Miller, Diane M. (CDC/NIOSH/EID)

From: Kay Howard [HowardK@upstate.edu]
Sent: Thursday, May 14, 2009 4:18 PM
To: NIOSH Docket Office (CDC)
Subject: 105a - Haz Drug Appx A Rev

Attachments: Kay Howard.vcf

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(290 B)

I think that you should reconsider the inclusion of all monoclonal antibody agents as a class of medications. It has been clear that time is the only way to tell for sure whether something should be included on the NIOSH list or not, but time is something you cannot get back if you are one of those people constantly exposed to these agents during your working career and then years later are found to have a Lymphoma or a Leukemia. If something is clearly labeled in their product insert about the possibility of the development of these diseases by the patients being given the medications, then why would it not be understood that constant low-dose exposure during preparation may yield the same possibility of developing these problems. I can recall when barely anything would've been on the Hazardous products list, but look at that list today.
Please reconsider the following agents:
Abatacept (Orencia)
Bevacizumab (Avastin)
Cetuximab (Erbitux)
Omalizumab (Xolair)
Panitumumab (Vectibix)
Rituximab (Rituxan)

I also think that the new product Afinitor (everolimus) should certainly be added to the list.

I think you should also keep Erlotinib (Tarceva) and Imatinib (Gleevec) on the list as well. Although the risk of exposure is smaller with these 2 agents, you cannot preclude what would happen to people long term if they are careless with their handling of these agents.
Sincerely,

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