西亚试剂® Xiya Reagent 说明书

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化 学 品 安 全 技 术 说 明 书

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MSDS标题

VINORELBINE DITARTRATE MSDS报告

产品标题

长春瑞滨;长春瑞滨酒石酸酯(盐)

CAS号

125317-39-7

化学品及企业标识

PRODUCT NAME

VINORELBINE DITARTRATE

NFPA

Flammability	1
Toxicity	4
Body Contact	4
Reactivity	1
Chronic	3

SCALE: Min/Nil=0 Low=1 Moderate=2 High=3 Extreme=4

PRODUCT USE

A semisynthetic vinca (alkaloid) derivative related to vinblastine. Vinblastine is an antineoplastic agent with anti- mitotic properties (ie inhibits cell division). Also has immuno- suppressive activity. Vinorelbine is approved for the treatment of advanced non-small- cell lung cancer (NSCLC). Vinorelbine disrupts malignant cell division during metaphase by binding tubulin, the basic subunit of microtubules in the mitotic spindle

apparatus. The drug is less neurotoxic than other vinca alkaloids because it has less affinity for microtubules in nerve axons. Given by intravenous infusion, either alone or in combination with cisplatin.

SYNONYMS

C45-H54-N4-O8.(C4-H6-O6)2, "C'-norvincaleukoblastine, 3', 4'-didehydro-4'-deoxy-", "C'-norvincaleukoblastine, 3', 4'-didehydro-4'-deoxy-", "(R-(R*, R*))-2, 3-dihydroxybutanedioate (1:2)", "(R-(R*, R*))-2, 3-dihydroxybutanedioate (1:2)", "nor-5'-anhydrovinblastine tartrate", "nor-5'-anhydrovinblastine tartrate", KW-2307, "semi-synthetic vinca alkaloid", "anti-cancer agent", tumoristat, tumouristat, antineoplastic, cytotoxic

CANADIAN WHMIS SYMBOLS

EMERGENCY OVERVIEW

RISK

Irritating to respiratory system.
Risk of serious damage to eyes.
May cause harm to the unborn child.
Toxic: danger of serious damage to health by prolonged exposure through inhalation and if swallowed.
Very toxic by inhalation, in contact with skin and if swallowed.
Very toxic: danger of very serious irreversible effects through inhalation and if swallowed.

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POTENTIAL HEALTH EFFECTS

ACUTE HEALTH EFFECTS

SWALLOWED

Severely toxic effects may result from the accidental ingestion of the material; animal experiments indicate that ingestion of less than 5 gram may be fatal or may produce serious damage to the health of the individual. The killing action of antineoplastic drugs used for cancer chemotherapy is not selective for cancerous cells alone but affect all dividing cells. Acute side effects include loss of appetite, nausea and vomiting, allergic reaction (skin rash, itch, redness, low blood pressure, unwellness and anaphylactic shock) and local irritation. Gout and renal failure can occur. Salts of tartaric acid (including Rochelle salt and Seidlitz powder) and the acid itself have all produced serious poisonings or fatalities in man. Gastrointestinal symptoms are marked and include violent vomiting, diarrhea, abdominal pain and thirst followed by cardiovascular collapse and/or kidney failure.

EYE

If applied to the eyes, this material causes severe eye damage.

SKIN

Skin contact with the material may produce severely toxic effects; systemic effects may result following absorption and these may be fatal. The material is not thought to be a skin irritant (as classified using animal models). Abrasive damage however, may result from prolonged exposures. Good hygiene practice requires that exposure be kept to a minimum and that suitable gloves be used in an occupational setting. Open cuts, abraded or irritated skin should not be exposed to this material. Entry into the blood-stream, through, for example, cuts, abrasions or lesions, may produce systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected.

INHALED

Inhalation of dusts, generated by the material, during the course of normal handling, may produce severely toxic effects; these may be fatal. There is strong evidence to suggest that this material can cause, if inhaled once, very serious, irreversible damage of organs. The material can cause respiratory irritation in some persons. The body's response to such irritation can cause further lung damage. Side effects of topoisomerase I and II inhibitors (acting as antineoplastics/ cytotoxics) include early diarrhoea which may occur within 24 hours of exposure to the drug; this may be accompanied by symptoms including runny nose, increased salivation, watery eyes, sweating, flushing, abdominal cramping. Late diarrhoea may occur after 24 hours and usually peaks at about 11 days after treatment. Because of concerns of dehydration and electrolyte imbalances with diarrhoea it is important to be in contact with health care professionals for monitoring, and for medication and diet modifications advice. Other common side-effects of therapy may include nausea and vomiting may also occur; low red and white blood cell counts may also result; anaemia may follow. Hair loss, poor appetite, fever and weight loss may also ensue. Less common symptoms include constipation, shortness of breath, insomnia, cough, headache, dehydration, chills, skin rash, flatulence, flushing of the face, mouth sores, heartburn and swelling of the feet and ankles.

CHRONIC HEALTH EFFECTS

Toxic: danger of serious damage to health by prolonged exposure through inhalation and if swallowed. Toxic: danger of serious damage to health by prolonged exposure through inhalation and if swallowed. This material can cause serious damage if one is exposed to it for long periods. It can be assumed that it contains a substance which can produce severe defects. This has been demonstrated via both short- and long-term experimentation. Ample evidence exists, from results in experimentation, that developmental disorders are directly caused by human exposure to the material. Limited

evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems. Topoisomerase inhibitors represent a subgroup of plant alkaloids, which also encompasses the vinca alkaloids such as vincristine and vinblastine, taxanes and podophyllotoxin derivatives. Topoisomerase inhibitors act by preventing the unpackaging of DNA that must occur prior to transcription and replication. The earliest drugs in this class were inhibitors of topoisomerase II, however topoisomerase I inhibitors such as topotecan started entering the market in the mid-1990鎬

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