

# OFFICE OF CHEMICAL SAFETY AND POLLUTION PREVENTION

WASHINGTON, D.C. 20460

#### **MEMORANDUM**

**DATE:** August 26, 2024

**SUBJECT:** Cyantraniliprole: Summary of Hazard and Science Policy Council (HASPOC) Meeting on August 15, 2024: Recommendations on the Need for a Comparative Thyroid Assay.

**Petition No.:** N/A **Registration No.:** N/A **MRID No.:** N/A **40 CFR:** N/A

**PC Code:** 090098 **Task Group No.:** 00498082 **CAS No.:** 736994-63-1 **Parent Case No.:** 00497812 **Risk Assessment Type: Regulatory Action:** N/A **TXR No.:** 0058692 **Reg. Review Case No.:** N/A

**FROM:** Jorrell Fredericks, Executive Secretary Jones Help HASPOC Health Effects Division (HED; 7509T)

**THRU:** Abiy Mohammed, Co-Chair Brian Van Deusen, Co-Cha **HASPOC** Health Effects Division (HED; 7509T)

**TO:** Krystle Yozzo, Ph.D., Senior Biologist Thomas Moriarty, Branch Supervisor Risk Assessment Branch III (RAB3) Health Effects Division (HED; 7509T)

The conclusions conveyed in this assessment were developed in full compliance with *EPA Scientific Integrity Policy for Transparent and Objective Science*, and EPA Scientific Integrity Program's *Approaches for Expressing and Resolving Differing Scientific Opinions.* The full text of *EPA Scientific Integrity Policy for Transparent and Objective Science*, as updated and approved by the Scientific Integrity Committee and EPA Science Advisor can be found here: https://www.epa.gov/system/files/ documents/2023-12/scientific integrity policy 2012 accessible.pdf. The full text of the EPA Scientific Integrity Program's *Approaches for Expressing and Resolving Differing Scientific Opinions* can be found here: https://www.epa.gov/scientific-integrity/approaches-expressing-and-resolving-differingscientific-opinions.

### **MEETING ATTENDEES:**

HASPOC Members: Moana Appleyard, Adrian Britt, Sarah Dobreniecki, Joshua Godshall, Elizabeth Mendez, Emily Rogers, Ana Terman, Cassi Walls, Krystle Yozzo (Presenter, not voting), Abiy Mohammed, Brian Van Deusen, Jorrell Fredericks (non-voting), Alexandra Turley (non-voting)

Presenter: Krystle Yozzo, Ph.D.

Other Attendees: Ashlee Aldridge, Destiny Carter, Heriberto Deleon, Melantha Jackson, Elizabeth Lang, Briana Lee, Yongqi Li, Caitlin Love, Tom Moriarty, Samuel Novo, Peter Savoia, Johnny Smith, Jessie Wozniak, Charmaine Hanson, Meaghan Caruso

### **I. PURPOSE OF MEETING**

A scoping document is currently being prepared for the registration review of cyantraniliprole. The toxicology database for cyantraniliprole is complete. However, since the thyroid is a target organ and thyroid effects were observed in the database, the need for a comparative thyroid assay (CTA) was considered. The Hazard and Science Policy Council (HASPOC) met on August 15, 2024, to determine if the CTA is necessary to support the registration review of cyantraniliprole.

### **II. SUMMARY OF USE PROFILE, EXPOSURE, AND HAZARD CONSIDERATIONS**

#### **a. Use and Exposure Profile**

Cyantraniliprole is an insecticide currently registered on a variety of agricultural crops, as well as commercial and on-farm seed treatment uses and residential use sites including turf grass, ornamentals, and structural buildings (e.g., outdoor broadcast uses). Single maximum application rates range from 0.088-0.39 lb ai/A and retreatment intervals (RTIs) range from 5 to 14 days. Maximum annual rate of cyantraniliprole-containing products is 0.39 lb ai/A/year. End-use products are formulated as water dispersible granules, dry flowables, suspension concentrates, and suspoemulsions. Application methods include aerial, airblast, ground equipment, and chemigation. Most occupational labels direct the user to wear baseline clothing (long-sleeved shirt, long pants, socks, shoes) and additional personal protective equipment (PPE) consisting of chemical-resistant gloves. Preharvest intervals (PHIs) range from 0 to 365 days and restricted entry intervals (REIs) range from 4 to 24 hours.

Humans may be exposed to cyantraniliprole in food and drinking water since it may be applied directly to growing crops, and application may result in cyantraniliprole reaching surface and ground sources of drinking water. Short- and intermediate-term occupational handler and post-application dermal and inhalation exposures to cyantraniliprole are expected. There is potential for short-term residential handler dermal and inhalation, as well as residential post-application dermal exposures to adults and children 1 to <2 years old and children's incidental oral exposure from hand-to-mouth activities while contacting previously treated surfaces. Additionally, adult's short-term dermal and children's shortterm dermal and incidental oral exposures may also occur from turf residues resulting from spray drift following applications to agricultural and/or non-agricultural areas.

## **b. Toxicity Profile**

Cyantraniliprole belongs to the anthranilic diamide class of pesticides, which control insects through unregulated activation of ryanodine receptor (RyR) channels leading to internal calcium store depletion that impairs regulation of muscle contraction. While unregulated activation of RyR channels leads to insect death, the insect RyR are shown to be 350 to >2500 times more sensitive than those of mammals (Satelle et al., 2008; Lahm et al., 2009). The toxicity database is considered complete for cyantraniliprole and no new toxicity and/or metabolism data have been received since the last risk assessment (K. Yozzo, D467446, 01-MAY-2024). Mechanistic studies on the adrenal and thyroid glands, and an in vitro thyroid peroxidase inhibition study are also available for cyantraniliprole. Several metabolites which were not identified in the rat metabolism studies (IN-JSE-76, IN-PLT97, IN-F6L99, and IN-N5M09) were tested for mutagenic potential, and a 28-day oral toxicity study was conducted with IN-JSE-76. The four metabolites were not considered mutagenic, and IN-JSE-76 showed no adverse effects at doses greater than the limit dose.

The target organs of cyantraniliprole include the liver and thyroid. With repeat dosing, liver effects, including increased liver weights and enzymes (alkaline phosphatase and alanine aminotransferase) and adverse liver histopathology (bile duct hyperplasia, focal and hepatocyte necrosis) were observed in dogs. With repeat dosing, thyroid effects, including altered thyroid hormone homeostasis and follicular epithelial cell hypertrophy/hyperplasia were observed in rats. Cyantraniliprole has low acute toxicity via the oral, dermal, and inhalation routes of exposure (Toxicity Category IV). Cyantraniliprole is not an eye or skin irritant and does not cause skin sensitization. Cyantraniliprole is classified as "not likely to be carcinogenic to humans" based on the absence of increased tumor incidence in acceptable/guideline carcinogenicity studies in rats and mice, and there are no mutagenicity concerns.

There is no evidence of lifestage susceptibility in the developmental toxicity studies in rats and rabbits or in the two-generation reproductive toxicity study in rats. There are no neurotoxicity concerns in the acute and subchronic neurotoxicity studies. Immunotoxicity data show that cyantraniliprole is not an immunotoxicant.

### **III. STUDY WAIVER REQUESTS**

## **a. Comparative Thyroid Assay (CTA)**

A number of pesticides have been shown to perturb thyroid hormone homeostasis *via* reduction of circulating thyroid hormones1. This perturbation may be the initial, critical effect leading to adverse effects on the developing nervous system<sup>2,3,4</sup>. When a chemical causes thyroid effects, there is inherent uncertainty about potential impacts to the developing brain in response to changing thyroid levels. There is also a lack of empirical data on whether pregnant women or the fetus are more or less

<sup>1</sup> Hurley *et al*. 1998. Mode of carcinogenic action of pesticides inducing thyroid follicular cell tumors in rodents. Environ. Health Perspect. 106(8): 437-445. 2

<sup>&</sup>lt;sup>2</sup> Chan S and Kilby MD. 2000 Thyroid hormone and central nervous system development. J Endocrinol 165:1-8

<sup>&</sup>lt;sup>3</sup> Fisher DA. 2000. The importance of early management in optimizing IQ in infants with congenital hypothyroidism. J Pediat

<sup>136:274-274. 4</sup> Morreale de Escobar, G, Obregón, MJ, Escobar del Rey, F. 2004. Maternal thyroid hormones early in pregnancy and fetal brain development. Best Practices & Research Clinical Endocrinology & Metabolism, Volume 18, Issue 2: 225-248.

susceptible, compared to adults, to the impact of chemicals that alter thyroid hormone homeostasis. This gap makes predictions on developmental susceptibility based on data from adult organisms difficult and very uncertain. The current 40 CFR Part 158 Toxicology Data Requirements do not include thyroid hormone measurements during these potentially sensitive lifestages. EPA has developed guidance for conducting a  $CTA<sup>5</sup>$  that uses a mechanistic approach to generate thyroid-specific data which can address the uncertainties associated with life stage susceptibility and allow for the establishment of PODs that would be protective of potential effects of thyroid function disruption in pregnant females on the fetus and newborn. The need for/against a CTA is based on the following considerations:

## **1. Evidence for thyroid toxicity in the cyantraniliprole database:**

Signs of thyroid toxicity, including increased thyroid organ weights, and histopathological findings, were observed following subchronic exposure at 14 mg/kg/day in the parents of the two-generation reproduction toxicity study. Similarly, thyroid follicular cell hypertrophy, increased thyroid weights, and alterations in thyroid hormone homeostasis was observed in female rats at 27 mg/kg/day in the subchronic oral toxicity study in rats.

In the two-generation reproduction toxicity study, there was an increase in the fixed thyroid lobes/parathyroid weights (absolute and relative) in the 1344 mg/kg/day  $P_1$  and  $F_1$  generation males (20-25%) and in the 14, 136, and 1344 mg/kg/day  $P_1$  and  $F_1$  generation females (25-33%). In  $P_1$  males, thyroid follicular epithelial cell hypertrophy/hyperplasia was present in 4/30, 2/30,  $3/29$ , 19/30, and 28/30 rats fed 0, 1.1, 11.0, 110, and 1125 mg/kg/day. In F<sub>1</sub> males, thyroid follicular epithelial cell hypertrophy/hyperplasia was present in 1/30, 2/30, 7/29, 18/30, and 27/30 rats fed 0, 1.1, 11.0, 110, and 1125 mg/kg/day. In P1 females, thyroid follicular epithelial cell hypertrophy/hyperplasia was present in 3/29, 5/28, 5/30, 16/29, and 25/30 rats fed 0, 1.4, 14, 136, and 1344 mg/kg/day. In  $F_1$  females, thyroid follicular epithelial cell hypertrophy/hyperplasia was present in 1/30, 1/29, 5/28, 16/30, and 24/30 rats fed 0, 1.4, 14, 136, and 1344 mg/kg/day. Thyroid hormones were not evaluated. No effects to thyroid weights or histopathology were observed in the offspring.

In the 90-day subchronic oral toxicity study, in males, serum T4 concentrations were decreased at dietary concentrations of 22, 168, and 1147 mg/kg/day cyantraniliprole (24, 32, and 30% decrease relative to the control, respectively). Similarly, serum T3 concentrations were decreased at dietary concentrations of 22, 168, and 1147 mg/kg/day cyantraniliprole (17%, 20%, and 22% decrease, respectively). Serum TSH concentrations were increased at dietary concentrations of 168 and 1147 mg/kg/day cyantraniliprole (41 and 55% greater than the control, respectively). The alterations in thyroid hormones were accompanied by increased total hepatic cytochrome P450 content and UDP-glucuronyltransferase activity. Absolute thyroid weights were comparable to that of the controls. Thyroid follicular cell hypertrophy was present in 0/10, 0/10, 0/10, 0/10, and 5/10 rats fed 0, 6, 22, 168, or 1147 mg/kg/day, respectively, and all were graded as minimal. In females, serum T4 concentrations were decreased at dietary concentrations of 27, 202, and 1346 mg/kg/day cyantraniliprole (58, 67, and 79% decrease relative to the control, respectively). Serum T3 concentrations were

<sup>5</sup> US EPA 2005. Guidance for Thyroid Assays in Pregnant Animals, Fetuses and Postnatal Animals, and Adult Animals. Washington, DC.

decreased at dietary concentrations of 202 and 1346 mg/kg/day cyantraniliprole (31 and 29% lower than that of the control, respectively). Serum TSH concentrations were comparable between treated and the control groups. The alterations in thyroid hormones in female rats were accompanied by increased total hepatic cytochrome P450 content and UDPglucuronyltransferase activity. Mean absolute thyroid weights were increased 17%, 8%, and 17% in the 27, 202, and 1346 mg/kg/day groups, respectively, as compared to control values. None of the increases were statistically significant. Thyroid follicular cell hypertrophy was present in 1/10, 0/10, 3/10, 4/10, and 6/10 rats fed 0, 7, 27, 202, or 1346 mg/kg/day, respectively. All were graded as minimal.

A mechanistic study (MRID 48119973) was conducted to evaluate potential mechanisms of thyroid gland changes. To explore the possible mechanisms of the thyroid effects, two groups of approximately 7 weeks old female Crl:CD®(SD) rats (15/sex/group) were fed control diet or diet containing 1903 mg/kg/day cyantraniliprole (94.5%; HGW86-230) for 29 days. Statistically significant increases in serum TSH levels (67%), as well as statistically significant decreases in T4 levels (30%) were observed. However, serum levels of T3 and reverse T3 (rT3) were unaffected. The alterations in thyroid hormones in female rats were accompanied by increased UDPglucuronyltransferase activity (77%) and decreased hepatic microsomal 5'-deiodinase activity (23%). Additionally, mean absolute and relative thyroid weights were increased 21 and 17%, respectively, in 1903 mg/kg/day group as compared to the control values. Thyroid follicular cell hypertrophy was also present in 5/15 females from the dosed group compared to 0/15 in the control group.

Another study (MRID 48119979) was designed to evaluate the ability of cyantraniliprole to inhibit thyroid peroxidase activity *in vitro* using thyroid preparations from the Yucatan pig (microswine). Cyantraniliprole concentrations ranging from 2 to 400  $\mu$ M were tested; the maximum concentration was the level where limit of solubility was present in the assay system. The result showed that for propylthiouracil (PTU), the concentration that caused a 50% reduction in enzyme activity (IC<sub>50</sub>) was 7.3  $\mu$ M. In contrast cyantraniliprole did not cause inhibition of thyroid peroxidase at any concentration tested; therefore, an  $IC_{50}$  value for cyantraniliprole was unable to be determined. Under the conditions of this *in vitro* study, cyantraniliprole did not inhibit thyroid peroxidase.

## **2. Evidence for thyroid toxicity in the toxicology database of similar pesticides:**

Cyantraniliprole is in the anthranilic diamide class of chemicals. Of that class, cyclaniliprole (87%) and chlorantraniliprole (96%) were most structurally similar (>80% similarity) (CompTox Chemicals Dashboard v2.4.1). However, neither cyclaniliprole nor chlorantraniliprole showed thyroid toxicity. No single or repeated dose study performed by any route of exposure produced an adverse effect following cyclaniliprole exposure below, at, or above the limit dose (1000 mg/kg/day). Only the 18-month carcinogenicity study in mice produced adverse effects (mild eosinophilic foci) following chlorantraniliprole exposure at a dose (935 mg/kg/day) reaching the limit dose.

## **3. Risk assessment considerations:**

Endpoints for chronic dietary, incidental oral, and inhalation exposure scenarios have been selected for cyantraniliprole. The chronic dietary exposure scenario is based on organ weight

and histopathology changes in the thyroid gland (thyroid follicular epithelial cell hypertrophy/hyperplasia) in F1 generation adult male and/or female rats at 14 mg/kg/day in the two-generation reproduction toxicity study (NOAEL = 8.3 mg/kg/day from combined chronic/carcinogenicity study). The incidental oral exposure scenario is based on thyroid follicular cell hypertrophy, increased thyroid weights, and alterations in thyroid hormone homeostasis at 27 mg/kg/day in the subchronic oral toxicity study in rats (NOAEL = 7 mg/kg/day). The 28-day inhalation toxicity study in rats was selected to evaluate short- and intermediate term inhalation exposure scenarios. No effects were observed up to the highest dose tested, including thyroid effects (0.1 mg/L); however, this study was selected to protect for potential effects above 0.1 mg/L.

The LOC for chronic dietary, incidental oral, and inhalation exposures is 30 (3X for interspecies extrapolation, 10X for intraspecies extrapolation, and 1X for FQPA SF [pending HASPOC]). For chronic dietary and incidental oral exposures, the UF<sub>A</sub> (interspecies uncertainty factor) can be reduced from 10X to 3X since the effects observed at the LOAEL are based only on thyroid effects on adult animals. For inhalation exposures, the UF<sub>A</sub> can be reduced from 10X to 3X since the RfC methodology takes into consideration the pharmacokinetic (PK) differences, but not the pharmacodynamic (PD) differences between animals and humans.

A refined chronic dietary (food and drinking water) exposure assessment was conducted assuming a combination of tolerance-level residues, average field trial residues, mean residue values from the USDA Pesticide Data Program (PDP), empirical processing factors and/or HED's default processing factors and assumed 100 percent crop treated (CT). The chronic dietary exposure estimate was 3% of the chronic population adjusted dose (cPAD) for the most highly exposed population subgroup, children 1-2 years of age (Appendix B, Table B.1).

Residential handler inhalation margins of exposure (MOEs) were not of concern and range from 46,000 to 76,000 (LOC = 30) (Appendix C, Table C.1). Residential post-application incidental oral MOEs for children 1 to <2 years old were not of concern and range from 1,200 to 670,000 (LOC = 30) (Appendix C, Table C.2.). Non-occupational spray drift hand-to-mouth incidental oral MOEs at field edge were not of concern with a range 4,500 to 19,000 (LOC = 30) (Appendix C, Table C.3.). With label-required attire and PPE, occupational handler inhalation MOEs were not of concern (LOC = 30). For mixers/loaders scenarios of all registered formulations, MOEs range from 1,100 to 4,700,000. For applicator scenarios, MOEs range from 1,500,000 to 320,000,000,000. For flagger scenarios, MOEs range from 130,000 to 170,000. For mixer/loader/applicator scenarios, MOEs range from 560 to 1,200,000. For loader/applicator scenarios, MOEs range from 230,000 to 1,100,000. See Appendix C, Table C.4 for more details. Seed treatment inhalation MOEs range from 88 to 590,000 (see Table C.5).

**Based on a weight-of-evidence (WOE) approach, HASPOC recommends that a CTA not be conducted at this time for cyantraniliprole.** This approach considered all of the available hazard and exposure information for cyantraniliprole including: 1) while thyroid toxicity is observed in the rat studies in the cyantraniliprole database, clear NOAELs have been established; 2) the highest current dietary exposure estimates account for 3% of the cPAD and are not of concern; 3) residential handler inhalation MOEs range from 46,000 to 76,000 and are not of concern (LOC = 30); 4) residential post-application incidental oral MOEs for children 1 to <2 years old range from 1,200 to 670,000 and are not of concern

(LOC = 30); 5) non-occupational spray drift exposure incidental oral MOEs for children 1 to <2 years old range from 4,500 to 19,000 and are not of concern (LOC = 30); 6) occupational exposure MOEs range from 560 to 320,000,000,000 and are not of concern (LOC = 30); and 7) even though 5 seed treatment inhalation MOEs are below 300 (10X LOC), there is low concern because adverse effects (including thyroid) were not observed in the inhalation study and based on the animal equivalent dose of 26.4 mg/kg/day for no observed adverse effect concentration, thyroid effects via oral exposures are protective of inhalation exposures.

### **IV. HASPOC CONCLUSIONS**

Based on a WOE approach, considering all the available hazard and exposure data for cyantraniliprole, the HASPOC recommends that the comparative thyroid assay for cyantraniliprole not be conducted at this time. These recommendations may be revisited if the toxicological database, use patterns, or exposure patterns for cyantraniliprole change in the future.

# V. APPENDIX A



a Point of departure (POD) = A data point or an estimated point that is derived from observed dose-response data and used to mark the beginning of extrapolation to determine risk associated with lower environmentally relevant human exposures. NOAEL = no-observed adverse-effect level. LOAEL = lowest-observed adverse-effect level. UF = uncertainty factor. UFA = extrapolation from animal to human (interspecies). UFH = potential variation in sensitivity among members of the human population (intraspecies). FQPA SF = FQPA Safety Factor. PAD = population-adjusted dose (a = acute, c = chronic). RfD = reference dose. MOE = margin of exposure. LOC = level of concern.

<sup>b</sup> The magnitude of the UFs applied is dependent on the methodology used to calculate risk. The RfC methodology takes into consideration the pharmacokinetic (PK) differences, but not the pharmacodynamic (PD) differences. Consequently, the UF for interspecies extrapolation may be reduced to 3X (to account for the PD differences).



























## **VI. APPENDIX B**



\* The population subgroup with the highest risk estimates is **bolded**.

### **VII. APPENDIX C**





<sup>1</sup> Based on maximum application rates from EPA Reg. No. 100-1423.

<sup>2</sup> Based on HED's 2012 Residential SOPs: Gardens and Trees (http://www.epa.gov/pesticides/science/residential-expsoure-sop.html).

<sup>3</sup> Inhalation Dose = Inhalation Unit Exposure (mg/lb ai) × Application Rate (lb ai/ft<sup>2</sup> or lb ai/gal) × Amount Handled (ft<sup>2</sup>/day or gal/day) ÷ BW (80 kg adult).

<sup>4</sup> Inhalation MOE = Inhalation HED (6.6 mg/kg/day) ÷ Inhalation Dose (mg/kg/day).



<sup>1</sup> Based on maximum application rates from EPA Reg. No. 100-1551.

<sup>2</sup> Incidental Oral Dose = Exposure (mg/day) ÷ BW (11 kg for children 1 to <2).

<sup>3</sup> Incidental Oral MOE = Incidental Oral POD (7 mg/kg/day) ÷ Incidental Oral Dose (mg/kg/day).

















┍

┑



┍

┑







Link to table C.5 Cyantraniliprole USEPA-OPP-HED Seed Treatment and Planting Exposure March2022

### **VIII. APPENDIX D**



All tables are based on the most up-to-date information available at the time of the HASPOC meeting and are subject to change.