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Human health no-effect levels of TiO₂ nanoparticles as a function of their primary size

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20 **Abstract**

21 As engineered nanomaterials are increasingly introduced on the market into a broad range of
22 commodities or nanoproducts, there is a need for operational, reliable tool, enabling to
23 consistently assess the risks and impacts associated with the releases of nanoparticles. The lack
24 of a developed metric that accurately represents their toxic effects while capturing the influence
25 of the most relevant physicochemical properties is one of the major impediments. Here, we
26 investigate the relationships between the toxic responses of nano-sized and micro-sized particles
27 in *in vivo* toxicological studies and their physicochemical properties. Our results for TiO₂
28 particles indicate statistically-significant associations between the primary particle size and their
29 toxicity responses for combined inhalation and ingestion exposure routes, although the numerical
30 values should be considered with care due to the inability to encompass influences from other
31 relevant physicochemical properties like surface coatings. These findings allow for expressing
32 mass-based adverse effect levels as a continuous function of the primary size of particles. This
33 meaningful, exploratory metric can thus be used for screening purposes and pave the way for
34 reaching adaptive, robust risk assessments of nanomaterials, e.g. for setting up consistent
35 threshold levels, as well as consistent life cycle assessments of nanoproducts. We provide
36 examples of such applications.

37

38 **Keywords**

39 Titanium dioxide, particle size, toxicity, nanotoxicology, risk assessment, life cycle assessment

40

41 **1. Introduction**

42 The commercialization of engineered nanomaterials has dramatically increased over the past
43 years (Hendren et al., 2011; Keller et al. 2013; Mitrano et al., 2015). Simultaneously, the
44 potential releases of nanoparticles and their consequent risks and impacts along the life cycle of
45 nanoproducts (products embedding nanomaterials) have been raised in many studies (Grieger et
46 al. 2012; Maynard et al. 2006; Nel et al. 2006; Oberdörster 2010; Oberdörster et al. 2005;
47 SCENIHR 2009; Stone et al. 2010a; Wiesner et al. 2006). Several works have thus attempted to
48 perform human and ecological risk assessments of several nanomaterials, e.g. nano-scale
49 titanium dioxide (Christensen et al. 2011; US-EPA 2010; Warheit 2013). Likewise, a number of
50 studies have performed life cycle assessments of nanoproducts, quantifying the environmental
51 impacts from their manufacture, use and disposal stages (e.g. Walser et al. 2011). However, these
52 attempts do not gather sufficient robustness and reliability to allow for conclusive assessments of
53 the risks and impacts stemming from the released nanoparticles because of difficulties in
54 estimating their actual emissions and in identifying, tracking and evaluating the many parameters
55 influencing their fate, transport and toxicity (Aschberger et al. 2011; Jolliet et al. 2014;
56 Savolainen et al. 2010; Warheit 2013).

57 To support the evaluation of the health effects, a large number of toxicological studies have
58 been conducted (see review by Krug, 2014). Several reviews have been published over the years
59 to synthesize current knowledge and give overviews of the toxic effects of fine particles and/or
60 nanoparticles (e.g. see non-exhaustive list in Supplementary Methods; Krug, 2014). Very few of
61 these have performed comprehensive, quantitative analyses of the findings to identify possible
62 common patterns. Most works provide thorough snapshots of existing studies at a given time, but
63 limit their analyses to qualitative discussions. Among the most comprehensive ones, the study by
64 Krug (2014) has thus analyzed general trends observed over more than 10000 publications and

65 showed that, despite the sheer number of studies, a number of challenges still remains in their
66 interpretation, particularly due to a lack of comparability across studies and a widespread
67 omission of consistent characterization of the nanoparticles (Krug, 2014). The generally poor
68 reporting of physicochemical properties known to influence the toxicity of nanoparticles has
69 often been raised (e.g. Clark et al. 2012; Krug, 2014). Among the relevant physicochemical
70 properties, the primary particle size, shape, specific surface area, surface chemistry and
71 reactivity, composition, coating composition, crystallinity, charge, solubility and state of
72 agglomeration and aggregation have been flagged as the most important (e.g. Maynard and
73 Aitken 2007; MINChar 2008; Landsiedel et al. 2010; Oberdörster 2010; Stone et al. 2010a). The
74 primary particle size, one of the most studied properties, has been demonstrated to significantly
75 contribute to the toxic effects (Oberdörster et al. 2005). This relationship indicates that the mass
76 of particles alone cannot be a sufficient metric to characterize their toxic effects since the intake
77 (i.e. amount of nanoparticle entering the body) of a same mass of particles of different sizes may
78 result in different toxic effects (Oberdörster et al. 2005). To date, there is still a need to better
79 characterize the effects of nanoparticles on human health once they are inhaled or ingested as a
80 function of their physicochemical properties (Jolliet et al. 2014).

81 In this study, we propose a methodology to quantitatively investigate the relationships
82 between the non-carcinogenic effects of nano-sized and micro-sized particles and selected
83 physicochemical properties so that it can ultimately serve as support for risk assessment and life
84 cycle assessment of nanomaterials and nanoproducts. We focus on nano-scale titanium dioxide
85 (TiO₂), which is among the mostly used nanomaterials on the market and one of the mostly
86 investigated in toxicological studies (Hendren et al., 2011; Keller et al. 2013; Mitrano et al.
87 2015). We specifically aim to (i) review the experimental settings and findings of all available *in*

88 *vivo* studies published on this material that met selection criteria with respect to exposure routes,
89 exposure time and observed toxic endpoints; (ii) analyze ways to investigate relationships
90 between non-carcinogenic effects of nanoparticles and selected physicochemical properties, (iii)
91 explore the derivation and application of no-observed adverse effect levels (NOAELs) for nano-
92 sized and micro-sized particles to be used in risk assessment and life cycle assessment.

93

94 **2. Methodology**

95 **2.1. Overview of the methodology**

96 The overall methodology consists of a 6-step approach, which includes (1) identification and
97 selection of *in vivo* studies, (2) characterisation of particles with respect to their reported
98 physicochemical properties, (3) expression of the doses into “intake doses” to allow comparisons
99 across exposure routes, (4) review of the displayed toxicity responses for each experiment using
100 information on the endpoints reflecting adverse effects resulting from exposure to the
101 nanoparticle, (5) statistical analyses of the relationships between the reported physicochemical
102 properties and the incidence or absence of adverse effects, and (6) extrapolations to human
103 equivalent doses. Each of these steps is succinctly described in the following subsections.

104 In the following, the term ‘experiment’ refers to a test on a given species exposed to a
105 specific type of particles (in terms of sizes, surface treatment and crystal form –see below section
106 on particle characterisation). An experiment may include several exposure levels (i.e. different
107 doses). The term ‘study’ refers to a set of experiments performed by the same research group,
108 and may include different particle types, exposure pathways and test animals.

109

110 **2.2. Identification, selection and classification of studies**

111 The identification of *in vivo* studies was done through literature search engine, and (see
112 Supplementary Methods) complemented by the cross-checking of citing and cited literature as
113 well as studies cited in review papers in the field of nanotoxicology. Complete documentation of
114 those steps is available in Supplementary Methods.

115 *In vitro* studies were disregarded because they relate to acute toxicity and methods to use
116 them for predicting chronic (i.e. long-term) *in vivo* toxicity are yet undeveloped (Oberdörster
117 2010). Ways of incorporating the large pool of data stemming from them should however be
118 better investigated (Oberdörster 2010; Krug, 2014). Out of the retrieved *in vivo* studies, filtering
119 criteria were applied to retain (i) studies with sufficiently long exposure durations, (ii) studies for
120 which the monitored toxic endpoints are comparable with other studies, (iii) studies, for which
121 reporting contains sufficient information for particle characterisation and analysis of the results,
122 (iv) studies addressing oral and inhalation exposure pathways, which are both considered the
123 most relevant for risk assessment and life cycle assessment applications. For the latter, because
124 no consensus currently exist on the correspondence between inhalation and intratracheal
125 instillation studies, the intratracheal instillation tests, in which the particles are directly
126 administered into the lower part of the respiratory tract of the animal under anaesthesia, were
127 disregarded in the current study (see, e.g. Aitken et al. 2009; Bakand et al. 2012; Driscoll et al.
128 1991, 2000; Warheit et al. 2005). However, further work should continue exploring the
129 comparability of the results in the large body of intratracheal instillation experiments (> 50
130 studies) with the findings from inhalation studies to bring additional data for interpretation
131 (Krug, 2014).

132 With respect to exposure durations, the retrieved studies were classified into four groups, i.e.
133 acute, subacute, subchronic or semi-chronic, and chronic. The categorisation is strongly
134 dependent on the species, e.g. maximum lifetime (Vermeire et al. 1999). Supplementary
135 Methods (Table M3) show the categories and their associated definitions that are assumed for
136 studies on rats, mice and hamsters. Acute studies, i.e. with a repeated exposure of less than 7
137 consecutive days, were disregarded in the current study as the overall aim is to investigate
138 chronic toxicity.

139 Only studies with a comprehensive report of the toxicity responses were included.
140 Biodistribution and dosimetry-based studies were not considered when they did not investigate
141 possible incidence of adverse toxic effects. Studies, in which only morphological effects of
142 exposure to micro-sized or nano-sized particles were observed (e.g. weight), were disregarded. In
143 addition, genotoxicity tests were excluded because of the difficult comparability with other
144 toxicological studies and their linkage to potential mutagenicity carcinogenic effects, which are
145 considered outside the scope of the study (Koedrith et al. 2014). Only studies including
146 investigations of non-cancer effects were considered (although studies investigating cancer
147 effects are also reported in Tables S1 and S2). Furthermore, all tests performed on animal models
148 of human susceptibility, e.g. pregnant mice (Gao et al. 2011; Warheit et al., 2015) were
149 excluded. Finally, all tests with responses and/or doses and/or particle characterisation that could
150 not be quantified properly were excluded.

151

152 **2.3. Particles properties available for statistical analysis**

153 Over the past decade, the field of nanotoxicology has identified a relatively large number of
154 physicochemical properties of the nanoparticles that are accountable for their toxic effects. From
155 the literature, about 10 generic physicochemical properties are frequently reported as influential
156 to the fate and health effects of the nanoparticles, i.e. the primary particle size (incl. size
157 distribution), the shape (aspect ratio), the specific surface area, the surface chemistry/reactivity,
158 the composition (incl. impurities), the coating composition (if any), the crystal structure, the
159 charge, the solubility, the state of agglomeration (Zeta potential) and aggregation (Landsiedel et
160 al. 2010; Maynard and Aitken 2007; MINChar 2008; Oberdörster 2010; Stone et al. 2010a, b).

161 A case-by-case approach is advised when addressing the behaviour of nanoparticles in the
162 environment and their impacts on human health (and ecosystems) –see e.g. Stone et al. (2010a)
163 and SCENIHR (2009). Therefore, not all properties will play a same role whether carbon
164 nanotubes or nano-TiO₂ are studied, for example. One of the major problems to analyse the
165 influence of these properties is the lack of comprehensive documentation in the experimental
166 studies, which render difficult the find of patterns (Clark et al. 2012). Although it is not directly
167 addressed in this study, another issue consists in the contrast between the properties of pristine
168 nanoparticles, which are manufactured nanomaterials and are the focus of most toxicological
169 studies, and those of the nanoparticles eventually embedded in consumer products and
170 potentially released to the environment in their use or disposals (Nowack et al. 2012). Properties
171 of the latter categories of particles (and their changeability after releases) are more relevant to
172 human health impact and risk assessments.(Nowack et al. 2012)

173 With respect to TiO₂ nanoparticles, a number of studies have highlighted the influence on
174 the toxicity responses of several physicochemical properties, including the primary particle size
175 (Oberdörster et al. 2005), the surface treatment, e.g. presence and type of coatings (e.g. Warheit

176 et al. 2005), and the crystal form (e.g. Jiang et al. 2008). To comprehensively analyse their
177 influences and dependencies, a sufficiently detailed documentation of these properties is required
178 for the majority of the retained studies. Unfortunately, because of the paucity of data across the
179 retained studies, the surface-related characteristics, e.g. coatings of pigmentary particles, could
180 not be integrated. Therefore, only the primary particle size and the crystal form were analysed in
181 relation to the toxic responses, an assumption that affects the numeric estimates. Further works
182 should address those gaps.

183 For primary particle size, the values reported by the authors of the studies were considered as
184 such, although some discrepancies might occur in their characterisation across studies. It is
185 noteworthy that in most studies, data about size distribution was missing or largely insufficient to
186 allow for a comprehensive accounting of this aspect. When available, such information could
187 however be useful to investigate the influence of the particle aggregation state on the potential
188 toxicity of nanoparticles, and should thus be encompassed in future studies comparable to the
189 current one.

190 **2.4. Expression of animal doses**

191 For all included experiments, each tested dose and its associated responses were individually
192 treated. A similar method as the one developed by Gold et al. (1984) (CPDB website at
193 <http://potency.berkeley.edu/methods.html>) was applied. All reported doses were translated into
194 average daily chronic dose rates expressed in a mass unit of the particle intake per day (d) and kg
195 body weight (kg-bw) for ingestion and inhalation exposure –see Equations 1 and 2, respectively:

$$196 \quad ID_{a, \text{chronic}} = \frac{ID_{a,i} \times CF_{\text{exp}}}{BW_a \times CF_i} \quad (\text{Equation 1})$$

197
$$ID_{a, chronic} = \frac{C_{a,i} \times IR_a \times CF_{exp}}{BW_a \times CF_i} \quad (\text{Equation 2})$$

198 where $ID_{a, chronic}$ is the average daily chronic intake dose (e.g. mg/kg-bw/day) for a given animal
199 a ; $ID_{a, i}$ is the daily ingested dose (e.g. mg/day) used in the test with animal a and exposure
200 duration i ; CF_{exp} is the correction factor for exposure time to translate the discontinuous regimen
201 in animal test into an assumed continuous daily exposure used as target exposure (e.g. $CF_{exp} =$
202 $D/7 \times H/24$, with $D =$ days of weekly exposure and $H =$ hours of daily exposure); BW_a is the
203 body weight (kg-bw) of animal a (reported in studies or default values taken from US-EPA
204 (1988); CF_i is the dimensionless correction factor for duration of the exposure i (subacute,
205 subchronic, chronic; see below); $C_{a,i}$ is the concentrations (mg/m³) used in the test with animal
206 a and exposure duration i ; IR_a is the inhalation rate of test animal a in m³/d (reported in US-
207 EPA 1988).

208 The correcting factors CF_i from Vermeire et al. (1999, 2001) were used to adjust the
209 duration of the exposure, with values for subacute-to-chronic factor of 5 and subchronic-to-
210 chronic ratio of 2. They are derived for oral NOAEL data but Vermeire et al. (2001) report their
211 assumed applicability to systemic effects caused by inhalation or dermal exposures. These
212 extrapolation factors were derived from investigating chemicals effects. In the absence of any
213 data with regard to particles, it is assumed valid for the purpose of this study. Further work is
214 needed to verify and/or refine that assumption.

215 It is noteworthy that the approach to express doses as intake doses for both exposure routes
216 differs from that used in some other studies (e.g. Brown et al. 2005; Kuempel et al. 2006;

217 Pauluhn 2011; Oller and Oberdörster 2010). In these, the dose expression also encompasses
218 some elements of absorption by the receiving body. For example, in particle inhalation studies,
219 Jarabek et al. (2005), Kuempel et al. (2006) and Oller and Oberdörster (2010) include the
220 deposited fractions of particles in the lungs, which also depend on the agglomeration/aggregation
221 state and can be calculated via e.g. a multiple-path particle dosimetry model (e.g. Asgharian et al.
222 1995, 2001; Asgharian and Price 2007). In the current study, we intend to bring results from all
223 exposure pathways on an equal basis. In practice, this can be done before or after absorption
224 processes (e.g. after absorption from GI tract for ingestion route or from the depositions in the
225 lungs). However, the absorption mechanisms are dependent on several parameters, including
226 characteristics specific to both the particle type and the receiving animal/human body. Based on
227 the often incomplete data available in the retrieved studies and the general lack of knowledge in
228 the mechanisms governing particle absorptions, the determination of absorption fractions was
229 disregarded for all considered exposure routes. All doses for inhalation and ingestion were
230 therefore expressed as intake doses. The possibility to harmonise all doses as uptake doses,
231 reflecting the amount of nanoparticles absorbed in the body via the lungs or the gastrointestinal
232 tract, should however be explored in further studies, as it is deemed more consistent.

233

234 **2.5. Review of observed toxic responses**

235 As the toxic endpoints vary considerably across the selected studies, the observed toxic
236 responses were reviewed for each single dose tested with focus on ensuring comparability and
237 harmonisation across the studies. General selection criteria were thus defined, including: (i)
238 evaluation of the incidence of adverse effects and not their severities, hence disregarding post-

239 exposure monitoring/recovery periods, which could yield different toxicity characterisation in
240 the data set but could difficultly be harmonised across studies (e.g. studies not addressing
241 recovery vs. studies addressing it); (ii) evaluation of the toxic responses based on the stained
242 sections and micrographs of exposed organs and tissues (e.g. incidence of necrosis) and/or the
243 reported levels of serum biochemical values and haematological parameters (based on statistical
244 significance when compared to controls), and the interpretation of histopathological findings
245 reported by the authors of the studies; (iii) emphasis to identify actual adverse effects. With
246 respect to the latter, the accumulation of macrophages was thus not deemed an adverse effect
247 because it was regarded as a defence mechanism, which could be triggered by other causes than
248 the exposure to the (nano)particles. Many experiment results were analysed based on the
249 reported incidence of necrosis or apoptosis, both indicative of induced inflammation. Chronic
250 alveolar inflammation was considered an adverse effect for lung toxicity. Statistically different
251 (from controls) levels of neutrophils (PMN) or some enzymes, e.g. aspartate transaminase (AST)
252 or alanine transaminase (ALT), indicative of liver toxicity and injury, were also considered as
253 markers of adverse effects. All toxic endpoints were considered equally in this review and were
254 not differentiated in the further analysis to allow retaining a sufficiently large pool of data.
255 However, ways to account for their large diversities, and thus render the different doses (e.g.
256 NOAELs), should be explored in future studies (ECHA, 2017).

257 Each dose-specific experiment was thus flagged as either a NOAEL or a lowest-observed
258 adverse effect level (LOAEL), or was not flagged if the experiment dose was lower (higher) than
259 an already-flagged NOAEL (LOAEL) for the same experiment. Although tests within each
260 single experiment were flagged as NOAEL or LOAEL (or not flagged), the data are in fact
261 interval-censored and all flagged tests should be distinguished according to three groups, i.e. (1)

262 those with only an identified NOAEL (i.e. left-censored), (2) those with only an identified
263 LOAEL (i.e. right-censored) and (3) those with both identified NOAEL and LOAEL in the same
264 experiment (i.e. termed “interval-censored NOAEL/LOAEL” in the following). Therefore, the
265 level at which an adverse effect occurs lies between NOAELs and LOAELs of tests belonging to
266 group 3 (hence “interval censoring”), or lies above NOAELs of group 1 (how far above is
267 unknown, hence “right-censoring”) or below LOAELs of group 2 (how far below is unknown,
268 hence “left-censoring”). In the reporting and analysis of the results, the distinction between the
269 NOAELs of groups 1 and 3 as well as that between the LOAELs of groups 2 and 3 were made by
270 considering either the whole set of NOAEL/LOAEL data or the data set limited to interval-
271 censored NOAEL/LOAELs.

272

273 **2.6. Regression analyses**

274 Several parametric regression analyses were performed to investigate the relationships
275 between the incidence of adverse effects and the primary size and the crystallinity of the TiO₂
276 particles: (i) a preliminary analysis of variance (ANOVA), (ii) multiple linear regression
277 analyses, and (iii) a regression analysis accounting for the censored nature of the data (i.e.
278 differentiating left-censored, right-censored and interval-censored data). Statistical software from
279 the R system, version 3.2.3 (R Core Team, Vienna, AT), and statistical software Stata, v. 13
280 (StataCorp LP, College Station, TX, USA), were used to perform these analyses.

281 Based on the review of the toxic responses (see Section 2.5), ANOVA tests were carried out
282 using the whole set of NOAEL/LOAEL data, testing the influence of the primary size of the
283 particles, the exposure route, and the type of toxicity response to explain TiO₂ toxicity. For these

284 ANOVA tests, the particles in our data set were grouped into two size groups (nano-range, i.e.
285 below 100 nm, and micro- range, above 100 nm).

286 Multiple linear regression (MLR) analyses were computed on the NOAEL and LOAEL
287 identified through the review (see Section 2.5), and encompassed the following numerical and
288 categorical variables: (i) the primary size of the particles, (ii) the crystal form (relevant to TiO₂),
289 (iii) the exposure route, (iv) the tested animal, and (v) the type of toxicity response (NOAEL or
290 LOAEL). The analyses were separately conducted on the entire set of data as well as on the data
291 set limited to interval-censored NOAEL/LOAEL values (see Section 2.5). In these regressions,
292 the primary size of the particles was included as continuous variable. The generic model of the
293 regression analysis describes NOAEL and can be expressed for an observation *i* with Equation 3:

$$294 \log_{10}(NOAEL_i) = \alpha + \beta_{size} \log_{10}(d_i) + \beta_{species-route} I_{species-route} + \beta_{cryst-an} X_{cryst-an} + \varepsilon_i \quad (\text{Equation 3})$$

295 with *d* the primary particle size, β_{size} the parameter expressing the slope for the dependence on
296 primary particle size, $\beta_{species, route}$ the parameter for given species and exposure route, conditioned
297 with the Boolean variable $I_{species, route}$ (0, 1), and $\beta_{cryst-an}$ the parameter for anatase crystal form,
298 conditioned with the content of anatase $X_{cryst-an}$ (%) and ε_i expressing a normal distribution with
299 mean 0. When only exposure route was considered as a variable (i.e. no species differentiation;
300 see Section 3.2), the parameter $\beta_{species, route}$ in Equation 1 is substituted by β_{route} .

301 To integrate the censored nature of the data into the regression analysis, an additional
302 parametric regression analysis of the censored data was conducted (Klein 2003). Such type of
303 models is commonly used for accelerated failure time modelling, and its explorative use here
304 aims to test the relationships between the size variable and the absence or incidence of adverse

305 effects defined as interval-censored, left-censored or right-censored data. The model expression
306 for that censoring-based regression (CR) is the same as described in Equation 1. In addition to
307 testing the statistical significance of the variables, the tested model can also describe the point
308 where adverse effects start occurring, i.e. virtually the upper achievable NOAEL.

309 The results of all regression tests were examined and interpreted based on the statistical
310 significance of the parameters and the model as a whole (p-values < 0.05). In addition, multiple
311 linear regression models were also validated using leave-one-out cross-validation procedure and
312 characterised with the predictive squared correlation coefficient Q².

313

314 **2.7. Extrapolations to human-equivalent doses**

315 Equivalent human intake doses, i.e. NOAELs for humans, were extrapolated from average
316 daily chronic intake doses for the selected animal for ingestion and inhalation exposure routes –
317 see Equation 4.

$$318 \quad NOAEL_{hum}^{ex} = \frac{NOAEL_a^{ex}}{AF_a} \times BW_{hum} \quad (\text{Equation 4})$$

319 With $NOAEL_{hum}^{ex}$ being the NOAEL expressed as average daily intake dose for humans (in
320 mg/day/person) for chronic exposure route ex ; $NOAEL_a^{ex}$ the NOAEL expressed as average daily
321 intake dose for animal a and chronic exposure route ex ; AF_a the interspecies allometric factor
322 for animal a ; and BW_{hum} Body weight (kg) of humans (70 kg; US-EPA 1988).

323

324 Interspecies extrapolation from animals to humans was performed by applying allometric
325 factors (Gold et al. 1984, Jarabek et al. 2005, Rosenbaum et al. 2011, Vermeire et al. 1999, 2001,
326 Vermeire et al. 1999). As defined by Vermeire et al. (2001), the interspecies factors include (i) a
327 default distribution to account for variability in specific toxicokinetics and toxicodynamics, and
328 (ii) a default factor to account for systemic differences between species caused by differences in
329 body size and related basal metabolic rate. Vermeire et al. (2001) report a geometric mean of the
330 latter equal to 1, thus reflecting the biological assumption that all species are equally sensitive.
331 The interspecies allometric factors AF_a thus express the systemic differences between species
332 after exposure. Three methods are commonly used to determine these factors, whether the
333 extrapolations are based on body weight, surface area or caloric demand (Vermeire et al. 1999).
334 In the current study, the recommendations of Vermeire et al. (1999, 2001), who indicate the
335 preference of extrapolations based on calorific demands, were followed, with default values of
336 AF_a equal to 4.1 (rats), 7.3 (mice) and 4.7 (hamster; own calculation). It is noteworthy that this
337 is in contrast to some previous studies on nano-sized and micro-sized particles (e.g. Jarabek et al.
338 2005; Kuempel et al. 2006), where the allometric factor is defined by the ratios of body weights
339 between humans and animals for systemic effects, or by the ratios of lung masses or lung surface
340 areas between humans and animals for effects in the respiratory tract.

341

342 **3. Results and discussion**

343 **3.1. Review results**

344 The application of selection criteria to identify relevant in vivo studies for the review (see
345 Methodology) led to shortlisting a total of 181 collected studies in 209 scientific publications to a

346 number of 21 retained *in vivo* studies addressing subacute, subchronic and chronic exposure to
 347 TiO₂ particles via ingestion and inhalation routes (32 scientific publications; see Tables S1 and
 348 S2 and Supplementary Methods). The retained data correspond to 60 different tests, in which 17
 349 NOAELs and 26 LOAELs were identified (see Table 1). The range of particle sizes over the
 350 entire data set is 4 nm – 450 nm. The review details of these tests are documented in Tables S1
 351 and S2 for ingestion and inhalation exposure routes, respectively.

352

353 **Table 1** Summary of reviewed *in vivo* studies with ranges of NOAEL and LOAEL for TiO₂
 354 particles. ^a

Exposure routes	Number of studies (papers) ^b	Number of tests ^b	Number of left-censored NOAEL data	Number of right-censored LOAEL data	Number of interval-censored NOAEL / LOAEL data	NOAEL (LOAEL) ranges (mg/kg-bw/d)
Ingestion	6 (6)	15	3	5	1 / 1	40 – 24000 (8 - 1000)
Inhalation	15 (26)	45	7	14	6 / 6	0.0836 - 4.05 (0.0171 - 10.5)
Total retrieved	21 (32)	60	10	19	7 / 7	-

355 ^a For differentiation across species, see details in Tables S1 and S2.

356 ^b Studies refer to a set of experiments performed by the same research group. The results of a study are
 357 sometimes disseminated in several papers, hence the higher number of papers than that of studies. Tests
 358 refer to experiments conducted on a given species exposed to a specific type of particles with a specific
 359 exposure level.

360

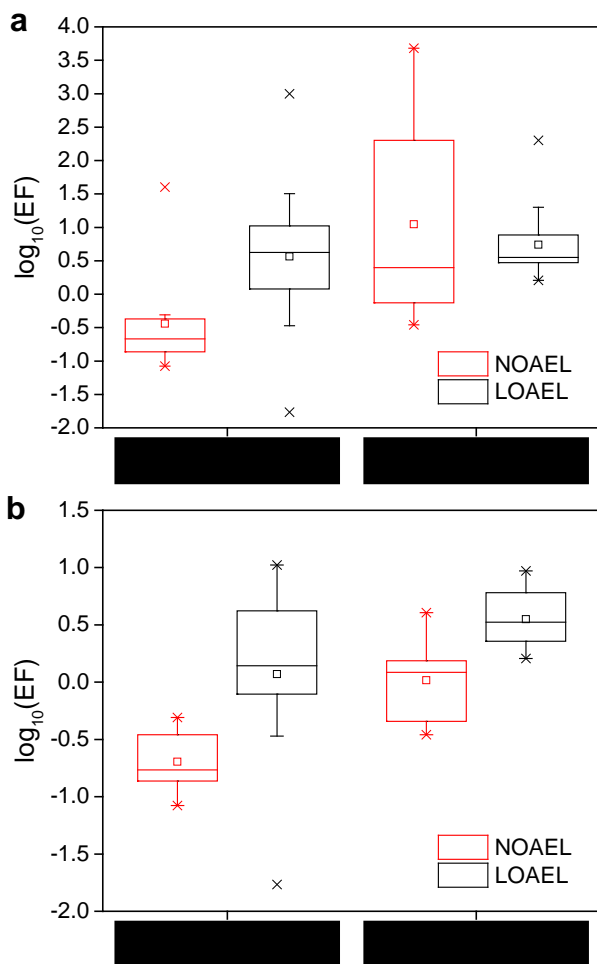
361 3.2. Relationships between toxic effects and primary particle size of TiO₂

362 Unlike anticipated (see, e.g. Jiang et al., 2008), none of the statistical analyses of the
 363 correlation between the toxicity of TiO₂ particles and their physicochemical properties showed
 364 that the crystallinity of TiO₂ particles expressed a statistically-significant influence on their

365 toxicity when the primary particle size was also considered. A strong correlation was observed
366 between the crystallinity and the primary size of the particles in the retained experiments (see
367 Table S3), since small-sized particles were associated with higher proportions of anatase whereas
368 larger-sized particles were dominantly in a rutile form. The crystallinity was therefore
369 disregarded from further analysis in this study although its relationship with toxicity of the
370 particles should still be explored in future research (Jiang et al. 2008). In the following
371 subsections, the analysis was therefore centered on studying the relationships between the
372 primary size and the toxicity of the particles.

373 The overall trend illustrated in Figure 1A suggests an influence of particle size when
374 classifying the data set into 2 size groups (nano-range, i.e. below 100 nm, and micro- range,
375 above 100 nm). The two-way ANOVA analysis indeed revealed statistically significant
376 differences between the size groups, classified into absence/occurrence of adverse effects, i.e.
377 NOAEL or LOAEL (see Figure 1A; all data considered, regardless of their interval-censored
378 nature) when all routes were combined ($F_{2,40}=2.96$; p values of 0.039 and 0.27 for the effects of
379 size and absence/occurrence of adverse effects, respectively). When only inhalation data are
380 considered, both the size and the absence/occurrence of adverse effects become statistically
381 significant ($F_{2,30}=14.4$; $p<0.005$ in both cases; see Figure 1B). This suggests that in addition to
382 the influence of the size, there might be some influence of the exposure route on nanoparticle
383 toxicity. This influence was not found to be statistically significant in this ANOVA analysis
384 probably due to low number of data points.

385



386
387 **Fig. 1** Influence of the primary size on the occurrence of adverse toxic effect of TiO₂ particles in
388 nano- and micro-sized ranges for (a) the entire data set, and (b) the data set restricted to the
389 inhalation exposure route. EFs indicated on the y-axis are either NOAEL or LOAEL data points
390 (adjusted to average daily chronic intake doses in mg/kg-bw/d; see Table 1). Boxes indicate 25th
391 and 75th percentiles, square and horizontal lines within the boxes indicate mean and median,
392 respectively. Whiskers indicate inner out outer fence values assuming a default coefficient of 1.5,
393 so that data points outside the fence values (in our study one data point) are considered outliers.
394 Crosses indicate 2.5th and 95th percentiles.

395
396 Multiple linear regressions were performed to further refine the ANOVA test (see Section
397 2.6). Table 2 provides the results for four analyses made on either the entire data set (n= 43) or

398 the data set limited to interval-censored NOAEL/LOAEL (n=14), with and without species
 399 differentiation. The considered variables are able to explain between 88% and 92% (adjusted R²)
 400 of the data variability when restricting the dataset to the most reliable data with that interval-
 401 censored NOAEL/LOAEL. When considering the entire dataset, data variability increases and
 402 the fraction explained is reduced to approximately 65%.

403 *Effect of particle size:* Statistically significant associations are observed between NOAEL
 404 and size-variable for the restricted interval-censored data set, with significant (i.e. below 0.05) p-
 405 values of 0.004 (test with exposure route differentiation) and 0.001 (test with both species and
 406 exposure route differentiation). When considering the entire dataset, the association with the
 407 size-variable is significant (p=0.009) when only exposure route is differentiated and marginally
 408 significant (p=0.049) when both route and species are differentiated. These results suggest a firm
 409 correlation between the primary size of the particle and its toxicity. Likewise, a marked
 410 differentiation between the absence or occurrence of adverse effects (i.e. NOAEL or LOAEL) is
 411 overall observed (see Table 2).

412

413 **Table 2** Results of MLR analysis for inhalation and ingestion exposure to TiO₂ particles. ^a

Parameter	Only interval-censored NOAEL/LOAEL (n=14) Exposure route differentiation	Only interval-censored NOAEL/LOAEL (n=14) Species and exposure route differentiation	All NOAEL/LOAEL data (n=43) Exposure route differentiation	All NOAEL/LOAEL data (n=43) Species and exposure route differentiation
Intercept	-1.80 (-2.69; -0.90) **	-2.31 (-3.32; 1.29) **	-1.20 (-2.00; -0.40) **	-1.234 (-2.02; -0.43) **
Log Size	0.74 (0.30; 1.17) **	0.87 (0.47 1.28) **	0.57 (0.15; 0.99) **	0.46 (0.002; 0.91) **
Inhalation	0 (reference, see intercept)	NA	0 (reference, see intercept)	NA
Ingestion	1.76 (1.23; 2.30) **	NA	1.90 (1.42; 2,39) **	NA
Ingestion, mouse	NA	1.97 (1.37; 2.57) **	NA	2.08 (1.36; 2.80) **

Ingestion, rat	NA	NA	NA	2.53 (1.64; 3.43) **
Inhalation, mouse	NA	0.51 (0.04; 1.05) *	NA	0 (reference, see intercept)
Inhalation, rat	NA	0.141 (0.36; 0.64)	NA	0.47 (-0.13; 1.08)
Inhalation, hamster	NA	0 (reference, see intercept)	NA	0.21 (-0.64; 1.05)
LOAEL	0.73 (0.36; 1.09) **	0.72 (0.40; 1.04) **	0.31 (-0.12; 0.73)	0.21 (-0.25; 0.67)
Adj. R2	0.884	0.918	0.648	0.656
Q2 (LOO)	0.841	0.894	0.589	0.524
p-value for model	1.47E-05 **	5.55E-05 **	1.41E-09 **	2.79E-08 **

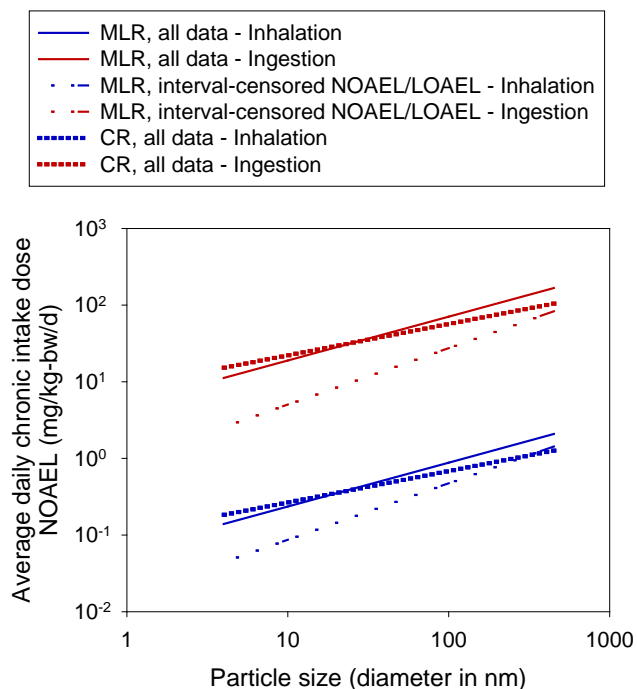
414 ^a Statistically-significant results, assumed with $p < 0.05$, are indicated by asterisks “***”, results with
415 $0.05 < p < 0.1$ are indicated by “*”. 95% confidence intervals (95% CI) are provided in brackets. NA: not
416 applicable.

417

418 The best estimate of the size parameter slope β_{size} that expresses the increase in the
419 $\log_{10}(\text{NOAEL})$ as a function of the $\log_{10}(\text{particle size})$ varies between 0.46 and 0.87 (see Table
420 2). This supports the observations that toxic effects continuously decrease as the primary particle
421 size increases. These results imply that an exposure to TiO₂ nanoparticles of 10-nm primary size
422 would lead to toxic effects approximately 2.9-7.5 times higher than a same exposure to TiO₂
423 particles of 100-nm primary size (range of 1-19 when considering the positive 95% CIs reported
424 in Table 2). This finding, especially the numerical estimates, should be considered with care
425 because physicochemical properties other than the particle size and that are not investigated in
426 the present study might significantly alter the reported trends. For example, the surface coatings
427 is known to significantly influence the toxicity of the nanoparticles, and even though our review
428 disregarded coated nanomaterials, the tested particles may still happen to be doped and/or
429 affected by the test media, as these aspects are not always monitored and reported transparently
430 in toxicological studies (Clark et al., 2012; Warheit et al., 2005; Yang et al. 2014).

431 This trend of a positive slope β_{size} can also be observed when performing regression analyses
432 taking into account the censored nature of the data (i.e. Censoring-based Regression – CR
433 analysis; see Section 2.6), where positive values of the slope β_{size} are obtained (0.80 and 0.41 for
434 species-route differentiation and only route differentiation, respectively; see Tables S4 and S5).
435 However, it should be noted that these CR tests, although deemed the most consistent when
436 taking the entire set of available data, did not reveal any statistical significance with p-values
437 above 0.05 (Tables S4 and S5). A strong dependence on the inclusion and exclusion of data in
438 this statistical test (data not shown) suggests that further attempts at the CR application should be
439 made when larger and more consistent data sets become available.

440 *Exposure route:* Figure 2 plots the size-differentiated NOAEL functions obtained from the
441 results of the different regression analyses. As reflected by the highly significant coefficient for
442 ingestion (versus inhalation) of close to 1.8-1.9 in both experiment only differentiating the
443 exposure route, the NOAEL values are approximately 60-80 times lower for inhalation exposure
444 than for ingestion. As also illustrated in Figure 2, the variations between the estimates of the
445 slope β_{size} are strongly dependent on the data set considered and whether or not only interval-
446 censored NOAEL/LOAEL data are considered (thus disregarding left- and right-censored
447 NOAEL and LOAEL data points). Accounting for the entire data set (i.e. 43 data points)
448 substantially extends the number of data, whereas the data set limited to interval-censored data
449 (i.e. 14 data points) is deemed more accurate.



450
451 **Fig. 2** NOAEL resulting from regression analyses for inhalation and ingestion exposure to TiO₂
452 particles (size range: 4-450 nm). Inclusion of different data sets (all data or interval-censored
453 NOAEL/LOAEL only) and regression tests (multiple linear regression, MLR, or censoring-based
454 regression, CR) differentiate the results from the regression tests, i.e. parameter values in
455 Equation 4, and hence the different curves. Interval-censored regression data accounting for the
456 censored nature of the data are only presented for indicative purposes as no statistically-
457 significant slope for the size were observed (see Tables S4 and S5).

458
459 *Species differentiation:* Differentiating the number of species in addition to the exposure
460 route only slightly increases the adjusted R² for the restricted set limited to interval-censored
461 NOAELs/LOAELs, whereas it does not bring any increase in adjusted R² when considering the
462 entire data set. With consideration to the restricted data set, for which there are little data for a
463 relatively large number of variables, a regression analysis made with only a differentiation
464 between exposure routes seems more appropriate.

465 Albeit their limitation to the case of TiO₂ nanoparticles, our findings thus provide two major
466 advances in the assessment of the toxic effects of nanoparticles: (i) a quantitative measure of the
467 association between toxic effects and primary sizes of nanoparticles; and (ii) an expression of
468 toxic effects in a meaningful metric. Many studies have reported the different magnitudes of
469 effects on animals following exposure to different sizes of nanoparticles or to either nano-scale
470 or micro-scale particles, but none managed to quantify this difference for entire size ranges, thus
471 providing continuity and allowing for useful predictions. Furthermore, the utilization of mass-
472 based metrics alone have been demonstrated not to be valid for capturing the effects of
473 nanoparticles, and other complementary metrics based on surface area or particle numbers have
474 been proposed to account for the particle sizes (Oberdörster et al. 2005). The above findings
475 advance towards the determination of a meaningful, operational metric to express exposure
476 levels, even though it only relies on the study of the primary size and ignores potential influences
477 of other physicochemical properties of nanoparticles. The mass-based exposure levels (translated
478 into intake doses) are expressed as a function of the primary particle size, thus implicitly
479 accounting for the differences in the surface areas and particle numbers. Even for the inhalation
480 pathway, in which the absorption is strongly dependent on the state of agglomeration and
481 aggregation, aggregates of same sizes but with different primary sizes can lead to different toxic
482 responses (Ferin et al. 1992), thus indicating possible disaggregation mechanisms after intake
483 and attesting the strong influence of the primary particle size in the toxic effects. This therefore
484 supports our assertion that, given the current state of knowledge, the expression of NOAEL as a
485 function of the primary size as illustrated in Figure 2 can adequately capture the nano-scale-
486 specific toxicity of TiO₂ particles while also allowing characterization of micro-sized particles,
487 and thus address the metrics issue raised in earlier studies. Further research is however needed to

488 explore how the inclusion of more physicochemical properties can refine this expression of the
489 NOAEL and to what extent this finding applies to other nanoparticles.

490

491 **3.3. Implications for assessing human health risks and impacts**

492 **3.3.1. Derivation of human NOAEL**

493 A direct consequence of the aforementioned findings is the opportunity to determine
494 NOAEL values for humans as function of the primary particle sizes. Based on the regression
495 analyses in Section 3.2.2, the statistical results from the data set limited to the interval-censored
496 NOAEL/LOAEL data that only distinguish between exposure routes without species
497 differentiation were retained as basis for deriving the human NOAEL. These results presented
498 high statistical significance for the different variable estimates. As reflected in Figure S1, they
499 also show conservative estimates once the animal data were converted into human-equivalent-
500 exposure levels, compared to the use of the entire data set. Within the data-defined size range (4-
501 450 nm), Equations 5 and 6 express these relationships for TiO₂ for both inhalation and ingestion
502 routes, respectively (with d the primary size of the particles in nm; and $NOAEL_{hum}$ in
503 mg/person/day).

$$504 \quad NOAEL_{hum}^{inh} = 70 \left[10^{(-2.620 + 0.796 \times \log(d))} \right] = 1.680 \times 10^{-1} \times d^{0.796} \quad (\text{Equation 5})$$

$$505 \quad NOAEL_{hum}^{ing} = 70 \left[10^{(-1.028 + 0.796 \times \log(d))} \right] = 6.567 \times d^{0.796} \quad (\text{Equation 6})$$

506

507 It should be noted that the conversion to human exposure levels was performed on the
508 original data. Therefore the run of new regression analyses was required to obtain the parameter

509 estimates although the results are very similar to those reported in Table 2 (i.e. statistical
510 significance observed for all parameters and slope changed from 0.74 to 0.80; see Table S6).
511 Because of the large uncertainties inherent to the determination of Equation 5 and 6 (see Section
512 2 and regression result analysis in Section 3.2.2), the above equations are not intended to model
513 and predict human NOAELs as a default method. However, they are believed to present a useful
514 and complementary approach to existing approaches encompassing reviews and selections of
515 specific toxicological test results (e.g. Christensen et al. 2011), and are deemed relevant for
516 screening purposes in the evaluation of risks and impacts of TiO₂ nanoparticles (see following
517 Section 3.3.2).

518

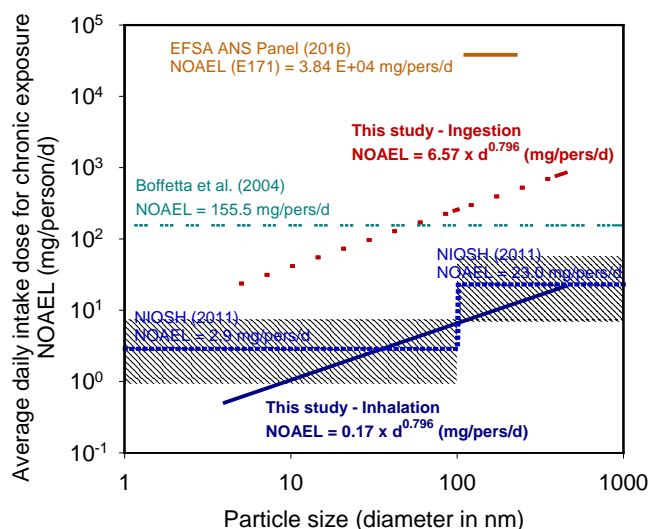
519 **3.3.2. Possible use in RA**

520 A major concern about health effects of nanoparticles stems from potential occupational and
521 consumer exposure (via inhalation and ingestion). As illustrated in Figure 3, the findings of this
522 study show a relatively good agreement with the exposure limits recommended by the National
523 Institute of Occupational Safety and Health (NIOSH) once these are translated into intake doses
524 (Supplementary Methods and NIOSH 2011). For inhalation of TiO₂ (blue curves), the
525 discontinuous exposure NIOSH thresholds and ranges, which differentiate the nano-scale and the
526 micro-scale domains based on particle archetypes (NIOSH 2011), closely follow the proposed
527 continuous size-dependent NOAELs. When considering the data ranges of the present study (i.e.
528 4-450 nm), the current study tends to yield more conservative estimates in the lower nano-sized
529 and micro-sized ranges for inhalation. Overall, these comparisons therefore suggest that the
530 findings are consistent with existing recommendations (e.g. NIOSH 2011) and epidemiological
531 observations (e.g. Boffetta et al. 2004), although adjustments in recommended exposure

532 thresholds should be envisaged to integrate a continuous size dependency and more conservative
533 estimations.

534 With regard to ingestion exposure, some concerns have emerged with the ingestion of TiO₂ as
535 food additive (i.e. E171; primarily micro-sized). Although it could not establish an acceptable
536 daily intake, the European Food Safety Authority (EFSA) Scientific Panel on Food Additives
537 and Nutrient Sources recently highlighted a NOAEL of 2250 mg TiO₂/kg-bw/d obtained for rats
538 exposed in a chronic study (103 weeks) to ingestion of E171 (EFSA, 2016; NCI, 1979). When
539 translated into human-equivalent intake doses (see Section 2.7), this resulted in a human NOAEL
540 1-2 orders of magnitude higher than our results for the same size range –see Figure 3. While
541 indicating the conservative nature of this NOAEL, this difference may be explained by the
542 different properties of the food additive E171 and the TiO₂ nanoparticles tested in the other
543 ingestion exposure studies supporting our results (e.g. rutile form, etc.; see Table S1; see also
544 Yang et al., 2014). It is also noteworthy that in actual exposure situations, an important
545 proportion of the particles would remain sorbed to the food matrix during the digestion process
546 and may thus not be available for absorption through the gastrointestinal tract. In contrast,
547 nanoparticles used in toxicological studies are typically not bound to any matrix, which may
548 result in a higher absorption rate. Further investigation is therefore required to evaluate the actual
549 toxic effects of nanoparticles present in consumer products (Nowack et al. 2012; EFSA, 2016;
550 Yang et al., 2014).

551



552
553 **Fig. 3** Comparisons of NOAEL for humans for chronic inhalation and ingestion exposure to
554 nano-sized and micro-sized TiO₂ particles (NOAEL expressed as average daily intake doses in
555 mg/person/day), and assuming that coatings on pigmentary particles do not lead to artefacts (see
556 Section 2.3). The slope value for TiO₂ particles is 0.796 (95% CI: 0.43-1.16). External data were
557 used to compare with the results from the current study (ingestion: NOAEL value for E171
558 highlighted by EFSA ANS Panel (2016); inhalation: epidemiological study by Boffetta et al.
559 (2004); inhalation: recommended thresholds by NIOSH (2011)). The hatched area illustrates the
560 range of inhalation exposure levels corresponding to NOAELs for noncarcinogenic effects as
561 identified by NIOSH (2011); the blue-dotted line indicates the recommended NIOSH thresholds
562 relating to cancer effects and regarded as default (NIOSH 2011). Background details pertaining
563 to these graphs are documented in Table S6 and in Supplementary Methods.

564
565 The dependence of the NOAEL on the primary size of the particles, including 95%
566 confidence intervals, allows making refined, case-specific human health risk assessments,
567 bringing more consistency to earlier attempts (Christensen et al. 2011; Kuempel et al. 2012; Som
568 et al. 2013). Exposure situations, which are typically defined for a specific type of nanoparticles,
569 can thus be compared to the human NOAEL obtained across a range of primary sizes. Table 3
570 illustrates the application of the approach to occupational exposures to TiO₂ nanoparticles.

571 Derived margins of exposure are observed to be well below potential uncertainty factors of 100
 572 or 1000 for occupational studies. It suggests that present TiO₂ exposure may be high for workers,
 573 although occupational risks may be mitigated by the use of respiratory protection (see Table 3).

574

575 **Table 3** Illustrative application of the developed NOAEL approach for human health risk
 576 assessment of TiO₂ occupational exposure situations. ^a

Exposure situations	Average daily intake (mg/person/day)	NOAEL _{up} – intake ^b (mg/person/day)	Margin of Exposure
Collection of TiO ₂ (manufacturing) – without respiratory protection	6.3E-2	1.2 (0.5 – 3.0)	19.3 (7.8 – 47.5)
Collection of TiO ₂ (manufacturing) – with respiratory protection	3.4E-6	1.2 (0.5 – 3.0)	3.6E+5 (1.4E+5 – 8.8E+5)
Bagging of TiO ₂ (manufacturing)	3.2E-1	2.5 (0.7 – 8.7)	7.9 (2.3 – 27.0)

577 ^a Background details pertaining to these results are documented in Supplementary Methods; 95%
 578 confidence intervals are given in brackets for NOAEL and resulting margins of exposure. Data for
 579 occupational exposure data extracted from Koivisto et al. (2012a, b). Primary sizes of 12 and 30 nm were
 580 considered for collection and bagging of TiO₂, respectively (see details in Supplementary Methods and
 581 Equations 5 and 6).

582

583 3.3.3. Possible use in LCIA

584 In line with common practice in life cycle impact assessment (e.g. Rosenbaum et al. 2011),
 585 Equations 5 and 6 can also be used to calculate effective doses ED50, i.e. chronic doses causing
 586 an adverse effect probability of 50%, to allow the calculation of characterization factors for TiO₂
 587 particles, see for example Ettrup et al. (2016).

588

589 4. Conclusions and outlook

590 By demonstrating that it is feasible to integrate physicochemical properties into the
591 definition of NOAEL, our proposed approach and its application to TiO₂ nanoparticles, albeit
592 limited due to the difficulties surrounding coatings, can provide support for risk assessment of
593 nanomaterials and life cycle assessment of nanoproducts. Until more comprehensive
594 occupational human exposure and response data become available, our work can aid check
595 and/or develop risk and life cycle assessment guidelines to ensure low risk exposures for
596 consumers and workers. We therefore regard this study as a first step towards making use of the
597 already large and increasing body of toxicological studies on nanoparticles and thus enable more
598 consistent risk assessments and life cycle assessments.

599 However, our study clearly reflected that more data are required to (i) refine the assumptions
600 performed for translating and harmonizing the tested doses across different experimental settings
601 (e.g. harmonizing the diversity of toxic endpoints) and for deriving chronic NOAELs for humans
602 (see Sections 2.1-2.7 and Supplementary Methods); (ii) match the tested particles with those that
603 are present in consumer products or subject to worker exposure; and (iii) integrate in the
604 proposed methodology more toxicological data and encompass more physicochemical properties.
605 Increasing consistency in reporting practice for toxicological studies, as recommended by Clark
606 et al. (2012), should allow for studying a larger set of relevant particle properties, e.g. surface
607 properties like coatings. The present approach should also be applied to other relevant types of
608 nanoparticles, like silica, silver or carbon-based nanoparticles, ultimately contributing to holistic
609 appraisals of the risks and impacts of nanotechnologies.

610

611 **5. Electronic Supplementary Materials**

612 Electronic Supplementary Materials, including Supplementary Tables, Supplementary
613 Figure and Supplementary Methods, accompanies this paper. The Supplementary Tables report
614 the detailed results from the application of the methodology to micro- and nano-sized TiO₂
615 particles. The Supplementary Methods contain an account of the methodology for analyzing the
616 relationships between nanoparticle toxicity and their physicochemical properties, as
617 complementary to the Methods section. The Supplementary Methods also document the
618 background data for the examples illustrating potential applications of the results to risk
619 assessment studies.

620

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626

627 **7. Declaration of interest**

628 The authors declare no competing financial interests.

629

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