

## CHRONIC TOXICITY SUMMARY

# PROPYLENE

(1-propene; 1-propylene; propene; methylethene; methylethylene)

CAS Registry Number: 115-07-1

### I. Chronic Toxicity Summary

<i>Inhalation reference exposure level</i>	<b>3,000 mg/m<sup>3</sup></b> (2,000 ppb)
<i>Critical effect(s)</i>	Squamous metaplasia (males and females), epithelial hyperplasia (females only), and inflammation (males only) of the nasal cavity in Fischer 344/N rats
<i>Hazard index target(s)</i>	Respiratory system

### II. Chemical and Physical Properties (HSDB, 1995; CRC, 1994)

<i>Description</i>	Colorless gas; practically odorless.
<i>Molecular formula</i>	C <sub>3</sub> H <sub>6</sub>
<i>Molecular weight</i>	42.08
<i>Boiling point</i>	-47.6 °C
<i>Melting point</i>	-185.2°C
<i>Vapor pressure</i>	8690 torr at 25°C
<i>Solubility</i>	Soluble in alcohol and ether.
<i>Conversion factor</i>	1.72 µg/m <sup>3</sup> per ppb at 25°C

### III. Major Uses and Sources (HSDB 1995)

Propylene is produced primarily as a by-product of petroleum refining and of ethylene production by steam cracking of hydrocarbon feedstocks. Propylene is a major chemical intermediate. The most important derivatives of chemical and polymer grade propylene are polypropylene, acrylonitrile, propylene oxide, isopropanol and cumene. Use of polypropylene in plastics (injection moulding) and fibers (carpets) accounts for over one-third of U.S. consumption. It is also used in the production of synthetic rubber and as a propellant or component in aerosols. In 1994, propylene was ranked seventh among the top 50 chemicals produced domestically (C&EN, 1995). In the environment, propylene occurs as a natural product from vegetation. It is also a product of combustion of organic matter (biomass burning, motor vehicle exhausts and tobacco smoke) and is released during production and use. The most probable route of exposure to humans is by inhalation. Propylene has been detected in the atmosphere over both metropolitan (2.6 to 23.3 ppb) and rural (0.007 to 4.8 ppb) areas (Cox *et al.*, 1976; Leonard *et al.*, 1976). The annual statewide emissions from facilities reporting under the Air Toxics Hot Spots Act in California, based on the most recent inventory, were estimated to be 696,350 pounds of propylene (CARB, 1999).

### IV. Effects of Human Exposures

No data were available on the absorption, distribution or excretion of propylene in humans. However, hemoglobin (Hb) adducts of the metabolite intermediate propylene oxide have been used to monitor the internal dose of propylene (Tornqvist and Ehrenberg, 1990). The background level of the 2-hydroxypropyl adduct to the N-terminal valine of hemoglobin was found to be about 2 pmol/g Hb. This was estimated to be equivalent to smoking 10 cigarettes per day; cigarette smoking is a source of propylene. Occupational exposure to propylene at 1 ppm (1.72 mg/m<sup>3</sup>) was assumed to be associated with an increment of 5 pmol/g Hb (Kautiainen and Tornqvist, 1991).

No data were available on the chronic effects of propylene in humans.

## V. Effects of Animal Exposures

In rats and mice, most propylene inhaled into the lungs is exhaled again and does not reach the blood to become systemically available (Golka *et al.*, 1989; Svensson and Osterman-Golkar, 1984). Once absorbed, a major route of metabolism for propylene is through the cytochrome P-450 system to propylene oxide, a known carcinogen in experimental animals. Cytochrome P-450 enzymes in both the liver and nasal epithelium (Maples and Dahl, 1991) can convert propylene to its toxic metabolite. However, in rats, propylene metabolism becomes increasingly saturated at concentrations above 50 ppm (86 mg/m<sup>3</sup>) in the atmosphere (Golka *et al.*, 1989), which limits the amount of propylene oxide produced. Therefore, the amount of absorbed propylene may not reach high enough levels in classical long-term inhalation studies (Quest *et al.*, 1984) to show positive carcinogenic or serious chronic effects.

The only chronic toxicity investigation found for propylene was a comprehensive 2-year study in F344/N rats and B6C3F<sub>1</sub> mice (Quest *et al.*, 1984; NTP, 1985). Groups of 50 rats and 50 mice of each sex were exposed to concentrations of 0, 5000, and 10,000 ppm for 6 hr/day, 5 days/week, for 103 weeks. (Mean daily concentrations were 0, 4985, and 9891 ppm, respectively, for the rat study; and 0, 4999, and 9957 ppm, respectively, for the mouse study.) In exposed rats, treatment-related chronic effects were observed in the nasal cavity. In female rats, epithelial hyperplasia occurred in the high dose group and squamous metaplasia occurred in both dosage groups. In male rats, squamous metaplasia was seen only in the low dose group, but both dosage groups had inflammatory changes characterized by an influx of lymphocytes, macrophages and granulocytes into the submucosa and granulocytes into the lumen (see below). Nasal lesions were not observed in mice. The inflammatory lesions were more severe in the high dose group. Very mild focal inflammation was observed in the kidneys of treated mice but the relationship to propylene exposure was unclear. No other treatment-related effects, including clinical signs, mortality, mean organ and body weights, and histopathology, were observed.

Incidences of epithelial changes in nasal cavities of rats (Table 2 from Quest *et al.*, 1984)

Observation	Control	5000 ppm	10,000 ppm
Epithelial hyperplasia			
Male	2/50 (4%)	2/50 (4%)	5/50 (10%)
Female	0/49 (0%)	4/50 (8%)	9/50 (18%)*
Squamous metaplasia			
Male	2/50 (4%)	19/50 (38%)*	7/50 (14%)
Female	0/49 (0%)	15/50 (30%)*	6/50 (12%)*
Inflammation			
Male	11/50 (22%)	21/50 (42%)*	19/50 (38%)
Female	8/49 (16%)	10/50 (20%)	13/50 (26%)

\* Significantly (p < 0.05) higher than control values

In a long-term carcinogenicity study, Sprague-Dawley rats and Swiss mice (100-120 animals/group/sex) were exposed by inhalation to 0, 200, 1000 and 5000 ppm propylene 7 hr/day, 5 days/week, for 104 weeks (rats) or 78 weeks (mice) (Ciliberti *et al.*, 1988). No body weight differences were observed between treated and control animals of either species. Mortality was reported to be slightly increased in male rats in the 1000 and 5000 ppm groups and in male mice in the 5000 ppm group, but numerical values of mortality were not presented in the report. Therefore, it is assumed that mortality differences were insignificant. Other possible general body system or nonneoplastic effects were not reported and assumed to have not been investigated.

## VI. Derivation of Chronic Reference Exposure Level (REL)

<i>Study</i>	Quest <i>et al.</i> , 1984
<i>Study population</i>	50 rats/group/sex, 300 total.
<i>Exposure method</i>	Discontinuous whole body inhalation exposure (0 or 4,985 or 9,891 ppm).
<i>Critical effects</i>	Respiratory system; squamous metaplasia (males and females), epithelial hyperplasia (females only), and inflammation (males only) of the nasal cavity
<i>LOAEL</i>	4,985 ppm (8,570 mg/m <sup>3</sup> )
<i>NOAEL</i>	Not observed
<i>Exposure continuity</i>	6 hr/day, 5 days/week
<i>Exposure duration</i>	2 years
<i>Average experimental exposure</i>	890 ppm for LOAEL group (4985 x 6/24 x 5/7)
<i>Human equivalent concentration</i>	190 ppm (gas with extrathoracic respiratory effects, RGDR = 0.21, based on BW = 305 g, MV = 0.21 L/min, SA(ET) = 15 cm <sup>2</sup> )
<i>LOAEL uncertainty factor</i>	3 (low severity)
<i>Subchronic uncertainty factor</i>	1
<i>Interspecies uncertainty factor</i>	3
<i>Intraspecies factor</i>	10
<i>Cumulative uncertainty factor</i>	100
<i>Inhalation reference exposure level</i>	2 ppm (2,000 ppb, 3 mg/m <sup>3</sup> , 3,000 µg/m <sup>3</sup> )

## VII. Data Strengths and Limitations for Development of the REL

Strengths of the propylene REL include the availability of a long-term, controlled exposure study in large groups of experimental animals that included extensive histopathological analyses.

Lifetime exposure of rats and mice to propylene resulted in adverse effects in the nasal cavity of rats at both exposure levels. Therefore, a NOAEL was not observed. However, the effects observed were mild.

Other weaknesses of the database for propylene include the lack of lifetime toxicity studies in any non-rodent species. Also, no long-term human toxicity or epidemiology studies were located in the literature. Human pharmacokinetic studies to compare with experimental animal pharmacokinetic studies were absent. Another uncertainty is the lack of reproductive and developmental toxicity studies. A comprehensive multi-generation study in an experimental animal species would enhance the development of a REL for propylene.

## VIII. References

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