# Air Toxics Hot Spots Program

Introduction to Noncancer Reference Exposure Levels for

- Toluene Diisocyanate (TDI)
- Methylene Diphenyl Diisocyanate (MDI)

Office of Environmental Health Hazard Assessment

Scientific Review Panel Presentation November 2014



**Office of Environmental Health Hazard Assessment** 

#### Toluene Diisocyanate (TDI)



- TDI monomer used in flexible polyurethane foams adhesives and coatings
- Volatile: vapor pressure 0.023 mm Hg 25°C
- Highly reactive N=C=O groups react with lung tissue and macromolecules
- One of the most potent LMW sensitizers



# **Brief Overview of Toxicity of TDI**

Acute exposure in animals and humans:

- Sensory irritation
- Eye, nose, throat irritation
- Pulmonary irritation and tissue damage (dose dependent)
- Airways hyperresponsiveness

**Chronic exposure:** 

- Sensitizer via inhalation and dermal exposure –
  Occupational Asthmagen
- chronic bronchitis, rhinitis, conjunctivitis in workers
- Accelerated decline in lung function (in absence of asthma)



#### Toluene Diisocyanate (TDI) Draft Acute REL based on:

- Acute exposure caused sensory irritation in normal subjects at 50 ppb and above (Henschler et al., 1962)
- Asthmatic responses in nonsensitized human asthmatic subjects at 10 ppb and above for 1 hr (Baur et al. 1994; Vogelmeier et al. 1991; Fruhmann et al., 1991)
- ◆ ≥100% increase in airway resistance (Raw) in 1/15 asthmatic subjects at 10 ppb and another at 20 ppb



# **TDI 8-Hour & Chronic RELs**

- Based on decreased lung function (FEV<sub>1</sub>) in TDI workers (Diem et al., 1982)
  - 5 year prospective study in 277 workers
  - detailed longitudinal analysis of workers from the start of exposure in a new TDI production facility, lung function measured prior to starting work at new facility and multiple measures over 5 years after start of employment
  - Sensitizing incidence: 12/277 (0.9%/yr)



#### Methylene Diphenyl Diisocyanate (MDI) Reference Exposure Levels



- MDI and polymeric MDI (PMDI) used mainly in rigid polyurethane foams
- Lower VP than TDI (5×10<sup>-6</sup> mm Hg @ 25°C)
- Exposure during spraying applications or heating
- Dermal contact a concern in workers



# **Brief Overview of Toxicity of MDI**

Toxicity qualitatively similar to TDI

Acute exposure:

- irritation of the lungs and upper respiratory tract with symptoms including headache, sore throat, cough, and chest tightness
- Animal studies respiratory epithelial damage, pulmonary edema
- If exposure high, reactive airways dysfunction

Chronic exposure:

- Sensitization
- Occupational asthma with a latency period
- hypersensitivity pneumonitis



### **MDI Acute REL**

Acute REL based on MDI rodent inhalation study

- Critical effect: increased total protein in BALF in female Wistar rats (Pauluhn, 2002)
  - 6 hr exposure, increased protein 3 hrs post-exposure
  - No NOAEL, LOAEL 0.7 mg/m<sup>3</sup>, no BMC modeling

MDI (mg/m <sup>3</sup> )	Total Protein Content in BALF (mg/m <sup>3</sup> )	Standard Deviation
0	0.152	±0.034
0.7	0.224	±0.021
2.3	0.215	±0.037
8	0.363	±0.062
20	0.484	±0.131



### **MDI 8-Hour REL**

- <u>8-Hour REL based on PMDI rodent inhalation study</u>
  - Critical effect: Increased incidence of bronchiolo-alveolar hyperplasia and pulmonary fibrosis
  - Re-exam of Reuzel et al. (1994) data by Feron et al. (2001)
  - Two year study in adult female Wistar rats
  - 60 per group, exposure 6 hr/d, 5 d/wk
  - NOAEL 0.19 mg/m<sup>3</sup>, LOAEL 0.98 mg/m<sup>3</sup>

PMDI (mg/m <sup>3</sup> )	Hyperplasia
0	11/59 (19%)
0.19	10/60 (17%)
0.98	25/60 (42%)
6.03	59/59 (100%)



# **MDI Chronic REL**

**Chronic REL Derivation based on MDI rodent study:** 

- Critical effect: Increased incidence and severity of interstitial fibrosis
- Reanalysis of Hoymann et al. (1998) by Feron et al. (2001)
- Two year study in adult female Wistar rats
- 80 per group, 18 hours/day, 5 days/week
- No NOAEL, LOAEL 0.23 mg/m<sup>3</sup>

MDI (mg/m <sup>3</sup> )	Interstitial Fibrosis
0	10/80 (13%)
0.23	63/80 (79%)
0.7	77/80 (96%)
2.05	79/80 (99%)



#### **Next Steps**

- OEHHA has received public comments, and developed responses
- OEHHA has revised document in response to public comments
- Panel will receive SRP review draft of document, public comments, and OEHHA's responses to comments very soon
- RELs will be reviewed at the next SRP meeting, December 12th

