# DEVELOPMENT OF A RELATIVE POTENCY FACTOR (RPF) APPROACH FOR POLYCYCLIC AROMATIC HYDROCARBON (PAH) MIXTURES 

## In Support of Summary Information on the Integrated Risk Information System (IRIS)

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The U.S. Environmental Protection Agency's (U.S. EPA's) Integrated Risk Information System (IRIS) Program is releasing for scientific review a relative potency factor (RPF) approach for polycyclic aromatic hydrocarbon (PAH) mixtures as one approach for assessing cancer risk from exposure to PAH mixtures. The RPF analysis under review is not a reassessment of individual PAH carcinogenicity, but rather provides a cancer risk estimate for PAH mixtures by summing doses of component PAHs after scaling the doses (with RPFs) relative to the potency of an index PAH (i.e., benzo[a]pyrene). The cancer risk is then estimated using the dose-response curve for the index PAH. RPFs for seven individual PAHs were developed in the U.S. EPA (1993) Provisional Guidance for Quantitative Risk Assessment of PAHs (Provisional Guidance) and are utilized extensively within U.S. EPA program offices and other regulatory agencies. The RPF analysis provided in the current report includes more recent data and an analysis of both tumorigenicity and genotoxicity data for PAHs.

The Supplemental Guidance for Conducting Health Risk Assessment of Chemical Mixtures (U.S. EPA, 2000) indicates that approaches based on whole mixtures are preferred to component approaches, such as the RPF approach. Risk assessment approaches based on toxicity evaluations of whole mixtures inherently address specific interactions among PAHs and account for the toxicity of unidentified components of PAH mixtures. They also do not require assumptions regarding the toxicity of individual components (e.g., dose additivity or response additivity). While whole mixture assessment is preferred, there are challenges associated with using these approaches. There are very few toxicity data available for whole PAH mixtures and, in most cases, chemical analyses of the composition of mixtures are limited. In addition, PAHcontaining mixtures tend to be very complex; the composition of these mixtures appears to vary across sources releasing these mixtures to the environment and in various environmental media in which they occur. For these reasons, a whole mixtures approach may not always be practicable for risk assessment purposes. This report provides recommendations for development of the RPF approach for PAH mixtures health risk assessment and includes:
(1) A rationale for recommending an RPF approach (Chapter 2);
(2) A summary of previous approaches for developing the RPF approach for PAHs (Chapter 3);
(3) An evaluation of the carcinogenicity of individual PAHs (Chapter 4);
(4) Methods for dose-response assessment and individual study RPF calculation (Chapter 5);
(5) Selection of PAHs for inclusion in the RPF approach (Chapter 6);
(6) Derivation of RPFs for selected PAHs (Chapter 7); and
(7) Characterization of strengths, weaknesses, and uncertainties associated with the RPF approach to PAH cancer risk assessment (Chapter 8).

The RPF approach involves two key assumptions related to the application of a doseadditivity model: (1) a imilar toxicological action of PAH components in the mixture; and (2) interactions among PAH mixture components do not occur at low levels of exposure typically encountered in the environment. Mechanistic studies indicate that the mutagenic and tumorinitiating activity of carcinogenic PAHs requires metabolic activation to reactive intermediates (e.g., dihydrodiol epoxides, quinones, radical cations), which covalently modify deoxyribonucleic acid (DNA) targets resulting in mutation, and that tumor promotion and progression phases may involve parent compound binding to the Ah receptor (AhR) and subsequent alterations of gene expression or a cell proliferation response to metabolite cytotoxicity (see Section 2.4, Similarities in Mode of Carcinogenic Action for PAHs, and Figure 2-3, Overview of the proposed key events in the mode of action for PAH carcinogenicity). As such, there is evidence that an assumption of a similar toxicological action is reasonable; however, the carcinogenic process for individual PAHs is likely related to some unique combination of multiple molecular events resulting from the formation of several reactive species. The second assumption of no interactions at low levels of exposure is also reasonable, but cannot be conclusively demonstrated in experimental systems (see Section 2.8, Dose Additivity of PAHs in Combined Exposures). Use of the RPF approach assumes that doses of component chemicals that act in a similar manner can be added together, after scaling the potencies relative to the index chemical. The assumptions of toxicological similarity and no interaction effects at low environmental exposure levels that are inherent in the dose-additivity model are generally supported by the experimental data for PAHs (see Sections 2.4 and 2.7).

Several approaches have been used previously for the determination of RPFs for PAHs (see Chapter 3). In the published literature, RPF values were proposed in at least one analysis for a total of 27 PAHs (see Table 3-1). Because these approaches generally relied on similar bioassay data and modeling methods, the resulting RPF values are considered comparable for most PAHs across analyses.

There is a large PAH database on carcinogenicity in animal bioassays, genotoxicity in various test systems, and bioactivation to tumorigenic and/or genotoxic metabolic intermediates. The RPF analysis presented here includes only unsubstituted PAHs with three or more fused aromatic rings containing only carbon and hydrogen atoms, because these are the most widely studied members of the PAH chemical class. The study types that were considered most useful for RPF derivation were rodent carcinogenicity bioassays (all routes) in which one or more PAH was tested at the same time as benzo[a]pyrene. In addition, in vivo and in vitro data for cancerrelated endpoints in which one or more PAH and benzo[a]pyrene was tested simultaneously were
obtained, including studies on the formation of DNA adducts, mutagenicity, chromosomal aberrations, sister chromatid exchange frequency, aneuploidy, DNA damage/repair/ recombination, unscheduled DNA synthesis, and cell transformation. Although it would be possible to calculate RPFs from studies where a PAH and benzo[a]pyrene were tested by the same laboratory using the same test system but at different times, this approach was not considered because it could introduce differences in the dose-response information that are unrelated to the chemical (e.g., variability associated with laboratory environment conditions, animal handling, food supply, etc.). Thus, studies in which benzo[a]pyrene was not tested simultaneously with another PAH were not considered in the RPF calculations.

Studies of AhR binding/activation were not considered for use in deriving RPFs because there does not appear to be a clear relationship between affinity for the AhR and carcinogenic potency. For example, highly mutagenic fjord-region PAHs are potent carcinogens despite exhibiting lower AhR affinity (reviewed by Bostrom et al., 2002). Likewise, some PAHs that strongly activate the AhR, such as benzo[k]fluoranthene (Machala et al., 2001), are only weakly carcinogenic. In addition, some studies have demonstrated the formation of DNA adducts in the liver of AhR knock-out mice following intraperitoneal or oral exposure to benzo[a]pyrene (Sagredo et al., 2006; Uno et al., 2006; Kondraganti et al., 2003), indicating that Ah responsiveness is not strictly required for metabolic activation and genotoxicity. These findings suggest that there may be alternative (i.e., non-AhR-mediated) mechanisms of benzo[a]pyrene activation in the mouse liver, and that AhR affinity would not be a good predictor of carcinogenic potency. Also, several studies indicate that AhR-mediated CYP1A1 induction potency does not correlate well with carcinogenic potency. These studies compared CYP1A1 induction potency for several PAHs using assays to measure ethoxyresorufin O-deethylase (EROD) activity, CYP1A1 protein, and messenger ribonucleic acid (mRNA) levels, or chemicalactivated luciferase reporter gene expression (Bosveld et al., 2002; Machala et al., 2001; Bols et al., 1999; Till et al., 1999; Willett et al., 1997).

Several study types were excluded from the database because they did not provide carcinogenicity or cancer-related endpoint information for individual PAHs. These include biomarker studies measuring DNA adducts in humans, studies of PAH metabolism, and studies of PAH mixtures. Although these studies contain important information on human exposure to PAH mixtures and the mode of action for PAH toxicity, they generally do not contain doseresponse information that would be useful for calculation of RPF estimates.

A database of primary literature relevant to the RPF approach for PAHs was developed by performing a comprehensive review of the scientific literature dating from the 1950s through 2009 on the carcinogenicity and genotoxicity of PAHs. The search identified over 900 individual publications for a target list of 74 PAHs (see Table 2-1) that have been identified in environmental media or for which toxicological data are available. Review of these publications
resulted in the identification of more than 600 papers that included carcinogenicity or cancerrelated endpoint data on at least one PAH and benzo[a]pyrene tested at the same time.

References in the PAH database were sorted into the following major categories: cancer bioassays, in vivo studies of cancer-related endpoints, and in vitro studies of cancer-related endpoints. These categories were further sorted by route (for bioassays) or by endpoint (for cancer-related endpoints). Each study was reviewed, and critical study details were extracted into tables for each individual endpoint (see Chapter 4). The tables also include an initial determination of whether the data from each study meet selection criteria for use in the RPF analysis. Studies with data on selected PAHs and benzo[a]pyrene were considered for RPF determination, even if a particular PAH has not been classified by U.S. EPA or International Agency for Research on Cancer (IARC) as a carcinogen. Studies were included in the analysis if the following selection criteria were met:

- Benzo[a]pyrene was tested simultaneously with another PAH;
- A statistically increased incidence of tumors was observed with benzo[a]pyrene administration, compared with control incidence;
- Benzo[a]pyrene produced a statistically significant change in a cancer-related endpoint finding;
- Quantitative results were presented;
- The carcinogenic response observed in either the benzo[a]pyrene- or other PAHtreated animals at the lowest dose level was not saturated (i.e., tumor incidence at the lowest dose was $<90 \%$ ), with the exception of tumor multiplicity findings; and
- There were no study quality concerns or potential confounding factors that precluded use (e.g., no concurrent control, different vehicles, strains, etc. were used for the tested PAH and benzo[a]pyrene; use of cocarcinogenic vehicle; PAHs of questionable purity; unexplained mortality in treated or control animals).

If the above criteria were met, studies were selected for use in the analysis regardless of whether positive or nonpositive results were reported. Studies with positive findings were used for calculation of RPFs. Studies with nonpositive findings were used in a weight of evidence evaluation to select PAHs for inclusion in the RPF approach (see Section 6.1).

Dose-response data were extracted from studies with positive findings that met selection criteria. For studies that reported results graphically, individual data points were extracted using digitizing software. In all, over 300 data sets were extracted, reflecting dose-response data from at least one study for 51 of the 74 PAHs included in the analysis. All of the extracted data are presented in Appendix C of this report.

While tumor multiplicity data from tumor bioassays are not generally used to estimate cancer potency, these data were included in the dose-response assessment in order to determine whether they could serve as a reliable measure of relative cancer potency. Several bioassays reported data on both tumor incidence and tumor number, providing information that was later used to compare relative potencies estimated from these two endpoints. Statistical analyses were performed on tumor bioassay data to determine whether the tumor incidence or multiplicity observed at a particular dose represented a statistically significant increase over controls. If statistical analyses were not described in the original report, incidence data were analyzed using Fisher's exact test and the Cochran-Armitage trend test. Positive findings were indicated by a significant ( $p<0.05$ ) difference for at least one dose group by comparison to control (in Fisher's exact or an equivalent test) or a significant dose-response trend (Cochran-Armitage or equivalent) for multidose studies. For tumor bioassay data reported as tumor count, a t-test was conducted (when variance data were available) to determine whether the count was significantly different from control $(p<0.05)$. The results of the statistical analyses are shown with the doseresponse data in Appendix C. Statistical analyses of the cancer-related endpoint data were not conducted; the study author's conclusions as to response (positive or nonpositive) was used.

Chapter 5 describes the methods used for both the dose-response assessment and the RPF calculation in detail. The general equation for estimating an RPF was the ratio of the slope of the dose-response curve for the subject PAH to the slope of the dose-response curve for benzo[a]pyrene. For bioassay data, tumor incidences were modeled using the multistage model within the U.S. EPA Benchmark Dose (BMD) Software (Version 1.3.2). For cancer-related endpoint data in quantal form, this model was also used; for continuous data (either tumor multiplicity or cancer-related endpoint data), the simplest continuous model (linear) within the software was applied. Whenever the data allowed, benchmark response (BMR) values of $10 \%$ for quantal data and 1 standard deviation (SD) from the control value for continuous data were used to calculate the slope by linear extrapolation to the origin for consistency across data sets. Alternative BMR values were used in select instances, as described in Section 5.3. For data sets that included only a single dose, or those for which no model fit was achieved with the selected models, a point estimate RPF $^{1}$ was calculated. As Table G-2 indicates, final RPFs for five compounds (benz[a]anthracene, benz[b,c]aceanthrylene, benz[j]aceanthrylene, dibenzo[a,h]pyrene, and naphtho[2,3-e]pyrene) are based exclusively on point estimates; the remaining 19 PAHs had at least one dataset that could be modeled (see Appendix G).

The RPFs calculated from individual studies for each PAH were used in a weight of evidence evaluation to select PAHs for inclusion in the RPF approach (see Chapter 6) and in the derivation of a final RPF for each compound (Chapter 7). The selection of PAHs to be included

[^0]in the RPF approach began with an evaluation of whether the available data were adequate to assess the carcinogenicity of each compound. At least one RPF value was calculated for each of 51 PAHs. For 16 of these compounds, only a single RPF value derived from an in vitro cancerrelated endpoint (primarily mutagenicity assays) was available (see Table 6-1). Due to the limited data available for these 16 compounds, no further evaluation of these PAHs was conducted, and they were not selected for inclusion in the RPF approach.

For the remaining 35 PAHs, a weight of evidence evaluation (see Figure 6-1) was conducted to assess the evidence that each PAH could induce a carcinogenic response. For the purposes of this analysis, PAHs were assumed to be carcinogenic due to toxicological similarity to the indicator compound, benzo[a]pyrene. The weight of evidence approach was developed to determine whether the available information for each PAH was adequate for inclusion in the RPF approach. If the data were not considered adequate, then the PAH was excluded. In vivo tumor bioassays that included benzo[a]pyrene were given the greatest weight in assessing the carcinogenicity of a given PAH; data from other bioassays and cancer-related endpoint studies were used to supplement the weight of evidence when the bioassay data that included benzo[a]pyrene were conflicting or nonpositive. Structural alerts for PAH carcinogenicity or mutagenicity (as defined in Section 2.5 as the presence of a classic bay or fjord region in a PAH containing at least four benzene rings) were noted in the evaluation for each PAH, but were not used explicitly in the weight of evidence evaluation.

The weight of evidence evaluation (Chapter 6) indicated that the available data were adequate to determine that 24 of the 35 PAHs were carcinogenic, that 3 PAHs (anthracene, phenanthrene, and pyrene) were not carcinogenic, and that data were inadequate to evaluate the carcinogenicity for 8 PAHs. The eight PAHs with inadequate data were excluded from the RPF approach. For the three PAHs for which there were sufficient data to conclude that they were not carcinogenic (i.e., robust nonpositive tumor bioassay data and cancer-related endpoint data), a final RPF of zero was recommended. While there is little quantitative difference between selecting a final RPF of zero for a given PAH and excluding that PAH from the RPF approach, this is an important distinction for uncertainty analysis. There is substantial uncertainty in the risk associated with PAHs that are excluded from the RPF approach due to inadequate data; these compounds could be of low or high potency. However, for PAHs with an RPF of zero, there is evidence to suggest that these compounds are not carcinogenic, and the uncertainty associated with the cancer risk for these compounds is markedly reduced.

For each of the remaining 24 compounds, a final nonzero RPF was derived. A number of options were considered for deriving an RPF from among the numerous values calculated for each individual PAH. These options included: prioritizing bioassay RPFs from different exposure routes based on environmentally relevant routes; prioritizing bioassay RPFs based on target organs considered relevant to human susceptibility to PAH carcinogenesis; prioritizing RPFs based on quality of the underlying study; prioritizing cancer-related endpoints by their
correlation with bioassay potency (i.e., ability to predict bioassay potency); and aggregating RPFs across all bioassays, across all cancer-related endpoints, or across all endpoints. In the end, it was concluded that the available data did not provide a clear scientific basis for prioritizing RPFs except for a preference for bioassay data over cancer-related endpoints. As a consequence, final RPFs were derived from bioassay data for any PAH that had at least one RPF based on a bioassay.

For each carcinogenic PAH with bioassay data, the average RPF was calculated from bioassays with positive results. For those PAHs that did not have an estimated RPF based on a bioassay, but for which the weight of evidence evaluation indicated a carcinogenic response (e.g., dibenz[a,c]anthracene), the final RPF was calculated from all cancer-related endpoint studies with positive results. In both cases, nonpositive results were not included in the calculation. The final RPF for each PAH was reported to one significant figure. The range of RPF values was also reported. Presenting the RPFs in this manner provides an average and maximum estimate for each PAH that has data from multiple studies.

Several options were considered for the determination of final RPFs (e.g., arithmetic mean, geometric mean, weighted average, maximum, or order of magnitude estimates). The arithmetic mean and range were chosen as a simple approach to describing the calculated RPF values available for each PAH. Other estimates were not considered appropriate due to the limited number of RPF values calculated for most PAHs and the variability in the RPF estimates. Most PAHs (18/24, 73\%) had $\leq 3$ calculated RPF values and the range of RPF values was greater than an order of magnitude for several compounds (7/24 PAHs). The variability in RPF estimates is likely due to differences in study design parameters (e.g., route, species/strain, exposure duration, exposure during sensitive time periods, initiation versus promotion and complete carcinogenesis protocols, tumor incidence versus multiplicity reporting) and doseresponse methods (modeled versus point estimates). Calculation of a weighted average was not possible because there is no clear scientific rationale for choosing among study types or tumor data outcomes. Providing order of magnitude estimates, as has been previously done for estimating RPFs for PAHs, was not considered to be superior to calculating simple means. Including the range in the estimated RPFs was considered to be informative to the user for characterizing uncertainty.

Once a final RPF was derived for a given PAH, the resulting value was assigned a relative confidence rating of high, medium, or low confidence. The relative confidence rating characterized the nature of the database upon which the final RPF was based. Confidence rankings were based on the robustness of the database. For final RPFs based on tumor bioassay data, confidence ratings considered both the available tumor bioassays and the availability of supporting data for cancer-related endpoints. The most important factors that were considered included the availability of in vivo data and whether multiple exposure routes were represented. Other database characteristics that were considered included the availability of more than one in
vivo study, and whether effects were evident in more than one sex or species. Very low relative confidence was reserved for final RPFs based on cancer-related endpoint data only (e.g., dibenz[a,c]anthracene). An RPF of zero was only applied if the data implied high or medium relative confidence.

Table 1 shows the average RPFs based on tumor bioassay data with their associated range and relative confidence ratings, and an overview of the tumor bioassay database (total number of studies, exposure routes tested, species tested, and sexes tested) for each PAH. Table 2 shows the average RPF for dibenz[a,c]anthracene, the only RPF based on cancer-related endpoint data, with its associated range, relative confidence rating, and an overview of the database for this compound.

Table 1. PAHs with final RPFs based on tumor bioassay data

| PAH | Average RPF | Range of RPFs | Relative confidence | Number of datasets | Exposure routes tested | Species tested | Sexes tested |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Anthanthrene | 0.4 | 0.2-0.5 | Medium | 2 | Dermal, lung implantation | Mouse, rat | Female |
| Anthracene | 0 | 0 | Medium ${ }^{\text {a }}$ | 1 (nonpositive) | Dermal | Mouse | Female |
| Benz[a]anthracene | 0.2 | 0.02-0.4 | Medium | 3 | Dermal, intraperitoneal | Mouse | Female, male |
| Benz[b,c]aceanthrylene, 11H- | 0.05 | 0.05 | Low | 1 | Dermal | Mouse | Female |
| Benzo[b]fluoranthene | 0.8 | 0.1-2 | High | 5 | Dermal, intraperitoneal, lung implantation | Mouse, rat | Female, male |
| Benzo[c]fluorene | 20 | 1-50 | Medium | 2 | Oral, intraperitoneal | Mouse | Female |
| Benz[e]aceanthrylene | 0.8 | 0.6-0.9 | Low | 2 | Dermal | Mouse | Female, male |
| Benzo[g,h,i]perylene | 0.009 | 0.009 | Low | 1 | Lung implantation | Rat | Female |
| Benz[j]aceanthrylene | 60 | 60 | Low | 1 | Intraperitoneal | Mouse | Male |
| Benzo[j]fluoranthene | 0.3 | 0.01-1 | High | 5 | Dermal, intraperitoneal, lung implantation | Mouse, rat | Female, male |
| Benzo[k]fluoranthene | 0.03 | 0.03-0.03 | Medium | 2 | Dermal, lung implantation | Mouse, rat | Female |
| Benz[l]aceanthrylene | 5 | 4-7 | Low | 2 | Dermal | Mouse | Female, male |
| Chrysene | 0.1 | 0.04-0.2 | High | 7 | Dermal, intraperitoneal, lung implantation | Mouse, rat | Female, male |
| Cyclopenta[c,d]pyrene | 0.4 | 0.07-1 | Medium | 5 | Dermal, intraperitoneal | Mouse | Female, male |
| Cyclopenta[d,e,f]chrysene, 4H- | 0.3 | 0.2-0.5 | Low | 2 | Dermal | Mouse | Female |
| Dibenzo[a,e]fluoranthene | 0.9 | 0.7-1 | Low | 2 | Dermal | Mouse | Female |
| Dibenzo[a,e]pyrene | 0.4 | 0.3-0.4 | Low | 2 | Dermal | Mouse | Female |
| Dibenz[a,h]anthracene | 10 | 1-40 | High | 3 | Dermal, intraperitoneal, lung implantation | Mouse, rat | Female, male |
| Dibenzo[a,h]pyrene | 0.9 | 0.9 | Low | 1 | Dermal | Mouse | Female |
| Dibenzo[a,i]pyrene | 0.6 | 0.5-0.7 | Low | 2 | Dermal | Mouse | Female |
| Dibenzo[a,l]pyrene | 30 | 10-40 | Medium | 3 | Dermal, intraperitoneal | Mouse | Female, male |
| Fluoranthene | 0.08 | 0.009-0.2 | Low | 5 | Intraperitoneal | Mouse | Female, male |
| Indeno[1,2,3-c,d]pyrene | 0.07 | 0.07 | Low | 1 | Lung implantation | Rat | Female |
| Naphtho[2,3-e]pyrene | 0.3 | 0.3 | Low | 1 | Dermal | Mouse | Female |
| Phenanthrene | 0 | 0 | High | 3 (nonpositive) | Dermal, intraperitoneal, lung implantation | Mouse, rat | Female, male |
| Pyrene | 0 | 0 | Medium | 7 (nonpositive) | Dermal, intraperitoneal | Mouse | Female, male |

${ }^{\text {a }}$ Reflects availability of data from anthracene exposure via another exposure route in a study that did not include benzo[a]pyrene.

Table 2. PAHs with final RPFs based on cancer-related endpoint data (no tumor bioassay data available)

| PAH | Average <br> RPF | Range of <br> RPFs | Relative <br> confidence | Types of studies | Multiple dose studies |
| :--- | :---: | :---: | :---: | :--- | :--- |
| Dibenz[a,c]anthracene | 4 | $0.04-50$ | Very low | Total =14 studies <br> One in vivo DNA adduct <br> Six in vitro bacterial <br> mutagenicity | Total $=6$ studies <br> One in vitro mammalian <br> mutagenicity <br> mutagenicity <br> One in vitro morphological/ <br> malignant transformation <br> Three in vitro DNA damage <br> Two in vitro DNA adducts |

The cancer risk for a PAH mixture of concern is determined by multiplying the benzo[a]pyrene equivalent dose or concentration by the benzo[a]pyrene cancer toxicity value (e.g., oral slope factor). Benzo[a]pyrene equivalents are calculated by multiplying the concentration (or dose) of a particular PAH component in the mixture by its RPF. The proposed RPF approach considers each of the bioassay types used for RPF derivation to be equivalent for the purpose of determining relative potency to benzo[a]pyrene.

According to the Supplemental Guidance for Assessing Susceptibility from Early-Life Exposure to Carcinogens (U.S. EPA, 2005b), benzo[a]pyrene is carcinogenic by a mutagenic mode of action. A common mutagenic mode of action for other carcinogenic PAHs is hypothesized based on information available for the indicator chemical, benzo[a]pyrene (U.S. EPA, 2005b). When assessing PAH cancer risks for lifestages under 16 years of age, or for lifetime exposures that include early-life exposures, the RPF values should be applied with specific exposure information to the benzo[a]pyrene cancer risk estimates including adjustment for early-life susceptibility, through the application of age-dependent adjustment factors (ADAFs).

A description of uncertainties and limitations is crucial to interpretation of the RPF approach for PAH mixtures risk assessment (see Chapter 8). Many of the general uncertainties related to chemical-specific risk assessment are also applicable to the proposed RPF approach for PAHs (e.g., appropriateness of animal models, low-dose and interspecies extrapolation, variability within the human population). Use of a component-based approach for mixtures risk assessment leads to additional uncertainties related to adequate characterization of the mixture and the potential interactions that may occur between individual components within the mixture (i.e., PAHs and other chemicals). The RPF approach is limited by the small number of PAHs for which there are analytical chemistry and toxicology data, and thus may result in underestimation of actual cancer risks from complex PAH mixtures. There are uncertainties and limitations related to the size and nature of the PAH database, the human relevance of animal data,
assumptions regarding mode of action and dose additivity, and cross-route extrapolation. Specific uncertainties that are related to dose-response assessment (i.e., calculation of RPFs) and the selection of single RPF values for each PAH are also discussed in Chapter 8.

In summary, the current analysis represents a significant improvement upon the previous component-based approaches for PAH mixtures risk assessment. One of the most important improvements is the consideration of data from a comprehensive review of the scientific literature dating from the 1950s through 2008 on the carcinogenicity and genotoxicity of PAHs. The search identified over 900 individual publications for a target list of 74 PAHs that have been identified in environmental media and for which toxicological data are available. Review of these publications resulted in the identification of more than 600 papers that included carcinogenicity or cancer-related endpoint data on at least one PAH and benzo[a]pyrene tested at the same time. Dose-response data were extracted, and RPFs from individual studies were calculated from over 300 data sets representing 51 individual PAHs. For 35 compounds, a weight of evidence evaluation was conducted to select PAHs for inclusion in the RPF approach; data were inadequate to conduct such an evaluation for the remaining 16 compounds. A final RPF was derived for each PAH based on tumor bioassay data (if available) or cancer-related endpoint data (if no tumor bioassay RPFs were available). Final RPFs were derived for 27 PAHs, significantly increasing the number of PAHs that can be addressed through this approach. Each RPF was assigned a relative confidence rating reflecting the nature of the tumor bioassay or cancer-related endpoint database that was used to derive the final RPF for that PAH.

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| ADAF | age-dependent adjustment factor |
| :--- | :--- |
| AEL | acceptable exposure level |
| Ah | aryl hydrocarbon |
| AhR | Ah receptor |
| ATSDR | Agency for Toxic Substances and Disease Registry |
| AUC | area under the curve |
| BMD | benchmark dose |
| BMR | benchmark response |
| CASRN | Chemical Abstract Service Registry Number |
| CCRIS | Chemical Carcinogenesis Research Information System |
| CHO | Chinese hamster ovary |
| CYP | cytochrome P450 |
| dG | deoxyguanosine |
| DMSO | dimethyl sulfoxide |
| DNA | deoxyribonucleic acid |
| DSSTOX | Distributed Structure-Searchable Toxicity |
| EOPP | estimated order of potential potency |
| EROD | ethoxyresorufin O-deethylase |
| HPRT | hypoxanthine-guanine phosphoribosyl transferase gene |
| IARC | International Agency for Research on Cancer |
| IRIS | Integrated Risk Information System |
| MGP | manufactured gas plant |
| MN-PCE | micronuleated polychromatic erythrocyte |
| mRNA | messenger ribonucleic acid |
| MVK | Moolgavkar-Venson-Knudsen two-stage model |
| NTP | National Toxicology Program |
| OEHHA | Office of Environmental Health Hazard Assessment, California EPA |
| PAC | polycyclic aromatic compound |
| PAH | polycyclic aromatic hydrocarbon |
| PCB | polychlorinated biphenyl |
| PCR | polymerase chain reaction |
| PEF | potency equivalency factor |
| QSAR | quantitative structure activity relationship |
| RNA | ribonucleic acid |
| RPF | relative potency factor |
| RTD | relative tumor dose |
| SD | standard deviation |
| TK | thymidine kinase locus |
| TIDAL | time-integrated DNA adduct level |
| TEF | toxicity equivalency factor |
| TK | thymidine kinase |
| TPA | 12-O-tetra-decanoylphorbol-13-acetate |
| TSCATS | Toxic Substances Control Act Test Submissions |
|  |  |

U.S. EPA U.S. Environmental Protection Agency WHO World Health Organization
*Abbreviations for PAH chemical names are provided in Table 2-1.

## AUTHORS, CONTRIBUTORS, AND REVIEWERS

## PROJECT CO-MANAGERS

Lynn Flowers, Ph.D., DABT
National Center for Environmental Assessment
Office of Research and Development
U.S. Environmental Protection Agency

Washington, DC
Martin Gehlhaus, III
National Center for Environmental Assessment, IRIS Program
Office of Research and Development
U.S. Environmental Protection Agency

Washington, DC

## AUTHORS

Lynn Flowers, Ph.D., DABT
National Center for Environmental Assessment
Office of Research and Development
U.S. Environmental Protection Agency

Washington, DC
Martin Gehlhaus, III
National Center for Environmental Assessment, IRIS Program
Office of Research and Development
U.S. Environmental Protection Agency

Washington, DC
Karen Hogan
National Center for Environmental Assessment, IRIS Program
Office of Research and Development
U.S. Environmental Protection Agency

Washington, DC
Channa Keshava, Ph.D.
National Center for Environmental Assessment, IRIS Program
Office of Research and Development
U.S. Environmental Protection Agency

Washington, DC
Glenn Rice, Ph.D.
National Center for Environmental Assessment
Office of Research and Development
U.S. Environmental Protection Agency

Cincinnati, OH

Jamie Strong, Ph.D.
National Center for Environmental Assessment, IRIS Program
Office of Research and Development
U.S. Environmental Protection Agency

Washington, DC
Linda Teuschler, Ph.D.
National Center for Environmental Assessment
Office of Research and Development
U.S. Environmental Protection Agency

Cincinnati, OH
Stephen Nesnow, Ph.D.
Environmental Carcinogenesis Division
National Health and Environmental Effects Research Laboratory
Office of Research and Development
Research Triangle Park, NC
Chao Chen, Ph.D.
National Center for Environmental Assessment
Office of Research and Development
Washington, DC
Heather Carlson-Lynch, S.M.
Syracuse Research Corporation, Inc.
Syracuse, NY
Julie Stickney, Ph.D., DABT
Syracuse Research Corporation, Inc.
Syracuse, NY
Peter R. McClure, Ph.D., DABT
Syracuse Research Corporation, Inc.
Syracuse, NY
Amber Bacom
Syracuse Research Corporation, Inc.
Syracuse, NY

## 1. BACKGROUND FOR THE DEVELOPMENT OF A RELATIVE POTENCY FACTOR APPROACH FOR PAH MIXTURES HEALTH ASSESSMENT

This analysis focuses on the relative potency factor (RPF) approach that is based on component PAHs in PAH mixtures. U.S. EPA held a peer consultation workshop to outline some of the important issues related to approaches for PAH mixtures risk assessment. These issues are discussed in Peer Consultation Workshop on Approaches to Polycyclic Aromatic Hydrocarbon (PAH) Health Assessment (U.S. EPA, 2002) and the accompanying discussion document. Health assessments for 15 unsubstituted, nonheterocyclic polycyclic aromatic hydrocarbons (PAHs) with three or more rings are currently entered on EPA's IRIS database. Benzo[a]pyrene is the only PAH for which there are robust animal dose-response data for the oral, dermal, and inhalation routes.

In 1993, U.S. EPA published the Provisional Guidance for Quantitative Risk Assessment of PAHs (Provisional Guidance). The Provisional Guidance recommended estimated orders of potential potency (EOPP) for individual PAHs that could be used in a component-based approach to PAH mixtures risk assessment. The Provisional Guidance recommended EOPPs for seven PAHs categorized as Group B2 (probable human carcinogens) under the 1986 U.S. EPA Cancer Guidelines: benzo[a]pyrene, benz[a]anthracene, benzo[b]fluoranthene, benzo[k]fluoranthene, chrysene, dibenz[a,h]anthracene, and indeno[1,2,3-c,d]pyrene (U.S. EPA, 1993). The current analysis extends the 1993 Provisional Guidance and provides recommendations for further development of this approach to PAH mixtures risk assessment. The assessment includes the following:
(1) A rationale for recommending an order of potency, or RPF, approach;
(2) A summary of previous approaches for developing the RPF approach for PAHs;
(3) Identification of individual carcinogenic PAHs that could be included in the RPF approach;
(4) Identification of potential index chemicals;
(5) Presentation of the available literature for in vivo carcinogenicity and both in vivo and in vitro cancer-related endpoint assays for individual PAHs;
(6) Development of a recommendation for the RPF approach for PAH mixtures; and
(7) Characterization of strengths, weaknesses, and uncertainties associated with the recommended approaches.

## 2. RATIONALE FOR RECOMMENDING AN RPF APPROACH

PAHs are a concern as human health hazards, because many PAHs are demonstrated tumorigenic agents in animal bioassays and are active in in vivo or in vitro tests for genotoxicity or deoxyribonucleic acid (DNA) damage. PAHs do not occur in the environment as isolated entities; they primarily occur in complex mixtures generated from the combustion or pyrolysis of substances containing carbon and hydrogen. Several complex mixtures of PAHs have been classified as possibly carcinogenic, probably carcinogenic, or carcinogenic to humans (Straif et al., 2005; U.S. EPA, 2002; Bostrom et al., 2002; WHO, 1998; ATSDR, 1995; IARC, 1985, 1984a, b, 1983).

In accordance with U.S. EPA $(2000,1986)$ guidance for health risk assessment of chemical mixtures, assessment of the cancer risk from long-term human exposure to a particular PAH mixture would best be conducted with quantitative information on the dose-response relationship for cancer from chronic exposure to the mixture of concern. When data for the mixture of concern are not available, U.S. EPA $(2000,1986)$ guidance recommends using toxicity data on a "sufficiently similar" mixture. However, quantitative cancer dose-response information exists only for a few complex mixtures generated from the combustion or pyrolysis of organic matter; for example, tobacco smoke, coke oven emissions, and emissions from roofing tar pots (see Bostrom et al., 2002; Albert et al., 1983). U.S. EPA's IRIS database currently includes assessments for only three PAH-containing mixtures: coke oven emissions, creosote, and diesel emissions. The availability of oral carcinogenicity bioassays of manufactured gas plant (MGP) residue (Weyand et al., 1995) and coal tar preparations (Culp et al., 1998; Gaylor et al., 1998) has expanded the PAH mixture cancer database.

Component-based approaches, involving an analysis of the toxicity of components of the mixture, are recommended when appropriate toxicity data on a complex mixture of concern, or on a "sufficiently similar" mixture, are unavailable (U.S. EPA, 2000, 1986). Component-based approaches involving dose addition (such as the RPF approach) are recommended when components in the mixture are judged to act in a toxicologically similar manner. In the RPF approach, doses of component chemicals that act in a toxicologically similar manner are added together, after scaling the doses relative to the potency of an index chemical (U.S. EPA, 2000, 1986). Then, using the dose-response curve of the index chemical, the response to the total equivalent dose in the mixture is estimated. The index compound is typically the best-studied member of the class with the largest body of available data describing exposure and health effects. The index chemical should have a quantitative dose-response assessment of acceptable scientific quality and must have (or be expected to have) similar toxic effects to the rest of the members of the class.

For exposure situations in which dose-response data for the PAH mixture or a sufficiently similar mixture are not available (e.g., the source of the PAH contamination may be mixed or unknown), there are at least three practical advantages of an RPF approach that uses benzo[a]pyrene as the index PAH:
(1) Benzo[a]pyrene is routinely assayed and detected in environmental media contaminated with PAH mixtures;
(2) Benzo[a]pyrene is the only PAH for which robust cancer dose-response data involving chronic exposures are available; and
(3) There is a large database of studies in which the potency of benzo[a]pyrene is compared with the potency of other PAHs in various assays.

The database includes animal tumorigenicity ${ }^{2}$ assays involving dermal or parenteral administration, and in vivo and in vitro assays of cancer-related endpoints (e.g., various genotoxic endpoints). Thus, RPFs for a number of PAHs can be derived.

The RPF approach involves two key assumptions related to the application of a doseadditivity model: (1) the assumption of similar toxicological action; and (2) the assumption that interactions among PAH mixture components do not occur at low levels of exposure typically encountered in the environment.

Mechanistic studies indicate that the mutagenic and tumor-initiating activity of most carcinogenic PAHs requires metabolic activation to reactive intermediates (e.g., stereospecific dihydrodiol epoxides). For several PAHs (e.g., benzo[a]pyrene, dibenz[a,h]anthracene, dibenzo[a,l]pyrene), there is evidence that DNA damage associated with metabolism can lead to mutations in cancer-related genes. Tumor promotion and progression by PAHs may involve parent compound binding to the aryl hydrocarbon (Ah) receptor and subsequent alterations of gene expression, as well as by cell proliferation in response to cytotoxic effects from metabolites (see Section 2.4, Similarities in Mode of Carcinogenic Action for PAHs). As such, there is evidence that an assumption of similar toxicological action is reasonable; however, the carcinogenic process for individual PAHs is likely to be related to some unique combination of multiple molecular events resulting from the formation of several reactive species. The second assumption of no interactions at low levels of exposure is also reasonable, but has not been conclusively demonstrated in experimental systems (see Section 2.8, Dose Additivity of PAHs in Combined Exposures).

Key limitations to the RPF approach, relative to whole mixture approaches, are:
(1) RPFs have been derived for a limited number of PAHs; and (2) cancer risks from non-PAH components, unidentified PAHs, and heterocyclic and substituted PAHs in PAH mixtures are not

[^1]estimated. The first of these limitations is being addressed, to the degree allowable by available data, by the derivation of RPFs for numerous PAHs as discussed in Chapters 4 through 7 of this report. If non-PAH carcinogenic components are identified and quantified in the complex mixture of concern and appropriate dose-response data are available, the second limitation can be addressed by adding the cancer risk from PAH components estimated by the RPF approach to cancer risks estimated for the non-PAH carcinogenic components of the mixture. Previous efforts to validate the RPF approach using data for PAH mixtures are discussed in Section 3.1. These validation efforts compared the cancer risk of a PAH mixture measured experimentally with the cancer risk that was predicted using the RPF method but were limited by the small number of compounds for which RPFs and analytical data were available (Muller et al., 1997; McClure, 1996; Goldstein et al., 1994; Clement Associates, 1990, 1988; Krewski et al., 1989). Validation of the updated approach presented here would be of value, either using previous data on PAH mixtures (human and animal) or using new data collected with the main purpose of evaluating the validity of the approach.

### 2.1. PAHs AS A CHEMICAL CLASS

The PAH chemical class has been variously defined to include organic compounds containing either two or more, or three or more, fused rings made up of carbon and hydrogen atoms (i.e., unsubstituted parent PAHs and their alkyl-substituted derivatives) (WHO, 1998). Most PAHs are high-melting, high-boiling point, lipophilic compounds, predominately generated from the incomplete combustion or pyrolysis of organic matter. The PAH chemical class includes alkylated PAHs (e.g., 1,4-dimethylphenanthrene and 5-methylchrysene), but not heterocyclic compounds containing N , S, or O or PAHs substituted with N -, S-, or O-containing groups; these are included in a larger chemical class, often referred to as polycyclic aromatic compounds (PACs) (WHO, 1998). The number of chemicals that comprise the PAHs class is unknown; however, there are thought to be hundreds of individual PAHs present as components of complex mixtures (WHO, 1998). The analysis presented here is limited in focus to include only unsubstituted PAHs with three or more fused aromatic rings containing only carbon and hydrogen atoms, because these are the most widely studied members of the PAH chemical class. Naphthalene is a widely studied two-ring PAH compound; however, a separate toxicological review and carcinogenicity assessment is being developed by the IRIS Program for this compound and it is not included in this RPF approach. The list of PAH compounds that were considered for inclusion in this analysis is presented in Table 2-1 along with the Chemical Abstracts Service Registry Numbers (CASRNs) and the abbreviations that are utilized in tables throughout the report.

Table 2-1. PAHs evaluated in the RPF analysis


Table 2-1. PAHs evaluated in the RPF analysis

| PAH (common synonyms) | CASRN | Abbreviation | Structure | Molecular weight (g/mol) |
| :---: | :---: | :---: | :---: | :---: |
| Acepyrene, 2,3- | 25732-74-5 | ACEP |  | 228.29 |
| Anthanthrene | 191-26-4 | AA |  | 276.34 |
| Anthracene | 120-12-7 | AC |  | 178.23 |
| Benzacenaphthylene | 76774-50-0 | BAN |  | 202.26 |
| Benz[a]anthracene | 56-55-3 | BaA |  | 228.29 |
| Benzo[a]fluoranthene | 203-33-8 | BaF |  | 252.32 |

Table 2-1. PAHs evaluated in the RPF analysis

| PAH <br> (common synonyms) | CASRN | Abbreviation | BaFE | Molecular <br> weight <br> (g/mol) |
| :--- | :--- | :--- | :--- | :--- |
| Benzo[a]fluorene |  |  |  |  |

Table 2-1. PAHs evaluated in the RPF analysis

| $\begin{gathered} \text { PAH } \\ \text { (common synonyms) } \\ \hline \end{gathered}$ | CASRN | Abbreviation | Structure | Molecular weight (g/mol) |
| :---: | :---: | :---: | :---: | :---: |
| Benzo[b]fluoranthene | 205-99-2 | BbF |  | 252.32 |
| Benzo[b]fluorene, 11H | 243-17-4 | BbFE |  | 216.28 |
| Benzo[b]perylene | 197-70-6 | BbPery |  | 302.38 |
| Benzo[c]chrysene | 194-69-4 | BcC |  | 278.35 |
| Benzo[c]fluorene | 205-12-9 | BcFE |  | 216.28 |

Table 2-1. PAHs evaluated in the RPF analysis

| PAH (common synonyms) | CASRN | Abbreviation | Structure | Molecular weight (g/mol) |
| :---: | :---: | :---: | :---: | :---: |
| Benzo[c]phenanthrene | 195-19-7 | BcPH |  | 228.29 |
| Benz[e]aceanthrylene | 199-54-2 | BeAC |  | 252.32 |
| Benzo[e]pyrene | 192-97-2 | BeP |  | 252.32 |
| Benzo[g,h,i]fluoranthene | 203-12-3 | BghiF |  | 226.28 |
| Benzo[g,h,i]perylene | 191-24-2 | BghiP |  | 276.34 |

Table 2-1. PAHs evaluated in the RPF analysis

| PAH <br> (common synonyms) | CASRN | Abbreviation |
| :--- | :--- | :--- | :--- | :--- |
| Benzo[g]chrysene | BgC |  |

Table 2-1. PAHs evaluated in the RPF analysis

| PAH (common synonyms) | CASRN | Abbreviation | Structure | Molecular weight (g/mol) |
| :---: | :---: | :---: | :---: | :---: |
| Chrysene | 218-01-9 | CH |  | 228.29 |
| Coronene | 191-07-1 | CO |  | 300.36 |
| Cyclopent[h,i]aceanthrylene | 131581-33-4 | CPhiACEA |  | 226.28 |
| Cyclopenta[c,d]pyrene | 27208-37-3 | CPcdP |  | 226.28 |
| Cyclopenta[d,e,f]chrysene, 4H- | 202-98-2 | CPdefC |  | 240.30 |
| Cyclopenta[d,e,f]phenanthrene | 203-64-5 | CPdefPH |  | 190.24 |

Table 2-1. PAHs evaluated in the RPF analysis

| PAH <br> (common synonyms) | CASRN | Abbreviation |  | Molecular <br> weight <br> (g/mol) |
| :--- | :--- | :--- | :--- | :--- |
| Cyclopenta[h,i]acephenanthrylene | 114959-37-4 | CPhiAPA |  |  |

Table 2-1. PAHs evaluated in the RPF analysis

| PAB <br> (common synonyms) | CASRN |
| :--- | :--- | :--- | :--- | :--- | Abbreviation

Table 2-1. PAHs evaluated in the RPF analysis

| PAH <br> (common synonyms) | CASRN | Abbreviation |  | Molecular <br> weight <br> (g/mol) |
| :--- | :--- | :--- | :--- | :--- |
| Dibenzo[a,h]pyrene |  |  |  |  |

Table 2-1. PAHs evaluated in the RPF analysis
PAH

(common synonyms) CASRN | Abbreviation |
| :---: |
| Dibenzo[h,rst]pentaphene |
| Dibenz[j,mno]acephenanthrylene |
| Fluoranthene |
| Dibenz[k,mno]acephenanthrylene |
| Dihydroaceanthrylene, 1,2- |
|  |

Table 2-1. PAHs evaluated in the RPF analysis

| PAH <br> (common synonyms) | CASRN | Abbreviation |  | Molecular <br> weight <br> (g/mol) |
| :--- | :--- | :--- | :--- | :--- |
| Fluorene |  | FE |  | 166.22 |

Table 2-1. PAHs evaluated in the RPF analysis

| PAH <br> (common synonyms) | CASRN | Abbreviation |  | Molecular <br> weight <br> (g/mol) |
| :--- | :--- | :--- | :--- | :--- |
| Naphtho[1,2-b]fluoranthene | $111189-32-3$ | N12bF |  | 302.38 |

Table 2-1. PAHs evaluated in the RPF analysis

| PAH <br> (common synonyms) | CASRN | Abbreviation | PCE | Molecular <br> weight <br> (g/mol) |
| :--- | :--- | :--- | :--- | :--- |
| Pentacene |  |  |  |  |

Table 2-1. PAHs evaluated in the RPF analysis

| PAH <br> (common synonyms) |
| :---: |
| Cyrene |
| CASRN | Abbreviation

Unsubstituted PAHs have been further classified into alternant and nonalternant compounds. Alternant PAHs are those compounds composed solely of fused benzene rings, while nonalternant PAHs contain both benzene and five carbon rings. Among alternant PAHs, important structural features related to enhanced mutagenicity and carcinogenicity include the presence of at least four rings (Bostrom et al., 2002). Common structural features of PAH compounds are illustrated in Figure 2-1.


Benzo[a]pyrene


Pyrene
Examples of Alternant PAHs


Fluorene


Fluoranthene
Examples of Nonalternant PAHs


Chrysene


Benzo[c]phenanthrene

## Bay-region and Fjord-regions of PAHs

Figure 2-1. Structural features of PAHs.

### 2.2. THE TOXICOLOGICAL DATABASE FOR PAHs

Over the last 30- to 50-years, a large PAH database has been generated including studies of carcinogenicity in animal bioassays, genotoxicity in various test systems, and metabolism (bioactivation) to tumorigenic and/or genotoxic intermediates. Carcinogenicity and genotoxicity data are sufficient to classify a number of individual PAHs as possibly carcinogenic to humans (WHO, 1998; U.S. EPA, 1993; IARC, 1989, 1986, 1985, 1984a, b, 1983). Other PAHs have been tested for tumorigenicity and/or genotoxicity, but either nonpositive or equivocal results were obtained; for many PAHs, positive results were only observed in genotoxicity assays (e.g., pyrene). Many studies have been performed to provide further understanding about the carcinogenic mode of action of PAHs (see Bostrom et al., 2002; WHO, 1998; ATSDR, 1995). Therefore, the PAH database contains studies that evaluate:

- Metabolism to reactive intermediates;
- Characterization of PAH-DNA adducts;
- Mutagenicity of PAHs in bacterial and mammalian cells;
- Mutation spectra in identified oncogene and tumor suppressor genes;
- Clastogenic effects;
- Cell transformation; and
- Initiation and promotion of carcinogenicity (complete carcinogenesis).

A limitation to the database is the lack of data from long-term oral or inhalation cancer studies for most individual PAH compounds. The only PAH for which there are robust animal dose-response data is benzo[a]pyrene (Kroese et al., 2001; Culp et al., 1998, 1996a, b; Thyssen et al., 1981, 1980; Rigdon et al., 1969; Rigdon and Neal, 1969, 1966; Neal and Rigdon, 1967). Furthermore, most of the toxicological data available for PAHs relate to cancer or genotoxicity. Available information on the systemic, noncarcinogenic effects of PAHs is limited, although immunological, neurotoxic, and developmental effects have been noted in animal studies and some human studies (for earlier reviews, see WHO, 1998; ATSDR, 1995). As a result, the relative potency methodology described here is applied only to cancer risk assessment for PAHs.

### 2.3. BENZO[A]PYRENE AS AN INDEX CHEMICAL

Because long-term animal studies are not available for many individual PAHs, it is necessary to choose an appropriate index chemical for comparison of relative carcinogenic potency. The index compound is typically the best-studied member of the class, with the largest body of available data describing exposure and health effects. The index chemical should have a quantitative dose-response assessment of acceptable scientific quality and must have (or be expected to have) similar toxic effects to the rest of the members of the class.

Although the PAH composition of complex mixtures varies, benzo[a]pyrene is considered to be present in significant amounts in certain occupational environments and urban settings (WHO, 1998; Petry et al., 1996; ATSDR, 1995). Benzo[a]pyrene is one of the most potent of the carcinogenic PAHs and has, therefore, been proposed to contribute significantly to the carcinogenicity of a PAH mixture, even when present in low concentrations (Petry et al., 1996). Benzo[a]pyrene is also the best-studied PAH compound, with carcinogenicity bioassay data available for several routes of exposure and a considerable number of studies on carcinogenic mode of action. Benzo[a]pyrene has been characterized as reasonably anticipated to be a human carcinogen (NTP, 2005) or carcinogenic to humans (Straif, 2005).

The laboratory animal database for benzo[a]pyrene is robust. Benzo[a]pyrene has been shown to induce tumors at the site of administration and at distal sites in numerous studies. Dose-response data for tumors are available for the oral, inhalation, and dermal routes of administration in multiple species. There are methodological limitiations associated with the
inhalation data (Thyssen et al., 1981), although positive findings in intratracheal instillation studies support the observed positive response. Dermal exposure studies with several strains of mice also provide data on dose-related tumor incidences (Albert et al., 1991; Warshawsky and Barkley, 1987; Habs et al., 1984, 1980; Nesnow et al., 1983; Wynder et al., 1957).

The animal carcinogenicity database for benzo[a]pyrene includes several well-conducted oral cancer bioassays. Kroese et al. (2001) conducted a well-designed gavage study of benzo[a]pyrene carcinogenicity and found that benzo[a]pyrene induced tumors at multiple sites in rats of both sexes, specifically in the liver, forestomach, auditory canal, and oral cavity. In another well-conducted study, using Ah-responsive $\mathrm{B}_{6} \mathrm{C}_{3} \mathrm{~F}_{1}$ female mice exposed to benzo[a]pyrene in the diet (Beland and Culp, 1998; Culp et al., 1998), only portal-of-entry tumors were found, including papillomas and/or carcinomas of the forestomach, esophagus, tongue, and larynx. Earlier, a number of related studies were conducted to evaluate the carcinogenicity of benzo[a]pyrene in feed in Ah-responsive white Swiss mice (Rigdon and Neal, 1969, 1966; Neal and Rigdon, 1967). These studies were not conducted using standard, modern toxicological methods and have several limitations, including inconsistent dosing protocols; varying ages of the animals; use of benzene as a solvent; small numbers of animals; and evaluation of only a limited number of tissues. These studies do, however, provide useful doseresponse information on benzo[a]pyrene carcinogenicity. Following oral administration via feeding of benzo[a]pyrene, site-of-contact tumors (both papillomas and carcinomas) were induced in the forestomach, esophagus, and larynx of mice (Culp et al., 1998; Neal and Rigdon, 1967) and rats (Brune et al., 1981). The results following inhalation, dermal, or oral exposure are further supported by numerous mechanistic studies or assays using infant mice, susceptible transgenic strains, or Ah-receptor knockout mice.

Benzo[a]pyrene is a complete carcinogen and likely acts by initiating tumors through direct DNA damage as well as by promoting tumor growth. Benzo[a]pyrene has been shown to be mutagenic in multiple assay systems. Several modes of carcinogenic action are possible. These include:
(1) Alteration of pathways regulating cell proliferation and survival (Tannheimer et al., 1998);
(2) Inhibition of intracellular communication (Sharovskaia et al., 2003; Blaha et al., 2002; Rummel et al., 1999);
(3) Altered intracellular $\mathrm{Ca}^{2+}$ signaling (Tannheimer et al., 1998);
(4) Modulation of cell survival, cell proliferation, and altered growth via generation of oxidative stress and activation of oxidant stress signaling (Burdick et al., 2003; Miller and Ramos, 2001);
(5) Altered apoptosis processes (Chen et al., 2003);
(6) Dysregulation of normal circulating hormone levels or activity affecting tumorigenesis in reproductive tissues (Safe and Wormke, 2003; Archibong et al., 2002) or the central nervous system (Dasgupta and Lahiri, 1992);
(7) Disruption of cell cycle kinetics in breast cancer cells (Jeffy et al., 2002, 2000); and
(8) Disruption of DNA repair through alteration of ribonucleic acid (RNA) polymerase activity (Shah and Bhattacharya, 1989).

Oral (dietary) carcinogenicity bioassays are available that compare MGP residue (Weyand et al., 1995) or coal tar preparations (Culp et al., 1998; Gaylor et al., 1998) with benzo[a]pyrene. In both cases, there were significant differences in the target organ distribution of tumors between benzo[a]pyrene and complex mixtures of PAHs. Following dietary administration, benzo[a]pyrene-induced tumors were observed primarily at the point of contact (i.e., the forestomach), while MGP residue and coal tar produced tumors in the lung, liver, forestomach, skin, and other organs. Tissue-specific differences in metabolic activation and DNA binding of PAHs may contribute to the observed differences in target organ sensitivity (Weyand and Wu, 1995; Culp and Beland, 1994). However, a dietary study in A/J mice (Weyand et al., 2004) showed that benzo[a]pyrene could induce significant increases in the incidences of lung adenomas and forestomach carcinomas. Further, a gavage study in rats (Kroese et al., 2001) demonstrated that oral exposure to benzo[a]pyrene could induce tumors in the liver and auditory canal; no lung tumors were observed. The latter two studies indicate that, contrary to the conclusions of earlier studies, benzo[a]pyrene can induce tumors at distal sites.

In summary, benzo[a]pyrene is the most appropriate compound to use as an index chemical for carcinogenic PAHs. It is well-studied, with a robust database of both bioassay data and mode of action information. Benzo[a]pyrene is a complete carcinogen with both initiating and promoting properties, is among the most potent PAH carcinogens, and is prevalent in many complex environmental mixtures. No alternative index chemical was identified from the list of target PAHs.

### 2.4. SIMILARITIES IN MODE OF CARCINOGENIC ACTION FOR PAHs

Toxicological similarity of chemicals is the basis for the assumption of dose additivity that underlies the RPF approach (U.S. EPA, 1990). The carcinogenic mode of action for PAHs has been extensively reviewed (Ramesh, 2004; CCME, 2003; Bostrom et al., 2002; Larsen and Larsen, 1998; WHO, 1998; Muller et al., 1997; Sjogren et al., 1996; ATSDR, 1995; Malcolm and Dobson, 1994; U.S. EPA, 1990). Key events that have been associated with PAH carcinogenicity include:

- Oxidative metabolism to reactive intermediates that covalently bind to DNA, RNA, and proteins (benzo[a]pyrene metabolism is illustrated in Figure 2-2);
- Formation of DNA adducts;
- Tumor initiation due to mutations in cancer-related genes (e.g., tumor suppressor genes or oncogenes); and
- Tumor promotion related to cytotoxicity and formation of reactive oxygen species, and/or Ah receptor (AhR) affinity and upregulation of genes related to biotransformation, growth, and differentiation.


Reprinted from Impact of cellular metabolism on the biological effects of benzo[a]pyrene and related hydrocarbons, 2001 by Miller, KP; Ramos, KS; with permission of Taylor \& Francis.

Source: Miller and Ramos (2001).
Figure 2-2. Metabolic pathways for benzo[a]pyrene.

Formation of reactive intermediates and DNA adducts. Each of the key events identified above is affected by the chemical structure of the individual PAH. At least three distinct molecular mechanisms have been proposed to explain the tumor initiation process of PAHs (Xu et al., 2009; Jiang et al., 2007, 2005; Xue and Warshawsky, 2005; Bolton et al., 2000; Penning et al., 1999; Harvey, 1996; Cavalieri and Rogan, 1995). These modes of action include the formation of diol epoxides, radical cations, and o-quinones (Figure 2-3). Diol epoxide formation leads to stable and unstable DNA adducts, mainly at guanine and adenine, which can lead to mutations in proto-oncogenes and tumor-suppressor genes. Radical cation formation may lead to the generation of unstable adducts at guanine and adenine, leading to apurinic sites and mutation in HRAS. o-Quinone formation could lead to stable and unstable DNA adducts and generation of reactive oxygen species, inducing mutations in RP53. The evidence supporting the role of these reactive metabolites in tumor initiation includes a characterization of the specific DNA adducts arising from PAH metabolism and observations of mutagenesis resulting from direct exposure. Figure 2-3 illustrates the proposed key steps in the mode of action for PAH carcinogenesis. These include the interaction of reactive metabolites with DNA to form adducts, induction of depurination, transversion mutations (e.g., $\mathrm{GC} \rightarrow \mathrm{TA}$ or $\mathrm{AT} \rightarrow \mathrm{TA}$ ), and oxidative damage to DNA, and tumor promotion mediated by AhR-mediated effects on gene regulation.

Key Events in the Mode of Action for PAH Carcinogenicity


## Figure 2-3. Overview of the proposed key events in the mode of action for PAH carcinogenicity.

The formation of diol epoxides is a proposed key step in the most established mode of action for PAH-induced carcinogenicity. Extensive studies of the metabolism of carcinogenic PAHs suggest that bay- and fjord-region diol epoxides are some of the ultimate reactive metabolites of PAHs (Jerina et al., 1978; Jerina and Lehr, 1977). These metabolites are generally formed through cytochrome P450 (CYP) oxidation to form epoxides and epoxide hydrolase cleavage resulting in diol formation. CYP1A1 appears to be the primary isozyme involved in diol epoxide formation; however, other isozymes may also contribute to PAH metabolism (i.e., CYPIA2, CYP1B1, CYP3A4) (Bostrom et al., 2002; ATSDR, 1995). Nonalternant PAHs, composed of fused benzenoid and five-membered rings, may be metabolized through other pathways resulting in the formation of reactive intermediates that bind to DNA. Classic bay- and fjord-region diol epoxides may be formed from these compounds; however, epoxide formation at cyclopenta-ring structures has also been demonstrated to result in DNA adduct formation (Bostrom et al., 2002).

Many studies have been performed to evaluate the formation of DNA adducts following in vivo or in vitro exposure to PAHs. Diol epoxide metabolites interact preferentially with the exocyclic amino groups of deoxyguanine and deoxyadenine (Geacintov et al., 1997; Jerina et al.,
1991). Adducts may give rise to mutations, unless these adducts are removed by DNA repair processes prior to replication. The stereochemical nature of the diol epoxide metabolite (i.e., anti- versus syn-diol epoxides) affects the number and type of adducts and mutation that occurs. Figure 2-4 presents the structures of four stereoisomeric adducts arising from the interaction of benzo[a]pyrene diol epoxide metabolites with the deoxyguanosine (dG) residues in DNA (Geacintov et al., 1997). Transversion mutations (e.g., GC $\rightarrow$ TA or AT $\rightarrow$ TA) are the most common type of mutation found in mammalian cells following diol epoxide exposure (Bostrom et al., 2002).

$10 S(+)-$ trans-anti-[BaP]- $\mathrm{N}^{2}-\mathrm{dG}$


10R (+)-cis-anti-[BaP]- $N^{2}-d G$


10R (-)-trans-anti-[BaP]- $N^{2}-d G$


10S (-)-cis-anti-[BaP]-N²-dG

Source: Geacintov et al. (1997).
Figure 2-4. Structures of the four stereoisomeric adduct moieties, anti-[BaP]- $N^{2}$-dG, derived from the trans- or cis- covalent binding of ${ }^{(+)-a n t i-B a P ~ d i o l ~ e p o x i d e ~ o r ~(-)-a n t i-B a P ~ d i o l ~ e p o x i d e ~ t o ~ d G ~ r e s i d u e s ~ i n ~ D N A . ~}$

Radical cation formation involves a one-electron oxidation that produces electrophilic radical cation intermediates (Cavalieri and Rogan, 1995, 1992). Oxidation of this type can occur by CYP or peroxidase enzymes (i.e., horseradish peroxidase, prostaglandin H synthetase). Radical cations can be further metabolized to phenols and quinones (Cavalieri et al., 1988a), or
they can form unstable adducts with DNA that ultimately result in depurination (Cavalieri et al., 2005, 1993; Rogan et al., 1993). Radical cations have been shown to play a major role in formation of DNA adducts for several carcinogenic PAHs (e.g., 7,12-dimethylbenzanthracene, benzo[a]pyrene, dibenzo[a,l]pyrene). The predominant depurinating adducts occur at the $\mathrm{N}-3$ and $\mathrm{N}-7$ positions of adenine and the $\mathrm{C}-8$ and $\mathrm{N}-7$ positions of guanine (Cavalieri and Rogan, 1995; Li et al., 1995). Figure 2-5 illustrates three depurinating adducts of benzo[a]pyrene formed by one-electron oxidation. Abasic sites resulting from base depurination undergo error-prone excision repair to induce mutations. In the case of dibenzo[a,l]pyrenetreated mouse skin, repair error from abasic sites resulted in H-ras oncogene mutations that underwent rapid clonal expansion and regression (Chakravarti et al., 2000). H-ras mutations in mouse skin papillomas also corresponded to adenine and guanine depurinating adducts resulting from exposure to dibenzo[a,l]pyrene, 7,12-dimethyl-benz[a]anthracene, benzo[a]pyrene, and benzo[a]pyrene-7,8-dihydrodiol (Chakravarti et al., 2008).



BaP-6-N7-guanine


BaP-6-N7-adenine

Reprinted from Central role of radical cations in metabolic activation of polycyclic aromatic hydrocarbons, 1995 by Cavalieri, EL; Rogan, EG; with permission of Taylor \& Francis.

Source: Cavalieri and Rogan (1995).

## Figure 2-5. Depurinating adducts of benzo[a]pyrene formed by one-electron oxidation.

o-Quinone metabolites of PAHs are formed by enzymatic dehydrogenation of dihydrodiols (Bolton et al., 2000; Penning et al., 1999; Harvey, 1996; ATSDR, 1995). Dihydrodiol dehydrogenase enzymes are members of the $\alpha$-keto reductase gene superfamily. o-Quinone metabolites are potent cytotoxins, are weakly mutagenic, and are capable of producing a broad spectrum of DNA damage. These metabolites can interact directly with DNA and can also result in production of reactive oxygen species (i.e., hydroxyl and superoxide radicals) that may produce further cytotoxicity and DNA damage. The DNA damage caused by
o-quinones may include the formation of stable adducts (Balu et al., 2006), N-7 depurinating adducts (McCoull et al., 1999), oxidative base damage (i.e., 8-oxo-2'-dG or 8-oxo-dG) (Park et al., 2006, 2005), and strand scission (Flowers-Geary et al., 1997). The reactive oxygen species generated by the o-quinone of benzo[a]pyrene and other PAH o-quinones have been shown to induce mutation in the p53 tumor suppressor gene (Park et al., 2008; Shen et al., 2006; Yu et al., 2002). Figure 2-6 illustrates the spectrum of DNA adducts associated with PAH o-quinones.

stable adducts translesional synthesis G to T transversions
depurinating adducts apurinic sites G to T transversions



8'-oxo-dG base pair mismatch G to T transversions
base propenals

Source: Bolton et al. (2000).

## Figure 2-6. Spectrum of DNA adducts anticipated with PAH o-quinones.

The cytotoxicity of o-quinone metabolites may also contribute to tumor promotion via inflammatory responses leading to cell proliferation (Burdick et al., 2003).

Genotoxicity and mutagenicity. The genotoxicity and mutagenicity of PAHs have been demonstrated in various bacterial and mammalian assays (see Section 4.3.2 below) (reviewed in WHO, 1998; ATSDR, 1995). Mutagenesis of PAHs in the Ames assay (Salmonella
typhimurium) as well as other bacterial assays requires the presence of a mammalian metabolic enzyme system. In most cases, this is supplied by postmitochondrial supernatant (S9) from the liver of rodents treated with an enzyme inducer. Mammalian cell mutagenesis in Chinese hamster V79 cells and mouse lymphoma L5178Y cells also requires metabolic activation in the form of a rodent S 9 mix or co-cultivation with metabolically active rodent cells (i.e., cellmediated assay). Several studies have noted a correlation between mutagenic potency and tumor initiation potency in the two-stage dermal carcinogenicity assay for multiple PAH compounds (LaVoie et al., 1985, 1979; Raveh et al., 1982).

Tumor promotion and the AhR. The ability of certain PAHs to act as tumor promoters as well as initiators may increase their carcinogenic potency (Andrews et al., 1978). The promotional effects of PAHs appear to be related to AhR affinity and the upregulation of genes related to growth and differentiation (Bostrom et al., 2002). Figure 2-7 illustrates the function of the AhR and depicts the genes regulated by this receptor as belonging to two major functional groups (i.e., induction of metabolism or regulation cell differentiation and proliferation). PAHs bind to the cytosolic AhR in complex with heat shock protein 90. The ligand-bound receptor is then transported to nucleus in complex with the AhR nuclear translocator protein. The AhR complex interacts with AhR elements of DNA to increase the transcription of proteins associated with induction of metabolism and regulation of cell differentiation and proliferation.


Reprinted from Molecular biology of the aromatic hydrocarbon (dioxin) receptor, 1994 by Okey, AB; et al. with permission of Elsevier.

Source: Okey et al. (1994).
Figure 2-7. Interaction of PAHs with the AhR - regulation of genes related to induction of metabolism and cell differentiation and proliferation.

Tumor promotion and cytotoxicity. PAHs are metabolized to o-quinones, which are cytotoxic and can generate reactive oxygen species (Bolton et al., 2000; Penning, 1999). PAH o-quinones reduce the viability and survival of rat and human hepatoma cells (Flowers-Geary et al., 1996, 1993). Inflammatory responses to cytotoxicity may contribute to the tumor promotion process. For example, benzo[a]pyrene quinones (1,6-, 3,6-, and 6,12-benzo[a]pyrene-quinone) generated reactive oxygen species and increased cell proliferation by enhancing the epidermal growth factor receptor pathway in cultured breast epithelial cells (Burdick et al., 2003). Dermal exposure of mice to dibenzo[a,l]pyrene and dimethyl-benz[a]anthracene resulted in an inflammatory response that was correlated with epidermal hyperplasia and skin tumor promotion (Casale et al., 2000, 1997). The extent of epidermal hyperplasia was correlated with the cytokine mRNA response in lymph nodes and skin of treated mice (Casale et al., 2000).

Genetic targets and tumor formation. DNA adducts and oncogenes/tumor suppressor gene mutations have been demonstrated in tumor tissue from humans and laboratory animals.

DeMarini et al. (2001) demonstrated mutations in the p53 tumor suppressor gene and the K-ras oncogene in the lung tumors of nonsmokers, whose tumors were associated with exposure to smoky coal. Lung tumors were obtained from 24 nonsmoking women from China (age 3063 years, mean age $48.5 \pm 8.8$ years) who used smoky coal in their homes without chimneys. Bronchioloalveolar adenocarcinoma and acinar adenocarcinoma were observed in 54 and $46 \%$ of the women studied, respectively. The observed mutations in lung tumors were primarily $\mathrm{G} \rightarrow \mathrm{T}$ transversions at either K-ras or p53. The mutation hotspots in the lung tumors that were examined corresponded with hot spots for PAH adducts (codon 154), cigarette smoke associated mutations (codon 249), and both of these events together (codon 273). The mutation spectrum was described as unique and consistent with exposure to PAHs in the absence of cigarette smoke.

Mutations in the K-ras, H-ras, and p53 genes were assessed in forestomach tumors $(\mathrm{n}=31)$ of mice fed benzo[a]pyrene in the diet ( $0,5,25$, or 100 ppm ) for 2 years (Culp et al., 2000). Sixty-eight percent of 31 forestomach tumors analyzed had K-ras mutations, which were $\mathrm{G} \rightarrow \mathrm{T}$ or C transversions in codon 12 or 13 . H-ras (codon 13) and p53 mutations characterized as $\mathrm{G} \rightarrow \mathrm{T}$ or C transversions were also each found in $10 \%$ of forestomach tumors.
$\left[{ }^{32} \mathrm{P}\right]$-postlabeling of forestomach DNA of benzo[a]pyrene-treated mice revealed one major adduct characterized as $\mathrm{dG} \mathrm{N}^{2}$ BPDE. In mice exposed to benzo[a]pyrene at several concentrations in the diet for 4 weeks ( 5,25 , and 100 ppm ), there was an approximate linear relationship between the daily dose of benzo[a]pyrene (in units of $\mu \mathrm{g} /$ day) and the concentration of dG- $\mathrm{N}^{2}$-BPDE-DNA adducts in the forestomach (Culp et al., 2000, 1996a). In contrast, the tumor dose-response data in mice exposed for 2 years showed a sharp increase in incidence between the 5-ppm group ( $6 \%$ of mice had forestomach tumors) and the $25-\mathrm{ppm}$ group ( $78 \%$ had forestomach tumors) (Culp et al., 1996a). The appearance of increased levels of BPDE-DNA adducts in the target tissue at 28 days is temporally consistent with the contribution of these adducts to the initiation of forestomach tumors at 25 and 100 ppm benzo[a]pyrene in the diet. However, the absence of a sharp increase in the BPDE-DNA relationship between 5 and 25 ppm benzo[a]pyrene is consistent with the possible contributions of mutagenic modes of action other than the diol epoxide pathway (i.e., formation of depurinated DNA adducts from the radical cation or aldo-keto-reductase pathways and reactive oxygen species DNA damage from the aldo-keto-reductase pathway).

A series of experiments designed to evaluate the mechanistic relationship between PAH DNA adducts, oncogene mutations, and lung tumorigenesis were performed in the $\mathrm{A} / \mathrm{J}$ mouse lung model (Nesnow et al., 1998a, 1996, 1995; Mass et al., 1993). Tumorigenic potency in the lung of $\mathrm{A} / \mathrm{J}$ mice varied over 2 orders of magnitude following a single intraperitoneal injection of seven PAHs of varying structure (benzo[a]pyrene, benzo[b]fluoranthene, benz[j]aceanthrylene, dibenz[a,h]anthracene, dibenzo[a,l]pyrene, cyclopenta[c,d]pyrene, and 5-methylchrysene).
When considering the non-alkylated PAHs, the number of lung adenomas per mouse was highest
for benz[j]aceanthrylene and cyclopenta[c,d]pyrene, each of which contain a pentacyclic ring feature. The major DNA adducts identified in the mouse lung included:
(1) Bay region diol epoxide adducts for benzo[a]pyrene, dibenz[a,h]anthracene, and 5-methylcholanthrene;
(2) Phenolic diol epoxide adducts for benzo[b]fluoranthene;
(3) Cyclopenta-ring adducts for cyclopenta[c,d]pyrene and benz[j]aceanthrylene;
(4) Bisdihydrodiol epoxide adducts for dibenz[a,h]anthracene; and
(5) Fjord-region diol epoxide adducts for dibenzo[a,l]pyrene (Nesnow et al., 1998a, 1996, 1995; Mass et al., 1993).

Guanine adducts were most common for all PAHs; however, adenine adducts were also demonstrated for dibenzo[a,l]pyrene and benz[j]aceanthrylene. Quantitative analysis of DNA adducts by $\left[{ }^{32} \mathrm{P}\right]$-postlabeling illustrates the importance of measuring DNA adduct levels over time. A time-integrated DNA adduct level (TIDAL) was linearly related to the dose of a particular PAH. The relationship of TIDAL level to tumor formation was similar for PAHs that produce different types of adducts and different mutations in the Ki-ras oncogene. This suggests that the probability of tumor formation for these PAHs may be related to the extent of overall DNA damage and repair rather than the formation of a specific adduct at specific sites.

The DNA sequence analysis of Ki-ras mutations in lung adenomas at codons 12 and 61 was generally consistent with the DNA adduct data in that PAHs that produced guanine adducts also produced Ki-ras guanine mutations (Nesnow et al., 1998a, 1996, 1995; Mass et al., 1993). Cyclopenta[c,d]pyrene, benz[j]aceanthrylene, and 5-methylchrysene produced large numbers of adenomas per mouse (>90) and also produced a large proportion of tumors with CGT mutations at Ki-ras codon 12. Cyclopenta-ring adduct formation by cyclopenta[c,d]pyrene and benz[j]aceanthrylene was correlated with the formation of GGT $\rightarrow$ CGT mutations at Ki-ras codon 12. The primary mutation type for benzo[a]pyrene, benzo[b]fluoranthene, and dibenzo[a,l]pyrene was the GGT $\rightarrow$ TGT mutation, which is associated with the formation of diol epoxide guanine adducts. Dibenz[a,h]anthracene did not induce mutations in Ki-ras codons 12 or 61; however, diol epoxide guanine adducts and lung adenomas in $\mathrm{A} / \mathrm{J}$ mice were observed. This suggests that a different genetic target may be involved in carcinogenicity of this compound.

H-ras mutations were studied in skin papillomas of SENCAR mice resulting from dermal initiation by benzo[a]pyrene or benzo[a]pyrene-7,8-dihydrodiol ( 400 nmol ) followed by 12-O-tetra-decanoylphorbol-13-acetate (TPA) promotion (Chakravarti et al., 2008). Polymerase chain reaction (PCR) amplification of the H -ras gene and sequencing revealed that codon 13
(GGC to GTC) and codon 61 (CAA to CTA) mutations in papillomas corresponded to the relative levels of depurinating adducts of guanine and adenine, despite the formation of significant amounts of stable DNA adducts.

Other studies also suggest that multiple genetic targets may be involved in PAH mutagenicity and carcinogenicity (Conney et al., 2001; Smith et al., 2000). Smith et al. (2000) indicated that diol epoxide adducts and mutations were observed in the p53 tumor suppressor gene following in vitro exposure of cultured human bronchial epithelial cells to metabolites of benzo[a]pyrene, chrysene, benzo[c]phenanthrene, and benzo[g]chrysene. PAH adducts and corresponding mutations preferentially formed at lung mutational hot spots (codons 154, 157, $158,245,248$, and 273), suggesting that PAHs may contribute to the mutation spectrum observed in human lung cancer. Conney et al. (2001) provided evidence that dose-dependent differences may exist for the mutation spectra seen in PAH-induced tumors. Skin papillomas induced by benzo[a]pyrene in female mice were examined for mutations in the c-Ha-ras protooncogene. The major difference between high- and low-dose groups was mutations at exon 2 of the c-Ha-ras gene, with the proportion of AT base pair mutations higher in the low-dose group. Dose-dependent changes in the mutation profile were also evident in Chinese hamster V79 cells exposed to the diol epoxides of benzo[a]pyrene and benzo[c]phenanthrene (i.e., the proportion of AT mutations decreased with increasing concentration).

In conclusion, there is evidence that an assumption of a similar toxicological action is reasonable for PAHs; however, the carcinogenic process for individual PAHs is likely to be related to some unique combination of multiple molecular events resulting from formation of several reactive species. For these reasons, the use of an RPF approach to estimate cancer risk associated with PAH exposure is considered appropriate. A common mutagenic mode of action for carcinogenic PAHs is hypothesized based on information available for the indicator chemical, benzo[a]pyrene (U.S. EPA, 2005b). The uncertainties and limitations related to the mode of action assumption for PAH-induced cancer are further discussed in Section 8.5.

### 2.5. STRUCTURAL ALERTS FOR PAH CARCINOGENESIS

The carcinogenic activity of PAH compounds is influenced by specific structural features. For example, alternant PAHs having four or more benzene rings exhibit greater carcinogenic potency than PAHs with two or three benzene rings (Bostrom et al., 2002). The carcinogenic activity of PAHs is also related to the specific arrangement of the benzene rings. As described in Section 2.4, PAHs that form bay- and fjord-region diol or dihydrodiol epoxides are more potent carcinogens compared with linear PAHs that lack this structural feature (Bostrum et al., 2002). These metabolites are resistant to detoxification due to stereochemical effects and, consequently, are more likely to be mutagenic and cause cancer (Buterin et al., 2000; Chang et al., 1981; Buening et al., 1979; MacLeod et al., 1979; Flesher et al., 1976).
Dihydrodiol epoxides formed at other positions on the PAH molecule (i.e., not the bay- or fjord-
regions) are more accessible to glutathione transferase detoxification and are less potent mutagens and carcinogens (MacLeod et al., 1979; Flesher et al., 1976). Nonalternant PAHs containing fused benzenoid and five-membered rings, can also be metabolized to bay- and fjordregion diol epoxides (Bostrum et al., 2002); however, epoxide formation at the cyclopenta- ring structure may also contribute to carcinogenicity (Bostrum et al., 2002; Nyholm et al., 1996).

PAHs with at least four rings and a classic bay- or fjord-region (formed entirely by benzene rings; see Figure 2-1) may be characterized as containing structural alerts for carcinogenesis. However, this structural characterization is likely to be overly simplistic and other features may be important to carcinogenesis. Recent studies have applied quantitative structure activity relationship (QSAR) methods to evaluate the relationship between specific PAH structural features and mechanistic events related to carcinogenesis (Bruce et al., 2008; Vijayalakshmi et al., 2008).

### 2.6. SIMILARITIES IN RELATIVE POTENCY ACROSS ENDPOINTS

Studies that have evaluated the association between cancer-related endpoints and tumorigencity of PAHs are briefly summarized below.

Several studies have been performed that compare the bacterial or mammalian cell mutagenicity of various PAHs with tumor initiating activity or complete carcinogenesis (Blackburn et al., 1996; LaVoie et al., 1985, 1981, 1979; Raveh et al., 1982; Andrews et al., 1978). In general, mutagenicity appears to correlate best with tumor initiation. Complete carcinogenicity is not well-predicted by positive findings in short-term mutagenicity assays. Andrews et al. (1978) tested 24 PAHs for bacterial mutagenicity in the Ames test and compared these findings to evidence of carcinogenicity (parent and metabolites) from previously published studies. Positive findings of both mutagenicity and carcinogenicity were only reported for 14 of the 24 PAHs evaluated. Eight of the 10 remaining PAHs were found to be mutagenic in the Ames assay, but were not carcinogenic in animal studies. LaVoie et al. (1979) compared the mutagenicity, tumor-initiating activity, and complete carcinogenicity of several series of structurally related PAHs. Tumor-initiating activity was found to correspond with complete carcinogenicity. Quantitation of mutagenicity in the Ames assay for structurally related PAHs failed to provide a reliable indication of tumor-initiating activity or complete carcinogenicity. In addition, mutagenicity results could not be used to predict which PAHs would be noncarcinogenic. Many PAHs were active mutagens, but were not shown to be carcinogenic. Studies using methylated derivatives of anthracene demonstrated a correlation between mutagenicity of specific metabolites and tumor initiating activity in mouse skin (LaVoie et al., 1985). Raveh et al. (1982) reported that the mutagenic response to PAHs in Chinese hamster V79 cells was similar to the skin tumor initiating activity observed in SENCAR mice. Benzo[a]pyrene was demonstrated to be a more potent mutagen and skin tumor initiator than cyclopenta[c,d]pyrene.

Blackburn et al. (1996) compared the predictive power of a mutagenicity test (the Modified Ames Test, which uses enhanced extraction techniques and greater levels of S9 to improve performance when oils are tested) and DNA adduct formation (measured by P32-postlabelling) to predict the dermal carcinogenicity of 120 PAH-containing oils. The Modified Ames Test provided greater accuracy in predicting carcinogenicity (96\%). In addition, the mutagenicity index estimated from this test correlated strongly ( $r^{2} \geq 0.83$ ) with PAH content of the oils. The DNA adduct assay predicted carcinogenicity correctly with about $73 \%$ accuracy; however, the study authors indicated that the lower predictability may have resulted from the use of adduct data that were collected while the assay was still undergoing development.

Sjogren et al. (1996) performed a multivariate analysis of data for 29 PAHs to evaluate the relevance of different biological assays to the carcinogenic properties of PAHs. This analysis considered carcinogenicity (International Agency for Research on Cancer [IARC] weight of evidence and QSAR predictions), bacterial mutagenicity, inhibition or enhancement of bacterial mutagenicity, AhR affinity, and enzyme induction. Bacterial mutagenicity data were poorly correlated with observed and predicted cancer data, while AhR affinity variables were statistically relevant to describe these data.

Other studies suggest that the relationship between affinity for the AhR and carcinogenic potency is unclear. For example, highly mutagenic fjord-region PAHs are potent carcinogens despite exhibiting lower AhR affinity (reviewed by Bostrom et al., 2002). Likewise, some PAHs that strongly activate the AhR, such as benzo[k]fluoranthene (Machala et al., 2001), are only weakly carcinogenic. In addition, some studies have demonstrated the formation of DNA adducts in the liver of AhR knock-out mice following intraperitoneal or oral exposure to benzo[a]pyrene (Sagredo et al., 2006; Uno et al., 2006; Kondraganti et al., 2003), indicating that Ah responsiveness is not strictly required for metabolic activation and genotoxicity. These findings suggest that there may be alternative (i.e., non-AhR mediated) mechanisms of benzo[a]pyrene activation in the mouse liver, and that AhR affinity would not be a good predictor of carcinogenic potency.

AhR-mediated CYP1A1 induction by PAHs is considered to contribute to tumorigenesis by increasing the production of DNA-reactive metabolites (Ayrton et al., 1990). However, CYP1A1 induction potency alone does not appear to correlate well with carcinogenic potency of PAHs. Ethoxyresorufin O-deethylase (EROD) activity was evaluated as a measure of CYP1A1 induction in rat hepatocytes (Bosveld et al., 2002; Till et al., 1999; Willett et al., 1997) and trout liver cells (Bols et al., 1999). Till et al. (1999) additionally measured levels of CYP1A1 protein and mRNA. Machala et al. (2001) measured PAH activation of the AhR using a chemicalactivated luciferase reporter gene assay. Comparable results were observed across studies, and benzo[k]fluoranthene was consistently demonstrated to be the most potent inducer of CYP1A1. Chrysene, benzo[b]fluoranthene, dibenz[a,h]anthracene, and indeno[1,2,3-c,d]pyrene were also demonstrated to be more potent inducers of CYP1A1 than benzo[a]pyrene. However, most of
these PAH compounds (except dibenz[a,h]anthracene) are considerably less potent as carcinogens in animal bioassays.

Ross et al. (1995) evaluated the relationship between TIDAL values for DNA adduct formation and lung adenoma formation in $\mathrm{A} / \mathrm{J}$ mice. The TIDAL value versus tumor relationship was similar for five different PAHs, suggesting a correlation between adduct levels and tumor formation (regression analysis was not performed). As described above, the relationship of TIDAL level to tumor formation was similar for PAHs that produce different types of adducts and different mutations in the Ki-ras oncogene, suggesting that the probability of tumor formation may be related to the extent of overall DNA damage and repair (Nesnow et al., 1998a, 1996, 1995; Mass et al., 1993).

To summarize, various cancer-related endpoints have been associated with PAH carcinogenicity. Tumor initiation ability was shown to correspond well with complete carcinogenicity, while some studies suggested that bacterial mutagenesis assays of individual PAHs were not highly correlated with tumor formation (Sjogren et al., 1996; Lavoie et al., 1979). DNA adduct formation corresponded with lung adenoma formation in A/J mice for several PAHs (Sjogren et al., 1996; Ross et al., 1995; LaVoie et al., 1979). The development of RPFs in this analysis considered both tumorigenicity and cancer-related endpoints (e.g., mutagenicity, clastogenicity, morphological transformation). Studies of AhR binding/activation were not considered for use in deriving RPFs because there does not appear to be a clear relationship between affinity for the AhR and carcinogenic potency of PAHs.

### 2.7. SIMILARITIES IN RELATIVE POTENCY ESTIMATES ACROSS SPECIES AND EXPOSURE ROUTES

Available studies suggest that the potency of individual PAHs is generally consistent across species and study protocols. The consistency of potency estimates based on in vivo tumorigenicity studies conducted using different study protocols and exposure routes in varying species/strains of test animals is summarized below.

Nisbet and LaGoy (1992) and Clement Associates (1988) reported that RPFs for PAHs are reasonably consistent across different study protocols using varying species/strains of laboratory animals. RPF estimates were calculated in multiple test systems including mouse skin complete carcinogenesis studies, mouse skin tumor initiation studies, studies in rat lung (implantation), other rat studies (intrapulmonary injection, subcutaneous injection), and newborn mouse studies (intraperitoneal injection). The RPF estimates for specific PAHs calculated from different assay systems varied by less than an order of magnitude. The relative potency of individual PAHs to benzo[a]pyrene was also shown to be very similar when based on data in different strains of mice using different mouse tumor initiation models (Slaga and Fisher, 1983). Muller et al. (1997) compared the relative potency of benzo[a]pyrene and 3-methylcholanthrene from data generated in three species (rat, mouse, and hamster). Similar RPF values (i.e., within a
factor of 2) were derived for oral exposures in mice, rats, and hamsters. In their comparison across different exposure routes (oral, respiratory, and dermal), Muller et al. (1997) reported similar relative potencies for benzo[a]pyrene and 3-methylcholanthrene (within a factor of 2) for data from rats exposed via oral and respiratory routes, and for mice exposed via oral and dermal routes. The relative potency for respiratory exposure in mice was an order of magnitude lower than relative potencies for the other two exposure routes.

Schneider et al. (2002) performed a more recent evaluation of the impact of exposure route on the determination of RPFs. Potency ratios were calculated for several carcinogenicity bioassays by dividing the carcinogenic potency of a PAH mixture by the carcinogenic potency of benzo[a]pyrene as a single substance. The potency ratios were observed to vary by exposure route and target organ. For example, potency ratios associated with forestomach tumors from oral exposure ranged from 0.7 to 1.2 (i.e., the potencies of the PAH mixtures and benzo[a]pyrene to induce forestomach tumors were approximately equal). This suggested that these tumors may be attributable to the benzo[a]pyrene content of the mixture. Potency ratios for skin tumor production from dermal exposure ranged from 2 to 11 , whereas RPFs calculated for lung tumors from oral exposure, pulmonary implantation, or inhalation were greater than 20. These results suggested that the benzo[a]pyrene content of PAH mixtures may be only slightly responsible for lung and dermal carcinogenicity. Schneider et al. (2002) suggested that RPF estimates should be derived separately for oral, dermal, and inhalation exposure using studies with the relevant exposure pathway.

To summarize, there is some consistency within the in vivo carcinogenicity database for relative potency estimates derived from different species and strains exposed by various routes, although this is an area for which further research is needed. However, Schneider et al. (2002) have cautioned that potency ratios appear to cluster by exposure route and target organ and have suggested that route-specific RPFs be developed. There is also some concern regarding the use of benzo[a]pyrene as an index chemical to estimate lung cancer from PAH mixtures, considering that the lung is relatively insensitive to benzo[a]pyrene-induced tumorigenicity following oral exposure (Gaylor et al., 1998). Section 8.6 provides a comparison of RPF values calculated in this report, using bioassay data from different exposure routes and study designs. RPF values were comparable across most exposure routes, with the exception of the newborn mouse intraperitoneal injection studies.

### 2.8. DOSE ADDITIVITY OF PAHs IN COMBINED EXPOSURES

Use of the RPF approach assumes that doses of component chemicals that act in a similar manner can be added together, after scaling the potencies relative to the index chemical, and that interaction effects do not occur at low environmental exposure levels (U.S. EPA, 2000, 1986). The level of confidence in the RPF approach is increased if dose additivity can be demonstrated experimentally, even with simple mixtures. For PAHs, the assumption of dose additivity at low
exposures cannot be confirmed or refuted based on the available experimental data. It appears that interactions may occur at higher doses of complex PAH mixtures (see below).

The complexity of potential interactions for tumorigenesis of binary mixtures of PAHs is illustrated in Table 2-2. The nature of the interaction varies with the PAHs evaluated and the study conditions (e.g., vehicle used, dose selection, study method). Many studies were designed to evaluate the combined administration of a known carcinogen with either a weak carcinogen or a noncarcinogenic PAH. The true nature of the interaction (i.e., additive, synergistic, or antagonistic) can be difficult to determine in studies wherein the tumorigenic response is not measured for both PAHs given alone and in combination. These studies can distinguish between an enhanced or cocarcinogenic response and an inhibitory response, but a further classification cannot be made. The interactions described as cocarcinogenic in Table 2-2 may be either additive or synergistic in nature.

Table 2-2. Studies of binary mixtures of PAHs and tumorigenicity

| Reference | Endpoint | Findings | Net effect |
| :---: | :---: | :---: | :---: |
| Cavalieri et al., 1983 | Mouse skin carcinogenicity | BaP and CPcdP given together resulted in a synergistic effect at low and intermediate doses; three- to sevenfold increase in relative risk at intermediate dose of both BaP and CPcdP as compared to the sum of the relative risk for the same dose of each PAH given alone. | S |
| DiGiovanni et al., 1982 | Skin tumor initiation in mice | BeP increased BaP tumor initiation (30\% $\uparrow$ ), inhibited tumor initiation by DMBA ( $84 \% \downarrow$ ) and DBahA $(48 \% \downarrow)$ and produced no change in combination with 3-MC; DBacA inhibited tumor initiation by DMBA $(92 \% \downarrow)$, DBahA ( $39 \% \downarrow$ ), and $3-\mathrm{MC}(61 \% \downarrow)$ and produced no change in combination with BaP . | Co, I |
| Falk et al., 1964 | Sarcoma induction in mice by subcutaneous injection | PH inhibited tumor response of DBahA in ethyl laurate vehicle (approximately $30 \% \downarrow$, estimated from graph); tumor response was enhanced in triethylene glycol vehicle (approximately 50\% $\uparrow$ to $100 \%$ tumor-bearing animals, estimated from graph). | Co, I |
| Lavik et al., 1942 | Mouse skin tumors | 3-MC and BaP, DBahA, or BaA essentially additive. | A |
| Pfeiffer, 1973 | Sarcoma induction in mice by subcutaneous injection | BaP and DBahA less than additive; tumor response for combined treatment was within $10 \%$ of DBahA response. | I |
| Slaga et al., 1979 | Skin tumor initiation in mice | BeP, Pyr, or FA increased skin tumor initiation by $\mathrm{BaP}(30,35$, and $23 \% \uparrow$, respectively); BeP, Pyr, or FA decreased skin tumor initiation by DMBA (84, 50 , and $34 \% \downarrow$, respectively). | Co, I |
| Steiner, 1955; Steiner and Falk, 1951 | Sarcoma induction in mice by subcutaneous injection | DBahA and 3-MC in combination roughly additive; BaA and CH in combination resulted in a synergistic effect ( $9 \% \uparrow$ above additive response); BaA and DBahA in combination resulted in inhibition ( $48 \% \downarrow$ below additive response). | A, S, and I |
| Van Duuren and Goldschmidt, 1976; Goldschmidt et al., 1973 | Mouse skin carcinogenicity | BeP, BghiP, Pyr, or FA and BaP increased tumors over BaP alone ( $>50 \%$ increase in incidence, also $\uparrow$ multiplicity); no tumors were observed for PAHs without BaP. | S |
| Van Duuren et al., 1973 | Mouse skin carcinogenicity | BaP and BghiP had cocarcinogenic effect (23\% $\uparrow$ over BaP response alone). | Co |
| Warshawsky et al., 1993 | Mouse skin carcinogenicity | Nontumorigenic dose of BaP increased tumor incidence produced by CH $(16 \% \uparrow)$, AC ( $8 \% \uparrow$ ), and FA ( $8 \% \uparrow$ ). | S |

3-MC = 3-methylchloanthrene; $\mathrm{A}=$ additive; $\mathrm{Co}=$ cocarcinogenic (enhanced tumorigenicity, study design does not allow for determination of A or S); DMBA = 7,12-dimethyl-benz[a]anthracene; I = inhibitory; S = synergistic

Slooff et al. (1989) reviewed the available data addressing the carcinogenicity of individual PAHs and in combination. It was concluded that a generally additive effect was observed following administration of more than two different PAHs in weight ratios similar to those occurring in ambient air or in various emissions. Combinations of only two PAHs
produced either additive, synergistic, or inhibitory effects. The complexity of the interaction among single PAH compounds is thought to be related to effects on metabolic enzyme systems including induction processes and competitive inhibition. The generally additive response noted for a more complex mixture may reflect the balance between inhibitory and synergistic processes.

Additivity has been observed in carcinogenicity studies of complex mixtures of PAHs. Schmähl et al. (1977) evaluated the production of skin tumors following combined dermal treatment with 11 PAHs found as constituents of automobile exhaust. Tumor findings were presented separately for two groups of PAHs. High potency carcinogens (Group 1) included benzo[a]pyrene, dibenz[a,h]anthracene, benz[a]anthracene, and benzo[b]fluoranthene. Lower potency PAHs (Group 2) included anthracene, benzo[e]pyrene, benzo[g,h,i]perylene, chrysene, fluoranthene, phenanthrene, and pyrene. Chronic dermal exposure to PAHs in both groups resulted in an additive response when compared to the tumor response for each group alone.

Nesnow et al. (1998b) evaluated lung tumor formation in A/J mice following combined administration of five carcinogenic PAH compounds (benzo[a]pyrene, benzo[b]fluoranthene, dibenz[a,h]anthracene, 5-methylchrysene, and cyclopenta[c,d]pyrene). High and low doses were selected for each PAH in this study based on toxicity, survival, range of response, and predicted tumor yield. The ratio of PAH doses was designed to simulate PAH ratios found in environmental air and emissions samples. PAHs were administered to mice in a $2^{5}$ factorial study design yielding 32 dose groups (combination of five PAHs at high and low doses). The formation of lung adenomas was evaluated 8 months following intraperitoneal injection of PAH mixtures. A response surface model was used to evaluate specific interactions among PAHs. The results of the study indicated that greater-than-additive effects were seen at low doses, while less-than-additive effects were observed at high doses. However, the magnitude of the interactions was relatively small (twofold), suggesting that potential interactions are limited in extent.

Dermal application of binary mixtures of PAHs has also been shown to produce additive, synergistic, and inhibitory effects on DNA binding in mouse skin (Hughes and Phillips, 1993, 1990). Hermann (1981) demonstrated that many PAHs could both enhance and inhibit the bacterial mutagenicity of benzo[a]pyrene depending on the relative concentrations in the binary mixture. Binary mixtures of benzo[a]pyrene and benzo[e]pyrene produced a synergistic response in the TA98 strain of S. typhimurium (which detects frameshift mutations) and antagonistic and additive effects in strain TA100 (which detects a broad spectrum of mutations) depending on the concentration (Hass et al., 1981). Binary mixtures of PAHs have also been shown to produce antagonistic or less-than-additive effects in the Ames assay of bacterial mutagenicity (Barrai et al., 1992; Salamone et al., 1979a). Vaca et al. (1992) demonstrated an additive effect for sister chromatid exchange induction by combined administration of
benzo[a]pyrene and fluoranthene in human peripheral lymphocytes cocultured with polychlorinated biphenyl-induced rodent liver cells.

The effects of binary PAH mixtures on gene expression, DNA adduct formation, apoptosis, and cell cycle are additive compared to the effects of the individual compounds in human hepatoma cells (HepG2) (Staal et al., 2007). Equimolar and equitoxic mixtures of benzo[a]pyrene with either dibenzo[a,l]pyrene, dibenz[a,h]anthracene, benzo[b]fluoranthene, fluoranthene, or 1-methylphenanthrene were studied. PAH mixtures showed an additive effect on apoptosis and on cell cycle blockage. The effects of binary mixtures of PAHs on gene expression were generally additive or slightly antagonistic.

Additivity has also been observed for the mutagenicity of PAHs administered as a complex mixture (Bostrom et al., 1998; Kaden et al., 1979). Kaden et al. (1979) evaluated the bacterial mutagenicity of the PAH fraction of kerosene soot using resistance to 8-azaguanine as a genetic marker for forward mutation in S. typhimurium. Approximately half of the PAHs tested (34 of 70) produced a significant increase in the mutant fraction in this assay system. The mutagenicity of the complex soot mixture was demonstrated to be approximately equal to the additive mutagenicity of the individual components. Bostrom et al. (1998) reported additivity in the Ames test of bacterial mutagenesis (i.e., reversion to histidine independence) for a mixture of four PAHs (benzo[a]pyrene, benz[a]anthracene, fluorene, and pyrene) using four different strains of S. typhimurium.

Mechanistic studies have suggested that the outcome of the interaction between two PAHs in a binary mixture is dependent on changes in metabolism. PAHs can act as both inducers and competitive inhibitors of the CYP enzymes that are responsible for generation of reactive metabolites. Benzo[e]pyrene has been shown to alter the oxidative metabolism of benzo[a]pyrene, which may be related to the cocarcinogenic effect seen in skin tumor initiation studies (Baird et al., 1984). Alterations in the types and amounts of benzo[a]pyrene metabolites suggest that benzo[e]pyrene-induced changes may be isozyme specific (Smolarek and Baird, 1984). An increase in the formation of benzo[a]pyrene DNA adducts has also been demonstrated for coadministration of benzo[e]pyrene in SENCAR mouse skin (Smolarek et al., 1987). Fluoranthene and pyrene have been shown to increase the formation of benzo[a]pyreneDNA adducts in mouse skin following a combined treatment (Rice et al., 1988, 1984). Enhancement of the metabolism of benzo[a]pyrene to diol epoxide metabolites and subsequent DNA binding may explain the increased carcinogenic effect in this case. Phenanthrene did not increase the formation of benzo[a]pyrene-DNA adducts and was not shown to be cocarcinogenic following combined administration with benzo[a]pyrene in this study. Cherng et al. (2001) demonstrated that benzo[g,h,i]perylene increased the formation of benzo[a]pyrene adducts in hepatoma cells (HepG2) by enhancing benzo[a]pyrene induction of CYP1A1. Benzo[g,h,i]perylene increased the nuclear accumulation of the AhR and/or the activation of the AhR to a DNA-binding form (Cherng et al., 2001). Benzo[k]fluoranthene altered the metabolic profile of
benz[a]anthracene by increasing the activity of CYP1A1 (Schmoldt et al., 1981). The bacterial mutagenicity of benz[a]anthracene was enhanced by use of a rodent liver S9 that was obtained from animals previously exposed to other PAHs (Norpoth et al., 1984). Coadministration of benzo[a]pyrene and benz[a]anthracene to hamster embryo cell cultures resulted in decreases in the metabolism of benzo[a]pyrene, the level of DNA binding, and the mutation frequency in hamster V79 cells (Smolarek et al., 1986).

In summary, combined administration of binary mixtures of PAHs can result in several types of joint action (i.e., additive, synergistic, or antagonistic). The nature of the joint action appears to be dependent on the characteristics of the individual PAHs, related changes in metabolism and possibly the test species/strain. PAHs can act as both inducers and competitive inhibitors of the CYP enzymes that are responsible for generation of reactive metabolites. Additivity has been observed for some complex mixtures of PAHs, suggesting a balance in the relative metabolism of individual PAHs. For the purposes of this analysis, an assumption is made that the combination of individual PAHs results in additive effects. Additional research is needed to characterize the validity of this assumption.

## 3. DISCUSSION OF PREVIOUSLY PUBLISHED RPF APPROACHES

There are multiple analyses available for the derivation of relative potency estimates for individual PAHs. All of these analyses utilize benzo[a]pyrene as the index chemical. Table 3-1 compares relative cancer potency values for PAHs presented by several authors. A review of the derivation of these relative potency values follows.

Table 3-1. Comparison among various relative potency estimates for PAHs from the published literature and regulatory agencies (1984-2004)

| PAH | Abbr | $\begin{gathered} \text { U.S. } \\ \text { EPA } \\ (1993) \\ \hline \end{gathered}$ | $\begin{array}{\|c\|} \hline \text { Chu } \\ \text { and } \\ \text { Chen } \\ \text { (1984) } \\ \hline \end{array}$ | $\begin{array}{\|c} \text { Clement } \\ \mathbf{( 1 9 8 8 )} \end{array}$ | $\underset{(1990)}{\text { Clement }}$ | Rugen et <br> al. (1989) | $\begin{array}{\|c} \text { Slooff et } \\ \text { al. (1989) } \end{array}$ | Kroese (2001) | Nisbet and LaGoy (1992) | Malcolm and Dobson (1994) | $\begin{array}{\|c} \text { Meek } \\ \text { et al. } \\ \text { (1994) } \end{array}$ | $\begin{aligned} & \text { Muller } \\ & \text { et al. } \\ & \text { (1997) } \end{aligned}$ | Larsen and Larsen (1998) | Collins et al. (1998) | California EPA (2004) |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Acenaphthene | AN |  |  |  |  |  |  |  | 0.001 | 0.001 |  |  |  |  |  |
| Acenaphthylene | ANL |  |  |  |  |  |  |  | 0.001 | 0.001 |  |  |  |  |  |
| Anthanthrene | AA |  |  | 0.32 | 0.316 |  |  |  |  |  |  | 0.28 | 0.3 |  |  |
| Anthracene | AC |  |  |  |  |  | 0 | 0 | 0.01 | 0.01 |  |  | 0.0005 |  |  |
| Benzo[a]pyrene | BaP | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |  |
| Benz[a]anthracene | BaA | 0.1 | 0.013 | 0.145 |  | $\begin{gathered} 0.004- \\ 0.006 \end{gathered}$ | 0-0.04 | <0.1 | 0.1 | 0.1 |  | 0.014 | 0.005 | 0.1 |  |
| Benzo[b]fluoranthene | BbF | 0.1 | 0.08 | 0.14 | 0.1228 | 0.0235 |  |  | 0.1 | 0.1 | 0.06 | 0.11 | 0.1 | 0.1 | 0.62 |
| Benzo[c]phenanthrene | BcPH |  |  |  |  |  |  |  |  |  |  | 0.023 | 0.023 |  |  |
| Benzo[e]pyrene | BeP |  |  | 0.004 | 0.007 |  |  |  |  | 0.01 |  | 0 | 0.002 |  |  |
| Benzo[g,h,i]perylene | BghiP |  |  | 0.022 | 0.0212 |  | 0.01-0.03 | 0.03 | 0.01 | 0.01 |  | 0.012 | 0.02 |  |  |
| Benzo[j]fluoranthene | BjF |  |  | 0.061 | 0.0523 | 0.0763 |  |  |  | 0.1 | 0.05 | 0.045 | 0.05 | 0.1 | 0.52 |
| Benzo[k]fluoranthene | BkF | 0.01 | 0.004 | 0.066 | 0.0523 |  | 0.03-0.09 | <0.1 | 0.1 | 0.1 | 0.04 | 0.037 | 0.05 | 0.1 |  |
| Chrysene | CH | 0.001 | 0.001 | 0.0044 |  |  | 0.05-0.89 | 0.1-0.03 | 0.01 | 0.01 |  | 0.026 | 0.03 | 0.01 | 0.17 |
| Coronene | CO |  |  |  |  |  |  |  |  | 0.001 |  |  |  |  |  |
| Cyclopenta[c,d] pyrene | CPcdP |  |  | 0.023 |  |  |  |  |  | 0.1 |  | 0.012 | 0.02 |  |  |
| Dibenz[a,h] anthracene | DBahA | 1 | 0.69 | 1.11 |  | 0.599 |  |  | 5 | 1 |  | 0.89 | 1.1 |  |  |
| Dibenz[a,c]anthracene | DBacA |  |  |  |  |  |  |  |  | 0.1 |  |  |  |  |  |
| Dibenzo[a,e]pyrene | DBaeP |  |  |  |  |  |  |  |  |  |  |  | 0.2 | 1 |  |
| Dibenzo[a,h]pyrene | DBahP |  |  |  |  |  |  |  |  |  |  | 1.2 | 1 | 10 | 11 |
| Dibenzo[a,i]pyrene | DBaiP |  |  |  |  |  |  |  |  |  |  | 1.1 | 0.1 | 10 | 12 |
| Dibenzo[a,l]pyrene | DBalP |  |  |  |  |  |  |  |  |  |  |  | 1 | 10 |  |
| Fluoranthene | FA |  |  |  |  |  | 0-0.06 | 0.01 | 0.001 | 0.001 |  |  | 0.05 |  |  |
| Fluorene | FE |  |  |  |  |  |  |  | 0.001 | 0.001 |  |  |  |  |  |
| Indeno[1,2,3c,d]pyrene | IP | 0.1 | 0.017 | 0.232 | 0.278 | 0.00599 | 0-0.08 | 0.1 | 0.1 | 0.1 | 0.12 | 0.067 | 0.1 | 0.1 |  |
| Perylene | Pery |  |  |  |  |  |  |  |  | 0.001 |  |  |  |  |  |

Table 3-1. Comparison among various relative potency estimates for PAHs from the published literature and regulatory agencies (1984-2004)

| PAH | Abbr | $\begin{gathered} \text { U.S. } \\ \text { EPA } \\ (1993) \end{gathered}$ | Chu and Chen (1984) | $\begin{array}{\|c} \text { Clement } \\ \mathbf{( 1 9 8 8 )} \end{array}$ | $\begin{gathered} \text { Clement } \\ \mathbf{( 1 9 9 0 )} \end{gathered}$ | Rugen et <br> al. (1989) | Slooff et <br> al. (1989) | Kroese et al. (2001) | Nisbet and LaGoy (1992) | Malcolm and Dobson (1994) | Meek et al. (1994) | Muller et al. (1997) | Larsen and Larsen (1998) | $\begin{gathered} \text { Collins } \\ \text { et al. } \\ \text { (1998) } \\ \hline \end{gathered}$ | California <br> EPA <br> (2004) |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Phenanthrene | PH |  |  |  |  |  | 0.01 | <0.01 | 0.001 | 0.001 |  | 0.00064 | 0.0005 |  |  |
| Pyrene | Pyr |  |  | 0.081 |  |  |  |  | 0.001 | 0.001 |  | 0 | 0.001 |  |  |

Abbr = abbreviation
U.S. EPA (1993) presented RPFs (termed EOPPs) for seven PAHs (benzo[a]pyrene, benz[a]anthracene, benzo[b]fluoranthene, benzo[k]fluoranthene, chrysene, dibenz[a,h]anthracene, indeno[1,2,3-c,d]pyrene) as Provisional Guidance for the risk evaluation of PAHs. On the IRIS database, the current entries for all seven of these compounds contain a cancer weight of evidence classification of Group B2 (probable human carcinogen, based on sufficient evidence of carcinogenicity in animals) (www.epa.gov/iris). U.S. EPA (1993) indicated that the data for PAHs did not meet the criteria for the development of toxicity equivalency factors (TEFs). In particular, the existing database was limited primarily to studies of metabolism, genotoxicity, and cancer, and the assumptions of the dose-additivity model (i.e., toxicological similarity and no interactions at low concentrations) were not proven or refuted. The EOPP terminology was used because this approach was limited to skin painting data and was based on benzo[a]pyrene exposure from a single (oral) pathway (for the derivation of the slope factor). This analysis considered only a small subset of PAHs routinely measured in PAH mixtures at hazardous waste sites. The EOPP values were based on previous evaluations conducted by Chu and Chen (1984) and Clement Associates (1988) and were calculated for various test systems (i.e., mouse skin carcinogenesis, subcutaneous injection in mice, intrapulmonary administration to rats, tumor initiation on mouse skin, and intraperitoneal injection in newborn mice) (Clement Associates, 1988). Various statistical methods for combining data sets were considered; however, final EOPP values were based on a single test system (skin painting) and were rounded to the closest order of magnitude. The EOPPs were recommended for the oral exposure route only, because the quantitative dose-response assessment for benzo[a]pyrene was from an oral carcinogenicity bioassay (i.e., an oral cancer slope factor). This recommendation was, however, complicated by the fact that the EOPPs were derived from comparisons based on dermal exposure.

Chu and Chen (1984) presented RPF values for the seven PAH compounds described in the Provisional Guidance described above (U.S. EPA, 1993) (see Table 3-1). These values were calculated using mouse skin painting data only. Tumor incidence data were modeled using the linearized multistage model and the resulting $\mathrm{ED}_{10}$ and $\mathrm{q}^{*}$ (upper confidence limit of the linear slope) were presented for target PAHs and benzo[a]pyrene. The RPFs listed in Table 3-1 represent the ratio of the q1* value for a PAH compound to the q1* value for benzo[a]pyrene (i.e., $\mathrm{q} 1 *_{\text {PAH }} \div \mathrm{q} 1 *_{\text {Bap }}$ ).

Clement Associates (1988) identified 11 published studies that concurrently compared the carcinogenicity of benzo[a]pyrene with one or more other PAHs, and used the data to derive relative cancer potencies for 13 PAHs, including benzo[a]pyrene. Test protocols used in this analysis included mouse skin complete carcinogenesis, initiation-promotion on mouse skin, subcutaneous injection into mice, lung implantation in rats, and intraperitoneal injection into newborn mice. Tumor incidence data were fit to a simplified version of the Moolgavkar-Venson-Knudsen (MVK) two-stage model and to the linearized multistage model to obtain low-
dose cancer potency values (transition rates and low-dose slope factors, respectively). Most of the estimates were derived using data for multiple exposure levels and controls, but some were based on a single exposure level and a control. RPFs were calculated as the ratio of the estimated transition rate or slope factor for a particular PAH to the corresponding values for benzo[a]pyrene from the same study. Clement Associates (1988) selected representative RPFs for each of the studied PAHs based on evaluations of the quality of the studies from which the estimates were obtained.

Clement Associates (1990) also derived relative cancer potencies for eight PAHs based on tumor incidence data from rat lung implantation data only (Deutsch-Wenzel, 1983). The data were restricted to a single group of studies using a defined experimental protocol in order to address issues of questionable data quality associated with other studies. Data quality concerns cited for other studies include variation in survival, saturation of the carcinogenic effect, outmoded pathological classification, and inadequate controls. The RPF values based on rat lung implantation data were comparable to those originally derived by Clement Associates (1988) (see Table 3-1).

Rugen et al. (1989) proposed a relative potency approach to establish acceptable exposure levels (AELs) for six carcinogenic PAHs in drinking water (listed in Table 3-1). These authors reviewed mouse skin painting studies in which the cancer potency of benzo[a]pyrene was compared with those of other PAHs (Bingham and Falk, 1969; Wynder and Hoffmann, 1961, 1959a, b). The following relationship was used to calculate conversion factors to derive AELs for these PAHs from the AEL for benzo[a]pyrene: relative tumor dose (RTD) = $\left(d_{1} / n_{1}\right) /\left(d_{2} / n_{2}\right)$; where $d_{1}$ and $n_{1}$ represented a dosage level and associated tumor incidence after a given exposure duration to a certain $\mathrm{PAH}, \mathrm{PAH}_{1}$, and $\mathrm{d}_{2}$ and $\mathrm{n}_{2}$ represented similar quantities for exposure to the index PAH, benzo[a]pyrene, for the same exposure duration. The AEL for a particular PAH was then derived with the following relationship: AEL $_{\text {(PAHi) }}=$ AEL $_{\text {(benzo[a]pyrene) }} \times$ $\mathrm{RTD}_{\text {(РАні) }}$. In this approach, RTDs for PAHs more potent than benzo[a]pyrene were less than 1 and RTDs for PAHs less potent than benzo[a]pyrene were greater than 1. The reciprocal of the RTDs derived by Rugen et al. (1989) were comparable to the RPFs presented by other authors and are presented as such in Table 3-1.

The Netherlands (RIVM) proposed RPF values for 10 PAHs (naphthalene, anthracene, phenanthrene, fluoranthene, chrysene, benz[a]anthracene, benzo[k]fluoranthene, benzo[a]pyrene, benzo[g,h,i]perylene, and indeno[1,2,3-c,d]pyrene) (Slooff et al., 1989). RPFs were calculated as a ratio of $\mathrm{ED}_{50}$ values that were calculated using a simple linear model. For dermal studies in which the latency period was determined, the tumor incidence was divided by latency and concentration, and the values were averaged for the different concentrations. Kroese et al. (2001) provided an update of the RPF values calculated by Slooff et al. (1989) by incorporating more recent evaluations conducted by other authors (Larsen and Larsen, 1998; Nesnow et al.,

1998b; Muller, 1997; Nisbet and LaGoy, 1992). The RPF values for chrysene and fluoranthene were decreased, while other values remained similar to those originally proposed (see Table 3-1).

Nisbet and LaGoy (1992) proposed toxicity equivalence factors for 17 PAHs commonly found at hazardous waste sites. These authors reviewed published studies in which the tumorigenic potencies of one or more PAHs were compared with benzo[a]pyrene (essentially the same as those reviewed by Clement Associates, 1988) and rounded, to an order of magnitude, the estimates presented by Clement Associates (1988) for seven carcinogenic PAHs (dibenz[a,h]anthracene, benz[a]anthracene, benzo[b]fluoranthene, benzo[k]fluoranthene, indeno[1,2,3-c,d]pyrene, benzo[g,h,i]perylene, and chrysene) (see Table 3-1). Nisbet and LaGoy (1992) argued that the rounded estimates more accurately reflected the uncertainty in the estimates than the values presented by Clement Associates (1988). Nisbet and LaGoy (1992) stated that Clement Associates (1988) proposed a TEF of 0.32 for anthracene (CASRN 120-12-7), but examination of the original report shows that Clement Associates (1988) proposed this value for anthanthrene (CASRN 191-26-4) and did not propose a value for anthracene. Nisbet and LaGoy (1992) assigned a value of 0.01 to anthracene. In addition, Nisbet and LaGoy (1992) arbitrarily assigned TEFs of 0.001 to eight other PAHs for which adequate evidence of carcinogenicity in animals was not available (acenaphthene, acenaphthylene, fluoranthene, fluorene, 2-methylnaphthalene, naphthalene, phenanthrene, and pyrene). In defense of this assignment, the argument was made that some of these PAHs have been shown to have some, albeit limited, evidence for carcinogenic or genotoxic activity in some studies (e.g., phenanthrene and naphthalene ${ }^{3}$ ). The RPF value proposed for dibenz[a,h]anthracene was substantially higher than that proposed by Clement Associates (1988). Nisbet and LaGoy (1992) indicate that their analysis of the dose-response data suggests that an RPF value of 5 is more appropriate for environmental exposures where the chemically-related tumor incidence rate would be approximately <25\%.

Malcolm and Dobson (1994) used RPFs for 23 PAHs to calculate environmental assessment levels for atmospheric PAHs (sponsored by the Great Britain Department of the Environment). The RPFs were derived from previously reported review papers (Nisbet and LaGoy, 1992; Rugen et al., 1989; Clement Associates, 1988; Chu and Chen, 1984), as well as the primary literature describing pulmonary implant, skin painting, subcutaneous injection, and mouse skin DNA binding studies. No information was provided regarding the methodology used to derive RPFs from specific experimental studies. The proposed RPF values for individual PAHs were the highest values reported in the literature. Many of the RPF values are similar to those reported by Nisbet and LaGoy (1992). RPFs were additionally reported for benzo[e]pyrene, coronene, cyclopenta[c,d]pyrene, dibenz[a,c]anthracene, and perylene. The benzo[e]pyrene and cyclopenta[c,d]pyrene RPFs were apparently calculated directly from mouse

[^2]skin painting studies (Habs et al., 1980; Hoffmann and Wynder, 1966; Wynder and Hoffmann, 1959a, b). Coronene and perylene were arbitrarily assigned RPF values of 0.001 given the IARC and U.S. EPA designation as "not classifiable as to human carcinogenicity" (similar approach to Nisbet and LaGoy, 1992). Dibenz[a,c]anthracene was assigned an RPF value of 0.1 based on the IARC designation of "possibly carcinogenic to humans."

Health Canada (Meek et al., 1994) proposed RPFs for five PAHs (benzo[a]pyrene, benzo[b]fluoranthene, benzo[k]fluoranthene, benzo[j]fluoranthene, and indeno[1,2,3-cd]pyrene) based on the results of multistage modeling of incidence data in Osborne-Mendel rats treated by lung implantation (Deutsch-Wenzel et al., 1983). Values were based on a comparison of the doses that caused a $5 \%$ increase in tumor incidence ( $\mathrm{ED}_{05}$ ). RPFs were calculated as the ratio of the $\mathrm{ED}_{05}$ for benzo[a]pyrene to the $\mathrm{ED}_{05}$ for a specific PAH compound.

The Ontario Ministry of Environment and Energy (Muller et al., 1997) proposed RPF values for 209 PAHs using data from dermal studies in mouse skin or rat lung bioassays. Most of these PAHs were alkylated PAHs, PAH metabolites, or heterocyclic PAH compounds. The 17 unsubstituted PAHs that were evaluated in this analysis are listed in Table 3-1. Muller et al. (1997) derived a standard time of observation in order to account for varying study duration across experiments. Several dose-response models were considered for the evaluation of tumor incidence and multiplicity, and linear regression was selected as the preferable method. Tumorigenic potency (i.e., the slope of incidence $/ \mathrm{mg}$ ) was determined separately for each data set based on the following order of preference regarding study type: tumor initiation in CD-1 mice, tumor initiation in SENCAR mice, rat lung implantation, and complete carcinogenicity in C57BL mice. RPFs were determined as the ratio of PAH potency to the potency of benzo[a]pyrene. RPF values derived by Muller et al. (1997) were comparable to values estimated by other authors.

Larsen and Larsen (1998) estimated RPFs for 23 PAHs based on a compilation of available carcinogenicity data in animals using oral, pulmonary, and skin application of PAHs. The authors indicated that these values represent an entirely subjective estimate of relative potency; however, further detail regarding the derivation of RPF estimates was not provided.

Collins et al. (1998) developed RPFs (termed potency equivalency factors [PEFs]) for 21 PAHs; 10 of these were either methyl- or nitro-substituted or heterocyclic PAHs. A hierarchy of data types was utilized to provide an order of preference for data utilization in calculating RPFs. Because the analysis focused on PAHs as air contaminants, tumor data from inhalation studies were preferred (although none were found), followed by intratracheal or intrapulmonary instillation, oral administration, skin-painting, and subcutaneous or intraperitoneal injection. Genotoxicity and structure activity data were considered the least-preferred data type for calculation of RPFs. Collins et al. (1998) noted that a wide range of PEFs were observed for individual chemicals using different types of data (e.g., mutagenicity versus tumor data). The basis for the derivation of individual RPF values was presented in a California EPA (2002)
technical support document. RPF values for benz[a]anthracene, benzo[b]fluoranthene, benzo[j]fluoranthene, benzo[k]fluoranthene, indeno[1,2,3-c,d]pyrene, and chrysene were similar to those described by Clement Associates (1988). Additional RPFs for dibenzo[a,e]pyrene, dibenzo[a,h]pyrene, dibenzo[a,i]pyrene, and dibenzo[a,l]pyrene were calculated using mouse skin and rat mammary gland data (Cavalieri et al., 1991, 1989). A cancer slope factor was directly calculated for dibenz[a,h]anthracene using the tumor incidence data from a drinking water study (Snell and Stewart, 1962). The relative potency of dibenz[a,h]anthracene was estimated to be 0.1, when compared to the oral potency for benzo[a]pyrene.

Revised California EPA RPFs were recently developed for benzo[b]fluoranthene, benzo[j]fluoranthene, chrysene, dibenzo[a,h]pyrene, and dibenzo[a,i]pyrene (California EPA, 2004). Cancer potency estimates were derived from lung adenoma data in newborn mice treated by intraperitoneal injection. Potency estimates represented the upper $95 \%$ confidence limit on the linear term of the multistage model fit for the newborn mouse dose-response data. Because benzo[a]pyrene was demonstrated to be 75 times more toxic in newborn mouse intraperitoneal assays than in adult oral studies, oral equivalent potencies for individual PAHs were derived by adjusting the cancer potency downward by a factor of 75 . The RPFs listed in Table 3-1 were calculated as the ratio of the oral equivalent potency for a PAH to the oral potency estimate for benzo[a]pyrene. This methodology resulted in a significant increase in RPF values for benzo[b]fluoranthene, benzo[j]fluoranthene, and chrysene when compared with other approaches.

In summary, several approaches are available for the determination of RPFs for PAHs. RPF values are proposed in at least one study for a total of 27 PAHs (see Table 3-1). Because these approaches generally rely on similar bioassay data and modeling methods, the resulting RPF values are fairly comparable for most PAHs across studies. Reports by Larsen and Larsen (1998) and Malcolm and Dobbs (1994) did not provide sufficient information on the methodology used to calculate RPF estimates and are therefore more uncertain. Variable RPF estimates were reported for benz[a]anthracene, chrysene, and indeno[1,2,3-c,d]pyrene. RPF values were also highly variable for dibenzo[a,e]pyrene, dibenzo[a,h]pyrene, dibenzo[a,i]pyrene, and dibenzo[a,l]pyrene; however, these were only presented in a few recent studies. As indicated above, the recent California EPA (2004) approach to estimating RPFs provides considerably higher RPF values for benzo[b]fluoranthene, benzo[j]fluoranthene, and chrysene, compared with other approaches.
U.S. EPA is reevaluating the RPF approach for PAHs in this analysis due to the evolution of the state of the science and increased understanding of PAH toxicology. A great deal of scientific research on PAHs has been conducted since the 1993 Provisional Guidance was developed. Toxicological data are available for a larger number of PAHs and cancer-related endpoints. However, the database for PAHs still does not meet the criteria for the derivation of TEFs. U.S. EPA (2000) defines TEFs as special types of RPFs that are derived when there are
abundant data supporting a specific mode of action that is pertinent to all health endpoints. RPFs may be derived when the mode of action is less certain or is known for only a subset of all health endpoints. The major differences in the use of TEFs and RPFs is that TEFs are applied to all health endpoints, exposure routes, and exposure durations (U.S. EPA, 2000), while RPFs may be limited to specific endpoints, routes, or durations. In the case of PAHs, there are inadequate data to identify a specific mode of action that is applicable across all health endpoints. Most of the available toxicological data are limited to cancer endpoints and there are few data on the potential mode(s) of action for other effects. As a result, the more generalized RPF approach is considered appropriate for PAHs.

### 3.1. PREVIOUS EFFORTS TO VALIDATE THE RPF APPROACH

Several studies have attempted to validate the RPF approach by comparing the cancer risk of a PAH mixture measured experimentally with the cancer risk that was predicted using the RPF method (Muller et al., 1997; McClure, 1996; Goldstein et al., 1994; Clement Associates, 1990, 1988; Krewski et al., 1989). These studies provide semi-quantitative information on the overall uncertainty in using a component-based approach. Consistent findings were not reported across these studies. Some studies suggested that the RPF approach would closely predict the cancer risks associated with PAH mixtures, while others indicated that cancer risks might be over- or underestimated.

Clement Associates (1988) evaluated the usefulness of selected RPFs to predict the tumor incidence observed in a mouse skin painting assay. Schmähl et al. (1977) exposed groups of mice to multiple doses of benzo[a]pyrene alone or to one of two defined mixtures of PAHs. The first of these mixtures was comprised of benzo[a]pyrene, dibenz[a,h]anthracene, benz[a]anthracene, and benzo[b]fluoranthene. The second mixture contained seven PAHs: phenanthrene, anthracene, fluoranthene, pyrene, chrysene, benzo[e]pyrene, and benzo[g,h,i]perylene. The predicted tumor incidences for the animals treated with the mixtures were calculated from benzo[a]pyrene equivalents of the mixture and dose-response modeling of the Schmähl et al. (1977) data for benzo[a]pyrene alone. Predicted tumor incidences for the first mixture were comparable to observed tumor incidences, while predicted values were greater than the observed values for the second mixture.

Clement Associates (1990) examined the utility of a relative potency approach, in which relative cancer potency estimates of eight PAHs were used, to predict the cancer potencies of each of four complex mixtures containing many PAHs and other substances: gasoline engine exhaust condensate, flue-gas condensate from coal-fired residential furnaces, diesel engine exhaust condensate, and sidestream smoke condensate of cigarettes. Relative cancer potencies (compared to benzo[a]pyrene) for each of the four complex mixtures were calculated using a simplified version of the MVK two-stage model and tumor incidence data from a series of published rat lung implantation studies that examined the carcinogenicity of each complex
mixture, various subfractions of the mixtures, and benzo[a]pyrene (Grimmer et al., 1988, 1987a, b, 1984). Lung implantation data (Deutsch-Wenzel, 1983) were used to calculate RPFs for benzo[b]fluoranthene, benzo[e]pyrene, benzo[j]fluoranthene, benzo[k]fluoranthene, indeno[1,2,3-c,d]pyrene, anthanthrene, benzo[g,h,i]perylene, and benzo[a]pyrene. The sum of the benzo[a]pyrene exposure equivalents for the eight PAHs (i.e., the sum of the products of the relative cancer potencies of the eight PAHs multiplied by their concentrations in the respective complex mixtures) accounted for only minor fractions of the total carcinogenicity of each of the four complex mixtures. When the assumption was made that each of the eight PAHs was as potent as benzo[a]pyrene, the sum of the benzo[a]pyrene equivalents still accounted for only minor fractions of the carcinogenicity of each mixture. Clement Associates (1990) concluded that the cancer risk associated with a complex PAH mixture could not be estimated reliably from measurements of a few indicator components, and further speculated that the underestimation occurred because complex mixtures that occur in the environment contain many PAHs that have not been studied in cancer tests, but may be carcinogenic. In addition, complex PAH mixtures found in the environment contain other potential carcinogens including substituted and heterocyclic PAHs and non-PAH components.

Krewski et al. (1989) compared the observed tumor response rate for two PAH mixtures in mice with the tumor response predicted using the RPFs for 13 individual PAHs; chemical characterization of the mixture was not provided. With the exception of the highest dose, the predicted tumor response for mixture 1 was similar to the observed response. For mixture 2, the predicted tumor response value was higher than the observed response.

Goldstein et al. (1994) compared the experimental carcinogenicity of a MGP residue to the predicted cancer risk using the Nisbet and LaGoy (1992) RPF scheme. The RPF method underestimated the carcinogenicity of the mixture. The lack of correspondence was suggested to be related to the presence of unidentified carcinogens in the mixture or possible synergistic interactions between PAHs.

McClure et al. (1996) compared the tumor response predicted using U.S. EPA's 1993 provisional values (i.e., EOPPs) to the observed response reported in studies of mice exposed to synthetic and complex mixtures of PAHs. The results of this analysis were mixed. EOPP values closely predicted the mouse tumor response to subcutaneous or dermal application of synthetic mixtures containing relatively potent carcinogens, while overestimating the response to synthetic mixtures containing only relatively weak carcinogens (similar to findings of Clement Associates, 1988). Mouse skin tumor initiation with several coal liquids was closely predicted by the EOPP approach; however, this method underestimated the tumor response from lung implantation of coal furnace emission condensate and its PAH-containing neutral fraction.

The validation analyses that were performed by Muller et al. (1997) consisted of component versus whole mixture risk comparisons using data for smoky coal and coke oven emissions. The human lung cancer risks that were estimated using the RPF approach were
compared to the whole mixture cancer risk derived from epidemiology studies. The relative content of PAHs (compared to benzo[a]pyrene) in the mixture was determined analytically (for smoky coal and coke oven emissions) or was estimated as a standard mixture assumed to represent an average PAH profile. The RPF method produced PAH cancer risk estimates that were significantly lower than the risk estimates derived from epidemiology studies.

## 4. EVALUATION OF THE CARCINOGENICITY OF INDIVIDUAL PAHs

### 4.1. DATABASE OF STUDIES ON PAH CARCINOGENICITY AND CANCERRELATED ENDPOINTS

A database of primary literature relevant to the RPF approach for PAHs was developed. This was accomplished through the following means:

- Definition of the study types that were considered relevant to relative potency development;
- Review of reference lists from review articles and other secondary sources;
- Identification of selected PAHs to be included in search of open literature;
- Performance of targeted searches of open literature on selected PAHs; and
- Population of the database with references and meaningful keywords.

The study types that were considered most useful for RPF derivation were rodent carcinogenicity bioassays (all routes) in which one or more PAH was tested at the same time as benzo[a]pyrene. In addition, in vivo and in vitro data for cancer-related endpoints (in which one or more PAH and benzo[a]pyrene was tested simultaneously) were obtained, including studies on the formation of DNA adducts, mutagenicity, chromosomal aberrations, aneuploidy, DNA damage/repair/recombination, unscheduled DNA synthesis, and cell transformation. Although it would be possible to calculate RPFs from studies where a PAH and benzo[a]pyrene were tested by the same laboratory using the same test system but at different times, this approach was not considered because it could introduce differences in the dose-response information that are unrelated to the chemical (e.g., variability associated with laboratory environment conditions, animal handling, food supply). Thus, studies in which benzo[a]pyrene was not tested simultaneously with another PAH were not considered for use in calculating RPFs. Studies that did not include benzo[a]pyrene were, however, considered useful for evaluating the weight of evidence for selecting PAHs to be included in the RPF approach.

Several study types were initially excluded from the database because they did not provide carcinogenicity or cancer-related endpoint information for individual PAHs. These include biomarker studies measuring DNA adducts in humans, studies of PAH metabolism, and studies of PAH mixtures. Although these studies contain important information on human exposure to PAH mixtures and the mode of action for PAH toxicity, they generally do not contain dose-response information that would be useful for calculation of RPF estimates. In addition to the primary bioassay and cancer-related endpoint studies described above, the RPF
database also includes information on PAH mode of carcinogenic action, interactions among PAHs in mixtures, and the influence of exposure route on carcinogenic action of PAHs.

Primary studies were identified through the review of available secondary sources and review articles, supplemented by a targeted literature search. A complete list of the secondary sources that were reviewed is contained in Appendix A. A literature search strategy was developed by first constructing a list of the individual PAHs to be included. The list of PAHs was restricted to unsubstituted PAHs with three or more fused aromatic rings containing only carbon and hydrogen atoms, because these are the most widely studied members of the PAH chemical class. Heterocyclic PACs or PAHs with substituted groups (e.g., alkyl, hydroxyl, sulfhydryl, amino, or nitro groups) were not included. An initial search yielded a list of PAHs for which toxicological data are available. Individual PAHs were then chosen for the literature search because they were known to have toxicological information relevant to cancer, and in most cases, their presence in environmental sources of PAH exposure was known. Using these criteria and excluding benzo[a]pyrene, 74 PAHs were identified from primary and secondary sources (see Table 2-1 in Chapter 2).

A search of the open literature was conducted in the MEDLINE (PubMed) database for the 74 PAHs that were identified. This database encompasses many of the studies that would also be found in TOXLINE and CANCERLIT (the latter is no longer available as a separate database). MEDLINE was searched by CASRN in conjunction with cancer and cancer-related endpoint keywords. The search was not limited by publication date to ensure that all relevant studies were identified. A few compounds did not show any result when searched by CASRN. For these PAHs, an additional search by name was conducted. Search results, including MEDLINE keywords, were downloaded directly into the working RPF database.

In addition to MEDLINE, computer searches of the following databases and websites were conducted: IARC, World Health Organization (WHO), Agency for Toxic Substances and Disease Registry (ATSDR), Health Canada, the National Toxicology Program (NTP), California EPA's Office of Environmental Health Hazard Assessment (OEHHA), the Substance Registry System, the Chemical Carcinogenesis Research Information System (CCRIS), the Toxic Substance Control Act Test Submission (TSCATS) database, and the Distributed StructureSearchable Toxicity (DSSTOX) database.

Primary and secondary studies were entered in the RPF database and relevant keywords (identifying study type, whether benzo[a]pyrene was included, route of administration, target organ, etc.) were identified for each study. The list of keywords was developed in order to facilitate database searching for references on a specific topic. Quality assurance procedures were employed to ensure that database references were properly keyword-coded for retrieval.

### 4.2. STUDIES IN HUMANS

Numerous studies have evaluated cancer outcomes in PAH-exposed individuals (reviewed in Bostrom et al., 2002; WHO, 1998; ATSDR, 1995; IARC, 1987, 1983, 1973). However, since these exposures were to complex mixtures containing multiple PAH carcinogens, they did not provide adequate data to evaluate the human carcinogenicity of individual PAH compounds. Epidemiology studies have focused on occupational exposure to PAH mixtures. Emissions from coke production, coal gasification, aluminum production, iron and steel founding, coal tars, coal tar pitches, and soot have produced lung cancer in humans (Bostrom et al., 2002). Skin and scrotal cancers have resulted from exposure to coal tar, coal tar pitches, nonrefined mineral oils, shale oils, and soot (Larsen and Larsen, 1998; WHO, 1998; ATSDR, 1995). Occupational studies clearly demonstrate exposure-response relationships for PAH mixtures; however, quantitative estimates of risk are limited primarily to lung cancer in coke oven workers (Bostrom et al., 2002; Larsen and Larsen, 1998; ATSDR, 1995).

Biomonitoring of exposure to PAHs includes measurement of DNA and protein adducts and measurement of urinary metabolites of PAHs, studies on genetic polymorphisms of CYP450 and other enzymes, and changes in PAH metabolism (Bostrom et al., 2002; Larsen and Larsen, 1998; ATSDR, 1995). While these studies demonstrate the degree of exposure to PAHs from various settings, quantitative dose-response data for humans exposed to individual PAHs are not available. Cancer-related endpoint studies that were performed using human cell lines are presented with similar assays in other mammalian species in Section 4.3.

### 4.3. STUDIES IN ANIMALS

The database of studies investigating cancer or cancer-related endpoints in animals exposed to PAHs is extensive. For the purpose of developing relative potency estimates, only those studies that included at least one selected PAH and benzo[a]pyrene as a reference compound were reviewed. Studies were excluded if PAH potency comparisons were not conducted in the same laboratory in concurrent experiments. Studies without benzo[a]pyrene are listed in two separate bibliographies in Appendix B. Table B-1 shows PAHs that were assayed with or without benzo[a]pyrene. Table B-1 shows that 32 of the 74 PAHs were assayed with benzo[a]pyrene; an additional 14 PAHs were not tested in the same study as benzo[a]pyrene. The remaining 28 PAHs either have only cancer-related endpoint data, or have neither bioassays nor cancer-related endpoint data. Bioassays without benzo[a]pyrene were considered in the weight of evidence evaluation for individual PAHs (Section 6.1). Studies that provided only information on PAH mixtures or PAH metabolites were not reviewed or summarized for this analysis.

References in the database were sorted by keyword into the following major categories: cancer bioassays, in vivo studies of cancer-related endpoints, and in vitro studies of cancerrelated endpoints. These categories were further divided by route (for bioassays) or by endpoint
(for cancer-related endpoints). Each study was reviewed, and critical study details were extracted into tables (Tables 4-1 through 4-14) for each individual endpoint. Studies with data on selected PAHs and benzo[a]pyrene were used, even if a particular PAH has not been evaluated by U.S. EPA or IARC for carcinogenicity. Studies were included in the analysis if the following selection criteria were met:

- Benzo[a]pyrene was tested simultaneously with another PAH;
- A statistically increased incidence of tumors was observed with benzo[a]pyrene administration;
- Benzo[a]pyrene produced a statistically significant change in a cancer-related endpoint finding;
- Quantitative results were presented;
- The carcinogenic response observed in either the benzo[a]pyrene- or other PAHtreated animals at the lowest dose level was not saturated (i.e., tumor incidence at the lowest dose was $<90 \%$ ); and
- There were no study quality concerns or potential confounding factors that precluded use (e.g., no concurrent control, different vehicles, strains, etc. were used for the tested PAH and benzo[a]pyrene; use of cocarcinogenic vehicle; PAHs of questionable purity; unexplained mortality in treated or control animals).

Table 4-1. Study summaries: dermal bioassays of benzo[a]pyrene and at least one other PAH

| Record number | Reference | Mouse ${ }^{\text {a }}$ strain | Exposure | Follow up | Vehicle | Promoter | Tumor type | Positive result | Nonpositive result | Meets selection criteria? | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Complete carcinogenicity studies |  |  |  |  |  |  |  |  |  |  |  |
| 480 | Bingham and Falk, 1969 | CH3/He | 3 times/wk | 50 wk | Toluene or n-dodecane | None | Malignant and benign | BaA |  | No | BaP administered in different vehicle. n-Dodecane cocarcinogenic with BaA. No concurrent untreated, toluene, or n-dodecane control. |
| 600 | Habs et al., 1980 | NMRI | 2 times/wk (4 times for CO) for life | Until moribund or dead | Acetone <br> (DMSO <br> for CO) | None | Papilloma, carcinoma, sarcoma | BbF | $\begin{aligned} & \text { BkF, BjF, CPcdP, } \\ & \text { CO, IP } \end{aligned}$ | Yes |  |
| 22390 | Wynder and Hoffmann, 1959a | Swiss | 3 times/wk | 6-14 mo | Cyclohexane | None | Papilloma, carcinoma | BbF, BjF | BghiF, BkF | No | Deaths prior to first tumor appearance. No concurrent control. |
| 19320 | LaVoie et al., 1979 | HA/ICR <br> Swiss <br> albino | 3 times/wk | Unspecified | Acetone | None | Unspecified | CH, BbF, BjF, DBaeP, DBahP, DBaiP | AC, Pyr, BghiF, BkF, AA, BeP, DBelP, IP, BghiP, N23eP | No | Reiterates data published elsewhere. |
| 22400 | Wynder and Hoffmann, 1959b | Swiss | 3 times/wk | 10-22 mo | Acetone | None | Papilloma, carcinoma | CH, DBahA, DBaiP | AC, BeP, Pyr, FA | No | Deaths prior to first tumor appearance. Not clear if BaP administered simultaneously. No concurrent control. |
| 13640 | Cavalieri et al., 1983 | Swiss | 2 times/wk for 48 wk | Until 2 cm tumor or 61 wk | Acetone | None | Papilloma, adenoma, carcinoma | CPcdP |  | Yes | Reports both incidence and multiplicity. |
| 13650 | Cavalieri et al., 1981b | Swiss | 2 times/wk for 30 wk | Until 2 cm tumor, moribund, or 57 wk | Acetone | None | Primarily squamous cell carcinoma | CPcdP | ACEP | Yes | Tumor incidence not useable because BaP tumor incidence was $100 \%$. Tumor multiplicity data available for dose-response assessment. |
| 620 | Hoffmann and Wynder, 1966 | Ha/ICR/ Mil Swiss | 3 times/wk for 12 mo | Up to 15 mo | Dioxane | None | Papillomas | DBaeP, DBahP, DBaiP, DBaeF |  | Yes | Paper in German. Paper reports compound as DBalP; LaCassagne et al. (1968) state that it is actually DBaeF. DBahP incidence $\geq 90 \%$ at lowest dose. |
| 17660 | Cavalieri et al., 1977 | Swiss | 2 times/wk for 30 wk | Until moribund, dead, or after 70 wk | Acetone | None | Papilloma, keratoacanthoma, carcinoma | $\begin{aligned} & \text { DBahP, } \\ & \text { AA } \end{aligned}$ | BaA | Yes | DBahP incidence $\geq 90 \%$ at lowest dose. |
| 610 | Higginbotham et al., 1993 | Swiss | 2 times/wk | 40 wk | Acetone | None | Papilloma, carcinoma | DBalP |  | No | No tumors with BaP. |
| 19760 | Masuda and Kagawa, 1972 | Ha/ICR/ <br> Mil Swiss | 3 times/wk <br> for <br> 60 applica- <br> tions | 7 mo | Dioxane | None | Unspecified | DBalP |  | No | No concurrent untreated or vehicle control; lowest dose DBalP gave $100 \%$ incidence. |
| 18570 | Hecht et al., 1974 | Ha/ICR/ Mil Swiss | 3 times/wk for 17 mo | 72 wk | Acetone | None | Unspecified | CH |  | No | BaP dose not reported. |

Table 4-1. Study summaries: dermal bioassays of benzo[a]pyrene and at least one other PAH

| Record number | Reference | Mouse ${ }^{\text {a }}$ strain | Exposure | Follow up | Vehicle | Promoter | Tumor type | Positive result | Nonpositive result | Meets selection criteria? | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 21310 | Shubik et al., 1960 | Syrian golden hamster | 2 times/wk for 10 wk | 75 wk | Mineral oil | None | None |  | DBahA, BaA | No | Small number of animals (5/sex/dose). |
| 23310 | Pfeiffer and Allen, 1948 | Rhesus monkey | various | Various | Sesame oil | None | Various | Multiple |  | No | Sequential exposure to multiple compounds; no concurrent untreated control. |
| 23840 | Barry et al., 1935 | Unspecified | 2 times/wk | 1-2+ yr | Benzene | None | Epithelioma, papilloma | Multiple |  | No | Test compounds from various sources gave differing results; purity may be suspect; use of benzene vehicle confounds tumorigenicity results; no benzene or untreated control. |
| Initiation studies |  |  |  |  |  |  |  |  |  |  |  |
| 24800 | Nesnow et al., 1984 | SENCAR | Single | 31 wk | Acetone | TPA $2 \mu \mathrm{~g}$ 2 times/wk for 30 wk | Papilloma | BeAC, BlAC |  | Yes | Reports both incidence and multiplicity. |
| 21410 | Slaga et al., 1978 | CD-1 | Single | 27 wk | Acetone | TPA $10 \mu \mathrm{~g}$ 2 times/wk for 26 wk | Papilloma | BaA |  | Yes | Tumor incidence data not useable because BaP gave $93 \%$ tumor incidence. Tumor multiplicity data available for dose-response assessment. |
| 630 | LaVoie et al., 1982 | $\begin{aligned} & \text { Crl:CD- } \\ & \text { 1[ICR] } \\ & \text { BR } \end{aligned}$ | 10 subdoses every other d | Unspecified | Acetone | TPA $2.5 \mu \mathrm{~g}$ 3 times/wk for 20 wk | Primarily squamous cell papilloma | $\begin{aligned} & \mathrm{BbF}, \mathrm{BjF}, \\ & \mathrm{BkF} \end{aligned}$ |  | Yes | Reports both incidence and multiplicity. |
| 16310 | Weyand et al., 1992 | Crl:CD-1 | 5 or 10 applications given every other d | Until promotion complete | Acetone | TPA $2.5 \mu \mathrm{~g}$ 3 times/wk for 20 wk | Unspecified | BjF |  | Yes | Tumor incidence data not useable because BaP gave 100\% tumor incidence. Tumor multiplicity data available for dose-response assessment. DNA adducts, mutagenicity also evaluated. |
| 10200 | $\begin{aligned} & \text { El-Bayoumy et al., } \\ & 1982 \end{aligned}$ | $\begin{aligned} & \hline \text { Crl:CD- } \\ & 1[\mathrm{ICR}] \\ & \mathrm{BR} \end{aligned}$ | 10 subdoses every other d | Unspecified | Acetone | $\begin{aligned} & \text { TPA } 2.5 \mu \mathrm{~g} \\ & 3 \text { times/wk } \\ & \text { for } 25 \mathrm{wk} \end{aligned}$ | Primarily squamous cell papilloma | CH | Pery, Pyr | Yes | Tumor incidence data not useable because single dose CH gave 100\% tumor incidence; BaP gave 90\% tumor incidence. Tumor multiplicity data available for dose-response assessment. |
| 18570 | Hecht et al., 1974 | Ha/ICR/ Mil Swiss | 10 subdoses every other d | Until promotion complete | Acetone | TPA $2.5 \mu \mathrm{~g}$ 3 times/wk for 20 wk | Unspecified | CH |  | Yes | Reports both incidence and multiplicity. |
| 22500 | $\begin{aligned} & \text { Van Duuren et al., } \\ & 1966 \end{aligned}$ | ICR/HA | Single | 63 wk | Acetone | $\begin{array}{\|l} \hline \text { Croton resin, } \\ 25 \mu \mathrm{~g} \\ 3 \text { times/wk } \\ \hline \end{array}$ | Papilloma, carcinoma | CH, BbF | BghiF | No | BaP gave $100 \%$ tumor incidence. Corollary data with acetone only as promotion agent not included. |

Table 4-1. Study summaries: dermal bioassays of benzo[a]pyrene and at least one other PAH

| Record number | Reference | Mouse ${ }^{\text {a }}$ strain | Exposure | Follow up | Vehicle | Promoter | Tumor type | Positive result | Nonpositive result | Meets selection criteria? | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 24300 | Rice et al., 1985 | CD-1 | 10 subdoses every other d | Until promotion complete | Acetone | TPA <br> 0.0025\% <br> 3 times/wk <br> for 20 wk | Unspecified | CH, CPdefC |  | Yes | Tumor incidence data not useable because all compounds gave $>90 \%$ tumor incidence. Tumor multiplicity data available for dose-response assessment. |
| 19320 | LaVoie et al., 1979 | HA/ICR <br> Swiss <br> albino | 10 subdoses every other d | Until promotion complete | Acetone or <br> dioxane | TPA $2.5 \mu \mathrm{~g}$ 3 times/wk for 20 wk or croton oil 2.5\% <br> 3 times/wk | Unspecified | CH, DBaeP, DBahP, DBaiP, N23eP | FA, AA, DBelP, BghiP, IP | No | Reiterates data published elsewhere. |
| 21420 | Slaga, et al., 1980 | SENCAR | Single | 15 wk | Acetone | TPA $2 \mu \mathrm{~g}$ 2 times/wk | Papilloma | CH, DBahA, | BeP, DBacA | Yes | Not clear if BaP done simultaneously but protocol, vehicle, and follow-up are the same. Reports both incidence and multiplicity. |
| 15640 | Raveh et al., 1982 | SENCAR | Single | 25 wk | Unspecified | TPA $2 \mu \mathrm{~g}$ 2 times/wk for 25 wk | Papilloma | CPcdP |  | Yes | Reports both incidence and multiplicity. |
| 620 | Hoffmann and Wynder, 1966 | Ha/ICR/ <br> Mil Swiss | Single | 6 mo | Dioxane | Croton oil | Papillomas | DBaeF, DBaeP, DBahP, DBaiP, N23eP | IP, AA, BghiP, DBelP | Yes | Paper reports compound as DBalP; LaCassagne et al. (1968) state that it is actually DBaeF. |
| 610 | Higginbotham et al., 1993 | SENCAR | Single | 27 wk | Acetone | $\begin{aligned} & \text { TPA } \\ & 2.6 \text { nmol, } \\ & 2 \text { times/wk } \end{aligned}$ | Papillomas, few carcinomas | DBalP |  | No | No tumors with BaP. |
| 13660 | Cavalieri et al., 1991 | SENCAR | Single | $\begin{array}{\|l\|} \hline 16 \mathrm{wk} \text { and } \\ 27 \mathrm{wk} \text { (two } \\ \text { experiments) } \end{array}$ | Acetone | TPA <br> 3.24 nmol <br> 2 times/wk <br> for 11 wk | Primarily papilloma | DBalP |  | Yes | Tumor incidence data not useable because lowest dose DBalP gave $>90 \%$ tumor incidence. Tumor multiplicity data from both experiments available for doseresponse assessment. |
| 19360 | LaVoie et al., 1985 | $\begin{aligned} & \hline \mathrm{Crl}: \mathrm{CD} / 1 \\ & \text { (ICR)BR } \end{aligned}$ | 10 subdoses every other d | Unspecified | Acetone | TPA $2.5 \mu \mathrm{~g}$ 3 times/wk for 20 wk | Unspecified |  | AC | Yes |  |
| 13650 | Cavalieri et al., 1981b | CD-1 | 10 subdoses every other d | 57 wk | Acetone | TPA <br> $0.017 \mu \mathrm{~mol}$ <br> 2 times/wk <br> for 40 wk | Papilloma | CPcdP | ACEP | Yes | Reports both incidence and multiplicity. |
| 20830 | Roe, 1962 | Albino | Single | Until promotion complete | Acetone | Croton oil once/wk for 20 wk | Papilloma |  | PH | No | BaP not simultaneous. |

Table 4-1. Study summaries: dermal bioassays of benzo[a]pyrene and at least one other PAH

| Record number | Reference | Mouse ${ }^{\text {a }}$ strain | Exposure | Follow up | Vehicle | Promoter | Tumor type | Positive result | Nonpositive result | Meets selection criteria? | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 16440 | Wood et al., 1980 | CD-1 | Single | 27 wk | Acetone | $\begin{aligned} & \text { TPA } 16 \mathrm{nmol} \\ & 2 \text { times/wk } \\ & \text { for } 26 \text { weeks } \end{aligned}$ | Unspecified |  | Pyr, CPcdP | Yes |  |
| 17450 | Brune et al., 1978 | NMRI | Unspecified | Unspecified | Unspecified | TPA | Unspecified |  | AC | No | Study design not reported. Results reported qualitatively. |
| 18680 | Hoffmann et al., 1972 | Ha/ICR/ Mil Swiss | 10 subdoses every other d | Until promotion complete | Acetone | $\begin{aligned} & \text { Croton oil } \\ & 2.5 \% \text { for } \\ & 20 \mathrm{wk} \end{aligned}$ | Unspecified |  | FA | Yes |  |
| 19420 | LaVoie et al., 1981 | HA/ICR <br> Swiss albino | 10 subdoses every other d | Unspecified | Acetone | TPA $2.5 \mu \mathrm{~g}$ 3 times/wk for 20 wk | Unspecified |  | PH | Yes |  |
| 13660 | Cavalieri et al., 1991 | SENCAR | Single | 27 wk | Acetone | None | Primarily papilloma | DBalP |  | Yes | Initiating dose only; no promoter. Tumor incidence data not useable because lowest dose DBalP gave $>90 \%$ tumor incidence. Tumor multiplicity data available for doseresponse assessment. |
| 15700 | Rice et al., 1988 | CD-1 | 10 subdoses every other d | 24 wk | Acetone | TPA $2.5 \mu \mathrm{~g}$ 3 times/wk for 20 wk | Unspecified | CH, <br> BbcAC, <br> CPdefC |  | Yes | Not clear if BaP done simultaneously for all PAHs. |
| Cocarcinogenicity studies |  |  |  |  |  |  |  |  |  |  |  |
| 18700 | Horton and Christian, 1974 | C3H | 2 times/wk for 80 wk | 82 wk | n-Dodecane/ decalin mixture | None | Carcinoma, papilloma | DBacA, Pyr | CH, FA, Tphen, Pery, | No | Not clear if BaP done simultaneously. Experiments with decalin (noncarcinogen) and 50/50 decalin/ dodecane mix (cocarcinogenic). No data for BaP in 50/50 mix. No vehicle control in decalin. |
| 21430 | Slaga et al., 1979 | CD-1 | Single | 30 wk | Acetone | TPA $10 \mu \mathrm{~g}$ 2 times/wk for 30 wk | Papilloma | BeP |  | No | No concurrent control. Study aimed at exploring interactions; not clear if BaP done simultaneously. |
| 21840 | Van Duuren and Goldschmidt, 1976 | ICR/Ha <br> Swiss | 3 times/wk | 368 or 440 d | Acetone | None | Papilloma |  | Pyr, BghiP, BeP, FA | Yes |  |
| 21850 | Van Duuren et al., 1973 | ICR/HA | 3 times/wk for 52 wk | 52 wk | Acetone | None | None |  | Pyr, BghiP, BeP | No | Qualitative results reported. |
| 21920 | $\begin{aligned} & \text { Warshawsky et al., } \\ & 1993 \end{aligned}$ | C3H/HEJ | 2 times/wk | Until lesion developed or 104 wk | Toluene or n-dodecane | None | Unspecified |  | $\begin{aligned} & \mathrm{AC}, \mathrm{CH}, \mathrm{Pyr}, \mathrm{FA}, \\ & \mathrm{PH} \end{aligned}$ | No | No tumors with BaP. |

${ }^{\text {a }}$ Except where noted, all studies were conducted in mice.
DMSO = dimethyl sulfoxide

Table 4-2. Study summaries: intraperitoneal bioassays of benzo[a]pyrene and at least one other PAH

| Record number | Reference | Mouse strain ${ }^{\text {a }}$ | Exposure | Follow up | Vehicle | Target organ(s) | Tumor type(s) | Positive result | Nonpositive result | Meets selection criteria? | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Newborn mouse studies |  |  |  |  |  |  |  |  |  |  |  |
| 13610 | $\begin{array}{\|l} \text { Busby et al., } \\ 1984 \end{array}$ | SwissWebster BLU:Ha (ICR) | 1st, 8th, 15th d | 26 wk | DMSO | Lung | Adenoma, adenocarcinoma | FA |  | Yes | Tumor incidence data not useable because lowest dose BaP gave $>90 \%$ tumor incidence. Tumor multiplicity data available for dose-response assessment. |
| 17560 | Busby et al., <br> 1989 | SwissWebster BLU:Ha (ICR) | 1st, 8th, 15th d | 26 wk | DMSO | Lung | Adenoma, adenocarcinoma | FA | Pyr, CH | Yes | Reports both incidence and multiplicity. |
| 640 | LaVoie et al., 1987 | CD-1 | 1st, 8th, 15th d | 52 wk | DMSO | Lung, liver | Adenoma, hepatoma | BbF, BjF | BkF, IP | Yes |  |
| 7510 | LaVoie et al., 1994 | CD-1 | 1st, 8th, 15th d | 12 mo | DMSO | Lung, liver | Foci, adenoma, carcinoma | FA |  | Yes | Reports both incidence and multiplicity. |
| 22040 | Weyand and LaVoie, 1988 | CD-1 | 1st, 8th, 15th d | Not reported | DMSO | Lung, liver | Unspecified | Not reported |  | No | Abstract only; dose-response information not included. |
| 22510 | Wislocki et al., 1986 | CD-1 | 1st, 8th, 15th d | 12 mo | DMSO | Lung, <br> liver, lymphatic system | Adenoma, carcinoma, lymphoma | CH, BaA | Pyr | Yes | Reports both incidence and multiplicity. |
| Studies in A/J mice |  |  |  |  |  |  |  |  |  |  |  |
| 11190 | Mass et al., 1993 | A/J | Single | 8 mo | Tricaprylin | Lung | Adenoma, carcinoma | BjAC |  | No | Reiterates data reported elsewhere (Record 24590). |
| $\begin{aligned} & 23960 \text { and } \\ & 23450 \end{aligned}$ | Nesnow et al., 1998a, 1995 | A/J | Single | 8 mo | Tricaprylin | Lung | Adenoma | BbF, DBahA, CPcdP |  | No | Reiterates data reported elsewhere (Record 24590). |
| 22670 | $\begin{aligned} & \text { Nesnow et al., } \\ & 1996 \end{aligned}$ | A/J | Single | 8 mo | Tricaprylin | Lung | Adenoma | BbF, DBahA, CPcdP |  | No | (Reiterates data reported elsewhere (Record 24590).) |
| 24590 | $\begin{aligned} & \text { Nesnow et al., } \\ & \text { 1998b } \end{aligned}$ | A/J | Single | 8 mo | Tricaprylin | Lung | Adenoma | CPcdP, BbF, DBahA, BjAC, DBalP |  | Yes | Raw data (both incidence and multiplicity) obtained courtesy of S. Nesnow. |

Table 4-2. Study summaries: intraperitoneal bioassays of benzo[a]pyrene and at least one other PAH

| Record number | Reference | Mouse strain ${ }^{\text {a }}$ | Exposure | Follow up | Vehicle | Target organ(s) | Tumor type(s) | Positive result | Nonpositive result | Meets selection criteria? | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 20920 | Ross et al., 1995 | A/J | Single | 240 d | Tricaprylin | Lung | Adenoma | BbF, DBahA, CPcdP | Pyr | No | Reiterates data reported elsewhere (Record 24590). |
| 24801 | Weyand et al., 2004 | A/J | Single | 260 d | Tricaprylin | Lung | Adenoma | BcFE |  | Yes |  |

${ }^{\text {a }}$ All studies were conducted in mice.

Table 4-3. Study summaries: subcutaneous bioassays of benzo[a]pyrene and at least one other PAH

| Record number | Reference | Species | Strain | Exposure site | Exposure | Follow up | Vehicle | Target organ(s) | Tumor type(s) | Positive result | Nonpositive result | Meets selection criteria? | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 23840 | Barry et al., 1935 | Mouse | Unspecified | Unspecified | Single | 1-2+ yr | Lard | Injection site | Sarcoma | Multiple |  | No | Test compounds from various sources gave differing results; purity may be suspect; no untreated control. |
| 220 | Bryan and Shimkin, 1943 | Mouse | C3H | Right axilla | Single | until 20 mm tumor | Tricaprylin | Injection site | Unspecified | DBahA |  | No | No concurrent untreated control. |
| 18350 | Grant and Roe, 1963 | Mouse | Albino | Neck | 1st d after birth | 52-62 wk | Aqueous gelatin | Lung | Adenoma |  | PH | Yes |  |
| 23200 | Homburger et al., 1972 | Hamster | Various | Groin | Single | 52 wk | Tricaprylin | Injection site; lung | Various | BaA |  | No | Study aimed at evaluating strain specificity of tumorigenicity. BaA results equivocal. Not clear if BaP treatment simultaneous. "Aged" mice used as controls; aged mice allowed to live 16 weeks longer. |
| 660 | Pfeiffer, 1977 | Mouse | NMRI | Neck | Single | 114 wk | Tricaprylin | Injection site | Sarcoma | DBahA |  | No | Less than $10 \%$ of 100 control mice alive at 114 wk ; control data not provided. |
| 23310 | Pfeiffer and Allen, 1948 | Monkey | Rhesus | Various | Various | variable | Sesame oil | Various | Various | Multiple |  | No | Sequential exposure to multiple compounds; no concurrent untreated control. |
| 24290 | Rask-Nielson, 1950 | Mouse | Street | Thymus, lung, mammary area | Single | 30 mo | Paraffin | Various | Various | DBahA |  | No | Number of control and exposed varies by tumor type reported; BaP nontumorigenic; DBahA results equivocal; results unclear. |
| 24310 | Roe and Waters, 1967 | Mouse | Swiss albino | Not specified | 1st d after birth | 50-60 wk | Aqueous gelatin | Liver | Hepatoma | PH |  | No | Study methodology and results not detailed; PH results equivocal. |
| 21560 | Steiner, 1955 | Mouse | C57BL | Interscapular | Single | 22-28 mo | Tricaprylin | Injection site | Sarcoma | DBahA, BaA, CH | AC, PH | No | No concurrent untreated control; study aimed at evaluating interactions. |

Table 4-4. Study summaries: oral bioassays of benzo[a]pyrene and at least one other PAH

| Record number | Reference | Species | Strain | $\underset{\text { route }}{\text { Exposure }}$ | Exposure | Follow up | Target organ(s) | Tumor type(s) | Positive result | Nonpositive result | Meets selection criteria? | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 17280 | Biancifiori and Caschera, 1962 | Mouse | BALB/c | Gavage | $\begin{aligned} & 2 \text { times/wk, } \\ & 15 \mathrm{wk} \end{aligned}$ | Variable; 50-60 wk | Mammary gland | Carcinomas and sarcomas | DBahA |  | No | Tumors observed after DBahA only in pseudopregnant mice, not virgin mice. |
| 23880 | Huggins and Yang, 1962 | Rat | SpragueDawley | Gavage | Single | Not reported | Mammary gland | Unspecified |  | BaA, PH | No | Untreated control information not included. |
| 24801 | Weyand et al., 2004 | Mouse | A/J | Diet | Daily, 260 d | 260 d | Lung | Adenoma | BcFE |  | Yes |  |

Table 4-5. Study summaries: other route bioassays of benzo[a]pyrene and at least one other PAH

| Record number | Reference | Species | Strain | Exposure route | Exposure | Follow up | Vehicle | Target organ(s) | Tumor type(s) | Positive result | Nonpositive result | Meets selection criteria? | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 21750 | Topping et al., 1981 | Rat | F344 | Implantation in transplanted tracheas | Release from pellet | 28 mo | Beeswax pellet | Tracheal epithelium | Carcinoma, sarcoma |  | BeP | No | Interaction information included. |
| 17620 | Cavalieri et al., 1988b | Rat | SpragueDawley | Intramammillary | Single | 20 wk | None | Mammary | Adenocarcinoma, adenofibroma, fibrosarcoma |  | DBahA, BaA | No | Control data from untreated mammary glands of same rats. |
| 13660 | Cavalieri et al., 1991 | Rat | SpragueDawley | Intramammillary | Single | Until 2 cm tumor or 24 wk | Trioctanoin | Mammary, other | Adenocarcinoma, adenofibroma, fibrosarcoma, squamous cell carcinoma | DBalP |  | No | DBalP produced tumors in all animals at the lowest dose. |
| 21620 | Sugiyama, 1973 | Rat | LongEvans | Intramuscular | Single | 9 mo | Sesame oil | Injection site | Sarcoma |  | BaA | No | BaP gave 100\% tumor incidence. |
| 20280 | Pataki and Huggins, 1969 | Rat | SpragueDawley | Intravenous | 3 doses 3 d apart | 98 d | Lipid emulsion | Mammary | Unspecified |  | BaA | No | No control group. |
| 17940 | Deutsch-Wenzel et al., 1983 | Rat | Osborne- <br> Mendel | Lung implantation | Release from pellet | Until moribund or dead | Beeswax/ trioctanoin | Lung | Carcinoma, sarcoma | BbF, <br> BjF, <br> BkF, <br> IP, AA, <br> Bghip | BeP | Yes |  |
| 22000 | Wenzel-Hartung et al., 1990 | Rat | OsborneMendel | Lung implantation | Release from pellet | Until moribund or dead | Beeswax/ trioctanoin | Lung | Carcinoma | CH, DBahA | PH | Yes |  |
| 21500 | Solt et al., 1987 | Hamster | Syrian golden | Painting buccal pouch | 2 times/wk for 20 wk | Up to 44 wk | Paraffin oil | Buccal pouch | Carcinoma |  | BaA | No | Fewer than 20 animals per group; negative result. |
| 23910 | Nikonova, 1977 | Mouse | A | Subcutaneous (F0) and transplacental (F1) | $\begin{aligned} & \text { GD } 18 \text { or } \\ & 19 \end{aligned}$ | 1 yr | Sunflower oil | Lung, mammary, liver, injection site | Adenoma |  | Pyr | No | Transplacental exposure not quantified. |

Table 4-6. Study summaries: in vivo DNA adducts with benzo[a]pyrene and at least one other PAH

| Record number | Reference | Route of administration | Exposure frequency | Hours between dosing and sacrifice | Tissue analyzed | Method of analysis | PAHs evaluated ${ }^{\text {a }}$ | Meets selection criteria? | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 6210 | Arif et al., 1997 | Intramammillary | Single dose | 48 | Mammary epithelium, lung | $\left[{ }^{32} \mathrm{P}\right]$ postlabeling | DBalP | Yes |  |
| 17420 | Brookes and Lawley, 1964 | Dermal | Single dose | various to $\sim 12 \mathrm{~d}$ | Skin | [ $\left.{ }^{3} \mathrm{H}\right]$ prelabeling | DBacA, DBahA | No | Data on individual compounds not reported. |
| 17630 | Cavalieri et al., 1981a | Dermal | Single dose | 4, 24 | Skin | $\left[{ }^{3} \mathrm{H}\right]$ or $\left[{ }^{14} \mathrm{C}\right]$ prelabeling | CPcdP, ACEP | Yes |  |
| 18810 | Hughes and Phillips, 1990 | Dermal | Single dose | $\begin{aligned} & \begin{array}{l} 0.5,1,2,4,7,21, \\ 84 \text { d } \end{array} \\ & \hline \end{aligned}$ | Skin, lung | $\left[{ }^{32} \mathrm{P}\right]$ postlabeling | DBalP, DBaeP, DBahP, DBaiP | Yes | 24-hr experiment with DBaeP and DBalP; 84-d experiment with all. |
| 18790 | Hughes and Phillips, 1991 | Dermal | Single dose | 24 | Skin | $\left[{ }^{32} \mathrm{P}\right]$ postlabeling | DBaeP | No | No quantitative information; abstract only. |
| 10900 | Koganti et al., 2000 | Oral-diet | 14 d | not stated | Lung | $\left[{ }^{32} \mathrm{P}\right]$ postlabeling | BcFE, BaFE, BbFE | No | Not quantified. |
| 13200 | Li et al., 2002 | Gavage or oraldiet | $\begin{aligned} & 1 \text { time/d for 1- } \\ & 4 \text { d; diet } 14 \text { d } \end{aligned}$ |  | Mammary gland and liver; lung | $\left[{ }^{32} \mathrm{P}\right]$ postlabeling | BcFE | No | Not quantified; BaP administered by gavage, BcFE admin in diet. |
| 11190 | $\begin{aligned} & \text { Mass et al., } \\ & 1993 \end{aligned}$ | Intraperitoneal | Single dose | 24, 48, 72 | Lung | $\left[{ }^{32} \mathrm{P}\right]$ postlabeling | BjAC | Yes |  |
| 8010 | Nesnow et al., 1993b | Intraperitoneal | Single dose | 1, 3, 7, 14, 28, 56 d | Lung, liver, peripheral blood lymphocytes | $\left[{ }^{32} \mathrm{P}\right]$ postlabeling | BbF | Yes | Peaks differ temporally; study also correlates number of adducts in organs. |
| 22670 | $\begin{aligned} & \text { Nesnow et al., } \\ & 1996 \end{aligned}$ | Intraperitoneal | Single dose | 7 d | Lung | $\left[{ }^{32} \mathrm{P}\right]$ postlabeling | BbF, DBahA, CPcdP | No | Not quantified. |
| 23960 | $\begin{aligned} & \text { Nesnow et al., } \\ & 1995 \\ & \hline \end{aligned}$ | Intraperitoneal | Single dose | 7 d | Lung | $\left[{ }^{32} \mathrm{P}\right]$ postlabeling | BbF, DBahA, CPcdP | No | Not quantified. |
| 24590 | Nesnow et al., 1998a | Intraperitoneal | Single dose | various to 21 d | Lung | $\left[{ }^{32} \mathrm{P}\right]$ postlabeling | BbF, CPcdP, DBahA, DBalP | Yes | Used data from Ross et al., 1995 (ref 20920) to calculate slope. |
| 22810 | Phillips et al., 1979 | Dermal | Single dose | $\begin{aligned} & 19,24,48,72,96, \\ & 120,144 \end{aligned}$ | Skin | [ $\left.{ }^{3} \mathrm{H}\right]$-Prelabeling | BaA, DBacA, DBahA | Yes |  |
| 20650 | Reddy et al., 1984 | Dermal | $\begin{aligned} & 4 \text { doses (0, 6, } \\ & 30,54 \mathrm{hr}) \end{aligned}$ | 24 | Skin | $\left[{ }^{32} \mathrm{P}\right]$ postlabeling | AC, BaA, BghiP, BeP, CH, DBacA, DBahA, Pery, Pyr | No | Semiquantitative data only. |
| 20920 | $\begin{aligned} & \text { Ross et al., } \\ & 1995 \end{aligned}$ | Intraperitoneal | Single dose | 0, 1, 3, 5, 7, 14, 21 d | Lung | $\left[{ }^{32} \mathrm{P}\right]$ postlabeling | BbF, CPcdP, DBahA | No | Reiterates data published elsewhere (Record 24590). |
| 16310 | $\begin{aligned} & \text { Weyand et al., } \\ & 1992 \\ & \hline \end{aligned}$ | Dermal | Single dose | 24 | Skin | $\left[{ }^{32} \mathrm{P}\right]$ postlabeling | BjF | No | Not quantified. |
| 22040 | Weyand and <br> LaVoie, 1988 | Intraperitoneal | $\begin{aligned} & \text { Postnatal d 1, } \\ & 8,15 \end{aligned}$ | 24 | Lung, liver | $\left[{ }^{32} \mathrm{P}\right]$ postlabeling | BbF, BjF, BkF | No | No quantitative data; abstract only. |

Table 4-6. Study summaries: in vivo DNA adducts with benzo[a]pyrene and at least one other PAH

| Record <br> number | Reference | Route of <br> administration | Exposure <br> frequency | Hours between <br> dosing and <br> sacrifice | Tissue analyzed | Method of <br> analysis | PAHs evaluated ${ }^{\text {and }}$Meets selection <br> criteria? | Comments |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| 24801 | Weyand et al., <br> 2004 | Oral-diet or <br> intraperitoneal | 14 d diet; <br> single dose <br> intraperitoneal | 24 | Lung, <br> forestomach | Peripheral blood <br> lymphocytes | $\left[{ }^{32} \mathrm{P}\right]$ postlabeling | BaA, BbF, CH |
| 24790 | Kligerman et <br> al., 2002 | Intraperitoneal <br> and oral | Single dose | 7 d | Yes | Data in both rats and mice. |  |  |

${ }^{\text {a }}$ Positive findings were reported for all PAHs evaluated.

Table 4-7. Study summaries: in vivo clastogenicity or sister chromatid exchange with benzo[a]pyrene and at least one other PAH

| Record number | Reference | Species | Strain | Route of administration | Vehicle | Exposure | Hours between dosing and sacrifice | Tissue analyzed | Clastogenic endpoint | Positive results | Nonpositive results | Meets selection criteria? | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 24740 | Allen et al., 1999 | Mice | $\begin{aligned} & \mathrm{A} / \mathrm{J} \text { or } \\ & \text { p53 +/+, } \\ & +/- \text {, and } \\ & \text {-/- } \end{aligned}$ | Intraperitoneal | Tricaprylin | Single | 48 or 72 hr | Bone marrow or peripheral blood | Micronuclei | DBalP |  | Yes |  |
| 14270 | He and Baker, 1991 | Mice | HRA/Skh hairless | Dermal | Acetone | Single | 24 hr | Keratinocytes | Micronuclei | CH | Pyr | Yes |  |
| 17190 | Bayer, 1978 | Hamsters | Chinese | Intraperitoneal | Tricaprylin | Single | 24 hr for aberrations; 30 hr for micronuclei | Bone marrow | Gaps, breaks, micronuclei, sister chromatid exchanges | PH (high dose only) |  | Yes |  |
| 19030 | Katz et al., 1981 | Mice | $\begin{aligned} & \mathrm{B6C3F}_{1} / \\ & \text { BR } \end{aligned}$ | Intraperitoneal | DMSO | At 0 and 24 hr | various; 24, 30, $48,72 \mathrm{hr}$ after last dose | Bone marrow | micronuclei |  | DBaiP, <br> AC, <br> BghiP, Pyr | No | No quantitative data. |
| 24720 | Kligerman et al., 1986 | Mice | C57BL6 | Gavage | Corn oil | Single | $23.5-25 \mathrm{hr}$ | Peripheral blood | Sister chromatid exchanges | BlAC |  | Yes |  |
| 24790 | Kligerman et al., 2002 | Mice and rats | CD-1 <br> Swiss <br> mice; CD <br> rats | Oral and intraperitoneal | Sunflower seed oil | Single | 7 d | Whole blood or mononuclear leukocytes | Sister chromatid exchange, micronuclei | BaA, <br> BbF, CH |  | Yes | All positive for sister chromatid exchange via intraperitoneal administration; mixed results for oral administration. |
| 20200 | $\begin{aligned} & \text { Oshiro et al., } \\ & 1992 \end{aligned}$ | Mice | CD-1 | Peroral | Polyethylene glycol | $\begin{aligned} & 1 \text { time } / \mathrm{d}, \\ & 4 \mathrm{~d} \\ & \hline \end{aligned}$ | 24 hr after 2nd and 4th treatment | Peripheral blood | Micronuclei |  | Pyr, AC | No | No quantitative data; published as abstract. |
| 20230 | Paika et al., 1981 | Mice | CBA/J | Intraperitoneal | DMSO | single | $16-20 \mathrm{hr}$ | Bone marrow | Sister chromatid exchanges |  | Pyr | No | No quantitative data. |
| 20950 | RoszinskyKocher et al., 1979 | Hamsters | Chinese | Intraperitoneal | Tricapryline | $\begin{aligned} & 2 \text { doses } \\ & 24 \mathrm{hr} \\ & \text { apart } \end{aligned}$ | 24 hr after 2nd treatment | Bone marrow | Sister chromatid exchanges, aberrations | $\begin{aligned} & \text { PH, CH, } \\ & \text { DBahA, } \\ & \text { BaA, } \\ & \text { BbF, BeP } \end{aligned}$ | AC | Yes | Positive results for sister chromatid exchanges, not aberrations. |
| 21050 | Salamone et al., 1981 | Mice | $\mathrm{B6C3F}_{1}$ | Intraperitoneal | Not specified | 2 doses 24 hr apart | 24, 48, 72 hr after 2nd treatment | Bone marrow | Micronuclei |  | AC, Pyr | Yes |  |
| 21770 | Tsuchimoto and Matter, 1981 | Mice | CD-1 | Intraperitoneal | DMSO | $\begin{aligned} & 2 \text { doses } \\ & 24 \mathrm{hr} \\ & \text { apart } \end{aligned}$ | 6 hr after 2nd treatment | Bone marrow | Micronuclei |  | Pyr | Yes |  |

Table 4-7. Study summaries: in vivo clastogenicity or sister chromatid exchange with benzo[a]pyrene and at least one other PAH

| Record number | Reference | Species | Strain | Route of administration | Vehicle | Exposure | Hours between dosing and sacrifice | Tissue analyzed | Clastogenic endpoint | Positive results | Nonpositive results | Meets selection criteria? | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 21390 | Sirianni and Huang, 1978 | Mice | C3H/St | V79 cells in diffusion chamber implanted in peritoneal cavity of mice |  |  |  | Chinese <br> hamster <br> V79 cells | Sister chromatid exchanges |  | AC, Pyr, Pery | Yes |  |
| 21620 | Sugiyama, 1973 | Rats | LongEvans | Intravenous | Lipid emulsion | Single | 12, 24 hr | Bone marrow | Gaps, breaks |  | BaA | Yes |  |

Table 4-8. Study summaries: in vivo mutagenicity with benzo[a]pyrene and at least one other PAH

| Record number | Reference | Species/strain | Route of administration | Exposure frequency/follow up | Mutagenic endpoint | Positive result | Nonpositive result | Meets selection criteria? | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 18130 | Fahmy and Fahmy, 1980 | Drosophila melanogaster | Suspension in media | 48-72 hr | Somatic mutation; eye color mosaicism |  | BaA | Yes |  |
| 13980 | Frolich and Wurgler, 1990 | D. melanogaster | Suspension in media | 48-72 hr | Somatic mutation and recombination test; wing spots |  | BaA | No | Inconsistent results for BaA; significant effects only seen with cross-breeding of strains selected for enhanced metabolic activity (not standard strains). |
| 11190 | Mass et al., 1993 | A/J mice | Intraperitoneal | $3 \mathrm{~d} / 8 \mathrm{mo}$ | Mutations in codon 12 of the Ki-ras oncogene; PCR and DNA sequencing of lung tumor DNA | BjAC |  | No | Quantitative dose-response data were not available. Different mutation sequences observed; GGT $\rightarrow$ TGT for BaP and GGT $\rightarrow$ CGT for BjAC; mutation sequence for BjAC may correlate with cyclopenta-adduct formation. |
| 23960 | Nesnow et al., 1995 | A/J mice | Intraperitoneal | Single injection/ 8 mo | Mutations in codon 12 of the Ki-ras oncogene; PCR and DNA sequencing of lung tumor DNA | BbF, DBahA, CPcdP |  | No | Quantitative dose-response data were not available. GGT $\rightarrow$ TGT mutations for BaP and BbF ; GGT $\rightarrow$ CGT for CPcdP; no mutations seen for DBahA. |
| 22670 | Nesnow et al., 1996 | A/J mice | Intraperitoneal | Single injection/ 8 mo | Mutations in codon 12 of the Ki-ras oncogene; PCR and DNA sequencing of lung tumor DNA | BbF, DBahA, CPcdP |  | No | Quantitative dose-response data were not available. GGT $\rightarrow$ TGT mutations for BaP and BbF ; GGT $\rightarrow \mathrm{CGT}$ for CPcdP; no mutations seen for DBahA. |
| 24590 | Nesnow et al., 1998b | A/J mice | Intraperitoneal | Single injection/ 8 mo | Mutations in codons 12 and 61 of the Ki-ras oncogene; PCR and DNA sequencing of lung tumor DNA | BbF, DBahA, CPcdP, BjAC, DBalP |  | No | Quantitative dose-response data were not available. Mutations in codon 12, $\mathrm{GGT} \rightarrow \mathrm{TGT}$ for $\mathrm{BaP}, \mathrm{BbF}$, and DBalP; GGT $\rightarrow$ CGT for CPcdP and BjAC; no mutations seen for DBahA; GTT mutations seen for all other PAHs. Only DBalP caused mutations in codon 61. |
| 21370 | Simmon et al., 1979 | Swiss Webster mice | PAHs <br> intramuscular or peroral; microorganisms intraperitoneal | Single injection/4 hr | Intraperitoneal host mediated assay; mutagenicity in $S$. typhimurium and Saccharomyes cerevisiae of recovered microorganisms |  | AC, BaA, BeP, CH, PH | No | Assay was not considered sensitive enough for detecting carcinogens. |
| 21830 | Valencia and Houtchens, 1981 | D. melanogaster | Filter feeding | 48-72 hr | Sex-linked recessive lethal test |  | Pyr | No | Results were negative for BaP . |
| 22450 | Zijlstra and Vogel, 1984 | D. melanogaster | Abdominal injection | Not applicable | Sex-linked recessive lethal test; 2-3 translocation and ring-X loss |  | BaA | No | Results were negative for BaP . |

Table 4-9. Study summaries: in vitro bacterial mutagenicity with benzo[a]pyrene and at least one other PAH

| Record number | Reference | Salmonella strain(s) | Activation system | Positive result | Nonpositive result | Meets selection criteria? | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 17030 | Andrews et al., 1978 | TA100, TA1527, TA1538 | Ar S9 and others | AA, DBahA, DBajA, DBacA, BghiP, BeP |  | Yes | TA100 results include BaP. |
| 23830 | Baker et al., 1980 | TA100 | Guinea pig MC S9 and others | DBaiP, BaA, DBacA, DBahA |  | Yes |  |
| 23660 | Bartsch et al., 1980 | TA100, TA1535, TA98 | Rat MC S9 | BaA |  | Yes |  |
| 17380 | Bos et al., 1988 | TA98, TA100 | Rat Ar S9 | PH, Pyr |  | Yes | Qualitative data for other PAHs (no BaP); quantitative data with BaP comparison for PH and Pyr in TA100. |
| 9560 | Carver et al., 1985 | TA98, TA100 | S9 | Pery |  | No | The response varied at different concentrations of S9; BaP was more potent at low S9 while Pery was more potent at high S9. |
| 17590 | Carver et al., 1986 | TA100 | Ar rat and Ar hamster S9 | BaA, BghiF, Pery |  | Yes | Qualitative data also presented for other PAHs. S9 concentration varied; $400 \mu \mathrm{~L} /$ plate optimal. |
| 17630 | Cavalieri et al., 1981a | TM677 | Ar S9 | CPcdP, ACEP, Pyr |  | Yes | BaP data from previous publication used. Dose-response data not provided for Pyr. |
| 9620 | Chang et al., 2002 | TA100 | Rat Ar S9 | BghiF, BcPH |  | Yes |  |
| 24030 | De Flora et al., 1984 | TA1535, TA1537, TA1538, TA98, TA100 | Rat AR S9 | BaA, Pery, BeP | AC | Yes |  |
| 13860 | Devanesan et al., 1990 | TA100, TA98 | Rat Ar S9 | DBaeP, DBalP |  | No | No concurrent control. |
| 18030 | Dunkel et al., 1984 | TA1535, TA1537, TA1538, TA98, TA100 | Rat, mouse, hamster Ar S9 | BaA, BeP, PH, Pyr | AC | No | Dose-response data not provided. |
| 18050 | Eisenstadt and Gold, 1978 | TA1537, TA100 | Rat Ar S9 | CPcdP |  | Yes |  |
| 18180 | Florin et al., 1980 | TA98, TA100 | Rat Ar and MC S9 | BaA, CH, Pery, CO |  | Yes |  |
| 24080 | Gibson et al., 1978 | TA1535, TA1537, TA1538, TA98 | Nonenzymatic (gamma radiation) | BaA, BghiP, CH, FE, Pyr | DBahA, AC, Pic, Tphen | Yes | AN, PH also tested; toxicity interfered with mutagenicity testing. |
| 14080 | Gold and Eisenstadt, 1980 | TA100 | Rat MC S9 | CPcdP |  | Yes | BaP and CPcdP maximal responses occurred at different S 9 levels. |
| 14170 | Guthrie et al., 1982 | TA98, TA100 | Rat Ar S9 compare to PGS from ram seminal vesicles | BaA, CH |  | No | BaP tested in TA98, BaA and CH tested in TA100. |
| 14260 | Hass et al., 1981 | TA98, TA100 | Rat Ar S9 |  | BeP | Yes |  |

Table 4-9. Study summaries: in vitro bacterial mutagenicity with benzo[a]pyrene and at least one other PAH

| Record number | Reference | Salmonella strain(s) | Activation system | Positive result | Nonpositive result | Meets selection criteria? | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 18650 | Hermann, 1981 | TA98 | Rat Ar S9 | BbA, BaA, CH, FA, Tphen, BeP, DBacA, DBahA, BbF, Pery, DBalP, DBaiP, AA, CO | AC, PH, FE, Pyr, BbFE | Yes |  |
| 10670 | Johnsen et al., 1997 | TA98 | Rat control or PB S9 | BjaC, BlaC |  | Yes |  |
| 19000 | Kaden et al., 1979 | TM677 | Rat Ar or PB S9 | AN, ANL, Pyr, BbFE, CPcdP, BaA, CH, Tphen, FA, BeP, Pery, BghiP, AA, DBacA, DBahA, DBbeF | $\begin{aligned} & \text { FE, AC, PH, Pic, } \\ & \text { CO } \end{aligned}$ | Yes | Mutagenic activity relative to BaP reported. |
| 24680 | Lafleur et al., 1993 | TM677 | Ar PMS | CPcdP, APA, ACEA, CPhiAPA, CPhiACEA |  | Yes |  |
| 19320 | LaVoie et al., 1979 | TA98, TA100 | Rat Ar S9 | BeP, Pery |  | Yes | Several other PAHs were evaluated, but not concurrent with BaP. |
| 19360 | LaVoie et al., 1985 | TA98, TA100 | Rat Ar S9 |  | AC | Yes |  |
| 23650 | McCann et al., 1975 | $\begin{array}{\|l} \text { TA1535, TA1537, } \\ \text { TA98, TA100 } \end{array}$ | Rat Ar S9 | DBaiP, BeP, DBacA, DBahA, CH, BaA | Pyr, AC, PH, FE | Yes |  |
| 15170 | Norpoth et al., 1984 | TA100 | Rat and mouse S9; induction by Clophen A50 and 18 PAHs | BaA |  | No | S9 composition was different for BaA and BaP ; result cannot be compared. |
| 20220 | Pahlman and Pelkonen, 1987 | TA100 | S9 from control, MC, or TCDD treated rats and mice | BaA, CH, Tphen, DBacA, DBahA | AN, AC, PH, FE, Pyr, BeP, Pery, PCE | Yes |  |
| 20530 | Penman et al., 1980 | TM677 | Rat Ar or PB S9 | Pery, CPcdP, DBacA |  | No | No concurrent control values were reported. |
| 20450 | Phillipson and Ioannides, 1989 | TA100 | S9 isolated from mouse, hamster, rat, pig, and human | BaA, DBaiP, DBahA |  | Yes |  |
| 20490 | Poncelet et al., 1978 | TA1530, TA1535, TA1537, TA1538, TA98, TA100 | S9 (origin unknown) | CO, Tphen, FA, Bghip | BbF | No | Qualitative data reported in published abstract. |
| 20560 | Probst et al., 1981 | TA1530, TA1535, TA1537, TA1538, TA98, TA100 | Rat Ar S9 | BbA, DBacA | AC, DBahA, PH, Pyr, DBaiP | No | Data reported as minimum mutagenic concentration ( $\mathrm{nmol} / \mathrm{mL}$ ). |
| 20880 | Rosenkranz and Poirier, 1979 | TA1530, TA1535 | Uninduced rat S9 |  | $\begin{aligned} & \text { AC, BaA, BeP, } \\ & \text { CH, PH } \end{aligned}$ | Yes |  |
| 21000 | Sakai et al., 1985 | TA97, TA98, TA100 | Rat Ar S9 | $\begin{aligned} & \text { FE (equiv.), AC, PH, FA, CH, Pyr, BeP, } \\ & \text { Pery, BghiP, CO } \end{aligned}$ |  | Yes |  |
| 21040 | $\begin{aligned} & \text { Salamone et al., } \\ & \text { 1979a } \end{aligned}$ | $\begin{aligned} & \text { TA1535, TA1537, } \\ & \text { TA1538, TA98, } \\ & \text { TA100. } \end{aligned}$ | Rat Ar S9 | BaA, BeP (equiv.), BghiP, DBaiP, BPH, CH, CO, DBacA, PCE | AC, BaFE, BbFE, FA, Pery, Pyr | No | Increase in spontaneous mutation rate was indicated, but dose data were not provided. |

Table 4-9. Study summaries: in vitro bacterial mutagenicity with benzo[a]pyrene and at least one other PAH

| Record number | Reference | Salmonella strain(s) | Activation system | Positive result | Nonpositive result | Meets selection criteria? | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 13260 | Salamone et al., 1979b | TA98, TA100 | Rat Ar S9 | DBaiP |  | No | Dose-response data were not completely reported; maximal response information (dose and number of revertants) was presented in text; BaP max response at different S9 than DBaiP. |
| 11860 | Sangaiah et al., 1983 | TA1535, TA1537, TA1538, TA98, TA100 | Rat Ar S9 | BjAC |  | Yes | Dose-response data for BaP was presented for TA98 only. |
| 21360 | Simmon, 1979a | TA1535, TA1536, TA1537, TA1538, TA98, TA100 | Rat Ar S9 | BaA, BeP | AC, CH, PH | Yes |  |
| 21640 | $\begin{aligned} & \text { Teranishi et al., } \\ & 1975 \end{aligned}$ | TA1535, TA1536, TA1537, TA1538 | S9 from rats treated with PB and MC or DBahA | DBaiP, DBaeP | $\begin{aligned} & \text { DBahA, BaA, } \\ & \text { BeP } \end{aligned}$ | Yes |  |
| 16180 | Utesch et al., 1987 | TA100 | Intact or homogenized hepatocytes from Ar treated rats | BaA |  | Yes |  |
| 16440 | Wood et al., 1980 | TA98, TA100 | Rat Ar S9 and purified MFO enzymes system | CPcdP |  | Yes |  |

Table 4-10. Study summaries: in vitro mammalian mutagenicity assays with benzo[a]pyrene and at least one other PAH

| Record number | Reference | Cell type | Metabolic activation | Mutagenesis assay | Positive result | Nonpositive result | Meets selection criteria? | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 16900 | Allen-Hoffmann and Rheinwald, 1984 | Human epidermal keratinocyte | None | 6-Thioguanine resistance (HPRT) |  | BaA | Yes |  |
| 16920 | Amacher and Paillet, 1982 | Mouse lymphoma cells (L5178Y) | Syrian golden hamster S9 mix or cocultivated hamster hepatocytes | Trifluorothymidine resistance (thymidine kinase locus [TK]) | BaA |  | Yes |  |
| 16930 | Amacher and Paillet, 1983 | Mouse lymphoma cells (L5178Y) | Cocultivated rat hepatocytes | Trifluorothymidine resistance (TK) |  | BaA | Yes |  |
| 16940 | Amacher and Turner, 1980 | Mouse lymphoma cells (L5178Y) | S9 from eight rodent species or strain; one rat strain induced by Ar | Trifluorothymidine resistance (TK) | AC, BaA |  | Yes | AC data not useable; BaP not simultaneous. |
| 16910 | Amacher et al., 1980 | Mouse lymphoma cells (L5178Y) | Rat Ar and noninduced S9 | Trifluorothymidine resistance (TK) | BaA | AC, Pyr | Yes |  |
| 13440 | Baird et al., 1984 | V79 Chinese hamster cells | Hamster embryo cells | 6-Thioguanine resistance (HPRT) |  | BeP | Yes |  |
| 17140 | Barfknecht et al., 1982 | TK6 human lymphoblast cells | Rat Ar S9 | Trifluorothymidine resistance (TK) | FA, BaA, CH, Tphen, CPcdP | PH, AC, ACEP | Yes |  |
| 24670 | Durant et al., 1999 | H1A1v2 human lymphoblastoid cells | Transfected with cyp1a1 cDNA | Trifluorothymidine resistance (TK) | $\begin{aligned} & \text { BaPery, } \\ & \text { BbPery, } \\ & \text { DBaeF, } \\ & \text { DBafF, } \\ & \text { DBahP, } \\ & \text { DBaiP, } \\ & \text { DBelP, } \\ & \text { N23aP, } \\ & \text { N23eP } \end{aligned}$ | $\begin{array}{\|l} \text { DBjlF, } \\ \text { N12bF } \end{array}$ | Yes |  |
| 18260 | Gehly et al., 1982 | C3H/10T1/2 clone 8 mouse fibroblast cells | None | Ouabain resistance (HPRT) |  | BeP | Yes |  |
| 14250 | Hass et al., 1982 | V79 Chinese hamster cells | Hamster embryo cells | Ouabain and 6-thioguanine resistance (HPRT) | $\begin{aligned} & \text { DBaiP, } \\ & \text { DBahP } \end{aligned}$ |  | Yes |  |
| 18750 | Huberman, 1975 | V79 Chinese hamster cells | Hamster cells | 8-Azaguanine resistance (HPRT) |  | BaA, Pyr | Yes |  |
| 18740 | Huberman and Sachs, 1976 | V79 Chinese hamster cells | Hamster embryo cells | Ouabain and 8-azaguanine resistance (HPRT) | DBacA, DBahA (both weak) | Pyr, PH, <br> CH, BaA | Yes |  |
| 24120 | Huberman and Sachs, 1974 | V79 Chinese hamster cells | Hamster embryo cells | 8-Azaguanine resistance (HPRT) |  | BaA | Yes |  |
| 18990 | Jotz and Mitchell, 1981 | Mouse lymphoma cells (L5178Y) | Rat Ar S9 | Trifluorothymidine resistance (TK) | Pyr |  | Yes |  |
| 24720 | Kligerman et al., 1986 | Mouse lymphoma cells (L5178Y) | Rat Ar S9 | Trifluorothymidine resistance (TK) | BlAC |  | Yes |  |

Table 4-10. Study summaries: in vitro mammalian mutagenicity assays with benzo[a]pyrene and at least one other PAH

| Record number | Reference | Cell type | Metabolic activation | Mutagenesis assay | Positive result | Nonpositive result | Meets selection criteria? | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 19180 | Krahn and Heidelberger, 1977 | V79 Chinese hamster cells | Rat MC S9 | 6-Thioguanine resistance (HPRT) | BaA, DBacA, DBahA |  | Yes | DBacA and DBahA data not useable; treatment different than BaP . |
| 24680 | Lafleur et al., 1993 | MCL-3 human lymphoblastoid cells | Transfected with cyp1a2 and cyp2a6 cDNA | Trifluorothymidine resistance (TK) | CPcdP, <br> ACEA, <br> CPhiACEA | APA, CPhiAPA, BghiF | Yes |  |
| 24170 | Langenbach et al., 1983 | V79 Chinese hamster cells | Cocultivation with primary rodent cells from liver, lung, kidney, and bladder | Ouabain resistance (HPRT) |  | AC | Yes |  |
| 7550 | Li and Lin, 1996 | HS1 HeLa cells (human epithelial cells) | None | 6-Thioguanine resistance (HPRT) | BaA |  | Yes |  |
| 19870 | Mishra et al., 1978 | Fischer rat embryo cells infected with Rauscher leukemia virus | Rat Ar S9 | Ouabain resistance (HPRT) |  | $\mathrm{AC}, \mathrm{PH},$ <br> Pyr, BeP | Yes |  |
| 20040 | Myhr and Caspary, 1988 | Mouse lymphoma cells (L5178Y) | Rat Ar and noninduced S9 | Trifluorothymidine resistance (TK) | $\begin{aligned} & \mathrm{AC}, \mathrm{BaA}, \\ & \mathrm{BeP} \end{aligned}$ |  | No | Results reported as ranges. |
| 11450 | Nesnow et al., 1984 | V79 Chinese hamster cells | Rat Ar S9 | 6-Thioguanine resistance (HPRT) | BlAC, BeAC, BjAC |  | Yes |  |
| 15630 | Raveh and Huberman, 1983 | V79 Chinese hamster cells | Hamster embryo fibroblasts | 6-Thioguanine resistance (HPRT); phorbol myristate acetate used to enhance recovery | CPcdP | BaA | Yes |  |
| 15640 | Raveh et al., 1982 | V79 Chinese hamster cells | Hamster embryo fibroblasts | Ouabain and 6-thioguanine resistance (HPRT) | CPcdP |  | Yes | Mutagenicity correlated with skin tumor initiation. |
| 21410 | Slaga et al., 1978 | V79 Chinese hamster cells | Hamster embryo cells | Ouabain resistance (HPRT) | BaA (weak) |  | Yes |  |
| 21720 | Tong et al., 1983 | Rat liver epithelial cells (ARL-18) |  | 6-Thioguanine resistance (HPRT) |  | BaA, BeP, Pyr | No | Repeats data from Record 21730 Tong et al., 1981b |
| 21730 | Tong et al., 1981b | Rat liver epithelial cells (ARL-18) | None | 6-Thioguanine resistance (HPRT) |  | $\begin{array}{\|l} \mathrm{BeP}, \mathrm{Pyr}, \\ \mathrm{BaA} \end{array}$ | Yes |  |

Table 4-10. Study summaries: in vitro mammalian mutagenicity assays with benzo[a]pyrene and at least one other PAH

| Record <br> number | Reference | Cell type | Metabolic activation | Mutagenesis assay | Positive <br> result | Non- <br> positive <br> result | Meets selection <br> criteria? |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| 16190 | Vaca et al., 1992 | UV-sensitive Chinese hamster <br> ovary (CHO) cells | Rat Ar S9 | 6-Thioguanine resistance (HPRT) | FA |  | Yes |
| 21900 | Wangenheim and <br> Bolcsfoldi, 1988 | Mouse lymphoma cells <br> (L5178Y) | Rat Ar S9 | Trifluorothymidine resistance (TK) | Pyr, FE |  | Yes |

HPRT = hypoxanthine-guanine phosphoribosyl transferase mutagenicity assay (resistance to 6-thioguanine, 8-azaguanine, or ouabain); TK = thymidine kinase mutagenicity assay (resistance to trifluorothymidine)

Table 4-11. Study summaries: in vitro morphological/malignant cell transformation with benzo[a]pyrene and at least one other PAH

| Record number | Reference | Cell type | Metabolic activation system | Positive result | Nonpositive result | Meets selection criteria? | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 13390 | Atchison et al., 1985 | BALB/3T3 mouse embryo fibroblasts | None |  | FA, Pyr | Yes |  |
| 17610 | Casto, 1979 | Syrian golden hamster embryo cells | None | DBahA | Pyr | Yes |  |
| 17730 | Chen and Heidelberger, 1969 | Adult C3H mouse ventral prostate cells | Cocultivated irradiated C3H mouse embryonic fibroblasts | DBahA | DBacA, Pyr | No | Control data not provided. |
| 24750 | Davis, 1999 | C3H10T1/2 cells | None | DBalP, DBaeP, BcC, BgC, BcPH |  | No | Control data not provided. |
| 17970 | DiPaolo et al., 1969 | Syrian golden hamster embryo cells | Cocultivated irradiated Sprague-Dawley rat fetal cells | DBahA, BaA, BeP, DBacA | Pyr, PH | Yes |  |
| 17990 | DiPaolo et al., 1972 | BALB/3T3 | None |  | AC, Pyr | Yes |  |
| 23630 | DiPaolo et al., 1973 | Syrian golden hamster embryo cells | In vivo (transplacental) exposure |  | AC, PH, Pyr | No | No quantitative information. |
| 18020 | Dunkel et al., 1981 | Balb/3T3, Syrian golden hamster embryo, and Rauscher murine leukemia virusinfected F344 rat embryo cells | None | BaA | BeP, PH, AC | Yes | Qualitative data only for R-MuLVRE cells. BaA positive in SHEM, equivocal in Balb/3T3. |
| 18080 | Emura et al., 1980 | Syrian golden hamster fetal lung cells | None | BbF, BaA, IP | BkF, BeP | Yes |  |
| 23640 | Evans and DiPaolo, 1975 | Strain 2 guinea pig fetal cells | None |  | AC, Pyr, PH | No | No quantitative information. |
| 18260 | Gehly et al., 1982 | C3H10T1/2CL8 mouse embryo fibroblasts | None |  | BeP | Yes |  |
| 14130 | Greb et al., 1980 | BHK 21/CL 13 | Rat Ar S9 | CH, BaA, BbF, DBahA, BeP | PH, AC | Yes |  |
| 23890 | Kakunaga, 1973 | BALB/3T3 subclone A31-714 | None |  | PH, Pyr | No | Not clear if BaP administered simultaneously. |
| 14640 | Krolewski et al., 1986 | C3H10T1/2CL8 mouse embryo fibroblasts | None | CPcdP |  | Yes |  |
| 14700 | Laaksonen et al., 1983 | Newborn NMRI nu/nu nude mouse skin fibroblasts | None | BaA | AC | Yes |  |
| 14850 | Lubet et al., 1983 | C3H10T1/2CL8 mouse embryo fibroblasts | None | BeP | AC, DBahA, PH | Yes |  |
| 19870 | Mishra et al., 1978 | Rauscher leukemia virus-infected Fischer rat embryo | None |  | $\begin{aligned} & \mathrm{AC}, \mathrm{PH}, \mathrm{Pyr}, \\ & \mathrm{BeP} \end{aligned}$ | No | No quantitative information. |
| 24710 | Mohapatra et al., 1987 | C3H10T1/2CL8 mouse embryo fibroblasts | None | $\begin{aligned} & \mathrm{BeAC}, \mathrm{BjAC}, \\ & \mathrm{BlAC} \end{aligned}$ | BkAC | Yes |  |
| 24700 | Nesnow et al., 1990 | Human neonatal foreskin fibroblasts | None | BlAC |  | Yes |  |
| 7980 | Nesnow et al., 1997 | C3H10T1/2CL8 mouse embryo fibroblasts | None | DBalP |  | Yes |  |
| 7990 | Nesnow et al., 1994 | C3H10T1/2CL8 mouse embryo fibroblasts | None | DBahA |  | Yes |  |
| 8000 | Nesnow et al., 1993a | C3H10T1/2CL8 mouse embryo fibroblasts | None | DBkmnoAPH | DBjmnoAPH, N123mnoAPH | Yes |  |
| 20120 | Nesnow et al., 1991 | C3H10T1/2CL8 mouse embryo fibroblasts | None |  | ACEA | Yes |  |

Table 4-11. Study summaries: in vitro morphological/malignant cell transformation with benzo[a]pyrene and at least one other PAH

| Record <br> number | Reference | Cell type | Metabolic activation system | Positive result | Nonpositive <br> result | Meets selection <br> criteria? | Comments |
| :--- | :---: | :--- | :--- | :--- | :--- | :--- | :--- |
| 23720 | Pienta et al., 1977 | Syrian golden hamster embryo | Cocultivated X-irradiated <br> cells of same type | BaA, DBahA | CH, BeP, Pyr, <br> AC, DBacA, PH | Yes |  |
| 8490 | Sheu et al., 1994 | BALB/3T3 A31-1-1 | None |  | Pyr, BaA, CH | Yes |  |

Table 4-12. Study summaries: in vitro DNA adducts with benzo[a]pyrene and at least one other PAH

| Record number | Reference | Cell type or DNA source | Incubation time | Activation system | Method of analysis | PAHs evaluated ${ }^{\text {a }}$ | Meets selection criteria? | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 16890 | Allen and Coombs, 1980 | Mouse embryo cells from TO mice | 24 hr | None | [ $\left.{ }^{3} \mathrm{H}\right]$ prelabeling | BaA | Yes |  |
| 6300 | Binkova et al., 2000 | Human diploid lung fibroblast cells | Various up to 24 hr | None | [ $\left.{ }^{32} \mathrm{P}\right]$ postlabeling | DBalP | Yes |  |
| 9510 | Bryla and Weyand, 1992 | Calf thymus DNA | 1 hr | None | [ $\left.{ }^{32} \mathrm{P}\right]$ postlabeling | BaA, DBacA, PH | Yes | PH did not form measurable DNA adducts. Adduct formation enhanced when reacted under white light. |
| 6570 | Cherng et al., 2001 | Human hepatoma HepG2 cells | 24 hr | None | [ $\left.{ }^{32} \mathrm{P}\right]$ postlabeling | BghiP | Yes | BghiP did not form measurable DNA adducts. |
| 13780 | Cooper et al., 1982 | Fibroblasts and epithelial cells from Wistar rat mammary tissue | 24 hr | None | [ $\left.{ }^{3} \mathrm{H}\right]$ prelabeling | BaA | Yes | BaA formed little or no measurable DNA adducts. |
| 22800 | Grover and Sims, 1968 | Salmon testes DNA | Not specified | Rat liver microsomes | [ $\left.{ }^{3} \mathrm{H}\right]$ prelabeling | DBahA, DBacA, BaA, Pyr, PH | Yes |  |
| 10660 | Johnsen et al., 1998 | Human lymphocytes and human promyelocytic HL-60 cells | 24 hr | None | [ $\left.{ }^{32} \mathrm{P}\right]$ postlabeling | BjAC, BlAC | Yes |  |
| 10670 | Johnsen et al., 1997 | Rat lung Clara cells, Type 2 cells, and macrophages | 2 hr | PCB pretreatment of whole animals | [ $\left.{ }^{32} \mathrm{P}\right]$ postlabeling | BjAC, BlAC | Yes |  |
| 13200 | Li et al., 2002 | MCF-7 cells or rat lung DNA | 7-24 hr | Human mammary microsomes with rat lung DNA | [ $\left.{ }^{32} \mathrm{P}\right]$ postlabeling | DBalP, BcPH, DBahA | No | No quantitative results. |
| 7870 | Melendez-Colon et al., 2000 | Human mammary carcinoma MCF-7 cells and leukemia HL-60 cells | 4 or 24 hr | None | $\left[{ }^{32} \mathrm{P}\right]$ postlabeling | DBalP | Yes | No adducts formed in HL-60 cells that lack significant P450 activity. |
| 7990 | Nesnow et al., 1994 | C3H10T1/2CL8 fibroblasts | 24 hr | None | [ $\left.{ }^{32} \mathrm{P}\right]$ postlabeling | DBahA | No | No quantitative results. |
| 20120 | Nesnow et al., 1991 | C3H10T1/2 cells | 24 hr | None | $\left[{ }^{32} \mathrm{P}\right]$ postlabeling | ACEA | No | Measures repair of adducts only, not synthesis. |
| 21200 | Segerback and Vodicka, 1993 | Calf thymus DNA | 3 hr | Rat Ar S9 | $\left[{ }^{32} \mathrm{P}\right]$ postlabeling, ${ }^{3} \mathrm{H}$-binding | CH, BaA, BbF, DBahA, FA, BghiP, Pyr | Yes |  |
| 24810 | Baird et al., 2002 | MCF-7 cells | 24 hr | Morpholinos inhibition (antisense oligomer that blocks protein synthesis of CYPIA1) | [ $\left.{ }^{32} \mathrm{P}\right]$ postlabeling | DBalP | No | Confounded by CYP1A1 inhibition by morpholinos. |

${ }^{a}$ Except where noted, positive findings were reported for all PAHs evaluated.

Table 4-13. Study summaries: in vitro DNA damage, repair, or synthesis with benzo[a]pyrene and at least one other PAH

| Record number | Reference | Cell type | Metabolic activation | Endpoint | Assay | Positive result | Nonpositive result | Meets selection criteria? | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 16840 | Agrelo and Amos, 1981 | Human fibroblasts | Rat Ar S9 | Unscheduled DNA synthesis | $\left[{ }^{3} \mathrm{H}\right]$ Thymidine uptake | Pyr |  | Yes |  |
| 17610 | Casto, 1979 | Syrian golden hamster embryo | Intrinsic | Unscheduled DNA synthesis | [ $\left.{ }^{3} \mathrm{H}\right]$ Thymidine uptake |  | $\begin{aligned} & \text { DBahA, Pyr, } \\ & \text { PH } \end{aligned}$ | Yes |  |
| 24030 | De Flora et al., 1984 | Escherichia coli WP2, WP67, and CM871 | Rat Ar S9 | DNA damage | Differential killing repairdeficient strains | AC, BaA | Pery, BeP | No | Semiquantitative data. |
| 18030 | Dunkel et al., 1984 | E. coli WP-2 uvrA | Rat, mouse, hamster Ar S9 | DNA damage | Differential killing repairdeficient strains | BaA, BeP, PH, Pyr | AC | No | Dose-response data not provided. |
| 23790 | Ichinotsubo et al., 1977 | E. coli Rec BC | S9 (origin unknown) | DNA damage |  | DBaiP, DBahA |  | Yes |  |
| 10670 | Johnsen et al., 1997 | Rat lung Clara cells, Type 2 cells, and macrophages | PCB pretreatment of whole animals | DNA damage | Alkaline elution |  | BjAC, BlAC | No | No untreated control. |
| 10660 | Johnsen et al., 1998 | Human lymphocytes and human promyelocytic HL60 cells | Rat or human liver microsomes | DNA damage | Alkaline elution | BjAC, BlAC |  | Yes |  |
| 19270 | Lake et al., 1978 | Human foreskin epithelial cells | None | Unscheduled DNA synthesis | [ $\left.{ }^{3} \mathrm{H}\right]$ Thymidine uptake | DBahA | $\begin{aligned} & \mathrm{AC}, \mathrm{BeP}, \mathrm{PH}, \\ & \mathrm{Pyr} \end{aligned}$ | No | Doses reported as ranges. |
| 19680 | Mamber et al., 1983 | E. coli WP2 and WP100 | Rat Ar S9 | DNA damage | Growth inhibition of repair deficient strains |  | AC, FE, Pyr | Yes |  |
| 19690 | Mane et al., 1990 | Human and rat mammary epithelial cells | None | Inhibition of DNA synthesis | [ $\left.{ }^{3} \mathrm{H}\right]$ Thymidine uptake | BaA (in human MEC only) | BeP | No | Positive response for BaA not observed consistently. |
| 19730 | Martin and McDermid, 1981 | HeLa S3 cells | PB-induced rat liver postmitochondrial supernatant | Unscheduled DNA synthesis | $\left[{ }^{3} \mathrm{H}\right]$ Thymidine uptake | Pyr (authors: "dubious" result) | AC | No | No quantitative information. |
| 19740 | Martin et al., 1978 | HeLa S3 cells | 3-MC induced rat liver postmitochondrial supernatant | Unscheduled DNA synthesis | $\left[{ }^{3} \mathrm{H}\right]$ Thymidine uptake | BeP, BaA, DBacA, DBahA | Pyr, AC | Yes |  |
| 23800 | McCarroll et al., 1981 | E. coli WP2, WP2 uvrA, WP67, CM611, WP100, W3110polA+, and p3478pola- | Rat Ar S9 | DNA damage | Differential killing repairdeficient strains |  | AC, PH | Yes |  |

Table 4-13. Study summaries: in vitro DNA damage, repair, or synthesis with benzo[a]pyrene and at least one other PAH

| Record number | Reference | Cell type | Metabolic activation | Endpoint | Assay | Positive result | Nonpositive result | Meets selection criteria? | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 19830 | Mersch- <br> Sundermann et al., 1992 | E. coli PQ37 | Rat Ar S9 | Induction of SOS system | SOS chromotest | AA, BaA, BbF, BghiF, BjF, BbFE, BghiP, BeP, CH, DBacA, DBahA, DBalP, DBahP, DBaiP, FA, IP, PH, Tphen | AC, BaFE, CO, FE, Pery, Pyr | Yes |  |
| 19850 | Milo et al., 1978 | Human skin fibroblast NF and Detroit 550 cells | None | DNA damage | Alkaline elution |  | $\begin{aligned} & \mathrm{AC}, \mathrm{Pyr}, \mathrm{PH}, \\ & \mathrm{BeP} \end{aligned}$ | Yes |  |
| 20050 | $\begin{aligned} & \text { Nagabhushan et al., } \\ & 1990 \end{aligned}$ | Hamster buccal pouch epithelial cells and tissue fragments | Not specified | Inhibition of DNA synthesis | [ $\left.{ }^{3} \mathrm{H}\right]$ Thymidine uptake |  | BaA | No | Abstract only. BaA inhibited synthesis 4\%. |
| 20560 | Probst et al., 1981 | Rat hepatocyte primary culture | None | Unscheduled DNA synthesis | [ $\left.{ }^{3} \mathrm{H}\right]$ Thymidine uptake | BbA, DBacA | $\begin{aligned} & \text { AC, DBahA, } \\ & \text { PH, Pyr, } \\ & \text { DBaiP, FE, } \\ & \text { BeP } \end{aligned}$ | No | Artifact of counting method resulted in control responses reported as negative values. |
| 20810 | Robinson and Mitchell, 1981 | Human fibroblasts WI-38 cells | Rat Ar S9 | Unscheduled DNA synthesis | [ $\left.{ }^{3} \mathrm{H}\right]$ Thymidine uptake | Pyr (with activation) |  | Yes |  |
| 23900 | Rosenkranz and Leifer, 1980 | E. coli pol A1- | Rat liver S9 | DNA damage | Differential killing repairdeficient strains |  | AC, BaA, BeP, CH, PH | Yes |  |
| 20880 | Rosenkranz and Poirier, 1979 | E. coli pol A1- | Uninduced rat S9 | DNA damage | Differential killing repairdeficient strains |  | AC, BaA, BeP, CH, PH | Yes |  |
| 20940 | Rossman et al., 1991 | E. coli WP2s( $\lambda$ ) | Rat liver S9 | DNA damage | $\Lambda$ prophage induction | AC, DBacA, DBahA, PH | BeP, FA, Pyr | Yes |  |
| 21380 | Simmon, 1979b | S. cerevisiae D3 | Rat Ar S9 | induced recombination | Colony pigmentation on adenine medium |  | AC, BaA, BeP, CH, PH | Yes |  |
| 21720 | Tong et al., 1983 | Rat hepatocyte primary culture | None | Unscheduled DNA synthesis | [ $\left.{ }^{3} \mathrm{H}\right]$ Thymidine uptake | BaA | $\begin{aligned} & \mathrm{BeP}, \mathrm{AC}, \mathrm{CH}, \\ & \mathrm{Pyr} \end{aligned}$ | No | Repeats data from 21730 Tong et al., 1981b. |
| 21730 | Tong et al., 1981b | Rat hepatocyte primary culture | None | Unscheduled DNA synthesis | [ $\left.{ }^{3} \mathrm{H}\right]$ Thymidine uptake | BaA | $\begin{aligned} & \mathrm{BeP}, \mathrm{AC}, \mathrm{CH}, \\ & \mathrm{Pyr} \end{aligned}$ | Yes |  |
| 21790 | Tweats, 1981 | E. coli WP2, WP67(uvrA polA), CM871 (uvrA lexA recA) | Rat Ar S9 | DNA damage | Differential killing repairdeficient strains |  | Pyr, AC | No | No quantitative information. |
| 16190 | Vaca et al., 1992 | CHO cells | Rat Ar S9 | DNA damage | Alkaline elution | FA |  | No | No untreated or vehicle control. |
| 22260 | Williams et al., 1982 | Rat hepatocyte primary culture | None | Unscheduled DNA synthesis | [ $\left.{ }^{3} \mathrm{H}\right]$ Thymidine uptake |  | Pyr, BeP | No | No quantitative information. |

Table 4-14. Study summaries: in vitro clastogenicity or sister chromatid exchange with benzo[a]pyrene and at least one other PAH

| Record number | Reference | Cell type | Metabolic activation | Clastogenic endpoint(s) | Positive results | Nonpositive results | Meets selection criteria? | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 16740 | Abe and Sasaki, 1977 | Pseudodiploid Chinese hamster D-6 | None | Aberrations and sister chromatid exchanges |  | AC, Pyr | Yes |  |
| 17890 | Dean, 1981 | Near-diploid epithelialtype rat liver $\mathrm{RL}_{1}$ | None | Various aberrations |  | AC, Pyr | No | Semiquantitative results. |
| 17930 | DeSalvia et al., 1988 | Male Chinese hamster liver epithelial cells | None | Sister chromatid exchanges |  | Pyr, FA | Yes |  |
| 18120 | Evans and Mitchell, 1981 | CHO | Rat Ar S9 | Sister chromatid exchanges | Pyr (with activation) |  | No | No untreated or vehicle control. |
| 23640 | Evans, and DiPaolo, 1975 | Diploid strain 2 guinea pig fetal cells | None | Aneuploidy |  | AC | No | No quantitative data. Pyr, PH also evaluated using different protocol without BaP reference. |
| 18260 | Gehly et al., 1982 | CH3/10T1/2 clone 8 mouse fibroblasts | None | Sister chromatid exchanges |  | BeP | Yes |  |
| 14620 | Kochhar, 1982 | Chinese hamster V79 | None | Aberrations including gaps, rings, breaks, fragments, exchanges | BaA |  | Yes | Dose-dependent increase in the percentage cells with aberrations. |
| 14640 | Krolewski et al., 1986 | CH3/10T1/2 clone 8 mouse embryo cells | None | Sister chromatid exchanges | CPcdP |  | Yes | CPcdP appears to increase sister chromatid exchanges in dose-dependent fashion (two doses). |
| 19690 | Mane et al., 1990 | Chinese hamster V79 cells | With and without rat mammary epithelial cell coculture | Sister chromatid exchanges | BaA | BeP | Yes |  |
| 19770 | Matsuoka et al., 1979 | Male Chinese hamster lung | Rat Ar S9 | Aberrations and sister chromatid exchanges |  | PH | No | Not clear if BaP administered simultaneously. No untreated control. |
| 20020 | Murison, 1988 | P3 clonal isolate from human epithelial teratocarcinoma | BJ-015 human breast epithelial cell coculture | Sister chromatid exchanges | CPcdP | BeP | No | Not clear if BaP administered simultaneously; no concurrent control. |
| 20340 | Perry and Thomson, 1981 | CHO cells | Rat Ar S9 | Sister chromatid exchanges | Pyr | AC | No | No untreated control. |

Table 4-14. Study summaries: in vitro clastogenicity or sister chromatid exchange with benzo[a]pyrene and at least one other PAH

| Record number | Reference | Cell type | Metabolic activation | Clastogenic endpoint(s) | Positive results | Nonpositive results | Meets selection criteria? | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 20500 | Popescu et al., 1977 | Chinese hamster V79-4 cells | With or without irradiated Syrian golden hamster secondary embryo feeder cells | Aberrations and sister chromatid exchanges | Pery, Pyr | PH | No | BaP increased sister chromatid exchanges but Pyr and Pery increased aberrations. Pery increased aberrations w/o activation. $60 \%$ of Pyr treated cells (activated) polyploid. Increased aberrations in polyploid cells. |
| 21710 | Tong et al., 1981a | Adult rat liver epithelial (ARL 18) cells | None | Sister chromatid exchanges | BaA | $\begin{aligned} & \text { BeP, Pyr, } \\ & \text { AC } \end{aligned}$ | Yes |  |
| 21720 | Tong et al., 1983 | Adult rat liver <br> epithelial (ARL 18) <br> cells | None | Sister chromatid exchanges | BaA | $\begin{aligned} & \mathrm{BeP}, \mathrm{Pyr}, \\ & \mathrm{AC} \end{aligned}$ | No | Repeats data from Record 21710 Tong et al., 1981a. |
| 8780 | Vienneau et al., 1995 | UDP-Glucuronosyl-transferases-deficient rat (RHA-J/J) skin fibroblasts | None | Micronuclei |  | BeP | Yes |  |
| 8850 | Warshawsky et al., 1995 | Human lymphocytes | None | Micronuclei and sister chromatid exchanges |  | BaA | Yes |  |
| 21980 | Weinstein et al., 1977 | Human diploid fibroblasts (WI-38) | With or without rat Ar s9 | Chromosomal damage, mitotic index, abnormal metaphases |  | Pyr | Yes |  |

If the above criteria were met, studies were selected for use in the analysis regardless of whether positive or nonpositive results were reported. Studies with positive findings were used for calculation of RPFs. Studies with nonpositive findings were used in a weight of evidence evaluation for selecting PAHs for inclusion in the RPF approach (discussed later in Section 6.1). To be considered adequate for use in the analysis, nonpositive bioassays were selected only if two additional conditions were met: (1) at least 20 animals were used per dose group, and (2) animals were observed for at least 6 months. More strict criteria were applied to nonpositive studies due to the difficulty in demonstrating the absence of an effect. For example, if a positive tumor response (i.e., statistically significant increase in incidence) was observed after 3 months of treatment with a given PAH, the positive finding is clear; however, if no response (or a nonsignificant response) was observed after 3 months, the absence of response might reflect a lack of carcinogenic action, but might also have resulted from inadequate follow-up time. The use of these additional criteria for nonpositive studies served to ensure that PAHs would not be treated as noncarcinogenic based on inadequate nonpositive bioassays.

Study design details, findings, limitations, and a determination of whether the study met selection criteria are presented in Tables 4-1 through 4-14 for each study reviewed in each category. Except where noted, positive and nonpositive findings reported in the table are based on the author's determination. When statistical analysis of tumor bioassay data was not included in the pertinent publication, statistical analysis was conducted to determine whether the response differed from control. In the sections that follow, overviews of the data available in each category are presented. The overviews address the nature of the studies available, concise information on general study methods, general findings for the tested compounds, and key strengths and limitations of the available data for relative potency development.

### 4.3.1. In Vivo Cancer Bioassays in Animals

The PAH database contained a large number of cancer bioassay studies in which one or more PAHs was evaluated along with benzo[a]pyrene. The vast majority of the tumor bioassay studies were mouse skin painting studies ( $\mathrm{n}=43$ ). In addition, there were 12 intraperitoneal studies, 9 subcutaneous exposure studies, 3 oral studies, and 9 studies using miscellaneous exposure routes.

### 4.3.1.1. Dermal Exposure

A summary of the 43 dermal bioassays is provided in Table 4-1. These studies were all conducted in mice. Fifteen studies tested the complete carcinogenicity of PAHs, while 23 studies tested PAHs as initiators in initiation-promotion protocols. In some cases, both complete and initiation-promotion studies were reported in the same reference. For these references, two entries are included in the table.

Complete carcinogenicity studies were conducted in mice using either dropper or paintbrush application. Swiss mice were typically preferred for these studies. PAHs, usually in acetone, were applied to the shaved interscapular skin 2 or 3 times/week. The duration of exposure varied from 10 weeks up to about 70 weeks; most studies continued exposure for at least 30 weeks. Skin tumor counts were recorded on a weekly basis, and animals were sacrificed when tumors reached a minimum size (e.g., 2 cm ) or when the animals were moribund. These studies generally focused exclusively on skin papillomas and carcinomas. Skin tumor data were reported as incidence (i.e., number of animals with tumors) and/or tumor count (mean number of tumors per animal) (indicated in Table 4-1).

Several PAHs consistently (in two or more studies) proved to be complete carcinogens in mouse skin painting assays, including benzo[b]fluoranthene, benzo[j]fluoranthene, cyclopenta[c,d]pyrene, dibenzo[a,e]pyrene, dibenzo[a,h]pyrene, dibenzo[a,i]pyrene, and dibenzo[a,l]pyrene. Chrysene gave positive results in two complete carcinogenicity studies (LaVoie et al., 1979; Wynder and Hoffmann, 1959) and equivocal results in a third (Hecht et al., 1974). Anthanthrene, dibenzo[a,e]fluoranthene, and dibenz[a,h]anthracene each gave positive tumorigenicity results in a single assay (Cavalieri et al., 1977; Hoffmann and Wynder, 1966; and Wynder and Hoffmann, 1959; respectively). Nonpositive or equivocal results were reported for benzo[k]fluoranthene, benzo[g,h,i]fluoranthene, dibenzo[e,l]pyrene, indeno[1,2,3-c,d]pyrene, benzo[g,h,i]perylene, naphtho[2,3-e]pyrene, anthracene, pyrene, fluoranthene, 2,3-acepyrene, benz[a]anthracene, coronene, and benzo[e]pyrene (see Table 4-1).

According to LaCassagne et al. (1968), in studies conducted prior to 1966, the compound reported as dibenzo[a,l]pyrene was actually dibenzo[a,e]fluoranthene. In the text and tables of this report, data from Hoffmann and Wynder (1966) are reported as dibenzo[a,e]fluoranthene in Table 4-1.

The initiation studies in Table 4-1 were performed under a generally consistent protocol, as follows. During the early part of the second telogen phase of the hair cycle (at about 78 weeks of age), PAHs in acetone were applied to the shaved interscapular skin of mice. In general, female Swiss, CD-1, or SENCAR mice were used. Some studies used dropper administration, but the majority employed a painting method using a camel's hair brush. About half of the initiation studies used a single initiation dose, while the other half administered the initiating compound in 10 subdoses given every other day. One to 2 weeks after the final initiating dose, promotion was begun with twice or thrice weekly applications of a promoting agent, usually TPA or croton oil. The dose of the promoting agent varied by study. Promotion usually continued for about 20 weeks (with a range across studies from 11 to 26 weeks). The incidence of skin papillomas was recorded on a weekly basis until the promotion period was ended. Papillomas were removed at random for histological verification. Some studies reported the number of tumors per animal; some reported only the incidence.

The initiation studies in Table 4-1 consistently showed positive tumorigenicity across two or more studies for the following compounds: benzo[j]fluoranthene, benzo[b]fluoranthene, chrysene, dibenzo[a,e]pyrene, dibenzo[a,h]pyrene, dibenzo[a,i]pyrene, dibenzo[a,l]pyrene, and cyclopenta[d,e,f]chrysene. In at least one study, benzo[k]fluoranthene, benz[l]aceanthrylene, benz[e]aceanthrylene, naphtho[2,3-e]pyrene, dibenz[a,h]anthracene, dibenz[a,c]anthracene, and benz[b,c]aceanthrylene showed positive initiating activity. Nonpositive results were reported for pyrene, perylene, benzo[g,h,i]fluoranthene, fluoranthene, anthanthrene, dibenzo[e,l]pyrene, benzo[g,h,i]perylene, indeno[1,2,3-c,d]pyrene, benzo[e]pyrene, anthracene, 2,3-acepyrene, and phenanthrene. Cyclopenta[c,d]pyrene gave nonpositive results in one study (Wood et al., 1980) and positive results in two studies (Raveh et al., 1982; Cavalieri et al., 1981b) (see Table 4-1).

The vast majority of the initiation and complete carcinogenicity studies were conducted in female mice; thus, data on gender differences in skin tumor susceptibility are not available.

A few studies using dermal application (Warshawsky et al., 1993; Slaga et al., 1979; Van Duuren and Goldschmidt, 1976; Horton and Christian, 1974; Van Duuren et al., 1973) were designed to evaluate the cocarcinogenicity of two or more PAHs, or of a single PAH with dodecane as a vehicle. These were primarily complete carcinogenicity studies, wherein PAHs were administered together over a chronic time period, although Slaga et al. (1979) used an initiation-promotion design. Study design was similar to other complete carcinogenicity experiments. In these studies, the carcinogenicity of single PAHs was evaluated for comparison with the results obtained when the PAHs were administered with a cocarcinogen. Data on single PAHs (without a cocarcinogen) were generally limited to single dose levels. In the cocarcinogenesis studies, only dibenz[a,c]anthracene, benzo[e]pyrene, and pyrene gave positive results when administered without a cocarcinogen; results for pyrene were judged to be equivocal in the absence of statistical confirmation. The PAHs chosen for cocarcinogenesis studies were often those traditionally understood to be nontumorigenic or weakly tumorigenic when administered alone (e.g., perylene, pyrene, benzo[e]pyrene, benzo[g,h,i]perylene, phenanthrene, fluoranthene).

Several issues relating to the potential use of the dermal bioassay data for relative potency development were identified during study review. Several studies did not include a concurrent untreated or vehicle-treated control group (Masuda and Kagawa, 1972; Bingham and Falk, 1969; Wynder and Hoffmann, 1959a, b). In a number of reports, it appears that bioassays were done in batches and reported in a single publication. In these cases, it appears that benzo[a]pyrene treatment may not have been undertaken concurrently with all of the compounds in the report. For some of these studies (Horton and Christian, 1974; Bingham and Falk, 1969), there are differences in the choice of vehicle or promoter, or other issues that argue against using the benzo[a]pyrene data for direct comparison. In several other studies, however (Rice et al., 1988; Slaga et al., 1980; Van Duuren and Goldschmidt, 1976; Wynder and Hoffmann, 1959), the protocols (including vehicle and promoting agent) appear to have been the same.

Among the dermal tumor bioassay studies in Table 4-1, 24 studies met the selection criteria for use in this analysis.

### 4.3.1.2. Intraperitoneal Exposure

Twelve cancer bioassays in the literature used intraperitoneal injection. Six of these studies were carried out in newborn mice, while the other six used adult A/J mice. The studies were focused on lung and liver tumorigenicity after PAH exposure; one study also examined forestomach lesions. Study summaries for all of these references are reported in Table 4-2. Tumor data were reported as incidence (i.e., number of animals with tumors) and/or tumor count (mean number of tumors per animal) (indicated in Table 4-2).

Newborn mouse studies. Six cancer bioassays in newborn mice were identified (LaVoie et al., 1994, 1987; Busby et al., 1989, 1984; Weyand and LaVoie, 1988; Wislocki et al., 1986). In general, PAHs were administered intraperitoneally to newborn mice (usually of the Swiss or CD-1 strains). The dosing schedule called for $1 / 7$ th, $2 / 7$ ths, and $4 / 7$ ths of the total dose to be administered on the 1st, 8th, and 15th days of life. Typically, the mice were sacrificed at either 6 months or 1 year, and lung and/or liver tumors were identified and classified.

The studies in newborn mice showed a distinct gender difference in liver tumorigenicity. Male mice appear to be substantially more susceptible to liver tumor induction than females. In contrast, both male and female mice developed lung tumors after exposure. Three studies (LaVoie et al., 1994; Busby et al., 1989, 1984) reported that fluoranthene induced lung tumors in both male and female mice, while one study reported that fluoranthene induced liver tumors in male mice only (LaVoie et al., 1994). LaVoie et al. (1987) reported that benzo[b]fluoranthene and benzo[j]fluoranthene induced lung adenomas in both male and female mice, but induced liver tumors only in males. Wislocki et al. (1986) reported that treatment with benz[a]anthracene resulted in a significant increase in liver tumors in male mice. In this study, benz[a]anthracene treatment resulted in an increased incidence of lung tumors in both males and females, although the tumor incidence was significantly increased only for females. The same authors (Wislocki et al., 1986) reported a significant increase in liver tumors in male mice treated with chrysene, but no increase in lung tumorigenicity. The lack of lung tumorigenicity in mice treated with chrysene was also reported by Busby et al. (1989).

Nonpositive tumorigenicity results in newborn mouse assays were reported for pyrene, chrysene, benzo[k]fluoranthene, and indeno[1,2,3-c,d]pyrene (Busby et al., 1989; LaVoie et al., 1987).

Most of the data from the newborn mouse assays met the criteria for relative potency development, although Weyand and LaVoie (1988) is an abstract and does not provide doseresponse information. LaVoie et al. (1994) noted that liver tumorigenicity in newborn mice exposed to weak tumorigenic agents may not be fully realized for 12 months; thus, the failure to
observe liver tumors in studies of shorter duration (Busby et al., 1989, 1984) may result from the longer latency and should be taken into consideration in using these data.

Lung adenoma A/J mouse studies. Six studies (Nesnow et al., 1998a, b, 1996, 1995; Ross et al., 1995; Mass et al., 1993) were carried out in 6 - to 8 -week-old A/J mice by the same laboratory using a standard protocol (Table 4-2). Mice were given a single intraperitoneal injection of PAH in tricaprylin and followed for 8 months. Upon sacrifice, the lungs were removed and adenomas were counted. Tumor multiplicity was reported, while tumor incidence was not. Several of these studies include estimates of relative potency based on statistical analysis of the tumor multiplicity data. These studies report positive tumor findings (reported as an increase in the number of tumors per animal) for all of the PAHs tested (benz[j]aceanthrylene, benzo[b]fluoranthene, dibenz[a,h]anthracene, cyclopenta[c,d]pyrene, and dibenzo[a,l]pyrene). One additional study by a different group (Weyand et al., 2004) used the same study design to assess effects of benzo[c]fluorene. In this study, both lung adenomas and forestomach lesions were evaluated after 8 months. Both benzo[c]fluorene and benzo[a]pyrene were associated with increased incidences of lung adenomas but not with increased forestomach lesions.

Among the intraperitoneal tumor bioassay studies in Table 4-2, nine studies met the selection criteria for use in this analysis.

### 4.3.1.3. Subcutaneous Injection Exposure

Nine studies employing a subcutaneous exposure design were identified. All of the subcutaneous exposure studies are more than 25 years old; the most recent is Pfeiffer (1977). Study descriptions are presented in Table 4-3.

Two studies utilized newborn mice (Roe and Waters, 1967; Grant and Roe, 1963). In these studies, phenanthrene was administered subcutaneously to newborn albino mice on the first day of life. Ten mice of each group were sacrificed after 52 weeks, and the remaining animals were sacrificed at 62 weeks. Grant and Roe (1963) evaluated lung tumorigenicity and observed no increase with phenanthrene, while Roe and Waters (1967) reported liver tumors in the same group of mice. Roe and Waters (1967) reported an elevated incidence of liver tumors in male mice exposed subcutaneously to phenanthrene; however, it is not clear whether the difference was significant. Roe and Waters (1967) is a brief communication with limited details of the study design and results.

In most of the remaining studies, single subcutaneous doses of one or more PAH and benzo[a]pyrene were administered to mice, followed 1-2.5 years later by an evaluation of injection site and other tumors. Tumors at the injection site were most commonly reported; however, in some studies, investigators also examined other organs for tumors (Homburger et al., 1972; Roe and Waters, 1967; Grant and Roe, 1963; Rask-Nielsen, 1950; Pfeiffer and Allen, 1948).

Most of the subcutaneous bioassays suffer from critical shortcomings in design or reporting. One study used "aged" mice for controls, allowing these animals to live 16 weeks longer than the treated group (Homburger et al., 1972). Three studies gave apparently positive results for dibenz[a,h]anthracene (i.e., substantial tumor induction) (Pfeiffer, 1977; Steiner, 1955; Bryan and Shimkin, 1943). However, neither Bryan and Shimkin (1943) nor Steiner (1955) included untreated control groups. Pfeiffer (1977) included an untreated control group in which there was $90 \%$ mortality prior to sacrifice of the treated animals; data on tumor incidence in controls were not reported. Several other studies (Pfeiffer and Allen, 1948; Barry et al., 1935) also did not include a concurrent untreated or vehicle-treated control group. These studies were not used for dose-response assessment due to the lack of appropriate controls.

Fundamental flaws were observed in two older studies. Pfeiffer and Allen (1948) examined the effects of PAHs in Rhesus monkeys. Individual animals were exposed sequentially to several PAHs via multiple exposure routes; thus, the effect of any individual PAH or benzo[a]pyrene cannot be discerned. Barry et al. (1935) treated mice with PAHs from varying sources and of varying purity. Given the age of the study and the attendant issues with nomenclature, purity, and analysis of the treatment compounds, data from this study are excluded from use in relative potency development.

Among the subcutaneous tumor bioassay studies in Table 4-3, only a single study met selection criteria for use in this analysis.

### 4.3.1.4. Oral Exposure

The literature search identified three oral bioassays that included benzo[a]pyrene and at least one other PAH. Critical aspects of the study design for these studies are reported in Table 4-4.

Biancifiori and Caschera (1962) compared the induction of mammary tumors in virgin and pseudopregnant mice (female mice mated with vasectomized males) after gavage exposure to dibenz[a,h]anthracene or benzo[a]pyrene. Tumor incidence was increased in pseudopregnant mice given $1 \mathrm{mg} /$ week of either compound for 15 weeks, but not in virgin mice given the same dose. The relevance of the positive findings in pseudopregnant mice is uncertain given that an increased incidence of tumors was not observed in virgin mice treated at the same dose. One possible explanation for the disparate findings is that circulating hormones in pseudopregnant mice differed from those in virgin mice and interacted with the PAH to enhance tumor formation. Huggins and Yang (1962) also evaluated mammary tumor incidence after a single oral PAH exposure. Sprague-Dawley rats were given gavage doses of benzo[a]pyrene, benz[a]anthracene, or phenanthrene. This study did not include an untreated or vehicle-treated control group. No tumors were observed in the rats treated with either benz[a]anthracene or phenanthrene, while mammary tumors were observed in eight of the nine benzo[a]pyrene-treated animals.

Weyand et al. (2004) conducted an oral bioassay in which female $\mathrm{A} / \mathrm{J}$ mice were fed diets containing benzo[c]fluorene or benzo[a]pyrene throughout the study. At sacrifice after 260 days, lung adenomas were counted and forestomach lesions were characterized. Exposure to benzo[c]fluorene and benzo[a]pyrene resulted in significantly increased incidences of lung adenomas, but only benzo[a]pyrene exposure resulted in forestomach neoplasms. This was the only oral study that met the selection criteria for use in this analysis.

### 4.3.1.5. Other Routes

Nine bioassays were available that did not fit into other exposure route categories (i.e., dermal, intraperitoneal, subcutaneous, or oral) (see Table 4-5). Among these were studies using intramammillary, intramuscular, and intravenous injection as well as lung implantation, tracheal implantation, and transplacental exposure after subcutaneous injection. Seven studies were in rats, with one each in mice and hamsters.

Deutsch-Wenzel et al. (1983) and Wenzel-Hartung et al. (1990) implanted PAH-containing pellets (consisting of beeswax and trioctanoin) into the lungs of inbred female Osborne-Mendel rats. Lung tumor incidence was reported for a total of 10 PAHs and benzo[a]pyrene. The authors reported relative potency estimates based on the lung tumor data. Lung tumors were induced by benzo[b]fluoranthene, benzo[j]fluoranthene, benzo[k]fluoranthene, benzo[g,h,i]perylene, indeno[1,2,3-c,d]pyrene, anthanthrene, chrysene, and dibenz[a,h]anthracene. Nonpositive findings were reported for benzo[e]pyrene and phenanthrene.

Cavalieri et al. (1991) treated Sprague-Dawley rats with single intramammillary injections of dibenzo[a,l]pyrene into the left mammary glands and followed them for up to 24 weeks. Tumors of the mammary gland, mesenchymal tissue, or skin were recorded. Dibenzo[a,l]pyrene produced tumors in all animals at both doses.

In six studies, tumors were not induced after exposure to any target PAH. Intramammillary injection of dibenz[a,h]anthracene and benz[a]anthracene did not induce mammary tumors in rats (Cavalieri et al., 1988b). Pregnant mice receiving subcutaneous injection of pyrene did not develop tumors, nor did their offspring (Nikonova, 1977). Rats treated either intravenously or intramuscularly with benz[a]anthracene did not develop either mammary or injection site tumors (Pataki and Huggins, 1969). Similarly, benz[a]anthracene was not tumorigenic after intramuscular injection in rats (Sugiyama, 1973) or buccal pouch painting in hamsters (Solt et al., 1987). Finally, benzo[e]pyrene was not tumorigenic when it was implanted into tracheas transplanted subcutaneously into isogenic rats (Topping et al., 1981).

Among the tumor bioassays that used alternative exposure routes in Table 4-5, four studies met the selection criteria for use in this analysis.

### 4.3.2. In Vivo Studies of Cancer-Related Endpoints

The database of cancer-related endpoints measured after in vivo exposure to PAHs is much smaller than the in vitro database. Endpoints examined after in vivo exposure include mutagenicity, DNA adducts, and clastogenicity or sister chromatid exchange. As with the in vitro database, only studies of selected PAHs that included benzo[a]pyrene as a reference compound were reviewed. Each study that was reviewed for consideration in relative potency development is presented in tabular format in subsequent sections. The tables summarize studyspecific information and indicate whether a particular study is considered useful for doseresponse assessment. The text provides an overall description of the available studies, including a general description of the methodology used for each study type, the results, and the weaknesses or problems associated with specific studies or study types.

### 4.3.2.1. DNA Adducts

Nineteen studies evaluating DNA adduct formation for PAHs and benzo[a]pyrene were identified in the database (Table 4-6). Nine studies presented quantitative data for DNA adduct formation and are discussed below. Among studies with data potentially useful for RPF derivation, the route of exposure was intramammillary injection in one study (Arif et al., 1997), intraperitoneal injection in seven studies (Weyand et al., 2004; Kligerman et al., 2002; Nesnow et al., 1998a, 1996, 1995; Ross et al., 1995; Mass et al., 1993), dermal in three studies (Hughes and Phillips, 1990; Cavalieri et al., 1981b; Phillips et al., 1979), and oral in two studies (Weyand et al., 2004; Kligerman et al., 2002). Adducts were identified by [ $\left.{ }^{32} \mathrm{P}\right]$-postlabeling in all of the studies except for two by Phillips et al. (1979) and Cavalieri et al. (1981b), which utilized $\left[{ }^{3} \mathrm{H}\right]$ - or $\left[{ }^{14} \mathrm{C}\right]$-radiolabeled PAHs. Three papers described experiments with a single time point(s) at 24 or 48 hours or 14 days (Weyand et al., 2004; Arif et al., 1997; Hughes and Phillips, 1990), whereas the rest had multiple time points. The duration of exposure was as short as 4 hours (Cavalieri et al., 1981b), although 24 hours was usually the first time point(s) in timecourse studies. The longest duration for a time-course study was 84 days (Hughes and Phillips, 1990), but most were $\leq 3$ weeks. The tissues evaluated included mammary epithelium (Arif et al., 1997), skin (Hughes and Phillips, 1990; Cavalieri et al., 1981b; Phillips et al., 1979), liver and peripheral blood lymphocytes (Kligerman et al., 2002; Nesnow et al., 1993b), lung (Weyand et al., 2004; Nesnow et al., 1998a, 1993b; Arif et al., 1997; Ross et al., 1995; Mass et al., 1993; Hughes and Phillips, 1990), and forestomach (Weyand et al., 2004).

Dermal exposure studies typically involved application of the chemical in solution to the shaved dorsal skin of mice (Hughes and Phillips, 1990; Cavalieri et al., 1981b; Phillips et al., 1979). After the scheduled sacrifice, the treated skin was excised and frozen; a scalpel was used to scrape away the dermis from the epidermis that was subsequently powdered in liquid nitrogen. In one study, the lung was also excised and frozen in liquid nitrogen (Hughes and Phillips, 1990). DNA was isolated from the frozen epidermis or lung. Liquid scintillation counting was
used to quantify DNA adducts to PAH labeled with [ ${ }^{3} \mathrm{H}$ ] or [ ${ }^{14} \mathrm{C}$ ] (Cavalieri et al., 1981b; Phillips et al., 1979). For [ $\left.{ }^{32} \mathrm{P}\right]$-postlabeling, DNA was treated to selectively dephosphorylated nonadducted nucleotides; after postlabeling, adducts were resolved by sequential anion-exchange thin layer chromatography on polyethyleneimine-cellulose plates in several directions using three solvents (Hughes and Phillips, 1990). Adduct spots on chromatograms were located by autoradiography, after which the spots were excised and radioactivity levels were determined by Cerenkov counting.

Most studies reported the mean number of adducts formed within a tissue per unit of DNA, with time-course data displayed graphically. Peak values were sometimes called out specifically in the text or tables. As the shapes of dose-response curves differ among different PAHs, the peak value is an imprecise measure for comparing the relative adduct-forming potency of the different compounds. The TIDAL has also been used for reporting results for a time-course study (Ross et al., 1995). The TIDAL value is the area under the curve (AUC) for adduct persistence (based on the rate of adduct formation and repair) for the duration of the study. The TIDAL value expresses the total DNA adduct burden experienced by the tissue from the time of treatment to the end of the study. The TIDAL versus administered dose curve provides a convenient way to compare adduct-forming potency for different PAHs in timecourse experiments. An important limitation of the TIDAL approach is the inherent assumption that the ratios of specific adducts are relatively constant across dose and time course. Ross et al. (1995) demonstrated that this assumption was valid for several different PAHs; however, it was also noted that two adducts of benzo[a]pyrene in rat liver did not conform to this general pattern.

Ross et al. (1995) presented data for lung adenoma incidence (measured at 8 months) in several ways: as a function of administered dose, as a function of adduct levels per dose measured 24 hours after dosing (results for 3 days postdosing were mentioned but not shown), as a function of TIDAL values measured over 21 days (during which period, adduct levels were specifically quantified), and as a function of TIDAL values extrapolated to 8 months. The relative tumor induction potencies of the studied PAHs were similar for each assay for a single PAH when described as functions of administered dose, the adduct levels per dose at 3 days, the TIDAL values over 21 days, or the TIDAL values extrapolated to 8 months. The relative potencies for tumor incidence as a function of adduct levels at 24 hours were not similar to those associated with the other measures of exposure. Ross et al. (1995) suggested that pharmacokinetic differences in adduct formation among the PAHs were responsible for the discrepancy, but suggested that peak levels could be used to compare the potencies of different PAHs if adduct formation for those PAHs followed similar kinetics.

DNA adduct experiments were carried out in replicate and were usually analyzed statistically. It should be noted that, based on the work of Ross et al. (1995), relative potencies determined from studies that administered a single dose level and measured adducts at a single time point will be less reliable unless the shapes of the adduct formation curves are similar.

However, the single dose and single measurement studies were also used for dose-response assessment.

Among the in vivo DNA adduct studies shown in Table 4-6, nine studies met the selection criteria for use in this analysis.

### 4.3.2.2. Clastogenicity or Sister Chromatid Exchange Frequency

The database included 13 studies in which clastogenic effects or frequency of sister chromatid exchanges of benzo[a]pyrene and at least one other PAH were tested in whole animal systems. Table 4-7 lists the studies along with important study design details. The clastogenic endpoints measured in these studies were micronuclei, chromosome gaps and breaks, and nonspecific aberrations; sister chromatid exchanges were also measured. These studies were all conducted in rodents, including mice, rats, and hamsters.

Eight of the studies evaluated micronuclei, sister chromatid exchanges, or chromosome gaps or breaks in bone marrow from treated mice or hamsters (Allen et al., 1999; Katz et al., 1981; Paika et al., 1981; Salamone et al., 1981; Tsuchimoto and Matter, 1981; Roszinsky-Kocher et al., 1979; Bayer, 1978; Sugiyama, 1973). In these studies, one or two doses of PAH were injected intraperitoneally into the animals, and sacrifice occurred at various time points thereafter (typically 24 hours after). Bone marrow smears were examined microscopically and scored for micronuclei, sister chromatid exchanges, gaps, or breaks.

He and Baker (1991) applied multiple dose levels of chrysene or phenanthrene to the skin of hairless mice and harvested keratinocytes upon sacrifice 24 hours later. The keratinocytes were incubated for 2 days and treated with cytochalasin B to identify binucleated cells. After 4 days in vitro, cells were mounted on slides and examined microscopically for micronuclei. Results were reported as the percent of binucleated cells with one or more micronuclei among the total number of binucleated cells scored. Chrysene treatment resulted in a dose-related increase in micronuclei, while pyrene did not.

Kligerman et al. $(2002,1986)$ measured sister chromatid exchanges and/or micronuclei in the blood of mice or rats given a single dose of PAH either orally or intraperitoneally. The study by Oshiro et al. (1992) involved two or four oral doses of pyrene or anthracene in mice. Blood obtained from the tail 24 hours after the last treatment was examined microscopically and micronuclei were scored in polychromatic erythrocytes. In an unusual study design, Sirianni and Huang (1978) measured sister chromatid exchanges in V79 cells placed in a diffusion chamber implanted in the peritoneal cavity of mice.

Thirteen individual PAHs were evaluated in these studies. Only chrysene gave positive results for more than one endpoint (for sister chromatid exchange and micronucleus frequency; He and Baker, 1991; Roszinsky-Kocher et al., 1979). Five other PAHs (phenanthrene, dibenz[a,h]anthracene, benz[a]anthracene, benzo[b]fluoranthene, and benzo[e]pyrene) increased the frequency of sister chromatid exchange in hamster bone marrow after intraperitoneal
administration (Roszinsky-Kocher et al., 1979). Bayer (1978) also reported an increase in sister chromatid exchange frequency in hamster bone marrow after phenanthrene administration (high dose only). Anthracene and pyrene consistently gave nonpositive results in several studies (Oshiro et al., 1992; He and Baker, 1991; Katz et al., 1981; Paika et al., 1981; Salamone et al., 1981; Tsuchimoto and Matter, 1981; Roszinsky-Kocher et al., 1979; Sirianni and Huang, 1978). Dibenzo[a,i]pyrene and benzo[g,h,i]perylene each gave nonpositive results in an assay for bone marrow micronuclei (Katz et al., 1981).

Among studies with positive results, only He and Baker (1991), Kligerman et al. (1986), and Bayer (1978) administered PAHs at multiple dose levels. Bayer (1978) observed a positive response only with the highest dose of phenanthrene. Of the single dose studies, only Roszinsky-Kocher et al. (1979) reported responses clearly differing from controls.

Among the in vivo clastogenicity or sister chromatid exchange studies shown in Table 4-7, 10 studies met the selection criteria for use in this analysis.

### 4.3.2.3. In Vivo Mutagenicity

The PAH database contains several studies that evaluate specific mutagenic endpoints following in vivo exposure to PAHs (see Table 4-8). These studies include mutagenicity experiments in Drosophila melanogaster, an intraperitoneal host-mediated assay using Salmonella strains or yeast, and DNA sequence analysis of specific codons in the Ki-ras oncogene in mouse lung tumors.

Most Drosophila studies administered PAH compounds to either the suspension media or to the diet for 48-72 hours prior to cross-mating and analysis of mutations (Frolich and Wurgler, 1990; Valencia and Houtchens, 1981; Fahmy and Fahmy, 1980). One study used abdominal injection as an exposure pathway (Zijlstra and Vogel, 1984). The mutagenic endpoints evaluated included somatic mutations (i.e., eye color mosaicism, wing spots) (Frolich and Wurgler, 1990; Fahmy and Fahmy, 1980) or sex-linked recessive lethal mutations (Zijlstra and Vogel, 1984; Valencia and Houtchens, 1981). Only two PAHs were evaluated in the Drosophila studies in addition to benzo[a]pyrene (benz[a]anthracene and pyrene), and the results were either nonpositive or inconsistent in all studies (Frolich and Wurgler, 1990; Zijlstra and Vogel, 1984; Valencia and Houtchens, 1981; Fahmy and Fahmy, 1980). A significant effect was seen for benz[a]anthracene only with cross-breeding of strains selected for enhanced metabolic activity (Frolich and Wurgler, 1990). No effect was observed using the standard strains.

An intraperitoneal host-mediated assay was described by Simmon et al. (1979). Five PAHs (anthracene, benz[a]anthracene, benzo[e]pyrene, chrysene, and phenanthrene) were administered to Swiss Webster mice by gavage or intramuscular injection (single dose only). Microorganisms (S. typhimurium and Saccharomyces cerevisiae) were injected intraperitoneally into exposed mice and were recovered 4 hours later for mutation analysis. Nonpositive results
were observed and the host-mediated assay system was considered insensitive for detecting carcinogenic PAHs.

A series of studies have investigated the mutation sequence in codons 12 and 61 of the Ki-ras oncogene from PAH-induced lung adenomas in A/J mice (Nesnow et al., 1998a, 1996, 1995; Mass et al., 1993). As discussed in Section 2.4 (Similarities in Mode of Carcinogenic Action for PAHs), the purpose of these studies was to correlate the tumorigenic potency of specific PAHs with the formation of DNA adducts and the mutation of specific codons in the Ki-ras oncogene. Six non-alkylated PAHs were utilized in these studies (benzo[a]pyrene, benz[j]aceanthrylene, benzo[b]fluoranthene, dibenz[a,h]anthracene, cyclopenta[c,d]pyrene, and dibenzo[a,l]pyrene). Mutation analysis of the Ki-ras oncogene at codons 12 and 61 was carried out in PAH-induced lung adenomas using PCR amplification and dideoxy nucleotide sequencing methods. The primary mutation type for benzo[a]pyrene, benzo[b]fluoranthene, and dibenzo[a,l]pyrene was the GGT $\rightarrow$ TGT mutation. This guanine mutation was correlated with the formation of diol epoxide guanine adducts. The GGT $\rightarrow$ CGT mutation was the primary mutation type for benz[j]aceanthrylene and cyclopenta[c,d]pyrene. The CGT mutation was associated with the formation of cyclopenta-guanine adducts and increased tumorigenic potency (i.e., >90 adenomas per mouse) in A/J mice. Dibenz[a,h]anthracene was the only PAH evaluated that did not induce mutations in Ki-ras codons 12 or 61 . This compound produced diol epoxide guanine adducts and lung adenomas in $\mathrm{A} / \mathrm{J}$ mice, suggesting a possible interaction at a different genetic target. The Ki-ras mutation analysis data were presented as percent of tumors with a specific mutation at either codon 12 or 61 . No dose-response data were provided.

Among the in vivo mutagenicity studies shown in Table 4-8, only one study met the selection criteria for use in this analysis.

### 4.3.3. In Vitro Studies of Cancer-Related Endpoints

Many in vitro studies of cancer-related endpoints are present in the PAH database. As previously discussed, only those studies that included at least one selected PAH and benzo[a]pyrene as a reference compound were reviewed. Each study that was reviewed for the purpose of RPF development is included in Tables 4-9 through 4-14. The tables summarize study-specific information and indicate whether a particular study is considered useful for doseresponse assessment. The text provides an overall description of the available studies, including a general description of the methodology used for each study type, the results, and the weaknesses or problems associated with specific studies or study types.

### 4.3.3.1. Bacterial Mutagenicity

The bacterial mutagenicity of many PAHs has been extensively studied ( 39 studies with benzo[a]pyrene; see Table 4-9). All of the studies used the Ames assay in S. typhimurium. A total of 38 PAHs have been evaluated for their ability to induce mutations in bacterial systems.

The Ames Salmonella assay is a bacterial reverse mutation assay, which measures the frequency at which histidine-independent bacteria arise from histidine-requiring bacterial strains in the presence of a chemical mutagen. The results are generally expressed as either the number of revertant colonies per plate or the number of revertants/nmol of the test compound (calculated from the linear portion of the dose-response curve). Several strains of S. typhimurium have been used to evaluate specific PAH mutation types; for example, TA98, TA1537, and TA1538 detect various frameshift mutations, TA1535 responds to base-pair substitution, and TA100 responds to a broad spectrum of mutations. Metabolism to reactive intermediates is required for PAH mutagenicity in Salmonella and many metabolic activation systems have been employed. Rat liver postmitochondrial supernatant (known as S9) from Aroclor-induced rats is most often used, although other rodent species and enzyme inducers are sometimes employed. Isolated rat hepatocytes or purified mixed-function oxidase enzymes were occasionally utilized for metabolic activation of PAHs.

Of the PAHs tested for bacterial mutagenicity, most were considered positive in at least one study under optimal study conditions. Compounds that produced nonpositive results in multiple studies include anthracene, fluorene, phenanthrene, and pyrene. The primary weakness of the bacterial mutagenicity database for PAHs is the limited amount of multiple-dose data for many PAHs. Many studies report findings at a single dose level for several PAHs.

Among the in vitro bacterial mutagenicity studies shown in Table 4-9, 29 studies met the selection criteria for use in this analysis.

### 4.3.3.2. Mammalian Mutagenicity

Studies that evaluate the mutagenicity of target PAHs in mammalian cells are described in Table 4-10 (29 studies). The most common cell types used in these studies were the V79 Chinese hamster cells and the L5178Y mouse lymphoma cells. Other cell types include human epidermal keratinocytes, TK6 human lymphoblasts, human epithelial cells (HS1 HeLa), human foreskin fibroblasts (D-550), mouse fibroblasts, rat embryo cells, rat liver epithelial cells (ARL-18), and Chinese hamster ovary (CHO) cells. A total of 14 PAHs have been evaluated for their ability to induce mutations in mammalian cell systems.

Each of the mammalian cell assays detects forward mutations that confer resistance to a toxic chemical. Mutations in the hypoxanthine-guanine phosphoribosyl transferase gene (HPRT) result in resistance to purine analogs such as 6-thioguanine, 8-azaguanine, and ouabain. HPRT mutations induced by PAHs were most often measured in V79 Chinese hamster cells, but have also been detected in human, rat, and mouse cell lines. Forward mutation at the thymidine kinase (TK) locus is measured as colony growth in the presence of thymidine analogs (e.g., trifluorothymidine or 5-bromo-2'-deoxyuridine). PAH-induced TK mutations were measured in mouse lymphoma cells (L5178Y) and human lymphoblasts. Forward mutation assays are considered to respond to a variety of mutation types (including frameshift, base-pair substitution,
deletions, and rearrangements or complex mutations). Exogenous metabolic activation is required for PAH mutagenicity in most mammalian cell assays. This was accomplished using a rat liver S9 mix or cocultivation with other rodent cells able to metabolize PAHs to reactive intermediates (i.e., hamster embryo cells, fibroblasts, or hepatocytes; rat hepatocytes). The results of forward mutation assays in mammalian cell lines are generally expressed as mutant frequency $/ 10^{\mathrm{x}}$ survivors.

Of the 26 PAHs tested for mammalian cell mutagenicity, all were considered positive in at least one study under optimal study conditions. Compounds that produced nonpositive results in some studies include anthracene, benzo[e]pyrene, phenanthrene, and pyrene. Benzo[a]anthracene produced positive findings in seven studies and nonpositive findings in four studies. The mammalian mutagenicity studies generally provide more multidose data than the bacterial mutagenicity studies.

Among the in vitro mammalian mutagenicity studies shown in Table 4-10, 27 studies met the selection criteria for use in this analysis.

### 4.3.3.3. Morphological/Malignant Cell Transformation

Twenty-five studies examined the capacity of benzo[a]pyrene and other PAHs to transform cells in culture (Table 4-11). All of these studies were conducted using mammalian cells, most commonly mouse or hamster embryo cells. A few studies added feeder cells or rat liver homogenate to enhance metabolic activation in the test system; however, the majority relied on the intrinsic metabolic capacity of the cells. The general test protocol involved seeding the cultured cells in Petri dishes followed by exposure to a solution of the test compound, usually for a period of 24 hours. The cells were then cultured for about 6 weeks before being fixed and stained. Transformed colonies (foci) were scored based on characteristics such as cell piling, criss-crossing, basophilic staining, and/or invasion of surrounding (nontransformed) cell monolayer. In studies conducted by some laboratories, foci were classified as Type II or Type III; the latter category included those with invasion of the surrounding monolayer, highly criss-crossed arrays, and deep staining. Data were generally reported as the number of foci (colony of transformed cells) per dish or per surviving cells and/or the percent of dishes with foci.

In a few cases (e.g., Greb et al., 1980), transformation was assessed by growth of treated cells in soft agar. Transformed cell colonies growing in semi-solid agar are capable of anchorage-independent growth.

Three studies (Evans and DiPaolo, 1975; Kakunaga, 1973; DiPaolo et al., 1972) confirmed the identification of malignant cells by injecting the transformed cells into rodents and following tumor induction in the animals. In all three cases, cells identified as transformed gave rise to tumors, while the cells without these characteristics did not.

Cell transformation assays were identified that included 22 individual PAHs other than benzo[a]pyrene. Dibenz[a,h]anthracene consistently gave rise to transformed cells in all but one of the seven studies in which it was tested. Cyclopenta[c,d]pyrene, indeno[1,2,3-c,d]pyrene, benzo[j]aceanthralene, benz[e]aceanthrylene, and dibenz[k,mno]acephenanthrylene were each tested in a single study and gave positive results. Benz[a]anthracene, pyrene, phenanthrene, benzo[e]pyrene, and anthracene each gave nonpositive results in a number of studies, while fluoranthene, benzo[k]fluoranthene, dibenz[j,mno]acephenanthrylene, naphth[1,2,3-mno]acephenanthrylene, and aceanthrylene were each tested in a single study and gave nonpositive results. Only a single dose of the target PAH was applied in 8 of the 26 studies of in vitro morphological/malignant cell transformation.

Among the in vitro morphological/malignant transformation studies shown in Table 4-11, 19 studies met the selection criteria for use in this analysis.

### 4.3.3.4. DNA Adducts

Several studies (14) were identified in which DNA adducts were measured after either whole cells or extracted DNA were incubated with benzo[a]pyrene and at least one other PAH. Table 4-12 shows general study details for these studies. Most of the studies involved measurement of DNA adducts in whole mammalian cells, while some measured adducts formed when PAHs were incubated with extracted DNA. Whole cells were usually incubated with PAHs for about 24 hours, while extracted DNA was exposed to PAH solutions for a shorter time period (1-3 hours). Some of the studies added metabolic activation (usually rat liver microsomes) to the incubation solution. Melendez-Colon et al. (2000) evaluated DNA adduct formation after dibenzo[a,l]pyrene exposure in two cell types: one having significant CYP450 activity (MCF-7 cells) and one lacking significant CYP450 activity (HL-60). The authors reported that adducts were formed in the cells having CYP450 activity, but no adducts were formed in the cells lacking such activity.

Identification and quantification of adducts was generally done using a [ $\left.{ }^{32} \mathrm{P}\right]$-postlabeling assay as follows. After exposure, DNA was isolated and digested to mononucleotides. Mononucleotides were radiolabeled with [ $\left.{ }^{32} \mathrm{P}\right]$-ATP, separated with thin layer chromatography, and visualized by autoradiography. Relative adduct labeling was measured using a scintillation counter. A few early studies used $\left[{ }^{3} \mathrm{H}\right]$-labeled PAHs to identify and quantify adducts. In some cases, adducts were identified by high-performance liquid chromatography and gas chromatography-mass spectrometry.

The 14 studies reviewed examined 15 PAHs other than benzo[a]pyrene. Apart from phenanthrene, which did not result in measurable DNA adducts when incubated with calf thymus DNA under various conditions (Bryla and Weyand, 1992), each of the PAHs produced measurable DNA adducts in at least one study.

Major limitations associated with some of the in vitro DNA adduct data for relative potency development include the lack of data at multiple PAH exposure levels, the use of extracted DNA rather than whole cell assays, and the inconsistent use of extrinsic metabolic activation sources. Only three studies with positive adduct findings reported adduct measurements at multiple doses (concentrations) of PAH (Binkova et al., 2000; Melendez-Colon, 2000; Bryla and Weyand, 1992). Three studies used extracted DNA rather than whole cells to measure DNA binding (Segerback and Vodicka, 1993; Bryla and Weyand, 1992; Grover and Sims, 1968). Finally, the available studies on DNA adduct formation use cell types with varying degrees of PAH metabolic capacity, with and without added metabolic activation sources. Both the types and the quantities of DNA adducts formed are likely to depend on the level of metabolic activation for most PAHs.

Among the in vitro DNA adduct studies shown in Table 4-12, 10 studies met the selection criteria for use in this analysis.

### 4.3.3.5. DNA Damage/Repair

Twenty-four reports in the database evaluated the effects of one or more PAHs on DNA damage, repair, or synthesis. Table 4-13 summarizes the study design information and results of these studies. Studies included measures of unscheduled DNA synthesis and DNA damage. Unscheduled DNA synthesis was generally measured by increased radiolabeled ( $\left.{ }^{3} \mathrm{H}\right)$ thymidine uptake in treated cells versus untreated cells. DNA damage was measured either using the alkaline elution assay for DNA strand breakage in mammalian cells, or using the differential killing of DNA repair-deficient bacterial strains. Metabolic activation of PAHs was most often accomplished using a rat liver S 9 mix.

Twenty-eight different PAHs have been tested for effects on DNA in one or more assays. In general, pyrene, anthracene, phenanthrene, perylene, fluorene, and benzo[e]pyrene gave nonpositive results in multiple studies. Chrysene gave nonpositive results in four assays and positive results in one assay (Mersch-Sundermann et al., 1992). More positive than nonpositive results were reported for benz[a]anthracene, dibenz[a,h]anthracene, and dibenz[a,c]anthracene. Other PAHs were tested only once, or gave roughly an equal frequency of positive and nonpositive responses in these assays.

Although a large number of PAHs have been tested for DNA damage/repair, the database includes both bacterial and mammalian cells and several different genotoxic endpoints. In addition, the use of external metabolic activation, or cell types with intrinsic metabolic capacity, was inconsistent across these studies. These limitations make it difficult to compare studies using the same target PAHs.

Among the in vitro DNA damage/repair studies shown in Table 4-13, 15 studies met the selection criteria for use in this analysis.

### 4.3.3.6. Clastogenicity or Sister Chromatid Exchange Frequency

The database contains 18 studies in which clastogenicity or sister chromatid exchange frequency was measured in cultured cells after exposure to benzo[a]pyrene and at least one other PAH (Table 4-14). A wide variety of cell types was used in these assays, including hamster liver, lung, CHO, and V79 cells; rat liver epithelial cells; human teratocarcinoma epithelial cells; rat and human mammary epithelial cells; mouse, rat, and human fibroblasts; human lymphocytes; and guinea pig fetal cells. A number of the studies used a metabolic activation system, typically either rat liver S9 or coculture with a cell type able to metabolize PAHs. While laboratory methods varied widely, the general approach involved treating the cultured cells with a solution of the test compound, either with or without metabolic activation. Usually, bromodeoxyuridine was added to the growth medium to provide a means of staining metaphase chromosomes, and colcemid was used to arrest mitotic cells. Chromosomes were examined microscopically and aberrations or exchanges were scored visually. In most cases, the endpoint examined was frequency of sister chromatid exchanges. Other endpoints included frequency of micronuclei and scoring of chromosomal aberrations such as breaks, gaps, deletions, etc.

Only eight PAHs (anthracene, benz[a]anthracene, benzo[e]pyrene, cyclopenta[ $c, d]$ pyrene, fluoranthene, perylene, phenanthrene, and pyrene) have been tested for clastogenic effects in vitro. In many cases, the available studies were aimed at evaluating the validity of a given test system to predict carcinogenicity. In these studies, a range of compounds of known or believed carcinogenicity were used. Often, benzo[a]pyrene was included as a known carcinogen, and other PAHs were chosen because they were known or believed to be noncarcinogenic or weakly carcinogenic.

Among the tested compounds, four gave positive results in at least one study. With few exceptions, PAHs administered without metabolic activation gave nonpositive responses in these assays. Cyclopenta[c,d]pyrene was reported to increase the frequency of sister chromatid exchanges in two assays, one with and one without metabolic activation (Murison, 1988; Krolewski et al., 1986). Benz[a]anthracene gave positive results in three studies of sister chromatid exchange induction (Mane et al., 1990; Tong et al., 1983, 1981a) and nonpositive results in a fourth (Warshawsky et al., 1995). Kochhar (1982) reported a dose-dependent increase in chromosomal aberrations in V79 cells treated with benz[a]anthracene in the absence of metabolic activation. Perylene increased aberrations in one system (Popescu et al., 1977), but did not increase sister chromatid exchanges in another (Sirianni and Huang, 1978). Likewise, pyrene gave positive results in a number of studies that included metabolic activation (Evans and Mitchell, 1981; Perry and Thomson, 1981; Popescu et al., 1977) and nonpositive results in several that did not include activation (DeSalvia et al., 1988; Tong et al., 1983, 1981a; Dean, 1981; Abe and Sasaki, 1977).

The clastogenicity and sister chromatid exchange data for PAHs are variable with respect to cell type and use of extrinsic metabolic activation. Some cells have intrinsic metabolic
activity, while others require activation from an external source. The degree to which metabolic activation is required for PAHs to exert a clastogenic effect in cell cultures is not well established. Another limitation of these data stems from the fact that a small number of PAHs, many traditionally believed to be noncarcinogenic or weakly carcinogenic, have been tested for clastogenic effects in vitro.

Among the in vitro clastogenicity/sister chromatid exchange studies shown in Table 4-14, 10 studies met the selection criteria for use in this analysis.

### 4.4. SUMMARY OF INFORMATION AVAILABLE TO DEVELOP RPFs FOR INDIVIDUAL PAHs

The PAH database contains several different types of data that may be used to estimate relative potencies of individual PAHs. The data were summarized in Section 4.3 and include in vivo tumor bioassays using various routes of exposure and data for cancer-related endpoints from both in vivo and in vitro studies. As discussed above, the concurrent testing of benzo[a]pyrene as a reference compound was considered essential to allow for RPF calculation. The introduction to Section 4.3 lists criteria for selecting studies or data sets for use in the analysis. Studies that met these criteria were used in the development of the RPF approach. Chapter 5 discusses methods used for dose-response assessment and RPF calculation from each study or dataset, and Chapter 6 discusses the selection of PAHs to be included in the RPF approach using a weight of evidence evaluation of the available data. Chapter 7 describes the derivation of final RPFs for each PAH included in the analysis.

## 5. METHODS FOR DOSE-RESPONSE ASSESSMENT AND RPF CALCULATION

A discussion of the available data on PAH carcinogenicity and cancer-related endpoints and criteria for selection of studies was presented in Chapter 4. This section describes the selection of dose-response data and methods for dose-response assessment and RPF calculation from the selected datasets. The dose-response data extracted from each study with positive results and the results of the statistical analyses are shown in Appendix C. Appendix C also contains information regarding the source of the dose-response data (i.e., the figure or table number from the study and the particular data points that were used in the dose-response assessment) and additional comments on the use of the data for dose-response assessment and RPF calculation. The results of the RPF calculations are shown in tables in Appendix E. These tables provide summary information for each study, including the PAHs that were tested, the data used to estimate the slopes (point estimate ${ }^{4}$ or BMD model result), the calculated RPF value, and any specific comments related to the data analysis.

### 5.1. CHOICE OF DOSE-RESPONSE DATA

For each of the endpoints evaluated in Chapter 4 (dermal, intraperitoneal, subcutaneous, oral, and other route bioassays; in vivo DNA adducts; in vivo clastogenicity or sister chromatid exchange frequency; in vitro bacterial and mammalian mutagenicity; in vitro morphological/ malignant transformation; in vitro clastogenicity or sister chromatid exchange frequency; and other in vitro endpoints [DNA adducts, unscheduled DNA synthesis, DNA damage, etc.]), there was at least one study that met selection criteria. For those studies with positive findings, doseresponse data were extracted for dose-response assessment and calculation of RPFs.

### 5.1.1. Dose-Response Data for Tumor Bioassays

Data on both benign and malignant tumors were included in the dose-response assessment. In cases where the combined incidence of benign and malignant tumors was reported, these data were selected; however, in some cases, only benign or only malignant tumor incidence was reported. These data were also considered appropriate for derivation of RPFs. There is evidence for progression from benign to malignant tumors (e.g., dermal papillomas progressing to carcinomas) in studies of benzo[a]pyrene (for example, see Albert et al., 1991), and other PAHs are assumed to be toxicologically similar to benzo[a]pyrene. Thus, even when a study reported only the incidence of benign tumors, these data were used in the dose-response assessment.

[^3]While tumor multiplicity data from tumor bioassays are not generally used to estimate cancer potency, these data were included in the dose-response assessment in order to determine whether they could serve as a reliable measure of relative cancer potency. Several bioassays reported data on both tumor incidence and tumor number, providing information that could later be used to compare relative potencies estimated from these two endpoints.

As discussed in Section 4.3, statistics were used for tumor bioassay data to determine whether the tumor incidence or multiplicity observed at a particular dose represented a statistically significant increase over controls. If statistical analyses were not described in the original report, incidence data were analyzed using Fisher's exact test and the Cochran-Armitage trend test. Positive findings were indicated by a significant ( $p<0.05$ ) difference for at least one dose group by comparison to control (in Fisher's exact or an equivalent test) or a significant dose-response trend (Cochran-Armitage or equivalent) for multidose studies. For tumor bioassay data reported as tumor count, a t-test was conducted (when variance data were available) to determine whether the count was significantly different from control ( $p<0.05$ ). The results of the statistical analyses are shown with the dose-response data in Appendix C.

The tumor bioassays that reported both incidence and tumor count were unique in offering two different datasets for the same study. For each dose of each PAH in the tumor bioassays, the decision to calculate an RPF, and in some instances, the selection of the point of departure, was based on whether the tumor incidence or count was statistically significantly increased over the control; if there was a significant increase, an RPF was calculated. There was a single instance where the tumor count was statistically significantly increased, but the incidence of tumors was not. In female mice exposed at the high dose of fluoranthene in the study by Busby et al. (1984), the lung tumor count was significantly increased (albeit borderline, $p=0.0343$ ) while the incidence was not, and neither was statistically significantly increased at the lower dose. As there were no higher doses in this study, it is possible that the two measures might have produced consistent findings at higher doses. For the purpose of this analysis, the multiplicity data from this study were treated as an independent measure of carcinogenic potency, and an RPF was calculated for the statistically increased tumor count irrespective of the analysis of incidence. It should be noted that average tumor count can be skewed by an unusual response in a single animal, and no information was available to determine whether such response represented an anomaly unrelated to exposure or an unusual susceptibility to the exposure. Thus, reliance on statistical analysis of mean tumor count alone as a measure of carcinogenic response may be subject to additional uncertainty.

### 5.1.2. Dose-Response Data for Cancer-Related Endpoint Studies

For cancer-related endpoint data, each study authors' conclusions regarding a positive or nonpositive response for each PAH were accepted, and RPFs were calculated when positive results were reported. Data that were reported in graphical format in published studies of cancer-
related endpoints were digitized (Grab It! ${ }^{\mathrm{TM}}$ Graph Digitizer, Datatrend Software) to identify the dose-response data points. In a few cases, the only cancer-related endpoint data in a given publication were reported as relative potency (relative to benzo[a]pyrene). For these publications, which included only in vitro cancer-related endpoint data (primarily mutagenicity), the relative potency estimates calculated by the authors were used without modification (except for dose adjustment where appropriate; see Section 5.5).

### 5.2. OVERALL FORM OF RPF ESTIMATE

The overall goal of the dose-response analysis was to calculate ratios representing the relative potency of a given PAH compared with benzo[a]pyrene (i.e., RPFs). For all datasets, the RPF was defined as the ratio $\left(\mathrm{PAH}_{\mathrm{i}}: \mathrm{BaP}\right)$ of the slopes of the dose-response curves in the lowdose region, following Equation 5-1 below:

$$
\begin{equation*}
\mathrm{RPF}=\text { slope } \mathrm{PAH}_{\mathrm{i}} \div \text { slope BaP } \tag{5-1}
\end{equation*}
$$

Data available for calculation of RPFs consisted of both quantal and continuous endpoints. Quantal endpoints included tumor incidence or incidence of cancer-related endpoints (including frequency of mutations). Continuous endpoint datasets included tumor counts (number of tumors per animal) or cancer-related endpoints of a continuous-variable nature (e.g., number of sister chromatid exchanges, number of morphologically transformed colonies). Doseresponse assessment methods were specific to each type of endpoint (quantal or continuous) and differed depending on whether there were multiple dose groups or a single dose group in the dataset. Methods for multidose and single dose quantal and continuous data are described below.

### 5.3. RPF CALCULATION FOR MULTIDOSE DATASETS

Dose-response modeling using U.S. EPA’s Benchmark Dose Software (Version 2.1.1 or 1.3.2) was conducted on multiple-dose data sets to estimate potency for both the target PAHs and benzo[a]pyrene. Modeled estimates consider information about the shape of the dose-response curve and are thus preferred over using a single dose group as the point of departure.

Dose-response modeling. For multidose quantal data, the multistage model was used and the degree of the polynomial was assumed to equal the number of dose groups minus 2 . The multistage model was selected because it is the preferred model for cancer risk assessment of animal bioassay data, and it provided a consistent model form for all of the datasets. For tumor bioassay data, the multistage-cancer model was selected, while other quantal data were modeled using the multistage model (both have the same model form and yield the same result). For multidose continuous data, the linear model was selected for all datasets, as it is the simplest model form for continuous data. For both quantal and continuous datasets, the goodness-of-fit criteria were used to evaluate model fit. If the model did not provide adequate fit to the data,
high-dose groups were sequentially eliminated in an effort to achieve adequate fit, except when truncating the data would result in the loss of datapoints at response levels in the range of the benzo[a]pyrene response. The focus of the modeling effort is on the low dose and response region, so doses and responses much higher than the benchmark response (BMR) are not as informative and can be eliminated to improve model fit. If dose-group elimination did not improve the model fit, a point-estimate ratio approach was used (see Section 5.4). The BMD modeling outputs for all datasets that were successfully modeled are shown in Appendix D.

Selection of BMR: Multidose data for both PAH and benzo[a]pyrene. For tumor incidence data, the BMR used in estimating the point of departure was a $10 \%$ increase in tumor incidence over controls (extra risk form). For cancer-related endpoints such as frequency of mutations, endpoint-specific points of departure were selected based on the background/control frequency of the endpoint and the detection limit of the assay. For example, a $1 \%$ frequency was selected for a control mutation frequency of $1 / 10,000$ and a detection limit of two- to threefold above background.

For multidose continuous data, the BMR used in estimating the point of departure was a change of 1 standard deviation ( 1 SD ) from the control mean. In the event that multiple-dose continuous data were reported in the absence of SD values, a point estimate ratio approach was employed to calculate the slope (see Section 5.4).

Selection of BMR: Multidose data for PAH, single dose benzo[a]pyrene. Some studies included only one dose of benzo[a]pyrene as a positive control, while providing multiple-dose data for a selected PAH. In these cases, dose-response modeling was performed for the selected PAH and the BMR used for modeling was the observed response for benzo[a]pyrene adjusted for background response. For tumor incidence data, for example, if the benzo[a]pyrene dose was associated with a $60 \%$ extra risk for tumors, the BMR chosen for modeling the data for the PAH was $60 \%$ extra risk. RPFs were then calculated using a ratio of the slope factors calculated with equivalent points of departure (e.g., $\mathrm{BMD}_{60}$ ). The goal of this approach was to compare PAH potencies at similar response locations on the dose-response curve. There is uncertainty associated with relative potency estimates calculated at the high end of the dose-response curves and using the resultant RPF for low-exposure scenarios, because the relative potency relationship between any two PAHs may be different at the low end, compared with the high end, of the dose-response curves. The uncertainties and limitations associated with the use of high-dose data to estimate relative potency are further discussed in Chapter 7. Data sets for which tumor incidence was $\geq 90 \%$ in the lowest dose group were not used to calculate potency estimates and RPFs, because the response is near plateau and such data provide insufficient information on the slope of the dose-response relationship.

For continuous data, when a point estimate was used to estimate the slope for benzo[a]pyrene and modeling was used to estimate the slope for a given PAH, the BMR used for BMD modeling was a point value set at the response (e.g., mean number of tumors per animal
for tumor multiplicity data) observed in the benzo[a]pyrene group, adjusted for response in the control group. This approach is consistent with the BMR used for quantal data when only a single benzo[a]pyrene dose group was available. Provided that a linear model is fit to continuous data, the choice of a higher BMR would not appreciably change the RPF.

Selection of point of departure. The point of departure selected for slope estimation was the BMD estimate rather than the lower confidence limit on the BMD. The BMD, as the central or "best" estimate of the dose associated with the selected BMR, was considered a more stable basis for comparison between the potency of the selected PAH and benzo[a]pyrene, and thus for calculation of relative potency, than the lower confidence limit.

Extrapolation from point of departure. The slopes of the dose-response curves in the low-dose regions were calculated by linear extrapolation to the origin from the model-predicted points of departure. Equation 5-2 below shows the calculation of slope from multidose quantal data.

$$
\begin{equation*}
\text { Slope }=\left[0.1 / \mathrm{BMD}_{10}\right] \tag{5-2}
\end{equation*}
$$

Equation 5-3 below shows the calculation of slope from multidose continuous data.

$$
\begin{equation*}
\text { Slope }=[1 \mathrm{SD} \text { change }] /\left[\mathrm{BMD}_{1 \mathrm{SD}}\right] \tag{5-3}
\end{equation*}
$$

### 5.4. RPF CALCULATION FOR SINGLE DOSE DATASETS

A number of studies reported data for only single doses of benzo[a]pyrene and other PAHs; for these studies, a point estimate approach was used to calculate the RPF. A point estimate approach was also used to calculate RPFs for multidose datasets when model fit was not achieved, when variance data were not available for continuous data, or when problems with model implementation were encountered.

Selection of point of departure. When only one dose of each compound was used, there was only one choice for the point of departure. However, when multidose data were available, but a point estimate approach was used, the point of departure was chosen as follows. For tumor bioassay data, the lowest dose associated with a statistically significant increase in tumor incidence or multiplicity over control values was selected as the point of departure. Variance was not reported for tumor multiplicity data in any of the dermal studies and for some of the intraperitoneal studies, so the corresponding incidence data were used to determine the dose at which a significant difference from control was observed.

The benzo[a]pyrene dose chosen in most instances was the lowest dose associated with a significant increase in tumor count or incidence. For tumor multiplicity data, the PAH dose chosen for the point estimate RPF calculation was the lowest dose associated with a tumor count similar to that observed at the selected benzo[a]pyrene dose (similar to selecting a BMR similar
to the benzo[a]pyrene incidence). In the case of two dermal initiation studies conducted by Cavalieri et al. (1991), however, the tumor count at the lowest dose of dibenzo[a,l]pyrene was much higher than the tumor count at the lowest benzo[a]pyrene dose associated with statistical significance. In order to compare the doses associated with similar tumor counts (i.e., at a similar place on the dose-response curve), a higher benzo[a]pyrene dose was chosen for the RPF calculation. A comparison of the RPFs calculated using this approach with RPFs calculated using the lowest dose associated with a statistically significant increase over controls for both dibenzo[a,l]pyrene and benzo[a]pyrene showed only small differences in the RPF values ( 9 versus 10 in the 16 -week study and 39 versus 42 in the 27 -week study). A similar approach was used to calculate the RPF for BjAC using the intraperitoneal multiplicity data from Mass et al. (1993).

For cancer-related endpoint data, statistical analysis was not always available for each dose group. For these data, the lowest dose that produced a near maximal change in the assay of concern was selected as the point of departure. That is, the highest dose in the linear portion of the dose-response curve (identified by visual display of the data) was selected in these cases.

Extrapolation from point of departure. As with multiple dose slope estimations, point estimate slope calculations also used the extra risk form. Thus, for single dose quantal data, the slope was calculated by linear extrapolation to the origin after an extra risk adjustment of the observed response (Equation 5-4):

$$
\begin{equation*}
\text { Slope }=[(\text { response at dose }- \text { control response }) \div(1 \text { - control response })] \div \text { dose } \tag{5-4}
\end{equation*}
$$

For single dose continuous data, the slope was calculated by linear extrapolation to the origin after adjustment of the observed response in the PAH-treated animals for the control response (Equation 5-5).

$$
\begin{equation*}
\text { Slope }=\left[(\text { value of variable at dose })-(\text { value of variable })_{\text {control }}\right] \div \text { dose } \tag{5-5}
\end{equation*}
$$

### 5.5. DOSE CONVERSION FOR RPF CALCULATION

Some of the studies used to calculate RPFs reported doses or test concentrations on a molar basis (e.g., $\mu \mathrm{mol}$ per mouse, $\mu \mathrm{mol} / \mathrm{L}$ ), rather than a mass basis ( mg or $\mu \mathrm{g}$ ). The molar ratio differs from the mass ratio for any PAH with a molecular weight that differs from that of benzo[a]pyrene; thus, for these compounds, an RPF expressed on a mass basis will differ from that expressed on a molar basis. Table 5-1 shows a hypothetical example for fluoranthene, a PAH with a molecular weight that differs from benzo[a]pyrene by $20 \%$. As the table shows, the RPF differs depending on which dose units are used.

Table 5-1. Comparison between molar and mass-based RPF

|  | Response | Dose in mol | Molecular <br> weight <br> (g/mol) | Dose in g | Molar RPF | Mass RPF |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: |
| FA | 0.1 | 5 | 202.26 | 1,011 | 0.20 | 0.25 |
| BaP | 0.1 | 1 | 252.32 | 252 | 1 | 1 |

In order to ensure that comparisons across endpoints used consistent units, the doses used to calculate RPFs were converted to mass-based units using the molecular weight of the relevant PAH prior to estimating the RPF. While the RPF ratio is nominally unitless, it should be interpreted as the ratio of the dose of PAH to the dose of benzo[a]pyrene. Since RPFs will be used in conjunction with a PAH dose and benzo[a]pyrene cancer potency in mass units (oral slope factors and inhalation unit risks reported in units of $[\mathrm{mg} / \mathrm{kg} \text {-day }]^{-1}$ and $\left[\mu \mathrm{g} / \mathrm{m}^{3}\right]^{-1}$, respectively); it is important to use mass-based RPFs. Alternatively, if a molar RPF ratio were to be used, it would be applied with PAH doses and benzo[a]pyrene cancer potency values estimated on a molar basis; this would require a significant shift in the way PAH risks are calculated compared to other carcinogens. Therefore, the mass-based RPF was selected to be consistent with dose metrics used to calculate cancer risk.

### 5.6. SPECIAL CONSIDERATIONS FOR RPF CALCULATION USING TUMOR BIOASSAY DATA

Several dermal bioassays reported significant mortality prior to the appearance of the first skin tumor. For these data sets, an assumption was made that the number of animals at risk for tumor development was equal to the total number of animals alive at the time of the appearance of the first tumor. Benign and malignant tumor types within the same target organ were combined for calculation of the RPF. The total incidence of animals with either a benign or malignant lesion was directly reported in each study (i.e., the number of animals with adenoma or carcinoma).

Tumor incidence data reported for different target organs within the same group of animals were analyzed separately unless the joint incidence (incidence of either tumor type in each dose group) was reported in the publication. Liver and lung tumors were reported in newborn mice exposed to PAHs by intraperitoneal injection (LaVoie et al., 1994, 1987; Busby et al., 1989, 1984; Weyand and LaVoie, 1988; Wislocki et al., 1986). In most studies, tumor incidence was reported separately for the different target organs and could not be combined as the joint incidence was unknown. A gender difference was observed in the newborn mouse studies, with liver tumors observed in male mice only, and lung tumors reported for both male and female mice. The tumor incidence data were, therefore, evaluated separately for male and
female mice. RPF values were calculated separately for male and female mice and for lung tumor incidence and liver tumor incidence in these studies.

### 5.7. SPECIAL CONSIDERATIONS FOR RPF CALCULATION USING CANCERRELATED ENDPOINT DATA

The in vitro studies of cancer-related endpoints included measurements of bacterial mutagenicity, mammalian mutagenicity, morphological/malignant cell transformation, DNA adduct formation, DNA damage or repair, and clastogenicity or sister chromatid exchange frequency. Many of the studies describing in vitro cancer-related endpoints provide doseresponse data under varying study conditions. For example, bacterial mutagenesis studies used multiple strains, different metabolic activation processes, and/or varying assay systems. In order to limit the number of datasets used for dose-response analysis of in vitro mutagenicity studies, and to provide a consistent basis for comparing RPFs for different PAHs, data associated with the conditions that maximized the benzo[a]pyrene response within a particular study were used for the dose-response assessment of PAHs. It should be noted that in several studies, test conditions that were optimal for benzo[a]pyrene were not necessarily optimal for the selected PAH (see Appendix C for specific studies). The uncertainties and limitations associated with this approach are discussed further in Chapter 8.

For time-course studies of DNA adducts, results were reported as either AUC or peak formation of adducts. AUC was considered preferable for dose-response assessment, because this measure considers both adduct formation and repair. Adducts measured in more than one organ were summed to derive a total measure of adduct formation (standardized per unit amount of DNA).

The data for bacterial and mammalian cell mutagenicity and malignant cell transformation were sometimes expressed as a mutation or transformation frequency (i.e., mutants/total cell count or transformed cells/total cells). For multiple-dose studies, these quantal variables were evaluated using the multistage model as described above. Problems were sometimes encountered when using the multistage model for incidence data of this type. In some cases, modifying the initial parameters in the multistage algorithm facilitated convergence. In a select few cases, the quantal linear model was used when the multistage model would not converge. If neither the multistage nor quantal linear models provided adequate fit, a point estimate approach was used. If possible, the point estimates for both benzo[a]pyrene and the target PAH were chosen at a comparable response level (e.g., the doses of benzo[a]pyrene and the target PAH that both gave two mutants in $10^{5}$ cells). However, in many cases, a comparable response rate was not available. In these instances, the RPF was derived from slopes calculated by linear extrapolation from the peak response.

As noted earlier, for studies that included only one dose of benzo[a]pyrene and multiple dose data for a selected PAH, the BMR selected for dose-response modeling for the selected

PAH was the benzo[a]pyrene response with the background or control response subtracted. In some instances, when the benzo[a]pyrene response level greatly exceeded the response at the highest dose of the selected PAH, the software would fail to calculate the BMD at the benzo[a]pyrene response level. In these instances, a point estimate approach using the peak response for the selected PAH was used.

The individual study RPFs calculated for each PAH were used in a weight of evidence evaluation to select PAHs for inclusion in the RPF approach (see Chapter 6) and in the derivation of a final RPF for each compound (Chapter 7).

## 6. SELECTION OF PAHs FOR INCLUSION IN RELATIVE POTENCY APPROACH

The selection of PAHs to be included in the RPF approach began with an evaluation of whether the available data were adequate to assess the carcinogenicity of each compound. At least one RPF value was calculated for each of 51 PAHs. For 16 of these compounds, only a single RPF value derived from an in vitro cancer-related endpoint (primarily mutagenicity assays) was available. These PAHs are shown in Table 6-1. Due to the limited data available for these 16 compounds, no further evaluation of these PAHs was conducted, and they were not selected for inclusion in the RPF approach.

Table 6-1. PAHs with only one RPF from a single in vitro cancer-related endpoint study and excluded from RPF approach

| PAH | CASRN | Abbreviation |
| :--- | :---: | :--- |
| Aceanthrylene | $202-03-09$ | ACEA |
| Acenaphthene | $83-32-9$ | AN |
| Acenaphthylene | $208-96-8$ | ANL |
| Acephenanthrylene | $201-06-9$ | APA |
| Benzo[a]perylene | $191-85-5$ | BaPery |
| Benz[b]anthracene | $92-24-9$ | BbA |
| Benzo[b]perylene | $197-70-6$ | BbPery |
| Benzo[c]phenanthrene | $195-19-7$ | BcPH |
| Cyclopent[h,i]aceanthrylene | $131581-33-4$ | CPhiACEA |
| Cyclopent[h,i]acephenanthrylene | $114959-37-4$ | CPhiAPA |
| Dibenzo[a,f]fluoranthene | $203-11-2$ | DBafF |
| Dibenz[a,j]anthracene | $224-41-9$ | DBajA |
| Dibenzo[b,e]fluoranthene | $2997-45-7$ | DBbeF |
| Dibenzo[e,l]pyrene | $192-51-8$ | DBelP |
| Dibenz[k,mno]acephenanthrylene | $153043-81-3$ | DBkmnoAPH |
| Naphtho[2,3-a]pyrene |  | N23aP |

The remaining 35 PAHs had RPF values calculated from at least one in vivo dataset or at least two in vitro cancer-related endpoint datasets. For these compounds, a weight of evidence approach was used to determine whether the available data (including the calculated RPFs as well as nonpositive studies that met selection criteria) were adequate to include each compound in the RPF approach. Using the calculated RPFs in the weight of evidence evaluation allowed consideration of the magnitude of calculated RPFs in assessing carcinogenicity. When data were not considered adequate, the PAH was excluded from the RPF approach. When data were considered adequate for a given PAH , it was selected for inclusion.

A PAH with adequate evidence to suggest no carcinogenicity was selected for inclusion in the RPF approach and assigned an RPF of zero. While there is little quantitative difference
between selecting a final RPF of zero for a given PAH and excluding that PAH from the RPF approach, this is an important distinction for uncertainty analysis. There is substantial uncertainty in the risk associated with a PAH that is excluded from the RPF approach due to inadequate data; this compound could be of low or high potency. However, for a PAH with an RPF of zero, there is evidence to suggest that this compound is not carcinogenic, and the uncertainty associated with the cancer risk is markedly reduced. For anthracene, phenanthrene, and pyrene, it has been determined that the available data support a practical RPF of zero. The weight of evidence analysis is outlined in Section 6.1 and the results are described in narratives for each of the 35 individual PAHs (Section 6.2). Chapter 7 describes how the RPFs from multiple datasets were used to derive final RPFs for those PAHs selected for inclusion in the approach, and reports the final RPF information for each PAH.

### 6.1. METHOD FOR SELECTING PAHs FOR INCLUSION IN RELATIVE POTENCY APPROACH

For each of the 35 PAHs, a weight of evidence evaluation was conducted to assess the evidence that each PAH could induce a carcinogenic response. For the purposes of this analysis, PAHs were assumed to be carcinogenic by inferring toxicological similarity to the indicator compound, benzo[a]pyrene. The weight of evidence approach was developed to determine whether the available information for each PAH was adequate for inclusion of the PAH in the RPF approach. Figure 6-1 shows the decision tree that was used to evaluate the data for each PAH and to determine whether it should be included in the RPF approach. The weight of evidence evaluation concluded with one of two possible outcomes:
(1) The data reviewed are adequate to evaluate carcinogenicity and the PAH should be included in the RPF analysis, or
(2) The data reviewed are inadequate to assess carcinogenicity and the PAH should be excluded from the RPF analysis.

${ }^{\text {a }}$ Bioassays with benzo[a]pyrene that met study quality criteria (includes studies with nonpositive results).
${ }^{\mathrm{b}}$ Other bioassays include those that did not test benzo[a]pyrene and/or those that were not suitable for RPF derivation (e.g., incidence at lowest dose exceeded 90\%).
${ }^{\text {c }}$ Cancer-related endpoint data examined in this process included studies of DNA adducts, clastogenicity or sister chromatid exchange, mutagenicity, morphological transformation, DNA damage, unscheduled DNA synthesis, etc. that included the selected PAH and benzo[a]pyrene.

Figure 6-1. Weight of evidence analysis of for selection of PAHs to be included in the RPF approach.

In vivo tumor bioassays that included benzo[a]pyrene were given the greatest weight in assessing the carcinogenicity of a given PAH; data from other bioassays and cancer-related endpoint studies were used to supplement the weight of evidence when the bioassay data that included benzo[a]pyrene were conflicting or nonpositive. Structural alerts for PAH carcinogenicity or mutagenicity (specifically, at least four aromatic rings, or the presence of a classic bay or fjord region formed entirely by aromatic rings) were noted in the evaluation for each PAH, but were not used explicitly in the weight of evidence evaluation.

When there were bioassays including benzo[a]pyrene with positive findings, and none with nonpositive findings for a given PAH, that compound was selected for inclusion in the RPF approach, and no further evaluation of cancer-related endpoint data was conducted. However, the cancer-related endpoint findings for these compounds were noted in the individual PAH narratives (Section 6.2). Among the PAHs included in this analysis, there were none with positive bioassay data and robust nonpositive cancer-related endpoint data. Were this instance to arise, it would require special consideration, as it might imply a different mode of carcinogenic action than the PAHs addressed herein.

Bioassays that met selection criteria (see Section 4.3) were included in the weight of evidence analysis, regardless of whether positive or nonpositive results were found. However, the weight of evidence evaluation assumed that a given compound may be active in one system (e.g., newborn mouse) and inactive or weakly active in another (e.g., dermal initiation). Thus, when conflicting results were observed in different test systems, different species, or different genders, the PAH was assumed to be carcinogenic based on the positive findings and was included in the RPF approach.

In order to evaluate the results of bioassays with positive and nonpositive results in the same test system, an "RPF detection limit" was conceptualized as a means of approximating the minimum RPF that could be determined with respect to the design of the study. The "RPF detection limit" was defined as the RPF determined by the lowest response that would have been statistically significant for the subject PAH and the actual benzo[a]pyrene response. The lowest statistically significant response was calculated using the incidence of tumors in the control group, number of animals in the group treated with the subject PAH, and Fisher's exact test ${ }^{5}$ (employing a one-sided $p$-value $\leq 0.05$ ). Appendix F provides an example calculation of an "RPF detection limit." The utility of this concept is in weighing positive and nonpositive bioassay results. If all of the nonpositive studies for a subject PAH had "RPF detection limits" in excess of or in the range of what is observed in the positive studies, then it is plausible that the nonpositive studies may not have been sufficiently sensitive to estimate the RPF appropriate to the subject PAH. In this event, the PAH was considered carcinogenic and was included in the RPF approach.

[^4]If there were no bioassays with benzo[a]pyrene for a given compound, all of the selected bioassays gave nonpositive results, or inconsistent results could not be explained by test system or "RPF detection limit", then the results of other bioassays (those without benzo[a]pyrene, or those rejected from dose-response assessment exclusively because of concerns associated with benzo[a]pyrene) and cancer-related endpoint data were evaluated. The weight of evidence analysis then considered all of the following information: bioassays with benzo[a]pyrene, other bioassays, and cancer-related endpoint data. If these data were determined to be inadequate to assess the carcinogenicity for a given PAH, then that compound was excluded from the RPF approach. If the data were considered adequate to assess the carcinogenicity, the compound was retained and a final RPF was derived. Section 6.2 below describes the weight of evidence evaluation for each of the 35 PAHs. Section 7.1 describes how final RPFs were derived for the 27 PAHs selected for inclusion in the RPF approach.

### 6.2. WEIGHT OF EVIDENCE EVALUATION FOR 35 INDIVIDUAL PAHs

For each PAH, the structure is shown along with a brief reference to any structural alerts for carcinogenicity (specifically, more than three aromatic rings and/or bay or fjord region in alternant PAH). Next, a brief narrative describing the weight of evidence evaluation is given, with a graphical representation of the data that were available for RPF calculation (Figures 6-2 to 6-35). The graph for each compound provides a visual representation of the database of studies that included both the subject PAH and benzo[a]pyrene. The solid bars show the values of the RPFs calculated from all studies with positive findings. The x-axis label shows the reference for the pertinent study. The RPFs are color-coded to distinguish among in vivo tumor bioassays based on incidence data, in vivo tumor bioassays based on multiplicity data, in vivo cancerrelated endpoint studies, and in vitro cancer-related endpoint studies. Within these categories, the RPFs are ordered (left to right in the graph) from highest to lowest, with positive results shown before nonpositive results.

For each nonpositive bioassay, an empty, dotted bar shows what is termed the "RPF detection limit" (see Section 6.1 for description). Missing bars designate cancer-related studies that resulted in nonpositive findings. An RPF detection limit for nonpositive cancer-related studies was not included, because comparisons between nonpositive and positive studies were complicated by the wide variety of study conditions (e.g., test species and strains, metabolic activation sources, assay systems).

Each narrative concludes with a statement as to whether the subject PAH was selected for inclusion in the PAH RPF approach. The weight of evidence evaluation for the 35 PAHs with at least one in vivo RPF or at least two in vitro cancer-related endpoint RPFs resulted in the selection of 27 PAHs for inclusion in the RPF approach (see Table 6-2) and the exclusion of 8 PAHs from the approach.

Table 6-2. Results of weight of evidence evaluation for 27 PAHs selected for inclusion in the RPF approach

| Adequate data: selected for inclusion in RPF approach |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| PAH | CASRN | Abbreviation | PAH | CASRN | Abbreviation |
| Benzo[a]pyrene | 50-32-8 | BaP | Cyclopenta[c,d]pyrene | 27208-37-3 | CPcdP |
| Anthanthrene | 191-26-4 | AA | Cyclopenta[d,e,f]chrysene, 4H- | 202-98-2 | CPdefC |
| Anthracene | 120-12-7 | AC | Dibenz[a,c]anthracene | 215-58-7 | DBacA |
| Benz[a]anthracene | 56-55-3 | BaA | Dibenzo[a,e]fluoranthene | 5385-75-1 | DBaeF |
| Benz[b,c]aceanthrylene, $11 \mathrm{H}-$ | 202-94-8 | BbcAC | Dibenzo[a,e]pyrene | 192-65-4 | DBaeP |
| Benzo[b]fluoranthene | 205-99-2 | BbF | Dibenz[a,h]anthracene | 53-70-3 | DBahA |
| Benzo[c]fluorene | 205-12-9 | BcFE | Dibenzo[a,h]pyrene | 189-64-0 | DBahP |
| Benz[e]aceanthrylene | 199-54-2 | BeAC | Dibenzo[a,i]pyrene | 189-55-9 | DBaiP |
| Benzo[g,h,i]perylene | 191-24-2 | BghiP | Dibenzo[a,l]pyrene | 191-30-0 | DBalP |
| Benz[j]aceanthrylene | 202-33-5 | BjAC | Fluoranthene | 206-44-0 | FA |
| Benzo[j]fluoranthene | 205-82-3 | BjF | Indeno[1,2,3-c,d]pyrene | 193-39-5 | IP |
| Benzo[k]fluoranthene | 207-08-9 | BkF | Naphtho[2,3-e]pyrene | 193-09-9 | N23eP |
| Benz[1]aceanthrylene | 211-91-6 | BlAC | Phenanthrene | 85-01-8 | PH |
| Chrysene | 218-01-9 | CH | Pyrene | 129-00-0 | Pyr |
| Inadequate data |  |  |  |  |  |
| PAH | CASRN | Abbreviation | PAH | CASRN | Abbreviation |
| Acepyrene, 2,3- | 25732-74-5 | ACEP | Coronene | 191-07-1 | CO |
| Benzo[b]fluorene, 11H- | 243-17-4 | BbFE | Fluorene | 86-73-7 | FE |
| Benzo[e]pyrene | 192-97-2 | BeP | Perylene | 198-55-0 | Pery |
| Benzo[g,h,i]fluoranthene | 203-12-3 | BghiF | Triphenylene | 217-59-4 | Tphen |



2,3-Acepyrene (CASRN 25732-74-5) is a nonalternant PAH comprised of four aromatic rings and one five-membered ring. 2,3-Acepyrene does not contain a classic bay or fjord region in its structure.

Five datasets for 2,3-acepyrene met selection criteria and included benzo[a]pyrene (shown in Figure 6-2). Dermal initiation and complete carcinogenicity bioassays in mice resulted in nonpositive findings (both published by Cavalieri et al., 1981b). RPF detection limits for these studies were 0.09 and 0.02 , respectively. The limited cancer-related data are mixed, with one positive dataset for in vivo DNA adduct formation, one positive bacterial mutagenicity dataset (both published by Cavalieri et al., 1981a), and one nonpositive mammalian mutagenicity dataset (Barfknecht et al., 1982). There are no bioassays of 2,3-acepyrene without benzo[a]pyrene. Overall, the database for 2,3-acepyrene is both limited and inconsistent. The database for 2,3-acepyrene does not provide adequate information with which to assess carcinogenicity; this PAH was not selected for inclusion in the RPF approach.


* Missing bar indicates nonpositive cancer-related endpoint study

Figure 6-2. 2,3-Acepyrene (ACEP) RPFs*.

Anthanthrene (AA)


Anthanthrene (CASRN 191-26-4) is an alternant PAH comprised of six fused aromatic rings. Anthanthrene does not have a bay or fjord region in its structure.

There are seven datasets for anthanthrene that met selection criteria and included benzo[a]pyrene (Figure 6-3). The database includes three in vivo tumor bioassays, three bacterial mutagenicity datasets, and one in vitro DNA damage dataset. Statistically increased tumor incidences were reported in both a rat lung implantation bioassay (Deutsch-Wenzel et al., 1983) and a dermal complete carcinogenicity bioassay in mice (Cavalieri et al., 1977). No increase over control tumor incidence was reported in a dermal initiation study (Hoffmann and Wynder, 1966), but the RPF detection limit for this study was 0.3. All of the cancer-related endpoint studies gave positive results. Because conflicting bioassay data can be explained by differences in study design (initiation versus complete dermal carcinogenicity), anthanthrene was considered carcinogenic and selected for inclusion in the RPF approach.


Figure 6-3. Anthanthrene (AA) RPFs.

## Anthracene (AC)



Anthracene (CASRN 120-12-7) is an alternant PAH comprised of three fused aromatic rings. Anthracene does not have a bay or fjord region in its structure, and contains less than four aromatic rings.

Thirty-seven datasets for anthracene met selection criteria and included benzo[a]pyrene, including 1 dermal initiation tumor bioassay, 3 in vivo clastogenicity or sister chromatid exchange datasets, 10 bacterial mutagenicity datasets, 4 mammalian mutagenicity datasets, 6 morphological/malignant cell transformation datasets, and 13 in vitro DNA adduct, DNA damage, or clastogenicity datasets (Figure 6-4). The single dermal initiation bioassay gave a nonpositive result, with an RPF detection limit of 0.2 (LaVoie et al., 1985). Only two datasets gave positive results: an in vitro bacterial mutagenicity assay and an in vitro study of DNA damage. The remaining 35 datasets reported nonpositive findings. To confirm the nonpositive findings in the one tumor bioassay that included benzo[a]pyrene, other bioassays and cancerrelated endpoint data for anthracene were considered in the weight of evidence evaluation. In bioassays without benzo[a]pyrene, anthracene did not induce a statistically significant increase in tumor incidence in two dermal initiation studies (LaVoie et al., 1983; Salaman and Roe, 1956) and a lung implantation bioassay (Stanton, 1972). Scribner (1973) reported a weak tumorigenic response in a dermal initiation study in mice (4/28 mice developed papillomas by week 35 after dermal treatment with $10 \mu \mathrm{~mol}$ anthracene in benzene followed by twice weekly treatment with TPA, as compared with $0 / 30$ control mice, $p=0.048$ ).

In vitro assays of mutagenicity (both bacterial and mammalian) are nearly all nonpositive for anthracene (13/14 studies). Studies of morphological/malignant cell transformation were all nonpositive. Finally, in numerous in vitro studies of DNA damage or clastogenicity, anthracene has given nonpositive results (12/13). Sakai et al. (1985) reported a mutagenic response in bacteria treated with anthracene, and Rossman et al. (1991) observed evidence of unscheduled DNA synthesis in Escherichia coli treated with anthracene. Overall, the weight of evidence suggests that anthracene is not carcinogenic. In addition, anthracene lacks all three known structural alerts (at least four rings, bay or fjord region) for PAH carcinogenicity and/or mutagenicity. Because the weight of evidence evaluation suggests that the data are adequate to assess the carcinogenicity of anthracene, this compound was selected for inclusion in the RPF approach and assigned an RPF of zero.


Figure 6-4. Anthracene (AC) RPFs*.

## Benz[a]anthracene (BaA)



Benz[a]anthracene (CASRN 56-55-3) is an alternant PAH comprised of four fused aromatic rings. Benz[a]anthracene contains a bay region but no fjord region in its structure.

There are 65 datasets for benz[a]anthracene that met selection criteria and included benzo[a]pyrene (Figure 6-5). Included in the database are tumor bioassays (5), in vivo DNA adduct studies (4), in vivo clastogenicity studies (4), an in vivo mutagenicity study (1), bacterial mutagenicity (15), mammalian mutagenicity (14), morphological/malignant cell transformation assays (6), and in vitro studies of DNA damage, adducts, or clastogenicity (16). There are five tumor bioassay datasets of benz[a]anthracene that included benzo[a]pyrene; four gave positive results and one gave a nonpositive result. The positive findings were in different genders tested in a newborn mouse study using intraperitoneal injection (Wislocki et al., 1986); the datasets included both tumor incidence and multiplicity data for both sexes. Positive results were also reported in a dermal initiation study (Slaga et al., 1978). The one nonpositive bioassay (Cavalieri et al., 1977) was a dermal complete carcinogenicity study with an RPF detection limit of 0.2. Benz[a]anthracene was shown to form DNA adducts when administered in vivo in both rats and mice via injection and gavage (Kligerman et al., 2002). Mutagenicity and morphological/ malignant cell transformation assays of benz[a]anthracene were predominantly positive, as were studies of other cancer-related endpoints.

Given that the differing bioassay results can be attributed to different test systems and study design, benz[a]anthracene was considered carcinogenic and was selected for inclusion in the RPF approach.


* Missing bar indicates nonpositive cancer-related endpoint study


## Reference

Figure 6-5. Benz[a]anthracene (BaA) RPFs*.

## 11H-Benz[b,c]aceanthrylene (BbcAC)


$11 \mathrm{H}-$ Benz[b,c]aceanthrylene (CASRN 202-94-8) is a nonalternant PAH comprised of four aromatic rings and one five-membered ring. 11 H -Benz[b,c]aceanthrylene does not contain a classic bay or fjord region in its structure.

There was only one dataset for benz[b,c]aceanthrylene that met selection criteria and included benzo[a]pyrene (Figure 6-6). This multidose dermal initiation study resulted in an RPF estimate of 0.05 (Rice et al., 1988). Benz[b,c]aceanthrylene has not been tested in any bioassay without benzo[a]pyrene. There are no cancer-related endpoint data for benz[b,c]aceanthrylene. As the only available bioassay of this PAH was positive, benz[b,c]aceanthrylene was considered carcinogenic and was selected for inclusion in the RPF approach.


## Reference

Figure 6-6. 11H-Benz[b,c]aceanthrylene (BbcAC) RPFs.


Benzo[b]fluoranthene (CASRN 205-99-2) is a nonalternant PAH comprised of four aromatic rings and one five-membered ring. Benzo[b]fluoranthene contains one classic bay region but no fjord region in its structure.

There were 22 datasets of benzo[b]fluoranthene that met selection criteria and included benzo[a]pyrene (Figure 6-7). Included in the database are in vivo tumor bioassay datasets (8), in vivo DNA adduct datasets (7), in vivo clastogenicity datasets (3), mutagenicity and morphological/malignant cell transformation datasets (3), and an in vitro DNA damage dataset (1). Statistically significant increases in tumor incidence and/or multiplicity were reported in male mice tested in two newborn mouse bioassays using intraperitoneal injection (Nesnow et al., 1998b; LaVoie et al., 1987), in dermal initiation (LaVoie et al., 1982) and dermal complete carcinogenicity (Habs et al., 1980) bioassays, and in a rat lung implantation bioassay (DeutschWenzel et al., 1983). The one nonpositive result was in female mice tested in the newborn mouse bioassay; the RPF detection limit was 0.8 (LaVoie et al., 1987). A number of studies showed that benzo[b]fluoranthene forms DNA adducts when administered in vivo to rats or mice via injection or gavage (Kligerman et al., 2002; Nesnow et al., 1998b, 1993b). One mutagenicity assay and two morphological/malignant cell transformation assays of benzo[b]fluoranthene were positive, as were studies of other cancer-related endpoints; there were no nonpositive studies of cancer-related endpoints. Given that the differing bioassay results can be attributed to different genders, benz[a]anthracene was considered carcinogenic and was selected for inclusion in the RPF approach.


Figure 6-7. Benzo[b]fluoranthene (BbF) RPFs.

## 11H-Benzo[b]fluorene (BbFE)



11H-Benzo[b]fluorene (CASRN 243-17-4) is a nonalternant PAH comprised of three aromatic rings and one five-membered ring. 11H-Benzo[b]fluorene does not contain a classic bay or fjord region in its structure.

There were three datasets for 11 H -benzo[b]fluorene that met selection criteria and included benzo[a]pyrene (Figure 6-8): two mutagenicity datasets and an in vitro DNA damage dataset. There are no bioassays of 11 H -benzo[b]fluorene that included benzo[a]pyrene, so bioassays without benzo[a]pyrene and cancer-related endpoint data were considered. LaVoie et al. (1981) conducted a study of skin tumor initiation in mice treated with 1 mg 11 H -benzo[b]fluorene followed by 20 weeks of treatment with TPA. The incidence of tumor-bearing animals (4/20) was not significantly increased over controls (1/20) (LaVoie et al., 1981). The limited cancer-related endpoint data were mixed, with one positive mutagenicity study (Kaden et al., 1979), one nonpositive mutagenicity study (Hermann, 1981), and one positive in vitro study of DNA damage (Mersch-Sundermann et al., 1992). Overall, the database for 11H-benzo[b]fluorene is both limited and inconsistent. Because the database for 11 H -benzo[b]fluorene does not provide adequate information with which to assess carcinogenicity, this PAH was not selected for inclusion in the RPF approach.


Figure 6-8. 11H-Benzo[b]fluorene (BbFE) RPFs*.

## Benzo[c]fluorene (BcFE).



Benzo[c]fluorene (CASRN 205-12-9) is a nonalternant PAH comprised of three aromatic rings and one five-membered ring. Benzo[c]fluorene does not contain a classic bay or fjord region in its structure.

There were six datasets for benzo[c]fluorene that met selection criteria and included benzo[a]pyrene (Figure 6-9); all gave positive results. The database includes oral and intraperitoneal in vivo tumor bioassays (each reporting both incidence and multiplicity) and in vivo DNA adduct data. Significantly increased lung tumor incidence and tumor multiplicity were reported after both oral and intraperitoneal exposure (Weyand et al., 2004). As the available bioassays that included benzo[a]pyrene were positive, benzo[c]fluorene was considered carcinogenic and was selected for inclusion in the RPF approach.


Figure 6-9. Benzo[c]fluorene (BcFE) RPFs.


Benz[e]aceanthrylene (CASRN 199-54-2) is a nonalternant PAH comprised of four aromatic rings and one five-membered ring. Benz[e]aceanthrylene contains a classic bay region but no fjord region in its structure.

There were six datasets for benz[e]aceanthrylene that met selection criteria and included benzo[a]pyrene (Figure 6-10); all gave positive results. The database includes an in vivo tumor bioassay in two sexes (each reporting both incidence and multiplicity), a mammalian mutagenicity study, and a morphological/malignant cell transformation study. Significantly increased tumor incidence and tumor multiplicity were reported for both male and female mice in a dermal initiation bioassay in mice (Nesnow et al., 1984). As the available bioassay that included benzo[a]pyrene was positive, benz[e]aceanthrylene was considered carcinogenic and was selected for inclusion in the RPF approach.


Figure 6-10. Benz[e]aceanthrylene (BeAC) RPFs.


Benzo[e]pyrene (192-97-2) is an alternant PAH comprised of five fused aromatic rings. Benzo[e]pyrene contains two bay regions but no fjord region in its structure.

Thirty-seven datasets for benzo[e]pyrene met selection criteria and included benzo[a]pyrene: 2 tumor bioassays, 1 in vivo clastogenicity dataset, 12 bacterial mutagenicity datasets, 4 mammalian mutagenicity datasets, 7 morphological/malignant cell transformation datasets, and 11 in vitro DNA damage or clastogenicity datasets (Figure 6-11). No increase in tumor incidence was observed when benzo[e]pyrene was tested alone as part of a dermal cocarcinogenicity bioassay (Van Duuren and Goldschmidt, 1976). When tested in a lung implantation bioassay in rats, benzo[e]pyrene exposure did not result in a significant increase in tumor incidence (Deutsch-Wenzel et al., 1983). The RPF detection limits of these studies were approximately 0.01 and 0.1 . To confirm the nonpositive findings in the available tumor bioassays that included benzo[a]pyrene, other bioassays and cancer-related endpoint data were considered. In bioassays without benzo[a]pyrene, benzo[e]pyrene gave nonpositive results in a dermal initiation bioassay ( $1 \mathrm{mg} /$ mouse; Van Duuren et al., 1968) and a newborn mouse bioassay ( $0.7 \mu \mathrm{~mol}$; Chang et al., 1981). A significant increase in tumor incidence was reported in a single-concentration dermal initiation study in mice; 11/13 surviving mice ( 20 were treated) had papillomas by week 35 after dermal treatment with $10 \mu \mathrm{~mol}$ benzo[e]pyrene in benzene ( $p<0.0001$ ), followed by twice weekly treatment with TPA; no control mice had papillomas (Scribner, 1973).

In vitro assays of mutagenicity (both bacterial and mammalian) and morphological/ malignant cell transformation give inconsistent results for benzo[e]pyrene; 11/23 studies were positive and the rest were nonpositive. Positive studies include a mix of bacterial mutagenicity and morphological/malignant cell transformation assays; four mammalian mutagenicity assays were nonpositive. One study of in vivo clastogenicity and two studies of in vitro DNA damage were positive, while nine studies of in vitro DNA damage or clastogenicity were nonpositive.

While the database for benzo[e]pyrene is quite large, the results are inconsistent; as a result, no conclusion can be drawn as to carcinogenicity. This PAH was not selected for inclusion in the RPF approach.


Figure 6-11. Benzo[e]pyrene (BeP) RPFs*.


Benzo[g,h,i]fluoranthene (CASRN 203-12-3) is a nonalternant PAH comprised of four aromatic rings and one five-membered ring. Benzo[g,h,i]fluoranthene does not contain a classic bay or fjord region in its structure.

There were six datasets for benzo[g,h,i]fluoranthene that met selection criteria and included benzo[a]pyrene (Figure 6-12). A dermal initiation bioassay in mice (Van Duuren et al., 1966) did not result in a statistically significant increase in tumor incidence; the RPF detection limit was 0.06 . There were no other bioassays that met selection criteria. There were three positive bacterial mutagenicity studies (Chang et al., 2002; Lafleur et al., 1993; Carver et al., 1986), one positive study of in vitro DNA damage (Mersch-Sundermann et al., 1992), and a mammalian mutagenicity study with nonpositive results (Lafleur et al., 1993). The RPF values for the positive cancer-related endpoint datasets ranged from 0.6 to 1 . Overall, the database for benzo[g,h,i]fluroanthene is both limited and inconsistent. Because the database for benzo[g,h,i]fluoranthene does not provide adequate information with which to assess carcinogenicity, this PAH was not selected for inclusion in the RPF approach.


Figure 6-12. Benzo[g,h,i]fluoranthene (BghiF) RPFs*.


Benzo[g,h,i]perylene (CASRN 191-24-2) is an alternant PAH comprised of six fused aromatic rings. Benzo[g,h,i]perylene contains a bay region but no fjord region in its structure.

There were 10 datasets for benzo[g,h,i]perylene that met selection criteria and included benzo[a]pyrene (Figure 6-13). The database includes three in vivo tumor bioassays, four bacterial mutagenicity datasets, an in vitro DNA damage dataset, and two in vitro DNA adduct datasets. Of the three bioassays, positive findings were only reported in one: a rat lung implantation bioassay (Deutsch-Wenzel et al., 1983) that resulted in an RPF estimate of 0.009. In a dermal initiation bioassay (Hoffmann and Wynder, 1966) and a dermal cocarcinogenicity bioassay (Van Duuren and Goldschmidt, 1976), there was no statistically significant increase in tumor incidence, but these studies had relatively insensitive RPF detection limits (around 0.1) compared with the positive study. There were four positive mutagenicity studies; all were conducted in bacterial systems. Studies of in vitro DNA adducts and DNA damage were positive. Because the inconsistent bioassay results can be attributed to different test systems (different species and route), benzo[g,h,i]perylene was considered carcinogenic and was selected for inclusion in the RPF approach.


Figure 6-13. Benzo[g,h,i]perylene (BghiP) RPFs*.

Benz[j]aceanthrylene (BjAC)


Benz[j]aceanthrylene (CASRN 202-33-5) is a nonalternant PAH comprised of four aromatic rings and one five-membered ring. Benz[j]aceanthrylene contains a classic bay region but no fjord region in its structure.

There were 12 datasets for benz[j]aceanthrylene that met selection criteria and included benzo[a]pyrene (Figure 6-14); all of the studies gave positive results. The database includes one in vivo tumor bioassay dataset, one in vivo DNA adduct dataset, four mutagenicity or morphological/malignant cell transformation datasets, and six in vitro DNA damage or DNA adduct datasets. In a bioassay of benz[j]aceanthrylene that used intraperitoneal injection in an A/J mouse system (Mass et al., 1993), all mice treated with benz[j]aceanthrylene developed tumors (incidence of $100 \%$ at doses of $20-100 \mathrm{mg} / \mathrm{kg}$; incidence for benzo[a]pyrene was 63$100 \%$ across the same dose range), precluding the derivation of an RPF using incidence data. However, tumor multiplicity (average number of tumors per animal) data were available for dose-response modeling and resulted in an RPF estimate of 60. Benz[j]aceanthrylene treatment resulted in a pronounced increase in the average number of tumors per animal ( 59.45 tumors per animal at $20 \mathrm{mg} / \mathrm{kg}$ ), much higher than benzo[a]pyrene treatment ( 5.05 tumors per animal at $100 \mathrm{mg} / \mathrm{kg}$ ), indicating that this compound is very potent in this test system. In a dermal initiation bioassay that did not include benzo[a]pyrene, benz[j]aceanthrylene induced papillomas in $90 \%$ of mice treated with an initiating dose of $40 \mu \mathrm{~g}$ (compared with 5\% incidence in controls). As the available bioassay that included benzo[a]pyrene was positive and suggested that this compound is very potent, benz[j]aceanthrylene was considered carcinogenic and was selected for inclusion in the RPF approach.


Benzo[j]fluoranthene (BjF)


Benzo[j]fluoranthene (CASRN 205-82-3) is a nonalternant PAH comprised of four aromatic rings and one five-membered ring. Benzo[j]fluoranthene does not contain a classic bay or fjord region in its structure.

There were eight datasets for benzo[j]fluoranthene that met selection criteria and included benzo[a]pyrene (Figure 6-15): seven in vivo tumor bioassay datasets and one in vitro study of DNA damage. Of the seven bioassay datasets, significant increases in tumor incidence or count were observed in all but one. Significant increases in tumor incidence were reported in both male and female mice tested in a newborn mouse bioassay using intraperitoneal injection of single doses (LaVoie et al., 1987), a mouse dermal initiation study (LaVoie et al., 1982), and a rat lung implantation bioassay (Deutsch-Wenzel et al., 1983). Significant increases in tumor multiplicity were reported in two mouse dermal initiation studies (Weyand et al., 1992; LaVoie et al., 1982). The one nonpositive bioassay was a mouse dermal complete carcinogenicity bioassay with an RPF detection limit of 0.1 (Habs et al., 1980). The in vitro study of DNA damage gave positive results (Mersch-Sundermann et al., 1992). Because the inconsistent bioassay results can be attributed to different test systems or study design, benzo[j]fluroanthene was considered carcinogenic and was selected for inclusion in the RPF approach.


Figure 6-15. Benzo[j]fluoranthene (BjF) RPFs.


Benzo[k]fluoranthene (CASRN 207-08-9) is a nonalternant PAH comprised of four aromatic rings and one five-membered ring. Benzo[j]fluoranthene does not contain a classic bay or fjord region in its structure.

There were five datasets for benzo[k]fluoranthene that met selection criteria and included benzo[a]pyrene (Figure 6-16). The database includes four in vivo tumor bioassay datasets and one morphological/malignant cell transformation dataset. Statistically significant increases in tumor incidence and tumor count were reported in a mouse dermal initiation study (LaVoie et al., 1982) and increased tumor incidence was reported in a rat lung implantation bioassay (DeutschWenzel et al., 1983). No significant increase in tumor incidence was observed in a dermal complete carcinogenicity study with an RPF detection limit of 0.1 (Habs et al., 1980). The morphological/malignant cell transformation study (Emura et al., 1980) was nonpositive. Because the inconsistent bioassay results can be attributed to different test systems or study design (dermal initiation versus dermal complete carcinogenicity), benzo[k]fluroanthene was considered carcinogenic and was selected for inclusion in the RPF approach.


* Missing bar indicates nonpositive cancer-related endpoint study

Figure 6-16. Benzo[k]fluoranthene (BkF) RPFs*.


Benz[l]aceanthrylene (CASRN 211-91-6) is a nonalternant PAH comprised of four aromatic rings and one five-membered ring. Benz[l]aceanthrylene does not contain a classic bay or fjord region in its structure.

There were 16 datasets for benz[l]aceanthrylene that met selection criteria and included benzo[a]pyrene (Figure 6-17); all of the studies gave positive results. The database includes four in vivo tumor bioassay datasets, five mutagenicity or morphological/malignant cell transformation datasets, one in vivo clastogenicity dataset, and six in vitro DNA adduct or DNA damage datasets. Significant increases in tumor count and multiplicity were reported in both male and female mice in a dermal initiation bioassay (Nesnow et al., 1984). All of the cancerrelated endpoint studies were positive as well. Relative potency estimates for most of the available datasets were $\geq 1.0$, suggesting equivalent or greater potency than benzo[a]pyrene. As the available bioassays that included benzo[a]pyrene were positive, benz[l]aceanthrylene was considered carcinogenic and was selected for inclusion in the RPF approach.


Reference

Figure 6-17. Benz[I]aceanthrylene (BIAC) RPFs.

## Chrysene (CH)



Chrysene (CASRN 218-01-9) is an alternant PAH comprised of four fused aromatic rings. Chrysene contains two bay regions but no fjord region in its structure.

There were 40 datasets for chrysene that met selection criteria and included benzo[a]pyrene (Figure 6-18). Included in the database are 13 in vivo tumor bioassay datasets, 4 in vivo DNA adduct datasets, 3 in vivo clastogenicity datasets, 11 mutagenicity datasets, 3 morphological/malignant cell transformation datasets, and 6 in vitro studies of DNA damage, adducts, or clastogenicity. Among the bioassays that included benzo[a]pyrene, 11 reported significant increases in tumor incidence or tumor multiplicity, and 3 did not. Significant increases in tumor incidence and/or multiplicity were reported in three dermal initiation studies in mice (Rice et al., 1988; Slaga et al., 1980; Hecht et al., 1974), a newborn mouse study in males (Wislocki et al., 1986), and a rat lung implantation bioassay (Wenzel-Hartung et al., 1990). Female mice tested in the newborn mouse assay published by Wislocki et al. (1986) did not have a significant increase in tumor incidence, resulting in one of the three nonpositive studies. The other two nonpositive findings were in males and females tested in another newborn mouse bioassay (Busby et al., 1989). The bioassays with nonpositive findings had RPF detection limits between 0.06 and 0.2 . Conflicting results in male mice were reported in the two newborn mouse bioassays (Busby et al., 1989; Wislocki et al., 1986). The major difference between the two studies is the duration of follow-up; Busby et al. (1989) sacrificed the mice at 26 weeks, while Wislocki et al. (1986) followed the mice for a full year. LaVoie et al. (1994) observed that liver tumor induction in the newborn mouse bioassay is not fully realized until the mice have reached 1 year of age, and the positive findings by Wislocki et al. (1986) indeed reflect liver tumors in the male mice. Chrysene was shown to form DNA adducts when administered in vivo in both rats and mice via injection and gavage (Kligerman et al., 2002). Bacterial and mammalian mutagenicity and morphological/malignant cell transformation assays of chrysene were all positive, as were studies of clastogenicity tested in vivo. In contrast, results from in vitro studies of DNA adducts, DNA damage, and clastogenicity were not consistent.

Because the inconsistent bioassay results can be attributed to different study designs (gender, follow-up time), chrysene was considered carcinogenic and was selected for inclusion in the RPF approach.


Figure 6-18. Chrysene (CH) RPFs*.


Coronene (CASRN 191-07-1) is an alternant PAH comprised of seven fused aromatic rings. Coronene contains no bay or fjord regions in its structure.

There were six datasets for coronene that met selection criteria and included benzo[a]pyrene (Figure 6-19). A dermal complete carcinogenicity bioassay in mice did not result in a statistically significant increase in tumor incidence (Habs et al., 1980); the RPF detection limit was 0.06 . To confirm the nonpositive findings in the one tumor bioassay that included benzo[a]pyrene, other bioassays and cancer-related endpoint data were considered. There was one bioassay of coronene that did not include benzo[a]pyrene. Van Duuren et al. (1968) conducted a dermal initiation bioassay of coronene using groups of 20 mice ( 0.5 mg coronene in 0.5 mL benzene, followed by croton resin treatment until death). Although the authors characterized coronene as a weak tumor initiator, the incidence of tumors was not significantly increased over concurrent controls. The limited cancer-related endpoint data were mixed, with three positive bacterial mutagenicity studies (with RPFs ranging from 0.01 to 0.5), one nonpositive bacterial mutagenicity study, and a nonpositive in vitro DNA damage study.

Overall, the database for coronene is both limited and inconsistent. Because the database for coronene does not provide adequate information with which to assess carcinogenicity, this PAH was not selected for inclusion in the RPF approach.


Figure 6-19. Coronene (CO) RPFs*.


Cyclopenta[c,d]pyrene (CASRN 27208-37-3) is a nonalternant PAH comprised of four aromatic rings and one five-membered ring. Cyclopenta[c,d]pyrene does not contain a classic bay or fjord region in its structure.

There were 25 datasets for cyclopenta[c,d]pyrene that met selection criteria and included benzo[a]pyrene (Figure 6-20). The database includes 11 in vivo tumor bioassay datasets, 2 in vivo DNA adduct datasets, 11 studies of mutagenicity or morphological/malignant cell transformation, and a single study of in vitro clastogenicity. Nine of the 11 tumor bioassay datasets and all of the cancer-related endpoint studies gave positive results. Statistically significant increases in tumor incidence and/or multiplicity were reported in two dermal complete carcinogenicity bioassay (Cavalieri et al., 1983, 1981b), two dermal initiation bioassays (Raveh et al., 1982; Cavalieri et al., 1981b), and an intraperitoneal study using adult A/J mice (Nesnow et al., 1998b). Bioassays in which no significant increase in tumorigenicity was observed included a dermal initiation (Wood et al., 1980) and complete carcinogenicity study (Habs et al., 1980); these studies had RPF detection limits of 0.1 and 0.03 , respectively. After obtaining nonpositive results for low initiating doses of cyclopenta[c,d]pyrene, Wood et al. (1980) repeated their experiment with higher doses and observed statistically significant increases in tumor incidence. In the latter experiment, benzo[a]pyrene was not included, so an RPF could not be calculated from these data. The study design of the nonpositive complete carcinogenicity bioassay was quite similar to that of the two positive studies of this type, with the exception of the mouse strain used; Habs et al. (1980) used NMRI mice, while Cavalieri et al. ( $1983,1981 b$ ) used Swiss mice. Although the differing results in dermal complete carcinogenicity studies may be explained by slight differences in strain susceptibility, these two strains are of common origin, which argues against this explanation.

The available cancer-related endpoint data indicate that cyclopenta[c,d]pyrene is mutagenic and capable of morphological/malignant cell transformation in vitro; a single study of in vitro clastogenicity was also positive. Overall, the data supporting a finding of carcinogenicity for cyclopenta[c,d]pyrene are very consistent, and this compound was selected for inclusion in the RPF approach.


Reference

Figure 6-20. Cyclopenta[c,d]pyrene (CPcdP) RPFs.


4H-Cyclopenta[d,e,f]chrysene (CASRN 202-98-2) is a nonalternant PAH comprised of four aromatic rings and one five-membered ring. 4H-Cyclopenta[d,e,f]chrysene contains a classic bay region but no fjord region in its structure.

There were two datasets for 4H-cyclopenta[d,e,f]chrysene that met selection criteria and included benzo[a]pyrene (Figure 6-21); both were multidose dermal initiation datasets (Rice et al., 1988, 1985). Rice et al. (1988) reported a statistically significant increase in tumor incidence in a multidose dermal initiation study. In the second study, the incidence of tumors after treatment with cyclopenta[d,e,f]chrysene exceeded $90 \%$, precluding RPF derivation from incidence data, but tumor multiplicity data were available for RPF calculation (Rice et al., 1985). Cyclopenta[d,e,f]chrysene has not been tested in a bioassay without benzo[a]pyrene; however, sterically hindered diol epoxides of this compound have given positive results in a newborn mouse assay (Amin et al., 1995). Because the bioassay of cyclopenta[d,e,f]chrysene was positive, this PAH was considered carcinogenic and was selected for inclusion in the RPF approach.


Figure 6-21. Cyclopenta[d,e,f]chrysene (CPdefC) RPFs.

## Dibenz[a,c]anthracene (DBacA)



Dibenz[a,c]anthracene (CASRN 215-58-7) is an alternant PAH comprised of five fused aromatic rings. Dibenz[a,c]anthracene contains three bay regions but no fjord region in its structure.

There were 15 datasets for dibenz[a,c]anthracene that met selection criteria and included benzo[a]pyrene (Figure 6-22). The database includes a single in vivo study of DNA adducts, nine mutagenicity or morphological/malignant cell transformation studies, and five studies of in vitro DNA damage or adducts. One morphological/malignant cell transformation assay gave nonpositive results, while the remaining studies were positive. In the absence of positive bioassays with benzo[a]pyrene, other bioassays and cancer-related data were considered to evaluate the carcinogenicity of dibenz[a,c]anthracene.

Conflicting results were reported in three dermal initiation bioassays of dibenz[a,c]anthracene in which benzo[a]pyrene was not included. Van Duuren et al. (1970) observed a tumor incidence of $95 \%$ (19/20, compared to $1 / 20$ controls) when mice were treated with an initiating dose of 1 mg dibenz[a,c]anthracene in benzene followed by thrice weekly treatment with phorbol myristate acetate. In contrast, there was no significant increase in tumor formation when the same initiating dose was followed by thrice weekly application of croton resin (Van Duuren et al., 1968); however, the latency to first tumor was substantially reduced ( 65 versus 150 days in controls). Latency was also substantially reduced in the study by Van Duuren et al. (1970), in which the first tumor appeared after 74 days, compared with 338 days in controls.

Cancer-related endpoint data for dibenz[a,c]anthracene are predominantly positive (8/9 mutagenicity or morphological/malignant cell transformation studies and $5 / 5$ studies of in vitro DNA adducts or DNA damage). Although the conflicting bioassay data are not easily explained, the high incidence of tumors (19/20) in the study by Van Duuren et al. (1970) and the reduced latency to tumor formation in both studies, coupled with predominantly positive cancerrelated endpoint data, suggest that dibenz[a,c]anthracene is carcinogenic. Contributing to this conclusion is the observation that dibenz[a,c]anthracene is an alternant PAH with known structural alerts for carcinogenicity (more than three rings, and three bay regions). Thus, dibenz[a,c]anthracene was selected for inclusion in the RPF approach.


Figure 6-22. Dibenz[a,c]anthracene (DBacA) RPFs*.

## Dibenzo[a,e]fluoranthene (DBaeF)



Dibenzo[a,e]fluoranthene (CASRN 5385-75-1) is a nonalternant PAH comprised of five aromatic rings and one five-membered ring. Dibenzo[a,e]fluoranthene contains a classic bay region but no fjord region in its structure.

There were three datasets for dibenzo[a,e]fluoranthene that met selection criteria and included benzo[a]pyrene (Figure 6-23); all gave positive results. The database includes two in vivo tumor bioassays and one mammalian mutagenicity study. Statistically significant increases in tumor incidence were reported in dermal initiation and complete carcinogenicity bioassays in mice (both reported by Hoffmann and Wynder, 1966). As the available bioassays for dibenzo[a,e]fluoranthene were positive, this compound was considered carcinogenic and was selected for inclusion in the RPF approach.


Figure 6-23. Dibenzo[a,e]fluoranthene (DBaeF) RPFs.


Dibenzo[a,e]pyrene (CASRN 192-65-4) is an alternant PAH comprised of six fused aromatic rings. Dibenzo[a,e]pyrene contains three bay regions but no fjord region in its structure.

There were three datasets for dibenzo[a,e]pyrene that met selection criteria and included benzo[a]pyrene (Figure 6-24). The database includes two in vivo tumor bioassay datasets and one in vitro bacterial mutagenicity dataset, all of which gave positive results. Statistically significant increases in tumor incidence were reported in dermal initiation and complete carcinogenicity bioassays in mice (Hoffmann and Wynder, 1966). The complete carcinogenicity bioassay was confounded by significant toxicity-related mortality unrelated to tumors (Hoffmann and Wynder, 1966). The one bacterial mutagenicity study reported positive results. Because the available bioassays with benzo[a]pyrene were both positive, dibenzo[a,e]pyrene was considered carcinogenic and was selected for inclusion in the RPF approach.


Figure 6-24. Dibenzo[a,e]pyrene (DBaeP) RPFs.

## Dibenz[a,h]anthracene (DBahA)



Dibenz[a,h]anthracene (CASRN 53-70-3) is an alternant PAH comprised of five fused aromatic rings. Dibenz[a,h]anthracene contains two bay regions but no fjord region in its structure.

There were 31 datasets for dibenz[a,h]anthracene that met selection criteria and included benzo[a]pyrene (Figure 6-25). Included in the database are in vivo tumor bioassay datasets (5), in vivo DNA adduct datasets (2), an in vivo clastogenicity dataset, mutagenicity datasets (10), morphological/malignant cell transformation datasets (6), and in vitro DNA damage, adducts, or clastogenicity datasets (7). There were three tumor bioassays for dibenz[a,h]anthracene that included benzo[a]pyrene, and all resulted in statistically significant increases in tumor incidence and/or multiplicity. The bioassays were in three different test systems: a rat lung implantation study (Wenzel-Hartung et al., 1990), a mouse dermal initiation study reporting both incidence and multiplicity (Slaga et al., 1980), and an intraperitoneal study in A/J mice (Nesnow et al., 1998b). Dibenz[a,h]anthracene was shown to form DNA adducts when administered in vivo to mice via intraperitoneal injection (Nesnow et al., 1998b) and dermal application (Phillips et al., 1979). Mutagenicity and morphological/malignant cell transformation assays of dibenz[a,h]anthracene were predominantly positive (13/16), as were studies of other cancerrelated endpoints. Because the available bioassays with benzo[a]pyrene were positive, dibenz[a,h]anthracene was considered carcinogenic and was selected for inclusion in the RPF approach.


Figure 6-25. Dibenz[a,h]anthracene (DBahA) RPFs*.

Dibenzo[a,h]pyrene (DBahP)


Dibenzo[a,h]pyrene (CASRN 189-64-0) is an alternant PAH comprised of six fused aromatic rings. Dibenzo[a,h]pyrene contains two bay regions but no fjord region in its structure.

There were five datasets for dibenzo[a,h]pyrene that met selection criteria and included benzo[a]pyrene (Figure 6-26); all gave positive results. The database includes one in vivo bioassay dataset, one in vivo DNA adduct dataset, two in vitro mammalian mutagenicity datasets, and one in vitro DNA damage dataset. A statistically significant increase in tumor incidence was reported in a dermal initiation bioassay in mice (Hoffmann and Wynder, 1966). In addition, two dermal studies of complete carcinogenicity that included benzo[a]pyrene gave positive results, but no RPF could be calculated because the incidence of tumors in the mice exposed to dibenzo[a,h]pyrene was $\geq 90 \%$ at the lowest dose tested (Cavalieri et al., 1977; Hoffmann and Wynder, 1966) and tumor multiplicity was not reported. As all of the available bioassays that included benzo[a]pyrene showed exposure-related tumorigenic responses, dibenzo[a,h]pyrene was considered carcinogenic and was selected for inclusion in the RPF approach.


Figure 6-26. Dibenzo[a,h]pyrene (DBahP) RPFs.

Dibenzo[a,i]pyrene (DBaiP)


Dibenzo[a,i]pyrene (CASRN 189-55-9) is an alternant PAH comprised of six fused aromatic rings. Dibenzo[a,i]pyrene contains two bay regions but no fjord region in its structure.

There were 12 datasets for dibenzo[a,i]pyrene that met selection criteria and included benzo[a]pyrene (Figure 6-27); all gave positive results. The database includes two in vivo bioassay datasets, one in vivo DNA adduct dataset, seven in vitro mutagenicity datasets, and two in vitro DNA damage datasets. Statistically significant increases in tumor incidence were reported in dermal initiation and complete carcinogenicity bioassays in mice, both published by Hoffmann and Wynder (1966). The cancer-related endpoint studies were all positive. As the available bioassays that included benzo[a]pyrene were both positive, dibenzo[a,i]pyrene was considered carcinogenic and was selected for inclusion in the RPF approach.


* Missing bar indicates nonpositive genotoxicity study


## Reference

Figure 6-27. Dibenzo[a,i]pyrene (DbaiP) RPFs*.


Dibenzo[a,l]pyrene (CASRN 191-30-0) is an alternant PAH comprised of six fused aromatic rings. Dibenzo[a, 1 ]pyrene contains both a bay region and a fjord region in its structure.

There were 16 datasets for dibenzo[a,l]pyrene that met selection criteria and included benzo[a]pyrene (Figure 6-28); all of the studies gave positive results. The database includes four in vivo tumor bioassay datasets, three in vivo DNA adduct datasets, one bacterial mutagenicity dataset, one morphological/malignant cell transformation dataset, four in vivo clastogenicity datasets, and three in vitro DNA adduct or DNA damage datasets.

In three bioassays of dibenzo[a,l]pyrene included benzo[a]pyrene, RPFs could not be calculated using incidence data, because the incidence of tumors associated with the lowest dose of dibenzo[a,l]pyrene exceeded $90 \%$ (two dermal initiation experiments in mice and an intramammilary injection study in rats, both reported by Cavalieri et al., 1991); however, tumor multiplicity data were reported for the dermal initiation experiments and were used to calculate RPFs of 10 and 40. Nesnow et al. (1998b) provided tumor multiplicity and incidence data ${ }^{6}$ in A/J mice exposed intraperitoneally; both endpoints indicated an RPF of $\sim 30$. Because the available studies indicated that dibenzo[a,l]pyrene may be much more potent benzo[a]pyrene, other studies were also examined to confirm the potency of this compound.

Dibenzo[a,l]pyrene treatment resulted in significant increases in tumor incidence in seven bioassays that did not include benzo[a]pyrene, including two dermal initiation studies (Gill et al., 1994; Cavalieri et al., 1989), a dermal complete carcinogenicity study (Nakatsuru et al., 2004), an intramammilary injection study in rats (Cavalieri et al., 1989), a newborn mouse bioassay (Platt et al., 2004), an intraperitoneal bioassay using A/J mice (Prahalad et al., 1997), and a gavage bioassay comparing the responses of cyp1B1 wild-type and null mice (Buters et al., 2002). In several of these studies, there was significant toxicity associated with dibenzo[a,l]pyrene treatment. Tumor incidences were very high in most of the studies, including the gavage study (Buters et al., 2002), which reported an overall tumor incidence of $100 \%$ in cyp1B1 wildtype mice treated with a single dose of dibenzo[a,l]pyrene. A recent study examining in utero and/or lactational exposure to dibenzo[a,l]pyrene showed that mouse pups exposed during late gestation develop T-cell lymphomas between 3 and 6 months of age, as well multiple lung and liver tumors (Castro et al., 2008). All of the cancer-related data for dibenzo[a,l]pyrene were positive and resulted in high RPF estimates, including in vivo and in vitro studies of DNA

[^5]adducts, in vivo clastogenicity studies, morphological/malignant cell transformation studies, bacterial mutagenicity studies, and in vitro DNA damage or DNA adduct studies.

The weight of evidence supporting a finding of carcinogenicity for dibenzo[a,l]pyrene is strong and suggests that this compound is very potent; thus, it was selected for inclusion in the RPF approach.


Reference

Figure 6-28. Dibenzo[a,I]pyrene (DBalP) RPFs.

Fluoranthene (FA)


Fluoranthene (CASRN 206-44-0) is a nonalternant PAH comprised of three aromatic rings and one five-membered ring. Fluoranthene does not contain a classic bay or fjord region in its structure.

There were 21 datasets for fluoranthene that met selection criteria and included benzo[a]pyrene (Figure 6-29). Included in the database are in vivo tumor bioassay datasets (11), bacterial and mammalian mutagenicity datasets (5), a morphological/malignant cell transformation assay, and in vitro studies of DNA damage, DNA adducts, or clastogenicity (4). Of the bioassay datasets that included benzo[a]pyrene, nine gave positive results and two gave nonpositive results. Statistically significant increases in tumor incidence and tumor multiplicity were reported in newborn mouse bioassays (in male and female mice [LaVoie et al., 1994] and in female mice [Busby et al., 1989]). The tumor incidence was not significantly increased by fluoranthene in a mouse dermal initiation study with an RPF detection limit of 0.01 (Hoffman et al., 1972) and when fluoranthene was tested alone in a dermal cocarcinogenicity bioassay with an RPF detection limit of 0.1 (Van Duuren and Goldschmidt, 1976). In another newborn mouse bioassay (Busby et al., 1984) that reported both incidence and multiplicity, the lowest dose of benzo[a]pyrene resulted in a tumor incidence of $>90 \%$, precluding RPF calculation from the incidence data; however, multiplicity data were available. Statistical analysis of the data for fluoranthene demonstrated positive findings for both incidence and multiplicity in male mice, but the results for the two endpoints were inconsistent in females. In female mice exposed at the high dose of fluoranthene in a newborn mouse bioassay reported by Busby et al. (1984), the lung tumor count was significantly increased (albeit borderline, $p=0.0343$ ) while the incidence was not ( $p>0.05$ ), and neither was statistically significantly increased at the lower dose. For the purpose of this analysis, the multiplicity data were treated as an independent measure of carcinogenic potency, and an RPF was calculated for the statistically increased tumor count in female mice.

The mutagenicity studies of fluoranthene were all positive, but in vitro studies of DNA damage, DNA adducts, and clastogenicity gave inconsistent results. Because the inconsistent bioassay results can be attributed to different test systems (different exposure route and/or gender) or study design, fluoranthene was considered carcinogenic and was selected for inclusion in the RPF approach.


Figure 6-29. Fluoranthene (FA) RPFs*.


Fluorene (CASRN 86-73-7) is a nonalternant PAH comprised of two aromatic rings and one five-membered ring. Fluorene does not contain a classic bay or fjord region in its structure.

There were nine datasets for fluorene that met selection criteria and included benzo[a]pyrene (Figure 6-30). There were no tumor bioassays of fluorene that included benzo[a]pyrene, so other bioassays and cancer-related endpoint data were considered. LaVoie et al. (1980) conducted a study of skin tumor initiation in mice treated with 1 mg fluorene followed by 20 weeks of treatment with TPA; the study did not include benzo[a]pyrene. The incidence of tumor-bearing animals (5\%) was not significantly increased over controls (0\%) (LaVoie et al., 1980). The limited cancer-related endpoint data were mixed, with three positive and four nonpositive mutagenicity datasets, and two nonpositive in vitro DNA damage datasets. Overall, the database for fluorene is both limited and inconsistent. Because the database for fluorene does not provide adequate information with which to assess carcinogenicity, this PAH was not selected for inclusion in the RPF approach.


Figure 6-30. Fluorene (FE) RPFs*.


Indeno[1,2,3-c,d]pyrene (CASRN 193-39-5) is a nonalternant PAH comprised of five aromatic rings and one five-membered ring. Indeno[1,2,3-c,d]pyrene does not contain a classic bay or fjord region in its structure.

There were five datasets for indeno[1,2,3-c,d]pyrene that met selection criteria and included benzo[a]pyrene (Figure 6-31). There are three tumor bioassays, one in vitro study of morphological/malignant cell transformation (Emura et al., 1980), and one in vitro study of DNA damage (Mersch-Sundermann et al., 1992). Of the three tumor bioassays, only one, a rat lung implantation study (Deutsch-Wenzel et al., 1983), reported a statistically significant increase in tumor incidence or multiplicity; the RPF was 0.07 . Nonpositive findings were reported in mouse dermal initiation (Hoffmann and Wyner, 1966) and complete carcinogenicity (Habs et al., 1980) studies with RPF detection limits in the range of $0.1-0.3$. Because the inconsistent bioassay results can be attributed to different test systems (different species and route), and the nonpositive studies may not have been sufficiently sensitive to detect an effect, indeno-[1,2,3-c,d]pyrene was considered carcinogenic and was selected for inclusion in the RPF approach.


Figure 6-31. Indeno[1,2,3-c,d]pyrene (IP) RPFs.

Naphtho[2,3-e]pyrene (N23eP)


Naphtho[2,3-e]pyrene (CASRN 193-09-9) is an alternant PAH comprised of six fused aromatic rings. Naphtho[2,3-e]contains two bay regions but no fjord region in its structure.

There were two datasets for naphtho[2,3-e]pyrene that met selection criteria and included benzo[a]pyrene (Figure 6-32): a tumor bioassay dataset and an in vitro mammalian mutagenicity dataset (both were positive). The tumor bioassay was a single dose dermal initiation bioassay (Hoffmann and Wynder, 1966). As the available bioassay reported a statistically significant increase in tumor incidence, naphtho[2,3-e]pyrene was considered carcinogenic, and was selected for inclusion in the RPF approach.


Figure 6-32. Naphtho[2,3-e]pyrene (N23eP) RPFs.


Perylene (CASRN 198-55-0) is an alternant PAH comprised of five fused aromatic rings. Perylene contains two bay regions but no fjord region in its structure.

There were 11 datasets for perylene that met selection criteria and included benzo[a]pyrene (Figure 6-33). The database includes an in vivo tumor bioassay dataset, an in vivo clastogenicity dataset, eight bacterial mutagenicity datasets, and an in vitro DNA damage dataset. The single tumor bioassay, a dermal initiation study, gave nonpositive results for perylene (El-Bayoumy et al., 1982); the RPF detection limit was 0.01. To confirm the nonpositive bioassay findings, other bioassays and cancer-related endpoint data were considered. In a study that did not include benzo[a]pyrene, Van Duuren et al. (1970) did not observe an increase in tumor incidence over controls when mice were treated by dermal application with an initiating dose of 0.8 mg perylene in benzene followed by thrice weekly treatment with phorbol myristate acetate for 58 weeks. However, seven of the eight bacterial mutagenicity studies gave positive results, while perylene tested nonpositive in one bacterial mutagenicity study, the clastogenicity study, and the DNA damage study. Overall, the database for perylene is both limited and inconsistent. Because the database for perylene does not provide adequate information with which to assess carcinogenicity, this PAH was not selected for inclusion in the RPF approach.


* Missing bar indicates nonpositive cancer-related endpoint study


## Reference

Figure 6-33. Perylene (Pery) RPFs*.

## Phenanthrene (PH)



Phenanthrene (CASRN 85-01-8) is an alternant PAH comprised of three fused aromatic rings. Phenanthrene contains a bay region in its structure, but has less than four aromatic rings.

There were 34 datasets for phenanthrene that met selection criteria and included benzo[a]pyrene, including 3 in vivo tumor bioassay datasets, 2 in vivo clastogenicity datasets, 11 mutagenicity datasets, 6 morphological/malignant cell transformation datasets, and 12 in vitro studies of DNA adducts, DNA damage, or clastogenicity (Figure 6-34). Only 7 studies reported positive results; the remaining 27 studies reported nonpositive findings, including all 3 bioassays. Nonpositive findings were reported in the three bioassays that included benzo[a]pyrene, including a lung implantation study in rats (Wenzel-Hartung et al., 1990), a dermal initiation study in mice (LaVoie et al., 1981), and a subcutaneous study in mice (Grant and Roe, 1963). To confirm the nonpositive findings, other bioassays and cancer-related endpoint data were considered. In bioassays without benzo[a]pyrene, phenanthrene did not induce significant increases in tumors in a newborn mouse assay using a total dose of $1.4 \mu \mathrm{~mol}$ (Buening et al., 1979) or in two dermal initiation assays (Wood et al., 1979; Salaman and Roe, 1956) using doses of $10 \mu \mathrm{~mol}$ and 540 mg , respectively. However, $12 / 30$ mice developed papillomas by week 35 after dermal treatment with $10 \mu \mathrm{~mol}$ phenanthrene (in benzene) followed by twice weekly treatment with TPA; no control mice had papillomas (Scribner, 1973). The response was statistically significantly increased over controls ( $p<0.01$ ).

In vitro assays of mutagenicity and morphological/malignant cell transformation were predominantly nonpositive for phenanthrene. One of the two positive studies (Sakai et al., 1988) reported a poor dose-response relationship for phenanthrene. Two studies found evidence of clastogenicity after in vivo administration of phenanthrene (Roszinsky-Kocher et al., 1979; Bayer, 1978). However, in the study by Bayer (1978), only the high dose gave a significant response, and there was not a significant dose-response trend. When phenathrene was tested in in vitro studies of DNA adducts, DNA damage, and clastogenicity, the results were predominantly nonpositive ( $9 / 12$ studies). Overall, the database for phenanthrene is substantial, and the weight of evidence suggests that this PAH is not carcinogenic. Based on the large number of nonpositive bioassays and the abundant evidence that phenanthrene lacks genotoxic action, this compound was selected for inclusion in the RPF approach and assigned an RPF of zero.


* Missing bar indicates nonpositive cancer-related endpoint study

Reference

Figure 6-34. Phenanthrene (PH) RPFs*.

## Pyrene (Pyr)



Pyrene (CASRN 129-00-0) is an alternant PAH comprised of four fused aromatic rings. Pyrene does not contain a bay or fjord region in its structure.

There were 49 datasets for pyrene that met study quality criteria and included benzo[a]pyrene (Figure 6-35). Included in the database are in vivo tumor bioassay datasets (7), in vivo clastogenicity datasets (5), bacterial and mammalian mutagenicity datasets (14), morphological/malignant cell transformation datasets (7), and in vitro DNA damage, DNA adducts, or clastogenicity datasets (16). There were seven bioassays of pyrene that included benzo[a]pyrene; all gave nonpositive results. Nonpositive results were reported in two newborn mouse bioassays in which both males and females were tested (Busby et al., 1989; Wislocki et al., 1986), two studies of dermal initiation (El-Bayoumy et al., 1982; Wood et al., 1980), and a dermal cocarcinogenesis bioassay (Van Duuren and Goldschmidt, 1976). RPF detection limits in these studies ranged from about 0.01 to 0.1 (see Figure 6-35). In an intraperitoneal bioassay using $\mathrm{A} / \mathrm{J}$ mice that included benzo[a]pyrene, the authors reported that pyrene treatment did not induce lung adenomas (Ross et al., 1995); data were not reported, so an RPF detection limit could not be estimated. In bioassays without benzo[a]pyrene, pyrene did not induce a significant increase in tumors in a dermal initiation bioassay (Salaman and Roe, 1956). Scribner (1973) reported a weak tumorigenic response in a dermal initiation study in mice ( $5 / 29$ mice developed papillomas 35 weeks after dermal treatment with $10 \mu \mathrm{~mol}$ pyrene in benzene followed by twice weekly treatment with TPA as compared with $0 / 30$ control mice, $p=0.02$ ).

In vitro assays of bacterial and mammalian mutagenicity and morphological/malignant cell transformation were predominantly nonpositive for pyrene. In five studies of clastogenicity in animals exposed in vivo to pyrene, no evidence of clastogenic effects was reported. Further, in vitro studies of DNA adducts, DNA damage, and clastogenicity using pyrene also largely reported nonpositive results. Overall, the database for pyrene is substantial, and the weight of evidence suggests that this PAH is not carcinogenic. Based on the large number of nonpositive bioassays and the abundant evidence that pyrene lacks genotoxic action, this compound was selected for inclusion in the RPF approach and assigned an RPF of zero.


Figure 6-35. Pyrene (Pyr) RPFs*.


Triphenylene (CASRN 217-59-4) is an alternant PAH comprised of four fused aromatic rings. Triphenylene contains several bay regions but no fjord region in its structure.

There were six datasets for triphenylene that met selection criteria and included benzo[a]pyrene (Figure 6-36); all but one of the studies gave positive results. The database includes five mutagenicity studies (four positive and one nonpositive) and a study of in vitro DNA damage. There were no bioassays of triphenylene that met selection criteria, and no bioassays without benzo[a]pyrene. Although all of the available cancer-related endpoint studies for triphenylene gave positive results, the database is very limited, consisting of only a few in vitro mutagenicity and DNA damage studies. The RPFs for cancer-related endpoints ranged from 0.02 to 0.4. Because the database for triphenylene does not provide adequate information with which to assess carcinogenicity, this PAH was not selected for inclusion in the RPF approach.


Figure 6-36. Triphenylene (Tphen) RPFs*.

## 7. DERIVATION OF FINAL RPFs FOR SELECTED PAHs

The weight of evidence evaluation (Chapter 6) indicates that the available data are adequate to suggest that 24 of the 27 PAHs are carcinogenic, 3 PAHs (anthracene, phenanthrene, and pyrene) exhibited no carcinogenicity, and data are inadequate to evaluate the carcinogenicity of eight PAHs. The 8 PAHs with inadequate data are excluded from the RPF analysis.

For the three PAHs for which there were sufficient data to conclude that they were not carcinogenic (i.e., robust nonpositive tumor bioassay data and cancer-related endpoint data), a final RPF of zero was recommended. While there is little quantitative difference between selecting a final RPF of zero for a given PAH and excluding that PAH from the RPF approach, this is an important distinction for uncertainty analysis. There is substantial uncertainty in the risk associated with PAHs that are excluded from the RPF analysis due to inadequate data, as these compounds could be of low or high potency. However, for PAHs with an RPF of zero, there is evidence to suggest that these compounds are not carcinogenic, and the uncertainty associated with the cancer risk for these compounds is markedly reduced.

For each of the remaining 24 compounds, a final nonzero RPF was derived. A number of options were considered for deriving a final RPF from among the numerous values calculated for each individual PAH. These options included: prioritizing bioassay RPFs from different exposure routes based on environmentally relevant routes; prioritizing bioassay RPFs based on target organs considered relevant to human susceptibility to PAH carcinogenesis; prioritizing RPFs based on quality of the underlying study; prioritizing cancer-related endpoints by their correlation with bioassay potency (i.e., ability to predict bioassay potency); and combining (i.e., averaging) RPFs across all bioassays, across all cancer-related endpoints, or across all endpoints. Appendix G details analyses that were undertaken to assess various options for ranking or prioritizing RPFs. It was concluded that the available data did not provide a basis for prioritizing RPFs except for a preference for bioassay data over cancer-related endpoints. As a consequence, final RPFs were derived from bioassay data for any PAH that had at least one RPF based on a bioassay. For carcinogenic PAHs without bioassay data, final RPFs were calculated from all cancer-related endpoint datasets with positive results (see next section).

### 7.1. METHODS FOR DERIVING FINAL RPFs

For each carcinogenic PAH with bioassay data, the average RPF was calculated from bioassay datasets with positive results (nonpositive bioassay results were not included in the calculation). For those PAHs that did not have any RPF based on a bioassay, but for which the weight of evidence evaluation indicated a carcinogenic response (e.g., dibenz[a,c]anthracene), the average RPF was calculated from all cancer-related endpoint datasets with positive results (again, nonpositive results were not included in the calculation). The range of RPF values was
also reported. Presenting the average and the range provides an average and maximum estimate for each PAH that has data from multiple studies.

Several options were considered for the estimation of a final RPF, including arithmetic mean, geometric mean, weighted average, maximum, or order of magnitude estimates. The arithmetic mean and range were chosen as a simple approach to describing the calculated RPF values available for each PAH. Other estimates were not considered due to the limited number of individual RPF values calculated for most PAHs and the variability in the RPF estimates. There were usually not enough data (3 or fewer RPFs for 17/23 PAHs with nonzero RPFs) to assess the shape of the RPF distribution for any given PAH; thus, a geometric mean was not considered. Further, the range of RPF values from tumor bioassays was greater than an order of magnitude for several compounds (6/23 PAHs). The variability in RPF estimates is likely due to differences in study design parameters (e.g., route, species/strain, exposure duration, exposure during sensitive time periods, initiation versus complete carcinogenesis protocol, tumor incidence versus tumor multiplicity reporting) and dose-response methods (modeled versus point estimates). Calculation of a weighted average was considered, but without a rationale for assigning weights among study types or among tumor data outcomes, using a weighting approach might increase uncertainty.

Several previous approaches for generating RPF values for PAHs have used order-ofmagnitude estimates (Collins et al., 1998; Malcolm and Dobson, 1994; U.S. EPA, 1993; Nisbet and LaGoy, 1992, see Chapter 3). The presentation of the arithmetic mean (and range) of RPFs for each PAH reflects the available data better than an order-of-magnitude approach.

The range was reported as a measure of variability instead of a confidence interval on the average RPF. The input data for each average RPF (bioassay RPFs of different route, species, sex, and target organ, or cancer-related endpoint data across a wide variety of assays and test conditions) reflect such heterogeneity in study design that confidence limits would not provide the statistical precision that they typically convey. All tumor bioassay RPFs (across all exposure routes, species, and sexes, and including both tumor incidence and tumor multiplicity RPFs) were combined to estimate the mean and range for each PAH, except as follows. Only nonzero RPFs were included in the calculation of the final RPF and range for each PAH

While tumor multiplicity data from tumor bioassays are not generally used to estimate cancer potency, these data were included in the dose-response assessment in order to determine whether they could serve as a reliable measure of relative cancer potency. Several bioassays reported data on both tumor incidence and tumor number, providing information that was used to compare relative potencies estimated from these two endpoints. The comparison between RPFs calculated from incidence and tumor multiplicity data from the same experiment showed these values to be highly correlated ( $\mathrm{r}^{2}=0.76$; see further discussion in Chapter 8 ), indicating that multiplicity RPFs are reasonably predictive of incidence RPFs. When both incidence and multiplicity RPFs were calculated for the same group of animals, the results for each endpoint
could not be considered independent, so the higher of the two values was included in the average and the lower value was excluded. As discussed further in Chapter 8, in 70\% of the cases where data for both incidence and multiplicity were used to calculate RPFs, the RPF associated with incidence was the higher of the two (or the two values were equal) and was therefore included in the average, omitting the corresponding multiplicity RPF.

When separate RPFs were calculated for different target organs in the same group of animals, the higher value of the two RPFs was included in the average and range, and the lower value was dropped from the combined data. Different RPFs were calculated for liver and lung tumors in male mice (females did not develop liver tumors) in newborn mouse studies. This occurrence applied only to benz[a]anthracene, chrysene, and fluoranthene tested in studies reported by LaVoie et al. (1994) and Wislocki et al. (1986).

When separate RPFs were calculated for male and female animals in the same study (generally, these were also newborn mouse studies), both sex-specific RPFs were included in the aggregation, as these were two separate groups of animals. In the one dermal study that included both sexes (Nesnow et al., 1984), the male and female RPFs differed by only $\sim 50 \%$ for both benz[c]aceanthrylene and benz[l]aceanthrylene. In the newborn mouse studies that resulted in nonzero RPFs for both males and females (LaVoie et al., 1994, 1987; Wislocki et al., 1986), the male RPF was typically three- to fivefold higher than the female RPF. Final RPFs that included both male and female values from the same study were calculated for three PAHs: benzo[j]fluoranthene, benz[a]anthracene, and fluoranthene.

Table 7-1 shows the average RPFs based on tumor bioassay data with their associated range, and an overview of the tumor bioassay database (total number of studies, exposure routes tested, species tested, and sexes tested) for each PAH. Table 7-2 shows the average RPF for dibenz[a,c]anthracene, the only RPF based on cancer-related endpoint data, with its associated range, and an overview of the database for this compound.

Table 7-1. Final RPFs based on tumor bioassay data

| PAH | Average RPF | Range of RPFs | Number of datasets | Exposure routes tested | Species tested | Sexes tested |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Anthanthrene | 0.4 | 0.2-0.5 | 2 | Dermal, lung implantation | Mouse, rat | Female |
| Anthracene | 0 | 0 | 1 (nonpositive) | Dermal | Mouse | Female |
| Benz[a]anthracene | 0.2 | 0.02-0.4 | 3 | Dermal, intraperitoneal | Mouse | Female, male |
| Benz[b,c]aceanthrylene, 11H- | 0.05 | 0.05 | 1 | Dermal | Mouse | Female |
| Benzo[b]fluoranthene | 0.8 | 0.1-2 | 5 | Dermal, intraperitoneal, lung implantation | Mouse, rat | Female, male |
| Benzo[c]fluorene | 20 | 1-50 | 2 | Oral, intraperitoneal | Mouse | Female |
| Benz[e]aceanthrylene | 0.8 | 0.6-0.9 | 2 | Dermal | Mouse | Female, male |
| Benzo[g,h,i]perylene | 0.009 | 0.009 | 1 | Lung implantation | Rat | Female |
| Benz[j]aceanthrylene | 60 | 60 | 1 | Intraperitoneal | Mouse | Male |
| Benzo[j]fluoranthene | 0.3 | 0.01-1 | 5 | Dermal, intraperitoneal, lung implantation | Mouse, rat | Female, male |
| Benzo[k]fluoranthene | 0.03 | 0.03-0.03 | 2 | Dermal, lung implantation | Mouse, rat | Female |
| Benz[l]aceanthrylene | 5 | 4-7 | 2 | Dermal | Mouse | Female, male |
| Chrysene | 0.1 | 0.04-0.2 | 7 | Dermal, intraperitoneal, lung implantation | Mouse, rat | Female, male |
| Cyclopenta[c,d]pyrene | 0.4 | 0.07-1 | 5 | Dermal, intraperitoneal | Mouse | Female, male |
| Cyclopenta[d,e,f]chrysene, 4H- | 0.3 | 0.2-0.5 | 2 | Dermal | Mouse | Female |
| Dibenzo[a,e]fluoranthene | 0.9 | 0.7-1 | 2 | Dermal | Mouse | Female |
| Dibenzo[a,e]pyrene | 0.4 | 0.3-0.4 | 2 | Dermal | Mouse | Female |
| Dibenz[a,h]anthracene | 10 | 1-40 | 3 | Dermal, intraperitoneal, lung implantation | Mouse, rat | Female, male |
| Dibenzo[a,h]pyrene | 0.9 | 0.9 | 1 | Dermal | Mouse | Female |
| Dibenzo[a,i]pyrene | 0.6 | 0.5-0.7 | 2 | Dermal | Mouse | Female |
| Dibenzo[a,l]pyrene | 30 | 10-40 | 3 | Dermal, intraperitoneal | Mouse | Female, male |
| Fluoranthene | 0.08 | 0.009-0.2 | 5 | Intraperitoneal | Mouse | Female, male |
| Indeno[1,2,3-c,d]pyrene | 0.07 | 0.07 | 1 | Lung implantation | Rat | Female |
| Naphtho[2,3-e]pyrene | 0.3 | 0.3 | 1 | Dermal | Mouse | Female |
| Phenanthrene | 0 | 0 | 3 (nonpositive) | Dermal, intraperitoneal, lung implantation | Mouse, rat | Female, male |
| Pyrene | 0 | 0 | 7 (nonpositive) | Dermal, intraperitoneal | Mouse | Female, male |

Table 7-2. Final RPFs based on cancer-related endpoint data (no tumor bioassay data available)

| PAH | Average RPF | Range of RPFs | Types of studies | Multiple dose studies |
| :--- | :---: | :---: | :--- | :--- |
| Dibenz[a,c]anthracene | 4 | $0.04-50$ | $\begin{array}{l}\text { Total = } 14 \text { studies } \\ \text { One in vivo DNA adduct } \\ \text { Six in vitro bacterial } \\ \text { mutagenicity } \\ \text { One in vitro mammalian } \\ \text { mutagenicity } \\ \text { One in vitro morphological/ } \\ \text { malignant transformation } \\ \text { Three in vitro DNA damage } \\ \text { Two in vitro DNA adducts }\end{array}$ | $\begin{array}{l}\text { Total }=6 \text { studies } \\ \text { Four in vitro bacterial } \\ \text { mutagenicity }\end{array}$ |
| One in vitro DNA damage |  |  |  |  |
| One in vitro DNA adduct |  |  |  |  |$]$

### 7.2. CONFIDENCE RATINGS FOR FINAL RPFs

Once a final RPF was derived for a given PAH, the resulting value was assigned a relative confidence rating of high, medium, low, or very low. The relative confidence rating characterized the nature of the database upon which the final RPF was based. Confidence rankings were based on the robustness of the database. For final RPFs based on tumor bioassay data, confidence ratings considered both the available tumor bioassays and the availability of supporting data for cancer-related endpoints. The most important factors that were considered included the availability of in vivo data and whether multiple exposure routes were represented. Other database characteristics that were considered included the availability of more than one in vivo study, and whether effects were evident in more than one sex or species. The database characteristics of exposure route, species, and gender are somewhat related (i.e., not independent variables). For example, intraperitoneal injection studies were generally performed in both male and female mice while lung implantation studies were conducted in rats only. An increase in the number of exposure routes tested also results in generation of data for multiple species and genders. The factors that were considered in the relative confidence rating for each RPF are illustrated in Table 7-3.

Table 7-3. Relative confidence ratings for RPFs

| PAH | Relative confidence | Tumor bioassay data |  |  |  |  | Supporting data for cancer-related endpoints |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | In vivo data | $>1$ Exposure route | >2 Exposure routes | >1 Species | $>1$ Gender |  |
| Benzo[b]fluoranthene | High | $\checkmark$ | $\checkmark$ | $\checkmark$ | $\checkmark$ | $\checkmark$ | $\checkmark$ |
| Benzo[j]fluoranthene | High | $\checkmark$ | $\checkmark$ | $\checkmark$ | $\checkmark$ | $\checkmark$ | $\checkmark$ |
| Chrysene | High | $\checkmark$ | $\checkmark$ | $\checkmark$ | $\checkmark$ | $\checkmark$ | $\checkmark$ |
| Dibenz[a,h]anthracene | High | $\checkmark$ | $\checkmark$ | $\checkmark$ | $\checkmark$ | $\checkmark$ | $\checkmark$ |
| Phenanthrene | High | $\checkmark$ | $\checkmark$ | $\checkmark$ | $\checkmark$ | $\checkmark$ | $\checkmark$ |
| Anthanthrene | Medium | $\checkmark$ | $\checkmark$ |  | $\checkmark$ |  | $\checkmark$ |
| Anthracene | Medium | $\checkmark$ | $\checkmark^{\text {a }}$ |  | $\checkmark^{\text {a }}$ |  | $\checkmark$ |
| Benz[a]anthracene | Medium | $\checkmark$ | $\checkmark$ |  |  | $\checkmark$ | $\checkmark$ |
| Benzo[c]fluorene | Medium | $\checkmark$ | $\checkmark$ |  |  |  | $\checkmark$ |
| Benzo[k]fluoranthene | Medium | $\checkmark$ | $\checkmark$ |  | $\checkmark$ |  |  |
| Cyclopenta[c,d]pyrene | Medium | $\checkmark$ | $\checkmark$ |  |  | $\checkmark$ | $\checkmark$ |
| Dibenzo[a,l]pyrene | Medium | $\checkmark$ | $\checkmark$ |  |  | $\checkmark$ | $\checkmark$ |
| Pyrene | Medium | $\checkmark$ | $\checkmark$ |  |  | $\checkmark$ | $\checkmark$ |
| Benz[b,c]aceanthrylene, 11H- | Low | $\checkmark$ |  |  |  |  |  |
| Benz[e]aceanthrylene | Low | $\checkmark$ |  |  |  | $\checkmark$ | $\checkmark$ |
| Benzo[g,h,i]perylene | Low | $\checkmark$ |  |  |  |  | $\checkmark$ |
| Benz[j]aceanthrylene | Low | $\checkmark$ |  |  |  |  | $\checkmark$ |
| Benz[l]aceanthrylene | Low | $\checkmark$ |  |  |  | $\checkmark$ | $\checkmark$ |
| Cyclopenta[d,e,f]chrysene, 4H- | Low | $\checkmark$ |  |  |  |  |  |
| Dibenzo[a,e]fluoranthene | Low | $\checkmark$ |  |  |  |  | $\checkmark$ |
| Dibenzo[a,e]pyrene | Low | $\checkmark$ |  |  |  |  | $\checkmark$ |
| Dibenzo[a,h]pyrene | Low | $\checkmark$ |  |  |  |  | $\checkmark$ |
| Dibenzo[a,i]pyrene | Low | $\checkmark$ |  |  |  |  | $\checkmark$ |
| Fluoranthene | Low | $\checkmark$ |  |  |  | $\checkmark$ | $\checkmark$ |
| Indeno[1,2,3-c,d]pyrene | Low | $\checkmark$ |  |  |  |  | $\checkmark$ |
| Naphtho[2,3-e]pyrene | Low | $\checkmark$ |  |  |  |  | $\checkmark$ |
| Dibenz[a,c]anthracene | Very low |  |  |  |  |  | $\checkmark$ |

${ }^{\text {a }}$ Bioassays of anthracene without benzo[a]pyrene included dermal studies in mice and a lung implantation study in rats.

Very low relative confidence was used to describe final RPFs based on cancer-related endpoint data only (e.g., dibenz[a,c]anthracene).

For RPFs of zero, the confidence rating considered both the available tumor bioassays (with and without benzo[a]pyrene) and the size and consistency of the cancer-related endpoint database. An RPF of zero was only applied if the data implied high or medium relative confidence. For anthracene, phenanthrene, and pyrene, the available data support a practical RPF of zero.

### 7.3. APPLICATION OF RPFs FOR ASSESSING CANCER RISKS FROM EXPOSURE TO PAH MIXTURES

In the proposed RPF approach, the cancer risk associated with exposure to a particular mixture of PAHs is assumed to equal the sum of the risks associated with exposure to individual carcinogenic components. Because quantitative cancer risk values are available only for benzo[a]pyrene, exposure units (either concentrations or doses, in units of mass) for other PAHs found in the mixture are expressed in terms of benzo[a]pyrene equivalents. These are summed with benzo[a]pyrene to obtain an estimate of the total benzo[a]pyrene equivalents (in concentration or dose) presented by the mixture. Benzo[a]pyrene equivalents for PAH components in a particular mixture are calculated by multiplying the concentration (or dose) of a particular PAH component in the mixture by its RPF. The total benzo[a]pyrene equivalents for a particular mixture of PAHs is calculated as follows:

$$
\mathrm{E}=\sum \mathrm{RPF}_{\mathrm{j}} \mathrm{C}_{\mathrm{j}}+\mathrm{X}
$$

where:
$\mathrm{E} \quad=$ the benzo[a]pyrene equivalent exposure presented by the mixture
$\mathrm{RPF}_{\mathrm{j}}=$ relative potency factor of the $\mathrm{j}^{\text {th }}$ PAH detected in the mixture
$\mathrm{C}_{\mathrm{j}}=$ dose or concentration of the $\mathrm{j}^{\text {th }}$ PAH detected in the mixture
$\mathrm{X}=$ dose or concentration of benzo[a]pyrene in the mixture.

The cancer risk for the PAH mixture is determined by multiplying the benzo[a]pyrene equivalent dose or concentration by the benzo[a]pyrene cancer toxicity value (e.g., oral slope factor). The proposed RPF approach considers each of the bioassay types used for RPF derivation to be equivalent for the purpose of determining relative potency to benzo[a]pyrene. The uncertainty associated with using a single RPF to derive benzo[a]pyrene equivalents for multiple exposure routes is discussed in Section 8.6.

### 7.4. SUSCEPTIBILITY FROM EARLY LIFE EXPOSURE TO CARCINOGENS

According to the Supplemental Guidance for Assessing Susceptibility from Early Life Exposure to Carcinogens (U.S. EPA, 2005b), benzo[a]pyrene is carcinogenic by a mutagenic
mode of action. For example, an acute dosing study using benzo[a]pyrene suggests that earlylifestage exposure would lead to an increased incidence of tumors compared with adult exposures of a similar dose and duration (EPA, 2005b). Mice that were treated with benzo[a]pyrene ( 75 or $150 \mu \mathrm{~g} / \mathrm{g}$ body weight intraperitoneal) within 24 hours of birth or at 15 days of age developed hepatomas at a higher incidence than similarly treated animals at 42 days of age (Vesselinovitch et al., 1975, as cited in EPA 2005b).

The Supplemental Guidance establishes age-dependent adjustment factors (ADAFs) for three specific age groups. The ADAFs and their age groupings are 10 for $<2$ years, 3 for $2-<16$ years, and 1 for $\geq 16$ years (U.S. EPA, 2005b). The 10- and 3-fold adjustments in slope factor are to be combined with age-specific exposure estimates when estimating cancer risks from early life ( $<16$ years age) exposure to PAHs.

Because a mutagenic mode of action for benzo[a]pyrene carcinogenicity is sufficiently supported in laboratory animals and relevant to humans, and in the absence of chemical-specific data to evaluate differences in susceptibility, increased early-life susceptibility is assumed and the ADAFs should be applied, as appropriate. A common mutagenic mode of action for carcinogenic PAHs is hypothesized based on information available for the indicator chemical, benzo[a]pyrene (U.S. EPA, 2005b). In the absence of chemical-specific data to evaluate differences in susceptibility, increased early-life susceptibility to the 24 PAHs (for which RPFs were derived) in this analysis is assumed and the ADAFs should be applied, along with exposure information, as appropriate (see Table 7-4 for example).

Some of the studies used to derive RPFs for the PAHs were conducted in newborn mice. The RPFs calculated from the newborn mouse studies reflect only the potency of the tested PAH relative to that of benzo[a]pyrene, and do not take into account the potency of the PAH administered in newborn or young animals relative to the potency of the same PAH administered to adult animals. The ADAF should be applid to account for the latter difference.

Table 7-4. Sample calculation of estimated cancer risk for benz[a]anthracene with the application of ADAFs

| Age group | ADAF | Benzo[a]pyrene oral slope <br> factor (per mg/kg-d) | Adjusted <br> benzo[a]pyrene <br> cancer risk estimate | RPF | Benz[a]anthracene estimated <br> cancer risk (per mg/kg-d) |
| :---: | :---: | :---: | :---: | :---: | :---: |
| $0-<2$ | 10 | 7.3 | 73 | 0.2 | 15 |
| $2-<16$ | 3 | 7.3 | 24 | 0.2 | 4.8 |
| $\geq 16$ | 1 | 7.3 | 7.3 | 0.2 | 1.5 |

# 8. UNCERTAINTIES AND LIMITATIONS ASSOCIATED WITH THE RPF APPROACH 

A description of uncertainties and limitations is an important component of the RPF approach for PAH mixtures risk assessment. Many of the general uncertainties related to chemical-specific risk assessment are also applicable to the proposed RPF approach for PAHs. These include issues related to selection of an appropriate animal model, low-dose and interspecies extrapolation, and variability within the human population. Use of a componentbased approach to mixtures risk assessment leads to additional uncertainties, e.g., the lack of experimental data on potential interactions among individual components within the mixture (i.e., among PAHs and with other chemicals).

The feasibility of conducting a robust component-based approach for PAH mixtures (RPF approach) was evaluated by a PAH mixtures peer consultation workshop (U.S. EPA, 2002). Included in the discussion was a general evaluation of U.S. EPA's Provisional Guidance (U.S. EPA, 1993). Workshop participants highlighted the following limitations of the 1993 guidance:
(1) The approach only considered a small subset of PAHs (i.e., unsubstituted PAHs only, no heterocyclic compounds or nitro- or alkyl- substituted PAHs);
(2) There are no human toxicity data for any individual PAH;
(3) The assumption of additivity may not be valid, and there may be interactions among PAHs or between PAHs and other components of a mixture (e.g., metals);
(4) PAHs may generally have a common mode of action (i.e., mutagenicity), but multiple modes of action for carcinogenesis are possible; and
(5) The EOPP approach was limited to the oral exposure route (i.e., a recommendation was made not to apply the factors to dermal and inhalation exposures).

The current analysis represents a significant improvement upon the previous componentbased approach for PAH mixtures risk assessment. One of the most important improvements is a comprehensive review of the scientific literature dating from the 1950s through 2009 on the carcinogenicity and genotoxicity of PAHs. The search identified over 900 individual publications for a target list of 74 PAHs that had been identified in environmental media or for which toxicological data were available. Review of these publications resulted in the identification of more than 600 papers that included carcinogenicity or cancer-related endpoint data on at least one PAH and benzo[a]pyrene tested at the same time. Dose-response data were extracted, and individual RPFs were calculated from over 300 data sets representing

51 individual PAHs. For 35 PAHs, a weight of evidence evaluation was conducted to select compounds for inclusion in the RPF approach; data were inadequate to conduct such an evaluation for the remaining 16 compounds. A final RPF was derived for each PAH based on tumor bioassay data (if available) or cancer-related endpoint data if no tumor bioassay RPFs were available. Final RPFs were derived for 27 PAHs (see Table 7-2), significantly increasing the number of PAHs that can be addressed through this approach. Each RPF was assigned a relative confidence rating reflecting the size and diversity of the tumor bioassay or cancer-related endpoint database that was used to derive the final RPF for that PAH.

Despite these improvements, many of the uncertainties highlighted during the 2002 peer consultation workshop (U.S. EPA, 2002) also apply to the current analysis. The following sections describe some specific uncertainties and limitations associated with the development and use of RPFs for PAHs. The uncertainties that are specific to the approach presented herein are discussed below in Sections 8.1 and 8.2. Sections 8.3-8.6 discuss the general uncertainties associated with a component-based approach to PAH mixtures risk assessment. These include the number of PAHs included in the approach, human relevance of animal data, assumptions regarding mode of action and dose additivity, and cross-route extrapolation.

### 8.1. DOSE-RESPONSE ASSESSMENT FOR INDIVIDUAL PAHs

Several uncertainties and limitations are specifically associated with the selection of data and dose-response assessment methodology used in this analysis to derive RPFs for PAHs. Uncertainties are associated with the following decisions:

- Inclusion of data from studies reporting the occurrence of benign tumors in derivation of RPFs;
- Use of a single dose-response model for quantal or continuous data;
- Use of varying BMR levels;
- Use of tumor incidence data at the upper end of the dose-response curve (e.g., >75\% incidence) to calculate some RPFs;
- Use of tumor multiplicity data to calculate some RPFs;
- Use of single-dose point estimates ${ }^{7}$ to calculate some RPFs;
- Reliance on data from cancer-related endpoint studies in the absence of bioassays; and

[^6]- Use of cancer-related data from assay conditions that maximize the benzo[a]pyrene response, even though these conditions were not necessarily optimal for other PAHs.

The decision was made to employ a single dose-response model for either quantal or continuous data due to the large number of data sets that needed be analyzed from the PAH database. The multistage model for incidence data and the linear model for continuous data were considered to be broadly applicable to different types of data as simple curve-fitting models. In some cases, the goodness-of-fit criteria indicated that the selected model did not fit the data. In these cases, high-dose groups were sequentially eliminated until an adequate fit was achieved, but other model structures (e.g., gamma, probit, logistic, etc.) were not considered.

Tumor bioassay data were modeled at a BMR of $10 \%$ in order to target the low end of the dose-response curve as the point of departure for slope estimation. When this was not feasible, usually because only a single dose was used for benzo[a]pyrene, an attempt was made to match individual target PAH response levels to the benzo[a]pyrene response chosen for the point estimate. This assumes that the shape of the dose-response curve is similar for the target PAH and benzo[a]pyrene (also a necessary assumption of dose additivity) and that the slope is constant across the dose-response curve. These assumptions may not hold, especially in studies of tumor incidence where the point estimate benzo[a]pyrene response was very high or near maximal. In many cases, the dose of benzo[a]pyrene selected as the positive control produced near maximal tumor incidence in exposed animals (i.e., >75\%). There is uncertainty associated with comparing potency estimates at the high end of the dose-response curves and using the resultant RPF to estimate risks associated with low environmental exposures. The relative potency relationship between any two PAHs may be different at the low end, compared with the high end, of the dose-response curves.

It is not clear whether relative potency values estimated at the high end of the doseresponse curve are reasonably predictive of relative potency at low environmental exposure levels. For this reason, additional uncertainty is involved in using RPFs that are not based on a BMR of $10 \%$ (especially those RPFs that are based on responses exceeding 75\%) to estimate risks associated with low exposures.

If model fit was not achieved, then a point-estimate ratio approach was used. Point estimate ratios were also used for several other reasons:
(1) Only a single dose group was tested;
(2) When the standard deviation or number of replicates were not reported for continuous data sets; or
(3) High-dose groups from multiple dose data sets were not usable due to a saturated tumor response ( $>90 \%$ incidence in the lowest exposure group).

The point estimate approach is most reliable when the chosen point is in the linear portion of the dose-response curve. In many cases, however, especially for single-dose data, it was not possible to determine whether the chosen point was in a linear or nonlinear portion of the dose-response curve. The dose-response relationship observed in many studies of cancerrelated endpoints was nonlinear at high doses. Whenever possible, the point estimate was chosen from the linear portion of the dose-response curve (i.e., before the response plateau that occurs at high doses). Of 50 individual RPFs calculated from tumor incidence data, 21 were calculated using a point of departure incidence $\leq 25 \%$, 19 were calculated using a point of departure incidence between 25 and $75 \%$, and the remaining 10 were calculated using a point of departure incidence between 75 and $90 \%$. Thus, only $20 \%$ of the individual RPFs for tumor incidence data were calculated from a point high ( $>75$ and $<90 \%$ incidence) on the dose-response curve.

For a few PAHs tested in older dermal bioassays, the authors reported mortality prior to the appearance of the first tumor. For these data sets, an assumption was made that the number of animals at risk for tumor development was equal to the total number of animals alive at the time of the appearance of the first tumor. This approach ensures that the incidence is not underestimated by including animals that did not survive long enough to develop tumors. As this assumption applied to a small number of RPFs (specifically, individual RPFs for chrysene, dibenzo[a,e]pyrene, dibenzo[a,e]fluoranthene, and dibenzo[a,h]pyrene calculated from data reported by Hecht et al. [1974] and Hoffmann and Wynder [1966]), it had little impact on the overall analysis.

RPFs were also calculated for many cancer-related endpoints. Many of the studies describing in vitro cancer-related endpoints provided dose-response data under varying study conditions. For example, bacterial mutagenesis studies utilized multiple strains, different metabolic activation processes, and varying assay systems. In order to minimize the amount of data used for dose-response analysis of in vitro mutagenicity studies, and to provide a consistent basis for comparing RPFs for different PAHs, the data from conditions that maximize the benzo[a]pyrene response within a particular study were used for the dose-response assessment. In several studies, the conditions that were optimal for benzo[a]pyrene were not necessarily optimal for the target PAH. For example, the concentration of S9 mix that produced the highest mutation rate for benzo[a]pyrene did not produce a maximal response for perylene or cyclopenta[c,d]pyrene (Carver et al., 1986; Eisenstadt and Gold, 1978). In vitro data were only used in the derivation of a single final RPF (for dibenz[a,c]anthracene; see Table 7-2); thus, the uncertainties associated with the use of cancer-related endpoint data are important for dibenz[a,c]anthracene, but have minimal impact on the proposed RPFs for the other 26 PAHs.

### 8.2. SELECTION OF PAHs FOR INCLUSION IN RPF APPROACH

One of the uncertainties highlighted by the peer consultation workshop (U.S. EPA, 2002) stemmed from the fact that U.S. EPA's 1993 provisional EOPP approach only considered a small
subset of PAHs (i.e., unsubstituted PAHs only, no heterocyclic compounds or nitro- or alkylsubstituted PAHs), and EOPPs were available for only seven PAHs. Although the present report considered a larger number of PAHs than previous analyses (the toxicological literature was searched for data on 74 individual PAHs identified in environmental media or for which there were toxicological data), the focus of this analysis remains limited to unsubstituted PAHs with three or more fused aromatic rings containing only carbon and hydrogen atoms. Thus, the RPF analysis presented here does not account for the possible carcinogenicity of substituted or heterocyclic PAHs that may be present in complex mixtures. This may result in an underestimation of PAH mixture cancer risk.

Of the 74 unsubstituted PAHs with three or more aromatic rings, there were studies including benzo[a]pyrene that were suitable for RPF calculation for 51 compounds. The methodology for selecting PAHs for inclusion in the RPF approach from among these 51 PAHs is described in Chapter 6. At the outset, 16 PAHs were excluded because only one or two in vitro cancer-related endpoint RPFs were available. The remaining 35 PAHs were evaluated using a weight of evidence approach. The primary uncertainties associated with the selection process relate to:
(1) The use of a weight of evidence approach that focused on tumor bioassays including benzo[a]pyrene as opposed to a comprehensive cancer assessment to select PAHs for inclusion in the approach; and
(2) The exclusion of PAHs with limited or inconclusive data.

The weight of evidence approach was used due to the large number of compounds that were under consideration. The approach was structured as a decision tree that focused primarily on cancer bioassays that included benzo[a]pyrene, and only considered other data (e.g., bioassays that did not include benzo[a]pyrene, or cancer-related data) when cancer bioassays with benzo[a]pyrene were unavailable, nonpositive, or inconsistent (see Figure 6-1). The data collection for this analysis was centered on studies that included benzo[a]pyrene, as these studies would be most useful for RPF calculation. Consequently, information from bioassays that included benzo[a]pyrene were readily available for use in the weight of evidence determinations. Bioassays that did not include benzo[a]pyrene and cancer-related endpoint data were considered only when there were conflicting or nonpositive results in the studies that did include benzo[a]pyrene. There is uncertainty in drawing conclusions as to carcinogenicity based on a narrow subset of the available database. Other elements of a more comprehensive weight of evidence determination that were not considered include: cancer-related endpoint data from studies that did not include benzo[a]pyrene; information on tumorigenicity of metabolites; information on formation of reactive metabolites; other mechanistic data (e.g., AhR reactivity, inhibition of gap junction intercellular communication, etc.); and QSAR assessment.

A number of PAHs (24 of 51 PAHs that had at least one RPF value) were excluded from the relative potency approach because the available data were inadequate to draw a conclusion as to carcinogenicity (see Tables 6-1 and 6-2). All of these PAHs had at least one RPF, indicating that the compounds were active in at least one cancer-related endpoint assay. Excluding these PAHs from the approach increases the uncertainty in assessing risks from a mixture that includes them, particularly if the excluded PAHs constitute a large fraction of the mixture.

In summary, RPFs were proposed for only 27 of the 74 PAHs initially considered, because the remaining 47 compounds did not have adequate data. Thus, even among the subset of PAHs upon which this analysis was focused, RPFs were only recommended for only about one-third of the compounds. Because only a fraction of any given PAH mixture can be evaluated using the RPF approach, it is important to note as part of the uncertainty evaluation of a risk assessment using these RPFs that there is some proportion of the total mixture (i.e., mass fraction) that is comprised of compounds that are not considered in the component-based approach.

### 8.3. DERIVATION OF A FINAL RPF FOR EACH PAH

The methodology for deriving a final RPF value and assigning a relative confidence rating is described in Sections 7.1 and 7.2. The primary uncertainties associated with RPF derivation relate to:
(1) Combining RPFs across multiple exposure routes, species, sexes, tumor types, and studies;
(2) Inclusion of RPFs based on tumor multiplicity data in the combined data;
(3) Inclusion of RPFs from female newborn mice when male RPF values were demonstrably higher;
(4) Use of an arithmetic mean to derive final RPFs; and
(5) Use of cancer-related endpoint data to derive final RPFs for compounds without tumor bioassay RPFs.

A variety of options were considered for prioritizing and/or combining RPFs. Appendix G describes analyses that were undertaken to assess options for prioritizing RPFs. As the appendix indicates, the current state of knowledge does not suggest a clear biological basis for prioritizing RPFs. As a result, RPFs were combined across exposure routes, species, sexes, tumor types, dose-response methods, and studies.

In addition to tumor incidence data, tumor multiplicity data were used to calculate RPFs. The relationship between tumor incidence RPFs and tumor multiplicity RPFs is not known; however, this analysis resulted in the calculation of both incidence and multiplicity RPFs for

24 individual datasets. These data were plotted, and a linear regression analysis was performed to assess the correlation between these two relative potency estimates. Figure 8-1 shows the results.


## Figure 8-1. Correlation between incidence and multiplicity RPFs.

As shown in Figure 8-1, there is a high degree of correspondence between incidence and multiplicity RPFs calculated from results in the same animals, with one exception (see circled data point). The regression analysis indicated an $r^{2}$ of 0.76 for the correlation when the outlier was excluded, or only 0.28 when it was included. The outlier datapoint reflects the incidence and multiplicity RPFs for benzo[c]fluorene calculated for the one oral study (Weyand et al., 2004). All of the other datapoints reflect incidence and multiplicity RPFs for dermal or intraperitoneal exposure studies; thus, one possible explanation for the outlier is that the relationship between incidence and multiplicity after oral exposure differs from the relationship after exposure via other routes. However, there was good correspondence between incidence and multiplicity in dermal and intraperitoneal studies, despite the marked differences in absorption, distribution, and metabolism of PAHs administered by these two exposure routes.

Compound-specific differences in the association between incidence and multiplicity RPFs also seem unlikely; the dataset shown in Figure 8-1 also includes a comparison between incidence and multiplicity RPFs for benzo[c]fluorene in an intraperitoneal exposure study, and there is good correspondence between the two (RPF = 1 for incidence and RPF $=0.6$ for multiplicity). The most plausible explanation for the outlier is that the basis for the multiplicity RPF in the oral study of benzo[c]fluorene ( $\mathrm{RPF}=50$ ) was estimated using a point high on the dose-response curve (incidence was $100 \%$ ), at which a large mean number of tumors per animal ( $46 \pm 2.8$ ) was recorded, while the incidence RPF ( $\mathrm{RPF}=5$ ) for the same study was estimated using BMD modeling at a response point lower on the curve (BMR of 0.7). All of the other comparisons between incidence and multiplicity RPFs from the same set of animals were based on multiplicity responses $<10$ tumors per animal. Although there is little information with which to explore this hypothesis, it is possible that RPFs for multiplicity that are calculated using unusually high tumor number are not reliable measures of relative incidence potency. This could result from changes in the slope of the tumor number versus dose curve at high tumor number, or from methodology limitations that hamper accurate measurement of high tumor numbers.

Notwithstanding the one outlier, as the remaining incidence and multiplicity RPFs from the same study were highly correlated, only one of the two metrics (the higher of the incidence or multiplicity RPF from the same study) was included in the average and range. Figure 8-1 shows that multiplicity RPFs exhibit a slight tendency to underestimate the RPF from incidence data (more points are to the right of the 1:1 correspondence line); thus, the higher value was usually calculated from incidence data. Specifically, $15 / 24$ incidence RPFs were higher than the corresponding multiplicity RPF from the same study, and $2 / 24$ of the incidence and multiplicity RPFs were identical. Thus, only 7/24 multiplicity RPFs were higher than their corresponding incidence RPFs.

As discussed in Section 7.1, in newborn mouse studies that resulted in nonzero RPFs for both males and females (LaVoie et al., 1994, 1987; Wislocki et al., 1986), the male RPF was typically three- to fivefold higher than the female RPF, but both were included in the final RPF calculation. Final RPFs that included both male and female values from the same study were calculated for three PAHs: benzo[a]anthracene, benzo[j]fluoranthene, and fluoranthene. An alternative approach would be to select the RPF associated with the most sensitive sex (i.e., males) and to omit the female RPF from the final calculation. The net effect of including female RPFs for these three compounds is to reduce the average RPF and, in some cases, to reduce the lower limit of the range of RPFs. For benzo[a]anthracene and benzo[j]fluoranthene, the final RPF is unchanged whether or not the female RPF is included. For fluoranthene, inclusion of the female RPFs yields a final RPF of 0.08 , while excluding the female RPFs would result in a final RPF of 0.1.

Final RPFs were calculated as the arithmetic mean and range of RPFs from tumor bioassay data when such data were available. Presenting the average and the range provides both
an average and a maximum estimate for each PAH that has data from multiple studies. Other options for deriving a central tendency RPF include geometric mean, median, weighted average, and order of magnitude estimates. The arithmetic mean represents a simple approach to describing the calculated RPF values available for each PAH. There were usually not enough data ( $\leq 3$ RPFs for 18/24 PAHs with nonzero RPFs) to assess the shape of the RPF distribution for any given PAH, so a geometric mean was not considered. Calculation of a weighted average was considered, but without a clear biological rationale for assigning weights among study types or tumor data outcomes, using a weighting approach might increase uncertainty. Finally, the use of simple means and ranges of estimated RPFs rather than order of magnitude estimates, as has been previously done for estimating RPFs for PAHs, was considered to better reflect the available data and provide a clearer characterization of uncertainty.

Cancer-related endpoint data were relied upon for the derivation of an RPF for only one PAH (dibenz[a,c]anthracene). For this compound, there were no tumor bioassay data suitable for the determination of an RPF. However, cancer-related endpoint data provided qualitative support for the finding of carcinogenicity for this compound (see individual narrative for this compound in Section 6.2). Although the mutagenic mode of action for benzo[a]pyrene (U.S. EPA, 2005b) suggests that, in general, these endpoints may be relevant to PAH carcinogenicity, the predictive value of a positive response in these tests has not been conclusively demonstrated. Thus, there is considerable uncertainty in an RPF based on cancer-related endpoint data. Appendix G includes analysis of the correlation between average RPFs calculated from cancerrelated endpoint data and tumor bioassay data. As shown in Table 8-1, and further discussed in Appendix G, cancer-related endpoint RPFs are reasonably predictive of tumor bioassay RPFs; however, the relationship between these RPFs and the relative potency of a given PAH in humans exposed via environmentally relevant routes is unknown.

Table 8-1. Results of simple linear regression of log-transformed average tumor bioassay RPF versus log average genotoxicity RPF

| Genotoxicity endpoint | $\mathbf{r}^{\mathbf{2}}$ | Slope | $\boldsymbol{p}$-Value | $\mathbf{n}$ |
| :--- | :---: | :---: | :---: | :---: |
| All in vivo DNA adducts | 0.64 | 1.22 | $<0.01$ | 10 |
| All in vivo nonbioassays | 0.55 | 1.16 | $<0.01$ | 11 |
| All nonbioassay endpoints (in vitro and in vivo) | 0.40 | 1.10 | $<0.01$ | 20 |
| All in vitro nonbioassays | 0.39 | 0.91 | $<0.01$ | 19 |
| All in vivo micronuclei and sister chromatid exchanges | 0.39 | 0.81 | $>0.05$ (nonsignificant) | 6 |
| All in vitro mutagenicity | 0.032 | 0.33 | $>0.05$ (nonsignificant) | 17 |

For three PAHs (anthracene, phenanthrene, and pyrene), a final RPF of zero was recommended. As noted earlier in Chapter 6, there is little quantitative difference between selecting a final RPF of zero for a given PAH and excluding that PAH from the RPF approach. However, excluding PAHs from the RPF approach implies substantial uncertainty (these
compounds could be of low or high potency), while assigning an RPF of zero suggests lower uncertainty because there is evidence to suggest that these compounds are not carcinogenic. Nevertheless, there remains uncertainty in the RPFs for these three compounds, as all of them included one or more studies suggesting activity in cancer-related endpoint assays. In addition, it is possible that available bioassay studies for these compounds may not provide sufficient sensitivity to allow for a potency comparison with benzo[a]pyrene; thus, the RPF of zero should not be considered a characterization of the inherent carcinogenicity of anthracene, phenanthrene, or pyrene.

In the present analysis, RPFs for individual PAHs were based on data of varying quality and reproducibility, so there is additional uncertainty in risks estimated for mixtures containing differing concentrations of individual PAHs. Confidence ratings were assigned to each RPF to qualitatively characterize the uncertainty in each individual RPF. Table 8-2 shows the distribution of PAHs with RPFs of each confidence rating. As the table indicates, there are 5 PAHs with RPFs of high confidence, 8 PAHs with RPFs of medium confidence, 13 PAHs with RPFs of low confidence, and 1 PAH with an RPF of very low confidence. The confidence ratings assigned to the RPFs may be used to qualitatively assess the uncertainty in a mixtures risk assessment that utilizes the RPFs. For example, if a high proportion of the total cancer risk predicted for a given mixture is attributable to benzo[a]pyrene and other PAHs with RPFs of high or medium confidence, then the confidence in the overall cancer risk assessment will be relatively high. If, in contrast, benzo[a]pyrene contributes a relatively small fraction of the overall risk, and/or the mixture consists primarily of PAHs with RPFs of low confidence, then the confidence in the overall cancer risk assessment will be correspondingly lower. Thus, it will be important to consider the relative contribution of benzo[a]pyrene to the total risk, as well as the relative confidence ratings of the RPF values for component PAHs, in the uncertainty evaluation for cancer risk assessments that employ these RPFs.

Table 8-2. PAHs with RPFs of varying relative confidence

| High confidence RPF | Medium confidence RPF | Low confidence RPF | Very low confidence RPF |
| :--- | :--- | :--- | :--- |
| Benzo[b]fluoranthene | Anthanthrene | Benz[b,c]aceanthrylene, 11H- <br> Benzo[j]fluoranthene <br> Chrysene <br> Dibenz[a, <br> Anthaceanthrylene <br> Phenanthrene | Dibenz[a,c]anthracene <br> Benz[a]anthracene <br> Benzo[g,h,i]perylene <br> Benz[j]aceanthrylene <br> Benzo[c]fluorene <br> Benzo[k]fluoranthene <br> Cyclopenta[c,d]pyrene <br> Dibenzo[a,l]pyrene <br> Cyclopenta[d,e,f]chrysene, 4H- <br> Dibene <br> Dibenzo[a,e]fluoranthene <br> Dibenzo[a,e]pyrene <br> Dibenzo[a,h]pyrene <br> Dibenzo[a,i]pyrene <br> Fluoranthene <br> Indeno[1,2,3-c,d]pyrene <br> Naphtho[2,3-e]pyrene |

### 8.4. USE OF ANIMAL DATA TO PREDICT HUMAN CANCER RISK FOR PAHs

Section 4.2 briefly summarizes the epidemiology and human biomarker data related to exposure to PAH mixtures and carcinogenicity. Exposure to certain PAH mixtures is clearly associated with cancer in humans. Epidemiology studies evaluating emissions from coke production, coal gasification, aluminum production, iron and steel founding, coal tars, coal tar pitches, and soot have demonstrated associations between exposure and increased risk of lung cancer in humans (see review of Bostrom et al., 2002). Skin and scrotal cancers have been associated with exposure to coal tar, coal tar pitches, nonrefined mineral oils, shale oils, and soot (Larsen and Larsen, 1998; WHO, 1998; ATSDR, 1995). While human epidemiology data may be sufficient for the purpose of quantifying the cancer risks associated with exposure to a few PAH mixtures, there are no data for many mixtures; hence the need for other approaches including surrogate-mixture and component-based approaches. As noted by the peer consultation workshop (U.S. EPA, 2002), there are no human data on cancer response to individual PAHs that could be used as the basis for, or as a supplement to, a component-based approach. As a result, the RPF approach relies on animal bioassay data to predict human cancer risk associated with individual PAHs.

The use of animal bioassays in predicting relative carcinogenic potency in humans represents a source of uncertainty in this approach. As there are no human data on cancer response to individual PAHs, including benzo[a]pyrene, there can be no quantitative evaluation of uncertainty in extrapolating from RPFs based on animal bioassay data to relative potency in humans. Possible species differences in toxicokinetics, toxicodynamics, and mode of action contribute to the uncertainty. Cancer-related endpoint data are available using human cells (e.g., epidermal keratinocytes, lymphoblasts, human epithelial cells) for the evaluation of mutagenicity, DNA adducts, unscheduled DNA synthesis, DNA damage, and clastogenicity or sister chromatid exchange frequency (see Section 4.3). Findings in human cells were generally consistent with those in other mammalian cells; however, whether this finding of consistency extends to effects in vivo, and specifically to formation of tumors, is not known.

In addition, animal bioassays use various routes of administration (e.g., intraperitoneal and subcutaneous injection), which may not be directly relevant to expected routes of exposure for humans. It is difficult to determine whether the relative potency based on animal bioassays using injection routes of exposure is predictive of relative potency that would be observed in humans exposed through environmentally relevant exposure routes (see further discussion of exposure-route uncertainties in Section 8.6). An additional source of uncertainty in the use of animal bioassay data stems from differences in the doses used in animal bioassays as compared with low doses received by humans exposed in the environment. Mechanistic data, primarily obtained using benzo[a]pyrene, provide support for the human relevance of PAH tumorigenicity in animals. There is evidence linking three pathways activating benzo[a]pyrene to DNA-reactive agents [(+)-anti-BPDE, radical cations, benzo[a]pyrene-7,8-dione, and reactive oxygen species]
with key mutational events in genes (p53 tumor suppressor gene and H-ras or K-ras oncogenes) that can lead to tumor initiation. Results in support of mutagenic modes of action via the diol epoxide and radical cation pathways include in vivo results in animals. All of these activation pathways occur in human tissues, and associations have been made between spectra of mutations in the p53 tumor suppressor gene or ras oncogenes induced by benzo[a]pyrene metabolites with spectra of mutations in these genes in tumor tissue from benzo[a]pyrene-exposed animals or tumor tissue in humans.

Support for the association between the diol epoxide pathway and tumor initiation includes observation that: (+)-anti-BPDE activated the H-ras-1 proto-oncogene to transform NIH/3T3 cells via $G \rightarrow$ T point mutations in the 12th codon (Marshall et al., 1984); (+)-antiBPDE reacts with the p53 tumor suppressor gene at several hotspots mutated in lung cancer patients (Denissenko et al., 1996; Puisieux et al., 1991); the spectra of p53 and K-ras mutations in lung tumors of nonsmoking patients, chronically exposed to smoky coal emissions, was consistent with (+)-anti-BPDE mutations in these genes (DeMarini et al., 2001); elevated BPDEDNA adducts have been observed in coke oven workers and chimney sweepers (Pavanello et al., 1999); and the spectra of mutation in the K-ras, H-ras, and p53 genes in forestomach tumors of mice fed benzo[a]pyrene in the diet for 2 years were consistent with (+)-anti-BPDE DNA reactions (Culp et al., 2000).

Support for the radical cation pathway includes observations that depurinated adducts, (expected products from reactions of benzo[a]pyrene radical cations with DNA) accounted for $74 \%$ of identified DNA adducts in mouse skin exposed to benzo[a]pyrene (Rogan et al., 1993) and 9/13 examined tumors from mice exposed to dermal applications of benzo[a]pyrene had H-ras oncogene mutations attributed to depurinated DNA adducts from benzo[a]pyrene radical cations (Chakravarti et al., 1995).

Support for the aldo-keto reductase pathway includes in vitro demonstration that several types of DNA damage can occur from o-quinones and reactive oxygen species (Park et al., 2006; Balu et al., 2004; McCoull et al., 1999; Flowers-Geary et al., 1997, 1996), benzo[a]pyrene-7,8-dione can induce mutations in the p53 tumor suppressor gene using an in vitro yeast reporter gene assay (Park et al., 2008; Shen et al., 2006; Yu et al., 2002), and dominant p53 mutations induced by benzo[a]pyrene,7,8-dione in this system corresponded with p53 mutation hotspots observed in human lung cancer tissue (Park, 2008).

All three activation pathways are expected to occur in human tissues (Jiang et al., 2007), and associations have been made between spectra of mutations in the p53 tumor suppressor gene or ras oncogenes induced by benzo[a]pyrene metabolites with spectra of mutations in these genes in tumor tissue from benzo[a]pyrene-exposed animals or humans. In particular, DeMarini et al. (2001) demonstrated mutations in the p53 tumor suppressor gene and the K-ras oncogene in the lung tumors of nonsmokers, whose tumors were associated with exposure to smoky coal.

The available information supporting these actions for benzo[a]pyrene is consistent with what is known about the mode of action for other PAHs demonstrated to induce cancer in animals, including cyclopenta[cd]pyrene, dibenz[a,h]anthracene, and dibenzo[a,l]pyrene (Cogliano et al., 2008; Straif et al., 2005). All PAHs that have been studied require metabolic activation to produce carcinogenic responses in animals, and there is evidence for activation to DNA reactive intermediates via several pathways (Straif et al., 2005; Xue and Warshawsky, 2005; WHO, 1998; Cavalieri and Rogan, 1995). For example, incubation of rat liver microsomes with dibenzo[a,l]pyrene, a PAH that is more tumorigenically potent than benzo[a]pyrene in mouse skin and rat mammary tissue, formed depurinated DNA adducts from the radical cation pathway, as well as DNA adducts from the diol epoxide pathway (Cavalieri and Rogan, 1995).

In summary, the relevance of animal bioassay data to the prediction of human carcinogenic potency remains a significant area of uncertainty in the use of this and other approaches to PAH cancer risk assessment. However, mechanistic data on benzo[a]pyrene and other PAHs provide evidence that the molecular events leading to PAH-induced tumor formation in animals are relevant to humans.

### 8.5. ASSUMPTIONS OF A COMMON MODE OF ACTION AND DOSE ADDITIVITY

A discussion of the potential modes of action for PAH carcinogenicity is presented in Section 2.4. Individual carcinogenic PAHs are linked by a common effect (i.e., tumorigenicity), which may occur through multiple mechanisms. Reactive metabolites produced during metabolic transformations of PAHs include diol epoxides, reactive oxygen species, radical cations, and o-quinones. The formation of these metabolites is not mutually exclusive, and the carcinogenic process for PAHs is likely to be related to some combination of molecular events resulting from formation of several reactive species. Reactive metabolites of PAHs interact with DNA to form adducts and produce DNA damage resulting in mutations in cancer-related genes such as tumor suppressor genes or oncogenes. These events appear to reflect the initiation potency of an individual PAH (e.g., strong mutagens are generally potent initiators) (Sjogren et al., 1996). Certain PAHs exhibit promotional effects that may be related to cytotoxicity and the formation of reactive oxygen species, AHR affinity, and the upregulation of genes related to biotransformation (i.e., induction of CYP1A1), growth, and differentiation (Bostrom et al., 2002). The inhibition of gap junctional intracellular communication is also related to tumor promotion by PAHs (Bostrom et al., 2002). The ability of certain PAHs to act as tumor promoters as well as initiators may increase their carcinogenic potency in animal bioassays conducted at high doses. Initiation potency may be more relevant to low-level environmental exposure in humans (Bostrom et al., 2002; Sjogren et al., 1996); however, the proposed RPF approach is not unduly affected by this as it relies largely on high-dose animal bioassay data for
selecting RPF values. This represents an uncertainty in the use of the RPF approach in estimating human cancer risks from PAHs.

Conceptually, the uncertainty related to relative potency for initiation versus promotion could be reduced by using separate RPF schemes for each part of the carcinogenic process. This would require selection of indicator compounds that best represent the initiation and promotion processes, and use of mechanistic data to determine relative potency for each process (i.e., mutagenicity for initiation, AhR binding, or enzyme induction for promotion). There are several problems with this approach, including the lack of data to support the selection of indicator compounds and the complete carcinogenic nature of many PAHs (i.e., they act as both initiators and promoters). The initiation and promotion potency of an individual PAH is determined by its chemical structure. Some PAHs are strong mutagens, but have low affinity for the AhR (e.g., fjord-region PAHs) (Bostrum et al., 2002; Sjogren et al., 1996). Other PAHs are complete carcinogens, with initiating properties (i.e., mutagenesis) and AhR affinity leading to tumor promotion (e.g., benzo[a]pyrene, dibenz[a,h]anthracene) (Bostrum et al., 2002; Sjogren et al., 1996). Benzo[a]pyrene is considered a good indicator compound for similar PAHs with complete carcinogenic activity. However, the relative potency of other PAHs, especially those that act primarily via either initiation or promotion, may be over- or underestimated.

There is evidence that an assumption of similar toxicological action is reasonable for PAHs; however, the carcinogenic process for individual PAHs is likely to be related to some unique combination of multiple molecular events resulting from formation of several reactive species. The absence of a clearly-defined common mode of action increases the level of uncertainty associated with the use of an RPF approach. It is not possible to determine whether cancer risks would be under- or overestimated by using a PAH RPF approach that assumes a common mode of action. The assumption that interactions among PAH mixture components do not occur at low levels of exposure cannot be conclusively demonstrated using experimental approaches. The experimental data relating to dose additivity for PAH carcinogenicity are discussed in Section 2.8. It appears that interactions may occur at higher doses of PAH mixtures given in combination. This remains a significant uncertainty in the proposed RPF approach.

### 8.6. EXTRAPOLATION OF RPFs ACROSS EXPOSURE ROUTES

The peer consultation workshop (U.S. EPA, 2002) also identified uncertainty in extrapolation of RPFs across exposure routes. As with the 1993 Provisional Guidance, RPFs proposed in this analysis are also based on in vivo bioassay data collected using various routes of administration (e.g., dermal, intraperitoneal, subcutaneous, intramammillary, intramuscular, or intravenous injection, as well as lung implantation, tracheal implantation, and transplacental exposure after subcutaneous injection). The RPF approach considers each bioassay type equivalent for the purpose of determining relative potency to benzo[a]pyrene.

Table 8-3 compares the average RPFs (calculated from raw numbers and rounded to one significant digit) based on tumor bioassay data for each PAH across exposure routes. Dermal studies are shown collectively as well as separated by study type (complete or initiation). Likewise, intraperitoneal studies are shown grouped as well as separated by target organ (lung and liver).

Table 8-3. Comparisons among average tumor bioassay RPF values by exposure route and target organ

| PAH | Dermal |  | Dermal complete |  | Dermal initiation |  | Intraperitoneal |  | Intraperitoneal, target organ = lung |  | Intraperitoneal, target organ = liver |  | Lung implantation |  | Oral |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | n | Average | n | Average | n | Average | n | Average | n | Average | n | Average | n | Average | n | Average |
| AA | 1 | 0.5 | 1 | 0.5 | - | - | - | - | - | - | - | - | 1 | 0.2 | - | - |
| AC | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| BaA | 1 | 0.02 | - | - | 1 | 0.02 | 2 | $0.2^{\text {a }}$ | 1 | 0.08 | 2 | 0.4 | - | - | - | - |
| $\begin{aligned} & \mathrm{BbcAC} \\ & (1,12-\mathrm{MBA}) \\ & \hline \end{aligned}$ | 1 | 0.05 | - | - | 1 | 0.05 | - | - | - | - | - | - | - | - | - | - |
| BbF | 2 | 0.4 | 1 | 0.3 | 1 | 0.4 | $2^{\text {b }}$ | $1{ }^{\text {c }}$ | 1 | 1 | - | - | 1 | 0.1 | - | - |
| BcFE | - | - | - | - | - | - | 1 | $1^{\text {d }}$ | 1 | 1 | - | - | - | - | 1 | 50 |
| BeAC | 2 | 0.8 | - | - | 2 | 0.8 | - | - | - | - | - | - | - | - | - | - |
| BghiP | - | - | - | - | - | - | - | - | - | - | - | - | 1 | 0.009 | - | - |
| BjAC | - | - | - | - | - | - | 1 | $60^{\text {d }}$ | 1 | 60 | - | - | - | - | - | - |
| BjF | 2 | 0.03 | - | - | 2 | 0.03 | $2^{\text {b }}$ | $0.7^{\text {a }}$ | 1 | 0.4 | 1 | 1 | 1 | 0.03 | - | - |
| BkF | 1 | 0.03 | - | - | 1 | 0.03 | - | - | - | - | - | - | 1 | 0.03 | - | - |
| BlAC | 2 | 5 | - | - | 2 | 5 | - | - | - | - | - | - | - | - | - | - |
| CH | 5 | 0.1 | - | - | 5 | 0.1 | 1 | $0.2^{\text {a }}$ | - | - | 1 | 0.2 | 1 | 0.04 | - | - |
| CPcdP | 4 | 0.3 | 2 | 0.4 | 2 | 0.2 | 1 | $1{ }^{\text {d }}$ | 1 | 1 | - | - | - | - | - | - |
| CPdefC | 2 | 0.3 | - | - | 2 | 0.3 | - | - | - | - | - | - | - | - | - | - |
| DBacA | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| DBaeF | 2 | 0.9 | 1 | 1 | 1 | 0.7 | - | - | - | - | - | - | - | - | - | - |
| DBaeP | 2 | 0.4 | 1 | 0.3 | 1 | 0.4 | - | - | - | - | - | - | - | - | - | - |
| DBahA | 1 | 1 | - | - | 1 | 1 | 1 | $40^{\text {d }}$ | 1 | 40 | - | - | 1 | 2 | - | - |
| DBahP | 1 | 0.9 | - | - | 1 | 0.9 | - | - | - | - | - | - | - | - | - | - |
| DBaiP | 2 | 0.6 | 1 | 0.7 | 1 | 0.5 | - | - | - | - | - | - | - | - | - | - |
| DBalP | 2 | 30 | - | - | 2 | 30 | 1 | $30^{\text {d }}$ | 1 | 30 | - | - | - | - | - | - |
| FA | - | - | - | - | - | - | 5 | $0.08{ }^{\text {a }}$ | 4 | 0.05 | 1 | 0.2 | - | - | - | - |
| IP | - | - | - | - | - | - | - | - | - | - | - | - | 1 | 0.07 | - | - |
| N23eP | 1 | 0.3 | - | - | 1 | 0.3 | - | - | - | - | - | - | - | - | - | - |

Table 8-3. Comparisons among average tumor bioassay RPF values by exposure route and target organ

| PAH | Dermal |  | Dermal complete |  | Dermal initiation |  | Intraperitoneal |  | Intraperitoneal, target organ = lung |  | Intraperitoneal, target organ = liver |  | Lung implantation |  | Oral |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | n | Average | n | Average | n | Average | n | Average | n | Average | n | Average | n | Average | n | Average |
| PH | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Pyr | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |

${ }^{\mathrm{a}}$ Newborn mouse model.
${ }^{\mathrm{b}}$ Number of intraperitoneal RPFs includes those calculated for combined lung and liver incidence; these are not included in numbers of RPFs with lung or liver tumors.
${ }^{\text {c }}$ Includes both newborn mouse and adult $\mathrm{A} / \mathrm{J}$ mouse models.
${ }^{\mathrm{d}}$ Adult $\mathrm{A} / \mathrm{J}$ mouse model.

The table shows a marked difference between the oral and intraperitoneal RPFs for benzo[c]fluorene ( BcFE ) ( $\mathrm{RPF}=50$ for oral multiplicity and RPF $=1$ for intraperitoneal incidence). However, as discussed earlier, this difference may result more from the use of a high tumor number to calculate the oral multiplicity RPF for this compound than route differences; if the oral incidence RPF is used for comparison, the two routes are more similar (RPF = 1 for intraperitoneal incidence versus RPF $=5$ for oral incidence). Based on the latter comparison, which represents the only data with which to compare oral RPFs with those calculated from other routes, there appears to be fairly good correspondence between intraperitoneal and oral RPFs; however, this is based on only one PAH.

Based on the comparisons in the table, RPFs based on initiation and complete dermal carcinogenicity studies are similar (within a factor of 2). However, there are few PAHs with both types of dermal studies.

With respect to other route comparisons, the table generally shows that RPFs calculated from lung implantation and dermal studies are of the same order of magnitude, while RPFs calculated from intraperitoneal studies are higher for most compounds. The intraperitoneal RPF for dibenzo[a,l]pyrene is similar to its dermal RPF. At first glance, one might attribute the higher intraperitoneal RPFs calculated from newborn mouse assays (footnoted "a" in the table) to greater sensitivity of the newborn mouse, compared with an adolescent or adult mouse, to the carcinogenic action of PAHs. However, since the RPFs reflect potency of the PAH relative to benzo[a]pyrene, and not potency of the newborn mouse relative to other systems, the higher RPF cannot reflect a greater sensitivity of the animal model, since both the PAH of interest and benzo[a]pyrene have been tested in the same model. There is little information to evaluate whether RPFs from newborn mouse studies tend to be higher or lower than the adult A/J mouse model when both are exposed via intraperitoneal injection. Only one compound, benzo[b]fluoranthene (BbF), had RPFs calculated from both newborn mouse and adult A/J mouse models, and the values were similar; the newborn mouse RPF was 2 , while the $\mathrm{A} / \mathrm{J}$ mouse RPF was 1. In summary, it is not clear whether the intraperitoneal RPFs are higher than dermal or lung implantation RPFs due to route-specific differences or animal model differences (for example, differential metabolism in various animal systems).

Cross-route extrapolation of relative potency estimates is a necessary, though uncertain, aspect of the RPF approach. It is difficult to determine which of the available study types (e.g., dermal, intraperitoneal, intratracheal) is most predictive of potential risks from oral and inhalation exposure in humans. In order to prioritize bioassays by exposure route, robust data are needed on relative potencies for oral and inhalation exposures for comparison with relative potencies based on other exposure routes.

The inhalation RPF scheme used by the California EPA (2004) employed a hierarchy of bioassay data based on exposure route (inhalation studies were preferred, followed by
intratracheal or intrapulmonary instillation, oral administration, skin-painting, and subcutaneous or intraperitoneal injection). Apart from the obvious preference for exposure routes that targeted the respiratory tract (inhalation, intratracheal, intrapulmonary), the basis for prioritizing the other exposure routes is not evident. Pufulete et al. (2004), who were also focused on PAHs as air contaminants, suggested that the clearance of PAHs after intratracheal instillation may be similar to clearance after inhalation exposure. The authors acknowledged that the high concentrations of PAHs used in intratracheal and intrapulmonary instillation studies may lead to major differences in pharmacokinetics, compared with inhalation exposure (Pufulete et al., 2004). Nevertheless, the authors suggested that intratracheal instillation of low doses of PAHs might be an appropriate surrogate exposure model for assessing relative potency of inhalation exposure. It is important to note that no intratracheal instillation studies were identified in the search for studies from which to calculate RPFs; thus, the information provided by Pufulete et al. (2004) is not directly useful for suggesting route-specific RPFs. Pufulete et al. (2004) did not provide any specific information on the relevance of intrapulmonary administration (a route used in several of the bioassays used to calculate RPFs) to inhalation exposure.

As noted by U.S. EPA (2004), cross-route extrapolation would be contraindicated if there were convincing toxicokinetic evidence that absorption of PAHs does not occur by one or more exposure routes. Available data on the absorption of PAHs indicate that, in general, PAHs are readily absorbed via ingestion, inhalation, and dermal exposure routes; however, the rate of uptake varies with route and other factors (e.g., matrix, intake of fats and oils) (ATSDR, 1995). Evidence for absorption of PAHs through these routes includes measurement of PAH-DNA adducts at sites distal from the route of entry, measurement of urinary metabolites, and radiotracer studies in animals (ATSDR, 1995). U.S. EPA (2004) indicated that demonstration of any degree of uptake for each of the routes of interest is sufficient to allow the qualitative judgment to apply the route-to-route extrapolation; thus, cross-route extrapolation is supported by current data on the bioavailability of PAHs across several exposure routes.
U.S. EPA $(2004,1994)$ also noted that point-of-entry toxicity may be considered contrary evidence for cross-route extrapolation. With respect to PAHs, available information on this issue is mixed. The one inhalation bioassay of benzo[a]pyrene (Thyssen et al., 1981) identified the upper respiratory tract as the site of tumor formation, suggesting a point-of-entry effect; however, the authors did not specify the organs that were examined histologically in the study. Dermal bioassays of benzo[a]pyrene have generally evaluated only skin tumors, precluding their use in determining whether distal tumors are induced. A number of early oral cancer bioassays of benzo[a]pyrene suggested that tumor formation was limited to the forestomach (Rigdon and Neal, 1969, 1966; Neal and Rigdon, 1967). In oral carcinogenicity bioassays of MGP residue (Weyand et al., 1995) and coal tar preparations (Culp et al., 1998; Gaylor et al., 1998) that included separate groups exposed to benzo[a]pyrene, there were significant differences in target organ distribution of tumors between benzo[a]pyrene and the complex mixtures.

Benzo[a]pyrene-induced tumors were observed primarily at the point of contact (i.e., the forestomach), while MGP residue and coal tar produced tumors in the lung, liver, forestomach, skin, and other organs. Other PAHs (e.g., benzo[c]fluorene) were proposed as the primary compounds responsible for tumors at distal sites such as the lung (Koganti et al., 2000; Culp et al., 1998). However, a gavage study in rats (Kroese et al., 2001) and a dietary study in A/J mice (Weyland et al., 2004) each demonstrated that oral exposure to benzo[a]pyrene could induce tumors at distal sites, including the lung, liver, and auditory canal. Tissue-specific differences in metabolic activation and DNA binding of PAHs may contribute to the observed differences in target organ sensitivity (Weyand and Wu, 1995; Culp and Beland, 1994).

In summary, available information provides some support for cross-route extrapolation. Absorption of PAHs across oral, inhalation, and dermal routes is evident and, while many of the cancer bioassays of benzo[a]pyrene suggested tumor formation limited to the point-of-entry, at least one recent study (Kroese et al., 2001) suggests that tumors may also be induced at distal sites. Furthermore, there is evidence that other PAHs (e.g., benzo[c]fluorene) may induce tumors at distal sites after oral exposure (Weyand et al., 2004; Koganti et al., 2000; Culp et al., 1998). However, cross-route extrapolation of RPFs is a significant source of uncertainty in this approach.

Another approach to the issue of route-to-route extrapolation would be to prefer RPFs derived from particular target tissues deemed relevant to the exposure route of interest. For example, RPFs based on lung tumor data might be preferred for use in inhalation risk assessment. To examine whether lung tumor RPFs were consistent across routes, RPFs calculated from lung tumor potency in intraperitoneal studies (both newborn mouse and adult A/J mouse models) were compared with RPFs from lung implantation studies in Table 8-3. RPFs for both intraperitoneal-lung and lung implantation studies were available for only four compounds (benzo[b]fluoranthene, benzo[j]fluoranthene, chrysene, and dibenz[a,h]anthracene); for each of these, the intraperitoneal lung tumor RPF exceeded the lung implantation RPF. No information assessing the concordance between lung tumor potency after intraperitoneal administration and inhalation cancer potency was identified in the literature. The use of the final RPFs derived in this analysis across all routes of exposure is recommended given the information outlined above and in the absence of data to indicate otherwise.

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# APPENDIX A. SECONDARY SOURCES REVIEWED FOR IDENTIFICATION OF PRIMARY LITERATURE 

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APPENDIX B. BIBLIOGRAPHY OF STUDIES WITHOUT BENZO[A]PYRENE AS A REFERENCE COMPOUND

Table B-1. Bioassays with and without benzo[a]pyrene by PAH

| $\mathbf{P A H}^{\text {a }}$ | CASRN | Bioassays with benzo[a]pyrene |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | Dermal |  | Intraperitoneal | Subcutaneous | Oral | Other |
|  |  | Initiation | Complete |  |  |  |  |
| Aceanthrylene | 202-03-09 |  |  |  |  |  |  |
| Acenaphthene | 83-32-9 |  |  |  |  |  |  |
| Acenaphthylene | 208-96-8 |  |  |  |  |  |  |
| Acephenanthrylene | 201-06-9 |  |  |  |  |  |  |
| Acepyrene, 2,3- | 25732-74-5 | x | x |  |  |  |  |
| Anthanthrene | 191-26-4 | X | X |  |  |  | x |
| Anthracene | 120-12-7 | X | X |  | X |  |  |
| Benz[a]anthracene | 56-55-3 | X | X | x | X | X | X |
| Benz[b]anthracene | 92-24-9 |  |  |  |  |  |  |
| Benz[b,c]aceanthrylene, 11H- | 202-94-8 | x |  |  |  |  |  |
| Benz[e]aceanthrylene | 199-54-2 |  |  |  |  |  |  |
| Benz[j]aceanthrylene | 202-33-5 |  |  | x |  |  |  |
| Benz[l]aceanthrylene | 211-91-6 | x |  |  |  |  |  |
| Benzacenaphthylene | 76774-50-0 |  |  |  |  |  |  |
| Benzo[a]fluoranthene | 203-33-8 |  |  |  |  |  |  |
| Benzo[a]fluorene | $\begin{aligned} & 238-84-6 \text { or } \\ & 30777-18-5 \end{aligned}$ |  |  |  |  |  |  |
| Benzo[a]perylene | 191-85-5 |  |  |  |  |  |  |
| Benzo[b]chrysene | 214-17-5 |  |  |  |  |  |  |
| Benzo[b]fluoranthene | 205-99-2 | x | x | x |  |  | X |
| 11H-Benzo[b]fluorene | $\begin{aligned} & 243-17-4 \text { or } \\ & 30777-19-6 \end{aligned}$ |  |  |  |  |  |  |
| Benzo[b]perylene | 197-70-6 |  |  |  |  |  |  |
| Benzo[c]chrysene | 194-69-4 |  |  |  |  |  |  |
| Benzo[c]fluorene | $\begin{aligned} & 205-12-9 \text { or } \\ & 30777-20-9 \end{aligned}$ |  |  |  |  |  |  |
| Benzo[c]phenanthrene | 195-19-7 |  |  |  |  |  |  |
| Benzo[e]pyrene | 192-97-2 | x | x |  |  |  | X |
| Benzo[g]chrysene | 196-78-1 |  |  |  |  |  |  |
| Benzo[g,h,i]fluoranthene | 203-12-3 | x | x |  |  |  |  |
| Benzo[g,h,i]perylene | 191-24-2 | X | X |  |  |  | X |
| Benzo[j]fluoranthene | 205-82-3 | X | X | X |  |  | X |
| Benzo[k]fluoranthene | 207-08-9 | X | X | X |  |  | X |
| Benzophenanthrene | 65777-08-4 |  |  |  |  |  |  |
| Chrysene | 218-01-9 | X | X | X | X |  | X |
| Coronene | 191-07-1 |  | X |  |  |  |  |
| Cyclopenta[c,d]pyrene | 27208-37-3 | X | X | X |  |  |  |
| Cyclopenta[d,e,f]chrysene, 4H- | 202-98-2 | X |  |  |  |  |  |
| Cyclopenta[d,e,f]phenanthrene, 4H- | 203-64-5 |  |  |  |  |  |  |
| Cyclopenta[h,i]acephenanthrylene | 114959-37-4 |  |  |  |  |  |  |



Table B-1. Bioassays with and without benzo[a]pyrene by PAH

| PAH ${ }^{\text {a }}$ | CASRN | Bioassays with benzo[a]pyrene |  |  |  |  |  | Bioassays without benzo[a]pyrene |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | Dermal |  | Intraperitoneal | Subcutaneous | Oral | Other | Dermal |  | Intraperitoneal | Subcutaneous | Oral | Other |
|  |  | Initiation | Complete |  |  |  |  | Initiation | Complete |  |  |  |  |
| Cyclopenta[h,i]aceanthrylene | 131581-33-4 |  |  |  |  |  |  |  |  |  |  |  |  |
| Cyclopentaphenanthrene | 219-08-9 |  |  |  |  |  |  |  |  |  |  |  |  |
| Cyclopenteno-1,2-benzanthracene, 5,6- | 7099-43-6 |  |  |  |  |  |  |  |  |  | x |  |  |
| Dibenz[a,c]anthracene | 215-58-7 | X | X |  |  |  |  | x | X | X | X |  |  |
| Dibenzo[a,e]fluoranthene | 5385-75-1 | X | x |  |  |  |  | x |  |  |  |  |  |
| Dibenz[a,j]anthracene | 224-41-9 |  |  |  |  |  |  | x |  |  |  |  |  |
| Dibenzo[b,e]fluoranthene | 2997-45-7 |  |  |  |  |  |  |  |  |  |  |  |  |
| Dibenzo[a, c]fluorene, 13H- | 201-65-0 |  |  |  |  |  |  |  |  |  |  |  |  |
| Dibenzo[a,e]pyrene | 192-65-4 | X | x |  |  |  |  | x |  |  |  |  |  |
| Dibenzo[a,f]fluoranthene | 203-11-2 | x | x |  |  |  |  | x | x |  |  |  |  |
| Dibenzo[a,g]fluorene, 13H- | 207-83-0 |  |  |  |  |  |  |  | X |  |  |  |  |
| Dibenz[a,h]anthracene | 53-70-3 | x | x | x | x | x | x | x | x | x | x | x | x |
| Dibenzo[a,h]pyrene | 189-64-0 | x | x |  |  |  |  | x |  | x |  |  |  |
| Dibenzo[a,i]pyrene | 189-55-9 | X | x |  |  |  |  | x | X | x | X |  | x |
| Dibenzo[a,l]pyrene | 191-30-0 | x | x | x |  |  |  | x | x | X | x | x |  |
| Dibenzo[e,l]pyrene | 192-51-8 | X | X |  |  |  |  |  |  |  |  |  |  |
| Dibenzo[h,rst]pentaphene | 192-47-2 |  |  |  |  |  |  |  |  |  |  |  |  |
| Dibenz[k,mno]acephenanthrylene | 153043-81-3 |  |  |  |  |  |  |  |  |  |  |  |  |
| Dibenzo[j,mno]acephenanthrylene | 153043-82-4 |  |  |  |  |  |  |  |  |  |  |  |  |
| Dihydroaceanthrylene, 1,2- | 641-48-5 |  |  |  |  |  |  |  |  |  | x |  |  |
| Fluoranthene | 206-44-0 | x | x | x |  |  |  |  |  | x |  |  | x |
| Fluorene | 86-73-7 |  |  |  |  |  |  | x | x |  |  |  |  |
| Indeno[1,2,3-c,d]fluoranthene | 193-43-1 |  |  |  |  |  |  |  |  |  |  |  |  |
| Indeno[1,2,3-c,d]pyrene | 193-39-5 | x | x | x |  |  | x | x |  |  |  |  |  |
| Naphtho[1,2-b]fluoranthene | 111189-32-3 |  |  |  |  |  |  | x |  |  |  |  |  |
| Naphtho[1,2,3,-mno]acephenanthrylene | 113779-16-1 |  |  |  |  |  |  |  |  |  |  |  |  |
| Naphtho[2,1-a]fluoranthene | 203-20-3 |  |  |  |  |  |  | x |  |  |  |  |  |
| Naphtho[2,3-a]pyrene | 196-42-9 |  |  |  |  |  |  |  |  |  |  |  |  |
| Naphtho[2,3-e]pyrene | 193-09-9 | x | X |  |  |  |  |  |  |  |  |  |  |
| Pentacene | 135-48-8 |  |  |  |  |  |  |  |  |  |  |  |  |
| Pentaphene | 222-93-5 |  |  |  |  |  |  |  |  |  |  |  |  |
| Perylene | 198-55-0 | x | x |  |  |  |  | x |  |  |  |  |  |
| Phenanthrene | 85-01-8 | x | x | x | x | x | x | x | X | x | x |  | x |
| Picene | 213-46-7 |  |  |  |  |  |  | X | X | X | X |  |  |
| Pyrene | 129-00-0 | x | x | x |  |  | x | x |  |  |  |  | x |
| Tribenzofluoranthene 3,4-10,11-12,13- | 13579-05-0 |  |  |  |  |  |  |  |  |  |  |  |  |
| Triphenylene | 217-59-4 |  | x |  |  |  |  |  |  |  |  |  |  |

${ }^{\text {a }}$ PAHs in bold have at least one bioassay without benzo[a]pyrene and no bioassays with benzo[a]pyrene.

## B.1. BIBLIOGRAPHY OF BIOASSAYS WITHOUT BENZO[A]PYRENE

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## B.2. BIBLIOGRAPHY OF STUDIES ON CANCER-RELATED ENDPOINTS WITHOUT BENZO[A]PYRENE

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APPENDIX C. DOSE-RESPONSE DATA FOR POTENCY CALCULATIONS

Table C-1. Dermal bioassays: dose-response information for incidence data

| Record number | Reference | Study type | Species | Tumor type | PAH | Sex | $\begin{gathered} \text { Dose } \\ \text { of } \\ \text { PAH } \end{gathered}$ | Dose units | Number of animals with tumors | Number of animals in group | \% <br> Tumorbearing animals | Results of authors' statistical analysis ( $p$-value) | Fisher's exact $p$-value | Cochran- <br> Armitage trend test $p$-value | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Complete carcinogenicity studies |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 600 | $\begin{aligned} & \text { Habs et al., } \\ & 1980 \end{aligned}$ | Complete | Mice | Sum of Papilloma, carcinoma, sarcoma | Acetone | F | 0 | ug/animal | 0 | 35 | 0 |  |  |  |  |
|  |  |  |  |  | DMSO | F | 0 | Mg/animal | 0 | 36 | 0 |  |  |  |  |
|  |  |  |  |  | BaP | F | 1.7 | Mg/animal | 8 | 34 | 24 |  | $1.92 \times 10^{-3}$ |  |  |
|  |  |  |  |  | BaP | F | 2.8 | Hg/animal | 24 | 35 | 69 |  | $1.67 \times 10^{-11}$ |  |  |
|  |  |  |  |  | BaP | F | 4.6 | Mg/animal | 22 | 36 | 61 |  | $2.1 \times 10^{-9}$ | $2.15 \times 10^{-9}$ |  |
|  |  |  |  |  | BbF | F | 3.4 | Mg/animal | 2 | 38 | 5 |  | $2.6 \times 10^{-1}$ |  |  |
|  |  |  |  |  | BbF | F | 5.6 | ug/animal | 5 | 34 | 15 |  | $2.3 \times 10^{-2}$ |  |  |
|  |  |  |  |  | BbF | F | 9.2 | $\mu \mathrm{g} / \mathrm{animal}$ | 20 | 37 | 54 |  | $3.7 \times 10^{-8}$ | $1.33 \times 10^{-9}$ |  |
|  |  |  |  |  | BjF | F | 3.4 | Mg/animal | 1 | 38 | 3 |  | $5.1 \times 10^{-1}$ |  |  |
|  |  |  |  |  | BjF | F | 5.6 | Mg/animal | 1 | 35 | 3 |  | $4.9 \times 10^{-1}$ |  |  |
|  |  |  |  |  | BjF | F | 9.2 | $\mu \mathrm{g} / \mathrm{animal}$ | 2 | 38 | 5 |  | $2.6 \times 10^{-1}$ | $1.77 \times 10^{-1}$ |  |
|  |  |  |  |  | BkF | F | 3.4 | Hg/animal | 1 | 39 | 3 |  | $5.2 \times 10^{-1}$ |  |  |
|  |  |  |  |  | BkF | F | 5.6 | ug/animal | 0 | 38 | 0 |  |  |  |  |
|  |  |  |  |  | BkF | F | 9.2 | Mg/animal | 0 | 38 | 0 |  |  |  |  |
|  |  |  |  |  | CPcdP | F | 1.7 | $\mu \mathrm{g} / \mathrm{animal}$ | 0 | 34 | 0 |  |  |  |  |
|  |  |  |  |  | CPcdP | F | 6.5 | $\mu \mathrm{g} / \mathrm{animal}$ | 0 | 35 | 0 |  |  |  |  |
|  |  |  |  |  | CPcdP | F | 27.2 | Mg/animal | 3 | 38 | 8 |  | $1.3 \times 10^{-1}$ | $6.36 \times 10^{-2}$ |  |
|  |  |  |  |  | IP | F | 3.4 | ug/animal | 1 | 36 | 3 |  | $5 \times 10^{-1}$ |  |  |
|  |  |  |  |  | IP | F | 5.6 | $\mu \mathrm{g} / \mathrm{animal}$ | 0 | 37 | 0 |  |  |  |  |
|  |  |  |  |  | IP | F | 9.2 | $\mu \mathrm{g} / \mathrm{animal}$ | 0 | 37 | 0 |  |  |  |  |
|  |  |  |  |  | CO | F | 5.6 | Mg/animal | 1 | 39 | 3 |  | 0.52 |  |  |
|  |  |  |  |  | CO | F | 15 | ug/animal | 2 | 40 | 5 |  | 0.27 | $1.83 \times 10^{-1}$ |  |
| 13640 | Cavalieri et <br> al., 1983 | Complete | Mice | Papilloma, adenoma, carcinoma | Acetone | F | 0 | nmol | 0 | 29 | 0 |  |  |  |  |
|  |  |  |  |  | BaP | F | 2.2 | nmol | 2 | 30 | 7 |  | 0.25 |  |  |
|  |  |  |  |  | BaP | F | 6.6 | nmol | 2 | 28 | 7 |  | 0.24 |  |  |

Table C-1. Dermal bioassays: dose-response information for incidence data

| Record number | Reference | Study type | Species | Tumor type | PAH | Sex | $\begin{aligned} & \text { Dose } \\ & \text { of } \\ & \text { PAH } \end{aligned}$ | Dose units | Number of animals with tumors | Number <br> of animals in group | \% <br> Tumorbearing animals | Results of authors' statistical analysis (p-value) | Fisher's exact $p$-value | CochranArmitage trend test $p$-value | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  | BaP | F | 20 | nmol | 17 | 30 | 57 |  | $4.32 \times 10^{-7}$ | $2.96 \times 10^{-1}$ |  |
|  |  |  |  |  | CPcdP | F | 22.2 | nmol | 2 | 29 | 7 |  | 0.25 |  |  |
|  |  |  |  |  | CPcdP | F | 66.6 | nmol | 2 | 29 | 7 |  | 0.25 |  |  |
|  |  |  |  |  | CPcdP | F | 200 | nmol | 24 | 29 | 83 |  | $9.25 \times 10^{-12}$ | $1.39 \times 10^{-16}$ |  |
| 620 | Hoffmann and Wynder 1966 | Complete | Mice | Papilloma | Dioxane | F | 0 | \% | 0 | 20 | 0 |  |  |  |  |
|  |  |  |  |  | BaP | F | 0.05 | \% | 17 | 20 | 85 |  | $1.28 \times 10^{-8}$ |  |  |
|  |  |  |  |  | BaP | F | 0.1 | \% | 19 | 20 | 95 |  | $1.5 \times 10^{-10}$ | $8.7 \times 10^{-10}$ |  |
|  |  |  |  |  | DBaeP | F | 0.05 | \% | 16 | 30 | 53 |  | $3.31 \times 10^{-5}$ |  |  |
|  |  |  |  |  | DBaeP | F | 0.1 | \% | 9 | 17 | 53 |  | $1.95 \times 10^{-4}$ | $5.69 \times 10^{-4}$ |  |
|  |  |  |  |  | DBahP | F | 0.05 | \% | 16 | 17 | 94 |  | $1.32 \times 10^{-9}$ |  |  |
|  |  |  |  |  | DBahP | F | 0.1 | \% | 15 | 18 | 83 |  | $5.27 \times 10^{-8}$ | $1.29 \times 10^{-7}$ |  |
|  |  |  |  |  | DBaiP | F | 0.05 | \% | 16 | 19 | 84 |  | $2.58 \times 10^{-9}$ |  |  |
|  |  |  |  |  | DBaiP | F | 0.1 | \% | 16 | 19 | 84 |  | $2.58 \times 10^{-9}$ | $9.81 \times 10^{-8}$ |  |
|  |  |  |  |  | DBaeF | F | 0.05 | \% | 17 | 19 | 89 |  | $3.35 \times 10^{-9}$ |  |  |
|  |  |  |  |  | DBaeF | F | 0.1 | \% | 18 | 19 | 95 |  | $3.05 \times 10^{-10}$ | $1.13 \times 10^{-9}$ |  |
| 17660 | Cavalieri et al., 1977 | Complete | Mice | Papilloma, keratoacanthoma, carcinoma | Acetone | F | 0 | $\mu \mathrm{mol} / \mathrm{ap}-$ plication | 0 | 29 | 0 |  |  |  |  |
|  |  |  |  |  | BaP | F | 0.396 | $\mu \mathrm{mol} / \mathrm{ap}-$ plication | 30 | 38 | 79 |  | $4.9 \times 10^{-12}$ |  |  |
|  |  |  |  |  | DBahP | F | 0.396 | $\mu \mathrm{mol} / \mathrm{ap}-$ plication | 35 | 39 | 90 |  | $2.98 \times 10^{-15}$ |  |  |
|  |  |  |  |  | AA | F | 0.396 | $\mathrm{mol} / \mathrm{ap}-$ plication | 18 | 38 | 47 |  | $3.59 \times 10^{-6}$ |  |  |
|  |  |  |  |  | BaA | F | 0.396 | $\mu \mathrm{mol} / \mathrm{ap}-$ plication | 1 | 39 | 3 |  | 0.66 |  |  |

Table C-1. Dermal bioassays: dose-response information for incidence data

| Record number | Reference | Study type | Species | Tumor type | PAH | Sex | $\begin{gathered} \text { Dose } \\ \text { of } \\ \text { PAH } \end{gathered}$ | Dose units | Number of animals with tumors | Number of animals in group | Tumorbearing animals | Results of authors' statistical analysis ( $p$-value) | Fisher's exact $p$-value | Cochran- <br> Armitage trend test $p$-value | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Initiation studies |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 630 | LaVoie et <br> al., 1982 | Initiation | Mice | Primarily squamous cell papilloma | Acetone/ TPA | F | 0 | $\mu \mathrm{g} / \mathrm{mouse}$ | 0 | 20 | 0 |  |  |  |  |
|  |  |  |  |  | BaP | F | 30 | $\mu \mathrm{g}$ /mouse | 17 | 20 | 85 |  | $1.28 \times 10^{-8}$ |  |  |
|  |  |  |  |  | BbF | F | 10 | $\mu \mathrm{g} /$ mouse | 9 | 20 | 45 |  | $6.14 \times 10^{-4}$ |  |  |
|  |  |  |  |  | BbF | F | 30 | $\mu \mathrm{g} / \mathrm{mouse}$ | 12 | 20 | 60 |  | $2.25 \times 10^{-5}$ |  |  |
|  |  |  |  |  | BbF | F | 100 | Mg/mouse | 16 | 20 | 80 |  | $7.7 \times 10^{-8}$ | $1.46 \times 10^{-5}$ |  |
|  |  |  |  |  | BjF | F | 30 | $\mu \mathrm{g} / \mathrm{mouse}$ | 6 | 20 | 30 |  | 0.01 |  |  |
|  |  |  |  |  | BjF | F | 100 | $\mu \mathrm{g} /$ mouse | 11 | 20 | 55 |  | $7.27 \times 10^{-5}$ |  |  |
|  |  |  |  |  | BjF | F | 1,000 | $\mu \mathrm{g} /$ mouse | 19 | 20 | 95 |  | $1.52 \times 10^{-10}$ | $4.67 \times 10^{-8}$ |  |
|  |  |  |  |  | BkF | F | 30 | $\mu \mathrm{g} /$ mouse | 1 | 20 | 5 |  | 0.01 |  |  |
|  |  |  |  |  | BkF | F | 100 | $\mu \mathrm{g} /$ mouse | 5 | 20 | 25 |  | 0.02 |  |  |
|  |  |  |  |  | BkF | F | 1,000 | $\mu \mathrm{g} /$ mouse | 15 | 20 | 75 |  | $3.85 \times 10^{-7}$ | $4.51 \times 10^{-9}$ |  |
| 18570 | Hecht et al., 1974 | Initiation | Mice | Unspecified | Acetone | F | 0 | mg/mouse | 0 | 20 | 0 |  |  |  | Number of surviving not reported for controls; initial group size used here |
|  |  |  |  |  | BaP | F | 0.05 | mg/mouse | 6 | 20 | 30 |  | 0.01 |  |  |
|  |  |  |  |  | CH | F | 1 | mg/mouse | 11 | 19 | 58 |  | $4.51 \times 10^{-5}$ |  |  |
| 24800 | Nesnow et al., 1984 | Initiation | Mice | Papilloma | Acetone | M | 0 | nmol | 0 | 20 | 0 |  |  |  | Data at 30 wks |
|  |  |  |  |  | Acetone | F | 0 | nmol | 1 | 19 | 5 |  |  |  |  |
|  |  |  |  |  | BaP | M | 200 | nmol | 13 | 18 | 67 | <0.005 |  |  |  |
|  |  |  |  |  | BaP | F | 200 | nmol | 10 | 19 | 53 | <0.005 |  |  |  |
|  |  |  |  |  | BlAC | M | 50 | nmol | 12 | 20 | 60 | <0.005 |  |  |  |
|  |  |  |  |  | BlAC | M | 100 | nmol | 16 | 17 | 94 | <0.005 |  |  |  |
|  |  |  |  |  | BlAC | M | 250 | nmol | 21 | 21 | 100 | $<0.005$ |  |  |  |
|  |  |  |  |  | BlAC | M | 500 | nmol | 16 | 16 | 100 | <0.005 |  |  |  |

Table C-1. Dermal bioassays: dose-response information for incidence data

| Record number | Reference | Study type | Species | Tumor type | PAH | Sex | $\begin{gathered} \text { Dose } \\ \text { of } \\ \text { PAH } \end{gathered}$ | Dose units | Number of animals with tumors | Number of animals in group | \% <br> Tumorbearing animals | Results of authors' statistical analysis ( $p$-value) | Fisher's exact $p$-value | Cochran- <br> Armitage trend test p-value | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  | Blac | M | 1,000 | nmol | 19 | 20 | 95 | <0.005 |  |  |  |
|  |  |  |  |  | BlAC | F | 50 | nmol | 13 | 20 | 65 | <0.005 |  |  |  |
|  |  |  |  |  | BlAC | F | 100 | nmol | 18 | 19 | 95 | <0.005 |  |  |  |
|  |  |  |  |  | BlAC | F | 250 | nmol | 19 | 21 | 91 | <0.005 |  |  |  |
|  |  |  |  |  | BIAC | F | 500 | nmol | 20 | 21 | 95 | <0.005 |  |  |  |
|  |  |  |  |  | Blac | F | 1,000 | nmol | 20 | 20 | 100 | <0.005 |  |  |  |
|  |  |  |  |  | BeAC | M | 50 | nmol | 4 | 20 | 20 |  |  |  |  |
|  |  |  |  |  | BeAC | M | 100 | nmol | 4 | 20 | 20 |  |  |  |  |
|  |  |  |  |  | BeAC | M | 250 | nmol | 12 | 20 | 60 | $<0.005$ |  |  |  |
|  |  |  |  |  | BeAC | M | 500 | nmol | 15 | 20 | 75 | <0.005 |  |  |  |
|  |  |  |  |  | BeAC | M | 1,000 | nmol | 16 | 18 | 89 | <0.005 |  |  |  |
|  |  |  |  |  | BeAC | F | 50 | nmol | 4 | 20 | 20 |  |  |  |  |
|  |  |  |  |  | BeAC | F | 100 | nmol | 7 | 19 | 37 | $<0.005$ |  |  |  |
|  |  |  |  |  | BeAC | F | 250 | nmol | 10 | 19 | 53 | $<0.005$ |  |  |  |
|  |  |  |  |  | BeAC | F | 500 | nmol | 8 | 18 | 44 | $<0.005$ |  |  |  |
|  |  |  |  |  | BeAC | F | 1,000 | nmol | 18 | 20 | 90 | $<0.005$ |  |  |  |
| 21420 | $\begin{aligned} & \text { Slaga et al., } \\ & 1980 \end{aligned}$ | Initiation | Mouse | Papilloma | Control | F | 0 | nmol | 2 | 30 | 6 |  |  |  | Different controls used for each chemical except DBacA and BeP |
|  |  |  |  |  | Control | F | 0 | $\mu \mathrm{mol}$ | 3 | 30 | 10 |  |  |  |  |
|  |  |  |  |  | Control | F | 0 | $\mu \mathrm{mol}$ | 3 | 30 | 10 |  |  |  |  |
|  |  |  |  |  | Control | F | 0 | nmol | 2 | 29 | 6 |  |  |  |  |
|  |  |  |  |  | Control pooled | F | 0 | nmol | 10 | 119 | 8 |  |  |  |  |
|  |  |  |  |  | BaP | F | 200 | nmol | 20 | 30 | 67 |  | $1.41 \times 10^{-6}$ |  |  |
|  |  |  |  |  | BeP | F | 2,000 | nmol | 5 | 29 | 17 |  | 0.33 |  |  |
|  |  |  |  |  | CH | F | 2,000 | nmol | 21 | 29 | 73 |  | $8.38 \times 10^{-7}$ |  |  |
|  |  |  |  |  | DBacA | F | 2,000 | nmol | 8 | 28 | 27 |  | 0.07 |  |  |
|  |  |  |  |  | DBahA | F | 100 | nmol | 15 | 29 | 50 |  | $3.52 \times 10^{-6}$ |  |  |

Table C-1. Dermal bioassays: dose-response information for incidence data

| Record number | Reference | Study type | Species | $\begin{aligned} & \text { Tumor } \\ & \text { type } \end{aligned}$ | PAH | Sex | $\begin{gathered} \text { Dose } \\ \text { of } \\ \text { PAH } \end{gathered}$ | Dose units | Number of animals with tumors | Number of animals in group | \% <br> Tumorbearing animals | Results of authors' statistical analysis (p-value) | Fisher's exact $p$-value | CochranArmitage trend test $p$-value | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 15640 | Raveh et al., $1982$ | Initiation | Mice | Papilloma | Control | F | 0 | $\mu \mathrm{g}$ | 3 | 29 | 10 |  |  |  |  |
|  |  |  |  |  | BaP | F | 10 | $\mu \mathrm{g}$ | 17 | 29 | 58 |  | $1.11 \times 10^{-4}$ |  |  |
|  |  |  |  |  | BaP | F | 25 | 听 | 21 | 28 | 76 |  | $5.96 \times 10^{-7}$ |  |  |
|  |  |  |  |  | BaP | F | 50 | pg | 24 | 28 | 87 |  | $5.43 \times 10^{-9}$ |  |  |
|  |  |  |  |  | BaP | F | 100 | ug | 27 | 27 | 100 |  | $5.50 \times 10^{-13}$ |  |  |
|  |  |  |  |  | BaP | F | 200 | $\mu \mathrm{g}$ | 26 | 26 | 100 |  | $1.03 \times 10^{-12}$ | $2.78 \times 10^{-10}$ |  |
|  |  |  |  |  | CPcdP | F | 10 | ug | 3 | 30 | 11 |  | 0.65 |  |  |
|  |  |  |  |  | CPcdP | F | 100 | $\mu \mathrm{g}$ | 11 | 29 | 39 |  | 0.01 |  |  |
|  |  |  |  |  | CPcdP | F | 200 | ug | 16 | 28 | 57 |  | $1.90 \times 10^{-4}$ | $2.75 \times 10^{-6}$ |  |
| 620 | Hoffmann and Wynder 1966 | Initiation | Mice | Papilloma | Croton oil control | F | 0 | mg/mouse | 2 | 30 | 7 |  |  |  |  |
|  |  |  |  |  | BaP | F | 0.25 | mg/mouse | 24 | 30 | 80 |  | $3.80 \times 10^{-9}$ |  |  |
|  |  |  |  |  | DBaeF | F | 0.25 | mg/mouse | 18 | 30 | 60 |  | $9.40 \times 10^{-6}$ |  |  |
|  |  |  |  |  | DBaeP | F | 0.25 | mg/mouse | 10 | 27 | 37 |  | 0.006 |  |  |
|  |  |  |  |  | DBelP | F | 0.25 | mg/mouse | 0 | 29 | 0 |  | 0.25 |  |  |
|  |  |  |  |  | DBahP | F | 0.25 | mg/mouse | 21 | 29 | 72 |  | $1.30 \times 10^{-7}$ |  |  |
|  |  |  |  |  | DBaiP | F | 0.25 | mg/mouse | 12 | 30 | 40 |  | 0.002 |  |  |
|  |  |  |  |  | AA | F | 0.25 | mg/mouse | 2 | 29 | 7 |  | 0.68 |  |  |
|  |  |  |  |  | BghiP | F | 0.25 | mg/mouse | 2 | 27 | 7 |  | 0.65 |  |  |
|  |  |  |  |  | N23eP | F | 0.25 | mg/mouse | 9 | 30 | 30 |  | 0.02 |  |  |
|  |  |  |  |  | IP | F | 0.25 | mg/mouse | 5 | 30 | 17 |  | 0.21 |  |  |
| 13650 | Cavalieri et <br> al., 1981b | Initiation | Mice | Papilloma | $\begin{array}{\|l\|} \hline \text { Acetone/ } \\ \text { TPA } \\ \hline \end{array}$ | F | 0 | $\mu \mathrm{mol}$ | 3 | 29 | 10 |  |  |  |  |
|  |  |  |  |  | BaP | F | 0.2 | $\mu \mathrm{mol}$ | 12 | 30 | 40 |  | 0.009 |  |  |
|  |  |  |  |  | CPcdP | F | 0.2 | $\mu \mathrm{mol}$ | 1 | 30 | 3 |  | 0.29 |  |  |
|  |  |  |  |  | CPcdP | F | 0.6 | $\mu \mathrm{mol}$ | 9 | 29 | 31 |  | 0.05 |  |  |
|  |  |  |  |  | CPcdP | F | 1.8 | $\mu \mathrm{mol}$ | 6 | 29 | 21 |  | 0.24 | 0.14 |  |
|  |  |  |  |  | ACEP | F | 0.2 | $\mu \mathrm{mol}$ | 0 | 30 | 0 |  | 0.11 |  |  |
|  |  |  |  |  | ACEP | F | 0.6 | $\mu \mathrm{mol}$ | 1 | 30 | 3 |  | 0.29 |  |  |

Table C-1. Dermal bioassays: dose-response information for incidence data

| Record number | Reference | Study type | Species | Tumor type | PAH | Sex | $\begin{gathered} \text { Dose } \\ \text { of } \\ \text { PAH } \end{gathered}$ | Dose units | Number of animals with tumors | Number of animals in group | \% <br> Tumorbearing animals | Results of authors' statistical analysis (p-value) | Fisher's <br> exact $p$-value | CochranArmitage trend test $p$-value | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  | ACEP | F | 1.8 | $\mu \mathrm{mol}$ | 4 | 30 | 13 |  | 0.52 | 0.18 |  |
| 15700 | $\begin{array}{\|l\|} \hline \text { Rice et al., } \\ 1988 \\ \hline \end{array}$ | Initiation | Mice | Unspecified | Acetone | F | 0 | $\mu \mathrm{mol}$ | 1 | 20 | 5 |  |  |  |  |
|  |  |  |  |  | BaP | F | 0.1 | $\mu \mathrm{mol}$ | 17 | 19 | 89 | <0.005 |  |  |  |
|  |  |  |  |  | CH | F | 0.15 | $\mu \mathrm{mol}$ | 5 | 20 | 25 | <0.05 |  |  |  |
|  |  |  |  |  | CH | F | 0.5 | $\mu \mathrm{mol}$ | 18 | 20 | 90 | <0.005 |  |  |  |
|  |  |  |  |  | CH | F | 1.5 | $\mu \mathrm{mol}$ | 19 | 20 | 95 | <0.005 |  | $6.39 \times 10^{-9}$ |  |
|  |  |  |  |  | $\begin{aligned} & \text { CPdefC } \\ & (4,5-\mathrm{MC}) \end{aligned}$ | F | 0.15 | $\mu \mathrm{mol}$ | 13 | 20 | 65 | <0.005 |  |  |  |
|  |  |  |  |  | $\begin{array}{\|l} \text { CPdefC } \\ (4,5-\mathrm{MC}) \end{array}$ | F | 0.5 | $\mu \mathrm{mol}$ | 19 | 19 | 100 | <0.005 |  |  |  |
|  |  |  |  |  | $\begin{aligned} & \text { CPdefC } \\ & (4,5-\mathrm{MC}) \end{aligned}$ | F | 1.5 | $\mu \mathrm{mol}$ | 19 | 19 | 100 | <0.005 |  | $1.90 \times 10^{-7}$ |  |
|  |  |  |  |  | $\begin{array}{\|l} \hline \text { BbcAC } \\ (1,12- \\ \text { MBA }) \\ \hline \end{array}$ | F | 0.5 | $\mu \mathrm{mol}$ | 15 | 20 | 75 | <0.005 |  |  |  |
|  |  |  |  |  | $\begin{aligned} & \mathrm{BbcAC} \\ & (1,12- \\ & \text { MBA }) \end{aligned}$ | F | 2 | $\mu \mathrm{mol}$ | 18 | 20 | 90 | <0.005 |  |  |  |
|  |  |  |  |  | $\begin{aligned} & \mathrm{BbcAC} \\ & (1,12- \\ & \mathrm{MBA}) \end{aligned}$ | F | 4 | $\mu \mathrm{mol}$ | 18 | 20 | 90 | <0.005 |  | $3.03 \times 10^{-6}$ |  |

Table C-2. Dermal bioassays: dose-response information for tumor multiplicity

| Record number | Reference | Study type | Species | Tumor type | PAH | Sex | Dose of PAH | Dose units | Number of animals with tumors | $\begin{gathered} \text { Number } \\ \text { of } \\ \text { animals } \\ \text { in } \\ \text { group } \end{gathered}$ | \% <br> Tumorbearing animals | Results of authors' statistical analysis ( $p$-value) | Results of SRC statistical analysis Fisher's exact $p$-value | Mean number tumors/ animal | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Complete carcinogenicity |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 13640 | $\begin{aligned} & \text { Cavalieri et al., } \\ & 1983 \end{aligned}$ | Complete | Mice | Papilloma, adenoma, carcinoma | Acetone | F | 0 | nmol | 0 | 29 | 0 |  |  | 0 | Number tumors per animal at risk calculated |
|  |  |  |  |  | BaP | F | 2.2 | nmol | 2 | 30 | 7 |  | $>0.05$ | 0.07 |  |
|  |  |  |  |  | BaP | F | 6.6 | nmol | 2 | 28 | 7 |  | >0.05 | 0.07 |  |
|  |  |  |  |  | BaP | F | 20 | nmol | 17 | 30 | 57 |  | $<0.001$ | 1.5 |  |
|  |  |  |  |  | CPcdP | F | 22.2 | nmol | 2 | 29 | 7 |  | $>0.05$ | 0.07 |  |
|  |  |  |  |  | CPcdP | F | 66.6 | nmol | 2 | 29 | 7 |  | $>0.05$ | 0.07 |  |
|  |  |  |  |  | CPcdP | F | 200 | nmol | 24 | 29 | 83 |  | $<0.001$ | 2.45 |  |
| 13650 | $\begin{aligned} & \text { Cavalieri et al., } \\ & \text { 1981b } \end{aligned}$ | Complete | Mice | Primarily squamous cell carcinoma | Acetone | US | 0 | $\mu \mathrm{mol} /$ application | 0 | 30 | 0 |  |  | 0 | Number tumors per animal at risk calculated |
|  |  |  |  |  | BaP | US | 0.2 | $\mu \mathrm{mol} /$ application | 30 | 30 | 100 |  | <0.001 | 1.5 |  |
|  |  |  |  |  | CPcdP | US | 0.2 | $\mu \mathrm{mol} /$ <br> application | 17 | 30 | 57 |  | <0.001 | 0.8 |  |
|  |  |  |  |  | CPcdP | US | 0.6 | $\mu \mathrm{mol} /$ application | 11 | 30 | 37 |  | $<0.001$ | 0.5 |  |
|  |  |  |  |  | CPcdP | US | 1.8 | $\mu \mathrm{mol} /$ <br> application | 7 | 30 | 23 |  | 0.0053 | 0.4 |  |
|  |  |  |  |  | ACEP | US | 0.2 | $\mu \mathrm{mol} /$ application | 0 | 30 | 0 |  | >0.05 | 0 |  |
|  |  |  |  |  | ACEP | US | 0.6 | $\mu \mathrm{mol} /$ <br> application | 1 | 30 | 3 |  | >0.05 | 0.03 |  |
|  |  |  |  |  | ACEP | US | 1.8 | $\mu \mathrm{mol} /$ application | 1 | 30 | 3 |  | >0.05 | 0.03 |  |
| Initiation |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 630 | $\begin{aligned} & \hline \text { LaVoie et al., } \\ & 1982 \end{aligned}$ | Initiation | Mice | Primarily squamous cell papilloma | $\text { Acetone/ } \mathrm{F}$ TPA | F | 0 | $\mu \mathrm{g} /$ mouse | 0 | 20 | 0 |  |  | 0 |  |
|  |  |  |  |  | BaP | F | 30 | $\mu \mathrm{g} /$ mouse | 17 | 20 | 85 |  | $<0.001$ | 4.9 |  |
|  |  |  |  |  | BbF | F | 10 | $\mu \mathrm{g} /$ mouse | 9 | 20 | 45 |  | <0.001 | 0.9 |  |
|  |  |  |  |  | BbF | F | 30 | $\mu \mathrm{g} /$ mouse | 12 | 20 | 60 |  | <0.001 | 2.3 |  |
|  |  |  |  |  | BbF | F | 100 | $\mu \mathrm{g} /$ mouse | 16 | 20 | 80 |  | $<0.001$ | 7.1 |  |

Table C-2. Dermal bioassays: dose-response information for tumor multiplicity

| Record number | Reference | Study type | Species | Tumor type | PAH | Sex | Dose of PAH | Dose units | Number of animals with tumors | Number of animals in group | \% <br> Tumorbearing animals | Results of authors' statistical analysis ( $p$-value) | Results of SRC statistical analysis Fisher's exact $p$-value | Mean number tumors/ animal | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  | BjF | F | 30 | $\mu \mathrm{g} /$ mouse | 6 | 20 | 30 |  | 0.01 | 0.6 |  |
|  |  |  |  |  | BjF | F | 100 | $\mu \mathrm{g} /$ mouse | 11 | 20 | 55 |  | <0.001 | 1.9 |  |
|  |  |  |  |  | BjF | F | 1,000 | $\mu \mathrm{g} /$ mouse | 19 | 20 | 95 |  | <0.001 | 7.2 |  |
|  |  |  |  |  | BkF | F | 30 | $\mu \mathrm{g} /$ mouse | 1 | 20 | 5 |  | $>0.05$ | 0.1 |  |
|  |  |  |  |  | BkF | F | 100 | $\mu \mathrm{g} /$ mouse | 5 | 20 | 25 |  | 0.02 | 0.4 |  |
|  |  |  |  |  | BkF | F | 1,000 | $\mu \mathrm{g} /$ mouse | 15 | 20 | 75 |  | $<0.001$ | 2.8 |  |
| 18570 | Hecht et al., 1974 | Initiation | Mice | Unspecified | Acetone | F | 0 | mg/animal | 0 | 20 | 0 |  |  | 0 | Number surviving not reported for controls; initial group size used here; number tumors per animal at risk calculated |
|  |  |  |  |  | BaP | F | 0.05 | mg/animal | 6 | 20 | 30 |  | 0.01 | 0.5 |  |
|  |  |  |  |  | CH | F | 1 | mg/animal | 11 | 19 | 61 |  | $<0.001$ | 1 |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 21420 | $\begin{aligned} & \text { Slaga et al., } \\ & 1980 \end{aligned}$ | Initiation | Mouse | Papilloma | Control | F | 0 | nmol | 2 | 29 | 6 |  |  | 0.1 | Different controls used for each chemical except DBacA and BeP |
|  |  |  |  |  | Control | F | 0 | nmol | 3 | 30 | 10 |  |  | 0.2 |  |
|  |  |  |  |  | Control | F | 0 | nmol | 3 | 30 | 10 |  |  | 0.1 |  |
|  |  |  |  |  | Control | F | 0 | nmol | 2 | 29 | 6 |  |  | 0.1 |  |
|  |  |  |  |  | Control pooled | F | 0 | nmol | 10 | 119 | 8 |  |  | 0.13 |  |
|  |  |  |  |  | BaP | F | 200 | nmol | 20 | 30 | 67 |  | $<0.001$ | 2.2 |  |
|  |  |  |  |  | BeP | F | 2,000 | nmol | 5 | 29 | 17 |  | >0.05 | 0.2 |  |
|  |  |  |  |  | CH | F | 2,000 | nmol | 21 | 29 | 73 |  | $<0.001$ | 1.6 |  |
|  |  |  |  |  | DBacA | F | 2,000 | nmol | 8 | 28 | 27 |  | >0.05 | 0.5 |  |
|  |  |  |  |  | DBahA | F | 100 | nmol | 15 | 29 | 50 |  | $<0.001$ | 1.4 |  |
| 15640 | Raveh et al., 1982 | Initiation | Mice | Papilloma | Control | F | 0 | $\mu \mathrm{g}$ | 3 | 29 | 10 |  |  | 0.2 |  |
|  |  |  |  |  | BaP | F | 10 | $\mu \mathrm{g}$ | 17 | 29 | 58 |  | $<0.001$ | 1.3 |  |
|  |  |  |  |  | BaP | F | 25 | $\mu \mathrm{g}$ | 21 | 28 | 76 |  | <0.001 | 3.8 |  |
|  |  |  |  |  | BaP | F | 50 | $\mu \mathrm{g}$ | 24 | 28 | 87 |  | <0.001 | 6.2 |  |
|  |  |  |  |  | BaP | F | 100 | $\mu \mathrm{g}$ | 27 | 27 | 100 |  | <0.001 | 8.8 |  |
|  |  |  |  |  | BaP | F | 200 | $\mu \mathrm{g}$ | 26 | 26 | 100 |  | $<0.001$ | 9 |  |
|  |  |  |  |  | CPcdP | F | 10 | $\mu \mathrm{g}$ | 3 | 30 | 11 |  | $>0.05$ | 0.1 |  |

Table C-2. Dermal bioassays: dose-response information for tumor multiplicity

| Record number | Reference | Study type | Species | Tumor type | PAH | Sex | $\begin{gathered} \text { Dose of } \\ \text { PAH } \end{gathered}$ | Dose units | Number of animals with tumors | Number of animals in group | \% <br> Tumorbearing animals | Results of authors' statistical analysis ( $p$-value) | Results of <br> SRC <br> statistical <br> analysis <br> Fisher's <br> exact $p$-value | Mean number tumors/ animal | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  | CPcdP | F | 100 | $\mu \mathrm{g}$ | 11 | 29 | 39 |  | 0.01 | 0.4 |  |
|  |  |  |  |  | CPcdP | F | 200 | $\mu \mathrm{g}$ | 16 | 28 | 57 |  | $<0.001$ | 0.9 |  |
| 13650 | Cavalieri et al., 1981 | Initiation | Mice | Papilloma | Acetone/ TPA | F | 0 | $\mu \mathrm{mol}$ | 3 | 29 | 10 |  |  | 0.14 |  |
|  |  |  |  |  | BaP | F | 0.2 | $\mu \mathrm{mol}$ | 12 | 30 | 40 |  | 0.009 | 1.2 |  |
|  |  |  |  |  | CPcdP | F | 0.2 | $\mu \mathrm{mol}$ | 1 | 30 | 3 |  | >0.05 | 0.03 |  |
|  |  |  |  |  | CPcdP | F | 0.6 | $\mu \mathrm{mol}$ | 9 | 29 | 31 |  | 0.05 | 0.31 |  |
|  |  |  |  |  | CPcdP | F | 1.8 | $\mu \mathrm{mol}$ | 6 | 29 | 21 |  | $>0.05$ | 0.31 |  |
|  |  |  |  |  | ACEP | F | 0.2 | $\mu \mathrm{mol}$ | 0 | 30 | 0 |  | $>0.05$ | 0 |  |
|  |  |  |  |  | ACEP | F | 0.6 | $\mu \mathrm{mol}$ | 1 | 30 | 3 |  | $>0.05$ | 0.03 |  |
|  |  |  |  |  | ACEP | F | 1.8 | $\mu \mathrm{mol}$ | 4 | 30 | 13 |  | $>0.05$ | 0.13 |  |
| 21410 | $\begin{aligned} & \hline \text { Slaga et al., } \\ & 1978 \\ & \hline \end{aligned}$ | Initiation | Mice | Papilloma | Acetone/ TPA | F | 0 | $\mu \mathrm{mol}$ | 2 | 29 | 6 |  |  | 0.1 |  |
|  |  |  |  |  | BaP | F | 0.2 | $\mu \mathrm{mol}$ | 27 | 29 | 92 |  | <0.001 | 5.3 |  |
|  |  |  |  |  | BaA | F | 2 | $\mu \mathrm{mol}$ | 17 | 30 | 57 |  | <0.001 | 1.2 |  |
| 16310 | $\begin{aligned} & \text { Weyand et al., } \\ & 1992 \\ & \hline \end{aligned}$ | Initiation | Mice | Unspecified | Acetone | US | 0 | $\mu \mathrm{mol}$ | 1 | 21 | 5 |  |  | 0.05 |  |
|  |  |  |  |  | BaP | US | 0.01 | $\mu \mathrm{mol}$ | 24 | 24 | 100 | $<0.01$ |  | 4.08 |  |
|  |  |  |  |  | BjF | US | 0.3 | $\mu \mathrm{mol}$ | 11 | 20 | 55 | $<0.01$ |  | 1.75 |  |
|  |  |  |  |  | BjF | US | 1 | $\mu \mathrm{mol}$ | 21 | 24 | 88 | $<0.01$ |  | 4.08 |  |
|  |  |  |  |  | BjF | US | 2 | $\mu \mathrm{mol}$ | 24 | 24 | 100 | <0.01 |  | 7.17 |  |
| 10200 | El-Bayoumy et al., 1982 | Initiation | Mice | Primarily squamous cell papilloma | Acetone | F | 0 | mg/mouse | 1 | 20 | 5 |  |  | 0.1 |  |
|  |  |  |  |  | BaP | F | 0.05 | mg/mouse | 18 | 20 | 90 | <0.01 |  | 7.1 |  |
|  |  |  |  |  | CH | F | 1 | mg/mouse | 20 | 20 | 100 | <0.01 |  | 7.7 |  |
|  |  |  |  |  | Pery | F | 1 | mg/mouse | 1 | 20 | 5 |  |  | 0.1 |  |
|  |  |  |  |  | Pyr | F | 1 | mg/mouse | 4 | 20 | 20 |  |  | 0.2 |  |
| 24300 | $\begin{aligned} & \text { Rice et al., } \\ & 1985 \end{aligned}$ | Initiation | Mice | Unspecified | Acetone | F | 0 | mg/mouse | 2 | 25 | 8 |  |  | 0.12 | Mean number of tumors/animal digitally estimated from Figure 2 and rounded to even number tumors |
|  |  |  |  |  | BaP | F | 0.3 | mg/mouse | 24 | 25 | 96 |  | <0.001 | 8.04 |  |
|  |  |  |  |  | CH | F | 1 | mg/mouse | 23 | 25 | 92 |  | <0.001 | 5 |  |

Table C-2. Dermal bioassays: dose-response information for tumor multiplicity

| Record number | Reference | Study type | Species | Tumor type | PAH | Sex | Dose of PAH | Dose units | Number of animals with tumors | Number of animals in group | \% <br> Tumorbearing animals | Results of authors' statistical analysis ( $p$-value) | Results of SRC statistical analysis Fisher's exact $\boldsymbol{p}$-value | Mean number tumors/ animal | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  | CPdefC | F | 1 | mg/mouse | 24 | 24 | 100 |  | <0.001 | 5.63 | Number reported in text |
| 13660 | $\begin{aligned} & \hline \text { Cavalieri et al., } \\ & 1991 \\ & \hline \end{aligned}$ | Initiation | Mice | Primarily papilloma | Acetone | F | 0 | nmol | 0 | 24 | 0 |  |  | 0 | 16-Wk experiment |
|  |  |  |  |  | BaP | F | 33.3 | nmol | 10 | 23 | 43 |  | <0.001 | 0.65 |  |
|  |  |  |  |  | BaP | F | 100 | nmol | 17 | 24 | 71 |  | <0.001 | 2.75 |  |
|  |  |  |  |  | BaP | F | 300 | nmol | 21 | 23 | 91 |  | <0.001 | 5.22 |  |
|  |  |  |  |  | DBalP | F | 33.3 | nmol | 23 | 24 | 96 |  | $<0.001$ | 6.75 |  |
|  |  |  |  |  | DBalP | F | 100 | nmol | 22 | 24 | 92 |  | <0.001 | 7.92 |  |
|  |  |  |  |  | DBalP | F | 300 | nmol | 24 | 24 | 100 |  | $<0.001$ | 8.5 |  |
| 13660 | $\begin{aligned} & \text { Cavalieri et al., } \\ & 1991 \\ & \hline \end{aligned}$ | Initiation | Mice | Primarily papilloma | Acetone | F | 0 | nmol | 0 | 24 | 0 |  |  | 0 | 27-Wk experiment |
|  |  |  |  |  | BaP | F | 4 | nmol | 1 | 24 | 4 |  | >0.05 | 0.04 |  |
|  |  |  |  |  | BaP | F | 20 | nmol | 10 | 24 | 42 |  | <0.001 | 0.75 |  |
|  |  |  |  |  | BaP | F | 100 | nmol | 22 | 24 | 92 |  | $<0.001$ | 3.42 |  |
|  |  |  |  |  | DBalP | F | 4 | nmol | 22 | 24 | 92 |  | <0.001 | 6.96 |  |
|  |  |  |  |  | DBalP | F | 20 | nmol | 20 | 24 | 83 |  | <0.001 | 5.29 |  |
|  |  |  |  |  | DBalP | F | 100 | nmol | 20 | 24 | 83 |  | <0.001 | 3.29 |  |
| 16440 | $\begin{aligned} & \text { Wood et al., } \\ & 1980 \end{aligned}$ | Initiation | Mice | Papilloma | Acetone | F | 0 | $\mu \mathrm{mol}$ | 3 | 30 | 10 |  |  | 0.1 | Number tumors per animal at risk calculated |
|  |  |  |  |  | BaP | F | 0.1 | $\mu \mathrm{mol}$ | 20 | 30 | 68 | <0.05 |  | 2 |  |
|  |  |  |  |  | BaP | F | 0.4 | $\mu \mathrm{mol}$ | 22 | 30 | 73 | $<0.05$ |  | 4.6 |  |
|  |  |  |  |  | Pyr | F | 0.1 | $\mu \mathrm{mol}$ | 4 | 30 | 14 | $>0.05$ |  | 0.14 |  |
|  |  |  |  |  | Pyr | F | 0.4 | $\mu \mathrm{mol}$ | 3 | 30 | 10 | >0.05 |  | 0.1 |  |
|  |  |  |  |  | CPcdP | F | 0.1 | $\mu \mathrm{mol}$ | 3 | 30 | 10 | >0.05 |  | 0.1 |  |
|  |  |  |  |  | CPcdP | F | 0.4 | $\mu \mathrm{mol}$ | 6 | 30 | 21 | >0.05 |  | 0.29 |  |
| 18680 | Hoffmann et al., 1972 | Initiation | Mice | Papilloma | Acetone | F | 0 | mg | 1 | 30 | 3 |  |  | 0.03 |  |
|  |  |  |  |  | BaP | F | 0.05 | mg | 19 | 29 | 66 |  | $<0.001$ | 2.3 |  |
|  |  |  |  |  | FA | F | 1 | mg | 1 | 29 | 3 |  | $>0.05$ | 0.03 |  |
| 24800 | $\begin{aligned} & \text { Nesnow et al., } \\ & 1984 \end{aligned}$ | Initiation | Mice | Papilloma | Acetone | M | 0 | nmol | 0 | 20 | 0 |  |  | 0 |  |
|  |  |  |  |  | Acetone | F | 0 | nmol | 1 | 19 | 5 |  |  | 0.05 |  |
|  |  |  |  |  | BaP | M | 200 | nmol | 12 | 18 | 67 |  | $<0.001$ | 1.4 |  |
|  |  |  |  |  | BaP | F | 200 | nmol | 10 | 19 | 53 |  | 0.0015 | 1.5 |  |
|  |  |  |  |  | BeAC | M | 50 | nmol | 4 | 20 | 20 |  | $>0.05$ | 0.25 |  |
|  |  |  |  |  | BeAC | F | 50 | nmol | 4 | 20 | 20 |  | $>0.05$ | 0.25 |  |

Table C-2. Dermal bioassays: dose-response information for tumor multiplicity

| Record number | Reference | Study type | Species | Tumor type | PAH | Sex | Dose of <br> PAH | Dose units | Number of animals with tumors | Number of animals in group | \% <br> Tumorbearing animals | Results of authors' statistical analysis (p-value) | Results of <br> SRC <br> statistical <br> analysis <br> Fisher's <br> exact $p$-value | Mean <br> number <br> tumors/ <br> animal | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  | BeAC | M | 100 | nmol | 4 | 20 | 20 |  | $>0.05$ | 0.4 |  |
|  |  |  |  |  | BeAC | F | 100 | nmol | 7 | 19 | 37 |  | 0.02 | 0.53 |  |
|  |  |  |  |  | BeAC | M | 250 | nmol | 12 | 20 | 60 |  | <0.001 | 1.3 |  |
|  |  |  |  |  | BeAC | F | 250 | nmol | 10 | 19 | 53 |  | <0.001 | 1.1 |  |
|  |  |  |  |  | BeAC | M | 500 | nmol | 15 | 20 | 75 |  | $<0.001$ | 1.9 |  |
|  |  |  |  |  | BeAC | F | 500 | nmol | 8 | 18 | 44 |  | 0.007 | 1.2 |  |
|  |  |  |  |  | BeAC | M | 1,000 | nmol | 16 | 18 | 89 |  | $<0.001$ | 3.1 |  |
|  |  |  |  |  | BeAC | F | 1,000 | nmol | 18 | 20 | 90 |  | <0.001 | 2.2 |  |
|  |  |  |  |  | BlAC | M | 50 | nmol | 12 | 20 | 60 |  | <0.001 | 1.4 |  |
|  |  |  |  |  | BlAC | F | 50 | nmol | 13 | 20 | 65 |  | <0.001 | 1.1 |  |
|  |  |  |  |  | BlAC | M | 100 | nmol | 16 | 17 | 94 |  | <0.001 | 2.3 |  |
|  |  |  |  |  | BlAC | F | 100 | nmol | 18 | 19 | 95 |  | $<0.001$ | 3.1 |  |
|  |  |  |  |  | BlAC | M | 250 | nmol | 21 | 21 | 100 |  | <0.001 | 8.4 |  |
|  |  |  |  |  | BlAC | F | 250 | nmol | 19 | 21 | 91 |  | <0.001 | 4.7 |  |
|  |  |  |  |  | BlAC | M | 500 | nmol | 16 | 16 | 100 |  | <0.001 | 10.8 |  |
|  |  |  |  |  | BlAC | F | 500 | nmol | 20 | 21 | 95 |  | <0.001 | 6.6 |  |
|  |  |  |  |  | BlAC | M | 1,000 | nmol | 19 | 20 | 95 |  | $<0.001$ | 8.7 |  |
|  |  |  |  |  | BlAC | F | 1,000 | nmol | 20 | 20 | 100 |  | <0.001 | 10.8 |  |

Table C-3. Intraperitoneal bioassays: dose-response information for incidence data

| Record number | Reference | Species | $\begin{array}{\|c} \hline \text { Expo- } \\ \text { sure } \\ \text { route } \end{array}$ | Target organ | Tumor type | PAH | Sex | Dose | Dose units |  |  |  | Results of authors' statistical analysis ( $p$-value) | SRC Statistical Analysis |  | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  | Fisher's exact $p$-value | CochranArmitage trend test $p$-value |  |
| 17560 | $\begin{aligned} & \text { Busby et al., } \\ & 1989 \end{aligned}$ | Mice | Intra-peritoneal | Lung | Adenoma + adenocarcinoma | DMSO | M | 0 | $\left\lvert\, \begin{array}{\|l\|} \hline \mu \mathrm{g} \\ \text { (total) } \end{array}\right.$ | 13 | 91 | 0.14 |  |  |  | Stats reported for combined M and F only for each dose and treatment compared to control not individual sexes |
|  |  |  |  | Lung | Adenoma + adenocarcinoma | DMSO | F | 0 | $\mu g$ (total) | 7 | 101 | 0.07 |  |  |  |  |
|  |  |  |  | Lung | Adenoma + adenocarcinoma | BaP | M | 59.5 | ug (total) | 13 | 28 | 0.46 |  | $7.2 \times 10^{-4}$ |  |  |
|  |  |  |  | Lung | Adenoma + adenocarcinoma | BaP | F | 59.5 | $\mu \mathrm{g}$ (total) | 19 | 27 | 0.70 |  | $3.96 \times 10^{-11}$ |  |  |
|  |  |  |  | Lung | Adenoma + adenocarcinoma | Pyr | M | 86.1 | $\mu \mathrm{g}$ (total) | 4 | 23 | 0.17 |  | $4.60 \times 10^{-1}$ |  |  |
|  |  |  |  | Lung | Adenoma + adenocarcinoma | Pyr | F | 86.1 | $\mu \mathrm{g}$ (total) | 1 | 28 | 0.04 |  | $4.50 \times 10^{-1}$ |  |  |
|  |  |  |  | Lung | Adenoma + adenocarcinoma | Pyr | M | 1,750 | ug (total) | 2 | 27 | 0.07 |  | $2.80 \times 10^{-1}$ | $3.13 \times 10^{-1}$ |  |
|  |  |  |  | Lung | Adenoma + adenocarcinoma | Pyr | F | 1,750 | $\operatorname{lig}_{\text {(total) }}$ | 3 | 26 | 0.12 |  | $3.30 \times 10^{-1}$ | $3.50 \times 10^{-1}$ |  |
|  |  |  |  | Lung | Adenoma + adenocarcinoma | FA | M | 257.6 | $\mu g$ (total) | 5 | 23 | 0.22 |  | $2.80 \times 10^{-4}$ |  |  |
|  |  |  |  | Lung | Adenoma + adenocarcinoma | FA | F | 257.6 | ug (total) | 9 | 29 | 0.31 |  | $1.65 \times 10^{-3}$ |  |  |

Table C-3. Intraperitoneal bioassays: dose-response information for incidence data

| Record number | Reference | Species | Exposure route | Target organ | Tumor type | PAH | Sex | Dose | Dose units |  |  |  | Results of authors' statistical analysis ( $p$-value) | SRC Statistical Analysis |  | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  | Fisher's exact $p$-value | CochranArmitage trend test p-value |  |
|  |  |  |  | Lung | Adenoma + adenocarcinoma | CH | M | 6.3 | $\left\lvert\, \begin{aligned} & \mu \mathrm{g} \\ & (\text { total }) \end{aligned}\right.$ | 2 | 27 | 0.07 |  | $2.80 \times 10^{-1}$ |  |  |
|  |  |  |  | Lung | Adenoma + adenocarcinoma | CH | F | 6.3 | $\operatorname{lig}_{\text {(total) }}^{\mu \mathrm{g}}$ | 3 | 29 | 0.10 |  | $3.90 \times 10^{-1}$ |  |  |
|  |  |  |  | Lung | Adenoma + adenocarcinoma | CH | M | 210 | $\operatorname{lig}_{\text {(total) }}^{\mu \mathrm{g}}$ | 3 | 20 | 0.15 |  | $5.85 \times 10^{-1}$ | $8.03 \times 10^{-1}$ |  |
|  |  |  |  | Lung | Adenoma + adenocarcinoma | CH | F | 210 | $\operatorname{lig}_{\text {(total) }}^{\mu \mathrm{g}}$ | 0 | 29 | 0.00 |  | $1.60 \times 10^{-1}$ | $1.28 \times 10^{-1}$ |  |
| 640 | LaVoie et <br> al., 1987 | Mice | Intra-peritoneal | Lung | Adenoma | DMSO | M | 0 | $\mu \mathrm{mol} /$ mouse | 0 | 17 | 0 |  |  |  |  |
|  |  |  |  | Lung | Adenoma | DMSO | F | 0 | $\mu \mathrm{mol} /$ <br> mouse | 0 | 18 | 0 |  |  |  |  |
|  |  |  |  | Lung | Adenoma | BaP | M | 1.1 | $\mu \mathrm{mol} /$ <br> mouse | 14 | 17 | 0.82 | <0.005 |  |  |  |
|  |  |  |  | Lung | Adenoma | BaP | F | 1.1 | $\begin{aligned} & \mu \mathrm{mol} / \\ & \text { mouse } \end{aligned}$ | 9 | 14 | 0.64 |  |  |  |  |
|  |  |  |  | Lung | Adenoma | BbF | M | 0.5 | $\mu \mathrm{mol} /$ mouse | 2 | 15 | 0.13 | >0.05 |  |  |  |
|  |  |  |  | Lung | Adenoma | BbF | F | 0.5 | $\begin{aligned} & \mu \mathrm{mol} / \\ & \text { mouse } \end{aligned}$ | 3 | 17 | 0.18 | >0.05 |  |  |  |
|  |  |  |  | Lung | Adenoma | BjF | M | 1.1 | $\begin{aligned} & \mu \mathrm{mol} / \\ & \text { mouse } \end{aligned}$ | 11 | 21 | 0.52 | <0.005 |  |  |  |
|  |  |  |  | Lung | Adenoma | BjF | F | 1.1 | $\mu \mathrm{mol} /$ <br> mouse | 4 | 18 | 0.22 | <0.05 |  |  |  |
|  |  |  |  | Lung | Adenoma | BkF | M | 2.1 | $\begin{aligned} & \mu \mathrm{mol} / \\ & \text { mouse } \end{aligned}$ | 1 | 16 | 0.06 | >0.05 |  |  |  |
|  |  |  |  | Lung | Adenoma | BkF | F | 2.1 | $\begin{aligned} & \mu \mathrm{mol} / \\ & \text { mouse } \end{aligned}$ | 3 | 18 | 0.17 | >0.05 |  |  |  |

Table C-3. Intraperitoneal bioassays: dose-response information for incidence data

| Record number | Reference | Species | Exposure route | Target organ | Tumor type | PAH | Sex | Dose | Dose units |  |  |  | Results of authors' statistical analysis ( $p$-value) | SRC Statistical Analysis |  | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  | Fisher's exact $p$-value | CochranArmitage trend test $p$-value |  |
|  |  |  |  | Lung | Adenoma | IP | M | 2.1 | $\mu \mathrm{mol} /$ <br> mouse | 1 | 11 | 0.09 |  |  |  |  |
|  |  |  |  | Lung | Adenoma | IP | F | 2.1 | $\mu \mathrm{mol} /$ mouse | 0 | 9 | 0 |  |  |  |  |
|  |  |  |  | Liver | Adenoma + hepatoma | DMSO | M | 0 | $\mu \mathrm{mol} /$ mouse | 1 | 17 | 0.06 |  |  |  | Adenoma and hepatoma also reported separately; none of animals surviving 35 wks |
|  |  |  |  | Liver | Adenoma + hepatoma | DMSO | F | 0 | $\mu \mathrm{mol} /$ mouse | 0 | 18 | 0 |  |  |  |  |
|  |  |  |  | Liver | Adenoma + hepatoma | BaP | M | 1.1 | $\mu \mathrm{mol} /$ mouse | 13 | 17 | 0.76 | <0.005 |  |  |  |
|  |  |  |  | Liver | Adenoma + hepatoma | BaP | F | 1.1 | $\mu \mathrm{mol} /$ mouse | 0 | 14 | 0 |  |  |  |  |
|  |  |  |  | Liver | Adenoma + hepatoma | BbF | M | 0.5 | $\mu \mathrm{mol} /$ mouse | 8 | 15 | 0.53 | <0.005 |  |  |  |
|  |  |  |  | Liver | Adenoma + hepatoma | BbF | F | 0.5 | $\mu \mathrm{mol} /$ mouse | 0 | 17 | 0 |  |  |  |  |
|  |  |  |  | Liver | Adenoma + hepatoma | BjF | M | 1.1 | $\mu \mathrm{mol} /$ mouse | 11 | 21 | 0.52 | <0.005 |  |  |  |
|  |  |  |  | Liver | Adenoma + hepatoma | BjF | F | 1.1 | $\mu \mathrm{mol} /$ mouse | 0 | 18 | 0 |  |  |  |  |
|  |  |  |  | Liver | Adenoma + hepatoma | BkF | M | 2.1 | $\mu \mathrm{mol} /$ mouse | 3 | 16 | 0.19 | >0.05 |  |  |  |
|  |  |  |  | Liver | Adenoma + hepatoma | BkF | F | 2.1 | $\mu \mathrm{mol} /$ mouse | 0 | 18 | 0 |  |  |  |  |
|  |  |  |  | Liver | Adenoma + hepatoma | IP | M | 2.1 | $\mu \mathrm{mol} /$ <br> mouse | 0 | 11 | 0 |  |  |  |  |
|  |  |  |  | Liver | Adenoma + hepatoma | IP | F | 2.1 | $\mu \mathrm{mol} /$ <br> mouse | 0 | 9 | 0 |  |  |  |  |
|  |  |  |  | Liver or lung | Adenoma + hepatoma | DMSO | M | 0 | $\mu \mathrm{mol} /$ mouse | 1 | 17 | 0.06 |  |  |  |  |

Table C-3. Intraperitoneal bioassays: dose-response information for incidence data

| Record number | Reference | Species | Exposure route | Target organ | Tumor type | PAH | Sex | Dose | Dose units |  |  |  | Results of authors' statistical analysis ( $p$-value) | SRC Statistical Analysis |  | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  | Fisher's exact $p$-value | CochranArmitage trend test $p$-value |  |
|  |  |  |  | Liver or lung | Adenoma + hepatoma | DMSO | F | 0 | $\mu \mathrm{mol} /$ mouse | 0 | 18 | 0 |  |  |  |  |
|  |  |  |  | Liver or lung | Adenoma + hepatoma | BaP | M | 1.1 | $\mu \mathrm{mol} /$ mouse | 13 | 17 | 0.76 |  |  |  |  |
|  |  |  |  | Liver or lung | Adenoma + hepatoma | BaP | F | 1.1 | $\mu \mathrm{mol} /$ <br> mouse | 9 | 14 | 0.64 |  |  |  |  |
|  |  |  |  | Liver or lung | Adenoma + hepatoma | BbF | M | 0.5 | $\mu \mathrm{mol} /$ <br> mouse | 8 | 15 | 0.53 |  |  |  |  |
|  |  |  |  | Liver or lung | Adenoma + hepatoma | BbF | F | 0.5 | $\mu \mathrm{mol} /$ mouse | 3 | 17 | 0.18 |  |  |  |  |
|  |  |  |  | Liver or lung | Adenoma + hepatoma | BjF | M | 1.1 | $\mu \mathrm{mol} /$ mouse | 17 | 21 | 0.81 |  |  |  |  |
|  |  |  |  | Liver or lung | Adenoma + hepatoma | BjF | F | 1.1 | $\mu \mathrm{mol} /$ mouse | 4 | 18 | 0.22 |  |  |  |  |
|  |  |  |  | Liver or lung | Adenoma + hepatoma | BkF | M | 2.1 | $\mu \mathrm{mol} /$ mouse | 3 | 16 | 0.19 |  |  |  |  |
|  |  |  |  | Liver or lung | Adenoma + hepatoma | BkF | F | 2.1 | $\mu \mathrm{mol} /$ mouse | 3 | 18 | 0.17 |  |  |  |  |
|  |  |  |  | Liver or lung | Adenoma + hepatoma | IP | M | 2.1 | $\mu \mathrm{mol} /$ mouse | 1 | 11 | 0.09 |  |  |  |  |
|  |  |  |  | Liver or lung | Adenoma + hepatoma | IP | F | 2.1 | $\mu \mathrm{mol} /$ mouse | 0 | 9 | 0 |  |  |  |  |
| 7510 | LaVoie et <br> al., 1994 | Mice | Intra-peritoneal | Lung | Total | DMSO | M | 0 | $\mu \mathrm{mol} /$ mouse | 5 | 29 | 0.17 |  |  |  | Survival to 1 yr |
|  |  |  |  | Lung | Total | DMSO | F | 0 | $\mu \mathrm{mol} /$ mouse | 4 | 34 | 0.12 |  |  |  |  |
|  |  |  |  | Lung | Total | BaP | M | 1.1 | $\mu \mathrm{mol} /$ mouse | 24 | 32 | 0.75 | <0.001 |  |  |  |
|  |  |  |  | Lung | Total | BaP | F | 1.1 | $\mu \mathrm{mol} /$ mouse | 17 | 20 | 0.85 | <0.001 |  |  |  |

Table C-3. Intraperitoneal bioassays: dose-response information for incidence data

| Record number | Reference | Species | $\begin{array}{\|c} \hline \text { Expo- } \\ \text { sure } \\ \text { route } \end{array}$ | Target organ | Tumor type | PAH | Sex | Dose | Dose units |  |  |  | Results of authors' statistical analysis ( $p$-value) | SRC Statistical Analysis |  | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  | Fisher's exact $p$-value | CochranArmitage trend test $p$-value |  |
|  |  |  |  | Lung | Total | FA | M | 3.46 | $\mu \mathrm{mol} /$ <br> mouse | 12 | 28 | 0.43 | <0.05 |  |  |  |
|  |  |  |  | Lung | Total | FA | F | 3.46 | $\mu \mathrm{mol} /$ <br> mouse | 11 | 31 | 0.35 | <0.05 |  |  |  |
|  |  |  |  | Lung | Total | FA | M | 17.3 | umol/ mouse | 11 | 17 | 0.65 | <0.005 |  | $2.84 \times 10^{-3}$ |  |
|  |  |  |  | Lung | Total | FA | F | 17.3 | $\mu \mathrm{mol} /$ mouse | 25 | 29 | 0.86 | <0.001 |  | $2.18 \times 10^{-9}$ |  |
|  |  |  |  | Liver | Foci + adenoma + carcinoma | DMSO | M | 0 | $\mu \mathrm{mol} /$ mouse | 5 | 29 | 0.17 |  |  |  | Foci, adenomas, carcinomas also reported separately |
|  |  |  |  | Liver | Foci + adenoma + carcinoma | DMSO | F | 0 | $\mu \mathrm{mol} /$ mouse | 2 | 34 | 0.06 |  |  |  |  |
|  |  |  |  | Liver | Foci + adenoma + carcinoma | BaP | M | 1.1 | $\mu \mathrm{mol} /$ mouse | 27 | 32 | 0.84 | <0.001 |  |  |  |
|  |  |  |  | Liver | Foci + adenoma + carcinoma | BaP | F | 1.1 | $\mu \mathrm{mol} /$ mouse | 2 | 20 | 0.10 | >0.05 |  |  |  |
|  |  |  |  | Liver | Foci + adenoma + carcinoma | FA | M | 3.46 | $\mu \mathrm{mol} /$ mouse | 18 | 28 | 0.64 | <0.001 |  |  |  |
|  |  |  |  | Liver | Foci + adenoma + carcinoma | FA | F | 3.46 | $\mu \mathrm{mol} /$ <br> mouse | 0 | 31 | 0 |  |  |  |  |
|  |  |  |  | Liver | Foci + adenoma + carcinoma | FA | M | 17.3 | $\mu \mathrm{mol} /$ mouse | 17 | 17 | 1.00 | <0.001 |  | $5.10 \times 10^{-7}$ |  |
|  |  |  |  | Liver | Foci + adenoma + carcinoma | FA | F | 17.3 | $\mu \mathrm{mol} /$ mouse | 2 | 29 | 0.07 |  |  | $5.47 \times 10^{-1}$ |  |

Table C-3. Intraperitoneal bioassays: dose-response information for incidence data

|  |  |  |  |  |  |  |  |  |  |  |  | 䨌 |  | SRC S Ana | tistical ysis |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Record number | Reference | Species | Exposure route | Target organ | Tumor type | PAH | Sex | Dose | Dose units |  |  | $\begin{aligned} & \text { d } \\ & \text { 而 } \\ & \text { E } \\ & \text { O. . } \end{aligned}$ | authors' <br> statistical analysis (p-value) | Fisher's exact $p$-value | CochranArmitage trend test $p$-value | Comments |
| 24590 | Nesnow et al., 1998b | Mice | Intra-peritoneal | Lung | NS | Control | M | 0 | mg/kg | 6 | 20 | 0.30 |  |  |  | Data provided by S. Nesnow |
|  |  |  |  | Lung | NS | BaP | M | 5 | mg/kg | 6 | 20 | 0.30 |  | $>0.05$ |  |  |
|  |  |  |  | Lung | NS | BaP | M | 10 | mg/kg | 7 | 17 | 0.41 |  | $>0.05$ |  |  |
|  |  |  |  | Lung | NS | BaP | M | 50 | mg/kg | 19 | 19 | 1.00 |  | <0.001 |  |  |
|  |  |  |  | Lung | NS | BaP | M | 100 | mg/kg | 16 | 16 | 1.00 |  | 0.0018 |  |  |
|  |  |  |  | Lung | NS | BaP | M | 200 | mg/kg | 24 | 24 | 1.00 |  | <0.001 |  |  |
|  |  |  |  | Lung | NS | BbF | M | 10 | mg/kg | 9 | 18 | 0.50 |  | $>0.05$ |  |  |
|  |  |  |  | Lung | NS | BbF | M | 50 | mg/kg | 16 | 20 | 0.80 |  | $>0.05$ |  |  |
|  |  |  |  | Lung | NS | BbF | M | 100 | mg/kg | 20 | 20 | 1.00 |  | <0.001 |  |  |
|  |  |  |  | Lung | NS | BbF | M | 200 | mg/kg | 19 | 19 | 1.00 |  | <0.001 |  |  |
|  |  |  |  | Lung | NS | CPcdP | M | 10 | mg/kg | 8 | 20 | 0.40 |  | >0.05 |  |  |
|  |  |  |  | Lung | NS | CPcdP | M | 50 | mg/kg | 20 | 20 | 1.00 |  | <0.001 |  |  |
|  |  |  |  | Lung | NS | CPcdP | M | 100 | mg/kg | 19 | 19 | 1.00 |  | <0.001 |  |  |
|  |  |  |  | Lung | NS | CPcdP | M | 200 | mg/kg | 19 | 19 | 1.00 |  | <0.001 |  |  |
|  |  |  |  | Lung | NS | DBahA | M | 1.25 | mg/kg | 12 | 18 | 0.67 |  | <0.05 |  |  |
|  |  |  |  | Lung | NS | DBahA | M | 2.5 | mg/kg | 18 | 19 | 0.95 |  | 0.0053 |  |  |
|  |  |  |  | Lung | NS | DBahA | M | 5 | mg/kg | 20 | 20 | 1.00 |  | <0.001 |  |  |
|  |  |  |  | Lung | NS | DBahA | M | 10 | mg/kg | 19 | 19 | 1.00 |  | <0.001 |  |  |
| 24590 | Nesnow et al., 1998b | Mice | Intra-peritoneal | Lung | NS | Control | M | 0 | mg/kg | 15 | 30 | 0.50 |  |  |  | Data provided by S. Nesnow |
|  |  |  |  | Lung | NS | DBalP | M | 0.3 | mg/kg | 13 | 33 | 0.39 |  | $>0.05$ |  |  |
|  |  |  |  | Lung | NS | DBalP | M | 1.5 | mg/kg | 33 | 34 | 0.97 |  | <0.001 |  |  |
|  |  |  |  | Lung | NS | DBalP | M | 3 | mg/kg | 35 | 35 | 1.00 |  | <0.001 |  |  |
|  |  |  |  | Lung | NS | DBalP | M | 6 | mg/kg | 30 | 30 | 1.00 |  | <0.001 |  |  |
| 24801 | Weyand et al., 2004 | Mouse | Intra-peritoneal | Lung | Adenoma | Tricaprylin | F | 0 | mg/kg | 14 | 29 | 0.48 |  |  |  |  |

Table C-3. Intraperitoneal bioassays: dose-response information for incidence data

| Record number | Reference | Species | Exposure route | Target organ | Tumor type | PAH | Sex | Dose | Dose units |  |  |  | Results of authors' statistical analysis ( $p$-value) | SRC Statistical Analysis |  | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  | Fisher's exact $p$-value | CochranArmitage trend test $p$-value |  |
|  |  |  |  |  |  | BaP | F | 100 | mg/kg | 27 | 30 | 0.90 |  | 0.0005 |  |  |
|  |  |  |  |  |  | BcFE | F | 100 | $\mathrm{mg} / \mathrm{kg}$ | 26 | 28 | 0.92 |  | 0.0002 |  |  |
| 22510 | Wislocki et al., 1986 | Mice | Intra-peritoneal | Liver | Adenoma + carcinoma | DMSO | M | 0 | nmol | 2 | 28 | 0.07 |  |  |  | Animals surviving through weaning |
|  |  |  |  | Liver | Adenoma + carcinoma | DMSO | F | 0 | nmol | 0 | 31 | 0 |  |  |  | 0 |
|  |  |  |  | Liver | Adenoma + carcinoma | DMSO | M | 0 | nmol | 5 | 45 | 0.11 |  |  |  | This group started 10 wks after other groups |
|  |  |  |  | Liver | Adenoma + carcinoma | DMSO | F | 0 | nmol | 0 | 34 | 0 |  |  |  | This group started 10 wks after other groups |
|  |  |  |  | Liver | Adenoma + carcinoma | DMSO pooled | M | 0 | nmol | 7 | 73 | 0.09 |  |  |  |  |
|  |  |  |  | Liver | Adenoma + carcinoma | DMSO pooled | F | 0 | nmol | 0 | 65 | 0 |  |  |  |  |
|  |  |  |  | Liver | Adenoma + carcinoma | BaP | M | 560 | nmol | 18 | 37 | 0.49 | <0.05 |  |  |  |
|  |  |  |  | Liver | Adenoma + carcinoma | BaP | F | 560 | nmol | 0 | 27 | 0 |  |  |  |  |
|  |  |  |  | Liver | Adenoma + carcinoma | CH | M | 700 | nmol | 10 | 35 | 0.29 | $<0.05$ |  |  | This group started 10 wks after other groups |
|  |  |  |  | Liver | Adenoma + carcinoma | CH | F | 700 | nmol | 0 | 33 | 0 |  |  |  | This group started 10 wks after other groups |
|  |  |  |  | Liver | Adenoma + carcinoma | CH | M | 2,800 | nmol | 14 | 34 | 0.41 | <0.05 |  | $6 \times 10^{-3}$ |  |
|  |  |  |  | Liver | Adenoma + carcinoma | CH | F | 2,800 | nmol | 0 | 24 | 0 |  |  | 1 |  |
|  |  |  |  | Liver | Adenoma + carcinoma | BaA | M | 2,800 | nmol | 31 | 39 | 0.79 | <0.05 |  |  |  |

Table C-3. Intraperitoneal bioassays: dose-response information for incidence data

| Record number | Reference | Species | $\begin{array}{\|c} \hline \text { Expo- } \\ \text { sure } \\ \text { route } \end{array}$ | Target organ | Tumor type | PAH | Sex | Dose | Dose units |  |  |  | Results of authors' statistical analysis ( $p$-value) | SRC Statistical Analysis |  | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  | Fisher's exact $p$-value | Cochran- <br> Armitage trend test $p$-value |  |
|  |  |  |  | Liver | Adenoma + carcinoma | BaA | F | 2,800 | nmol | 0 | 32 | 0 |  |  |  |  |
|  |  |  |  | Lung | Adenoma + carcinoma | DMSO | M | 0 | nmol | 1 | 28 | 0.04 |  |  |  |  |
|  |  |  |  | Lung | Adenoma + carcinoma | DMSO | F | 0 | nmol | 0 | 31 | 0 |  |  |  |  |
|  |  |  |  | Lung | Adenoma + carcinoma | DMSO | M | 0 | nmol | 4 | 45 | 0.09 |  |  |  | This group started 10 wks after other groups |
|  |  |  |  | Lung | Adenoma + carcinoma | DMSO | F | 0 | nmol | 2 | 34 | 0.06 |  |  |  | This group started 10 wks after other groups |
|  |  |  |  | Lung | Adenoma + carcinoma | DMSO pooled | M | 0 | nmol | 5 | 73 | 0.07 |  |  |  |  |
|  |  |  |  | Lung | Adenoma + carcinoma | DMSO pooled | F | 0 | nmol | 2 | 65 | 0.03 |  |  |  |  |
|  |  |  |  | Lung | Adenoma + carcinoma | BaP | M | 560 | nmol | 13 | 37 | 0.35 | <0.05 |  |  |  |
|  |  |  |  | Lung | Adenoma + carcinoma | BaP | F | 560 | nmol | 13 | 27 | 0.48 | <0.05 |  |  |  |
|  |  |  |  | Lung | Adenoma + carcinoma | CH | M | 700 | nmol | 6 | 35 | 0.17 |  |  |  | This group started 10 wks after other groups |
|  |  |  |  | Lung | Adenoma + carcinoma | CH | F | 700 | nmol | 2 | 33 | 0.06 |  |  |  | This group started 10 wks after other groups |
|  |  |  |  | Lung | Adenoma + carcinoma | CH | M | 2,800 | nmol | 7 | 34 | 0.21 | <0.05 |  | $1.1 \times 10^{-1}$ |  |
|  |  |  |  | Lung | Adenoma + carcinoma | CH | F | 2,800 | nmol | 1 | 24 | 0.04 |  |  | $5.6 \times 10^{-1}$ |  |
|  |  |  |  | Lung | Adenoma + carcinoma | BaA | M | 2,800 | nmol | 6 | 39 | 0.15 |  |  |  |  |

Table C-3. Intraperitoneal bioassays: dose-response information for incidence data

| Record number | Reference | Species | Exposure route | Target organ | Tumor type | PAH | Sex | Dose | Dose units |  |  |  | Results of authors' statistical analysis ( $p$-value) | SRC Statistical Analysis |  | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  | Fisher's exact $p$-value | Cochran- <br> Armitage trend test $p$-value |  |
|  |  |  |  | Lung | Adenoma + carcinoma | BaA | F | 2,800 | nmol | 6 | 32 | 0.19 | <0.05 |  |  |  |
|  |  |  |  | Lymphatic system | Lymphoma | DMSO | M | 0 | nmol | 1 | 28 | 0.04 |  |  |  |  |
|  |  |  |  | Lymphatic system | Lymphoma | DMSO | F | 0 | nmol | 1 | 31 | 0.03 |  |  |  |  |
|  |  |  |  | Lymphatic system | Lymphoma | DMSO | M | 0 | nmol | 0 | 45 | 0 |  |  |  | This group started 10 wks after other groups |
|  |  |  |  | Lymphatic system | Lymphoma | DMSO | F | 0 | nmol | 0 | 34 | 0 |  |  |  | This group started 10 wks after other groups |
|  |  |  |  | Lymphatic system | Lymphoma | BaP | M | 560 | nmol | 2 | 37 | 0.05 |  |  |  |  |
|  |  |  |  | Lymphatic system | Lymphoma | BaP | F | 560 | nmol | 4 | 27 | 0.15 |  |  |  |  |
|  |  |  |  | Lymphatic system | Lymphoma | CH | M | 700 | nmol | 3 | 35 | 0.09 | <0.05 |  |  | This group started 10 wks after other groups |
|  |  |  |  | Lymphatic system | Lymphoma | CH | F | 700 | nmol | 1 | 33 | 0.03 |  |  |  | This group started 10 wks after other groups |
|  |  |  |  | Lymphatic system | Lymphoma | CH | M | 2,800 | nmol | 0 | 34 | 0 |  |  | $2.2 \times 10^{-1}$ |  |
|  |  |  |  | Lymphatic system | Lymphoma | CH | F | 2,800 | nmol | 0 | 24 | 0 |  |  | $3.9 \times 10^{-1}$ |  |

Table C-3. Intraperitoneal bioassays: dose-response information for incidence data

| Record number | Reference | Species | Exposure route | Target organ | Tumor type | PAH | Sex | Dose | Dose units |  |  |  | Results of authors' statistical analysis (p-value) | SRC Statistical Analysis |  | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  | Fisher's exact $p$-value | Cochran- <br> Armitage trend test $p$-value |  |
|  |  |  |  | Lymphatic system | Adenoma + carcinoma | BaA | M | 2,800 | nmol | 1 | 39 | 0.03 |  |  |  |  |
|  |  |  |  | Lymphatic system | Adenoma + carcinoma | BaA | F | 2,800 | nmol | 3 | 32 | 0.09 |  |  |  |  |

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Table C-4. Intraperitoneal bioassays: dose-response information for tumor multiplicity

| Record number | Reference | Species | Exposure route | Target organ | Tumor type | PAH | Sex | Dose | Dose units | Number of animals with tumors | Number of animals in group | \% Tumorbearing animals | Results of authors' statistical analysis ( $p$-value) | Results of SRC statistical analysis (Fisher's exact $p$-value) | Mean number tumors/ animal | SD of mean | Results of SRC statistical analysis (t-test $p$-value) | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 17560 | Busby et al., 1989 | Mice | Intraperitoneal | Lung | Adenoma+ adenocarcinoma | DMSO | M | 0 | $\mu \mathrm{g}$ (total) | 13 | 91 | 0.14 |  |  | 0.15 | 0.38 |  | Stats reported for combined M and F |
|  |  |  |  | Lung | Adenoma+ adenocarcinoma | DMSO | F | 0 | $\mu \mathrm{g}$ (total) | 7 | 101 | 0.07 |  |  | 0.08 | 0.30 |  |  |
|  |  |  |  | Lung | Adenoma+ adenocarcinoma | BaP | M | 59.5 | $\mu \mathrm{g}$ (total) | 13 | 28 | 0.46 |  | $<0.001$ | 0.71 | 1.01 | <0.001 |  |
|  |  |  |  | Lung | Adenoma+ adenocarcinoma | BaP | F | 59.5 | $\mu \mathrm{g}$ (total) | 19 | 27 | 0.70 |  | <0.001 | 1.19 | 1.09 | <0.001 |  |
|  |  |  |  | Lung | Adenoma+ adenocarcinoma | Pyr | M | 86.1 | $\mu \mathrm{g}$ (total) | 4 | 23 | 0.17 |  | >0.05 | 0.17 | 0.38 | >0.05 |  |
|  |  |  |  | Lung | Adenoma+ adenocarcinoma | Pyr | F | 86.1 | $\mu \mathrm{g}$ (total) | 1 | 28 | 0.04 |  | >0.05 | 0.04 | 0.21 | >0.05 |  |
|  |  |  |  | Lung | Adenoma+ adenocarcinoma | Pyr | M | 1,750 | $\mu \mathrm{g}$ (total) | 2 | 27 | 0.07 |  | >0.05 | 0.07 | 0.26 | >0.05 |  |
|  |  |  |  | Lung | Adenoma+ adenocarcinoma | Pyr | F | 1,750 | $\mu \mathrm{g}$ (total) | 3 | 26 | 0.12 |  | >0.05 | 0.12 | 0.31 | >0.05 |  |
|  |  |  |  | Lung | Adenoma+ adenocarcinoma | FA | M | 257.6 | $\mu \mathrm{g}$ (total) | 5 | 23 | 0.22 |  | >0.05 | 0.22 | 0.43 | >0.05 |  |
|  |  |  |  | Lung | Adenoma+ adenocarcin oma | FA | F | 257.6 | $\mu \mathrm{g}$ (total) | 9 | 29 | 0.31 |  | 0.00165 | 0.41 | 0.70 | <0.0001 |  |
|  |  |  |  | Lung | Adenoma+ adenocarcinoma | CH | M | 6.3 | $\mu \mathrm{g}$ (total) | 2 | 27 | 0.07 |  | >0.05 | 0.07 | 0.26 | >0.05 |  |
|  |  |  |  | Lung | Adenoma+ adenocarcinoma | CH | F | 6.3 | $\mu \mathrm{g}$ (total) | 3 | 29 | 0.10 |  | >0.05 | 0.1 | 0.32 | >0.05 |  |
|  |  |  |  | Lung | Adenoma+ adenocarcinoma | CH | M | 210 | $\mu \mathrm{g}$ (total) | 3 | 20 | 0.15 |  | >0.05 | 0.15 | 0.36 | >0.05 |  |
|  |  |  |  | Lung | Adenoma+ adenocarcinoma | CH | F | 210 | $\mu \mathrm{g}$ (total) | 0 | 29 | 0.00 |  | >0.05 | 0 | 0.00 | >0.05 |  |
| 7510 | LaVoie et al., 1994 | Mice | Intraperitoneal | Lung | Total | DMSO | M | 0 | $\mu \mathrm{mol} / \mathrm{mouse}$ | 5 | 29 | 0.17 |  |  | 0.17 |  |  | $\begin{array}{\|l} \hline \text { Survived to } \\ 1 \mathrm{yr} \\ \hline \end{array}$ |
|  |  |  |  | Lung | Total | DMSO | F | 0 | $\mu \mathrm{mol} / \mathrm{mouse}$ | 4 | 34 | 0.12 |  |  | 0.15 |  |  |  |
|  |  |  |  | Lung | Total | BaP | M | 1.1 | $\mu \mathrm{mol} / \mathrm{mouse}$ | 24 | 32 | 0.75 | <0.001 |  | 4.3 |  |  |  |
|  |  |  |  | Lung | Total | BaP | F | 1.1 | $\mu \mathrm{mol} /$ mouse | 17 | 20 | 0.85 | <0.001 |  | 3.55 |  |  |  |
|  |  |  |  | Lung | Total | FA | M | 3.46 | $\mu \mathrm{mol} / \mathrm{mouse}$ | 12 | 28 | 0.43 | <0.05 |  | 0.64 |  |  |  |

Table C-4. Intraperitoneal bioassays: dose-response information for tumor multiplicity

| Record number | Reference | Species | Exposure route | Target organ | Tumor type | PAH | Sex | Dose | Dose units | Number of animals with tumors | Number of animals in group | \% <br> Tumorbearing animals | Results of authors' statistical analysis (p-value) | Results of SRC statistical analysis (Fisher's exact $p$-value) | Mean number tumors/ animal | SD of mean | Results of SRC statistical analysis (t-test $p$-value) | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | Lung | Total | FA | F | 3.46 | $\mu \mathrm{mol} / \mathrm{mouse}$ | 11 | 31 | 0.35 | <0.05 |  | 0.35 |  |  |  |
|  |  |  |  | Lung | Total | FA | M | 17.3 | $\mu \mathrm{mol} / \mathrm{mouse}$ | 11 | 17 | 0.65 | <0.005 |  | 1.12 |  |  |  |
|  |  |  |  | Lung | Total | FA | F | 17.3 | $\mu \mathrm{mol} / \mathrm{mouse}$ | 25 | 29 | 0.86 | <0.001 |  | 2.45 |  |  |  |
|  |  |  |  | Liver | Foci + adenoma + carcinoma | DMSO | M | 0 | $\mu \mathrm{mol} / \mathrm{mouse}$ | 5 | 29 | 0.17 |  |  | 0.41 |  |  |  |
|  |  |  |  | Liver | Foci + adenoma + carcinoma | DMSO | F | 0 | $\mu \mathrm{mol} / \mathrm{mouse}$ | 2 | 34 | 0.06 |  |  | 0.06 |  |  | Tumor count appears to be error in publication |
|  |  |  |  | Liver | Foci + adenoma + carcinoma | BaP | M | 1.1 | $\mu \mathrm{mol} / \mathrm{mouse}$ | 27 | 32 | 0.84 | <0.001 |  | 4.53 |  |  |  |
|  |  |  |  | Liver | Foci + adenoma + carcinoma | BaP | F | 1.1 | $\mu \mathrm{mol} / \mathrm{mouse}$ | 2 | 20 | 0.10 | >0.05 |  | 0.3 |  |  |  |
|  |  |  |  | Liver | Foci + adenoma + carcinoma | FA | M | 3.46 | $\mu \mathrm{mol} / \mathrm{mouse}$ | 18 | 28 | 0.64 | <0.001 |  | 1.86 |  |  |  |
|  |  |  |  | Liver | Foci + adenoma + carcinoma | FA | F | 3.46 | $\mu \mathrm{mol} / \mathrm{mouse}$ | 0 | 31 | 0 |  |  | 0 |  |  |  |
|  |  |  |  | Liver | Foci + adenoma + carcinoma | FA | M | 17.3 | $\mu \mathrm{mol} / \mathrm{mouse}$ | 17 | 17 | 1.00 | <0.001 |  | 7.53 |  |  |  |
|  |  |  |  | Liver | Foci + adenoma + carcinoma | FA | F | 17.3 | $\mu \mathrm{mol} / \mathrm{mouse}$ | 2 | 29 | 0.07 |  |  | 0.07 |  |  |  |
| 22510 | Wislocki et al., 1986 | Mice | Intraperitoneal | Liver | Adenoma + carcinoma | DMSO | M | 0 | nmol | 2 | 28 | 0.07 |  |  | 0.07 |  |  | Animals surviving through weaning |
|  |  |  |  | Liver | Adenoma + carcinoma | DMSO | F | 0 | nmol | 0 | 31 | 0 |  |  | 0 |  |  |  |
|  |  |  |  | Liver | Adenoma + carcinoma | DMSO | M | 0 | nmol | 5 | 45 | 0.11 |  |  | 0.11 |  |  | This group started 10 wks after other groups |
|  |  |  |  | Liver | Adenoma + carcinoma | DMSO | F | 0 | nmol | 0 | 34 | 0 |  |  | 0 |  |  | This group started 10 wks after other groups |
|  |  |  |  | Liver | Adenoma + carcinoma | DMSO pooled | M | 0 | nmol | 7 | 73 | 0.09 |  |  | 0.096 |  |  |  |
|  |  |  |  | Liver | Adenoma + carcinoma | DMSO pooled | F | 0 | nmol | 0 | 65 | 0 |  |  | 0 |  |  |  |
|  |  |  |  | Liver | Adenoma + carcinoma | BaP | M | 560 | nmol | 18 | 37 | 0.49 | <0.05 |  | 1.46 |  |  |  |

Table C-4. Intraperitoneal bioassays: dose-response information for tumor multiplicity

| Record number | Reference | Species | Exposure route | Target organ | Tumor type | PAH | Sex | Dose | Dose units | Number of animals with tumors | Number of animals in group | \% <br> Tumorbearing animals | Results of authors' statistical analysis ( $p$-value) | Results of SRC statistical analysis (Fisher's exact $p$-value) | Mean number tumors/ animal | SD of mean | Results of SRC statistical analysis (t-test $p$-value) | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | Liver | Adenoma + carcinoma | BaP | F | 560 | nmol | 0 | 27 | 0 | >0.05 |  | 0 |  |  |  |
|  |  |  |  | Liver | Adenoma + carcinoma | Pyr | M | 200 | nmol | 0 | 29 | 0 | >0.05 |  | 0 |  |  |  |
|  |  |  |  | Liver | Adenoma + carcinoma | Pyr | F | 200 | nmol | 0 | 31 | 0 | >0.05 |  | 0 |  |  |  |
|  |  |  |  | Liver | Adenoma + carcinoma | Pyr | M | 700 | nmol | 3 | 25 | 0.12 | >0.05 |  | 0.12 |  |  | This group started 10 wks after other groups |
|  |  |  |  | Liver | Adenoma + carcinoma | Pyr | F | 700 | nmol | 0 | 49 | 0 | >0.05 |  | 0 |  |  | This group started 10 wks after other groups |
|  |  |  |  | Liver | Adenoma + carcinoma | Pyr | M | 2,800 | nmol | 3 | 14 | 0.21 | >0.05 |  | 0.21 |  |  |  |
|  |  |  |  | Liver | Adenoma + carcinoma | Pyr | F | 2,800 | nmol | 0 | 18 | 0 | >0.05 |  | 0 |  |  |  |
|  |  |  |  | Liver | Adenoma + carcinoma | CH | M | 700 | nmol | 10 | 35 | 0.29 | <0.05 |  | 0.86 |  |  | This group started 10 wks after other groups |
|  |  |  |  | Liver | Adenoma + carcinoma | CH | F | 700 | nmol | 0 | 33 | 0 | >0.05 |  | 0 |  |  | This group started 10 wks after other groups |
|  |  |  |  | Liver | Adenoma + carcinoma | CH | M | 2,800 | nmol | 14 | 34 | 0.41 | <0.05 |  | 1.03 |  |  |  |
|  |  |  |  | Liver | Adenoma + carcinoma | CH | F | 2,800 | nmol | 0 | 24 | 0 | >0.05 |  | 0 |  |  |  |
|  |  |  |  | Liver | Adenoma + carcinoma | BaA | M | 2,800 | nmol | 31 | 39 | 0.79 | <0.05 |  | 2.38 |  |  |  |
|  |  |  |  | Liver | Adenoma + carcinoma | BaA | F | 2,800 | nmol | 0 | 32 | 0 | >0.05 |  | 0 |  |  |  |
| 13610 | Busby et al., 1984 | Mice | Intraperitoneal | Lung | Adenoma + carcinoma | DMSO | M | 0 | mg (total) | 1 | 27 | 0.04 |  |  | 0.04 | 0.21 |  |  |
|  |  |  |  | Lung | Adenoma + carcinoma | DMSO | F | 0 | mg (total) | 4 | 28 | 0.14 |  |  | 0.14 | 0.37 |  |  |
|  |  |  |  | Lung | Adenoma + carcinoma | BaP | M | 0.28 | mg (total) | 24 | 25 | 0.96 |  | <0.001 | 4.32 | 3.5 | <0.001 |  |
|  |  |  |  | Lung | Adenoma + carcinoma | BaP | F | 0.28 | mg (total) | 25 | 27 | 0.93 |  | <0.001 | 3.7 | 3.10 | <0.001 |  |
|  |  |  |  | Lung | Adenoma + carcinoma | BaP | M | 1.4 | mg (total) | 16 | 20 | 0.80 |  | $<0.001$ | 10.15 | 13.0 | $<0.001$ | No model fit |
|  |  |  |  | Lung | Adenoma + carcinoma | BaP | F | 1.4 | mg (total) | 21 | 24 | 0.88 |  | <0.001 | 4.25 | 4.70 | <0.001 | No model fit |
|  |  |  |  | Lung | Adenoma + carcinoma | FA | M | 0.7 | mg (total) | 7 | 31 | 0.23 |  | 0.0412 | 0.29 | 0.84 | >0.05 |  |
|  |  |  |  | Lung | Adenoma + carcinoma | FA | F | 0.7 | mg (total) | 3 | 20 | 0.15 |  | >0.05 | 0.15 | 0.49 | >0.05 |  |

Table C-4. Intraperitoneal bioassays: dose-response information for tumor multiplicity

| Record number | Reference | Species | Exposure route | Target organ | Tumor type | PAH | Sex | Dose | Dose units | Number of animals with tumors | Number of animals in group | \% <br> Tumorbearing animals | Results of authors' statistical analysis ( $p$-value) | Results of <br> SRC <br> statistical <br> analysis <br> (Fisher's <br> exact <br> $p$-value) | Mean number tumors/ animal | SD of mean | Results of SRC statistical analysis (t-test $p$-value) | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | Lung | Adenoma + carcinoma | FA | M | 3.5 | mg (total) | 20 | 27 | 0.74 |  | <0.001 | 1.52 | 1.66 | <0.001 | Nonconstant variance |
|  |  |  |  | Lung | Adenoma + carcinoma | FA | F | 3.5 | mg (total) | 8 | 21 | 0.38 |  | >0.05 | 0.52 | 0.82 | 0.0343 | NS incidence; nonconstant variance |
| 24590 | Nesnow et al., 1998b | Mice | Intraperitoneal | Lung | NS | Control | M | 0 | mg/kg | 6 | 20 | 0.30 |  |  | 0.53 | 0.72 |  | Pooled controls from data provided by Nesnow |
|  |  |  |  | Lung | NS | BaP | M | 5 | mg/kg | 6 | 20 | 0.30 |  | $>0.05$ | 0.45 | 0.80 | >0.05 |  |
|  |  |  |  | Lung | NS | BaP | M | 10 | mg/kg | 7 | 17 | 0.41 |  | >0.05 | 0.53 | 0.78 | >0.05 |  |
|  |  |  |  | Lung | NS | BaP | M | 50 | mg/kg | 19 | 19 | 1.00 |  | <0.001 | 4.37 | 2.74 | <0.001 |  |
|  |  |  |  | Lung | NS | BaP | M | 100 | mg/kg | 16 | 16 | 1.00 |  | 0.0018 | 12.75 | 4.28 | <0.001 |  |
|  |  |  |  | Lung | NS | BaP | M | 200 | mg/kg | 24 | 24 | 1.00 |  | <0.001 | 32.96 | 10.23 | <0.001 |  |
|  |  |  |  | Lung | NS | BbF | M | 10 | mg/kg | 9 | 18 | 0.50 |  | >0.05 | 0.67 | 0.75 | $>0.05$ |  |
|  |  |  |  | Lung | NS | BbF | M | 50 | mg/kg | 16 | 20 | 0.80 |  | $<0.05$ | 2.00 | 1.82 | 0.0022 |  |
|  |  |  |  | Lung | NS | BbF | M | 100 | mg/kg | 20 | 20 | 1.00 |  | <0.001 | 5.30 | 3.21 | <0.001 |  |
|  |  |  |  | Lung | NS | BbF | M | 200 | mg/kg | 19 | 19 | 1.00 |  | <0.001 | 6.95 | 3.52 | <0.001 |  |
|  |  |  |  | Lung | NS | CPcdP | M | 10 | mg/kg | 8 | 20 | 0.40 |  | >0.05 | 0.55 | 0.80 | >0.05 |  |
|  |  |  |  | Lung | NS | CPcdP | M | 50 | mg/kg | 20 | 20 | 1.00 |  | <0.001 | 4.75 | 2.12 | <0.001 |  |
|  |  |  |  | Lung | NS | CPcdP | M | 100 | mg/kg | 19 | 19 | 1.00 |  | <0.001 | 32.21 | 15.15 | <0.001 |  |
|  |  |  |  | Lung | NS | CPcdP | M | 200 | mg/kg | 19 | 19 | 1.00 |  | <0.001 | 97.68 | 28.68 | <0.001 |  |
|  |  |  |  | Lung | NS | DBahA | M | 1.25 | mg/kg | 12 | 18 | 0.67 |  | <0.05 | 1.44 | 1.46 | 0.0229 |  |
|  |  |  |  | Lung | NS | DBahA | M | 2.5 | mg/kg | 18 | 19 | 0.95 |  | 0.0053 | 3.05 | 1.90 | <0.001 |  |
|  |  |  |  | Lung | NS | DBahA | M | 5 | mg/kg | 20 | 20 | 1.00 |  | <0.001 | 13.05 | 5.99 | <0.001 |  |
|  |  |  |  | Lung | NS | DBahA | M | 10 | mg/kg | 19 | 19 | 1.00 |  | $<0.001$ | 32.16 | 10.78 | <0.001 |  |
| 24590 | Nesnow et al., 1998b | Mice | Intraperitoneal | Lung | NS | Control | M | 0 | mg/kg | 15 | 30 | 0.50 |  |  | 0.67 | 0.80 |  |  |
|  |  |  |  | Lung | NS | DBalP | M | 0.3 | mg/kg | 13 | 33 | 0.39 |  | $>0.05$ | 0.42 | 0.56 | $>0.05$ |  |
|  |  |  |  | Lung | NS | DBalP | M | 1.5 | mg/kg | 33 | 34 | 0.97 |  | <0.001 | 4.32 | 2.86 | <0.001 |  |
|  |  |  |  | Lung | NS | DBalP | M | 3 | mg/kg | 35 | 35 | 1.00 |  | <0.001 | 7.49 | 3.79 | <0.001 |  |
|  |  |  |  | Lung | NS | DBalP | M | 6 | mg/kg | 30 | 30 | 1.00 |  | <0.001 | 16.10 | 7.26 | <0.001 |  |
| 11190 | Mass et al., 1993 | Mice | Intraperitoneal | Lung | NS | Control | M | 0 | mg/kg | 19 | 34 | 0.56 |  |  | 0.85 | 0.9 |  |  |
|  |  |  |  |  | NS | BaP | M | 20 | mg/kg | 10 | 16 | 0.63 |  | >0.05 | 1 | 1 | >0.05 |  |
|  |  |  |  |  | NS | BaP | M | 50 | mg/kg | 15 | 16 | 0.94 |  | 0.0065 | 3.9 | 2.9 | <0.001 |  |
|  |  |  |  |  | NS | BaP | M | 100 | mg/kg | 14 | 14 | 1.00 |  | 0.0017 | 5.9 | 3.3 | <0.001 |  |
|  |  |  |  |  | NS | BjAC | M | 20 | mg/kg | 12 | 12 | 1.00 |  | 0.0036 | 60.3 | 14.6 | <0.001 |  |
|  |  |  |  |  | NS | BjAC | M | 50 | mg/kg | 13 | 13 | 1.00 |  | 0.0025 | 140.6 | 21.5 | <0.001 |  |
|  |  |  |  |  | NS | BjAC | M | 100 | mg/kg | 14 | 14 | 1.00 |  | 0.0017 | 97.6 | 28.2 | <0.001 |  |
| 24801 | Weyand et al., 2004 | Mice | Intraperitoneal | Lung | Adenoma | $\begin{aligned} & \text { Tri- } \\ & \text { caprylin } \end{aligned}$ | F | 0 | mg/kg | 14 | 29 | 0.48 |  |  | 0.6 | 0.75 |  |  |
|  |  |  |  | Lung | Adenoma | BaP | F | 100 | mg/kg | 27 | 30 | 0.9 |  | 0.0005 | 6.7 | 5.26 | <0.01 |  |
|  |  |  |  | Lung | Adenoma | BcFE | F | 100 | mg/kg | 26 | 28 | 0.92 |  | 0.0002 | 4 | 2.8 | <0.01 |  |

Table C-5. Lung implantation bioassays: dose-response information for incidence data

| Record number | Reference | Species | Target organ | Tumor type | PAH | Dose | Dose units | Number of animals with tumors | Number of animals in group | \% Tumorbearing animals | SRC statistical analysis |  | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |  |  |  | Fisher's exact $p$-value | CochranArmitage trend test $p$-value |  |
| 17940 | Deutsch-Wenzel et al., 1983 | Rat | Lung | Epidermoid carcinoma | Untreated control | 0 | mg | 0 | 35 | 0.00 |  |  |  |
|  |  |  |  |  | Vehicle control | 0 | mg | 0 | 35 | 0.00 |  |  |  |
|  |  |  |  |  | BaP | 0.1 | mg | 4 | 35 | 0.11 | $5.70 \times 10^{-2}$ |  |  |
|  |  |  |  |  | BaP | 0.3 | mg | 21 | 35 | 0.60 | $6.02 \times 10^{-9}$ |  |  |
|  |  |  |  |  | BaP | 1 | mg | 33 | 35 | 0.94 | $5.93 \times 10^{-18}$ | $1.57 \times 10^{-17}$ |  |
|  |  |  |  |  | BbF | 0.1 | mg | 0 | 35 | 0.00 |  |  |  |
|  |  |  |  |  | BbF | 0.3 | mg | 1 | 35 | 0.03 | $5 \times 10^{-1}$ |  |  |
|  |  |  |  |  | BbF | 1 | mg | 9 | 35 | 0.26 | $1 \times 10^{-3}$ | $5.12 \times 10^{-7}$ |  |
|  |  |  |  |  | BeP | 0.2 | mg | 0 | 35 | 0.00 |  |  |  |
|  |  |  |  |  | BeP | 1 | mg | 0 | 30 | 0.00 |  |  |  |
|  |  |  |  |  | BeP | 5 | mg | 1 | 35 | 0.03 | $5 \times 10^{-1}$ | $9.49 \times 10^{-2}$ |  |
|  |  |  |  |  | BjF | 0.2 | mg | 1 | 35 | 0.03 | $5 \times 10^{-1}$ |  |  |
|  |  |  |  |  | BjF | 1 | mg | 3 | 35 | 0.09 | $1.2 \times 10^{-1}$ |  |  |
|  |  |  |  |  | BjF | 5 | mg | 18 | 35 | 0.51 | $1.96 \times 10^{-7}$ | $1.28 \times 10^{-11}$ |  |
|  |  |  |  |  | BkF | 0.16 | mg | 0 | 35 | 0.00 |  |  |  |
|  |  |  |  |  | BkF | 0.83 | mg | 3 | 31 | 0.10 | $1 \times 10^{-1}$ |  |  |
|  |  |  |  |  | BkF | 4.15 | mg | 12 | 27 | 0.44 | $8.05 \times 10^{-6}$ | $1.03 \times 10^{-9}$ |  |
|  |  |  |  |  | IP | 0.16 | mg | 3 | 35 | 0.09 | $1.20 \times 10^{-1}$ |  |  |
|  |  |  |  |  | IP | 0.83 | mg | 8 | 35 | 0.23 | $2 \times 10^{-3}$ |  |  |
|  |  |  |  |  | IP | 4.15 | mg | 21 | 35 | 0.60 | $6.02 \times 10^{-9}$ | $2.09 \times 10^{-10}$ |  |
|  |  |  |  |  | AA | 0.16 | mg | 1 | 35 | 0.03 | $5 \times 10^{-1}$ |  |  |
|  |  |  |  |  | AA | 0.83 | mg | 19 | 35 | 0.54 | $6.4 \times 10^{-8}$ | $1.13 \times 10^{-10}$ |  |
|  |  |  |  |  | BghiP | 0.16 | mg | 0 | 35 | 0.00 |  |  |  |
|  |  |  |  |  | BghiP | 0.83 | mg | 1 | 35 | 0.03 | $1.2 \times 10^{-1}$ |  |  |
|  |  |  |  |  | BghiP | 4.15 | mg | 4 | 34 | 0.12 | $5.4 \times 10^{-2}$ | $2.47 \times 10^{-3}$ |  |
|  |  |  | Lung | Pleomorphic sarcoma | Untreated control | 0 | mg | 0 | 35 | 0.00 |  |  |  |
|  |  |  |  |  | Vehicle control | 0 | mg | 0 | 35 | 0.00 |  |  |  |

Table C-5. Lung implantation bioassays: dose-response information for incidence data

| Record number | Reference | Species | Target organ | Tumor type | PAH | Dose | Dose units | Number of animals with tumors | Number of animals in group | \% Tumorbearing animals | SRC statistical analysis |  | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |  |  |  | Fisher's exact $p$-value | CochranArmitage trend test $p$-value |  |
|  |  |  |  |  | BaP | 0.1 | mg | 6 | 35 | 0.17 | $1.2 \times 10^{-2}$ |  |  |
|  |  |  |  |  | BaP | 0.3 | mg | 2 | 35 | 0.06 | $2.5 \times 10^{-1}$ |  |  |
|  |  |  |  |  | BaP | 1 | mg | 0 | 35 | 0.00 |  | $1.36 \times 10^{-1}$ |  |
|  |  |  |  |  | BbF | 0.1 | mg | 1 | 35 | 0.03 | $1.2 \times 10^{-1}$ |  |  |
|  |  |  |  |  | BbF | 0.3 | mg | 2 | 35 | 0.06 | $2.5 \times 10^{-1}$ |  |  |
|  |  |  |  |  | BbF | 1 | mg | 4 | 35 | 0.11 | $6 . \times 10^{-2}$ | $7.55 \times 10^{-3}$ |  |
|  |  |  |  |  | BeP | 0.2 | mg | 0 | 35 | 0.00 |  |  |  |
|  |  |  |  |  | BeP | 1 | mg | 1 | 30 | 0.03 |  |  |  |
|  |  |  |  |  | BeP | 5 | mg | 0 | 35 | 0.00 |  |  |  |
|  |  |  |  |  | BjF | 0.2 | mg | 0 | 35 | 0.00 |  |  |  |
|  |  |  |  |  | BjF | 1 | mg | 0 | 35 | 0.00 |  |  |  |
|  |  |  |  |  | BjF | 5 | mg | 0 | 35 | 0.00 |  |  |  |
|  |  |  |  |  | BkF | 0.16 | mg | 0 | 35 | 0.00 |  |  |  |
|  |  |  |  |  | BkF | 0.83 | mg | 0 | 31 | 0.00 |  |  |  |
|  |  |  |  |  | BkF | 4.15 | mg | 0 | 27 | 0.00 |  |  |  |
|  |  |  |  |  | IP | 0.16 | mg | 1 | 35 | 0.03 | $1.2 \times 10^{-1}$ |  |  |
|  |  |  |  |  | IP | 0.83 | mg | 0 | 35 | 0.00 |  |  |  |
|  |  |  |  |  | IP | 4.15 | mg | 0 | 35 | 0.00 |  |  |  |
|  |  |  |  |  | AA | 0.16 | mg | 0 | 35 | 0.00 |  |  |  |
|  |  |  |  |  | AA | 0.83 | mg | 0 | 35 | 0.00 |  |  |  |
|  |  |  |  |  | Bghip | 0.16 | mg | 0 | 35 | 0.00 |  |  |  |
|  |  |  |  |  | BghiP | 0.83 | mg | 0 | 35 | 0.00 |  |  |  |
|  |  |  |  |  | BghiP | 4.15 | mg | 0 | 34 | 0.00 |  |  |  |
|  |  |  | Lung | Carcinoma+ sarcoma | Untreated control | 0 | mg | 0 | 35 | 0.00 |  |  |  |
|  |  |  |  |  | Vehicle control | 0 | mg | 0 | 35 | 0.00 |  |  |  |
|  |  |  |  |  | BaP | 0.1 | mg | 10 | 35 | 0.29 | $4.63 \times 10^{-4}$ |  |  |
|  |  |  |  |  | BaP | 0.3 | mg | 23 | 35 | 0.66 | $4.7 \times 10^{-10}$ |  |  |
|  |  |  |  |  | BaP | 1 | mg | 33 | 35 | 0.94 | $5.9 \times 10^{-19}$ | $3.66 \times 10^{-9}$ |  |

Table C-5. Lung implantation bioassays: dose-response information for incidence data

| Record number | Reference | Species | Target organ | Tumor type | PAH | Dose | Dose units | Number <br> of <br> animals <br> with <br> tumors | $\begin{aligned} & \text { Number } \\ & \text { of } \\ & \text { animals } \\ & \text { in group } \end{aligned}$ | \% Tumorbearing animals | SRC statistical analysis |  | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |  |  |  | Fisher's exact $\boldsymbol{p}$-value | CochranArmitage trend test $p$-value |  |
|  |  |  |  |  | BbF | 0.1 | mg | 1 | 35 | 0.03 | $1.2 \times 10^{-1}$ |  |  |
|  |  |  |  |  | BbF | 0.3 | mg | 3 | 35 | 0.09 | $1.2 \times 10^{-1}$ |  |  |
|  |  |  |  |  | BbF | 1 | mg | 13 | 35 | 0.37 | $3.1 \times 10^{-5}$ | $9.63 \times 10^{-8}$ |  |
|  |  |  |  |  | BeP | 0.2 | mg | 0 | 35 | 0.00 |  |  |  |
|  |  |  |  |  | BeP | 1 | mg | 1 | 30 | 0.03 |  |  |  |
|  |  |  |  |  | BeP | 5 | mg | 1 | 35 | 0.03 | $1.2 \times 10^{-1}$ | $3.23 \times 10^{-1}$ |  |
|  |  |  |  |  | BjF | 0.2 | mg | 1 | 35 | 0.03 | $1.2 \times 10^{-1}$ |  |  |
|  |  |  |  |  | BjF | 1 | mg | 3 | 35 | 0.09 | $1.20 \times 10^{-1}$ |  |  |
|  |  |  |  |  | BjF | 5 | mg | 18 | 35 | 0.51 | $1.96 \times 10^{-7}$ | $1.28 \times 10^{-11}$ |  |
|  |  |  |  |  | BkF | 0.16 | mg | 0 | 35 | 0.00 |  |  |  |
|  |  |  |  |  | BkF | 0.83 | mg | 3 | 31 | 0.10 | $1 \times 10^{-1}$ |  |  |
|  |  |  |  |  | BkF | 4.15 | mg | 12 | 27 | 0.44 | $8.05 \times 10^{-4}$ | $1.03 \times 10^{-9}$ |  |
|  |  |  |  |  | IP | 0.16 | mg | 4 | 35 | 0.11 | $6 \times 10^{-2}$ |  |  |
|  |  |  |  |  | IP | 0.83 | mg | 8 | 35 | 0.23 | $2 \times 10^{-3}$ |  |  |
|  |  |  |  |  | IP | 4.15 | mg | 21 | 35 | 0.60 | $6.02 \times 10^{-9}$ | $7.56 \times 10^{-10}$ |  |
|  |  |  |  |  | AA | 0.16 | mg | 1 | 35 | 0.03 |  |  |  |
|  |  |  |  |  | AA | 0.83 | mg | 19 | 35 | 0.54 | $6.4 \times 10^{-8}$ | $1.13 \times 10^{-10}$ |  |
|  |  |  |  |  | BghiP | 0.16 | mg | 0 | 35 | 0.00 |  |  |  |
|  |  |  |  |  | BghiP | 0.83 | mg | 1 | 35 | 0.03 |  |  |  |
|  |  |  |  |  | BghiP | 4.15 | mg | 4 | 34 | 0.12 | $5.4 \times 10^{-2}$ | $2.47 \times 10^{-3}$ |  |
| 22000 | Wenzel-Hartung et al., 1990 | Rat | Lung | Carcinoma | Untreated control | 0 | $\begin{aligned} & \text { mg/ } \\ & \text { animal } \end{aligned}$ | 0 | 35 | 0.00 |  |  | $\mathrm{ED}_{10}$, relative potencies reported |
|  |  |  |  |  | Vehicle control | 0 | mg/ animal | 0 | 35 | 0.00 |  |  |  |
|  |  |  |  |  | BaP | 0.03 | mg/ animal | 3 | 35 | 0.09 | $1.2 \times 10^{-1}$ |  |  |
|  |  |  |  |  | BaP | 0.1 | $\begin{aligned} & \mathrm{mg} / \\ & \text { animal } \end{aligned}$ | 11 | 35 | 0.31 | $1.93 \times 10^{-4}$ |  |  |
|  |  |  |  |  | BaP | 0.3 | mg/ animal | 27 | 35 | 0.77 | $1.29 \mathrm{E} \times 10^{-12}$ | $8.85 \times 10^{-15}$ |  |

Table C-5. Lung implantation bioassays: dose-response information for incidence data

| Record number | Reference | Species | Target organ | Tumor type | PAH | Dose | Dose units | Number of animals with tumors | Number of animals in group | \% Tumorbearing animals | SRC statistical analysis |  | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |  |  |  | Fisher's exact $p$-value | CochranArmitage trend test $p$-value |  |
|  |  |  |  |  | PH | 1 | $\begin{aligned} & \mathrm{mg} / \\ & \text { animal } \end{aligned}$ | 0 | 35 | 0.00 |  |  |  |
|  |  |  |  |  | PH | 3 | mg/ animal | 0 | 35 | 0.00 |  |  |  |
|  |  |  |  |  | PH | 10 | mg/ animal | 1 | 35 | 0.03 | $5 \times 10^{-1}$ | 1 |  |
|  |  |  |  |  | CH | 1 | $\begin{aligned} & \text { mg/ } \\ & \text { animal } \end{aligned}$ | 5 | 35 | 0.14 | $2.7 \times 10^{-2}$ |  |  |
|  |  |  |  |  | CH | 3 | $\begin{array}{\|l\|} \mathrm{mg} / \\ \text { animal } \end{array}$ | 10 | 35 | 0.29 | $4.63 \times 10^{-4}$ | $7.96 \times 10^{-4}$ |  |
|  |  |  |  |  | DBahA | 0.1 | mg/ animal | 20 | 35 | 0.57 | $2.01 \times 10^{-8}$ |  |  |

Table C-6. Oral bioassays: dose-response information for incidence data

| Record number | Reference | Species | Target organ | Tumor type | PAH | Dose | Dose units | Number of animals with tumors | Number of animals in group | \% Tumorbearing animals | SRC statistical analysis |  | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |  |  |  | Fisher's exact $p$-value | CochranArmitage trend test $p$-value |  |
| 24801 | Weyand et al., 2004 | Mouse | Lung | Adenoma | Control | 0 | $\mu \mathrm{g} / \mathrm{mouse} /$ day | 7 | 29 | 0.24 |  |  |  |
|  |  |  |  |  | BaP | 230 | $\mu \mathrm{g} / \mathrm{mouse}$ / <br> day | 21 | 27 | 0.77 | >0.0001 |  |  |
|  |  |  |  |  | BcFE | 13.6 | $\mu \mathrm{g} /$ mouse/ <br> day | 13 | 28 | 0.46 | 0.0684 |  |  |
|  |  |  |  |  | BcFE | 197 | $\begin{array}{\|l} \hline \mu \mathrm{g} / \mathrm{mouse} / \\ \text { day } \\ \hline \end{array}$ | 29 | 29 | 1 | >0.0001 |  |  |
|  |  |  | Forestomach | Squamous cell carcinoma | Control | 0 | $\mu \mathrm{g} /$ mouse/ <br> day | 0 | 29 | 0 |  |  |  |
|  |  |  |  |  | BaP | 230 | $\mu \mathrm{g} /$ mouse/ day | 10 | 27 | 0.36 |  |  |  |
|  |  |  |  |  | BcFE | 13.6 | $\mu \mathrm{g} /$ mouse/ <br> day | 0 | 28 | 0 |  |  |  |
|  |  |  |  |  | BcFE | 197 | $\mu \mathrm{g} /$ mouse/ <br> day | 0 | 29 | 0 |  |  |  |

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Table C-7. Oral bioassays: dose-response information for tumor multiplicity

| Reference | Species | Exposure route | Target organ | Tumor type | PAH | Sex | Dose | Dose units | Number of animals with tumors | Number of animals in group | \% Tumorbearing animals | Results of authors' statistical analysis ( $p$-value) | Results of SRC statistical analysis (Fisher's exact $p$-value) | Mean number tumors/ animal | SD of mean | Results of SRC statistical analysis (t-test $p$-value) | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 24801 | Weyand et <br> al., 2004 | Mouse | Lung | Adenoma | Control | F | 0 | $\begin{aligned} & \mu \mathrm{g} / \mathrm{mouse} / \\ & \text { day } \end{aligned}$ | 7 | 29 | 0.24 |  |  | 0.31 | 0.59 |  |  |
|  |  |  |  |  | BaP | F | 230 | $\begin{aligned} & \mathrm{ug} / \mathrm{mouse} / \\ & \text { day } \end{aligned}$ | 21 | 27 | 0.77 |  | >0.0001 | 1.4 | 1.14 | >0.0001 |  |
|  |  |  |  |  | BcFE | F | 13.6 | $\begin{array}{\|l} \hline \begin{array}{l} \mu \mathrm{g} / \mathrm{mouse} / \\ \text { day } \end{array} \\ \hline \end{array}$ | 13 | 28 | 0.46 |  | 0.0684 | 0.57 | 0.69 | 0.13 |  |
|  |  |  |  |  | BcFE | F | 197 | $\begin{aligned} & \hline \begin{array}{l} \mu \mathrm{g} / \mathrm{mouse} / \\ \text { day } \end{array} \\ & \hline \end{aligned}$ | 29 | 29 | 1 |  | >0.0001 | 46 | 15.1 | >0.0001 |  |

Table C-8. In vitro bacterial mutagenicity: data use

| Record number | Reference | Data source | Data points | Basis for RPF approach | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 17030 | Andrews et al., 1978 | Figure 1 | Dose ( $\mu \mathrm{g}$ ) and number of revertant colonies for DBacA, DBajA, DBahA, AA, BghiP, BeP, BaP | Point estimate | TA100 with Ar S9 |
| 23830 | Baker et <br> al., 1980 | Table 2 | Use data for guinea pig-MC S9 only (column D); dose in $\mu \mathrm{g} /$ plate and number of revertant colonies; BaP , DBaiP, BaA, DBacA, DBahA | Point estimate Table 2 | TA100 with guinea pig-MC S9; Table 1 data not used, different S9 mix used for each of three experiments |
| 23660 | Bartsch et <br> al., 1980 | Appendix table | Use data for BaA and BaP ; dose in $\mu \mathrm{mol} /$ plate and mutagenic activity in revertants/ $\mu \mathrm{mol}$ | Point estimate | TA100 rat MC S9 |
| 17380 | $\begin{aligned} & \text { Bos et al., } \\ & 1988 \end{aligned}$ | Table 1 | Use TA100 strain only; dose ( $\mu \mathrm{g} /$ plate) and number of revertant colonies/plate for PH , Pyr, BaP | Derive point estimate for BaP (use PH control as background); continuous model PH and Pyr using the BaP response as the BMR | TA100 with rat Ar S9 |
| 17590 | Carver et <br> al., 1986 | Figure 1 | Use curves for $\mathrm{BaP}, \mathrm{BaA}$, Bghif, and Pery; use $400 \mu \mathrm{~L}$ S9 per plate (last data point on x -axis); each curve is different dose in $\mu \mathrm{g} /$ plate, use hamster data; revertants per plate is y-axis | Point estimate; use highest dose in hamster, except for perylene (use $10 \mu \mathrm{~g} /$ plate); this is maximal response in hamsters | TA100 with hamster Ar S9; multidose data but not SD was reported |
| 17630 | Cavalieri et al., 1981a | Figure 1 | Dose-response curves for BaP , CPcdP (CPEP in figure), and ACEP (CPAP in figure); dose as $\mu \mathrm{M}$, response as mutant fraction x 105 | Model as quantal data (mutant fraction reported) | TM677 with Ar S9 |
| 9620 | Chang et <br> al., 2002 | Figure 7 | Dose-response curves for BghiF, BcPH, and BaP; dose ( $\mu \mathrm{g} /$ plate) and revertants/plate | Point estimate; use $5 \mu \mathrm{~g} /$ plate dose for BghiF and BaP; use $10 \mu \mathrm{~g} /$ plate for BcPH | TA100 with rat Ar S9; SD not available from graph (reported for some data points, but not all) |
| 24030 | De Flora et al., 1984 | Table 2 | Table provides potency estimates as revertants/nmol for BaA, Pery, BaP, and BeP | Calculate the RPF ratio using the potency estimates provided | Determine strain used to calculate potencies; rat Ar S9 |
| 18050 | Eisenstadt and Gold, 1978 | Figure 2B | Use TA100 data for BaP and CPcdP (open circles); dose is $1 \mu \mathrm{~g}$ for CPcdP and $2 \mu \mathrm{~g}$ for BaP (legend); use the same S9 concentration ( $20 \mu \mathrm{~L} /$ plate) | Point estimate; single point data ( $20 \mu \mathrm{~L}$ S9/plate) | TA100 with rat Ar S9; $\mu \mathrm{L}$ S9 that maximizes the BaP response does not produce maximal response for CPcdP |

Table C-8. In vitro bacterial mutagenicity: data use

| Record number | Reference | Data source | Data points | Basis for RPF approach | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18180 | Florin et al., 1980 | Table III | Use TA100 data for BaA, CH, and BaP, use TA98 data for Pery, CO, and BaP; dose is indicated as optimal dose ( $\mu \mathrm{mol} /$ plate) and number revertants/plate | Point estimate; please note that reported response includes subtraction of spontaneous revertants (control); need to use formula for added risk; make sure to flag in comments | Note that data for both TA100 and TA98 strains were used; BaP results were provided for each; rat MC S9 |
| 24080 | Gibson et <br> al., 1978 | Table 1 (BaP) Table 3 (PAHs) | Use data for TA98; in Table 1 use Expt. No. 1 for BaP; in Table 3 use data for DBahA, Tphen, BaA, BghiP, CH, FE, Pyr; dose as $\mu \mathrm{g} /$ plate, response as increase in revertants | Point estimate; use the dose associated with the maximum response (if reported as a range, do not use); controls were reported as negative (no mutagenic or toxic response) | TA98 with nonenzymatic induction (gamma irradiation); multidose data but not SD reported |
| 14080 | Gold and Eisenstadt, 1980 | Table 2 | Use data for 3-MC induction at $50 \mu \mathrm{~L}$ S9/plate; dose is 4 nmol for BaP and CPcdP , results as revertants/plate | Point estimate | TA100 using $50 \mu \mathrm{~L}$ of rat MC S9; important to note that maximal response for CPcdP occurred at much lower dose of S9 ( $5 \mu \mathrm{~L} /$ plate) |
| 18650 | $\begin{aligned} & \text { Hermann, } \\ & 1981 \end{aligned}$ | Table 1 | Table provides potency estimates as revertants/nmol for BbA, BaA, CH, FA, Tphen, BeP, DBacA, DBahA, BbF, Pery, DBalP, DBaiP, AA, CO ; potency of BaP in legend as 100 revertants/nmol | Calculate the RPF ratio using the potency estimates provided | TA98 with rat Ar S9; potency estimates were calculated from the linear portion of the dose-response curve |
| 10670 | Johnsen et al., 1997 | Figure 2 | Use data for PCB microsomes for $\mathrm{BaP}, \mathrm{BjAC}, \mathrm{BlAC}$; dose as $\mu \mathrm{g} /$ plate, response as revertants | Model to derive BMDsd1; need to extract SDs from graph; control response is $113 \pm 9$ revertants per plate (see legend); add control response to each response for modeling (it was subtracted prior to graphing) | TA98 with PCB microsomes |
| 19000 | Kaden et <br> al., 1979 | Table 1 | RPFs calculated for AN, ANL, Pyr, BbFE, CPcdP, BaA, CH, Tphen, FA, BeP, Pery, BghiP, AA, DBacA, DBahA, DBbeF | Not applicable | TM677 with Ar S9 and PB S9 |
| 24680 | Lafleur et al., 1993 | Figures 3 and 4 | Use dose-response curves for BaP, BghiF, CPcdP, CPhiACEA (CPAA), ACEA (AA), CPhiAPA (CPAP), APA (AP); dose as $\mu \mathrm{g} / \mathrm{mL}$, response as mutant fraction $\left(\times 10^{5}\right)$ | Model as quantal data (mutant fraction reported) | Forward mutation to 8-azaguanine resistance in TM677 with rat AR S9 |
| 19320 | LaVoie et <br> al., 1979 | Table VI | Use data for TA98 for BaP, BeP, and Pery; $10 \mu \mathrm{~g}$ dose and response as revertants/plate | Point estimate; use $20 \mu \mathrm{~g}$ for $\mathrm{BaP} ; 10 \mu \mathrm{~g}$ for BeP ; and $20 \mu$ g for Pery | TA98 with rat Ar S9; for BeP and Pery the maximal response was in TA100 |

Table C-8. In vitro bacterial mutagenicity: data use

| Record number | Reference | Data source | Data points | Basis for RPF approach | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 23650 | McCann et al., 1975 | Table 1 | Table provides potency estimates as revertants/nmol for DBaiP, BaP, BeP, DBacA, DBahA, CH, BaA | Calculate the RPF ratio using the potency estimates provided | Multiple strains, rat Ar S9 |
| 20220 | Pahlman <br> and <br> Pelkonen, 1987 | Table 1 | Use data for rat-MC induced (last column); potency estimates are provided as revertants/nmol for $\mathrm{BaA}, \mathrm{CH}$, Tphen, DBacA, DBahA | Calculate the RPF ratio using the potency estimates provided | TA100 with rat MC S9 |
| 20450 | Phillipson and Ioannides, 1989 | Figures 2 and 3 | Use the curve for hamster S9 (open triangles); data for BaP, DBaiP, BaA, and DBahA, dose as $\mu \mathrm{g} /$ plate, revertants/plate | Point estimate; use $10 \mu \mathrm{~g} /$ plate for BaP, DBahA; $20 \mu \mathrm{~g} /$ plate BaA, DBaiP | TA100 with hamster S9; multidose data but not SD reported |
| 21000 | Sakai et <br> al., 1985 | Table 3 | Use data for TA97 +S9 for FE, AC, PH, FA, Ch, Pyr, BaP, BeP, Pery, BghiP, CO; dose $\mu \mathrm{g}$, response as revertants per plate | Point estimate; use $10 \mu \mathrm{~g}$ for AC, PH, FA, BaP, BeP; use $5 \mu \mathrm{~g}$ for FE ; use $20 \mu \mathrm{~g}$ for CH, Pyr, BghiP; use $4 \mu$ for Pery; use $100 \mu$ g for CO | TA97 with rat Ar S9; multidose data but not SD reported |
| 11860 | Sangaiah et al., 1983 | Figure 2 | Use data for BjAC and BaP ; dose as $\mu \mathrm{g} /$ plate, response as revertants/plate | Point estimate; use $10 \mu \mathrm{~g} /$ plate for BjAC; use $6 \mu \mathrm{~g} /$ plate for BaP | TA98 with rat Ar S9; multidose data but not SD was reported |
| 21360 | $\begin{aligned} & \text { Simmon, } \\ & \text { 1979a } \end{aligned}$ | Table 1 | Use data for TA100 for BaA, $\mathrm{BaP}, \mathrm{BeP}$; dose as $\mu \mathrm{g}$, response as revertants/plate after subtracting background | Point estimate | TA100 with rat Ar S9 |
| 21640 | Teranishi et al., 1975 | Table I <br> and <br> Figure 3 | Use data for TA1538 for DBaiP and BaP; use data in Figure 3 for TA 1538, PB and DBahA-induced S9 (open circles) for DBaeP | Point estimate | TA1538 with rat PB S9 for DBaiP; TA1538 with PB and DBahA S9 for DBaeP |
| 16180 | Utesch et al., 1987 | Figures 2 and 3 | Use data for homogenized hepatocytes (open circles) for BaA and BaP ; dose as $\mu g /$ plate, response as revertants/plates | Point estimate; use $12.5 \mu \mathrm{~g} /$ plate for BaP ; use $25 \mu \mathrm{~g} /$ plate for BaA | TA100 with homogenized hepatocytes from Ar-treated rats; multidose data but not SD reported |
| 16440 | Wood et al., 1980 | Chart 3A | Use dose-response curves for BaP and CPcdP; dose as nmol, response as revertants/plate | Point estimate; use 15 nmol for BaP and CPcdP | TA98 with purified microsomal P450; multidose data but not SD reported |

Table C-9. In vitro bacterial mutagenicity: dose-response data

| Record number | Reference | Cell type | Activation <br> system | PAH | Dose | Dose units | Response | Response units | n | Units | \% Resp- | SD | SE | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 17030 | Andrews et al., 1978 | TA100 | ArS9 | Control | 0 | $\mu \mathrm{g}$ | 150 | Revertant colonies |  |  |  |  |  |  |
|  |  |  |  | BaP | 250 | $\mu \mathrm{g}$ | 1,681 | Revertant colonies |  |  |  |  |  |  |
|  |  |  |  | DBacA | 10 | $\mu \mathrm{g}$ | 2,957 | Revertant colonies |  |  |  |  |  |  |
|  |  |  |  | DBajA | 10 | $\mu \mathrm{g}$ | 843 | Revertant colonies |  |  |  |  |  |  |
|  |  |  |  | DBahA | 25 | $\mu \mathrm{g}$ | 617 | Revertant colonies |  |  |  |  |  |  |
|  |  |  |  | AA | 250 | $\mu \mathrm{g}$ | 1,796 | Revertant colonies |  |  |  |  |  |  |
|  |  |  |  | BghiP | 100 | $\mu \mathrm{g}$ | 793 | Revertant colonies |  |  |  |  |  |  |
|  |  |  |  | BeP | 1,000 | $\mu \mathrm{g}$ | 643 | Revertant colonies |  |  |  |  |  |  |
| 23830 | Baker et al., 1980 | TA100 | Guinea pigMC | Control | 0 | $\mu \mathrm{g} /$ plate | 134 | Revertant colonies |  |  |  | 18 |  |  |
|  |  |  |  | BaP | 2.5 | $\mu \mathrm{g} /$ plate | 1,278 | Revertant colonies | 10 |  |  | 97 |  |  |
|  |  |  |  | DBaiP | 5 | $\mu \mathrm{g} / \mathrm{plate}$ | 737 | Revertant colonies | 10 |  |  | 73 |  |  |
|  |  |  |  | BaA | 10 | $\mu \mathrm{g} / \mathrm{plate}$ | 947 | Revertant colonies | 10 |  |  | 47 |  |  |
|  |  |  |  | DBacA | 2.5 | $\mu \mathrm{g} / \mathrm{plate}$ | 1,738 | Revertant colonies | 10 |  |  | 88 |  |  |
|  |  |  |  | DBahA | 5 | $\mu \mathrm{g} / \mathrm{plate}$ | 1,331 | Revertant colonies | 10 |  |  | 98 |  |  |
| 23660 | Bartsch et al., 1980 | TA100 | Rat MC S9 | BaP | 0.027 | $\mu \mathrm{mol} /$ plate | 29,000 | Revertants/ plate |  |  |  |  |  | Control response subtracted |
|  |  |  |  | BaA | 0.067 | $\mu \mathrm{mol} /$ plate | 6,000 | Revertants/ plate |  |  |  |  |  | Control response subtracted |
| 17380 | Bos et al., 1988 | TA100 | Rat ArS9 | BaP | 7.5 | $\mu \mathrm{g} / \mathrm{plate}$ | 824 | Revertants/ plate | 3 | Replicates |  | 21 | 12 |  |
|  |  |  |  | Control | 0 | $\mu \mathrm{g} / \mathrm{plate}$ | 85 | Revertants/ plate | 3 | Replicates |  | 12 | 7 |  |

Table C-9. In vitro bacterial mutagenicity: dose-response data

| Record number | Reference | Cell type | Activation system | PAH | Dose | Dose units | Response | Response units | n | Units | $\begin{aligned} & \text { \% Resp- } \\ & \text { onse } \end{aligned}$ | SD | SE | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | PH | 1 | $\mu \mathrm{g} / \mathrm{plate}$ | 108 | Revertants/ plate | 3 | Replicates |  | 10 | 6 |  |
|  |  |  |  | PH | 5 | $\mu \mathrm{g} / \mathrm{plate}$ | 167 | Revertants/ plate | 3 | Replicates |  | 5 | 3 |  |
|  |  |  |  | PH | 25 | $\mu \mathrm{g} / \mathrm{plate}$ | 240 | Revertants/ plate | 3 | Replicates |  | 10 | 6 |  |
|  |  |  |  | Control | 0 | $\mu \mathrm{g} / \mathrm{plate}$ | 86 | Revertants/ plate | 3 | Replicates |  | 7 | 4 |  |
|  |  |  |  | Pyr | 1 | $\mu \mathrm{g} / \mathrm{plate}$ | 93 | Revertants/ plate | 3 | Replicates |  | 9 | 5 |  |
|  |  |  |  | Pyr | 5 | $\mu \mathrm{g} / \mathrm{plate}$ | 164 | Revertants/ plate | 3 | Replicates |  | 23 | 13 |  |
|  |  |  |  | Pyr | 25 | $\mu \mathrm{g} / \mathrm{plate}$ | 279 | Revertants/ plate | 3 | Replicates |  | 10 | 6 |  |
| 17590 | Carver et al., 1986 | TA100 | Hamster ArS9 | Control | 0 | $\mu \mathrm{g} / \mathrm{plate}$ | 140 | Revertants/ plate |  |  |  |  |  | Control curves difficult to digitize; control value estimated from BaP graph and used for all |
|  |  |  |  | BaP | 1 | $\mu \mathrm{g} / \mathrm{plate}$ | 141 | Revertants/ plate |  |  |  |  |  | Continuous data, no SD |
|  |  |  |  | BaP | 10 | $\mu \mathrm{g} / \mathrm{plate}$ | 482 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | BaP | 50 | $\mu \mathrm{g} / \mathrm{plate}$ | 1,035 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | BaA | 15 | $\mu \mathrm{g} / \mathrm{plate}$ | 346 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | BaA | 40 | $\mu \mathrm{g} / \mathrm{plate}$ | 892 | Revertants/ <br> plate |  |  |  |  |  |  |
|  |  |  |  | BaA | 50 | $\mu \mathrm{g} / \mathrm{plate}$ | 1,263 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | BghiF | 10 | $\mu \mathrm{g} / \mathrm{plate}$ | 333 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | BghiF | 25 | $\mu \mathrm{g} / \mathrm{plate}$ | 727 | Revertants/ plate |  |  |  |  |  |  |

Table C-9. In vitro bacterial mutagenicity: dose-response data

| Record number | Reference | Cell type | Activation system | PAH | Dose | Dose units | Response | Response units | n | Units | $\begin{aligned} & \text { \% Resp- } \\ & \text { onse } \end{aligned}$ | SD | SE | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | BghiF | 50 | $\mu \mathrm{g} /$ plate | 985 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | Perylene | 5 | $\mu \mathrm{g} / \mathrm{plate}$ | 195 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | Perylene | 10 | $\mu \mathrm{g} / \mathrm{plate}$ | 993 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | Perylene | 15 | $\mu \mathrm{g} / \mathrm{plate}$ | 922 | Revertants/ plate |  |  |  |  |  |  |
| 17630 | Cavalieri et al., 1981a | TM677 | Ar S9 | Control | 0 | $\mu \mathrm{M}$ | 5 | Mutants | $1 \times 10^{5}$ | Survivors | 0.000050 |  |  | Control value estimated |
|  |  |  |  | BaP | 10 | $\mu \mathrm{M}$ | 15 | Mutants | $1 \times 10^{5}$ | Survivors | 0.000150 |  |  |  |
|  |  |  |  | BaP | 20 | $\mu \mathrm{M}$ | 26 | Mutants | $1 \times 10^{5}$ | Survivors | 0.000256 |  |  |  |
|  |  |  |  | BaP | 40 | $\mu \mathrm{M}$ | 84 | Mutants | $1 \times 10^{5}$ | Survivors | 0.000839 |  |  |  |
|  |  |  |  | BaP | 60 | $\mu \mathrm{M}$ | 131 | Mutants | $1 \times 10^{5}$ | Survivors | 0.001308 |  |  |  |
|  |  |  |  | CPcdP | 20 | $\mu \mathrm{M}$ | 34 | Mutants | $1 \times 10^{5}$ | Survivors | 0.000337 |  |  |  |
|  |  |  |  | CPcdP | 40 | $\mu \mathrm{M}$ | 133 | Mutants | $1 \times 10^{5}$ | Survivors | 0.001330 |  |  |  |
|  |  |  |  | ACEP | 10 | $\mu \mathrm{M}$ | 11 | Mutants | $1 \times 10^{5}$ | Survivors | 0.000110 |  |  |  |
|  |  |  |  | ACEP | 40 | $\mu \mathrm{M}$ | 25 | Mutants | $1 \times 10^{5}$ | Survivors | 0.000248 |  |  |  |
|  |  |  |  | ACEP | 120 | $\mu \mathrm{M}$ | 55 | Mutants | $1 \times 10^{5}$ | Survivors | 0.000551 |  |  |  |
| 9620 | Chang et al., 2002 | TA100 | Rat ArS9 | Control | 0 | $\mu \mathrm{g} / \mathrm{plate}$ | 326 | Revertants/ plate\| |  |  |  |  |  | SD not consistently plotted; extracted only point estimate data |
|  |  |  |  | BaP | 5 | $\mu \mathrm{g} / \mathrm{plate}$ | 2,543 | Revertants/ plate\| |  |  |  |  |  |  |
|  |  |  |  | BghiF | 5 | $\mu \mathrm{g} / \mathrm{plate}$ | 1,630 | Revertants/ plate\| |  |  |  |  |  |  |

Table C-9. In vitro bacterial mutagenicity: dose-response data

| Record number | Reference | Cell type | Activation system | PAH | Dose | Dose units | Response | Response units | n | Units | \% Resp- onse | SD | SE | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | BcPH | 10 | $\mu \mathrm{g} / \mathrm{plate}$ | 1,043 | Revertants/ plate |  |  |  |  |  |  |
| 24030 | De Flora et al., 1984 | $\begin{array}{\|l} \hline \text { Rat AR } \\ \text { S9 } \end{array}$ |  | BaP |  |  | 185 | Revertants/ nmol (potency) |  |  |  |  |  |  |
|  |  |  |  | BaA |  |  | 12 | Revertants/ nmol (potency) |  |  |  |  |  |  |
|  |  |  |  | Pery |  |  | 21 | Revertants/ nmol (potency) |  |  |  |  |  |  |
|  |  |  |  | BeP |  |  | 1.6 | Revertants/ nmol (potency) |  |  |  |  |  |  |
| 18050 | Eisenstadt and Gold, 1978 | TA100 | Rat ArS9 | BaP | 2 | $\mu \mathrm{g}$ | 1,705 | Revertants/ plate |  |  |  |  |  | Background subtracted from data reported |
|  |  |  |  | CPcdP | 1 | $\mu \mathrm{g}$ | 134 | Revertants/ plate\| |  |  |  |  |  |  |
| 18180 | Florin et al., 1980 | TA100 | Rat MC S9 | BaP | 0.0030 | $\mu \mathrm{mol} /$ plate | 255 | Revertants/ plate |  |  |  |  |  | Background subtracted from data reported |
|  |  | TA100 |  | BaA | 0.10 | $\mu \mathrm{mol} /$ plate | 326 | Revertants/ plate |  |  |  |  |  | Only peak response reported |
|  |  | TA100 |  | CH | 0.0050 | $\mu \mathrm{mol} /$ plate | 196 | Revertants/ <br> plate |  |  |  |  |  |  |
|  |  | TA98 |  | BaP | 0.0030 | $\mu \mathrm{mol} /$ plate | 235 | Revertants/ plate |  |  |  |  |  |  |
|  |  | TA98 |  | Pery | 0.025 | $\mu \mathrm{mol} /$ plate | 91 | Revertants/ plate |  |  |  |  |  |  |
|  |  | TA98 |  | CO | 0.070 | $\mu \mathrm{mol} /$ plate | 82 | Revertants/ plate\| |  |  |  |  |  |  |
| 24080 | Gibson et al., 1978 | TA98 | $\left[{ }^{60} \mathrm{Co}\right]$ gamma radiation, for 7 d $(2.5 \times$ $\left.10^{7} \mathrm{rad}\right)$ | Control | 0 | $\mu \mathrm{g} / \mathrm{plate}$ | 0 | Increase in revertants |  |  |  |  |  | Continuous data, no SD |

Table C-9. In vitro bacterial mutagenicity: dose-response data

| Record number | Reference | Cell type | Activation system | PAH | Dose | Dose units | Response | Response units | n | Units | \% Resp- | SD | SE | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | BaP | 10 | $\mu \mathrm{g} / \mathrm{plate}$ | 1.5 | Increase in revertants |  |  |  |  |  |  |
|  |  |  |  | BaP | 20 | $\mu \mathrm{g} / \mathrm{plate}$ | 3 | Increase in revertants |  |  |  |  |  |  |
|  |  |  |  | BaP | 50 | $\mu \mathrm{g} / \mathrm{plate}$ | 10 | Increase in revertants |  |  |  |  |  |  |
|  |  |  |  | BaP | 100 | $\mu \mathrm{g} / \mathrm{plate}$ | 15 | Increase in revertants |  |  |  |  |  |  |
|  |  |  |  | BaP | 200 | $\mu \mathrm{g} / \mathrm{plate}$ | 21 | Increase in revertants |  |  |  |  |  |  |
|  |  |  |  | BaP | 300 | $\mu \mathrm{g} / \mathrm{plate}$ | 35 | Increase in revertants |  |  |  |  |  |  |
|  |  |  |  | BaA | 150 | $\mu \mathrm{g} / \mathrm{plate}$ | 1.8 | Increase in revertants |  |  |  |  |  |  |
|  |  |  |  | BaA | 250 | $\mu \mathrm{g} / \mathrm{plate}$ | 6.4 | Increase in revertants |  |  |  |  |  |  |
|  |  |  |  | BghiP | 400 | $\mu \mathrm{g} / \mathrm{plate}$ | 4.2 | Increase in revertants |  |  |  |  |  |  |
|  |  |  |  | CH | 500 | $\mu \mathrm{g} / \mathrm{plate}$ | 6.1 | Increase in revertants |  |  |  |  |  |  |
|  |  |  |  | CH | 1,000 | $\mu \mathrm{g} / \mathrm{plate}$ | 6.7 | Increase in revertants |  |  |  |  |  |  |
|  |  |  |  | FE | 200 | $\mu \mathrm{g} / \mathrm{plate}$ | 1.1 | Increase in revertants |  |  |  |  |  |  |
|  |  |  |  | FE | 360 | $\mu \mathrm{g} / \mathrm{plate}$ | 2.2 | Increase in revertants |  |  |  |  |  |  |
|  |  |  |  | Pyr | 160 | $\mu \mathrm{g} / \mathrm{plate}$ | 28 | Increase in revertants |  |  |  |  |  |  |
| 14080 | Gold and Eisenstadt, 1980 | TA100 | $50 \mu \mathrm{~L}$ rat MC S9 | BaP | 4 | nmol | 1,103 | Revertants/ plate\| |  |  |  |  |  | Background subtracted from data reported |
|  |  |  |  | CPcdP | 4 | nmol | 281 | Revertants/ <br> plate |  |  |  |  |  |  |
| 18650 | Hermann, 1981 | TA98 | Rat Ar S9 | BaP |  |  | 100 | Revertants/ nmol (potency) |  |  |  |  |  |  |

Table C-9. In vitro bacterial mutagenicity: dose-response data

| Record number | Reference | Cell type | Activation system | PAH | Dose | Dose units | Response | Response units | n | Units | \% Resp- onse | SD | SE | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | BbA |  |  | 8 | Revertants/ nmol (potency) |  |  |  |  |  |  |
|  |  |  |  | BaA |  |  | 4 | Revertants/ nmol (potency) |  |  |  |  |  |  |
|  |  |  |  | CH |  |  | 2 | Revertants/ nmol (potency) |  |  |  |  |  |  |
|  |  |  |  | FA |  |  | 3 | Revertants/ nmol (potency) |  |  |  |  |  |  |
|  |  |  |  | Tphen |  |  | 13 | Revertants/ <br> nmol <br> (potency) |  |  |  |  |  |  |
|  |  |  |  | BeP |  |  | 15 | Revertants/ nmol (potency) |  |  |  |  |  |  |
|  |  |  |  | DBacA |  |  | 42 | Revertants/ nmol (potency) |  |  |  |  |  |  |
|  |  |  |  | DBahA |  |  | 8 | Revertants/ nmol (potency) |  |  |  |  |  |  |
|  |  |  |  | BbF |  |  | 15 | Revertants/ nmol (potency) |  |  |  |  |  |  |
|  |  |  |  | Pery |  |  | 31 | Revertants/ nmol (potency) |  |  |  |  |  |  |
|  |  |  |  | DBalP |  |  | 21 | Revertants/ nmol (potency) |  |  |  |  |  |  |
|  |  |  |  | DBaiP |  |  | 38 | Revertants/ nmol (potency) |  |  |  |  |  |  |
|  |  |  |  | AA |  |  | 62 | Revertants/ nmol (potency) |  |  |  |  |  |  |

Table C-9. In vitro bacterial mutagenicity: dose-response data

| Record number | Reference | Cell type | Activation system | PAH | Dose | Dose units | Response | Response units | n | Units | \% Response | SD | SE | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | CO |  |  | 60 | Revertants/ nmol (potency) |  |  |  |  |  |  |
| 10670 | Johnsen et al., 1997 | TA98 | PCB microsomes | Control | 0 | $\mu \mathrm{g} / \mathrm{plate}$ | 113 | Revertants/ plate | 3 |  |  | 8.54 |  | Control response added back to each response for modeling |
|  |  |  |  | BaP | 10 | $\mu \mathrm{g} / \mathrm{plate}$ | 128 | Revertants/ plate\| | 3 |  |  | 3.66 |  |  |
|  |  |  |  | BaP | 20 | $\mu \mathrm{g} / \mathrm{plate}$ | 123 | Revertants/ plate | 3 |  |  | 13.41 |  |  |
|  |  |  |  | BjAC | 10 | $\mu \mathrm{g} / \mathrm{plate}$ | 192 | Revertants/ plate | 3 |  |  | 10.98 |  |  |
|  |  |  |  | BjAC | 20 | $\mu \mathrm{g} / \mathrm{plate}$ | 213 | Revertants/ plate\| | 3 |  |  | 9.76 |  |  |
|  |  |  |  | BIAC | 10 | $\mu \mathrm{g} / \mathrm{plate}$ | 204 | Revertants/ plate | 3 |  |  | 13.41 |  |  |
|  |  |  |  | BIAC | 20 | $\mu \mathrm{g} / \mathrm{plate}$ | 207 | Revertants/ plate | 3 |  |  | 43.90 |  |  |
| 19000 | Kaden et al., 1979 | TM677 | ArS9 and PB S9 | BaP |  |  | 1 | RPF |  |  |  |  |  | Mutagenic activity relative to that of the $80 \mu \mathrm{~mol} \mathrm{BaP-}$ positive control performed simultaneously with test compound |
|  |  |  |  | AN | NA |  | 0.010 | RPF |  |  |  |  |  |  |
|  |  |  |  | ANL | NA |  | 0.070 | RPF |  |  |  |  |  |  |
|  |  |  |  | Pyr | NA |  | 0.070 | RPF |  |  |  |  |  |  |
|  |  |  |  | BbFE | NA |  | 0.080 | RPF |  |  |  |  |  |  |
|  |  |  |  | CPcdP | NA |  | 1.5 | RPF |  |  |  |  |  |  |
|  |  |  |  | BaA | NA |  | 0.14 | RPF |  |  |  |  |  |  |
|  |  |  |  | CH | NA |  | 0.20 | RPF |  |  |  |  |  |  |
|  |  |  |  | Tphen | NA |  | 0.070 | RPF |  |  |  |  |  |  |
|  |  |  |  | FA | NA |  | 1.0 | RPF |  |  |  |  |  |  |
|  |  |  |  | BeP | NA |  | 0.11 | RPF |  |  |  |  |  |  |

Table C-9. In vitro bacterial mutagenicity: dose-response data

| Record number | Reference | Cell type | Activation system | PAH | Dose | Dose units | Response | Response units | n | Units | $\begin{gathered} \hline \text { \% Resp- } \\ \text { onse } \end{gathered}$ | SD | SE | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | Pery | NA |  | 6 | RPF |  |  |  |  |  |  |
|  |  |  |  | BghiP | NA |  | 0.080 | RPF |  |  |  |  |  |  |
|  |  |  |  | AA | NA |  | 0.080 | RPF |  |  |  |  |  |  |
|  |  |  |  | DBacA | NA |  | 0.77 | RPF |  |  |  |  |  |  |
|  |  |  |  | DBahA | NA |  | 0.080 | RPF |  |  |  |  |  |  |
|  |  |  |  | DBbeF | NA |  | 0.88 | RPF |  |  |  |  |  |  |
| 24680 | Lafleur et al., 1993 | TM677 | Rat AR S9 | BaP | 0 | $\mu \mathrm{g} / \mathrm{mL}$ | 7 | Mutants | 100,000 | Survivors | 0.000070 |  |  |  |
|  |  |  |  | BaP | 0.5 | $\mu \mathrm{g} / \mathrm{mL}$ | 8 | Mutants | 100,000 | Survivors | 0.000080 |  |  |  |
|  |  |  |  | BaP | 1 | $\mu \mathrm{g} / \mathrm{mL}$ | 10 | Mutants | 100,000 | Survivors | 0.000101 |  |  |  |
|  |  |  |  | BaP | 2 | $\mu \mathrm{g} / \mathrm{mL}$ | 18 | Mutants | 100,000 | Surviv- <br> ors | 0.000175 |  |  |  |
|  |  |  |  | BaP | 4 | $\mu \mathrm{g} / \mathrm{mL}$ | 22 | Mutants | 100,000 | Survivors | 0.000220 |  |  |  |
|  |  |  |  | BaP | 8 | $\mu \mathrm{g} / \mathrm{mL}$ | 33 | Mutants | 100,000 | Survivors | 0.000327 |  |  |  |
|  |  |  |  | BghiF | 0 | $\mu \mathrm{g} / \mathrm{mL}$ | 11 | Mutants | 100,000 | Survivors | 0.00011 |  |  |  |
|  |  |  |  | BghiF | 1 | $\mu \mathrm{g} / \mathrm{mL}$ | 10 | Mutants | 100,000 | Survivors | 0.00010 |  |  |  |
|  |  |  |  | BghiF | 3 | $\mu \mathrm{g} / \mathrm{mL}$ | 14 | Mutants | 100,000 | Survivors | 0.00014 |  |  |  |
|  |  |  |  | BghiF | 10 | $\mu \mathrm{g} / \mathrm{mL}$ | 55 | Mutants | 100,000 | Survivors | 0.00055 |  |  |  |
|  |  |  |  | CPcdP | 0 | $\mu \mathrm{g} / \mathrm{mL}$ | 12 | Mutants | 100,000 | Survivors | 0.000120 |  |  |  |
|  |  |  |  | CPcdP | 0.5 | $\mu \mathrm{g} / \mathrm{mL}$ | 15 | Mutants | 100,000 | Survivors | 0.000146 |  |  |  |
|  |  |  |  | CPcdP | 1 | $\mu \mathrm{g} / \mathrm{mL}$ | 13 | Mutants | 100,000 | Surviv- <br> ors | 0.000130 |  |  |  |
|  |  |  |  | CPcdP | 2 | $\mu \mathrm{g} / \mathrm{mL}$ | 17 | Mutants | 100,000 | Survivors | 0.000172 |  |  |  |
|  |  |  |  | CPcdP | 4 | $\mu \mathrm{g} / \mathrm{mL}$ | 27 | Mutants | 100,000 | Survivors | 0.000274 |  |  |  |

Table C-9. In vitro bacterial mutagenicity: dose-response data

| Record number | Reference | Cell type | Activation system | PAH | Dose | Dose units | Response | Response units | n | Units | $\begin{aligned} & \text { \% Resp- } \\ & \text { onse } \end{aligned}$ | SD | SE | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | CPcdP | 8 | $\mu \mathrm{g} / \mathrm{mL}$ | 60 | Mutants | 100,000 | Survivors | 0.000597 |  |  |  |
|  |  |  |  | CPhiACE <br> A | 0 | $\mu \mathrm{g} / \mathrm{mL}$ | 8 | Mutants | 100,000 | Survivors | 0.000084 |  |  |  |
|  |  |  |  | $\begin{aligned} & \text { CPhiACE } \\ & \text { A } \\ & \hline \end{aligned}$ | 0.5 | $\mu \mathrm{g} / \mathrm{mL}$ | 10 | Mutants | 100,000 | Survivors | 0.000103 |  |  |  |
|  |  |  |  | $\begin{aligned} & \text { CPhiACE } \\ & \Delta \end{aligned}$ | 1 | $\mu \mathrm{g} / \mathrm{mL}$ | 16 | Mutants | 100,000 | Survivors | 0.000157 |  |  |  |
|  |  |  |  | $\begin{aligned} & \text { CPhiACE } \\ & \text { A } \end{aligned}$ | 2 | $\mu \mathrm{g} / \mathrm{mL}$ | 29 | Mutants | 100,000 | Survivors | 0.000286 |  |  |  |
|  |  |  |  | $\begin{aligned} & \text { CPhiACE } \\ & \text { A } \end{aligned}$ | 4 | $\mu \mathrm{g} / \mathrm{mL}$ | 67 | Mutants | 100,000 | Survivors | 0.000670 |  |  |  |
|  |  |  |  | CPhiAPA | 0 | $\mu \mathrm{g} / \mathrm{mL}$ | 9 | Mutants | 100,000 | Survivors | 0.000090 |  |  |  |
|  |  |  |  | CPhiAPA | 10 | $\mu \mathrm{g} / \mathrm{mL}$ | 12 | Mutants | 100,000 | Survivors | 0.000117 |  |  |  |
|  |  |  |  | CPhiAPA | 30 | $\mu \mathrm{g} / \mathrm{mL}$ | 21 | Mutants | 100,000 | Survivors | 0.000210 |  |  |  |
|  |  |  |  | CPhiAPA | 100 | $\mu \mathrm{g} / \mathrm{mL}$ | 26 | Mutants | 100,000 | Survivors | 0.000263 |  |  |  |
|  |  |  |  | ACEA | 0 | $\mu \mathrm{g} / \mathrm{mL}$ | 9 | Mutants | 100,000 | Survivors | 0.000092 |  |  |  |
|  |  |  |  | ACEA | 10 | $\mu \mathrm{g} / \mathrm{mL}$ | 21 | Mutants | 100,000 | Survivors | 0.000214 |  |  |  |
|  |  |  |  | ACEA | 35 | $\mu \mathrm{g} / \mathrm{mL}$ | 69 | Mutants | 100,000 | Survivors | 0.000686 |  |  |  |
|  |  |  |  | APA | 0 | $\mu \mathrm{g} / \mathrm{mL}$ | 16 | Mutants | 100,000 | Survivors | 0.000160 |  |  |  |
|  |  |  |  | APA | 10 | $\mu \mathrm{g} / \mathrm{mL}$ | 37 | Mutants | 100,000 | Survivors | 0.000375 |  |  |  |
|  |  |  |  | APA | 30 | $\mu \mathrm{g} / \mathrm{mL}$ | 42 | Mutants | 100,000 | Survivors | 0.000416 |  |  |  |
|  |  |  |  | APA | 100 | $\mu \mathrm{g} / \mathrm{mL}$ | 22 | Mutants | 100,000 | Survivors | 0.000220 |  |  |  |
| 19320 | LaVoie et al., 1979 | TA98 | Rat Ar S9 | BaP | 10 | $\mu \mathrm{g}$ | 450 | Revertants/ plate |  |  |  |  |  | Background subtracted from data reported |

Table C-9. In vitro bacterial mutagenicity: dose-response data

| Record number | Reference | Cell type | $\begin{array}{\|c} \text { Activation } \\ \text { system } \end{array}$ | PAH | Dose | Dose units | Response | Response units | n | Units | \% Response | SD | SE | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | BaP | 20 | $\mu \mathrm{g}$ | 480 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | BeP | 10 | $\mu \mathrm{g}$ | 20 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | BeP | 20 | $\mu \mathrm{g}$ | 20 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | Pery | 20 | $\mu \mathrm{g}$ | 70 | Revertants/ plate |  |  |  |  |  |  |
| 23650 | McCann et al., 1975 | Multiple strains | Rat Ar S9 | BaP | NA |  | 121 | Revertants/ nmol (potency) |  |  |  |  |  | Paper states that comparison of potency estimates should be done with caution (nonlinear doseresponse), see table footnotes |
|  |  |  |  | DBaiP | NA |  | 20 | Revertants/ nmol (potency) |  |  |  |  |  |  |
|  |  |  |  | BeP | NA |  | 0.6 | Revertants/ nmol (potency) |  |  |  |  |  |  |
|  |  |  |  | DBacA | NA |  | 175 | Revertants/ nmol (potency) |  |  |  |  |  |  |
|  |  |  |  | DBahA | NA |  | 11 | Revertants/ nmol (potency) |  |  |  |  |  |  |
|  |  |  |  | CH | NA |  | 38 | Revertants/ nmol (potency) |  |  |  |  |  |  |
|  |  |  |  | BaA | NA |  | 11 | Revertants/ nmol (potency) |  |  |  |  |  |  |
| 20220 | Pahlman and Pelkonen, 1987 | TA100 | Rat MC S9 | BaP | NA |  | 272 | Revertants/ nmol (potency) |  |  |  |  |  |  |

Table C-9. In vitro bacterial mutagenicity: dose-response data

| Record number | Reference | Cell type | Activation system | PAH | Dose | Dose units | Response | Response units | n | Units | $\begin{aligned} & \text { \% Resp- } \\ & \text { onse } \end{aligned}$ | SD | SE | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | BaA | NA |  | 10.4 | Revertants/ nmol (potency) |  |  |  |  |  |  |
|  |  |  |  | CH | NA |  | 9.7 | Revertants/ nmol (potency) |  |  |  |  |  |  |
|  |  |  |  | Tphen | NA |  | 4 | Revertants/ <br> nmol <br> (potency) |  |  |  |  |  |  |
|  |  |  |  | DBacA | NA |  | 35 | Revertants/ <br> nmol <br> (potency) |  |  |  |  |  |  |
|  |  |  |  | DBahA | NA |  | 4.4 | Revertants/ nmol (potency) |  |  |  |  |  |  |
| 20450 | Phillipson and Ioannides, 1989 | TA100 | Hamster S9 | BaP | 0 | $\mu \mathrm{g} / \mathrm{plate}$ | 0.000 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | BaP | 5 | $\mu \mathrm{g} / \mathrm{plate}$ | 68.833 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | BaP | 10 | $\mu \mathrm{g} / \mathrm{plate}$ | 118.948 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | BaP | 15 | $\mu \mathrm{g} / \mathrm{plate}$ | 99.744 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | BaP | 20 | $\mu \mathrm{g} / \mathrm{plate}$ | 96.101 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | BaA | 0 | $\mu \mathrm{g} / \mathrm{plate}$ | 0.000 | Revertants/ <br> plate |  |  |  |  |  |  |
|  |  |  |  | BaA | 20 | $\mu \mathrm{g} / \mathrm{plate}$ | 109.877 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | BaA | 40 | $\mu \mathrm{g} / \mathrm{plate}$ | 115.248 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | BaA | 60 | $\mu \mathrm{g} / \mathrm{plate}$ | 114.430 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | BaA | 100 | $\mu \mathrm{g} / \mathrm{plate}$ | 98.846 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | DBaiP | 0 | $\mu \mathrm{g} / \mathrm{plate}$ | 0.000 | Revertants/ plate |  |  |  |  |  |  |

Table C-9. In vitro bacterial mutagenicity: dose-response data

| Record number | Reference | Cell type | Activation system | PAH | Dose | Dose units | Response | Response units | n | Units | \% Resp- onse | SD | SE | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | DBaiP | 20 | $\mu \mathrm{g} / \mathrm{plate}$ | 64.638 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | DBaiP | 40 | $\mu \mathrm{g} / \mathrm{plate}$ | 75.747 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | DBaiP | 60 | $\mu \mathrm{g} / \mathrm{plate}$ | 80.394 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | DBaiP | 100 | $\mu \mathrm{g} / \mathrm{plate}$ | 63.880 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | DBahA | 0 | $\mu \mathrm{g} / \mathrm{plate}$ | 0.000 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | DBahA | 10 | $\mu \mathrm{g} / \mathrm{plate}$ | 50.899 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | DBahA | 20 | $\mu \mathrm{g} / \mathrm{plate}$ | 56.886 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | DBahA | 30 | $\mu \mathrm{g} /$ plate | 52.419 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | DBahA | 50 | $\mu \mathrm{g} /$ plate | 34.980 | Revertants/ plate |  |  |  |  |  |  |
| 21000 | Sakai et al., 1985 | TA97 | Rat Ar S9 | Control | 0 | $\mu \mathrm{g}$ | 177 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | BaP | 1 | $\mu \mathrm{g}$ | 1,208 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | BaP | 5 | $\mu \mathrm{g}$ | 1,432 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | BaP | 10 | $\mu \mathrm{g}$ | 1,742 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | Control | 0 | $\mu \mathrm{g}$ | 189 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | FE | 5 | $\mu \mathrm{g}$ | 254 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | FE | 10 | $\mu \mathrm{g}$ | 240 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | FE | 50 | $\mu \mathrm{g}$ | 240 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | FE | 250 | $\mu \mathrm{g}$ | 232 | Revertants/ plate |  |  |  |  |  |  |

Table C-9. In vitro bacterial mutagenicity: dose-response data

| Record number | Reference | Cell type | Activation system | PAH | Dose | Dose units | Response | Response units | n | Units | \% Resp- | SD | SE | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | Control | 0 | $\mu \mathrm{g}$ | 189 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | AC | 5 | $\mu \mathrm{g}$ | 360 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | AC | 10 | $\mu \mathrm{g}$ | 509 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | AC | 50 | $\mu \mathrm{g}$ | 293 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | AC | 250 | $\mu \mathrm{g}$ | 279 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | Control | 0 | $\mu \mathrm{g}$ | 189 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | PH | 5 | $\mu \mathrm{g}$ | 454 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | PH | 10 | $\mu \mathrm{g}$ | 534 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | PH | 50 | $\mu \mathrm{g}$ | 321 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | PH | 250 | $\mu \mathrm{g}$ | T | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | Control | 0 | $\mu \mathrm{g}$ | 177 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | FA | 5 | $\mu \mathrm{g}$ | 652 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | FA | 10 | $\mu \mathrm{g}$ | 1,012 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | FA | 50 | $\mu \mathrm{g}$ | 1,042 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | FA | 250 | $\mu \mathrm{g}$ | 518 | Revertants/ <br> plate |  |  |  |  |  |  |
|  |  |  |  | Control | 0 | $\mu \mathrm{g}$ | 177 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | CH | 5 | $\mu \mathrm{g}$ | 640 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | CH | 10 | $\mu \mathrm{g}$ | 815 | Revertants/ plate |  |  |  |  |  |  |

Table C-9. In vitro bacterial mutagenicity: dose-response data

| Record number | Reference | Cell type | Activation system | PAH | Dose | Dose units | Response | Response units | n | Units | \% Resp- | SD | SE | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | CH | 20 | $\mu \mathrm{g}$ | 888 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | CH | 50 | $\mu \mathrm{g}$ | 723 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | Control | 0 | $\mu \mathrm{g}$ | 177 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | Pyr | 2 | $\mu \mathrm{g}$ | 929 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | Pyr | 4 | $\mu \mathrm{g}$ | 1,582 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | Pyr | 6 | $\mu \mathrm{g}$ | 2,057 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | Pyr | 10 | $\mu \mathrm{g}$ | 2,577 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | Pyr | 20 | $\mu \mathrm{g}$ | 2,832 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | Pyr | 50 | $\mu \mathrm{g}$ | 2,296 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | Control | 0 | $\mu \mathrm{g}$ | 177 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | BeP | 5 | $\mu \mathrm{g}$ | 944 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | BeP | 10 | $\mu \mathrm{g}$ | 1,100 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | BeP | 50 | $\mu \mathrm{g}$ | 606 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | BeP | 250 | $\mu \mathrm{g}$ | 640 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | Control | 0 | $\mu \mathrm{g}$ | 177 | Revertants/ <br> plate |  |  |  |  |  |  |
|  |  |  |  | Pery | 1 | $\mu \mathrm{g}$ | 1,516 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | Pery | 2 | $\mu \mathrm{g}$ | 2,236 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | Pery | 4 | $\mu \mathrm{g}$ | 2,784 | Revertants/ plate |  |  |  |  |  |  |

Table C-9. In vitro bacterial mutagenicity: dose-response data

| Record number | Reference | Cell type | Activation system | PAH | Dose | Dose units | Response | Response units | n | Units | \% Response | SD | SE | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | Pery | 10 | $\mu \mathrm{g}$ | 2,550 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | Pery | 50 | $\mu \mathrm{g}$ | 1,808 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | Control | 0 | $\mu \mathrm{g}$ | 177 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | BghiP | 10 | $\mu \mathrm{g}$ | 896 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | BghiP | 20 | $\mu \mathrm{g}$ | 991 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | BghiP | 50 | $\mu \mathrm{g}$ | 896 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | BghiP | 250 | $\mu \mathrm{g}$ | 612 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | Control | 0 | $\mu \mathrm{g}$ | 177 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | CO | 5 | $\mu \mathrm{g}$ | 362 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | CO | 10 | $\mu \mathrm{g}$ | 400 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | CO | 50 | $\mu \mathrm{g}$ | 405 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | CO | 100 | $\mu \mathrm{g}$ | 490 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | CO | 200 | $\mu \mathrm{g}$ | 479 | Revertants/ plate |  |  |  |  |  |  |
| 11860 | Sangaiah et al., 1983 | TA98 | Rat Ar S9 | Control | 0 | $\mu \mathrm{g} / \mathrm{plate}$ | 35.43 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | BaP | 2 | $\mu \mathrm{g} / \mathrm{plate}$ | 177.37 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | BaP | 3 | $\mu \mathrm{g} / \mathrm{plate}$ | 266.02 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | BaP | 6 | $\mu \mathrm{g} / \mathrm{plate}$ | 419.68 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | BaP | 10 | $\mu \mathrm{g} / \mathrm{plate}$ | 312.76 | Revertants/ plate |  |  |  |  |  |  |

Table C-9. In vitro bacterial mutagenicity: dose-response data

| Record number | Reference | Cell type | Activation system | PAH | Dose | Dose units | Response | Response units | n | Units | \% Response | SD | SE | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | BaP | 30 | $\mu \mathrm{g} /$ plate | 358.41 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | BaP | 50 | $\mu \mathrm{g} /$ plate | 350.92 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | BaP | 100 | $\mu \mathrm{g} /$ plate | 323.12 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | Control | 0 | $\mu \mathrm{g} /$ plate | 53.15 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | BjAC | 2 | $\mu \mathrm{g} /$ plate | 124.15 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | BjAC | 3 | $\mu \mathrm{g} /$ plate | 331.10 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | BjAC | 6 | $\mu \mathrm{g} /$ plate | 674.11 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | BjAC | 10 | $\mu \mathrm{g} /$ plate | 993.21 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | BjAC | 30 | $\mu \mathrm{g} /$ plate | 1,027.06 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | BjAC | 50 | $\mu \mathrm{g} /$ plate | 883.45 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | BjAC | 100 | $\mu \mathrm{g} / \mathrm{plate}$ | 1,021.36 | Revertants/ plate |  |  |  |  |  |  |
| 21360 | Simmon, 1979a | TA100 | Rat Ar S9 | BaP | 5 | $\mu \mathrm{g}$ | 1,141 | Revertants/ plate |  |  |  |  |  | Background subtracted from data reported |
|  |  |  |  | BaA | 50 | $\mu \mathrm{g}$ | 280 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | BeP | 50 | $\mu \mathrm{g}$ | 57 | Revertants/ plate |  |  |  |  |  |  |
| 21640 | $\begin{aligned} & \text { Teranishi et al., } \\ & 1975 \end{aligned}$ | TA1538 | Rat PB S9 | Control | 0 | $\mu \mathrm{g} /$ plate | 38 | Revertant colonies/ plate |  |  |  |  |  |  |
|  |  |  |  | BaP | 50 | $\mu \mathrm{g} /$ plate | 77 | Revertant colonies/ plate |  |  |  |  |  |  |

Table C-9. In vitro bacterial mutagenicity: dose-response data

| Record number | Reference | Cell type | Activation system | PAH | Dose | Dose units | Response | Response units | n | Units | $\begin{aligned} & \text { \% Resp- } \\ & \text { onse } \end{aligned}$ | SD | SE | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | DBaiP | 50 | $\mu \mathrm{g} / \mathrm{plate}$ | 102 | Revertant colonies/ plate |  |  |  |  |  |  |
|  |  | TA1538 | Rat PB and DBahA S9 | Control | 0 | $\mu \mathrm{g} / \mathrm{plate}$ | 25 | Revertant colonies/ plate |  |  |  |  |  |  |
|  |  |  |  | BaP | 50 | $\mu \mathrm{g} /$ plate | 279 | Revertant colonies/ plate |  |  |  |  |  |  |
|  |  |  |  | DBaeP | 50 | $\mu \mathrm{g} / \mathrm{plate}$ | 88 | Revertant colonies/ plate |  |  |  |  |  |  |
| 16180 | Utesch et al., 1987 | TA100 | With homogenized hepatocytes from Artreated rats | Control | 0 | $\mu \mathrm{g} / \mathrm{plate}$ | 159 | Revertants/ plates |  |  |  |  |  |  |
|  |  |  |  | BaP | 6.3 | $\mu \mathrm{g} / \mathrm{plate}$ | 998 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | BaP | 12.5 | $\mu \mathrm{g} / \mathrm{plate}$ | 1,079 | Revertants/ <br> plate |  |  |  |  |  |  |
|  |  |  |  | BaP | 25 | $\mu \mathrm{g} /$ plate | 1,178 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | BaP | 50 | $\mu \mathrm{g} / \mathrm{plate}$ | 1,141 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | BaP | 100 | $\mu \mathrm{g} / \mathrm{plate}$ | 1,114 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | Control | 0 | $\mu \mathrm{g} / \mathrm{plate}$ | 199 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | BaA | 6.3 | $\mu \mathrm{g} / \mathrm{plate}$ | 861 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | BaA | 12.5 | $\mu \mathrm{g} /$ plate | 2,583 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | BaA | 25 | $\mu \mathrm{g} / \mathrm{plate}$ | 3,546 | Revertants/ <br> plate |  |  |  |  |  |  |
|  |  |  |  | BaA | 50 | $\mu \mathrm{g} / \mathrm{plate}$ | 3,786 | Revertants/ <br> plate |  |  |  |  |  |  |

Table C-9. In vitro bacterial mutagenicity: dose-response data

| Record number | Reference | Cell type | Activation system | PAH | Dose | Dose units | Response | Response units | n | Units | $\begin{aligned} & \text { \% Resp- } \\ & \text { onse } \end{aligned}$ | SD | SE | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | BaA | 100 | $\mu \mathrm{g} /$ plate | 3,406 | Revertants/ plate |  |  |  |  |  |  |
| 16440 | Wood et al., 1980 | TA98 | Purified microsomal P450 | Control | 0 | nmol | 0 | Revertants/ plate |  |  |  |  |  | Background subtracted from data reported |
|  |  |  |  | BaP | 3.75 | nmol | 45 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | BaP | 7.5 | nmol | 63 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | BaP | 15 | nmol | 99 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | BaP | 30 | nmol | 103 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | Control | 0 | nmol | 0 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | CPcdP | 3.75 | nmol | 303 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | CPcdP | 7.5 | nmol | 491 | Revertants/ plate |  |  |  |  |  |  |
|  |  |  |  | CPcdP | 15 | nmol | 685 | Revertants/ <br> plate |  |  |  |  |  |  |
|  |  |  |  | CPcdP | 30 | nmol | 776 | Revertants/ plate |  |  |  |  |  |  |

Table C-10. In vitro mammalian mutagenicity: data use

| Record number | Reference | Data source | Data points | Basis for RPF approach | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 16920 | Amacher and Paillet, 1982 | Figure 1 | Use lines for BaP (open circles) and BaA (closed triangles; dose is $\mu \mathrm{g} / \mathrm{mL}$ and response is mutation frequency (MF)/10 ${ }^{6}$ survivors | Model; quantal data | Thymidine kinase assay (resistance to trifluorothymidine) in mouse lymphoma cells (L5178Y) with Syrian golden hamster S9 mix or cocultivated hamster hepatocytes |
| 16940 | Amacher and Turner, 1980 | Figure 3 | Use bars for SM2 S9 activation for BaP and BaA ; dose is $1.25 \times 10^{-5} \mathrm{M}$ for BaP and $3.22 \times 10^{-5} \mathrm{M}$ for BaP; response is IMF/10 ${ }^{4}$ survivors | Point estimate | Thymidine kinase assay (resistance to trifluorothymidine) in mouse lymphoma cells (L5178Y) with mouse S9 mix |
| 16910 | Amacher et al., 1980 | Table 3 | Use dose-response data for BaA and BaP ; dose as concentration (M), response as mutants per $10^{4}$ survivors | Model; quantal data | Thymidine kinase assay (resistance to trifluorothymidine) in mouse lymphoma cells (L5178Y) with mouse S9 mix |
| 17140 | Barfknecht et <br> al., 1982 | Figure 2 <br> (BaP, FA); <br> Figure 4 <br> (BaA, CH, <br> Tphen); <br> Figure 6 <br> (CPcdP) | Dose is $\mu \mathrm{M}$ and mutant fraction $\times 10^{6}$ | Model; quantal data | Thymidine kinase assay (resistance to trifluorothymidine) in human lymphoblast cells with rat Ar S9 mix |
| 14250 | $\begin{aligned} & \text { Hass et al., } \\ & 1982 \end{aligned}$ | Table 1 | Dose-response data for DBaiP, DBahP, and BaP; dose is $\mu \mathrm{g} / \mathrm{mL}$; use response data for TG mutants only (mutants/ $10^{6}$ cells); control value is $4 \pm 1$ mutants/ $10^{6}$ cells | Model; quantal data | Hypoxanthine-guanine phosphoribosyl transferase assay (resistance to 6-thioguanine) in V79 Chinese hamster cells with rat MC S9 |
| 18740 | Huberman and Sachs, 1976 | Table 2 | Use data for BaP, DBacA, DBahA; 8-azaguanine resistance only; use $1 \mu \mathrm{~g} / \mathrm{mL}$ dose for all (*), response as mutants per $10^{5}$ survivors | Point estimate | Hypoxanthine-guanine phosphoribosyl transferase assay (resistance to 8-azaguanine) in V79 Chinese hamster cells with hamster embryo cells |
| 18990 | Jotz and Mitchell, 1981 | Table 2 | Use data for BaP and Pyr with metabolic activation; subtract negative control, dose as $\mu \mathrm{g} / \mathrm{mL}$, response as $\mathrm{MF} \times 10^{-6}$ | Point estimate | Thymidine kinase assay (resistance to trifluorothymidine) in mouse lymphoma cells (L5178Y) with rat Ar S9 |
| 24720 | Kligerman et al., 1986 | Figure 1 | Use dose-response data for BaP and BlAC; dose as $\mu \mathrm{g} / \mathrm{mL}$, response as mutant frequency $/ 10^{6}$ survivors; average data from two experiments | Model; quantal data | Thymidine kinase assay (resistance to trifluorothymidine) in mouse lymphoma cells (L5178Y) with rat Ar S9 |

Table C-10. In vitro mammalian mutagenicity: data use

| Record number | Reference | Data source | Data points | Basis for RPF approach | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 19180 | Krahn and Heidelberger, 1977 | Table II | Use data for BaP, DBahA, DBacA, and BaA; cell survival at $40 \%$ control (column 3), controls are 100\% survival group (column 1); use 3-MC S9 data only; dose as $\mathrm{nmol} / \mathrm{mL}$, response as $6-\mathrm{TG} / 10^{5}$ cells | Point estimate | Hypoxanthine-guanine phosphoribosyl transferase assay (resistance to 6-thioguanine) in V79 Chinese hamster cells with hamster embryo cells |
| 24680 | $\begin{aligned} & \text { Lafleur et al., } \\ & 1993 \end{aligned}$ | Figures 5 and 6 | Use dose-response curves for BaP, CPcdP (CPP), CPhiACEA (CPAA), ACEA (AA); dose as $\mu \mathrm{g} / \mathrm{mL}$, response as mutant fraction (ppm) | Model as quantal data (mutant fraction reported) | Thymidine kinase assay (resistance to trifluorothymidine) in MCL-3 cells (human B-lymphoblastoid cells) |
| 7550 | $\begin{aligned} & \text { Li and Lin, } \\ & 1996 \end{aligned}$ | Text | Mutant frequency of controls $2 \times 10^{-5} ; 10 \mathrm{ng} / \mathrm{mL}$ BaP $=5 \times$ $10^{-5} ; \mathrm{BaA}=5.6 \times 10^{-5}$ | Point estimate | Hypoxanthine-guanine phosphoribosyl transferase assay (resistance to 6-thioguanine) in HS1 HeLa cells (human epithelial cells) |
| 11450 | Nesnow et al., 1984 | Chart 9 | Use data for BaP, BlAC, BeAC, and BjAC; dose as $\mu \mathrm{g} / \mathrm{mL}$, response as 6TG-resistant mutants/ $10^{6}$ survivors | Model; quantal data | Hypoxanthine-guanine phosphoribosyl transferase assay (resistance to 6-thioguanine) in V79 Chinese hamster cells with rat AR S9 |
| 15630 | Raveh and Huberman, 1983 | Table 1 | Use data for CPcdP and BaP, with PMA only; dose in $\mu \mathrm{g} / \mathrm{mL}$, response in mutants/ $10^{5}$ cells | Model; quantal data | Hypoxanthine-guanine phosphoribosyl transferase assay (resistance to 6-thioguanine) in V79 Chinese hamster cells with hamster embryo cells |
| 15640 | $\begin{aligned} & \text { Raveh et al., } \\ & 1982 \end{aligned}$ | Figure 4 | Use dose-response data for CPcdP and BaP (ouabain resistance only); dose in $\mu \mathrm{g} / \mathrm{mL}$, response in mutants/ $10^{6}$ cells | Model; quantal data | Hypoxanthine-guanine phosphoribosyl transferase assay (resistance to ouabain) in V79 Chinese hamster cells with hamster embryo cells |
| 21410 | $\begin{aligned} & \text { Slaga et al., } \\ & 1978 \end{aligned}$ | Table 3 | Use dose-response data for BaA and BaP ; dose as $\mu \mathrm{M}$, response as ouabain resistant mutants $/ 10^{4}$ survivors | Model; quantal data | Hypoxanthine-guanine phosphoribosyl transferase assay (resistance to ouabain) in V79 Chinese hamster cells with hamster embryo cells |
| 16190 | $\begin{aligned} & \text { Vaca et al., } \\ & 1992 \end{aligned}$ | Figure 5 | Dose-response data for FA and BaP; dose as $\mu \mathrm{M}$, response as $6-\mathrm{Tg}$ resistant cells/100,000 | Model; quantal data | Hypoxanthine-guanine phosphoribosyl transferase assay (resistance to 6-thioguanine) in UV-sensitive CHO cells with rat Ar S9 |
| 21900 | Wangenheim and <br> Bolcsfoldi, <br> 1988 | Table 1 | Use +S9 dose-response data for Pyr, BaP, and FE; dose as $\mathrm{mol} / \mathrm{L}$, response as mutation frequency | Model; quantal data | Thymidine kinase assay (resistance to trifluorothymidine) in mouse lymphoma cells (L5178Y) with rat Ar S9 |

Table C-10. In vitro mammalian mutagenicity: data use

| Record number | Reference | Data source | Data points | Basis for RPF approach | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 24670 | Durant et al., 1999 | Table 1 | Use dose-response data for BaPery, BbPery, DBaeF, DBafF, DBahP, DBaiP, DBelP, N23aP, N23eP; positive control is reported as $1,000 \mathrm{ng} / \mathrm{mL} \mathrm{BaP} \mathrm{(reported}$ separately for each PAH) | Model; quantal data | Thymidine kinase assay (resistance to trifluorothymidine) in human h1Alv2 cells |

Table C-11. In vitro mammalian mutagenicity: dose-response data

| Record number | Reference | PAH | Dose | Dose units | Mutants | In number | Units | \% Response | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 16920 | Amacher and Paillet, 1982 | Control | 0 | $\mu \mathrm{g} / \mathrm{mL}$ | 39 | $1 \times 10^{6}$ | Survivors | 0.000039 |  |
|  |  | BaP | 2.5 | $\mu \mathrm{g} / \mathrm{mL}$ | 119 | $1 \times 10^{6}$ | Survivors | 0.00012 |  |
|  |  | BaP | 5 | $\mu \mathrm{g} / \mathrm{mL}$ | 170 | $1 \times 10^{6}$ | Survivors | 0.00017 |  |
|  |  | BaP | 7.5 | $\mu \mathrm{g} / \mathrm{mL}$ | 196 | $1 \times 10^{6}$ | Survivors | 0.00020 |  |
|  |  | BaP | 10 | $\mu \mathrm{g} / \mathrm{mL}$ | 267 | $1 \times 10^{6}$ | Survivors | 0.00027 |  |
|  |  | Control | 0 | $\mu \mathrm{g} / \mathrm{mL}$ | 20 | $1 \times 10^{6}$ | Survivors | 0.000020 |  |
|  |  | BaA | 2.5 | $\mu \mathrm{g} / \mathrm{mL}$ | 65 | $1 \times 10^{6}$ | Survivors | 0.000065 |  |
|  |  | BaA | 5 | $\mu \mathrm{g} / \mathrm{mL}$ | 62 | $1 \times 10^{6}$ | Survivors | 0.000062 |  |
|  |  | BaA | 10 | $\mu \mathrm{g} / \mathrm{mL}$ | 88 | $1 \times 10^{6}$ | Survivors | 0.000088 |  |
|  |  | BaA | 15 | $\mu \mathrm{g} / \mathrm{mL}$ | 89 | $1 \times 10^{6}$ | Survivors | 0.000089 |  |
| 16940 | Amacher and Turner, 1980 | Control | 0 | M | 0.4 | $1 \times 10^{4}$ | Survivors | 0.000040 | Control without S9 treatment |
|  |  | BaP | $1.25 \times 10^{-5}$ | M | 2.85 | $1 \times 10^{4}$ | Survivors | 0.000285 |  |
|  |  | BaA | $3.22 \times 10^{-5}$ | M | 3.12 | $1 \times 10^{4}$ | Survivors | 0.000312 |  |
| 16910 | Amacher et al., 1980 | Control | 0 | M | 0.680 | $1 \times 10^{4}$ | Survivors | 0.000068 |  |
|  |  | BaP | $5.30 \times 10^{-6}$ | M | 1.360 | $1 \times 10^{4}$ | Survivors | 0.000136 |  |
|  |  | BaP | $7.00 \times 10^{-6}$ | M | 1.790 | $1 \times 10^{4}$ | Survivors | 0.000179 |  |
|  |  | BaP | $9.40 \times 10^{-6}$ | M | 1.470 | $1 \times 10^{4}$ | Survivors | 0.000147 |  |
|  |  | BaP | $1.25 \times 10^{-5}$ | M | 1.870 | $1 \times 10^{4}$ | Survivors | 0.000187 |  |
|  |  | BaP | $1.67 \times 10^{-5}$ | M | 2.600 | $1 \times 10^{4}$ | Survivors | 0.000260 |  |
|  |  | BaP | $2.23 \times 10^{-5}$ | M | 2.490 | $1 \times 10^{4}$ | Survivors | 0.000249 |  |
|  |  | BaP | $2.97 \times 10^{-5}$ | M | 2.650 | $1 \times 10^{4}$ | Survivors | 0.000265 |  |
|  |  | BaP | $3.96 \times 10^{-5}$ | M | 3.970 | $1 \times 10^{4}$ | Survivors | 0.000397 |  |
|  |  | Control | 0 | M | 0.770 | $1 \times 10^{4}$ | Survivors | 0.000077 |  |
|  |  | BaA | $1.36 \times 10^{-5}$ | M | 0.810 | $1 \times 10^{4}$ | Survivors | 0.000081 |  |
|  |  | BaA | $1.81 \times 10^{-5}$ | M | 0.840 | $1 \times 10^{4}$ | Survivors | 0.000084 |  |
|  |  | BaA | $2.42 \times 10^{-5}$ | M | 1.000 | $1 \times 10^{4}$ | Survivors | 0.000100 |  |
|  |  | BaA | $3.22 \times 10^{-5}$ | M | 1.230 | $1 \times 10^{4}$ | Survivors | 0.000123 |  |
|  |  | BaA | $4.30 \times 10^{-5}$ | M | 1.470 | $1 \times 10^{4}$ | Survivors | 0.000147 |  |
|  |  | BaA | $5.47 \times 10^{-5}$ | M | NS | $1 \times 10^{4}$ | Survivors |  | NS = no survivors |
|  |  | BaA | $7.65 \times 10^{-5}$ | M | NS | $1 \times 10^{4}$ | Survivors |  |  |

Table C-11. In vitro mammalian mutagenicity: dose-response data

| Record number | Reference | PAH | Dose | Dose units | Mutants | In number | Units | \% Response | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | BaA | $1.02 \times 10^{-4}$ | M | NS | $1 \times 10^{4}$ | Survivors |  |  |
| 17140 | Barfknecht et al., 1982 | Control | 0 | $\mu \mathrm{M}$ | 0 | $1 \times 10^{6}$ | Survivors | 0.000000 |  |
|  |  | BaP | 10 | $\mu \mathrm{M}$ | 51 | $1 \times 10^{6}$ | Survivors | 0.000051 |  |
|  |  | BaP | 20 | $\mu \mathrm{M}$ | 120 | $1 \times 10^{6}$ | Survivors | 0.000120 |  |
|  |  | BaP | 30 | $\mu \mathrm{M}$ | 155 | $1 \times 10^{6}$ | Survivors | 0.000155 |  |
|  |  | Control | 0 | $\mu \mathrm{M}$ | 0 | $1 \times 10^{6}$ | Survivors | 0.000000 |  |
|  |  | FA | 10 | $\mu \mathrm{M}$ | 27 | $1 \times 10^{6}$ | Survivors | 0.000027 |  |
|  |  | FA | 20 | $\mu \mathrm{M}$ | 50 | $1 \times 10^{6}$ | Survivors | 0.000050 |  |
|  |  | FA | 40 | $\mu \mathrm{M}$ | 62 | $1 \times 10^{6}$ | Survivors | 0.000062 |  |
|  |  | Control | 0 | $\mu \mathrm{M}$ | 0 | $1 \times 10^{6}$ | Survivors | 0.000000 |  |
|  |  | BaA | 20 | $\mu \mathrm{M}$ | 12 | $1 \times 10^{6}$ | Survivors | 0.000012 |  |
|  |  | BaA | 50 | $\mu \mathrm{M}$ | 29 | $1 \times 10^{6}$ | Survivors | 0.000029 |  |
|  |  | BaA | 100 | $\mu \mathrm{M}$ | 34 | $1 \times 10^{6}$ | Survivors | 0.000034 |  |
|  |  | BaA | 150 | $\mu \mathrm{M}$ | 64 | $1 \times 10^{6}$ | Survivors | 0.000064 |  |
|  |  | Control | 0 | $\mu \mathrm{M}$ | 0 | $1 \times 10^{6}$ | Survivors | 0.000000 |  |
|  |  | CH | 20 | $\mu \mathrm{M}$ | 17 | $1 \times 10^{6}$ | Survivors | 0.000017 |  |
|  |  | CH | 50 | $\mu \mathrm{M}$ | 26 | $1 \times 10^{6}$ | Survivors | 0.000026 |  |
|  |  | CH | 100 | $\mu \mathrm{M}$ | 30 | $1 \times 10^{6}$ | Survivors | 0.000030 |  |
|  |  | Control | 0 | $\mu \mathrm{M}$ | 0 | $1 \times 10^{6}$ | Survivors | 0.000000 |  |
|  |  | Tphen | 50 | $\mu \mathrm{M}$ | 10 | $1 \times 10^{6}$ | Survivors | 0.000010 |  |
|  |  | Tphen | 100 | $\mu \mathrm{M}$ | 20 | $1 \times 10^{6}$ | Survivors | 0.000020 |  |
|  |  | Tphen | 200 | $\mu \mathrm{M}$ | 35 | $1 \times 10^{6}$ | Survivors | 0.000035 |  |
|  |  | Control | 0 | $\mu \mathrm{M}$ | 3 | $1 \times 10^{6}$ | Survivors | 0.000003 |  |
|  |  | CPcdP | 23 | $\mu \mathrm{M}$ | 11 | $1 \times 10^{6}$ | Survivors | 0.000011 |  |
|  |  | CPcdP | 47 | $\mu \mathrm{M}$ | 24 | $1 \times 10^{6}$ | Survivors | 0.000024 |  |
|  |  | CPcdP | 88 | $\mu \mathrm{M}$ | 27 | $1 \times 10^{6}$ | Survivors | 0.000027 |  |
| 24670 | Durant et al., 1999 | BaP | 1,000 | $\mathrm{ng} / \mathrm{mL}$ | 170 | $1 \times 10^{6}$ | Survivors | 0.00017 |  |
|  |  | BaP | 1,000 | $\mathrm{ng} / \mathrm{mL}$ | 170 | $1 \times 10^{6}$ | Survivors | 0.00017 |  |
|  |  | BaP | 1,000 | $\mathrm{ng} / \mathrm{mL}$ | 200 | $1 \times 10^{6}$ | Survivors | 0.00020 |  |
|  |  | BaP | 1,000 | $\mathrm{ng} / \mathrm{mL}$ | 200 | $1 \times 10^{6}$ | Survivors | 0.00020 |  |
|  |  | BaP | 1,000 | $\mathrm{ng} / \mathrm{mL}$ | 160 | $1 \times 10^{6}$ | Survivors | 0.00016 |  |

Table C-11. In vitro mammalian mutagenicity: dose-response data

| Record number | Reference | PAH | Dose | Dose units | Mutants | In number | Units | \% Response | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | BaP | 1,000 | ng/mL | 170 | $1 \times 10^{6}$ | Survivors | 0.00017 |  |
|  |  | BaP | 1,000 | ng/mL | 190 | $1 \times 10^{6}$ | Survivors | 0.00019 |  |
|  |  | BaP | 1,000 | ng/mL | 200 | $1 \times 10^{6}$ | Survivors | 0.00020 |  |
|  |  | BaP | 1,000 | ng/mL | 210 | $1 \times 10^{6}$ | Survivors | 0.00021 |  |
|  |  | Averaged BaP | 1,000 | ng/mL | 186 | $1 \times 10^{6}$ | Survivors | 0.00019 |  |
|  |  | Averaged controls | 0 | ng/mL | 20 | $1 \times 10^{6}$ | Survivors | 0.00002 |  |
|  |  | Control | 0 | ng/mL | 18 | $1 \times 10^{6}$ | Survivors | 0.000018 |  |
|  |  | BaPery | 0.1 | ng/mL | 21 | $1 \times 10^{6}$ | Survivors | 0.000021 |  |
|  |  | BaPery | 0.3 | ng/mL | 23 | $1 \times 10^{6}$ | Survivors | 0.000023 |  |
|  |  | BaPery | 1 | ng/mL | 28 | $1 \times 10^{6}$ | Survivors | 0.000028 |  |
|  |  | BaPery | 3 | ng/mL | 50 | $1 \times 10^{6}$ | Survivors | 0.000050 |  |
|  |  | BaPery | 10 | ng/mL | 82 | $1 \times 10^{6}$ | Survivors | 0.000082 |  |
|  |  | BaPery | 100 | ng/mL | 200 | $1 \times 10^{6}$ | Survivors | 0.00020 |  |
|  |  | Control | 0 | ng/mL | 18 | $1 \times 10^{6}$ | Survivors | 0.000018 |  |
|  |  | BbPery | 1 | ng/mL | 19 | $1 \times 10^{6}$ | Survivors | 0.000019 |  |
|  |  | BbPery | 3 | ng/mL | 22 | $1 \times 10^{6}$ | Survivors | 0.000022 |  |
|  |  | BbPery | 10 | ng/mL | 32 | $1 \times 10^{6}$ | Survivors | 0.000032 |  |
|  |  | BbPery | 100 | ng/mL | 54 | $1 \times 10^{6}$ | Survivors | 0.000054 |  |
|  |  | Control | 0 | ng/mL | 21 | $1 \times 10^{6}$ | Survivors | 0.000021 |  |
|  |  | DBaeF | 1 | ng/mL | 29 | $1 \times 10^{6}$ | Survivors | 0.000029 |  |
|  |  | DBaeF | 10 | ng/mL | 72 | $1 \times 10^{6}$ | Survivors | 0.000072 |  |
|  |  | DBaeF | 100 | ng/mL | 190 | $1 \times 10^{6}$ | Survivors | 0.00019 |  |
|  |  | DBaeF | 1,000 | ng/mL | np | $1 \times 10^{6}$ | Survivors |  | Not plated due to excessive toxicity |
|  |  | Control | 0 | ng/mL | 21 | $1 \times 10^{6}$ | Survivors | 0.000021 |  |
|  |  | DBafF | 1 | ng/mL | 21 | $1 \times 10^{6}$ | Survivors | 0.000021 |  |
|  |  | DBafF | 10 | $\mathrm{ng} / \mathrm{mL}$ | 37 | $1 \times 10^{6}$ | Survivors | 0.000037 |  |
|  |  | DBafF | 100 | ng/mL | 81 | $1 \times 10^{6}$ | Survivors | 0.000081 |  |
|  |  | DBafF | 1,000 | $\mathrm{ng} / \mathrm{mL}$ | 190 | $1 \times 10^{6}$ | Survivors | 0.00019 |  |
|  |  | Control | 0 | $\mathrm{ng} / \mathrm{mL}$ | 19 | $1 \times 10^{6}$ | Survivors | 0.000019 |  |
|  |  | DBahP | 0.1 | ng/mL | 24 | $1 \times 10^{6}$ | Survivors | 0.000024 |  |

Table C-11. In vitro mammalian mutagenicity: dose-response data

| Record number | Reference | PAH | Dose | Dose units | Mutants | In number | Units | \% Response | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | DBahP | 1 | ng/mL | 24 | $1 \times 10^{6}$ | Survivors | 0.000024 |  |
|  |  | DBahP | 10 | ng/mL | 46 | $1 \times 10^{6}$ | Survivors | 0.000046 |  |
|  |  | DBahP | 100 | ng/mL | 80 | $1 \times 10^{6}$ | Survivors | 0.000080 |  |
|  |  | Control | 0 | ng/mL | 20 | $1 \times 10^{6}$ | Survivors | 0.000020 |  |
|  |  | DBaiP | 0.3 | ng/mL | 20 | $1 \times 10^{6}$ | Survivors | 0.000020 |  |
|  |  | DBaiP | 1 | $\mathrm{ng} / \mathrm{mL}$ | 35 | $1 \times 10^{6}$ | Survivors | 0.000035 |  |
|  |  | DBaiP | 10 | ng/mL | 88 | $1 \times 10^{6}$ | Survivors | 0.000088 |  |
|  |  | DBaiP | 100 | $\mathrm{ng} / \mathrm{mL}$ | 150 | $1 \times 10^{6}$ | Survivors | 0.00015 |  |
|  |  | Control | 0 | ng/mL | 21 | $1 \times 10^{6}$ | Survivors | 0.000021 |  |
|  |  | DBelP | 10 | ng/mL | 28 | $1 \times 10^{6}$ | Survivors | 0.000028 |  |
|  |  | DBelP | 100 | ng/mL | 34 | $1 \times 10^{6}$ | Survivors | 0.000034 |  |
|  |  | DBelP | 1,000 | ng/mL | 55 | $1 \times 10^{6}$ | Survivors | 0.000055 |  |
|  |  | Control | 0 | $\mathrm{ng} / \mathrm{mL}$ | 21 | $1 \times 10^{6}$ | Survivors | 0.000021 |  |
|  |  | N23aP | 0.1 | ng/mL | 23 | $1 \times 10^{6}$ | Survivors | 0.000023 |  |
|  |  | N23aP | 1 | ng/mL | 44 | $1 \times 10^{6}$ | Survivors | 0.000044 |  |
|  |  | N23aP | 10 | ng/mL | 84 | $1 \times 10^{6}$ | Survivors | 0.000084 |  |
|  |  | N23aP | 100 | $\mathrm{ng} / \mathrm{mL}$ | 94 | $1 \times 10^{6}$ | Survivors | 0.000094 |  |
|  |  | N23aP | 1,000 | ng/mL | 73 | $1 \times 10^{6}$ | Survivors | 0.000073 |  |
|  |  | Control | 0 | ng/mL | 19 | $1 \times 10^{6}$ | Survivors | 0.000019 |  |
|  |  | N23eP | 1 | ng/mL | 20 | $1 \times 10^{6}$ | Survivors | 0.000020 |  |
|  |  | N23eP | 10 | ng/mL | 41 | $1 \times 10^{6}$ | Survivors | 0.000041 |  |
|  |  | N23eP | 100 | ng/mL | 74 | $1 \times 10^{6}$ | Survivors | 0.000074 |  |
|  |  | N23eP | 1,000 | ng/mL | 98 | $1 \times 10^{6}$ | Survivors | 0.00010 |  |
| 14250 | Hass et al., 1982 | Control | 0 | $\mu \mathrm{g} / \mathrm{mL}$ | 4 | $1 \times 10^{6}$ | CFC | 0.0000040 |  |
|  |  | BaP | 0.30 | $\mu \mathrm{g} / \mathrm{mL}$ | 267 | $1 \times 10^{6}$ | CFC | 0.00027 |  |
|  |  | BaP | 1.00 | $\mu \mathrm{g} / \mathrm{mL}$ | 293 | $1 \times 10^{6}$ | CFC | 0.00029 |  |
|  |  | DBaiP | 0.03 | $\mu \mathrm{g} / \mathrm{mL}$ | 124 | $1 \times 10^{6}$ | CFC | 0.00012 |  |
|  |  | DBaiP | 0.10 | $\mu \mathrm{g} / \mathrm{mL}$ | 289 | $1 \times 10^{6}$ | CFC | 0.00029 |  |
|  |  | DBaiP | 0.30 | $\mu \mathrm{g} / \mathrm{mL}$ | 1211 | $1 \times 10^{6}$ | CFC | 0.00121 |  |
|  |  | DBahP | 0.03 | $\mu \mathrm{g} / \mathrm{mL}$ | 110 | $1 \times 10^{6}$ | CFC | 0.00011 |  |
|  |  | DBahP | 0.10 | $\mu \mathrm{g} / \mathrm{mL}$ | 264 | $1 \times 10^{6}$ | CFC | 0.00026 |  |
|  |  | DBahP | 0.30 | $\mu \mathrm{g} / \mathrm{mL}$ | 668 | $1 \times 10^{6}$ | CFC | 0.00067 |  |

Table C-11. In vitro mammalian mutagenicity: dose-response data

| Record number | Reference | PAH | Dose | Dose units | Mutants | In number | Units | \% Response | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 18740 | Huberman and Sachs, 1976 | Control | 0 | Mg/mL | 6 | $1 \times 10^{5}$ | Survivors | 0.000060 |  |
|  |  | BaP | 1 | $\mu \mathrm{g} / \mathrm{mL}$ | 425 | $1 \times 10^{5}$ | Survivors | 0.00425 |  |
|  |  | DBacA | 1 | $\mu \mathrm{g} / \mathrm{mL}$ | 22 | $1 \times 10^{5}$ | Survivors | 0.00022 |  |
|  |  | DBahA | 1 | $\mu \mathrm{g} / \mathrm{mL}$ | 17 | $1 \times 10^{5}$ | Survivors | 0.00017 |  |
| 18990 | Jotz and Mitchell, 1981 | Control | 0 | $\mu \mathrm{g} / \mathrm{mL}$ | 80 | $1 \times 10^{6}$ | Survivors | 0.000080 |  |
|  |  | BaP | 4.5 | $\mu \mathrm{g} / \mathrm{mL}$ | 224 | $1 \times 10^{6}$ | Survivors | 0.00022 | With metabolic activation |
|  |  | Control | 0 | $\mu \mathrm{g} / \mathrm{mL}$ | 116 | $1 \times 10^{6}$ | Survivors | 0.00012 |  |
|  |  | Pyr | 10.6 | $\mu \mathrm{g} / \mathrm{mL}$ | 150 | $1 \times 10^{6}$ | Survivors | 0.00015 | With metabolic activation |
| 24720 | Kligerman et al., 1986 | Control | 0 | $\mathrm{nmol} / \mathrm{mL}$ | 92 | $1 \times 10^{6}$ | Survivors | 0.00009 | Average of two experiments |
|  |  | BaP | 2.0 | $\mathrm{nmol} / \mathrm{mL}$ | 258 | $1 \times 10^{6}$ | Survivors | 0.00026 |  |
|  |  | BaP | 3.0 | $\mathrm{nmol} / \mathrm{mL}$ | 417 | $1 \times 10^{6}$ | Survivors | 0.00042 |  |
|  |  | BaP | 4.0 | nmol/mL | 557 | $1 \times 10^{6}$ | Survivors | 0.00056 |  |
|  |  | Control | 0 | $\mathrm{nmol} / \mathrm{mL}$ | 90 | $1 \times 10^{6}$ | Survivors | 0.00009 |  |
|  |  | BlAC | 0.5 | $\mathrm{nmol} / \mathrm{mL}$ | 93 | $1 \times 10^{6}$ | Survivors | 0.00009 |  |
|  |  | BlAC | 2.5 | $\mathrm{nmol} / \mathrm{mL}$ | 197 | $1 \times 10^{6}$ | Survivors | 0.00020 |  |
|  |  | BlAC | 5.0 | nmol/mL | 374 | $1 \times 10^{6}$ | Survivors | 0.00037 |  |
| 19180 | Krahn and Heidelberger, 1977 | Control | 0 | nmol/mL | 1.7 | $1 \times 10^{5}$ | Survivors | 0.000017 |  |
|  |  | BaP | 15.9 | nmol/mL | 14 | $1 \times 10^{5}$ | Survivors | 0.000136 | 3-MC S9; 40\% survival |
|  |  | Control | 0 | $\mathrm{nmol} / \mathrm{mL}$ | 1.5 | $1 \times 10^{5}$ | Survivors | 0.000015 |  |
|  |  | BaA | 46.5 | nmol/mL | 6.5 | $1 \times 10^{5}$ | Survivors | 0.000065 | 3-MC S9; 40\% survival |
| 24680 | Lafleur et al., 1993 | Control | 0 | $\mu \mathrm{g} / \mathrm{mL}$ | 1.2 | $1 \times 10^{6}$ | Survivors | 0.0000012 |  |
|  |  | BaP | 0.02 | $\mu \mathrm{g} / \mathrm{mL}$ | 4.8 | $1 \times 10^{6}$ | Survivors | 0.0000048 |  |
|  |  | BaP | 0.06 | $\mu \mathrm{g} / \mathrm{mL}$ | 24 | $1 \times 10^{6}$ | Survivors | 0.000024 |  |
|  |  | BaP | 0.2 | $\mu \mathrm{g} / \mathrm{mL}$ | 25 | $1 \times 10^{6}$ | Survivors | 0.000025 |  |
|  |  | BaP | 1 | $\mu \mathrm{g} / \mathrm{mL}$ | 39 | $1 \times 10^{6}$ | Survivors | 0.000039 |  |
|  |  | BaP | 5 | $\mu \mathrm{g} / \mathrm{mL}$ | 56 | $1 \times 10^{6}$ | Survivors | 0.000056 |  |
|  |  | Control | 0 | $\mu \mathrm{g} / \mathrm{mL}$ | 1.8 | $1 \times 10^{6}$ | Survivors | 0.0000018 |  |
|  |  | ACEA | 1 | $\mu \mathrm{g} / \mathrm{mL}$ | 6.0 | $1 \times 10^{6}$ | Survivors | 0.0000060 |  |

Table C-11. In vitro mammalian mutagenicity: dose-response data

| Record number | Reference | PAH | Dose | Dose units | Mutants | In number | Units | \% Response | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | ACEA | 3 | $\mu \mathrm{g} / \mathrm{mL}$ | 15 | $1 \times 10^{6}$ | Survivors | 0.000015 |  |
|  |  | ACEA | 8 | $\mu \mathrm{g} / \mathrm{mL}$ | 21 | $1 \times 10^{6}$ | Survivors | 0.000021 |  |
|  |  | Control | 0 | $\mu \mathrm{g} / \mathrm{mL}$ | 2.5 | $1 \times 10^{6}$ | Survivors | 0.0000025 |  |
|  |  | CPcdP | 0.03 | $\mu \mathrm{g} / \mathrm{mL}$ | 4.2 | $1 \times 10^{6}$ | Survivors | 0.0000042 |  |
|  |  | CPcdP | 0.06 | $\mu \mathrm{g} / \mathrm{mL}$ | 4.9 | $1 \times 10^{6}$ | Survivors | 0.0000049 |  |
|  |  | CPcdP | 0.2 | $\mu \mathrm{g} / \mathrm{mL}$ | 5.9 | $1 \times 10^{6}$ | Survivors | 0.0000059 |  |
|  |  | CPcdP | 0.6 | $\mu \mathrm{g} / \mathrm{mL}$ | 10 | $1 \times 10^{6}$ | Survivors | 0.000010 |  |
|  |  | CPcdP | 2 | $\mu \mathrm{g} / \mathrm{mL}$ | 17 | $1 \times 10^{6}$ | Survivors | 0.000017 |  |
|  |  | Control | 0 | $\mu \mathrm{g} / \mathrm{mL}$ | 2.8 | $1 \times 10^{6}$ | Survivors | 0.0000028 |  |
|  |  | CPhiACEA | 0.1 | $\mu \mathrm{g} / \mathrm{mL}$ | 12 | $1 \times 10^{6}$ | Survivors | 0.000012 |  |
|  |  | CPhiACEA | 0.3 | $\mu \mathrm{g} / \mathrm{mL}$ | 25 | $1 \times 10^{6}$ | Survivors | 0.000025 |  |
|  |  | CPhiACEA | 0.8 | $\mu \mathrm{g} / \mathrm{mL}$ | 31 | $1 \times 10^{6}$ | Survivors | 0.000031 |  |
| 7550 | Li and Lin, 1996 | Control | 0 | ng/mL | 2 | $1 \times 10^{5}$ | Survivors | 0.000020 |  |
|  |  | BaP | 10 | ng/mL | 5 | $1 \times 10^{5}$ | Survivors | 0.000050 |  |
|  |  | BaA | 10 | ng/mL | 5.6 | $1 \times 10^{5}$ | Survivors | 0.000056 |  |
| 11450 | Nesnow et al., 1984 | Control | 0 | $\mu \mathrm{g} / \mathrm{mL}$ | 16 | $1 \times 10^{6}$ | Survivors | 0.000016 |  |
|  |  | BaP | 0.5 | $\mu \mathrm{g} / \mathrm{mL}$ | 10 | $1 \times 10^{6}$ | Survivors | 0.000010 |  |
|  |  | BaP | 1.0 | $\mu \mathrm{g} / \mathrm{mL}$ | 46 | $1 \times 10^{6}$ | Survivors | 0.000046 |  |
|  |  | BaP | 2.5 | $\mu \mathrm{g} / \mathrm{mL}$ | 72 | $1 \times 10^{6}$ | Survivors | 0.000072 |  |
|  |  | BaP | 5.0 | $\mu \mathrm{g} / \mathrm{mL}$ | 206 | $1 \times 10^{6}$ | Survivors | 0.000206 |  |
|  |  | BaP | 10.0 | $\mu \mathrm{g} / \mathrm{mL}$ | 215 | $1 \times 10^{6}$ | Survivors | 0.000215 |  |
|  |  | BaP | 20.0 | $\mu \mathrm{g} / \mathrm{mL}$ | 293 | $1 \times 10^{6}$ | Survivors | 0.000293 |  |
|  |  | BeAC | 1.0 | $\mu \mathrm{g} / \mathrm{mL}$ | 17 | $1 \times 10^{6}$ | Survivors | 0.000017 |  |
|  |  | BeAC | 2.5 | $\mu \mathrm{g} / \mathrm{mL}$ | 53 | $1 \times 10^{6}$ | Survivors | 0.000053 |  |
|  |  | BeAC | 5.0 | $\mu \mathrm{g} / \mathrm{mL}$ | 435 | $1 \times 10^{6}$ | Survivors | 0.000435 |  |
|  |  | BeAC | 10.0 | $\mu \mathrm{g} / \mathrm{mL}$ | 235 | $1 \times 10^{6}$ | Survivors | 0.000235 |  |
|  |  | BeAC | 20.0 | $\mu \mathrm{g} / \mathrm{mL}$ | 349 | $1 \times 10^{6}$ | Survivors | 0.000349 |  |
|  |  | BjAC | 1.0 | $\mu \mathrm{g} / \mathrm{mL}$ | 24 | $1 \times 10^{6}$ | Survivors | 0.000024 |  |
|  |  | BjAC | 2.5 | $\mu \mathrm{g} / \mathrm{mL}$ | 94 | $1 \times 10^{6}$ | Survivors | 0.000094 |  |
|  |  | BjAC | 5.0 | $\mu \mathrm{g} / \mathrm{mL}$ | 268 | $1 \times 10^{6}$ | Survivors | 0.000268 |  |
|  |  | BjAC | 10.0 | $\mu \mathrm{g} / \mathrm{mL}$ | 225 | $1 \times 10^{6}$ | Survivors | 0.000225 |  |
|  |  | BjAC | 20.0 | $\mu \mathrm{g} / \mathrm{mL}$ | 215 | $1 \times 10^{6}$ | Survivors | 0.000215 |  |

Table C-11. In vitro mammalian mutagenicity: dose-response data

| Record number | Reference | PAH | Dose | Dose units | Mutants | In number | Units | \% Response | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | BIAC | 1.0 | Mg/mL | 31 | $1 \times 10^{6}$ | Survivors | 0.000031 |  |
|  |  | BIAC | 2.5 | $\mu \mathrm{g} / \mathrm{mL}$ | 454 | $1 \times 10^{6}$ | Survivors | 0.000454 |  |
|  |  | BlAC | 5.0 | $\mu \mathrm{g} / \mathrm{mL}$ | 320 | $1 \times 10^{6}$ | Survivors | 0.000320 |  |
|  |  | BlAC | 10.0 | $\mu \mathrm{g} / \mathrm{mL}$ | 704 | $1 \times 10^{6}$ | Survivors | 0.000704 |  |
|  |  | BlAC | 20.0 | $\mu \mathrm{g} / \mathrm{mL}$ | 769 | $1 \times 10^{6}$ | Survivors | 0.000769 |  |
| 15630 | Raveh and Huberman, 1983 | Control | 0 | $\mu \mathrm{g} / \mathrm{mL}$ | 3 | $1 \times 10^{5}$ | Survivors | 0.000030 |  |
|  |  | BaP | 0.3 | $\mu \mathrm{g} / \mathrm{mL}$ | 25 | $1 \times 10^{5}$ | Survivors | 0.00025 |  |
|  |  | BaP | 1 | $\mu \mathrm{g} / \mathrm{mL}$ | 103 | $1 \times 10^{5}$ | Survivors | 0.0010 |  |
|  |  | CPcdP | 0.3 | $\mu \mathrm{g} / \mathrm{mL}$ | 9 | $1 \times 10^{5}$ | Survivors | 0.000090 |  |
|  |  | CPcdP | 1 | $\mu \mathrm{g} / \mathrm{mL}$ | 20 | $1 \times 10^{5}$ | Survivors | 0.00020 |  |
| 15640 | Raveh et al., 1982 | BaP | 0 | $\mu \mathrm{g} / \mathrm{mL}$ | 7 | $1 \times 10^{6}$ | CFC | 0.0000070 |  |
|  |  | BaP | 0.3 | $\mu \mathrm{g} / \mathrm{mL}$ | 20 | $1 \times 10^{6}$ | CFC | 0.000020 |  |
|  |  | BaP | 1 | $\mu \mathrm{g} / \mathrm{mL}$ | 74 | $1 \times 10^{6}$ | CFC | 0.000074 |  |
|  |  | BaP | 3 | $\mu \mathrm{g} / \mathrm{mL}$ | 74 | $1 \times 10^{6}$ | CFC | 0.000074 |  |
|  |  | CPcdP | 0 | $\mu \mathrm{g} / \mathrm{mL}$ | 1 | $1 \times 10^{6}$ | CFC | 0.0000010 |  |
|  |  | CPcdP | 0.3 | $\mu \mathrm{g} / \mathrm{mL}$ | 5 | $1 \times 10^{6}$ | CFC | 0.0000047 |  |
|  |  | CPcdP | 1 | $\mu \mathrm{g} / \mathrm{mL}$ | 10 | $1 \times 10^{6}$ | CFC | 0.000010 |  |
|  |  | CPcdP | 3 | $\mu \mathrm{g} / \mathrm{mL}$ | 28 | $1 \times 10^{6}$ | CFC | 0.000028 |  |
| 21410 | Slaga et al., 1978 | Control | 0 | $\mu \mathrm{M}$ | 0.7 | $1 \times 10^{4}$ | Survivors | 0.000070 |  |
|  |  | BaA | 4.4 | $\mu \mathrm{M}$ | 0.9 | $1 \times 10^{4}$ | Survivors | 0.000090 |  |
|  |  | BaA | 44.0 | $\mu \mathrm{M}$ | 2.1 | $1 \times 10^{4}$ | Survivors | 0.00021 |  |
|  |  | BaP | 0.4 | $\mu \mathrm{M}$ | 11.0 | $1 \times 10^{4}$ | Survivors | 0.0011 |  |
|  |  | BaP | 1.3 | $\mu \mathrm{M}$ | 25.0 | $1 \times 10^{4}$ | Survivors | 0.0025 |  |
|  |  | BaP | 4.0 | $\mu \mathrm{M}$ | 99.0 | $1 \times 10^{4}$ | Survivors | 0.0099 |  |
| 16190 | Vaca et al., 1992 | BaP | 0 | $\mu \mathrm{M}$ | 3 | $1 \times 10^{5}$ | Survivors | 0.000032 |  |
|  |  | BaP | 2 | $\mu \mathrm{M}$ | 10 | $1 \times 10^{5}$ | Survivors | 0.000102 |  |
|  |  | BaP | 4 | $\mu \mathrm{M}$ | 23 | $1 \times 10^{5}$ | Survivors | 0.000229 |  |
|  |  | BaP | 10 | $\mu \mathrm{M}$ | 31 | $1 \times 10^{5}$ | Survivors | 0.000306 |  |
|  |  | FA | 0 | $\mu \mathrm{M}$ | 10 | $1 \times 10^{5}$ | Survivors | 0.000105 |  |
|  |  | FA | 5 | $\mu \mathrm{M}$ | 20 | $1 \times 10^{5}$ | Survivors | 0.000203 |  |
|  |  | FA | 7.5 | $\mu \mathrm{M}$ | 27 | $1 \times 10^{5}$ | Survivors | 0.000274 |  |

Table C-11. In vitro mammalian mutagenicity: dose-response data

| Record number | Reference | PAH | Dose | Dose units | Mutants | In number | Units | \% Response | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | 10 | $\mu \mathrm{M}$ | 32 | $1 \times 10^{5}$ | Survivors | 0.000318 |  |
| 21900 | Wangenheim and Bolcsfoldi, 1988 | Control | 0 | mol/L | 61 | $1 \times 10^{6}$ | Survivors | 0.000061 |  |
|  |  | Control | 0 | mol/L | 62 | $1 \times 10^{6}$ | Survivors | 0.000062 | Used average of controls |
|  |  | Average | 0 | $\mathrm{mol} / \mathrm{L}$ | 62 | $1 \times 10^{6}$ | Survivors | 0.000062 |  |
|  |  | BaP | 0.000001 | $\mathrm{mol} / \mathrm{L}$ | 65 | $1 \times 10^{6}$ | Survivors | 0.000065 |  |
|  |  | BaP | 0.000005 | $\mathrm{mol} / \mathrm{L}$ | 243 | $1 \times 10^{6}$ | Survivors | 0.000243 |  |
|  |  | BaP | 0.000010 | $\mathrm{mol} / \mathrm{L}$ | 858 | $1 \times 10^{6}$ | Survivors | 0.00086 |  |
|  |  | Control | 0 | $\mathrm{mol} / \mathrm{L}$ | 68 | $1 \times 10^{6}$ | Survivors | 0.00007 |  |
|  |  | FE | 0.0000195 | $\mathrm{mol} / \mathrm{L}$ | 92 | $1 \times 10^{6}$ | Survivors | 0.00009 |  |
|  |  | FE | 0.0000389 | $\mathrm{mol} / \mathrm{L}$ | 91 | $1 \times 10^{6}$ | Survivors | 0.00009 |  |
|  |  | FE | 0.0000681 | $\mathrm{mol} / \mathrm{L}$ | 114 | $1 \times 10^{6}$ | Survivors | 0.00011 |  |
|  |  | FE | 0.000122 | $\mathrm{mol} / \mathrm{L}$ | 154 | $1 \times 10^{6}$ | Survivors | 0.00015 |  |
|  |  | FE | 0.000170 | $\mathrm{mol} / \mathrm{L}$ | 147 | $1 \times 10^{6}$ | Survivors | 0.00015 |  |
|  |  | Control | 0 | $\mathrm{mol} / \mathrm{L}$ | 125 | $1 \times 10^{6}$ | Survivors | 0.00013 |  |
|  |  | Control | 0 | $\mathrm{mol} / \mathrm{L}$ | 106 | $1 \times 10^{6}$ | Survivors | 0.00011 |  |
|  |  | Average | 0 | $\mathrm{mol} / \mathrm{L}$ | 116 | $1 \times 10^{6}$ | Survivors | 0.00012 |  |
|  |  | Pyr | 0.0000101 | $\mathrm{mol} / \mathrm{L}$ | 162 | $1 \times 10^{6}$ | Survivors | 0.00016 |  |
|  |  | Pyr | 0.0000151 | $\mathrm{mol} / \mathrm{L}$ | 228 | $1 \times 10^{6}$ | Survivors | 0.00023 |  |
|  |  | Pyr | 0.0000202 | $\mathrm{mol} / \mathrm{L}$ | 345 | $1 \times 10^{6}$ | Survivors | 0.00035 |  |
|  |  | Pyr | 0.0000252 | $\mathrm{mol} / \mathrm{L}$ | 418 | $1 \times 10^{6}$ | Survivors | 0.00042 |  |
|  |  | Pyr | 0.0000302 | mol/L | 650 | $1 \times 10^{6}$ | Survivors | 0.00065 |  |

Table C-12. In vitro malignant/morphological cell transformation: data use

| $\begin{array}{l}\text { Record } \\ \text { number }\end{array}$ | Reference | Page | Table number | Figure number | PAHs | Data to be extracted | $\begin{array}{\|c} \hline \text { Basis for } \\ \text { RPF } \\ \hline \end{array}$ | Comment | Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 17610 | Casto, 1979 | 54 | I and IV |  | BaP, DBahA | TF in number foci per $10^{5}$ surviving cells and dose ( $\mu \mathrm{g} / \mathrm{mL}$ ) | Ratio of slopes | Data on enhancement of viral transformation not used; no straightforward way to model doseresponse | Model as incidence data using multistage |
| 17970 | DiPaolo et al., 1969 | 871 | 3 |  | BaP, DBahA, BaA, BeP, DBacA | Total transformants, total number of colonies, and dose ( $\mu \mathrm{g} / \mathrm{mL}$ ) | Point estimate |  | Do not use percent transformants; appears to be error for DBahA |
| 18020 | Dunkel et al., 1981 |  |  |  |  | Use data as reported in 23720 Pienta 1977; report under that record |  |  |  |
| 18080 | $\begin{aligned} & \text { Emura et al., } \\ & 1980 \end{aligned}$ | $\begin{aligned} & \hline 153, \\ & 154, \end{aligned}$ | I and II |  | BaP, BbF, <br> BaA, IP | T, number of transformed colonies/1,000 survivals in 10 dishes and dose $(\mu \mathrm{g} / \mathrm{mL})$ | Ratio of slopes |  | Model as incidence data using multistage |
| 14130 | $\begin{aligned} & \text { Greb et al., } \\ & 1980 \end{aligned}$ | 147 | 1 |  | BaP, CH, BaA, <br> BbF, DBahA, <br> BeP | Relative transformation rate (potency) in percent/mmol | Ratio of slopes |  | Relative transformation potency at $\mathrm{LC}_{50}$; slope already calculated |
| 14640 | Krolewski et al., 1986 | 1,648 | 1 |  | BaP, CPcdP | Transformation frequency per viable cell $\times 10^{-3}$; single dose ( $5 \mu \mathrm{M}$ ) | Point estimate |  | Use only BaP and CPcdP alone (not with IVA/AIA) |
| 14700 | Laaksonen et <br> al., 1983 | 62 | 4 |  | BaP, BaA | Transformation frequency (number of foci/ $/ 0^{5}$ surviving cells) and dose ( $\mu \mathrm{M}$ ) | Ratio of slopes |  | Inverse dose-response relationship possible due to cytotoxicity; use peak |
| 14850 | Lubet et al., 1983 | 992 | 1 |  | BaP, BeP | DwT-III/td (dishes with Type III foci/ total dishes) and dose ( $\mu \mathrm{g} / \mathrm{mL}$ ) | Ratio of slopes |  | Control data in caption (no transformants); model as incidence data |
| 24710 | Mohapatra et al., 1987 | 327 | 1 |  | BaP, BeAC, BjAC, BlAC | Number of dishes scored and percent of dishes with Type II or Type III foci and dose ( $\mu \mathrm{g} / \mathrm{mL}$ ) | Ratio of slope to BaP point estimate | Use BaP incidence as BMR | Convert percent into number of dishes and model as incidence data |
| 24700 | Nesnow et al., 1990 | 224 | 1 |  | BaP, BlAC | Anchorage independent colonies/50,000 cells and dose ( $\mu \mathrm{g} / \mathrm{mL}$ ) | Ratio of slopes |  | Continuous data, no SD for controls; use peak |
| 7980 | Nesnow et al., 1997 | 1,975 | I |  | BaP, DBalP | Type II and III foci/dish (mean and SD) and dose ( $\mu \mathrm{M}$ ) | Ratio of slopes |  | Model as continuous data |
| 7990 | Nesnow et al., 1994 | 2,227 | I |  | BaP, DBahA | Type II and III Foci/dish and dose; use $1 \mu \mathrm{~g} / \mathrm{mL}$ dose for DBahA and mean foci/dish (in parentheses); single dose for BaP | Point estimate |  |  |

Table C-12. In vitro malignant/morphological cell transformation: data use

| Record <br> number | Reference | Page | Table <br> number | Figure <br> number | PAHs | Data to be extracted |
| :--- | :--- | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |

Table C-13. In vitro malignant/morphological cell transformation: dose-response data

| Record number | Reference | PAH | Dose | Dose units | Transformation measure |  |  |  | n | units | \% Response | Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  | Mean | SD | SE | Units |  |  |  |  |
| 17610 | Casto, 1979 | Control | 0 | $\mu \mathrm{g} / \mathrm{mL}$ | 0 |  |  | Foci | 100,000 | Surviving cells | 0 |  |
|  |  | BaP | 0.62 | $\mu \mathrm{g} / \mathrm{mL}$ | 8 |  |  | Foci | 100,000 | Surviving cells | 0.00008 |  |
|  |  | BaP | 1.25 | $\mu \mathrm{g} / \mathrm{mL}$ | 10 |  |  | Foci | 100,000 | Surviving cells | 0.0001 |  |
|  |  | DBahA | 1.2 | $\mu \mathrm{g} / \mathrm{mL}$ | 0.5 |  |  | Foci | 100,000 | Surviving cells | 0.000005 |  |
|  |  | DBahA | 2.5 | $\mu \mathrm{g} / \mathrm{mL}$ | 1 |  |  | Foci | 100,000 | Surviving cells | 0.00001 |  |
| 17970 | $\begin{aligned} & \text { DiPaolo et al., } \\ & 1969 \end{aligned}$ | Control | 0 | $\mu \mathrm{g} / \mathrm{mL}$ | 0 |  |  | Transformants | 354 | Number of surviving | 0 |  |
|  |  | BaP | 10 | $\mu \mathrm{g} / \mathrm{mL}$ | 8 |  |  | Transformants | 138 | Number of surviving | 0.058 |  |
|  |  | DBahA | 10 | $\mu \mathrm{g} / \mathrm{mL}$ | 11 |  |  | Transformants | 354 | Number of surviving | 0.031 |  |
|  |  | BaA | 10 | $\mu \mathrm{g} / \mathrm{mL}$ | 2 |  |  | Transformants | 190 | Number of surviving | 0.011 |  |
|  |  | BeP | 10 | $\mu \mathrm{g} / \mathrm{mL}$ | 1 |  |  | Transformants | 172 | Number of surviving | 0.0058 |  |
|  |  | DBacA | 10 | $\mu \mathrm{g} / \mathrm{mL}$ | 2 |  |  | Transformants | 181 | Number of surviving | 0.011 |  |
| 18080 | $\begin{aligned} & \text { Emura et al., } \\ & 1980 \end{aligned}$ | Control | 0 | $\mu \mathrm{g} / \mathrm{mL}$ | 0 |  |  | Transformed colonies | 1,000 | Survivals | 0 |  |
|  | Expt 1 | BaP | 0.01 | $\mu \mathrm{g} / \mathrm{mL}$ | 0 |  |  | Transformed colonies | 1,000 | Survivals | 0 |  |
|  |  | BaP | 0.05 | $\mu \mathrm{g} / \mathrm{mL}$ | 1.1 |  |  | Transformed colonies | 1,000 | Survivals | 0.0011 |  |
|  |  | BaP | 0.1 | $\mu \mathrm{g} / \mathrm{mL}$ | 2.9 |  |  | Transformed colonies | 1,000 | Survivals | 0.0029 |  |
|  |  | BaP | 0.25 | $\mu \mathrm{g} / \mathrm{mL}$ | 5.3 |  |  | Transformed colonies | 1,000 | Survivals | 0.0053 |  |
|  |  | BaP | 0.5 | $\mu \mathrm{g} / \mathrm{mL}$ | 6.8 |  |  | Transformed colonies | 1,000 | Survivals | 0.0068 |  |
|  |  | BbF | 0.025 | $\mu \mathrm{g} / \mathrm{mL}$ | 0 |  |  | Transformed colonies | 1,000 | Survivals | 0 |  |
|  |  | BbF | 0.1 | $\mu \mathrm{g} / \mathrm{mL}$ | 0.4 |  |  | Transformed colonies | 1,000 | Survivals | 0.00040 |  |
|  |  | BbF | 0.25 | $\mu \mathrm{g} / \mathrm{mL}$ | 0.3 |  |  | Transformed colonies | 1,000 | Survivals | 0.00030 |  |

Table C-13. In vitro malignant/morphological cell transformation: dose-response data

| Record number | Reference | PAH | Dose | Dose units | Transformation measure |  |  |  | n | units | \% Response | Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  | Mean | SD | SE | Units |  |  |  |  |
|  |  | BbF | 0.5 | $\mu \mathrm{g} / \mathrm{mL}$ | 0.6 |  |  | Transformed colonies | 1,000 | Survivals | 0.00060 |  |
|  |  | BbF | 1 | $\mu \mathrm{g} / \mathrm{mL}$ | 1.2 |  |  | Transformed colonies | 1,000 | Survivals | 0.0012 |  |
|  |  | BaA | 0.025 | $\mu \mathrm{g} / \mathrm{mL}$ | 0 |  |  | Transformed colonies | 1,000 | Survivals | 0 |  |
|  |  | BaA | 0.1 | $\mu \mathrm{g} / \mathrm{mL}$ | 0.3 |  |  | Transformed colonies | 1,000 | Survivals | 0.00030 |  |
|  |  | BaA | 0.25 | $\mu \mathrm{g} / \mathrm{mL}$ | 0.3 |  |  | Transformed colonies | 1,000 | Survivals | 0.00030 |  |
|  |  | BaA | 0.5 | $\mu \mathrm{g} / \mathrm{mL}$ | 0.6 |  |  | Transformed colonies | 1,000 | Survivals | 0.00060 |  |
|  |  | BaA | 1 | $\mu \mathrm{g} / \mathrm{mL}$ | 1 |  |  | Transformed colonies | 1,000 | Survivals | 0.0010 |  |
|  | Expt 2 | Control | 0 | $\mu \mathrm{g} / \mathrm{mL}$ | 0 |  |  | Transformed colonies | 1,000 | Survivals | 0 |  |
|  |  | BaP | 0.01 | $\mu \mathrm{g} / \mathrm{mL}$ | 0.4 |  |  | Transformed colonies | 1,000 | Survivals | 0.00040 |  |
|  |  | BaP | 0.05 | $\mu \mathrm{g} / \mathrm{mL}$ | 1 |  |  | Transformed colonies | 1,000 | Survivals | 0.0010 |  |
|  |  | BaP | 0.1 | $\mu \mathrm{g} / \mathrm{mL}$ | 2.9 |  |  | Transformed colonies | 1,000 | Survivals | 0.0029 |  |
|  |  | BaP | 0.25 | $\mu \mathrm{g} / \mathrm{mL}$ | 4.6 |  |  | Transformed colonies | 1,000 | Survivals | 0.0046 |  |
|  |  | BaP | 0.5 | $\mu \mathrm{g} / \mathrm{mL}$ | 7.8 |  |  | Transformed colonies | 1,000 | Survivals | 0.0078 |  |
|  |  | IP | 0.025 | $\mu \mathrm{g} / \mathrm{mL}$ | 0 |  |  | Transformed colonies | 1,000 | Survivals | 0 |  |
|  |  | IP | 0.1 | $\mu \mathrm{g} / \mathrm{mL}$ | 0.3 |  |  | Transformed colonies | 1,000 | Survivals | 0.00030 |  |
|  |  | IP | 0.25 | $\mu \mathrm{g} / \mathrm{mL}$ | 0.3 |  |  | Transformed colonies | 1,000 | Survivals | 0.00030 |  |
|  |  | IP | 0.5 | $\mu \mathrm{g} / \mathrm{mL}$ | 0.7 |  |  | Transformed colonies | 1,000 | Survivals | 0.00070 |  |
|  |  | IP | 1 | $\mu \mathrm{g} / \mathrm{mL}$ | 1 |  |  | Transformed colonies | 1,000 | Survivals | 0.0010 |  |

Table C-13. In vitro malignant/morphological cell transformation: dose-response data

| Record number | Reference | PAH | Dose | Dose units | Transformation measure |  |  |  | n | units | \% Response | Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  | Mean | SD | SE | Units |  |  |  |  |
| 14130 | Greb et al., 1980 | BaP | NA |  | 277 |  |  | \%/mmol |  |  |  |  |
|  |  | CH | NA |  | 37 |  |  | \%/mmol |  |  |  |  |
|  |  | BaA | NA |  | 13.9 |  |  | \%/mmol |  |  |  |  |
|  |  | BbF | NA |  | 11.5 |  |  | \%/mmol |  |  |  |  |
|  |  | DBahA | NA |  | 0.3 |  |  | \%/mmol |  |  |  |  |
|  |  | BeP | NA |  | 3.1 |  |  | \%/mmol |  |  |  |  |
| 14640 | Krolewski et al., 1986 | Control | 0 | $\mu \mathrm{M}$ | 0 |  |  | Transformation frequency | 1,000 | Viable cells | 0 |  |
|  |  | BaP | 5 | $\mu \mathrm{M}$ | 5.5 | 0.7 |  | Transformation frequency | 1,000 | Viable cells | 0.0055 |  |
|  |  | CPcdP | 5 | $\mu \mathrm{M}$ | 1.7 | 0.3 |  | Transformation frequency | 1,000 | Viable cells | 0.0017 |  |
| 14700 | Laaksonen et al., 1983 | Control | 0 | $\mu \mathrm{M}$ | 0 |  |  | Foci | $1 \times 10^{5}$ | Surviving cells | 0 |  |
|  |  | BaP | 5 | $\mu \mathrm{M}$ | 0.8 |  |  | Foci | $1 \times 10^{5}$ | Surviving cells | 0.0000080 | Inverse dose-response relationship possible due to cytotoxicity; use peak |
|  |  | BaP | 10 | $\mu \mathrm{M}$ | 0.9 |  |  | Foci | $1 \times 10^{5}$ | Surviving cells | 0.0000090 |  |
|  |  | BaP | 20 | $\mu \mathrm{M}$ | 0.3 |  |  | Foci | $1 \times 10^{5}$ | Surviving cells | 0.0000030 |  |
|  |  | BaP | 40 | $\mu \mathrm{M}$ | 0.4 |  |  | Foci | $1 \times 10^{5}$ | Surviving cells | 0.0000040 |  |
|  |  | Control | 0 |  | 0 |  |  | Foci | $1 \times 10^{5}$ | Surviving cells | 0 |  |
|  |  | BaA | 11 | $\mu \mathrm{M}$ | 1.8 |  |  | Foci | $1 \times 10^{5}$ | Surviving cells | 0.000018 | Inverse dose-response relationship possible due to cytotoxicity; use peak |
|  |  | BaA | 22 | $\mu \mathrm{M}$ | 1.5 |  |  | Foci | $1 \times 10^{5}$ | Surviving cells | 0.000015 |  |
|  |  | BaA | 44 | $\mu \mathrm{M}$ | 1.1 |  |  | Foci | $1 \times 10^{5}$ | Surviving cells | 0.000011 |  |
|  |  | BaA | 88 | $\mu \mathrm{M}$ | 0.8 |  |  | Foci | $1 \times 10^{5}$ | Surviving cells | 0.0000080 |  |
| 14850 | $\begin{aligned} & \hline \begin{array}{l} \text { Lubet et al., } \\ 1983 \end{array} \\ & \hline \end{aligned}$ | Control | 0 | $\mu \mathrm{g} / \mathrm{mL}$ | 0 |  |  | Dishes with Type III foci |  | Total dishes | 0 |  |
|  |  | BaP | 1 | $\mu \mathrm{g} / \mathrm{mL}$ | 1 |  |  | Dishes with Type III foci | 15 | Total dishes | 0.067 |  |
|  |  | BaP | 3 | $\mu \mathrm{g} / \mathrm{mL}$ | 4 |  |  | Dishes with Type III foci | 15 | Total dishes | 0.267 |  |
|  |  | BaP | 10 | $\mu \mathrm{g} / \mathrm{mL}$ | 5 |  |  | Dishes with Type III foci | 15 | Total dishes | 0.333 |  |

Table C-13. In vitro malignant/morphological cell transformation: dose-response data


Table C-13. In vitro malignant/morphological cell transformation: dose-response data

| Record number | Reference | PAH | Dose | Dose units | Transformation measure |  |  |  | n | units | \% Response | Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  | Mean | SD | SE | Units |  |  |  |  |
|  |  | BaP | 1 | $\mu \mathrm{g} / \mathrm{mL}$ | 31 |  |  | Dishes with Type II or III foci | 36 | Dishes scored | 0.86 |  |
|  |  | BeAC | 0.5 | $\mu \mathrm{g} / \mathrm{mL}$ | 4 |  |  | Dishes with Type II or III foci | 36 | Dishes scored | 0.11 |  |
|  |  | BeAC | 1 | $\mu \mathrm{g} / \mathrm{mL}$ | 6 |  |  | Dishes with Type II or III foci | 36 | Dishes scored | 0.17 |  |
|  |  | BeAC | 2.5 | $\mu \mathrm{g} / \mathrm{mL}$ | 13 |  |  | Dishes with Type II or III foci | 36 | Dishes scored | 0.36 |  |
|  |  | BeAC | 5 | $\mu \mathrm{g} / \mathrm{mL}$ | 15 |  |  | Dishes with Type II or III foci | 36 | Dishes scored | 0.42 |  |
|  |  | BeAC | 10 | $\mu \mathrm{g} / \mathrm{mL}$ | 21 |  |  | Dishes with <br> Type II or III foci | 36 | Dishes scored | 0.58 |  |
| 24700 | $\begin{aligned} & \text { Nesnow et al., } \\ & 1990 \end{aligned}$ | Acetone | 0 | $\mu \mathrm{g} / \mathrm{mL}$ | 25 |  |  | Anchorage independent colonies/ 50,000 cells |  |  |  |  |
|  |  | BaP | 0.1 | $\mu \mathrm{g} / \mathrm{mL}$ | 43 | 14.7 |  | Anchorage independent colonies/ 50,000 cells |  |  |  |  |
|  |  | BaP | 0.5 | $\mu \mathrm{g} / \mathrm{mL}$ | 42 | 20.7 |  | Anchorage independent colonies/ 50,000 cells |  |  |  |  |
|  |  | BaP | 2.5 | $\mu \mathrm{g} / \mathrm{mL}$ | 39 | 19.5 |  | Anchorage independent colonies/ 50,000 cells |  |  |  |  |
|  |  | BaP | 10 | $\mu \mathrm{g} / \mathrm{mL}$ | 72 | 23.1 |  | Anchorage independent colonies/ 50,000 cells |  |  |  |  |
|  |  | Acetone | 0 | $\mu \mathrm{g} / \mathrm{mL}$ | 30 |  |  | Anchorage independent colonies/ 50,000 cells |  |  |  |  |

Table C-13. In vitro malignant/morphological cell transformation: dose-response data

| Record number | Reference | PAH | Dose | Dose units | Transformation measure |  |  |  | n | units | \% Response | Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  | Mean | SD | SE | Units |  |  |  |  |
|  |  | BlAC | 0.1 | $\mu \mathrm{g} / \mathrm{mL}$ | 74 | 5.2 |  | Anchorage independent colonies/ 50,000 cells |  |  |  |  |
|  |  | BlAC | 0.5 | $\mu \mathrm{g} / \mathrm{mL}$ | 68 | 14.4 |  | Anchorage independent colonies/ 50,000 cells |  |  |  |  |
|  |  | BlAC | 2.5 | $\mu \mathrm{g} / \mathrm{mL}$ | 123 | 15.6 |  | Anchorage independent colonies/ 50,000 cells |  |  |  |  |
|  |  | BlAC | 10 | $\mu \mathrm{g} / \mathrm{mL}$ | 150 | 16.8 |  | Anchorage independent colonies/ 50,000 cells |  |  |  |  |
| 7980 | Nesnow et al., 1997 | Control | 0 | $\mu \mathrm{M}$ | 0 | 0 |  | Type II and III foci/dish |  |  |  |  |
|  |  | BaP | 0.4 | $\mu \mathrm{M}$ | 0.44 | 0.24 |  | Type II and III foci/dish |  |  |  |  |
|  |  | BaP | 1.2 | $\mu \mathrm{M}$ | 1.25 | 0.15 |  | Type II and III foci/dish |  |  |  |  |
|  |  | BaP | 4 | $\mu \mathrm{M}$ | 2.54 | 0.56 |  | Type II and III foci/dish |  |  |  |  |
|  |  | DBalP | 0.0033 | $\mu \mathrm{M}$ | 0.14 | 0.35 |  | Type II and III foci/dish |  |  |  |  |
|  |  | DBalP | 0.1 | $\mu \mathrm{M}$ | 1 | 0.24 |  | Type II and III foci/dish |  |  |  |  |
|  |  | DBalP | 0.33 | $\mu \mathrm{M}$ | 1.74 | 0.78 |  | Type II and III foci/dish |  |  |  |  |
| 7990 | Nesnow et al., 1994 | Control | 0 | $\mu \mathrm{g} / \mathrm{mL}$ | 0.06 | 0.10 |  | Type II and III foci/dish |  |  |  |  |
|  |  | BaP | 1 | $\mu \mathrm{g} / \mathrm{mL}$ | 1 | 0.43 |  | Type II and III foci/dish |  |  |  |  |
|  |  | DBahA | 0.25 | $\mu \mathrm{g} / \mathrm{mL}$ | 0.23 | 0.21 |  | Type II and III foci/dish |  |  |  |  |
|  |  | DBahA | 0.5 | $\mu \mathrm{g} / \mathrm{mL}$ | 0.25 | 0.33 |  | Type II and III foci/dish |  |  |  |  |

Table C-13. In vitro malignant/morphological cell transformation: dose-response data

| Record number | Reference | PAH | Dose | Dose units | Transformation measure |  |  |  | n | units | \% Response | Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  | Mean | SD | SE | Units |  |  |  |  |
|  |  | DBahA | 1 | $\mu \mathrm{g} / \mathrm{mL}$ | 0.43 | 0.11 |  | Type II and III foci/dish |  |  |  |  |
|  |  | DBahA | 2.5 | $\mu \mathrm{g} / \mathrm{mL}$ | 0.29 | 0.085 |  | Type II and III foci/dish |  |  |  |  |
| 8000 | Nesnow et al., \|1993a | Control | 0 | $\mu \mathrm{g} / \mathrm{mL}$ | 0 |  |  | Type II and III foci/dish |  |  |  |  |
|  |  | BaP | 0.3 | $\mu \mathrm{g} / \mathrm{mL}$ | 0.48 |  |  | Type II and III foci/dish |  |  |  |  |
|  |  | BaP | 1 | $\mu \mathrm{g} / \mathrm{mL}$ | 0.665 |  |  | Type II and III foci/dish |  |  |  |  |
|  |  | BaP | 3 | $\mu \mathrm{g} / \mathrm{mL}$ | 1.4 |  |  | Type II and III foci/dish |  |  |  |  |
|  |  | Control | 0 | $\mu \mathrm{g} / \mathrm{mL}$ | 0 |  |  | Type II and III foci/dish |  |  |  |  |
|  |  | DBkmno APH | 0.5 | $\mu \mathrm{g} / \mathrm{mL}$ | 0.23 |  |  | Type II and III foci/dish |  |  |  |  |
|  |  | DBkmno APH | 1 | $\mu \mathrm{g} / \mathrm{mL}$ | 0.52 |  |  | Type II and III foci/dish |  |  |  |  |
|  |  | $\begin{aligned} & \text { DBkmno } \\ & \text { APH } \end{aligned}$ | 2.5 | $\mu \mathrm{g} / \mathrm{mL}$ | 0.605 |  |  | Type II and III foci/dish |  |  |  |  |
|  |  | DBkmno APH | 5 | $\mu \mathrm{g} / \mathrm{mL}$ | 1.085 |  |  | Type II and III foci/dish |  |  |  |  |
| 23720 | Pienta et al., 1977 | Control | 0 | $\mu \mathrm{g} / \mathrm{mL}$ | 0 |  |  | Transformed colonies | 504 | Surviving colonies | 0 | BaP and BaA data also reported in Record 18020 Dunkel 1981 |
|  |  | BaP | 1 | $\mu \mathrm{g} / \mathrm{mL}$ | 1 |  |  | Transformed colonies | 393 | Surviving colonies | 0.0025 |  |
|  |  | BaP | 5 | $\mu \mathrm{g} / \mathrm{mL}$ | 2 |  |  | Transformed colonies | 406 | Surviving colonies | 0.0049 |  |
|  |  | BaP | 10 | $\mu \mathrm{g} / \mathrm{mL}$ | 3 |  |  | Transformed colonies | 434 | Surviving colonies | 0.0069 |  |
|  |  | BaP | 20 | $\mu \mathrm{g} / \mathrm{mL}$ | 5 |  |  | Transformed colonies | 410 | Surviving colonies | 0.0122 |  |
|  |  | BaP | 40 | $\mu \mathrm{g} / \mathrm{mL}$ | 4 |  |  | Transformed colonies | 427 | Surviving colonies | 0.0094 |  |
|  |  | Control | 0 | $\mu \mathrm{g} / \mathrm{mL}$ | 0 |  |  | Transformed colonies | 229 | Surviving colonies | 0 |  |

Table C-13. In vitro malignant/morphological cell transformation: dose-response data

| Record number | Reference | PAH | Dose | Dose units | Transformation measure |  |  |  | n | units | \% Response | Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  | Mean | SD | SE | Units |  |  |  |  |
|  |  | BaA | 0.1 | $\mu \mathrm{g} / \mathrm{mL}$ | 1 |  |  | Transformed colonies | 225 | Surviving colonies | 0.0044 |  |
|  |  | BaA | 0.5 | $\mu \mathrm{g} / \mathrm{mL}$ | 2 |  |  | Transformed colonies | 252 | Surviving colonies | 0.0079 |  |
|  |  | BaA | 1 | $\mu \mathrm{g} / \mathrm{mL}$ | 2 |  |  | Transformed colonies | 193 | Surviving colonies | 0.0104 |  |
|  |  | BaA | 5 | $\mu \mathrm{g} / \mathrm{mL}$ | 1 |  |  | Transformed colonies | 312 | Surviving colonies | 0.0032 |  |
|  |  | BaA | 10 | $\mu \mathrm{g} / \mathrm{mL}$ | 7 |  |  | Transformed colonies | 250 | Surviving colonies | 0.028 |  |
|  |  | Control | 0 | $\mu \mathrm{g} / \mathrm{mL}$ | 0 |  |  | Transformed colonies | 229 | Surviving colonies | 0 |  |
|  |  | DBahA | 0.1 | $\mu \mathrm{g} / \mathrm{mL}$ | 0 |  |  | Transformed colonies | 219 | Surviving colonies | 0 |  |
|  |  | DBahA | 0.5 | $\mu \mathrm{g} / \mathrm{mL}$ | 4 |  |  | Transformed colonies | 233 | Surviving colonies | 0.0172 |  |
|  |  | DBahA | 1 | $\mu \mathrm{g} / \mathrm{mL}$ | 4 |  |  | Transformed colonies | 217 | Surviving colonies | 0.0184 |  |
|  |  | DBahA | 5 | $\mu \mathrm{g} / \mathrm{mL}$ | 5 |  |  | Transformed colonies | 270 | Surviving colonies | 0.0185 |  |
|  |  | DBahA | 10 | $\mu \mathrm{g} / \mathrm{mL}$ | 0 |  |  | Transformed colonies | 232 | Surviving colonies | 0 |  |

Table C-14. In vitro DNA adducts: data use

| Record number | Reference | Page | Table number | Figure number | PAHs | Data to be extracted | Basis for RPF | Comment | Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 16890 | Allen and Coombs, 1980 | 245 | 1 |  | BaP, BaA | $\mu \mathrm{mol}$ compound $/ \mathrm{mol}$ DNA P | Point estimat | Adducts in nuclear and mitochondrial DNA | Calculate separate RPFs for nuclear and mitochondrial DNA |
| 6300 | Binkova et <br> al., 2000 | 62 |  | 3 | BaP, DBalP | Adducts at each dose level | Ratio of slopes | Slope of adduct versus dose curve | May need to drop highdose data for adequate fit |
| 9510 | Bryla and Weyand, 1992 | 39 | 1 |  | $\mathrm{BaP}, \mathrm{BaA},$ <br> DBacA | Adducts at each dose level | Ratio of slopes | Slope of adduct versus dose curve under light conditions (maximum response for all compounds) |  |
| 22800 | Grover and Sims, 1968 | 160 | 1 |  | BaP, <br> DBahA, <br> DBacA, BaA, Pyr, PH | Reaction with DNA | Point estimate |  |  |
| 10660 | Johnsen et <br> al., 1998 | 80 |  | 2 | BjAC, <br> BlAC, BaP | Total adduct levels in human lymphocytes and HL-60 cells | Point estimate | Total adducts formed in human lymphocytes or HL-60 cells | Calculate RPFs separately by cell type |
| 10670 | Johnsen et <br> al., 1997 | 196 | II |  | $\begin{aligned} & \text { BjAC, } \\ & \text { BlAC, BaP } \end{aligned}$ | DNA adduct levels in PCB-treated rat lung cells | Point estimat | Adducts in PCB-treated rat lung Clara and Type 2 cells | Calculate <br> RPFs <br> separately <br> by cell type |
| 7870 | MelendezColon et <br> al., 2000 | 13 |  | 2 | BaP, <br> DBalP | Stable DNA adducts at each dose level | Ratio of slopes | Slope of adduct versus dose curve at two doses |  |
| 21200 | Segerback <br> and <br> Vodicka, <br> 1993 | 2,465 |  | 3 | Pyr, BghiP, FA, <br> DBahA, <br> BbF, BaP, <br> BaA, CH | Total adduct levels | Point estimate | Total adduct level in optimized nuclease P1 adduct enrichment procedure |  |

Table C-15. In vitro DNA adducts: dose-response data

| Record number | Reference | PAH | Dose | Dose units | DNA adducts |  |  | n | Units | Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  | Mean | SD | Adduct units |  |  |  |
| 16890 | Allen and Coombs, 1980 | BaP | 0.235 | $\mu \mathrm{g} / \mathrm{mL}$ | 7.5 | 1.9 | $\begin{aligned} & \mu \mathrm{mol} / \mathrm{mol} \text { DNA } \\ & \mathrm{P} \end{aligned}$ |  |  | Nuclear DNA |
|  |  | BaA | 0.644 | $\mu \mathrm{g} / \mathrm{mL}$ | 0.44 | 0.11 | $\begin{aligned} & \mu \mathrm{mol} / \mathrm{mol} \mathrm{DNA} \\ & \mathrm{P} \end{aligned}$ |  |  | Nuclear DNA |
|  |  | BaP | 0.235 | $\mu \mathrm{g} / \mathrm{mL}$ | 413 | 164 | $\begin{aligned} & \mu \mathrm{mol} / \mathrm{mol} \text { DNA } \\ & \mathrm{P} \end{aligned}$ |  |  | Mitochondrial DNA |
|  |  | BaA | 0.644 | $\mu \mathrm{g} / \mathrm{mL}$ | 104 | 40.2 | $\begin{aligned} & \mu \mathrm{mol} / \mathrm{mol} \text { DNA } \\ & \mathrm{P} \end{aligned}$ |  |  | Mitochondrial DNA |
| 6300 | Binkova et <br> al., 2000 | BaP | 0.010 | $\mu \mathrm{M}$ | 1.8 | 1.16 | Adducts | $1 \times 10^{8}$ | Nucleotides |  |
|  |  |  | 0.10 | $\mu \mathrm{M}$ | 18 | 7.18 | Adducts | $1 \times 10^{8}$ | Nucleotides |  |
|  |  |  | 0.40 | $\mu \mathrm{M}$ | 95 | 39.4 | Adducts | $1 \times 10^{8}$ | Nucleotides |  |
|  |  |  | 1.0 | $\mu \mathrm{M}$ | 258 | 115 | Adducts | $1 \times 10^{8}$ | Nucleotides |  |
|  |  |  | 4.0 | $\mu \mathrm{M}$ | 205 | 81.9 | Adducts | $1 \times 10^{8}$ | Nucleotides |  |
|  |  |  | 10 | $\mu \mathrm{M}$ | 69 | 21.9 | Adducts | $1 \times 10^{8}$ | Nucleotides |  |
|  |  |  | 40 | $\mu \mathrm{M}$ | 37 | 10.8 | Adducts | $1 \times 10^{8}$ | Nucleotides |  |
|  |  | DBalP | 0.010 | $\mu \mathrm{M}$ | 179 | 55.3 | Adducts | $1 \times 10^{8}$ | Nucleotides |  |
|  |  |  | 0.020 | $\mu \mathrm{M}$ | 534 | 52.6 | Adducts | $1 \times 10^{8}$ | Nucleotides |  |
|  |  |  | 0.040 | $\mu \mathrm{M}$ | 1,304 | 375 | Adducts | $1 \times 10^{8}$ | Nucleotides |  |
|  |  |  | 0.080 | $\mu \mathrm{M}$ | 1,696 | 644 | Adducts | $1 \times 10^{8}$ | Nucleotides |  |
|  |  |  | 0.10 | $\mu \mathrm{M}$ | 2,317 | 774 | Adducts | $1 \times 10^{8}$ | Nucleotides |  |
|  |  |  | 0.40 | $\mu \mathrm{M}$ | 1,971 | 729 | Adducts | $1 \times 10^{8}$ | Nucleotides |  |
|  |  |  | 1.0 | $\mu \mathrm{M}$ | 632 | 170 | Adducts | $1 \times 10^{8}$ | Nucleotides |  |
| 9510 | Bryla and Weyand, 1992 | BaP | 0.12 | nmol | 0.17 |  | Adducts | $1 \times 10^{7}$ | Nucleotides | Light conditions; max for BaP and others |
|  |  | BaP | 12 | nmol | 1.37 |  | Adducts | $1 \times 10^{7}$ | Nucleotides |  |
|  |  | BaP | 120 | nmol | 2.21 |  | Adducts | $1 \times 10^{7}$ | Nucleotides |  |
|  |  | BaP | 600 | nmol | 5.45 |  | Adducts | $1 \times 10^{7}$ | Nucleotides |  |
|  |  | BaA | 0.12 | nmol | 0.15 |  | Adducts | $1 \times 10^{7}$ | Nucleotides |  |
|  |  | BaA | 12 | nmol | 0.09 |  | Adducts | $1 \times 10^{7}$ | Nucleotides |  |
|  |  | BaA | 120 | nmol | 0.8 |  | Adducts | $1 \times 10^{7}$ | Nucleotides |  |
|  |  | BaA | 600 | nmol | 0.95 |  | Adducts | $1 \times 10^{7}$ | Nucleotides |  |

Table C-15. In vitro DNA adducts: dose-response data

| Record number | Reference | PAH | Dose | Dose units | DNA adducts |  |  | n | Units | Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  | Mean | SD | Adduct units |  |  |  |
|  |  | DBacA | 0.12 | nmol | 0 |  | Adducts | $1 \times 10^{7}$ | Nucleotides |  |
|  |  | DBacA | 12 | nmol | 0.06 |  | Adducts | $1 \times 10^{7}$ | Nucleotides |  |
|  |  | DBacA | 120 | nmol | 0.57 |  | Adducts | $1 \times 10^{7}$ | Nucleotides |  |
|  |  | DBacA | 600 | nmol | 1.76 |  | Adducts | $1 \times 10^{7}$ | Nucleotides |  |
| 22800 | Grover and Sims, 1968 | BaP | 5 | $\mu \mathrm{g}$ | 1.41 |  | $\mathrm{mmol} / \mathrm{g}$-atom of DNA P |  |  |  |
|  |  | DBahA | 5 | $\mu \mathrm{g}$ | 0.44 |  | $\mu \mathrm{mol} / \mathrm{g}$-atom of DNA P |  |  |  |
|  |  | DBacA | 5 | $\mu \mathrm{g}$ | 0.56 |  | $\mu \mathrm{mol} / \mathrm{g}$-atom of DNA P |  |  |  |
|  |  | BaA | 5 | $\mu \mathrm{g}$ | 0.7 |  | $\mu \mathrm{mol} / \mathrm{g}$-atom of DNA P |  |  |  |
|  |  | Pyr | 5 | $\mu \mathrm{g}$ | 0.31 |  | $\mu \mathrm{mol} / \mathrm{g}$-atom of DNA P |  |  |  |
|  |  | PH | 5 | $\mu \mathrm{g}$ | 0.05 |  | $\mu \mathrm{mol} / \mathrm{g}$-atom of DNA P |  |  |  |
| 10670 | Johnsen et <br> al., 1997 | BaP | 30 | $\mu \mathrm{g} / \mathrm{mL}$ | 0.05 |  | fmol adducts $/ \mu \mathrm{g}$ DNA |  |  | Clara cells |
|  |  | BjAC | 30 | $\mu \mathrm{g} / \mathrm{mL}$ | 0.15 |  | fmol adducts/pg <br> DNA |  |  | Clara cells |
|  |  | BlAC | 30 | $\mu \mathrm{g} / \mathrm{mL}$ | 0.24 |  | fmol adducts/ug DNA |  |  | Clara cells |
|  |  | BaP | 30 | $\mu \mathrm{g} / \mathrm{mL}$ | 0.02 |  | fmol adducts/ $\mu \mathrm{g}$ DNA |  |  | Type 2 cells |
|  |  | BjAC | 30 | $\mu \mathrm{g} / \mathrm{mL}$ | 0.06 |  | $\begin{aligned} & \text { fmol adducts/ug } \\ & \text { DNA } \\ & \hline \end{aligned}$ |  |  | Type 2 cells |
|  |  | BlAC | 30 | $\mu \mathrm{g} / \mathrm{mL}$ | 0.03 |  | fmol adducts/ $\mathrm{\mu g}$ DNA |  |  | Type 2 cells |
| 10660 | Johnsen et <br> al., 1998 | BaP | 30 | $\mu \mathrm{g} / \mathrm{mL}$ | 0.333 | 0.093 | fmol adducts/ $\mu \mathrm{g}$ DNA | 3 |  | Human lymphocytes |
|  |  | BjAC | 30 | $\mu \mathrm{g} / \mathrm{mL}$ | 0.110 | 0.026 | fmol adducts/ug DNA | 3 |  | Human lymphocytes |
|  |  | BlAC | 30 | $\mu \mathrm{g} / \mathrm{mL}$ | 1.089 | 0.595 | fmol adducts/ug DNA | 3 |  | Human lymphocytes |
|  |  | BaP | 30 | $\mu \mathrm{g} / \mathrm{mL}$ | 0.239 | 0.172 | fmol adducts/ng DNA | 3 |  | HL-60 cells |

Table C-15. In vitro DNA adducts: dose-response data

| Record number | Reference | PAH | Dose | Dose units | DNA adducts |  |  | n | Units | Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  | Mean | SD | Adduct units |  |  |  |
|  |  | BjAC | 30 | $\mu \mathrm{g} / \mathrm{mL}$ | 0.149 | 0.146 | fmol adducts/ug <br> DNA | 3 |  | HL-60 cells |
|  |  | BlAC | 30 | $\mu \mathrm{g} / \mathrm{mL}$ | 0.942 | 0.344 | fmol adducts/ug <br> DNA | 3 |  | HL-60 cells |
| 7870 | Melendez- <br> Colon et al., 2000 | BaP | 1 | $\mu \mathrm{m}$ | 18 | 8.07 | Stable adducts | $1 \times 10^{6}$ | Nucleotides |  |
|  |  | BaP | 2 | $\mu \mathrm{m}$ | 34 | 6.46 | Stable adducts | $1 \times 10^{6}$ | Nucleotides |  |
|  |  | DBalP | 1 | $\mu \mathrm{m}$ | 254 | 4.30 | Stable adducts | $1 \times 10^{6}$ | Nucleotides |  |
|  |  | DBalP | 2 | $\mu \mathrm{m}$ | 348 | 17.20 | Stable adducts | $1 \times 10^{6}$ | Nucleotides |  |
| 21200 | Segerback and <br> Vodicka, 1993 | BaP | 100 | mM | 15 |  | $\mu \mathrm{mol}$ adducts per mol dNp |  |  |  |
|  |  | Pyr | 100 | mM | 0.14 |  | $\mu$ mol adducts per mol dNp |  |  |  |
|  |  | BghiP | 100 | mM | 0.50 |  | $\mu \mathrm{mol}$ adducts per mol dNp |  |  |  |
|  |  | FA | 100 | mM | 1.5 |  | $\mu \mathrm{mol}$ adducts per mol dNp |  |  |  |
|  |  | DBahA | 100 | mM | 2.8 |  | $\mu \mathrm{mol}$ adducts per mol dNp |  |  |  |
|  |  | BbF | 100 | mM | 3.7 |  | $\mu \mathrm{mol}$ adducts per mol dNp |  |  |  |
|  |  | BaA | 100 | mM | 30 |  | $\mu \mathrm{mol}$ adducts per mol dNp |  |  |  |
|  |  | CH | 100 | mM | 50 |  | $\mu \mathrm{mol}$ adducts per mol dNp |  |  |  |

Table C-16. In vitro DNA damage: data use

| Record number | Reference | Page | $\begin{array}{\|c\|} \hline \text { Table } \\ \text { number } \end{array}$ | Figure number | PAHs | Data to be extracted | Basis for RPF | Comment | Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 16840 | Agrelo and Amos, 1981 | 531 | 2 |  | BaP, Pyr | Hydroxyurea inhibited [ $\left.{ }^{3} \mathrm{H}\right]$-thymidine incorporation into cells (dpm) and dose ( $\mu \mathrm{g} / \mathrm{mL}$ ); use $10 \mu \mathrm{~g} / \mathrm{mL}$ dose for BaP and $100 \mu \mathrm{~g} / \mathrm{mL}$ dose for pyrene | Point estimate |  |  |
| 23790 | Ichinotsubo et al., 1977 | 56 | Table II |  | BaP, DBaiP, DBahA | Use column designated JC5519 +S9 for BaP, DBaiP, and DBahA; dose as $\mu \mathrm{g} /$ well and response as diameter of zone of inhibition (mm); the control is wild type strain AB1157 | Point estimate | E. coli Rec BC, S9 identification unknown |  |
| 10660 | Johnsen et <br> al., 1998 | 82 |  | 4 | BaP, BjAC, BlAC | DNA damage (NAAC, $10^{-3} \mathrm{~h}^{-1}$ ), SD and dose ( $\mu \mathrm{g} / \mathrm{mL}$ ) for both human lymphocytes and HL-60 cells; use $24 \mathrm{~h}+$ $1 \mathrm{~h} \mathrm{AraC/HU}$ data (crosshatched bars) | Ratio of slopes (human lymphocytes); point estimates (HL-60 cells) |  | Model as continuous data |
| 19740 | Martin et al., $1978$ | 2,624 | 1 |  | BaP, BeP, BaA, DBacA, DBahA | Maximum dpm/ $\mu \mathrm{g}$ DNA above background and dose (M); dose is in column marked "M" | Point estimate | Background already subtracted |  |
| 19830 | MerschSundermann et al., 1992 | 3-6 | 2 |  | BaP, AA, BaA, BbF, Bghif, BjF, BbFE, Bghip, BeP, CH, DBacA, DBahA, DBalP, DBahP, DBaiP, FA, IP, PH, Tphen | SOS induction potential for assay (+S9) for each compound (already incorporates dose) | Ratio of SOS induction potentials | SOSIP reported in text as slope of steepest portion of the induction factor doseresponse curve | No modeling necessary; slopes reported in text |
| 20810 | Robinson and Mitchell, 1981 | 520 | 1 |  | BaP, Pyr | Maximum $\left[{ }^{3} \mathrm{H}\right]$-TDR incorporation and dose (test concentration in $\mu \mathrm{g} / \mathrm{mL}$ in parentheses after maximum) for rows with metabolic activation (+); use compoundspecific background [ $\left.{ }^{3} \mathrm{H}\right]$-TDR incorporation in same row | Point estimate |  |  |
| 20940 | Rossman et <br> al., 1991 | 354 | 2 |  | BaP, AC, DBacA, DBahA, PH | Max enhancement of prophage induction over background and dose (amount at max, in $\mu \mathrm{g} / \mathrm{well}$ ) for those rows with S9 (+ rows). | Point estimate | Background already addressed |  |
| 21730 | $\begin{aligned} & \text { Tong et al., } \\ & \text { 1981b } \end{aligned}$ | 480 | I |  | BaP, BaA | DNA repair grains/nucleus, SD , and dose (M); four doses BaA , three doses BaP and DMSO control | Ratio of slopes |  | Model as continuous data |

Table C-17. In vitro DNA damage: dose-response data

| Record number | Reference | PAH | Dose | Dose units | Endpoint | DNA damage |  |  | n | Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  | Mean | SD | Units |  |  |
| 16840 | Agrelo and Amos, 1981 | Control | 0 | $\mu \mathrm{g} / \mathrm{mL}$ | Unscheduled DNA synthesis | 177 |  | dpm |  | HU inhibited |
|  |  | BaP | 0.001 | $\mu \mathrm{g} / \mathrm{mL}$ | Unscheduled DNA synthesis | 195 |  | dpm |  | HU inhibited |
|  |  | BaP | 0.01 | $\mu \mathrm{g} / \mathrm{mL}$ | Unscheduled DNA synthesis | 126 |  | dpm |  | HU inhibited |
|  |  | BaP | 0.1 | $\mu \mathrm{g} / \mathrm{mL}$ | Unscheduled DNA synthesis | 262 |  | dpm |  | HU inhibited |
|  |  | BaP | 1 | $\mu \mathrm{g} / \mathrm{mL}$ | Unscheduled DNA synthesis | 818 |  | dpm |  | HU inhibited |
|  |  | BaP | 10 | $\mu \mathrm{g} / \mathrm{mL}$ | Unscheduled DNA synthesis | 2,270 |  | dpm |  | HU inhibited |
|  |  | BaP | 100 | $\mu \mathrm{g} / \mathrm{mL}$ | Unscheduled DNA synthesis | 819 |  | dpm |  | HU inhibited |
|  |  | BaP | 1,000 | $\mu \mathrm{g} / \mathrm{mL}$ | Unscheduled DNA synthesis | 373 |  | dpm |  | HU inhibited |
|  |  | Control | 0 | $\mu \mathrm{g} / \mathrm{mL}$ | Unscheduled DNA synthesis | 1,168 |  | dpm |  | HU inhibited |
|  |  | Pyr | 0.032 | $\mu \mathrm{g} / \mathrm{mL}$ | Unscheduled DNA synthesis | 1,293 |  | dpm |  | HU inhibited |
|  |  | Pyr | 0.16 | $\mu \mathrm{g} / \mathrm{mL}$ | Unscheduled DNA synthesis | 1,192 |  | dpm |  | HU inhibited |
|  |  | Pyr | 0.8 | $\mu \mathrm{g} / \mathrm{mL}$ | Unscheduled DNA synthesis | 1,367 |  | dpm |  | HU inhibited |
|  |  | Pyr | 4 | $\mu \mathrm{g} / \mathrm{mL}$ | Unscheduled DNA synthesis | 1,510 |  | dpm |  | HU inhibited |
|  |  | Pyr | 20 | $\mu \mathrm{g} / \mathrm{mL}$ | Unscheduled DNA synthesis | 1,694 |  | dpm |  | HU inhibited |
|  |  | Pyr | 100 | $\mu \mathrm{g} / \mathrm{mL}$ | Unscheduled DNA synthesis | 1,716 |  | dpm |  | HU inhibited |
| 23790 | Ichinotsubo et al., 1977 | Control | 0 |  | DNA damage | 0 |  | Diameter of zone of inhibition mm |  |  |
|  |  | BaP | 70 | $\mu \mathrm{g} /$ well | DNA damage | 6 |  | Diameter of zone of inhibition mm |  |  |
|  |  | Control | 0 |  | DNA damage | 0 |  | Diameter of zone of inhibition mm |  |  |
|  |  | DBaiP | 600 | $\mu \mathrm{g} /$ well | DNA damage | 10 |  | Diameter of zone of inhibition mm |  |  |
|  |  | Control | 0 |  | DNA damage | 0 |  | Diameter of zone of inhibition mm |  |  |

Table C-17. In vitro DNA damage: dose-response data

| Record number | Reference | PAH | Dose | Dose units | Endpoint | DNA damage |  |  | n | Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  | Mean | SD | Units |  |  |
|  |  | DBahA | 25 | $\mu \mathrm{g} / \mathrm{well}$ | DNA damage | 10 |  | Diameter of zone of inhibition mm |  |  |
| 10660 | Johnsen et al., 1998 | DMSO | 0 | $\mu \mathrm{g} / \mathrm{mL}$ | DNA damage | 4.4 | 1.3 | NAAC, $10^{-3} \mathrm{~h}^{-1}$ | 3 | Human lymphocytes with AraC/HU |
|  |  | BaP | 3 | $\mu \mathrm{g} / \mathrm{mL}$ | DNA damage | 12 | 3.2 | NAAC, $10^{-3} \mathrm{~h}^{-6}$ | 3 | Human lymphocytes with AraC/HU; no continuous linear model fit |
|  |  |  | 30 | $\mu \mathrm{g} / \mathrm{mL}$ | DNA damage | 15 | 2.7 | NAAC, $10^{-3} \mathrm{~h}^{-7}$ | 3 | Human lymphocytes with AraC/HU |
|  |  | BjAC | 3 | $\mu \mathrm{g} / \mathrm{mL}$ | DNA damage | 6.0 | 2.1 | NAAC, $10^{-3} \mathrm{~h}^{-2}$ | 3 | Human lymphocytes with AraC/HU |
|  |  |  | 30 | $\mu \mathrm{g} / \mathrm{mL}$ | DNA damage | 9.4 | 3.4 | NAAC, $10^{-3} \mathrm{~h}^{-3}$ | 3 | Human lymphocytes with AraC/HU |
|  |  | BIAC | 3 | $\mu \mathrm{g} / \mathrm{mL}$ | DNA damage | 8.2 | 3.2 | NAAC, $10^{-3} \mathrm{~h}^{-4}$ | 3 | Human lymphocytes with AraC/HU; no continuous linear model fit |
|  |  |  | 30 | $\mu \mathrm{g} / \mathrm{mL}$ | DNA damage | 9.3 | 2.1 | NAAC, $10^{-3} \mathrm{~h}^{-5}$ | 3 | Human lymphocytes with AraC/HU |
|  |  | DMSO | 0 | $\mu \mathrm{g} / \mathrm{mL}$ | DNA damage | 7.8 | 3.1 | NAAC, $10^{-3} \mathrm{~h}^{-5}$ | 3 | HL-60 cells with AraC/HU |
|  |  | BaP | 30 | $\mu \mathrm{g} / \mathrm{mL}$ | DNA damage | 13.2 | 9.5 | NAAC, $10^{-3} \mathrm{~h}^{-5}$ | 3 | HL-60 cells with AraC/HU |
|  |  | BjAC | 30 | $\mu \mathrm{g} / \mathrm{mL}$ | DNA damage | 9.6 | 3.0 | NAAC, $10^{-3} \mathrm{~h}^{-5}$ | 3 | HL-60 cells with AraC/HU |
|  |  | BIAC | 30 | $\mu \mathrm{g} / \mathrm{mL}$ | DNA damage | 11.6 | 5.5 | NAAC, $10^{-3} \mathrm{~h}^{-5}$ | 3 | HL-60 cells with AraC/HU |
| 19740 | $\begin{aligned} & \text { Martin et al., } \\ & 1978 \end{aligned}$ | BaP | $1 \times 10^{-5}$ | M | Unscheduled DNA synthesis | 210 |  | Maximum dpm/ $\mu \mathrm{g}$ DNA |  | Increase above background |
|  |  | BeP | $1 \times 10^{-6}$ | M | Unscheduled DNA synthesis | 256 |  | Maximum dpm/ $\mu \mathrm{g}$ DNA |  | Increase above background |
|  |  | BaA | $1 \times 10^{-7}$ | M | Unscheduled DNA synthesis | 59 |  | Maximum dpm/ $\mu \mathrm{g}$ DNA |  | Increase above background |
|  |  | DBacA | $1 \times 10^{-5}$ | M | Unscheduled DNA synthesis | 97 |  | Maximum dpm/ $\mu \mathrm{g}$ DNA |  | Increase above background |
|  |  | DBahA | $1 \times 10^{-5}$ | M | Unscheduled DNA synthesis | 96 |  | Maximum dpm/ $\mathrm{\mu g}$ DNA |  | Increase above background |

Table C-17. In vitro DNA damage: dose-response data

| Record number | Reference | PAH | Dose | Dose units | Endpoint | DNA damage |  |  | n | Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  | Mean | SD | Units |  |  |
| 19830 | MerschSundermann et al., 1992 | BaP | NA |  | SOS induction potential | 0.605 | NA |  |  | Steepest slope of induction factor dose-response curve; + S9 |
|  |  | AA | NA |  | SOS induction potential | 0.142 | NA |  |  | Steepest slope of induction factor dose-response curve; + S9 |
|  |  | BaA | NA |  | SOS induction potential | 0.1 | NA |  |  | Steepest slope of induction factor dose-response curve; + S9 |
|  |  | BbF | NA |  | SOS induction potential | 0.045 | NA |  |  | Steepest slope of induction factor dose-response curve; + S9 |
|  |  | BghiF | NA |  | SOS induction potential | 0.34 | NA |  |  | Steepest slope of induction factor dose-response curve; + S9 |
|  |  | BjF | NA |  | SOS induction potential | 0.254 | NA |  |  | Steepest slope of induction factor dose-response curve; + S9 |
|  |  | BbFE | NA |  | SOS induction potential | 0.024 | NA |  |  | Steepest slope of induction factor dose-response curve; + S9 |
|  |  | BghiP | NA |  | SOS induction potential | 0.033 | NA |  |  | Steepest slope of induction factor dose-response curve; + S9 |
|  |  | BeP | NA |  | SOS induction potential | 0.032 | NA |  |  | Steepest slope of induction factor dose-response curve; + S9 |
|  |  | CH | NA |  | SOS induction potential | 0.221 | NA |  |  | Steepest slope of induction factor dose-response curve; + S9 |
|  |  | DBacA | NA |  | SOS induction potential | 0.104 | NA |  |  | Steepest slope of induction factor dose-response curve; + S9 |
|  |  | DBahA | NA |  | SOS induction potential | 0.039 | NA |  |  | Steepest slope of induction factor dose-response curve; + S9 |
|  |  | DBalP | NA |  | SOS induction potential | 2.1 | NA |  |  | Steepest slope of induction factor dose-response curve; + S9 |
|  |  | DBahP | NA |  | SOS induction potential | 0.117 | NA |  |  | Steepest slope of induction factor dose-response curve; + S9 |
|  |  | DBaiP | NA |  | SOS induction potential | 0.174 | NA |  |  | Steepest slope of induction factor dose-response curve; + S9 |
|  |  | FA | NA |  | SOS induction potential | 0.412 | NA |  |  | Steepest slope of induction factor dose-response curve; + S9 |

Table C-17. In vitro DNA damage: dose-response data

| Record number | Reference | PAH | Dose | Dose units | Endpoint | DNA damage |  |  | n | Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  | Mean | SD | Units |  |  |
|  |  | IP | NA |  | SOS induction potential | 0.036 | NA |  |  | Steepest slope of induction factor dose-response curve; + S9 |
|  |  | PH | NA |  | SOS induction potential | 0.053 | NA |  |  | Steepest slope of induction factor dose-response curve; + S9 |
|  |  | Tphen | NA |  | SOS induction potential | 0.26 | NA |  |  | Steepest slope of induction factor dose-response curve; + S9 |
| 20810 | Robinson and Mitchell, 1981 | Control | 0 | $\mu \mathrm{g} / \mathrm{mL}$ | Unscheduled DNA synthesis | 53 | 4 | [ $\left.{ }^{3} \mathrm{H}\right]-\mathrm{TdR}$ incorporation |  | Maximum [ $\left.{ }^{3} \mathrm{H}\right]$-TdR incorporation |
|  |  | BaP | 10 | $\mu \mathrm{g} / \mathrm{mL}$ | Unscheduled DNA synthesis | 142 | 7 | [ $\left.{ }^{3} \mathrm{H}\right]-\mathrm{TdR}$ incorporation |  | Maximum [ $\left.{ }^{3} \mathrm{H}\right]$-TdR incorporation |
|  |  | Control | 0 | $\mu \mathrm{g} / \mathrm{mL}$ | Unscheduled DNA synthesis | 52 | 2 | [ $\left.{ }^{3} \mathrm{H}\right]-\mathrm{TdR}$ incorporation |  | Maximum [ $\left.{ }^{3} \mathrm{H}\right]$-TdR incorporation |
|  |  | Pyr | 7.2 | $\mu \mathrm{g} / \mathrm{mL}$ | Unscheduled DNA synthesis | 115 | 9 | [ $\left.{ }^{3} \mathrm{H}\right]-\mathrm{TdR}$ incorporation |  | Maximum [ $\left.{ }^{3} \mathrm{H}\right]$-TdR incorporation |
| 20940 | Rossman et al., 1991 | BaP | 12.5 | $\mu \mathrm{g} / \mathrm{mL}$ | DNA damage | 10.4 |  | Lambda prophage induction |  | Maximum enhancement over background |
|  |  | AC | 12.5 | $\mu \mathrm{g} / \mathrm{mL}$ | DNA damage | 4.8 |  | Lambda prophage induction |  | Maximum enhancement over background |
|  |  | DBacA | 1.44 | $\mu \mathrm{g} / \mathrm{mL}$ | DNA damage | 8 |  | Lambda prophage induction |  | Maximum enhancement over background |
|  |  | DBahA | 2 | $\mu \mathrm{g} / \mathrm{mL}$ | DNA damage | 4 |  | Lambda prophage induction |  | Maximum enhancement over background |
|  |  | PH | 25 | $\mu \mathrm{g} / \mathrm{mL}$ | DNA damage | 4.5 |  | Lambda prophage induction |  | Maximum enhancement over background |

Table C-17. In vitro DNA damage: dose-response data

| Record number | Reference | PAH | Dose | Dose units | Endpoint | DNA damage |  |  | n | Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  | Mean | SD | Units |  |  |
| 21730 | $\begin{aligned} & \text { Tong et al., } \\ & \text { 1981b } \end{aligned}$ | Control | 0 | M | Unscheduled DNA synthesis | 0.1 | 0.1 | Grains/nucleus |  |  |
|  |  | BaP | $1 \times 10^{-4}$ | M | Unscheduled DNA synthesis | 45.1 | 3.7 | Grains/nucleus |  |  |
|  |  | BaP | $5 \times 10^{-4}$ | M | Unscheduled DNA synthesis | 47.7 | 3.7 | Grains/nucleus |  |  |
|  |  | BaP | $1 \times 10^{-3}$ | M | Unscheduled DNA synthesis | 65.6 | 17.8 | Grains/nucleus |  |  |
|  |  | BaA | $5 \times 10^{-5}$ | M | Unscheduled DNA synthesis | 0.6 |  | Grains/nucleus |  |  |
|  |  | BaA | $1 \times 10^{-4}$ | M | Unscheduled DNA synthesis | 14.8 | 2.6 | Grains/nucleus |  |  |
|  |  | BaA | $5 \times 10^{-4}$ | M | Unscheduled DNA synthesis | 17.2 | 6 | Grains/nucleus |  |  |
|  |  | BaA | $1 \times 10^{-3}$ | M | Unscheduled DNA synthesis | Toxic |  | Grains/nucleus |  |  |

Table C-18. In vitro clastogenicity: data use

| Record number | Reference | Page | Table number | PAHs | Data to be used | Basis for RPF | Comment |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 14620 | Kochhar, 1982 | 846 | Not numbered | BaP, BaA | Percentage of cells with aberrations and dose ( $\mu \mathrm{g} / \mathrm{mL}$ ) | Ratio of slopes | Model as incidence data |
| 14640 | Krolewski et al., 1986 | 1,648 | II | BaP , CPcdP | Mean number sister chromatid exchange/ chromosome, SD, and dose ( $\mu \mathrm{M}$ ) | Ratio of slopes | Use first column of data; not data with AIA or IVA; model as continuous data |
| 19690 | Mane et al., 1990 | 81 | III | BaP, BaA | Sister chromatid exchange frequencies/ for V79 cell + rat MEC and dose | Point estimates | Use sister chromatid exchange data for V79 + rat MEC only |
| 21710 | $\begin{aligned} & \text { Tong et al., } \\ & \text { 1981a } \end{aligned}$ | 469 | 1 | BaP, BaA | Sister chromatid exchange/cell, SD, and dose | Point estimates | Continuous data, no n provided in study |

Table C-19. In vitro clastogenicity: dose-response data


Table C-20. In vivo DNA adducts: data use

| Record number | Reference | Page | Table number | Figure number | PAHs | Data to be extracted | Basis for RPF | Comment | Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 6210 | Arif et al., 1997 | 36 |  | 4 | DBalP and BaP | Mean adduct levels for heart, pancreas, bladder, liver | Point estimate | Mean adduct levels summed across mammary epithelial, lung, heart, pancreas, bladder, liver |  |
| 17630 | Cavalieri et <br> al., 1981a | 491 | 3 |  | CPcdP, ACEP <br> (reported in paper as CPAP), BaP | Done | Point estimate | DNA-bound PAH in mouse skin after 4-hr or 24-hr treatment | Calculate separate RPFs for 4-hr and 24-hr treatment |
| 18810 | Hughes and Phillips, 1990 | 1,614 |  | 3 | DBalP, DBaeP, DBahP, DBaiP, BaP | AUC for skin and lung through 84 d | Point estimate | Sum of AUCs for skin and lung $0-84$ d |  |
| 11190 | $\begin{aligned} & \text { Mass et al., } \\ & 1993 \end{aligned}$ | 188 | 1 |  | BjAC, BaP | Done | Ratio of Slopes | AUC (adduct-time curve) versus dose for lung adducts 24-72 hr |  |
| 8010 | Nesnow et al., 1993b | 39 |  | 1 and 2 | BbF, BaP | AUC for lung, liver, and PBL through 56 d | Point estimate | Sum of AUCs for lung, liver, and lymphocytes 0-56 d |  |
| $\begin{aligned} & 24590 / \\ & 20920 \end{aligned}$ | Nesnow et al., 1998b; Ross et al., 1995 | 402 | 2 |  | BaP, BbF, DBahA, CPcdP, DBalP | Done | Ratio of Slopes | Slope of TIDAL/dose (slope reported in Record 24590 based on data from Record 20920); DBalP data reported in separate study without BaP concurrent |  |
| 22810 | Phillips et <br> al., 1979 | 205 | I |  | DBahA, DBacA, BaP | Done | Point estimate | Peak binding in mouse skin; BaA dropped; not clear if reported level is peak |  |
| 24790 | Kligerman et al., 2002 | 846 | 1 |  | BaA, BaP, BbF, CH | Done | Point estimate | Adducts in mouse or rat PBLs at single time point after either intraperitoneal or gavage administration | Calculate separate RPFs for intraperitoneal and gavage, rat and mouse |
| 24801 | Weyand et al., 2004 | $\begin{aligned} & 12, \\ & 14 \end{aligned}$ |  | 4 and 6 | BcFE, BaP | Mean adduct levels for lung and forestomach | Point estimate | Adducts in mouse lung and forestomach at single time point after either intraperitoneal or dietary administration | Calculate separate RPFs for lung and forestomach after oral exposure and for lung after intraperitoneal exposure |

Table C-21. In vivo DNA adducts: dose-response data

| Record number | Reference | PAH | Species | Dose | Dose units | Organ | Time | DNA adducts |  |  |  | Slope of AUC versus dose | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  | Mean | SD | SE | Adduct units |  |  |
| 6210 | Arif et al., $1997$ | Control | Rat | 0 | $\mu \mathrm{mol} / \mathrm{mammary}$ gland | Liver |  | 0 |  |  | Adducts $/ 10^{9}$ nucleotides |  |  |
|  |  | BaP | Rat | 0.25 | $\mu \mathrm{mol} /$ mammary gland | Mammary gland |  | 300 | 45 |  | Adducts $/ 10^{9}$ nucleotides |  |  |
|  |  | BaP | Rat | 0.25 | $\mu \mathrm{mol} / \mathrm{mammary}$ gland | Lung |  | 11 | 1.3 |  | Adducts $/ 10^{9}$ nucleotides |  |  |
|  |  | BaP | Rat | 0.25 | $\mu \mathrm{mol} /$ mammary gland | Heart |  | 9.5 |  |  | Adducts $/ 10^{9}$ nucleotides |  |  |
|  |  | BaP | Rat | 0.25 | $\mu \mathrm{mol} / \mathrm{mammary}$ gland | Pancreas |  | 0 |  |  | Adducts $/ 10^{9}$ nucleotides |  |  |
|  |  | BaP | Rat | 0.25 | $\mu \mathrm{mol} /$ mammary gland | Bladder |  | 0 |  |  | Adducts $/ 10^{9}$ nucleotides |  |  |
|  |  | BaP | Rat | 0.25 | $\mu \mathrm{mol} / \mathrm{mammary}$ gland | Liver |  | 4.5 |  |  | Adducts $/ 10^{9}$ nucleotides |  |  |
|  |  |  |  |  |  | Sum |  | 324.74 |  |  |  |  |  |
|  |  | DBalP | Rat | 0.25 | $\mu \mathrm{mol} / \mathrm{mammary}$ gland | Mammary gland |  | 1,878 | 378 |  | Adducts $/ 10^{9}$ nucleotides |  |  |
|  |  | DBalP | Rat | 0.25 | $\mu \mathrm{mol} / \mathrm{mammary}$ gland | Lung |  | 85 | 24 |  | Adducts/ $10^{9}$ nucleotides |  |  |
|  |  | DBalP | Rat | 0.25 | $\mu \mathrm{mol} /$ mammary gland | Heart |  | 64 |  |  | Adducts $/ 10^{9}$ nucleotides |  |  |
|  |  | DBalP | Rat | 0.25 | $\mu \mathrm{mol} / \mathrm{mammary}$ gland | Pancreas |  | 32 |  |  | Adducts $/ 10^{9}$ nucleotides |  |  |
|  |  | DBalP | Rat | 0.25 | $\mu \mathrm{mol} /$ mammary gland | Bladder |  | 69 |  |  | Adducts $/ 10^{9}$ nucleotides |  |  |
|  |  | DBalP | Rat | 0.25 | $\mu \mathrm{mol} / \mathrm{mammary}$ gland | Liver |  | 116 |  |  | Adducts $/ 10^{9}$ nucleotides |  |  |
|  |  |  |  |  |  | Sum |  | 2,244.63 |  |  |  |  |  |
| 17630 | Cavalieri et <br> al., 1981a | BaP |  | 0.2 | $\mu \mathrm{mol} / \mathrm{mouse}$ | Skin | 4 hr | 16.3 |  | 1 | $\mu \mathrm{mol}$ adduct $/ \mathrm{mol}$ DNA |  |  |
|  |  | CPcdP |  | 0.2 | $\mu \mathrm{mol} /$ mouse | Skin | 4 hr | 2.3 |  | 0.2 | $\mu \mathrm{mol}$ adduct $/ \mathrm{mol}$ DNA |  |  |
|  |  | ACEP |  | 0.2 | $\mu \mathrm{mol} /$ mouse | Skin | 4 hr | 2.2 |  | 0.1 | $\mu \mathrm{mol}$ adduct/mol DNA |  |  |
|  |  | BaP |  | 0.2 | $\mu \mathrm{mol} /$ mouse | Skin | 24 hr | 6.7 |  | 1.6 | $\mu \mathrm{mol}$ adduct $/ \mathrm{mol}$ DNA |  |  |

Table C-21. In vivo DNA adducts: dose-response data

| Record number | Reference | PAH | Species | Dose | Dose units | Organ | Time | DNA adducts |  |  |  | Slope of AUC versus dose | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  | Mean | SD | SE | Adduct units |  |  |
|  |  | CPcdP |  | 0.2 | $\mu \mathrm{mol} / \mathrm{mouse}$ | Skin | 24 hr | 8.8 |  | 1 | $\mu \mathrm{mol}$ adduct $/ \mathrm{mol}$ DNA |  |  |
|  |  | ACEP |  | 0.2 | $\mu \mathrm{mol} / \mathrm{mouse}$ | Skin | 24 hr | 0.30 |  | 0.1 | $\mu \mathrm{mol}$ adduct $/ \mathrm{mol}$ DNA |  |  |
| 18810 | Hughes and Phillips, 1990 | BaP |  | 1 | $\mu \mathrm{mol}$ | Skin | 1 d | 7.8 |  |  | fmol adducts/ $\mu \mathrm{g}$ DNA |  | Only peak extracted; interrupted scale precluded digitizing |
|  |  | BaP |  | 1 | $\mu \mathrm{mol}$ | Lung | 2 d | 1.2 |  |  | fmol adducts/ug DNA |  |  |
|  |  | BaP |  | 1 | $\mu \mathrm{mol}$ | Sum skin and lung |  | 9.0 |  |  | fmol adducts/ $\mu \mathrm{g}$ DNA |  |  |
|  |  | DBaeP |  | 1 | $\mu \mathrm{mol}$ | Skin | 2 d | 0.50 |  |  | fmol adducts/ug DNA |  |  |
|  |  | DBaeP |  | 1 | $\mu \mathrm{mol}$ | Lung | 7 d | Cannot determine |  |  | fmol adducts/ $\mu \mathrm{g}$ DNA |  |  |
|  |  | DBaeP |  | 1 | $\mu \mathrm{mol}$ | Sum skin and lung |  | Cannot determine |  |  | fmol adducts/ug DNA |  |  |
|  |  | DBahP |  | 1 | $\mu \mathrm{mol}$ | Skin | 2 d | 3.1 |  |  | fmol adducts/ug DNA |  |  |
|  |  | DBahP |  | 1 | $\mu \mathrm{mol}$ | Lung | 2 d | 0.14 |  |  | fmol adducts/ $\mu \mathrm{g}$ DNA |  |  |
|  |  | DBahP |  | 1 | $\mu \mathrm{mol}$ | Sum skin and lung |  | 3.2 |  |  | fmol adducts/ug DNA |  |  |
|  |  | DBaiP |  | 1 | $\mu \mathrm{mol}$ | Skin | 2 d | 0.75 |  |  | fmol adducts/ug DNA |  |  |
|  |  | DBaiP |  | 1 | $\mu \mathrm{mol}$ | Lung | 2 d | 0.10 |  |  | fmol adducts/ $\mu \mathrm{g}$ DNA |  |  |
|  |  | DBaiP |  | 1 | $\mu \mathrm{mol}$ | Sum skin and lung |  | 0.85 |  |  | fmol adducts/ug DNA |  |  |
|  |  | DBalP |  | 1 | $\mu \mathrm{mol}$ | Skin | 1 d | 62 |  |  | fmol adducts/ug DNA |  |  |
|  |  | DBalP |  | 1 | $\mu \mathrm{mol}$ | Lung | 2 d | 2.3 |  |  | fmol adducts/ $\mu \mathrm{g}$ DNA |  |  |
|  |  | DBalP |  | 1 | $\mu \mathrm{mol}$ | Sum skin and lung |  | 65 |  |  | fmol adducts/ug DNA |  |  |

Table C-21. In vivo DNA adducts: dose-response data

| Record number | Reference | PAH | Species | Dose | Dose units | Organ | Time | DNA adducts |  |  |  | Slope of <br> AUC <br> versus dose | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  | Mean | SD | SE | Adduct units |  |  |
| 11190 | $\begin{aligned} & \text { Mass et al., } \\ & 1993 \end{aligned}$ | BaP |  | 20 | mg/kg bw | Lung | 24 hr | 116 | 53 |  | amol adducts/ug DNA |  | AUC calculated using trapezoid rule |
|  |  | BaP |  | 20 | mg/kg bw | Lung | 48 hr | 122 | 25 |  | amol adducts/ug DNA |  |  |
|  |  | BaP |  | 20 | mg/kg bw | Lung | 72 hr | 181 | 101 |  | amol adducts/ug DNA |  |  |
|  |  | BaP |  | 50 | mg/kg bw | Lung | 24 hr | 120 | 20 |  | amol adducts/ug DNA |  |  |
|  |  | BaP |  | 50 | mg/kg bw | Lung | 48 hr | 201 | 170 |  | amol adducts/ $\mathrm{\mu g}$ DNA |  |  |
|  |  | BaP |  | 50 | mg/kg bw | Lung | 72 hr | 432 | 274 |  | amol adducts $/ \mu \mathrm{g}$ DNA |  |  |
|  |  | BaP |  | 100 | mg/kg bw | Lung | 24 hr | 427 | 140 |  | amol adducts/ug DNA |  |  |
|  |  | BaP |  | 100 | mg/kg bw | Lung | 48 hr | 407 | 197 |  | amol adducts $/ \mu \mathrm{g}$ DNA |  |  |
|  |  | BaP |  | 100 | mg/kg bw | Lung | 72 hr | 2,004 | 314 |  | amol adducts $/ \mu \mathrm{g}$ DNA |  |  |
|  |  | BaP |  | 20 | mg/kg bw | Lung | AUC | 7,884 |  |  |  | 469.73 |  |
|  |  | BaP |  | 50 | mg/kg bw | Lung | AUC | 12,888 |  |  |  |  |  |
|  |  | BaP |  | 100 | mg/kg bw | Lung | AUC | 44,064 |  |  |  |  |  |
|  |  | BjAC |  | 20 | mg/kg bw | Lung | 24 hr | 63 | 34 |  | amol adducts/ug DNA |  | AUC calculated using trapezoid rule |
|  |  | BjAC |  | 20 | mg/kg bw | Lung | 48 hr | 97 | 101 |  | amol adducts/ug DNA |  |  |
|  |  | BjAC |  | 20 | mg/kg bw | Lung | 72 hr | 255 | 392 |  | amol adducts/ug DNA |  |  |
|  |  | BjAC |  | 50 | mg/kg bw | Lung | 24 hr | 116 | 121 |  | amol adducts/ $\mu \mathrm{g}$ DNA |  |  |
|  |  | BjAC |  | 50 | mg/kg bw | Lung | 48 hr | 402 | 237 |  | amol adducts/ug DNA |  |  |
|  |  | BjAC |  | 50 | mg/kg bw | Lung | 72 hr | 1,954 | 1,921 |  | amol adducts/ $\mathrm{\mu g}$ DNA |  |  |
|  |  | BjAC |  | 100 | mg/kg bw | Lung | 24 hr | 180 | 133 |  | amol adducts $/ \mu \mathrm{g}$ DNA |  |  |

Table C-21. In vivo DNA adducts: dose-response data

| Record number | Reference | PAH | Species | Dose | Dose units | Organ | Time | DNA adducts |  |  |  | Slope of <br> AUC <br> versus dose | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  | Mean | SD | SE | Adduct units |  |  |
|  |  | BjAC |  | 100 | mg/kg bw | Lung | 48 hr | 532 | 559 |  | $\begin{aligned} & \text { amol adducts/ug } \\ & \text { DNA } \end{aligned}$ |  |  |
|  |  | BjAC |  | 100 | mg/kg bw | Lung | 72 hr | 2,439 | 2,242 |  | amol adducts/ug <br> DNA |  |  |
|  |  | BjAC |  | 20 | mg/kg bw | Lung | AUC | 6,900 |  |  |  | 464.25 |  |
|  |  | BjAC |  | 50 | mg/kg bw | Lung | AUC | 35,880 |  |  |  |  |  |
|  |  | BjAC |  | 100 | mg/kg bw | Lung | AUC | 46,356 |  |  |  |  |  |
| 8010 | Nesnow et <br> al., 1993b | BaP |  | 100 | mg/kg | Lung | d 1 | 453 |  |  |  |  | AUC calculated using trapezoid rule |
|  |  | BaP |  | 100 | mg/kg | Lung | d 3 | 1,001 |  |  |  |  |  |
|  |  | BaP |  | 100 | mg/kg | Lung | d 7 | 574 |  |  |  |  |  |
|  |  | BaP |  | 100 | mg/kg | Lung | d 14 | 386 |  |  |  |  |  |
|  |  | BaP |  | 100 | mg/kg | Lung | d 28 | 381 |  |  |  |  |  |
|  |  | BaP |  | 100 | mg/kg | Lung | d 56 | 143 |  |  |  |  |  |
|  |  | BaP |  | 100 | mg/kg | Lung | AUC | 20,892 |  |  |  |  |  |
|  |  | BaP |  | 100 | mg/kg | Liver | d 1 | 398 |  |  |  |  |  |
|  |  | BaP |  | 100 | $\mathrm{mg} / \mathrm{kg}$ | Liver | d 3 | 1,317 |  |  |  |  |  |
|  |  | BaP |  | 100 | mg/kg | Liver | d 7 | 931 |  |  |  |  |  |
|  |  | BaP |  | 100 | mg/kg | Liver | d 14 | 537 |  |  |  |  |  |
|  |  | BaP |  | 100 | mg/kg | Liver | d 28 | 394 |  |  |  |  |  |
|  |  | BaP |  | 100 | mg/kg | Liver | d 56 | 116 |  |  |  |  |  |
|  |  | BaP |  | 100 | mg/kg | Liver | AUC | 25,207 |  |  |  |  |  |
|  |  | BaP |  | 100 | mg/kg | PBL | d 1 | 158 |  |  |  |  |  |
|  |  | BaP |  | 100 | mg/kg | PBL | d 3 | 273 |  |  |  |  |  |
|  |  | BaP |  | 100 | $\mathrm{mg} / \mathrm{kg}$ | PBL | d 7 | 162 |  |  |  |  |  |
|  |  | BaP |  | 100 | $\mathrm{mg} / \mathrm{kg}$ | PBL | d 14 | 187 |  |  |  |  |  |
|  |  | BaP |  | 100 | mg/kg | PBL | d 28 | 72 |  |  |  |  |  |
|  |  | BaP |  | 100 | mg/kg | PBL | d 56 | 41 |  |  |  |  |  |
|  |  | BaP |  | 100 | mg/kg | PBL | AUC | 5,985 |  |  |  |  |  |
|  |  | BaP |  | 100 | $\mathrm{mg} / \mathrm{kg}$ | Sum of AUCs |  | 52,084 |  |  |  |  |  |
|  |  | BbF |  | 100 | mg/kg | Lung | d 1 | 21 |  |  |  |  | AUC calculated using trapezoid rule |

Table C-21. In vivo DNA adducts: dose-response data

| Record number | Reference | PAH | Species | Dose | Dose units | Organ | Time | DNA adducts |  |  |  | Slope of AUC versus dose | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  | Mean | SD | SE | Adduct units |  |  |
|  |  | BbF |  | 100 | mg/kg | Lung | d 3 | 184 |  |  |  |  |  |
|  |  | BbF |  | 100 | mg/kg | Lung | d 5 | 233 |  |  |  |  |  |
|  |  | BbF |  | 100 | mg/kg | Lung | d 7 | 211 |  |  |  |  |  |
|  |  | BbF |  | 100 | mg/kg | Lung | d 14 | 229 |  |  |  |  |  |
|  |  | BbF |  | 100 | mg/kg | Lung | d 28 | 145 |  |  |  |  |  |
|  |  | BbF |  | 100 | mg/kg | Lung | d 56 | 106 |  |  |  |  |  |
|  |  | BbF |  | 100 | mg/kg | Lung | AUC | 8,763 |  |  |  |  |  |
|  |  | BbF |  | 100 | mg/kg | Liver | d 1 | 12 |  |  |  |  |  |
|  |  | BbF |  | 100 | mg/kg | Liver | d 3 | 35 |  |  |  |  |  |
|  |  | BbF |  | 100 | mg/kg | Liver | d 5 | 51 |  |  |  |  |  |
|  |  | BbF |  | 100 | mg/kg | Liver | d 7 | 61 |  |  |  |  |  |
|  |  | BbF |  | 100 | mg/kg | Liver | d 14 | 21 |  |  |  |  |  |
|  |  | BbF |  | 100 | mg/kg | Liver | d 28 | 15 |  |  |  |  |  |
|  |  | BbF |  | 100 | mg/kg | Liver | d 56 | 12 |  |  |  |  |  |
|  |  | BbF |  | 100 | mg/kg | Liver | AUC | 1,173 |  |  |  |  |  |
|  |  | BbF |  | 100 | mg/kg | PBL | d 1 | 12 |  |  |  |  |  |
|  |  | BbF |  | 100 | mg/kg | PBL | d 3 | 29 |  |  |  |  |  |
|  |  | BbF |  | 100 | mg/kg | PBL | d 5 | 59 |  |  |  |  |  |
|  |  | BbF |  | 100 | mg/kg | PBL | d 7 | 57 |  |  |  |  |  |
|  |  | BbF |  | 100 | mg/kg | PBL | d 14 | 40 |  |  |  |  |  |
|  |  | BbF |  | 100 | mg/kg | PBL | d 28 | 15 |  |  |  |  |  |
|  |  | BbF |  | 100 | mg/kg | PBL | d 56 | 13 |  |  |  |  |  |
|  |  | BbF |  | 100 | mg/kg | PBL | AUC | 1,378 |  |  |  |  |  |
|  |  | BbF |  | 100 | mg/kg | Sum of AUCs |  | 11,314 |  |  |  |  |  |
| $\begin{aligned} & 24590 / \\ & 20920 \end{aligned}$ | Nesnow et al., 1998b; Ross, 1995 | BaP |  | NA |  | Lung | >21 d |  |  | 3.9 |  | 113 | Slope of dose versus TIDAL value (in fmold/ $\mu \mathrm{g}$ DNA) |
|  |  | BbF |  | NA |  | Lung | >21 d |  |  | 5 |  | 37.5 | Slope of dose versus TIDAL value (in fmold/ $\mu \mathrm{g}$ DNA) |

Table C-21. In vivo DNA adducts: dose-response data

| Record number | Reference | PAH | Species | Dose | Dose units | Organ | Time | DNA adducts |  |  |  | Slope of AUC versus dose | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  | Mean | SD | SE | Adduct units |  |  |
|  |  | CPcdP |  | NA |  | Lung | >21 d |  |  | 3.69 |  | 148 | Slope of dose versus TIDAL value (in fmold/ $\mu \mathrm{g}$ DNA) |
|  |  | DBahA |  | NA |  | Lung | >21 d |  |  | 19.1 |  | 219 | Slope of dose versus TIDAL value (in fmold/ug DNA) |
|  |  | DBalP |  | NA |  | Lung | >21 d |  |  | 267 |  | 1,390 | Slope of dose versus TIDAL value (in fmold/ $\mu \mathrm{g}$ DNA) |
| 22810 | Phillips et al., 1979 | BaP |  | 1 | $\mu \mathrm{mol} / \mathrm{mouse}$ | Skin | 19 hr | 27 |  |  | pmol adducts/mg <br> DNA |  | peak |
|  |  | DBacA |  | 1 | $\mu \mathrm{mol} / \mathrm{mouse}$ | Skin | 24 hr | 10 |  |  | pmol adducts/mg DNA |  | peak |
|  |  | DBahA |  | 1 | $\mu \mathrm{mol} / \mathrm{mouse}$ | Skin | 72 hr | 15 |  |  | pmol adducts/mg <br> DNA |  | peak |
| 24790 | Kligerman et al., 2002 | BaP | Mice | 100 | mg/kg | PBL | d 7 | 4,186 | 273 |  | amol adducts/ug DNA |  | Intraperitoneal |
|  |  | BaA | Mice | 100 | mg/kg | PBL | d 7 | 93 | 8 |  | amol adducts $/ \mu \mathrm{g}$ DNA |  | Intraperitoneal |
|  |  | BbF | Mice | 100 | mg/kg | PBL | d 7 | 516 | 7 |  | amol adducts/ug DNA |  | Intraperitoneal |
|  |  | CH | Mice | 100 | mg/kg | PBL | d 7 | 81 | 11 |  | amol adducts/ug <br> DNA |  | Intraperitoneal |
|  |  | Control | Mice | 0 | mg/kg | PBL | d 7 | 0 |  |  | amol adducts/ug DNA |  | Intraperitoneal |
|  |  | BaP | Mice | 100 | mg/kg | PBL | d 7 | 143 | 17 |  | amol adducts/ug <br> DNA |  | Gavage |
|  |  | BaA | Mice | 100 | mg/kg | PBL | d 7 | 32 | 2 |  | amol adducts/ug DNA |  | Gavage |
|  |  | BbF | Mice | 100 | mg/kg | PBL | d 7 | 39 | 4 |  | amol adducts $/ \mu \mathrm{g}$ DNA |  | Gavage |
|  |  | CH | Mice | 100 | mg/kg | PBL | d 7 | 37 | 1 |  | amol adducts/ug DNA |  | Gavage |
|  |  | Control | Mice | 0 | mg/kg | PBL | d 7 | 0 |  |  | amol adducts/ug <br> DNA |  | Gavage |

Table C-21. In vivo DNA adducts: dose-response data

| Record number | Reference | PAH | Species | Dose | Dose units | Organ |  | DNA adducts |  |  |  | Slope of <br> AUC <br> versus dose | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  | Mean | SD | SE | Adduct units |  |  |
|  |  | BaP | Rat | 100 | mg/kg | PBL | d 7 | 755 | 56 |  | amol adducts/ug DNA |  | Intraperitoneal |
|  |  | BaA | Rat | 100 | mg/kg | PBL | d 7 | 38 | 3 |  | amol adducts/ug DNA |  | Intraperitoneal |
|  |  | BbF | Rat | 100 | mg/kg | PBL | d 7 | 63 | 1 |  | amol adducts/ug DNA |  | Intraperitoneal |
|  |  | CH | Rat | 100 | mg/kg | PBL | d 7 | 24 | 2 |  | amol adducts/ $\mu \mathrm{g}$ DNA |  | Intraperitoneal |
|  |  | Control | Rat | 0 | mg/kg | PBL | d 7 | 0 |  |  | amol adducts/ug DNA |  | Intraperitoneal |
|  |  | BaP | Rat | 100 | mg/kg | PBL | d 7 | 177 | 30 |  | amol adducts/ $\mu \mathrm{g}$ DNA |  | Gavage |
|  |  | BaA | Rat | 100 | mg/kg | PBL | d 7 | 20 | 2 |  | amol adducts/ug DNA |  | Gavage |
|  |  | BbF | Rat | 100 | mg/kg | PBL | d 7 | 17 | 1 |  | amol adducts/ug DNA |  | Gavage |
|  |  | CH | Rat | 100 | mg/kg | PBL | d 7 | 10 | 4 |  | amol adducts/ug DNA |  | Gavage |
|  |  | Control | Rat | 0 | mg/kg | PBL | d 7 | 0 |  |  | amol adducts/ $\mu \mathrm{g}$ DNA |  | Gavage |
| 24801 | Weyand et <br> al., 2004 | BaP | Mice | 230 | mg/kg food | Lung | d 14 | 0.084 |  | 0.009 | pmol adducts/mg DNA |  | Diet |
|  |  | BcFE | Mice | 13.6 | mg/kg food | Lung | d 14 | 0.014 |  | 0.002 | pmol adducts/mg DNA |  | Diet |
|  |  | BcFE | Mice | 197 | mg/kg food | Lung | d 14 | 0.18 |  | 0.023 | pmol adducts/mg DNA |  | Diet |
|  |  | BaP | Mice | 230 | mg/kg food | Forestomach | d 14 | 0.033 |  | 0.005 | pmol adducts/mg DNA |  | Diet |
|  |  | BcFE | Mice | 197 | mg/kg food | Forestomach | d 14 | 0.0092 |  | 0.001 | pmol adducts/mg DNA |  | Diet |
|  |  | BaP | Mice | 230 | mg/kg food | Sum of lung and forestomach | d 14 | 0.117 |  |  | pmol adducts/mg DNA |  | Diet |
|  |  | BcFE | Mice | 13.6 | mg/kg food | Sum of lung and forestomach | d 14 | 0.014 |  |  | pmol adducts/mg DNA |  | Diet |

Table C-21. In vivo DNA adducts: dose-response data

| Record number | Reference | PAH | Species | Dose | Dose units | Organ | Time | DNA adducts |  |  |  | Slope of AUC versus dose | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  | Mean | SD | SE | Adduct units |  |  |
|  |  | BcFE | Mice | 197 | mg/kg food | Sum of lung and forestomach | d 14 | 0.19 |  |  | pmol adducts/mg DNA |  | Diet |
|  |  | BaP | Mice | 100 | mg/kg bw | Lung | 24 h | 0.78 |  | 0.13 | pmol adducts/mg DNA |  | Intraperitoneal |
|  |  | BcFE | Mice | 100 | mg/kg bw | Lung | 24 h | 0.33 |  | 0.030 | pmol adducts/mg DNA |  | Intraperitoneal |

Table C-22. In vivo clastogenicity: data use

| Record number | Reference | Page | Table number | Figure number | PAHs | Data to be extracted | Basis for RPF | Comment |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 24740 | Allen et <br> al., 1999 |  | I and III |  | BaP, DBalP | Total micronuleated polychromatic erythrocytes (MNPCEs) and dose (mg/kg); extract data for bone marrow and peripheral blood for both A/J mice (Table 1) and p53+/+ (wild type) mice (Table III) | Point estimate | Incidence data; single dose BaP |
| 14270 | He and Baker, 1991 | 166 | 1 |  | $\begin{aligned} & \mathrm{BaP}, \\ & \mathrm{CH} \end{aligned}$ | MN cells/1,000 binucleated and dose ( $\mu \mathrm{g} /$ mouse) | Ratio of slopes | Incidence data |
| 17190 | Bayer, 1978 | 426 | 3 |  | $\begin{aligned} & \mathrm{BaP}, \\ & \mathrm{PH} \end{aligned}$ | Sister chromatid exchange/cells and dose (mg/kg) | Point estimate | Continuous data; only one dose PH significant; BaP given as 3,4-BaP |
| 20950 | RoszinskyKocher et al., 1979 | 66 | 1 |  | BaP, <br> DBah <br> A, <br> CH, <br> PH, <br> BeP, <br> BbF, <br> BaA | Sister chromatid exchanges/ metaphase and dose ( $\mathrm{mg} / \mathrm{kg}$ ) | Point estimate |  |
| 24720 | Kligerman et al., 1986 | 129 | 3 |  | BaP, <br> BlAC | Sister chromatid exchanges/ metaphase and dose ( $\mathrm{mg} / \mathrm{kg}$ ) | Point estimate | Continuous data, no SD for control; use lowest dose approaching peak |
| 24790 | Kligerman et al., 2002 | 846 | 1 |  | BaP, <br> BaA, <br> BbF, <br> CH | Sister chromatid exchanges/ metaphase, intraperitoneal, for $\mathrm{BaP}, \mathrm{BaA}, \mathrm{BbF}$, and CH ; sister chromatid exchanges, gavage, for BaP and BaA (use 17.91 value for BaP ); also use MN $\mathrm{bn} / 1,000 \mathrm{bn}$, gavage, for BaP and BbF; dose in $\mathrm{mg} / \mathrm{kg}$ | Point estimates | Separate RPFs for sister chromatid exchanges and micronuclei, oral and intraperitoneal |

Table C-23. In vivo clastogenicity: dose-response data

| Record number | Reference | PAH | Route of administration | Clastogenicity |  |  |  |  |  |  |  | $\begin{gathered} p< \\ 0.05 \end{gathered}$ | Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | Dose | Dose units | Mean | SD | Units | n | \% <br> Response | Units |  |  |
| 24740 | Allen et al., 1999 | Tricaprylin | Intraperitoneal | 0 | $\mathrm{mg} / \mathrm{kg}$ | 2.6 |  | MN-PCEs | 1,000 | 0.0026 | PCEs |  | A/J mice, bone marrow |
|  |  | BaP | Intraperitoneal | 200 | $\mathrm{mg} / \mathrm{kg}$ | 11.2 |  | MN-PCEs | 1,000 | 0.0112 | PCEs | x |  |
|  |  | DBalP | Intraperitoneal | 0.3 | $\mathrm{mg} / \mathrm{kg}$ | 2 |  | MN-PCEs | 1,000 | 0.0020 | PCEs |  |  |
|  |  | DBalP | Intraperitoneal | 1.5 | mg/kg | 3.9 |  | MN-PCEs | 1,000 | 0.0039 | PCEs | x |  |
|  |  | DBalP | Intraperitoneal | 3 | mg/kg | 3.4 |  | MN-PCEs | 1,000 | 0.0034 | PCEs |  |  |
|  |  | DBalP | Intraperitoneal | 6 | $\mathrm{mg} / \mathrm{kg}$ | 3.8 |  | MN-PCEs | 1,000 | 0.0038 | PCEs |  |  |
|  |  | Tricaprylin | Intraperitoneal | 0 | $\mathrm{mg} / \mathrm{kg}$ | 2.8 |  | MN-PCEs | 1,000 | 0.0028 | PCEs |  | A/J mice, peripheral blood |
|  |  | BaP | Intraperitoneal | 200 | mg/kg | 9.5 |  | MN-PCEs | 1,000 | 0.0095 | PCEs | x |  |
|  |  | DBalP | Intraperitoneal | 0.3 | $\mathrm{mg} / \mathrm{kg}$ | 2.8 |  | MN-PCEs | 1,000 | 0.0028 | PCEs |  |  |
|  |  | DBalP | Intraperitoneal | 1.5 | mg/kg | 2.9 |  | MN-PCEs | 1,000 | 0.0029 | PCEs |  |  |
|  |  | DBalP | Intraperitoneal | 3 | mg/kg | 4 |  | MN-PCEs | 1,000 | 0.0040 | PCEs |  |  |
|  |  | DBalP | Intraperitoneal | 6 | mg/kg | 4.3 |  | MN-PCEs | 1,000 | 0.0043 | PCEs | x |  |
|  |  | Tricaprylin | Intraperitoneal | 0 | mg/kg | 3.2 |  | MN-PCEs | 1,000 | 0.0032 | PCEs |  | p53 +/+ wt mice, bone marrow |
|  |  | BaP | Intraperitoneal | 200 | $\mathrm{mg} / \mathrm{kg}$ | 5.1 |  | MN-PCEs | 1,000 | 0.0051 | PCEs | x |  |
|  |  | DBalP | Intraperitoneal | 9 | $\mathrm{mg} / \mathrm{kg}$ | 4.3 |  | MN-PCEs | 1,000 | 0.0043 | PCEs |  |  |
|  |  | DBalP | Intraperitoneal | 12 | mg/kg | 7.4 |  | MN-PCEs | 1,000 | 0.0074 | PCEs | x |  |
|  |  | DBalP | Intraperitoneal | 18 | $\mathrm{mg} / \mathrm{kg}$ | 6.1 |  | MN-PCEs | 1,000 | 0.0061 | PCEs | x |  |
|  |  | Tricaprylin | Intraperitoneal | 0 | mg/kg | 3.5 |  | MN-PCEs | 1,000 | 0.0035 | PCEs |  | p53 +/+ wt mice, peripheral blood |

Table C-23. In vivo clastogenicity: dose-response data

| Record number | Reference | PAH | Route of administration | Clastogenicity |  |  |  |  |  |  |  | $\begin{gathered} p< \\ 0.05 \end{gathered}$ | Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | Dose | Dose units | Mean | SD | Units | n | \% <br> Response | Units |  |  |
|  |  | BaP | Intraperitoneal | 200 | mg/kg | 5.7 |  | MN-PCEs | 1,000 | 0.0057 | PCEs | x |  |
|  |  | DBalP | Intraperitoneal | 9 | mg/kg | 3.1 |  | MN-PCEs | 1,000 | 0.0031 | PCEs |  |  |
|  |  | DBalP | Intraperitoneal | 12 | $\mathrm{mg} / \mathrm{kg}$ | 3.1 |  | MN-PCEs | 1,000 | 0.0031 | PCEs |  |  |
|  |  | DBalP | Intraperitoneal | 18 | $\mathrm{mg} / \mathrm{kg}$ | 4.6 |  | MN-PCEs | 1,000 | 0.0046 | PCEs |  |  |
| 14270 | He and Baker, 1991 | Control | Dermal | 0 | $\mu \mathrm{g} /$ mouse | 13.3 | 2.8 | MN cells | 1,000 | 0.013 | Binucleated |  |  |
|  |  | BaP | Dermal | 0.5 | $\mu \mathrm{g} /$ mouse | 50.5 | 11.5 | MN cells | 1,000 | 0.051 | Binucleated | x |  |
|  |  | BaP | Dermal | 5 | $\mu \mathrm{g} /$ mouse | 66.8 | 4.1 | MN cells | 1,000 | 0.067 | Binucleated | x |  |
|  |  | BaP | Dermal | 50 | $\mu \mathrm{g} /$ mouse | 76 | 2.8 | MN cells | 1,000 | 0.076 | Binucleated | x |  |
|  |  | BaP | Dermal | 100 | $\mu \mathrm{g} /$ mouse | 64.3 | 5.4 | MN cells | 1,000 | 0.064 | Binucleated | x |  |
|  |  | BaP | Dermal | 500 | $\mu \mathrm{g} /$ mouse | 55.8 | 13 | MN cells | 1,000 | 0.056 | Binucleated | x |  |
|  |  | Control | Dermal | 0 | $\mu \mathrm{g} /$ mouse | 12.8 | 2.2 | MN cells | 1,000 | 0.013 | Binucleated |  |  |
|  |  | CH | Dermal | 50 | $\mu \mathrm{g} /$ mouse | 43.3 | 2.2 | MN cells | 1,000 | 0.043 | Binucleated | x |  |
|  |  | CH | Dermal | 100 | $\mu \mathrm{g} /$ mouse | 56 | 4.9 | MN cells | 1,000 | 0.056 | Binucleated | x |  |
|  |  | CH | Dermal | 500 | $\mu \mathrm{g} /$ mouse | 62 | 8.6 | MN cells | 1,000 | 0.062 | Binucleated | x |  |
|  |  | CH | Dermal | 1,000 | $\mu \mathrm{g} /$ mouse | 47.3 | 3.8 | MN cells | 1,000 | 0.047 | Binucleated | x |  |
| 17190 | Bayer, 1978 | Pooled controls | Intraperitoneal | 0 | $\mathrm{mg} / \mathrm{kg}$ | 3.2 | 0.07 | Sister chromatid exchange/ cells |  |  |  |  |  |
|  |  | BaP | Intraperitoneal | 2.5 | $\mathrm{mg} / \mathrm{kg}$ | 3.4 | 0.8 | Sister chromatid exchange/ cells |  |  |  |  |  |
|  |  | BaP | Intraperitoneal | 25 | $\mathrm{mg} / \mathrm{kg}$ | 3.5 | 0.2 | Sister chromatid exchange/ cells |  |  |  |  |  |
|  |  | BaP | Intraperitoneal | 40 | $\mathrm{mg} / \mathrm{kg}$ | 3.9 | 0.2 | Sister chromatid exchange/ cells |  |  |  | x |  |

Table C-23. In vivo clastogenicity: dose-response data

| Record number | Reference | PAH | Route of administration | Clastogenicity |  |  |  |  |  |  |  | $\begin{gathered} p< \\ 0.05 \end{gathered}$ | Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | Dose | Dose units | Mean | SD | Units | n | $\begin{gathered} \text { \% } \\ \text { Response } \end{gathered}$ | Units |  |  |
|  |  | BaP | Intraperitoneal | 50 | mg/kg | 6.4 | 0.2 | Sister chromatid exchange/ cells |  |  |  | x |  |
|  |  | BaP | Intraperitoneal | 75 | mg/kg | 6.4 | 0.3 | Sister chromatid exchange/ cells |  |  |  | x |  |
|  |  | BaP | Intraperitoneal | 100 | $\mathrm{mg} / \mathrm{kg}$ | 7.4 | 0.2 | Sister chromatid exchange/ cells |  |  |  | x |  |
|  |  | PH | Intraperitoneal | 25 | $\mathrm{mg} / \mathrm{kg}$ | 3.5 | 0.2 | Sister chromatid exchange/ cells |  |  |  |  | Only one dose significant |
|  |  | PH | Intraperitoneal | 50 | mg/kg | 3.4 | 0.2 | Sister chromatid exchange/ cells |  |  |  |  |  |
|  |  | PH | Intraperitoneal | 75 | mg/kg | 3.5 | 0.2 | Sister chromatid exchange/ cells |  |  |  |  |  |
|  |  | PH | Intraperitoneal | 100 | $\mathrm{mg} / \mathrm{kg}$ | 4.1 | 0.2 | Sister chromatid exchange/ cells |  |  |  | x |  |
| 20950 | Roszinsky-Kocher et al., 1979 | Control | Intraperitoneal | 0 | mg/kg | 3.9 | 0.9 | Sister chromatid exchanges/ meta-phase |  |  |  |  |  |
|  |  | BaP | Intraperitoneal | 900 | $\mathrm{mg} / \mathrm{kg}$ | 10.6 | 1.6 | Sister chromatid exchanges/ meta-phase |  |  |  | x |  |

Table C-23. In vivo clastogenicity: dose-response data

| Record number | Reference | PAH | Route of administration | Clastogenicity |  |  |  |  |  |  |  | $\begin{gathered} p< \\ 0.05 \end{gathered}$ | Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | Dose | Dose units | Mean | SD | Units | n | \% Response | Units |  |  |
|  |  | DBahA | Intraperitoneal | 900 | mg/kg | 4.9 | 0.7 | Sister chromatid exchanges |  |  |  | x |  |
|  |  | CH | Intraperitoneal | 900 | $\mathrm{mg} / \mathrm{kg}$ | 5.1 | 1 | Sister chromatid exchanges |  |  |  | x |  |
|  |  | PH | Intraperitoneal | 900 | $\mathrm{mg} / \mathrm{kg}$ | 5.5 | 0.7 | Sister chromatid exchanges |  |  |  | x |  |
|  |  | BeP | Intraperitoneal | 900 | mg/kg | 5.5 | 0.7 | Sister chromatid exchanges |  |  |  | x |  |
|  |  | BbF | Intraperitoneal | 900 | mg/kg | 5.6 | 0.5 | Sister chromatid exchanges |  |  |  | x |  |
|  |  | BaA | Intraperitoneal | 900 | mg/kg | 6.1 | 0.4 | Sister chromatid exchanges |  |  |  | x |  |
| 24720 | Kligerman et al., 1986 | Control | Gavage | 0 | mg/kg | 11.9 |  | Sister chromatid exchanges/ meta-phase |  |  |  |  |  |
|  |  | BaP | Gavage | 63 | $\mathrm{mg} / \mathrm{kg}$ | 19.4 | 0.0 | Sister chromatid exchanges/ meta-phase |  |  |  |  |  |
|  |  | BaP | Gavage | 252 | mg/kg | 21.5 | 1.4 | Sister chromatid exchanges/ meta-phase |  |  |  |  |  |
|  |  | BaP | Gavage | 504 | mg/kg | 21.7 | 1.4 | Sister chromatid exchanges/ meta-phase |  |  |  |  |  |
|  |  | Control | Gavage | 0 | mg/kg | 11.0 |  | Sister chromatid exchanges/ meta-phase |  |  |  |  |  |

Table C-23. In vivo clastogenicity: dose-response data

| Record number | Reference | PAH | Route of administration | Clastogenicity |  |  |  |  |  |  |  | $\begin{gathered} \boldsymbol{p}< \\ 0.05 \end{gathered}$ | Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | Dose | Dose units | Mean | SD | Units | n | \% <br> Response | Units |  |  |
|  |  | BlAC | Gavage | 32 | $\mathrm{mg} / \mathrm{kg}$ | 16.5 | 3.6 | Sister chromatid exchanges/ meta-phase |  |  |  |  |  |
|  |  | BlAC | Gavage | 63 | mg/kg | 20.5 | 1.6 | Sister chromatid exchanges/ meta-phase |  |  |  |  |  |
|  |  | Blac | Gavage | 126 | $\mathrm{mg} / \mathrm{kg}$ | 27.8 | 2.6 | Sister chromatid exchanges/ meta-phase |  |  |  |  |  |
| 24790 | Kligerman et al., 2002 | Control | Intraperitoneal | 0 | mg/kg | 8.79 | 1.26 | Sister chromatid exchanges |  |  |  |  |  |
|  |  | BaP | Intraperitoneal | 100 | mg/kg | 21.21 | 2.93 | Sister chromatid exchanges |  |  |  | x |  |
|  |  | BaA | Intraperitoneal | 100 | $\mathrm{mg} / \mathrm{kg}$ | 14.8 | 3.16 | Sister chromatid exchanges |  |  |  | x |  |
|  |  | BbF | Intraperitoneal | 100 | mg/kg | 22.25 | 1.45 | Sister chromatid exchanges |  |  |  | x |  |
|  |  | CH | Intraperitoneal | 100 | $\mathrm{mg} / \mathrm{kg}$ | 11.96 | 1.8 | Sister chromatid exchanges |  |  |  | x |  |
|  |  | Control | Gavage | 0 | mg/kg | 11.12 | 1.5 | Sister chromatid exchanges |  |  |  |  |  |
|  |  | BaP | Gavage | 100 | mg/kg | 17.91 | 1.49 | Sister chromatid exchanges |  |  |  | x |  |
|  |  | BaA | Gavage | 100 | $\mathrm{mg} / \mathrm{kg}$ | 13.38 | 1.53 | Sister chromatid exchanges |  |  |  | x |  |
|  |  | Control | Gavage | 0 | mg/kg | 6.6 | 0.9 | MN bn | 1,000 | 0.007 | Binucleated |  |  |

Table C-23. In vivo clastogenicity: dose-response data

| Record number | Reference | PAH | Route of administration | Clastogenicity |  |  |  |  |  |  |  | $\begin{gathered} \boldsymbol{p}< \\ 0.05 \end{gathered}$ | Notes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | Dose | Dose units | Mean | SD | Units | n | \% <br> Response | Units |  |  |
|  |  | BaP | Gavage | 100 | mg/kg | 9.1 | 1.8 | MN bn | 1,000 | 0.009 | Binucleated | x |  |
|  |  | BbF | Gavage | 100 | mg/kg | 8.3 | 0.9 | MN bn | 1,000 | 0.008 | Binucleated | x |  |

## APPENDIX D. BENCHMARK DOSE MODELING OUTPUTS

## D.1. DERMAL BIOASSAYS

Multistage Cancer Model with 0.95 Confidence Level


11:14 12/28 2009

Cav 1983 bap dermal.out.txt

```
========================================================================
    Multistage Cancer Model. (Version: 1.7; Date: 05/16/2008)
    Input Data File:
C:\USEPA\IRIS\PAH\dermal\complete\Cavalieri1983\BaP\msc_CavalieriBaP_MS_2.(d)
            Gnuplot Plotting File:
C:\USEPA\IRIS\PAH\dermal\complete\Cavalieri1983\BaP\msc_CavalieriBaP_MS_2.plt
                                    Tue Dec 22 14:50:32 2009
    ======================================================================
    BMDS Model Run
    The form of the probability function is:
    P[response] = background + (1-background)*[1-EXP(
    -beta1*dose^1-beta2*dose^2)]
```

The parameter betas are restricted to be positive

```
    Dependent variable = incidence
    Independent variable = dose
```

    Total number of observations \(=4\)
    Total number of records with missing values \(=0\)
    Total number of parameters in model \(=3\)
    Total number of specified parameters \(=0\)
    Degree of polynomial \(=2\)
    Maximum number of iterations \(=250\)
    Relative Function Convergence has been set to: 2.22045e-016
    Parameter Convergence has been set to: 1.49012e-008
    **** We are sorry but Relative Function and Parameter Convergence ****
**** are currently unavailable in this model. Please keep checking
**** the web sight for model updates which will eventually
****
incorporate these convergence criterion. Default values used.
Default Initial Parameter Values
Background $=0.0155298$
$\operatorname{Beta}(1)=0$
$\operatorname{Beta}(2)=0.00204447$
Asymptotic Correlation Matrix of Parameter Estimates
( *** The model parameter(s) -Background
have been estimated at a boundary point, or have been
specified by the user,
and do not appear in the correlation matrix )
Beta(1) Beta(2)
$\begin{array}{lll}B e t a(1) & -0.96\end{array}$
Beta(2) -0.96 1
Parameter Estimates
Confidence Interval
Variable Estimate Std. Err. Lower Conf. Limit
Upper Conf. Limit
Background 0
Beta(1) 0.0126577
Beta(2) 0.00134916

*     - Indicates that this value is not calculated.

```
                                    Analysis of Deviance Table
            Model Log(likelihood) # Param's Deviance Test d.f. P-value
            Full model
        Fitted model
0.3878
    Reduced model
                AIC: 76.0543
                -35.0798 4
    -36.0272 2 1.89478 2
                        -55.062 1
                                39.9644 3
                        <.0001
\begin{tabular}{cccccc} 
& \multicolumn{5}{c}{ Goodness of Fit } \\
Dose & Est._Prob. & Expected & Observed & Size & Scaled \\
Residual
\end{tabular}
            Benchmark Dose Computation
Specified effect = 0.1
Risk Type = Extra risk
Confidence level = 0.95
        BMD = 5.31398
        BMDL = 2.86439
        BMDU = 8.84432
Taken together, (2.86439, 8.84432) is a 90 % two-sided confidence
interval for the BMD
Multistage Cancer Slope Factor = 0.0349115
```

Multistage Cancer Model with 0.95 Confidence Level

Total number of observations $=4$
Total number of records with missing values $=0$
Total number of parameters in model $=3$
Total number of specified parameters $=0$
Degree of polynomial $=2$
Maximum number of iterations $=250$
Relative Function Convergence has been set to: 2.22045e-016
Parameter Convergence has been set to: 1.49012e-008
**** We are sorry but Relative Function and Parameter Convergence ****
**** are currently unavailable in this model. Please keep checking
**** the web sight for model updates which will eventually
**** incorporate these convergence criterion. Default values used. ****
Default Initial Parameter Values
Background $=\quad 0$
Beta(1) = 0
$\operatorname{Beta}(2)=4.42193 e-005$
Asymptotic Correlation Matrix of Parameter Estimates
( *** The model parameter(s) -Background
have been estimated at a boundary point, or have been
specified by the user,
and do not appear in the correlation matrix )
Beta(1) Beta(2)
$\begin{array}{lll}B e t a(1) & -0.93\end{array}$
Beta(2) -0.93 1
Parameter Estimates
95.0\% Wald
Confidence Interval
Variable Estimate Std. Err. Lower Conf. Limit
Upper Conf. Limit
Background 0
Beta(1) 0.000525847
Beta(2) 3.60995e-005

*     - Indicates that this value is not calculated.
Analysis of Deviance Table
Model Log(likelihood) \# Param's Deviance Test d.f. P-value



$$
\text { Total number of parameters in model }=3
$$

Total number of specified parameters $=0$ Degree of polynomial $=2$

Maximum number of iterations $=250$
Relative Function Convergence has been set to: 2.22045e-016
Parameter Convergence has been set to: 1.49012e-008
**** We are sorry but Relative Function and Parameter Convergence ****
**** are currently unavailable in this model. Please keep checking ****
**** the web sight for model updates which will eventually
**** incorporate these convergence criterion. Default values used. ****

Default Initial Parameter Values
Background $=\quad 0$
$\operatorname{Beta}(1)=0$
Beta(2) $=0.00945627$

```
            Asymptotic Correlation Matrix of Parameter Estimates
            ( *** The model parameter(s) -Background -Beta(1)
                have been estimated at a boundary point, or have been
specified by the user,
                    and do not appear in the correlation matrix )
            Beta(2)
            Beta(2) 1
```

                Parameter Estimates
                                    95.0\% Wald
    Confidence Interval
Variable Estimate Std. Err. Lower Conf. Limit
Upper Conf. Limit
Background 0
Beta(1) 0
Beta(2) 0.00748156

*     - Indicates that this value is not calculated.
Analysis of Deviance Table
Model Log(likelihood) \# Param's Deviance Test d.f. P-value
Full model
Fitted model
0.5447
$\begin{array}{llllll}\text { Reduced model } & -69.4912 & 1 & 43.8674 & 3 & <.0001\end{array}$

```
                    Goodness of Fit
                                    Scaled
                                    Residual
\begin{tabular}{|c|c|c|c|c|c|}
\hline 0.0000 & 0.0000 & 0.000 & 0.000 & 35 & 0.000 \\
\hline 3.4000 & 0.0829 & 3.148 & 2.000 & 38 & -0.676 \\
\hline 5.6000 & 0.2091 & 7.110 & 5.000 & 34 & -0.890 \\
\hline 9.2000 & 0.4691 & 17.358 & 20.000 & 37 & 0.870 \\
\hline
\end{tabular}
Chi^2 = 2.01 d.f. = 3 P-value = 0.5711
    Benchmark Dose Computation
Specified effect = 0.24
Risk Type = Extra risk
Confidence level = 0.95
    BMD = 6.05655
    BMDL = 5.19938
    BMDU = 7.17099
Taken together, (5.19938, 7.17099) is a 90 % two-sided confidence
interval for the BMD
Multistage Cancer Slope Factor = 0.0461594
```



```
    Total number of records with missing values = 0
    Total number of parameters in model = 2
    Total number of specified parameters = 0
    Degree of polynomial = 1
```

    Maximum number of iterations \(=250\)
    Relative Function Convergence has been set to: \(2.22045 \mathrm{e}-016\)
    Parameter Convergence has been set to: 1.49012e-008
    **** We are sorry but Relative Function and Parameter Convergence ****
**** are currently unavailable in this model. Please keep checking
**** the web sight for model updates which will eventually
**** incorporate these convergence criterion. Default values used.
Default Initial Parameter Values
Background $=0.264818$
$\operatorname{Beta}(1)=18.4583$
Asymptotic Correlation Matrix of Parameter Estimates
( *** The model parameter(s) -Background
have been estimated at a boundary point, or have been
specified by the user,
and do not appear in the correlation matrix )
Beta(1)
Beta(1) 1
Parameter Estimates
95.0\% Wald
Confidence Interval
Variable Estimate Std. Err. Lower Conf. Limit
Upper Conf. Limit
Background 0
*
Beta(1) 25.3832

*     - Indicates that this value is not calculated.
Analysis of Deviance Table
Model Log(likelihood) \# Param's Deviance Test d.f. P-value
Full model
Fitted model
0.2358
Reduced model $\quad-39.8916 \quad 1 \quad 46.6349 \quad 2 \quad<.0001$
AIC:

| Log(likelihood) | \# Param's | Deviance | Test d.f. | P-value |
| :---: | :---: | :---: | :---: | :---: |
| -16.5742 | 3 |  |  |  |
| -18.019 | 1 | 2.88957 | 2 |  |
|  |  |  |  |  |
| -39.8916 | 1 | 46.6349 | 2 | $<.0001$ |

```
            Goodness of Fit
            -------Prob._--mizelual
            0.0000 0.0000 0.000 0.000 0.000
            0.0500 0.7189 13.660 16.000 19 1.194
            0.1000 0.9210 17.499 16.000 19 19 1.275
Chi^2 = 3.05 d.f. = 2 P-value = 0.2174
            Benchmark Dose Computation
Specified effect = 0.1
Risk Type = Extra risk
Confidence level = 0.95
            BMD = 0.00415079
            BMDL = 0.00298234
            BMDU = 0.00587793
Taken together, (0.00298234, 0.00587793) is a 90 % two-sided confidence
interval for the BMD
Multistage Cancer Slope Factor = 33.5308
```



```
    Total number of specified parameters = 0
    Degree of polynomial = 1
```

    Maximum number of iterations \(=250\)
    Relative Function Convergence has been set to: 2.22045e-016
    Parameter Convergence has been set to: 1.49012e-008
    **** We are sorry but Relative Function and Parameter Convergence ****
**** are currently unavailable in this model. Please keep checking
**** the web sight for model updates which will eventually
**** incorporate these convergence criterion. Default values used.
Default Initial Parameter Values
Background $=0.124609$
$\operatorname{Beta}(1)=\quad 29.9573$
Asymptotic Correlation Matrix of Parameter Estimates
( *** The model parameter(s) -Background
have been estimated at a boundary point, or have been
specified by the user,
and do not appear in the correlation matrix )
Beta(1)
Beta(1)
1
Parameter Estimates

Goodness of Fit

```
                                    Scaled
                                    Residual
    -------------------------------------------------------------------------
        0.0000 0.0000 0.000 0.000 0.000
        0.0500 0.8201 16.402 17.000 0.348
        0.1000 0.9676 19.353 19.000 20 -0.446
    Chi^2 = 0.32 d.f. = 2 P-value = 0.8522
    Benchmark Dose Computation
Specified effect = 0.1
Risk Type = Extra risk
Confidence level = 0.95
        BMD = 0.00307107
        BMDL = 0.00215021
    BMDU = 0.00440601
Taken together, (0.00215021, 0.00440601) is a 90 % two-sided confidence
interval for the BMD
Multistage Cancer Slope Factor = 46.5071
```

Multistage Cancer Model with 0.95 Confidence Level

```
    Total number of records with missing values = 0
    Total number of parameters in model = 2
    Total number of specified parameters = 0
    Degree of polynomial = 1
```

    Maximum number of iterations \(=250\)
    Relative Function Convergence has been set to: \(2.22045 \mathrm{e}-016\)
    Parameter Convergence has been set to: 1.49012e-008
    **** We are sorry but Relative Function and Parameter Convergence ****
**** are currently unavailable in this model. Please keep checking
**** the web sight for model updates which will eventually
**** incorporate these convergence criterion. Default values used.
Default Initial Parameter Values
Background $=0.22871$
$\operatorname{Beta}(1)=29.4444$
Asymptotic Correlation Matrix of Parameter Estimates
( *** The model parameter(s) -Background
have been estimated at a boundary point, or have been
specified by the user,
and do not appear in the correlation matrix )
Beta(1)
Beta(1) 1
Parameter Estimates
95.0\% Wald
Confidence Interval
Variable Estimate Std. Err. Lower Conf. Limit
Upper Conf. Limit
Background 0
*
Beta(1) $\quad 37.3037$
*

*     - Indicates that this value is not calculated.
Analysis of Deviance Table
Model Log(likelihood) \# Param's Deviance Test d.f. P-value
Full model
Fitted model
0.6395
Reduced model

| Log(likelihood) | \# Param's | Deviance | Test d.f. | P-value |
| :---: | :---: | :---: | :---: | :---: |
| -10.3111 | 3 |  |  |  |
| -10.7582 | 1 | 0.894194 | 2 |  |
|  |  |  |  | $<.0001$ |

            AIC:
                        23.5163
    ```
            Goodness of Fit
            -------_mpectim
            0.0000 0.0000 0.000 0.000 0.000
            0.0500 0.8451 16.058 17.000 19 0.598
            0.1000 0.9760 18.544 18.000 19 0.816
Chi^2 = 1.02 d.f. = 2 P-value = 0.5995
            Benchmark Dose Computation
Specified effect = 0.1
Risk Type = Extra risk
Confidence level = 0.95
            BMD = 0.0028244
            BMDL = 0.00193834
            BMDU = 0.00411821
Taken together, (0.00193834, 0.00411821) is a 90 % two-sided confidence
interval for the BMD
Multistage Cancer Slope Factor = 51.5905
```



```
    Total number of records with missing values = 0
    Total number of parameters in model = 2
    Total number of specified parameters = 0
    Degree of polynomial = 1
```

    Maximum number of iterations \(=250\)
    Relative Function Convergence has been set to: 2.22045e-016
    Parameter Convergence has been set to: 1.49012e-008
    **** We are sorry but Relative Function and Parameter Convergence ****
**** are currently unavailable in this model. Please keep checking
**** the web sight for model updates which will eventually
**** incorporate these convergence criterion. Default values used.
Default Initial Parameter Values
Background $=0.120514$
$\operatorname{Beta}(1)=7.53772$
Asymptotic Correlation Matrix of Parameter Estimates
( *** The model parameter(s) -Background
have been estimated at a boundary point, or have been
specified by the user,
and do not appear in the correlation matrix )
Beta(1)
Beta(1) 1
Parameter Estimates
95.0\% Wald
Confidence Interval
Variable Estimate Std. Err. Lower Conf. Limit
Upper Conf. Limit
Background 0
*
Beta(1) 11.2084
*

*     - Indicates that this value is not calculated.
Analysis of Deviance Table
Model Log(likelihood) \# Param's Deviance Test d.f. P-value
Full model
Fitted model
0.2414
Reduced model

| Log(likelihood) | \# Param's | Deviance | Test d.f. | P-value |
| :---: | :---: | :---: | :---: | :---: |
| -32.4818 | 3 |  |  |  |
| -33.903 | 1 | 2.84251 | 2 |  |
|  |  |  |  |  |
| -44.2604 | 1 | 23.5572 | 2 | $<.0001$ |

            AIC:
                        69.8061
    ```
            Goodness of Fit
```



```
            0.0000 0.0000 0.000 0.000 0.000
            0.0500 0.4290 12.871 16.000 1. 100
            0.1000 0.6740 11.458 9.000 17 17 l
Chi^2 = 2.95 d.f. = 2 P-value = 0.2288
            Benchmark Dose Computation
Specified effect = 0.1
Risk Type = Extra risk
Confidence level = 0.95
            BMD = 0.00940018
            BMDL = 0.00681373
            BMDU = 0.0134192
Taken together, (0.00681373, 0.0134192) is a 90 % two-sided confidence
interval for the BMD
Multistage Cancer Slope Factor = 14.6763
```

Multistage Cancer Model with 0.95 Confidence Level


```
    Total number of parameters in model = 3
    Total number of specified parameters = 0
    Degree of polynomial = 2
    Maximum number of iterations = 250
    Relative Function Convergence has been set to: 2.22045e-016
    Parameter Convergence has been set to: 1.49012e-008
**** We are sorry but Relative Function and Parameter Convergence ****
**** are currently unavailable in this model. Please keep checking ****
**** the web sight for model updates which will eventually
**** incorporate these convergence criterion. Default values used. ****
            Default Initial Parameter Values
                    Background = 0.0504814
                        Beta(1) = 0.00134342
                            Beta(2) = 0
            Asymptotic Correlation Matrix of Parameter Estimates
            ( *** The model parameter(s) -Background -Beta(2)
                have been estimated at a boundary point, or have been
specified by the user,
                    and do not appear in the correlation matrix )
                            Beta(1)
    Beta(1) 1
```

                                    Parameter Estimates
                                    95.0\% Wald
    Confidence Interval
Variable Estimate Std. Err. Lower Conf. Limit
Upper Conf. Limit
Background 0
Beta(1) 0.00163117
Beta(2) 0

*     - Indicates that this value is not calculated.
Analysis of Deviance Table
Model Log(likelihood) \# Param's Deviance Test d.f. P-value
Full model
Fitted model
0.6388
$\begin{array}{llllll}\text { Reduced model } & -46.0525 & 1 & 39.1775 & 3 & 0001\end{array}$

$$
\text { AIC: } \quad 56.6189
$$

```
                                    Goodness of Fit
            Dose Est._Prob. Expected Observed Size Residual
\begin{tabular}{|c|c|c|c|c|c|}
\hline 0.0000 & 0.0000 & 0.000 & 0.000 & 20 & 0.000 \\
\hline 30.0000 & 0.0478 & 0.955 & 1.000 & 20 & 0.047 \\
\hline 100.0000 & 0.1505 & 3.010 & 5.000 & 20 & 1.244 \\
\hline 1000.0000 & 0.8043 & 16.086 & 15.000 & 20 & -0.612 \\
\hline
\end{tabular}
    Chi^2 = 1.93 d.f. = 3 P-value = 0.5881
    Benchmark Dose Computation
Specified effect = 0.85
Risk Type = Extra risk
Confidence level = 0.95
    BMD = 1163.04
    BMDL = 802.998
    BMDU = 1836.46
Taken together, (802.998, 1836.46) is a 90 % two-sided confidence
interval for the BMD
Multistage Cancer Slope Factor = 0.00105853
```

Multistage Cancer Model with 0.95 Confidence Level


$$
\text { Total number of parameters in model }=3
$$

Total number of specified parameters $=0$
Degree of polynomial $=2$

Maximum number of iterations $=250$
Relative Function Convergence has been set to: 2.22045e-016
Parameter Convergence has been set to: 1.49012e-008
**** We are sorry but Relative Function and Parameter Convergence ****
**** are currently unavailable in this model. Please keep checking $\begin{aligned} & * * * * \\ & * * * *\end{aligned}$
**** the web sight for model updates which will eventually
**** incorporate these convergence criterion. Default values used.

Default Initial Parameter Values
Background $=0.086614$
$\operatorname{Beta}(1)=0.00379482$
$\operatorname{Beta}(2)=0$

Asymptotic Correlation Matrix of Parameter Estimates

|  | Background | Beta(1) | Beta(2) |
| ---: | ---: | ---: | ---: |
| Background | 1 | -0.51 | 0.37 |
| Beta(1) | -0.51 | 1 | -0.96 |
| Beta(2) | 0.37 | -0.96 | 1 |

Parameter Estimates


$$
\text { AIC: } \quad 121.748
$$



Multistage Cancer Model with 0.95 Confidence Level


$$
\text { Total number of parameters in model }=5
$$

Total number of specified parameters $=0$ Degree of polynomial $=4$

Maximum number of iterations $=250$
Relative Function Convergence has been set to: 2.22045e-016
Parameter Convergence has been set to: 1.49012e-008
**** We are sorry but Relative Function and Parameter Convergence ****
**** are currently unavailable in this model. Please keep checking ****
**** the web sight for model updates which will eventually
**** incorporate these convergence criterion. Default values used. ****
Default Initial Parameter Values
Background $=0$
Beta $(1)=6.01899 \mathrm{e}+017$
$\operatorname{Beta}(2)=0$
Beta(3) $=0$
$\operatorname{Beta}(4)=0$
Asymptotic Correlation Matrix of Parameter Estimates
( *** The model parameter(s) -Beta(2) -Beta(3)
have been estimated at a boundary point, or have been
specified by the user,
and do not appear in the correlation matrix )
Background Beta(1) Beta(4)
$\begin{array}{llll}\text { Background } & 1 & -0.66 & 0.27\end{array}$
$\begin{array}{llll}B e t a(1) & -0.66 & 1 & -0.52\end{array}$
Beta(4)
0.27
$-0.52$
1


```
                                    Analysis of Deviance Table
            Model Log(likelihood) # Param's Deviance Test d.f. P-value
            Full model -56.5419 6
            Fitted model 
0.2996
    Reduced model -101.065 1 89.0461 <.0001
                AIC: 122.752
\begin{tabular}{|c|c|c|c|c|c|}
\hline \multirow[b]{2}{*}{Dose} & \multicolumn{4}{|c|}{Goodness of Fit} & \multirow[b]{2}{*}{Scaled Residual} \\
\hline & Est._Prob. & Expected & Observed & Size & \\
\hline 0.0000 & 0.1321 & 3.829 & 3.000 & 29 & -0.455 \\
\hline 10.0000 & 0.4627 & 13.419 & 17.000 & 29 & 1.334 \\
\hline 25.0000 & 0.7388 & 20.685 & 21.000 & 28 & 0.135 \\
\hline 50.0000 & 0.9233 & 25.853 & 24.000 & 28 & -1.316 \\
\hline 100. 0000 & 0.9955 & 26.878 & 27.000 & 27 & 0.351 \\
\hline 200. 0000 & 1.0000 & 26.000 & 26.000 & 26 & 0.001 \\
\hline
\end{tabular}
    Chi^2 = 3.86 d.f. = 3 P-value = 0.2771
    Benchmark Dose Computation
Specified effect = 0.1
Risk Type = Extra risk
Confidence level = 0.95
    BMD = 2.19702
        BMDL = 1.66278
        BMDU = 3.30927
Taken together, (1.66278, 3.30927) is a 90 % two-sided confidence
interval for the BMD
Multistage Cancer Slope Factor = 0.0601403
```

Multistage Cancer Model with 0.95 Confidence Level


```
    Total number of specified parameters = 0
```

    Degree of polynomial \(=2\)
    Maximum number of iterations \(=250\)
    Relative Function Convergence has been set to: 2.22045e-016
    Parameter Convergence has been set to: 1.49012e-008
    **** We are sorry but Relative Function and Parameter Convergence ****
**** are currently unavailable in this model. Please keep checking
**** the web sight for model updates which will eventually
**** incorporate these convergence criterion. Default values used.
Default Initial Parameter Values
Background $=\quad 1$
$\operatorname{Beta}(1)=6.76726 e+019$
$\operatorname{Beta}(2)=0$
Asymptotic Correlation Matrix of Parameter Estimates
( *** The model parameter(s) -Beta(1)
have been estimated at a boundary point, or have been
specified by the user,
and do not appear in the correlation matrix )
Background Beta(2)
$\begin{array}{lll}\text { Background } & 1 & -0.52\end{array}$
Beta(2) -0.52 1
Parameter Estimates
Confidence Interval
Variable
Estimate Std. Err.
Lower Conf. Limit
Upper Conf. Limit
Background 0.0499931
*
Beta(1) 0
Beta(2) 44.3919

*     - Indicates that this value is not calculated.
Analysis of Deviance Table
Model Log(likelihood) \# Param's Deviance Test d.f. P-value
Full model
Fitted model
0.9997
Reduced model
$\begin{array}{cr}\text { Log(likelihood) } \\ -16.9192 & 4\end{array}$
-16.9195 2
20.000547543
2
$-49.6481 \quad 1$
65.45773

AIC:
37.839

```
                    Goodness of Fit
                                    Scaled
            Dose Est._Prob. Expected Observed Size Residual
        0.0000 0.0500 1.000 1.000 0.000
        0.1500 0.6501 13.002 13.000 20 -0.001
        0.5000 1.0000 19.000 19.000 0.017
        1.5000 1.0000 19.000 19.000 19 0.000
    Chi^2 = 0.00 d.f. = 2 P-value = 0.9999
    Benchmark Dose Computation
Specified effect = 0.88
Risk Type = Extra risk
Confidence level = 0.95
        BMD = 0.218546
        BMDL = 0.172781
        BMDU = 0.384831
Taken together, (0.172781, 0.384831) is a 90 % two-sided confidence
interval for the BMD
Multistage Cancer Slope Factor = 5.09315
```

Multistage Cancer Model with 0.95 Confidence Level
Total number of observations $=3$
Total number of records with missing values $=0$
Total number of parameters in model $=2$
Total number of specified parameters $=0$
Degree of polynomial $=1$
Maximum number of iterations $=250$
Relative Function Convergence has been set to: 2.22045e-016
Parameter Convergence has been set to: $1.49012 \mathrm{e}-008$
**** We are sorry but Relative Function and Parameter Convergence ****
**** are currently unavailable in this model. Please keep checking ****
**** the web sight for model updates which will eventually
**** incorporate these convergence criterion. Default values used. ****
Default Initial Parameter Values
Background $=0$
$\operatorname{Beta}(1)=0.0283321$
Asymptotic Correlation Matrix of Parameter Estimates
( *** The model parameter(s) -Background
have been estimated at a boundary point, or have been
specified by the user,
and do not appear in the correlation matrix )
Beta(1)
Beta(1)
1
Parameter Estimates
Confidence Interval
Variable
$\begin{array}{rcc}\text { Estimate } & \text { Std. Err. } & \text { Lower Conf. Limit } \\ 0 & * & * \\ 0.0219722 & * & *\end{array}$

*     - Indicates that this value is not calculated.
Analysis of Deviance Table
Model Log(likelihood) \# Param's Deviance Test d.f. P-value
Full model
Fitted model
0.6233
Reduced model $-39.5006 \quad 1 \quad 44.4744 \quad 2 \quad 0001$
AIC: $\quad 37.4725$


```
    Total number of records with missing values = 0
    Total number of parameters in model = 2
    Total number of specified parameters = 0
    Degree of polynomial = 1
    Maximum number of iterations = 250
    Relative Function Convergence has been set to: 2.22045e-016
    Parameter Convergence has been set to: 1.49012e-008
**** We are sorry but Relative Function and Parameter Convergence ****
**** are currently unavailable in this model. Please keep checking
**** the web sight for model updates which will eventually
**** incorporate these convergence criterion. Default values used.
```

            Default Initial Parameter Values
                        Background \(=\quad 0\)
                    \(\operatorname{Beta}(1)=0.0289037\)
            Asymptotic Correlation Matrix of Parameter Estimates
            Background Beta(1)
    $\begin{array}{lll}\text { Background } & 1 & -0.49\end{array}$
Beta(1) -0.49 1
Parameter Estimates

Goodness of Fit
Scaled

```
            Dose Est._Prob. Expected Observed Size Residual
\begin{tabular}{rrrrrr}
0.0000 & 0.0505 & 0.960 & 1.000 & 19 & 0.042 \\
50.0000 & 0.7064 & 14.127 & 13.000 & 20 & -0.553 \\
100.0000 & 0.9092 & 17.275 & 18.000 & 19 & 0.579
\end{tabular}
    Chi^2 = 0.64 d.f. = 1 P-value = 0.4224
            Benchmark Dose Computation
Specified effect = 0.51
Risk Type = Extra risk
Confidence level = 0.95
    BMD = 30.3924
    BMDL = 21.4681
    BMDU = 44.3165
Taken together, (21.4681, 44.3165) is a 90 % two-sided confidence
interval for the BMD
Multistage Cancer Slope Factor = 0.0237562
```


Total number of observations $=4$
Total number of records with missing values $=0$
Total number of parameters in model $=3$
Total number of specified parameters $=0$
Degree of polynomial $=2$
Maximum number of iterations $=250$
Relative Function Convergence has been set to: 2.22045e-016
Parameter Convergence has been set to: 1.49012e-008
**** We are sorry but Relative Function and Parameter Convergence ****
**** are currently unavailable in this model. Please keep checking
**** the web sight for model updates which will eventually
**** incorporate these convergence criterion. Default values used. ****
Default Initial Parameter Values
Background = 0.0934237
Beta(1) $=0.00272909$
$\operatorname{Beta}(2)=0$
Asymptotic Correlation Matrix of Parameter Estimates
( *** The model parameter(s) -Beta(2)
have been estimated at a boundary point, or have been
specified by the user,
and do not appear in the correlation matrix )
Background Beta(1)
$\begin{array}{lll}\text { Background } & 1 & -0.7\end{array}$
$\begin{array}{lll}\operatorname{Beta}(1) & -0.7 & 1\end{array}$
Parameter Estimates


```
            Full model -39.5733
            Fitted model -39.7914
0.804
    Reduced model -46.0668 1
                                    2 0.436272 2
    12.987 3
```4
```

                AIC: 83.5828
                    Goodness of Fit
    Scaled
Dose Est._Prob. Expected Observed Size Residual
---------------------------------------------------------------------------
0.0000 0.0601 1.142 1.000 1.0.137
0.0000 0.0601
3.921 4.000 20 0.044
100.0000 0.3123 5.934 7.000 0.527
250.0000 0.5696 10.823 10.000 19 0.381
Chi^2 = 0.44 d.f. = 2 P-value = 0.8007
Benchmark Dose Computation
Specified effect = 0.51
Risk Type = Extra risk
Confidence level = 0.95
BMD = 228.31
BMDL = 149.811
BMDU = 436.477
Taken together, (149.811, 436.477) is a 90 % two-sided confidence
interval for the BMD
Multistage Cancer Slope Factor = 0.00340429

```

\section*{D.2. INTRAPERITONEAL BIOASSAYS}


07:43 12/28 2009
lavoie 1994 female lung FA.txt
```

    ========================================================================
    ```

Multistage Cancer Model. (Version: 1.7; Date: 05/16/2008)
Input Data File:
C: \USEPA\IRIS\PAH\IP\Lavoie1994\FAfemalelung\msc_LaVoieFAfemalelung_MS_1_83.(
d)

Gnuplot Plotting File:
C: \USEPA\IRIS\PAH\IP\Lavoie1994\FAfemalelung\msc_LaVoieFAfemalelung_MS_1_83.p lt

Wed Dec 23 11:10:40 2009


BMDS Model Run

The form of the probability function is:
\(P[\) response \(]=\) background + (1-background)*[1-EXP( -beta1*dose^1)]

The parameter betas are restricted to be positive
```

        Dependent variable = incidence
        Independent variable = dose
    Total number of observations = 3
    Total number of records with missing values = 0
    Total number of parameters in model = 2
    Total number of specified parameters = 0
    Degree of polynomial = 1
    Maximum number of iterations = 250
    Relative Function Convergence has been set to: 2.22045e-016
    Parameter Convergence has been set to: 1.49012e-008
    **** We are sorry but Relative Function and Parameter Convergence ****
**** are currently unavailable in this model. Please keep checking ****
**** the web sight for model updates which will eventually
**** incorporate these convergence criterion. Default values used.
Default Initial Parameter Values
Background = 0.0929049
Beta(1) = 0.108473
Asymptotic Correlation Matrix of Parameter Estimates
Background Beta(1)
Background 1 -0.48
Beta(1) -0.48 1
Parameter Estimates

```


AIC :
92.3379
```

                    Goodness of Fit
                                    Scaled
            Dose Est._Prob. Expected Observed Size Residual
        ----------------------------------------------------------------------------
            0.0000 0.1125 3.825 4.000 0.095
            3.4600 0.3786 11.737 11.000 31 -0.273
            17.3000 0.8507 24.669 25.000 0.172
    Chi^2 = 0.11 d.f. = 1 P-value = 0.7366
Benchmark Dose Computation
Specified effect = 0.83
Risk Type = Extra risk
Confidence level = 0.95
BMD = 17.201
BMDL = 12.2186
BMDU = 25.6067
Taken together, (12.2186, 25.6067) is a 90 % two-sided confidence
interval for the BMD
Multistage Cancer Slope Factor = 0.067929

```

Multistage Cancer Model with 0.95 Confidence Level


07:45 12/28 2009
LAVOIEETAL1994LIVERmale.OUT.txt
```

=======================================================================
Multistage Cancer Model. (Version: 1.7; Date: 05/16/2008)
Input Data File:
C:\USEPA\IRIS\PAH\IP\Lavoie1994\FAmaleliver\msc_LaVoieFAmaleliver_MS_1_81.(d)
Gnuplot Plotting File:
C:\USEPA\IRIS\PAH\IP\Lavoie1994\FAmaleliver\msc_LaVoieFAmaleliver_MS_1_81.plt
Wed Dec 23 11:10:41 2009
=======================================================================

```

BMDS Model Run

The form of the probability function is:
\(P[\) response \(]=\) background + (1-background)*[1-EXP( -beta1*dose^1)]

The parameter betas are restricted to be positive

Dependent variable = incidence Independent variable = dose

Total number of observations \(=3\)
```

    Total number of records with missing values = 0
    Total number of parameters in model = 2
    Total number of specified parameters = 0
    Degree of polynomial = 1
    Maximum number of iterations = 250
    Relative Function Convergence has been set to: 2.22045e-016
    Parameter Convergence has been set to: 1.49012e-008
    **** We are sorry but Relative Function and Parameter Convergence ****
**** are currently unavailable in this model. Please keep checking
**** the web sight for model updates which will eventually
**** incorporate these convergence criterion. Default values used.

```
            Default Initial Parameter Values
                    Background \(=0\)
                    \(\operatorname{Beta}(1)=6.19323 e+018\)
            Asymptotic Correlation Matrix of Parameter Estimates
            Background Beta(1)
\(\begin{array}{lll}\text { Background } & 1 & -0.47\end{array}\)
    Beta(1) -0.47 1
                Parameter Estimates

Goodness of Fit
                                    Scaled
```

            Dose Est._Prob. Expected Observed Size Residual
    ----------------------------------------------------------------------------
        0.0000 0.1687 4.893 5.000 0.053
        3.4600 0.6617 18.527 18.000 28 -0.210
        17.3000 0.9907 16.842 17.000 0.399
    Chi^2 = 0.21 d.f. = 1 P-value = 0.6496
Benchmark Dose Computation
Specified effect = 0.81
Risk Type = Extra risk
Confidence level = 0.95
BMD = 6.39184
BMDL = 4.18834
BMDU = 10.3811
Taken together, (4.18834, 10.3811) is a 90 % two-sided confidence
interval for the BMD
Multistage Cancer Slope Factor = 0.193394

```

Multistage Cancer Model with 0.95 Confidence Level


The form of the probability function is:
\(P[\) response \(]=\) background + (1-background)*[1-EXP( -beta1*dose^1)]

The parameter betas are restricted to be positive

Dependent variable = incidence Independent variable = dose
```

    Total number of observations = 3
    Total number of records with missing values = 0
    Total number of parameters in model = 2
    Total number of specified parameters = 0
    Degree of polynomial = 1
    Maximum number of iterations = 250
    Relative Function Convergence has been set to: 2.22045e-016
    Parameter Convergence has been set to: 1.49012e-008
    **** We are sorry but Relative Function and Parameter Convergence ****
**** are currently unavailable in this model. Please keep checking ****
**** the web sight for model updates which will eventually
**** incorporate these convergence criterion. Default values used. ****
Default Initial Parameter Values
Background = 0.147839
Beta(1) = 0.000139419
Asymptotic Correlation Matrix of Parameter Estimates
Background Beta(1)
Background 1 -0.57
Beta(1) -0.57 1
Parameter Estimates
95.0% Wald
Confidence Interval
Variable Estimate Std. Err. Lower Conf. Limit
Upper Conf. Limit
Background 0.109703
Beta(1) 0.00017367

*     - Indicates that this value is not calculated.
Analysis of Deviance Table
Model Log(likelihood) \# Param's Deviance Test d.f. P-value
Full model
Fitted model
0.229
Reduced model
0.0005661
AIC:
139.526

```


Multistage Cancer Model with 0.95 Confidence Level

```

    Independent variable = dose
    Total number of observations = 4
    Total number of records with missing values = 0
    Total number of parameters in model = 3
    Total number of specified parameters = 0
    Degree of polynomial = 2
    Maximum number of iterations = 250
    Relative Function Convergence has been set to: 2.22045e-016
    Parameter Convergence has been set to: 1.49012e-008
    **** We are sorry but Relative Function and Parameter Convergence ****
**** are currently unavailable in this model. Please keep checking ****
**** the web sight for model updates which will eventually
**** incorporate these convergence criterion. Default values used.
Default Initial Parameter Values
Background = 0
Beta(1) = 0
Beta(2) = 1.14332e+019
Asymptotic Correlation Matrix of Parameter Estimates
( *** The model parameter(s) -Beta(1)
have been estimated at a boundary point, or have been
specified by the user,
and do not appear in the correlation matrix )
Background Beta(2)
Background 1 -0.27
Beta(2) -0.27 1
Parameter Estimates
Confidence Interval
Variable Estimate Std. Err. Lower Conf. Limit
Upper Conf. Limit
Background 0.419864
Beta(1) 0
Beta(2) 1.23372

*     - Indicates that this value is not calculated.
Analysis of Deviance Table

```


Multistage Cancer Model with 0.95 Confidence Level

Total number of observations \(=6\)
    Total number of records with missing values \(=0\)
    Total number of parameters in model \(=5\)
    Total number of specified parameters \(=0\)
    Degree of polynomial \(=4\)
    Maximum number of iterations \(=250\)
    Relative Function Convergence has been set to: 2.22045e-016
    Parameter Convergence has been set to: \(1.49012 \mathrm{e}-008\)
**** We are sorry but Relative Function and Parameter Convergence ****
**** are currently unavailable in this model. Please keep checking
**** the web sight for model updates which will eventually
**** incorporate these convergence criterion. Default values used. ****
            Default Initial Parameter Values
                        Background \(=1\)
                    Beta \((1)=5.5061 \mathrm{e}+017\)
                    Beta(2) = 0
                    \(\operatorname{Beta}(3)=0\)
                    \(\operatorname{Beta}(4)=0\)
            Asymptotic Correlation Matrix of Parameter Estimates
            ( *** The model parameter(s) -Beta(1) -Beta(2)
            have been estimated at a boundary point, or have been
specified by the user,
            and do not appear in the correlation matrix )
            Background Beta(3) Beta(4)
\(\begin{array}{llll}\text { Background } & 1 & -0.67 & 0.64\end{array}\)
    Beta(3)
                            \(-0.67\)
                                    1
                                    -1
    Beta(4)
                            0.64
                    \(-1\)
                            1
                                    Parameter Estimates

```

*     - Indicates that this value is not calculated.

```
                    Analysis of Deviance Table
            Model Log(likelihood) \# Param's Deviance Test d.f. P-value
            Full model
        Fitted model
        -35.952 6
        -35.958 3
                                \(30.0120148 \quad 3\)
0.9997
    Reduced model \(\quad-73.3649 \quad 1 \quad 74.8258 \quad 5 \quad<.0001\)
            AIC: 77.916
\begin{tabular}{|c|c|c|c|c|c|}
\hline \multirow[b]{2}{*}{Dose} & \multirow[b]{2}{*}{Est._Prob.} & \multicolumn{3}{|c|}{Goodness of Fit} & \multirow[b]{2}{*}{Scaled Residual} \\
\hline & & Expected & Observed & Size & \\
\hline 0.0000 & 0.2929 & 5.857 & 6.000 & 20 & 0.070 \\
\hline 5.0000 & 0.3086 & 6.172 & 6.000 & 20 & -0.083 \\
\hline 10.0000 & 0.4101 & 6.972 & 7.000 & 17 & 0.014 \\
\hline 50.0000 & 1.0000 & 19.000 & 19.000 & 19 & 0.000 \\
\hline 100.0000 & 1.0000 & 16.000 & 16.000 & 16 & 0.000 \\
\hline 200. 0000 & 1.0000 & 24.000 & 24.000 & 24 & 0.000 \\
\hline
\end{tabular}
    Chi^2 = 0.01 d.f. = \(3 \quad\) P-value \(=0.9997\)
        Benchmark Dose Computation
Specified effect = 0.1
Risk Type \(=\quad\) Extra risk
Confidence level \(=\quad 0.95\)
        \(B M D=8.35346\)
        BMDL \(=\quad 2.00564\)
    BMDU \(=\quad 22.6111\)
Taken together, (2.00564, 22.6111) is a 90 \% two-sided confidence
interval for the BMD
Multistage Cancer Slope Factor = 0.0498594

```

    Total number of records with missing values = 0
    Total number of parameters in model = 4
    Total number of specified parameters = 0
    Degree of polynomial = 3
    Maximum number of iterations = 250
    Relative Function Convergence has been set to: 2.22045e-016
    Parameter Convergence has been set to: 1.49012e-008
    **** We are sorry but Relative Function and Parameter Convergence ****
**** are currently unavailable in this model. Please keep checking
**** the web sight for model updates which will eventually
**** incorporate these convergence criterion. Default values used.

```
            Default Initial Parameter Values
            Background \(=0\)
            \(\operatorname{Beta}(1)=5.84708 \mathrm{e}+017\)
            \(\operatorname{Beta}(2)=0\)
            \(\operatorname{Beta}(3)=0\)
            Asymptotic Correlation Matrix of Parameter Estimates
            ( *** The model parameter(s) -Beta(2)
                    have been estimated at a boundary point, or have been
specified by the user,
            and do not appear in the correlation matrix )
        Background Beta(1) Beta(3)
\(\begin{array}{llll}\text { Background } & 1 & -0.56 & 0.31\end{array}\)
\begin{tabular}{lccc}
\(\operatorname{Beta}(1)\) & -0.56 & 1 & -0.8
\end{tabular}
\begin{tabular}{llll} 
Beta(3) & 0.31 & -0.8 & 1
\end{tabular}
                                    Parameter Estimates
```

Confidence Interval
Variable Estimate Std. Err. Lower Conf. Limit
Upper Conf. Limit
Background 0.328834
Beta(1) 0.0184355
Beta(2) 0
Beta(3) 3.37339e-006

*     - Indicates that this value is not calculated.

```
```

                Analysis of Deviance Table
    ```
Model 
```

Model
Model
Model
Model
Model
Model
Model
Model
Model
AIC:
AIC:
Model
Model
Model
Model
Model
Model
Model
Model
Model
Model
Model
Model
Model
Model
75.9386
75.9386
Model

```
Model 
```

```
Goodness of Fit
```

Goodness of Fit
Scaled
Scaled
Dose Est._Prob. Expected Observed Size Residual
Dose Est._Prob. Expected Observed Size Residual
----------------------------------------------------------------------------
----------------------------------------------------------------------------
0.0000 0.3288 6.577 6.000 20 -0.274
0.0000 0.3288 6.577 6.000 20 -0.274
10.0000 0.4437 7.987 9.000 0. 7. 0.481
10.0000 0.4437 7.987 9.000 0. 7. 0.481
50.0000 0.8249 16.497 16.000 20 -0.293
50.0000 0.8249 16.497 16.000 20 -0.293
100.0000 0.9964 19.927 20.000 0.270
100.0000 0.9964 19.927 20.000 0.270
200.0000 1.0000 19.000 19.000 19 0.000
200.0000 1.0000 19.000 19.000 19 0.000
Chi^2 = 0.47
Chi^2 = 0.47
d.f. = 2
d.f. = 2
P-value = 0.7925
P-value = 0.7925
Benchmark Dose Computation
Benchmark Dose Computation
Specified effect = 0.1
Specified effect = 0.1
Risk Type = Extra risk
Risk Type = Extra risk
Confidence level = 0.95
Confidence level = 0.95
BMD = 5.68153
BMD = 5.68153
BMDL = 2.40867
BMDL = 2.40867
BMDU = 28.009
BMDU = 28.009
Taken together, (2.40867, 28.009 ) is a 90 % two-sided confidence
Taken together, (2.40867, 28.009 ) is a 90 % two-sided confidence
interval for the BMD
interval for the BMD
Multistage Cancer Slope Factor = 0.0415166

```
Multistage Cancer Slope Factor = 0.0415166
```

Multistage Cancer Model with 0.95 Confidence Level

Total number of observations $=5$
Total number of records with missing values $=0$
Total number of parameters in model $=4$
Total number of specified parameters $=0$
Degree of polynomial $=3$
Maximum number of iterations $=250$
Relative Function Convergence has been set to: 2.22045e-016
Parameter Convergence has been set to: 1.49012e-008
**** We are sorry but Relative Function and Parameter Convergence ****
**** are currently unavailable in this model. Please keep checking
**** the web sight for model updates which will eventually
**** incorporate these convergence criterion. Default values used.
Default Initial Parameter Values
Background = 1
Beta $(1)=5.02249 \mathrm{e}+017$
Beta(2) = 0
$\operatorname{Beta}(3)=0$
Asymptotic Correlation Matrix of Parameter Estimates
( *** The model parameter(s) -Beta(1)
have been estimated at a boundary point, or have been
specified by the user,
and do not appear in the correlation matrix )
Background Beta(2) Beta(3)
Background $1 \quad 0.0 .13 \quad 0$
$\begin{array}{llll}\text { Beta(2) } & -0.13 & 1 & -0.99\end{array}$
$\begin{array}{llll}\text { Beta(3) } & 0.025 & -0.99 & 1\end{array}$
Parameter Estimates
Confidence Interval
Variable
Upper Conf. Limit
Background 0.299994
Beta(1) 0
Beta(2) 0.000554719
Beta(3) 9.86997e-005
* - Indicates that this value is not calculated.

```
                                    Analysis of Deviance Table
            Model Log(likelihood) # Param's Deviance Test d.f. P-value
            Full model
        Fitted model
1
    Reduced model
                AIC:
                        57.3551
                -25.6775 5
                                -25.6775 3 3.06836e-005
                        -56.6963 1
                                1 62.0376 4
                            <.0001
                    Goodness of Fit
            Dose Est._Prob. Expected Observed Size Residual
\begin{tabular}{|c|c|c|c|c|c|}
\hline 0.0000 & 0.3000 & 6.000 & 6.000 & 20 & 0.000 \\
\hline 10.0000 & 0.4000 & 8.000 & 8.000 & 20 & -0.000 \\
\hline 50.0000 & 1.0000 & 20.000 & 20.000 & 20 & 0.004 \\
\hline 100.0000 & 1.0000 & 19.000 & 19.000 & 19 & 0.000 \\
\hline 200.0000 & 1.0000 & 19.000 & 19.000 & 19 & 0.000 \\
\hline
\end{tabular}
Chi^2 = 0.00 d.f. = 2 P-value = 1.0000
    Benchmark Dose Computation
Specified effect = 0.1
Risk Type = Extra risk
Confidence level = 0.95
        BMD = 8.64922
        BMDL = 1.95607
        BMDU = 17.5713
Taken together, (1.95607, 17.5713) is a 90 % two-sided confidence
interval for the BMD
Multistage Cancer Slope Factor = 0.0511229
```

Multistage Cancer Model with 0.95 Confidence Level


```
    Total number of records with missing values = 0
    Total number of parameters in model = 4
    Total number of specified parameters = 0
    Degree of polynomial = 3
    Maximum number of iterations = 250
    Relative Function Convergence has been set to: 2.22045e-016
    Parameter Convergence has been set to: 1.49012e-008
**** We are sorry but Relative Function and Parameter Convergence ****
**** are currently unavailable in this model. Please keep checking
**** the web sight for model updates which will eventually
**** incorporate these convergence criterion. Default values used.
```

            Default Initial Parameter Values
                        Background = 0
            \(\operatorname{Beta}(1)=1.2 \mathrm{e}+019\)
            \(\operatorname{Beta}(2)=0\)
            \(\operatorname{Beta}(3)=0\)
            Asymptotic Correlation Matrix of Parameter Estimates
            ( *** The model parameter(s) -Beta(2)
                    have been estimated at a boundary point, or have been
    specified by the user,
and do not appear in the correlation matrix )
Background Beta(1) Beta(3)
$\begin{array}{llll}\text { Background } & 1 & -0.48 & 0.2\end{array}$
$\begin{array}{llll}B e t a(1) & -0.48 & 1 & -0.81\end{array}$
Beta(3)
0.2
$-0.81$
1
Parameter Estimates


```
                Analysis of Deviance Table
            Model Log(likelihood) # Param's Deviance Test d.f. P-value
        Full model
        Fitted model
1
    Reduced model -50.4308 1 45.6773 4 <.0001
                AIC:
                    61.1844
                Goodness of Fit
                                    Scaled
        Dose Est._Prob. Expected Observed Size Residual
        ------------------------------------------------------------------------------
        0.0000 0.3000 6.000 6.000 20 -0.000
        1.2500 0.6667 12.000 12.000 0.000
        2.5000 0.9474 18.000 18.000 19 -0.000
        5.0000 1.0000 20.000 20.000 0.003
        10.0000 1.0000 19.000 19.000 19 0.000
    Chi^2 = 0.00
                            d.f. = 2
                                P-value = 1.0000
    Benchmark Dose Computation
Specified effect = 0.1
Risk Type = Extra risk
Confidence level = 0.95
        BMD = 0.233378
        BMDL = 0.0933198
        BMDU = 0.955315
Taken together, (0.0933198, 0.955315) is a 90 % two-sided confidence
interval for the BMD
Multistage Cancer Slope Factor = 1.07158
```

Busby 1984 i.p. multiplicity
FA male
Linear
Nonconstant variance
BMR = lowest statistically significant response in BaP treated animals (after control subtracted)

Linear Model with 0.95 Confidence Level


The form of the response function is:
Y[dose] = beta_0 + beta_1*dose + beta_2*dose^2 + ...

Dependent variable $=$ mean
Independent variable $=$ dose
The polynomial coefficients are restricted to be positive
The variance is to be modeled as $\operatorname{Var}(i)=\exp (l a l p h a+\log (m e a n(i)) *$ rho)
Total number of dose groups $=3$
Total number of records with missing values $=0$
Maximum number of iterations $=250$
Relative Function Convergence has been set to: 1e-008
Parameter Convergence has been set to: 1e-008
Default Initial Parameter Values
lalpha $=0.136152$
rho $=\quad 0$
beta_0 = 0.0180952
beta_1 = 0.427551
Asymptotic Correlation Matrix of Parameter Estimates
lalpha rho beta_0 beta_1
$\begin{array}{lllll}\text { lalpha } & 1 & 0.65 & 0.015 & 0.00041\end{array}$
$\begin{array}{lllll}\text { rho } 0.65 & 1 & 0.22 & -0.061\end{array}$
beta_0
0.015
0.22
1
$-0.24$
beta_1
0.00041
$-0.061$
$-0.24$
1
Confidence Interval

Variable
Upper Conf. Limit
lalpha
rho
0.923372
0.0170376
0.426604

Parameter Estimates
1.03541
beta_0
0.634298

Std. Err.
0.204652
0.233188
1.03541
beta 1

- 4
0.0861283
0.257796

```
0.595413
```

Table of Data and Estimated Values of Interest


Model Descriptions for likelihoods calculated

Model A1: $\quad$ Yij $=M u(i)+e(i j)$
$\operatorname{Var}\{e(i j)\}=$ Sigma^2
Model A2: $\quad$ Yij $=M u(i)+e(i j)$
$\operatorname{Var}\{e(i j)\}=\operatorname{Sigma}(i) \wedge 2$
Model A3: $\quad$ Yij $=M u(i)+e(i j)$
$\operatorname{Var}\{e(i j)\}=\exp (l a l p h a+r h o * \ln (M u(i)))$
Model A3 uses any fixed variance parameters that were specified by the user

Model R: $\quad Y i=M u+e(i)$
$\operatorname{Var}\{e(i)\}=$ Sigma^2

## Likelihoods of Interest

| Model | Log(likelihood) | \# Param's | AIC |
| :---: | :---: | :---: | ---: |
| A1 | -46.759351 | 4 | 101.518703 |
| A2 | -7.114400 | 6 | 26.228800 |
| A3 | -7.317284 | 5 | 24.634569 |
| fitted | -7.329046 | 4 | 22.658093 |
| R | -59.984569 | 2 | 123.969139 |

Explanation of Tests
Test 1: Do responses and/or variances differ among Dose levels? (A2 vs. R)
Test 2: Are Variances Homogeneous? (A1 vs A2)
Test 3: Are variances adequately modeled? (A2 vs. A3)
Test 4: Does the Model for the Mean Fit? (A3 vs. fitted)
(Note: When rho=0 the results of Test 3 and Test 2 will be the same.)
Tests of Interest
Test -2*log(Likelihood Ratio) Test df p-value
Test $1 \quad 105.74 \quad 4 \quad<.0001$
Test $2 \quad 79.2899 \quad 2 \quad<.0001$
$\begin{array}{llll}\text { Test } 3 & 0.405769 & 1 & 0.5241\end{array}$
$\begin{array}{llll}\text { Test } 4 & 0.0235238 & 1 & 0.8781\end{array}$
The p-value for Test 1 is less than . 05. There appears to be a difference between response and/or variances among the dose levels
It seems appropriate to model the data
The p-value for Test 2 is less than .1. A non-homogeneous variance model appears to be appropriate

The p-value for Test 3 is greater than .1. The modeled variance appears to be appropriate here

The p-value for Test 4 is greater than .1. The model chosen seems
to adequately describe the data

Benchmark Dose Computation

```
Specified effect = 4.28
Risk Type = Point risk
Confidence level = 0.95
    BMD = 9.99278
    BMDL = 7.55762
```

Busby 1984 i.p. multiplicity
FA female
Linear
Nonconstant variance
BMR = lowest statistically significant response in BaP treated animals (after control subtracted)


The form of the response function is:
$\mathrm{Y}[$ dose $]=$ beta $\_0+$ beta $\_1^{*}$ dose + beta $2 * \operatorname{dose\wedge 2~+~...~}$


```
Model Descriptions for likelihoods calculated
```

Model A1: Yij $=$ Mu(i) + e(ij)

$$
\operatorname{Var}\{e(i j)\}=\text { Sigma^2 }
$$

Model A2: Yij $=$ Mu(i) + e(ij)
$\operatorname{Var}\{e(i j)\}=\operatorname{Sigma}(i)^{\wedge} 2$
Model A3: $\quad$ Yij $=M u(i)+e(i j)$
$\operatorname{Var}\{e(i j)\}=\exp (l a l p h a+r h o * \ln (M u(i)))$
Model A3 uses any fixed variance parameters that were specified by the user

Model R: Yi $=M u+e(i)$

$$
\operatorname{Var}\{e(i)\}=\operatorname{Sigma} \wedge 2
$$

Likelihoods of Interest

| Model | Log(likelihood) | \# Param's | AIC |
| ---: | :---: | :---: | :---: |
| A1 | 5.399546 | 4 | -2.799091 |
| A2 | 13.307908 | 6 | -14.615816 |
| A3 | 13.189903 | 5 | -16.379806 |
| fitted | 13.167852 | 4 | -18.335705 |
| R | 2.264796 | 2 | -0.529591 |

## Explanation of Tests

Test 1: Do responses and/or variances differ among Dose levels?
(A2 vs. R)
Test 2: Are Variances Homogeneous? (A1 vs A2)
Test 3: Are variances adequately modeled? (A2 vs. A3)
Test 4: Does the Model for the Mean Fit? (A3 vs. fitted)
(Note: When rho=0 the results of Test 3 and Test 2 will be the same.)
Tests of Interest
Test -2*log(Likelihood Ratio) Test df p-value

| Test 1 | 22.0862 | 4 | 0.0001927 |
| :--- | ---: | :--- | ---: |
| Test 2 | 15.8167 | 2 | 0.0003677 |
| Test 3 | 0.23601 | 1 | 0.6271 |
| Test 4 | 0.0441012 | 1 | 0.8337 |

The p-value for Test 1 is less than . 05 . There appears to be a difference between response and/or variances among the dose levels It seems appropriate to model the data

The $p$-value for Test 2 is less than .1. A non-homogeneous variance model appears to be appropriate

The p-value for Test 3 is greater than .1. The modeled variance appears to be appropriate here

The p-value for Test 4 is greater than .1. The model chosen seems to adequately describe the data

Benchmark Dose Computation

```
Specified effect =
3.56
```

Risk Type $=$ Point risk
Confidence level $=\quad 0.95$
$B M D=32.2804$

BMDL = 18.094

Nesnow 1998b i.p. multiplicity BbF
Drop 2 high doses
Linear
Nonconstant variance
BMR = lowest statistically significant response in BaP treated animals (after control subtracted)


The form of the response function is:

```
Y[dose] = beta_0 + beta_1*dose + beta_2*dose^2 + ...
```

    Dependent variable = mean
    Independent variable \(=\) dose
    The polynomial coefficients are restricted to be positive
    The variance is to be modeled as \(\operatorname{Var}(i)=\exp (l a l p h a+\log (m e a n(i))\) * rho)
    Total number of dose groups \(=3\)
    Total number of records with missing values \(=0\)
    Maximum number of iterations \(=250\)
    Relative Function Convergence has been set to: 1e-008
    Parameter Convergence has been set to: 1e-008
            Default Initial Parameter Values
                        lalpha \(=0.403617\)
            rho \(=\quad 0\)
        beta_0 = 0.456667
        beta_1 = 0.0305
        Asymptotic Correlation Matrix of Parameter Estimates
            lalpha rho beta_0 beta_1
    | lalpha | 1 | 0.15 | 0.059 | -0.07 |
| ---: | ---: | ---: | ---: | ---: |
| rho | 0.15 | 1 | -0.059 | 0.006 |
| beta_0 | 0.059 | -0.059 | 1 | -0.49 |
| beta_1 | -0.07 | 0.006 | -0.49 | 1 |



Model Descriptions for likelihoods calculated

Model A1: $\quad$ Yij $=\operatorname{Mu}(i)+e(i j)$
$\operatorname{Var}\{e(i j)\}=$ Sigma^2
Model A2: Yij $=\operatorname{Mu}(i)+e(i j)$
$\operatorname{Var}\{e(i j)\}=$ Sigma(i)^2
Model A3: $\quad$ Yij $=\operatorname{Mu}(i)+e(i j)$
$\operatorname{Var}\{\mathrm{e}(\mathrm{ij})\}=\exp (l a l p h a+r h o * \ln (\mathrm{Mu}(\mathrm{i})))$
Model A3 uses any fixed variance parameters that were specified by the user

Model R: $\quad Y i=M u+e(i)$
$\operatorname{Var}\{e(i)\}=$ Sigma^2

Likelihoods of Interest

| Model | Log(likelihood) | \# Param's | AIC |
| :---: | :---: | :---: | :---: |
| A1 | -39.164718 | 4 | 86.329436 |
| A2 | -27.688080 | 6 | 67.376160 |
| A3 | -27.755992 | 5 | 65.511983 |
| fitted | -28.699972 | 4 | 65.399945 |
| R | -47.123187 | 2 | 98.246375 |

Explanation of Tests
Test 1: Do responses and/or variances differ among Dose levels?
(A2 vs. R)
Test 2: Are Variances Homogeneous? (A1 vs A2)
Test 3: Are variances adequately modeled? (A2 vs. A3)
Test 4: Does the Model for the Mean Fit? (A3 vs. fitted)
(Note: When rho=0 the results of Test 3 and Test 2 will be the same.)

Tests of Interest
Test -2*log(Likelihood Ratio) Test df p-value

| Test 1 | 38.8702 | 4 | $<.0001$ |
| :--- | ---: | :--- | ---: |
| Test 2 | 22.9533 | 2 | $<.0001$ |
| Test 3 | 0.135824 | 1 | 0.7125 |
| Test 4 | 1.88796 | 1 | 0.1694 |

The p-value for Test 1 is less than . 05 . There appears to be a difference between response and/or variances among the dose levels It seems appropriate to model the data

The p-value for Test 2 is less than .1. A non-homogeneous variance model appears to be appropriate

The p-value for Test 3 is greater than .1. The modeled variance appears to be appropriate here

The p-value for Test 4 is greater than .1. The model chosen seems to adequately describe the data

Benchmark Dose Computation

```
Specified effect =
3.85
```

Risk Type = Point risk
Confidence level $=\quad 0.95$
$B M D=122.316$

BMDL $=\quad 84.0259$

Nesnow 1998b i.p. multiplicity DBahA
Drop 2 high doses
Linear
Nonconstant variance
BMR = lowest statistically significant response in BaP treated animals (after control subtracted)

Linear Model with 0.95 Confidence Level

Independent variable $=$ dose
The polynomial coefficients are restricted to be positive
The variance is to be modeled as $\operatorname{Var}(i)=\exp (l a l p h a+\log (m e a n(i))$ * rho)
Total number of dose groups $=3$
Total number of records with missing values $=0$
Maximum number of iterations $=250$
Relative Function Convergence has been set to: 1e-008
Parameter Convergence has been set to: 1e-008
Default Initial Parameter Values
lalpha $=0.721148$
rho $=\quad 0$
beta_0 = 0.413333
beta_1 = 1.008
Asymptotic Correlation Matrix of Parameter Estimates
lalpha rho beta_0 beta_1
$\begin{array}{lllll}\text { lalpha } & 1 & -0.35 & -0.035 & 0.037\end{array}$
$\begin{array}{lllll}\text { rho } & -0.35 & 1 & 0.073 & -0.083\end{array}$
beta_0
-0.035
0.073
1
-0.49
beta_1
0.037
$-0.083$
$-0.49$
1
Confidence Interval
Variable
Estimate
Parameter Estimates


Model Descriptions for likelihoods calculated

Model A1: Yij $=$ Mu(i) + e(ij)
$\operatorname{Var}\{e(i j)\}=$ Sigma^2
Model A2: $\quad$ Yij $=M u(i)+e(i j)$
$\operatorname{Var}\{e(i j)\}=$ Sigma(i)^2
Model A3: $\quad$ Yij $=M u(i)+e(i j)$
$\operatorname{Var}\{e(i j)\}=\exp (l a l p h a+r h o * \ln (M u(i)))$
Model A3 uses any fixed variance parameters that were specified by the user

Model R: $\quad Y i=M u+e(i)$
$\operatorname{Var}\{e(i)\}=S i g m a \wedge 2$

## Likelihoods of Interest

| Model | Log(likelihood) | \# Param's | AIC |
| :---: | :---: | :---: | ---: |
| A1 | -47.511796 | 4 | 103.023592 |
| A2 | -39.396001 | 6 | 90.792002 |
| A3 | -39.581359 | 5 | 89.162719 |
| fitted | -39.787219 | 4 | 87.574439 |
| R | -60.336483 | 2 | 124.672966 |

Explanation of Tests
Test 1: Do responses and/or variances differ among Dose levels? (A2 vs. R)
Test 2: Are Variances Homogeneous? (A1 vs A2)
Test 3: Are variances adequately modeled? (A2 vs. A3)
Test 4: Does the Model for the Mean Fit? (A3 vs. fitted)
(Note: When rho=0 the results of Test 3 and Test 2 will be the same.)
Tests of Interest
Test -2*log(Likelihood Ratio) Test df p-value
Test $141.8814<.0001$

Test $2 \quad 16.2316 \quad 2 \quad 0.0002988$
$\begin{array}{llll}\text { Test } 3 & 0.370717 & 1 & 0.5426\end{array}$
$\begin{array}{llll}\text { Test } 4 & 0.41172 & 1 & 0.5211\end{array}$
The p-value for Test 1 is less than . 05. There appears to be a difference between response and/or variances among the dose levels
It seems appropriate to model the data
The p-value for Test 2 is less than .1. A non-homogeneous variance model appears to be appropriate

The p-value for Test 3 is greater than .1. The modeled variance appears to be appropriate here

The p-value for Test 4 is greater than .1. The model chosen seems
to adequately describe the data

Benchmark Dose Computation
Specified effect = 3.85
Risk Type $=\quad$ Point risk
Confidence level $=\quad 0.95$
$B M D=3.56003$
$\mathrm{BMDL}=\quad 2.81986$

## D.3. LUNG IMPLANTATION BIOASSAYS



```
            Input Data File:
C:\USEPA\IRIS\PAH\lungimplant\Deutsch1983\AA\msc_DeutschAA_MS_1_10.(d)
            Gnuplot Plotting File:
C:\USEPA\IRIS\PAH\lungimplant\Deutsch1983\AA\msc_DeutschAA_MS_1_10.plt
                        Wed Dec 23 11:48:09 2009
    ======================================================================
```

    BMDS Model Run
    The form of the probability function is:
    \(\mathrm{P}[\) response \(]=\) background + (1-background)*[1-EXP(
        -beta1*dose^1)]
    The parameter betas are restricted to be positive
    Dependent variable = incidence
    Independent variable = dose
    Total number of observations $=3$
Total number of records with missing values $=0$
Total number of parameters in model $=2$
Total number of specified parameters $=0$
Degree of polynomial = 1
Maximum number of iterations = 250
Relative Function Convergence has been set to: 2.22045e-016
Parameter Convergence has been set to: 1.49012e-008
**** We are sorry but Relative Function and Parameter Convergence ****
**** are currently unavailable in this model. Please keep checking
**** the web sight for model updates which will eventually
**** incorporate these convergence criterion. Default values used.
Default Initial Parameter Values
Background $=0$
$\operatorname{Beta}(1)=0.996523$
Asymptotic Correlation Matrix of Parameter Estimates
( *** The model parameter(s) -Background
have been estimated at a boundary point, or have been
specified by the user,
and do not appear in the correlation matrix )
Beta(1)
Beta(1)
1
Parameter Estimates

```
Confidence Interval
            Variable Estimate Std. Err. Lower Conf. Limit
Upper Conf. Limit
    Background
                    Beta(1) 0.773841
* - Indicates that this value is not calculated.
                                    Analysis of Deviance Table
            Model Log(likelihood) # Param's Deviance Test d.f. P-value
            Full model -28.6723 3
                    -30.8245 1 4.30422 2
0.1162
    Reduced model -51.1258 1 < 44.907 <.0001
                AIC: 63.6489
\begin{tabular}{|c|c|c|c|c|c|}
\hline \multirow[b]{2}{*}{Dose} & \multirow[b]{2}{*}{Est._Prob.} & \multicolumn{3}{|c|}{Goodness of Fit} & \multirow[b]{2}{*}{Scaled Residual} \\
\hline & & Expected & Observed & Size & \\
\hline 0.0000 & 0.0000 & 0.000 & 0.000 & 35 & 0.000 \\
\hline 0.1600 & 0.1165 & 4.076 & 1.000 & 35 & -1.621 \\
\hline 0.8300 & 0.4739 & 16.587 & 19.000 & 35 & 0.817 \\
\hline
\end{tabular}
Chi^2 = 3.29 d.f. = 2 P-value = 0.1926
            Benchmark Dose Computation
Specified effect = 0.1
Risk Type = Extra risk
Confidence level = 0.95
        BMD = 0.136153
        BMDL = 0.0956191
        BMDU = 0.202527
Taken together, (0.0956191, 0.202527) is a 90 % two-sided confidence
interval for the BMD
Multistage Cancer Slope Factor = 1.04582
```



```
    Total number of records with missing values = 0
    Total number of parameters in model = 3
    Total number of specified parameters = 0
    Degree of polynomial = 2
```

    Maximum number of iterations \(=250\)
    Relative Function Convergence has been set to: 2.22045e-016
    Parameter Convergence has been set to: 1.49012e-008
    **** We are sorry but Relative Function and Parameter Convergence ****
**** are currently unavailable in this model. Please keep checking
**** the web sight for model updates which will eventually
**** incorporate these convergence criterion. Default values used.
Default Initial Parameter Values
Background $=0.0757681$
$\operatorname{Beta}(1)=2.82425$
$\operatorname{Beta}(2)=0$
Asymptotic Correlation Matrix of Parameter Estimates
( *** The model parameter(s) -Background -Beta(2)
have been estimated at a boundary point, or have been
specified by the user,
and do not appear in the correlation matrix )
Beta(1)
Beta(1)
1
Parameter Estimates
Confidence Interval
Variable
Estimate Std. Err. Lower Conf. Limit
Upper Conf. Limit
Background
*
Beta(1) 3.25323
Beta(2) 0

*     - Indicates that this value is not calculated.
Analysis of Deviance Table
Model Log(likelihood) \# Param's Deviance Test d.f. P-value
Full model
Fitted model
1.1075 4
$-51.34121$
0.4674353
0.926
Reduced model $\quad-96.8119 \quad 1 \quad 91.4088 \quad 3 \quad<.0001$

AIC:
104.682

```
                    Goodness of Fit
                                    Scaled
            Dose Est._Prob. Expected Observed Size Residual
        ----------------------------------------------------------------------------
        0.0000 0.0000 0.000 0.000 0.000
        0.1000 0.2777 9.720 10.000 0.106
        0.3000 0.6232 21.811 23.000 0.415
        1.0000 0.9614 33.647 33.000 35 -0.568
    Chi^2 = 0.51 d.f. = 3 P-value = 0.9177
    Benchmark Dose Computation
Specified effect = 0.1
Risk Type = Extra risk
Confidence level = 0.95
        BMD = 0.0323864
        BMDL = 0.0255063
        BMDU = 0.0445507
Taken together, (0.0255063, 0.0445507) is a 90 % two-sided confidence
interval for the BMD
Multistage Cancer Slope Factor = 3.9206
```

Multistage Cancer Model with 0.95 Confidence Level


```
    Total number of specified parameters = 0
```

    Degree of polynomial \(=2\)
    Maximum number of iterations \(=250\)
    Relative Function Convergence has been set to: 2.22045e-016
    Parameter Convergence has been set to: 1.49012e-008
    **** We are sorry but Relative Function and Parameter Convergence ****
**** are currently unavailable in this model. Please keep checking
**** the web sight for model updates which will eventually
**** incorporate these convergence criterion. Default values used.
Default Initial Parameter Values
Background $=0.00149382$
$\operatorname{Beta}(1)=0.226374$
$\operatorname{Beta}(2)=0.236366$
Asymptotic Correlation Matrix of Parameter Estimates
( *** The model parameter(s) -Background
have been estimated at a boundary point, or have been
specified by the user,
and do not appear in the correlation matrix )
Beta(1) Beta(2)
$\begin{array}{lll}\text { Beta(1) } & 1 & -0.97\end{array}$
Beta(2) -0.97 1
Parameter Estimates
Confidence Interval
Variable
Estimate Std. Err. Lower Conf. Limit
Upper Conf. Limit
Background
Beta(1) 0.24518
Beta(2)
0.217701

*     - Indicates that this value is not calculated.
Analysis of Deviance Table
Model Log(likelihood) \# Param's Deviance Test d.f. P-value
Full model
Fitted model
0.9944
Reduced model
$\begin{array}{cr}\text { Log(likelihood) } \\ -37.8686 & 4\end{array}$
$-37.8743 \quad 2$
0.01127122
1
27.7963

AIC: $\quad 79.7485$

```
                    Goodness of Fit
                                    Scaled
            Dose Est._Prob. Expected Observed Size Residual
        -------------------------------------------------------------------------
        0.0000 0.0000 0.000 0.000 0.000
        0.1000 0.0263 0.922 1.000 0.082
        0.3000 0.0889 3.113 3.000 35 -0.067
        1.0000 0.3705 12.969 13.000 0.011
    Chi^2 = 0.01 d.f. = 2 P-value = 0.9943
    Benchmark Dose Computation
Specified effect = 0.1
Risk Type = Extra risk
Confidence level = 0.95
        BMD = 0.33191
        BMDL = 0.184961
        BMDU = 0.544229
Taken together, (0.184961, 0.544229) is a 90 % two-sided confidence
interval for the BMD
Multistage Cancer Slope Factor = 0.540655
```

Multistage Cancer Model with 0.95 Confidence Level


```
    Total number of parameters in model = 3
    Total number of specified parameters = 0
    Degree of polynomial = 2
    Maximum number of iterations = 250
    Relative Function Convergence has been set to: 2.22045e-016
    Parameter Convergence has been set to: 1.49012e-008
**** We are sorry but Relative Function and Parameter Convergence ****
**** are currently unavailable in this model. Please keep checking ****
**** the web sight for model updates which will eventually
**** incorporate these convergence criterion. Default values used. ****
            Default Initial Parameter Values
                        Background = 0
                        Beta(1) = 0.0304801
                    Beta(2) = 0
            Asymptotic Correlation Matrix of Parameter Estimates
            ( *** The model parameter(s) -Background
                have been estimated at a boundary point, or have been
specified by the user,
                    and do not appear in the correlation matrix )
            Beta(1) Beta(2)
    Beta(1) 1 -0.98
    Beta(2) -0.98 1
                                    Parameter Estimates
```



```
```

    Reduced model -21.5342 1 % 3
    ```
```

    Reduced model -21.5342 1 % 3
    0.02491
0.02491
AIC: 38.0659

```
            AIC: 38.0659
```

| Dose | Est._Prob. | Goodness of Fit |  |  | Scaled Residual |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | Expected | Observed | Size |  |
| 0.0000 | 0.0000 | 0.000 | 0.000 | 35 | 0.000 |
| 0.1600 | 0.0044 | 0.156 | 0.000 | 35 | -0.395 |
| 0.8300 | 0.0232 | 0.812 | 1.000 | 35 | 0.211 |
| 4.1500 | 0.1186 | 4.032 | 4.000 | 34 | -0.017 |

```
    Chi^2 = 0.20 d.f. = 2 P-value = 0.9043
```

    Chi^2 = 0.20 d.f. = 2 P-value = 0.9043
        Benchmark Dose Computation
        Benchmark Dose Computation
    Specified effect = 0.1
Specified effect = 0.1
Risk Type = Extra risk
Risk Type = Extra risk
Confidence level = 0.95
Confidence level = 0.95
BMD = 3.51117
BMD = 3.51117
BMDL = 1.82558
BMDL = 1.82558
BMDU = 8.33008
BMDU = 8.33008
Taken together, (1.82558, 8.33008) is a 90 % two-sided confidence
Taken together, (1.82558, 8.33008) is a 90 % two-sided confidence
interval for the BMD
interval for the BMD
Multistage Cancer Slope Factor = 0.0547771

```
Multistage Cancer Slope Factor = 0.0547771
```

                            5
                            6
                            7
    

```
    Total number of parameters in model = 3
    Total number of specified parameters = 0
    Degree of polynomial = 2
    Maximum number of iterations = 250
    Relative Function Convergence has been set to: 2.22045e-016
    Parameter Convergence has been set to: 1.49012e-008
**** We are sorry but Relative Function and Parameter Convergence ****
**** are currently unavailable in this model. Please keep checking ****
**** the web sight for model updates which will eventually
**** incorporate these convergence criterion. Default values used. ****
            Default Initial Parameter Values
                        Background = 0.00616121
                        Beta(1) = 0.0709095
                        Beta(2) = 0.0144537
            Asymptotic Correlation Matrix of Parameter Estimates
            ( *** The model parameter(s) -Background
                have been estimated at a boundary point, or have been
specified by the user,
                    and do not appear in the correlation matrix )
                    Beta(1) Beta(2)
    Beta(1) 1 -0.98
    Beta(2) -0.98 1
                                    Parameter Estimates
MConfidence Interval (1)
```



Multistage Cancer Model with 0.95 Confidence Level


```
    Total number of specified parameters = 0
```

    Degree of polynomial \(=2\)
    Maximum number of iterations \(=250\)
    Relative Function Convergence has been set to: 2.22045e-016
    Parameter Convergence has been set to: 1.49012e-008
    **** We are sorry but Relative Function and Parameter Convergence ****
**** are currently unavailable in this model. Please keep checking
**** the web sight for model updates which will eventually
**** incorporate these convergence criterion. Default values used.
Default Initial Parameter Values
Background $=\quad 0$
Beta(1) = 0.126747
$\operatorname{Beta}(2)=0.00410997$
Asymptotic Correlation Matrix of Parameter Estimates
( *** The model parameter(s) -Background
have been estimated at a boundary point, or have been
specified by the user,
and do not appear in the correlation matrix )
Beta(1) Beta(2)
$\begin{array}{lll}\text { Beta(1) } & 1 & -0.97\end{array}$
Beta(2) -0.97 1
Parameter Estimates
Confidence Interval
Variable Estimate Std. Err. Lower Conf. Limit
Upper Conf. Limit
Background 0
Beta(1) 0.0842968
Beta(2) 0.0142917

*     - Indicates that this value is not calculated.
Analysis of Deviance Table
Model Log(likelihood) \# Param's Deviance Test d.f. P-value
Full model
Fitted model
0.5667
Reduced model $-46.2443 \quad 1 \quad 35.6806 \quad 3 \quad<.0001$

AIC: 61.9437

```
                    Goodness of Fit
                                    Scaled
            Dose Est._Prob. Expected Observed Size Residual
        --------------------------------------------------------------------------
        0.0000 0.0000 0.000 0.000 0.000
        0.1600 0.0138 0.482 0.000 35 -0.699
        0.8300 0.0767 2.378 3.000 0.420
        4.1500 0.4490 12.122 12.000 27 -0.047
    Chi^2 = 0.67 d.f. = 2 P-value = 0.7165
    Benchmark Dose Computation
Specified effect = 0.1
Risk Type = Extra risk
Confidence level = 0.95
        BMD = 1.05954
        BMDL = 0.557079
        BMDU = 1.79525
Taken together, (0.557079, 1.79525) is a 90 % two-sided confidence
interval for the BMD
Multistage Cancer Slope Factor = 0.179508
```

Multistage Cancer Model with 0.95 Confidence Level


```
    Total number of parameters in model = 3
    Total number of specified parameters = 0
    Degree of polynomial = 2
    Maximum number of iterations = 250
    Relative Function Convergence has been set to: 2.22045e-016
    Parameter Convergence has been set to: 1.49012e-008
**** We are sorry but Relative Function and Parameter Convergence ****
**** are currently unavailable in this model. Please keep checking ****
**** the web sight for model updates which will eventually
**** incorporate these convergence criterion. Default values used. ****
            Default Initial Parameter Values
                    Background = 0.0539703
                        Beta(1) = 0.20919
                    Beta(2) = 0
            Asymptotic Correlation Matrix of Parameter Estimates
            ( *** The model parameter(s) -Beta(2)
            have been estimated at a boundary point, or have been
specified by the user,
            and do not appear in the correlation matrix )
            Background Beta(1)
Background 1 -0.55
    Beta(1) -0.55 1
                                    Parameter Estimates
Confidence Interval
            Variable Estimate Std. Err. Lower Conf. Limit
Upper Conf. Limit
    Background 0.0224449
            Beta(1) 0.241452
            Beta(2) 0
* Beta(2)
* - Indicates that this value is not calculated.
                                    Analysis of Deviance Table
            Model Log(likelihood) # Param's Deviance Test d.f. P-value
        Full model
            -54.8079 4
                        -56.5662 2
                    3.5166 2
            Fitted model
0.1723
```



Multistage Cancer Model with 0.95 Confidence Level


```
    Total number of parameters in model = 3
    Total number of specified parameters = 0
    Degree of polynomial = 2
    Maximum number of iterations = 250
    Relative Function Convergence has been set to: 2.22045e-016
    Parameter Convergence has been set to: 1.49012e-008
**** We are sorry but Relative Function and Parameter Convergence ****
**** are currently unavailable in this model. Please keep checking ****
**** the web sight for model updates which will eventually
**** incorporate these convergence criterion. Default values used. ****
            Default Initial Parameter Values
                        Background = 0
                        Beta(1) = 3.21631
                        Beta(2) = 5.7325
            Asymptotic Correlation Matrix of Parameter Estimates
            ( *** The model parameter(s) -Background
                have been estimated at a boundary point, or have been
specified by the user,
                    and do not appear in the correlation matrix )
            Beta(1) Beta(2)
    Beta(1) 1 -0.93
    Beta(2) -0.93 1
                                    Parameter Estimates
Confidence Interval
            Variable Estimate
Upper Conf. Limit
        Background
            Beta(1) 3.01149
            Beta(2) 6.44644
- Beta(2)
* - Indicates that this value is not calculated.
                                    Analysis of Deviance Table
            Model Log(likelihood) # Param's Deviance Test d.f. P-value
        Full model
        Fitted model
0.9869
```



Multistage Cancer Model with 0.95 Confidence Level

Total number of observations $=4$
Total number of records with missing values $=0$
Total number of parameters in model $=3$
Total number of specified parameters $=0$
Degree of polynomial $=2$
Maximum number of iterations $=250$
Relative Function Convergence has been set to: 2.22045e-016
Parameter Convergence has been set to: 1.49012e-008
**** We are sorry but Relative Function and Parameter Convergence ****
**** are currently unavailable in this model. Please keep checking
**** the web sight for model updates which will eventually
**** incorporate these convergence criterion. Default values used. ****
Default Initial Parameter Values
Background = 0
$\operatorname{Beta}(1)=3.21631$
$\operatorname{Beta}(2)=5.7325$
Asymptotic Correlation Matrix of Parameter Estimates
( *** The model parameter(s) -Background
have been estimated at a boundary point, or have been
specified by the user,
and do not appear in the correlation matrix )
Beta(1) Beta(2)
$\begin{array}{lll}B e t a(1) & 1 & -0.93\end{array}$
Beta(2) -0.93 1
Parameter Estimates
95.0\% Wald
Confidence Interval
Variable Estimate Std. Err. Lower Conf. Limit
Upper Conf. Limit
Background 0
Beta(1) 3.01149
Beta(2) 6.44644

*     - Indicates that this value is not calculated.
Analysis of Deviance Table
Model Log(likelihood) \# Param's Deviance Test d.f. P-value

Full model $\quad-50.8389 \quad 4$
$\begin{array}{llll}-50.8521 & 2 & 0.0264626\end{array}$
$-84.65661$
67.63553
<. 0001
0.9869
$\begin{array}{rr}.9869 \\ \text { Reduced model } & -84.6566 \\ \text { AIC: } & 105.704\end{array}$
Goodness of Fit

$$
\text { Chi^2 }=0.03 \quad \text { d.f. }=2 \quad \text { P-value }=0.9870
$$

Benchmark Dose Computation
Specified effect $=\quad 0.57$
Risk Type $=\quad$ Extra risk
Confidence level $=\quad 0.95$
BMD $=\quad 0.197095$
BMDL $=0.157781$
BMDU $=\quad 0.247357$

Taken together, (0.157781, 0.247357 ) is a 90 \% two-sided confidence interval for the BMD

Multistage Cancer Slope Factor $=\quad 3.6126$

WENZEL-HARTUNG1990BaPforDBahA. OUT.txt

```
======================================================================
            Multistage Model. $Revision: 2.1 $ $Date: 2000/08/21 03:38:21 $
            Input Data File: C:\PAH\BMD ANALYSIS\BIOASSAY\OTHER
ROUTE\SETS\WENZEL-HARTUNG1990.(d)
            Gnuplot Plotting File: C:\PAH\BMD ANALYSIS\BIOASSAY\OTHER
ROUTE\SETS\WENZEL-HARTUNG1990.plt
```

                            Thu Jun 02 09:02:58 2005
    
BMDS MODEL RUN
The form of the probability function is:
$P[$ response $]=$ background + (1-background)*[1-EXP(
-beta1*dose^1-beta2*dose^2)]
The parameter betas are restricted to be positive
Dependent variable = responseBaP
Independent variable = doseBaP
Total number of observations $=4$
Total number of records with missing values $=0$
Total number of parameters in model $=3$
Total number of specified parameters $=0$
Degree of polynomial $=2$
Maximum number of iterations $=250$
Relative Function Convergence has been set to: 1e-008
Parameter Convergence has been set to: 1e-008
Default Initial Parameter Values
Background $=0$
Beta $(1)=3.21631$
$\operatorname{Beta}(2)=\quad 5.7325$
Asymptotic Correlation Matrix of Parameter Estimates
( *** The model parameter(s) -Background
have been estimated at a boundary point, or have been
specified by the user,
and do not appear in the correlation matrix )
Beta(1) Beta(2)
$\begin{array}{lll}B e t a(1) & 1 & -0.93\end{array}$
Beta(2) -0.93 1
Parameter Estimates


Multistage Cancer Model with 0.95 Confidence Level


```
    Total number of specified parameters = 0
    Degree of polynomial = 1
```

    Maximum number of iterations \(=250\)
    Relative Function Convergence has been set to: 2.22045e-016
    Parameter Convergence has been set to: 1.49012e-008
    **** We are sorry but Relative Function and Parameter Convergence ****
**** are currently unavailable in this model. Please keep checking
**** the web sight for model updates which will eventually
**** incorporate these convergence criterion. Default values used.
Default Initial Parameter Values
Background $=0.0178361$
Beta $(1)=0.109158$
Asymptotic Correlation Matrix of Parameter Estimates
( *** The model parameter(s) -Background
have been estimated at a boundary point, or have been
specified by the user,
and do not appear in the correlation matrix )
Beta(1)
Beta(1)
1
Parameter Estimates
$\begin{array}{lccc}\text { Confidence Interval } \\ \begin{array}{c}\text { Variable }\end{array} & \text { Estimate } & \text { 95.0\% Wald } \\ \text { Upper Conf. Limit } \\ \text { Background } & \text { Std. Err. } & \text { Lower Conf. Limit } \\ \text { * } & 0 & * & * \\ \text { * } & 0.123432 & * & *\end{array}$
Analysis of Deviance Table
Model Log(likelihood) \# Param's Deviance Test d.f. P-value
Full model
Fitted model
0.8508
$\begin{array}{lllll}\text { Reduced model } & -43.0622 & 1 & 15.5374 & 2\end{array}$
0.0004228
AIC:
72.9101


## D.4. ORAL BIOASSAYS

Weyand et al. 2004 BcFE lung

Multistage Cancer Model with 0.95 Confidence Level


11:07 12/28 2009

```
========================================================================
    Multistage Cancer Model. (Version: 1.7; Date: 05/16/2008)
    Input Data File:
C:\USEPA\IRIS\PAH\oral\Weyand2004\BcFE\msc_WeyandBcFE_MS_1_70.(d)
    Gnuplot Plotting File:
C:\USEPA\IRIS\PAH\oral\Weyand2004\BcFE\msc_WeyandBcFE_MS_1_70.plt
                                    Wed Dec 23 14:10:13 2009
=====================================================================
```

BMDS Model Run
The form of the probability function is:
$P[$ response $]=$ background + (1-background)*[1-EXP(
-beta1*dose^1)]

The parameter betas are restricted to be positive

```
    Dependent variable = incidence
    Independent variable = dose
Total number of observations = 3
Total number of records with missing values = 0
Total number of parameters in model = 2
Total number of specified parameters = 0
Degree of polynomial = 1
Maximum number of iterations = 250
Relative Function Convergence has been set to: 2.22045e-016
Parameter Convergence has been set to: 1.49012e-008
**** We are sorry but Relative Function and Parameter Convergence
**** are currently unavailable in this model. Please keep checking
**** the web sight for model updates which will eventually
**** incorporate these convergence criterion. Default values used.
                    Default Initial Parameter Values
                    Background = 0
                    Beta(1) = 5.23754e+017
            Asymptotic Correlation Matrix of Parameter Estimates
            Background Beta(1)
Background 1 -0.45
    Beta(1) -0.45 1
                                    Parameter Estimates
Confidence Interval
            Variable Estimate Std. Err. Lower Conf. Limit
Upper Conf. Limit
            Background 0.233316
*
            Beta(1) 0.0289518
*
* - Indicates that this value is not calculated.
```

```
                                    Analysis of Deviance Table
            Model Log(likelihood) # Param's Deviance Test d.f. P-value
            Full model -35.3639 3
        Fitted model -35.4627 2 0.197606 1
0.6567
    Reduced model -58.7707 1 46.8136 <.0001
            AIC: 74.9254
                Goodness of Fit
                                    Scaled
            Dose Est._Prob. Expected Observed Size Residual
\begin{tabular}{|c|c|c|c|c|c|}
\hline 0.0000 & 0.2333 & 6.766 & 7.000 & 29 & 0.103 \\
\hline 13.6000 & 0.4829 & 13.520 & 13.000 & 28 & -0.197 \\
\hline 197.0000 & 0.9974 & 28.926 & 29.000 & 29 & 0.273 \\
\hline
\end{tabular}
    Chi^2 = 0.12 d.f.= 1 P-value = 0.7253
    Benchmark Dose Computation
Specified effect = 0.7
Risk Type = Extra risk
Confidence level = 0.95
    BMD = 41.5854
    BMDL = 22.3673
        BMDU = 81.9344
Taken together, (22.3673, 81.9344) is a 90 % two-sided confidence
interval for the BMD
Multistage Cancer Slope Factor = 0.0312958
```


## D.5. BACTERIAL MUTAGENICITY

Hass 1981 bact mut bap.out.txt

```
=======================================================================
```

    Polynomial Model. Revision: 2.2 Date: 9/12/2002
    Input Data File: C: \BMDS \({ }^{\text {I }}\) UNSAVED1.(d)
    Gnuplot Plotting File: C:\BMDS\UNSAVED1.plt
                            Wed Jul 06 11:29:07 2005
    
BMDS MODEL RUN
The form of the response function is:
Y[dose] = beta_0 + beta_1*dose + beta_2*dose^2 + ...
Dependent variable $=$ MEAN
Independent variable = COLUMN1
rho is set to 0
Signs of the polynomial coefficients are not restricted
A constant variance model is fit
Total number of dose groups $=4$
Total number of records with missing values $=0$
Maximum number of iterations $=250$
Relative Function Convergence has been set to: 1e-008
Parameter Convergence has been set to: 1e-008
Default Initial Parameter Values
alpha $=194.5$
rho $=\quad 0 \quad$ Specified
beta_0 = 121.8
beta_1 = 297.029
Parameter Estimates

| Confidence Interval |  |  |  |
| :--- | ---: | ---: | ---: |
| Variable | Estimate | Std. Err. | Lower Conf. Limit |
| Upper Conf. Limit | 132.71 | 54.1784 | 26.5217 |
| 238.897 alpha Wald |  |  |  |
| 131.898 beta_0 | 121.8 | 5.15188 | 111.702 |
| 314.656 beta_1 | 297.029 | 8.99387 | 279.401 |

            Asymptotic Correlation Matrix of Parameter Estimates
    |  | alpha | beta_0 | beta_1 |
| ---: | ---: | ---: | ---: |
| alpha | 1 | $-1.4 \mathrm{e}-009$ | $-1.1 \mathrm{e}-008$ |
| beta_0 | $-1.4 \mathrm{e}-009$ | 1 | -0.76 |
| beta_1 | $-1.1 \mathrm{e}-008$ | -0.76 | 1 |



The $p$-value for Test 3 is greater than . 05 . The model chosen appears
to adequately describe the data

Benchmark Dose Computation
Specified effect = 1

Risk Type $=$ Estimated standard deviations from the control mean

Confidence level $=\quad 0.95$
$B M D=0.038784$

BMDL $=0.0286028$

```
HASS_1981_BACT_MUT_BEP.OUT.txt
```


Polynomial Model. Revision: 2.2 Date: 9/12/2002
Input Data File: C:\DOCUMENTS AND SETTINGS ${ }^{\text {SHCLYNCH }}$ MY DOCUMENTS $\backslash P A H$
RPS \MODELING \HASS_1981_BACT_MUT_BEP. (d)
Gnuplot Plotting File: C:\DOCUMENTS AND SETTINGS ${ }^{\text {SHCLYNCH }}$ MY
DOCUMENTS \PAH RPS ${ }^{2}$ MODELING ${ }^{\prime}$ HASS_1981_BACT_MUT_BEP.plt
Wed Jul 06 13:42:38 2005

BMDS MODEL RUN

The form of the response function is:
Y[dose] = beta_0 + beta_1*dose + beta_2*dose^2 + ...

Dependent variable = MEAN
Independent variable = COLUMN1
rho is set to 0
Signs of the polynomial coefficients are not restricted A constant variance model is fit

Total number of dose groups $=4$
Total number of records with missing values $=0$
Maximum number of iterations = 250
Relative Function Convergence has been set to: 1e-008
Parameter Convergence has been set to: 1e-008

Default Initial Parameter Values
alpha $=117.5$
$\begin{array}{lrl}\text { rho }= & 0 \quad \text { Specified }\end{array}$
beta_0 = 120.75 beta_1 = 77.5

Parameter Estimates



The p-value for Test 3 is greater than . 05. The model chosen appears
to adequately describe the data

Benchmark Dose Computation
Specified effect = 1

Risk Type $=\quad$ Estimated standard deviations from the control mean

Confidence level $=\quad 0.95$
$B M D=0.128156$

BMDL $=0.0923937$

```
JOHNSEN_1997_BAC_MUT_BAP.OUT.txt
```

$================================================================$
Polynomial Model. Revision: 2.2 Date: 9/12/2002
Input Data File: C:\DOCUMENTS AND SETTINGS
RPS $\backslash M O D E L I N G \backslash J O H N S E N \_1997 \_B A C \_M U T \_B A P .(d)$
Gnuplot Plotting File: C:\DOCUMENTS AND SETTINGS
DOCUMENTS \PAH RPS ${ }^{\text {RODELING }}$ JOHNSEN_1997_BAC_MUT_BAP.plt
Fri Jul 08 09:02:29 2005
====================================================================
BMDS MODEL RUN
The form of the response function is:
$\mathrm{Y}[$ dose $]=$ beta_0 + beta_1*dose + beta_2*dose^2 + ...
Dependent variable = MEAN
Independent variable = COLUMN1
rho is set to 0
Signs of the polynomial coefficients are not restricted
A constant variance model is fit
Total number of dose groups $=3$
Total number of records with missing values $=0$
Maximum number of iterations $=250$
Relative Function Convergence has been set to: 1e-008
Parameter Convergence has been set to: 1e-008
Default Initial Parameter Values
alpha $=\quad 70.2768$
$\begin{array}{ll}\text { rho }= & 0 \quad \text { Specified }\end{array}$
beta_0 = 115.5
beta_1 = 0.65
Parameter Estimates

| Confidence Interval |  |  |  |
| :--- | ---: | ---: | ---: |
| Variable | Estimate | Std. Err. | Lower Conf. Limit |
| Upper Conf. Limit | 59.3512 | 27.9784 | 4.51449 |
| 114.188 alpha | 115.5 | 4.06035 | 107.542 |
| 123.458 beta_0 | 0.65 | 0.314513 | 0.0335651 |
| 1.26643 |  |  |  |

                    Asymptotic Correlation Matrix of Parameter Estimates
    |  | alpha | beta_0 | beta_1 |
| ---: | ---: | ---: | ---: |
| alpha | 1 | $-7.9 \mathrm{e}-010$ | $-3.4 \mathrm{e}-012$ |
| beta_0 | $-7.9 \mathrm{e}-010$ | 1 | -0.77 |
| beta_1 | $-3.4 \mathrm{e}-012$ | -0.77 | 1 |



The $p$-value for Test 3 is greater than . 05 . The model chosen appears
to adequately describe the data

Benchmark Dose Computation
Specified effect = 1

Risk Type $=\quad$ Estimated standard deviations from the control mean

Confidence level $=\quad 0.95$
$B M D=11.8523$

BMDL $=\quad 6.27094$

## D.6. MAMMALIAN MUTAGENICITY

BARF_MUT_BAA.OUT.txt

```
    ======================================================================
```

            Multistage Model. \$Revision: 2.1 \$ \$Date: 2000/08/21 03:38:21 \$
            Input Data File: C:\DOCUMENTS AND SETTINGS \({ }^{\text {I }}\) HCLYNCH \(\backslash M Y\) DOCUMENTS \(\backslash P A H\)
    RPS $\backslash M O D E L I N G \backslash B A R F \_M U T \_B A A .(d)$
Gnuplot Plotting File: C:\DOCUMENTS AND SETTINGS ${ }^{\text {PHCLYNCH }}$ MY

Thu Jun 30 12:46:38 2005
=====================================================================
BMDS MODEL RUN
The form of the probability function is:
$P[$ response $]=$ background + (1-background) *[1-EXP $($
-beta1*dose^1-beta2*dose^2-beta3*dose^3)]
The parameter betas are restricted to be positive
Dependent variable $=$ COLUMN2
Independent variable $=$ COLUMN1
Total number of observations $=5$
Total number of records with missing values $=0$
Total number of parameters in model $=4$
Total number of specified parameters $=0$
Degree of polynomial $=3$
Maximum number of iterations $=250$
Relative Function Convergence has been set to: 1e-008
Parameter Convergence has been set to: 1e-008
Default Initial Parameter Values
Background $=3.89426 \mathrm{e}-006$
Beta $(1)=3.46216 e-007$
$\operatorname{Beta}(2)=0$
Beta(3) $=1.93939 \mathrm{e}-012$
**** WARNING: Completion code =-2. Optimum not found. Trying new starting
pont****

Asymptotic Correlation Matrix of Parameter Estimates
( *** The model parameter(s) -Background -Beta(2) -Beta(3) have been estimated at a boundary point, or have been specified by the user,
and do not appear in the correlation matrix )
Beta(1)
Beta(1)
1

```
            Variable
        Background
            Beta(1)
            Beta(2)
            Beta(3)
\begin{tabular}{rrc} 
Variable & Estimate & Std. Err. \\
Background & 0 & NA \\
Beta(1) & \(4.34385 \mathrm{e}-007\) & \(5.43792 \mathrm{e}-006\) \\
Beta(2) & 0 & NA \\
Beta(3) & 0 & NA
\end{tabular}
NA - Indicates that this parameter has hit a bound implied by some inequality constraint and thus has no standard error.
```

```
                    Analysis of Deviance Table
```

                    Analysis of Deviance Table
            Model
            Model
            Full model
            Full model
        Fitted model
        Fitted model
        Reduced model
        Reduced model
                Log(likelihood) Deviance Test DF
                Log(likelihood) Deviance Test DF
                -1548.6 5.57201 4 4 0.2335
                -1548.6 5.57201 4 4 0.2335
                AIC: 3099.21
                AIC: 3099.21
                    Goodness of Fit
                    Goodness of Fit
            Dose Est._Prob. Expected Observed Size Chi^2 Res.
            Dose Est._Prob. Expected Observed Size Chi^2 Res.
    i: 1
i: 1
0.0000 0.0000 0.000 0 0.000
0.0000 0.0000 0.000 0 0.000
i: 2
i: 2
20.0000 0.0000 8.688 12 0.381
20.0000 0.0000 8.688 12 0.381
i 3
i 3
50.0000 0.0000 21.71
50.0000 0.0000 21.71
i: 4
i: 4
100.0000 0.0000 43.438 34 1000000 -0.217
100.0000 0.0000 43.438 34 1000000 -0.217
i: 5
i: 5
150.0000 0.0001 65.156 64 1000000 -0.018
150.0000 0.0001 65.156 64 1000000 -0.018
Chi-square =
Chi-square =
5.77
5.77
DF = 4
DF = 4
P-value = 0.2166
P-value = 0.2166
Benchmark Dose Computation
Benchmark Dose Computation
Specified effect = 1e-005
Specified effect = 1e-005
Risk Type = Extra risk
Risk Type = Extra risk
Confidence level = 0.95
Confidence level = 0.95
BMD = 23.0212
BMD = 23.0212
**** WARNING: Completion code = -2. Optimum not found. Trying new starting
**** WARNING: Completion code = -2. Optimum not found. Trying new starting
point****
point****
**** WARNING 0: Completion code = -2 trying new start****
**** WARNING 0: Completion code = -2 trying new start****
**** WARNING 1: Completion code = -2 trying new start****

```
**** WARNING 1: Completion code = -2 trying new start****
```

                    Parameter Estimates
    ```
**** WARNING 2: Completion code = -2 trying new start****
**** WARNING 3: Completion code = -2 trying new start****
**** WARNING 4: Completion code = -2 trying new start****
**** WARNING 5: Completion code = -2 trying new start****
**** WARNING 6: Completion code = -2 trying new start****
**** WARNING 7: Completion code = -2 trying new start****
**** WARNING 8: Completion code = -2 trying new start****
**** WARNING 9: Completion code = -2 trying new start****
**** WARNING: Completion code = -2. Optimum not found. Trying new starting
point****
**** WARNING 0: Completion code = -2 trying new start****
**** WARNING 1: Completion code = -3 trying new start****
**** WARNING 2: Completion code = -3 trying new start****
**** WARNING 3: Completion code = -3 trying new start****
**** WARNING 4: Completion code = - 3 trying new start****
**** WARNING 5: Completion code = -3 trying new start****
**** WARNING 6: Completion code = -2 trying new start****
**** WARNING 7: Completion code = - 3 trying new start****
**** WARNING 8: Completion code = -3 trying new start****
**** WARNING 9: Completion code = -3 trying new start****
Warning: completion code still negative
BMDL did not converge for BMR = 0.000010
Program execution is stopped
```

BARF_MUT_BAP.OUT.txt

```
=======================================================================
```

            Multistage Model. \$Revision: 2.1 \$ \$Date: 2000/08/21 03:38:21 \$
            Input Data File: C:\DOCUMENTS AND SETTINGS \({ }^{\text {SHCLYNCH }}\) MY DOCUMENTS \(\backslash P A H\)
    RPS $\backslash M O D E L I N G \backslash B A R F \_M U T \_B A P .(d)$
Gnuplot Plotting File: C:\DOCUMENTS AND SETTINGS

Thu Jun 30 12:40:17 2005
======================================================================
BMDS MODEL RUN
The form of the probability function is:
$P[$ response $]=$ background + (1-background)*[1-EXP(
-beta1*dose^1-beta2*dose^2)]
The parameter betas are restricted to be positive
Dependent variable $=$ COLUMN2
Independent variable = COLUMN1
Total number of observations $=4$
Total number of records with missing values $=0$
Total number of parameters in model $=3$
Total number of specified parameters $=0$
Degree of polynomial $=2$
Maximum number of iterations $=250$
Relative Function Convergence has been set to: 1e-008
Parameter Convergence has been set to: 1e-008
Default Initial Parameter Values
Background $=1.39884 \mathrm{e}-006$
Beta $(1)=5.34042 \mathrm{e}-006$
$\operatorname{Beta}(2)=0$
Asymptotic Correlation Matrix of Parameter Estimates
( *** The model parameter(s) -Background -Beta(2)
have been estimated at a boundary point, or have been
specified by the user,
and do not appear in the correlation matrix )
Beta(1)
Beta(1)
1
Parameter Estimates
Variable
Background
Estimate
Std. Err.
NA


```
**** WARNING 6: Completion code = -3 trying new start****
**** WARNING 7: Completion code = -3 trying new start****
**** WARNING 8: Completion code = -3 trying new start****
**** WARNING 9: Completion code = - 3 trying new start****
**** WARNING: Completion code = -3. Optimum not found. Trying new starting
point****
**** WARNING 0: Completion code = -1 trying new start****
**** WARNING 1: Completion code = -1 trying new start****
**** WARNING 2: Completion code = -1 trying new start****
    BMDL = 1.68248
```

BARF_MUT_CH.OUT.txt

```
=======================================================================
```

            Multistage Model. \$Revision: 2.1 \$ \$Date: 2000/08/21 03:38:21 \$
    
RPS $\backslash M O D E L I N G \backslash B A R F \_M U T \_C H .(d)$
Gnuplot Plotting File: C:\DOCUMENTS AND SETTINGS $\backslash H C L Y N C H \backslash M Y$

Thu Jun 30 12:48:57 2005
=====================================================================
BMDS MODEL RUN
The form of the probability function is:
$P[$ response $]=$ background + (1-background)*[1-EXP(
-beta1*dose^1)]
The parameter betas are restricted to be positive
Dependent variable = COLUMN2
Independent variable = COLUMN1
Total number of observations $=3$
Total number of records with missing values $=0$
Total number of parameters in model $=2$
Total number of specified parameters $=0$
Degree of polynomial $=1$
Maximum number of iterations $=250$
Relative Function Convergence has been set to: 1e-008
Parameter Convergence has been set to: 1e-008
Default Initial Parameter Values
Background $=2.60526 \mathrm{e}-006$
Beta(1) $=5.02638 \mathrm{e}-007$
Asymptotic Correlation Matrix of Parameter Estimates
( *** The model parameter(s) -Background
have been estimated at a boundary point, or have been
specified by the user,
and do not appear in the correlation matrix )
Beta(1)
Beta(1) 1
Parameter Estimates
Variable
Estimate
Background
0
Beta(1)
6.14293e-007

Std. Err.
NA
$1.93539 \mathrm{e}-005$

```
NA - Indicates that this parameter has hit a bound
        implied by some inequality constraint and thus
        has no standard error.
```

                    Analysis of Deviance Table
            Model Log(likelihood) Deviance Test DF P-value
        Full model
        Fitted model
        Reduced model
    | Log(likelihood) | Deviance | Test DF | P-value |
| ---: | :---: | :---: | :---: |
| -504.191 |  |  |  |
| -505.38 | 2.37752 | 2 | 0.3046 |
| -522.575 | 36.7681 | 2 | $<.0001$ |

            AIC: 1012.76
                Goodness of Fit
        Dose Est._Prob. Expected Observed Size Chi^2 Res.
    i: 1
$\begin{array}{cccccc}0.0000 & 0.0000 & 0.000 & 0 & 1000000 & 0.000\end{array}$
i: 2
$20.0000 \quad 0.0000 \quad 12.286$
i: 3
$\begin{array}{llllll}50.0000 & 0.0000 & 30.714 & 26 & -0.153\end{array}$
Chi-square $=\quad 2.53 \quad D F=2 \quad$-value $=0.2819$
Benchmark Dose Computation
Specified effect $=\quad 1 e-005$
Risk Type $=\quad$ Extra risk
Confidence level = 0.95
$B M D=16.279$
**** WARNING: Completion code = -1. Optimum not found. Trying new starting
point****
**** WARNING 0: Completion code $=-1$ trying new start****
**** WARNING 1: Completion code $=-1$ trying new start****
**** WARNING 2: Completion code $=-1$ trying new start****
**** WARNING 3: Completion code $=-1$ trying new start****
**** WARNING 4: Completion code $=-1$ trying new start****
**** WARNING 5: Completion code $=-1$ trying new start****
**** WARNING 6: Completion code $=-1$ trying new start****
WARNING 7: Completion code $=-1$ trying new start****

```
**** WARNING 8: Completion code = -1 trying new start****
**** WARNING 9: Completion code = -1 trying new start****
**** WARNING: Completion code = -1. Optimum not found. Trying new starting
point****
**** WARNING 0: Completion code = - 3 trying new start****
**** WARNING 1: Completion code = -3 trying new start****
**** WARNING 2: Completion code = -3 trying new start****
**** WARNING 3: Completion code = -3 trying new start****
**** WARNING 4: Completion code = -3 trying new start****
**** WARNING 5: Completion code = -3 trying new start****
**** WARNING 6: Completion code = -3 trying new start****
**** WARNING 7: Completion code = -3 trying new start****
**** WARNING 8: Completion code = -3 trying new start****
**** WARNING 9: Completion code = -3 trying new start****
Warning: completion code still negative
BMDL did not converge for BMR = 0.000010
Program execution is stopped
```

BARF_MUT_FA.OUT.txt

```
=======================================================================
```

            Multistage Model. \$Revision: 2.1 \$ \$Date: 2000/08/21 03:38:21 \$
            Input Data File: C:\DOCUMENTS AND SETTINGS \({ }^{\text {SHCLYNCH }}\) MY DOCUMENTS \(\backslash P A H\)
    RPS $\backslash M O D E L I N G \backslash B A R F \_M U T \_F A .(d)$
Gnuplot Plotting File: C:\DOCUMENTS AND SETTINGS $\backslash H C L Y N C H \backslash M Y$
DOCUMENTS
Thu Jun 30 12:43:11 2005

BMDS MODEL RUN
The form of the probability function is:
$P[$ response $]=$ background + (1-background)*[1-EXP(
-beta1*dose^1)]
The parameter betas are restricted to be positive
Dependent variable = COLUMN2
Independent variable = COLUMN1
Total number of observations $=3$
Total number of records with missing values $=0$
Total number of parameters in model $=2$
Total number of specified parameters $=0$
Degree of polynomial $=1$
Maximum number of iterations $=250$
Relative Function Convergence has been set to: 1e-008
Parameter Convergence has been set to: 1e-008
Default Initial Parameter Values
Background $=6.6658 \mathrm{e}-007$
Beta $(1)=2.50006 \mathrm{e}-006$
Asymptotic Correlation Matrix of Parameter Estimates
( *** The model parameter(s) -Background
have been estimated at a boundary point, or have been
specified by the user,
and do not appear in the correlation matrix )
Beta(1)
Beta(1) 1
Parameter Estimates
Variable
Background
Estimate
0
Beta(1)
2.56672e-006
Std. Err.
NA
4.49565e-005

```
NA - Indicates that this parameter has hit a bound
        implied by some inequality constraint and thus
        has no standard error.
```

                    Analysis of Deviance Table
            Model Log(likelihood) Deviance Test DF P-value
            Full model
        Fitted model
        Reduced model
                                \(-856.255\)
                                0.1032
                                0.9498
                        \(-890.913\)
    | Log(likelihood) | Deviance | Test DF | P-value |
| :---: | ---: | :---: | :---: |
| -856.204 |  |  |  |
| -856.255 | 0.103 | 2 | 0.9498 |
| -890.913 | 69.419 | 2 | $<.0001$ |

$$
<.0001
$$

AIC:
1714.51

Goodness of Fit
Dose Est._Prob. Expected Observed Size Chi^2 Res.

```
i: 1
```

    \(0.0000 \quad 0.0000 \quad 0 \quad 1000000 \quad 0.000\)
    i: 2
$10.0000 \quad 0.0000 .667$
i: 3
$20.0000 \quad 0.0001 \quad 51.333 \quad 1000000 \quad-0.026$
Chi-square $=\quad 0.10 \quad$ DF $=2 \quad$ P-value $=0.9494$
Benchmark Dose Computation
Specified effect $=\quad 1 e-005$
Risk Type $=\quad$ Extra risk
Confidence level = 0.95
$B M D=3.89604$
**** WARNING: Completion code =-1. Optimum not found. Trying new starting
point****
**** WARNING 0: Completion code $=-1$ trying new start****
**** WARNING 1: Completion code $=-5$ trying new start****
$B M D L=0$

BARF_MUT_TPHEN.OUT.txt

```
=======================================================================
```

            Multistage Model. \$Revision: 2.1 \$ \$Date: 2000/08/21 03:38:21 \$
    
RPS $\backslash M O D E L I N G \backslash B A R F \_M U T \_T P H E N .(d)$
Gnuplot Plotting File: C:\DOCUMENTS AND SETTINGS

Thu Jun 30 12:52:56 2005
======================================================================
BMDS MODEL RUN
The form of the probability function is:
$P[$ response $]=$ background + (1-background)*[1-EXP(
-beta1*dose^1-beta2*dose^2)]
The parameter betas are restricted to be positive
Dependent variable = COLUMN2
Independent variable = COLUMN1
Total number of observations $=4$
Total number of records with missing values $=0$
Total number of parameters in model $=3$
Total number of specified parameters $=0$
Degree of polynomial $=2$
Maximum number of iterations $=250$
Relative Function Convergence has been set to: 1e-008
Parameter Convergence has been set to: 1e-008
Default Initial Parameter Values
Background $=9.99937 \mathrm{e}-007$
Beta $(1)=1.74289 \mathrm{e}-007$
$\operatorname{Beta}(2)=0$
Asymptotic Correlation Matrix of Parameter Estimates
( *** The model parameter(s) -Background -Beta(2)
have been estimated at a boundary point, or have been
specified by the user,
and do not appear in the correlation matrix )
Beta(1)
Beta(1)
1
Parameter Estimates
Variable
Background
Estimate
Std. Err.
NA


```
**** WARNING 6: Completion code = -2 trying new start****
**** WARNING 7: Completion code = -2 trying new start****
**** WARNING 8: Completion code = -2 trying new start****
**** WARNING 9: Completion code = - 2 trying new start****
**** WARNING: Completion code = -2. Optimum not found. Trying new starting
point****
**** WARNING 0: Completion code = -2 trying new start****
**** WARNING 1: Completion code = -5 trying new start****
**** WARNING 2: Completion code = -2 trying new start****
**** WARNING 3: Completion code = -2 trying new start****
**** WARNING 4: Completion code = -2 trying new start****
**** WARNING 5: Completion code = -2 trying new start****
**** WARNING 6: Completion code = -2 trying new start****
**** WARNING 7: Completion code = -5 trying new start****
**** WARNING 8: Completion code = -2 trying new start****
**** WARNING 9: Completion code = -5 trying new start****
Warning: completion code still negative
BMDL did not converge for BMR = 0.000010
Program execution is stopped
```

RAVEH_HUB_MUT_BAP.OUT.txt

```
    ======================================================================
```

            Multistage Model. \$Revision: 2.1 \$ \$Date: 2000/08/21 03:38:21 \$
            Input Data File: C:\DOCUMENTS AND SETTINGS\HCLYNCH\MY DOCUMENTS \(\backslash P A H\)
    RPS $\backslash M O D E L I N G \backslash R A V E H \_H U B \_M U T \_B A P .(d)$
Gnuplot Plotting File: C:\DOCUMENTS AND SETTINGS
DOCUMENTS \PAH RPS\MODELING $\backslash$ RAVEH_HUB_MUT_BAP.plt
Wed Jun 29 12:15:41 2005
======================================================================
BMDS MODEL RUN

The form of the probability function is:
$P[$ response $]=$ background + (1-background)*[1-EXP(
-beta1*dose^1)]

The parameter betas are restricted to be positive

Dependent variable $=$ COLUMN2
Independent variable $=$ COLUMN1
Total number of observations $=3$
Total number of records with missing values $=0$
Total number of parameters in model $=2$
Total number of specified parameters $=0$ Degree of polynomial $=1$

Maximum number of iterations $=250$
Relative Function Convergence has been set to: 1e-008 Parameter Convergence has been set to: 1e-008

Default Initial Parameter Values
Background $=\quad 0$
Beta $(1)=0.00102082$
**** WARNING: Completion code = -2. Optimum not found. Trying new starting
pont****
**** WARNING 0: Completion code $=-2$ trying new start****
**** WARNING 1: Completion code $=-2$ trying new start****
WARNING 2: Completion code $=-2$ trying new start****
**** WARNING 3: Completion code $=-2$ trying new start****
**** WARNING 4: Completion code $=-2$ trying new start****
**** WARNING 5: Completion code = -2 trying new start****
**** WARNING 6: Completion code $=-2$ trying new start****
**** WARNING 7: Completion code $=-2$ trying new start****
**** WARNING 8: Completion code $=-2$ trying new start****

```
**** WARNING 9: Completion code = -2 trying new start****
**** WARNING: Completion code = -2. Optimum not found. Trying new starting
point****
**** WARNING 0: Completion code = -2 trying new start****
**** WARNING 1: Completion code = -2 trying new start****
**** WARNING 2: Completion code = -2 trying new start****
**** WARNING 3: Completion code = -2 trying new start****
```

    Asymptotic Correlation Matrix of Parameter Estimates
    Background Beta(1)
    $\begin{array}{lll}\text { Background } & 1 & -0.71\end{array}$
Beta(1) -0.71 1
$\begin{array}{rcr} & \text { Parameter Estimates } \\ \text { Variable } & \text { Estimate } & \text { Std. Err. } \\ \text { Background } & 2.6399 \mathrm{e}-005 & 0.00257721 \\ \text { Beta(1) } & 0.000947187 & 0.00419869\end{array}$
Analysis of Deviance Table
Model Log(likelihood) Deviance Test DF P-value
Full model
Fitted model
Reduced model
AIC: 2161.62
Goodness of Fit
Dose Est._Prob. Expected Observed Size Chi^2 Res.
i: 1
$\begin{array}{llllll}0.0000 & 0.0000 & 2.640 & 3 & 100000 & 0.136\end{array}$
i: 2
$0.3000 \quad 0.0003 \quad 31.05$
$25 \quad 100000 \quad-0.195$
i: 3
$\begin{array}{llllll}1.0000 & 0.0010 & 97.311 & 103 & 100000 & 0.059\end{array}$
Chi-square $=$
1.56
$D F=1$
P -value $=0.2115$
Benchmark Dose Computation

| Specified effect | $=$ | 0.0001 |
| ---: | ---: | ---: |
| Risk Type | $=$ | Extra risk |
| Confidence level | $=$ | 0.95 |
| BMD | $=$ | 0.105581 |
| BMDL | $=$ | 0.0908465 |

RAVEH_HUB_MUT_cpcdp.OUT.txt

```
    =======================================================================
```

            Quantal Linear Model \$Revision: 2.2 \$ \$Date: 2000/03/17 22:27:16 \$
            Input Data File: C:\DOCUMENTS AND SETTINGS\HCLYNCH\MY DOCUMENTS\PAH
    RPS $\backslash M O D E L I N G \backslash R A V E H \_H U B \_M U T \_B A P .(d)$
Gnuplot Plotting File: C:\DOCUMENTS AND SETTINGS\HCLYNCH\MY
DOCUMENTS \PAH RPS\MODELING\RAVEH_HUB_MUT_BAP.plt
Wed Jun 29 12:09:01 2005

BMDS MODEL RUN
The form of the probability function is:
$\mathrm{P}[$ response $]=$ background $+(1$-background)*[1-EXP(-slope*dose)]
Dependent variable $=$ COLUMN2
Independent variable = COLUMN1
Total number of observations $=3$
Total number of records with missing values $=0$
Maximum number of iterations $=250$
Relative Function Convergence has been set to: 1e-008
Parameter Convergence has been set to: 1e-008
Default Initial (and Specified) Parameter Values
Background $=3.49997 \mathrm{e}-005$
Slope $=0.000170019$
Power = 1 Specified
Asymptotic Correlation Matrix of Parameter Estimates
( *** The model parameter(s) -Power
have been estimated at a boundary point, or have been
specified by the user,
and do not appear in the correlation matrix )
Background Slope
Background $1 \quad-0.51$
Slope -0.51 1
Parameter Estimates
Variable
Background
Slope

Estimate
3.16959e-005 0.000173022

```
            Model Log(likelihood) Deviance Test DF P-value
                -317.426
                -317.46 0.0679084 1 0.7944
                -324.664 14.4766 2 0.0007185
            AIC:
                                638.919
                    Goodness of Fit
```



```
    Benchmark Dose Computation
Specified effect = 0.0001
Risk Type = Extra risk
Confidence level = 0.95
    BMD = 0.577991
    BMDL = 0.390507
```

RAVEH_MUT_bap.OUT.txt

```
    ======================================================================
```

            Quantal Linear Model \$Revision: 2.2 \$ \$Date: 2000/03/17 22:27:16 \$
            Input Data File: C:\DOCUMENTS AND SETTINGS \({ }^{\text {SHCLYNCH }}\) MY DOCUMENTS \(\backslash P A H\)
    RPS $\backslash M O D E L I N G \backslash R A V E H \_M U T \_C P C D P .(d)$
Gnuplot Plotting File: C:\DOCUMENTS AND SETTINGS $\backslash H C L Y N C H \backslash M Y$
DOCUMENTS $\backslash P A H$ RPS ${ }^{2}$ MODELING $\backslash$ RAVEH_MUT_CPCDP.plt
Wed Jun 29 12:33:35 2005

BMDS MODEL RUN
The form of the probability function is:
$\mathrm{P}[$ response $]=$ background $+(1$-background)*[1-EXP(-slope*dose)]
Dependent variable $=$ COLUMN2
Independent variable = COLUMN1
Total number of observations $=3$
Total number of records with missing values $=0$
Maximum number of iterations $=250$
Relative Function Convergence has been set to: 1e-008
Parameter Convergence has been set to: 1e-008
Default Initial (and Specified) Parameter Values
Background $=7.49999 \mathrm{e}-006$
Slope $=6.70027 \mathrm{e}-005$
Power = 1 Specified
Asymptotic Correlation Matrix of Parameter Estimates
( *** The model parameter(s) -Power
have been estimated at a boundary point, or have been
specified by the user,
and do not appear in the correlation matrix )
Background Slope
$\begin{array}{lll}\text { Background } & 1 & -0.38\end{array}$
Slope -0.38 1

|  | Parameter Estimates |  |
| ---: | ---: | ---: |
| Variable | Estimate | Std. Err. |
| Background | $6.11766 \mathrm{e}-006$ | $2.23574 \mathrm{e}-006$ |
| Slope | $6.35766 \mathrm{e}-005$ | $8.04156 \mathrm{e}-006$ |

[^7]```
            Model Log(likelihood) Deviance Test DF P-value
            Full model
        Fitted model
        Reduced model
            AIC:
                Log(likelihood)
                        -1105.09
        -1141.2 73.7415 < <.0001
                        1.53413
                                1 0.2155
                                2214.19
                Goodness of Fit
\begin{tabular}{|c|c|c|c|c|c|}
\hline Dose & Est._Prob. & Expected & Observed & Size & \begin{tabular}{l}
Scaled \\
Residual
\end{tabular} \\
\hline 0.0000 & 0.0000 & 6.118 & 7 & 1000000 & 0.3567 \\
\hline 0.3000 & 0.0000 & 25.190 & 20 & 1000000 & -1.034 \\
\hline 1.0000 & 0.0001 & 69.692 & 74 & 1000000 & 0.5161 \\
\hline -square & 1.46 & \(D F=1\) & P-valu & 0.2264 & \\
\hline
\end{tabular}
    Benchmark Dose Computation
Specified effect = 1e-005
Risk Type = Extra risk
Confidence level = 0.95
        BMD = 0.157291
        BMDL = 0.12931
```

RAVEH_MUT_CPCDP. OUT.txt

```
    =======================================================================
            Quantal Linear Model $Revision: 2.2 $ $Date: 2000/03/17 22:27:16 $
            Input Data File: C:\DOCUMENTS AND SETTINGS\HCLYNCH\MY DOCUMENTS\PAH
RPS\MODELING\RAVEH_MUT_CPCDP.(d)
            Gnuplot Plotting File: C:\DOCUMENTS AND SETTINGS\HCLYNCH\MY
DOCUMENTS\PAH RPS\MODELING\RAVEH_MUT_CPCDP.plt
                                    Wed Jun 29 12:31:46 2005
    ======================================================================
BMDS MODEL RUN
    The form of the probability function is:
    P[response] = background + (1-background)*[1-EXP(-slope*dose)]
    Dependent variable = COLUMN2
    Independent variable = COLUMN1
    Total number of observations = 4
    Total number of records with missing values = 0
    Maximum number of iterations = 250
    Relative Function Convergence has been set to: 1e-008
    Parameter Convergence has been set to: 1e-008
```

            Default Initial (and Specified) Parameter Values
        Background \(=1.5 \mathrm{e}-006\)
                Slope \(=9.00013 \mathrm{e}-006\)
                Power = 1 Specified
            Asymptotic Correlation Matrix of Parameter Estimates
            ( *** The model parameter(s) -Power
                have been estimated at a boundary point, or have been
    specified by the user,
and do not appear in the correlation matrix )
Background Slope
Background $1 \quad-0.43$
Slope -0.43 1

|  | Parameter Estimates |  |
| ---: | ---: | ---: |
| Variable | Estimate | Std. Err. |
| Background | $1.26496 \mathrm{e}-006$ | $1.07098 \mathrm{e}-006$ |
| Slope | $9.05599 \mathrm{e}-006$ | $1.68076 \mathrm{e}-006$ |

```
            Model Log(likelihood) Deviance Test DF P-value
            Full model
        Fitted model
        Reduced model
            AIC:
                Log(likelihood)
                -527.666 0.317201 2 0.8533
                        -546.375 37.7352 < <.0001
                    Goodness of Fit
\begin{tabular}{|c|c|c|c|c|c|}
\hline Dose & Est._Prob. & Expected & Observed & Size & Scaled Residual \\
\hline 0.0000 & 0.0000 & 1.265 & 1 & 1000000 & -0.2356 \\
\hline 0.3000 & 0.0000 & 3.982 & 5 & 1000000 & 0.5103 \\
\hline 1.0000 & 0.0000 & 10.321 & 10 & 1000000 & -0.09989 \\
\hline 3.0000 & 0.0000 & 28.433 & 28 & 1000000 & -0.08112 \\
\hline
\end{tabular}
Chi-square = 0.33 DF = 2 P-value = 0.8469
    Benchmark Dose Computation
Specified effect = 1e-005
Risk Type = Extra risk
Confidence level = 0.95
        BMD = 1.10425
        BMDL = 0.835597
```

SLAGA_MUT_BAA.OUT.txt

```
    ======================================================================
```

            Multistage Model. \$Revision: 2.1 \$ \$Date: 2000/08/21 03:38:21 \$
    
RPS $\backslash M O D E L I N G \backslash S L A G A \_M U T \_B A A .(d)$
Gnuplot Plotting File: C:\DOCUMENTS AND SETTINGS\HCLYNCH\MY
DOCUMENTS
Thu Jul 07 15:25:30 2005
===ニ====ニ============================================================
BMDS MODEL RUN

The form of the probability function is:
$P[$ response $]=$ background + (1-background)*[1-EXP(
-beta1*dose^1)]

The parameter betas are restricted to be positive

Dependent variable $=$ COLUMN2
Independent variable $=$ COLUMN1
Total number of observations $=3$
Total number of records with missing values $=0$
Total number of parameters in model $=2$
Total number of specified parameters $=0$ Degree of polynomial $=1$

Maximum number of iterations $=250$
Relative Function Convergence has been set to: 1e-008 Parameter Convergence has been set to: 1e-008

Default Initial Parameter Values
Background $=7.29666 \mathrm{e}-005$
Beta(1) $=3.12233 \mathrm{e}-006$
**** WARNING: Completion code = 7. Optimum not found. Trying new starting
pont****
**** WARNING 0: Completion code $=7$ trying new start****
**** WARNING 1: Completion code $=-2$ trying new start****
WARNING 2: Completion code $=-2$ trying new start****
**** WARNING 3: Completion code $=-2$ trying new start****
**** WARNING 4: Completion code $=7$ trying new start****
**** WARNING 5: Completion code $=-2$ trying new start****
**** WARNING 6: Completion code $=-2$ trying new start****
**** WARNING 7: Completion code $=-2$ trying new start****
**** WARNING 8: Completion code $=-2$ trying new start****

```
**** WARNING 9: Completion code = 7 trying new start****
**** WARNING: Completion code = -2. Optimum not found. Trying new starting
point****
**** WARNING 0: Completion code = -2 trying new start****
    Asymptotic Correlation Matrix of Parameter Estimates
    Background Beta(1)
Background 1 -0.63
        Beta(1) -0.63 1
                                    Parameter Estimates
            Variable
                                Estimate
                    7.26607e-005
                                Std. Err.
        Background
                        3.14129e-006
                                0.0023585
            Beta(1)
                            9.25599e-005
                            Analysis of Deviance Table
            Model Log(likelihood) Deviance Test DF P-value
            Full model
        Fitted model
        Reduced model
            AIC:
                    735.312
                    Goodness of Fit
            Dose Est._Prob. Expected Observed Size Chi^2 Res.
i: 1
            0.0000 0.0001 7.266 7 7 0.00000 - 0.037
i: 2
            4.4000
            0.0001
                            8.648
                    9 100000
                        0.041
i: 3
    44.0000 0.0002 21.086 21 100000 -0.004
    Chi-square =
                        0.02
                    DF = 1
                                P-value = 0.8758
    Benchmark Dose Computation
Specified effect = 0.0001
Risk Type = Extra risk
Confidence level =
    0.95
```

$B M D=$
31.8356

BMDL $=\quad 19.0163$

SLAGA_MUT_BAP.OUT.txt

```
    ======================================================================
```

            Multistage Model. \$Revision: 2.1 \$ \$Date: 2000/08/21 03:38:21 \$
    
RPS $\backslash M O D E L I N G \backslash S L A G A \_M U T \_B A P .(d)$
Gnuplot Plotting File: C:\DOCUMENTS AND SETTINGS\HCLYNCH\MY
DOCUMENTS
Wed Jun 29 13:01:31 2005
======================================================================
BMDS MODEL RUN
The form of the probability function is:
$P[$ response $]=$ background + (1-background)*[1-EXP(
-beta1*dose^1-beta2*dose^2)]
The parameter betas are restricted to be positive
Dependent variable = COLUMN2
Independent variable = COLUMN1
Total number of observations $=4$
Total number of records with missing values $=0$
Total number of parameters in model $=3$
Total number of specified parameters $=0$
Degree of polynomial $=2$
Maximum number of iterations $=250$
Relative Function Convergence has been set to: 1e-008
Parameter Convergence has been set to: 1e-008
Default Initial Parameter Values
Background $=0.000214668$
Beta $(1)=0.00154564$
$\operatorname{Beta}(2)=0.00022152$
Asymptotic Correlation Matrix of Parameter Estimates
( *** The model parameter(s) -Background
have been estimated at a boundary point, or have been
specified by the user,
and do not appear in the correlation matrix )
Beta(1) Beta(2)
$\begin{array}{lll}B e t a(1) & 1 & -0.98\end{array}$
Beta(2) -0.98 1
Parameter Estimates

| Variable | Estimate |
| ---: | ---: |
| Background |  |
| Beta(1) | 0.00207246 |
| Beta(2) | $9.74689 \mathrm{e}-005$ |

Std. Err. NA
0.0109511
0.00286413

NA - Indicates that this parameter has hit a bound implied by some inequality constraint and thus has no standard error.

Warning: Likelihood for the fitted model larger than the Likelihood for the full model.
Error in computing chi-square; returning 2

Analysis of Deviance Table
Model Log(likelihood) Deviance Test DF P-value
Full model
Fitted model Reduced model
-823.498
$-816.691 \quad-13.6145 \quad 2 \quad 2$
$-907.084 \quad 167.172 \quad 3<.0001$
AIC:
1637.38

Goodness of Fit
Dose Est._Prob. Expected Observed Size Chi^2 Res.
i: 1
$0.0000 \quad 0.0000 \quad 1000 \quad 1000070000000.000$
i: 2
$\begin{array}{llllll}0.4000 & 0.0008 & 8.442 & 11 & 10000 & 0.303\end{array}$
i: 3
$1.3000 \quad 0.0029 \quad 28$
$25 \quad 10000 \quad-0.125$
i: 4
4.000
0.0098
98.010
$99 \quad 10000$
0.010

Chi-square =
1.23
$D F=2$
P -value $=0.5412$

Benchmark Dose Computation
Specified effect $=\quad 0.0001$
Risk Type $=\quad$ Extra risk
Confidence level $=\quad 0.95$
BMD $=0.0481451$
BMDL $=0.0370516$

## D.7. MALIGNANT TRANSFORMATION

```
CASTO_MT_BAP.OUT.txt
    ======================================================================
    Multistage Model. $Revision: 2.1 $ $Date: 2000/08/21 03:38:21 $
    Input Data File: C:\DOCUMENTS AND SETTINGS\HCLYNCH\MY DOCUMENTS\PAH
RPS\MODELING\CASTO_MT_BAP.(d)
            Gnuplot Plotting File: C:\DOCUMENTS AND SETTINGS\HCLYNCH\MY
DOCUMENTS\PAH RPS\MODELING\CASTO_MT_BAP.plt
                                    Thu Jun 23 13:30:59 2005
========================================================================
BMDS MODEL RUN
    The form of the probability function is:
    P[response] = background + (1-background)*[1-EXP(
-beta1*dose^1)]
    The parameter betas are restricted to be positive
    Dependent variable = COLUMN2
    Independent variable = COLUMN1
Total number of observations = 3
Total number of records with missing values = 0
Total number of parameters in model = 2
Total number of specified parameters = 0
Degree of polynomial = 1
Maximum number of iterations = 250
Relative Function Convergence has been set to: 1e-008
Parameter Convergence has been set to: 1e-008
            Default Initial Parameter Values
                    Background = 1.02144e-005
                        Beta(1) = 7.98743e-005
            Asymptotic Correlation Matrix of Parameter Estimates
            ( *** The model parameter(s) -Background
            have been estimated at a boundary point, or have been
specified by the user,
                    and do not appear in the correlation matrix )
            Beta(1)
    Beta(1)
        1
                    Parameter Estimates
        Variable
        Estimate
        Std. Err.
```

```
            Background
                    Beta(1)
                    9.62612e-005
                                    0.00234809
NA - Indicates that this parameter has hit a bound
    implied by some inequality constraint and thus
        has no standard error.
                                    Analysis of Deviance Table
            Model Log(likelihood) Deviance Test DF P-value
            Full model
                    Log(likelihood
        Fitted model
        Reduced model
            AIC:
\begin{tabular}{cccc}
-186.065 & 0.988828 & 2 & 0.6099
\end{tabular}
\begin{tabular}{llll}
-192.98 & 14.82 & 2 & 0.0006052
\end{tabular}
Goodness of Fit
Dose Est._Prob. Expected Observed Size Chi^2 Res.
i: 1
    0.0000 0.0000 0.000 0.000
i: 2
    0.6200 0.0001 5.968 0.340
i: 3
    1.2500 0.0001
                            12.032
                                    10 100000 -0.169
Chi-square = 1.04 DF = 2 P-value = 0.5960
Benchmark Dose Computation
Specified effect \(=\quad 1 e-005\)
Risk Type \(=\quad\) Extra risk
Confidence level \(=\quad 0.95\)
\(B M D=0.103885\)
**** WARNING: Completion code \(=-5\). Optimum not found. Trying new starting point****
**** WARNING 0: Completion code \(=-5\) trying new start****
**** WARNING 1: Completion code \(=-5\) trying new start****
**** WARNING 2: Completion code \(=-5\) trying new start****
**** WARNING 3: Completion code \(=-5\) trying new start****
**** WARNING 4: Completion code \(=-5\) trying new start****
**** WARNING 5: Completion code \(=-5\) trying new start****
**** WARNING 6: Completion code \(=-5\) trying new start****
```

```
**** WARNING 7: Completion code = -5 trying new start****
**** WARNING 8: Completion code = -5 trying new start****
**** WARNING 9: Completion code = -5 trying new start****
**** WARNING: Completion code = -5. Optimum not found. Trying new starting
point****
    BMDL = 0.0721753
```

CASTO_MT_DBAHA.OUT.txt

Multistage Model. \$Revision: 2.1 \$ \$Date: 2000/08/21 03:38:21 \$
Input Data File: C:\DOCUMENTS AND SETTINGS ${ }^{\text {SHCLYNCH }}$ MY DOCUMENTS $\backslash P A H$
RPS $\backslash M O D E L I N G \backslash C A S T O \_M T \_D B A H A .(d)$
Gnuplot Plōtting File: C:\DOCUMENTS AND SETTINGS
DOCUMENTS $\backslash P A H$ RPS $\backslash M O D E L I N G \backslash C A S T O \_M T \_D B A H A . p l t ~$
Thu Jun 23 13:32:00 2005
====================================================================
BMDS MODEL RUN

The form of the probability function is:
$P[$ response $]=$ background $+(1$-background)*[1-EXP(
-beta1*dose^1)]

The parameter betas are restricted to be positive

Dependent variable $=$ COLUMN2
Independent variable = COLUMN1
Total number of observations $=3$
Total number of records with missing values $=0$
Total number of parameters in model $=2$
Total number of specified parameters $=0$ Degree of polynomial $=1$

Maximum number of iterations $=250$
Relative Function Convergence has been set to: 1e-008 Parameter Convergence has been set to: 1e-008

Default Initial Parameter Values
Background $=6.92924 \mathrm{e}-008$
Beta(1) $=3.99789 \mathrm{e}-006$
**** WARNING: Completion code = -2. Optimum not found. Trying new starting
pont****
**** WARNING 0: Completion code $=-2$ trying new start****
**** WARNING 1: Completion code $=-2$ trying new start****
**** WARNING 2: Completion code $=-2$ trying new start****
**** WARNING 3: Completion code $=-2$ trying new start****
**** WARNING 4: Completion code $=-2$ trying new start****
**** WARNING 5: Completion code = -2 trying new start****
**** WARNING 6: Completion code $=-2$ trying new start****
**** WARNING 7: Completion code $=-2$ trying new start****
**** WARNING 8: Completion code $=-2$ trying new start****

```
**** WARNING 9: Completion code = -2 trying new start****
**** WARNING: Completion code = -2. Optimum not found. Trying new starting
point****
    Asymptotic Correlation Matrix of Parameter Estimates
            ( *** The model parameter(s) -Background
                have been estimated at a boundary point, or have been
specified by the user,
                        and do not appear in the correlation matrix )
                        Beta(1)
        Beta(1) 1
            Parameter Estimates
            Variable Estimate Std. Err.
        Background
            Beta(1)
                    4.05407e-006
                    NA
                            0.000361631
NA - Indicates that this parameter has hit a bound
        implied by some inequality constraint and thus
        has no standard error.
                                    Analysis of Deviance Table
            Model Log(likelihood) Deviance Test DF P-value
        Full model
        Fitted model
        Reduced model
            AIC: 384.325
                Goodness of Fit
        Dose Est._Prob. Expected Observed Size Chi^2 Res.
i: 1
        0.0000 0.0000 0.000 0.000
i: 2
            1.2000
            0.0000
            4.865
                5 1000000
                                    0.028
i: 3
            2.5000 0.0000 10.135 10 1000000 -0.013
Chi-square = 0.01 DF = 2 P-value = 0.9972
    Benchmark Dose Computation
Specified effect = 1e-005
```

```
Risk Type = Extra risk
Confidence level = 0.95
    BMD = 2.46667
**** WARNING: Completion code = -5. Optimum not found. Trying new starting
point****
**** WARNING 0: Completion code = -1 trying new start****
**** WARNING 1: Completion code = -1 trying new start****
**** WARNING 2: Completion code = -1 trying new start****
**** WARNING 3: Completion code = -1 trying new start****
**** WARNING 4: Completion code = -1 trying new start****
**** WARNING 5: Completion code = -1 trying new start****
**** WARNING 6: Completion code = -1 trying new start****
**** WARNING 7: Completion code = -1 trying new start****
**** WARNING 8: Completion code = -1 trying new start****
**** WARNING 9: Completion code = -1 trying new start****
**** WARNING: Completion code = -1. Optimum not found. Trying new starting
point****
BMDL = 1.65901
```

```
EMURA_MT_Baa.OUT.txt
======================================================================
            Multistage Model. $Revision: 2.1 $ $Date: 2000/08/21 03:38:21 $
            Input Data File: C:\DOCUMENTS AND SETTINGS\HCLYNCH\MY DOCUMENTS\PAH
RPS\MODELING\EMURA_MT_BBF.(d)
            Gnuplot Plotting File: C:\DOCUMENTS AND SETTINGS\HCLYNCH\MY
DOCUMENTS\PAH RPS\MODELING\EMURA_MT_BBF.plt
                                    Thu Jun 23 15:46:49 2005
======================================================================
BMDS MODEL RUN
    The form of the probability function is:
    P[response] = background + (1-background)*[1-EXP(
-beta1*dose^1-beta2*dose^2-beta3*dose^3-beta4*dose^4)]
    The parameter betas are restricted to be positive
    Dependent variable = COLUMN2
    Independent variable = COLUMN1
Total number of observations = 6
Total number of records with missing values = 0
Total number of parameters in model = 5
Total number of specified parameters = 0
Degree of polynomial = 4
Maximum number of iterations = 250
Relative Function Convergence has been set to: 1e-008
Parameter Convergence has been set to: 1e-008
            Default Initial Parameter Values
                    Background = 6.24839e-005
                        Beta(1) = 0.000973789
                Beta(2) = 0
                Beta(3) = 0
                Beta(4) = 0
            Asymptotic Correlation Matrix of Parameter Estimates
-Beta(4)
                            have been estimated at a boundary point, or have been
specified by the user,
                        and do not appear in the correlation matrix )
                    Beta(1)
    Beta(1) 1
                    Parameter Estimates
```

| Variable | Estimate | Std. Err. |
| ---: | ---: | :---: |
| Background | 0 | NA |
| Beta(1) | 0.00117377 | 0.0091424 |
| Beta(2) | 0 | NA |
| Beta(3) | 0 | NA |
| Beta(4) | 0 | NA |

```
NA - Indicates that this parameter has hit a bound
    implied by some inequality constraint and thus
        has no standard error.
```

                                    Analysis of Deviance Table
            Model Log(likelihood) Deviance Test DF P-value
            Full model
        Fitted model
        Reduced model
            -184. 252
                        \(-185.671 \quad 5 \quad 0.83903 \quad 0.7248\)
                        \(-196.039 \quad 23.575 \quad 0.000262\)
                AIC:
                        373.342
                    Goodness of Fit
            Dose Est._Prob. Expected Observed Size Chi^2 Res.
    i: 1
$0.0000 \quad 0.0000 \quad 0 \quad 10000 \quad 0.000$
i: 2
$\begin{array}{llllll}0.0250 & 0.0000 & 0.293 & 0 & 10000 & -1.000\end{array}$
i: 3
$\begin{array}{llllll}0.1000 & 0.0001 & 1.174 & 3 & 10000 & 1.556\end{array}$
i: 4
$\begin{array}{llllll}0.2500 & 0.0003 & 2.934 & 3 & 10000 & 0.023\end{array}$
i: 5
$\begin{array}{llllll}0.5000 & 0.0006 & 5.867 & 6 & 10000 & 0.023\end{array}$
i: 6
1.000
0.0012
11.731
$10 \quad 10000$
$-0.148$
Chi-square $=\quad 3.40 \quad$ DF $=5 \quad \mathrm{P}$-value $=0.6392$
Benchmark Dose Computation
Specified effect $=\quad 0.001$
Risk Type = Extra risk
Confidence level $=\quad 0.95$
BMD $=\quad 0.85238$
BMDL = 0.611981
EMURA_MT_BBF.OUT.txt
Multistage Model. \$Revision: 2.1 \$ \$Date: 2000/08/21 03:38:21 \$
Input Data File: C:\DOCUMENTS AND SETTINGS ${ }^{\text {SHCLYNCH }}$ MY DOCUMENTS $\backslash P A H$
RPS $\backslash M O D E L I N G \backslash E M U R A \_M T \_B B F .(d)$

```
DOCUMENTS\PAH RPS\MODELING\EMURA_MT_BBF.plt
                                    Thu Jun 23 15:37:20 2005
    ========================================================================
    BMDS MODEL RUN
    The form of the probability function is:
    P[response] = background + (1-background)*[1-EXP(
-beta1*dose^1-beta2*dose^2-beta3*dose^3-beta4*dose^4)]
    The parameter betas are restricted to be positive
    Dependent variable = COLUMN2
    Independent variable = COLUMN1
Total number of observations = 6
Total number of records with missing values = 0
Total number of parameters in model = 5
Total number of specified parameters = 0
Degree of polynomial = 4
Maximum number of iterations = 250
Relative Function Convergence has been set to: 1e-008
Parameter Convergence has been set to: 1e-008
            Default Initial Parameter Values
                    Background = 6.48647e-005
                        Beta(1) = 0.00111706
                Beta(2) = 0
                Beta(3) = 1.51794e-005
                Beta(4) = 0
            Asymptotic Correlation Matrix of Parameter Estimates
-Beta(4)
                                    have been estimated at a boundary point, or have been
specified by the user,
                        and do not appear in the correlation matrix )
                    Beta(1)
    Beta(1) 1
                    Parameter Estimates
        Variable
        Background
            Beta(1)
            Beta(1)
            Estimate
                        0
                                Std. Err.
                        NA
            0.00133391
                                0.00909075
                                NA
```



EMURA_MT_I_BAP.OUT.txt

```
    ======================================================================
```

            Multistage Model. \$Revision: 2.1 \$ \$Date: 2000/08/21 03:38:21 \$
    
RPS $\backslash M O D E L I N G \backslash E M U R A \_M T \_I \_B A P$. (d)
Gnuplot Plotting File: C:\DOCUMENTS AND SETTINGS $\backslash H C L Y N C H \backslash M Y$
DOCUMENTS $\backslash P A H$ RPS $\backslash M O D E L I N G \backslash E M U R A \_M T \_I \_B A P . p l t$
Thu Jun 23 15:28:17 2005
=======================================================================1
BMDS MODEL RUN
The form of the probability function is:
$P[$ response] = background + (1-background)*[1-EXP(
-beta1*dose^1-beta2*dose^2-beta3*dose^3)]
The parameter betas are restricted to be positive
Dependent variable $=$ COLUMN2
Independent variable = COLUMN1
Total number of observations $=5$
Total number of records with missing values $=0$
Total number of parameters in model = 4
Total number of specified parameters $=0$
Degree of polynomial $=3$
Maximum number of iterations $=250$
Relative Function Convergence has been set to: 1e-008
Parameter Convergence has been set to: 1e-008
Default Initial Parameter Values
Background $=6.51885 \mathrm{e}-005$
Beta $(1)=0.021934$
$\operatorname{Beta}(2)=0$
$\operatorname{Beta}(3)=0$
Asymptotic Correlation Matrix of Parameter Estimates
( *** The model parameter(s) -Background -Beta(2) -Beta(3)
have been estimated at a boundary point, or have been
specified by the user,
and do not appear in the correlation matrix )
Beta(1)
Beta(1)
1
Parameter Estimates
Variable
Estimate
Std. Err.


```
EMURA_MT_II_BAP.OUT.txt
======================================================================
            Multistage Model. $Revision: 2.1 $ $Date: 2000/08/21 03:38:21 $
            Input Data File: C:\DOCUMENTS AND SETTINGS\HCLYNCH\MY DOCUMENTS\PAH
RPS\MODELING\EMURA_MT_II_BAP.(d)
            Gnuplot Plotting File: C:\DOCUMENTS AND SETTINGS\HCLYNCH\MY
DOCUMENTS\PAH RPS\MODELING\EMURA_MT_II_BAP.plt
                                    Thu Jun 23 15:54:16 2005
======================================================================
BMDS MODEL RUN
    The form of the probability function is:
    P[response] = background + (1-background)*[1-EXP(
-beta1*dose^1-beta2*dose^2-beta3*dose^3)]
    The parameter betas are restricted to be positive
    Dependent variable = COLUMN2
    Independent variable = COLUMN1
Total number of observations = 5
Total number of records with missing values = 0
Total number of parameters in model = 4
Total number of specified parameters = 0
Degree of polynomial = 3
Maximum number of iterations = 250
Relative Function Convergence has been set to: 1e-008
Parameter Convergence has been set to: 1e-008
            Default Initial Parameter Values
                    Background = 0.0002687
                        Beta(1) = 0.0184676
                        Beta(2) = 0
                Beta(3) = 0
            Asymptotic Correlation Matrix of Parameter Estimates
            ( *** The model parameter(s) -Background -Beta(2) -Beta(3)
            have been estimated at a boundary point, or have been
specified by the user,
                    and do not appear in the correlation matrix )
                    Beta(1)
    Beta(1)
                1
                    Parameter Estimates
            Variable
                    Estimate
                                Std. Err.
```



EMURA_MT_IP.OUT.txt

```
    =======================================================================
```

            Multistage Model. \$Revision: 2.1 \$ \$Date: 2000/08/21 03:38:21 \$
            Input Data File: C:\DOCUMENTS AND SETTINGS \({ }^{\text {SHCLYNCH }}\) MY DOCUMENTS \(\backslash P A H\)
    RPS ${ }^{\left(M O D E L I N G \backslash E M U R A \_M T \_I P .(d) ~\right.}$
Gnuplot Plotting File: C:\DOCUMENTS AND SETTINGS $\backslash H C L Y N C H \backslash M Y$
DOCUMENTS
Thu Jun 23 15:50:44 2005
=====================================================================
BMDS MODEL RUN
The form of the probability function is:
$P[$ response] = background + (1-background)*[1-EXP(
-beta1*dose^1-beta2*dose^2-beta3*dose^3-beta4*dose^4)]
The parameter betas are restricted to be positive
Dependent variable = COLUMN2
Independent variable $=$ COLUMN1
Total number of observations $=6$
Total number of records with missing values $=0$
Total number of parameters in model = 5
Total number of specified parameters $=0$
Degree of polynomial $=4$
Maximum number of iterations $=250$
Relative Function Convergence has been set to: 1e-008
Parameter Convergence has been set to: 1e-008
Default Initial Parameter Values
Background $=7.12074 \mathrm{e}-005$
Beta(1) $=0.00099924$
Beta(2) $=0$
Beta(3) = 0
Beta 4 ) 0
Asymptotic Correlation Matrix of Parameter Estimates
-Beta(4)
have been estimated at a boundary point, or have been
specified by the user,
and do not appear in the correlation matrix )
Beta(1)
Beta(1) 1
Parameter Estimates

| Variable | Estimate | Std. Err. |
| ---: | ---: | :---: |
| Background | 0 | NA |
| Beta(1) | 0.00122714 | 0.00918598 |
| Beta(2) | 0 | NA |
| Beta(3) | 0 | NA |
| Beta(4) | 0 | NA |

```
NA - Indicates that this parameter has hit a bound
        implied by some inequality constraint and thus
        has no standard error.
```

                                    Analysis of Deviance Table
            Model Log(likelihood) Deviance Test DF P-value
            Full model
        Fitted model
        Reduced model
            AIC:
    | Log(likelihood) | Deviance | Test DF | P-value |
| :---: | :---: | :---: | ---: |
| -191.591 |  |  |  |
| -193.089 | 2.99724 | 5 | 0.7004 |
| -203.928 | 24.6739 | 5 | 0.0001611 |
|  |  |  |  |

                    Goodness of Fit
            Dose Est._Prob. Expected Observed Size Chi^2 Res.
    i: 1
$0.0000 \quad 0.0000 \quad 0 \quad 10000 \quad 0.000$
i: 2
$\begin{array}{llllll}0.0250 & 0.0000 & 0.307 & 0 & 10000 & -1.000\end{array}$
i: 3
i: 4
$\begin{array}{llllll}0.2500 & 0.0003 & 3.067 & 3 & -0.022\end{array}$
i: 5
$0.5000 \quad 6.0006 \quad 6.134$
$7 \quad 10000 \quad 0.141$
i: 6
1.000
0.0012
12.264
$10 \quad 10000$
-0.185
Chi-square =
3.41
$D F=5$
P-value = 0.6369
Benchmark Dose Computation
Specified effect $=\quad 0.001$
Risk Type $=\quad$ Extra risk
Confidence level =
0.95
BMD =
0.815309
BMDL =
0.589412

```
LUBET_MT_BAP.OUT.txt
    =======================================================================
            Multistage Model. $Revision: 2.1 $ $Date: 2000/08/21 03:38:21 $
            Input Data File: C:\DOCUMENTS AND SETTINGS\HCLYNCH\MY DOCUMENTS\PAH
RPS\MODELING\LUBET_MT_BAP.(d)
            Gnuplot Plotting File: C:\DOCUMENTS AND SETTINGS\HCLYNCH\MY
DOCUMENTS\PAH RPS\MODELING\LUBET_MT_BAP.plt
                                    Thu Jun 23 16:11:06 2005
    ======================================================================
BMDS MODEL RUN
            The form of the probability function is:
    P[response] = background + (1-background)*[1-EXP(
-beta1*dose^1-beta2*dose^2)]
    The parameter betas are restricted to be positive
    Dependent variable = COLUMN2
    Independent variable = COLUMN1
Total number of observations = 4
Total number of records with missing values = 0
Total number of parameters in model = 3
Total number of specified parameters = 0
Degree of polynomial = 2
Maximum number of iterations = 250
Relative Function Convergence has been set to: 1e-008
Parameter Convergence has been set to: 1e-008
            Default Initial Parameter Values
                    Background = 0.0617408
                        Beta(1) = 0.0378355
                        Beta(2) = 0
            Asymptotic Correlation Matrix of Parameter Estimates
            ( *** The model parameter(s) -Background -Beta(2)
            have been estimated at a boundary point, or have been
specified by the user,
                        and do not appear in the correlation matrix )
            Beta(1)
    Beta(1)
                                1
                    Parameter Estimates
        Variable
        Background
```

Estimate
0
Std. Err.
NA

```
            Beta(1)
0.056828
0
0.0340172
Beta(2)
0.056828
NA
```

```
NA - Indicates that this parameter has hit a bound
```

NA - Indicates that this parameter has hit a bound
implied by some inequality constraint and thus
implied by some inequality constraint and thus
has no standard error.
has no standard error.
Analysis of Deviance Table
Model Log(likelihood) Deviance Test DF P-value
Full model
Fitted model
Reduced model
AIC:
Log(likelihood
-22.8416 1.84243 3 0.6057
-27.0337 10.2266 3 0.01674
47.6832
Goodness of Fit
Dose Est._Prob. Expected Observed Size Chi^2 Res.
i: 1
$\begin{array}{cccccc}0.0000 & 0.0000 & 0.000 & 0.000\end{array}$
i: 2
$\begin{array}{llllll}1.0000 & 0.0552 & 0.829 & 1 & 15 & 0.219\end{array}$
i: 3
3.000
0.1567
2.351
$4 \quad 15$
0.832
i: 4
10.000
0.4335
6.503
$5 \quad 15$
$-0.408$
Chi-square $=\quad 2.02 \quad$ DF $=3 \quad$ P-value $=0.5679$
Benchmark Dose Computation
Specified effect =
0.1
Risk Type $=\quad$ Extra risk
Confidence level = 0.95
$B M D=1.85403$
BMDL $=\quad 1.14367$

```
```

LUBET_MT_BeP.OUT.txt
=======================================================================
Multistage Model. \$Revision: 2.1 \$ \$Date: 2000/08/21 03:38:21 \$
Input Data File: C:\DOCUMENTS AND SETTINGS\HCLYNCH\MY DOCUMENTS\PAH
RPS\MODELING\LUBET_MT_BAP.(d)
Gnuplot Plotting File: C:\DOCUMENTS AND SETTINGS\HCLYNCH\MY
DOCUMENTS\PAH RPS\MODELING\LUBET_MT_BAP.plt
Thu Jun 23 16:14:09 2005
======================================================================
BMDS MODEL RUN
The form of the probability function is:
P[response] = background + (1-background)*[1-EXP(
-beta1*dose^1-beta2*dose^2)]
The parameter betas are restricted to be positive
Dependent variable = COLUMN2
Independent variable = COLUMN1
Total number of observations = 4
Total number of records with missing values = 0
Total number of parameters in model = 3
Total number of specified parameters = 0
Degree of polynomial = 2
Maximum number of iterations = 250
Relative Function Convergence has been set to: 1e-008
Parameter Convergence has been set to: 1e-008
Default Initial Parameter Values
Background = 0
Beta(1) = 0.000632445
Beta(2) = 5.70088e-005
Asymptotic Correlation Matrix of Parameter Estimates
( *** The model parameter(s) -Background -Beta(1)
have been estimated at a boundary point, or have been
specified by the user,
and do not appear in the correlation matrix )
Beta(2)
Beta(2)
1
Parameter Estimates
Variable
Background

```

Estimate
0
Std. Err.
NA


MOHAPATRA_MT_BJAC.txt

Multistage Model. \$Revision: 2.1 \$ \$Date: 2000/08/21 03:38:21 \$
Input Data File: C:\DOCUMENTS AND SETTINGS\HCLYNCH\MY DOCUMENTS\_PAH
RPS \MODELING \MOHAPATRA_MT_BJAC. (d)
Gnuplot Plotting File: C:\DOCUMENTS AND SETTINGS \(\backslash H C L Y N C H \backslash M Y\) DOCUMENTS \_PAH RPS \({ }^{\prime}\) MODELING

Thu Feb 08 10:11:06 2007


BMDS MODEL RUN

The form of the probability function is:
\(P[\) response] = background + (1-background)*[1-EXP(
-beta1*dose^1-beta2*dose^2-beta3*dose^3-beta4*dose^4)]
The parameter betas are restricted to be positive

Dependent variable \(=\) COLUMN2
Independent variable = COLUMN1
Total number of observations \(=6\)
Total number of records with missing values \(=0\)
Total number of parameters in model \(=5\)
Total number of specified parameters \(=0\)
Degree of polynomial \(=4\)

Maximum number of iterations \(=250\)
Relative Function Convergence has been set to: 1e-008 Parameter Convergence has been set to: 1e-008

Default Initial Parameter Values
Background \(=\quad 0\)
\(\operatorname{Beta}(1)=0\)
Beta(2) \(=0\)
Beta(3) = 0
\(\operatorname{Beta}(4)=6.31048 \mathrm{e}+018\)

Asymptotic Correlation Matrix of Parameter Estimates
( *** The model parameter(s) -Background -Beta(2) -Beta(3) have been estimated at a boundary point, or have been
specified by the user,
and do not appear in the correlation matrix )
Beta(1) Beta(4)
\(\begin{array}{lll}B e t a(1) & 1 & -0.73\end{array}\)
\(\begin{array}{lll}\operatorname{Beta}(4) & -0.73 & 1\end{array}\)
```

            Variable
                Background
            Beta(1)
            Beta(2)
            Beta(3)
            Beta(4)
                            Estimate Std. Err.
                                    NA
                            0.568863
                                    NA
                                    NA
                                    0.778407
    NA - Indicates that this parameter has hit a bound
implied by some inequality constraint and thus
has no standard error.
Analysis of Deviance Table
Model Log(likelihood) Deviance Test DF P-value
Full model
Fitted model
Reduced model

| Log(likelihood) | Deviance | Test DF | P-value |
| :---: | :---: | :---: | :---: |
| -64.5493 |  |  |  |
| -64.8387 | 0.578751 | 4 | 0.9654 |
| -198.931 | 268.764 | 5 | $<.0001$ |

                AIC: 133.677
                    Goodness of Fit
            Dose Est._Prob. Expected Observed Size Chi^2 Res.
    i: 1
0.0000 0.0000 0.000 0.000
i: 2
0.0100 0.0242
1.159
2 48
0.743
i: 3
0.0500
0.1151
5.524
5 48
-0.107
i: 4
0.5000 0.7116 34.155 44 48 4, -0.016
i: 5
1.0000 0.937
45.014 4
45 48 -0.005
i: 6
2.0000
1.0000
47.998
4 8
4 8
1.000
Chi-square =
0.68
DF = 4
P-value = 0.9532
Benchmark Dose Computation
Specified effect =
0.92
Risk Type = Extra risk
Confidence level = 0.95
BMD = 0.930952
BMDL = 0.766826

```
                    Parameter Estimates

MOHAPATRA_MT_BLAC.txt

Multistage Model. \$Revision: 2.1 \$ \$Date: 2000/08/21 03:38:21 \$
Input Data File: C:\DOCUMENTS AND SETTINGS\HCLYNCH\MY DOCUMENTS\_PAH
RPS \MODELING \MOHAPATRA_MT_BLAC. (d)
Gnuplot Plotting File: C:\DOCUMENTS AND SETTINGS \(\backslash H C L Y N C H \backslash M Y\) DOCUMENTS \_PAH RPS \({ }^{\prime}\) MODELING

Thu Feb 08 10:13:14 2007

BMDS MODEL RUN

The form of the probability function is:
\(P[\) response] = background + (1-background)*[1-EXP(
-beta1*dose^1-beta2*dose^2-beta3*dose^3-beta4*dose^4)]
The parameter betas are restricted to be positive

Dependent variable \(=\) COLUMN2
Independent variable = COLUMN1
Total number of observations \(=6\)
Total number of records with missing values \(=0\)
Total number of parameters in model \(=5\)
Total number of specified parameters \(=0\) Degree of polynomial \(=4\)

Maximum number of iterations \(=250\)
Relative Function Convergence has been set to: 1e-008 Parameter Convergence has been set to: 1e-008

Default Initial Parameter Values
Background \(=0.0997842\)
\(\operatorname{Beta}(1)=0.189801\)
\(\operatorname{Beta}(2)=0\) \(\operatorname{Beta}(3)=0\) \(\operatorname{Beta}(4)=0\)

Asymptotic Correlation Matrix of Parameter Estimates
```

-Beta(4)

```
            ( *** The model parameter(s) -Background -Beta(2) -Beta(3)
                            have been estimated at a boundary point, or have been
specified by the user,
                        and do not appear in the correlation matrix )
                    Beta(1)
    Beta(1) 1

Parameter Estimates
```

            Variable
                            0
                0.237265
            Beta(1)
            Beta(2)
            Beta(3)
            Beta(4)
                    Estimate
                            Std. Err.
                        NA
                Background
                            0.0278061
                                NA
                            NA
                0
            Beta(4)
                            NA
    NA - Indicates that this parameter has hit a bound
implied by some inequality constraint and thus
has no standard error.
Analysis of Deviance Table
Model Log(likelihood) Deviance Test DF P-value
Full model
Fitted model
Reduced model
-159.727
-161.509 3.56545 5 0.6135
-243.072 166.691 5 <.0001
AIC:
325.019
Goodness of Fit
Dose Est._Prob. Expected Observed Size Chi^2 Res.
i: 1
0.0000 0.0000 0.000 0.000
i: 2
0.5000 0.1119 6.712 0. % 0.216
i: 3
1.0000 0.2112 12.673 14 0.133
i: 4
2.5000
0.4474
26.845
31 60
0.280
i: 5
5.0000 0.6947
41.679
42 60
0.025
i: 6
10.000
0.9068
54.406
51 60
-0.671
Chi-square =
3.91
DF = 5
P-value = 0.5620
Benchmark Dose Computation
Specified effect = 0.83
Risk Type = Extra risk
Confidence level = 0.95
BMD = 7.46828
BMDL = 6.45083

```

MOHAPATRA_MT_BEAC.txt
=======================================================================1
Multistage Model. \$Revision: 2.1 \$ \$Date: 2000/08/21 03:38:21 \$
Input Data File: C:\DOCUMENTS AND SETTINGS\HCLYNCH\MY DOCUMENTS\_PAH
RPS \MODELING \MOHAPATRA_MT_BEAC. (d)
Gnuplot Plotting File: C:\DOCUMENTS AND SETTINGS \(\backslash H C L Y N C H \backslash M Y\) DOCUMENTS \_PAH RPS \({ }^{\prime}\) MODELING \({ }^{\prime}\) MOHAPATRA_MT_BEAC.plt

Fri Feb 09 10:49:12 2007
=====================================================================

BMDS MODEL RUN

The form of the probability function is:
\(P[\) response] = background + (1-background)*[1-EXP(
-beta1*dose^1-beta2*dose^2-beta3*dose^3-beta4*dose^4)]
The parameter betas are restricted to be positive

Dependent variable = COLUMN2
Independent variable = COLUMN1
Total number of observations \(=6\)
Total number of records with missing values \(=0\)
Total number of parameters in model \(=5\)
Total number of specified parameters \(=0\)
Degree of polynomial \(=4\)

Maximum number of iterations \(=250\)
Relative Function Convergence has been set to: 1e-008 Parameter Convergence has been set to: 1e-008

Default Initial Parameter Values
Background \(=0.0946116\)
Beta(1) = 0.082434
\(\operatorname{Beta}(2)=0\)
\(\operatorname{Beta}(3)=0\)
\(\operatorname{Beta}(4)=0\)

\section*{Asymptotic Correlation Matrix of Parameter Estimates}
( *** The model parameter(s) -Beta(2) -Beta(3) -Beta(4) have been estimated at a boundary point, or have been
specified by the user,
and do not appear in the correlation matrix )
Background Beta(1)
\(\begin{array}{lll}\text { Background } & 1 & -0.68\end{array}\)
\(\begin{array}{lll}B e t a(1) & -0.68 & 1\end{array}\)
```

                    Parameter Estimates
                Variable
                Background
            Beta(1)
            Beta(2)
            Beta(3)
            Beta(4)
    | Estimate | Std. Err |
| ---: | ---: |
| 0.0246825 | 0.106613 |
| 0.109348 | 0.0321778 |
| 0 | NA |
| 0 | NA |
| 0 | NA |

NA - Indicates that this parameter has hit a bound implied by some inequality constraint and thus has no standard error.

| Analysis of Deviance Table |  |  |  |  |
| ---: | ---: | ---: | ---: | :---: |
| Model | Log(likelihood) | Deviance | Test DF | P-value |
| Full model | -101.226 |  | 4 | 0.1971 |
| Fitted model | -104.24 | 6.02698 | 5 | $<.0001$ |
| Reduced model | -126.655 | 50.8576 |  |  |

```
```

                    Goodness of Fit
    ```
                    Goodness of Fit
            Dose Est._Prob. Expected Observed Size Chi^2 Res.
i: 1
            0.0000 0.0247 0.889 0 0 0-1.025
i: 2
            0.5000 0.0766 2.757 4 0.488
i: 3
            1.0000
            0.1257
                    4.525
                    6 36
                                0.373
i: 4
            2.5000 0.2580 9.287 13 0.539
i: 5
            5.0000 0.4355 15.676 15 36 -0.076
i: 6
            10.000
            0.6732
                            24.236
                                    21 36 -0.409
    Chi-square =
                            5.44
                            DF = 4
                                    P-value = 0.2448
            Benchmark Dose Computation
Specified effect = 0.86
Risk Type = Extra risk
Confidence level = 0.95
        BMD = 17.9803
        BMDL = 12.7064
```

PIENTA_MT_BAA.OUT.txt

```
=======================================================================
```

            Multistage Model. \$Revision: 2.1 \$ \$Date: 2000/08/21 03:38:21 \$
    
RPS $\backslash M O D E L I N G \backslash P I E N T A \_M T \_B A A .(d)$
Gnuplot Plotting File: C:\DOCUMENTS AND SETTINGS $\backslash H C L Y N C H \backslash M Y$
DOCUMENTS $\backslash P A H$ RPS ${ }^{2}$ MODELING\PIENTA_MT_BAA.plt
Tue Jul 05 13:52:46 2005
===ニ====ニ===========================================================
BMDS MODEL RUN
The form of the probability function is:
$P[$ response] = background + (1-background)*[1-EXP(
-beta1*dose^1-beta2*dose^2-beta3*dose^3-beta4*dose^4)]
The parameter betas are restricted to be positive
Dependent variable = COLUMN2
Independent variable = COLUMN1
Total number of observations $=6$
Total number of records with missing values $=0$
Total number of parameters in model $=5$
Total number of specified parameters $=0$
Degree of polynomial $=4$
Maximum number of iterations $=250$
Relative Function Convergence has been set to: 1e-008
Parameter Convergence has been set to: 1e-008
Default Initial Parameter Values
Background $=0.00472474$
$\operatorname{Beta}(1)=0$
$\operatorname{Beta}(2)=0$
Beta(3) $=2.31177 \mathrm{e}-005$
$\operatorname{Beta}(4)=0$
Asymptotic Correlation Matrix of Parameter Estimates
( *** The model parameter(s) -Beta(1) -Beta(2) -Beta(3)
have been estimated at a boundary point, or have been
specified by the user,
and do not appear in the correlation matrix )
Background Beta(4)
$\begin{array}{lll}\text { Background } & 1 & -0.43\end{array}$
$\begin{array}{lll}\text { Beta(4) } & -0.43\end{array}$

```
                        Parameter Estimates
            Variable
        Background
            Beta(1)
            Beta(2)
            Beta(3)
            Beta(4)
                2.25394e-006
                        Estimate Std. Err.
                                0.00480466
                        0
                            0
                            0
                0.0290234
                        NA
                        NA
                        NA
                        6.9765e-006
NA - Indicates that this parameter has hit a bound
        implied by some inequality constraint and thus
        has no standard error.
                Analysis of Deviance Table
                    Model 
            Full model
        Fitted model
        Reduced model
                        -74.327
                        12.8971
                                    0.02436
                AIC: 143.898
                    Goodness of Fit
            Dose Est._Prob. Expected Observed Size Chi^2 Res.
i: 1
            0.0000 0.0048 1.100 0 229 -1.005
i: 2
            0.1000 0.0048 1.081 1 225 -0.075
i: 3
            0.5000
            0.0048
            1.211 2 252
                            0.655
i: 4
            1.0000 0.0048
            0.928
                2 193
                            1.161
i: 5
            5.0000 0.0062
                            1.936 1 312 - 0.487
i: 6
    10.0000
            0.0270
                    6.746 7 250
                            0.039
    Chi-square =
                                3.34
                        DF = 4
                                    P-value = 0.5028
            Benchmark Dose Computation
Specified effect =
                        0.01
Risk Type = Extra risk
Confidence level = 0.95
        BMD = 8.17165
**** WARNING: Completion code = -2. Optimum not found. Trying new starting
point****
        BMDL =
        4.47767
```

PIENTA_MT_BAP.OUT.txt

```
=======================================================================
```

            Multistage Model. \$Revision: 2.1 \$ \$Date: 2000/08/21 03:38:21 \$
    
RPS $\backslash M O D E L I N G \backslash P I E N T A \_M T \_B A P .(d)$
Gnuplot Plotting File: C:\DOCUMENTS AND SETTINGS ${ }^{\text {P }}$ HCLYNCH $\backslash M Y$
DOCUMENTS
Mon Jun 27 16:28:28 2005
===ニ====ニ============================================================
BMDS MODEL RUN
The form of the probability function is:
$P[$ response $]=$ background + (1-background)*[1-EXP(
-beta1*dose^1-beta2*dose^2-beta3*dose^3-beta4*dose^4)]
The parameter betas are restricted to be positive
Dependent variable $=$ COLUMN2
Independent variable = COLUMN1
Total number of observations $=5$
Total number of records with missing values $=0$
Total number of parameters in model $=5$
Total number of specified parameters $=0$
Degree of polynomial $=4$
Maximum number of iterations $=250$
Relative Function Convergence has been set to: 1e-008
Parameter Convergence has been set to: 1e-008
Default Initial Parameter Values
Background $=0.00129459$
Beta $(1)=0.00056154$
$\operatorname{Beta}(2)=0$
$\operatorname{Beta}(3)=0$
$\operatorname{Beta}(4)=0$
Asymptotic Correlation Matrix of Parameter Estimates
( *** The model parameter(s) -Beta(2) -Beta(3) -Beta(4)
have been estimated at a boundary point, or have been
specified by the user,
and do not appear in the correlation matrix )
Background Beta(1)
$\begin{array}{lll}\text { Background } & 1 & -0.72\end{array}$
Beta(1) -0.72 1

```
            Variable Estimate Std. Err.
                Background
            Beta(1)
            Beta(2)
                    529694
                            0.000662444
            Beta(3)
            Beta(4)
\begin{tabular}{rr} 
Estimate & Std. Err. \\
0.000529694 & 0.0310484 \\
0.000662444 & 0.00321227 \\
0 & NA \\
0 & NA \\
0 & NA
\end{tabular}
NA - Indicates that this parameter has hit a bound implied by some inequality constraint and thus has no standard error.
Analysis of Deviance Table
```

Full model Fitted model Reduced model

AIC:

Model Log(likelihood) Deviance Test DF P-value -64.5099 $\begin{array}{llll}-65.0987 & 1.17762 & 0.7584\end{array}$ -68.985
8.95024

4
0.06236
134.197

```
Goodness of Fit
Dose Est._Prob. Expected Observed Size Chi^2 Res.
i: 1
\(\begin{array}{llllll}0.0000 & 0.0005 & 0.267 & 0 & 504 & -1.001\end{array}\)
i: 2
\begin{tabular}{llllll}
1.0000 & 0.0012 & 0.468 & 1 & 393 & 1.137
\end{tabular}
i: 3
5.000
0.0038
1.557
2406
0.286
i: 4
10.0000
0.0071
3.09434
-0.031
i: 5
\(20.0000 \quad 0.0137 \quad 5.611 \quad 5 \quad 410 \quad-0.110\)
Chi-square =
1.07
\(D F=3\)
P-value \(=0.7847\)
Benchmark Dose Computation
Specified effect \(=\quad 0.01\)
Risk Type \(=\quad\) Extra risk
Confidence level \(=\quad 0.95\)
\(B M D=15.1716\)
BMDL \(=\quad 8.76437\)
PIENTA_MT_DBAHA.OUT.txt
Multistage Model. \$Revision: 2.1 \$ \$Date: 2000/08/21 03:38:21 \$
Input Data File: C:\DOCUMENTS AND SETTINGS \({ }^{\text {SHCLYNCH }}\) MY DOCUMENTS \(\backslash P A H\)
RPS \MODELING \(\backslash P I E N T A \_M T \_D B A H A .(d)\)
```

                    Parameter Estimates
    Gnuplot Plotting File: C:\DOCUMENTS AND SETTINGS DOCUMENTS $\backslash P A H$ RPS ${ }^{2}$ MODELING $\backslash P I E N T A \_M T \_D B A H A . p l t ~$

Mon Jun 27 16:35:08 2005
====================================================================
BMDS MODEL RUN

The form of the probability function is:
$P[$ response $]=$ background $+(1$-background $) *$ [1-EXP $($
-beta1*dose^1-beta2*dose^2)]
The parameter betas are restricted to be positive

Dependent variable = COLUMN2
Independent variable $=$ COLUMN1
Total number of observations $=4$
Total number of records with missing values $=0$
Total number of parameters in model $=3$
Total number of specified parameters $=0$
Degree of polynomial $=2$

Maximum number of iterations $=250$
Relative Function Convergence has been set to: 1e-008 Parameter Convergence has been set to: 1e-008

Default Initial Parameter Values
Background $=0.000660992$
$\operatorname{Beta}(1)=0.020798$
$\operatorname{Beta}(2)=0$

Asymptotic Correlation Matrix of Parameter Estimates
( *** The model parameter(s) -Background -Beta(2) have been estimated at a boundary point, or have been
specified by the user,
and do not appear in the correlation matrix )
Beta(1)
Beta(1)
1

Parameter Estimates

| Variable | Estimate | Std. Err. |
| ---: | ---: | :---: |
| Background | 0 | NA |
| Beta(1) | 0.0227021 | 0.0618036 |
| Beta(2) | 0 | NA |

NA - Indicates that this parameter has hit a bound implied by some inequality constraint and thus
has no standard error.

```
                                    Analysis of Deviance Table
            Model Log(likelihood) Deviance Test DF P-value
            Full model
        Fitted model
        Reduced model
                AIC: 84.1102
                Log(likelihood)
                -41.0551 1.78665 3 0.6178
                -45.7301 11.1367 3 0.01101
                    Goodness of Fit
            Dose Est._Prob. Expected Observed Size Chi^2 Res.
i: 1
            0.0000 0.0000 0.000 0 0.000
i: 2
            0.1000 0.0023
                            0.497
                            0 219
                            -1.002
i: 3
            0.5000
            0.0113
                            2.630
                    4 233
                                    0.527
i: 4
    1.0000
            0.0224
                    4.871
                    4 217
                            -0.183
Chi-square =
                                1.38
                                DF = 3
                            P-value = 0.7105
            Benchmark Dose Computation
Specified effect =
                            0.01
Risk Type = Extra risk
Confidence level = 0.95
        BMD = 0.442705
        BMDL = 0.260515
```


## D.8. IN VITRO DNA DAMAGE



Asymptotic Correlation Matrix of Parameter Estimates

|  | alpha | beta_0 | beta_1 |
| ---: | ---: | ---: | ---: |
| alpha | 1 | $7.6 \mathrm{e}-015$ | $1.7 \mathrm{e}-015$ |
| beta_0 | $7.6 \mathrm{e}-015$ | 1 | -0.63 |
| beta_1 | $1.7 \mathrm{e}-015$ | -0.63 | 1 |

Table of Data and Estimated Values of Interest


```
        Var{e(ij)} = Sigma^2
Model A2: Yij = Mu(i) + e(ij)
    Var{e(ij)} = Sigma(i)^2
Model R: Yi = Mu + e(i)
    Var{e(i)} = Sigma^2
                                    Likelihoods of Interest
\begin{tabular}{ccrc} 
Model & Log(likelihood) & DF & AIC \\
A1 & -10.652512 & 4 & 29.305023 \\
A2 & -9.359638 & 6 & 30.719276 \\
fitted & -10.899709 & 2 & 25.799418 \\
R & -14.037484 & 2 & 32.074967
\end{tabular}
    Test 1: Does response and/or variances differ among dose
levels
        (A2 vs. R)
    Test 2: Are Variances Homogeneous (A1 vs A2)
    Test 3: Does the Model for the Mean Fit (A1 vs. fitted)
                Tests of Interest
    Test -2*log(Likelihood Ratio) Test df p-value
    Test 1 9.35569 0.009299
    Test 2 2.58575 0.404305 0.2745
    Test 3 0.494395 1 0.482
The p-value for Test 1 is less than .05. There appears
to be a
difference between response and/or variances among the
dose levels.
It seems appropriate to model the data
The p-value for Test 2 is greater than .05. A
homogeneous variance
model appears to be appropriate here
The p-value for Test 3 is greater than .05. The model
chosen appears
to adequately describe the data
Benchmark Dose Computation
Specified effect = 7.6
Risk Type = Point risk
Confidence level = 0.95
        BMD = 17.6423
        BMDL = 9.58925
```

Table E-1. Dermal bioassays: RPF calculations for incidence data


Table E-1. Dermal bioassays: RPF calculations for incidence data

| Record number | Reference | Tumor type(s) | Sex | PAH | Relative potency calculation |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  | BMR | BMD | Point estimate extra risk response | Point estimate dose | Dose units | Converted dose | Converted dose units | RPF | Comments |
|  |  |  | F | BkF | 0.85 | 1,163 |  |  | Mg/animal |  |  | 0.03 |  |
| 18570 | Hecht et al., 1974 | Unspecified | F | BaP |  |  | 0.3 | 0.05 | mg/animal |  |  | 1 |  |
|  |  |  | F | CH |  |  | 0.58 | 1 | mg/animal |  |  | 0.10 |  |
| 21420 | Slaga et <br> al., 1980 | Papilloma | F | BaP |  |  | 0.64 | 200 | nmol | 0.050 | mg | 1 |  |
|  |  |  | F | CH |  |  | 0.71 | 2,000 | nmol | 0.457 | mg | 0.12 | Not clear if BaP administered simultaneously; control groups pooled for analysis |
|  |  |  | F | DBahA |  |  | 0.45 | 100 | nmol | 0.028 | mg | 1.27 |  |
| 15640 | Raveh et al., 1982 | Papilloma | F | BaP | 0.1 | 2.2 |  |  | $\mu \mathrm{g}$ |  |  | 1 |  |
|  |  |  | F | CPcdP | 0.1 | 30 |  |  | $\mu \mathrm{g}$ |  |  | 0.07 |  |
| 620 | Hoffmann and Wynder, 1966 | Papilloma | F | BaP |  |  | 0.79 | 0.25 | mg/animal |  |  | 1 |  |
|  |  |  | F | DBaeF |  |  | 0.57 | 0.25 | mg/animal |  |  | 0.73 |  |
|  |  |  | F | DBaeP |  |  | 0.33 | 0.25 | mg/animal |  |  | 0.41 |  |
|  |  |  | F | DBahP |  |  | 0.7 | 0.25 | mg/animal |  |  | 0.90 |  |
|  |  |  | F | DBaiP |  |  | 0.36 | 0.25 | mg/animal |  |  | 0.45 |  |
|  |  |  | F | N23eP |  |  | 0.25 | 0.25 | mg/animal |  |  | 0.32 |  |
| 13650 | Cavalieri et al., 1981b | Papilloma | F | BaP |  |  | 0.33 | 0.2 | $\mu \mathrm{mol}$ | 0.050 | mg | 1 |  |
|  |  |  | F | CPcdP |  |  | 0.23 | 0.6 | $\mu \mathrm{mol}$ | 0.136 | mg | 0.26 | Mid dose borderline significant, high dose not, trend not; no model fit; RPF uses mid dose for point estimate |
| 15700 | $\begin{array}{\|l\|} \hline \text { Rice et al., } \\ 1988 \\ \hline \end{array}$ | Unspecified | F | BaP |  |  | 0.88 | 0.1 | $\mu \mathrm{mol}$ | 0.025 | mg | 1 |  |
|  |  |  | F | CH |  |  | 0.89 | 0.5 | $\mu \mathrm{mol}$ | 0.114 | mg | 0.22 | No model fit; point estimate using point closest to BaP incidence |
|  |  |  | F | CPdefC | 0.88 | 0.22 |  |  | $\mu \mathrm{mol}$ | 0.053 | mg | 0.47 |  |
|  |  |  | F | BbcAC |  |  | 0.89 | 2 | $\mu \mathrm{mol}$ | 0.481 | mg | 0.05 | No model fit; point estimate using point closest to BaP incidence |

Table E-1. Dermal bioassays: RPF calculations for incidence data

| Record number | Reference | Tumor type(s) | Sex | PAH | Relative potency calculation |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  | BMR | BMD | Point estimate extra risk response | Point estimate dose | Dose units | Converted dose | $\begin{array}{\|c\|} \hline \text { Converted } \\ \text { dose } \\ \text { units } \\ \hline \end{array}$ | RPF | Comments |
| 24800 | Nesnow et al., 1984 | Papilloma | M | BaP |  |  | 0.67 | 200 | nmol | 0.050 | mg | 1 |  |
|  |  |  | M | BeAC |  |  | 0.60 | 250 | nmol | 0.063 | mg | 0.71 | No model fit; point estimate using point closest to BaP incidence |
|  |  |  | M | BlAC | 0.67 | 50 |  |  | nmol | 0.013 | mg | 4.00 | Three high doses dropped due to plateau |
|  |  |  | F | BaP |  |  | 0.51 | 200 | nmol | 0.050 | mg | 1 |  |
|  |  |  | F | BeAC | 0.51 | 228 |  |  | nmol | 0.058 | mg | 0.88 | Two high doses dropped to achieve model fit |
|  |  |  | F | BlAC | 0.51 | 30 |  |  | nmol | 0.008 | mg | 6.67 | Three high doses dropped to achieve model fit |

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Table E-2. Dermal bioassays: RPF calculations for multiplicity data

|  |  |  |  |  | Relative potency calculation |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Record number | Reference | Tumor type(s) | Sex | PAH | Point estimate response | Point estimate dose | Dose units | Converted dose | Converted dose units | RPF | Comments |
| Complete carcinogenicity studies |  |  |  |  |  |  |  |  |  |  |  |
| 13640 | Cavalieri et al., | Papilloma, adenoma, | F | BaP | 1.5 | 20 | nmol | 0.0050 | mg | 1 | Variance not reported |
|  | $1983$ | carcinoma | F | CPcdP | 2.5 | 200 | nmol | 0.045 | mg | 0.18 | Variance not reported |
| 13650 | Cavalieri et al., | Primarily squamous | US | BaP | 1.5 | 0.2 | $\mu \mathrm{mol}$ | 0.050 | mg | 1 |  |
|  | 1981b | cell carcinoma | US | CPcdP | 0.80 | 0.2 | $\mu \mathrm{mol}$ | 0.045 | mg | 0.59 | Variance not reported |
| Initiation studies |  |  |  |  |  |  |  |  |  |  |  |
| 630 | $\begin{aligned} & \text { LaVoie et al., } \\ & 1982 \end{aligned}$ | Primarily squamous cell papilloma | F | BaP | 4.9 | 30 | $\mu \mathrm{g}$ |  |  | 1 |  |
|  |  |  | F | BbF | 7.1 | 100 | $\mu \mathrm{g}$ |  |  | 0.43 | Variance not reported |
|  |  |  | F | BjF | 7.2 | 1,000 | $\mu \mathrm{g}$ |  |  | 0.044 | Variance not reported |
|  |  |  | F | BkF | 2.8 | 1,000 | $\mu \mathrm{g}$ |  |  | 0.017 | Variance not reported |
| 18570 | $\begin{aligned} & \text { Hecht et al., } \\ & 1974 \\ & \hline \end{aligned}$ | Unspecified | F | BaP | 0.5 | 0.05 | mg |  |  | 1 |  |
|  |  |  | F | CH | 1.0 | 1 | mg |  |  | 0.10 |  |
| 21420 | $\begin{aligned} & \text { Slaga et al., } \\ & 1980 \end{aligned}$ | Papilloma | F | BaP | 2.1 | 200 | nmol | 0.050 | mg | 1 |  |
|  |  |  | F | CH | 1.5 | 2,000 | nmol | 0.46 | mg | 0.078 |  |
|  |  |  | F | DBahA | 1.3 | 100 | nmol | 0.028 | mg | 1.1 |  |
| 15640 | $\begin{aligned} & \text { Raveh et al., } \\ & 1982 \\ & \hline \end{aligned}$ | Papilloma | F | BaP | 1.1 | 10 | $\mu \mathrm{g}$ |  |  | 1 | Variance not reported |
|  |  |  | F | CPcdP | 0.7 | 200 | $\mu \mathrm{g}$ |  |  | 0.032 | Variance not reported |
| 13650 | Cavalieri et al., 1981 | Papilloma | F | BaP | 1.1 | 0.2 | $\mu \mathrm{mol}$ | 0.050 | mg | 1 |  |
|  |  |  | F | CPcdP | 0.17 | 0.6 | $\mu \mathrm{mol}$ | 0.14 | mg | 0.060 | Variance not reported |
| 21410 | $\begin{aligned} & \text { Slaga et al., } \\ & 1978 \end{aligned}$ | Papilloma | F | BaP | 5.2 | 0.2 | $\mu \mathrm{mol}$ | 0.050 | mg | 1 |  |
|  |  |  | F | BaA | 1.1 | 2 | $\mu \mathrm{mol}$ | 0.46 | mg | 0.023 |  |
| 16310 | Weyand et al., 1992 | Unspecified | US | BaP | 4.0 | 0.01 | $\mu \mathrm{mol}$ | 0.0025 | mg | 1 |  |
|  |  |  | US | BjF | 4.0 | 1 | $\mu \mathrm{mol}$ | 0.252 | mg | 0.010 | Variance not reported |
| 10200 | El-Bayoumy et al., 1982 | Primarily squamous cell papilloma | F | BaP | 7.0 | 0.05 | mg |  |  | 1 |  |
|  |  |  | F | CH | 7.6 | 1 | mg |  |  | 0.054 |  |
| 24300 | $\begin{aligned} & \text { Rice et al., } \\ & 1985 \end{aligned}$ | Unspecified | F | BaP | 7.9 | 0.3 | mg |  |  | 1 |  |
|  |  |  | F | CH | 4.9 | 1 | mg |  |  | 0.18 |  |
|  |  |  | F | CPdefC | 5.5 | 1 | mg |  |  | 0.21 |  |
| 13660 | Cavalieri et al., 1991 | Primarily papilloma | F | BaP Expt I | 5.2 | 300 | nmol | 0.0757 | mg | 1 | 16 Wk experiment; variance not reported |
|  |  |  | F | DBalP Expt I | 6.8 | 33.3 | nmol | 0.010 | mg | 9.7 |  |
| 13660 | Cavalieri et al., 1991 | Primarily papilloma | F | BaP Expt II | 3.4 | 100 | nmol | 0.0252 | mg | 1 | 27 Wk experiment; variance not reported |
|  |  |  | F | DBalP Expt II | 7.0 | 4 | nmol | 0.0012 | mg | 42 |  |
| 24800 | $\begin{aligned} & \text { Nesnow et al., } \\ & 1984 \end{aligned}$ | Papilloma | M | BaP | 1.4 | 200 | nmol | 0.050 | mg | 1 | Variance not reported |
|  |  |  | M | BeAC | 1.3 | 250 | nmol | 0.063 | mg | 0.74 | Variance not reported |
|  |  |  | M | BlAC | 1.4 | 50 | nmol | 0.013 | mg | 4.0 | Variance not reported |
|  |  |  | F | BaP | 1.5 | 200 | nmol | 0.050 | mg | 1 | Variance not reported |
|  |  |  | F | BeAC | 1.1 | 250 | nmol | 0.063 | mg | 0.58 | Variance not reported |
|  |  |  | F | BlAC | 1.1 | 50 | nmol | 0.013 | mg | 2.9 | Variance not reported |

Table E-3. Intraperitoneal bioassays: RPF calculations for incidence data

| Record number | Reference | Target organ | Tumor type(s) | Sex | PAH | Relative potency calculation |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  | BMR | BMD | Point estimate extra risk response | Point estimate dose | Dose units | Converted dose | Converted dose units | RPF | Comments |
| 17560 | Busby et <br> al., 1989 | Lung | Adenoma, adenocarcinoma | F | BaP |  |  | 0.68 | 59.5 | $\mu \mathrm{g}$ |  |  | 1 |  |
|  |  |  |  |  | FA |  |  | 0.26 | 257.6 | $\mu \mathrm{g}$ |  |  | 0.09 |  |
| 640 | LaVoie et al., 1987 | Lung | Adenoma | M | BaP |  |  | 0.82 | 1.1 | $\mu \mathrm{mol} /$ mouse | 0.28 | $\begin{array}{\|l\|} \hline \mathrm{mg} / \\ \text { mouse } \end{array}$ | 1 |  |
|  |  |  |  |  | BjF |  |  | 0.52 | 1.1 | $\mu \mathrm{mol} /$ mouse | 0.28 | mg/ mouse | 0.64 | Do not use: use liver or lung RPF below |
|  |  |  |  | F | BaP |  |  | 0.64 | 1.1 | $\mu \mathrm{mol} /$ mouse | 0.28 | $\begin{array}{\|l} \hline \mathrm{mg} / \\ \text { mouse } \\ \hline \end{array}$ | 1 |  |
|  |  |  |  |  | BjF |  |  | 0.22 | 1.1 | umol/ mouse | 0.28 | mg/ mouse | 0.35 | Do not use: use liver or lung RPF below |
|  |  | Liver | Adenoma, hepatoma | M | BaP |  |  | 0.75 | 1.1 | umol/ mouse | 0.28 | mg/ mouse | 1 |  |
|  |  |  |  |  | BbF |  |  | 0.5 | 0.5 | $\mu \mathrm{mol} /$ mouse | 0.13 | mg/ mouse | 1.50 | Do not use: use liver or lung RPF below |
|  |  |  |  |  | BjF |  |  | 0.49 | 1.1 | $\mu \mathrm{mol} /$ mouse | 0.28 | mg/ mouse | 0.66 | Do not use: use liver or lung RPF below |
|  |  | Liver or lung | Adenoma, hepatoma | M | BaP |  |  | 0.75 | 1.1 | $\mu \mathrm{mol} /$ mouse | 0.28 | $\begin{aligned} & \hline \mathrm{mg} / \\ & \text { mouse } \end{aligned}$ | 1 |  |
|  |  |  |  |  | BbF |  |  | 0.51 | 0.5 | umol/ mouse | 0.13 | $\begin{aligned} & \mathrm{mg} / \\ & \text { mouse } \end{aligned}$ | 1.50 |  |
|  |  |  |  |  | BjF |  |  | 0.8 | 1.1 | $\mu \mathrm{mol} /$ mouse | 0.28 | $\begin{aligned} & \mathrm{mg} / \\ & \text { mouse } \end{aligned}$ | 1.10 |  |
|  |  |  |  | F | BaP |  |  | 0.64 | 1.1 | $\mu \mathrm{mol} /$ mouse | 0.28 | $\begin{array}{\|l\|} \hline \mathrm{mg} / \\ \text { mouse } \\ \hline \end{array}$ | 1 |  |
|  |  |  |  |  | BjF |  |  | 0.22 | 1.1 | $\mu \mathrm{mol} /$ mouse | 0.28 | $\left\lvert\, \begin{aligned} & \text { mg/ } \\ & \text { mouse } \end{aligned}\right.$ | 0.35 |  |
| 7510 | LaVoie et al., 1994 | Lung | Total | M | BaP |  |  | 0.7 | 1.1 | $\mu \mathrm{mol} /$ mouse | 0.28 | $\begin{aligned} & \mathrm{mg} / \\ & \text { mouse } \end{aligned}$ | 1 |  |
|  |  |  |  |  | FA | 0.7 | 22 |  |  | umol/ mouse | 4.45 | mg/ mouse | 0.06 | Do not use: male liver RPF is higher |

Table E-3. Intraperitoneal bioassays: RPF calculations for incidence data

| Record number | Reference | Target organ | Tumor type(s) | Sex |  | PAH | Relative potency calculation |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  | BMR | BMD | Point estimate extra risk response | Point estimate dose | Dose units | Converted dose | Converted dose units | RPF | Comments |
|  |  |  |  | F |  |  | BaP |  |  | 0.83 | 1.1 | umol/ mouse | 0.28 | $\begin{aligned} & \mathrm{mg} / \\ & \text { mouse } \end{aligned}$ | 1 |  |
|  |  |  |  |  |  | FA | 0.83 | 17 |  |  | $\mu \mathrm{mol} /$ mouse | 3.44 | $\begin{array}{\|l} \mathrm{mg} / \\ \text { mouse } \end{array}$ | 0.08 |  |
|  |  | Liver | Foci, adenoma, carcinoma | M |  | BaP |  |  | 0.81 | 1.1 | umol/ mouse | 0.28 | mg/ mouse | 1 |  |
|  |  |  |  |  |  | FA | 0.81 | 6.4 |  |  | umol/ mouse | 1.29 | $\begin{aligned} & \mathrm{mg} / \\ & \text { mouse } \end{aligned}$ | 0.21 |  |
| 24590 | Nesnow et al., 1998 | Lung | NS | M |  | BaP | 0.1 | 8.35 |  |  | mg/kg |  |  | 1 |  |
|  |  |  |  |  |  | BbF | 0.1 | 5.68 |  |  | $\mathrm{mg} / \mathrm{kg}$ |  |  | 1.47 |  |
|  |  |  |  |  |  | CPcdP | 0.1 | 8.65 |  |  | mg/kg |  |  | 0.97 |  |
|  |  |  |  |  |  | DBahA | 0.1 | 0.23 |  |  | mg/kg |  |  | 36 |  |
|  |  |  |  |  |  | DBalP | 0.1 | 0.29 |  |  | mg/kg |  |  | 29 |  |
| 24801 | Weyand et al., 2004 | Lung | Adenoma | F |  | BaP |  |  | 0.81 | 100 | mg/kg bw |  |  | 1 |  |
|  |  |  |  |  |  | BcFE |  |  | 0.85 | 100 | mg/kg bw |  |  | 1.05 |  |
| 22510 | Wislocki et al., 1986 | Liver | Adenoma, carcinoma | M |  | BaP |  |  | 0.44 | 560 | nmol | 0.14 | mg | 1 |  |
|  |  |  |  |  |  | CH | 0.44 | 3,339 |  |  | nmol | 0.76 | mg | 0.19 | Using pooled controls |
|  |  |  |  |  |  | BaA |  |  | 0.77 | 2,800 | nmol | 0.64 | mg | 0.39 |  |
|  |  | Lung | Unspecified | M |  | BaP |  |  | 0.3 | 560 | nmol | 0.14 | mg | 1 |  |
|  |  |  |  |  |  | CH | 0.3 | 5,601 |  |  | nmol | 1.28 | mg | 0.11 | Do not use: male liver RPF is higher; using pooled controls |
|  |  |  |  | F |  | BaP |  |  | 0.46 | 560 | nmol | 0.14 | mg | 1 |  |
|  |  |  |  |  |  | BaA |  |  | 0.16 | 2,800 | nmol | 0.64 | mg | 0.08 |  |

Table E-4. Intraperitoneal bioassays: RPF calculations for multiplicity data

| Record number | Reference | Target organ(s) | Tumor type(s) | Sex | PAH | RPF Calculation |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  | BMR | BMD | Point estimate response | Point estimate dose | Dose units | $\begin{gathered} \text { Converted } \\ \text { dose } \\ \hline \end{gathered}$ | Converted dose units | RPF | Comments |
| 17560 | $\begin{aligned} & \hline \begin{array}{l} \text { Busby et al., } \\ 1989 \end{array} \\ & \hline \end{aligned}$ | Lung | Adenoma, adenocarcinoma | F | BaP |  |  | 1.11 | 59.5 | $\mu \mathrm{g}$ |  |  | 1 |  |
|  |  |  |  |  | FA |  |  | 0.33 | 257.6 | $\mu \mathrm{g}$ |  |  | 0.069 |  |
| 7510 | LaVoie et al., 1994 | Lung | Total | M | BaP |  |  | 4.13 | 1.1 | $\mu \mathrm{mol}$ | 0.28 | mg | 1 |  |
|  |  |  |  |  | FA |  |  | 0.95 | 17.30 | $\mu \mathrm{mol}$ | 3.50 | mg | 0.018 | Do not use: male liver RPF is higher |
|  |  |  |  | F | BaP |  |  | 3.40 | 1.1 | $\mu \mathrm{mol}$ | 0.28 | mg | 1 |  |
|  |  |  |  |  | FA |  |  | 2.30 | 17.30 | $\mu \mathrm{mol}$ | 3.50 | mg | 0.054 |  |
|  |  | Liver | Foci, adenoma, carcinoma | M | BaP |  |  | 4.12 | 1.1 | $\mu \mathrm{mol}$ | 0.28 | mg | 1 |  |
|  |  |  |  |  | FA |  |  | 1.45 | 3.46 | $\mu \mathrm{mol}$ | 0.700 | mg | 0.14 |  |
| 22510 | Wislocki et al., 1986 | Liver | Adenoma, carcinoma | M | BaP |  |  | 1.36 | 560 | nmol | 0.141 | mg | 1 |  |
|  |  |  |  |  | CH |  |  | 0.93 | 2,800 | nmol | 0.639 | mg | 0.15 | Using pooled controls |
|  |  |  |  |  | BaA |  |  | 2.28 | 2,800 | nmol | 0.639 | mg | 0.37 |  |
| 13610 | $\begin{aligned} & \hline \begin{array}{l} \text { Busby et al., } \\ 1984 \\ \hline \end{array} \mathrm{l} \end{aligned}$ | Lung | Adenoma, carcinoma | M | BaP |  |  | 4.28 | 0.28 | mg |  |  | 1 | No model fit |
|  |  |  |  |  | FA | 4.28 | 9.99 |  |  | mg |  |  | 0.028 |  |
|  |  |  |  | F | BaP |  |  | 3.56 | 0.28 | mg |  |  | 1 | No model fit |
|  |  |  |  |  | FA | 3.56 | 32.28 |  |  | mg |  |  | 0.0086 |  |
| 24590 | Nesnow et al., 1998b | Lung | Not specified | M | BaP |  |  | 3.85 | 50 | $\mathrm{mg} / \mathrm{kg}$ |  |  | 1 | No model fit |
|  |  |  |  |  | BbF | 3.85 | 123 |  |  | $\mathrm{mg} / \mathrm{kg}$ |  |  | 0.41 | $\begin{aligned} & \mathrm{BMR}=\mathrm{BaP} \\ & \text { response } \end{aligned}$ |
|  |  |  |  |  | CPcdP |  |  | 4.15 | 50 | mg/kg |  |  | 1.1 | No model fit |
|  |  |  |  |  | DBahA | 3.85 | 3.57 |  |  | $\mathrm{mg} / \mathrm{kg}$ |  |  | 14 | $\begin{aligned} & \mathrm{BMR}=\mathrm{BaP} \\ & \text { response } \\ & \hline \end{aligned}$ |
|  |  |  |  |  | DBalP |  |  | 3.66 | 1.5 | $\mathrm{mg} / \mathrm{kg}$ |  |  | 32 | No model fit These data from <br> Record 8180 Prahalad 1987 but use BaP data from <br> Record 24590 |

Table E-4. Intraperitoneal bioassays: RPF calculations for multiplicity data

| Record number | Reference | Target organ(s) | Tumor type(s) | Sex | PAH | RPF Calculation |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  | BMR | BMD | Point estimate response | Point estimate dose | Dose units | Converted dose | Converted dose units | RPF | Comments |
| 11190 | $\begin{aligned} & \text { Mass et al., } \\ & 1993 \\ & \hline \end{aligned}$ | Lung | Not specified | M | BaP |  |  | 5.05 | 100 | $\mathrm{mg} / \mathrm{kg}$ |  |  | 1 | No model fit |
|  |  |  |  |  | BjAC |  |  | 59.45 | 20 | mg/kg |  |  | 59 | No model fit |
| 24801 | $\begin{aligned} & \text { Weyand et } \\ & \text { al., } 2004 \end{aligned}$ | Lung | Adenoma | F | BaP |  |  | 6.1 | 100 | $\begin{aligned} & \mathrm{mg} / \mathrm{kg} \\ & \mathrm{bw} \\ & \hline \end{aligned}$ |  |  | 1 |  |
|  |  |  |  |  | BcFE |  |  | 3.4 | 100 | $\mathrm{mg} / \mathrm{kg}$ |  |  | 0.56 |  |

Table E-5. Lung implantation bioassays: RPF calculations (incidence data)

|  |  |  |  |  | Relative potency calculation |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Record number | Reference | Target organ(s) | Tumor type(s) | PAH | BMR | BMD | Point estimate extra risk response | Point estimate dose | Dose units | RPF | Comments |
| 17940 | Deutsch-Wenzel et al., 1983 | Lung | Sum carcinoma + sarcoma | BaP | 0.1 | 0.032 |  |  | mg | 1 |  |
|  |  |  |  | AA | 0.1 | 0.14 |  |  | mg | 0.24 |  |
|  |  |  |  | BbF | 0.1 | 0.33 |  |  | mg | 0.10 |  |
|  |  |  |  | BghiP | 0.1 | 3.5 |  |  | mg | 0.0092 |  |
|  |  |  |  | BjF | 0.1 | 1.0 |  |  | mg | 0.032 |  |
|  |  |  |  | BkF | 0.1 | 1.1 |  |  | mg | 0.031 |  |
|  |  |  |  | IP | 0.1 | 0.44 |  |  | mg | 0.074 |  |
| 22000 | Wenzel-Hartung et al., 1990 | Lung | Carcinoma | BaP | 0.1 | 0.033 |  |  | $\left\lvert\, \begin{aligned} & \mathrm{an} / \mathrm{an} / \mathrm{a} \end{aligned}\right.$ | 1 |  |
|  |  |  |  | CH | 0.1 | 0.85 |  |  | mg/ animal | 0.038 |  |
|  |  |  |  | BaP | 0.57 | 0.20 |  |  | mg/ animal | 1 |  |
|  |  |  |  | DBahA |  |  | 0.57 | 0.1 | mg/ animal | 2.0 | Single dose |

Table E-6. Oral bioassays: RPF calculations (incidence and multiplicity data)

| Record number | Reference | Target organ | Tumor and data type | PAH | Relative potency calculation |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  | BMR | BMD | Point estimate extra risk response | Point estimate dose | Dose units | RPF | Comments |
| 24801 | Weyand et al., 2004 | Lung | Adenoma incidence | BaP |  |  | 0.7 | 230 | $\mu \mathrm{g} /$ mouse/day | 1 |  |
|  |  |  |  | BcFE | 0.7 | 42 |  |  | $\mu \mathrm{g} /$ mouse/day | 5.48 |  |
| 24801 | Weyand et al., 2004 | Lung | Adenoma multiplicity | BaP |  |  | 1.09 | 230 | $\mu \mathrm{g} /$ mouse/day | 1 |  |
|  |  |  |  | BcFE |  |  | 45.69 | 197 | $\mu \mathrm{g} /$ mouse/day | 48.9 | No model fit |

Table E-7. In vivo DNA adducts: RPF calculations

| Record number | Reference | Target organ(s)/route | PAH | Relative potency calculation |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | AUC | AUC versus dose | Point estimate response | Point estimate dose | Dose units | Converted dose | Converted dose units | RPF | Comments |
| 6210 | $\begin{array}{\|l\|} \hline \text { Arif et al., } \\ 1997 \end{array}$ | Sum of adducts in mammary gland, lung, heart, pancreas, bladder, liver | BaP |  |  | 325 | 0.25 | $\mu \mathrm{mol} /$ <br> mammary <br> gland | 0.063 | mg/ mammary gland | 1 |  |
|  |  |  | DBalP |  |  | 2,245 | 0.25 | $\mu \mathrm{mol} /$ <br> mammary <br> gland | 0.076 | mg/mammary gland | 5.8 |  |
| 17630 | Cavalieri et <br> al., 1981a | Skin 4-hr | BaP |  |  | 16 | 0.2 | $\mu \mathrm{mol} /$ animal | 0.050 | mg/animal | 1 | Higher of two values measured at 4 hrs |
|  |  |  | ACEP |  |  | 2.2 | 0.2 | $\mu \mathrm{mol} / \mathrm{animal}$ | 0.046 | mg/animal | 0.15 | Higher of two values measured at 4 hrs |
|  |  |  | CPcdP |  |  | 8.8 | 0.2 | $\mu \mathrm{mol} / \mathrm{animal}$ | 0.045 | mg/animal | 0.61 | Higher of two values measured at 24 hrs |
| 18810 | Hughes and Phillips, $1990$ | Sum of skin and lung | BaP |  |  | 9 | 1 | $\mu \mathrm{mol}$ | 0.25 | mg | 1 | RPFs based on peaks; digitizing not possible; peaks reached at different times postdosing |
|  |  |  | DBaeP |  |  | Cannot determine | 1 | $\mu \mathrm{mol}$ |  |  | NA |  |
|  |  |  | DBahP |  |  | 3.2 | 1 | $\mu \mathrm{mol}$ | 0.30 | mg | 0.30 |  |
|  |  |  | DBaiP |  |  | 0.85 | 1 | $\mu \mathrm{mol}$ | 0.30 | mg | 0.079 |  |
|  |  |  | DBalP |  |  | 65 | 1 | $\mu \mathrm{mol}$ | 0.30 | mg | 6.0 |  |
| 11190 | $\begin{aligned} & \text { Mass et al., } \\ & 1993 \end{aligned}$ | Lung | BaP |  | 470 |  |  | $\mathrm{mg} / \mathrm{kg}$ |  |  | 1 |  |
|  |  |  | BjAC |  | 464 |  |  | mg/kg |  |  | 0.99 | Ratio of slopes of AUC versus dose; BjAC plot shows curvature |
| 8010 | Nesnow et <br> al., 1993b | Total of lung, liver, and peripheral blood lymphocytes | BaP | 52,084 |  |  | 100 | mg/kg |  |  | 1 |  |
|  |  |  | BbF | 11,314 |  |  | 100 | mg/kg |  |  | 0.22 | Ratio of (sum of AUCs)/dose |

Table E-7. In vivo DNA adducts: RPF calculations

| Record number | Reference | Target organ(s)/route | PAH | Relative potency calculation |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | AUC | AUC versus dose | Point estimate response | Point estimate dose dose | Dose units | Converted dose | Converted dose units | RPF | Comments |
| 24590 | Nesnow et <br> al., 1998b | Lung | BaP |  | 113 |  |  | mg/kg |  |  | 1 | Ratio of slopes of AUC versus dose as reported by authors |
|  |  |  | BbF |  | 38 |  |  | mg/kg |  |  | 0.33 |  |
|  |  |  | CPcdP |  | 148 |  |  | $\mathrm{mg} / \mathrm{kg}$ |  |  | 1.3 |  |
|  |  |  | DBahA |  | 219 |  |  | mg/kg |  |  | 1.9 |  |
|  |  |  | DBalP |  | 1,390 |  |  | mg/kg |  |  | 12 |  |
| 22810 | Phillips et <br> al., 1979 | Skin | BaP |  |  | 27 | 1 | $\mu \mathrm{mol} /$ animal | 0.25 | mg/animal | 1 | Ratio of peak levels; peaks reached at different times |
|  |  |  | DBacA |  |  | 10 | 1 | $\mu \mathrm{mol} /$ animal | 0.28 | mg/animal | 0.34 |  |
|  |  |  | DBahA |  |  | 15 | 1 | $\mu \mathrm{mol} /$ animal | 0.28 | mg/animal | 0.50 |  |
| 24790 | Kligerman et al., 2002 | Mouse peripheral blood lymphocytes/ intraperitoneal | BaP |  |  | 4,186 | 100 | $\mathrm{mg} / \mathrm{kg}$ |  |  | 1 | Ratio of single measure on d 7 postdosing |
|  |  |  | BaA |  |  | 93 | 100 | mg/kg |  |  | 0.022 |  |
|  |  |  | BbF |  |  | 516 | 100 | $\mathrm{mg} / \mathrm{kg}$ |  |  | 0.12 |  |
|  |  |  | CH |  |  | 81 | 100 | mg/kg |  |  | 0.019 |  |
|  |  | Mouse peripheral blood lymphocytes/ gavage | BaP |  |  | 143 | 100 | $\mathrm{mg} / \mathrm{kg}$ |  |  | 1 |  |
|  |  |  | BaA |  |  | 32 | 100 | mg/kg |  |  | 0.22 |  |
|  |  |  | BbF |  |  | 39 | 100 | mg/kg |  |  | 0.27 |  |
|  |  |  | CH |  |  | 37 | 100 | $\mathrm{mg} / \mathrm{kg}$ |  |  | 0.26 |  |
|  |  | Rat peripheral blood lymphocytes/ intraperitoneal | BaP |  |  | 755 | 100 | $\mathrm{mg} / \mathrm{kg}$ |  |  | 1 |  |
|  |  |  | BaA |  |  | 38 | 100 | mg/kg |  |  | 0.05 |  |
|  |  |  | BbF |  |  | 63 | 100 | $\mathrm{mg} / \mathrm{kg}$ |  |  | 0.083 |  |
|  |  |  | CH |  |  | 24 | 100 | $\mathrm{mg} / \mathrm{kg}$ |  |  | 0.032 |  |
|  |  | Rat peripheral blood lymphocytes/ gavage | BaP |  |  | 177 | 100 | $\mathrm{mg} / \mathrm{kg}$ |  |  | 1 |  |
|  |  |  | BaA |  |  | 20 | 100 | mg/kg |  |  | 0.11 |  |
|  |  |  | BbF |  |  | 17 | 100 | $\mathrm{mg} / \mathrm{kg}$ |  |  | 0.1 |  |
|  |  |  | CH |  |  | 10 | 100 | $\mathrm{mg} / \mathrm{kg}$ |  |  | 0.056 |  |

Table E-7. In vivo DNA adducts: RPF calculations

| Record number | Reference | Target organ(s)/route | PAH | Relative potency calculation |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | AUC | AUC versus dose | Point estimate response | $\begin{gathered} \hline \text { Point } \\ \text { estimate } \\ \text { dose } \\ \hline \end{gathered}$ | Dose units | Converted dose | Converted dose units | RPF | Comments |
| 24801 | Weyand et <br> al., 2004 | Sum of adducts in lung amd forestomach/diet | BaP |  |  | 0.117 | 230 | mg/kg food |  |  | 1 |  |
|  |  |  | BcFE |  |  | 0.191 | 197 | mg/kg food |  |  | 1.9 |  |
|  |  | Lung/ intraperitoneal | BaP |  |  | 0.776 | 100 | mg/kg bw |  |  | 1 |  |
|  |  |  | BcFE |  |  | 0.333 | 100 | mg/kg bw |  |  | 0.43 |  |

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Table E-8. In vivo clastogenicity or sister chromatid exchange: RPF calculation

| Record number | Reference | Route | Endpoint | Data type: quantal or continuous | PAH | Relative potency calculation |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  | BMR | BMD | Point estimate response | Point estimate dose | Dose units | RPF | Comments |
| 24740 | $\begin{array}{\|l\|} \hline \text { Allen et al., } \\ 1999 \\ \hline \end{array}$ | Intraperitoneal | MN-PCEs in bone marrow (A/J mouse) | Q | BaP |  |  | 0.0086 | 200 | mg/kg | 1 |  |
|  |  |  |  |  | DBalP |  |  | 0.0013 | 1.5 | mg/kg | 20 | Model won't predict BaP BMR; RPF based on peak |
|  |  | Intraperitoneal | MN-PCEs in peripheral blood (A/J mouse) | Q | BaP |  |  | 0.0067 | 200 | mg/kg | 1 |  |
|  |  |  |  |  | DBalP |  |  | 0.0015 | 6 | mg/kg | 7.5 | Model won't predict BaP BMR; RPF based on peak |
|  |  | Intraperitoneal | MN-PCEs in bone marrow (p53 wt mouse) | Q | BaP |  |  | 0.0019 | 200 | mg/kg | 1 |  |
|  |  |  |  |  | DBalP |  |  | 0.0042 | 12 | mg/kg | 37 | Model won't predict BaP BMR; RPF based on peak |
|  |  | Intraperitoneal | MN-PCEs in peripheral blood (p53 wt mouse) | Q | BaP |  |  | 0.0022 | 200 | mg/kg | 1 |  |
|  |  |  |  |  | DBalP |  |  | 0.0011 | 18 | mg/kg | 5.6 | BMD doesn't reflect selected BMR; RPF based on peak |
| 14270 | He and Baker, 1991 | Dermal | Micronuclei | Q | BaP |  |  | 0.064 | 50 | $\mu \mathrm{g} / \mathrm{animal}$ | 1 | No model fit; RPF based on peak |
|  |  |  |  |  | CH |  |  | 0.05 | 500 | $\mu \mathrm{g} / \mathrm{animal}$ | 0.078 | No model fit; RPF based on peak |
| 17190 | Bayer, 1978 | Intraperitoneal | Sister chromatid exchanges | C | BaP |  |  | 4.2 | 100 | mg/kg | 1 | No model fit; RPF based on peak |
|  |  |  |  |  | PH |  |  | 0.9 | 100 | mg/kg | 0.21 | No model fit; RPF based on peak |
| 20950 | Roszinsky- <br> Kocher et al., $1979$ | Intraperitoneal | Sister chromatid exchanges | C | BaP |  |  | 6.7 | 900 | mg/kg | 1 |  |
|  |  |  |  |  | DBahA |  |  | 1 | 900 | mg/kg | 0.15 |  |
|  |  |  |  |  | CH |  |  | 1.2 | 900 | mg/kg | 0.18 |  |
|  |  |  |  |  | PH |  |  | 1.6 | 900 | mg/kg | 0.24 |  |
|  |  |  |  |  | BeP |  |  | 1.6 | 900 | mg/kg | 0.24 |  |
|  |  |  |  |  | BbF |  |  | 1.7 | 900 | mg/kg | 0.25 |  |

Table E-8. In vivo clastogenicity or sister chromatid exchange: RPF calculation

| Record number | Reference | Route | Endpoint | Data type: quantal or continuous | PAH | Relative potency calculation |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  | BMR | BMD | Point estimate response | Point estimate dose | Dose units | RPF | Comments |
|  |  |  |  |  | BaA |  |  | 2.2 | 900 | $\mathrm{mg} / \mathrm{kg}$ | 0.33 |  |
| 24720 | Kligerman et <br> al., 1986 | Gavage | Sister chromatid exchanges | C | BaP |  |  | 8 | 63 | $\mathrm{mg} / \mathrm{kg}$ | 1 | No SD for control |
|  |  |  |  |  | BlAC |  |  | 16 | 126 | $\mathrm{mg} / \mathrm{kg}$ | 1.1 | No SD for control; RPF based on lowest dose approaching peak |
| 24790 | Kligerman et <br> al., 2002 | Intraperitoneal | Sister chromatid exchanges | C | BaP |  |  | 12.42 | 100 | mg/kg | 1 |  |
|  |  |  |  |  | BaA |  |  | 6.01 | 100 | $\mathrm{mg} / \mathrm{kg}$ | 0.48 |  |
|  |  |  |  |  | BbF |  |  | 13.46 | 100 | $\mathrm{mg} / \mathrm{kg}$ | 1.1 |  |
|  |  |  |  |  | CH |  |  | 3.17 | 100 | $\mathrm{mg} / \mathrm{kg}$ | 0.26 |  |
|  |  | Gavage | Sister chromatid exchanges | C | BaP |  |  | 6.79 | 100 | $\mathrm{mg} / \mathrm{kg}$ | 1 |  |
|  |  |  |  |  | BaA |  |  | 2.26 | 100 | $\mathrm{mg} / \mathrm{kg}$ | 0.33 |  |
|  |  | Gavage | Micronuclei | Q | BaP |  |  | 0.0025 | 100 | $\mathrm{mg} / \mathrm{kg}$ | 1 |  |
|  |  |  |  |  | BbF |  |  | 0.0017 | 100 | $\mathrm{mg} / \mathrm{kg}$ | 0.68 |  |

Table E-9. In vitro bacterial mutagenicity: RPF calculations

| Record number | Reference | PAH | Data type: quantal or continuous | Relative potency calculation |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | BMR | BMD | Slope | Point estimate response | Point estimate dose | Dose units | Converted dose | Converted dose units | RPF | Comments |
| 17030 | Andrews et al., 1978 | BaP | C |  |  |  | 1,531 | 250 | $\mu \mathrm{g}$ |  |  | 1 |  |
|  |  | DBacA | C |  |  |  | 2,807 | 10 | $\mu \mathrm{g}$ |  |  | 46 |  |
|  |  | DBajA | C |  |  |  | 693 | 10 | $\mu \mathrm{g}$ |  |  | 11 |  |
|  |  | DBahA | C |  |  |  | 467 | 25 | $\mu \mathrm{g}$ |  |  | 3 |  |
|  |  | AA | C |  |  |  | 1,645 | 250 | $\mu \mathrm{g}$ |  |  | 1.1 |  |
|  |  | BghiP | C |  |  |  | 642 | 100 | $\mu \mathrm{g}$ |  |  | 1 |  |
|  |  | BeP | C |  |  |  | 492 | 1,000 | $\mu \mathrm{g}$ |  |  | 0.08 |  |
| 23830 | $\begin{aligned} & \text { Baker et al., } \\ & 1980 \end{aligned}$ | BaP | C |  |  |  | 1,144 | 2.5 | $\mu \mathrm{g} / \mathrm{plate}$ |  |  | 1 |  |
|  |  | DBaiP | C |  |  |  | 603 | 5 | $\mu \mathrm{g} / \mathrm{plate}$ |  |  | 0.26 |  |
|  |  | BaA | C |  |  |  | 813 | 10 | $\mu \mathrm{g} / \mathrm{plate}$ |  |  | 0.18 |  |
|  |  | DBacA | C |  |  |  | 1,604 | 2.5 | $\mu \mathrm{g} / \mathrm{plate}$ |  |  | 1.4 |  |
|  |  | DBahA | C |  |  |  | 1,197 | 5 | $\mu \mathrm{g} / \mathrm{plate}$ |  |  | 0.52 |  |
| 23660 | Bartsch et <br> al., 1980 | BaP | C |  |  |  | 29,000 | 0.027 | $\mu \mathrm{mol} /$ plate | 0.007 | mg/plate | 1 |  |
|  |  | BaA | C |  |  |  | 6,000 | 0.067 | $\mu \mathrm{mol} / \mathrm{plate}$ | 0.015 | mg/plate | 0.092 |  |
| 17380 | $\begin{array}{\|l} \hline \text { Bos et al., } \\ 1988 \end{array}$ | BaP | C |  |  |  | 739 | 7.5 | $\mu \mathrm{g} /$ plate |  |  | 1 | RPF based on peak response; BaP response well above range for other data sets; model fit required dropping high doses but not appropriate given BMR target |
|  |  | PH | C |  |  |  | 155 | 25 | $\mu \mathrm{g} / \mathrm{plate}$ |  |  | 0.063 |  |
|  |  | Pyr | C |  |  |  | 193 | 25 | $\mu \mathrm{g} / \mathrm{plate}$ |  |  | 0.078 |  |
| 17590 | $\begin{array}{\|l\|} \hline \text { Carver et al., } \\ \hline 1986 \end{array}$ | BaP | C |  |  |  | 895 | 50 | $\mu \mathrm{g} /$ plate |  |  | 1 | Continuous data, no SD; RPF based on peak or lowest dose approaching peak |
|  |  | BaA | C |  |  |  | 1,123 | 50 | $\mu \mathrm{g} / \mathrm{plate}$ |  |  | 1.3 |  |
|  |  | BghiF | C |  |  |  | 845 | 50 | $\mu \mathrm{g} /$ plate |  |  | 0.94 |  |
|  |  | Pery | C |  |  |  | 853 | 10 | $\mu \mathrm{g} / \mathrm{plate}$ |  |  | 4.8 | Uses S9 level with max BaP response; max Pery response at a different S9 |
| 17630 | Cavalieri et <br> al., 1981a | BaP | Q |  |  |  | 0.00126 | 60 | $\mu \mathrm{M}$ | 15.1 | mg/L | 1 | RPF based on peak; no model fit |
|  |  | CPcdP | Q |  |  |  | 0.0013 | 40 | $\mu \mathrm{M}$ | 9.1 | mg/L | 1.7 | RPF based on peak; no model fit |

Table E-9. In vitro bacterial mutagenicity: RPF calculations

| Record number | Reference | PAH | Data type: quantal or continuous | Relative potency calculation |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | BMR | BMD | Slope | Point estimate response | Point estimate dose | Dose units | Converted dose | Converted dose units | RPF | Comments |
|  |  | ACEP | Q |  |  |  | 0.0005 | 120 | $\mu \mathrm{M}$ | 27.4 | mg/L | 0.22 | RPF based on peak; BMD doesn't coincide with selected BMR |
| 9620 | $\begin{aligned} & \text { Chang et al., } \\ & 2002 \end{aligned}$ | BaP | C |  |  |  | 2,217 | 5 | $\mu \mathrm{g} / \mathrm{plate}$ |  |  | 1 | Continuous data, no SD; RPF based on peak or lowest dose approaching peak |
|  |  | BghiF | C |  |  |  | 1,304 | 5 | $\mu \mathrm{g} / \mathrm{plate}$ |  |  | 0.59 |  |
|  |  | BcPH | C |  |  |  | 717 | 10 | $\mu \mathrm{g} /$ plate |  |  | 0.16 |  |
| 24030 | De Flora et al., 1984 | BaP | NA |  |  | 185 |  |  | revertants/nmol | 733,196 | revertants/mg | 1 | RPFs based on potency estimates as reported by authors |
|  |  | BaA | NA |  |  | 12 |  |  | revertants/nmol | 52,565 | revertants/mg | 0.072 |  |
|  |  | BeP | NA |  |  | 1.6 |  |  | revertants/nmol | 6,341 | revertants/mg | 0.009 |  |
|  |  | Pery | NA |  |  | 21 |  |  | revertants/nmol | 83,229 | revertants/mg | 0.11 |  |
| 18050 | Eisenstadt and Gold, 1978 | BaP | C |  |  |  | 1,705 | 2 | $\mu \mathrm{g}$ |  |  | 1 | Uses S9 level with max BaP response; CPcdP max at much lower S9 |
|  |  | CPcdP | C |  |  |  | 134 | 1 | $\mu \mathrm{g}$ |  |  | 0.16 |  |
| 18180 | $\begin{aligned} & \text { Florin et al., } \\ & 1980 \end{aligned}$ | BaP | C |  |  |  | 255 | 0.003 | $\mu \mathrm{mol} /$ plate | 0.001 | mg/plate | 1 | TA100 |
|  |  | BaA | C |  |  |  | 326 | 0.1 | $\mu \mathrm{mol} / \mathrm{plate}$ | 0.023 | mg/plate | 0.042 |  |
|  |  | CH | C |  |  |  | 196 | 0.005 | $\mu \mathrm{mol} / \mathrm{plate}$ | 0.001 | mg/plate | 0.51 |  |
|  |  | BaP | C |  |  |  | 235 | 0.003 | $\mu \mathrm{mol} /$ plate | 0.001 | mg/plate | 1 | TA 98 |
|  |  | CO | C |  |  |  | 82 | 0.07 | $\mu \mathrm{mol} /$ plate | 0.021 | mg/plate | 0.013 |  |
|  |  | Pery | C |  |  |  | 91 | 0.025 | $\mu \mathrm{mol} /$ plate | 0.006 | mg/plate | 0.046 |  |
| 24080 | Gibson et <br> al., 1978 | BaP | C |  |  |  | 35 | 300 | $\mu \mathrm{g} / \mathrm{plate}$ |  |  | 1 | Continuous data, no SD; RPF based on peak or lowest dose approaching peak; metabolic activation by gamma radiation |
|  |  | BaA | C |  |  |  | 6.4 | 250 | $\mu \mathrm{g} / \mathrm{plate}$ |  |  | 0.22 |  |
|  |  | BghiP | C |  |  |  | 4.2 | 400 | $\mu \mathrm{g} / \mathrm{plate}$ |  |  | 0.090 |  |
|  |  | CH | C |  |  |  | 6.1 | 500 | $\mu \mathrm{g} / \mathrm{plate}$ |  |  | 0.1 | Lowest dose approaching peak |
|  |  | FE | C |  |  |  | 2.2 | 360 | $\mu \mathrm{g} / \mathrm{plate}$ |  |  | 0.052 |  |
|  |  | Pyr | C |  |  |  | 28 | 160 | $\mu \mathrm{g} / \mathrm{plate}$ |  |  | 1.5 |  |

Table E-9. In vitro bacterial mutagenicity: RPF calculations

| Record number | Reference | PAH | Data type: quantal or continuous | Relative potency calculation |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | BMR | BMD | Slope | Point estimate response | Point estimate dose | Dose units | Converted dose | Converted dose units | RPF | Comments |
| 14080 | Gold and <br> Eisenstadt, <br> 1980 | BaP | C |  |  |  | 1,103 | 4 | nmol | 0.001 | mg | 1 |  |
|  |  | CPcdP | C |  |  |  | 281 | 4 | nmol | 0.001 | mg | 0.28 |  |
| 18650 | $\begin{aligned} & \text { Hermann, } \\ & 1981 \end{aligned}$ | BaP | NA |  |  | 100 |  |  | revertants/nmol | 396,322 | revertants/mg | 1 | RPFs based on potency estimates as reported by authors |
|  |  | AA | NA |  |  | 62 |  |  | revertants/nmol | 224,394 | revertants/mg | 0.57 |  |
|  |  | BaA | NA |  |  | 4 |  |  | revertants/nmol | 17,522 | revertants/mg | 0.044 |  |
|  |  | BbA | NA |  |  | 8 |  |  | revertants/nmol | 35,043 | revertants/mg | 0.088 |  |
|  |  | BbF | NA |  |  | 15 |  |  | revertants/nmol | 59,448 | revertants/mg | 0.15 |  |
|  |  | BeP | NA |  |  | 15 |  |  | revertants/nmol | 59,449 | revertants/mg | 0.15 |  |
|  |  | CH | NA |  |  | 2 |  |  | revertants/nmol | 8,761 | revertants/mg | 0.022 |  |
|  |  | CO | NA |  |  | 60 |  |  | revertants/nmol | 199,761 | revertants/mg | 0.50 |  |
|  |  | DBacA | NA |  |  | 42 |  |  | revertants/nmol | 150,888 | revertants/mg | 0.38 |  |
|  |  | DBahA | NA |  |  | 8 |  |  | revertants/nmol | 28,743 | revertants/mg | 0.073 |  |
|  |  | DBaiP | NA |  |  | 38 |  |  | revertants/nmol | 125,661 | revertants/mg | 0.32 |  |
|  |  | DBalP | NA |  |  | 21 |  |  | revertants/nmol | 69,451 | revertants/mg | 0.18 |  |
|  |  | FA | NA |  |  | 3 |  |  | revertants/nmol | 14,832 | revertants/mg | 0.037 |  |
|  |  | Pery | NA |  |  | 31 |  |  | revertants/nmol | 122,862 | revertants/mg | 0.31 |  |
|  |  | Tphen | NA |  |  | 13 |  |  | revertants/nmol | 56,944 | revertants/mg | 0.14 |  |
| 10670 | Johnsen et <br> al., 1997 | BaP | C |  |  |  | 128 | 10 | $\mu \mathrm{g} / \mathrm{plate}$ |  |  | 1 |  |
|  |  | BjAC | C |  |  |  | 192 | 10 | $\mu \mathrm{g} / \mathrm{plate}$ |  |  | 1.5 | RPF based on peak; no model fit |
|  |  | BlAC | C |  |  |  | 204 | 10 | $\mu \mathrm{g} / \mathrm{plate}$ |  |  | 1.6 | RPF based on peak; no model fit |
| 19000 | $\begin{aligned} & \text { Kaden et al., } \\ & 1979 \end{aligned}$ | BaP | NA |  |  |  |  |  |  |  |  | 1 | RPFs as reported by authors |
|  |  | AA | NA |  |  |  |  |  |  |  |  | 0.08 |  |
|  |  | AN | NA |  |  |  |  |  |  |  |  | 0.01 |  |
|  |  | ANL | NA |  |  |  |  |  |  |  |  | 0.07 |  |
|  |  | BaA | NA |  |  |  |  |  |  |  |  | 0.14 |  |
|  |  | BbFE | NA |  |  |  |  |  |  |  |  | 0.08 |  |
|  |  | BeP | NA |  |  |  |  |  |  |  |  | 0.11 |  |
|  |  | BghiP | NA |  |  |  |  |  |  |  |  | 0.08 |  |
|  |  | CH | NA |  |  |  |  |  |  |  |  | 0.2 |  |
|  |  | CPcdP | NA |  |  |  |  |  |  |  |  | 1.5 |  |
|  |  | DBacA | NA |  |  |  |  |  |  |  |  | 0.77 |  |
|  |  | DBahA | NA |  |  |  |  |  |  |  |  | 0.08 |  |

Table E-9. In vitro bacterial mutagenicity: RPF calculations

| Record number | Reference | PAH | Data type: quantal or continuous | Relative potency calculation |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | BMR | BMD | Slope | Point estimate response | Point estimate dose | Dose units | Converted dose | Converted dose units | RPF | Comments |
|  |  | DBbeF | NA |  |  |  |  |  |  |  |  | 0.88 |  |
|  |  | FA | NA |  |  |  |  |  |  |  |  | 1 |  |
|  |  | Pery | NA |  |  |  |  |  |  |  |  | 6 |  |
|  |  | Pyr | NA |  |  |  |  |  |  |  |  | 0.07 |  |
|  |  | Tphen | NA |  |  |  |  |  |  |  |  | 0.07 |  |
| 24680 | Lafleur et <br> al., 1993 | BaP | Q |  |  |  | 0.00026 | 8 | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 1 | RPF based on peak; BMD doesn't coincide with selected BMR |
|  |  | BghiF | Q |  |  |  | 0.00044 | 10 | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 1.4 |  |
|  |  | CPcdP | Q |  |  |  | 0.00048 | 8 | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 1.9 |  |
|  |  | CPhiACEA | Q |  |  |  | 0.00059 | 4 | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 4.6 |  |
|  |  | CPhiAPA | Q |  |  |  | 0.00017 | 100 | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 0.05 |  |
|  |  | ACEA | Q |  |  |  | 0.00059 | 35 | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 0.53 |  |
|  |  | APA | Q |  |  |  | 0.00026 | 30 | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 0.27 |  |
| 19320 | LaVoie et <br> al., 1979 | BaP | C |  |  |  | 480 | 20 | $\mu \mathrm{g}$ |  |  | 1 | Continuous data, no SD; RPF based on peak or lowest dose approaching peak |
|  |  | BeP | C |  |  |  | 20 | 10 | $\mu \mathrm{g}$ |  |  | 0.08 |  |
|  |  | Pery | C |  |  |  | 70 | 20 | $\mu \mathrm{g}$ |  |  | 0.15 |  |
| 23650 | McCann et <br> al., 1975 | BaP | NA |  |  | 121 |  |  | revertants/nmol | 479,550 | revertants/mg | 1 | RPFs based on potency estimates as reported by authors; authors caution that dose-response nonlinear |
|  |  | BaA | NA |  |  | 11 |  |  | revertants/nmol | 48,184 | revertants/mg | 0.10 |  |
|  |  | BeP | NA |  |  | 0.6 |  |  | revertants/nmol | 2,378 | revertants/mg | 0.005 |  |
|  |  | CH | NA |  |  | 38 |  |  | revertants/nmol | 166,455 | revertants/mg | 0.35 |  |
|  |  | DBacA | NA |  |  | 175 |  |  | revertants/nmol | 628,698 | revertants/mg | 1.3 |  |
|  |  | DBahA | NA |  |  | 11 |  |  | revertants/nmol | 39,521 | revertants/mg | 0.082 |  |
|  |  | DBaiP | NA |  |  | 20 |  |  | revertants/nmol | 66,138 | revertants/mg | 0.14 |  |
| 20220 | Pahlman and <br> Pelkonen, 1987 | BaP | NA |  |  | 272 |  |  | revertants/mg | 1,077,996 | revertants/mg | 1 | RPFs based on potency estimates as reported by authors |
|  |  | BaA | NA |  |  | 10 |  |  | revertants/mg | 43,804 | revertants/mg | 0.041 |  |
|  |  | CH | NA |  |  | 9.7 |  |  | revertants/mg | 42,490 | revertants/mg | 0.039 |  |
|  |  | DBacA | NA |  |  | 35 |  |  | revertants/mg | 125,740 | revertants/mg | 0.12 |  |
|  |  | DBahA | NA |  |  | 4 |  |  | revertants/mg | 14,371 | revertants/mg | 0.013 |  |
|  |  | Tphen | NA |  |  | 4 |  |  | revertants/mg | 17,521 | revertants/mg | 0.016 |  |

Table E-9. In vitro bacterial mutagenicity: RPF calculations

| Record number | Reference | PAH | Data type: quantal or continuous | Relative potency calculation |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | BMR | BMD | Slope | Point estimate response | Point estimate dose | Dose units | Converted dose | Converted dose units | RPF | Comments |
| 20450 | Phillipson and Ioannides, 1989 1989 | BaP | C |  |  |  | 119 | 10 | $\mu \mathrm{g} / \mathrm{plate}$ |  |  | 1 | No SD; RPFs based on peak or lowest dose approaching peak |
|  |  | BaA | C |  |  |  | 110 | 20 | $\mu \mathrm{g} / \mathrm{plate}$ |  |  | 0.46 |  |
|  |  | DBaiP | C |  |  |  | 65 | 20 | $\mu \mathrm{g} / \mathrm{plate}$ |  |  | 0.27 |  |
|  |  | DBahA | C |  |  |  | 51 | 10 | $\mu \mathrm{g} / \mathrm{plate}$ |  |  | 0.43 |  |
| 21000 | $\begin{aligned} & \text { Sakai et al., } \\ & 1985 \end{aligned}$ | BaP | C |  |  |  | 1,565 | 10 | $\mu \mathrm{g}$ |  |  | 1 | No SD; RPFs based on peak or lowest dose approaching peak |
|  |  | FE | C |  |  |  | 65 | 5 | $\mu \mathrm{g}$ |  |  | 0.083 |  |
|  |  | AC | C |  |  |  | 320 | 10 | $\mu \mathrm{g}$ |  |  | 0.2 |  |
|  |  | PH | C |  |  |  | 345 | 10 | $\mu \mathrm{g}$ |  |  | 0.22 |  |
|  |  | FA | C |  |  |  | 835 | 10 | $\mu \mathrm{g}$ |  |  | 0.53 |  |
|  |  | CH | C |  |  |  | 638 | 10 | $\mu \mathrm{g}$ |  |  | 0.41 |  |
|  |  | Pyr | C |  |  |  | 2,400 | 10 | $\mu \mathrm{g}$ |  |  | 1.5 |  |
|  |  | BeP | C |  |  |  | 923 | 10 | $\mu \mathrm{g}$ |  |  | 0.59 |  |
|  |  | Pery | C |  |  |  | 2,607 | 4 | $\mu \mathrm{g}$ |  |  | 4.2 |  |
|  |  | BghiP | C |  |  |  | 814 | 20 | $\mu \mathrm{g}$ |  |  | 0.26 |  |
|  |  | CO | C |  |  |  | 223 | 10 | $\mu \mathrm{g}$ |  |  | 0.14 |  |
| 11860 | Sangaiah et <br> al., 1983 | BaP | C |  |  |  | 384 | 6 | $\mu \mathrm{g} / \mathrm{plate}$ |  |  | 1 | No SD; RPFs based on peak or lowest dose approaching peak |
|  |  | BjAC | C |  |  |  | 940 | 10 | $\mu \mathrm{g} / \mathrm{plate}$ |  |  | 1.4 |  |
| 21360 | $\begin{aligned} & \text { Simmon, } \\ & \text { 1979a } \end{aligned}$ | BaP | C |  |  |  | 1,141 | 5 | $\mu \mathrm{g}$ |  |  | 1 |  |
|  |  | BaA | C |  |  |  | 280 | 50 | $\mu \mathrm{g}$ |  |  | 0.025 |  |
|  |  | BeP | C |  |  |  | 57 | 50 | $\mu \mathrm{g}$ |  |  | 0.005 |  |
| 21640 | Teranishi et al., 1975 | BaP | C |  |  |  | 39 | 50 | $\mu \mathrm{g} / \mathrm{plate}$ |  |  | 1 |  |
|  |  | DBaiP | C |  |  |  | 64 | 50 | $\mu \mathrm{g} / \mathrm{plate}$ |  |  | 1.6 |  |
|  |  | BaP |  |  |  |  | 254 | 50 | $\mu \mathrm{g} / \mathrm{plate}$ |  |  | 1 |  |
|  |  | DBaeP |  |  |  |  | 63 | 50 | $\mu \mathrm{g} / \mathrm{plate}$ |  |  | 0.25 |  |
| 16180 | Utesch et <br> al., 1987 | BaP | C |  |  |  | 839 | 6 | $\mu \mathrm{g} / \mathrm{plate}$ |  |  | 1 | No SD; RPF based on peak or lowest dose approaching peak |
|  |  | BaA | C |  |  |  | 3,347 | 25 | $\mu \mathrm{g} / \mathrm{plate}$ |  |  | 1 |  |

Table E-9. In vitro bacterial mutagenicity: RPF calculations

| Record number | Reference | PAH | Data type: quantal or continuous | Relative potency calculation |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | BMR | BMD | Slope | Point estimate response | Point estimate dose | Dose units | Converted dose | Converted dose units | RPF | Comments |
| 16440 | Wood et al., 1980 | BaP | C |  |  |  | 99 | 15 | $\mu \mathrm{g} / \mathrm{plate}$ |  |  | 1 | No SD; RPF based on peak or lowest dose approaching peak |
|  |  | CPcdP | C |  |  |  | 685 | 15 | $\mu \mathrm{g} / \mathrm{plate}$ |  |  | 6.9 |  |

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Table E-10. In vitro mammalian mutagenicity: RPF calculations

| Record number | Reference | PAH | Relative potency calculation |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | BMR | BMD | Point estimate response | Point estimate dose | Dose units | Converted dose | Converted dose units | RPF | Comments |
| 16920 | Amacher and Paillet, 1982 | BaP |  |  | 0.00023 | 10 | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 1 | No model fit; RPF based on peak |
|  |  | BaA |  |  | 0.000068 | 10 | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 0.3 | No model fit; RPF based on peak |
| 16940 | Amacher and Turner, 1980 | BaP |  |  | 0.00025 | $1.25 \times 10^{-5}$ | M | 3.15 | mg/L | 1 | Control without S9 treatment |
|  |  | BaA |  |  | 0.00027 | $3.22 \times 10^{-5}$ | M | 7.35 | mg/L | 0.46 |  |
| 16910 | $\begin{aligned} & \text { Amacher et al., } \\ & 1980 \\ & \hline \end{aligned}$ | BaP |  |  | 0.00033 | $3.96 \times 10^{-5}$ | M | 9.99 | mg/L | 1 | No model fit; RPF based on peak |
|  |  | BaA |  |  | 0.00007 | $4.3 \times 10^{-5}$ | M | 9.82 | mg/L | 0.22 | BMD doesn't coincide with selected BMR; RPF based on peak |
| 17140 | $\begin{aligned} & \text { Barfknecht et al., } \\ & 1982 \end{aligned}$ | BaP | 0.00001 | 1.8 |  |  | $\mu \mathrm{M}$ | 0.45 | mg/L | 1 |  |
|  |  | BaA | 0.00001 | 23 |  |  | $\mu \mathrm{M}$ | 5.25 | mg/L | 0.09 |  |
|  |  | CH | 0.00001 | 16 |  |  | $\mu \mathrm{M}$ | 3.65 | mg/L | 0.12 |  |
|  |  | CPcdP |  |  | 0.0000083 | 23 | $\mu \mathrm{M}$ | 5.20 | mg/L | 0.07 | BMD doesn't coincide with selected BMR; RPF based on response closest to BMR of 0.00001 |
|  |  | FA | 0.00001 | 3.9 |  |  | $\mu \mathrm{M}$ | 0.79 | mg/L | 0.58 |  |
|  |  | Tphen | 0.00001 | 54 |  |  | $\mu \mathrm{M}$ | 12.33 | mg/L | 0.04 |  |
| 24670 | Durant et al., 1999 | BaP |  |  | 0.00017 | 1,000 | ng/mL |  |  | 1 | RPF based on peak response; single dose BaP response at upper end or above data range for most other data sets; model fit required dropping high doses but not appropriate given BMR target at BaP response level |
|  |  | BaPery |  |  | 0.00018 | 100 | ng/mL |  |  | 11 |  |
|  |  | BbPery |  |  | 0.000036 | 100 | $\mathrm{ng} / \mathrm{mL}$ |  |  | 2.2 |  |
|  |  | DBaeF |  |  | 0.00017 | 100 | ng/mL |  |  | 10 |  |
|  |  | DBafF |  |  | 0.00017 | 1,000 | $\mathrm{ng} / \mathrm{mL}$ |  |  | 1 |  |
|  |  | DBahP |  |  | 0.000061 | 100 | $\mathrm{ng} / \mathrm{mL}$ |  |  | 3.7 |  |
|  |  | DBaiP |  |  | 0.00013 | 100 | $\mathrm{ng} / \mathrm{mL}$ |  |  | 7.8 |  |
|  |  | DBelP |  |  | 0.000034 | 1,000 | $\mathrm{ng} / \mathrm{mL}$ |  |  | 0.21 |  |
|  |  | N23aP |  |  | 0.000073 | 100 | $\mathrm{ng} / \mathrm{mL}$ |  |  | 4.4 |  |

Table E-10. In vitro mammalian mutagenicity: RPF calculations

| Record number | Reference | PAH | Relative potency calculation |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | BMR | BMD | Point estimate response | Point estimate dose | Dose units | Converted dose | Converted dose units | RPF | Comments |
|  |  | N23eP |  |  | 0.000079 | 1,000 | ng/mL |  |  | 0.48 |  |
| 14250 | Hass et al., 1982 | BaP |  |  | 0.00026 | 0.3 | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 1 | No model fit; response at low dose (approaching peak) |
|  |  | DBaiP |  |  | 0.0012 | 0.3 | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 4.6 | No model fit; RPF based on peak |
|  |  | DBahP |  |  | 0.00066 | 0.3 | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 2.5 | No model fit; RPF based on peak |
| 18740 | Huberman and Sachs, 1976 | BaP |  |  | 0.0042 | 1 | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 1 |  |
|  |  | DBacA |  |  | 0.00016 | 1 | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 0.04 |  |
|  |  | DBahA |  |  | 0.00011 | 1 | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 0.03 |  |
| 18990 | $\begin{aligned} & \hline \text { Jotz and Mitchell, } \\ & 1981 \\ & \hline \end{aligned}$ | BaP |  |  | 0.00014 | 4.5 | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 1 | With metabolic activation |
|  |  | Pyr |  |  | 0.000034 | 11 | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 0.1 | With metabolic activation |
| 24720 | $\begin{aligned} & \text { Kligerman et al., } \\ & 1986 \end{aligned}$ | BaP |  |  | 0.00047 | 4 | nmol/mL | 0.001 | mg/mL | 1 | No model fit; RPF based on peak |
|  |  | BlAC |  |  | 0.00028 | 5 | nmol/mL | 0.0013 | mg/mL | 0.48 | No model fit; RPF based on peak |
| 19180 | Krahn and Heidelberger, 1977 | BaP |  |  | 0.00012 | 15.9 | nmol/mL | 0.004 | mg/mL | 1 | 3-MC S9; 40\% survival |
|  |  | BaA |  |  | 0.00005 | 46.5 | nmol/mL | 0.011 | mg/mL | 0.16 | 3-MC S9; 40\% survival |
| 24680 | Lafleur et al., 1993 | BaP |  |  | 0.000024 | 0.2 | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 1 | No model fit |
|  |  | ACEA |  |  | 0.000013 | 3 | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 0.037 | No model fit |
|  |  | CPcdP |  |  | 0.000015 | 2 | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 0.061 | No model fit |
|  |  | CPhiACEA |  |  | 0.000022 | 0.3 | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 0.62 | No model fit |
| 7550 | Li and Lin, 1996 | BaP |  |  | 0.00003 | 10 | ng/mL |  |  | 1 |  |
|  |  | BaA |  |  | 0.000036 | 10 | ng/mL |  |  | 1.2 |  |
| 11450 | $\begin{aligned} & \text { Nesnow et al., } \\ & 1984 \\ & \hline \end{aligned}$ | BaP |  |  | 0.00019 | 5 | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 1 |  |
|  |  | BeAC |  |  | 0.00042 | 5 | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 2.2 | No model fit; RPF based on lowest dose approaching peak |

Table E-10. In vitro mammalian mutagenicity: RPF calculations

| Record number | Reference | PAH | Relative potency calculation |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | BMR | BMD | Point estimate response | Point estimate dose | Dose units | Converted dose | Converted dose units | RPF | Comments |
|  |  | BjAC |  |  | 0.00025 | 5 | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 1.3 | No model fit; RPF based on lowest dose approaching peak |
|  |  | BlAC |  |  | 0.00044 | 2.5 | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 4.6 | No model fit; RPF based on lowest dose approaching peak |
| 15630 | Raveh and Huberman, 1983 | BaP | 0.0001 | 0.11 |  |  | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 1 |  |
|  |  | CPcdP | 0.0001 | 0.58 |  |  | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 0.18 | Uses QL; MS didn't converge |
| 15640 | Raveh et al., 1982 | BaP | 0.00001 | 0.16 |  |  | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 1 | Uses QL, high dose dropped; MS didn't fit |
|  |  | CPcdP | 0.00001 | 1.1 |  |  | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 0.14 | Uses QL; MS didn't converge |
| 21410 | Slaga et al., 1978 | BaP | 0.0001 | 0.048 |  |  | $\mu \mathrm{M}$ | 0.012 | mg/L | 1 |  |
|  |  | BaA | 0.0001 | 32 |  |  | $\mu \mathrm{M}$ | 7.3 | mg/L | $\begin{gathered} 0.0016 \\ 58 \end{gathered}$ |  |
| 16190 | Vaca et al., 1992 | BaP |  |  | 0.00027 | 10 | $\mu \mathrm{M}$ | 2.5 | mg/L | 1 | BMD doesn't coincide with selected BMR; RPF based on peak |
|  |  | FA |  |  | 0.00021 | 10 | $\mu \mathrm{M}$ | 2.02 | mg/L | 0.97 | BMD doesn't coincide with selected BMR; RPF based on peak |
| 21900 | Wangenheim and Bolcsfoldi, 1988 | BaP |  |  | 0.0008 | 0.00001 | mol/L | 2.5 | mg/L | 1 | BMD doesn't coincide with selected BMR; RPF based on peak |
|  |  | FE |  |  | 0.000086 | 0.00012 | mol/L | 19.9 | mg/L | 0.014 | BMD doesn't coincide with selected BMR; RPF based on peak |
|  |  | Pyr |  |  | 0.00053 | 0.00003 | mol/L | 6.1 | mg/L | 0.28 | BMD doesn't coincide with selected BMR; RPF based on peak |

Table E-11. In vitro morphological/malignant transformation: RPF calculation

| Record number | Reference | PAH | Data type: quantal or continuous | Relative potency calculation |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | BMR | BMD | Point estimate response | Point estimate dose | Slope of doseresponse curve | Dose units | Converted dose | Converted dose units | RPF | Comments |
| 17610 | Casto, 1979 | BaP | Q | 0.00001 | 0.1 |  |  |  | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 1 |  |
|  |  | DBahA | Q | 0.00001 | 2.5 |  |  |  | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 0.042 |  |
| 17970 | DiPaolo et <br> al., 1969 | BaP | Q |  |  | 0.058 | 10 |  | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 1 |  |
|  |  | DBahA | Q |  |  | 0.031 | 10 |  | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 0.54 |  |
|  |  | BaA | Q |  |  | 0.011 | 10 |  | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 0.18 |  |
|  |  | BeP | Q |  |  | 0.0058 | 10 |  | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 0.1 |  |
|  |  | DBacA | Q |  |  | 0.011 | 10 |  | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 0.19 |  |
| 18080 | $\begin{aligned} & \text { Emura et al., } \\ & 1980 \end{aligned}$ | BaP Expt I | Q | 0.001 | 0.044 |  |  |  | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 1 |  |
|  |  | BbF | Q | 0.001 | 0.75 |  |  |  | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 0.059 |  |
|  |  | BaA | Q | 0.001 | 0.85 |  |  |  | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 0.052 |  |
|  |  | BaP Expt II | Q | 0.001 | 0.046 |  |  |  | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 1 |  |
|  |  | IP | Q | 0.001 | 0.82 |  |  |  | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 0.056 |  |
| 14130 | $\begin{aligned} & \text { Greb et al., } \\ & 1980 \\ & \hline \end{aligned}$ | BaP | NA |  |  |  |  | 277 | \%/mmol | 1.10 | \%/mg | 1 | Relative transformation potencies reported; RPFs are ratio of potencies |
|  |  | BaA | NA |  |  |  |  | 13.9 | \%/mmol | 0.061 | \%/mg | 0.055 |  |
|  |  | BbF | NA |  |  |  |  | 11.5 | \%/mmol | 0.046 | \%/mg | 0.042 |  |
|  |  | BeP | NA |  |  |  |  | 3.1 | \%/mmol | 0.012 | \%/mg | 0.011 |  |
|  |  | CH | NA |  |  |  |  | 37 | \%/mmol | 0.16 | \%/mg | 0.15 |  |
|  |  | DBahA | NA |  |  |  |  | 0.3 | \%/mmol | 0.001 | \%/mg | 0.000982 |  |
| 14640 | Krolewski et al., 1986 | BaP | Q |  |  | 0.0055 | 5 |  | $\mu \mathrm{M}$ | 1.3 | mg/L | 1 |  |
|  |  | CPcdP | Q |  |  | 0.0017 | 5 |  | $\mu \mathrm{M}$ | 1.1 | mg/L | 0.34 |  |
| 14700 | Laaksonen et <br> al., 1983 | BaP | Q |  |  | 0.000009 | 10 |  | $\mu \mathrm{M}$ | 2.5 | mg/L | 1 | RPF based on peak; inverse dose-response relationship possibly due to cytotoxicity |
|  |  | BaA | Q |  |  | 0.000018 | 11 |  | $\mu \mathrm{M}$ | 2.5 | mg/L | 2.0 |  |
| 14850 | $\begin{aligned} & \text { Lubet et al., } \\ & 1983 \\ & \hline \end{aligned}$ | BaP | Q | 0.1 | 1.9 |  |  |  | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 1 |  |
|  |  | BeP | Q | 0.1 | 41 |  |  |  | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 0.046 |  |
| 24710 | Mohapatra et al., 1987 | BaP | Q |  |  | 0.92 | 1 |  | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 1 |  |
|  |  | BjAC | Q | 0.92 | 0.93 |  |  |  | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 1.1 |  |
|  |  | BaP | Q |  |  | 0.83 | 1 |  | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 1 |  |
|  |  | BlAC | Q | 0.83 | 7.5 |  |  |  | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 0.13 |  |
|  |  | BaP | Q |  |  | 0.86 | 1 |  | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 1 |  |
|  |  | BeAC | Q | 0.86 | 18 |  |  |  | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 0.056 |  |
| 24700 | $\begin{aligned} & \hline \text { Nesnow et } \\ & \text { al., } 1990 \\ & \hline \end{aligned}$ | BaP | C |  |  | 47 | 10 |  | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 1 | Based on peak response; no SD for control |
|  |  | BlAC | C |  |  | 120 | 10 |  | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 2.5 |  |
| 7980 | $\begin{aligned} & \hline \text { Nesnow et } \\ & \text { al., } 1997 \\ & \hline \end{aligned}$ | BaP | C |  |  | 2.5 | 4 |  | $\mu \mathrm{M}$ | 1.01 | mg/L | 1 | Based on peak response; no SD for control |
|  |  | DBalP | C |  |  | 1.7 | 0.33 |  | $\mu \mathrm{M}$ | 0.10 | mg/L | 6.9 |  |
| 7990 | $\begin{aligned} & \text { Nesnow et } \\ & \text { al., } 1994 \\ & \hline \end{aligned}$ | BaP | C |  |  | 0.94 | 1 |  | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 1 | Based on peak response; no continuous linear model fit |
|  |  | DBahA | C |  |  | 0.37 | 1 |  | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 0.39 |  |
| 8000 | Nesnow et al., 1993a | BaP | C |  |  | 1.4 | 3 |  | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 1 | Based on peak response; no SD for control |
|  |  | DBkmnoAPH | C |  |  | 1.1 | 5 |  | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 0.47 |  |

Table E-11. In vitro morphological/malignant transformation: RPF calculation

|  | Reference | PAH |  | Relative potency calculation |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Record number |  |  | Data type: quantal or continuous | BMR | BMD | Point estimate response | Point estimate dose | Slope of doseresponse curve | Dose units | Converted dose | Converted dose units | RPF | Comments |
| 23720 | Pienta et al., 1977 | BaP | Q | 0.01 | 15 |  |  |  | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 1 | High dose dropped |
|  |  | BaA | Q | 0.01 | 8.2 |  |  |  | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 1.9 | Caution: changing slope in region of BMR |
|  |  | DBahA | Q | 0.01 | 0.4 |  |  |  | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 34 | Two highest doses dropped |

Table E-12. In vitro DNA adducts: RPF calculations ${ }^{\text {a }}$

| Record number | Reference ${ }^{\text {b }}$ | PAH | Relative potency calculation |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | Point estimate response | Point estimate dose | Dose units | Converted dose | Converted dose units | RPF | Comments |
| $16890$ | Allen and Coombs, 1980 | BaP | 7.5 | 0.24 | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 1 | Nuclear DNA |
|  |  | BaA | 0.44 | 0.64 | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 0.021 |  |
|  |  | BaP | 413 | 0.24 | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 1 | Mitochondrial DNA |
|  |  | BaA | 104 | 0.64 | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 0.092 |  |
| 6300 | Binkova et al., 2000 | BaP | 258 | 1 | $\mu \mathrm{M}$ | 0.25 | mg/L | 1 |  |
|  |  | DBalP | 2,317 | 0.1 | $\mu \mathrm{M}$ | 0.03 | mg/L | 75 |  |
| 9510 | Bryla and Weyand, 1992 | BaP | 5.5 | 600 | nmol | 0.15 | mg | 1 | Light conditions |
|  |  | BaA | 1 | 600 | nmol | 0.14 | mg | 0.20 |  |
|  |  | DBacA | 1.8 | 600 | nmol | 0.17 | mg | 0.30 |  |
| 22800 | Grover and Sims, 1968 | BaP | 1.4 | 5 | $\mu \mathrm{g}$ |  |  | 1 |  |
|  |  | DBahA | 0.44 | 5 | $\mu \mathrm{g}$ |  |  | 0.31 |  |
|  |  | DBacA | 0.56 | 5 | $\mu \mathrm{g}$ |  |  | 0.40 |  |
|  |  | BaA | 0.7 | 5 | $\mu \mathrm{g}$ |  |  | 0.50 |  |
|  |  | Pyr | 0.31 | 5 | $\mu \mathrm{g}$ |  |  | 0.22 |  |
|  |  | PH | 0.05 | 5 | $\mu \mathrm{g}$ |  |  | 0.040 |  |
| 10670 | Johnsen et al., 1997 | BaP | 0.05 | 30 | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 1 | Clara cells |
|  |  | BjAC | 0.15 | 30 | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 3 |  |
|  |  | BlAC | 0.24 | 30 | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 4.8 |  |
|  |  | BaP | 0.02 | 30 | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 1 | Type 2 cells |
|  |  | BjAC | 0.06 | 30 | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 3 |  |
|  |  | BlAC | 0.03 | 30 | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 1.5 |  |
| 10660 | Johnsen et al., 1998 | BaP | 0.33 | 30 | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 1 | Human lymphocytes |
|  |  | BjAC | 0.11 | 30 | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 0.33 |  |
|  |  | BlAC | 1.1 | 30 | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 3.3 |  |
|  |  | BaP | 0.24 | 30 | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 1 | HL-60 cells |
|  |  | BjAC | 0.15 | 30 | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 0.62 |  |
|  |  | BlAC | 0.94 | 30 | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 3.9 |  |
| 7870 | Melendez-Colon et al., 2000 | BaP | 34 | 2 | $\mu \mathrm{M}$ | 0.50 | mg/L | 1 |  |
|  |  | DBalP | 348 | 2 | $\mu \mathrm{M}$ | 0.60 | mg/L | 8.5 |  |

Table E-12. In vitro DNA adducts: RPF calculations ${ }^{\text {a }}$

|  |  |  | Relative potency calculation |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Record number | Reference ${ }^{\text {b }}$ | PAH | Point estimate response | Point estimate dose | Dose units | Converted dose | Converted dose units | RPF | Comments |
| 21200 | Segerback and Vodicka, 1993 | BaP | 15 | 100 | mM | 25,232 | mg/L | 1 |  |
|  |  | BaA | 30 | 100 | mM | 22,829 | mg/L | 2.2 |  |
|  |  | BbF | 3.7 | 100 | mM | 25,232 | mg/L | 0.25 |  |
|  |  | BghiP | 0.5 | 100 | mM | 27,634 | mg/L | 0.03 |  |
|  |  | CH | 50 | 100 | mM | 22,829 | mg/L | 3.7 |  |
|  |  | DBahA | 2.8 | 100 | mM | 27,833 | mg/L | 0.17 |  |
|  |  | FA | 1.5 | 100 | mM | 20,226 | mg/L | 0.12 |  |
|  |  | Pyr | 0.14 | 100 | mM | 20,226 | mg/L | 0.012 |  |

${ }^{\text {a }}$ All RPFs are point estimates based on peak response as adequate model fit was not achieved for any multidose dataset.
${ }^{\mathrm{b}}$ No control data were available for any of these studies.

Table E-13. In vitro DNA damage: RPF calculations

| Record number | Reference | PAH | Relative potency calculation |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | BMR | BMD | Point estimate response | Point estimate dose | Slope of doseresponse curve | Dose units | Converted dose |  | RPF | Comments |
| 16840 | Agrelo and Amos, 1981 | BaP |  |  | 2,093 | 10 |  | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 1 | Control responses for BaP and Pyr differ by 10 times |
|  |  | Pyr |  |  | 548 | 100 |  | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 0.026 | RPF based on peak; continuous data without SD |
| 23790 | Ichinotsubo et al., 1977 | BaP |  |  | 6 | 70 |  | $\mu \mathrm{g} / \mathrm{well}$ |  |  | 1 |  |
|  |  | DBaiP |  |  | 10 | 600 |  | $\mu \mathrm{g} / \mathrm{well}$ |  |  | 0.19 |  |
|  |  | DBahA |  |  | 10 | 25 |  | $\mu \mathrm{g} / \mathrm{well}$ |  |  | 4.7 |  |
| 10660 | Johnsen et <br> al., 1998 | BaP |  |  | 7.9 | 3 |  | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 1 | Human lymphocytes; no model fit; lowest response point estimate |
|  |  | BjAC | 7.6 | 18 |  |  |  | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 0.16 | Human lymphocytes; BMR is BaP point estimate response |
|  |  | BlAC |  |  | 4.9 | 30 |  | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 0.062 | Human lymphocytes; no model fit; response point estimate closest to BaP response |
|  |  | BaP |  |  | 5.4 | 30 |  | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 1 | HL-60 cells |
|  |  | BjAC |  |  | 1.8 | 30 |  | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 0.33 | HL-60 cells |
|  |  | BlAC |  |  | 3.8 | 30 |  | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 0.7 | HL-60 cells |
| 19740 | $\begin{aligned} & \text { Martin et al., } \\ & 1978 \end{aligned}$ | BaP |  |  | 210 | $1 \times 10^{-5}$ |  | M | 2.5 | mg/L | 1 | Increase over background |
|  |  | BaA |  |  | 59 | $1 \times 10^{-7}$ |  | M | 0.023 | mg/L | 31 |  |
|  |  | BeP |  |  | 256 | $1 \times 10^{-6}$ |  | M | 0.25 | mg/L | 12 |  |
|  |  | DBacA |  |  | 97 | $1 \times 10^{-5}$ |  | M | 2.8 | mg/L | 0.42 |  |
|  |  | DBahA |  |  | 96 | $1 \times 10^{-5}$ |  | M | 2.8 | mg/L | 0.41 |  |
| 19830 | MerschSundermann et al., 1992 | BaP |  |  |  |  | 0.61 | $\mu \mathrm{g} / \mathrm{assay}$ |  |  | 1 | SOS induction potential - slope of SOS induction dose-response curve as reported |
|  |  | AA |  |  |  |  | 0.14 | $\mu \mathrm{g} / \mathrm{assay}$ |  |  | 0.23 |  |
|  |  | BaA |  |  |  |  | 0.1 | $\mu \mathrm{g} / \mathrm{assay}$ |  |  | 0.17 |  |
|  |  | BbF |  |  |  |  | 0.045 | $\mu \mathrm{g} / \mathrm{assay}$ |  |  | 0.074 |  |
|  |  | BghiF |  |  |  |  | 0.34 | $\mu \mathrm{g} / \mathrm{assay}$ |  |  | 0.56 |  |
|  |  | BjF |  |  |  |  | 0.25 | $\mu \mathrm{g} / \mathrm{assay}$ |  |  | 0.42 |  |
|  |  | BbFE |  |  |  |  | 0.024 | $\mu \mathrm{g} / \mathrm{assay}$ |  |  | 0.04 |  |
|  |  | BghiP |  |  |  |  | 0.033 | $\mu \mathrm{g} / \mathrm{assay}$ |  |  | 0.055 |  |
|  |  | BeP |  |  |  |  | 0.032 | $\mu \mathrm{g} / \mathrm{assay}$ |  |  | 0.053 |  |
|  |  | CH |  |  |  |  | 0.22 | $\mu \mathrm{g} / \mathrm{assay}$ |  |  | 0.37 |  |
|  |  | DBacA |  |  |  |  | 0.10 | $\mu \mathrm{g} / \mathrm{assay}$ |  |  | 0.17 |  |
|  |  | DBahA |  |  |  |  | 0.039 | $\mu \mathrm{g} /$ assay |  |  | 0.064 |  |

Table E-13. In vitro DNA damage: RPF calculations

| Record number | Reference | PAH | Relative potency calculation |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | BMR | BMD | Point estimate response | Point estimate dose | Slope of doseresponse curve | Dose units | Converted dose | Converted dose units | RPF | Comments |
|  |  | DBalP |  |  |  |  | 2.1 | $\mu \mathrm{g} / \mathrm{assay}$ |  |  | 3.5 |  |
|  |  | DBahP |  |  |  |  | 0.12 | $\mu \mathrm{g} / \mathrm{assay}$ |  |  | 0.19 |  |
|  |  | DBaiP |  |  |  |  | 0.17 | $\mu \mathrm{g} / \mathrm{assay}$ |  |  | 0.29 |  |
|  |  | FA |  |  |  |  | 0.41 | $\mu \mathrm{g} / \mathrm{assay}$ |  |  | 0.68 |  |
|  |  | IP |  |  |  |  | 0.036 | $\mu \mathrm{g} / \mathrm{assay}$ |  |  | 0.06 |  |
|  |  | PH |  |  |  |  | 0.053 | $\mu \mathrm{g} / \mathrm{assay}$ |  |  | 0.088 |  |
|  |  | Tphen |  |  |  |  | 0.26 | $\mu \mathrm{g} / \mathrm{assay}$ |  |  | 0.43 |  |
| 20810 | Robinson and Mitchell, 1981 | BaP |  |  | 89 | 10 |  | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 1 |  |
|  |  | Pyr |  |  | 63 | 7.2 |  | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 0.98 |  |
| 20940 | Rossman et al., 1991 | BaP |  |  | 10.4 | 12.5 |  | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 1 | Enhancement over background |
|  |  | AC |  |  | 4.8 | 12.5 |  | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 0.46 |  |
|  |  | DBacA |  |  | 8 | 1.44 |  | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 6.7 |  |
|  |  | DBahA |  |  | 4 | 2 |  | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 2.4 |  |
|  |  | PH |  |  | 4.5 | 25 |  | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 0.22 |  |
| 21730 | $\begin{aligned} & \text { Tong et al., } \\ & \text { 1981b } \\ & \hline \end{aligned}$ | BaP |  |  | 65.5 | 0.001 |  | M | 252 | mg/L | 1 |  |
|  |  | BaA |  |  | 17.1 | 0.0005 |  | M | 114 | mg/L | 0.58 | Based on peak response; no model fit |

Table E-14. In vitro clastogenicity or sister chromatid exchange: RPF calculations

| Record number | Reference | PAH | Endpoint | Data type: quantal or continuous | BMR | BMD | Point estimate response | Point estimate dose | Dose units | Converted dose | Converted dose units | RPF | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 14620 | Kochhar, 1982 | BaP | Aberrations | Q |  |  | 0.53 | 5 | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 1 | BMD doesn't reflect selected BMR; RPF based on peak |
|  |  | BaA |  |  |  |  | 0.34 | 5 | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 0.64 | BMD doesn't reflect selected BMR; RPF based on peak |
| 14640 | Krolewski et al., 1986 | BaP | Sister chromatid exchanges | C |  |  | 0.79 | 5 | $\mu \mathrm{M}$ | 1.3 | mg/L | 1 |  |
|  |  | CPcdP |  |  |  |  | 0.29 | 5 | $\mu \mathrm{M}$ | 1.1 | mg/L | 0.41 | No model fit; RPF based on peak response |
| 19690 | $\begin{aligned} & \text { Mane et al., } \\ & 1990 \end{aligned}$ | BaP | Sister chromatid exchanges | C |  |  | 2.7 | 1 | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 1 |  |
|  |  | BaA |  |  |  |  | 0.4 | 1 | $\mu \mathrm{g} / \mathrm{mL}$ |  |  | 0.15 |  |
| 21710 | $\begin{aligned} & \text { Tong et al., } \\ & \text { 1981a } \end{aligned}$ | BaP | Sister chromatid exchanges | C |  |  | 92 | $1 \times 10^{-4}$ | M | 25.2 | mg/L | 1 |  |
|  |  | BaA |  |  |  |  | 13 | $1 \times 10^{-4}$ | M | 22.8 | mg/L | 0.16 | No n provided; RPF based on peak response |


| Group | Dose | Number with tumors | Number in group | Incidence | Extra risk <br> response ${ }^{\mathbf{a}}$ |
| :--- | :---: | :---: | :---: | :---: | :---: |
| Actual responses | 0 | 2 | 30 | 0.067 | NA |
| Control | 0.25 | 2 | 29 | 0.069 | NA |
| Anthanthrene | 24 | 30 | 0.800 | 0.786 |  |
| Benzo[a]pyrene | 0.25 |  |  | 0.276 | 0.224 |
| Theoretical statistically significant response $b$ |  |  |  |  |  |
| Anthanthrene | 0.25 | 8 | 29 | 0 |  |

${ }^{\text {a }}$ Calculated as described below in Step 1.
${ }^{\mathrm{b}}$ Calculated as described below in Step 2.
Source: Hoffmann and Wynder (1966).

## APPENDIX F. EXAMPLE CALCULATION OF RPF DETECTION LIMIT

Table F-1. Example data for calculation of RPF detection limit

Step 1. Estimate the number of tumor-bearing animals that would represent a statistically significant response (one-sided $p \leq 0.05$ using Fisher's exact test) in the number of animals exposed to anthanthrene (29) given the observed control response (2/30). In this case, $8 / 29$ tumor-bearing animals (incidence of 0.276 ) would represent a statistically significant response to anthanthrene.

Step 2. Calculate the extra risk response associated with the theoretical statistically significant incidence for anthanthrene and the observed benzo[a]pyrene incidence as follows:

$$
\text { Extra risk response }=\frac{\mathrm{P}(\mathrm{~d})-\mathrm{P}(0)}{[1-\mathrm{P}(0)]}
$$

For the theoretical statistically significant response to anthanthrene,

$$
\text { Extra risk response }=(0.276-0.067) /(1-0.067)=0.224
$$

Step 3. Calculate the RPF detection limit as the ratio of the slopes associated with extra risk response and the actual doses of anthanthrene and benzo[a]pyrene as follows:

RPF detection limit $=$ (theoretical anthanthrene extra risk response/dose anthanthrene)
(benzo[a]pyrene extra risk response/dose benzo[a]pyrene)
RPF detection limit $=(0.224 / 0.25) /(0.786 / 0.25)=0.28$

## APPENDIX G. EVALUATION OF ALTERNATIVES FOR RANKING RPFs

For many of the PAHs evaluated in this report, a number of datasets were available for use in calculating RPFs. The resulting RPFs are derived from tumor bioassays using different exposure routes, species, sexes, or tumor endpoints (incidence or multiplicity) and from a variety of different cancer-related endpoint assays. The various RPFs are derived from studies of varying design and quality (different numbers of animals, follow-up time, single or multiple dose groups, response levels low or high on the dose-response curve, etc.). In order to derive a single final RPF for each individual PAH, the various results from different datasets must be ranked or combined in some manner. This appendix details the options that were considered for ranking RPFs.

A series of options were considered for prioritizing RPFs for the purpose of selecting a single RPF for each PAH or exposure route. An a priori decision was made to consider tumor bioassay data to be preferable to cancer-related endpoint data because the tumor bioassay data are derived from whole animals and address the endpoint of interest for RPFs (tumorigenicity). Thus, options for ranking or combining tumor bioassays and for cancer-related endpoint data were considered separately; Section G. 1 discusses options considered for use of tumor bioassay RPFs and Section G. 2 discusses options considered for use of cancer-related endpoint RPFs.

## G.1. OPTIONS FOR RANKING TUMOR BIOASSAY RPFs

Approaches considered for ranking tumor bioassay RPFs were: (1) ranking by exposure route, (2) ranking by target organ, and (3) preference for modeled data over point estimates.

Ranking by exposure route. One option for ranking RPFs derived from tumor bioassay data would be to order the datasets by exposure routes that are considered most relevant to environmental exposure routes (oral, dermal, and inhalation). RPFs for many PAHs were calculated from dermal tumor bioassays. The available database for PAHs included one oral and no inhalation studies that were suitable for RPF calculation; thus, route-to-route extrapolation is necessary to derive RPFs applicable to all routes of exposure.

Some earlier RPF approaches, primarily in the course of assessing risks from inhalation exposure to PAHs, have proposed hierarchies of bioassay types based on route of administration. Collins et al. (1998) proposed a hierarchy for PAH cancer potencies for use in assessing air contaminants. The hierarchy for inhalation potencies proposed by Collins et al. (1998) ordered the exposure routes as follows: intratracheal or intrapulmonary administration > oral administration > skin-painting studies > subcutaneous or intraperitoneal administration. However, Collins et al. (1998) did not provide any empirical data supporting the ordering of these exposure routes, other than the intuitive preference for intratracheal or intrapulmonary administration as a surrogate for inhalation. In another review of data available for relative potency assessment for PAHs as air contaminants, Pufulete et al. (2004) suggested that
intratracheal instillation of low doses of PAHs might be an appropriate surrogate exposure model for assessing relative potency of inhalation exposure. The basis for this suggestion was the authors' observation that clearance of PAHs administered in solution via intratracheal instillation exhibited a biphasic pattern similar to that observed after inhalation exposure to benzo[a]pyrene bound to particulates. However, the authors acknowledged that the high concentrations of PAHs used in intratracheal and intrapulmonary instillation studies may lead to major differences in pharmacokinetics compared with inhalation exposure (Pufulete et al., 2004). Further, the authors expressed this suggestion as a path for future research, rather than as a means of examining available data on PAHs; no intratracheal instillation studies were identified in the search for studies from which to calculate RPFs for PAHs. Pufulete et al. (2004) did not provide any specific information on the relevance of intrapulmonary administration (a route used in several of the bioassays used to calculate RPFs) to inhalation exposure.

To assess exposure-route differences in RPFs calculated in this review, a table comparing the average RPF for each PAH across exposure routes was prepared (Table G-1). Dermal studies are shown collectively as well as separated by study type (complete carcinogenesis or initiation only). Likewise, intraperitoneal studies are shown grouped as well as separated by target organ (lung and liver).

Table G-1. Comparisons among average nonzero tumor bioassay-based RPF values by exposure route

| PAH | Dermal, target organ = skin |  | Dermal complete |  | Dermal initiation |  | Intraperitoneal |  | Intraperitoneal, target organ $=$ lung |  | Intraperitoneal, target organ = liver |  | Lung implantation, target organ = lung |  | Oral, target organ = lung |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | n | Average | n | Average | n | Average | n | Average | n | Average | n | Average | n | Average | n | Average |
| AA | 1 | 0.5 | 1 | 0.5 | - | - | - | - | - | - | - | - | 1 | 0.2 | - | - |
| AC | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| BaA | 1 | 0.02 | - | - | 1 | 0.02 | 2 | $0.2^{\text {a }}$ | 1 | 0.08 | 1 | 0.4 | - | - | - | - |
| BbcAC (1,12-MBA) | 1 | 0.05 | - | - | 1 | 0.05 | - | - | - | - | - | - | - | - | - | - |
| BbF | 2 | 0.4 | 1 | 0.3 | 1 | 0.4 | $2^{\text {b }}$ | $1{ }^{\text {c }}$ | 1 | 1 | - | - | 1 | 0.1 | - | - |
| BcFE | - | - | - | - | - | - | 1 | $1^{\text {d }}$ | 1 | 1 | - | - | - | - | 1 | 50 |
| BeAC | 2 | 0.8 | - | - | 2 | 0.8 | - | - | - | - | - | - | - | - | - | - |
| BghiP | - | - | - | - | - | - | - | - | - | - | - | - | 1 | 0.009 | - | - |
| BjAC | - | - | - | - | - | - | 1 | $60^{\text {d }}$ | 1 | 60 | - | - | - | - | - | - |
| BjF | 2 | 0.03 | - | - | 2 | 0.03 | $2^{\text {b }}$ | $0.7^{\text {a }}$ | 1 | 0.4 | 1 | 1 | 1 | 0.03 | - | - |
| BkF | 1 | 0.03 | - | - | 1 | 0.03 | - | - | - | - | - | - | 1 | 0.03 | - | - |
| BlAC | 2 | 5 | - | - | 2 | 5 | - | - | - | - | - | - | - | - | - | - |
| CH | 5 | 0.1 | - | - | 5 | 0.1 | 1 | $0.2^{\text {a }}$ | - | - | 1 | 0.2 | 1 | 0.04 | - | - |
| CPcdP | 4 | 0.3 | 2 | 0.4 | 2 | 0.2 | 1 | $1^{\text {d }}$ | 1 | 1 | - | - | - | - | - | - |
| CPdefC | 2 | 0.3 | - | - | 2 | 0.3 | - | - | - | - | - | - | - | - | - | - |
| DBacA | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| DBaeF | 2 | 0.9 | 1 | 1 | 1 | 0.7 | - | - | - | - | - | - | - | - | - | - |
| DBaeP | 2 | 0.4 | 1 | 0.3 | 1 | 0.4 | - | - | - | - | - | - | - | - | - | - |
| DBahA | 1 | 1 | - | - | 1 | 1 | 1 | $40^{\text {d }}$ | 1 | 40 | - | - | 1 | 2 | - | - |
| DBahP | 1 | 0.9 | - | - | 1 | 0.9 | - | - | - | - | - | - | - | - | - | - |
| DBaiP | 2 | 0.6 | 1 | 0.7 | 1 | 0.5 | - | - | - | - | - | - | - | - | - | - |
| DBalP | 2 | 30 | - | - | 2 | 30 | 1 | $30^{\text {d }}$ | 1 | 30 | - | - | - | - | - | - |
| FA | - | - | - | - | - | - | 5 | $0.08{ }^{\text {a }}$ | 4 | 0.05 | 1 | 0.2 | - | - | - | - |
| IP | - | - | - | - | - | - | - | - | - | - | - | - | 1 | 0.07 | - | - |
| N23eP | 1 | 0.3 | - | - | 1 | 0.3 | - | - | - | - | - | - | - | - | - | - |

Table G-1. Comparisons among average nonzero tumor bioassay-based RPF values by exposure route

| PAH | Dermal, target organ = skin |  | Dermal complete |  | Dermal initiation |  | Intraperitoneal |  | Intraperitoneal, target organ $=$ lung |  | Intraperitoneal, target organ $=$ liver |  | Lung implantation, target organ = lung |  | Oral, target organ = lung |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | n | Average | n | Average | n | Average | n | Average | n | Average | n | Average | n | Average | n | Average |
| PH | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Pyr | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |

${ }^{\mathrm{a}}$ Newborn mouse model.
${ }^{\mathrm{b}}$ Number of intraperitoneal RPFs includes those calculated for combined lung and liver incidence; these are not included in number of RPFs with lung or liver tumors.
${ }^{\text {c }}$ Includes both newborn mouse and adult $\mathrm{A} / \mathrm{J}$ mouse models.
${ }^{\mathrm{d}}$ Adult A/J mouse model.

The table shows a marked difference between the oral and intraperitoneal RPFs for benzo[c]fluorene ( BcFE ) ( $\mathrm{RPF}=50$ for oral multiplicity and RPF $=1$ for intraperitoneal incidence). However, as discussed earlier, this difference may result more from the use of a high tumor number to calculate the oral multiplicity RPF for this compound than route differences; if the oral incidence RPF is used for comparison, the two routes are more similar (RPF = 1 for intraperitoneal incidence versus RPF = 5 for oral incidence). Based on the latter comparison, which represents the only data with which to compare oral RPFs with those calculated from other routes, there appears to be fairly good correspondence between intraperitoneal and oral RPFs; however, this is based on only one PAH.

Based on the comparisons in the table, RPFs based on initiation and complete dermal carcinogenicity studies are similar (within a factor of 2). However, there are few PAHs with both types of dermal studies.

With respect to other route comparisons, the table generally shows that RPFs calculated from lung implantation and dermal studies are of the same order of magnitude, while RPFs calculated from intraperitoneal studies are higher for most compounds. Among PAHs with RPFs derived from intraperitoneal and dermal data, 6/7 showed higher RPF values from intraperitoneal data, compared with dermal data (benz[a]anthracene, benzo[b]fluoranthene, benzo[j]fluoranthene, chrysene, cyclopenta[c,d]pyrene, dibenz[a,h]anthracene; Table G-1). The intraperitoneal RPF for dibenzo[a,l]pyrene (DBalP) is similar to its dermal RPF.

At first glance, one might attribute the higher intraperitoneal RPFs calculated from newborn mouse assays (footnoted "a" in the table) to greater sensitivity of the newborn mouse, compared with an adolescent or adult mouse, to the carcinogenic action of PAHs. However, since the RPFs reflect potency of the PAH relative to benzo[a]pyrene, and not potency of the newborn mouse relative to other systems, the higher RPF cannot reflect a greater sensitivity of the system, since both the PAH of interest and benzo[a]pyrene have been tested in the same system. There is little information to evaluate whether RPFs from newborn mouse studies tend to be higher or lower than the adult $\mathrm{A} / \mathrm{J}$ mouse model when both are exposed via intraperitoneal injection. Only one compound, benzo[b]fluoranthene (BbF), had RPFs calculated from both newborn mouse and adult A/J mouse models; the average newborn mouse RPF was 2, while the average $\mathrm{A} / \mathrm{J}$ mouse RPF was 0.9 . In summary, it is not clear whether the intraperitoneal RPFs are higher than dermal or lung implantation RPFs due to route-specific differences or animal model differences (for example, differential metabolism in various animal systems).

Ranking by target tissue. An alternative approach to ranking tumor bioassay RPFs would be to prefer target tissue-specific RPFs (for example, to prefer RPFs derived from lung tumor data for inhalation RPFs). An analysis was conducted to assess whether RPFs calculated from lung tumor potency in intraperitoneal studies (both newborn mouse and adult $\mathrm{A} / \mathrm{J}$ mouse models) were consistent with RPFs from lung implantation studies. Table G-1 shows RPFs calculated for lung tumors (separate from liver tumors also observed in some intraperitoneal studies) after
intraperitoneal administration. Only four compounds (benzo[b]fluoranthene, benzo[j]fluoranthene, chrysene, and dibenz[a,h]anthracene) had RPFs for both intraperitoneal and lung implantation studies; for each of these, the intraperitoneal lung tumor RPF exceeded the lung implantation RPF. One compound, benzo[c]fluorene, also had lung tumor RPFs from both intraperitoneal and oral studies. In this case, the oral RPF for lung tumors exceeded the intraperitoneal RPF for lung tumors. No information assessing the concordance between lung tumor potency after intraperitoneal, lung implantation, or oral administration and inhalation cancer potency was identified in the literature.

Ranking by use of BMD. A third approach considered for ranking of tumor bioassay data was to prefer data amenable to BMD modeling (of either quantal or continuous data, depending on whether incidence or multiplicity was modeled) over an analysis of data based on point estimates. Table G-2 compares the average of RPFs for all bioassays with RPFs calculated using BMD modeling, and RPFs calculated using a point-estimate approach.

Table G-2. Comparisons among average nonzero tumor bioassay-based RPF values by calculation method

|  | All bioassays |  | BMD model |  | Point estimate |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | n | Average RPF | n | Average RPF | n | Average RPF |
| AA | 2 | 0.4 | 1 | 0.2 | 1 | 0.5 |
| AC | - | - | - | - | - | - |
| BaA | 3 | 0.2 | - | - | 3 | 0.2 |
| BbcAC | 1 | 0.05 | - | - | 1 | 0.05 |
| BbF | 5 | 0.8 | 3 | 0.6 | 2 | 1.0 |
| BcFE | 2 | 20 | - | - | 2 | 20 |
| BeAC | 2 | 0.8 | 1 | 0.9 | 1 | 0.7 |
| BghiP | 1 | 0.009 | 1 | 0.009 | - | - |
| BjAC | 1 | 60 | - | - | 1 | 60 |
| BjF | 5 | 0.3 | 1 | 0.03 | 4 | 0.4 |
| BkF | 2 | 0.03 | 2 | 0.03 | - | - |
| BlAC | 2 | 5 | 2 | 5 | - | - |
| CH | 7 | 0.1 | 2 | 0.1 | 5 | 0.1 |
| CPcdP | 5 | 0.4 | 1 | 0.07 | 4 | 0.5 |
| CPdefC | 2 | 0.3 | 1 | 0.5 | 1 | 0.2 |
| DBacA | - | - | - | - | - | - |
| DBaeF | 2 | 0.9 | 1 | 1 | 1 | 0.7 |
| DBaeP | 2 | 0.4 | 1 | 0.3 | 1 | 0.4 |
| DBahA | 3 | 10 | 2 | 20 | 1 | 1 |
| DBahP | 1 | 0.9 | - | - | 1 | 0.9 |
| DBaiP | 2 | 0.6 | 1 | 0.7 | 1 | 0.5 |
| DBalP | 3 | 30 | 1 | 30 | 2 | 30 |
| FA | 5 | 0.08 | 4 | 0.08 | 1 | 0.09 |
| IP | 1 | 0.07 | 1 | 0.07 | - | - |
| N23eP | 1 | 0.3 | - | - | 1 | 0.3 |
| PH | - | - | - | - | - | - |
| Pyr | - | - | - | - | - | - |

While this ranking could be justified based on a general preference for multidose data and modeling to identify a point of departure, there are important limitations to this approach. First, RPFs based on BMD modeling may still use a point of departure high on the dose-response curve, if a single benzo[a]pyrene dose with an elevated response level (BMR) ${ }^{1}$ was used to calculate the RPF. In some cases, an RPF based on a point estimate approach from a point of departure lower on the dose-response curve may be a better predictor of relative potency at environmental exposure levels. Second, unless RPFs based on BMD modeling are available for all of the relevant exposure routes (dermal initiation and complete carcinogenicity, lung implantation, and intraperitoneal), there may be differences between the RPFs calculated from BMD modeling and those calculated using a point estimate approach that are unrelated to study quality (i.e., route, species, sex differences). Thus, ranking RPFs based on a preference for modeled data over point estimate data would neglect other sources of variability in the estimates (exposure route, species, sex, target organ, dosing intervals, etc.)

In summary, the analysis of options for ranking bioassay RPFs does not suggest a clear basis for selecting among the available data types. As a consequence, none of the available data types were considered preferable to any other; all bioassay RPFs were considered equally relevant.

## G.2. RANKING NONBIOASSAY DATA

In view of the fact that the present work created a large database of RPFs for multiple endpoints, an empirical approach to assigning ranks was explored. The database of PAH RPFs was analyzed to determine whether any individual cancer-related endpoint was more closely correlated with RPFs based on tumor bioassay data. The premise behind this analysis is that RPFs based on bioassay data represent the best available information, and that the genotoxicity endpoints that best predict bioassay RPFs should be preferred over those that show little relationship to tumor bioassay RPFs. The semiquantitative analysis was, of necessity, restricted to those PAHs for which at least one RPF based on bioassay data was available.

For each of the 23 PAHs with nonzero RPFs based on bioassay data, the average bioassay RPF was compared with the average RPF for several endpoints that could be correlated with cancer potency (in vivo DNA adducts, in vivo micronuclei and sister chromatid exchanges together, and in vitro mutagenicity). TIDAL values were not analyzed separately from other measures of DNA adducts because there were only four PAHs with both TIDAL and bioassay RPFs; similarly, micronuclei and sister chromatid exchange endpoints were grouped to increase the number of observations in the regression. In addition to analyzing these endpoints, analyses of several endpoints grouped across class (e.g., all in vivo nonbioassay endpoints, all in vitro endpoints, and all nonbioassay endpoints) were performed. Linear regression was performed on

[^8]the log-transformed average RPF values to assess the predictive power of each endpoint or grouping, and to assess whether there was a quantitative basis for ordering them.

Table G-3 shows the results of regression analyses assessing how well the average RPFs for several endpoints correlated with average bioassay RPFs. The table shows that neither in vivo clastogenicity RPFs (micronuclei and sister chromatid exchanges) nor in vitro mutagenicity RPFs were significantly correlated with bioassay RPFs for the dataset examined here. Among those showing a significant $(p<0.05)$ linear relationship, in vivo DNA adducts provided the best correlation ( $r^{2}=0.64$ ), followed by all in vivo nonbioassay endpoints ( $r^{2}=0.55$ ), all nonbioassay endpoints ( $r^{2}=0.40$ ), and all in vitro nonbioassay endpoints ( $r^{2}=0.39$ ). Although in vivo DNA adducts provided the strongest correlation, the slope for this regression was 1.22, indicating that RPFs for in vivo DNA adducts systematically underpredicted bioassay RPFs. Figure G-1 demonstrates this underprediction; as the figure shows, most of the average RPF values are to the left of the $1: 1$ correspondence line. The slope for in vivo nonbioassays and Figure G-2 shows a similar result for this endpoint. The slopes for all nonbioassays and all in vitro nonbioassays are somewhat closer to 1.0. Plots showing the average RPF comparisons for all nonbioassays and all in vitro nonbioassays are shown in Figures G-3 and G-4. These plots suggest that all nonbioassay RPFs slightly underpredict bioassay RPFs, while all in vitro nonbioassays tend toward overprediction.

Table G-3. Results of simple linear regression of log-transformed average genotoxicity RPF versus log average tumor bioassay RPF

| Genotoxicity endpoint | $\mathbf{r}^{\mathbf{2}}$ | Slope | $\boldsymbol{p}$-Value | $\mathbf{n}$ |
| :--- | :---: | :---: | :---: | :---: |
| All in vivo DNA adducts | 0.64 | 1.22 | $<0.01$ | 10 |
| All in vivo nonbioassays | 0.55 | 1.16 | $<0.01$ | 11 |
| All nonbioassay endpoints (in vitro and in vivo) | 0.40 | 1.10 | $<0.01$ | 20 |
| All in vitro nonbioassays | 0.39 | 0.95 | $<0.01$ | 19 |
| All in vivo micronuclei and sister chromatid exchanges | 0.39 | 0.81 | $>0.05$ (nonsignificant) | 6 |
| All in vitro mutagenicity | 0.032 | 0.33 | $>0.05$ (nonsignificant) | 17 |



Figure G-1. Average bioassay RPF versus average in vivo DNA adduct RPF.


Figure G-2. Average bioassay RPF versus average in vivo nonbioassay RPF.


Figure G-3. Average bioassay RPF versus average nonbioassay RPF.


Figure G-4. Average bioassay RPF versus average in vitro nonbioassay RPF.

Based on the results of the linear regression analyses comparing PAH RPFs calculated for genotoxicity endpoints and RPFs calculated for bioassays (Table G-3), an argument could be made for the following ranking: (1) bioassays, (2) in vivo nonbioassays, and (3) in vitro nonbioassays. However, the improvement in correlation that is achieved with subdividing all nonbioassays into in vivo and in vitro endpoints is small, and the plot for in vivo nonbioassay RPFs (Figure G-2) shows that this grouping exhibits a slight tendency to underpredict bioassay RPFs.

In summary, as with the findings for tumor bioassay data, the analysis of options for ranking cancer-related endpoint RPFs did not suggest any clear basis for prioritizing the available data for the purpose of selecting RPFs. Thus, for PAHs without any tumor bioassay RPFs but with adequate information to suggest potential carcinogenicity, the cancer-related endpoint data were combined to calculate a final RPF as described in Chapter 7.


[^0]:    ${ }^{1}$ For the purpose of this report, the term "point estimate RPF" is used to describe an RPF calculated from a single point on the dose-response curve for both the PAH of interest and benzo[a]pyrene. This term distinguishes the RPF from one calculated using a BMD modeling result from multidose data.

[^1]:    ${ }^{2}$ Throughout this report, the term "tumorigenicity" is used to describe the production of either benign or malignant tumors.

[^2]:    ${ }^{3}$ It should be noted that a recent bioassay for naphthalene has shown increased incidence of nasal tumors in exposed rats (NTP, 2000).

[^3]:    ${ }^{4}$ For the purpose of this report, the term "point estimate RPF" is used to describe an RPF calculated from a single point on the dose-response curve for both the PAH of interest and benzo[a]pyrene. This term distinguishes the RPF from one calculating using a BMD modeling result from multidose data.

[^4]:    ${ }^{5}$ This calculation was implemented using trial and error within the Fisher's exact test in the online statistical calculator, GraphPad ${ }^{\ominus}$.

[^5]:    ${ }^{6}$ Data were obtained courtesy of S. Nesnow.

[^6]:    ${ }^{7}$ In this report, the term "point estimate RPF" is used to describe an RPF calculated from a single point on the doseresponse curve for both the PAH of interest and benzo[a]pyrene. This term distinguishes the RPF from one calculating using a BMD modeling result from multidose data.

[^7]:    Analysis of Deviance Table

[^8]:    ${ }^{1}$ The BMR selected for multidose PAH data for studies with a single benzo[a]pyrene dose was the response level observed in the benzo[a]pyrene dose group.

