Application of IndusChemFate to metabolism and excretion of DEET following human dermal exposure Alyssa J. Levitz¹, Jeffry H. Shirai², John C. Kissel²

Abstract

IndusChemFate is an open-source Physiologically-Based Pharmacokinetic (PBPK) modeling program that simulates metabolite excretion following oral, pulmonary and dermal exposures. It was developed by IndusTox Consult under the auspices of Cefic LRI for the purpose of facilitating monitoring of chemical biomarkers of male adults' environmental exposures. In the current study, IndusChemFate is used to simulate the fate of N,N-diethyl-m-toluamide (DEET) and two of its primary metabolites in the body and urine following *in vivo* dermal exposure to the semi-volatile organic compound, using independently derived human metabolic data from an *in vitro* study. While there is qualitative agreement between the *in vivo* case study and the model, quantitative disagreement appears to result from overestimates of amount of compound initially absorbed into the stratum corneum.

Introduction

Why DEET?

DEET is a common insect repellent, available over-the-counter in many products and formulations and used by about one-third of Americans each year (Selim *et al.,* 1995). DEET is of interest here because it could be a surrogate for potentially more toxic pesticides. The properties of DEET that make it an attractive test compound are its:

- Availability over-the-counter and low toxicity
- Amenability to urinary biomonitoring
- Relatively rapid excretion

DEET Metabolism

In the body, DEET is metabolized into N-ethyl-m-toluamide (ET, 7.6-25.5% of metabolites) and N,N-diethyl-m-hydroxymethylbenzamide (DHMB, 24-42.4%), among others (Selim *et al.*, 1995). This metabolism is a parallel process (Figure 1a), but because of constraints within IndusChemFate requiring serial metabolic processes, DEET metabolism is simulated as two individual processes as in Figure 1b.



Adapted from Sudakin and Trevathan, 2003.

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Methods

| | Dermal exposure to DEET was modeled in IndusChemFate (Figu |
|---|---|
| | using the exposure conditions of Selim et al. (1995) with k |
| | parameters based on Usmani et al. (2002). Physicoche |
| • | parameters were obtained from EPI Suite (US EPA, 2010). |
| | |

IndusChemFate Model

- Runs in Microsoft® Excel
- Is open-source freeware (available for download at http://www.cefic-lri.org/lri-toolbox/induschemfate)
- Requires user-input physicochemical & kinetic parameters
- Estimates mass and concentration of compound and its metabolites in body tissues and fluids after oral, dermal and/or inhalation exposures



Adapted from Jongeneelen *et al.*, 2010a.

Selim *et al.*, 1995: *In Vivo* Exposure Conditions

Selim *et al.* exposed a 24-cm² section of the forearms of six volunteers to ~15 mg of DEET from undiluted technical grade compound. Forearms were washed at eight hours. Radiolabeled DEET was used to track the compound's metabolism and excretion. Subjects' urine was collected for five days.

| Adapted Selim Conditions | | |
|--|---|--|
| | V | |
| Skin deposition, pure substance (mg/cm ² /hour) | | |
| Duration of skin exposure (hours) | | |
| Affected skin area (cm ²) | | |

Usmani et al., 2002: In Vitro Kinetic Parameters

In vitro enzyme kinetic assays incubated human liver microsomes (protein concentration of 1.5 mg/ml of buffered media) with DEET

(1,000 µM); metabolites produced were analyzed using HPLC to determine kinetic parameters. The published V_{max} and K_m were adjusted microsomal for account concentration in the liver compared to that in the media.

| Adapted Usmani Parameters | | | |
|---------------------------|---|--------------------------|--|
| | V _{max} (µMol/kg liver/hr) | Km (μMol/ L liver) | |
| DHMB | 31,000 | 1,800 | |
| ET | 49,000 | 22,000 | |

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by the Selim *et al.* study and accounts for the continuing high rate of excretion seen in Figure 4a.



IndusChemFate Limitations and Concerns

Although IndusChemFate has been shown to be effective at modeling exposure to volatile organic compounds (Jongeneelen *et al.,* 2010b), it is less fitting for this case study because it:

- Cannot model simultaneous, parallel metabolic processes
- Overestimates amount of compound initially absorbed into
- stratum corneum • Has no provision for washing of skin surface
- Is oriented toward continuous rather than the batch exposures typical of laboratory studies

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