Section A6.8.1 Teratogenicity Study Developmental toxicity in the mouse

Annex Point IIA6.8.1

Official 1 REFERENCE use only 1.1 Reference (1992)Concurrent ingestion of lactate and aluminium can result in developmental toxicity in mice Res. Commun. Chem. Pathol. Pharmacol. Vol. 77, No 1, pp. 95-108 Not GLP, Published 1.2 **Data protection** No X 1.2.1 Purac Biochem Data owner 1.2.2 Companies with Not applicable letter of access 1.2.3 Criteria for data No data protection claimed protection 2 GUIDELINES AND QUALITY ASSURANCE No 2.1 Guideline study 2.2 GLP No, not common to report in literature Not applicable 2.3 **Deviations** MATERIALS AND METHODS 3.1 Test material Aluminium hydroxide $(Al(OH)_3)$; lactic acid; aluminium lactate. 3.1.1 Lot/Batch number Not available. Suppliers were Merck (Darmstadt) and Riedel-de Haën (Seelze). 3.1.2 Specification Not given 3.1.2.1 Description Not applicable 3.1.2.2 Purity Not given 3.1.2.3 Stability No remarks. 3.2 **Test Animals** 3.2.1 Species Mouse 3.2.2 Swiss albino (CD-1) Strain 3.2.3 Source Interfauna Iberica 3.2.4 Females (dams) exposed, sires only used for producing offspring, not Sex exposed; offspring of both sexes. 3.2.5 Age/weight at study 28-32 g initiation 3.2.6 Number of animals Control: 13 Al(OH)3: 11 per group $Al(OH)_3 + lactic acid: 13$ Aluminium lactate: 10 Lactic acid: 12

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3.2.7	Control animals	Yes	
3.2.8	Mating period	Not specified (until gestation).	
3.3	Administration/ Exposure	Oral, by gavage	
3.3.1	Duration of exposure		
		mouse: day 6-15 post mating	
3.3.2	Postexposure period	3 days (dams were killed on gestational day 18).	
		Oral	
3.3.3	Type	Gavage	
3.3.4	Concentration	Gavage 57.5 mg aluminium/kg bw	
		Al(OH) ₃ : 166 mg/kg bw Al lactate: 627 mg/kg bw Al(OH) ₃ + lactic acid: 166 mg/kg bw + 570 mg/kg bw Lactic acid: 570 mg/kg bw	
3.3.5	Vehicle	Not mentioned. Probably water, since control group was administered distilled water.	
3.3.6	Concentration in vehicle	Not available.	
3.3.7	Total volume applied	Not available.	
3.3.8	Controls	Distilled water.	
3.4	Examinations		
3.4.1	Body weight	Yes	
3.4.2	Food consumption	Yes	
3.4.3	Clinical signs	Yes (liver and kidney weights)	
3.4.4	Examination of uterine content	Gravid uterine weight	
		Number of implantations,	
3.4.5	Examination of foetuses		
3.4.5.1	General	live fetuses, resorptions, dead fetuses, post-implatation loss, sex ratio, fetal body weight	
3.4.5.2	Skelet	Yes	
3.4.5.3	Soft tissue	No (except for fetal aluminium content)	X
3.5	Further remarks	Note that this study was not intended to investigate the developmental toxicity of lactic acid, but of aluminium, with or without organic acid complexing agent. The effect of lactic acid on the (developmental) toxicity of aluminium is enhanced absorption of Al in the GI tract – this effect has been described for a number of carboxylic acids, including but not limited to citric acid, lactic acid and ascorbic acid.	

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		4 RESULTS AND DISCUSSION				
		We will only discuss the effects of lactic acid per se here.				
4.1	Maternal toxic Effects	No effects except for a slight decrease in relative liver weight. Slight reduction in food consumption during treatment was accompanied by a larger reduction in food consumption pre-treatment, and as such is concluded not to be treatment related.	X			
4.2	Teratogenic / embryotoxic effects	The only effect observed for lactic acid was a delay in parietal ossification.	X			
4.3	Other effects	Decrease in aluminium content of the dam brain (possibly through complexation of native aluminium).				
		5 APPLICANT'S SUMMARY AND CONCLUSION				
5.1	Materials and methods	Study was not performed to any (given) guideline, but appears to have been well conceived and carried out.				
5.2	Results and discussion	Study was conceived to investigate the developmental toxicity of aluminium and the modifying influence of lactate on aluminium toxicokinetics – apparently spurred by concern of the use of aluminium-containing antacids in combination with complexing acids (citric acid, ascorbic acid, lactic acid) by pregnant women. While it can be concluded that lactic acid enhances the uptake of aluminium and thereby 'increases' the developmental toxicity potential of aluminium, lactic acid itself is not a developmental toxicant.				
5.3	Conclusion	Not teratogenic.				
5.3.1	LO(A)EL maternal toxic effects	Minor, non-relevant effects observed; dose was 570 mg/kg bw	X			
5.3.2	NO(A)EL maternal toxic effects		X			
5.3.3	LO(A)EL embryotoxic / teratogenic effects	No relevant embryotoxic or teratogenic effects	X			
5.3.4	NO(A)EL embryotoxic / teratogenic effects	570 mg/kg bw				
5.3.5	Reliability	I	X			
5.3.6	Deficiencies	No				

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	Use separate "evaluation boxes" to provide transparency as to the omments and views submitted
F	EVALUATION BY RAPPORTEUR MEMBER STATE
Date 2	2008/12/19
Materials and Methods 1	.2.1 Not applicable , publication
	4.5.3 One-third of the fetuses of each group was examined for visceral nomalies.
c () tr a	1.1 There was a statistically significant treatment-related decrease in food consumption of 15 % during treatment (see CA-table 1). Since no compensation higher food consumption than control animals) was observed during the post-reatment period and no statistically significant decrease in weight gain it can be ssumed that the lactic acid given by gavage partly covered the daily energy equirement of the dams. Thus, this finding was not considered adverse.
d	2.2 The delay in parietal ossification (CA-Table 3) in combination with a slightly decreased foetal weight (CA-Table 2) was not considered to represent a specific ubstance-related effect.
5 5 5	3.3.1. LOAEL maternal effects: > 570 mg/kg bw/d 3.3.2 NOAEL maternal effects: 570 mg/kg bw/d (only dose tested) 3.3.3 LOAEL embryotoxic / teratogenic effects: > 570 mg/kg bw/d 3.3.4 NOAEL embryotoxic / teratogenic effects: 570 mg/kg bw/d (only dose ested)
I	actic acid does not exhibit a teratogenic potential under the conditions tested.
Reliability 2	(reliable with restrictions, see remarks)
Acceptability A	Acceptable
Remarks N	Non-guideline, non-GLP, reporting lacks some detail
C	COMMENTS FROM
Date (Give date of comments submitted
а	Discuss additional relevant discrepancies referring to the (sub)heading numbers and to applicant's summary and conclusion. Discuss if deviating from view of rapporteur member state
Results and discussion L	Discuss if deviating from view of rapporteur member state
Conclusion L	Discuss if deviating from view of rapporteur member state
Reliability L	Discuss if deviating from view of rapporteur member state
Acceptability L	Discuss if deviating from view of rapporteur member state
Remarks	

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Table A6_8-1. Table for Teratogenic effects (separate data for all dosage groups) Maternal effects

Modify if necessary and give historical data if available

Parameter	contro	l data		medium dose	high dose	dose- response +/-
	historical	study	low dose			
Number of dams examined						
Clinical findings during application of test substance						
Mortality of dams state %						
Abortions						
Body weight gain day 0-x, day 0-y, day x-y, day 0-end of test,						
Food consumption						
Water consumption if test substance is applied with drinking water						
Pregnancies pregnancy rate or %						
Necropsy findings in dams dead before end of test						

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Table A6_8-2. Table for Teratogenic effects (separate data for all dosage groups) <u>Litter response (Caesarean section data)</u>

Modify if necessary and give historical data if available

Parameter	contro	control data				dose-
	historical	study	low dose	medium dose	high dose	response +/-
Corpora lutea state total/number of dams						
Implantations state total/number of dams						
Resorptions state total/number of dams						
total number of fetuses						
pre-implantation loss state %						
post-implantation loss state %						
total number of litters						
fetuses / litter						
live fetuses / litter state ratio						
dead fetuses / litter state ratio						
fetus weight (mean) [g]						
placenta weight (mean)						
[g]						
crown-rump length (mean) [mm]						
Fetal sex ratio [state ratio m/f]						

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Table A6_8-3. Table for Teratogenic effects (separate data for all dosage groups) Examination of the fetuses

Modify if necessary and give historical data if available

Parameter	control data					dose-
	historical	study	low dose	medium dose	high dose	response +/-
External malformations* [%]						
External anomalies* [%]						
Skeletal malformations* [%]						
Skeletal anomalies* [%]						
Skeletal variants* [%]						
Visceral malformations* [%]						
Visceral anomalies* [%]						
Variants visceral* [%]						

CA-Table 1

TABLE 1. Body weight change and food consumption data of mice given Al(OH)₃, Al(OH)₃ and lactic acid, aluminum lactate, or lactic acid on gestation days 6-15

	Control	Al(OH),	Al(OH) ₃ + lactic acid	Aluminum lactate	Lactic acid
Number of dams Gestational body weight change (g) on days:	13	11	13	10	12
0-6 (pretreatment) 6-9 6-12 6-15 (treatment) 15-18 (posttreatment) 0-18 (gestation)	3.14 ± 1.27 2.50 ± 1.49 7.92 ± 3.83 18.79 ± 5.88 9.00 ± 3.82 30.93 ± 6.66	3.90 ± 1.75 1.72 ± 1.48 7.18 ± 4.44 14.18 ± 6.74 8.00 ± 4.56 26.08 ± 10.18	4.00±1.08 1.61±1.19 4.92±3.68* 10.77±7.21** 8.76±4.56 23.53±5.01*	4.50±1.35 0.20±1.85*** 3.51±1.50** 8.00±3.49 6.51±2.87 19.01±5.78***	3.01 ± 1.85 1.25 ± 1.71 6.33 ± 2.42 14.25 ± 3.01 9.83 ± 3.81 27.08 ± 3.04
Food consumption (g/dam) on days:					
0-6 (pretreatment) 6-9 6-12 6-15 (treatment) 15-18 (posttreatment) 0-18 (gestation)	38.23 ± 3.92 20.73 ± 4.03 40.23 ± 3.68 58.03 ± 4.06 21.83 ± 2.03 118.09 ± 3.97	35.33±2.58 22.00±1.54 41.67±1.03 60.33±1.03 23.33±3.06 118.99±1.54	38.00±1.73 19.56±2.92 37.89±3.75 57.56±4.27 22.33±5.02 117.89±10.41	40.00±3.74 13.55±2.11*** 28.90±2.16*** 48.27±4.85* 15.91±1.97* 104.18±6.23**	38.60±4.78 16.10±2.55* 27.00±7.14** 48.60±8.73 20.90±2.02* 108.10±12.55

Results are presented as means \pm SD. Asterisks indicate significantly different from controls: $^{\circ}P < 0.05$, $^{\circ\circ}P < 0.01$, $^{\circ\circ\circ}P < 0.001$, respectively.

CA-Table 2 Reproductive and fetal data of mice given oral Al(OH)₃, Al(OH)₃ and lactic acid, aluminum lactate, or lactic acid on gestation days 6-15

	Control	Al(OH) ₃	Al(OH) ₃ + lactic acid	Aluminum lactate	Lactic acid
No. of litters	13	11	13	10	12
No. of implan	tation sites/				
litter	14.83 ± 3.01	12.70 ± 4.27	12.15 ± 4.46	14.70 ± 2.16	13.92 ± 1.67
No. of live					
fetuses	14.17 ± 3.29	11.90 ± 4.90	10.85 ± 4.37	13.80 ± 2.34	13.00 ± 1.88
No. of					
resorptions	0.66 ± 0.77	0.80 ± 1.03	1.23 ± 1.73	0.70 ± 0.66	0.76 ± 1.01
No. of					
dead fetuses	0.00 ± 0.00	0.00 ± 0.00	0.07 ± 0.27	0.20 ± 0.63	0.16 ± 0.38
Postimplantati	on loss/				
litter (%)	4.45 ± 6.53	6.29 ± 7.92	10.69 ± 12.91	6.12 ± 7.24	6.61 ± 8.13
No. of litters	with				
dead fetuses	0	0	1	1	2
Sex ratio					
(M/F)	0.88 ± 0.24	0.93 ± 0.46	0.86 ± 0.19	0.89 ± 0.37	0.82 ± 0.30
Fetal body we	ight/				
litter (g)	1.24 ± 0.14	1.26 ± 0.11	1.27 ± 0.15	1.04±0.18**	1.19±0.12

Asterisks indicate significantly differents from control, *P<0.01.

CA-Table 3 Summary incidence of malformations and variations in fetuses from dams given oral doses of Al(OH)₃, Al(OH)₃ and lactic acid, aluminum lactate, or lactic acid on gestation days 6-15

	Control	Al(OH) ₃	Al(OH) ₃ + lactic acid	Aluminum lactate	Lactic acid
Internal examination					
No. of fetuses (litters))				
examined	54 (13)	40 (11)	50 (13)	53 (10)	47 (12)
Cleft palate	0 (0)	0 (0)	0 (0)	7 (4)*	0 (0)
Skeletal examination					
No. of fetuses (litters)		•		
examined	74 (13)	55 (11)	53 (13)	52 (10)	66 (12)
Assymetrical sternebr	ae 3 (2)	4 (3)	9 (6)	5 (3)	8 (5)
Dorsal hyperkiphosis	, ,	0 (0)	0 (0)	7 (4)*	1(1)
Parietal, delayed		()	()	` '	` '
ossification	0 (0)	0 (0)	0 (0)	8 (5)**	10 (4)°
Sternebrae, reduced		- (-)		(-)	
ossification	0 (0)	0 (0)	0 (0)	7 (3)	3 (1)
Total skeletal defects	3 (2)	4 (3)	9 (6)	11 (5)	17 (6)

Asterisks indicate significantly different from control: $^{\bullet}P < 0.05$, $^{\bullet \bullet}P < 0.01$, respectively. The litter was the statistical unit of comparison.