Aliphatic Hydrocarbons:

Non-Halogenated (Hexane, )

Halogenated:

Chlorinated Hydrocarbons (Trichloroethylene, )
Brominated Hydrocarbons (Halothane, )
Fluorinated Hydrocarbons (Methoxyflurane, )

Cyclic Hydrocarbons (Cyclohexane, )

Aromatic Hydrocarbons:

Monocyclic (Benzene, )
Polycyclic (Benzo(a)pyrine, )

Alcohols (Ethanol, )

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TRICHLOROETHYLENE
CAS No. 79-01-6
First listed in the Ninth Report on Carcinogens

• Colorless liquid with a sweet, chloroform-like odor
• High production volume chemical
• Common contaminant in more than ½ of Superfund Sites (EPA National Priority List hazardous waste sites)
• Used as an industrial solvent (furniture and fixtures, fabricated metal products, electrical and electronic equipment, transport equipment, and miscellaneous manufacturing industries)
• Exposure: Mainly by inhalation in the workplace, but also in general population via food, water, and air (approximately 10% of the population has detectable levels of TCE in their blood)

http://ehp.niehs.nih.gov/roc/toc10.html
• TCE is rapidly absorbed from the stomach, intestines, and lung
• After absorption, TCE is distributed throughout the body and concentrates in fatty tissues, such as the liver, brain, and body fat
• TCE is metabolized primarily through oxidation by cytochrome P-450 and conjugation with GSH
• TCE metabolism in mice, rats, and humans is qualitatively similar, producing the same primary metabolites.

Cancer Classification (EPA):

TCA is reasonably anticipated to be a human carcinogen based on limited evidence of carcinogenicity from studies in humans, sufficient evidence of carcinogenicity from studies in experimental animals, which indicates there is an increased incidence of malignant and/or a combination of malignant and benign tumors at multiple tissue sites in multiple species of experimental animals, and information suggesting TCE acts through mechanisms that indicate it would likely cause cancer in humans.

Human studies found that occupational exposure to TCE was associated with excess incidences of liver cancer, kidney cancer, non-Hodgkin’s lymphoma, prostate cancer, and multiple myeloma, with the strongest evidence for the first three cancers. Elevated risks of death from Hodgkin’s disease, multiple myeloma, cervical cancer, and liver cancer also were observed.

In experimental animals tumors occurred at several of the sites as in humans. In mice, TCE induces benign and malignant tumors of the liver, lung, and blood (lymphoma). In rats, TCE induces kidney cancer, interstitial-cell tumors of the testis, and possibly leukemia.

http://ehp.niehs.nih.gov/roc/toc10.html
Mechanisms of Carcinogenesis by TCA

Liver Cancers (M and F B6C3F1 mice, but not Fisher 344 rats):
- Major contribution by P450 metabolism of TCE (CH, TCA, DCA)
- Initiating effects:
  - ambiguous data on direct genotoxicity of TCE or metabolites
- Promotional effect on spontaneously initiated cells in B6C3F1 mice via:
  - peroxisome proliferation and oxidative stress;
  - cytotoxicity and compensatory regeneration;
  - reduction of apoptosis;
  - perturbation of other cell signaling pathways.

Kidney Cancers (M Fisher 344 rats only):
- Major contribution by GSH conjugation metabolism of TCE:
  - (DCVC, S-(1,2-dichlorovinyl)-L-cysteine)
- Initiating effects:
  - DCVC is metabolically activated in proximal renal tubules (β-lyase) to 1,2-dicholovinylthiol that is unstable and gives raise to alkylation species that damage DNA
- Promotional effects:
  - cytotoxicity and compensatory regeneration;
  - oxidative stress, ATP depletion, Ca2+-perturbations, etc.;
  - Alpha-2u-globulin nephropathy.
a₂u-Globulin Nephropathy

• a₂u is the major component of the urinary protein load in male rats and is unique to male rats, although homologous proteins exist in other species, including humans;

• Renal proximal tubules reabsorb protein from the glomerular filtrate, and toxicants or pathological conditions that interfere with this process cause an excessive accumulation of a₂u in lysosomes of renal proximal tubular cells;

• Similar phenomenon has not been observed in female rats or in other species;

• A number of chemicals, many of them halogenated organic solvents, have been shown to cause the so-called hyaline (protein) droplet nephropathy in male rats.

Mechanism for the induction of nephropathy and renal tumors by chemicals that induce a₂u nephropathy

• Protein droplets containing a₂u increase in number and size in renal proximal convoluted tubular cells of male rats exposed to certain halogenated hydrocarbons. a₂u is a low molecular weight protein that is synthesized only in the liver of mature male rats under androgenic control. Hydrocarbons or their metabolites that induce the response bind irreversibly to a₂u, resulting in the lysosomal degradation of the complex.

• The excessive accumulation of reabsorbed proteins in secondary lysosomes of the renal proximal convoluted tubules (S2 segment) is then thought to cause lysosomal dysfunction and cellular necrosis.

• Intratubular granular casts of necrotic cellular debris then accumulate at the junction of the pars recta of the proximal tubules (S3 segment) and the thin loop of Henle.

• Regenerative cellular proliferation is then induced in response to the loss of cells from the S2 segment of the proximal tubules.

• The increased cellular proliferation is then thought to cause development of renal-cell tumors due to increases in DNA damage in replicating cells.
**Mechanisms of Carcinogenesis by TCA**

**Lung Cancers** (only by inhalation exposure in mice, but not in rats):

- Major contribution by P450 metabolism of TCE in Clara cells:
  
  (CH accumulation due to low activity of alcohol dehydrogenase that rapidly converts CH to TCOH in liver and lack of glucoronosyltransferase that produces TCOH glucuronide)

- Initiating effects:
  
  CH is most genotoxic of all other TCE metabolites

- Promotional effect:
  
  cytotoxicity and compensatory regeneration;
  
  reduction of apoptosis;
  
  perturbation of other cell signaling pathways.

**Human Risk Assessment of Carcinogenesis by TCA**

**Liver cancer:**

Metabolism similar to rodents (+)

Peroxisome proliferation is questionable in humans (-)

**Kidney cancer:**

GSH conjugation metabolism in rats is greater than in humans (-)

Alpha-2u-globulin accumulation is strictly a male rat event (-)

**Lung cancer:**

Humans have much fewer Clara cells than mice (-)

P450 content of human Clara cells is much less than in mice (-)
• Colorless liquid with a sweet, ether-like odor.

• Slightly soluble in water and miscible with alcohol, ether, chloroform, hexane, and benzene. In water, Perc slowly decomposes to form trichloroacetic and hydrochloric acids. Phosgene, a highly toxic gas, may form when Perc vapors are exposed to sunlight or flames.

• High production volume chemical

• Common contaminant in Superfund Sites

• Used as an industrial solvent (dry cleaning, metal cleaning)

• Exposure: inhalation in the workplace, but also in general population via food, water, and air (population has detectable levels of Perc in their blood and breath)

**Fig. 1.1.** Health effects from breathing tetrachloroethylene.
**Cancer Classification (EPA):**

Tetrachloroethylene is *reasonably anticipated to be a human carcinogen* based on sufficient evidence of carcinogenicity from studies in experimental animals.

**Human studies:** In several cohort and proportionate mortality studies, excesses have been reported of lymphosarcomas, leukemias, and cancers of the skin, colon, lung, and urogenital tract. Some excess of lymphomas and of cancers of the larynx and urinary bladder was seen in a large cohort of dry cleaners.

When all studies are considered, there is evidence for consistent positive associations between tetrachloroethylene exposure and esophageal and cervical cancer and non-Hodgkin's lymphoma. While these associations appear unlikely to be due to chance, confounding cannot be excluded; further, the total numbers in the cohort studies combined are relatively small.

**In experimental animals:** When administered by inhalation, tetrachloroethylene increased the incidences of hepatocellular adenomas and carcinomas in male mice and hepatocellular carcinomas in female mice. By the same route of administration, the compound increased the incidences of mononuclear cell leukemia in rats of both sexes and rare renal tubular cell neoplasms in male rats. When administered by gavage, tetrachloroethylene increased the incidence of hepatocellular carcinomas in mice of both sexes.

Postulated modes of action of perchloroethylene via the cytochrome P450 pathway for hepatotoxicity and hepatocarcinogenicity

Postulated modes of action of perchloroethylene via the GSH conjugation pathway for nephrotoxicity and nephrocarcinogenicity
• Colorless liquid with a sweet, chloroform-like odor
• Was a high production volume chemical
• Common contaminant in some Superfund Sites
• Was extensively used as an industrial solvent, cleaning agent, fumigant, in fire extinguishers, etc.
• Exposure: Is ubiquitous in the air (USA) also found in ground water

http://ehp.niehs.nih.gov/roc/toc10.html

**Acute Effects:**
• Acute (short-term) inhalation and oral exposures to carbon tetrachloride have been observed primarily to damage the liver and kidneys of humans. Depression of the central nervous system has also been reported. Symptoms of acute exposure in humans include headache, weakness, lethargy, nausea, and vomiting.
• Delayed pulmonary edema has been observed in humans exposed to carbon tetrachloride by inhalation and ingestion, but this is believed to be due to injury to the kidney rather than direct action of carbon tetrachloride on the lung.
• Acute animal exposure tests, such as the LC50 and LD50 tests in rats, mice, rabbits, and guinea pigs, have demonstrated carbon tetrachloride to have low toxicity from inhalation exposure, low-to-moderate toxicity from ingestion, and moderate toxicity from dermal exposure.

**Chronic Effects (Noncancer):**
• Inhalation or oral exposure to carbon tetrachloride produces liver and kidney damage in humans and animals.
Cancer Classification (EPA):
Carbon Tetrachloride is reasonably anticipated to be a human carcinogen based on sufficient evidence of carcinogenicity in experimental animals.

Human studies: No adequate data were available from human studies to evaluate the carcinogenicity of carbon tetrachloride in humans (IARC 1979, 1982, 1987, 1999). Three case reports described liver tumors associated with cirrhosis in humans exposed to carbon tetrachloride. A mortality study of laundry and dry cleaning workers exposed to a variety of solvents suggested an excess of respiratory cancers, liver tumors, and leukemia.

In experimental animals: When administered by gavage, carbon tetrachloride increased the incidences of hepatomas and hepatocellular carcinomas in mice of both sexes. By the same route of administration, the compound increased the incidence of neoplastic nodules of the liver in rats of both sexes. When administered by subcutaneous injection, carbon tetrachloride induced hepatocellular carcinomas in male rats and mammary adenocarcinomas and fibroadenomas in female rats. When administered by inhalation, carbon tetrachloride induced liver carcinomas in rats. When administered intrarectally, the compound induced nodular hyperplasia of the liver in male mice.

http://ehp.niehs.nih.gov/roc/toc10.html
BENZENE
CAS No. 71-43-2
First Listed in the First Annual Report on Carcinogens

- Clear, colorless to light yellow, volatile, flammable liquid with an aromatic odor
- Is a high production volume chemical
- Common environmental pollutant
- Major raw material used extensively as a solvent in the chemical and pharmaceutical industries, as a starting material and intermediate in the synthesis of numerous chemicals, and as a gasoline additive.
- Exposure: Is ubiquitous in the air (USA) also found in ground water

Acute Effects:
- Acute (short-term) inhalation or dermal exposures to benzene have been observed primarily to lead to bone marrow damage.
- Manifestations: anemia, leukopenia, thrombocytopenia, etc.

Chronic Effects (Noncancer):
- Chronic depletion of bone marrow cells – bone marrow aplasia, pancytopenia that may lead to fatal outcome
Cancer Classification (EPA):
Benzene is known to be a human carcinogen based on sufficient evidence of carcinogenicity in humans and experimental animals.

Human studies: Many case reports and case series have described the association of leukemia with exposure to benzene, either alone or in combination with other chemicals. Most cases were acute leukemias and lymphomas. A series of epidemiological studies, both cohort and case-control, showed statistically significant associations between leukemia (predominantly myelogenous) and occupational exposure to benzene and benzene-containing solvents. These results were replicated in a number of countries and different industries. In the epidemiological studies of people exposed primarily to benzene, statistically significant excesses of leukemia were observed.

In experimental animals: When administered by gavage, benzene increased the incidences of Zymbal gland carcinomas and oral cavity papillomas and carcinomas in rats of both sexes, as well as skin carcinomas in male rats. When administered by gavage, benzene increased the incidences of Zymbal gland carcinomas, malignant lymphomas, and alveolar/bronchiolar adenomas and carcinomas in mice of both sexes; hardener gland adenomas and carcinomas of the preputial gland in male mice; and ovarian granulos cell tumors and benign mixed tumors and mammary gland carcinomas and carcinosarcomas in female mice.

Polycyclic Aromatic Hydrocarbons: Benzo(a)pyrime

Absorption
In humans, the major routes of uptake of PAH are thought to be through
(i) the lungs and the respiratory tract after inhalation of PAH-containing aerosols
or of particulates to which a PAH, in the solid state, has become to be absorbed
(ii) the gastro-intestinal tract after ingestion of contaminated food or water
(iii) the skin as a result of contact with PAH-bearing materials.

Distribution
Owing to the high lipophilicity of this class of compounds, their bioavailability
after ingestion and inhalation must be considered to be significant:
(i) detectable levels of PAH occur in almost all internal organs,
(ii) organs rich in adipose tissue can serve as storage depots from which the
hydrocarbons are gradually released,
(iii) the GI tract contains high levels of hydrocarbon and metabolites, even when
PAH are administered by other routes, as a result of mucociliary clearance and
swallowing or hepatobiliary excretion.

- PAHs require a multistep metabolic activation by specific enzymes. The enzyme
  system primarily responsible for PAH metabolism is the mixed-function oxidase
  system, which requires NADH or NADPH and molecular oxygen to convert the
  nonpolar PAHs into the polar hydroxy derivatives and arene oxides.
- The first reaction is an epoxidation. With benzo(a)pyrene, the product is the
  corresponding 7,8-epoxide that, in turn, is subject of epoxide hydrolases to form
  stereoisomeric dihydrodiols.
- These are converted further to the 7,8-dihydrodiol-9,10-epoxide. The terminal
  oxidase is cytochrome P-450 (CYP1A1). The diol epoxide can exist in 4
  stereoisomeric forms of which the key carcinogenic product is benzo(a)pyrene-r-7,t-
  8-diol-t-9,10-epoxide.
- PAH epoxides can then be conjugated with GSH. This conjugation is regarded as
  a true detoxification reaction and is mediated by glutathione transferase (GSTM1).
- The epoxides that are not conjugated with GSH are converted into phenols and
  diols as mentioned above. These PAH metabolites, however, are sometimes not
  sufficiently polar to be excreted and are therefore conjugated with glucuronic or
  sulfuric acids to enable excretion to occur.
- In addition to conjugation, the hydroxylated derivatives of PAHs may undergo a
  number of oxidation and hydroxylation reactions. These include the conversion
  of phenols to phenol-epoxides and subsequently to diphenols and triols, diols to
  tetrals and diol-epoxides, and triols to triolepoxides and pentols.
Cancer Classification (EPA):

PAHs are *reasonably anticipated to be human carcinogens* based on sufficient evidence of carcinogenicity from studies in experimental animals.

**Human studies:** There is inadequate evidence for the carcinogenicity of PAHs in humans. Workers exposed to creosote containing numerous PAHs developed skin tumors. Exposures to other chemical mixtures that contain PAHs, such as cigarette smoke, coal tar, coal tar pitch, and bitumens, have been associated with increased incidences of lung cancer in humans. Dermal exposure to coal tar and shale oils containing PAHs have been associated with increased incidences of skin tumors in humans.

**In experimental animals:**
Target organs (sites): stomach, lung, liver, skin, mammary gland

Ethanol Metabolism

Partial: \( \text{CH}_3\text{CH}_2\text{OH} + \text{O}_2 \rightarrow \text{CH}_3\text{COOH} + 3\text{H}_2\text{O} \)

Total: \( \text{CH}_3\text{CH}_2\text{OH} + 3\text{O}_2 \rightarrow 2\text{CO}_2 + 3\text{H}_2\text{O} \)

Fig. 2: Hepatic, nutritional and metabolic abnormalities after ethanol abuse. Malnutrition, whether primary or secondary, can be differentiated from metabolic changes or direct toxicity, resulting partly from redox changes, or effects secondary to microsomal induction, including increased acetaldehyde production (155).

Lieber CS (2000)
Swift Increase in Alcohol Metabolism (SIAM) in liver

Alcohol--Induced Liver Injury

ETHANOL

INDUCTION OF ALCOHOL METABOLISM
Alcohol dehydrogenase, catalase, microsomal enzymes (CYP 2E1)

TOXIC METABOLITES:
acetaldehyde
free radicals
lipid peroxides

INJURY
Cell-cell interactions in the mechanism of alcohol-induced liver injury

- Stellate cells
- Endothelial cells
- T (CD4/8) cells
- B cells
- Fibrous scars
- NO
- Antigens
- IgA
- Antibiotics: GdCl₃, Nimodipine
- Endotoxin
- ETHANOL
- CYP 2E1
- P450s
- NADPH Ox.
- Xanthine Ox.
- Mitochondria
- Reactive Oxygen Species
- DNA Damage
- Lipid Peroxidation
- Protein Adducts
- Protein Carbonyls
- Fatty Liver
- Inflammation
- Necrosis
- Fibrosis
- Cirrhosis
- Cancer

- MIP-2
- ICAM-1
- PGE₂
- TNF-α
- α-hydroxyethyl
- TGF-β
- CD-14
- PMN
- ALT
- PC

- CYP 2E1
- P450s
- NADPH Ox.
- Xanthine Ox.
The occurrence of malignant tumors of the oral cavity, pharynx, larynx, esophagus and liver is causally related to the consumption of alcoholic beverages.

There is sufficient evidence for the carcinogenicity of alcoholic beverages in humans.

There is insufficient evidence for the carcinogenicity of ethanol and of alcoholic beverages in experimental animals.

Alcoholic beverages are carcinogenic to humans (Group 1).
Alcohol and HCC

The precise mechanism of action is unknown, but is thought to include:

- Production of acetaldehyde, the first and most toxic metabolite of ethanol and its binding to DNA;
- Generation of oxidants via induced CYP 2E1;
- Increased activation environmental precarcinogens, especially of nitrosamines by CYP 2E1;
- Interaction between ethanol metabolism and the metabolism of retinol and retinoic acid;
- Alteration of the nuclear DNA repair system;
- Concomitant dietary deficiency, which may play a role in carcinogenesis (e.g., folate deficiency, which may lead to hypomethylation of DNA)


Alcohol and Liver Cancer in Rodents

Table 1 Effect of ethanol on chemically induced hepatic carcinogenesis

<table>
<thead>
<tr>
<th>Authors</th>
<th>Species</th>
<th>Carcinogen*</th>
<th>Ethanol administration†</th>
<th>Ethanol effect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gristone et al (32, 33)</td>
<td>Mouse/Rat</td>
<td>DMNA, i.g./NNN, i.g.</td>
<td>40% i.g. with carcinogen</td>
<td>Inhibition*</td>
</tr>
<tr>
<td>Habs &amp; Schmädl (34)</td>
<td>Rat</td>
<td>DMNA, orally</td>
<td>25% in d.w. after carcinogen</td>
<td>Inhibition</td>
</tr>
<tr>
<td>Teschke et al (123)</td>
<td>Rat</td>
<td>DMNA, i.p.</td>
<td>6% l.d. prior to carcinogen</td>
<td>No effect/inhibition†</td>
</tr>
<tr>
<td>Gibeil (27)</td>
<td>Rat</td>
<td>DENA, i.g.</td>
<td>30% i.g. with carcinogen</td>
<td>No effect†</td>
</tr>
<tr>
<td>Potra et al (93)</td>
<td>Rat</td>
<td>DENA, i.p.</td>
<td>25-32% in l.d. and methyl deficiency after carcinogen</td>
<td>Stimulation</td>
</tr>
<tr>
<td>Takada et al (121)</td>
<td>Rat</td>
<td>DENA, i.p., 70% heptectomy</td>
<td>20% in l.d. after carcinogen</td>
<td>Stimulation</td>
</tr>
<tr>
<td>Driver &amp; McLean (15)</td>
<td>Rat</td>
<td>DENA, i.p.</td>
<td>5% in d.w. after carcinogen</td>
<td>Stimulation</td>
</tr>
<tr>
<td>Mendenhall &amp; Besch (70)</td>
<td>Rat</td>
<td>Aflatoxin B1, i.g.</td>
<td>6% l.d. continuously</td>
<td>No effect†</td>
</tr>
<tr>
<td>Missbeck et al (83)</td>
<td>Rat</td>
<td>Aflatoxin B1, i.g.</td>
<td>6% l.d. after carcinogen</td>
<td>No effect</td>
</tr>
<tr>
<td>Radlje et al (97)</td>
<td>Rat</td>
<td>Vinyl chloride, in air</td>
<td>5% in d.w. prior to and with carcinogen</td>
<td>Stimulation</td>
</tr>
<tr>
<td>Weisburger et al (132)</td>
<td>Rat</td>
<td>N-OH-2-AAF, orally</td>
<td>10% in d.w. with carcinogen</td>
<td>No effect</td>
</tr>
</tbody>
</table>

*DMNA = diethylnitrosamine; DENA = diethylnitrosamine; NNN = N-nitrosomorpholine; N-OH-2-AAF = N-hydroxy-2-acetylaminofluorene; i.g. = intragastrically, i.p. = intraperitoneally.
†d.w. = drinking water; l.d. = liquid diet.
*Occurrence of epithelial neoplasms after alcohol.
†Similar tumor yield, but prolonged latency period after alcohol.
*Enhanced epithelial cancer after alcohol.
†Stimulation of hepatic peliosis after alcohol.