PREVENT CANCER NOW

www.PreventCancerNow.ca November 17, 2016

Committee on Oversight and Government Reform
United States House of Representatives
Washington, DC 20515
By email: reporttoogr@mail.house.gov

Dear Chairman Chaffetz and Committee;

The US National Institutes of Health (NIH) supports the World Health Organization's International Agency for Research on Cancer (IARC). As scientists and professionals in medicine and public health, with a goal to stop cancer before it starts, we write to thank sincerely the NIH and its overseers, and to urge you to continue supporting this essential institution.

IARC is the world's most esteemed and trusted assessor of human carcinogenicity. It is the single agency that rigorously and transparently evaluates health effects of potentially harmful exposures independently from those who profit from related products and processes.

You have received letters urging you to stop funding IARC. We are countering inaccuracies alluded to in the press and stated in a letter from the American Chemistry Council.

Rather than innovating and marketing less hazardous products, those who fear impacts on profits are attacking the integrity of the single institution that relies primarily upon unconflicted evidence and expertise to reach its scientific conclusions.

Transparency and completeness of review

In contrast with regulatory agencies that meet privately and rely upon confidential test data, all of the research that IARC Working Groups consider is available in the public domain and meetings are attended by observers. Contrary to corporate statements, IARC is the epitome of transparency.

Conversely, with much of the data not open to public scrutiny, there are serious concerns regarding rigour and transparency of regulatory assessments, as illustrated in a brief appendix regarding the herbicide 2,4-D. Confidential details, not revealed by the US EPA or Health Canada, would not have withstood scrutiny of an IARC Working Group.

Completeness of Scientific Evidence – IARC considers all of the public research

The ACC also stated that IARC does not consider "the full weight of the scientific evidence." The implication is that others, such as the US EPA, do.

Firstly, IARC considers the totality of the *publicly available* evidence much more systematically than regulators. Thorough evidence tables are followed by explicit weighing of evidence.

As for the confidential industry-sponsored research, it is true that IARC does not consider data to which it has no access. *No* agency accesses all of the research, because not all industry-sponsored research is disclosed. In 2005 Health Canada requested developmental data for 2,4-D, presumably triggering further research. The Industry Task Force responses were dated 1989 and 1990.

This predilection to supply only favourable results is not restricted to pesticides. Suppression by tobacco companies of evidence that smoking causes cancer is well established. Medical researchers have gone to great lengths to thwart withholding of information and manipulation of data by drug companies including detailed clinical trial registration and reporting requirements. Notwithstanding efforts of public health and medical scientists to improve the quality and credibility of peer-reviewed scientific publications, there is still strong evidence of bias corresponding to funding sources for pesticides, drugs and radiofrequency radiation research. IARC, beholden to no corporate interest, reaches the most scientifically robust conclusions.

Hazard and risk assessments

The ACC suggests that IARC and its Working Groups are confused and do not appreciate the distinction between hazard (potential for an exposure at some level to cause cancer) and risk (potential for cancers to be caused at specific exposure levels). This allegation is ludicrous. IARC panels are composed of top-notch scientists who fully appreciate these issues.

Regulatory agencies that may be fixated on exposure determination discount studies where exposure is not quantified with the desired precision needed to set air and water quality standards, and discount "everyday" studies where exposures may be "high" versus "low."

These disregarded studies are the strongest possible evidence of human risks. It can take decades for effects to crystalize in human studies of real-world exposures. Citizens are sickening and dying, with a miniscule fraction becoming research subjects, as human evidence slowly grows.

IARC Working Groups determine whether cancers are related to real-life exposures, with less concern over precise dosages of difficult-to-quantify exposures. This essential information then focuses efforts to areas of especial importance. Innovators and regulators can identify less hazardous (hence less risky) alternatives, and limit use of and exposure to a toxicant.

Conflicts of interest

It is absurd to suggest, with their work under the full glare of peer review and public scrutiny, that academic scientists' egos result in biased publications, whereas vested financial interests conducting secret research for monetary gain are paragons of unbiased virtue. The evidence regarding lead, tobacco, asbestos, multiple pharmaceuticals, pesticides and radiofrequency radiation clearly indicates the opposite.

Letters to your Committee indicate that concerns over the weedkiller glyphosate are a trigger for this current inquiry. The public is left with the unavoidable impression that companies such as Monsanto and Dow are listing their own improprieties, and ascribing them to IARC.

Public perceptions of IARC determinations are not "fear mongering"

Writing from Canada, we find the ACC allegations regarding media frenzy and public panic over hot beverages and meat are puzzling and over-stated. IARC cannot be blamed for sensationalist press. Certainly thoughtful discussion as knowledge evolves is more credible and helpful to promote public health than proclamations of safety. Indeed, stating that a product such as a pesticide is "safe" is itself an unsafe act, as it breeds complacency. It also undermines credibility to characterize as "safe" a product designed, sold and spread in the environment expressly to kill.

In conclusion, we are very grateful that the NIH supports the Monographs programme at IARC. IARC identifies public health concerns that are otherwise lost in the scientific convolutions and uncertainties associated with the multiple stages of risk assessment. We thank the US government for this important support and encourage you strongly to continue supporting IARC.

Sincerely,

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Letter from the American Chemistry Council
https://www.americanchemistry.com/ACC-Letter-to-House-Committee-on-IARC-Monographs.pdf

Additional Information:

Toxicity of Pesticide Under-Represented – Assessment of the herbicide 2,4-D in Canada.

In Canada, a citizen who swears an affidavit can examine the confidential pesticide test data on a computer in the "Reading Room" (a cubicle) at Health Canada. No electronic equipment is permitted to be taken into the room – only pencil and paper – and the process is not user-friendly.

I visited the Reading Room to examine reports pertaining to the registration of 2,4-D. The pesticide registration hinged upon determinations that were not made clear in Health Canada's Pest Management Regulatory Agency (PMRA) or US EPA public documents. For instance, in one key decision-point study pregnant rodents were fed 2,4-D and killed shortly before giving birth. With the uterus removed, the lowest dose animals were half the weight of the controls, but this effect was not considered to be significant and the registration was based upon animals becoming moribund and dying at the highest dose level. These confidential study details would not have withstood scrutiny of an IARC Working Group.