

breast tumor-induced osteolysis [12]. Herein, we used gene expression profiles from our mouse model and Connectivity Map database to find therapeutic agents that target the TB interface, rather than a given pathway.

The advantage of Connectivity Map database is that it can predict potential therapeutic agents based solely on gene signatures [39]. In the current study, our query of Connectivity Map database with the TB signature flagged cyclopenthiiazide in the MCF7 cell line (Figure 4D). This analysis suggests that cyclopenthiiazide has the potential to inhibit the establishment of breast cancer cells at TB interface.

Thiazides comprise a class of diuretic agents (of which cyclopenthiiazide is a member) that are traditionally used to treat hypertension and edema [64]. Although thiazides have not been widely viewed as therapeutic agents for bone metastasis, reports abound noting that treatment of hypertension using thiazides has the beneficial side effect of strengthening bone [65-69]. Furthermore, Devorak *et al.* have demonstrated that the bone strengthening activity of thiazides results from their direct action on OCPs, where thiazide analogs are able to directly induce osteoblast differentiation [70]. These data suggest that cyclopenthiiazide may be a useful agent against osteoclastic bone metastasis. Future efforts are aimed at validating this prediction in the osteolytic mouse model. This study serves as an example of how mouse breast cancer-specific osteolytic models and gene expression analysis can be used to identify treatment strategies for human disease.

Conclusions

In summary, we have demonstrated that the TB microenvironment in our mouse model of osteolytic breast cancer metastasis is highly similar to that of human breast cancer-to-bone metastases. Furthermore, gene expression profile analysis of tumors from this model: (i) identified a TB interface specific gene signature; (ii) revealed signaling pathways that were differentially activated at the TB interface and TA area; (iii) demonstrated a role for osteoclasts in metastatic osteolysis; and (iv) predicted a novel therapeutic agent that specifically targets the TB interface. These data clearly demonstrate that this mouse model can be used to study the cellular and molecular mechanisms driving human breast cancer-to-bone metastasis and osteolysis. Moreover, this model also provides a powerful preclinical setting to test thiazides and other therapeutic agents that specifically target breast cancer osteolysis.

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Authors' contributions

AS conceived and developed the concept, performed all the analyses and wrote the manuscript. MF performed the animal experiments. CAL contributed to the scientific content. CAL and WJS helped with editing of the manuscript. MF and RKS conceived the idea for the development of the animal model. All authors read and approved the final manuscript.

Competing interests

WJS is currently an employee of Genomic Health.

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References

1. Foodman GD: Mechanisms of bone metastasis. *The New England journal of medicine* 2004, **350**(16):1655-1664.
2. Coleman RE: Skeletal complications of malignancy. *Cancer* 1997, **80**(8 Suppl):1588-1594.
3. Mundy GR: Mechanisms of bone metastasis. *Cancer* 1997, **80**(8 Suppl):1546-1556.
4. Mundy GR: Metastasis to bone: causes, consequences and therapeutic opportunities. *Nature reviews* 2002, **2**(8):584-593.
5. Rose AA, Siegel PM: Emerging therapeutic targets in breast cancer bone metastasis. *Future oncology (London, England)* 2009, **5**(1):55-74.
6. Suva LJ, Griffin RJ, Makhoul I: Mechanisms of bone metastases of breast cancer. *Endocrine-related cancer* 2009, **16**(3):703-713.
7. Arguello F, Baggs RB, Frantz CN: A murine model of experimental metastasis to bone and bone marrow. *Cancer research* 1988, **48**(23):6876-6881.
8. Harms JF, Welch DR: MDA-MB-435 human breast carcinoma metastasis to bone. *Clinical & experimental metastasis* 2003, **20**(4):327-334.
9. Thomas RJ, Guise TA, Yin JJ, Elliott J, Horwood NJ, Martin TJ, Gillespie MT: Breast cancer cells interact with osteoblasts to support osteoclast formation. *Endocrinology* 1999, **140**(10):4451-4458.
10. Yoneda T, Williams PJ, Hiraga T, Niewolna M, Nishimura R: A bone-seeking clone exhibits different biological properties from the MDA-MB-231 parental human breast cancer cells and a brain-seeking clone in vivo and in vitro. *J Bone Miner Res* 2001, **16**(8):1485-1495.
11. Lynch CC, Hikosaka A, Acuff HB, Martin MD, Kawai N, Singh RK, Vargo-Gogola TC, Begtrup JL, Peterson TE, Fingleton B, Shirai T, Matrisian LM, Futakuchi M: MMP-7 promotes prostate cancer-induced osteolysis via the solubilization of RANKL. *Cancer cell* 2005, **7**(5):485-496.
12. Futakuchi M, Nannuru KC, Varney ML, Sadanandam A, Nakao K, Asai K, Shirai T, Sato SY, Singh RK: Transforming growth factor-beta signaling at the tumor-bone interface promotes mammary tumor growth and osteoclast activation. *Cancer science* 2009, **100**(1):71-81.
13. Nannuru KC, Futakuchi M, Sadanandam A, Wilson TJ, Varney ML, Myers KJ, Li X, Marcusson EG, Singh RK: Enhanced expression and shedding of receptor activator of NF-kappaB ligand during tumor-bone interaction potentiates mammary tumor-induced osteolysis. *Clinical & experimental metastasis* 2009, **26**(7):797-808.
14. Nannuru KC, Futakuchi M, Varney ML, Vincent TM, Marcusson EG, Singh RK: Matrix metalloproteinase (MMP)-13 regulates mammary tumor-induced osteolysis by activating MMP9 and transforming growth factor-beta signaling at the tumor-bone interface. *Cancer research* 2010, **70**(9):3494-3504.
15. Wilson TJ, Nannuru KC, Futakuchi M, Sadanandam A, Singh RK: Cathepsin G enhances mammary tumor-induced osteolysis by generating soluble receptor activator of nuclear factor-kappaB ligand. *Cancer research* 2008, **68**(14):5803-5811.

16. Aslakson CJ, Miller FR: Selective events in the metastatic process defined by analysis of the sequential dissemination of subpopulations of a mouse mammary tumor. *Cancer research* 1992, **52**(6):1399-1405.
17. Murphy BO, Joshi S, Kessinger A, Reed E, Sharp JC: A murine model of bone marrow micrometastasis in breast cancer. *Clinical & experimental metastasis* 2002, **19**(7):561-569.
18. Varnev ML, Singh S, Backora M, Chen Z, Singh R: Lymphangiogenesis and anti-tumor immune responses. *Current molecular medicine* 2009, **9**(6):594-701.
19. Wilson CL, Miller CJ: Simpleaffy: a BioConductor package for Affymetrix Quality Control and data analysis. *Bioinformatics (Oxford, England)* 2005, **21**(18):3683-3685.
20. Simon R, Lam A, Li MC, Ngan M, Meneses S, Zhao Y: Analysis of gene expression data using BRB-ArrayTools. *Cancer informatics* 2007, **3**:11-17.
21. Barrett T, Troup DB, Wilhite SL, Ledoux P, Rudnev D, Evangelista C, Kim IF, Soboleva A, Tomashevsky M, Marshall KA, Phillippy KH, Sherman PM, Muerter RN, Edgar R: NCBI GEO: archive for high-throughput functional genomic data. *Nucleic acids research* 2009, **37** Database: D885-890.
22. Zhang XH, Wang Q, Gerald W, Hudis CA, Norton L, Smid M, Foekens JA, Massague J: Latent bone metastasis in breast cancer tied to Src-dependent survival signals. *Cancer cell* 2009, **16**(1):67-78.
23. Lou Y, Preobrazhenska O, auf dem Keller U, Sutcliffe M, Barclay L, McDonald PC, Roskelley C, Overall CM, Dedhar S: Epithelial-mesenchymal transition (EMT) is not sufficient for spontaneous murine breast cancer metastasis. *Dev Dyn* 2008, **237**(10):2755-2763.
24. Zhao B, Takami M, Yamada A, Wang X, Koga T, Hu X, Tamura T, Ozato K, Choi Y, Ivashkiv LB, Takayanagi H, Kamijo R: Interferon regulatory factor-8 regulates bone metabolism by suppressing osteoclastogenesis. *Nature medicine* 2009, **15**(9):1065-1071.
25. Chin K, DeVries S, Fridlyand J, Spellman PT, Roydasgupta R, Kuo WL, Lapuk A, Neve RM, Qian Z, Ryder T, Chen F, Feiler H, Tokuyasu T, Kingsley C, Dairkee S, Meng Z, Chew K, Pinkel D, Jain A, Ljung BM, Esserman L, Albertson DG, Waldman FM, Gray JW: Genomic and transcriptional aberrations linked to breast cancer pathophysiology. *Cancer cell* 2006, **10**(6):529-541.
26. Neve RM, Chin K, Fridlyand J, Yeh J, Baehner FL, Fevr T, Clark L, Bayani N, Coppe JP, Tong F, Speed T, Spellman PT, DeVries S, Lapuk A, Wang NJ, Kuo WL, Stilwell JL, Pinkel D, Albertson DG, Waldman FM, McCormick F, Dickson RB, Johnson MD, Lippman M, Ethier S, Gazdar A, Gray JW: A collection of breast cancer cell lines for the study of functionally distinct cancer subtypes. *Cancer cell* 2006, **10**(6):515-527.
27. Hoshida Y, Villanueva A, Kobayashi M, Peix J, Chiang DY, Camargo A, Gupta S, Moore J, Wrobel MJ, Lerner J, Reich M, Chan JA, Glickman JN, Ikeda K, Hashimoto M, Watanabe G, Daidone MG, Roayaie S, Schwartz M, Thung S, Salvesen HB, Gabriel S, Mazzafro V, Bruix J, Friedman SL, Kumada H, Llovet JM, Golub TR: Gene expression in fixed tissues and outcome in hepatocellular carcinoma. *The New England journal of medicine* 2009, **359**(19):1995-2004.
28. Hoshida Y: Nearest template prediction: a single-sample-based flexible class prediction with confidence assessment. *PLoS one* 2010, **5**(11):e15543.
29. Benito M, Parker J, Du Q, Wu J, Xiang D, Perou CM, Marron JS: Adjustment of systematic microarray data biases. *Bioinformatics (Oxford, England)* 2004, **20**(1):105-114.
30. Herschkowitz JI, Simin K, Weigman VJ, Mikaelian I, Usary J, Hu Z, Rasmussen KE, Jones LP, Assefnia S, Chandrasekharan S, Backlund MG, Yin Y, Khrantsov AI, Bastein R, Quackenbush J, Glazer RI, Brown PH, Green JE, Kopelovich L, Furth PA, Palazzo JP, Olopade OI, Bernard PS, Churchill GA, Van Dyke T, Perou CM: Identification of conserved gene expression features between murine mammary carcinoma models and human breast tumors. *Genome biology* 2007, **8**(5):R76.
31. Hoshida Y, Brunet JP, Tamayo P, Golub TR, Mesirov JP: Subclass mapping: identifying common subtypes in independent disease data sets. *PLoS one* 2007, **2**(11):e1195.
32. Eisen MB, Spellman PT, Brown PO, Botstein D: Cluster analysis and display of genome-wide expression patterns. *Proceedings of the National Academy of Sciences of the United States of America* 1999, **95**(25):14863-14869.
33. Reich M, Liefeld T, Gould J, Lerner J, Tamayo P, Mesirov JP: GenePattern 2.0. *Nature genetics* 2006, **38**(5):500-501.
34. Ashburner M, Ball CA, Blake JA, Botstein D, Butler H, Cherry JM, Davis AP, Dolinski K, Dwight SS, Eppig JT, Harris MA, Hill DP, Issel-Tarver L, Kasarskis A, Lewis S, Matese JC, Richardson JE, Ringwald M, Rubin GM, Sherlock G: Gene ontology: tool for the unification of biology. The Gene Ontology Consortium. *Nature genetics* 2000, **25**(1):25-29.
35. Kanehisa M, Goto S, Furumichi M, Tanabe M, Hirakawa M: KEGG for representation and analysis of molecular networks involving diseases and drugs. *Nucleic acids research* **38** Database: D355-360.
36. Subramanian A, Tamayo P, Mootha VK, Mukherjee S, Ebert BL, Gillette MA, Paulovich A, Pomeroy SL, Golub TR, Lander ES, Mesirov JP: Gene set enrichment analysis: a knowledge-based approach for interpreting genome-wide expression profiles. *Proceedings of the National Academy of Sciences of the United States of America* 2005, **102**(43):15545-15550.
37. Goeman JJ, Costing J, Cleton-Jansen AM, Anninga JK, van Houwelingen HC: Testing association of a pathway with survival using gene expression data. *Bioinformatics (Oxford, England)* 2005, **21**(9):1950-1957.
38. Goeman JJ, van de Geer SA, de Kort F, van Houwelingen HC: A global test for groups of genes: testing association with a clinical outcome. *Bioinformatics (Oxford, England)* 2004, **20**(1):93-99.
39. Lamb J, Crawford ED, Peck D, Modell JW, Blat IC, Wrobel MJ, Lerner J, Brunet JP, Subramanian A, Ross KN, Reich M, Hieronymus H, Wei G, Armstrong SA, Haggarty SJ, Clermons PA, Wei R, Carr SA, Lander ES, Golub TR: The Connectivity Map: using gene-expression signatures to connect small molecules, genes, and disease. *Science (New York, NY)* 2006, **313**(5795):1929-1935.
40. Ramaswamy S, Ross KN, Lander ES, Golub TR: A molecular signature of metastasis in primary solid tumors. *Nature genetics* 2003, **33**(1):49-54.
41. Kong YY, Yoshida H, Sarosi I, Tan HL, Timms E, Capparelli C, Morony S, Oliveira-dos-Santos AJ, Van G, Itie A, Khoo W, Wakeham A, Dunstan CR, Lacey DL, Mak TW, Boyle WJ, Penninger JM: OPG is a key regulator of osteoclastogenesis, lymphocyte development and lymph-node organogenesis. *Nature* 1999, **397**(6717):315-323.
42. Lacey DL, Timms E, Tan HL, Kelley MJ, Dunstan CR, Burgess T, Elliott R, Colombero A, Elliott G, Scully S, Hsu H, Sullivan J, Hawkins N, Davy E, Capparelli C, Eli A, Qian YX, Kaufman S, Sarosi I, Shalhoub V, Senaldi G, Guo J, Delaney J, Boyle WJ: Osteoprotegerin ligand is a cytokine that regulates osteoclast differentiation and activation. *Cell* 1998, **93**(2):165-176.
43. Boyle WJ, Simonet WS, Lacey DL: Osteoclast differentiation and activation. *Nature* 2003, **423**(6937):337-342.
44. Ogata H, Goto S, Sato K, Fujibuchi W, Bono H, Kanehisa M: KEGG: Kyoto Encyclopedia of Genes and Genomes. *Nucleic acids research* 1999, **27**(1):29-34.
45. Subramanian A, Kuehn H, Gould J, Tamayo P, Mesirov JP: GSEA-P: a desktop application for Gene Set Enrichment Analysis. *Bioinformatics (Oxford, England)* 2007, **23**(23):3251-3253.
46. Brown AL, Wilkinson CR, Waterman SR, Kok CH, Salerno DG, Diakivi SM, Reynolds B, Scott HS, Tsykin A, Glonek GF, Goodall GJ, Solomon PJ, Gonda TJ, D'Andrea RJ: Genetic regulators of myelopoiesis and leukemic signaling identified by gene profiling and linear modeling. *Journal of leukocyte biology* 2006, **80**(2):433-447.
47. Kang Y, Siegel PM, Shu W, Drobnjak M, Kakonen SM, Cordon-Cardo C, Guise TA, Massague J: A multigenic program mediating breast cancer metastasis to bone. *Cancer cell* 2003, **3**(6):537-549.
48. Reddi AH, Roodman D, Freeman C, Mohia S: Mechanisms of tumor metastasis to the bone: challenges and opportunities. *J Bone Miner Res* 2003, **18**(2):190-194.
49. Stoughton RB: Applications of DNA microarrays in biology. *Annual review of biochemistry* 2005, **74**:53-82.
50. Wang Y, Miller DJ, Clarke R: Approaches to working in high-dimensional data spaces: gene expression microarrays. *British journal of cancer* 2008, **98**(6):1023-1028.
51. Sarkans U, Parkinson H, Lara GG, Oezcimen A, Sharma A, Abeygunawardena N, Contrino S, Holloway E, Rocca-Serra P, Mukherjee G, Shojatalab M, Kapushesky M, Sansone SA, Farnie A, Rayner T, Brazma A: The ArrayExpress gene expression database: a software engineering and implementation perspective. *Bioinformatics (Oxford, England)* 2005, **21**(8):1495-1501.
52. Allison DB, Cui X, Page GP, Sabripour M: Microarray data analysis: from disarray to consolidation and consensus. *Nat Rev Genet* 2006, **7**(1):55-65.
53. Padua D, Massague J: Roles of TGFbeta in metastasis. *Cell research* 2009, **19**(1):89-102.

54. Neuhaus H, Rosen V, Thies RS: Heart specific expression of mouse BMP-10 a novel member of the TGF-beta superfamily. *Mechanism: of development* 1999, **80**(2):181-184.
55. Yanagita M, Oka M, Watabe T, Iguchi H, Niida A, Takahashi S, Akiyama T, Miyazono K, Yanagisawa M, Sakurai T: USAG-1: a bone morphogenetic protein antagonist abundantly expressed in the kidney. *Biochemical and biophysical research communications* 2004, **316**(2):490-500.
56. Yanagita M: BMP modulators regulate the function of BMP during body patterning and disease progression. *BioFactors (Oxford, England)* 2009, **35**(2):113-119.
57. Krishnan V, Bryant HU, Macdougald OA: Regulation of bone mass by Wnt signaling. *The Journal of clinical investigation* 2006, **116**(5):1202-1209.
58. Voorzanger-Rousselet N, Goehrig D, Journe F, Doriath V, Body JJ, Clezardin P, Gambero P: Increased Dickkopf-1 expression in breast cancer bone metastases. *British journal of cancer* 2007, **97**(7):964-970.
59. Glass DA, Bialek P, Ahn JD, Starbuck M, Patel MS, Clevers H, Taketo MM, Long F, McMahon AP, Lang RA, Karsenty G: Canonical Wnt signaling in differentiated osteoblasts controls osteoclast differentiation. *Developmental cell* 2005, **8**(5):751-764.
60. Baron R, Pawadi G: Targeting the Wnt/beta-catenin pathway to regulate bone formation in the adult skeleton. *Endocrinology* 2007, **148**(6):2635-2643.
61. Nakanishi R, Akiyama H, Kimura H, Otsuki B, Shimizu M, Tsuboyama T, Nakamura T: Osteoblast-targeted expression of Sfrp4 in mice results in low bone mass. *J Bone Miner Res* 2008, **23**(2):271-277.
62. Katoh M: Frequent up-regulation of WNT2 in primary gastric cancer and colorectal cancer. *International journal of oncology* 2001, **19**(5):1003-1007.
63. Iako M, Strachan T, Curtis AR, Lindsay S: Isolation and characterization of WNT8B, a novel human Wnt gene that maps to 10q24. *Genomics* 1996, **35**(2):386-388.
64. Ernst ME, Moser M: Use of diuretics in patients with hypertension. *The New England journal of medicine* 2009, **361**(22):2153-2164.
65. Brickman AS, Massry SG, Coburn JW: changes in serum and urinary calcium during treatment with hydrochlorothiazide: studies on mechanisms. *The Journal of clinical investigation* 1972, **51**(4):945-954.
66. Gamba G: Molecular physiology and pathophysiology of electroneutral cation-chloride cotransporters. *Physiological reviews* 2005, **85**(2):423-493.
67. Jones G, Nguyen T, Sambrook PN, Eisman JA: Thiazide diuretics and fractures: can meta-analysis help? *J Bone Miner Res* 1995, **10**(1):106-111.
68. LaCroix AZ, Wienpahl J, White LR, Wallace RB, Scherr PA, George LK, Comoni-Huntley J, Ostfeld AM: Thiazide diuretic agents and the incidence of hip fracture. *The New England journal of medicine* 1990, **322**(5):286-290.
69. Wasnich RD, Benfante RJ, Yano K, Heilbrun L, Vogel JM: Thiazide effect on the mineral content of bone. *The New England journal of medicine* 1983, **309**(6):344-347.
70. Dvorak MM, De Jossineau C, Carter DH, Pisitkun T, Knepper MA, Gamba G, Kemp PJ, Piccardi D: Thiazide diuretics directly induce osteoblast differentiation and mineralized nodule formation by interacting with a sodium chloride co-transporter in bone. *J Am Soc Nephrol* 2007, **18**(9):2509-2516.

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ナノマテリアルの慢性影響研究の重要性

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Importance of Researches on Chronic Effects by Manufactured Nanomaterials

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Manufactured nanomaterials are the most important substances for the nanotechnology. The nanomaterials possess different physico-chemical properties from bulk materials. The new properties may lead to biologically beneficial effects and/or adverse effects. However, there are no standardized evaluation methods at present. Some domestic research projects and international OECD programs are ongoing, in order to share the health impact information of nanomaterials or to standardize the evaluation methods. From 2005, our institutes have been conducting the research on the establishment of health risk assessment methodology of manufactured nanomaterials. In the course of the research project, we revealed that the nanomaterials were competent to cause chronic effects, by analyzing the intraperitoneal administration studies and carcinogenic promotion studies. These studies suggested that even aggregated nanomaterials were crumbled into nano-sized particles inside the body during the long-term, and the particles were transferred to other organs. Also investigations of the toxicokinetic properties of nanomaterials after exposure are important to predict the chronically targeted tissues. The long lasting particles/fibers in the particular tissues may cause chronic adverse effects. Therefore, focusing on the toxicological characterization of chronic effects was considered to be most appropriate approach for establishing the risk assessment methods of nanomaterials.

Key words—chronic toxicity; multi-wall carbon nanotube (MWCNT); fullerene

1. はじめに

近年、ナノテクノロジーの中心的な役割を担う物質としての産業用ナノマテリアルは、急速にその種類や生産量が増加しつつあるところであるが、新たに期待されているナノマテリアルの物理化学特性については、有効的な生理活性等に使用され得る特性

を持つ反面、ヒト健康影響に対する懸念についても検証されるべきであると考えられている。つまり、ナノマテリアルを用いた技術や製品を社会的に受容するためには、安全性の検証を行うことが不可欠であると思われる。しかし、従来一般的な化学物質とは異なる物理化学的特性は、その毒性評価においても従来とは異なる考え方を取り入れることも必要とされている。それゆえ、ナノマテリアルの特性を考慮した有害性評価手法の開発が急務となっている。また、国際的な枠組みにおいても、ナノマテリアルの安全性確認は、重要な問題として認識されており、OECD や ISO 等を中心として評価手法の国際的標準化に向けた取り組みが進行しているところでもある。本稿では、ナノマテリアルの安全性評価

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の確立に向けたこれらの取り組みに貢献してきたわれわれの研究成果の一部と、それらの研究結果から帰納的に導き出された慢性影響評価研究の重要性について論ずる。

2. ナノマテリアルのリスク評価法の確立における課題

一般的に、化学物質の健康影響評価（リスクアセスメント）の基本的なフレームは、有害性評価と曝露評価、及び各々の評価内容を比較・統合化する過程のリスク判定のステップから成り立っている。この基本的なフレーム自体は、ナノマテリアルの健康影響評価に適用できるものであると考えられる。¹⁻⁵⁾しかし、ナノマテリアルに特徴的な新たな物理化学的性質、特にサイズが生体内高分子と近いことや、高い表面活性のために凝集し易い性質を考慮すると、よりサイズの大きい通常のバルク化合物や完全に溶解した単一分子化合物とは、生体内挙動が異なることが予想され、同じ化学組成の化合物であってもその毒性発現部位や発現様式は異なることが予想される。つまり、体内動態〔吸収 absorption, 分布 distribution, 代謝 metabolism, 排泄 excretion (ADME)〕情報は、一般の化学物質より重要な意味を持つと考えられる。

そこで、生体内での挙動を把握するためには、生体試料中で検出、同定・定量できる方法を確立しなくてはならない。一般にナノマテリアルの開発段階において、その性質を把握するための物理化学的測定法も同時に開発されているはずであるが、それらの手法は生体試料中に存在するナノマテリアルにそのまま適用できないことも多い。さらに、機器分析法による生体試料中での検出や定量が可能になったとしても、生体内で実際にナノの状態が存在しているのか、あるいは再凝集などはしていないかなど、標的組織における最終的な生体内反応に影響を及ぼすと考えられる実際のナノマテリアルの存在状態を把握するためには、最終的には、組織標本の電子顕微鏡などによる確認が必要となる。

一方、体内動態に影響を与える因子として、投与法を検討する必要もある。単独では凝集し易いナノマテリアルをそのまま曝露するということは、物理的に巨大となった粒子は体への吸収性が低く、ナノマテリアル自体の体内動態や懸念される有害性を検出することが困難になると考えられるためである。

そのために曝露実験時におけるナノマテリアルの分散手法の開発が必要となる。職業曝露などの比較的大量のナノマテリアル曝露の安全性を評価するという観点からは、凝集したままの曝露にも意義があるかもしれないが、製品中への混入や環境中への排出を経由した、分散された曝露も想定されることは考慮すべきであると考えられる。

Figure 1は、凝集したナノマテリアルが、生体に取り込まれた場合に想定される体内動態を模式図化したものである。ナノマテリアルの使用用途にも依存するが、製品中のナノマテリアルはポリマー等の他の高分子化合物等と混合された状態、あるいはナノマテリアルだけが単独で製品から解離していく状態を考慮しても、この凝集性のために、大きな粒子として曝露する可能性が高いものと想定される。急性的には、このサイズの大きくなった物質は生体に取り込まれることはほとんどなく、局所的な刺激を起こすような変化を除いては、生体内で有害性が惹起される可能性は低いものと考えられる。しかし、仮に凝集したナノマテリアルが長期間に渡って、吸収部位である肺胞や消化管、損傷皮膚などの局所に滞留したり、慢性的に曝露したりするケースを想定すると、時間経過とともに小さくなった凝集体の粒子を除去するために、マクロファージなどの食細胞による取り込みや、表面活性の高いナノマテリアル分子と生体成分との結合作用による侵食作用により、生体に少しずつ取り込まれることが想定される。もしも生体内に取り込まれたナノマテリアルと生体内成分との結合性が高い場合には、容易に生体外に排出されることはなく、特定の組織等へ蓄積し易くなり、慢性影響の可能性を検討する必要が出てくると想定できる。

3. 国立医薬品食品衛生研究所における取り組みの成果の概要

以上のナノマテリアル固有の検討課題を考慮して、われわれは2005年より厚生労働科学研究の化学物質リスク研究事業の枠組みの中で、ナノマテリアルの健康影響評価手法の開発に係わる研究を推し進めてきたところである。われわれは、これらの検討課題を解決するために、Fig. 2に示すように4つの項目を中心に研究を行ってきた。これらの項目の中で、*in vivo* 研究については、比較的研究初期の段階から中心的に取り組んできた。その中で、繊維

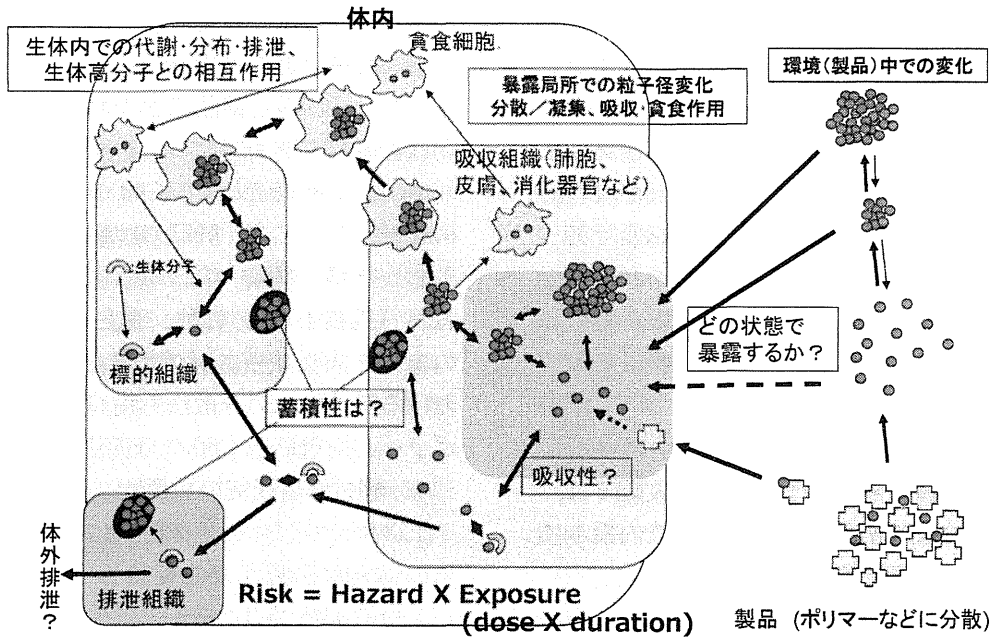


Fig. 1. The Estimated ADME Schema of Nanomaterials

in vivo試験法研究

MWCNTのP53ヘテロ欠失マウスへのi.p.投与による中皮腫誘発性を確認
 バイオマーカとしてマウスのメソセリン抗体の作成
 一方、C60の腹腔内投与による慢性的影響として腎臓への影響を示唆
 TiO₂とC60の気管内投与による発がんプロモーション作用の示唆

吸入試験法研究

MWCNTのミスト暴露システムを開発
 気管内投与時の分散性依存の発現様式差異を確認
 リポソーム分散C60による気管内投与法を開発。

暴露測定法／動態解析研究

生体試料でのC60の定量的検出法との確立
 静注後のC60の組織からの経時的消失検討
 気管内投与後のMWCNTの肺及び肝臓での検出

in vitro試験法研究

細胞培養系でのリポソーム等を用いた分散法の確立
 →C60やTiO₂の遺伝毒性、細胞透過性、
 神経系の細胞機能への影響、などへの適用

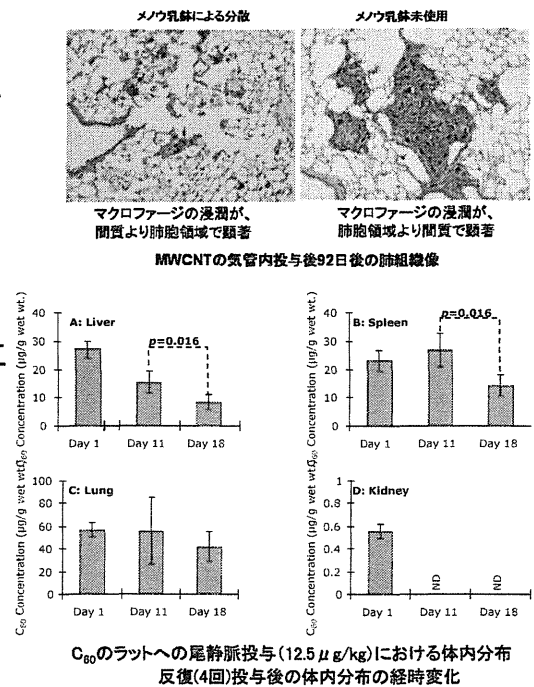
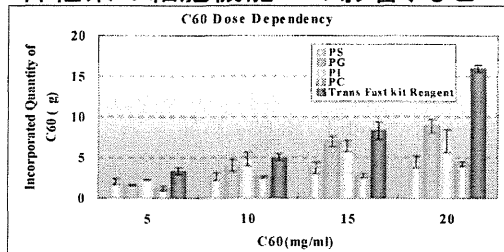


Fig. 2. The Overall Results of NIHS Projects for Nanomaterial Safety

長の長いタイプの多層型カーボンナノチューブ (MWCNT) が、中皮腫を誘発する可能性を持つことを確認した。⁶⁾ 上記の体内動態の重要性を考慮した概念からは、吸収性や体内分布について検証したのちに、慢性影響の可能性を検討することが論理的であるが、研究開始当時から、大量生産可能であった、酸化チタン (TiO₂) やフラーレン (C60)、MWCNT については、*in vivo* の慢性影響を先行して検討しておくべきであると判断した。特にその形状がアスベストに似ていた MWCNT については、吸入曝露による有害影響が懸念されたが、MWCNT についての吸入曝露法が確立していない段階では、アスベストでも検証に使用されていた腹腔内投与による中皮腫誘発試験を行うこととした。

われわれの最初の実験は、アスベストで中皮腫の誘発時期が早くなることが知られている p53 ヘテロノックアウトマウスへの腹腔内へ 3 mg/mouse という高用量を投与することによって確認されたものであり、動物種の特異性や投与量の多さについて異論も指摘された。しかしその後の研究で、野生型の動物種である F344 ラットに対しても、同じ MWCNT が中皮腫の誘発作用を持つことが確認された⁷⁾ ほか、投与量を 1000 分の 1 にまで少なくした実験においても中皮腫の起きることが示されている (投稿中)。

酸化チタンについては、雌ラットへの吸入曝露により発がん性のあることが示されているが、ナノサイズ化による発がん性の検証のために、気管内投与による肺がんのプロモーション作用の検討を行った。その結果、酸化チタンは、肺腺腫や乳腺腫に対してプロモーション作用を示し、その作用は、マクロファージから放出される炎症性因子である MIP1 α を介したものであることが示唆された。⁸⁾ 現在 C60 や MWCNT を用いたプロモーション作用の検討が進行中である。

一方、曝露手法の開発においては、ミスト法や粉体法による MWCNT の吸入曝露システムの開発研究を進めているが、より簡易な手法として気管内投与のための適切な分散法の検討を行った。その結果、分散法の違いが肺の有害性発現様式に違いを引き起こすことを確認した。⁹⁾

体内動態解析のために、生体試料中の C60 や TiO₂ の分析手法の開発や改良を行い、経口投与や

気管内投与による体内吸収性について検討を行っている。現在のところ投与部位である消化管や肺以外で有意な検出量を確認できておらず、感度の向上に向けた研究を進めている。しかし、体内への吸収を前提にした解析として、C60 の静脈内投与による解析を行ったところ、肝臓や脾臓、肺などへの分布を確認したが、腎臓への分布は極めて低いことが示された (投稿中)。その他、遺伝毒性や標的臓器などの毒性をスクリーニングするための *in vitro* 試験における培地等への分散法も検討対象としており、リポソームを用いた C60 の分散法を確立した。

4. 慢性影響研究の重要性

ナノマテリアルの生体影響に関する情報はここ数年の活発な研究状況を反映して多くなりつつあるが、慢性影響に関する報告は依然その数が少ない状況である。一般の化学物質の有害性評価の常套手段として、変異原性試験や短期試験から情報を収集していくことは、必要なステップであり、OECD におけるナノマテリアル作業グループの活動におけるスポンサーシッププログラムにおいても、加盟各国からの毒性試験情報として、短期試験を中心に収集されてきている。われわれの研究グループにおいても、これらの枠組みに対して、短期的な試験情報を中心に提供し始めている段階である。しかし MWCNT に関しては、研究初期から、短期毒性より長期毒性の方が懸念の強いことが、物性等の情報から推測されたところでもあり、その推定に基づいて、腹腔内投与の研究を最初にスタートさせた。腹腔内投与は、リスク評価の観点からは、曝露経路 (吸入曝露) に伴う定量的な評価に問題のあるところであるが、最近の注目すべき研究として、分散剤で分散させた MWCNT (最高 80 μ g まで) をマウスに吸引させた研究や、MWCNT: 30 mg/m³ をマウスに単回吸入曝露した研究において、曝露後 7-8 週間目に MWCNT が胸膜に到達していたことが報告されている。^{10,11)} これらの研究結果は高用量の曝露による短期間の結果ではあるが、呼吸器を経由した曝露においても MWCNT は胸膜 (中皮) まで到達することを示唆しており、われわれの腹腔内投与による結果と合わせると、リスク評価の上でも重要な知見であると考えられる。

これらの腹腔内投与による中皮腫誘発能は、繊維状粒子による催腫瘍性のみを検出する系であり、短

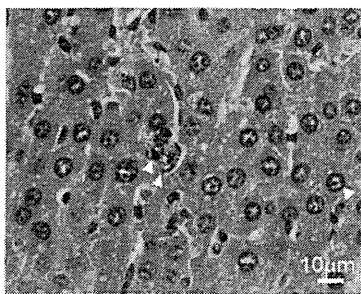
いタイプやその他様々な形状の MWCNT における慢性毒性は別途検証する必要がある。実際、われわれの行った腹腔内投与試験では、小さいサイズのナノチューブ繊維を含んだ細胞が腹膜の病変部のみならず、肝類洞内、又は肝葉間や腸間膜リンパ節の中にも認められ、体内に再分布することが示唆された (Fig. 3).⁶⁾ さらに、SWCNT をマウスへ咽頭吸引させた実験では、一過性の急性症状の後に、炎症性細胞浸潤を伴わない間質の繊維化が認められている。¹²⁾ また、ApoE ノックアウトマウスを用いた実験では、タンパクカルボニル化活性の変化を伴うミトコンドリア DNA 障害と、アテローム性動脈硬化症の進行を増強することが示された。¹³⁾ MWCNT に関しても、マウスに MWCNT (200-400 μg) を気管内滴下した実験では、一過性の肺の炎症反応に加え、投与量に依存した血小板の活性化と凝固作用の活性化の促進が示唆されている。¹⁴⁾ また、MWCNT や SWCNT の気管内投与や経鼻投与により、アレルギー反応の増強反応が報告されている。¹⁵⁻¹⁷⁾ これらの結果が、カーボンナノチューブが直接体内循環に侵入した結果であるか、免疫細胞との接触を介した反応であるかを区別することは難し

いが、曝露局所に留まらない全身作用の可能性を示している。われわれの酸化チタンの気管内投与による発がんプロモーション作用が、炎症因子により介在されたことは、これらの知見と同様の作用様式を示すものととらえることもできる。

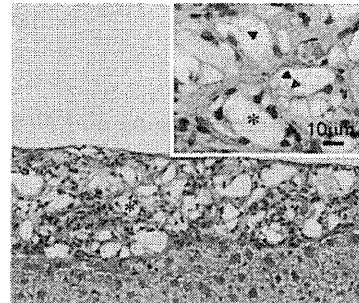
以上の知見は、短期の試験だけでは検証することは困難であり、ナノマテリアルの有害性を確認するためには、長期の体内動態予測や慢性影響に関する研究が、重要なステップであることを示している。Figure 4 にスクリーニング試験や確定試験を開発するための手順についてまとめた。通常の化学物質については、その長い歴史の中で明らかとなった有害性に対して、それぞれの毒性発現様式に応じてスクリーニング試験が開発され、現在まで運用されている。特に変異原性試験は発がん性を予測する試験としての重要な役割を担っている。しかし、現時点ではナノマテリアルによる有害性影響が、これまでの研究経験の中で明らかとなった影響だけに留まるのかについては、まだ誰も判定できない状況である。これまでの一般化学物質に対応する有害性とスクリーニング試験を活用して進めていくと同時に、未知の影響を見極める最初のステップとして、少な

腹腔内投与によるナノサイズ粒子の体内再分布

肝臓内類洞 (MWCNT)



腹膜の漿膜 (fullerene)



A. Takagi et al., *J. Toxicol. Sci.*, **33**,105-116. (2008)

SWCNTやMWCNTによる全身性影響の示唆

- アテローム性動脈硬化症の進行の増強の可能性 (ApoE^{-/-}マウス)
Z. Li et al., *Environmental health perspectives*. **115**, 377-382 (2007)
- 血小板の活性化と凝固作用の活性化 (MWCNT気管内滴下)
A. Nemmar et al., *J. Thrombosis, Haemostasis* **5**: 1217-1226 (2007)
- アレルギー反応の増強 (MWCNT・SWCNT、気管内・経鼻投与)
E.J. Park et al., *Toxicology*. **259**, 113-21 (2009)
U.C. Nygaard et al., *Toxicol Sci*. **109**, 113-23 (2009)
K. Inoue et al., *Toxicol Appl Pharmacol*. **237**, 306-16 (2009)

Fig. 3. The Suggestive Evidences for Systemic Toxicities by Nanomaterials

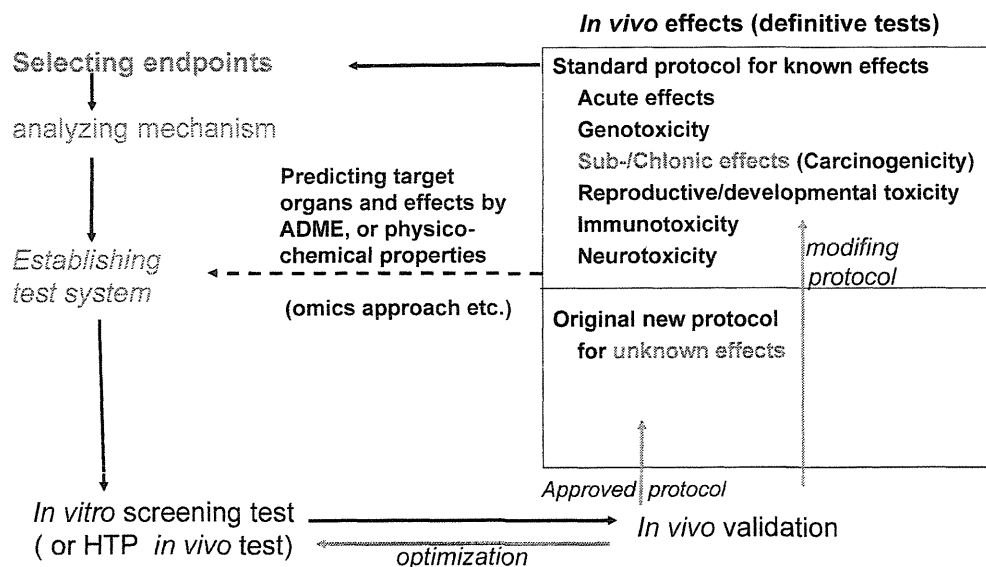


Fig. 4. The Schematic Development of Screening Tests and Definitive Tests

くとも代表的なナノ材料による *in vivo* の慢性影響研究や、その影響を推定するためのナノ材料と生体成分との分子レベルでの相互作用や体内残留性様式の解析を進めていくべきであると考えられる。

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REFERENCES

- 1) Scientific Committee on Emerging and Newly Identified Health Risks, SCENIHR: (http://ec.europa.eu/health/ph_risk/committees/04_scenih/docs/scenih_o_003b.pdf), European Commission Web, cited 14 November, 2010.
- 2) Scientific Committee on Emerging and Newly Identified Health Risks, SCENIHR: (http://ec.europa.eu/health/ph_risk/committees/04_scenih/docs/scenih_o_010.pdf), European Commission Web, cited 14 November, 2010.
- 3) Food Safety Authority of Ireland, FSA, "The Relevance for Food Safety of Applications of Nanotechnology in Food and Feed Industries," Dublin, 2008.
- 4) UK Committees on Toxicity, Mutagenicity and Carcinogenicity of Chemicals in Food, Consumer Products and the Environment (COT, COM, COC): (<http://cot.food.gov.uk/pdfs/cotstatements2005nanomats.pdf>), COT Web, cited 14 November, 2010.
- 5) The Committee on Toxicity of Chemicals in Food, Consumer Products and the Environment: (<http://www.food.gov.uk/multimedia/pdfs/cotstatementnanomats200701.pdf>), cited 14 November, 2010.
- 6) Takagi A., Hirose A., Nishimura T., Fukumori N., Ogata A., Ohashi N., Kitajima S., Kanno J., *J. Toxicol. Sci.*, **33**, 105–116 (2008).
- 7) Sakamoto Y., Nakae D., Fukumori N., Tayama K., Maekawa A., Imai K., Hirose A., Nishimura T., Ohashi N., Ogata A., *J. Toxicol. Sci.*, **34**, 65–76 (2009).
- 8) Xu J., Futakuchi M., Iigo M., Fukamachi K., Alexander D. B., Shimizu H., Sakai Y., Tamano S., Furukawa F., Uchino T., Tokunaga H., Nishimura T., Hirose A., Kanno J., Tsuda H., *Carcinogenesis*, **31**, 927–935 (2010).
- 9) Wako K., Kotani Y., Hirose A., Doi T., Hamada S., *J. Toxicol. Sci.*, **35**, 437–446 (2010).
- 10) Nurkiewicz T. R., Porter D. W., Hubbs A. F., Stone S., Chen B. T., Frazer D. G., Boegehold M. A., Castranova V., *Toxicol. Sci.*, **110**, 191–203 (2009).
- 11) Ryman-Rasmussen J. P., Cesta M. F., Brody

- A. R., Shipley-Phillips J. K., Everitt J. I., Tewksbury E. W., Moss O.R., Wrong B. A., Dodd D. F., Andersen M. E., Bonner J. C., *Nat. Nanotechnol.*, **4**, 747–751 (2009).
- 12) Shvedova A. A., Kishin E. R., Mercer R., Murray A. R., Johnson V. J., Potapovich A. I., Tyurina Y. Y., Gorelik O., Arepalli S., Schwegler-Berry D., Hubbs A. F., Antonini J., Evans D. E., Ku B. K., Ramsey D., Maynard A., Kagan V. E., Castranova V., Baron P., *Am. J. Physiol. Lung cell. mol. physiol.*, **289**, L698–L708 (2005).
- 13) Li Z., Hulderman T., Salmen R., Chapman R., Leonars S. S., Young S. H., Shvedova A., Luster M. I., Simeonove P. P., *Environ. Health Perspect.*, **115**, 377–382 (2007).
- 14) Nemmar A., Hoet P. H., Vandervoort P., Dinsdale D., Nemery B., Hoylaerts M. F., *J. Thromb. Haemost.*, **5**, 1217–1226 (2007).
- 15) Park E. J., Cho W. S., Jeong J., Yi J., Choi K., Park K., *Toxicology*, **259**, 113–121 (2009).
- 16) Nygaard U. C., Hansen J. S., Samuelsen M., Alberg T., Marioara C. D., Løvik M., *Toxicol. Sci.*, **109**, 113–123 (2009).
- 17) Inoue K., Koike E., Yanagisawa R., Hirano S., Nishikwa M., Takano H., *Toxicol. Appl. Pharmacol.*, **237**, 306–316 (2009).

Original Article

Lack of promoting effect of titanium dioxide particles on chemically-induced skin carcinogenesis in rats and mice

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ABSTRACT — Nano-sized titanium dioxide particles (TiO₂) are widely used in cosmetics, sunscreens and food additives. We previously reported that topical application of non-coated rutile type TiO₂ did not exhibit a promoting effect on ultraviolet B-initiated skin carcinogenesis in rats, and that this was likely due to lack of penetration of TiO₂ into the epidermis. In the present study, we examined the promoting effect of silicone coated TiO₂ (sTiO₂) suspended in silicone oil and non-coated TiO₂ (ncTiO₂) suspended in Pentalan 408 on a two-stage skin chemical carcinogenesis model: sTiO₂ suspended in silicone oil forms smaller particles than ncTiO₂ suspended in Pentalan because of the smaller sizes of aggregates formed. The model used skin carcinogenesis-sensitive human c-Ha-ras proto-oncogene transgenic mice (rasH2) and rats (Hras128) and their wild-type counterparts and CD-1 mice to test the effects of topical application of TiO₂. Animals were initially treated with a single dose of 7.12-dimethylbenz[*a*]anthracene (DMBA) and then with 0, 10, or 20 mg sTiO₂ (mice) or 0, 50, or 100 mg ncTiO₂ (rats). The incidence and multiplicity of skin tumors (squamous cell papilloma and carcinoma) did not increase over DMBA alone controls in skin carcinogenesis-sensitive mice or rats or wild-type animals. Analysis of rat skin indicated that sTiO₂ and ncTiO₂ did not penetrate though either healthy or damaged skin. Furthermore sTiO₂ did not penetrate an *in vitro* human epidermis model. Our results indicate that treatment with sTiO₂ or ncTiO₂ did not promote skin carcinogenesis in mice or rats, probably due to lack of penetration through the epidermis.

Key words: Nano-size TiO₂, Skin carcinogenesis, Hras, Rat, Mouse

INTRODUCTION

Nano-sized titanium dioxide (TiO₂) particles are used in sunscreen formulations to protect against skin lesions caused by exposure to UV light (Gelis *et al.*, 2003; Rouabhia *et al.*, 2002; Suzuki, 1987). Nano and larger scale titanium dioxide particles are known to be carcinogenic to the rat lung (Baan *et al.*, 2006; Baan, 2007). Recently, we demonstrated a promoting effect on rat lung carcinogenesis by nano-size TiO₂ particles administered

by a novel intrapulmonary spraying method (Xu *et al.*, 2010). The mechanism of promotion of lung carcinogenesis involved the induction of MIP1 α protein expression by ncTiO₂-laden alveolar macrophages (Xu *et al.*, 2010).

We also examined the carcinogenic effect of TiO₂ (mean manufacturer's particulate diameter of 20 nm) on the skin in a UVB-initiated two-stage rat carcinogenesis model and found that topical application of TiO₂ did not promote skin carcinogenesis in this model. This result is probably due to the inability of TiO₂ to penetrate through

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the epidermis and reach the underlying tissue (Xu *et al.*, 2011). This speculation is consistent with a report by Newman *et al.* (2009) demonstrating an absence of penetration of TiO₂ through the epidermis and hair follicles (Newman *et al.*, 2009). On the other hand, Wu *et al.* (2009) reported that TiO₂ (4 nm and 60 nm length) could penetrate through the stratum corneum (SC) and become located in the deep layer of the epidermis after being topically applied to pig ear for 30 days (Wu *et al.*, 2009). These inconsistent observations may be due to differences in particle size and the animals used.

The skin is histologically composed of the SC, epidermis, dermis and the subcutaneous tissue. The SC is the rate-limiting barrier against exposure to various exogenous chemical and physical agents (Schaefer *et al.*, 2003). For solid materials, including nano-sized particles, to cause inflammatory lesions, they need to penetrate the SC to interact with macrophages and other inflammatory leukocytes. Long-term activation of inflammatory leukocytes has the potential to cause skin carcinogenesis. Thus, the potential skin-carcinogenicity of TiO₂ is dependent on its size and ability to penetrate through the SC.

The surface of the TiO₂ used in cosmetics is usually coated with aluminum oxide or silicone oils to prevent aggregate formation and to enhance dispersal (Nohynek *et al.*, 2008). The particle size of TiO₂ suspended in silicone oils is known to be smaller than that of non-coated TiO₂ suspensions (Senzui *et al.*, 2010; also compare Fig. 1E with Fig. 1F). In our previous study, we showed that rutile type non-coated TiO₂ (ncTiO₂) did not penetrate the epidermal tissue and thus did not cause promotion of chemically-induced skin carcinogenesis. In the present study, we used rutile type TiO₂ coated with silicone (sTiO₂) suspended in silicon oil to minimize aggregation and improve the penetrating ability of the particles.

The ability of sTiO₂ suspended in silicone oil and ncTiO₂ suspended in Pentalan408 to promote skin carcinogenesis was examined using the 7,12-dimethylbenz[a]anthracene (DMBA)-initiated skin carcinogenesis model employing skin carcinogenesis-sensitive animals and their wild-type counterparts as the test animals. The rasH2 mouse carries a human c-Ha-ras proto-oncogene and is highly susceptible to chemically induced skin carcinogenesis (Muto *et al.*, 2006). The Hras128 rat also carries a human c-Ha-ras proto-oncogene and highly susceptible to chemically induced skin carcinogenesis (Park *et al.*, 2004).

In addition to the animal models, we also used an *in vitro* model to examine sTiO₂ particle penetration into skin. Unlike animal skin, the *in vitro* model does not have

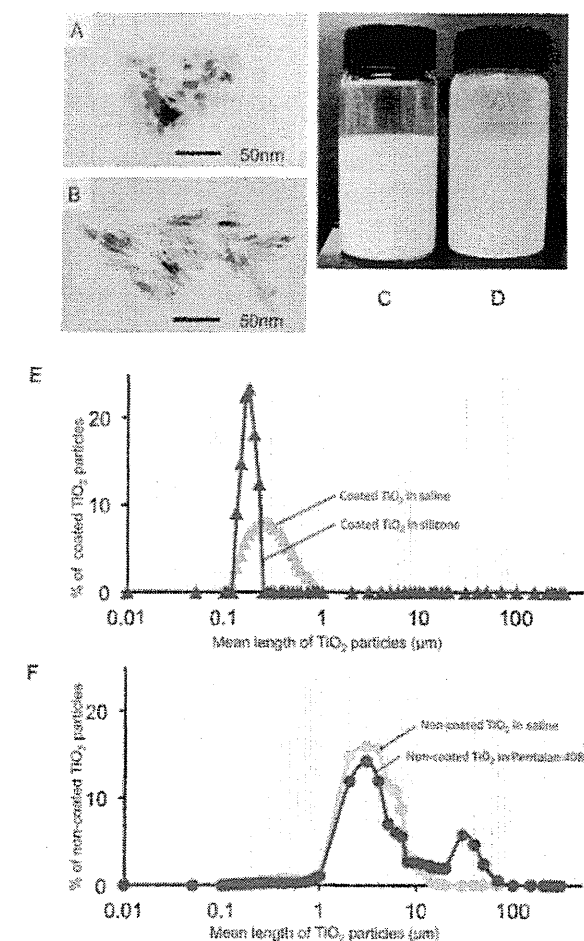


Fig. 1. Physicochemical features of sTiO₂ / ncTiO₂. sTiO₂ particles were round to oval in shape (A), and ncTiO₂ particles were club shaped (B). sTiO₂ particles remained evenly dispersed in silicone solution (C) while ncTiO₂ particles formed a white sediment at the bottom of the bottle 3 days after preparation (D). Size distribution of sTiO₂ suspended in saline (gray triangles) and in silicone (black triangles) (E). Size distribution of ncTiO₂ suspended in saline (gray circles) and in Pentalan 408 (black circles) (F). % of TiO₂ particles (Y axis) was calculated as the ratio of TiO₂ particles of a particular mean length/total particles examined.

hair follicles, allowing direct examination of the ability of sTiO₂ particles to penetrate through a layer of human skin epidermal keratinocytes.

Table 1. TiO₂ materials and animal strains used in this study

| Coating status of TiO ₂ | Size | Concentration of TiO ₂ (mg/ml) | Suspended in | Skin assay (Carcinogen Strain (or <i>in vitro</i> system)) |
|------------------------------------|-------|---|--------------|--|
| Coated (rutile type) | 35 nm | 50, 100 | Silicone | Carcinogenesis (DMBA) rash2 mouse, C57BL mouse |
| | | 100, 200 | Silicone | Penetration LabCyte EPI-MODEL |
| | | 100, 200 | Pentalan 408 | Carcinogenesis (DMBA) Hras128 rat, Sprague-Dawley rat |
| Non-coated (rutile type) | 20 nm | 50, 100 | Pentalan 408 | Carcinogenesis (DMBA) CD1 mouse |
| | | 200 | Pentalan 408 | Penetration Sprague-Dawley rat |
| | | | Pentalan 408 | Sprague-Dawley rat |

MATERIALS AND METHODS

Animals

Male rash2 mice and Hras128 rats, known to be highly sensitive to chemically induced skin carcinogenesis (Muto *et al.*, 2006; Park *et al.*, 2004), and their wild-type counterparts, CB6F1 mice and SD rats, were purchased from CLEA Japan Co., Ltd. (Tokyo, Japan). To confirm the results, CD-1 mice, which are frequently used in skin carcinogenesis studies, were also included in this series of studies. The animals were housed in the animal center of Nagoya City University Medical School, maintained on a 12 hr light-dark cycle and received Oriental MF basal diet (Oriental Yeast Co., Tokyo, Japan) and water *ad libitum*. All animals were kept for 1 week for acclimation. The experiments were conducted according to the Guidelines for the Care and Use of Laboratory Animals, and the study protocol was approved by the Institutional Animal Care and Use Committee of Nagoya City University Medical School.

Preparation of suspensions of titanium dioxide (TiO₂) and size analysis

sTiO₂ particles (silicone coated, mean manufacturer's particulate diameter of 35 nm) and ncTiO₂ particles (rutile type, mean manufacturer's particulate diameter of 20 nm) were provided by Japan Cosmetic Association, Tokyo, Japan. Size, coating, dose and suspension vehicles and animals used are summarized in Table 1. The size distribution of sTiO₂ suspended in silicone oil (cyclopentasiloxane, KF-995, Shin-Etsu Chemicals Co., Tokyo, Japan) or in saline and ncTiO₂ particles suspended in Pentalan 408 (pentaerythritol tetraethylhexanoate, CAS7299-99-2, Nikko Chemicals Co., Tokyo, Japan) or in saline was determined by a Particle Size Distribution Analyzer (Shimadzu Techno-Research Inc., Kyoto, Japan). The

shape of suspended sTiO₂ and ncTiO₂ was observed by transmission electron microscopy (JEOL Co. Ltd., Tokyo, Japan). Freshly made suspensions were sonicated for 30 min, and suspensions were sonicated again for 30 min just prior to use.

Experimental design

Skin carcinogenesis study of silicone coated TiO₂ (sTiO₂) using rash2 mice

The back skin of 7-week-old female rash2 mice (60 mice) and wild-type CB6F1 mice (60 mice) was shaved (2 × 2 cm area) and the animals received a single topical application (painting) of 0.1 ml DMBA solution (2 mg/ml in acetone). Two weeks later, the animals were divided into 3 groups and the area which was painted with DMBA was shaved and painted with silicon oil alone or sTiO₂ suspended in silicon oil 5 times a week until termination of the experiment: Group 1 mice (15 mice of each strain) were painted with 0.2 ml silicone oil; group 2 mice (15 mice of each strain) were painted with 0.2 ml of 50 mg/ml sTiO₂ suspended in silicone oil; group 3 mice (15 mice of each strain) were painted with 0.2 ml of 100 mg/ml sTiO₂ suspended in silicone oil. Group 4 consisted of 15 mice of each strain painted with 0.2 ml 100 mg/ml sTiO₂ suspended in silicon oil 5 times a week without prior DMBA treatment. The rash2 mice were killed at experimental week 8 and wild-type CB6F1 mice were killed at experimental week 40.

Skin carcinogenesis study of non-coated TiO₂ (ncTiO₂) using Hras128 rats

The back skin of 10-week-old male Hras128 rats (50 rats) and wild-type SD rats (36 rats) was shaved (3 × 3 cm area) and the animals received a single topical application (painting) of 0.5 ml DMBA solution (5 mg/ml in acetone)

(Park *et al.*, 2004). Two weeks later, the animals were divided into 3 groups and the area which was painted with DMBA was shaved and painted with Pentalan 408 alone or ncTiO₂ suspended in Pentalan 408 twice a week until termination of the experiment: Group 1 rats (17 Hras128 and 12 SD rats) were painted with 0.5 ml Pentalan 408 alone; group 2 rats (16 Hras128 and 12 SD rats) were painted with 0.5 ml of 100 mg/ml ncTiO₂ suspended in Pentalan 408; group 3 rats (17 Hras128 and 12 SD rats) were painted with 0.5 ml of 200 mg/ml sTiO₂ suspended in Pentalan 408. The Hras128 rats were killed at experimental week 28 and wild-type SD rats were killed at experimental week 40.

Skin carcinogenesis study of non-coated TiO₂ (ncTiO₂) using wild-type CD1 mice

The back skin of 10-week-old female CD1 mice (62 mice) was shaved (2 × 2 cm area) and the animals received a single topical application (painting) of 0.1 ml DMBA solution (2 mg/ml in acetone). Two weeks later, the animals were divided into 4 groups and the area which was painted with DMBA was shaved and painted with Pentalan 408 alone twice a week, ncTiO₂ suspended in Pentalan 408 twice a week, or TPA 4 times a week (positive control) until termination of the experiment: Group 1 mice (16 mice) were painted with 0.2 ml Pentalan 408; group 2 mice (16 mice) were painted with 0.2 ml of 50 mg/ml ncTiO₂ suspended in Pentalan 408; group 3 mice (15 mice) were painted with 0.2 ml of 100 mg/ml ncTiO₂ suspended Pentalan 408; group 4 mice (15 mice) were painted with 0.2 ml TPA solution (200 nmol/ml in acetone). Group 1-3 mice were killed at experimental week 52; group 4 mice were killed at experimental week 40.

Skin penetration study of non-coated TiO₂ (ncTiO₂) in SD rats

Based on our previous study showing lack of TiO₂ penetration through the normal skin (Xu *et al.*, 2011), ncTiO₂ was applied to damaged skin, which is postulated to be more susceptible to particle penetration. The back skin of 10-week-old female SD rats (24 rats) was shaved (3 × 3 cm area) and the epidermis was removed by stripping the epidermis off with a fresh piece of adhesive tape (3M's No. 3760, Scotch Mending Tape, Sumitomo 3M Ltd., Tokyo, Japan): Stripping was done 30 times to completely remove the epidermis. The epidermis-stripped skin was then painted with 0.5 ml of Pentalan or 0.5 ml of 200 mg/ml ncTiO₂ suspended in Pentalan 408 at 4-day-intervals over the course of 3 and a half weeks (7 treatments in 3½ weeks). Localization of ncTiO₂ particles in the epidermis was determined by histological observa-

tion. Skin tissue samples were taken at 1, 3, and 7 days after stripping to examine recovery of the epidermis and penetration of ncTiO₂ into the skin.

Skin penetration study of silicone coated TiO₂ (sTiO₂) in the in vitro skin model

To evaluate whether optimally dispersed sTiO₂ particles could penetrate into the epidermis, we applied sTiO₂ particles dispersed in silicone oil to the LabCyte EPI-MODEL kit (Japan Tissue Engineering Co. Ltd., Aichi, Japan), which is constructed of human skin epidermis keratinocytes on a mesh over a receiving chamber. In 12 wells: 4 wells had silicone oil alone applied directly to the human skin epidermis keratinocytes for 48 hr; 4 wells had 100 mg/ml sTiO₂ suspended in silicone oil applied directly to the human skin epidermis keratinocytes for 48 hr; and 4 wells had 200 mg/ml sTiO₂ suspended in silicone oil applied directly to the human skin epidermis keratinocytes for 48 hr. The medium in the receiving chamber was collected for elemental titanium analysis by an inductively coupled plasma/mass spectrometry (ICP-MS) (HP-4500, Hewlett-Packard Co., Houston, TX, USA) as described previously (Xu *et al.*, 2011).

Statistical analysis

Statistical analysis was performed using the Kruskal-Wallis and Bonferroni-Dunn's multiple comparison tests. Statistical significance was analyzed using a two-tailed Student's *t*-test and Bonferroni-Dunn's multiple comparison test. A value of *P* < 0.05 was considered to be significant.

RESULTS

Size distribution of ncTiO₂ and sTiO₂ particles

Transmission electron microscopy (TEM) analysis showed that the shape of sTiO₂ particles was generally round to oval (Fig. 1A), while ncTiO₂ particles were more clubbed shaped (Fig. 1B). The sTiO₂ in silicone oil solutions remained without obvious sedimentation for 3 days after preparation (Fig. 1C). In contrast, the ncTiO₂ in Pentalan 408 solutions contained considerable sedimentation 3 days after preparation (Fig. 1D). The particle size distribution of sTiO₂ and ncTiO₂ solutions is shown in Figs. 1E and 1F. The mean length of sTiO₂ particles suspended in saline and silicone was 0.16 ± 0.07 and 0.28 ± 0.22 μm, respectively (Fig. 1E). The mean length of ncTiO₂ particles suspended in saline and Pentalan 408 was 3.18 ± 0.35 and 4.97 ± 0.50 μm, respectively (Fig. 1F). These results indicate that sTiO₂ in silicone oil remained dispersed for a longer time than ncTiO₂ in Pentalan 408.

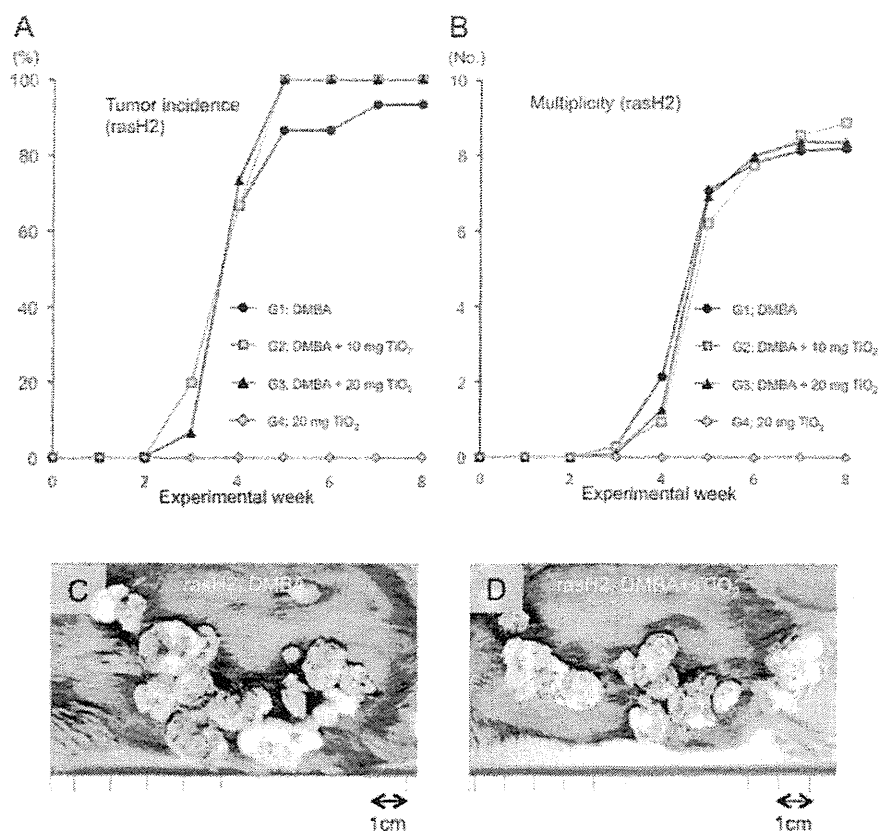
Lack of TiO₂ skin carcinogenicity

Fig. 2. Effects of sTiO₂ in a two-stage carcinogenesis model using rasH2 mice. The incidence of skin tumors in rasH2 mice: DMBA treated group (black circles), DMBA followed by treatment with 10 mg sTiO₂ (gray squares) or 20 mg sTiO₂ (black triangles). 20 mg sTiO₂ treated group (gray diamonds) (A). Multiplicity of skin tumors in rasH2 mice: DMBA treated group (black circles), DMBA followed by treatment with 10 mg sTiO₂ (gray squares) or 20 mg sTiO₂ (black triangles). 20 mg sTiO₂ treated group (gray diamonds) (B). Representative macroscopic appearance of skin tumors initiated with DMBA in rasH2 mice (C). The gross morphology of the tumors did not show obvious differences between the DMBA (C) and DMBA + sTiO₂ (D) groups.

Skin carcinogenesis study of sTiO₂ in silicone oil using rasH2 mice

Figures 2A and 2B show the time lapse incidence and multiplicity (number/mouse) of macroscopic skin tumors in rasH2 mice. No statistically significant differences were found between sTiO₂ treated rasH2 mice (groups 2 and 3: DMBA plus 50 mg/ml and 100 mg/ml sTiO₂, respectively) and control rasH2 mice (group 1: DMBA alone) (Figs. 2A and 2B, Table 2-1). Similarly, no statistically significant differences were found between treated and control groups of wild-type CB6F1 mice (Table 2-2). No tumors were induced in group 4 (sTiO₂ alone) of either rasH2 (Figs. 2A and 2B, Table 2-1) or wild-type CB6F1 mice (Table 2-2). Skin tumors were histologically SCP and SCC in rasH2 and wild-type CB6F1 mice. Rep-

resentative macroscopic skin tumors induced by DMBA alone and by DMBA plus sTiO₂ are shown in Fig. 2C and 2D, respectively.

Skin carcinogenesis study of nctiO₂ using Hras128 rat

Figures 3A and 3B show the time lapse incidence and multiplicity (number/rat) of macroscopic skin tumors in Hras128 rats. No statistically significant differences were found between sTiO₂ treated and control rasH2 rats (Figs. 3A and 3B, Table 3-1). Similarly, no statistically significant differences were found between treated and control groups of wild-type SD rats (Table 3-2).

Microscopically, TiO₂ was not observed within the SCP or SCC tissue (Figs. 4A and 4B). TiO₂ was observed

Table 2-1. Effects of sTiO₂ on skin carcinogenesis in rasH2 mice

| Group | Treatment | No. of mice | SCP | | SCC | | SCP + SCC | |
|-------|-------------------------------|-------------|---------------|--------------|---------------|--------------|---------------|--------------|
| | | | Incidence (%) | Multiplicity | Incidence (%) | Multiplicity | Incidence (%) | Multiplicity |
| 1 | DMBA + Silicone | 15 | 14 (93) | 7.27 ± 4.74 | 5 (33) | 0.60 ± 0.99 | 14 (93) | 7.87 ± 5.17 |
| 2 | DMBA + 10 mg TiO ₂ | 15 | 15 (100) | 8.13 ± 3.66 | 9 (60) | 1.00 ± 1.00 | 15 (100) | 9.13 ± 3.76 |
| 3 | DMBA + 20 mg TiO ₂ | 15 | 15 (100) | 6.80 ± 3.88 | 8 (53) | 0.73 ± 0.80 | 15 (100) | 7.53 ± 3.31 |
| 4 | 20 mg TiO ₂ | 15 | 0 | 0 | 0 | 0 | 0 | 0 |

SCP, squamous cell papilloma; SCC, squamous cell carcinoma.
 Multiplicity: number of tumors per mouse.

Table 2-2. Effects of sTiO₂ on skin carcinogenesis in wild-type CB6F1 mice

| Group | Treatment | No. of mice | SCP | | SCC | | SCP + SCC | |
|-------|-------------------------------|-------------|---------------|--------------|---------------|--------------|---------------|--------------|
| | | | Incidence (%) | Multiplicity | Incidence (%) | Multiplicity | Incidence (%) | Multiplicity |
| 1 | DMBA + Silicone | 15 | 1 (7) | 0.07 ± 0.26 | 1 (7) | 0.07 ± 0.26 | 2 (13) | 0.13 ± 0.35 |
| 2 | DMBA + 10 mg TiO ₂ | 15 | 2 (13) | 0.13 ± 0.35 | 0 | 0 | 2 (13) | 0.13 ± 0.35 |
| 3 | DMBA + 20 mg TiO ₂ | 15 | 2 (13) | 0.20 ± 0.56 | 0 | 0 | 2 (13) | 0.20 ± 0.56 |
| 4 | 20 mg TiO ₂ | 15 | 0 | 0 | 0 | 0 | 0 | 0 |

SCP, squamous cell papilloma; SCC, squamous cell carcinoma.
 Multiplicity: number of tumors per mouse.

on the surface and in the upper SC tissue and upper part of the hair follicles, but not in the underlying epidermis, dermis or subcutaneous tissues (Figs. 4C and 4D).

Skin carcinogenesis study of ncTiO₂ using wild-type CD1 mice

No statistically significant differences in tumor incidence or multiplicity was observed between treated and control groups of CD1 mice (Table 4). TPA treatment after DMBA significantly increased the incidence and multiplicity of SCP ($P < 0.001$).

Skin penetration study of ncTiO₂ in SD rats

Figures 5 A-D shows skin tissue samples collected before (Fig. 5A) and 1, 3 and 7 days after (Figs. 5B-D) removing the epidermis by tape-stripping. On day 1 the epidermis was completely removed (Fig. 5B), and a mass of fibrin exudate and underlying granulation tissue rich

with neutrophils was the main feature of the skin surface. On day 3, regenerated epidermis already covered the granulation tissue (Fig. 5C). On day 7, the surface of the skin was fully covered by regenerated keratinocytes showing cornification and had an almost normal appearance (Fig. 5D).

The shaved back skin of SD-rats was painted with 100 mg TiO₂ suspended in Pentalan 408. Fig. 5E shows the presence of ncTiO₂ particles in the SC layer of the skin of these animals. Extensive histological observation failed to detect TiO₂ within the epidermis or dermis. In another series of experiments, the epidermis was removed from the back skin of SD rats by tape-stripping and the freshly stripped skin was painted with 100 mg ncTiO₂ suspended in Pentalan 408. This was repeated every 4 days for 3½ weeks (7 times total). Figure 5F shows the presence of TiO₂ on the surface of the regenerating epidermis 1 day after the last stripping/painting procedure. Extensive

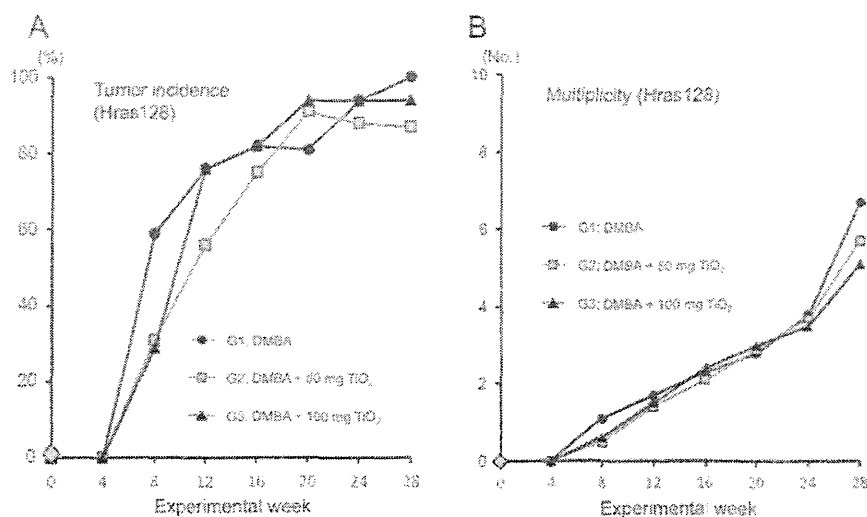
Lack of TiO₂ skin carcinogenicity

Fig. 3. Effects of ncTiO₂ in a two-stage carcinogenesis model using Hras128 rats. The incidence of skin tumors in Hras128 rats: DMBA treated group (black circles), DMBA followed by treatment with 50 mg ncTiO₂ (gray squares) or 100 mg ncTiO₂ (black triangles) (A). Multiplicity of skin tumors in rasH2 mice: DMBA treated group (black circles), DMBA followed by treatment with 100 mg ncTiO₂ (gray squares) or 200 mg ncTiO₂ (black triangles) (B).

Table 3-1. Effects of ncTiO₂ on skin carcinogenesis in Hras128 rats

| Group | Treatment | No. of rats | SCP | | SCC | | SCP + SCC | |
|-------|--------------------------------|-------------|---------------|--------------|---------------|--------------|---------------|--------------|
| | | | Incidence (%) | Multiplicity | Incidence (%) | Multiplicity | Incidence (%) | Multiplicity |
| 1 | DMBA + Pentalan 408 | 17 | 16 (94) | 9.65 ± 7.05 | 0 | 0 | 16 (94) | 9.65 ± 7.05 |
| 2 | DMBA + 50 mg TiO ₂ | 16 | 14 (88) | 6.81 ± 6.21 | 2 (13) | 0.19 ± 0.54 | 14 (88) | 7.00 ± 6.52 |
| 3 | DMBA + 100 mg TiO ₂ | 17 | 16 (94) | 7.59 ± 3.86 | 2 (12) | 0.12 ± 0.331 | 16 (94) | 7.71 ± 3.93 |

SCP, squamous cell papilloma; SCC, squamous cell carcinoma.
Multiplicity: number of tumors per rat.

Table 3-2. Effects of ncTiO₂ on skin carcinogenesis in wild-type SD rats

| Group | Treatment | No. of rats | SCP | | SCC | | SCP + SCC | |
|-------|--------------------------------|-------------|---------------|--------------|---------------|--------------|---------------|--------------|
| | | | Incidence (%) | Multiplicity | Incidence (%) | Multiplicity | Incidence (%) | Multiplicity |
| 1 | DMBA + Pentalan 408 | 12 | 3 (25) | 0.25 ± 0.45 | 0 | 0 | 3 (25) | 0.25 ± 0.45 |
| 2 | DMBA + 50 mg TiO ₂ | 12 | 2 (17) | 0.17 ± 0.39 | 2 (17) | 0.17 ± 0.39 | 4 (33) | 0.33 ± 0.49 |
| 3 | DMBA + 100 mg TiO ₂ | 12 | 1 (8) | 0.08 ± 0.29 | 0 | 0 | 1 (8) | 0.08 ± 0.29 |

SCP, squamous cell papilloma; SCC, squamous cell carcinoma.
Multiplicity: number of tumors per rat.

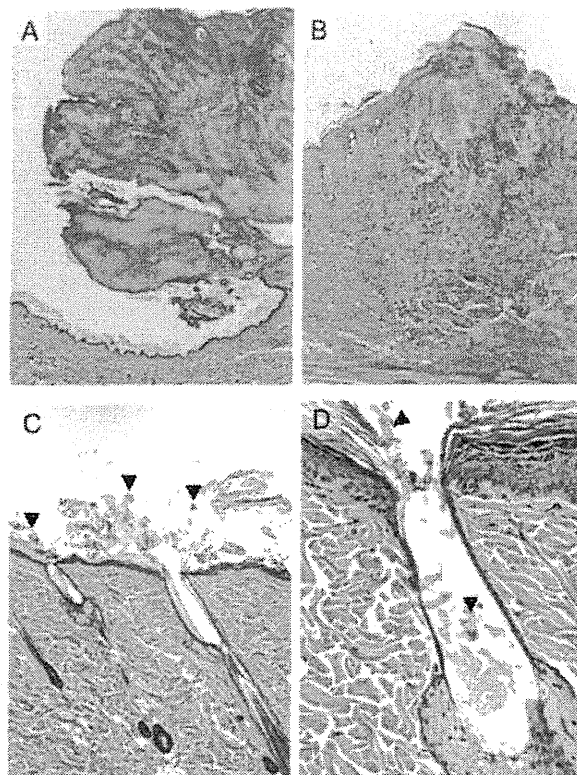


Fig. 4. Effects of ncTiO₂ in a two-stage carcinogenesis model. Representative histological features of SCP (A) and SCC (B) on the back skin of a Hras128 rat. TiO₂ aggregates were seen on the surface of stratum corneum (C, arrowheads), but not in the underlying epidermis, dermis or subcutaneous tissue. Some aggregates were found in the upper layer of stratum corneum (arrowheads) and in the lumen of the hair follicle (D) but not in the dermis.

histological observation failed to detect any TiO₂ particles in the underlying epidermis or dermis, indicating that ncTiO₂ failed to penetrate into the stripped skin. In addition, no inflammatory lesions were found in the epidermis or subcutaneous tissue of these animals. These results indicate that TiO₂ particles do not penetrate into the epidermis of either normal or damaged skin.

***In vitro* skin penetration study**

The amount of elemental titanium in the receiving chamber did not show any significant increase over the vehicle group (Table 5). All the observed values are equivalent to background. The results indicate that sTiO₂ particles did not penetrate the human epidermis in this model.

DISCUSSION

TiO₂ particles, including both nano and larger sized particles, are known to be carcinogenic to the rat lung (Baan *et al.*, 2006). We have shown that alveolar macrophages play an important role in promotion of lung carcinogenesis when TiO₂ particles are inhaled into the lung (Xu *et al.*, 2011). Because of this, TiO₂ particles, especially nano-sized particles, are deemed to have the potential to induce skin tumors after long-term topical application should the particles penetrate into the epidermis and subcutaneous tissue and interact with macrophages. The current study is the first systematic study of the skin promotion/carcinogenesis effects of TiO₂ in a two-stage chemical carcinogenesis animal model. We found that even the smallest available sized TiO₂ (sTiO₂) did not exhibit promoting effects on the highly sensitive rasH2 mouse skin carcinogenesis model. Furthermore, we observed that TiO₂ without coating (ncTiO₂) did not cause skin tumor promotion in the skin carcinogenesis-sensitive Hras128 rat model or in the CD1 mouse. These results are in agreement with another recent study reporting the lack of carcinogenicity of topically applied TiO₂ (Furukawa *et al.*, 2011).

We also found that topically applied ncTiO₂ did not penetrate normal rat skin or skin which had the epidermis completely removed, nor did sTiO₂ penetrate the *in vitro* human epidermis model. Thus, the lack of skin promotion/carcinogenesis effects is probably due to lack of penetration of the particles through the epidermis to the dermis where cytogenetic cells of skin carcinogenesis reside. In another study, we found no promoting effect of TiO₂ particles in a UVB-initiated long-term (52 weeks) skin carcinogenesis study and no penetration of TiO₂ particles through the epidermis (Xu *et al.*, 2011).

Results showing lack of TiO₂ penetration through the epidermis are in accordance with other reports. Numerous *in vitro* and *in vivo* studies using murine, porcine, or human skin have shown that nano-sized TiO₂ does not penetrate the skin (reviewed in Nohynek *et al.* (2008)). In addition to these studies, Gottbrath *et al.* (2003) report that after topical application of TiO₂ to the underside of the forearm of a human volunteer, ultrafine TiO₂ did not penetrate beyond the SC.

Contrary to these findings, there is a single report by Wu *et al.* (2009) that TiO₂ particles (4 and 60 nm) did penetrate into the deep layers of the epidermis after topical application to the pig ear for 30 days (Wu *et al.*, 2009). They also reported that nano-size TiO₂ particles could penetrate the skin of hairless mice after 60 days dermal exposure, although they did not examine promotion/car-

Lack of TiO₂ skin carcinogenicity**Table 4.** Effects of ncTiO₂ on skin carcinogenesis in wild-type CD1 mice

| Group | Treatment | No. of mice | SCP | | SCC | | SCP+ SCC | |
|-------|-------------------------------|-------------|---------------|--------------|---------------|--------------|---------------|--------------|
| | | | Incidence (%) | Multiplicity | Incidence (%) | Multiplicity | Incidence (%) | Multiplicity |
| 1 | DMBA + Pentalan 408 | 16 | 3 (19) | 0.25 ± 1.30 | 0 | 0 | 3 (19) | 0.25 ± 0.58 |
| 2 | DMBA + 10 mg TiO ₂ | 16 | 1 (6) | 0.06 ± 0.25 | 0 | 0 | 1 (6) | 0.06 ± 0.25 |
| 3 | DMBA + 20 mg TiO ₂ | 15 | 2 (13) | 0.13 ± 0.35 | 0 | 0 | 2 (13) | 0.13 ± 0.35 |
| 4 | DMBA + TPA | 15 | 13 (87)* | 2.00 ± 1.41* | 2 (13) | 0.13 ± 0.35 | 13 (87)* | 2.00 ± 1.41* |

* Significantly different from group 1 (control) by Student's t-test ($p < 0.001$).

SCP, squamous cell papilloma; SCC, squamous cell carcinoma.

Multiplicity: number of tumors per mouse.

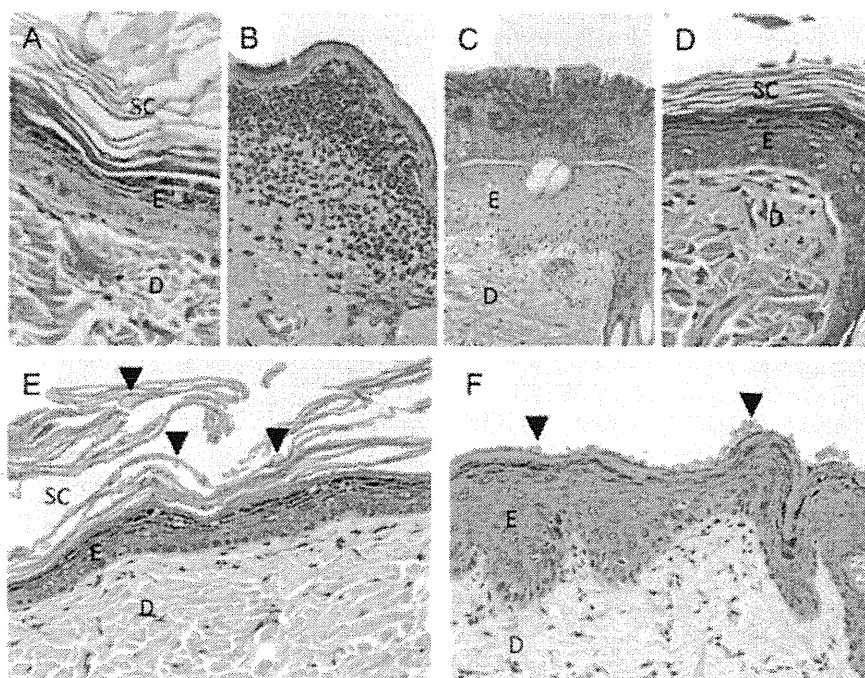


Fig. 5. Histological features of the skin after stripping away the epidermis and study of ncTiO₂ penetration into normal and stripped skin using wild-type Sprague-Dawley rats. The back skin of SD rats was shaved and the epidermis was left intact or stripped away using tape. Stratum corneum (SC), epidermis (E), and dermis (D) are intact in the shaved, not stripped group (A). In the tape-stripped group, one day after stripping away the epidermis, the stripping site is covered with fibrin exudates with rich neutrophilic infiltration (B). Three days after stripping, regenerated epidermis (E) is present underneath the exudate (C). Seven days after stripping, the regenerated epidermis (E) is composed of mature keratinocytes and a stratum corneum (SC) (D). The back skin of SD rats was shaved (but the epidermis was not stripped away) and painted with ncTiO₂ suspended in Pentalan 408. ncTiO₂ aggregates are present in the stratum corneum (SC) (arrowheads, brown material) of the skin of these animals (E); particles were not detected within the underlying skin tissue. Freshly stripped skin was painted with ncTiO₂ suspended in Pentalan 408, and this process was repeated every 4 days over the course of 3½ weeks (7 times total). ncTiO₂ particles (arrowheads, brown material) are present on the surface of the skin one day after the last stripping/painting procedure (F); particles were not detected in the underlying tissue.

Table 5. *In vitro* penetration of sTiO₂ particles

| Treatment | Amount of elemental titanium in the receiving chamber (µg/ml) |
|-----------------------------|---|
| Silicone oil | 0.11 ± 0.01 |
| 100 mg/ml sTiO ₂ | 0.14 ± 0.01 |
| 200 mg/ml sTiO ₂ | 0.12 ± 0.01 |
| None | 0.11 ± 0.03 |

cinogenesis effects of the particles (Wu *et al.*, 2009). Differences in experimental systems (i.e., animal strain used in the experiment, exposure period, particle suspension, mean primary/actual length of the particle, and TiO₂ manufacturer) may possibly explain the discrepancies reported on TiO₂ particle penetration.

Two studies have reported finding TiO₂ particles in hair follicles (Bennat and Muller-Goymann, 2000; Lekki *et al.*, 2007). These studies taken together with Wu *et al.* (2009) suggest the possibility that the hair follicle may be a route of skin penetration by TiO₂ particles. However, we found that TiO₂ particles remained primarily in the SC and the upper lumen of hair follicles. Bennat and Muller-Goymann (2000) and Lekki *et al.* (2007) also report that while topically applied TiO₂ was found in hair follicles, it did not penetrate into the underlying tissue or sebaceous glands.

Penetration of TiO₂ into underlying dermal tissues even after removing the entire epidermis by tape-stripping did not occur. Rather, aggregates of TiO₂ particles were found on the exterior of the SC exhibiting regeneration and no particles were found in the underlying tissues. The freshly manufactured TiO₂ particles used in the present study primarily measured 20-35 nm in their longer diameter. These particles are lyophobic and easily form micro-sized aggregates (160-5,000 nm in length), and these larger particles are unable to penetrate through the epidermis.

In summary, nano-sized TiO₂ particles, even silicone coated TiO₂ suspended in silicone oil which provides optimal dispersion of the particles, did not penetrate the epidermis of rat or human skin models and did not exhibit promoting effects in rat or mouse two-stage skin carcinogenesis models. Therefore, topical application of TiO₂ was not carcinogenic, and this lack of carcinogenicity is likely due to the lack of penetration through the epidermis. Our studies taken together with other reports lead us to conclude that topical application of TiO₂ to human skin is very unlikely to pose a potential risk to human health.

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REFERENCES

- Baan, R., Straif, K., Grosse, Y., Secretan, B., El Ghissassi, F. and Cogliano, V. (2006): Carcinogenicity of carbon black, titanium dioxide, and talc. *Lancet Oncol.*, **7**, 295-296.
- Baan, R.A. (2007): Carcinogenic hazards from inhaled carbon black, titanium dioxide, and talc not containing asbestos or asbestiform fibers: recent evaluations by an IARC Monographs Working Group. *Inhal. Toxicol.*, **19**, 213-228.
- Bennat, C. and Muller-Goymann, C.C. (2000): Skin penetration and stabilization of formulations containing microfine titanium dioxide as physical UV filter. *Int. J. Cosmet. Sci.*, **22**, 271-283.
- Furukawa, F., Doi, Y., Suguro, M., Morita, O., Kuwahara, H., Masunaga, T., Hatakeyama, Y. and Mori, F. (2011): Lack of skin carcinogenicity of topically applied titanium dioxide nanoparticles in the mouse. *Food Chem. Toxicol.*, **49**, 744-749.
- Gelis, C., Girard, S., Mavon, A., Delverdier, M., Paillous, N. and Vicendo, P. (2003): Assessment of the skin photoprotective capacities of an organo-mineral broad-spectrum sunblock on two ex vivo skin models. *Photodermatol. Photoimmunol. Photomed.*, **19**, 242-253.
- Gottfrath, S. C.M.-G. (2003): Penetration and visualization of titanium dioxide microparticles in human stratum corneum-effect of different formulations on the penetration of titanium dioxide. *SOFW Journal*, **129**, 11-17.
- Lekki, J., Stachura, Z., Dąbros, W., Stachura, J., Menzel, F., Reinert, T., Butz, T., Pallon, J., Gontier, E., Ynsa, M.D., Moretto, P., Kertesz, Z., Szikszai, Z. and Kiss, A.Z. (2007): On the follicular pathway of percutaneous uptake of nanoparticles: Ion microscopy and autoradiography studies. *Nucl. Instrum. Methods Phys. Res., Section B*, **260**, 174-177.
- Muto, S., Katsuki, M. and Horie, S. (2006): Rapid induction of skin tumors in human but not mouse c-Ha-ras proto-oncogene transgenic mice by chemical carcinogenesis. *Cancer Sci.*, **97**, 842-847.
- Newman, M.D., Stotland, M. and Ellis, J.I. (2009): The safety of nanosized particles in titanium dioxide- and zinc oxide-based sunscreens. *J. Am. Acad. Dermatol.*, **61**, 685-692.
- Nohynek, G.J., Dufour, E.K. and Roberts, M.S. (2008): Nanotechnology, cosmetics and the skin: is there a health risk? *Skin. Pharmacol. Physiol.*, **21**, 136-149.
- Park, C.B., Fukamachi, K., Takasuka, N., Han, B.S., Kim, C.K., Hamaguchi, T., Fujita, K., Ueda, S. and Tsuda, H. (2004): Rapid induction of skin and mammary tumors in human c-Ha-ras proto-oncogene transgenic rats by treatment with 7,12-dimethylbenz[a]anthracene followed by 12-O-tetradecanoylphorbol 13-acetate. *Cancer Sci.*, **95**, 205-210.
- Rouabhia, M., Mitchell, D.L., Rhoads, M., Claveau, J. and Drouin, R. (2002): A physical sunscreen protects engineered human skin against artificial solar ultraviolet radiation-induced tissue and DNA damage. *Photochem. Photobiol. Sci.*, **1**, 471-477.
- Schaefer, H., Redelmaier, T. and Nohynek, G. (2003): Pharmacok-