

Adopted as Rule: August 2018

Toxicological Summary for: Perfluorobutanoate

CAS: **45048-62-2 (anion) 375-22-4 (acid)**

Synonyms: PFBA, Perfluorobutanoic Acid, Perfluorobutyric acid, Heptafluorobutyric acid

Acute Non-Cancer Health Risk Limit (nHRL_{Acute}) = Not Derived (Insufficient Data)*

* While a developmental study is available for PFBA, a human equivalent dose (HED) forms the basis of the reference dose and assumes steady state conditions that cannot be achieved from a one-day exposure. Based on a mean human half-life of 3 days steady-state conditions would be established within ~ 9-15 days. At the present time the information necessary to estimate less than steady-state doses is not available. The short-term HRL assessment incorporated information regarding developmental effects.

Short-term Non-Cancer Health Risk Limit (nHRL_{Short-term}) = 7 μg/L

(Reference Dose, mg/kg-d) x (Relative Source Contribution) x (Conversion Factor)
(Short-term Intake Rate, L/kg-d)

= $(0.0038 \text{ mg/kg-d}) \times (0.5)^* \times (1000 \text{ µg/mg})$ $(0.285 \text{ L/kg-d})^{**}$

= 6.67 rounded to $7 \mu g/L$

Reference Dose/Concentration: HED/Total UF = 0.38/100 = 0.0038 mg/kg-d (rat)

Source of toxicity value: Determined by MDH in 2008

Point of Departure (POD): 3.01 mg/kg-d (BMDL_{1SD}, calculated by Butenhoff, 2007;

based on NOTOX 2007a)

Dose Adjustment Factor (DAF): Chemical-Specific Toxicokinetic Adjustment (t½_{Human}/

 $t\frac{1}{MaleRat}$ = 72 hours / 9.22 hours = 8) ($t\frac{1}{MaleRat}$ based on Chang et

al. 2008, Olsen et al. 2007b)

Human Equivalent Dose (HED): POD/DAF = 3.01 mg/kg-d / 8 = 0.38 mg/kg-d (chemical

specific basis)

Total uncertainty factor (UF): 100

Uncertainty factor allocation: 3 for interspecies differences (for toxicodynamics), 10 for

intraspecies variability, and 3 for database uncertainty

^{*}Relative Source Contribution: MDH 2008, Section IV.E.1.

^{**}Intake Rate: MDH 2008, Section IV.E.1. and US EPA 2011, Exposure Factors Handbook, Tables 3-1 and 3-81

(study did not identify a NOAEL or acceptable BMDL₁₀ for thyroid effects. A multigeneration reproductive study has not been conducted, however the database does include an extended one generation developmental study)

Critical effect(s): Decreased cholesterol

Co-critical effect(s): Increased relative thyroid weight, decreased serum total

thyroxine (TT4), decreased dialysis free thyroxine (dFT4)

Additivity endpoint(s): Hepatic (liver) system, Thyroid (E)

Subchronic Non-Cancer Health Risk Limit (nHRL_{Subchronic}) = nHRL_{Short-term} = 7 μg/L

(Reference Dose, mg/kg-d) x (Relative Source Contribution) x (Conversion Factor)
(Subchronic Intake Rate, L/kg-d)

= $(0.0029 \text{ mg/kg-d}) \times (0.2)^* \times (1000 \text{ µg/mg})$ $(0.070 \text{ L/kg-d})^{**}$

= 8.29 rounded to $8 \mu g/L$

Reference Dose/Concentration: HED/Total UF = 0.86/300 = 0.0029 mg/kg-d (rat)

Source of toxicity value: Determined by MDH in 2008

Point of Departure (POD): 6.9 mg/kg-d (NOAEL, NOTOX 2007b)

Dose Adjustment Factor (DAF): Chemical-Specific Toxicokinetic Adjustment (t½_{Human}/

 $t\frac{1}{MaleRat}$ = 72 hours /9.22 hours = 8) ($t\frac{1}{MaleRat}$ based on Chang et

al. 2008, Olsen et al. 2007b)

Human Equivalent Dose (HED): POD/DAF = 6.9 mg/kg-d / 8 = 0.86 mg/kg-d (chemical

specific basis)

Total uncertainty factor (UF): 300

Uncertainty factor allocation: 3 for interspecies differences (for toxicodynamics), 10 for

intraspecies variability, and 10 for database uncertainty (assessment of thyroid effects was compromised by missing serum hormone data. A multigeneration

reproductive study has not been conducted, however the

database does include an extended one generation

developmental study)

Critical effect(s): Liver weight changes, morphological changes in liver and

thyroid gland, decreased TT4, decreased red blood cells,

decreased hematocrit and hemoglobin

Co-critical effect(s): Increased relative thyroid weight, decreased serum TT4

and dFT4, decreased cholesterol, delayed eye opening

Additivity endpoint(s): Developmental, Hematological (blood) system, Hepatic

(liver) system, Thyroid (E)

^{*}Relative Source Contribution: MDH 2008, Section IV.E.1.

 $^{^{**}}$ Intake Rate: MDH 2008, Section IV.E.1. and US EPA 2011, Exposure Factors Handbook, Tables 3-1 and 3-81

The Subchronic nHRL must be protective of the acute and short-term exposures that occur within the subchronic period and therefore, the Subchronic nHRL is set equal to the Short-term nHRL of 7 μ g/L. Additivity endpoints: Hepatic (liver) system, Thyroid (E)

Chronic Non-Cancer Health Risk Limit (nHRL_{Chronic}) = nHRL_{Short-term} = 7 μg/L

(Reference Dose, mg/kg-d) x (Relative Source Contribution) x (Conversion Factor)
(Chronic Intake Rate, L/kg-d)

= $(0.0029 \text{ mg/kg-d}) \times (0.2)^* \times (1000 \mu\text{g/mg})$ $(0.044 \text{ L/kg-d})^{**}$

= 13.2 rounded to 10 μ g/L

Reference Dose/Concentration: HED/Total UF = 0.86/300 = 0.0029 mg/kg-d (rat)

Source of toxicity value: Determined by MDH in 2008

Point of Departure (POD): 6.9 mg/kg-d (NOAEL, NOTOX 2007b)

Dose Adjustment Factor (DAF): Chemical-Specific Toxicokinetic Adjustment (t½_{Human}/

 $t\frac{1}{2}$ MaleRat = 72 hours /9.22 hours = 8) ($t\frac{1}{2}$ based on Chang et

al. 2008, Olsen et al. 2007b)

Human Equivalent Dose (HED): POD/DAF = 6.9 mg/kg-d / 8 = 0.86 mg/kg-d (chemical

specific basis)

Total uncertainty factor (UF): 300

Uncertainty factor allocation: 3 for interspecies differences (for toxicodynamics), 10 for

intraspecies variability, and 10 for database uncertainty (assessment of thyroid effects was compromised by missing serum hormone data. A multigeneration

reproductive study has not been conducted, however the

database does include an extended one generation

developmental study)

Critical effect(s): Liver weight changes, morphological changes in liver and

thyroid gland, decreased TT4, decreased red blood cells,

decreased hematocrit and hemoglobin

Co-critical effect(s): Increased relative thyroid weight, decreased serum TT4

and dFT4, decreased cholesterol, delayed eye opening

Additivity endpoint(s): Developmental, Hematological (blood) system, Hepatic

(liver) system, Thyroid (E)

The Chronic nHRL must be protective of the acute, short-term, and subchronic exposures that occur within the chronic period and therefore, the Chronic nHRL is set equal to the Short-term nHRL of

^{*}Relative Source Contribution: MDH 2008, Section IV.E.1.

^{**}Intake Rate: MDH 2008, Section IV.E.1. and US EPA 2011, Exposure Factors Handbook, Tables 3-1 and 3-81

7 μg/L. Additivity endpoints: Hepatic (liver) system, Thyroid (E)

Cancer Health Risk Limit (cHRL) = Not Applicable

Cancer classification: Not Classified

Slope factor (SF): Not Applicable

Source of cancer slope factor (SF): Not Applicable

Tumor site(s): Not Applicable

Volatile: No

Summary of Guidance Value History:

MDH promulgated short-term, subchronic and chronic Health Risk Limits (nHRL) of 7 μ g/L in 2011. In 2017, MDH re-evaluated the noncancer HRLs. The values did not change as a result of the evaluation and incorporation of MDH's most recent risk assessment methodology. This guidance was adopted as HRLs in 2018.

Summary of toxicity testing for health effects identified in the Health Standards Statute (144.0751):

Even if testing for a specific health effect was not conducted for this chemical, information about that effect might be available from studies conducted for other purposes. MDH has considered the following information in developing health protective guidance.

	Endocrine	Immunotoxicity	Development	Reproductive	Neurotoxicity
Tested for specific effect?	Yes	No	Yes	No	Yes
Effects observed?	Yes¹	-	Yes ²	-	No ³

Comments on extent of testing or effects:

- ¹ Secondary observations, including decreased T4 levels, altered hyperplasia/hypertrophy of the follicular epithelium of the thyroid, and increased thyroid weight were noted in the 28 and 90 day studies. These effects are identified as critical or co-critical effects for the short-term, subchronic, and chronic duration HBVs.
- ² Developmental delays were observed in offspring of mice exposed during pregnancy. This effect was observed at 2-fold higher than the human equivalent dose, upon which the short-term RfD is based. Developmental effects are identified as secondary effects.
- ³ No available neurotoxicity studies. Secondary observations reported in the 28 and 90-day studies include delayed bilateral pupillary reflex for males exposed to a dose > 10-fold higher than the BMDL used as the basis of the short-term, subchronic, and chronic HBVs. Histopathological

assessment of neuronal tissues (including the optic nerve) and motor activity evaluations did not reveal any treatment-related abnormalities.

Resources Consulted During Review:

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