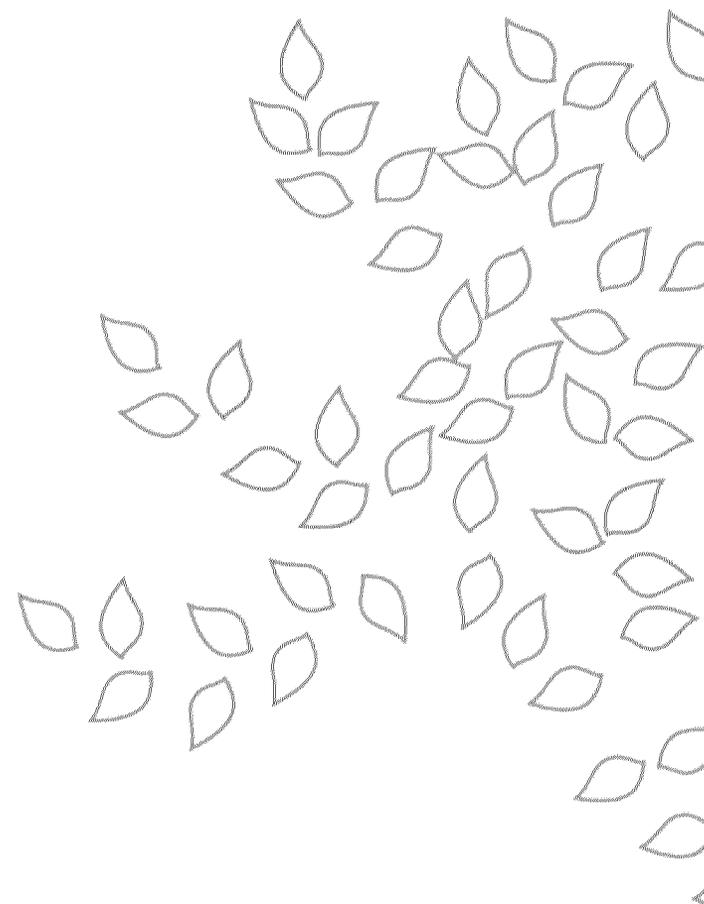


Gramoxone Inteon  
Improvement in Oral Toxicity  
Experimental Evidence

Michael Clapp, PhD



**Two questions posed by EPA in  
Discussion Piece on Paraquat Inteon Products, received 4-20-  
06**

**1. Is the paraquat Inteon formulation safer for human than  
the paraquat non-Inteon formulation?**

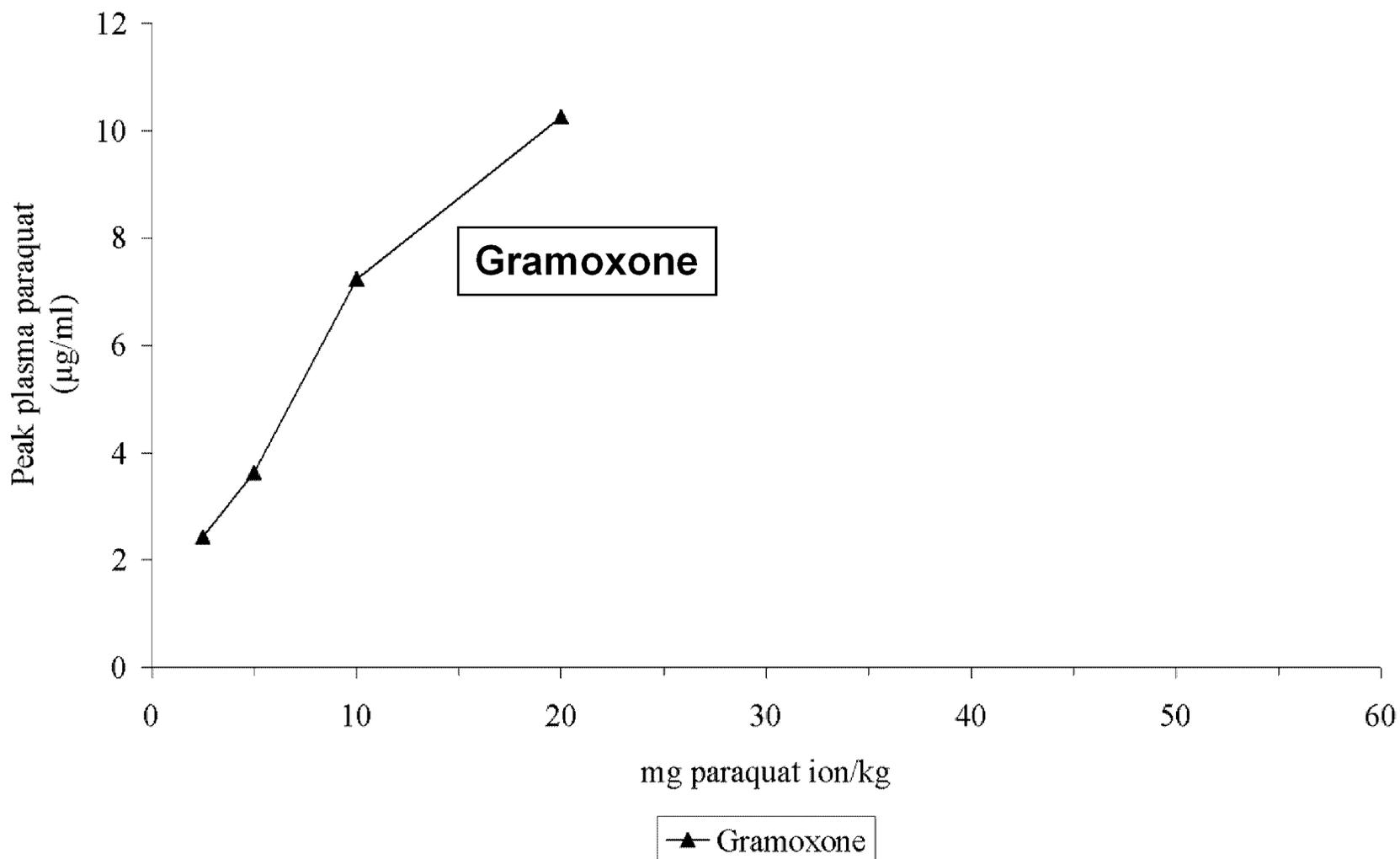
- ✓ **Clear evidence in the dog**
- ✓ **Dog model is relevant to human**

2. Is the paraquat Inteon formulation safe for humans at the  
high exposures achieved after accidental or deliberate  
ingestions?

## Toxicity of paraquat to the dog – Pre Inteon

- Background Gramoxone data based on 200g paraquat/l with built in wetters
- Widdop et al 1977 – mortality at 10mg paraquat/kg
- Zeneca data confirmed MLD in dog to be 12mg paraquat/kg for Gramoxone formulation (0.5g/l emetic)
- Increasing emetic level in Gramoxone offered only limited protection
- In US Gramoxone Max is a 360g paraquat/l which will be more toxic on a volume basis
  
- Inteon changed mechanism to acid triggered gelling, changed site of absorption to the stomach resulting in more productive emesis
- Inteon US formulation >10 fold safer in the dog

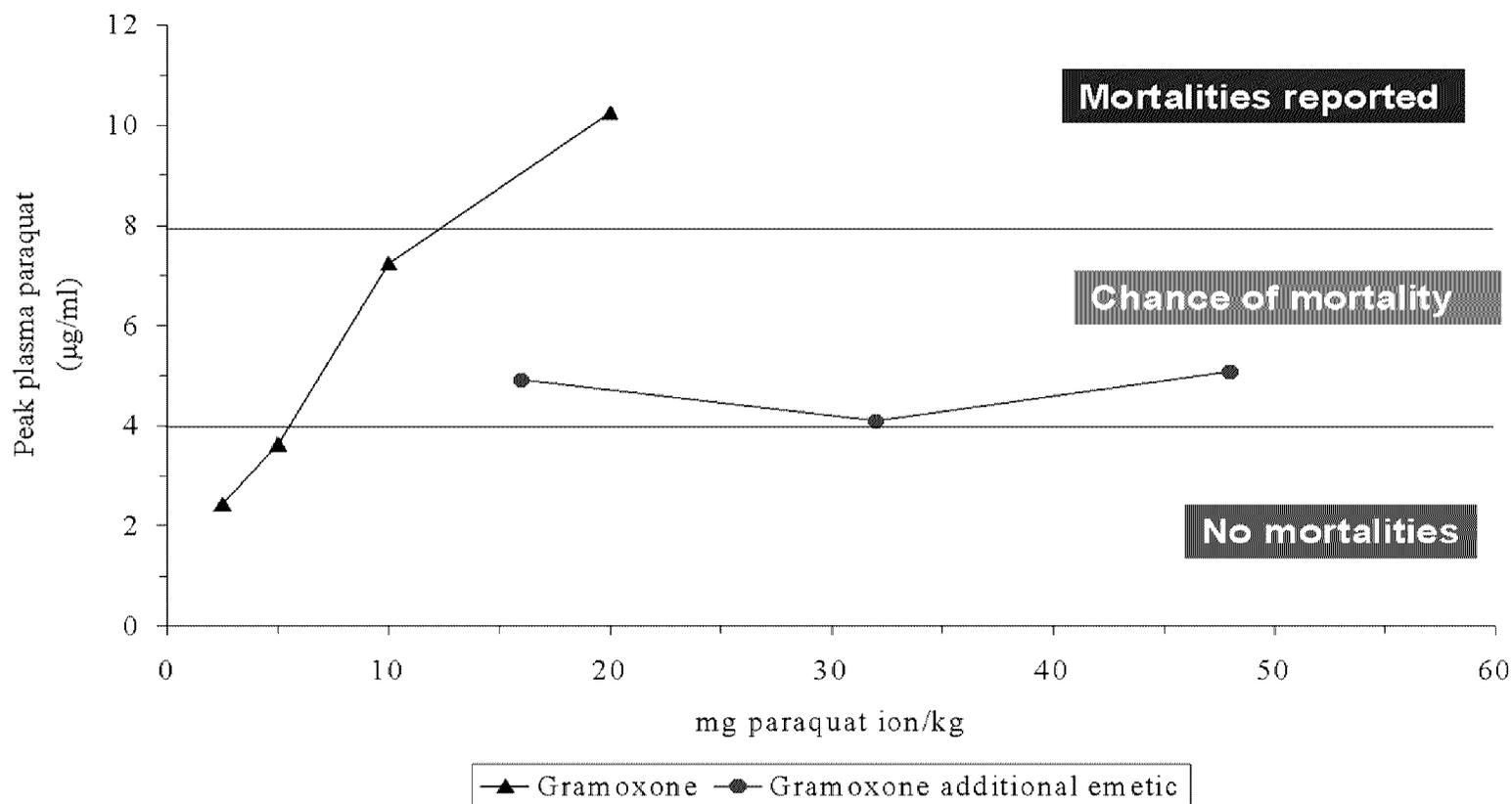
# GRAMOXONE: Peak Plasma Paraquat Levels in Dogs (1987 Study)



**Gramoxone: 1 out of 4 dogs died at 10 mg paraquat ion/kg**

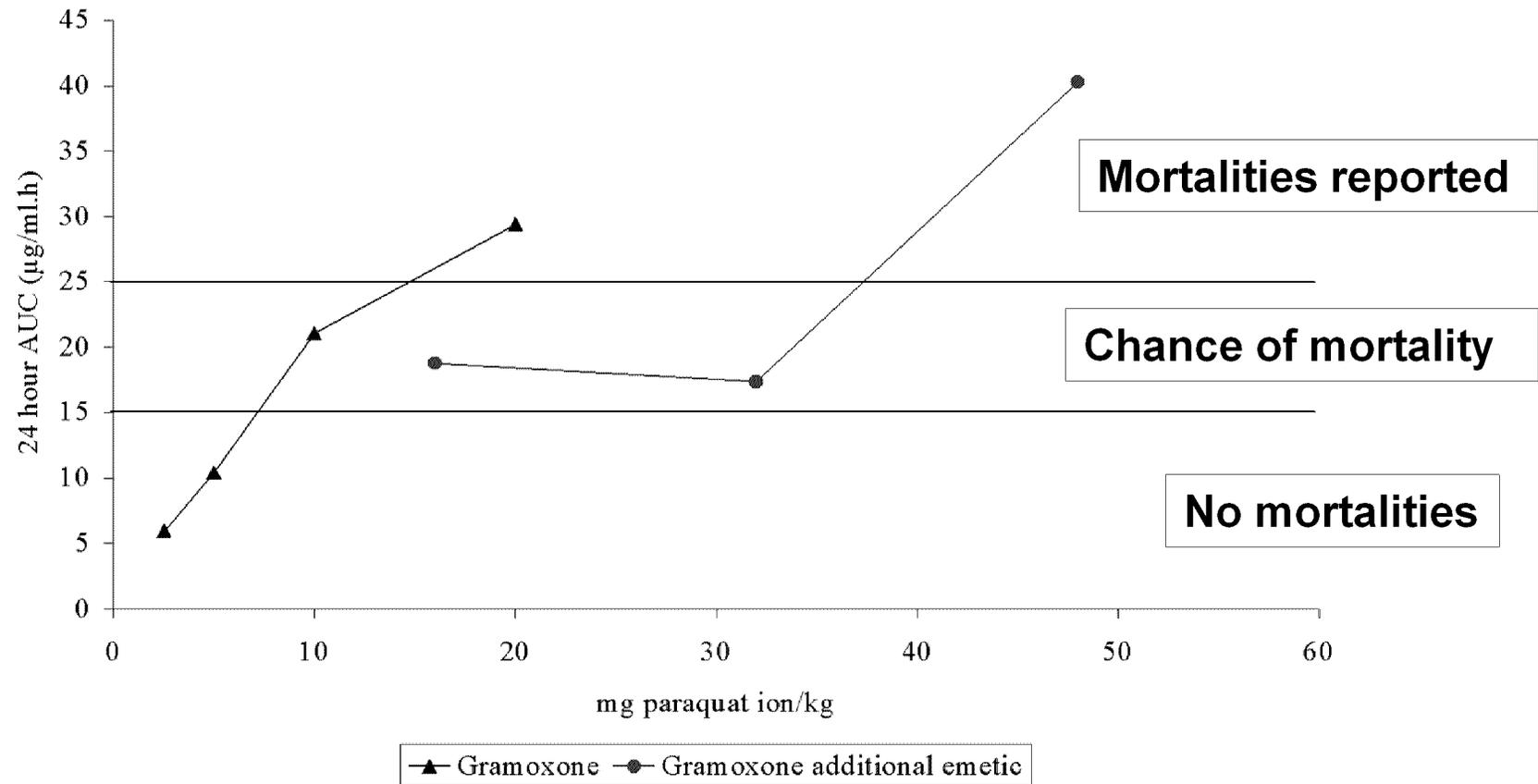
**all 4 dogs were terminated day 7/8 at 20mg paraquat ion/kg**

# Gramoxone: influence of increased emetic on peak plasma paraquat levels



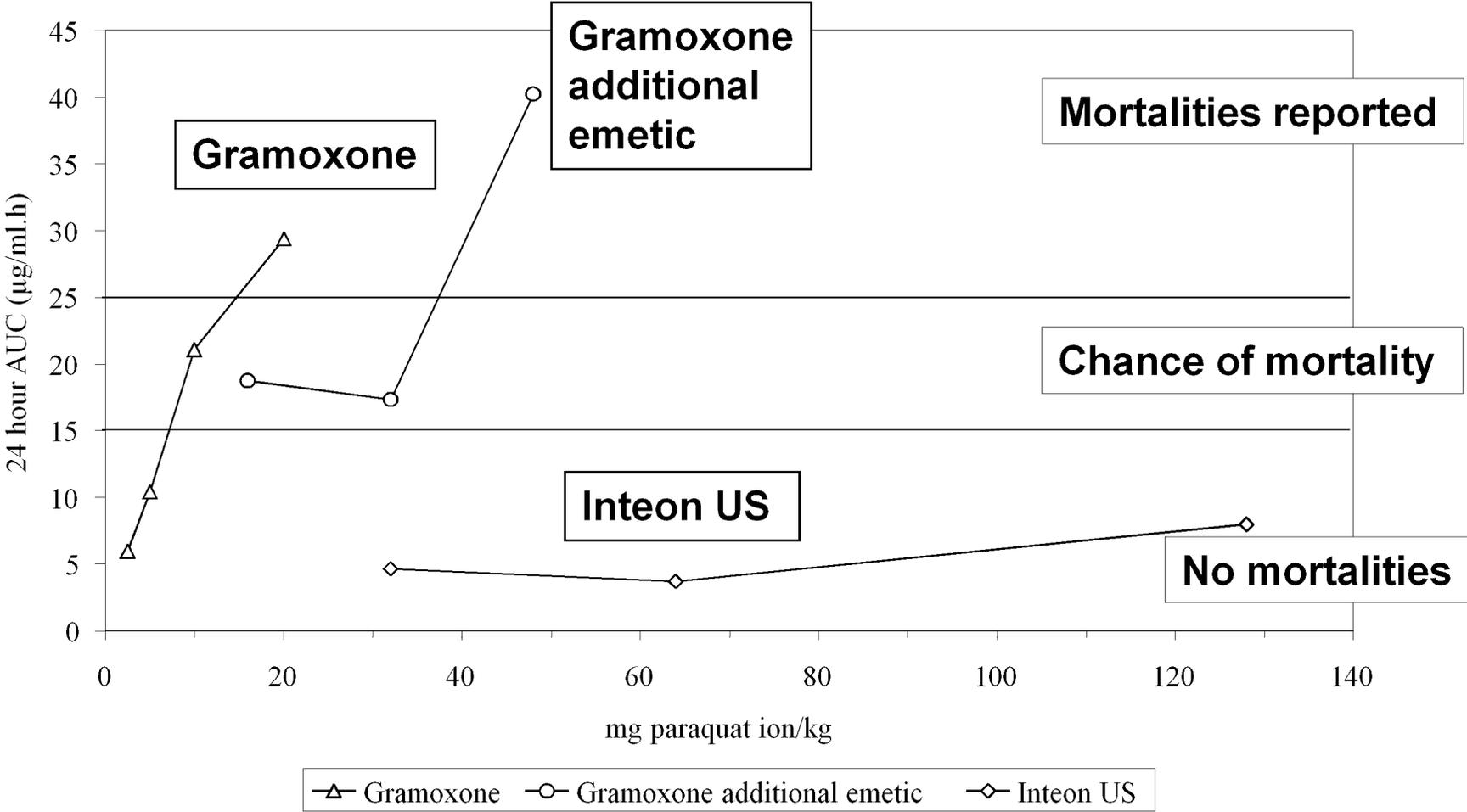
Controls peak plasma paraquat

# Gramoxone: Influence of increased emetic (2.4g/l) on plasma paraquat 24h AUC levels

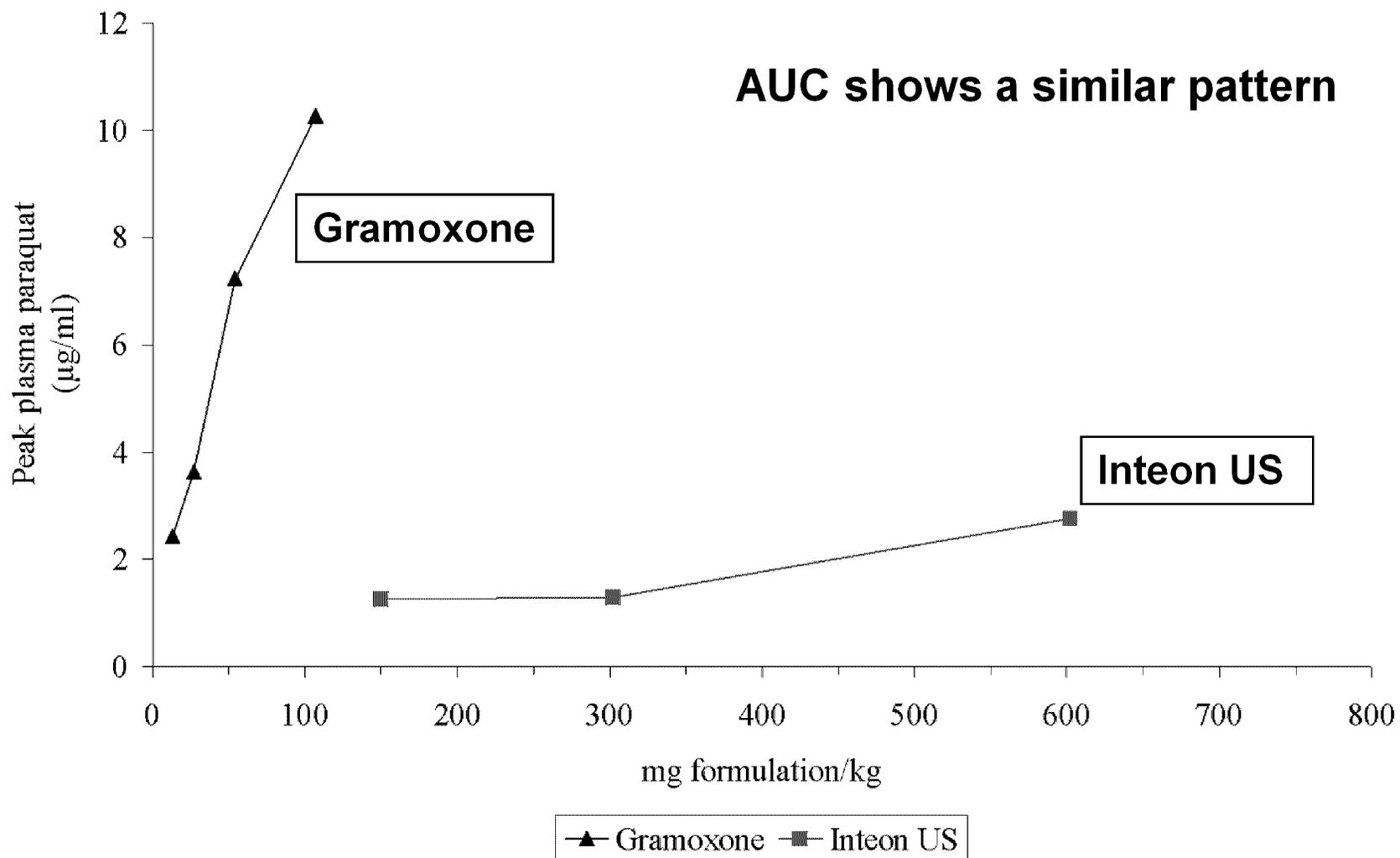


**Does not control total systemic absorption**

# Comparison of 24h plasma paraquat AUC levels



# GRAMOXONE INTEON: Lower Peak Plasma Paraquat Levels in Dogs



Human ingests formulation

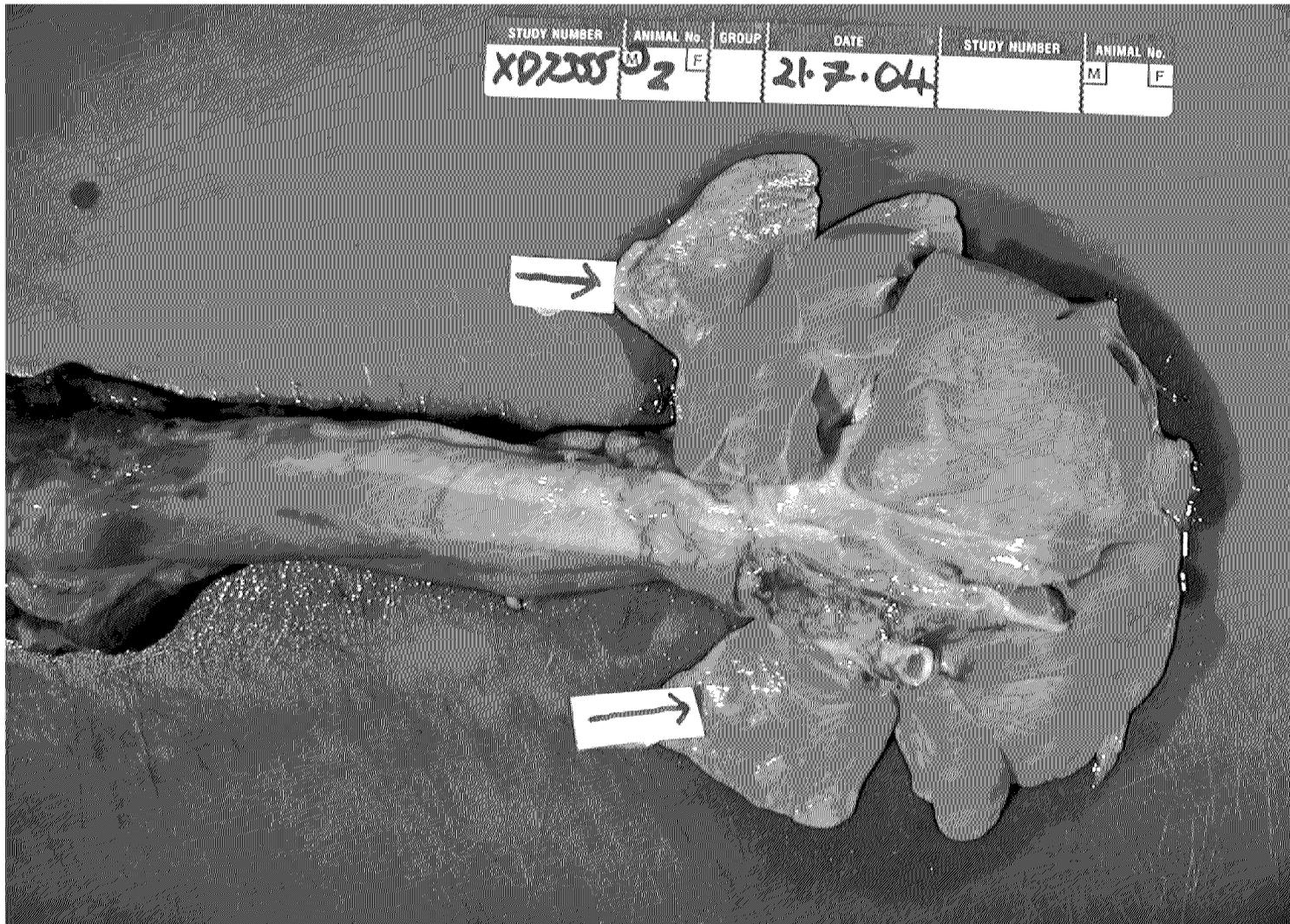
8

syngenta

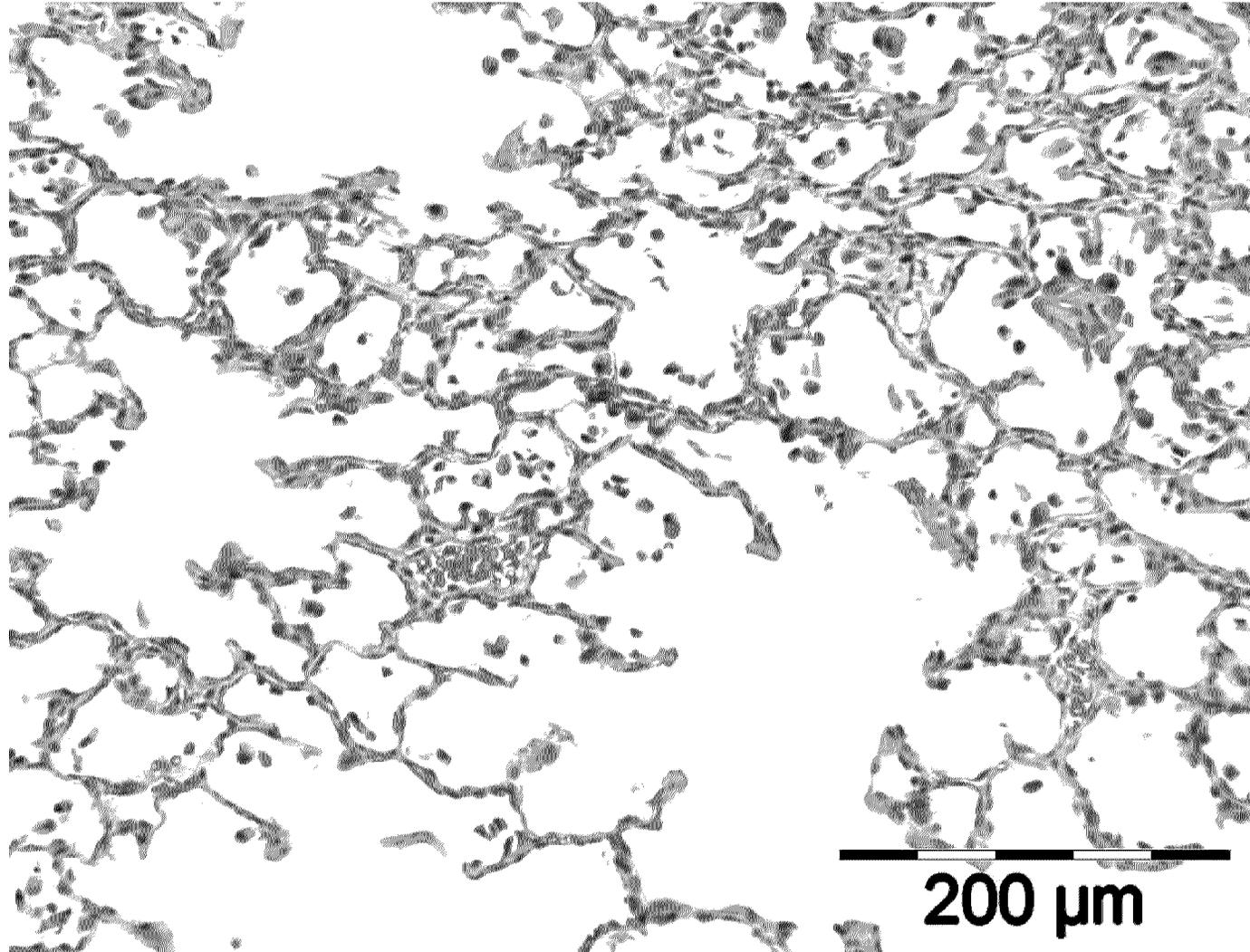
## **Inteon US: Consideration of lung pathology from toxicokinetics in the dog**

- **All dogs tolerated the highest dose of 602mg A7813K well and there was no clinical evidence of toxicity**
  - **No pulmonary auscultation**
  - **No effect on clinical chemistry**
  - **Minimal bodyweight loss quickly recovered**
- **Small, discoloured areas (<1cm<sup>2</sup>) were present in the left and right apical lung lobes of Male 2 at *post mortem* examination. Not seen in other dogs**
- **These were areas of minimal interstitial fibrosis, interstitial pneumonia, alveolar macrophage infiltration and pneumonocyte hypertrophy.**
- **Although considered to be treatment related, not life threatening and not progressive.**

***XD7355 Dog 2. Lung: Several small discrete areas of discoloration are present (denoted by arrows). The remainder of the lung appears normal.***

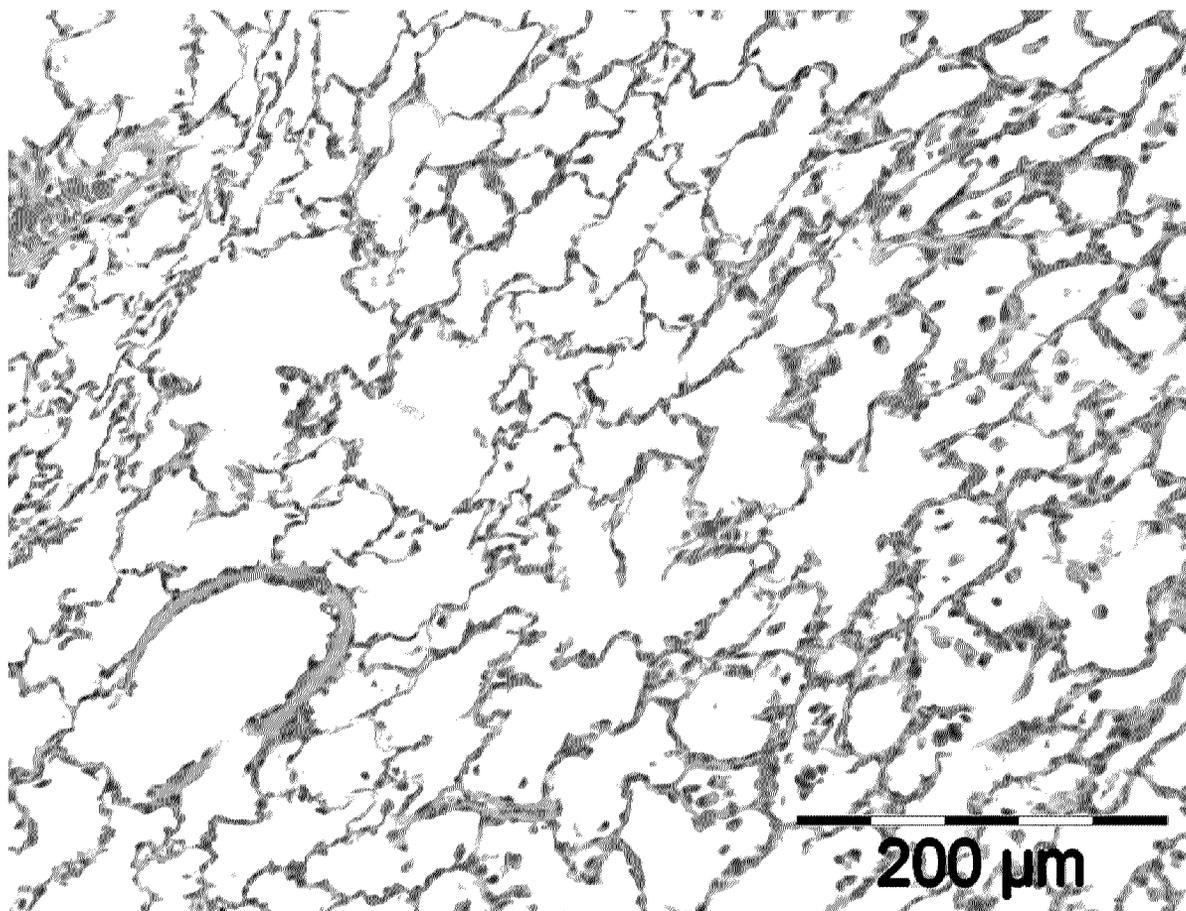


***XD7201 Dog 3. Lung: Focal area showing thickened alveolar septae (septal fibrosis). Note the absence of progressive changes (alveolar edema, acute inflammation, fibroplasia).***



**200  $\mu$ m**

***XD7201 Dog 3. Lung: Junction between affected and normal appearing alveoli. Note the absence of progressive alveolar changes.***



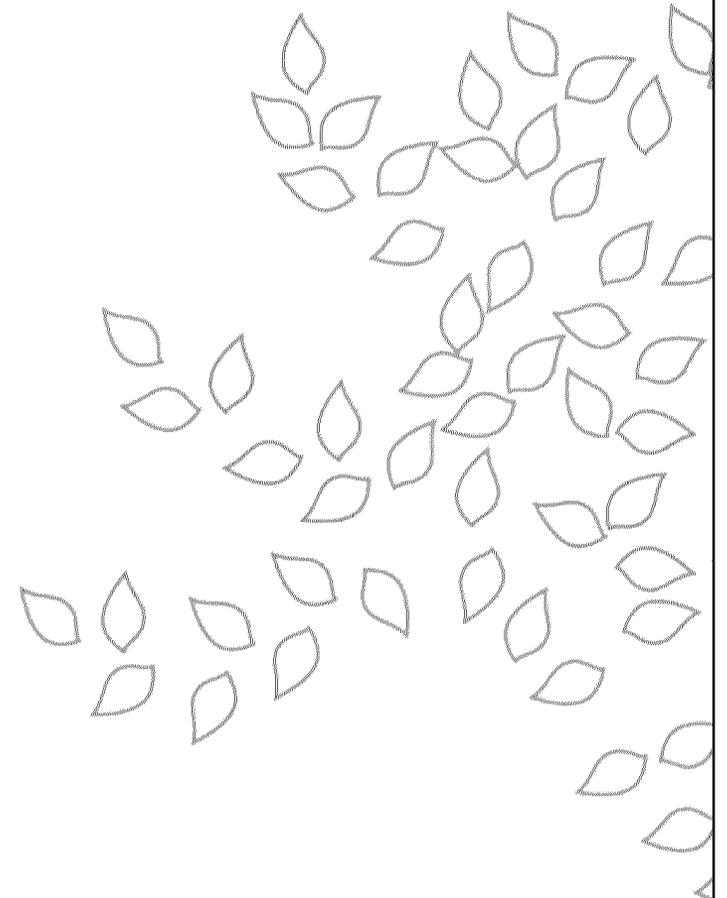
## Critical end point for Human

- Basis of safening should be survival with no progressive lung lesions
- Observations in the dog at 602mg of Inteon US formulation /kg.
  - Nor mortality at this dose
  - Minimal lung lesion, nonprogressive, only seen in 1 of 3 animals
- Conclude 602mg/kg is the appropriate dose for risk assessment



# **Relevancy of Dog Data to Predict Human Safety**

## **Comparison of Human and Dog GI Tract**



# Human: Dog – Comparison of GI Anatomy and Physiology

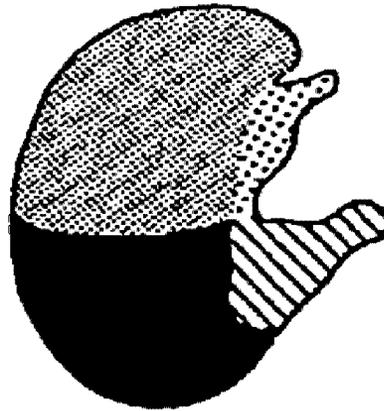
	Characteristic	Human	Dog
<b>Relevant Similarities</b>	Chamber	Single/glandular	Single/glandular
	Capacity	1-1.6 L	~2 L
	pH fasted	1.4 – 2.1	1.5
	Gastric Mucosa	Predominantly “Proper Gastric” (see diagrams)	
	Emptying rates	1-2 hrs	1-2 hrs
	Proportional GI lengths (%):		
	Small	80	85
	Cecum	3	2
	Colon	17	13
Vomiting	Initiated by local irritation and/or similar neural reflex pathways to/from CNS		
<b>Potentially Relevant Differences</b>	Total GI Transit Time	8 – 72 hrs	6 – 8 hrs
	Small Intestine Transit time	3-4 hrs	>4 to <8 hrs



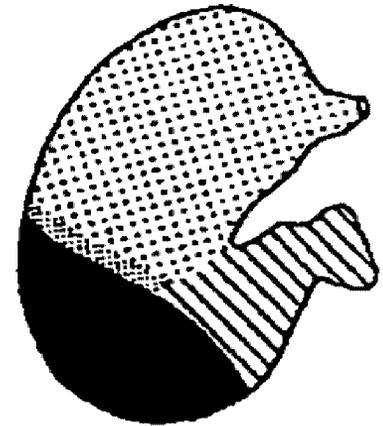
man



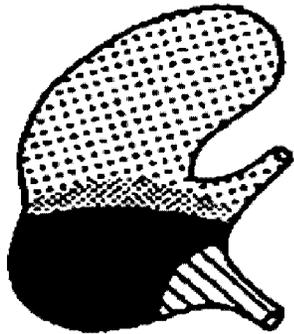
dog



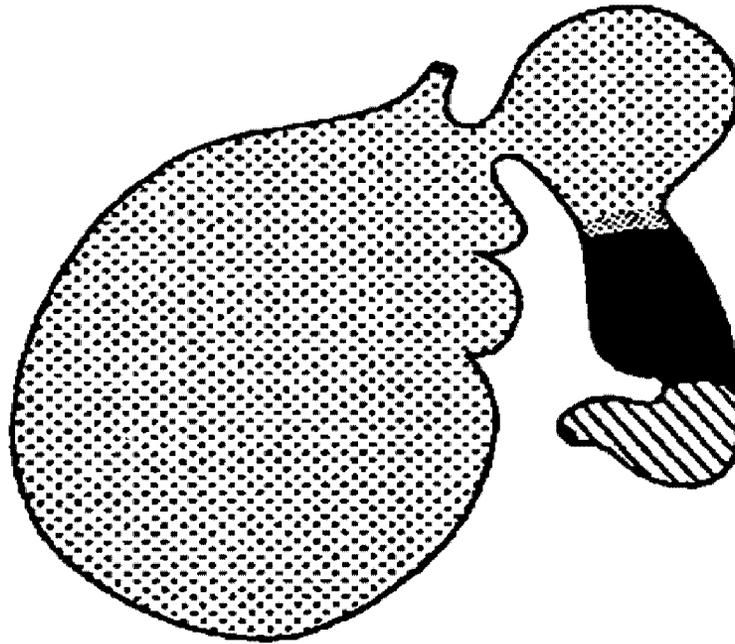
pig



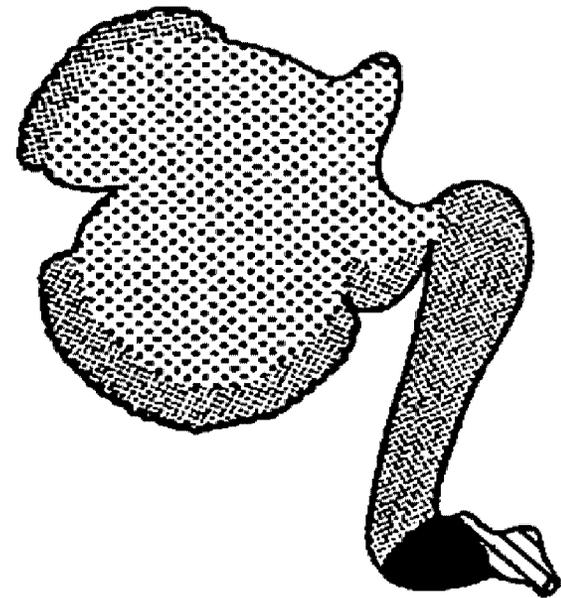
horse



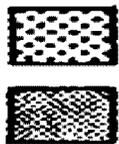
rat



ox



llama



Stratified sq. nonglandular



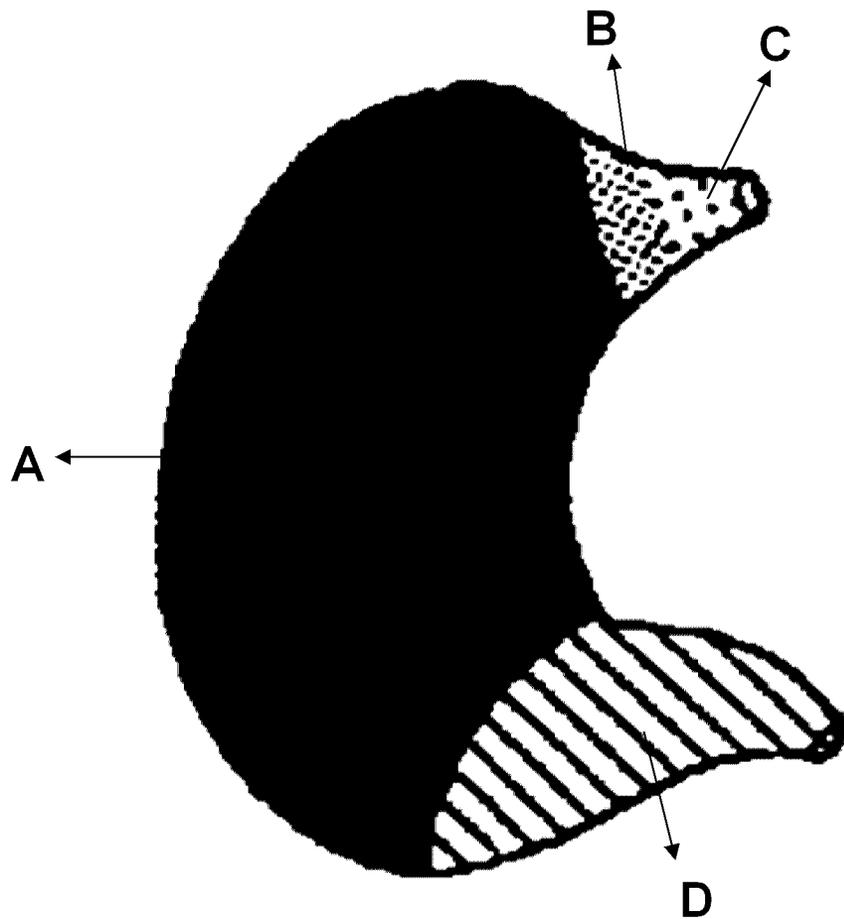
Cardiac



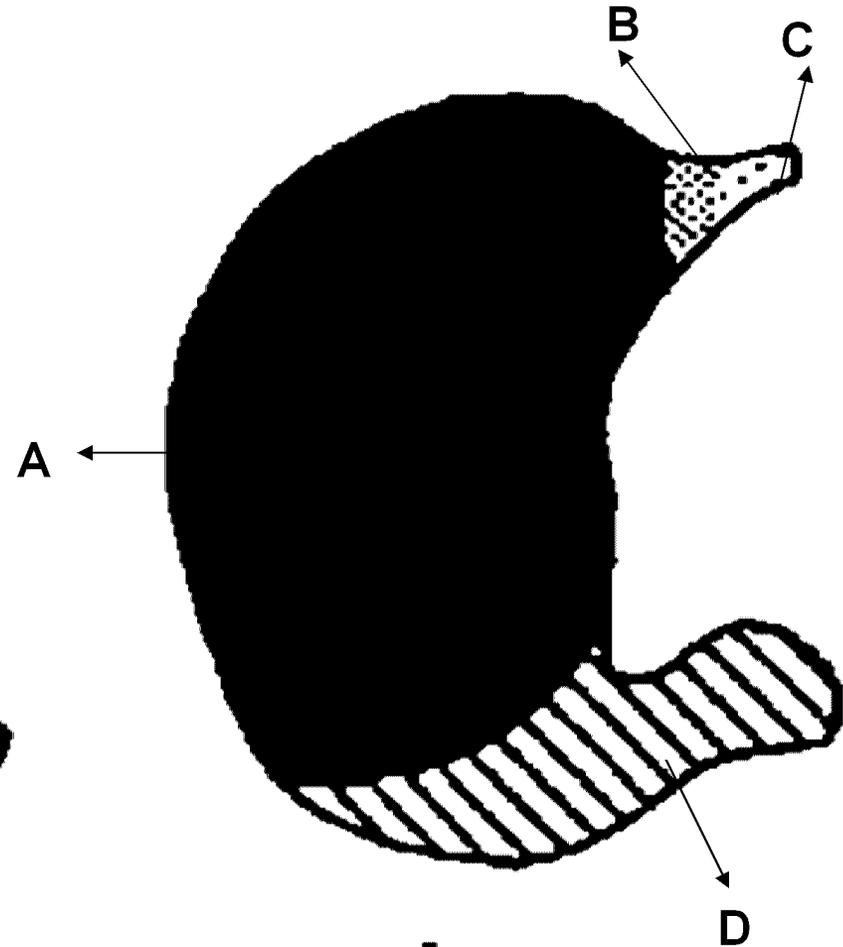
Proper gastric mucus-secreting cells



Pyloric



**man**



**dog**

Variations in types and distribution of gastric mucosa

A = Proper gastric

B = Cardiac

C = Stratified squamous non-glandular

D = Pyloric

# Human: Dog – Comparison of GI Anatomy and Physiology

	Characteristic	Human	Dog
<b>Relevant Similarities</b>	Chamber	Single/glandular	Single/glandular
	Capacity	1-1.6 L	~2 L
	pH fasted	1.4 – 2.1	1.5
	Gastric Mucosa	Predominantly “Proper Gastric” (see diagrams)	
	<b>Emptying rates</b>	<b>1-2 hrs</b>	<b>1-2 hrs</b>
	<b>Proportional GI lengths (%)</b> :		
	<b>Small</b>	<b>80</b>	<b>85</b>
	<b>Cecum</b>	<b>3</b>	<b>2</b>
	<b>Colon</b>	<b>17</b>	<b>13</b>
<b>Vomiting</b>	<b>Initiated by local irritation and/or similar neural reflex pathways to/from CNS</b>		
<b>Potentially Relevant Differences</b>	<b>Total GI Transit Time</b>	<b>8 – 72 hrs</b>	<b>6 – 8 hrs</b>
	<b>Small Intestine Transit time</b>	<b>3-4 hrs</b>	<b>&gt;4 to &lt;8 hrs</b>

# Human:Dog- Irrelevant Differences in GI Anatomy and Physiology

## Upper GI (stomach and small intestine tract) Microflora

- Numbers
  - Human: 0-5 x 10/gram wet weight
  - Dog: 4-7 x 10/gram per wet weight
- Types
  - Human: predominantly bacteroides and bifidobacteria
  - Dogs: predominantly other flora, e.g. *E. coli*, streptococci, *C. perfringens*, lactobacili

Paraquat is not affected by gut flora

## **Summary: Dog is a Valid Model for Improving the Safety of Paraquat Following Ingestion**

- **The dog is physiologically and anatomically a valid model for testing the improvements in this formulation**
- **More than an order of magnitude reduction in absorption is demonstrated in dogs for Inteon**
- **More than an order of magnitude reduction in acute oral toxicity in dogs for Inteon**
- **Formulation change will save human lives**

## Two questions posed by EPA

1. Is the paraquat Inteon formulation safer for human than the paraquat non-Inteon formulation?

- ✓ Clear evidence in the dog
- ✓ Dog model is relevant to human

**2. Is the paraquat Inteon formulation safe for humans at the high exposures achieved after accidental or deliberate ingestions?**

- ✓ **Species differences in toxicity**
- ✓ **Extrapolation from human ingestions**

## Species differences in acute oral toxicity

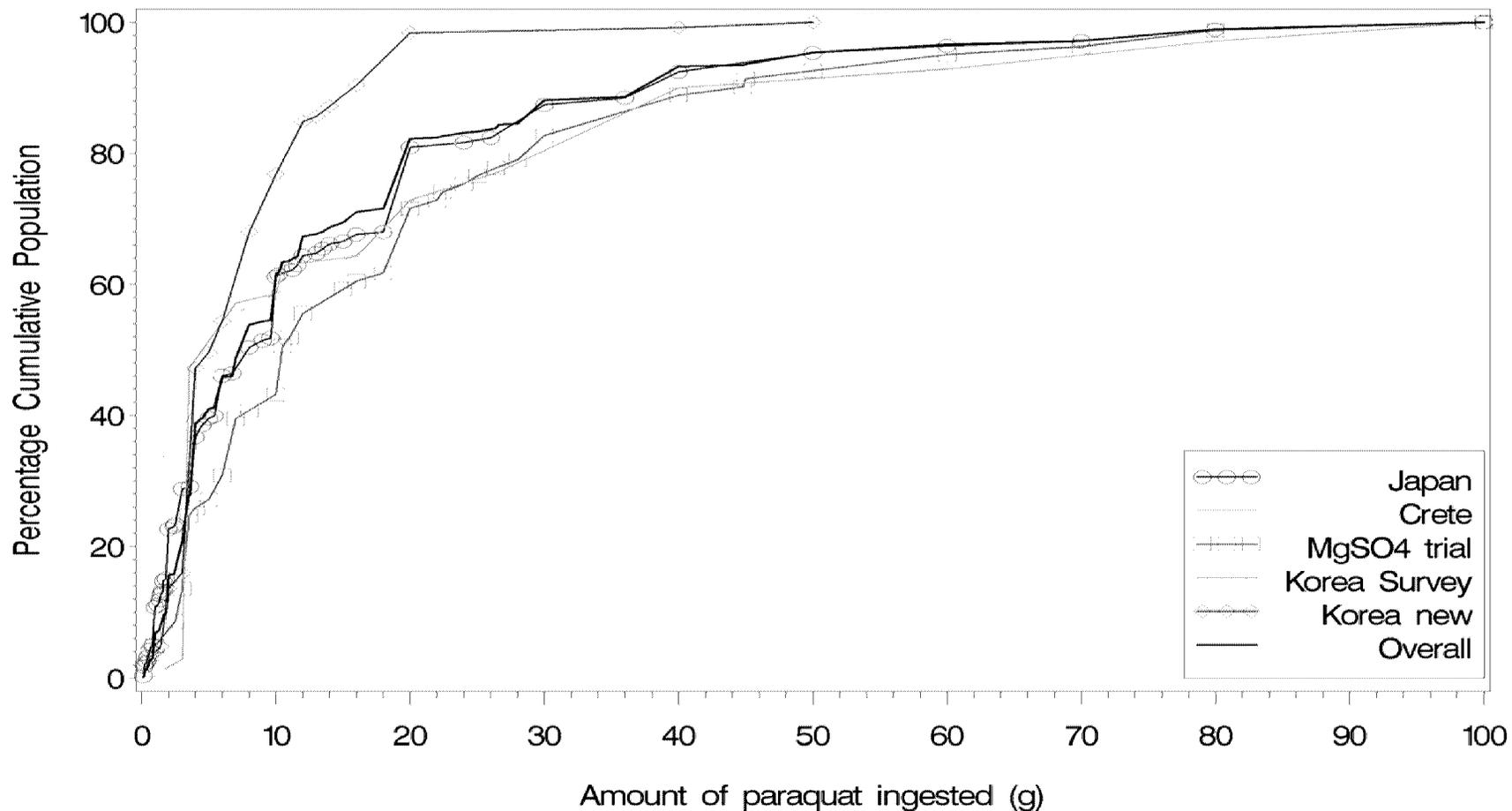
Species	MLD paraquat ion mg/kg	Inteon US MLD mg formulation/kg
Rat	~100	310
Dog	~12	602 (Equivalent to 128mg paraquat ion/kg)
Human* Pond (1990)	50 - 80	X2 ? 470 X5 ? 1177 X10 ? 2350

Toxicity in human is unknown but 5 fold safening giving a figure of 1177mg formulation/kg used for subsequent modelling

## Other

- 1) Add intentional and accidental ingestion slide

# Distribution of intake from human ingestions for 5 sub-populations totalling 563 cases.



## Estimated human intake and survival

- Pond 1990 estimated the MLD of Gramoxone to be 15 – 25mls (3 - 5g paraquat ion)
  - Equates to ~50 - 80mg/kg for 60kg human
- From the previous distribution of intake of those deliberately ingesting paraquat formulations
  - Approximately 50% consumed less than 50mls (~10g paraquat ion)
  - Overall survival from this population was ~25%
  - For some subpopulations this figure is as low as 25mls of paraquat formulation (5g paraquat ion) and they showed improved survival.

## Possible impact of Inteon US formulation

- If Inteon US showed 5 fold safening in human
  - Estimated human MLD 1177mg/kg
  - Assuming SG of Inteon US formulation is 1.13 and
  - Average human bodyweight of 60kg
  - Then volume to consume MLD is  $1177/1.13 \times 60 = 62.5\text{mls}$
  - Based on the dose response from the human data and intake distributions then this would equate to a survival rate of 59%
  - A very significant improvement in human survival.



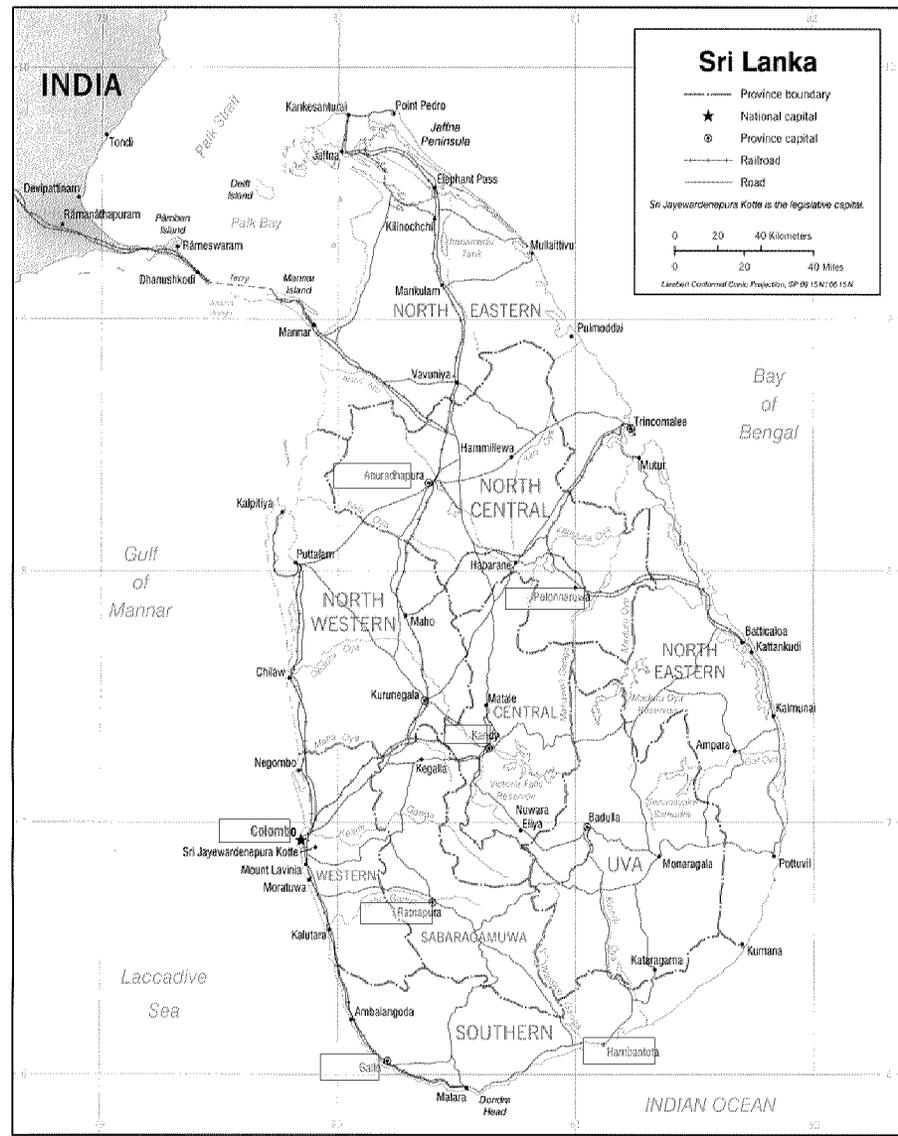
# Sri Lanka Observational Monitoring Survey

Michael Clapp, PhD

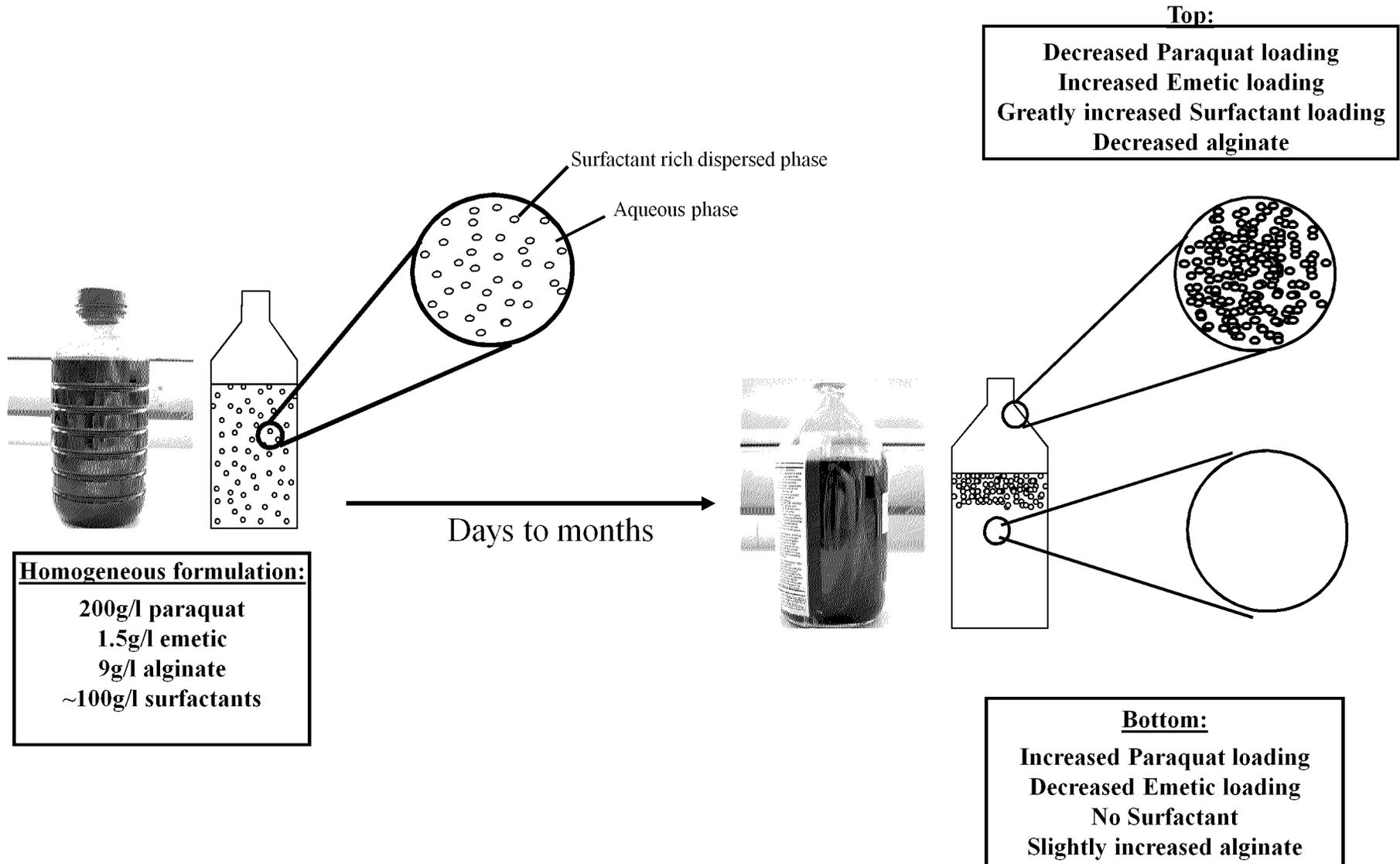


# Sri Lanka Observational Monitoring Survey

- 9 hospitals involved
- ~ 350 Gramoxone cases (June '03 – Aug '04)
- Introduced Inteon Sept '04, later discovered formulation problem
- Closed to new cases 26 Jan '06, at that time 224 confirmed INTEON ingestions (predominantly intentional)
- Criteria for survival: patient alive 3 months after release from hospital - end April 2006
- Independent Experts to meet 30th May 06.
- Summary of the findings expected June 2006.



# Inteon Sri Lankan formulation: Illustration of formulation separation



**Homogeneous formulation:**

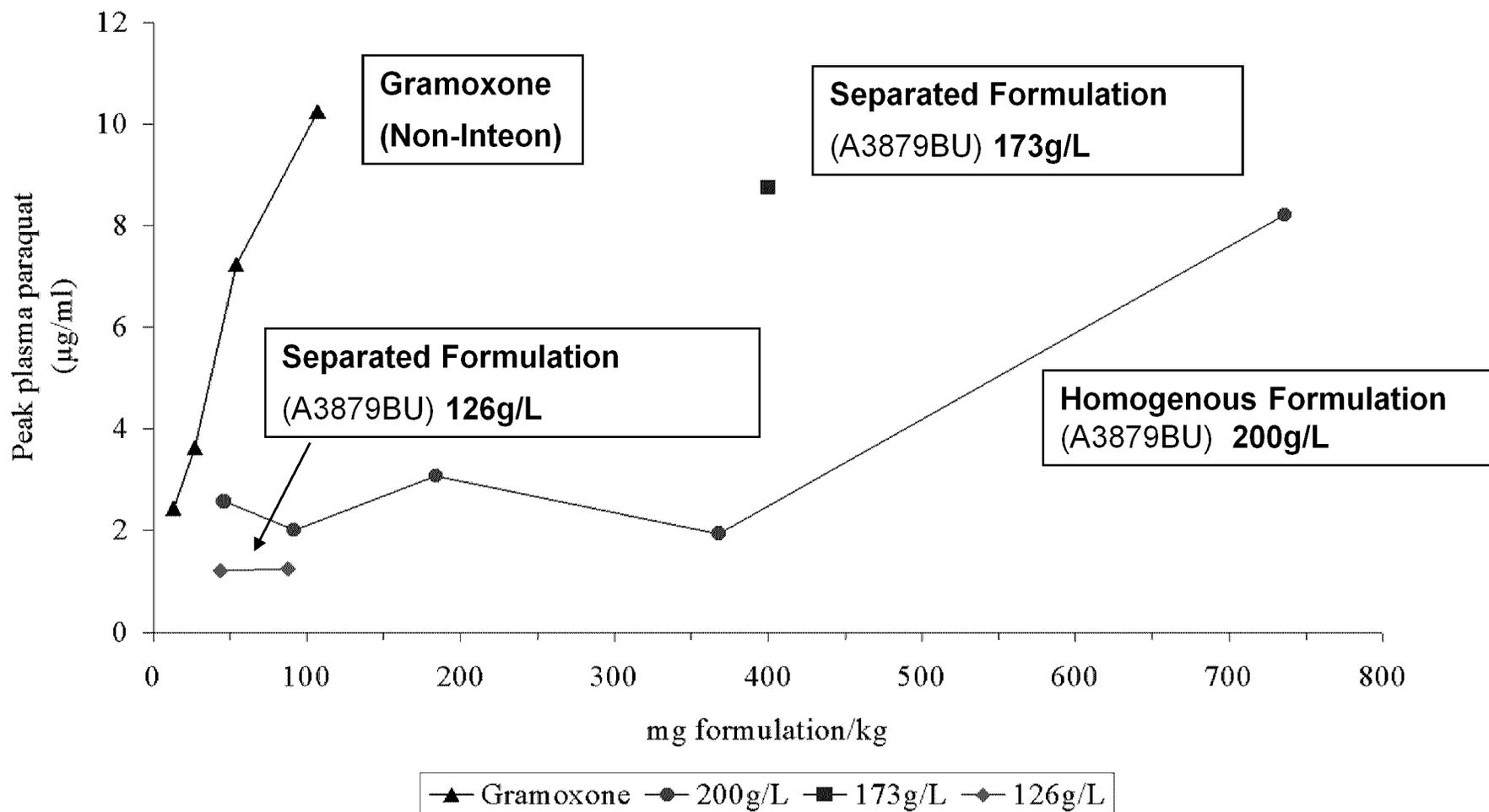
- 200g/l paraquat
- 1.5g/l emetic
- 9g/l alginate
- ~100g/l surfactants

**Bottom:**

- Increased Paraquat loading
- Decreased Emetic loading
- No Surfactant
- Slightly increased alginate

- The analytical profile of bottom phase is very similar to US formulation
- NB – no visual difference between homogeneous and separated formulation (recall demonstration), even in clear packs – and sales packs are essentially opaque (recall demonstration)

# Inteon formulation in Sri Lanka: Lower Peak Plasma Paraquat Levels in Dogs



Separated Inteon formulation shows reduced safening but safer than Gramoxone

## **Challenges in the Interpretation of the Observational Monitoring data**

- **Separated Inteon formulation in Sri Lanka [A3879BU]**
  - ✓ **It is safer than Gramoxone**
  - ✓ **Not as safe as homogenous Sri Lankan Inteon**
  - ✓ **Not as safe as the US Inteon formulation which does not separate (approximately half)**
- **Study conduct and data collection**
  - ✓ **Quality control checks on the hospital records, analysis (plasma and urine) and follow up survival data ongoing.**
  - ✓ **Estimating ingested volumes**
  - ✓ **Variable circumstances**

# Summary

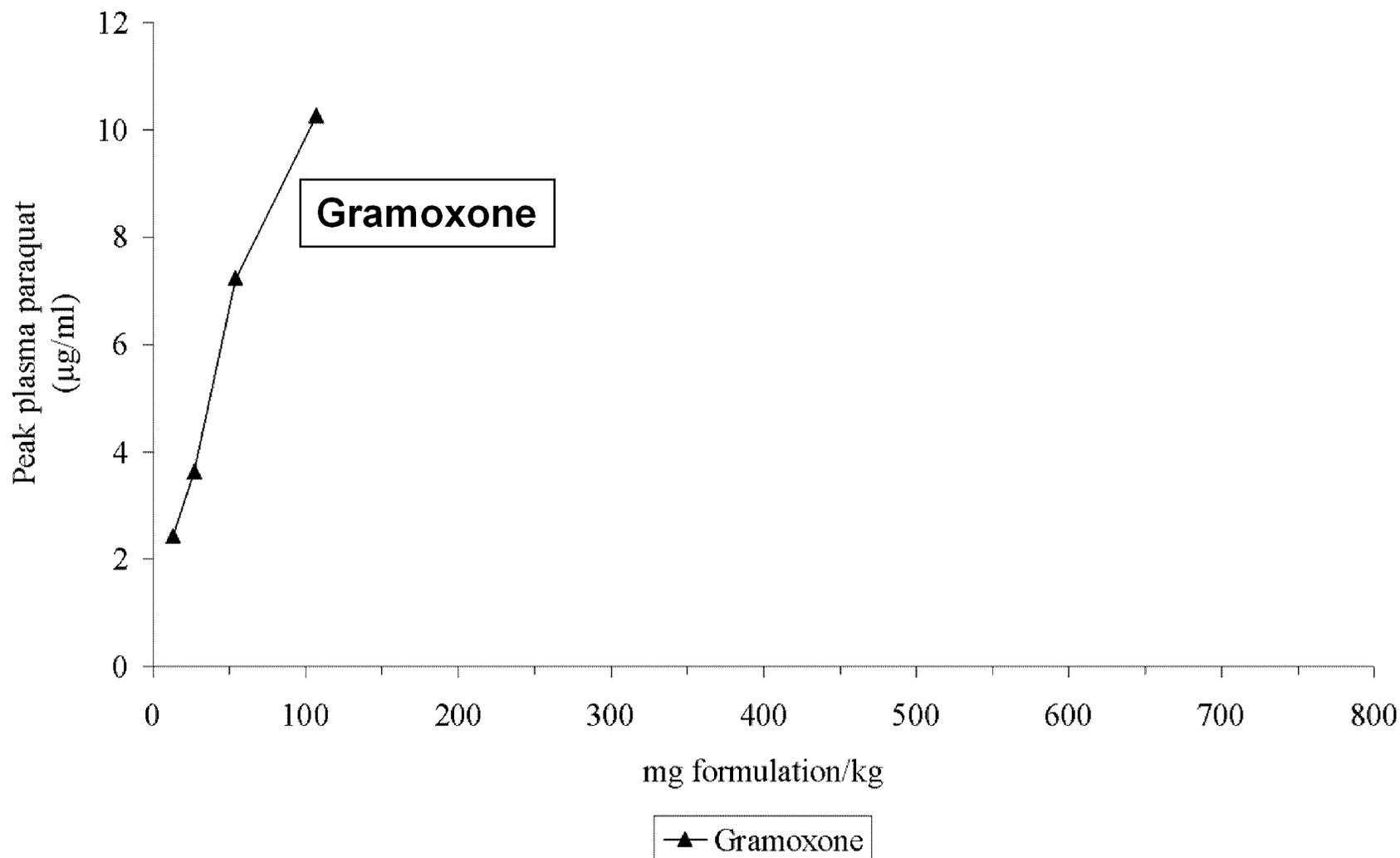
- **Dog is a valid and a useful model to predict human outcome**
- **We expect even greater safety with the US formulation compared with current formulation in Sri Lanka**
  - ✓ The US formulation showed > 10X safening in dogs
  - ✓ US formulation does not separate
- **Changing to INTEON formulations will save lives in the US and Internationally**

Reserve slides

## ***Paraquat lung lesion***

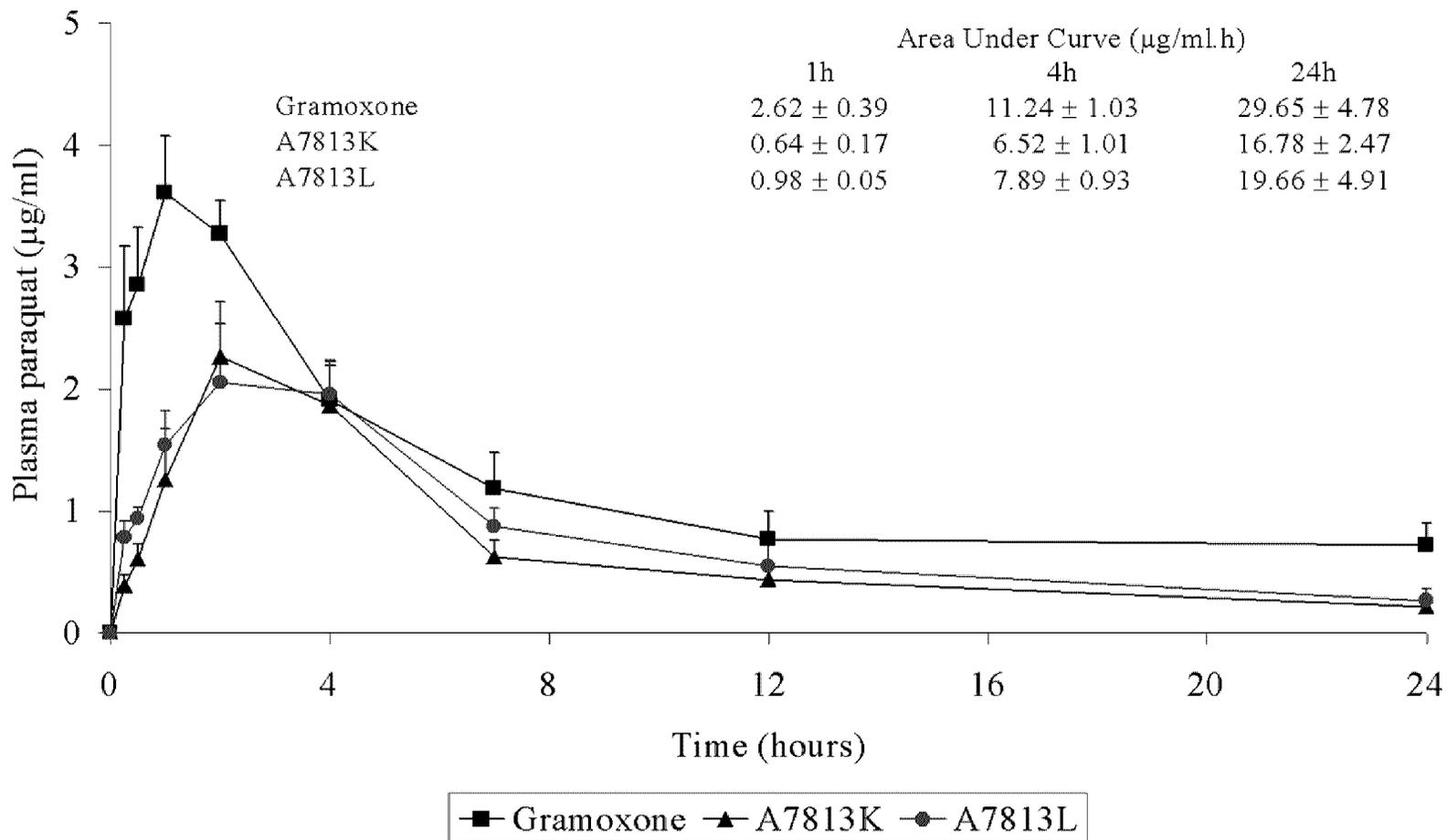
- **An initial effusive stage, (characterised by acute inflammation, widespread pulmonary oedema and hyaline membrane formation),**
- **Followed by a chronic phase, (characterised by widespread alveolar fibrosis).**
  - **alveolar fibrosis is a progression of the acute effusive stage**
  - **rather than a progressive fibrosing disease *per se*.**
- **In these dogs no evidence to suggest that the lesions would progress**
  - **adjacent lung tissue appeared normal**
  - **affected areas were small foci and showed no evidence of significant active fibrosis.**
  - **the kidney, a sensitive target organ in the dog, showed no histological evidence**
- **Lung lesion observed in those with highest exposure, others NAD.**

# GRAMOXONE: Peak Plasma Paraquat Levels in Dogs



**Gramoxone: 1 out of 4 dogs died at 55 mg formulation/kg  
all 4 dogs were terminated day 7/8 at 110mg formulation/kg.**

# Plasma Paraquat following an oral dose of 40 mg paraquat ion/kg the rabbit



**Reduced paraquat absorption in rabbit (non vomiting species) due to gelling**

## **A7813K: Toxicokinetics in the dog**

- **Kinetic profile across doses of 150 to 602mg Inteon US formulation/kg showed a flat dose response for both peak plasma paraquat and 24hr AUC values. This is equivalent to a paraquat ion dose of 32 to 128mg/kg.**
- **Gramoxone acute oral MLD in dog is 66mg formulation/kg (12mg paraquat ion/kg)**
- **No deaths occurred with Inteon US formulation at 602mg/kg**
- **The minimal pathology observed in one dog together with a higher peak plasma concentration would suggest a higher dose 1204mg Inteon US/kg (256mg paraquat ion/kg) would give rise to significant toxicity in the dog.**
- **Hence it is concluded that A7813K shows > 10 fold reduction in toxicity although this maybe be greater.**