

## Supplemental Material for “Screening for Drinking Water Contaminants of Concern Using an Automated Exposure-Focused Workflow”

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### Supplemental Methods

#### **Other Documents Curated for Implementation in Workflow**

Minnesota-specific and other documents used in manual MDH scoring were curated into ORD research databases and integrated into the workflow. These documents include references 1-32 below.

#### **In vitro Bioactivity Data**

High-throughput screening data from the US EPA ToxCast program were used as *in vitro* bioactivity data (invitrodb version 3.4, released September 2021, DOI: <https://doi.org/10.23645/epacomptox.6062503.v6>). *In vitro* potency data from level 5 of the ToxCast pipeline, i.e., the 50% active concentrations (AC<sub>50</sub>, μM), were used. The collection of AC<sub>50</sub> values for a given chemical were filtered according to logic used previously,<sup>25</sup> to remove potency values from curve fits that (a) were associated with 3 or more caution flags on the fitting or (b) demonstrated low efficacy (within 1.2 times the cut-off) and an AC50 value less than the concentration range screened (fit categories 36 and 45 from the ToxCast pipeline).

#### **Calculation of Administered Equivalent Doses**

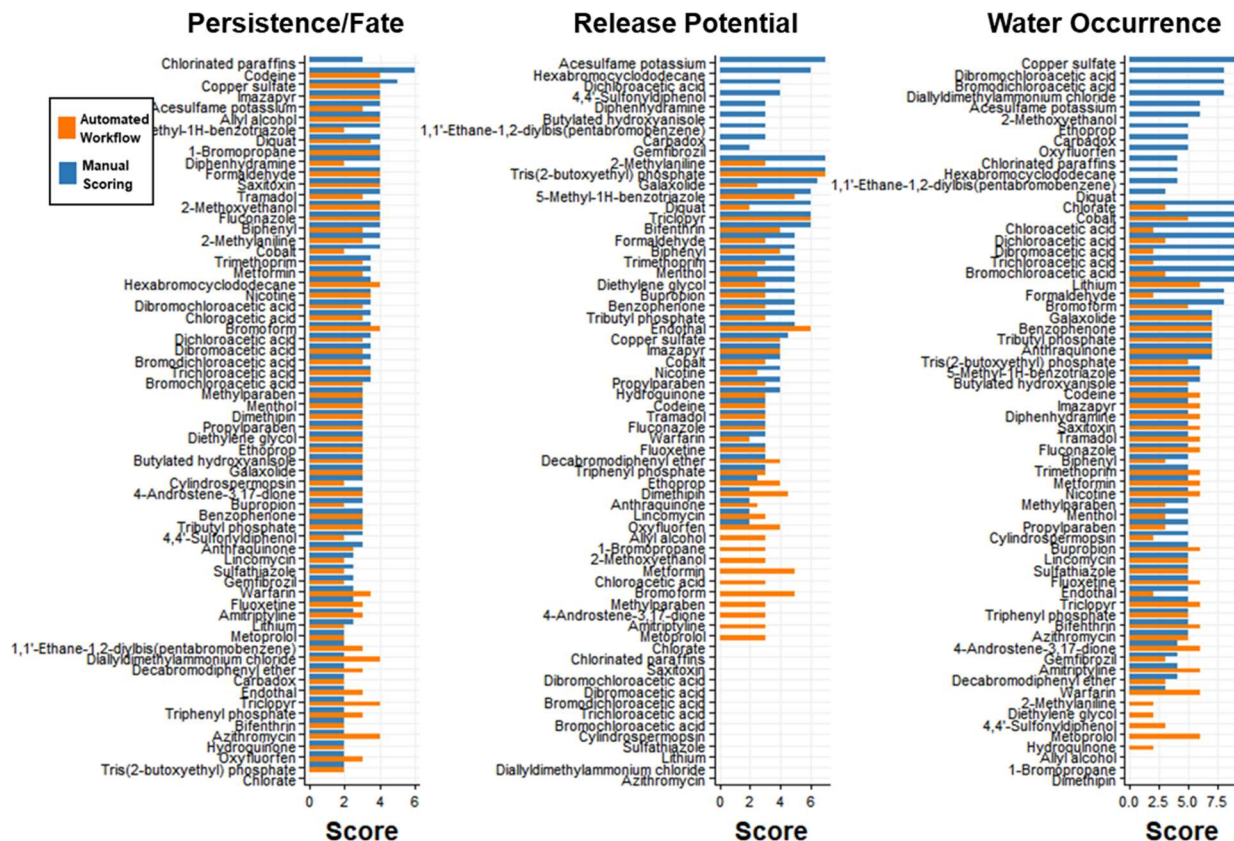
Of the 1867 chemicals on the CEC case study list, 827 chemicals (44%) had sufficient *in vitro* bioactivity data and high-throughput toxicokinetic models and data (R package, htk, version 2.0.5) to estimate administered equivalent doses (AEDs) in mg/kg-day units. The approach used was similar to those of Wetmore et al. (2012, 2015) and Paul-Friedman et al. (2020) as represented by the following equation:

$$AED_{95} = \text{bioactive concentration } (\mu\text{M}) * \frac{1 \frac{\text{mg}}{\text{kg} \cdot \text{day}}}{C_{SS95} (\mu\text{M})}$$

where the C<sub>SS95</sub> is the upper bound estimate of steady-state plasma concentration based on a 3-compartment steady-state model assuming 100% bioavailability. A higher steady-state plasma concentration (C<sub>SS</sub>) indicates a more sensitive individual (i.e., an individual for whom a lower dose produces the same C<sub>SS</sub>). AED<sub>95</sub> thus corresponds to the individual at the 95<sup>th</sup> percentile of sensitivity (5<sup>th</sup> percentile of bioactive dose). Monte Carlo simulation was used to vary the following toxicokinetic parameters to simulate population variability: first-order hepatic metabolic clearance, plasma protein binding, liver blood flow, and the rate of clearance via the kidney (Pearce et al. 2017, Wetmore et al. 2012). Specifically, AED<sub>95</sub> values were calculated using the calc\_mc\_oral\_equiv() function in the htk R package, with the 95<sup>th</sup> percentile for C<sub>SS</sub>, restrictive clearance, the 3 compartment steady-state model, and output units of mg/kg/day.

AED<sub>95</sub> values were calculated for all AC<sub>50</sub> values (post-filtering the ToxCast data, as described above).

## Supplemental Figure



**Supplemental Figure S1.** Comparison of persistence/fate, release potential, and water occurrence scores for 82 chemicals previously assessed by Minnesota Department of Health.

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