

# Topical Scientific Workshop on Regulatory Challenges in Risk Assessment of Nanomaterials

October 23-24, 2014

Helsinki, Finland

*Topic 3: Metrology and dose metrics for hazard and  
exposure assessment throughout the life cycle*

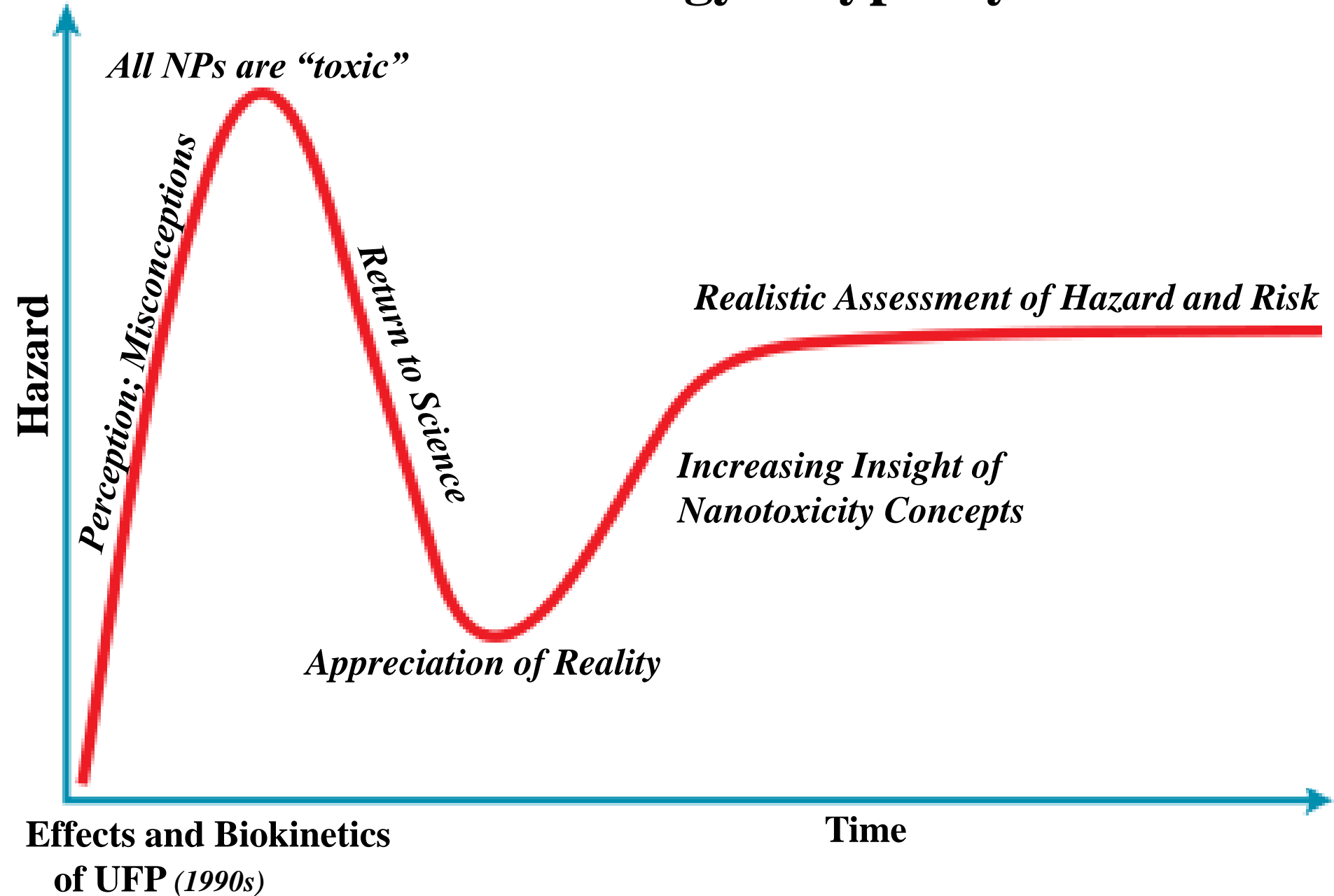
## *Concepts of Nanoparticle Toxicology, Dosimetry and Risk Assessment*

Günter Oberdörster  
University of Rochester, NY

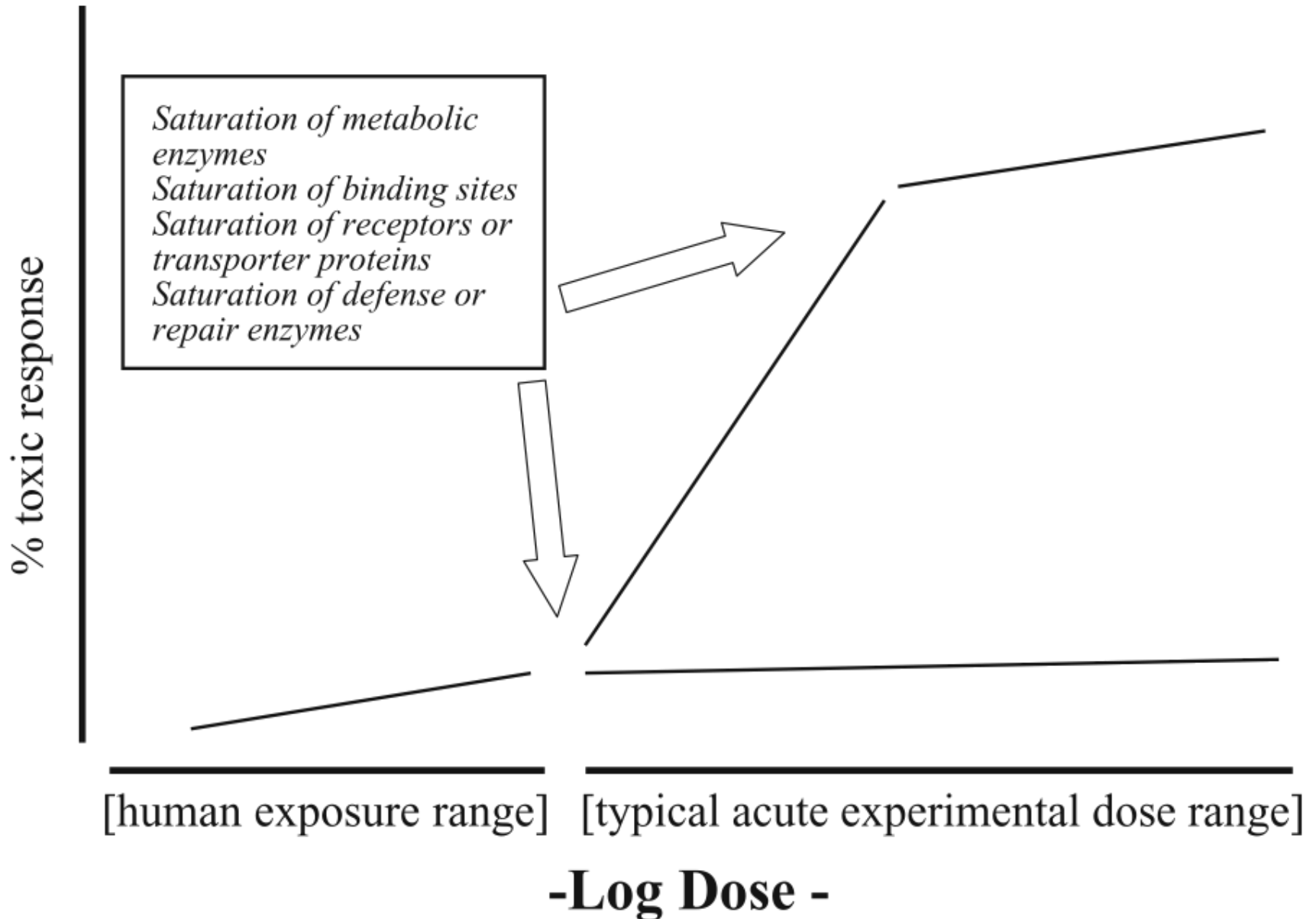
**Concepts to be addressed:**

- *Key parameters of nanomaterials affecting hazard properties as basis for testing and for using metrics*
- *Mode of action and choice of dosemetrics*
- *Approach involving dosimetry and dosemetrics for regulatory hazard and risk characterization*

# Nanotoxicology - Hype Cycle



# Conceptual Depiction of Factors for Considering Dose-dependent Transitions in Determinants of Toxicity





## Time-dependent translocation and potential impairment on central nervous system by intranasally instilled TiO<sub>2</sub> nanoparticles

Jiangxue Wang<sup>a,b</sup>, Ying Liu<sup>a,b</sup>, Fang Jiao<sup>a,b</sup>, Fang Lao<sup>a,b</sup>, Wei Li<sup>a,b</sup>, Yiqun Gu<sup>c</sup>, Yufeng Li<sup>a,b</sup>, Cuicui Ge<sup>a,b</sup>, Guoqiang Zhou<sup>a,b</sup>, Bai Li<sup>a,b</sup>, Yuliang Zhao<sup>a,b,\*</sup>, Zhifang Chai<sup>a,b</sup>, Chunying Chen<sup>a,b,\*\*</sup>

<sup>a</sup> Laboratory for Bio-Environmental Effects of Nanomaterials and Nanosafety and Key Lab of Nuclear Analytical Techniques, Institute of High Energy Physics

Chinese Academy of Sciences  
<sup>b</sup> National Center for Nanoscience and Technology  
<sup>c</sup> Maternity Hospital

Nanoparticles can be administered via nasal, oral, intraocular, intratracheal (pulmonary toxicity), tail vein and other routes. Here, we focus on the time-dependent translocation and potential damage of TiO<sub>2</sub> nanoparticles on central nervous system (CNS) through intranasal instillation. Size and structural properties are important to assess biological effects of TiO<sub>2</sub> nanoparticles. In present study, female mice were intranasally instilled with two types of well-characterized TiO<sub>2</sub> nanoparticles (i.e. 80 nm, rutile and 155 nm, anatase; purity > 99%) every other day. Pure water instilled mice were served as controls. The brain tissues were collected and evaluated for accumulation and distribution of TiO<sub>2</sub>, histopathology, oxidative stress, and inflammatory markers at post-instillation time points of 2, 10, 20 and 30 days. The titanium contents in the sub-brain regions including olfactory bulb, cerebral cortex, hippocampus, and cerebellum were determined by inductively coupled plasma mass spectrometry (ICP-MS). Results indicated that the instilled TiO<sub>2</sub> directly entered the brain through olfactory bulb in the whole exposure period, especially deposited in the hippocampus region. After exposure for 30 days, the pathological changes were observed in the hippocampus and olfactory bulb using Nissl staining and transmission electron microscope. The oxidative damage expressed as lipid peroxidation increased significantly, in particular in the exposed group of anatase TiO<sub>2</sub> particles at 30 days postexposure. Exposure to anatase TiO<sub>2</sub> particles also produced



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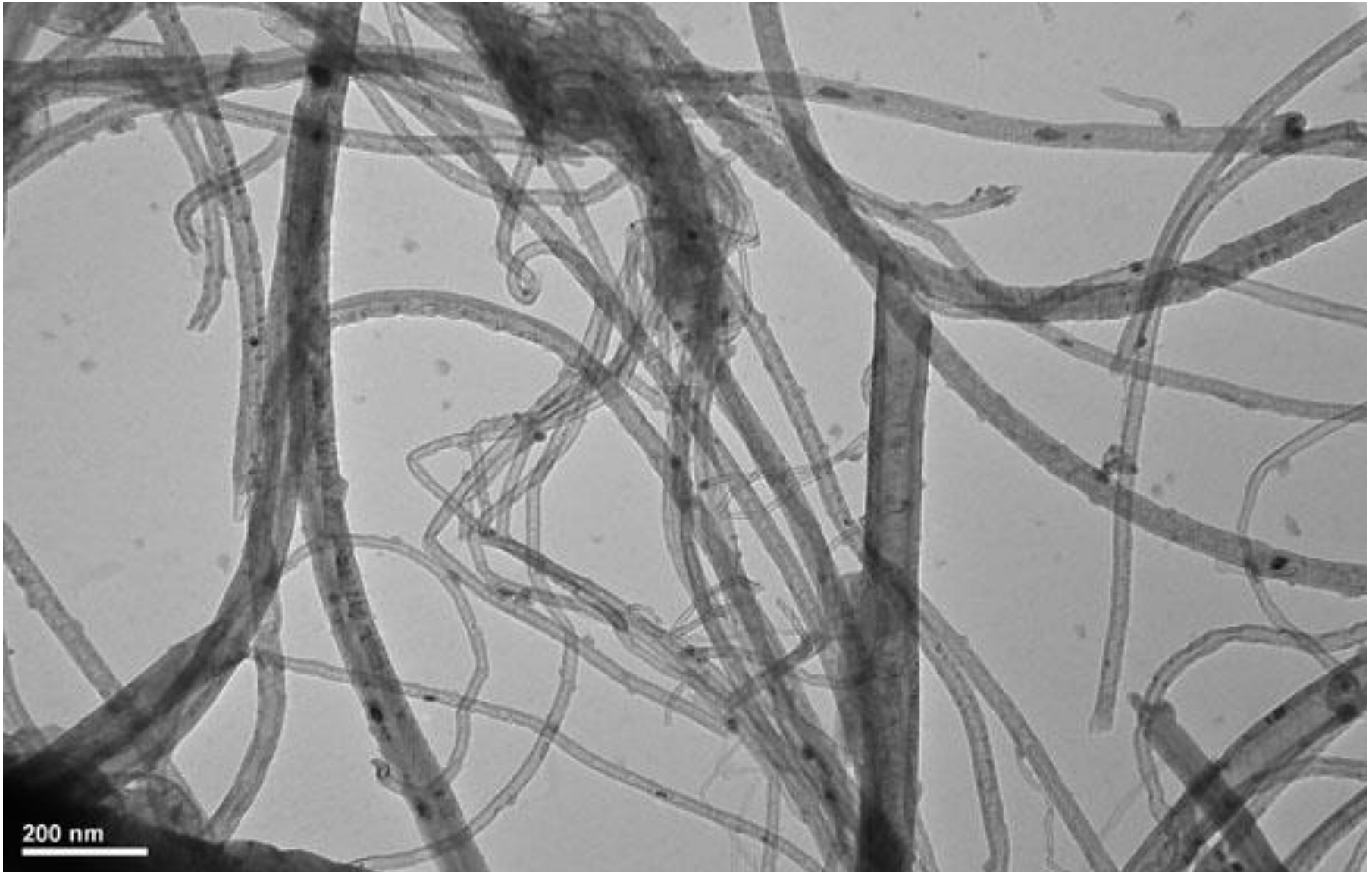
***Nano TiO<sub>2</sub> repeated bolus instillation into mouse:  
 7.5 mg into mouse = 17.5 grams into human nose!***

deposited in the hippocampus region. After exposure for 30 days, the pathological changes were observed in the hippocampus and olfactory bulb using Nissl staining and transmission electron microscope. The oxidative damage expressed as lipid peroxidation increased significantly, in particular in the exposed group of anatase TiO<sub>2</sub> particles at 30 days postexposure. Exposure to anatase TiO<sub>2</sub> particles also produced



17.5 g TiO<sub>2</sub> (P25)

# DPPC/Alb-Dispersed MITSUI Multiwalled Carbon Nanotubes (MWCNTs)





# **Bolus Dosing of MWCNT: Granulomat. Inflamm. and Mesothelioma = Asbestos like?**

**Induction of mesothelioma in p53<sup>+/-</sup> mouse by intraperitoneal application of multi-wall carbon nanotube**

*Takagi et al., J. Toxicol. Sci. 33 (No. 1): 105-116, 2008*

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**Carbon nanotubes introduced into the abdominal cavity of mice show asbestos-like pathogenicity in a pilot study**

*Poland et al., Nature Nanotechnology 3, 423-428, 2008*

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**Induction of mesothelioma by a single intrascrotal administration of multi-wall carbon nanotube in intact male Fischer 344 rats**

*Sakamoto et al, J.Tox. Sci., 34, 65-76, 2009*

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**Dose-dependent mesothelioma induction by intraperitoneal administration of multi-wall carbon nanotubes in p53 heterozygous mice**

*Takagi et al, Cancer Sci., 103(8), 1440-1444, 2012*

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**Length-dependent pleural inflammation and parietal pleural responses after deposition of carbon nanotubes in the pulmonary airspaces of mice**

*Murphy et al, Nanotoxicology 7(6), 2013*

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# Physico-chemical NP Properties Affecting Hazard Potential

**Size** (*aerodynamic, hydrodynamic*)

**Size distribution**

**Shape**

**Agglomeration/aggregation**

**Density** (material, bulk)

**Surface properties:**

- area (*porosity*)
- charge
- reactivity
- chemistry (*coatings, contaminants*)
- defects

**Solubility/Sol-Rate** (*lipid, aqueous, in vivo*)

**Crystallinity**

**Biol. contaminants** (e.g. endotoxin)

**Properties can change**

-with: method of production  
preparation process  
storage (*aging*)

-when introduced into  
physiol. media, organism

-throughout life-cycle  
(*from cradle to grave*)

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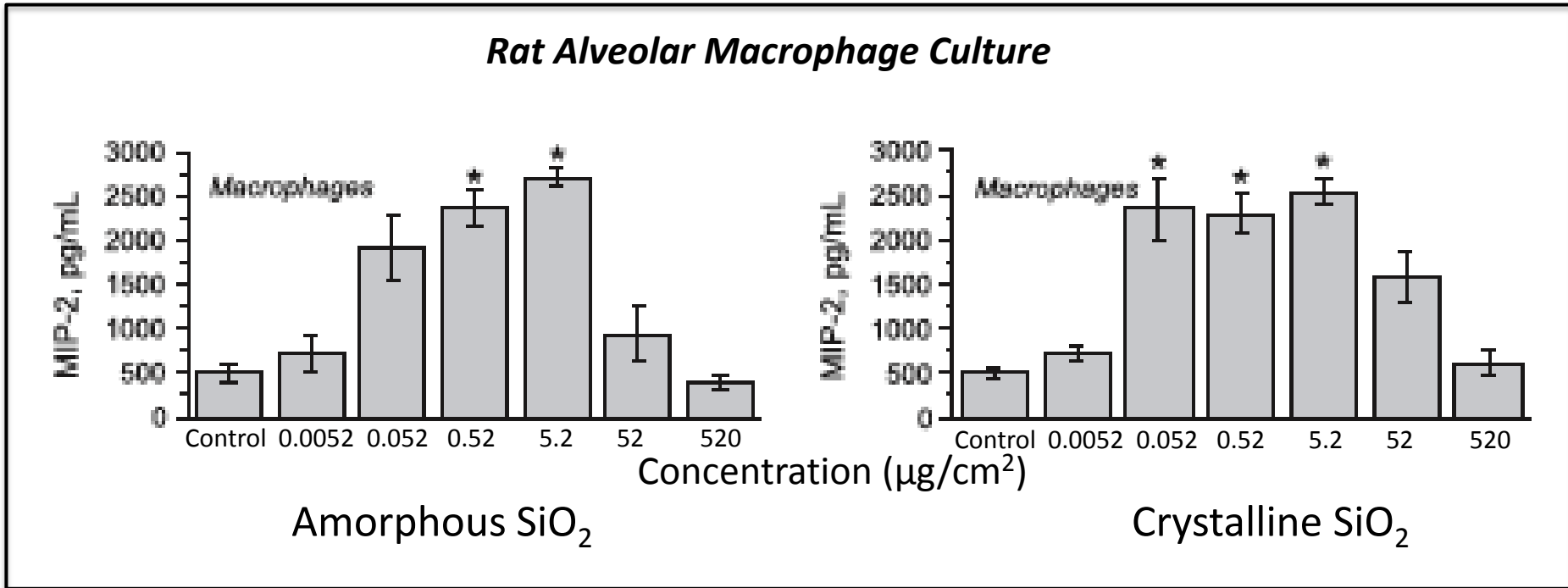
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**Key parameter: Dose!**  
**Expression of Dose?**

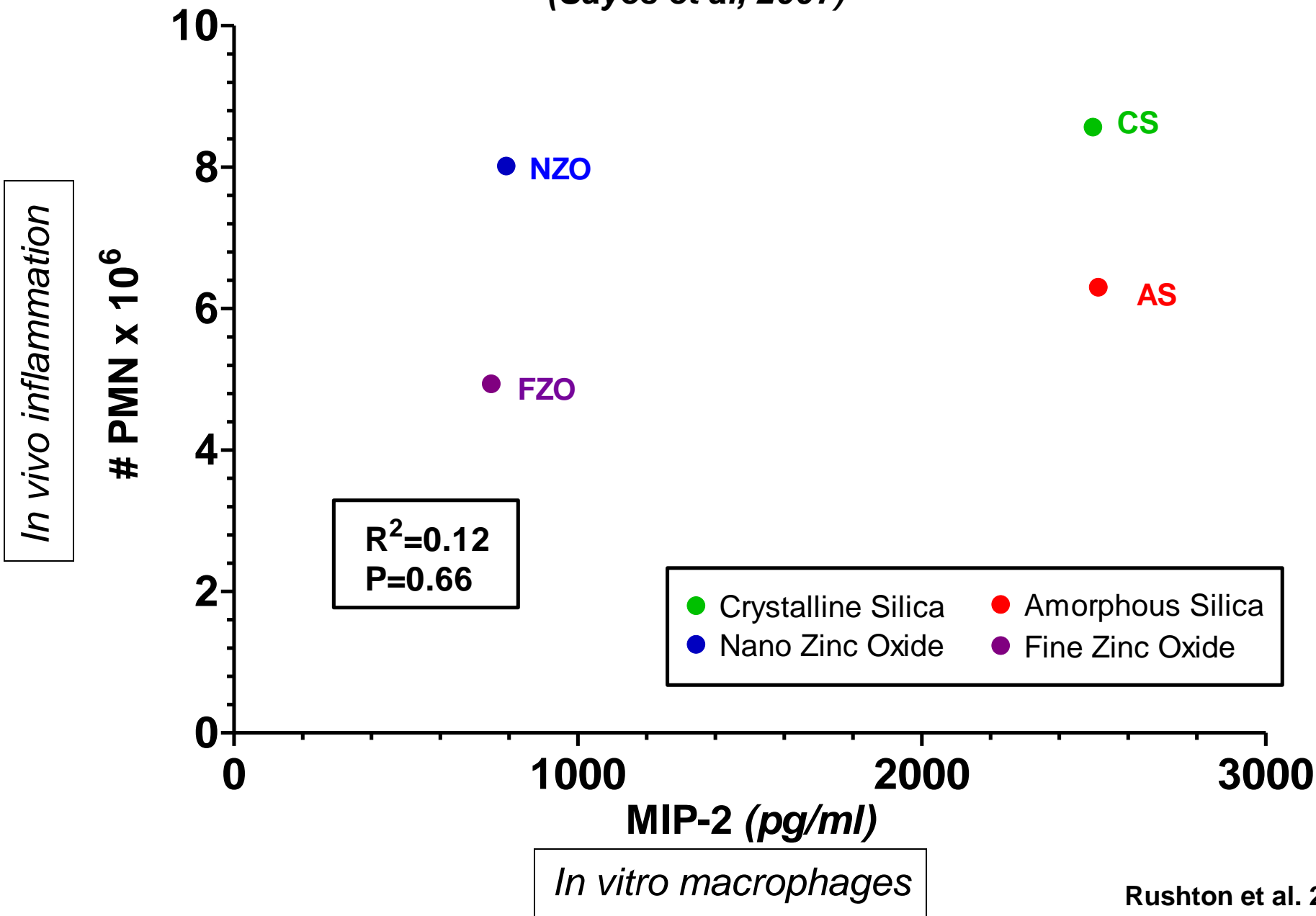
*Sayes et al., 2007:*

**ASSESSING TOXICITY OF FINE AND NANOPARTICLES** (*In vitro and In vivo*)  
*Crystalline Silica; Amorphous Silica; Nano Zinc Oxide; Fine Zinc Oxide*

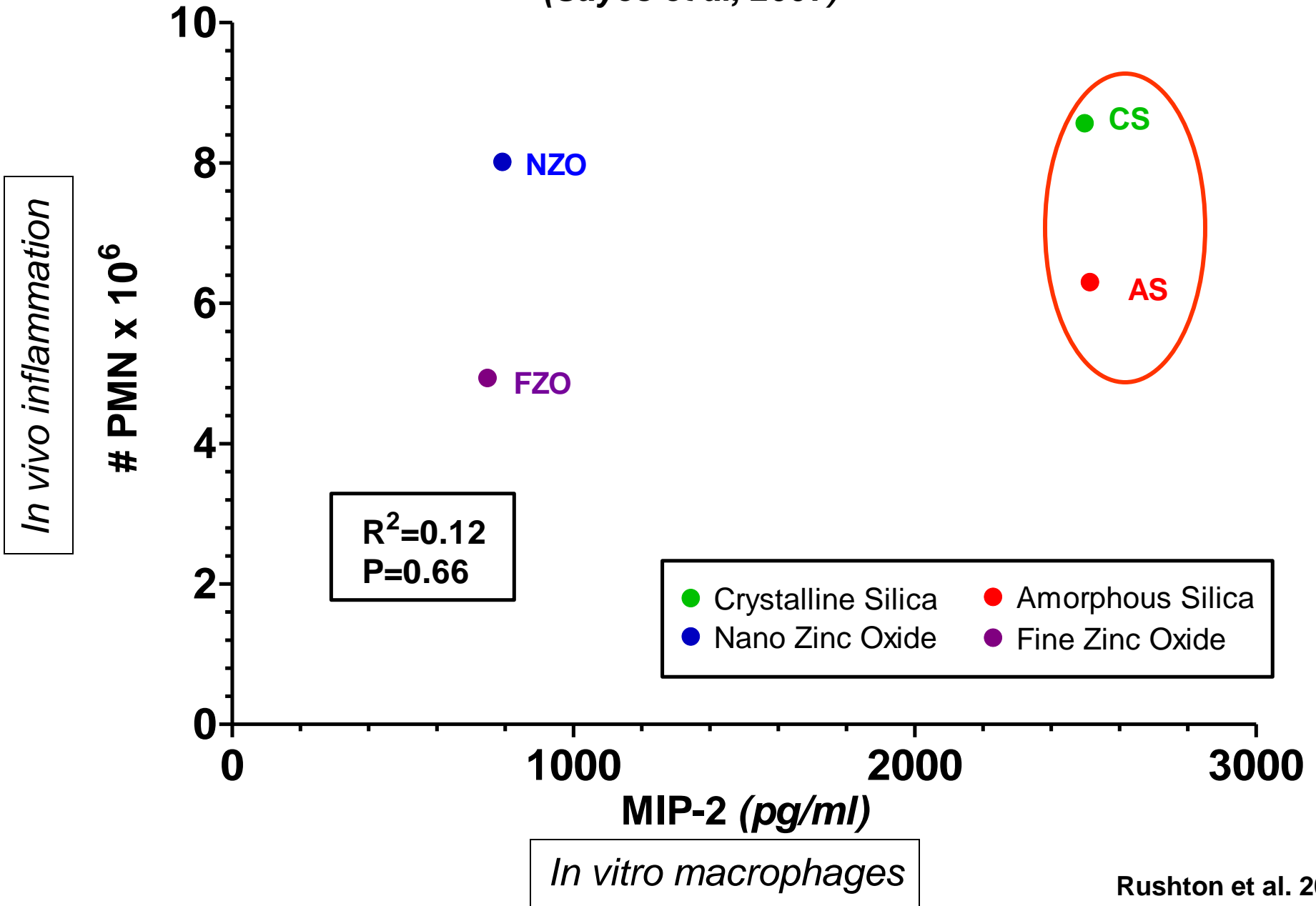


**Conclusion:** *comparison of in vivo and in vitro results demonstrated little correlation*

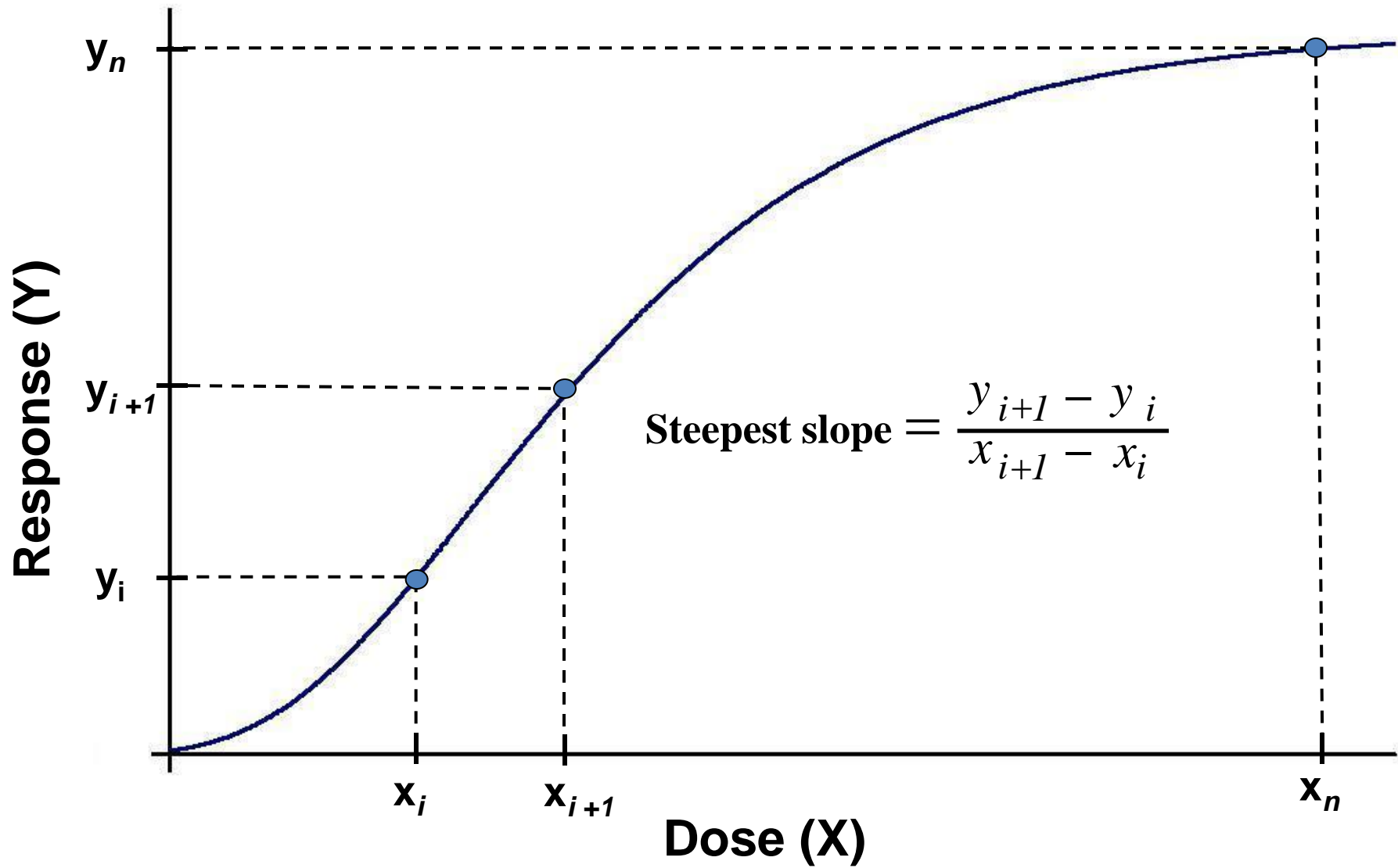
# In Vivo/In Vitro Correlation, Highest Measured Responses (Sayes et al, 2007)



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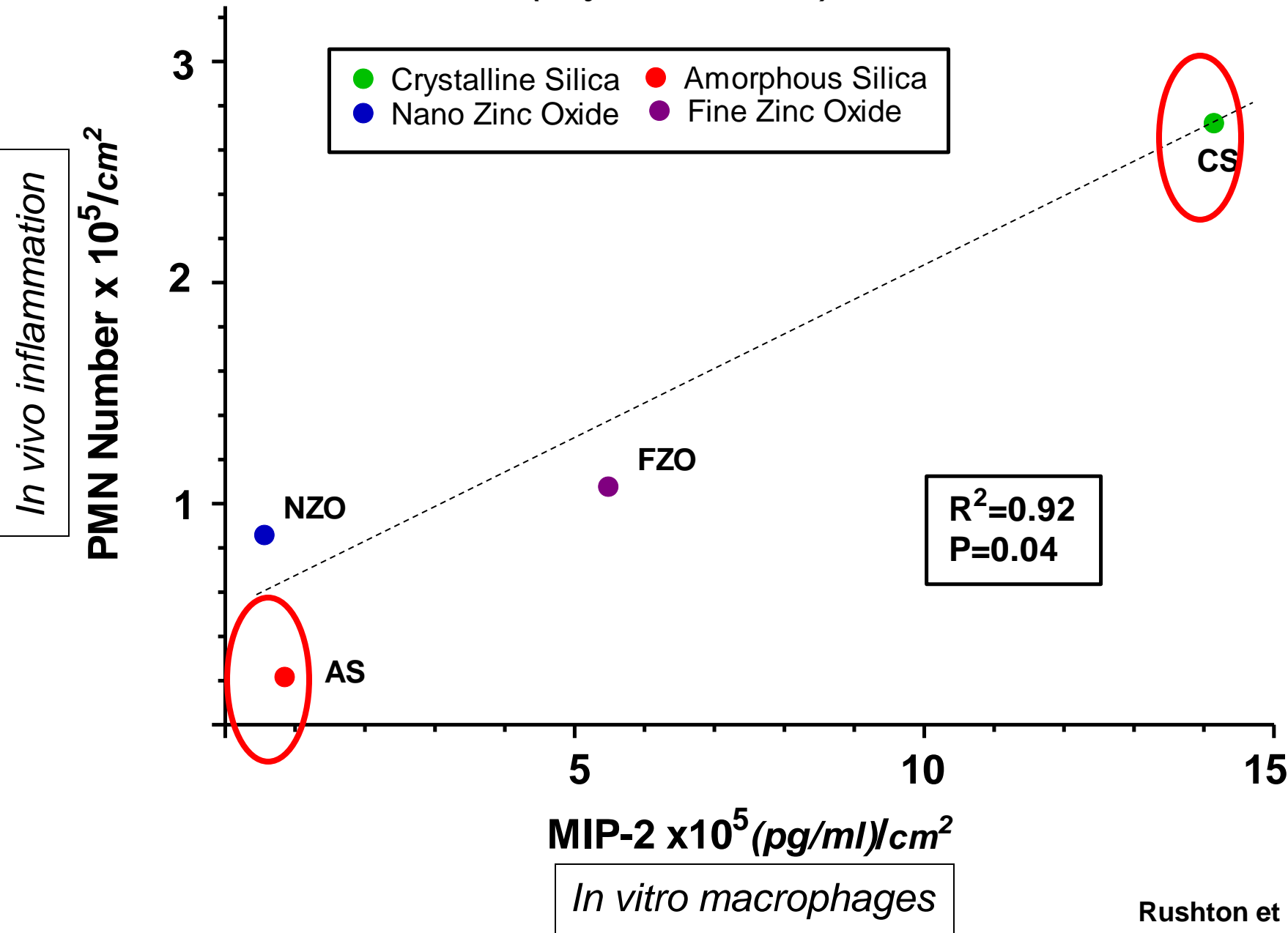


**Dose-Response Analysis: Steepest slope (*max response/dose*) as indicator of toxicity**



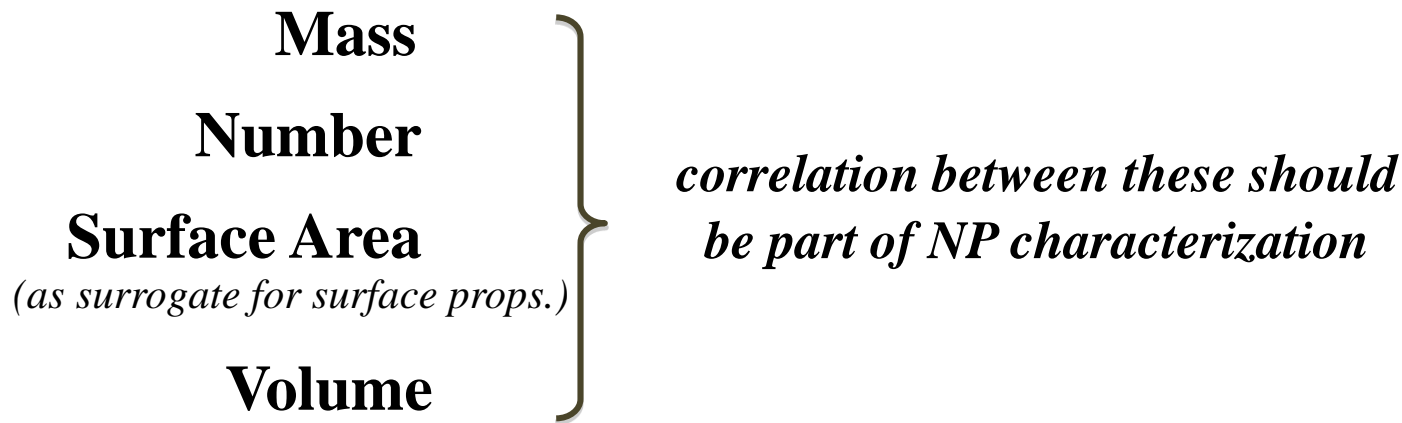
# In Vivo/In Vitro Correlation, Highest Responses Per NP Surface Area

(Sayes et al, 2007)





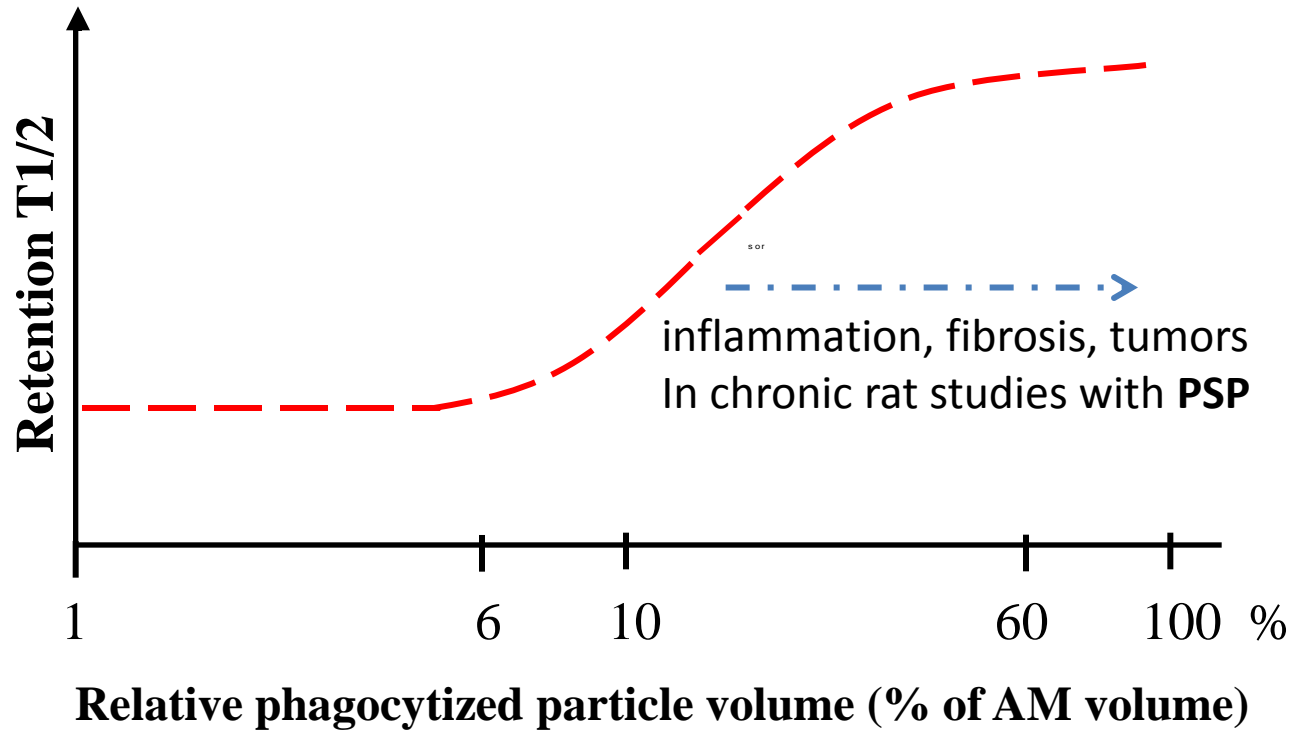
# Physical Dose-Metrics for NPs that Correlate with Biol./Toxicol. Effects (*Mode of Action*):



# Particle Volume

## Morrow Hypothesis (1988):

*Lung particle overload associated impairment of alveolar macrophage clearance function correlates with phagocytized particle volume.*

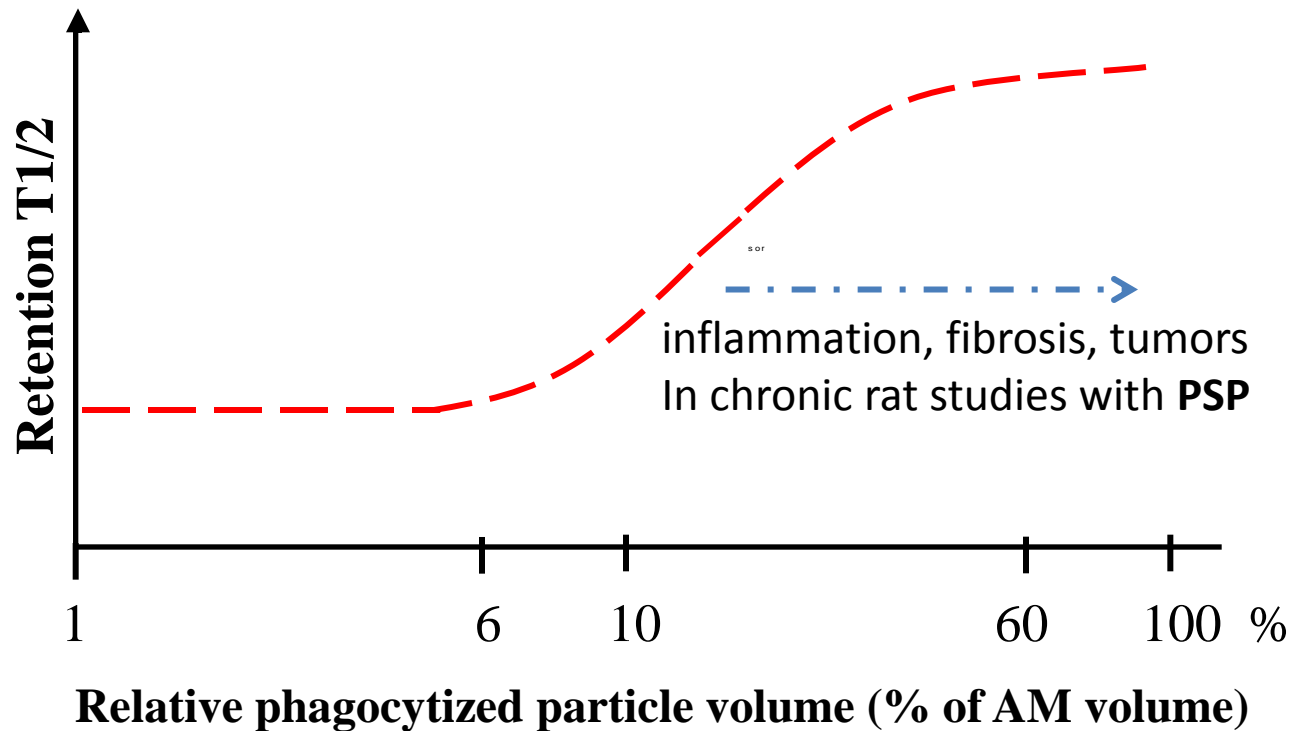


# Particle Volume

## Morrow Hypothesis (1988):

*Lung particle overload associated impairment of alveolar macrophage clearance function correlates with phagocytized particle volume.*

***But: Only for Poorly Soluble Particles of low cytotoxicity (PSP)***



# Lung Particle Overload, Nanoparticles and AM mediated Particle Clearance:

## *Does volumetric overload concept apply to nanoparticles?*

### 12-Week Inhalation Exposure, Ultrafine and Fine TiO<sub>2</sub> and Cristobalite (SiO<sub>2</sub>)

#### Retained dose/10<sup>6</sup> AM at end of exposure

	<u>Mass</u>	<u>Volume</u>		<u>Surface</u>	<u>Number</u>	<u>Test Particle Retention</u>
	μg	nl	% of AM volume	cm <sup>2</sup>	x 10 <sup>-9</sup>	control = 1
<b>Control</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>
<b>TiO<sub>2</sub> fine</b> (250 nm)	<b>340</b>	<b>90</b>	<b>9</b>	<b>21.9</b>	<b>10.9</b>	<b>1.8*</b>
<b>TiO<sub>2</sub> ultrafine</b> (25 nm)	<b>99.8</b>	<b>26</b>	<b>2.6</b>	<b>49.9</b>	<b>5420</b>	<b>8.2*</b>
<b>Cristobalite</b>	<b>~20</b>	<b>7.6</b>	<b>0.76</b>	<b>2.4</b>		<b>28.8*</b>

\*Significantly different from control

# Lung Particle Overload, Nanoparticles and AM mediated Particle Clearance:

## *Does volumetric overload concept apply to nanoparticles?*

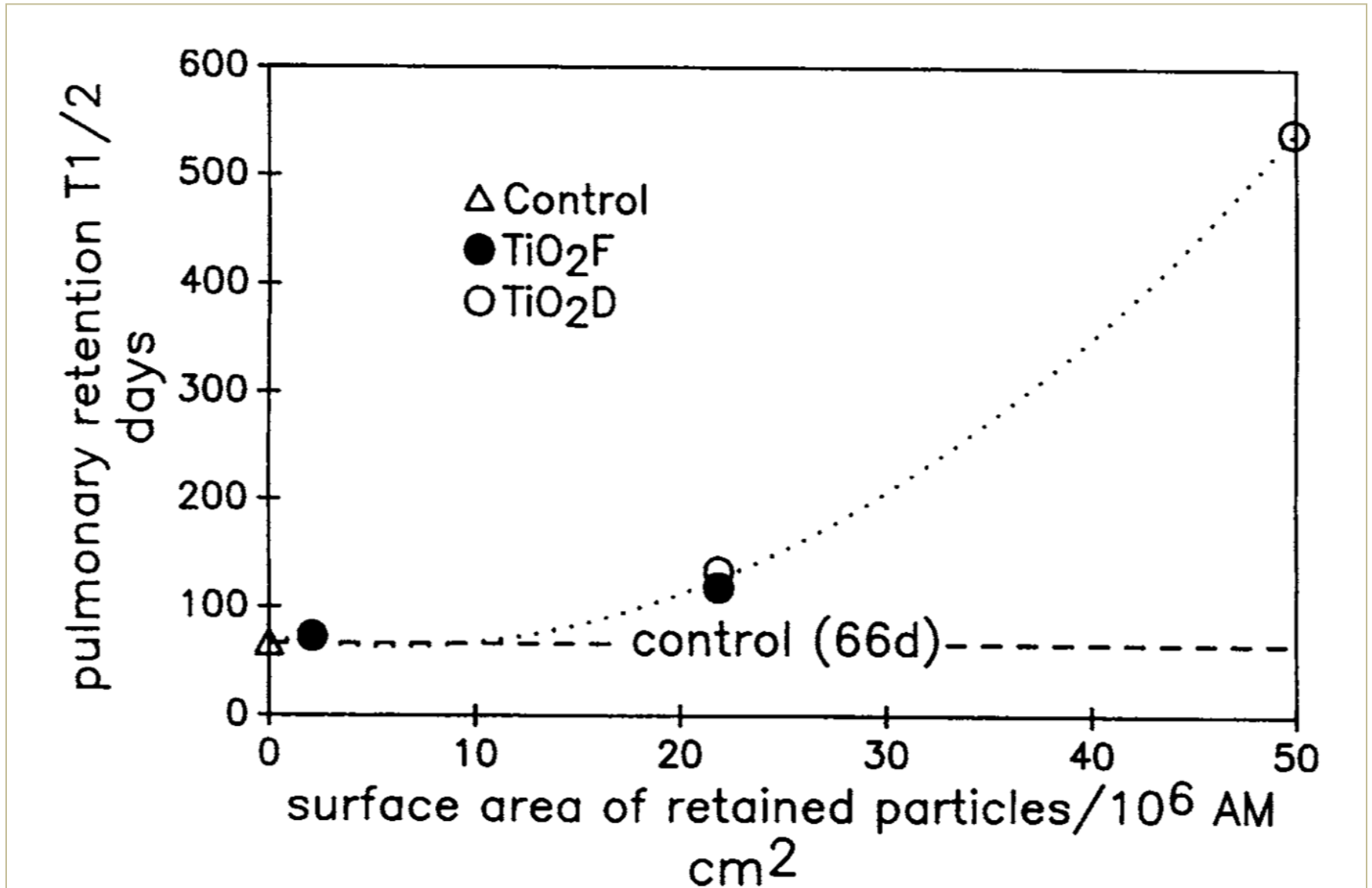
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<b>TiO<sub>2</sub> fine</b> (250 nm)	<b>340</b>	<b>90</b> (578)	<b>9</b> (58)	<b>21.9</b>	<b>10.9</b>	<b>1.8*</b>
<b>TiO<sub>2</sub> ultrafine</b> (25 nm)	<b>99.8</b>	<b>26</b> (768)	<b>2.6</b> (77)	<b>49.9</b>	<b>5420</b>	<b>8.2*</b>
<b>Cristobalite</b>	<b>~20</b>	<b>7.6</b> (24)	<b>0.76</b> (2.4)	<b>2.4</b>		<b>28.8*</b>

\*Significantly different from control  
(*packing density volume*)

# Correlation between surface area of $\text{TiO}_2$ particles phagocytized by AM and pulmonary retention half-time of inhaled polystyrene test particles



**Surface Reactivity as Dose-Metric,**  
*e.g., ROS inducing potential to determine response per unit particle surface area*

**DCFH-DA** (*2'-7' dichlorofluorescein-diacetate*) **assay**

**FRAS** (*ferric reducing ability of serum*) **assay**

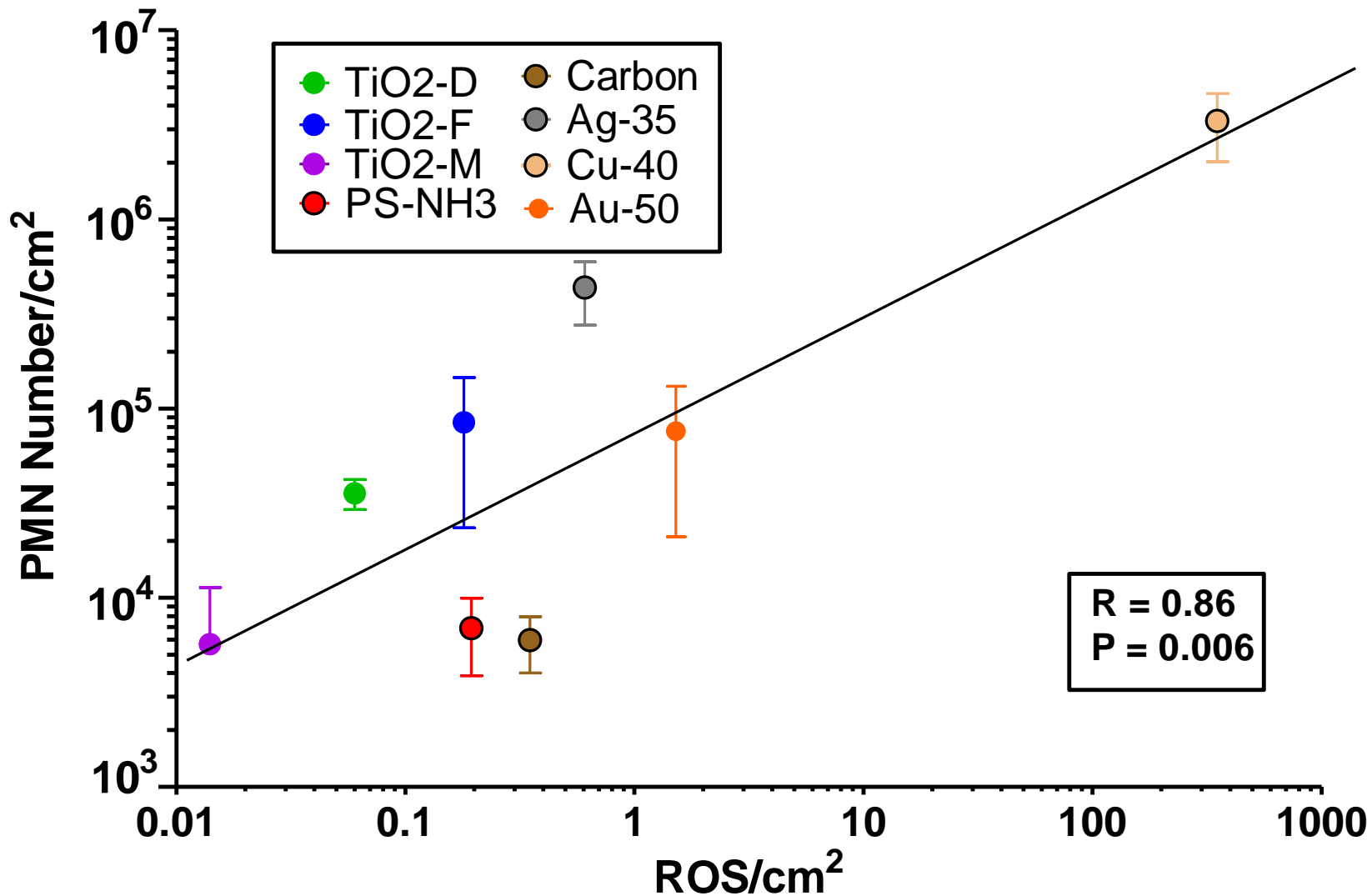
**Vit C assay**

**others...**

*as screening tool for categorization of NPs based on reactivity in  
using cell-free assay, but only for **Hazard Identification***

*[Bello et al., 2009; Rushton et al., 2010]*

**Cell-free ROS (DCFH oxidation) Response vs In Vivo Rat PMN (Intratracheal Instill)  
Response to Nanoparticles  
Normalized to Particle Surface Area**



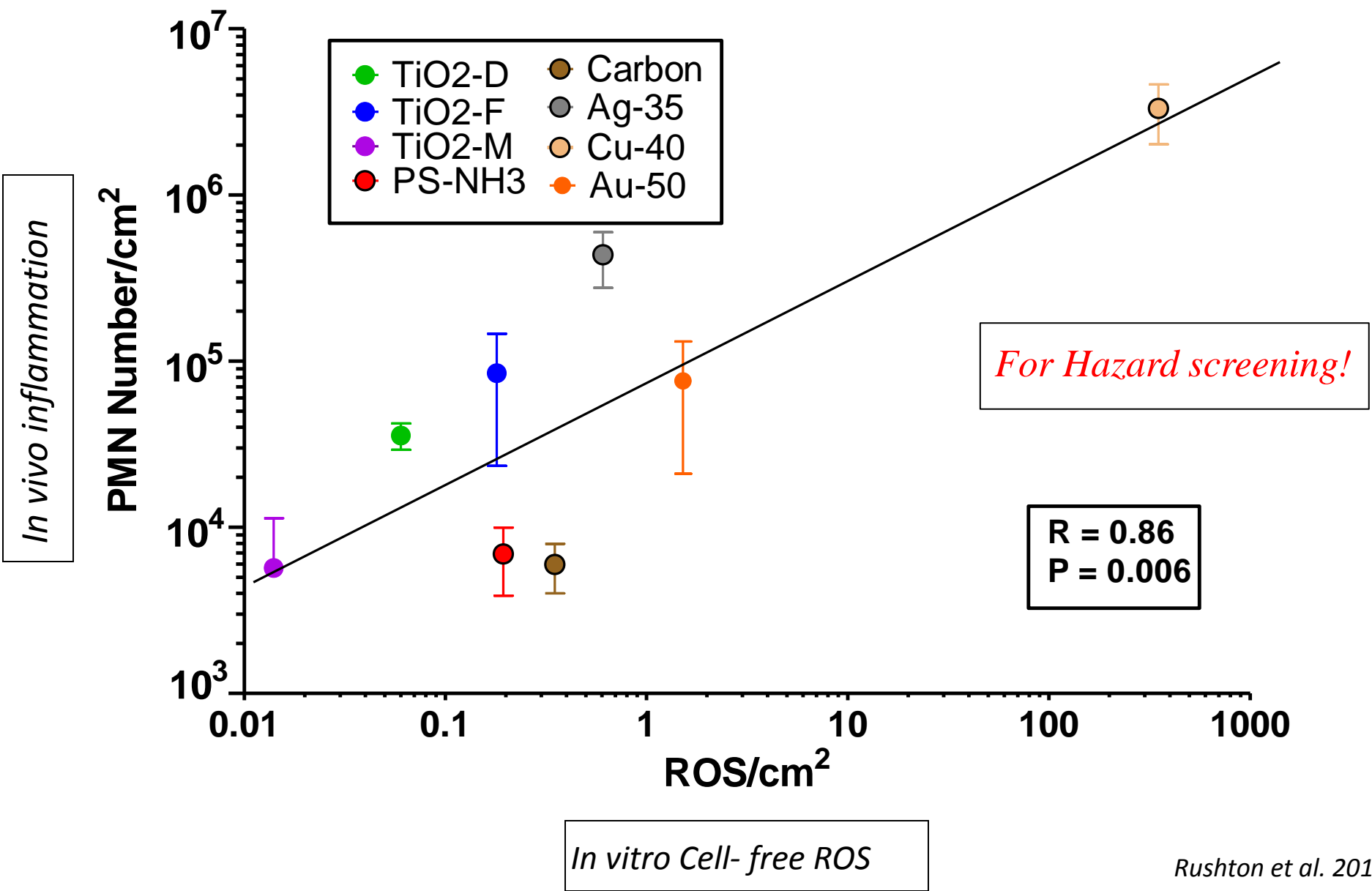
*In vivo inflammation*

*In vitro Cell-free ROS*

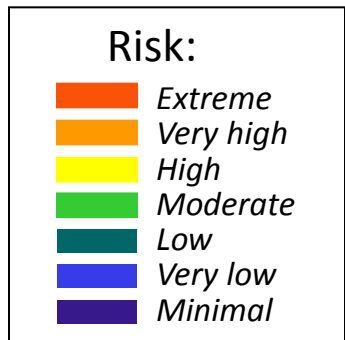
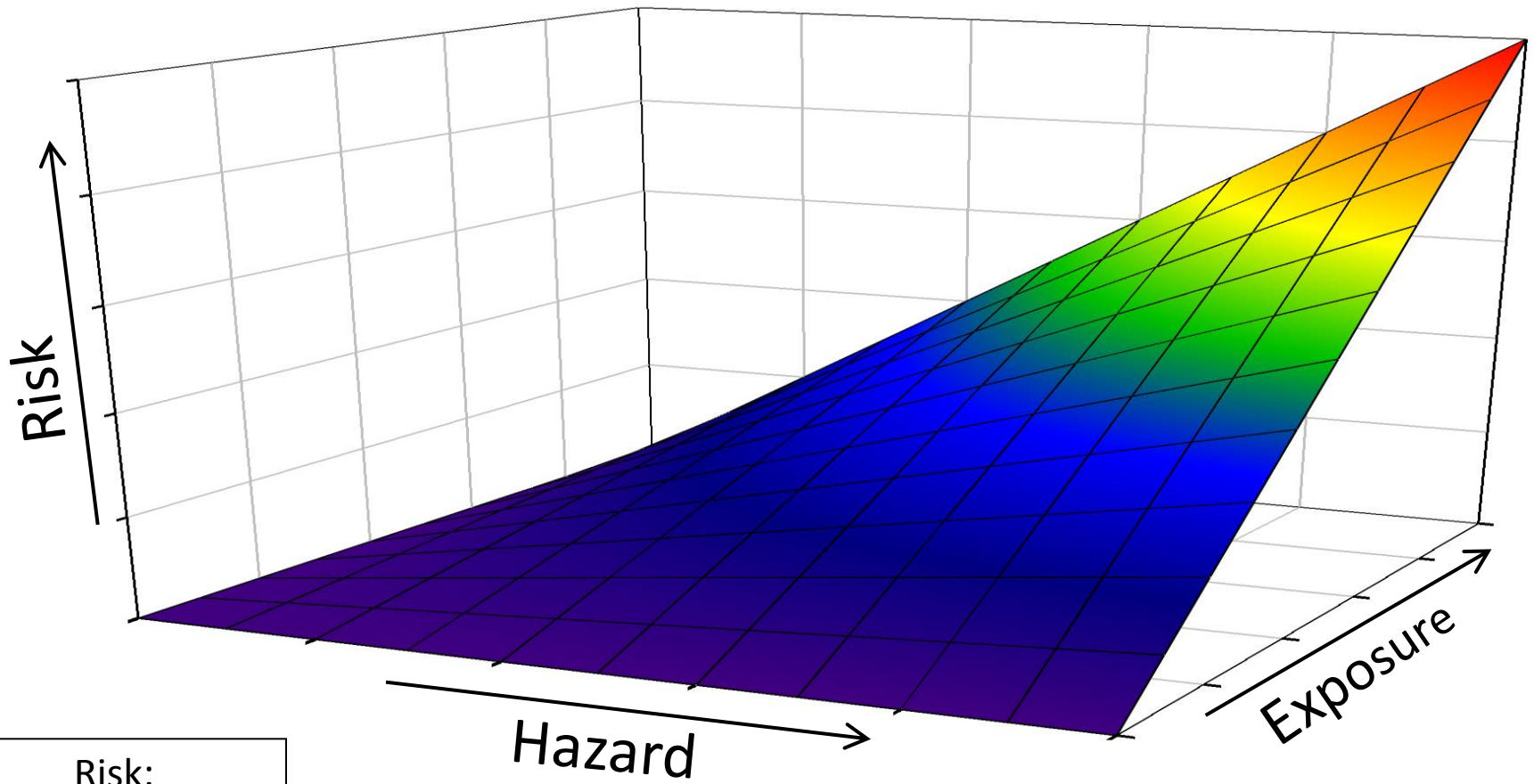
R = 0.86  
P = 0.006



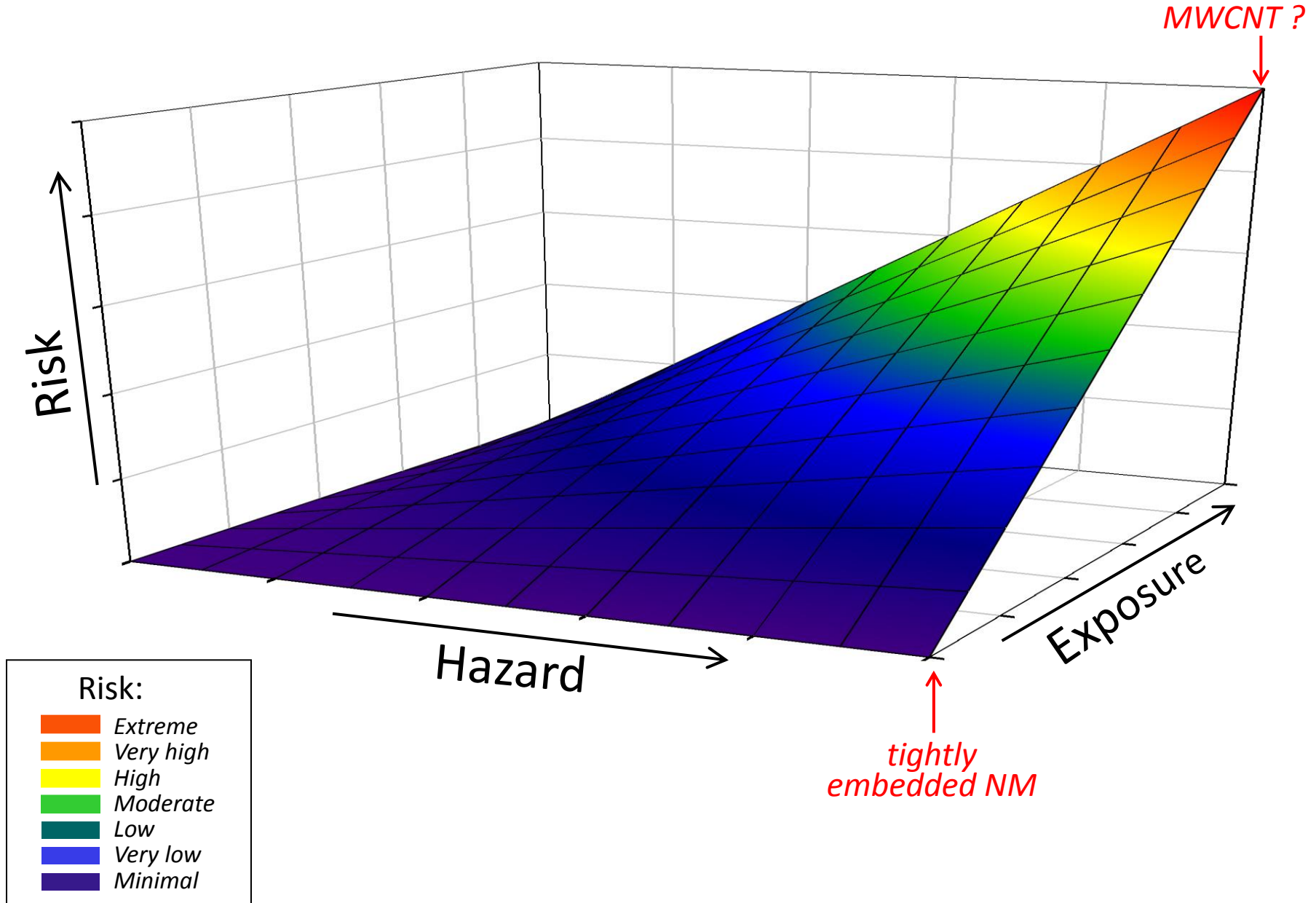
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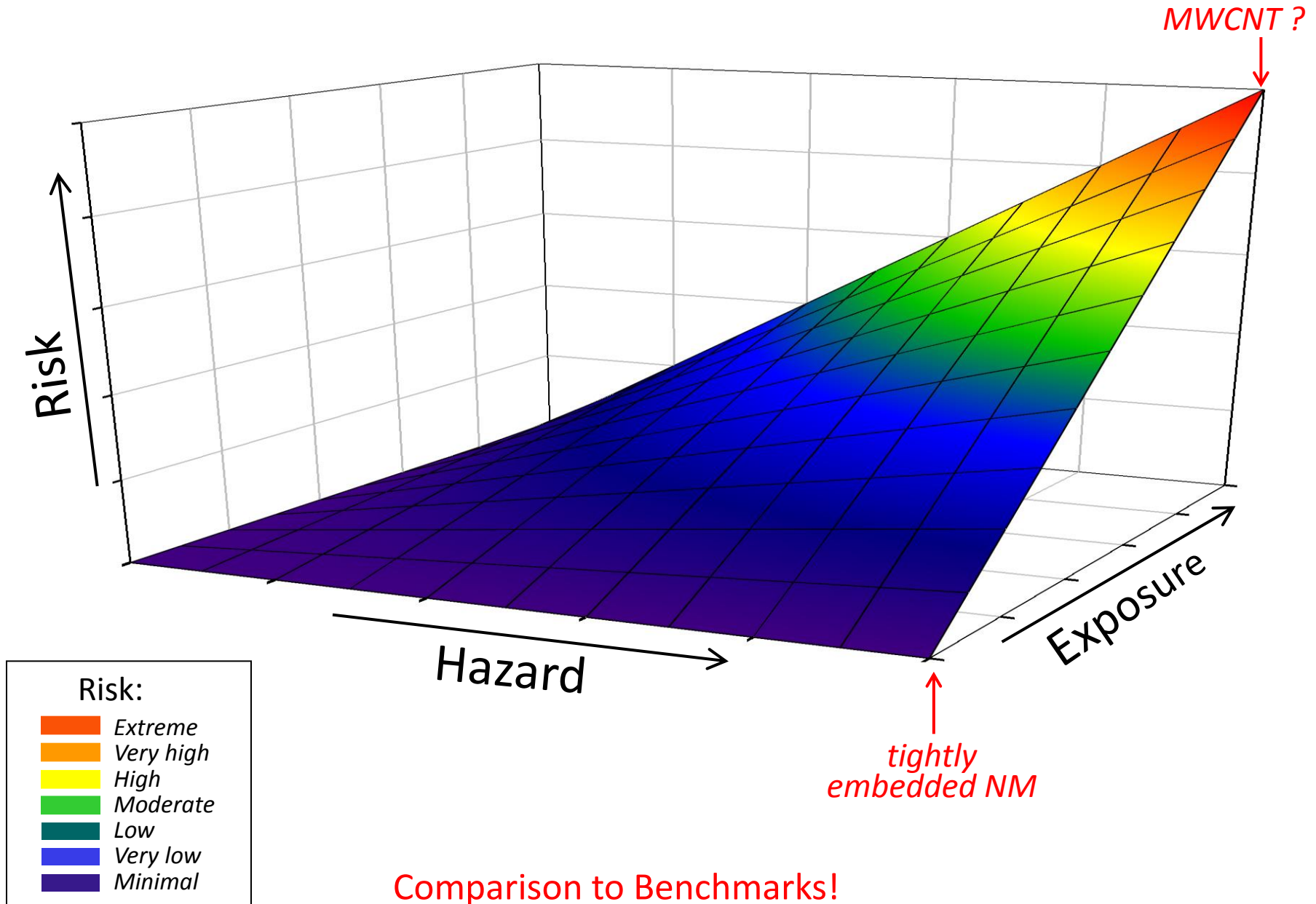
$$\text{Risk} = f(\text{hazard}; \text{exposure})$$



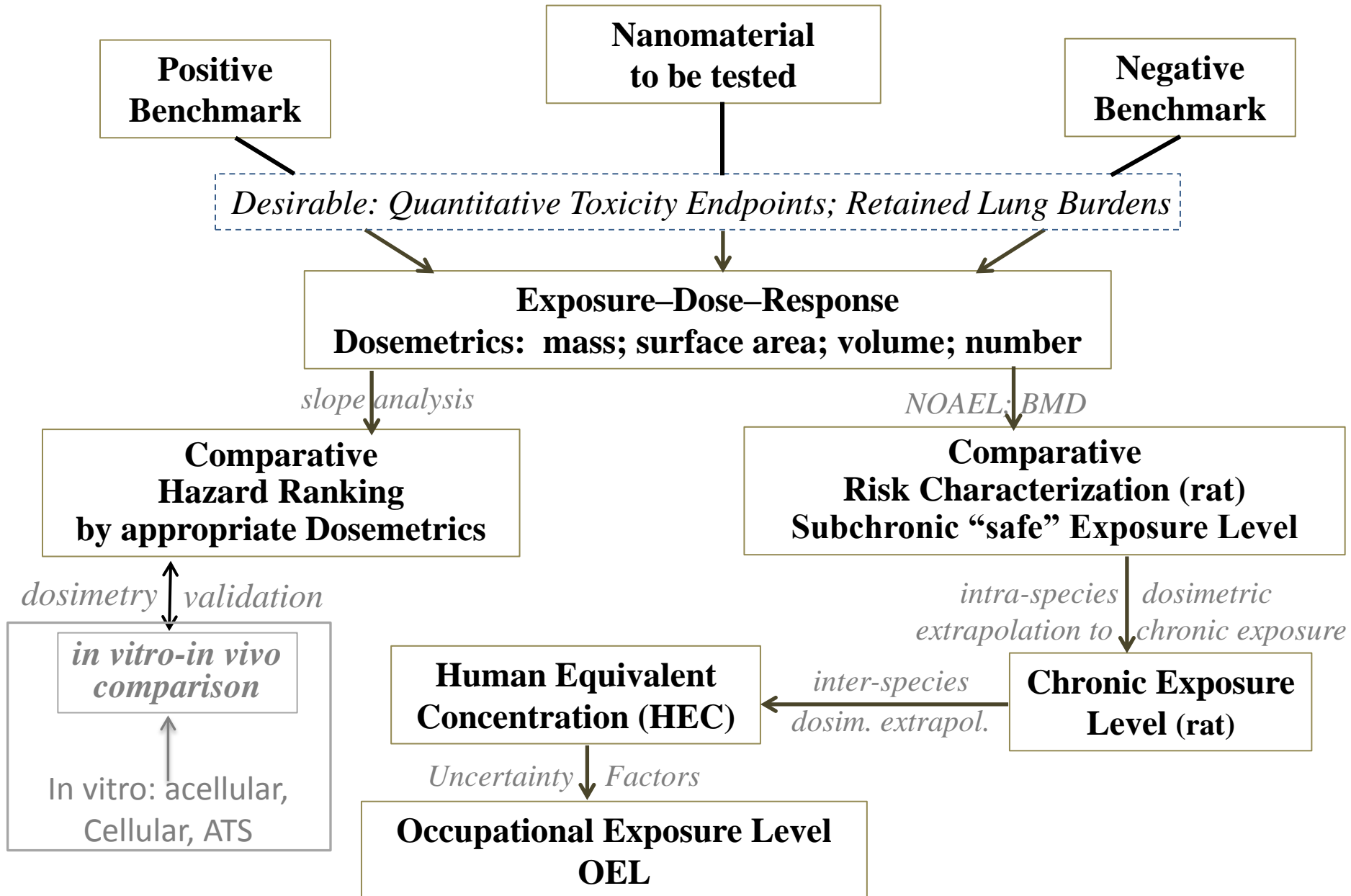
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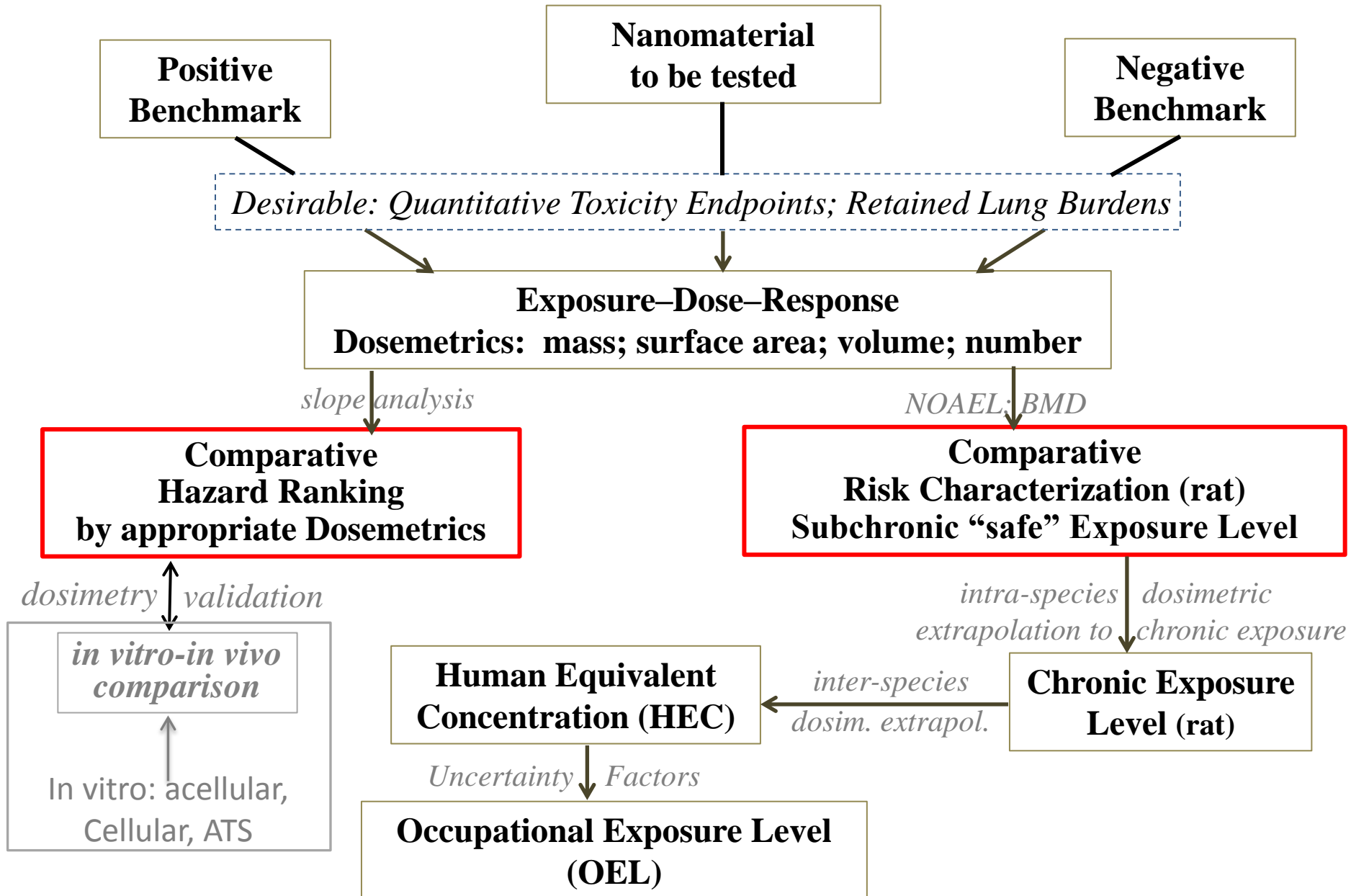
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# Approach for Comparative Hazard and Risk Characterization of Inhaled Nano-Particles Based on Subchronic (3 months) Rat Inhalation Studies



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# Case Study

## 90-Day Rat Inhalation Studies with MWCNT and CNF, Exposure-Dose-Response Comparison

	<u>Ma-Hock et al. (2009)</u>	<u>Pauluhn (2010)</u>	<u>Kasai et al. (2014)</u>	<u>DeLorme et al. (2012)</u>
<u>Material</u>	MWCNT (Nanocyl NC7000)	MWCNT (Baytubes)	MWCNT (MWNT-7)	CNF (VGCF-H)
<b><u>Characterization</u></b>				
Length/diameter, nm	100-10,000 /5-15	200-1000/10	2000-5700/40-90	1000-14000/40 -350
Impurities	9.6% Al; <0.2% Co	~0.5% Co	0.2 - 0.4%	0.003% Fe
BET surf area, m <sup>2</sup> /g	250 – 300	255	24-28	13.8
Packing dens, g/cm <sup>3</sup>	0.043	0.11 - 0.31	0.007	0.077
<b><u>Exposure</u></b>				
Conctr, mg/m <sup>3</sup>	0; 0.1; 0.5; 2.5 (NO)	0, 0.1; 0.4; 1.5; 6 (NO)	0; 0.2; 1; 5 (WB)	0.54; 2.5; 25 (NO)
Ret. Lung Burden	No	Yes	Yes	No
<b><u>Response</u></b>				
Lung weight (90 days)	+ 1%; + 23%; + 81%	+0; + 12; +27; +61%	+5; +17; +30%	-2; +8; +22
BAL-PMN (90 days)	Not reported	~0.5; 3.8; 13; 19%	0.6; 13.5; 45.7%	1.4; 2.7; 11%
<b><u>Evaluation</u></b>				
NOAEL	No	100 µg/m <sup>3</sup>	No	540 µg/m <sup>3</sup>
LOAEL	100 µg/m <sup>3</sup>	400 µg/m <sup>3</sup>	200 µg/m <sup>3</sup>	2500 µg/m <sup>3</sup>

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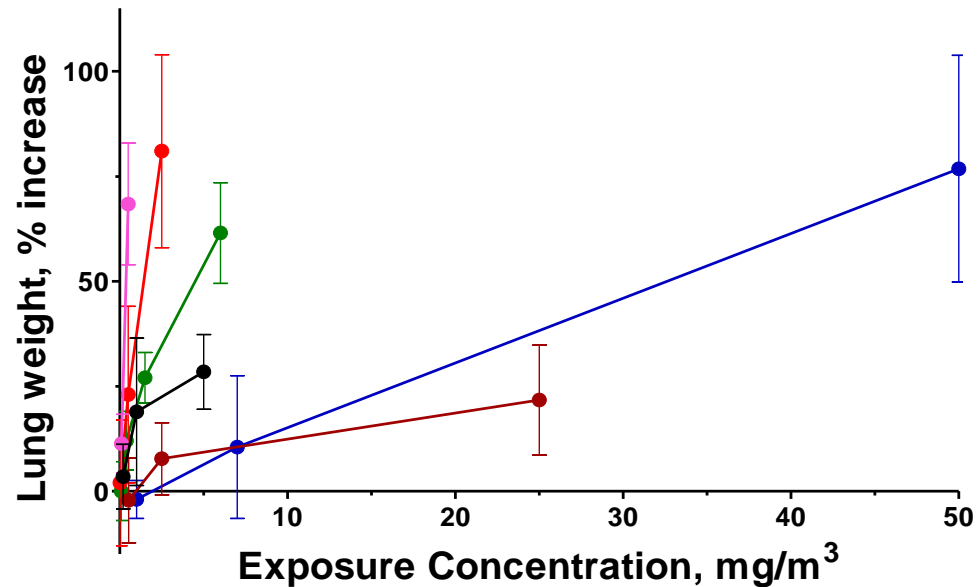
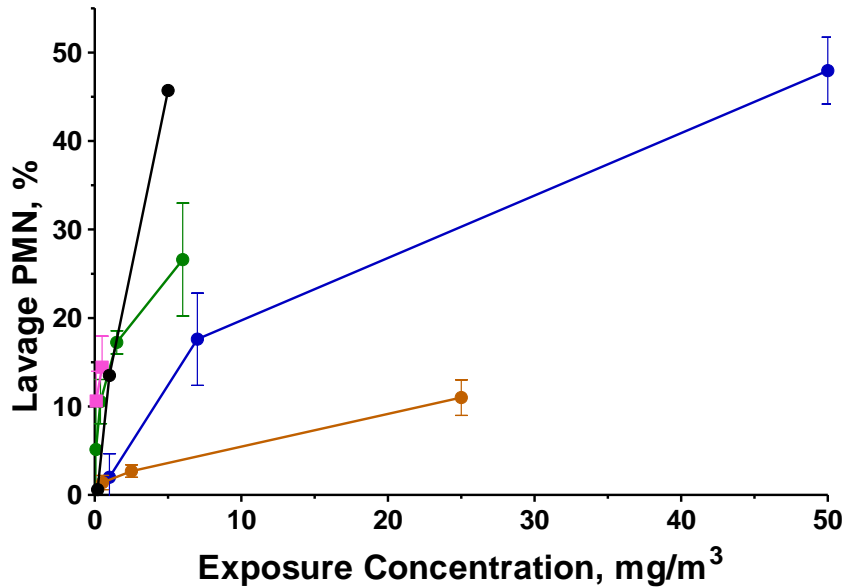
Comparing MWCNT and CNF results with  
subchronic rat inhalation studies of two Benchmark compounds:

**ultrafine carbon black** } *negative*  
**nickel subsulfide** } *positive*  
*Benchmark particles*

## Exposure-Response Relationships

### 3-Month Inhalation Studies in Rats with MWCNT, CNF, CB and Ni<sub>3</sub>S<sub>2</sub>

—Endpoints: Lung lavage neutrophils and lung weight —

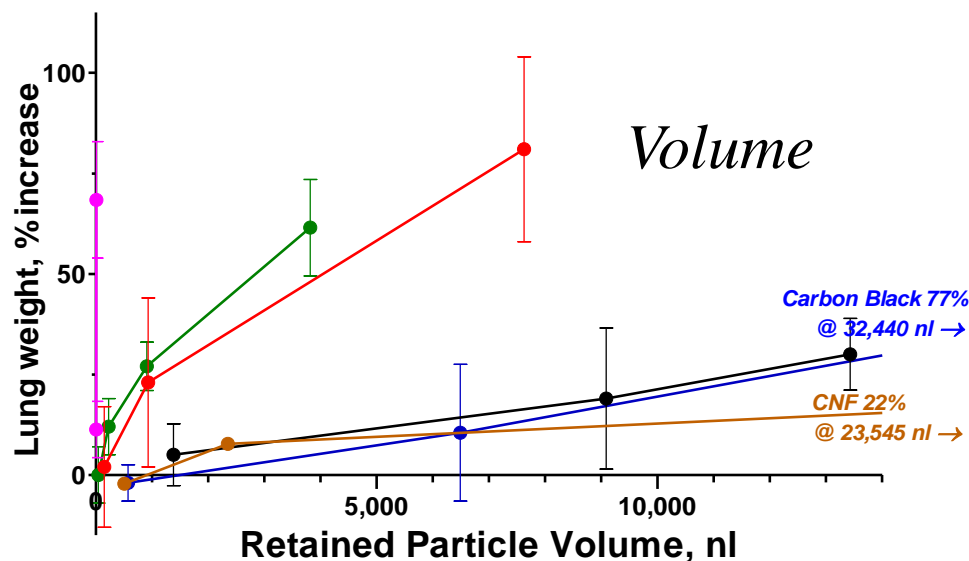
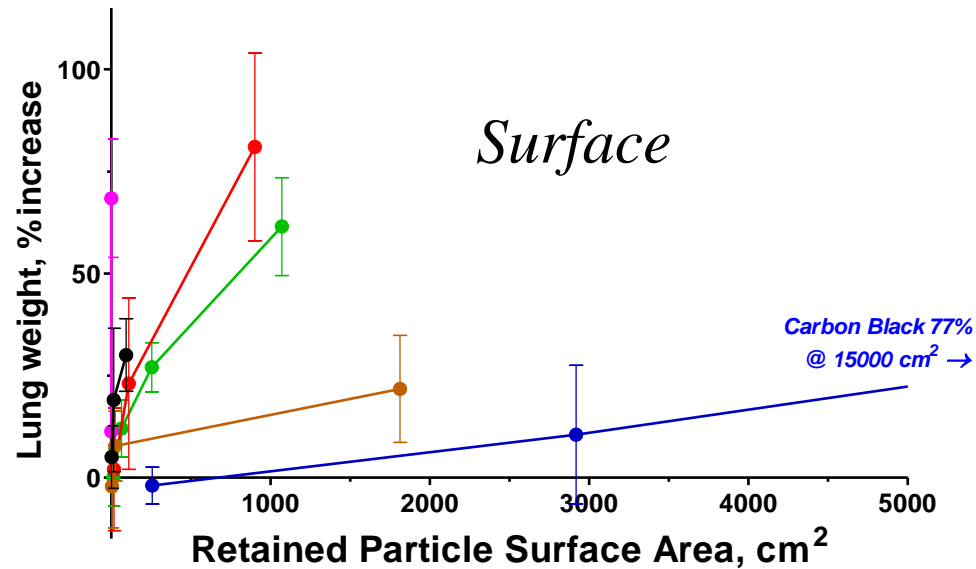
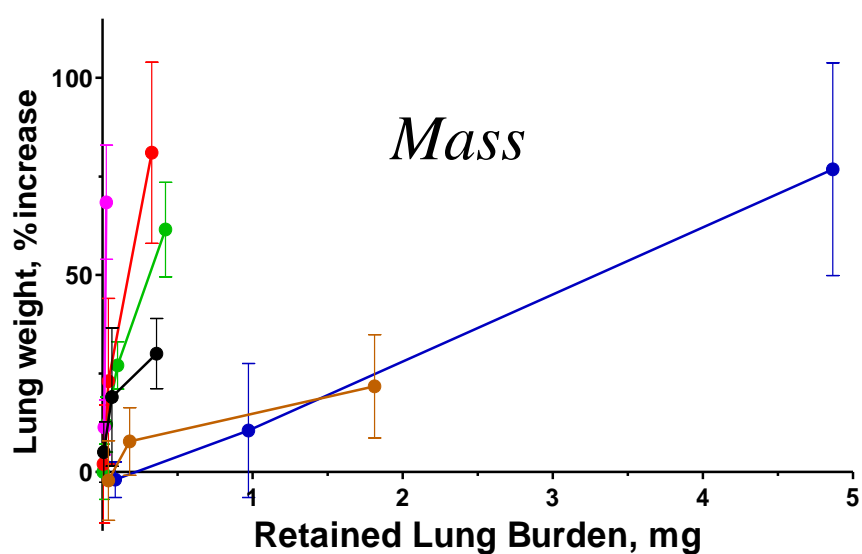


- - MWCNT (*Pauluhn, 2010*); ● - MWCNT (*Ma-Hock et al., 2009*);
- - Ni<sub>3</sub>S<sub>2</sub> (*Oberdörster et al., unpublished*); ● - CNF (*DeLorme et al., 2012*);
- - CB (*Elder et al., 2005*); ● - MWCNT (*Kasai et al., 2014*)

# Dose-Response relationships

## 3-month inhalation studies in rats with MWCNT, CNF, CB and Ni<sub>3</sub>S<sub>2</sub>

– Lung weight dose-responses based on retained lung burden expressed as mass, surface area and volume –



- MWCNT Pauluhn 2010
- MWCNT (Ma-Hock et al, 2009)
- Carbon Black (Elder, et al, 2005)
- Ni<sub>3</sub>S<sub>2</sub> (Oberdörster, unpub.data)
- CNF (DeLorme et al, 2012)
- MWCNT (Kasai et al, 2014)

# Hazard Ranking of Different (Nano)-Materials Based on Different Metrics and Steepest Slope of Exposure-Dose-Response Relationships from Subchronic Rat Inhalation Studies (endpoint: lungweight increase)

## Metric

## Ranking

*Exposure Conc.:* CNF = CB < MWCNT-K = MWCNT-P = MWCNT-MH < Ni<sub>3</sub>S<sub>2</sub>

*Retained Lung Burden:*

**Mass:** CNF = CB < MWCNT-P = MWCNT-K = MWCNT-MH < Ni<sub>3</sub>S<sub>2</sub>

**Surface area:** CB < CNF = MWCNT-P = MWCNT-MH < MWCNT-K < Ni<sub>3</sub>S<sub>2</sub>

**Volume (bulk dens):** CB < CNF = MWCNT-K < MWCNT-MH = MWCNT-P < Ni<sub>3</sub>S<sub>2</sub>

**Hazard Ranking of MWCNT and CNF against Benchmark Materials based on retained **Particle Surface Area and Steepest Slope** of Dose-Response Relationships from Subchronic Rat Inhalation Studies (endpoint: **lungweight** increase)**

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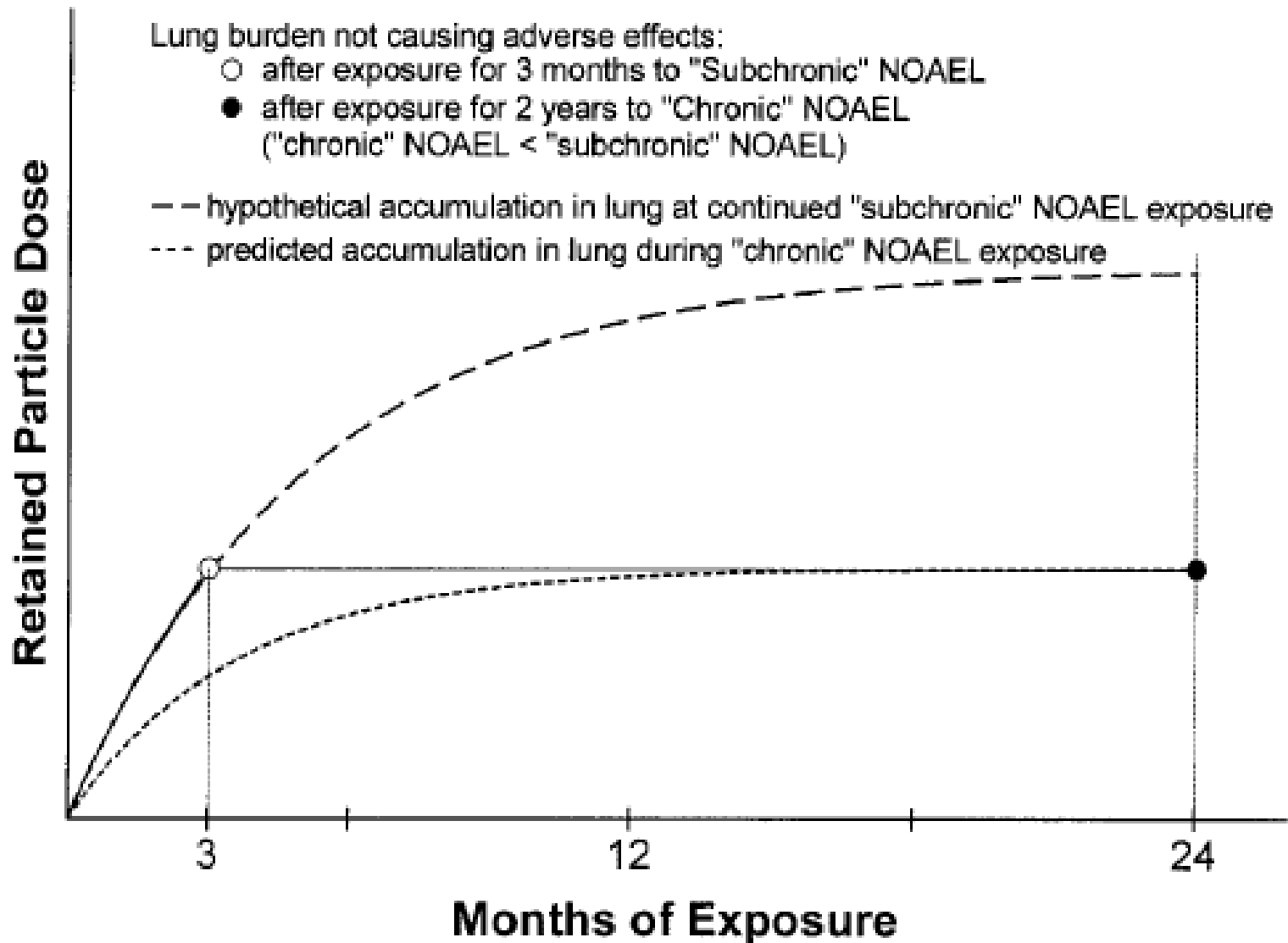
**Three Hazard Groupings:**

Low:      *CB*       $\longrightarrow$        $< 0.3 \% \text{ lungwt. incr./cm}^2$

Medium: *MWCNT; CNF*       $\longrightarrow$        $0.3 - 1.5 \% \text{ lungwt. incr./cm}^2$

High:      *Ni<sub>3</sub>S<sub>2</sub>*       $\longrightarrow$        $> 1.5\% \text{ lungwt. incr./cm}^2$

# Estimation of Chronic NOAEL from Subchronic Rodent Study using MPPD Model

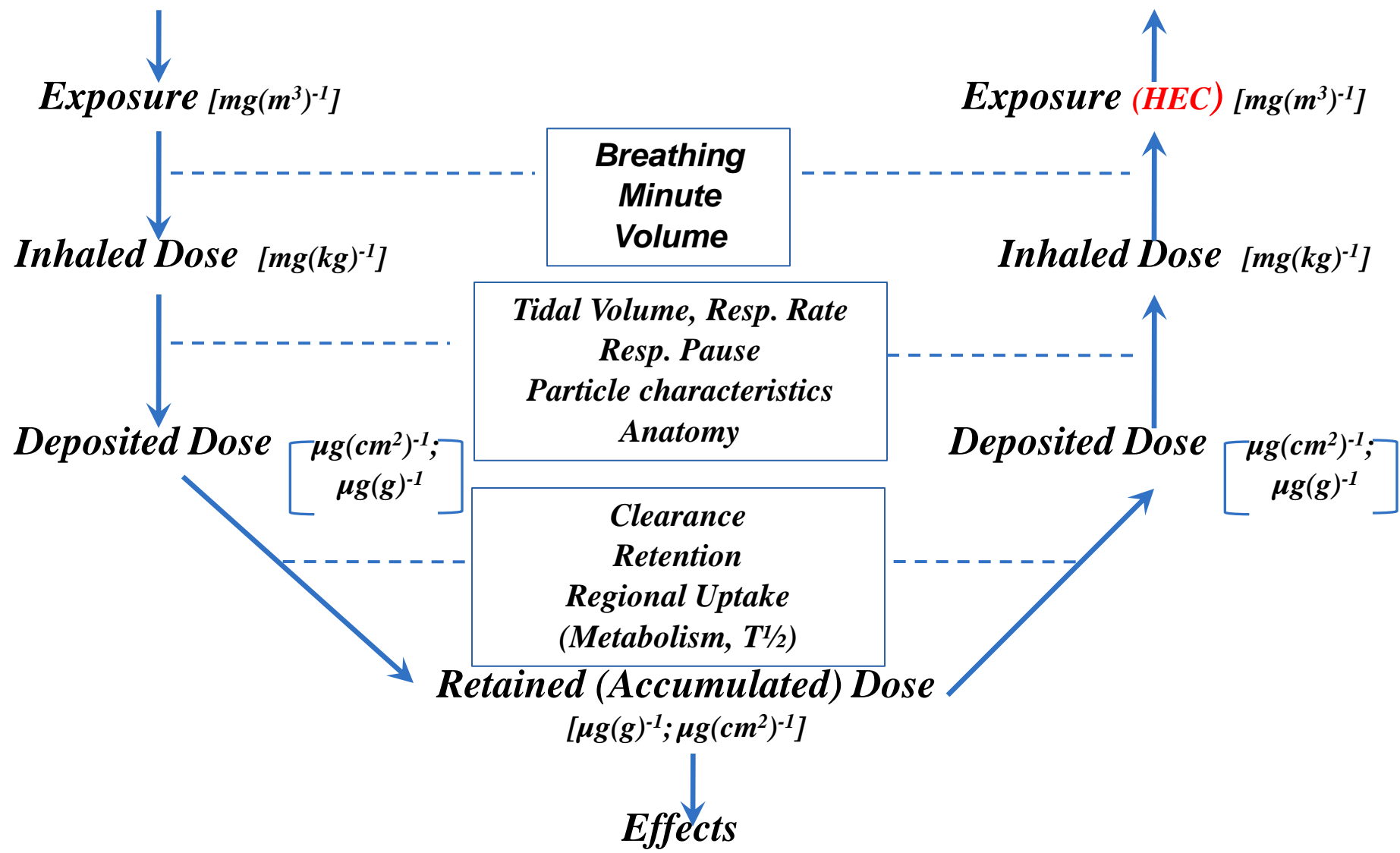


# Dosimetric Extrapolation of Inhaled Particles from Rats to Humans

*(Multiple Path Particle Dosimetry Model)*

*Rat*

*Human*



*Assumption: If retained dose is the same in rats and humans, then effects will be the same*

**Estimation of HEC through BMD analysis of subchronic rat studies  
by using rat responses as 1 St. Dev. or as 10 % above control (BMCL).  
Endpoint: LUNG WEIGHT Increase**

<u>Material</u>	<u>Rat</u>					<u>Human</u>			
	<u>s u b c h r o n i c</u>			<u>c h r o n i c</u>		<u>c h r o n i c</u>			<u>HEC</u> $\mu\text{g}/\text{m}^3$
	BMDL $\mu\text{g}/\text{lung}$	<b>BMCL</b> $\mu\text{g}/\text{m}^3$	Daily Depos.Dose $\mu\text{g}/6 \text{ hr}$ (depos.fract)	Daily Depos.Dose $\mu\text{g}/6 \text{ hr}$	<b>BMCL</b> $\mu\text{g}/\text{m}^3$	BMDL $\mu\text{g}/\text{lung}$	BMDL $\mu\text{g}/\text{alv.}$ compt.	Daily Depos.dose $\mu\text{g}/8 \text{ hr}$ (depos.fract)	
MWCNT(P)	16.8	260	0.39 (0.022)	0.23	136	14,000	8,820	36.2 (0.073)	50
MWCNT(M)	4.6	72	0.11 (0.019)	0.06	41	3,830	2,413	9.91 (0.062)	16.3
CNF	97	1450	2.5 (0.022)	1.5	865	8,083	5,092	20.9 (0.064)	33.2
CB	555	4180	13.0 (0.024)	7.7	4160	462,500	291,375	1,196 (0.076)	1600
Ni <sub>3</sub> S <sub>2</sub>	2.98	25	0.07 (0.034)	0.04	15.3	2,483	1,564	6.42 (0.109)	6.0

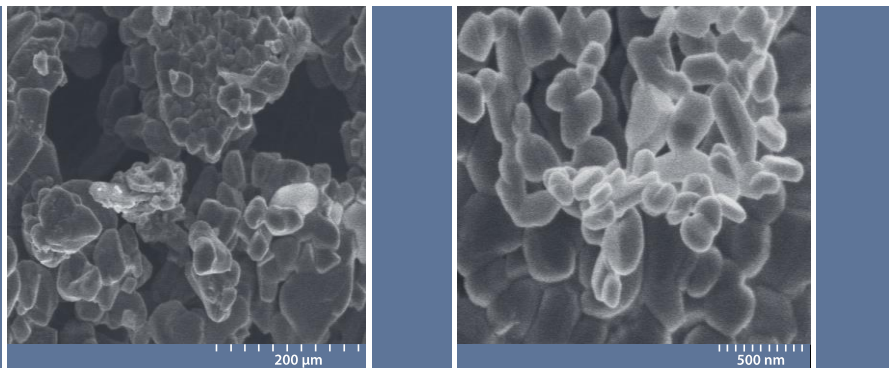
**MWCNT and CNF cannot be categorized as PSP**

*Human breathing conditions: light exercise; TV: 1024 ml; BrFreq: 20 min<sup>-1</sup>; 8 hr; oro-nasal breathing*



2011

# Occupational Exposure to Titanium Dioxide



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Disease Control and Prevention  
National Institute for Occupational Safety and Health



**REL: Fine: 2.5 mg/m<sup>3</sup>**  
**Nano: 300 µg/m<sup>3</sup>**

2013

**REL: 1 µg/m<sup>3</sup>**

**CHALLENGES FOR ESTABLISHING Occupational Exposure Levels (OEL)**  
**FOR CNT/CNF:**

***Workplace monitoring: 1 µg/m<sup>3</sup>; distinguishable from background?***

***One generic OEL for all: Are all CNTs and CNFs toxicologically of equal potency?***

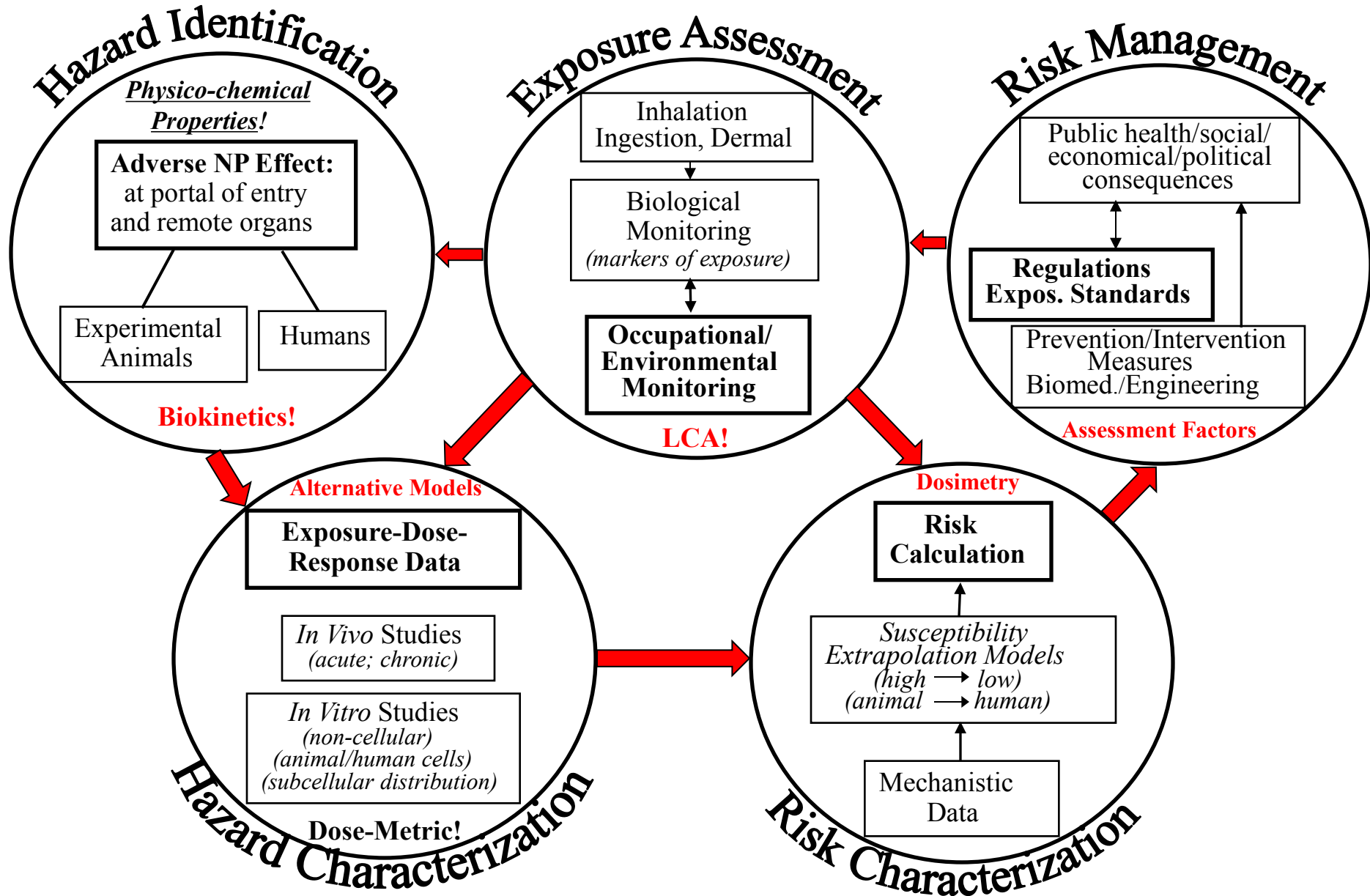
***In addition to dimension, surface modification or functionalization, tangles, straightness, level of impurities, surface defects are known to alter toxicity:***

***MWCNT-x ≠ MWCNT-y***

**However, with no convincing data to the contrary, it is prudent to treat airborne CNTs/CNFs as hazardous**

**Needed: Results of chronic rodent inhalation study**

# Risk Assessment and Risk Management Paradigm For Engineered Nanoparticles (NPs)



*Desirable as basis for testing and for regulatory hazard and risk characterization:*

*Establishing toxicologically well defined Benchmark Materials as tool for classification*