#### Mini Review

# William H. Goodson\*, Leroy Lowe, Michael Gilbertson and David O. Carpenter Testing the low dose mixtures hypothesis from the Halifax project

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Abstract: In 2013, 60 scientists, representing a larger group of 174 scientists from 26 nations, met in Halifax, Nova Scotia to consider whether – using published research – it was logical to anticipate that a mixture of chemicals, each thought to be non-carcinogenic, might act together in that mixture as a virtual carcinogen. The group identified 89 such chemicals, each one affecting one or more Hallmark(s) – collectively covering all Hallmarks of Cancer – confirming the possibility that a chemical mixture could induce all the Hallmarks and function as a virtual carcinogen, thereby supporting the concern that chemical safety research that does not evaluate mixtures, is incomplete. Based on these observations, the Halifax Project developed the Low-Dose Carcinogenesis Hypothesis which posits "…that low-dose exposures to [mixtures of] disruptive chemicals that are not individually carcinogenic may be capable of instigating and/or enabling carcinogenesis." Although testing all possible combinations of over 80,000 chemicals of commerce would be impractical, prudence requires designing a methodology to test whether low-dose chemical mixtures might be carcinogenic. As an initial step toward testing this hypothesis, we conducted a mini review of published empirical observations of biological exposures to chemical mixtures to assess what empirical data exists on which to base future research. We reviewed studies on chemical mixtures with the criteria that the studies reported both different

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concentrations of chemicals and mixtures composed of different chemicals. We found a paucity of research on this important question. The majority of studies reported hormone related processes and used chemical concentrations selected to facilitate studying how mixtures behave in experiments that were often removed from clinical relevance, i.e., chemicals were not studied at human-relevant concentrations. New research programs must be envisioned to enable study of how mixtures of small doses of chemicals affect human health, starting, when at all possible, from non-malignant specimens when studies are done in vitro. This research should use human relevant concentrations of chemicals, expand research beyond the historic focus on endocrine endpoints and endocrine related cancers, and specifically seek effects that arise uniquely from exposure to chemical mixtures at human-relevant concentrations.

Keywords: carcinogenesis; chemical mixtures; environment; Halifax project; low dose mixtures; xenoestrogens.

## Introduction

In 2013, 60 scientists, representing a group of 174 scientists recruited from 26 countries, met in Halifax, Nova Scotia and reached the unanimous conclusion that there is already sufficient published scientific evidence to state that a mixture of chemicals thought to be benign, in doses small enough to be considered safe, might work together  $-$ as a mixture  $-$  to cause cancer, i.e., to be a virtual carcinogen [1]. The results of the Halifax Project, as the meeting has come to be called, built on concern about mixtures that had been expressed previously [2, 3]. The contribution of the Halifax Project was to gather in one place a group of scientists, each one of whom was an expert in one or more of the Hallmarks of Cancer. The goal was for the group to share perspectives and collectively to envision whether and how effects on individual Hallmarks of Cancer might create cancer from the complementary effects of simultaneous exposure to separate chemicals, none of which are considered carcinogenic individually. In preparation for the conference,

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participants reviewed published literature to facilitate designing a testable hypothesis concerning a possible role of putatively safe chemicals – as mixtures – in carcinogenesis. Key background concepts were that chemicals accumulate in the body, environmental chemicals may have adverse effects, and most previous chemical safety research has evaluated individual chemicals or limited mixtures of chemicals with like structure or action. A review of the possible role of environmental chemicals in carcinogenesis per se was not part of the project, but it was noted that the epidemiology of cancer and environmental chemicals continues to evolve. This is especially true for breast cancer (Table 1 [5–43]) for which incidence increased significantly over four decades [44] at the same time that incidence decreased for other cancers such as colon, lung, prostate, ovary, and cervix [44].

Two years prior to the conference, the non-profit organization, Getting to Know Cancer, sent emails to roughly 40,000 scientists describing the Project and inquiring about interest in participation. From nearly 1,000 respondents, 174 scientists from 26 nations were invited and became part of one of 12 working groups (Table 2). One group was assigned for each of the 10 Hallmarks of Cancer [4], and an 11th group sought effects on the microenvironment as a whole. A 12th group reviewed each chemical that one of the other teams identified as disruptive and enabling of a cancer hallmark or hallmarks to determine whether or not that same chemical had ever been reported to demonstrate any effects either favoring or reducing carcinogenesis. Many of the scientists were recruited for their expertise in cancer biology (with an emphasis on the various Hallmarks of Cancer). Because many of the chemicals previously associated with cancer have endocrine effects, the project specifically recruited environmental toxicologists familiar with endocrine disruption to ensure that most teams had participants with a good understanding of the mechanisms involved and the effects that disruptive chemicals have on those mechanisms.

Before the meeting in Halifax, all the members of each Hallmark group reviewed existing literature to identify chemicals that met both screening criteria and action criteria. Screening criteria meant the chemical was in the environment and considered safe. Action criteria meant that the chemical affected the group's Hallmark in a way that was similar to how that Hallmark functioned or occurred in cancer. Effects were considered when they occurred either: a. in an exposure range measured in humans; b. at a dose lower than usual testing; c. at a dose below the lowest observed effect for

carcinogenesis; or d. at animal blood or tissue levels similar to those found in humans. Mutagens that had broad or non-specific effects were excluded, because they would be expected  $a$  priori to be carcinogens. However, mutagens known to act consistently and precisely in a particular way (i.e., signature mutations), for example, in certain types of adduct formation [45] were acceptable for inclusion.

Carcinogenesis by addition of effects is conceptually the reverse of toxicology and/or cancer treatment that typically work by disruption of ongoing processes, e.g., genomic stability, endocrine homeostasis, etc. where disruption at a single site may be sufficient to derail the entire process. Carcinogenesis, in contrast, requires the presence of the effects of multiple Hallmarks, single effects of which may not be sufficient to cause cancer. For example, multiple mutations – even cancer associated mutations – may exist in a tissue and not cause cancer, as shown by multiple mutations in esophageal [46] or eyelid tissues [47] that are not malignant. This view of treatment versus carcinogenesis is supported by Rothman's metaphor of a causal pie [48] in which each contributing cause that is necessary for a cancer to exist is thought of as one piece of a pie. When all pieces are present, cancer exists. However, if one piece is removed, the pie fails because it is incomplete. This is the basis for much of cancer treatment where treatment of one or a few necessary causes is sufficient to stop the cancer. In contrast, carcinogenesis requires the accumulation of a number of complementary causes to produce cancer. Moreover, it is likely that there may be many possible causal pies for carcinogenesis (i.e., each one involving different sets of complementary causes, that are together capable of enabling carcinogenesis) [49].

The chairpersons and representatives from each working group attended the meeting in Halifax. Every project group identified one or more chemical(s) that met these screening and action criteria. In total, 89 chemicals were identified that adversely affected one or more Hallmark(s). Fifty (59%) of these chemicals had effects at low doses (It is likely others exist that were not identified in the time allowed). Having found at least one adversely acting chemical for each Hallmark, the Project concluded there was a real possibility that a mixture of selected chemicals could induce each and every Hallmark, and thus a mixture of supposedly safe chemicals might behave as a virtual carcinogen. The Project did not prove that such a mixture exists, but it found enough evidence to conclude that we cannot ignore this possibility. A table of chemicals favoring Table 1: Examples of the evolving epidemiology of a sample of three environmental chemicals.







carcinogenesis for each Hallmark, along with extensive references, was published in a special, open access issue of Carcinogenesis [1]. Based on this information, the Halifax Project proposed The Low-Dose Carcinogenesis Hypothesis "…that low-dose exposures to [mixtures of] disruptive chemicals that are not individually carcinogenic may be capable of instigating and/or enabling carcinogenesis." All 174 scientists in the 12 working groups signed on to this hypothesis [1].

After the publication of the results of the Halifax Project, we considered how best to address the daunting permutations necessary to assess even a sample of the mixtures possible from the over 80,000 known common chemicals of commerce [50]. We concluded that the first step was to tabulate published empirical observations of effects of chemical mixtures in order to learn from what has been observed heretofore. The result of that mini-review is the focus of this paper.

Table 2: The Working Groups of the Halifax Project, based on the Hallmarks of Cancer [4].



### Previous mixtures research

The first step toward testing the low-dose mixtures hypothesis proposed by the Halifax Project is to survey the existing research with a focus on the effects of chemical mixtures. PubMed was searched using combinations of terms for endpoints, e.g., carcinogenesis, cancer, cell proliferation, apoptosis, angiogenesis; models, e.g., cell lines (including commonly used cell lines MCF7 and T47D by name), cells (which identified additional studies with fresh cells), zebra fish, mice, rats, etc.; and the agents we were seeking, e.g., chemicals, chemical mixtures, environmental chemicals, as well as common groups of chemicals such as parabens, phthalates, bisphenol-A, and endocrine disruptors. We are unaware of a previous attempt to tabulate mixtures research in this way.

Abstracts were reviewed and publications of interest were selected: 1 if they included observations of new experiments as opposed to reviews or discussions of previous work; 2 if the chemicals were tested as mixtures (papers that compared results from several chemicals, but tested them individually, rather than as mixtures, were not included); 3. if a fixed-ratio mixture was tested at different dilutions, it was included only if there was a comparison group with individual chemicals, a different mix of chemicals, or different proportions. This was not a formal systematic review. However, additional references were pursued using the above terms until it was realized that the same references were coming up in different searches.

The author, date, model system, endpoints, chemicals tested, exposure levels of chemicals, and a brief statement of results were collected for 58 separate studies ([51–75], [76–111]; Table 3). We did not tabulate the authors' conclusions about whether the effects of mixtures were partially additive, additive, or synergistic; but if the authors reported antagonism between chemicals, that was noted. Several observations become clear from this survey:



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Table 3: Existing research on effects of chemicals as mixtures. Table 3: Existing research on effects of chemicals as mixtures.

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dPharmaceuticals for Wieczerzak et al: diclofenac, ketoprofen, androsteindione, progesterone, etrone, chloramphenicol, oxytetracycline, diazepam, fluoxetine, gemfibrozil.

eProtein markers for Wang, et al: ER-α, ER-β, Akt-, Akt-, Akt-, PTEN, p-Akt, Src-, SRC

Note: For abbreviations see Appendix Table .

- Most mixtures behave differently from their individual component chemicals. Mixture effects may be greater than any component chemical but not fully additive, be additive, exceed the sum of the parts (synergy), or occasionally be antagonistic.
- Most mixture research has measured endocrinology endpoints such as ER (or other receptor) levels, proliferation that is ER driven (confirmed by blocking with an anti-ER drug), and tumor formation and genital malformation in animals. Relatively few studies evaluated other endpoints such as tissue interaction, gene mRNA levels, markers of gene damage, cell migration, evasion of apoptosis or AR stimulation, or protein levels. There have been a few case-control human epidemiology studies focused on total endocrine activity related to endpoints such as breast cancer.
- Most studies evaluate mixtures of chemicals with similar modes of action, similar structures, or similar uses such as combined insecticides. This isn't surprising since in 1996 the FDA promoted study of chemical mixtures with similar modes of action [112].
- Rather than human-relevant levels, most studies selected doses to facilitate observing how components of mixtures interact at different dose levels, typically defined in proportion to maximum or minimum effects, with an interest in whether the mixtures exhibited concentration addition, response addition, etc. Few studies added or subtracted components to or from a complex mixture.
- Unconfirmed results limit data usefulness. Over 100 chemicals have been tested, but with exception of BPA, ethinylestradiol, some parabens, DDT (and its metabolites), some insecticides and some phthalates, most results are unconfirmed either in the same or complementary models.

## The way forward

Over the past several decades we have made great strides in understanding the biology of cancer. The Halifax Project was the first attempt to use the Hallmarks of Cancer framework as a model to help us consider how different combinations or mixtures of chemical effects might produce cancers. In that effort, the Hallmarks of Cancer [4] were employed as a broad overarching framework to create teams that reviewed key molecular mechanisms and signaling pathways that are disruptedin cancer. Those teams then also reviewed what we know about low dose environmental exposures to "noncarcinogens" to better understand whether or not aggregated mixture effects from seemingly benign exposures might be capable of carcinogenesis.

The idea of an accumulation of individual actions producing carcinogenesis is supported by more recent work by the International Agency for Research on Cancer (IARC) on the Key Characteristics of Carcinogens that categorized the observed effects of individual, single chemicals that are known to be capable of producing carcinogenesis [113]. Some of these Key Characteristics are described using terms that explain general actions of the chemical carcinogens themselves (e.g., act as an electrophile, be genotoxic, etc.) and some of these Key Characteristics are described in reference to the effect these chemicals have on cellular biology (e.g., alter DNA repair, induce oxidative stress, induce chronic inflammation etc.). These categorizations were drawn from studies of chemicals classified by IARC as Group 1, carcinogenic to humans [114]. A subsequent effort to align Key Characeristics with Hallmarks of Cancer [115] noted that the two are conceptually distinct such that Hallmarks describe what biology exists in a cancer whereas Key Characteristics describe the actions of carcinogens that can cause those Hallmarks to be acquired. There is not a one-to-one relationship of specific Hallmarks to specific Characteristics. The sequence is that carcinogens are "thought to act by inducing multiple Hallmarks in normal cells" and all carcinogens induce one or more Hallmark(s) of Cancer [115].

The theme that emerges from both the Hallmarks of Cancer and Key Characteristic of Carcinogens is that an accumulation of disruptive actions on relevant cellular mechanisms, pathways, and systems can produce cancers. Conceptually speaking, this accumulation of actions could arise from mixture effects produced by individual chemicals that are not carcinogens, from individual chemicals that are carcinogens, or some combination thereof. A related question is whether the actions must accumulate in a specific sequence. Demetriou et al. found the sequence of acquisition of genetic changes in six cancers tended to begin with changes that affected cell number (growth, evasion of apoptosis, etc.) but the exact sequence can vary among those changes [116]. This is slightly different from the concept of latency proposed by Rothman in which the order of accumulating pieces of the causal pie is not specified [48]. Ultimately, however, the challenge of understanding how and in what order these disruptive actions produce the steps involved in carcinogenesis is a problem that remains unresolved. To move the understanding of mixtures forward we must address knowledge gaps concerning the behavior of mixtures:

### Assess how all aspects of cell biology respond to mixtures

Most research on mixtures of chemicals has studied how added effects converge on one or a set of endpoints. This concept must be reversed to look from a different perspective at the breadth of cell systems or pathways a mixture might affect. Research must screen all metabolic signaling pathways in a cell or tissue in order to determine whether mixtures trigger unique responses not seen in response to any individual chemical.

Mixture research has already identified unique effects not seen from the individual chemicals (Table 4) [61, 62, 65, 71, 72, 75, 93] These include unique up or down regulation of genes, unique expression of proteins, neoplastic growth in organs not affected by mixture components alone, and –in proof-of-concept studies – unique gene expression with different combinations of increasing riverine contamination [117, 118].

#### Expand chemical mixture research beyond reproduction and endocrinology

A century of work with hormonal processes – reinforced by the clinical relevance of hormones and their receptors [119– 121] – has provided the framework for most mixture studies to date. This perspective, however, is incomplete because although targeting other Hallmarks is clinically useful, e.g., reversal of immune suppression (pembrolizumab) [122] and blocking second messengers (lapatinib) [123], neovascularity (bevacizumab) [124], cell metabolism (everolimus) [125], or cell proliferation (palbociclib) [126] – little work has addressed how mixtures or even individual chemicals might directly cause or promote these same Hallmarks. Many of these Hallmarks are downstream effects of hormone metabolic signaling pathways, but knowledge that non-physiologic XEs can directly activate estrogen pathways suggests the parallel possibility that other chemicals might similarly activate Hallmarks at points downstream from usual physiologic hormone receptor activation sites.

Empirical information concerning the effects on multiple Hallmarks would have immediate practical application in design of computer models to predict effects of drug and chemical mixtures. Computer models learn from large datasets of empirical observations of representative interactions [110, 127, 128]. When mixture research focuses primarily on hormone related processes, computer models built on that limited background will tend to identify hormone related processes, with less ability to anticipate non-hormone possibilities.

Information on broad-spectrum effects will also help address two additional important questions: First, how do chemicals such as DES and DBP cause cancer years after they have been cleared from blood and urine and exposure has ended? For example, DES is cleared from the body [129] but it causes cancer years after exposure (Table 1). Studies of genetic changes after DES exposure are contradictory [130–133], so the mechanism of how effects persist after exposure is an open question. Second, why do chemicals cause cancer only in a minority of exposed persons? In an in vitro example using a DES congener, BPA can induce proliferation that persists after it's been removed, but that's a rare event [134] and the mechanism is unclear. This latter observation segues into the broader question of why some people get cancer from exposures, and some do not, i.e., why cancer is a rare event even after exposure to known carcinogens such as DDT, DES, and possibly DBP (Table 1). Understanding a broader spectrum of effects will also help clarify whether and, if so, why Hallmarks must accrue in a specific sequence [116]. Finally, exposure to a legacy mixture of current chemicals will persist indefinitely, and knowledge of mixture effects on all key aspects of normal cell biology will facilitate remediation.

#### Interpret effects of chemicals in context

The primary concern is how mixtures might affect normal people, so effects must be interpreted in the context of normal physiology. During the menstrual cycle, for example, multiple spikes in leutinizing hormone (LH) from the pituitary prompt multiple releases or spikes of E2 from the ovaries [135]. In early childhood, these paired LH then E2 spikes are rare, but they become more common as a child grows and the more frequent hormone spikes induce thelarche and menarche [136]. Additional hormone spikes in young children would disrupt and/or move these processes to a younger age. For example, the xenoestrogen (XE) BPA spikes after ingestion and does not accumulate [137]. However, DES – a BPA congener and a carcinogen – does not accumulate either [129]. In theory, XE spikes of estrogenic activity from BPA consumption by children would be of concern because they add virtual, premature, abnormal hormone spikes [137]. Research has related early thelarche to BPA exposure in toddlers [138] and girls 4–8 years of age [139], although this has not been observed in older girls at puberty [140] or in all studies [141].

#### Model tissues of interest

Cancer cell lines, e.g., MCF7 and T47D, are reliable models for endpoints such as additive effects on the ER (Table 3), but established cell lines can be misidentified or carry artifacts introduced over multiple passages [142, 143]. Their greater limitation for studying carcinogenesis, however, is that malignant cells are already malignant, they may not react the same as benign cells even if the ER acts the same, and it is conceptually challenging to claim a study has evaluated the transition from benign to malignant cells beginning from malignant cells. It is already known that benign and malignant cells can react differently [98]. Studying cells from non-malignant tissues [53, 61, 71, 72, 84, 91, 93, 96, 104, 111] reduces uncertainty about clinical relevance of results.

#### Study human-relevant concentrations

Most mixtures research selected doses to facilitate study of how effects of components of the mixture add together, and for convenience, starting doses are often too high to be environmentally relevant. For example, sometimes the ED50 (effective dose that produces 50 percent of the maximal effect) is used as a reference point and compared to higher or lower concentrations, even though all of the studied exposures are above human relevant ranges. Alternatively, researchers may create a mix of chemicals –with concentrations similarly selected relative to maximum effects rather than human relevant exposures –and study dilutions of one mix of chemicals, combined in a fixed ratio, to avoid the permutations of evaluating multiple chemicals in multiple combinations of doses. This method clarifies how effects combine, e.g., synergistic, antagonistic, response addition, etc., but it does not illuminate what happens when the ratios of the chemicals vary [93, 117] or a chemical is added or removed.

An alternative is to remove or add a chemical(s) in a mix using concentrations that have been measured in humans. For example, Charles and Darbre measured five parabens in mastectomy specimens and found each paraben in its individual, human-measured concentration elicited little response from MCF7 cells. However, the same chemicals combined as a reconstituted, human-measured mixture elicited greater than additive cell proliferation [80]. Similar human-relevant mixtures have been based on measurements within the study or values published by others [57, 71, 91, 102, 104, 105].

#### Plan for future epidemiology

For DES and DDT, groups and specimens, respectively, organized at one point in time – without knowledge of their eventual use – provided the basis for research decades later. Similarly, we should anticipate that our children will encounter challenges we have not imagined. Contemporary collection of biological specimens will enhance future research such as the recent collection of blood and urine samples over three trimesters of pregnancy that has already been a resource for study of mother and child outcomes [144].

#### Reward research that is not groundbreaking

The ease of interpreting endocrine-based endpoints is rooted in a century of research. As we investigate new Hallmarks and mixtures, priorities must shift to encourage redundancy of studies across models and between laboratories. Confirmation in different laboratories will establish the credibility that ER related effects have earned over a century and promote the clarity that arises from an inclusive consensus based on evidence from many kinds of endpoints.

#### Seek truth through an iterative process

A philosophical barrier threatens progress when science is asked to choose between either 1. testing defined doses and models without a way to prove that any single specific model or group of models provides the definitive answer for all humans, or 2. synthesizing conclusions based on a range of sources of information and experiments. Single large studies may not be as definitive as hoped, and evidence synthesized from multiple perspectives may offer compelling counterarguments [145, 146]. Differences of opinion about how to assess results must be acknowledged between all parties, those who want one kind of data and those who want another. Hopefully, they can arrive at an agreement to proceed without requiring a decision to focus on either single experiments at the expense of overview, or overview at the expense of single experiments.

#### Go forward now

The research to test the Low-Dose Carcinogenesis Hypothesis from the Halifax Project will be expensive, but the cost



Table 4: Studies finding unique results from mixtures not found after exposure to individual components of the mixtures. Table 4: Studies finding unique results from mixtures not found after exposure to individual components of the mixtures.

malformed external genitalia; liver pathology not seen from either alone.



Table 4: (continued)

Note: For abbreviations see Appendix Table 5. Note: For abbreviations see Appendix Table .

of ignoring these issues now may be much higher in the Table 5: (continued) future. Specifically, if the cost of preventing cancer is avoidance of a chemical or a mixture of chemicals now, or the cost of preventing cancer is some kind of remediation after exposure but before the cancer develops, we believe taking those steps preemptively will be less expensive than the combined cost of treating the cancer and/or the cost of lost opportunity, life, and income for the persons who develop cancer as has been demonstrated for tobacco control [147]. Such prevention is of value to the general population as demonstrated in a cross-national survey [148].

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## Appendix

Table 5: Abbreviations for Tables 3 and 4.







#### Table 5: (continued)



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