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Sent: Monday, December 11, 2000 5:31 PM

To: jmoore@sciences.com <<mailto:jmoore@sciences.com>>

Subject: Comments on 2-EH and 2-EHA

Jack, please find attached my comments on the DEHP review as it pertains to 2-EH and 2-EHA. There is a Word document and an Excel file. I will follow this with an overnite mail of a hard copy tomorrow. Thanks for the opportunity to provide input. sincerely, Willem Faber <<final letter to CERHR.doc>> <<CERHR TABLE.xls>>

Section 2.1.2, Oral studies in rats with 2-EH – The 6% increase in relative (to body weight) testes weight corresponds perfectly with the 7% reduction in body weights observed in the male rats receiving 500 mg/kg/day 2-EH by gavage. The growth of the testes (and several other internal organs) would be spared under these test conditions and the decreased weight in rats of this age and strain is almost certainly due to reduced body fat when compared to matched control animals. In the absence of any histological lesions in the testes, to suggest there is evidence that “perhaps” the testes is a target organ is not supported by a close analysis of the data. Later in Section 4.2.3, the document suggests that because neutral buffered formalin (NBF) was used to fix the testes, significant fixation artifacts could have been caused. However, in both the experience of the laboratory and in the literature the use of NBF in causing fixation artifacts is very laboratory specific, and was not a problem in the laboratory this study was performed in. Furthermore, the pathologists that examined the slides from this study found them to be perfectly adequate for the purpose intended. Therefore, there were no fixation artifacts, no testicular lesions, and no evidence of testicular toxicity in this study.

Section 3.2.3, Dermal developmental toxicity studies with 2-EH – The CERHR review suggests there should be reduced confidence in this study due to the lack of a clearly maternally toxic dose. The authors reported a reduction in weight gain from gestational days 6-9 at the highest dose level and erythema and cellular exfoliation at the mid- and high-dose groups. The highest dose level is in excess of 2500 mg/kg/day, approximately 2.5-fold greater than the limit dose used in developmental toxicity by the oral route of exposure. Furthermore, red, injected, irritated, peeling skin at the site of application is very good evidence of dermal toxicity in the dams and to suggest a higher dose and/or to dismiss this finding would violate the humane treatment of these animals. The confidence in this study should be high and this study should be perfectly acceptable for risk assessment of 2-EH following a dermal exposure. It may not be of much use for evaluating oral or IV exposures to DEHP, but then none of the 2-EH or 2-EHA data is of much use for that anyway, since all of the low-dose DEHP effects (and those of any concern) are due to MEHP alone.

Section 3.2.4, Gavage administration of 2-EHA – For the rat study, the interpretation of this study in the CERHR review is in direct contradiction to the study authors and this discrepancy should be stated up front. Furthermore, the CERHR review should describe how a chemical treatment that reduces the incidence of seven fetal skeletal variations would qualify as “consistent evidence of fetotoxicity”. The CERHR review does not state the level of confidence in the rat study. In this same section, the CERHR review describes the rabbit study and repeats the same absurd conclusion it did in the first draft of the document (“Confidence is limited due to the absence of a clearly maternally toxic dose.”) The mid- and high-dose levels in this study killed some of the dams. How much more toxic would the CERHR reviewer like the material to be? This study is an excellent study that demonstrated no effects on development at maternally toxic levels in rabbits. The study was done by GLP and EPA Guidelines in very good laboratories by accomplished developmental toxicologists. The confidence level should be extremely high for use in risk assessment.

In the same section (3.2.4), the study by Ritter et al., (166) is reviewed. This study uses very high dose levels, levels that cause considerable maternal toxicity (convulsions, prostration, death,) in other comparable studies. This study does not examine the effects at lower doses, doses with minimal to no maternal toxicity. This study also fails to replicate the effects observed with DEHP observed in other developmental toxicity studies. The CERHR review also fails to assign a confidence rating for this study. In spite of all that, the CERHR review states “The results are compatible with the hypothesis that 2-EHA is the proximate teratogen.” This is in direct contradiction to what is stated in the conclusion of the CERHR review, where it is clearly stated that MEHP is the proximate teratogen for DEHP.

Within this section, the CERHR review attempts to link the developmental toxicity of 2-EHA with that of valproic acid (VPA). As indicated in the earlier comments to CERHR, this review is about 5 years out of date. There does not appear to have been any attempts to upgrade this section from the previous draft and therefore the prior comments are still appropriate. The part of the review for the Chernoff-Kavlock assay (ref. 198) does not have a confidence rating. However, in light of the CERHR reviewers comments that death was not a clear indication of maternal toxicity in rabbits, it should be clearly stated as to whether this logic also hold for rats. The study (ref. 198) reports (to its credit) several signs of toxicity, including death to the dams; however, no conclusion is given as to whether the CERHR review considers this to be a clear indication of maternal toxicity. The review should be uniform in this respect and state that in rats, as was previously stated for rabbits, death to the dams is not considered a clear indication of toxicity. Also, the CERHR review should mention that the Chernoff-Kavlock assay is a screening assay and hardly appropriate to support a conclusion of a similarity of syndromes of developmental toxicity between VPA and 2-EHA, particularly since there are much better studies to use to prove or disprove that hypothesis. Also, in the last paragraph of that section, the word “neutralized” is supposed to be “ionized”. The nonionized weak acids enter the conceptus and become ionized within the slightly alkaline environment and are trapped (ion trapping), or so the theory goes.

Section 3.2.4, Administration by Drinking Water - The problems with the drinking water studies using 2-EHA are well known, and were elucidated in the previous comments to CERHR. Again, nothing was changed in response to those comments and therefore the comments will not be repeated here (there are many problems and therefore many comments). This time the CERHR review assigned confidence ratings to these two studies, while failing to acknowledge the problems with study design, interpretation, etc. The confidence rating was assigned based upon the supposed replication of the NOAEL and LOAEL between the developmental toxicity study and the reproductive toxicity study for 2-EHA within the drinking water. However, the dose levels (and therefore the NOAELS and LOAELS) are the same since the same group performed both studies with the same concentrations in the drinking water, not because of any sort of concordance between the findings from the studies. The Panel should have little confidence in the data from these studies for all of the reasons in the comments previously submitted and reproduced again below.

The primary drawback with using the Pennanen et al. (1992) study is that there is no description as to how the chemical was administered in the drinking water and achieved target doses of 0, 100, 300, or 600 mg/kg/day of the test substance when the two highest exposure levels had significant decreases in rates of water consumption. Furthermore, the authors used the individual fetus as the unit of statistical analysis, not the dam. From close inspection of the data (mean and standard error), it is obvious that certain dams exhibited significant maternal toxicity, while others did not. We have tried to obtain the raw data from the study authors to do a statistical analysis based upon the dam as the unit, but the authors have refused to provide the data. The question of maternal toxicity in this study is particularly important in light of the work of Bui, et al., (1998) that demonstrated that maternal toxicity was critical to the subsequent developmental outcome of the fetuses.

Section 3.2.4, Mechanism – This part of the CERHR is greatly expanded, hopefully in response to the previous comments submitted. However, the review does not appear to reach a credible conclusion regarding the interpretation of the mechanistic studies available. First, they question as to whether chemical in the diet or drinking water can cause an acute phase response in the liver. The ability of the chemical to cause this response in the liver is determined by the dose reaching the liver and the residence time available to cause toxicity. The gavage route would theoretically provide higher concentrations for shorter periods of time while the diet/drinking water would provide lower concentrations but for much longer time periods. Either combination should be able to cause toxicity, whether it is the acute phase responses, systemic toxicity or developmental toxicity. All three routes have demonstrated to cause systemic and developmental toxicity with 2-EHA, as is reviewed in the CERHR document. In the interest of being conservative, the CERHR Panel should consider that drinking water and dietary exposure routes can cause toxicity (acute phase responses or developmental toxicity) just as gavage exposures can, until proven differently. There is no evidence to suggest that peak levels (as found following gavage) are required to cause the acute phase response in the maternal liver. In fact, dietary studies with 2-EHA examining systemic toxicity describe responses in the liver strikingly similar to what would be expected following an acute phase response.

The second point raised is that we do not know the zinc content of the rodent diet fed in the DEHP or 2-EHA studies and therefore cannot know whether they would correspond to inadequate, adequate, or supplemental levels such as were used in the Bui, et al., study. Actually, the zinc content within rodent diets is relatively constant and uniform throughout the USA and Europe. When this question was posed to Dr. Carl Keen, Head of Nutrition at UCal at Davis, (where the work of Bui, et al., was performed), Dr. Keen noted that they picked the adequate level for the experiment to simulate exactly the levels found in the diets fed the animals in the other 2-EHA studies. So it is possible to judge and know what the zinc content of the diets from the other 2-EHA studies was and to include them in the comparison.

Why DEHP is included in the discussion of the acute phase response mechanistic section is unclear. The mechanism of action of 2-EHA and DEHP are unlikely to be related since the molar amounts of 2-EHA formed from the lower teratogenic levels of DEHP are

not adequate to cause any developmental toxicity, while the molar amount of MEHP formed causes approximately the same incidence of developmental effects and of a similar spectrum. 2-EHA is not responsible for DEHP-induced teratogenicity; MEHP alone is responsible for the effects observed. This point is stated very clearly elsewhere in the document, it is only in the 2-EHA sections does the CERHR review seem to confuse this important point. In an attempt to provide this comparison for the CERHR Review, please find two tables in Excel that describe the amount of 2-EH and 2-EHA that would be formed following DEHP administration. It is very clear that the amount of 2-EH and 2-EHA formed from DEHP is so small that it cannot be responsible for the malformations. The amount of 2-EH and 2-EH that must be administered directly to cause similar incidences of defects (as found with DEHP) is approximately 20-fold higher for 2-EH and 10-fold higher for 2-EHA.

The last point the CERHR review raises, as a way to disregard the mechanistic work of Bui, et al., is to suggest that gavage dosing can alone induce the acute phase response. The supposed proof is the difference between the effects measured after a single dose versus after several doses. Of course, by this logic, all gavage developmental toxicity studies would have to be discarded since the method of dosing would be teratogenic. Therefore, the control groups should have higher rates of malformations from this route of exposure than from others, although this has never been observed in thousands of teratology studies conducted to date. What the reviewer is confusing is the degree of response of the measured variable (either liver MT levels, liver zinc levels, or serum zinc levels) to the dose administered. The manner in which an acute phase response in the liver causes a decrease in serum zinc level explains the difference. Following the first dose, the liver produces increased amounts of metallothionein, which sequesters zinc. The free zinc level in the liver falls, and serum zinc shifts into the liver compartment in response to this decrease. Therefore, the effect following the first dose can be quite dramatic. The continued dosing of the animal allows for continued MT synthesis and an altered equilibrium is attained between liver and serum zinc. At some point in time, the liver is saturated with MT and zinc and it cannot sequester any more, and serum zinc levels are reestablished. However, the damage to the embryo is done. The transient decrease in serum zinc at the critical time of development causes permanent defects because of a zinc deficiency in the embryo. The measure of liver MT levels, liver zinc levels, or serum zinc levels after repeated dosing may seem less pronounced but only because the serum zinc levels are starting to be re-established. The data do not support that single versus repetitive dosing/stress argument. Gavage dosing is done routinely without stress to the animals.

The last paragraph added to Section 3.2.4 since the last draft of the CERHR review attempting to correlate 2-EHA and VPA also underscores the previous point that this review is about five years out of date. The reviewers failed to include the most recent work regarding this topic (as was pointed out in the comments on the first draft) and have also failed to consider or mention work that establishes this hypothesis has little merit. The previous comments are repeated below.

. First, the work of Heinz Nau's group (**Reference:** Hauck, R.-S., Wegner, C., Blumtritt, P., Fuhrhop, J.-H., and Nau, H. (1990). Asymmetric Synthesis and Teratogenic Activity of (R)- and (S)-2-Ethylhexanoic Acid, A Metabolite of the Plasticizer Di-(2-ethylhexyl)phthalate. *Life Sci.* 46, 513-518.) regarding 2-EHA enantiomers is not even included. The results showed that a dose of 2000 mg/kg/day of the (R) enantiomer or racemic mixture produced ~10% embryoletality and 16% lower fetal weight. Of the total fetuses examined in these groups, 32 and 59% had exencephaly (racemic mixture and (R) enantiomer, respectively). There is no indication of the number of litters affected. The same dose of the (S) enantiomer (2000 mg/kg/day) and 500 mg/kg/day of the racemic mixture were not fetotoxic or teratogenic since embryoletality and fetal weight were at control levels. It is interesting that the reviewer has not considered the difference in dose-response relationship or potency between valproic acid and 2-EHA. In the paper of Nau et al., (1991), intraperitoneal administration of 3 mmol/kg (498 mg/kg) of 2-EHA causes a 5% incidence in exencephaly, while a comparable dose of valproic acid causes a 44% incidence. This roughly translates into a 9-fold difference in potency, assuming the two materials are acting via a similar mechanism. Even when the more potent enantiomer of 2-EHA is used [R(-)-EHA], a dose of 3 mmol/kg (498 mg/kg) four times (total dose of 1992 mg/kg) over two days is required to cause a 59% incidence of exencephaly. With such a dramatic difference in potency, it may be that 2-EHA and valproic acid are causing exencephaly by two different mechanisms and therefore structure activity relationships based upon the fact that 2-EHA and valproic acid are isomers is not valid.

Furthermore, the most recent work of Dr. Nau (*Tox. And Applied Pharm.* 160, 238-249, 1999. *New Molecular Bioassays for the Estimation of the Teratogenic Potency of Valproic Acid Derivatives In Vitro: Activation of the Peroxisomal Proliferator-Activated Receptor (PPAR δ)*). A. Lampen, S. Siehler, U. Ellerbeck, M. Gottlicher, and H. Nau) suggests a very specific structural requirement for neural tube defects to occur. The chemical of the series tested by Nau in this recent publication that most closely resembles 2-EHA is labeled "ethyl-4-yn-VPA" in Figure 1 of the paper. This chemical has a structural formula of $\text{CH}_3\text{-CH}_2\text{-CH}(\text{COOH})\text{-CH}_2\text{-C}=\text{CH}$. For comparison, 2-EHA has the structural formula $\text{CH}_3\text{-CH}_2\text{-CH}(\text{COOH})\text{-CH}_2\text{-CH}_2\text{-CH}_2\text{-CH}_3$. At 1.85 mmol/kg (276 mg/kg), ethyl-4-yn-VPA caused 0% exencephaly and 5% embryoletality in the 73 fetuses examined. In fact, it was used as a "negative control" in the remainder of the paper that deals with determining the mechanism of action. In contrast, valproic acid in the same test system caused 42% exencephaly and 49% embryoletality in the 60 fetuses examined, albeit at a higher dose level. Valproic acid also activated the specific genes in the test system Dr. Nau is using to elucidate the mechanism of neural tube defect induction while ethyl-4-yn-VPA did not. Clearly, much more than "2-Ethylhexanoic acid and VPA are structural isomers; they are both carboxylic acids with eight-carbon alkyl chains" is required to assign causality and commonality for these two materials.

Section 3.2.4, Embryo culture – Again, this review underscores a fundamental lack of understanding of the work of Bui, et al. The amount of 2-EHA in the culture medium prepared with serum from male rats treated with 2-EHA was measured and was found to be below detection. However, the zinc level was very low (as was expected from the

acute phase response) and thus was responsible for the altered development in vitro. The addition of supplemental zinc to the culture media prevented the altered development in vitro. If 2-EHA (or a metabolite) were responsible for the altered development, the presence of low zinc and the supplementation of additional zinc should have had no effect on the in vitro development of the embryos. The in vitro data proved the causation implied from the in vivo data. What this has to do with DEHP is anyone's guess and again underscores the point that the 2-EHA reviews should not have even been included in the first place.

Section 4.2.3, 2-EH – This section suffers from the same problems that the first draft did. The subject of fixation artifacts that the review is trying to conjure up is addressed above. The second paragraph states, “Relative testes weight was increased at the high dose.” The increase was 6% and the decrease in body weight at that dose was 7%. The next paragraph states, “No histopathology was reported for the testes.” Of course this is not true, it is included when the statement “All other tissues examined were normal.” is used. Then it says (in the same paragraph) “The reproductive LOAEL is not calculable, because no adverse reproductive effects were seen. The NOAEL is 500 mg/kg/day, based on lack of effect on testes weight.” Both sentences are correct; however, the second one directly contradicts (without explanation) the last sentence of the previous paragraph.

Section 4.2.4, 2-EHA – The CERHR review assigns a “moderate-to-high” rating to the Pennanen studies all the while understanding that these studies used a method of data analysis specifically discouraged by the EPA Developmental Toxicity, Reproductive Toxicity, and Risk Assessment Guidelines and had significant methodological problems (dose administration, dose calculation, sperm analysis, to name a few). Then the same review gives a moderate rating to the study reported by Juberg at al., (97) that was done and evaluated according to the EPA Guidelines, not even understanding that histology was conducted on reproductive organs (as per those same Guidelines).

Section 5.1.2.4, Utility of Data for the CERHR Evaluation – In general, this section is well written. However, the sentence (3rd paragraph) “Peroxisomal proliferation was not examined for 2-EHA” remains incorrect as pointed out in our first set of comments. The ability 2-EHA to cause of peroxisome proliferation has been examined (**Reference:** Moody, D.E., and Reddy, J.K. (1978). Hepatic Peroxisome (Microbody) Proliferation in Rats Fed Plasticizers and Related Compounds. Toxicol. Appl. Pharmacol. 45, 497-504, and Moody, D.E., and Reddy, J.K. (1982). Serum Triglyceride and Cholesterol Contents in Male Rats Receiving Diets Containing Plasticizers and Analogues of the Ester 2-Ethylhexanol. Toxicol. Lett. 10, 379-383.) 2-EHA is considered a weak agent for causing peroxisome proliferation.

Section 5.1.2.4, 2-EH and 2-EHA - The last paragraph reiterates the previous discussion attempting to link 2-EHA and VPA. This suffers the same problem as the previous discussion in terms of being up-to-date and ignoring information that contradicts the hypothesis.

Section 5.1, Discussion of data sufficiency for 2-EH (top of page 96) – The Panel brings up an argument that is not discussed previously in the review. The Panel states, “Based on the rapid in vivo conversion to the acid, the Panel believes that it is unlikely that 2-EH will act directly. Because it is rapidly converted to 2-EHA, exposure in vivo is to 2-EHA.” The question of rapid conversion of 2-EH to 2-EHA was not addressed by the CERHR review. The only data available to directly address this question are two papers from *Xenobiotica* (24(5):429-440 and 28(7):699-714). Both of these papers used female F344 rats and the studies were conducted in the same laboratories. The earlier paper addressed 2-EH and the second paper investigated 2-EHA. 2-EHA is eliminated in a triphasic manner with T1/2’s of 0.19, 6.6, and 117 hours after iv administration. Following an oral dose of 100 mg/kg 2-EHA, 50% of the radioactivity is eliminated into the urine within 8 hours, with 76% eliminated by 24 hours. Evidence of saturation of elimination pathways at higher dose levels is evident at 1000 mg/kg 2-EHA, with 20% of the radioactivity eliminated into the urine within 8 hours, and 73% eliminated by 24 hours. 2-EH is eliminated slower and all through the 2-EHA metabolic pathway; with 36% eliminated at 8 hours and 54% eliminated by 24 hours (50 mg/kg). Again, a higher oral dose of 2-EH (500 mg/kg) results in less elimination at the 8 hours time point (24.5%), and 54% eliminated at 24 hours. The important point from this comparison is that the elimination of 2-EHA is faster than the conversion of 2-EH to 2-EHA. This makes perfect sense when the in vivo data is considered, since approximately twice as large a dose of 2-EH is required to cause effects similar to 2-EHA.

Therefore, to simply interchange the two data sets (and assume what is true for 2-EHA is true for 2-EH) would not recognize the significant differences that exist between these two materials (would you interchange the data sets for ethanol and acetic acid?). Then to use a study fraught with problems (Pennanen; as discussed previously ad nauseum) to evaluate reproductive toxicity for 2-EH makes little, if any sense. The overwhelming data suggest that 2-EH is not a reproductive toxicant.

Section 5.2, Integrated Evaluation – For the most part, this portion of the document seems well written and evenhanded. It does suffer from a moderate schizophrenia, as it seems to suggest (correctly) that the effects of DEHP, at reasonable doses, are due to MEHP (by the way, 2-EHA is not formed from 2-EH by lipases, in the GI tract or elsewhere). The paragraph that addresses species differences in terms of sensitivity to agents causing peroxisome proliferation, fails to recognize that the developmental toxicity of DEHP is due to MEHP. The question of potency between metabolites is addressed only by considering a study that studied all the materials at once, which limits that analysis to one study, conducted as a screen with very high dose levels. The overwhelming evidence suggests that MEHP is much more potent than 2-EHA and simply because they were not studied all at once is no reason to ignore the evidence. Again, the VPA/2-EHA argument is brought up and again it is simply not up to date.

Section 5.3 Expert Panel Conclusions – Again, here the Panel refers to MEHP as the active metabolite and does not mention 2-EH/2-EHA at all. Perhaps the previous discussions within the review were not pertinent to DEHP.

Section 5.3, Critical Data Needs – No mention of 2-EH/2-EHA. Must not be important or relevant to the DEHP discussion.

COMPARISON OF DEHP, MEHP, 2-EH AND 2-EHA ON A MOLAR BASIS - MOUSE DT STUDIES

DEHP STUDIES - MOLAR COMPARISON FOR DOWNSTREAM METABOLITES

	DEHP mg/kg	DEHP mmol/kg	MEHP mmol/kg	MEHP mg/kg	2-EH mmol/kg	2-EH mg/kg	2-EHA mmol/kg	2-EHA mg/kg
Tyl, et al., in feed	0	0	0	0	0	0	0	0
NOAEL	44	0.113	0.113	31.5	0.113	14.7	0.113	16.3
LOAEL	91	0.223	0.223	64.9	0.223	29	0.223	33.6
	191	0.489	0.489	136.2	0.489	63.6	0.489	70.4
	293	0.75	0.75	209	0.75	97.5	0.75	108

MEHP and 2-EH STUDIES - w/MOLAR COMPARISON FOR 2-EHA

	MEHP mg/kg	MEHP mmol/kg		Tyl, et al., 1991, in feed	2-EH mg/kg	2-EH mmol/kg	2-EHA mmol/kg	2-EHA mg/kg
Price, et al., gavage	0	0			0	0	0	0
LOAEL	35	0.126			17	0.13	0.13	18.7
incr. Resorp. malformations	73	0.26			59	0.45	0.45	64.8
	134	0.48		NOAEL	191	1.47	1.47	211.7
	269	0.965						

There are no mouse DT studies with 2-EHA directly administered

COMPARISON OF DEHP, MEHP, 2-EH AND 2-EHA ON A MOLAR BASIS - RAT GAVAGE DT STUDIES

DEHP STUDIES - MOLAR COMPARISON FOR DOWNSTREAM METABOLITES

	DEHP mg/kg	DEHP mmol/kg	MEHP mmol/kg	MEHP mg/kg	2-EH mmol/kg	2-EH mg/kg	2-EHA mmol/kg	2-EHA mg/kg
Wistar Hellwig, et al., 1997	0	0	0	0	0	0	0	0
	40	0.102	0.102	28.4	0.102	13.3	0.102	14.7
NOAEL	200	0.512	0.512	142.7	0.512	66.6	0.512	73.7
SEVERE EFF.	1,000	2.56	2.56	713.3	2.56	332.8	2.56	369

MEHP and 2-EH STUDIES - w/MOLAR COMPARISON FOR 2-EHA

	MEHP mg/kg	MEHP mmol/kg		Wistar Hellwig, et al 1997	2-EH mg/kg	2-EH mmol/kg	2-EHA mmol/kg	2-EHA mg/kg
Wistar Ruddick, et al., 1981	0	0			0	0	0	0
	50	0.18		NOAEL	130	1	1	144
	100	0.36		LOAEL	650	5	5	720
	200	0.72			1300	10	10	1440
Mat. Lethal, dev NOAEL	225	0.8						
Litter loss	450	1.6		F344	2-EHA	2-EHA		
killed dams	900	3.23		Tyl, 1988	mg/kg	mmol/kg		
					0	0		
					100	0.69		
				NOAEL	250	1.74		
				LOAEL	500	3.5		