Disposition and Metabolism of 2,3-[14C]Dichloropropene in Rats after Inhalation

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Inhalation Toxicology Research Institute, Lovelace Biomedical and Environmental Research Institute, P.O. Box 5890, Albuquerque, New Mexico 87185, and *National Institute of Environmental Health Sciences, Research Triangle Park, North Carolina 27709

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Disposition and Metabolism of 2,3-[14C]Dichloropropene in Rats after Inhalation. BOND. J. A., MEDINSKY, M. A., DUTCHER, J. S., HENDERSON, R. F., CHENG, Y. S., MEWHINNEY, J. A., AND BIRNBAUM, L. S. (1985). Toxicol. Appl. Pharmacol. 78, 47-54. 2,3-Dichloropropene (2,3-DCP) is a constituent of some commercially available preplant soil furnigants for the control of plant parasitic nematodes. Human exposure potential exists during manufacture of the chemicals or during bulk handling activities. The purpose of this investigation was to determine the disposition and metabolism of 2,3-[14C]DCP in rats after inhalation. Male Fischer-344 rats were exposed nose-only to a vapor concentration of 250 nmol 2,3-[14C]DCP/ liter air (7.5 ppm; 25°C, 620 Torr) for 6 hr. Blood samples were taken during exposure, and urine, feces, expired air, and tissues were collected for up to 65 hr after exposure. Urinary excretion was the major route of elimination of ¹⁴C (55% of estimated absorbed 2,3-DCP). Half-time for elimination of 14 C in urine was 9.8 \pm 0.05 hr ($\bar{x} \pm$ SE). Half-time for elimination of ¹⁴C feces (17% of absorbed 2,3-DCP) was 12.9 \pm 0.14 hr ($\bar{x} \pm$ SE). Approximately 1 and 3% of the estimated absorbed 2.3-[14C]DCP were exhaled as either 2,3-[14C]DCP or 14CO₂, respectively. Concentrations of ¹⁴C in blood increased during 240 min of exposure, after which no further increases in blood concentration of ¹⁴C were seen. ¹⁴C was widely distributed in tissues analyzed after a 6-hr exposure of rats to 2,3-[14C]DCP. Urinary bladder (150 nmol/g), nasal turbinates (125 nmol/g), kidneys (84 nmol/g), small intestine (61 nmol/g), and liver (35 nmol/g) were tissues with the highest concentrations of ¹⁴C immediately after exposure. Over 90% of the ¹⁴C in tissues analyzed was 2,3-DCP metabolites. Half-times for elimination of ¹⁴C from tissues examined ranged from 3 to 11 hr. The data from this study indicate that after inhalation 2,3-DCP is metabolized in tissues and readily excreted. © 1985 Academic Press, Inc.

Dichloropropenes are used in combination with dichloropropane in the production of some commercially available preplant soil fumigants for the control of plant parasitic nematodes. The major constituents of these fumigants are *cis*-1,3 and *trans*-1,3 dichloropropene (1,3-DCP), which constitute nearly 60% of the total mass of the mixture (Nater and Gooskens, 1976). Smaller quantities (about 5%) of 2,3-dichloropropene (2,3-DCP) occur in these chemical mixtures. The 1978 US consumption of these fumigant mixtures

has been estimated as 1.8×10^{10} g. 2,3-DCP is also an intermediate in the production of the herbicide 2-chlorallyl diethyldithiocarbamate (SRI International, 1980). Dichloropropenes are also found in oil and fat solvents and in dry cleaning and degreasing processes (Windholz, 1976). Perhaps the greatest human exposure potential exists during manufacture of the chemicals or during bulk handling activities.

Very little work on 2,3-DCP has been reported. Similar to the 1,3-DCP isomers,

2,3-DCP is mutagenic in Salmonella typhimurium (De Lorenzo et al., 1977; Stolzenberg and Hine, 1980; Neudecker et al., 1980). Van Duuren et al. (1979) have demonstrated that cis-1.3-DCP was sarcomagenic after sc injection in mice. However, there are no data on the potential carcinogenicity of 2,3-DCP in laboratory animals. Studies (Medinsky et al., 1983; Dutcher et al., 1984) on the pathways of excretion of 2.3-DCP after po. ip, or inhalation administration have been reported. Oral or ip administration of 2.3-[14C]DCP results in approximately 70% of the radioactivity being excreted in urine, 17% in feces, and 8% as CO₂ (Medinsky et al., 1983, 1984). Following inhalation, routes of ¹⁴C excretion were independent of 2,3-DCP concentration, with 50% of the 14C excreted in urine, 13% in feces, and approximately 7% as CO₂ and <1% as 2,3-DCP in expired air. There has been no report on the disposition and metabolism of 2,3-DCP in tissues.

The purpose of this investigation was to determine the disposition and metabolism of 2,3-[¹⁴C]DCP in rats after inhalation. Excretion and tissue distribution of 2,3-[¹⁴C]DCP in rats after a 6-hr exposure to 2,3-[¹⁴C]DCP are reported. In addition, uptake of ¹⁴C was measured during the course of the inhalation exposure to 2,3-[¹⁴C]DCP. The results from this work indicate that 2,3-DCP is rapidly metabolized in tissues and excreted primarily in the urine.

METHODS

Chemicals. 2,3-[1,3-14C]Dichloro-1-propene (2,3-[14C]DCP; 3.2 μCi/μmol) was obtained from Midwest Research Institute, Kansas City, Missouri. 2,3-[14C]DCP was stored in tetraglyme (1 mCi/ml) at -196°C, and 0.1% of p-methoxyphenol was added as a free-radical inhibitor. Unlabeled 2,3-DCP (98% pure) was purchased from Aldrich Chemical Company, Milwaukee, Wisconsin and vacuum distilled before use. The radiochemical purity of the 2,3-[14C]DCP was 98% by reverse-phase high performance liquid chromatography with a 10-μm μBondapack C₁₈ column (Waters Associates, Milford, Mass.) and a 10 to 100% methanol:water gradient in 30 min at a flow rate of 1 ml/min. One-minute samples of

eluant were collected and counted on a liquid scintillation spectrometer (Packard Model 460CD).

Tetraethylammonium hydroxide (25% in water) was obtained from Eastman Kodak Company, Rochester, New York. Ethanolamine and 2-methoxyethanol were purchased from Fischer Scientific Company, Pittsburgh, Pennsylvania. Ready-Solv EP (liquid scintillation solution) was purchased from Beckman Instruments Company, Fullerton, California. Cab-O-Sil was purchased from Packard Instruments, Downers Grove, Illinois. T-61 (euthanasia solution; N-[2-(m-methoxy-phenyl)-2-ethylbutyl-(1)]- γ hydroxybutyramide, 4,4'-methylenebis(cyclohexyl-trimethylammonium iodide, and tetracaine hydrochloride) was obtained from American Hoechst Corporation, Somerville, New Jersey. All other chemicals were of the highest purity commercially available.

Animals. Male, specific pathogen-free, Fischer-344 rats (11 to 15 weeks, 200 to 250 g) were used in this study. The rats were born and raised in the Institute's barrier-maintained colony. Rats were housed two per polycarbonate cage with hardwood-chip bedding and filter caps. Animal rooms were maintained at $21 \pm 2^{\circ}$ C with a relative humidity of 20 to 50% and a 12-hr light:12-hr dark cycle, with light starting at 0600. Feed (Lab Blox, Allied Mills, Chicago, Ill.) and water from bottles with sipper tubes were provided ad libitum except during the inhalation exposure.

Exposure atmosphere. 2,3-[14C]DCP was generated using a J-tube vapor generator (Miller et al., 1980). The system consisted of a heat-taped J-tube (borosilicate glass), a temperature controller, and a syringe pump. The J-tube consisted of a column of 3-mm glass beads to increase contact between liquid 2,3-[14C]DCP and nitrogen carrier gas. The carrier gas flow rate was 1 liter/min, and the dilution air flow rate was 10 liter/min of filtered air. Preliminary studies indicated that no aerosol was formed in the chamber under these conditions.

A total of 51 rats were exposed nose-only (Raabe et al., 1973) for 6 hr to 250 nmol 2,3-[14C]DCP vapor/liter air (7.5 ppm, 25°C, 620 Torr). All rats were exposed at the same time between 0900 and 1000. Concentration of 2.3-I¹⁴ClDCP in the exposure chamber was continuously monitored by on-line infrared spectroscopy (Miran; Foxboro-Wilks, Norwald, Conn.), and radioanalysis and gas chromatographic analysis of air samples removed hourly from the exposure chamber during exposure. 2,3-[14CIDCP concentration was determined by drawing a portion of exposure atmosphere (0.5 liter/min) through a cartridge of Tenax-GC (250 mg) for 5 min. The 2,3-[14C]DCP was eluted from the cartridge with 5 ml pentane and quantified by liquid scintillation spectroscopy and gas chromatography (GOW-MAC series 750 FID gas chromatograph; detector-60°C; column-40°C; nitrogen carrier gas-20 ml/min). The concentration used in this study has previously been shown to be within the linear range of exposure concentrations (17 to 1650 nmol 2,3-DCP/liter air; 0.5-52 ppm, 25°C, 620 Torr)

in which absorption and excretion of inhaled 2,3-DCP were not saturated (Dutcher et al., 1984).

Approach to steady-state blood concentration and tissue concentrations at steady state and after of exposure. Twenty-one rats were exposed to 2,3-[14C]DCP for 10, 20, 40, and 60 min, and for 2, 4, and 6 hr. At the end of each time point, three rats were removed from the exposure chamber and immediately killed by an ip injection of 1 ml of T-61. Blood was drawn from each rat by cardiac puncture (2 ml) into heparanized vacuum tubes for analysis of 14C.

Twenty-six rats were exposed to 2,3-[¹⁴C]DCP for 6 hr and groups of two or three rats each were killed at 0, 0.5, 1.0, 2.0, 4.0, 8.0, 18, 24, 42, 48, and 65 hr after exposure. Rats were euthanized by ip injection of 1 ml of T-61, and the following tissues were removed for analysis of ¹⁴C: liver, brain, thyroid, larynx, spleen, thymus, kidneys, adrenals, stomach (emptied of contents), small intestine sample (emptied of contents), large intestine sample (emptied of contents), urinary bladder (emptied of contents), testes, perirenal fat sample, subcutaneous fat sample, muscle sample, bone (femur), pelt sample, heart, lung, and trachea.

Pathways of excretion. Immediately after a 6-hr exposure to vapors of 2,3-[14C]DCP, four rats were placed in glass metabolism cages (Stanford Glass, Palo Alto, Calif.) for collection of urine, feces, and expired air. Urine and feces were collected in glass containers on dry ice at 4, 7, 10, 15, 19, 24, 41, 48, and 65 hr after exposure. Expired air was pulled from each metabolism cage at a flow rate of 500 ml/min by a vacuum pump. The expired air passed through two cartridges, each containing 15 g of Tenax to remove 2,3-[14C]DCP and then through two bubblers each containing 200 ml of 5 M ethanolamine in 2-methoxyethanol for 14CO2 collection (Kornbrust and Bus, 1982). Samples were removed from each bubbler every hr for the first 4 hr, after which time solutions in the bubblers were sampled and changed at the times of the other excreta collections. Tenax cartridges were replaced every 24 hr. After the 65-hr collection period, the glass cages were washed with 25 ml of water to determine the amount of radioactivity remaining. After 65 hr, rats were killed by ip injection of T-61, and blood samples (2 ml) were obtained by cardiac puncture.

Excreta and tissue analysis. Samples of urine (250 µl) and ethanolamine (1 ml) from bubblers were added directly to liquid scintillation vials containing 10 ml of liquid scintillation solution for determination of ¹⁴C. Tenax cartridges were each extracted with 50 ml of pentane and a 1-ml aliquot of the extract added directly to liquid scintillation vials containing 10 ml of liquid scintillation solution. Samples of feces were weighed and added to cooled vials (methanol/ice slurry) that contained 5 ml of 1% Triton X-100. The vials were capped and feces allowed to solubilize overnight.

Duplicate samples (<300 mg) of the solubilized feces were digested overnight in 1 ml of tetraethylammonium

hydroxide containing 25% water. After digestion, samples were then neutralized with 1 ml of concentrated HCl, decolorized with 0.5 ml 30% H₂O₂, and allowed to sit overnight. Liquid scintillation solution (11 ml) containing 3 ml of a solution of 40 g/liter Cab-O-Sil was then added to the samples. Partially thawed carcasses were weighed, sliced into 3-cm pieces, and homogenized on ice in two vol of water. Duplicate samples of tissues and carcass (\sim 300 mg or less) or blood (<100 μ l) were placed in scintillation vials containing 1 ml of tetraethylammonium hydroxide. The vials were capped and allowed to digest overnight. After digestion, the vials were cooled (methanol/ice slurry), and 0.5 ml of concentrated HCl and 0.5 ml of 30% H₂O₂ were added to neutralize and decolorize the samples, respectively. Liquid scintillation solution (11 ml) containing 3 ml of a solution of 40 g/liter Cab-O-Sil was then added to the vials.

All samples (urine, feces, expired air, tissues, and carcass) were counted in a Packard Model 460C liquid scintillation spectrometer, with sufficient counts accumulated to give <5% error with a 95% confidence interval. Quench correction was determined using the automatic external standard method.

Quantitation of 2,3-[14C]DCP metabolites in excreta and tissues. Portions of urine, feces, and tissues (including blood) in which there was sufficient ¹⁴C (>1000 dpm/g) were analyzed to determine the portion of ¹⁴C that was due to 2,3-DCP or metabolites. Tissue samples were weighed and homogenized in 2 vol of ice-cold distilled water. One-half milliliter of this homogenate was removed and added to 2 ml of ice-cold acetonitrile. The sample was then shaken and centrifuged (1000g), and the supernatant fraction was removed and placed in an ice-cold sealed glass container. The pellet was resuspended in acetonitrile and extracted twice more with acetonitrile. Preliminary work using homogenized tissues spiked with known quantities of 2,3-[14C]DCP indicated that more than 95% of the 2,3-[14C]DCP was extracted by this method. The supernatant fractions from the three extractions were pooled and diluted with distilled water to a final concentration of 50% water:50% acetonitrile. This mixture was then placed onto a reverse phase Sep-Pak cartridge (C₁₈; Waters Assoc., Milford, Mass.), and the eluant was collected directly into liquid scintillation vials. Preliminary studies verified that more than 98% of 2.3-[14C]DCP added to a mixture of 50% water:50% acetonitrile was retained on the Sep Pak cartridge. Two milliliters of ice-cold acetonitrile was then placed onto the Sep Pak cartridge to elute the 2,3-[14C]DCP, and the eluant was collected directly into a separate liquid scintillation vial. Radioactivity in the eluant consisting of 50% water:50% acetonitrile was considered to be 2,3-DCP metabolites, whereas the 14C in the acetonitrile eluant was considered to be 2,3-DCP. All samples were counted in a Packard Model 460C liquid scintillation spectrometer with sufficient counts accumulated to give <5% error with a 95% confidence interval. Quench

correction was determined using the automatic external standard method.

Statistical analysis. Data for urinary and fecal excretion of 14 C or 14 C exhaled as 14 CO₂ were obtained for each rat and expressed as a fraction of the total amount excreted by each route with time after exposure. Data for all rats were pooled and expressed as the fraction remaining to be excreted as a function of time for 14 C in urine, feces, or CO₂. The data were fit to a nonlinear function by least-squares regression analysis using a pseudo-Gauss-Newton algorithm (BMDP, University of California, 1979). Half-times for excretion of 14 C were determined from the equation $t1/2 = 0.693/k_{e1}$, where k_{e1} (hr $^{-1}$) is the apparent rate constant for elimination obtained from regression analysis.

Concentrations of ¹⁴C in tissues (nmol/g) from individual rats were obtained. Data for all rats were pooled and expressed as concentration of ¹⁴C in each tissue as a function of time after end of exposure. The data were fit to a nonlinear function by least-squares regression analysis using a pseudo-Gauss-Newton algorithm (BMDP), and the half-times were calculated as described above.

RESULTS

2,3-[¹⁴C]DCP equivalents were excreted in urine, feces, and expired air of rats exposed for 6 hr to 2,3-[¹⁴C]DCP. Table 1 shows the distribution of ¹⁴C in urine, feces, and expired air from rats 65 hr after the 6-hr exposure. Elimination of ¹⁴C in urine was the major route of excretion with about 55% (3600 nmol) of the total absorbed 2,3-[¹⁴C]DCP excreted in urine. Considerably smaller

TABLE 1

DISTRIBUTION OF ¹⁴C IN URINE, FECES, AND EXPIRED AIR OF RATS 65 hr AFTER EXPOSURE OF RATS FOR 6 hr TO 250 nmol 2,3-[¹⁴C]DCP/liter AIR

| | nmol 2,3-[¹⁴ C]DCP equivalents | % of absorbed 2,3-[14C]DCP ^a | |
|-----------------|---|---|--|
| Urine | 3585 | 54.6 | |
| Feces | 1104 | 16.8 | |
| Expired air | | | |
| CO ₂ | 211 | 3.2 | |
| 2,3-DCP | 76 | 1.2 | |

^a Total amount of 2,3-[¹⁴C]DCP absorbed was determined using estimates of the minute volume (200 ml/min) and pulmonary absorption (38%) measured in a previous study (Dutcher *et al.*, 1984). Values presented represent data from four rats.

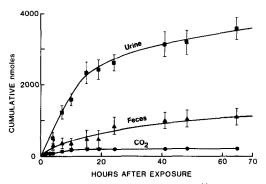


FIG. 1. Cumulative excretion in rats of ¹⁴C in urine, feces, and CO₂ after a 6-hr exposure to 250 nmol 2,3-[¹⁴C]DCP/liter air. Immediately after exposure, rats were placed in metabolism cages for collection of excreta as described under Methods. Each point represents $\bar{x} \pm SE$ of four rats.

quantities of ¹⁴C were excreted in the feces, with about 17% (1100 nmol) of the total absorbed 2,3-[¹⁴C]DCP excreted by this route. Approximately 1 and 3% of the total absorbed 2,3-[¹⁴C]DCP were exhaled as either 2,3-[¹⁴C]DCP or ¹⁴CO₂, respectively. The remainder of the ¹⁴C was in the carcass.

Cumulative excretion of ¹⁴C in urine, feces, and expired air (CO₂) is shown in Fig. 1. Approximately 75% of the ¹⁴C excreted in urine and feces was eliminated within 24 hr. The rates of excretion of ¹⁴C in urine, feces, and expired air were determined, and the data obtained from all rats were analyzed separately and fit to a nonlinear function. The data for urine and feces were each fitted to a one-component negative exponential function

$$F(t) = e^{-kt},$$

where F(t) is the fraction remaining to be excreted at time t (hr). The data for expired air (CO₂) were fitted to a two-component negative exponential function

$$F(t) = Ae^{-k_a t} + Be^{-k_b t},$$

where F(t) is the fraction remaining to be excreted at time t (hr), and A and B are the fractions eliminated with an apparent rate constant of k_a and k_b , respectively. Half-times for excretion of ¹⁴C in urine, feces, and

expired air are shown in Table 2. Half-times for elimination of ¹⁴C in both urine and feces were approximately 10 and 13 hr, respectively. CO₂ excretion exhibited a biphasic elimination pattern, with about 87% of the ¹⁴CO₂ being excreted with a half-time of about 3 hr and 13% excreted with a half-time of 20 hr.

Concentrations of ¹⁴C in blood increased during 240 min of exposure of rats to 2,3-[¹⁴C]DCP, after which no further increases in the blood concentration of ¹⁴C were seen (Fig. 2). Peak concentrations of ¹⁴C in the blood reached about 8 nmol/ml blood. Elimination of ¹⁴C in blood after the 6-hr exposure followed a two-component negative exponential (Fig. 2). Approximately 50% of the ¹⁴C in blood was eliminated with a half-time of 2.4 hr, with the remaining ¹⁴C eliminated with a half-time of 113 hr (Table 3).

TABLE 2

HALF-TIMES FOR ELIMINATION OF ¹⁴C FROM URINE, FECES, AND EXPIRED AIR (CO₂) FROM RATS EXPOSED FOR 6 hr to 250 nmol 2,3-[¹⁴C]DCP/liter AIR^a

| | $(hr^{-1} \pm SD)^b$ | Half-time (hr ± SE) |
|-------------|----------------------|------------------------|
| Urine | 0.071 ± 0.002 | 9.8 ± 0.05 |
| Feces | 0.054 ± 0.003 | 12.9 ± 0.14 |
| Expired air | | |
| CO_2 | 0.202 ± 0.002 | 3.4 ± 0.10 |
| | 0.035 ± 0.007 | 19.7 ± 0.21 |

^a Each point represents $\bar{x} \pm SE$ of four rats.

Urine
$$F(t) = e^{-kt}$$

Feces $F(t) = e^{-kt}$
 $CO_2 F(t) = 0.87 e^{-kt} + 0.13 e^{-kt}$

where F(t) is the fraction remaining to be excreted at time t(hr).

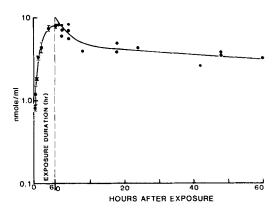


FIG. 2. Appearance and disappearance of 14 C in blood from rats exposed to 250 nmol 2,3-[14 C]DCP/liter air for various times up to 6 hr. Rats were exposed to vapors of 2,3-DCP for the designated times (see Methods), after which they were immediately cuthanized with 1 ml of T-61. Blood was withdrawn from each rat by cardiac puncture. Each point represents $\bar{x} \pm SE$ of three rats. At various times after exposure, groups of rats were euthanized with 1 ml of T-61 and blood was withdrawn by cardiac puncture. Individual data points were plotted and the data fit to a two-component negative exponential. The equation for the best fit was

$$F(t) = 5.4e^{-0.284t} + 4.6e^{-0.006t}$$

where F(t) is the fraction remaining to be excreted at time t (hr).

¹⁴C was widely distributed in tissues following the 6-hr exposure of rats to 2,3-[14C]DCP. Radioactivity in tissues immediately after exposure accounted for about 9% of the estimated total 2,3-[14C]DCP absorbed. Table 4 shows the concentration of 2,3-[14C]DCP equivalents in tissues from rats exposed for 6 hr to 2,3-[14C]DCP. Urinary bladder (150 nmol/g), nasal turbinates (125 nmol/g), kidneys (84 nmol/g), small intestine (61 nmol/g), and liver (35 nmol/g) were tissues with the highest concentrations of ¹⁴C immediately after exposure. Considerably smaller concentrations of 14C were detected in other tissues (Table 4). Radioactivity in carcass (including muscle, bone, pelt, and fat) immediately after exposure was approximately 15% of the 2,3-[14C]DCP absorbed (data not shown). The kidneys and liver were the only two tissues examined immediately after exposure that contained as much as between 2 and 5%, respectively, of the ab-

^b Data for urinary and fecal excretion of ¹⁴C or ¹⁴C exhaled as ¹⁴CO₂ exhaled was obtained for each rat and expressed as a fraction of the total amount excreted with time after exposure. The data were fit to a nonlinear function by least-squares regression analysis. Half-times for excretion of ¹⁴C were determined from the equation $t_2^{\dagger} = 0.693/k_{\rm el}$, where $k_{\rm el}$ is the apparent rate constant for elimination obtained from regression analysis. The equations for the best fits were

TABLE 3

HALF-TIMES FOR DISAPPEARANCE OF ¹⁴C FROM VARIOUS TISSUES OF RATS EXPOSED FOR 6 hr to 250 nmol 2,3-[¹⁴C]DCP/liter AIR^a

| | $(hr^{-1} \pm SD)^b$ | Half-time (hr ± SE) |
|--------------------|----------------------|---------------------|
| Lung | 0.156 ± 0.006 | 4.4 ± 0.3 |
| Liver | 0.103 ± 0.003 | 6.7 ± 0.4 |
| Larynx | 0.063 ± 0.002 | 11.0 ± 0.7 |
| Nasal turbinates | 0.094 ± 0.003 | 7.4 ± 0.8 |
| Small intestine | 0.151 ± 0.005 | 4.6 ± 0.3 |
| Testes | 0.254 ± 0.005 | 2.7 ± 0.1 |
| Trachea | 0.087 ± 0.004 | 8.0 ± 0.8 |
| Kidney | 0.248 ± 0.006 | 2.8 ± 0.1 |
| Blood ^c | | |
| 1st Component | 0.284 ± 0.173 | 2.4 ± 0.3 |
| 2nd Component | 0.006 ± 0.004 | 113.6 ± 18.7 |

^a Each point represents $\bar{x} \pm SE$ of 2 to 3 rats.

^c Data from blood were fit to a two-component negative exponential function.

sorbed 2,3-DCP (Table 4). The ¹⁴C in other tissues immediately after exposure typically was approximately less than 1% of the 2,3-[¹⁴C]DCP absorbed (Table 4).

Data from tissues of individual rats were fit to the following equation:

$$F(t) = Ae^{-kt} + B,$$

where F(t) is the fraction remaining to be excreted at time t (hr), A is the fraction eliminated with an apparent rate constant of k, and B is a constant. In most cases, nearly 80% of the initial amount of 14 C in tissues immediately after exposure was eliminated by 65 hr. Table 3 shows the half-times for disappearance of 2,3-[14 C]DCP equivalents from various tissues. Elimination half-times

of ¹⁴C were about 2.5 to 11 hr. In nearly all tissues examined, there appeared to be a small fraction of the total radioactivity in the tissues which was removed from the tissues with a very long half-time. The data in Table 4 indicate that by 65 hr after exposure, most of the ¹⁴C in the tissues was eliminated.

Liver, lungs, kidneys, and blood contained sufficient ¹⁴C for analysis of 2,3-[¹⁴C]DCP metabolites at 1, 2, and 4 hr postexposure. In all cases, more than 90% of the ¹⁴C in the tissues examined was 2,3-DCP metabolites within 2 hr after the end of exposure. Analysis of urine and feces samples in which there was sufficient radioactivity indicated that all the ¹⁴C was contained in 2,3-DCP metabolites. No evidence of parent compound was found in any of the excreta samples analyzed. No attempt was made to identify these metabolites.

DISCUSSION

The data presented in this report indicate that 2,3-DCP is extensively metabolized and excreted by rats exposed for 6 hr to 2,3-[14C]DCP vapor. The major route of elimination of inhaled 2,3-[14C]DCP was urinary excretion, an observation similar to that seen in rats orally dosed with 1,3-[14C]DCP (Hutson et al., 1971; Dietz et al., 1984b) and 2,3-[14C]DCP (Dutcher et al., 1984; Medinsky et al., 1984). Hutson et al. (1971) have previously reported that metabolism of cis-1,3-DCP to CO₂ was a minor metabolic pathway, accounting for only 5% of the administered dose. However, metabolism of trans-1,3-DCP to CO₂ accounted for more than 20% of the initial dose, suggesting that the two isomers of 1,3-DCP were metabolized through different metabolic pathways (Hutson et al., 1971). The results from a previous study (Medinsky et al., 1984) in which rats were dosed either orally or intraperitoneally with 2,3-[14C]DCP are similar to the observations reported in this study in regard to CO₂ excretion.

2,3-DCP was extensively metabolized, with more than 90% of the ¹⁴C in liver, kidneys, and lungs identified as 2,3-DCP metabolites

^b Concentrations of ¹⁴C in tissues (nmol/g) from individual rats were obtained. Data for all rats were pooled and expressed as concentration of ¹⁴C in each tissue as a function of time after end of exposure. The data were fit to a nonlinear function by least-squares regression analysis. Half-times for disappearance of ¹⁴C from tissues were determined from the equation $t_2^{1} = 0.693/k_{el}$, where k_{el} is the apparent rate constant for disappearance of ¹⁴C obtained from regression analysis. The equation used to fit the data was $F(t) = Ae^{-kt} + B$, where F(t) is the fraction remaining to be excreted at time t(hr), A is the fraction eliminated with an apparent rate constant of k, and B is a constant.

| TABLE 4 |
|---|
| TISSUE CONCENTRATIONS (nmol/g) OF RADIOACTIVITY DERIVED FROM 2,3-[14C]DCP IN RATS EXPOSED |
| FOR 6 hr to 250 nmol 2,3-[14C]DCP/liter AIR ^a |

| | 0 Hr | 8 Hr | 24 Hr | 60 Hr |
|-----------------|-----------------------|------------------------|------------------------|------------------------|
| Urinary bladder | $148 \pm 46.9 (0.19)$ | $7.2 \pm 4.8 (0.02)$ | $3.9 \pm 0.0 (0.01)$ | $2.0 \pm 0.3 (0.00)$ |
| Turbinates | $126 \pm 35.6 (0.32)$ | $58.4 \pm 17.3 (0.15)$ | $31.1 \pm 0.0 (0.09)$ | $25.6 \pm 8.8 (0.08)$ |
| Kidneys | $84.2 \pm 3.3 (2.40)$ | $25.8 \pm 9.0 (0.82)$ | $21.2 \pm 0.4 (0.63)$ | $14.1 \pm 0.6 (0.44)$ |
| Small intestine | $61.5 \pm 9.9 (0.67)$ | $15.6 \pm 9.8 (0.23)$ | $2.4 \pm 0.0 (0.04)$ | $1.3 \pm 0.2 (0.03)$ |
| Liver | $35.5 \pm 1.0 (4.76)$ | $13.8 \pm 3.4 (1.97)$ | $12.5 \pm 0.9 (1.88)$ | $6.4 \pm 0.4 (0.89)$ |
| Trachea | $15.6 \pm 1.0 (0.03)$ | $11.5 \pm 3.7 (0.02)$ | $8.4 \pm 0.0 (0.01)$ | $5.5 \pm 0.3 (0.01)$ |
| Larynx | $11.9 \pm 0.4 (0.01)$ | $6.2 \pm 3.7 (0.01)$ | $4.4 \pm 0.0 (0.00)$ | $2.3 \pm 0.2 (0.00)$ |
| Adrenals | $11.1 \pm 1.2 (0.01)$ | $2.9 \pm 0.8 (0.00)$ | $2.4 \pm 0.0 (0.01)$ | $2.0 \pm 0.3 (0.00)$ |
| Large intestine | $10.8 \pm 0.8 (0.05)$ | $7.5 \pm 3.7 (0.11)$ | $3.8 \pm 0.7 (0.06)$ | $2.0 \pm 0.2 (0.03)$ |
| Testes | $10.7 \pm 0.8 (0.56)$ | $2.4 \pm 0.9 (0.14)$ | $1.3 \pm 0.0 (0.08)$ | $1.2 \pm 0.1 (0.06)$ |
| Lung | $10.1 \pm 0.4 (0.13)$ | $6.7 \pm 2.0 (0.12)$ | $4.1 \pm 0.3 (0.10)$ | $3.9 \pm 0.2 (0.07)$ |
| Thymus | $10.0 \pm 0.5 (0.04)$ | $3.2 \pm 2.8 (0.02)$ | $3.6 \pm 0.0 (0.02)$ | $1.9 \pm 0.1 (0.01)$ |
| Thyroid | $8.9 \pm 1.2 (0.00)$ | $2.9 \pm 0.9 (0.00)$ | $2.4 \pm 0.0 (0.01)$ | $2.3 \pm 0.7 (0.00)$ |
| Stomach | $7.9 \pm 0.5 (0.16)$ | $2.8 \pm 1.0 (0.06)$ | $1.8 \pm 0.1 (0.03)$ | $1.4 \pm 0.1 (0.03)$ |
| Spleen | $7.8 \pm 0.6 (0.06)$ | $3.0 \pm 0.9 (0.02)$ | $2.5 \pm 0.1 (0.05)$ | $1.9 \pm 0.1 (0.02)$ |
| Brain | $7.2 \pm 0.5 (0.15)$ | $2.1 \pm 0.8 (0.05)$ | $1.1 \pm 0.0 (0.01)$ | $1.1 \pm 0.1 (0.02)$ |
| Heart | $5.6 \pm 1.4 (0.08)$ | $1.9 \pm 0.4 (0.03)$ | $1.7 \pm 0.2 (0.03)$ | $1.7 \pm 0.2 (0.03)$ |
| Fat | $8.5 \pm 1.0 (3.8)$ | $1.1 \pm 0.5 (0.4)$ | $1.3 \pm 0.5 (0.4)$ | $0.8 \pm 0.2 (0.2)$ |

[&]quot;Each value represents $\bar{x} \pm SE$ for 2 to 3 rats. Values in parentheses represent the percentage of estimated adsorbed 2,3-DCP recovered in tissues.

within 2 hr postexposure. Studies by Climie et al. (1979) indicate that glutathione plays a major role in the biotransformation of 1,3-DCP. Climie et al. (1979) have shown that both cis- and trans-1,3-DCP are metabolized primarily to the mercapturic acid, N-acetyl-(3-chloroprop-2-enyl)cysteine. However, the glutathione-dependent conjugation of cis-1,3-DCP was more than 4 to 5 times the rate of conjugation of trans-1,3-DCP. Dietz et al. (1984a) also demonstrated that a mixture of cis, trans-1,3-DCP was metabolized to the mercapturic acid, N-acetyl-(3-chloroprop-2enyl)cysteine. Dietz et al. (1984a) have shown that glutathione depletion in rats was correlated with increased covalent binding of 1,3-DCP to forestomach.

Although no attempt was made in these studies to identify the metabolites present in excreta or tissues, the observation that the excretion patterns of 2,3-DCP are similar to cis-1,3-DCP suggest that 2,3-DCP may be metabolized to mercapturic acids in a manner similar to that seen for cis-1,3-DCP. Presumably reaction of the 2,3-DCP would involve

conjugation with glutathione at the carbon-3 to form the mercapturic acid of 2,3-DCP. Alternatively, glutathione could react with a 1,2-epoxide of 2,3-DCP. However, theoretical considerations reveal that six different reactive intermediates of 2,3-DCP are possible, each with the capability to alkylate DNA (Eder *et al.*, 1982).

¹⁴C was widely distributed in the body, with all tissues examined containing ¹⁴C. Data presented in this study indicate that ¹⁴C is cleared rapidly from tissues. These observations are consistent with those reported for 2,3-DCP (Dutcher *et al.*, 1984; Medinsky *et al.*, 1984) and 1,3-DCP (Hutson *et al.*, 1971).

The data from the present study indicate that the kidneys and nasal turbinates are the tissues with the highest concentrations of ¹⁴C 65 hr after exposure to 2,3-[¹⁴C]DCP. Nasal tissue contains cytochrome *P*-450-dependent monoxygenases capable of metabolizing a variety of xenobiotics (Dahl *et al.*, 1982; Hadley and Dahl, 1982; Bond, 1983). Metabolism of 2,3-DCP to reactive intermediates by the nasal tissue or kidneys could play an

important role in the metabolic fate of inhaled 2,3-DCP. Whether 2,3-DCP has a toxic effect on these tissues remains to be determined.

In summary, urinary excretion was the major route of elimination of ¹⁴C from rats exposed to vapors of 2,3-[¹⁴C]DCP. ¹⁴C was widely distributed in tissues, over 90% of which appeared to be 2,3-DCP metabolites. The data indicate that after inhalation, 2,3-DCP is metabolized in tissues and excreted.

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