

TABLE 2.—SUMMARY OF TOXICOLOGICAL DOSE AND ENDPOINTS FOR ETOXAZOLE FOR USE IN HUMAN RISK ASSESSMENT—Continued

Exposure Scenario	Dose Used in Risk Assessment, UF	Special FQPA SF* and LOC for Risk Assessment	Study and Toxicological Effects
Long-term dermal (>6 months)	Dermal (or oral) study NOAEL = None	Residential LOC for MOE = N/A Occupational LOC for MOE = N/A	No hazard quantitation required for any duration. No systemic effects noted up to 1,000 mg/kg/day in the 28-day dermal rat study. The weight-of-the-evidence from the 28-day, 90-day, 52-week interim chronic toxicity/carcinogenicity and the 2-year chronic toxicity/carcinogenicity rat studies shows that the systemic effects (mainly in the liver) occur around the same dose levels from short-term through long-term exposure without increasing in severity. Therefore, results of the 28-day dermal toxicity study can be applicable to long-term exposure
Short-term inhalation (1 to 30 days)	Oral study NOAEL = 4.62 mg/kg/day (inhalation absorption rate = 100%)	Residential LOC for MOE = 100 Occupational LOC for MOE = 100	Chronic oral toxicity study - dog LOAEL = 23.5 mg/kg/day based upon increased alkaline phosphatase activity, increased liver weights, liver enlargement (females), and incidences of centrilobular hepatocellular swelling in the liver
Intermediate-term inhalation (1 to 6 months)	Oral study NOAEL = 4.62 mg/kg/day (inhalation absorption rate = 100%)	Residential LOC for MOE = 100 Occupational LOC for MOE = 100	Chronic oral toxicity study - dog LOAEL = 23.5 mg/kg/day based upon increased alkaline phosphatase activity, increased liver weights, liver enlargement (females), and incidences of centrilobular hepatocellular swelling in the liver
Long-term inhalation (>6 months)	Oral study NOAEL = 4.62 mg/kg/day (inhalation absorption rate = 100%)	Residential LOC for MOE = 100 Occupational LOC for MOE = 100	Chronic oral toxicity study - dog LOAEL = 23.5 mg/kg/day based upon increased alkaline phosphatase activity, increased liver weights, liver enlargement (females), and incidences of centrilobular hepatocellular swelling in the liver
Cancer (oral, dermal, inhalation)	Classified as "not likely to be carcinogenic to humans"		

\* The reference to the FQPA SF refers to any additional SF retained due to concerns unique to the FQPA.

### C. Exposure Assessment

1. *Dietary exposure from food and feed uses.* There are currently no food/feed uses or tolerances for etoxazole. Risk assessments were conducted by EPA to assess dietary exposures from etoxazole in food as follows:

i. *Acute exposure.* Acute dietary risk assessments are performed for a food-use pesticide if a toxicological study has indicated the possibility of an effect of concern occurring as a result of a 1-day or single exposure. An endpoint of concern attributable to a single oral dose was not selected for either the general U.S. population (including infants and children) or the females 13–50 years old population subgroup for etoxazole; therefore, an acute dietary exposure analysis was not performed. EPA evaluated the suitability of the

developmental toxicity study in rabbits in which the developmental NOAEL of 200 mg/kg/day is based upon increased incidences of 27 presacral vertebrae and 27 presacral vertebrae with 13th ribs (skeletal variations) in the fetuses at the LOAEL of 1,000 mg/kg/day (limit dose). Although these developmental effects may be attributed to a single dose, EPA concluded that these effects are minor in magnitude and were observed only at the limit dose (1,000 mg/kg/day). Therefore, quantitation of the acute risk was not performed.

ii. *Chronic exposure.* In conducting this chronic dietary risk assessment the Dietary Exposure Evaluation Model (DEEM®) analysis evaluated the individual food consumption as reported by respondents in the USDA 1994–1996 and 1998 nationwide

Continuing Surveys of Food Intake by Individuals (CSFII) and accumulated exposure to the chemical for each commodity. The following assumptions were made for the chronic exposure assessments: The assessment assumed that 100% of the proposed crops were treated and that all treated crops and livestock had residues of concern at the tolerance level. The general U.S. population and all population subgroups have exposure and risk estimates which are below EPA's LOC (i.e., the cPADs are all below 100%). The most highly exposed subgroup is children 1 to 2 years of age, which utilizes 5% of the cPAD.

iii. *Cancer.* EPA has determined that etoxazole is not likely to be a human carcinogen and EPA therefore, does not expect it to pose a cancer risk. As a