



DuPont
Washington Works
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August 5, 1996

TO: WILLIAM J. VOGLER
CR&D
HASKELL LAB H-1, ROOM 353
NEWARK, DE

FROM: Y. L. POWER, M.D. 3-4
WASHINGTON WORKS

C-8 STUDY

Please find attached charts of data developed from reviewing medical records on 51 employees with the highest measured levels of C-8 in their blood. It would be logical to expect that any disease attributable to C-8 should be found in employees with the highest levels of C-8.

In my opinion, very little evidence of disease due to C-8 was found. We did find several employees with frequent elevations of blood tests (SGOT - 7, Alkaline Phosphatase - 10, LDH - 7) but no evidence of liver disease. Perhaps C-8 was the cause of these elevations, but no controlled studies were done. We also found 2 cases of kidney disease and one case of thrombocytopenia/leukopenia that could not be attributable to some other cause. The significance of these is unclear to me.

Please let me know how we should proceed with this study.

8/8/96

Bill,

Clear review - I have
asked Judy W to do the same.
Thereafter we need to decide how to proceed.
We may want to share the report with the
other documented medical surveillance in May
Bill V.

YLP:mah group
Attachments
Doc. 023412

EID107066

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RI.001481

C-8 SUMMARY OF LAB RESULTS

LIVER ENZYMES

Level of C-8 (ppm)	10+	5-10	4-5	3-4	<u>Total</u>
<u>SGOT</u>					
Slight Elevation					
Occasional	3	1	4	2	10
Frequent	2	3	1	1	7
Significant Elevation	0	0	0	1	1
	5	4	5	4	
<u>Alkaline Phosphatase</u>					
Slight Elevation					
Occasional	1	2	5	4	12
Frequent	0	5	3	2	10
Significant Elevation	0	0	0	0	0
	1	7	8	6	
<u>LDH</u>					
Slight Elevation					
Occasional	1	7	5	1	14
Frequent	0	2	3	2	7
Significant Elevation	0	0	0	0	0
	1	9	8	3	
<u>Bilirubin</u>					
Slight Elevation					
Occasional	0	0	1	1	2
Frequent	0	0	0	0	0
Significant Elevation	0	0	0	1	1
	0	0	1	2	
Employees in Study	9	15	16	11	51 / 200

Notes:

Slight Elevation: Less than 1X normal lab results.

Occasional: 1-3 abnormal tests

Frequent: 4+

Significant: Test results greater than 1X normal.

YLPower:mah

8/2/96

Doc. 023402 (Chart #1)

EID107067

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C-8 SUMMARY OF LAB RESULTS

BLOOD

Level of C-8 (ppm)	10+	5-10	4-5	3-4	<u>Total</u>
<u>Increased WBC</u>					
Occasional (1-3)	2	2	4	1	9
Frequent (4+)	0	2	1	1	4
<u>Decreased WBC</u>					
Occasional	0	0	0	2	2
Frequent	0	0	0	2	2
<u>Anemia - Mild (10-13 g Hgb)</u>					
Occasional	0	1	2	2	5
Frequent	0	0	1	0	1
<u>Thrombocytopenia</u>	0	0	0	1	1

YLPower:mah
8/2/96
Doc. 023403 (Chart #2)

EID107068

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C-8 SUMMARY OF LAB RESULTS

KIDNEY

Level of C-8 (ppm)	10+	5-10	4-5	3-4	<u>Total</u>
<u>BUN</u>					
Slight Elevation					
Occasional	1	5	1	5	12
Frequent	0	0	3	1	4
Significant Elevation	0	0	0	0	0

URINALYSIS

-Hematuria

Occasional	1	2	1	3	7
Frequent	1	1	0	0	2

-Pyuria

Occasional	0	1	3	2	6
Frequent	0	0	1	0	1

-Albumin

Occasional	0	4	4	4	12
Frequent	0	2	0	0	2

-Casts

1	0	0	1	2
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YLPower:mah
8/2/96
Doc. 023404 (Chart #3)

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RI 001486

SUMMARY OF POSSIBLE DISEASE
AND/OR SIGNIFICANTLY ELEVATED LABORATORY RESULTS (MORE THAN 1X NORMAL)

LIVER

<u>C-8 Level (ppm)</u>	<u>No. of Employees</u>
10+	0
5-10	0
4-5	0
3-4	2a

a - (1) Significant elevation bilirubin (2-3 mg/DL) on most results. Liver enzyme test normal. No diagnosis established. Most likely Gilbert's Disease. No clinical significance.

(2) Significant elevation SGOT (more than 1X normal) on 2 occasions. No diagnosis established.

BLOOD

<u>C-8 Level (ppm)</u>	<u>No. of Employees</u>
10+	0
5-10	0
4-5	0
3-4	1a

a - Diagnosed thrombocytopenia and leukopenia evaluated by hemotologist. No etiology found.

(cont.)

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RI.001487

**SUMMARY OF POSSIBLE DISEASE
AND/OR SIGNIFICANTLY ELEVATED LABORATORY RESULTS (MORE THAN 1X NORMAL)**

(cont.)

KIDNEY

<u>C-8 Level</u> <u>(ppm)</u>	<u>No. of</u> <u>Employees</u>
10+	1a
5-10	2b
4-5	0
3-4	1c

- a - Definite evidence of kidney disease (casts & hematuria). No diagnosis established.
- b - (1) Chronic albuminuria. Established diagnosis of diabetes. No established diagnosis of diabetic nephropathy but most likely cause.
- (2) Chronic albuminuria. History of high blood sugars. No established diagnosis of diabetes. Diabetic nephropathy most likely cause.
- c - Evidence of kidney disease - casts. No diagnosis established.

YLPower:mah
8/2/96
Doc. 023405 (Chart #4)

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