CHRONIC TOXICITY SUMMARY

CHLOROFORM

(trichloromethane; formyl trichloride; methenyl trichloride; methyl trichloride)

CAS Registry Number: 67-66-3

I. Chronic Toxicity Summary

Inhalation reference exposure level	**300 µg/m^3** (50 ppb)
Critical effect(s)	Liver toxicity (degenerative, foamy vacuolization, and necrosis) in rats; increased liver weights in male rats Kidney toxicity (cloudy swelling and nephritis) in rats Developmental toxicity
Hazard index target(s)	Alimentary system; kidney; teratogenicity

II. Chemical Property Summary (HSDB, 1995; 1999; CRC, 1994)

Description	Colorless liquid
Molecular formula	$CHCl_3$
Molecular weight	119.49 g/mol
Boiling point	61.1^{o}C
Melting point	–63.6 ^{o}C
Vapor pressure	197-200 torr @ 25 ^{o}C
Solubility	Soluble in water (8220 mg/L); miscible in carbon tetrachloride, carbon disulfide, alcohols, benzene, ethers and oils
Conversion factor	4.9 µg/m^3 per ppb at 25ºC

III. Major Uses and Sources

Chloroform ($CHCl_3$) is used in industry and laboratory settings as a solvent for adhesives, pesticides, fats, oils and rubbers. It is also used as a chemical intermediate in the synthesis of fluorocarbon 22, dyes, pesticides, and tribromomethane. Chloroform is produced as a byproduct of water, sewage, and wood pulp chlorination (HSDB, 1995). In 1996, the latest year tabulated, the statewide mean outdoor monitored concentration of chloroform was approximately 0.037 ppb (CARB 1999a). The annual statewide industrial emissions from facilities reporting under the Air Toxics Hot Spots Act in California based on the most recent inventory were estimated to be 79,949 pounds of chloroform (CARB 1999b).

IV. Effects of Human Exposure

Limited information is available regarding possible adverse health effects in humans following chronic inhalation of chloroform. However, historical clinical reports from patients who underwent chloroform anesthesia indicate that acute inhalation exposure affects the central nervous system, cardiovascular system, stomach, liver, and kidneys (Schroeder, 1965; Smith *et al.*, 1973; Whitaker and Jones, 1965). Acute chloroform toxicity included impaired liver function (Smith *et al.*, 1973), toxic hepatitis (Lunt, 1953; Schroeder, 1965), cardiac arrhythmia (Payne, 1981; Schroeder, 1965; Whitaker and Jones, 1965), and nausea (Schroeder, 1965; Smith *et al.*, 1973; Whitaker and Jones, 1965), and caused central nervous system symptoms (Schroeder, 1965; Whitaker and Jones, 1965). Chronic inhalation studies are limited to a few occupational studies identifying the liver and the central nervous system as target organs (Challen *et al.*, 1958; Li *et al.*, 1993; Phoon *et al.*, 1983; Bomski *et al.*, 1967).

Challen *et al.* (1958) investigated workers manufacturing throat lozenges with exposure to chloroform vapors estimated in the range 77 to 237 ppm with episodes of >1100 ppm. Workers reported symptoms of fatigue, dull-wittedness, depression, gastrointestinal distress, and frequent and burning micturition. No evidence of liver dysfunction was found based on thymol turbidity, serum bilirubin, and urine urobilinogen levels.

Bomski *et al.* (1967) reported 17 cases of hepatomegaly in a group of 68 chloroform-exposed workers. Chloroform concentrations ranged from 2 to 205 ppm (duration 1 to 4 years). Three of the 17 workers with hepatomegaly had toxic hepatitis based on elevated serum enzymes. Additionally, 10 workers had splenomegaly. Workers exposed to chloroform had a 10-fold increased risk of contracting viral hepatitis compared to the general population. The study authors considered the chloroform induced liver toxicity as a predisposing factor for viral hepatitis, but the incidence of viral hepatitis in the workers is in itself a confounding factor.

Phoon *et al.* (1983) described two outbreaks of toxic jaundice in workers manufacturing electronics equipment in Singapore. One plant had 13 cases of jaundice, initially diagnosed as viral hepatitis, in a work area with >400 ppm chloroform. Blood samples from workers (five with jaundice, four without symptoms) contained between 0.10 and 0.29 mg chloroform/100 mL. A second factory reported 18 cases of hepatitis, all from a work area utilizing chloroform as an adhesive. Two samplings indicated air levels of 14.4 to 50.4 ppm chloroform. Due to a lack of fever and hepatitis B surface antigen in the patients, the authors attributed the jaundice to chloroform exposure rather than viral hepatitis.

More recently, Li *et al.* (1993) reported on 61 chloroform-exposed workers from a variety of production factories. Exposure levels at 3 representative worksites varied widely, from 4.27 to 147.91 mg/m^3 (0.9 to 30 ppm) (119 samples), with 45% of the samples below 20 mg/m^3. The exposed workers were subclassified for some studies according to exposure levels into group 1 (mean level = 13.49 mg/m^3 or 2.8 ppm) and group 2 (mean level = 29.51 mg/m^3 or 6 ppm). Workers exposed to chloroform had slight liver damage indicated by higher (abnormal) levels of serum prealbumin (in group 2) and transferrin (in both groups) than those of control workers.

Neurobehavioral functions were also affected, manifested as increases in scores of passive mood states and dose-related, negative changes in neurobehavioral testing.

These cross sectional studies are limited in their ability to establish chronic NOAEL/LOAEL values due to limited exposures, concurrent exposure to other chemicals, inadequate control groups and potential confounders. However, these studies indicate the potential for liver and central nervous system toxicity in humans exposed to chloroform via inhalation.

V. Effects of Animal Exposure

Exposure of experimental animals to chloroform for acute, subchronic or chronic durations results in toxicity to the liver and kidney, as well as to the respiratory and central nervous systems (USDHHS, 1993). The majority of chronic animal studies have used oral routes of chloroform administration (USDHHS, 1993), while only limited data are available on inhalation specific exposures. Both routes of exposure, however, appear to primarily affect the liver and kidney (Chu *et al.*, 1982; Heywood *et al.*, 1979; Jorgenson *et al.*, 1985; Miklashevshii *et al.*, 1966; Munson *et al.*, 1982; Roe *et al.*, 1979; Larson *et al*., 1996; Templin *et al*., 1996; Torkelson *et al.*, 1976).

Larson *et al*. (1996) exposed female and male B6C3F1 mice to atmospheric concentrations of 0, 0.3, 2, 10, 30, and 90 ppm chloroform 6 hr/day, 7 days/week for exposure periods of 4 days or of 3, 6, or 13 consecutive weeks. Additional exposure groups were exposed for 5 days/week for 13 weeks or for 5 days/week for 6 weeks and then examined at 13 weeks. Complete necropsy and microscopic evaluation revealed that chloroform treatment induced dose- and time-dependent lesions only in the livers and nasal passage of the female and male mice and in the kidneys of the male mice. Large increases in the liver cell labeling index were seen in the 90-ppm groups at all time points. The female mice were most sensitive. The no-observed-adverse-effect level (NOAEL) for induced hepatic cell proliferation was 10 ppm. The hepatic labeling indices in the 5 days/week groups were about half of those seen in the 7 days/week groups and returned to the normal baseline in the 6-week recovery groups. The NOAEL for increased liver weight (normalized to body weight) was 10 ppm in male mice. Histologic changes and regenerative cell proliferation were induced in the kidneys of male mice at 30 and 90 ppm with 7 days/week exposures and also at 10 ppm with the 5 days/week regimen. Nasal lesions were transient and occurred only in mice exposed to 10, 30, or 90 ppm for 4 days.

Templin *et al*. (1996) exposed male and female F-344 rats to airborne concentrations of 0, 2, 10, 30, 90, or 300 ppm chloroform 6 hr/day, 7 days/week for 4 days or 3, 6, or 13 weeks. Additional groups were exposed 5 days/week for 13 weeks, or 5 days/week for 6 weeks and held until Week 13. A “full-screen” necropsy identified the kidney, liver, and nasal passages as the only target organs. The primary target in the kidney was the epithelial cells of the proximal tubules of the cortex; significantly elevated increases in the cell labeling index were observed at concentrations of 30 ppm chloroform and above. However, only a marginal increase in the renal cell labeling index in the males was seen after exposures of 90 ppm, 5 days/week. Chloroform induced hepatic lesions in the midzonal and centrilobular regions with increases in the labeling index throughout the liver, but only at 300 ppm, an extremely toxic level. An additional liver lesion seen only at 300 ppm was numerous intestinal crypt-like ducts surrounded by dense connective

tissue. Enhanced bone growth and hypercellularity in the lamina propria of the ethmoid turbinates of the nose occurred at the early time points at concentrations of 10 ppm and above. At 90 days there was a generalized atrophy of the ethmoid turbinates at concentrations of 2 ppm (the lowest concentration tested) and above.

Torkelson and associates (1976) exposed rats (12/sex/group), rabbits (2-3/sex/group), and guinea pigs (8-12/sex/group) for 7 hours/day, 5 days/week over 6 months to 0, 25, 50 or 85 ppm chloroform vapor. Dogs were exposed to 25 ppm chloroform, for 7 hours/day, 5 days/week for 6 months. Dose and species-dependent pathological changes in the liver included mild to severe centrilobular granular degeneration, foamy vacuolization, focal necrosis, and fibrosis in both sexes of all species tested. Guinea pigs were the least sensitive and male rats the most sensitive to chloroform induced hepatotoxicity; the above adverse effects occurred at 25 ppm. Adverse kidney effects observed in all species included cloudy swelling of the renal tubular epithelium and interstitial and tubular nephritis. Pneumonitis was observed in the high (85 ppm) exposure groups of male rats, female guinea pigs, and male rabbits, and in the lower dose group of female rabbits (25 ppm). Clinical and blood parameters were also examined in rats and rabbits, but no alterations were attributable to chloroform exposure.

Effects on average body weight, and relative liver and kidney weights of rats due to chloroform exposure 7 hours/day for 6 months (Torkelson *et al*., 1976)

Sex	Parameter	Unexposed control	Air control	25 ppm	50 ppm	85 ppm
male	survival	11/12	10/12		9/10	6/10
	avg. bw	343	356		305*	316
	liver	2.45	2.52		2.48	2.76*
	kidney	0.69	0.70		0.81*	0.84*
male	survival	8/12	12/12	9/12		
	avg. bw	319	347	335		
	liver	2.67	2.41	2.65		
	kidney	0.75	0.70	0.83*		
female	survival	10/12	9/12		10/10	10/10
	avg. bw	202	223		203	206
	liver	2.92	2.99		3.00	3.12
	kidney	0.82	0.81		0.95	1.06
female	survival	10/12	12/12	12/12		
	avg. bw	211	202	194		
	liver	3.02	2.93	3.08		
	kidney	0.83	0.84	0.94*		

* $p < 0.05$

VI. Derivation of Chronic Reference Exposure Level (REL)

Study	Torkelson *et al.*(1976)
Study population	Rats, unspecified strain (12/sex/group)
Exposure method	Discontinuous whole-body inhalation exposures (0, 25, 50, 85 ppm)
Critical effects	Pathological changes in liver (degenerative), and kidneys (cloudy swelling)
LOAEL	25 ppm
NOAEL	Not observed
Exposure continuity	7 hr/day for 5 days/week for 6 months
Average experimental exposure	5.3 ppm for LOAEL group (25 x 7/24 x 5/7)
Human equivalent concentration	15.9 ppm for LOAEL group (gas with systemic effects, based on RGDR = 3.0 for lambda (a) : lambda (h) (Gargas *et al.*, 1989))
Exposure duration	6 months
LOAEL uncertainty factor	10
Subchronic uncertainty factor	1
Interspecies uncertainty factor	3
Intraspecies uncertainty factor	10
Cumulative uncertainty factor	300
Inhalation reference exposure level	0.05 ppm (50 ppb; 0.30 mg/m^3; 300 µg/m^3)

In the study of Torkelson and associates (1976) rats were the most sensitive species and guinea pigs the least sensitive to chloroform vapors. Though of subchronic duration, this inhalation study still exposed rats discontinuously for 25% of a lifetime (25.8 weeks/104 weeks/lifetime). Pathological changes were observed in both sexes of rat at 50 and 85 ppm (244 or 415 mg/m^3) and in male rats at 25 ppm (122 mg/m^3) chloroform. These hepatic changes included mild to severe centrilobular granular degeneration, foamy vacuolization, focal necrosis, and fibrosis. Adverse effects in the kidney including cloudy swelling and nephritis were seen in all species tested at 25 ppm (122 mg/m^3) chloroform.

An unexpected finding in animals was the generalized atrophy of the ethmoid turbinates of F344 rats after a 90 day exposure at concentrations of 2 ppm chloroform and above (Templin *et al*., 1996). Nasal lesions have also been reported in F344 rats given chloroform by gavage (Larson *et al*., 1995). This severe and extensive chloroform-induced olfactory mucosal degeneration in rats is not associated with detectable olfactory deficit (Dorman *et al*., 1997). As the basis of the REL we have used the more usual chloroform organ targets of liver and kidney. However, confirmation of nasal effects in other rat strains and other species may require reassessing the basis of the REL for chloroform.

The human occupational studies have reported jaundice with or without alterations in liver enzymes at similar ambient concentrations: 2 to 204 ppm chloroform (10 to 995 mg/m^3) after at least 1 year (Bomski *et al.*, 1967) and 14 to 400 ppm chloroform (68 to 1952 mg/m^3) after 6 months or less (Phoon *et al.*, 1983). The presence of jaundice and hepatitis in these 2 reports

made them questionable for use in developing a REL. In the Li *et al*. (1993) study the workers were exposed for an average of 7.8 years (range = 1-15 years) and the air concentrations ranged from 4.27 to 141.25 mg/m^3 with a geometric average of 20.46 mg/m^3. The exposed workers were subdivided into higher (n=46) and lower (n=14) exposures, but the separation was not indicated for all results. If the lower exposure level of 2.8 ppm (13.49 mg/m^3) is classified as a mild LOAEL based on a significant difference from controls in one type of neurobehavioral test, the exposure level can be time adjusted to an equivalent continuous exposure of 1 ppm, then divided by a LOAEL UF of 3 and an intraspecies UF of 10 to yield a REL of 30 ppb, in good agreement with the proposed REL of 50 ppb (300 µg/m^3) based on animals (rats).

Chloroform is metabolized by the cytochrome P-450 dependent mixed function oxidase system, primarily in the liver, the respiratory epithelium, and the kidney. In the rat liver and kidneys, chloroform is metabolized to phosgene (Pohl *et al.*, 1984). The hepatotoxicity and nephrotoxicity of chloroform is thought to be due largely to phosgene (Bailie *et al.*, 1984). Individuals with concurrent exposure to certain chemical inducers of liver cytochrome P450 activity, including barbiturates, may be at potentially greater risk of chloroform toxicity (Cornish *et al.*, 1973). Others with possible higher sensitivity to chloroform include persons with underlying liver, kidney or neurological conditions.

VII. Data Strengths and Limitations for Development of the REL

Strengths of the chronic REL for chloroform derive from the critical effect being found in the liver, a well-established site of chloroform toxicity. Limitations in the data include the lack of a NOAEL in the key study, the less than lifetime duration of the key study, and the limited number of chronic inhalation studies available.

VIII. References

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CHRONIC TOXICITY SUMMARY

1,4-DIOXANE

(Synonym: dihydro-p-dioxin, diethylene dioxide, p-dioxane, glycolethylene ether)

CAS Registry Number: 123-91-1

I. Chronic Toxicity Summary

Inhalation reference exposure level	**3,000 mg/m^3** (800 ppb)
Critical effects	Liver, kidney, hematologic changes in rats
Hazard index target(s)	Alimentary system; kidney; circulatory system

II. Chemical Property Summary (HSDB, 1995; 1999; CRC, 1994)

Description	Colorless liquid with a faint, pleasant odor
Molecular formula	$C_4H_8O_2$
Molecular weight	88.10 g/mol
Boiling point	101.5 ^oC
Melting point	11.8^oC
Vapor pressure	37 torr @ 25^oC
Solubility	Miscible with water, aromatic solvents, and oils
Kow	0.537
Conversion factor	3.60 µg/m^3 per ppb at 25^oC

III. Major Uses and Sources

1,4-Dioxane (dioxane), a cyclic ether, is used as a degreasing agent, as a component of paint and varnish removers, and as a wetting and dispersion agent in the textile industry. Dioxane is used as a solvent in chemical synthesis, as a fluid for scintillation counting, and as a dehydrating agent in the preparation of tissue sections for histology (Grant and Grant, 1987; HSDB, 1995). The annual statewide emissions from facilities reporting under the Air Toxics Hot Spots Act in California based on the most recent inventory were estimated to be 155,549 pounds of 1,4-dioxane (CARB, 1999).

IV. Effects of Human Exposure

Dioxane is absorbed by all routes of administration (HSDB, 1995). In humans, the major metabolite of dioxane is β-hydroxyethoxyacetic acid (HEAA) and the kidney is the major route of excretion (Young *et al.*, 1976). The enzyme(s) responsible for HEAA formation has not been studied, but data from Young *et al.* (1977) indicate saturation does not occur up to an inhalation exposure of 50 ppm for 6 hours. Under these conditions the half-life for dioxane elimination is

59 min (plasma) and 48 min (urine). Although physiologically based pharmacokinetic (PBPK) modeling suggests HEAA is the ultimate toxicant in rodents exposed to dioxane by ingestion, the same modeling procedure does not permit such a distinction for humans exposed by inhalation (Reitz *et al.*, 1990).

Several anecdotal reports have appeared in which adverse health effects due to chronic dioxane exposure are described. Barber (1934) described dioxane exposed factory workers, some of whom exhibited signs of liver changes, increased urinary protein and increased white blood cell counts, and some of whom died from apparent acute exposures. Although the kidney and liver lesions were considered manifestations of acute exposure, the author suggested a chronic component that was manifested by increased white blood cells. A case was reported in which a worker, who died following exposure by inhalation and direct skin contact to high (unspecified) dioxane levels, exhibited lesions in the liver, kidneys, brain and respiratory system. However, the effects could not be easily separated from the effects due to high intake of alcohol (Johnstone, 1959).

In a German study (Thiess *et al.*, 1976 / in German, described in NIOSH, 1977) 74 workers exposed to dioxane in a dioxane-manufacturing plant (average potential exposure duration - 25 years) underwent evaluation for adverse health effects. Air measurements indicated dioxane levels varied from 0.01 to 13 ppm. Clinical evaluations were applied to 24 current and 23 previous workers. Evidence of increased (i.e., abnormal) aspartate transaminase (also known as serum glutamate-oxalacetic transaminase or SGOT), alanine transaminase (serum glutamate pyruvate transaminase or SGPT), alkaline phosphatase, and gamma glutamyltransferase activities (liver function) was noted in these workers, but not in those who had retired. The indicators of liver dysfunction, however, could not be separated from alcohol consumption or exposure to ethylene chlorohydrin and/or dichloroethane.

A follow-up mortality study was conducted on 165 chemical plant manufacturing and processing workers who were exposed to dioxane levels ranging from less than 25 to greater than 75 ppm between 1954 and 1975 (Buffler *et al.*, 1978). Total deaths due to all causes, including cancer, did not differ from the statewide control group, but the data were not reanalyzed after removing the deaths due to malignant neoplasms. The study is limited by the small number of deaths and by the small sample number. The study did not assess hematologic or clinical parameters that could indicate adverse health effects in the absence of mortality.

Yaqoob and Bell (1994) reviewed human studies on the relationship between exposure to hydrocarbon solvents - including dioxane - and renal failure, in particular rare glomerulonephritis. The results of their analysis suggest that such solvents may play a role in renal failure, but dioxane was not specifically discussed. Of interest to the discussion on chronic exposure to dioxane is the suggestion that the mechanism of the disease process involves local autoimmunity with decreased circulating white blood cells (see below).

V. Effects of Animal Exposure

In rats, the major metabolite of dioxane is HEAA, which is excreted through the kidneys (Braun and Young, 1977). Exposure to dioxane by ingestion results in saturation of metabolism above 100 mg/kg given in single dose. Saturation of metabolism was also observed as low as 10 mg/kg if dioxane was administered in multiple doses. Dioxane itself is not cleared through the kidney. A decrease in metabolic clearance with increasing dose (iv) has been interpreted as the saturation of metabolism at the higher doses (Young *et al.*, 1978).

For Sprague-Dawley rats, the metabolic fate of inhaled dioxane (head only exposure) was based on one air concentration (50 ppm). At this level, nearly all the dioxane was metabolized to HEAA since HEAA represented 99 percent of the total dioxane + HEAA measured. The plasma half-life for dioxane under these conditions was 1.1 hours. The absorption of dioxane through the inhalation pathway could not be exactly determined, because of a high inhalation rate (0.24 liters/min), calculated on the basis of complete absorption (Young *et al.*, 1978; U.S. EPA, 1988). Although the high inhalation rate could be dioxane-related, another explanation may be the stress incurred when the jugular veins were cannulated as part of the experiment. Extensive absorption by inhalation is also inferred from the high tissue/air partition coefficients (Reitz *et al.*, 1990).

Although the PBPK modeling suggests that in rat the parent dioxane is a better dose surrogate than HEAA for exposure by ingestion, the inhalation modeling did not use more than one inhalation dose. No studies were located on the biological or biochemical properties of HEAA or the properties of the enzyme(s) that are responsible for the transformation of dioxane into HEAA.

Rats (Wistar) were exposed by inhalation to dioxane (111 ppm; 7 hours/day, 5 days/week) for 2 years (Torkelson *et al.*, 1974). Increased mortality and decreased body weight gains, compared to unexposed control rats, were not observed. Among the male rats, decreased blood urea nitrogen (kidney function), decreased alkaline phosphatase (cholestatic liver function), increased red blood cells, and decreased white blood cells were observed. According to the authors, exposure-related, non-cancerous tissue lesions were not observed during the 2-year period.

In another inhalation study, rats were exposed to dioxane at levels of 0.15, 1.3, and 5.7 ppm (Pilipyuk *et al.*, 1978). Frequency was not specified, but the duration is given as “90 successive days”. At the end of the 3-month exposure, increased SGOT activity at the two highest doses and increased SGPT activity at all doses were measured in the sera of the exposed rats. Rats exposed to the highest dose also exhibited increased urinary protein and chloride levels, each of which returned to control levels during an unspecified recovery period. Pilipyuk *et al.* (1978) also report changes in the minimum time (ms) required for an electric stimulus to result in excitation of extensor and flexor muscles. Although Pilipyuk *et al.* (1978) consider the changes to be a reflection of adverse effects due to exposure to dioxane, Torkelson *et al.* (1974) do not consider the hematologic and clinical changes of toxicologic importance. In particular, toxic manifestations are usually associated with increased blood urea nitrogen and alkaline phosphatase levels, whereas these levels decreased in the Torkelson *et al.* (1974) investigation. The reason for the discrepancies between the two studies, in particular the extremely low dioxane exposure levels in the Pilipyuk *et al.* (1978) study, is unknown. One explanation could

be the purity of the dioxane used, which was not described in the latter study, although such contamination would be unlikely to account for the large difference in exposure levels.

Kociba *et al.* (1974) exposed rats (Sherman) to dioxane by ingestion of drinking water for up to 2-years. The drinking water levels were 0, 0.01, 0.1, and 1.0 percent, which were converted to daily intake according to measured rates of water consumption during exposure. Exposure to the highest level resulted in decreased body weight gain and increased deaths. According to the authors, exposure related hematologic changes did not occur. Histopathologic examination revealed evidence of regeneration of hepatic and kidney tissues in rats exposed to 1.0 or 0.1 percent, but not in rats exposed to 0.01 percent dioxane. On the assumption of total absorption of dioxane from the gastrointestinal tract, the exposure levels in female and male rats is as follows: 0.01%-18 ppm/F, 9.3 ppm/M; 0.1% -144 ppm/F, 91 ppm/M.

The teratogenic potential of dioxane was studied in rats (Giavini *et al.*, 1985). Dioxane was administered by gavage at doses of 0, 0.25, 0.5, and 1.0 ml/kg-day, on gestation days 6-15, and observations continued through day 21. Dams exposed to the highest dose exhibited nonsignificant weight loss and a significant decrease in food consumption during the first 16 days. During the remaining 5 days, food consumption increased, but the weight gain reduction in the presence of dioxane continued. At the 1.0 ml/kg-day dose, mean fetal weight and ossified sternebrae were also reduced. The inability to separate the developmental toxicity from maternal or embryotoxicity renders these data inconclusive as to the developmental toxicity of dioxane. If toxicity to the dam and/or embryo exists, the NOAEL for dioxane (based on density = 1.03 gm/ml) is 517 mg/kg-day.

VI. Derivation of Chronic Reference Exposure Level (REL)

Study	Torkelson *et al.* (1974)
Study populations	Rats
Exposure method	Discontinuous inhalation
Critical effects	No effects on liver, kidney, or hematologic function were noted in this study. Such dysfunctions, however, were observed in rats exposed to dioxane by ingestion (Kociba *et al.* 1974) and humans (Thiess, *et al.*, 1976, described by NIOSH, 1977).
LOAEL	Not observed in inhalation studies
NOAEL	111 ppm
Exposure continuity	7 h/d x 5 days/wk
Average experimental exposure	23 ppm (111 x 7/24 x 5/7)
Human equivalent concentration	23 ppm (gas with systemic effects, based on RGDR = 1.0 using default assumption that lambda (a) = lambda (h))
Exposure duration	2 years
LOAEL uncertainty factor	1
Subchronic exposure	1
Interspecies uncertainty factor	3
Intraspecies uncertainty factor	10
Cumulative uncertainty factor	30
Inhalation reference exposure level	0.8 ppm (800 ppb; 2.8 mg/m^3; 3000 µg/m^3)

The lifetime rat inhalation study of Torkelson *et al.* (1974) is the only detailed inhalation study available in the literature. The Pilipyuk *et al.* (1977) study contains useful and consistent data, but the absence of necessary details prevents the use of these results for the determination of a chronic reference exposure level (REL). Although the ingestion study (Kociba *et al.*, 1974) shows unequivocal toxic responses (liver and kidney) of the rat to dioxane by ingestion, exposure to 111 ppm by inhalation leads to equivocal results (Torkelson *et al.*, 1974). In particular, serum markers for liver and kidney dysfunction decrease in value, whereas toxic responses are associated with increased levels. The lack of toxic hematologic endpoints observed in the ingestion study suggests that toxicity of dioxane may be route-of-exposure specific. Hematologic changes were also observed in the early worker study wherein changes in white blood cell count occurred (Barber, 1934), but the directions are different. The studies on humans and rodents therefore suggest inhalation of dioxane may lead to adverse biologic effects, but good dose-response data are not available. A partial explanation may lie in the dose-response characteristic of the metabolism of dioxane, wherein toxicity may be a function of the saturation of metabolism. For inhalation, neither the point of saturation nor the mechanism has been established. Importantly, the end-point for dioxane chronic exposure may not be established.

VII. Data Strengths and Limitations for Development of the REL

Although a free-standing NOAEL is not a desirable parameter to use for the development of a chronic REL, other studies support the conclusion that exposure to dioxane leads to adverse health effects. These observations have been documented among experimental animals (Kociba *et al.*, 1974; Pilipyuk *et al.*, 1977) and humans (Thiess *et al.*, 1976, described in NIOSH, 1977). Until additional data from inhalation dose-response studies become available, a chronic REL based on the free-standing NOAEL is considered the best available.

The strength of the REL for 1,4-dioxane is that it is based on a full lifetime study, with a large number of toxic endpoints and a good sample size. The weaknesses include use of a free standing NOAEL, the limited human data, and the lack of developmental studies.

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CHRONIC TOXICITY SUMMARY

ETHYL CHLORIDE

(Chloroethane; monochloroethane; ether hydrochloric)

CAS Registry Number: 75-00-3

I. Chronic Toxicity Summary

Inhalation reference exposure level	**30,000 µg/m^3** (10,000 ppb)
Critical effect(s)	Delayed fetal ossification in mice
Hazard index target(s)	Teratogenicity; alimentary system

II. Physical and Chemical Properties (HSDB, 1995; 1999)

Description	Colorless gas
Molecular formula	C_2H_5Cl
Molecular weight	64.52
Density	0.9214 g/cm^3 @ 0°C
Boiling point	12.3 °C
Melting point	–138.7 °C
Vapor pressure	1000 torr @ 20 °C
Conversion factor	1 ppm = 2.64 mg/m^3 @ 25°C

III. Major Uses or Sources

Ethyl chloride has been used as a starting point in the production of tetraethyl lead and as a refrigerant, solvent and alkylating agent (HSDB, 1995). It is also used as a topical anesthetic (Clayton and Clayton, 1994). The annual statewide industrial emissions from facilities reporting under the Air Toxics Hot Spots Act in California based on the most recent inventory were estimated to be 291,300 pounds of ethyl chloride (CARB, 1999).

IV. Effects of Human Exposure

Neurological symptoms have been observed in human case studies in instances of ethyl chloride abuse. Cerebellar-related symptoms including ataxia, tremors, speech difficulties, and hallucinations were observed in a 28-year old female who had sniffed 200-300 ml ethyl chloride off her sleeve daily for 4 months (Hes *et al.* 1979). The patient's liver was enlarged and tender. Four weeks following cessation of exposure, all symptoms were absent.

V. Effects of Animal Exposure

Pregnant mice were exposed to 1300, 4000, or 13000 mg/m^3 ethyl chloride in air for 6 hours per day on days 6-15 of gestation (Scortichini *et al.*, 1986). No effects on fetal resorption rates, litter size, body weight or maternal health were observed. A statistically significant increase in the incidence of delayed ossification of the skull bones was observed in fetuses from the 13,000 mg/m^3 (4900 ppm) ethyl chloride exposed group. This skull effect was accompanied by a non-significant increased incidence of cervical ribs (a supernumerary rib is considered to be a malformation). No significant adverse effects were observed in fetuses from the 4000 mg/m^3 (1500 ppm) exposure group.

No significant adverse effects were observed in rats and mice exposed to 0 or 15,000 ppm ethyl chloride for 6 hours per day, 5 days per week for 102 weeks (rats) or 100 weeks (mice) (NTP, 1989). At necropsy, a complete histopathologic examination (approximately 35 tissues) failed to identify evidence of non-cancer toxicity. The same study also exposed rats and mice to 2500, 5000, 10,000 or 19,000 ppm ethyl chloride 6 hours per day, 5 days per week for 13 weeks. No exposure-related clinical signs of toxicity or histological changes were observed in exposed animals. Thus the subchronic NOAEL for mice and rats is 19,000 ppm, which is equivalent to a continuous exposure of 3400 ppm, and a free-standing chronic NOAEL is 15,000 ppm, which is equivalent to a continuous exposure of 2700 ppm (7100 mg/m^3).

Increased relative liver weights and a slight increase in hepatocellular vacuolation were observed in mice exposed to 5000 ppm ethyl chloride 23 hours per day for 11 days (Landry *et al.*, 1989). No effects were observed in mice exposed to 0, 250, or 1250 ppm ethyl chloride for the same period.

Following acclimatization to an inhalation chamber, two groups of 10 female mice were exposed to 0 or 15,000 ppm (40,000 mg/m^3) ethyl chloride 6 hours per day for 2 weeks (Breslin *et al.*, 1988). Groups of five male mice were housed in each inhalation chamber to synchronize and promote regular cyclicity. The mean length of the estrous cycle in control mice remained constant at 4.5 days during both pre-exposure and exposure periods. Mice in the 15,000 ppm exposure group showed a 0.6 day increase in the mean cycle length during exposure (5.6 days) when compared to the pre-exposure period (5.0 days). The authors attribute this increase in estrous cycle length to a general stress response although they note that it does not preclude direct effects on neuroendocrine function.

VI. Derivation of Reference Exposure Level

Study	Scortichini *et al.*, 1986
Study population	Mice
Exposure method	Discontinuous whole-body inhalation (on days 6-15 of gestation)
Critical effects	Delayed ossification of skull foramina
LOAEL	13,000 mg/m^3
NOAEL	4,000 mg/m^3
Exposure continuity	6 hours per day
Exposure duration	Days 6-15 of gestation
Average experimental exposure	1,000 mg/m^3 for NOAEL group (4000 x 6/24)
Human equivalent concentration	1,000 mg/m^3 for NOAEL group (gas with systemic effects, based on RGDR = 1.0 using default assumption that lambda (a) = lambda (h))
LOAEL uncertainty factor	1
Subchronic uncertainty factor	1
Interspecies uncertainty factor	3
Intraspecies uncertainty factor	10
Cumulative uncertainty factor	30
Inhalation reference exposure level	30 mg/m^3 (30,000 µg/m^3; 10 ppm; 10,000 ppb)

To develop the chronic REL OEHHA used the same study on which U.S. EPA based its RfC of 10,000 µg/m^3. The REL is based on a developmental toxicity study. In accordance with U.S. EPA methodology, a time-weighted average concentration for the discontinuous exposure experiment is not used by U.S. EPA when the key effect is developmental toxicity. However, OEHHA prefers to make a time adjustment to equivalent continuous exposure because the chronic REL assumes continuous exposure. U.S. EPA also used a Modifying Factor (MF). The database deficiencies leading U.S. EPA to employ a modifying factor include the lack of a multigenerational reproductive study. The criteria for use of such modifying factors are not well described. Such MFs were not used by OEHHA.

As a comparison to the proposed REL of 10 ppm, NTP (1989) found a free-standing NOAEL of 15,000 ppm in rats and mice exposed to ethyl chloride for 6 hours per day, 5 days per week for 2 years. Time adjusting to continuous exposure results in an adjusted NOAEL of 2679 ppm. Applying an RGDR of 1, a UF_A of 3 and a UF_H of 10 results in an estimated REL of 90 ppm.

VII. Data Strengths and Limitations for Development of the REL

The strengths of the inhalation REL for ethyl chloride include the availability of controlled exposure inhalation studies in multiple species at multiple exposure concentrations and with adequate histopathogical analysis, and the observation of a NOAEL. Major areas of uncertainty are the lack of adequate human exposure data, and the lack of a multigenerational reproductive study.

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CHRONIC TOXICOLOGY SUMMARY

ETHYLENE GLYCOL

(1,2-dihydroxyethane; 1,2-ethanediol)

CAS Registry Number: 107-21-1

I. Chronic Toxicity Summary

Chronic reference exposure level	**400** mg/**m**^{3} (200 ppb)
Critical effects	Respiratory irritation in human volunteers
Hazard index target(s)	Respiratory system; kidney; teratogenicity

II. Physical and Chemical Properties (HSDB, 1996; 1999)

Description	Clear, colorless, odorless liquid
Molecular formula	$C_2H_6O_2$
Molecular weight	62.07 g/mol
Density	1.1088-1.1135 g/cm^3 @ 20° C
Boiling point	197.6° C
Melting point	–13° C (CRC, 1994)
Vapor pressure	0.06 torr @ 20°C; 0.092 torr @ 25°C
Solubility	Soluble in water and ethanol; slightly soluble in ether. Insoluble in benzene and petroleum ether.
Conversion factor	1 ppm = 2.5 mg/m^3 @ 25° C

III. Major Uses and Sources

Ethylene glycol is used as an antifreeze agent in cooling and heating systems (HSDB, 1996). It is used in hydraulic brake systems; as an ingredient in electrolytic condensers; as a solvent in the paint and plastics industries; and in inks for ball-point pens and printer's inks. It is used in the manufacture of some synthetic fibers (Terylene and Dacron), and in synthetic waxes. It is used in some skin lotions and flavoring essences. Also, it is used in asphalt emulsion plants, in wood stains and adhesives, and in leather dyeing. It has been used as a de-icing fluid for airport runways. The annual statewide emissions from facilities reporting under the Air Toxics Hot Spots Act in California based on the most recent inventory were estimated to be 66,636 pounds of ethylene glycol (CARB, 1999).

IV. Effects of Human Exposure

Laitinen *et al.* (1995) found that 10 motor servicing workers had significantly higher urinary levels of ethylene glycol and ammonia, and decreased urinary glycosaminoglycan levels, compared with 10 controls. The ethylene glycol levels in air were undetectable in the workers' breathing zones (i.e. below 1.9 ppm), therefore dermal absorption appeared to be the primary route of exposure. Because the dermal absorption rate is high, airborne ethylene glycol concentrations in workplaces likely underestimate the total exposure.

In a study of 20 volunteer male prisoners in Alabama, 20 hour/day exposure to aerosolized ethylene glycol concentrations varying up to a mean of 20 ppm (49 mg/m^3) for 30 days was without effect (Wills *et al.*, 1974). The actual concentrations measured in the exposure chamber were:

Concentration of ethylene glycol in air (mg/m^3)

Days	Low	High[a]	Mean
1-7	3.6	75.0	37
8-14	18.8	44.8	29
15-21	0.8	41.6	17
22-28	3.5	49.2	23
29-35	20.6	66.8	49
36-37	14.4	39.0	31

[a] does not include the very high concentrations maintained for comparatively brief periods.

Respiratory irritation was noted after 15 minutes at an exposure concentration of 75 ppm (188 mg/m^3), and became quickly intolerable at 123 ppm (308 mg/m^3). No effects were observed in normal clinical chemistry, clinical serum enzyme levels for liver and kidney toxicity (including SGOT and serum alkaline phosphatase), hematotoxicity (including % hematocrit and gm hemogloin per 100 ml blood), or psychological responses (including simple reaction time, weight discrimination, and depth perception). The respiratory irritation at 75 ppm resolved soon after exposure with no long term effects noted after a 6-week follow-up period.

V. Effects of Animal Exposure

A chronic feeding study in rats and mice was conducted by DePass *et al.* (1986a). In this study, rats (130 per sex per group) and mice (80 per sex per group) were exposed to 0, 0.04, 0.2, or 1 g/kg/day for up to 2 years. All male rats in the high dose group died by 475 days. A large number of effects were observed in this group, including: reduced body weight, increased water intake, increased blood urea nitrogen and creatinine, reduced erythrocyte counts, reduced hematocrit and hemoglobin, increased neutrophil count, and increased urine volume. Heart, kidney, lung, parathyroid, stomach, and other vascular mineralization and hyperplasia were observed histologically in the high dose group of the male rats. Female rats exhibited fatty changes and granulomas in the liver at the high dose. Liver effects were not reported for the males. The NOAEL in rats for chronic oral ethylene glycol toxicity was 200 mg/kg/day. No effects were observed in mice. Therefore, the NOAEL for mice was 40 mg/kg/day.

Coon *et al*. (1970) exposed groups of rats (as well as guinea pigs, rabbits, dogs, and monkeys) to ethylene glycol intermittently 8 hours/day, 5 days per week for 6 weeks (30 exposures) to 10 or 57 mg/m^3 or continuously to 12 mg/m^3 for 90 days. At 10 mg/m^3 2 rabbits had conjunctivitis and liver changes were noted in a few animals of the other species. At 57 mg/m^3 no signs of toxicity were seen during the exposure. Nonspecific inflammatory changes were noted in some lungs and hearts of all species. A few livers also showed necrotic areas. Continuous exposure to 12 mg/m^3 led to moderate to severe eye irritation in rats and rabbits. Edema in the rabbits led to eye closure. Two rats developed corneal opacities. All hematologic parameters and various enzymes assayed were within normal limits. At necropsy organs appeared normal. Histopathological analysis revealed inflammatory changes in the lungs of all species, but the controls also showed a lesser degree of inflammation. Several guinea pigs showed foci of inflammatory cells in the kidney.

Mortality in Coon *et al*. (1970)

			<----------Number died/number exposed---------->				
Ethylene glycol (mg/m^3)	Exposure duration	Equivalent continuous concentration	Rat	Guinea pig	Rabbit	Dog	Monkey
0 (control)	90 days	0	4/123	0/73	0/12	0/12	0/8
10±1	6 wk	2.4	0/15	0/15	0/3	0/2	0/2
57±14	6 wk	13.6	0/15	0/15	0/3	0/2	0/2
12±2	90 days	12.0	1/15	3/15	1/3	0/2	0/3

Studies on the effects of inhaled ethylene glycol on reproduction and development of rats and mice were conducted by Tyl *et al.* (1995a, 1995b). In a study using whole-body exposure of rats and mice to ethylene glycol at analyzed concentrations of 0, 119, 888, or 2090 mg/m^3 for 6 hours/day on days 6-15 of gestation, mice were found to be the more sensitive species. Maternal toxicity in rats included a significant increase in absolute and relative liver weight at 2090 mg/m^3. No effects on weight gain, organ weights other than liver, fecundity, live fetuses per litter, or pre- or post-implantation loss were observed in rats. In addition, terata were not observed at any concentration. Reduced ossification in the humerus, zygomatic arch, and the metatarsals and proximal phalanges of the hindlimb was present in fetuses exposed to 888 or 2090 mg/m^3. The NOAEL for maternal toxicity in rats was 888 mg/m^3, while the NOAEL for fetotoxicity was 119 mg/m^3.

In mice, reduced body weight and gravid uterine weight during and after the exposure were observed at the 888 and 2090 mg/m^3 concentrations. Increased nonviable implants per litter and reduced fetal body weights were also observed in groups exposed to 888 or 2090 mg/m^3. External, visceral, skeletal, and total malformations were increased in the 888 and 2090 mg/m^3 groups. The NOAEL for these effects in mice was 119 mg/m^3.

A similar experiment in mice using nose-only exposures was conducted by these researchers (Tyl *et al.*, 1995a) to determine the role of dermal absorption and/or ingestion on the effects observed with the whole-body exposure. Nose-only exposures to ethylene glycol were for 6

hours/day, on gestational days 6 through 15 at concentrations of 0, 500, 1000, and 2000 mg/m^3. The NOAEL for maternal effects (increased kidney weight) was 500 mg/m^3, and the NOAEL for fetal toxicity (skeletal variations and fused ribs) was 1000 mg/m^3. Thus, secondary dermal and/or oral exposures appear to have contributed significantly to the developmental and maternal toxicity in mice exposed to ethylene glycol aerosol. The nose-only inhalation exposure study by Tyl *et al.* (1995a) was conducted in addition to the whole-body inhalation study since extensive adsorption of ethylene glycol onto the fur of the animals was demonstrated in the whole-body experiment. Normal grooming behavior would have resulted in significantly larger doses of ethylene glycol than that expected by inhalation only.

A 3-generation study on the effects of ethylene glycol on reproductive performance and gross health of offspring in rats was conducted by DePass *et al.* (1986b). Rats were exposed orally to 40, 200, or 1000 mg/kg/day ad libitum in the feed through 3 generations. No effects on pup survivability or pup body weight were observed. Total and viable implants were also not affected. Teratogenic effects were not examined in this study.

Tyl *et al.* (1993) studied the reproductive and developmental effects of ethylene glycol in rabbits exposed by gavage on days 6 to 19 of gestation. Dams were exposed to 0, 100, 500, 1000, or 2000 mg/kg/day. Exposure to 2000 mg/kg/day resulted in 42% mortality, and abortion or early delivery in 4 does. No evidence of embryotoxicity or teratogenicity was observed in the groups exposed to 1000 mg/kg/day or less. The NOAEL for maternal toxicity was determined to be 1000 mg/kg/day.

VI. Derivation of Chronic Reference Exposure Level

Study	Wills *et al.* (1974)
Study population	Human volunteer prisoners
Exposure method	Discontinuous whole-body inhalation
Critical effects	Respiratory tract irritation
LOAEL	75 ppm
NOAEL	20 ppm
Exposure continuity	20 hours/day
Exposure duration	30 days
Average exposure	16.7 ppm for NOAEL group (20 x 20/24)
Human equivalent concentration	16.7 ppm
LOAEL uncertainty factor	1
Subchronic uncertainty factor	10
Interspecies factor	1
Intraspecies factor	10
Cumulative uncertainty factor	100
Inhalation reference exposure level	0.2 ppm (200 ppb; 0.4 mg/m^3; 400 μg/m^3)

The subchronic study by Wills *et al.* (1974) represents the only human inhalation data for ethylene glycol toxicity. The experiment showed a concentration-response relationship, with onset of irritation occurring at 188 mg/m^3 and intense and intolerable irritation occurring at 308 mg/m^3. The volunteers were followed for 6 weeks without any apparent long-term effects from

the exposures. Although the irritation experienced in the human subjects appears to be an acute phenomenon and not a cumulative lasting effect, the subchronic uncertainty factor of 10 was retained to protect against other systemic effects associated with ethylene glycol such as kidney damage which may occur over a long-term exposure.

The chronic feeding study in rats by DePass *et al.* (1986a) showed significant chronic effects. These included reduced body weight, increased water intake, increased blood urea nitrogen and creatinine, reduced erythrocyte counts, reduced hematocrit and hemoglobin, increased neutrophil counts, increased urine volume, and reduced urine specific gravity and pH in rats exposed to a concentration of 1000 mg/kg/day. However, no effects were reported in mice. In contrast, reproductive and developmental toxicity studies in mice, rats, and rabbits have shown the mouse to be the most sensitive species for both terata and maternal toxicity endpoints (Tyl *et al.*, 1995a; Tyl *et al.*, 1993; Neeper-Bradley *et al.*, 1995). In addition, the 3-generation reproductive toxicity study by DePass *et al.* (1986b) showed no significant effects on rat pup survival or body weight at concentrations up to 1000 mg/kg/day. However, developmental endpoints were not reported in this study. From the available data, the toxicity of ethylene glycol is apparently greatest in the maternal mouse. The estimated equivalent air concentrations (assuming a 70 kg human inhales 20 m^3/day) from the feed in the 3-generation study by DePass *et al.* (1986b) are 700 mg/m^3 and 3500 mg/m^3 for the NOAEL and LOAEL, respectively.

For comparison with the proposed REL of 400 μg/m^3 based on a one month human study, the inhalation NOAEL of 48 ppm, obtained by Tyl *et al*. (1995) in mice discontinuously exposed for 10 days on gestation days 6-15, was used to estimate a REL based on animal data. Use of a time adjustment from 6 to 24 hours/day, an RGDR of 1, an interspecies UF of 3, and an intraspecies UF of 10 resulted in an estimated REL of 0.4 ppm (1000 μg/m^3) for ethylene glycol.

VII. Data Strengths and Limitations for Development of the REL

The strengths of the inhalation REL for ethylene glycol include the use of human exposure data, the use of controlled, nearly continuous inhalation exposures, the observation of a NOAEL, and the similar REL value estimated from an animal study. Major areas of uncertainty are the short length of the key study and the lack of chronic inhalation exposure studies in both animals and man (LaKind *et al*., 1999).

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CHRONIC TOXICITY SUMMARY

N-HEXANE

(normal hexane)

CAS Registry Number: 110-54-3

I. Chronic Toxicity Summary

Inhalation reference exposure level	**7000 mg/m^3** (2000 ppb)
Critical effect(s)	Neurotoxicity; electrophysiological alterations in humans
Hazard index target(s)	Nervous system

II. Physical and Chemical Properties (HSDB, 1999)

Description	Colorless liquid, gas
Molecular formula	C_6H_{14}
Molecular weight	86.10
Density	0.660 g/cm^3 @ 20° C
Boiling point	68.95°C
Melting point	–95.3°C
Vapor pressure	150 torr @ 25° C
Solubility	Insoluble in water; soluble in most organic solvents; very soluble in alcohol
Conversion factor	1 ppm = 3.52 mg/m^3 @ 25° C

III. Major Uses or Sources

n-Hexane is used in the extraction of vegetable oil from seeds such as safflower, soybean, cotton, and flax (HSDB, 1995). It is also used as a alcohol denaturant and as a paint diluent. The textile, furniture and leather industries use n-hexane as a cleaning agent. Many petroleum and gasoline products contain n-hexane. The annual statewide industrial emissions from facilities reporting under the Air Toxics Hot Spots Act in California based on the most recent inventory were estimated to be 999,225 pounds of hexane (CARB, 1999).

IV. Effects of Human Exposure

In an offset printing factory with 56 workers, symptomatic peripheral neuropathy was noted in 20 of 56 (36%) workers, while another 26 (46%) had evidence of subclinical neuropathy (Chang

et al., 1993). Reduced sensory action potentials; reduced motor action potentials; decreased motor nerve conduction velocity; and increased distal latency were found in most workers. Giant axonal swellings with accumulation of 10 nm neurofilaments, myelin sheath attenuation, and widening of nodal gaps were noted upon sural nerve biopsy of a severe case. Optic neuropathy and CNS impairment were not usually found. Personal air samples had 80 to 210 ppm hexane (mean = 132 ppm), 20 to 680 ppm isopropanol (mean = 235 ppm), and 20 to 84 ppm (mean = 50 ppm) toluene. The workers worked 12 hours per day for 6 days per week. The mean duration of employment was 2.6 years, with a range of 1 month to 30 years.

An epidemiologic study was performed on workers employed in a factory producing tungsten carbide alloys and exposed for an average of 6.2 years to solvent vapors consisting of an 8-hour time weighted average of 58 ppm (±41 ppm) n-hexane and 39 ppm (±30 ppm) acetone (Sanagi *et al.*, 1980). Neurological examinations performed on both control and exposed workers examined cranial nerves, motor and sensory nerves, reflexes, coordination and gait. Neurophysiological and nerve stimulation studies were also performed. While no overt neurological abnormalities were noted, the mean motor nerve conduction velocity and residual latency of the exposed group were significantly decreased as compared to unexposed workers. The effects observed are consistent with other reports of n-hexane-induced peripheral neuropathy. The study reports a LOAEL of 58 ppm n-hexane.

Polyneuropathy with subsequent development of muscular atrophy and paresthesia in the distal extremities was observed in workers exposed to between 500 and 1000 ppm n-hexane in a pharmaceutical plant (Yamada, 1967).

A group of 15 industrial workers exposed to n-hexane in vegetable oil extracting and adhesive bandage manufacturing processes was examined for signs of neurotoxicity and ophthalmological changes (Raitta *et al*., 1978; Seppalainen *et al*., 1979). The workers (11 males and 4 females) had been exposed to hexane for 5 to 21 years (mean of 12 years). Ten healthy workers served as controls. Exposures were found to be variable; concentrations as high as 3000 ppm were found on some occasions, although exposure concentrations were usually well below 500 ppm. The authors concluded that the high short-term exposures, occurring occasionally for 1 to 2 hours at a time, could have been major factors in the effects observed. Visual evoked potentials (VEPs) were generally reduced among the exposed subjects and latencies tended to be increased (Seppalainen *et al*., 1979). Visual acuity, visual fields, intraocular pressure, and biomicroscopical findings were normal. Macular changes were noted in 11 and impaired color discrimination was found in 12 of the 15 subjects, largely in the blue-yellow spectrum (Raitta *et al*., 1978).

Fifteen (25%) of 59 press proofing workers had polyneuropathy (Wang *et al*., 1986). All of the patients with polyneuropathy were regularly exposed to n-hexane, and there was a significant association between n-hexane concentration and prevalence of polyneuropathy. The ambient concentration of n-hexane of 190 ppm was found in one factory in which all six workers developed polyneuropathy. Workers exposed to less than 100 ppm n-hexane who frequently worked overtime demonstrated significant decreases in motor nerve conduction velocities in median, ulnar, and peroneal nerves. Twelve of 13 workers who regularly slept in the factory had polyneuropathy compared to three (7%) of 46 employees who did not sleep in the factory.

Ninety-three of 1662 Japanese workers were found to have polyneuropathy (Yamamura, 1969; Sobue *et al*., 1978). All of the workers developing polyneuropathy were employed in pasting with rubber cement containing 70% or more hexane and small amounts of toluene. The worksites were poorly ventilated and concentrations in workrooms were measured at between 500 and 2500 ppm hexane. One patient developed numbness and weakness of the legs after 6 months of exposure to hexane-based solvents. This patient was hospitalized for over a year until the muscle weakness and atophy improved enough to discharge the patient.

Urinary 2,5-hexanedione concentrations were significantly higher in 35 male workers exposed to n-hexane than in an unexposed group (Karakaya *et al*., 1996). Significant decreases in serum IgG, IgM and IgA levels were also found, and a significant correlation was noted between urinary 2,5-hexanedione concentrations and serum Ig level of the exposed group.

An association between n-hexane and parkinsonism has been proposed based on two case reports (Pezzoli *et al*., 1989; 1995). Regional striatal abnormalities of the nigrostriatal dopaminergic system and of glucose metabolism, observed with positron emission tomography studies, were considered distinct from those seen in idiopathic Parkinson's disease.

Co-exposure to acetone increased the urinary concentrations of free and total 2,5-hexanedione (2,5-HD) in a study of 87 hexane-exposed workers (Cardona *et al*., 1996). Increased urinary 2,5-HD is noted also with coexposure to hexane and methyl ethyl ketone (Ichihara *et al*., 1998).

V. Effects of Animal Exposure

Groups of 12 Sprague-Dawley (SD) rats inhaled n-hexane (0, 6, 26, or 129 ppm) for 6 hours/day, 5 days/week for 26 weeks (Bio/dynamics, 1978). A second experiment from the same report involved inhalation exposures of SD rats for 26 weeks to 0, 5, 27, or 126 ppm hexane for 21 hours/day, 7 days/week. There were no consistent dose-related differences between exposed and control animals, although small numbers of animals were involved and examinations were limited to physical observation, body weight, hematological parameters, clinical chemistry, and necropsy of spontaneous deaths. The highest concentration (126 ppm for 21 hours/day, 7 days/week) was a NOAEL and represents a time-weighted average exposure of 110.2 ppm over the duration of the experiment.

F-344 rats and B6C3F1 mice (50/sex/concentration/species) inhaled commercial hexane solvent (0, 900, 3000, or 9000 ppm) for 6 h/day, 5 days/week over 2 years (Daughtrey *et al*., 1999). No significant differences in mortality were noted between hexane-exposed and control groups. Small statistically significant reductions in body weight gain were noted in male and female rats inhaling 3000 ppm or more and in female mice inhaling 9000 ppm. Epithelial cell hyperplasia was increased in the nasoturbinates and larynx of exposed rats.

Fischer 344 rats (5/sex/dose) inhaled >99.5% pure n-hexane (0, 3000, 6500, or 10,000 ppm) for 6 hours/day, 5 days/week over 13 weeks (Cavender *et al*., 1984). No statistically significant differences were notes in food consumption, ophthalmologic examination, neurological function,

or hematological or serum chemistry parameters in either males or females. Female body weights and clinical observations were unaltered by hexane treatment. The mean body weight gain of male rats in the 10,000-ppm group was significantly decreased compared with controls at 4 weeks of exposure and thereafter. Axonopathy was noted in the tibial nerve of four of five male rats exposed to 10,000 ppm and in one of five male rats exposed to 6500 ppm. Axonopathy in the medulla was noted in one male rat exposed to 10,000-ppm. Males inhaling 10,000 ppm had slightly but significantly lower brain weights. No other adverse histopathological effects were reported. This study identifies a NOAEL for neurotoxicity of 3000 ppm, with an average experimental exposure of 540 ppm.

B6C3F$_1$ mice were exposed to 500, 1000, 4000, or 10,000 ppm n-hexane 6 hours per day, 5 days per week for 13 weeks or to 1000 ppm n-hexane for 22 hours per day, 5 days per week for 13 weeks (Dunnick *et al.*, 1989). Mild inflammatory, erosive and regenerative lesions in the olfactory and respiratory epithelium were observed in the nasal cavity of mice exposed to 1000 ppm n-hexane and higher. "Minimal lesions" were noted in those mice exposed to 500 or 1000 ppm n-hexane. Paranodal axonal swelling in the tibial nerve was observed in 6/8 mice exposed to 1000 ppm for 22 hours per day and in 6/8 mice exposed to 10,000 ppm for 6 hours per day. No such swelling was noted in neurohistological examination of the control animals; neurohistological examination was not performed in those animals exposed to 500 and 1000 ppm for 6 hours per day. A NOAEL for histological lesions of the nasal turbinates of 500 ppm n-hexane was identified. Because neurohistological examinations were not performed in animals exposed to 500 or 1000 ppm (the NOAEL and LOAEL, respectively), the interpretation of the results from this study are seriously limited.

Male SM-A strain mice (10/group) were exposed continuously to 0, 100, 250, 500, 1000, or 2000 ppm commercial grade hexane (65 to 70% n-hexane with the remainder being other hexane isomers) for 6 days/week for 1 year (Miyagaki, 1967). Electromyography, strength-duration curves, electrical reaction time, and flexor/extensor chronaxy ratio, gait posture and muscular atrophy were studied. Increased complexity of NMU (neuromuscular unit) voltages during electromyographic analysis was noted in 0/6 controls, 1/6 in the 100 ppm group, 3/6 in the 250 ppm group, 5/6 in the 500 ppm group, 3/3 in the 1000 ppm group, and 4/4 in the 2000 ppm group. A dose-related increase in incidence and severity of reduced interference voltages from muscles was noted in mice exposed to 250 ppm or more, but not in controls (0/6 examined) or in the 100 ppm group (0/6). Dose-related abnormal posture and muscle atrophy were noted at 250 ppm or more. This study identifies a NOAEL of 100 ppm for neurotoxicity (68 ppm when adjusted for 67.5% n-hexane).

Rats inhaling 400-600 ppm n-hexane developed peripheral neuropathy after forty-five days of exposure (Schaumburg and Spencer, 1976). Giant axonal swellings and fiber degeneration were observed in the central and peripheral nervous systems. The changes were most notable in tibial nerves and in the cerebellum, medulla and spinal cord.

A dose-dependent decrease in motor nerve conduction velocity and body weight gain was observed in rats exposed to 500, 1200, or 3000 ppm n-hexane for 12 hours per day, 7 days per week for 16 weeks (Huang *et al.*, 1989). The neurotoxicity was significant in the two highest

exposure groups; peripheral nerve degeneration, characterized by paranodal swellings and demyelination and remyelination in the myelinated nerve fibers, was observed and was more advanced in the highest exposure group.

Available studies indicate that the neurotoxicity of n-hexane is potentiated by concurrent exposure to methyl ethyl ketone (Altenkirch *et al.*, 1982).

Acetone has also been shown to potentiate the neurotoxicity of hexane and 2,5-HD. Male rabbits administered acetone and 2,5-HD intravenously had decreased body clearance of 2,5-HD (Lagefoged and Perbellini, 1986). Male rats were treated for 6 weeks with 0.5% w/v 2,5-hexanedione alone or in combination with 0.50% w/v acetone in the drinking water (Ladefoged *et al*., 1994). Acetone potentiated effects on open field ambulation, or rearing and on the rotarod test. Giant axonal swelling was greater in acetone administered animals. During a dose-free 10-week recovery period, the acetone-supplemented group had less improvement in neurological parameters. Male Wistar rats were administered 0.5% w/v 2,5-hexanedione alone or in combination with 0.50% w/v acetone in the drinking water for 7 weeks (Lam *et al*., 1991). Effects on radial arm maze behavior, a "brain-swelling" reaction, and synaptosomal functions were noted with 2,5-HD and exacerbated with acetone coexposure. In another study of male rats using the same doses for 6 weeks, testis weight, testis tubuli diameter and fertility were reduced with 2,5-HD exposure and potentiated with acetone coexposure (Larsen *et al*., 1991).

Pregnant rats were exposed to 200, 1000, or 5000 ppm n-hexane 20 hours per day on days 9-19 of gestation (Mast *et al.*, 1987). A statistically significant decrease in fetal body weight compared to controls was observed in male offspring following maternal exposure to 1000 and 5000 ppm n-hexane. Maternal toxicity, indicated by decreased body weight gain, was observed in all exposure groups.

Pregnants rats were exposed to hexane (0, 93.4, or 408.7 ppm) on days 6 through 15 of gestation (Litton Bionetics, 1979). There were no adverse effects noted in dams, and no hexane-induced teratogenicity, changes in sex ratio, embryotoxicity, or impaired fetal growth or development.

Male New Zealand rabbits exposed to 3000 ppm n-hexane for 8 hours per day, 5 days per week for 24 weeks developed exposure-related lesions of the respiratory tract with the terminal bronchioles exhibiting the most characteristic damage (Lungarella *et al.*, 1984). These changes were noted even after a 120-day recovery period. Clinical signs of ocular and upper respiratory tract irritation and respiratory difficulties (such as gasping, lung rales, mouth breathing) were observed throughout the study in exposed rabbits.

Derivation of Chronic Reference Exposure Level

Key study	Miyagaki (1967)
Study population	Male mice
Exposure method	Discontinuous inhalation
Critical effects	Peripheral neuropathy (electromyographic alterations; dose-related abnormal posture and muscle atrophy)
LOAEL	250 ppm
NOAEL	100 ppm
Exposure continuity	24 hours/day, 6 days/week
Exposure duration	1 year
Average experimental exposure	57.9 ppm for LOAEL group (100 ppm x 0.675 x 6/7)
Human equivalent concentration	57.9 ppm (gas with systemic effects, based on RGDR = 1 using default assumption that lambda (a) = lambda (h))
LOAEL uncertainty factor	1
Subchronic uncertainty factor	1
Interspecies uncertainty factor	3
Intraspecies uncertainty factor	10
Cumulative uncertainty factor	30
Inhalation reference exposure level	2 ppm (2000 ppb; 7 mg/m^3; 7000 µg/m^3)

Three studies, an experimental study with mice (Miyagaki, 1967) and two occupational studies (Sanagi *et al*., 1980; Chang *et al*., 1993), were considered by OEHHA to be most informative and relevant to the derivation of a chronic REL. This was because these studies (1) evaluated the most sensitive endpoint (peripheral neuropathy) and (2) involved exposures over a significant fraction of a lifetime. While significant limitations may be noted for each of these studies individually, viewed collectively they provide a consistent view of the chronic inhalation toxicity of hexane and yield a stronger basis for deriving a chronic inhalation REL.

While the animal study has the disadvantage of introducing the uncertainty of interspecies differences, the limitations of the human studies were considered to be more significant. Specifically, both human studies were considered likely to overestimate effects of inhalation exposures to hexane.

The Sanagi study, which U.S. EPA used as the basis of its RfC, may overestimate hexane effect because of a confounding coexposure to acetone, which is known to potentiate hexane neuropathy. The minimum effective acetone inhalation concentration for potentiating hexane neuropathy is unclear, as studies (Ladefoged *et al*., 1994; Lam *et al*., 1991; Larsen *et al*., 1991) have used orally administered acetone. The minimum effective acetone inhalation dose for potentiation of carbon tetrachloride hepatotoxicity in male Sprague-Dawley rats was 2500 ppm over 4 hours (Charbonneau *et al*., 1986). A dose of 0.5% acetone in human drinking water is comparable, assuming equal absorption, to an inhalation concentration of approximately 1400

ppm (0.5% w/v x 2 L/day ÷ 2 m^3/day = 5 g/m^3; 5 g/m^3 x 1000 mg/g ÷ 3.52 mg/m^3 per ppm = 1400 ppm). As the acetone potentiating effects were all noted at higher exposures than are being considered in occupational studies and are at much higher concentrations than the REL itself, the significance of these findings is uncertain.

In the Chang study, the workers were probably intermittently exposed to higher inhalation exposures than were estimated from ambient air sampling, and significant dermal exposures were also likely. Furthermore, coexposure to high levels of isopropanol and toluene, may have confounded the results, although CNS effects were not noted and these substances are not known to induce or potentiate peripheral neuropathy.

As shown in Table 1, the human studies by Sanagi *et al*. (1980) and Chang *et al*. (1993) yield 7 to 10-fold lower RELs than the Miyagaki study. In view of the likely overprediction of hexane risks from these studies, due to co-exposure to other materials, which may potentiate the effects of hexane, these calculations may be viewed as generally supporting the 7000 µg/m^3 REL.

Table 1: Reference Exposure Levels (RELs) from Selected Human Studies

Study	Duration	Effect	LOAEL (ppm)	LOAEL (ppm) (TWA)	NOAEL (ppm)	NOAEL (ppm) (TWA)	total UF	REL (ppb)	REL (µg/m^3)
Sanagi *et al.*, 1980	6.2 years	decreased motor nerve conduction velocity; increased residual latency	58	20.7	Not observed		100[a]	200	700
Chang *et al.*, 1993	mean 2.6 years: range 1 month to 12 years	Symptomatic peripheral neuropathy; decreased motor nerve conduction velocity; increased residual latency; axonal swelling of sural nerve	mean 132: range 80 - 210	83	Not observed		300[b]	300	1000

[a] LOAEL uncertainty factor, 10; Intraspecies uncertainty factor, 10
[b] LOAEL uncertainty factor, 10; Subchronic uncertainty factor, 3; Intraspecies uncertainty factor, 10

The hexane exposure estimate was reduced for the Miyagaki data as the solvent used contained 67.5% n-hexane.

The average occupational exposure for the Chang study, which involved an unusual 72-hour work week, was calculated by assuming that 12 hours of occupational exposures at an inhalation rate of 20 L/min was followed by 4 hours of light work at 20 L/min and 8 hours of rest at 7.5 L/min. With these assumptions an estimated 63% of daily inhaled air occurred at the workplace.

The Chang study found that the severity of effects was not correlated with the length of exposure, suggesting that (1) susceptibility may differ markedly between individuals and/or (2) shorter exceedances of the time-weighted average concentration might be significant. Thus the subchronic uncertainty factor was reduced to 3-fold.

VII. Data Strengths and Limitations for Development of the REL

There is a substantial database on the health effects of n-hexane in both humans and animals from which to derive a chronic reference exposure level. Some relevant studies are summarized in the table below.

Study	***Species***	***Exposure concentration***	***Exposure regimen***	***TWA from NOAEL[a]***	***TWA from LOAEL[a]***
Sanagi *et al*. (1980)	Humans	58 ppm (mean)	10 m^3/d, 5 d/wk, 6.2 yr (mean)	None	20.7 ppm
Chang *et al*. (1993)	Humans	130 ppm (mean)	12 hr/d, 6 d/wk, 2.6 yr (mean)	None	83 ppm
Miyagaki (1967)	Male mice	0, 100, 250, 500, 1000, 2000 ppm	Continuous, 6 d/wk, 1 yr	57.9 ppm	121 ppm
Daughtrey *et al*. (1999)	F344 rats	0, 900, 3000, 9000 ppm	6 hr/d, 5 d/wk, 2 yr	None	161 ppm
Daughtrey *et al*. (1999)	B6C3F1 mice	0, 900, 3000, 9000 ppm	6 hr/d, 5 d/wk, 2 yr	None	161 ppm
Dunnick *et al*. (1989)	B6C3F1 mice	0, 500, 1000, 4000, 10,000 ppm	6 hr/d, 5 d/wk, 13 wk	89 ppm	179 ppm
Huang *et al*. (1989)	Wistar rats	0, 500, 1200, 3000 ppm	12 hr/d, 7 d/wk, 16 wk	None	250 ppm
Bio/dynamics (1978)	SD rats	0, 5, 27, 126 ppm	21 hr/d, 7 d/wk, 26 weeks	110 ppm	None
Cavender *et al*. (1984)	F344 rats	0, 3000, 6500, 10,000 ppm	6 hr/d, 5 d/wk, 13 wk	540 ppm	1160 ppm

[a] The experimental exposure was extrapolated to an equivalent (time-weighted average or TWA) continuous exposure.

The major strengths of the REL for hexane include: (1) the primary use of an animal study (Miyagaki, 1967) with controlled, nearly continuous chronic hexane exposures not confounded by coexposure to other solvents, which observed both a NOAEL and LOAEL; and (2) the results obtained from two different human studies (Sanagi, 1980; Chang *et al*., 1993) which were viewed as being generally consistent with the animal study based REL.
There is uncertainty about interspecies as well as intraindividual differences in susceptibility to n-hexane peripheral neuropathy. In one study, controlled TWA exposures of 540 ppm (Cavender *et al*., 1984) were not found to cause neuropathy in rats. Also human studies (especially that of Chang *et al*., 1993) have shown that some individuals develop peripheral neuropathy within months, whereas others remain symptom-free despite years of employment at the same occupation at the same workplace.

OEHHA staff also estimated RELs from two other animal studies for comparison. In Bio/Dynamics (1978), 126 ppm for 21 hours/day, 7 days/week for 26 months was a NOAEL and represents a time-weighted average exposure of 110.2 ppm. Using an RGDR of 1 and a cumulative 30-fold uncertainty factor (3 for interspecies differences not accounted for by the RGDR method and 10-fold for intraspecies differences), a REL of 4 ppm (10,000 $\mu g/m^3$) was derived. Cavender *et al*. (1984) identified a NOAEL for neurotoxicity of 3000 ppm, with an average experimental exposure of 540 ppm. A REL based on this study, using an RGDR of 1 and a 100-fold uncertainty factor (3 for subchronic (13 weeks) to chronic, 3 for interspecies, and 10 for intraspecies) would be 5.4 ppm (19,000 $\mu g/m^3$).

VIII. References

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CHRONIC TOXICITY SUMMARY

HYDROGEN CYANIDE

(*Formonitrile; hydrocyanic acid; prussic acid)*

CAS Registry Number: 74-90-8

I. Chronic Toxicity Summary

Inhalation reference exposure level	**9 µg/m^3** (8 ppb)
Critical effect(s)	CNS effects, thyroid enlargement, and hematological disorders in workers
Hazard index target(s)	Nervous system; endocrine system; cardiovascular system

II. Physical and Chemical Properties (HSDB, 1999)

Description	Colorless liquid/gas
Molecular formula	HCN
Molecular weight	27.03
Boiling point	25.6 ^{o}C
Melting point	–13.4 ^{o}C
Vapor pressure	630 torr @ 20°C
Solubility	Miscible in water, alcohol; slightly soluble in ether
Conversion factor	1 ppm = 1.10 mg/m^3 @ 25 ^{o}C

III. Major Uses or Sources

Hydrogen cyanide is used in a variety of syntheses including the production of adiponitrile (for nylon), methyl methacrylate, sodium cyanide, cyanuric chloride, chelating agents, pharmaceuticals, and other specialty chemicals. Manufacturing activities releasing hydrogen cyanide include electroplating, metal mining, metallurgy and metal cleaning processes. Additionally, hydrogen cyanide has some insecticide and fungicide applications (ATSDR, 1993). Fires involving some nitrogen-containing polymers, often found in fibers used in fabrics, upholstery covers, and padding, also produce hydrogen cyanide (Tsuchiya and Sumi, 1977).

Another common source of hydrogen cyanide is cigarette smoke. Levels in inhaled mainstream cigarette smoke range from 10 to 400 µg per cigarette (U.S. brands); 0.6% to 27% (w/w) of these mainstream levels are found in secondary or sidestream smoke (Fiskel *et al.*, 1981). The annual statewide industrial emissions from facilities reporting under the Air Toxics Hot Spots Act in California based on the most recent inventory were estimated to be 188,665 pounds of hydrogen cyanide (CARB, 1999b).

IV. Effects of Human Exposure

Occupational epidemiological studies of hydrogen cyanide exposure are complicated by the mixed chemical environments, which are created by synthetic and metallurgic processes. However, several reports indicate that chronic low exposure to hydrogen cyanide can cause neurological, respiratory, cardiovascular, and thyroid effects (Blanc *et al.*, 1985; Chandra *et al.*, 1980; El Ghawabi *et al.*, 1975). Although these studies have limitations, especially with incomplete exposure data, they also indicate that long-term exposure to inhaled cyanide produces CNS and thyroid effects.

El Ghawabi *et al.* (1975) studied 36 male electroplating workers in three Egyptian factories exposed to plating bath containing 3% copper cyanide, 3% sodium cyanide, and 1% sodium carbonate. Breathing zone cyanide concentrations ranged from 4.2 to 12.4 ppm (4.6 to 13.7 mg/m^3), with means from 6.4 to 10.4 ppm (7.1 to 11.5 mg/m^3), in the three factories at the time of this cross-sectional study. The men were exposed for a duration of 5 to 10 years, except for one man with 15 years exposure. Twenty non-exposed male volunteers were used as controls. None of the subjects, controls or workers, currently smoked cigarettes. Complete medical histories were taken, and medical exams were performed. Urinary levels of thiocyanate (a metabolite of cyanide) were utilized as a biological index of exposure. Thyroid function was measured as the uptake of radiolabeled iodine, since thiocyanate may block the uptake of iodine by the thyroid leading to iodine-deficiency goiters. Frequently reported symptoms in the exposed workers included headache, weakness, and altered sense of taste or smell. Lacrimation, abdominal colic, and lower stomach pain, salivation, and nervous instability occurred less frequently. Increased blood hemoglobin and lymphocyte counts were present in the exposed workers. Additionally, punctate basophilia were found in 78% (28/36) of the exposed subjects. Twenty of the thirty six exposed workers had thyroid enlargements, although there was no correlation between the duration of exposure with either the incidence or the degree of enlargement. Thyroid function test indicated significant differences in uptake between controls and exposed individuals after 4 and 24 hours. Urinary excretion of thiocyanates correlated with the breathing zone concentrations of cyanides. Symptoms persisted in 50% of the dyspneic workers in a 10-month nonexposure follow up period. This study reported a LOAEL of 6.4 ppm (7.1 mg/m^3) for the CNS symptoms and thyroid effects.

Another retrospective study (Blanc *et al.*, 1985) examined 36 former silver-reclaiming workers with long-term exposure to hydrogen cyanide fumes. The authors found significant trends between the incidence of self-reported CNS symptoms during active employment (headache, dizziness, nausea, and bitter almond taste), the symptoms reported post-exposure, and a qualitative index of exposure retroactively defined by the investigators as low-, moderate-, or high-exposure through work histories. Some symptoms persisted for 7 months or more after exposure. None of the workers had palpable thyroid gland abnormalities, but clinical tests revealed decreases in vitamin B12 absorption and folate levels and statistically significant increases in thyroid-stimulating hormone levels, which in combination with the CNS effects, suggest long-term adverse effects associated with cyanide exposure.

Due to the systemic nature of the lesions produced by cyanide, orally ingested cyanide will likely result in injuries similar to that seen by inhalation exposure. Cassava root, a dietary staple in many tropical regions, contains cyanogenic glycosides, such as linamarin, which release cyanide (CN^-) when metabolized endogenously (Sharma, 1993; Kamalu, 1995). Consumption of insufficiently processed cassava roots over a period of time in combination with a protein deficient diet has been implicated in neurotoxic effects. One such neuropathy known as konzo results in nerve cell degeneration leading to a permanent but non-progressive spastic weakness of the legs and degeneration of corresponding corticospinal pathways (Tylleskar *et al*., 1992; Tor-Agbidye *et al*., 1999). The development of this sydrome is hypothesized to depend on (a) the amount and duration of exposure to dietary cyanide, and (b) the ability of the body to detoxify cyanide, a function that may vary with nutritional status. The endogenous conversion of cyanide to cyanate (OCN^-) is thought to be a contributor to the neurotoxic symptoms, but other substances found in cassava flour have been implicated (Obidoa and Obasi, 1991; Tor-Agbidye *et al*., 1999; Kamalu, 1995). Tylleskar *et al*. (1992) determined daily cassava flour consumption at above 0.5 kg per adult in a konzo-affected, albeit malnourished, African population. Thus, the potential daily cyanide exposure was estimated to be 0.5-1 mmol (13-26 mg), which correlated well with urinary concentrations of the metabolite, thiocyanate. A similar daily cyanide intake via cassava ingestion was estimated at 15-31.5 mg (approximately 0.2-0.45 mg/kg) following a major outbreak of konzo in Mozambique (Casadei *et al*.,1984; Cliff *et al*., 1984).

Other effects associated with cassava consumption include pancreatic diabetes, vitamin B_{12} deficiency and decreased iodine uptake (Sharma, 1993; Jansz and Uluwaduge, 1997). Cretinism in children, associated with a deficiency of dietary iodine, is worsened by eating cassava (Miller, 1974). Excess thiocyanate due to cyanide metabolism results in a depressed uptake of iodine by the thyroid gland that may lead to symptoms of iodine deficiency, including goiter. A comparison of three villages in Ethiopia observed increased total goiter rate with increasing rate of cassava consumption (Abuye *et al*., 1998). Goiter was also more prevalent in females and in individuals under 20 years of age. In one village, the incidence of goiter increased following the introduction of cassava, indicating that cassava exacerbated pre-existing iodine deficiency. Urinary iodine levels of school children revealed marginal dietary consumption of iodine, but were within the normal range. However, low T4 and high TSH levels indicated insufficient iodine uptake by the thyroid gland due to cassava consumption.

V. Effects of Animal Exposures

There is little animal data for chronic inhalation exposure to hydrogen cyanide; only two subchronic studies were noted by U.S. EPA, one in rabbits (Hugod, 1979, 1981) and the other in dogs (Valade, 1952). Continuous exposure of rabbits to 0.5 ppm HCN (0.55 mg/m^3) for either 1 or 4 weeks produced no microscopically detectable morphological changes of the lungs, pulmonary arteries, coronary arteries or aorta. This study observed a subacute inhalation NOAEL for HCN in rabbits of 0.5 ppm (Hugod, 1979, 1981). Four dogs exposed to 50 mg/m^3 (45 ppm) hydrogen cyanide in a series of 30-minute inhalation periods conducted at 2-day intervals demonstrated extensive CNS toxicity, including dyspnea and vomiting, with vascular and cellular CNS lesions identified post-mortem (Valade, 1952).

Male Sprague-Dawley rats were administered potassium cyanide (0, 40, 80, or 160 mg KCN/kg bw-day) in the drinking water for 13 weeks (Leuschner *et al*., 1991). At the highest dose, blood cyanide concentrations were between 16 and 26 mmol CN^-/ml blood and thiocyanate ranged between 341 and 877 mmmol SCN^-/ml plasma. The high dose group exposure was reduced to 140 mg/kg-day after 12 weeks because of decreased body weight gain, reduced drinking water consumption, and mortality in this group.

Male New Zealand white rabbits (6 per group) were administered potassium cyanide in the diet over a 40 week experiment (Okolie and Osagie, 1999). The average cyanide intake was 36.5 mg/day. Based on the growth data presented in the report, cyanide intake was estimated at approximately 20 mg/kg-day. The cyanide-exposed group had higher feed consumption with reduced weight gain, and focal necrosis was noted in the liver and kidney.

Male weanling rats (strain not identified, 10 animals per group) were administered potassium cyanide (1500 ppm) in the diet for 11.5 months (Philbrick *et al*., 1979). There were no deaths or overt signs of toxicity. There was a reduction in body weight gain in the exposed group. Myelin degeneration was noted in the spinal cord white matter of cyanide exposed animals.

Kamalu (1993) fed groups of dogs (6/group; strain not specified) either a control diet containing rice as the carbohydrate source, a diet with cassava as a carbohydrate source, or a control diet containing NaCN, for 14 weeks. Both the cassava and NaCN diets were adjusted to release 10.8 mg HCN/kg cooked food. Growth was depressed only in the dogs fed rice + NaCN. Plasma thiocyanate was significantly lower in dogs fed cassava compared to dogs fed rice + NaCN. These effects indicate that all the intact cyanogenic glycosides absorbed from cassava, primarily linamarin, was not hydrolyzed to HCN. However, evidence of liver inflammation and hemorrhage were observed only in the cassava fed dogs. Kidney, adrenal, myocardial, and testicular lesions were noted in both treated groups, but were considered more severe in the cassava fed dogs. It was concluded that the lesions, observed in the cassava fed dogs, were not entirely due to cyanide.

No information was found regarding developmental and reproductive effects in humans for any route of hydrogen cyanide exposure. No animal studies utilizing dermal exposure have been reported for either hydrogen cyanide or cyanide salts. Dietary studies of the high cyanogenic glycoside cassava diet have shown adverse effects, increased runting and decreased ossification in hamsters (Frakes *et al.*, 1986), but not in rats fed cassava alone, or supplemented with potassium cyanide (Tewe and Maner, 1981). Hamsters with gestational cassava exposure did not display reproductive effects (Frakes *et al.*, 1986).

VI. Derivation of Chronic Reference Exposure Level

Study	El Ghawabi *et al.* (1975); U.S. EPA (1994)
Study population	36 male electroplating workers
Exposure method	Discontinuous occupational inhalation exposures
Critical effects	CNS effects, thyroid enlargement, and hematological disorders
LOAEL	7.1 mg/m^3
NOAEL	Not observed
Exposure continuity	8 hr/day (10 m^3/day/20 m^3/day), 5 days/week
Average occupational exposure	2.5 mg/m^3 for LOAEL group
Human equivalent concentration	2.5 mg/m^3 for LOAEL group
Exposure duration	5 to 10 years (except one man for 15 years)
LOAEL uncertainty factor	10
Subchronic uncertainty factor	3
Interspecies uncertainty factor	1
Intraspecies uncertainty factor	10
Cumulative uncertainty factor	300
Inhalation reference exposure level	0.008 ppm (8 ppb, 0.009 mg/m^3, 9 µg/m^3)

The USEPA based its RfC of 3 µg/m^3 on the same study but included a Modifying Factor (MF) of 3 for lack of chronic and multigenerational reproduction studies. The criteria for use of modifying factors are not well specified by U.S. EPA. Such modifying factors were not used by OEHHA. OEHHA used a 3-fold subchronic uncertainty factor because most workers were exposed for less than ten years (78%) and many were exposed for less than 5 years (39%)..

An alternative analysis was conducted using data from an animal ingestion study reporting effects at low cyanide concentrations:

Study	Jackson (1988)
Study population	Miniature swine
Exposure method	Daily oral administration of aqueous potassium cyanide
Critical effects	Behavioral effects; decreased blood T_3 and T_4
LOAEL	0.4 mg/kg-day
NOAEL	Not observed
Exposure continuity	Apparently 7 days per week
Average exposure	0.4 mg/kg-day (1.4 mg/m^3 for LOAEL group assuming 20 m^3/day inhalation by a 70 kg person)
Human equivalent concentration	Not derived due to lack of species-specific data
Exposure duration	24 weeks
LOAEL uncertainty factor	3 (minimal effects at lowest dose)
Subchronic uncertainty factor	10 (based on assumed 27 year lifespan)
Interspecies uncertainty factor	10
Intraspecies uncertainty factor	10

Cumulative uncertainty factor	3,000
Inhalation reference exposure level	0.0005 mg/m^3 (0.5 µg/m^3; 0.0004 ppm; 0.4 ppb)

This study reported neurobehavioural and thyroid effects at cyanide exposure levels (equivalent to 1.4 to 4.2 mg/m^3) similar to that reported by El Ghawabi (2.5 mg/m^3). However, as greater uncertainty factors are required for use of the animal study, a lower REL was derived. Use of a cross-route extrapolation also introduces uncertainty. Therefore the REL derived from the human data is more appropriate.

VII. Data Strengths and Limitations for Development of the REL

The major strength of the RfC for hydrogen cyanide is the use of human health effects data. The major uncertainties are the lack of a NOAEL observation in the key study, the difficulty in estimating exposures, and the discontinuous and variable nature of the exposures.

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CHRONIC TOXICITY SUMMARY

HYDROGEN SULFIDE

(*hydrogen sulphide; dihydrogen sulfide; dihydrogen monosulfide; sulfur hydride; sulfureted hydrogen; hydrosulfuric acid*)

CAS registry number: 7783-06-4

I. Chronic Toxicity Summary

Inhalation reference exposure level	**10 mg/m^3** (8 ppb)
Critical effect(s)	Nasal histological changes in B6C3F1 mice
Hazard index target(s)	Respiratory system

II. Physical and Chemical Properties (HSDB, 1999)

Description	Colorless gas
Molecular formula	H_2S
Molecular weight	34.08
Density	1.4 g/L @ 25° C (air = 1) (AIHA, 1991)
Boiling point	–60.7° C (CRC, 1994)
Melting point	–85.5ºC (CRC, 1994)
Vapor pressure	15,600 torr @ 25ºC
Solubility	Soluble in water, hydrocarbon solvents, ether, and ethanol
Odor threshold	8.1 ppb (11 µg/m^3) (Amoore and Hautala, 1983)
Odor description	Resembles rotten eggs
Conversion factor	1 ppm = 1.4 mg/m^3 @ 25° C

III. Major Uses or Sources

Hydrogen sulfide (H_2S) is used as a reagent and an intermediate in the preparation of other reduced sulfur compounds (HSDB, 1999). It is also a by-product of desulfurization processes in the oil and gas industries and rayon production, sewage treatment, and leather tanning (Ammann, 1986). The annual statewide industrial emissions from point sources at facilities reporting under the Air Toxics Hot Spots Act in California based on the most recent inventory were estimated to be 5,688,172 pounds of hydrogen sulfide (CARB, 1999).

IV. Effects of Human Exposure

Although numerous case studies of acutely toxic effects of H_2S exist, there is inadequate occupational or epidemiological information for specific chronic effects in humans exposed to H_2S.

Bhambhani and Singh (1991) showed that 16 healthy subjects exposed for short durations to 5 ppm (7 mg/m^3) H_2S under conditions of moderate exercise exhibited impaired lactate and oxygen uptake in the blood. Bhambhani and Singh (1985) reported that exposure of 42 individuals to 2.5 to 5 ppm (3.5 to 7 mg/m^3) H_2S caused coughing and throat irritation after 15 minutes.

In another study, ten asthmatic volunteer subjects were exposed to 2 ppm H_2S for 30 minutes and pulmonary function was tested (Jappinen *et al.*, 1990). All subjects reported detecting “very unpleasant” odor but “rapidly became accustomed to it.” Three subjects reported headache following exposure. No significant changes in mean FVC or FEV_1 were reported. Although individual values for specific airway resistance (SR_{aw}) were not reported, the difference following exposure ranged from –5.95% to +137.78%. The decrease in specific airway conductance, SG_{aw}, ranged from -57.7% to +28.9%. The increase in mean SR_{aw} and decrease in mean SG_{aw} were not statistically significant.

Kilburn and Warshaw (1995) investigated whether people exposed to sulfide gases, including H_2S, as a result of working at or living downwind from the processing of "sour" crude oil demonstrated persistent neurobehavioral dysfunction. They studied thirteen former workers and 22 neighbors (of a California coastal oil refinery) who complained of headaches, nausea, vomiting, depression, personality changes, nosebleeds, and breathing difficulties. Their neurobehavioral functions and a profile of mood states were compared to 32 controls (matched for age and educational level). The exposed subjects' mean values were statistically significantly different (abnormal) compared to controls for several tests (two-choice reaction time; balance (as speed of sway); color discrimination; digit symbol; trail-making A and B; immediate recall of a story). Their profile of mood states scores were much higher than those of controls. Visual recall was significantly impaired in neighbors, but not in the former workers. The authors concluded that neurophysiological abnormalities were associated with exposure to reduced sulfur gases, including H_2S from crude oil desulfurization.

Xu *et al*. (1998) conducted a retrospective epidemiological study in a large petrochemical complex in Beijing, China in order to assess the possible association between petrochemical exposure and spontaneous abortion. The facility consisted of 17 major production plants divided into separate workshops, which allow for the assessment of exposure to specific chemicals. Married women (n = 2853), who were 20-44 years of age, had never smoked, and who reported at least one pregnancy during employment at the plant, participated in the study. According to their employment record, about 57% of these workers reported occupational exposure to petrochemicals during the first trimester of their pregnancy. There was a significantly increased risk of spontaneous abortion for women working in all of the production plants with frequent exposure to petrochemicals compared with those working in nonchemical plants. Also, when a comparison was made between exposed and non-exposed groups within each plant, exposure to

petrochemicals was consistently associated with an increased risk of spontaneous abortion (overall odds ratio (OR) = 2.7 (95% confidence interval (CI) = 1.8 to 3.9) after adjusting for potential confounders). When the analysis was performed with the exposure information obtained from interview responses for (self reported) exposures, the estimated OR for spontaneous abortions was 2.9 (95% CI = 2.0 to 4.0). When the analysis was repeated by excluding those 452 women who provided inconsistent reports between recalled exposure and work history, a comparable risk of spontaneous abortion (OR 2.9; 95% CI = 2.0 to 4.4) was found. In analyses for exposure to specific chemicals, an increased risk of spontaneous abortion was found with exposure to most chemicals. There were 106 women (3.7% of the study population) exposed only to hydrogen sulfide, and the results for hydrogen sulphide (OR 2.3; 95% CI = 1.2 to 4.4) were significant. No hydrogen sulfide exposure concentration was reported.

Four workers were exposed for several minutes to concentrations of hydrogen sulfide sufficient to cause unconciousness. Four other workers were exposed chronically to H_2S and developed lacrimation, eye irritation, nausea, vomiting, headache, sore throat, and skin irritation but retained conciousness as the result of a 150-minute release. Both groups were subjected to olfactory testing 2 to 3 years later (Hirsch and Zavala, 1999). Six of eight workers showed deficits in odor detection and identification, with the workers who had experienced unconciousness most severely affected in the followup tests.

Three patients exposed acutely to unknown concentrations of hydrogen sulfide developed persistent cognitive impairment (Wasch *et al*,. 1989). While standard neurological and physical examinations were unremarkable, all three subjects had prolonged P-300 latencies and persistent neurological and neurobehavioral deficits.

V. Effects of Animal Exposure

Rats (Fischer and Sprague-Dawley, 15 per group) were exposed to 0, 10.1, 30.5, or 80 ppm (0, 14.1, 42.7, or 112 mg/m^3, respectively) H_2S for 6 hours/day, 5 days/week for 90 days (CIIT, 1983a,b). Measurements of neurological and hematological function revealed no abnormalities due to H_2S exposure. A histological examination of the nasal turbinates also revealed no significant exposure-related changes. A significant decrease in body weight was observed in both strains of rats exposed to 80 ppm (112 mg/m^3).

In a companion study, the Chemical Industry Institute of Toxicology conducted a 90-day inhalation study in mice (10 or 12 mice per group) exposed to 0, 10.1, 30.5, or 80 ppm (0, 14.1, 42.7, or 112 mg/m^3, respectively) H_2S for 6 hours/day, 5 days/week (CIIT, 1983c). Neurological function was measured by tests for posture, gait, facial muscle tone, and reflexes. Ophthalmological and hematological examinations were also performed, and a detailed necropsy was included at the end of the experiment. The only exposure-related histological lesion was inflammation of the nasal mucosa of the anterior segment of the noses of mice exposed to 80 ppm (112 mg/m^3) H_2S. Weight loss was also observed in the mice exposed to 80 ppm. Neurological and hematological tests revealed no abnormalities. The 30.5 ppm (42.5 mg/m^3) level was considered the NOAEL for histological changes in the nasal mucosa. (Adjustments were made by U. S. EPA to this value to calculate an RfC of 0.9 μg/m^3.)

Fischer F344 rats inhaled 0, 1, 10, or 100 ppm hydrogen sulfide for 8 hours/day for 5 weeks (Hulbert *et al*, 1989). No effects were noted on baseline measurements of airway resistance, dynamic compliance, tidal volume, minute volume, or heart rate. Two findings were noted more frequently in exposed rats: (1) proliferation of ciliated cells in the tracheal and bronchiolar epithelium, and (2) lymphocyte infiltration of the bronchial submucosa. Some exposed animals responded similarly to controls to aerosol methacholine challenge, whereas a subgroup of exposed rats were hyperreactive to concentrations as low as 1 ppm.

Male rats were exposed to 0, 10, 200, or 400 ppm H_2S for 4 hours (Lopez *et al.*, 1987). Samples of bronchoalveolar and nasal lavage fluid contained increased inflammatory cells, protein, and lactate dehydrogenase in rats treated with 400 ppm. Lopez and associates later showed that exposure to 83 ppm (116 mg/m^3) for 4 hours resulted in mild perivascular edema (Lopez *et al.*, 1988).

A study by Saillenfait *et al.* (1989) investigated the developmental toxicity of H_2S in rats. Rats were exposed 6 hours/day on days 6 through 20 of gestation to 100 ppm hydrogen sulfide. No maternal toxicity or developmental defects were observed..

Hayden *et al*. (1990) exposed gravid Sprague-Dawley rat dams continuously to 0, 20, 50, and 75 ppm H_2S from day 6 of gestation until day 21 postpartum. The animals demonstrated normal reproductive parameters until parturition when delivery time was extended in a dose dependent manner (with a maximum increase of 42% at 75 ppm). Pups which were exposed in utero and neonatally to day 21 postpartum developed with a subtle decrease in time of ear detachment and hair development and with no other observed change in growth and development through day 21 postpartum.

VI. Derivation of Chronic REL

Study	CIIT, 1983c
Study population	B6C3F1 mice (10-12 per group)
Exposure method	Discontinuous inhalation
Critical effects	Histopathological inflammatory changes in the nasal mucosa
LOAEL	80 ppm (112 mg/m^3)
NOAEL	30.5 ppm (42.5 mg/m^3)
Exposure continuity	6 hours/day, 5 days/week
Exposure duration	90 days
Average experimental exposure	5.4 ppm for NOAEL group (30.5 x 6/24 x 5/7)
Human equivalent concentration	0.85 ppm (gas with extrathoracic respiratory effects, RGDR = 0.16, based on mouse MV_a = 0.033 L/min; MV_h = 13.8 L/min; $SA_a(ET)$ = 3.0 cm^2; $Sa_h(ET)$ = 200 cm^3) (U.S. EPA, 1994)
LOAEL uncertainty factor	1
Subchronic uncertainty factor	3
Interspecies uncertainty factor	3
Intraspecies uncertainty factor	10
Cumulative uncertainty factor	100
Inhalation reference exposure level	8 ppb (10 μg/m^3)

The adverse effects reported in chronic animal studies occur at higher concentrations than effects seen in acute human exposures. For example, human irritation was reported at concentrations of 2.5-5 ppm for 15 minutes (Bhambhani and Singh, 1985), yet no effects on laboratory animals were observed at concentrations up to 80 ppm for 90 days. This suggests either that humans are more sensitive to H_2S, or that the measurements in laboratory animals are too crude to detect subtle measures of irritation. However, the uncertainty factor and HEC attempt to account for these interspecies differences.

VII. Data Strengths and Limitations for Development of the REL

Hydrogen sulfide is the leading chemical agent causing human fatalities following inhalation exposures. Although lower concentration acute exposures have been quantitatively studied with human volunteers, the dose-response relationship for human toxicity due to hydrogen sulfide exposure is not known. Thus, a major area of uncertainty is the lack of adequate long-term human exposure data. Subchronic (but not chronic) studies have been conducted with several animal species and strains, and these studies offer an adequate basis for quantitative risk assessment.

The strengths of the inhalation REL include the availability of controlled exposure inhalation studies in multiple species at multiple exposure concentrations, adequate histopathogical analysis, and the observation of a NOAEL.

Hydrogen sulfide has a strong unpleasant odor. The threshold for detection of this odor is low, but shows wide variation among individuals. A level of 7 $\mu g/m^3$, based on a 30 minute averaging time, was estimated by a Task Force of the International Programme on Chemical Safety (IPCS) (1981) to not produce odor nuisance in most situations. On the other hand, the current California Ambient Air Quality standard for hydrogen sulfide, based on a 1 hour averaging time, is 42 $\mu g/m^3$ (30 ppb).

Amoore (1985) analyzed a large number of reports from the scientific literature and found that reported thresholds for detection were log-normally distributed, with a geometric mean of 10 $\mu g/m^3$ (8 ppb). Detection thresholds for individuals were reported to be log-normally distributed in the general population, with a geometric standard deviation of 4.0, *i.e.* 68% of the general population would be expected to have a detection threshold for hydrogen sulfide between 2.5 and 40 $\mu g/m^3$ (2 and 32 ppb). Sources of variation included age, sex, medical conditions, and smoking. Training and alertness of the subject in performing the test also affected the results.

Amoore (1985) drew attention to the difference between a detection threshold under laboratory conditions, and the levels at which an odor could be recognized, or at which it was perceived as annoying. Analysis of various laboratory and sociological studies suggested that a level at which an odor could be recognized was typically a factor of three greater than the threshold for detection, while the level at which it was perceived as annoying was typically a factor of five greater than the threshold. Annoyance was characterized both in terms of esthetic or behavioral responses, and by physiological responses such as nausea and headache. He therefore predicted that, although at 10 $\mu g/m^3$ (the proposed REL) 50% of the general population would be able to detect the odor of hydrogen sulfide under controlled conditions, only 5% would find it annoying at this level. At 50 $\mu g/m^3$, 50% would find the odor annoying.

On this basis, the proposed REL of 10 $\mu g/m^3$ (8 ppb) is likely to be detectable by many people under ideal laboratory conditions, but it is unlikely to be recognized or found annoying by more than a few. It is therefore expected to provide reasonable protection from odor annoyance in practice. However, this consideration cannot be entirely dismissed due to the wide inter-individual variation in sensitivity to odors. Amoore (1985) also points out that many industrial operations generating hydrogen sulfide also generate organic thiol compounds with similar, but even more potent odors (e.g., methyl mercaptan, butyl mercaptan). Such compounds may in fact have detection thresholds as much as a hundred-fold lower than hydrogen sulfide, so even minute quantities have a powerful impact on odor perception. Because of the concurrent emission of these contaminants, the incidence of odor complaints near hydrogen sulfide emitting sites correlated poorly with the levels of hydrogen sulfide measured in the affected areas.

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CHRONIC TOXICITY SUMMARY

MANGANESE AND COMPOUNDS

Molecular Formula	*Synonyms*	*Molecular Weight*	*CAS Reg. No.*
Mn	elemental manganese; colloidal manganese; cutaval	54.94 g/mol	7439-96-5
MnO	manganese oxide; manganese monoxide; manganosite	70.94 g/mol	1344-43-0
MnO_2	manganese dioxide; black manganese oxide	86.94 g/mol	1313-13-9
Mn_3O_4	manganese tetroxide; trimanganese tetraoxide; manganomanganic oxide	228.82 g/mol	1317-35-7
$MnCl_2$	manganese chloride; manganese dichloride; manganous chloride	125.84 g/mol	7773-01-5

I. Chronic Toxicity Summary

Inhalation reference exposure level	**0.2 µg/m^3**
Critical effect(s)	Impairment of neurobehavioral function in humans
Hazard index target(s)	Nervous system

II. Physical and Chemical Properties (HSDB, 1999)

Description	Lustrous, gray-pink metal (Mn); green (MnO), black (MnO_2) or pink ($MnCl_2$) crystals; brownish-black powder (Mn_3O_4)
Molecular formula	See above
Molecular weight	See above
Density (in g/cm^3)	7.21-7.4 (Mn – depending on allotropic form); 5.43-5.46 (MnO); 4.88 (Mn_3O_4); 2.977 @ 25°C ($MnCl_2$)
Boiling point	1962°C (Mn); not available (MnO); unknown (Mn_3O_4); 1190°C ($MnCl_2$)
Melting point	1244 ± 3°C (Mn); 1650°C (MnO); 2847°C (Mn_3O_4 - NIOSH Pocket GuideTM, 1995); 650°C ($MnCl_2$)
Vapor pressure	1 torr @ 1292°C (Mn); non-volatile at room temperature (Mn_3O_4); not available (MnO; $MnCl_2$)
Solubility	Sol. in dil. acids and aq. solns. of Na- or K-

	bicarbonate (Mn); sol. in NH_4Cl, insol. in H_2O (MnO); insol. in H_2O, HNO_3, or cold H_2SO_4 (MnO_2 - Reprotext®, 1995); insol. in H_2O, sol. in HCl (Mn_3O_4); 72.3 g/100 ml H_2O @ 25°C ($MnCl_2$)
Conversion factor	Not applicable (dusts or powders)

III. Major Uses or Sources

Metallic manganese is used in the manufacturing of steel, carbon steel, stainless steel, cast iron, and superalloys to increase hardness, stiffness, and strength (HSDB, 1995). Manganese chloride is used in dyeing, disinfecting, batteries, and as a paint drier and dietary supplement. Manganese oxide (MnO) is used in textile printing, ceramics, paints, colored glass, fertilizers, and as food additives. Manganese dioxide is used in batteries and may also be generated from the welding of manganese alloys. Manganese tetroxide may be generated in situations where other oxides of manganese are heated in air (NIOSH Pocket Guide, 1995). The annual statewide industrial emissions from facilities reporting under the Air Toxics Hot Spots Act in California based on the most recent inventory were estimated to be 126,107 pounds of manganese (CARB, 1999).

IV. Effects of Human Exposure

Male workers (n=92, plus 101 matched controls) in an alkaline battery plant in Belgium exposed to manganese dioxide were the subject of a cross-sectional epidemiological investigation (Roels *et al.*, 1992). Evaluation of the subjects included tests for neurobehavioral function, lung function, hematological parameters, and urinalysis. Exposed workers showed significant differences in performance on tests of visual reaction time, eye-hand coordination, and hand tremor. Occupational-lifetime integrated respiratory dust (IRD) levels ranged from 0.04-4.43 mg Mn/m^3-yr with a geometric mean of 0.793 mg Mn/m^3-yr. Average exposure time was 5.3 years, with a range of 0.2-17.7 years. The authors grouped the workers into three exposure groups based on the IRD levels: <0.6, 0.6-1.2, and >1.2 mg Mn/m^3-yrs. Although there was an indication of a linear dose-related trend for visual reaction time and hand steadiness, the authors concluded that "analysis of the data on a group basis...does not permit us to identify a threshold effect level for airborne Mn." A daily average exposure level of 0.15 mg Mn/m^3 was derived by dividing the geometric mean of the IRD (0.793 mg Mn/m^3-yr) by the average exposure time (5.3 yr).

In an earlier study, 141 male workers plus 104 matched control workers were examined for effects of exposure to MnO_2, manganese tetroxide (Mn_3O_4), and other manganese salts (Roels *et al.*, 1987). Tests measuring visual reaction time, eye-hand coordination, hand tremor, and short-term memory were found to be significantly different in the manganese-exposed group. Statistically significant clinical symptoms (as evaluated in a questionnaire) included fatigue, tinnitus, finger trembling and irritability. Self-reported prevalence of coughs, colds and acute bronchitis were increased in the manganese exposed group relative to controls. Mean time of

employment was 7.1 years, with a range of 1-19 years. Total airborne manganese dust levels had an arithmetic mean of 1.33 mg/m^3 and a geometric mean of 0.94 mg/m^3.

Several other studies have identified neurobehavioral endpoints of manganese toxicity in human populations. A matched-pair cross-sectional study investigated 74 pairs of manganese alloy workers (Mergler *et al.*, 1994). Matched pairs were found to be discordant in reporting a number of adverse clinical symptoms including the following areas: fatigue, emotional state, memory, attention, concentration difficulty, nightmares, unusual sweating, sexual dysfunction, lower back pain, joint pain, and tinnitus. Motor function tests also revealed deficits in the manganese exposed group. Olfactory perception was enhanced in the manganese exposed group. Exposure levels were estimated at a geometric mean of 0.035 mg Mn/m^3 for respirable dust and 0.225 mg Mn/m^3 for total dust. Mean duration of exposure was 16.7 years.

Workers in two Swedish foundries were evaluated for potential neurobehavioral effects from exposure to manganese (Iregren, 1990). Exposure levels ranged from 0.02-1.4 mg Mn/m^3 with a mean of 0.25 mg Mn/m^3. Simple reaction time, standard deviation of reaction time, finger-tapping speed, digit-span short term memory, speed of mental addition, and verbal understanding were significantly different from controls among manganese exposed workers.

Further reporting of the workers described by Iregren (1990) evaluated more neurobehavioral and electrophysiological endpoints of toxicity from manganese exposure (Wennberg *et al.*, 1991; Wennberg *et al.*, 1992). Although many of the parameters measured showed differences (increased self-reported health symptoms, increased abnormal EEGs, abnormal extrapyramidal function), these results were not statistically significant.

The workers reported on by Roels *et al.* (1987) were examined for potential reproductive toxicity (Lauwerys *et al.*, 1985). These investigators found that for workers divided into certain age groups (16-25 and 26-35), there was a decrease in the number of children born to these workers.

Evaluation of reproductive toxicity in the workers reported by Roels *et al.* (1992) showed no difference in the probability of live birth in a comparison of manganese exposed workers with controls (Gennart *et al.*, 1992). Comparison of reproductive hormones (FSH, LH, prolactin) also showed no differences between the groups.

Junior high school students exposed to manganese were examined for potential effects on the respiratory system (Nogawa *et al.*, 1973). Measurement of atmospheric manganese levels showed a 5-day average level of 0.0067 mg Mn/m^3 300 m from the school.

V. Effects of Animal Exposure

Toxic effects have been described in animals exposed to manganese compounds by inhalation (Shiotsuka, 1984; Suzuki *et al.*, 1978; Moore *et al.*, 1975). Shiotsuka *et al.* (1984) demonstrated increased incidence of pneumonia among rats exposed for 2 weeks to manganese dioxide concentrations ranging from 68-219 mg/m^3. Monkeys exposed to manganese dioxide concentrations ranging from 0.7-3.0 mg/m^3 for 10 months showed increased incidence of

pulmonary emphysema (Suzuki *et al.*, 1978). Hamsters and rats exposed for 56 days to 0.117 mg Mn_3O_4/m^3 showed bronchial lesions (Moore *et al.*, 1975).

High concentrations of manganese (>10 mg/m^3) have decreased host resistance in exposed animals (Adkins *et al.*, 1980; Bergstrom, 1977; Maigetter *et al.*, 1976).

Nine month inhalation toxicity studies in rats and monkeys exposed to levels as high as 1.15 mg Mn_3O_4/m^3 produced no significant pulmonary effects (Ulrich *et al.*, 1979a; Ulrich *et al.*, 1979b; Ulrich *et al.*, 1979c). Monkeys and rats were continuously exposed over nine months to 11.6, 112.5, or 1152 µg Mn/m^3 as Mn_3O_4 aerosol (aerodynamic diameter of approximately 0.11 µm) (Ulrich *et al*., 1979a). Body weight gain was accelerated in rats exposed to the highest dose. Hemoglobin concentrations were slightly increased for both sexes and both species exposed to 1152 µg Mn/m^3. No significant effects on organ weights or histopathologic findings were reported (Ulrich *et al*., 1979b). No significant effects on pulmonary function, limb tremor, or electromyographic activity were noted (Ulrich *et al*., 1979c).

Specific uptake of manganese through the olfactory mucosa to olfactory bulbs of the brain followed by widespread brain distribution has been reported (Tjalve *et al*., 1996). This effect complicates the use of animal inhalation data in estimating human health effects.

VI. Derivation of Chronic Reference Exposure Level

Study	Roels *et al.*, 1992
Study population	Occupationally-exposed humans
Exposure method	Discontinuous occupational inhalation exposure to manganese dioxide (0.2, 1.0, and 6.0 mg/m^3)
Critical effects	Impairment of neurobehavioral function
LOAEL	0.15 mg respirable manganese $dust/m^3$ (geometric mean from exposures of 0.040 to 4.4 mg Mn/m^3-years)
NOAEL	Not observed
Study continuity	8 hours per day, 5 days per week
Average occupational exposure	0.054 mg/m^3 for LOAEL group (based on an 8-hour TWA occupational exposure to 10 m^3 manganese contaminated air per day out of 20 m^3 total air inhaled per day over 5 days/week)
Human equivalent concentration	0.054 mg/m^3 for LOAEL group
Study duration	5.3 years (average; range = 0.2-17.7))
LOAEL uncertainty factor	10
Subchronic uncertainty factor	3
Interspecies uncertainty factor	1
Intraspecies uncertainty factor	10
Cumlative uncertainty factor	300
Inhalation reference exposure level	0.2 $\mu g/m^3$

OEHHA used the same study on which USEPA based its RfC of 0.05 $\mu g/m^3$. USEPA included a Modifying Factor (MF) of 3 for database deficiencies (lack of developmental data and potential differences in toxicity for different forms of manganese). The criteria for use of modifying factors are not well specified by U.S. EPA. Such modifying factors were not used by OEHHA.

In the derivation of its reference concentration for manganese and compounds, the U.S. EPA selected the Roels *et al.* (1992) study for establishing the exposure level associated with adverse health effects. Although this study did not establish a no-observed-adverse-effect-level (NOAEL), clear evidence of toxicity was established at the level of exposure, which was found in the facility studied, and was therefore taken to be a LOAEL. This study offers several advantages over the other available studies of manganese toxicity. (1) The study population was human. (2) The workers were only exposed to a single manganese compound. (3) The study population was well controlled for with matching for age, height, weight, work schedule, coffee and alcohol consumption, and smoking. (4) The exposure duration was relatively long and work practice continuity suggests exposure levels changed little over time. (5) The effects observed were consistent with those observed among other workers occupationally exposed to manganese.

VII. Data Strengths and Limitations for Development of the REL

The strengths of the inhalation REL for manganese include the use of human exposure data from workers exposed over a period of years. Major areas of uncertainty are the lack of observation of a NOAEL, the uncertainty in estimating exposure and the potential variability in exposure concentration, the lack of chronic inhalation exposure studies, and the lack of reproductive and developmental toxicity studies.

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CHRONIC TOXICITY SUMMARY

METHANOL

(methyl alcohol, wood spirit, carbinol, wood alcohol, wood naphtha)

CAS Registry Number: 67-56-1

I. Chronic Toxicity Exposure Level

Inhalation reference exposure level	**4,000** m**g/m^3** (3,000 ppb)
Critical effect(s)	Increased incidence of abnormal cervical ribs, cleft palate, and exencephaly in mice
Hazard index target(s)	Teratogenicity

II. Chemical Property Summary (HSDB, 1999; CRC, 1994)

Description	Colorless liquid
Molecular formula	CH_3OH
Molecular weight	32.04 g/mol
Boiling point	64.6°C
Melting point	–97.6°C
Vapor pressure	92 torr at 20°C
Solubility	Methanol is miscible with water, ethanol, ether and many other organic solvents.
Conversion factor	1 ppm = 1.31 mg/m^3

III. Major Uses and Sources

Originally distilled from wood, methanol is now manufactured synthetically from carbon oxides and hydrogen. Methanol is used primarily for the manufacture of other chemicals and as a solvent. It is also added to a variety of commercial and consumer products such as windshield washing fluid and de-icing solution, duplicating fluids, solid canned fuels, paint remover, model airplane fuels, embalming fluids, lacquers, and inks. Methanol is also used as an alternative motor fuel (HSDB, 1999). The annual statewide industrial emissions from facilities reporting under the Air Toxics Hot Spots Act in California based on the most recent inventory were estimated to be 3,009,776 pounds of methanol (CARB, 1999b).

IV. Effects of Human Exposure

The majority of the available information on methanol toxicity in humans relates to acute rather than chronic exposure. The toxic effects after repeated or prolonged exposure to methanol are

believed to be qualitatively similar but less severe than those induced by acute exposure (Kavet and Nauss, 1990). These effects include CNS and visual disturbances such as headaches, dizziness, nausea and blurred vision. The role of formate, a metabolite of methanol, in chronic toxicity is unclear.

In one study, symptoms of blurred vision, headaches, dizziness, nausea and skin problems were reported in teachers aides exposed to duplicating fluid containing 99% methanol (Frederick *et al.*, 1984). Individual aides worked as little as 1 hr/day for 1 day a week to 8 hrs/day for 5 days/wk. The workers' total exposure duration was not mentioned. A dose-response relationship was observed between the self-reported amount of time spent at the duplicator and the incidence of symptoms. The concentrations of methanol in the breathing zones near the machines in 12 schools ranged from 485 to 4096 mg/m^3 (365 to 3080 ppm) for a 15 minute sample.

Forty-five percent of duplicating machine operators experienced blurred vision, headache, nausea, dizziness and eye irritation (NIOSH, 1981). Air concentrations of methanol for 25 minutes near the machines averaged 1330 mg/m^3.
Employees working in the proximity of direct process duplicating machines complained of frequent headaches and dizziness (Kingsley and Hirsch, 1954). Air concentrations of methanol ranged from 15 ppm (20 mg/m^3) to 375 ppm (490 mg/m^3).

Thirty young women, who had polished wood pencils with a varnish containing methanol, all experienced headaches, gastric disorders, vertigo, nausea and blurred vision (Tyson, 1912; as cited in NIOSH, 1976).

None of the above studies specified the workers' total duration of exposure.

Ubaydullayev (1968) exposed 3 to 6 subjects to methanol vapor for short durations (40 minutes for some subjects and others for an unspecified amount of time). Electrical reflex activity in the cortex of the brain was significantly altered upon exposures to 1.17 mg/m^3 (0.89 ppm) or 1.46 mg/m^3 (1.11 ppm). No effect was observed at 1.01 mg/m^3 (0.77 ppm).

V. Effects of Animal Exposure

With the exception of non-human primates, the signs of methanol toxicity in commonly used laboratory animals are quite different from those signs observed in humans (Gilger and Potts, 1955). The major effect of methanol in non-primates (rodents, dogs, cats, etc) is CNS depression similar to that produced by other alcohols. Metabolic acidosis and ocular toxicity are not observed. The differences in toxicity are attributed to the ability of non-primates to metabolize formate more efficiently than humans and other primates (Tephly, 1991).

Two chronic studies have been conducted with monkeys. In one study, ultrastructural abnormalities of hepatocytes indicating alteration of RNA metabolism were observed in rhesus monkeys given oral doses of 3 to 6 mg/kg methanol for 3 to 20 weeks (Garcia and VanZandt, 1969). In a study aimed at examining ocular effects, cynomolgous monkeys were exposed by

inhalation to methanol concentrations ranging from 680 mg/m^3 (520 ppm) to 6650 mg/m^3 (5010 ppm) for 6 hours per day, 5 days per week for 4 weeks (Andrews *et al.*, 1987). No deaths occurred and no treatment-related effects were found upon histopathologic examination. However, Andrews *et al.* did not examine possible neurologic or reproductive effects which have been observed in other species at lower concentrations (see Sections IV and V).
Exposure to a mixture of methanol and other solvents has been associated with central nervous system birth defects in humans (Holmberg, 1979). However, because of mixed or inadequate exposure data, methanol is not considered a known human teratogen.

In two separate studies in male rats, inhalation exposure to methanol ranging from 260 to 13,000 mg/m^3 for 6 to 8 hours per day either for 1 day or for 1, 2, 4 or 6 weeks resulted in a significant reduction in testosterone levels (Cameron *et al.*, 1984; Cameron *et al.*, 1985).

Ubaydullayev (1968) exposed rats (15 per group) to 0, 0.57, or 5.31 mg/m^3 methanol continuously for 90 days. Chronaxy ratios of flexor and extensor muscles were measured in addition to hematologic parameters and acetyl cholinesterase activity. No changes were apparent in the 0.57 mg/m^3 group. Effects observed in the 5.31 mg/m^3 group included decreased blood albumin content beginning 7 weeks after exposure, slightly decreased acetylcholinesterase activity, decreased coproporphyrin levels in the urine after 7 weeks, and changes in muscle chronaxy. (Chronaxy is the minimum time an electric current must flow at a voltage twice the rheobase to cause a muscle to contract. The rheobase is the minimal electric current necessary to produce stimulation (Dorland, 1981).

Pregnant rats were exposed by inhalation to methanol at concentrations ranging from 5000 to 20,000 ppm for 7 hours per day on days 1-19 gestation, and days 7-15 for the highest dose group (Nelson *et al.*, 1985). A dose-related decrease in fetal weight, an increase in extra or rudimentary cervical ribs, and urinary or cardiovascular defects were observed. Exencephaly and encephalocoele were observed in the 20,000 ppm dose group. The no-observed-adverse-effect level (NOAEL) was 5000 ppm.

Pregnant mice were exposed to methanol vapors at concentrations ranging from 1000 to 15,000 ppm for 7 hours per day on days 6-15 of gestation (Rogers *et al.*, 1993). Increased embryonic and fetal death, including an increase in full-litter resorptions, was observed at 7500 ppm and higher. Significant increases in the incidence of exencephaly and cleft palate were observed at 5000 ppm and higher. A dose-related increase in the number of fetuses per litter with cervical ribs (usually small ossification sites lateral to the seventh cervical vertebra) was observed at 2000 ppm and above. The NOAEL was 1000 ppm.

VI. Derivation of Chronic Reference Exposure Level (REL)

Study	Rogers *et al.* (1993)
Study population	Pregnant mice
Exposure method	Discontinuous inhalation, 7 hours/day on days 6-15 of gestation
Critical effects	Abnormal cervical ribs, exencephaly, cleft palate
LOAEL	5000 ppm
NOAEL	1000 ppm
Benchmark Concentration (BMC_{05})	305 ppm
Exposure continuity	7 hr/day
Exposure duration	10 days
Average experimental exposure	89 ppm at BMC_{05} (305 ppm x 7/24)
Human equivalent concentration	89 ppm atBMC_{05} (gas with systemic effects, based on RGDR = 1.0 using default assumption that lambda (a) = lambda (h))
Subchronic uncertainty factor	1 (see below)
LOAEL uncertainty factor	1
Interspecies uncertainty factor	3
Intraspecies uncertainty factor	10
Cumulative uncertainty factor	30
Inhalation reference exposure level	3 ppm (3,000 ppb, 4 mg/m^3, 4,000 µg/m^3)

A NOAEL of 1000 ppm for developmental malformations was observed in mice exposed for 7 hours/day on days 6 through 15 of gestation (Rogers *et al.*, 1993). Although not a chronic study, the endpoint, teratogenicity, is a function of exposure only during gestation, especially in the case of a non-accumulating compound such as methanol. Therefore, an uncertainty factor to account for differences between subchronic and chronic exposures was not required. The investigators calculated maximum likelihood estimates (MLEs) using a log-logistic model for both 1% and 5% added risks above background. The most sensitive developmental toxicity endpoint was an increase in the incidence of cervical ribs. The MLE_{05} and BMC_{05} for cervical ribs were 824 ppm (1079 mg/m^3) and 305 ppm (400 mg/m^3), respectively.

VII. Data Strengths and Limitations for Development of the REL

The major strengths of the REL for methanol are the observation of a NOAEL and the demonstration of a dose-response relationship. The major uncertainties are the lack of human data for chronic inhalation exposure, the lack of comprehensive, long-term multiple dose studies, and the difficulty in addressing reproductive short-term effects within the chronic REL framework.

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CHRONIC TOXICITY SUMMARY

NAPHTHALENE

(naphthene, NCI-C5290, albocarbon, dezodorator, moth balls, moth flakes, tar camphor, white tar, naphthalin, naphthaline)

CAS Registry Number: 91-20-3

I. Chronic Toxicity Summary

Inhalation reference exposure level	**9 mg/m^3** (2 ppb)
Critical effect(s)	Respiratory effects (nasal inflammation, olfactory epithelial metaplasia, respiratory epithelial hyperplasia) in mice
Hazard index target(s)	Respiratory system, blood systems

II. Physical and Chemical Properties (HSDB, 1995; 1999 except as noted)

Description	White crystalline powder; odor of mothballs
Molecular formula	$C_{10}H_8$
Molecular weight	128.6 g/mol
Density	4.42 g/cm^3 @ 20ºC
Boiling point	218ºC
Melting point	80.5 ºC
Vapor pressure	0.078 torr @ 25ºC (Sonnenfeld *et al*., 1983); 0.10 torr @ 27ºC (CRC, 1994)
Conversion factor	5.26 µg/m^3 per ppb at 25ºC

III. Major Uses or Sources

Naphthalene is a natural constituent of coal tar (approximately 11%) (HSBD, 1995). It is present in gasoline and diesel fuels. Naphthalene is used as a moth repellent, though this use is decreasing in favor of p-dichlorobenzene (HSDB, 1995). It has also been used in the manufacture of phthalic anhydride, phthalic and anthranilic acids, naphthols, naphthylamines, 1-naphthyl-n-methylcarbamate insecticide, beta-naphthol, naphthalene sulfonates, synthetic resins, celluloid, lampblack, smokeless powder, anthraquinone, indigo, perylene, and hydronaphthalenes (NTP, 1992; HSDB, 1995). The statewide emissions from facilities reporting under the Air Toxics Hot Spots Act in California, based on the most recent inventory, were estimated to be 164,459 pounds of naphthalene (CARB, 1999).

IV. Effects of Human Exposure

Nine persons (eight adults and one child) were exposed to naphthalene vapors from several hundred mothballs in their homes. Nausea, vomiting, abdominal pain, and anemia were reported (Linick, 1983). Testing at one home following the incident indicated an airborne naphthalene concentration of 20 ppb (105 $\mu g/m^3$). Symptoms abated after removal of the mothballs.

Workers occupationally exposed to naphthalene fumes or dust for up to five years were studied for adverse ocular effects (Ghetti and Mariani, 1956). Multiple pin-point opacities developed in 8 of 21 workers. Vision did not appear to be impaired.

Cataracts and retinal hemorrhage were observed in a 44 year old man occupationally exposed to powdered naphthalene, and a coworker developed chorioretinitis (van der Hoeve, 1906).

Wolf (1978) reported that a majority of 15 persons involved in naphthalene manufacture developed either rhinopharyngolaryngitis and/or laryngeal carcinoma.

Ingestion of naphthalene or p-dichlorobenzene mothballs is a frequent cause of accidental poisoning of children (Siegel and Wason, 1986). Infants exposed to naphthalene vapors from clothes or blankets have become ill or have died (U.S. EPA, 1990). The effects in infants have been associated with maternal naphthalene exposure during gestation (U.S. EPA, 1990).

Deaths have been reported following ingestion of naphthalene mothballs. A 17-year old male ingested mothballs, developed gastrointestinal bleeding, hematuria, and coma, and died after five days (Gupta *et al.*, 1979). A 30-year old female ingested 30 mothballs and died after five days (Kurz, 1987).

Acute hemolytic anemia was reported among 21 infants exposed to naphthalene vapors from nearby mothball-treated materials (Valaes *et al.*, 1963). Increased serum bilirubin, methemoglobin, Heinz bodies, and fragmented red blood cells were observed. Kernicterus was noted in eight of the children, and two of the children died. Ten of these children had a genetic deficiency in glucose-6-phosphate dehydrogenase.

A 12-year old male ingested 4 g of naphthalene and 20 hours later developed hematuria, anemia, restlessness, and liver enlargement (Manchanda and Sood, 1960). The patient recovered after 8 days.

A 69-year old female developed aplastic anemia two months after several weeks exposure to naphthalene and p-dichlorobenzene (Harden and Baetjer, 1978).

V. Effects of Animal Exposure

Male and female B6C3F1 mice were exposed to naphthalene (>99% pure) vapor for 6 hours per day, 5 days per week over 104 weeks (NTP, 1992). Concentrations used were 0 (150 mice), 10 (150 mice), or 30 ppm (300 mice) naphthalene. (Table 1). Lesions were observed in the nose and lungs of exposed mice, including increased incidences of chronic nasal inflammation, olfactory epithelial metaplasia, and respiratory epithelial hyperplasia.

Table 1. Incidence of respiratory tract lesions in mice (male and female combined) chronically exposed to naphthalene vapors (NTP, 1992).

	0 ppm	*10 ppm*	*30 ppm*
Nasal inflammation	3/139	34/134	108/270
Olfactory epithelial metaplasia	0/139	131/134	269/270
Respiratory epithelial hyperplasia	0/139	131/134	269/270

CD-1 mice were administered 5.3, 53, or 133 mg/kg/day naphthalene by gavage over 90 days (Shopp *et al.*, 1984). The only effect noted was inhibition of aryl hydrocarbon hydroxylase activity. No increase in mortality or changes in body weight were noted. Reduced spleen weights were noted in females exposed to the highest dose. No changes were noted in serum enzyme levels or electrolytes. The researchers did not conduct a histopathological examination.

B6C3F1 mice were administered 200 mg naphthalene/kg/day by gavage for 5 days per week over 13 weeks. No adverse effects were observed (U.S. EPA, 1990).

Developmental effects of naphthalene ingestion in Sprague-Dawley CD rats was studied by Navarro and associates (1991). The lowest dose tested (50 mg/kg/day by gavage) was associated with signs of CNS depression for the first 3 days. Fetal growth, survival, and morphological development were not significantly affected at 450 mg/kg/day compared with control animals, although a trend toward decreased fetal weight and increased malformations was observed.

Harris and associates (1979) intraperitoneally administered 395 mg/kg/day naphthalene to Sprague-Dawley rats over days 1 though 15 of gestation. Fetuses had a 50% increase in incidence in delayed cranial ossification and heart development.

New Zealand white rabbits were given 0, 40, 200, or 400 mg/kg/day by gavage over days 6 through 18 of gestation (U.S. EPA, 1986a). A dose-dependent increase in grooming, vocalization, aggression, diarrhea, dyspnea, and ocular and nasal discharge were noted at all doses. No statistically significant increase in malformations or developmental abnormalities was observed.

Sprague-Dawley rats were administered 0, 100, 300, or 1000 mg/kg/day of naphthalene via dermal application (U.S. EPA, 1986b). No effects were reported at 100 or 300 mg/kg/day. At the high dose a slight decrease in testes weight was noted.

VI. Derivation of Chronic Reference Exposure Level (REL)

Study	NTP (1992)
Study population	B6C3F1 mice (75 or 150/group/sex)
Exposure method	Discontinuous whole-body inhalation exposures to 0, 10, or 30 ppm naphthalene vapor
Critical effects	Nasal inflammation, olfactory epithelial metaplasia, and respiratory epithelial hyperplasia
LOAEL	10 ppm (96% incidence for males and 100% incidence for females)
NOAEL	Not observed
Exposure continuity	6 hours/day for 5 days/week
Average experimental exposure	1.8 ppm (10 ppm x 6/24 x 5/7) for LOAEL group
Exposure duration	104 weeks
Subchronic uncertainty factor	1
LOAEL uncertainty factor	10
Interspecies uncertainty factor	10 (see below)
Intraspecies uncertainty factor	10
Cumulative uncertainty factor	1000
Inhalation reference exposure level	0.002 ppm (2 ppb, 0.009 mg/m^3, 9 μg/m^3)

The NTP study was chosen for the REL derivation since it is the only available lifetime animal inhalation bioassay and because no adequate epidemiological studies of long-term human exposure are available. The study was judged to be of adequate study design. The complete lack of nasal effects among control animals and the nearly total effect among animals exposed at 2 different concentrations strongly indicates a causal relationship between naphthalene exposure and nasal effects. The effects seen are consistent with those reported among exposed workers, who developed rhinopharyngolaryngitis or laryngeal carcinoma (Wolf, 1978). However, the hematological effects observed in humans have not been reported in laboratory animals, which raises the possibility that humans may be significantly more sensitive to naphthalene.

The most important limitation of the study is that the lowest concentration tested caused adverse effects in most (≥96%) of the animals tested. Thus the study amply demonstrates the risk of lifetime exposures to 10 ppm, but is uninformative regarding the concentration-response relationship at lower concentrations. Only a general assumption can be drawn on the magnitude of uncertainty factor needed to predict a concentration at which adverse effects would most likely not be observed. Lacking specific guidance or relevant research for this situation, the default 10-fold factor was applied. U.S. EPA also used the NTP study to develop its RfC of 3 μg/m^3 with slightly different assumptions and a cumulative uncertainty factor of 3000 (U.S. EPA, 2000). OEHHA followed the U.S. EPA precedent in using an intraspecies UF of 10 for naphthalene, rather than using the HEC/RGDR approach. According to U.S. EPA (2000), because of its low water solubility and low reactivity, naphthalene-related effects on the nasal epithelium are expected to result following absorption of naphthalene and its metabolism to reactive oxygenated metabolites, not from direct contact. This is supported by data on

naphthalene metabolism indicating that toxic effects on the respiratory tract are due to a naphthalene metabolite that may be formed either in the liver or in the respiratory tract. Necrosis of bronchial epithelial (Clara) cells in mice and necrosis of olfactory epithelium in mice, rats, and hamsters occur following intraperitoneal injection of naphthalene. The nasal effects from inhalation exposure to naphthalene were considered to be extra-respiratory effects of a category 3 gas (U.S. EPA, 1994). The assumption is made that nasal responses in mice to inhaled naphthalene are relevant to humans; however, it is uncertain that the RfC for naphthalene based on nasal effects will be protective for hemolytic anemia and cataracts, the more well-known effects from naphthalene exposure in humans.

VII. Data Strengths and Limitations for Development of the REL

The strengths of the REL for naphthalene include the large number of animals in the key study on which the REL is based and the 2 year length of the study. The limitations include the very high incidence of lesions at the lowest level tested in the key study, the absence of a NOAEL in the key study, the absence of other animal studies by the inhalation route, and the paucity of human data.

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CHRONIC TOXICITY SUMMARY

PHENOL

(Carbolic acid, phenylic acid, phenyl hydroxide)

CAS Registry Number: 108-95-2

I. Chronic Toxicity Summary

Inhalation reference exposure level	**200 µg/m^3** (50 ppb)
Critical effect(s)	Twitching, muscle tremors, neurological impairment; elevated serum liver enzymes in rats
Hazard index target(s)	Alimentary system; circulatory system; kidney; nervous system

II. Physical and Chemical Properties (From HSDB, 1995, 1999; ATSDR, 1989)

Description	Colorless to light pink solid
Molecular formula	C_6H_5OH
Molecular weight	94.11 g/mol
Density	1.0576 g/cm^3 @ 20° C
Boiling point	181.75° C
Melting point	40.9° C
Vapor pressure	0.3513 torr @ 25° C
Odor threshold	40 ppb (150 µg/m^3) (Amoore and Hautala, 1983)
Solubility	86,000 ppm in water, very soluble in alcohol, carbon tetrachloride, acetic acid and liquid sulfur dioxide; soluble in chloroform, ethyl ether, carbon disulfide; slightly soluble in benzene
Henry's Law Constant	3.97 x 10^{-7} ATM-m^3 /mol (25 °C)
Conversion factor	1 ppm = 3.85 mg/m^3

III. Major Uses or Sources (HSDB, 1995)

Phenol is obtained from coal tar and is widely used as a disinfectant for industrial and medical applications. It also serves as a chemical intermediate for manufacture of nylon 6 and other man-made fibers and for manufacture of epoxy and other phenolic resins and as a solvent for petroleum refining. Approximately half of the U.S. consumption is directly related to the housing and construction industries, in applications such as germicidal paints and slimicides. Phenol is present in the atmosphere as an emission from motor vehicles and as a photooxidation product of

benzene. The annual statewide industrial emissions from facilities reporting under the Air Toxics Hot Spots Act in California, based on the most recent inventory, were estimated to be 234,348 pounds of phenol (CARB, 1999).

IV. Effects of Human Exposures

The information that is available on the health effects of phenol exposure to humans is almost exclusively limited to case reports of acute effects of oral exposure (Bruce *et al.*, 1987), dermal exposure (Griffiths, 1973), or occupational exposures, including some exposure by inhalation (Dosemeci *et al.*, 1991; Ohtsuji and Ikeda, 1972; Connecticut Bureau of Industrial Hygiene, undated). Data in animals are consistent with human data and show phenol to be well absorbed by oral, dermal, and inhalation routes of exposure. Severe chronic poisoning manifests in systemic disorders such as digestive disturbances including vomiting, difficulty swallowing, ptyalism (excess secretion of saliva), diarrhea, and anorexia (Bruce *et al.*, 1987; Baker *et al.*, 1978). Phenol poisoning is associated with headache, fainting, vertigo, and mental disturbances (Bruce *et al.*, 1987; Gosselin *et al.* 1984) which are likely symptoms of neurological effects well documented in animal studies. Ochronosis, or discoloration of the skin, and other dermatological disorders may result from dermal phenol exposure (Deichmann and Keplinger, 1962; Bruce *et al.*, 1987). Several investigators (Truppman and Ellenby, 1979; Warner and Harper, 1985) have reported that the use of phenol in the surgical procedure of skin peeling can produce cardiac arrhythmias although specifics of dose received were not determined and would be expected to be high.

Human exposure studies in which populations were exposed to phenol over longer periods of time (subchronic and chronic) are limited and have serious deficiencies including multiple chemical exposures, in many cases small size of exposed populations, and lack of information on dose received.

Occupational studies make up the majority of subchronic/chronic studies available on human health effects associated with phenol exposure. Merliss (1972) described muscle pain and weakness of unknown etiology, enlarged liver, and elevated serum enzymes (LDH, GOT, and GPT) characteristic of liver damage in an individual with intermittent inhalation and dermal exposures to phenol, cresol and xylenol. Bruze (1986) noted that a number of phenol-formaldehyde based resins are dermal irritants and contact sensitizers. Johnson *et al.* (1985) examined 78 iron and steel foundry workers with multiple chemical and aerosol exposures that included phenol and found more respiratory symptoms in the phenol exposed group. However, multiple exposure to diphenyl methane diisocyanate, formaldehyde, and silica containing aerosols prevented determination of the effects of phenol. Baj *et al.* (1994) examined twenty-two office workers exposed for six months via inhalation to a commercial product containing formaldehyde, phenol and chlorohydrocarbons. At the end of the six month period the indoor air of the workers contained 1,300 $\mu g/m^3$ of formaldehyde and 800 $\mu g/m^3$ of phenol. The eight workers with the highest concentrations of phenol in their urine had decreased erythrocyte and T-helper lymphocyte numbers and increased numbers of eosinophils and monocytes compared to controls. The multiple chemical exposure of this study prevents concluding that these effects are attributable to phenol exposure. In a study of hospital workers Apol and Cone (1983) documented dermal effects in workers exposed to a number of chemicals including phenols

contained in disinfectants. This study however could not document any differences in urinary levels of phenol metabolites between control populations and exposed populations and could not assign any of the dermal effects seen to phenol or other substances in the work environment. Dosemeci *et al*. (1991) conducted a follow-up study to evaluate mortality in 14,861 workers in five manufacturing facilities producing or using phenol and formaldehyde. Arteriosclerotic heart disease, emphysema, disease of the digestive system, and cirrhosis of the liver were inversely related to the extent of phenol exposure. Due to multiple chemical exposures the effects of phenol alone could not be identified with any certainty.

Baker *et al.* (1978) completed a study of 39 individuals exposed to drinking water contaminated with phenol for a period of 4-8 weeks. Doses of phenol were estimated to range between 10 mg/day and 240 mg/day. Effects seen included increased incidence of diarrhea, mouth sores and irritation of the oral cavity.

Two occupational studies are of note since they reported NOAELs. Workers exposed continuously for an unspecified period of time to an average air concentration of 4 ppm phenol experienced no respiratory irritation (Connecticut Bureau of Industrial Hygiene, undated). No adverse effects were reported among workers in a Bakelite factory who were exposed to levels of phenol up to 12.5 mg/m^3 (3.3 ppm) (Ohtsuji and Ikeda, 1972). In this study urinary phenol levels were measured and were observed to return to pre-exposure levels within 16 hours after exposure indicating a relatively rapid clearance of phenol from the body that was confirmed in a study by Piotrowski (1971). Ohtsuji and Ikeda (1972) did not clearly indicate the number of workers sampled or the duration of exposure.

V. Effects of Animal Exposures

In animal studies, a number of subchronic and chronic studies employing oral and inhalation routes of exposure are available as well as shorter term studies using the dermal route of exposure. Responses observed in animal studies include: pulmonary damage (inhalation exposure), myocardial injury (inhalation and dermal exposure), liver damage (inhalation exposure), renal damage (inhalation exposure), neurological effects (inhalation exposure), developmental effects (oral exposure) and dermal effects (dermal exposure). Comparison of the three routes of exposure found that oral exposure was less effective at producing systemic toxic effects possibly due to the rapid metabolism of phenol to sulfate and glucuronide conjugates by the gastrointestinal tract. Comparison of health effects among studies using dermal, oral and inhalation routes of exposure finds that inhalation is a sensitive route of exposure for laboratory animals.

Several subchronic inhalation studies of health effects from phenol exposure are available but no inhalation studies longer than 90 days could be identified. Deichmann *et al.* (1944) exposed guinea pigs, rats, and rabbits to concentrations of phenol between 26 and 52 ppm for 28-88 days depending on species. Guinea pigs exposed for 7 hours per day, five days per week, for four weeks, displayed signs of respiratory difficulty and paralysis primarily of the hind quarters, indicating neurological effects. Five of twelve animals exposed at this concentration died at 28 days. At necropsy, extensive myocardial necrosis, lobular pneumonia, fatty degeneration of the

liver, and centrilobular hepatocellular necrosis were observed in all animals exposed at this level. Guinea pigs that were necropsied at 41 days also exhibited pulmonary inflammation, pneumonia, bronchitis, endothelial hyperplasia, and capillary thrombosis. Rabbits exposed at these same concentrations did not exhibit any signs of discomfort, but showed similar findings at necropsy at 88 days. Rats were less sensitive in this study with an apparent NOAEL of 26 ppm phenol for these effects. In this study, guinea pigs were the most sensitive species. Limitations of the Deichmann study include the range of exposure concentrations and the lack of a control group.

Sandage (1961) exposed Sprague-Dawley rats, mice and rhesus monkeys for 90 days continuously to 5 ppm phenol. Sandage found no effects on pulmonary, cardiovascular, hematological, hepatic, or renal systems, thus defining free-standing NOAELs for these systemic effects in these species. Limitations of this study include absence of guinea pigs (previously identified as the most sensitive species in the Deichmann study) and lack of a demonstrated dose response to the effects of phenol.

Dalin and Kristofferson (1974) examined the effects of phenol on the nervous system in rats exposed continuously for 15 days to a concentration of 26 ppm phenol and found muscle tremors, twitching and disturbances in walking rhythm and posture after 3-5 days exposure. After 15 days exposure, severe neurological impairment as measured by decreased performance on tilting plane test was found. The Dalin and Kristofferson (1974) study also documented elevated serum concentrations of LDH, GOT, GPT, and GDH indicative of liver damage in animals exposed to 26 ppm phenol continuously for 15 days.

The NCI (1980) study of the carcinogenicity of phenol is the most complete chronic study using the oral route of exposure. Mice and rats were exposed for 103 weeks to concentrations of phenol in their drinking water of 100, 2500, 5000, and 10,000 ppm. NOAELs in the mouse of 523 mg/kg/day (5000 ppm in drinking water) and NOAELs in the rat of 630 mg/kg/day (5000 ppm in drinking water) were observed for effects on the respiratory system, cardiovascular system, gastrointestinal system, hepatic system, renal system, and the brain based on histological examination of tissues. Male rats exposed to the 5000 ppm had a higher incidence of kidney inflammation (94%) than controls (74%). No tests of kidney function were performed in this study.

Boutwell and Bosch (1959) reported on the results of a chronic study in mice involving skin painting of 1.2 mg phenol or 2.5 mg phenol for a 52 week period. A NOAEL of 1.2 mg/animal for a 52 week exposure for dermal effects was found.

No multi-generational studies evaluating reproductive or developmental effects under chronic exposure conditions could be identified. Jones-Price *et al.* (1983a) reported that pregnant rats dosed orally with 0, 30, 60, and 120 mg/kg/day on gestation days 6-15 exhibited reduced fetal weight in a dose-related manner. However, no teratogenic effects or fetal deaths were observed. In a following study Jones-Price *et al.* (1983b) reported that pregnant mice dosed orally with 0, 70, 140, and 280 mg/kg/day on gestation days 6-15 exhibited decreased maternal weight gain, tremors, and increased maternal mortality at the 280 mg/kg/day dose. In the fetus reduced growth, decreased viability, and increased incidence of cleft palate were seen at the 280 mg/kg/day dose.

VI. Derivation of Chronic Reference Exposure Level (REL)

Study	Sandage, 1961; Dalin and Kristofferson, 1974
Study population	Mice, Sprague Dawley rats and rhesus monkeys
Exposure method	Continuous inhalation
Critical effects	Systemic effects including liver and nervous system effects
LOAEL	26 ppm (Dalin and Kristofferson, 1974)
NOAEL	5 ppm (Sandage, 1961)
Exposure continuity	Continuous
Average exposure concentration	5 ppm for NOAEL group
Human equivalent concentration	5 ppm for NOAEL group (gas with systemic effects, based on RGDR = 1.0 using default assumption that lambda (a) = lambda (h))
Exposure duration	90 days
Subchronic uncertainty factor	3
LOAEL uncertainty factor	1
Interspecies uncertainty factor	3
Intraspecies uncertainty factor	10
Cumulative uncertainty factor	100
Inhalation reference exposure level	0.05 ppm (50 ppb; 0.2 mg/m^3 (200 μg/m^3)

No suitable human studies were available for use since exposures were short term or occupational in nature with insufficient ancillary information (e.g., duration of exposure) or did not determine dose. Of the three routes of exposure available, inhalation appears to be the most sensitive based on the number and intensity of systemic effects noted (Deichmann *et al.*, 1944) relative to oral exposure (NCI, 1980). In support of this, ATSDR (1989) notes that the gastrointestinal tract has a large capacity to metabolize phenol to sulfate and glucuronide conjugates which appear likely to be less toxic than the parent compound, thus NOAELs derived from oral studies may not be applicable for other routes of exposure. The Deichmann *et al.* (1944) study identified guinea pigs as the most sensitive species. However, this study had a number of serious deficiencies including absence of controls, significant variability in the concentrations of phenol used in their exposure, and exposure that was not continuous. Since alternative studies using guinea pigs could not be identified, the rat was chosen as an alternative species since the rat has the most similar metabolic profile for metabolism of phenol to that of humans (ATSDR, 1989; Capel *et al.*, 1972). The Sandage (1961) study was chosen over other available studies since it was the longest in duration (90 days), had a continuous exposure, and evaluated three species (rats, mice, monkey). NOAELs determined in the Sandage study for systemic effects in all three species examined were 5 ppm, consistent with the idea that 5 ppm is a NOAEL for a number of species. Although this is a free-standing NOAEL, a subsequent study in rats indicated that nervous system and hepatic effects occur at a concentration of 26 ppm after several days (Dalin and Kristofferson, 1974).

The 5.0 ppm standard for phenol in the workplace (ACGIH, 1988; OSHA, 1985; NIOSH, 1976) is considered protective of the health of workers exposed occupationally but does not consider sensitive populations and is not for continuous exposure conditions. The workplace standard is

consistent with reports indicating that no respiratory irritation occurred among workers exposed regularly to 4 ppm phenol (Connecticut Bureau of Industrial Hygiene, undated) and no adverse effects were mentioned among workers exposed to 3.3 ppm (Ohtsuji and Ikeda, 1972). Neither report was considered appropriate to be the basis of a REL. However, for the sake of comparison adjusting the reported NOAEL of 4 ppm to continuous exposure and dividing by an intraspecies uncertainty factor of 10 results in an estimated chronic REL of 140 ppb, in reasonable agreement with the proposed REL of 50 ppb.

VII. Data Strengths and Limitations for Development of the REL

The major strength of the key study is the observation of a NOAEL from a continuous exposure study involving exposure of several different species. The primary uncertainties are the lack of adequate human health effects data, the lack of multiple concentration inhalation exposure studies demonstrating a dose-response relationship, the lack of animal studies longer than 90 days, and the lack of studies with guinea pigs, which have previously been identified as a sensitive species for phenol.

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CHRONIC TOXICITY SUMMARY

PROPYLENE

(1-propene; 1-propylene; propene; methylethene; methylethylene)

CAS Registry Number: 115-07-1

I. Chronic Toxicity Summary

Inhalation reference exposure level	**3,000** m**g/m^3** (2,000 ppb)
Critical effect(s)	Squamous metaplasia (males and females), epithelial hyperplasia (females only), and inflammation (males only) of the nasal cavity in Fischer 344/N rats
Hazard index target(s)	Respiratory system

II. Chemical and Physical Properties (HSDB, 1995; CRC, 1994)

Description	Colorless gas; practically odorless.
Molecular formula	C_3H_6
Molecular weight	42.08
Boiling point	–47.6 °C
Melting point	–185.2°C
Vapor pressure	8690 torr at 25°C
Solubility	Soluble in alcohol and ether.
Conversion factor	1.72 µg/m^3 per ppb at 25°C

III. Major Uses and Sources (HSDB 1995)

Propylene is produced primarily as a by-product of petroleum refining and of ethylene production by steam cracking of hydrocarbon feedstocks. Propylene is a major chemical intermediate. The most important derivatives of chemical and polymer grade propylene are polypropylene, acrylonitrile, propylene oxide, isopropanol and cumene. Use of polypropylene in plastics (injection moulding) and fibers (carpets) accounts for over one-third of U.S. consumption. It is also used in the production of synthetic rubber and as a propellant or component in aerosols. In 1994, propylene was ranked seventh among the top 50 chemicals produced domestically (C&EN, 1995). In the environment, propylene occurs as a natural product from vegetation. It is also a product of combustion of organic matter (biomass burning, motor vehicle exhausts and tobacco smoke) and is released during production and use. The most probable route of exposure to humans is by inhalation. Propylene has been detected in the atmosphere over both metropolitan (2.6 to 23.3 ppb) and rural (0.007 to 4.8 ppb) areas (Cox *et al.*, 1976; Leonard *et al.*, 1976). The annual statewide emissions from facilities reporting under

the Air Toxics Hot Spots Act in California, based on the most recent inventory, were estimated to be 696,350 pounds of propylene (CARB, 1999).

IV. Effects of Human Exposures

No data were available on the absorption, distribution or excretion of propylene in humans. However, hemoglobin (Hb) adducts of the metabolite intermediate propylene oxide have been used to monitor the internal dose of propylene (Tornqvist and Ehrenberg, 1990). The background level of the 2-hydroxylpropyl adduct to the N-terminal valine of hemoglobin was found to be about 2 pmol/g Hb. This was estimated to be equivalent to smoking 10 cigarettes per day; cigarette smoking is a source of propylene. Occupational exposure to propylene at 1 ppm (1.72 mg/m^3) was assumed to be associated with an increment of 5 pmol/g Hb (Kautiainen and Tornqvist, 1991).

No data were available on the chronic effects of propylene in humans.

V. Effects of Animal Exposures

In rats and mice, most propylene inhaled into the lungs is exhaled again and does not reach the blood to become systemically available (Golka *et al.*, 1989; Svensson and Osterman-Golkar, 1984). Once absorbed, a major route of metabolism for propylene is through the cytochrome P-450 system to propylene oxide, a known carcinogen in experimental animals. Cytochrome P-450 enzymes in both the liver and nasal epithelium (Maples and Dahl, 1991) can convert propylene to its toxic metabolite. However, in rats, propylene metabolism becomes increasingly saturated at concentrations above 50 ppm (86 mg/m^3) in the atmosphere (Golka *et al.*, 1989), which limits the amount of propylene oxide produced. Therefore, the amount of absorbed propylene may not reach high enough levels in classical long-term inhalation studies (Quest *et al.*, 1984) to show positive carcinogenic or serious chronic effects.

The only chronic toxicity investigation found for propylene was a comprehensive 2-year study in F344/N rats and B6C3F$_1$ mice (Quest *et al.*, 1984; NTP, 1985). Groups of 50 rats and 50 mice of each sex were exposed to concentrations of 0, 5000, and 10,000 ppm for 6 hr/day, 5 days/week, for 103 weeks. (Mean daily concentrations were 0, 4985, and 9891 ppm, respectively, for the rat study; and 0, 4999, and 9957 ppm, respectively, for the mouse study.) In exposed rats, treatment-related chronic effects were observed in the nasal cavity. In female rats, epithelial hyperplasia occurred in the high dose group and squamous metaplasia occurred in both dosage groups. In male rats, squamous metaplasia was seen only in the low dose group, but both dosage groups had inflammatory changes characterized by an influx of lymphocytes, macrophages and granulocytes into the submucosa and granulocytes into the lumen (see below). Nasal lesions were not observed in mice. The inflammatory lesions were more severe in the high dose group. Very mild focal inflammation was observed in the kidneys of treated mice but the relationship to propylene exposure was unclear. No other treatment-related effects, including clinical signs, mortality, mean organ and body weights, and histopathology, were observed.

Incidences of epithelial changes in nasal cavities of rats (Table 2 from Quest *et al*., 1984)

Observation	Control	5000 ppm	10,000 ppm
Epithelial hyperplasia			
Male	2/50 (4%)	2/50 (4%)	5/50 (10%)
Female	0/49 (0%)	4/50 (8%)	9/50 (18%)*
Squamous metaplasia			
Male	2/50 (4%)	19/50 (38%)*	7/50 (14%)
Female	0/49 (0%)	15/50 (30%)*	6/50 (12%)*
Inflammation			
Male	11/50 (22%)	21/50 (42%)*	19/50 (38%)
Female	8/49 (16%)	10/50 (20%)	13/50 (26%)

* Significantly ($p < 0.05$) higher than control values

In a long-term carcinogenicity study, Sprague-Dawley rats and Swiss mice (100-120 animals/group/sex) were exposed by inhalation to 0, 200, 1000 and 5000 ppm propylene 7 hr/day, 5 days/week, for 104 weeks (rats) or 78 weeks (mice) (Ciliberti *et al*., 1988). No body weight differences were observed between treated and control animals of either species. Mortality was reported to be slightly increased in male rats in the 1000 and 5000 ppm groups and in male mice in the 5000 ppm group, but numerical values of mortality were not presented in the report. Therefore, it is assumed that mortality differences were insignificant. Other possible general body system or nonneoplastic effects were not reported and assumed to have not been investigated.

VI. Derivation of Chronic Reference Exposure Level (REL)

Study	Quest *et al.*, 1984
Study population	50 rats/group/sex, 300 total.
Exposure method	Discontinuous whole body inhalation exposure (0 or 4,985 or 9,891 ppm).
Critical effects	Respiratory system; squamous metaplasia (males and females), epithelial hyperplasia (females only), and inflammation (males only) of the nasal cavity
LOAEL	4,985 ppm (8,570 mg/m^3)
NOAEL	Not observed
Exposure continuity	6 hr/day, 5 days/week
Exposure duration	2 years
Average experimental exposure	890 ppm for LOAEL group (4985 x 6/24 x 5/7)
Human equivalent concentration	190 ppm (gas with extrathoracic respiratory effects, RGDR = 0.21, based on BW = 305 g, MV = 0.21 L/min, SA(ET) = 15 cm^2)
LOAEL uncertainty factor	3 (low severity)
Subchronic uncertainty factor	1
Interspecies uncertainty factor	3
Intraspecies factor	10
Cumulative uncertainty factor	100
Inhalation reference exposure level	2 ppm (2,000 ppb, 3 mg/m^3, 3,000 μg/m^3)

VII. Data Strengths and Limitations for Development of the REL

Strengths of the propylene REL include the availability of a long-term, controlled exposure study in large groups of experimental animals that included extensive histopathological analyses.

Lifetime exposure of rats and mice to propylene resulted in adverse effects in the nasal cavity of rats at both exposure levels. Therefore, a NOAEL was not observed. However, the effects observed were mild.

Other weaknesses of the database for propylene include the lack of lifetime toxicity studies in any non-rodent species. Also, no long-term human toxicity or epidemiology studies were located in the literature. Human pharmacokinetic studies to compare with experimental animal pharmacokinetic studies were absent. Another uncertainty is the lack of reproductive and developmental toxicity studies. A comprehensive multi-generation study in an experimental animal species would enhance the development of a REL for propylene.

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CHRONIC TOXICITY SUMMARY

STYRENE

(ethenylbenzene, phenylethylene, vinylbenzene)

CAS Registry Number: 100-42-5

I. Chronic Toxicity Summary

Inhalation reference exposure level	**900** mg/m^3 (200 ppb)
Critical effects(s)	Neuropsychological deficits in humans as measured by memory and sensory/motor function tests
Hazard index target(s)	Nervous system

II. Chemical Property Summary

Description	Colorless to slightly yellow liquid with sweet, floral odor (HSDB, 1999)
Molecular formula	C_8H_8
Molecular weight	104.16
Boiling point	145.2 ^oC
Melting point	–31^oC (HSDB, 1999)
Vapor pressure	10 torr at 31^oC, polymerizes at 82^oC and above (Weast, 1979)
Solubility	310 µg/ml (Dean, 1985)
Conversion factor	4.26 µg/m^3 per ppb at 25^oC

III. Major Uses and Sources

The major source of styrene is industrial synthesis in which ethylbenzene is the starting material (ATSDR, 1992). The major uses of styrene are in polystyrene manufacturing, the butadiene-styrene rubber industry, and in the reinforced plastics industry (RPI) (WHO, 1983). Major non-styrene contaminants in the butadiene-styrene rubber industry are butadiene, benzene, carbon disulfide, and trichloroethylene, whereas the main co-contaminants associated with the RPI are glass fibers and acetone (WHO, 1983). Environmental exposures to styrene may result from mainstream cigarette smoke (Newhook and Caldwell, 1993) and newly installed carpets containing a styrene-butadiene rubber latex adhesive (Hodgson *et al.*, 1993). The Third National Health and Nutrition Examination Survey (NHANES) (Ashley *et al.*, 1994) reported a mean blood styrene level among ≥ 600 individuals as 0.074 ppb. In 1996, the latest year tabulated, the statewide mean outdoor monitored concentration of styrene was less than 0.1 ppb (CARB, 1999a). The annual statewide industrial emissions of styrene from facilities reporting under the

Air Toxics Hot Spots Act in California based on the most recent inventory were estimated to be 2,365,873 pounds (1999b).

IV. Effects of Human Exposure

Chronic exposures to styrene (to be discussed below) result in central nervous system (CNS) and peripheral nervous system effects, although the latter are not as pronounced (ATSDR, 1992; Rebert and Hall, 1994; Murata *et al.*, 1991). Irritation or discomfort of the upper respiratory tract resulting from styrene exposure has not been reported in long-term occupational studies (Foureman, 1994). However, sensory irritation and neurological impairment does occur in acute human studies at concentrations above 100 ppm (Stewart *et al*., 1968). The evidence for styrene induced hepatic changes is either negative or equivocal (ATSDR, 1992). Evidence for nephrotoxicity due to long-term occupational exposure is also negative or equivocal (ATSDR, 1992; Verplanke and Herber, 1998; Kolstad *et al.*,1995). Some human studies suggest that chronic exposure to styrene results in reproductive effects, but the limited data are difficult to interpret because of the small sample numbers (Brown, 1991; Lindbohm, 1993). Immunologic alterations (e.g., altered phenotypic profiles among lymphocyte subsets, decreased natural killer cell activity, and decreased chemotaxis) have also been observed, but the limited data prevent quantitative interpretation (Bergamaschi *et al.*, 1995; Governa *et al.*, 1994).

The CNS depressant effects of acute exposures to high styrene levels are probably mediated by the direct effect of the lipophilic, unmetabolized styrene on nerve cell membranes. Long-term effects of styrene exposure may result from the action of one or more metabolites of styrene (Savolainen, 1977; Mutti *et al.*, 1988). In humans, styrene metabolism is initiated by cytochrome P450 (P450)-mediated oxidation of styrene to a reactive metabolite, styrene oxide. The reaction takes place in human liver and, to a minor extent, in lung (Nakajima *et al.*, 1994). The P450 enzymes responsible for the epoxidation of styrene to stryene oxide are also found in human brain, but the brain isozymes have not been tested specifically with styrene as a substrate (Bhamre *et al.*, 1993). Styrene may also be oxidized to styrene oxide by enzymes which share specific iron and porphyrin components with P450 and those that utilize active oxygen species (Belvedere *et al.*, 1983; Tursi *et al.*, 1983; Miller *et al.*, 1992).

The major end product of styrene metabolism in humans is urinary mandelic acid (MA) and phenylglyoxylic acid (PGA) (Bardodej and Bardodejova, 1970; Leibman, 1975; Guillemin and Bauer, 1979). Other pathways that may be present in other animals are either absent or are quantitatively negligible in humans, except when high styrene levels are encountered (Guillemin and Berode, 1979; Chakrabarti *et al.*, 1993; Hallier *et al.*, 1995). Confounders of the quantitative relationship between styrene exposure and urinary MA+PGA are the consumption of ethanol (Berode *et al.*, 1986) and exposure to ethylbenzene (Bardodej and Bardodejova, 1970). An important consequence of ethanol related decreased levels of urinary mandelic acid is the potential underestimation of exposure to styrene (Guillemin and Bauer, 1979; Berode *et al.*, 1986). However, the urinary metabolite levels return to control values 4-5 hours after the ethanol consumption (Berode *et al.*, 1986).

Indicators of human styrene exposure include exhaled styrene, blood styrene, urinary MA, and urinary MA+PGA (Guillemin and Berode, 1988). Exposure to styrene by inhalation results in 89 percent absorption (Guillemin and Berode, 1988). In the occupational studies that are the basis

for quantifying the relationship between chronic styrene exposure and health effects, end-of-shift or next-morning MA+PGA have been used. The next-morning measurements are more reflective of past exposures due to the high fat solubility of styrene (fat:blood partition coefficient = 94 (Csanady *et al.*, 1994)), the presence of a second, long biological half-life for MA = 25 hours., and a long biological half-life for PGA = 11 hours (Guillemin and Bauer, 1979). Following inhalation, the half-life for styrene is 41 minutes in blood (Wigaeus *et al.* 1983) and 32-46 hours in fat tissue (Perbellini *et al.*, 1988).

One postulated mechanism for the chronic non-cancer toxicity of styrene is the binding of the highly reactive styrene oxide to components of nervous tissue. Another postulated mechanism is an alteration in the levels of circulating catecholamines (e.g., dopamine) due to the binding of PGA to these biogenic amines (Mutti, 1993; Mutti *et al.*, 1984a; Checkoway, 1994) and the subsequent changes in physiological functions that are under biogenic amine control. Although long-term exposures to styrene are associated with decrements in physiological functions, the exact mechanism(s) for these effects have not been clearly established (see reviews by ATSDR, 1992; Mutti, 1993; Rebert and Hall, 1994).

Kolstad *et al.* (1995) estimated excess deaths due to four major non-malignant disease groups for 53,847 male workers in the Danish RPI. Low and high styrene exposures were based on companies with less than 50% (low) and those with 50% or more (high) employees involved with reinforced plastics. An internal comparison was made with workers unexposed to styrene to account for more similar activities and lifestyles. Statistically significant ($p < 0.05$) excess deaths due to pancreatitis and degenerative disorders of the myocardium and non-significant excess deaths due to degenerative diseases of the nervous system were observed. Non-significant excess deaths due to glomerulonephritis were also observed.

Checkoway *et al.* (1994) described a cross-sectional study of 59 male boat plant workers exposed to <1 to 144 (mean = 37.2) ppm styrene. Monoamine oxidase B (MAO-B) activity in platelets was measured as an indicator of catecholamine metabolism. When the styrene exposed workers were divided into quartile exposures, a dose dependent decrease in MAO-B activity was observed after adjustments were made for age, smoking, alcohol and medication use.

Female workers employed in the reinforced plastics industry (RPI) were studied for levels of substances associated with neuroendocrine function (Mutti *et al.*, 1984a**).** Serum prolactin, thyroid stimulating hormone, human growth hormone, follicle stimulating hormone, and luteinizing hormone were measured in 30 women who were between the 5th and 15th day of the menstrual cycle. Exposure was based on the next-morning MA+PGA, and levels of the neuroendocrine substances were measured in venous blood samples taken the next morning before the start of work. On the basis of a relationship (not detailed in the report) between urinary metabolites and styrene air concentration, the authors estimated that the average styrene TWA/8 hr was about 130 ppm. Controls consisted of women factory workers living in the same area as the styrene-exposed women, but not knowingly exposed to styrene. After controlling for age and exposure time, the increased prolactin and thyroid stimulating hormone levels were correlated with the concentration of next-morning urinary MA+PGA, although only the increased prolactin levels were statistically significant. Numerous occupational studies have noted CNS disturbances in styrene-exposed workers. Decreased manual dexterity, increased reaction times, and/or abnormal vestibuloocular reflex (ability to track moving objects) were observed by Gotell *et al*. (1972), Gamberale *et al*. (1975), Lindstrom *et al*. (1976), Mackay and

Kelman (1986), Flodin *et al.* (1989), Moller *et al.* (1990), and Cherry and Gautrin (1990) for air styrene levels of about 12 ppm to more than 100 ppm. However, in each of these studies, there were difficulties in quantifying the effect. The difficulties included small sample size, unknown exposure duration, lack of concurrent control group, lack of dose-response data, and either unknown ethanol consumption or lack of adjustment for ethanol consumption. In the Cherry and Gautrin (1990) investigation, however, the authors determined that accounting for ethanol consumption did not reduce the correlation between increased reaction time and exposure.

Decrements in other CNS functions were observed among workers in the well-controlled studies of Fallas *et al.* (1992), Chia *et al.* (1994), and Mutti *et al.* (1984b). Fallas *et al.* (1992) studied 60 male workers (average age = 29.5 years, average air styrene = 24.3 ppm). The styrene-exposed population was compared to non-exposed worker controls and matched for age, intellectual level, and ethnic origin. The results from a standardized test battery showed decrements in the aiming response and 22/60 styrene exposed workers exhibited increased reaction times compared to 7/60 controls. Acquired color vision loss (dyschromatopsia) was also observed in the styrene-exposed workers compared to controls. Chia *et al.* (1994) also observed decrements in CNS function as defined by altered visual retention, audio-digit recognition, and digit recognition. However, a dose-response relationship did not exist. These workers also exhibited a statistically nonsignificant dose-dependent dyschromatopsia.

In the most comprehensive occupational study to date on CNS effects of styrene exposure, Mutti *et al.* (1984b) assessed memory and sensory/motor function in a group of 50 male styrene-exposed workers (average exposure = 8.6 years) and a control group of 50 manual workers. In addition to matching for age, sex, and educational level, a vocabulary test was included to match for general intelligence. Eligibility criteria included absence of metabolic, neurologic, or psychiatric disorders, limited ethanol intake, and limited cigarette usage. All subjects were instructed to avoid intake of alcohol and drugs for two days prior to testing. Styrene exposure was assessed from urinary MA+PGA levels the morning after the last workday in the week, followed immediately by participation in a battery of 8 neuropsychological tests designed to measure CNS function. The tests included reaction time, short and long term logic memory, short and long term verbal memory, digit-symbol association (using a reference code), block design (reproducing a displayed design using colored blocks), and embedded figures (timed identification of figures in Rey's table). The mean $\pm$ 2 SDs of the values found in the control group was set as the normal range limit for each neuropsychological test. The results were expressed as continuous and quantal data. Expressed as continuous data, styrene-exposed workers exhibited significantly poorer performances than controls in all tests, except in the digit-symbol test. Also, urinary metabolite concentration and duration of exposure were found to be significantly correlated with the scores of several tests. As a subgroup, workers with metabolite levels of up to 150 mmoles MA+PGA/mole creatinine (mean = 75 mmoles/mole creatinine $\pm$ 33 [SD], which is equivalent to a mean styrene concentration of 15 ppm) appeared to have no significant effects. The authors state that this level of urinary metabolites corresponds to a mean daily 8-hour exposure to air styrene of 25 ppm (106 mg/m^3). Based on greater urinary excretion of styrene metabolites, significantly poorer performances in four or more neuropsychological tests were recorded in the other three subgroups (150-299, 300-450, and > 450 mmoles MA + PGA/mole creatinine).

Mutti *et al.* (1984b) expressed the quantal data as the fraction of tested subjects who responded abnormally to ≥ 1, ≥ 2, and ≥ 3 tests (see Table 1). Positive dose-response relationships existed between intensity of styrene exposure (mmoles MA + PGA/mole creatinine) and abnormal scores, whether it was expressed as abnormal responses in at least one, at least two, or at least three neuropsychological tests. The chi-square test and validity calculations were performed by constructing 2 x 2 tables selecting different levels of urinary excretion of MA and PGA as a cut-off point. The highest values for chi-square and predictive validity were found when the cut-off of 150 mmol/mol creatinine was chosen, suggesting that the quantal isolation of the low dose subgroup from the next subgroup is appropriate. When the quantal data for the low dose subgroup were analyzed by OEHHA using the Fisher's Exact Test, a significant level of abnormal responses were observed for ≥1 ($p = 0.005$) and ≥3 ($p = 0.04$) tests. The abnormal responses for ≥2 tests were statistically marginal ($p = 0.06$). For each of the remaining exposure groups, the p-values were <0.05. Unlike the assumptions made concerning the continuous data, quantal data results suggest that the low dose subgroup represents a LOAEL, and that a NOAEL is not available from the data. Mutti *et al*. (1984b) also expressed the data in a quantal three-way representation including prevalence (number of respondents for at least one, two or three abnormal tests), duration (years at work), and intensity (metabolite level). This representation revealed a positive correlation of neuropsychological deficits with duration as well as intensity.

Table 1. Subjects Classified Positive on Neuropsychological Tests as a Function of Styrene Exposure [a].

MA+PGA, mmoles per mole creatinine[b]	Total Subjects	Number of Abnormal Tests		
		≥ 1	≥ 2	**≥ 3**[c]
Controls	50	4/50	2/50	**0/50**
< 150 (mean = **75** ± 33)[d]	14	6/14	3/14	**2/14**
150-299 (mean = **216** ± 45)	9	6/9	5/9	**3/9**
300 - 450 (mean = **367** ± 49)	14	10/14	7/14	**5/14**
> 450 (mean = **571** ± 108)	13	11/13	8/13	**6/13**

[a] Data from Table IV in Mutti *et al.* (1984b).
[b] "Next-morning" styrene urinary metabolites.
[c] The quantal grouping of the number of subjects that performed abnormally in ≥3 tests based on their styrene urinary metabolite concentrations, both shown in bold, were used in a benchmark concentration (BMC) analysis for the derivation of the REL (see Section VI below).
[d] Based on Guillemin *et al.* (1982), a linear relationship exists for converting the urinary metabolite concentrations to ppm air styrene levels (4.97 mmoles MA+PGA/mole creatinine is equivalent to 1 ppm styrene). Thus, the mean styrene concentrations per group are 0, 15, 44, 74, and 115 ppm.In addition to dyschromatopsia observed by Chia *et al*. (1994), Gobba and Cavalleri (1993) and Campagna *et al*. (1995) also reported this visual dysfunction among styrene workers in the reinforced plastics industry. Workers (n=36) exposed to an average of 16 ppm styrene exhibited significantly greater dyschromatopsia than controls, matched for age, ethanol consumption and tobacco smoking (Gobba and Cavalleri, 1993). Among the study population, only 1/36 styrene-exposed workers (compared to 16/36 controls) performed the test with 100 percent

accuracy. When a different group of styrene-exposed workers was tested, those exposed to > 50 ppm styrene exhibited greater dyschromatopsia than those exposed to ≤ 50 ppm, and within this group, a subset exhibited a similar decrement after returning from a one month vacation. In the Campagna *et al.* (1995) study, the test for dyschromatopsia was given to 81 reinforced plastics industry workers (79 male and 2 female) exposed to 4.6, 10.1, and 88.8 ppm styrene (first quartile, median, and third quartile, respectively). No control group was used in this study. Statistical analysis revealed a correlation of color vision loss with exposure to styrene (defined as next-morning urinary mandelic acid), age, and ethanol consumption.

Exposure to styrene may affect the peripheral nervous system (PNS). In a case report (Behari *et al.*, 1986), a man working for 5 years with a photostat process that used styrene was diagnosed with peripheral neuropathy. However, in occupational studies, the relationship between exposure to styrene and PNS effects has been inconsistent (Triebig *et al.*, 1985; Cherry and Gautrin, 1990). A major difficulty in understanding the potential for this relationship is the lack of knowledge about the appropriate surrogate for dose that leads to PNS disturbance (Murata *et al.*, 1991). In one study, however, chronic exposure indices were developed which included work method, years at work, time spent laminating (source of high exposure), styrene air concentration, and end-of-shift urinary mandelic acid (Matikainen *et al.* (1993). Numbness in the extremities increased with the exposure index, although statistically the effect was marginally insignificant ($p < 0.1$). The styrene TWA/8 hr was 32 ppm for the 100 study subjects.

Female reproductive toxicity has been inconsistently reported among humans (Brown, 1991; Lindbohm, 1993). These studies are difficult to interpret because of the high background rates of endpoints such as spontaneous abortion and menstrual disorders in combination with confounding exposures. In those studies that showed no reproductive effects due to styrene exposure, the power of the studies was low due to the small numbers of women. Hence the evidence for any adverse effects of exposure to styrene on female reproductive function is inconclusive.

Male workers employed in the reinforced plastics industry were examined for effects on sperm chromatin structure and semen quality (Kolstad *et al*., 1999a) and time to pregnancy (Kolstad et al., 1999b). No indications of an exposure-response relationship were seen when individual changes in semen quality were related to the postshift urinary mandelic acid concentrations among 23 exposed workers. A weak increase in sperm DNA-susceptibility to *in situ* denaturation as a function of mandelic acid concentration was indicated, but was within the interassay variability. No detrimental effect of styrene exposure was observed with regard to male fecundity among 188 exposed workers when compared to 353 unexposed workers.

Immune system alterations were reported in a study conducted by Bergamaschi *et al.* (1995). Reinforced plastics industry workers (n=32 female/39 male, average age = 32 years, average exposure duration = 7 years) were compared with non-styrene exposed factory workers and matched for age, sex, tobacco use and ethanol consumption. Air styrene levels, among the different factories, varied between 10 - 50 ppm, and individual worker exposure was measured by urinary metabolites the morning after the last shift (15 hours post-exposure). Among all workers in the study (median exposure = 16 ppm - according to the data of Guillemin *et al.* (1982)), the proportion of 12/18 lymphocyte subsets and the prevalence of abnormal values of immunologic phenotypes for 11/18 subsets were statistically different from the controls (p <

0.001 to < 0.05). When the workers were placed into three exposure groups (0, < 25 ppm, and > 25 ppm styrene), dose-response relationships were observed for prevalences of abnormal responses for four lymphocyte subsets and, in the case of two subsets, abnormal responses were observed in the group exposed to < 25 ppm styrene. Natural killer cell activity (a lymphocyte function), measured in a different group of workers in the same study, was decreased compared to unexposed worker controls. The median exposure, given in terms of urinary metabolites, was calculated as 21 ppm based on the data of Guillemin *et al.* (1982). The data show that exposure of these workers to air styrene levels below 50 ppm, and probably at levels near 25 ppm, resulted in alterations of the immune system.

Governa *et al.* (1994) observed reduced chemotactic responses of polymorphonuclear lymphocytes (PMNs) obtained from 21 styrene-exposed workers. However, the lack of exposure data prevents a quantitative assessment. In the same study, 0.1 - 0.6 mM styrene inhibited the chemotaxis of isolated healthy PMNs.

V. Effects of Animal Exposure

In a subchronic study, carried out under the auspices of NTP (NTP, 1992), mice and rats were exposed by inhalation to styrene vapors to establish a maximum tolerated dose for chronic studies. Mice were exposed to 0, 62.5, 125, 250, or 500 ppm styrene (6 hr/d, 5 d/wk, 13 wks). Among males deaths occurred in the 250 ppm group. Body weights among all exposed mice were lower than controls, and the difference was about 9 percent. Lung, olfactory epithelial, and forestomach lesions were observed in females and males. In females, degeneration of the adrenal gland cortex was observed. An effect not discussed in the chairperson's report, but recorded in the original laboratory report, was an increased estrous cycle length among the female mice at all styrene doses. A LOAEL of 62.5 ppm is indicated by the olfactory epithelial, forestomach and respiratory tract lesions in mice of both sexes and for lesions in the adrenal cortex in the female mice. Rats were exposed to 0, 125, 250, 500, 1000, or 1500 ppm styrene (6 hr/d, 5 d/wk, 13 wks). No deaths occurred, but reduced body weights were observed at the two highest doses. Lesions of the respiratory tract were observed at all dose levels. A LOAEL of 125 ppm is therefore indicated for the rats.

Rats were exposed by ingestion for 2-years to styrene in drinking water (0, 125, and 250 ppm). (The water solubility of styrene is 310 ppm.) The only effect was a styrene-related reduction in water consumption (Beliles *et al.*, 1985).

Kishi *et al.* (1995) carried out a developmental study on rat pups born to dams exposed by inhalation to styrene (0, 50, 300 ppm; 6-hr/d; gestation days 7-21). Although the small number of litters (n=2) at the 50 ppm dose prevented detailed statistical analysis, the data suggest that exposure of the dams to 50 ppm styrene resulted in deficits and delays in some motor and coordination abilities among the pups. Pups born to dams exposed to 300 ppm exhibited statistically significant increases in spontaneous activity and in the delay of some neurobehavioral functions. Many of the effects became diminished as the pups aged. Measurements of reproductive toxicity (maternal weight gain, length of gestation, number of live births) did not change. Postnatal body weights were lower among the styrene-exposed pups, but the differences became less as the pups aged to 125-days.

A follow-up developmental study by the same research group investigated neurochemical levels in rat pups born to dams exposed by inhalation to styrene (0, 50, 300 ppm; 6 hr/day on gestation days 6-20) (Katakura *et al*., 1999). Cerebrum weights of day 0 pups were significantly lower when compared to cerebrum weights of *ad libitum* fed animals, but not pair-fed animals. At the highest dose, occasional reductions in neuroamines, i.e. 5-hydroxytryptamine, homovanillic acid, and 5-hydroxyindoleacetic acid, were seen in various parts of the brains of rat pups compared to one or both control groups on day 0 and day 21. No reproductive or histopathological changes were seen.

Rosengren and Haglid (1989) investigated whether long term inhalation exposure (three months) to styrene (90 and 320 ppm) could induce long lasting astroglial alterations in Sprague Dawley rats, traceable four months after exposure ceased. Styrene exposure at 320 ppm induced the alterations as shown by raised concentrations of the glial cell marker, glial fibrillary acidic protein (GFA), in the sensory motor cortex and in the hippocampus. GFA is the structural protein of the astroglial filaments. These filaments form after damage to the central nervous system from any cause. The authors concluded that exposure to styrene at moderate exposure levels induces regional, long lasting astroglial reactions that serve as an indicator of solvent induced brain damage.

Mice, exposed acutely (14 days) by inhalation to 125 - 500 ppm styrene, exhibited decreased spleen / body weight, splenic hypocellularity, altered lymphocyte proportions among subsets, and increased proliferative response to mitogens (Corsini *et al.*, 1994). Mice and rats, exposed by gavage to high levels of styrene (18, 27, 45 mg/kg - mouse; 118, 177, 294 mg/kg - rat) for 5 days/week for 4 weeks, exhibited decreased resistance to encephalomyocarditis virus, to *Plasmodium berghie* (a malaria parasite), and to *Nippostrongylus braseleinisi* (a parasitic worm) (Dogra *et al.*, 1992).

Groups of 70 male and 70 female Charles River CD (Sprague-Dawley-derived) rats were exposed whole body to styrene vapor at 0, 50, 200, 500, or 1000 ppm 6 h/day 5 days/week for 104 weeks (Cruzan *et al*., 1998). A battery of hematologic and clinical pathology examinations was conducted at 13, 26, 52, 78, and 104 weeks. Nine or 10 rats per sex per group were necropsied after 52 weeks of exposure and the remaining survivors were necropsied after 104 weeks. Control and high-exposure rats received a complete histopathologic examination, while target organs, gross lesions, and all masses were examined in the other 3 groups. Styrene had no effect on survival in males, but females exposed to 500 or 1000 ppm had a dose-related increasein survival. Levels of styrene in the blood at the end of a 6-h exposure during week 95 were proportional to exposure. Levels of styrene oxide in the blood of rats exposed to 200 ppm or greater styrene were proportional to styrene exposure concentration. The authors found no changes of toxicologic significance in hematology, clinical chemistry, urinalysis, or organ weights. Styrene-related non-neoplastic histopathologic changes were confined to the olfactory epithelium of the nasal mucosa. (The authors also found no evidence of cancer induction.)

Groups of 70 male and 70 female CD-1 mice were exposed in whole body inhalation chambers to styene vapor concentrations of 0, 20, 40, 80, and 160 ppm 6 hrs/day, 5 days/week, over a period of up to 2 years (Huntingdon Life Sciences, 1998). Ten mice per sex per group were necropsied after 52 and 78 weeks of exposure, and the remaining survivors necropsied after 104 weeks. Due to increased mortality in female control mice, terminal sacrifice for this group

occurred at 98 weeks. Two female mice exposed to 160 ppm styrene died during or immediately following the first week of exposure. Histopathology revealed liver necrosis that was a likely contributor to the deaths. Reduced body weight gain and increased food consumption were observed in male mice at the two highest exposure levels and in female mice at the highest exposure level. Both styrene monomer and styrene oxide in blood increased with exposure concentration. No changes of toxicologic significance in hematology, ophthalmology, clinical chemistry, urinalysis, or organ weights were noted. Styrene-related non-neoplastic histopathologic changes were seen in the lungs (bronchiolar-alveolar hyperplasia) and nasal olfactory epithelium (respiratory metaplasia, degeneration or necrosis, and changes to the underlying Bowman's glands) from all exposure groups. The nasal lesions showed progression with time. Focal loss of bone from the turbinate was also seen more frequently as the study progressed. In addition, atrophy of the olfactory nerve fibers was present in mice at the three highest exposure concentrations.

VI. Derivation of the Chronic Reference Exposure Level (BMC Approach)

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Study	Mutti *et al.* (1984b)
Study populations	Human (occupational)
Exposure method	Inhalation
Critical effects	Central nervous system
LOAEL	15 ppm
NOAEL	Not established
BMC_{05}	1.7 ppm
Exposure continuity	8 hr/d (10 m^3 per 20 m^3 day), 5 d/wk
Exposure duration	8.6 years (average years at work)
Average occupational exposure	0.61 ppm (1.7 x 10/20 x 5/7)
Human equivalent concentration	0.61 ppm
LOAEL uncertainty factor	Not needed in the BMC approach
Subchronic uncertainty factor	1 (average exposure 12.3% of lifetime)
Interspecies uncertainty factor	1
Intraspecies uncertainty factor	3
Cumulative uncertainty factor	3
Inhalation reference exposure level	0.2 ppm (200 ppb; 0.9 mg/m^3; 900 $\mu g/m^3$)

The most relevant chronic noncancer effect due to styrene exposure is neurotoxicity. The Mutti *et al*. (1984b) occupational study presented convincing dose-response information and was well designed and executed in terms of experimental protocol and statistical evaluation, which included tests for false positive and false negative responses. While not all confounders could be ruled out (e.g., compensatory mechanisms, biorhythms, workers who leave because of styrene related illness), careful attention was paid to include eligibility criteria for the control group that correct for confounders unique for this population (e.g., limited ethanol intake, a control work-force not exposed to neurotoxic substances, and a test to allow a match for general intelligence). The use of urinary metabolites to measure exposure dose is based on the observation that the next-morning urinary MA+PGA is directly related to the air level of styrene. The Guillemin *et*

al. (1982) study provides the basis for the conversion of urinary MA+PGA levels to styrene exposure levels used by Mutti *et al.* (1984b).

The quantal dose-response data by Mutti *et al*. (1984b) is applicable for use in a benchmark concentration (BMC) approach. The quantal grouping of the number of subjects that performed abnormally in $\geq$3 tests based on their urinary metabolite concentrations was chosen for a BMC analysis (see Table 1). Basing the BMC on abnormal responses to >3 tests reduces the complexity of multiple test comparisons and the potential for inappropriate comparison of different neuropsychological tests between control and exposure groups for statistical purposes. Also, the potential for false positive responses is reduced due to the zero background level of abnormal responses in the control group when the criteria are >3 abnormal tests. Using a log-normal probit analysis (Tox-Risk, version 3.5; ICF-Kaiser Inc., Ruston, LA) with the data (emphasized in bold typeface) in Table 1 (above) the maximum likelihood estimate (MLE) for a 5% response was 4.0 ppm. The resulting 95% lower confidence limit at the MLE provided a BMC_{05} of 1.7 ppm. A BMC_{05} is considered to be similar to a NOAEL in estimating a concentration associated with a low level of risk. Following adjustment for exposure continuity (10 m^3 per 20 m^3 day for 5 d/wk) and application of an UF of 3 to account for human intraspecies variability, a REL of 0.2 ppm (0.9 mg/m^3) was attained. For exposure data that utilizes healthy human subjects, the resulting BMC represents a less than 10% incidence in the general population. When combined with an UF of 3, as carried out above, the resulting REL will be protective of the vast majority of individuals.

This analysis of the quantal data is supported by recognizing that, in a population of 50 subjects, individual test-specific effects that occur at low doses may not have been observed. If the criterion for abnormality is expressed in terms of CNS dysfunction, defined by all tests, the sensitivity of the testing procedure is increased and the low dose effects are more easily observed. The quantal data of Mutti *et al.* (1984b), i.e., the proportion of subjects responding abnormally to the tests, therefore provide a more sensitive approach to detecting low dose effects. Collasping a battery of test data to increase sensitivity may introduce the dilemma of multiple test comparisons, as noted above. However, OEHHA believes that a statistical method to correct for this, known as a Bonferroni correction, is unnecessary. The REL development is based on calculating a statistic of one effect of a complex of responses (or a syndrome) that results from CNS dysfunction, and not based on calculating a statistic for each test within the group of tests. The apparent global nature of the neurological syndrome resulting from long-term styrene exposure, in addition to basing the BMC on abnormal responses to >3 tests, should more than adequately address any concerns that may result from combining neurological test data.

Applying NOAEL/LOAEL methodology to the Mutti *et al*. (1984b) quantal data yields an exposure value similar to that attained with the BMC approach. The LOAEL of 15 ppm is adjusted to an equivalent continuous exposure of 5.36 ppm (15 ppm x 10/20 m^3 x 5/7 d/wk). Use of a LOAEL UF of 3 and an intraspecies UF of 10 resulted in an estimated REL of 0.2 ppm (0.8 mg/m^3).

The U.S. EPA (1996) calculated a reference concentration (RfC) of 0.3 ppm (1 mg/m^3), which is slightly higher than the OEHHA-derived chronic REL of 0.2 ppm (0.9 mg/m^3). The RfC for styrene is also based on the findings of Mutti *et al*. (1984b), but utilized the continuous data for

development of the RfC and used standard NOAEL methodology for the RfC derivation. U.S. EPA (1996) established a NOAEL for the lowest exposure group (<150 MA+PGA mmole/mole creatinine; equivalent to < 25 ppm styrene). However, OEHHA staff believe that the use of the continuous data to establish a NOAEL overlooks the advantages of using the BMC approach using the quantal data. These advantages are that the BMC_{05} reflects the shape of the dose-response curve and takes into account the number of subjects involved in the study. In addition, OEHHA staff evaluated the quantal data with the Fisher's Exact Test and determined the probabilities of abnormal responses among the exposed subjects based on the unexposed subjects whose responses were assumed to be normal. At the lowest exposure, the probability that the proportion of subjects responding abnormally to $\geq$1 and $\geq$3 tests was within the expected range was p = 0.005 and p = 0.04, respectively, indicating that neuropsychological deficits due to styrene occur in the low dose subgroup. Thus, the quantal data indicate that a NOAEL was not established in this study.

With regard to application of uncertainty factors, U.S. EPA (1996) applied a UF of 3 for intraspecies variability and a partial UF of 3 for lack of information on chronic studies because the critical study was considered intermediate, i.e., between subchronic and chronic duration (Foureman, 1994). OEHHA applied a UF of 1 because the mean exposure duration, 8.6 years, was greater than 12 percent of expected lifetime (8.6/70 = 12.3%). The U.S. EPA (1996) also included a modifying factor of 3 for database deficiencies. The criteria for use of modifying factors are not well specified by U.S. EPA. Such modifying factors were not used by OEHHA.

In addition to the OEHHA and the U.S. EPA hazard assessments, the Agency for Toxic Substances and Disease Registry (ATSDR) also calculated a chronic inhalation minimal risk level (MRL) for styrene (ATSDR, 1992). The calculation was based on the same Mutti *et al.* (1984b) worker study. ATSDR (1992) identified the lowest exposure group as a LOAEL and assigned an air styrene level of 25 ppm. To derive the MRL, ATSDR corrected the LOAEL for discontinuous exposure and applied uncertainty factors (UFs) for the use of a LOAEL and for intraspecies variability. The MRL was calculated as: 25 x (8/24 x 5/7) / 10 x 10 equal 0.06 ppm (ATSDR, 1992). The MRL was a factor of 3 different from the proposed REL.

For comparison, chronic exposure levels for styrene can be developed from chronic inhalation studies in rats (Cruzan *et al*., 1998) and mice (Huntingdon Life Sciences, 1998). The mice were more sensitive to the styrene vapors than were rats, and a LOAEL of 20 ppm was identified based on lesions in various organs in both sexes. The adjustment factor for discontinuous exposure is (6/24 x 5/7) = 0.18. The uncertainty factors are: 10 for intraspecies variability, 3 for interspecies sensitivity, and 10 for adjustment from a LOAEL to a NOAEL. The resultant exposure level is (20 ppm x 0.18) / 300 which equals 0.01 ppm or 10 ppb (40 $\mu g/m^3$). Besides the different toxic endpoints between the chronic mouse exposure study and human occupational studies, the well designed human study of Mutti *et al.* (1984b) is preferable for REL development because it does not introduce the uncertainties associated with interspecies extrapolations.

The NOAEL of 50 ppm from the chronic rat study of Cruzan *et al*. (1998) may be adjusted to an equivalent continuous exposure of 8.9 ppm. Use of an RGDR of 1, an interspecies UF of 3, and an intraspecies UF of 10 resulted in an estimated REL of 300 ppb (1300 $\mu g/m^3$) for styrene.

VII. Data Strengths and Limitations for Development of the REL

The strengths of the REL for styrene include the excellent database available on styrene effects and the availability of a suitable human study for use as the key study. Limitations include the lack of direct exposure data and selection bias. Although a NOAEL was not observed in the key study, the BMC_{05} is considered to be similar to a NOAEL in estimating a concentration associated with a low level of risk.

Use of urinary metabolite concentrations to indirectly determine styrene exposure, while an accepted approach, still introduces another level of uncertainty in the hazard assessment. In addition, potential absorption of styrene via dermal exposure in the reinforced plastics industry has not been addressed and may overestimate the air concentration determined by urinary metabolite levels. However, unlike air levels, the presence of urinary metabolites of styrene gives an unequivocal indication that an individual has been exposed to styrene. At the present time, a system does not exist to obtain direct exposure information, although a recent report suggests a methodology is being developed (Jensen *et al.*, 1995).

A potential bias in the key study was the finding that general intelligence, as measured by the vocabulary test, appeared to be negatively correlated with both age and exposure intensity. This finding suggests that age may also be a factor in poor neuropsychological test scores of highly exposed subgroups. Another source of uncertainty is that the reinforced plastics industry, from which the workers in the Mutti *et al.* (1984) study were taken, is characterized by a large turnover of highly exposed workers (Wong, 1990; Kogevinas *et al.*, 1993). This possible selection bias may result in more sensitive workers leaving employment while more tolerant workers remain.

VIII. References

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CHRONIC TOXICITY SUMMARY

TOLUENE

(Methyl benzene; methyl benzol; phenyl methane; toluol)

CAS Registry Number: 108-88-3

I. Chronic Toxicity Summary

Inhalation reference exposure level	**300 µg/m^3** (70 ppb)
Critical effect(s)	Neurotoxic effects (decreased brain [subcortical limbic area] weight, altered dopamine receptor binding).
Hazard index target(s)	Nervous system; respiratory system; teratogenicity

II. Physical and Chemical Properties (HSDB (1999) except as noted)

Description	Colorless liquid
Molecular formula	C_7H_8
Molecular weight	92.13 g/mol
Density	0.8661 g/cm^3 @ 20°C
Boiling point	110.6 ° C (CRC, 1994)
Melting point	–94.9° C (CRC, 1994)
Vapor pressure	28.1 torr @ 25°C (U.S. EPA, 1984)
Solubility	miscible in most organic solvents
Conversion factor	1 ppm = 3.76 mg/m^3 @ 25°C

III. Major Uses or Sources

Toluene occurs naturally as a component of crude oil and is produced in petroleum refining and coke oven operations; toluene is a major aromatic constituent of gasoline (HSDB, 1999). It is used in household aerosols, nail polish, paints and paint thinners, lacquers, rust inhibitor, adhesives and solvent based cleaning agents. Toluene is also utilized in printing operations, leather tanning and chemical processes. Benzene and other polycyclic aromatic hydrocarbons are common contaminants of toluene. Toluene is considered a sentinel chemical for benzene in the context of air and water sample monitoring. In 1996, the latest year tabulated, the statewide mean outdoor monitored concentration of toluene was approximately 2.2 ppb. For 1998, annual statewide industrial emissions of toluene from facilities reporting under the requirements of the Air Toxics Hot Spots Act in California were estimated to be 5,176,626 pounds (CARB, 1999). Note that this estimate is for stationary sources, and does not include emissions from mobile sources.

IV. Effects of Human Exposures

Neurological Effects

Most studies reporting adverse effects due to chronic toluene exposures involve either toluene-containing solvent abuse or occupational exposure to toluene. Solvent abusers are generally exposed to higher levels of toluene than are workers. A continuum of neurotoxic effects ranging from frank brain damage to degraded performance on psychometric tests which roughly track exposure levels has been observed.

Solvent abusers

Chronic toluene abuse has been shown to cause permanent changes in brain structure (loss of grey and white matter differentiation; cerebral, cerebellar and brainstem atrophy) which correlated with brain dysfunction as measured by magnetic resonance imaging (MRI) and brainstem auditory evoked response (BAER) evaluations (Caldemeyer *et al.*, 1996; Filley *et al.*, 1990; Ikeda and Tsukagoshi, 1990; Rosenberg *et al.*, 1988a; Rosenberg *et al.*, 1988b; Yamanouchi *et al.*, 1995; reviewed by Agency for Toxic Substances and Disease Registry (ATSDR), 1999).

Eleven chronic solvent (spray lacquer; ≈ 60% toluene, 10% dichloromethane) abusers were examined using MRI and BAER tests (Rosenberg *et al.*, 1988b). Neurological abnormalities were seen in four of 11 subjects and included brainstem, cerebellar, cognitive and pyramidal findings. Brain MRIs were abnormal in three of 11 subjects and indicated the occurrence of diffuse cerebral, cerebellar, and brainstem atrophy and loss of differentiation between the gray and white matter throughout the CNS. BAERs were abnormal in five of 11 individuals. All three individuals with abnormal MRI scans also had abnormal neurological examinations and BAERs. However, two of five individuals with abnormal BAERs had normal neurological examinations and MRI scans. The authors suggested that BAERs may detect early CNS injury from toluene inhalation, even at a time when neurological examination and MRI scans are normal.

Two subjects of a group of 22 hospitalized solvent abusers (primarily abusing toluene-based solvents) demonstrated decreases in intelligence quotient (IQ) as measured by the comparison of tests administered before the commencement of solvent abuse with tests administered during hospitalization for long-term solvent abuse (Byrne *et al.*, 1991).

Filley *et al.* (1990) studied 14 chronic toluene abusers using MRI and neuropsychological evaluations. The neuropsychological testing indicated that three patients functioned normally, three were in a borderline range, and eight were impaired. Independent analyses of white matter changes on MRI demonstrated that the degree of white matter abnormality was strongly correlated ($p < 0.01$) with neuropsychological impairment. The authors concluded that dementia in toluene abuse appears to be related to the severity of cerebral white matter involvement.

Six chronic toluene abusers were examined using MRI by Caldemeyer *et al.* (1996). All patients examined demonstrated white matter atrophy and T2 hyperintensity (T2: “Spin-spin” relaxation time; a time constant that reflects the rate at which protons stop rotating in phase with each other

because of the local magnetic fields of adjacent nuclei; OTA, 1984), and five of six demonstrated T2 hypointensity of the basal ganglia and thalami. The authors noted a correlation between the severity of white matter degeneration and degree of neurological dysfunction. However, there was no correlation between the severity of imaged white matter changes and the presence of T2 hypointensity or duration of toluene abuse. Additionally, no definite clinical evidence of damage to the basal ganglia and thalami was found despite the MR imaging finding of T2 hypointensity..

Ungar *et al*. (1994) developed a physical bilayered model of dipalmitoylphosphatidylcholine (DPPC) and toluene, and subjected DPPC control and toluene-mixed bilayers to MRI. T1 (T1: "Spin-lattice" relaxation time; a time constant that reflects the rate at which excited protons exchange energy with the surrounding environment; OTA, 1984) and T2 were measured as a function of toluene and lipid concentrations. Measurements of the DPPC-toluene model indicated that toluene-containing lipid bilayers substantially shortened T2 and had little effect on T1. By comparison, DPPC alone had little effect on either T1 or T2. The authors believe that these results suggest that partitioning of toluene into the lipid membranes of cells in cerebral tissue may be responsible for the hypointensity of basal ganglia noted on T2-weighted MR images of brains of toluene abusers.

Occupational exposure

Solvent workers exposed to 42.8 ppm toluene (estimated as a time-weighted average) for an average duration of 6.8 years reported a significantly greater incidence of sore throat, dizziness and headache than controls; the sore throat and headache incidence demonstrated a rough dose-response (Yin *et al.*, 1987).

Orbaek and Nise (1989) examined the neurological effects of toluene on 30 rotogravure printers, 33-61 years of age (mean 50), employed at two Swedish printing shops for 4-43 years (median 29) in 1985. Mean exposure levels at the two printing shops were 43 and 157 mg/m^3 of toluene, respectively; however, before 1980 the exposure levels had exceeded 300 mg/m^3 in both shops. The authors noted that rotogravure printing provides an occupational setting with practically pure toluene exposure. Comparisons were made to a reference group of 72 men aged 27-69 (mean 47). The alcohol consumption of both the workers and referents was also determined (< 200 g/week or > 200 g/week). Neurological function in the workers and referents was evaluated using interviews and psychometric testing; the results from each of the two printing shops were pooled. The printers reported statistically significantly higher occurrences of fatigue (60%), recent short-term memory problems (60%), concentration difficulties (40%), mood lability (27%), and other neurasthenic symptoms. The printers also scored significantly worse than referents in a number of psychometric tests, including synonym, Benton revised visual retention and digit symbol tests, even after adjustment for age. For all comparisons, tests of interaction between the effects of toluene exposure and alcohol consumption were not statistically significant.

A battery of neurobehavioral tests was performed in 30 female workers exposed to toluene vapors in an electronic assembly plant (Foo *et al.*, 1990). The average number of years worked was 5.7 ± 3.2 for the exposed group and 2.5 ± 2.7 years for the controls. Study subjects did not smoke tobacco or drink alcohol, were not taking any medications, and had no prior history of

central or peripheral nervous system illness or psychiatric disorders. The exposed group of workers inhaled a time-weighted average (TWA) of 88 ppm (330 mg/m^3) toluene while the control workers inhaled 13 ppm (49 mg/m^3). A significant decrease in neurobehavioral performance was observed in the exposed workers in 6 out of 8 tests. Irritant effects were not examined, and concurrent exposures to other chemicals were not addressed. In this study, 88 ppm was considered a LOAEL for central nervous system effects. However, the workers designated by the authors to be controls did not comprise a true control group, since they were exposed to 13 ppm toluene. This may have resulted in an underestimation of the effects of exposure to 88 ppm toluene. Similar effects were noted in a follow-up study by Boey *et al.* (1997).

Abbate *et al.* (1993) evaluated alterations induced in the auditory nervous system by exposure to toluene in a group of rotogravure workers. A sample of 40 workers of normal hearing ability was selected from a group of 300 workers who were apparently in good health but were professionally exposed to toluene (12 – 14 years exposure, 97 ppm average exposure, exposure assessment not described). They were subjected to an adaptation test utilizing a BAER technique with 11 and 90 stimulus repetitions a second. The results were compared with an age and sex-matched control group not professionally exposed to solvents. A statistically significant alteration in the BAER results was noted in the toluene-exposed workers with both 11 and 90 stimuli repetitions. The authors suggested that these results can be explained as a toluene-induced effect on physiologic stimulus conduction mechanisms, even in the absence of any clinical sign of neuropathy. Furthermore, this effect could be observed in the responses of the entire auditory system, from peripheral receptors to brainstem nuclei.

A group of 49 printing-press workers occupationally exposed to toluene for approximately 21.6 years was studied by Vrca *et al.* (1997). Toluene exposure levels were determined from blood toluene and urinary hippuric acid levels, and were estimated to range from 40-60 ppm. No control group was used. Brain evoked auditory potential (BEAP; similar to BAER) and visual evoked potential (VEP) measurements were performed on a Monday morning after a nonworking weekend. There was a significant increase in the latencies of all the BEAP waves examined, except for P2 waves, as well as in the interpeak latency (IPL) P3-P4, while IPL P4-P5 decreased significantly with the length of exposure. No correlation was noted between the amplitude of BEAP waves and the length of exposure. The amplitude but not the latency of all the VEPs examined decreased significantly with the length of exposure.

The effects of acute and chronic toluene exposure on color vision were studied in a group of eight rotogravure printing workers (Muttray *et al.*, 1999). The workers had been employed as printers for an average of 9.8 years. The color vision acuity of the workers before and after an acute toluene exposure (28 – 41 minutes in duration, concentration 1115 – 1358 mg/m^3) was evaluated using the Farnsworth panel D-15 test, the Lanthony desaturated panel D-15 test, and the Standard Pseudoisochromatic Plates part 2. A control group of 8 unexposed workers was also tested. Acute toluene exposure had no effect on color vision. Print worker performance prior to acute toluene exposure (chronic effects) was similar to controls on the Farnsworth panel D-15 and Standard Pseudoisochromatic Plates part 2 tests. Print worker performance on the Lanthony desaturated panel D-15 test was worse than that of controls (median scores of 1.18 and 1.05 for exposed and controls (higher number indicates degraded performance), respectively,

but not significantly ($p = 0.06$). The authors noted that the small number of subjects limited the statistical power of the study.

Zavalic *et al.* (1998) examined the effects of chronic occupational toluene exposure on color vision using a group of 45 exposed workers (mean toluene exposure concentration = 120 ppm) and 53 controls. Color vision was evaluated using the Lanthony desaturated panel D-15 test; test scores were age and alcohol consumption-adjusted. Color vision was significantly impaired in toluene-exposed workers ($p < 0.0001$) compared to controls. It was also observed that there was no significant difference between test scores on Monday morning (prework) and Wednesday morning. The authors stated that the effect of toluene on color vision can be chronic and that the possible recovery period is longer than 64 hours.

Hepatic Effects

Greenburg *et al.* (1942) reported liver enlargement in 32 of 106 (30.2%) painters employed in an aircraft factory compared to 7% in a control group. However, there was some exposure to other solvents (ethanol, ethyl acetate, butyl acetate) and paint ingredients such as zinc chromate.

Liver toxicity has been reported in toluene solvent abusers (Fornazzari *et al.*, 1983). Eight of 24 solvent abusers demonstrated abnormal results in three liver function tests; however, the tests used were not specified. The test parameters returned to normal after two weeks of toluene abstinence, suggesting that any liver damage caused by toluene abuse in those patients was not long lasting.

A cross-sectional study by Boewer *et al.* (1988) showed no significant correlation between toluene exposure and the levels of serum enzymes (serum aspartate aminotransferase (ASAT), alanine aminotransferase (ALAT), γ-glutamyltransferase (GGT)) considered to be indicators of hepatic damage. In another cross-sectional study of 289 printing workers exposed to less than 200 ppm for 8 hours/day, 8 workers had significantly elevated serum enzymes (ALT/AST ratio, mean = 1.61) potentially indicative of liver damage. In each case, liver biopsy indicated a mild pericentral fatty change (Guzelian *et al.*, 1988). However, the mean toluene exposure concentration was not reported (only an upper bound), and no control group was included in the study.

V. Effects of Animal Exposures

Neurotoxic Effects

Sprague-Dawley rats (15/sex/group) were exposed to 0, 100, or 1481 ppm toluene for 6 hours/day, 5 days/week for 26 weeks (API, 1981). Neurohistopathological examinations were conducted in 3-5 rats/sex/group at weeks 9, 18, and 27. No significant treatment-related effects were reported. The study usefulness was limited because there were no other neurohistopathological examinations or organ weight measurements conducted on the animals.

Forkman *et al.* (1991) studied the potential neurotoxicity of toluene inhalation exposure (3700 mg/m^3 (1000 ppm), 21 hours/day, 5 days/week for 4 weeks) in male Sprague-Dawley rats. The

rats were either trained in behavior meant to be performance tested and then exposed to toluene, or exposed and then trained. The rats were then subjected to several behavioral tests, including an operant test with baseline performance and extinction, motor coordination, and exploratory activity. All tests were performed from 11 to 35 days after the end of the exposure. Exposure of trained rats to toluene resulted in a significantly different overall test performance when compared to controls. Rats trained after toluene exposure also had test performances different from controls, but the difference was not statistically significant.

Rats exposed to toluene concentrations of 1000 ppm or 100 ppm, 6 h/day, 5 days/week, for 3 or 6 months, respectively, demonstrated statistically significant decreased motor function as measured by degraded performance (approximately 60% and 65% of control at 1000 and 100 ppm toluene, respectively) on a rotarod performance test and decreases in spontaneous motor activity (approximately 62% of control at 100 ppm toluene) (Korsak *et al*., 1992).

von Euler *et al.* (1993) studied the effects of subchronic toluene inhalation exposure (80 ppm, 4 weeks, 5 days/week, 6 hours/day) on spatial learning and memory, dopamine-mediated locomotor activity and dopamine D_2 agonist binding in rats. Spatial learning (postexposure days 3-6) and memory (postexposure day 14) were tested using a water maze. Spontaneous and apomorphine-induced locomotor activity was evaluated on postexposure day 17. Effects on binding parameters of the dopamine D2 agonist S(-)[N-propyl- ^{3}H(N)]-propylnorapomorphine ([H]NPA) were determined using membrane preparations of the neostriatum of the rat brain. Toluene exposure caused a statistically significant impairment in spatial learning and memory. Toluene also significantly increased apomorphine-induced locomotion and motility but not rearing. Spontaneous locomotion, motility and rearing were not affected by toluene. Toluene exposure significantly increased the B_{max} and K_D values for [^{3}H]NPA binding. These results indicate that subchronic toluene exposure of rats to toluene causes persistent deficits in spatial learning and memory, a persistent increase in dopamine-mediated locomotor activity and an increase in the number of dopamine D_2 receptors in the neostriatum.

Male rat exposure to toluene (0, 40, 80, 160 or 320 ppm, 4 weeks, 6 hours/day, 5 days/week) , followed by a postexposure period of 29-40 days, resulted in decreased brain wet weights of the caudate-putamen (trend test for dose-response significant at $p < 0.05$) and subcortical limbic areas (trend test for dose-response significant at $p < 0.01$; significantly less than controls ($p < 0.001$) at concentrations of 80 ppm and higher) (Hillefors-Berglund *et al.*, 1995). Toluene exposure also significantly altered dopamine receptor activity (trend test for dose-response) as indicated by decreased IC_{50} (inhibition constant) (significantly less than controls ($p < 0.05$) at 80 ppm), K_H (inhibition constant for high-affinity receptor sites), K_L (inhibition constant for low-affinity receptor sites), and R_H% (high-affinity receptor site specific binding) values for dopamine competitive inhibition of [^{3}H]raclopride-binding in the caudate-putamen. Toluene exposure did not significantly affect the wet weights of the whole brain, serum prolactin levels, the K_D (disassociation constant) or the B_{max} (maximal specific binding) values of [^{3}H]raclopride-binding in the caudate-putamen and the subcortical limbic area, or the effect of dopamine on IC_{50} values at [^{3}H]raclopride-binding sites in the subcortical limbic area. Exposure to xylene or styrene (80 and 40 ppm, respectively; 4 weeks, 6 h/day, 5 days/week) followed by a postexposure period of 26-32 days had no effect on the parameters described above. The authors concluded that long-term exposure to low concentrations of toluene (≥ 80 ppm), but not xylene

(80 ppm) or styrene (40 ppm), leads to persistent increases in the affinity of dopamine D_2 agonist binding in the rat caudate-putamen. The authors also suggested that the enhancement of apomorphine-induced locomotor activity seen after toluene exposure by von Euler *et al.* (1993) may be related to the increased D_2 agonist activity described above (IC_{50}, K_H, K_L values).

Respiratory Effects

A study of the chronic effects of toluene in rats (5-20 animals per group) exposed for 106 weeks to 0, 30, 100, or 300 ppm (0, 113, 375, or 1125 mg/m^3) toluene showed no treatment-related effects on histopathology of major organs, including the nasal turbinates (CIIT, 1980). In this study, the nasal histopathology examination sampling may have been inadequate to demonstrate the nasal lesions reported by the NTP (1990).

Rats (20 per group) exposed for 2 years to 0, 600, or 1200 ppm (0, 2261, or 4523 mg/m^3) toluene 6.5 hours/day, 5 days/week for 103 weeks were examined for hematological and histopathological effects in addition to gross observations of toxicity (NTP, 1990). Significant erosion of the olfactory epithelium was observed in male rats while degeneration of the respiratory and nasal epithelium was observed in both sexes at 600 ppm.

Mice were exposed chronically to 0, 120, 600, or 1200 ppm (0, 452, 2261, or 4523 mg/m^3) toluene 6.5 hours/day, 5 days/week, for 2 years (NTP, 1990). The only treatment-related effect was a significant increase in the number of animals with hyperplasia of the bronchial epithelium in the 1200 ppm exposure group.

Reproductive and Developmental Toxicity

Reproductive toxicity to maternal rats was observed during exposure to 1500 ppm toluene, 24 hours/day on days 9 to 14 of gestation (Hudak and Ungvary, 1978). Two dams out of 19 died during exposure. Fetuses from the 1500 ppm group showed increased incidence of sternebral alterations, extra ribs and missing tails. The same exposure on days 1 through 8 of gestation resulted in 5 deaths out of 14 dams. Fetuses in this regimen showed increased incidence of hydrocephaly and growth retardation compared to controls. A third regimen that exposed maternal rats to 1000 ppm on days 1 through 21 of gestation resulted in no maternal deaths or toxicity, and an increase in the incidence of skeletal variations in the fetuses. When exposed to 1500 ppm continuously, maternal mice died within 24 hours of exposure whereas exposure to 500 ppm had no apparent effect. Examination of the fetal mice showed significant growth retardation in the 500 ppm group.

A 2-generation study of the effects of 0, 100, 500, or 2000 ppm (0, 377, 1885, or 7538 mg/m^3) toluene in rats (males, 10-40 per group; females, 20-80 per group) was done by the American Petroleum Institute (API)(1985). Rats were exposed for 6 hours/day, 7 days/week for 80 days and a 15 day mating period. The mated females were then exposed to the same concentrations during days 1-20 of gestation and days 5-20 of lactation. After weaning, the F_1 pups were exposed 80 times to the appropriate exposure level and then randomly mated to members of the same exposure group. The F_1 generation showed significantly decreased body weight which

persisted throughout lactation. No effects were observed on histopathology. No data were presented for the F_2 generation.

Da Silva *et al.* (1990) exposed rats and hamsters to 0 or 800 mg/m^3 toluene for 6 hours/day on gestation days 14-20 (rats), or days 6-11 (hamsters). Exposed rats demonstrated a significant exposure-related decrease in birth weight compared with controls. In addition to low birth weight, the number of live pups was significantly lower in the 800 ppm group. No deficits in any parameter were noted in the hamsters. In this study, no neurobehavioral effects were noted in the offspring.

Hass *et al.* (1999) exposed rats to 0 or 1200 ppm toluene for 6 h per day from day 7 of pregnancy until day 18 postnatally. Developmental and neurobehavioral effects in the offspring were investigated using a test battery including assessment of functions similar to those in the proposed Organization for Economic Cooperation and Development (OECD) Testing Guidelines for Developmental Neurotoxicity Study (physical development, reflex development, motor function, motor activity, sensory function, and learning and memory). The exposure did not cause maternal toxicity or decreased offspring viability. However, lower birth weight, delayed development of reflexes, and increased motor activity in the open field was noted in the exposed offspring. The exposed female offspring had poorer scores on a Morris water maze test (they took longer to locate a hidden platform after platform relocation) at the age of 3.5 months indicating impaired cognitive function. The difference was not related to impaired swimming capabilities since swim speeds were similar to control values. The authors stated that exposure to 1200 ppm toluene during brain development caused long-lasting developmental neurotoxicity in rats.

Toluene has been listed under Proposition 65 as being known to the State of California to cause reproductive toxicity (OEHHA, 1999). Its NSRL is 7,000 micrograms per day.

VI. Derivation of Chronic Reference Exposure Level (REL)

Study	Hillefors-Berglund *et al*. (1995); supported by Orbaek and Nise (1989), Foo *et al.* (1990)
Study population	Male Sprague-Dawley rats
Exposure method	Inhalation
Critical effects	Decreased brain (subcortical limbic area) weight, Altered dopamine receptor (caudate-putamen) binding
LOAEL	80 ppm
NOAEL	40 ppm
Exposure continuity	6 hours/day, 5 days/week
Exposure duration	4 weeks, followed by 29-40 days recovery
Average experimental exposure	7 ppm (40 × 6/24 hours × 5/7 days)
Human equivalent concentration	7 ppm (gas with systemic effects, based on RGDR = 1.0 using default assumption that $\lambda_a = \lambda_h$
Subchronic uncertainty factor	10
Interspecies uncertainty factor	1 (see below)
Intraspecies uncertainty factor	10
Cumulative uncertainty factor	100
Inhalation reference exposure level	0.07 ppm (70 ppb; 0.3 mg/m^3; 300 µg/m^3)

Supportive human study	Foo *et al.*, 1990
Study population	30 female workers in an electronic assembly plant
Exposure method	Occupational inhalation
Critical effects	Neurobehavioral deficits in 6 out of 8 tests
LOAEL	88 ppm
NOAEL	Not observed
Exposure continuity	10 m^3/day occupational inhalation rate, 5 days/week
Average occupational exposure	31.4 ppm (88 ppm x 10/20 x 5/7)
Exposure duration	5.7 $\pm$ 3.2 years (exposed group); 2.5 $\pm$ 2.7 years (controls)
LOAEL uncertainty factor	10
Subchronic uncertainty factor	3
Interspecies uncertainty factor	1
Intraspecies uncertainty factor	10
Cumulative uncertainty factor	300
Inhalation reference exposure level	0.1 ppm (100 ppb; 0.4 mg/m^3; 400 µg/m^3)

The critical animal study (Hillefors-Berglund *et al*., 1995) used to derive an REL for toluene describes adverse neurological effects in rats after a well characterized inhalation exposure to toluene. The study results contain both a LOAEL and a NOAEL. Decreased brain (subcortical limbic area) weight and altered dopamine receptor binding compared to controls were noted at the NOAEL, but the changes were not statistically significant; this suggests that if a threshold for

adverse neurological effects exists in this study, it would be at or below the observed NOAEL. The study LOAEL for altered dopamine receptor binding agrees qualitatively with results from similar studies (von Euler *et al.*, 1994). Additionally, toluene-induced neurotoxicity has been described in many studies by a variety of endpoints in both animals and humans (ATSDR, 1999). The adverse neurotoxic effects associated with toluene exposure in the rat study by Hillefors-Berglund *et al*. (1995), decreased brain (subcortical limbic area) weight and altered dopamine receptor binding, occur in areas of the rat brain that are structurally and functionally similar to brain areas (basal ganglia, thalami) of some human toluene abusers that demonstrate MRI alterations (T2 hypointensity). The altered MRI parameters may be the result of the partitioning of toluene into the lipid membranes of brain cells (Ungar *et al*., 1994). Table 1 lists several Reference Exposure Levels (RELs) calculated from the most sensitive animal and human neurotoxicity studies available. These RELs are also protective for other adverse endpoints, such as respiratory tract damage and teratogenicity.

Table 1: Reference Exposure Levels (RELs) from Selected Neurotoxicity Studies

Study	Duration	Effect	LOAEL (ppm)	LOAEL (ppm) (TWA)	NOAEL (ppm)	NOAEL (ppm) (TWA)	total UF[a]	REL (ppb)	REL (µg/m^3)
VonEuler *et al*. (1988)	4 weeks	rat: altered brain dopamine receptor binding	80	14.3			1000	14	54
Orbaek and Nise[b] (1989)	29 years	human: impairment on neuropsychometric tests	11.2 - 41	4 - 14.6			100	40 - 146	150 - 551
Foo (1990)	5.7 years	human: neurobehavioral tests	88	31.4			300	105	394
Korsak (1992)	6 months	rat: impaired motor function	100	17.9			100	179	671
Hillefors-Berglund (1995)	4 weeks	rat: decreased brain (subcortical limbic area) weight; altered brain dopamine receptor binding	80	14.3	40	7.1	100	71	271

LOAEL: Lowest Observable Effect Level; NOAEL: No Observable Effect Level
REL: Reference Exposure Levels; TWA: time-weighted average

a: Uncertainty Factors used to derive RELs

VonEuler *et al*. (1988)	LOAEL to NOAEL UF = 10, subchronic to chronic UF = 10, animal to human UF = 1, intraspecies variability = 10; total UF = 1000.
Orbaek and Nise (1989)	LOAEL to NOAEL UF = 10, intraspecies variability = 10; total UF = 100
Foo *et al*. (1990)	LOAEL to NOAEL UF = 10, subchronic to chronic UF = 3, intraspecies variability = 10; total UF = 300
Korsak *et al*. (1992)	LOAEL to NOAEL UF = 10, animal to human UF = 1, intraspecies variability = 10; total UF = 100.
Hillefors-Berglund *et al*. (1995)	subchronic to chronic UF = 10, animal to human UF = 1, intraspecies variability = 10; total UF = 100.

b: Pooled psychometric data from two printing plants with different toluene concentrations (11.2 and 41 ppm) were used to determine significant neurotoxic effects by Orbaek and Nise (1989). The range of RELs derived from that study lists the upper and lower bounds for risk associated with the pooled population exposures. ATSDR (1999) used the Orbaek and Nise (1989) study data, assuming an exposure concentration of 11.2 ppm, to derive a chronic inhalation minimal risk level (MRL).

If both human and animal adverse effect data on a chemical are available, OEHHA prefers to use the human data to develop a REL when possible. However, the study by Hillefors-Berglund *et al*. (1995) provides data (decreased brain [subcortical limbic area] weight and altered brain dopamine receptor binding) which are specific and sensitive measures of neurotoxicity that would not be obtainable in human studies. In contrast, the psychometric tests used to generate the neurotoxicity data in the human occupational exposure studies described above tend to be less sensitive and suffer from greater measurement uncertainty. Additionally, the Hillefors-Berglund *et al*. (1995) study has better exposure characterization than the human occupational exposure studies. Nonetheless, the human studies are useful in supporting the derivation of the REL for toluene. Ordinarily, an interspecies uncertainty factor of 3 would be applied, in addition to the human equivalent concentration calculation, to reflect the uncertainty associated with extrapolating from animals to humans. However, in this case the uncertainty in the interspecies extrapolation is reduced by the availability of human epidemiological data with generally consistent effect levels, after appropriate duration corrections. Based on comparison of the data in both animals and humans, it appears that a REL of 271 $\mu g/m^3$ (rounded to 300 $\mu g/m^3$ in the final derivation) would protect exposed humans from experiencing chronic neurotoxic effects.

VII. Data Strengths and Limitations for Development of the REL

The major strength of the REL for toluene is the use of an animal study with accurate exposure characterization and both LOAEL and NOAEL observations for an effect (neurotoxicity), supported by observations from other animal and human studies. A weakness is the uncertainty in predicting human health risk from animal adverse effect data. However, this is mitigated by the availability of human data showing effect levels that are, after appropriate corrections, broadly consistent with the animal data.

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CHRONIC TOXICITY SUMMARY

TRICHLOROETHYLENE

(trichloroethylene; 1,1-2-trichloroethylene, 1,1-dichloro-2-chloroethylene, acetylene trichloride, and ethylene trichloride))

CAS Registry Number: 79-01-6

I. Chronic Toxicity Summary

Inhalation reference exposure level	**600 µg/m^3** (100 ppb)
Critical effect(s)	Neurotoxicological effects (drowsiness, fatigue, headache) and eye irritation in workers.
Hazard index target(s)	Nervous system; eyes

II. Physical and Chemical Properties (Fan, 1988; CRC, 1994)

Description	Colorless liquid/vapor; sweetish, chloroform-like odor
Molecular formula	C_2HCl_3
Molecular weight	131.4
Density	1.47 g/cm^3 @ 20°C
Boiling point	87.2 °C
Melting point	–84.7°C
Vapor pressure	77 torr @ 25°C
Vapor density	4.5 (air = 1)
Solubility	Soluble in alcohol, ethers, petroleum distillates and other halogenated solvents
Conversion factor	1 ppm = 5.37 mg/m^3 @ 25° C

III. Major Uses or Sources

Trichloroethylene was once used as an extractant in food processing and has been used as an anesthetic and analgesic for medical purposes (Waters *et al.* 1977). Currently, it is widely used as a solvent in the industrial degreasing of metals, with secondary solvent uses in adhesive paint and polyvinyl chloride production (U.S. EPA, 1985). Trichloroethylene is used as a solvent in the textile industry, as a solvent for adhesives and lubricants, and as a low-temperature heat transfer fluid (IARC, 1979). Trichloroethylene is also implemented in the manufacturing of pesticides and other chemicals (Feldman, 1979). In 1996, the latest year tabulated, the statewide mean outdoor monitored concentration of trichloroethylene was approximately 0.035 ppb (CARB, 1999a). The annual statewide emissions from facilities reporting under the Air Toxics Hot Spots Act in California based on the most recent inventory were estimated to be 176,908 pounds (CARB, 1999b)

IV. Effects of Human Exposure

An occupational study of trichloroethylene (TCE) vapor emissions in a pump room was conducted by Vandervort and Polnkoff (1973). Workers were an average age of 40 and had been employed for an average of 8 years. For 11-day shift workers, individual 8 hour time weighted average (TWA) TCE exposure concentrations were extrapolated from two area samples; these averages ranged from 170-420 mg/m^3 (32-78 ppm). Nineteen workers (including the 11 workers whose work areas were sampled) completed a questionnaire and reported the following symptoms: 73% eye irritation, 70% drowsiness, 58% heart palpitations, 58% cough, 53% weakness and 52% dizziness. About half of the 19 exposed workers reported that consumption of small amounts of alcohol outside of work resulted in changes of skin color and severe intoxication. One worker of the 19 reported no adverse effects from the occupational exposure. Nine control workers experienced none of the above symptoms. Urine samples from the 19 exposed and 9 unexposed workers were collected before and after the work shift and examined for the TCE metabolites trichloroacetic acid (TCA) and trichloroethanol (TRI). TRI levels ranged from 4-260 mg/l and TCA levels ranged from 4-197 mg/l. Results of the urine assays showed a range of TCE metabolite concentrations and, therefore, confirmed that the workers were exposed to a variety of concentrations in their environments.

Nomiyama *et al.* (1977) examined 36 trichloroethylene workers, of whom 9 males and 12 females were occupationally exposed to a constant concentration of trichloroethylene (TCE) and 18 males were exposed to variable concentrations (duration of exposure unspecified). The control group consisted of 6 males and 10 females who were of similar educational, sociologic and economic status to the trichloroethylene workers. Researchers used urinary excretion of TCE metabolites as an indicator of the level of TCE exposure in the working environment; total excreted trichloro-compounds of 100 mg in 4 hours corresponded to 100 ppm TCE present in the working environment (Bardodej, 1958; Medek, 1958). Of the 36 exposed workers, 5 were exposed to 0-25 ppm; 14 were exposed to 25-50 ppm; 6 were exposed to 50-100 ppm; 8 were exposed to 100-150 ppm; and 3 were exposed to 150-200 ppm TCE. In the low exposure group, workers experienced mucous membrane irritation in the eyes, nose and throat, in addition to drowsiness, fatigue and headache. These symptoms were persistent through the higher concentration exposures with an increase in eye irritation, headache, fatigue, and nasal obstruction above 100 ppm TCE. Increases in rhinorrhea and drowsiness were seen above 50 ppm TCE exposure.

Kimmerle and Eben (1973) exposed 4 human subjects (3 males and 1 female) to a subacute regimen of 48 $\pm$ 3 ppm trichloroethylene (TCE) for 4 hours a day over a period of 5 days. Levels of TCE and the metabolites trichlororethanol (TRI) and trichloroacetic acid (TCA) were determined. Trichloroethanol-blood levels were elevated immediately after exposure, and detection of trichloroethanol occurred up to 7 days after the last exposure. TCE-blood concentration increased slightly over the 5 days. Levels of urinary excreted trichloroethanol, as well as the TCA-concentration, increased throughout the study, with the female showing a significantly higher excretion of TCA. Levels of TCA were detected up to 12 days after the final exposure.

Okawa and Bodner (1973) studied the occupational exposure of 24 electrical plant workers to trichloroethylene (TCE). The plant worker group consisted of 22 males and 2 females ranging in age from 21-52 years old. Environmental samples of TCE were collected over three days and yielded varying concentrations of TCE related to the task performed in certain areas (duration of exposure unspecified). Spray booth operators were exposed to an average of 25.3 ppm TCE (13-40 ppm range) in addition to averages of 15.2 ppm n-propyl acetate (NPA) and 6 ppm toluene (TOL). Workers involved in washing board units were exposed to an average value of 39 ppm (6-82 ppm range) TCE. Although the workers wore respiratory protection during the washing procedure, the overall average of airborne TCE in this area was 48.3 ppm. In the testing area of the plant, researchers report that the amounts of toluene and n-propyl acetate were insignificant. Here, TCE levels were an average of 24.4 ppm (range = 8-44 ppm). The solder machine operators were exposed to an average of 44.0 ppm TCE (range = 23-87 ppm) with no NPA or TOL present. During the cleaning of the soldering machines, TCE levels rose to an average of 70.5 ppm (range = 30-106 ppm). Concentrations were only at these elevated levels for 20-30 minutes a day. Researchers note that although other agents were used in the work area, TCE was the only chemical found in significant amounts throughout the work area and that the levels of NPA and TOL were insignificant. An analysis of urinary TCE metabolites indicated that the workers were exposed to a time weighted average concentration of <50 ppm TCE. Three of the 24 workers reported that they were unaffected by their working conditions, but the most prominent complaints consisted of 70.8% workers experiencing nausea, 54.2% headache, 33.3% dizziness, 25.0% fatigue, 25% nose and throat irritation, and 20.8% eye irritation. Workers reported that these symptoms were alleviated hours after leaving the work environment. Researchers collected 8 hour urine samples from 20 of the workers and from 9 controls and analyzed them for TCE metabolites. Results of urinary analysis showed that the controls had exposure to an unspecified amount of TCE. TCA levels in exposed workers were elevated from that of the controls and correlated to the different exposures in specific work areas.

Phoon *et al.* (1984) reported on 5 cases of Stevens-Johnson syndrome (erythema multiforme major) with liver involvement which followed exposure to TCE. In two cases, reactions to the exposure began with a fever followed by an itchy rash on the face spreading over the body. Lesions were observed on the face, arms and in the mouth. Liver function tests were abnormal. One of the two developed jaundice with hepatomegaly. Case #3 developed a similar reaction after 5 weeks of exposure to 216-912 mg/m^3 TCE (40-170 ppm) as did case #5 after two weeks of exposure to 370 mg/m^3 TCE (69 ppm). Case #4 involved a 39 year old man exposed to <50 mg/m^3 TCE (< 9.3 ppm) for three weeks who developed the characteristic rash, lesions and jaundice with slight hepatomegaly. Upon returning to work over the next three weeks, he developed generalized erythrodermia and facial oedema, hepatosplenomegaly and liver failure with septicemia from which he died 14 days later.

Stewart *et al.* (1974) studied the effects of subacute trichloroethylene (TCE) exposure in combination with alcohol consumption. Seven men exposed to 200 ppm TCE ingested 1 quart of beer or 90 ml of 100-proof vodka and developed red blotches on their faces 30-40 minutes later. These lesions enlarged with time until they reached a peak intensity, whereupon they faded. One subject experienced facial flush with the consumption of alcohol for three weeks after the last TCE exposure, while another showed flushing six weeks after the last exposure.

V. Effects of Animal Exposure

Kjellstrand *et al.* (1983) studied the effects of both intermittent and continuous exposures of various concentrations of trichloroethylene on male and female mice over a period of 30 days. The concentrations used range from 37-3600 ppm, and 7 of the 14 groups were continuously or intermittently exposed to lower concentrations of 37, 75, 150, 225 and 300 ppm TCE. Continuous exposure studies were conducted over a period of 30 days for exposure groups of 37, 75, 150 and 300 ppm TCE. All groups consisted of 10 males and 10 females (except the 37 ppm group, consisting of 20 males and 20 females) and were compared to identical groups of air-exposed controls. Liver weights increased in a non-linear fashion as the concentration level of TCE increased. All groups exhibited statistically significant increases in liver weights as compared to the controls. In both the 37 and the 75 ppm groups, the increase in females was less than in males. No increase in spleen weight was detected at either the 37 or 75 ppm exposure level. At the 37 ppm level, a slight increase in plasma butyrylcholinesterase (BuChE) activity (not statistically significant) was also detected. A significant increase in kidney weight was seen in the male 75 ppm group and was more pronounced with increasing concentration. Male mice in the 75 ppm group also showed statistically significant increases in BuChE activity. In the 150 ppm group, male and female liver weight increases were statistically significant and of equal magnitude. A statistically significant increase was seen in the BuChE activity of the 150 ppm male mice. It was not until female mice were exposed to 300 ppm, that they showed slight increase in BuChE activity, while the males increased 3.5 times the controls. Liver weight increases for the 300 ppm group were close to the maximum with females showing greater increase than the males. Ten male and 10 female mice were continuously exposed to 150 ppm TCE for 30 days, but then allowed a 120 day rehabilitation period. Following rehabilitation, liver weights returned to levels comparable to the controls. The elevated BuChE activity returned to a normal level. No significant effects were seen after the period of rehabilitation. A continuous study was performed on 10 male and 10 female mice for 120 days at an exposure level of 150 ppm TCE. No further increase in liver weight occurred beyond the level reached in the 30 day study. Body weight gain was slightly decreased, and the same level of BuChE activity was seen as in the 30 day exposure. The intermittent study consisted of 30 days exposure to 225 ppm TCE for 16 hours a day, 7 days a week. A significant increase was seen in the BuChE activity of male mice, while females did not exhibit an increase in BuChE activity. Both males and females showed statistically significant increases in liver weight. Kidney weight increased in the same manner as in the continuous exposures. The authors noted that "extrapolation of the concentration-effect curve suggests that both liver weight and BuChE activities are influenced at still lower concentration."

Briving *et al.* (1986) examined neurotoxicity as a result of chronic trichloroethylene (TCE) inhalation exposure. Two groups of gerbils (6 in each group) were exposed to 50 or 150 ppm TCE for a period of 12 months. Two equivalent groups were used as controls. Two areas of the brain were specifically observed, the hippocampus and the posterior part of the cerebellar vermis. These discrete brain areas were previously shown to be sensitive towards chlorinated aliphatic solvents (Haglid *et al.*, 1981). Following exposure, gerbils were decapitated and measurements were made of total free tissue amino acids as well as high-affinity uptake and release of ^{3}H-aminobutyric acid (GABA) and ^{14}C-glutamate. A significant increase in

glutathione was seen in the hippocampus of the 150 ppm gerbils, but amino acid levels were not significantly affected. In the posterior part of the cerebellar vermis, glutamate and GABA accumulation levels increased in a dose-dependent manner, with significant increases seen at both 50 and 150 ppm TCE. Evaluation of the hippocampus revealed no significant changes. The authors suggest that the stimulation of transport functions for GABA and glutamate may be triggered by the presence of the TCE metabolite, trichloroethanol. Therefore, the levels of GABA and glutamate are indicative of the amount of trichloroethanol from TCE in the brain.

Kligerman *et al.* (1994) exposed 20 male CD rats to 0, 5, 50, or 500 ppm trichloroethylene (TCE) for 6 hours a day, over a period of 4 days. Groups at each concentration consisted of 5 rats. One of the cytogenetic effects measured was peripheral blood lymphocytes (PBLs), abnormal with regard to sister chromatid exchanges. Also analyzed were the cell cycle, bone marrow micronuclei in polychromatic erythrocytes (MN-PCEs/1000) and micronuclei in cytochalasin B-blocked binucleated cells (MN-BN/1000). The 5 ppm and 500 ppm exposure groups showed a decrease (not statistically significant) in cell cycle. In addition, the 50 ppm group exhibited a statistically significant decrease in cell cycle. For all concentrations, there was an overall increase in the PCE percentage. The number of PCEs with micronuclei also rose with the increasing concentrations of 50 ppm and 500 ppm TCE (not statistically significant due to high control values). The researchers conclude that the resulting increase of MN in exposed rats is indicative of aneuploidy induction as opposed to chromosomal breakage, and that the lack of chromosome aberrations corresponds to spindle effects such as aneuploid induction. Concurrent results of increased levels of leukocyte aneuploidy were also found by Konietzko *et al.* (1978) in degreasing workers occupationally exposed to TCE.

Haglid *et al.* (1981) continuously exposed gerbils to 60 ppm or 320 ppm trichloroethylene (TCE) for 3 months. Following the exposure period, gerbils were maintained for 4 months in TCE-free conditions in order to observe any restoration of neuronal function. Both of the exposed groups as well as the control group consisted of six pairs of males and females. Brain samples were collected from the gerbils after the 4 month non-exposure period and used for determination of DNA and proteins. In order to determine areas of the brain that were sensitive to TCE, researchers examined biochemical and morphological changes in the hippocampus, the posterior part of the cerebellar vermis, and the brain stem. In addition to the biochemical tests, the cerebellum, brain stem, and cerebrum of two gerbils from each group, including the control, were used for neuropathological examination. Brain tissue from 2 gerbils in the control group and the 320 ppm group were examined under the electron microscope. No difference was seen in the body and brain weights of the exposed gerbils compared with controls. A slight but significant increase in soluble proteins was detected in the frontal cerebral cortex of the 60 ppm group, and a more significant elevation was seen in the visual cerebral cortex of both the 60 ppm and 320 ppm groups. In the 60 ppm group, a slight but significant decrease was seen in the soluble proteins of the sensory-motor cortex. Both groups exhibited significant decreases in levels of soluble proteins in the hippocampus, the brain stem, and in the posterior part of the cerebellar vermis. Soluble protein levels in the cerebellar hemisphere and anterior part of the vermis of gerbils in both exposed groups did not differ from the controls. The 320 ppm group showed significantly increased DNA levels in the posterior part of the sensory motor cortex and cerebellar vermis. The glial cytoplasmic protein (S 100 fraction) level of the 60 ppm group was decreased in the frontal and visual cerebral cortex, but increased in the posterior part of the

cerebellar hemisphere and the sensory-motor cortex. However, only a slight decrease of S 100 protein was observed in the visual cerebral cortex of 320 ppm exposed gerbils. The most notable S 100 increase occurred in the hippocampus, brain stem and the posterior part of the cerebellar vermis, indicating that either the glial cells were directly affected or that damage to surrounding neuronal cells caused an indirect response. There was an increase in DNA in the posterior part of the cerebellar vermis in the exposed gerbils, suggesting that TCE induced astroglial cell mitosis. Light microscopy revealed shrinkage of cell bodies and axon swelling occurred in various parts of the brain. The electron microscopy performed on control and 320 ppm brain tissues revealed increased levels of filament bundles in the cytoplasm of some Purkinje and Golgi cell perikarya, lysosomes, myelin bodies and lipid containing lysosomal structures in the exposed gerbils. Unique arrangements of filament bundles were seen in Purkinje and Golgi cell dendrites of the exposed group. A significant decrease in the number of microtubules was observed as well as a decrease in the number of synaptic vesicles in the granular layer. Also, the granular layer had decreased maximal nerve cell surface area. Nerve cells were affected by the exposure as several types were reduced in size with fewer organelles and more lysosomes and myelin bodies. Many axons and dendrites had reduced numbers of microtubles, and there were filament bundles observed that were not present in the controls. Lysosomal structures were increased in the synaptic terminals.

Kimmerle and Eben (1973) performed a subchronic study on 20 male rats for a period of 14 weeks. Rats were exposed to a mean concentration of 55.0 $\pm$4 ppm trichloroethylene (TCE) for 8 hours a day, 5 days a week. The control group consisted of 20 rats who in similar inhalation chambers under similar conditions to that of the exposed rats. Ten exposed rats were analyzed for TCE metabolite excretion on a daily basis. Blood levels of trichloroacetic acid (TCA), trichloroethanol (TRI) and chloral hydrate (CH) were measured during the 2nd, 3rd, 4th, 6th, 9th and 14th weeks. Weekly measurements of body weights were recorded. Macroscopic examinations were performed on the thyroid gland, heart, lungs, liver, kidneys, testes and adrenal glands. Hematological evaluations, liver function tests, and renal function tests were also conducted following exposure. Urinary levels of TRI varied individually among the rats, but a continuous increase in TRI was observed through the 10th week. TCA levels remained fairly constant throughout the duration of the experiment. TCE was not detectable in the blood or the tissues of exposed rats. Although liver and renal function tests did not reveal abnormalities, there was an increase in the liver weights of the exposed rats. The weights of the other organs examined were similar to the controls.

Norpoth *et al.* (1974) observed an increase in liver cytochrome P_{450} activity in 9 rats exposed to 50 ppm trichloroethylene for 28 days, compared with 9 control rats.

VI. Derivation of Chronic Reference Exposure Level

Study	Vandervort and Polnkoff (1973)
Study population	19 workers and 9 controls
Exposure method	Discontinuous occupational inhalation exposure
Critical effects	Drowsiness, fatigue, headache, and eye irritation
LOAEL	32 ppm (170 mg/m^3) in the heavy assembly area
NOAEL	Not observed
Exposure continuity	8 hours a day (10 m^3/day occupational inhalaton rate), 5 days a week
Exposure duration	8 years
Average occupational exposure	11.4 ppm for LOAEL group (32 x 10/20 x 5/7)
Human equivalent concentration	11.4 ppm for LOAEL group
LOAEL uncertainty factor	10
Subchronic uncertainty factor	1
Interspecies uncertainty factor	1
Intraspecies uncertainty factor	10
Cumulative uncertainty factor	100
Inhalation reference exposure level	0.1 ppm (100 ppb; 0.6 mg/m^3; 600 µg/m^3)

The Vandervort and Polnkoff (1973) study accounted for 8 years of human occupational exposure to TCE vapors. Sensitive, non-specific neurotoxicological endpoints were exhibited by a majority of those workers exposed. Although the time-weighted averages (TWAs) included a wide range of concentrations, the TWA of 32 ppm (170 mg/m^3) was shown to contribute to the high incidence (52 - 73%) of adverse effects experienced by the workers. Many of the symptoms reported by the workers may have been due to short-term fluctuations in the concentrations in the workplace. The symptoms were not reported separately for the various TWAs, therefore, the lowest TWA (32 ppm) was chosen as a LOAEL. Uncertainty includes the small number of workers studied, the limited extent of the effects mentioned, and the lack of a NOAEL. Strengths include the use of human data, the demonstration of a dose-response relationship, and exposure estimates correlated with urinary excretion measurements.

This study was the best chronic account of the non-carcinogenic effects of TCE on humans, but several other studies show similar results. Nomiyama *et al.* (1977) found similar endpoints of drowsiness, fatigue and eye irritation in 36 workers occupationally exposed to trichloroethylene. Okawa *et al.* (1973) also saw non-specific neurological endpoints in 24 electrical plant workers who were similarly exposed to TCE.

For comparison with the proposed REL of 100 ppb based on human studies, the LOAEL of 50 ppm trichloroethylene obtained by Briving *et al*. (1986) in gerbils exposed continuously for 12 months was used to estimate a REL based on animal data. Use of a LOAEL UF of 3, a subchronic UF of 1, an interspecies UF of 10, and an intraspecies UF of 10 resulted in an estimated REL of 200 ppb for trichloroethylene.

VII. Data Strengths and Limitations for Development of the REL

The strengths of the inhalation REL for trichloroethylene include the use of human exposure data from workers exposed over a period of years. Major areas of uncertainty are the lack of reproductive and developmental toxicity studies and the lack of observation of a NOAEL.

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CHRONIC TOXICITY SUMMARY

XYLENES

(Xylol or commercial xylenes (mixture of 60-70% m- and remaining percentage is mix of o- and p- xylenes), technical grade xylenes or mixed xylenes (20% o-xylene, 40% m-xylene, 20% p-xylene, 20% ethyl benzene, and traces of toluene and C9 aromatics), o-xylene (1,2-dimethylbenzene or 2-xylene), m-xylene (1,3-dimethylbenzene or 3-xylene), p-xylene (1,4-dimethylbenzene or 4-xylene), also noted as methyltoluene, benzene-dimethyl, dimethylbenzene)

CAS Registry Numbers.: 1330-20-7 (technical mixture of o-, p-, and m-xylene); 95-47-6 (o-xylene); 108-38-3 (m-xylene); 106-42-3 (p-xylene)

I. Chronic Toxicity Summary

Inhalation reference exposure level	**700 µg/m^3** (200 ppb) (for technical or mixed xylenes or sum of individual isomers of xylene)
Critical effect(s)	CNS effects in humans; irritation of the eyes, nose, and throat
Hazard index target(s)	Nervous system; respiratory system

II. Physical and Chemical Properties (ATSDR, 1995; HSDB, 1995; CRC, 1994)

Description	Colorless liquid
Molecular formula	C_8H_{10}
Molecular weight	106.16 g/mol
Density	0.864 g/cm^3 @ 20°C(technical mixture); 0.881 (o-); 0.860 (m-); 0.861 (p-)
Boiling point	137-140°C @ 760 torr (technical mixture); 144.5 °C (o-); 139.1°C (m-); 138.3 °C (p-)
Melting point	–25.2 °C (o-); –47.8°C (m-); +13.2 °C (p-)
Vapor pressure	6.6 torr (o-); 8.39 torr (m-); 8.87 torr (p-) all @ 25°C.
Solubility	Practically insoluble in water; miscible with absolute alcohol, ether and many other organic solvents
Conversion factor	1 ppb = 4.34 µg/m^3

III. Major Uses or Sources

Mixtures of o-, p-, and m-xylenes are extensively used in the chemical industry as solvents for products including paints, inks, dyes, adhesives, pharmaceuticals, and detergents (HSDB, 1995). In the petroleum industry xylenes are used as antiknock agents in gasoline, and as an intermediate in synthetic reactions. Of the three isomers, p-xylene is produced in the highest

quantities in the U.S. for use in the synthesis of phthalic, isophthalic, and terephthalic acid used in manufacture of plastics and polymer fibers including mylar and dacron. In 1996, the latest year tabulated, the statewide mean outdoor monitored concentration of meta/para-xylene was approximately 1 ppb (CARB, 1999a). The annual statewide emissions from facilities reporting under the Air Toxics Hot Spots Act in California based on the most recent inventory were estimated to be 3,568,318 pounds of xylenes (CARB, 1999b). Also reported were speciated emissions of p-xylene - 51,203 pounds, of o-xylene - 34,573 pounds, and of m-xylene - 30,440 pounds. (Xylenes are also present in motor vehicle exhaust.)

IV. Effects of Human Exposure

Information on the toxicity of xylenes to humans is almost exclusively limited to case reports of acute exposures and studies of occupational exposures in which persons often inhaled a mixture of hydrocarbon solvents 8 hours per day, 5-6 days per week. These studies often have incomplete information on the airborne concentrations of xylene and other hydrocarbons. One study examining chronic effects in humans from inhalation of predominantly mixed xylenes was identified (Uchida *et al.*, 1993) and one 4-week controlled exposure study examining the effects of p-xylene exclusively was identified (Hake *et al.*, 1981). No studies examining the chronic effects of oral or dermal xylene exposure in humans were identified.

Pharmacokinetic studies have documented the absorption of xylene in humans through inhalation, oral, and dermal routes of exposure. Approximately 60% of inspired xylene is retained systemically (Sedivec and Flek, 1979). The majority of ingested xylene (~90%) is absorbed into the systemic circulation (ATSDR, 1995). Xylene is also absorbed dermally; the rate of absorption of xylene vapor is estimated as 0.1-0.2% of that by inhalation (Riihimaki and Pfaffli, 1978). Loizou *et al*. (1999) exposed human volunteers to 50 ppm *m*-xylene for 4 hours and determined that the dermal route of exposure contributed 1.8% of the total body burden. Measurement of the rate of absorption through direct contact with the skin produced variable results ranging from 2 $\mu g/cm^2/min$ (Engstrom *et al.*, 1977) to 75-160 $\mu g/cm^2/min$ (Dutkiewicz and Tyras, 1968).

Xylene exposure has been associated with effects in a number of organ systems including the lungs, skin and eyes; neurological system; heart and gastrointestinal system; kidney; and possibly the reproductive system.

Pulmonary effects have been documented in occupational exposures to undetermined concentrations of mixed xylenes (and other solvents) and include labored breathing and impaired pulmonary function (Hipolito 1980; Roberts *et al.*, 1988). High levels of xylene exposure for short periods are associated with irritation of the skin, eyes, nose and throat (ATSDR, 1995). Chronic exposure to xylenes has been associated with eye and nasal irritation (Uchida *et al.*, 1993).

The central nervous system is affected by both short term and long term exposure to high concentrations of xylene. Levels of 100-200 ppm are associated with nausea and headache; 200-500 ppm with dizziness, irritability, weakness, vomiting, and slowed reaction time; 800-10,000

ppm with lack of muscle coordination, giddiness, confusion, ringing in the ears, and changes in sense of balance; and >10,000 ppm with loss of consciousness (HESIS, 1986). Other documented neurological effects include impaired short term memory, impaired reaction time, performance decrements in numerical ability, and impaired equilibrium (dizziness) and balance (Carpenter *et al.*, 1975; Dudek *et al.*, 1990; Gamberale *et al.*, 1978; Riihimaki and Savolainen, 1980; Savolainen and Linnavuo, 1979; Savolainen and Riihimaki 1981; Savolainen *et al.*, 1979; 1984; 1985).

Chronic exposure to xylenes (with other hydrocarbons) has been associated with cardiovascular and gastrointestinal effects. Heart palpitations, chest pain, and abnormal electrocardiogram were noted (Hipolito, 1980; Kilburn *et al.*, 1985) as were effects on the gastrointestinal system producing nausea, vomiting and gastric discomfort in exposed workers (Goldie, 1960; Hipolito, 1980; Uchida *et al.*, 1993; Klaucke *et al.*, 1982; Nersesian *et al.*, 1985).

Results of studies of renal effects of xylene are mixed and come from case reports and occupational studies where multiple chemical exposures are common. The effects from subchronic exposure documented by Hake *et al.* (1981) and from chronic exposure documented by Uchida *et al.* (1993) did not include renal effects. However, Morley *et al.* (1970) found increased BUN and decreased creatinine clearance; Martinez *et al.* (1989) found distal renal tubular acidemia; Franchini *et al.* (1983) found increased levels of urinary β-glucuronidase; and Askergren (1981, 1982) found increased urinary excretion of albumin, erythrocytes, and leukocytes.

Reproductive effects were documented by Taskinen *et al.* (1994) who found increased incidence of spontaneous abortions in 37 pathology and histology workers exposed to xylene and formaldehyde in the work place. The multiple chemical exposures and the small number of subjects in this study limit the conclusions that can be drawn as to reproductive effects of xylene in humans.

No hematological effects have been identified in studies where exposure was to xylene only. Previous studies identifying hematological effects included known or suspected exposure to benzene (ATSDR, 1995; ECETOC, 1986). One series of case reports identified lowered white cell counts in two women with chronic occupational exposure to xylene (Hipolito, 1980; Moszczynsky and Lisiewicz, 1983; 1984), although they may also have had multiple chemical exposures.

Groups of male volunteers (1 to 4 subjects/group) were exposed to p-xylene in a controlled-environment chamber for 7.5, 3, or 1 hr/day, 5 days/week for 4-weeks (Hake *et al*., 1981). The p-xylene concentration was changed on a weekly basis starting at 100 ppm the first week, followed by 20 ppm, 150 ppm, and 100 ppm (average, with a range of 50 to 150 ppm) over subsequent weeks. In addition, groups of female volunteers (2 or 3/group) were exposed to 100 ppm p-xylene for 7.5, 3, or 1 hr/day for 5 days. The volunteers acted as their own controls, with exposure to 0 ppm p-xylene occurring for two days (males) or one day (females) the week before and the week after the xylene exposures. No serious subjective or objective health responses, including neurological tests, cognitive tests and cardiopulmonary function tests were observed. Odor was noted, but the intensity decreased usually within the first hour of exposure. The

authors concluded that p-xylene may have a weak irritating effect on the soft tissues starting at 100 ppm, but overall, the small sample size and high variability among the volunteers made all results difficult to interpret.

The Uchida *et al.* (1993) study included a relatively large number of workers studied, exposure for an average of 7 years to xylenes predominately and a comprehensive set of medical examinations to document potential effects. A survey of 994 Chinese workers involved in the production of rubber boots, plastic coated wire and printing processes employing xylene solvents was carried out. The survey consisted of fitting individual workers with diffusive samplers for an 8 hour shift. At the end of the 8 hour shift the samplers were recovered for analysis of solvent exposure, and urine samples were collected for analysis of xylene metabolites. The following day workers answered a questionnaire concerning subjective symptoms, and blood and urine were collected for analysis. Out of this group of xylene-exposed workers, 175 individuals (107 men and 68 women) were selected for further study and analysis based on completion of their health examinations and on results from diffusive samplers showing that xylene constituted 70% or more of that individual's exposure to solvents in the workplace. The control population consisted of 241 (116 men and 125 women) unexposed workers from the same factories or other factories in the same region, of similar age distribution, of similar time in this occupation (average of 7 years), and having a similar distribution of alcohol consumption and cigarette usage. The xylene-exposed and unexposed groups were given health examinations which evaluated hematology (red, white, and platelet cell counts, and hemoglobin concentration), serum biochemistry (albumin concentration, total bilirubin concentration, aspartate aminotransferase, alanine aminotransferase, gamma-glutamyl transferase, alkaline phosphatase, leucine aminopeptidase, lactate dehydrogenase, amylase, blood urea nitrogen, creatinine), and subjective symptoms (survey of symptoms occurring during work and in the previous three months).

Results of analysis of the diffusive samplers showed that workers were exposed to a geometric mean of 14.2 ± 2.6 ppm xylene (arithmetic mean of 21.3 ± 21.6 ppm). This was broken down into geometric means of 1.2 ppm o-xylene, 7.3 ppm m-xylene, 3.8 ppm p-xylene, 3.4 ppm ethyl benzene, and 1.2 ppm toluene. N-Hexane was rarely present and no benzene was detected. Analysis of data from the health examinations found no statistically significant difference ($p<0.10$) between hematology and serum biochemistry values for xylene-exposed and unexposed populations. The frequency of an elevated ratio of aspartate aminotransferase to alanine transferase and of elevated ratio of alkaline phosphatase to leucine aminopeptidase was significantly ($p<0.01$) higher in exposed men than in the control population of men. Results of the survey of subjective symptoms found differences in symptoms occurring during work and during a similar analysis over the preceding three month period, apparently related to effects on the central nervous system and to local effects on the eyes, nose and throat. The frequency of five symptoms experienced during work was significantly ($p<0.01$) elevated in either xylene-exposed men or women including: dimmed vision, unusual taste, dizziness, heavy feeling in the head, and headache. The frequency of four symptoms experienced during work were significantly ($p<0.01$) elevated in both men and women including irritation in the eyes, nasal irritation, sore throat, and floating sensation. Ten subjective symptoms occurring in the previous three months were significantly ($p<0.01$) elevated in exposed men and women including nausea, nightmare, anxiety, forgetfulness, inability to concentrate, fainting after suddenly standing up,

poor appetite, reduced grasping power, reduced muscle power in the extremities, and rough skin. Dose dependency appeared to exist for 3 subjective symptoms noted during work: irritation in the eyes, sore throat, floating sensation, and for one symptom occurring in the last three months, poor appetite.

V. Effects of Animal Exposure

A limited number of chronic toxicity studies are available for xylene including two inhalation studies with o-xylene (Tatrai *et al.*, 1981; Jenkins *et al.*, 1970) and one oral chronic study with mixed xylenes (NTP, 1986). No chronic dermal studies could be identified. A spectrum of adverse effects has been documented in shorter term studies which potentially could occur with chronic exposure. These studies are presented here along with a brief description of the three chronic studies identified. Xylene affects a number of organ systems including the pulmonary system, the cardiovascular system, the gastrointestinal system, the hepatic system, the renal system, the dermis, and the eye, and it has numerous neurological effects and developmental effects.

Animal data are consistent with human data in documenting respiratory effects from xylene exposure. Acute and subacute exposures in mice, rats, and guinea pigs have been associated with decreased metabolic capacity of the lungs; decreased respiratory rate; labored breathing; irritation of the respiratory tract; pulmonary edema; and pulmonary inflammation (Carpenter *et al.*, 1975; De Ceaurriz *et al.*, 1981; Elovaara *et al.*, 1987; 1989; Furnas and Hine, 1958; Korsak *et al.*, 1988; 1990; Patel *et al.*, 1978; Silverman and Schatz, 1991; Toftgard and Nilsen, 1982).

Limited evidence is available in animal studies for cardiovascular effects resulting from xylene exposure. Morvai *et al.* (1976; 1987) conducted two studies. The first study observed rats following acute and intermediate duration inhalation exposure to very high (unspecified) levels of xylene and recorded ventricular repolarization disturbances, atrial fibrillation, arrhythmias, occasional cardiac arrest and changes in electrocardiogram (Morvai *et al.*, 1976). In a subsequent study morphological changes in coronary microvessels were seen in rats exposed to 230 ppm xylene (isomer composition unspecified) (Morvai *et al.*, 1987). However the chronic toxicity studies conducted by the National Toxicology Program (NTP, 1986) and by Jenkins *et al.* (1970), as well as other shorter term studies (Carpenter *et al.*, 1975; Wolfe, 1988), have not identified histopathological lesions of the heart.

Studies identifying adverse gastrointestinal effects, hematological effects, or musculoskeletal effects in animals were not identified. Studies reporting no hematological effects include Carpenter *et al.* (1975) (rats exposed to 810 ppm of mixed xylenes for 10 weeks, 5 days/week, 6 hours/day and dogs exposed for 13 weeks to 810 ppm mixed xylenes, 5 days/week, 6 hours/day) and Jenkins *et al.* (1970) (rats, guinea pigs and dogs exposed for 6 weeks to 780 ppm o-xylene, 5 days/week, 8 hours per day). Carpenter *et al.* (1975) and the NTP (1986) reported no effects on the musculoskeletal system.

Hepatic effects have been documented after acute exposure to high concentrations of xylene (2,000 ppm) or subacute exposure to lower concentrations (345-800 ppm) of mixed xylene or individual isomers. These effects include increased cytochrome P-450 and b5 content, increased

hepatic weight, increased liver to body weight ratios, decreased hepatic glycogen, proliferation of endoplasmic reticulum, changes in distribution of hepatocellular nuclei, and liver degeneration (Bowers *et al.*, 1982; Condie *et al.*, 1988; Elovaara, 1982; Elovaara *et al.*, 1980; Muralidhara and Krishnakumari 1980; Patel *et al.*, 1979; Pyykko 1980; Tatrai and Ungvary, 1980; Tatrai *et al.*, 1981; Toftgard and Nilsen, 1981; 1982; Toftgard *et al.*, 1981; Ungvary *et al.*, 1980).

Renal effects have been identified in studies with rats, guinea pigs, dogs, and monkeys exposed to 50-2,000 ppm of xylenes. These effects include increased cytochrome P-450 content and increased kidney to body weight ratios (Condie *et al.*, 1988; Elovaara 1982; Toftgard and Nilsen, 1982). Condie *et al.* (1988) also noted tubular dilation, atrophy, and increased hyaline droplets in the kidney of Sprague-Dawley rats administered 150 mg/kg/day orally of mixed xylenes. This response is consistent with early nephropathy.

Xylene has been found to affect the dermis and eyes of animals. Hine and Zuidema (1970) found skin erythema and edema, epidermal thickening, and eschar formation in response to xylene exposure. Direct instillation of xylenes into the eyes of rabbits produces eye irritation (Hine and Zuidema, 1970; Smyth *et al.*, 1962)

Numerous neurological effects have been documented in response to acute and subchronic xylene exposures ranging from 100 to 2,000 ppm. This is consistent with effects on neurofunction documented in humans. These effects include narcosis, prostration, incoordination, tremors, muscular spasms, labored respiration, behavioral changes, hyperactivity, elevated auditory thresholds, hearing loss, and changes in brain biochemistry (Andersson *et al.*, 1981; Carpenter *et al.*, 1975; De Ceaurriz *et al.*, 1983; Furnas and Hine, 1958; Ghosh *et al.*, 1987; Gralewicz *et al.*, 1995; Kyrklund *et al.*, 1987; Molnar *et al.*, 1986; NTP, 1986; Pryor *et al.*, 1987; Rank 1985; Rosengren *et al.*, 1986; Savolainen and Seppalainen, 1979; Savolainen *et al.*, 1978; 1979a; Wimolwattanapun *et al.*, 1987).

Developmental effects have been documented in pregnant animals exposed to xylenes. ATSDR (1995) concluded that the body of information available for developmental effects is consistent with the hypothesis that xylene is fetotoxic and many of the fetotoxic responses are secondary to maternal toxicity. However, the ATSDR also observed that there was a large variation in the concentrations of xylene producing developmental effects and of those producing no developmental effects. The ATSDR thought that these differences were influenced by a number of factors (strain and species of animal, purity of xylene, method of exposure, exposure pattern and duration, etc.). The two most common test species have been the rat and the mouse.

With respect to rats, Mirkova *et al*. (1983) exposed groups of pregnant rats (unspecified strain of white rats) to clean air or 2.3, 12, or 120 ppm of xylene (unspecified composition) for 6 h/day on days 1-21 of gestation. They reported increased postimplantation losses and fetotoxicity (reduced fetal weights) as well as a statistically increased incidence of visceral abnormalities (including ossification defects in bones of the skull) at xylene air concentrations of 12 ppm and above. The ATSDR has suggested that the Mirkova *et al*. (1983) study results may have been influenced by poor animal husbandry as indicated by the low conception rates and the high incidence of fetal hemorrhages seen in the controls. Hass and Jakobsen (1993) attempted to replicate the findings of Mirkova *et al*. (1983). Hass and Jakobsen (1993) exposed groups of 36

pregnant Wistar rats to clean air or 200 ppm of xylene for 6 h/day on days 4-20 of gestation. Unlike Mirakova *et al*. (1983), there was no sign of maternal toxicity and no decrease in fetal weights and no increase in soft-tissue or skeletal malformations. A large increase in the incidence of delayed ossification of the *os maxillare* of the skull, however, was observed (53% of experimental fetuses as opposed to 2% of the controls). Potential neurological/muscular changes measured as performance on a rotorod were also noted upon testing of 2-day-old rat pups.

Ungvary *et al*. (1985) exposed CFY rats by inhalation to air concentrations of xylene (60 ppm, 440 ppm, 800 ppm) for 24 h/day on days 7-15 of gestation. Maternal toxicity was described as moderate and dose-dependent. They observed weight retarded fetuses at all air concentrations. However, there was no increase in malformations, and an increase in minor anomalies and resorbed fetuses occurred only at the highest concentration. In a separate study investigating the interactions between solvents and other agents, Ungvary (1985) exposed CFY rats to either 140 ppm or 440 ppm of xylene on days 10-13 of gestation and also reported increases for either condition in weight retarded and skeletal retarded fetuses without any increase in malformations. Hudak and Ungvary (1978) had earlier examined the effect of 230 ppm xylene (24 h/day, days 9-14 of pregnancy) in the CFY rat and reported effects on skeletal development (e.g., fused sternebrae). In contrast to the other Ungvary findings, no effect on fetal weight was observed. Bio/dynamics (1983) conducted an inhalation exposure study in the rat (CrL-CD (SD) BR strain). Rats were exposed 6 h/day during premating, mating, gestation and lactation. Exposure concentrations were 0, 60, 250, and 500 ppm. Most measures for adverse effects on fetal development were not significantly increased. Mean fetal weights at the highest exposure level were lower than controls, but this difference was significant only for the female fetuses. These depressed weights were, however, still significant on day 21 of lactation. Other adverse effects (such as increased soft tissue and skeletal abnormalities, increased fetal resorptions) were not increased significantly at any of the test concentrations.

Ungvary *et al*. (1980a) tested by inhalation the individual ortho, meta, and para isomers of xylene in the CFY rat. Pregnant rats were exposed 24 h/day on days 7 –14 of pregnancy to 35, 350, or 700 ppm of each isomer. An increased incidence of weight retarded fetuses was observed for each isomer at the 700 ppm level, and for the ortho isomer at the 350 ppm level. Post implantation losses were increased only at the 700 ppm level in the para-xylene exposed group. Skeletal anomalies were increased only at the 700 ppm level for the meta and para isomers of xylene. Rosen *et al*. (1986) evaluated the effects of prenatal exposure to para-xylene in the rat. They exposed pregnant Sprague-Dawley rats by inhalation to either 800 ppm or 1600 ppm of p-xylene from days 7-16 of gestation. Despite the high concentrations, no effects were seen on litter size or weight at birth or on the subsequent growth rates of the pups.

Hass *et al.* (1995) examined postnatal development and neurobehavioral effects in rats following prenatal exposure to 0 or 500 ppm technical xylene 6 hr/day on gestation days 7-20 of pregnancy. Xylene exposure caused no signs of maternal toxicity and no difference in the number of live or dead fetuses. The mean birth weight in exposed litters was about 5% lower compared to control litters but the difference was not statistically significant. Body weights were similar between groups during the preweaning and postweaning period but lower absolute brain weights were observed in exposed animals. Exposed offspring showed a delay in the ontogeny

of the air righting reflex and exhibited impaired performance in behavioral tests for neuromotor abilities (Rotorod) and for learning and memory (Morris water maze). In a follow-up study under the same exposure conditions, exposed offspring exhibited impaired performances in the Morris water maze at 16, 28, and 55 weeks of age, although the difference was not statistically significant at 55 weeks (Hass *et al*., 1997). These data indicate that xylene exposure during development may cause long-lasting deficits on learning and memory in offspring.

With respect to mice, Ungvary *et al*. (1985) exposed CFLP mice by inhalation to air concentrations of xylene (120 ppm, 230 ppm) for 24 h/day on days 7-15 of gestation. In the mouse, they observed increased incidences of weight-retarded fetuses and increased skeletal retarded fetuses at 230 ppm. Shigeta *et al*. (1983) exposed pregnant ICR mice to approximately 0, 120, 230, 460, and 920 ppm of xylene in an exposure chamber for 6 h/day on days 6-12 of gestation. Shigeta *et al.* (1983) reported significant decreases in fetal weight in the 460 ppm and 920 ppm dose groups only. There was no difference in the number of live or dead fetuses. Decreased weight gains and delayed development of body hair and teeth were observed at the 920 ppm exposure level. Dose-response relations were reported for delayed ossification of the sternebrae. Marks *et al*. (1982) noted that 2060 mg/kg/day of mixed xylene administered orally is associated with cleft palate and decreased fetal weight in the mouse.

Ungvary *et al*. (1985) also tested the individual ortho, meta, and para isomers of xylene at 120 ppm in the CFLP mouse. Each isomer of xylene also increased the incidence of weight-retarded fetuses and skeletal retarded fetuses at 120 ppm. There was no increase in malformations.

Of the three chronic studies available (Tatrai *et al.*, 1981; Jenkins *et al.*, 1970; NTP 1986) none comprehensively examined systemic effects. The study by Tatrai *et al.* (1981) exposed rats for one year, 7 days/week, 8 hours per day to 1096 ppm o-xylene. This exposure was a LOAEL for body weight gain in males and a NOAEL for hepatic effects in male rats. Jenkins *et al.* (1970) exposed rats, guinea pigs, squirrel monkeys, and beagle dogs for 90-127 days continuously to 78 ppm of o-xylene. The study examined body weight gain; hematological parameters including white cell counts, red blood cell counts, and hematocrit; serum biochemistry including bromosulfophthalein retention, blood urea nitrogen, alanine aminotransferase, aspartate aminotransferase, alkaline phosphatase, and creatinine and liver function including alkaline phosphatase, tyrosine aminotransferase, and total lipids. No effects were observed in any of the parameters examined in this study. This study found a NOAEL for all effects examined of 78 ppm o-xylene. The NTP (1986) study administered 0, 250, or 500 mg/kg/day doses of mixed xylene in corn oil by gavage 5 days/week for 103 weeks to groups of F344/N rats of both sexes, 50 animals per group. B6C3F1 mice were treated in a similar manner but given 0, 500 or 1000 mg/kg/day of mixed xylenes in corn oil by gavage. A complete histopathological examination of all tissues was made as well as determination of body weight gain. Based on histopathology of all organ systems, a NOAEL of 500 mg/kg/day was observed for rats and a NOAEL of 1000 mg/kg/day was observed for mice.

VI. Derivation of Chronic Reference Exposure Level (REL)

Study	Uchida *et al.* (1993)
Study population	175 xylene-exposed factory workers and control population of 241 factory workers
Exposure method	Inhalation
Critical Effects	Dose related increase in the prevalence of eye irritation, sore throat, floating sensation, and poor appetite.
LOAEL	14.2 ppm (geometric mean of exposure concentrations)
NOAEL	Not applicable
Exposure continuity	8 hr/d (10 m^3/day occupational inhalation rate), 5 d/wk
Exposure duration	Occupational exposure for an average of 7 years
Average occupational exposure	5.1 ppm for LOAEL group (14.2 x 10/20 x 5/7)
Human equivalent concentration	5.1 ppm for LOAEL group
LOAEL uncertainty factor	3
Subchronic uncertainty factor	1
Interspecies uncertainty factor	1
Intraspecies uncertainty factor	10
Cumulative uncertainty factor	30
Inhalation reference exposure level	0.2 ppm (200 ppb; 0.7 mg/m^3; 700 µg/m^3) for mixed xylenes or for total of individual isomers

A number of issues are important in considering the uncertainty associated with this REL. For ATSDR (1995), the animal and human toxicity data suggest that mixed xylenes and the different xylene isomers produce similar effects, although different isomers are not equal in potency for producing a given effect. Therefore exposure of workers to a mix of xylenes in the Uchida *et al.* (1993) study would be expected to generate a similar spectrum of responses as exposure to single isomers, however the intensity of particular effects could be different. The use of a neurological endpoint for derivation of a REL is supported by the large number of inhalation and oral studies, which associate neurological effects with xylene exposure. ATSDR (1995) indicates that neurological effects are a sensitive endpoint. The observation that floating sensation is apparently related to dose further supports the concept that this subjective symptom related to neurological effects was due to xylene exposure.

A UF of 3, rather than 10, was applied for the LOAEL to NOAEL extrapolation due to the generally mild adverse effects observed and the principally low incidence (<50%) of the effects. A factor of 1 was used for subchronic uncertainty. Although the average occupational exposure was only 7 years, there were 176 xylene-exposed workers of average age 29.7 ± 9.0 years (arithmetic mean ± SD) for whom, according to the report, there had been essentially no change in workplace in their working life. Thus, many workers would likely have been exposed for more than 8.4 years, the cut-off point for chronic human exposure. Another issue is the use of diffusive samplers in the Uchida *et al.* (1993) study. These samplers provide a time weighted

average concentration of hydrocarbon and cannot indicate the maximum concentrations a worker is exposed to. It is unknown whether peak concentrations alter the response to xylenes in humans.

For comparison with the proposed REL of 200 ppb based on human studies, (1) the free-standing NOAEL of 78 ppm o-xylene obtained by Jenkins *et al*. (1970) in rats and guinea pigs continuously exposed for 90 days was used to estimate a REL based on animal data. Use of an RGDR of 1, a subchronic UF of 3, an interspecies UF of 3, and an intraspecies UF of 10 results in a REL of 800 ppb for o-xylene for systemic effects. (2) Tatrai *et al*. (1981) found a free standing LOAEL of 1096 ppm o-xylene for body weight gain in male rats exposed every day for 8 hours. Time adjustment to continuous exposure and use of an RGDR of 1, a LOAEL UF of 3 for a mild effect, an interspecies UF of 3, and an intraspecies UF of 10 result in a REL of 4000 ppb. (3) Ungvary *et al*. (1985) exposed mice by inhalation continuously to 120 ppm or 230 ppm xylene for 24 h/day on days 7-15 of gestation. The LOAEL was 230 ppm and the NOAEL was 120 ppm. No time adjustment is needed. Use of an RGDR of 1, a subchronic UF of 1, an interspecies UF of 3, and an intraspecies UF of 10 results in a REL of 4000 ppb for xylene for developmental effects.

VII. Data Strengths and Limitations for Development of the REL

The strengths of the inhalation REL for xylene include the use of human exposure data from 175 workers exposed over a period of years. Major areas of uncertainty are the uncertainty in estimating exposure, the potential variability in exposure concentration, and the lack of observation of a NOAEL in the key study.

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