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SUMMARY

Introduction. Smoking is one of the major lifestyle-related risk factors for periodontal diseases. Smoking can affect the structure of the epithelial mucosa, impair the inflammatory response, and change the redox status of the oral cavity. Harm reduction through the development of Modified Risk Tobacco Products (MRTTP) provides a promising opportunity for adult smokers who would otherwise continue cigarette smoking. An MRTTP is defined by the U.S. Family Smoking Prevention and Tobacco Control Act as “any tobacco product that is sold or distributed for use to reduce harm or the risk of tobacco related disease associated with commercially marketed tobacco products”. The Tobacco Heating System (THS) 2.2 is a candidate MRTTP based on a heat-not-burn technology that uses a precisely controlled heating device into which a specially designed tobacco product is inserted and heated to generate an aerosol [2].

Objectives. The objective of the study was to assess – using a systems toxicology approach – how aerosol from THS2.2, compared to reference (3R4F) cigarette smoke (CS), affects human gingival epithelial organotypic cultures.

Human gingival epithelial organotypic cultures. EpiGingival™ (MatTek corp., Ashland USA) derived from a 46 year old male donor, non-smoker.

Histological analysis. Tissue sections were stained with Hematoxylin & Eosin (HE). For immunohistochemical staining, the slides were incubated with an E-cadherin antibody (Leica Biosystem PA0387, undiluted) and counterstained with hematoxylin.

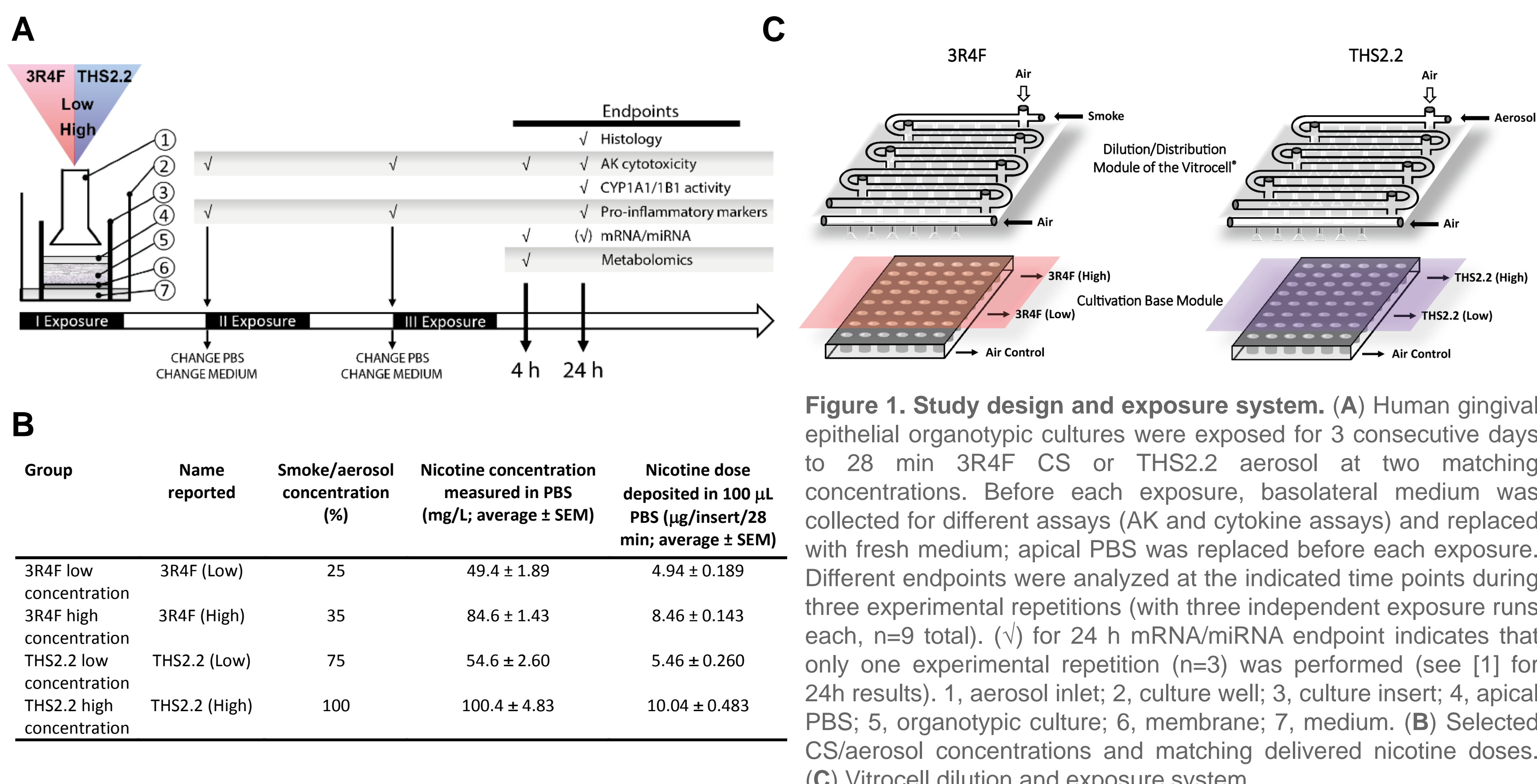
Adenylate Kinase (AK)-based cytotoxicity. The activity of AK was measured in the basolateral medium using the ToxiLight™ bioassay kit (Lonza, Rockland, MA, USA).

Pro-inflammatory mediators. Pro-inflammatory mediators were measured in the basolateral medium using a Luminex®-based technology (Luminex, Austin, TX, USA).

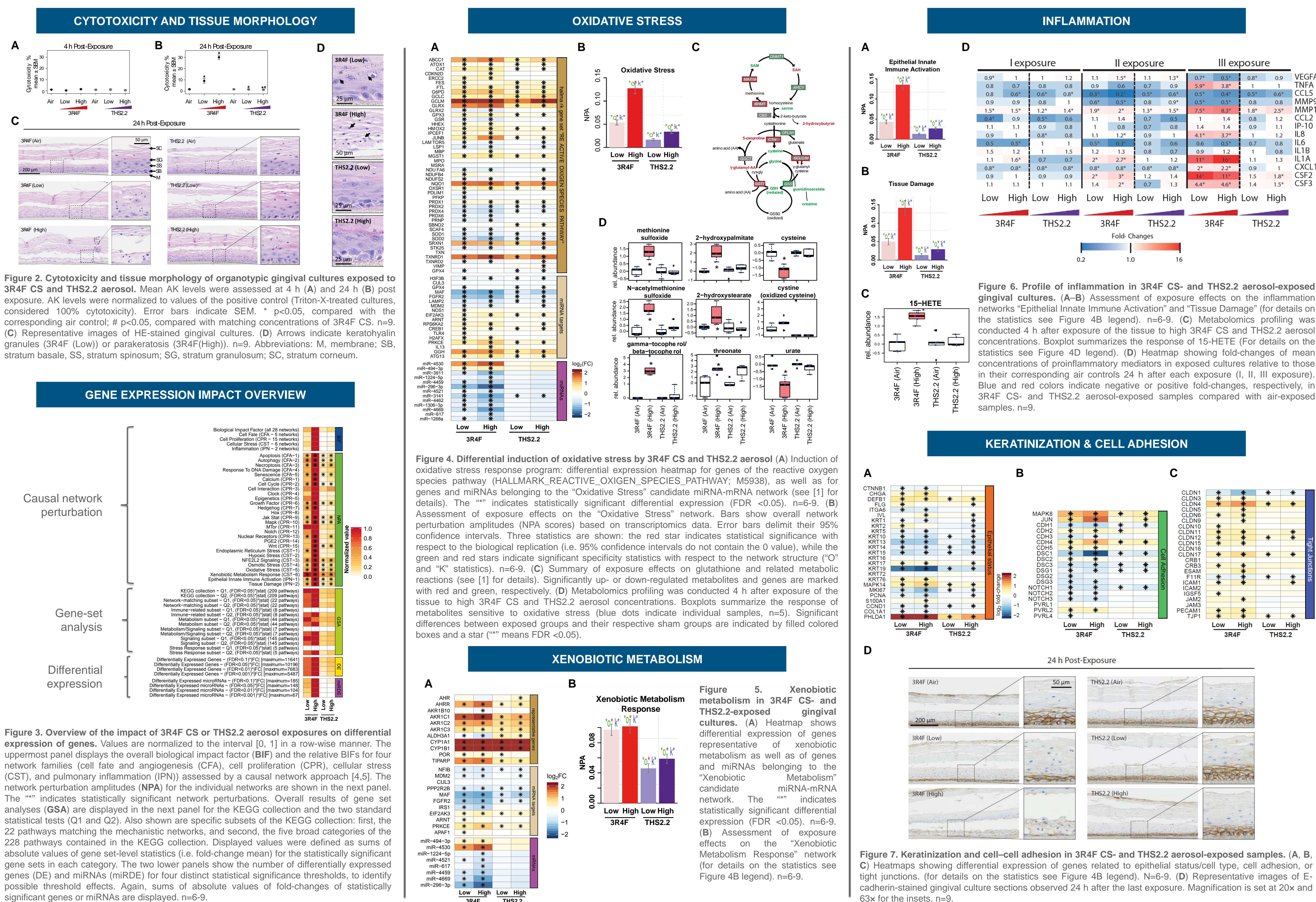
Microarray data processing and analysis. Transcriptomics data were analyzed in the context of hierarchically structured network models as described in [3]. The effects of exposure were quantified by scoring the impact on each subnetwork (referred to as “network perturbation amplitude”, NPA) [4].

Metabolic analysis. Metabolites were analyzed in collaboration with Metabolon inc. (Durham, USA) [1].

EXPERIMENTAL DESIGN / METHODS



RESULTS



CONCLUSIONS

- Systems toxicology approach was applied for the assessment of THS2.2 aerosol compared to CS on an organotypic gingival epithelium model. Multiple endpoints (e.g., cytotoxicity, transcriptomics, and metabolomics) were combined toward a comprehensive assessment of the exposure effects.
- Major morphological alterations (loss of cell adhesion, keratinization, Figure 7) and cytotoxicity (max. ~30%, Figure 2) were observed after CS exposure but were limited, if none, upon exposure to THS2.2 aerosol.
- Transcriptomic and metabolomic analysis indicated a general reduction of the impact in THS2.2 aerosol-exposed samples with respect to CS (~79% lower biological impact for the high THS2.2 aerosol concentration compared to CS, and 13 metabolites significantly perturbed upon THS2.2 aerosol exposure vs. 181 for 3R4F CS).
- Proinflammatory mediator analysis showed a higher impact in CS-exposed cultures compared to THS2.2 aerosol, with 11 analytes significantly altered by CS vs. 5 (common to CS-exposure condition) by THS2.2 aerosol, showing a reduced fold-change with respect to CS (Figure 6).
- Biological effects induced by CS, such as oxidative stress, xenobiotic metabolism, and inflammation-related processes, are relevant to the pathophysiology of periodontal diseases.
- Overall, THS2.2 aerosol had a **statistically** significantly lower impact on molecular processes associated with the pathophysiology of human gingival organotypic cultures compared to CS.

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The work reported in this publication involved a candidate Modified Risk Tobacco Product developed by Philip Morris International (PMI) and was solely funded by PMI. All authors are employees of, or (W. K. Schlage) contracted and paid by Philip Morris International., except Brian R. Keppler (Metabolon Inc.).