

VII. RESEARCH NEEDS

Long-term epidemiologic studies of worker populations exposed at or below the recommended environmental limits are needed. Such studies should consider not only the subjective complaints of workers but should also address changes in blood chemistry, thyroid function, and the urinary excretion of thiocyanate. As a minimum, these studies should include breathing zone air measurements, medical histories, smoking habits and histories of previous exposure.

The permeability of gloves, chemical suits, and other protective clothing to hydrogen cyanide should be determined. Methods for automatic, continuous monitoring should be designed and/or tested for sensitivity, accuracy, and specificity by comparison with a reliable standard method. Since one of the primary functions of automatic continuous monitoring is serving as a warning device, alarm systems should be incorporated and tested for reliability.

Animal studies should be conducted to document and verify the dose-response relationship between chronic exposure to low-concentrations of HCN and neural lesions. These studies should also address the issues of carcinogenecity, mutagenicity, and teratogenicity as they pertain to HCN and its metabolites. Information should also be collected to evaluate the possibility of neural lesions as a consequence of human chronic cyanide exposure.

An improved analytical method for urinary thiocyanate should be tested and validated for assessing occupational exposure to cyanide and the normal ranges of cyanide and thiocyanate determined for differing habits of

intake of food, drink, and other xenobiotic substances and for various body fluids.

A compilation of cyanide salt exposure concentrations and the incidence of nasal and mucosal lesions is lacking. Other needed research is in the area of cyanide antidotes. There are indications that dicobalt ethylenediaminetetraacetate and hydroxocobalamin may prove to be useful.

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