

L. F. PERCIVAL -- D-12019  
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W. T. Darnell  
G. T. Rosenlund  
Y. L. Fower

September 28, 1978

PERSONAL AND CONFIDENTIAL

TO: J. C. LEITINGER  
W. S. EATON

FROM: W. A. BOWER

C-8 EXPOSURE - MEDICAL SURVEILLANCE

In the follow-up investigation of C-8 exposure, Plant Medical was requested to review the medical records of those employees having long-term possible exposure. Attached is a summary of Dr. Power's review.

Although Dr. Power has found no unusual health problems in this group, we are disturbed by the frequency of borderline elevated liver function. Dr. Power talked with Waynesboro's plant doctor about DMF exposure and liver function results. Their doctor said they rarely have an elevated liver function and suggested the laboratory we use might be giving high results. The Waynesboro doctor also commented we should not be having a problem in Butacite<sup>®</sup> based on the relatively low levels of DMF in the urine test.

As the opportunity presents itself, Dr. Power plans to take duplicate samples on some of our borderline cases and have them run at two different labs. We'll keep you advised of the results.

WAB:vf  
Attachment



RL001770

TELECOPY MESSAGE TO:

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September 20, 1978

PERSONAL AND CONFIDENTIAL

TO: W. A. BOWER  
FROM: Y. L. POWER, M.D.

A review of the medical records of eleven operators and eighteen laboratorians who have had long-term exposure to C-8 was undertaken.

As you would anticipate, a great variety of illnesses and physical findings were found; but I do not believe any of these are caused by exposure to C-8. Some of the illnesses found are two heart attacks and five employees with high blood pressure. One questionable case of skin cancer was found during an employee's physical examination in 1976. No further mention of this possible tumor could be found.

Minor elevations of many blood tests did occur in larger-than-anticipated numbers and are listed separately. With the exception of one person, all of the elevations were borderline and not indicative of disease. One of the liver function tests (SGOT) is most frequently elevated in the operator group. However, no liver diseases were found. Many of the laboratorians also work with Perclene, which is a known hepatatoxin.

In conclusion, I could find no unusual health problems occurring in the group of people studied, with the exception of borderline elevation of liver function tests. Since it has been previously determined that C-8 is an hepatatoxin, it is possible that C-8 may be causing very minimal, and certainly not clinically apparent, toxic effects to the liver. Because the total number of records reviewed is small (31), I do not believe any findings of this study are statistically valid.

Y. L. P  
YLP:vf

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<u>LAB TEST</u>	<u>‡ OPERATORS WITH ABNORMAL TESTS **</u>	<u>‡ LABORATORIANS WITH ABNORMAL TESTS</u>	<u>ANTICIPATED LEVEL FROM STUDY 1976 (% WITH ABNORMAL TEST)</u>
* SGOT	60	11.2	14.21
* Alkaline Phosphatase	30	16.7	6.84
Albumin	10	16.7	1.58
Uric Acid	10	5.5	4.21
Cholesterol	30	0	1.05
BUN	30	11.2	3.60
Glucose	10	27.8	1.58
Calcium	10	0	0
Total Protein	10	0	0
* Bilirubin	0	11.2	1.05
LDH	0	11.2	1.58

\* Liver function tests.

\*\* Only 10 operators had liver function test done.

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YLP:vf  
9/20/78

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