

Division of Genetic and Molecular Toxicology

Presented by:

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***Disclaimer:** The information in these materials is not a formal dissemination of information by FDA and does not represent agency position or policy.*

DGMT Staff

- Government Positions (# Full time employees)
 - Research Scientists, Staff Fellows & Visiting Scientists: 15
 - Support Scientists: 10
 - Administrative: 2
 - FDA Commissioner Fellows: 0
- ORISE Post Docs, Graduate Students, etc.: 7
- Total = 34 staff members
(increased by 5 from 2017)

DGMT Outreach

(details in Subcommittee Review Materials)

- Collaborations
 - NCTR Divisions: DBT (Chemistry support), DSB (tissue models), DBB (NGS data analysis), Pathology
 - FDA regulatory centers: CDER, CTP, CBER
 - Government agencies: NIEHS/NTP, EPA
- Global leadership outreach -- leadership in:
 - HESI
 - IWGT and OECD committees
 - SOT
 - **EMGS**

DGMT Mission and Goals

- **Mission**

Improve public health by providing FDA with the expertise, tools, and approaches necessary for comprehensive assessment of genetic risk.

- **Goals**

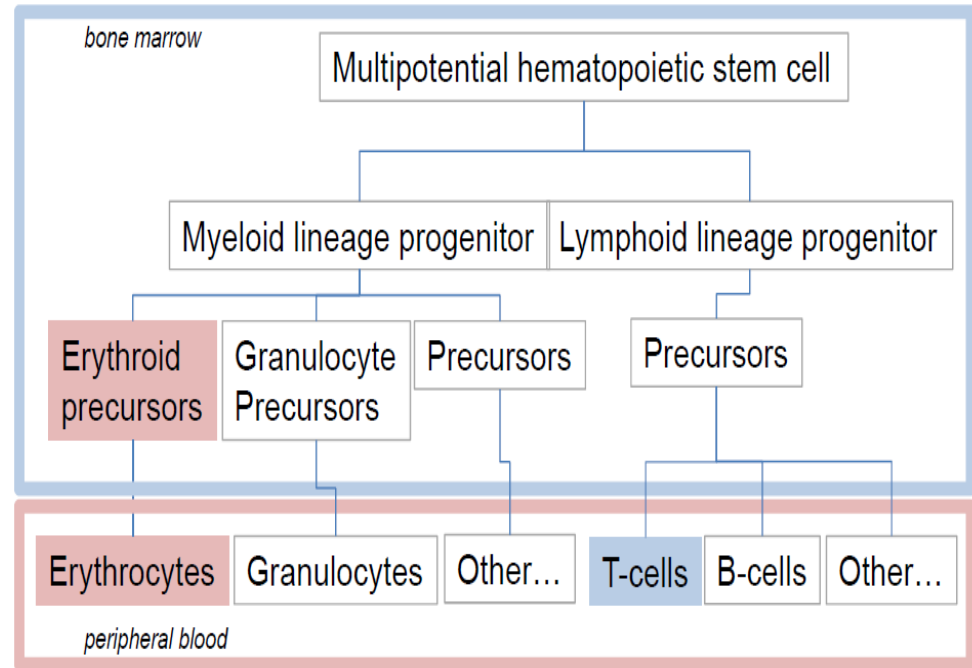
- Respond to Agency needs for chemical-specific data (e.g., nanomaterials, tobacco products, drug impurities).
- Maintain DGMT's tradition of leadership in regulatory assay development and validation (e.g., MLA, *Hprt*, TGR, *Pig-a*).
- Establish new paradigms for regulatory decision making that integrate measures of genetic risk with biomarkers of toxicity.

DGMT Strategies

- Engage FDA product centers, NTP, and other national and international organizations to set research priorities.
- Develop better biological models for assessing human risk.
- Develop more comprehensive approaches for monitoring genetic variation.
- Develop better ways of evaluating data to determine human risk.

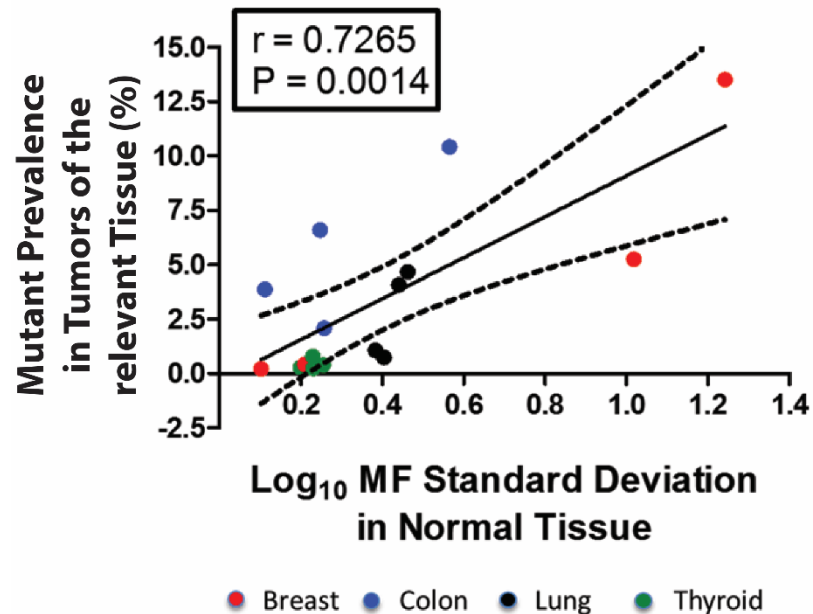
Top Accomplishments During the Last 5 Years

Progress made on defining the mutational basis for the *in vivo* erythrocyte *Pig-a* assay – evaluating mutation induction in bone marrow erythroids and granulocytes.



Top Accomplishments During the Last 5 Years

Showed that interindividual variation in cancer driver mutant fraction can be used to identify mutations with the greatest carcinogenic impact in specific human tissues.



Top Accomplishments During the Last 5 Years

Using metabolically competent human cells and HTHC methodology to screen for genetic toxicity, e.g., EpiComet, HepaRG/primary human hepatocytes coupled with CometChip and MultiFlow technology.

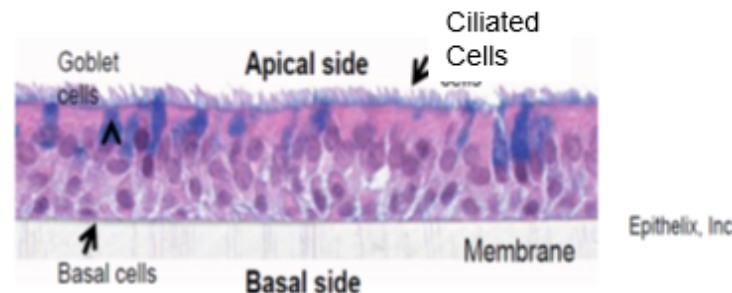
Top Accomplishments During the Last 5 Years

Implementing methods for treating tissue models with vapors, aerosols, and cigarette smoke for conducting *in vitro* studies of inhaled toxicants.



Top Accomplishments During the Last 5 Years

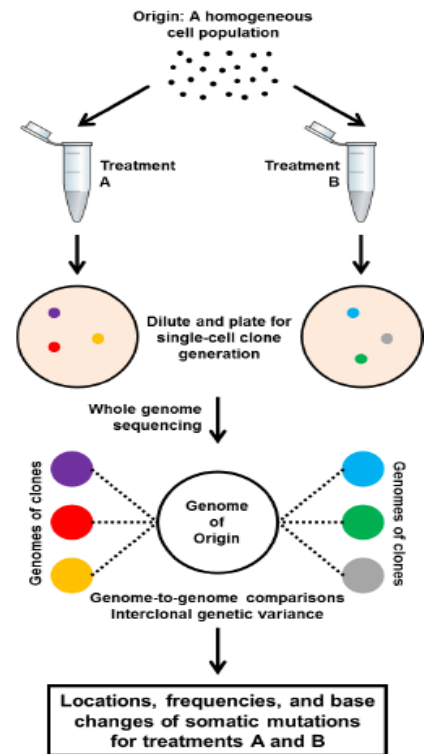
Developing a panel of disease-relevant molecular and physiological endpoints for evaluating toxicity in organotypic tissue models.



Integration of disease-relevant endpoints with biomarkers		
Cytotoxicity	Goblet cell hyperplasia	CYP activity
ROS production	Tight junction integrity	Cilia beating
miRNA expression	Squamous cell hyperplasia	Protein oxidation
Cytokine/chemokine expression	Extracellular matrix integrity	MN frequency
Mucociliary clearance	Nuclear gene expression	Comet
Mucin production	Protein expression	Gene mutation?

Top Accomplishments During the Last 5 Years

Taking advantage of the power of error-corrected next-generation sequencing to tackle previously intractable problems in genetic toxicology, e.g., whole genome (unbiased) mutation detection, nanomaterial mutation (follow-up discussed at Subcommittee Review).





**Examples of projects that are
newly initiated or in
development, along with future plans**

*Attend the DGMT Subcommittee Review
immediately following the full SAB meeting
for more details!*

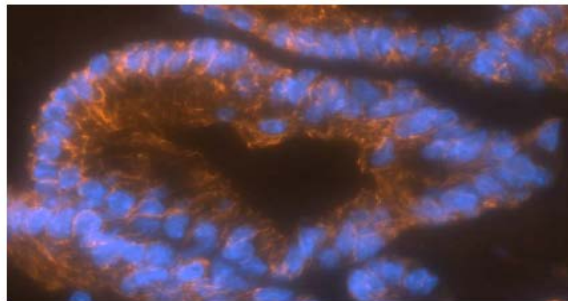
Future Directions

- Establish/adapt more **genetic toxicology endpoints** to complement the array of general toxicology endpoints developed for *in vitro* tissue models: e.g., Comet, micronucleus, and gene mutation for the ALI airway model (proposal at Subcommittee Review).
- Develop **complementary rodent and human *in vitro* tissue models** as a bridge between rodent data and human responses.

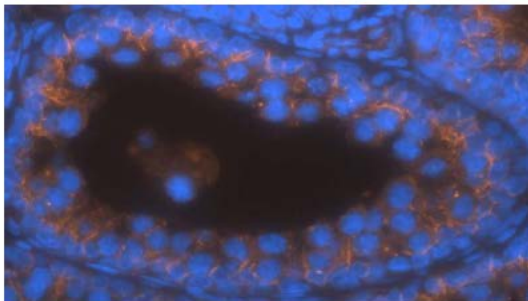
Future Directions

Develop *in vitro* approaches for evaluating reproductive toxicity, including germ cell mutation (presentation at Subcommittee Review).

In vitro



In vivo

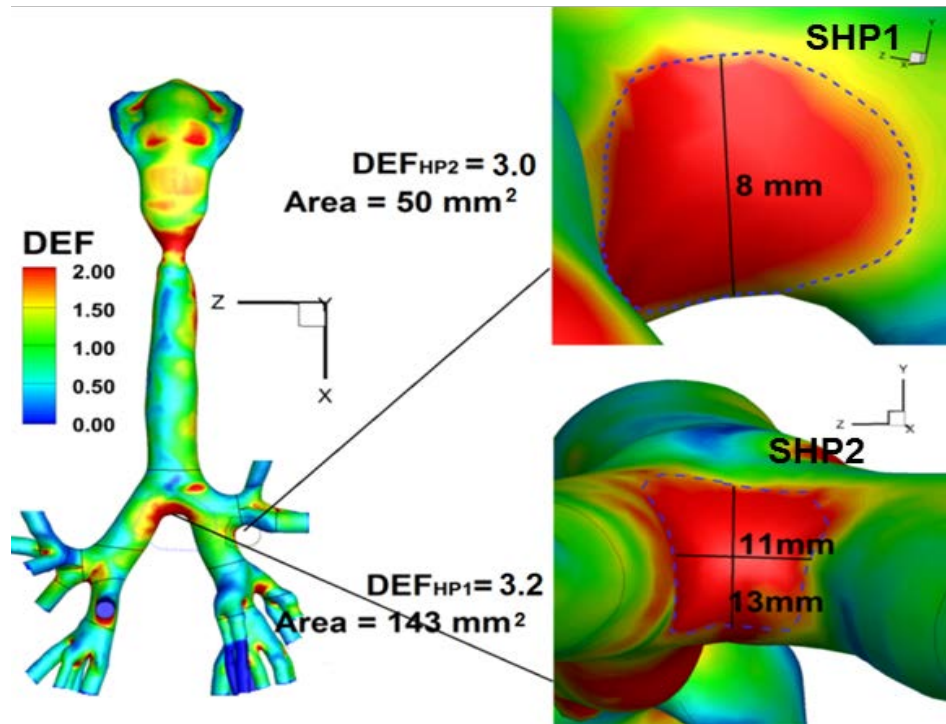


Blue: nuclei

Orange: Zo-1 tight junction proteins

Future Directions

Use **computational modeling** approaches (e.g., CFD modeling) to use *in vitro* data to evaluate human responses.



Feedback Requested

- Are we doing an adequate job in terms of outreach and serving FDA needs in the field of genetic toxicology?
- Is our emphasis on research involving advanced genetic analysis techniques and *in vitro* organotypic models appropriate?
- Should we place more emphasis on microphysiological systems?

Feedback Requested

- Are we placing an appropriate level of emphasis on germ cell effects (recommendation by our last Subcommittee Review)?
- Should we place more emphasis on *in vitro* to *in vivo* extrapolation?
- Should we limit this to *in vitro* inhalation models?
- Should we consider modeling Cancer Driver Mutation kinetics in relation to tumor response?



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