Supporting Information

Development of a Physiologically Based Pharmacokinetic (PBPK) Model for F-53B in Pregnant Mice and Extrapolation to Humans

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Pages: 40 Figures: 4

Tables: 13

S1. Dose Setting

The calculation of the F-53B dose was based on our previous article¹. Briefly, oral dose = Human Equivalent Dose (HED) \times Uncertainty Factor for Human (UFH) \times Uncertainty Factor for Interspecies (UFI) \times Uncertainty Factor for Toxicokinetics $(UFT)²$. Due to the lack of pharmacokinetic data for F-53B, the volume of distribution from the PBPK model for perfluorooctane sulfonate (PFOS) was used³. Where $HED =$ average serum concentration (μ g/mL) * clearance (CL; mL/kg/day). CL = a volume of distribution (Vd) \times (ln (2) ÷ half-life (t_{1/2})); Vd: 0.23 L/kg and 0.268 L/kg for human and mice, respectively; $t_{1/2}$: 15.3 years \times 365 days/year and 36.9 days for human and mice, respectively. UFH: a correction factor of 10×. UFI: a correction factor of 3×. UFT $= CL$ mice/ CL human (a correction factor of 176.6 \times). Based on the general adult (4.78 ng/mL ⁴ and occupational people (102.3 ng/mL)⁵ plasma concentration, an equivalent dose of 0.72 and 15.45 µg/kg was defined. Our preliminary experiment at exposure doses of 0.8, 8 and 80 µg/kg showed that no toxic effects were observed in pregnant mice. In order to ensure that F-53B could be detected in both pregnant mice and fetus throughout the whole experimental period, we finally set the exposure dose at 80 µg/kg.

S2. Sample Pretreatment and Detection

S2.1 Toxicokinetic study in mice

S2 Eighty C57BL/6J female and male mice were obtained from Medical Laboratory Animal Center of Guangdong and mated in a ratio of 1:1. Pregnant mice confirmed by vaginal plug examination were subjected to a 12 h/12 h light/dark cycle with food and water available ad libitum. All the animal treatments were approved by the ethics committee of Sun Yat-Sen University (SYSU-IACUC-2022-001602). Pregnant mice were randomly divided into two groups and administered with 80 μg/kg BW of F-53B by oral (n=20) or lateral tail vein injection (n=20) on gestation day (GD) 13. Dose setting was set as previously described. For the toxicokinetic study, samples of maternal plasma, maternal liver, fetal brain, fetal liver, placenta and urine and feces were collected throughout the experimental period (GD13-GD17), and samples of fat, amniotic fluid, maternal brain, heart, spleen and other were collected on the end of the experiment (GD17). At 2, 4, 8, 12, 24, 48, and 96h after administration, whole blood was taken from the ophthalmic veins after anesthesia via isoflurane and placed in sodium heparin anticoagulation tubes. Animals were subsequently euthanized by cervical dislocation and their organ tissues were collected. In addition, at 0.5, 36, and 72 h, only blood was collected without execution. Urine and fecal samples were collected at regular intervals (i.e., 0, 0-2, 2-4, 4-8, 8-12, 12-24, 24-36, 36-48, 48-72, 72- 96h after administration) and recorded the quality. Detailed experimental arrangements and sample descriptions are shown in Table 1. The samples were frozen at -80 °C before analysis. F-53B content was detected by ultraperformance liquid chromatography attached to an Agilent 6410B Triple Quadrupole tandem mass spectrometer (Palo Alto and Santa Clara, CA USA), and protein binding assay was determined by ultrafiltration centrifugation.

S2.2 Sample extraction

S3 F-53B standards and other reagents were described in Table S1-S2. Sample preparation and analytical methods have been reported in our previous articles^{1,6}. Use 0.1 mL of liquid biological sample in mixed with 2 mL of 0.1 M formic acid followed by 25 µL of isotopically labeled internal standard mixture (20 ppb). The Waters Oasis HLB solid phase extraction cartridge was activated with 2 mL methanol with 2 mL 0.1 M formic acid, and then the prepared liquid biological sample was loaded onto the column and washed sequentially with 3 mL 0.1 M formic acid, 6 mL 50% 0.1 M formic acid/50% methanol, and 1 mL 1% ammonia. The cartridge was dried under vacuum. Then, 2 mL of 1% ammonia acetonitrile was added for elution. Finally, the eluate was sequentially centrifuged at 4500 rpm, 4 °C for 1 min and evaporated to near dryness under a stream of high-purity nitrogen at 40 °C. The cartridge was washed with 70 µL of methanol and 30 µL of 30 µM ammonia. The samples were reconstituted with 70 µL methanol and

30 µL 20 mM ammonium formate. The extracts were then transferred to polypropylene centrifuge tubes and centrifuged at $12,000$ rpm, $4 \degree$ C for 10 min. Twenty-five microliters of supernatant was transferred to a polypropylene autosampler vial for UHPLC-MS/MS analysis. For solid biological samples, about 10 mg of tissue was clipped and recorded the mass. 200 µL of acetonitrile was added and ground into a homogenate using a tissue grinder, then 800 μ L of acetonitrile was added, vortexed and shaken to mix and instantaneously centrifuged. Sonication for 30 minutes, centrifugation at 12000rpm, 4 °C for 10 min, take around 0.2 mL of supernatant for pretreatment, the rest of the method is the same as above.

S2.3 Chromatography-Mass Spectrometry

The target analytes were separated and quantified using an ultraperformance liquid chromatography attached to an Agilent 6410B Triple Quadrupole tandem mass spectrometer (Palo Alto and Santa Clara, CA USA).

Chromatographic conditions: An Ascentis Express F5 Column was used and the column temperature was maintained at 40 °C. The mobile phase consisted of 20 mM ammonium formate (solvent A) and 100% methanol (solvent B), and the flow rate was maintained at 0.3 mL/min. The program was started from 55% A and 45% B, held for 6 min, increased to 95% B and returned to the initial state after a 1-min hold, and the column was equilibrated for a further 3 min.

Mass spectrometry conditions: Electrospray ionization (ESI) was used for ionization. The desolventization temperature was set at 350 °C, and the dissociation voltage and collision energy were limited to the range of 58-165 V and 3-60 eV, respectively. The results were recorded by multiple reaction monitoring (MRM).

S2.4 Quality Control

F-53B concentrations in the samples were obtained using an internal standard method. Nine calibration curve points were used, between 0.05 and 100 ng/mL, and the

S4

coefficient of determination (R^2) for each calibration was higher than 0.99. Sample recoveries were all between 80 % and 120 %. Between every 10 samples, a blank (calf serum) was inserted to monitor possible contamination in sample extraction. A solvent blank (70 % methanol) and a set of standard curves were set up every 20 samples to detect instrumental background values and instrumental response and drift. The limit of detection (LOD) of the target compounds was defined as the lowest detected concentration in the sample with a signal-to-noise ratio of 3 (S/N = 3), and concentration values below the LOD will be replaced by LOD $\sqrt{2}$. The limit of quantification (LOQ) of the target compounds was defined as the lowest detected concentration in the sample with a signal-to-noise ratio of 10 (S/N = 10). The materials used in the experiments were soaked in methanol for more than 4 h to minimize any background effects.

S3. Protein Binding Assay

Protein binding of F-53B in the plasma of pregnant mice as determined by ultrafiltration centrifugation⁷. Plasma was centrifuged using the 10 kDa ultrafiltration centrifuge tube to filter out plasma proteins with molecular weights >10 kDa (recovery of 80%). Centrifuged plasma was determined F-53B concentration by UHPLC-MS/MS as described above. Protein binding ratio was calculated based on the total amount of F-53B in the plasma before ultrafiltration (Atotal) and the unbound amount of F-53B in the plasma after ultrafiltration (Afree)⁸ (Equation S1). The free fraction of F-53B (unbound to protein) was calculated by Equation S2.

Protein binding ratio (%) = $[(Actual - Afree) / Atotal] \times 100\%$ (S1) $Free = (1 - Protein binding ratio) / 100\%$ (S2)

S4. Equations and Codes for the Pregnancy PBPK model

S4.1 Two-compartment gastrointestinal (GI) model

A two-compartment gastrointestinal model was used to describe the absorption process

of F-53B after oral administration/exposure. Briefly, F-53B enters the stomach via oral administration and subsequently enters the small intestine at the gastric emptying rate (*GE*; per hour). The first-order constants *K0* (per hour) and *Kabs* (per hour) were used to characterize the absorption of F-53B in the stomach and small intestine. Through the portal vein, F-53B is transported directly from the GI tract to the liver. The equations describing oral uptake are provided and explained below:

$$
RST = -K0 \times AST - GE \times AST \tag{S3}
$$

$$
RSI = GE \times AST - Kabs \times ASI - Kunabs \times ASI \tag{S4}
$$

$$
RabsSI = Kabs \times ASI \tag{S5}
$$

Where *RST*, *RSI*, and *RabsSI* are the rates of change in F-53B amounts in the stomach, small intestine, and small intestinal transport from the portal vein to the liver (milligrams per hour), respectively; *AST* and *ASI* are the amounts of F-53B in the stomach and small intestine (milligrams), respectively; *Kunabs* is the rate constant for excretion of unabsorbed F-53B via the feces (per hour).

S4.2 Renal reabsorption and filtration

The kidney was described as a three-compartment model: a) proximal tubular lumen/filtrate, b) proximal tubular cells (PTCs), and c) the rest of the kidney (Figure 1). The kidney influences F-53B content in plasma mainly through glomerular filtration rate (GFR) and tubular reabsorption and excretion. And the renal reabsorption was described by the Michaelis-Menten equation⁹. The Michaelis-Menten parameter, based on in vitro to in vivo extrapolation, has been used to characterize the active transport of PFOS mediated in proximal renal tubular cells via the basolateral and apical organic anion transporters Oat1 and Oat3. Due to the lack of parameters to describe renal reabsorption for F-53B, in this study, initial parameters values were assumed to be the same as the result in the rat PFOS PBPK model. The kidney filtration and reabsorption are described by Equations S6-S11:

$$
RA_baso = (Vmax_baso \times CKb) / (Km_baso + CKb)
$$
 (S6)

 $RA_apical = (Vmax_apical \times CFil) / (Km_apical + CFil)$ (S7)

$$
RPTC = Rdif + RA_a pical + RA_b aso - RAefflux \tag{S8}
$$

$$
RKb = QK \times (CPlas - CVK) \times Free - RCI - Rdif - RA_baso
$$
 (S9)

$$
RCI = \mathit{CPlas} * \mathit{GFR} * \mathit{Free} \tag{S10}
$$

 $Rdi f = Kdi f \times (CKb - CPTC)$ (S11)

Where *RA_baso* and *RA_apical* are the rates of transport of F-53B from the kidney plasma to the PTCs via the basolateral transporter and apical transporter (milligrams per hour), respectively, and the process were described by Michaelis-Menten equations. *RPTC* and *RKb* are the rates of change in F-53B amounts in PTCs and renal blood (milligrams per hour), respectively; *RCl* is the clearance rate of F-53B via the GFR (milligrams per hour); *Rdif* is the diffusion rate from the kidney to the PTCs (milligrams per hour); *RAefflux* is the efflux rate of F-53B from PTCs back into plasma (milligrams per hour). *CKb* and *CFil* are the concentration of F-53B in the renal blood and filtrate compartment (milligrams per litre), respectively. *Kdif* is the diffusion rate from PTCs to renal blood (litre per hour).

S4.3 Elimination

The first-order constant *Kurine* (per hour) was used to characterize the urinary excretion of F-53B from the filtrate compartment. The first-order constant *Kbile* (per hour) was used to characterize the biliary excretion of F-53B and co-excretion through the feces with the unabsorbed portion of the intestine. Equations as shown below: *(S12)* $Rfeces = Kbile \times AL + Kunabs \times ASI$ (S13)

Where *Rurine* and *Rfeces* are the urine and fecal elimination rates of F-53B (milligrams per hour), respectively; *Kurine* and *Kbile* are the urine and biliary excretion rate constant of F-53B (litre per hour), respectively; *AFil* is the amount of F-53B in the filtrate compartment (milligrams); *AL* is the amount of F-53B in the liver (milligrams).

S4.4 Mass balance equations in flow-limited compartments

Tissues of the model are assumed as flow-limited compartments besides amniotic fluid (Figure 1), and only the free fraction of F-53B (un-bound to plasma proteins, Equation S2) were able to in and out of each compartment. Fat compartment was used as example and the equations are listed below:

$$
RF = QF_P \times (CPlas - CVF) \times Free \tag{S14}
$$

$$
CVF = CF / PF \tag{S15}
$$

Where *RF* is the rate of change in F-53B amounts in the fat (milligrams per hour); *QF_P* is the volume of blood flow to fat tissue per hour (litre per hour), and described as a growth equation reflecting the dynamic changes during pregnancy (Tables S5 – S6); *CPlas* is the concentration of F-53B in the maternal plasma (milligrams per litre); *CVF* is the concentration of F-53B in the plasma leaving fat tissue (milligrams per litre); *Free* is the free fraction of F-53B in plasma (unitless); *CF* is the F-53B concentration in fat tissue (milligrams per litre); *PF* is the fat-to-plasma partition coefficient (unitless).

S4.5 Bidirectional diffusion process

Fetus exposures to F-53B only via placental transfer, and the excretion is also via placenta and back into the maternal circulation. Using bidirectional diffusion process with first-order rate constants (Ktrans1, Ktrans2, Ktrans3, and Ktrans4, litre per hour) to characterize the transfer of F-53B between the placenta and fetal plasma / the rest of the fetal body and the amniotic fluid compartment. Equations are listed below:

$$
Rtrans \ 1 = Ktrans \ 1 \times CVPla \times Free \tag{S16}
$$

$$
Rtrans_2 = Ktrans_2 \times CPlas_Fet \times Free
$$
 (S17)

$$
Rtrans_3 = Ktrans_3 \times CVRest_Fet \times Free_Fet
$$
 (S18)

$$
Rtrans_4 = Ktrans_4 \times CAm \tag{S19}
$$

Where *Rtrans1* and *Rtrans2* are the placenta transfer rates of F-53B from maternal plasma to fetal plasma and from the fetal plasma back to maternal plasma (milligrams per hour), respectively; *Rtrans3* and *Rtrans4* are the transfer rates of F-53B from the amniotic fluid to the rest of fetal body, and from the rest of fetal body to the amniotic

fluid (milligrams per hour), respectively. *CVPla* and *CAm* are the F-53B concentration in the placenta and amniotic fluid (milligrams per litre), respectively; *CPlas_Fet* and *CVRest Fet* are the F-53B concentration in the fetal plasma and fetal rest of body (milligrams per litre), respectively. *Free_Fet* is the free fraction of F-53B in fetal plasma (unitless).

S5. Calculation of Chemical-Specific Parameters

Maternal partition coefficients (*PCs*) values are the ratio of the area under the curve (AUC) of the tissue to the plasma of F-53B (unitless). As fetal mice were unable to collect cord blood, the *PCs* for fetal mice were assumed to the ratio of the AUC of the tissue to the placenta. When lack of continuous concentration data, the *PCs* for mice estimated in the PFOS PBPK model^{10,11} were used as initial values. Equations are listed below:

$$
PC = AUC_{tissue} / AUC_{plasma}
$$
\n(S20)

$$
PC_Fet = AUC_{tissue_Fet} / AUC_{placementa}
$$
 (S21)

Where *PC* and *PC Fet* are partition coefficients of mother and fetus (unitless), respectively; AUCtissue, AUC_{plasma}, AUCtissue Fet and AUC_{placenta} are area under the curve of maternal tissue, maternal plasma, fetal tissue and placenta (hour×milligrams per litre), respectively.

Absorption and elimination parameters were calculated with a one-compartment toxicokinetic model using in-house experimental data with the built-in pharmacokinetic model of Phoenix WinNonlin® software (version 8.1, Pharsight, Certara®™ Company, Princeton, NJ, USA). The one-compartment toxicokinetic model assumes that the body consists of a single compartment and compounds are uniformly distributed immediately upon entry. The first-order constants *kabs* (per hour) and *kelim* (per hour) are used to characterize the gastrointestinal tract absorption and elimination¹². Equations as shown below:

$$
\frac{dC}{dt} = Kabs \times \frac{D}{Vd} - Kelim \times C \tag{S22}
$$

S9

$$
\frac{dAGI}{dt} = -Kabs \times D \tag{S23}
$$

Where *D* is the dose into the gastrointestinal tract (milligrams per [kilogram\)](https://www.baidu.com/s?wd=kilogram&usm=1&ie=utf-8&rsv_pq=94da1e9b00018855&oq=kg%E7%9A%84%E8%8B%B1%E6%96%87%E5%85%A8%E7%A7%B0%E6%98%AF%E4%BB%80%E4%B9%88&rsv_t=e82bsHjPamt2nLCwX702P3JBCxNVhBf36nBNwiAvku1K6cCsGBdvwaEoDTU&sa=re_dqa_dda&icon=1); *C* is the F-53B concentration in the plasma (milligrams per litre); *AGI* is the F-53B amount in gastrointestinal tract (milligrams); *Vd* is the volume of distribution (litre per [kilogram\)](https://www.baidu.com/s?wd=kilogram&usm=1&ie=utf-8&rsv_pq=94da1e9b00018855&oq=kg%E7%9A%84%E8%8B%B1%E6%96%87%E5%85%A8%E7%A7%B0%E6%98%AF%E4%BB%80%E4%B9%88&rsv_t=e82bsHjPamt2nLCwX702P3JBCxNVhBf36nBNwiAvku1K6cCsGBdvwaEoDTU&sa=re_dqa_dda&icon=1).

S6. Toxicokinetic Parameters

Tissue distribution studies were calculated by normalized sample concentration (pmol/g BW) taken at 96 h after oral and IV exposure of F-53B¹³. Absolute bioavailability was calculated as the ratio of AUC_{plasma} from oral to IV exposure to F-53B¹⁴. Pharmacokinetic (PK) parameters were calculated by noncompartmental method builtin Phoenix WinNonlin® software. The half-life $(t_{1/2})$ and the AUC from 0 to infinity $(AUC_{0-\infty})$ were calculated as equations below:

$$
t_{1/2} = \ln(2) / Lz \tag{S24}
$$

$$
AUC_{0-\infty} = AUC_{0-t} + \frac{c_t}{l_z}
$$
\n
$$
(S25)
$$

where *lz* is the first-order rate constant obtained from the terminal (log-linear) portion of the time-concentration curve (per hour). The *C^t* and *AUC0-t* were the concentration (milligrams per litre) and area under the curve at last measurable time (hour×milligrams per litre).

S7. Sensitivity Analysis

A local sensitivity analysis was performed on the gestational model for F-53B in mice and humans to determine which model parameters had high impacts on the area under the curve (AUC) of maternal (plasma, liver, placenta) and fetal (plasma, liver, brain). This analysis was conducted by varying each parameter by 1% of the original value and then examining the effect on the output of the selected model by calculating the normalized sensitivity coefficient $(NSC)^{15}$, the equation as shown below:

$$
\text{NSC} = \frac{\Delta r}{r} \times \frac{p}{\Delta p} \tag{S26}
$$

Where *r* is the response variable; *∆r* is the change of the response variable resulting from 1% increase in the parameter value; *p* is the original value of the parameter of interest; and *∆p* is 1% of the original value of the parameter. An absolute value of NSC \geq 30% indicates the parameter influences the response variable¹¹.

For sensitivity analysis involving time-varying parameters, the value of p used in Equation S26 was the original value of the baseline parameter (e.g., BW0 in body weight growth function [Table S5]) and ∆p is 1% of the original value of the baseline parameter. This approach allowed us to assess the overall impact of changes in the timevarying parameter on the model outcomes. Each 1% increase in the baseline parameter values was represented by the following equation:

$$
g_{new} = g \times 1.01 \tag{S27}
$$

where g_{new} is the baseline parameter with 1% increase, and *g* is the original baseline parameter value.

S8. Monte Carlo Simulations

Monte Carlo analyses were applied to pregnancy PBPK models of humans to characterize uncertainty and inter-individual variability of parameters on model output. Influential parameters (i.e., parameters with NSC values \geq 30%) identified in the local sensitivity analyses, along with calibration parameter values, were included in the Monte Carlo analyses, with their mean values considered as the central tendency of the distributions. The parameter values were then randomly sampled based on predefined probability distributions from previous studies¹⁶. Each parameter distribution was truncated at the 2.5th and 97.5th percentiles to establish the upper and lower bounds (Tables S9). Table S9 lists these parameters with high sensitivity coefficients, including physiological parameters (e.g., BW) and chemical-specific parameters (e.g., PRest, Free, Ktrans 1C, Ktrans 2C, and Free_Fet). Physiological parameters were all assumed to be normally distributed, and the partition coefficients, rate constants, and other chemical-specific parameters were assumed to be lognormally distributed. The default coefficient of variation (CV) for the partition coefficients was 20%, whereas the CVs for the physiological parameters and other chemical specificity parameters were 30%. For parameters described by equations reflecting changes during gestation (i.e., Growth parameters), the variation was randomly sampled from a normal distribution with a CV of 20%.

Growth parameters were expressed as a baseline value plus with the incremental change. For example, the equation for body weight listed in Table S5 is *BW = BW0 + Increased tissue volumes during gestation* (Table S5). In this equation, BW0 is the baseline value. During Monte Carlo sampling, baseline values were drawn from a predefined distribution based on empirical data. As the simulation progressed, the baseline values were randomly sampled and dynamically updated according to the predefined growth equations that reflect realistic physiological changes during pregnancy. This approach ensured that parameters varied over time and characterized population variability.

Due to the absence of detailed historical exposure information for different pregnancy populations, and to address the uncertainty and variability associated with unspecified exposures, we used previously described EDIs to obtain simulated values from human prepregnant and gestational PBPK modeling and compared the results with the concentrations of F-53B in maternal plasma and cord blood measured in published studies. Table S10 shows details of the human biomonitoring data used for the comparison. For human exposure scenarios, we assumed that women become pregnant at age 30 years. We simulated exposures from birth to age 30 years and from age 30 years onwards, including the 38 weeks of pregnancy (the collection time point for most biomonitoring datasets), at a constant dose of these exposures. The trajectory of timevarying parameters before and after pregnancy was kept constant except for physiological changes during pregnancy, which were described using time-varying parameters (Table S6). Predictions were derived and compared with measured data.

S9. Supplementary Tables

Table S1

Target analytes information**.**

Table S2

Instruments and Reagents information**.**

Isopropanol (Guaranteed reagent) GuoAo Co., Ltd, China F-53B (purity \geq 97%) Jianglaibio Co., Ltd, China Tween 20 (purity $\geq 98\%$) Sigma-aldrich, USA Saline (Medicine) XinRan Biotech, China Ultrafiltration tube (0.5ml 10K) Merck millipore, USA

Model parameters description of gestational PBPK model of mice and humans

Symbols	Unit	Description
BW	Kg	Body weight
Free	Unitless	Free fraction of F-53B in maternal plasma
Free Fet	Unitless	Free fraction of F-53B in fetal plasma
GEC	$1/h/BW^{0.25}$	Gastric emptying rate constant
GFRC	L/h/kg kidney	Glomerular filtration rate constant
Htc	Unitless	Hematocrit
K ₀ C	$1/h/BW^{0.25}$	Rate constant of absorption of F-53B in stomach
KabsC	$1/h/BW^{0.25}$	Rate constant of absorption of F-53B in small intestine
KbileC	$1/h/BW^{0.25}$	Biliary elimination rate constant
Kdif	L/h	Diffusion rate from proximal tubule cells (PTCs) to kidney
		serum
KeffluxC	$1/h/BW^{0.25}$	Rate constant of clearance of F-53B from PTCs into blood
Km_apical	mg/L	The Michaelis constant (Km) of apical transporters
Km baso	mg/L	The Michaelis constant (Km) of basolateral transporters
Ktrans1C	L/h/kg ^{0.75}	Mother-to-fetus placental transfer rate constant
Ktrans2C	L/h/kg ^{0.75}	Fetus-to-mother placental transfer rate constant
Ktrans3C	L/h/kg ^{0.75}	Fetus-to-amniotic fluid transfer rate constant
Ktrans4C	L/h/kg ^{0.75}	Amniotic fluid-to-fetus transfer rate constant
KunabsC	$1/h/BW^{0.25}$	Rate constant of unabsorbed F-53B dose to appear in feces
KurineC	$1/h/BW^{0.25}$	Urinary elimination rate constant
N	Unitless	Number of fetus
PB_Fet	Unitless	Brain-to-plasma partition coefficient
PF	Unitless	Fat-to-plasma partition coefficient
PK	Unitless	Kidney-to-plasma partition coefficient
PL	Unitless	Liver-to-plasma partition coefficient
PL_Fet	Unitless	Liver-to-plasma partition coefficient for fetuses
PM	Unitless	Mammary gland-to-plasma partition coefficient
PPla	Unitless	Placenta-to-plasma partition coefficient

Symbols	Unit	Mice		Human			
		Pregnant	References prepregnant		Pregnant	References	
BW	Kg	0.025	In-house experiment	54	60	Haddad et al. $(2001)^{17}$	
GEC	1/h/BW0.25	0.54	Yang et al. $(2013)^{18}$, Chou 3.51		3.51	Yang et al. $(2015)^{19}$	
			and Lin $(2019)^{10}$				
GFRC	L/h/kg kidney	59	Qi et al. $(2004)^{20}$, Chou and 27.28		equ ^a	Worley et al. $(2017)^{16}$	
			Lin $(2019)^{10}$				
Htc	Unitless	0.48	Hejtmancik et al. $(2002)^{21}$, 0.44		equ ^a	Davies and Morris et al.	
			Chou and Lin $(2019)^{10}$			$(1993)^{22}$	
protein	mg protein/PTCs	2.00E-06	Addis et al. $(1936)^{23}$, Hsu et 2.00E-06		2.00E-06	Addis et al. $(1936)^{23}$	
			al. $(2014)^{24}$				
Tissue volume (fraction of BW)							
VFC	Unitless	0.068	Brown et al. $(1997)^{25}$	0.214	0.214	Loccisano et al. $(2012)^{26}$,	
						Yoon et al. $(2009)^{27}$	
VFilC	L/kg BW	0.0017	Worley and Fisher $(2015)^9$	0.00084	0.00084	Worley et al. $(2017)^{16}$	
VKC	Unitless	0.017	Brown et al. $(1997)^{25}$	0.004	0.004	Brown et al. $(1997)^{25}$	

Physiological parameters for prepregnant humans and pregnant mice or humans used in the PBPK model.

^a equ means parameter was calculated from the growth equation (Tables S5-S6).

^b Parameters of rat were used instead of mice; All abbreviations are defined in Table S1.

Table S5

Equations for describing changes in physiological parameters for pregnant mice and their fetus

Tissue volume (L, actual volume, changing during pregnancy)

Fetus

^a "0" indicates parameter values on GD0 or for nonpregnant female mice.

^b These tissues include mammary gland, fat, placenta and fetuses.

^c GD represent gestational day (days).

^d Correction of rat parameters by weight.

Equations for describing changes in physiological parameters for pregnant women and fetus

^a "0" indicates parameter values on GD0 or for nonpregnant women.

^b These tissues include mammary gland, fat, placenta and fetuses.

^c GA represent gestational age (weeks).

Table S7.

Chemical parameters for the gestational PBPK models for F-53B in mice and humans.

Placental transfer and amniotic fluid transfer rate constant

All abbreviations are defined in Table S3.

^a These parameters were calibrated in the present study.

^b These parameters were converted according to Eq. 1: Khuman = K_{mice}* (Body weight of human ÷ Body weight of mice) ^{-0.25}

References	City/Country	EDIs (ng/kg bw/day)					
		Fish	Water	Seafood	Total Diet	Sum	
Wang et al. $(2021)^{46}$	Shijiazhuang, China	0.114	NC ^a			0.122	
Jin et al. $(2020)^{47}$	Beijing, China			0.067		0.067	
Chen et al. $(2022)^{48}$	Tianjin, China		0.01		1.86	1.87	
Sun et al. $(2021)^{49}$	Fujian, Guangdong			$0.24 - 0.90$ (rural)		0.57	
	and Zhejiang, China			$0.33 - 1.26$ (urban)		0.80	
Wang et al. $(2022)^{50}$	China				0.393	0.393	

Population estimated daily intakes (EDIs) for F-53B

^a NC: not calculated because of the value below the limits of quantification.

Parameter	Unit	Distribution	Mean	SD	CV	Lower bound	Upper bound	Mean value	SD value
BW	Kg	Normal	60	18	0.3	24.72	95.28		
PRest	Unitless	Lognormal	0.43	0.086	0.2	0.29	0.62	-0.86	0.20
Free	Unitless	Lognormal	0.067	0.0201	0.3	0.04	0.11	-2.75	0.29
Ktrans1C	$L/h/kg^{0.75}$	Lognormal	0.199	0.0597	0.3	0.11	0.34	-1.65	0.29
Ktrans2C	$L/h/kg^{0.75}$	Lognormal	0.086	0.0258	0.3	0.05	0.14	-2.52	0.29
Free Fet	Unitless	Lognormal	0.076	0.0228	0.3	0.04	0.12	-2.70	0.29

Values and parameter distributions used in the Monte Carlo analysis for the Human gestational PBPK modeling

Note: All abbreviations are defined in Table S3; Parameters were identified in the local sensitivity analyses (i.e., parameters with NSC values ≥ 30%)

Maternal plasma and cord blood biomonitoring data

^a All cities are in China.

^b Missing median, replace with mean.

^c Only choose the healthy women (control group in case-control studies).

Oral $(n = 4)$ IV $(n = 4)$ Atotal $(pmol/gBW)^a$ 15.65 ± 1.25 25.47 ± 6.45 Afree (pmol/g BW)^b 0.19 ± 0.07 0.08 ± 0.02 Protein binding ratio (%) 98.70 \pm 0.56 99.54 \pm 0.19

F-53B plasma protein binding ratio (Mean \pm SEM)

^a Atotal is defined as the amount of total F-53B in the plasma (before ultrafiltration centrifugation).

 b Afree is defined as the amount of unbound F-53B in plasma (after ultrafiltration centrifugation).</sup>

Table S12

Pharmacokinetic Parameters of F-53B following oral or IV administration in pregnant mice ^a

Parameter ^b	Oral ^c	IV
C_{max} (µg/mL)	0.25 ± 0.02	0.37 ± 0.08
$T_{\text{max}}(h)$	24.00	8.00
$t_{1/2}$ (h)	154.00 ± 2.44	81.59 ± 2.61
$AUC_{0.96}$ (h*µg/mL)	13.82 ± 1.24	24.60 ± 2.64
$AUC_{0-\infty}$ (h*µg/mL)	49.13 ± 40.14	61.22 ± 41.81
CL (mL/h/kg)	2.33 ± 1.21	1.82 ± 1.08
V_d (mL/kg)	452.68 ± 98.33	201.92 ± 48.86
Bioavailability	0.78	

^a Each value represents the mean \pm SEM (n=4).

^b C_{max}, the maximum plasma concentration; T_{max} , the time to reach C_{max}; t_{1/2}, the elimination half-life; $AUC_{0.96}$, the area under the concentration-time curve from zero to 96 hours after administration; AUC_{0} -∞, the area under the concentration-time curve from zero to infinity; CL, clearance; V_d, the volume of distribution; Bioavailability, absolute bioavailability.

^c The volume of distribution and clearance were calculated as CL/F and Vd/F, where F is the fraction of absorbed dose.

Sensitive parameters identified by the local sensitivity analysis^a

S34

^aThe method of local sensitivity analysis is described in the manuscript.

^b All parameters are defined in Table S3.

^{c"-"} indicates that the parameter was not used in a specific model, and thus was not evaluated on dose metrics related to this specific model.

9. Supplementary Figures

Figure S1. Plot of simulated values of growth equations (grey line) versus experimental values of body weight (pink circles, mean [range]).

Figure S2. Experimental concentration (mean \pm SD) of F-53B via oral and IV administrations in maternal plasma (A), maternal liver (B), fetal brain (C) and fetal liver (D). Comparisons of cumulative excreted percent (%) of F-53B in urine (E) and feces (F).

Figure S3. Fitting plot between model predictions and observed values. Comparison of plasma, liver, and fetal brain concentrations (mean \pm SD) after oral exposure (A-C) and IV exposure (D-G) of 80 μg/kg of F-53B with model predictions (lines). In the plot, the Time indicates the time after exposure (e.g., 0h refers to gestational day 13).

Figure S4. Comparison of model predictions of fetal liver with in-house experimental data (mean \pm SD) after oral (A) and IV (B) administrations.

Note: IV, intravenous; SD: standard deviation.

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S50