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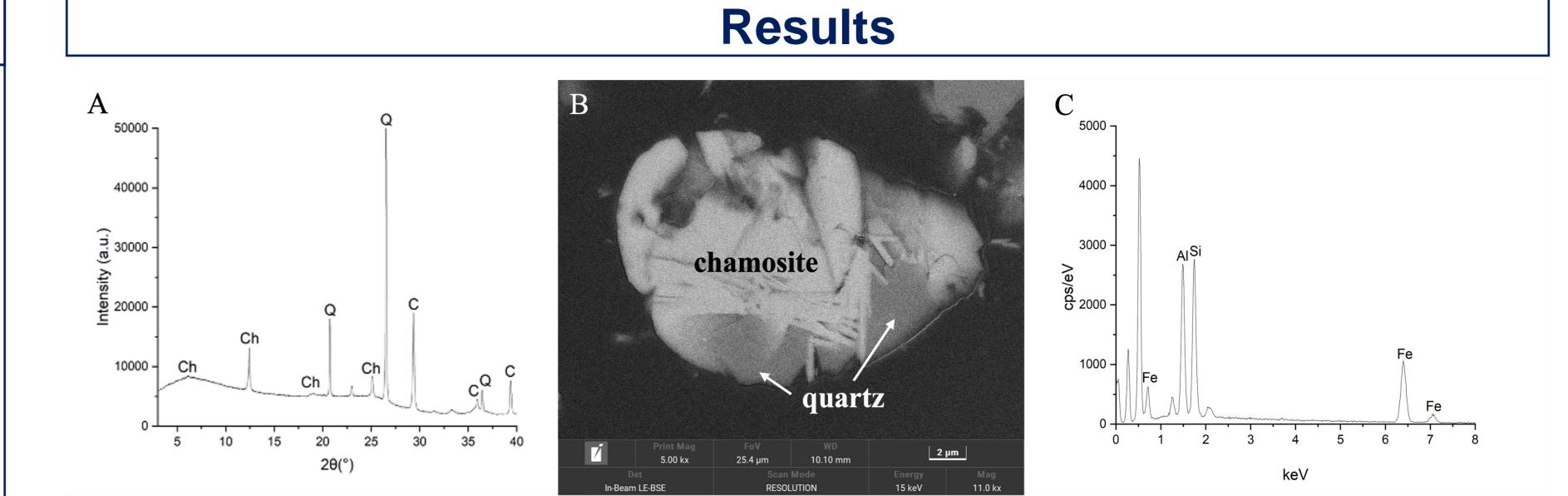
Phase Transformation and Carcinogenicity of Coal Combustion Particles from Xuan Wei: An In Vitro and In Vivo Study

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Background

- Xuan Wei, a county in Yunnan Province in southwest China, exhibits the highest female lung cancer mortality rate in China, attributed primarily to indoor coal combustion
- Evidence from epidemiological studies has shown that long-term exposure to indoor bituminous coal usage is associated with an increased risk of lung cancer and other respiratory diseases, such as COPD in Xuan Wei, China
- Chamosite has been considered associated with the lung cancer epidemic in Xuan Wei. Our preliminary studies also suggest that



chamosite may undergo a phase change during bituminous coal's heating and combustion process

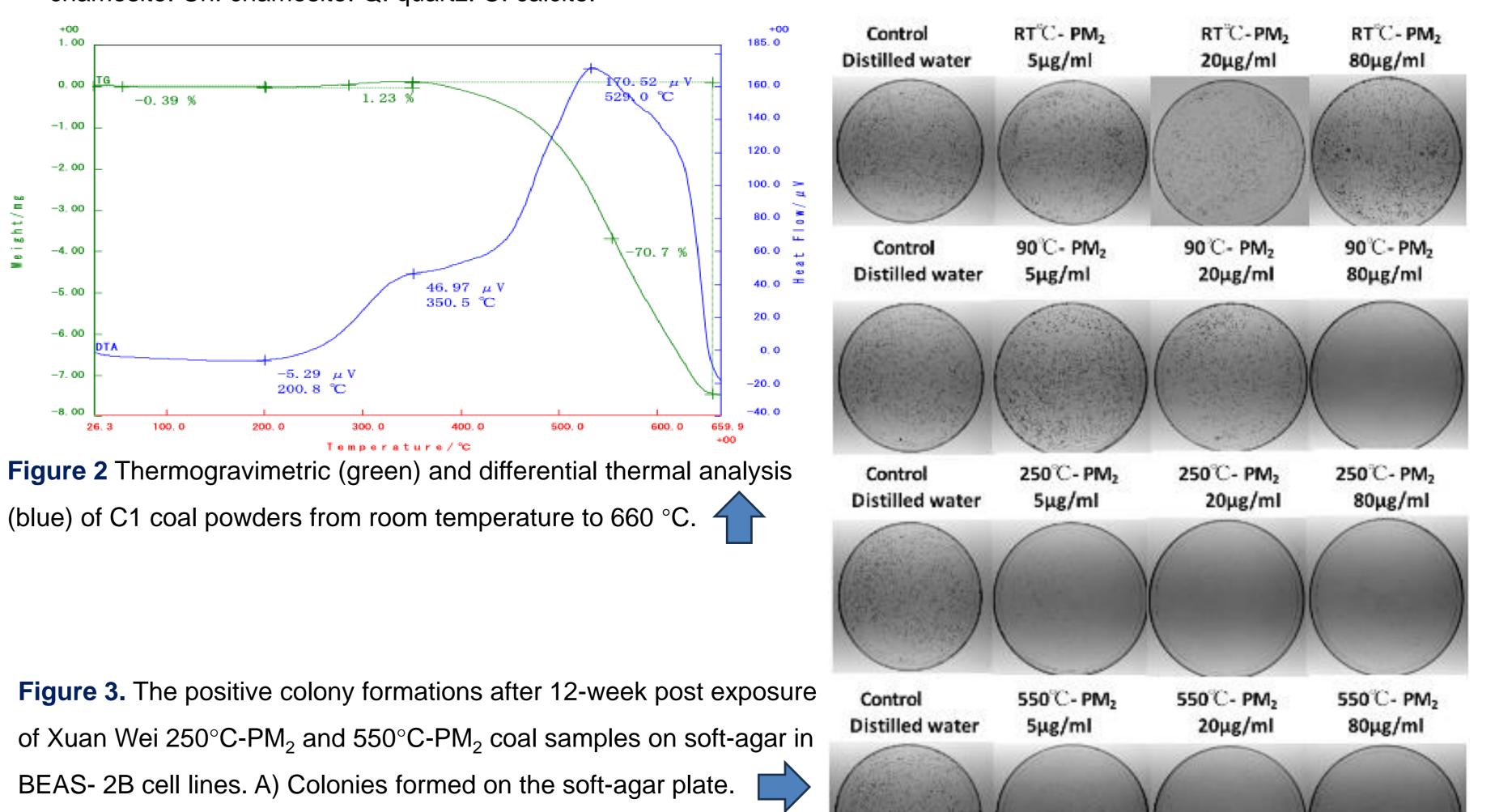
Objectives

- To evaluate the carcinogenicity of bituminous coal from Xuan Wei at different stages during the combustion process from the clay mineral perspective
- To investigate the toxicity and carcinogenic mechanisms of coal particles during combustion at varying temperatures may yield significant insights

Methods

- Bituminous coal collection and characterization:
- 1) The regional domestic bituminous coals originate from C1 coal, were then divided into 4 groups based on the heating temperature, respectively: unheated room temperature (RT), 90 °C (most of the water evaporates), 250 °C (just before chamosite initiated phase transformation), and 550 °C (after chamosite finalized phase transformation).;

Figure 1 Characterization of C1 coal powders. (A) X-ray powder diffraction pattern of C1 coal. (B) Morphology of crosssectional surface polishing C1 coal under SEM back-scattered electron (BSE) mode. (C) Chemical composition of chamosite. Ch: chamosite. Q: quartz. C: calcite.



- 2) X-ray diffraction (XRD) was for mineral phases of powder samples; scanning electron microscopy (SEM) & energydispersive X-ray spectrometer (EDS) were for images.
- In vivo study:
- BEAS-2B, an immortalized human bronchial epithelial cell line is used for malignant transformation and soft-agar assay after exposure to the coal samples.
- In vitro study:
- C57/6J mice were under inhalation exposure of coal samples via oropharynx aspiration and gavage intervention of iron chelator. The lungs of the mice were dissected and weighed following the collection of bronchoalveolar lavage fluid (BALF).

Conclusion

- BEAS-2B cells exposed to coal particles exhibit anchorageindependent growth, indicating carcinogenic potential, particularly pronounced at 250°C, corresponding to temperature-induced chamosite transformations
- In vivo experiments involving C57BL/6J mice exposed to these particles reveal elevated inflammatory responses, with a doseresponse relationship evident at higher concentrations and

Figure 4. Bronchoalveolar lavage fluid (BALF) cell counts after particle exposure. (A) Acute exposure (24-H) for male and female mice. (B) Acute exposure (1-Week) for female mice. (C) Sub-chronic exposure (21-Day) for female mice. Eos, eosinophils. PMNs, polymorphonuclear leukocytes. Mac, macrophages. (* P < 0.05)



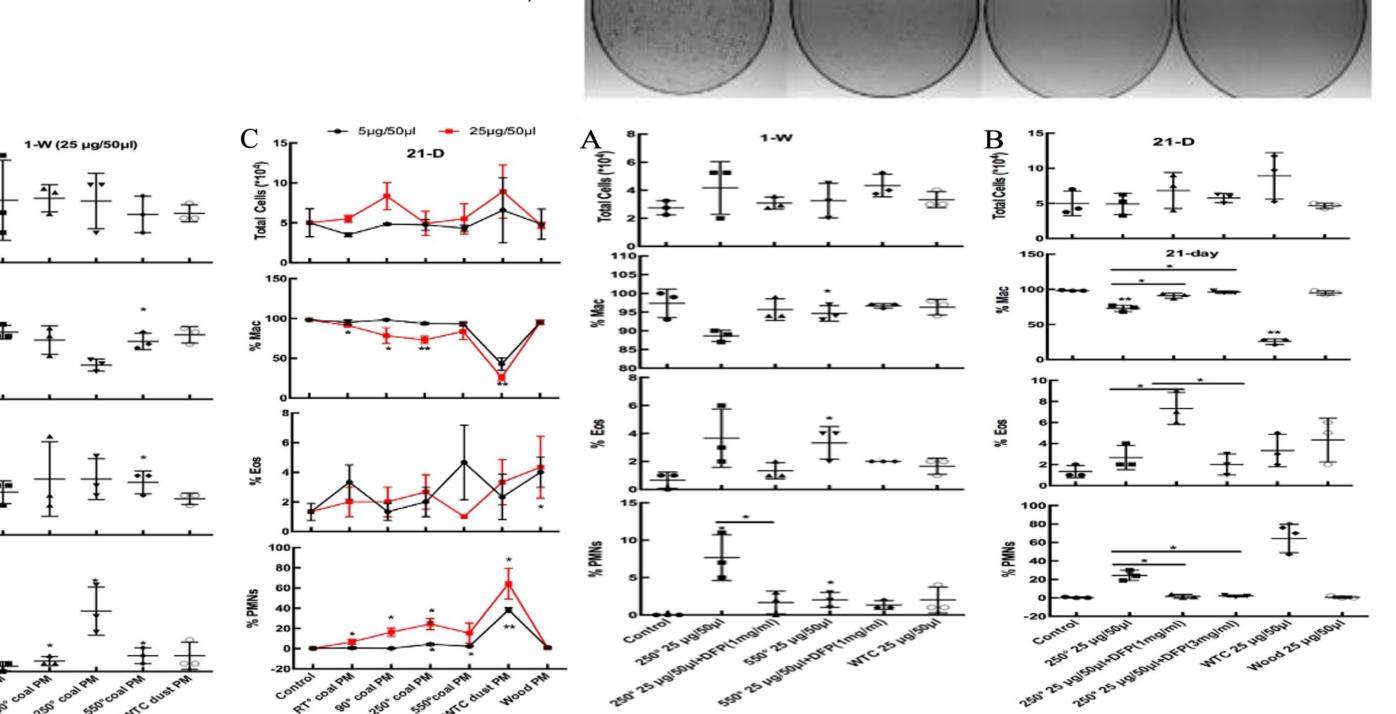


Figure 5. Bronchoalveolar lavage fluid (BALF) cell
counts after Xuan Wei, WTC PM exposure with or
without DFP gavage intervention. (A) Acute Xuan Wei
PM exposure (1-week) and DFP gavage intervention.
(B) Sub-chronic Xuan Wei PM exposure (21-Day) and
DFP gavage intervention. PMNs, polymorphonuclear
leukocytes. Mac, macrophages. (* P < 0.05)

Acknowledgments

temperatures.	Reference	Acknowledgments
 The study reveals the potential hazardous impact of bituminous coal exposure in Xuan Wei on lung health. Chamosite in bituminous coal, particularly after being heated at 250°C, was notably more carcinogenic, potentially due to the original chamosite having higher iron activity before oxidation during phase transformation. These findings not only advance our understanding of coal-induced lung carcinogenesis but also highlight critical intervention points for public health strategies aimed at reducing the lung cancer burden in coal-dependent regions like Xuan Wei. This research supports the need for transitioning to cleaner fuels and improving indoor air quality to protect vulnerable populations from the deleterious health effects of coal smoke. 	 Balmes, J. R., 2019. Household air pollution from domestic combustion of solid fuels and health. J Allergy Clin Immunol. 143, 1979-1987. Barregard, L., et al., 2008. Experimental exposure to wood smoke: effects on airway inflammation and oxidative stress. Occupational and environmental medicine. 65, 319- 324. Chan, S., et al., 2018. Deferiprone inhibits iron overload-induced tissue factor bearing endothelial microparticle generation by inhibition oxidative stress induced mitochondrial injury, and apoptosis. Toxicology and Applied Pharmacology. 338, 148- 158. Chapman, R. S., et al., 2005. Improvement in Household Stoves and Risk of Chronic Obstructive Pulmonary Disease in Xuanwei, China: Retrospective Cohort Study doi 10.1136/bmj.38628.676088.55. BMJ: British Medical Journal. 331, 1050-1052. Chen, Y., et al., 2015. Decomposing contribution of age and non-age factors to rapid growth of lung cancer in Xuanwei over past 30 years. BMC Public Health. 15, 1116. Chen, YT., et al., 2023. Transcriptomic analysis of World Trade Center particulate Matter-induced pulmonary inflammation and drug treatments. Environment International. 177, 108027. Dai, S., et al., 2008. Mineralogical and compositional characteristics of Late Permian coals from an area of high lung cancer rate in Xuan Wei, Yunnan, China: Occurrence and origin of quartz and chamosite. International Journal of Coal Geology. 76, 318- 327. De Vooght, V., et al., 2009. Oropharyngeal aspiration: an alternative route for challenging in a mouse model of chemical-induced asthma. Toxicology. 259, 84-89. Ghio, A. J., et al., 2020. Air pollutants disrupt iron homeostasis to impact oxidant generation, biological effects, and tissue injury. Free Radic Biol Med. 151, 38-55. 	 Thank you for all the support of the Xuanwei Center for Disease Control Thank you for all the support of Yunnan Cancer Hospital. Thank you for all the supports and comments of Prof. Linwei Tian, all the group members. Thank you for all the support of Dr. Zhouxi Fang and other staffs from Wenzhou Medical University.