TiO² Nanomaterials: Human Exposure and Environmental Release

by

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ABSTRACT

Titanium dioxide $(TiO₂)$ nanomaterial use is becoming more prevalent as is the likelihood of human exposure and environmental release. The goal of this thesis is to develop analytical techniques to quantify the level of $TiO₂$ in complex matrices to support environmental, health, and safety research of $TiO₂$ nanomaterials.

A pharmacokinetic model showed that the inhalation of $TiO₂$ nanomaterials caused the highest amount to be absorbed and distributed throughout the body. Smaller nanomaterials (< 5nm) accumulated in the kidneys before clearance. Nanoparticles of 25 nm diameter accumulated in the liver and spleen and were cleared from the body slower than smaller nanomaterials.

A digestion method using nitric acid, hydrofluoric acid, and hydrogen peroxide was found to digest organic materials and $TiO₂$ with a recovery of >80%. The samples were measured by inductively coupled plasma-mass spectrometry (ICP-MS) and the method detection limit was 600 ng of Ti.

An intratracheal instillation study of $TiO₂$ nanomaterials in rats found anatase $TiO₂$ nanoparticles in the caudal lung lobe of rats 1 day post instillation at a concentration of 1.2 µg/mg dry tissue, the highest deposition rate of any $TiO₂$ nanomaterial. For all $TiO₂$ nanomaterial

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morphologies the concentrations in the caudal lobes were significantly higher than those in the cranial lobes.

In a study of $TiO₂$ concentration in food products, white colored foods or foods with a hard outer shell had higher concentrations of $TiO₂$. Hostess Powdered Donettes were found to have the highest Ti mass per serving with 200 mg Ti. As much as 3.8% of the total $TiO₂$ mass was able to pass through a 0.45 μ m indicating that some of the TiO₂ is likely nanosized.

In a study of $TiO₂$ concentrations in personal care products and paints, the concentration of $TiO₂$ was as high as 117 μ g/mg in Benjamin Moore white paint and 70 µg/mg in a Neutrogena sunscreen. Greater than 6% of Ti in one sunscreen was able to pass through a 0.45 µm filter. The nanosized $TiO₂$ in food products and personal care products may release as much as 16 mg of nanosized $TiO₂$ per individual per day to wastewater.

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DEDICATION

This work is dedicated to my Mom and Dad who gave me the two most important things in this world: roots and wings. My parents encouraged me to be successful from an early age and supported me in all my endeavors.

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ACRONYMS

- PPE Personal Protective Equipment
- PSP Poorly Soluble Particle
- REL Recommended Exposure Limit
- ROS Reactive Oxygen Species
- SEM Scanning Electron Microscopy
- SPE Solid Phase Extraction
- SPF Sun Protection Factor
- TEM **Transmission Electron Microscopy**
- TiO² Titanium Dioxide
- UV Ultraviolet
- WWTP Wastewater Treatment Plant

CHAPTER 1: INTRODUCTION

1.1 NANOTECHNOLOGY BACKGROUND INFORMATION

A nanomaterial is generally defined to have at least one dimension that measures less than 100 nm. Nanomaterials often have novel physicochemical properties different than their bulk material counterparts due to their small nature and large surface area to volume ratio. Nanotechnology has developed in the last two decades as a discipline concerned with deriving advantages from the special properties of nanomaterials. [1] Nanotechnology was a \$10 billion industry in 2010 and forecasters predict that the industry will grow to \$1 trillion by 2015. [2] Nanomaterials can be naturally occurring or manmade and can be carbon based or created from metals and metal oxides like titanium dioxide $(TiO₂)$.

The opportunities that nanotechnologies create span a wide range of disciplines. Nanomaterials have been touted as a means to create molecular machines, provide clean water to those without access, and revolutionize the health care industry. [3-6] Though the applications of nanotechnology seem limitless, many experts warn that a more thorough investigation needs to be conducted into the health and environmental risks associated with nanomaterials. As David Warheit, chairman of the task force on "Health and Environmental Safety of Nanomaterials" for the European Centre for Ecotoxicology and Toxicology of Chemicals put it,

"The number of implication studies has not caught up with the number of application studies." [7] The need for more implication studies continues to grow as the uses of nanomaterials continue to grow. This is especially true for one of the most commonly use nanomaterials, $TiO₂$.

1.2 TITANIUM DIOXIDE NANOMATERIALS

As a bulk material, $TiO₂$ is primarily used as a pigment because of its brightness, high refractive index, and resistance to discoloration. Nearly 70% of all TiO₂ produced is uses as a pigment in paints, but it is also used as a pigment in glazes, enamels, plastics, paper, fibers, foods, pharmaceuticals, cosmetics, and toothpastes. [8] However, recently more attention is being given to the applications of $TiO₂$ as a nanomaterial. In 2005 the global production of nanoscale $TiO₂$ was estimated to be 2000 metric tons worth \$70 million. [9] By 2010 the production had increased to 5000 metric tons and is expected to continue to increase till 2025. [10]

Production of $TiO₂$ materials produces a range of primary particles sizes. Most applications of $TiO₂$ would benefit more from smaller primary particle sizes, and the percentage of $TiO₂$ that is produced to be closer to the nanosized range is expected to increase exponentially. [11] This shift in production to materials with a smaller primary particle size is the increase of $TiO₂$ "nanomaterial" production. TiO₂ nanomaterial is an illdefined term that is often interchanged with $TiO₂$ nanoparticle. $TiO₂$ nanoparticles are generally synthesized to have a crystalline structure.

When TiO₂ nanoparticles are created they can be amorphous or from into some mix of three different crystal structures: anatase, rutile, and brookite. Each of these crystal structures has its own unique properties. [12] The most common procedure for synthesizing $TiO₂$ nanoparticles utilizes the hydrolysis of titanium (Ti) salts in an acidic solution. [13] The structure, size, and shape of the $TiO₂$ nanoparticles can be controlled by using chemical vapor condensation or nucleation from sol gel. $[14, 15]$ TiO₂ can also be formed into nanowires or nanotubes. [16, 17] Thus, nanomaterial is an umbrella term that actually encompasses nanoparticles, nanowires, nanotubes, or other morphology all with different sizes, shapes, and structures.

1.3 APPLICATIONS OF TITANIUM DIOXIDE NANOMATERIALS

1.3.1 UV protection and opacity. One unique property of TiO₂ nanomaterials is an increased ability to disperse light which makes them an ideal ingredient in sunscreens and cosmetics to protect the skin against harmful ultraviolet (UV) rays. [9, 18, 19] A large portion of the nanosized $TiO₂$ produced ends up as personal care products like sunscreen and cosmetic creams. As stated before, bulk $TiO₂$ is often used as a bright white pigment. However, $TiO₂$ nanomaterials tend to be good opacifiers and are used in paints and coatings.[20, 21]

1.3.2 Water treatment and remediation. The photocatalytic properties of $TiO₂$ nanomaterials are often used in water treatment

applications. The high surface area per unit mass creates a larger catalytic surface for the production of hydroxyl radicals that are strong oxidizing agents. [22] When UV light is used to activate the nanoparticles, efficient removal of aromatic organic compounds can be achieved. They also provide an absorptive surface for the removal of heavy metals. Other advantages of using $TiO₂$ for water treatment applications are its low cost, resistance to corrosion, and overall stability. [3, 4]

 $TiO₂$ nanoparticles have been used as a solid phase extraction (SPE) packing material for the remediation of surface waters. Using $TiO₂$ nanoparticles as a packing material can effectively preconcentrate and extract heavy metals from river water and seawater. [23] This has been effectively accomplished in batch and column experiments at the natural pH of coastal waters. [24]

1.3.3 Antimicrobial applications. Pure $TiO₂$ nanoparticles or $TiO₂$ nanoparticles doped with other materials such as iron or silver exhibit antimicrobial properties. The nanoparticle composites have been shown to be effective at disinfecting airborne bacteria for hospitals and have been incorporated into textiles for antimicrobial clothing. [25, 26] The photocatalytic antimicrobial activity of $TiO₂$ nanoparticle composites have led them to be used in coatings to create self-cleaning surfaces. [27, 28] These coatings have found applications in self-cleaning windows and antifogging glass. [8]

1.3.4 Health care applications. TiO₂ nanomaterials are being evaluated for many different uses in the health care industry. A platinum $TiO₂$ nanocomposite has been shown to be effective in the treatment of cancer cells. $[29]$ TiO₂ nanotubes applied to bandages have been shown to enhance blood clotting rates by forming a sort of scaffold for blood clots to form against. [30] TiO₂ nanoparticles have been generated *in situ* in polyurethane membranes to be used as bandages that not only enhance clotting, but keep bacteria out while allowing gas permeability and water vapor transmission. [31]

1.3.5 Other novel applications. TiO₂ nanomaterials continue to be studied so that they can be utilized in new and exciting ways. $TiO₂$ nanomaterials are being evaluated for their capacity for energy storage and conversion. [1] $TiO₂$ nanomaterials may also prove to be a low cost environmentally friendly means to split water for hydrogen production in the future. [32] The potential applications for $TiO₂$ nanomaterials are numerous and cover a wide variety of disciplines.

1.4 TITANIUM DIOXIDE NANOMATERIAL RISK

As a bulk material, $TiO₂$ is inert and insoluble which results in a relatively high median lethal dose (LD_{50}) for rats of 12,000 mg/kg body weight by oral administration. [33] However, $TiO₂$ nanomaterials interact with tissues differently than the bulk material making them more toxic. A nanomaterial risk framework must be established to judge the

environmental, health, safety risk of any engineering nanomaterial. [34] The risk depends on both the hazard potential and external exposure likelihood. [10]

1.4.1 Risk to human health. Chronic effects have been observed from $TiO₂$ nanoparticle exposure. Workers in the $TiO₂$ nanoparticle production industry in six European countries were more likely to develop lung cancer compared to the general population. [35] Though this trend was not confirmed in the United States or Canada, there was enough concern for the National Institute for Occupational Health and Safety (NIOSH) to propose a draft permissible exposure level (PEL) of 1.5 mg/m³ and a recommended exposure level (REL) of 0.1 mg/m³. The PEL for $TIO₂$ nanoparticles is 15 times lower than the PEL for $TiO₂$ microparticles. [9]

Many exposure and toxicity tests are conducted on rodents rather than human subjects. Two separate studies found that a TiO₂ nanoparticle dose of 5 g/kg body weight did not cause obvious acute toxicity in rats. However, there were acute effects on individual tissues in the rats. [33, 36] The instillation or inhalation of large doses of $TiO₂$ nanoparticles have been shown to strongly affect lung function. [37] Other localized toxic effects are detailed in Table 1.1.

Table 1.1

1.4.2 Ecotoxicology. The risks to human health come from both intentional and unintentional exposure to $TiO₂$ nanomaterials. Many studies have been conducted on intentional exposure such as sunscreen application and unintentional exposure such as inhalation of nanoparticles in an improperly controlled production facility. Less is known about how nanomaterials behave once they are released to the environment. $TiO₂$ nanomaterials in consumer products like sunscreen are washed off and end up in wastewater. It has been shown that wastewater treatment plants (WWTPs) are capable of removing the majority of $TiO₂$ nanomaterials from influent sewage. [46] However, $TiO₂$ particles measuring between 4 and 30 nm were still found in the treated effluent. [47] These nanomaterials are then released to the surface waters where they can interact with living organisms. One study monitoring $TiO₂$ nanomaterials found the highest concentrations in river water to be directly downstream of a WWTP. [48] $TiO₂$ nanomaterials that are absorbed in the treatment plants may still end up in the environment if the biomass is land applied and it later leaches out of the soil. Though the release of $TiO₂$ nanomaterials to the environment has been shown, it is difficult to quantify how much is released. Since it is impossible to measure every single source of $TiO₂$ nanomaterials, amounts are often modeled to better predict how $TiO₂$ nanomaterials may affect the environment. [49]

Once in the environment, even less is known about how organisms are affected by $TiO₂$ nanomaterials. Phytotoxicity studies have shown that $TiO₂$ nanoparticles inhibited growth of some plants by reducing the hydraulic conductivity while others have shown that the particles may improve growth by enhancing photosynthesis in leaves and nitrogen fixing in roots. [50] It has been shown that fish absorb $TiO₂$ nanoparticles

through their gills. Once into the bloodstream, TiO2 nanoparticles can translocate to various organs in the body. [51] Concentrations as low as 16 mg/L of nanosized $TiO₂$ have been shown to inhibit the growth of algae in natural waters. [52] $TiO₂$ has been shown to bioaccumulate, with higher concentrations in *Daphnia magna* at 21 days than at 3 days. [53] However, several studies have agreed that $TiO₂$ tends to be a less hazardous to organisms than other nanomaterials such as multi-wall carbon nanotubes, nano cerium oxide, and nano zinc oxide. [6, 10]

The goal of toxicology and ecotoxicology studies is to attempt to identify characteristics of the nanomaterials that make them particularly toxic. It had been generally accepted that primary particle size was a large factor in assessing toxicity, with smaller particles tending to be more toxic. However, recent studies have shown that particle size is only a single (and perhaps minor) factor influencing the toxicity of nanoparticles. [34] The reason it is still so difficult to assess the risk of certain nanomaterials is that nanotoxicology studies rarely have enough reliable information on the physicochemical characteristics of the nanoparticles tested. Thus, it is impossible to determine a discernable correlation between any single parameter and toxic effect. [52] The results of many past nanotoxicology studies have been deemed unreliable because they did not adequately characterize the studied nanomaterials. [37] The number of applications for $TiO₂$ nanomaterials continues to grow while health and environmental studies attempt to catch up.

1.5 MOTIVATION FOR RESEARCH

Human exposure to $TiO₂$ nanomaterials is only going to increase as the number of applications utilizing $TiO₂$ grows and usage increases. Similarly more nanosized $TiO₂$ will ultimately be released to the environment. Large knowledge gaps exist regarding the fate of $TiO₂$ nanomaterials once they have been used for their designed purpose or after unintentional releases. The goal of this thesis is to develop analytical techniques to quantify the level of $TiO₂$ in complex matrices to support research of the environmental, health, and safety ramification of $TiO₂$ nanomaterials.

1.6 THESIS ORGANIZATION AND OBJECTIVES

This thesis is divided into a number of closely related projects all pertaining to $TiO₂$ nanomaterials. Each project is presented here as a separate chapter (Chapters 2-7) seeking to complete a specific objective, and a chapter synthesizing the findings from all of the projects and providing conclusions, recommendations, and future research goals (Chapter 8).

1.6.1 Objective 1: Create a model for the behavior of TiO² nanomaterials absorbed into the body. One way to better understand the fate of $TiO₂$ nanomaterials in the human body is to develop an absorption, distribution, metabolism, and excretion (ADME) model. ADME models are often used to better understand the effects of pharmaceuticals

on the human body. The data that are used as inputs to these models typically come from rodent studies. The rodent studies can be used to simulate effects of exposure to humans. These studies will be combined in an attempt to create a complete model from the absorption of $TiO₂$ nanomaterials till their excretion from the body. Then a hypothetical exposure dosage of $TiO₂$ nanomaterials will be added as an input to determine distribution though the body and likely concentrations in organs.

1.6.2 Objective 2: Develop a digestion method to quantify the total amount of TiO₂ in organic matrices. In order to verify TiO₂ concentrations in tissues after exposure studies or to find out how much $TiO₂$ is contained in consumer products that may release to the environment, a digestion method must be developed that can quantify $TiO₂$ in various types of samples. The method must be able to detect trace quantities of $TiO₂$ and be capable of efficiently digesting large amounts of $TiO₂$, all in a timely manner so that large quantities of samples can be analyzed. The method should also be able to digest any organic material that may cause interferences during analysis.

1.6.3 Objective 3: Measure the total TiO² content in rat lungs instilled with various TiO₂ nanomaterials. Different types of TiO₂ nanomaterials can deposit in the lung and be cleared to different degrees. In a collaboration study with the University of California at Davis, rats exposed to $TiO₂$ nanomaterials by means of intratracheal instillation were analyzed for effects. The animals were exposed to two crystal structures

of TiO₂ nanoparticles and TiO₂ nanobelts. Then the animals were sacrificed so that the $TiO₂$ could be quantified to measure the $TiO₂$ concentration per lung mass. The $TiO₂$ concentration provided information about which types of nanomaterials deposit into the lung with a greater efficiency and how long it takes for the nanomaterials to clear from the lung.

1.6.4 Objective 4: Measure the total TiO² in food products and separate the nanosized fraction for further analysis. While many products list $TiO₂$ as an ingredient, it is possible that it may be contained in other products and remains unlisted. It was the objective of the project to obtain a number of different food products and determine the total $TiO₂$ content. Then, to determine the percentage of the total $TiO₂$ content that was in the nanoscale size range by filtration. This was done to know how much nanosized $TiO₂$ would have been ingested by a person consuming such food products. TiO₂ eventually ends up in wastewater, and the data provided a better understanding of how much nanosized $TiO₂$ is released into the environment.

1.6.5 Objective 5: Measure the total TiO² in personal care products and separate the nanosized fraction for further analysis. Like food products, it is possible that $TiO₂$ may be contained in personal careproducts and remain unlisted. The objective of the project was to obtain a number of different personal care products and determine the total TiO₂ content. Then, to determine the percentage of the total TiO₂

content that was in the nanoscale size range by filtration. This was done to know how much nanosized $TiO₂$ a person would have been exposed to. $TiO₂$ eventually ends up in wastewater, and the data provided a better understanding of how much nanosized $TiO₂$ may be released into the environment.

1.6.6 Objective 6: Measure the total TiO² in paint products.

 $TiO₂$ is likely to be found within paints, but how much may vary by brand and type. The objective of this project was to obtain a number of different paint products and determine the total $TiO₂$ content. This was done to know how much total $TiO₂$ exists within pain to predict how much might be nanosized. Eventually the paint weathers and $TiO₂$ is released to the environment. Combining these six objectives gave a better idea of how much $TiO₂$ a person may be exposed to and how much would be released to wastewater and the environment.

CHAPTER 2: PHARMACOKINETIC MODELING OF TITANIUM DIOXIDE NANOMATERIALS

2.1 PROBLEM STATEMENT

Many nanomaterials—TiO₂ included—may potentially be hazardous, but the direct risk to human health depends on the probability of exposure occurring. [1] To better gauge the risk to human health, a quantitative risk assessment should be completed. A quantitative risk assessment is defined as "the estimation of the severity and likelihood of adverse responses associated with exposure to a hazardous agent" and should include a hazard identification, exposure assessment, doseresponse assessment, and risk characterization. [43] One way to complete an exposure assessment and dose-response assessment is to use a physiologically based pharmacokinetic model. These types of models have been used to study the absorption, distribution, metabolism, and excretion (ADME) of pharmaceuticals, but can be applied to nanomaterial kinetics in the body with certain modifications to account for differences between nanomaterials and pharmaceuticals. [54] It is the objective of this project to develop a pharmacokinetic ADME model for $TiO₂$ nanomaterials that can predict tissue concentrations based on an exposure level.

2.2 INTRODUCTION

2.2.1 Exposure. An exposure assessment is a critical first step in modeling nanomaterial kinetics and characterizing risks to human health. Nanomaterial exposure may be intentional or unintentional. Intentional exposure to nanomaterials may result from medical applications such as drug delivery or imaging. Unintentional exposures may come from nanomaterials in food, cosmetics, or air and water pollution. [54] While pollution, personal care products, and nanomaterials in foodstuffs pose some exposure risk to the general population, the population groups most susceptible to nanomaterial exposure are those people who work with nanomaterials regularly for their careers. One of these key populations is the researchers who study nanomaterials at private labs, universities, and in the research and development divisions of private enterprises. [55] A study in a research lab found that the airborne concentrations peaked to a concentration of 3x10³ TiO₂ particles/cm³ within a minute of nanoparticle production or use and remained at nearly the same level for 30 minutes. [56]

Another at-risk population is the people who work in the engineered nanomaterial production industry. These workers have a significant risk of a cytotoxicity response especially to particles in the size range of 10-30 nm. [57] The most at-risk workers are those who perform nanomaterial handling duties such as bagging, reactor cleaning, bag dumping, pouring, and transferring as these duties produce the most dust in the nanosize
range. [58] The ventilation schemes near these processes affect the nanomaterial concentrations. [55] Concentrations were often measured as high as 5.0x10⁵ TiO₂ particles/cm³. [58] For spherical TiO₂ nanoparticles with an average diameter of 50 nm, this corresponds to a mass concentration of 0.14 mg/m³, above the NIOSH REL. A sudden release of $TiO₂$ nanomaterials to the air could raise the concentration much higher. One study found the acceptable workplace concentration of $TiO₂$ nanoparticles to be 1.2 mg/m³ in respirable dust which is close to the NIOSH PEL. [22] The producers of P25 TiO₂ nanoparticles, Evonik DeGussa, claim to keep $TiO₂$ nanoparticle concentrations under 0.5 mg/m³. [9] These values can be compared to a general background particle concentration in a lab which is roughly 0.009 mg/m³. [56] Particle levels outside of these production facilities were measured as high as 1.3x10⁴ particles/m³, 94% of which had diameters <100 nm. [9] While this level is higher than ambient levels, it is negligible compared to levels inside of the plant, suggesting that the most susceptible population are the nanomaterial industry workers. The only likely high exposure scenario for the general public would be if there was an accident where an unintentional release of nanomaterials from a plant or during transport occurred. [9]

In order to reduce exposure to nanomaterials, engineering controls and personal protective equipment can be used. Automated processes, fume hoods, and high efficiency particulate air (HEPA) filters can reduce

exposure risk. Respirators and masks may help, but have not been proven to effectively remove all nanomaterials. [56, 59] It is also important to understand how nanomaterials will behave once airborne. Particles tend to aggregate in the air, shifting the average particle diameter to a larger size over time. [58] It was found that the most important mechanism driving nanoparticle aggregation is collisions of nanoparticles with other nanoparticles and background aerosols. [60] Thus, the most critical risk of exposure to smaller sized nanomaterials is to those workers who are near nanomaterial dusts when they are first created.

2.2.2 Toxicity study extrapolation. Many exposure and toxicity tests are conducted on rodents rather than human subjects. A scientifically reasonable approach must be used to extrapolate rodent data to humans. This can be done by allometric relationships between species or by lung dosimetry models. Allometric models are the simpler way and are based on the ratios of different metrics between humans and rodents. Examples of these factors are tissue weight, tissue surface area, respirations rates, and nanomaterial deposition fractions. [22, 43] In the absence of other data an equal response is assumed for a normalized dose in both species. [43]

2.3 ABSORPTION

Once a subject has been exposed to $TiO₂$ nanomaterials, they must be absorbed into the body to have any effect. Absorption is the process of

how a material moves from the external site of exposure to an internal biological space. [54] The primary routes for exposure are inhalation, ingestion, injection, and absorption by the skin. The most important exposure route is inhalation for two reasons. One reason is that nanomaterial aerosols generally have higher concentrations of nanomaterials than anything that would likely be ingested or applied to the skin. Ingestion and dermal exposure are also more likely from intentional exposure (i.e. oral drug delivery or sunscreen application), which is better understood than unintentional exposure. [61] The second reason is because of the large surface area of the lungs and the minimal anatomical barriers once nanomaterials reach the alveoli. [62] This chapter focuses primarily on inhalation kinetics. A short review of ingestion and dermal exposure is provided along with the reasons that the routes are less relevant to exposure than inhalation.

2.3.1 Gastrointestinal absorption. Nanomaterials may be ingested accidently or intentionally. These particles can be absorbed by the mucosal lining and epithelial barrier in the gastrointestinal associate lymphatic tissues (GALT) in as little as 60 minutes. [1] A modeled concentration of 10 μ g/mL TiO₂ nanomaterials in the intestines can cross the epithelial lining by transcytosis, but will only result in low concentrations after crossing. [41] Positive particles tend to be absorbed better, and smaller particles move more easily through barriers. [61] Wang [33] showed that $TiO₂$ nanoparticles orally administered to a rat could

move from the GALT to the liver, spleen, kidneys, and lung. However, Jani [63] showed that micro-scale $TiO₂$ particles of 500 nm could also move to the liver, spleen, and lung with no distribution to the heart or kidney. This means that there is little remarkable difference between $TiO₂$ nanoparticles compared to regular $TiO₂$ particles except that the nanoparticles were able to move to the kidney of a rat as well. Despite the translocation of $TiO₂$ nanomaterials from the gastrointestinal tract, no negative effects on any rats have been shown as they have been with inhalation studies. [61]

2.3.2 Dermal absorption. The European NANODERM 3 year study of TiO² nanomaterial based sunscreens used *in vitro* and *in vivo* techniques to assess whether the particles can penetrate the skin. The results were inconclusive with some studies reporting penetration from the surface into deeper epidermal layers and others reporting no penetration. The study ultimately concluded $TiO₂$ nanomaterial based sunscreens were safe. [64] The skin condition could factor into dermal penetration of TiO₂ nanomaterials. The nanomaterials may be more likely to penetrate deeper into the skin at creases, cracks, or hair follicles as well as more readily into damaged skin. [61] One study found penetration was greater when applied to hairier skin. [64] There is no clear evidence that $TiO₂$ nanomaterials that enter the skin are able to enter the systemic circulatory system. [40] The reason skin is difficult to penetrate is because of a 10 μm thick barrier of strongly keratinized dead cells. The total area of the skin is

roughly 1.6 m². This can be compared to the 140 m² surface area of the lungs and the 0.5 μm thick barrier between the airspace in the alveoli and the blood flow to illustrate that the lungs are a more likely absorptive site for nanomaterials.

2.3.3 Other absorption sites and exposure routes. TiO₂

nanomaterials in the body may come from wear and tear of prosthetics in the body. Originally the materials are biocompatible, but at the nano-size they can cause inflammatory responses and have been shown to move to the liver, kidney, and colon. $TiO₂$ nanomaterials may be transported from a mother to a fetus by trans-placenta absorption. [61] Specifically, the $TiO₂$ nanomaterials were able to affect the brains of the mouse fetuses after being administered to their mothers. This is because the blood-brain barrier is not fully developed while in the womb. $[65]$ TiO₂ nanomaterials in water spray can be inhaled or absorbed through the eye. [9] However, this is likely only relevant to those who use concentrated nanomaterial solutions in a lab or industrial setting since the highest $TiO₂$ nanomaterial concentration directly downstream from paint run-off was only measured to be 4 μg/L. [66] Other exposure routes such as intravaginal and intravenous exist. [54] However, these exposure routes are less likely and less studied than inhalation and pulmonary absorption. The different absorption routes into the body are displayed in Figure 2.1.

Figure 2.1 Known and theorized nanomaterial exposure routes.

2.3.4 Deposition of TiO₂ nanoparticles in the lung. Before TiO₂ nanomaterials can be absorbed to the blood from the alveoli, they must first be deposited there. An inhalable dust can enter the respiratory tract, but a respirable dust will travel all the way to the alveolar region. [9] $TiO₂$ nanomaterials are respirable because they will travel to the alveoli. This is important because the epithelial barrier is thinner in the alveolar region. It has been shown that up to 80% of nanomaterials may deposit in the lungs. Particles >100 nm are much less likely to deposit. [61] One study found that 1 nm diameter $TiO₂$ nanoparticles nearly all deposited before the alveoli, while one third of 5 nm diameter particles made it to the alveoli, and roughly half of 20 nm diameter particles reach the alveoli. [9] The deposition rate will also depend on the subject. Subjects with asthma

or pulmonary disease and patients who were exercising had higher deposition efficiencies. [42, 67] Deposition rates are covered in more detail in Chapter 4. While deposition fractions might change, Kuempel [43] showed that the relationship between external exposure and internal dose is linear.

2.3.5 Pulmonary absorption. After nanomaterials are deposited in the lung, they may absorb from the airspace side into the internal biological space. This is relevant because capillaries carrying blood are close to the surface of the alveoli where they exchange gases. $TiO₂$ nanomaterials are absorbed to the blood primarily by phagocytosis by macrophages or by endocytosis by epithelial and endothelial cells. [40] $TiO₂$ nanomaterials exposed to pulmonary macrophages and red blood cells are taken up by diffusion or adhesive interactions. Once within cells, they are not membrane bound which greatly enhances their toxic potential. [68] It was found that after low concentrations of $TiO₂$ nanomaterials were absorbed, the epithelial integrity was not disrupted when measured by trans-epithelial electrical resistance. [41] However, when the epithelial tissue is damaged beforehand, $TiO₂$ nanomaterials can absorb into the blood stream more rapidly. $[69]$ TiO₂ nanomaterials may also absorb into the body by transient passage. [62] This has been shown when stimuli caused by the nanomaterials causes the epithelial cells to shrink which can create gaps between cells that $TiO₂$ nanomaterials can transverse. [70] These mechanisms may work outside of the alveoli in the

airways as well. After rats inhaled a $TiO₂$ nanoparticle aerosol with a median diameter of 22 nm, particles were found on the luminal side of airways and alveoli, within all major lung tissue compartments and cells, and within capillaries. This absorption may occur rapidly. One study found that within 1 hour, 24% of respired $TiO₂$ nanomaterials were found beyond the epithelial border. 24 hours later the distribution through the lung remained the same. [68] Nanomaterials that are difficult to clear may remain in the lung for long periods of time. This accumulation of nanomaterials can provide a persistent source of nanomaterial absorption over time. [71]

2.3.6 Olfactory nerve absorption. While most absorption in the lungs takes place in the alveoli, the olfactory nerve is another key location where absorption can take place. Nanomaterials can deposit on the olfactory mucosa and migrate along the olfactory nerve into the olfactory bulb where they are able to interact with the brain. [72] This is important because the restrictive brain-blood barrier generally prevents nanomaterials from entering the brain. The olfactory nerve bypasses the blood-brain barrier allowing nanomaterial interaction with the central nervous system. [61] Larger nanomaterials tend to be better absorbed by the olfactory bulb. [40] This is likely because only 10% of 10 nm diameter nanomaterials are expected to deposit in the nasopharyngeal region. [73] However, micro-sized particles (>100 nm) were unable to be absorbed by the olfactory nerve into the brain. [74]

2.4 DISTRIBUTION

2.4.1 Systematic distribution. The distribution of nanomaterials describes how they move through different tissues and through the circulatory system to other organs. Translocation is a term often used to describe the combined absorption and distribution of nanomaterials. Once out of the lung, $TiO₂$ nanomaterials may distribute to different systems and organs. One key system is the lymphatic system. Lymphatic vessels are found all through the body except in the cartilage, the eye, and the central nervous system. $TiO₂$ nanomaterials can traverse the body by the lymphatic fluid. [54] Uptake of anatase $TiO₂$ nanomaterials increased linearly in the lung over time and exponentially in the lymph nodes over time. [57] This increase can continue for a long period of time after exposure has ended. A 25 mg/m³ airborne dose of TiO₂ nanomaterials led to a concentration of nanomaterials in the lymph nodes that continued to increase for more than 300 days after the exposure ended. [72] Another study confirmed that the lymph node concentration continued to increase for 1 year after a 10 mg/m 3 dose and peaked at 26 weeks for a 2 mg/m 3 dose. [75] This is caused by the persistence of $TiO₂$ nanomaterials in the lung that continue to absorb into the lymph nodes even after exposure has ended. Not only can distribution within the lymph nodes increase for over a half a year, it can also occur very rapidly. Small nanomaterials (<5 nm) moved to the mediastinal lymph nodes with 3 minutes and then on into the kidneys within 30 minutes. [62]

Once into the circulatory system $TiO₂$ nanomaterials can reach other organs as well. Small nanomaterials (<5 nm) were not observed in the liver or bile, but accumulated in the kidneys and were quickly cleared. Larger nanomaterials (27 nm) moved to the lymph nodes in 20 minutes and into the blood after 30 minutes. None of these particles were found in the urine, but tended to accumulate in the liver, lungs, and lymph nodes. Nanomaterials larger than 34 nm mostly were retained in the lungs. [62] This study demonstrates the dependence of distribution on nanomaterial diameter. Another factor is the surface charge of the nanomaterial. Positive surface charges tend to be more restrictive for nanomaterial distribution. [62] To observe distribution trends, nanomaterials are sometimes injected directly into the blood stream. When 2000 μg of 15 nm $TiO₂$ nanomaterials were injected into a rat nearly the entire mass eventually concentrated in the liver along with 20 μg in the kidney, 10 μg in the lungs, and 5 μg in the spleen and blood. [76] A 5 mg/kg body weight intravenous dose of 20-30 nm $TiO₂$ nanomaterials led to a 134 μ g/g concentration in the liver, a 79 μg/g concentration in the spleen, a 8.8 μg/g concentration in the lung, and a 0.67 μg/g concentration in the kidney after one day. The concentration of Ti in the liver remained nearly constant over 28 days, decreased slightly over 28 days in the spleen, and was returned to control levels by 14 days in the lung and kidney. [36] Another intravenous study found that 80 nm $TiO₂$ nanomaterials mostly accumulated in the liver, while 25 nm $TiO₂$ n nanomaterials accumulated

in the spleen, liver, and lungs. [40] A 5g/kg body weight oral dose of 50 nm $TiO₂$ nanomaterials showed that the majority of the nanomaterials went to the liver. [23] No study showed a measurable concentration of $TiO₂$ nanomaterials in the brain from pulmonary absorption or intravenous exposure.

2.4.2 Olfactory nerve distribution. As described previously, nanomaterials can bypass the restrictive blood-brain barrier by the olfactory nerve. After exposure to 10 nm diameter $TiO₂$ nanomaterials, the particles that deposited remained in the olfactory bulb. After exposure to 80 nm diameter $TiO₂$ nanomaterials, the particles were in the olfactory bulb within 2 days and inside the brain within 30 days. [33] A dose of 5 g/kg body weight of 50 nm TiO₂ nanomaterials to rats resulted in 100 μ g/g concentration in the brain, specifically the cortex and hippocampus regions. The same dose of 120 nm $TiO₂$ particles did not result in a Ti concentration in the brain significantly different than the control animals. [23] The distribution into the brain and the inflammatory response is affected by the crystalline structure of the nanomaterial as well. Anatase $TiO₂$ nanoparticles were shown to have a greater inflammatory response than rutile $TiO₂$ nanoparticles. [73] The cited studies show that there are many different distribution profiles of $TiO₂$ nanomaterials. While particle diameter has a significant effect on distribution; other factors like surface charge, surface coating, and crystalline structure have been shown to affect distribution as well.

2.5 METABOLISM

Metabolism of nanomaterials broadly means a process within the body that will change the nanomaterials' properties. Few journal articles on nanomaterial metabolism have been published. Inorganic materials are generally stable and hard to metabolize rapidly. [54] It is difficult for the body to metabolize inert nanomaterials; however, organic coatings on nanomaterials and metal oxides can be metabolized. [61] It has been shown that $TiO₂$ can be dissolved by macrophagic activity in the liver and can be considered an easily eliminated compound, unlike asbestos or carbon nanotubes. [76] Dissolution is a key factor in the metabolism and clearance of nanomaterials. Though nanomaterials may be more difficult to clear for other reasons, they will dissolve faster than micro-sized particles. Even if the dissolution takes weeks or months, it will still increase the clearance of nanomaterials. [40]

2.6 EXCRETION

2.6.1 Pulmonary Clearance. Excretion refers the way the body eliminates nanomaterials out of the biological space. In the lungs—as well as the gastrointestinal tract—there are competing processes: absorption vs. clearance. [54] The lungs are cleared of deposited, unabsorbed nanomaterials by two processes. In the upper region, the mucocilliary escalator moves particles upward. In the alveolar region, nanomaterials are cleared by macrophage phagocytosis. [77] Both processes move

particles toward the larynx where they enter into the gastrointestinal tract. From here they can possibly be found in feces despite no oral administration. [78] One study observed that dissolution of $TiO₂$ nanomaterials was not observed in the lungs and all clearance was primarily by the physical and mechanical processes. [79]

Transportation of nanomaterials by macrophages can be a slow process and may not be able to clear all the particles. [40] One way to measure lung clearance is by finding the half-life of particles absorbed into the lung. A 23 mg/m³ dose of 20 nm and 250 nm TiO₂ particles was administered to rats. The half-life for the 20 nm $TiO₂$ nanomaterials was 501 days, while the half-life for the 250 nm $TiO₂$ nanomaterials was only 174 days. [79] This can be compared to a 6 μm diameter particle which would generally be cleared within 1-2 days. [80] Dosage also has a factor on clearance rates. The half-life times were 63 days, 132 days, and 395 days for doses of 0.5 mg/L, 2 mg/L, and 10 mg/L $TiO₂$ nanomaterials respectively. This prolongation of particle clearance for higher doses is indicative of pulmonary overload. [75] If a particle larger than 200 nm reaches the lower regions of the lungs, it is generally responded to by macrophages within a few hours. However, smaller nanomaterials are often "hidden" from the macrophages for long periods of time that increase the clearance time. [80]

2.6.2 Systematic Clearance. Once into the circulatory system, excretion mainly occurs by the liver and kidneys, with small nanomaterials

(<5.5 nm) being almost completely cleared by the kidneys into the urine. [54, 62] Intravenously introduced $TiO₂$ nanomaterials cleared from the kidney, blood, and spleen within 72 hours. One month later 30% of the peak concentration of nanomaterials had cleared from the liver into the bile. [76] The clearance times for the circulatory systems are generally much faster than the lungs if there is not a persistent source remaining in the lungs. Other excretion routes such as by sweat or breast milk have been theorized, but not yet proven. [54, 61]

2.6.3 Accumulation. If nanomaterials are unable to clear, they may accumulate in the organs. The retained dose is a result of biopersistence of a compound and is a function of deposition rates and clearance rates. [79] Lipid soluble nanomaterials may deposit in the lung surfactant where they can be retained for months or even years. [59] These lipid soluble nanomaterials may also be retained in the intestinal fluid unless they are biodegraded or cleared by chemical dissolution. [40] High accumulation is likely to occur where nanomaterials are administered, especially the lungs and the gastrointestinal tract. There is virtually no accumulation in the brain and low accumulation in the kidneys and muscles. However, because the muscles are larger than the kidneys, they may have a high absolute mass despite a low concentration. [54] By accumulation processes, one can see how if nanomaterials are not cleared, they can build up over long periods of time and cause chronic health problems.

2.7 MODEL DEVELOPMENT

The data gathered from $TiO₂$ nanomaterial ADME studies mentioned above were combined to create a model capable of modeling how two different sized of nanoparticles will move throughout the body based on different exposure types and exposure levels. The ADME model was created from inhalation, ingestion, and injection studies that recorded the concentrations of $TiO₂$ nanomaterials in different tissues after the animals were sacrificed. The organs that were consistently studied were the lymph nodes, liver, kidneys, spleen, and brain. [23, 33, 36, 73, 79] The model dose was scaled linearly to the dose used in the studies in order to predict the tissue concentrations. When available, the model is based upon different times post dosage. The inputs and calculations used for the model can be seen in Figure

2.7.1 Hypothetical exposure scenarios. To better illustrate the effect particles size has on the pharmacokinetics of $TiO₂$ nanomaterials, two hypothetical exposure scenarios were created. The duration, airborne concentration, and size of the $TiO₂$ nanomaterials were varied to simulate possible workplace environments. The two exposure scenarios are shown in Table 2.1. The first scenario is a moderate nanoparticle concentration of 5 nm diameter particles for a 4 week period of 8 hour work days. The second scenario is a high nanoparticle concentration of 25 nm diameter particles for just 3 work days. The final concentrations in the tissues resulting from inhalation are shown in Tables 2.2 and 2.3. A similar

dosage (mass per body weight) of 25 nm diameter $TiO₂$ nanoparticles was modeled as being ingested and injected. The results are shown in Table 2.4.

Table 2.1

Hypothetical Exposure Scenarios

Figure 2.2 ADME Inhalation Model Flowchart: Ovals indicate inputs, green boxes indicate outputs, black lines are $TiO₂$ moving through the body, and the line thickness indicates relative $TiO₂$ mass.

Table 2.2

Modeled Inhalation Tissue Concentrations: Hypothetical Dose #1

Table 2.3

Modeled Inhalation Tissue Concentrations: Hypothetical Dose #2

Table 2.4

Modeled Ingestion and Injection Tissue Concentrations: Hypothetical Dose #2

2.7.2 Clearance rates. It is important to understand how TiO₂ nanomaterials remaining in the lung can act as a persistent source of absorption into the body. Small nanoparticles can have an especially long half-life in the lung before they are cleared. The clearance of $TiO₂$ nanomaterials can decrease linearly or decay exponentially depending on the initial dosage. The mass deposited decrease from the lungs, modeled as an exponential decay for each of the two exposure scenarios can be seen in Figure 2.2 and Figure 2.3 which show the clearance of $TiO₂$ nanoparticles over time.

Figure 2.3 TiO₂ nanoparticle lung clearance for exposure scenario #1

Figure 2.4 TiO₂ nanoparticle lung clearance for exposure scenario #2

2.8 DISCUSSION

 $TiO₂$ nanomaterials are already used in applications in many different industries, and their use increases every year. The most susceptible people are those who regularly are exposed to $TiO₂$ nanomaterials in their workplace. To judge how $TiO₂$ nanomaterials are taken up and distributed by the body, pharmacokinetic ADME models can be applied. The most important absorption route in the body is pulmonary absorption. The importance of pulmonary absorption is reflected by the $TiO₂$ nanomaterial tissue concentrations from inhalation being 4 orderes of magnitude higher than the tissue concentrations from ingestion. Though ingested and dermally applied nanomaterials are not as relevant from a human health standpoint, there are still environmentally relevant as a waste after being excreted or washed off.

From the lungs $TiO₂$ nanomaterials can be distributed to the lymphatic system, brain, liver, kidney, and spleen. The distribution throughout the body depends largely on nanomaterial diameter, but also on other factors like surface charge as well. $TiO₂$ nanomaterials may be metabolized in the liver, primarily by dissolution by the macrophages. The nanomaterials are cleared from the lungs by the mucocilliary escalator and phagocytosis by macrophages. They are cleared from the circulatory system primarily by the liver and kidneys depending on particle size. $TiO₂$ nanomaterials will primarily end up in feces if ingested or cleared from the lungs to the esophagus. Those nanomaterials cleared by the kidneys will

end up in urine. If particles are not excreted they can accumulate in organs and remain there for months or years. Studies of $TiO₂$ toxicity and ADME are complicated by the many factors that must be accounted for when studying nanomaterials. This chapter has demonstrated some of the kinetic behaviors of $TiO₂$ nanomaterials in the body, but it is important to remember many knowledge gaps still exist and the risk to human health created by $TiO₂$ nanomaterials warrants further study.

2.9 SUMMARY

- Inhalation is the most important exposure route for human health implications of $TiO₂$ nanomaterials.
- \bullet TiO₂ nanomaterials are more slowly cleared from the lungs than larger particles and have greater toxic effects with the half-life being as high as 501 days.
- \bullet TiO₂ nanomaterials may distribute to the lymphatic system, brain, kidneys, liver, and spleen. Modeled liver concentrations were generally highest, as much as 3.3 μg/g after inhalation.
- Primary particle size plays an important role in the ADME of particles as dose crystal structure, surface coating, and charge.
- Extremely small $TiO₂$ nanomaterials (< 5nm diameter) are excreted by the kidneys through the urine.
- Larger TiO₂ nanomaterials (\sim 25 nm) are more likely to be excreted in bile from the liver.

CHAPTER 3: TITANIUM DIOXIDE QUANTIFICATION METHOD DEVELOPMENT

3.1 INTRODUCTION

Spectrometric methods can be used to determine trace metals, including Ti from $TiO₂$ bulk and nanomaterials, in environmentally and biologically relevant matrices. Two popular methods are inductively coupled plasma mass spectrometry (ICP-MS) and inductively coupled plasma optical emission spectrometry (ICP-OES). In both methods, the sample is nebulized and a small part of the sample enters a plasma torch where it is atomized and conveyed to a spectrometer. ICP-MS instruments use the mass to charge ratio of the ions to differentiate species, ICP-OES instruments use the different optical emissions of elements to differentiate. The two spectrometric methods have become popular because they allow for multi-elemental analysis of both major and trace elements and are capable of rapidly processing a large number of samples requiring only a minimal sample volume. [81, 82] ICP-MS and ICP-OES methods have been shown to be more accurate than photometrical methods. [83]

A key sample preparation step for inductively couple plasma spectrometry is the conversion of solid samples to a representative solution so that the entirety of the element in question is atomized in the plasma. [84] Direct injection of unprepared samples into the spectrometer

has proven inefficient because samples may have a high viscosity or be insoluble. [85] Matrix constituents such as a high concentration of suspended solids can suppress the torch plasma which can also cause incomplete atomization and ionization of the elements. [84] A digestion procedure can be used "to reduce interferences by organic matter and convert metals associated with particulate matter to a form…that can be determined by inductively coupled plasma spectrometry." [86]

A number of different methods have been devised to adequately digest samples before an inductively coupled plasma spectrometry analysis. Digestion procedures generally involve adding acids and/or a catalyst to a sample. Different combinations and proportions of nitric acid, hydrochloric acid, sulfuric acid, perchloric acid, phosphoric acid, hydrofluoric acid, and hydrogen peroxide have all been evaluated for the digestion of organic and inorganic metals containing trace metals including Ti. [81, 82, 84-90] *Standard Methods* recommends that if possible, it is ideal to use only very pure nitric acid to prevent spectrometric interferences; but the digestion of $TiO₂$ requires a stronger digestion method. [86] It has been shown that either a mix of hydrogen peroxide, nitric acid, and sulfuric acid or hydrogen peroxide, nitric acid, and hydrofluoric acid can sufficiently digest $TiO₂$. [81, 87, 89] Using reference standards, the recovery of Ti after digestion has been shown to be 95 percent or greater. [84, 85, 87, 88, 90] The spectrometry results were

further verified by X-ray fluorescence and spectrophotometric methods. [84, 90]

Microwaves and hot plates are two common standard methods used to heat samples after acids are added in order to accelerate the digestion. Heating temperature and heating time have both been shown to have large effects on digestion efficiency. [88, 91] Ashing has been used for the digestion of samples; however, studies have shown that ashing before digestion had little effect on the digestion efficiency of TiO₂ and can cause losses. [88]

For Ti analysis both ICP-MS and ICP-OES have been shown to be sufficient for a variety of sample types. [89, 92] The ICP-MS generally has a lower instrument detection limit (IDL) and is used for ultra trace metals analysis. [86, 93] No other technique can currently approach the sensitivity of an ICP-MS instrument for multielemental analysis. The power of ICP-MS is reflected in the fact that the use of ICP-MS continues to grow while the use of ICP-OES has reached a steady state. [94] ICP-MS also has the ability to determine isotope fractionation of elements. [89] However, an ICP-MS instrument is more expensive to purchase and more complex to operate and maintain than an ICP-OES instrument. [92] ICP-OES instruments can handle a higher amount of total dissolved solids in each sample as well requiring less sample preparation than samples analyzed by an ICP-MS instrument. Thus, there is a tradeoff between ease of use and capability in the instruments.

3.2 PROBLEM STATEMENT

The objective of this project was to develop a quantification method consisting of a digestion procedure and analysis procedure capable of accurately measuring $TiO₂$ at widely varying concentrations. The digestion procedure had to be capable of digesting large numbers of samples using the resources available at Arizona State University. The digestion method had to efficiently digest all Ti so that complete ionization of the Ti can occur in the plasma. The digestion method had to digest any organics or solids that could cause interferences during analysis or damage to the instruments. The analysis procedure had to optimize the use of the inductively coupled plasma spectrometry instruments available at Arizona State University. An IDL was established for each ICP instrument to determine which can quantify titanium at lower concentrations. Then a method detection limit (MDL) was established for the digestion and analysis.

3.3 MATERIALS AND METHODOLOGY

3.3.1 Choice of digestion reagents. As described in the introduction, there are various acid combinations that can be used to adequately digest $TiO₂$ for analysis. One proven digestion method uses a combination of nitric and sulfuric acid to digest the $TiO₂$. While this method may provide a good recovery of Ti, it was not optimal for ICP-MS analysis because the sulfur oxide species (S-O) has a mass to charge

ratio (m/z) of 48 which interferes with the primary Ti isotope which is also 48. Using sulfuric acid as a digestion reagent would have made quantification of trace concentrations of Ti impossible by ICP-MS. ICP-OES could still be used, but the detection limit of ICP-OES was not thought to be as low as ICP-MS. Another popular method used by geologists is a combination of nitric acid, hydrochloric acid, and hydrofluoric acid. However, the chlorides from the hydrochloric acid can complex with elements in the water that may be analyzed during environmental monitoring. These complexes can cause precipitation of solids in the solution or cause interferences for analysis.

Packer et al. found that a combination of nitric acid, hydrogen peroxide, and hydrofluoric acid was able to digest Ti in ceramic materials. [89] Nitric acid, hydrogen peroxide, and hydrofluoric acid were chosen to be evaluated as reagents for the digestion of $TiO₂$. The reagents were all Ultrapure acids purchased from JT Baker. The percentage acid and Ti levels for the reagents are shown in table A.1. It should be mentioned that hydrofluoric acid is extremely hazardous. [95] However, with caution and the use of proper personal protection equipment (PPE) and an adequate fume hood, the hazard of using hydrofluoric acid can be minimized.

3.3.2 Digestion procedure. Two digestion procedures were evaluated, a hot plate digestion method and a microwave digestion method. In the hot plate method, sample was added to a 150 mL polytetrafluoroethylene (PTFE or Teflon) beaker along with 10 mL of

hydrogen peroxide and 2 mL of nitric acid. The beakers were heated at 120° C for 4 hours to digest the organics. The beakers were removed from the hot plate and allowed to cool. Then 8 mL of nitric acid and 2 mL of hydrofluoric acid was added. The beakers were heated on a hot plate at 120 $^{\circ}$ C to digest the TiO₂ and evaporate the acids. When 0.1 to 0.5 mL of solution remained, the beakers were removed from the hot plate and allowed to cool. Then the beakers were rinsed >3 times with a solution of 2% nitric acid in nanopure (resistivity = 18.3 M Ω^* cm) water into a 25 mL volumetric flask before being stored for analysis.

In the microwave digestion method, sample was added to a 55 mL microwave digestion vessel along with 8 mL of nitric acid and 2 mL of hydrofluoric acid. The vessels were digested using a Microwave Assisted Reaction System (MARS) Express instrument. The microwave digestion program can be seen in Table 3.1. After cooling, the sample was rinsed >3 times using approximately 20 mL of a 2% nitric acid solution into a Teflon beaker. 2 mL of hydrogen peroxide was added to each beaker to digest any remaining organics. The beaker was then heated on a hot plate at 180°C until between 0.1 and 0.5 mL of solution remained. The beakers were removed from the hot plate and allowed to cool. The beakers were rinsed >3 times with a 2% nitric acid solution into a 25 mL volumetric flask before being stored for analysis.

Table 3.1

MARS Express Microwave Digestion Parameters

In both digestion procedure, the solution was evaporated and diluted to ensure that the maximum concentration of HF in the final sample was 2%. The actual concentration is likely much lower because the HF is more likely to evaporate upon heating than $HNO₃$. This was done to ensure that there is no etching of the glassware on the spectrometers from the hydrofluoric acid.

The digestions were evaluated for the recovery of a known amount of $TiO₂$ and ability to digest organics sufficiently for analysis. A solution with a known amount of $TiO₂$ was digested to evaluate the Ti recovery efficiency. A piece of tripe was digested with the $TiO₂$ solution to simulate an organic sample. Tripe was chosen because it is an exceptionally tough tissue and a method that could digest tripe should be robust enough for any tissue sample. The digestion method was applied to a number of method blank samples, containing only the reagents and no sample, in order to measure the amount of Ti contamination that is likely to occur. The data was used to find the digestion MDL after the IDLs were established for each instrument. Whole milk was used to evaluate the

ability of the digestion procedure to digest samples with a high organic content.

3.3.3 TiO² stock preparation. The digestion methods were evaluated using a $TiO₂$ nanoparticle solution. The nanoparticles used were P25 TiO₂ purchased from the Evonik DeGussa Corporation that consist of a 81%/19% anatase/rutile $TiO₂$ crystal structure mix with an average primary particles size of 24 nm. [96] A stock solution was prepared by adding the desired weight of P25 to nanopure water and sonicating for 30 minutes in a Bronson 2510 bath sonicator at a 40 kHz frequency. A serial dilution of the stock was done to create various concentrations for the digestion evaluation.

3.3.4 ICP analysis. Analysis was conducted by ICP-OES and ICP-MS to compare the two instruments. Ti standards were prepared in 2% nitric acid to match the matrix of the samples. The concentrations for the Ti standards were chosen in the range where the concentration and CPS are related linearly to create a linear calibration curve. Samples with concentrations above the highest standard concentration were diluted so that they fell within the calibration curve. Quality control blank checks and external calibration verification checks were run regularly throughout the analysis. An internal standard was used to account for fluctuations in the plasma temperature. Scandium was used as the internal standard because it has an ionization energy close to Ti. Instrument detection limits were determined according to the method prescribed by the

Environmental Protection Agency in the Code of Federal Regulations (CFR) Title 40: Part 136 Appendix B. [97] The instrument with the lower detection limit for Ti was further optimized for sensitivity and repeatability.

The ICP-MS instrument evaluated was a Thermo X Series 2 quadrupole. The instrument was equipped with a standard quartz torch assembly, a concentric nebulizer, a double-pass spray chamber, and a CETAC ASX-520 autosampler. The instrument was tuned with a solution containing lithium, indium and uranium at a concentration of 10 μg/L. A 2% nitric acid solution was used as a rinse between all samples. The operating parameters for the ICP-MS instrument are shown in Table 3.2. A performance report was conducted on the instrument to evaluate the sensitivity and stability of the signal. The requirements for a passing performance report are shown in Appendix A Table A.2. Ti isotope mass to charge ratios of 46, 47, 48, 49, and 50 were all evaluated. The typical detection limit provided by the manufacturer listed Ti minimum detection as 0.01 μg/L.

The ICP-OES instrument evaluated was a Thermo iCAP 6200 ICP Spectrometer. The instrument was equipped with a standard quartz torch assembly, a concentric nebulizer, a cyclonic spray chamber, and a CETAC ASX-520 autosampler. A 2% nitric acid solution was used as a rinse between all samples. The operating parameters for the ICP-OES are shown in Table 3.2. The wavelengths of 3234 Å and 3349 Å were both monitored for optical emissions due to the presence of Ti. The

typical detection limits provided by the manufacturer listed Ti minimum

detection as 0.01 to 0.1 μg/L.

Table 3.2

Operating Condition for the ICP-MS and ICP-OES Instruments

3.3.5 Cleaning. Between digestions, all glassware, Teflon, and microwave digestion vials were filled with a 10% nitric acid solution and sonicated for 10 minutes. The labware was then rinsed 3 times with nanopure water and dried. Cones in the ICP-MS and ICP-OES instruments were cleaned regularly. Sample tubes for the autosampler were disposable and only used for one sample.

3.4 RESULTS

3.4.1 Digestion of organics. 5 mL of whole milk was digested by the microwave digestion and hot plate digestion methods. The microwave digestion method produced a clear sample. The hot plate digestion

method produced a dark sample that still had visible solids. The samples are shown in Figure 3.1. Running the hot plate digestion samples through the ICP-MS and ICP-OES instruments caused the sensitivity on both instruments to decrease so much that both instruments required extensive maintenance. All sample tubing had to be replaced. Running the microwave digestion samples through the ICP-MS and ICP-OES instruments had no effect on the sensitivity. This was verified by running another performance report after analysis of the digestion samples. The performance report passed.

Figure 3.1. Whole milk digested by hot plate digestion (right), microwave digestion (center), and microwave digestion with hydrogen peroxide (left). All samples shown were blanks, with no $TiO₂$ added.

3.4.2 Digestion of TiO₂. 10 mL of a 1 mg/L P25 TiO₂ nanoparticle solution was digested in triplicate with a piece of tripe by the microwave digestion and hot plate digestion methods. Both methods produced a clear sample that had no effect on the spectrometers. The microwave digestion had a recovery of 95.3 +/- 6.5%. The hot plate digestion had a recovery of 94.2 +/- 13.5 %. Because the microwave digestion method gave a good recovery and slightly more consistent results, the method was evaluated for higher concentrations of $TiO₂$ to ensure that the method was robust enough to digest larger quantities of Ti. 10 mL of both a 10 mg/L and a 100 mg/L P25 $TiO₂$ nanoparticle solution were digested in triplicate with a piece of tripe by the microwave digestion method. The results are shown in Table 3.3.

Table 3.3

Microwave Digestion Ti Recovery

3.4.3 Instrument method detection limit. The IDL was determined for the ICP-MS and ICP-OES instruments. A 2 μg/L Ti standard and a 5 μg/L Ti standard were prepared. Each standard was analyzed 10 times on both of the instruments. The IDL was then calculated for each instrument by the EPA method using equation:

$$
MDL = \sigma (n) * t (n-1, 0.01)
$$

Where σ (n) is the standard deviation of the replicates, and t (n-1, 0.01) is a value from a t distribution based on the number of replicates. The IDLs are shown in Table 3.4. To further verify the sensitivity of each instrument, a calibration curve was created for each instrument using low concentrations of Ti (less than 10 μg/L). A linear trend line was added to each calibration to compare the R² values for each instrument. The calibration curves are shown in Figure 3.2 and Figure 3.3. The R^2 value for the ICP-MS instrument was 0.996 using the Ti isotope 49, the R² value for the ICP-OES instrument was 0.966 for the Ti emission wavelength 3234 Å. Other isotopes and wavelengths were evaluated as well. The ICP-MS calibration curve for 49 is shown because it had less interferences, the ICP-OES calibration curve is shown for 3234 Å is shown because it had the highest relative intensity of any Ti emission wavelength.

Table 3.4

Instrument Method Detection Limit

Figure 3.2. ICP-MS calibration curve

Figure 3.3 ICP-OES calibration curve.

3.4.4 Digestion method detection limit. Twelve method blanks were digested using the microwave digestion method and analyzed by ICP-MS. The results are shown in Figure 3.4. The blanks were digested and evaporated at different times over the course of 3 weeks. The

average amount of Ti for the 12 blanks was 496 ng with a maximum of 2.07 μg. Generally the samples had less than 500 ng of Ti after the complete digestion method. Only method blank #10 had over 2 μg of Ti which was over 3 times higher than the closest method blank. It was determined that the Teflon beaker had been improperly washed and blank #10 was considered to be an outlier. If method blank #10 is considered an outlier and ignored, the average for the remaining 11 blanks is 353 ng Ti with a maximum of 593 ng. Thus, any sample measuring below an absolute Ti mass of 600 ng would be considered to be below the digestion MDL. This corresponds to a TiO₂ MDL of 1 μ g.

Figure 3.4. Digestion method detection limit of microwave digestion blanks.

3.5 DISCUSSION

3.5.1 Digestion method evaluation. The microwave digestion method proved to be a better method than the hot plate digestion method. The hot plate digestion method was totally incapable of handling high organic contents as proven by the milk digestion results. The microwave digestion method broke down the tissue and milk in the samples very well. After evaporation, if any color remained hydrogen peroxide was added and the sample was heated again. It is important that the samples be as free of organics and solids as possible to minimize the required maintenance time on the instrument. During an analysis using the ICP-MS instrument, as many as 150 microwave digested samples were run at one time and a performance report conducted after the sample set was finished indicated that the sensitivity of the instrument had not decreased at all.

The TiO₂ recovery for both methods was greater than 90%. When digesting higher concentrations of $TiO₂$ by the microwave digestion method, the recovery was still high and there was less than a 15% standard deviation in the triplicate samples. The recovery was not perfectly 100%, but any impurities in the $TiO₂$ P25 stock powder or heterogeneity of the nanoparticle solutions would cause the recovery to be less than 100%. However, the recoveries were generally in good agreement with those found in the literature.

For ultra-trace samples, the amount of Ti contamination was kept to a minimum by following proper cleaning procedures. The Ti concentration that corresponds to the digestion MDL was 24 μg/L which is well above the IDL for either instrument. The contamination likely occurred during the evaporation of the acids in the Teflon beakers. The samples may remain uncovered for up to 4 hours while the acids evaporated. During this time, Ti particles in the air may deposit in the sample. Each batch of rinse water used was analyzed and the Ti concentration was always near zero. For samples with Ti concentrations near the digestion MDL, increasing the total amount of sample digested or spiking in a known amount of Ti could provide more reliable data.

3.5.2 Instrument optimization. The ICP-MS IDL was significantly lower than the ICP-OES instrument. The better sensitivity of the ICP-MS instrument is reflected in the calibration curve. The linear trend line for the ICP-MS had a higher R^2 fit value than the ICP-OES instrument. When looking at how many counts per second (CPS) the instrument recorded, the 1 μg/L standard had a CPS value that was three time higher than the blank standard. For the ICP-OES instrument, the 1 μg/L standard only had a CPS value that was roughly 15% higher than the blank standard. The larger increase of CPS values in comparison to the background further demonstrates the sensitivity of the ICP-MS instrument.

The ICP-MS instrument had multiple Ti mass lines that could be monitored. The ICP-OES instrument had multiple Ti emission lines that

could be monitored. For the ICP-OES instrument, Ti emission wavelength 3234 Å had a higher relative intensity than wavelength 3349 Å and better sensitivity at low concentrations. For the ICP-MS instrument, Ti 48 m/z was the most abundant isotope. However, due to interferences from sulfur oxide and phosphorus oxide species that occur in organic samples, an accurate quantification of Ti could not be achieved. Similar interferences occurred with the Ti 47 m/z isotope. These interferences can be seen in Figure 3.5. When analyzing the complete mass spectrum, phosphorus can clearly be detected as shown by Figure 3.6. No quantification of the Ti 46 m/z isotope could be determined due to high interferences from the scandium 45 m/z isotope. For the two remaining mass isotopes, Ti 49 m/z and Ti 50 m/z, the Ti 49 m/z isotope was more abundant. Ti 49 m/z on the ICP-MS instrument was designated as the best option for analysis because of the lower instrument detection limit and lack of interferences despite the lower responses resulting in higher MDLs.

Figure 3.5. Mass spectra for two samples with similar amounts of Ti. One sample (above) had no organic content, while the second sample (below) had digested rat lung tissue which contained phosphorus.

Figure 3.6. Phosphorus comparison between a digested rat lung sample with organics and a sample without organic material.

3.6 SUMMARY

- The digestion method degraded organic material enough that the samples could be analyzed by ICP without damaging the instruments.
- The digestion method had greater than 86% recovery of Ti.
- ICP-MS was the best choice for quantifying Ti because the detection limit of 164 ng/L was lower than ICP-OES detection limit.
- Ti isotope 49 m/z is the best isotope to monitor because it has the least interferences from other species like P-O and S-O complexes.
- The MDL for the digestion method was 1 μ g TiO₂.

CHAPTER 4: TITANIUM DIOXIDE NANOMATERIAL MORPHOLOGY EFFECT ON DEPOSITION AND CLEARANCE IN RAT LUNGS

4.1 INTRODUCTION

4.1.1 Pulmonary deposition of TiO² nanomaterials. A review of literature regarding the deposition rates of $TiO₂$ nanomaterials stated that nanoparticles between 20-40 nm in diameter may deposit in the alveoli with 30-60% efficiency.[9, 61] Nanomaterials deposit by different mechanisms than larger particles because of their small size. Nanomaterials tend to deposit due to diffusion rather than inertial impaction, gravitational sedimentation, or interception like larger particles. [80] In terms of total mass, one rat inhalation study has shown that a 0.11 mg/m 3 TiO₂ aerosol containing 22 nm agglomerates resulted in a deposition of 4-5 μg per rat in just one hour of exposure. [68] It is important to distinguish between primary particle size and agglomerate size in the aerosol. One study generated an aerosol from 20-30 nm primary sized $TiO₂$ nanomaterials, but found that only a 0.5% mass fraction of the agglomerates had a diameter measuring less than 100 nm. As a result only 6.3% of the total aerosol deposited in the lung, a similar deposition rate to larger pigmentary $TiO₂$ particles. [98] While size is an important factor influencing nanomaterial deposition, the morphology of the lung, the respiratory conditions, and the physicochemical properties of the particles also influence deposition. [80]

4.1.2 Biopersistence of TiO₂ nanomaterials. TiO₂ particulates as a dust are categorized as a poorly soluble particulate (PSP), meaning they are unlikely to dissolve within the body. [75] It has been recommended that toxicology studies of PSP materials monitor post-exposure periods for at least 3 months because of the biopersistence of the materials in the lung. [99] $TiO₂$ nanomaterials may be retained for even longer than larger $TiO₂$ particulates because they can penetrate into lung tissues making macrophage clearance more difficult. [100] This longer clearance of nanomaterials is demonstrated in a study that showed the amount of $TiO₂$ nanomaterials in the avelolar space was not significantly different than fine $TiO₂$, but the total retention was greater for the nanosize $TiO₂$ because the particles had translocated into the pulmonary interstitium and persisted there. [79]

One measurement of biopersistence is half-life, or the time it takes for half of the total burden to be cleared. When rats were exposed to a nebulized solution of P25 TiO₂ nanoparticles at a high concentration (10) mg/m³), the TiO₂ had a half-life of 395 days. [99] Another study of P25 showed similar results; after one year the original burden had decreased 57% in rats and 45% in mice. [75] Other studies with $TiO₂$ of similar primary particle size showed much faster clearance. One study demonstrated a decline of 51% after just 5 weeks and another showed 24% clearance in just 2 weeks. However, both determined that the particles had formed large agglomerates (200-300 nm diameter) in the

aerosol. [98, 101] Just as agglomeration affected the deposition rate, so too does it affect the clearance rate. The agglomeration size for deposition and clearance may be even more important than the primary particle size. [102] The dosage also affects the clearance rate. Higher dosages can result in a linear decrease of the lung burden, while lower dosages tend to have an exponential decay. [75]

4.1.3 Differences in TiO² nanoparticle morphology. Though many toxicology studies use P25 TiO₂ as a standard material, it is not representative of all types of $TiO₂$ nanomaterials. The crystal structure and particle shape are important factors as well. Exposure to anatase $TiO₂$ nanoparticles has been shown to produce significantly more pulmonary inflammation and lung tissue damage than rutile $TiO₂$ nanoparticles of the same size. [103] It has been theorized that anatase $TiO₂$ nanoparticles are more toxic because the crystal structure allows for a greater interaction between the DNA in the cells and the nanoparticles. [104] The anatase $TiO₂$ nanoparticles have been shown to be more readily taken up by cells. [102] The greater uptake can cause an increased retention time within the lung. This means that anatase nanoparticles can have a different toxicity level and different deposition and clearance rates than rutile nanoparticles. Alteration of $TiO₂$ nanomaterials to create a fiber structure like a nanobelt can cause an even greater increase in toxicity. $TiO₂$ nanobelts have been shown to be highly toxic, much like asbestos fibers. [105] $TiO₂$ nanobelts may have different deposition and clearance

rates as well because of their length. All $TiO₂$ nanoparticles are likely to have a higher deposition rate and increased cytotoxicity than larger $TiO₂$ microparticles like E171 that is used as a food additive.

4.2 PROBLEM STATEMENT

The morphology of $TiO₂$ nanomaterials has been shown to have an effect on deposition and clearance in the lung. This project intended to study how three different morphologies of $TiO₂$ nanomaterials—anatase nanoparticles, rutile nanoparticles, and nanobelts—affect the deposition into the lungs of rats after intratracheal instillation, and the clearance rate of the particles 1 day and 1 week after instillation by collaborators at UC-Davis. The rat lungs were digested to measure the total Ti in the lung. The digestion results were compared to the fraction of cells lavaged from within the lungs that have visible $TiO₂$ particles found inside the cell membrane.

4.3 MATERIALS AND METHODOLOGY

4.3.1 TiO₂ nanomaterials. Three types of TiO₂ nanomaterials were evaluated for their deposition and clearance in rat lungs. P25 TiO₂ nanoparticles were supplied by the Evonik DeGussa Corporation that consist of a 81%/19% anatase/rutile $TiO₂$ crystal structure mix with an average primary particle size of 24 nm. The P25 is referred to as "Rutile." Another TiO₂ nanoparticle with a 100% anatase crystal structure and a 26 nm primary particle size was produced at Rochester University. This pure anatase nanoparticle is referred to as "Anatase". $TiO₂$ nanobelts were also evaluated, but no characterization data was provided.

4.3.2 Animals. The rats used in the instillation study were male Sprague-Dawley rats. The rats were 6-8 weeks of age upon being received and 8-10 weeks of age during instillation. The rats were received by the University of California-Davis from Hilltop Labs in Scottsdale, PA. All studies of the animals while they were alive were conducted at University of California-Davis.

4.3.3 Dispersion method. The nanoparticles were dispersed in a dispersion media composed of a phosphate buffered solution of glucose with dipalmitoyl phosphatidyl chlorine at 10 μg/mL and albumin at 0.6 mg/mL. The dispersion was probe sonicated on ice for 30 minutes. The total energy input was approximately 3700 J.

4.3.4 Intratracheal instillation. Suspensions were created at concentrations of 0, 20, 70, and 200 μg TiO₂ per 250 μL of each type of nanomaterial. The rats were lightly anesthetized using isoflurane in an airtight chamber before intratracheal instillation with 250 μL of suspension. The rats were then monitored until their scheduled necropsy date.

4.3.5 Broncoalveolar lavage. The rats were sacrificed either 1 day or 7 days post-instillation. The ribs were cut to expose the lungs and 5 separate aliquots of 5 mL of sterile saline solution were pushed through the trachea and recovered. The total 25 mL of saline solution were

retained for cell count analysis, cell type analysis, and biochemical analysis (results not shown here). After broncoalveolar lavage, the lung tissue was harvested and frozen.

4.3.6 Digestion. The right caudal and right cranial lung lobes of the animals exposed to the highest dosages of nanoparticles (200 μg/ 250 μL) were shipped on dry ice to Arizona State University for quantification of total $TiO₂$. Each lobe was digested individually. Since the moisture content of the rat lungs is variable, the lungs were dried overnight in the microwave vessels at 80°C to assess Ti concentrations per dry mass. It was found that after 8 hours the weight of the lung mass no longer decreased. The microwave vessels were weighed before and after the lungs were dried to find the dry mass. The lungs were then microwave digested at 180°C according to the settings listed in Table 3.1 with 2 mL HF and 8 mL HNO₃ to break down the tissue and the $TiO₂$. This method is described in detail in Chapter 3. There was one difference in the method used for the rat lungs rather than the tripe. The rat tissue dry mass was so small (20-50 mg typically) that no hydrogen peroxide was needed after microwave digestion during the acid evaporation to further digest the organics (See Appendix D, Photo D.5). Ti was quantified using the same ICP-MS analysis procedure detailed in Chapter 3. A study using a similar method of microwave digestion for Ti quantification of rat lungs with HF and $HNO₃$ demonstrated a 102% $+/-$ 4.8 recovery. [87] Method blanks were run every 12 samples.

4.3.7 TiO² nanomaterial cell inclusion counts. The lavaged fluid was analyzed by microscopy to determine what fraction of the cells had observable $TiO₂$ nanoparticles within the cell membranes. 500 cells from each animal were observed to determine whether $TiO₂$ nanoparticles had entered the cells or not. The cell counts were then compared to the Ti concentrations to determine the correlation. All microscopy work and cell inclusion counts were conducted at UC-Davis

4.4 RESULTS

4.4.1 Digestion results. Lobes from 66 animals were digested. Lobes were only examined from the animals exposed to the highest dosage of each nanomaterial, which was 200 µg/250 µL. Since each animal was instilled with 250 µL, the maximum mass in the lungs would be 200 μ g if all the TiO₂ deposited. The total Ti in each lung lobe sample varied greatly from animal to animal. The largest amount of Ti was found in the caudal lobe of animal P1148. The animal had been exposed to anatase TiO₂ nanoparticles and 51.9 µg of Ti remained in the lung 1 day post-instillation. The largest amount of Ti found in a cranial lobe was found in animal P1110. The animal had been exposed to rutile $TiO₂$ nanoparticles and 8.1 μg of Ti remained in the lung 7 days post-instillation. However, the values varied greatly with some animals appearing to have virtually no Ti in either lobe. The method blank average was 0.29 μg +/- 0.12 µg (n=12) of Ti per sample and was consistently low. The larger

caudal lobes tended to have more total Ti than the cranial lobes. The results are shown in Figure 4.1.

The Ti mass was used to calculate the mass of $TiO₂$ that was deposited and then normalized to the dry weight of each lung lobe. Again, the normalized $TiO₂$ in each lung lobe sample varied greatly from animal to animal. The highest normalized concentration of $TiO₂$ was found in the caudal lobe of animal P1148. The animal had been exposed to anatase TiO₂ nanoparticles and 3.46 µg TiO₂/mg dry tissue remained in the lung 1 day post-instillation. The highest normalized concentration of $TiO₂$ found in a cranial lobe was found in animal P1206. The animal had been exposed to TiO₂ nanobelts and 0.72 μ g TiO₂/mg dry tissue remained in the lung 7 days post-instillation. The larger caudal lobes tended to have a

higher concentration of $TiO₂$, but the difference between caudal and cranial lobes was smaller than the total titanium mass difference between lobes. This is because the average mass of the caudal lobes was twice as much as the cranial lobes. The results are shown in Figure 4.2.

Figure 4.2. Normalized $TiO₂$ concentration in rat lungs.

4.4.2 TiO² nanomaterial comparison. Despite all animals being exposed to the same dosage of $TiO₂$ nanomaterials, certain morphologies were more likely to be found in the lung. In the caudal lobes, a greater mass of the anatase $TiO₂$ nanoparticles were detected meaning that they deposited to the highest degree. After 7 days the average mass of $TiO₂$ had lower than one day. The rutile $TiO₂$ nanoparticles and $TiO₂$ nanobelts deposited to approximately the same degree. The rutile and nanobelt $TiO₂$ mass remained relatively constant from day 1 to day 7. The average titanium masses depositing in the caudal lobes for each $TiO₂$ nanomaterial morphology are shown in Figure 4.3.

Figure 4.3. Average mass deposited in caudal lobe by nanomaterial type. Error bars represent the standard deviation of the $TiO₂$ mass for the sampled lung lobes.

In the cranial lobes, there was no significant difference in deposition between nanomaterial morphology. There was also no trend in clearance with the rutile nanoparticles and nanobelts actually having a higher mass remaining in the lung after 7 days compared to 1 day. The average titanium mass depositing in the cranial lobes for each $TiO₂$ nanomaterial morphology are shown in Figure 4.4.

Figure 4.4. Average mass deposited in cranial lobe by nanomaterial type. Error bars represent the standard deviation of the $TiO₂$ mass for the sampled lung lobes.

The normalized $TiO₂$ concentration in the lungs followed the same trends as the total mass. The anatase $TiO₂$ nanoparticles had a higher concentration in the caudal lobes than either of the other two $TiO₂$ nanomaterial morphologies. The concentration decreased after 7 days for the anatase particles, increased for the nanobelts, and remained relatively constant for the rutile particles. The concentrations in the cranial lobes were much lower than the caudal lobes for all morphologies. The normalized $TiO₂$ concentrations deposited in the cranial lobes for each $TiO₂$ nanomaterial morphology are shown in Figure 4.5.

Figure 4.5. Normalized $TiO₂$ concentrations in both caudal and cranial lobes for all $TiO₂$ morphologies. Error bars represent the standard deviation of the $TiO₂$ concentration for sampled lung lobes.

4.4.3 Lung clearance significance. When comparing the caudal lobe $TiO₂$ concentrations from 1 day post instillation to 7 day post instillation, it was necessary to determine if the levels changed a significant amount. The 90% confidence interval was determine based on the standard deviation and sample size for each of the morphologies 1 day post instillation. No morphology had a difference 7 days post instillation that was outside of the 90% confidence interval. The same was seen for an 80% confidence interval. When applying a 70% confidence interval to the 1 day instillation concentration means, the nanobelt $TiO₂$ concentration was outside of the confidence interval. However the concentration actually had increased rather than decreased from day 1 to

day 7. The decrease of concentration of the anatase nanoparticles was only deemed significant outside of a 60% confidence interval. The $TiO₂$ mean 1 day concentration for each morphology can be seen with the confidence levels in Figure 4.6 along with the $TiO₂$ mean 7 day concentrations.

Figure 4.6 Caudal lobe mean $TiO₂$ concentrations for 1 day post instillation with various confidence levels as well as the 7 day post instillation.

4.4.4 Cell inclusion results. For each animal, the broncoalveolar lavage fluid was analyzed at UC-Davis to determine what fraction of the cells had $TiO₂$ nanoparticles within the cells. The resulting counts are in number of cells with visible particles per 500 cells. The data is for each animal rather than each lobe because the solution is lavaged through the whole lung. The nanobelts could not be clearly seen in the cells for all of

the animals so there are no cell count data for the animals exposed to the nanobelts. One successful image using cross polarized light of $TiO₂$ nanobelts within a cell is shown in Figure 4.9, however the same technique did not work for all of the samples. Of the animals exposed to the anatase and rutile nanoparticles, the number of cells with $TIO₂$ nanoparticles in the cells varied greatly from animal to animal. The highest number of cells with visible $TiO₂$ nanoparticles was animal P1110. The animal had been exposed to rutile $TiO₂$ nanoparticles and had 148 cells with visible particles from the lavage 7 day post-instillation. The animals exposed to the anatase $TiO₂$ nanoparticles that were lavaged after one day had the highest number of cells with visible particles. The number decreased at 7 days. The number of cells with rutile particles was less than the anatase and actually increased from day 1 to 7. The results for each animal are shown in Figure 4.7 and the average for each type of nanoparticle is shown in Figure 4.8.

Figure 4.7. Number of cells with visible TiO₂ nanomaterials. Data provided by UC-Davis

Figure 4.8 Average results for the number of cells with visible TiO₂ nanomaterials. Error bars represent the standard deviation of the cell counts. Data provided by UC-Davis.

Figure 4.9. Animal P1229 broncoalveolar lavage cells with TiO₂ nanobelt inclusions. Shown at 40x. Image provided by UC-Davis.

The results of the cell count microscopy and the lung digestions were compared to determine if there was a good correlation between the two methods of determining the $TiO₂$ nanomaterial lung burden. There was a positive correlation between the two metrics. A linear regression line was applied to the data and the R² value was 0.376. A plot of the $TiO₂$ concentration compared to the cells with visible particle numbers is shown in Figure 4.10.

Figure 4.10 Correlation between cells containing visible TiO₂ particles and the $TiO₂$ concentration in the caudal lobes.

4.5 DISCUSSION

The study shows that with equal doses of $TiO₂$ nanomaterials, the anatase particles are more likely to deposit in the lung. The anatase nanoparticles appeared to clear from the lung from 1 day post-instillation to 7 days post-instillation. No clearance trend can be observed in any of the other nanomaterials. This is could be because the study did not last long enough. As stated in the introduction of this chapter, a toxicology study should observe the animals for at least 3 months post exposure. Thus, any difference from day 1 to day 7 could just as easily be attributed to inefficient instillation or differences between the animals rather than actual clearance from the lung. Most of the $TiO₂$ nanomaterials deposited in the caudal lobe rather than the cranial lobe. When $TiO₂$ was observed in the cranial lobe it was also observed in the caudal lobe, however the converse was not necessarily true. The concentration data for the cranial lobes may have a larger degree of error than the caudal lobes because when the cranial lobes were dried, their mass was so small that even small errors in the weight can cause a high percentage of uncertainty. The average mass was only 24.7 mg.

A number of lungs had Ti concentrations so low it appeared that there was no exposure. Many of these were verified by the cell inclusion counts because no cells were observed with particles. This is likely because the instillation method does not always work. Sometimes rather than being instilled in the lungs, the solution is swallowed. There are other factors that can show why the correlation between the two lung burden metrics did not show a better correlation. Only 2 lobes of the lung were digested, but the lavage was from the total lungs. The instillation could have all gone into the left lobes which would cause there to be a large number of cells with visible particles, but a low concentration from the digestion of the right lobes. How the instilled solution was distributed through the lungs would change the Ti concentration determined by the right lobes for the same overall deposition rates. However, it was a good sign that there were no false positives from the digestion method; any lobes that measured significant $TiO₂$ concentrations had observable $TiO₂$ in the cells.

4.6 SUMMARY

- Anatase TiO₂ nanoparticles deposited in rat lungs to a greater degree than rutile nanoparticles or nanobelts with an average of 41 μ g of Ti found in caudal lobes 1 day after exposure to anatase TiO₂. This was 218% higher than the second highest average concentration.
- The anatase $TiO₂$ nanoparticles were also found at the highest concentration in the caudal lobes with 1236 ng Ti/mg dry tissue as the average.
- TiO₂ nanoparticles concentration were found to be 58% higher in caudal lobes than in the cranial lobes for anatase $TiO₂$. Similar trends were observed for all morphologies.
- There was no significant evidence that there was less $TiO₂$ material in the lung 7 days after instillation when compared to 1 day after instillation for all morphologies. The Ti concentration had increased beyond the 80% confidence interval level for nanobelts from day 1 to day 7.
- The Ti lung concentrations from the digestion of the lungs showed an R^2 agreement of 0.376 with cell inclusion counts conducted with microscopy.

CHAPTER 5: NANOSCALE FRACTION OF TITANIUM DIOXIDE USED IN FOOD PRODUCTS

5.1 INTRODUCTION

 $TiO₂$ is used in as an additive in foods for coloring because—as a microparticle—it has a bright white color. [106] A very low amount of Ti is naturally occurring in foods, especially vegetables, because of the high Ti content in the soils. Soybeans and shrimp with no additives were measured to have a Ti concentration of 3.23 μg/g and 2.52 μg/g respectively. [76] However, for the most part Ti and more specifically $TiO₂$ found in foods is included as an additive.

5.1.1 Pigmentary TiO₂ additives. TiO₂ is added as a whitening agent to foods like dressing, gum, icing, cookies, and candies in a primarily microparticle form that is known as $E171$. [107] $TiO₂$ is also sometimes used as an additive to create a barrier between layers of different colors in foods. [108] $TiO₂$ is an ideal pigment because it is stable to heat, light, oxygen, and pH making it unaffected by almost any food processing. [106] These same qualities make it resistant to degradation in the body. TiO₂ is used as an inert marker for studies of the digestibility of foods in animals. [81] The digestive system is exposed to exogenous, inorganic microparticles. The most common of these microparticles are $TiO₂$ and silicates.[109] A western diet may expose the gastrointestinal (GI) tract to as many as 10^{12} inorganic microparticles per day from food

additives. [110] $TiO₂$ used as a color additive may results in the ingestion of up to 112 mg of Ti per person per day. [109]

The Food and Drug Administration (FDA) regulates food safety in the United States. They have recognized synthetically prepared $TiO₂$ as a color additive in foods. The U.S. Code of Federal Regulations states that "any color additive intended solely for coloring purposes shall be labeled." [111] However, it has been shown that many foods that contain $TiO₂$ do not list $TiO₂$ as an ingredient, and those that did gave no indication of how much $TiO₂$ is included in the product. [108]

5.1.2 TiO² nanomaterials in food. Nanomaterials engineered specifically to be used as food additives are uncommon because at such a small size they lose their white coloring, but they are increasingly being used in other areas of the food production industry. [112] Nanotechnology has been applied in agriculture cultivation, food processing, food packaging, and water purification. [113] $TiO₂$ nanomaterials specifically have been used in the food industry for their photcatalytic antimicrobial properties. $TiO₂$ nanomaterials used with UV light have been shown to increase the quality and shelf life of food by reducing the bacteria. [114, 115] $TiO₂$ nanotubes and $TiO₂$ nanopowders have been used for food packaging and have been shown to cause an inactivation of *E. Coli, Salmonella, and Staph bacteria.* [116, 117] TiO₂ nanomaterials have been applied in films onto steel and glass surfaces used in the food processing industry to prevent biofilms from growing on the surfaces. [118, 119] As a

result of the increased use of nanotechnology in the food production industry, there is an increased likelihood that $TiO₂$ nanomaterials may ultimately end up in the food products from contact with packaging or coated surfaces. Other ways have been proposed that $TiO₂$ may enter into the food chain. $TiO₂$ nanoparticles with a diameter less than 5 nm can be taken up by plants and it has been hypothesized that they may biomagnify as they move up the food chain. [120] So while $TiO₂$ nanomaterials may not specifically be engineered to be food additives; they can still end up in food products.

Ingesting food products is the primary way that $TiO₂$ may enter the digestive system, but it is not the only way. [61] $TiO₂$ that is cleared from the lungs by the mucocilliary is often swallowed. $TiO₂$ may be accidently ingested by those in $TiO₂$ production facilities or by hand-to-mouth contact after using personal care products containing $TiO₂$. [112] New medical products are using $TiO₂$ nanomaterials that may reach the digestive system. [121] There are numerous ways that $TIO₂$ nanoparticles can enter the digestive system in addition to the ingestion of food.

5.1.3 Effects caused by ingestion of TiO² microparticles.

Though $TiO₂$ is not readily degradable by the body and up to 98% may pass through the digestive system and be recovered in the fecal matter, there can still be some slight absorption by the GI tract. [81] 500 nm particles orally exposed to rats were found in all major gastrointestinal associated lymphatic tissues (GALT) with limited translocation to the liver and spleen. [63] Macrophages in the GALT actually become loaded with a dark pigment from aluminum, silicon, and titanium microparticles, with a significant amount coming from $TiO₂$ spheres with a diameter of 100-200 nm that are believed to have come from coloring additives. [122] Though microparticles like $TiO₂$ have a limited effect on macrophages; they can aggravate ongoing inflammatory responses in the GI tract. [110]

Crohn's disease can cause an inflammatory response in the GI tract. Similarly to how asthma patients are sensitive to microparticle exposure in the air, patients with Crohn's disease are sensitive to microparticles in food. [123] It has been shown that a diet low in microparticles like $TiO₂$ color additives can alleviate the symptoms of Crohn's disease. [124] It has been hypothesized that negatively charged $TiO₂$ particles in the gut may bind metal cations that are then coated with inflammatory bacterial anions. [123] $TiO₂$ microparticles may often be described as inert, but there are acute effects in the body, especially to those with preexisting inflammatory conditions in their GI tract.

5.1.4 Effects caused by of ingestion TiO² nanomaterials.

Similar to $TiO₂$ microparticles, $TiO₂$ nanomaterials are capable of being absorbed by the GI tract to a small degree. The reason more $TiO₂$ is not absorbed is that the absorption occurs primarily through the Peyer's Patches in the intestine. These patches only occupy a small fraction of the surface area in the intestine. [61] At high concentrations $(> 10 \mu g/mL)$, $TiO₂$ nanomaterials in the intestines can cross the epithelial lining at low

levels. [41] From the GALT, orally administered $TiO₂$ nanoparticles of 25 and 80 nm diameter both translocated to the liver, kidney, and spleen, but with no obvious acute toxicity. [33] $TiO₂$ nanomaterials ingested by terrestrial isopods showed a decrease in activity of antioxidant enzymes, but no effects were observed on higher level endpoints like weight, feeding habits, or survival. [125] Addition of $TiO₂$ nanomaterials to the food of terrestrial invertebrates caused similar effects and was controlled by the duration of exposure rather than total dose, a trend that is different than soluble chemicals. [126]

5.1.5 Release of TiO² nanomaterials to the environment.

Ingested $TiO₂$ nanomaterials may cause some acute effects on humans and other organisms, but the majority of the ingested dose passes through the body and end up in fecal matter. [81] It has been shown that $TiO₂$ from human waste ends up in wastewater and eventually at WWTPs. [46, 47] From WWTPs $TiO₂$ nanomaterials can be released to the environment.

5.2 PROBLEM STATEMENT

 $TiO₂$ nanomaterials may end up in food products from packaging and processing. However, they are not as prevalent as $TiO₂$ microparticles used in food products as a coloring additive. The size of pigmentary $TiO₂$ microparticles is not uniform, but rather a distribution of sizes. It is hypothesized that some of the particles included in pigmentary TiO₂ are in the nanoscale range. This research project intended to study a number of foods with and without $TiO₂$ listed as an ingredient to determine if $TiO₂$ is present. The total $TiO₂$ was quantified to understand the total $TiO₂$ mass a person may be exposed to from a normal diet. The smallest particles were isolated and quantified to better understand the size distribution of TiO₂ used as a food coloring additive and if TiO₂ nanoparticles are included in pigmentary $TiO₂$.

5.3 MATERIALS AND METHODOLOGY

5.3.1 Food products. Eighty nine different food products were purchased in Arizona grocery stores in March 2011. Different types of products were chosen—many because they were white—including sauces, dairy products, confectionaries, candies, beverages, chocolates and gums. These products were more likely to have additives then foods with limited processing like fruits, vegetables, and unprocessed meat. Attempts were made to purchase at least 2 brands of each product, usually a name brand and a separate generic brand. Samples were transported to the laboratory and stored in a clean, dry cupboard or refrigerated and analyzed prior to expiration dates listed on the product labels. Information about the products, including the serving size and whether or not $TiO₂$ was listed on the label was recorded.

5.3.2 Digestion. For samples with serving sizes measured by mass, 500 mg of each food were weighed and added to a clean microwave digestion vessel. Foods were weighed as is rather than dried because serving sizes are not based on dry weight. For samples with serving sizes measure by volume, 5 mL of each food or beverage were pipetted into a clean microwave digestion vessel. The foods were then microwave digested at 180°C according to the settings listed in Table 3.1 with 2 mL HF and 8 mL HNO₃ to break down the tissue and the TiO₂. This method is described in detail in Chapter 3. Some of the foods with a large amount of organics were not totally broken down by the initial 2 mL of hydrogen peroxide added after digestion. As the liquid was evaporated, if it became apparent that there was organic material remaining in the sample, it was cooled and then 2 mL of hydrogen peroxide was added and the sample was heated again. It is important to note that samples with high concentrations of Ti will turn orange with the addition of peroxide in an acidic environment. [83] (See Appendix D, Photo D.9) Ti was quantified using the same ICP-MS analysis procedure detailed in Chapter 3. All samples with Ti concentrations outside of the calibration range were diluted and re-analyzed. A study using a similar method of acid digestion for Ti quantification in food matrices demonstrated a precision of typically 1% or better. [81] Method blanks were run every 12 samples and the average for the blanks was 0.58 μg +/- 0.29 from 12 method blanks.

5.3.3. TiO² materials. The digestion method was evaluated for recovery of $TiO₂$ nanoparticles and $TiO₂$ microparticles in a food matrix. 50 mg of each material was spiked into 500 mg of chocolate. Chocolate was chosen because it is known to have a very low concentration of TiO₂ so an accurate recovery percentage can be determined. It is also relatively difficult to digest for a food. The microparticles used were E171 pigmentary $TiO₂$ purchased from Fiorio Colori Spa in Italy with an average primary particle size of 110 nm. The nanoparticles used were P25 TiO₂ purchased from the Evonik DeGussa Corporation with an average primary particles size of 24 nm. Each $TiO₂$ nano powder was analyzed by SEM to determine the primary particle size. The $E171$ TiO₂ particles were then dispersed in nanopure water with Bovine Serum Albumin (BSA). The P25 $TIO₂$ particles were dispersed in nanopure water and the solution was sonicated for 30 minutes according to the stock preparation method described in Appendix B. Solutions were analyzed using phase analysis light scattering (PALS) to identify the size distribution and find the average aggregate size after dispersion.

5.3.4 Separation method. In order to determine how much $TiO₂$ is in the nanosize range a separation method had to be created to separate smaller $TiO₂$ from larger $TiO₂$ and organic materials. 500 mg of a food sample was added to a beaker. The organic material from the food was broken down by adding 10 mL of hydrogen peroxide and 0.5 mL of $HNO₃$ and heating on a hot plate at 110°C. When the volume of liquid remaining in the sample was less than 1 mL, the beakers were removed from the hot plate and allowed to cool. The beaker sides and bottom were then rinsed with approximately 20 mL of nanopure water. The sample was filtered with a 0.45 µm nylon filter and added to a microwave vessel. To

determine the total TiO₂ that was able to pass the 0.45 μ m filter the sample was then digested using the microwave digestion with HF and $HNO₃$. For microscopy analysis, after the sample was filtered with a 0.45 μm nylon filter, it was poured into a 25 mL volumetric flask and filled to the 25 mL mark with nanopure water. In this way the final concentration of the undigested $TIO₂$ particles that pass the 0.45 μ m filter will be the same as the concentration of the digested $TiO₂$ particles that pass the 0.45 μ m filter. A 0.45 µm filter was chosen because preliminary tests evaluating 0.45 µm filters and GF/F filters (data not shown here) found that a measurable amount of Ti was able to pass both filters. Since 0.45 µm filters have a smaller pore size than the 0.7 µm pore size of GF/F filter, the 0.45 µm filter was selected to remove any particles larger than 450 nm. The pH of the samples was determined before filtration to ensure that the nylon filter would not be damaged during filtration.

5.3.5 Microscopy. The control TiO₂ particles, E171 and P25 were analyzed by SEM to find the primary particle size. P25 Nanoparticles had a more consistent particle diameter of 20-30 nm. E171 had a wider variance in primary particle size with some being nanosized (< 100 nm) and others being as large as 250 nm in diameter. (See Figure 5.1)

Figure 5.1. SEM images of E171 (left) and P25 (right) TiO₂ materials.

5.4 RESULTS

5.4.1 TiO² particle characterization. After dispersion in nanopure water the two $TiO₂$ control particle solutions were analyzed by PALS and the results are shown in Table 5.1. After dispersion the aggregate size of the P25 was still smaller than the primary size of the E171 and still nanosized (<100 nm).

Table 5.1

Primary Particle Size and Aggregate Size for TiO² Control Particles.

5.4.2 TiO² recovery tests. The recovery of two different types of $TiO₂$ was each greater than 80%. The samples were run in triplicate and the standard deviation was approximately 2.5%. The average Ti from the chocolate was less than 0.1% of the 50 mg P25 and E171 added to the samples. The recoveries are shown in Table 5.2.

Table 5.2

Digestion Recovery for P25 and E171 TiO2.

5.4.3 Total TiO² in food. All eighty nine foods were digested and the concentration of Ti in the food was determined. 16 of the foods were digested in triplicate. The agreement amongst the triplicates was good, all within 30%. The blank average was 0.579 μg. The highest concentration in any food was Dickinson's Coconut Curd at 3.59 μg/mg. The rest of the Ti concentrations spanned 5 orders of magnitude with some foods having levels below the detection limit for the method. The 20 highest Ti concentrations in food are shown in Figure 5.2. The concentrations for all 89 foods are shown in Appendix A, Figure A.1.

The gum products consistently had some of the highest concentrations of Ti of any products. The 5 gums that were analyzed all were within the top 17 products in terms of Ti concentration all with greater than 0.12 µg Ti/mg. Of those 5 gum products, the cinnamon gum that had a red coating was the lowest. The white colored gums made up 4 of the

13 foods with the highest Ti concentration. It is important to note that all the gum products were the types of gum with a hard shell coating the gum-based center. Other candy products that had a hard outer shell also had high Ti concentrations. The candy products wither hard shells (M&Ms, M&Ms with peanuts, and Good and Plenty) all were in the top 10 for Ti concentration. When you combine the gums and candies into a more general hard shell candy category, 8 of the 17 products with the highest Ti concentrations would fall into the hard shell category.

Another group of food products that was well represented in the top 20 highest Ti concentrations were powder products that were mixed into foods. Two brands of Kool-Aid drink mix were in the top 14 for products with the highest concentration of Ti. Albertson's Vanilla Pudding and Jell-O Banana Pudding were ranked at $8th$ and $12th$ respectively. However, other powdered products like Carnation Instant Breakfast and Nestle Coffee Mate had much lower concentrations at 33rd and 61st highest with less than 0.015 µg Ti/mg for both products.

Chocolate products that did not have a hard outer shell had much lower concentrations compared to those with a shell. Hershey's Special Dark chocolate bar had the highest concentration for chocolate products without a shell at 0.0050 µg Ti/mg. This can be compared to M&Ms which had a Ti concentration of 1.25 µg Ti/mg. Dairy products like cheeses, mayonnaise, routinely had low concentrations of Ti with 10 of the 12 products with the lowest Ti concentrations were dairy products. The

highest of any dairy product was Albertson's American Single cheese with 0.0069 µg Ti/mg which ranked it $37th$ on the food product list.

There was generally not a significantly large difference between generic and name brand products. The largest came between Albertson's Mini Marshmallows at 0.307µg Ti/mg and Kraft Jet Puffed Marshmallows at 0.00255 µg Ti/mg. However, other comparison products ranked were nearly identical. For instance, Hershey's Chocolate Syrup and Albertson's Chocolate Syrup were measured at 0.0026 and 0.0025 µg Ti/mg respectively. Likewise Nestle Coffee Mate and Albertson's Coffee Creamer measured 0.040 and 0.036 µg Ti/mg respectively.

Using the Ti concentrations, the amount of Ti consumed per serving was calculated. Because the serving sizes are different, the foods that had the highest concentration Ti did not necessarily have the largest amount of Ti per serving. The food with the highest Ti mass per serving was Hostess Powdered Donettes with 206 mg of Ti per serving. The 20 samples with the most Ti are shown in Figure 5.3. The samples highlighted in red had $TiO₂$ listed on the labels, all others omitted $TiO₂$

from the label. The Ti per serving for all the foods is shown in Appendix A, Figure A.2.Samples in green measured below the MDL.

The foods with the highest concentrations of Ti did not necessarily have the highest amount of Ti per serving. This was especially true for the gums which only had a serving size of 2 or 3 g depending on the brand. Since most other products had serving sizes ranging between 20 g and 60 g, the absolute Ti ingested in products with a larger serving size might be higher than a serving of gum despite gum having a greater concentration of Ti. The Ti mass per serving from the chocolate products were higher due to the high Ti concentrations in the shell products and the larger serving size of the products without a shell. The M&Ms and M&Ms with peanuts had the $4th$ and $5th$ highest mass of Ti per serving at 60.2 and 45. 3 mg per serving. The Hershey's Special Dark bar and Hershey's Dark Chocolate Bliss had the $23rd$ and $24th$ highest mass of Ti per serving at 0.22 mg and 0.19 mg respectively. All the beverages ranked in the lower half of the products evaluated. The Shamrock Farms Fat Free Milk was the highest of any beverage at 0.062 mg.

Figure 5.3. Ti mass per serving of food products. Foods displayed in red had $TiO₂$ listed as an ingredient. Error bars represent the standard deviation for foods digested in triplicate.

5.4.4 TiO² fraction to pass a 0.45 μm filter. The 12 food products with the highest concentration of Ti were filtered to determine what fraction of the total Ti was small enough to pass a 0.45 μm filter. Only the 11 foods with the highest concentration were chosen because preliminary studies (results not shown here) indicated that only a small percentage of the total Ti would pass through the filter. Filtering a sample with a moderate level of Ti might move the concentration below the MDL. The Dentyne Ice gum had the highest percentage of the total Ti pass through

the 0.45 μm filter at 3.86%. Four of the samples had less than 0.5% pass through the filter. The results for the filtration tests are shown in Figure 5.4.

Figure 5.4. Percentage of total Ti in foods that passed a 0.45 μm filter.

5.5 DISCUSSION

All the results are expressed in Ti. This is because, once digested, TiO² dissolves into Ti ions, a necessary step for analysis by ICP-MS. However, since Ti is naturally present in foods at trace levels, Ti measured by digestion is almost totally included in food as $TiO₂$. There were high

levels of Ti even in samples that did not have $TiO₂$ listed as an ingredient. A person could ingest several hundred mg of $TiO₂$ each day by eating just a couple servings of the foods with large amounts of $TiO₂$. [108] The foods with the highest concentrations of Ti were gums, candies with hard shell coatings, and white confectionary products.

The fraction of Ti that passed a through the filter was largely dependent on the type of food that was digested. Though the white foods had large total quantities of Ti, generally less than 1% of it was able to pass through the filter. It is important to note that the filters used had a collection efficiency of 99% for particles larger than 0.45 µm. Thus, 1% passage may not mean that all the Ti that passed is actually nanosized, it could be larger particles. Foods with hard shells like the gum and the M&Ms had a significant amount of Ti (>1%) that was able to pass through the filter. It is important to realize that $TiO₂$ that passes through the filter is not necessarily all of the TiO₂ with a particle size smaller than 0.45 μ m. From previous work (results not shown) particles with a smaller primary particle size may still be absorbed to the filter or they may form aggregates that are too large to pass through the filter. However, if some $TiO₂$ materials can pass the filter and can be shown to be in the nano size range, then that is relevant to ingestion studies and as a key source for environmental releases.

5.6 SUMMARY

- Foods that had the highest measured concentrations of $TiO₂$ were those that were bright white, or those with a candy shell. The highest concentration in any food was Dickinson's Coconut Curd at 3.59 μg/mg
- \bullet TiO₂ was found in foods at concentrations high enough that a person could ingest greater than 100 mg from a single serving. Hostess Powdered Donnettes had the highest mass from a single serving with 205 mg Ti.
- Many foods did not list $TiO₂$ as an ingredient, but still had relatively high concentrations of $TIO₂$.
- 3.9% of Ti particles were small enough to pass through a 0.45 μ m filter for Dentyne Ice gum, with 5 different foods having greater than 1% passage.

CHAPTER 6: NANOSIZED TITANIUM DIOXIDE USED IN PERSONAL CARE PRODUCTS

6.1 INTRODUCTION

6.1.1 TiO₂ **nanomaterials in personal care products.** TiO₂ nanomaterials are increasingly being used in personal care products (PCPs). Their light dispersion properties make them ideal UV blockers for sunscreens and cosmetic products. Both $TiO₂$ and ZnO nanomaterials have been used to prevent damage to the skin by either absorbing or scattering the UV light. They are often coated with organic materials in order to trap hydroxyl radicals that can damage cells. $TiO₂$ has been recognized as a UV blocker for decades, but $TiO₂$ nanomaterials have become more popular lately because their size makes them transparent rather than a chalky white color. [9] In addition to being transparent, $TiO₂$ nanomaterials have been shown to have a higher sun protection factor (SPF) than larger TiO₂ particles. [127] TiO₂ and ZnO have an advantage over organic UV blockers because they are less like to cause an allergic reaction and have a higher photstability. [128]

 $TiO₂$ nanomaterials typically exist as aggregates of particles with a primary particle diameter of 30-150 nm. The aggregates tend to be bounded so strongly that the force of application will not break them up. [129] The nanomaterials provided the best UV attenuation when they were less aggregated and more evenly distributed. [130] To increase

photostability and prevent aggregation, $TiO₂$ nanomaterials are commonly coated with aluminum, silicon, or polymers. [131] Silica coatings were found to be the most effective at stabilizing the particles and minimizing any negative effects. [132]

Dermatological and health authorities recommend the use of sunscreen before any sun exposure as a photoprotective strategy to prevent cell carcinoma. [128, 133] A recent survey showed that one third of people questioned observe the advice of health experts, saying they use sunscreen regularly. It is estimated that 33 million Americans use sunscreen every day and another 177 million use it occasionally. [9] Sunscreens and cosmetics are regulated by the FDA as over the counter drugs. TiO₂ nanomaterials are not considered to be a new additive, but rather a variation in particle size of an existing drug additive. [134] The only limitation stipulated by the FDA for sunscreens is that $TiO₂$ concentration be less than 25%. Most tend to have a lower concentration, between 2% and 15%. [9] With the wide prevalence of sunscreen use and the lack of a distinction between $TiO₂$ nanomaterials and larger sized particles, the general public is being exposed to nanomaterials of which they are largely ignorant.

6.1.2 Risk associated with TiO² used in PCPs. The risk from a substance depends on the hazard potential as well as external exposure likelihood. The application of sunscreens and cosmetics is one of the few times that the general public is intentionally exposed to nanomaterials.

The primary concern associated with the use of PCPs is dermal exposure, though they can be accidently ingested as well. [112] The reason there is concern is that uncoated $TiO₂$ nanomaterials can produce DNA damaging reactive oxygen species (ROS) and cause lipid peroxidation and protein tyrosine nitration which may cause cell death or lead to the onset or progression of diseases. [132, 135] Dermal studies tended to find anatase $TiO₂$ nanomaterials to be more toxic. [136]

For these toxic effects to be relevant, $TiO₂$ nanomaterials must be able to penetrate the epidermis and be distributed through the body. Dermal exposure is covered in more detail in Chapter 2. Most studies on translocation of $TiO₂$ nanomaterials through the epidermis found that they could not pass the stratum corneum or outermost layer of the epidermis and that the distribution appeared similar to that of larger $TiO₂$ particles. [129] The studies that did observe nanomaterials in the dermis found that it was only a tiny fraction of the dose, with no significant penetration. [137] A minority of researchers claim that $TiO₂$ nanoparticles do pose a significant threat from application to the skin. Wu [138] argues that while no penetration into the dermis was observed in porcine skin conducted *in vitro*, there was significant penetration and distribution of $TiO₂$ nanomaterials in an *in vivo* study of hairless mice. However, most literature reviews and studies claim that there is either no threat to human health or that the threat is negligible and the products can be considered safe. [129, 133]

6.1.3 Characterization of TiO² nanomaterials in PCPs. In order to better understand the potential benefits and hazards of $TiO₂$ nanomaterials in PCPs, one must better understand their size distribution. A study on microscopy of $TiO₂$ nanomaterials in PCPs found that transmission electron microscopy (TEM) and scanning electron microscopy (SEM) used together can provide an adequate characterization of the nanomaterials, and recommended using WetSEM as well to view the nanomaterials in the creams without having to dry them first. [18] Sedimentation field flow fractionation (FFF) has successfully been coupled with ICP-OES and ICP-MS for the size distribution characterization of both sunscreen and face cream. [19, 139] These methods can all be used to provide better data about primary particle size, aggregation size, and concentration of $TiO₂$ nanomaterials used in PCPs.

6.1.4 Environmental release and fate of TiO² nanomaterials

from PCPs. Though it is generally agreed up that PCPs containing TiO₂ nanomaterials do not pose a significant health threat to humans, their safety does not mean their use is without consequence. As people bathe and laundry is washed, the sunscreen and cosmetics end up in wastewater. After treatment at WWTPs the water is returned to the environment. Organic UV filters used in sunscreens have already been found in surface waters in Switzerland. [140] In the United Kingdom, concentrations of Ti small enough to pass a 0.45 µm filter were found to be 11 times higher than the background directly downstream of a WWTP. [48] Discharge from WWTPs is an indirect source of sunscreen to the environment. Sunscreen may also be introduced to the environment directly from recreational activities in lakes or pools. [9, 140]

As the sunscreen ages in the wastewater or surface water, $TiO₂$ nanomaterials can be released. One study showed that the aging of sunscreen in natural waters caused 30% of the total $TiO₂$ nanomaterials to be released. Once released they created a stable dispersion of submicron aggregates. [141] Another study observed similar results with $TiO₂$ nanomaterials forming a stable suspension of colloidal byproducts ranging in size from 50 nm to 700 nm. The presence of natural organic matter (NOM) was found to be a contributing factor to colloidal stability. [131]

6.2 PROBLEM STATEMENT

 $TiO₂$ nanomaterials are specifically included in PCPs like sunscreen and cosmetics. The regular use and disposal of PCPs creates a large source of $TIO₂$ nanomaterial releases to the environment. This research project was intended to study a number of PCPs with and without $TiO₂$ listed as an ingredient to determine the mass concentration of $TiO₂$ in the consumer products. This provided an idea of how much $TiO₂$ a person may use from normal application of the PCPs. The smallest particles were isolated and quantified.

6.3 MATERIALS AND METHODOLOGY

6.3.1 Personal care products. Thirty two different PCPs were purchased in Arizona grocery stores in March 2011. Many different types of products were chosen including 3 deodorants, 1 lip balm, 6 shampoos, 1 shaving cream, 13 sunscreens, and 8 toothpastes. Different types of PCPs were selected including name brands and generic brands. Samples were transported to the laboratory and stored in a clean, dry cupboard. Information about the products, including whether or not $TiO₂$ was listed on the label was recorded.

6.3.2 Digestion. 500 mg of each product was weighed and added to a clean microwave digestion vessel. The products were then microwave digested with 2 mL HF and 8 mL HNO₃ to break down the organic matter and the $TiO₂$. This method is described in detail in Chapter 3. Some of the products with a large amount of organics were not totally broken down by the initial 2 mL of hydrogen peroxide added after digestion. As the liquid was evaporated, if it became apparent that there was organic material remaining in the sample, the sample was cooled and then 2 mL of hydrogen peroxide was added and the sample was heated again. It is important to note that samples with high concentrations of Ti will turn orange with the addition of peroxide in an acidic environment. [83] (See Appendix D, Photo D.8). Ti was quantified using the same ICP-MS analysis procedure detailed in Chapter 3. All samples with Ti concentrations outside of the calibration range were diluted and re-

analyzed. A study using a similar method of acid digestion for Ti quantification in sunscreens demonstrated a recovery of 95%. [85] A recovery evaluation for $TiO₂$ nanoparticles and microparticles was conducted in Chapter 5.

6.3.3 Separation method. In order to determine how much $TiO₂$ is in the nanosize range a separation method had to be created to separate smaller $TiO₂$ from larger $TiO₂$ and organic materials. 500 mg of a product sample was added to a beaker. The organic material from the sample was broken down by adding 10 mL of hydrogen peroxide and 0.5 mL of $HNO₃$ and heating on a hot plate at 110°C. When the volume of liquid remaining in the sample was less than 1 mL, the beakers were removed from the hot plate and allowed to cool. The beaker sides and bottom were then rinsed with approximately 20 mL of nanopure water. The sample was filtered with a 0.45 μm nylon filter and added to a microwave vessel. To determine the total $TiO₂$ that was able to pass the 0.45 µm filter the sample was then digested using the digestion method. The pH of the samples was determined before filtration to ensure that the nylon filter would not be damaged during filtration.

6.4 RESULTS

6.4.1 Total TiO² in PCPs. All 32 PCPs were digested and the concentration of $TiO₂$ (determined as Ti) in the product was determined. The highest concentration of Ti in any sunscreen was found in Neutrogena Sensitive Skin Sunblock Lotion at 70.1 μg/mg. The highest concentration of Ti in any toothpaste was found in Sensodyne at 5.64 µg/mg. The three sunscreens with $TiO₂$ listed as an ingredient were the highest of any PCPs. The toothpastes all had $TiO₂$ listed as an ingredient and had a concentration one order of magnitude lower than the sunscreens made with TiO₂. The sunscreens without TiO₂ listed on the label had concentrations of $TiO₂$ that were three orders of magnitude lower than those with $TiO₂$ listed. The concentrations of $TiO₂$ in the shampoo, lip balm, shaving cream and deodorant were all much lower with the highest concentration of any being in Head and Shoulders 2 in 1 shampoo at 0.0056 µg/mg. The results for the total titanium concentration for all the PCPs can be seen in Figure 6.1. The values plotted in orange are the sunscreens that had $TiO₂$ listed as an ingredient. The values plotted in red are the toothpastes that had $TiO₂$ listed as an ingredient. All other products did not list $TiO₂$ as an ingredient.

Figure 6.1. Total titanium concentration for PCPs.

6.4.2 TiO² fraction to pass a 0.45 μm filter. PCPs with the highest concentration of Ti were further examined by digesting the organics and filtering with a 0.45 μm filter. From preliminary experiments (data not shown here) it was known that only a small fraction of the total Ti can pass the filter so only the samples with a high concentration of Ti would have measurable concentrations after filtering. Two of the sunscreens and 3 toothpastes with high Ti concentrations were selected. 6.3% of the total Ti in the Neutrogena Pure and Free Baby sunscreen was able to pass through the filter which was the highest of any sample. The sunscreens had a higher percentage of Ti that was able to pass through

the filter compared to the toothpastes. Each of the toothpastes had less than 1% of the total Ti pass through the filter. The results are displayed in Figure 6.3.

Figure 6.3. Ti percentage to pass through a 0.45 µm filter from sunscreens and toothpastes.

6.5 DISCUSSION

The $TiO₂$ concentration in the consumer products tended to be more consistent than the wide range of concentrations seen in the food products. The 3 sunscreens that used TiO₂ as a UV blocker had TiO₂ concentrations on the same order of magnitude. $TiO₂$ in those sunscreens represented between 1.4% and 7% of the total mass which is similar to what was reported in the literature and listed on the ingredients. The 8 toothpastes all had $TiO₂$ concentration on the same order of magnitude.

All other PCPs did not have $TiO₂$ listed and had noticeably lower concentrations meaning that unlike the food products, having $TiO₂$ omitted on the label meant that there was likely a very low concentration of $TiO₂$.

The sunscreens had a significant amount (3-6%) of Ti that passed through the 0.45 µm filter, more so than any of the foods evaluated in Chapter 5. The toothpastes evaluated had less than 1% pass through the filter. Since the filter has a 99% efficiency, the percentage of the toothpastes to pass through a 0.45 µm filter was not significant and could have been larger particles. This means that the sunscreen had a larger fraction of small particles than the toothpastes indicating that the size distribution is closer to the nano range.

6.6 SUMMARY

- Sunscreens that had $TiO₂$ listed as an ingredient had the highest concentrations of Ti with Neutrogena Sensitive Skin Sunblock being the highest with 70.1 ug Ti/mg.
- All toothpastes had similar Ti concentrations, between 0.75 and 5.64 ug Ti/mg.
- PCPs that did not list $TiO₂$ as an ingredient had Ti concentrations that were several orders of magnitude lower than those products with $TiO₂$ listed as an ingredient with none being higher than 0.12 ug Ti/mg.
- 6.3% of the total Ti measured in Neutrogena Pure and Free Baby was able to pass through a 0.45 μm filter indicating a larger portion of small near-nanosized particles.
- Less than 1% of the total Ti in the toothpastes was able to pass through a 0.45 μm filter.

CHAPTER 7: NANOSIZED TITANIUM DIOXIDE USED IN PAINTS

7.1 INTRODUCTION

7.1.1 Nanoscale TiO₂ in paints. TiO₂ particles are used to whiten paints. Nearly 90% of the total titanium mineral production is used for pigments in paints. [90]. $TiO₂$ used in paints has a size distribution including some nanosized particles. The advantages of shifting $TiO₂$ production to a nanoformat mean that the size distribution is likely to shift even farther toward the nano range. [11] $TiO₂$ nanoparticles with a diameter of 20-300 nm have been observed in surface waters and traced back to exterior paint as a source. The $TiO₂$ nanoparticles had detached under normal weather conditions. [21] The eventual $TiO₂$ mass lost due to weathering from exterior paint is approximately 1.5 mg/m². Though this is a small portion of the total TiO₂ mass in the paint (25,000 mg/m²), it can add up to a large source of $TiO₂$ to the environment when every painted façade is considered. [142]

7.1.2 TiO₂ nanomaterials used in coatings. TiO₂ nanomaterials are used specifically in coatings used in the automotive industry. $TiO₂$ nanoparticles incorporated into polyurethane coatings caused an increase in resistance to weathering and enhanced mechanical properties. [143] Over time the wearing of the coating on automobiles will also cause the release of $TiO₂$ nanomaterials. Though consumer products like paints and coatings don't have the same likelihood of exposure as PCPs meant to be

applied to the skin, they still have environmental implications, perhaps even more so because they are less likely to experience treatment from WWTPs.

7.2 PROBLEM STATEMENT

 $TiO₂$ nanomaterials are specifically incorporated into coatings for automobiles. There is also likely a fraction of $TiO₂$ materials used as pigments in paints that are in the nano size range. The regular application of paints and their weathering creates a large source of $TIO₂$ nanomaterial releases to the environment. This research project was intended to study a number of paints to determine the mass concentration of $TiO₂$ in the paint. This provided an idea of how much $TiO₂$ might be applied during the painting of a surface.

7.3 MATERIALS AND METHODOLOGY

7.3.1 Paint products. Eight different paint type products were purchased in Arizona hardware stores in March and June 2011. Different types of paints were selected including 3 sealers, 2 base paints, 2 white paints, and 1 glue. White paint type products were chosen because they were expected to have higher $TiO₂$ concentrations. Samples were transported to the laboratory and stored in a clean, dry cupboard. Information about the products, including whether or not $TiO₂$ was listed on the label was recorded.

7.3.2 Digestion. 500 mg of each product was weighed and added to a clean microwave digestion vessel. The products were then microwave digested with 2 mL HF and 8 mL $HNO₃$ to break down the organic matter and the $TiO₂$. This method is described in detail in Chapter 3. It is important for the paint and sealer products that the products were not allowed to dry into the vessels before acid was added. Some of the products with a large amount of organics were not totally broken down by the initial 2 mL of hydrogen peroxide added after digestion. As the liquid was evaporated, if it became apparent that there was organic material remaining in the sample, the sample was cooled and then 2 mL of hydrogen peroxide was added and the sample was heated again. It is important to note that samples with high concentrations of Ti will turn orange with the addition of peroxide in an acidic environment. [83] (See Appendix D, Photo D.8). Ti was quantified using the same ICP-MS analysis procedure detailed in Chapter 3. All samples with Ti concentrations outside of the calibration range were diluted and reanalyzed. A study using a similar method of acid digestion for Ti quantification in sunscreens demonstrated a recovery of 95%. [85] A recovery evaluation for $TiO₂$ nanoparticles and microparticles was conducted in Chapter 5.

7.4 RESULTS

112 7**.4.1 Total TiO² in paints.** All 8 paint type products were digested and the concentration of $TiO₂$ (determined as Ti) in the products were

determined. Three of the products were digested in triplicate. The triplicates were in good agreement, all within 20%. The highest concentration of Ti in any product was found in the Benjamin Moore White paint at 114 μg/mg.The Ace brand paint had a similar concentration. All three sealant products had similar concentrations which were high, but an order of magnitude lower than the white paints. The two base paint samples and the glue had concentrations that were 2 orders of magnitude lower than then sealants. The results for the total titanium concentration for all the paint type products can be seen in Figure 7.1.

Figure 7.1. Total titanium concentration for paint type products. Error bars represent the standard deviation from samples digested in triplicate.

7.5 DISCUSSION

The $TiO₂$ concentration in the white paint products and the sealers was generally higher than the concentrations seen in foods and PCPs. This is because such a large amount of $TiO₂$ is added to the paints and sealers to create and maintain a bright white color after application. The base paints contained a lower concentration of $TiO₂$ because though they are white when they are purchased, they are intended to have other colors mixed into the paint. Therefore, there is less need to have $TiO₂$ to provide bright white coloring. Elmer's glue is white in the bottle, but is intended to dry clear, meaning there is less need for $TiO₂$ as a pigment.

7.6 SUMMARY

- White paints had the highest concentrations of Ti with Benjamin Moore being the highest at 113.7 µg Ti/mg.
- The Ti concentration in the sealer products was less than half of that in the white paints, with gripper sealer being the highest at 40.7 µg Ti/mg.
- The base paints and Elmer's glue had Ti concentrations greater than 2 orders of magnitude lower than the paints and sealers with one Behr base paint having the highest concentration at 0.22 µg Ti/mg.

CHAPTER 8: SYNTHESIS OF FINDINGS AND RECOMMENDATIONS

8.1 INTRODUCTION

As $TiO₂$ nanomaterial use has increased in recent years it is important to understand the implications of the nanomaterials on human health. The development of a pharmacokinetic model aids in the prediction of $TiO₂$ tissue concentrations resulting from different exposure methods and dosages. However, the resulting concentrations are only modeled. In order to verify the results, empirically, a method had to be developed that can digest tissue and recover the entirety of the $TiO₂$ in the tissue. Microwave digestion of samples with nitric and hydrofluoric acid proved to be an efficient method for rapid quantification of the $TiO₂$. The digestion method was then used to quantify the deposition of various $TiO₂$ nanomaterials instilled into rat lungs. The results of the instillation project provide more information for the model, specifically about deposition and clearance rates of different kinds of $TiO₂$ nanomaterials. The digestion method was also robust enough to be used to digest food products and consumer products. Digesting the foods allowed for measurement of the total $TiO₂$ in foods and PCPs as well as determination of the nano sized fraction of $TiO₂$. The data gained from those studies can be used to determine realistic dose inputs for exposure by ingestion.

 $TiO₂$ nanomaterials not only have implications for human health, but for releases to the environment and their impacts. The excretion

information from the pharmacokinetic model can be used with the data from the $TiO₂$ food project to determine estimates of the mass of nano $TiO₂$ that can enter wastewater from human waste. The data from the $TiO₂$ PCP study can be used to determine estimate of the mass of nano $TiO₂$ that can enter wastewater from the use of products like sunscreen and toothpaste. The digestion method could also be applied for a study of $TiO₂$ nanomaterials in wastewater.

8.2 SUMMARY OF FINDINGS

8.2.1 Pharmacokinetic modeling of TiO² nanomaterials. It is the purpose of this project to develop a pharmacokinetic ADME model for $TiO₂$ nanomaterials that can predict tissue concentrations based on an exposure level.

- Inhalation is the most important exposure route for human health implications of $TiO₂$ nanomaterials.
- \bullet TiO₂ nanomaterials are more slowly cleared from the lungs than larger particles and have greater toxic effects with the half-life being as high as 501 days.
- \bullet TiO₂ nanomaterials may distribute to the lymphatic system, brain, kidneys, liver, and spleen. Modeled liver concentrations were generally highest, as much as 3.3 μg/g after inhalation.
- Primary particle size plays an important role in the ADME of particles as dose crystal structure, surface coating, and charge.
- Extremely small $TiO₂$ nanomaterials (< 5nm diameter) are excreted by the kidneys through the urine.
- Larger TiO₂ nanomaterials (\sim 25 nm) are more likely to be excreted in bile from the liver.

8.2.2 TiO² quantification method development. The purpose of this project is to develop a quantification method consisting of a digestion procedure and analysis procedure capable of accurately measuring $TiO₂$ at widely varying concentrations.

- The digestion method degraded organic material enough that the samples could be analyzed by ICP without damaging the instruments.
- The digestion method had greater than 86% recovery of Ti.
- ICP-MS was the best choice for quantifying Ti because the detection limit of 164 ng/L was lower than ICP-OES detection limit.
- Ti isotope 49 m/z is the best isotope to monitor because it has the least interferences from other species like P-O and S-O complexes.
- The MDL for the digestion method was 1 μ g TiO₂.

8.2.3 TiO² nanomaterial morphology effect on deposition and clearance in rat lungs. This project intended to study how three different morphologies of $TiO₂$ nanomaterials—anatase nanoparticles, rutile nanoparticles, and nanobelts—affected the deposition into the lungs of rats after intratracheal instillation, and the clearance rate of the particles 1 day and 1 week after instillation by collaborators at UC-Davis.

- Anatase $TiO₂$ nanoparticles deposited in rat lungs to a greater degree than rutile nanoparticles or nanobelts with an average of 41 μ g of Ti found in caudal lobes 1 day after exposure to anatase TiO₂. This was 218% higher than the second highest average concentration.
- The anatase $TiO₂$ nanoparticles were also found at the highest concentration in the caudal lobes with 1236 ng Ti/mg dry tissue as the average.
- TiO₂ nanoparticles concentration were found to be 58% higher in caudal lobes than in the cranial lobes for anatase $TiO₂$. Similar trends were observed for all morphologies.
- There was no significant evidence that there was less $TiO₂$ material in the lung 7 days after instillation when compared to 1 day after instillation for all morphologies. The Ti concentration had increased beyond the 80% confidence interval level for nanobelts from day 1 to day 7.

• The Ti lung concentrations from the digestion of the lungs showed an R^2 agreement of 0.376 with cell inclusion counts conducted with microscopy.

8.2.4 Nanoscale fraction of TiO² used in food products. This research project intended to study a number of foods with and without TiO₂ listed as an ingredient to determine if TiO₂ is present. The total TiO₂ was quantified to understand the total $TiO₂$ mass a person may be exposed to from a normal diet. The smallest particles were isolated and quantified.

- Foods that had the highest measured concentrations of $TiO₂$ were those that were bright white, or those with a candy shell. The highest concentration in any food was Dickinson's Coconut Curd at 3.59 μg/mg
- \bullet TiO₂ was found in foods at concentrations high enough that a person could ingest greater than 100 mg from a single serving. Hostess Powdered Donnettes had the highest mass from a single serving with 205 mg Ti.
- Many foods did not list $TiO₂$ as an ingredient, but still had relatively high concentrations of $TIO₂$.

 3.9% of Ti particles were small enough to pass through a 0.45 μm filter for Dentyne Ice gum, with 5 different foods having greater than 1% passage.

8.2.5 Nanosized TiO² used in PCPs. This research project intended to study a number of PCPs with and without $TiO₂$ listed as an ingredient to determine the mass concentration of $TiO₂$ in the consumer products. This gave an idea of how much $TiO₂$ a person may use from normal application of the PCPs. The smallest particles were isolated and quantified.

- Sunscreens that had $TiO₂$ listed as an ingredient had the highest concentrations of Ti with Neutrogena Sensitive Skin Sunblock being the highest with 70.1 ug Ti/mg.
- All toothpastes had similar Ti concentrations, between 0.75 and 5.64 ug Ti/mg.
- PCPs that did not list $TiO₂$ as an ingredient had Ti concentrations that were several orders of magnitude lower than those products with $TiO₂$ listed as an ingredient with none being higher than 0.12 ug Ti/mg.
- 6.3% of the total Ti measured in Neutrogena Pure and Free Baby was able to pass through a 0.45 μm filter indicating a larger portion of small near-nanosized particles.

 Less than 1% of the total Ti in the toothpastes was able to pass through a 0.45 μm filter.Less than 1% of the total Ti in the toothpastes was able to pass through a 0.45 μm filter.

8.2.6 Nanosized TiO2 used in paints. This research project intended to study a number of paints to determine the mass concentration of $TiO₂$ in the paint. This gave an idea of how much $TiO₂$ might be applied during the painting of a surface. The smallest particles were isolated and quantified.

- White paints had the highest concentrations of Ti with Benjamin Moore being the highest at 113.7 µg Ti/mg.
- The Ti concentration in the sealer products was less than half of that in the white paints, with gripper sealer being the highest at 40.7 µg Ti/mg.
- The base paints and Elmer's glue had Ti concentrations greater than 2 orders of magnitude lower than the paints and sealers with one Behr base paint having the highest concentration at 0.22 µg Ti/mg.

8.3 SYNTHESIS OF FINDINGS

8.3.1 Individual uptake. Since the mass of Ti from a single serving can approach 100 mg, a person could easily ingest 500 mg of $TiO₂$ in one day. If 2% of those $TiO₂$ particles are in the nano size range, which is a reasonable assumption depending on the types of foods ingested, than a person may ingest 10 mg of $TiO₂$ nanosized particles per day. If a person ingested a larger amount of candies with hard shells like M&Ms and Good and Plenty, it is not unreasonable to assume that a person may ingest as much as 1 gram of $TiO₂$ per day. In candies with hard shells there is a greater fraction of nanosized $TiO₂$ particles. If 4% of the particles are in the nanosized range, then a person may ingest as much as 40 mg of nanosized $TiO₂$ per day. For a person weighing 70 kg, ingesting 40 mg of $TiO₂$ nanomaterials results in an ingestion dose of 0.57 mg/kg per day. By using this data as an input for the ADME model developed in Chapter 2, and assuming the particles have an average diameter of 25 nm, the resulting concentrations in the kidney, liver, and spleen 14 days after ingestion are 0.043, 0.012, and 0.066 ng $TiO₂/g$ tissue respectively. These tissue concentrations are very low compared to the concentrations that may result from the inhalation of $TiO₂$ nanomaterials (See Chapter 2). In addition to the intentional ingestion of food, there may be accidental ingestion of PCPs such as sunscreen or toothpaste. If as little as 0.5 g of Sensodyne toothpaste is ingested by accident it can results in 2.8 mg of Ti ingestion. Ingesting 0.5 g of Neutrogena Sensitive Skin Sunblock would cause the ingestion of 35 mg Ti with 2.1 mg of the Ti particles being in the nanosized range.

Though only the lungs of the rats from Chapter 4 were analyzed for $TiO₂$, one can predict the $TiO₂$ concentration in the other tissues using the ADME model from Chapter 2. The average concentration of anatase $TiO₂$ deposited into the caudal lobes after 1 day was selected as an input for the ADME model because it was the highest concentration found in any lung lobe leading to the highest concentrations in other tissues. Extrapolating the normalized concentration for the whole lung tissue, it can be expected that 0.3 mg of $TiO₂$ would deposit into the lungs. This leads to a TiO₂ concentration in the kidney, liver, and spleen 14 days after instillation of 0.001, 0.01 and 0.003 μ g TiO₂/g tissue respectively. These concentrations are nearly an order of magnitude higher than those resulting from daily ingestion of food predicted above. The dermal absorption of sunscreen is unlikely to cause any relevant uptake of $TiO₂$.

8.3.2 Societal and environmental applications. Although ingestion of $TiO₂$ or dermal absorption did not cause widespread distribution throughout the body, the ingestion of foods and use of PCPs can still have important implications. It is recommended that 2 mg of sunblock per square inch of exposed skin be applied. However, a study of the application patterns of randomly selected individuals over 4.5 years showed that the median applied amount was 1.5 g/day. [144] Eventually this sunscreen is washed off and mixes with the wastewater. If the sunscreen used was a $TiO₂$ based sunscreen, 1.5 g/day of sunscreen would generate 105 mg TiO₂/day and 6.3 mg nanosized TiO₂/day as waste. It was described above how a typical person will ingest 10 mg nanosized $TiO₂/day$. Since little of this is absorbed and distributed
through the body, nearly all of it would pass through the digestive system and leave the body as waste. In this manner, from a typical diet and the use of sunscreen, an individual may be responsible for as much 16 mg of nanosized $TiO₂/day$ in wastewater. Assuming an individual produces 120 gal sewage/day, the wastewater would have an average concentration of 13.8 μ g/L of TiO₂ small enough to pass through a 0.45 μ m filter. Though this sewage will go through treatment, as much as 4% of the total Ti in the influent is not removed and is released to the environment. $[47]$ TiO₂ may also bypass WWTPs. This can occur when paint weathers and $TiO₂$ mixes with storm water or from PCPs washing off during recreational use and mixing with surface water.

8.4 CONCLUSIONS

8.4.1 Pharmacokinetics of TiO² nanomaterials. Pulmonary absorption is the most relevant exposure route for $TiO₂$ nanomaterials. Because of the enhanced toxicity of nanoscale $TiO₂$ materials, individuals who regularly work with $TiO₂$ nanomaterials in their workplace and are likely to inhale large quantities should be monitored for toxic effects or potentially for $TiO₂$ nanomaterials in the urine or blood.

8.4.2 TiO² digestion method. Microwave digestion with HF and $HNO₃$ provided good recovery of Ti materials. The method was robust enough to digest complex matrices and had low interferences allowing for the quantification of trace amounts of Ti. The method has the added

advantage of being capable of rapid digestion and analysis of samples. Other digestion methods using sulfuric acid or ICP-OES should be used sparingly.

8.4.3 TiO² nanomaterial morphology effects on deposition and clearance. When the enhanced toxicity of anatase $TiO₂$ nanomaterials is coupled with their apparent higher deposition rates, the threat to human health is far greater for airborne anatase $TiO₂$ nanomaterials. This is an important consideration for policy makers. The enhanced threat from the production of pure anatase TiO2 nanomaterials may cause anatase production processes to be regulated differently than rutile production processes.

8.4.4 Individual Uptake. An individual could ingest 10 mg of TiO₂ nanomaterials from a typical diet and even more if a person's diet consisted of candies or highly processed white foods. However, the uptake of these nanomaterials is minimal and not a large threat to human health. The exception is for those individuals with preexisting GI diseases such as Crohn's disease. A diet minimizing microparticles and nanoparticles is recommended for individuals with Crohn's disease. The results of this study have shown that the ingredient listings on foods are not always a good indicator of whether they include $TiO₂$.

8.4.5 Societal and Environmental Implications. The ingestion of foods and application of PCPs containing TiO₂ can result in 16 mg nano

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 $TiO₂/day$ introduced to the wastewater for each individual. As the production and use of $TiO₂$ nanomaterials increases the amount of $TiO₂$ in the wastewater will increase. This will likely cause an increased concentration of $TiO₂$ nanomaterials in the biosolids from WWTPs that are land applied as well as the treated effluent waters, both of which allow a greater loading of $TIO₂$ nanomaterials to the environment.

8.5 FUTURE WORK RECOMMENDATIONS

The results derived from the ADME model could be further verified by a study monitoring the feces and/or urine to complete a mass balance based on inputs like inhalation and ingestion and excreted outputs. The model could also be expanded to other tissues in the body by using the digestion method detailed in this work. It would be beneficial to have more data for different sizes of nanoparticles to create a continuum of distributions based on nanoparticle diameter rather than only being able to model two $TiO₂$ nanoparticle sizes. More data on clearance rates for different types of $TIO₂$ nanomaterials could be garnered for the model from another morphology inhalation study that monitored the animals for a greater time after instillation and harvested other organs to generate tissue concentration data.

The synthesis of the findings had suggested a large amount of nanosized $TiO₂$ may be entering the wastewater. TiO2 nanomaterials in wastewater could be monitored to verify the findings by sampling

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wastewater influents at different WWTPs and using the separation and digestion methods in this thesis. Furthermore, the digestion method could be modified to be used for other types of samples like biosolids or soil samples. Digesting biosolids could be used to monitor how the concentration of $TiO₂$ nanomaterials may be changing. Since biosolids are often land applied for agriculture, soil samples with biosolids applied could be compared to control soil samples to determine whether $TiO₂$ nanomaterials may be a relevant cause of concern for agricultural production. It would also be beneficial to study how $TiO₂$ nanosized particles from foods and PCPs change by aggregation or coating of the surface in wastewater or environmental matrices.

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APPENDIX A

SUPPLEMENTARY INFORMATION

Table A.1

Digestion Reagent Concentrations

Table A.2

Passing Performance Report Requirements

Figure A.1. Normalized titanium concentration for all foods.

Figure A.2. Mass titanium per serving of food. Red bars indicate TiO2 was listed as an ingredient. Green bars indicate foods were below the detection limit.

APPENDIX B

STANDARD OPERATING PROCEDURES

B.1 TiO² Nanoparticle Stock Preparation

- 1. Add .6 grams of $TiO₂$ nanoparticle (NP) powder to 600 mL of nanopure water.
- 2. Sonicate the NP solution for 30 min at 100% amplitude (30 sec on and 5 sec off).
	- a. Add ice around the beaker while sonicating to prevent overheating.
	- b. Watch the power reading on the instrument. At 100% amplitude it should read approximately 120 W. This provides 200W/L of power.
- 3. Add 50 mL of the sonicated NP solution to each of eight 50 mL centrifuge vials.
- 4. Centrifuge the sonicated NP solution for 30 min at 3000 RCF.
- 5. Carefully remove the vials from the centrifuge and pipette off the top 30 mL of the solution from each vial without disturbing the bottom.
	- a. Any solution remaining in the centrifuge vials can be combined and re-sonicated.
- 6. Run phase analysis light scattering (PALS) on the centrifuged NP solution to determine particle size. (For P25 TiO₂ NPs, the effective diameter should be ~50 nm)
- 7. If the particle size is not sufficiently small, centrifuge again and run PALS again.

B.2 TiO² Microwave Digestion in Tissues and other Organic Matrices

- Hydrofluoric acid will be used in this method, make sure you are properly trained and have all required notifications posted near your workspace.
- All work using acids should be done in the hood.
- All digestion vessels, Teflon, and glassware should be sonicated in an acid bath for at least 10 minutes to clean.
- 1. Add tissue or sample volume to microwave digestion vessel. Note: No more than 0.5 g of organics can be digested at a time.
- 2. If tissues must be dried first, weigh the empty vessel, dry the tissue at 80°C till weight loss no longer occurs (12-18 hours) and record the new weight.
- 3. Add 8 mL nitric acid and 2 mL of HF to each vessel.
- 4. Replace the stopper and tighten the lids as tight as possible!
- 5. Place the vessels in the microwave digestor carousel.
- 6. Place the carousel in the microwave and choose the proper method then press start/run.
- 7. Allow >20 min after the method has finished for the vessels to cool.
- 8. Remove the vessels from the carousel.
- 9. Carefully unscrew the lids from each vessel. Pressure will have built up causing a small burst of gas to escape upon opening.
- 10.Rinse each vessel with 2% nitric acid 3 or 4 times into a Teflon beaker. (About 30 mL of rinse)
- 11.Heat the beakers on a hotplate at 180°C for approximately 3-4 hours.

Note: Do not heat the Teflon beakers over 220°C.

- 12.Continue heating until the remaining liquid is between 0.1-0.5 mL.
- 13.Remove from heat and allow the beaker to cool.
- 14.Rinse the beaker 3 or 4 times into a 25 mL volumetric flask with a 2% nitric acid rinse.
- 15.Continue filling the flask until it is to the 25 mL mark.
- 16.Transfer the solution to a clean 50 mL centrifuge vial until ICP analysis can be done.

B.3 TiO² Hotplate Digestion in Tissues and other Organic Matrices

- 1. Tare each Teflon vessel individually and add the tissue sample recording the weight.
- 2. Add 4 mL of concentrated ultrapure nitric acid and 8 mL of hydrogen peroxide.
- 3. Cap with a ribbed watch glass and place on hot plate.
- 4. Heat for 4 hrs at 120°C to degrade organics and evaporate acid. Do not go to total dryness.
- 5. Cool and add 2 mL of ultrapure hydrofluoric acid.
- 6. Heat at 80°C until remaining solution is between 0.1-0.5 mL.
- 7. Remove from heat and cool solution.
- 8. Add 2% nitric acid in nanopure and rinse the vessel 3+ times into a 25mL acid-washed volumetric flask.

APPENDIX C

MODEL DATA

Table C.1

Exposure Scenario #1 Model

Table C.2

Table C.3

Exposure Scenario #2 Model for Ingestion and Inhalation

APPENDIX D

PHOTOGRAPHS

D.1 Rat Lung Photographs

Figure D.1. Caudal lobe sample.

Figure D.2. Caudal lobe in a microwave digestion vessel before drying (left) and after drying (right).

Figure D.3. MARS Express microwave digestor.

Figure D.4. Microwave vessels and Teflon beakers on a hotplate.

Figure D.5. Rat lung sample after digestion and evaporation

Figure D.6. Microwave vessel after digestion of dairy product.

Figure D.7. Animal P1221 broncoalveloar lavage cells with TiO₂ nanobelt inclusions. Shown at 40x.

D.2 Food Product Photographs

Figure D.8. 0.45 μm nylon filter after filtering organics from a food sample.

D.3 Consumer Products Photographs

Figure D.9. Digested sunscreen.

APPENDIX E

METHOD DETECTION LIMITS

E.1 Purpose

Several tests were done to determine how digestion, matrix effects, and analysis instrument choice affect the recovery of nanoparticle solutions. Instrument detection limits (IDLs) for the ICP-OES and ICP-MS instruments were determined for Ti, Zn, and gold (Au). More on the IDL for Ti can be found in Chapter 3. Then solutions of $TiO₂$ and ZnO nanoparticles were prepared at magnitudes ranging from 10 µg/L (ppb) to 100 mg/L (ppm) in various environmentally and biologically relevant matrices. The solutions were then analyzed with and without digestion by both ICP-OES and ICP-MS. The digestion method used was a hot plate digestion utilizing nitric and sulfuric acid rather than the microwave digestion with HF as described in Chapter 3.

E.2 Instrument Detection Limit

E.3 ICP-MS Ti Instrument Detection Limit Data

Test concentration = 0.002 mg/L

Sample $\#\mid C$ (ppb) $\mid \mid n$ 10 Average 2.09238 Variance 0.00082 StDev 0.02867 t (n-1, 0.01) 2.821

t value for 99% at n (from Table)

MDL (ppb) 0.081 t value * StDev

Average MDL 0.122 UCL 0.259

t value for 99% at n (from Table)

t value * StDev

E.4 ICP-OES Ti Instrument Detection Limit Data

Test concentration = 0.002 mg/L

t value for 99% at n (from Table)

MDL (ppb) 0.562 t value * StDev

Test concentration = 0.005 mg/L

t value for 99% at n (from Table)

8 5.296 **MDL (ppb)** 0.491 t value * StDev

 X^2 /df (X^2/df) (MDL) LCL | 0.300 | 0.147 UCL | 2.114 | 1.038

E.5 ICP-MS Zn Instrument Detection Limit Data

Test concentration = 0.002 mg/L

t value for 99% at n (from Table)

MDL (ppb) 0.414

t value * StDev

t value for 99% at n (from Table)

MDL (ppb) 0.616

t value * StDev

E.6 ICP-OES Zn Instrument Detection Limit Data

Test concentration = 0.002 mg/L

t value for 99% at n (from Table)

Test concentration = 0.005 mg/L

t value for 99% at n (from Table)

MDL (ppb) 3.685 t value * StDev

E.7 ICP-MS Au Instrument Detection Limit Data

Test concentration = 0.002 mg/L

t value for 99% at n (from Table)

Test concentration = 0.005 mg/L

t value for 99% at n (from Table)

Figure E.1. TiO₂ analyzed by ICP-OES in a nanopure water matrix.

Figure E.2. TiO₂ analyzed by ICP-MS in a nanopure water matrix.

Figure E.3. ZnO analyzed by ICP-OES in a nanopure water matrix.

Figure E.4. ZnO analyzed by ICP-MS in a nanopure water matrix.

E.8.1 Nanopure Summary.

 $TiO₂$ samples analyzed by ICP-OES had similar results at higher concentrations regardless of whether the samples were digested or not. However, $TiO₂$ samples analyzed by ICP-MS without digestion had a much lower measured concentration than expected when compared to those that were digested. This is likely because a smaller fraction of the nebulized sample reaches the plasma in the ICP-MS compared to the ICP-OES, and larger, undigested nanoparticles or aggregates would be less likely to pass through the spray chamber to the plasma. However, on both instruments, the digestion caused the measured concentration of the lowest sample to be nearly an order of magnitude higher. This is because of interferences caused by the sulfuric acid matrix in the samples postdigestion. Thus, digestion is likely necessary to determine an accurate quantification, but another digestion method would be preferred.

There was little difference in the measured concentration of ZnO samples with or without digestion for more concentrated samples. This is likely because ZnO will dissolve faster than titanium so digestion is not as necessary. However, for the more dilute samples the digestion caused the measured concentration to be much higher than the expected concentration. The 3 most dilute samples had nearly the same measured concentration regardless of the expected concentration. This is because the sulfuric acid matrix caused interferences resulting in higher readings. These trends were observed for both instruments.

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E.9 Nitric/Sulfuric Acid Digestion of TiO² and ZnO in Moderately Hard

Figure E.5. TiO₂ analyzed by ICP-OES in a moderately hard water matrix.

Figure E.6. TiO₂ analyzed by ICP-MS in a moderately hard water matrix.

Figure E.7. ZnO analyzed by ICP-OES in a moderately hard water matrix**.**

Figure E.8. ZnO analyzed by ICP-MS in a moderately hard water matrix**.**

E.9.1 Moderately Hard Summary

The analysis of $TiO₂$ in moderately hard water showed less of a need for digestion when compared to nanopure water. This could be because aggregates were more likely to form in nanopure than in the moderately hard water. If the aggregation was less in the moderately hard water then the sample might be fully ionized in the plasma even without digestion. A similar trend was observed to the nanopure water that the digestion technique caused false high readings for the most dilute samples.

Like the nanopure matrix, digestion seems to be less necessary for the ZnO in moderately hard water. The one exception this time was that the most concentrated sample had a much lower recovery than expected on the ICP-MS. When the ZnO samples were analyzed by ICP-MS there appeared to be an interference for the two most dilute samples. Because the higher measured concentrations were observed for both the digested and undigested samples, the interference was probably caused by the matrix effect of the moderately hard water or the moderately hard water and the sulfuric acid rather than just the sulfuric acid.

E.10 Nitric/Sulfuric Acid Digestion of TiO² and ZnO in Synthetic Urine

Figure E.9. TiO₂ analyzed by ICP-OES in a synthetic urine matrix.

Figure E.10. TiO₂ analyzed by ICP-MS in a synthetic urine matrix.

Figure E.11. ZnO analyzed by ICP-OES in a synthetic urine matrix.

Figure E.12. ZnO analyzed by ICP-MS in a synthetic urine matrix.

E.10.1 Synthetic Urine Summary

The analysis of $TiO₂$ using ICP-OES again showed that digestion may not be necessary, the measured concentrations were similar and near the expected concentration. Surprisingly, the most dilute samples did not have a noticeable interference from the acid digestion matrix. This could be because the sulfate from the acid interacted with something in the synthetic urine and fell out of solution. When using ICP-MS it is apparent that digestion is needed to get an accurate measurement of more concentrated samples. However, for more dilute samples, both digested and undigested samples were measured higher than expected, with the digested samples more so. This is probably because both the synthetic urine and sulfuric acid matrix are causing interferences.

During analysis of ZnO the digested and undigested samples were in good agreement when analyzed by ICP-OES and the undigested samples had a higher measured concentration than the digested samples. The most dilute digested sample measured higher than expected on the ICP-OES cause of the sulfuric acid matrix. The two most dilute samples (digested and undigested) were higher than expected likely because of interferences with the Zn mass isotope from the synthetic urine matrix.

E.11 Detection Limit Summary

Digestion is not necessary for ZnO solutions unless at high concentrations. However, digestion is necessary for $TiO₂$ solutions especially if analysis is being completed by ICP-MS which has lower detection limits. The sulfuric acid matrix of the digested caused interferences at lower concentrations. This was especially apparent when analysis was carried out by ICP-MS. A different digestion method could minimize the interferences for both instruments. However, there were interferences that arose from the moderately hard water and synthetic urine matrix even without any digestion. These interferences cause a higher reading than the actual concentration. Thus, it is important for any complex matrix to digest blanks in order to understand what interferences may arise.