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Early Mortality Estimates for Different Nuclear Accidents

Final Phase I Report
October 1977 - April 1979

Prepared by F. F. Hahn

Inhalation Toxicology Research Institute
Lovelace Biomedical & Environmental Research Institute

Prepared for
U. S. Nuclear Regulatory
Commission

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EXECUTIVE SUMMARY

Several studies have previously been made of the number of early deaths which might be expected in a population exposed to a cloud of radionuclides which could result from a nuclear accident. These analyses, however, have been limited to a one accident scenario or exposure to a limited number of radionuclides. The purpose of this Phase I study was to examine the existing data on early health effects of inhaled radioactive materials and determine what, if any, new studies were needed to make reasonable estimates of early mortality after exposure of a population radionuclides released under any conditions of accident or sabotage.

The approach taken to analyze the problem was to examine existing data and models for predicting early deaths, develop data bases, develop a new, more precise model and identify deficiencies that require additional study or examination. Data are available in man on the early effects of acute whole body exposure but, there are no data on the early effects of inhaled radioactive materials. Thus, the data base developed for effects is based on experiments in which animals were irradiated or exposed to radioactive materials.

A computer-based simulation model was developed which predicts early mortality in populations exposed under known conditions. The first part of the model determines the dose to critical organs from external irradiation or the internal deposition of radionuclides. The steps taken in the model are shown in Figure 1. This portion of the model is based on deposition and retention functions and transfer rates between body organs developed by the International Commission on Radiological Protection. The resulting doses to various organs are determined using dosimetry models developed at Oak Ridge National Laboratory.

The second part of the simulation model estimates the health effects based on the radiation doses to various organs. To do this, empirical dose-response relationships were developed for lung, bone and gastrointestinal tract. In most cases, these relationships were resolved from experimental data using a hazard function method. This method does not require that data on animals receiving similar doses be grouped, but allows the use of data on each individual animal in determining a dose-response relationship and thus permits a better definition of the dose-response curve. It also allows the addition of hazards to different organs and from different radionuclides so that effects of mixtures of radionuclides in the body can be determined.

Figure 2 shows the steps used in predicting the frequency of radiation effects. Cumulative organ doses are obtained from the DOSE program. For each organ and each type of radiation (high linear energy transfer (LET) or low LET) the effects are estimated and added together. Figure 1 shows an example of the procedure for lung. For a given small time interval, a dose and half-life of dose accumulation are estimated. For each dose increment, a hazard function increment is estimated for low- and high-LET radiation and these increments added. This procedure is repeated as many times as necessary to reach the desired time after exposure. A similar procedure is conducted for the other critical organ, bone. The end result is an estimate of frequency of effects as a function of the doses to critical organs.

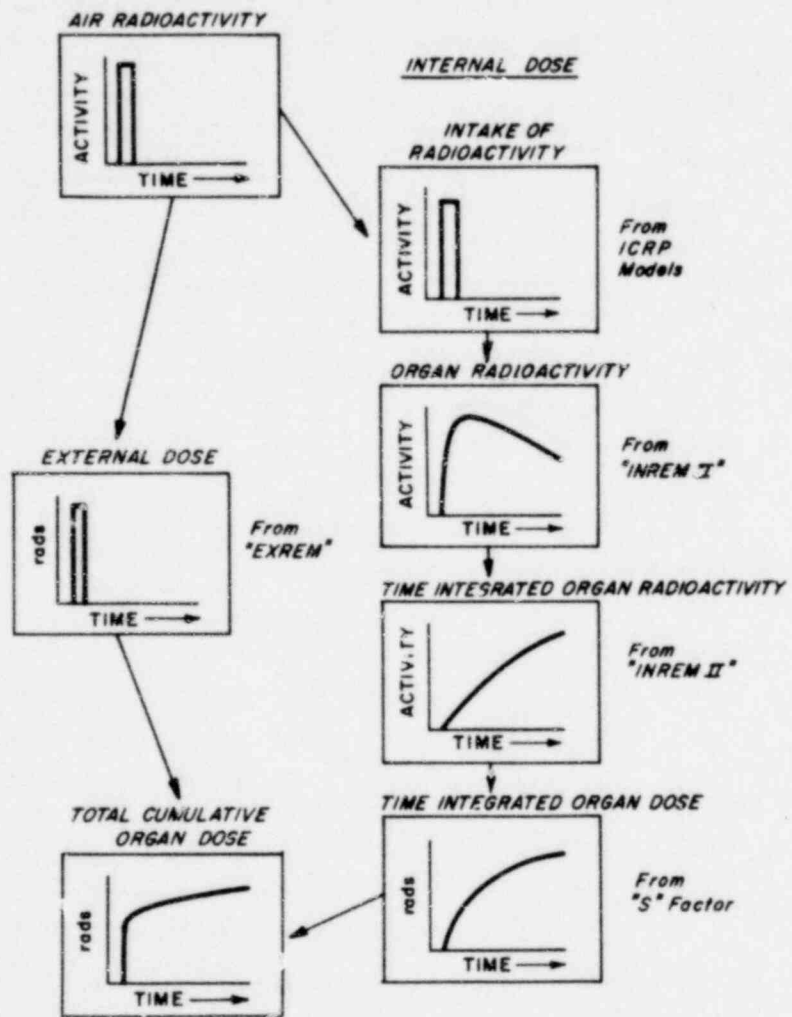


Figure 1. Steps in estimating cumulative radiation dose to an organ.

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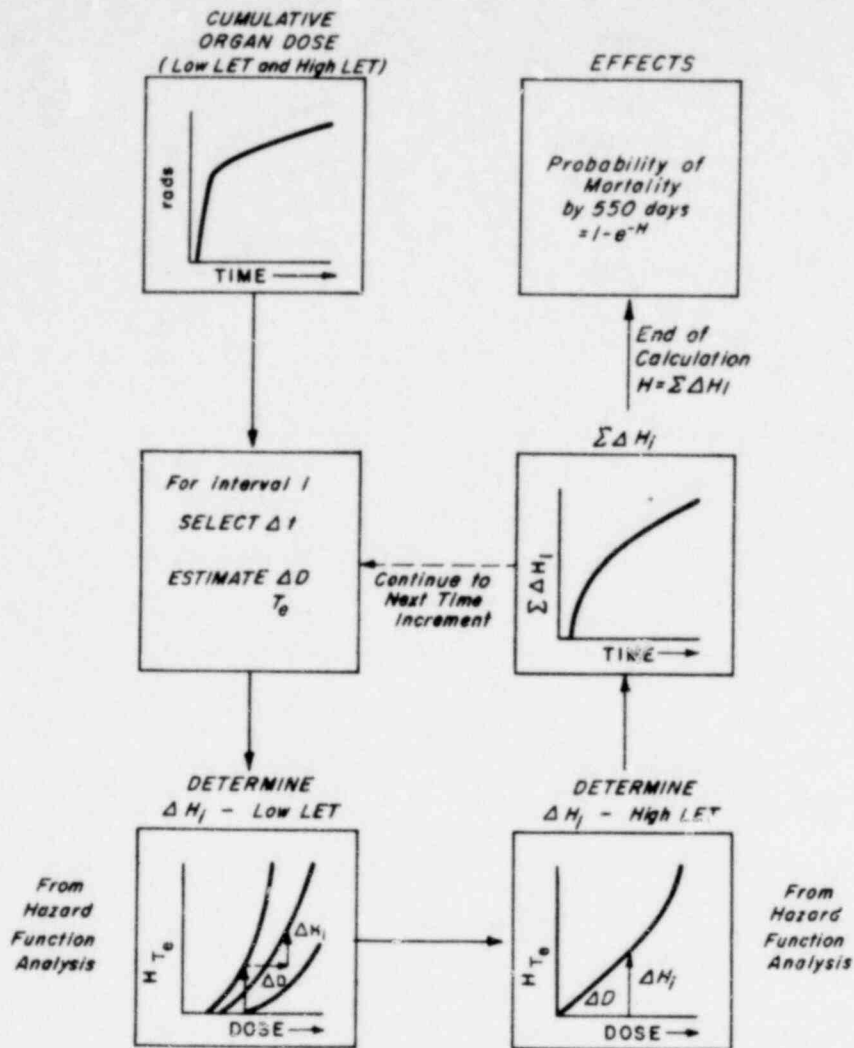


Figure 2. Steps in projecting occurrence of radiation effects.

The results of the computer simulation model were compared with those obtained by Wells, Goldman and the Reactor Safety Study. The results could not be rigorously compared in all cases since the various models were developed with slightly different purposes and scopes. However, when all the models were used to predict the results of accomplished studies in experimental animals, the ITRI computer simulation model made the best predictions.

A major problem in determining the adequacy of any given model is the fact that all models are based primarily upon data obtained in laboratory animal studies and few data from man exists for comparison. Thus, a major thrust of proposed Phase II work will be to test the ITRI computer simulation model. The proposed studies are also designed to improve the simulation model for predicting the effects of mixtures of alpha and beta emitters deposited in the lung as well as the combined effects of lung and whole-body irradiation.

CHAPTER I. STATEMENT OF PROBLEM AND GENERAL APPROACH

Statement of Problem

A major responsibility of the Nuclear Regulatory Commission is to evaluate the safety of activities, operations and facilities using radiation-emitting devices and radionuclides. These evaluations must include estimates of potential human health effects from radiation exposures which might occur in the event of accidents or sabotage causing the release of radionuclides to the working environment or to the atmosphere. This study was initiated because existing models did not adequately estimate the early effects of radiation in human populations after exposure to a cloud of radionuclides.

The "Reactor Safety Study" (WASH-1400) provided predictions of the probability of fatalities which could result from reactor accidents such as a core meltdown. A more general evaluation of early radiation health effects is needed, however, which is not tied to one specific accident scenario but can be applied to any feasible accident situation. For example, the "Reactor Safety Study" placed heavy emphasis on the early mortality resulting from exposure to fission product radionuclides, which are mostly beta-gamma emitters. Thus, the dose-response model for early mortality developed in the "Reactor Safety Study" cannot be used for accident scenarios which have other source terms and release patterns.

A more general model for estimating the survival of people after inhaling radioactive particles has been published by Wells (1976). It is based on analyses of dose-response data obtained from animals that inhaled radioactive materials. The model depends on the mean energy of the emission from the inhaled particle, the nature of the emission (alpha or beta), the half-life of the material in the lung or body, the amount of radioactivity inhaled and the solubility of the material. Using this information, the probability of early death is related to the initial lung or body burden of radionuclide. The initial lung or body burden differs by a factor of 5-7 for nearly 100% survival to 100% death. The Wells model is a valid attempt to integrate many of the variables which determine the early response from inhaling radioactive materials. It is difficult to apply, however, to different accident scenarios where a number of radionuclides with differing half-lives are deposited in the lung or where external whole-body radiation is involved.

Estimates of early mortality resulting from brief inhalation exposure to selected insoluble beta-emitting radionuclides have been made by Hahn (1975) and from a brief inhalation exposure to plutonium by Goldman and Raabe (1977). These analyses deal only with death within one year after inhalation exposure to single radionuclides.

In order to provide estimates of early mortality and morbidity in man which would result from exposure to radionuclides released in an accident or sabotage involving any phase of the nuclear fuel cycle, a model is needed which is not tied to a specific accident scenario but takes into account all reasonable modes of exposure (e.g., inhalation and whole body), includes exposures from all types of radioactive emissions, accounts for any synergism of multiple organ irradiation and predicts the expected number of individuals affected in a given population.

General Approach to Problem

The problem of estimating early mortality and morbidity from exposures to radionuclides released in accident or sabotage situations is being approached in two phases. This report describes

the activities of Phase I which included reviewing published data concerning early mortality from radiation exposures, developing a quantitative model for predicting early mortality from such exposures, and identifying the most critical deficiencies in our knowledge of early morbidity and mortality caused by short-term exposures in nuclear accidents. The activities proposed for Phase II of the project include experiments to refine specific factors in the overall mortality model and to verify the initial estimates made by the model.

Phase I involved parallel efforts by personnel at the Lovelace Inhalation Toxicology Research Institute (ITRI) and the Battelle Pacific Northwest Laboratories (PNL). The groups worked together to summarize the available early mortality data, especially those which were available from studies conducted at their respective laboratories. Thus, a combination of independent and joint efforts were utilized to maximize individual initiative and group evaluation of early radiation mortality information.

In an early meeting of personnel from PNL, ITRI and the NRC, a general approach to the problem and ground rules for the approach were agreed upon. A conceptual scheme for the model was developed and is shown in Figure I-1. There are five basic elements in the overall model. Their characteristics, as incorporated in the ITRI model, are:

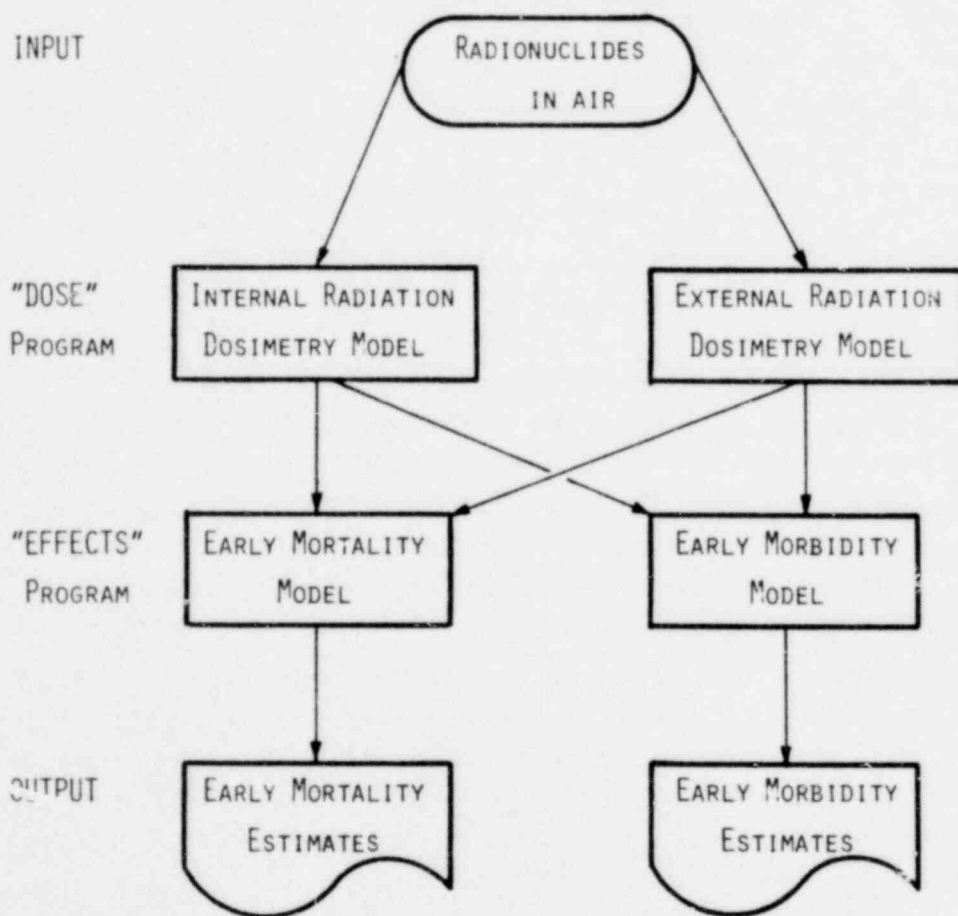


Figure I-1. Computer programs and elements in model for determining early mortality and morbidity estimates from different nuclear accidents.

1. Radionuclides in the Air

The user of the program must specify the radionuclide inventory, expected particle size distribution and atmospheric concentration as well as the length of time during which the population of interest is exposed to the atmospheric cloud. The radionuclides considered initially are those present in the irradiated fuel of a light water reactor. The 54 radionuclides listed in the "Reactor Safety Study" were selected as those most likely to be released in an accident situation, but the program can be used for other isotopes which may be present in the radionuclide inventories of alternative fuel cycles.

2. Dosimetry for Internally Deposited Radionuclides

This model uses input information on the exposure times and air concentrations of specific radionuclides to predict the doses to each organ as a function of time. It is assumed that inhalation is the only important mode of exposure since evacuation of the contaminated area is likely to occur within hours after a severe accident that could cause early morbidity or mortality. This model, based on the International Commission on Radiological Protection, ICRP, Task Group on Lung Dynamics model (ICRP, 1966, 1972), predicts aerosol deposition in the lung and transfer rates to the tracheobronchial lymph nodes, blood and gut. In addition, the absorption of material from the gut to the blood, bone, thyroid and liver are derived from models developed at Oak Ridge National Laboratory, ORNL, (Killough, *et al.*, 1978 and Dunning *et al.*, 1978). The output of the internal dosimetry model gives the organ uptake and retention functions and the time-integrated levels of radioactivity in each organ.

3. Dosimetry for External Irradiation

Inputs for this model are the air concentrations of radionuclides. Absorbed doses here are in the range of 0 to 400 rads. Higher doses will result in acute deaths even without including other sources of irradiation. The dose is considered to be delivered over a short period of time from an aerosol cloud. Dose conversion values from the EXREM computer code of ORNL (Dunning *et al.*, 1977; Snyder *et al.*, 1974) are used for these calculations. The output is the absorbed dose to each individual organ.

4. Early Mortality Model

The inputs to this model are the radiation doses to critical organs as a function of time. To determine the absorbed dose in rads to each organ from internally deposited radionuclides, factors accounting for interorgan and intraorgan irradiation were applied. These so called "S" factors were developed at ORNL (Turbey and Kaye, 1973; Killough and McKay, 1976). The organs of primary interest are the lung and bone marrow. Secondly, the gastrointestinal tract is of interest. The output of the model is an estimate of the probability for death from early effects as a function of the doses to these critical organs. The model does not require determination of the relative biological effectiveness, RBE, of the different emissions, but relies on combining hazard functions for each organ to achieve a total hazard (i.e., the negative of the natural log of the dose survival probability). At present, each organ at risk is assumed to be independent of all other organs at risk.

5. Early Morbidity Model

This program will require the input of radiation doses to critical organs as a function of time and will provide an estimate of the cumulative hazard for illness from early effects as a function of organ specific doses. Endpoints which may be examined include weight loss, lymphopenia, pulmonary functional changes and need for nonspecific treatment. This portion of the model has not yet been implemented.

These five elements are combined to form an integrated model which can be used to predict estimates for the probability of death from early effects can be projected based on a knowledge of the aerosol parameters from any feasible accident or sabotage scenario. The model will be tested and refined in experimental studies in Phase II.

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CHAPTER II. INTERNAL DOSIMETRY

Introduction

This chapter describes the human dosimetry model used to predict doses to various organs after inhalation of a mixture of radionuclides. The doses from this model are output to an early effects model to predict the number of fatalities which could result from an accident involving radioactive materials. The model has been implemented using a computer code in FORTRAN IV on a DEC PDP-11/70.

The form of the dosimetry model is the same as that used at ORNL in the INREM II and EXREM computer codes. These codes calculate the internal and external radiation doses to various organs of a reference adult man following inhalation of radionuclides or immersion in a cloud of radionuclides. The INREM II code (Killough *et al.*, 1978b) uses dynamic models to describe interorgan transfers of radionuclides and their decay chains of daughter radionuclides. Each daughter nuclide is treated according to the metabolic information about its own transfer within the body. The EXREM code (Turbey and McKay, 1973) calculates external radiation doses for various organs from individual radionuclides from immersion in contaminated water and air, and from ground contamination.

To describe the metabolism of radionuclides of interest, both the code developed in this project for human dosimetry and the INREM II code use the ICRP Task Group Lung Model (Morrow *et al.*, 1964), Eve's (1966) model of mass through the gastrointestinal tract, and an organ uptake model for the material absorbed into the blood from the lung and gastrointestinal tract. The ICRP Task Group Lung Model is used to estimate the deposition and retention of the inhaled radionuclides in the lung and their absorption into blood and clearance to the gastrointestinal tract. The gastrointestinal tract is described by a four-compartment model using data from Eve to estimate the transit times. The mass transit through the gastrointestinal tract and absorption from the gastrointestinal tract to the blood are approximated by first order kinetics. The amount of a radionuclide absorbed into the blood from the lung and gastrointestinal tract is allocated to the liver, skeleton and thyroid based on models developed by ORNL to describe the metabolism of each isotope in the body. Since the parent radionuclide may decay through a chain of daughter products, each daughter is transferred according to its own transfer rates.

The computer dosimetry code developed for this project differs from ORNL codes in that it calculates the combined dose rates for a mixture of radionuclides such as might occur in a nuclear accident. The dose rates are in rads/day and are classified as to whether they came from high or low linear energy transfer radiation. The internal dose rates are calculated using the metabolism model outlined above and multiplying the microcurie days by S-FACTORS calculated by ORNL (Snyder *et al.*, 1974, Snyder *et al.*, 1975, Dunning *et al.*, 1977) for interorgan doses. The S-FACTORS also include radiation quality factors and radionuclide distribution factors. These were divided out so that, instead of rem, the doses were expressed in rad which was the necessary form of input into the early effects model. The external dose was calculated by using the EXREM factor calculated by ORNL for air immersion in a cloud of a radionuclides. Air immersion was considered to be the major contributor of external dose to individuals exposed to a passing cloud of radionuclides.

Dynamic Metabolism Model

As described in the *Introduction*, the radionuclide metabolism model can be regarded as consisting of three commonly accepted models for radionuclide retention. These are the respiratory tract model,

the gastrointestinal tract model and the internal organ uptake model. The respiratory tract model uses the ICRP Task Group Lung Model, the gastrointestinal tract model uses Eve's description of the gastrointestinal tract, and the organ uptake model uses Oak Ridge's model of the amount of a radionuclide transferred to the liver, skeleton, and thyroid. The relationships between these models are shown in Figure II-1 which is a direct adaptation of Figure 2.1 in Killough *et al.*, 1978b. Each part of the model can be conceptually thought of as consisting of a set of compartments which correspond to a system of first order, ordinary differential equations. Each compartment represents either an organ of the body or a specific anatomical region of the lung. The system of differential equations can be more specifically described by considering the differential equation for one compartment and one radionuclide

$$\frac{dA(t)}{dt} = \dot{A}(t) = -\lambda_{out} A(t) - \lambda_{decay} A(t) + \rho(t)$$

where $A(t)$ = the activity in the compartment at time t .
 λ_{out} = the sum of the transfer rate constants (constant over time) leading out of the compartment.
 λ_{decay} = rate of physical decay (constant over time)
 $\rho(t)$ = sum of the rates at which activity enters the compartment.
 and $A(t), \rho(t), \lambda_{out}, \lambda_{decay} > 0$.

It should be noted that λ_{out} and λ_{decay} are constant over time. The term $\lambda_{out} A(t)$ is the rate at which activity is being transferred out of the compartment and into other compartments, thus becoming part of the $\rho(t)$ for other compartments. The term $\lambda_{decay} A(t)$ is the rate at which the radionuclide in the compartment decays to its daughter radionuclide.

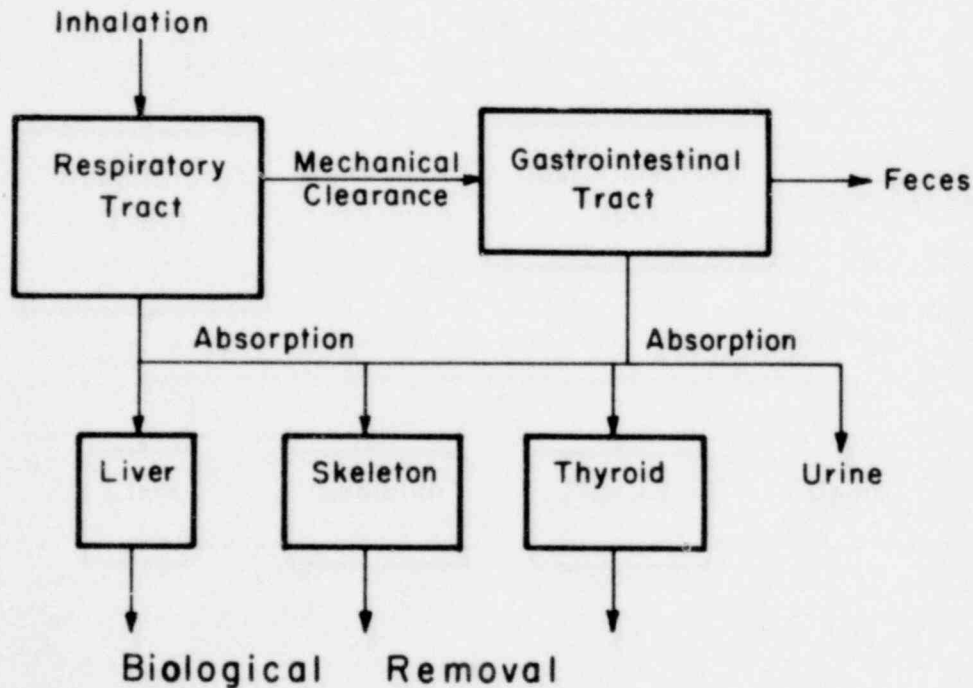


Figure II-1. Schematic representation of the transport of radionuclides in the body (from Killough *et al.*, 1978b).

The ICRP Task Group Lung Model (Morrow *et al.*, 1966), as updated in ICRP-19 (ICRP, 1972), was used to describe how material is deposited, retained and absorbed in the respiratory tract. This is shown in Figure II-2. In this model, the respiratory tract is considered to be divided into three major anatomical regions, the nasopharyngeal region, the tracheobronchial region, and the pulmonary region. An inhaled aerosol is deposited into each of these regions based upon its aerodynamic particle size distribution. The fraction of the inhaled aerosol deposited into each of these regions can be estimated from the empirical curves shown on the graph in Figure II-3.

COMPARTMENT		CLASS					
		D		W		Y	
		T	F	T	F	T	F
N-P	a	0.01	0.5	0.01	0.1	0.01	0.01
($D_3 = 0.30$)	b	0.01	0.5	0.4	0.9	0.4	0.99
T-B	c	0.01	0.95	0.01	0.5	0.01	0.01
($D_4 = 0.08$)	d	0.2	0.05	0.2	0.5	0.2	0.99
P	e	0.5	0.8	50	0.15	500	0.05
($D_5 = 0.25$)	f	n.a.	n.a.	1.0	0.4	1.0	0.4
	g	n.a.	n.a.	50	0.4	500	0.4
	h	0.5	0.2	50	0.05	500	0.15
L	i	0.5	1.0	50	1.0	1000	0.9

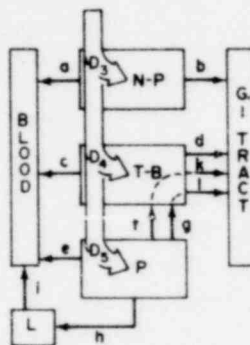


Figure II-2. The ICRP Task Group Lung Model for Particulates (Morrow *et al.*, 1966; ICRP, 1972). The columns labeled D, W, and Y correspond, respectively, to rapid, intermediate, and slow clearance of the inspired material. The symbols T and F denote the biological half-time (days) and coefficient, respectively of a term in the appropriate retention function. The symbols N-P, T-B, P and L, respectively, denote the nasopharyngeal region, tracheobronchial region, pulmonary region and pulmonary lymph nodes. The values shown for D_3 , D_4 and D_5 correspond to activity median aerodynamic diameter AMAD = 1 μm . Differential equations for pathways a, b, ..., i are (1) through (12). The notation n.a. indicates that pathways f and g do not exist for a class D compound.

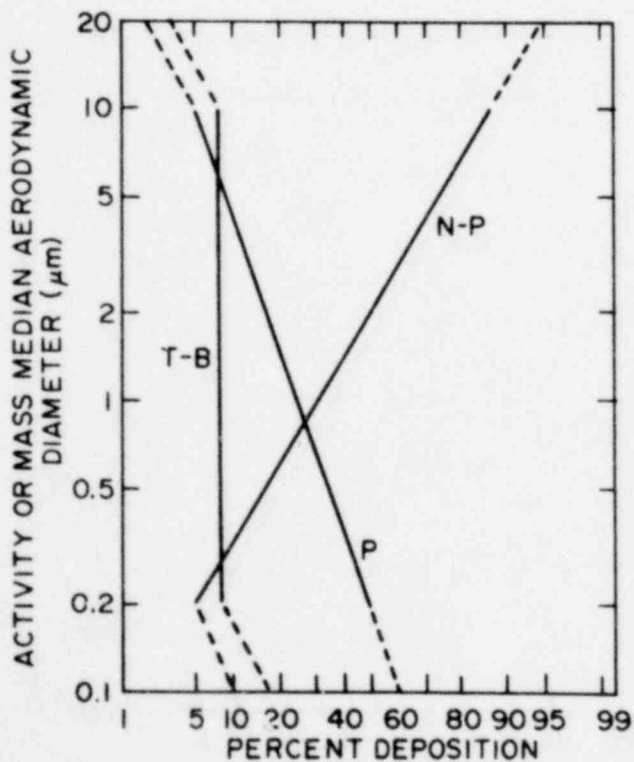


Figure II-3. Deposition model [after Figure VI D-1, Appendix VI, Reactor Safety Study (1975)]. The radioactive or mass fraction of an aerosol that is deposited in the nasopharyngeal, tracheobronchial and pulmonary regions is shown relative to the activity or mass median aerodynamic diameter (AMAD or MMAD) of the aerosol distribution. The model is intended for use with aerosol distributions that have an AMAD or MMAD between 0.2 and 10 μm with geometric standard deviations less than 4.5. Provisional deposition estimates further extending the size range are given by the broken lines. For the unusual distribution having AMAD or MMAD greater than 20 μm , complete nasopharyngeal deposition can be assumed. The model does not apply to aerosols with AMAD or MMAD below 0.1 μm .

An aerosol is considered to belong to one of the three solubility classifications shown in Figure II-2. These solubility classifications describe the retention pattern in the respiratory tract as being class D if the aerosol is retained with a half-time of days, class W if the aerosol is retained with a half-time of weeks, or class Y if the retention half-time is years. The interpretation of the particular mathematical formulation of this model is the same as outlined in Section 2.2.1 of Killough *et al.*, 1978a.

The formal description of the equations follows:

$$\dot{A}_{a,i} = -\lambda_{a,i} A_{a,i} + F_{a,i} \lambda_i^R \sum_{j=1}^{i-1} B_{ij} (A_{a,j} + A_{b,j}), \quad (1)$$

$$\dot{A}_{b,i} = -\lambda_{b,i} A_{b,i} + F_{b,i} \lambda_i^R \sum_{j=1}^{i-1} B_{ij} (A_{a,j} + A_{b,j}), \quad (2)$$

$$\dot{A}_{c,i} = -\lambda_{c,i} A_{c,i} + F_{c,i} \lambda_i^R \sum_{j=1}^{i-1} B_{ij} (A_{c,j} + A_{d,j}), \quad (3)$$

$$\dot{A}_{d,i} = -\lambda_{d,i} A_{d,i} + F_{d,i} \lambda_i^R \sum_{j=1}^{i-1} B_{ij} (A_{c,j} + A_{d,j}), \quad (4)$$

$$\dot{A}_{e,i} = -\lambda_{e,i} A_{e,i} + F_{e,i} \lambda_i^R \sum_{j=1}^{i-1} B_{ij} (A_{e,j} + A_{f,j} + A_{g,j} + A_{h,j}), \quad (5)$$

$$\dot{A}_{f,i} = -\lambda_{f,i} A_{f,i} + F_{f,i} \lambda_i^R \sum_{j=1}^{i-1} B_{ij} (A_{e,j} + A_{f,j} + A_{g,j} + A_{h,j}), \quad (6)$$

$$\dot{A}_{g,i} = -\lambda_{g,i} A_{g,i} + F_{g,i} \lambda_i^R \sum_{j=1}^{i-1} B_{ij} (A_{e,j} + A_{f,j} + A_{g,j} + A_{h,j}), \quad (7)$$

$$\dot{A}_{h,i} = -\lambda_{h,i} A_{h,i} + F_{h,i} \lambda_i^R \sum_{j=1}^{i-1} B_{ij} (A_{e,j} + A_{f,j} + A_{g,j} + A_{h,j}), \quad (8)$$

$$\dot{A}_{z,i} = -\lambda_{z,i} A_{z,i} + F_{z,i} \lambda_i^R \sum_{j=1}^{i-1} B_{ij} (A_{z,j} + A_{j,j}) + \lambda_{h,i}^B A_{h,i}, \quad (9)$$

$$\dot{A}_{j,i} = -\lambda_{j,i}^R A_{j,i} + (1 - F_{z,i}) \lambda_i^R \sum_{j=1}^{i-1} B_{ij} (A_{z,j} + A_{j,j}) + \lambda_{h,i}^B A_{h,i}, \quad (10)$$

$$\dot{A}_{k,i} = -\lambda_{d,i} A_{k,i} + \lambda_i^R \sum_{j=1}^{i-1} B_{ij} A_{k,j} + \lambda_{f,i}^B A_{f,i}, \quad (11)$$

$$\dot{A}_{l,i} = -\lambda_{d,i} A_{l,i} + \lambda_i^R \sum_{j=1}^{i-1} B_{ij} A_{l,j} + \lambda_{g,i}^B A_{g,i}, \quad (12)$$

where

$A_{\epsilon,i}$ = amount of activity of radionuclide i in a decay chain cleared by pathway $\epsilon = a, b, c, \dots, l$

B_{ij} = branching ratio of radionuclide j to radionuclide i

$F_{\epsilon,i}$ = fraction of radionuclide i cleared by pathway $\epsilon = a, b, c, \dots, l$

$\lambda_{\epsilon,i}$ = rate constant for clearance of radionuclide i by pathway $\epsilon = a, b, c, \dots, l$

λ_i^R = radioactive decay rate for radionuclide i .

The notation for this description is borrowed from Killough *et al.*, 1978a.

Gastrointestinal Tract

The model for transport of material through the gastrointestinal tract is an adaptation of Eve's (1966) data on transit times through various regions of the gastrointestinal tract. The gastrointestinal tract can be conceptually thought of as consisting of four compartments corresponding to the stomach, small intestine, upper large intestine, and the lower large intestine. Inhaled or ingested material enters the model through transport to the stomach and then proceeds sequentially through the compartments in the above named order. Material leaves the system either through fecal excretion from the lower large intestine or through absorption from the small intestine to the blood. All transfers between compartments of the gastrointestinal tract, absorption into the blood, and fecal excretion are modeled by first order rate equations. The rate constants used for transport between compartments are the same as used by ORNL in interpreting the data of Eve. They are 24/day for stomach to small intestine, 6/day for small intestine to upper large intestine, 1.85/day for upper large intestine to lower large intestine, and 1/day for fecal excretion from the lower large intestine.

The formal description of the equations follows:

stomach (S)

$$A_{S,i} = -(\lambda_S + \lambda_i^R + \lambda_{SI}^{ab}) A_{S,i} + \lambda_i^R \sum_{j=1}^{i-1} B_{ij} A_{S,j} + (\lambda_{b,i}^B A_{b,i} + \lambda_{d,i}^B A_{d,i} + \lambda_{k,i}^B A_{k,i} + \lambda_{l,i}^B A_{l,i}), \quad (13)$$

small intestine (SI)

$$A_{SI,i} = -(\lambda_{SI} + \lambda_i^R + \lambda_{SI,i}^{ab}) A_{SI,i} + \lambda_S A_{S,i} + \lambda_i^R \sum_{j=1}^{i-1} B_{ij} A_{SI,j}, \quad (14)$$

upper large intestine (ULI)

$$A_{ULI,i} = -(\lambda_{ULI} + \lambda_i^R + \lambda_{ULI,i}^{ab}) A_{ULI,i} + \lambda_{SI} A_{SI,i} + \lambda_i^R \sum_{j=1}^{i-1} B_{ij} A_{ULI,j}, \quad (15)$$

lower large intestine (LLI)

$$A_{LLI,i} = -(\lambda_{LLI} + \lambda_i^R + \lambda_{LLI,i}^{ab}) A_{LLI,i} + \lambda_{ULI} A_{ULI,i} + \lambda_i^R \sum_{j=1}^{i-1} B_{ij} A_{LLI,j}, \quad (16)$$

- where $\lambda_{\epsilon, i}^B$ = rate constants for biological clearance of material from the gastrointestinal tract by the pathways in the respiratory tract model ($\epsilon = b, d$)
- $A_{\epsilon, i}$ = amount of activity of daughter or parent i in the compartment of the gastrointestinal tract ($\epsilon = S, SI, ULI, LLI$) or in compartments b, d, k or l of the respiratory tract.
- λ_{ϵ} = rate constant for transport of activity between compartments of the gastrointestinal tract ($\epsilon = S, SI, ULI, LLI$)
- λ_i^R = radioactive decay rate of daughter or parent nuclide i
- $\lambda_{\epsilon, i}^{ab}$ = rate of absorption of daughter or parent nuclide from the compartments of the gastrointestinal tract ($\epsilon = S, SI, ULI, LLI$)
- B_{ij} = branching ratio of nuclide j to nuclide i .

Organ Uptake Model

The organ uptake model used in this project is the same as the one used by the INREM II computer code (Killough *et al.*, 1978b). This model approximates the uptake of a particular radionuclide by an organ as a fraction of the amount of nuclide absorbed from the lung into the blood and from the small intestine into the blood. The amount of the radionuclide retained by the organ is then described by its radioactive decay and a sum of exponentials fitted to experimental data for the particular element. Each daughter product of a parent radionuclide is described by its particular uptake and the retention functions. In this implementation of the model, only the liver, skeleton and thyroid were considered since these are the only organs for which early effects have been implicated.

The differential equation which describes the dynamics of this process for a radionuclide i in a particular organ, k , is

$$A_{ik}(t) = -A_{ik}(t) \sum_{S=1}^{L_{ik}} (\lambda_{iks}^B + \lambda_i^R) A_{ik}(t) + p_{ik}(t) + \lambda_i^R \sum_{j=1}^{i-1} B_{ij} A_{jk}(t), \quad (17)$$

which can be solved for $A_{ik}(t)$

$$A_{ik}(t) = A_{ik}(0) R_{ik}(t) + \int_0^t [p_{ik}(\tau) + \lambda_i^R \sum_{j=1}^{i-1} B_{ij} A_{jk}(\tau)] \times R_{ik}(t-\tau) d\tau, \quad (18)$$

where:

$A_{ik}(t)$ = amount of activity present in compartment k due to the i^{th} radionuclide in a radioactive decay chain,

λ_i^R = the radioactive decay constant of the i^{th} radionuclide in a decay chain,

B_{ij} = the radioactive branching ratio from radionuclide j to radionuclide i in a radioactive decay chain where $j < i$,

$p_{ik}(t)$ = the rate at which activity of radionuclide i enters compartment k at time t ,

$$R_{ik}(t) = \sum_{S=1}^{L_{ik}} C_{iks} \exp [-(\lambda_i^R + \lambda_{iks}^B) t]. \text{ The retention function for organ } k.$$

C_{iks} = the fraction of the activity of radionuclide i which is retained in organ k with a biological half time of $\ln 2/\lambda_{iks}^B$

λ_{iks}^B = s^{th} biological rate constant for radionuclide in organ k ($S = 1, 2, \dots, L_i$).

L_{ik} = number of components used in fitting biological retention function.

The function $p_{ik}(t)$ is approximated by considering a fraction of the activity which enters into the blood to be immediately absorbed by the particular organ k . While it would be desirable to describe this process by using rate constants for the transport of the radionuclide between the blood and the organ, adequate information does not exist for the majority of the radionuclides. The formal description of the approximation used for $p_{ik}(t)$ is

$$p_{ik}(t) = f_{2,ik}^{\wedge} [A_{LB,i}(t) + A_{GB,i}(t)] \quad (19)$$

where

$f_{2,ik}^{\wedge}$ = fraction of the absorbed activity of radionuclide i transported to organ k ,

$A_{GB,i} = \lambda_{\epsilon,i}^{ab} A_{\epsilon,i}$ rate of absorption of activity of radionuclide i by the blood from the gastrointestinal tract from compartment $\epsilon = S, SI, ULI, LLI$

$A_{LB,i} = \lambda_{a,i} A_{a,i} + \lambda_{c,i} A_{c,i} + \lambda_{e,i} A_{e,i} + \lambda_{i,j} A_{i,i}$ rate of absorption of activity of radionuclide i by the blood from the respiratory tract.

CHAPTER III. RESOLUTION OF RADIATION DOSE-RESPONSE RELATIONSHIPS

Introduction

Several methods of resolving radiation dose-response relationships are discussed. These methods can be categorized as follows: (1) methods that utilize conditional probabilities, and (2) those that do not. In methods not using conditional probabilities, one can obtain the dose response relationship simply by taking the quotient of the number of members affected to the number treated at a given dose level. However, in inhalation studies it is unlikely that a large number of members will receive the same dose. Thus, in order to use these methods to obtain the dose-response relationship, members receiving different doses must be combined into the same dose group. As a result, the dose-response curve may depend heavily on how the members are grouped. To avoid this unwanted dependence of the dose response curve on the way in which animals were grouped, it is desirable to have alternative methods of resolving radiation dose-response relationships. One alternative method is the hazard-function method described below and in detail elsewhere (Scott, 1979). With the hazard-function method, it is unnecessary to combine members affected by different doses into the same dose group; each exposed member can be treated individually. However, with this method of analysis, it is necessary to use probabilistic concepts.

Radiation Hazard Functions

For a given temporal and spatial distribution of the dose, let $F(D)$ represent the probability that the spatial average dose D produces injury sufficient to cause a specific biological effect; this injury is referred to as *critical injury*. The term dose will hereafter refer to the spatial average dose. The dose D is referred to as a *critical dose* if $F(D)$ is greater than zero. It is assumed that zero dose produces no critical injury; thus $F(0)$ will be equal to zero. If critical injury occurs at zero dose, it must be corrected for. It is assumed that an infinite dose (i.e., a very large dose) will always induce critical injury; thus $F(\infty)$ will be equal to one.

The cause-specific *radiation hazard function* $h(D)$ can be defined as

$$h(D) = \frac{f(D)}{1-F(D)}, \quad (1)$$

where the cause-specific probability density function $f(D)$ is equal to the dose derivative of $F(D)$, i.e.,

$$f(D) = \frac{dF(D)}{dD}. \quad (2)$$

The cause-specific *partial cumulative radiation hazard function* $g(D_1, D_2)$ for D_2 greater than D_1 can be defined as

$$g(D_1, D_2) = \int_{D_1}^{D_2} h(D) dD. \quad (3)$$

The cause-specific cumulative radiation hazard function $H(D)$ is equal to $g(0,D)$ and is related to $F(D)$ through the expression (Nelson, 1969; Gehan, 1969; Hahn and Shapiro, 1967)

$$F(D) = 1 - e^{-H(D)}. \quad (4)$$

It is convenient to define the cause-specific median critical dose D_{50} according to the relationship

$$F(D_{50}) = 0.5. \quad (5)$$

A method of estimating $g(D, D+\delta)$, $H(D)$, and $F(D)$ that is similar to the method used by Nelson (1969) is discussed in the following section.

Estimates for the Hazard Functions

Among the members of the population who receive dose in the interval D_i to $D_i + \delta$, some will receive critical injury, some will die from competing effects and other will survive. The random variable n_i represents the total number of individuals who received a dose in this interval. The random variable d_i represents the number of those individuals who received the critical injury in this interval D_i to $D_i + \delta$, where $(D_i + \delta)/D_i$ has a value almost identical to one, and where D_{i+1} is greater than D_i for $i = 1, 2, \dots, v-1$, for v distinct doses. An estimate of the conditional probability of receiving critical injury in the interval is g_i where

$$g_i = \frac{d_i}{m_i} \quad (6)$$

$$\text{where } m_i = \sum_{j=i}^v n_j.$$

Since g_i is an estimate of the conditional probability, its standard deviation $s(g_i)$ can be calculated by assuming the number of critical injuries, $m_i g_i$, to occur in the interval from D_i to $D_i + \delta$ to be distributed according to the binomial distribution. When g_i equals zero, $s(g_i)$ can be determined using the procedure proposed by Marshall (1970). The resultant expression for $s(g_i)$ is

$$s(g_i) = \begin{cases} \left[\frac{g_i(i-g_i)}{m_i} \right]^{1/2} & \cdot g_i > 0 \\ (m_i+1)^{-1} & g_i = 0. \end{cases} \quad (7)$$

The quantity $(m_i+1)^{-1}$ is the value of g_i for which $s(g_i) = g_i$ when g_i is greater than zero. For $g_i = 0$, equation (7) differs slightly from the equation derived by Marshall (1970) because g_i is a conditional probability in this case; for $g_i > 0$, it is identical in form to the equation derived by Chiang (1961).

An estimate of the cause-specific cumulative radiation hazard $H(D_i)$ is H_i with standard deviation $s(H_i)$, where

$$H_i = \sum_{j=1}^i g_j \quad (8)$$

Assuming the random variables g_i and g_{i+1} to be independent for $i = 1, 2, \dots, v-1$, $s(H_i)$ will be given by the root-sum-square (Lindgren, 1966) of $s(g_j)$, i.e.,

$$s(H_i) = \left[\sum_{j=1}^i s(g_j)^2 \right]^{1/2}. \quad (9)$$

It follows that an estimate of $F(D_i)$ is F_i , where

$$F_i = 1 - e^{-H_i}. \quad (10)$$

One can calculate the standard deviation of F_i , $s(F_i)$ using the approximation (Paratt, 1960)

$$s(F_i)^2 = \left(\frac{dF_i}{dH_i} \right)^2 s(H_i)^2, \quad (11)$$

or

$$s(F_i) = e^{-H_i} s(H_i). \quad (12)$$

Alternative estimates of $F(D)$ have been described elsewhere, (Chiang, 1961; Kaplan and Meier, 1958; Cutler and Ederer, 1958) provided time is replaced by dose as the independent variable in their formulas.

Comparison of Hazard Function and Binomial Estimates

The binomial estimate is useful where large numbers are exposed to the same dose and where individuals are not lost to follow up. The binomial estimate F_i^+ is defined as

$$F_i^+ = \frac{d_i^+}{N}. \quad (13)$$

where N is the number at risk and d_i^+ the number affected. The random variable d_i^+ is related to the random variable d_i in equation (6) through the equation

$$d_i^+ = \sum_{j=1}^i d_j. \quad (14)$$

For small samples sizes, F_i is slightly less than F_i^+ . For a given sample size, the difference between the two increases as the number affected increases. However, for a given number affected, the difference between F_i^+ and F_i decreases in magnitude as a sample size increases. For a given sample size N , the maximum value for the difference $F_i^+ - F_i$ is defined as $\max(F_i^+ - F_i)$. A curve for $\max(F_i^+ - F_i)$ as a function of N is shown in Figure III-1. For $10 \leq N \leq 100$, $\max(F_i^+ - F_i)$ decreases in proportion to N to the -0.98 power. Figure III-1 also suggests that for $N \geq 10$, $F_i^+ = F_i$ regardless of the number of members affected.

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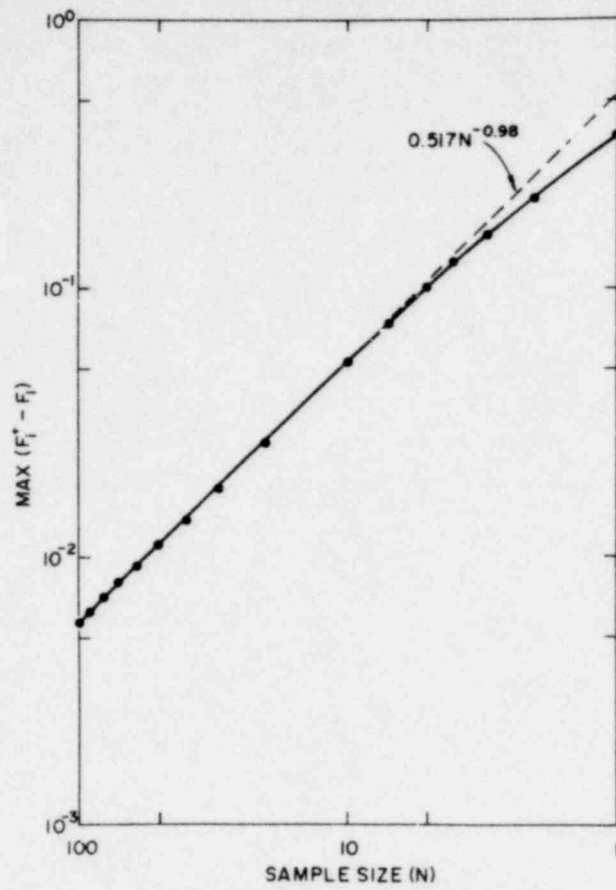


Figure III-1. Maximum difference between estimates F_i^+ and F_i , $\max (F_i^+ - F_i)$, as a function of the sample size N .

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CHAPTER IV. EMPIRICAL DOSE-RESPONSE MODEL FOR LUNG

Introduction

Large absorbed radiation doses (i.e., spatial averaged doses) to the lung can cause the early effects of radiation pneumonitis and pulmonary fibrosis (Hahn, 1975). These early effects can cause death from cardiopulmonary insufficiency. Presently available data suggest that the absorbed radiation dose responsible for these early effects is a random variable that depends on the temporal and spatial distribution of energy deposition events and on radiation quality (Scott, 1970a; Scott, 1978b; Clark and Bair, 1964, Park *et al.*, 1970). Age at exposure may also be an important variable.

In this section, an empirical model for radiation-induced pulmonary injury sufficient to cause death within 18 months from early effects is described and is based on certain radionuclide-specific, dose-response relationships.

Distribution Function for Early Death

For a spatial distribution and temporal distribution of the absorbed radiation dose D (i.e., the spatial average dose) to the lung, for radiation of quality Q , the radionuclide-specific cumulative distribution function of the dose θ to the production of pulmonary injury sufficient to cause early death is given by $\text{prob}(\theta < D)$.

It has been found that early radiation responses in the lung, bone or gastrointestinal tract are adequately represented by the Weibull distribution, i.e.,

$$\text{prob}(\theta < D) = F(D, v, k) = 1 - e^{-kD^v} \quad (1)$$

where k and v are positive constants that depend on the conditions S , T and Q which describe θ . Equation (1) is based on exposure to single radiation sources rather than to combined sources. It follows from equation (1) that the appropriate cumulative hazard-function estimate for the model is given by the Weibull function.

$$H(D, v, k) = kD^v \quad (2)$$

Analysis of Experiments With Animals Exposed to Beta-Emitting Radioactive Aerosols

A major problem associated with the analysis of dose-response relationships involving internal radiation sources is wasted dose. For low-LET radiation, wasted dose is of two general types: (1) *Wasted dose of the first kind*. If, for a given temporal and spatial distribution of the dose, a dose D_1 is necessary and sufficient to cause an effect of interest but the actual dose delivered, D_2 , is greater than D_1 , then the dose $D_2 - D_1$ is wasted and represents *wasted dose of the first kind*; (2) *Wasted dose of the second kind*. If a dose is delivered at dose rates low enough to allow correction of significant amounts of induced reversible injury during radiation exposure (e.g., repair of intracellular injury, cell repopulation), and thus, higher doses are required to achieve a given level of injury than would be required had the dose been delivered at higher dose rates, then the additional dose required to produce the level of injury at lower dose rates represents *wasted dose of the second kind*.

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For high-LIT radiation sources, there is a third type of wasted dose. When the local dose to tissue is in excess of that necessary to cause local injury, a certain amount of local dose is wasted and represents *wasted dose of the third kind*.

It was observed in the cases involving the inhalation by Beagle dogs of ^{90}Y , ^{91}Y , ^{144}Ce or ^{90}Sr in a relatively insoluble form that for initial dose rates to the lung less than or equal to a given subcritical dose rate, R_{SC} , none of the exposed members died within 18 months from pulmonary injury, regardless of the dose. Data in this range of dose rates were excluded in the analysis that follows. R_{SC} depends on the effective half-life of the radioactive material in the lung and on sample size and, therefore, was different for each type of radioactive material inhaled. Values for R_{SC} are given in Table IV-1. For dose rates greater than R_{SC} , it was also observed that for an array of doses (doses to the lung at death) greater than or equal to a dose D_{CO} (cutoff dose), all doses were sufficient to induce critical injury in the sample. Thus, some members that received radiation doses just below D_{CO} did not die of early radiation effects while all members that received radiation doses greater than or equal to D_{CO} died of early radiation effects. The cutoff dose was different for each type of radioactive material inhaled.

It was also noted that for lung doses greater than or equal to D_{CO} , larger doses to the lung at death generally corresponded with larger initial dose rates. This suggests that dose wasting of the first kind occurs in the dose range from D_{CO} to infinity. One would expect the higher initial dose rates to cause injury at lower doses because of less repair of intracellular injury and less cell repopulation at the higher dose rates. Doses greater than the cutoff dose D_{CO} were excluded in the analysis that follows to correct for wasted dose of the first kind. Including the data at initial dose rates less than R_{SC} and at doses greater than D_{CO} would have resulted in an underestimate of the effectiveness of the radiation.

After correcting for wasted dose, dose-response curves for early death following inhalation of radioactive materials were generated using the hazard-function method described in Chapter III. As an example, Table IV-2 shows the analysis of early mortality data for Beagle dogs after inhalation of ^{91}Y in fused aluminosilicate particles based on data from Hobbs *et al.*, (1978). The random variable D_i represents the cumulative absorbed radiation dose to death for individuals that die within 18 months. For those that do not die within 18 months, D_i represents the cumulative radiation dose at 18 months. The random variable n_i represents the number of animals with a cumulative absorbed radiation dose at death equal to D_i . The random variable d_i represents the number of the n_i animals that died within 18 months from cardiopulmonary insufficiency caused by radiation pneumonitis and pulmonary fibrosis. The random variable g_i was defined in Chapter III and is given by

$$g_i = d_i / \text{number of members with radiation dose at death equal to or greater than } D_i. \quad (3)$$

For $i = 1, 2,$ and $3,$ g_i is given by

$$g_1 = 1/43 \quad (4)$$

$$g_2 = 0/42 \quad (5)$$

$$g_3 = 0/41. \quad (6)$$

Table IV-1

Values for R_{sc}^a for Some Radioactive Aerosols With
Low Linear Energy Transfer Emissions

Material	R_{sc}	Effective Half-Life T_e^c (days)	References
^{90}Y (FAP) ^b	1.5 rads/min	2.6	Merickel <i>et al.</i> , 1978
^{91}Y (FAP)	8.3×10^{-2} rads/min	53	Hobbs <i>et al.</i> , 1978
^{144}Ce (FAP)	1.2×10^{-1} rads/min	200	Hahn <i>et al.</i> , 1978
^{90}Sr (FAP)	9.0×10^{-2} rads/min	400	Snipes <i>et al.</i> , 1978

^aFor initial dose rates to the lung less than or equal to a value R_{sc} , it was observed that no animals died within 18 months regardless of the dose to their lungs.

^bFAP = Fused aluminosilicate particles.

^cAll effective half-lives are from Hahn *et al.*, (1975).

Table IV-2

Estimates of Radiation Hazard Functions for
Beagle Dogs^a Exposed to Aerosols of ^{91}Y (FAP)^b

D_i (Krad)	i	n_i	d_i	g_i	H_i	F_i
8.3 ^c	1	1	1	1/43	0.0233	0.023
9.1	2	1	0	0/42	0.0233	0.023
9.6	3	1	0	0/41	0.0233	0.023
9.7	4	1	0	4/40	0.0233	0.023
11.0	5	1	0	0/39	0.0233	0.023
12.0	6	3	0	0/38	0.0233	0.023
13.0	7	1	0	0/35	0.0233	0.023
15.0	8	3	0	0/34	0.0233	0.023
16.0	9	4	0	0/31	0.0233	0.023
17.0	10	3	0	0/27	0.0233	0.023
18.0	11	3	2	2/24	0.1066	0.101
19.0	12	3	1	1/21	0.1542	0.143
20.0	13	2	0	0/18	0.1542	0.143
21.0	14	5	3	3/16	0.3417	0.289
22.0	15	3	3	3/11	0.6144	0.459
23.0	16	3	1	1/8	0.7394	0.523
24.0	17	1	1	1/5	0.9394	0.609
25.0	18	2	0	0/4	0.9394	0.609
26.0 ^c	19	2	2	2/2	1.9394	0.856

^aBased on data from Hobbs *et al.*, 1978.

^bFused aluminosilicate particles.

^c D_{co}

The random variable H_i is an estimate of the cumulative radiation hazard function and is given by

$$H_i = \sum_{j=1}^i g_j. \quad (7)$$

Thus,

$$H_1 = 1/43 \quad (8)$$

$$H_2 = (1/43) + (0/42) = H_1 + (0/42) \quad (9)$$

$$H_3 = (1/43) + (0/42) + (0/41) = H_2 + (0/41). \quad (10)$$

The random variable F_i is an estimate of the proportion of the exposed population with pulmonary injury sufficient to cause death from early effects and is related to H_i through the expression

$$F_i = 1 - e^{-H_i}. \quad (11)$$

For small values of H_i (i.e., $H_i < 0.1$),

$$F_i \approx H_i. \quad (12)$$

Values for H_i have been determined for Beagle dogs exposed by inhalation to relatively insoluble, low-LET, radioactive aerosols based on data reported elsewhere (Merickel *et al.*, 1978, Hobbs *et al.*, 1978; Hahn *et al.*, 1978; Rebar *et al.*, 1978). These curves and their associated probability estimates are shown in Figure IV-1 and are adequately represented by the Weibull cumulative distribution function since data on H_i vs the absorbed radiation dose are well characterized by straight lines on logarithmic paper. According to equation 2, a plot of $\ln(H_i)$ vs $\ln(D_i)$ should be linear with a slope approximately equal to v and a zero log-dose intercept approximately equal to $\ln(k)$. Values for v and $\ln(k)$ are given in Table IV-3. Effective half-lives for the aerosols shown in Figure IV-1 are given in Table IV-1. The probability estimates in Figure IV-1 are based on the estimate F_i . These curves indicate that the distribution of radiation doses that produce injury to the lung sufficient to cause death within 18 months is related to the effective half-life of the low-LET radioactive materials in the lung. The efficiency of the low-LET radioactive materials in causing early death decreases as the effective half-life of the radioactive substances in the lung increases. In the limit, as the effective half-life in the lung approaches zero, it is expected that the dose-response curve will approach a limiting form which can be estimated from data for brief exposure of the lung to external gamma or X-rays. This limiting form has been estimated using data of Dunjic *et al.*, (1966) for thoracic exposure of rats to 250-kVp X-rays at high dose rates. Assuming the rad doses to the thorax to be approximately equal to the exposure in R, linear regression was used to derive the following limiting distribution function F_0 :

$$F_0 = 1 - \exp(8.3 \times 10^{-3} D^{4.56}) \quad (13)$$

Figure IV-1. Estimated cumulative radiation hazard functions and associated probability estimates for death of Beagle dogs within 18 months following inhalation of several low-LET radionuclides in a relatively insoluble form.

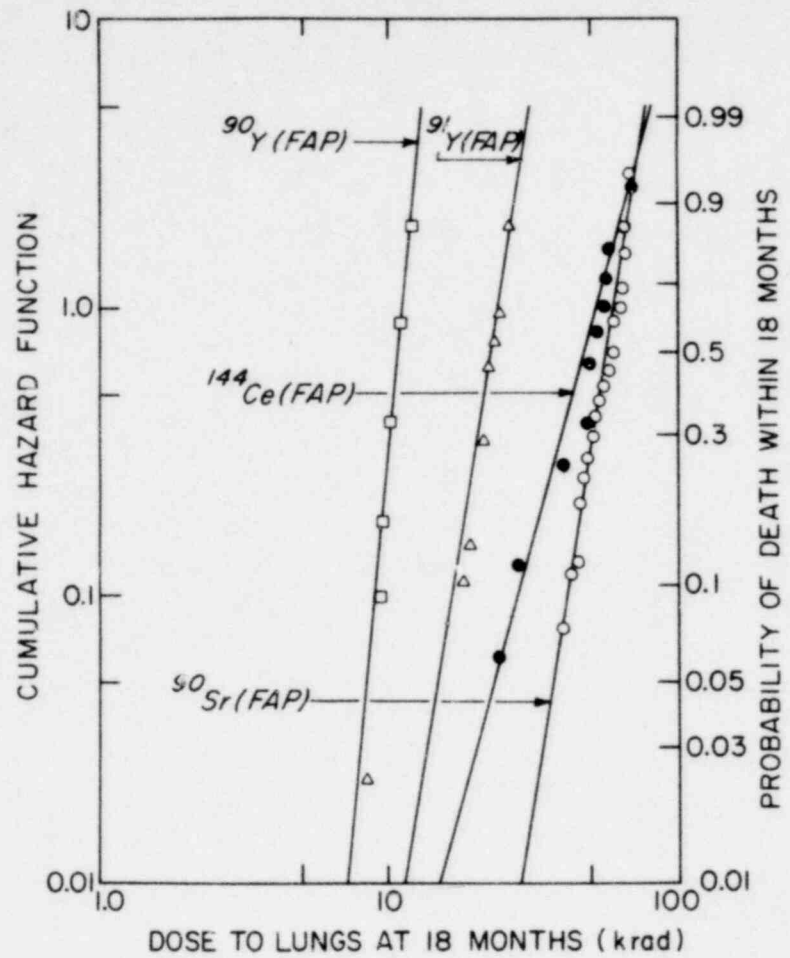


Table IV-3

Estimated Values^a for $\ln(k)$ and v
for the Weibull Distribution

Radiation Source	$\ln(k)$	v
$^{90}\text{Y}(\text{FAP})^b$	-25.4	10.51
$^{91}\text{Y}(\text{FAP})$	-9.5	6.15
$^{144}\text{Ce}(\text{FAP})$	-14.8	3.41
$^{90}\text{Sr}(\text{FAP})$	-25.3	6.01

^aWhere D_i is in krad.

^bFused aluminosilicate particles.

with the corresponding cumulative hazard function H_0 given by

$$H_0 = 8.3 \times 10^{-3} D^{4.56}, \quad (14)$$

where the absorbed radiation dose D is in krad.

Analysis of Experiments with Animals Exposed to Alpha-Emitting Radioactive Aerosols

Regression curves for H_i vs D_i and associated probability estimates for early death from pulmonary injury following inhalation of high-LET radioactive aerosols are shown in Figure IV-2, and are based on data reported elsewhere (Bair *et al.*, 1978; Mewhinney *et al.*, 1978; Mewhinney *et al.*, 1976, Hobbs *et al.*, 1976). These curves indicate that baboon, Syrian hamster and Beagle dog lungs show similar sensitivity to high-LET radiation. The curve for Beagle dogs exposed to $^{239}\text{PuO}_2$ aerosols shown in Figure IV-2 resulted from a similar long effective half-life (i.e., temporal distribution of the absorbed radiation dose) as the curve for ^{90}Sr in fused aluminosilicate particles. For the same absorbed radiation dose, alpha particles from $^{239}\text{PuO}_2$ were far more effective in causing early death than were beta particles from ^{90}Sr . This indicates that radiation quality (i.e., LET) is an important determinant of the biological effectiveness of radiation sources in the lung. Furthermore, the probability estimate for Beagle dogs exposed to $^{238}\text{PuO}_2$ aerosols shown in Figure IV-2 differs markedly from the curve for Beagle dogs exposed to $^{239}\text{PuO}_2$ aerosols, indicating that factors in addition to radiation quality may also be important. Since the specific activity of $^{238}\text{PuO}_2$ is considerably higher than for $^{239}\text{PuO}_2$, the difference between the $^{238}\text{PuO}_2$ and $^{239}\text{PuO}_2$ responses may be due to a greater wasting of local dose (i.e., wasted dose of the third kind) around the $^{238}\text{PuO}_2$ particles. For a given particle size, the same absorbed radiation dose for $^{238}\text{PuO}_2$ and $^{239}\text{PuO}_2$ would be delivered to the lung by a smaller number of $^{238}\text{PuO}_2$ particles than for $^{239}\text{PuO}_2$. This would result in irradiation of a smaller proportion of the lung in the case of $^{238}\text{PuO}_2$. In view of the experimental data, the fraction of the lung irradiated may be an important

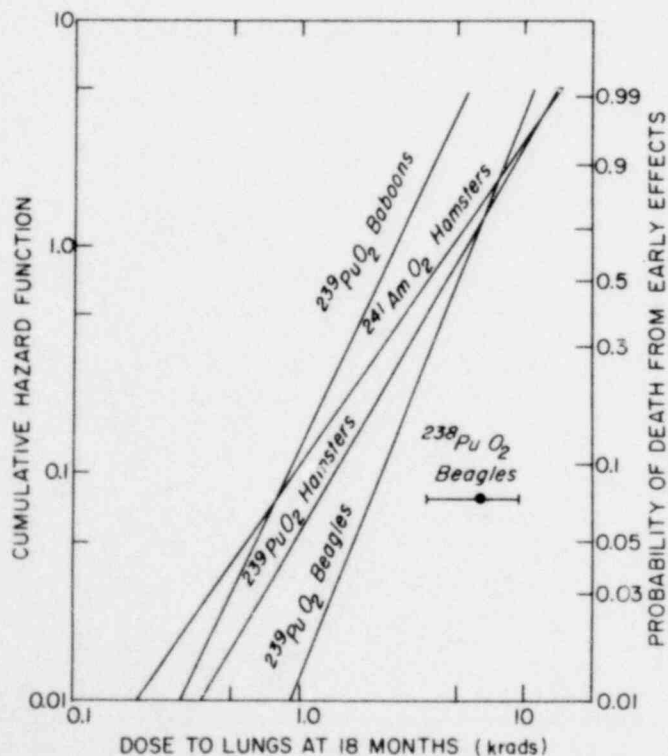


Figure IV-2. Regression lines for the cumulative radiation hazard function and for the probability of early death from pulmonary injury after inhalation exposure to high-LET radiations for several species and for several radionuclides.

determinant of the biological effectiveness of high-LET radiation sources in the lung. In Figure IV-2, with the exception of the $^{238}\text{PuO}_2$ curve, all curves appear similar, indicating that the temporal distribution of the absorbed radiation dose is of less importance for high-LET radiation sources in the lung than for low-LET radiation sources.

Distribution of Time to Death

Results from an analysis of presently available data from this Institute suggest that, for inhalation exposure to insoluble radionuclides with effective half-lives in the lung on the order of days to weeks, death from early effects generally occur within one year after inhalation exposure. In these instances, it is reasonable to calculate the dose to the lung at one year after inhalation exposure to estimate the probability of death from early effects in the lung. However, results from an analysis of data after inhalation exposure to insoluble radionuclides with retention half-times on the order of hundreds of days, suggest that the dose which builds up after one year may also cause death from early effects. In these instances, death from early pulmonary effects may occur at post-inhalation exposure times considerably longer than one year (see Table IV-4) and, therefore, compete with late effects.

Death from early effects caused by the dose that builds up after one year for radionuclides with retention half-times on the order of hundreds of days might be expected if one examined the magnitude of the radiation doses that could build up after one year. Figure IV-3 illustrates calculated dose build-ups after one year for inhalation exposure to ^{90}Sr in a relative insoluble form (effective half-life = 400 days). The magnitude of this dose depends on the initial dose rate. For an initial dose rate equal to 100 rads/day, about 31 krad of dose could build up after one year.

Table IV-4

Data for Death of ITRI Beagles After One Year
Following Inhalation Exposure to Radionuclides with
Lung Retention Half-Times on the Order of Hundreds of Days^a

Aerosol Form	Animal Number	Initial Dose Rate (rads/day)	DPE	Cause of Death ^b	Page in LF-60
^{144}Ce Insoluble	211E	290	410	D-Pul Inj	493
^{90}Sr Insoluble	354W	150	477	D-Pul Inj	503
	397S	83	2373	D-Rad Pneum, Pul Fibrosis	503
	411S	47	2596	D-Pul Inj	503
$^{238}\text{PuO}_2$ (1.5 μm AD)	746B	33	792	D-Rad Pneum, Pul Fibrosis	507
	726A	30	1107	E-Rad Pneum, Pul Fibrosis	507
	877C	20	536	D-Rad Pneum, Pul Fibrosis	507
	708T	15	1104	D-Rad Pneum	507
$^{238}\text{PuO}_2$ (3 μm AD)	667T	56	1213	D-Rad Pneum, Pul Fibrosis	509
	710C	51	631	E-Rad Pneum, Pul Fibrosis	509
	647B	31	1683	D-Rad Pneum	509
	736S	20	966	D-Rad Pneum, Pul Fibrosis	509

^aData are from Inhalation Toxicology Research Institute Annual Report, LF-60, 1978.

^bD = Died, E = Euthanized, Pul Inj = Pulmonary Injury, Rad Pneum = Radiation Pneumonitis.

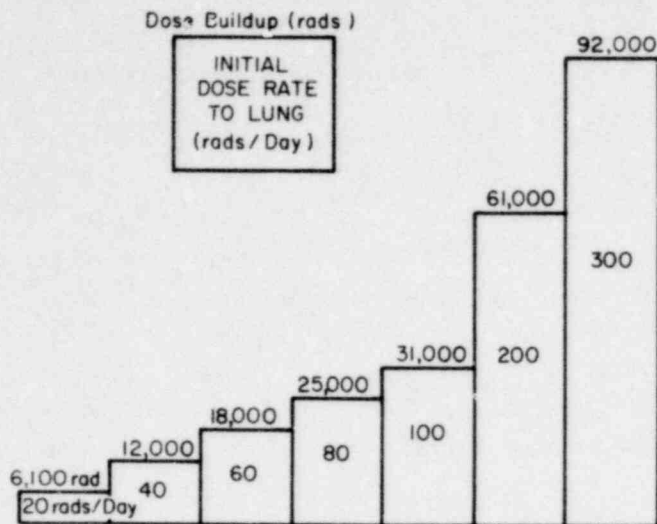


Figure IV-3. Radiation dose to the lung that builds up after one year following inhalation exposure to ^{90}Sr in a relatively insoluble form (effective half-life of 400 days). The numbers within boxes represent initial dose rates (rads/day) to the lung. The numbers on top of the boxes represent the dose build up in rads.

For the above reasons, the ITRI model for lung is not based on the dose at one year but rather is based on the radiation dose to the lung at 18 months, since no tumor deaths occurred in this time period. The resultant probability estimates represent the probability of death within one year only for radionuclides with lung retention half-times considerably less than one year; otherwise, they represent the probability of death within 18 months.

Empirical Equations for Dose-Response Relationships for Inhaled Low-LET Radionuclides

An analysis of the radiation dose-response data following exposure of the lung to internal and external radiation sources resulted in empirical relationships for the D_{50} and D_{10} (i.e., the doses which affect 50 and 10 percent of the exposed population, respectively), given by $D_{50}(T_e)$ and $D_{10}(T_e)$, respectively, where the effective half-life T_e of the radioactive substance in the lung is in days and $D_{50}(T_e)$ and $D_{10}(T_e)$ are in krad. Values for $D_{10}(T_e)$ and $D_{50}(T_e)$ are determined by linear extrapolation between the values shown in Table IV-5. For $t \geq 400$ days, the $D_{10}(T_e)$ and $D_{50}(T_e)$ are assumed to be the same as for inhalation exposure to ^{90}Sr in an insoluble form. Empirical equations can be derived for the Weibull parameters k and v as functions of $D_{50}(T_e)$ and $D_{10}(T_e)$. The equations are

$$v(T_e) = \frac{1.8834}{\ln\left(\frac{D_{50}(T_e)}{D_{10}(T_e)}\right)} \quad (15)$$

and

$$k(T_e) = \frac{0.6931}{D_{50}(T_e)^{v(T_e)}} \quad (16)$$

Table IV-5

Estimated D_{10} and D_{50} Values (in Krads) for Death
Within 18 Months After Exposure of the Lung to Low-LET Radiation

Radionuclide Form	Effective Half-Life T_e (days)	D_{10} (krad)	D_{50} (krad)
^{90}Y Insoluble	2.6	9	11
^{91}Y Insoluble	53	16.5	22.5
^{144}Ce Insoluble	200	29	48
^{90}Sr Insoluble	4.2	42	57
Low-LET External	0	1.75	2.64

Based on equations (15)-(16) and Equation (2), the empirical cumulative radiation hazard function $H(D, T_e)$ can be defined according to the equation

$$H(D, T_e) = k(T_e)D^{v(T_e)}. \quad (17)$$

Similarly, the empirical distribution function $F(D, T_e)$ is given by

$$F(D, T_e) = 1 - e^{-H(D, T_e)}. \quad (18)$$

Equations (15)-(18) can be used to simulate radionuclide-specific radiation dose-response curves for Beagle dogs or for man for inhalation exposure to low-LET radiation sources in relatively insoluble forms. Figure IV-4 shows data for H_i vs D_i for mice after inhalation of ^{144}Ce in a relatively insoluble form based on the data of Lundgren *et al.*, (1974). The smooth curve was generated using equation (17) with the effective half-life in the lungs, T_e , equal to 21 days. The close agreement between the response and the smooth curve suggest that apparent species dependent differences in radiation responses may be caused by differences in the temporal distribution of the absorbed radiation dose.

Most dose-response curves presented in this chapter were derived using the hazard-function method and were based on dose at death as an estimate of the dose that caused early death. For this reason, the resultant curves may underestimate the risk of early death.

Exposure to Multiple Radionuclide Aerosols

In this section an estimate of H_A is described which is the cumulative radiation hazard function estimate for early death from pulmonary injury as a result of combined inhalation exposure to a mixture of low-LET radioactive sources and whole-body exposure to sublethal doses of external gamma rays at high dose rates. If D_E represents the dose to the lung from external gamma rays, then $H_0(D_E)$ is calculated where H_0 is defined by equation (14). For small time intervals ($x, x + \Delta x$) about the postinhalation time x , the effective half-life can be determined at which the low-LET radiation dose from all sources is delivered. Based on this time-dependent effective half-life T_e , the empirical Weibull parameters $k(T_e)$ and $v(T_e)$ are calculated according to equations (15) and

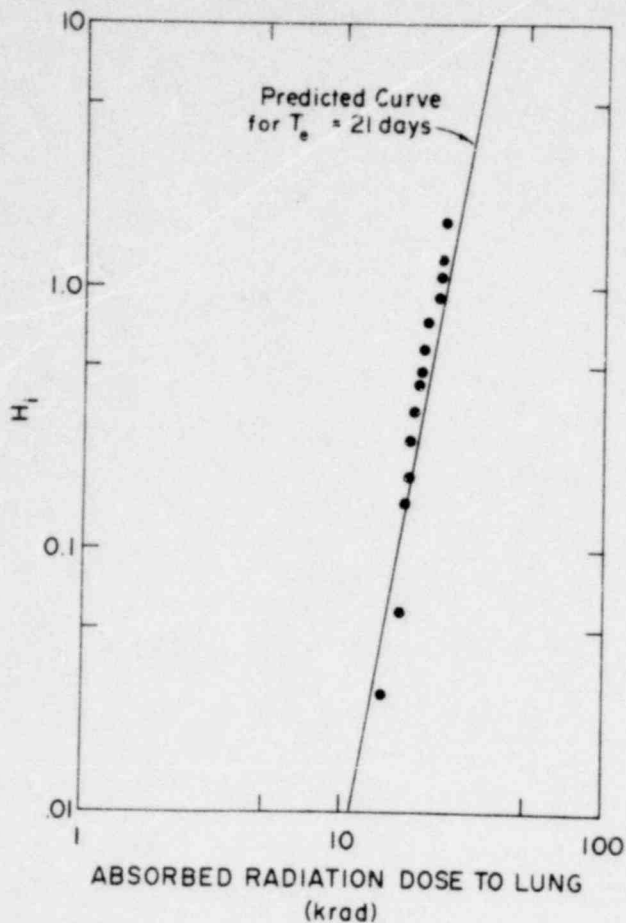


Figure IV-4. Predicted and observed dose-response relationships for the cumulative radiation hazard function for mice after inhalation exposures to low-LET radiation from $^{144}\text{CeO}_2$. Differences between the predicted and estimated values are not significant for the range of doses shown.

(16). Based on the cumulative radiation hazard function $H_A(x)$ at post-inhalation time x , the equivalent dose $D_{\text{eq}}(x)$ is calculated according to the equation

$$D_{\text{eq}}(x) = \left[\frac{H_A(x)}{k(T_e)} \right] v(T_e) \quad (19)$$

where $v(T_e)$ and $k(T_e)$ are evaluated at a value of T_e equal to the effective half-life for all radioactive substances in the lung for the interval $(x, x + \Delta x)$. At $x = 0$, $H_A(0)$ is equal to $H_0(D_E)$. Using the equivalent dose at time x , the cumulative radiation hazard function at time $x + \Delta x$ is calculated according to the following equation:

$$H_A(x + \Delta x) = k(T_e) [D_{\text{eq}}(x) + D(x + \Delta x) - D(x)]^{v(T_e)} \quad (20)$$

where $D(x)$ represents the cumulative absorbed radiation dose at post-inhalation exposure time x . This procedure is repeated for time periods to 18 months after exposure. The resultant estimate $H(18 \text{ months})$ is used to determine the probability of death within 18 months. The procedure for including high-LET radiation doses is described in Chapter VII.

Major Inadequacies of Presently Available Data

Presently available data for early death from radiation induced pulmonary injury are insufficient for determining the following:

1. An appropriate method of predicting dose-response relationships for inhalation exposure to complex mixtures of low-LET radiation sources.
2. An appropriate method of predicting dose-response relationships for inhalation exposure to a mixture of alpha-emitting particles when the distribution of activity per particle is radionuclide specific and differs markedly.
3. An appropriate method of determining dose-response relationships for mixed-field exposures (i.e., exposure to both high- and low-LET radiations).
4. A method of accounting for the modification of dose-response relationships caused by wasted local dose around alpha-particle sources in the lung.
5. An appropriate procedure for accounting for the modification of dose-response relationships for lung caused by injury to other body organs (i.e., interorgan synergism).

CHAPTER V. EMPIRICAL DOSE-RESPONSE MODEL FOR BONE

Introduction

Early death after irradiation of the skeleton is usually caused by aplasia of the marrow, which results from killing of hemopoietic stem cells. After brief exposures, major reactions can be classified into (Upton, 1969): (a) a transitory prodromal phase, which develops within a few hours after exposure, (b) an ensuing latent period, which is relatively asymptomatic, and (c) the terminal phase of illness. The level of injury induced by radiation generally depends on the absorbed radiation dose, age at exposure, sex, species, radiation quality, and the temporal distribution of the radiation energy deposition events (Scott, 1977). Expected early effects of whole-body exposure to ionizing radiation have been outlined elsewhere (Webb, 1962) and are given in Table V-1. Physiological consequences of irradiation of bone marrow include (Upton, 1969): (a) greater susceptibility to bleeding (resulting from thrombocytopenia), (b) greater susceptibility to infection (resulting from leukopenia), (c) anemia (resulting from hemorrhage or depression of erythropoiesis), and (d) lowering of immunity (presumably associated with the destruction of lymphoid cells). The tissue dose (absorbed radiation dose) which causes early death for 50% of the sample exposed within 30 days following whole-body exposure to ionizing radiation is referred to as the $LD_{50/30}$ and is a useful measure for interspecies comparison. Estimated values for the $LD_{50/30}$ for several species and several types of radiation have been reported by Bond *et al.* (1965) and are given in Table V-2. The $LD_{50/30}$ for whole-body exposure of man to gamma rays is estimated to be about 300 rad. The value of 300 rad is the same as that reported in WASH-1400 for the dose that affects 50% of the sample exposed within 60 days ($LD_{50/60}$), but is somewhat less than what one would estimate from the dose-response curve for man reported in the NASA Life Science Data Book (Webb, 1962). Figure V-1 shows an estimated dose-response curve for man for the probability of dying in 60 days vs the absorbed radiation dose that was redrawn from Webb (1962). The $LD_{50/60}$ is about 450 rad based on this curve. Since the $LD_{50/60}$ is always less than or equal to the $LD_{50/30}$, Figure V-1 suggests that the $LD_{50/30}$ is greater than or equal to 450 rad, which is considerably higher than the value given in Table V-2. In the development of an empirical model for early death of man from radiation induced hematological dyscrasia, we have used the value of 300 rad for the $LD_{50/30}$ for brief (i.e., high dose rate) whole-body exposure to low-LET radiation.

Analysis of Experimental Data

Dose-response relationships for early death from radiation-induced injury to the hemopoietic system have been resolved from available data for exposure to external or internal sources of low-LET radiation. All relevant data are given in the Appendices with their associated references. Figures V-2 and V-3 show estimated cumulative radiation hazard functions for death from radiation induced injury to the hemopoietic system for mice, monkeys and dogs after brief whole-body exposures to external low-LET radiation sources. The cumulative radiation hazard function estimate H_i^+ is given by

$$H_i^+ = -\ln(1 - F_i^+) \quad (1)$$

1060 305

Table V-1

Expected Effects in Man Following Brief Whole-Body Exposure to Ionizing Radiation^a

<u>Dose in Rems</u>	<u>Probable Effect</u>
0 to 50	No obvious effect, except, possibly, minor blood changes.
50 to 100	Vomiting and nausea for about 1 day in 5 to 10 percent of exposed individuals. Fatigue, but no serious disability.
100 to 150	Vomiting and nausea for about 1 day, followed by other symptoms of radiation sickness in about 25 percent of individuals. No deaths anticipated.
150 to 200	Vomiting and nausea for about 1 day, followed by other symptoms of radiation sickness in about 50 percent of individuals. No deaths anticipated.
200 to 350	Vomiting and nausea in nearly all individuals on first day, followed by other symptoms of radiation sickness. About 20 percent deaths within 2 to 6 weeks after exposure; survivors convalescent for about 3 months.
350 to 550	Vomiting and nausea in all individuals on first day, followed by other symptoms of radiation sickness. About 50 percent deaths within 1 month; survivors convalescent for about 6 months.
550 to 750	Vomiting and nausea in all individuals within 4 hours from exposure, followed by other symptoms of radiation sickness. Up to 100 percent deaths; few survivors convalescent for about 6 months.
1000	Vomiting and nausea in all individuals within 1 to 2 hours. Probably no survivors from radiation sickness.
5000	Incapacitation almost immediately. All individuals will be fatalities within one week.

^aFrom Webb (1962).

Table V-2

Estimated LD_{50/30} Values for Brief Whole-Body Exposures to Ionizing Radiation^a

Types of Radiation	LD _{50/30} (rad)	Mean Survival Time of 30-Day Decedents (days)	Species
200 kVp X-Rays	640	≈ 13	Mouse
250 kVp X-Rays	705		Mouse (Germ-free)
250 kVp X-Rays	714	≈ 12	Rat
X-Rays	250	≈ 15	Dog
250 kVp X-Rays	600	≈ 14	Monkey (Macaca mulatta)
250 kVp X-Rays	750	≈ 10	Rabbit
200 kVp X-Rays	450	≈ 12	Guinea Pig
200 kVp X-Rays	610		Hamster (Mesocricetus auratus)
1000 kVp X-Rays	250	≈ 17	Swine
200 kVp X-Rays	240		Goat
1.1 MeV Gamma Rays	255		Burro
Neutron-Gamma Rays	374		Burro
Gamma Rays	300 (?)		Man

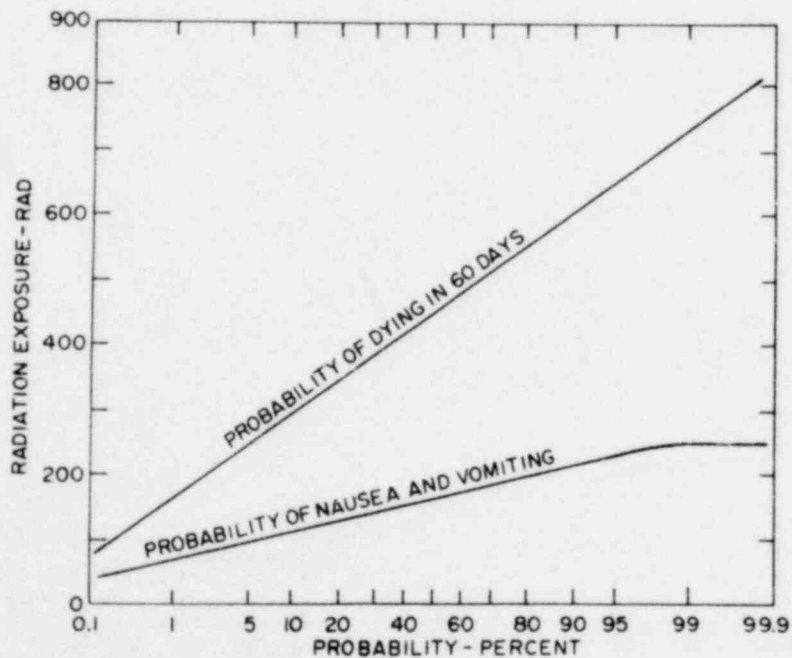
^aFrom Bond *et al.*, 1965.

Figure V-1. Relationships between whole-body radiation dose and the probability of early death or nausea and vomiting. These curves are based on Japanese casualties, accidental exposure to fallout, and reactor incidents. Redrawn from Webb (1962).

Figure V-2. Cumulative radiation hazard function estimates H_1^+ for early death from injury to the hemopoietic system and associated regression lines for dogs following brief whole-body exposure to low-LET radiations.

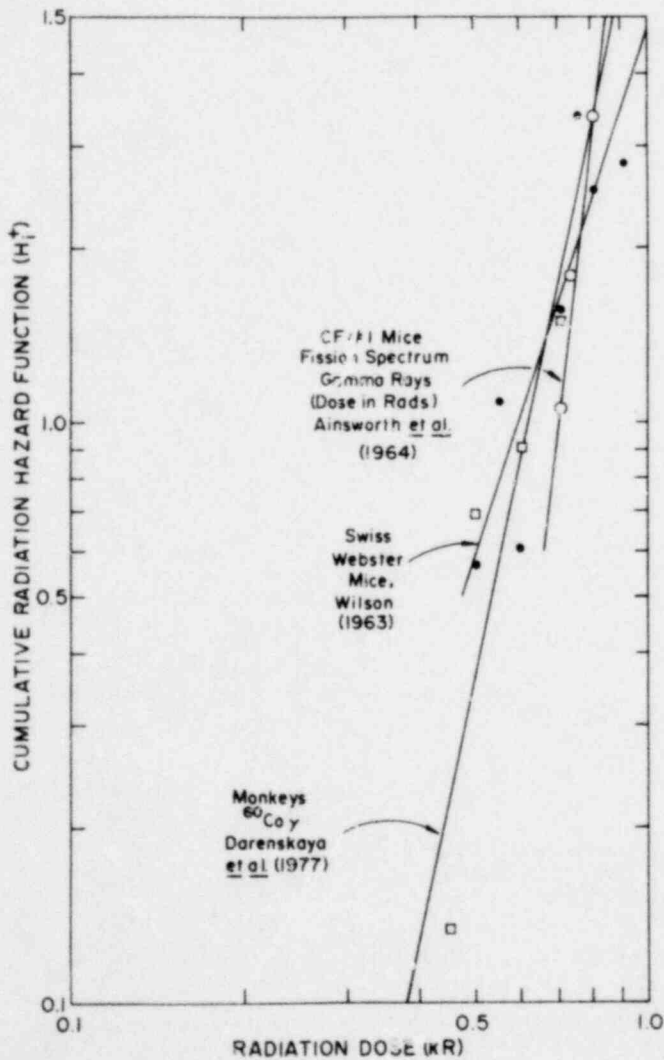
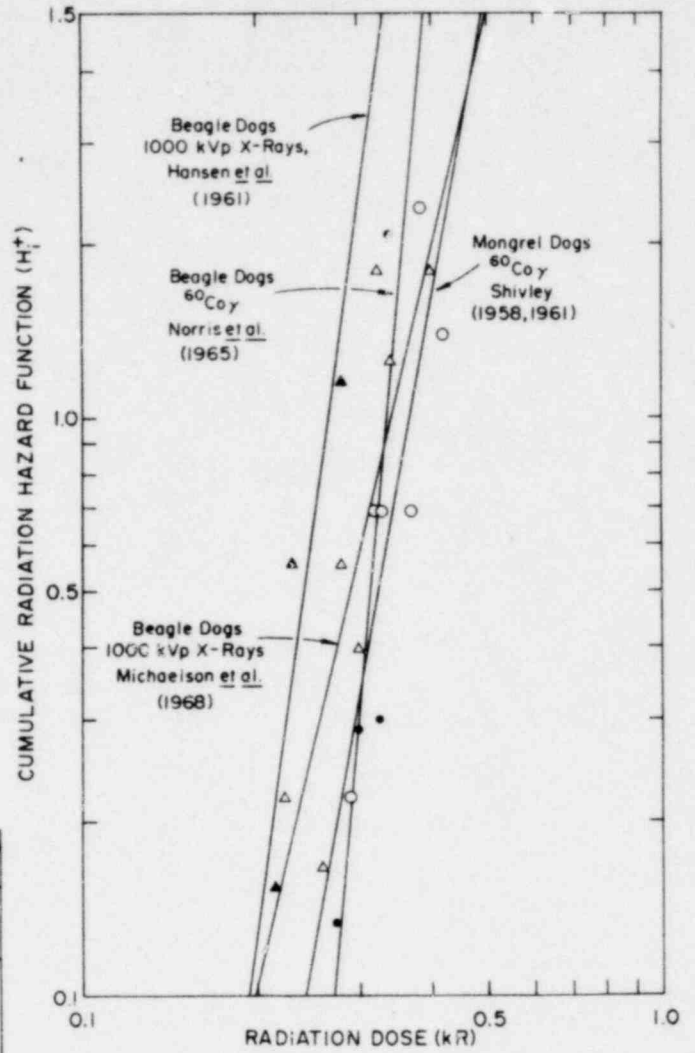


Figure V-3. Cumulative radiation hazard function estimates H_1^+ for early death from injury to the hemopoietic system and associated regression lines for mice and monkeys following brief whole-body exposure to low-LET radiation. The Swiss Webster mice were irradiated with 260-kVp X-rays.

where F_i^+ is the ratio of the number of early deaths from injury to the hemopoietic system to the number irradiated, for a given exposure level. The dose-response curves in Figures V-2 and V-3 appear to be species specific. Mice and monkeys appear to be equally sensitive while both appear to be relatively resistant in comparison to dogs.

Figure V-4 shows similar curves resolved using the hazard-function method for Beagle dogs after inhalation or injection of radionuclides in a relatively soluble form. Table V-3 shows ranges of initial dose rates to the skeleton, initial body burdens, or initial dose rate to the whole body for which early deaths from radiation-induced hematological dyscrasia were observed for the radiation sources in Figure V-4. To obtain conservative dose-response relationships, only data in the ranges shown in Table V-3 were used in resolving the dose-response curves shown in Figure V-4. As a third example of the use of the hazard-function method, Table V-4 illustrates the derivation of the $^{137}\text{CsCl}$ data in Figure V-4.

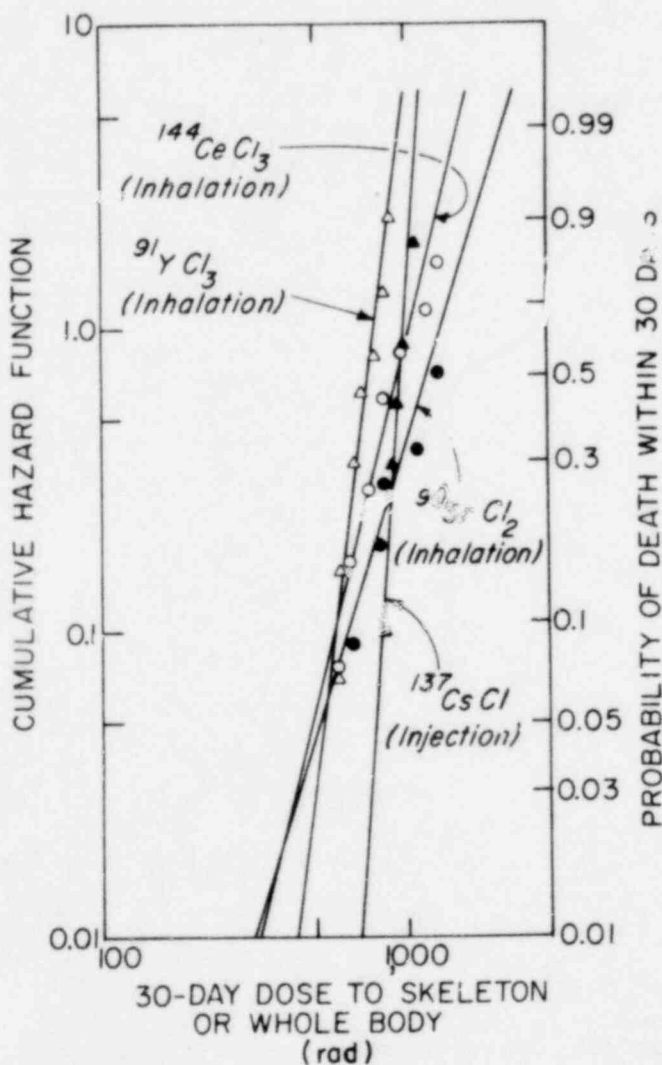


Figure V-4. Cumulative radiation hazard function estimate and associated probability estimate for death from the hemopoietic syndrome (i.e., 30-day mortality) for Beagle dogs after inhalation of $^{91}\text{YCl}_3$, $^{144}\text{CeCl}_3$ or $^{90}\text{SrCl}_2$, or after injection of $^{137}\text{CsCl}$.

Table V-3

Hematological Dyscrasia Data for Beagle Dogs Which Inhaled Aerosols of
Beta-Gamma Emitting Radionuclides

Material	Range of Occurrence	Reference
$^{90}\text{SrCl}_2$	31 rads/day \leq I.D.R.S. ^a \leq 55 rads/day	Muggenburg <i>et al.</i> , 1978
$^{144}\text{CeCl}_3$	330 $\mu\text{Ci/kg}$ \leq I.B.B. ^b \leq 740 $\mu\text{Ci/kg}$	Merickel <i>et al.</i> , 1978
$^{91}\text{YCl}_3$	430 $\mu\text{Ci/kg}$ \leq I.B.B. \leq 1300 $\mu\text{Ci/kg}$	Muggenburg <i>et al.</i> , 1978
$^{137}\text{CsCl}$	36 rads/day \leq I.D.R.W.B. ^c \leq 72 rads/day	Hanika-Rebar <i>et al.</i> , 1978

^aInitial dose rate to skeleton.

^bInitial body burden.

^cInitial dose rate to whole body.

Table V-4

Hazard Function Method of Analysis of Data for Beagle Dogs for
Early Death from Hematological Dyscrasia after Injection of $^{137}\text{CsCl}$

Dose ^a (krad)	n_i	d_i	g_i	H_i	F_i
0.86	1	1	1/10 = 0.100	0.100	0.095
0.90	1	0	0/9 = 0.000	0.100	0.095
0.91	2	2	2/8 = 0.250	0.350	0.295
0.92	1	0	0/6 = 0.000	0.350	0.295
0.95	2	1	1/5 = 0.200	0.550	0.423
1.0	2	1	1/3 = 0.333	0.883	0.587
1.1	1	1	1/1 = 1.000	1.883	0.848

^aDose at death for members dying within approximately 30 days.
For individuals that die at times much longer than 30 days,
the dose represents an estimate of the 30-day dose.

Empirical Equations for Low-LET Radiation

An analysis of early mortality radiation dose-response data following whole-body exposure of Beagle dogs to ^{60}Co -gamma rays (Norris, 1965) at high dose rates resulted in D_{10} and D_{50} estimates of 0.21 krad and 0.25 krad, respectively, for early mortality from injury to bone. For man, the D_{50} for whole-body exposure to gamma rays at high dose rates is estimated to be 0.30 krad. The D_{10} for man for whole-body exposure to gamma rays at high dose rates was estimated to be 0.25 krad by assuming that the ratio of the D_{50} to the D_{10} is the same for man and dog. The D_{10} and D_{50} for exposure of the red marrow to internal low-LET radiation sources are based on exposure of Beagle dogs to $^{137}\text{CsCl}$ (Redman *et al.*, 1972).

Presently available data for man are insufficient for estimating the D_{10} and D_{50} for early mortality from injury to bone for internal low-LET radiation sources. These values were estimated for man by assuming that the ratio of the D_{10} or D_{50} for high dose rate whole-body exposure to gamma rays to the 30-day dose D_{10} or D_{50} for exposure to internal low-LET radiation sources is the same for man and dog. Values for dogs are based on the $^{137}\text{CsCl}$ curve for dogs in Figure V-4 and the curve representing the data of Norris *et al.* in Figure V-2. The resultant estimates of the D_{10} and D_{50} for man for internal radiation are 1.0 krad and 1.2 krad, respectively.

For internal emitters in the bone, the hazard function was only computed for the first 30 days. This is because presently available data suggest that the dose sufficient to kill Beagle dogs accumulates within 30 days.

Major Inadequacies in Presently Available Data

Presently available data for early death from radiation-induced injury to bone are insufficient for determining the following:

1. The radiation dose to bone marrow from internal low-LET radiation sources.
2. Appropriate dose-response relationships for early death from injury to the hemopoietic system following exposure to internal high-LET radiation sources.
3. An appropriate method of predicting dose-response relationships for early death from injury to the hemopoietic system following exposure to multiple low- and high-LET radiation sources.
4. The influence of age at exposure on the dose response relationship for man for early death from radiation induced injury to the hemopoietic system.
5. Shape of dose-response relationships for external radiation doses in the region of low incidence of mortality (less than 5%) from radiation injury to the hemopoietic system.

CHAPTER VI. EMPIRICAL DOSE-RESPONSE MODEL FOR GASTROINTESTINAL TRACT

Introduction

Results from early studies of the effects on the gastrointestinal system of brief exposure to large radiation doses from external sources suggest that the likelihood of early death from radiation-induced gastrointestinal injury depends on characteristic processes at four levels of organization (Quastler, 1956):

1. Cellular (stem cells in intestinal crypts): Irradiation inhibits the production of viable new cells.
2. Tissue (intestinal epithelium): The lack of new cells combined with the necrosis of differentiated cells leads to the depletion of intestinal epithelial cells.
3. Systemic (small bowel): The loss of the epithelial lining leads to denudation and breakdown of the barrier which separates the intestinal lumen from the interior of the body.
4. Organismic: The loss of the intestinal barrier leads to early death.

The time of death, which coincides with the denudation of the intestinal epithelium occurs characteristically 3-5 days after irradiation in the conventionally reared mouse, rat, dog, swine and goat; 6-8 days after irradiation in monkeys and germ-free mice; and perhaps even later in man (Upton, 1969).

Cell kinetics in the gastrointestinal tract under both normal and perturbed conditions has more recently been discussed by Hagemann and Concannon (1976). Based on the recent works of many investigators, they have attempted to define the salient factors and interrelationships operating in the response of the small intestinal epithelium to cytotoxic agents. These factors and interrelationships were outlined in a flow chart which is reconstructed in Figure VI-1 and are described as follows.

Radiation-induced abdominal injury involves the two pathways (A and B) shown in Figure VI-1. Beginning with A (Figure VI-1, top), a diminished cell flux into the villus may be caused by killing of crypt cells or by a reduced cell proliferation rate, or by both. Coupled with continued apical cell loss, this will result in a partial depletion of the functional compartment. A negative feedback loop causes a decrease in the mean cell cycle transit time (primarily by shortening the G_1 phase) and an increase in the size of the crypt proliferative compartment (at the expense of the maturation zone in the upper portion of the crypt). The combination of these responses causes a marked increase in the cell production rate per surviving crypt, which after a period of time, leads to the production of differentiated cells. This is augmented by a return to pretreatment proliferative compartment size by emphasizing the likelihood of differentiation over proliferation.

Returning to the top of Figure VI-1 (B pathway), the likelihood of cell killing depends on the cellular age response of the proliferative population, the efficiency of repair of damage and the inherent sensitivity of the cells. Together, these largely determine the level of the crypt progenitor cells (CPC). A CPC is a cell which can, through successive divisions reconstitute a functional crypt.

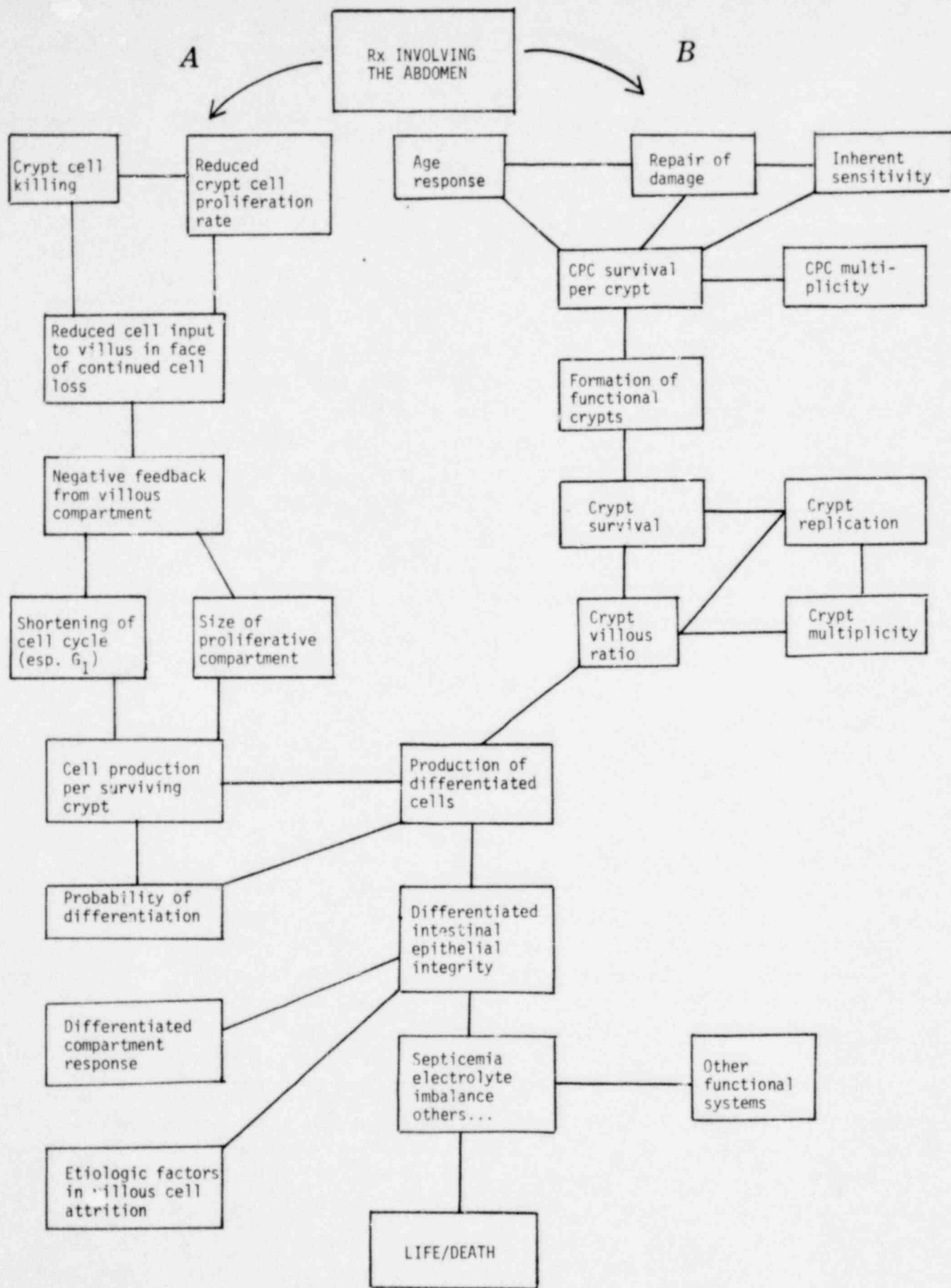


Figure VI-1. Factors involved in the intestinal response to cytotoxic agents. (Hagemann and Concannon, 1975).

The production of differentiated cells per unit surface area, can be traced directly to the production rate per surviving crypt and to the crypt to villus ratio. This production is necessary for maintenance of the integrity of the functional intestinal epithelium. Lapses in functional epithelial integrity may result in varying degrees of septicemia, electrolyte imbalance and other pathophysiological conditions. When significant epithelial denudation has occurred, extraintestinal functional systems assume roles of great importance. It is the systemic effects resulting from intestinal epithelial discontinuities, and to the extent to which they are abrogated by ancillary systems, which determine the outcome.

It is well known that in circumstances where repair of intracellular or systemic injury occurs, the level of biological effect of irradiation depends on the temporal distribution of the radiation dose. This is clearly shown by the data of Hagemann and Concannon (1975) given in Table VI-1 for the dose to 50% mortality for mice after fractionated exposure of the abdomen to 250 kVp x-rays. In these studies, the mice were exposed until death. The results in Table VI-1 suggest that the likelihood of early death following fractionated exposure of the gastrointestinal tract depends on fraction size and frequency of exposure.

Sullivan *et al.*, (1959) reported LD₅₀ values for early death from radiation-induced gastrointestinal injury following brief exposure of rats to 250 kVp x-rays (gastrointestinal tract *in situ* or exteriorized). Results of the study suggest that, for exposure of exteriorized intestines, the LD₅₀ was 1550 R. The corresponding mean survival time and range were 7.1 days (5.6 to 7.8) for doses from 1300 R to 2100 R. After abdominal irradiation (i.e., *in situ*), Sullivan *et al.*, estimated the LD₅₀ to be 1620 R. The corresponding mean survival time and range were 5.7 days (4.0 to 7.8) for doses from 1300 R to 2100 R. Differences between the LD₅₀ values were attributed to shielding of the intestines *in situ*.

If the doses to 50% mortality in Table VI-1 are used as estimates of the LD₅₀ for fractionated exposures, then the LD₅₀ for early death from gastrointestinal injury can vary by a factor of 11,500/1550 or 7 times due to changes in the temporal distribution of the radiation dose.

Internal Radiation Sources

Sullivan *et al.*, (1978) have more recently examined the toxicity of ingested beta-emitting radionuclides which have low absorption from the gastrointestinal tract to blood. The toxicity of ingested, poorly absorbed radionuclides depends on the energy of the emitted radiation, radiation quality, the mass of the intestinal contents, and the time that the nuclide remains in the bowel segment. The energy and quality dependence results because the critical cells (crypt cells) are located at various depths beneath the surface of the mucosa. Sullivan *et al.*, (1976) have made several relevant observations concerning the consequence of ingesting a lethal dose of poorly absorbed beta-emitting radionuclides which are as follows:

1. When ¹⁰⁶Ru-¹⁰⁶Rh was administered by gavage on a body weight basis, the order of sensitivity of the rats to the lethal effects were newborn > adults > weanlings.
2. The transit time of the intestinal contents of non-fasted rats is much slower than that for fasted rats. In non-fasted rats, the critical segment of the lower bowel may be the cecum rather than the lower large intestine.
3. Dogs fed sufficient ¹⁰⁶Ru-¹⁰⁶Rh died from injury to the large intestine but did not exhibit the early death (less than 8 days) that is usually associated with the gastrointestinal syndrome.

Table VI-1

Time Dose Schedules for Abdomen-Only Irradiation, and Exposure, Days and Fractions to Reach 50 Percent Animal Lethality^g

Code Number	Exposure Per Fraction (R)	Fractions Per Day	Irradiation (Days Per Week)	Exposure Per Week (R)	Exposure (R) to 50% Mortality	Days to 50% Mortality	Fractions to 50% Mortality
1	200	1	5 ^a	1,000	11,500	79	58
2	300	1	5	1,500	7,900	35	26
3	400	1	5	2,000	4,700	15	11.8
4	500	1	5	2,500	3,250	7.7	6.5
5	600	1	5	3,000	4,350	8.8	7.3
6	300	1	3 ^b	900	5,300	38.9	17.7
7	300	1	4 ^c	1,200	9,600	54.3	32.0
8	400	1	3 ^b	1,200	2,800	14.0	7.0
9	500	1	2 ^d	1,000	3,500	21.0	7.0
10	500	1	3 ^b	1,500	3,700	15.2	7.5
11	800	1	1	800	2,650	16.2	3.3
12	900	1	1	900	1,800	7.0	2.0
13	1,000	1	1	1,000	1,800	5.6	1.8
14	200	2 ^e	1.75 ^f	700	9,400	90	47
15	200	3 ^e	1.75 ^f	1,050	8,700	54	44
16	300	2 ^e	1.75 ^f	1,050	10,400	65	35
17	300	3 ^e	1.75 ^f	1,575	8,350	33	28

^aM T W Th F

^bM W F

^cM T W Th

^dMF

^eSeparated by 4 hours.

^fEvery 4 days.

^gFrom Hagemann and Concannon (1975).

Sullivan *et al.*, (1978) estimated the LD₅₀ dose to crypt cells to be approximately the same (3500 rad) for beta particles from ¹⁰⁶Ru-¹⁰⁶Rh or from ¹⁴⁷Pm. Because of the short range of alpha particles in tissue, and the depth of the critical crypt cells, early death from gastrointestinal injury caused by alpha irradiation is unlikely (Sullivan *et al.*, 1960).

Gastrointestinal Tract Model

Because of the magnitude and complexity of the problem of early mortality modeling for alpha irradiation exposure, our major effort in Phase I has been devoted to injury to the lung and to a lesser extent, injury to bone. Consequently, our model for the gastrointestinal is incomplete at this stage. Results from an analysis of presently available data suggest that the cumulative radiation hazard function for early death from injury to the gastrointestinal tract is adequately

represented by the Weibull cumulative hazard function. We have fitted this function to data reported by Sullivan *et al.*, (1959) for x-ray exposure of the intestines of rats (intestines exteriorized) assuming the rad doses to the gastrointestinal tract to be approximately equal to the R values reported. The resultant cumulative hazard function H_0 represents our best estimate of the limiting cumulative hazard function at high dose rates (i.e., worst case exposure) and is given by (see Figure VI-2)

$$H_0 = 4.6 \times 10^{-3} D^{11}, \quad (1)$$

where D is the radiation dose to the critical cells in the gastrointestinal tract in krad. The proportion of the exposed population with gastrointestinal injury sufficient to cause early death is given by F_0 , where

$$F_0 = 1 - e^{-H_0} \quad (2)$$

For internal emitters, a D_{50} of 3.5 krad was used based on data from Sullivan *et al.*, (1978). The D_{10} for internal emitters is estimated to be about 2.9 krad assuming the ratio of the D_{50} to the D_{10} to be the same as for exposure to external radiation at high dose rates. The resultant hazard function estimate H_1 for internal emitters in the gastrointestinal tract is given by

$$H_1 = 2.5 \times 10^{-6} D^{10}, \quad (3)$$

where D is in krad.

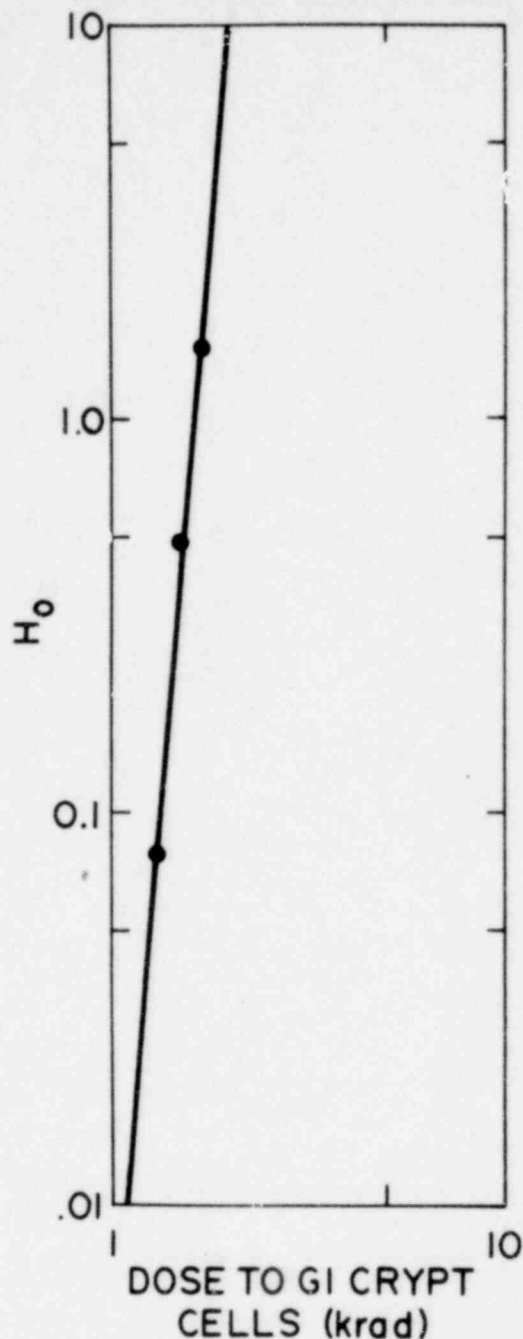


Figure VI-2. Cumulative radiation hazard function for gastrointestinal injury sufficient to cause early death. Based on data reported by Sullivan *et al.*, (1959) for X-ray exposure of the intestines of rats (intestines exteriorized).

Major Inadequacies in Present Gastrointestinal Tract Model

A major problem with the present model for the gastrointestinal tract is that it does not adequately take into account dose rate effects. Another problem is that the dosimetry model of the gastrointestinal tract overestimates the radiation dose because the task group lung model overestimates the amount of a radionuclide which is cleaved from the respiratory to the gastrointestinal tract.

CHAPTER VII. COMPOSITE EXPOSURE MORTALITY MODEL

The most common accidents resulting in high-level exposure of people have involved external irradiation or internal deposition of single radionuclides. In handling irradiated reactor fuel materials in the future, the most probable high-level exposures will also include mixtures of external irradiation and internally deposited beta- and gamma-emitting fission products. Significant exposures to alpha-emitting radionuclides are also possible; however, these would probably be of lesser importance in producing acute lethality in people. A matrix of the most important radiation exposure modes and the organs irradiated is outlined in Table VII-1. A computer simulation program for estimating early mortality which could be anticipated after very high-levels of these types radiation exposures of people is described in this chapter. This computer program is more complete in dealing with irradiation of the whole body, bone marrow and lungs, but is less developed for irradiation of the gastrointestinal tract, liver, thyroid and combinations of all the internal organs. A major goal in Phase II of this research program will be to improve these current deficiencies.

The overall design of the computer simulation model for developing early mortality estimates is illustrated in Figures VII-1 and VII-2. It is composed of two computer programs, DOSE and EFFECT. Radiation exposures of people are assumed to result only from a passing cloud of radioactive isotopes. This could produce external gamma ray exposures and inhalation exposures to alpha-, beta- and gamma-emitting radionuclides. Ingestion of radionuclides is not considered to be a major exposure mode since preventative measures should intervene.

To initiate the simulation, the user must supply the information listed in Table VII-2 for each exposure and for each isotope in the radioactive cloud. The first computer program, DOSE, (Figure VII-1) is used to calculate the deposition of radionuclides in the respiratory tract, subsequent interorgan translocation, and the radiation doses for lung, bone marrow, liver and gastrointestinal tract. It also estimates the magnitudes of external radiation doses to individual organs. These calculations are described in detail in Chapter II of this report. All of the low-LET radiations for single organs are summed and output to a disc file providing doses as functions of time after exposure. The same procedures are followed for high-LET radiations in producing a second disc file. The two resulting disc files provide the input information for the second computer program which estimates the potential early mortality related to the radiation exposures.

The second program, EFFECT, first reads the input radiation dose functions and divides these functions into time increments, Figure VII-2. The first time increment is the duration of the initial exposure event. Subsequent time increments are one-day intervals. The organ doses, D_i , dose rates, R_i , and effective half-times for the decreases in dose rates, $T_{1/2}$, are then determined for each time interval and each body organ. The mortality hazard functions (i.e., the negative logarithms of the dose survival probabilities) are then calculated for each organ separately, but the hazards from simultaneous high- and low-LET radiations to single organs are summed for each dose increment.

The method for obtaining the cumulative radiation hazard function for a given radiation exposure of the lung was discussed in Chapter IV. Thus, only the sequence steps used in the computer simulation program will be discussed here. The hazard function based on an assumed Weibull

Table VII-1

Summary of Most Important Radiation Exposure Modes and Organs Irradiated Following Hypothetical Nuclear Fuel Cycle Accidents

Exposure Mode ^a	Radiation Injury to			
	GI Tract	Lung	Bone	Total Body
External γ	X	X	X	X
Internal β_{sol}	X	X	X	
Internal β_{insol}	X	X		
External $\gamma + \beta_{sol} + \beta_{insol}$	X	X	X	X
Internal α_{sol}		X	X	
Internal α_{insol}		X		
External $\gamma + \beta_{sol} + \beta_{insol} + \alpha_{sol} + \alpha_{insol}$	X	X	X	X

^aExternal = external exposure; internal = internal deposition of radionuclides; α, β or γ = type of irradiation; sol = soluble form of radionuclide, insol = insoluble form of radionuclide.

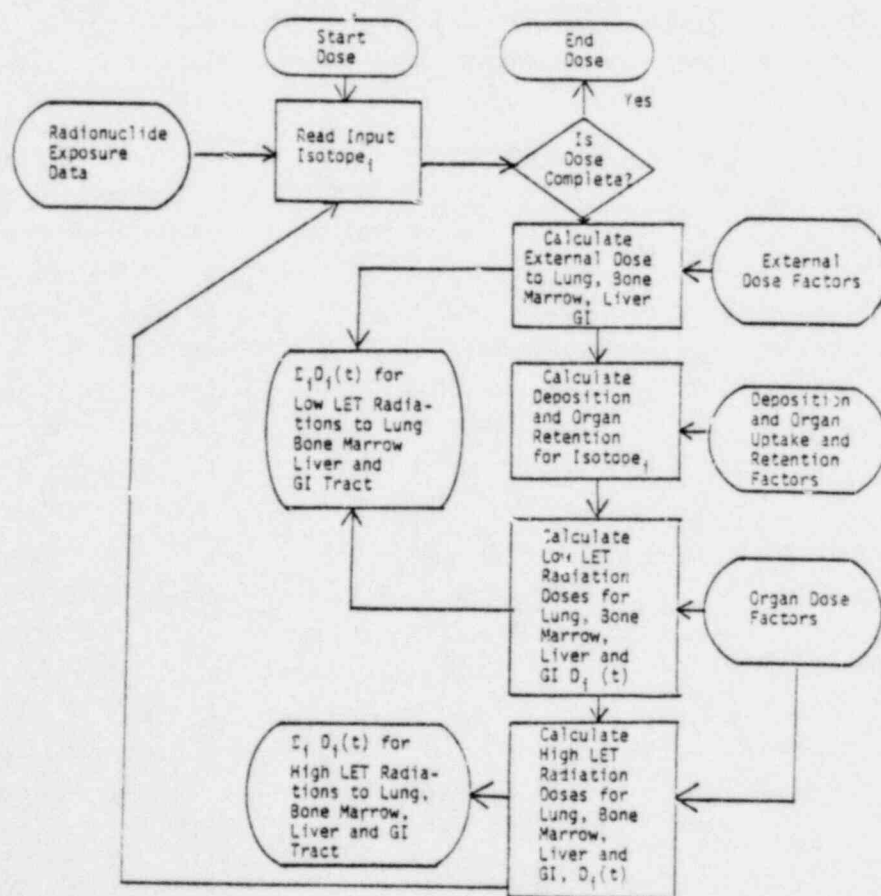


Figure VII-1. Flow diagram used in computer program, DOSE.

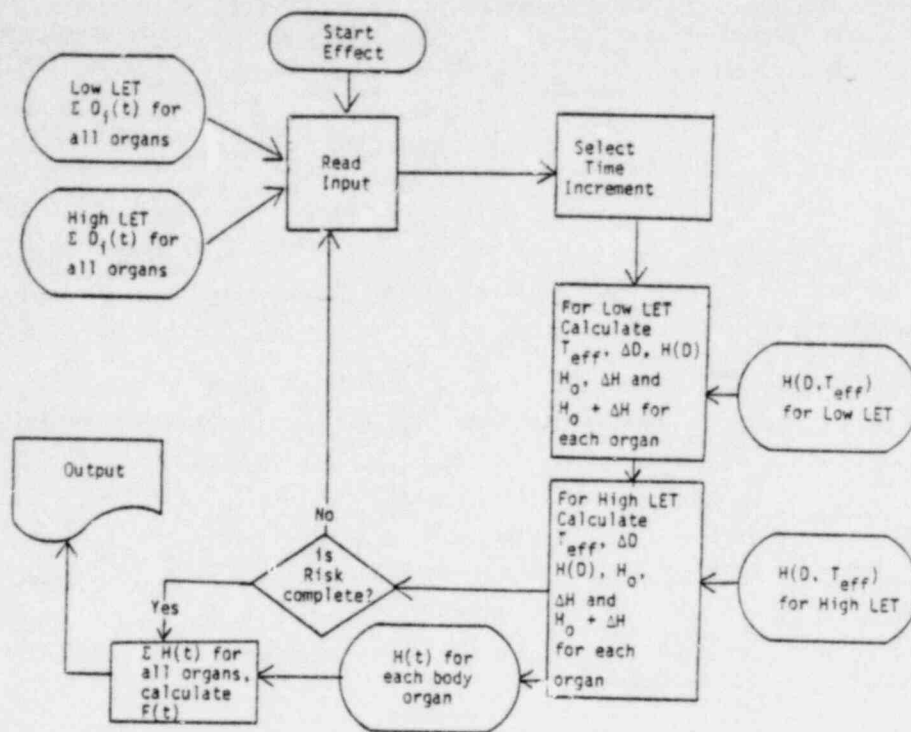


Figure VII-2. Flow diagram used in computer program, EFFECT.

Table VII-2

Sample of Data Input Necessary to Initiate Simulation of DOSE Computer Program

Input Information	Sample Input	Comment
Exposure Duration	0.1	Duration of exposure is specified in days.
Number of Output Times	5	Number of times on the next line at which output is desired.
Output Times	1, 10, 50, 100, 365	Times at which doses and cumulative hazard function is printed.
GASP IV Control File	DBZISIMULZ.DAT	Name of GASP I. control file used by the program.
Isotope	Pu238	Isotopes are specified by element symbol and atomic weight.
Particle Solubility	Y	Solubility classes refer to the ICRP Task Group on Lung Dynamics; D, W, or Y.
Aerosol Concentration	5.7 E-4	Isotope concentrations are given in Ci/m ³ .
Aerosol Size	1	Particle sizes are specified in μ m AMAD.

distribution, can be written as a function of the D_{10} and D_{50} doses (the doses required to kill 10% or 50% of the exposed populations). A simplified expression of this function is:

$$H = (\ln 2) (D/D_{50})^{1.88/\ln (D_{50}/D_{10})} \quad (1)$$

where D is the radiation dose delivered to the organ during some increment of time. For low-LET radiation, the D_{10} and D_{50} doses were related to the effective half-lives for retention of the radionuclides in the lung or the radiation dose rates for bone or for the gastrointestinal tract.

For lung, the method of obtaining the cumulative radiation hazard from an accident is illustrated in Figure VII-3. The exposure to gamma rays during passage of the radioactive cloud is assumed to be brief. The gamma-ray dose to the whole-body is used to calculate the cumulative hazard, H_1 , which is the cumulative radiation hazard for lung up to the end of the exposure period. The cumulative hazard is then calculated for radionuclides in lung over the next time increment to give $\Delta H_1 + \Delta H_2$. This process is continued such that cumulative radiation hazard function for lung up to some time, t , after the inhalation exposure is given by $H(t) = \sum_1^n \Delta H_i$. For each time increment, a new hazard function is derived from the above equation as described in detail for low-LET radiation in Chapter IV.

Figure VII-3 gives an example for a mixture of insoluble beta emitters in the lung. Increments in $H(t)$ are represented by ΔH_1 , ΔH_2 and ΔH_3 for consecutive time intervals. Mean T_e values for these time intervals are represented by $(T_e)_1$, $(T_e)_2$ and $(T_e)_3$, respectively. For the first time interval, the radiation dose increment is given by D_1 . For this time interval, $H(t)$ is

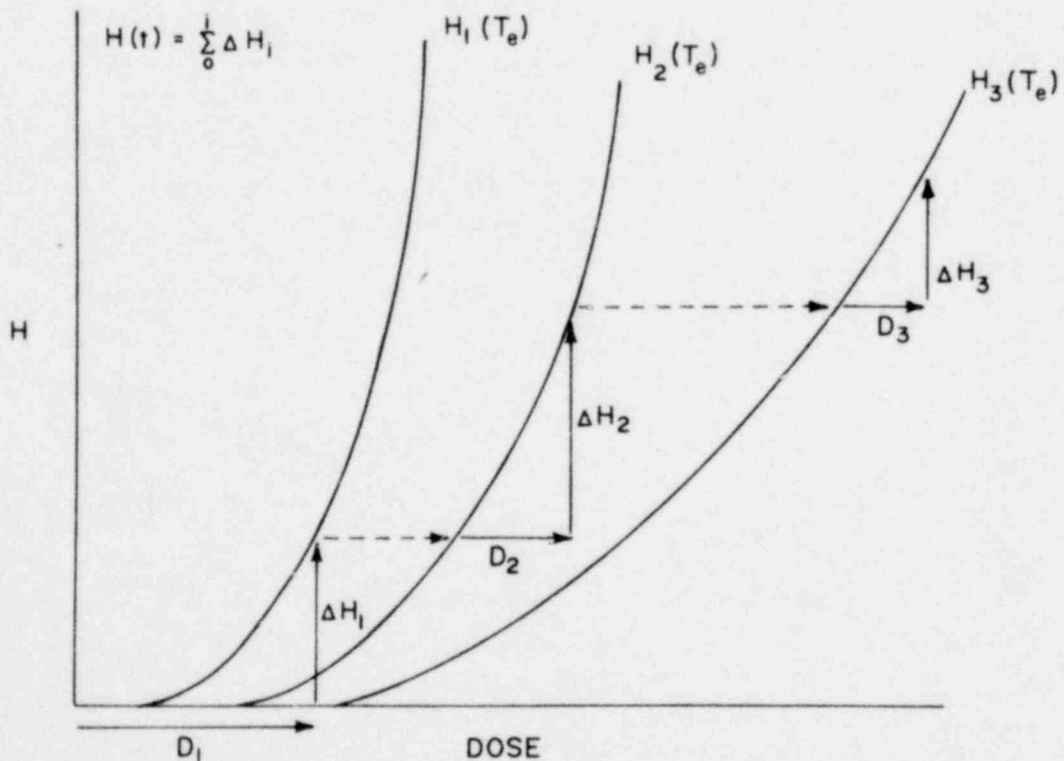


Figure VII-3. Illustration of the method used in determining the total hazard for beta emitters in the lung. Here, hazard function increments H_i for time and dose increments $i = 1, 2, 3, \dots$ are combined to obtain the total hazard function $H(t)$.

determined by the dose-dependent curve for $H_1[(T_e)_1]$. The radiation dose D_1 , delivered with a mean T_e equal to $(T_e)_1$, is equivalent to the second dose delivered with a mean T_e equal to $(T_e)_2$. This is the dose at which the horizontal dashed line from curve $H_1[(T_e)_1]$ in Figure VII-3 intersects the curve $H_2[(T_e)_2]$. Since for the second time interval the mean value of T_e is $(T_e)_2$, the appropriate curve for this interval is $H_2[(T_e)_2]$. The appropriate dose for the start of the second time interval is the equivalent dose. With the proposed method of estimating early mortality probabilities, the use of RBE values is avoided. The above procedure is continued for subsequent time intervals until the end of the period of time for early mortality, approximately 18 months.

When alpha emitters are also present in the lung, it is necessary to determine two hazard function increments for each time interval; one caused by an increment in the high-LET dose over the time interval and a second caused by an increment in the low-LET dose over the interval. The two increments are summed to determine the total increment for that time interval. Equivalent doses must then be determined for both low- and high-LET sources. The equivalent doses depend on $H(t)$ at the end of the time interval and are determined in the same manner as described above for a mixture of low-LET radiation sources. Different hazard function curves are used for high- and low-LET radiation sources; however, we have used only one curve for high-LET radiation since no effect of retention half-time has been reported to date.

The total cumulative hazard, H , calculated by the EFFECT program can be used to calculate the probability of mortality by using the following formula

$$\text{Pr. of mortality} = 1 - e^{-H}. \quad (2)$$

This is the probability of dying from early effects by 1.5 years after exposure. This is the only time period for which the calculations are valid because it was the period used to derive the hazard functions. This period was decided upon because most of the animals in the studies died before this time.

For reasons discussed in Chapter V, only low-LET radiation doses are considered for bone. The cumulative radiation hazard function for bone is based on the 30-day dose to bone and is estimated in a manner similar to that used for lung. The cumulative radiation hazard for bone from external gamma rays from the radioactive cloud is determined from whole body, dose-response relationships which have been developed for people. Relevant formulas are given in Chapter V. For the gastrointestinal tract, the cumulative radiation hazard after inhalation exposure is assumed to depend only on the radiation dose to critical cells. Relevant formulas are given in Chapter VI. The output information from EFFECT includes the total cumulative hazard for the lung, bone, and gastrointestinal tract.

Examples of the computer outputs from the DOSE and EFFECTS programs are shown in Figures VII-4 and VII-5, respectively. The first output lists the input information to the exposure calculation for a single isotope, ^{90}Y . Next the output lists the external radiation doses to the various internal organs, which in this case are zero because there is no gamma radiation component. Finally, the high- and low-LET radiation doses are listed for the various organs as functions of time after exposure. These doses, only in shorter increments of time, are input into the EFFECTS program.

The sample output from the EFFECTS program in Figure VII-5 summarizes the organ dose functions and the total cumulative hazard at 550 days after exposure. The program is executed for 550 days (1.5 years) because the vast majority of early deaths will occur with this time after exposure. Both of the computer outputs can be obtained for single isotopes or for mixtures of isotopes (about 50 isotopes at the present time). When mixtures of isotopes are present in the exposure cloud of radionuclides, the cumulative hazard is related to total mixture and not single isotopes.

SIMULATION FOR ISOTOPE Y90
 DISSOLUTION-DISTRIBUTION PARAMETERS FROM DB2:TGLMY.DAT

CALCULATIONS ARE FOR THE ISOTOPE IN A Y-CLASS COMPOUND.

ISOTOPE HALF-LIFE (DAYS) = 2.67
 ISOTOPE IS A BETA-GAMMA EMITTER
 ATMOSPHERIC CONCENTRATION (MICROCURIES/L) = 150.
 PARTICLE SIZE (MICRONS) = 1.00
 LENGTH OF ATMOSPHERIC EXPOSURE (DAYS) = 0.100

TASK GROUP LUNG MODEL DEPOSITION EFFICIENCIES.

FOR A PARTICLE SIZE OF 1.00 MICRON,
 THE EXPECTED DEPOSITION FRACTIONS ARE :

NASOPHARYNGEAL = 0.310
 BRONCHIAL = 0.800E-01
 PULMONARY = 0.249

BREATHING RATE (LITERS/DAY) = 0.160E+05

INTERNAL DOSES IN RADS (TIME IN DAYS AFTER BEGINNING OF EXPOSURE)

TIME	DOSE HIGH LET (RADS)		DOSE LOW LET (RADS)				
	LUNG	BONE	BONE MAR.	LIVER	TBLN	THYROID	L. LG. INT.
5.	0.000	0.000	0.000	0.000	0.000	0.000	0.000
	0.793E+04	11.5	4.44	10.5	215.	0.000	0.114E+05
10.	0.000	0.000	0.000	0.000	0.000	0.000	0.000
	0.925E+04	14.8	5.71	13.5	426.	0.000	0.116E+05
50.	0.000	0.000	0.000	0.000	0.000	0.000	0.000
	0.974E+04	16.1	6.20	14.7	583.	0.000	0.116E+05
100.	0.000	0.000	0.000	0.000	0.000	0.000	0.000
	0.974E+04	16.1	6.20	14.7	583.	0.000	0.116E+05
200.	0.000	0.000	0.000	0.000	0.000	0.000	0.000
	0.974E+04	16.1	6.20	14.7	583.	0.000	0.116E+05
400.	0.000	0.000	0.000	0.000	0.000	0.000	0.000
	0.974E+04	16.1	6.20	14.7	583.	0.000	0.116E+05
550.	0.000	0.000	0.000	0.000	0.000	0.000	0.000
	0.974E+04	16.1	6.20	14.7	583.	0.000	0.116E+05

Figure VII-4. Sample output for computer program DOSE. This simulation was for ⁹⁰Y only and extended for 400 days.

TABLE OF DOSES IN KILORADS AT TIMES IN DAYS AFTER BEGINNING OF THE EXPOSURE

TIME	***** HIGH LET DOSE *****			***** LOW LET DOSE *****		
	LUNG	MARROW	GI TRACT	LUNG	MARROW	GI TRACT
5.	0.000	0.000	0.000	7.93	0.444E-02	11.4
10.	0.000	0.000	0.000	9.25	0.571E-02	11.6
50.	0.000	0.000	0.000	9.74	0.620E-02	11.6
100.	0.000	0.000	0.000	9.74	0.620E-02	11.6
200.	0.000	0.000	0.000	9.74	0.620E-02	11.6
400.	0.000	0.000	0.000	9.74	0.620E-02	11.6
550.	0.000	0.000	0.000	9.74	0.620E-02	11.6

FRACTION SURVIVING AT 550 DAYS = 0.0000

Figure VII-5. Sample output of computer program EFFECT. This output is for ⁹⁰Y only and follows the exposure data given in Figure VII-4.

Examples of hazard calculations from use of the EFFECTS program are described in Chapter VIII. These calculations are for single isotope exposures in laboratory animals and are given to illustrate the use of these computer programs. Unfortunately, we do not have data from animal exposures to mixed radiations to test the present model, but this will be a major goal for Phase II studies.

Example of Hazard Function Calculation

This section will show how simple calculations can be performed using the hazard function model in a manner similar to the calculations performed in the EFFECT program. The purpose of this example is to show the general steps that the computer program uses and to provide the user with a simple method to apply the hazard functions if he does not have access to the computer model. In this example, the curve for the dose rate to lung and cumulative dose to lung shown in Figure VII-6 will be used. These curves represent a hypothetical mixture of a Class W (⁹⁰Y) aerosol and a Class Y (⁹⁰Sr) aerosol deposited in the lung. For the purposes of our example, we have not included the calculations for organs other than the lung since their radiation doses are small by comparison and no mortality from early effects would be expected.

The calculation consists of four different steps. First, the dose rate curve for the lung is divided into regions with different effective half-lives. Second, these half-lives are used to calculate the hazard functions used to derive the total cumulative hazard. The third step, which is the most involved step, uses the hazard function for each region of the dose rate curve and the dose curve to derive the total cumulative hazard. Fourth, the probability of mortality from early effects by 1.5 years after exposure is calculated. The calculation can only estimate mortality within 1.5 years after exposure since this was the time period used in deriving the hazard functions.

In Figure VII-6 the dose rate curve was divided into four regions for the example shown. The number of regions depends upon how many are necessary for the effective half-life to be relatively constant over each region. Here it was found that four regions with effective half-lives of 2.1, 14, 180 and 500 days gave a good representation of the dose rate curve as shown in Table VII-3.

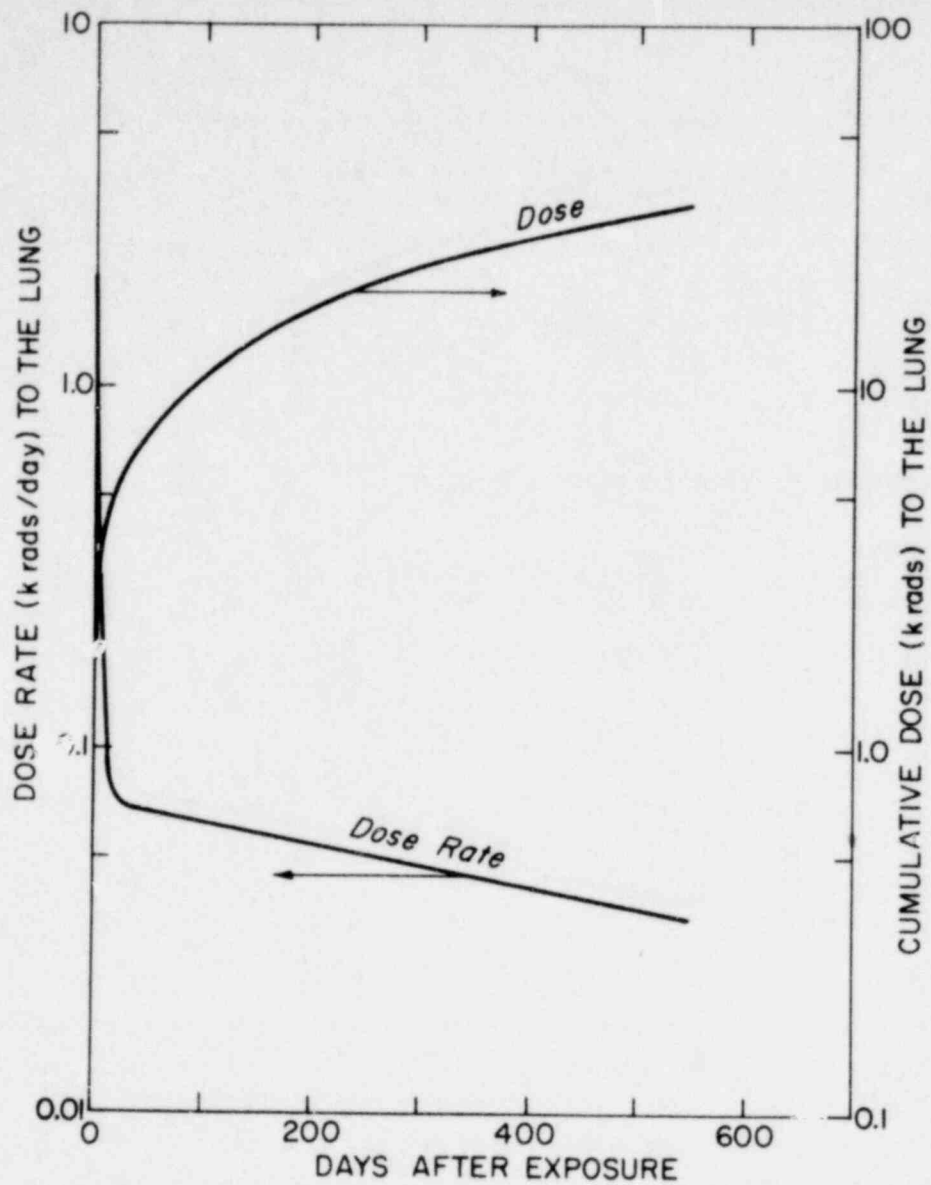


Figure VII-6. Dose in k rads and dose rate in k rads/day to the lung from a hypothetical mixture of a Class W (^{90}Y) aerosol and a Class Y (^{90}Sr) aerosol.

Table VII-3

Values Used in the Computation of the Total Cumulative Hazards for the Regions of the Dose Rate Curve

Region (days)	Half-Life (days)	Hazard Function		Dose at end of region (k rads)	Equivalent dose (k rads)	H	Probability of Mortality
		D_{10} (k rads)	D_{50} (k rads)				
0-10	2.1	7.5	9.4	4.34	-	0.00111	-
10-20	14	11	13	5.22	7.34	0.00396	-
20-40	180	27	44	6.61	11.5	0.00616	-
40-550	500	42	57	31.5	26.5	0.365	0.31

The D_{10} and D_{50} values for the hazard function for each region were obtained by linearly extrapolating between values shown in Table IV-5 for the half-lives in Table VII-3. The hazard functions in Figure VII-7 were generated using the derived D_{10} and D_{50} values.

The hazard functions are next used in conjunction with the dose curve to derive the total cumulative hazard. This is shown graphically in Figure VII-7 by the dashed lines and the circle on curve IV to indicate the total cumulative hazard. The calculations necessary to find this point are outlined below. The first step in the process is to find the total cumulative dose at the end of the first region in Figure VII-6. This is 4.34 krads at 10 days. This dose is used to calculate ΔH_1 using the first hazard function.

$$\Delta H_1 = (\ln 2) \left(\frac{\text{Dose}}{D_{50}} \right)^{1.88 / \ln (D_{50}/D_{10})} \quad (3)$$

$$\Delta H_1 = (\ln 2) \left(\frac{4.34}{9.4} \right)^{1.88 / \ln (9.4/7.5)} \quad (4)$$

$$\Delta H_1 = 0.00111 \quad (5)$$

The value of ΔH_1 is now used to find what dose gives the same hazard for the second hazard function. This equivalent dose, D_{eq} , can be calculated using the following formula

$$\begin{aligned} D_{eq} &= D_{50} \left(\frac{D_{50}}{D_{10}} \right)^{\ln(\Delta H_1 / \ln 2) / 1.88} \\ &= 13 \left(\frac{13}{11} \right)^{\ln(0.00111 / \ln 2) / 1.88} \quad (6) \\ &= 7.34 \text{ krads} \end{aligned}$$

To find the total hazard at end of the second region, the total dose accumulated between 10 and 20 days, 0.880 krads, is added to D_{eq} to obtain 8.22 krads. This dose is used to calculate $\Delta H_1 + \Delta H_2$

$$\begin{aligned} \Delta H_1 + \Delta H_2 &= (\ln 2) \left(\frac{8.22}{13} \right)^{1.88 / \ln (13/11)} \\ &= 0.00396 \quad (7) \end{aligned}$$

The value of $\Delta H_1 + \Delta H_2$ is used to calculate the equivalent dose for the third hazard function

$$\begin{aligned} D_{eq} &= 44 \left(\frac{44}{27} \right)^{\ln(0.00396 / \ln 2) / 1.88} \\ &= 11.5 \text{ krads} \quad (8) \end{aligned}$$

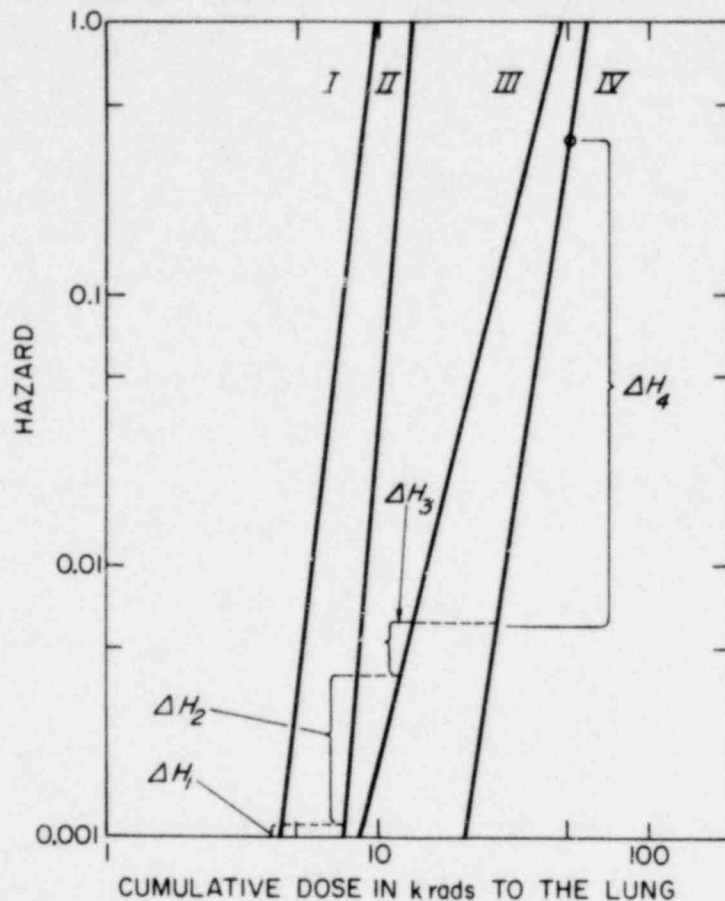


Figure VII-7. Hazard functions for the four regions of the dose rate curve as shown in Table VII-3. Curve I is for the first region (0-10 days) which has an effective half life of 2.1 days and hazard function parameters of $D_{10} = 7.5$ k rads and $D_{50} = 9.4$ k rads. Curve II is for the second region (10-20 days) which has an effective half life of 14 days and hazard function parameters of $D_{10} = 11$ k rads and $D_{50} = 13$ k rads. Curve III is for the third region (20-40 days) which has an effective half life of 180 days and hazard function parameters of $D_{10} = 27$ k rads and $D_{50} = 44$ k rads. Curve IV is for the fourth region (40-550 days) which has an effective half life of 500 days and hazard function parameters of $D_{10} = 57$ k rads and $D_{50} = 42$ k rads. The dashed lines show the graphical derivation of total cumulative hazard for mortality from early effects by 550 days (1.5 years) after exposure.

proceeding with the steps outlined above, we calculate

$$\begin{aligned}\Delta H_1 + \Delta H_2 + \Delta H_3 &= \ln 2 \left(\frac{11.5 + 1.4}{44} \right)^{1.88 \ln(44/27)} \\ &= 0.00616\end{aligned}\tag{9}$$

For the fourth hazard function, we calculate

$$\begin{aligned}D_{eq} &= 57 \left(\frac{57}{42} \right)^{\ln(0.00616/\ln 2)1.88} \\ &= 26.5 \text{ krad}\end{aligned}\tag{10}$$

$$\begin{aligned}H = \Delta H_1 + \Delta H_2 + \Delta H_3 + \Delta H_4 &= \ln 2 \left(\frac{26.5 + 24.9}{57} \right)^{1.88 \ln(57/42)} \\ &= 0.365\end{aligned}\tag{11}$$

This is the total cumulative hazard for mortality from early effects by 550 days after exposure. This value can be used to calculate the probability of death in this time period.

$$\begin{aligned}\text{Probability of mortality} &= 1 - e^{-H} \\ &= 1 - e^{-0.365} \\ &= 0.31\end{aligned}$$

CHAPTER VIII. COMPARISON OF ITRI MODEL WITH OTHER EARLY MORTALITY MODELS

Mathematical models for estimating early mortality in people exposed to high levels of external irradiation or internally deposited radionuclides have been developed by Wells (1976), Goldman (1977) and the Health Effects Advisory Committee for the Reactor Safety Study (1975). Most of the data on early radiation mortality used in developing these models were derived from the same groups of studies on human populations and dogs exposed to external radiations or inhaled radioactive aerosols. The major differences in these models relate to their degrees of flexibility and completeness for dealing with complex mixtures of radiations and with injuries to the different internal body organs. In this chapter, the general approaches used in each model will be outlined and a comparison of model projections for test radiation exposure situations will be presented.

Early Mortality Projections in the Reactor Safety Study

The mortality model used in the Reactor Safety Study identifies injuries to the bone marrow, lung, gastrointestinal tract, thyroid and fetus as the important causes of early mortality in irradiated people. For accidents leading to releases of irradiated nuclear fuel materials (Reactor Safety Study, 1975), injuries to bone marrow and the hematopoietic system dominated the early mortality projections, Figure VIII-1. Most of the projected radiation dose was derived from exposure to contaminated ground surfaces ($\approx 65\%$) along with direct irradiation from passing cloud ($\approx 15\%$) and internal radiation from absorption of inhaled radionuclides ($\approx 20\%$). The critical dose to bone marrow was taken to be the sum of;

1. external dose from the passing cloud
2. external dose from contaminated soil
3. internal dose to bone marrow for first 7 days
4. 1/2 of the dose to bone marrow from 8 to 30 days.

The percent mortality from bone marrow irradiation was estimated from the critical dose and the radiation-response curve (B) reproduced in Figure VIII-2.

Early mortality from injury to the lung was projected from laboratory animal studies in which dogs inhaled either ^{90}Y or ^{91}Y . These are shortlived radionuclides (half-lives of 64 hours and 59 days, respectively) which, if inhaled, would produce a similar radiation dose rate pattern to lung over the first year as would fresh mixed fission products. The radiation dose-response criterion for early lung injury derived from these studies is shown in Figure VIII-3. The critical dose to lung was calculated by adding;

1. external dose from the passing cloud
2. external dose from ground contamination
3. internal dose from inhaled radionuclides within 365 days.

Although the internal dose to lung was integrated for 365 days, most of this was projected to occur in less than 60 days.

Early mortality from irradiation of the gastrointestinal tract was mainly projected from studies in dogs since no data from human populations were available. The dose to regenerative cells of the lower large intestine was taken to be the critical dose and this was the sum of;

1. external dose from the passing cloud
2. external dose from contaminated ground
3. internal dose within 7 days from inhaled radionuclides.

1060 328

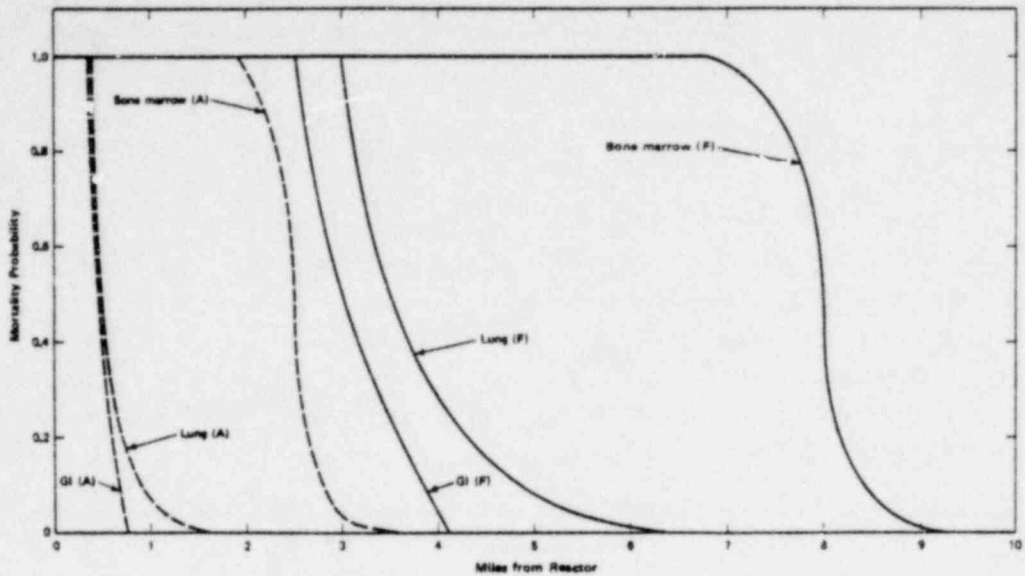


Figure VIII-1. Mortality probability for an affected population versus distance from reactor for two hypothetical weather conditions: stability category A, wind speed = 0.5 m/sec; stability category F, wind speed = 2.0 m/sec. (From "Reactor Safety Study," WASH-1400, Appendix VI, p. 13-9.

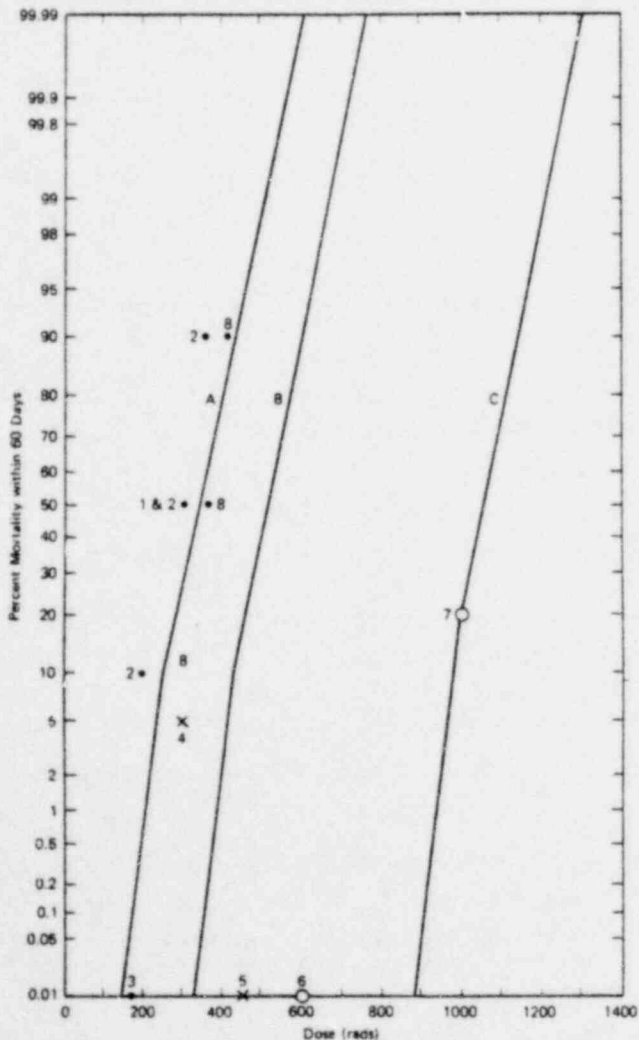


Figure VIII-2. Estimated dose-response curves for 50% mortality in 60 days with minimal treatment (curve A), supportive treatment (curve B), and heroic treatment (curve C). Origin of data points: 1, NCRP Report 42 (converted to rads using factor given in NRC Report 42); 2, Langhorn (1957, Table 12, estimate for "normal man?"); 3, Marshall Islanders (protracted exposure); 4, radiation therapy series, 22 patients (Rider and Hasselback, 1968); 5, clinical group III accident patients (Thomas and Wald, 1959, with newer cases added); 6, Pittsburgh accelerator accident patient (E. D. Thomas, 1971; Wald, 1975); 7, 37 leukemia patients (E. D. Thomas, 1975); 8, "best estimate" of the Biomedical and Environmental Assessment Group at the Brookhaven National Laboratory. (From "Reactor Safety Study," WASH-1400 Appendix VI, p. 9-4).

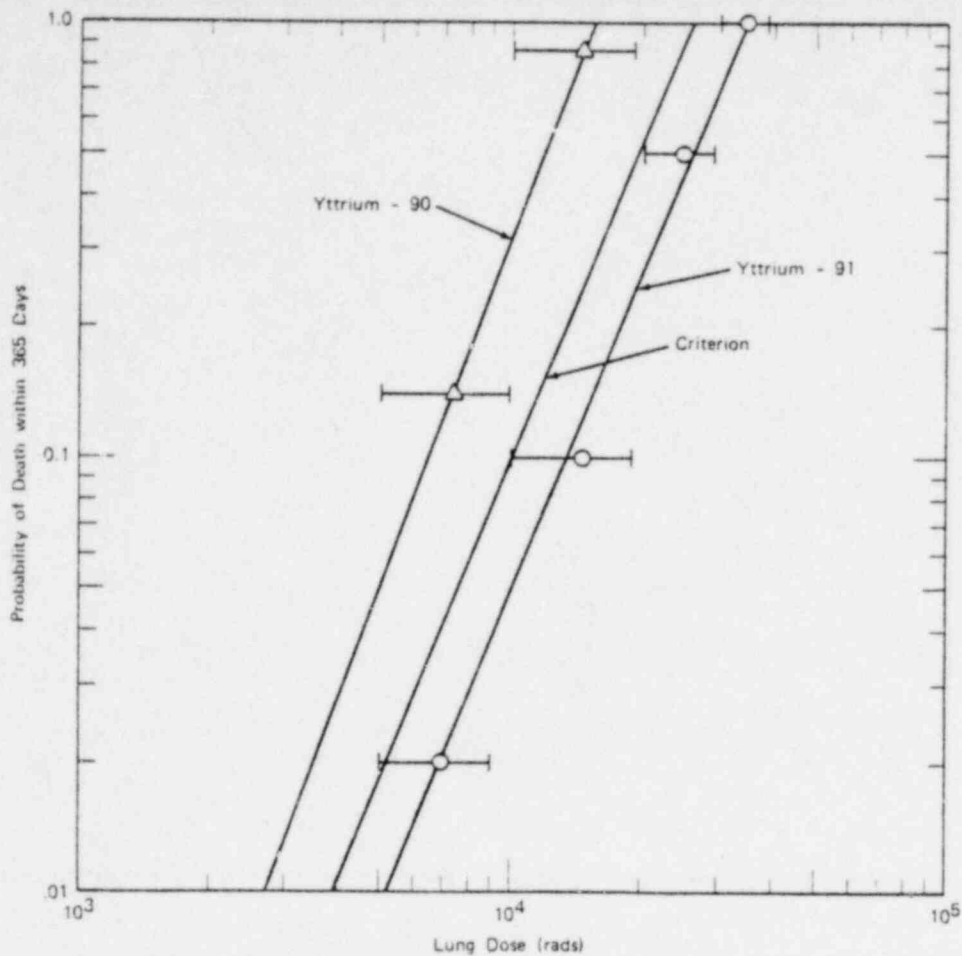


Figure VIII-3. Dose-response curves for yttrium-90 and yttrium-91 and criterion used in consequence model. (From "Reactor Safety Study," WASH-1400, Appendix VI, p. 97).

The internal dose was computed for a tissue depth of 500 μm . These doses were used with the dose-response curve shown in Figure VIII-4 to project injury to the gastrointestinal tract. In light of the importance of injury to the lung, injury to the gastrointestinal tract had negligible contribution to the overall projections of early mortality from exposures to mixed fission products (Reactor Safety Study, 1975).

Early mortality from irradiation of the thyroid and of an embryo was also studied. Because of the high radiation doses needed in the thyroid to produce acute lethal injury, this cause of early mortality was not significant in the overall projected numbers of early deaths from reactor accidents.

Early Mortality Projections of Wells (1976)

The mortality model for acute radiation injury developed by Wells considered only doses from inhaled radionuclides and only injuries to the lung and bone marrow. For inhaled insoluble particles (similar to Class Y aerosols), the lung was considered the critical organ and for relatively soluble particles (similar to Class D and W aerosols), the bone marrow was considered the critical organ. Two dose parameters were used to project mortality from injuries to the lungs:

1. the initial dose rate to lung (rem/min),
2. the effective, long-term, half-life of the radionuclide in the lung (days).

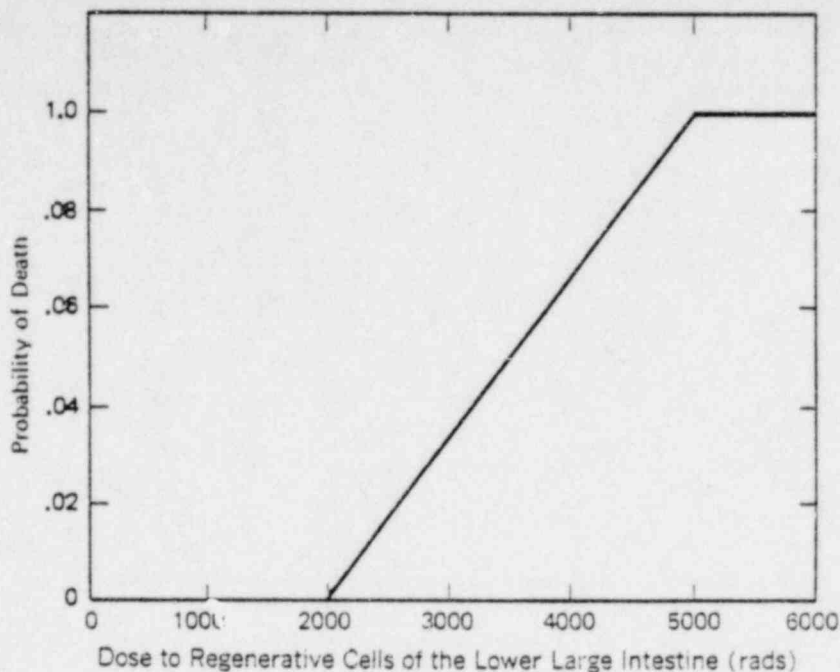


Figure VIII-4. Dose-mortality criterion for irradiation of the lower large intestine. (From "Reactor Safety Study," WASH-1400, Appendix VI, p. 99).

Two dose parameters were also used to project mortality from injury to bone marrow;

1. the initial "whole body" dose ($\mu\text{Ci}\cdot\text{Mev}/\text{kg}$) (Initial Body Burden X Mean Energy X RBE),
2. the effective half-life in the body (days)

Information on lethality related to radiation exposures of lung and bone marrow was taken from studies in which laboratory animals inhaled;

1. ^{90}Sr , ^{144}Ce , ^{91}Y and ^{90}Y in a relatively insoluble form (dogs)
2. $^{239}\text{PuO}_2$ (baboons)
3. $^{144}\text{CeO}_2$ and ^{90}Y in a relatively insoluble form (mice)
4. $^{238}\text{PuO}_2$ (hamsters)
5. $^{144}\text{CeCl}_3$, $^{90}\text{YCl}_3$ and $^{137}\text{CsCl}$ (dog).

Also, two studies in which rats were injected intravenously with ^{210}Po and hamsters were injected intraperitoneally with ^{90}Sr citrate, were used in developing the relationships for bone marrow injury. Data from radiotherapy studies in people were also used to project lethal doses for upper-body irradiation related to lung injuries and for whole-body irradiation related to bone marrow injuries.

Wells projected two doses for each type of acute radiation injury. First was the dose below which an individual would probably have long term survival and, second was the dose above which the individual would die within a short time after exposure. These doses were functions of the dose and dose rate. An illustration of these functions is given in Figure VIII-5. For the function representing injury to bone marrow, Wells stated that the upper curve representing probable lethality was less certain than the other curves. This is because short-lived isotopes could undergo considerable radioactive decay before the material was translocated to bone. Thus, probable lethality could require considerably higher doses than indicated.

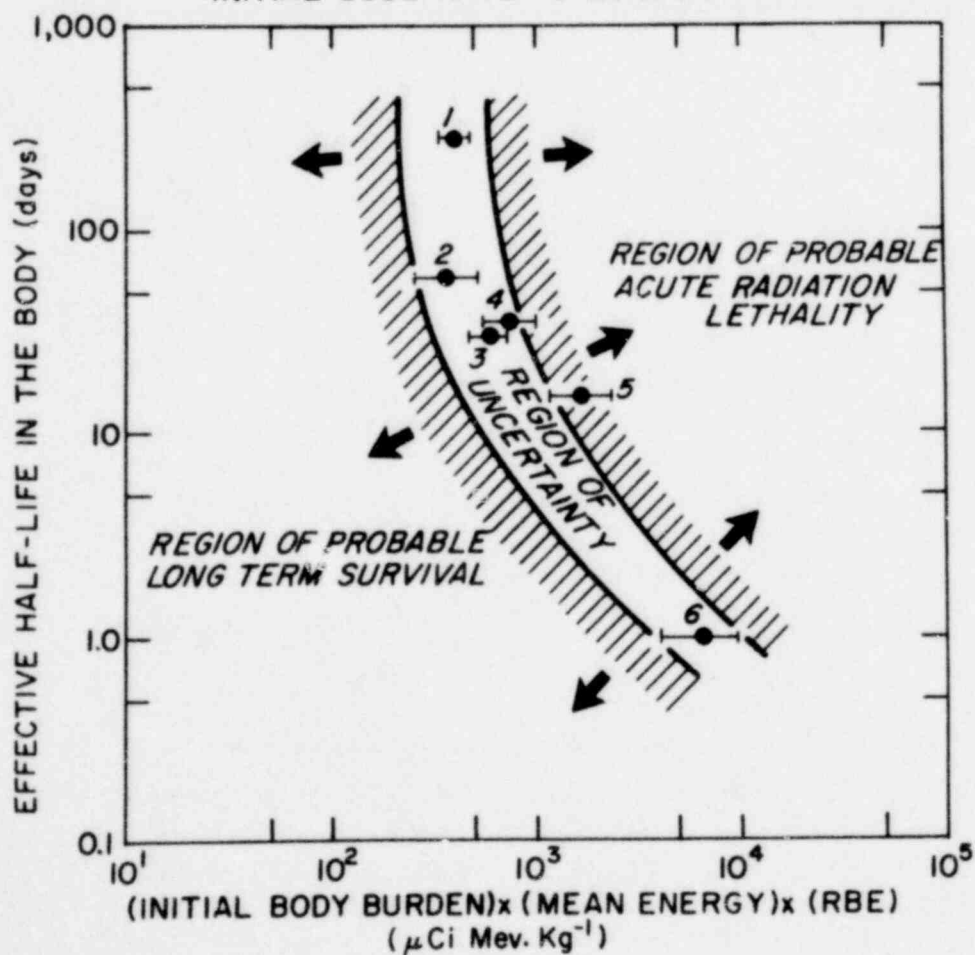
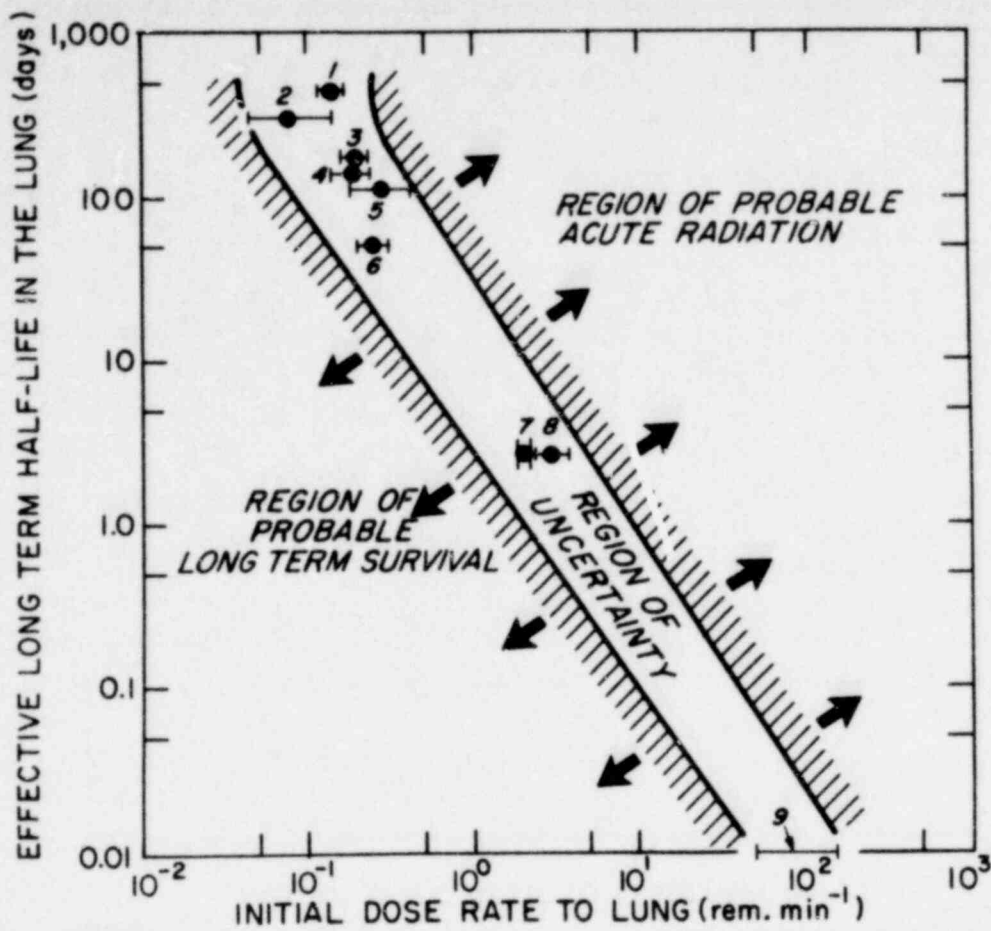


Figure VIII-5. Relationships developed by Wells (1976) to project mortality from radiation injury to the lung (upper graph) and bone marrow (lower graph).

In order to compare Wells' model with the others discussed in this chapter, it was assumed that the fractional lethality between the points of probable survival and probable lethality could be projected from a linear relationship connecting the two extreme points. Also, in a conservative assumption, Wells' caution about the upper curve of probable lethality related to injury to bone marrow was neglected.

Early Mortality Projection of Goldman (1977)

Early mortality projections were also developed by Goldman, specifically for exposures to inhaled plutonium. His projections could also be extended to other long-lived radionuclides that are retained avidly in the lung such as an insoluble aerosol containing ^{90}Sr - ^{90}Y , although this was not the intention of his original report. Information on acute radiation injury to the lung was taken from studies in which Beagle dogs inhaled either $^{239}\text{PuO}_2$ particles or ^{90}Sr - ^{90}Y in fused aluminosilicate particles. The dose response curves used by Goldman are shown in Figure VIII-6. Doses to the lung from ^{90}Sr - ^{90}Y were taken to the time of death or, for surviving dogs, to one year after exposure. For $^{239}\text{PuO}_2$, the doses were calculated from measurements of the lung burdens at the times of death assuming a constant lung burden or no clearance after the initial inhalation exposure. This, as Goldman states, underestimates the doses to lung from ^{239}Pu .

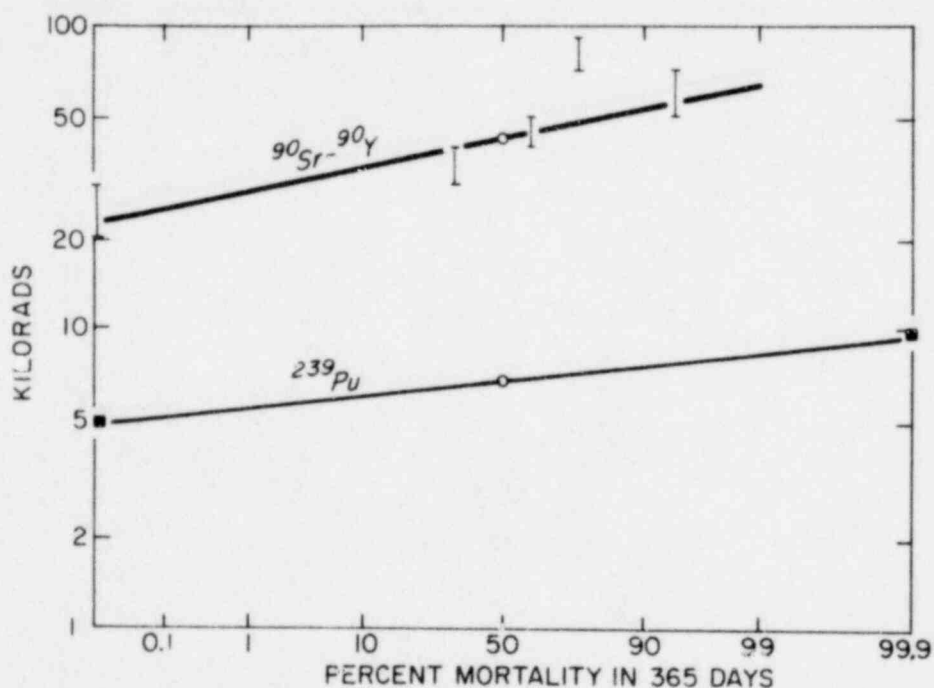


Figure VIII-6. Acute lethality in Beagle dogs from long-lived insoluble inhaled particles (from Goldman, 1977).

Comparison of Model Projections for Early Mortality from Radiation Exposure

Each model discussed in this Chapter was designed for a different purpose and has different overall capabilities. Thus, it is difficult to arrive at a set of initial definitions which permits a comparison of their final mortality projections for test radiation exposure circumstances. A summary chart of the functions performed by each of the early mortality models is given in Table VIII-1.

Table VIII-1

Functions Performed by Individual Models for Projecting Early Mortality From
Radiation Due to Releases of Radionuclides into the Atmosphere

E, Model Projects Exposure Levels Given Source Term

D, Model Projects Organ Doses Given Exposure Levels

M, Model Projects Mortality Given Organ Doses^a

<u>Radiation Mode</u>	<u>Reactor Safety Study</u>	<u>Wells</u>	<u>Goldman</u>	<u>ITRI</u>
External Sources:				
a. Passing Cloud	E, D, M	M	-	D, M
b. Ground Contamination	E, D, M	M	-	M
Internally Deposited Radionuclides in:				
a. Lung	E, D, M	M	M ^b	D, M
b. Bone	E, D, M	M	-	D, M
c. Gastrointestinal Tract	E, D, M	-	-	D, M
d. Thyroid	E, D, M	-	-	-
e. Fetus	E, D, M	-	-	-

^aUnless otherwise indicated, exposures and mortality projections can be made for all beta- and gamma-emitting radionuclides.

^bFor long-lived radionuclides avidly retained in the lung.

Only the Reactor Safety Study and the ITRI models were designed to calculate radiation exposure levels and the internal organ uptakes of radionuclides. The model used in the Reactor Safety Study begins with the release of radionuclides into the atmosphere, calculates local air concentrations of radionuclides as a function of distance from the source and calculates external radiation levels from both radionuclides in the air and those deposited on the ground. The model being developed in the current research project, the ITRI Model, begins with the air concentrations of radionuclides at the point of an exposed individual and calculates the external dose from radionuclides in air but does not include possible doses from contamination on ground surfaces. Both the Reactor Safety Study Model and the ITRI Model calculate radionuclide buildup in internal body organs and the subsequent radiation doses as functions of time after exposure. The models of Wells and Goldman do not account for external irradiation in estimating early mortality although the model of Wells can be extended to account for this injury to bone marrow if the doses from external sources are known.

All of these models can project early mortality for radionuclides deposited in the lung. The model of Goldman is primarily for plutonium deposited in the lung, but it can be extended to other long-lived, alpha and beta-emitting radionuclides that are avidly retained in the lung. The model used in the Reactor Safety Study, the Wells Model and the ITRI Model can all project early mortality from irradiation of bone marrow, however, the Wells Model does not attempt to estimate retention of radionuclides in the lung or their translocation to and retention in bone. The ITRI Model estimates radiation doses to the gastrointestinal tract but does not project doses or injury to the thyroid or to a fetus. The model used in the Reactor Safety Study considers all of these

but the risks from injuries to the gastrointestinal tract, thyroid and fetus had little impact upon the overall projections of mortality.

No data on early mortality in people are available for testing or verifying the acceptability of these models for projecting the consequences of accidental radiation exposures. Further, there are no large groups of data from studies in laboratory animals that have not been used in formulating these models. Thus, there are few possible tests of these model projections beyond showing their relative capabilities for reproducing the data that were originally used to build the models.

Summaries of the model projections for the levels of early mortality seen in Beagle dogs exposed by inhalation to aerosols containing different radionuclides are shown in Tables VIII-2 and VIII-3. The radionuclides range in half-life from 64 hours to 25,000 years, and, for equal organ radiation doses, the radiation dose rates varied by orders of magnitude. Similar dose groupings were taken for all of these studies, but some differences occurred where the ranges of doses that were studied differed markedly. Mortality was expressed as the number of animals in each group that died or were predicted to die within 1 or 1.5 years of the radiation exposure.

Table VIII-2

Comparison of Predictions of Models of Early Mortality with Studies of Various Radionuclides in Insoluble Particles Deposited in the Lungs of Beagle Dogs.
 Ranges of Lung Doses in Rads at 1 Year were Used to Group Dogs

Aerosol Form	Range of Lung Doses (krads at 1 year)	Number of Animals	Model Predictions					
			Number Dead		Number Dead at 1 Year			Number Dead at 1.5 Years
			1 Year	1.5 Years	Reactor Safety	Wells	Goldman	ITRI
⁹⁰ Y Insoluble	30-90	5	5	5	5	5	5	5
	20-30	10	10	10	9	9	10	10
	10-20	21	18	19	4	6	15	15
	5-10	21	3	3	1	1	1	1
	1-5	32	0	0	0	0	0	0
⁹¹ Y Insoluble	30-70	23	23	23	23	12	23	23
	20-30	22	11	13	18	4	12	12
	10-20	19	1	2	6	1	2	2
	5-10	18	1	1	1	0	0	0
	1-5	14	0	0	0	0	0	0
¹⁴⁴ Ce Insoluble	30-70	25	16	18	25	13	17	17
	20-30	8	0	0	7	1	0	0
	10-20	19	0	0	2	1	0	0
	5-10	9	0	0	0	0	0	0
	1-5	12	0	0	0	0	0	0
⁹⁰ Sr Insoluble	30-70	39	27	31	39	31	35	35
	20-30	12	0	0	10	2	0	0
	10-20	12	0	0	2	0	0	0
	1-10	30	0	0	2	0	0	0
	0.1-1	13	0	0	0	0	0	0
²³⁹ PuO ₂	30-70	3	3	3	3	3	3	3
	20-30	6	6	6	6	6	6	6
	10-20	12	12	12	12	12	12	12
	5-10	8	7	7	8	6	4	8
	1-5	13	2	2	7	1	0	2
	0-1	25	0	0	1	0	0	0

Table VIII-3

Comparison of Predictions of Models of Early Mortality with Studies of Various Radionuclides Deposited in the Skeleton of Beagle Dogs.

Ranges of Doses in Rads at 1 Year were Used to Group the Dogs

Radionuclide	Range of Bone Doses (krads at 1 year)	Number of Animals	Number Dead at 1 Year	Model Predictions for Number Dead at 1 Year		
				Reactor Safety	Wells	ITRI
$^{137}\text{CsCl}$ (injected)	2.5-3.0	6	6	6	6	6
	2.0-2.5	6	4	5	6	2
	1.5-2.0	12	1	6	11	2
	1.0-1.5	10	0	1	7	0
	0-1.0	20	0	0	8	0
$^{91}\text{YCl}_3$ (inhaled)	3.0-7.0	7	7	6	4	6
	2.5-3.0	5	2	2	2	3
	2.0-2.5	3	0	0	1	0
	1.5-2.0	2	0	0	0	0
	1.0-1.5	6	0	0	0	0
	0-1.0	19	0	0	0	0
$^{144}\text{CeCl}_3$ (inhaled)	10-15	3	2	3	3	3
	3-10	15	6	3	6	3
	2-3	6	0	0	0	0
	1-2	6	0	0	0	0
	0-1	25	0	0	0	0
$^{90}\text{SrCl}_2$ (inhaled)	8-17	10	4	10	1	6
	3-8	10	1	1	0	1
	2-3	4	0	0	0	0
	0-2	24	0	0	0	0

Mortality predictions based on the ITRI model were closest to the actual observed mortalities in most cases. In the Reactor Safety Study model, there was no correction for dose rate. Thus, mortality predictions for the long lived isotopes, ^{144}Ce and ^{90}Sr , were much higher than observed. In applying the model to studies with ^{144}Ce and ^{90}Sr , 80 and 90% mortality was projected for the groups of animals receiving 2000-3000 rads, but no early mortality was observed. The model of Wells (as applied here) tended to underestimate early mortality for exposures to the short-lived radionuclides, ^{90}Y and ^{91}Y , but was closer to the observed data for the longer-lived radionuclides. Since the ITRI model corrected for changing dose rates in time, or half-lives, its mortality predictions for acute lung injury were closer to the observed mortalities over the entire range of radionuclides.

All of the models projected early mortality from injury to bone marrow which were close to the mortalities observed in dogs exposed to $^{137}\text{CsCl}$, $^{91}\text{YCl}_3$, $^{144}\text{CeCl}_3$ and $^{90}\text{SrCl}_2$ (Table 3). This was probably due to the heavy reliance of the models on early doses to bone, during the first 30 days or, in Wells' model, reliance on an estimate of the initial body burden. The model of Goldman is not applicable to estimating injury from bone marrow irradiation.

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CHAPTER IX. SUMMARY

Several studies have previously been made of the number of early deaths which might be expected in a population exposed to a cloud of radionuclides which could result from a nuclear accident. These analyses, however, have been limited to one accident scenario or to exposures involving limited numbers of radionuclides. The purpose of this Phase I study was to examine the existing data on the early health effects of inhaled radioactive materials and determine what, if any, new studies were needed to make reasonable estimates of early mortality after exposure of a population to a cloud of radionuclides of any type.

The approach used in the Phase I project was to analyze the data bases available on the health effects of inhaled radioactive materials and document those which were adequate and useful. Using these data, a computer based simulation model was developed depicting exposure to a radioactive aerosol, the dose to an individual exposed to the aerosol and the probability of dying from early effects.

The inputs into the model are the characteristics of the exposure aerosol including the specific isotope or isotopes, the solubility class of each isotope, the aerosol concentration, the aerosol particle size distribution and the duration of the exposure. Any of 54 radionuclides most commonly found in nuclear reactors (derived from WASH-1400) can be chosen at the present time. From this information, doses to the lung, bone, gastrointestinal tract, liver and thyroid are determined for both external and internal irradiation. These calculations are based on already published models for deposition and retention of aerosols in the body (ICRP Task Group Lung Model), transport of radionuclides through various organs of the body (ICRP Committee 2) and determinations of dose from external irradiation or internally deposited materials (ORNL).

To determine the probability of early effects from the calculated doses, it was necessary to develop quantitative measures of the dose-response relationships. No data are available from man on the dose-response for early health effects from inhaled radionuclides. Thus, data from experimental animals exposed to radionuclides were used. A hazard function method was developed and used to characterize dose-response relationships for inhalation exposure to radionuclides. This method has the advantage of using each datum point in determining the hazard function and permits a better definition of the dose-response curve.

In assessing the most likely modes and radionuclides involved in accidental exposures, it was determined that external, whole-body exposure to γ rays which affects mainly the bone marrow and exposure of the lung from inhaled internal γ or β emitting radionuclides were the important modes and organs involved. Effects in these two organs were used in the simulation model.

Except for age at exposure, factors which significantly modify the response or effects in the lung and bone were examined. For lung, the quality of the radiation is a factor as is the temporal distribution of dose (for low-LET emissions) and possibly spatial distribution of dose (for high-LET emissions). When corrections are made for differences in temporal distribution, the responses of dogs and mice to lung irradiation from internal low-LET emitters are similar. This indicates that the response of the lung may be independent of species and helps to strengthen the extrapolation of the data to man.

In developing the simulation model, a number of research needs have been identified which must be filled to refine estimates of early mortality for different nuclear accidents. A summary of

these needs is shown in Table IX-1 in relation to the type of accidental exposure. The most essential data which are needed fall in the following areas:

1. The combined effects on the lung of inhaled beta-emitting radionuclides of various solubilities which result in a complex retention pattern in the lung.
2. The combined effects on the lung of various inhaled alpha-emitting radionuclides which have different specific activities.
3. The combined effects on the lung of alpha-emitting and beta-emitting radionuclides inhaled at the same time.
4. The combined effects of inhaled beta-emitting radionuclides and whole-body irradiation.
5. The combined effects of inhaled soluble and insoluble forms of beta-emitting radionuclides where there is damage to both lung and bone marrow.

Further analyses of existing data are needed in several areas to complete certain aspects of estimating early mortality. These are:

1. The estimates of mortality from external whole-body irradiation.
2. The determination of corrections needed for wasted radiation dose in the lung.
3. The determination of accurate bone marrow doses in rat, dog and man so that comparable doses can be used in analysis.

Analyses of existing data and of data from experiments designed to fill these needs will allow completion of a comprehensive model based on use of hazard functions to estimate early mortality from different nuclear accidents.

Table IX-1
Summary of Research Needs to Refine Estimates of Early Mortality for
Different Nuclear Accidents

Types of Accidental Exposure	Exposure Radioactivity	Organ Effects			
		Lung	Bone	Gastrointestinal	Whole-Body
I. External gamma	λ	x	x	x	x
II. External gamma + Inhalation beta	β_i	x	x	x	
	β_s	x	x	x	
	$\beta_{i1} + \dots + \beta_{in}$	0			
	$\beta_i + \lambda$	0			0
	$\beta_i + \beta_s$	0	0		
	$\beta_{GI} + \lambda$		0	0	
III. External gamma + Inhalation beta + Inhalation alpha	α_i	x	x	x	
	α_s	x	x	x	
	$\alpha_{i1} + \dots + \alpha_{in}$	0			
	$\alpha_i + \beta_i$	0			0
	$\alpha_i + \beta_i + \lambda$	0			

x = data sufficient.
0 = data needed.
i = insoluble form.
s = soluble form.
GI = gastrointestinal.

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APPENDIX A

A1. Data Base for Empirical Model for Lung: Internal Radiation Sources		
1.1	²³⁹ PuO ₂ - Baboon	77
1.2	²³⁹ PuO ₂ - Beagle Dog	78
1.3	²³⁸ PuO ₂ - Beagle Dog	79
1.4	²⁴¹ AmO ₂ - Syrian Hamster	80
1.5	¹⁴⁴ CeO ₂ - Mice	81
1.6	⁹⁰ Y - Beagle Dog	91
1.7	⁹¹ Y - Beagle Dog	93
1.8	¹⁴⁴ Ce - Beagle Dog	97
1.9	⁹⁰ Sr - Beagle Dog	101
A2. Data Base for Empirical Model for Lung: External Radiation Sources		
2.1	250 kVP X-Rays - Rats	105
A3. Data Base for Empirical Model for Bone: Internal Radiation Sources		
3.1	⁹⁰ SrCl ₂ - Beagle Dog	107
3.2	¹⁴⁴ CeCl ₃ - Beagle Dog	109
3.3	⁹¹ YCl ₃ - Beagle Dog	111
3.4	¹³⁷ CsCl - Beagle Dog	113
A4. Data Base for Empirical Model for Bone: External Radiation Sources		
4.1	1000 kVP X-Rays - Beagle Dog	115
4.2	Whole-Body X-Rays - Beagle Dog	115
4.3	Whole-Body X-Rays - Beagle Dog	115
4.4	Whole-Body X-Rays - Beagle Dog	116
4.5	260 kVP X-Rays - Mice	116
4.6	⁶⁰ Co Gamma Rays - Beagle Dog	117
4.7	Fission Gamma Rays - Mice	117
4.8	⁶⁰ Co Gamma Rays - Monkeys	117/118

A1.1 TOXICITY OF INHALED ²³⁹PUO₂ IN BABOONS

ANIMAL NUMBER	SEX	DAYS P.E. (DEATH)	EFFECTIVE HALF-LIFE	I.L.B. NCI/GM. LUNG	DOSE TO LUNG TO DEATH (RADS)
3437	F	15	45	643	2350
103	F	28	110	90.9	633
3424	M	33	71	281	2180
14	F	37	211	134	1280
104	F	50	79	131	1450
3429	M	54	126	121	1550
3428	M	57	194	131	1820
138	F	67	208	732	12000
4413	F	107	598	121	3360
62	M	119	503	114	3330
95	M	130	277	81	2380
3434	M	130	280	134	4090
3410	M	131	192	76.5	2190
3426	M	131	192	76.5	2190
4408	M	133	464	71.5	2380
68	M	143	881	176	6520
64	M	144	483	95.4	3060
4403	F	146	453	62.1	2230
3420	M	167	316	42.9	1640
4409	M	180	459	63.8	2500
65	M	184	571	87	3710
3435	M	219	394	181	9020
150	F	229	2190	39	2360
19	F	243	604	40.9	2260
11	F	250	491	57.5	3060
21	M	252	136	51	1820
4	F	284	848	7.5	470
20	M	290	462	40.9	2440
15	F	401	348	11.7	780
13	F	448	1440	38.7	3660
65	M	520	520	122	9710
157	M	549	1390	13.9	1270
136	M	721	3590	49.5	6900
156	M	735	735	104	10400
54	M	849	479	45.3	3550
152	F	850	1010	20.9	2840
155	M	870	3480	71.2	11100
88	M	872	872	77	9470
67	M	1035	3500	67.2	10400
12	M	1044	1220	22.2	3230
63	M	119	711	136	4200

(DATA FROM W.J. BAIR ET AL., 1977.) SEE REFERENCE #2.

A1.2 TOXICITY OF INHALED 239-PUO2 IN BEAGLE DOGS

ANIMAL NUMBER	SEX	DAYS P.E. (DEATH)	EFFECTIVE HALF-LIFE	I.L.B. NCI/GM. LUNG	DOSE TO LUNG TO DEATH (RADS)
75	F	55	224	382	5100
176	F	53	254	316	4480
195	F	58	240	571	8040
179	F	63	220	406	6120
211	F	63	236	536	8140
16	F	65	251	206	3240
196	M	65	246	368	5770
177	F	75	262	155	2790
197	F	75	305	488	8890
175	F	76	276	210	3830
8	M	78	316	476	8260
82	F	79	300	280	5340
91	M	79	318	424	8120
123	F	79	315	280	5350
124	F	80	254	249	4720
126	F	82	314	198	3920
20	F	90	324	210	4550
9	M	96	196	390	8080
68	F	97	346	235	5460
3	M	105	405	202	5130
159	F	105	364	44	1120
194	F	107	433	109	2830
105	F	120	361	105	2970
207	F	121	363	105	2990
199	F	124	398	254	7470
219	F	140	537	90	3050
2	M	150	516	176	6320
121	F	163	552	75	3010
4	F	230	734	67	3660
200	F	346	724	70	5450
107	F	384	780	70	6020
192	F	412	762	60	5460
182	F	855	1176	27	4810
184	F	933	1312	22	4270
272	M	988	1024	23	4280
215	F	1151	882	14	2720
83	F	1184	1109	17	3680
268	F	1202	842	10	1990
173	F	1339	935	25	5510
106	F	1357	1034	29	6730
183	F	1379	1097	8	2040
120	F	1446	923	16	3610
76	F	1549	1100	14	3690

(DATA FROM W.J. BAIR ET AL., 1977.) SEE REFERENCE #2.

A1.3 TOXICITY OF INHALED $^{238}\text{PuO}_2$ IN BEAGLE DOGS

ANIMAL	INITIAL DOSE RATE (RADS/DAY)	DAYS POST EXPOSURE	RADIATION PNEUMONITIS AND/OR PULMONARY FIBROSIS	DOSE TO LUNG TO DEATH (RADS)
701A	38	1351	NO	10800
857V	38	1025*	NO	10600
746B	33	792	YES	9000
718U	30	1182	NO	8500
726A	30	1107	YES	8400
490S	30	1380	NO	8500 ^u
684A	21	1503	NO	6000
887C	20	536	YES	5000
747S	19	1479*	NO	5400
726T	17	1565*	NO	4800
746T	16	1377	NO	4500
708T	15	1104	YES	4200
723C	24	1553	NO	6800

(DATA FROM J.F. PARK ET AL., 1970.) SEE REFERENCE #43.

A1.4 TOXICITY OF INHALED ²⁴¹AM² IN SYRIAN HAMSTERS

EXPT.	NUMBER ANIMAL	TO DEATH (DAYS)	I.L.B. (NCI)	DOSE TO LUNG TO DEATH (RADS)
1515	30	183	10	240
1515	17	95	25	370
1515	18	75	533	6700
1515	25	134	86	1700
1515	39	326	177	5500
1515	27	324	190	5900
1515	10	140	120	2400
1515	19	116	133	2300
1515	22	68	164	1900
1515	20	102	146	2300
1515	41	121	152	2700
1515	13	113	170	2900
1515	38	113	171	2900
1515	28	69	218	2600
1515	8	102	194	3100
1515	40	146	192	3900
1515	45	115	194	3400
1515	31	101	224	3500
1515	2	122	236	4200
1515	43	94	249	3700
1515	4	88	262	3700
1515	5	131	252	4800
1515	35	103	269	4300
1515	44	102	281	4400
1515	36	64	359	4000
1515	34	78	348	4500
1515	12	91	347	5000
1515	37	88	354	5000
1515	48	85	366	5000
1515	29	80	401	5300
1515	9	94	407	6100
1515	24	80	493	6500
1515	47	98	468	7200
1515	46	80	557	7300
1515	23	449	1450	50000
1515	14	59	710	7300
1515	26	67	1010	12000
1515	21	168	1620	36000

(DATA FROM J.A. MEWHINNEY ET AL., 1976.) SEE REFERENCE #36.

A1.5 TOXICITY OF INHALED 144-CE02 IN MICE

R.B.#	ANI.#	SEX	DATE	TYPE	DPE	AGE	-----DEATH-----		DOSE	SITE	TUMOR	LESION	CAUSE OF DEATH
							UCI						
1158	236						4.4			LUNG		PNEU	RAD PNEU
1158	219						8.4			LUNG		PNEU	RAD PNEU
1154	28	F	75311	D	899	969	0.11	558		LUNG	ADENOMA		UNKNOWN
1154	85	F	75158	D	746	816	0.13	658		LUNG		PNEU	UNKNOWN
1154	69	F	75130	D	718	788	0.17	860		LUNG		PNEU	RE CELL
1154	37	F	75199	D	787	857	0.17	861		LUNG		PNEU	PNEU
1154	78	F	75225	D	813	883	0.18	912		LUNG		PNEU	PNEU
1154	73	F	75305	D	893	963	0.18	913		LUNG		PNEU	UNKNOWN
1154	11	F	75343	D	931	1001	0.18	913		LUNG		PNEU	UNKNOWN
1154	31	F	76006	D	959	1029	0.18	913		LUNG		PNEU	UNKNOWN
1154	74	F	75267	D	855	925	0.19	963		LUNG	ADENOMA		UNKNOWN
1154	71	F	75310	D	898	968	0.19	963		LUNG		PNEU	RE CELL
1154	57	F	75065	D	653	723	0.20	1009		LUNG		PNEU	LYMPHOMA
1154	53	F	75173	D	761	831	0.20	1012		LUNG		PNEU	UNKNOWN
1154	76	F	75194	D	782	852	0.20	1013		LUNG		PNEU	PNEU
1154	81	F	75273	D	861	931	0.20	1014		LUNG		PNEU	RE CELL
1154	35	F	75037	D	625	695	0.21	1058		LUNG		PNEU	PUL HEMORRHAGE
1154	19	F	75108	D	696	766	0.21	1061		LUNG		PNEU	UNKNOWN
1154	44	F	75233	D	821	891	0.21	1064		LUNG		PNEU	UNKNOWN
1154	46	F	75246	D	834	904	0.21	1064		LUNG		PNEU	PNEU
1154	32	F	75272	D	860	930	0.21	1064		LUNG		PNEU	PNEU
1154	18	F	75302	D	890	960	0.21	1065		LUNG		PNEU	PNEU
1154	30	F	75071	D	659	729	0.22	1110		LUNG		PNEU	PLASMACYTOMA
1154	48	F	75254	D	842	912	0.22	1115		LUNG		PNEU	PNEU
1154	16	F	75341	D	929	999	0.22	1116		LUNG		PNEU	PNEU
1154	13	F	74103	D	326	396	0.24	1145		LUNG		PNEU	UNKNOWN
1154	62	F	75204	D	792	862	0.23	1165		LUNG		PNEU	LOC LYMPHOMA
1154	52	F	74292	D	515	585	0.24	1199		LUNG		PNEU	PNEU
1154	25	F	74299	D	522	592	0.24	1200		LUNG	ADENOMA		PUL ADENOMA
1154	45	F	75131	D	719	789	0.24	1214		LUNG		PNEU	UNKNOWN
1154	80	F	75236	D	824	894	0.24	1216		LUNG		PNEU	UNKNOWN
1154	22	F	75146	D	734	804	0.25	1265		LUNG		PNEU	UNKNOWN
1154	55	F	75204	D	792	862	0.25	1266		LUNG		PNEU	PNEU
1154	43	F	75352	D	940	1010	0.25	1268		LUNG		PNEU	UNKNOWN
1154	63	F	75271	D	859	929	0.27	1369		LUNG		PNEU	UNKNOWN
1155	126	F	73161	D	19	89	1.0	1467		LUNG		PNEU	PNEU
1154	15	F	75135	D	723	793	0.49	2478		LUNG		PNEU	UNKNOWN
1156	210	F	73312	D	169	239	1.0	4144		LUNG		PNEU	UNKNOWN
1156	210	F	73312	D	169	239	1.0	4144		LUNG		PNEU	UNKNOWN
1156	121	F	74106	D	328	398	1.0	4774		LUNG	CARCINOMA	SQUAMOUS	PUL CARCINOMA
1156	121	F	74106	D	328	398	1.0	4774		LUNG	CARCINOMA	SQUAMOUS	PUL CARCINOMA
1156	164	F	74140	D	362	432	1.0	4838		LUNG		PNEU	PNEU

A1.5 TOXICITY OF INHALED 144-CE02 IN MICE (CON.F'D)

-----DEATH-----												
R.R.#	ANI.#	SEX	DATE	TYPE	DPE	AGE	UCI	DOSE	SITE	TUMOR	LESION	CAUSE OF DEATH
1156	164	F	74140	D	362	432	1.0	4838	LUNG		PNEU	PNEU
1156	165	F	74167	D	389	459	1.0	4880	LUNG		PNEU	PNEU
1156	165	F	74167	D	389	459	1.0	4880	LUNG		PNEU	PNEU
1156	243	F	74220	D	442	512	1.0	4941	LUNG	ADENOMA	PNEU	PUL ADENOMA
1156	243	F	74220	D	442	512	1.0	4941	LUNG	ADENOMA	PNEU	PUL ADENOMA
1156	209	F	74238	D	460	530	1.0	4957	LUNG		PNEU	UNKNOWN
1156	209	F	74238	D	460	530	1.0	4957	LUNG		PNEU	UNKNOWN
1156	236	F	74247	D	469	539	1.0	4964	LUNG	CARCINOMA	ADENO-	CARCINOMA
1156	236	F	74247	D	469	539	1.0	4964	LUNG	CARCINOMA	PNEU	CARCINOMA
1156	236	F	74247	D	469	539	1.0	4964	LUNG	CARCINOMA	ADENO-	CARCINOMA
1156	236	F	74247	D	469	539	1.0	4964	LUNG		PNEU	CARCINOMA
1156	205	F	74261	D	483	553	1.0	4975	LUNG	ADENOMA		UNKNOWN
1156	205	F	74261	D	483	553	1.0	4975	LUNG	ADENOMA		UNKNOWN
1156	188	F	74274	D	496	566	1.0	4984	LUNG		PNEU	UNKNOWN
1156	188	F	74274	D	496	566	1.0	4984	LUNG		PNEU	UNKNOWN
1156	230	F	74321	D	543	613	1.0	5010	LUNG		PNEU	UNKNOWN
1156	230	F	74321	D	543	613	1.0	5010	LUNG		PNEU	UNKNOWN
1156	201	F	74323	D	545	615	1.0	5011	LUNG	ADENOMA		HEP TELANGIECTASIS
1156	201	F	74323	D	545	615	1.0	5011	LUNG	ADENOMA		HEP TELANGIECTASIS
1156	175	F	74348	D	570	640	1.0	5021	LUNG	RE CELL	TYPE A	RE CELL
1156	175	F	74348	D	570	640	1.0	5021	LUNG	RE CELL	TYPE A	RE CELL
1156	242	F	74358	D	580	650	1.0	5025	LUNG		PNEU	UNKNOWN
1156	242	F	74358	D	580	650	1.0	5025	LUNG		PNEU	UNKNOWN
1156	181	F	74365	D	587	657	1.0	5027	LUNG	CARCINOMA	METAS	HEP CARCINOMA
1156	181	F	74365	D	587	657	1.0	5027	LUNG	CARCINOMA	METAS	HEP CARCINOMA
1156	177	F	75007	D	594	664	1.0	5030	LUNG	CARCINOMA	ADENO-	PUL CARCINOMA
1156	177	F	75007	D	594	664	1.0	5030	LUNG	CARCINOMA	ADENO-	PUL CARCINOMA
1156	195	F	75017	D	604	674	1.0	5033	LUNG		SQ META	UNKNOWN
1156	195	F	75017	D	604	674	1.0	5033	LUNG		SQ META	UNKNOWN
1156	213	F	75022	D	609	679	1.0	5034	LUNG	ADENOMA		UNKNOWN
1156	213	F	75022	D	609	679	1.0	5034	LUNG	ADENOMA		UNKNOWN
1156	183	F	75044	D	631	701	1.0	5040	LUNG		PNEU	PNEU
1156	183	F	75044	D	631	701	1.0	5040	LUNG		PNEU	PNEU
1156	192	F	75063	D	650	720	1.0	5045	LUNG	ADENOMA		HEP NECROSIS
1156	192	F	75063	D	650	720	1.0	5045	LUNG	ADENOMA		HEP NECROSIS
1156	237	F	75065	D	652	722	1.0	5045	LUNG		PNEU	PNEU
1156	237	F	75065	D	652	722	1.0	5045	LUNG		PNEU	PNEU
1156	178	F	75077	D	664	734	1.0	5048	LUNG		PNEU	PNEU
1156	178	F	75077	D	664	734	1.0	5048	LUNG		PNEU	PNEU
1156	238	F	75080	D	667	737	1.0	5048	LUNG		PNEU	PNEU
1156	238	F	75080	D	667	737	1.0	5048	LUNG		PNEU	PNEU
1156	194	F	75081	D	668	738	1.0	5048	LUNG		PNEU	PNEU

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A1.5 TOXICITY OF INHALED 144-CE02 IN MICE (CONT'D)

R.B.#	ANI.#	SEX	DATE	TYPE	-----DEATH-----			DOSE	SITE	TUMOR	LESION	CAUSE OF DEATH
					DPE	AGE	UCI					
1156	194	F	75081	D	668	738	1.0	5048	LUNG		PNEU	PNEU
1156	163	F	75084	D	671	741	1.0	5049	LUNG		PNEU	PNEU
1156	163	F	75084	D	671	741	1.0	5049	LUNG	ADENOMA		PNEU
1156	163	F	75084	D	671	741	1.0	5049	LUNG		PNEU	PNEU
1156	163	F	75084	D	671	741	1.0	5049	LUNG	ADENOMA		PNEU
1156	170	F	75098	D	685	755	1.0	5052	LUNG		PNEU	PNEU
1156	170	F	75098	D	685	755	1.0	5052	LUNG		PNEU	PNEU
1156	187	F	75101	D	688	758	1.0	5052	LUNG		PNEU	RAD PNEU
1156	187	F	75101	D	688	758	1.0	5052	LUNG		PNEU	RAD PNEU
1156	239	F	75112	D	699	769	1.0	5054	LUNG		PNEU	RE CELL
1156	239	F	75112	D	699	769	1.0	5054	LUNG		PNEU	RE CELL
1156	235	F	75113	D	700	770	1.0	5054	LUNG		PNEU	PNEU
1156	235	F	75113	D	700	770	1.0	5054	LUNG		PNEU	PNEU
1156	222	F	75115	D	702	772	1.0	5054	LUNG	RE CELL	TYPE A	RE CELL
1156	222	F	75115	D	702	772	1.0	5054	LUNG	RE CELL	TYPE A	RE CELL
1156	182	F	75139	D	726	796	1.0	5058	LUNG		PNEU	PNEU
1156	182	F	75139	D	726	796	1.0	5058	LUNG		PNEU	PNEU
1156	232	F	75143	D	730	800	1.0	5058	LUNG		PNEU	PNEU
1156	232	F	75143	D	730	800	1.0	5058	LUNG		PNEU	PNEU
1156	169	F	75144	D	731	801	1.0	5058	LUNG		PNEU	HEP TELANGIECTASIS
1156	169	F	75144	D	731	801	1.0	5058	LUNG		PNEU	HEP TELANGIECTASIS
1156	226	F	75144	D	731	801	1.0	5058	LUNG		PNEU	PNEU
1156	226	F	75144	D	731	801	1.0	5058	LUNG		PNEU	PNEU
1156	250	F	75147	D	734	804	1.0	5059	LUNG		PNEU	PNEU
1156	250	F	75147	D	734	804	1.0	5059	LUNG		PNEU	PNEU
1156	227	F	75152	D	739	809	1.0	5059	LUNG		PNEU	UNKNOWN
1156	227	F	75152	D	739	809	1.0	5059	LUNG		PNEU	UNKNOWN
1156	184	F	75158	D	745	815	1.0	5060	LUNG		PNEU	PNEU
1156	184	F	75158	D	745	815	1.0	5060	LUNG		PNEU	PNEU
1156	214	F	75163	D	750	820	1.0	5060	LUNG		PNEU	PNEU
1156	214	F	75163	D	750	820	1.0	5060	LUNG		PNEU	PNEU
1156	180	F	75166	D	753	823	1.0	5061	LUNG		PNEU	PNEU
1156	180	F	75166	D	753	823	1.0	5061	LUNG		PNEU	PNEU
1156	247	F	75170	D	757	827	1.0	5061	LUNG		PNEU	PNEU
1156	247	F	75170	D	757	827	1.0	5061	LUNG		PNEU	PNEU
1156	228	F	75171	D	758	828	1.0	5061	LUNG		PNEU	PNEU
1156	228	F	75171	D	758	828	1.0	5061	LUNG		PNEU	PNEU
1156	95	F	75171	D	759	829	1.0	5061	LUNG		PNEU	RE CELL
1156	240	F	75176	D	763	833	1.0	5062	LUNG		PNEU	PNEU
1156	240	F	75176	D	763	833	1.0	5062	LUNG		PNEU	PNEU

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A1.5 TOXICITY OF INHALED 144-CE02 IN MICE (CONT'D)

R.B.#	ANI.#	SEX	DATE	TYPE	-----DEATH-----			DOSE	SITE	TUMOR	LESION	CAUSE OF DEATH
					DPF	AGE	UCI					
1156	221	F	75180	D	767	837	1.0	5062	LUNG		PNEU	HEP NECROSIS
1156	221	F	75180	D	767	837	1.0	5062	LUNG		PNEU	HEP NECROSIS
1156	176	F	75185	D	772	842	1.0	5063	LUNG		PNEU	RE CELL
1156	176	F	75185	D	772	842	1.0	5063	LUNG	ADENOMA		RE CELL
1156	176	F	75185	D	772	842	1.0	5063	LUNG		PNEU	RE CELL
1156	176	F	75185	D	772	842	1.0	5063	LUNG	ADENOMA		RE CELL
1156	203	F	75201	D	788	858	1.0	5064	LUNG	ADENOMA		RE CELL
1156	203	F	75201	D	788	858	1.0	5064	LUNG	ADENOMA		RE CELL
1156	211	F	75202	D	789	859	1.0	5064	LUNG		PNEU	HEP NECROSIS
1156	211	F	75202	D	789	859	1.0	5064	LUNG	ADENOMA		HEP NECROSIS
1156	211	F	75202	D	789	859	1.0	5064	LUNG		PNEU	HEP NECROSIS
1156	211	F	75202	D	789	859	1.0	5064	LUNG	ADENOMA		HEP NECROSIS
1156	231	F	75206	D	793	863	1.0	5064	LUNG		PNEU	PNEU
1156	231	F	75206	D	793	863	1.0	5064	LUNG		PNEU	PNEU
1156	251	F	75209	D	796	866	1.0	5065	LUNG		PNEU	UNKNOWN
1156	251	F	75209	D	796	866	1.0	5065	LUNG		PNEU	UNKNOWN
1156	186	F	75215	D	802	872	1.0	5065	LUNG		PNEU	RAD PNEU
1156	186	F	75215	D	802	872	1.0	5065	LUNG		PNEU	RAD PNEU
1156	172	F	75227	D	814	884	1.0	5066	LUNG		PNEU	PNEU
1156	172	F	75227	D	814	884	1.0	5066	LUNG		PNEU	PNEU
1156	193	F	75228	D	815	885	1.0	5066	LUNG	ADENOMA		PNEU
1156	193	F	75228	D	815	885	1.0	5066	LUNG	ADENOMA		PNEU
1156	223	F	75228	D	815	885	1.0	5066	LUNG		PNEU	PNEU
1156	223	F	75228	D	815	885	1.0	5066	LUNG		PNEU	PNEU
1156	196	F	75232	D	819	889	1.0	5066	LUNG		PNEU	PNEU
1156	196	F	75232	D	819	889	1.0	5066	LUNG		PNEU	PNEU
1156	200	F	75233	D	820	890	1.0	5066	LUNG		PNEU	PNEU
1156	200	F	75233	D	820	890	1.0	5066	LUNG		PNEU	PNEU
1156	234	F	75234	D	821	891	1.0	5066	LUNG		PNEU	PNEU
1156	234	F	75234	D	821	891	1.0	5066	LUNG	ADENOMA		PNEU
1156	234	F	75234	D	821	891	1.0	5066	LUNG		PNEU	PNEU
1156	234	F	75234	D	821	891	1.0	5066	LUNG	ADENOMA		PNEU
1156	185	F	75235	D	822	892	1.0	5067	LUNG		PNEU	RAD PNEU
1156	185	F	75235	D	822	892	1.0	5067	LUNG		PNEU	RAD PNEU
1156	216	F	75235	D	822	892	1.0	5067	LUNG		PNEU	PNEU
1156	216	F	75235	D	822	892	1.0	5067	LUNG		PNEU	PNEU
1156	190	F	75246	D	833	903	1.0	5067	LUNG		SQ META	UNKNOWN
1156	190	F	75246	D	833	903	1.0	5067	LUNG		SQ META	UNKNOWN
1155	91	F	75247	D	835	905	1.0	5067	LUNG		PNEU	HEP TELANGIECTASIS
1156	219	F	75248	D	835	905	1.0	5067	LUNG	ADENOMA		UNKNOWN

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A1.5 TOXICITY OF INHALED 144-CE02 IN MICE (CONT'D)

R.R.#	ANI.#	SEX	DATE	TYPE	-----DEATH-----			DOSE	SITE	TUMOR	LESION	CAUSE OF DEATH
					DPE	AGE	UCI					
1156	219	F	75248	D	835	905	1.0	5067	LUNG	ADENOMA		UNKNOWN
1156	212	F	75251	D	838	908	1.0	5068	LUNG		PNEU	PNEU
1156	212	F	75251	D	838	908	1.0	5068	LUNG		PNEU	PNEU
1156	202	F	75257	D	844	914	1.0	5068	LUNG	ADENOMA	PNEU	RE CELL
1156	202	F	75257	D	844	914	1.0	5068	LUNG	ADENOMA	PNEU	RE CELL
1156	252	F	75257	D	844	914	1.0	5068	LUNG		PNEU	UNKNOWN
1156	252	F	75257	D	844	914	1.0	5068	LUNG		PNEU	UNKNOWN
1156	166	F	75266	D	853	923	1.0	5068	LUNG		PNEU	UNKNOWN
1156	166	F	75266	D	853	923	1.0	5068	LUNG		PNEU	UNKNOWN
1155	90	F	75281	D	869	939	1.0	5069	LUNG		PNEU	RE CELL
1156	248	F	75283	D	870	940	1.0	5069	LUNG		PNEU	PNEU
1156	248	F	75283	D	870	940	1.0	5069	LUNG		PNEU	PNEU
1156	191	F	75288	D	875	945	1.0	5069	LUNG		PNEU	HEP CARCINOMA
1156	191	F	75288	D	875	945	1.0	5069	LUNG		PNEU	HEP CARCINOMA
1156	207	F	75296	D	883	953	1.0	5070	LUNG		PNEU	PNEU
1156	207	F	75296	D	883	953	1.0	5070	LUNG		PNEU	PNEU
1156	197	F	75299	D	886	956	1.0	5070	LUNG		PNEU	RE CELL
1156	197	F	75299	D	886	956	1.0	5070	LUNG		PNEU	RE CELL
1156	173	F	75354	D	941	1011	1.0	5072	LUNG	ADENOMA		UNKNOWN
1156	173	F	75354	D	941	1011	1.0	5072	LUNG	ADENOMA		UNKNOWN
1157	115	F	?	D	16	86	4.43	5710	LUNG	ADENOMA	PNEU	RAD PNEU
1158	248	F	73255	D	110	180	2.45	8924	LUNG		PNEU	RAD PNEU
1157	101	F	75129	D	715	785	1.91	9657	LUNG	ADENOMA		UNKNOWN
1158	181	F	73257	D	112	182	3.26	11944	LUNG		PNEU	RAD PNEU
1157	130	F	74285	D	506	576	2.4	11976	LUNG		PNEU	RAD PNEU
1158	137	F	73231	D	86	156	3.7	12372	LUNG		PNEU	PNEU
1157	84	F	74274	D	495	565	2.6	12956	LUNG		PNEU	RAD PNEU
1157	84	F	74274	D	495	565	2.6	12956	LUNG		SQ META	RAD PNEU
1157	18	F	74095	D	316	386	2.76	13102	LUNG		PNEU	PNEU
1157	138	F	73221	D	77	147	4.1	13150	LUNG		PNEU	RAD PNEU
1157	36	F	73281	D	137	207	3.37	13152	LUNG		SQ META	THROMBOSIS
1157	105	F	73250	D	106	176	3.70	13312	LUNG		PNEU	RAD PNEU
1158	91	F	73206	D	61	171	4.6	13404	LUNG		SQ META	RAD PNEU
1157	53	F	73233	D	89	159	4.0	13543	LUNG		PNEU	HEP NECROSIS
1157	20	F	75165	D	751	821	2.68	13562	LUNG	CARCINOMA	ADENO-	PNEU
1157	13	F	73207	D	63	133	4.7	13869	LUNG		SQ META	UNKNOWN

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A1.5 TOXICITY OF INHALED 144-CEO2 IN MICE (CONT'D)

R.B.#	ANI.#	SEX	DATE	TYPE	-----DEATH-----			DOSE	SITE	TUMOR	LESION	CAUSE OF DEATH
					DPE	AGE	UCI					
1158	161	F	73293	D	148	218	3.51	14014	LUNG		PNEU	RAD PNEU
1158	66	F	74319	D	539	609	2.8	14022	LUNG		PNEU	RAD PNEU
1157	156	F	73302	D	158	228	3.47	14116	LUNG		PNEU	RAD PNEU
1158	242	F	73211	D	66	136	4.9	14769	LUNG		PNEU	RAD PNEU
1157	141	F	73310	D	166	236	3.62	14929	LUNG		PNEU	RAD PNEU
1157	74	F	73278	D	134	204	3.86	14964	LUNG		SQ META	RAD PNEU
1157	122	F	73243	D	99	169	4.3	15116	LUNG		PNEU	RAD PNEU
1158	59	F	73228	D	83	153	4.6	15181	LUNG		PNEU	RAD PNEU
1157	86	F	73319	D	175	245	3.65	15269	LUNG		PNEU	RAD PNEU
1157	73	F	73271	D	127	197	4.09	15597	LUNG		PNEU	RAD PNEU
1157	58	F	73254	D	110	180	4.29	15626	LUNG		FIBROSIS	RAD PNEU
1157	58	F	73254	D	110	180	4.29	15626	LUNG		SQ META	RAD PNEU
1157	98	F	73264	D	120	190	4.19	15697	LUNG		PNEU	RAD PNEU
1157	98	F	73264	D	120	190	4.19	15697	LUNG		FIBROSIS	RAD PNEU
1157	98	F	73264	D	120	190	4.19	15697	LUNG		SQ META	RAD PNEU
1157	100	F	73235	D	91	161	4.6	15700	LUNG		PNEU	RAD PNEU
1157	100	F	73235	D	91	161	4.6	15700	LUNG		FIBROSIS	RAD PNEU
1157	100	F	73235	D	91	161	4.6	15700	LUNG		SQ META	RAD PNEU
1157	92	F	74127	D	348	418	3.28	15789	LUNG		FIBROSIS	RAD PNEU
1157	92	F	74127	D	348	418	3.28	15789	LUNG		SQ META	RAD PNEU
1157	113	F	73290	D	146	216	4.02	15987	LUNG		PNEU	RAD PNEU
1157	114	F	73293	D	149	219	4.02	16082	LUNG		PNEU	RAD PNEU
1158	222	F	73257	D	112	182	4.42	16195	LUNG		PNEU	RAD PNEU
1158	247	F	73225	D	80	150	5.0	16273	LUNG		PNEU	RAD PNEU
1157	68	F	73255	D	111	181	4.46	16293	LUNG		PNEU	RAD PNEU
1157	68	F	73255	D	111	181	4.46	16293	LUNG		FIBROSIS	RAD PNEU
1157	68	F	73255	D	111	181	4.46	16293	LUNG		SQ META	RAD PNEU
1157	71	F	73279	D	135	205	4.21	16358	LUNG		PNEU	RAD PNEU
1157	71	F	73279	D	135	205	4.21	16358	LUNG		FIBROSIS	RAD PNEU
1157	149	F	73277	D	133	203	4.25	16439	LUNG		PNEU	RAD PNEU
1158	230	F	73298	D	153	223	4.08	16447	LUNG		PNEU	UNKNOWN
1157	136	F	73239	D	95	165	4.8	16634	LUNG		PNEU	RAD PNEU
1157	102	F	73225	D	81	151	5.1	16677	LUNG		PNEU	RAD PNEU
1157	56	F	73263	D	119	189	4.5	16813	LUNG		FIBROSIS	RAD PNEU
1157	56	F	73263	D	119	189	4.5	16813	LUNG		SQ META	RAD PNEU
1158	114	F	74042	D	262	332	3.7	16999	LUNG		PNEU	RAD PNEU
1158	171	F	73269	D	124	194	4.52	17109	LUNG		PNEU	RAD PNEU
1158	168	F	73292	D	147	217	4.36	17374	LUNG		PNEU	RAD PNEU
1157	112	F	73240	D	96	166	5.0	17391	LUNG		PNEU	RAD PNEU
1158	207	F	73267	D	122	192	4.62	17399	LUNG		PNEU	UNKNOWN
1157	119	F	73237	D	93	163	5.1	17542	LUNG		PNEU	RAD PNEU

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A1.5 TOXICITY OF INHALED 144-CE02 IN MICE (CONT'D)

R.B.#	ANI.#	SEX	DATE	-----DEATH-----				DOSE	SITE	TUMOR	LESION	CAUSE OF DEATH
				TYPE	DPE	AGE	UCI					
1158	196	F	73257	D	112	182	4.81	17624	LUNG		PNEU	RAD PNEU
1158	231	F	73291	D	146	216	4.46	17737	LUNG		PNEU	UNKNOWN
1158	95	F	73320	D	175	245	4.24	17737	LUNG		PNEU	RAD PNEU
1157	55	F	73274	D	130	200	4.63	17784	LUNG		PNEU	RAD PNEU
1157	55	F	73274	D	130	200	4.63	17784	LUNG		FIBROSIS	RAD PNEU
1157	55	F	73274	D	130	200	4.63	17784	LUNG		SQ META	RAD PNEU
1158	162	F	73289	D	144	214	4.5	17824	LUNG		PNEU	RAD PNEU
1157	110	F	73248	D	104	174	5.0	17875	LUNG		PNEU	RAD PNEU
1157	137	F	73249	D	105	175	5.0	17932	LUNG		PNEU	RAD PNEU
1157	144	F	73266	D	122	192	4.77	17963	LUNG		PNEU	RAD PNEU
1157	144	F	73266	D	122	192	4.77	17963	LUNG		PNEU	RAD PNEU
1157	79	F	73304	D	160	230	4.41	18003	LUNG		PNEU	RAD PNEU
1157	79	F	73304	D	160	230	4.41	18003	LUNG		FIBROSIS	RAD PNEU
1158	156	F	73324	D	179	249	4.28	18012	LUNG		PNEU	RAD PNEU
1157	106	F	73262	D	118	188	4.86	18110	LUNG		PNEU	RAD PNEU
1158	186	F	73257	R	112	182	4.97	18210	LUNG		PNEU	RAD PNEU
1157	146	F	73269	D	125	195	4.81	18253	LUNG		PNEU	RAD PNEU
1157	126	F	73255	D	111	181	5.0	18266	LUNG		PNEU	RAD PNEU
1158	172	F	73266	D	121	191	4.9	18405	LUNG		PNEU	RAD PNEU
1157	80	F	73268	D	124	194	4.88	18472	LUNG		PNEU	RAD PNEU
1157	80	F	73268	D	124	194	4.88	18472	LUNG		FIBROSIS	RAD PNEU
1157	80	F	73268	D	124	194	4.88	18472	LUNG		SQ META	RAD PNEU
1158	148	F	73253	D	108	178	5.11	18500	LUNG		PNEU	RAD PNEU
1157	111	F	73278	D	134	204	4.82	18686	LUNG		PNEU	RAD PNEU
1158	176	F	73235	D	90	160	5.5	18697	LUNG		PNEU	RAD PNEU
1158	208	F	73217	D	72	142	6.0	18741	LUNG		PNEU	UNKNOWN
1158	200	F	73275	D	130	200	4.9	18821	LUNG		PNEU	UNKNOWN
1157	54	F	74122	D	343	413	3.93	18881	LUNG		FIBROSIS	RAD PNEU
1158	215	F	73248	D	103	173	5.3	18885	LUNG		PNEU	RAD PNEU
1158	191	F	73277	D	132	202	4.9	18909	LUNG		PNEU	RAD PNEU
1158	220	F	?	D	135	205	4.87	18920	LUNG		PNEU	RAD PNEU
1157	140	F	73248	D	104	174	5.3	18947	LUNG		PNEU	RAD PNEU
1158	62	F	73234	D	89	159	5.6	18961	LUNG		PNEU	RAD PNEU
1158	146	F	73282	D	137	207	4.87	19006	LUNG		PNEU	RAD PNEU
1158	163	F	73305	D	160	230	4.66	19023	LUNG		PNEU	RAD PNEU
1158	9	F	73217	D	72	142	6.1	19053	LUNG		PNEU	RAD PNEU
1157	60	F	74297	D	518	588	3.82	19088	LUNG		PNEU	RAD PNEU
1157	60	F	74297	D	518	588	3.82	19088	LUNG		FIBROSIS	RAD PNEU
1158	195	F	73236	D	91	161	5.6	19113	LUNG		PNEU	RAD PNEU
1158	93	F	73232	D	137	207	4.92	19201	LUNG		PNEU	RAD PNEU

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A1.5 TOXICITY OF INHALED 144-CE02 IN MICE (CONT'D)

R.R.#	ANI.#	SEX	DATE	TYPE	-----DEATH-----			DOSE	SITE	TUMOR	LESION	CAUSE OF DEATH
					DPE	AGE	UCI					
1158	109	F	73244	D	99	169	5.5	19335	LUNG		PNEU	RAD PNEU
1158	94	F	73250	D	105	175	5.4	19367	LUNG		PNEU	RAD PNEU
1158	61	F	73235	D	90	160	5.7	19377	LUNG		PNEU	RAD PNEU
1158	128	F	73246	D	101	171	5.5	19468	LUNG		PNEU	RAD PNEU
1158	241	F	73362	D	217	287	4.42	19508	LUNG		PNEU	RAD PNEU
1157	48	F	73228	D	84	154	5.9	19558	LUNG		PNEU	RAD PNEU
1157	129	F	73262	D	118	188	5.25	19563	LUNG		PNEU	RAD PNEU
1158	232	F	73256	D	111	181	5.36	19581	LUNG		PNEU	UNKNOWN
1158	180	F	73263	D	118	188	5.3	19749	LUNG		PNEU	RAD PNEU
1158	214	F	73283	D	138	208	5.08	19869	LUNG		PNEU	RAD PNEU
1157	133	F	73247	D	103	173	5.6	19954	LUNG		PNEU	RAD PNEU
1158	226	F	73243	D	98	168	5.7	19968	LUNG		PNEU	UNKNOWN
1157	57	F	73275	D	131	201	5.19	19982	LUNG		PNEU	RAD PNEU
1157	57	F	73275	D	131	201	5.19	19982	LUNG		FIBROSIS	RAD PNEU
1157	57	F	73275	D	131	201	5.19	19982	LUNG		SQ META	RAD PNEU
1157	95	F	73234	D	90	160	5.9	20057	LUNG		PNEU	RAD PNEU
1157	95	F	73234	D	90	160	5.9	20057	LUNG		FIBROSIS	RAD PNEU
1157	95	F	73234	D	90	160	5.9	20057	LUNG		SQ META	RAD PNEU
1157	91	F	73244	D	100	170	5.7	20107	LUNG		PNEU	RAD PNEU
1157	91	F	73244	D	100	170	5.7	20107	LUNG		FIBROSIS	RAD PNEU
1158	133	F	73245	D	100	170	5.7	20107	LUNG		PNEU	RAD PNEU
1158	136	F	73241	D	96	166	5.8	20173	LUNG		PNEU	PNEU
1157	121	F	73282	D	138	208	5.16	20182	LUNG		PNEU	RAD PNEU
1158	92	F	73290	D	145	215	5.13	20361	LUNG		SQ META	RAD PNEU
1158	228	F	73259	D	114	184	5.55	20452	LUNG		PNEU	UNKNOWN
1158	237	F	73296	D	151	221	5.13	20601	LUNG		PNEU	UNKNOWN
1158	178	F	73295	D	150	220	5.2	20843	LUNG		PNEU	RAD PNEU
1157	109	F	73288	D	144	214	5.28	20913	LUNG		PNEU	RAD PNEU
1157	147	F	73264	D	140	210	5.33	20936	LUNG		PNEU	RAD PNEU
1157	139	F	73312	D	168	238	5.07	20977	LUNG		PNEU	RAD PNEU
1158	173	F	73282	D	137	207	5.44	21231	LUNG		PNEU	RAD PNEU
1157	103	F	73261	D	117	187	5.73	21293	LUNG		PNEU	RAD PNEU
1158	142	F	73270	D	125	195	5.63	21364	LUNG		PNEU	RAD PNEU
1158	225	F	73261	D	116	186	5.8	21494	LUNG		PNEU	RAD PNEU
1158	63	F	73259	D	114	184	5.89	21705	LUNG		PNEU	RAD PNEU
1157	142	F	73247	U	103	173	6.1	21736	LUNG		PNEU	RAD PNEU
1158	149	F	73288	D	143	213	5.5	21740	LUNG		PNEU	RAD PNEU
1157	154	F	73321	D	177	247	5.19	21777	LUNG		PNEU	RAD PNEU
1157	148	F	73276	D	132	202	5.66	21842	LUNG		PNEU	RAD PNEU
1158	179	F	73228	D	83	153	6.7	22111	LUNG		PNEU	RAD PNEU
1158	130	F	73312	D	167	237	5.37	22183	LUNG		PNEU	RAD PNEU

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A1.5 TOXICITY OF INHALED 144-CE02 IN MICE (CONT'D)

R.R.#	ANI.#	SEX	DATE	TYPE	-----DEATH-----			DOSE	SITE	TUMOR	LESTON	CAUSE OF DEATH
					DPE	AGE	UCI					
1158	221	F	73259	D	114	184	6.04	22258	LUNG		PNEU	RAD PNEU
1158	204	F	73269	D	124	194	5.89	22295	LUNG		PNEU	UNKNOWN
1157	89	F	74273	D	494	564	4.5	22421	LUNG	CARCINOMA	UNDIFF	CARCINOMA
1158	197	F	73250	D	105	175	6.3	22595	LUNG		PNEU	RAD PNEU
1157	59	F	74360	D	581	651	4.5	22614	LUNG		PNEU	RAD PNEU
1157	59	F	74360	D	581	651	4.5	22614	LUNG		FIBROSIS	RAD PNEU
1157	59	F	74360	D	581	651	4.5	22614	LUNG		SQ META	RAD PNEU
1157	104	F	73274	D	130	200	5.89	22624	LUNG		PNEU	RAD PNEU
1158	158	F	75108	D	693	763	4.5	22738	LUNG	ADENOMA		UNKNOWN
1158	229	F	73235	D	90	160	6.7	22777	LUNG		PNEU	UNKNOWN
1158	213	F	73282	D	137	207	5.9	23026	LUNG		PNEU	RAD PNEU
1158	51	F	73247	D	102	172	6.5	23085	LUNG		PNEU	RAD PNEU
1158	104	F	73244	D	99	169	6.6	23202	LUNG		PNEU	RAD PNEU
1158	132	F	73280	D	135	205	5.98	23235	LUNG		PNEU	RAD PNEU
1158	189	F	73252	D	107	177	6.44	23243	LUNG		PNEU	RAD PNEU
1158	150	F	73288	D	143	213	5.96	23558	LUNG		PNEU	RAD PNEU
1158	239	F	73260	D	115	185	6.38	23578	LUNG		PNEU	RAD PNEU
1157	134	F	73286	D	142	212	6.05	23865	LUNG		PNEU	RAD PNEU
1158	49	F	73237	D	92	162	7.0	23984	LUNG		PNEU	RAD PNEU
1158	217	F	73293	D	148	218	6.02	24036	LUNG		PNEU	RAD PNEU
1158	78	F	73243	D	98	160	6.9	24172	LUNG		PNEU	RAD PNEU
1158	246	F	73277	D	132	202	6.29	24273	LUNG		PNEU	RAD PNEU
1157	143	F	73237	D	93	163	7.1	24421	LUNG		PNEU	RAD PNEU
1157	135	F	73235	D	91	161	7.2	24574	LUNG		PNEU	RAD PNEU
1158	107	F	73310	D	165	235	5.97	24580	LUNG		PNEU	RAD PNEU
1158	240	F	73220	D	75	145	7.9	25079	LUNG		PNEU	RAD PNEU
1158	29	F	73253	D	102	178	6.96	25198	LUNG		PNEU	RAD PNEU
1157	33	F	73246	D	102	172	7.1	25216	LUNG		PNEU	PNEU
1158	23	F	73271	D	126	196	6.64	25260	LUNG		PNEU	RAD PNEU
1157	96	F	73224	D	80	150	7.8	25387	LUNG		PNEU	RAD PNEU
1157	96	F	73224	D	80	150	7.8	25387	LUNG		FIBROSIS	RAD PNEU
1157	96	F	73224	D	80	150	7.8	25387	LUNG		SQ META	RAD PNEU
1158	84	F	73220	D	75	145	8.0	25396	LUNG		PNEU	RAD PNEU
1158	234	F	73236	D	91	161	7.8	26621	LUNG		PNEU	UNKNOWN
1158	227	F	73266	D	121	191	7.28	27345	LUNG		PNEU	UNKNOWN
1158	88	F	73288	D	143	213	7.06	27906	LUNG		PNEU	RAD PNEU
1158	218	F	73232	D	87	157	8.39	28174	LUNG		PNEU	RAD PNEU
1158	177	F	73274	D	129	199	7.55	28931	LUNG		PNEU	RAD PNEU
1158	233	F	73260	D	115	185	421	1555828	LUNG		PNEU	UNKNOWN

(DATA FROM D.L. LUNGGREN ET AL., 1974.) SEE REFERENCE #32.

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AI.6 TOXICITY OF 90-Y INHALED IN A RELATIVELY INSOLUBLE FORM BY BEAGLE DOGS

TID	NUMBER	SEX	BLK	INMULATION EXP			I.L.P.			I.B.B.			RADIATION DOSE TO LUNG			DAYS		COMMENT		
				AGE	WY	RNK	UCI	KG	UCI	KG	UCI	KG	INFIN.	DEATH	AT	INFIN.	DEATH		9-30	DEATH
333A	02-561	M	A	59266	415	10.3	1	5200	53000	6100	62000	3	15.0	70000	69273	7	D-PULMONARY INJURY			
333T	01-661	F	B	59266	415	6.6	2	3600	31000	4800	42000	0	10.0	57000	59278	12	D-PULMONARY INJURY			
347S	02-684	F	D	69322	379	9.8	3	2800	27000	3500	34000	0	6.0	44000	70004	47	D-PULMONARY INJURY			
340C	03-684	M	C	69322	419	10.6	4	2600	28000	3500	37000	0	7.6	41000	69353	31	D-PULMONARY INJURY			
332V	01-662	F	B	69267	418	5.5	5	2400	13000	4100	23000	0	6.0	37000	69342	75	D-PULMONARY INJURY			
335A	04-684	M	C	69322	422	8.8	6	1900	19000	2400	23000	0	5.6	30000	70021	64	D-PULMONARY INJURY			
335S	03-661	F	B	69266	399	9.6	8	1900	18000	2600	25000	0	5.5	27000	69336	70	D-PULMONARY INJURY			
339A	04-661	M	A	69266	406	11.4	9	1700	15000	2500	22000	0	4.8	27000	69304	38	D-PULMONARY INJURY			
341T	03-685	F	D	69323	417	9.0	6	1700	19000	2300	26000	0	4.8	27000	70033	75	D-PULMONARY INJURY			
340U	01-684	F	D	69323	419	9.8	8	1700	15000	4600	45000	0	4.8	25000	70045	68	D-PULMONARY INJURY			
341C	02-685	F	C	69323	417	10.1	11	1500	15000	1800	18000	0	4.4	24000	70043	83	D-PULMONARY INJURY			
334B	05-685	M	A	69323	421	10.6	12	1400	15000	1700	18000	0	4.2	25000	70048	90	D-PULMONARY INJURY			
334B	02-662	F	C	69267	418	6.0	13	1400	10000	1900	20000	0	4.1	22000	69290	23	D-PULMONARY INJURY			
332T	04-662	F	B	69267	418	8.5	14	1400	11000	1500	15000	0	4.1	22000	70033	69	D-PULMONARY INJURY			
347B	04-685	M	C	69324	380	8.5	15	1300	11000	1500	13000	0	3.8	20000	70033	75	D-PULMONARY INJURY			
335A	03-662	M	A	69267	400	9.6	16	1100	11000	1500	15000	0	3.2	18000	69358	91	D-PULMONARY INJURY			
333V	01-685	F	D	69323	395	7.1	17	1100	7500	2600	19000	0	3.0	17000	70050	92	D-PULMONARY INJURY			
406U	04-820	F	H	70258	409	8.4	18	1100	8800	1400	12000	0	2.9	17000	70349	91	D-PULMONARY INJURY			
339S	05-662	F	H	69267	367	7.7	19	1000	7800	1800	14000	0	2.9	17000	69349	82	D-PULMONARY INJURY			
406A	03-820	M	G	70258	409	12.0	20	980	12000	1500	18000	0	2.7	14000	70001	108	D-PULMONARY INJURY			
448U	02-874	F	L	71089	411	8.4	21	900	7600	1600	15000	0	2.7	14000	71230	141	D-PULMONARY INJURY			
439A	03-863	M	C	71053	402	13.1	22	850	11000	1300	17000	0	2.4	14000	71158	105	D-PULMONARY INJURY			
343C	03-686	M	C	69323	397	9.3	23	760	7100	860	8000	0	2.2	12000	70077	117	D-PULMONARY INJURY			
437T	01-863	F	J	71053	406	7.6	24	740	5600	820	6200	0	2.2	12000	71175	122	D-PULMONARY INJURY			
380B	01-746	M	E	70124	394	9.0	25	730	6600	970	8700	0	2.2	12000	70323	159	D-PULMONARY INJURY			
451B	04-874	M	K	71089	401	9.5	26	730	6900	1100	10000	0	2.2	12000	71232	143	D-PULMONARY INJURY			
403T	02-820	F	H	70258	416	6.9	27	710	4200	1200	7100	0	2.0	11000	73261	903	D-SEE NOTE AT END			
449U	01-874	F	L	71089	408	5.9	28	710	4200	1200	7100	0	2.0	11000	73261	903	D-SEE NOTE AT END			
452B	03-874	M	K	71089	401	9.8	29	700	6900	1100	11000	0	2.0	11000	71210	121	D-PULMONARY INJURY			
341S	02-686	F	D	69325	419	9.8	30	690	6800	940	9200	0	2.0	11000	70123	163	D-PULMONARY INJURY			
413A	01-821	M	G	70259	383	11.2	31	680	7600	780	8700	0	2.0	11000	71108	214	D-PULMONARY INJURY			
333B	06-662	M	A	69267	416	11.9	32	680	8000	980	12000	0	1.9	10000	70028	126	D-PULMONARY INJURY			
448B	04-867	M	I	71055	375	9.8	33	670	6600	850	8300	0	1.9	10000	71139	2278	E-SEE NOTE AT END			
402C	01-820	F	G	70258	417	7.0	34	660	4700	790	5500	0	1.9	10000	71356	463	D-PULMONARY INJURY			
404U	03-821	F	H	70259	416	5.8	35	640	3700	860	5100	0	1.9	10000	71114	228	D-PULMONARY INJURY			
434T	02-863	F	J	71053	415	7.5	36	640	4700	810	5900	0	1.9	10000	71176	123	D-PULMONARY INJURY			
446C	03-864	M	I	71054	380	11.2	37	600	6700	670	7600	0	1.8	9500	71291	237	D-PULMONARY INJURY			
436U	01-864	F	J	71054	412	9.1	38	590	5300	930	8500	0	1.8	9300	71259	205	D-PULMONARY INJURY			
371S	03-746	F	F	70124	423	7.6	39	590	4600	670	5200	0	1.8	9300	70306	182	D-PULMONARY INJURY			
400T	04-821	F	H	70259	426	6.5	40	500	3300	560	3600	0	1.5	7900	77194	2627	E-SEE NOTE AT END			
378B	04-746	M	E	70124	410	10.3	41	490	5100	700	7000	0	1.4	7200	75327	2250	D-BRONC. ALV. CARC.			
333S	02-663	F	B	69268	417	7.6	42	460	3500	590	4400	0	1.4	7100	75327	2250	D-BRONC. ALV. CARC.			
450B	03-875	M	K	71090	406	9.4	43	450	4200	560	5300	0	1.3	6600	77239	2377	E-SEE NOTE AT END			
446S	04-864	F	J	71054	380	8.1	44	420	3400	560	4500	0	1.2	6500	78013	3032	E-SEE NOTE AT END			
332C	01-663	F	A	69268	419	8.5	45	410	3500	500	4300	0	1.2	6400	78013	3032	E-SEE NOTE AT END			
449S	04-875	F	L	71090	409	7.9	46	400	3200	560	4400	0	1.2	6200	78013	3032	E-SEE NOTE AT END			
400U	01-817	F	H	70251	418	7.6	47	400	3000	530	4000	0	1.2	6000	78013	3032	E-SEE NOTE AT END			
411C	02-821	M	G	70259	394	9.2	48	380	3500	570	5200	0	1.1	6000	78013	3032	E-SEE NOTE AT END			
439C	02-864	M	I	71054	403	9.7	49	380	3700	700	6800	0	1.1	6000	78013	3032	E-SEE NOTE AT END			
411D	04-817	M	G	70251	386	9.8	50	380	3700	420	4100	0	1.1	6000	78013	3032	E-SEE NOTE AT END			

A1.6 TOXICITY OF 90-Y INHALED IN A RELATIVELY INSOLUBLE FORM BY BEAGLE DOGS (CONT'D).

NUMBER	T100 RADIO	SEX	INHALATION EXP			I.L.B.			I.B.B.			RADIATION DOSE TO LUNG			DAYS		COMMENT	
			BLK	DATE	AGE	WT	MG	ML	UCI	KG	UCI	KG	UCI	KG	INITIAL	TO DEATH		AT DEATH
452A	01-875	M	K	71090	402	9.6	51	380	3600	530	5100	5000	1.1			2740		
449T	02-875	F	L	71090	409	8.2	52	380	3100	540	4400	6000	1.1			2740		
374T	02-746	F	F	70124	414	8.0	53	370	3000	460	3700	5800	1.1			3071		
348C	04-686	M	C	69325	376	8.7	54	360	3200	670	5800	3700	1.1			3235		
343Y	01-666	F	D	69325	397	8.5	55	360	3100	440	3700	5700	1.1			3235		
434S	01-867	F	J	71055	417	9.4	56	340	3200	440	3700	5300	.96			2775		
407S	02-817	F	H	70251	402	7.2	57	320	2300	440	3200	3100	.93			2944		
380D	01-747	M	E	70125	395	9.4	58	300	2900	400	3800	4800	.90			3070		
406R	03-817	M	G	70251	402	12.0	59	300	3600	480	5700	4800	.88			2944		
446D	04-867	M	I	71055	381	11.4	60	300	3400	460	5200	4800	.88			2775		
375U	02-747	F	F	70125	415	7.6	61	290	2200	390	3030	4800	.86			3070		
437S	03-867	F	J	71055	408	8.4	62	280	2300	430	3600	4400	.80			3070		
441A	02-867	M	I	71055	399	9.0	63	270	2400	340	3100	4300	.79			2775		
399A	02-818	M	G	70252	422	9.0	64	260	2300	280	2500	4100	.75			2943		
377B	01-876	M	E	70125	412	9.0	65	250	2300	340	3100	3900	.72			3070		
450C	01-876	M	K	71091	407	10.4	66	250	2400	270	2800	3900	.72			2739		
339U	04-687	F	D	69328	428	7.2	67	240	1700	200	2300	3800	.69			3232		
372S	04-747	F	F	70125	423	9.6	68	230	2200	320	3100	3600	.69			3070		
339B	01-687	M	C	69328	428	9.1	69	230	2100	230	2100	3600	.65			3232		
332S	03-663	F	B	69268	419	8.6	70	220	1900	280	2400	3600	.65			3232		
447U	04-676	F	L	71091	414	6.6	71	220	1500	270	1800	3400	.63			2739		
335R	04-663	M	A	69268	401	9.8	72	190	1900	260	2700	3000	.56			3292		
408U	01-818	F	H	70252	395	9.0	73	190	1700	260	2400	3000	.55			2943		
447B	03-868	M	I	71056	405	9.7	74	190	1800	420	4100	3000	.55			2774		
377S	01-748	F	F	70126	413	9.9	76	150	1500	190	1900	2400	.43			3069		
380C	03-748	M	E	70126	396	10.2	77	140	1500	180	1900	2300	.43			3069		
339T	02-665	F	B	69269	369	6.4	78	130	830	190	1200	2000	.38			3291		
407B	03-818	M	G	70252	403	10.6	79	130	1300	190	2000	2000	.37			2943		
450E	03-876	F	K	71091	407	10.2	80	130	1300	170	1700	2000	.37			2739		
448T	02-876	F	L	71091	413	8.3	81	120	960	140	1200	1900	.33			2739		
343A	01-687	M	C	69328	400	9.3	82	110	1000	120	1100	1800	.33			3232		
405U	04-818	F	H	70252	403	6.8	83	110	720	150	1000	1700	.30			3232		
334C	01-665	M	A	69269	409	8.3	84	100	850	140	1200	1700	.30			3291		
436V	04-868	M	J	71056	414	7.4	85	100	750	180	1300	1500	.29			2774		
436B	02-868	M	I	71056	405	8.6	86	98	840	150	1300	1500	.28			2774		
379R	02-748	M	E	70126	402	10.7	87	90	960	110	1200	1400	.27			3069		
372T	04-748	F	F	70126	424	10.4	88	83	860	92	960	1300	.23			3069		
340T	02-687	F	D	69328	425	10.2	89	80	810	100	1100	1300	.23			3232		
333E	01-660	M	A	69265	414	9.4	C	0	0	0	0	0	0			3295		
334T	02-660	F	B	69265	405	8.5	C	0	0	0	0	0	0			3295		
349B	01-683	M	C	69321	372	12.2	C	0	0	0	0	0	0			3239		
348S	02-683	F	D	69321	372	9.0	C	0	0	0	0	0	0			3239		
378A	01-745	M	E	70121	407	11.6	C	0	0	0	0	0	0			3074		
333U	02-745	F	F	70121	375	6.0	C	0	0	0	0	0	0			3074		
407T	01-812	F	H	70247	398	8.0	C	0	0	0	0	0	0			2948		
431A	02-812	M	G	70247	413	9.2	C	0	0	0	0	0	0			2948		
431B	01-862	M	I	71050	394	8.6	C	0	0	0	0	0	0			2780		
438U	02-862	F	J	71050	399	7.8	C	0	0	0	0	0	0			2780		
448A	01-873	M	K	71085	407	10.0	C	0	0	0	0	0	0			2745		
447W	02-873	F	L	71085	408	6.6	C	0	0	0	0	0	0			2745		

UCI/KG: KG REFERS TO TOTAL BODY WEIGHT.
 COMMENT: D, E, OR S: DIED, EUTHANIZED, OR SACRIFICED WITH THE MOST PROMINENT FEATURES ASSOCIATED WITH DEATH.

NOTES:

- DOG 449U: D-PULMONARY FIBROSIS AND PULMONARY ADENOMA
- DOG 448B: E-PULMONARY FIBROSARCOMA; PULMONARY HYPERTROPHIC OSTEOARTHRITIS
- DOG 378B: E-MULTIPLE BROCHIOLO ALVEOLAR CARCINOMAS, PARASITIAL OSTEOSARCOMA
- DOG 446S: E-CARCINOMA - SITE UNDETERMINED
- DOG 332C: E-SQUAMOUS CELL CARCINOMA - LUNG

(DATA ARE FROM LF-60; 1978 AND REPRESENT AN UPDATE OF DATA FROM R.S. MERICKEL ET AL.; 1978.) SEE REFERENCE #34

A1.7 TOXICITY OF 91-Y INHALED IN A RELATIVELY INSOLUBLE FORM BY BEAGLE DOGS

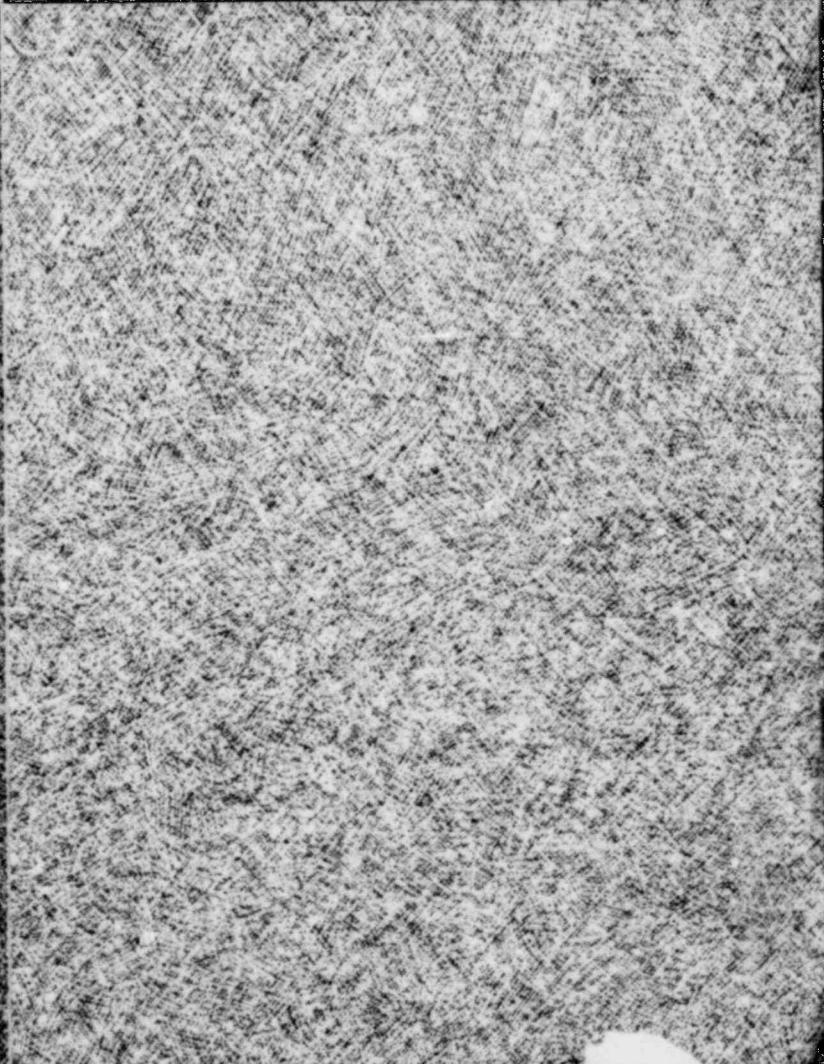
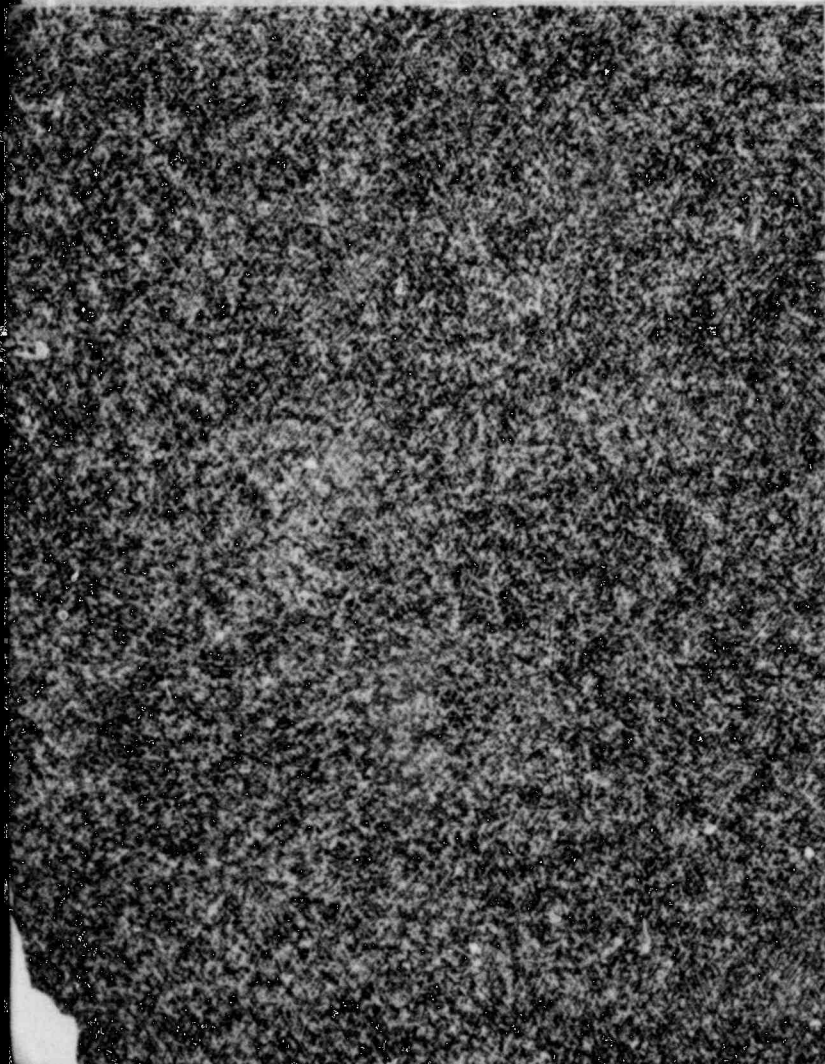
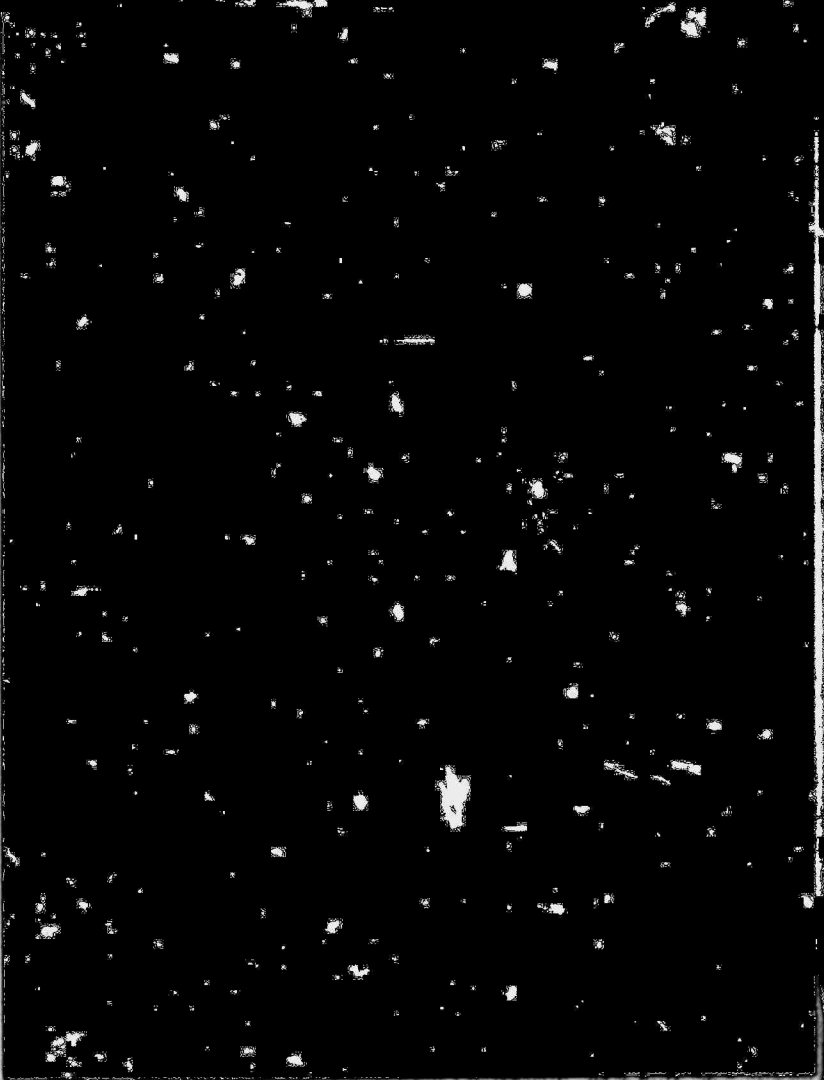
NUMBER	SEX	INHALATION EXP			I.L.B.			I.B.B.			RATE (RADS/DAY)			CUMULATIVE (RADS)				
		BLK	DATE	AGE DAYS	WT KG	RNK	UCI KG	UCI KG	UCI KG	UCI KG	60 DAYS	365 DAYS	AT DEATH	60 DAYS	120 DAYS	365 DAYS	9-30 1978	POTENT. INFIN. 73000+
385T	F	D	70154	400	13.5	1	360	4900	1000	14000	990	440	210	41000	49000	150	110	73000+
375A	M	A	70079	369	10.4	2	320	3300	870	9000	880	360	110	35000	51000	180	69	65000+
384A	M	C	70153	404	12.0	3	300	3600	770	9200	830	390	85	34000	48000	150	85	59000+
383S	F	B	70155	409	11.0	4	300	3300	840	9200	830	360	160	34000	48000	130	51	60000+
384S	F	B	70154	405	10.9	5	300	3300	700	7700	820	360	160	34000	48000	130	53	52000+
372A	M	A	70082	380	11.2	6	270	3100	670	7500	750	320	140	30000	43000	140	50	53000+
384B	M	C	70155	404	10.2	7	260	2700	640	6500	720	320	140	29000	42000	120	91	53000+
392U	F	D	70156	368	9.4	8	260	2400	470	4400	710	280	120	26000	36000	120	59	46000+
385A	M	C	70154	401	11.0	9	230	2600	350	3900	640	280	120	26000	36000	110	48	41000+
393S	F	B	70155	362	10.8	10	210	2300	290	3100	570	250	110	22000	32000	110	78	40000+
374A	M	A	70079	369	10.8	11	200	2100	290	3100	530	240	110	22000	32000	96	7.6	38000+
489C	F	D	70155	399	7.1	12	190	1300	400	2800	520	230	100	21000	30000	96	7.6	37000
489E	M	K	71257	382	7.6	13	190	1500	360	2800	520	220	96	21000	30000	7.6	24	35000+
484E	M	K	71259	398	9.1	14	180	1700	310	2800	510	210	90	20000	29000	24	49	35000+
423C	M	E	70342	391	8.9	15	170	1500	330	2000	460	200	86	18000	27000	49	28	31000+
426S	F	F	70341	386	7.9	16	170	1300	320	2600	430	190	84	18000	27000	29	29	33000+
491A	M	I	71258	368	9.8	17	170	1700	380	3700	470	200	84	18000	27000	29	4.1	35000
483T	F	J	71257	396	6.4	18	170	1100	270	1700	450	200	88	18000	27000	81	39	32000+
484S	F	L	71256	397	7.2	19	170	1200	370	2600	450	190	82	18000	27000	81	36	31000+
374B	M	A	70082	372	9.4	20	160	1500	320	3000	430	190	82	18000	27000	64	9.7	29000
385D	M	B	70154	401	9.4	21	160	1500	340	3200	430	190	84	18000	27000	64	36	32000+
385S	F	C	70153	400	8.8	22	150	1300	470	4100	400	180	78	16000	24000	9.7	55	31000+
420C	M	G	70341	401	10.9	23	150	1700	350	3600	420	180	84	17000	25000	84	50	30000+
489B	F	H	70342	415	7.1	24	150	1100	170	1200	410	180	79	17000	25000	79	30	28000+
491B	M	I	71258	368	9.0	25	150	1300	200	1800	410	170	72	16000	23000	72	14	24000+
390V	F	D	70156	376	7.6	26	140	1100	450	3400	380	170	77	16000	23000	77	14	24000+
492A	M	E	71264	374	11.3	27	140	1500	500	5200	370	150	60	15000	21000	60	30	26000+
422C	M	I	70341	397	10.8	28	130	1400	200	2200	370	160	69	15000	21000	69	1.9	25000
485U	F	J	71257	394	6.2	29	130	830	220	1400	360	150	65	14000	20000	65	1.9	25000
4898	M	K	71260	366	10.0	30	130	1300	240	2400	360	150	64	14000	20000	64	42	25000+
420U	F	F	70343	403	7.3	31	120	880	250	1800	330	150	66	14000	20000	66	30	24000+
420B	M	G	70344	404	10.4	32	120	1300	210	2200	330	150	64	14000	20000	64	27	23000+
490T	F	H	70342	398	11.3	33	120	1400	280	3200	330	140	58	13000	19000	58	5.9	23000
430A	M	E	70342	372	10.8	35	110	1200	560	6500	300	130	60	12000	18000	60	2.2	25000
425V	F	F	70341	387	8.2	36	110	940	360	2900	330	140	61	12000	18000	61	2.0	23000
484V	F	L	71259	398	6.0	37	110	680	180	1100	300	130	56	12000	18000	56	1.5	21000
376B	M	A	70082	370	8.4	38	110	900	280	2300	300	130	56	12000	18000	56	1.8	21000
422B	M	E	70348	404	11.4	39	110	1200	160	1800	290	130	56	12000	18000	56	2.0	21000
426A	M	G	70351	393	9.4	40	110	1100	200	1900	310	130	57	13000	20000	57	1.8	22000
484B	M	I	71257	396	8.6	41	110	930	170	1500	290	120	52	12000	18000	52	1.5	20000
489S	F	J	71264	390	6.1	42	110	890	180	1400	300	130	52	12000	18000	52	1.5	20000
387S	F	D	70162	406	7.7	43	100	800	330	2600	280	120	51	11000	17000	51	1.6	20000
419T	F	F	70348	421	7.8	44	100	800	250	1900	280	120	54	11000	17000	54	35	20000+
490S	F	F	70348	421	7.8	44	100	800	250	1900	280	120	54	11000	17000	54	15	20000+
390T	F	B	70161	381	8.6	46	97	830	200	1700	260	120	51	11000	16000	51	1.8	19000
483D	M	I	71259	398	7.7	47	94	720	140	1100	250	110	48	10000	15000	48	43	16000+
490A	M	K	71260	372	9.2	48	92	840	150	1400	250	110	45	9000	14000	45	1.6	16000
492S	F	J	71264	374	8.0	49	90	720	270	2300	250	94	36	9500	15000	36	.70	15000
426S	F	H	70344	386	7.1	50	89	640	210	1500	250	110	51	10000	15000	51	2.0	19000

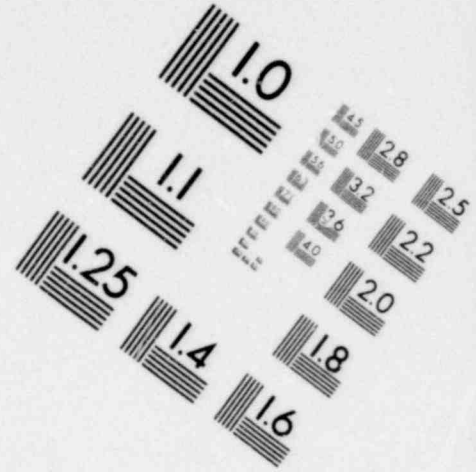
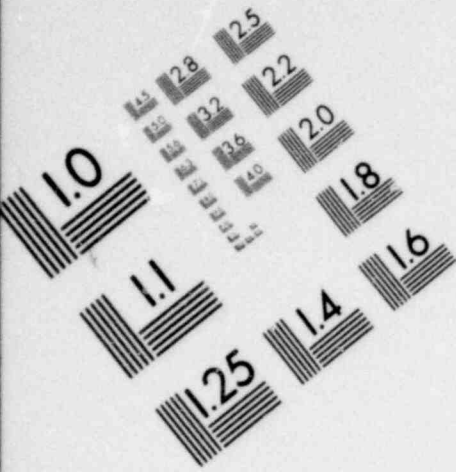
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AI.7 TOXICITY OF 91-Y INHALED IN A RELATIVELY INSOLUBLE FORM BY BEAGLE DOGS

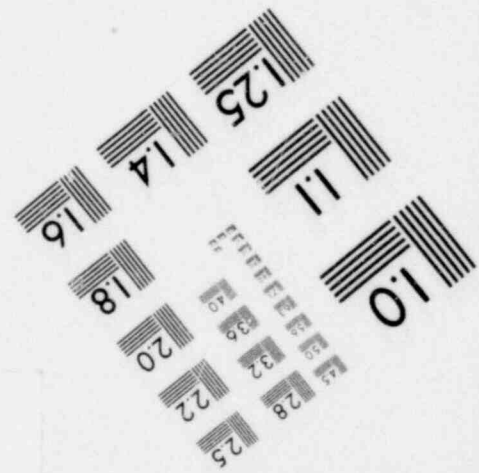
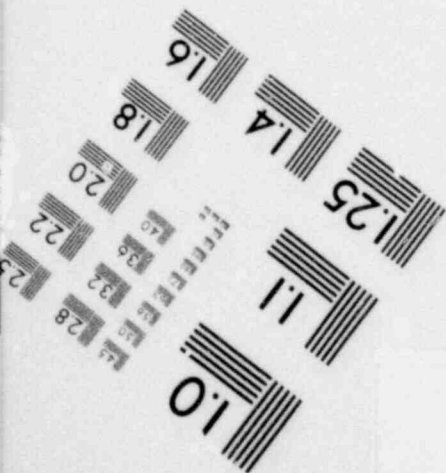
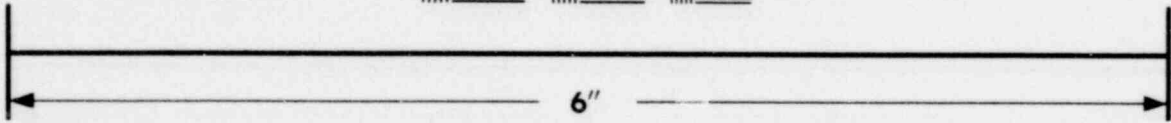
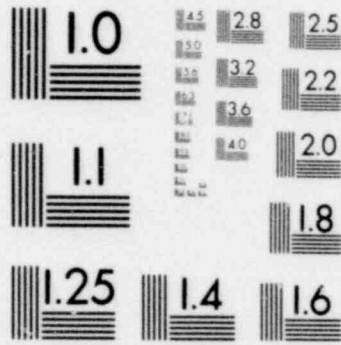
EXP	WT KG	I.L.B.			I.B.B.			RATE (RADS/DAY)			CUMULATIVE (RADS)			MATH		POTENT.		DEATH DATE	DEATH 1978	COMMENT
		UCI KG	UCI KG	UCI KG	UCI KG	UCI KG	UCI KG	UCI KG	60 DAYS	120 DAYS	365 DAYS	9-30 1978	9-30 1978	INFIN.	TO DEATH	DEATH DATE	DEATH 1978			
1	13.5	1	360	4900	1000	18000	990	440	150	41000	49000	73000+	57000	70267	113	D-PULMONARY INJURY				
2	10.4	2	320	3300	870	9000	880	360	180	35000	51000+	59000+	51000	70219	140	D-PULMONARY INJURY				
3	12.0	3	300	3600	770	9200	830	390	150	34000	48000	65000+	60000	70347	194	D-PULMONARY INJURY				
4	11.0	4	300	3300	640	9200	830	360	160	34000	48000	60000+	56000	70317	162	D-PULMONARY INJURY				
5	10.9	5	300	3300	700	7700	820	360	150	34000	48000	60000+	56000	70356	202	D-PULMONARY INJURY				
6	11.2	6	270	3100	670	7500	750	320	130	30000	43000	53000+	49000	70267	185	D-PULMONARY INJURY				
7	10.2	7	260	2700	640	6500	720	320	140	29000	42000	53000+	51000	71024	236	D-PULMONARY INJURY				
8	9.4	8	260	2400	470	4400	710	320	140	29000	42000	53000+	46000	70309	173	D-PULMONARY INJURY				
9	11.0	9	230	2600	350	3900	640	280	120	26000	38000	46000+	42000	70327	153	D-PULMONARY INJURY				
10	10.8	10	210	2300	390	4300	570	240	110	23000	33000	41000+	37000	70330	177	D-PULMONARY INJURY				
11	10.8	11	200	2100	290	3100	530	240	110	23000	33000	41000+	37000	70226	147	D-PULMONARY INJURY				
12	7.1	12	190	1300	400	2800	520	230	100	21000	30000	38000+	31000	70278	123	D-PULMONARY INJURY				
13	7.6	13	190	1500	360	2800	520	220	96	21000	30000	37000+	37000	72190	298	D-PULMONARY INJURY				
14	9.1	14	180	1700	310	2800	510	210	90	20000	29000	35000+	34000	72107	213	D-PULMONARY INJURY				
15	8.9	15	170	1500	230	2000	450	200	86	19000	27000	33000+	29000	71137	160	D-PULMONARY INJURY				
16	7.9	16	170	1300	320	2600	430	190	81	18000	25000	31000+	29000	71172	196	D-PULMONARY INJURY				
17	9.8	17	170	1700	380	3700	470	200	84	18000	25000	33000+	31000	72089	196	D-PULMONARY INJURY				
18	6.4	18	170	1100	270	1700	450	200	88	18000	27000	33000+	31000	72238	346	D-PULMONARY INJURY				
19	7.2	19	170	1200	370	2600	450	190	82	18000	26000	32000+	29000	72065	172	D-PULMONARY INJURY				
20	9.4	20	160	1500	320	3000	430	190	82	18000	26000	32000+	29000	70219	137	D-PULMONARY INJURY				
21	9.4	21	160	1500	340	3200	430	190	84	18000	26000	32000+	29000	70335	181	D-PULMONARY INJURY				
22	8.8	22	150	1300	470	4100	400	180	78	16000	24000	26000+	24000	71128	274	D-PULMONARY INJURY				
23	10.9	23	150	1700	350	3800	420	190	84	18000	26000	32000+	29000	71150	152	D-PULMONARY INJURY				
24	7.1	24	150	1100	170	1200	420	180	79	17000	24000	31000+	27000	72074	153	D-PULMONARY INJURY				
25	9.0	25	150	1300	200	1800	410	170	72	16000	23000	28000+	26000	71043	181	D-PULMONARY INJURY				
26	7.6	26	140	1100	450	3400	380	170	77	16000	23000	29000+	26000	72115	252	D-PULMONARY INJURY				
27	11.3	27	140	1400	300	3200	370	150	60	14000	20000	24000+	23000	71155	179	D-PULMONARY INJURY				
28	10.8	28	130	1400	200	2200	370	160	69	14000	20000	25000+	25000	74276	1115	D-PULMONARY INJURY				
29	6.2	29	130	830	220	1400	360	150	65	15000	21000	25000	25000	75234	1435	E-SEE NOTE AT END				
30	10.0	30	130	1300	240	2400	360	150	64	14000	20000	25000+	25000	71137	159	E-PULMONARY INJURY				
31	7.3	31	120	880	250	1800	330	150	66	14000	20000	25000+	25000	71153	174	D-PULMONARY INJURY				
32	10.4	32	120	1300	210	2200	330	150	64	14000	20000	25000+	25000	71150	173	D-PULMONARY INJURY				
33	11.3	33	120	1400	280	3200	330	140	58	13000	19000	23000+	23000	76293	1861	D-BRONC. ALV. CARCINOMA				
34	7.9	34	120	920	140	1100	320	140	62	13000	19000	23000	23000	71272	295	E-PULMONARY INJURY				
35	10.6	35	110	1200	560	6500	300	130	60	12000	18000	22000	22000	74268	1388	D-BRONCHOG. ADENOCARC.				
36	8.2	36	110	940	360	2900	330	140	61	12000	18000	22000	22000	75178	1380	E-SEE NOTE AT END				
37	6.0	37	110	680	180	1100	300	130	56	12000	18000	21000	21000	72162	810	D-PULMONARY INJURY				
38	8.4	38	110	900	280	2300	300	130	56	12000	17000	21000	21000	75338	704	D-PULMONARY INJURY				
39	11.4	39	110	1200	160	1800	290	130	56	12000	17000	21000	21000	71119	1883	D-BRONC. ALV. CARCINOMA				
40	9.4	40	110	1100	200	1900	310	130	57	12000	18000	22000	22000	71135	2514	D-BRONC. ALV. CARCINOMA				
41	6.6	41	110	930	170	1500	290	120	52	12000	17000	20000	20000	72101	206	D-PUL. VASCULAR INJURY				
42	8.1	42	110	890	180	1400	300	130	52	12000	17000	20000	20000	76307	2337	E-BRONC. ALV. CARCINOMA				
43	7.7	43	100	800	330	2600	280	120	51	11000	16000	19000	19000	72019	124	D-PUL. VASCULAR INJURY				
44	7.8	44	100	800	250	1900	280	120	51	11000	16000	18000	18000	2566	2376	D-SEE NOTE AT END				
45	8.1	45	100	850	190	1500	290	120	48	10000	15000	18000	18000							
46	8.6	46	97	830	200	1700	260	120	45	9500	14000	17000	17000							
47	7.7	47	94	720	140	1100	250	110	45	9500	14000	17000	17000							
48	9.2	48	92	840	150	1400	250	110	45	9500	14000	17000	17000							
49	8.0	49	90	720	270	2300	250	94	36	8000	13000	16000	16000							
50	7.1	50	89	640	210	1500	250	110	35	7000	12000	15000	15000							

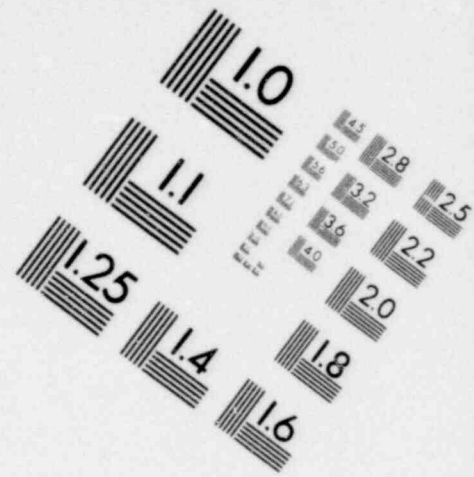
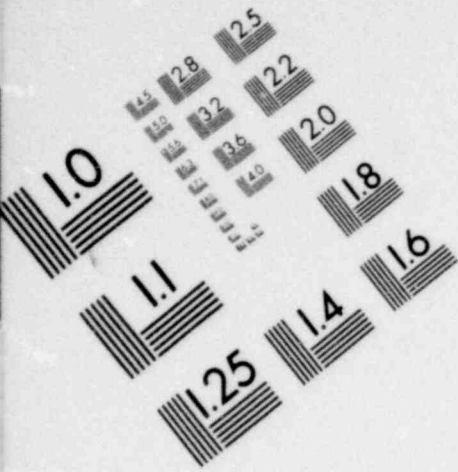
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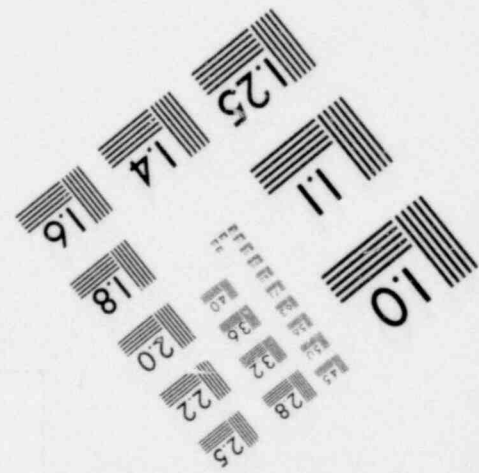
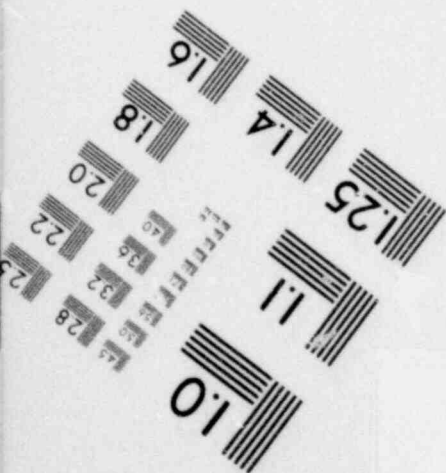
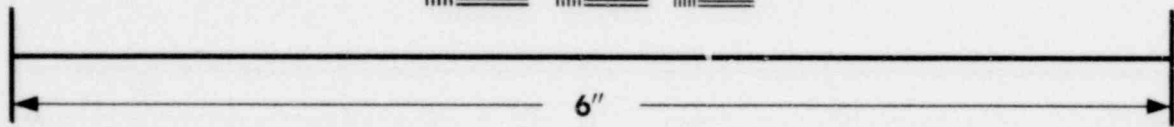
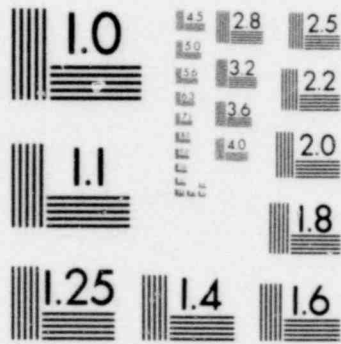


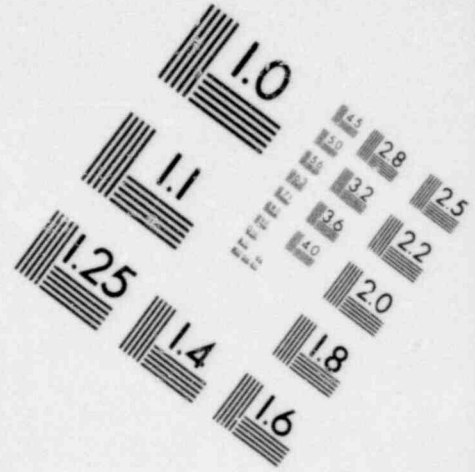
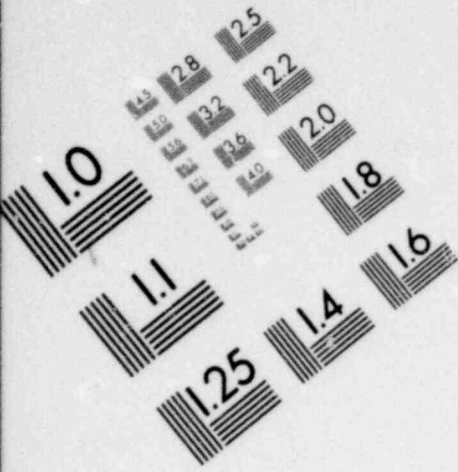
**IMAGE EVALUATION
TEST TARGET (MT-3)**



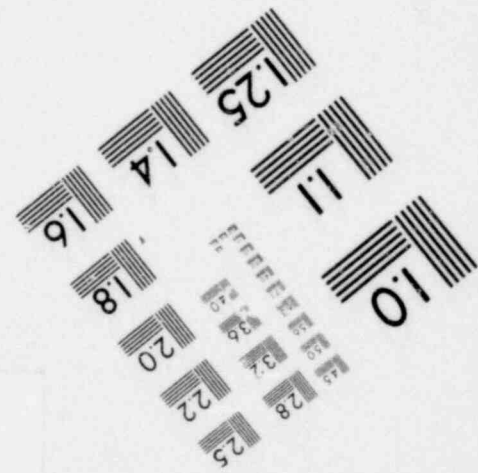
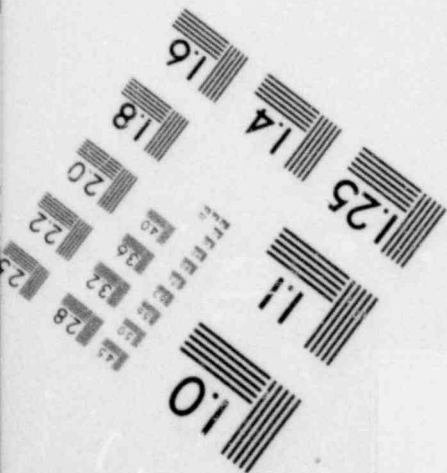
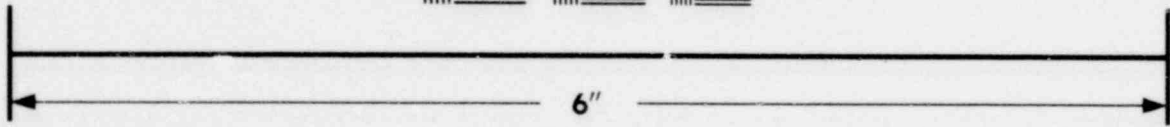
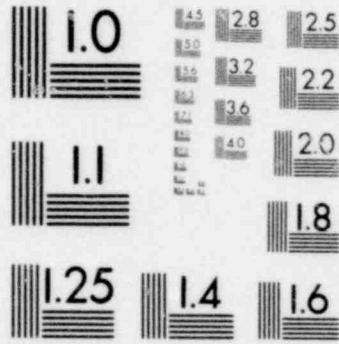


**IMAGE EVALUATION
TEST TARGET (MT-3)**





**IMAGE EVALUATION
TEST TARGET (MT-3)**



AI.7 TOXICITY OF 91-Y INHALED IN A RELATIVELY INSOLUBLE FORM BY BEAGLE DOGS (CONT'D).

I.B.S.					MEDIATION DOSE TO LUNG					CUMULATIVE (RADS)				DAYS		COMMENT
UG	UCI	UCI	UCI	UCI	60 DAYS	120 DAYS	365 DAYS	AT	60 DAYS	120 DAYS	365 DAYS	9-30 1978	9-30 1979	DEATH DATE	DEATH	DEATH DATE
1	675	170	1300	240	44	44	1.4		9600	14000	17000	17000	17000	17000		
2	1000	210	2600	220	45	45	1.3	1.1	9500	14000	18000	17000	17000	18000		
3	820	160	1600	220	41	41	1.3		9000	13000	16000	16000	16000	16000		
4	780	130	1200	220	44	44	1.7		9000	13000	16000	16000	16000	16000		
5	500	130	870	210	46	46	2.1		8800	13000	16000	17000	17000	17000		
6	740	230	2300	200	42	42	1.7		8500	12000	15000	16000	16000	16000		
7	760	270	2800	200	39	39	1.4		8100	12000	14000	15000	15000	15000		
8	560	110	900	190	30	30	1.1		7400	10000	12000	12000	12000	12000		
9	490	200	1500	180	34	34	1.2		7400	11000	13000	13000	13000	13000		
10	430	140	1000	160	32	32	1.2		6700	9700	12000	12000	12000	12000		
11	300	190	1600	160	31	31	1.0		6500	9400	12000	12000	12000	12000		
12	390	120	850	160	30	30	1.1		6400	9200	11000	11000	11000	11000		
13	500	100	1000	130	26	26	1.1		5500	7900	9700	9700	9700	9700		
14	340	92	660	130	23	23	1.1	9.3	5200	7400	9000	9000	9000+	9000+		
15	430	120	1100	120	24	24	1.1		5000	7200	9000	9100	9100	9100		
16	340	97	750	120	21	21	1.2		4700	6700	8100	8200	8200	8200		
17	340	200	1600	120	27	27	1.2		5100	7500	9500	9600	9600	9600		
18	340	90	710	110	20	20	1.1		4600	6500	7800	7900	7900	7900		
19	230	110	610	110	22	22	1.1		4500	6500	8100	8100	8100	8100		
20	310	57	460	100	17	17	1.1		4300	6200	7700	7800	7800	7800		
21	400	270	3100	93	15	15	1.1		3700	5200	6100	6200	6200	6200		
22	260	95	730	91	17	17	1.1		3700	5300	6400	6400	6400	6400		
23	300	78	690	93	19	19	1.1		3800	5600	7000	7000	7000	7000		
24	320	65	630	91	15	15	1.1		3600	5100	6100	6100	6100	6100		
25	290	37	340	85	16	16	1.1		3500	5000	6200	6200	6200	6200		
26	230	76	560	85	17	17	1.1		3400	4900	6000	6000	6000	6000		
27	330	38	420	83	17	17	1.1		3400	4900	6100	6200	6200	6200		
28	240	40	340	80	15	15	1.1		3200	4600	5600	5600	5600	5600		
29	250	110	1000	72	15	15	1.1		3000	4300	5400	5400	5400	5400		
30	180	67	440	73	12	12	1.1		2900	4200	5200	5300	5300	5300		
31	170	51	370	64	11	11	1.1		2600	3600	4400	4400	4400	4400		
32	230	37	430	53	11	11	1.1		2100	3100	3700	3700	3700	3700		
33	180	57	520	52	10	10	1.1		2100	3100	3900	3900	3900	3900		
34	130	45	290	52	9	9	1.1		2100	3000	3600	3600	3600	3600		
35	140	42	320	50	11	11	1.1		2000	2800	3500	3500	3500	3500		
36	130	27	200	49	21	21	1.1		2000	2800	3500	3500	3500	3500		
37	130	30	240	42	19	19	1.1		1700	2500	3100	3100	3100	3100		
38	140	36	270	43	18	18	1.1		1700	2500	3000	3000	3000	3000		
39	120	27	200	41	19	19	1.1		1700	2500	3100	3100	3100	3100		
40	140	37	330	42	16	16	1.1		1600	2400	2900	2900	2900	2900		
41	110	43	340	34	16	16	1.1		1600	2400	2600	2600	2600	2600		
42	110	36	220	35	15	15	1.1		1400	2000	2500	2500	2500	2500		
43	92	25	210	31	14	14	1.1		1300	1900	2400	2400	2400	2400		

1061 002

A1.7 TOXICITY OF 91-Y INHALED IN A RELATIVELY

NUMBER		INHALATION EXP						I.L.B.		I.B.B.		RATE (RADS/DAY)				RA
TT00	RAD BIO	SEX	BLK	DATE	AGE	WT	RNK	UCI	UCI	UCI	INIT	60	120	365	DEA	
					DAYS	KG		KG	KG	KG		DAYS	DAYS	DAYS		
420T	01-833	F	H	70338	398	8.7	C	0	0	0	0					
424A	02-833	M	E	70338	387	9.8	C	0	0	0	0					
431B	03-833	M	G	70338	365	9.2	C	0	0	0	0					
428U	04-833	F	F	70338	380	6.3	C	0	0	0	0					
488T	01-950	F	L	71256	386	8.6	C	0	0	0	0					
483A	02-950	M	K	71256	395	9.1	C	0	0	0	0					
485S	03-950	F	J	71256	394	8.3	C	0	0	0	0					
488C	04-950	M	I	71256	386	8.2	C	0	0	0	0					

UCI/KG: KG REFERS TO TOTAL BODY WEIGHT.

DOSE RATE: DAYS REFER TO DAYS AFTER INHALATION EXPOSURE.

COMMENT: D,E,OR S: DIED,EUTHANIZED,OR SACRIFICED WITH THE MOST PROMINENT FEATURES ASSOCIATED WITH DEATH.

+ DIED BEFORE POTENTIAL INFINITE DOSE RECEIVED.

DOG 489B: E HEMANGIOSARCOMA-MEDIASTINUM; BRONCHIOLO ALVEOLAR CARCINOMA
 DOG 484V: E-COMBINED SQUAMOUS CELL-BRONCHIOLO ALVEOLAR CARCINOMA
 DOG 428S: D-SQUAMOUS CELL CARCINOMA - LUNG
 DOG 383C: E-SQUAMOUS CELL CARCINOMA WITH OSTEOCARCINOMA - LUNG
 DOG 426A: D-COMBINED SQUAMOUS CELL-BRONCHIOLO ALVEOLAR CARCINOMA
 DOG 422T: D-BRONCHIOLO ALVEOLAR CARCINOMA WITH OSTEOCARCINOMA - LUNG
 DOG 425S: E-SQUAMOUS CELL CARCINOMA - LUNG WITH BRONCHIOLOALVEOLAR CARCINOMA

(DATA ARE FORM LF-60, 1978 AND REPRESENT AN UPDATE OF DATA FROM C.H. HOBBS ET AL., 1978.) SEE REFERENCE #22

INSOLUBLE FORM BY BEAGLE DOGS (CONT'D).

DIATION DOSE TO LUNG

T TH	CUMULATIVE (RADS)				POTENT. INFIN.	TO DEATH	DEATH DATE	DAYS		COMMENT
	60 DAYS	120 DAYS	365 DAYS	9-30 1978				9-30 1978	DEATH	
								2857		
								2857		
								2857		
								2857		
								2574		
								2574		
								2574		
								2574		

A1.8 TOXICITY OF 144-CE INHALED IN A RELATIVELY INSOLUBLE FORM BY BEAGLE DOGS

[Series I]

NUMBER		INHALATION EXP.					I.L.B.		I.B.B.		RATE (RADS/DAY)			RADIATION DOSE TO LUNG					DEATH DATE	9-19			
TT00	RAD810	SEX	BLK	DATE	AGE DAYS	WT KG	RNK	UCI KG	UCI KG	INIT	60 DAYS	120 DAYS	365 DAYS	AT DEATH	60 DAYS	120 DAYS	CUMULATIVE (RADS)		POTENT. INFIN.	TO DEATH	DEATH DATE	9-19	
																	365 DAYS	TOTAL					
228B	02-490	M	C	68029	372	8.4	1	210	1700	550	4600	1300	880	720	700	64000	110000		670000+	130000	68172		
210B	01-474	M	A	67348	419	7.9	2	190	1500	430	3400	1100	860	670	580	58000	100000		270000+	140000	68156		
209B	02-474	M	A	67348	421	9.1	3	190	1700	300	2800	1000	770	610	470	53000	94000		240000+	130000	68164		
208B	01-478	F	B	67355	432	11.0	4	180	2000	450	5000	1000	840	670	550	56000	100000		290000+	140000	68172		
211G	02-478	F	B	67355	424	7.5	3	120	890	270	2000	690	530	420	340	37000	65000		170000+	84000	68161		
226C	01-490	M	C	68029	374	7.8	6	96	740	300	2400	550	420	320	240	29000	51000		120000+	70000	68210		
217A	01-491	M	C	68030	407	8.8	7	68	600	130	1100	380	290	220	170	20000	36000		83000+	48000	68216		
211A	03-473	M	A	67347	416	8.1	8	66	540	99	800	380	290	230	120	20000	36000		88000+	58000	68239		
211E	03-477	F	B	67354	423	8.6	9	51	440	120	1100	290	220	170	66	57	15000	27000	53000	72000+	56000	68239	
228A	02-491	M	C	68030	373	9.1	10	34	330	67	670	190	140	110	42	1.5	9800	17000	34000	46000	46000	71252	
211D	02-473	M	A	67347	416	7.1	11	27	190	54	380	150	100	74	24	1.2	7600	13000	23000	30000+	29000	71071	
211F	02-477	F	B	67354	423	8.7	12	19	170	37	320	110	79	60	23		5600	9700	19000	25000	25000	76317	
223A	03-491	M	C	68030	382	9.8	13	15	150	34	330	89	60	44	16		4400	7500	14000	19000	19000	74309	
208D	01-477	F	B	67354	431	5.9	14	15	91	26	150	89	68	53	20	.015	4700	8300	17000	22000	22000	74193	
209C	01-473	M	A	67347	420	9.0	15	11	100	27	240	64	49	38	15		3400	6000	12000	16000	16000		
208A	01-476	M	A	67353	430	8.9	C	0	0	0	0												
209D	02-476	F	B	67353	426	7.9	C	0	0	0	0												
220C	01-492	M	C	68032	391	10.2	C	0	0	0	0												

UCI/KG: KG REFERS TO TOTAL BODY WEIGHT.
 DOSE RATE: DAYS REFER TO DAYS AFTER INHALATION EXPOSURE.
 COMMENT: D,E,OR S: DIED,EUTHANIZED,OR SACRIFICED WITH THE MOST PROMINENT
 FEATURES ASSOCIATED WITH DEATH.
 + DIED BEFORE POTENTIAL INFINITE DOSE RECEIVED.

NOTES:

DOG 211F: E-MIXED TUMOR OF THE LUNG. PULMONARY OSTEOSARCOMA ARISING FROM
 BRONCHIOLO ALVEOLAR CARCINOMA

1061 005

A1.8 TOXICITY OF 149-CE INHALED IN A RELATIVELY INSOLUBLE FORM BY BEAGLE DOGS

I.L.B.	I.D.B.		RADIATION DOSE TO LUNG													DAYS		COMMENT
	UCI	KG	RATE (RADS/DAY)			CUMULATIVE (RADS)							9-30	DEATH				
UCI	KG	UCI	KG	UCI	INIT	60	120	365	AT	60	120	365	POTENT.	TO	DEATH	1978	DEATH	
					DAYS	DAYS	DAYS	DEATH	DAYS	DAYS	DAYS	DAYS	TOTAL	INFIN.	DEATH			
1	210	1700	550	4600	1300	886	720		700	64000	110000			670000+	130000	68172	143	D-PULMONARY INJURY
2	190	1500	430	3400	1100	860	670		530	58000	100000			270000+	140000	68156	173	D-PULMONARY INJURY
3	190	1700	300	2800	1000	770	610		470	53000	94000			240000+	130000	68164	181	D-PULMONARY INJURY
4	180	2000	450	5000	1000	840	670		550	56000	100000			290000+	140000	68172	182	D-PULMONARY INJURY
5	120	890	270	2000	690	530	420		340	37000	65000			170000+	84000	68161	171	D-PULMONARY INJURY
6	96	740	300	2400	550	420	320		240	29000	51000			120000+	70000	68218	189	D-PULMONARY INJURY
7	68	600	130	1100	380	290	220		170	20000	36000			83000+	48000	68216	186	D-PULMONARY INJURY
8	66	540	99	800	380	290	230		120	20000	36000			88000+	58000	68239	257	D-PULMONARY INJURY
9	51	440	120	1100	290	220	170	66	57	15000	27000	53000		72000+	56000	69033	410	D-PULMONARY INJURY
10	34	330	67	670	190	140	110	42	1.5	9800	17000	34000		46000	46000	71252	1318	E-HEMANGIOSARCOMA LUNG
11	27	190	54	380	150	100	74	24	1.2	7600	13000	23000		30000+	29000	71071	1185	D-HEMANGIOSARCOMA LUNG
12	19	170	37	320	110	79	60	23		5600	9700	19000	25000	25000	25000	76317	3250	E-SEE NO. AT END
13	15	150	34	330	89	60	44	16		4400	7500	14000	19000	19000	19000	74309	2471	E-HEMANGIOSARCOMA BONE
14	15	91	26	150	89	68	53	20	.015	4700	8300	17000		22000	22000	74193	2396	D-HEMANGIOSARCOMA MEDIASTINUM
15	11	100	27	240	64	48	38	15		3400	6000	12000	16000	16000				
C	0	0	0	0													3944	
C	0	0	0	0													3938	
C	0	0	0	0													3938	
C	0	0	0	0													3894	

ATION EXPOSURE.
RIFICED WITH THE MOST PROMINENT

VED.

ONARY OSTEOSARCOMA ARISING FROM

1061 006

AL-6 TOXICITY OF 148-CE INHALED IN A RELATIVELY INSOLUBLE FORM BY BEAGLE DOGS (CONT'D).

I.B.#.	RADIATION DOSE TO LUNG										CUMULATIVE (RADS.)		DEATH DATE	COMMENT	
	60 DAYS		120 DAYS		365 DAYS		60 DAYS		120 DAYS		365 DAYS				DEATH DATE
	UCI KG	UCI INT	DAYS	DAYS	DAYS	DAYS	DAYS	DAYS	DAYS	DAYS	DAYS	DAYS			
470	1200	570	270	200	3000	130	3000	36000	80000+	53000+	57000	70030	246	D-PULMONARY INJURY	
590	1200	370	290	240	2000	150	36000	100000+	100000+	57000	69355	234	D-PULMONARY INJURY		
520	1200	320	240	180	17000	99	29000	84000+	84000+	50000	70121	273	D-PULMONARY INJURY		
360	1200	320	190	140	14000	12	24000	62000+	62000+	59000	73284	790	E-HEMANGIOSARCOMA LUNG		
440	110	420	300	180	15000	91	28000	71000+	71000+	50000	70127	279	D-PULMONARY INJURY		
470	170	1800	200	150	14000	15	24000	66000+	66000+	61000	71141	275	E-HEMANGIOSARC. FIBROSARC. LUNG		
480	67	730	270	200	12000	66	22000	53000+	53000+	41000	72135	185	D-PULMONARY INJURY		
330	100	820	280	180	14000	69	24000	46000+	46000+	28000	71361	311	D-PULMONARY INJURY		
460	61	700	230	180	14000	66	22000	47000+	47000+	41000	72122	1077	E-HEMANGIOSARCOMA LUNG		
220	85	510	220	150	11000	3.2	17000	33000	33000	46000	72194	916	D-SEE NOTE AT END		
360	130	400	200	140	9500	6.0	17000	47000+	47000+	46000	71335	2313	D-SEE NOTE AT END		
220	72	460	200	110	10000	38	18000	34000	44000	43000	75334	193	D-PULMONARY VASCULAR INJURY		
320	76	720	190	140	9800	74	17000	39000+	39000+	24000	69314	1228	D-SEE NOTE AT END		
280	68	600	190	140	9800	1.2	17000	38000	38000	36000	74238	1226	D-SEE NOTE AT END		
230	38	310	170	130	8900	1.8	16000	44000+	44000+	43000	74236	1523	D-BRONCHIOLO ALVEOLAR CARCINOMA		
250	45	420	160	110	8000	.30	14000	33000	33000	33000	75238	1523	D-BRONCHIOLO ALVEOLAR CARCINOMA		
230	130	1100	150	110	7700	7.9	14000	27000	36000+	34000	71183	765	E-HEMANGIOSARCOMA LUNG		
190	60	630	150	97	7200	27	12000	23000	30000	30000	75017	1810	D-SEE NOTE AT END		
200	51	430	150	100	7300	.91	13000	25000	32000	32000	74217	1253	E-SQUAM. CELL CARC. NASAL CAVITY		
210	49	440	140	100	7200	.15	13000	25000	34000	32000	77159	1895	D-HEMANGIOSARCOMA SPLEEN		
240	62	650	130	97	6800	16	12000	20000	26000	26000	77093	3001	D-SEE NOTE AT END		
220	60	700	110	83	5800	23	10000	32000	25000	25000	77216	2179	D-EPILEPSY		
110	34	260	120	80	5700	9900	18000	25000	25000	25000	2724	2143	E-HEMANGIOSARCOMA - BONE		
150	46	290	100	75	5300	9200	18000	23000	24000	23000	3412	2327	D-HEMANGIOSARCOMA LIVER		
150	51	420	100	77	5400	21	17000	23000	23000	23000	75256	1974	E-HEMANGIOSARCOMA BOTH HUMERII		
120	35	260	98	72	5500	.018	14000	17000	18000	18000	74295	1763	D-SEE NOTE AT END		
130	20	190	79	57	4000	.060	13000	17000	17000	16000	76112	1749	D-ACCIDENTAL DEATH		
140	26	270	76	55	3900	15	13000	16000	16000	16000	76147	2501	D-PLEURITIS (NOCCARDIA SP.)		
160	26	310	77	55	3900	17	14000	18000	18000	15000	76065	3280	E-HEMANGIOSARCOMA MEDIASTINUM		
81	18	120	78	55	3500	14	11000	15000	15000	15000	78205	1527	D-HEMANGIOSARCOMA HEART		
110	50	480	68	45	3600	14	12000	16000	16000	16000	2655	2365	E-HEMANGIOSARC. DFRMIS		
110	18	170	70	51	3600	14	12000	15000	15000	15000	2606	2107	D-HEMANGIOSARCOMA MEDIASTINUM		
130	20	220	74	50	3500	14	11000	15000	15000	10000	2655	2570	E-HEMANGIOSARCOMA LIVER		
91	20	170	68	45	3500	.13	11000	15000	15000	13000	75171	1527	D-HEMANGIOSARCOMA HEART		
95	40	390	60	42	3100	12	10000	13000	13000	13000	77278	2365	E-HEMANGIOSARC. DFRMIS		
87	21	190	60	42	3000	12	10000	13000	13000	3441	2107	D-HEMANGIOSARCOMA MEDIASTINUM			
67	18	120	57	37	2800	10	8700	12000	12000	2655	2570	E-HEMANGIOSARCOMA LIVER			
70	30	330	56	42	2900	12	10000	13000	13000	3349	2107	D-HEMANGIOSARCOMA MEDIASTINUM			
72	16	140	46	32	2300	9.7	7800	11000	11000	75127	2570	E-HEMANGIOSARCOMA LIVER			
60	12	91	45	33	2300	9.2	7800	11000	10000	76133	2502	D-HEMANGIOSARC. MEDIASTINUM			
51	17	120	46	34	2300	12	7800	11000	12000	3413	2570	E-HEMANGIOSARCOMA LIVER			
57	9.4	86	36	26	1800	7.7	6300	8500	8500	2606	2502	D-HEMANGIOSARC. MEDIASTINUM			
47	13	91	35	26	1800	8.0	6300	8500	8500	78169	1793	E-SEE NOTE AT END			
54	10	80	33	26	1800	8.3	6400	8700	8700	3413	1793	E-SEE NOTE AT END			
55	7.4	76	31	23	1600	8.28	6400	8700	7700	2725	1793	E-SEE NOTE AT END			
51	14	130	32	24	1700	6.7	5700	7800	7800	2655	1793	E-SEE NOTE AT END			
57	12	86	29	21	1500	5.3	4800	6200	6200	3400	1793	E-SEE NOTE AT END			
51	16	170	30	21	1500	5.0	4700	6000	6000	3425	1793	E-SEE NOTE AT END			
19	8.2	64	14	9.8	7.4	2.9	2400	3200	3200	3400	1793	E-SEE NOTE AT END			
21	3.8	38	12	8.9	6.9	2.8	2200	3000	3000	3400	1793	E-SEE NOTE AT END			

1061 008

ALB TOXICITY OF ¹⁴⁴Ce INHALED IN A RELATIVELY INSOLUBLE FORM BY BEAGLE DOGS (CONT'D).

[front and back]

T	I.L.B.		I.B.B.		RADIATION DOSE TO LUNG						CUMULATIVE (RADS)				DEATH DATE	DEATH	COMMENTS	
	UCI	KG	UCI	KG	UCI	INIT	60 DAYS	120 DAYS	365 DAYS	AT DEATH	60 DAYS	120 DAYS	365 DAYS	TOTAL				POTENT. INFN.
9	51	2.0	15	4.5	36	11	8.6	6.6	2.5		590	1000	2100	2700	2700		2656	
6	52	1.8	17	3.8	37	10	7.9	6.2	2.5		540	960	1900	2600	2600	2600	2600	2479 D-PERITONITIS (NOCCARDIA SP.)
8	53	1.6	12	2.5	19	9.2	6.8	5.3	2.2		470	840	1700	2300	2300		3425	
2	54	1.5	11	3.9	28	8.3	6.7	5.3	2.1		450	810	1700	2200	2200		3350	
0	55	1.3	11	2.2	20	7.3	5.9	4.7	1.9		390	710	1500	2000	2000		3350	
1	56	1.2	13	3.0	33	7.1	5.2	4.0	1.6		360	640	1300	1700	1700		2656	
6	57	1.2	7.5	2.7	18	6.7	5.0	3.8	1.4		350	610	1200	1600	1600		2607	
0	58	1.1	12	1.8	30	6.6	5.0	3.8	1.3		340	610	1200	1500	1500		2607	
3	59	.71	5.9	1.2	9.9	4.1	3.0	2.3	.96		210	370	750	1000	1000		3347	
4	60	.63	5.1	1.4	12	3.7	2.8	2.2	.84		190	340	640	910	910		2726	
4	61	.53	5.5	.77	8.0	3.7	2.3	1.8	.68		160	280	560	740	740		2656	
2	62	.52	4.2	4.7	38	4.0	2.4	1.9	.72		170	290	590	770	770		2726	
7	63	.45	4.4	.82	7.9	2.6	1.8	1.3	.51		130	220	430	570	570		3403	
4	64	.44	3.7	.81	6.8	2.4	1.8	1.4	.49		120	220	420	550	550	550	76260	2682 D-TRANS. CELL CARC. BLADDER
1	65	.37	3.7	1.1	11	2.1	1.5	1.1	.42		110	190	360	470	470		3403	
0	66	.35	4.3	.49	5.9	2.2	1.5	1.2	.48		110	190	340	500	500		2656	
4	67	.32	2.0	.70	4.4	1.9	1.4	1.1	.44		96	170	340	470	470		3350	
0	68	.30	2.7	.58	5.2	1.8	1.4	1.1	.47		94	170	350	480	480		2607	
3	69	.25	1.6	.90	5.7	1.4	1.1	.87	.34		74	130	270	360	360		2607	
0	70	.18	2.0	.58	4.2	1.1	.80	.61	.23		57	98	190	250	250		3426	
8	71	.18	1.1	.42	2.4	1.1	.87	.71	.30		58	110	220	310	310		2726	
3	72	.17	1.4	.37	3.1	1.1	.78	.63	.26		52	94	200	270	270		2726	
0	73	.16	1.3	.36	2.9	.95	.74	.58	.21		50	90	180	230	230		2608	
4	74	.12	1.2	.36	3.4	.71	.56	.43	.16		38	67	130	170	170		3431	
0	75	.083	.75	.16	1.4	.49	.38	.30	.11		26	46	93	120	120		2657	
5	76	.079	.67	.11	.96	.47	.37	.29	.11		25	44	88	110	110		2608	
9	77	.077	.68	.23	2.1	.46	.36	.28	.10		24	43	86	110	110		3432	
1	78	.076	.77	.13	1.3	.45	.35	.28	.10		24	43	85	110	110		3403	
1	79	.062	.50	.12	1.0	.37	.29	.22	.083		19	35	69	90	90		2657	
0	80	.057	.45	.088	.70	.34	.26	.21	.076		18	32	64	82	82		2727	
5	81	.051	.59	.21	2.4	.30	.24	.18	.068		16	29	57	74	74		3403	
5	82	.044	.50	.15	1.7	.26	.20	.16	.059		14	25	49	64	64		3431	
0	83	.041	.33	.30	2.4	.24	.19	.15	.055		13	23	46	59	59		3404	
4	84	.039	.33	.15	1.2	.23	.18	.14	.052		12	22	44	56	56		3551	
5	85	.035	.31	.19	1.7	.20	.15	.12	.044		10	18	37	48	48		3432	
0	86	.025	.27	.050	.53	.15	.12	.091	.033		7.9	14	28	36	36		3404	
5	87	.020	.17	.036	.30	.12	.093	.072	.027		6.3	11	22	29	29		2609	
2	88	.018	.20	.040	.45	.11	.083	.065	.024		5.7	10	20	26	26		2658	
1	89	.018	.20	.067	.74	.11	.083	.065	.024		5.7	10	20	26	26		2727	
7	90	.016	.14	.078	.68	.095	.074	.058	.021		5.0	9.0	18	21	23		3351	
4	91	.014	.11	.040	.32	.083	.065	.051	.019		4.4	7.8	16	21	20		2658	
4	92	.0096	.090	.061	.58	.057	.044	.035	.013		3.0	5.4	11	14	14		3351	
9	93	.0092	.081	.025	.22	.054	.043	.033	.012		2.9	5.2	10	13	13		2609	
0	94	.0063	.068	.053	.57	.037	.029	.023	.0084		2.0	3.5	7.1	9.1	9.1		3351	
0	95	.0030	.027	.0051	.046	.018	.014	.011	.0040		.94	1.7	3.4	4.3	4.3		2727	
4	96	.0024	.023	.0019	.18	.014	.011	.0087	.0032		.75	1.3	2.7	3.5	3.5		2727	
5	C	0	0	0	0	0	0	0	0								3433	
4	C	0	0	0	0	0	0	0	0								3433	
0	C	0	0	0	0	0	0	0	0								3404	
5	C	0	0	0	0	0	0	0	0								3404	

A1.8 TOXICITY OF 144-CE INHALED IN A RELATIVELY INSOLUBLE FORM BY BEAGLE DOGS (CONT'D).

Series II (cont'd.)

NUMBER	INHALATION EXP						I.L.B.		I.B.B.		RADIATION DOSE TO LUNG										DEATH DATE	DAYS	
	RADIO	SEX	BLK	DATE	AGE	WT	RNK	UCI	UCI	UCI	RATE (RADS/DAY)				CUMULATIVE (RADS)								
											60	120	365	AT	60	120	365	TOTAL	POTENT. INFIN.	TO DEATH			
TT00											INIT	DAYS	DAYS	DAYS	DEATH	DAYS	DAYS	DAYS	TOTAL	POTENT. INFIN.	TO DEATH	DEATH DATE	DAYS
324B	01-636	M	E	69209	401	8.8	C	0	0	0	0												1978
322U	02-636	F	F	69209	408	6.8	C	0	0	0	0												3351
450A	01-878	M	G	71090	415	11.8	C	0	0	0	0												3351
452S	02-878	F	H	71099	411	10.2	C	0	0	0	0												2731
467R	01-911	M	I	71169	367	6.9	C	0	0	0	0												2731
464U	02-911	F	J	71169	378	8.9	C	0	0	0	0												2661
477B	01-940	M	K	71218	375	8.7	C	0	0	0	0												2661
479T	02-940	F	L	71218	372	8.0	C	0	0	0	0												2612

UCI/KG: KG REFERS TO TOTAL BODY WEIGHT.

DOSE RATE: DAYS REFER TO DAYS AFTER INHALATION EXPOSURE.

COMMENT: D,E,OR S: DIED,EUTHANIZED,OR SACRIFICED WITH THE MOST PROMINENT FEATURES ASSOCIATED WITH DEATH.

+ DIED BEFORE POTENTIAL INFINITE DOSE RECEIVED.

NOTES:

- DOG 315A: D-HEMANGIOSARCOMA AND BRONCHIOLO ALVEOLAR CARCINOMA LUNG
- DOG 330B: D-HEMANGIOSARCOMA,PRIMARY SITE UNDETERMINED; BRONCHIOLO ALVEOLAR CARCINOMA
- DOG 454A: D-PULMONARY THROMBOSIS ASSOCIATED WITH AMYLOIDOSIS
- DOG 453S: D-PULMONARY HEMANGIOSARCOMA; BRONCHIOLO ALVEOLAR CARCINOMA; BRONCHOGENIC CARCINOMA
- DOG 460S: D-MALIGNANT MIXED TUMOR OF LUNG; BRONCHIOLO ALVEOLAR CARCINOMA
- DOG 298S: E-MIXED TUMOR OF THE LUNG. PULMONARY OSTEOSARCOMA ARISING FROM BRONCHIOLO ALVEOLAR CARCINOMA
- DOG 467A: D-HEMANGIOSARCOMA ANTERIOR MEDIASTINUM
- DOG 455T: E-HEMANGIOSARCOMA PRIMARY SITE UNDETERMINED

(DATA ARE FROM LF-60, 1978 AND REPRESENT AN UPDATE OF DATA FROM F.F. HAHN ET AL., 1978.) SEE REFERENCE #17.

1061 011

A1.8 TOXICITY OF 144-CE INHALED IN A RELATIVELY INSOLUBLE FORM BY BEAGLE DOGS (CONT'D).

I.B.B.		RADIATION DOSE TO LUNG											DEATH		COMMENT
I.B.B.		RATE (RADS/DAY)				CUMULATIVE (RADS)				POTENT.	TO	DEATH	DAYS	DEATH	
UCI	UCI	60	120	365	AT	60	120	365	TOTAL	INFIN.	DEATH	DATE	DATE	DATE	
KG	UCI	DAYS	DAYS	DAYS	DEATH	DAYS	DAYS	DAYS	DAYS						
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

EXPOSURE,
 CED WITH THE MOST PROMINENT

ALVEOLAR CARCINOMA LUNG
 TERMINATED: BRONCHIOLO ALVEOLAR

WITH AMYLOIDOSIS
 ALVEOLAR CARCINOMA

BRONCHIOLO ALVEOLAR CARCINOMA
 BY OSTEOSARCOMA ARIS FROM

TERMINATED

DATE OF DATA FROM

AI-9 TOXICITY OF 90-SR INHALED IN A RELATIVELY INSOLUBLE FORM BY BEAGLE DOGS

RADIATION DOSE TO LUNG

RUNK	I.L.B.		I.B.B.		RATE (RADS/DAY)		AT		CUMULATIVE (RADS)		DAYS		DEATH DATE	DEATH	COMMENT
	UCI	KG	UCI	KG	60	365	9-30	120	60	120	9-30	1978			
1	94	100	2700	500	460	430	390	2900	55000	410000+	5000 D.	71118	196	D-PULMONARY INJURY	
2	88	810	1100	460	390	330	250	26000	47000	170000+		71143	220	D-PULMONARY INJURY	
3	81	570	970	430	320	260	180	22000	30000	250000+		71259	386	D-PULMONARY INJURY	
4	81	830	1000	430	340	270	230	23000	41000	110000+		71012	159	D-PULMONARY INJURY	
5	78	670	1300	410	280	230	180	20000	35000	130000+		71071	218	D-PULMONARY INJURY	
6	77	890	2400	400	360	330	300	23000	44000	240000+		71107	144	D-PULMONARY INJURY	
7	73	840	1700	380	350	310	200	20000	42000	220000+		71263	231	E-PULMONARY INJURY	
8	72	680	2800	300	300	270	210	20000	37000	200000+		71190	267	E-PULMONARY INJURY	
9	70	600	1300	370	290	250	210	19000	35000	260000+		72190	255	D-PULMONARY INJURY	
10	68	460	640	360	270	250	200	18000	34000	270000+		71182	329	D-PULMONARY INJURY	
11	67	550	1600	350	270	240	190	18000	33000	180000+		71297	268	D-PULMONARY INJURY	
12	66	450	1000	350	300	270	200	20000	37000	170000+		71131	258	D-PULMONARY INJURY	
13	63	540	1300	330	270	240	170	18000	33000	200000+		71013	342	D-PULMONARY INJURY	
14	63	540	1100	330	280	250	180	18000	34000	130000+		71144	243	D-PULMONARY INJURY	
15	62	580	940	330	270	240	180	18000	33000	260000+		71044	373	D-PULMONARY INJURY	
16	61	670	1300	320	290	260	210	18000	35000	190000+		71280	252	E-PULMONARY INJURY	
17	58	500	890	310	260	230	170	17000	32000	130000+		71139	238	D-PULMONARY INJURY	
18	57	650	930	300	270	240	180	17000	32000	170000+		71136	283	D-PULMONARY INJURY	
19	56	560	900	290	280	200	150	16000	29000	90000+		71121	200	D-PULMONARY INJURY	
20	55	370	1300	290	230	200	170	16000	29000	360000+		71173	300	D-PULMONARY INJURY	
21	54	530	1400	280	230	200	170	15000	28000	520000+		71011	341	D-PULMONARY INJURY	
22	54	450	750	280	250	230	170	16000	30000	150000+		70299	265	D-PULMONARY INJURY	
23	52	500	970	260	190	170	140	14000	24000	200000+		72245	310	D-PULMONARY INJURY	
24	53	370	140	280	230	200	180	14000	26000	150000+		71105	232	D-PULMONARY INJURY	
25	49	350	1800	260	220	200	170	14000	26000	170000+		71255	226	D-PULMONARY INJURY	
26	47	390	860	250	200	180	110	13000	25000	120000+		72040	376	E-PULMONARY INJURY	
27	44	630	3600	230	210	190	160	13000	25000	130000+		71122	201	D-PULMONARY INJURY	
28	42	380	470	220	200	170	120	12000	24000	110000+		71158	286	D-PULMONARY INJURY	
29	42	500	530	220	160	140	99	11000	20000	120000+		71212	340	D-PULMONARY INJURY	
30	39	300	530	210	180	160	110	12000	22000	89000+		71160	259	D-PULMONARY INJURY	
31	39	350	560	200	190	170	140	12000	23000	150000+		71307	279	D-PULMONARY INJURY	
32	36	340	51	490	190	150	66	9900	18000	43000		72130	644	E-HEMANGIOSARCOMA LUNG	
33	35	310	430	190	140	120	61	9600	17000	41000		73357	788	D-HEMANGIOSARCOMA LUNG	
34	34	290	680	180	140	120	45	8000	17000	93000+		72204	718	D-HEMANGIOSARCOMA LUNG	
35	30	300	470	160	110	97	72	6400	14000	110000+		76355	747	E-HEMANGIOSARCOMA LUNG	
36	29	220	610	150	130	120	66	8400	16000	110000+		71147	477	D-PULMONARY INJURY	
37	25	270	940	100	130	110	39	7000	13000	77000+		72019	715	D-HEMANGIOSARCOMA LUNG	
38	24	240	470	130	91	77	41	6300	11000	85000+		77133	892	E-HEMANGIOSARCOMA LUNG	
39	24	240	290	260	130	120	58	7300	14000	210000+		72356	693	E-HEMANGIOSARCOMA LUNG	
40	23	160	330	370	120	96	40	6300	12000	97000+		73064	874	D-HEMANGIOSARCOMA LUNG	
41	22	240	450	120	88	78	18	6000	11000	65000+		73318	1128	E-SEE NOTE AT END	
42	22	170	300	250	120	98	44	6400	12000	160000+		73106	809	E-HEMANGIOSARCOMA LUNG	
43	20	220	320	100	89	77	32	5800	11000	140000+		73152	1032	E-SEE NOTE AT END	
44	20	150	410	310	100	76	34	5300	9400	71000+		77084	843	E-HEMANGIOSARCOMA LUNG	
45	19	140	530	380	100	85	26	5600	10000	84000+		73311	1170	E-HEMANGIOSARCOMA LUNG	
46	19	170	500	450	99	84	30	5500	10000	84000+		73166	1025	D-HEMANGIOSARCOMA LUNG	
47	19	160	240	200	98	75	10	5100	9200	63000+		76042	1968	D-HEMANGIOSARCOMA HEART	
48	18	140	240	190	92	68	4*	4700	8400	34000		76295	1821	E-SEE NOTE AT END	
49	18	140	240	190	92	62	7.5	4200	7700	39000+		77032	2373	D-SEE NOTE AT END	
50	16	130	220	85	71	62	15	4600	8600	86000+					

1061 014

AI.9 TOXICITY OF 90-SP INHALED IN A RELATIVELY INSOLUBLE FORM BY BEAGLE DOGS (CONT'D).

I.B.B. UCI KG	RADIATION DOSE TO LUNG												DEATH DATE	TO DEATH D.	POTENT. 5000 D.	DEATH DATE	DAYS 1978	COMMENT	
	60		120		365		9-30		AT		9-30								CUMULATIVE (RADS)
	DAYS	INIT	DAYS	RATE (RADS/DAY)	DAYS	DEATH	DAYS	DEATH	DAYS	DEATH	DAYS	DEATH							
UCI 15	160	81	70	61	40	18	17	4500	8500	20000	64000+	43000	76152	2309	E-SEE NOTE AT END				
UCI 15	100	78	69	62	44	17	18	4400	8300	21000	58000+	44000	75123	1185	E-HEMANGIOSARCOMA LUNG				
UCI 15	160	23	58	52	35	13	13	4100	7500	17050	48000+	34000	75937	1213	D-HEMANGIOSARCOMA LUNG				
UCI 15	110	23	58	52	35	13	13	3800	7100	18000	39000+	37000	74265	1961	D-HEMANGIOSARCOMA HEART				
UCI 15	110	21	60	42	33	19	19	3000	5200	11000	24000+	23000	76358	2313	E-HEMANGIOSARCOMA HEART				
UCI 15	90	24	20	52	36	30	22	3000	5800	15000	65000+	46000	76275	2429	D-SEE NOTE AT END				
UCI 15	90	20	20	52	36	30	22	2600	4500	11000	35000+	34000	78223	2753	E-SEE NOTE AT END				
UCI 15	72	23	190	47	41	37	24	2600	4900	12000	28000+	27000	77224	2496	E-SEE NOTE AT END				
UCI 15	72	23	190	47	41	37	24	2500	4700	12000	34000+	33000	77304	2596	D-SEE NOTE AT END				
UCI 15	56	11	74	42	30	26	19	2100	3800	9200	36000+	31000	75217	1807	D-HEMANGIOSARC. MEDIASTINIUM				
UCI 15	56	11	86	42	34	29	19	2300	4200	9900	25000	25000	75072	1683	E-SEE NOTE AT END				
UCI 15	68	27	230	42	33	29	21	2200	4000	10000	27000+	24000	77091	2615	D-SEE NOTE AT END				
UCI 15	60	12	97	39	32	30	25	2400	4500	11000	41000+	34000	76176	1703	D-HEMANGIOSARCOMA HEART				
UCI 15	52	22	160	38	31	29	21	2100	4000	11000	28000+	27000	77140	2305	E-HEMANGIOSARCOMA HEART				
UCI 15	76	9.8	37	26	23	17	17	1800	3300	8000	19000	16000	77177	2449	D-HEMANGIOSARCOMA HEART				
UCI 15	66	14	140	35	27	21	12	1800	3200	7000	20000	21000+	77310	2830	D-SEE NOTE AT END				
UCI 15	62	16	170	31	29	26	18	1300	2400	5700	14000	13000	77223	2565	E-HEMANGIOSARCOMA LUNG				
UCI 15	40	9.1	73	26	19	16	12	1300	2400	5700	14000+	13000	76295	2094	D-HEMANGIOSARCOMA HEART				
UCI 15	35	6.8	49	26	19	16	12	1500	2900	7700	38000+	35000	77315	2636	E-SEE NOTE AT END				
UCI 15	46	11.0	100	26	21	17	11	1300	2500	5700	14000+	13000	77076	2241	E-HEMANGIOSARCOMA HEART				
UCI 15	31	9.9	65	25	23	18	18	1400	2800	7700	27000+	25000	76201	2156	D-HEMANGIOSARCOMA HEART				
UCI 15	42	8.3	83	23	21	19	14	1300	2500	6400	34000+	25000	77315	2880	D-SEE NOTE AT END				
UCI 15	31	7.0	51	22	20	18	12	1100	2100	5600	17000+	12000	77076	2241	E-HEMANGIOSARCOMA HEART				
UCI 15	44	7.4	78	22	17	16	12	1200	2200	5100	20000	21000	77076	2241	E-HEMANGIOSARCOMA HEART				
UCI 15	32	23	200	21	18	15	9.6	1100	1900	4600	11000	14000	77076	2241	E-HEMANGIOSARCOMA HEART				
UCI 15	28	13	89	21	18	13	9.6	1100	2200	5800	17000+	16000	77076	2241	E-HEMANGIOSARCOMA HEART				
UCI 15	33	6.8	61	19	18	17	13	790	1800	3400	9000	11000	77076	2241	E-HEMANGIOSARCOMA HEART				
UCI 15	19	13	83	16	11	9.7	7.2	500	890	2200	5300	6700	77076	2241	E-HEMANGIOSARCOMA HEART				
UCI 15	13	3.8	25	10	7.2	6.2	4.6	500	890	2200	5300	6700	77076	2241	E-HEMANGIOSARCOMA HEART				
UCI 15	21	2.3	26	10	7.1	6.1	4.5	500	890	2100	5300	6600	77076	2241	E-HEMANGIOSARCOMA HEART				
UCI 15	19	2.3	24	9.6	6.8	5.8	4.3	470	850	2100	5200	6400	77076	2241	E-HEMANGIOSARCOMA HEART				
UCI 15	18	2.4	24	9.5	6.7	5.7	4.2	470	850	2000	5200	6300	77076	2241	E-HEMANGIOSARCOMA HEART				
UCI 15	13	2.5	20	8.5	6.1	5.2	3.9	430	760	1900	4800	5700	77076	2241	E-HEMANGIOSARCOMA HEART				
UCI 15	11	3.1	22	8.8	6.0	5.1	3.4	420	750	1800	4600	5600	77076	2241	E-HEMANGIOSARCOMA HEART				
UCI 15	13	2.5	22	7.9	5.7	4.8	3.6	390	710	1700	4400	5300	77076	2241	E-HEMANGIOSARCOMA HEART				
UCI 15	12	2.7	27	8.3	4.5	3.9	2.9	310	570	1400	3600	4200	77076	2241	E-HEMANGIOSARCOMA HEART				
UCI 15	7.5	1.5	10	5.8	4.2	3.5	2.7	290	520	1300	3300	3900	77076	2241	E-HEMANGIOSARCOMA HEART				
UCI 15	9.5	2.0	17	5.8	4.1	3.4	2.6	280	510	1200	2800	3800	77076	2241	E-HEMANGIOSARCOMA HEART				
UCI 15	8.2	4.0	33	5.2	3.7	3.2	2.4	260	470	1100	2600	3500	77076	2241	E-HEMANGIOSARCOMA HEART				
UCI 15	4.9	1.8	11	4.2	3.0	2.5	1.9	210	370	910	2300	2600	77076	2241	E-HEMANGIOSARCOMA HEART				
UCI 15	6.6	2.3	21	3.8	2.8	2.4	1.8	190	340	840	1900	2600	77076	2241	E-HEMANGIOSARCOMA HEART				
UCI 15	5.7	1.9	7.4	3.7	2.6	2.3	1.7	180	330	800	1900	2500	77076	2241	E-HEMANGIOSARCOMA HEART				
UCI 15	2.9	1.4	3.2	2.2	1.7	1.4	1.0	110	200	490	1100	1500	77076	2241	E-HEMANGIOSARCOMA HEART				
UCI 15	9.1	1.8	8.0	2.2	1.6	1.4	1.0	110	190	480	1100	1400	77076	2241	E-HEMANGIOSARCOMA HEART				
UCI 15	3.3	1.4	7.0	2.1	1.5	1.3	1.0	100	190	460	1100	1400	77076	2241	E-HEMANGIOSARCOMA HEART				
UCI 15	3.7	1.4	6.5	2.0	1.4	1.2	1.2	100	180	440	940	1300	77076	2241	E-HEMANGIOSARCOMA HEART				

41.9 TOXICITY OF 90-SR INHALED IN A RELATIVELY INSOLUBLE FORM BY BEAGLE DOGS (CONT'D).

NUMBER		INHALATION EXP					I.L.B.		I.B.B.		RADIATION DOSE TO LUNG					CUMULATIVE (RADS)					TO DEATH	DEATH DATE	
TTQD	RADBYO	SEX	BLK	DATE	AGE	WT	UCI	UCI	UCI	INIT	60	120	3-30	9-30	AT	60	120	365	9-30	POTENT.	TO	DEATH	DATE
				DAYS	DAYS	KG	KG	KG	KG	DAYS	DAYS	DAYS	DAYS	DEATH	DAYS	DAYS	DAYS	DAYS	1978	5000 D.	DEATH	DATE	
748T	04-1579	F	N	74336	445	5.8	101	.34	2.0	.70	4.1	1.8	1.3	1.1	.82	.45	89	160	390	930	1200		13
763A	02-1585	M	J	74346	408	9.9	102	.34	3.4	.65	6.4	1.8	1.3	1.1	.82	.44	89	160	390	920	1200		13
750A	01-1577	M	M	74330	428	10.5	103	.26	2.7	.59	6.2	1.4	.98	.84	.63	.36	69	130	300	600	1000		14
756A	02-1578	M	O	74331	402	10.2	104	.26	2.7	.65	6.6	1.4	.98	.83	.62	.36	68	120	290	730	920		14
758C	01-1578	M	O	74331	401	7.7	105	.24	1.8	.44	4.5	1.3	.91	.77	.58	.35	63	110	280	680	850		14
749T	04-1577	F	N	74330	430	7.9	106	.21	1.7	.74	5.8	1.1	.79	.68	.51	.28	55	99	240	590	740		14
361B	01-699	M	A	70027	408	12.0	C	0	0	0	0												31
354S	02-699	F	B	70027	417	7.8	C	0	0	0	0												31
397U	01-788	F	D	70212	403	7.5	C	0	0	0	0												31
399B	02-788	M	C	70212	382	10.9	C	0	0	0	0												29
401S	01-811	F	F	70240	406	8.5	C	0	0	0	0												29
402B	02-811	M	E	70240	399	11.1	C	0	0	0	0												29
405W	01-816	F	G	70247	398	6.8	C	0	0	0	0												29
413U	01-830	F	I	70289	413	9.4	C	0	0	0	0												29
418C	02-830	M	H	70289	368	11.4	C	0	0	0	0												29
437A	01-851	M	J	71025	378	10.9	C	0	0	0	0												29
431S	02-851	F	K	71025	417	7.4	C	0	0	0	0												28
497A	01-962	M	L	71299	374	11.1	C	0	0	0	0												28
754C	01-1576	M	H	74329	402	6.7	C	0	0	0	0												25
751S	02-1576	F	N	74329	420	11.6	C	0	0	0	0												14
758A	02-1576	M	O	74329	399	11.2	C	0	0	0	0												14
762T	02-1582	F	P	74343	406	7.2	C	0	0	0	0												14
758B	03-1582	M	Q	74343	413	10.4	C	0	0	0	0												13
761S	01-1582	F	R	74343	407	9.8	C	0	0	0	0												13

UCI/KG: KG REFERS TO TOTAL BODY WEIGHT.

DOSE RATE: DAYS REFER TO DAYS AFTER INHALATION EXPOSURE.

COMMENT: D, E, OR S: DIED, EUTHANIZED, OR SACRIFICED WITH THE MOST PROMINENT FEATURES ASSOCIATED WITH DEATH.

+ DIED BEFORE POTENTIAL INFINITE DOSE RECEIVED.

NOTES:

- DOG 416C: E-EPIDERMAL CARCINOMA; HEMANGIOSARCOMA LUNG
- DOG 398B: E-HEMANGIOSARCOMA LUNG; BRONCHIOLO ALVEOLAR CARCINOMA
- DOG 495C: E-HEMANGIOSARCOMA SPLEEN; BRONCHIOLO ALVEOLAR CARCINOMA
- DOG 397S: D-RADIATION PNEUMONITIS; PULMONARY FIBROSIS
- DOG 354A: E-HEMANGIOSARCOMA LUNG; SQUAMOUS CELL CARCINOMA NASAL CAVITY
- DOG 358T: E-HEMANGIOSARCOMA HEART; BRONCHIOLO ALVEOLAR CARCINOMA
- DOG 438A: E-HEMANGIOSARCOMA RIB; BRONCHIOLOALVEOLAR CARCINOMA LUNG
- DOG 413C: E-SQUAMOUS CELL CARCINOMA NASAL CAVITY
- DOG 411S: D-PULMONARY INJURY; COMBINED CARCINOMA LUNG
- DOG 393C: E-HEMANGIOSARCOMA SITE UNDETERMINED
- DOG 367C: D-ASPIRATION PNEUMONIA; BRONCHIOLO ALVEOLAR CARCINOMA
- DOG 352B: D-SQUAMOUS CELL CARCINOMA LUNG; HEMANGIOSARCOMA TRACHEOBRONCHIAL LYMPH NODES
- DOG 403B: E-HEMANGIOSARCOMA - PRIMARY SITE UNDETERMINED BRONCHIOLOALVEOLAR CARCINOMA

(DATA ARE FROM LF-60, 1978 AND REPRESENT AN UPDATE OF DATA FROM M.B. SNIPES ET AL., 1978.) SEE REFERENCE #55.

1061 017

A1.9 TOXICITY OF 90-SR INHALED IN A RELATIVELY INSOLUBLE FORM BY BEAGLE DOGS (CONT'D).

I.L.B.	I.B.B.	RADIATION DOSE TO LUNG														DAYS		COMMENT
		RATE (RADS/DAY)							CUMULATIVE (RADS)							DEATH DATE	DEATH	
		UCI	UCI	INIT	60 DAYS	120 DAYS	365 DAYS	9-30 1978	AT DEATH	60 DAYS	120 DAYS	365 DAYS	9-30 1978	POTENT. 5000 D.	TO DEATH			
D1	.34	2.0	.70	4.1	1.8	1.3	1.1	.82	.45		89	160	390	930	1200		1398	
D2	.34	3.4	.65	6.4	1.8	1.3	1.1	.82	.44		89	160	390	920	1200		138A	
D3	.26	2.7	.59	6.2	1.4	.98	.84	.63	.36		68	130	300	600	1000		1404	
D4	.26	2.7	.65	6.6	1.4	.98	.83	.62	.36		68	120	290	730	920		1403	
D5	.24	1.8	.58	4.5	1.3	.91	.77	.58	.33		63	110	280	680	850		1403	
D6	.21	1.7	.74	5.8	1.1	.79	.68	.51	.28		55	99	240	590	740		1404	
C	0	0	0	0	0	0	0	0	0								3168	
C	0	0	0	0	0	0	0	0	0								3168	
C	0	0	0	0	0	0	0	0	0								2983	
C	0	0	0	0	0	0	0	0	0								2963	
C	0	0	0	0	0	0	0	0	0								2955	
C	0	0	0	0	0	0	0	0	0								2955	
C	0	0	0	0	0	0	0	0	0								2948	
C	0	0	0	0	0	0	0	0	0								2906	
C	0	0	0	0	0	0	0	0	0								2906	
C	0	0	0	0	0	0	0	0	0								2805	
C	0	0	0	0	0	0	0	0	0								2805	
C	0	0	0	0	0	0	0	0	0								2531	
C	0	0	0	0	0	0	0	0	0								1405	
C	0	0	0	0	0	0	0	0	0								1405	
C	0	0	0	0	0	0	0	0	0								1405	
C	0	0	0	0	0	0	0	0	0								1391	
C	0	0	0	0	0	0	0	0	0								1391	
C	0	0	0	0	0	0	0	0	0								1391	

ATION EXPOSURE.
 CRIFICED WITH THE MOST PROMINENT
 IVED.

IOSARCOMA LUNG
 IOLO ALVEOLAR CARCINOMA
 CHIOLO ALVEOLAR CARCINOMA
 NARY FIBROSIS
 US CELL CARCINOMA NASAL CAVITY
 IOLO ALVEOLAR CARCINOMA
 IOLOALVEOLAR CARCINOMA LUNG
 CAVITY
 ARCINOMA LUNG
 INED
 IOLO ALVEOLAR CARCINOMA
 HEMANGIOSARCOMA TRACHEOBRONCHIAL
 UNDETERMINED

UPDATE OF DATA FROM
 #55.

A2.1 THIRTY-DAY MORTALITY AFTER EXPOSURE
OF THE THORAX OF RATS TO 250 KVP X-RAYS

DOSE (R)	DOSE RATE (R/MIN)	NUMBER DEAD IN 30 DAYS	NUMBER EXPOSED
1500	90	2	40
1750	90	4	20
2000	90	3	40
2200	90	10	38
2500	90	26	40
3000	90	16	20
3250	90	17	20
4000	90	31	32

(DATA FROM A.J. DUNJIC ET AL., 1960.) SEE REFERENCE #9.

A3.1 TOXICITY OF INHALED 99-SRCL2 IN BEAGLE DOGS

INHALATION EXP						RADIATION DOSE TO SKELETON													
NUMBER		SEX	AGE		WT KG	I.B.B.			L.I.F.B.		RATE (RADS/DAY)				CUMULATIVE (RADS)				DFATH DATE
TT00	RADBIO		DATE	DAYS		RNK	UCI/KG	UCI	RNK	UCI/1.5	INITIAL	9-30 DAYS	POTENT. AT 5000 D	AT DEATH	730 DAYS	9-30 1978	POTENT. TO 5000 D	TO DEATH	
157E	01-416	F	67115	431	9.7	1	280	2700	1	120	55								
164A	02-419	M	67124	387	9.0	9	210	1900	2	190	54								
158E	02-416	F	67115	429	10.2	6	240	2400	3	120	54								
195C	03-456	F	67275	397	9.3	3	270	2500	4	110	48								
195B	02-456	M	67275	389	10.1	4	260	2600	5	100	48								
162F	01-419	F	67124	436	11.2	2	270	3000	6	100	47								
158B	03-416	M	67115	429	9.3	5	240	2200	7	100	47								
159B	02-417	F	67117	430	9.8	8	220	2200	8	98	45								
160B	02-418	M	67122	435	9.5	7	230	2200	9	97	44								
23C	01-261	M	65229	408	9.1	11	160	1500	10	83	37								
159A	01-417	M	67117	430	11.3	10	180	2000	11	74	34								
160C	03-417	F	67117	430	10.4	12	160	1700	12	69	31								
23B	02-256	M	65208	387	8.0	17	110	880	13	59	27								
26F	03-263	F	65231	384	7.8	15	120	940	14	52	24								
13A	02-228	M	65123	381	8.3	19	99	820	15	51	25								
12F	01-228	F	65123	401	8.1	18	110	890	16	50	26								
162A	01-418	M	67122	434	11.9	13	130	1500	17	50	23								
22F	02-257	F	65205	396	6.7	21	93	620	18	44	20								
26A	01-262	M	65230	385	7.8	14	120	940	19	41	19								
19B	01-252	M	65201	404	6.4	23	84	540	20	40	18								
22F	01-256	F	65208	395	8.8	16	120	1100	21	34	16								
19C	02-252	F	65201	404	7.8	22	87	680	22	28	15								
22A	02-253	M	65202	389	10.5	20	98	1000	23	28	12								
19D	01-253	F	65202	405	8.7	24	71	620	24	27	12								
40E	03-283	F	65301	383	6.3	28	27	170	25	9.6	4.4								
28C	02-271	M	65256	406	7.6	26	30	230	26	9.3	4.3								
39C	02-283	F	65301	385	8.7	29	27	230	27	9.1	4.2								
38E	01-283	F	65301	391	6.5	27	29	190	28	8.9	4.0								
30C	02-272	M	65257	395	8.8	32	19	160	29	8.3	3.7								
30B	01-272	M	65257	395	8.2	35	17	140	30	7.9	3.6								
42D	01-284	F	65302	377	7.8	30	25	200	31	7.7	3.6								
28B	01-271	M	65256	406	7.2	25	32	230	32	7.1	3.2								
22D	01-257	M	65209	396	9.1	36	16	150	33	6.8	3.1								
30D	03-272	M	65257	395	8.9	31	23	200	34	6.6	3.0								
42E	02-284	F	65302	377	8.7	33	19	170	35	6.1	2.8								
42F	03-284	F	65302	377	7.3	34	17	120	36	5.7	2.6								
26B	01-266	M	65238	391	9.0	37	6.6	59	37	3.2	1.5								
35E	02-277	F	65271	380	7.5	38	5.5	41	38	2.3	1.0								
30G	01-277	F	65271	409	7.0	39	4.6	32	39	2.2	1.0								
27D	02-267	F	65239	390	10.6	41	4.1	43	40	2.2	.98								
27A	03-266	M	65238	389	9.1	43	4.0	36	41	1.9	.87								
26G	02-266	F	65238	391	7.0	46	3.3	23	42	1.9	.86								
23E	01-265	M	65237	416	7.8	45	3.3	26	43	1.7	.79								
24B	03-265	M	65237	398	8.2	42	4.0	33	44	1.6	.55								
37F	01-282	F	65300	400	8.1	44	3.5	30	45	1.1	.48								
24A	02-265	M	65237	398	8.0	40	4.2	34	46	1.0	.47								
30E	01-276	M	65270	408	8.1	47	2.8	23	47	1.0	.46								
30F	02-276	F	65270	408	10.4	48	2.6	27	48	0.97	.43								
19A	01-254	M	65203	406	8.7	C	0	0	C	0	0								
21C	02-254	F	65203	398	8.5	C	0	0	C	0	0								

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A3.1 TOXICITY OF INHALED 90-SRCL2 IN BEAGLE DOGS

RADIATION DOSE TO SKELETON

RNK	I.B.B.		L.T.R.B.		RATE (RAUS/DAY)				CUMULATIVE (RADS)				DAYS		COMMENT			
	UCI/KG	UCI	RNK	UCI/KG	INITIAL	730 DAYS	9-30 1978	POTENT. 5000 D	AT DEATH	730 DAYS	9-30 1978	POTENT. 5000 D	AT DEATH	DFATH DATE		9-30 1978	DEATH	
1	280	2700	1	120	55	21		7.0	21	18000		73000+	19000	69143		759	E-FIBROSARCOMA PELVIS	
9	210	1900	2	190	54			1.3	24			52000+	17000	6A344		585	D-EPILEPTIC SEIZURES	
6	240	2400	3	120	54	16		5.3	15	14000		55000+	17000	69311		927	E-HEMANGIOSARC.-UNDETERM.SITE	
3	270	2500	4	110	48				30				810	67296		21	D-HEMATOLOGICAL DYSCRASIA	
	260	2600	5	100	48				34				1100	67303		28	D-HEMATOLOGICAL DYSCRASIA	
2	270	3000	6	100	47	21		3.7	20	18000		61000+	22000	69279		886	E-OSTEOCHONDROFIBROSARC. ILIUM	
5	240	2200	7	100	47				36				1300	67146		31	E-HEMATOLOGICAL DYSCRASIA	
8	220	2200	8	98	45				29				660	67135		18	E-HEMATOLOGICAL DYSCRASIA	
7	230	2200	9	97	44	18		6.2	17	15000		62000+	17000	69255		864	E-SEE NOTE AT END	
11	160	1500	10	83	37	15		5.7	14	13000		54000+	18000	6A277		1099	E-OSTEOCHONDROSARCOMA RIBS	
10	180	2000	11	74	34				25				850	67146		29	D-HEMATOLOGICAL DYSCRASIA	
12	160	1700	12	69	31	7.5		3.2	6.8	7000		28000+	9900	70163		1142	E-HEMANGIOSARCOMA HUMERUS	
17	110	880	13	59	27	8.1		2.3	5.9	7600		27000+	15000	70169		1787	E-OSTEOSARCOMA HUMERUS	
15	120	940	14	52	24	9.0		3.7	6.4	8900		33000+	18000	70343		1938	E-SEE NOTE AT END	
19	99	820	15	51	23	6.6		1.9	5.4	6400		22000+	10000	69023		1361	D-CEREBELLAR HEMORRHAGE	
18	110	890	16	50	26	8.6		4.5	8.0	7900		35000+	10000	68074		1046	E-HEMANGIOSARCOMA PELVIS	
13	130	1500	17	50	23	9.5		2.3		8800		32000+	17000	71363		1702	E-OSTEOCHONDROSARCOMA MAXILLA	
21	93	620	18	44	20	4.7		1.5	2.4	4700		16000+	13000	74044		3122	E-OSTEOSARCOMA VERTEBRAE	
14	120	940	19	41	19	6.4		2.4	5.3	6400		23000+	10000	69173		1404	D-FIBROSARCOMA SACRUM	
23	84	540	20	40	18	3.8		1.3	2.1	3900		14000+	10000	73243		2964	D-OSTEOSARCOMA MAXILLA	
16	120	1100	21	34	16	6.2		2.6	5.1	5900		23000+	10000	69287		1540	E-OSTEOSARCOMA MAXILLA	
22	87	680	22	28	13	3.3		1.4	1.	3300		12000+	9500	74141		3237	D-OSTEOGENIC SARCOMA MANDIBLE	
20	98	1000	23	28	12	6.1		1.5	3.5	6100		20000+	13000	71258		2247	E-HEMANGIOSARCOMA RIB	
24	71	620	24	27	12	3.4		1.3	2.1	3500		12000+	8500	72279		2633	E-OSTEOSARCOMA SKULL	
28	27	170	25	9.6	4.4	1.5		.61	.68	1500	4900	56000+	4900	76278		3994	E-PULMONARY FIBROSIS	
26	30	230	26	9.3	4.3	1.4		.56	.84	1500		5100+	3300	72136		2436	D-MYELO-MONOCYTTIC LEUKEMIA	
29	27	230	27	9.1	4.2	4.2		.36	.35	1100	3600	3700			4720			
27	29	190	28	8.9	4.0	.81		.28	.25	840	2700	2800			4720			
32	19	160	29	8.3	3.7	1.1		.33	.33	1200		3900	3800	77327		4453	E-SEE NOTE AT END	
35	17	140	30	7.9	3.6	.90		.33	.30	950	3100	3200			4764			
30	25	200	31	7.7	3.6	1.1		.32	.30	1100	3600	3700			4719			
25	32	230	32	7.1	3.2	1.0		.30	.50	1100		3500+	2800	74046		3077	E-MYXOSARCOMA SKULL	
36	16	150	33	6.8	3.1	.88		.33	.31	930	2900	3100			4812			
31	23	200	34	6.6	3.0	.91		.28	.39	930		3200+		76114		3874	E-HEMANGIOSARCOMA HEART	
33	19	170	35	6.1	2.8	.83		.28	.33	830		3000+		76211		3926	D-MALABSORPTION SYNDROME	
34	17	120	36	5.7	2.6	.59		.20	.19	670	2000	2100			4719			
37	6.6	59	37	3.2	1.5	.41		.09	.077	410	1200	1300			4783			
38	5.5	41	38	2.3	1.0	.33		.16	.16	350		1300	1200	7A107		4584	D-CONG.HEART FAIL. & PUL. EDEMA	
39	4.6	32	39	2.2	1.0	.37		.13	.12	380	1200	1300			4750			
41	4.1	43	40	2.2	.98	.19		.035		190		570		7A235		4744	E-MALIGNANT EPENDYMOMA	
43	4.0	36	41	1.9	.87	.18		.047	.070	180		600		75248		3662	E-MALABSORPTION SYNDROME	
46	3.3	23	42	1.9	.86	.19	.041	.035		180	560	580			4783			
45	3.3	26	43	1.7	.79	.29		.057	.16	270		890		610	71293		2247	D-BRONCHO PNEUMONIA
42	4.0	33	44	1.6	.55	.24	.085	.074		220	790	830			4784			
44	3.5	30	45	1.	.48	.19		.058	.070	190		660		600	77034		4117	E-BRONCHIOLO ALVEOLAR CARC.
40	4.2	34	46	1.0	.47	.17	.041	.038		170	530	540			4784			
47	2.8	23	47	1.0	.46	.17		.033		180		530		430	74016		3033	D-SEE NOTE AT END
48	2.6	27	48	0.97	.43	.13		.031		140		430		420	7A228		4706	E-DISSEM. MAMMARY CARCINOMA
C	0	0	C	0										7A021		2740	D-GLOMERULONEPHRITIS & PNEUM.	
C	0	0	C	0										7A057		4602	D-HEART FAILURE	

A3.1 TOXICITY OF INHALED 90-SRCL2 IN BEAGLE DOGS (CONT'D).

INHALATION EXP						RADIATION DOSE TO SKELETON										DAYS							
NUMBER		SEX	DATE	AGE DAYS	WT KG	I.B.B.			L.T.R.B.		RATE (RAUS/DAY)				CUMULATIVE (RADS)				DFATH	9-30			
TT00	RADBIO					RNK	UCI/KG	UCI	RNK	UCI/KG	INITIAL	730 DAYS	9-30 1978	POTENT. 5000 D	AT DEATH	730 DAYS	9-30 1978	POTENT. 5000 D	TO DEATH	DATE	1978	DEATH	
24E	01-264	F	65232	393	8.6	C	0	0	C	0										77357		4789	4508
26E	02-264	F	65232	385	6.9	C	0	0	C	0												4763	
28A	01-273	M	65258	408	9.1	C	0	0	C	0												75045	3439
30A	03-273	M	65258	396	9.5	C	0	0	C	0												74008	3023
31A	01-278	M	65272	400	9.1	C	0	0	C	0												77125	4236
32A	02-278	M	65272	394	8.9	C	0	0	C	0													
33B	03-278	M	65272	394	8.9	C	0	0	C	0												4749	
35F	01-285	F	65305	414	8.1	C	0	0	C	0												74030	3012
40D	02-285	F	65305	387	9.4	C	0	0	C	0												75307	3654
42C	03-285	F	65305	380	10.3	C	0	0	C	0													4716
158A	01-420	M	67115	438	10.2	C	0	0	C	0													4176
160A	02-420	M	67117	437	9.9	C	0	0	C	0													4174
162E	03-420	F	67122	436	10.2	C	0	0	C	0													4169

UCI/KG: KG REFERS TO TOTAL BODY WEIGHT.

DOSE RATE: DAYS REFERS TO DAYS AFTER 90SRCL2 INHALATION.

COMMENT: D,E,OR S: DIED,EUTHANIZED,OR SACRIFICED WITH THE MOST PROMINENT FEATURES ASSOCIATED WITH DEATH.

+ DIED BEFORE POTENTIAL INFINITE DOSE RECEIVED.

NOTES:

- DOG 160B: E-OSTEOSARCOMA RIBS; HEMANGIOSARCOMA SCAPULA
- DOG 26F: E-OSTEOSARCOMA VERTEBRA; HEMANGIOSARCOMA RIB; MANDIBLE
- DOG 30C: E-HISTIOCYTIC LYMPHOMA - CUTANEOUS
- DOG 30E: D-TRANSITIONAL CELL CARCINOMA URINARY BLADDER
- DOG 30A: E-EPIDERMAL CYST SKULL; ENCEPHALOMALACIA
- DOG 31A: D-ARTERIOSCLEROSIS; MYOCARDIAL INFARCTS; HYPOTHYROIDISM

(DATA ARE FROM LF-60, 1978 AND REPRESENT AN UPDATE OF DATA FROM B.A. MUGGENBURG ET AL., 1978.) SEE REFERENCE #40

A3.1 TOXICITY OF INHALED 90-SRCL2 IN BEAGLE DOGS (CONT'D).

UCI	L.Y.R.B.		UCI/KG	RADIATION DOSE TO SKELETON								DEATH DAYE	DAYS		COMMENT
				RATE (RAUS/DAY)				CUMULATIVE (RAOS)					9-30	DEATH	
				INITIAL	730 DAYS	9-30 1978	POTENT.AT 5000 D	AT DEATH	730 DAYS	9-30 1978	POTENT.TO 5000 D		TO DEATH	1978	
0	C		0									77357	4508	E-MAM.ADENOCARC. THYROID CARC.	
0	C		0									4789			
0	C		0									4763			
0	C		0									75045	3439	E-SEE NOTE AT END	
0	C		0									74008	3023	D-SEE NOTE AT END	
0	C		0									77125	4236	E-LYMPHOMA	
0	C		0									4749			
0	C		0									74030	3012	D-ASPIRATION PNEUMONIA	
0	C		0									75307	3034	D-MAMMARY ADENOCARCINOMA	
0	C		0									4716			
0	C		0									4176			
0	C		0									4174			
0	C		0									4169			

ALATION.
D WITH THE MOST PROMINENT

CAPULA
A RIB; MANDIBLE
LADDER
HYPOTHYROIDISM

E OF DATA FROM

POOR ORIGINAL

A3.2 TOXICITY OF INHALED 144-CECL3 IN BEAGLE DOGS (CONT'D).

NUMBER	INHALATION EXP.						L.T.R.B.	I.B.B.	RADIATION DOSE TO TISSUE												DAYS				
	TTDD	RADIO	SEX	DATE	AGE	WT			LUNG				LIVER				SKELETON				9-30	DEATH			
									UCI	KG	UCI	KG	365	730	TOTAL	TO	365	730	TOTAL	TO			365	730	TOTAL
50F	01-298	F	66020	415	8.3	51	4.2	35	13	350	370	360	360	550	780	920	920	160	240	280	280	74038	2940		
49E	02-295	F	66014	408	9.1	52	3.9	36	15	310	340	350	350	520	720	860	860	150	220	260	260	75213	3486		
51A	02-298	M	66020	407	11.1	53	3.6	40	8.6	280	320	320	320	480	670	790	790	140	200	240	240	74309	3211		
50D	02-297	F	66018	411	6.9	54	2.9	20	13	230	260	260	260	380	540	640	640	110	160	190	190	76358	3992		
49G	01-296	F	66017	411	8.4	55	2.6	21	7.5	210	250	230		340	480	570		100	150	170					
49C	01-300	M	66013	407	8.7	C	0	0	0														4639		
50C	02-300	F	66017	414	9.1	C	0	0	0														74156	3065	
51C	03-300	M	66021	408	10.4	C	0	0	0														4639		
51E	04-300	F	66021	408	8.4	C	0	0	0														76103	3734	
52A	05-300	M	66021	405	8.5	C	0	0	0														4635		
53A	01-310	F	66024	415	9.3	C	0	0	0														76189	3820	
53D	02-310	F	66024	415	8.1	C	0	0	0														4632		
54C	03-310	F	66027	415	9.2	C	0	0	0														78073	4432	
56A	04-310	M	66034	403	11.8	C	0	0	0														7629		
60A	01-327	F	66075	425	10.1	C	0	0	0														4622		
61C	02-327	F	66080	413	10.0	C	0	0	0														4581		
62A	03-327	M	66080	402	13.2	C	0	0	0														4576		
153D	01-412	F	67094	437	9.3	C	0	0	0														73068	2545	
156E	02-412	F	67094	425	6.7	C	0	0	0														67243	149	
197B	01-465	M	67289	410	9.0	C	0	0	0														67243	149	
198C	02-465	F	67289	410	9.0	C	0	0	0															4002	
201A	03-465	M	67289	391	12.6	C	0	0	0															4002	

UCI/KG: KG REFERS TO TOTAL BODY WEIGHT.
 DOSE RATE: DAYS REFER TO DAYS AFTER INHALATION EXPOSURE.
 COMMENT: D,E,OR S: DIED,EUTHANIZED,OR SACRIFICED WITH THE MOST PROMINENT
 FEATURES ASSOCIATED WITH DEATH.
 + DIED BEFORE POTENTIAL INFINITE DOSE RECEIVED.

NOTES:

DOG 60B: E-SQUAMOUS CARCINOMA NASAL CAVITY; PULMONARY ADENOMA
 DOG 66B: E-SQUAMOUS CELL CARCINOMA NASAL CAVITY; BRONCHOGENIC ADENOCARCINOMA
 DOG 55D: E-INTERVERTEBRAL DISC DISEASE; THYROID AND ADRENAL CARCINOMA
 DOG 57C: E-SQUAMOUS CELL CARCINOMA-NASAL AND SINUSOIDAL CAVITY
 DOG 49A: D-MALIGNANT MELANOMA; SOFT PALATE
 DOG 50D: D-CONGESTIVE HEART FAILURE; CHRONIC INTERSTITIAL NEPHRITIS

(DATA ARE FROM LF-60, 1978 AND REPRESENT AN UPDATE OF DATA FROM
 B.S. MERICKEL ET AL., 1978.) SEE REFERENCE #35

A3.2 TOXICITY OF INHALED 144-CECL3 IN BEAGLE DOGS (CONT'D).

No.	I.B.B.	RADIATION DOSE TO TISSUE														DAYS		COMMENT
		LUNG				LIVER				SKELETON				9-30				
		CUMULATIVE (RADS)				CUMULATIVE (RADS)				CUMULATIVE (RADS)				1978	DEATH			
UCI	KG	DAYS	TOTAL	TO DEATH	DAYS	DAYS	TOTAL	TO DEATH	DAYS	DAYS	TOTAL	TO DEATH	DATE	1978	DEATH			
35	13	330	370	380	380	550	780	920	920	160	240	280	280	74038	2940	D-MYELOMALACIA		
36	10	310	340	350	350	520	720	860	860	150	220	260	260	75213	3486	D-PULMONARY EDEMA		
40	8.6	280	320	320	320	480	670	790	790	140	200	240	240	74309	3211	D-CONGESTIVE HEART FAILURE		
20	13	230	260	260	260	380	540	640	640	110	160	190	190	76358	3992	D-SEE NOTE AT END		
22	7.5	210	230	230	230	340	480	570	570	100	150	170	170					
0	0														4639			
0	0														74156	3065	D-ASPIRATION PNEUMONIA	
0	0														4639			
0	0													76103	3734	D-ACCIDENTAL DEATH		
0	0														4635			
0	0													76189	3820	D-RENAL AMYLOIDOSIS; UREMIA		
0	0														4632			
0	0													78073	4432	E-SPINAL CORD DEGENERATION L3-L5		
0	0														4629			
0	0														4622			
0	0														4581			
0	0														4576			
0	0													73068	2545	E-THYROID CARCINOMA		
0	0													67243	149	S-		
0	0													67243	149	S-		
0	0														4002			
0	0														4002			
0	0														4002			

EXPOSURE.
 CED WITH THE MOST PROMINENT

PULMONARY ADENOMA
 Y: BRONCHOGENIC ADENOCARCINOMA
 D AND ADRENAL CARCINOMA
 ENUSOIDAL CAVITY

INTERSTITIAL NEPHRITIS

DATE OF DATA FROM

POOR ORIGINAL

A3.3 TOXICITY OF INHALED 91-YCL3 IN BEAGLE DOGS

RADIATION DOSE TO TISSUE

LINK	I.L.B.		I.B.B.		LUNG		LIVER		SKELETON		9-30		DEATH	COMMENT		
	UCI	KG	UCI	KG	30	120	30	120	30	120	1978	1979				
	UCI	KG	UCI	KG	DAYS	TOTAL	DAYS	TOTAL	DAYS	TOTAL	DATE	DATE				
1	540	5100	1300	1300	+	+	+	+	+	+	410	66352	12	D-HEMATOLOGICAL DYSCRASTIA		
2	300	3000	750	2500	+	+	+	+	+	+	800	66353	20	D-HEMATOLOGICAL DYSCRASTIA		
3	290	2300	780	2500	+	+	+	+	+	+	670	66343	17	D-HEMATOLOGICAL DYSCRASTIA		
4	250	2100	550	2400	+	+	+	+	+	+	730	66357	22	D-HEMATOLOGICAL DYSCRASTIA		
5	250	2300	430	2500	+	+	+	+	+	+	860	66354	28	D-HEMATOLOGICAL DYSCRASTIA		
6	240	1600	720	2300	+	+	+	+	+	+	670	66354	21	D-HEMATOLOGICAL DYSCRASTIA		
7	240	2600	890	3300	+	+	+	+	+	+	2900	72143	2012	E-SQUAM.CELL CARC. NASAL CAVITY		
8	220	1800	550	3300	2400	3000	3100	3300	3100	3300	840	2100	4334			
9	220	1800	550	3300	2400	3000	3100	3300	3100	3300	840	2100	4334			
10	220	1800	510	3100	2400	2800	3100	3100	2800	2800	760	1900	2600			
11	200	1900	630	2000	+	+	+	+	+	+	230	66358	23	E-HEMATOLOGICAL DYSCRASTIA		
12	200	1800	450	2900	+	+	+	+	+	+	620	67170	24	D-HEMATOLOGICAL DYSCRASTIA		
13	160	1700	540	2400	1800	2300	2400	2400	2300	2300	610	1500	4138	E-SQUAM.CEL. CARC. NASAL CAVITY		
14	160	1000	710	2400	1800	2300	2400	2400	2300	2300	610	1500	2567	E-VISCERAL LYMPHOMA		
15	150	1300	460	2000	1700	2200	2300	2300	2100	2100	570	1400	3692	E-RIGHT HEART FAILURE		
16	140	1100	340	1500	1500	1900	2000	2000	1800	1800	530	1300	4324	E-NEPHROSCLEROSIS		
17	130	1800	550	2000	1400	1800	2000	2000	1700	1700	490	1200	4086	D-EPILEPTIC SEIZURE		
18	110	1100	280	1500	1200	1500	1700	1700	1400	1400	420	1100	473	D-EPILEPTIC SEIZURE		
19	100	610	140	1400	1100	1400	1400	1400	1300	1300	380	960	225A	D-MAST CELL SARCOMA		
20	94	730	170	1000	900	1100	1400	1400	900	900	360	800	4119			
21	92	880	190	1000	800	1000	1400	1400	800	800	350	800	4125			
22	90	820	220	1200	900	1100	1400	1400	800	800	340	860	4138			
23	82	750	220	1000	800	1000	1100	1100	700	700	310	790	4138			
24	73	820	180	950	740	950	1000	1000	650	650	280	700	4125			
25	68	600	180	1000	740	950	1000	1000	260	260	260	630	3352	E-SEE NOTE AT END		
26	66	650	230	720	660	860	940	940	230	230	230	630	4302			
27	62	600	250	660	640	810	890	890	240	240	240	600	4119			
28	60	550	240	640	640	810	890	890	230	230	230	580	364	U-EPILEPTIC SEIZURE		
29	58	600	240	640	640	810	890	890	220	220	220	560	4115	E-CHEMOECTOMA		
30	53	380	120	540	570	720	790	790	200	200	200	510	4131			
31	52	370	130	570	570	720	790	790	190	190	190	490	4119			
32	51	450	200	560	560	710	770	770	190	190	190	490	4133			
33	51	540	130	560	560	710	770	770	180	180	180	460	3614	D-DISSEMINATED MAMMARY CARCINOMA		
34	48	310	140	520	520	670	740	740	220	220	220	440	4097	E-AMELOANTIC MELANOSARCOMA - MOUTH		
35	46	380	92	510	510	650	700	700	220	220	220	420	3887	D-AUTOIMMUNE HEMOLYTIC ANEMIA		
36	44	400	60	480	480	610	670	670	170	170	170	420	266*	D-GLOMERULONEPHRITIS RENAL FAIL.		
37	43	400	130	470	470	600	660	660	160	160	160	410	4147			
38	41	320	150	440	440	570	620	620	150	150	150	380	4121			
39	40	320	94	430	430	560	610	610	120	120	120	300	4135			
40	31	350	64	340	340	430	470	470	61	61	61	150	4140			
41	16	97	85	180	180	230	240	240	76	76	76	130	4138			
42	14	140	64	150	150	190	220	220	53	53	53	130	4138			
C	0	0	0	0	0	0	0	0	0	0	0	0	77203	3705	E-DISSEMINATED MAMMARY CARCINOMA	
C	0	0	0	0	0	0	0	0	0	0	0	0	4140			
C	0	0	0	0	0	0	0	0	0	0	0	0	4140			
C	0	0	0	0	0	0	0	0	0	0	0	0	4334			
C	0	0	0	0	0	0	0	0	0	0	0	0	4321			
C	0	0	0	0	0	0	0	0	0	0	0	0	73205		2241	D-SUPPURATIVE PLEURITIS

1061 029

43.3 TOXICITY OF INHALED 91-YCL3 IN BEAGLE DOGS (CONT'D).

NUMBER		INHALATION EXP				I.L.B.		I.B.B.		RADIATION DOSE TO TISSUE												DEATH		DAYS							
		TT00	RAD810	SEX	DATE	AGE	WT	UCI	KG	UCI	KG	LUNG				LIVER				SKELETON				DATE	DATE	9-30	DEATH				
											30	120	TOTAL	TO	30	120	TOTAL	TO	30	120	TOTAL	TO	DEATH	DATE	DATE	1978	DEATH				
											DAYS	DAYS			DAYS	DAYS			DAYS	DAYS											
167E	02-441	F	67156	413	10.3	C	0	0	0	0																					
171D	03-441	F	67163	405	7.8	C	0	0	0	0																					
174D	04-441	F	67166	390	13.1	C	0	0	0	0																					
176B	05-441	M	67195	389	10.4	C	0	0	0	0																					

UCI/KG: KG REFERS TO TOTAL BODY WEIGHT.

COMMENT: D,E,OR S: DIED,EUTHANIZED,OR SACRIFICED WITH THE MOST PROMINENT FEATURES ASSOCIATED WITH DEATH.

+ DIED BEFORE POTENTIAL INFINITE DOSE RECEIVED.

NOTES:

DOG 134C: SQUAMOUS CELL CARCINOMA, NASAL CAVITY; HEMANGIOSARCOMA, UNDETERMINED SITE

(DATA ARE FROM LF-60,1978 AND REPRESENT AN UPDATE OF DATA FROM B.A. MUGGENBURG ET AL., 1978.) SEE REFERENCE #41.

1061 030

43.3 TOXICITY OF INHALED 91-TcL3 IN BEAGLE DOGS (CONT'D).

I.B.B.		RADIATION DOSE TO TISSUE												DAYS		COMMENT
UCI	KG	LUNG				LIVER				SKELETON				9-30 1978	DEATH	
		30 DAYS	120 DAYS	TOTAL	TO DEATH	30 DAYS	120 DAYS	TOTAL	TO DEATH	30 DAYS	120 DAYS	TOTAL	TO DEATH			DATE
0	0															
0	0													78187		
0	0													78107		
0	0													4096	4042	D-LIVER CONG.; CONG. HEART FAILURE
															3959	E-GASTROENTERITIS

D WITH THE MOST PROMINENT

HEMANGIOSARCOMA.

OF DATA FROM

1.

A3.4 TOXICITY OF INJECTED 137-CSCL IN BEAGLE DOGS

NUMBER	INJECTION EXP			AGE			INITIAL BODY BURDEN			RADIATION DOSE TO WHOLE BODY						TO DEATH DAYS		
	SEX	BLK	DATE	DAYS	WT KG	RANK	UCI KG	UCI	DOSE RATE (RADS/DAYS)			CUMULATIVE (RADS)						
									30 DAYS	180 DAYS	365 DAYS	AT DEATH	30 DAYS	180 DAYS	365 DAYS			
2100	F	F	68350	421	7.2	1	4000	29000	72									
2710	F	A	68164	402	8.8	2	3900	34000	72									
2448	M	A	68165	419	8.2	3	3900	32000	71									
241F	F	B	68350	405	9.4	4	3600	36000	69									
273A	M	E	68215	422	10.1	5	3600	36000	68									
2490	M	D	68214	393	9.5	6	3500	33000	65									
253C	F	C	68554	392	7.1	7	3000	21000	54									
277F.	F	H	69028	394	8.5	8	2900	25000	52									
254B	M	I	69028	402	7.6	9	2900	22000	53									
282C	F	J	69052	429	7.9	10	2900	23000	53									
280C	F	L	69052	377	8.5	11	2900	25000	52									
292A	M	K	68165	419	8.6	12	2800	24000	52									
241G	F	B	68214	428	7.9	13	2800	22000	51									
247E	F	C	68350	435	7.4	14	2800	23000	51									
266C	M	E	68350	405	8.3	15	2800	23000	51									
275E	F	F	68164	392	9.1	16	2700	25000	51									
245B	M	G	68354	383	8.1	17	2700	22000	48									
279D	M	A	68164	403	7.5	18	2600	25000	48									
248A	M	D	68215	428	9.6	19	2100	16000	37									
244E	F	B	68165	403	7.8	20	2100	16000	37									
266D	F	F	68350	435	7.8	21	2000	16000	36									
279B	M	G	68354	383	9.9	22	2000	16000	36									
275E	F	H	68354	410	7.8	23	2000	16000	37									
283D	F	J	69028	423	8.8	24	2000	18000	37									
292C	F	L	69052	377	9.0	25	1900	17000	36									
241A	M	A	68164	418	10.0	26	1900	19000	35									
271A	M	E	68350	421	9.8	27	1900	19000	35									
283A	M	I	69028	423	11.2	28	1900	21000	35									
291A	M	K	69052	382	10.8	29	1800	17000	34									
253B	F	C	68214	393	9.7	30	1800	17000	34									
247A	M	D	68215	429	9.8	31	1600	11000	28									
244C	M	A	68164	402	6.7	32	1600	11000	28									
280D	F	J	69028	405	6.8	33	1500	14000	27									
279A	M	G	68354	383	9.5	34	1500	13000	26									
278F	F	H	68354	391	8.4	35	1500	13000	27									
286D	F	L	69052	417	8.8	36	1400	13000	26									
241E	F	B	68165	415	9.4	37	1400	13000	26									
26--	F	E	68350	435	11.2	38	1400	13000	26									
26	F	F	68350	433	11.0	39	1400	13000	26									
289D	M	I	69028	376	9.7	40	1300	11000	25									
247C	M	D	68215	429	8.8	41	1200	9200	22									
291C	M	K	69052	382	7.7	42	1200	9200	22									
252C	F	C	68214	407	9.3	43	1100	11000	20									
244F	F	B	68165	403	5.8	44	1100	10000	21									
278B	M	G	68354	391	9.5	45	1000	9800	19									
241B	M	A	68164	418	9.8	46	1000	9800	19									
273F	F	F	68350	405	8.4	47	1000	10000	19									
278D	F	H	68354	391	10.3	48	1000	8400	19									
281C	F	J	69028	404	8.4	49	940	9200	17									
281B	F	L	69052	428	9.6	50	920	9700	17									
285A	M	I	69028	393	10.5	50	920	9700	17									

43.4 TOXICITY OF INJECTED 137-CSCL IN BEAGLE DOGS

EXP	AGE DAYS	WT KG	INITIAL BODY BURDEN			DOSE RATE (RADS/DAYS)				RADIATION DOSE TO WHOLE BODY				DEATH DATE	DEATH DAYS	COMMENT
			RANK	UCI MG	UCI	30 DAYS	180 DAYS	365 DAYS	AT DEATH	30 DAYS	180 DAYS	365 DAYS	TO DEATH			
350	421	7.2	1	4000	29000	72										
164	402	8.8	2	3900	34000	72										
165	419	8.2	3	3900	32000	71										
350	405	9.4	4	3800	36000	69										
215	422	10.1	5	3600	37000	68										
214	393	9.5	6	3500	33000	65										
354	392	7.1	7	3000	21000	54		.20								
328	394	8.5	8	2900	25000	52		.20								
328	402	7.6	9	2900	22000	53		.59								
352	429	7.9	10	2900	25000	53										
352	377	8.5	11	2900	25000	52		.30								
165	419	8.6	12	2800	24000	51										
214	428	7.9	13	2800	22000	51										
350	435	7.4	14	2800	21000	50		.25								
350	405	8.3	15	2800	23000	51		.75								
164	392	9.1	16	2700	25000	51										
354	383	8.1	17	2700	22000	48		.50								
215	428	9.6	18	2600	25000	48		.30								
165	403	7.5	19	2100	16000	37		.33								
330	435	7.8	20	2100	16000	37		.20								
354	383	9.9	21	2000	20000	36		.60								
328	410	7.8	22	2000	16000	37		.20								
328	423	8.8	23	2000	18000	37		.25								
352	377	9.0	24	1900	17000	36		.40								
164	418	10.0	25	1900	19000	36										
350	421	9.8	26	1900	19000	35		.40								
328	423	11.2	27	1900	21000	35		.30								
352	382	10.8	28	1900	20000	35		.28								
215	393	9.7	29	1800	17000	34		.40								
164	429	9.8	30	1800	18000	34		.60								
164	402	6.7	31	1600	11000	28		.13								
328	405	6.8	32	1600	11000	28		.25								
354	383	9.5	33	1500	11000	27		.11								
354	391	8.4	34	1500	13000	26		.30								
352	417	8.8	35	1500	13000	27		.22								
165	419	9.4	36	1400	13000	26		.50								
330	435	11.2	37	1400	14000	26		.60								
330	433	11.0	38	1400	13000	26		1.4								
328	376	9.7	39	1400	14000	26		.30								
315	429	8.8	40	1300	11000	25		.18								
352	382	7.7	41	1200	9200	22		.41								
214	407	9.3	42	1200	11000	21		.25								
165	403	5.8	43	1100	6400	20		.83								
354	391	9.5	44	1100	10000	21		.20								
164	418	9.8	45	1000	9800	19		.13								
354	405	8.4	46	1000	8400	19		.45								
354	391	10.3	47	1000	10000	19		.13								
226	404	8.4	48	1000	8400	19		.15								
352	423	9.8	49	940	9200	17		6.5								
328	393	10.5	50	920	9700	17		6.3								

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A3.4 TOXICITY OF INJECTED 137-CSCL IN BEAGLE DOGS (CONT'D).

TTQD	NUMBER	RADIO	INJECTION EXP			INITIAL BODY BURDEN				RADIATION DOSE TO WHOLE BODY					DEATH DATE	DEATH DATE	DAYS				
			SEX	BLK	DATE	AGE DAY	WT KG	RANK	UCI		DOSE RATE (RADS/DAYS)			CUMULATIVE (RADS)							
									KG	UCI	INITIAL	30 DAYS	180 DAYS	365 DAYS				AT DEATH	30 DAYS	180 DAYS	365 DAYS
287A	04-567	M	K	69052	410	10.2	51	900	9200	17	8.0	.28	.007		360	670	690	690	75332	1978	24
249C	02-540	M	D	68215	422	8.8	52	900	7900	17	8.6	.22	.002		340	700	710				3711
266A	03-558	M	E	68330	435	9.1	53	890	8100	16	7.9	.15	.004		330	630	640				3596
248C	02-549	F	C	68214	427	8.3	54	880	7300	16	7.6	.11	.002		330	610	610				3712
241C	01-522	M	A	68164	418	9.7	C	0	0												3762
244D	01-523	F	B	68165	403	7.2	C	0	0												70081
251D	01-539	F	C	68214	408	6.8	C	0	0												3712
247B	01-540	M	D	68215	429	9.4	C	0	0												3711
270B	01-558	M	E	68330	423	8.4	C	0	0												3596
267D	02-558	F	F	68330	435	7.4	C	0	0												3596
277A	02-560	M	G	68354	392	9.4	C	0	0												
274E	01-560	F	H	68354	419	7.1	C	0	0												75239
282A	01-562	M	I	69028	402	8.6	C	0	0												77154
263C	02-562	F	J	69028	395	8.8	C	0	0												3552
286C	01-567	M	K	69052	417	8.4	C	0	0												3532
282D	02-567	F	L	69052	426	6.9	C	0	0												78030

UCI/KG: KG REFERS TO TOTAL BODY WEIGHT.

DOSE RATE: DAYS REFER TO DAYS AFTER INJECTION EXPOSURE.

COMMENT: D,E,OR S: DIED,EUTHANIZED,OR SACRIFICED WITH THE MOST PROMINENT FEATURES ASSOCIATED WITH DEATH.

NOTES:

DOG 282C: E-DEGENERATIVE ARTHRITIS; PNEUMONIA; NECROTIC PHARYNGITIS
 DOG 266C: D-ASPIRATION PNEUMONIA; NECROTIC PHARYNGITIS
 DOG 248A: D-SQUAMOUS CELL CARCINOMA; MAXILLARY SINUS
 DOG 266D: D-CONGESTIVE HEART FAILURE; PULMONARY EDEMA
 DOG 267A: E-BRAIN EDEMA; UNCERTAIN ORIGIN
 DOG 244D: D-AUTOIMMUNE HEMOLYTIC ANEMIA; BACTERIAL ENDOCARDITIS

(DATA ARE FROM LF-60, 1978 AND REPRESENT AN UPDATE OF DATA FROM
 C. HANIKA-REBAR ET AL., 1978.) SEE REFERENCE #20

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AS.4 TOXICITY OF INJECTED ¹³⁷CSCL IN BEAGLE DOGS (CONT'D).

AL	BODY BURDEN		RADIATION DOSE TO WHOLE BODY								DEATH			COMMENT
			DOSE RATE (RADS/DAYS)				CUMULATIVE (RADS)				DATE	DAYS		
			INITIAL	DAYS	DAYS	DAYS	AT DEATH	30 DAYS	180 DAYS	365 DAYS		TO DEATH	1978	
K	UCI	UCI												
1	900	9200	17	8.0	.28	.007	368	670	690	690	75332	3711	2471	E-NEUROFIBROSARCOMA LIVER
2	900	7900	17	8.6	.22	.002	343	700	710		3711			
3	890	8100	16	7.9	.15	.004	330	630	640		3596			
4	880	7300	16	7.6	.11	.002	330	610	610		3712			
C	0	0									3762			
C	0	0									70081	647	D-SEE NOTE AT END	
C	0	0									3712			
C	0	0									3711			
C	0	0									3596			
C	0	0									3596			
C	0	0									75239	2442	D-RENAL AMYLOIDOSIS	
C	0	0									77154	3088	D-MAMMARY CARCINOMA	
C	0	0									3532			
C	0	0									3532			
C	0	0									3508			
C	0	0									78030	3265	E-RENAL FAILURE-UREMIA	

POSURE.
D WITH THE MOST PROMINENT

NECROTIC PHARYNGITIS
YNGITIS
SINUS
EDEMA
AL ENDOCARDITIS

OF DATA FROM

A4.1 SIXTY-DAY MORTALITY OF BEAGLE DOGS AFTER WHOLE-BODY EXPOSURE TO 1000-KVP X-RAYS

DOSE (R)	DOSE RATE (R/MIN)	NUMBER DEAD IN 60 DAYS	NUMBER EXPOSED
215	50-65	1	7
230	50-65	3	7
280	50-65	5	7
800	50-65	4	4
1000	50-65	4	4
1500	50-65	4	4
1750	50-65	1	1
2000	50-65	1	1

(DATA FROM C.L. HANSEN ET AL., 1961.)
SEE REFERENCE #21.

A4.2 SIXTY-DAY MORTALITY OF BEAGLE DOGS AFTER BILATERAL WHOLE-BODY EXPOSURE TO 1000-KVP X-RAYS

DOSE (R)	DOSE RATE (R/MIN)	NUMBER DEAD IN 60 DAYS	NUMBER EXPOSED
150	50-65	0	5
225	50-65	1	5
260	50-65	2	13
280	50-65	3	7
300	50-65	2	6
325	50-65	5	6
340	50-65	5	7
400	50-65	5	6

(DATA FROM S.M. MICHAELSON ET AL., 1968.)
SEE REFERENCE #38.

A4.3 THIRTY-DAY MORTALITY OF MONGREL DOGS AFTER BILATERAL WHOLE-BODY EXPOSURE TO 60-CO-GAMMA RAYS

DOSE (R)	DOSE RATE (R/MIN)	NUMBER DEAD IN 30 DAYS	MEAN NUMBER EXPOSED	SURVIVAL (DAYS)±SE
292	6	2	10	24.5±1.8
336	6	5	10	18.2±1.1
385	6	9	10	17.8±0.9
436	6	10	10	14.9±0.8

(DATA FROM J.N. SHIVELY ET AL., 1958.) SEE REFERENCE #53.

A4.4 THIRTY-DAY MORTALITY OF MONGREL DOGS AFTER BILATERAL WHOLE-BODY EXPOSURE TO 60-CO-GAMMA RAYS

DOSE (R)	DOSE RATE (R/MIN)	NUMBER DEAD IN 30 DAYS	MEAN NUMBER EXPOSED	SURVIVAL (DAYS)+-SE
292	6	2	10	19.0+-2.0
320	6	6	12	20.5+-1.2
370	6	6	12	15.8+-1.3
420	6	9	12	18.0+-1.8

(DATA FROM J.N. SHIVELY ET AL., 1961.) SEE REFERENCE #54.

A4.5 THIRTY-DAY MORTALITY OF SWISS WEBSTER MICE AFTER WHOLE-BODY EXPOSURE TO 260-KVP X-RAYS

DOSE (R)	DOSE RATE (R/MIN)	NUMBER DEAD IN 30 DAYS	MEAN NUMBER EXPOSED	SURVIVAL (DAYS)+-SE
500	50	10	23	12.5+-2.96
550	50	10	15	10.4+-1.04
600	50	11	24	11.0+-1.31
650	50	9	9	9.9+-1.17
710	50	19	24	8.1+-0.72
750	50	29	30	8.8+-0.89
800	50	23	25	9.1+-0.62
850	50	10	10	8.7+-0.45
900	50	16	17	9.23+-0.66
950	50	10	10	8.95+-0.52
1000	50	13	14	7.8+-0.47
1250	50	8	8	3.9+-0.23
1500	50	10	10	3.4+-0.10
1750	50	9	9	3.1+-0.07
2000	50	9	9	3.3+-0.13
2250	50	10	10	3.2+-0.07
2500	50	10	10	3.0+-0.06
2750	50	10	10	3.1+-0.08
3000	50	10	10	3.4+-0.06

(DATA FROM B.R. WILSON, 1963.) SEE REFERENCE #65.

A4.6 THIRTY-DAY MORTALITY OF BEAGLE DOGS AFTER
WHOLE-BODY EXPOSURE TO 60-CO-GAMMA RAYS

DOSE (R)	DOSE (RADS)	NUMBER DEAD IN 30 DAYS	NUMBER EXPOSED	MEAN SURVIVAL TIME (DAYS)
275	214	1	8	29
300	234	2	8	23
325	254	5	19	22
340	265	7	8	19
350	273	9	9	17
365	285	9	9	17

(DATA FROM W.P. NORRIS ET AL., 1965.) SEE REFERENCE #43.

A4.7 THIRTY-DAY MORTALITY OF (CF#1) MICE AFTER WHOLE-BODY
EXPOSURE TO FISSION-SPECTRUM GAMMA RAYS

DOSE (RAD)	NUMBER DEAD IN 30 DAYS	NUMBER EXPOSED
706	16	25
728	21	25
790	15	15
814	14	15

(DATA FROM E.J. AINSWORTH ET AL., 1964.) SEE REFERENCE #1.

A4.8 THIRTY-SIX DAY MORTALITY IN MONKEYS AFTER
WHOLE-BODY EXPOSURE TO 60-CO-GAMMA RAYS

DOSE (R)	NUMBER DEAD IN 36 DAYS	NUMBER EXPOSED
250	0	5
300	0	6
380	0	6
450	1	8
500	5	10
600	6	10
700	7	9

(DATA FROM N.G. DARENSKAYA ET AL., 1977.)
SEE REFERENCE #8.

APPENDIX B

A. Publications

1. Scott, B. R., "Hazard-Function Method of Resolving Radiation Dose-Response Curves, Health Physics, 36: 323-332, 1979.
2. Scott, B. R., "Resolution of Radiation Dose Response Relationships: Hazard Method," Radiation Research 74: 535, 1978 (abstract).
3. Scott, B. R., "A Model for Early Death Caused by Radiation Pneumonitis and Pulmonary Fibrosis After Inhaling Insoluble Radioactive Particles," submitted to Bulletin of Mathematical Biology, accepted for publication.
4. Scott, B. R., "Proposed Estimates of the Probability of Inducing Pulmonary Injury Sufficient to Cause Death from Radiation Pneumonitis and Pulmonary Fibrosis after Briefly Inhaling a Mixture of Insoluble Beta-Emitting Particles," submitted to Radiation Research.

B. Presentations

1. Scott, B. R., "Resolution of Radiation Dose-Response Relationships: Hazard Method," Radiation Research Society Annual Meeting, Toronto, Ontario, May 14-18, 1978.

APPENDIX C

Personnel

Scientific Staff

B. B. Boecker, PhD	Radiobiologist
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Such a listing is rarely comprehensive in acknowledging all the individuals who have made important contributions to the research that has been performed. Included in the unnamed category are many other highly skilled technical, computer, administrative, secretarial and editorial personnel whose efforts are essential to the conduct of a study such as this.

NRC FORM 335 (7-77)		U.S. NUCLEAR REGULATORY COMMISSION BIBLIOGRAPHIC DATA SHEET		1. REPORT NUMBER (Assigned by DDC) NUREG/CR-0774	
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7. AUTHOR(S) F. F. Hahn, Project Coordinator				3. RECIPIENT'S ACCESSION NO. LF-64	
9. PERFORMING ORGANIZATION NAME AND MAILING ADDRESS (include Zip Code) Inhalation Toxicology Research Institute Lovelace Biomedical & Environmental Research Institute P.O. Box 5890 Albuquerque, New Mexico 87115				5. DATE REPORT COMPLETED MONTH: April YEAR: 1979	
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15. SUPPLEMENTARY NOTES				11. CONTRACT NO. EY-76-C-04-1013	
16. ABSTRACT (200 words or less) Several studies have been made of early deaths that might occur in a population exposed to a cloud of radionuclides released in a major nuclear accident. The resulting mortality analyses were oriented to specific accident scenarios. A more flexible model was desired that could be used for a variety of scenarios involving different proportions of irradiation from external sources and internally-deposited beta and alpha-emitting radionuclides. Phase I of this report involved an extensive review and analysis of the early mortality data currently in existence. Computerized simulation models based on the GASP IV simulation language were derived to compute the doses to different body organs and project the subsequent occurrence of radiation effects. Relationships between absorbed doses and biological effects were determined using a hazard function method. These formulations make it possible to add the expected frequency of effects from external irradiation with low LET and high LET internal irradiation of different organs without using any RBE values. These Phase I models give better predictions of the mortality seen in several studies with laboratory animals than do other existing models. Important gaps in our knowledge relating to these models have been identified for additional study in Phase II of this work.				14. (Leave blank)	
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