



Centers for Disease Control and Prevention
National Institute for Occupational
Safety and Health
1090 Tusculum Avenue
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April 9, 2015

The Health Council of the Netherlands
Attn: Mrs. T.M.M. Coenen
PO Box 16052
2500 BB The Hague
the Netherlands

Dear Mrs. T.M.M. Coenen:

Thank you for the opportunity to review the draft report on *2,6-xylydine* prepared by the Subcommittee on Classification of Carcinogenic Substances of the Dutch Expert Committee on Occupational Safety (DECOS). Comments are enclosed that were prepared by Liying Rojanasakul, Research Biologist, NIOSH/Health Effects Laboratory Division (HELD), 1095 Willowdale Rd., Morgantown, WV 26505-2888.

If you have any questions regarding the comments, please contact me at 513-533-8260 (telephone) or by Email at tbl7@cdc.gov.

Sincerely yours,

Thomas J. Lentz, Ph.D., M.P.H.
Branch Chief
Document Development Branch
Education and Information Division

1 Enclosure

**Peer Review Comments on DECOS document 2,6-xylidine
by Liying Rojanasakul, Research Biologist, NIOSH/Health Effects
Laboratory (HELD), 1095 Willowdale Road, Morgantown, WV 26505**

SECTION & PARAGRAPH	COMMENT
General Comments	<p>This document includes key information and data on genotoxicity, mutagenicity and carcinogenic potential of 2,6-xylidine which support the conclusion.</p> <p>There is a recent publication which indirectly suggested association of 2,6-xylidine [2,6-dimethylaniline (2,6-DMA)], and human bladder cancer (see below Section 1, Para 2).</p>
Specific Comments	<p>Section 1 Para 2</p> <p>A 2013 publication concluded that “Hemoglobin adducts of 4-ABP and 2,6-DMA were significantly and independently associated with increased bladder cancer risk among lifelong nonsmokers in Shanghai, China”.</p> <p>http://cebp.aacrjournals.org/content/22/5/937.long</p>
<p>1) Have all critical studies, which are relevant to the assessment of the health risk, been included? If not, a copy of the reference(s) omitted will have to be provided.</p> <p>Yes.</p>	
<p>2) Are the critical studies presented in sufficient detail to support the conclusions concerning the characterization of risk?</p> <p>Yes.</p>	
<p>3) Is the presentation of the information sufficiently concise or can the descriptions (of the non-critical studies) be condensed?</p> <p>The information is sufficiently concise.</p>	
<p>4) Are there any limitations of the critical studies which have not been presented?</p> <p>A recent (2013) publication indirectly suggested association of 2,6-xylidine and human bladder cancer “that “Hemoglobin adducts of 4-ABP and 2,6-DMA were significantly and independently associated with increased bladder cancer risk among lifelong nonsmokers in Shanghai, China”.</p> <p>http://cebp.aacrjournals.org/content/22/5/937.long</p>	
<p>5) Are there alternative interpretations to the overall assessment of the cancer risks?</p> <p>To my knowledge, no.</p>	

E-mail**Sent:** friday 23 january 2015 15:29**To:** Coenen, T.M.M. (Dorine)**Subject:** Draft report 2, 6-xylidine

Dorine,

Thank you for sending me this draft report. As there are no relevant epidemiological data, I am not able to offer much by way of comment. However, I did note a minor typographical error at line 17 of page 11, where "... of dogs.... " should be "... or dogs".

Also, at lines 8 and 9 of the same page, I am intrigued by the observation that adduct levels were appreciably lower in cigarette smokers. While it is reasonable to speculate that adducts might occur in non-smokers because of environmental and iatrogenic exposures, one might expect those exposures to occur also in smokers. So why are levels lower in smokers?

With best wishes,

David

David Coggon

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