

Oral Toxicity Evaluation of Tobacco Products in a Buccal Epithelial-Fibroblast Co-culture Tissue Model

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Agenda

Introduction

Objective & Experimental Design

Results

Conclusions



Tobacco Harm Reduction Framework

CONSTITUENT REDUCTION



THE PRODUCT

- Chemistry Manufacturing and Controls
- Product Stability
- Chemical Characterization

INDIVIDUAL RISK REDUCTION



EXPOSURE and HEALTH RISK

- Toxicology & Risk Assessment
- Health Risk assessment (Absolute and Relative)
- Human Studies
- Human Factors Assessment

POPULATION HARM REDUCTION



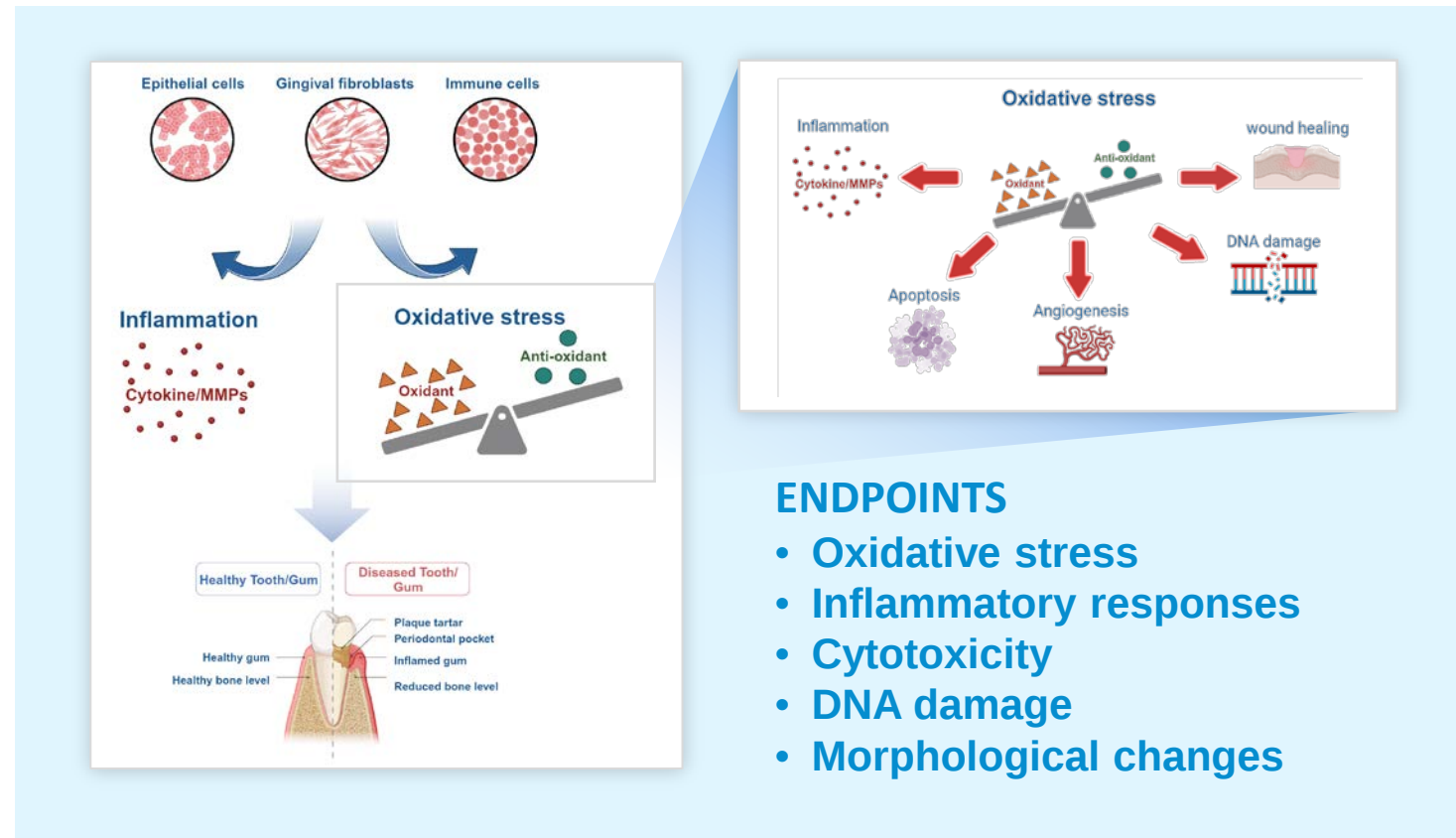
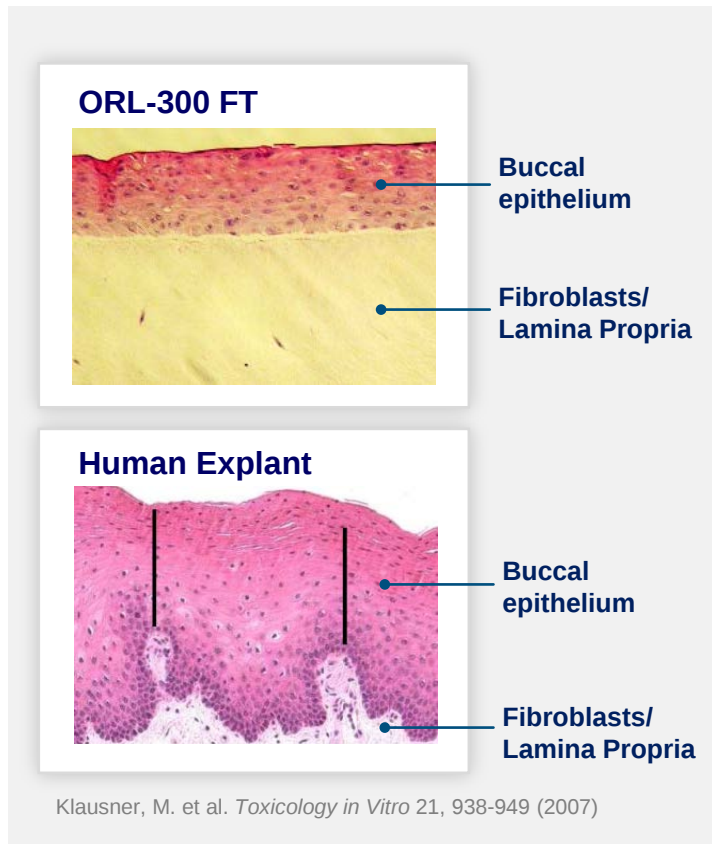
IMPACT on the POPULATION

- Risk Perceptions (Absolute and Relative)
- Impact of Product on Users
- Impact on Non-Users
- Overall Impact on the Population
- Environmental Assessment



Study Objective

OBJECTIVE: Develop an in vitro oral testing platform with enhanced biological relevance for evaluating and differentiating the toxicity of tobacco products



Experimental Design

TEST ARTICLES (TA)

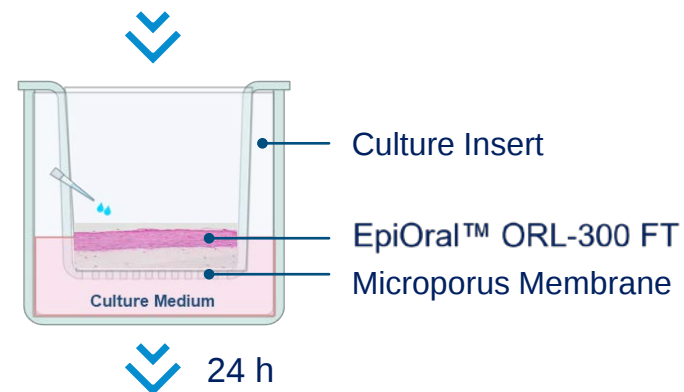
- CRP1.1 (CORESTA snus reference)
- CRP2.1 (CORESTA moist snus reference)
- Market NP (cinnamon-flavor, 3 mg)
- 1R6F reference tobacco condensate in ethanol

TEST CONCENTRATIONS

- Oral products: 20%, 40%, 60%, 80%, 100% (v/v) complete artificial saliva (CAS) extract
- 1R6F: 1.5%, 4%, 6%, 8%, 10% (v/v) ethanol condensate

Test Article	[Nicotine] ($\mu\text{g/mL} \pm \text{SD}$)	
	Lowest	Highest
CRP1.1 CAS extract	356 ± 4	$1,779 \pm 20$
CRP2.1 CAS extract	491 ± 2	$2,454 \pm 10$
Market OTDN CAS extract	192 ± 3.2	960 ± 16
1R6F EtOH condensate	42.6 ± 0.11	284 ± 7

TEST ARTICLES

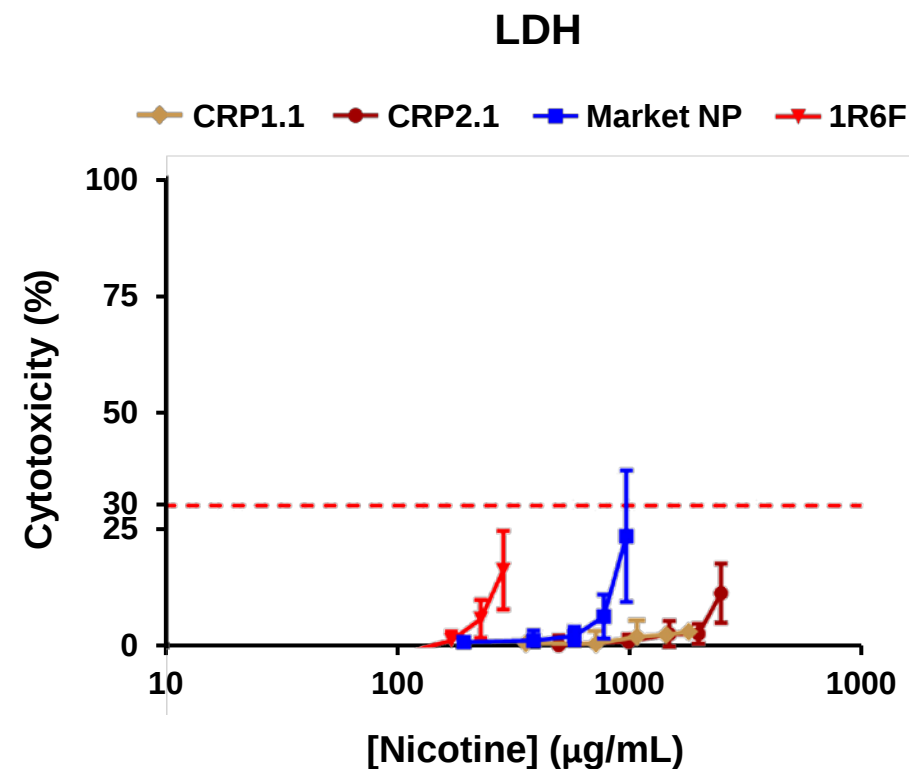
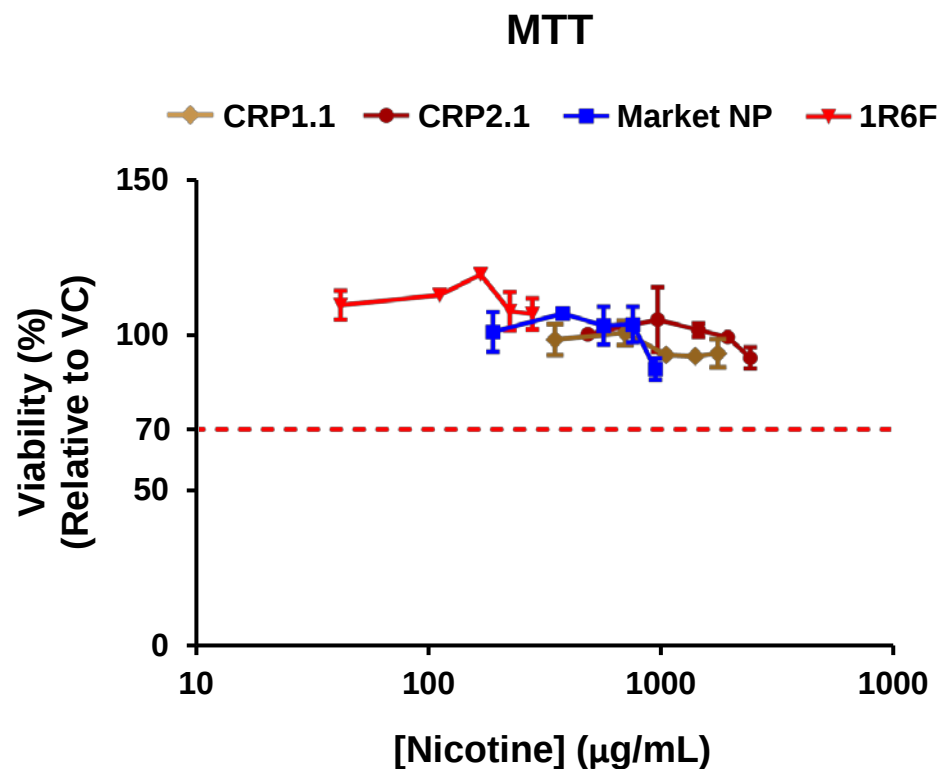


ENDPOINTS

- **Oxidative stress:** 8-isoprostane
- **Inflammatory responses:** cytokine secretion
- **Cytotoxicity:** MTT, LDH
- **DNA damage:** γH2Ax
- **Morphology:** H&E, Ki67, fibronectin, MMP secretion



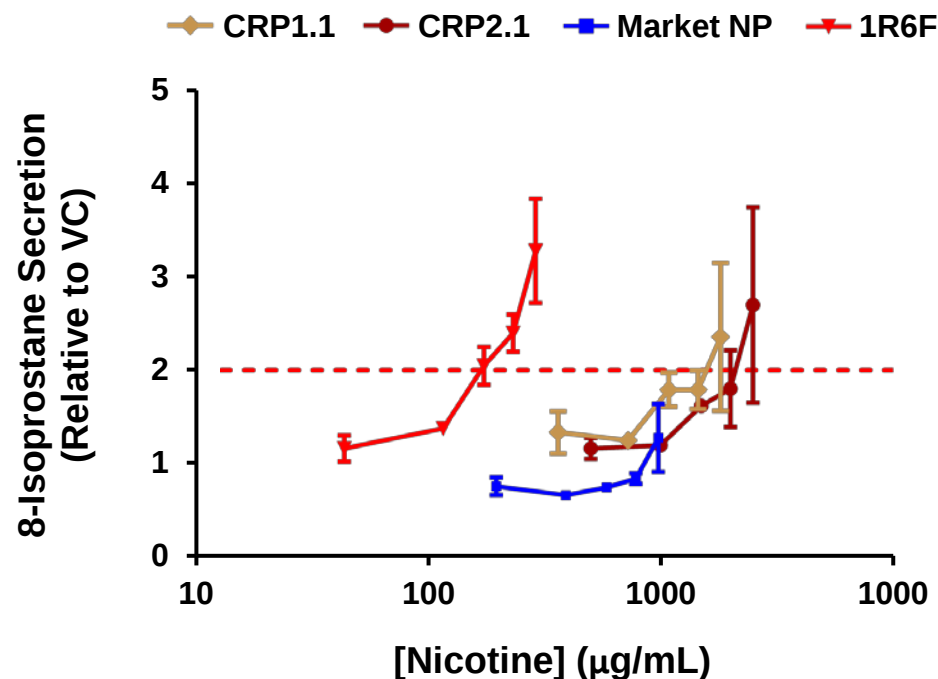
Results – Cytotoxicity



CONCLUSION: None of the TAs is cytotoxic based on both MTT and LDH assays



Results – Oxidative Stress by 8-Isoprostane



CONCLUSIONS:

- CRP1.1, CRP2.1, and 1R6F **significantly increased** 8-isoprostane secretion
- The Market NP **moderately increased** 8-isoprostane secretion, but less than 2-fold



Results – Cytokine Functions

Cytokine	Impact	Implication in Oral Diseases
Pro-Inflammatory		
TNF-α	Tissue destruction, immune activation	Increased in periodontitis, linked to tissue destruction and bone resorption
IL-6	Chronic inflammation, bone resorption	Increased in periodontitis & oral cancer, chronic inflammation
IL-8	Neutrophil recruitment, tissue damage	
Anti-Inflammatory		
IL-10	Anti-inflammatory, protective	Decrease linked to unchecked inflammation in periodontitis, oral lichen planus
Growth Factor		
GM-CSF	Immune cell recruitment	Elevated in oral inflammation
G-CSF	Neutrophil support, mucosal healing	Involved in periodontitis by inducing bone resorption and tissue destruction
VEGF	Angiogenesis in tumors	Increased in oral cancer
Chemokine		
Eotaxin	Eosinophilic inflammation	Involved in oral lichen planus and periodontitis
IP-10	T-cell recruitment, chronic inflammation	Elevated in chronic inflammatory oral conditions



Results – Cytokine Secretion

		FOLD CHANGE			
		CRP1.1	CRP2.1	Market NP	1R6F
Markedly induced by all four TAs	Pro-Inflammatory				
	TNF-α	1.7 – 39.1	1.1 – 49.9	1.4 – 3.5	1.2 – 2.8
	IL-6	1.8 – 11.3	1.9 – 14.1	1.8 – 2.9 (4.7)*	2.8 – 4.6 (6.3)*
	IL-8	1.2 – 6.5 (7.3)*	1.0 – 8.0	1.1 – 2.9	1.5 – 1.4 (2.2)*
Moderately upregulated by CRP1.1 and possibly CRP2.1	Anti-Inflammatory				
	IL-10	1.1 – 2.1	0.9 – 1.9	0.8 – 0.9	0.9 – 0.7
Upregulated, but mostly by CRP1.1 and CRP2.1	Growth Factor				
	GM-CSF	1.3 – 4.9	1.0 – 5.0	1.3 – 3.4	1.0 – 1.1 (1.4)
	G-CSF	1.0 – 2.7	1.0 – 3.1	0.9 – 1.5	1.6 – 0.6 (2.6)*
	VEGF	1.3 – 2.2	1.3 – 2.5	1.3 – 1.2 (1.6)*	1.1 – 0.7
	Chemokine				
	Eotaxin	1.3 – 4.4	1.0 – 6.9	0.5 – 2.0	2.0 – 0.7
	IP-10	1.0 – 2.4	0.7 – 2.5	0.6 – 0.8	0.8 – 0.5

*indicates the peak responses.

Red: Indicates greater than 2-fold increase; Light green: Indicates ~50% decrease.

CONCLUSION:

Overall, the data demonstrate clear modulation of cytokine secretion by these TAs



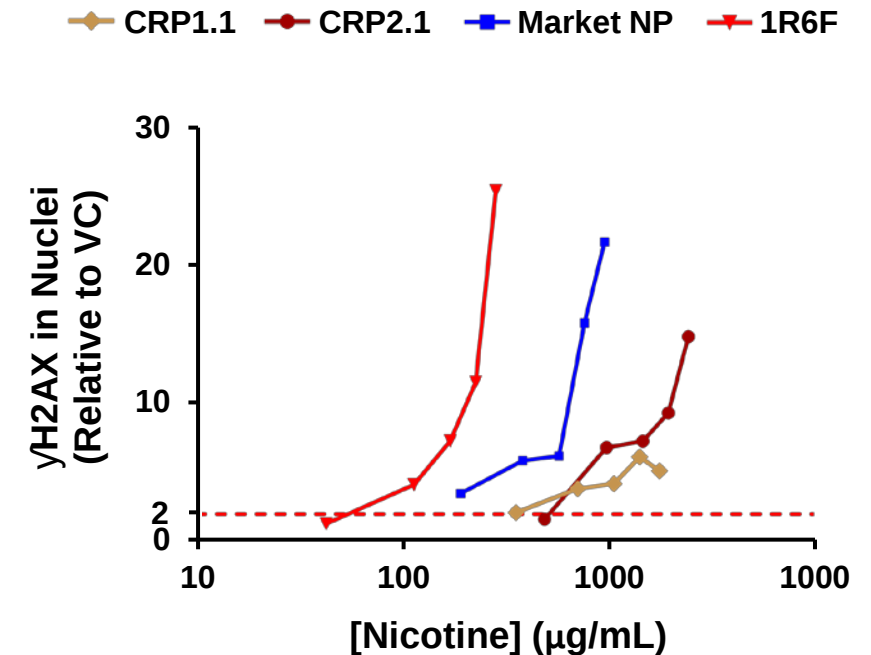
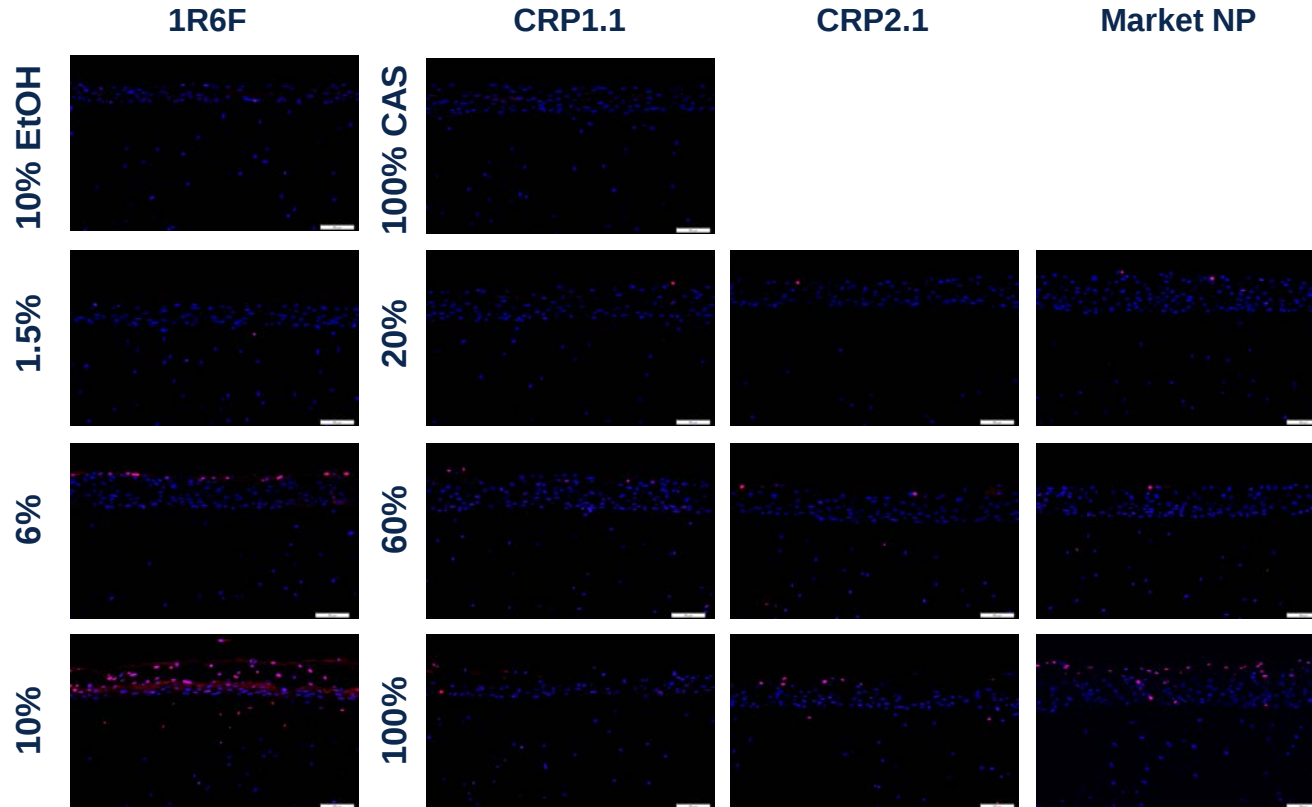
These findings highlight variability in cytokine profiles among the TAs, suggesting distinct inflammatory pathways activated by each TA



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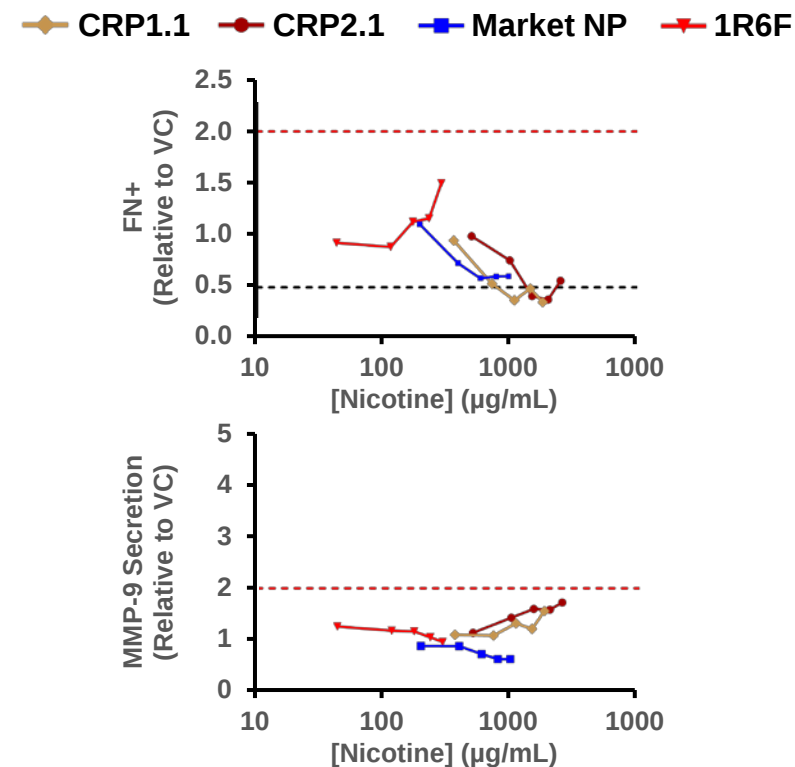
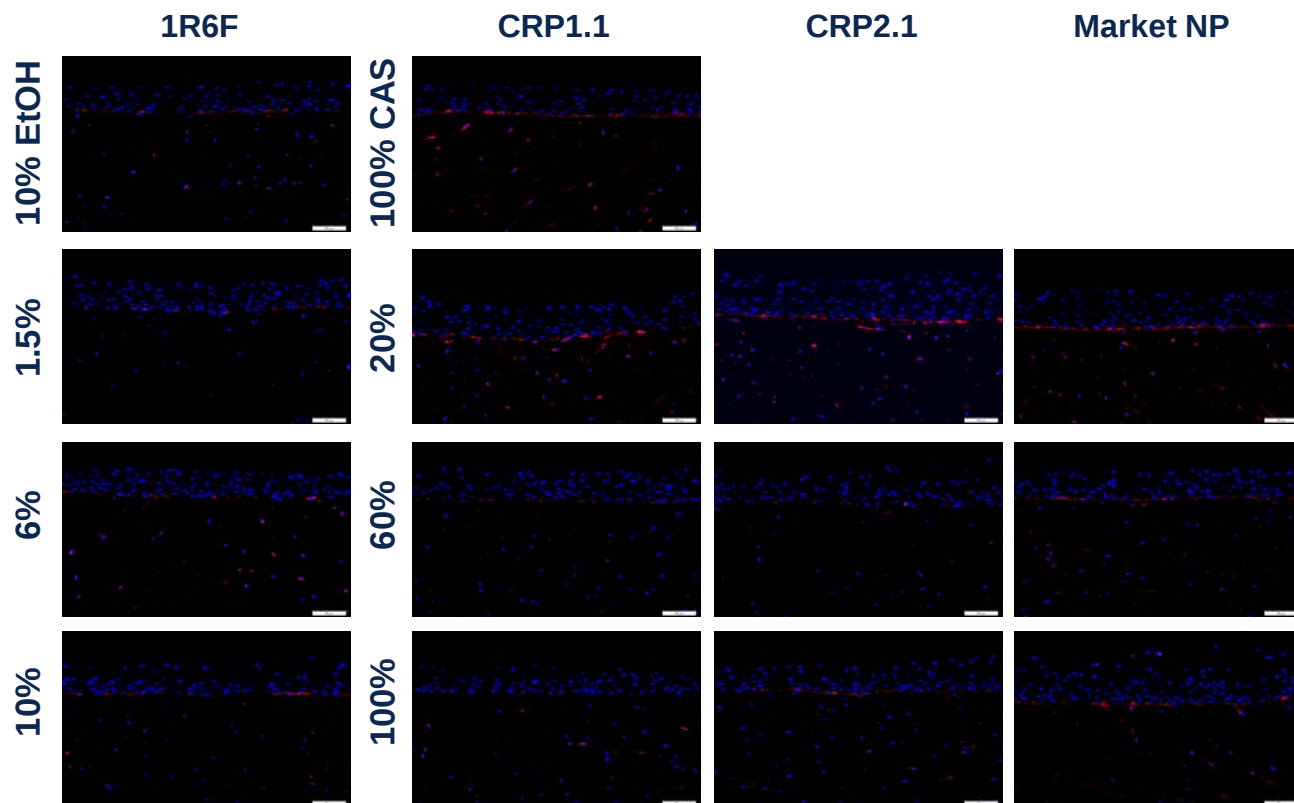
Immunohistochemistry (IHC) Assessment – γ H2AX



CONCLUSIONS:

- γ H2AX staining was present in both epithelium and fibroblast in 1R6F-treated cultures
- All four TAs **significantly induced the expression of γ H2AX**
- The responses between CRP1.1 and CRP2.1 **mostly overlapped**

IHC Assessment – Extracellular Matrix (ECM) Modulation



CONCLUSIONS

- Fibronectin was primarily expressed in fibroblasts
- 1R6F caused a slight increase in fibronectin expression
- All three oral products reduced fibronectin expression, with CRP1.1 and CRP2.1 decreasing levels by > 50%
- CRP1.1 and CRP2.1 moderately increased MMP-9 secretion



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Conclusions

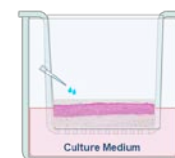
	TA	Oxidative stress	Pro-inflammatory	Anti-inflammatory	Growth factor	Chemokine	DNA damage	ECM	
								FN	MMP-9
Exhibited similar response profiles	CRP1.1	↑	↑	↑	↑	↑	↑	↓	↑
	CRP2.1	↑	↑	↑	↑	↑	↑	↓	↑
	Market NP	↑	↑	—	↑	↑	↑	↓	—
	1R6F	↑	↑	—	↑	↑	↑	↑	—
The size of the arrows indicates a magnitude of response (not drawn to scale).			All induced pro-inflammatory cytokines				All triggered DNA damage		



Collectively, the data indicate that CRP1.1 and CRP2.1 may promote more extensive inflammation and tissue remodeling compared to Market NP and 1R6F, which are primarily associated with acute pro-inflammatory and DNA-damaging effects



The observed increase in FN by 1R6F indicates potential fibrotic changes, while the interplay between FN and MMP-9, as modulated by CRP1.1 and CRP2.1 suggests possible ECM degradation



ORL-300 FT offers an advanced, biologically relevant in vitro platform for the comprehensive assessment of toxicity mechanisms induced by tobacco products

