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UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, D.C. 20460

JAN 27 1983

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MEMORANDUM

OFFICE OF
PESTICIDES AND TOXIC SUBSTANCES

TO: Henry Jacoby, Product Manager #21
Registration Division (TS-767)

THRU: Edwin R. Budd, Section Head
Toxicology Branch
Hazard Evaluation Division (TS-769)

Budd
1/26/83

SUBJECT: Hamster Teratology Study of Captan. IRDC, 2/16/79,
Acc. No. 238658, Reg. No. 239-1246.

TOX Chem. No. 159

Registrant: Chevron Chemical Company
Richmond, California 94804

Contract Laboratory: International Research and
Development Corporation
Mattawan, Michigan 49071

Chemical: Technical Captan

Background:

This study had been reviewed by Dr. Dykstra (10/2/79) who requested an evaluation of a numerical discrepancy in Table 4 of the original submission. He did not make any conclusions regarding the teratogenicity of Captan pending receipt of the information.

Recommendations:

The registrant should submit a description of the rib anomalies.

Classification: Core Minimum data.

Materials and Methods: See review, W. Dykstra, Ph.D. 10/2/79.

Results:

The originally submitted table of malformations was as follows:

	Control (mg/kg/day)	Captan (mg/kg/day)		
		50	200	400
No. of litters examined:	28	26	26	23
Total No. of fetuses examined externally:	342	288	284	210
<u>Malformations Observed:</u>	<u>No of Fetuses (No. of litters)</u>			
Extra projection of tissue:				1(1)
Eye anomaly:	1(1)			
Rib anomalies:	1(1)	4(4)	5(4)	6(2)
Exencephaly:	1(1)			
Multiple anomalies:				2(1)
Scoliosis with associated rib anomalies:	1(1)			
Cleft palates:				1(1)
Cleft lip:	1(1)			
Limb anomalies:				3(1)
Tail anomalies:		1(1)		3(3)
Jaw anomalies:			1(1)	
Tarsal flexure:		1(1)		
Kidney absent, thread-like ureter:			1(1)	
Fetal anasarca:				
		1(1)	1(1)	2(2)
Total Number:	4(4)	6(6)	8(6)	13(7)

This submission by IRDC consists of tables listing the fetuses individually and confirms that the summary table above is correct. The total number of fetuses (and litters) with malformations is lower than the total number of malformations since some fetuses had multiple malformations.

Discussion:

The most common malformation observed was described as a "rib anomaly". We would like to have a better description. Are all the rib anomalies identical? Exactly what is the anomaly?

We defer our conclusions on this study until we receive this information and we will then consider all the teratology studies in conjunction with the Captan RPAR.



William R. Schneider, Ph.D.
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