



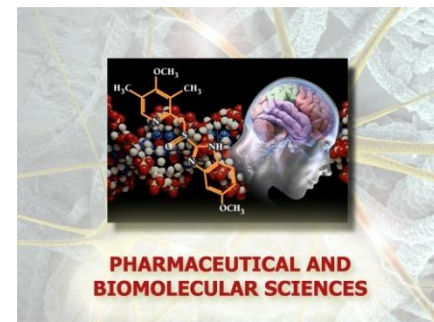
**INAIL**

# The hemolysis test as a simple tool to investigate the interaction between membranes and materials

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*NIS colloquium, Torino, 28-29 Nov. 2013*



# Hemolysis Test (RBC lysis)

One of the 1<sup>st</sup> assays to detect **particle toxicity**

## **Hæmolytic Activity of Colloidal Silica**

COLLOIDAL silica is highly toxic when administered parenterally<sup>1,2</sup>. In isolated biological systems silica

*Harley and Margolis, 1961, Nature*

## **Haemolytic Activity of Suspensions of Different Silica Modifications and Inert Dusts**

*Stalder and Stöber, 1965, Nature*

1. Hemocompatibility of materials for biomedical applications and consumer products

*NPs: mesoporous silica, carbon nanotubes, titania/titanium*



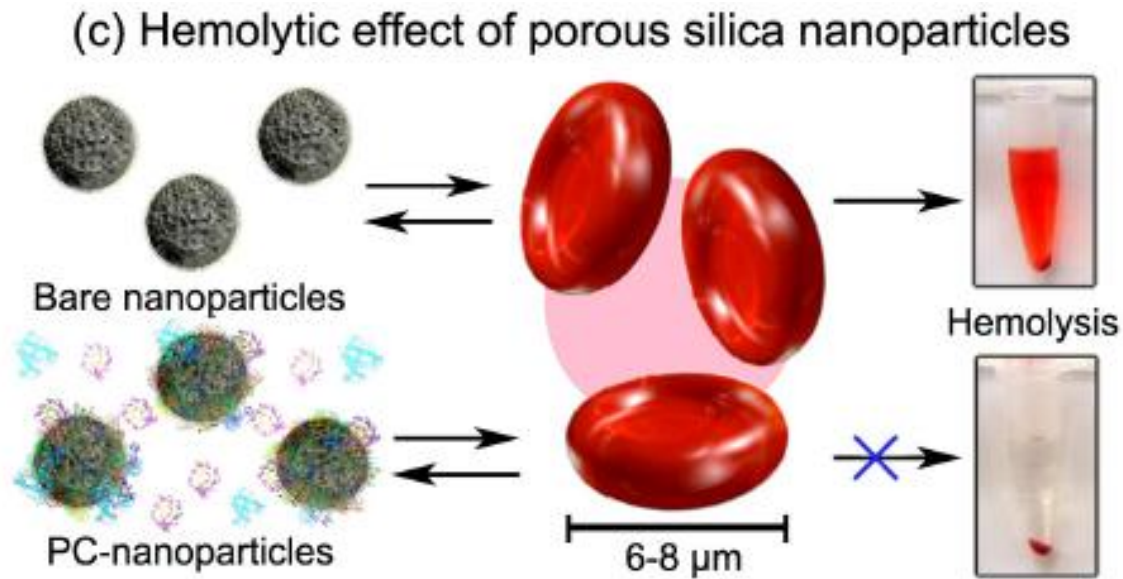
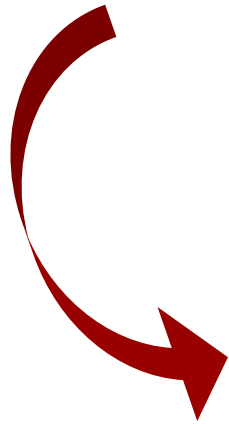
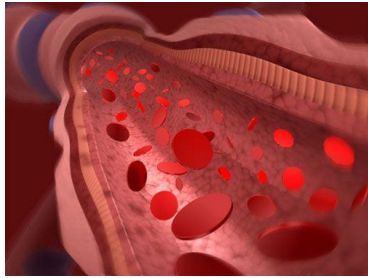
2. Toxicology of inhaled particles/fibres – occupational and environmental exposure

*quartz, asbestos, coal, ambient particles, NPs*



*Occupational Safety & Health  
Administration – US Dep. of Labor*

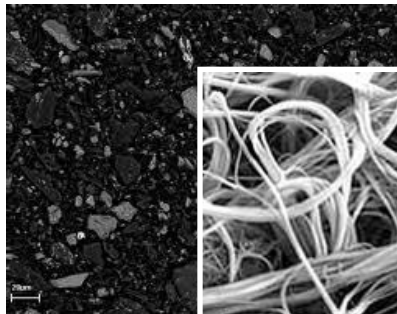
# Hemolysis Test (RBC lysis) – The case of MATERIALS for BIOMEDICAL APPLICATIONS



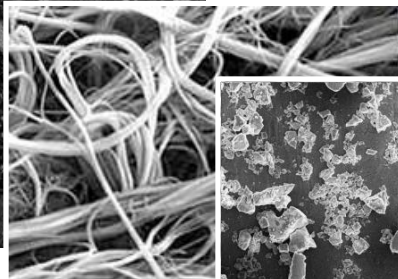
*Paula et al., 2012*

- ✓ Protein corona (plasma): hemolysis abolished
- ✓ Hemolysis: direct contact Particle - RBC

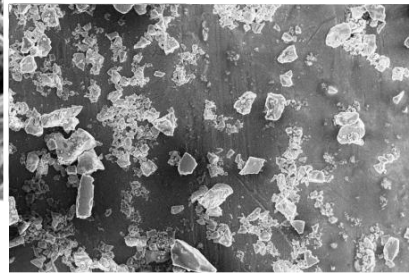
# Hemolysis Test (RBC lysis) – The case of TOXICOLOGY OF INHALED PARTICLES/FIBRES



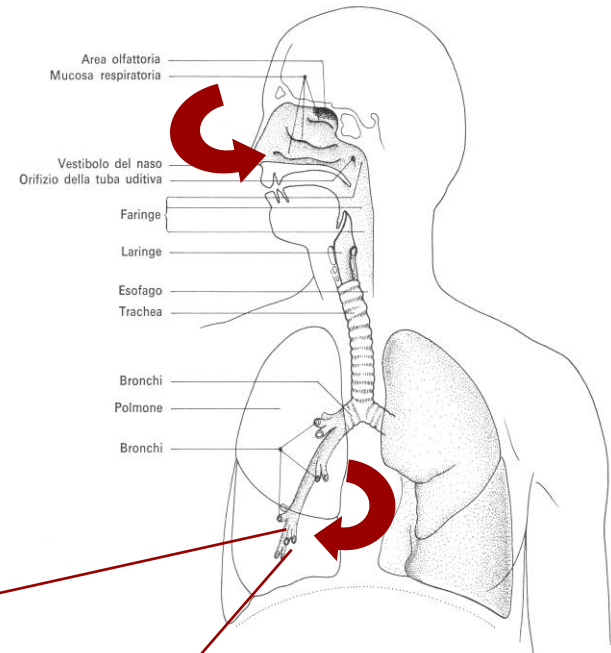
coal



asbestos



quartz

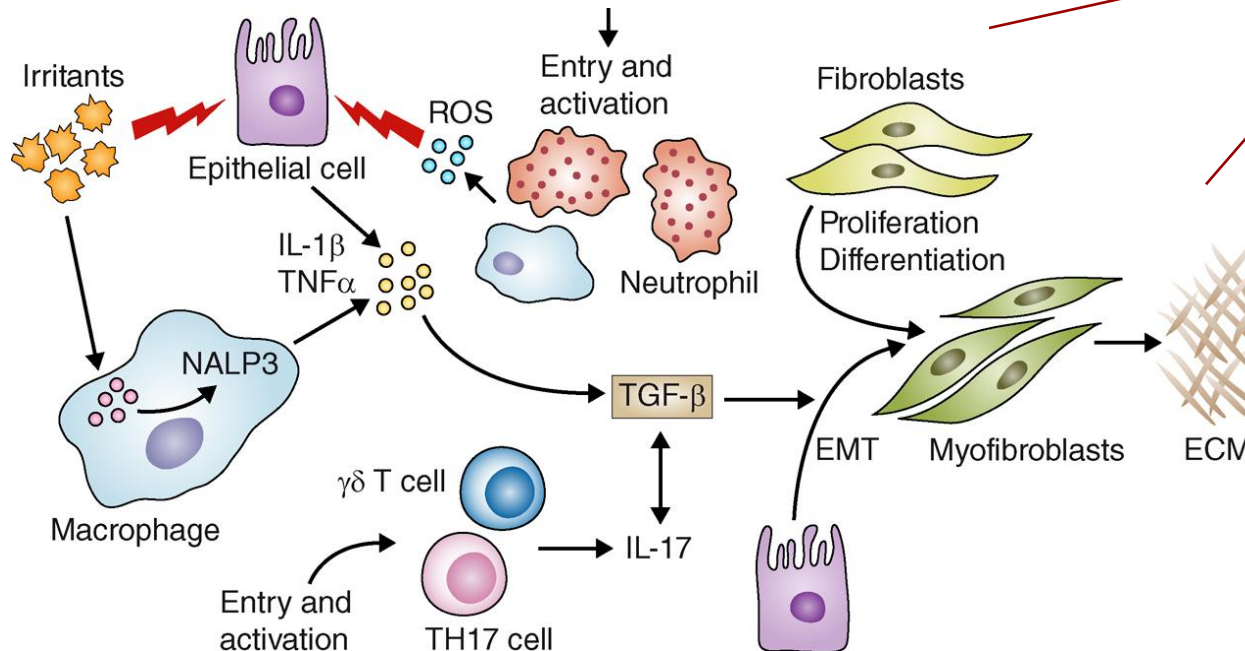


Pneumoconiosis (fibrosis)

Lung cancer

RBC?ysis

## Mechanism of pulmonary fibrosis



# Hemolysis Test (RBC lysis) – The case of TOXICOLOGY OF INHALED PARTICLES/FIBRES

Cho et al., 2013

Lu et al., 2009

Metal Oxide NPs

*In vitro* cell assays

*In vivo* lung inflammogenicity

More predictive?

Dose metric: surface area

Table 4 Comparison of *in vivo* lung inflammation data with *in vitro* assay data based on any dose even

|                                | Rat (150 cm <sup>2</sup> /rat) | A549                 |      | 16-HBE  |      | THP-1   |       | Alveolar mac |       | Differentiated PBMC |       |       | Haemolysis   |
|--------------------------------|--------------------------------|----------------------|------|---------|------|---------|-------|--------------|-------|---------------------|-------|-------|--------------|
|                                | granulocytes                   | cytotox <sup>b</sup> | IL-8 | cytotox | IL-8 | cytotox | IL-1β | cytotox      | IL-1β | cytotox             | IL-1β | TNF-α | % haemolysis |
| CeO <sub>2</sub>               | +                              | -                    | -    | -       | +    | -       | -     | +            | -     | -                   | -     | -     | +            |
| TiO <sub>2</sub> -rutile       | -                              | -                    | -    |         |      |         |       |              |       |                     |       |       |              |
| CB                             | -                              | -                    | -    |         |      |         |       |              |       |                     |       |       |              |
| SiO <sub>2</sub>               | -                              | -                    | -    |         |      |         |       |              |       |                     |       |       |              |
| NiO                            | +                              | -                    | -    |         |      |         |       |              |       |                     |       |       |              |
| Co <sub>3</sub> O <sub>4</sub> | +                              | -                    | -    |         |      |         |       |              |       |                     |       |       |              |
| Cr <sub>2</sub> O <sub>3</sub> | -                              | +                    | -    |         |      |         |       |              |       |                     |       |       |              |
| ZnO                            | +                              | +                    | +    |         |      |         |       |              |       |                     |       |       |              |
| CuO                            | +                              | +                    | +    |         |      |         |       |              |       |                     |       |       |              |
| Accuracy                       |                                | 5/9                  | 6/9  | 6/9     |      |         |       |              |       |                     |       |       |              |
| False positive                 |                                | 1/9                  | 0/9  | 0/9     |      |         |       |              |       |                     |       |       |              |
| False negative                 |                                | 3/9                  | 3/9  | 3/9     |      |         |       |              |       |                     |       |       |              |

Table 4

Efficacy of the various *in vitro* assays for predicting the inflammogenicity of metal oxides (MOs) and nanoparticles (NPs).

| <i>In vitro</i> assay | Total no. of NPs used in the assay | No. (%) NPs that were correctly predicted as inflammogenic/Non-inflammogenic | No. of NPs that were significantly positive in this assay | No.false positive (%) | No. false negative (%) |
|-----------------------|------------------------------------|------------------------------------------------------------------------------|-----------------------------------------------------------|-----------------------|------------------------|
| Hemolysis             | 13                                 | 12 (92)                                                                      | 3                                                         | 1 (8)                 | 0 (0)                  |
| EPR                   | 13                                 | 9 (69)                                                                       | 4                                                         | 3 (23)                | 1 (8)                  |

Lu et al., 2009

Table 4

Efficacy of the various *in vitro* assays for predicting the inflammogenicity of metal oxide NPs.

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| Hemolysis             | 13                                 | 12 (92)                                                                      | 3                                                         | 1 (8)                 | 0 (0)                  |
| EPR                   | 13                                 | 9 (69)                                                                       | 4                                                         | 3 (23)                | 1 (8)                  |
| DCFH                  | 13                                 | 10 (77)                                                                      | 3                                                         | 2 (15)                | 1 (8)                  |
| Cytotoxicity          | 13                                 | 9 (69)                                                                       | 4                                                         | 3 (23)                | 1 (8)                  |

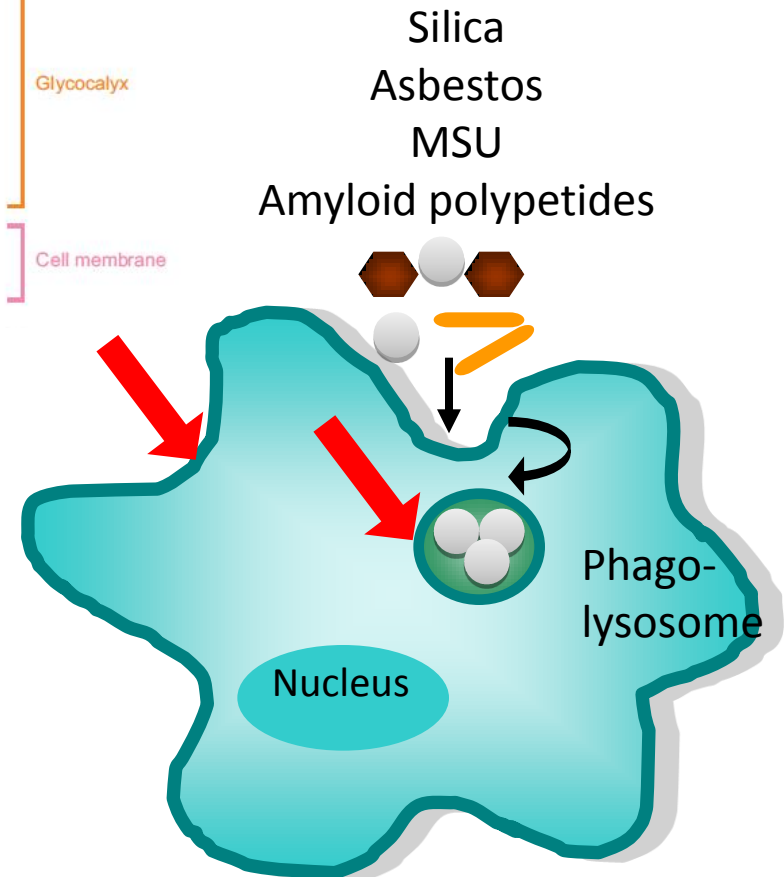
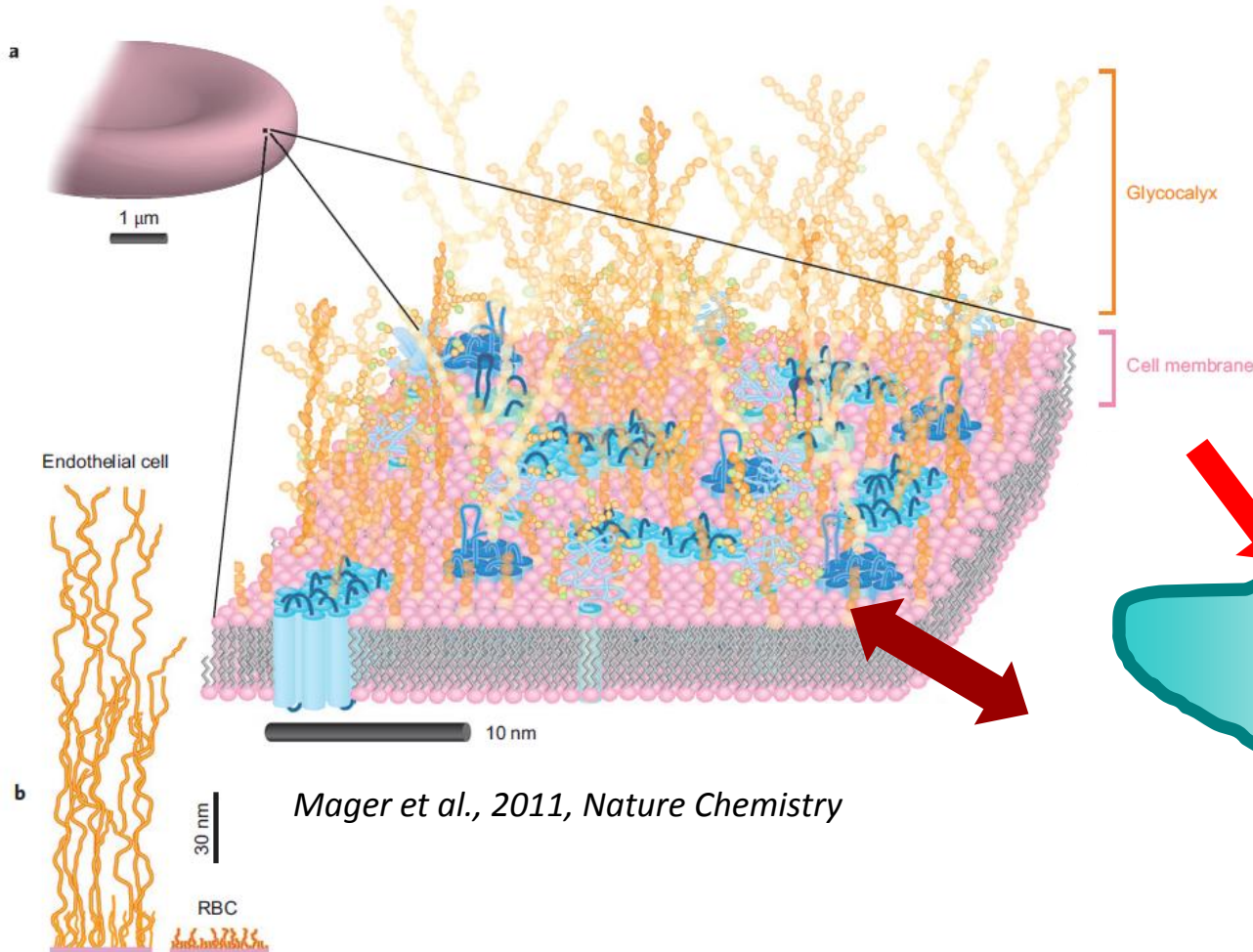
Lu et al., 2009

Cho et al., 2013

# Hemolysis Test (RBC lysis) – The case of TOXICOLOGY OF INHALED PARTICLES/FIBRES

## Predictive Value of Hemolytic Activity

### Importance of cell membrane



RBC: Simple and sensitive model of biological membranes

Macrophage

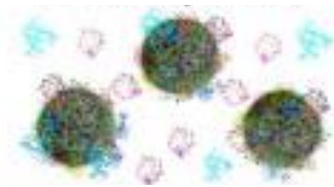
# Hemolysis Test (RBC lysis) – The case of TOXICOLOGY OF INHALED PARTICLES/FIBRES

## Predictive Value of Hemolytic Activity

### *Particles in phagolysosomes act as bare*

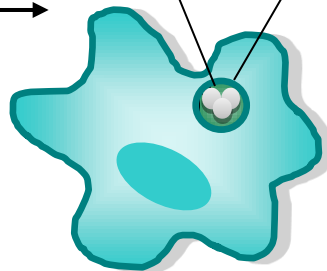
#### *In vivo Inflammation*

Protein  
Corona

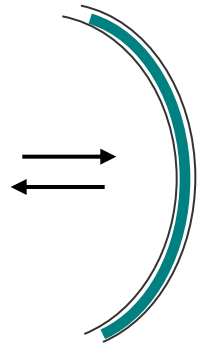


PC - particles

Lytic enzymes



Bare particles

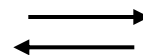


#### *Hemolysis Assay*

PBS, NaCl  
(serum free)



Bare particles

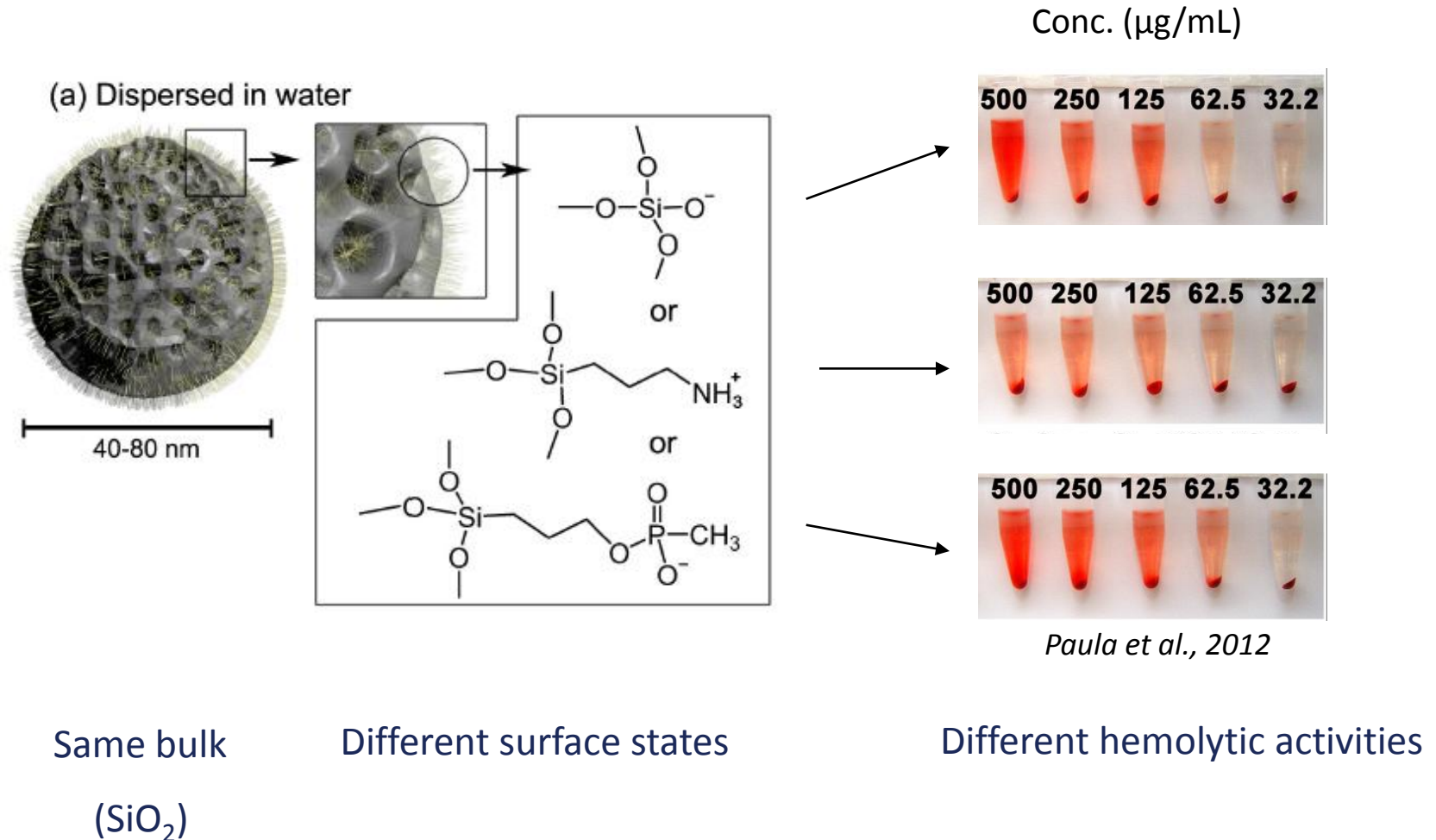


6-8  $\mu\text{m}$

# Hemolysis Test (RBC lysis) – The case of TOXICOLOGY OF INHALED PARTICLES/FIBRES

## Predictive Value of Hemolytic Activity

### *Importance of surface reactivity*



# Variability of silica toxicity: role of surface reactivity

## Several **surface functionalities**

-SiOH, -Si-O-Si- type and distribution  
(*hydrophilicity/hydrophobicity*)

Surface radicals/ROS/charges  
(*mechanical grinding*)

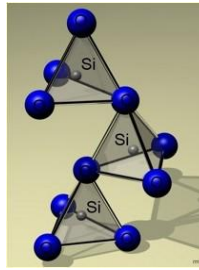
Charges -SiO<sup>-</sup>  
(*aqueous suspensions*)

### *Inherent characteristics*

Crystallinity  
Polymorph  
Size  
morphology

### *External factors*

Contaminants  
Chemical modifications



## VARIABILITY



### • **Natural Ground Crystalline (quartz)**

Well-known toxic:

- ✓ Silicosis
- ✓ Lung cancer (IARC 1997,2012)
- ✓ Autoimmune diseases



### • **Synthetic Amorphous**

Less harmful:

- ✓ transient inflammation
- ✓ No lung fibrosis

Still under study



Properties / Molecular mechanisms  
governing silica toxicity still unclear

## ➡ Properties governing SiO<sub>2</sub> toxicity? Systematic study

- ✓ Collection and preparation of several **SiO<sub>2</sub> samples**



crystalline and  
amorphous silicas

- ✓ **Surface modifications** (heating, hydrothermal treatments)

- ✓ **Physico-chemical characterization** and **Cell-free tests**

→ to identify properties relatable to toxicity

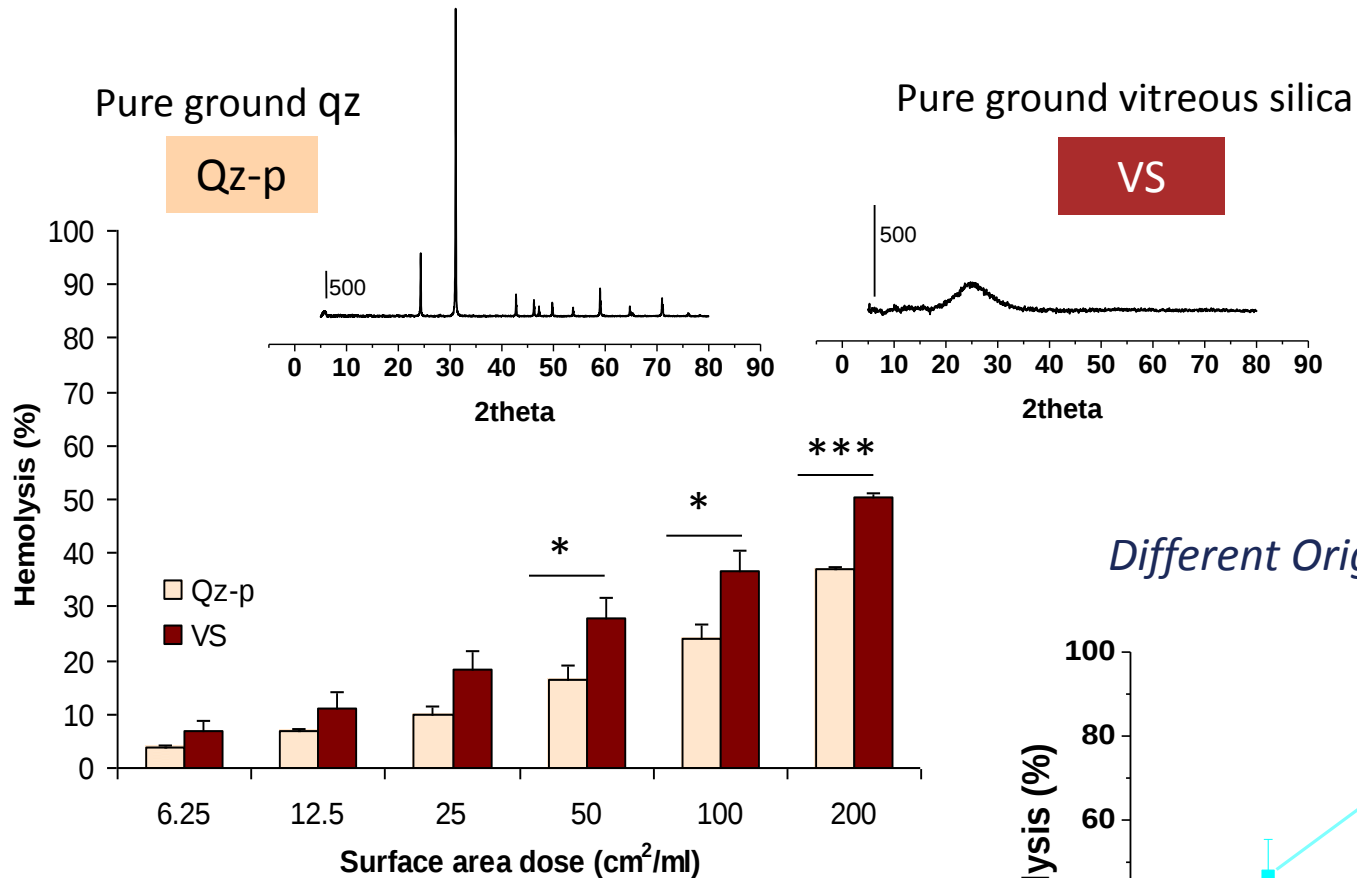
- ✓ **Cell tests (*in vitro*):**
  - Hemolytic activity
  - Inflammatory activity



# Physico-chemical properties governing $\text{SiO}_2$ hemolytic activity?

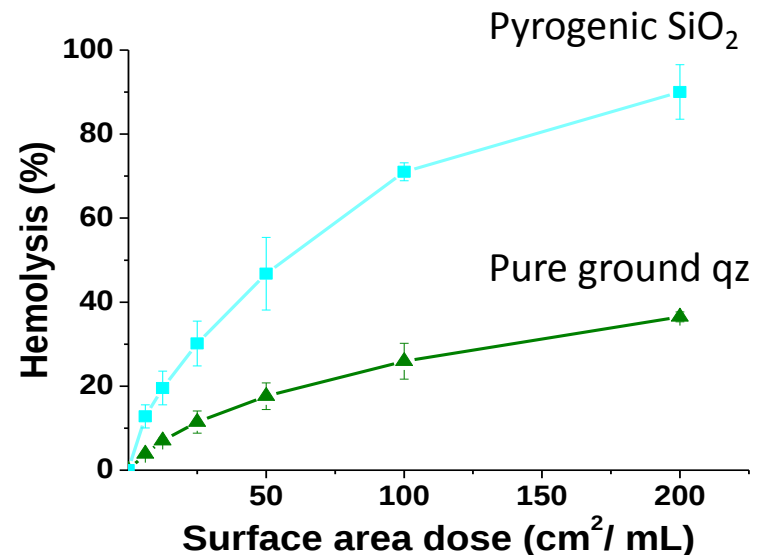
Cristallinity: not a prerequisite

Same Origin



Crystallinity determinant of pathogenicity but not of RBC lysis

Different Origin

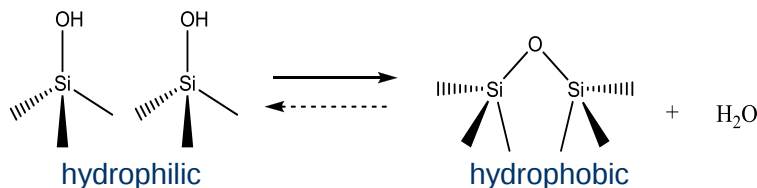


# Physico-chemical properties governing SiO<sub>2</sub> hemolytic activity?

## Crucial role of silanol/siloxane distribution

### Heating

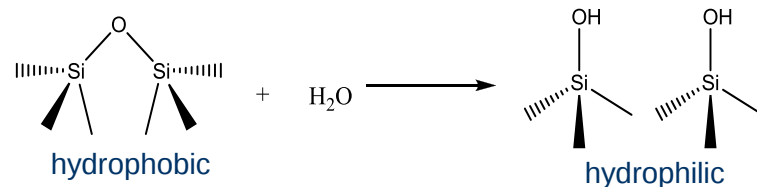
(heating in vacuum at 800°, 1000°C)



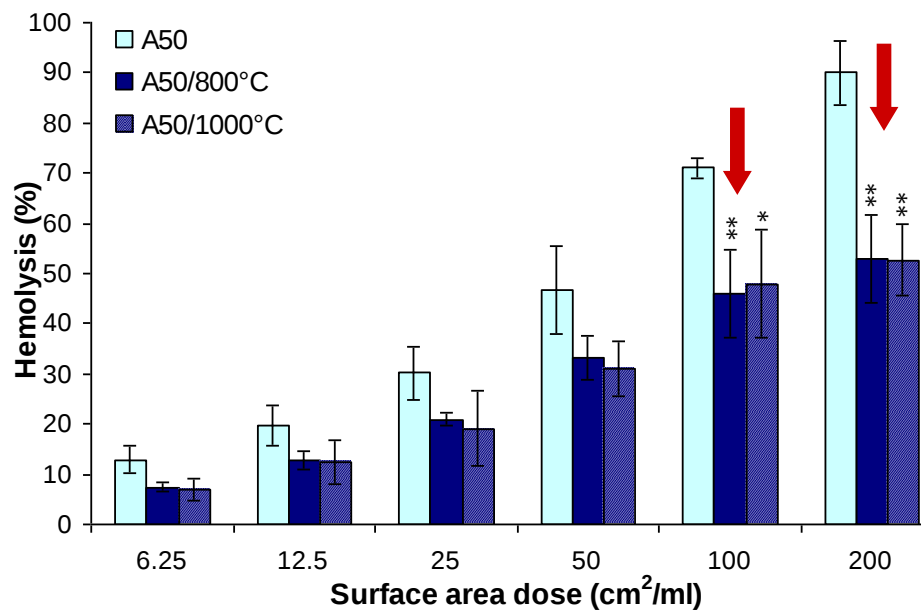
### Pyrogenic SiO<sub>2</sub> (Aerosil 50)

### Hydrothermal treatment

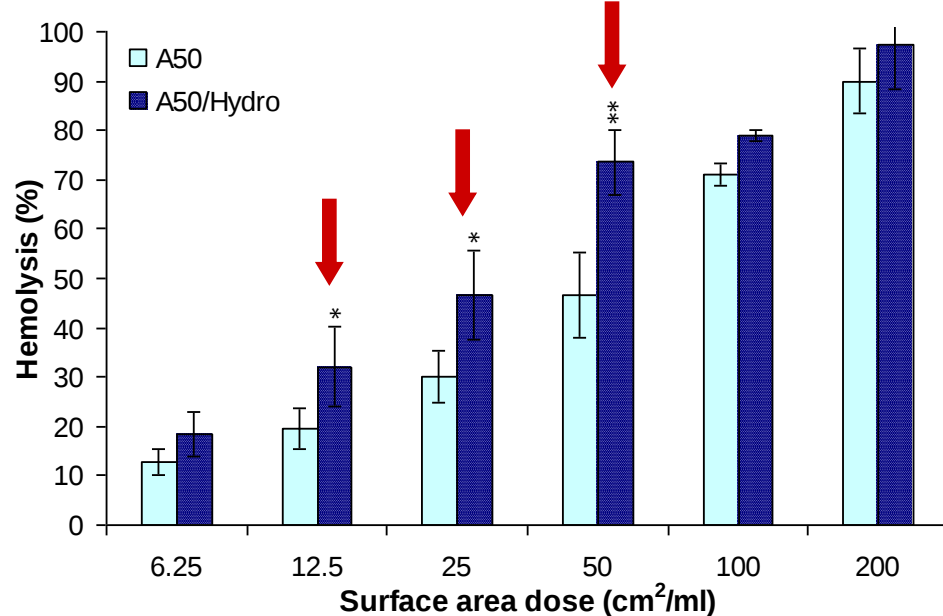
(in H<sub>2</sub>O, heated in autoclave at 230°C for 4h)



VS



Silanols reduced  
Hemolysis reduced



Silanols increased  
Hemolysis increased

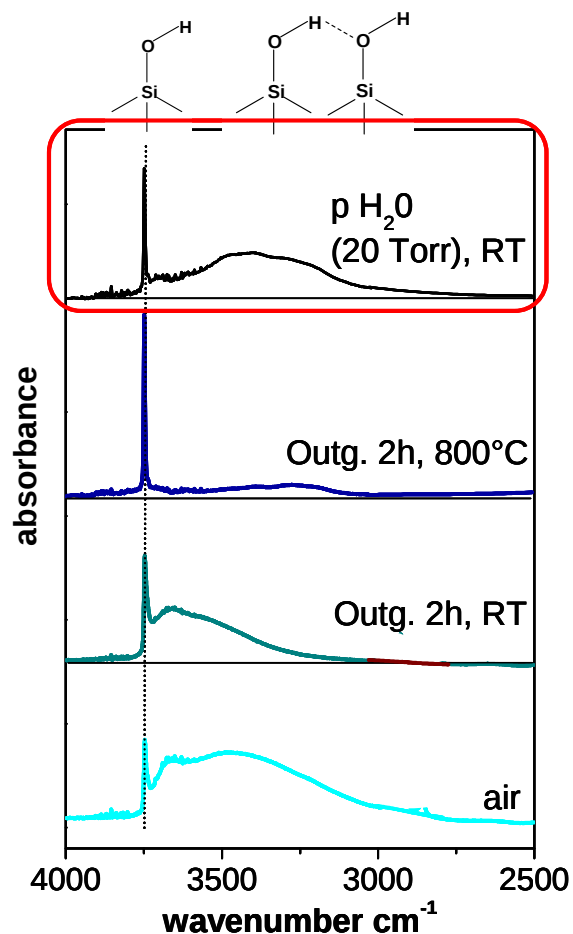
Is hemolysis merely relatable to the number of silanols?

# Physico-chemical properties governing $\text{SiO}_2$ hemolytic activity?

## Crucial role of silanol/siloxane distribution

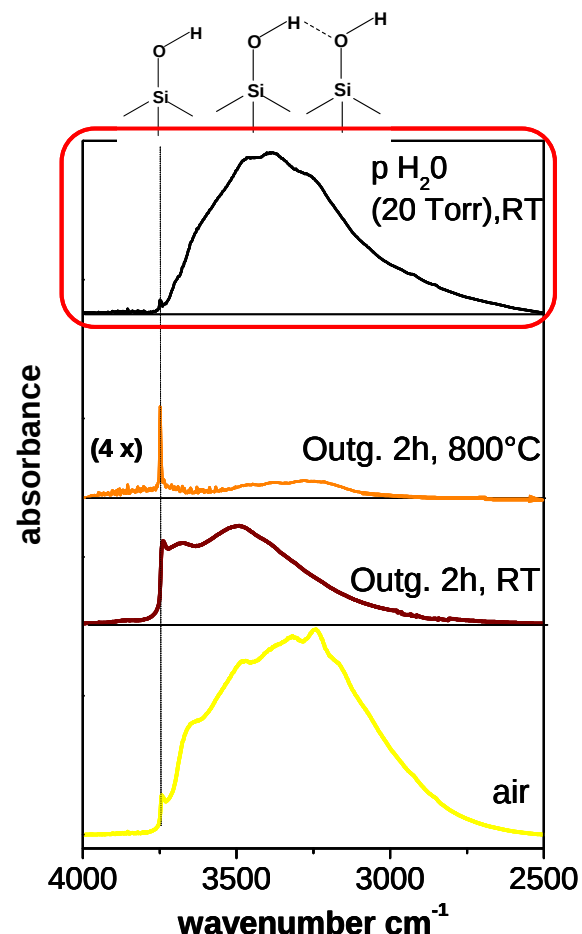
Surface silanol population as revealed by FT-IR spectroscopy

### Pyrogenic $\text{SiO}_2$ (Aerosil 50)



Hydrophilic/hydrophobic

### Precipitated $\text{SiO}_2$ (FK320)

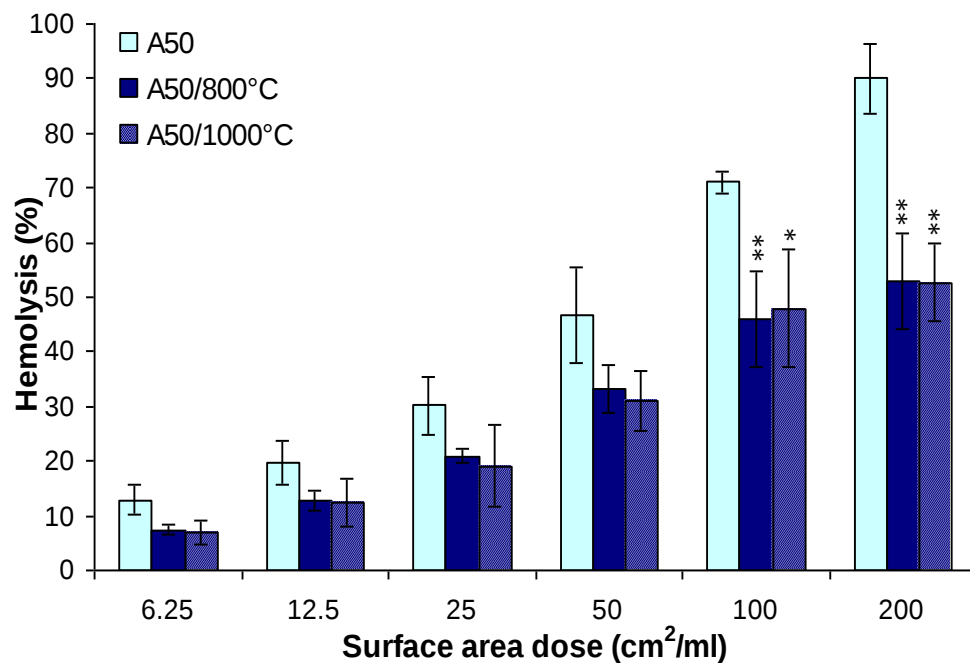


Fully hydrophilic

## Physico-chemical properties governing $\text{SiO}_2$ hemolytic activity?

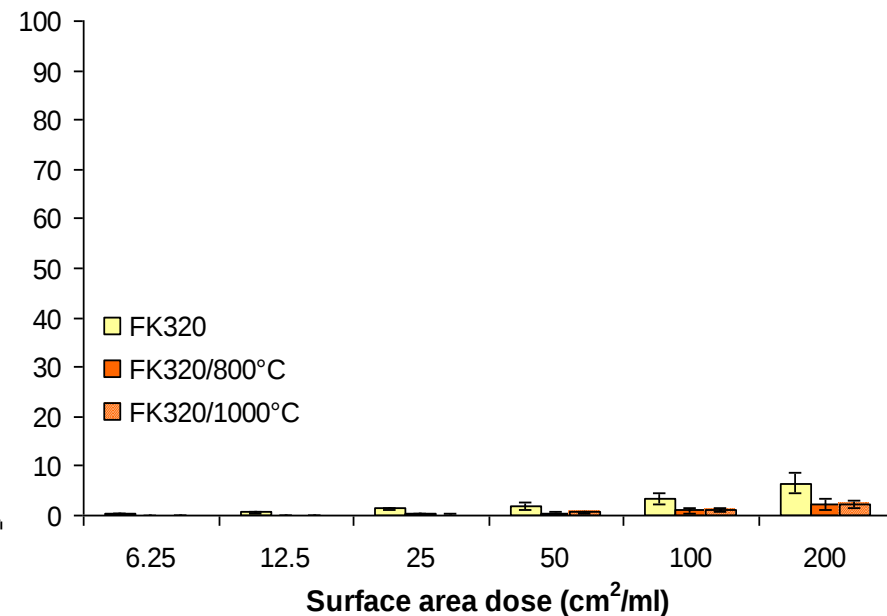
### Crucial role of silanol/siloxane distribution

#### Pyrogenic $\text{SiO}_2$ (Aerosil 50)



Hydrophilic/hydrophobic  
Strongly hemolytic

#### Precipitated $\text{SiO}_2$ (FK320)



Fully hydrophilic  
Non hemolytic

Not whole number of silanols, but a specific arrangement of silanols, silanolates and siloxanes causes hemolysis

## Conclusions

- ✓ **Silanols** : main determinant  $\text{SiO}_2$  hemolytic activity
- ✓ *specific arrangement of silanols/siloxanes*

-SiO-H

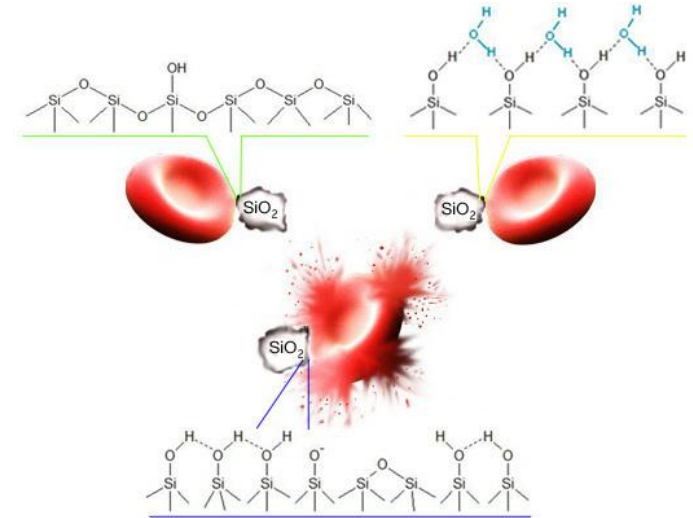
**H-bond**

membrane proteins  
phospholipids

-SiO<sup>-</sup>

**Electrostatic inter.**

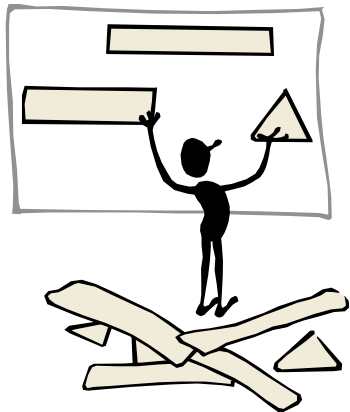
phosphatidylcholines  
sphingomyelins



*Pavan et al., 2013*

- ✓ **Amorphous  $\text{SiO}_2$** : hemolytic

- ✓ *Cristallinity determinant of fibrosis, not of membranolysis*



*Toxicity and Biocompatibility  
of Materials @ UniTO*

Prof. Bice Fubini

Prof. Ivana Fenoglio

Dr. Maura Tomatis

Dr. Francesco Turci

Dr. Mara Ghiazza

Dr. Ingrid Corazzari

Dr. Arianna Marucco



*Louvain Toxicology and Applied  
Pharmacology @ UCL, Bruxelles*

Prof. Dominique Lison

Dr. Virginie Rabolli



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**Thank you!**