

# **AB 617 Biomonitoring Update: Biomarker Research and Potential Study Designs**

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# AB 617 background



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- ▶ The California Air Resources Board (CARB) established the Community Air Protection Program in response to AB 617, which aims to reduce exposures in communities disproportionately impacted by air pollution
- ▶ In collaboration with the University of California (UC), OEHHA is designing targeted biomonitoring studies in selected AB 617 communities to:
  - Complement and validate ongoing air monitoring
  - Increase understanding of exposures and potential health risks faced by residents
  - Evaluate specific emission/exposure reduction measures

# Exposure concerns and reduction strategies

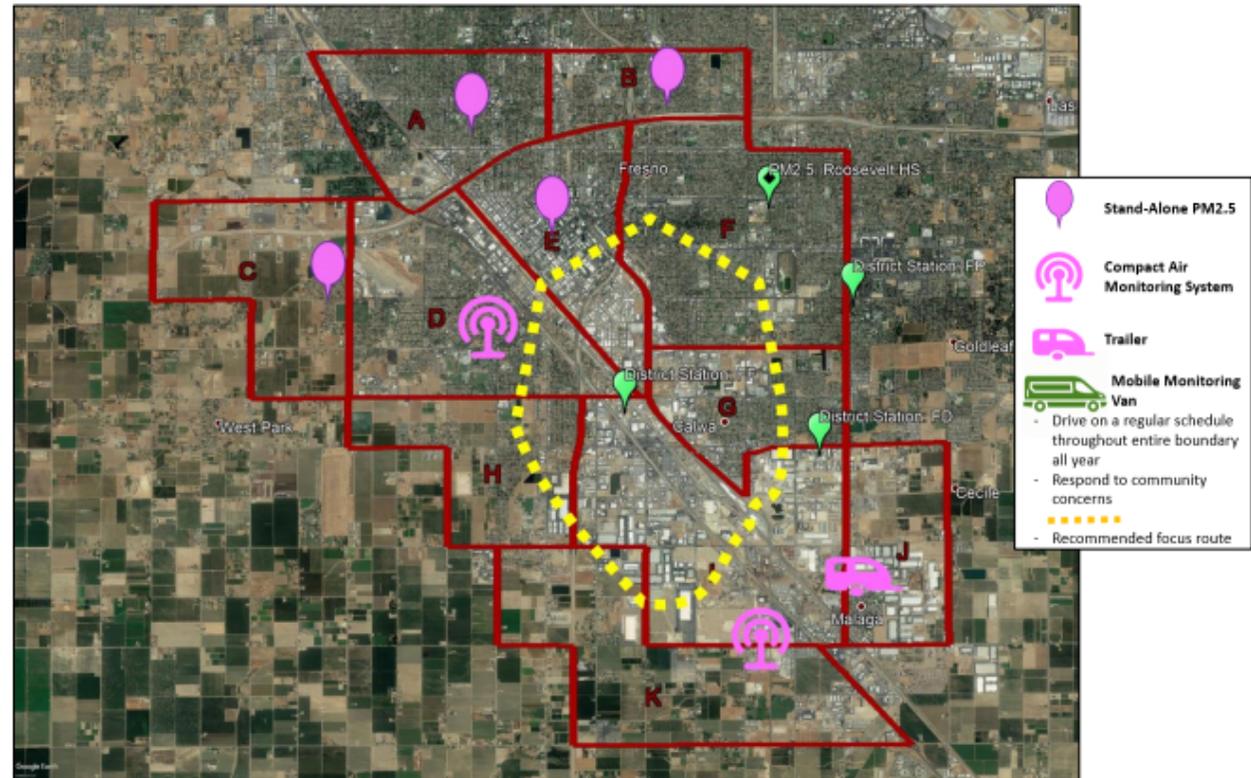
- ▶ Air pollutants of concern include:
  - Criteria air pollutants, such as  $PM_{2.5}$ ,  $NO_x$
  - Polycyclic aromatic hydrocarbons (PAHs)
  - Volatile organic compounds (VOCs)
  - Metals and pesticides
- ▶ Community Emissions Reduction Plan (CERP) strategies include:
  - Emission reductions in ports, railyards, and refineries
  - Truck rerouting and prevention of truck idling
  - Vegetation planting
  - Street sweeping
  - Installation of air filtration in facilities like schools and senior centers, as well as in homes



# AB 617 community air monitoring

- ▶ Aims to characterize local sources
- ▶ Will help inform the selection of study area for biomonitoring
- ▶ Provides hyperlocal air pollutant measurements to pair with biomonitoring results

Figure 6 Community Recommended Air Monitoring Plan Network Design



San Joaquin Valley Air Pollution Control District (2019)

# Practical considerations

## ▶ Limited resources

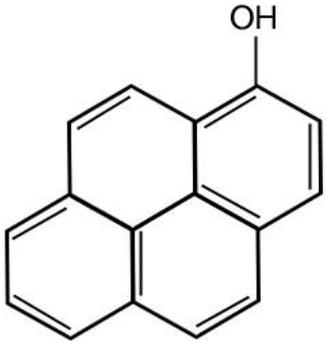
- Current contract with UC sufficient to conduct one targeted biomonitoring study
- Some contract funds can be re-directed to UC labs for biomarker analyses

## ▶ COVID-19 emergency

- Affects potential study design
- Could impact recruitment

→ Focus on urinary biomarkers only

# Options for urinary biomarkers of exposure



1-Hydroxypyrene

- ▶ Hydroxy metabolites of PAHs, including:
  - Naphthalene (NAP)
  - Fluorene (FLU)
  - Phenanthrene (PHE)
  - Pyrene (PYR)
- ▶ Stable metabolites of VOCs, such as:
  - Acrolein
  - Acrylonitrile
  - Benzene
  - 1,3-Butadiene
  - Ethylbenzene
  - Xylene

# Options for urinary measures of effect

- ▶ Markers of oxidative stress, including:
  - Malondialdehyde (MDA)
  - 8-Isoprostane
  - 8-Hydroxy-2'-deoxyguanosine (8-OHdG),  
8-Oxo-2'-deoxyguanosine (8-oxodG)
- ▶ Urinary mutagenicity assays

# Challenges with air pollution biomonitoring

- ▶ Interpretation of PAH and VOC biomarkers
  - Multiple sources of exposures
  - Short biological half-lives of metabolites (hours to days)
- ▶ Spatial and temporal variation in air pollution
  - Affected by season and meteorology
  - Regional air monitoring may not capture hyperlocal exposures



Photo credit: pxfuel.com

# Viability of urinary PAH and VOC biomarkers

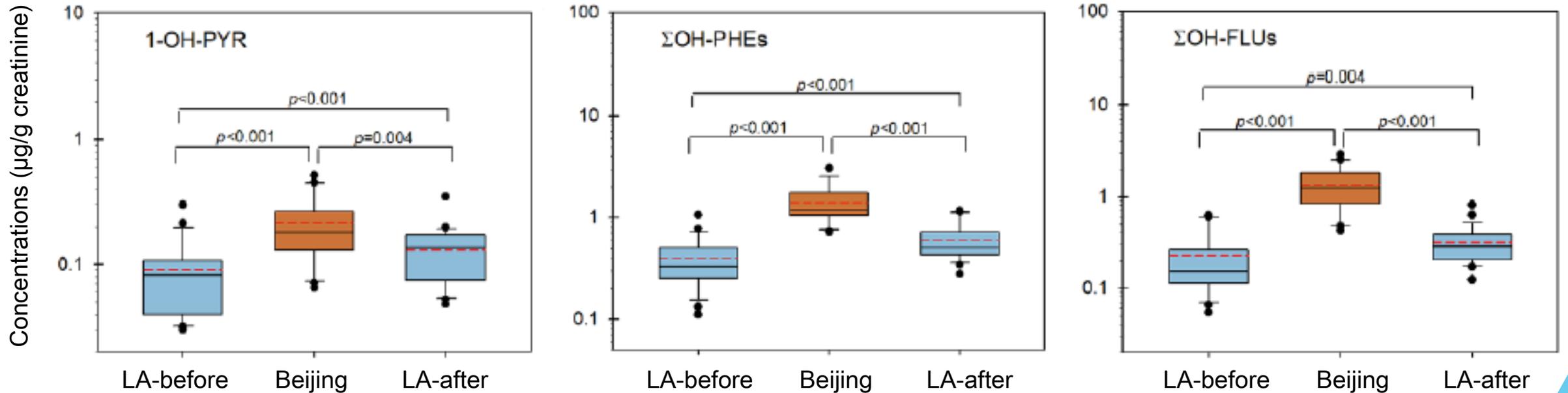


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Selected PAH and VOC biomonitoring studies have shown:

- ▶ Correlations with air pollutants
- ▶ Differences in exposure profiles between communities
- ▶ Correlations with biomarkers of effect
- ▶ Links to changes in air pollution exposures

# Urinary PAH metabolites before and after travel from Los Angeles to Beijing



- ▶ PAH metabolite levels significantly higher while in Beijing
- ▶ Daily  $\text{PM}_{2.5}$ : LA= $14.6 \mu\text{g}/\text{m}^3$ , Beijing= $67.6 \mu\text{g}/\text{m}^3$
- ▶ Smoking: all non-smokers, adjusted for cotinine
- ▶ Diet: 8 hour fast prior to urine collection

# Measurements of urinary 1-OHP, 8-oxodG and mutagenic activity among 72 urban Italian traffic policemen

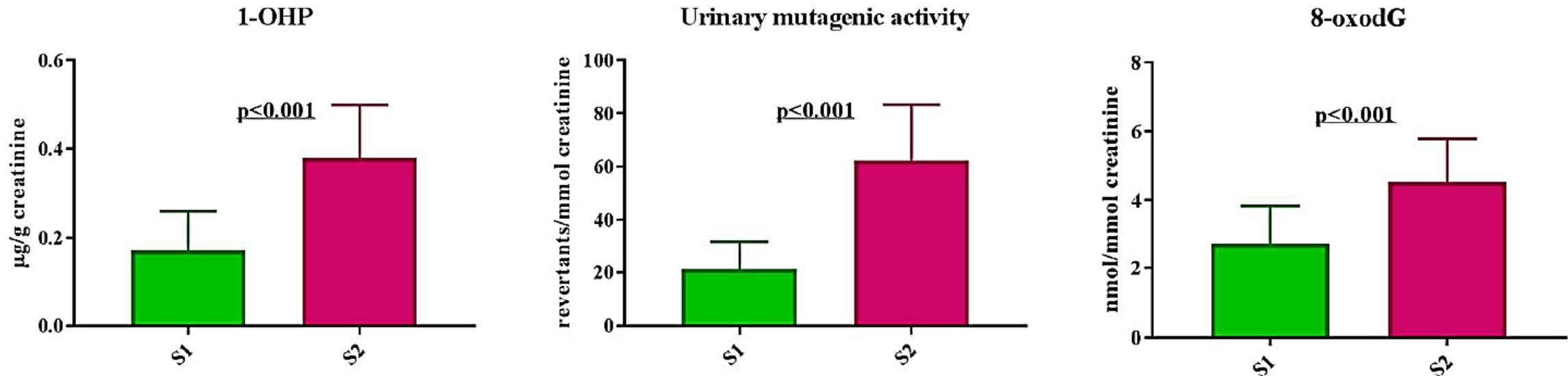


Fig. 1 Plot of 1-OHP, mutagens and oxidative DNA lesions in traffic policemen. S1 collected after 2 days off from work;

S2 collected after 6 consecutive workdays.

- ▶ Significant pre/post shift differences in biomarkers of exposure and effect
- ▶ Urinary mutagenic activity and 8-oxodG were significantly correlated with 1-OHP
- ▶ Prescribed low-PAH diet for 2 weeks prior; all non-smokers

# Urinary PAH and VOC metabolites before and after cook stove intervention

Parent compound	% change
NAP	- 38%*
FLU	- 31%*
PHE	- 21%
PYR	- 14%
Benzene	- 40%*
Ethylene oxide	- 12%
Acrylonitrile	- 38%*

\*  $p < 0.05$

- ▶ Intervention resulted in:
  - Significant 56% decline in  $PM_{2.5}$  (measured by personal air monitoring)
  - Significant declines in urinary metabolites of NAP, FLU, benzene, and acrylonitrile
- ▶  $PM_{2.5}$  significantly correlated with all PAH metabolites and some VOC metabolites

Adapted from Table 3 of Weinstein et al. (2020)

# Urinary PAH metabolites correlated with PAHs in air

Parent PAH in air	Urinary metabolite	Low PAH diet $\rho^*$	High PAH diet $\rho^*$
NAP	$\Sigma$ OH-NAP	<b>0.87</b>	<b>0.63</b>
	1-OH-NAP	<b>0.89</b>	<b>0.76</b>
	2-OH-NAP	0.42	0.20
FLU	$\Sigma$ OH-FLU	0.55	0.41
	9-FLU	0.22	0.27
	3-FLU	<b>0.67</b>	0.52
	2-FLU	<b>0.68</b>	0.54
PHE	$\Sigma$ PHE	-0.09	0.13
PYR	1-OH-PYR	0.38	0.11

\*  $\rho$ =Pearson correlation coefficient; bolded numbers statistically significant ( $p < 0.05$ )

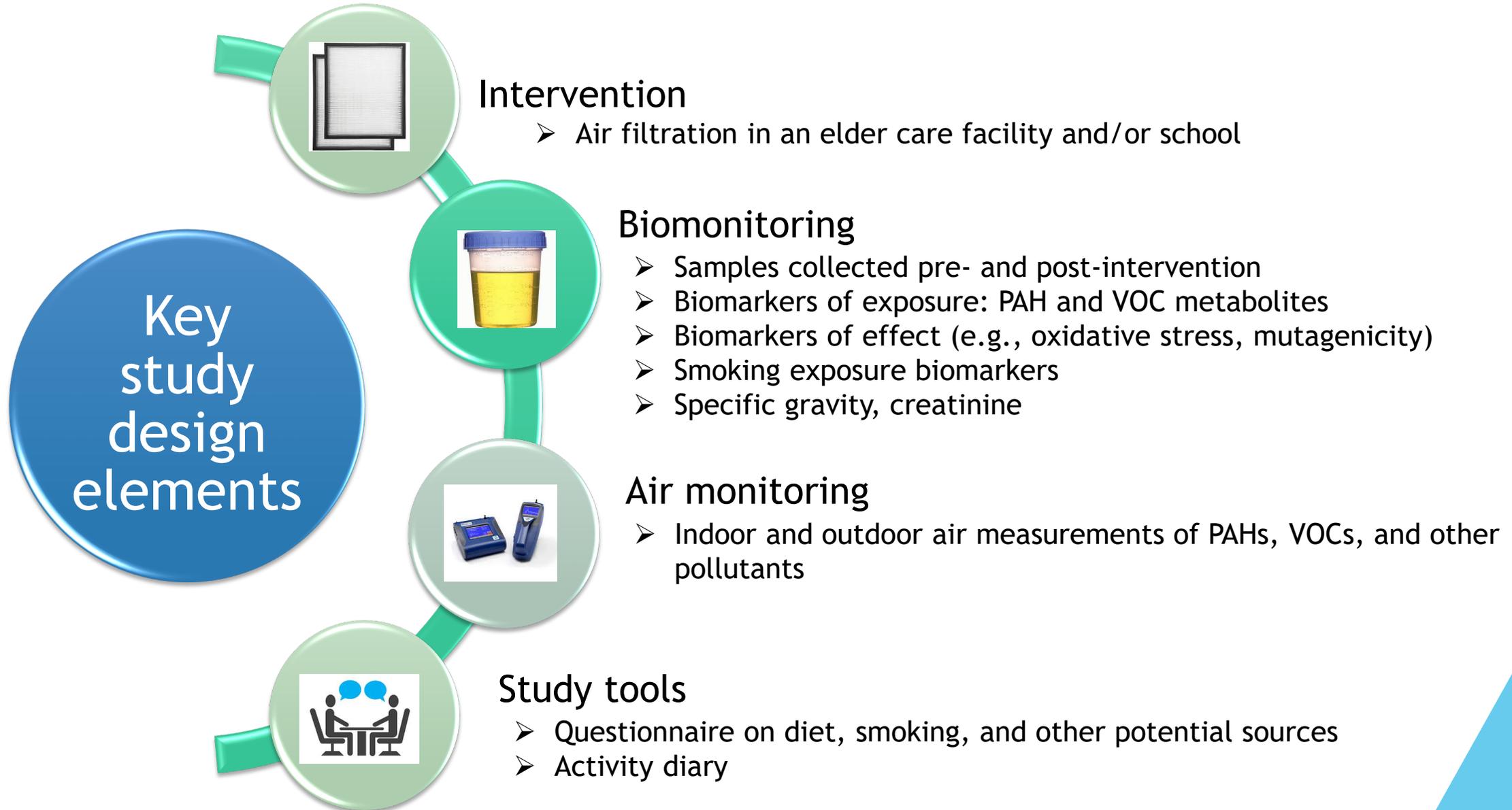
- ▶ N=8 non-smoking CDC employees
- ▶ PAHs in air measured via personal monitoring
  - Medians ranged from 0.4 ng/m<sup>3</sup> for PYR to 921 ng/m<sup>3</sup> for NAP
- ▶ Selected metabolites of NAP and FLU strongly correlated with modeled air exposures

# Important elements for air pollution biomonitoring

- ▶ Designing a well-controlled intervention that produces a sufficiently large change in exposure (~50%)
- ▶ Accounting for smoking and dietary exposures
- ▶ Measuring multiple biomarkers of exposure and effect
- ▶ Collecting spatially and temporally appropriate measures of air pollution

# Potential Biomonitoring Study Designs

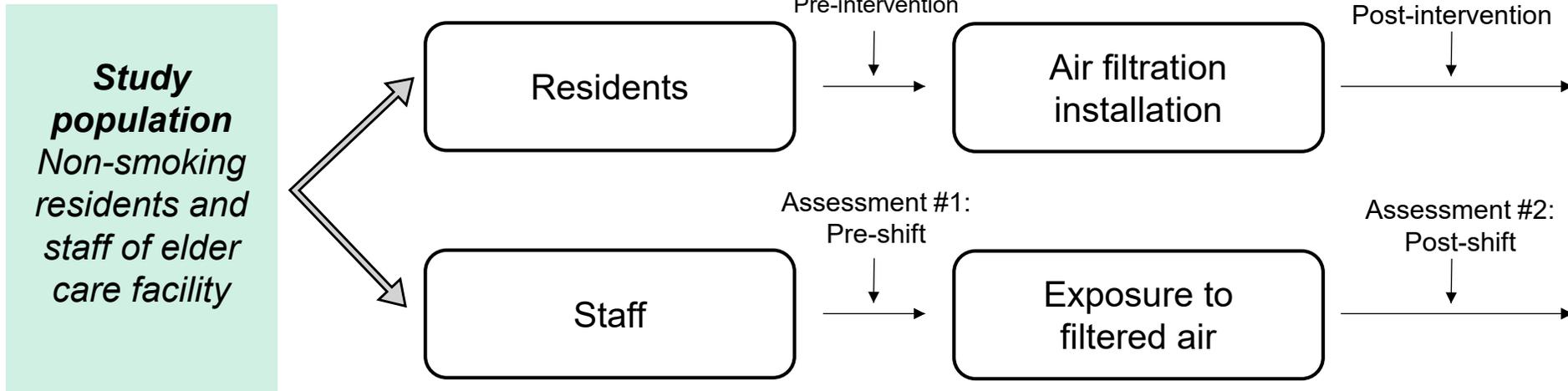
# Multi-pronged approach



# Effectiveness of indoor air filtration

- ▶ Most air filtration systems filter out particulate matter only; others also capture VOCs
- ▶ Air filtration can reduce particulate matter 50-90%, depending on the system (Polidori et al. 2013, Bennett et al. 2018, San Francisco Department of Public Health et al. 2018)
- ▶ Previous studies suggest urinary PAH biomarkers can detect changes in  $PM_{2.5}$  exposures as small as 50% (Weinstein et al. 2020)

# Proposed intervention study design



## Advantages of residents

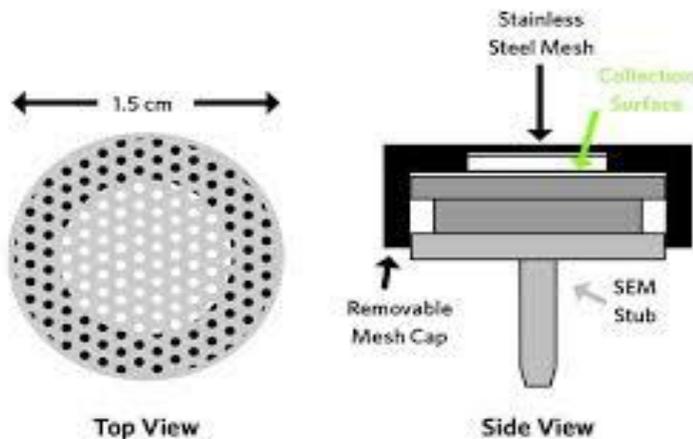
- Assess exposures before and after installation of air filtration
- Control for diet and indoor vs outdoor activity

## Advantages of staff

- Assess “cross-shift” changes in exposures (pre-shift + post-shift)
- Expanded demographics

# Other design elements

- ▶ Indoor and outdoor air monitoring
  - Both gas-phase and particle-bound air pollutants
  - Compare to hyperlocal community monitoring levels
- ▶ Ultrafine particle analysis to examine likely sources



Wagner and Leith, 2001

# Other approaches for consideration

- ▶ Non-targeted screening
  - New analytical methods that can more broadly screen for VOCs in ambient air
- ▶ Unmetabolized parent PAHs
  - Higher detection frequencies - capture additional PAHs
- ▶ Diagnostic ratios for PAHs

Diagnostic ratio	Value	Source	Reference
FLU/(FLU+PYR)	> 0.5	Diesel	Ravindra et al. 2008
	< 0.5	Gasoline	
$\Sigma\text{PAH}_{\text{LMW}}/\Sigma\text{PAH}_{\text{HMW}}$	> 1.0	Petrogenic	Oliveira et al. 2017
	< 1.0	Pyrogenic	

# Keys to success for air filtration intervention study design

- ▶ Design intervention that will result in sufficiently large reduction in particles and VOCs ( $\geq 50\%$ ) and that is appropriate for short half-life exposure biomarkers
- ▶ Pair indoor and outdoor air pollution measurements with multiple biomarkers of exposure and effect
- ▶ Conduct study at a time and place with high ambient air pollution (e.g., winter months)
- ▶ Control for and/or assess the influence of other exposure sources (e.g., smoking, diet)

# Other collaborative opportunities

Collect and biobank urine samples as part of existing longitudinal or cross-sectional studies to:

- ▶ Compare exposures over time (e.g., before and after emission reduction strategies are implemented)
- ▶ Compare exposures within communities (e.g., examine impact of proximity to local emission sources)
- ▶ Compare exposures between AB 617 communities and with other communities
- ▶ Examine relationship between air pollution exposures and health effects (e.g., asthma, lung inflammation)

# Next steps

- ▶ Identify potential facilities for intervention study
- ▶ Continue research on biomarkers of exposure and effect
- ▶ Develop specific study strategies with collaborators at UC and CDPH
  - Secure additional funding for enhanced air monitoring and VOC filtration
- ▶ Ongoing engagement with communities and CARB
- ▶ Continue conversations about other collaborative opportunities

# Collaborating institutions



**OEHHA**  
California Office of Environmental  
Health Hazard Assessment



**Berkeley**  
UNIVERSITY OF CALIFORNIA

**BIOMONITORING**  
**CALIFORNIA**



California Department of  
**PublicHealth**



Center for Environmental  
Research & Children's Health

# Questions and Discussion

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