Goossens, A.: 'Dermatologically tested' baby toilet tissues: a cause of allergic contact dermatitis in adults. *Contact Dermatitis*, **57**, 97–99 (2007)
17) Hogan, D.J.: Allergic contact dermatitis (ACD) to methylchloroisothiazolinone (MCI) and methylisothiazolinone (MI) in a flushable moist wipe [abstract]. *Dermatitis*, **20**, 229 (2009)
18) Bregnbak, D. and Johansen, J.D.: Airborne sensitization to isothiazolinones observed in a 3-month-old boy. *Contact Dermatitis*, **69**, 55–56 (2013)
19) Vanneste, L., Persson, L., Zimerson, E., Bruze, M., Luyckx, R. and Goossens, A.: Allergic contact dermatitis caused by methylisothiazolinone from different sources, including 'mislabelled' household wet wipes. *Contact Dermatitis*, **69**, 311–312 (2013)
20) Natkunarajah, J., Osborne, V. and Holden, C.: Allergic contact dermatitis to iodopropynyl butylcarbamate found in a cosmetic cleansing wipe. *Contact Dermatitis*, **58**, 316–317 (2008)
21) Japanese Industrial Standard Committee: JIS K 0124:2011, General rules for high performance liquid chromatography. (2011)
22) Nakamura, M.: Quality assurance and quality control of instrumental analysis. pp66–83, "Analytical methods for pesticides and other organic compounds by GC/MS and LC/MS" Edited by Kobayashi, H. and Nakamura, K., Soft Science, Tokyo (2008) (in Japanese)
23) The Dow Chemical Company: KATHON™ CG, http://www.dow.com/assets/attachments/business/pcare/kathon_for_personal_care/kathon_cg/tds/kathon_cg.pdf
24) The Dow Chemical Company: KORAKONE™ B-119, http://www.dow.com/assets/attachments/business/biocides/koralone/koralone_b-119/tds/koralone_b-119.pdf
25) Nagasechemtex: NS-BP, http://www.nagasechemtex.co.jp/products/NS-BP.pdf. (in Japanese)
26) Cosmetics Europe: Cosmetics Europe Recommendation on MIT, https://www.cosmeticseurope.eu/news-a-events/news/647-cosmetics-europe-recommendation-on-mit.html
27) European Union (EU): Regulation (EC) No 1223/2009 of the European parliament and of the council of 30 November 2009 on cosmetic products. *Off. J. Eur. Union*, L **342**, 59–209 (2009)
28) Cosmetics.info: Methylisothiazolinone and Methylchloroisothiazolinone, http://cosmeticsinfo.org/ingredient/methylisothiazolinone-and-methylchloroisothiazolinone
29) Ministry of Health, Labour and Welfare, Japan: Notification No.311 (29 September. 2000), http://www.mhlw.go.jp/bunya/iyakuhin/keshouhin/dl/keshouhin-a.pdf (in Japanese)
30) Podmore, P.: Occupational allergic contact dermatitis from both 2-bromo-2-nitoropropane-1,3-diol and methylchloroisothiazolinone plus methylisothiazzolinone in spin finish. *Contact Dermatitis*, **43**, 45 (2000)
31) Peters, M.S., Connolly, S.M. and Schroeter, A.L.: Bronopol allergic contact dermatitis. *Contact Dermatitis*, **9**, 397–401 (1983)
32) Frosch, P.J., White, I.R., Rycroft, R.J.G., Lahti, A., Burrows, D., Camarasa, J.G., Ducombs, G. and Wilkinson, J.D.: Contact allergy to bronopol. *Contact Dermatitis*, **22**, 24–26 (1990)
33) Martin-Gorgojo, A. and Johansen, J.-D.: Contact dermatitis caused by iodopropynyl butylcarbamate in Denmark. *Contact Dermatitis*, **69**, 78–85 (2013)
34) Davis, R.F. and Johnston, G.A.: Iodopropynyl butylcarbamate contact allergy from wood preservative. *Contact Dermatitis*, **56**, 112 (2007)
35) Nakashima, H., Matsunaga, I., Miyano, N. and Kitagawa, M.: Determination of organoiodine antimicrobial ingredients in commercially available antimicrobial/deodorant agents. *J. Health Sci.*, **46**, 459–466 (2000)
36) Bryld, L.E., Agner, T. and Menné,T.: Allergic contact dermatitis from 3-iodo-2-propynyl-butylcarbamate (IPBC) - an update. *Contact Dermatitis*, **44**, 276–278 (2001)
37) Ministry of Health, Labour and Welfare, Japan: Yakusyokushinsahatsu No.0327004, http://www.pmda.go.jp/operations/shonin/info/iyakubugai/file/0327004.pdf (in Japanese)
38) Erdmann, S.M., Sachs, B. and Merk, H.F.: Allergic contact dermatitis due to methyldibromo glutaronitrile in Euxyl K 400 in an ultrasonic gel. *Contact Dermatitis*, **44**, 57–58 (2001)

Fundamental Toxicological Sciences (Fundam. Toxicol. Sci.)
Vol.2, No.4, 177-190, 2015

Original Article

Repeated dose and reproductive/developmental toxicity of long-chain perfluoroalkyl carboxylic acids in rats: perfluorohexadecanoic acid and perfluorotetradecanoic acid

Mutsuko Hirata-Koizumi[1], Sakiko Fujii[2], Kato Hina[1], Mariko Matsumoto[1], Mika Takahashi[1], Atsushi Ono[1] and Akihiko Hirose[1]

[1]Division of Risk Assessment, Biological Safety Research Center, National Institute of Health Sciences, 1-18-1 Kamiyoga, Setagaya-ku, Tokyo 158-8501, Japan
[2]Safety Research Institute for Chemical Compounds Co., Ltd., 363-24 Sin-ei, Kiyota-ku, Sapporo, Hokkaido 004-0839, Japan

(Received August 27, 2015; Accepted September 2, 2015)

ABSTRACT — Perfluoroalkyl carboxylic acids (PFCAs) are global environmental contaminants that are the cause of concern due to their possible effects on wildlife and human health. Since few studies have investigated the toxicity of long-chain PFCAs, we have performed combined repeated dose toxicity studies with the reproduction/developmental toxicity screening tests. We previously examined perfluoroundecanoic acid (C11), perfluorododecanoic acid (C12), and perfluorooctadecanoic acid (C18). We herein reported our results for perfluorotetradecanoic acid (PFTeDA; C14) and perfluorohexadecanoic acid (PFHxDA: C16). Male and female rats were administered PFTeDA at 1, 3 or 10 mg/kg/day or PFHxDA at 4, 20 or 100 mg/kg/day by gavage, and each female was then mated with a male in the same dose group after 14 days. Males were dosed for a total of 42 days and females were dosed throughout the gestation period until day 5 after parturition. PFTeDA and PFHxDA caused hepatocyte hypertrophy and/or fatty changes in the liver at the middle and high doses. PFTeDA also induced follicular cell hypertrophy in the thyroid at the middle and high doses. The only reproductive/developmental effect observed was an inhibited postnatal body weight gain in pups in the 10 mg/kg/day PFTeDA group. Based on these results, the NOAELs for the repeated dose and reproductive/developmental toxicity were concluded to be 1 and 3 mg/kg/day for PFTeDA and 4 and 100 mg/kg/day for PFHxDA, respectively. Our current and previous results indicate that the toxicity of PFCAs decreases with increases in the carbon chain length from 12 to 18.

Key words: Perfluoroalkyl carboxylic acids, Perfluorotetradecanoic acid, Perfluorohexadecanoic acid, Repeated dose toxicity, Reproductive and developmental toxicity, Rat

INTRODUCTION

A large number of chemicals are industrially produced and used without appropriate evaluations of their potential hazards to human health. The toxicity of these chemicals is continuously assessed in Japan by safety programmes for existing chemicals. These programmes have recently targeted perfluoroalkyl carboxylic acids (PFCAs) with carbon chain lengths of 11 to 18.

PFCAs are global environmental contaminants that are the cause of concern due to their possible effects on human health (Hekster *et al.*, 2003; Lau *et al.*, 2007; Post *et al.*, 2012). Although extensive toxicological research has been performed, especially on perfluorooctanoic acid (PFOA), which has a carbon chain length of 8, few studies have examined the toxicity of PFCAs with a carbon chain length of 11 and higher. Combined repeated dose toxicity studies with the reproduction/developmental toxicity screening tests (combined studies) have been conducted by Japanese safety programmes for existing chemicals in order to obtain initial toxicological information on such long-chain PFCAs.

We have reported our findings in combined studies on perfluoroundecanoic acid (PFUnA, C11), perfluorododecanoic acid (PFDoA, C12) and perfluorooctadecanoic acid (PFOcDA, C18) (Hirata-Koizumi *et al.*, 2012; Kato

Correspondence: Akihiko Hirose (E-mail: hirose@nihs.go.jp)

et al., in press; Takahashi *et al.*, 2014). We showed that the main toxic target of these long-chain PFCAs was the liver, but they also affected reproduction/development at the higher doses. Based on these findings, the NOAELs were concluded to be 0.1 mg/kg/day for PFUnA (C11) and PFDoA (C12) and 40 mg/kg/day for PFOcDA (C18). The value of NOAEL for repeated dose toxicity of PFOcDA (C18) was much higher than those of PFUnA (C11) and PFDoA (C12). The present study described the results obtained from combined studies on perfluorotetradecanoic acid (PFTeDA, C14, CAS No. 376-06-7) and perfluorohexadecanoic acid (PFHxDA, C16, CAS No. 67905-19-5), whose carbon lengths are in between previously reported substances. In this paper, we discuss the toxicity of PFCAs in terms of their carbon chain length.

MATERIALS AND METHODS

Combined repeated dose toxicity studies with the reproduction/developmental toxicity screening tests were performed on PFTeDA and PFHxDA at the Safety Research Institute for Chemical Compounds Co., Ltd. (Sapporo, Japan), according to the OECD guidelines for testing chemicals No. 422 under good laboratory practice (GLP) standards.

Chemicals and treatment

PFTeDA (lot No. 3728, purity: 96.5%) and PFHxDA (lot No. 1262, purity: 95.3%) were obtained from Exfluor Research Corporation (Round Rock, TX, USA). They were suspended in a 0.5% water solution of carboxymethylcellulose sodium, and administered by gavage. The homogeneity of test substances in the dosing solution and their stability until they were administered was confirmed before the start of the study. A separate control group was used for each chemical evaluation, and the control rats received vehicle only. The daily volume administered was 10 mL/kg, which was calculated based on the latest body weight. Dose levels were determined to be 1, 3, and 10 mg/kg/day or PFTeDA and 4, 20, and 100 mg/kg/day for PFHxDA based on the results of 14-day dose finding studies.

Animals and housing conditions

Eight-week-old male and female Crl:CD(SD) rats were purchased from Charles River Laboratories Japan, Inc. (Yokohama, Japan). This species and strain was selected because its reproductive performance is stable and sufficient historical data was available on this strain at the laboratory.

Following quarantine and acclimation periods, the animals were subjected to oral administration of PFTeDA or PFHxDA at 10 weeks of age. They were housed individually, except for the mating and lactation periods, in bracket-type metallic cages with a wire-mesh floor, and maintained in an air-conditioned room with controlled temperature (22 ± 3°C) and humidity (50 ± 20%). Light was provided on a 12-hr light/dark cycle (light: 8:00-20:00). All animals were fed *ad libitum* with a standard rat diet (CRF-1; Oriental Yeast Co., Ltd., Tokyo, Japan) and tap water. Pregnant females were reared using wood chips as bedding from day 17 of gestation to day 4 after delivery.

The present study protocols were approved by the Ethical Committee for animal experiments in the Safety Research Institute for Chemical Compounds Co., Ltd., and performed in accordance with the standard operational procedure contained in the Institutional Ethical Code for Animal Experiments. The use and care of animals complied with the Act on Welfare and Management of Animals (Japanese Animal Welfare Law, Act No. 105 of October 1, 1973. As amended up to Act No. 50 of June 2, 2006), Standards Relating to the Care, Management of Laboratory Animals and, Relief of Pain (Announcement No. 88 of Ministry of the Environment, Japan, dated April 28, 2006) and Guidelines for Animal Experimentation (Japanese Association for Laboratory Animal Science, dated May 22, 1987).

Study design

Male rats (12 animals/dose) were administered PFTeDA or PFHxDA for 14 days and then cohabited with females. This administration of PFTeDA or PFHxDA was continued during and after the mating period, and seven males in the control and high dose groups and all of animals in the low and middle dose groups were euthanized after a 42-day administration (main group). The remaining rats were maintained without the administration of PFTeDA or PFHxDA for 14 days after a 42-day administration and then euthanized for examination (recovery group).

Female rats were assigned to the main group or recovery group before PFTeDA and PFHxDA were administered. The number of females was 12 per dose in the main group, and PFTeDA or PFHxDA was administered for 14 days before mating, and continued throughout the mating, gestation, and lactation periods up to 5 days after parturition. In the recovery group, 5 females/dose (vehicle control and high dose only) were administered for 42 days without mating and euthanized after the 14-day recovery period.

Repeated dose toxicity evaluation

All animals were observed twice daily for general appearance and behavior. Detailed clinical observations, including evaluations in the home cage, during handling and outside the home cage in an open field, were also conducted using a standardized scoring system once a week. Body weight and food consumption was measured at regular intervals (at least once a week).

Males and females in the recovery group were subjected to urinalysis and functional observations in the sixth week of the administration period and second week of the recovery period. Functional observations were also performed for females in the main group on day 4 of lactation. The parameters examined were as follows:

- Functional observations: sensory reactivity to visual, tactile, auditory, pain, and proprioceptive stimuli, mid-air righting reflex, forelimb and hindlimb grip strength, and spontaneous motor activity
- Urinalysis: pH, protein, glucose, ketone body, urobilinogen, bilirubin, occult blood, color, urine volume, and specific gravity

The effects of the administration of PFTeDA and PFHxDA on hematology, blood biochemistry, organ weight, and histopathology were examined on the day after the final administration in the main group and after the completion of the recovery period in the recovery group. Serum thyroid-related hormone levels were also analyzed in the study on PFHxDA because changes were observed in thyroid weight.

The surviving rats were anesthetized deeply after 16- to 22-hr of starvation, and blood samples were collected from the abdominal aorta. The animals were then euthanized by exsanguination, and the organs and tissues of the entire body were examined macroscopically. The major organs were isolated and weighed, and organ weight per body weight (relative weight) was calculated. The eyeball and Harderian gland were fixed and preserved with Davidson's fixative solution. The testis and epididymis were fixed with Bouin's solution and preserved in 70% ethanol. The other organs were stored in 10% neutral-buffered formalin. All preserved organs in the control and high dose groups were sectioned, stained with hematoxylin-eosin, and examined under a light microscope. If treatment-related histopathological changes were found, the same tissues were examined in the low and middle dose groups. The parameters and organs examined were as follows:

- Hematology: red blood cell count, hematocrit, hemoglobin concentration, mean corpuscular volume, mean corpuscular hemoglobin, mean corpuscular hemoglobin concentration, reticulocyte count, platelet count, white blood cell count, differential count of white blood cells, prothrombin time (PT), and activated partial thromboplastin time (APTT)
- Blood biochemistry: total protein, albumin, albumin/globulin ratio, protein fraction ratio, glucose, total cholesterol, triglyceride, total bilirubin, urea nitrogen (BUN), creatinine, aspartate aminotransferase, alanine aminotransferase, alkaline phosphatase (ALP), γ-glutamyltranspeptidase, calcium, inorganic phosphorus (IP), sodium (Na), potassium, and chlorine (Cl)
- Hormonalysis (only in the study on PFHxDA): triiodothyronine (T_3), thyroxine (T_4), and thyroid-stimulating hormone (TSH)
- Organ weight: the brain, pituitary gland, thyroid, heart, liver, spleen, kidney, adrenal gland, thymus, testis, epididymis, prostate gland, seminal vesicle, and ovary
- Histopathology: the brain, spinal cord, pituitary gland, thymus, thyroid, adrenal gland, spleen, heart, esophagus, stomach, liver, pancreas, duodenum, jejunum, ileum, cecum, colon, rectum, trachea, lung, kidney, bladder, testis, epididymis, prostate, seminal vesicle, ovary, uterus, eyeball, Harderian gland, mammary gland, femur, mesenteric and mandibular lymph nodes, sciatic nerve, and grossly abnormal tissues

Reproductive/developmental toxicity evaluation

The estrous cyclicity was evaluated daily by vaginal lavage sampling from the first day of the administration period until evidence of copulation was detected in the main group and until the necropsy day in the recovery group. Females having repeated 4-6 day estrous cycles were judged to have normal estrous cycles.

During the mating period, males and females randomly selected from the same dose group were cohabited on a 1:1 basis until successful copulation occurred for a maximum of 14 days. The presence of sperm in the vaginal smear and/or a vaginal plug was considered to be evidence of successful mating. The day of successful mating was designated as day 0 of gestation. Successfully cohabited females were allowed to spontaneously deliver and nurse their pups until the end of the study. They were checked at least three times daily on days 21-25 of gestation, and the day on which dams held their pups under the abdomen in the nest by 9:00 was designated as day 0 of lactation or postnatal day (PND) 0. Gestational length was recorded, and the following indices were computed for each dose group.

$$\text{Copulation index (\%)} = \frac{\text{Number of animals with successful copulation}}{\text{Number of animals cohabited}} \times 100$$

$$\text{Fertility index (\%)} = \frac{\text{Number of pregnant females}}{\text{Number of pairs with successful copulation}} \times 100$$

$$\text{Gestation index (\%)} = \frac{\text{Number of females with live pups}}{\text{Number of pregnant females}} \times 100$$

All live and dead pups born were counted, and live pups were sexed and examined grossly on PND 0. They were observed daily for general appearance and behavior, and the body weight of live pups was recorded on PNDs 0, 1, and 4. On PND 4, the pups were euthanized and subjected to a gross external and internal observation. At necropsy of maternal animals, the numbers of corpora lutea in the ovary and implantation sites in the uterus were recorded.

Statistical analysis

Parametric data were evaluated by Bartlett's test for the homogeneity of variances. The neonatal sex ratio and body weights of male and female pups were analyzed using the litter as the experimental unit. When homogeneity was recognized, a one-way analysis of variance was applied. If a significant difference was found, Dunnett's test was used for pairwise comparisons between the control and individual treatment groups. Data without homogeneity were subjected to the Kruskal-Wallis test, and if significant differences were detected, the Mann-Whitney U test was used to compare PFTeDA- or PFHxDA-treated groups with the correspondent control group.

The results of the detailed clinical and functional observations, qualitative parameters of urinalysis, specific gravity of urine, and histopathological findings with multiple grades were evaluated for the trend in each group by the Kruskal-Wallis test. When significant differences were found, data were compared between the control and each dosage group using the Mann-Whitney U test. The incidence of females with normal estrous cycles, copulation, fertility, and gestation indices, and histopathological findings with a single grade were analyzed using the chi-square test or Fisher's exact test.

RESULTS

Perfluorotetradecanoic acid (PFTeDA; C14)

Repeated dose toxicity

No treatment-related abnormalities were observed in general appearance or behavior throughout the administration and recovery periods. In the 10 mg/kg/day group, the body weights of male rats were significantly lower than those in the control group on days 7 and 14 of the recovery period (Fig. 1). Although similar results were observed in the female recovery group, significant differences were not observed from the control. Body weights in the female main group were significantly lower on day 4 of the lactation period at 3 mg/kg/day and during the lactation period at 10 mg/kg/day. A significant decrease in food consumption was only found in females given

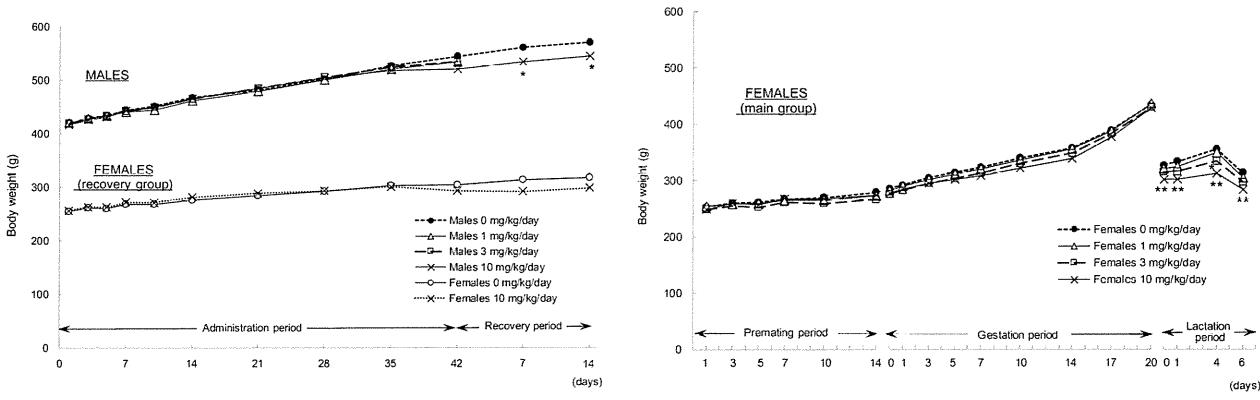

Fig. 1. Body weight changes in the combined repeated dose toxicity study with the reproduction/developmental toxicity screening test for PFTeDA in rats. *: Significantly different from the control, $P \leq 0.05$. **: Significantly different from the control, $P \leq 0.01$.

10 mg PFTeDA/kg/day in the main group on days 5 and 10 of gestation and on day 4 of lactation (data not shown).

At the end of the administration period, the hindlimb grip strength of male rats decreased in a dose-dependent manner, and a significant difference from the control was found in the 3 and 10 mg/kg/day groups (Fig. 2). No significant changes were observed in grip strength in males of the recovery group or in females. Furthermore, no significant differences were observed in urinalysis parameters between the PFTeDA-treated and control groups, either at the end of the administration period or at the end of the recovery period (data not shown).

In the main group, the only significant effect observed on hematology was a shortening in APTT in males given 10 mg PFTeDA/kg/day (Table 1). Blood biochemical examinations showed significant decreases in total protein in males and the β-globulin fraction in both sexes at 10 mg/kg/day (Table 1). Significant increases were also observed in ALP and BUN in males and Cl in females in the 10 mg/kg/day group. Absolute and relative liver weights were significantly increased at 3 and 10 mg/kg/day in males (Table 1). A significant increase in the relative liver weight was also found in females at 10 mg/kg/day. In males, the absolute weight of the pituitary gland was significantly decreased at 3 and 10 mg/kg/day and the relative weight was also significantly decreased at 3 mg/kg/day. The absolute weight of the seminal vesicle was significantly decreased at all doses.

Histopathologically, centrilobular hepatocyte hypertrophy was observed in males at 3 and 10 mg/kg/day and in females at 10 mg/kg/day (Table 2). Microgranulomas were noted in the liver of both sexes in all groups containing the control; however, the extent of these was significantly higher in females given 10 mg PFTeDA/kg/day. Focal necrosis was detected in the liver of one female given 10 mg PFTeDA/kg/day. Follicular cell hypertrophy was observed in the thyroids of males at 3 and 10 mg/kg/day. In females, the incidences of decreases in extramedullary hematopoiesis in the spleen and cortex atrophy in the thymus were significantly increased at 10 mg/kg/day. No treatment-related changes were detected in histopathology in other organs, including the pituitary gland and seminal vesicle.

In the recovery group, the hemoglobin concentration and hematocrit value were significantly decreased, and PT was significantly shortened in females in the 10 mg/kg/day group (Table 1). Significant increases were also observed in ALP and IP and decreases in triglyceride levels in males, as well as a significant decrease in total cholesterol and increase in BUN in females in the 10 mg/kg/day group. In this group, the absolute and/or relative liver weights were significantly increased, and histopathologically, centrilobular hypertrophy of hepatocytes, diffuse hypertrophy of hepatocytes or diffuse fatty change was found in the liver (Table 2). Hypertrophy of follicular cells was observed in the thyroids of two males in the 10 mg/kg/day group.

Reproductive/developmental toxicity

Reproductive/developmental results are summarized in Table 3. No significant changes were found in reproduc-

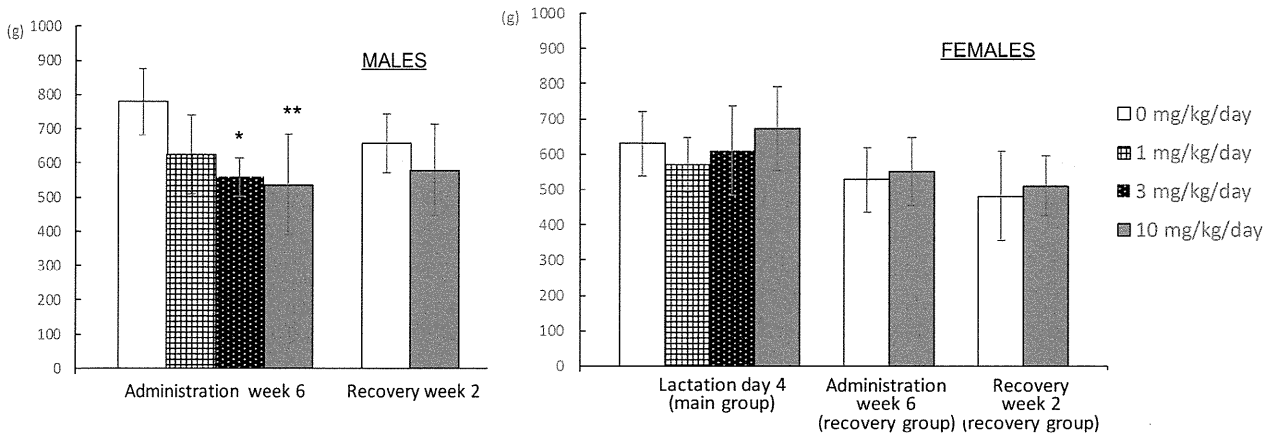

Fig. 2. The hindlimb grip strength of male and female rats in the combined repeated dose toxicity study with the reproduction/developmental toxicity screening test for PFTeDA. *: Significantly different from the control, $P \leq 0.05$. **: Significantly different from the control, $P \leq 0.01$.

Table 1. Significant changes in hematological and blood biochemical parameters and organ weights in rats given PFTeDA.

Dose (mg/kg/day)	At the end of the administration period (Main group)				At the end of the recovery period (Recovery group)	
	0	1	3	10	0	10
MALES						
Hematology						
Hemoglobin (g/dL)	15.78 ± 0.61	16.00 ± 0.85	15.90 ± 0.55	15.98 ± 0.77	16.42 ± 0.38	15.88 ± 0.61
Hematocrit (%)	44.86 ± 2.02	45.26 ± 2.10	44.80 ± 1.81	45.16 ± 2.38	46.16 ± 1.04	45.50 ± 1.99
PT (sec)	21.56 ± 6.33	22.46 ± 0.78	22.74 ± 2.34	21.78 ± 4.27	20.10 ± 3.33	21.14 ± 1.62
APTT (sec)	27.42 ± 3.61	28.18 ± 1.36	26.42 ± 1.97	23.62 ± 1.28*	25.78 ± 2.34	24.68 ± 3.86
Blood biochemistry						
Total protein (g/dL)	5.74 ± 0.19	5.66 ± 0.21	5.78 ± 0.30	5.26 ± 0.11**	5.80 ± 0.12	5.52 ± 0.34
β-Globulin fraction of protein (%)	17.12 ± 0.91	16.14 ± 0.80	16.24 ± 0.57	15.68 ± 0.99*	16.40 ± 0.72	16.36 ± 0.51
ALP (IU/L)	363.2 ± 81.5	352.6 ± 113.1	355.0 ± 51.8	520.8 ± 75.6*	334.2 ± 51.7	470.4 ± 67.3**
Triglyceride (mg/dL)	36.0 ± 9.4	50.4 ± 22.1	46.4 ± 17.1	21.8 ± 6.3	59.2 ± 14.2	31.8 ± 8.9**
Total cholesterol (mg/dL)	60.0 ± 9.9	53.8 ± 6.0	44.0 ± 11.2	50.8 ± 14.7	63.8 ± 18.9	50.6 ± 10.7
BUN (mg/dL)	14.26 ± 1.43	14.02 ± 1.47	16.00 ± 1.71	19.88 ± 1.99**	14.82 ± 1.04	16.20 ± 2.11
Cl (mEq/L)	106.8 ± 1.3	107.4 ± 1.8	107.0 ± 0.7	108.4 ± 2.3	105.4 ± 1.1	106.6 ± 1.1
IP (mg/dL)	6.36 ± 0.47	6.04 ± 0.50	6.42 ± 0.60	6.98 ± 0.44	6.20 ± 0.33	6.68 ± 0.29*
Organ weight						
Liver (g)	11.95 ± 1.53	12.09 ± 0.73	14.52 ± 1.82*	15.21 ± 0.53**	13.09 ± 0.95	16.41 ± 0.48**
(%)	2.41 ± 0.11	2.49 ± 0.12	2.87 ± 0.23**	3.25 ± 0.07**	2.43 ± 0.15	3.18 ± 0.16**
Pituitary gland (mg)	13.20 ± 0.74	13.06 ± 1.17	11.18 ± 0.87*	11.48 ± 1.07*	13.10 ± 2.46	13.70 ± 1.04
(10^{-3}%)	2.69 ± 0.28	2.69 ± 0.26	2.22 ± 0.21*	2.46 ± 0.28	2.43 ± 0.44	2.65 ± 0.21
Seminal vesicle (g)	2.53 ± 0.51	2.00 ± 0.19*	2.01 ± 0.29*	1.91 ± 0.15*	2.18 ± 0.12	2.14 ± 0.42
(%)	0.512 ± 0.102	0.412 ± 0.035	0.402 ± 0.077	0.408 ± 0.023	0.402 ± 0.029	0.414 ± 0.074
FEMALES						
Hematology						
Hemoglobin (g/dL)	15.14 ± 0.40	14.68 ± 0.70	15.02 ± 0.87	15.50 ± 0.60	15.68 ± 0.62	14.46 ± 0.68*
Hematocrit (%)	43.94 ± 2.17	43.24 ± 2.58	44.26 ± 2.83	44.94 ± 1.48	44.34 ± 1.67	40.90 ± 1.95*
PT (sec)	18.78 ± 0.93	17.60 ± 1.04	17.76 ± 0.47	17.52 ± 1.32	17.26 ± 0.50	16.12 ± 0.87*
APTT (sec)	19.00 ± 0.46	19.54 ± 0.52	19.88 ± 0.60	19.44 ± 0.75	18.28 ± 1.30	19.48 ± 1.03
Blood biochemistry						
Total protein (g/dL)	6.30 ± 0.22	6.52 ± 0.25	6.40 ± 0.23	6.12 ± 0.44	6.46 ± 0.32	6.30 ± 0.28
β-Globulin fraction of protein (%)	18.32 ± 0.54	17.32 ± 1.15	17.56 ± 0.98	15.90 ± 0.92**	14.86 ± 0.98	14.54 ± 0.48
ALP (IU/L)	196.8 ± 54.0	174.0 ± 33.7	177.8 ± 51.3	236.0 ± 32.1	177.6 ± 51.8	234.2 ± 72.9
Triglyceride (mg/dL)	49.6 ± 29.2	43.0 ± 10.9	47.6 ± 13.9	29.2 ± 18.0	15.8 ± 7.7	18.8 ± 16.5
Total cholesterol (mg/dL)	68.8 ± 12.2	63.0 ± 14.5	57.2 ± 10.9	51.2 ± 15.4	75.8 ± 11.6	56.6 ± 10.6*
BUN (mg/dL)	25.58 ± 2.73	24.08 ± 2.27	23.80 ± 3.17	30.44 ± 4.18	15.00 ± 1.60	20.24 ± 4.60*
Cl (mEq/L)	102.6 ± 2.3	103.8 ± 0.8	105.0 ± 1.6	105.8 ± 0.8*	108.4 ± 2.2	107.4 ± 1.1
IP (mg/dL)	9.08 ± 0.91	8.86 ± 0.79	8.20 ± 0.45	8.30 ± 0.60	4.70 ± 0.85	5.64 ± 0.61
Organ weight						
Liver (g)	10.14 ± 0.75	10.96 ± 1.13	10.17 ± 0.19	10.44 ± 0.89	7.18 ± 0.69	7.90 ± 1.07
(%)	3.33 ± 0.17	3.49 ± 0.21	3.42 ± 0.16	3.70 ± 0.29*	2.40 ± 0.27	2.83 ± 0.27*
Pituitary gland (mg)	16.26 ± 2.43	17.44 ± 1.80	16.54 ± 0.93	15.82 ± 2.99	16.32 ± 2.29	18.06 ± 3.75
(10^{-3}%)	5.37 ± 0.97	5.58 ± 0.62	5.56 ± 0.24	5.67 ± 1.37	5.44 ± 0.63	6.42 ± 1.04

Data are shown as the mean ± S.D.

*: Significantly different from the control group at $P \leq 0.05$.

**: Significantly different from the control group at $P \leq 0.01$.

Table 2. Histopathological findings in the combined repeated dose toxicity study with reproduction/developmental toxicity screening test for PFTeDA in rats.

Dose (mg/kg/day)		At the end of the administration period (Main group)				At the end of the recovery period (Recovery group)	
		0	1	3	10	0	10
MALES							
Number of examined animals		7	12	12	7	5	5
Liver							
- Centrilobular hypertrophy of hepatocytes	+	0	0	6 ┐*	0 ┐**	0	2 ┐**
	++	0	0	2 ┘*	7 ┘**	0	3 ┘**
- Microgranuloma	+	4	10	6	1	3	4
- Diffuse fatty change	+	0	0	0	0	0	2
Thyroid							
- Hypertrophy of follicular cells	+	0	0	4	4	0	2
FEMALES							
Number of examined animals		12	12	12	12	5	5
Liver							
- Centrilobular hypertrophy of hepatocytes	+	0	0	0	9**	0	2
- Diffuse hypertrophy of hepatocytes	+	0	0	0	0 ┐**	0	2
- Microgranuloma	+	6	9	8	3 ┘**	4	1
	++	0	0	0	7	0	3
- Focal necrosis	+	0	0	0	1	0	0
Spleen							
- Decrease in extramedullary hematopoiesis	+	2	0	2	8*	0	0
Thymus							
- Cortex atrophy	+	1	2	1	8**	0	0

Values represent the number of animals with findings.
+: Slight change, ++: moderate change
*: Significantly different from the control group at $P \leq 0.05$.
**: Significantly different from the control group at $P \leq 0.01$.
Brackets in the data columns mean that statistical analysis was performed for a total number of animals with findings in consideration of grades.

tive parameters, including estrous cyclicity, the copulation index, fertility index, gestation index or gestation length. No significant differences were observed in the number of corpora lutea, implantation sites, delivered pups, or live pups on PNDs 0 and 4, or in the sex ratio of live pups between the PFTeDA-treated and control groups. In the 10 mg/kg/day group, the body weights of male and female pups were significantly lower on PNDs 1 and 4. There were no abnormalities in the general appearance or necropsy findings of neonates.

Perfluorohexadecanoic acid (PFHxDA: C16)

Repeated dose toxicity

No treatment-related clinical signs of toxicity were observed throughout the study. The body weights of males in the 100 mg/kg/day group were significantly lower than those of the control on days 35 and 42 of the administration period (Fig. 3). Such effects on body weight were not detected in the females. Food consumption was significantly reduced on day 14 of the recovery period in males given 100 mg PFHxDA/kg/day, on days 5-14 of the gestation period, and on day 4 of the lactation period in females given 100 mg PFHxDA/kg/day in the main group (data not shown).

A functional observation at the end of the administration period revealed no significant changes in any of the PFHxDA-treated groups, but a significant decrease in hindlimb grip strength at the end of recovery period in both sexes given 100 mg PFHxDA/kg/day (Fig. 4). No significant difference was seen in any urinalysis parameters between the control and PFHxDA-treated groups either at the end of the administration period or at the end of the recovery period (data not shown).

At the end of the administration period, no significant differences were observed in any hematological parameters between the control and PFHxDA-treated groups

Table 3. Reproductive/developmental findings in the combined repeated dose toxicity study with the reproduction/developmental screening test for PFTeDA in rats.

Dose (mg/kg/day)		0	1	3	10
Incidence of females with normal estrous cycle[a] (%)		91.7	91.7	91.7	100
Estrous cycle length[a, b] (days)		4.06 ± 0.21	4.00 ± 0.00	3.98 ± 0.17	4.06 ± 0.20
Number of cohabited pairs		12	12	12	12
Copulation index (%)	Males	91.7	91.7	100	100
	Females	100	100	100	100
Fertility index (%)		100	100	91.7	100
Gestation index (%)		100	100	100	100
Gestation length[b] (days)		22.3 ± 0.7	22.3 ± 0.5	22.2 ± 0.4	22.0 ± 0.0
Number of pregnant females		12	12	11	12
Number of corpora lutea[b]		16.7 ± 1.9	16.4 ± 1.8	16.1 ± 1.6	17.0 ± 2.2
Number of implantation sites[b]		16.0 ± 1.7	16.2 ± 1.6	15.9 ± 1.8	16.4 ± 2.0
Number of pups delivered[b]		14.5 ± 3.8	15.3 ± 2.0	15.3 ± 2.1	15.8 ± 1.8
Sex ratio of pups (male pups / all pups)[b]		0.470 ± 0.113	0.532 ± 0.101	0.481 ± 0.132	0.547 ± 0.116
Number of live pups[b]	on PND 0	14.5 ± 3.8	15.3 ± 2.0	15.2 ± 2.0	15.8 ± 1.8
	on PND 4	14.1 ± 3.6	15.0 ± 1.9	15.1 ± 1.8	15.2 ± 1.3
Body weight of male pups[b] (g)					
	on PND 0	6.58 ± 0.93	6.62 ± 0.76	6.43 ± 0.41	6.01 ± 0.34
	on PND 1	7.32 ± 1.14	7.19 ± 0.89	6.97 ± 0.52	6.31 ± 0.46**
	on PND 4	10.66 ± 2.03	10.53 ± 1.31	9.93 ± 0.76	8.77 ± 0.85**
Body weight of female pups[b] (g)					
	on PND 0	6.29 ± 0.81	6.28 ± 0.68	6.05 ± 0.34	5.78 ± 0.36
	on PND 1	6.99 ± 1.03	6.83 ± 0.78	6.53 ± 0.49	6.05 ± 0.45**
	on PND 4	10.18 ± 1.72	9.98 ± 1.21	9.35 ± 0.68	8.41 ± 0.85**

a: Data of the main group are shown. No significant changes in estrous cycle normality were found in the recovery group, either.
b: Data are shown as the mean ± S.D.
*: Significantly different from the control group at $P \leq 0.05$.
**: Significantly different from the control group at $P \leq 0.01$.

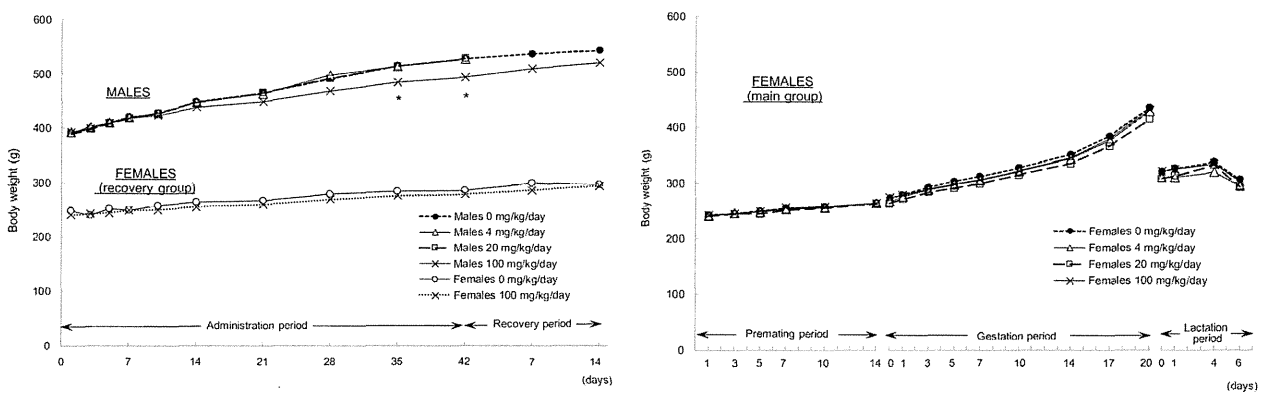

Fig. 3. Body weight changes in the combined repeated dose toxicity study with the reproduction/developmental toxicity screening test for PFHxDA in rats. *: Significantly different from the control, $P \leq 0.05$.

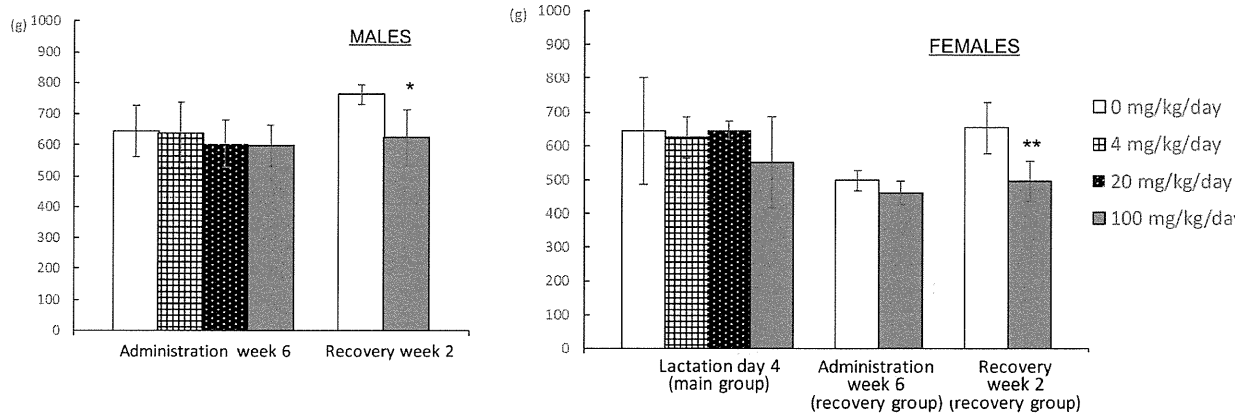

Fig. 4. The hindlimb grip strength of male and female rats in the combined repeated dose toxicity study with the reproduction/developmental toxicity screening test for PFHxDA. *: Significantly different from the control, $P \leq 0.05$. **: Significantly different from the control, $P \leq 0.01$.

(data not shown). Serum Cl levels were significantly increased at 100 mg/kg/day in males and at 20 and 100 mg/kg/day in females (Table 4). A significant decrease in serum total bilirubin levels and significant increases in BUN and serum Na levels were also detected in females given 100 mg PFHxDA/kg/day. In males, the absolute and relative liver weights were significantly increased in the 100 mg/kg/day group (Table 4). The relative thyroid weight was significantly increased at 20 and 100 mg/kg/day, with a significant increase also being observed in the absolute weight at 20 mg/kg/day in males. The analysis of serum thyroid-related hormones revealed significantly decreased T_3 in females in all PFHxDA-treated groups. The histopathological examination revealed the centrilobular hypertrophy of hepatocytes in males at 20 mg/kg/day and in both sexes at 100 mg/kg/day (Table 5). Centrilobular fatty changes were also observed in males at 20 and 100 mg/kg/day. No treatment-related histopathological changes were detected in other organs including the thyroid.

A significant decrease was noted in serum total bilirubin levels in both sexes as well as a significant increase in serum Cl level in females in the 100 mg/kg/day group after the 14-day recovery period (Table 4). Serum T_4 levels were significantly decreased in males in the 100 mg/kg/day group. Absolute and relative liver weights in males still remained higher, and in addition, significant decreases were found in absolute and relative adrenal weights in the 100 mg/kg/day group. Histopathologically, the centrilobular hypertrophy of hepatocytes was observed in both sexes as well as centrilobular fatty changes in one male in the 100 mg/kg/day group (Table 5).

Reproductive/developmental toxicity

PFHxDA did not significantly affect any reproductive/developmental parameters (Table 6). Although the body weights of male and female pups on PND 4 were slightly lower in the 100 mg/kg/day group, no significant difference was observed from those in the control group. There were no abnormalities in the general appearance or necropsy findings of neonates.

DISCUSSION

The present study was performed to obtain initial information on the repeated dose and reproductive/developmental toxicity of PFTeDA (C14) and PFHxDA (C16). The results obtained demonstrated that the main toxic target of these compounds was the liver, which was similar to PFUnA (C11), PFDoA (C12), and PFOcDA (C18), which we had examined previously (Hirata-Koizumi *et al.*, 2012; Kato *et al.*, in press; Takahashi *et al.*, 2014).

The hepatic effects of PFCAs in rodents have been attributed, at least partly, to the peroxisome proliferator-activated receptor alpha (PPARα) (Lau *et al.*, 2007; Wolf *et al.*, 2012). PPARα is a nuclear receptor that plays an important role in regulating fatty acid metabolism in tissues such as the liver, kidney, heart, and intestinal mucosa (Corton *et al.*, 2000). In the present study, the blood biochemical examination did not reveal any clear effects on lipid metabolism; however, PFTeDA (C14) and PFHxDA (C16) decreased serum total cholesterol in the 14-day dose finding study performed at higher doses. Although the PPARα agonist activities of PFTeDA and PFHxDA are unknown, PFDoA (C12), which is very similar in

Table 4. Significant changes in blood biochemical parameters, serum thyroid-related hormone levels and organ weights in rats given PFHxDA.

Dose (mg/kg/day)	At the end of the administration period (Main group)				At the end of the recovery period (Recovery group)	
	0	4	20	100	0	100
MALES						
Blood biochemistry						
Total bilirubin (mg/dL)	0.062 ± 0.008	0.056 ± 0.011	0.058 ± 0.015	0.064 ± 0.011	0.064 ± 0.013	0.044 ± 0.005*
BUN (mg/dL)	14.54 ± 0.88	14.52 ± 1.54	14.98 ± 1.60	17.52 ± 2.81	16.16 ± 1.18	15.12 ± 1.31
Na (mEq/L)	144.2 ± 1.6	144.4 ± 1.7	144.4 ± 1.1	145.4 ± 0.9	144.2 ± 1.5	144.4 ± 0.5
Cl (mEq/L)	106.8 ± 1.3	108.2 ± 2.3	107.4 ± 0.9	109.6 ± 1.5*	106.2 ± 1.1	108.0 ± 1.4
Hormonalysis						
T_3 (ng/mL)	0.450 ± 0.070	0.466 ± 0.076	0.390 ± 0.060	0.436 ± 0.119	0.474 ± 0.123	0.452 ± 0.061
T_4 (ng/mL)	69.71 ± 14.91	74.73 ± 10.93	80.05 ± 8.65	71.38 ± 3.83	117.50 ± 15.00	89.25 ± 11.87*
TSH (ng/mL)	3.732 ± 1.491	6.586 ± 2.712	7.064 ± 5.351	9.682 ± 6.029	13.314 ± 5.530	13.564 ± 3.229
Organ weight						
Liver (g)	12.15 ± 1.27	11.81 ± 0.55	12.12 ± 0.85	14.50 ± 0.61**	12.38 ± 1.40	14.62 ± 1.35*
(%)	2.50 ± 0.04	2.45 ± 0.10	2.49 ± 0.15	3.26 ± 0.07**	2.40 ± 0.17	2.97 ± 0.33**
Thyroid (mg)	18.94 ± 1.6	20.58 ± 1.53	24.26 ± 4.28*	22.16 ± 3.26	21.90 ± 3.98	22.40 ± 4.10
(10^{-3}%)	3.94 ± 0.58	4.27 ± 0.34	4.98 ± 0.78*	4.98 ± 0.67*	4.26 ± 0.82	4.54 ± 0.84
Adrenal (mg)	70.0 ± 2.1	58.4 ± 11.9	62.4 ± 9.9	57.8 ± 8.4	70.4 ± 3.8	55.2 ± 6.1**
(10^{-3}%)	14.52 ± 1.43	12.09 ± 2.41	12.91 ± 2.56	13.03 ± 2.03	13.69 ± 0.72	11.17 ± 1.14**
FEMALES						
Blood biochemistry						
Total bilirubin (mg/dL)	0.080 ± 0.007	0.076 ± 0.005	0.072 ± 0. 013	0.060 ± 0.000**	0.084 ± 0.015	0.054 ± 0.011**
BUN (mg/dL)	25.78 ± 2.35	27.82 ± 2.05	28.22 ± 4.41	31.18 ± 1.55*	16.66 ± 1.08	15.50 ± 1.09
Na (mEq/L)	140.8 ± 0.8	142.2 ± 0.8	142.6 ± 1.5	142.8 ± 1.3*	144.6 ± 1.1	145.0 ± 0.7
Cl (mEq/L)	104.0 ± 0.7	105.0 ± 0.7	106.2 ± 1.3*	106.8 ± 1.6**	108.8 ± 0.8	109.8 ± 0.4*
Hormonalysis						
T_3 (ng/mL)	0.734 ± 0.023	0.606 ± 0.036**	0.626 ± 0.068**	0.532 ± 0.040**	0.784 ± 0.143	0.684 ± 0.032
T_4 (ng/mL)	65.48 ± 9.30	65.56 ± 15.86	61.86 ± 7.57	66.36 ± 14.85	46.26 ± 16.70	58.48 ± 7.11
TSH (ng/mL)	4.478 ± 1.454	5.434 ± 5.130	4.408 ± 2.329	8.338 ± 4.661	3.758 ± 0.859	28.772 ± 54.988
Organ weight						
Liver (g)	10.17 ± 0.48	9.70 ± 0.61	10.00 ± 0.81	10.53 ± 0.75	6.95 ± 0.37	7.48 ± 1.00
(%)	3.39 ± 0.12	3.27 ± 0.21	3.35 ± 0.15	3.55 ± 0.20	2.49 ± 0.11	2.71 ± 0.28
Thyroid (mg)	19.28 ± 3.06	15.78 ± 2.95	16.96 ± 3.42	18.04 ± 1.99	18.42 ± 1.97	16.88 ± 3.46
(10^{-3}%)	6.40 ± 0.78	5.30 ± 0.86	5.71 ± 1.27	6.07 ± 0.55	6.60 ± 0.79	6.09 ± 1.01
Adrenal (mg)	76.4 ± 5.8	79.6 ± 6.0	79.4 ± 7.9	75.4 ± 7.9	67.0 ± 3.5	74.2 ± 12.4
(10^{-3}%)	25.44 ± 1.68	26.80 ± 2.00	26.59 ± 2.12	25.43 ± 2.77	23.98 ± 1.11	26.95 ± 4.70

Data are shown as the mean ± S.D.

*: Significantly different from the control group at $P \leq 0.05$.

**: Significantly different from the control group at $P \leq 0.01$.

structure, was recently reported to activate mouse PPARα in transiently transfected COS-1 cells (Wolf *et al.*, 2012) and induce the mRNA levels of the important PPARα target genes, acyl CoA oxidase and CYP4A1, in the rat liver (Zhang *et al.*, 2008; Ding *et al.*, 2009). These findings indicated that PFTeDA and PFHxDA may activate PPARα, which may in turn affect the liver. Regarding the mechanism underlying the hepatotoxicity of PFCAs, many studies have examined PFOA (C8) and showed that PFOA could elicit changes in the liver not only via PPARα activation, but also through PPARα-independent mechanisms (Peters and Gonzalez, 2011). The involvement of other transcription factors such as the constitutive androstane receptor and pregnane X receptor has been implied. Further research is needed to clarify the mechanism involved in the hepatotoxicity of PFCAs including PFTeDA and PFHxDA.

PFTeDA (C14) induced follicular cell hypertrophy in

Table 5. Histopathological findings in the combined repeated dose toxicity study with reproduction/developmental toxicity screening test for PFHxDA in rats.

Dose (mg/kg/day)		At the end of the administration period (Main group)				At the end of the recovery period (Recovery group)	
		0	4	20	100	0	100
MALES							
Number of examined animals		7	12	12	7	5	5
Liver							
- Centrilobular hypertrophy of hepatocytes	+	0	0	5	0 ┐**	0	5**
	++	0	0	0	7 ┘	0	0
- Centrilobular fatty change	+	0	0	2	7**	0	1
FEMALES							
Number of examined animals		12	12	12	12	5	5
Liver							
- Centrilobular hypertrophy of hepatocytes	+	0	0	0	8**	0	1

Values represent the number of animals with findings.
+: Slight change, ++: moderate change
**: Significantly different from the control group at $P \leq 0.01$.
Brackets in the data columns mean that statistical analysis was performed for a total number of animals with findings in consideration of grades.

Table 6. Reproductive/developmental findings in the combined repeated dose toxicity study with the reproduction/developmental screening test for PFHxDA in rats.

Dose (mg/kg/day)		0	4	20	100
Incidence of females with normal estrous cycle[a] (%)		100	100	100	100
Estrous cycle length[a, b] (days)		4.11 ± 0.22	4.18 ± 0.32	4.03 ± 0.09	4.00 ± 0.00
Number of cohabited pairs		12	12	12	12
Couplation index (%)	Males	100	100	100	100
	Females	100	100	100	100
Fertility index (%)		91.7	100	100	100
Gestation index (%)		100	100	100	100
Gestation length[b] (days)		22.3 ± 0.5	22.3 ± 0.5	22.3 ± 0.5	22.2 ± 0.4
Number of pregnant females		11 12	12 12		
Number of corpora lutea[b]		16.5 ± 1.1	17.0 ± 1.2	15.8 ± 1.9	16.1 ± 1.6
Number of implantation sites[b]		16.1 ± 1.4	16.6 ± 1.2	15.3 ± 2.1	15.8 ± 1.6
Number of pups delivered[b]		15.2 ± 1.7	16.0 ± 1.7	14.2 ± 2.2	14.6 ± 2.0
Sex ratio of pups (male pups / all pups)[b]		0.505 ± 0.165	0.413 ± 0.158	0.429 ± 0.140	0.492 ± 0.183
Number of live pups[b]	on PND 0	15.1 ± 1.7	15.8 ± 1.6	14.2 ± 2.2	14.5 ± 2.2
	on PND 4	15.0 ± 1.7	13.1 ± 6.3	14.1 ± 2.3	13.7 ± 2.7
Body weight of male pups[b] (g)					
	on PND 0	6.63 ± 0.58	6.67 ± 0.67	6.75 ± 0.69	6.45 ± 0.46
	on PND 1	7.25 ± 0.56	7.12 ± 1.08	7.33 ± 0.75	6.97 ± 0.80
	on PND 4	10.53 ± 0.85	10.63 ± 1.54	10.67 ± 1.14	9.93 ± 1.24
Body weight of female pups[b] (g)					
	on PND 0	6.27 ± 0.51	6.22 ± 0.60	6.40 ± 0.66	6.08 ± 0.50
	on PND 1	6.91 ± 0.51	6.58 ± 1.07	6.98 ± 0.82	6.59 ± 0.79
	on PND 4	10.05 ± 0.79	9.97 ± 1.36	10.15 ± 1.25	9.43 ± 1.31

a: Data of the main group are shown. No significant changes in estrous cycle normality were found in the recovery group, either.
b: Data are shown as the mean ± S.D.

Table 7. Comparison of the NOAELs for the repeated dose and reproductive/developmental toxicity for long-chain PFCAs.

Chemical name	Carbon number	NOAEL (mg/kg/day)		Reference
		Repeated dose toxicity	Reproductive /developmental toxicity	
PFUnA (perfluoroundacanoic acid)	11	0.1	0.3	Takahashi *et al.*, 2014
PFDoA (perfluorododecanoic acid)	12	0.1	0.5	Kato *et al.*, in press
PFTeDA (perfluorotetradecanoic acid)	14	1	3	Current study
PFHxDA (perfluorohexadecanoic acid)	16	4	100	Current study
PFOcDA (perfluorooctadecanoic acid)	18	40	200	Hirata-Koizumi *et al.*, 2012

The NOAELs were established based on the results of in the combined repeated dose toxicity study with reproduction/developmental toxicity screening tests in rats

the thyroids of males. Although the serum levels of thyroid-related hormones were not analyzed in the present study for PFTeDA, it may be a compensatory response of the thyroid to a decrease in thyroid hormone levels because the structural analogue, perfluorodecanoic acid (PFDeA, C10), was previously reported to reduce serum T_3 and/or T_4 levels in rats (Gutshall *et al.*, 1988; Van Rafelghem *et al.*, 1987; Langley and Pilcher, 1985; Gutshall *et al.*, 1989). In the present study, PFHxDA (C16) did not affect the histopathology of thyroids, but increased the thyroid weight in males and decreased serum T_3 level in females. Although these effects of PFHxDA were not consistent between sexes and lacked clear dose-dependency, our results indicate that PFHxDA may slightly affect the thyroid system through a similar mechanism to PFTeDA (C14) and PFDeA (C10). The findings of mechanistic studies on PFDeA (C10) suggested that reduced serum thyroid hormone levels may result from (1) a displacement in the hormones from plasma protein binding sites, leading to an increase in tissue uptake and turnover (Gutshall *et al.*, 1989), and (2) the enhanced metabolism of thyroid hormones in the liver (Shelby and Klaassen, 2006). In our previous studies, we did not detect any effects of PFUnA (C11), PFDoA (C12), and PFOcDA (C18) on the histopathology or weight of the thyroids (Hirata-Koizumi *et al.*, 2012; Kato *et al.*, in press; Takahashi *et al.*, 2014). Serum hormone levels were not measured in these studies.

We previously reported that PFOcDA (C18) reduced forelimb grip strength in females (Hirata-Koizumi *et al.*, 2012). This effect was not observed at the end of the administration period, but appeared at the end of recovery period in both sexes in studies on PFUnA (C11) and PFDoA (C12) (Kato *et al.*, in press; Takahashi *et al.*, 2014). We considered that the reduction observed in grip strength may reflect the muscle weakness associated with a decrease in food consumption and/or body weight. In the present study, PFTeDA (C14) and PFHxDA (C16) reduced hindlimb grip strength, but not that of the forelimb. As with PFUnA (C11) and PFDoA (C12), the effects of PFHxDA (C16) on grip strength only appeared at the end of the recovery period. Hindlimb grip weakness was not necessarily accompanied by a low body weight. Further studies are required in order to clarify the mechanism responsible.

As for reproductive/developmental toxicity, the only effect observed was an inhibited postnatal body weight gain in pups at a maternal toxic dose of PFTeDA (C14). Similar results were observed in the study on PFHxDA (C16), but these changes were not significant. In our previous studies on long-chain PFCAs, postnatal body weight gain in pups was also inhibited at the highest dose (Hirata-Koizumi *et al.*, 2012; Kato *et al.*, in press; Takahashi *et al.*, 2014). In studies performed on PFDoA (C12) and PFOcDA (C18), such effects were accompanied by more severe reproductive/developmental effects, such as the deaths of dams at the end of pregnancy and stillbirths, and with more severe maternal toxic effects than those observed in the present study. The effect of long-chain PFCAs on postnatal development could be attributed to secondary effects due to maternal toxicity such as a low body weight during the lactation period. If PFTeDA (C14) reduced thyroid hormone levels as speculated above, it may be one cause of impaired postnatal development because Hapon *et al.* (2003) reported that hypothyroidism induced by a propylthiouracyl treatment impaired the growth of pups during the lactation period in rats. When the lipophilic properties of long-chain PFCAs (Inoue *et al.*, 2012) are considered, there is also the possibility that they were transferred via breast milk and affected the pups directly.

Based on the present results, the NOAELs for the repeated dose and reproductive/developmental toxicity were concluded to be 1 and 3 mg/kg/day for PFTe-

DA (C14) and 4 and 100 mg/kg/day for PFHxDA (C16), respectively. When the NOAELs were compared with those of PFUnA (C11), PFDoA (C12), and PFOcDA (C18) from our previous studies, the toxic potency of PFCAs was found to become weaker as the carbon chain length increased from C12 to C18 (Table 7). Since the previous comparative studies on the hepatic effects of PFCAs demonstrated increases in toxic potency due to an increase in the length of carbon chains up to C8 in rodents (Kudo *et al.*, 2006; Permadi *et al.*, 1993), the toxic potency of PFCAs was considered to be the strongest when the carbon length was C8 to C12. A clear chain length-dependent downward trend was observed in the renal elimination of PFCAs with a carbon chain length from C6 to C10 in rats (Ohmori *et al.*, 2003; Kudo *et al.*, 2001), and active renal tubular reabsorption via organic anion transport proteins was considered to be responsible for this (Han *et al.*, 2012). On the other hand, Wolf *et al.* (2008, 2012) reported that PFCAs of longer chain lengths induced more activity from mouse and human PPARα than those of shorter chain lengths up to C9 in transiently transfected COS-1 cells; therefore, not only toxicokinetic, but also toxicodynamic factors may contribute to the chain length-dependent toxicity of PFCAs with carbon chain lengths up to C8. Regarding PFCAs with carbon chain lengths of C11 and above, although no data is currently available to explain the cause of the chain length-dependent differences in toxic potencies, medium chain fatty acids (typically C6-C12) are known to be absorbed better from the gastrointestinal tract than long-chain fatty acids (typically longer than C12) (Ramirez *et al.*, 2001). Considering structural similarities, the gastrointestinal absorption of longer chain PFCAs may be poorer than that of PFCAs with shorter carbon chains. In order to clarify the cause of the differences in the toxic potencies of long-chain PFCAs, we are planning to first analyze serum PFCA levels in rats given different long-chain PFCAs.

ACKNOWLEDGMENTS

This study was undertaken under the safety programmes for existing chemicals funded by the Ministry of Health, Labour and Welfare, Japan, and supported by a Health and Labour Sciences Research Grant (H25-Kenki-Ippan-007) from the Ministry of Health, Labour and Welfare, Japan.

Conflict of interest---- The authors declare that there is no conflict of interest.

REFERENCES

Corton, J.C., Lapinskas, P.J. and Gonzalez, F.J. (2000): Central role of PPARalpha in the mechanism of action of hepatocarcinogenic peroxisome proliferators. Mutat. Res., **448**, 139-151.

Ding, L., Hao, F., Shi, Z., *et al.* (2009): Systems biological responses to chronic perfluorododecanoic acid exposure by integrated metabonomic and transcriptomic studies. J. Proteome. Res., **8**, 2882-2891.

Gutshall, D.M., Pilcher, G.D. and Langley, A.E. (1988): Effect of thyroxine supplementation on the response to perfluoro-n-decanoic acid (PFDA) in rats. J. Toxicol. Environ. Health, **24**, 491-498.

Gutshall, D.M., Pilcher, G.D. and Langley, A.E. (1989): Mechanism of the serum thyroid hormone lowering effect of perfluoro-n-decanoic acid (PFDA) in rats. J. Toxicol. Environ. Health, **28**, 53-65.

Han, X., Nabb, D.L., Russell, M.H., Kennedy, G.L. and Rickard, R.W. (2012): Renal elimination of perfluorocarboxylates (PFCAs). Chem. Res. Toxicol., **25**, 35-46.

Hapon, M.B., Simoncini, M., Via, G. and Jahn, G.A. (2003): Effect of hypothyroidism on hormone profiles in virgin, pregnant and lactating rats, and on lactation. Reproduction, **126**, 371-382.

Hekster, F.M., Laane, R.W. and de Voogt, P. (2003): Environmental and toxicity effects of perfluoroalkylated substances. Rev. Environ. Contam. Toxicol., **179**, 99-121.

Hirata-Koizumi, M., Fujii, S., Furukawa, M., Ono, A. and Hirose, A. (2012): Repeated dose and reproductive/developmental toxicity of perfluorooctadecanoic acid in rats. J. Toxicol. Sci., **37**, 63-79.

Inoue, Y., Hashizume, N., Yakata, N., *et al.* (2012): Unique Physicochemical Properties of Perfluorinated Compounds and Their Bioconcentration in Common Carp Cyprinus carpio L. Arch. Environ. Contam. Toxicol., **62**, 672-680.

Kato, H., Fujii, S., Takahashi, M., *et al.* (in press): Repeated dose and reproductive/developmental toxicity of perfluorododecanoic acid in rats. Environ. Toxicol., **in press**.

Kudo, N., Suzuki-Nakajima, E., Mitsumoto, A. and Kawashima, Y. (2006): Responses of the liver to perfluorinated fatty acids with different carbon chain length in male and female mice:in relation to induction of hepatomegaly, peroxisomal beta-oxidation and microsomal 1-acylglycerophosphocholine acyltransferase. Biol. Pharm. Bull., **29**, 1952-1957.

Kudo, N., Suzuki, E., Katakura, M., Ohmori, K., Noshiro, R. and Kawashima, Y. (2001): Comparison of the elimination between perfluorinated fatty acids with different carbon chain length in rats. Chem. Biol. Interact., **134**, 203-216.

Langley, A.E. and Pilcher, G.D. (1985): Thyroid, bradycardic and hypothermic effects of perfluoro-n-decanoic acid in rats. J. Toxicol. Environ. Health, **15**, 485-491.

Lau, C., Anitole, K., Hodes, C., Lai, D., Pfahles-Hutchens, A. and Seed, J. (2007): Perfluoroalkyl acids: a review of monitoring and toxicological findings. Toxicol. Sci., **99**, 366-394.

Ohmori, K., Kudo, N., Katayama, K. and Kawashima, Y. (2003): Comparison of the toxicokinetics between perfluorocarboxylic acids with different carbon chain length. Toxicology, **184**, 135-140.

Permadi, H., Lundgren, B., Andersson, K., Sundberg, C. and DePierre, J.W. (1993): Effects of perfluoro fatty acids on peroxisome proliferation and mitochondrial size in mouse liver: dose and time factors and effect of chain length. Xenobiotica, **23**,

761-770.

Peters, J.M. and Gonzalez, F.J. (2011): Why toxic equivalency factors are not suitable for perfluoroalkyl chemicals. Chem. Res. Toxicol., **24**, 1601-1609.

Post, G.B., Cohn, P.D. and Cooper, K.R. (2012): Perfluorooctanoic acid (PFOA), an emerging drinking water contaminant: a critical review of recent literature. Environ. Res., **116**, 93-117.

Ramirez, M., Amate, L. and Gil, A. (2001): Absorption and distribution of dietary fatty acids from different sources. Early Hum. Dev., **65 Suppl**, S95-S101.

Shelby, M.K. and Klaassen, C.D. (2006): Induction of rat UDP-glucuronosyltransferases in liver and duodenum by microsomal enzyme inducers that activate various transcriptional pathways. Drug Metab. Dispos., **34**, 1772-1778.

Takahashi, M., Ishida, S., Hirata-Koizumi, M., Ono, A. and Hirose, A. (2014): Repeated dose and reproductive/developmental toxicity of perfluoroundecanoic acid in rats. J. Toxicol. Sci., **39**, 97-108.

Van Rafelghem, M.J., Inhorn, S.L. and Peterson, R.E. (1987): Effects of perfluorodecanoic acid on thyroid status in rats. Toxicol. Appl. Pharmacol., **87**, 430-439.

Wolf, C.J., Schmid, J.E., Lau, C. and Abbott, B.D. (2012): Activation of mouse and human peroxisome proliferator-activated receptor-alpha (PPARalpha) by perfluoroalkyl acids (PFAAs): further investigation of C4-C12 compounds. Reprod. Toxicol., **33**, 546-551.

Wolf, C.J., Takacs, M.L., Schmid, J.E., Lau, C. and Abbott, B.D. (2008): Activation of mouse and human peroxisome proliferator-activated receptor alpha by perfluoroalkyl acids of different functional groups and chain lengths. Toxicol. Sci., **106**, 162-171.

Zhang, H., Shi, Z., Liu, Y., Wei, Y. and Dai, J. (2008): Lipid homeostasis and oxidative stress in the liver of male rats exposed to perfluorododecanoic acid. Toxicol. Appl. Pharmacol., **227**, 16-25.

Fundamental Toxicological Sciences (Fundam. Toxicol. Sci.)
Vol.2, No.4, 191-200, 2015

Original Article

A repeated dose 28-day oral toxicity study of β-bromostyrene in rats

Atsushi Ono[1], Katsumi Kobayashi[1], Hideki Serizawa[2], Tomoko Kawamura[1], Hina Kato[1], Mariko Matsumoto[1], Mika Takahashi[1], Mutsuko Hirata-Koizumi[1], Yuko Matsushima[1] and Akihiko Hirose[1]

[1]Division of Risk Assessment, Biological Safety Research Center, National Institute of Health Sciences, 18-1, Kamiyoga-ichome, Setagaya-ku, Tokyo-to 158-8501, Japan
[2]Bozo Research Center Inc., 1284, Kamado, Gotenba-shi, Shizuoka-ken 412-0039, Japan

(Received August 26, 2015; Accepted September 4, 2015)

ABSTRACT — To obtain information on the possible repeated-dose oral toxicity of β-bromostyrene and its reversibility, Crl: CD (SD) rats were administered β-bromostyrene through gavage at 0, 30, 125, and 500 mg/kg/day once for 28 days, followed by a 14-day recovery period. In the 500 mg/kg group, decrease in spontaneous movement was observed in all males and females on the first dosing day, and one female rat died on Day 3. There were no significant changes in body weight or food consumption. An increase in urine volume and decrease in urine osmolality were observed in males receiving 125 mg/kg and above, and an increase in urine volume was observed in females receiving 500 mg/kg. On blood biochemical examination, increases in total cholesterol, phospholipids, triglycerides, total protein, albumin, inorganic phosphorus, and/or chlorine were observed in the 125 and/or 500 mg/kg groups. Histopathologically, eosinophilic bodies of tubular cells and/or renal tubular degeneration were observed in the kidneys of males in the 125 and 500 mg/kg groups. In the thyroid, hypertrophy of follicular cells was observed in females receiving 125 mg/kg and above and males receiving 500 mg/kg. Furthermore, centrilobular hepatocellular hypertrophy was observed in both sexes receiving 500 mg/kg. These changes observed at the end of the dosing period disappeared or were reduced after the recovery period. Based on these results, the no-observed-adverse-effect-level of β-bromostyrene was judged to be 30 mg/kg/day for both sexes.

Key words: β-bromostyrene, CAS No. 103-64-0, OECD TG 407, Repeated dose toxicity, Rat, Gavage

INTRODUCTION

Safety information on chemicals is necessary for the proper use and management of chemical substances or products containing them. In Japan, the existing chemicals testing program has been conducted by the government. In the program, the Ministry of Health, Labour and Welfare is conducting safety testing and gathering safety information related to health risks on existing chemicals to which humans may be exposed. β-bromostyrene (CAS No. 103-64-0) is a yellow-clear liquid used as an ingredient in mildly fragrant materials, including soap, detergent, creams, lotions, and perfume (HSDB, 1993). Only limited information is available about the toxicity of β-bromostyrene. It has been reported that the oral 50% lethal dose is 1250 mg/kg in rats (HSDB). Since there is insufficient information on its toxicity and no data available on the actual exposure levels at present, this chemical was selected as an object substance in the existing chemical testing program by the Japanese government. In this paper, we report the result of a 28-day repeated oral administration study of β-bromostyrene.

MATERIALS AND METHODS

The present study was conducted at BoZo Research Center Inc. (Shizuoka, Japan). This study was designed to meet the Japanese Test Guidelines for Toxicology Studies issued by "Notification test methods of New Chemical Substances" (Yakushokuhatsu No. 1121002, Seikyoku No. 2, Kanpokihatsu No. 031121002, last revision November 20, 2006) and OECD Guideline for the Testing of Chemicals (TG 407, adopted on July 27, 1995), and was conducted in compliance with the Good

Correspondence: Atsushi Ono (E-mail: atsushi@nihs.go.jp)

Laboratory Practice Standards criteria for test facilities for carrying out tests on new chemical substances, etc. in Japan (Yakushokuhatsu No. 1121003, Seikyoku No. 3, and Kanpokihatsu No. 031121004, last revision April 1, 2005). The use and care of animals complied with the Act on Welfare and Management of Animals (Japanese Animal Welfare Law, Act No. 105, last revision June 22, 2005), Standards Relating to the Care and Management of Laboratory Animals and Relief of Pain (Announcement No. 88, Ministry of the Environment, Japan, April 28, 2006), and Guidelines for Proper Conduct of Animal Experiments (Science Council of Japan, June 1, 2006).

Test substance and reagent

β-bromostyrene [lot no. TEYUC, purity 99.6% (cis- and trans-mixture), yellow-clear liquid, CAS No. 103-64-0] was obtained from Tokyo Chemical Industry Co., Ltd. (Tokyo, Japan) and kept in a test substance storage room (light shielding and moisture prevention) of the testing facility at approximately 3-9°C. Corn oil (lot no. WKJ3948) as a vehicle was purchased from Wako Pure Chemical Industries, Ltd. (Tokyo, Japan).

Animals and husbandry

Specific-pathogen-free Sprague-Dawley rats [Crl: CD (SD)] at 5 weeks of age were purchased from Atsugi Breeding Center of Charles River Japan, Inc. (Kanagawa, Japan). Forty-seven males and 47 females were obtained and individually identified using ear tags. Rats were quarantined and acclimatized to the testing environment for 7 days and assigned to each dose group by stratified random sampling based on body weight. Administration of the test substance was initiated at 6 weeks of age. Body weight ranges for males and females upon initiation of treatment were 182-216 g and 145-171 g, respectively. Animals were individually housed in wire-mesh steel bracket cages (W 250 × D 350 × H 200 mm) and kept in an environmentally-controlled room: temperature, 21-23°C; humidity, 49-66%; ventilation, 10-15 times/hr; and lighting, 12 hr per /day (light on/off, 7:00/19:00). The animals were fed a pellet diet (CRF-1, Oriental Yeast Co., Ltd., Tokyo, Japan) and given tap water through bottle *ad libitum*.

Selection of dose levels

Dose levels of β-bromostyrene were selected based on results obtained from a 14-day dose range-finding study using the same strain of rats (five males and five females per group) at dose levels of 0 (corn oil only), 100, 300, and 1000 mg/kg/day. In the dose range-finding study, all males and females in the 1000 mg/kg group died. Increases in relative liver and kidney weights were observed in the 300 mg/kg group. Therefore, in the present study, the high dose was set at 500 mg/kg/day, and middle and low doses were set at 125 and 30 mg/kg/day, respectively, using common ratio 4.

Experimental design

Rats were administered β-bromostyrene by gavage once daily at 0 (vehicle control), 30, 125, and 500 mg/kg/day for 28 days. There were 12 rats/sex/dose in the 0 and 500 mg/kg groups and 6 rats/sex/dose in the 30 and 125 mg/kg groups; the dosing volume was 5 mL/kg body weight. On the day after the last dosing, six males and six females from each group were euthanized for the assessment of hematology, blood biochemistry, organ weight, and macroscopic and microscopic findings (main group). The respective remaining 6 rats/sex at 0 and 500 mg/kg were kept without treatment for 14 days as a recovery period and then fully examined (recovery group).

Daily observation, functional observation battery, body weight, and food and water consumption

All animals were observed, in their cages, for clinical signs of toxicity 2-3 times daily during the dosing period and once daily during the recovery period. Detailed clinical observations, including observations in the home cage, during handling, and outside of the home cage in an open field, were conducted before the start of dosing and once a week during the dosing and recovery periods. At the end of the dosing and recovery periods, functional observations, including auditory, approach, touch, and tail pinch responses, pupillary and aerial righting reflexes, and landing foot splay, were performed. In addition, grip strengths (fore and hindlimb) were measured using a CPU gauge (model-9502A, Aikoh Engineering Co., Ltd., Osaka, Japan), and motor activity was recorded at 10 min intervals for 1 hr by an activity monitoring system (model NS-AS01, Neuroscience, Inc., Tokyo, Japan). Body weight was recorded before dosing on Days 1, 4, 7, 10, 14, 17, 21, 24, and 28 of the dosing period and on Days 1, 3, 7, 10, and 14 of the recovery period. Food consumption was measured on the same days as body weights. Water consumption was recorded during Week 4 of the dosing period and Week 2 of the recovery period.

Urinalysis, hematology, and clinical biochemistry

Urinalysis was conducted during Week 4 in the dosing period and Week 2 in the recovery period. Urine was

collected for 4 hrs under fasting conditions with water *ad libitum* and analyzed using an AUTION MINI™ AM-4290 (Arkray Inc., Kyoto, Japan) for dipstick parameters, such as pH, proteins, ketone bodies, glucose, occult blood, bilirubin, urobilinogen, color, sediments, and volume. Urine volume and osmolality were measured using an automatic osmometer (Auto & Stat OM-6030, Arkray Inc., Kyoto, Japan) using a 20-hr urine sample collected with food and water *ad libitum*.

The day after the end of the dosing and recovery periods, blood was collected from the abdominal aorta under deep anesthesia after overnight starvation. One portion of the blood was treated with EDTA-2K and examined using an Advia 120 Hematology System (Siemens Medical Solutions Diagnostics, New York, USA) for hematologic parameters, such as red blood cell (RBC), hemoglobin (HGB), hematocrit (HCT), mean corpuscular volume (MCV), mean corpuscular hemoglobin (MCH), mean corpuscular hemoglobin concentration (MCHC), reticulocyte, platelet (PLT), white blood cell (WBC), and differential leukocyte count [lymphocyte (LYMP), neutrophil (NEUT), eosinophil (EOS), basophil (BASO), monocyte (MONO), and large unstained cell (LUC)]. Another blood sample was treated with sodium citrate and analyzed using a coagulometer ACL 100 (Instrumentation Laboratory, Massachusetts, USA) for blood clotting parameters, such as prothrombin time (PT), activated partial thromboplastin time (APTT), and fibrinogen level (FIB).

Serum from the remaining portion of blood was analyzed for alkaline phosphatase (ALP), total cholesterol (T-CHO), triglyceride (TG), phospholipid (PL), total bilirubin (T-BIL), glucose (GLU), blood urea nitrogen (BUN), creatinine (CRNN), sodium (Na), potassium (K), chlorine (Cl), calcium (Ca), inorganic phosphorus (P), total protein (TP), albumin (ALB), and albumin/globulin (A/G) ratio. Plasma isolated from heparinized blood was analyzed for aspartate and alanine aminotransferases (AST), alanine aminotransferase (ALT), lactate dehydrogenase (LDH), and γ-glutamyl transpeptidase (γ-GTP). Items excluding electrolytes were analyzed using a clinical chemistry automatic analyzer (TBA-120FR, Toshiba Corporation, Tokyo, Japan) and electrolytes were analyzed by an automatic analyzer (PVA-αII, Analytical Instruments, Inc., Massachusetts, USA).

Organ weights, gross necropsy, and histopathology

After blood collection, all animals were sacrificed by exsanguination, and the organs and tissues of the whole body, including external surfaces, head, breast, and abdomen, were observed macroscopically. Next, the brain, adrenals, thymus, spleen, heart, liver, kidneys, testes, epididymides, ovaries, and uterus were removed and weighed. In addition, relative organ weights were calculated from organ/body weight ratios.

The cerebrum, cerebellum, spinal cord (chest), sciatic nerve, pituitary gland, thyroid, parathyroids, adrenal glands, thymus, spleen, submandibular lymph nodes, mesenteric lymph nodes, heart, trachea, lung (including bronchial), stomach, duodenum, jejunum, ileum (including Peyer's patches), cecum, colon, rectum, liver, kidneys, urinary bladder, testes, epididymides, prostate, ovaries, uterus, sternum (including bone marrow), femur (including bone marrow), and femoral skeletal muscle were fixed in 10% phosphate-buffered formalin. The eyeballs and optic nerves were fixed in phosphate-buffered 3 vol% glutaraldehyde/2.5 vol% formalin, and the testes and epididymides were fixed in Bouin's solution.

Paraffin sections for microscopic examination were routinely prepared and stained with hematoxylin-eosin. In the control and high dose groups sacrificed at the end of the dosing period, all preserved organs were examined under a light microscope. If treatment-related histopathological changes were found, the same tissues were examined for low and middle dose groups and the recovery group.

Data analysis

Parametric data, such as quantitative data in open field observation, functional observation and urinalysis, grip strengths, motor activity, body weight, food and water consumption, hematological and blood biochemistry findings, and organ weights, were analyzed using Bartlett's test for homogeneity of distribution. The Dunnett's multiple comparison test and the Dunnett's-type mean rank sum test were conducted for homogenous and non-homogenous distribution, respectively to compare the control and individual treatment groups. Parametric data obtained during or after the recovery period were analyzed by *F*-test for homogeneity of distribution. For comparison, the Student's *t*-test and the Aspin-Welch's *t*-test were conducted for homogenous and non-homogenous distribution, respectively, (Snedecor and Cochran, 1989; Dunnett, 1955, 1964; Sakuma, 1977, 1981).

RESULTS

General clinical observations

No abnormal clinical signs were observed in either sex receiving 30 or 125 mg/kg during the dosing period. One female rat receiving 500 mg/kg was found dead

on Day 3. In this rat, decrease in spontaneous movement was observed only on the first dosing day. Decreases in spontaneous movement were also observed in all other male and female rats receiving 500 mg/kg on the first dosing day; however, no abnormalities were observed in the general conditions thereafter during the dosing period. No clinical signs were observed in any animal during the recovery period.

Detailed clinical and functional observations

Detailed clinical observations: In the open field observation, a significant increase in rearing counts was observed in males receiving 30 mg/kg only during Week 1 of the dosing period; this was not observed in the higher dose groups. A significantly low number of rearing counts was observed in females receiving 500 mg/kg during Week 4, but this value was equivalent to those during Weeks 1-3 in the same group. During handling, slight salivation was observed in four males and one female during Week 3 and in three males and two females during Week 4 in the 500 mg/kg group. There were no abnormal or significant changes in recovery group rats.

Functional observations: No significant changes were observed in any parameter for either sex receiving the test substance during Week 4 of the dosing period. A significant decrease in landing foot splay was observed in males receiving 500 mg/kg during Week 2 of the recovery period; however, it was determined to be incidental because this sign was not observed during Week 4 of the dosing period.

Grip strength: A significant increase in hindlimb grip strength was observed in females receiving 125 mg/kg during Week 4 of the dosing period. However, this was not observed in the high dose group. A significant decrease in forelimb grip strength was observed in males receiving 500 mg/kg during Week 2 of the recovery period, but this change was not observed during Week 4 of the dosing period.

Motor activity: No significant change was observed in any male or female rats receiving the test substance during Week 4 of the dosing period. During Week 2 of the recovery period, a significant decrease was observed in males receiving 500 mg/kg only 40-50 min after the start of measurement.

Body weight, food consumption, and water consumption

Body weights in females receiving 125 mg/kg were significantly higher at Days 17-24 during the dosing period, but no significant differences were found in the 500 mg/kg groups throughout the study. In the 500 mg/kg group, food consumption significantly decreased for both sexes at Day 4 of the dosing period and in females at Days 7 and 14 of the recovery period. On the other hand, food consumption significantly increased in females at Days 7-21 of the dosing period in the 125 mg/kg group and Days 7, 14-21, and 28 of the dosing period in the 500 mg/kg group. A significant decrease in water consumption was observed in females receiving 125 mg/kg during Week 4 of the dosing period; however, this change was not observed in the high dose group. No significant differences were seen with water consumption for either sex in the recovery group.

Urinalysis

During Week 4 of the dosing period, significant increases in urine volume were observed in males receiving 125 and 500 mg/kg (12.1 ± 3.0 and 13.1 ± 4.4 mL/24 hr, respectively, versus 7.4 ± 3.6 mL/24 hr for control) and in females receiving 500 mg/kg (10.9 ± 3.5 mL/24 hr versus 6.4 ± 3.2 mL/24 hr for control). A significant decrease in urine osmolality was also observed in males receiving 125 and 500 mg/kg (1783 ± 359 and 1665 ± 328 mOsm/kg, respectively, versus 2194 ± 355 mOsm/kg for control). In the sediments, small round epithelial cells were observed in 5/12 males and 1/11 females receiving 500 mg/kg, and this change increased in males compared with the control group. No significant differences were seen in urine volume, osmolality, or qualitative measurements for either sex compared with the control groups during Week 2 of the recovery period.

Hematology

Hematological results are summarized in Table 1. At the end of the dosing period, significant decreases in MCH were observed in males receiving 30 and 500 mg/kg, and significant decreases in MCH concentration were observed in both sexes receiving 500 mg/kg. A significant increase in reticulocytes was also found in females receiving 500 mg/kg. However, these changes were slight, and no clear changes were observed in RBC or HGB. Other significant changes were a reduction in APTT and an increase in FIB in females receiving 125 mg/kg, but these changes were not observed at 500 mg/kg. Therefore, these changes were determined to be incidental. At the end of the recovery period, the only significant changes observed were a decrease in EOSs in males and an increase in MONOs in females. However, these changes were not observed at the end of the dosing period; therefore, these changes were determined to be incidental.

Table 1. Hematological values in the repeated dose 28-day oral toxicity study of β-bromostyrene in rats.

Dose (mg/kg/day)	At the end of the dosing period				At the end of the recovery period	
	0	30	125	500	0	500
Males						
No. of animals	6	6	6	6	6	6
RBC (×10⁴/μL)	795 ± 31	817 ± 29	816 ± 31	831 ± 38	855 ± 15	873 ± 39
HGB (g/dL)	16.1 ± 0.5	15.8 ± 0.5	16.0 ± 0.6	15.9 ± 0.5	15.9 ± 0.4	16.1 ± 0.4
HCT (%)	43.7 ± 1.7	43.5 ± 1.4	43.9 ± 1.6	44.2 ± 1.9	44.2 ± 1.1	44.9 ± 1.2
MCV (fL)	55.0 ± 1.4	53.2 ± 0.9	53.9 ± 1.5	53.2 ± 1.2	51.7 ± 1.2	51.6 ± 2.3
MCH (pg)	20.2 ± 0.5	19.3 ± 0.4*	19.6 ± 0.6	19.2 ± 0.6**	18.5 ± 0.4	18.5 ± 0.8
MCHC (g/dL)	36.8 ± 0.3	36.3 ± 0.3	36.4 ± 0.2	36.1 ± 0.6*	35.9 ± 0.4	35.9 ± 0.3
Reticulocyte (%)	2.1 ± 0.5	1.9 ± 0.1	2.0 ± 0.2	1.9 ± 0.3	1.8 ± 0.4	1.8 ± 0.4
PLT (×10⁴/μL)	130.8 ± 6.2	130.1 ± 8.5	121.7 ± 13.5	122.3 ± 16.2	114.2 ± 13.8	128.3 ± 11.8
PT (sec)	14.3 ± 1.0	13.7 ± 1.0	13.6 ± 1.0	15.8 ± 1.5	15.9 ± 3.3	16.1 ± 1.5
APTT (sec)	22.8 ± 3.1	20.8 ± 1.9	20.3 ± 1.8	23.7 ± 2.2	24.7 ± 2.1	23.9 ± 1.6
FIB (mg/dL)	332 ± 25	334 ± 26	332 ± 31	360 ± 26	292 ± 27	331 ± 38
WBC (×10²/μL)	104.5 ± 21.1	100.0 ± 12.4	118.1 ± 26.6	119.3 ± 10.2	89.7 ± 19.5	110.4 ± 31.9
Differential leukocyte count (%)						
LYMP	79.2 ± 3.3	82.1 ± 3.4	78.7 ± 7.8	80.0 ± 3.7	79.3 ± 2.9	77.2 ± 6.5
NEUT	17.7 ± 3.1	14.7 ± 3.3	17.7 ± 7.5	16.0 ± 3.9	16.6 ± 3.0	19.4 ± 6.1
EOS	0.7 ± 0.2	1.0 ± 0.5	0.8 ± 0.3	0.7 ± 0.2	1.4 ± 0.4	0. 9 ± 0.2**
BASO	0.3 ± 0.0	0.3 ± 0.1	0.3 ± 0.1	0.4 ± 0.1	0.3 ± 0.1	0.3 ± 0.1
MONO	1.5 ± 0.5	1.4 ± 0.2	1.9 ± 0.8	2.2 ± 0.4	1.9 ± 0.4	1.7 ± 0.6
LUC	0.5 ± 0.2	0.6 ± 0.2	0.6 ± 0.2	0.8 ± 0.4	0.5 ± 0.2	0.5 ± 0.2
Females						
No. of animals	6	6	6	6	6	5
RBC (×10⁴/μL)	802 ± 31	796 ± 38	794 ± 37	827 ± 46	825 ± 21	861 ± 51
HGB (g/dL)	15.7 ± 0.2	15.7 ± 0.5	15.6 ± 0.5	15.7 ± 0.4	15.8 ± 0.5	15.9 ± 0.7
HCT (%)	42.0 ± 0.5	42.0 ± 1.5	42.0 ± 1.7	43.3 ± 1.1	42.5 ± 1.1	43.2 ± 2.1
MCV (fL)	52.5 ± 2.1	52.7 ± 1.3	53.0 ± 1.0	52.5 ± 1.8	51.6 ± 1.5	50.2 ± 0.8
MCH (pg)	19.6 ± 0.7	19.7 ± 0.6	19.7 ± 0.6	19.0 ± 1.0	19.1 ± 0.6	18.5 ± 0.4
MCHC (g/dL)	37.3 ± 0.4	37.5 ± 0.6	37.2 ± 0.5	36.2 ± 0.6**	37.1 ± 0.4	36.8 ± 0.4
Reticulocyte (%)	1.2 ± 0.3	1.5 ± 0.3	1.4 ± 0.4	1.7 ± 0.2*	1.3 ± 0.4	1.2 ± 0.4
PLT (×10⁴/μL)	142.9 ± 14.1	136.9 ± 9.8	138.4 ± 9.9	130.6 ± 9.2	137.2 ± 14.4	131.9 ± 8.7
PT (sec)	11.5 ± 0.4	11.3 ± 0.6	11.1 ± 0.5	11.6 ± 0.7	12.2 ± 0.5	12.1 ± 0.7
APTT (sec)	17.7 ± 1.6	16.2 ± 1.3	15.4 ± 1.4*	16.1 ± 1.8	18.2 ± 1.7	20.6 ± 2.0
FIB (mg/dL)	220 ± 19	234 ± 20	256 ± 12**	243 ± 18	214 ± 15	246 ± 40
WBC (×10²/μL)	78.5 ± 9.4	83.2 ± 16.5	82.3 ± 10.7	91.5 ± 18.6	74.6 ± 19.7	87.3 ± 23.5
Differential leukocyte count (%)						
LYMP	81.9 ± 4.8	75.5 ± 8.1	79.9 ± 8.9	78.5 ± 8.7	77.9 ± 6.2	75.8 ± 4.6
NEUT	14.3 ± 4.7	20.2 ± 8.4	16.1 ± 8.5	17.1 ± 8.8	18.4 ± 5.9	19.8 ± 5.5
EOS	1.2 ± 0.4	1.5 ± 0.7	1.1 ± 0.3	1.3 ± 0.6	1.4 ± 0.6	1.4 ± 0.8
BASO	0.3 ± 0.1	0.3 ± 0.1	0.3 ± 0.1	0.3 ± 0.1	0.3 ± 0.1	0.2 ± 0.0
MONO	1.7 ± 0.7	2.0 ± 0.7	2.0 ± 0.9	2.2 ± 1.4	1.4 ± 0.3	2.3 ± 0.7*
LUC	0.7 ± 0.2	0.6 ± 0.3	0.7 ± 0.4	0.6 ± 0.2	0.5 ± 0.2	0.5 ± 0.2

Values are expressed as the mean ± standard deviation. *$P < 0.05$ and **$P < 0.01$ versus control.
RBC, red blood cells; HGB, hemoglobin; HCT, hematocrit; MCV, mean corpuscular volume; MCH, mean corpuscular hemoglobin; MCHC, mean corpuscular hemoglobin concentration; PLT, platelets; PT, prothrombin time; APTT, activated partial thromboplastin time; FIB, fibrinogen; WBC, white blood cells; LYMP, lymphocytes; NEUT, neutrophils; EOS, eosinophils; BASO, basophils; MONO, monocytes; LUC, large unstained cells.