

## CONTEMPORARY REVIEW

# Mechanisms of Action Point Towards Combined PBDE/NDL-PCB Risk Assessment

Milou M.L. Dingemans, Marjolijn Kock, and Martin van den Berg<sup>1</sup>

Institute for Risk Assessment Sciences (IRAS), Faculty of Veterinary Medicine, Utrecht University, Utrecht, The Netherlands

<sup>1</sup>To whom correspondence should be addressed at Toxicology Division, Institute for Risk Assessment Sciences (IRAS), Faculty of Veterinary Medicine, Utrecht University, PO Box 80.177, NL-3508 TD Utrecht, The Netherlands. E-mail: m.vandenberg@uu.nl.**ABSTRACT**

At present, human risk assessment of the structurally similar non-dioxin-like (NDL) PCBs and polybrominated diphenylethers (PBDEs) is done independently for both groups of compounds. There are however obvious similarities between NDL-PCBs and PBDEs with regard to modulation of the intracellular calcium homeostasis (basal calcium levels, voltage-gated calcium channels, calcium uptake, ryanodine receptor) and thyroid hormone (TH) homeostasis (TH levels and transport), which are mechanisms of action related to neurobehavioral effects (spontaneous activity, habituation and learning ability). There also similarities in agonistic interactions with the hepatic nuclear receptors PXR and CAR. Several effects on developmental (reproductive) processes have also been observed, but results were more dispersed and insufficient to compare both groups of compounds. The available mechanistic information is sufficient to warrant a dose addition model for NDL-PCBs and PBDEs, including their hydroxylated metabolites.

Although many of the observed effects are similar from a qualitative point of view for both groups, congener or tissue specific differences have also been found. As this is a source of uncertainty in the combined hazard and risk assessment of these compounds, molecular entities involved in the observed mechanisms and adverse outcomes associated with these compounds need to be identified. The systematical generation of (quantitative) structure-activity information for NDL-PCBs and PBDEs on these targets (including potential non-additive effects) will allow a more realistic risk estimation associated with combined exposure to both groups of compounds during early life. Additional validation studies are needed to quantify these uncertainties for risk assessment of NDL-PCBs and PBDEs.

**Key words:** NDL-PCBs; PBDEs; neurobehavior; calcium; thyroid; PXR/CAR.

Humans are commonly exposed to polychlorinated biphenyls (PCBs) and polybrominated diphenylethers (PBDEs). Common routes of exposure for humans are via ingestion of household dust, inhalation, dairy products, meat, fish and human milk. For PCBs as well as PBDEs, the highest intake is found for infants, toddlers, and small children, with intake decreasing with age and increasing body weight (El Majidi *et al.*, 2014; Frederiksen *et al.*, 2009). It is well established that prenatal and postnatal exposure via human milk exposes the neonate to both PCBs and PBDEs (UNEP, 2013).

PCBs have been widely used for industrial and commercial applications, such as heat transfer fluids, plasticizers, and

flame-retardants (Safe, 1993). Brominated flame-retardants, such as PBDEs, were introduced in the 1970s as replacements of PCBs. PBDEs are used mainly as additive flame-retardants (not covalently bound to the polymers), resulting in leakage from consumer products into the environment (Birnbaum and Staskal, 2004). PCBs have been banned globally since the 1980s, while PBDEs have been banned in the EU during the last decade. Since these bans, exposure levels have been found to be declining (eg, Guo *et al.*, 2016; Shunthirasingham *et al.* 2016). Nevertheless, PCBs and PBDEs are still being detected in the environment and humans and expected to remain in the environment due to their persistence for decades to come. Based on the

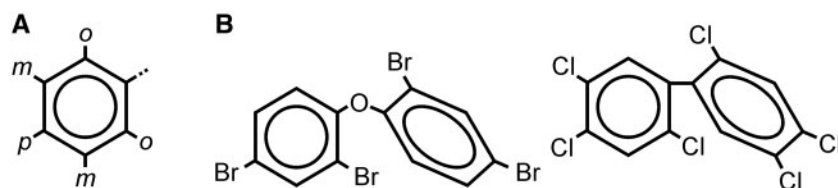


FIG. 1. A, Both PBDEs and (NDL-)PCBs consist of 2 interconnected benzene rings with one or more substitutions (bromine or chlorine, respectively) on meta (m), para (p), and/or ortho (o) positions. B, Molecular structures of PBDEs (eg, BDE-47; left) and (NDL-)PCBs (eg, PCB-153; right).

amount of exposure most PCBs to which humans are exposed do not exhibit dioxin-like (DL) properties and therefore usually called non dioxin-like (NDL) PCBs. NDL-PCBs and PBDEs included in this review are those that are predominantly detected in humans and wildlife. Moreover, hydroxylated metabolites of both NDL-PCBs and PBDEs have also been found in different human tissues and blood (Chen *et al.*, 2013; Quinete *et al.*, 2014).

At present, human risk assessment of PCBs is differentiated with, on the one hand, the sum of PCB congeners that exhibit DL properties [on a relative effect potency (REP) basis; Van den Berg *et al.* 2006] or on the other hand, the total sum of all PCB congeners. The human risk assessment of PBDEs, based on individual congeners or total sum of PBDE congeners, has so far been done independently of that for PCBs. This is in spite of the fact that environmentally common PBDEs bear a strong structural similarity with NDL-PCBs (Figure 1).

In this review we evaluate and discuss the aptness of combining exposure and effects of NDL-PCBs and PBDEs in human risk assessment based on mechanistic considerations. To this aim, experimental endpoints by NDL-PCBs and PBDEs and their hydroxylated metabolites are discussed in relation to mechanisms of action (Table 1) with special focus on exposure and effects during early life stages. From a mixture toxicity point of view we also focus on the potential additive effects based on mechanisms of action of both groups of compounds.

## METHODOLOGY

Literature searches for peer-reviewed articles in the scientific literature addressing toxicity and biological effects of NDL-PCBs and/or PBDEs in experimental *in vitro* and *in vivo* mammalian models were performed using the PubMed database of the US National Library of Medicine. NDL-PCB and PBDE congeners that are commonly detected in human milk have been included in this review based on global surveys from the World Health Organization and UNEP (UNEP, 2013). These surveys provide a clear and timely overview of the quantitative exposure of human newborns as well as the maternal body burden. In addition, the levels of PCBs and PBDEs in human milk can be used as a proxy for regional exposures and support further remedial actions for these persistent organic pollutants. Data on cytotoxicity and related mechanisms were not included. It was accepted that NDL-PCBs and PBDEs are not able to significantly activate the aryl hydrocarbon receptor AhR and induce specific DL toxicity and biological effects, eg, CYP1A1 induction (Peters *et al.*, 2004). Therefore, experimental studies in which PCBs or PBDEs induced CYP1A1 activity were excluded from this review as this may indicate the presence of contaminating DL compounds, which may obscure specific effects of NDL-PCBs and PBDEs. We also excluded experimental studies if commercial PCB or PBDE mixtures such as Aroclor-1254 and DE-71 were

used, because their contamination with DL compounds is well established.

## NDL-PCBs AND PBDEs: EFFECT SIMILARITIES

### Neurobehavior

Neurobehavioral effects resulting from exposure to NDL-PCBs and PBDEs, in particular after pre- and/or postnatal exposure, have been studied extensively in rodents. Common endpoints included tests for locomotor activity, spontaneous behavior, habituation capability, spatial learning and anxiety, which were measured in open-field set-ups and Morris water maze or radial arm mazes.

Although some studies found reduced spontaneous activity following exposure to PBDEs (Ta *et al.*, 2011; Viberg *et al.*, 2006; Zhang *et al.*, 2013) and NDL-PCBs (Boix *et al.*, 2011), most studies in mice and rats perinatally exposed to NDL-PCBs as well as PBDEs showed an increase in spontaneous activity (Gee and Moser, 2008; Gralewicz *et al.*, 2009; Holene *et al.*, 1998; Kuriyama *et al.*, 2005; Lesmana *et al.*, 2014; Suvorov *et al.*, 2009). Neurobehavioral studies with mice that have used different PBDE and NDL-PCB congeners have also reported a reduced habituation capability for both groups of compounds (Eriksson *et al.*, 2001; Eriksson and Fredriksson, 1996; Johansson *et al.*, 2008; Viberg *et al.*, 2003a,b, 2004) as well as impaired spatial learning and memory abilities in both rats and mice (Boix *et al.*, 2010; Piedrafita *et al.*, 2008; Schantz *et al.*, 1995; Yan *et al.*, 2012).

From a quantitative point of view, it should be noted that these neurobehavioral studies with NDL-PCBs and PBDEs often involved a limited number of dose levels. This precludes the determination of REPs due to the lack of complete dose-response relationships. In addition, the lowest observed (adverse) effect levels vary strongly between congeners and measured endpoints and may differ as much as 3 orders of magnitude. So far, few studies investigated the effects of NDL-PCBs or PBDEs on specific neurotransmitter systems after *in vivo* (perinatal) exposure, but some interactions have been observed that relate to the cholinergic, serotonergic and dopaminergic systems (Castoldi *et al.*, 2006; Coccini *et al.*, 2011; Honma *et al.*, 2009; Lilienthal *et al.*, 2014; Seegal *et al.*, 1997; Viberg *et al.*, 2002). Mechanism(s) of action for these neurobehavioral effects cannot be established based on these data alone, and various cellular and molecular processes may underlie the observed effects, which could hamper the estimation of neurotoxicity risk resulting from combined exposure to PBDEs or NDL-PCBs. In Table 1, an overview is presented of effects observed in behavioral studies with specific NDL-PCBs and PBDEs or hydroxy-metabolites.

### Calcium Homeostasis

Calcium ( $\text{Ca}^{2+}$ ) is involved in numerous cellular and subcellular neuronal processes, such as neurotransmitter release by exocytosis, cell death, and mitochondrial function. Calcium release from the endoplasmic reticulum, in particular via ryanodine

**TABLE 1.** Overview of affected endpoints (health effects and mechanisms of action) by NDL-PCBs and PBDEs and their hydroxylated metabolites with regard to neurobehavior (A), calcium homeostasis and signaling (B), the thyroid system (C) and CYP induction via PXR/CAR (D) as observed in experimental studies.

		PBDEs	PCBs
A	spontaneous behavior ( <i>in vivo</i> )	Gee and Moser, 2008 Kuriyama <i>et al.</i> , 2005 Suvorov <i>et al.</i> , 2009 Ta <i>et al.</i> , 2011 Viberg <i>et al.</i> , 2006 Zhang <i>et al.</i> , 2013	Boix <i>et al.</i> , 2011 Gralewicz <i>et al.</i> , 2009 Holene <i>et al.</i> , 1998 Lesmana <i>et al.</i> , 2014
	habituation capability ( <i>in vivo</i> )	Eriksson <i>et al.</i> , 2001 Johansson <i>et al.</i> , 2008 Viberg <i>et al.</i> , 2003a Viberg <i>et al.</i> , 2003b Viberg <i>et al.</i> , 2004	Eriksson and Fredriksson, 1996
	spatial learning ( <i>in vivo</i> )	Ta <i>et al.</i> , 2011 Yan <i>et al.</i> , 2012	Boix <i>et al.</i> , 2010 Piedrafita <i>et al.</i> , 2008 Schantz <i>et al.</i> , 1995
B	basal intracellular calcium concentration ( <i>in vitro</i> )	Coburn <i>et al.</i> , 2008 Dingemans <i>et al.</i> , 2007 Dingemans <i>et al.</i> , 2008 Dingemans <i>et al.</i> , 2010a Gassmann <i>et al.</i> , 2014 He <i>et al.</i> , 2009 Kodavanti <i>et al.</i> , 1996 Pereira <i>et al.</i> , 2013	He <i>et al.</i> , 2009 Johansson <i>et al.</i> , 2006 Llansola <i>et al.</i> , 2010 Tan <i>et al.</i> , 2004 Yilmaz <i>et al.</i> , 2006
	depolarization-evoked calcium concentration ( <i>in vitro</i> ) ryanodine receptor activation ( <i>in vitro</i> )	Dingemans <i>et al.</i> , 2010b Kim <i>et al.</i> , 2011	Langeveld <i>et al.</i> , 2012 Pessah <i>et al.</i> , 2006 Pessah <i>et al.</i> , 2010
	kinase signaling ( <i>in vitro</i> )	Fan <i>et al.</i> , 2010 Li <i>et al.</i> , 2013	Fan <i>et al.</i> , 2010 Lee and Yang, 2012
C	thyroxine levels in blood and plasma ( <i>in vivo</i> )	Blanco <i>et al.</i> , 2013 Kuriyama <i>et al.</i> , 2007 Richardson <i>et al.</i> , 2008	Desaulniers <i>et al.</i> , 1999 Hedge <i>et al.</i> , 2009 Kato <i>et al.</i> , 2010 Liu <i>et al.</i> , 2012 Meerts <i>et al.</i> , 2002
	triiodothyronine levels in blood and plasma ( <i>in vivo</i> )	Blanco <i>et al.</i> , 2013 Lee <i>et al.</i> , 2010	Kato <i>et al.</i> , 2011 Liu <i>et al.</i> , 2012
	TH receptor binding ( <i>in vitro</i> )	Li <i>et al.</i> , 2010 Ren <i>et al.</i> , 2013	Kitamura <i>et al.</i> , 2005
D	TH binding to TTR ( <i>in vitro</i> )	Cao <i>et al.</i> , 2010 Marchesini <i>et al.</i> , 2008 Meerts <i>et al.</i> , 2000	Chauhan <i>et al.</i> , 2000 Lans <i>et al.</i> , 1993 Lans <i>et al.</i> , 1994 Marchesini <i>et al.</i> , 2008 Purkey <i>et al.</i> , 2004
	TH binding to TBG ( <i>in vitro</i> )	Cao <i>et al.</i> , 2010 Marchesini <i>et al.</i> , 2008	Lans <i>et al.</i> , 1994 Marchesini <i>et al.</i> , 2008
	PXR activation ( <i>in vivo</i> and <i>in vitro</i> )	Pacyniak <i>et al.</i> , 2007	Al-Salman and Plant, 2012 Gähns <i>et al.</i> , 2013 Kopec <i>et al.</i> , 2010
	CAR activation ( <i>in vivo</i> and <i>in vitro</i> )	Lee <i>et al.</i> , 2010 Sueyoshi <i>et al.</i> , 2014	Al-Salman and Plant, 2012 Gähns <i>et al.</i> , 2013 Kamata <i>et al.</i> , 2015 Kopec <i>et al.</i> , 2010

Abbreviations: TBG, thyroxine-binding globulin; TTR, transthyretin.

receptors or 1,4,5-triphosphate receptors, plays a role in the modulation of the intracellular calcium signals (Berridge, 2012). In this respect, it is important to note that for a number of NDL-PCBs and PBDEs congeners similar effects on calcium homeostasis and signaling were detected in several studies with cell lines and primary cells.

Increased basal intracellular  $Ca^{2+}$  levels were most commonly observed following exposure to different NDL-PCB or PBDE congeners (He *et al.*, 2009; Tan *et al.*, 2004; Yilmaz *et al.*, 2006), but in a few studies, a decrease of basal intracellular  $Ca^{2+}$  levels was observed (Llansola *et al.*, 2010). Disruption (increase) of basal  $[Ca^{2+}]_i$  can be caused by an impairment of the

uptake of  $\text{Ca}^{2+}$  by organelles or an increase of the efflux of  $\text{Ca}^{2+}$  from organelles (besides influx of extracellular  $\text{Ca}^{2+}$ ), and both mechanisms were detected following exposure to PBDE as well as NDL-PCB congeners (Coburn et al., 2008; Johansson et al., 2006; Pereira et al., 2013). Influence of the molecular structure is observed [eg, NDL-PCBs with chlorine atoms at the *ortho*- and *ortho-lateral* (*meta, para*) positions were most potent for their effects on  $\text{Ca}^{2+}$  uptake in organelles (Kodavanti et al., 1996)] but this is not clearly observed in all studies.

For PBDEs, *in vitro*, the hydroxylated metabolite 6-OH-BDE-47 was at least one order of magnitude more potent than its parent compound in increasing basal  $\text{Ca}^{2+}$  levels (Dingemans et al., 2007, 2008). In a following up structure-activity study, this increased potency was confirmed for other hydroxylated PBDEs while higher brominated PBDEs did not affect basal  $\text{Ca}^{2+}$  levels. It was demonstrated in this study that shielding of the OH group by adjacent bromine atoms and/or the proximity of the ether bond lowers the higher potency of these metabolites relative to the PBDE parent compounds (Dingemans et al., 2010a). Comparable effects of 6-OH-BDE-47 on basal  $\text{Ca}^{2+}$  cellular levels were also observed in human neuroprogenitor cells at relatively low concentrations (0.2  $\mu\text{M}$ ; Gassmann et al., 2014).

Exposure to NDL-PCBs and OH-PBDEs has also been shown to inhibit  $[\text{Ca}^{2+}]_i$  increases evoked *in vitro* by depolarization (Dingemans et al., 2010b; Langeveld et al., 2012). Few effects were observed for PBDE parent congeners, while inhibition of depolarization-evoked  $\text{Ca}^{2+}$  increases by OH-PBDEs was mostly associated with preceding increases in basal  $\text{Ca}^{2+}$  due to  $\text{Ca}^{2+}$  release from intracellular stores (Dingemans et al., 2010b). A structure-activity study showed that tri-, tetra-, and some pentachlorinated NDL-PCB congeners disturbed the calcium homeostasis while NDL-PCBs with 6 or more chlorines showed no or only minor effects on basal and depolarization-evoked  $\text{Ca}^{2+}$  levels (Langeveld et al., 2012).

Both NDL-PCBs and PBDEs as well as their hydroxylated metabolites are also modulators of RyR activation, which is another mechanism of action causing disruption of  $\text{Ca}^{2+}$  homeostasis and signaling (Pessah et al., 2010). A structure-activity study that focused on the potency of NDL-PCBs towards sensitizing RyR1 receptor activation again showed the importance of *ortho* and *meta* chlorine substitutions and metabolic hydroxylation of these PCBs increases the activity towards RyR (Pessah et al., 2006). *Ortho*- and (absence of) *para* bromine substitutions are also critical for such effects by PBDEs and effects of OH-PBDEs on RyR activation (Kim et al., 2011).

In summary, there are clear similarities in mechanisms of actions of PBDEs and NDL-PCBs as well as their hydroxylated metabolites in disturbing calcium homeostasis via release of  $\text{Ca}^{2+}$  from intracellular stores and inhibition of  $\text{Ca}^{2+}$  signaling (for overview see Table 1). This is cause for concern with regard to combined exposure, as disruption of the calcium homeostasis in (developing) neuronal cells could be one of the fundamental causes of neurobehavioral effects observed later in life.

Although the small number of studies on these phenomena currently precludes a detailed comparison between both groups of compounds, there are numerous other mechanisms of actions observed of PBDEs and/or NDL-PCBs that might underlie the observed neurobehavioral effects. NDL-PCBs and PBDEs both affect calcium-related kinase and pathways, which are directly involved in the modulation of release of calcium from intracellular stores (e.g. Fan et al., 2010; Lee and Yang, 2012). Furthermore, PBDEs affect neurite outgrowth and neuronal migration (Schreiber et al., 2009; Xiong et al., 2012) and congeners from both groups of compounds have been shown to affect the cytoskeleton

in neurons (Alm et al., 2008; Brunelli et al., 2012) and modulate neurotransmitter receptor function (Westerink, 2014).

### Thyroid System

Thyroid hormones (THs) are essential for growth and development in the fetal and post-natal stage, but also regulate metabolism in adults (Brent, 2012). THs are also essential for development of the nervous system (Schroeder and Privalsky, 2014).

Multiple studies have shown that NDL-PCBs, PBDEs and their hydroxylated metabolites can all significantly influence the TH homeostasis (Lans et al., 1994; Meerts et al., 2000; Murk et al., 2013). Although results are not consistent, most *in vivo* studies showed a decrease in total and free thyroxin ( $\text{T}_4$ ) concentrations following exposure to NDL-PCBs or PBDEs (Blanco et al., 2013; Hedge et al., 2009; Kato et al., 2010; Kuriyama et al., 2007; Liu et al., 2012; Richardson et al., 2008). Accumulation of  $\text{T}_4$  in the liver (Kato et al., 2011) and an increase in  $\text{T}_4$  glucuronidation have been suggested as responsible mechanism for these observations (Richardson et al., 2014). However, there are also several *in vivo* studies that did not observe alterations in free and total  $\text{T}_4$  concentrations after NDL-PCB and PBDE exposure (Gee et al., 2008; Kobayashi et al., 2009; Tseng et al., 2008). Although an adequate explanation for this discrepancy is lacking, it may be related to differences in dose levels and/or adaptive mechanism(s) during the exposure window.

Another mechanism is the inhibition of competitive binding of  $\text{T}_4$  to transport proteins transthyretin (TTR) and thyroxin-binding globulin (TBG), which has been observed for hydroxylated metabolites of both (NDL-) PCBs and PBDEs (Cao et al., 2010; Marchesini et al., 2008; Meerts et al., 2000, 2002; Purkey et al., 2004). Structure-activity and *in vitro* studies with NDL-PCBs, PBDEs and their hydroxylated -metabolites showed that the position of the OH-group and presence of adjacent bromines play an important role in the binding affinity to the TH receptor and transport proteins (Chauhan et al., 2000; Kitamura et al., 2005; Lans et al., 1993; Li et al., 2010; Ren et al., 2013; Yang et al., 2011). *In vivo* studies that address the role of hydroxylated metabolites of PCBs and PBDEs are scarce, but one study using prenatal exposure to OH-PCB-107 in rats reported a decrease in total and free  $\text{T}_4$  in the offspring (Meerts et al., 2002). Further studies are warranted to investigate whether these hydroxylated metabolites of NDL-PCBs and PBDEs may indeed exert stronger *in vivo* effects than their parent compounds.

There are also a number of *in vivo* studies in which a decrease in serum triiodothyronine ( $\text{T}_3$ ) concentrations has been observed following exposure to PBDEs (eg. Blanco et al., 2013; Lee et al., 2010) or NDL-PCBs (Kato et al., 2011; Liu et al., 2012), but again there are studies that could not find any effect on  $\text{T}_3$  levels (eg. He et al., 2011; Kato et al., 2012; Ness et al., 1993). In contrast, increases in  $\text{T}_3$  or  $\text{T}_4$  levels have been rarely reported (Desaulniers et al., 1999). Although several studies have investigated a possible effect on levels of thyroid-stimulating hormone (TSH), no significant effect has been reported for either group of compounds (He et al., 2011; Kato et al., 2011).

In Table 1 an overview is presented of effects of NDL-PCBs and PBDEs or hydroxy-metabolites on the thyroid system. As imbalance of TH homeostasis in the early life stage can result in lower cognitive functions later in life, the similarities in effects of PBDEs and NDL-PCBs on this endocrine system are of concern, in particular with regard to combined exposure.



Endpoints	PBDE congeners <sup>a</sup>								NDL PCB congeners <sup>a</sup>						
	47	99	100	153	154	183	209	OH	28	52	101	138	153	180	OH
spontaneous behavior <sup>b</sup>	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
cognition <sup>c</sup>	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
calcium homeostasis <sup>d</sup>	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
calcium signaling <sup>e</sup>	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
TH levels <sup>f</sup>	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
TH receptor binding	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
TH binding proteins	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
CAR/PXR activation	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■

FIG. 2. Schematic overview of similarities in effects of NDL-PCBs and PBDEs. A solid fill indicates that there are multiple studies that have demonstrated the effect of a congener on a particular endpoint, while a broken fill indicates that the evidence is derived from an individual study. A clear ellipse indicates that there is experimental evidence in the literature demonstrating a lack of effect of a congener on a particular endpoint. Further evaluation is warranted to identify the most appropriate studies for the establishment of REPs. Notes: a. IUPAC congener naming system; b. effects observed on measures of spontaneous motor activity; c. effects observed in cognitive tests for spatial and task learning; d. effects observed on basal Ca<sup>2+</sup> levels, uptake of Ca<sup>2+</sup> in organelles and RyR activation; e. effects observed on depolarization-evoked Ca<sup>2+</sup>; f. effects on T<sub>4</sub>, T<sub>3</sub>, and/or TSH levels.

### Activation of PXR and CAR

The constitutive androstane (CAR) and pregnane X (PXR) receptors belong to the same nuclear hormone receptor family and are expressed in liver and intestine (Kretschmer and Baldwin, 2005). Both receptors regulate several CYP enzymes (eg, CYP2B and CYP3A), conjugating enzymes and transport proteins (eg, MDR1). Interactions of xenobiotics with PXR and CAR can thus influence metabolism and body distribution of exogenous and endogenous compounds such as pharmaceuticals and steroid hormones (Tolson and Wang, 2010). Furthermore, chronic activation of PXR and CAR is associated with adverse health effects, such as metabolic dysfunction, change in hormone metabolism and development or progression of various types of cancer (Banerjee et al., 2015; Kretschmer and Baldwin, 2005).

NDL-PCBs can directly activate PXR and CAR resulting in subsequent transcription of target genes (eg, CYP3A4 and MDR1) at levels approximating human serum levels (Al-Salman and Plant, 2012; Gähns et al., 2013; Kamata et al., 2015; Kopec et al., 2010). *In vitro* experiments with PBDEs also showed that these compounds are able to activate the PXR receptor, which resulted in induction of CYP3A11 and CYP2B10 (Pacyniak et al., 2007). Another study established that PBDEs can also act as CAR agonists and induce the expression of CYP2B and CYP3A genes (Sueyoshi et al., 2014). This CYP induction was also observed in BDE-209 exposed mice (Lee et al., 2010). Taken together, several studies clearly showed that both NDL-PCBs and PBDEs are PXR and CAR agonists (Table 1), which at least results in CYP enzyme induction, which is also supported by the conclusions of a molecular modeling study (Wu et al., 2009). Especially NDL-PCBs and PBDEs that contain multiple *ortho*-substitutions can have an agonistic effect on these nuclear receptors, suggesting that this position of a bromine or chlorine atom is important for binding to the PXR or CAR and subsequent gene expression. As both PBDEs and NDL-PCBs directly activate these receptors, the effects of combined exposure of these groups of compounds on excretion patterns of pharmaceuticals and hormone levels may be influenced and warrants further investigation.

### SUMMARY OF EFFECTS

Similarities between effects of NDL-PCBs and PBDEs are in particular observed on neurobehavior, cellular calcium homeostasis, TH levels, and interactions with CAR/PXR. From a qualitative point of view the neurobehavioral observations were not always consistent, which may be caused by differences with

regard to the experimental models and neurobehavioral endpoints between laboratories. The effects of both groups of compounds on calcium and TH homeostasis are predominantly in the same direction, with hydroxylated-metabolites of NDL-PCBs and PBDEs being significantly more active than the parent compounds. Agonistic interactions with PXR and CAR of NDL-PCBs and PBDEs also show structural similarities with *ortho* chlorine or bromine substitutions being a major determinant for this effect. It should also be noted that there are also some (*in vivo*) studies in which specific effects of specific PBDEs or NDL-PCBs on neurobehavior or the thyroid system could not be demonstrated (eg, Boix et al. 2011; Gee et al. 2008). These apparent discrepancies with many of the studies mentioned earlier may be attributed to specific mechanisms (eg, metabolism) or the limited number of dose levels studied. In Figure 2a schematic overview is given for the above mentioned effects of NDL-PCBs and PBDEs, which indicates overall similarities in mechanisms of action between both groups of compounds.

### FUTURE DIRECTIONS

Based on the majority of the available data on mechanisms of action, a concentration/dose-addition model appears likely for the hazard and risk assessment of NDL-PCBs and PBDEs, as suggested earlier by (Simon et al., 2007; Westerink, 2014) for neurotoxicity. Nevertheless, a number of uncertainties and information gaps need to be identified and resolved.

The likeliness for (non) additive effects or mechanistic interactions between NDL-PCBs and PBDEs (eg, Eriksson et al., 2006; He et al., 2009, 2011) and differences in REPs generate uncertainty in hazard and risk assessment. Part of this uncertainty may be resolved if the molecular entities involved in adverse health outcomes are identified and quantified with regard to their associations with individual congeners of both groups of compounds and their hydroxylated metabolites. Uncertainties also remain with regard to the causal relations between the observed mechanisms of action and adverse health effects, in particular as it cannot be excluded that multiple mechanisms of action converge to result in health effects.

The use of *in vitro* models can help elucidate mechanisms of action that underlie possible (non) additive interactions of NDL-PCBs and PBDEs. Quantitative structure-activity and *in vitro* studies can be used for the future development of mechanism-specific toxic equivalent factor (TEF) values, in line with the present TEF concept for risk assessment of DL compounds (Van

den Berg *et al.*, 2006). In such a novel approach the hydroxylated metabolites of both NDLCBs and PBDEs should also be included, as their potency appears to be similar or even higher compared with that of their parent chemicals for some endpoints like the thyroid system, calcium homeostasis and steroidogenesis (Cantón *et al.*, 2006; Dingemans *et al.*, 2008; Meerts *et al.*, 2000). Preliminary TEF schemes for PCBs have already been developed based on *in vitro* neurotoxicity data (Simon *et al.*, 2007) and TH levels (Yang *et al.*, 2010). Such approaches can be expanded for both groups of compounds and newly identified molecular targets (eg, voltage gated calcium channels). A similar approach may be applied for the effects of NDLCBs and PBDEs or their metabolites on individual receptors such as the RyR, TR, PXR, or CAR. Furthermore, there is a clear need for adequate review of existing studies on which TEF values are based and experimental validation of such TEF values with *in vivo* studies to further improve the possibilities for incorporation in human risk assessment, especially for the early life stages.

The mechanistic information evaluated in this review to our opinion provides enough arguments to use additivity as an *interim* default approach for both groups of compounds in the risk assessment. In addition, *in vitro* studies are available to establish *interim* REPs for the quantitatively most important NDLCBs and PBDEs. Therefore we propose to combine *interim* REPs for both NDLCBs and PBDEs from *in vitro* studies in an additive manner. These can be related to human tissue levels used in a risk assessment framework to improve the estimation of risks associated with combined exposure to both groups of compounds.

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