CLH report

Proposal for Harmonised Classification and Labelling

Based on Regulation (EC) No 1272/2008 (CLP Regulation), Annex VI, Part 2

International Chemical Identification:

Ethanol, 2,2'-iminobis-, N-(C13-15-branched and linear alkyl) derivs.

EC Number: 308-208-6

CAS Number: 97925-95-6

Index Number: -

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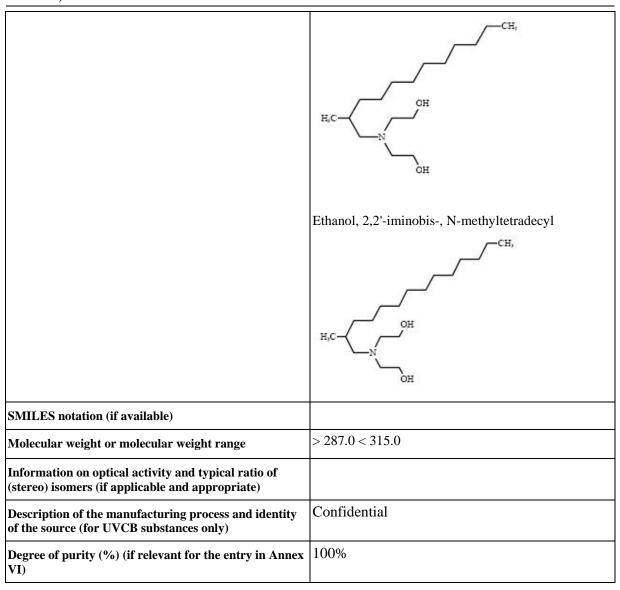
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1 IDENTITY OF THE SUBSTANCE

1.1 Name and other identifiers of the substance

Table 1: Substance identity and information related to molecular and structural formula of the substance

Name(s) in the IUPAC nomenclature or other international chemical name(s)	Ethanol, 2,2'-iminobis-, N-(C13-15-branched and linear alkyl) derivs.
Other names (usual name, trade name, abbreviation)	
ISO common name (if available and appropriate)	
EC number (if available and appropriate)	308-208-6
EC name (if available and appropriate)	Ethanol, 2,2'-iminobis-, N-(C13-15-branched and linear alkyl) derivs.
CAS number (if available)	97925-95-6
Other identity code (if available)	
Molecular formula	
Structural formula	Ethanol, 2,2'-iminobis-, N-pentadecyl CH OH CH OH OH H,C OH OH OH OH OH OH OH OH OH O
	Ethanol, 2,2'-iminobis-, N-methyldodecyl



1.2 Composition of the substance

Table 2: Constituents (non-confidential information)

Constituent (Name and numerical identifier)	Concentration range (% w/w minimum and maximum in multiconstituent substances)	Current CLH in Annex VI Table 3.1 (CLP)	Current self- classification and labelling (CLP)
Ethanol, 2,2'-iminobis-,	100%	Not classified	Acute Tox 4 (oral)
N-(C13-15-branched and			Skin Corr. 1C
linear alkyl) derivs.			Eye Dam. 1
3 ,			Repr 2
			Aquatic acute 1
			Aquatic chronic 1
Ethanol, 2,2'-	>10 - <25% (w/w)	No entry	No entry
iminobis-, N-			
pentadecyl			

Constituent (Name and numerical identifier)	Concentration range (% w/w minimum and maximum in multiconstituent substances)	Current CLH in Annex VI Table 3.1 (CLP)	Current self- classification and labelling (CLP)
Ethanol, 2,2'- iminobis-, N-tridecyl	> 25 - < 50% (w/w)	No entry	No entry
Ethanol, 2,2'- iminobis-, N- methyldodecyl	> 25 - < 50% (w/w)	No entry	No entry
Ethanol, 2,2'- iminobis-, N- methytetradecyl	>10 - <25% (w/w)	No entry	No entry

All studies in this report were performed with the registered substance as presented in Table 2.

Table 3: Impurities (non-confidential information) if relevant for the classification of the substance

Table 4: Additives (non-confidential information) if relevant for the classification of the substance

2 PROPOSED HARMONISED CLASSIFICATION AND LABELLING

2.1 Proposed harmonised classification and labelling according to the CLP criteria

Table 5:

					Classifica		ication Labelling				
	Index No	International Chemical Identification	EC No	CAS No	Hazard Class and Category Code(s)	Hazard statement Code(s)	Pictogram, Signal Word Code(s)	Hazard statement Code(s)	Suppl. Hazard statement Code(s)	Specific Conc. Limits, M-factors	Notes
Current Annex VI entry	-										
Dossier submitters proposal		Ethanol, 2,2'- iminobis-, N-(C13- 15-branched and linear alkyl) derivs.	308-208- 6	97925- 95-6	Repr. 1B	H360D	GHS08 Dng	H360D			
Resulting Annex VI entry if agreed by RAC and COM		Ethanol, 2,2'- iminobis-, N-(C13- 15-branched and linear alkyl) derivs.	308-208- 6	97925- 95-6	Repr. 1B	H360D	GHS08 Dng	H360D			

Table 6: Reason for not proposing harmonised classification and status under public consultation

Hazard class	Reason for no classification	Within the scope of public consultation
Explosives	hazard class not assessed in this dossier	No
Flammable gases (including chemically unstable gases)	hazard class not assessed in this dossier	No
Oxidising gases	hazard class not assessed in this dossier	No
Gases under pressure	hazard class not assessed in this dossier	No
Flammable liquids	hazard class not assessed in this dossier	No
Flammable solids	hazard class not assessed in this dossier	No
Self-reactive substances	hazard class not assessed in this dossier	No
Pyrophoric liquids	hazard class not assessed in this dossier	No
Pyrophoric solids	hazard class not assessed in this dossier	No
Self-heating substances	hazard class not assessed in this dossier	No
Substances which in contact with water emit flammable gases	hazard class not assessed in this dossier	No
Oxidising liquids	hazard class not assessed in this dossier	No
Oxidising solids	hazard class not assessed in this dossier	No
Organic peroxides	hazard class not assessed in this dossier	No
Corrosive to metals	hazard class not assessed in this dossier	No
Acute toxicity via oral route	hazard class not assessed in this dossier	No
Acute toxicity via dermal route	hazard class not assessed in this dossier	No
Acute toxicity via inhalation route	hazard class not assessed in this dossier	No
Skin corrosion/irritation	hazard class not assessed in this dossier	No
Serious eye damage/eye irritation	hazard class not assessed in this dossier	No
Respiratory sensitisation	hazard class not assessed in this dossier	No
Skin sensitisation	hazard class not assessed in this dossier	No
Germ cell mutagenicity	hazard class not assessed in this dossier	No
Carcinogenicity	hazard class not assessed in this dossier	No
Reproductive toxicity		Yes
Specific target organ toxicity- single exposure	hazard class not assessed in this dossier	No
Specific target organ toxicity- repeated exposure	hazard class not assessed in this dossier	No
Aspiration hazard	hazard class not assessed in this dossier	No
Hazardous to the aquatic environment	hazard class not assessed in this dossier	No

3 HISTORY OF THE PREVIOUS CLASSIFICATION AND LABELLING

The substance has no previous harmonized classification and labelling.

4 JUSTIFICATION THAT ACTION IS NEEDED AT COMMUNITY LEVEL

[A.] There is no requirement for justification that action is needed at Community level.

5 IDENTIFIED USES

The substance is used in the manufacture of plastics products, including compounding and conversion.

6 DATA SOURCES

ECHA dissemination site
The Chemical Safety Report

7 PHYSICOCHEMICAL PROPERTIES

Table 7: Summary of physicochemical properties

Property	Value	Reference	Comment (e.g. measured or estimated)
Physical state at 20°C and 101,3 kPa	Extremely pale yellow liquid	(Walker, J.A., Croda Europe Ltd., 2010)	
Melting/freezing point	3 °C	(Nugerman, S., Croda Europe Ltd., 2010)	
Boiling point	The substance decomposes before reaching the boiling point.		
Relative density	0.907 g/cm³ at 20 °C	(Nugerman, S., Croda Europe Ltd., 2010)	
Vapour pressure	0.031 Pa at 25 °C	(Walker, J.A., Croda Europe Ltd., 2010)	
Surface tension	49.05 dyne/cm at 20 °C (limit of water solubility) 29.00 dyne/cm at 20 °C (saturated solution)	(Calvert, M.E., Croda Europe Ltd, 2010)	
Water solubility	80.8 mg/L at 20 °C ± 0.5 °C, pH 6.9-7.2	(Walker, J.A., Croda Europe Ltd., 2010)	
Partition coefficient n- octanol/water	log Kow 4.39 (C13) - 5.37 (C15)	(EPIWIN calculation, 2010)	
Flash point	202 °C at 1000-1010 mbar	(Nugerman, S., Croda Europe Ltd., 2010)	
Flammability	Non flammable		Based on chemical structure pyrophoricity and flammability in contact with water are not

Property	Value	Reference	Comment (e.g. measured or estimated)
			expected.
Explosive properties	Non explosive		In accordance with column 2 of regulation (EC) No 1907/2006 (REACh) Annex VII, the explosiveness of the substance does not need to be tested, because there are no chemical groups associated with explosive properties in the molecule.
Self-ignition temperature	No auto-ignition expected.		The substance is a liquid, non flammable in air, with no flash point up to 200 °C.
Oxidising properties	Non oxidising		The substance is incapable of reacting exothermically with combustible materials, for example on the basis of the chemical structure. In the case of this particular substance there are no chemical groups associated with oxidising properties present in the molecule.
Granulometry	Testing is not necessary because the substance is a liquid.		This substance is a liquid and as such it is marketed in a non granular form. There is no risk of forming respirable dust or the risk of dust explosion.
Stability in organic solvents and identity of relevant degradation products	Not applicable		The stability of the substance in organic solvents is not considered as critical.
Dissociation constant	pKa1: 5.8 at 20 °C pKa2: 15.45 at 20 °C	(SPARC calculation, 2010)	
Viscosity	182 mm²/s at 20 °C; 57.6 mm²/s at 40 °C (OECD 114, capillary method)	(Wooley AJ, Harlan laboratories, 2012)	

All references as summarised in the registration dossier.

8 EVALUATION OF PHYSICAL HAZARDS

Not evaluated in this dossier.

9 TOXICOKINETICS (ABSORPTION, METABOLISM, DISTRIBUTION AND ELIMINATION)

Table 8: Summary table of toxicokinetic studies

Method	Results	Remarks	Reference
The toxicokinetic behaviour of	Metabolites identified: yes	2 (reliable with	DR. KNOELL
Ethanol, 2,2'-iminobis-, N-(C13-15-	Details on metabolites: No	restrictions)	CONSULT
branched and linear alkyl) derivs	information is available regarding	key study	GmbH (2010)
(CAS-No. 97925-95-6) was	the metabolism of the substance	Assessment of	
assessed. The OECD QSAR	specifically. The potential	toxicokinetic	

Method	Results	Remarks	Reference
Application Toolbox was used to	metabolites of a closely related	behaviour	
make a qualitative prediction of the	substance (CAS No. 68155-05-5,	Test material	
metabolites formed in liver, skin	side chain length $n = 9-15$) in	(CAS number):	
and gastrointestinal tract. The fate	liver, skin and gastrointestinal	71768-60-2	
of these metabolites is predicted on	tract were simulated using the		
the basis of their chemical structure	QSAR OECD Toolbox 1.1.02. 23		
based on expert judgement.	hepatic metabolites were		
	predicted. These metabolites arise		
	from hydroxylation, N-		
	dealkylation, and oxidation,		
	especially beta-oxidation of		
	intermediary fatty acids. The		
	main reaction is most likely a		
	dealkylation, to diethanolamine		
	and a primary alcohol. The		
	alcohol is typically further		
	metabolized to a fatty acid that		
	enters into fatty acid catabolism,		
	and is ultimately metabolized to		
	carbon dioxide and water.		

9.1 Short summary and overall relevance of the provided toxicokinetic information on the proposed classification(s)

Absorption

The absorption has not been quantified; however, using the Danish QSAR database, the gastrointestinal absorption of a closely related substance (CAS No. 68155-05-5) was predicted to be 100% (1 mg dose). As the substance is a corrosive substance, no acute dermal or inhalation toxicity studies were performed. The bioavailability via the dermal route has thus not been examined experimentally. Considering the corrosive nature of the substance, it is reasonable to assume that exposure may cause damage to the skin, subsequently facilitating dermal uptake. Using the Danish QSAR database, the dermal absorption of a similar substance (CAS No. 68155-05-5) was estimated to be 0.00400 mg/cm²/event, which is relatively low. It is likely that the corrosive effect increases bioavailability due to a loss of skin barrier integrity. For risk assessment purposes, the bioavailability via the inhalation route is considered to be similar to that of the oral route, i.e. quantitative.

Metabolism

No information is available regarding the metabolism of the substance specifically. The potential metabolites of a closely related substance (CAS No. 68155-05-5) in liver, skin and gastrointestinal tract were simulated using the QSAR OECD Toolbox 1.1.02. 23 hepatic metabolites were predicted. These metabolites arise from hydroxylation, N-dealkylation, and oxidation, especially beta-oxidation of intermediary fatty acids. The main reaction is most likely a dealkylation, to diethanolamine and a primary alcohol. The alcohol is typically further metabolized to a fatty acid that enters into fatty acid catabolism, and is ultimately metabolized to carbon dioxide and water. Diethanolamine is readily metabolized to monoethanolamine, which is known to be a part of the phospholipid synthesis pathway (see the KEGG database, www. genome.jp). In repeated dose studies on rats, exposure to diethanolamine bioaccumulated in (among other) liver and kidney tissue lead to increasing levels of aberrant phospholipids and histopathological lesions (Knaak JB et al, 1997; Mathews JM et al, 1995). As the subchronic rat and dog studies did not reveal any significant

histopathological changes in liver or kidneys, the bioaccumulation of diethanolamine as a metabolite of ethanol, 2,2'-iminobis-, N-(C13-15-branched and linear alkyl) derivs is not expected to occur under experimental dosing conditions. In the skin, two metabolites were predicted, with one or two carboxy groups. These are expected to be metabolized via the same pathways as described for the liver metabolism.

Excretion

The substance has a molecular weight lower than 500 u and is relatively water soluble. The QSAR simulation furthermore predicts that ethanol, 2,2'-iminobis-, N-(C13-15-branched and linear alkyl) derivs will primarily be metabolised to molecules that are utilized in well-known human metabolic pathways. Therefore, the substance is likely to be excreted as breakdown products of these metabolic pathways. The secondary route of excretion is expected to be via the urine, including any minor hepatic metabolites.

10 EVALUATION OF HEALTH HAZARDS

Acute toxicity

Not evaluated in this dossier.

10.4 Skin corrosion/irritation

Not evaluated in this dossier.

10.5 Serious eye damage/eye irritation

Not evaluated in this dossier.

10.6 Respiratory sensitisation

Not evaluated in this dossier.

10.7 Skin sensitisation

Not evaluated in this dossier.

10.8 Germ cell mutagenicity

Not evaluated in this dossier.

10.9 Carcinogenicity

Not evaluated in this dossier.

10.10 Reproductive toxicity

10.10.1 Adverse effects on sexual function and fertility

10.10.2 Short summary and overall relevance of the provided information on adverse effects on sexual function and fertility

There are no studies available that specifically investigated effects on sexual function and fertility.

In the 90 day Repeated Dose Toxicity Studies performed in two different species, rats (Exp Key Repeated dose toxicity: oral.003) and dogs (Exp Key Repeated dose toxicity: oral.002), ovaries, testes with epididymides, uterus with vagina and cervix, mammary gland and prostate were examined macro-and microscopically. No effects on reproductive organs were found. For a more detailed description of the repeated dose studies, see paragraph 10.12.

10.10.3 Comparison with the CLP criteria

No relevant or treatment-related changes on reproductive organs were found in repeated dose studies in rats and dogs, nor in a pre-natal developmental toxicity study in rats. There are no studies available that determined effects on sexual performance or fertility. Thus, no classification is proposed for sexual function and fertility based on absence of data.

10.10.4 Adverse effects on development

Table 9: Summary table of animal studies on adverse effects on development

Method, guideline, deviations if any, species, strain, sex, no/group		Results	Reference
Prenatal Developmental Toxicity Study (OECD 414), rats, RccHan TM : WIST(SPF), 22 females/dose	(C13-15-	Maternal toxic effects: high dose: decrease in body weight/gain (-7%/-14%), decrease in food consumption (-10%) Maternal LOAEL 90 mg/kg bw/day, NOAEL 30 mg/kg bw/day Embryotoxic/teratogenic effects: high dose: post-implantation loss (80/265), external abnormalities of head (5 (2.7%)), decrease in fetus bodyweight (-4%), altered texture of cut surface of eye lens (58 (60%)), cervical vertebra and cranial bone abnormalities (7 and 5 (8 and 6%)); medium dose: altered texture of cut surface of eye lens (31 (23%)), cervical vertebra abnormalities (3 (3%)) Developmental toxicity LOAEL: 30 mg/kg bw/day, NOAEL 10 mg/kg bw/day	Exp Key Developmental toxicity / teratogenicity.002, 2014, registration dossier

10.10.5 Short summary and overall relevance of the provided information on adverse effects on development

A prenatal developmental toxicity study (OECD 414) is available. In this study, 22 pregnant rats were exposed to the test substance in doses of 10, 30, and 90 mg/kg bw/day daily from day 6 - day 20 post coitum (15 days). Significant maternal effects were only observed at 90 mg/kg bw/day and consisted of decreased body weight gain (day 21: mean $30\pm11\%$ compared to $44\pm6\%$ in the control group) and decrease in food consumption. Mean body weight gain was statistically significantly reduced on days 4 and 7 to 8 p.c. and from day 10 p.c. until the end of the study. Corrected body weight gain was reduced without statistical significance (mean +6.6% compared to +10.7% in the control group). Absolute body weight was statistically significantly decreased from day 19 p.c. onwards. These reductions were considered to be test item-related. No maternal mortality occurred and no clinical signs or macroscopic findings were observed. An overview of the maternal effects is given Table 1 of Annex 1.

Several fetotoxic effects were reported at 30 and 90 mg/kg bw/day.

In the high dose group, a statistically significant increase in post-implantation loss was recorded (control 7 (2.6% of implantation sites), low dose 4 (1.3%), mid dose 10 (3.9%), high dose 80 (30.2%) of implantation sites) (Annex 1, Table 2). This resulted in a statistically significant decrease in the mean number of fetuses per dam, when compared to control animals (high dose: 9.3 fetuses per dam; control: 12.6 fetuses per dam).

There was a higher incidence of fetuses with external abnormalities seen in the high dose group, with 5 fetuses in 4 litters affected (Annex 1, Table 3). All abnormalities were of the head including slightly misshapen head, no skin over head, missing eyes and nasal opening, cleft lip and clear membrane over part of head. Although all fetuses were not affected by the same abnormality, a possible association to treatment could not be ruled out. No abnormal findings were recorded for the control and medium dose group. In the low dose group a shortened lower jaw and a closed mouth was recorded.

Visceral examinations were performed on half of each litter (Annex 1, Table 4). The fetuses were preserved in Bouin's fixative and stored in containers with 94% ethanol. A gross examination was performed of the brain and all other internal organs including the internal structure of the eyes, heart and kidneys. Eye defects are determined by examination of cut slices of approximately 1 mm thickness of the head under low powered magnification. The results showed a dose-dependent increase in the incidence of alterations of the texture of the cut surface of the eye lens (control: 0/137 (0%), low dose: 9/153 (6%), medium dose: 31/133 (23%), high dose: 58/97 (60%) of fetuses examined). Although this effect is usually concidered a process artifact, the dose dependency and high incidences in the mid/high dose groups suggest it is substance related. According to the registrant, the effect could still be a process artifact with the explanation for a dose response being that the eyes were examined by dose group with the lowest group being processed first and so less affected by the storage fluid. As it is not indicated in the study report in which order the fetuses were examined, this possibility cannot be confirmed nor denied. Bouin's fixative is commonly used as a fixative, but has the disadvantage it is very reactive. However, no indications could be found that this reactivity leads to alteration of the texture of the surface of the lens in the course of a study (the study duration was appr. 2 weeks).

An increase in cervical vertebra abnormalities was reported in the mid and high dose groups, with 0, 1, 3 and 7 incidences seen in 0, 1, 3 and 7 litters at 0, 10, 30 or 90 mg/kg bw/day, respectively. At the high dose, incidences were increased of cranial bone abnormalities (n=5, 6%), a long ventral plate (variation), incomplete ossification in the cranium as well as supernumerary rudimentary ribs. In addition, variations of the ribs (cervical rib and wavy rib) as well as fused costal cartilages were

outside the range of the historical control data in the high dose group and were therefore considered to be test item-related (Annex 1, Table 5).

In the mid and high dose groups, the mean body weights calculated on an individual basis of the male and female fetuses combined (control: 4.9 ± 0.4 g; low dose: 4.8 ± 0.4 g; medium: 4.7 ± 0.5 g, high dose: 4.7 ± 0.4 g) as well as for the male fetuses in the high dose group (control: 5.0 ± 0.4 g; high dose: 4.8 ± 0.4 g), were slightly but statistically significantly reduced.

For a more detailed overview of this study, please consult Annex I.

10.10.6 Comparison with the CLP criteria

Several severe fetotoxic effects were reported in a pre-natal development study in rats, including post-implantation loss, external abnormalities of the head, altered texture of the cut surface of the eye lens, cervical vertebra and cranial bone abnormalities at the highest dose. The effects were dose-related, with a LOAEL of 30 mg/kg bw/day.

At the mid-dose of 30 mg/kg bw/day, an increase of altered texture of the cut surface of the eye lens and of cervical vertebra abnormalities were observed.

The altered texture of the cut surface of the eye lens is considered treatment related because of the clear dose effect relation and because macroscopic and microscopic cateracts were observed at 150 mg/kg bw/day in the 90-day study showing the capability of this substance to affect the eye. Considering the severity of the effect on the eye lens in the 90-day study it is assumed that the observed effect in the developmental study is also severe. As effects on the eye lens were observed in the 90-day study at 150 mg/kg bw/day but most likely not at 30 mg/kg bw/day whereas effects on the eye lens were observed at 30 and 90 mg/kg bw/day in the developmental study (2 weeks exposure), the results indicate that developing animals may be more susceptible to the effects of this substance on the eye lens. No effect on the eyes was observed in the 90-day dog study, except unilateral lateral mucoid lacrimation in one high dose female (100 mg/kg bw/day), which was considered incidental.

Maternal toxicity was limited to decreased food consumption (-10%) and reduced body weight gain (-14%) at the highest dose of 90 mg/kg bw/day. However, these maternal effects are most likely largely secundary to the post-implantation loss of 30% and the reduced body weight of the pups (-4%). This is confirmed by the small and statistically non-significant reduction in corrected body weight gain (mean +6.6% compared to +10.7% in the control group). In addition, the available 90-day repeated dose toxicity study by gavage shows that this substance only induces local effects to the stomach due to its corrosivity at 150 mg/kg bw/day and secondary systemic effects likely related to the stomach effects including possibly mortality. Direct systemic effects were limited to a high incidence of cateracts (46% in the high dose group).

No maternal toxicity was observed in the developmental study at 30 mg/kg bw/day. The toxicological effects at 30 mg/kg bw/day in the females in the 90-day study were limited to local stomach iritation and related secondary effects including possibly mortality. There were no direct systemic effects.

The severe developmental effects observed at 90 mg/kg bw/day are considered unlikely to be secondary to the observed reduced body weight gain and food intake as these maternal effects were only small and likely caused by local irritation of the stomach. A small decrease in body weight gain does not normally result in an increase in post-implantation loss or other developmental effects as even an absolute reduction in body weight due to feed restriction does not result in an increase in post-implantation loss (Fleeman, 2005).

The severe developmental effects observed at 30 mg/kg bw/day occurred without maternal toxicity.

As significant developmental effects are observed that cannot be considered secondary to maternal toxicity, classification for reproductive toxicity is justified. Classification in Category 1A should be largely based on evidence in humans. No studies in humans are available, thus classification in Category 1A is not appropriate.

Depending on the reliability of the studies and the relevance of the effect, classification in either Category 1B or 2 may be proposed. There is no information available indicating or showing that the observed effects are not relevant to humans. Considering the severity and dose-dependency of the effects and their occurrence at low doses that induced no or only minor maternal toxicity, classification in Category 1B is considered more appropriate than Category 2. For these reasons, classification in Category 1B is proposed for developmental toxicity.

Most developmental effects were observed at 30 and 90 mg/kg bw/day indicating an ED10 within the range of 4 and 400 mg/kg bw/day. The eye lens effects were also observed at 10 mg/kg bw/day with an incidence of 6%. Therefore, the ED10 is also expected to be in this range. Therefore, no SCL is required.

10.10.7 Adverse effects on or via lactation

No data available

10.10.8 Conclusion on classification and labelling for reproductive toxicity

Ethanol, 2,2'-iminobis-, N-(C13-15-branched and linear alkyl) derivs. needs to be classified as Reproductive toxicant Category 1B H360D according to Regulation (EC) 1272/2008.

10.11 Specific target organ toxicity-single exposure

Not evaluated in this dossier.

10.12 Specific target organ toxicity-repeated exposure

Table 10: Summary table of relevant repeated dose toxicity studies

any, species, strain, sex, no/group		Results	Reference
Repeated Dose 90-Day Oral Toxicity (OECD 408), rats, Sprague Dawley, 20 sex/dose	iminobis-, N-(C13-15-branched and linear alkyl) derivs., 15, 30 and	NOAEL: 15 mg/kg bw/day (nominal) (male/female) High dose effects include: mortality (5/40), salivation, wheezing, weight loss, urine stains, alopecia, ocular opacity, cataract (18/39), gross findings in the nonglandular stomach (38/40) Mid dose effects include: mortality (2/40), gross findings in the nonglandular stomach (4/40)	Exp Key Repeated dose toxicity: oral.003

Method, guideline, deviations if any, species, strain, sex, no/group	Test substance, dose levels duration of exposure	Results	Reference
Toxicity in Non-Rodents (OECD 409), dog, Beagle, 4	iminobis-, N-(C13- 15-branched and linear alkyl) derivs., 15, 30 and	NOAEL: 30 mg/kg bw/day (nominal) (male/female) High dose effects: increased incidence of salivation, emesis, and/or soft feces, increased mean alanine aminotransferase value in females, tissue alterations in the liver of females	Exp key rep dose tox: oral.002

10.13 Non-human information

10.13.1 Repeated dose toxicity: oral

Although repeated dose toxicity was not assessed for classification in this report, the 90-day study in rats and the 90-day study in dogs are provided as they give more insight in the toxic mechanism of the substance and the occurrence of maternal toxicity.

A 90 day repeated oral dose toxicity study was performed according to OECD guideline 408 with male and female Sprague Dawley rats (Exp Key Repeated dose toxicity: oral.002). 20 animals per sex and dose were treated using gavage (vehicle water) with 0, 15, 30 and 150 mg/kg bw for 13 weeks.

In the high dose group, five animals were found dead during the study period. All animals in the 150 mg/kg/day group exhibited salivation and wheezing. These signs were first noted during week 2 and persisted throughout the duration of the treatment period. Other clinical signs noted primarily in this group included thinness, urine stains, alopecia, rough hair coat, and red area on the face, ear, neck, leg(s), mouth, chest, and/or paw(s). Body weights for the 150 mg/kg/day males were generally lower than control values and corresponded with lower food consumption values for this group. Furthermore haematological findings, changes in serum chemistry parameters and mean absolute organ weights and/or organ-to-terminal-body-weight ratios and gross findings were made in the 150 mg/kg bw group. Most changes were considered secondary to local stomach irritation and inflammatory lung lesions. The lung lesions occurred in 10/40 animals and were attributed to incidental aspiration of the test material. Stomach lesions (acanthosis) were observed in 38/40 animals.

As a systemic effect, notable ophthalmoscopic findings were reported, including posterior subcapsular or complete cataracts observed in-life in 21 high-dose animals. Microscopically, the incidence of cataracts was noted to be 18/39 animals in the 150 mg/kg bw/day group.

In the mid-dose group, gross findings in the nonglandular stomach were noted in 4/40 animals and two animals were found dead. Inflammatory lung lesions were noted for 2/40 animals in this group. Notable ophthalmoscopic findings were reported for two animals in the mid-dose group in-life, but there were no microscopically identifiable cataracts in these mid-dose animals.

A 90-day study was performed in which the test material was administered via capsule to three groups of dogs (four dogs/sex/group) at dose levels of 15 (Group 2), 30 (Group 3), or 100 (Group 4) mg/kg/day. A control group of four dogs/sex (Group 1) received an empty capsule daily. All dogs were observed twice daily for mortality and moribundity and once daily (approximately 2 to 3 hours post dose) for obvious indications of a toxic and/or pharmacologic effect. Individual body weights were recorded prior to initiation of dosing and weekly thereafter. Individual food consumption measurements and physical examinations were performed weekly. Indirect ophthalmoscopic examinations were performed on all dogs prior to initiation of dosing and on control and high-dose dogs prior to termination. Clinical pathology parameters (hematology and blood chemistry) were evaluated at termination. Following at least 13 weeks of administration of the test material, all dogs were humanely sacrificed and subjected to a complete gross necropsy. Organ weight evaluations and a histomorphologic examination of protocol-specified tissues were performed, including testes with epididymides and uterus with vagina and cervix. All dogs survived to the scheduled termination of the study. Clinical observations, apparently related to administration of the test material, included an increased incidence of salivation, emesis, and/or soft feces (mucoid only or mucoid/bilious) in the Group 4 males and/or females. Statistical evaluation of mean body weight, mean body weight gain, and mean food consumption values failed to demonstrate any significant differences when treated groups were compared to respective control values. The ophthalmoscopic observation noted unilateral lateral mucoid lacrimation in the eye of one high dose female, but this finding was considered incidental.

Statistical evaluation of clinical pathology values revealed a significantly elevated mean erythrocyte value and a mean alanine aminotransferase value in the Group 4 females and a significantly elevated mean calcium value in the Group 3 and 4 females. In addition, the Group 3 male mean blood urea nitrogen value was significantly depressed as compared to the control value. Based on the small magnitude of change, absence of a dose response, or unusually low mean control value, the changes in calcium, blood urea nitrogen, and erythrocyte values, respectively, are felt to be incidental to treatment.

There were no apparent compound-related gross necropsy observations noted at termination. In addition, statistical evaluation of mean absolute and relative organ weight data failed to reveal any significant differences when treated groups were compared to the respective mean control values. Histomorphologic examination of tissue sections revealed apparent compound-related changes in the livers of the Group 4 females, comprised of increased pigment accumulation noted in the Kupffer cells and bile canaliculi. No histopathological changes of the eye were reported. Based on the data generated from this study, the no-observable-effect level of the substance when administered via capsule for approximately 13 weeks to male and female beagle dogs is 30 mg/kg/day.

10.14 Aspiration hazard

Not evaluated in this dossier.

11 EVALUATION OF ENVIRONMENTAL HAZARDS

Not evaluated in this dossier.

12 EVALUATION OF ADDITIONAL HAZARDS

Not evaluated in this dossier.

13 ADDITIONAL LABELLING

Not evaluated in this dossier.

14 REFERENCES

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15 ANNEXES

Annex I to the CLH report