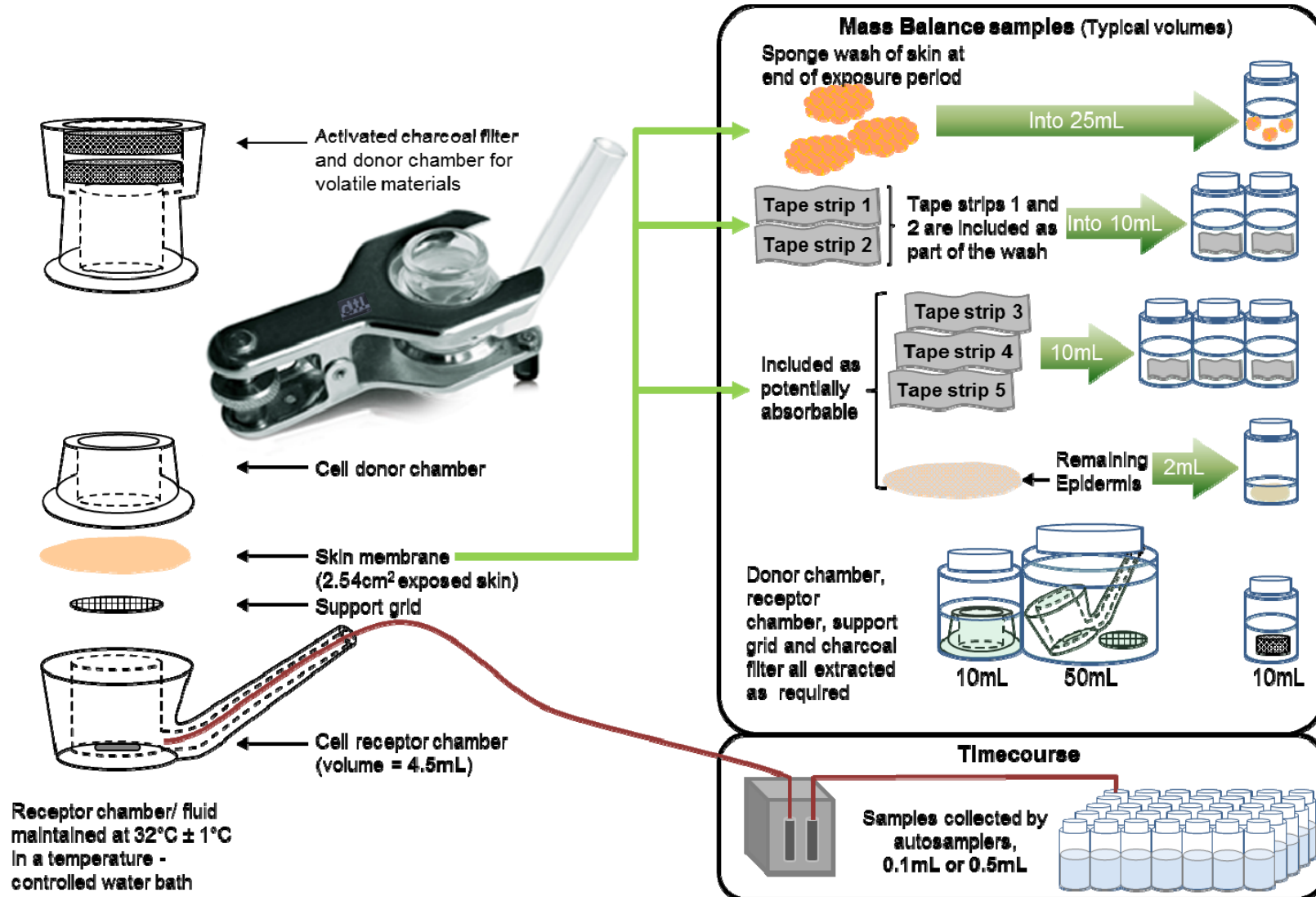
Solubility in RF below 10% Saturation

Receptor / Blood

**Absorption Rate ( $\mu\text{g}/\text{cm}^2/\text{h}$ )**  
**Profile of Absorption (lag phase)**  
**Absorbed Dose (typical exposure)**

# DTL Static Franz Diffusion Cells

High signal : noise ratio



# Dermal Absorption Profiles

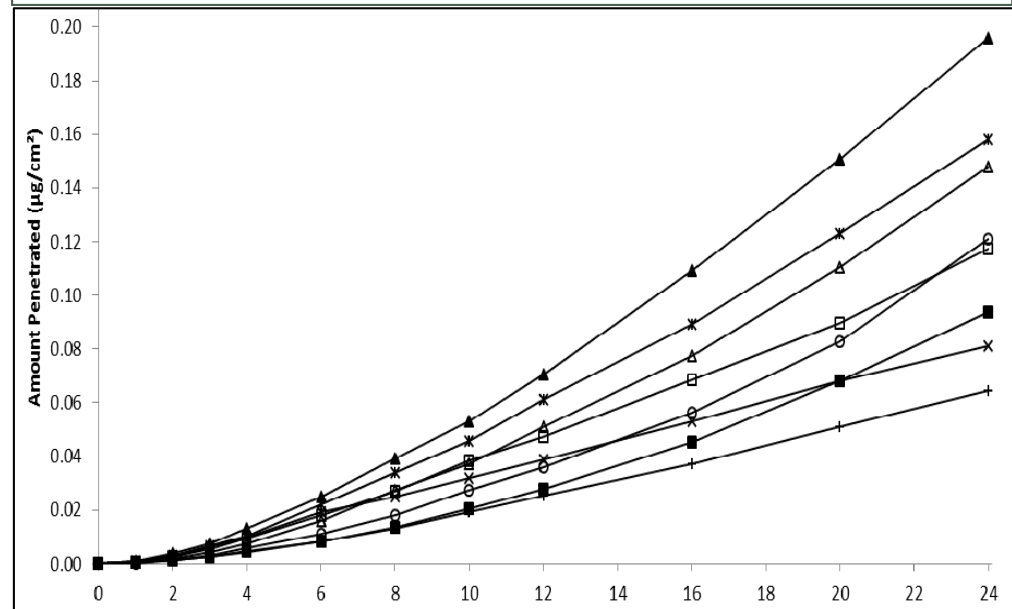
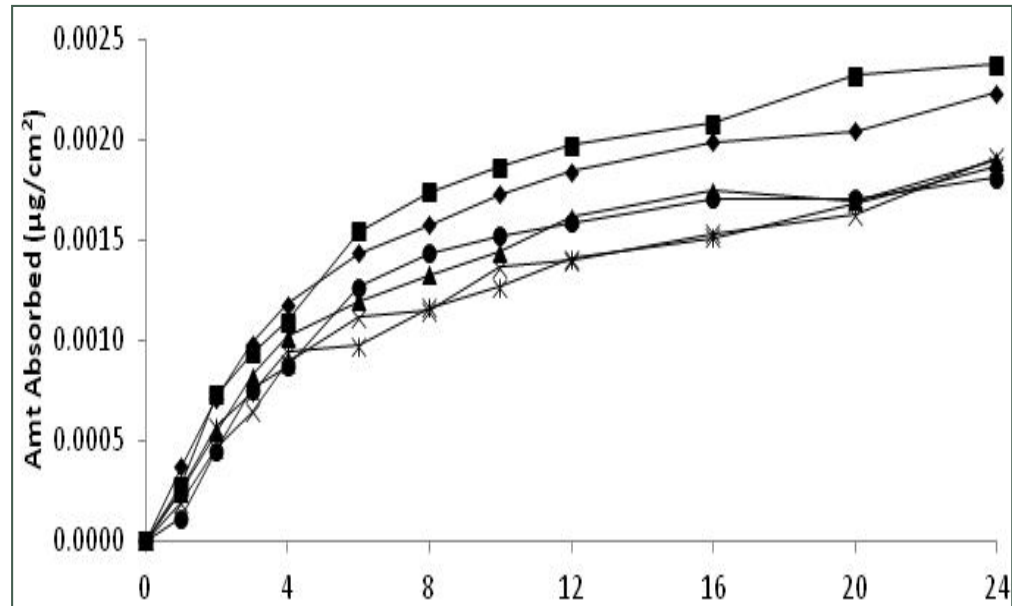
## EFSA 2-strip rule

Exclude all tape strips from Absorbed Dose



## EFSA 2-strip rule

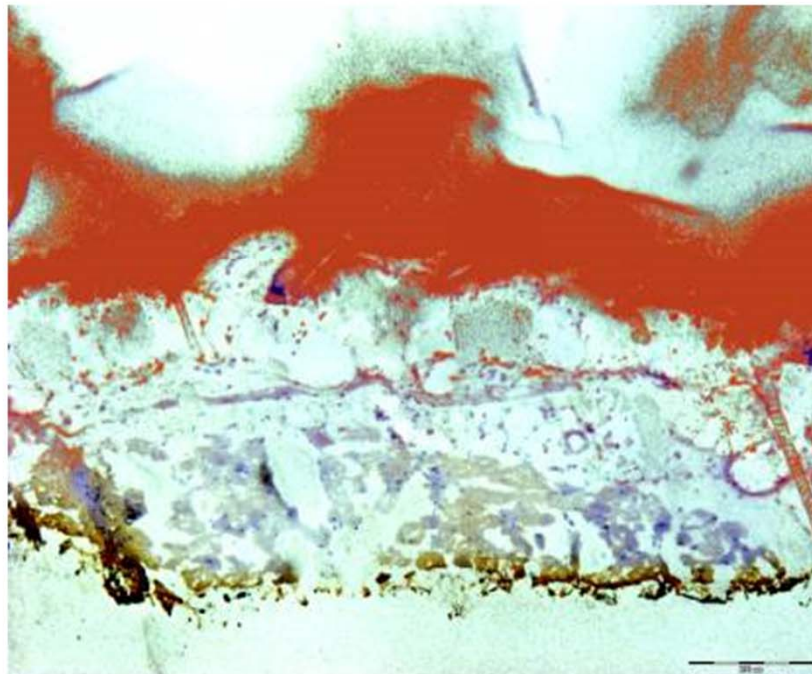
Exclude first 2 strips from Absorbed Dose



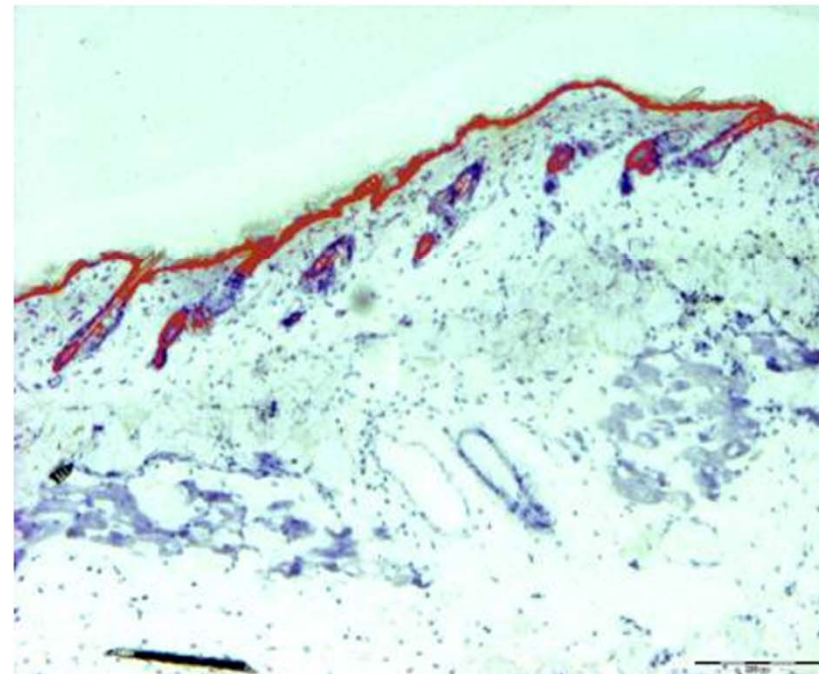


# Decontamination of the skin surface

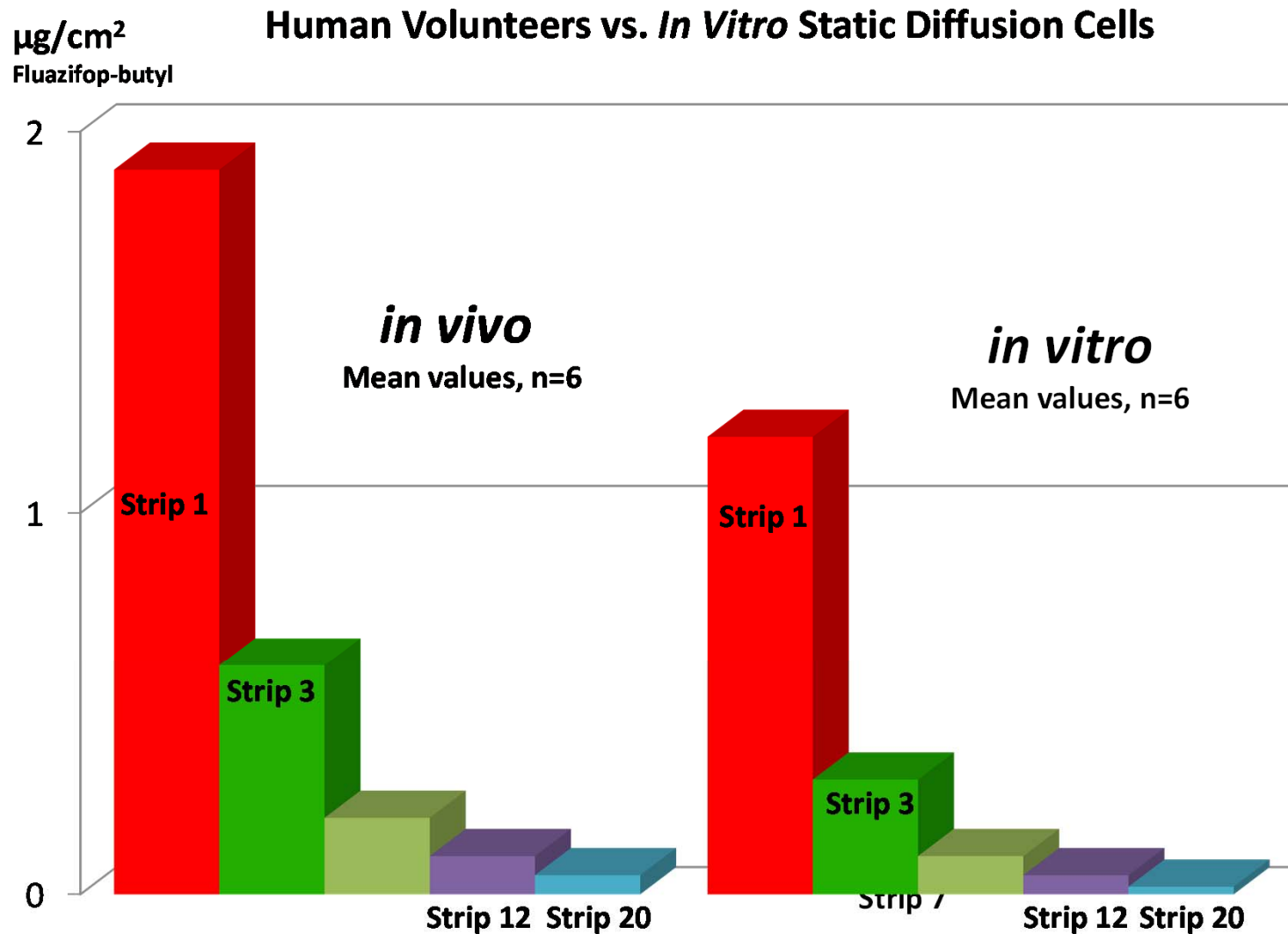
**24 h exposure: unwashed skin**



**24 h exposure: following soap wash**



# OECD 428: Tape Stripping Procedure



Trebilcock K L, Heylings J R and Wilks M F (1994). *In vitro* tape stripping as a model for *in vivo* skin stripping. *Toxicology In Vitro* 8, 665-667. Now included in EFSA 2017

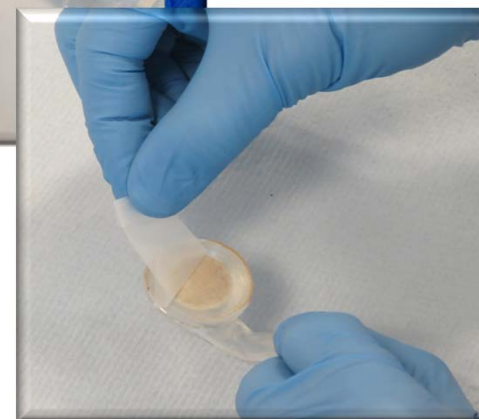
# Mass Balance Recovery

Mass balance to account for > 95% of the dose applied (EFSA 2017) or missing fraction assumed absorbed. **This is overly conservative and often compound-dependent. SCCS permit 85-115% mass balance**

Working day exposure, but decontamination may be earlier and dependent on in-use scenario. **More 8h exposures required in 2017. Mainly 6h in previous years**

Five/Six compartments measured

- Donor chamber (<1%),
- Skin surface washing (80%),
- Tape stripped *stratum corneum* (10%),
- **Remaining skin (5%),**
- **Receptor chamber (5%).**



# Mass Balance Distribution

Test Compartment	Compound A		Compound B	
	%	SD	%	SD
Skin wash – 8 hours	94.2	3.15	75.4	10.7
Skin wash – 24 hours	1.34	1.26	5.51	4.44
Tape strips 1-15	0.16	0.07	0.23	0.17
(Epidermis)	0.41	0.43	0.87	0.65
Dermis	0.32	0.30	1.94	1.35
Receptor fluid	2.45	2.05	13.7	5.09
Total Recovered	99.0	0.65	97.9	1.58

SD > 25% of the mean - variability issue amended in the 2017 EFSA Guidance to a multiplication factor (k) based on number of replicates

# Final Comments



We need a revision of OECD 428 to deal with the key technical issues in the EFSA Guidance Document. This will...

- Reduce variability of DA data within a Laboratory
- Improve consistency across different Laboratories
- Provide more reliable absorption values in the Risk Assessment, without being overly-conservative
- Allow us to focus on human skin as a predictor of human absorption and move away from the rat