

April 2017

## OECD ADVERSE OUTCOME PATHWAY

### Project Submission Form

If you require further information please contact the OECD Secretariat Delrue  
(Nathalie.delrue@oecd.org)

Return completed forms to our generic account (env.tgcontact@oecd.org), and Nathalie

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### PROJECT TITLE

Increased low-digestible carbohydrates in the colon leading to adrenal pheochromocytoma formation
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### SUBMITTED BY (Country / European Commission / Secretariat)

Japan
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### DATE OF SUBMISSION TO THE SECRETARIAT

Nov. 14 <sup>th</sup> , 2018
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### DETAILS OF LEAD COUNTRY/CONSORTIUM

Country/Organisation:	Japan
Agency/ministry/Other:	Japan Pharmaceutical Manufacturers Association
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### PROJECT CATEGORY

Development of an AOP - applicable to a chemical category

Select the development tool to be used

AOP-Wiki     Effectopedia

Guidance document related to AOP development including its evaluation

Knowledge management tool for supporting AOP development including its evaluation

Other, please specify below

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*If other category, please specify:*

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### **PROJECT DESCRIPTION**

**Please provide sufficient information to facilitate the review of the project submission by the OECD secretariat and the Extended Advisory Group with respect to its suitability to be included in the workplan of the AOP programme.**

During the decades of drug development with rodent carcinogenicity studies, some classes of pharmaceuticals are known to induce tumors with non-genotoxic mechanisms based on their on-target or off-target pharmacology as well as toxicity; some are mostly common in rodents and the others might be extrapolated to humans. One of these non-genotoxic carcinogenesis is increased low-digestible carbohydrates in the colon leading to adrenal pheochromocytoma formation and we propose to develop the AOP.

The agents that induce hypercalcemia or impaired calcium homeostasis are reported to promote pheochromocytoma formation in the adrenal medulla of the rat [1]. One of these agents is low-digestible carbohydrates [2]. Sugar alcohols and sugars such as xylitol, sorbitol, lactitol and lactose are unabsorbed to flow into the colon after feeding and thereby fermented by intestinal microbes to lower luminal pH. The acidic condition of the colorectal lumen increases  $Ca^{2+}$  uptake from the colon into the blood stream with resultant hypercalcemia or impaired calcium homeostasis such as increased urinary excretion of  $Ca^{2+}$  [3].

Hypercalcemic condition like this might directly or indirectly enhance the proliferation of adrenomedullary cells (chromaffin cells) as well as enhancing synthesis and release of catecholamines (CAs) in the rat [4, 5]. The continued enhancement of chromaffin cell proliferation leads to the formation of nodular hyperplasia and following pheochromocytomas [6].

Hypercalcemic condition might increase the influx of  $Ca^{2+}$  into the chromaffin cells, which deems to be the same outcome as that of sympathetic nerve stimulation. Chromaffin cells promote the synthesis and release of CAs after sympathetic nerve stimulation. In addition, rat chromaffin cells continue to proliferate even in the adult age, and sympathetic nerve stimulation enhance the proliferation of chromaffin cells as well as the synthesis and release of CAs [7, 8].

There is species differences in the reactivity of chromaffin cells to nerve stimulation, in that, in vitro stimulation of chromaffin cells from rats with nerve growth factors induces proliferation, but does not from humans [8]. Therefore, neurogenic factors are less mitogenic to human chromaffin cells and thus, hypercalcemia-induced chromaffin cell proliferation in the rat is not applicable to humans. Furthermore, there is no epidemiological studies showing low-digestible carbohydrates-induced hypercalcemia and resultant increase in the incidence of pheochromocytomas [6].

Consequently, the risk of low digestible diet-induced pheochromocytoma formation in human deems to be low compared rodents considering these species differences.

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Note: For AOP Development projects please indicate the extent of the pathway to be described (i.e. the anchor points), the intermediate events that are likely to be addressed, the state of current development, the degree to which this pathway is already understood and described in the literature, and the expectation on the availability of evidence to support the AOP. Proposers should also indicate if and how the AOP is associated to any regulatory toxicological endpoints (e.g. acute or chronic toxicity, toxicity to reproduction etc.) Please provide references, links or attachments for supplementary information.

### **PROJECT PLANNING**

**In this section, please provide an indication of when the project is likely to commence and the expected duration. Please also make reference to any particular milestones or external factors that will influence project planning, and if the project is linked to programmes of particular organisations or consortia.**

The Japanese Pharmaceutical Manufacturers Association (JPMA) will develop several AOPs for non-genotoxic carcinogenesis based on our survey on the pharmacology-induced modes of action of carcinogenesis in the next four years under the cooperation with Dr. Kumiko Ogawa (National Institute of Health Sciences).

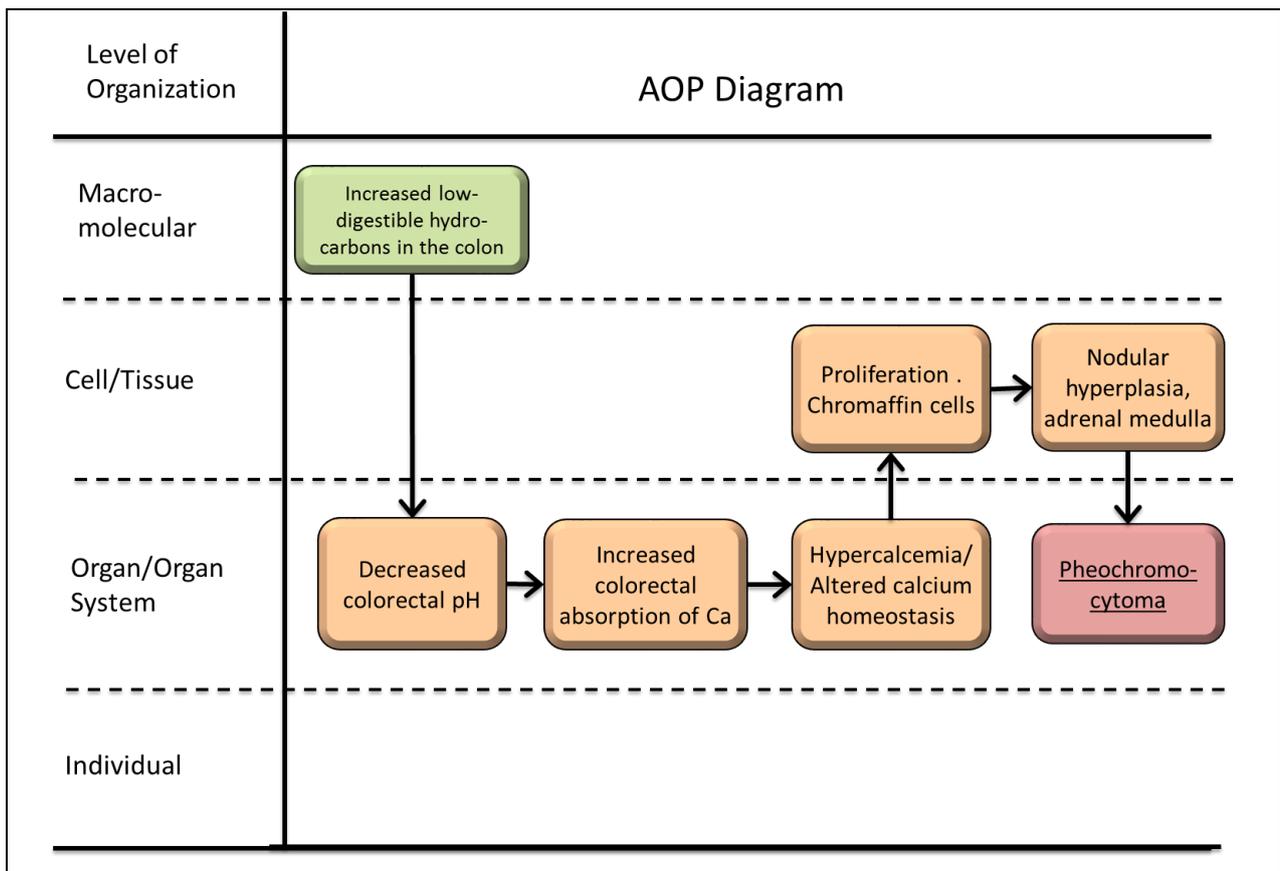
The timeline of the development of the present AOP is as follows:

Nov., 2018: to submit the AOP SPSF

Jun., 2019: to complete AOP Wiki input and wiki input and request an internal review by EAGMST

### **FLOW DIAGRAM**

**In this section, please provide a flow diagram of the proposed AOP, including the MIE, KEs at the various stages (molecular interaction, cellular response, organ response) and the AO.**



### References

1. Greim H, Hartwig A, Reuter U, Richter-Reichhelm HB, Thielmann HW (2009), Chemically induced pheochromocytomas in rats: mechanisms and relevance for human risk assessment. *Crit Rev Toxicol* 39:695-718.
2. Roe FJ, Bär A. (1985), Enzootic and epizootic adrenal medullary proliferative disease of rats: influence of dietary factors which affect calcium absorption. *Hum Toxicol.* 1985 Jan;4(1):27-52.
3. de Groot AP, Lina BA, Hagenars AJ, Hollanders VM, Andringa M, Feron VJ (1995), Effects of a dietary load of acid or base on changes induced by lactose in rats. *Food Chem Toxicol* 33:1-14.
4. Isobe K, Ito T, Komatsu S, Asanuma K, Fujii E, Kato C, Adachi K, Kato A, Sugimoto T, Suzuki M (2012), Stimulation of adrenal chromaffin cell proliferation by hypercalcemia induced by intravenous infusion of calcium gluconate in rats. *J Toxicol Pathol* 25:281-285.
5. Yoshida M, Ishibashi S, Nakazawa M, Tamura H, Uchimoto H, Kawaguchi K, Yoshikawa K, Hamasu Y, Sumi N (1995), The mechanism of lactitol (NS-4) in inducing adrenomedullary proliferative lesion in rats. *J Toxicol Sci* 20 Suppl 1:37-45.
6. Lynch BS, Tischler AS, Capen C, Munro IC, McGirr LM, McClain RM (1996), Low digestible carbohydrates (polyols and lactose): significance of adrenal medullary proliferative lesions in the rat. *Regul Toxicol Pharmacol* 23:256-297.

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7. Tischler AS, McClain RM, Childers H, Downing J (1991), Neurogenic signals regulate chromaffin cell proliferation and mediate the mitogenic effect of reserpine in the adult rat adrenal medulla. *Lab Invest* 65:374-376.
8. Tischler AS, Riseberg JC (1993), Different responses to mitogenic agents by adult rat and human chromaffin cells in vitro. *Endocr Pathol* 4:15-19.