



**Workshop on
the Role of Geochemical
Data in Ecological and
Human Health Risk
Assessment**

**Metal
Bioaccessibility In
Tri-National
Survey Soil
Samples**

**Matt Dodd
Royal Roads University**

March 17 & 18, 2010



ROYAL ROADS UNIVERSITY

What is Bioavailability?

Bioavailability

- Bioavailability generally refers to how much of a contaminant is “available” to have an effect on humans or other organisms
- Contaminant can be ingested, inhaled and/or dermally applied

Oral Bioavailability

- The fraction of an ingested dose that crosses the gastrointestinal epithelium and becomes available for distribution to internal target organs (USEPA, 2007)



Why Study Oral Bioavailability?

Oral bioavailability data can be used to:

- Provide more realistic information on the potential health effects of contaminant ingestion
- Modify generic guidelines using site specific data
- Help prioritize sites based on contaminants exposure scenario



Bioavailability can be determined by

Mineralogical assay

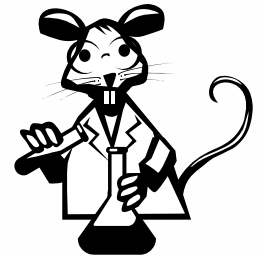
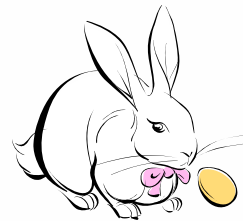
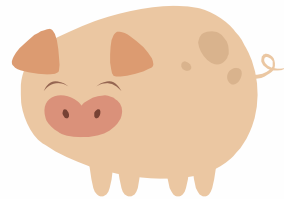
- Scanning electron microscopy, x-ray diffraction, and sequential extractions

In vivo assays

- Rodents, rabbits, primates and swine

In vitro assays

- Biological fluids
- Acids e.g., EU Toy Safety Protocol
- Simulated gastric and intestinal fluids -
Physiologically Based Extraction Test (PBET)



Physiologically Based Extraction Test (PBET)

- PBET validated against in vivo models for some metals
- Incubate soil in solution that mimics stomach conditions
 - Low pH (1.5 – 2.5), residence time (1 – 2 hr), organic acids
- Increased to near neutral to mimic small intestine
 - Residence time 2 – 4 hr, enzymes and organic acids added
- Determine fraction of metal that goes into solution (bioaccessible)



Physiologically Based Extraction Test (PBET)

- PBET validated against in vivo models for some metals
- Incubate soil in solution that mimics stomach conditions
- Increased to near neutral to mimic small intestine
- Determine fraction of metal that goes into solution (bioaccessible)



Bioaccessibility

- Measure of the physiological solubility of the metal at the portal of entry into the body (NRC, 2003)
- Fraction of the contaminant that is released from the soil into solution during digestion making it available for absorption

$$\text{Bioaccessibility} = \frac{\text{Amount released into solution}}{\text{Total concentration in the soil}} \times 100\%$$

- Surrogate for bioavailability
- Less expensive and less time consuming compared to in vivo tests



Bioaccessibility at Royal Roads

Three models

- European Standard Toy Safety Protocol (EN-71, 1995)
- Simplified PBET
- Gastrointestinal (GI) Model



Simplified PBET

- Dried at $<40^{\circ}\text{C}$
- Sieved to $<250\text{ }\mu\text{m}$
- 1.0 g soil: 100ml glycine/HCl
- pH 1.5, 37°C
- Filter through $0.45\mu\text{m}$
- Analyze soil & extract by ICP-MS



Tri-National Survey Samples Analyzed

Province	PH	B	C		URBAN	PH
AB	10		10		Halifax	10
BC	10		10		Windsor	4
MB	10		10		Chatham	4
NB	24	22	59		London	4
NS	17	17	27		Woodstock	4
NL	9		9		Guelph	4
NT	1	1	3		Ottawa	8
ON	12	1	13		Regina	8
PE	1	1	5		Total	46
QC	10		10			
SK	10		10			
YT	0	1	4			
Total	114	43	170			



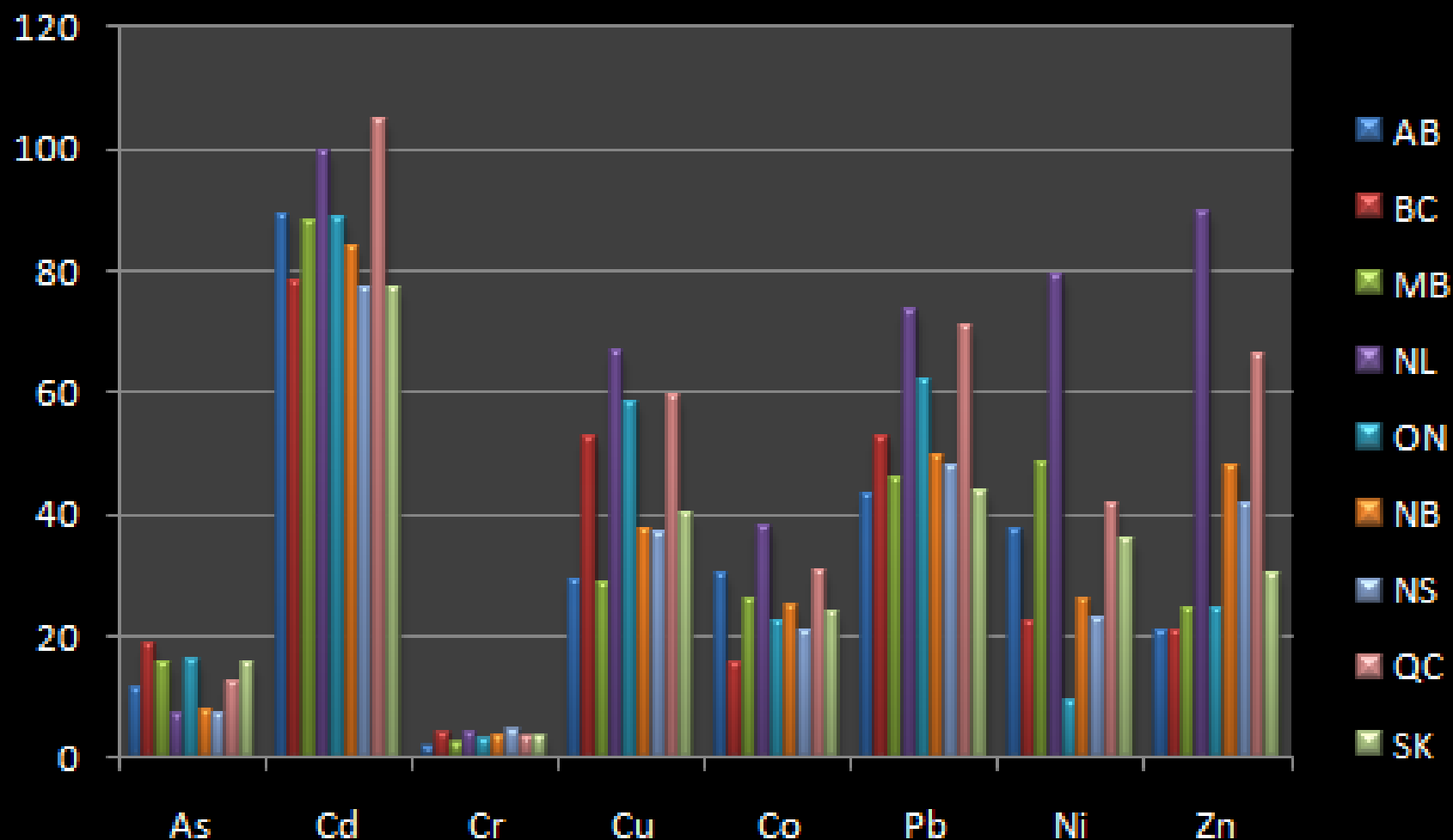
Metal Bioaccessibility Statistical Summary

	As	Cd	Cr	Cu	Co	Pb	Ni	Zn
Count	334	256	251	306	276	279	333	337
Mean	14	72	6	39	18	39	18	22
Std Dev	14	25	6	21	14	21	20	24
Min	0.3	7.4	0.6	0.2	0.7	0.2	0.2	0.7
Max	94	116	40	112	79	93	111	115
95%	40	107	18	79	43	74	62	79

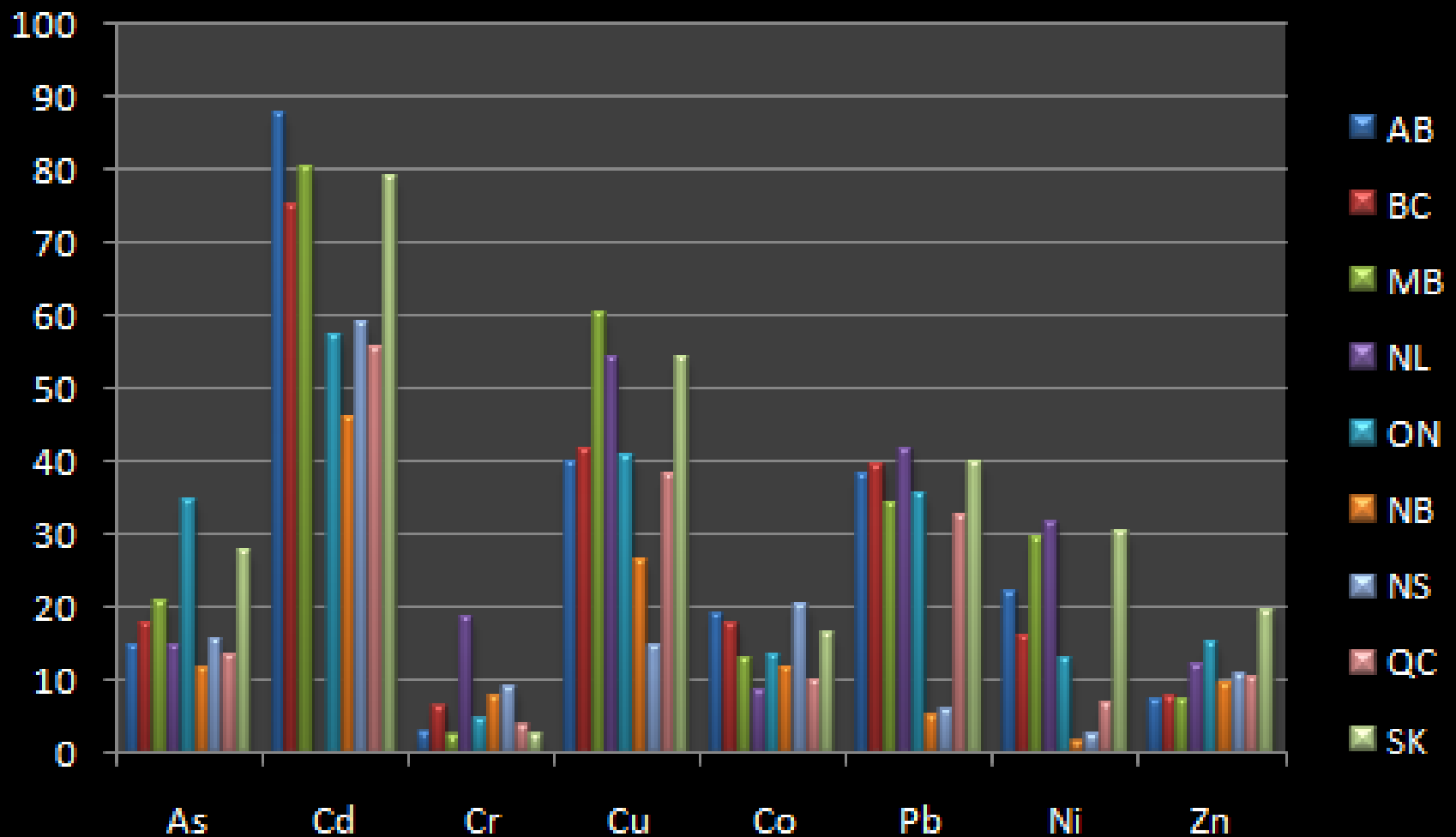
*Excluding urban samples



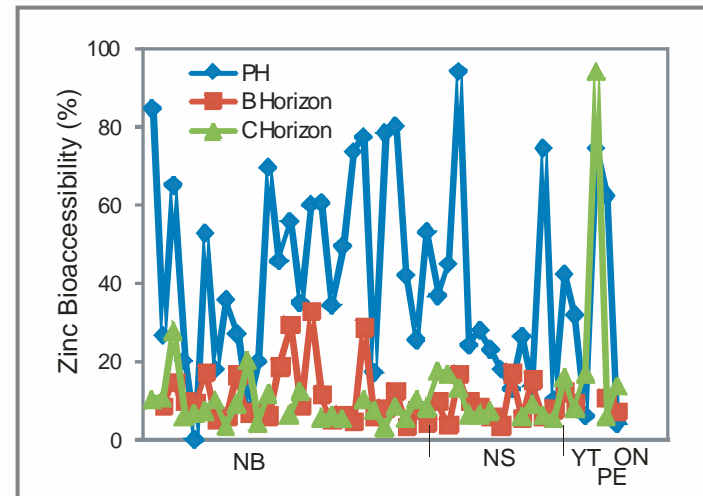
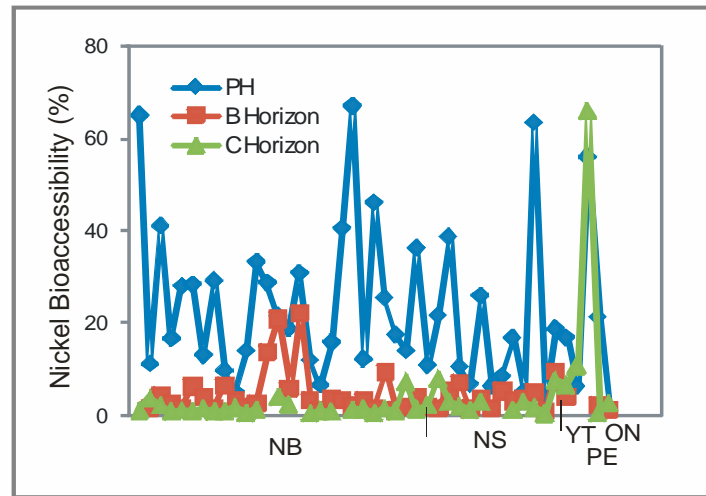
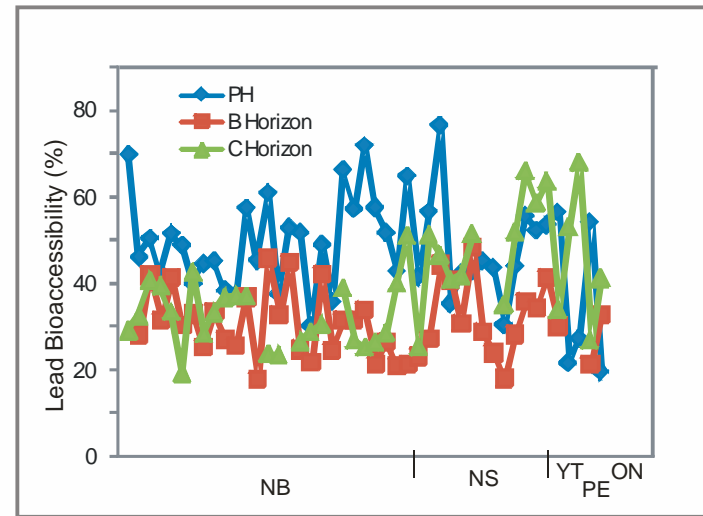
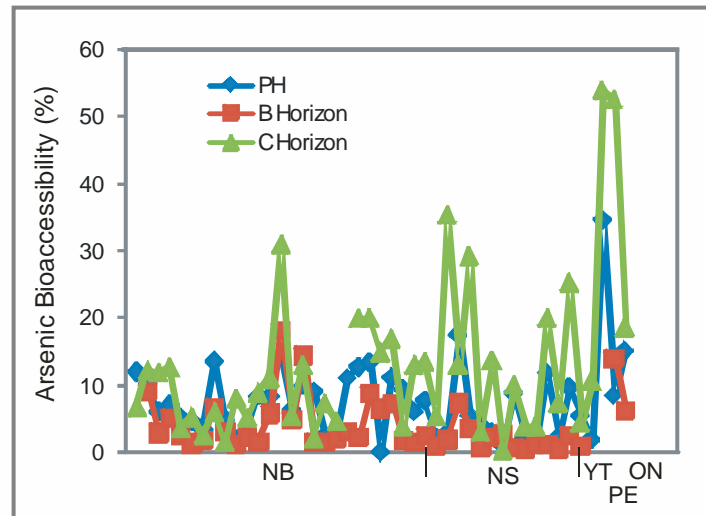
PH Layer Mean Metal Bioaccessibility (%)



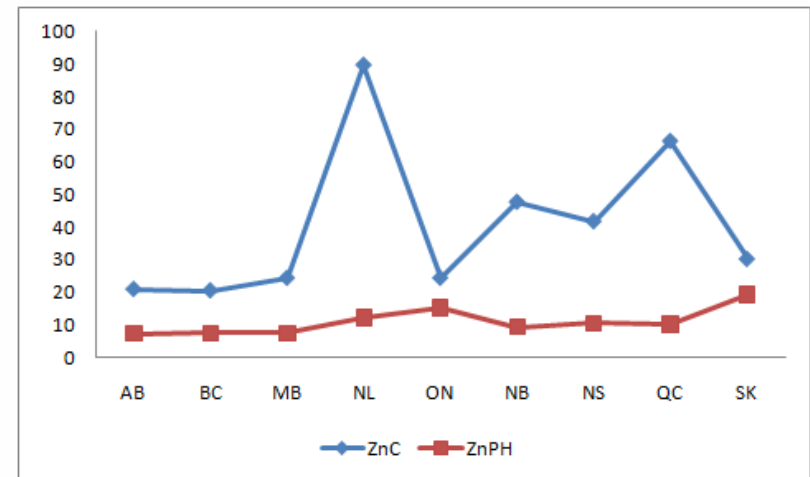
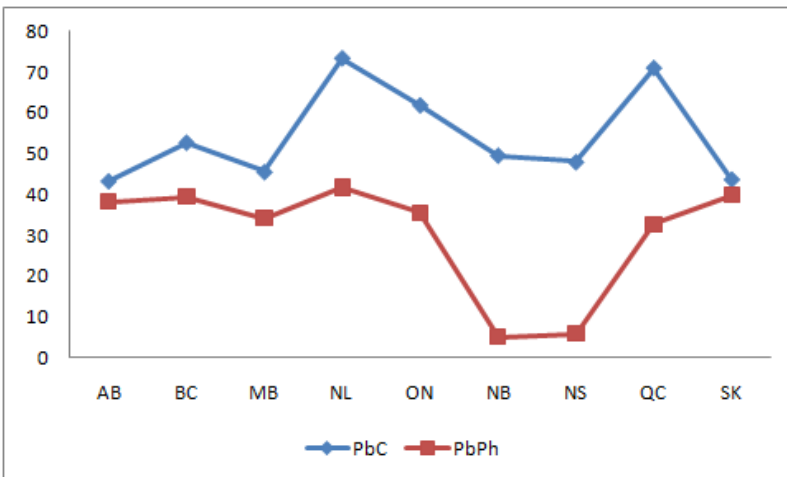
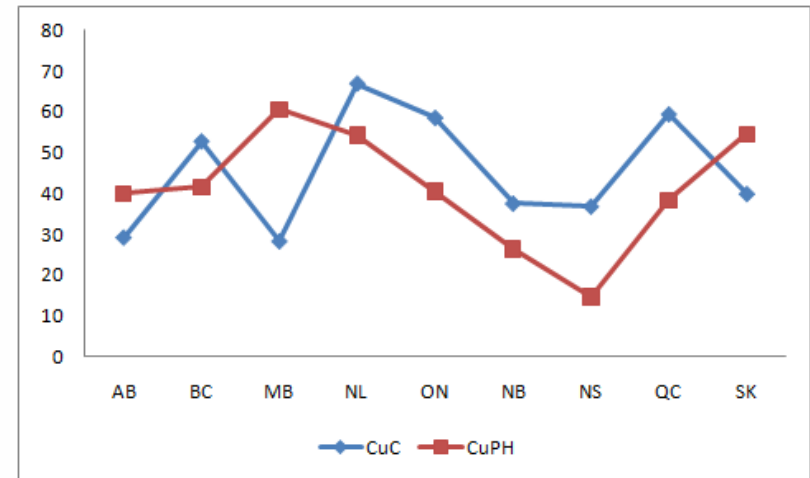
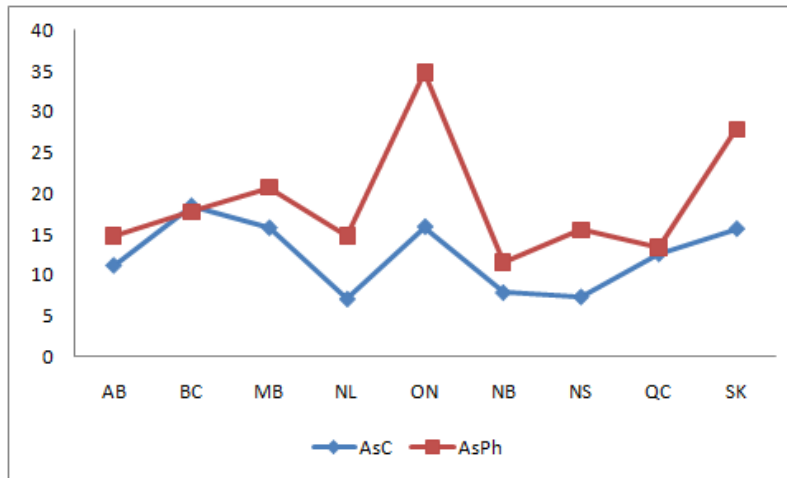
C Horizon Mean Metal Bioaccessibility (%)



Arsenic, Lead, Nickel and Zinc Bioaccessibility



Comparison of PH and C Bioaccessibility (%)

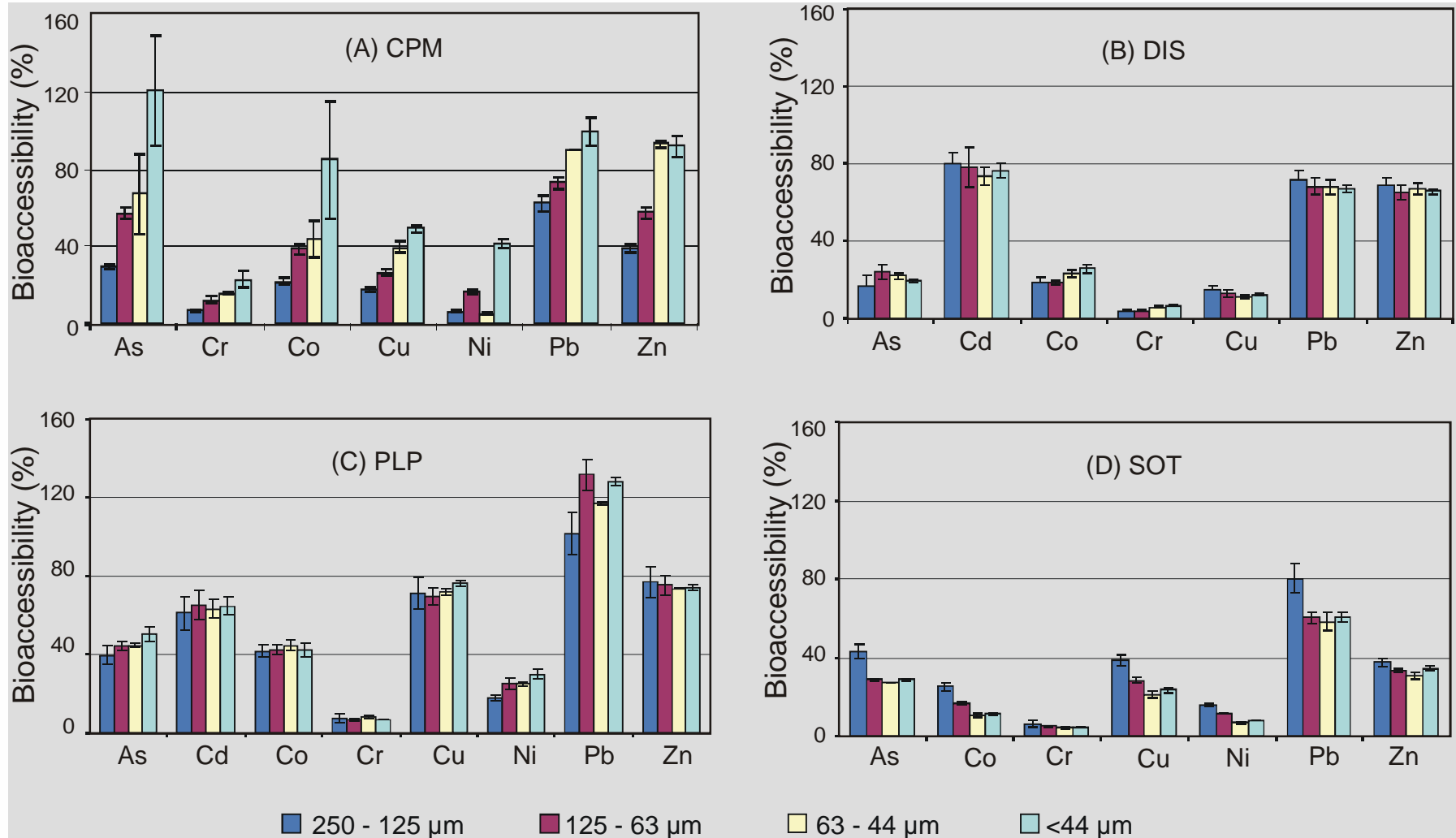


Some Key Issues for Bioaccessibility Study

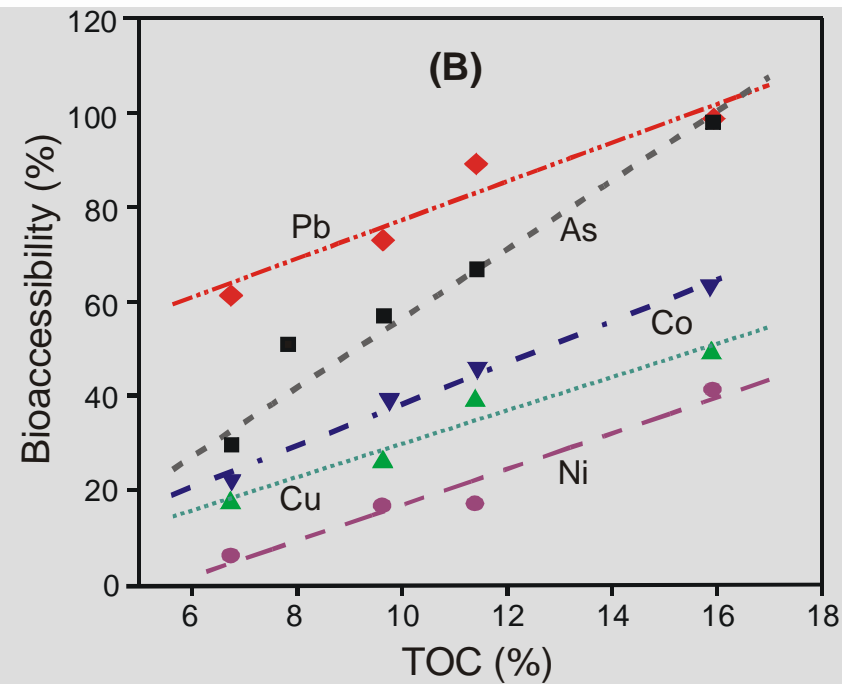
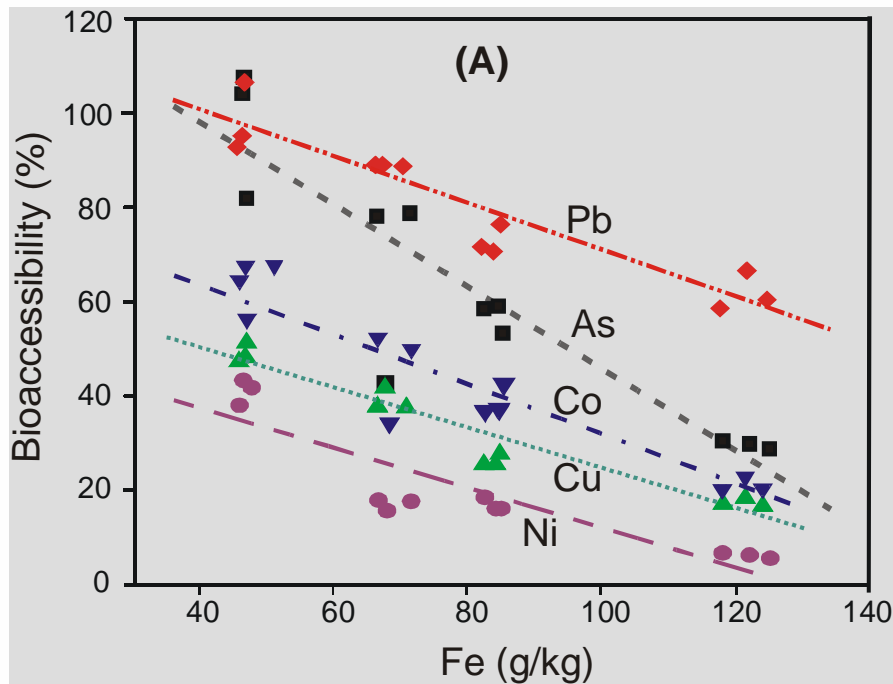
- What is the relationship between metal bioaccessibility and geochemical data
 - Total metals, soil pH, TOC, IC, LOI, etc
 - Particle Size**
 - Soil:extraction solution ratio**
- How can the data be potentially used in HHRA e.g., in RAF?
- How comparable are the results to previous studies?
- How applicable are the results to other regions?



Variation of Bioaccessibility with Soil Particle Size



Bioaccessibility as a Function of (A) Total Fe and (B) TOC (Cape Mudge)



Bibliography

Kelley, M.E., S.E. Brauning, and R.A. Schoof. 2002. Assessing Oral Bioavailability of Metals in Soil. Battelle Press, Columbus, OH, USA.

National Research Council. 2003. Bioavailability of Contaminants in Soils and Sediments : Processes, Tools, and Applications. National Academies Press: Washington, DC. <http://www.nap.edu/openbook/0309086256/html/>

Ruby, et al. 1999. Advances in evaluating the oral bioavailability of inorganics in soil for use in human health risk assessment. *Environmental Science & Technology* 33, 3697-3705.

USEPA. 2007. Guidance for Evaluating the Oral Bioavailability of Metals in Soils for Use in Human Health Risk Assessment



Acknowledgements

- Health Canada
- Geological Survey of Canada
- Research Assistants
 - Erin Park
 - Devon Yacura



Key to Abbreviations

- TOC - Total Organic Carbon
- IC - Inorganic carbon
- LOI – Loss-on-ignition
- HHRA – Human Health Risk Assessment
- RAF – relative absorption factor
- PH – “Public Health” sampling layer (0-5cm)
- B,C – soil horizons
- AB – Alberta
- BC – British Columbia
- MB – Manitoba
- NL – Newfoundland and Labrador
- ON – Ontario
- NB – New Brunswick
- NS – Nova Scotia
- PE – Prince Edward Island
- QC – Quebec
- SK - Saskatchewan
- YT – Yukon Territory

