

## UNITED STATES ENVIRONMENTAL PROTECTION AGENCY WASHINGTON, D.C. 20460

September 30, 1997

**MEMORANDUM** 

SUBJECT: Meeting to Discuss Issues Regarding

OFFICE OF PREVENTION, PESTICIDES AND

TOXIC SUBSTANCES

Cancer Peer Review Document for the New Chemical Isoxaflutole

(123000). DP Number: None.

FROM:

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Health Effects Division (7509C)

THROUGH:

William Burnam, Chief

Science Analysis Branch

Health Effects Division (7509C)

TO:

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Registration Division (7505C)

Members of the Health Effects Division, William Burnam, Sanjivani Diwan, Barbara Madden, Hugh Pettigrew and Esther Rinde met on August 26, 1997 to discuss issues regarding the August 6, 1997 Carcinogenicity Peer Review of Isoxaflutole document. In the August 6, 1997 document the Cancer Peer Review Committee (CPRC) recommended that for the purpose of risk characterization, a non-linear approach - Margin of Exposure (MOE) be applied to the most sensitive precursor lesion in the male rat thyroid, and that a linear lowdose extrapolation be applied for the tumors of the rat liver.

In the August 26, 1997 meeting, upon review of the data and CPRC document it was recommended that for the male rat thyroid, the No Observable Effect Level (NOEL) of 2 mg/kg/day\*\* observed in a 104 week combined chronic toxicity/carcinogenicity study in rats (MRID 43904806) be used for the non-linear (MOE) cancer risk assessment. The Lowest Observable Effect Level (LOEL) for this study was 20 mg/kg/day\*\* based on thyroid hyperplasia. Tumors were statistically significantly increased in this study only at the 500 mg/kg/day dose.

It was also decided that the results from the 78-week feeding/carcinogenicity study in mice (MRID 3904807) should also be included when determining the Q\* to be used for risk assessment for the linear low-dose extrapolation. It was recommended that a Q\* be developed for the female mouse liver, female rat liver, male mouse liver and male rat liver and the Q\* with the highest unit of potency be used for risk assessment.

<sup>\*\*</sup>Please note that the LOEL for hyperplasia (20 m/k/d) is 10-fold greater than the dose at which an increase in thyroid tumors (numerical only) first occurs in male rats (2 m/k/d) - see TABLE 5 from the Peer Review Document Recycled/Recyclable (attached). Printed with Soy/Canola ink on paper that contains at least 50% recycled fiber

Table 5. Isoxaflutole - CD(SD)BR VAF Plus Rat Study

## Male Thyroid Follicular Cell Tumor Rates and Peto's Prevalence Test Results (p values)

## Dose (mg/kg/day)

	0	0.5	2.0	20.0	500.0	
Adenomas (%)	3/66 (5)	1/60 (2)	5*/69 (7)	7/68 (10)	15/69 (22)	-
p =	0.000**		0.271	0.127	0.005**	
Carcinomas (%)	0/53 (0)	1/46 (2)	2/59 (3)	1/58 (2)	3 <sup>b</sup> /62 (5)	
<b>p</b> =	0.113	0.117	0.159	0.169	0.042*	•
Combined (%)	3/66 (5)	2/60 (3)	7/69 (10)	8/68 (12)	17°/69 (25)	<del></del>
p =	0.000**	-	0.120	0.081	0.002**	

+Number of tumor bearing animals/Number of animals examined, excluding those that died before the observation of the first tumor; also excludes week 53 interim sacrifice animals.

\*First thyroid follicular cell adenoma observed at week 70, dose 2.0 mg/kg/day.

<sup>b</sup>First thyroid follicular cell carcinoma observed at week 91, dose 500.0 mg/kg/day.

One animal in the 500.0 mg/kg/day dose group had both an adenoma and a carcinoma.

Note: Interim sacrifice animals are not included in this analysis. There were no thyroid follicular cell tumors in any interim sacrifice animals.

Significance of trend denoted at <u>control</u>.
Significance of pair-wise comparison with control denoted at <u>dose</u> level.

If \*, then p < 0.05. If \*\*, then p < 0.01.