

# Individual exposure levels in subjects switching to a Tobacco Heating Product for 5 days

**James K. Ebajemito**

Clinical Research Scientist

Michael McEwan, Nathan Gale, Alison Eldridge, Oscar M. Camacho, John McAughey, James Murphy, Chuan Liu, George Hardie, and Christopher J. Proctor

British American Tobacco, Scientific R&D Southampton, UK

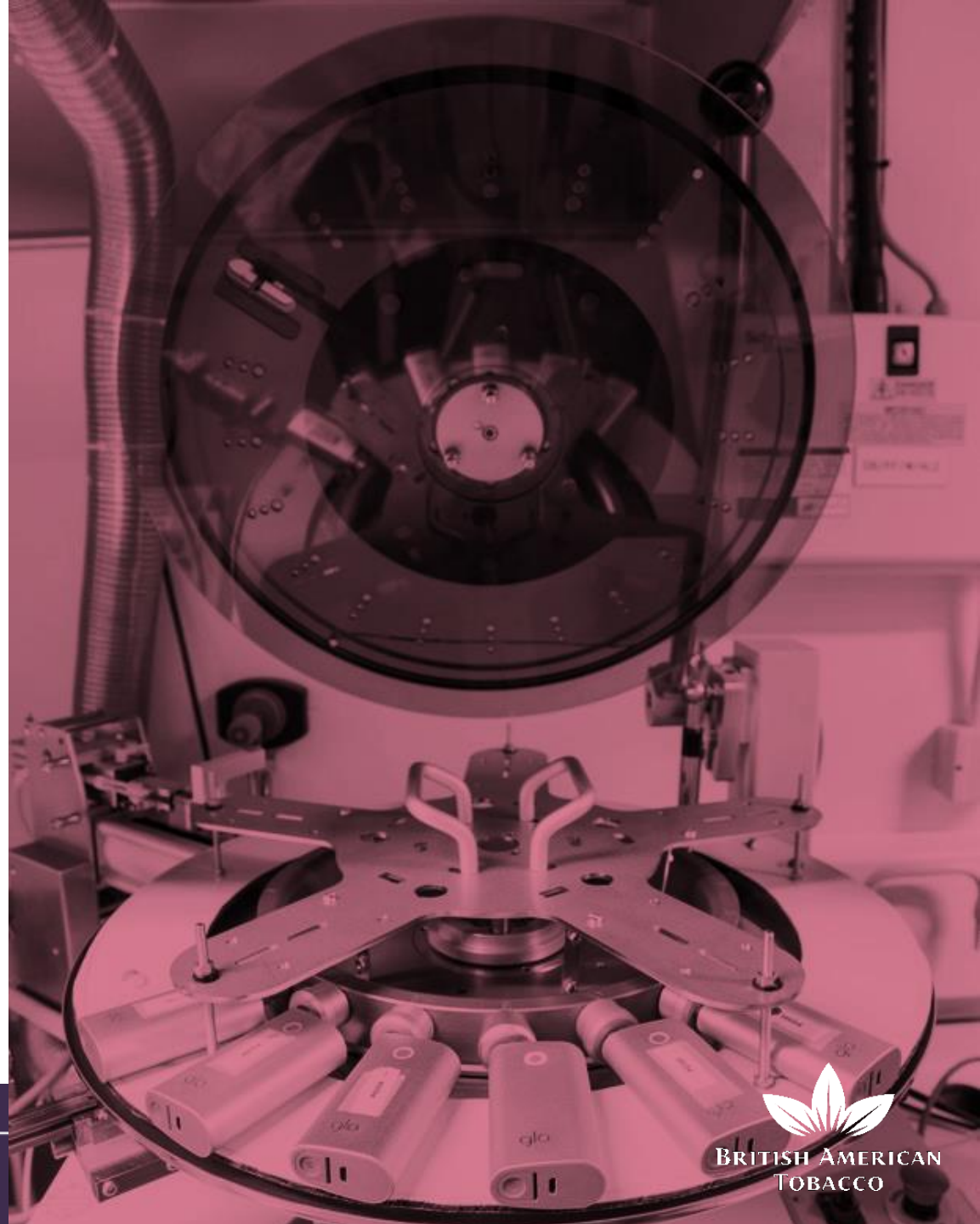
ENDS UK | London, United Kingdom | 6<sup>th</sup> June 2019

# Disclosures

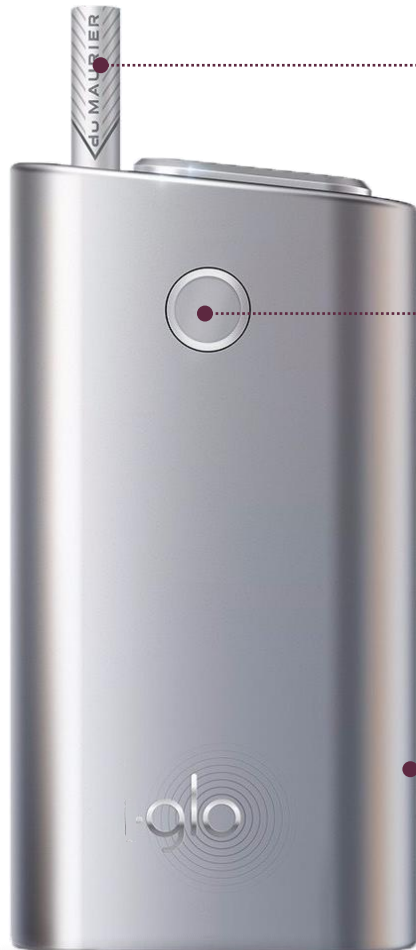
I declare that this work was fully funded by British American Tobacco (BAT) and I am a full-time employee of British American Tobacco (Investments) Ltd. BAT develops, manufactures and sells tobacco and nicotine products around the world.

# Agenda

- Investigational product/Risk Assessment Framework
- Study Objectives
- Study Design
- Biomarkers of Exposure (BoE)
- Results
- Summary



# glo THP



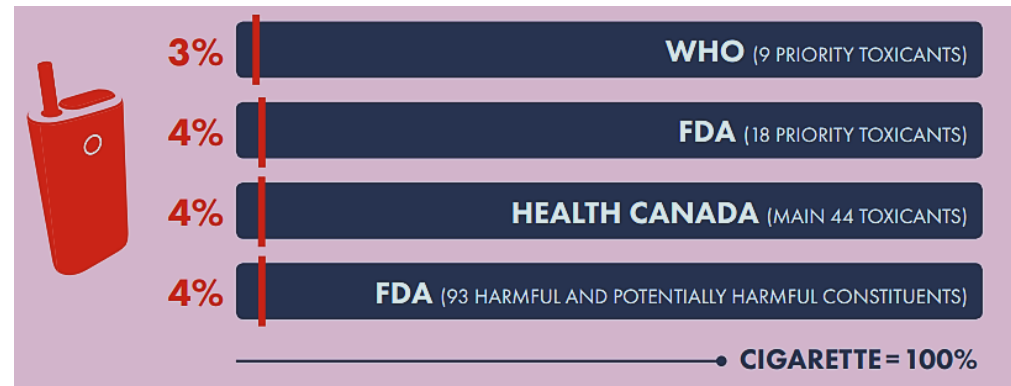
Tobacco Neostik,  
single use and  
disposable

Heats to ~240°C  
sufficient to release  
nicotine & flavours  
without combustion

Battery-operated  
and recharged by  
micro USB

## Emissions show much-reduced toxicant levels compared to cigarettes\*

### TOXICANTS OF INTEREST glo vs cigarette

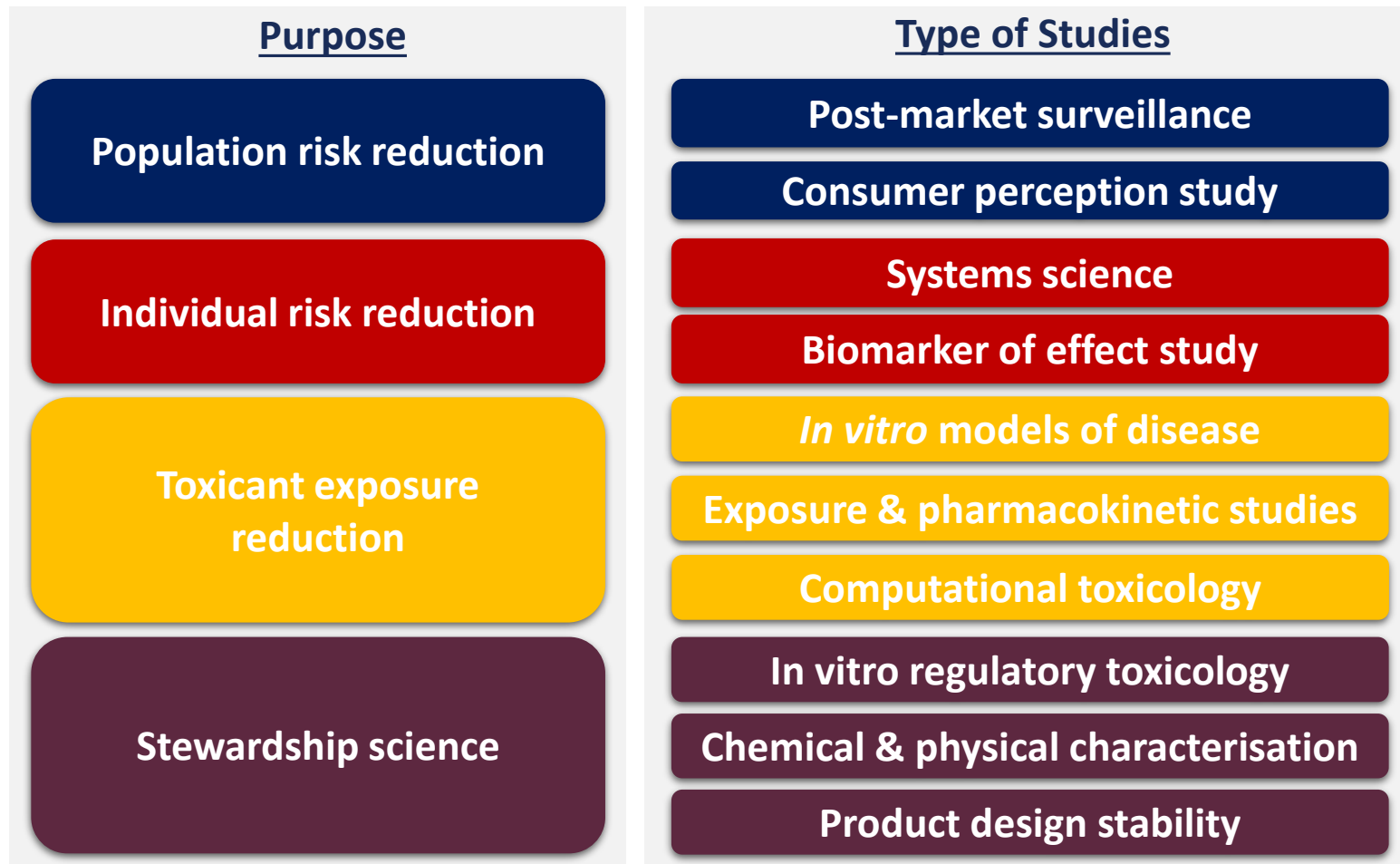


\*These qualities do not necessarily mean this product produces less adverse health effects than tobacco products

Forster M. *et al.* (2017). *Regul Toxicol Pharmacol.* 93:14-13

# Our Framework

## to Establish Reduced Risk Potential



|             |
|-------------|
| ✓           |
| ✓           |
| ✓           |
| In progress |
| ✓           |
| ✓           |
| ✓           |
| ✓           |
| ✓           |

Murphy J. *et al.* (2017). Regul Toxicol Pharmacol.

## Study Title

**A Randomised Controlled Single-Centre Open-Label Study in Healthy Subjects to Evaluate the Effect on Biomarkers of Exposure (BoE) of Switching from a Combustible Cigarette to a Potentially Reduced Risk Product**

## Study Objectives

**To quantitatively assess within-arm changes in Biomarkers of Exposure (BoE) and Biomarkers of Biological Effect (BoBE) when smokers switch to glo THP or cessation**

# Ethical & Regulatory Considerations

## ORECNI

Office for Research Ethics  
Committees Northern Ireland  
(ORECNI; ref.: 17/NI/0065)

Ethics

## ISRCTN registry

Registry number:  
ISRCTN80651909

Registration

 celerion

 ABF ANALYTISCH-  
BIOLOGISCHES  
FORSCHUNGLABOR  
MÜNCHEN

Clinic & Bioanalysis



GOOD CLINICAL  
PRACTICES

Study Conduct

Study Location: Belfast, United Kingdom

# Study Population

## Age & Gender

Healthy male or female smokers, aged 21 – 55 years

- Smoking status verified by urinary cotinine and eCO at Screening and Admission
- Healthy status verified by vital signs, clinical laboratory evaluations, physical examination, ECG and lung function tests

## Smoking History

Typically smoke 10 – 30 FMCs per day, within 6 – 8 mg ISO tar bands

- Min. 6 month use of current brand and 3 years smoking history, prior to Screening

## Main Exclusion Criteria

Planning to quit smoking in next 12 months

- Regular use of nicotine or tobacco products other than FMCs
- Non-inhalers (self-reported or observed at Admission)



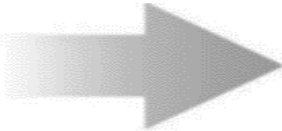
# Biomarkers of Exposure (BoE)

**Exhaled breath**

- Carbon monoxide (eCO)

**Urine**

- Urinary biomarkers



| Biomarker                  | Smoke Constituent  |
|----------------------------|--------------------|
| Total Nicotine equivalents | Nicotine           |
| Total NNAL                 | NNK                |
| Total NNN                  | NNN                |
| 3-HPMA                     | Acrolein           |
| HMPMA                      | Crotonaldehyde     |
| S-PMA                      | Benzene            |
| MHBMA                      | 1,3-Butadiene      |
| CEMA                       | Acrylonitrile      |
| HEMA                       | Ethylene oxide     |
| AAMA                       | Acrylamide         |
| GAMA                       | Acrylamide         |
| 4-ABP                      | 4-Aminobiphenyl    |
| o-Tol                      | o-Toluidine        |
| 2-AN                       | 2-Aminonaphthalene |
| 1-OHP                      | Pyrene             |

**Nicotine + 5 metabolites**

**Tobacco Specific Nitrosamines (TSNAs)**

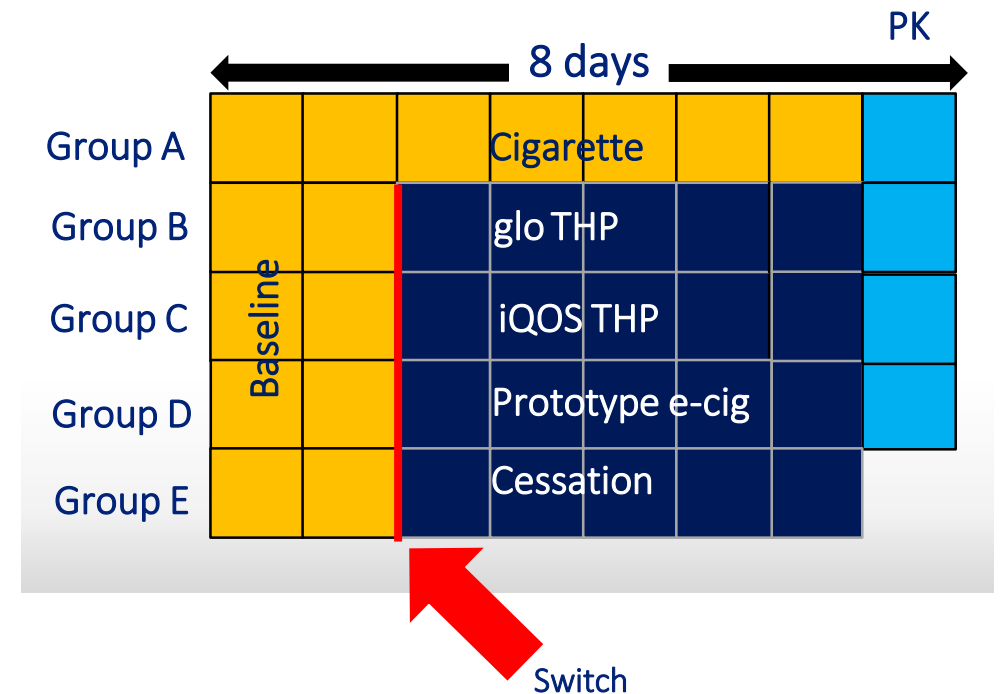
**Mercapturic Acids**

**Aromatic Amines**

**Polycyclic Aromatic Hydrocarbons (PAH)**

# Study Design

- A single-centre, randomised, open label, 5-arm, 5-day *ad libitum* Exposure study during 8-day confinement
- Nicotine PK at end of confined switching period, during defined single-use session
- 30 subjects in each of the study groups = 150 subjects



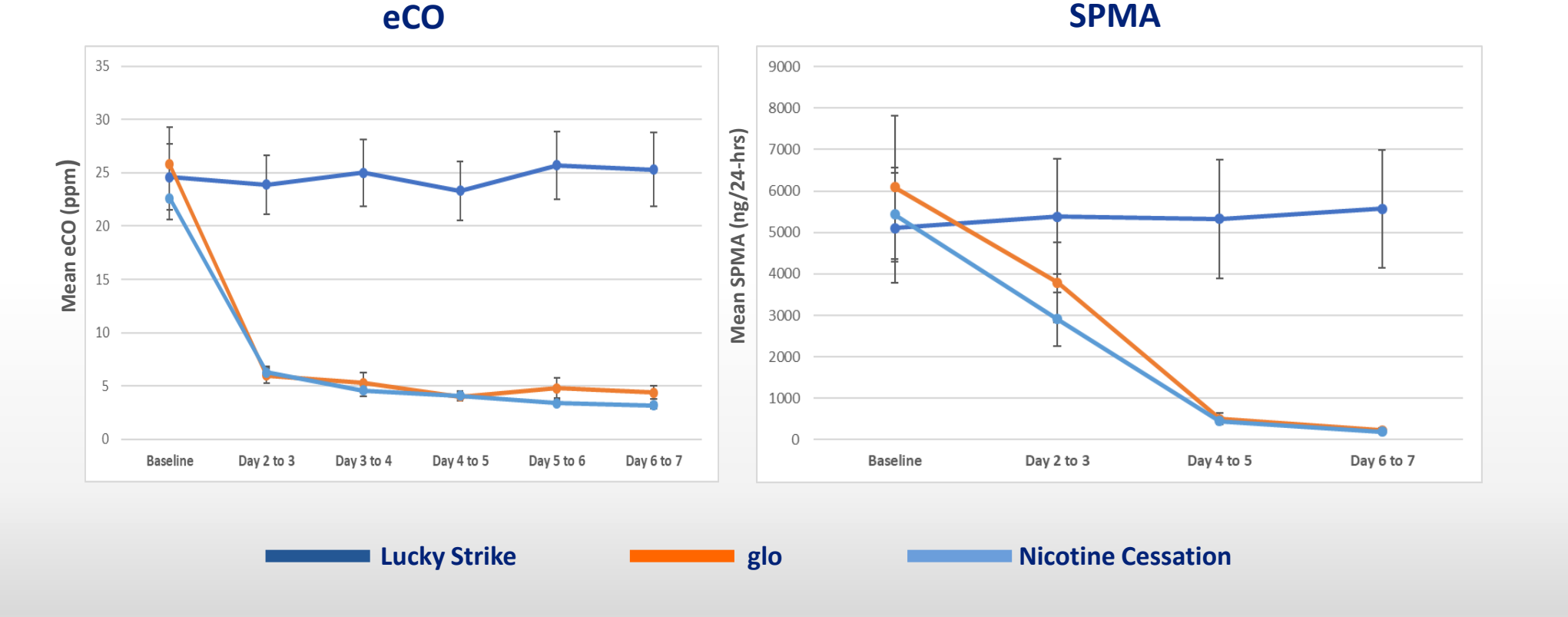
# Study Design

- ***Ad libitum* use of all products in study (max. 120% of self-reported CPD) excluding cessation group from days 3 to 7**

|                                | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Day 6 | Day 7 | Day 8 |
|--------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|
| 24-hour urine sample           |       | X     | X     |       | X     |       | X     |       |
| Exhaled CO (eCO)               | X     | X     | X     | X     | X     | X     | X     |       |
| Blood sample                   |       | X     |       |       | X     |       | X     |       |
| Nicotine Pharmacokinetics (PK) |       |       |       |       |       |       |       | X     |

# Results

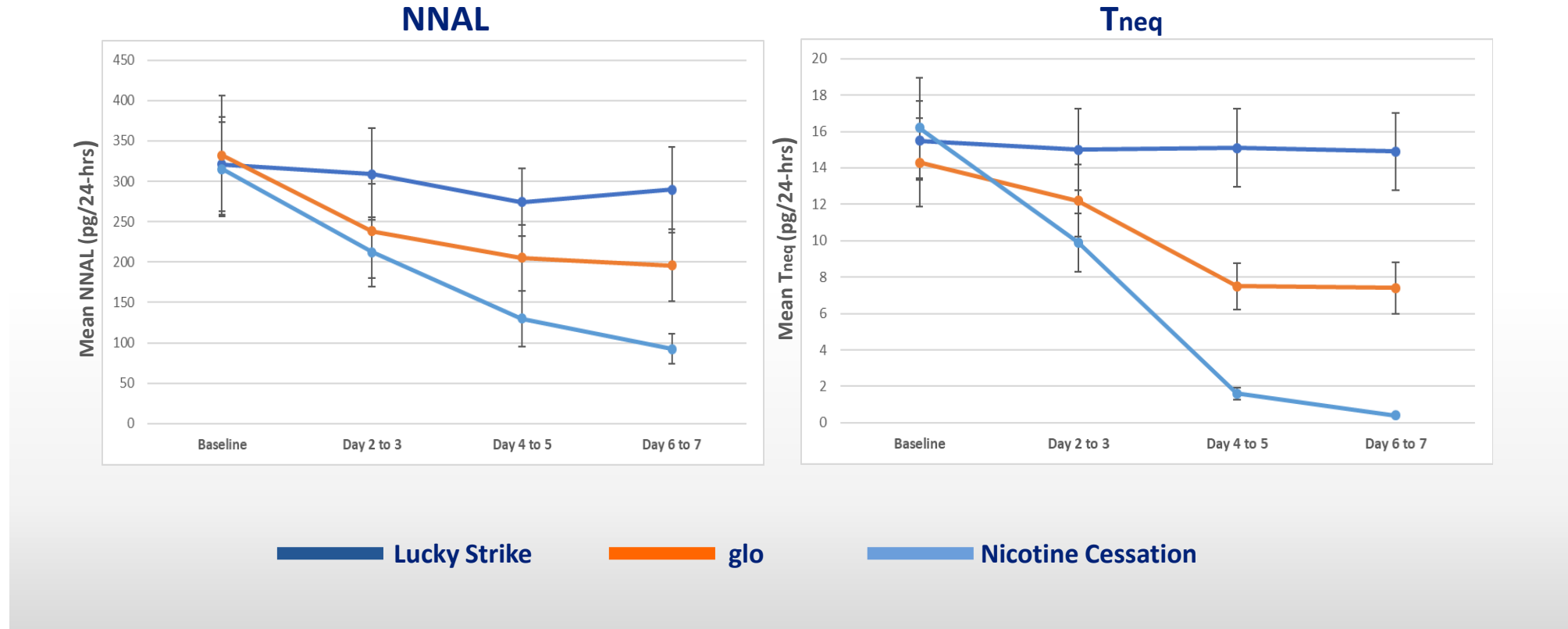
## Significant reductions in eCO and SPMA following switch\*



\*These qualities do not necessarily mean this product produces less adverse health effects than tobacco products

# Results

- Significant reductions in NNAL following switch
- Total Nicotine remained high, but flat following switch to glo THP\*

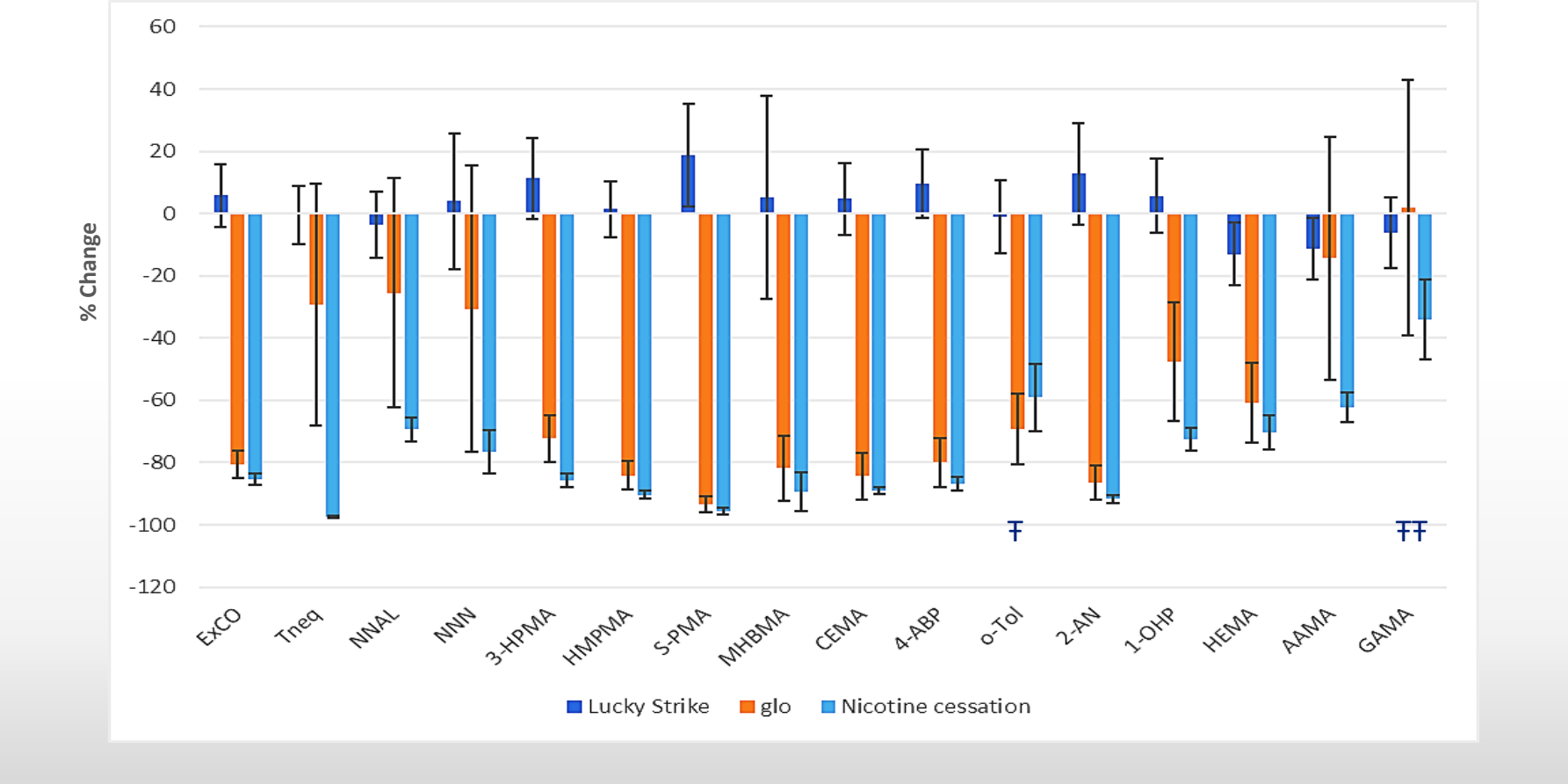


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# Results

Generally, levels of BoE significantly reduced following switch\*

Mean excretion on Day 6 to 7 vs excretion at Baseline



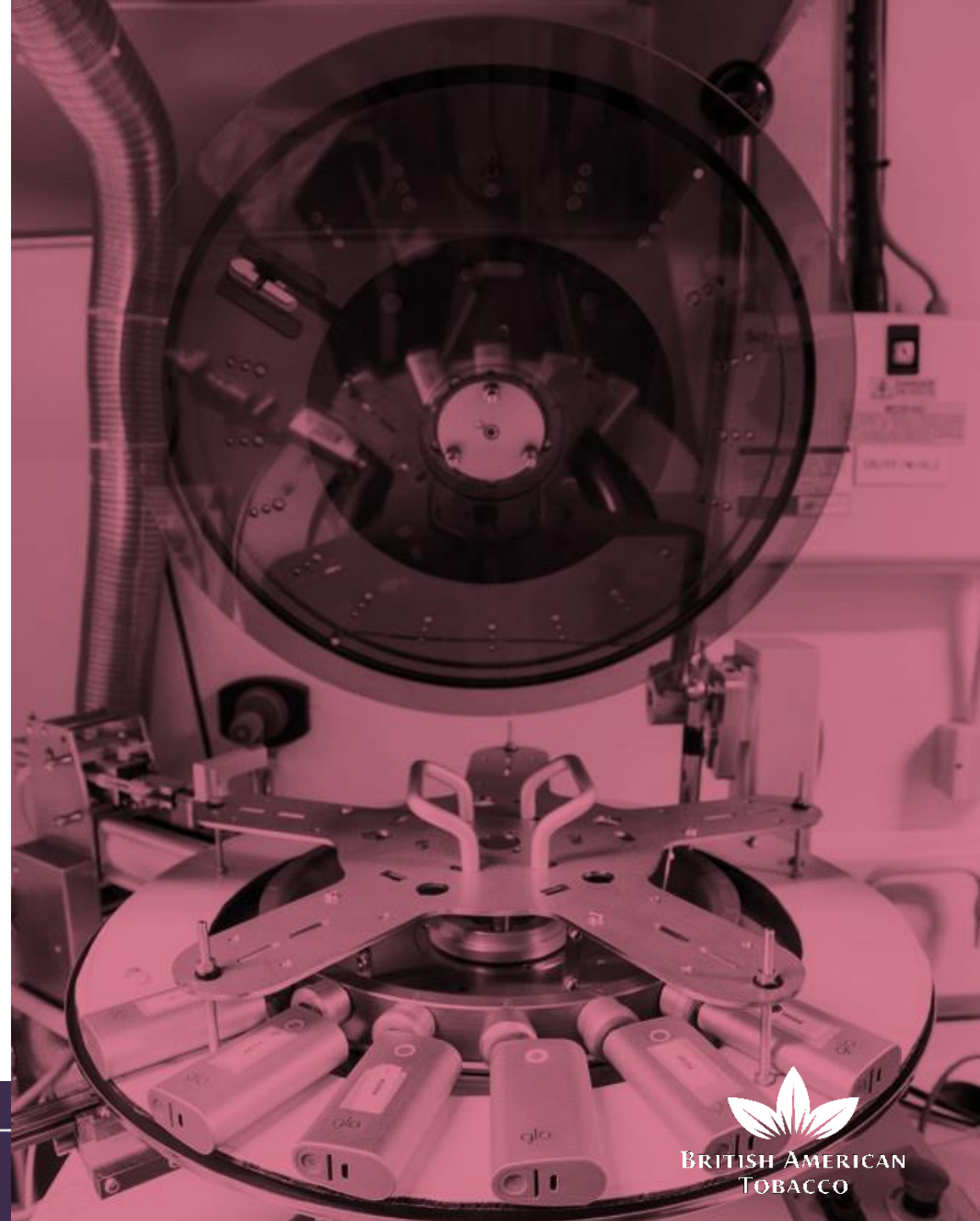
⚠ O-Tol sensitivity analysis with one subject value removed from cessation group. With this value included cessation shows an increase of 274.7%

⚠⚠ GAMA showed significant reductions in the glo group when Holm's adjustment for multiplicity was applied

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# Summary

- **Data shows significant reduction in all BoEs** (with o-Tol sensitivity test) and in a number of cases these are similar reductions to nicotine cessation
- **These data may suggest the potential of glo THP as a potential reduced-risk product**
- **Further clinical studies would be necessary to:**
  - demonstrate that these reductions continue or are sustained
  - quantify any translation to reductions in smoking-related health risks i.e. Biomarkers of Potential Harm (BoPH)



# Acknowledgement



- Donald W. Graph
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- Mike McEwan
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- John McAughey
- Chuan Liu
- James Murphy
- Chris Proctor



- Max Scherer



# THANK YOU



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