

# **Scientific Review Panel Meeting**

## **Carbonyl Sulfide (COS) Reference Exposure Levels**

**March 4, 2016  
Sacramento**



# Carbonyl Sulfide RELs

## **Carbonyl Sulfide Reference Exposure Levels**

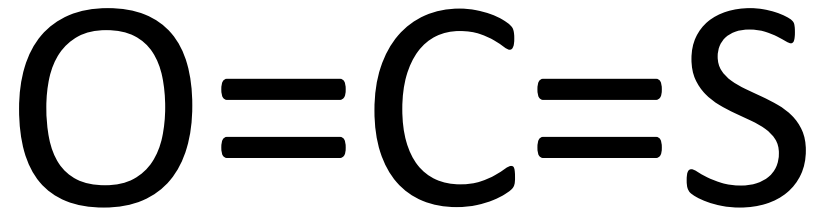
Technical Support Document for the  
Derivation of Noncancer Reference  
Exposure Levels

Appendix D1

**SRP Review Draft  
Revised May 2015**



# Carbonyl Sulfide



# Carbonyl Sulfide

- chemical intermediate
- a byproduct of oil refining
- a potential grain fumigant; not currently registered in CA as fumigant
- Federal Hazardous Air Pollutant - 1990
- Toxic Air Contaminant in CA – 1993

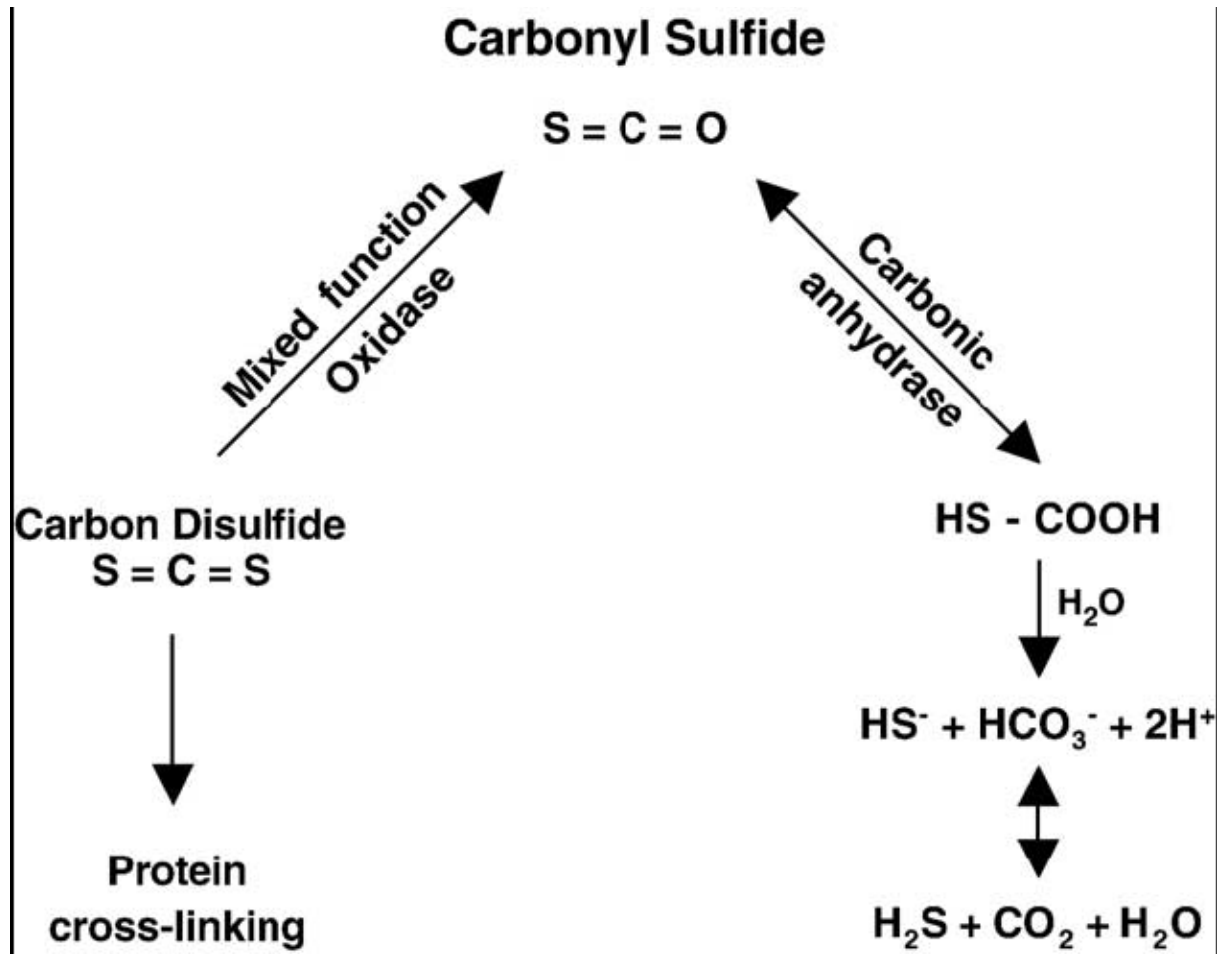


# Carbonyl Sulfide

- CA emissions in 2012 = 15,710 lbs (n=56)
- Top CA stationary source = 7,706.2 lbs
- TRI emissions in 2012 = 34,960 lbs (n=15)
- Hot Spots emissions updated every 4 years



# Metabolism of COS



# Reference Exposure Levels

- Reference Exposure Levels are based on the most sensitive and relevant health effects reported in the medical and toxicological literature.
- They are derived as described in OEHHA (2008). *Air Toxics Hot Spots Risk Assessment Guidelines. Technical Support Document for the Derivation of Noncancer Reference Exposure Levels.*  
[http://www.oehha.ca.gov/air/hot\\_spots/2008/NoncancerTSD\\_final.pdf](http://www.oehha.ca.gov/air/hot_spots/2008/NoncancerTSD_final.pdf).



# Acute REL

- Acute Reference Exposure Levels are levels at which infrequent one-hour exposures are not expected to result in adverse health effects.
- See Section 5 of the Technical Support Document ([OEHHA, 2008](#)).





# Morgan et al., 2004

In the key study,

- male rats exposed to 600 ppm (1,476 mg/m<sup>3</sup>) COS for 6 hours showed ataxia and head tilt, as well as neuropathological lesions in the brain (at 14 day follow-up)
- male rats exposed to 300 ppm (738 mg/m<sup>3</sup>) COS did not exhibit these nervous system effects.



# Proposed acute REL: NOAEL selection

<i>Key study</i>	Morgan et al., 2004
<i>Study population</i>	groups of 5 male rats
<i>Exposure method</i>	inhalation of 0, 75, 150, 300 or 600 ppm COS
<i>Exposure continuity</i>	single exposure
<i>Exposure duration</i>	6 hours (plus 14 days follow-up)
<i>Critical effects</i>	several CNS effects
<i>LOAEL</i>	600 ppm (1,476 mg/m <sup>3</sup> )
<i>NOAEL</i>	300 ppm (738 mg/m <sup>3</sup> )
<i>BMCL</i>	not derived
<i>Time adjusted exposure</i> <i>(variant of Haber's Rule)</i>	542 ppm (1,333 mg/m <sup>3</sup> ) [(300 ppm) <sup>3</sup> x 6 hours = (X ppm) <sup>3</sup> x 1 hour]



# Proposed acute REL: REL derivation

<i>Human Equivalent Concentration</i>	542 ppm (RGDR = 1)(systemic effect)
<i>LOAEL uncertainty factor (<math>UF_L</math>)</i>	1
<i>Interspecies uncertainty factor</i>	
<i>Toxicokinetic (<math>UF_{A-k}</math>)</i>	2 (default)
<i>Toxicodynamic (<math>UF_{A-d}</math>)</i>	$\sqrt{10}$ (default)
<i>Intraspecies uncertainty factor</i>	
<i>Toxicokinetic (<math>UF_{H-k}</math>)</i>	10 (default)
<i>Toxicodynamic (<math>UF_{H-d}</math>)</i>	10 (potential for increased sensitivity of infants and children to neurotoxicants)
<i>Database uncertainty factor</i>	$\sqrt{10}$ (limited database)
<i>Cumulative uncertainty factor</i>	2,000
<i>Acute Reference Exposure Level</i>	<b>270 ppb (660 <math>\mu\text{g}/\text{m}^3</math>)</b>



# Chronic RELs

- The chronic Reference Exposure Level is a concentration at which adverse noncancer health effects would not be expected from continuous chronic exposures.
- See Section 7 in the Technical Support Document ([OEHHA, 2008](#)).



# Morgan et al., 2004

F344/N rats (10/sex/exposure level)

Discontinuous whole-body inhalation to 0, 200, 300, or 400 ppm COS

6 hours/day, 5 days/week, 12 weeks

- 400 ppm: males and females - increased incidence (1) of necrosis or cavitation in the parietal cortex and (2) of neuronal loss or microgliosis in the posterior colliculus.
- 300 ppm COS: no similar effects.



# COS-exposed rat brain pathology data after 12 weeks (Morgan et al., 2004)

<i>CNS region</i>	<i>Neuropathology</i>	<i>Sex</i>	<i>Control</i>	<i>300 ppm</i>	<i>400 ppm</i>
Parietal cortex area I	Necrosis or cavitation	M	0/10	0/10	5/10*
Parietal cortex area I	Necrosis or cavitation	F	0/10	0/10	4/10*
Posterior colliculus	Neuronal loss or microgliosis	M	0/9	0/9	7/9**
Posterior colliculus	Neuronal loss or microgliosis	F	0/9	0/9	5/9**
Posterior colliculus	Hemorrhage	M	0/9	0/9	2/9
Posterior colliculus	Hemorrhage	F	0/9	0/9	1/9
Thalamus	Necrosis	M	0/10	0/10	1/10
Thalamus	Necrosis	F	0/10	0/10	0/10
* p < 0.05; ** p < 0.01 vs control by Fisher Exact Test					

# Upstream Effects

- Upstream biochemical perturbations may be useful for assessing dose-response relationships.
- For carbonyl sulfide such an upstream effect may be the decrease in cytochrome oxidase levels in certain areas of the brain.



# COS-exposed female rat brain parietal cortex cytochrome oxidase activity (Morgan et al., 2004)

Female rats (12 weeks exposure)

COS (ppm)	Cytochrome oxidase <sup>a,b</sup>	% control
0	1,711 ± 125	100
200	1,268 ± 232**	74
300	928 ± 175**	54
400	857 ± 72**	50

<sup>a</sup> μmol cytochrome oxidase/min/mg protein

<sup>b</sup> mean ± SD (n=10)

\*\* p < 0.001 compared to control (Dunnett's Test)



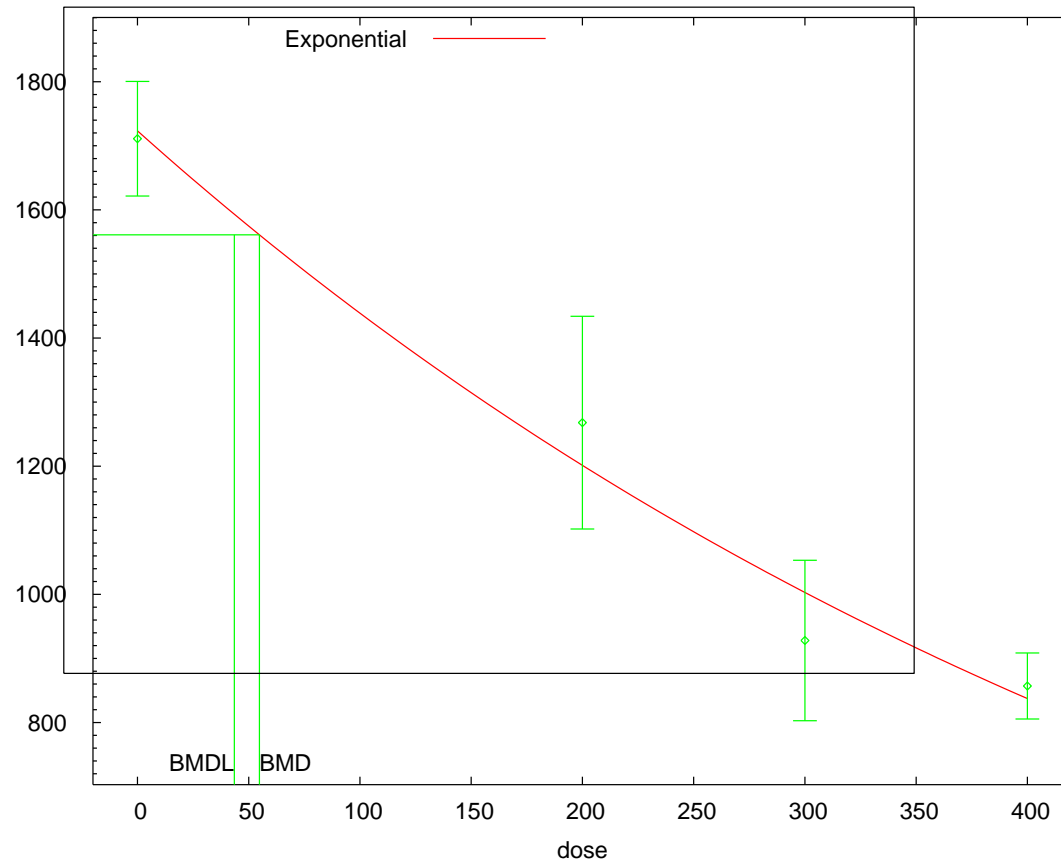


# BMDS analysis of COS-exposed female rat parietal cortex cytochrome oxidase activity (Morgan et al., 2004)

Model	Deviation	BMC	BMCL	p for fit	AIC(fitted)
Hill	1 SD	148	85	NA <sup>3</sup>	452.9006
Hill	0.5 SD	127	56	NA	452.9006
Hill	0.05 relative	130	59	NA	452.9006
Power	1 SD	73	59	0.075	454.0712
Linear	1 SD	73	59	0.075	454.0716
Polynomial (n=2)	1 SD	58	43	0.046	454.8798
<b>Exponential Model 2</b>	<b>1 SD (normal distribution)</b>	<b>55</b>	<b>44</b>	<b>0.1197</b>	<b>453.1459</b>
Exponential Model 3	1 SD	69	44	0.05139	454.6961
Exponential Model 4	1 SD	55	40	0.1197	453.1459
Exponential Model 5	1 SD	130	78	NA	452.9006

# Exponential Model 2 fit to cytochrome oxidase activity (Morgan et al., 2004)

Exponential Model 2, with BMR of 1 Std. Dev. for the BMD and 0.95 Lower Confidence Level for BMDL



12:45 07/16 2014



# Proposed chronic REL: Point of Departure selection

Study	Morgan et al. (2004)
Study population	F344/N rats (10/sex/exposure level)
Exposure method	Discontinuous whole-body inhalation to 0, 200, 300, or 400 ppm COS
Exposure continuity	6 hours/day, 5 days/week
Exposure duration	12 weeks
Critical effects	Low cytochrome oxidase levels in parietal cortex of female rats
LOAEL	200 ppm (984 mg/m <sup>3</sup> )
NOAEL	Not found
BMCL <sub>1SD</sub>	44 ppm (Exponential Model 2)



# Proposed chronic REL: REL derivation

Time adjusted exposure	7.9 ppm (44 ppm x 6/24 x 5/7)
Human Equivalent Concentration	7.9 ppm (19.4 mg/m <sup>3</sup> )(RGDR = 1)
LOAEL uncertainty factor (UF <sub>L</sub> )	Not applicable with BMC
Subchronic uncertainty factor (UF <sub>S</sub> )	√10 (12 week study)
Interspecies uncertainty factor	
Toxicokinetic (UF <sub>A-k</sub> )	2 (no PBPK model)
Toxicodynamic (UF <sub>A-d</sub> )	√10 (default)
Intraspecies uncertainty factor	
Toxicokinetic (UF <sub>H-k</sub> )	10 (default)
Toxicodynamic (UF <sub>H-d</sub> )	√10 (default)
Database uncertainty factor	√10 (limited database)
Cumulative uncertainty factor	2,000
Chronic Reference Exposure Level	<b>4 ppb (10 µg/m<sup>3</sup>)</b>



# Proposed 8-hour REL

- The 8-hour Reference Exposure Level is a concentration at or below which adverse non-cancer health effects would not be anticipated for repeated 8-hour exposures.
- Because chemicals that have the endpoint of neurotoxicity often have cumulative and sometimes irreversible effects, the 8 hour REL is the same as the chronic REL (4 ppb; 10  $\mu\text{g}/\text{m}^3$ ).



# Carbonyl Sulfide as a TAC Especially Affecting Infants and Children

- In view of the neurotoxic effects of carbonyl sulfide, exposure may disproportionately impact infants and children. OEHHA recommends that carbonyl sulfide be identified as a toxic air contaminant which may disproportionately impact children pursuant to H&SC, Sec. 39669.5(c).



# Public Comments

- No written comments about the Public Review Draft were submitted.



# Comments by Dr. Blanc

**Comment:** US EPA lists 13 refineries with >40,000 pounds total COS emissions. Hot Spots inventory lists 2 or 3, with <8,000 pounds total (e.g. 20% of the EPA estimate). Emissions table is for low year 2008, not the year with 22,000.

## **Staff Response:**

- Document now lists 2012 U.S. EPA Toxic Release Inventory (TRI) and Hot Spots COS California emissions inventories.
- Differences between TRI and ARB COS emission estimates reflect differences in reporting requirements
  - TRI reporting is annual, Hot Spots every 4 years and facilities reports are staggered; any given year does not include all sources.



# Comments by Dr. Blanc

**Comment:** Thiess et al (1968) data discounted based on Bartholomeaus and Haritos (2005) review. Should summarize all the animal experimental data (cats, dogs and guinea pigs, 300-500 ppm).

**Staff Response:** OEHHA used two independent English translations of the original Thiess study (in German). We added to reporting of Thiess results (page 7): “There were no deaths after 6 hours at 300-500 ppm in cats, rabbits, or guinea pigs (2/species).”



# Comments from Dr. Blanc

**Comment:** May be over emphasizing carbon disulfide as a mechanism. Morgan makes a convincing argument this is not the pathway and rather hydrogen sulfide is the ultimate toxin.

## **Staff Response:**

- A report in the Thiess paper by the Institute for Judicial Medicine and Forensics in Mainz implicated  $H_2S$  and  $CO$  as candidate poisons.
- The absence of a reaction with lead paper ruled out  $H_2S$ .
- From the report it is not clear how  $CO$  was ruled out and why  $COS$  was implicated.



# Comments from Dr. Blanc

**Comment:** Carbonic anhydrase (CA) activity may be crucial to COS metabolism. How much is known about human carbonic anhydrase polymorphisms?

## **Staff Response:**

- At least 15 polymorphisms of carbonic anhydrase in humans.
- A data gap exists regarding COS metabolism by CA in humans.



# Comments by Dr. Blanc

**Comment:** acute REL  $UF_{H-d} = 10$ , chronic REL  $UF_{H-d} = \sqrt{10}$ . Not convincing that the data justify a chronic REL  $UF_{H-d} = \sqrt{10}$ .

**Staff response:** used  $\sqrt{10}$  for the chronic REL  $UF_{H-d}$  because an upstream effect was used as REL basis.



# Comments by Dr. Blanc

**Comment:** Suggest more COS dose-response discussion, given steep COS dose response curve. Possibly include discussion of similar toxicants (e.g., hydrogen sulfide (H<sub>2</sub>S)).

## Staff Response:

- Brown and Strickland (2003) H<sub>2</sub>S acute toxicity metaanalysis - steep curves for acute lethality for H<sub>2</sub>S by inhalation in rats at 8 time points ranging from 5 minutes to 16 hours; were able to perform a meta-analysis on H<sub>2</sub>S dose-duration levels because sufficient H<sub>2</sub>S inhalation study data existed.
- Limited amount of acute exposure data for COS insufficient for similar metaanalysis.



# Comments by Dr. Blanc

**Comment:** Acute REL for COS (270 ppb) is 50 times higher than the 8 hr and chronic REL (4 ppb), seems out of line with the difference between the acute (30 ppb) and chronic (8 ppb) for H<sub>2</sub>S which is thought to be a key pathway for this as a toxicant downstream.

## **Staff Response:**

- The acute REL for H<sub>2</sub>S is based on a human study where the adverse effect is a LOAEL for odor perception; chronic REL based on inflammation of nasal mucosa (mice).
- The end points for both are not comparable to those used for COS.
- The COS acute REL is based on an animal study with more severe adverse CNS effects (ataxia, head tilt, necrotic lesions, and vacuolation of myelin) and on a NOAEL.
- Hydrogen cyanide (HCN) also inhibits cytochrome oxidase and has a steep dose-response curve - the acute REL for HCN is 38 times the chronic REL (340 vs. 9 µg/m<sup>3</sup>).

# Comments by Dr. Blanc

**Comment:** A key issue - strict adherence to a 2 week exposure for acute studies, while 3 week exposure data exists that shows 300 PPM to be a LOEL.

## **Staff Response:**

- The OEHHA Noncancer Reference Exposure Level document describes a preference for the use of a single short duration exposure study for acute REL derivations rather than studies with longer exposure durations.
- The Morgan et al. study was preferred for the COS acute REL derivation since it used an acute (6 hour) exposure and had a two-week follow-up.
- This exposure scenario is consistent with the definition of a one-hour REL (protects against infrequent one-hour exposures, not continuing exposures).

# Comments by Dr. Blanc

**Comment:** Why does the 8-hour REL derivation use Morgan (2004) 12-week exposure data since the study also provides 24-day data demonstrating a LOEL of 200 ppm? The intermittent exposure design means that at day 24 the animals have been exposed a maximum of 18 times.

## **Staff Response:**

- The 8-hour REL is applied to repeated 8-hour exposures up to lifetime, and is based on chronic exposures if available.
- The COS 8-hour and chronic RELs are derived from a subchronic study using an 86-day exposure period, which is the longest study available.
- Although cytochrome oxidase activity level decreases tended to be greater with longer exposures, the cytochrome oxidase LOAEL was 200 ppm at 24, 52 and 86 days of exposure.





# Comments by Dr. Blanc

**Comment:** Add expanded data from Benson et al. (the Nutt abstract cited) in the Lovelace Annual Report.

**Staff Response:** Added data from Benson et al. on page 8 of the document, used the data to derive a comparison acute REL on page 21.



# Comments by Dr. Blanc

**Comment:** Expand description of COS in natural sources, as a Captan breakdown product, and in environmental tobacco smoke (ETS).

**Staff Response:** added following information

- COS in ETS
- COS from metam sodium metabolism
- COS from Captan metabolism
- COS from Antabuse metabolism
- Cheng et al (2015): ambient levels and suspected sources of COS in Beijing.

