Peer Review Charge:
ATSDR's Toxicological Profile – Draft for Public Comment

In this charge we are asking reviewers to only review the intermediate-duration inhalation MRL located in Appendix A and any relevant text in the Toxicological Profile for Chloromethane itself. The toxicological profile has completed peer review and public comment periods and all comments received have been addressed; however, newly acquired information resulted in the revision of this particular MRL and your attention to it is being requested.

Background on Toxicological Profiles

Target audiences: Public health professionals, clinicians, and informed citizens who need a succinct interpretation of the toxicological data but may not have the resources to gather and consider all of the toxicological data themselves.

Content: The toxicological profiles provide ATSDR's evaluations concerning whether adverse health effects occur and/or at what levels of exposure. Profiles are written with an emphasis on human health effects. They also contain information about health effects in animals, potential for human exposure, and environmental fate that may help the reader to determine the significance of levels found in the environment.

Scope: In these profiles, the emphasis is on providing succinct interpretations of the key literature. This distinguishes "profiles" from comprehensive criteria documents. Specifically, the profiles incorporate ATSDR's evaluations concerning the validity of particular studies and the inferences that can be made from them. The profile is not meant to contain all of the details necessary to support these interpretations. It is beyond the intended scope of the profile to present extensive details for users to weigh all the evidence themselves; such data are incompatible with the concept of a "profile."

The authors have been instructed to avoid lengthy descriptions of studies. If there is uncertainty or controversy about a conclusion, however, a more detailed description of the studies that are the basis for the uncertainty may be included in the text. The description should be limited to those factors that are necessary to summarize the issue. Also, the "Supplemental Document" contains detailed descriptions of studies that provide no-observed-adverse-effect levels (NOAELs) and lowest-observed-adverse-effect levels (LOAELs) that were used when deriving the intermediate-duration inhalation MRL.

In this charge we are asking reviewers to only review the intermediate inhalation MRL located in Appendix A.

Charge to Reviewer:

As you review the worksheet for the intermediate-duration inhalation MRL, if you wish to comment or suggest specific changes, please annotate directly in the text where the change or additional work is needed. After reviewing the MRL worksheet, prepare a summary report that addresses your major issues. Please present your comments in a constructive manner, be specific about the issues/changes suggested, and cite the page numbers whenever possible. If an issue has been missed or addressed improperly, please give specific information as to how it should be addressed. If you are citing a new reference, please provide a copy and indicate where in the text it should be included. Do not cite secondary sources

BACKGROUND ON MRLs AND FOCUS OF THIS PEER REVIEW.

Minimal Risk Levels (MRLs): Where scientific literature warrants, ATSDR derives MRLs to serve as screening levels to identify contaminants and potential health effects that may be of concern. An MRL is an estimate of the daily human exposure to a substance that is likely to be without appreciable risk of adverse noncancer health effects.

A detailed presentation of the intermediate-duration inhalation MRL derivation is presented in Appendix A and summarized in Section 1.3. Please review Appendix A in conjunction with Section 1.3 and answer the following questions:

Please focus your review on the newly derived intermediate inhalation MRL. Please see the included Issues Memo for more information about the derivation of the intermediate inhalation MRL.

1) Do you agree with the proposed MRL value and how it was derived? Explain. If you disagree, please specify the MRL value that you would propose.
    a. Do you agree with the health endpoint and the point of departure (LOAEL) for the MRL? If you disagree with either one, please specify what they should be.
    b. Do you agree/disagree with each component of the total uncertainty factor? Explain. If you disagree, please specify the uncertainty factor(s) that you propose.