CANCER ET TRAVAIL



Les Monographies du CIRC/OMS. Procédure d'évaluation de la cancérogénicité d'une substance. Kurt Straif, MD MPH PhD







Val de Loire 🥣

Identifying occupational causes of cancer

- Bernadino Ramazzini *De morbis artificium*,1700 Increased risk of breast cancer among nuns
- Percival Pott, 1775 Scrotal cancer in chimney sweeps
- Haerting & Hesse, 1879
 Schneeberg lung cancer
- Rehn, 1895 Blasengeschwülste bei Fuchsin-Arbeitern

Von

Dr. L. Rehn,

Three bladder tumours in 45 workers involved in the manufacture of fuchsin

PAHs, the Histories of Occupational Cancer and Carcinogenesis

1775 Percival Pott

1912 Yamagiwa & Itchikawa

1925 1. Ordinance of Occupational Diseases, Germany Scrotal cancer in chimney sweeps Skin Cancer induced by application of coal tar

Skin cancer related to soot paraffin, tar, anthracene & pitch



Identification of benzo[a]pyrene in coal tar

1947 Kennaway & Kennaway

Lung cancer in coal gas & tar workers

1964 Berenblum

1933 Cook

2-Stage theory of carcinogenesis (benzo[a]pyrene & croton oil)

IARC: Cancer Research for Cancer Prevention

- Rising burden of cancer: estimates by 2040 29.5 million new cases/a compared to 18.1 million in 2018
- Majority of the increase in cancer burden expected in low- and middle-income countries (LMIC)



- No country can treat its way out of the cancer problem
- Prevention probably the single most effective response to these challenges,
- The first step in cancer prevention is to identify the causes of human cancer (Monographs)

"The encyclopaedia of carcinogens"

The IARC Monographs evaluate

- Chemicals
- Complex mixtures
- Occupational exposures
- Physical and biological agents
- Personal habits

More than 1000 agents have been evaluated

- 120 are *carcinogenic to humans* (Group 1)
- 83 are probably carcinogenic to humans (Group 2A)
- 314 are *possibly carcinogenic to humans* (Group 2B)

National and international health agencies use the *Monographs*

- > As a source of scientific information on known or suspected carcinogens
- As scientific support for their actions to prevent exposure to known or suspected carcinogens



Lorenzo Tomatis 1929-2007

How Are Agents Selected?

- Agents with evidence of human exposure and suspicion of carcinogenicity are evaluated
- Public call for nominations
 http://monographs.iarc.fr/ENG/Meetings/index.php
 - Scientists, governments, NGOs, industry and individuals can nominate agents
- International expert Advisory Group on Priorities (ongoing)
 - Scientists and representatives of governments and health agencies
 - Advises IARC on priority of nominated agents

Call for nominations of agents for review in future IARC Monographs

IARC encourages the general public, the scientific community, national health agencies, and other organizations, to nominate agents for review in future *IARC Monographs*. For details, please see: Information on nominations Nomination form WHO Declaration of Interests (to be submitted with each nomination)

How are Evaluations Conducted?



- Published guidelines for participant selection, conflict of interest & stakeholder involvement
- Criteria for data
 eligibility
- Guidelines for review of human, animal and mechanistic evidence
- Decision process for overall evaluations

http://monographs.iarc.fr/ENG/Preamble/index.php

Conflicts of interest: management and disclosure

- Independent evaluations by the world's leading experts world's leading experts free from conflicts of interests
- Only these experts draft text and perform evaluations, BUT other scientists can participate in defined roles:
 - Invited Specialists
 - Representatives of national and international health agencies
 - Observers
 - IARC Secretariat
- Real or apparent conflicts of interest publicly announced:
 - In advance (2 months before the in-person meeting)
 - In the published *The Lancet Oncology* summaries
 - In the published volume of *Monographs*

How is transparency assured before, during and after the evaluation?

- Public announcements:
 - Methods (published online, in advance)
 - Topic and timing (1 year in advance)
 - Working Group and all other participants (2 months in advance)
 - Results (*The Lancet Oncology*, full *Monograph*)
- Public process open to scientific observers
- Fully referenced *Monograph* is published online for free download
 - Cites only peer-reviewed and published, publicly available data (available for independent scientific scrutiny)
 - All studies (positive and negative) are described
 - Rationale for conclusions is given

Systematic scientific evaluation

- Systematic gathering and evaluation of original research that is available in the public domain for independent scientific review
 - Published methods based on international guidance
 - Conclusions described using internationally defined terms
 - Uniform, hierarchic evaluation structure
 - Same criteria applied in all evaluations
 - Same criteria applied to all studies
 - Working Group comments [in square brackets]
- Fully referenced *Monograph* is published online for free download
 - All studies (positive and negative) are described
 - Rationale for conclusions is given

The IARC Monographs Evaluations



Evaluating human data (Subgroup 2)

Cancer in humans — Preamble Part B, Section 6(a) Cancer in experimental animals Causal relationship has be Chance, bias, and confour

Mechanistic and other relevant data

Causal relationship has been <u>established</u> Chance, bias, and confounding <u>could be ruled out with</u> <u>reasonable confidence</u>

Limited evidenceCausal interpretation is credible
Chance, bias, or confounding could not be ruled out

Inadequate evidence Studies permit <u>no conclusion</u> about a causal association

Evidence suggesting lack of carcinogenicity Several adequate studies covering the full range of exposure levels are mutually consistent in not showing a positive association at any observed level of exposure Conclusion is limited to cancer sites and conditions studied

Evaluating experimental animal data (Subgroup 3)

| humans | experimental animals | other relevant data | | | |
|--|---|---|--|--|--|
| | - Preamble Part B, Section 6(b) | | | | |
| | | | | | |
| Sufficient evidence | Causal relationship has been <u>a</u> - <u>Multiple positive results</u> (2 s - <u>Single unusual result</u> (incide | established through either: pecies, studies, sexes of GLP) nce, site/type, age, multi-site) | | | |
| Limited evidence | Data <u>suggest</u> a carcinogenic effect but: (<i>e.g.</i>) single study, benign tumours only, promoting activity only | | | | |
| Inadequate evidence | Studies permit no conclusion | about a carcinogenic effect | | | |
| Evidence suggesting lack of carcinogenicity | Adequate studies in at least to agent is not carcinogenic Conclusion is limited to the sp exposure, and conditions a | wo species show that the becies, tumour sites, age at nd levels of exposure studied | | | |

IARC Monographs, Volume 100 A Review of Human Carcinogens

- Scope of volume 100
 - Update the critical review for each carcinogen in Group 1
 - Identify tumour sites and plausible mechanisms
 - Compile information for subsequent scientific publications
- The volume was developed over the course of 6 meetings
 - A. Pharmaceuticals (23 agents, Oct 2008)
 - B. Biological agents (11 agents, Feb 2009)
 - C. Metals, particles and fibres (14 agents, Mar 2009)
 - D. Radiation (14 agents, June 2009)
 - E. Lifestyle factors (11 agents, Sept 2009)
 - F. Chemicals and related occupations (34 agents, Oct 2009)



Preventable Exposures Associated With Human Cancers

Vincent James Cogliano, Robert Baan, Kurt Straif, Yann Grosse, Béatrice Lauby-Secretan, Fatiha El Ghissassi, Véronique Bouvard, Lamia Benbrahim-Tallaa, Neela Guha, Crystal Freeman, Laurent Galichet, Christopher P. Wild



Known and suspected causes of cancer

List of Classifications by cancer sites with *sufficient* or *limited evidence* in humans, Volumes 1 to 114*

| Cancer site | Carcinogenic agents with <i>sufficient</i> evidence in humans | Agents with <i>limited evidence</i> in humans | | |
|-------------|--|--|--|--|
| Lung | Acheson process, occupational exposures associated with Aluminum production Arsenic and inorganic arsenic compounds Asbestos (all forms) Beryllium and beryllium compounds Bis(chloromethyl)ether; chloromethyl methyl ether (technical grade) Cadmium and cadmium compounds Chromium(VI) compounds | Acid mists, strong inorganic Art glass, glass containers and pressed ware (manufacture of) Biomass fuel (primarily wood), indoor emissions from household combustion of Bitumens, occupational exposure to oxidized bitumens and their emissions during roofing | | |
| | Coal, indoor emissions from household combustion Coal gasification Coal-tar pitch Coke production | Bitumens, occupational exposure to hard bitumens and their emissions during mastic asphalt work Carbon electrode manufacture | | |

10 Key Characteristics of Human Carcinogens

Key characteristic:

- 1. Is electrophilic or can be metabolically activated
- 2. Is genotoxic
- 3. Alters DNA repair or causes genomic instability
- 4. Induces epigenetic alterations
- 5. Induces oxidative stress
- 6. Induces chronic inflammation
- 7. Is immunosuppressive
- 8. Modulates receptor-mediated effects
- 9. Causes immortalization
- **10.** Alters cell proliferation, cell death, or nutrient supply

- Established human carcinogens commonly exhibit one or more characteristics
- Data on these characteristics can provide evidence of carcinogenicity
- They can also help in interpreting the relevance and importance of findings of cancer in animals and in humans.

Smith MT, et al.. Env Health Persp., 124(6):713-21

High-Throughput Screening Data

ToxCast iCSS dashboard

(http://actor.epa.gov/dashboard/)

- 821 assays
- 1860 chemicals



10 Key Characeristics of Human Carcinogens:

1. Is electrophilic or can be metabolically activated

2. Is genotoxic

- 3. Alters DNA repair or causes genomic instability
- 4. Induces epigenetic alterations

5. Induces oxidative stress

6. Induces chronic inflammation

7. Is immunosuppressive

8. Modulates receptor-mediated effects

9. Causes immortalization

10. Alters cell proliferation, cell death, or nutrient supply

At most, 274 ToxCast/Tox21 assays could be mapped to a "key characteristic":

| Key characteristic | 1. Is electrophilic or can be metabolically activated | 4. Induces epigenetic alterations | 5. Induces oxidative stress | 6. Induces chronic inflammation | 8. Modulates receptor- mediated effects • Others (18) • PPAR (12) • PXR_VDR (7) | 10. Alters cell proliferation, cell death and nutrient supply |
|-----------------------|--|--|--|--|--|--|
| Assay Endpoints | 31 assays: •CYP inhibition (29) •Aromatase inhib. (2) | 11 assays: •DNA binding (4) •Transformation (7) | 18 assays: •Metalloproteinase (5) •Oxidative stress (7) •Oxidative stress marker (6) | 45 assays: •Cell adhesion (14) •Cytokines (29) •NFkB (2) | 81 assays: •AhR (2) •AR (11) •ER (18) •FXR (7) | 68 assays: • Cell cycle (16) • Cytotoxicity (41) • Mitochondrial toxicity (7) • Proliferation (4) |

Monographs Preamble Update, 2019



WORLD HEALTH ORGANIZATION INTERNATIONAL AGENCY FOR RESEARCH ON CANCER



IARC Monographs on the Identification of Carcinogenic Hazards to Humans

PREAMBLE

Highlights:

- Enhanced transparency
- Increased rigor
- Modernized methods

Key features:

- Strong procedures for conflict of interest management, public engagement and stakeholder involvement
- Robust systematic review methodology
- New section on critical review of exposure methods in epidemiologic studies of cancer and mechanisms
- Refined evaluation criteria for mechanistic evidence
- Rigorous and transparent integration of human cancer, animal bioassay and mechanistic evidence streams

How Are Overall Evaluations Determined?

| Evidence of Cancer in HumansEvidence of Cancer in Experimental Animals | | Mechanistic Evidence | Evaluation | |
|---|--|---------------------------------|--|--|
| Sufficient | | | Carcinogenic (Group 1) | |
| | Sufficient | Strong (exposed humans) | | |
| Limited | Sufficient | Sufficient | | |
| Limited | | Strong | Probably carcinogenic (Group 2A) | |
| | Sufficient | Strong (human cells or tissues) | | |
| | | Strong (mechanistic class) | | |
| Limited | | | Possibly | |
| | Sufficient | | carcinogenic | |
| | | Strong (experimental systems) | (Group 2B) | |
| | Sufficient Strong (does not opera humans) | | Not classifiable | |
| | (Group 3) | | | |

Vol. 105: Diesel engine exhaust: exposure

- Diesel engines are used for on-road and non-road transport (eg, trains, ships) and (heavy) equipment in various industrial sectors (eg, mining, construction), and in electricity generators, particularly in developing countries.
- Emissions from these engines are complex, with varying composition.
- The gas phase consists of carbon monoxide, nitrogen oxides, and volatile organic compounds such as benzene and formaldehyde.
- Particles consist of elemental and organic carbon, ash, sulfate, and metals.
- Polycyclic aromatic hydrocarbons and nitroarenes are distributed over the gas and the particle phase.

Diesel engine exhaust and lung cancer

- In a large US miners study diesel engine exhaust was quantified via estimated elemental carbon as a proxy of exposure
- Cohort and nested case—control analyses adjusted for tobacco smoking showed positive trends in lung cancer risk with increasing exposure to diesel exhaust, with 2–3-fold increased risk in the highest categories of cumulative or average exposure. (Attfield et al 2012, Silverman et al 2012).
- In US railroad workers exposed to diesel exhaust a 40% increased risk for lung cancer was observed.
- A large cohort study in the US trucking industry reported a 15– 40% increased lung cancer risk
- Findings of above cohort studies were supported by those in other occupational groups and by case-control studies including various occupations involving exposure to diesel-engine exhaust.

SYNERGY: Diesel engine exhaust

Cumulative DME exposure and lung cancer risk

| Cumulative DME exposure | | | | | | | |
|----------------------------------|-------|----------|-------|----------------|-------|----------------|--|
| ∑(level ² ∗ duration) | Cases | Controls | OR1 | 95% CI | OR2 | 95% CI | |
| Never | 7676 | 10320 | 1.00 | Reference cat. | 1.00 | Reference cat. | |
| <6 | 1270 | 1514 | 0.92 | 0.78 – 1.08 | 0.88 | 0.74 – 1.03 | |
| 6-17.33 | 1325 | 1499 | 1.00 | 0.88 – 1.12 | 0.92 | 0.82 - 1.04 | |
| 17.34-34.5 | 1441 | 1502 | 0.99 | 0.85 – 1.15 | 0.91 | 0.79 – 1.05 | |
| >34.5 | 1594 | 1450 | 1.27 | 1.14 – 1.41 | 1.14 | 1.03 – 1.26 | |
| Test for trend, p-value | | | 0.001 | | 0.070 | | |
| Trend among exposed, p-value | | | 0.000 | | 0.002 | | |
| >34.5, never smokers | 47 | 314 | 1,27 | 0.90 - 1.79 | 1.14 | 0.81 - 1.62 | |
| >34.5, never List A job | 1449 | 1337 | 1.35 | 1.23 - 1.48 | 1.21 | 1.10 - 1.33 | |
| >34.5, women | 35 | 45 | 1.61 | 0.98 - 2.65 | 1.41 | 0.86 - 2.32 | |

Random effect model based on study specific results OR1 adjusted for age, sex, smoking pack years, time since quitting smoking, ever employed in "List A" job OR2 in addition adjusted for education

Diesel engine exhaust, cancer bioassays Evaluation

 The Working Group concluded that there was "sufficient evidence" in experimental animals for the carcinogenicity of whole diesel-engine exhaust, of diesel-engine exhaust particles and of extracts of diesel-engine exhaust particles.





DEE, mechanisms of carcinogenicity

- DEE, DEE particles, DEE condensates, and organic solvent extracts of DEE particles induced in vitro and in vivo, various forms of DNA damage
- Increased expression of genes involved in xenobiotic metabolism, oxidative stress, inflammation, antioxidant response, apoptosis, and cell cycle regulation in mammalian cells was observed.
- Positive genotoxicity biomarkers of exposure and effect were also observed in humans exposed to diesel engine exhaust.

The Working Group concluded that there is "strong evidence" for the ability of whole diesel-engine exhaust to induce cancer in humans through genotoxicity.

Diesel engine exhaust Overall Evaluation

- There is sufficient evidence for the carcinogenicity in humans of diesel engine exhaust. Diesel engine exhaust causes lung cancer. Also, a positive association between diesel engine exhaust and bladder cancer has been observed.
- There is sufficient evidence for the carcinogenicity in experimental animals of whole diesel engine exhaust.

Overall evaluation

 Diesel engine exhaust is carcinogenic to humans (Group 1).

Exposure-Response Estimates for Diesel Engine Exhaust and Lung Cancer Mortality Based on Data from Three Occupational Cohorts

Roel Vermeulen,¹ Debra T. Silverman,² Eric Garshick,³ Jelle Vlaanderen,^{1,4} Lützen Portengen,¹ and Kyle Steenland⁵

¹Division of Environmental Epidemiology, Institute for Risk Assessment Sciences, Utrecht University, Utrecht, the Netherlands;



R

IARC Monographs Vol. 111, CNT

- MWCNT-7 caused peritoneal mesotheliomas in rats & mice
- 2 other types of MWCNTs with physical dimensions similar to those of MWCNT-7 caused mesotheliomas in male and female rats in one intraperitoneal study, (Nagai et al., 2011).
- Two studies with SWCNTs in rats were inconclusive.
 Carcinogenicity in experimental animals
- *sufficient evidence* for MWCNT-7,
- *limited evidence* for the two other types of MWCNTs with dimensions similar to MWCNT-7,
- *inadequate evidence* for SWCNTs.

Overall evaluation

- MWCNT-7 is *possibly carcinogenic to humans* (Group 2B);
- SWCNTs and MWCNTs excluding MWCNT-7 are *not classifiable as to their carcinogenicity to humans* (Group 3)

Identifying occupational carcinogens



Future Priorities for the IARC Monographs

| | Rationale |
|---|---|
| Agents not previously evaluated by IARC Monographs | |
| Haloacetic acids (and other disinfection byproducts) | Relevant human cancer, bioassay, and mechanistic evidence |
| Metalworking fluids | Relevant human cancer and bioassay evidence |
| Cannabis smoking, fertility treatment, glucocorticoids, Salmonella typhi, <mark>sedentary behaviour</mark> *, tetracyclines and other photosensitising drugs | Relevant <mark>human cancer and mechanistic</mark> evidence |
| Cupferron, gasoline oxygenated additives, gentian violet, glycidamide, malachite green and leucomalachite green, oxymetholone, pentabromodiphenyl ethers, <mark>vinclozolin</mark> | Relevant <mark>bioassay</mark> and <mark>mechanistic</mark> evidence |
| Breast implants, dietary salt intake*, neonatal phototherapy*, poor oral hygiene* | Relevant human cancer evidence |
| Aspartame | Relevant bioassay evidence |
| Arecoline, carbon disulphide, electronic nicotine delivery systems and nicotine*, human cytomegalovirus, parabens | Relevant mechanistic evidence |
| Agents previously evaluated by IARC Monographs† | |
| Automotive gasoline (leaded and unleaded), carbaryl, malaria | New human cancer, bioassay, and mechanistic evidence to warrant re-evaluation of the classification |
| Acrylamide*, <mark>acrylonitrile,</mark> some anthracyclines, <mark>coal dust,</mark> combustion of biomass, domestic talc products, <mark>firefighting exposure</mark> , metallic <mark>nickel,</mark> some pyrethroids (ie, permethrin, cypermethrin, deltamethrin) | New <mark>human cancer</mark> and <mark>mechanistic</mark> evidence to warrant re-evaluation of the classification |
| Aniline, acrolein, methyl eugenol and isoeugenol*, <mark>multi-walled carbon nanotubes</mark> *, non-ionising radiation (radiofrequency)*, some perfluorinated compounds (eg, perfluorooctanoic acid) | New <mark>bioassay</mark> and <mark>mechanistic</mark> evidence to warrant re-evaluation of the classification |
| Ostrogen:oestradiol and oestrogen-progestogens‡, hydrochlorothiazide. Merkel cell | New human cancer evidence to warrant re-evaluation of the |

Ostrogen:oestradiol and oestrogen-progestogens‡, hydrochlorothiazide, Merkel cell polyomavirus, perchloroethylene, very hot foods and beverages

1,1,1-trichloroethane, weapons-grade alloy (tungsten, nickel, and cobalt)

Acetaldehyde, bisphenol A*, cobalt and cobalt compounds, crotonaldehyde, cyclopeptide cyanotoxins, fumonisin B₁, inorganic lead compounds, isoprene, o-anisidine

New bioassay evidence to warrant re-evaluation of the classification

New mechanistic evidence to warrant re-evaluation of the classification

classification

Global, regional, and national comparative risk assessment of 84 behavioural, environmental and occupational, and metabolic risks or clusters of risks for 195 countries and territories, 1990–2017: a systematic analysis for the Global Burden of Disease Study 2017

| | Risk factors and outcomes | 2007 deaths (thousands) | 2017 deaths (thousands) | Percentage change in deaths, 2007–17 | Percentage change in age- standardised death rate, 2007-17 | 2007 DALYs (thousands) | 2017 DALYs (thousands) | Percentage change in DALYs, 2007–17 | Percentage change in age- standardised DALY rate, 2007–17 |
|---|--|----------------------------|----------------------------|---|--|---------------------------|---------------------------|--|---|
| 2 | Occupational carring gange | 271 | 224 | 22.20/ | 7 40/ | F600 | 6750 | 20.6% | 9.00/ |
| 3 | causes | (220 to 322) | (271 to 397) | 23·3% (19·1 to 27·1)* | -7·4% (-10·5 to -4·5)* | (4560 to 6710) | (5490 to 8120) | 20.0% (16.5 to 24.5)* | –0.0% (–11.3 to –5.0)* |
| 4 | Occupational exposure to asbestos: all causes | 194 (148 to 243) | 232 (177 to 289) | 19∙6% (14∙6 to 23∙6)* | –10·5% (–14·2 to –7·5)* | 3410 (2570 to 4310) | 3930 (2980 to 4950) | 15·3% (9·9 to 19·8)* | –12·7% (–16·7 to –9·4)* |
| 4 | Occupational exposure to diesel engine exhaust: all causes | 12 (11 to 13) | 18 (16 to 20) | 48·9% (41·6 to 55·4)* | 13·5% (8·5 to 18·1)* | 344 (304 to 386) | 494 (434 to 559) | 43·9% (36·8 to 50·5)* | 10·8% (5·7 to 15·3)* |

GBD 2017 Risk Factor Collaborators, Lancet 2018

Occupational cancer: AF

- "Occupational cancer, moreover, tends to be concentrated among relatively small groups of people among whom the risk of developing the disease may be quite large, and
- such risks can usually be reduced or even eliminated, once they have been identified.
- The detection of occupational hazards should therefore have a higher priority in any program of cancer prevention than their proportional importance might suggest."

Doll & Peto, 1981

CANCER ET TRAVAIL



Merci!

Questions?

SYMPOSIUM

INMA - IMTVL - SMTVL







Declaration of Interests

2001 – 11/2018, Senior Epidemiologist and **Head of the IARC Monographs programme**, Head of Section of Evidence Synthesis and Classification (WHO Classification of Tumours, IARC Monographs, IARC Handbooks of Cancer Prevention)

12/2018 – 04/2019, Consultant to IARC, Section of Evidence Synthesis and Classification

The IARC Monographs are supported by grants from U.S. National Cancer Institute (since 1982)

European Commission, Employment and Social Affairs (since 1986) U.S. National Institute of Environmental Health Sciences (since 1992)

Hazard Identification, Risk Assessment and Risk Management



Source: EPA Office of Research and Development.

Dose-response analyses of occupational and residential radon exposure and lung cancer



FIGURE 3-2 Summary relative risks (RR) from meta-analysis of indoor-radon studies and RRs from pooled analysis of underground-miner studies, restricted to exposures under 0.175 Jhm⁻³ (50 WLM). Included are RR of 1, fitted exposure-response and its 95% confidence interval from indoor-radon studies, and estimated linear RR based on ecologic analysis by Cohen (1995).

BEIR VI, 1999

Evaluating mechanistic and other data (Subgroup 4)



 Are the mechanistic data "weak," "moderate," or "strong"? Have the mechanistic events been established? Are there <u>consistent</u> results in <u>different</u> experimental systems? Is the overall database <u>coherent</u>?

Has each mechanism been <u>challenged</u> experimentally? Do studies demonstrate that <u>suppression of key mechanistic</u> <u>processes</u> leads to <u>suppression of tumour development</u>?

• Is the mechanism likely to be operative in humans?

Are there alternative explanations? Could different mechanisms operate in <u>different dose ranges</u>, in <u>humans</u> <u>and experimental animals</u>, or in a <u>susceptible group</u>?
Note: an uneven level of support for different mechanisms may reflect only the resources focused on each one

Overall carcinogenicity evaluation

EVIDENCE IN EXPERIMENTAL ANIMALS



Systematic Approach Using Key Characteristics of Carcinogens



High Throughput Screening Data: *Questions* Tox Pi ranking for malathion: <u>All key characteristics</u>

- How does activity compare across– and within– key characteristics, and across all Tox21 compounds evaluated by IARC?
- Is activity more closely associated with the parent compound or metabolite(s)?

Tox Pi ranking for malathion: Key characteristic #8

Group-1 agents with less than *sufficient evidence* in humans

- Ethylene oxide (vol 60, 1994, Vol 97, 2007)
- 2,3,7,8-Tetrachlorodibenzo-para-dioxin (vol 69, 1997)
- Neutron radiation (vol 75, 2000)
- Areca nut (Vol 85)
- Gallium Arsenide (Vol 86, 2003)
- Tobacco-specific nitrosamines NNN and NNK (Vol 85)
- Benzo[a]pyrene (vol 92, 2005)
- Ethanol in alcoholic beverages
- Dyes metabolized to benzidine (Vol 99, 2007)
- MOCA (Vol 99, 2007)
- Aristolochic acid (Vol 100A)
- Acetaldehyde associated with consumption of alcoholic beverages (Vol 100E)
- pentachloro-dibenzofuran and pentachloro-biphenyl (Vol 100F, 2009), Dioxin-like PCBs (Vol 107)

IARC Monographs Vol. 111, CNT

- The Working Group acknowledged that the above mechanisms are all relevant to humans.
- However, a majority did not consider the mechanistic evidence for carcinogenicity - especially concerning chronic endpoints – to be strong for any specific CNT.
- Furthermore, the lack of coherent evidence across the various distinct CNTs precluded generalisation to other types of CNTs.

Overall evaluation

- MWCNT-7 is possibly carcinogenic to humans (Group 2B);
- SWCNTs and MWCNTs excluding MWCNT-7 are *not* classifiable as to their carcinogenicity to humans (Group 3).

Epidemiologic data for occupational carcinogen risk assessment

International Agency for Research on Cancer

