HIGH THROUGHPUT RISK AND IMPACT SCREENING OF CHEMICALS IN CONSUMER PRODUCTS

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Abstract

The ubiquitous presence of more than 80,000 chemicals in thousands of consumer products used on a daily basis stresses the need for screening a broader set of chemicals than the traditional wellstudied suspect chemicals. This High Throughput Screening combines stochastic chemical-product usage with mass-balance based exposure models and toxicity data to prioritize risks associated with household products. We first characterize product usage using the stochastic SHEDS-HT model and chemical content in common household products from the CPDat database, the chemical amounts

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applied daily varying over more than six orders of magnitude, from mg to kg. We then estimate multi-pathways near- and far-field exposures for 5500 chemical-product combinations, applying an extended USEtox model to calculate product intake fractions ranging from 0.001 to ~1, and exposure doses varying over more than 9 orders of magnitude. Combining exposure doses with chemical specific dose-responses and reference doses shows that risks can be substantial for multiple home maintenance products, such as paints or paint strippers, for some home-applied pesticides, leave-on personal care products, and cleaning products. 60% of the chemical-product combinations have hazard quotients exceeding 1 and 9% of the combinations have lifetime cancer risks exceeding 10⁻⁴. Population-level impacts of household products ingredients can be substantial, representing 5 to 100 minutes of healthy life lost per day, with users' exposures up to 10³ minutes. It demonstrates large variations of up to 10 orders of magnitude in impact between both chemicals and product combinations, consumer products being responsible for high exposure and risks for users and thus for the general population. It also shows that prioritization based on hazard only would neglect orders of magnitude variations in both product usage and exposure that need to be quantified. To address this issue, present mass-balance based models are already able to provide exposure estimates for both users and populations. This screening study shows large variations of up to 10 orders of magnitude between both chemicals and product combinations, demonstrating that prioritization based on hazard only is not acceptable and that the USEtox suite of mass-balance based models are already able to provide exposure estimates for thousands of product-chemical combinations for both users and populations. The present study calls for more scrutiny of most impacting chemical-product combinations, fully ensuring from a regulatory perspective consumer product safety for high-end users, and using protective measures for users.

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KEYWORDS: high throughput exposure and risk screening, chemical ingredients, household products

1. INTRODUCTION

Chemicals are ubiquitously present in thousands of consumer products used on a daily basis. It is estimated that approximately 30,000 to 80,000 different chemicals are commonly used, but good quality and regulatory toxicity data is only available for a few thousand chemicals, and the product- and user specific nature of exposure makes that many decisions are often taken on hazardbased data only (Greggs et al., 2019). Wambaugh et al. (2014) showed that chemicals found at the highest concentrations in serum and urine human biomonitoring data are associated with chemical usage in consumer products, whereas chemicals only used in industrial processes or active ingredients in pesticides are generally associated with lower exposure levels. This stresses the need for screening a broader set of chemicals than the traditional well-studied suspect chemicals, accounting for both exposure and hazard, and considering both chemical and product properties.

Recent developments in the assessment of near-field exposures (i.e., exposure pathways in the vicinity of product use) (Jolliet, Ernstoff, Csiszar, & Fantke, 2015; Huang and Jolliet; 2016, Isaacs et al., 2014) have framed the field towards a consistent inclusion of near-field human health assessment that is product-chemical combination specific into high-throughput risk and impact assessment studies. Data are becoming increasingly available to assess chemical content in products (Phillips, Wambaugh, Grulke, Dionisio, & Isaacs, 2017; Dionisio, Phillips, Price, Biryol, & Isaacs, 2018; Isaacs, Phillips, Biryol, Dionisio, & Price, 2018), and stochastic methods have been developed to predict population product usage patterns for many product categories (Isaacs et al., 2014). These data and product usage methods have been used within a screening-level exposure model to inform

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chemical prioritization (Isaacs et al., 2014), which had some limitations on the exposure side, including lower-tier conservative assumptions that do not account for the mass-balance nature of competing processes, such as volatilization and dermal uptake on skin surface. On the other hand, more elaborate, higher-tier mass-balance based models have been developed to estimate transport, fate, exposure associated with multiple chemical emissions and usage along the life cycles of products and services (Fantke, Ernstoff, Huang, Csiszar, & Jolliet, 2016; Fantke, Huang, Overcash, Griffing, & Jolliet, 2020; Csiszar, Ernstoff, Fantke, Meyer, & Jolliet, 2016) for high throughput screening of cosmetics) and have been consolidated within an extended USEtox near-field and farfield model, but to date have incorporated relatively limited data on chemical and product usage.

The present paper aims to combine stochastic estimates of chemical-product usage with product-chemical mass-balance based exposure models and toxicity data to inform High Throughput Screening (HTS) of chemical risks associated with commonly used household products. More specifically, we aim to a) characterize the product usage and chemical content in commonly used household products, b) estimate multi-pathways near- and far-field exposures for thousands of chemical-product combinations, and c) screen and prioritize risk and health impact to identify product and substances of concern, using the estimated exposures in concert with available toxicity data and high throughput toxicity estimates. This work demonstrates the feasibility of combining HTS estimates for chemical usage, exposure models and toxicity to identify and prioritize chemicals of concern that require further scrutiny, as well as main product usage that might lead to substantial exposures and impacts. This approach could be used in the context of either receptor-oriented methods like screening-level Risk Assessment (RA) to assess the order of magnitude of risks for product users and general population, or of product-oriented methods, such as Life Cycle Assessment (LCA) and Chemical Alternatives Assessment to identify substances that matter most during the product use life cycle stage.

2. Methods

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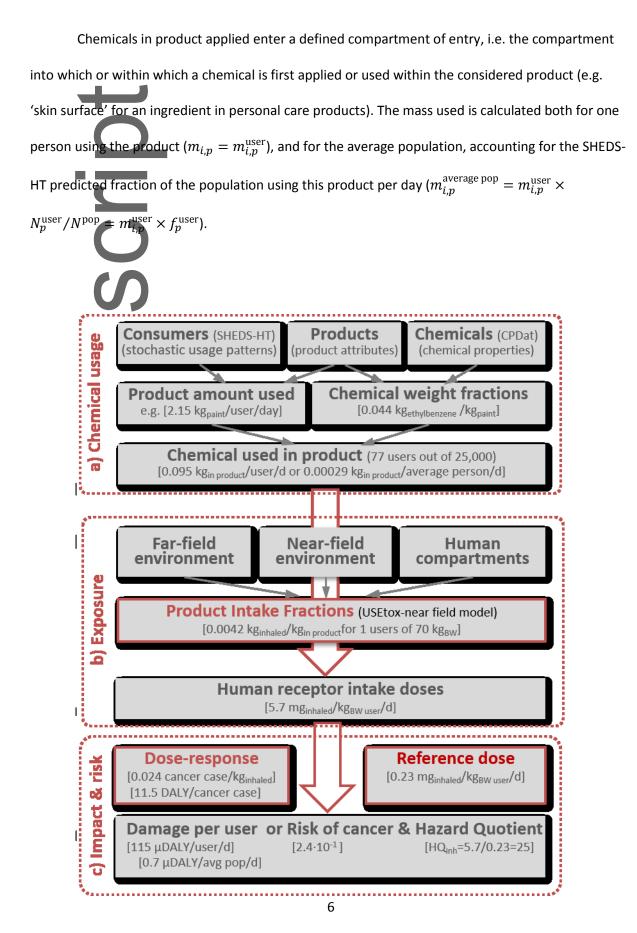
2.1. Assessment framework

High throughput quantitative exposure assessment is performed according to the Product Intake Fraction (PiF) framework (Jolliet et al., 2015; Fantke et al., 2016; Fantke, Huang et al. 2020) and its implementation within the USEtox model, successively determining the amount of chemical applied in product per user and per day, the corresponding exposure in mg/kg/d and the associated risks, hazard quotient or health impacts (Fig. 1). It aims to determine the incremental or marginal increase in exposure and risks due to the considered household products and therefore does not include background exposures from environmental emissions or other products. This overall assessment framework is in line with current recommendations for characterizing chemical-related toxicity impacts (Fantke et al., 2018), and is executed according to the following stepwise procedure: *2.1.1. Chemical used in product*

We first quantify the chemical mass of each substance $i (m_{i,p}, kg_{chemical}/pers/d)$ that is used daily by a user of a specific product p:

$$m_{i,p}^{\text{user}} = M_p^{\text{user}} \times w f_{i,p} \tag{1}$$

M^{user} (kgproduct/pers/d) is the daily amount of product used by a user of this product,
estimated with the High-Throughput Stochastic Human Exposure and Dose Simulation model
(SHEDS-HT, Isaacs et al, 2014) and wf_{i,p}, (in kg_{chemical}/kg_{product}) is the content of chemical *i* in product *p*taken from the U.S. Environmental Protection Agency's (EPA) Chemicals and Products Database
(CPDat, Dionisio et al., 2018),



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Fig. 1. Schematic description of the assessment framework and impact pathways, from mass in product to risk and impacts, illustrated with the example of ethylbenzene in paint.

2.1.2. User and population exposure

Second, the framework captures the multi-pathway transport and fate processes transferring chemicals among compartments in the near- and far-field environments, until finally reaching humans. Multimedia transfers are structured in a matrix of direct inter-compartmental transfer fractions (Fantke et al., 2016). By matrix inversion, we quantify cumulative multimedia transfer fractions and exposure route-specific (*x*: inhalation, ingestion, dermal) product intake fractions defined as chemical mass taken in ($I_{i,p,h,e}$, kg/d) via multiple exposure pathways *e* (e.g. dust ingestion, dermal contact) by exposed humans *h* per unit mass of chemical in a product (Jolliet et al., 2015): $PiF_{i,p,h,x} = \sum_{e \in x} I_{i,p,h,e} / m_{i,p}^{user}$. Combining product intake fractions with chemical mass in the product, multiplying by a factor 1,000,000 $kg_{to_{-}}mg$ conversion factor and dividing by the number of exposed humans in the considered subpopulation (N_{h} , persons) of users, non-user household members, or general population, and an average human body weight (BW_{h} , kg_{BW}/person) yields intake doses for exposure route x ($D_{i,p,h,x}$, mg/kg_{BW}/d) as exposure estimates:

$$D_{i,p,h,x} = \frac{m_{i,p}^{\text{user} \times PiF_{i,p,h,x} \times kg_to_mg}}{N_h \times BW_h}$$
(2)

2.1.3. Risk characterization

The third step is to assess and compare the risks and impacts associated with each of the chemicalproduct combinations, combining exposure doses with toxicity data. First, carcinogenic risks ($R_{i,h}$, in probability of cancer for a lifetime exposure of user h by route x) are calculated by multiplying the dose by a route-specific cancer slope factor (CSF_{i,x}, in incidence/(mg/kg_{BW}/d), taken from the Carcinogenic Potency Database, see Eq. 5 below):

$$R_{i,p,h} = \sum_{x} D_{i,p,h,x} \times CSF_{i,x}$$
(3)

This risk probability can then be compared to the acceptable lifetime cancer risk limit of 10^{-4} to 10^{-6} for the general population depending on the jurisdiction. Non-carcinogenic risks are characterized by comparing the dose with a reference dose ($RfD_{i,x}$, mg/kg_{BW}/d, from Wignall et al., 2018) and calculating the dimensionless cumulative hazard quotient as:

$$HQ_{i,p,h} = \sum_{x} D_{i,p,h,x} / RfD_{i,x}$$
(4)

The cumulative hazard quotient should not be interpreted as a risk, but an HQ>1 (exposure dose higher than reference dose) may indicate potentially harmful chemicals that require further scrutiny.

2.1.4. Impact characterization

In addition to the risk screening, we also calculate comparative impact scores for both cancer and non-cancer toxicity impacts, according to latest LCA approaches, i.e multiplying the inventory flows by the substance intake fraction (fate and exposure factor in kg_{intake}/kg_{emitted}), the USEtox dose-response factors (DRFs, incidence/kg_{intake}) and severity factors (SF, DALY/incidence). For the specific case of chemicals in consumer products, the cumulative impacts resulting from a daily usage of a mass of chemical in product ($m_{i,p}$, kg/person/d) and ($IS_{i,p}$, DALY/person/d for both cancer or non cancer effect *e*) via exposure route *x* is given by (Jolliet et al., 2015):

$$IS_{i,p} = m_{i,p}^{\text{user}} \times \sum_{h,x,e} \left(PiF_{i,p,h,x} \times DRF_{i,x,e} \times SF_e \right)$$
(5)

Where the sum on *h* is calculated considering the direct adult (or child) product user exposed, the other adult(s) and child in the household, composed by default of 2 adults and one child, as well as the general exposed background human population.

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Risk and impacts are first determined for the product user and then extrapolated to an average risk or impact for the entire population accounting for the fraction of the population using this product. This impact-oriented representation enables us to analyze results either from a product perspective, summing up impacts for all chemicals in a given product, or from a substance perspective, summing up impacts for all products containing a given chemical. The next sections detail the data and models used for each of these three main steps.

2.2. Chemical used in product - the SHEDS-HT model

For determining daily chemical usage by product user and for the general population, we used the SHEDS-HT model (Isaacs et al., 2014), an integrated probabilistic exposure model for prioritizing exposures to chemicals. The model is run for 1777 unique chemicals in 289 individual product categories, including arts and crafts, auto, cleaning, home maintenance, home office, lawn and yard, personal care, pet, and home pesticide products; this results in 9700 product-chemical combinations. The SHEDS-HT input data include empirical chemical weight fraction distributions developed from EPA's CPDat database (Dionisio et al., 2018) and use variables for individual product categories (e.g., population prevalence, frequency of use, mass per use) developed from a review of existing data sources or assumed where necessary (Isaacs et al., 2014; Isaacs, 2019). A population of 25,000 individuals is simulated; distributions and means of the mass of product and mass of chemical used per day per person are obtained a) per user for product users only and b) per person for the entire population of simulated individuals, accounting for the SHEDS-HT predicted fraction of the population using this product per day.

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User and population exposure

To estimate product intake fractions, we build on the USEtox mass-balance based model (Rosenbaum et al., 2008) and extend it to the near-field environment to create an extended version of the USEtox compartment system that includes exposure to chemicals in consumer products. We first populate a multimedia transfer matrix $\mathbf{T}(nxn)$ with direct inter-compartmental transfer fractions from each column to each row. The first column of direct transfer fractions characterizes transfers from the product compartment of entry into the near-field environment (e.g. an 'object surface' for cleaning products) to the neighboring compartments (e.g. to indoor air via volatilization, and to human epidermis via direct dermal contact between the user and the object surface) using the nearfield models described in Table I. The other columns of the transfer matrix contain the direct transfer fractions from 17 compartments to their neighboring environmental compartments and to an additional 28 human exposure compartments. The environmental compartments include nearperson air a one m compartment to receive the fraction volatilized in direct proximity of the user), indoor air (for volatilization to the rest of the user household air), as well as the already existing 11 USEtox outdoor environmental compartments of urban, continental and global air, continental and global freshwater, continental coastal marine water and global deep ocean, and continental and global agricultural and natural soils. For these compartments, direct transfers are calculated as the ratio of the inter-compartment transfer rate constant divided by the total removal rate constant of the respective column compartment. The human compartments correspond to a combination of intake compartments and exposure pathways (respiratory tract for inhalation, gastrointestinal tract for ingestion of food and drinking water, and for dust ingestion via hand to mouth, epidermis for gaseous and direct dermal exposure), for four subpopulations, namely one adult user, a second nonuser adult, one child (optionally being a user) in the user household, and the general population of 1 billion people (with 10 intake compartments/exposure pathways differentiated).

As demonstrated by Fantke et al. (2016), the compartments are then combined and the cumulative transfers accounting for all subsequent higher order transfers obtained by inverting the difference between the identity matrix I (with ones in the main diagonal and zeroes elsewhere) and T, yielding the cumulative transfers matrix $T_{cum} = (I - T)^{-1}$. The first column of matrix T_{cum} provides the cumulative chemical transfer fractions from the product to both the other indoor and outdoor compartments and to the different human compartments. The cumulative transfers to these human compartments directly correspond to the product intake fractions associated with different exposure pathways.

An example of matrices **T** and **T**_{cum} is presented for our example chemical-product combination – ethylbenzene in paint - in the SI2 tab of the supplementary information SI. In the first matrix, the first column indicates that 20% of ethylbenzene entering the household environment as a thin coating is volatilized in the near-person compartment during the painting process, that 0.18% is transferred to the user epidermis during painting and that the remaining 79.82% are volatilized to the rest of the indoor air over the 15 years defined exposure period. The near-person air column indicates that 99.77% of the chemical is transferred to the rest of the household, whereas 0.33% is inhaled by the user. The first column of the second, cumulative transfer matrix indicates that 0.42% of the applied ethylbenzene is inhaled by the user (thus a PiF of 0.0042), another 0.35% are inhaled by the second household adult and 0.20% by the household child, whereas a negligible fraction of only 0.0011% is inhaled by the one billion persons of the continent's general population.

The direct transfer fractions from the compartment of entry to other various near-field environmental compartments, to the USEtox far-field environmental compartments and to the three human receptor compartments (respiratory tract, gastro-intestinal tract, and epidermis, corresponding to the three exposure routes) are calculated using a series of complementary

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underlying models. Depending on the product application and the compartment of entry in the nearfield environment, four main models are included into our framework for calculating direct transfer fractions, namely 'Direct emission', 'Article interior', 'Skin surface layer', and 'Object surface'. Table I summarizes the direct transfer fractions that are determined by each model and the respective exposure pathways. Each of these models is then parametrized adapting required model parameters (such as thickness of applied chemical on skin, surface applied, number of adult and children exposed, and adult and child specific exposure factors e.g. for hand-to-mouth dust ingestion) to the SHEDS-HT product category. The underlying models required chemical property estimates, which are obtained from EPA's OPEn structure-activity Relationship App (OPERA) quantitative structure-activity relationship (QSAR) models (Mansouri, Grulke, Judson, & Williams, 2018). The availability of chemical properties restricts results to 5500 of the 9700 chemical-product combinations. The Supplementary Information provides the list of the 5500 product-chemical combinations characterized, together with their usage characteristics and the main resulting exposures, risks and impacts.

Table I. Selected underlying USEtox near-field exposure models with main direct transfer fractions from compartment of entry, exposure pathways, model mechanisms, key parameters, and example products covered to determine Product Intake Fractions.

Model	Compartment of entry and main transfers and compartments considered	Direct exposure pathways	Model mechanism	<i>,</i> ,	Product example
Direct	Emissions to	Inhalation	Direct transfer fraction	Half-lives and	All chemical
emission	near-person,	and gaseous	is the chemical mass	residence time in	emissions to
(based	indoor, urban	dermal	emitted to a certain	each	indoor and
on	or continental	uptake,	compartment divided by	environmental	outdoor

Model	Compartment	Direct	Model mechanism	Key parameters	Product
	of entry and	exposure			example
	main transfers	pathways			
	and				
	compartments				
	considered				
USEtox	air, to surface	ingestion	the original mass in	compartment.	environmental
2.2)	water,	pathways via	product and is	Bioaccumulation	compartments
-	agricultural and	drinking	calculated as the ratio of	factors	
	natural soil,	water, above	transfer rate constant to		
	WWTP ¹ and	ground	total removal rate, using		
	STP ²	produce,	the USEtox rate		
	UJ	below	constant K matrix		
		ground	(Rosenbaum et al.,		
		produce,	2008; Henderson et al.,		
		meat, milk	2011)		
		and dairy			
		products,			
		and fish			
Article	Transfers from	Dermal	Diffusion-limited (for	Diffusion	Chemicals
interior	chemicals in	contact with	e.g. VOCs) or partition-	coefficient inside	encapsulated
	article interior	article	limited model (for e.g.	the article D _m ,	in article
	to near-person	surface, dust	SVOCs) for the transfer	solid material-air	interior (e.g.,
	air or indoor	ingestion in	from article interior to	partition	building
	air, to human	addition to	indoor air. The	coefficient K _{ma} ,	materials,
	epidermis via	inhalation	diffusion-limited model	material-water	furniture, toys,
	d <mark>ermal co</mark> ntact,	0	accounts for the	partition	or arts and
	to human GI	dermal	chemical's internal	coefficient K _{mw} ,	crafts)
	tract via dust	uptake	diffusion inside the	which are	
	ingestion and to		article via Fick's 2nd	predicted by	
	STP ² at its end-		Law, but does not need	Huang, Fantke,	
-	of-life.		to account for the	Ernstoff, and	
			restricted long-term	Jolliet (2017),	
			chemical's sorption on	Huang and Jolliet	
			other indoor surfaces,	(2019a), Huang	
			yielding a two	and Jolliet	
			exponential model	(2019b),	
			applicable to most VOCs	respectively.	
			(Huang & Jolliet, 2016).		
	7		The partition-limited		

Model	Compartment	Direct	Model mechanism	Key parameters	Product
	of entry and	exposure			example
	main transfers	pathways			-
	and				
	compartments				
	considered				
			model accounts for		
			indoor sorption, but		
			assumes the chemical is		
			always evenly		
			distributed inside the		
			article since surface		
			partitioning is limiting.		
			The air is assumed in		
			quasi steady state with		
			the different surfaces.		
			This yields a		
			parsimonious two-		
			compartment mass-		
			balance model for		
			article and indoor		
l l			surfaces applicable to		
			most SVOCs, solved into		
			a two exponential		
			explicit equation using		
			eigenvalues and		
			eigenvectors		
Skin-	Transfer from	Direct dermal	The model uses a three-	Skin permeation	Personal care
surface	skin surface	aqueous	compartment mass	coefficient via	products, hand
layer	layer to near-	uptake in	balance, whose	aqueous solution	dishwashing
•	person air, to	addition to	compartments include	K _{p_aq} , total	
	human	inhalation	skin, indoor air, and the	gaseous-skin	
	e p idermi s , and	and gaseous	product applied on the	permeation	
	to WWTP ¹	dermal	skin. The model	coefficient	
		uptake	assumes that	K _{p_gas_total} , which	
			volatilization and skin	are calculated by	
			permeation are two	the methods used	
			competing loss	by ten Berge	
			processes for chemicals	(2009) as applied	
			in the product applied	by Csiszar et al.	

Model	Compartment of entry and main transfers and compartments considered	Direct exposure pathways	Model mechanism on skin. (Ernstoff et al., 2016, Csiszar, Ernstoff, Fantke, & Jolliet, 2017). The fraction remaining on the skin at the end of the exposure period is washed-off to Waste Water Treatment Plant	Key parameters (2017).	Product example
Object surface	Transfer from object surface to near-person air, and indoor air, to human epidermis and to WWTP ¹	Dermal contact in addition to inhalation and gaseous dermal uptake	The model is a simplified version of the model from Earnest and Corsi (2013), as developed by Wang, Huang, Nguyen, and Jolliet (2016), which uses a four- compartment mass balance, whose compartments include near-person surface, near-person air, far- person surface and far- person surface and far- person air. In this model, a transfer rate constant between near- person surface and the rest of the surface (far- person surface) is used to simulate the movement of the person when cleaning surfaces	Air-water partition coefficient K _{aw} , taken from the OPERA QSARs (Mansouri et al., 2018).	Surface cleaner detergents

¹Wastewater treatment plant, ²Solid waste treatment plant such as landfill or incinerator, ³Semivolatile organic compounds.

Toxicity data, risk characterization and impacts

2.4.1 Cancer slope factor

For cancer risks, cancer slope factors are calculated based on the Carcinogenic Potency Database (CPDB: https://toxnet.nlm.nih.gov/cpdb/) and its implementation for Life Cycle Assessment in USEtox (Rosenbaum et al., 2011), starting from the lowest (across animal species after correction by the extrapolation factor for interspecies differences) harmonic mean of tumorigenic doses generating an additional risk of 50% over background in a chronic lifetime cancer test $(TD50_{a,i,x}, mg/kg_{BW}/d)$:

$$CSF_{i,x} = \frac{0.5 \times f_a \times f_i}{10^{50} a_{i,x}}$$
, in 1/(mg/kg/d) (6)

where f_{0} (dimensionless) is the extrapolation factor for interspecies differences between animal species a and humans (Rosenbaum et al., 2011, Table S3), and f_{t} (dimensionless) is the extrapolation factor for differences in time of exposure, i.e. a factor of 2 for subchronic to chronic exposure and a factor of 5 for subacute to chronic exposure (Huijbregts, Rombouts, Ragas, & Van de Meent, 2005). Route specific harmonic means are determined separately when available for both ingestion and inhalation. In case no data are available for a specific exposure route, a route-to-route extrapolation is carried out, assuming equal slope factor between inhalation and ingestion route, and between dermal and ingestion route. Rosenbaum et al. (2011, SI section S3.2) indicates that cancer slope factors by inhalation might be underestimated, when a) the primary target site is specifically related to the route of entry (case of formaldehyde linked to nasal cancer) and b) when the expected fraction absorbed via inhalation is expected to be much higher than the fraction absorbed via ingestion with octanol-water partition coefficients K_{ow} smaller than 2.5 10^{-2} or K_{ow} larger than 10^{10} . The slope factors for acrylonitrile, arsenic, benzene, benzidine, beryllium, 1,3-

butadiene, cadmium, chromium VI and nickel by inhalation are directly taken from the human based data available via the IRIS database (<u>http://www.epa.gov/iris/</u>).

2.4.2. Reference doses

For non-cancer risk characterization, for ingestion, Reference Doses (RfD) are determined starting from a point of departure and dividing them by the product of three uncertainty factors for animal to human extrapolation, inter-individual variability and uncertainty: $RfD_x = \frac{POD_x}{\prod_i UF_i}$. For calculating the RfDs, the points of departure are in general NOAEL or LOAEL taken from IRIS or other regulatory oriented databases, retaining the RfDs used as training set by Wignall et al. (2018, collected from IRIS, Office of Pesticide Programs (OPP), Superfund Regional Screening Level Tables (RSLs)], California EPA, Agency for Toxic Substances and Disease Registry (ATSDR) toxicological profiles, U.S. EPA Provisional Peer Reviewed Toxicity Values (PPRTV), U.S EPA Health Effects Assessment Summary Tables (HEAST)). When not available, we use the in silico conditional toxicity value (CTV) predictors from Wignall et al. (2018) to predict quantitative estimates of ingestion RfDs (also used by default for dermal uptake) and inhalation Reference Concentrations (RfCs). Inhalation RfDs are then derived from multiplying RfCs by by an average breathing rate of 16 m³/person/d for a middle age adult (USEPA, 2011) and dividing by a standard human adult body weight of 70 kg/person. Predicted RfDs are only retained if they are within the QSAR model applicability domain (Wignall's quality indicator lower than or equal to 3, as reported in the supplementary information). , that is for 344 chemicals representing 2,888 chemical-product combinations for inhalation-based RfDs and for 477 chemicals representing 3,495 chemical-product combinations for ingestion RfDs.

2.4.3. Dose-response and severity factors

For determining carcinogenic impacts, the DRFs are taken from the USEtox database as described by Rosenbaum et al. (2011): $DRF_{i,cancer,x} = \frac{0.5 \times f_a \times f_t \times 10^6}{TD50_{i,a,cancer,x} \times N_d \times BW \times LT}$, where BW is the average body weight of human adults, LT is the average lifetime of humans (70 years), N_d is the number of days per year (365.25 d/year). An average cancer severity factor of 11.5 DALY/incidence (Huijbregst et al., 2005) is taken as average over various cancer types.

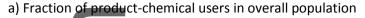
For non-cancer impacts, DRFs are also taken from the USEtox database as described by Rosenbaum et al., (2011): $DRF_{i, \text{ non cancer},x} = \frac{0.5 \times f_a \times f_t \times 10^6}{TD50_{i,a,\text{non cancer},x} \times N_d \times BW \times LT}$ where $TD50_{a,i,x}$ is the toxic dose extrapolated either from NOAEL ($TD50_{i,a,x} = 9 \times NOAEL$, mg/kg/d) or from LOAEL ($TD50_{i,a,x} = 2.25 \times LOAEL$, mg/kg/d). An average non-cancer severity factor of 2.7 DALY/incidence (Huijbregst et al., 2005) is taken as average over various non-cancer effects. Since there is 31.5 million seconds in a year, a µDALY could be interpreted as 31.5 second or 0.53 minutes of healthy life lost per day.

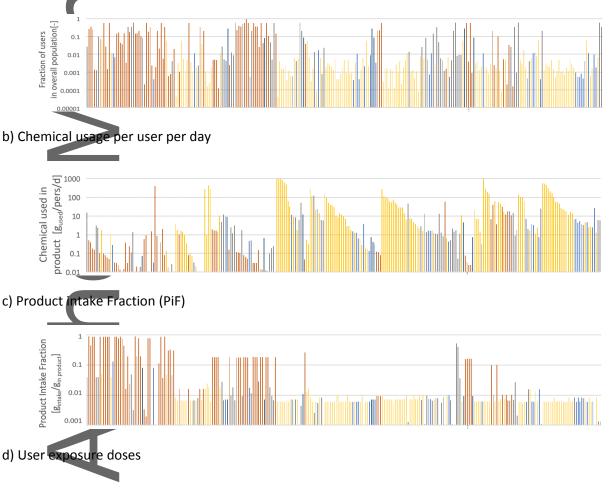
3. **RESULTS** AND DISCUSSION

3.1. Chemical and product usage

From SHEDS-HT, the mean total amount of chemical used per day per person is calculated as the multiplication of three model output statistics: the mean amount of product used per day by a user, the mean chemical content or weight fraction in products used, and the fraction of the population using this product for calculating an average daily chemical usage at population level. Taking the example of ethylbenzene used in paint (Fig. 1), a user will apply 2.15 kg_{paint}/user/d, which contains an average value of 0.042 kg_{ethylbenzene}/ kg_{paint}, thus an application of 0.095 kg_{ethylbenzene} in paint/user/d. Considering that on a given day only 77 person out of 25,000 are using this product, this 18

corresponds to a population average chemical application of 0.00029 kg_{ethylbenzene in paint}/person/d. Fig. 2a shows the fraction of users, i.e fraction of the population, using a given product-chemical combination per day. It varies from close to 1 (almost everybody uses it on a daily basis) for several cosmetics and cleaning products, down to 1 user out of 25,000 for some home maintenance products that tend to be used by a smaller fraction of the population compared to other products. The following sections first focus on the user and the other members of the household in which the product is used, to characterize risks associated with individual product-chemical usage. Average population applications are considered in a second stage to provide insights on the magnitude of the population-level burden of disease.





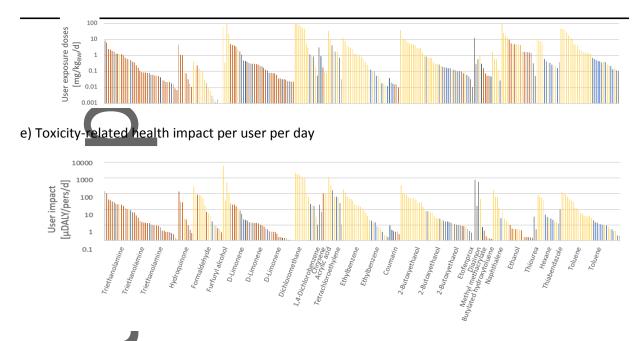


Fig. 2. Fraction of users (a), chemical and product usage (b), product intake fractions (c), exposure doses (d), and health impacts (e) on the product user, for multiple product-chemicals combinations of the 23 chemicals generating the highest cumulative impacts at population level.

Fig. 2b illustrates the variability in chemical usage across users. The amount of chemical used

per user per day for a given product-chemical application varies by more than six orders of

magnitude, from mg to kg; across all applications, where the highest quantities used per user are for

home maintenance products.

3.2. Product intake fraction and user exposures

Product intake fractions and exposures were characterized for 846 chemicals in 270 unique

products, for a total of 5465 product-chemical combinations.

3.2.1. Product Intake Fractions (PiFs)

Applying the USEtox-compatible PiF exposure modeling framework for each of the product-chemical combination yields the Product Intake Fraction (PiF). In the case of ethylbenzene in paint, the

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inhalation PiF for the adult user amounts to 0.0042 kg_{intake}/kg_{ethylbenzene in paint}. This means that for 1 g of ethylbenzene used in product, 4.2 mg is taken in by the user. The dermal PiF for the user is twice lower than for inhalation, at 0.0018 kg_{intake}/kg_{ethylbenzene in paint}. In addition, the inhalation PiF for the second adult ad the child in the household are still slightly lower than for the user but still substantial with values of 0.0035 and 0.0020 respectively. In contrast, the inhalation PiF for the general population is restricted to $1.1 \cdot 10^{-5}$ for a billion exposed people. Fig. 2c shows that user PiFs typically vary by a factor of 1000 between the various products considered, ranging from 1/1000 for inhalation exposure to ingredients of many home maintenance products such as paint or paint stripper, up to close to 1 for dermal exposure to ingredients of leave-on personal care products such as body or face lotion. Population exposure outside of the household remains minimal, on the order of 1 ppm to 10 ppm.

User exposure doses for each exposure route are obtained by combining the chemical mass in the product with the product intake fractions. Multiplying the amount of chemical used per day of 0.095 kgethylbenzene in paint/user/d by the inhalation PiF for the adult user of 0.0042 kg_{inhaled}/kg_{ethylbenzene in paint} and dividing by 70 kg_{BW}, we obtain for ethylbenzene a daily inhalation dose of 5.7 mg/kg_{BW}/d for the adult user, plus a dermal exposure of 2.4 mg/kg_{BW}/d. This is slightly higher than the exposure of the second adult non-user household member (4.8 mg/kg_{BW}/d) and lower than the per kg body dose for the child in the household (13.5 mg/kg_{BW}/d), but much higher than the daily exposure dose for the background population, which amounts to $1.4 \cdot 10^{-11}$ mg/kg/d, due to the low PiF and high number of exposed adult in the background population. Fig. 2d shows that depending on the considered product-chemical combination, exposure doses vary by more than 5 orders of magnitude, from 0.001 to a thousand mg/kg/d for a user using the product, with especially high doses when applying

home maintenance products the entire working day. The contribution of each exposure route and sub-population is further detailed for each of the 5500 chemical-product combinations in the SI1 tab of the supplementary information file.

3.3 Risk characterization

3.3.1 Risk characterization for users

Risks were characterized for 665 chemicals in 228 unique products, for a total of 4229 productchemical combinations (Fig. 3). Predicted RfDs within the QSAR model applicability domain were used for 344 chemicals representing 2,888 chemical-product combinations for inhalation-based RfDs and for 477 chemicals representing 3,495 chemical-product combinations for ingestion RfDs. For the non-cancer characterization of the illustrative example of ethylbenzene in paint (Fig. 1), the user dose of 5.7 mg/kg/d is divided by a Reference Dose of 0.23 mg/kg/d (derived from a Reference Concentration of 1 mg/m³), yielding a Hazard Quotient of 25 for inhalation. Fig. 3 presents the noncancer hazard quotients in diagonal line, expressed as the ratio of the same exposure doses on the xaxis and the reference doses on the y-axis (reverse values). This prioritization exercise also identifies multiple combinations with hazard quotients substantially higher than 1: for inhalation (Fig. 3a), the highest exposures and hazard quotients are observed for ingredients of home maintenance products, the product-chemical combinations with highest hazard quotient deserving further scrutiny in priority. The ingestion reference doses tend to be higher than the inhalation one for the majority of the considered chemicals (Fig. 3b, inversed value on the y-axis). Two product categories lead to the highest user HQ: the ingredients of home maintenance products with low ingestion RfDs, and the ingredients of specific personal care products, such as body lotions, that have lower RfDs but are taken in dermally at higher doses. Overall 60% and 12% of the chemical-product combinations have hazard quotients exceeding 1 and 100, respectively, up to more than 10^4 .

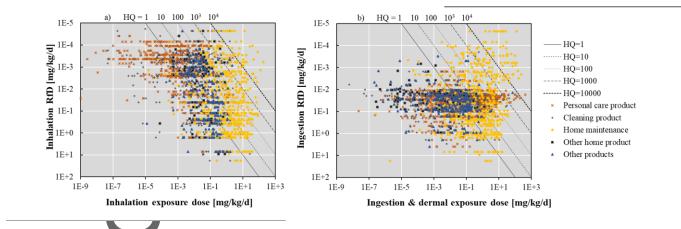


Fig. 3. Hazard quotient (HQ) represented as diagonal lines determined as the product of exposure dose for (a) inhalation, and (b) the sum of ingestion and dermal exposure of the adult user on the x-axis, multiplied by the inverse of reference doses (reversed values on the y-axis), for multiple product-chemical combinations.

For cancer, taking the example of ethylbenzene (Fig. 1), the user dose of 5.7 mg/kg/d is multiplied by a cancer slope factor of 4.2×10^{-2} [1/(mg/kg/d)] to yield a high cancer risk over lifetime of 2.4×10^{-1} , substantially higher than the commonly acceptable range at population level of 10^{-6} to 10^{-4} . Fig. 4a presents the resulting estimates of carcinogenic risks for a lifetime use of each product-chemical combination. Risks are shown as diagonal lines, representing for each considered product-chemical combination the cancer slope factors as a function of the corresponding exposure doses. This screening shows that for multiple products, continuous exposures to these chemicals in products can potentially yield high cancer risks for the user, exceeding 10^{-2} over lifetime, especially for inhalation and dermal exposures of ingredients in home maintenance and personal care products. Substances with the highest cancer slope factor of 1.5 to 4 [1/(mg/kg/d)] are chrysene, formaldehyde, and 3,3'-Dimethylbenzidine dihydrochloride. They can lead to substantial lifetime

risks for both inhalation and ingestion up to or higher than 10^{-2} when used on a regular basis. But substances such as triethanolamine (CSF=4.2· 10^{-2}) or dichloromethane (CSF=3.8· 10^{-2}) with two to three orders of magnitude lower CSF can lead to similar risks due to two to three orders of magnitude higher exposure doses.

This high-throughput screening analysis indicates that exposure to chemicals in products might lead to high exposure for regular product users for multiple product-chemical combinations and enable us to identify chemical combinations inducing substantial risks and that deserve further scrutiny. At the same time, absolute user risks must be taken with care, since for chemicals with low usage at population level, it is unlikely that these products will be used on a daily basis over lifetime, apart from professional usage of e.g. paint strippers. Also, most dermal effect data are extrapolated from ingestion toxicity data and might overestimate real risks. Overall 14% and 9% of all the chemical-product combinations have user lifetime cancer risks exceeding 10⁻⁶ and 10⁻⁴ respectively (up to 10⁻¹), but these proportions increase substantially to 94% and 60% when only considering the chemicals with available cancer data.

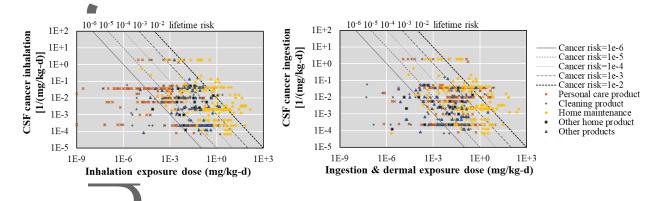


Fig. 4. User lifetime cancer risks due to chemical exposures represented as diagonal lines (equicancer risks of 10^{-2} to 10^{-6}), determined as the product of exposure dose for inhalation (a), and the

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sum of ingestion and dermal exposure (b) of the adult user on the x-axis, multiplied by the Cancer Slope Factor on the y-axis.

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3.3.2 Cancer risk characterization at population level

Considering that only 77 persons are using ethylbenzene in paint out of the total considered population of 25,000, cancer risks are reduced at population level, in the order of 10⁻⁴, which is still a relevant risk for an entire population. Since there are large variations in product usage and penetration in the population (Fig. 2), Fig. 5 analyses how the user cancer risks translate at population level as a function of the fraction of population using this products. It shows that the highest population risks are found for chemical usage in broadly used leave-on personal care products and in a lesser extent in cleaning products, due to the combination of intermediate chemical usage, high PiFs, and broad usage of these products in the population (right upper corner of Fig. 5, see list in Supplementary Information, column AZ). The highest individual risks to the user tend to correspond to rarer product usages, that show lower risks at population level (left upper corner of Fig. 5).

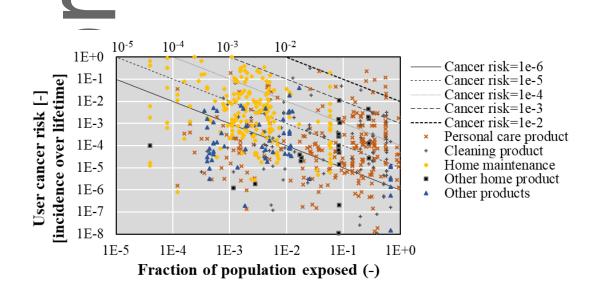




Fig. 5. Population cancer risks (based on user exposure) represented as diagonal lines (equi-cancer risks of 10^{-2} to 10^{-6}), determined as the product of fraction of population using the product-chemical combination, multiplied by the user cancer risk associated with chemicals in household products.

3.3 Impact characterization by product

Impacts were estimated for 129 chemicals in 233 unique product, for a total of 1148 productchemical combinations.

3.3.1. Impacts on users

Since exposure duration of users is not very well defined over lifetime, the impact-oriented approach of Eq. 5 might be more adapted to look at impacts of single daily usage, enabling a first comparison between cancer and non-cancer impacts. For ethylbenzene, the inhalation dose of 5.7 mg/kg/d is multiplied by a dose-response factor of 0.024 cancer incidence/kg_{intake}, an standard human body weight of 70 kg and an average cancer severity factor of 11.5 DALY/incidence (Fig. 1) to yield a daily carcinogenic impact by inhalation of 107.5 µDALY/user/d, whereas the dermal intake amounts only to 0.5 µDALY/user/d due to a two orders of magnitude lower dose-response factor of 2.6 10⁻⁴. The corresponding non-cancer impact amounts to 6.9 µDALY/user/d, yielding an overall user impact of 115 µDALY/user/d or 60 minutes of healthy life lost per day, and an average population impact of 0.35 µDALY/person/d for the main user, plus another 0.35 µDALY/person/d associated with the other adults and the child of the household assumed to be present in the home during **painting**.

Fig. 2e shows the product-chemical combination for the 23 chemicals with highest impacts, expressing the impacts in μ DALY/user/d and selecting combinations with impacts higher than 0.1 μ DALY/user/d. First, for a given chemical, impacts vary by more than three orders of magnitude depending on the product usage, emphasizing the importance to look at both chemical and product

usage and properties. Second, while some of the usual suspect chemicals, such as formaldehyde, 1,4-dichlorobenzene, ethylbenzene and toluene, were expected among the highest impacting chemical-product combinations, this high-throughput screening suggests that other broadly used chemicals, such as triethanolamine, hydroquinone or D-limonene, could lead to substantial risks at user level and need further scrutiny. Third, though high-throughput screening tools are primarily designed for relative comparisons, analyzing the order of magnitude of the impacts is nevertheless of interest. Impacts of chemical-product combinations range here from 0.1 up to 100 µDALY/user/d or 50 minutes of healthy life potentially lost per user per day. This is in the same order of magnitude as other risk factors included in the global burden of disease study series, such as nutrition-related risks (e.g. 35 minutes of life lost per serving of processed meat - Stylianou et al., 2016; Stylianou, Fulgoni III, & Jolliet, 2020).

Fig. 6a presents the impacts associated with the different ingredients of the 20 household products with the highest impacts on users. The products with the highest user impacts are home maintenance products such as adhesive remover, paint stripper, concrete cleaner and home applied pesticides, with substantial impacts of the order of magnitude of 1000 μDALY/user/d or 500 minutes of healthy life lost per day. This emphasizes the importance of using protective equipment for such home maintenance tasks to limit impacts. Personal care products and cleaning products are also found among the 23 most impacting chemicals on users, but rather in the order of a 100 μDALY/user/d or 50 minutes of healthy life lost per day. 14 main contributing chemicals are found in Fig. 6a and would beserve further investigation beyond the present screening, including tetrachloroethylene, dichloromethane, furfuryl alcohol, D-limonene, formaldehyde, butyl benzyl phthalate for home maintenance products, as well as diazinon and 1,4 dichlorobenzene for use of pesticides at home. Diazinon has been one of the most widely used insecticides in the U.S. for

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household but was phased out for residential use in early 2000 and would rather represent usage of products kept over long period on consumers' shelves.

3.3.2. Health impacts at population level

Since the fraction of the population using each product vary widely depending on each household product and product category, we also study the products and chemicals contributing most to the population burden of disease. Multiplying impact per user per day by the fraction of the population using the product chemical combination and summing up over all ingredients of a product yields the cumulative impacts at population level associated with the consumer use of that product (Fig. 6b).

In this screening assessment, products with the highest population burden of disease are primarily personal care products, and in particular body lotions and creams, due to the combination of high fraction of users in the population and high quantities of product applied directly on the skin. Home maintenance products and pesticides are also found among the 20 most impacting chemicals at population level, but with reduced impacts compared to user impacts due to their lower usage at population level. The chemicals that deserve further investigations include hydroquinone, triethanolamine as well the ingredients identified above for the user impacts of home maintenance products and home applied pesticides.

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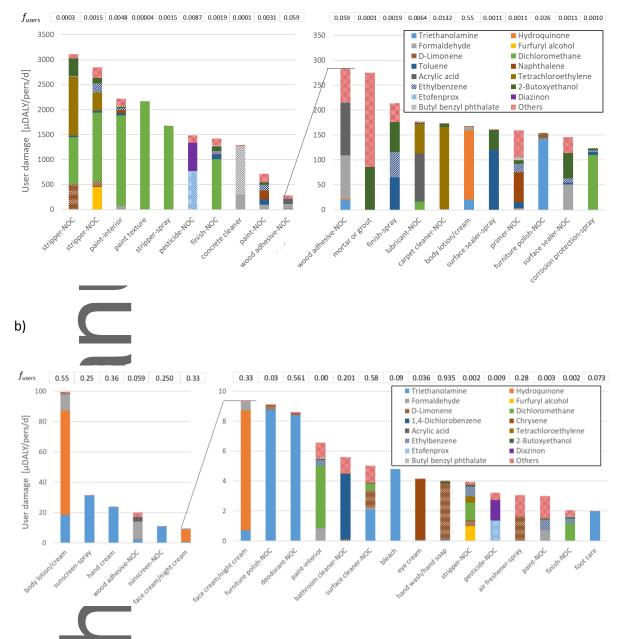


Fig. 6. Cumulative impacts on human health associated with chemicals in household products, differentiated by main contributing chemicals of the 20 household products with highest impacts for a) product user impacts and b) average population impacts accounting for the fraction of users in the population. Note the change in scale between the first five products and the others.

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4. **CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS**

This high-throughput screening of risks and impacts associated with chemicals in consumer products enables the identification of the chemical-product combinations with highest impacts to be further scrutinized in priority. It demonstrates large variations of up to 10 orders of magnitude in impact between both chemicals and product combinations, consumer products being responsible for high exposure and risks for users and thus for the general population. It also shows that prioritization based on hazard only would neglect orders of magnitude variations in both product usage and exposure that need to be quantified. To address this issue, present mass-balance based models are already able to provide exposure estimates for both users and populations.

Results show that both individual and population exposures need to be considered when prioritizing chemicals. Prioritization mostly based on biomarker levels in the population (Wambaugh et al., 2014, Ring et al., 2019) might neglect substantial exposures of individuals using certain products that are only used by a small fraction of the population, which are unlikely to show up as being important when sampling the general population.

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The present screening shows substantial risks and impacts for household users of several home maintenance, personal care and cleaning products, whose exposure to their ingredients might exceed reference regulatory doses by several orders of magnitude. This is primarily related to the high intake doses experienced by users exposed to chemicals in consumer products rather than to toxicity level per unit dose: The median intrinsic toxicity of compounds in the considered household

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products being a factor 3 to 10 lower than the median of USEtox chemicals, and the most toxic being a factor 10000 less toxic than 2,3,7,8 tetrachlorodibenzodioxin (TCDD).

The scope of the present assessment is limited to screening and prioritization purposes and therefore suffers several limitations. First, the present study focuses on the incremental or marginal increase in exposure due to the considered household products and does not include background exposures neither from environmental emissions, nor from other products (building products, food contact materials, articles, textiles, etc.), which could increase the absolute carcinogenic risks or non-carcinogenic hazard quotients. Second, for fate and exposure, the models are only presently applicable to organic substances, and their validity for polar or ionizable chemicals needs to be further investigated, along with developing methods for addressing inorganic chemicals, which cannot currently be characterized (Kirchhübel and Fantke, 2019). The present paper focused on adult exposure, children being only considered for background exposures, with specific exposure parameters for contact to articles and building materials (Fantke et al., 2016). We however acknowledge the need to carry out dedicated studies on children exposure to chemicals in various children products, such as carried out by Aurisano, Huang, Mila I Canals, Jolliet, and Fantke (2020) for toys, which follow the same exposure framework as proposed in the present study. Further research is also needed to improve the quantitative estimates for several exposure pathways, in particular for child mouthing, dermal contact and gaseous dermal exposures to chemicals in consumer products. Third, for more than half of the chemicals, human toxicological data were not available or estimates were outside of the QSARs' applicability domain. These require additional research efforts as risk related to these chemicals is currently underestimated. The uncertainty on the toxicity QSAR is high, with mean value prediction absolute error of 1 order of magnitude for

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ingestions RfDs, and 1.5 orders of magnitude for RfCs (factor 30), for which less data are available to train the in silico model (Wignall et al., 2018). The route-to-route extrapolation is also associated with a factor 50 uncertainty (Rosenbaum et al, 2011), and has limited validity in case toxicokinetic and adsorption rate differ substantially by route, and ingestion reference doses and dose-response data were also used to evaluate dermal exposures. There is therefore a need to take advantage of the growing amount of toxicological data that are becoming available on e.g. the Comptox dashboard (https://comptox.epa.gov/dashboard) or ECHA (https://echa.europa.eu/information-onchemicals) and to derive best available values for comparative assessment. This might require additional efforts related to data interpretation, quality control and aggregation, since data from different sources come with different levels of quality, scrutiny and details (Fantke, Aurisano et al., 2020). Third, further investigations are required for evaluating the impacts of products and chemicals identified by the present screening with the highest user and population impacts, analyzing in depth each steps of the impact pathway from product usage up to exposures and toxicity data. For example, high impacts are associated here with triethanolamine, due to carcinogenic effect since triethanolamine is found with positive cancer responses in mouse in the carcinogenic potency database (https://files.toxplanet.com/cpdb/index.html). Further investigation is however needed, since this chemical is considered as not classifiable as to its carcinogenicity to humans by the International Agency for Research on Cancer (IARC-Group 3). Main sources of uncertainties in this assessment include the market penetration of different ingredients for a given product, the chemical content inside the products, the exposure estimates for recently identified exposure pathways, such as gaseous dermal uptake, and the determination of chemical specific toxicological dose-responses for the large number of ingredients used here. This results in typical uncertainties of two to three orders of magnitude, which remains discriminant for prioritization purposes and for identifying product-chemical combination that needs further scrutiny, when

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considering the more than 10 orders of magnitude variation in risk across all chemical-product combinations considered in the present study.

The translation of impacts into µDALY/user/d and minutes of healthy life potentially lost per user per day also opens the possibility to compare impacts of chemicals in consumer products with other types of impacts associated with e.g. air pollution, pesticides, nutrition, occupational exposure or physical activity towards an exposome-based approach. The present study suggests that impacts due to exposure of users to chemicals in household products are substantial, in the order of 100 µDALY/user/d for personal care products to even a 1000 µDALY/user/d for some home maintenance products. This is in the same range as the main risks factors from the global burden of disease, such as nutrition-related risks (e.g. 70 µDALY per serving of processed meat - Stylianou et al., 2016; Stylianou et al., 2019) or occupational risks (e.g. 200 to 1000 μDALY/user/d – Kijko, Margni, Partovi Nia, & Jolliet, 2015), and substantially higher than the average impacts due to general population exposure to pesticides residues estimated at between 0.01 and maximum 5 μ DALY/user/d (Fantke, Friedrich, & Jolliet, 2012). This emphasizes the importance to include the use of household consumer products in survey such as NHANES, in order to be able to perform epidemiological studies of the impacts of their ingredients. It also calls for more scrutiny from a regulatory perspective, in order to ensure the same level of safety that has been implemented for limiting pesticide residues in products (in e.g. banning diazinon from residentially used products as discussed above), applying systematically alternatives assessment approaches (Fantke and Illner, 2019; Tickner et al. 2019) to substitute in priority chemicals with highest potential impacts. Finally, at the user level, the magnitude of potential impacts calls for the use of protective measures, such as the systematic usage of gloves when cleaning, the use of respiratory protective masks when using home

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maintenance products such as paint or paint strippers containing VOCs, and the reduction of the applied quantities of chemicals as body lotions, by e.g. using more natural products such as coconut oil for moisturizing purposes.

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