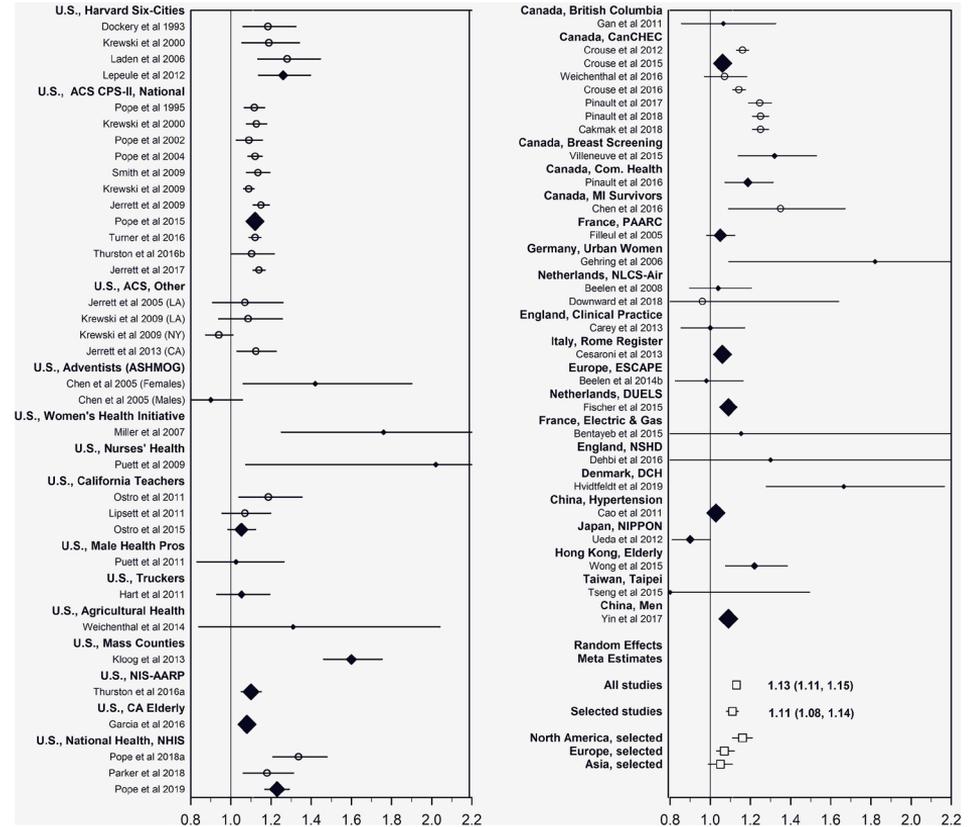


Toxicity of airborne particles

Established evidence and knowledge gaps

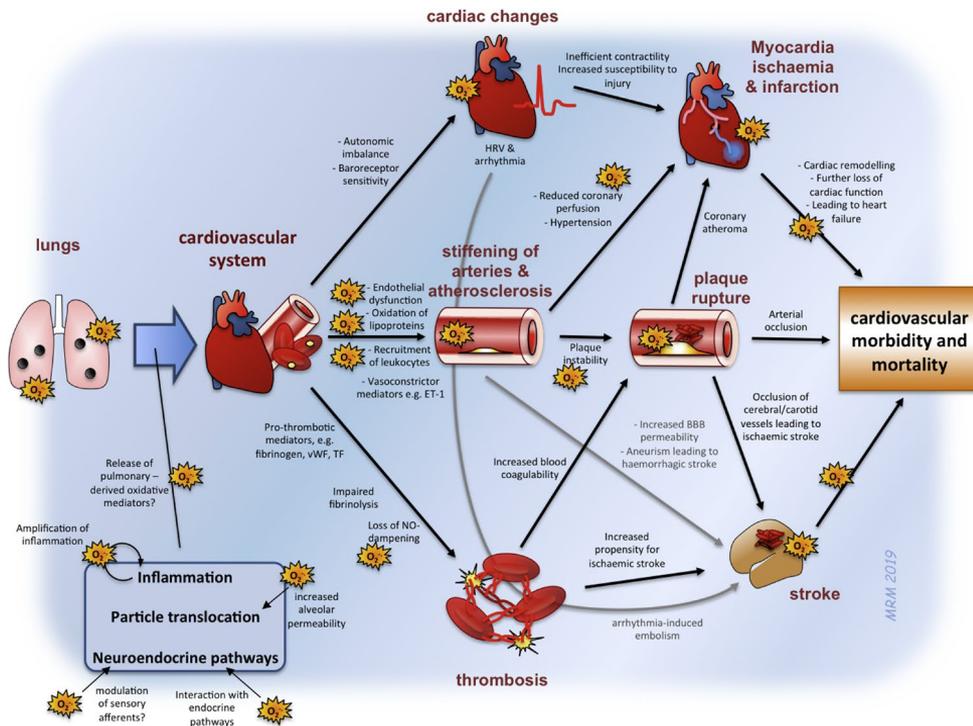
Cohort studies link $PM_{2.5}$ with excess cardiopulmonary mortality

RR=1.13 (1.07–1.20) per 10 $\mu g/m^3$



Ambient PM: toxicological evidence

- Contribution of oxidative stress to mechanisms by which inhaled PM induces CVD
- A complex series of interconnecting mechanisms underlies the effects of inhaled PM on cardiovascular morbidity & mortality



Differential toxicity of ambient PM

- Represents one of the most challenging areas of environmental health research
- Has prompted momentous research efforts



Inhalation
Toxicology

<http://informahealthcare.com/ijt>
ISSN: 0895-8378 (print), 1091-7691 (electronic)

informa
healthcare

Printed in the USA
© 2013 Informa Healthcare USA, Inc. DOI: 10.1080/08958378.2013.859127

REVIEW ARTICLE

Particulate matter beyond mass: recent health evidence on the role of fractions, chemical constituents and sources of emission

Flemming R. Cassee^{1,2}, Marie-Eve Héroux³, Miriam E. Gerlofs-Nijland¹, and Frank J. Kelly⁴

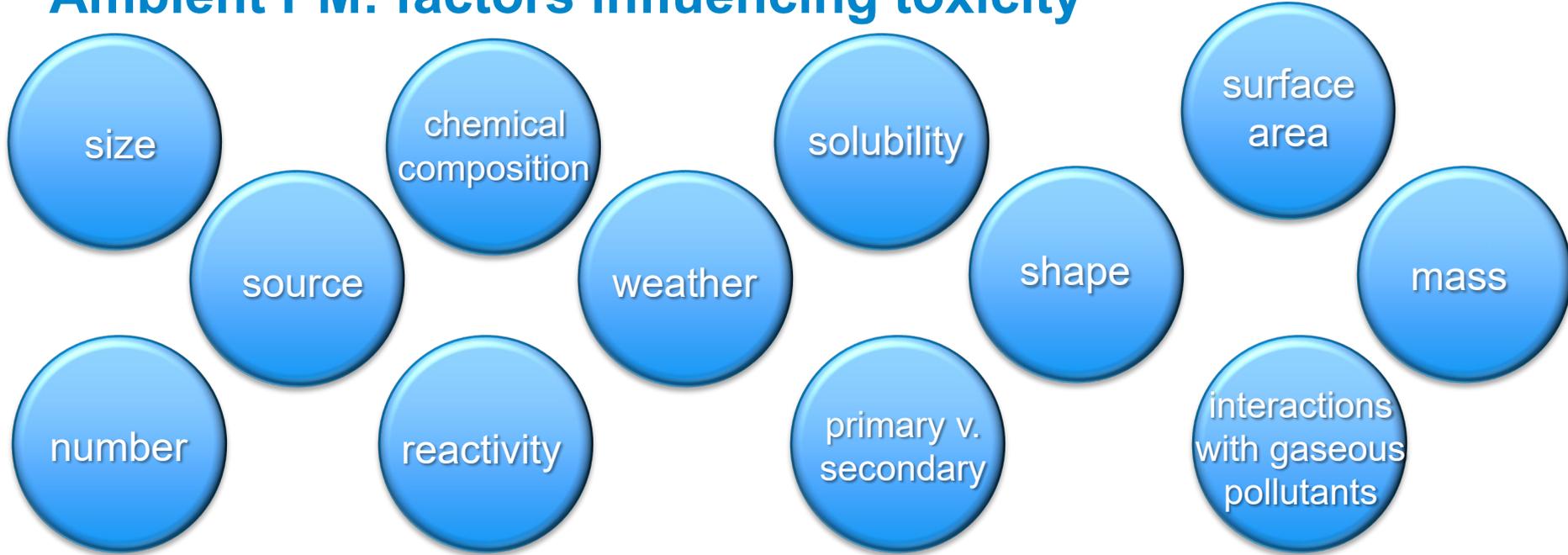
¹Department for Environmental Health, National Institute for Public Health and the Environment, Bilthoven, The Netherlands, ²Institute for Risk Assessment Studies, Utrecht University, Utrecht, The Netherlands, ³WHO European Centre for Environment and Health, Bonn, Germany, and ⁴MRC-PHE Centre for Environment and Health, King's College, London, UK



The National Environmental Respiratory Center (NERC) experiment in multi-pollutant air quality health research: I. Background, experimental strategy and critique

Joe L. Mauderly

Ambient PM: factors influencing toxicity



Differential toxicity: overall consensus

	<p>RESEARCH REPORT</p>
<p>HEALTH EFFECTS INSTITUTE</p>	<p>National Particle Component Toxicity (NPACT) Initiative: Integrated Epidemiologic and Toxicologic Studies of the Health Effects of Particulate Matter Components</p>
<p>Number 177 October 2013</p>	<p>Morton Lippmann, Lung-Chi Chen, Terry Gordon, Kazuhiko Ito, and George D. Thurston</p>
	<p>NPACT Study 1. Subchronic Inhalation Exposure of Mice to Concentrated Ambient PM_{2.5} from Five Airsheds Lung-Chi Chen and Morton Lippmann</p>
	<p>NPACT Study 2. In Vitro and in Vivo Toxicity of Exposure to Coarse, Fine, and Ultrafine PM from Five Airsheds Terry Gordon, Morton Lippmann, Arthur Nádas, and Christina Hickey</p>
	<p>NPACT Study 3. Time-Series Analysis of Mortality, Hospitalizations, and Ambient PM_{2.5} and Its Components Kazuhiko Ito, Zev Ross, Jiang Zhou, Arthur Nádas, Morton Lippmann, and George D. Thurston</p>
	<p>NPACT Study 4. Mortality and Long-Term Exposure to PM_{2.5} and Its Components in the American Cancer Society's Cancer Prevention Study II Cohort George D. Thurston, Kazuhiko Ito, Ramona Lall, Richard T. Burnett, Michelle C. Turner, Daniel Krewski, Yuanli Shi, Michael Jerrett, Susan M. Gapstur, W. Ryan Diver, and C. Arden Pope III</p>

*‘the studies do not provide
compelling evidence that any
specific source, component, or
size class of PM may be excluded
as a possible contributor to PM
toxicity’*

*HEI. 2013 National Particle Component Toxicity (NPACT)
Initiative*

Differential toxicity: overall consensus

Short-term Exposure to Particulate Matter Constituents and Mortality in a National Study of U.S. Urban Communities

Jenna R. Krall,¹ G. Brooke Anderson,¹ Francesca Dominici,² Michelle L. Bell,³ and Roger D. Peng¹

¹Department of Biostatistics, Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, USA; ²Department of B Harvard School of Public Health, Boston, Massachusetts, USA; ³Yale School of Forestry and Environmental Studies, Yale Univ New Haven, Connecticut, USA

BACKGROUND: Although the association between PM_{2.5} mass and mortality has been extensively studied, few national-level analyses have estimated mortality effects of PM_{2.5} chemical constituents. Epidemiologic studies have reported that estimated effects of PM_{2.5} on mortality vary spatially and seasonally. We hypothesized that associations between PM_{2.5} constituents and mortality would not vary spatially or seasonally if variation in chemical composition contributes to variation in estimated PM_{2.5} mortality effects.

OBJECTIVES: We aimed to provide the first national, season-specific, and region-specific associations between mortality and PM_{2.5} constituents.

METHODS: We estimated short-term associations between nonaccidental mortality and PM_{2.5} constituents across 72 urban U.S. communities from 2000 to 2005. Using U.S. Environmental Protection Agency (EPA) Chemical Speciation Network data, we analyzed seven constituents that together compose 79–85% of PM_{2.5} mass: organic carbon matter (OCM), elemental carbon (EC), silicon, sodium ion, nitrate, ammonium, and sulfate. We applied Poisson time-series regression models, controlling for time and weather, to estimate mortality effects.

RESULTS: Interquartile range increases in OCM, EC, silicon, and sodium ion were associated with estimated increases in mortality of 0.39% [95% posterior interval (PI): 0.08, 0.70%], 0.22% (95% PI: 0.00, 0.44), 0.17% (95% PI: 0.03, 0.30), and 0.16% (95% PI: 0.00, 0.32), respectively, based on single-pollutant models. We did not find evidence that associations between mortality and PM_{2.5} or PM_{2.5} constituents differed by season or region.

CONCLUSIONS: Our findings indicate that some constituents of PM_{2.5} may be more toxic than others and, therefore, regulating PM total mass alone may not be sufficient to protect human health.

CITATION: Krall JR, Anderson GB, Dominici F, Bell ML, Peng RD. 2013. Short-term exposure to particulate matter constituents and mortality in a national study of U.S. urban communities. *Environ Health Perspect* 121:1148–1153; <http://dx.doi.org/10.1289/ehp.1206185>

and California (Ostro et al. 2007; outside the United States (Cal 2009; Cao et al. 2012). Although all estimated associations between and individual PM_{2.5} constituents, constituents that were associated tality varied among the studies (carbon (Cakmak et al. 2009; Cao Ito et al. 2011), EC (Cakmak et al et al. 2012; Ito et al. 2011; Ostro Zhou et al. 2011), silicon (Ito et Zhou et al. 2011), sulfate (Cao Ito et al. 2011), nitrate (Cao et Ostro et al. 2007), ammonium 2012). Thus, there is uncertainty contributions of specific PM_{2.5} con PM_{2.5}-related mortality.

A national study of mortality constituents could provide information about the toxicity of PM, tribute to the scientific evidence b to develop more targeted regulatent PM. Different chemical con PM_{2.5} are generated by differen sources. For example, EC and

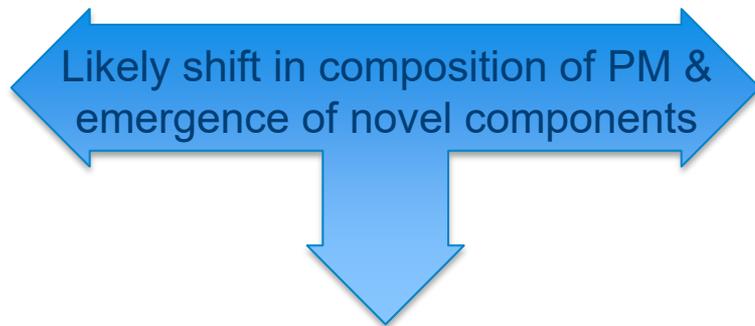
‘Associations with a given PM_{2.5} chemical component should be considered as potentially indicative of associations with another component or set of components with similar sources’

Krall et al 2013. Environ Health Perspect 121:1148-1153

Global pressures & challenges



Non-exhaust PM
at the roadside



Microplastics



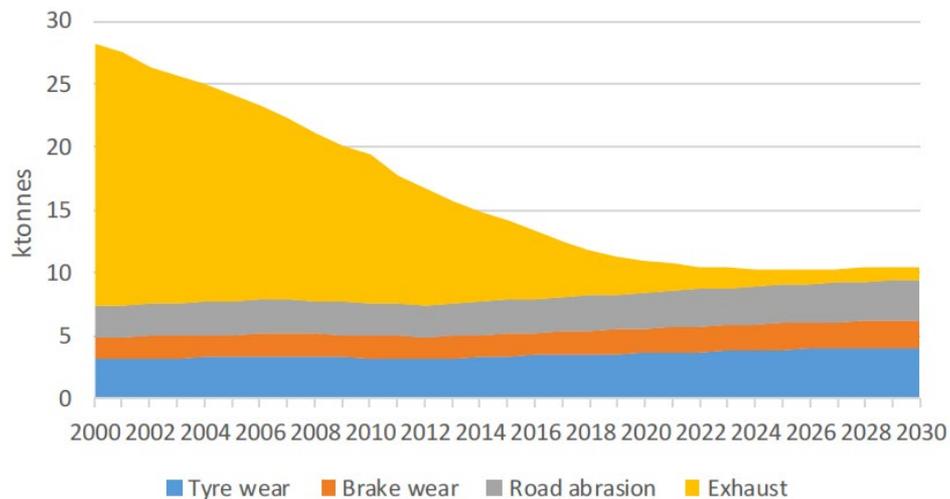
Domestic wood
burning

UK emissions of PM_{2.5} from road transport

Particles from brake, tyre & road surface wear constitute (by mass):

- 60% of primary PM_{2.5}
- 73% of primary PM₁₀

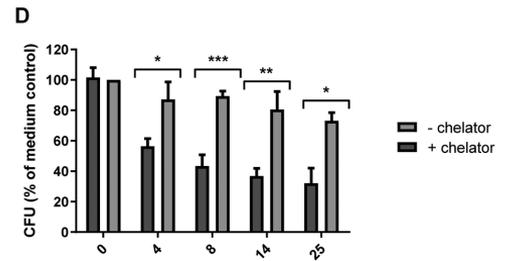
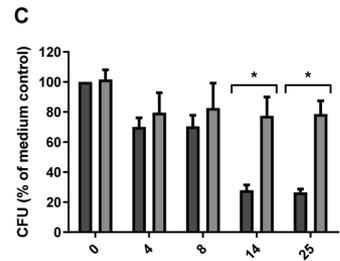
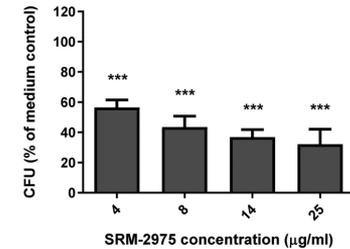
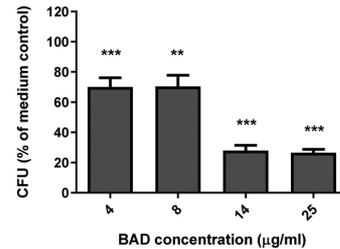
emissions from road transport



UK Air Quality Expert Group 2019. *Non-exhaust Emissions from Road Traffic*. <http://uk-air.defra.gov.uk>

Brake abrasion dust (BAD)

- At minimally cytotoxic doses DEP & BAD perturbed bacterial clearance & promoted inflammatory responses with similar potency
- Highlights requirement to consider contributions of abrasion particles to traffic-related clinical health effects



Microplastics

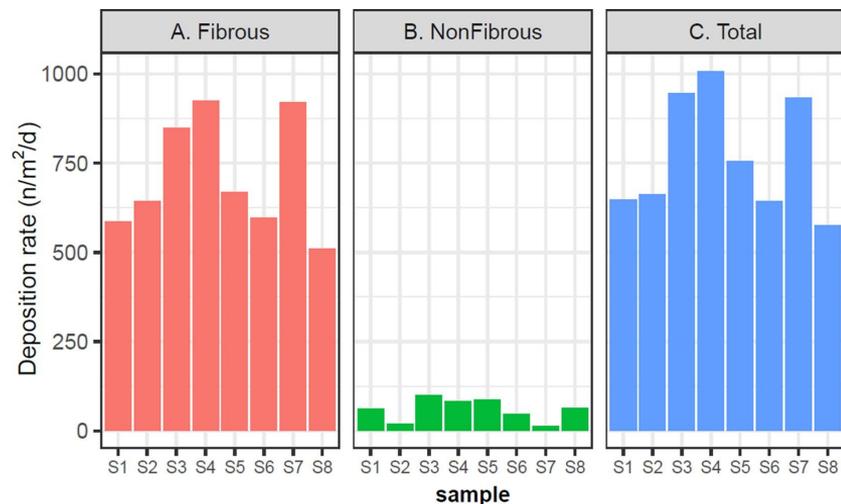
$\leq 5 \mu\text{m}$ particles & fibres produced from breakdown of larger items eg clothing, car tyres & mismanaged urban waste

Concern stems from:

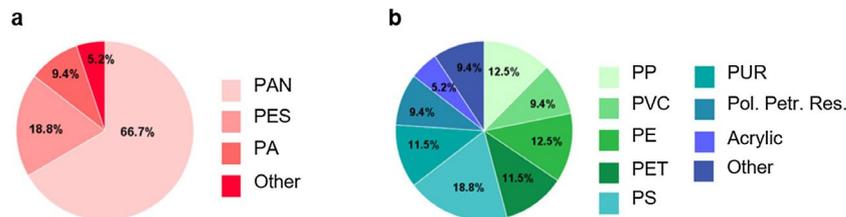
- Global mass production ($> 320 \text{ Mt/y}$)
- Persistence in the environment & synthetic physiological fluids



Airborne microplastics in an urban environment



Deposition rates: 575 - 1008 per m^2/d



15 different petrochemical-based
polymers identified

Are inhalable microplastics affecting our health?



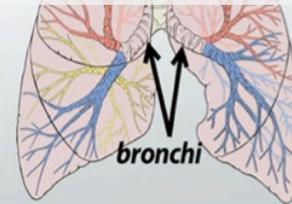
Flocker Worker's Lung

- Persistent dry cough, shortness-of-breath, chest pain
- Infection in the airway
- Inflammation of tissues surrounding bronchi
- **'Health hazard exists from occupational exposures to flock-associated dust'**
(National Institute for Occupational Safety & Health)

Kern et al 1998, 2000, 2003

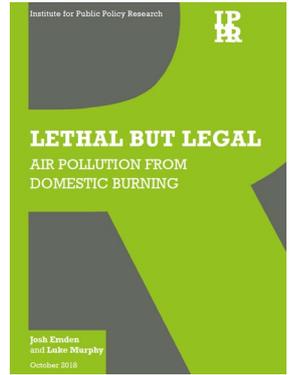


Persistent, irritant
nature



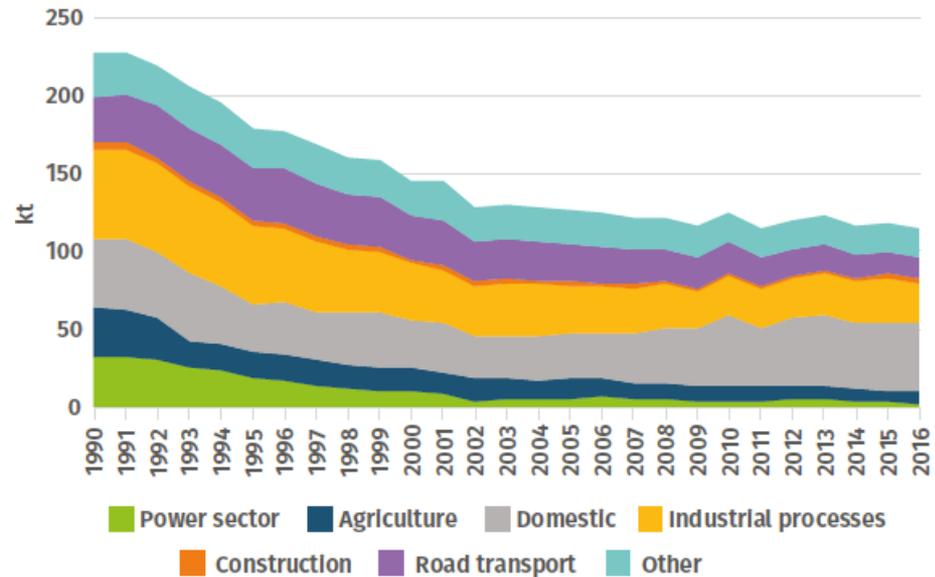
Domestic wood burning

- Commonplace for residential heating in mid- & high-latitude climates
- Throughout N America, wood stoves remain most commonly used type of residential heaters
- Europe is experiencing a return to home heating with solid fuels owing to aesthetic appeal & quest to reduce fossil fuel combustion



PM_{2.5} from domestic combustion in the UK

- Domestic sector produces 40% of the UK's PM_{2.5}
- Over 3 times more than road transport
- Burning of wood is largest contributor to PM emissions in domestic sector
- Emission factors for PM in wet wood substantially higher than dry wood



Inextricable link with climate change

Increased temperatures
Extended drought
High winds
Changes in vegetation

Increased risk from
natural events

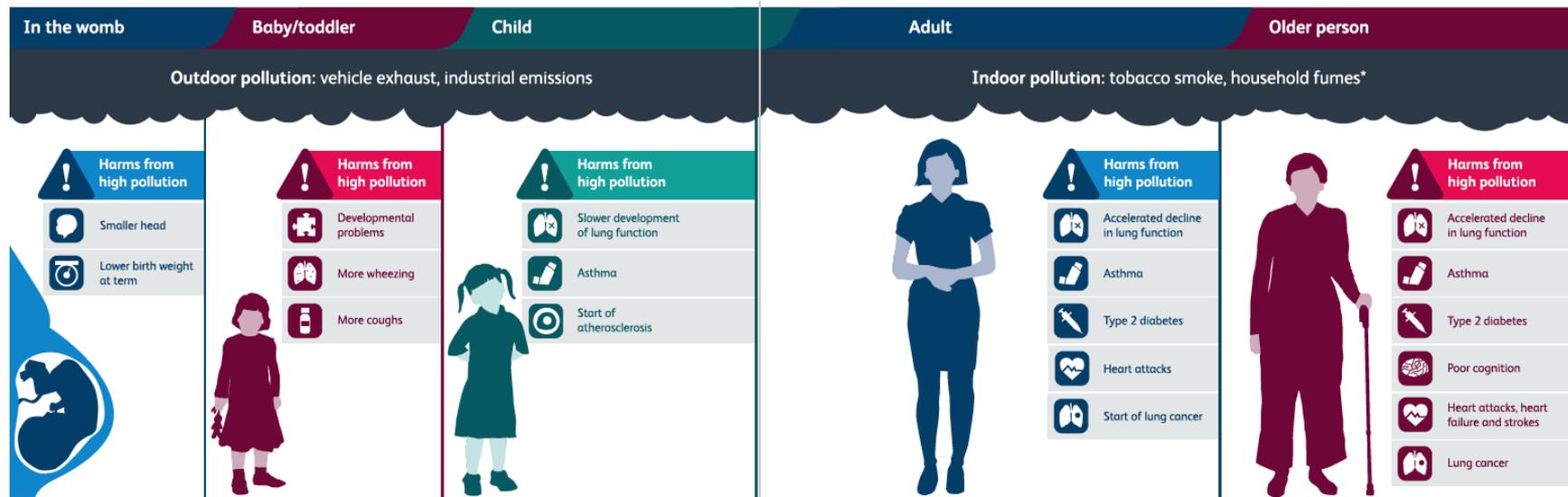


Wildfires



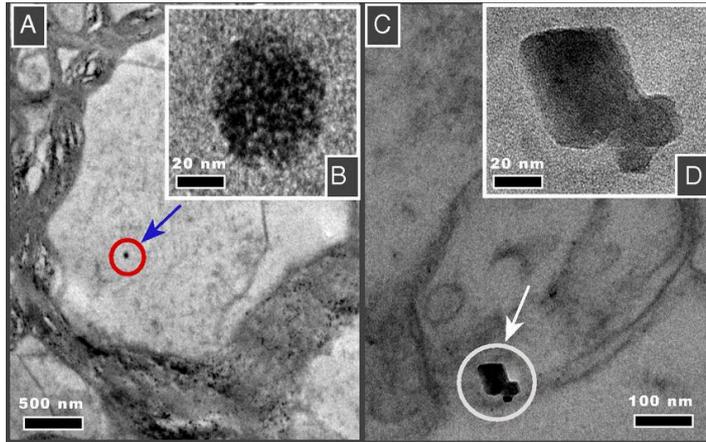
Desert dust storms

The wider threat to human health



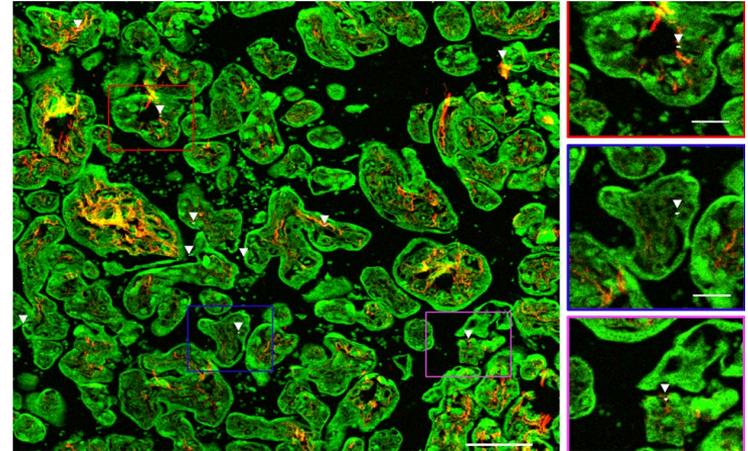
Possible causal pathways

Magnetite pollution nanoparticles
in human brain



Maier et al 2016. PNAS 113:10797-10801

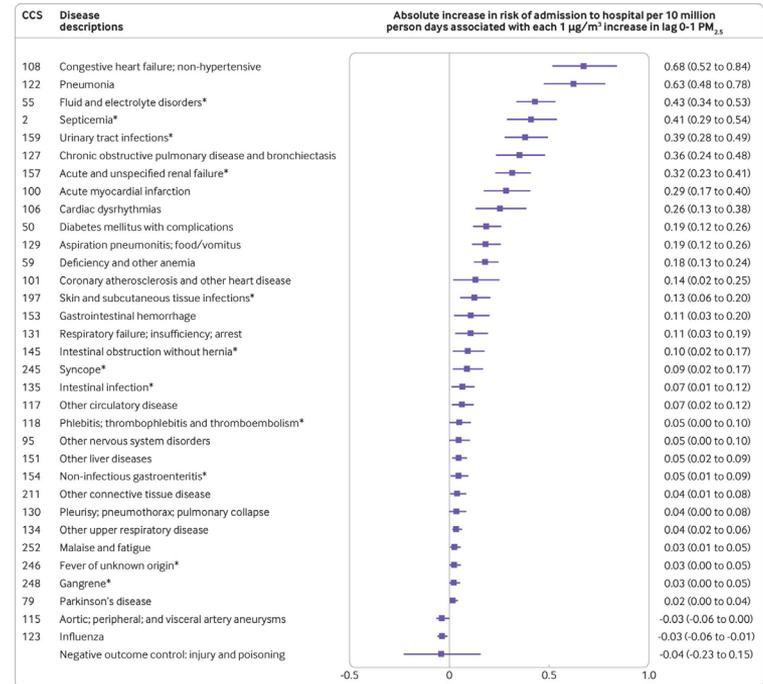
Ambient BC particles on fetal side
of human placenta



Bove et al 2019. Nat Commun 10:3866

Health effects of PM_{2.5} ... harder we look the more we find

- Hypothesis free analysis of large dataset
- Discovered new causes of hospital admissions
- Even at daily PM_{2.5} concentrations below current WHO guideline



Ambient PM: factors influencing toxicity



Acknowledgements

Ian Mudway

Thomas Sandstrom

Anders Blomberg

Flemming Cassee

Bert Brunekreef

+ too many other great researchers to name.
