long-lived species, but also because the incidence of cancer is low in these species. Although transgenic mouse models have been developed for evaluating human cancer viruses, transgenic animal models are considered more informative in understanding cancer mechanisms than for human cancer risk assessment (see Lambert & Banks, this Volume).

The criteria for *sufficient evidence* of carcinogenicity in animals outlined in the *Preamble* to the *IARC Monographs* (IARC, 2015) generally require independent replication in two different animal species, or particularly strong results in a single species. *IARC Monographs* generally do not identify animal tumour sites for agents with only *limited evidence* of carcinogenicity in animals. The criteria developed by Grosse et al. (this Volume) further restrict the use of tumour data for agents with *sufficient evidence* in experimental animals (e.g., no tumour sites were identified in the absence of two (or more) animal studies of adequate design and quality pointing at the same tumour site with a similar histological origin in the same species). Although melphalan produced tumours of the forestomach, skin, and lung as well as lymphosarcomas in mice and mammary gland tumours and peritoneal sarcomas in rats (Vol 100F; IARC 2012f), none of these tumour sites were replicated in a second animal species, and hence are not included in the Grosse et al. data set.

Human evidence is also subject to limitations. As noted above, the opportunity to conduct further informative studies in humans of a substance like diethylstilbestrol may no longer be available. The absence of *sufficient evidence* in humans may be due to a lack of evidence in appropriate epidemiological or clinical studies, or to the inability of existing studies to detect an association between exposure to the agent of interest (including early or later-in-life exposures) and a tumour outcome. Study limitations may also include inadequate power caused by small sample size. If human exposures to the agent of interest are extremely low, a particularly large, well-conducted study would be required to achieve reasonable sensitivity.

The failure of human studies to identify tumour sites can occur when these studies do not consider all possible tumour sites: most case—control studies focus on only one or a limited number of tumour sites. Human studies that fail to identify a relevant tumour site may have low sensitivity, possibly because they do not focus on the most appropriate study population. As noted above for trichloroethylene, evidence on specific tumour sites may not yet have accrued at the time of an evaluation. Following the first evaluation of tobacco smoking in *IARC Monograph* Volume 38 (IARC, 1986), cigarette smoking was subsequently shown to cause cancer at a much larger number of tumour sites, including cancers of the nasal cavities and nasal sinuses, oesophagus, stomach, liver, kidney, uterine cervix, and myeloid leukemia (Vol 83; IARC 2004). Thus, the potential for underestimation of inter-species tumour-site concordance may result from missing tumour sites for agents for which *sufficient evidence* of carcinogenicity in humans already exists.

How human study data are reported in the *Monographs* may also affect the ability to conduct analyses to establish tumor-site concordance. Ionizing radiation is a specific example of this constraint. No specific human tumour sites were identified for ionizing radiation (all types); internalized radionuclides that emit alpha-particles; internalized radionuclides that emit beta-particles; and UV radiation (bandwidth 100-400 nm, encompassing UVC, UVB and UVA). Although the skin was not explicitly mentioned as a human tumour site for UV radiation in Volume 100D, the skin is implicitly suggested as being a human tumour site for this agent. In our analysis, the lack of explicit designation of the skin as a human tumour site for UV radiation precluded its use. A similar situation occurred for areca nut, for which the oral cavity might have been considered as a human tumour site, although this was site was not explicitly designated in the *Monograph*.

An agent can be categorized by IARC as Group-1 carcinogen in the absence of sufficient evidence for carcinogenicity in humans when it is clear that the mechanisms by which the agent causes cancer in animals also operate in humans. Such 'mechanistic upgrades' have occurred with various levels of human evidence, including for aristolochic acid (limited evidence of carcinogenicity in humans; Vol 100A, IARC 2012a); benzo(a)pyrene [B(a)P] (inadequate evidence in humans; Vol 100F, IARC 2012f); ethylene oxide (limited evidence in humans; Vol 100F, IARC 2012f); 4,4'-methylenebis(2chlorobenzenamine)[MOCA] (inadequate evidence in humans; Vol 100F, IARC 2012f); and neutrons (inadequate evidence in humans; Vol 100D, IARC 2012d). For further discussion of mechanistic upgrades and key characteristics of Group-1 agents developed for this analysis see Birkett et al., Krewski et al., and Smith (this Volume) and Smith et al. (2016). Ten key characteristics of human carcinogens described by Smith et al. (2016) focus on whether the agent is: is electrophilic or can be metabolically activated to electrophiles; is genotoxic; alters DNA repair or causes genomic instability; induces epigenetic alterations; induces oxidative stress; induces chronic inflammation; is immunosuppressive; modulates receptor-mediated effects; causes immortalization; or alters cell proliferation, cell death or nutrient supply. These considerations will be relevant in planned future analyses of coherence between animal and human tumours, taking into account key characteristics of carcinogens. However, mechanistic upgrades limit the ability to identify tumour-site concordance when human tumour sites are not identified. Of the ten agents placed in Group-1 as a consequence of mechanistic upgrades, specific human tumour sites were identified only for phenacetin.

Exposure assessment is one of the most difficult aspects of epidemiological investigations (Nieuwenhuijsen, 2003). In some cases, such as ecological studies comparing two population groups subject to notably different exposure circumstances, exposure may not be measured at all. In other cases, however, exposures may be very well determined, as with the use of personal dosimeters to measure exposures to agents such as ambient air pollution or ionizing radiation, or in the dose regimens of pharmaceutical drugs or medical radiation. In the future, enhanced exposure assessment methodologies may serve to strengthen the ability of epidemiological studies to identify Group-1 agents (Cohen-Hubal et al., 2010; NRC, 2012). Biomarkers of exposure are expected to play an important part in the future of exposure science (Gurusankar et al., 2016).

The data set assembled and evaluated by Grosse et al. (this Volume) was retrieved from the *IARC Monographs*. As such, these agents do not represent a 'random sample' of all potential human carcinogens and is populated by the available animal and human evidence that were the focus of the *Monographs* from which they were drawn. The ability to determine concordance may change as additional Group-1 agents are identified, or as additional animal or human evidence on current Group-1 agents becomes available. New mechanistic data could affect current IARC evaluations of agents in Groups 2a (*probably carcinogenic to humans*) and Group 2b (*possibly carcinogenic to humans*), hence impact the concordance estimates reported here. Birkett et al. (this Volume) noted that while the *IARC Monographs Programme* has done an excellent job of summarizing the key characteristics of agents evaluated to date, additional information on the ten key characteristics of human carcinogens described by Smith et al. (2016) beyond what is summarized in the *IARC Monographs* is available in the general scientific literature.

In addition to the restrictions used by Grosse et al. (this Volume) for inclusion of experimental animal data, other limitations of the database affect the ability to determine tumour-site concordance including: incomplete information on tumour histology; limited information on the effects of sex, strain, and route of exposure; and limited information on dose-dependent effects. These limitations are discussed briefly below.

- a. Lack of information on tumour histology. Because of incomplete information on the histology of lesions in both animal and human studies, it was not possible to conduct concordance analyses for specific histological subtypes of cancers occurring at a given site (such as adenocarcinoma or squamous cell carcinoma of the lung). Concordance analyses reported here are necessarily restricted to tumours occurring in a given organ or tissue (such as lung cancer) or a more broadly defined organ or tissue system (such as the upper aero-digestive tract and respiratory system). Concordance analyses reported here are based either on 39 tumour sites or on the broader classification of 15 organ and tissue systems.
- b. Effects of sex, strain, and route of exposure. Cancer risks can differ between males and females, among different strains of the same animal species, and by route of exposure. Because of incomplete information on these three factors in the database used in the present analysis, it was not possible to evaluate how concordance might vary by sex, strain, or exposure route.
- c. Effects of dose. Because the primary objective of the IARC Monographs Programme is to identify agents with the potential to cause cancer in humans in qualitative terms, rather than to quantify the level of risk at a given dose, information on dose-dependency in cancer risk is not systematically collected in the Monographs, although this is currently under review by the Agency (Advisory Group to Recommend on Quantitative Risk Characterization for the IARC Monographs, 2013). As a consequence, analyses of concordance considering dose-response relationships seen in animals and humans were not attempted at this time.
- d. Multi-site/multi-organ Carcinogenicity. A number of agents, notably radiation and tobacco smoke, induce malignant lesions at multiple sites or in multiple organ and tissue systems. Monograph Volume 100F (IARC 2012f) summarizes the evidence that 1,3-butadiene induces haemangiosarcomas of the heart, malignant lymphomas, alveolar-bronchiolar neoplasms, squamous cell neoplasms of the forestomach in male and female B6C3F1 mice, and acinar cell carcinomas of the mammary gland, granulosa cell neoplasms of the ovary, and hepatocellular neoplasms in females. Assessing species concordance with multi-site carcinogens is inherently more difficult than with carcinogens that affect a single organ or tissue. Understanding the mechanistic and other attributes of such multi-site carcinogens will be useful in translating results in experimental animals to humans.
- e. Measures of Concordance. For simplicity of presentation, concordance was evaluated here in terms of the overlap between tumour sites seen in animals and humans. Although more formal statistical analyses of concordance as described in Supplemental Material II were considered during the course of this work, the consensus of the Working Group was to represent concordance in terms of the simpler, more directly interpretable, indicators of 'overlap' in Table 7 and Figure 10.
- f. Small Sample Size. After filtering the 111 Group-1 agents tabulated by Grosse et al. (this Volume) through Volume 109 of the IARC Monographs to include only agents that provided sufficient evidence of carcinogenicity in at least one tumour site in humans and at least one tumour site in animals, 60 agents remained for concordance analysis. As the sample size for some tumour sites is small (only two agents asbestos and erionite caused tumours in the mesothelium), caution is warranted in interpreting the concordance results presented in this chapter when the sample size is small.

g. Predictive Value of Animal Tests for Carcinogenicity. Using a database comprised of 150 agents tested for toxicity in animals and humans, Olson et al. (2000) estimated the positive predictive value (PPV) and negative predictive value (NPV) for human toxicity (excluding cancer). In this context, the PPV is defined as the probability of observing human toxicity in clinical testing, given that toxicity has been observed in animal tests. The PPV for human toxicity was estimated to be 71% for rodent and non-rodent species combined; 63% for non-rodents alone; and 43% for rodents alone. While a statement of the PPV and NPV of animal cancer tests for human carcinogenicity may be desirable, this cannot be done on the basis of the IARC concordance database considered in this chapter. This is because both the PPV and NPV depend on the prevalence of true positives in the database (Altman & Bland, 1994). Since the IARC concordance database is comprised of Group-1 agents that are known causes of cancer in humans, the PPV of animal cancer tests will artificially be calculated as 100%, whereas a lower PPV would be obtained with a more representative database that includes other agents that do not cause cancer in humans. However, identifying agents that do not cause cancer in humans is not the focus of the IARC Monographs Programme: at present, there is only one agent – caprolactam – in Group 4, probably not carcinogenic to humans.

In considering the relevance of animal data in the context of the IARC Monographs, it is important to keep in mind how animal data are used in the identification of Group-1 agents, according to the criteria outlined in the Preamble to the IARC Monographs (IARC, 2006). Most Group-1 agents are identified on the basis of sufficient evidence in humans, and for the purpose of the overall evaluation, there is no immediate recourse to animal data. Of the 111 Group-1 agents considered in this chapter, 102 demonstrated sufficient evidence of carcinogenicity in humans; the remaining nine agents were placed in Group-1 because the mechanisms by which tumours occurred in animals were considered to be directly relevant to humans, or on the basis of other relevant mechanistic considerations. Neutron radiation, for example, was placed in Group-1 in the presence of inadequate evidence in humans, as the biophysics of radiation damage is similar for different types of ionizing radiation. Bearing in mind the contribution of animal data to the identification of Group-1 agents in the IARC Monographs, it is possible with the present IARC concordance database to make a statement about the likelihood of positive results in animals among the Group-1 agents that have been shown to cause cancer in humans. Excluding mechanistic upgrades (ten agents) and Group-1 agents lacking appropriate animal data (20 agents), all Group-1 agents with sufficient evidence of carcinogenicity in humans have also provided sufficient or limited evidence of carcinogenicity in one or more animal species, representing a PPV of 100%. Because the concordance database is comprised entirely of Group-1 agents, estimation of the predictive value (positive, negative, or overall) is not possible.

Conclusion

The Monographs Programme of the International Agency for Research on Cancer is widely recognized as one of the most authoritative sources of information on the identification of agents that may be carcinogenic to humans. The Monographs are prepared with the involvement of leading scientific experts worldwide, who apply the guidance provided in the Preamble to the IARC Monographs to evaluate the weight of evidence that an agent may present a cancer risk to humans. Through Monograph Volume 109, over 2,000 scientists have contributed to the development of the IARC Monographs, with nearly 200 scientists involved in Volume 100 alone. Since its beginning in 1971-72 (Saracci & Wild, 2015), the Programme has evaluated 990 agents for their potential to cause cancer in humans, with 118 of these

agents assigned to Group 1, indicating that the weight of evidence supports the conclusion that the agent is *carcinogenic* to humans.

A noteworthy aspect of the process used by the IARC to identify the cause of human cancer is the reliance on leading experts in the Working Groups that conduct the evaluations documented in the *IARC Monographs* to interpret the data according to the weight-of-evidence guidelines provided in the *Preamble* to the *IARC Monographs* (IARC, 2006). With the trend towards greater reliance on systematic review (NRC, 2014) and structured weight-of-evidence approaches to the evaluation of toxic substances (Rhomberg et al., 2013), the continued involvement of international experts in the *IARC Monographs* to interpret the often extensive human, animal and mechanistic data represents a major strength of the *Programme*.

Collectively, the *IARC Monographs* provide a rich source of information on the causes of human cancer. In particular, Volume 100 presents a review and update of 107 Group-1 agents identified in the previous 99 volumes, providing a veritable 'encyclopaedia of carcinogens.' This information, supplemented with that on six *Group-1* agents identified in Volumes 101 through 109, formed the basis for the analyses included in the present chapter. Subsuming both PCB-126 and dioxin-like PCBs within the broader category of PCBs, 113 - 2 = 111 district *Group-1* agents were included in the concordance analyses presented in this chapter. All but nine of these 111 *Group-1* agents demonstrated *sufficient evidence* of carcinogenicity in humans.

Analysis of concordance between animal and human tumour sites was restricted to 60 Group-1 agents demonstrating sufficient evidence of at least one tumour site in animals and in humans. Substantial overlap between animal and human tumours was seen in some organ and tissue systems, but not in others. This analysis focused on tumours seen in the 15 organ and tissue systems in our anatomically based tumour classification system rather than 39 individual tissue sites, because of the sparseness of data at the individual tumour site level. The importance of human data in the IARC carcinogen evaluation process is highlighted by the observation that 102 of the 111 distinct Group-1 agents identified at the time this analysis was done demonstrated sufficient evidence of carcinogenicity in humans.

The principle that agents that are carcinogenic in experimental animals should be regarded as presenting a carcinogenic risk to humans, is further confirmed in the course of this investigation. Excluding agents for which animal data are lacking or otherwise uninformative, all agents that cause cancer in humans also cause cancer in one more animal species. It is important to note, however, that the present database cannot be used to estimate the predictive value of animal cancer tests for humans, as it comprised by design only Group-1 agents: the positive and negative predictive values of the animal data for humans would be 100% and 0%, respectively (an artifact of a database comprising human carcinogens only).

Despite the challenges in evaluating concordance between animal and human tumour sites, the IARC concordance database represents a useful source of information for comparing animal and human data with respect to the tumours caused in different species by the 111 distinct Group 1 agents identified by the IARC through Volume 109 of the IARC Monographs. Future Monographs may benefit from a more systematic summary of the animal and human data on agents evaluated within the IARC Monographs Programme, including data on the types of tumours seen in animal and human studies, possibly using the anatomically based tumour nomenclature system introduced in this chapter to facilitate comparisons between animals and humans. Data on route of exposure, sex, and animal strain would also

support comparisons of animal and human tumours at a finer level of biological resolution. Data on the exposure or dose levels at which tumours are seen in animals and humans would further support evaluation of the relative carcinogenic potency of agents evaluated in animals and humans. Information on tumour sites affected by agents evaluated within the *IARC Monographs Programme* should be recorded in as much detail as possible to facilitate future evaluations of the concordance between tumours seen in animals and humans on a site-specific basis.

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Supplemental Material

Supplemental Material I. Database of Anatomically-based Tumour Sites in Animals and Humans

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Table 1: Group-1 Agents included in Volumes 100A-F, 105, 106, 107 and 1091

Volume	Type of Agent	Number of Agents	Agents
100A	Pharmaceuticals	23	Aristolochic acid; Aristolochic acid, plants containing; Azathioprine; Busulfan; Chlorambucil; Chlornaphazine; Cyclophosphamide; Ciclosporine; Diethylstilbestrol; Estrogenonly menopausal therapy; Estrogen-progestogen menopausal therapy (combined); estrogen-progestogen oral contraceptives (combined); Etoposide; Etoposide in combination with cisplatin and bleomycin; Melphalan; Methoxsalen in combination with UVA; MOPP and other combined chemotherapy including alkylating agents; Phenacetin; Phenacetin, analgesic mixtures containing; 1-(2-Chloroethyl)-3-(4-methylcyclohexyl)- 1-nitrosourea (Methyl-CCNU); Tamoxifen; Thiotepa; Treosulfan
100B	Biological agents	11	Clonorchis sinensis (infection with); Epstein-Barr virus; Helicobacter pylori (infection with); Hepatitis B virus; Hepatitis C virus; Human immunodeficiency virus type 1; Human papillomavirus type 16; Human T-cell lymphotropic virus type 1; Kaposi sarcoma herpesvirus; Opisthorchis viverrini (infection with); Schistosoma haematobium (infection with)
100C	Arsenic, metals, fibres, and dusts	10	Arsenic and inorganic arsenic compounds; Asbestos (all forms, including actinolite, amosite, anthophyllite, chrysotile, crocidolite, tremolite); Beryllium and beryllium compounds; Cadmium and cadmium compounds; Chromium (VI) compounds; Erionite; Leather dust; Nickel compounds; Silica dust, crystalline, in the form of quartz or cristobalite; Wood dust
100D	Radiation	18	Fission products including Sr-90; Haematite mining with exposure to radon (underground); lonizing radiation (all types); Neutron radiation; Phosphorus-32, as phosphate; Pu-239; Radioiodines, including I-131; Internalized radionuclides that emit alpha particles; Internalized radionuclides that emit beta particles; Ra-224 and its decay products; Ra-226 and its decay products; Ra-228 and its decay products; Rn-222 and its decay products; Solar radiation; Th-232 (as Thorotrast); UV radiation (bandwidth 100-400 nm, encompassing UVC, UVB and UVA); UV-emitting tanning devices; X- and Gamma radiation
100E	Personal habits and indoor combustions	12	Acetaldehyde associated with consumption of alcoholic beverages; Alcoholic beverages; Areca nut; Betel quid with tobacco; Betel quid without tobacco; Coal, indoor emissions from household combustion of; Ethanol in alcoholic beverages; N'-Nitrosonornicotine (NNN) and 4-(N-Nitrosomethylamino)-1-(3-pyridyl)-1-butanon (NNK); Salted fish, Chinese style; Secondhand tobacco smoke; Tobacco smoking; Tobacco, smokeless

Table 1. Group-1 Agents included in Volumes 100A-F, 105, 106, 107 and 109 (continued)

Volume	Type of Agent	Number of Agents	Agents
100F	Chemical agents and related occupations	32	Acid mists, strong inorganic; Aflatoxins; Aluminum production; 4-Aminobiphenyl; Auramine production; Benzene; Benzidine; Benzidine, dyes metabolized to; Benzo[a]pyrene; Bis(chloromethyl)ether; chloromethyl methyl ether (technical-grade); 1,3-Butadiene; Coal gasification; Coal-tar distillation; Coal-tar pitch; Coke production; Ethylene oxide; Formaldehyde; Iron and steel founding, occupational exposure during; Isopropyl alcohol manufacture using strong acids; Magenta production; 4,4'-Methylenebis(2-chloroaniline) (MOCA); Mineral oils, untreated or mildly treated; 2-Naphthylamine; ortho-Toluidine; Painter, occupational exposure as a; 3,4,5,3D,4D-Pentachlorobiphenyl (PCB-126)¹; 2,3,4,7,8-Pentachlorodibenzofuran; Rubber manufacturing industry; Shale oils; Soot (as found in occupational exposure of chimney sweeps); Sulfur mustard; 2,3,7,8-Tetrachlorodibenzo-para-dioxin; Vinyl chloride
105 ²	Diesel and gasoline engine exhausts and some nitroarenes	1	Engine exhaust, diesel
106 ²	Trichloroethylene and some chlorinated agents	1	Trichloroethylene
1072	Polychlorinated biphenyls and polybrominated biphenyls	1	Polychlorinated biphenyls (PCBs) and dioxin-like PCBs ¹
1092	Outdoor air pollution	2	Outdoor air pollution; Particulate matter in outdoor air pollution

¹Although 113 Group-1 agents have been identified through Volume 109, the present analysis is based on 111 distinct agents remaining after considering PCBs and dioxin-like PCBs within the broader category of PCBs, and including PCB-126 within the broader category of PCBs.

² During the concordance analyses, the Group-1 agents in these Volumes were included with 'chemicals and related occupations' in Vol 100F*.

Table 2. Coding of Tumours Occurring in Animals and Humans

Organ System	Sites Coded from Volume 100 (A,B,C,D,E, and F*)
Upper aero-digestive tract	Nasal cavity and paranasal sinuses
	Nasopharynx
	Oral cavity
	Pharynx
	Tongue
	Tonsil
	Salivary gland
Respiratory system	Larynx
	Lung
	Lower respiratory tract
Mesothelium	Mesothelium
Digestive Tract	Oesophagus
	Stomach
	Intestine (including colon and rectum)
Digestive Organs	Liver parenchyma and bile ducts
	Pancreas NOS
	Gall bladder
Nervous System and Eye	Brain and spinal cord (CNS)
	Eye
Endocrine System	Thyroid, follicular epithelium
	Adrenal gland (medulla, cortex, NOS)
	Pituitary
Kidney	Kidney (renal cortex, renal medulla, kidney NOS)
Urothelium	Urothelium (renal pelvis or ureter or urinary bladder)
Lymphoid and Haematopoietic Tissues	Haematopoietic tissue
	Lymphoid tissue
Skin	Skin and adnexae
	Cutaneous melanocytes
Connective Tissues	Soft connective tissue
	Blood vasculature (endothelium)
	Hard connective tissue (bone, cartilage)
Female Breast, Female Reproductive Organs and	Breast
Reproductive Tract	Ovary
	Uterine Cervix
	Uterus
	Vulva/vagina
Other Groupings	All cancers combined
	All solid cancers
	Exocrine glands NOS
	7

^{*} These sites are derived from all site descriptors used in *IARC Monographs* to describe human and experimental animal data (see Supplemental Table 1. Animal and Human Tumour Sites for 111 Group-1 Agents Identified through Volume 109 of the *IARC Monographs*). NOS, not otherwise specified

Table 3: Information on Animal and Human Tumours and Tumour Sites for Group-1 Agents in the IARC Monographs (adapted from Grosse et al., this Volume)

Volume	Agent No	Agent	Sites with sufficient evidence in humans	Sites with limited evidence in humans	Agent tested in experimental animals	Species	Site	Histology	Study/Gender/Strain/Exposure route
100A	3	Azathioprine	Non Hodgkin lymphoma, skin (squamous cell carcinoma)		Azathioprine	Mouse	thymus	lymphoma	Imamura et al. (1973) (Vol 26 p. 51), MF, C57BL, s.c.; Casey et al. (1968b) (Vol 26 p. 52), M, New Zealand Black, i.m.; Casey et al. (1968a), (Vol 26 p.52),M, New Zealand Black, i.m.
100B	25	Epstein-Barr virus	Burkitt lymphoma, immune-suppression- related non Hodgkin lymphoma, estranodal NK/T-cell lymphoma (nasal type), Hodgkin lymphoma, nasopharyngeal carcinoma	lympho- epithelioma-like carcinoma, gastric carcinoma					
100C	35	Arsenic and inorganic arsenic compounds	lung, urinary bladder, skin	kidney, liver, prostate	Dimethylarsinic acid (DMAv), Monomethylarso nous acid (MMAIII), Sodium arsenite	Mouse	lung	bronchiolo- alveolar carcinoma	DMAv: Tokar et al. (2012a), M, CD1, d.w.; Sodium arsenite: Waalkes et al. (2003), F, C3H/HeNCr, in utero; Waalkes et al. (2006a), M, CD1, in utero; Tokar et al. (2011), MF, CD1, in utero + p.o.; Tokar et al. (2012), M, CD1, in utero; MMAIII: Tokar et al. (2012b), M, CD1, in utero
100D	45	Fission products including Sr-90	Solid cancers, leukaemia						
100E	68	coal, indoor emissions from household combusion of	lung		coal soot extract	Mouse	lung	bronchiolo- alveolar carcinoma	Yin et al. (1984), NR, Kunming, i.t.; Liang et al. (1983), M, Kunming, s.c.; Liang et al. (1984), M, Kunming, s.c.
100F	80	Benzene	Acute myeloid leukaemia/ acute non- lymphocytic leukemia	acute lymphocytic leukaemia, chronic lymphocytic leukaemia, multiple myeoloma, non Hodgkin lymphoma	Benzene	Mouse	thymus	lymphoma	Snyder et al. (1980), M, C57BV6J, inh.; Cronkite et al. (1984), F, C57BV6 BNL, inh.
V105	108	Engine Exhaust, diesel	Lung	Urinary bladder	Whole diesel engine exhaust	Rat	Lung	bronchiolo- alveolar carcinoma	lshinishi et al. (1986), MF, F344, inh.; Mauderly et al. (1986, 1987), MF, F344, inh.; Wai et al. (1986), F, F344, inh.; Heinrich et al. (1995), F, Wistar, inh.; Nikula et al. (1995), F, F344, inh.; Wai et al. (2000), F, F344, inh.
V106	109	Trichloroethylene	Kidney	non-Hodgkin's lymphoma, liver	Trichloroethylene	Rat	Kidney	renal-cell carcinoma	NTP (1990), M, F344/N, g.; NTP (1988), M, Osborne- Mendel, g.; NTP (1988), F, ACI, g.

Table 4. Agents placed in Group 1 based on Mechanistic Upgrades¹

Agent	Human/Animal	Human Tumour	Basis for Mechanistic Upgrade
	Evidence	Site	
Aristolochic acid	Limited/Sufficient	Not specified	Herbal remedies containing
			aristolochic acid provide sufficient
			evidence for upper urinary tract
			cancer in humans; genotoxic
			mechanistic data
Benzo(a)pyrene (BaP)	[No epidemiological	Not specified	PAH mixtures containing BaP provide
	data]/Sufficient		sufficient evidence for lung or skin
			cancer in humans; extensive
			mechanistic data on BaP linking
			animal and human biology
Dyes metabolized to benzidine	Inadequate/Sufficient	Not specified	Benzidine provides sufficient evidence
			of being a human bladder carcinogen
Ethylene oxide	Limited/Sufficient	Not specified	Limited evidence for non-Hodgkin
			lymphoma, breast cancer in humans;
			genotoxic mechanistic data
Etoposide	Limited/Inadequate	Not specified	Limited evidence of acute myeloid
			leukaemia in humans, with distinctive
			chromosomal translocations
4,4'-methylenebis(2-	Inadequate/Sufficient	Not specified	Bladder cancer expected in humans,
chlorobenzenamine)			based on mechanistic data and human
(MOCA)			case report.
Neutron radiation	Inadequate/Sufficient	Not specified	Biophysics of radiation damage
			induction similar across different
			types of radiation
NNN and NNK	Inadequate/Sufficient	Not specified	Target sites correspond to those of
			smokeless tobacco; mechanistic data
			on tobacco smoke

Penta(2,3,4,7,8)chlorodibenzofuran (PeCDF)	[No epidemiological data]/Sufficient	Not specified	Sufficient evidence in experimental animals combined with strong mechanistic support for receptormediated mechanism, with biological activity identical to that of TCDD for
Phenacetin ²	Sufficient/Sufficient	Renal pelvis, ureter	every mechanistic step Phenacetin was determined to cause tumours of the renal pelvis and ureter,
			based on evaluation of phenacetin as the active ingredient in analgesic mixtures

¹ Although dioxin-like PCBs evaluated in Volume 107, were also upgraded to Group-1 on the basis of support for receptor-mediated mechanisms and analogies with TCDD (IARC, 2015), dioxin-like PCBs have been subsumed within the broader category of PCBs for purposes of the present analysis of 111 distinct Group-1 agents, and are therefore not included in Table 4.

² Phenacetin (Vol 100A) was placed in Group 1 in the absence of *sufficient evidence* of carcinogenicity from epidemiological studies in humans. It was concluded that phenacetin caused tumours of the renal pelvis and ureter in humans as part of the evaluation of the overall evidence for analgesic mixtures containing phenacetin, including human, animal, and mechanistic evidence.

Nature of Human Evidence		
(number of agents)	Volume: Agent(s)	
	Mechanistic Upgrades	
Mechanistic upgrade with	Volume 100A: Aristolochic acid; etoposide. Volume 100D: Neutron	
no human tumour site	radiation. Volume 100E: Nitrosonornicotine (NNN) and 4-(N-	
specified (9 agents)	Nitrosomethylamino)-1-(3- pyridyl)-1-butanon (NNK). Volume 100F:	
	Benzo(a)pyrene (B a P); dyes metabolized to benzidine; ethylene	
	oxide; 4,4'-methylenebis(2-chlorobenzenamine) (MOCA);	
	(2,3,4,7,8)penta-chloro-dibenzofuran (PeCDF).	
	Generic Evaluations	
Generic evaluation, of all	Volume 100D: Ionizing radiation (all types); internalized	
types of ionizing radiation;	radionuclides that emit alpha-particles; internalized radionuclides	
internalized radionuclides	that emit beta-particles; UV radiation (bandwidth 100-400 nm,	
that emit alpha-particles;	encompassing UVC, UVB and UVA)	
internalized radionuclides		
that emit beta-particles;		
and the UV region (100-400		
nm) of the electromagnetic		
spectrum (4 agents)		
Absence of Epidemiologic Data on the Agent Alone		
No epidemiological data	Volume 100E: Areca nut; ethanol in alcoholic beverages.	
available for agent alone		
(2 agents)		

Table 5. Group-1 Agents with No Human Tumour Sites Specified (15 agents)

Table 6. Group-1 Agents with No Animal Tumour Sites Specified (38 agents)

Nature of Animal Evidence (number of agents)	Volume: Agent(s)
Agen	ts with Inadequate Evidence in Animals
Occupational exposures are complex and likely could not be reliably replicated in the	Volume 100F: Auramine production; magenta production; mists from strong inorganic acids; occupational exposures during iron and steel founding; isopropyl alcohol manufacture by the strong-acid
laboratory (7 agents)	process; occupational exposure as a painter; occupational exposures in the rubber-manufacturing industry.
Used in combination; no animal data available on mixture (2 agents)	Volume 100A: Etoposide in combination with cisplatin and bleomycin; MOPP.
Use of animal models problematic due to species-specificity and other limitations (7 agents)	Volume 100B: Infection with Epstein-Barr virus; hepatitis B virus; hepatitis C virus; human immunodeficiency virus type 1; human papillomaviruses; human T-cell lymphotropic virus type 1; Kaposi sarcoma herpes virus.
Animal tests conducted but considered inadequate (2 agents)	Volume 100 A: Etoposide. Volume 100C: Wood dust.
No animal data available (2 agents)	Volume 100A: Treosulfan. Volume 100C: Leather dust.
Ago	ents with Limited Evidence in Animals
Evidence of carcinogenicity in animals judged as limited for	Volume 100A: Busulfan; chlornaphazine; ciclosporin; estrogen- progestogen menopausal therapy (combined); methyl-CCNU;

various reasons (10 agents)	phenacetin, analgesic mixtures containing. Volume 100B: <i>Clonorchis sinensis</i> (infection with); <i>Opisthorchis viverrini</i> (infection with); <i>Schistosoma haematobium</i> (infection with). Volume 100F : Sulfur mustard.	
Age	nts with Sufficient Evidence in Animals	
Sufficient evidence in animals, but no tumour sites specified ¹ (8 agents)	Volume 100A: Melphalan. Volume 100D: P-32, as phosphate. Volume 100E: Acetaldehyde associated with the consumption of alcoholic beverages; betel quid with tobacco. Volume 100F: Aluminium production; PeCDF; Volume 109: Outdoor air pollution; particulate matter in outdoor air pollution.	

¹ Sufficient evidence in experimental animals but no organ sites identified due to the absence of at least two studies of adequate design and quality showing tumours at the same organ site with a similar histological origin in the same species.

Table 7. Concordance between Tumours seen in Humans and Animals for 60 Group-1 Agents by Organ and Tissue System/Tumour Site

Organ and Tissue System ¹	Nu	Number of Agents			
Tissue Site ¹	Humans	Animals	Both	(%)	
Upper Aero-digestive Tract	9	9	4	28.6	
Nasal cavity and paranasal sinuses	3	3	0	0.0	
Nasopharynx	3	1	1	33.3	
Oral cavity	4	6	2	25.0	
Pharynx	2	0	0	N/A	
Tongue	0	1	0	N/A	
Salivary gland	1	0	0	N/A	
Respiratory System	21	22	16	59.3	
Larynx	3	1	1	33.3	
Lung	20	22	16	61.5	
Mesothelium	2	2	2	100.0	
Mesothelium	2	2	2	100.0	
Digestive Tract	6	6	2	20.0	
Oesophagus	5	0	0	N/A	
Stomach	3	5	1	14.3	
Intestine (including colon and rectum)	3	1	0	0.0	
Digestive Organs	8	14	4	22.2	
Liver parenchyma and bile ducts	7	14	4	23.5	
Pancreas NOS	2	0	0	N/A	
Gall bladder	1	0	0	N/A	
Nervous System and Eye	2	0	0	N/A	
Brain and spinal cord (CNS)	1	0	0	N/A	
Eye	1	0	0	N/A	

Endocrine System	2	3	2	66.7
Thyroid, follicular epithelium	2	2	2	100.0
Adrenal gland (medulla, cortex, NOS)	0	1	0	N/A
Pituitary	0	1	0	N/A
Kidney	3	5	2	33.3
Kidney (renal cortex, renal medulla, kidney NOS) (26)	3	5	2	33.3
Urothelium	10	7	7	70.0
Urothelium (renal pelvis or ureter or urinary bladder)	10	7	7	70.0
Lymphoid and Haematopoietic Tissues	12	10	7	46.7
Haematopoietic tissus	10	2	2	20.0
Lymphoid tissue	2	10	1	9.1
Skin	11	16	7	35.0
Skin and adnexae	9	16	6	31.6
Cutaneous melanocytes	3	0	0	N/A
Connective Tissues	6	14	6	42.9
Soft connective tissue	0	9	0	N/A
Blood vasculature (endothelium)	1	0	0	N/A
Hard connective tissue (bone, cartilage)	5	5	4	66.7
Female Breast, Female Reproductive Organs and Reproductive Tract	8	9	4	30.8
Breast (35)	4	7	1	10.0
Ovary (36)	3	1	0	0.0
Uterine cervix (37)	3	3	2	50.0
Uterus (38)	2	3	1	25.0
Vulva/vagina (39)	1	0	0	N/A
Other Groupings	2	4	0	0.0
All cancers combined	1	0	0	N/A
All solid cancers	1	0	0	N/A
Exocrine glands NOS	0	4	0	N/A

¹ Systems/sites in the anatomically based tumour nomenclature system (see Table 2) lacking *sufficient evidence* in both humans and animals not shown. (For example, there was insufficient evidence of tumours of the male reproductive tract in both humans and animals.)

 $^{^2}$ Percentage overlap calculated as $(N_b/(N_h+N_a-N_b))x100\%$, where N_h , N_a , and N_b denote the number of agents with *sufficient evidence* in humans, animals, or both humans and animals, respectively.

N/A: entry assigned to sites/systems when overlap is not possible (positive data available in either humans or animals, but not in both).

Table 8. Comparison of 60 Group-1 Agents with Sufficient or Limited Evidence of Carcinogenicity in Humans and Sufficient Evidence in Animals Expressing Tumours in Specific Organ and Tissue Systems¹

Humans ²	Humans and Animals ²	Animals ²				
Agent (<i>Monograph</i> Volume) ⁴	Agent (<i>Monograph</i> Volume)	Agent (<i>Monograph</i> Volume)				
Upper Aero-digestive Tract (28.6% overlap³)						
Chromium (VI) compounds (C)	Alcoholic Beverages (E)	Chromium VI (C)				
Nickel Compounds (C)	Salted Fish (E)	Alcoholic Beverages (E)				
Ra-226 and decay products(D)	Smokeless Tobacco (E)	Salted Fish (E)				
X-and Gamma radiation (D)	Formaldehyde (F)	Smokeless Tobacco (E)				
Radioiodines including I-131(D)	Chromium (VI) compounds (C)	Formaldehyde (F)				
Betel Quid W/O tobacco (E)		Benzene (F)				
Alcoholic Beverages (E)		TCDD (F)				
Salted Fish (E)		Polychlorinated biphenyls (F)				
Second-hand tobacco smoke (E)		Bis(Chloromethyl)ether/Chloromethylmethyl				
Smokeless Tobacco (E)		ether (F)				
Tobacco Smoking (E)						
Formaldehyde (F)						
	Respiratory System (59.3% overlap)					
Arsenic and inorganic arsenic compounds (C)	Arsenic and inorganic arsenic compounds (C)	Cyclophosphamide(A)				
Asbestos (all forms), including actinolite, amosite,	Asbestos (all forms, including actinolite, amosite,	Arsenic and inorganic arsenic compounds (C)				
anthophyllite,chrysotile, crocidolite, tremolite) (C)	anthophyllite, chrysotile, crocidolite, tremolite) (C)	Asbestos (all forms, including actinolite,				
Beryllium and beryllium compounds (C)	Beryllium and beryllium compounds (C)	amosite, anthophyllite, chrysotile, crocidolite,				
Cadmium and cadmium compounds (C)	Cadmium and cadmium compounds (C)	tremolite(C)				
Chromium (VI) compounds (C)	Chromium (VI) compounds (C)	Beryllium and beryllium compounds (C)				
Nickel compounds (C)	Nickel compounds (C)	Cadmium and cadmium compounds (C)				
Silica dust, crystalline, in the form of quartz or	Silica dust, crystalline, in the form of quartz or cristobalite	Chromium (VI) compounds (C)				
cristobalite (C)	(C)	Nickel compounds (C)				
Haematite mining with exposure to radon	Haematite mining with exposure to radon (underground)	Silica dust, crystalline, in the form of quartz or				
(underground)(D)	(D)	cristobalite (C)				

Pu-239 (D)	Pu-239 (D)	Haematite mining with exposure to radon
Rn-222 and its decay products (D)	Rn-222 and its decay products (D)	(underground)(D)
X- and Gamma radiation (D)	X- and Gamma radiation (D)	Pu-239 (D)
Alcoholic beverages (E)	Coal, indoor emissions from household combustion of (E)	Rn-222 and its decay products (D)
Coal, indoor emissions from household combustion of	Second-hand tobacco smoke (E)	X- and Gamma radiation (D)
(E)	Tobacco smoking (E)	Coal, indoor emissions from household
Second-hand tobacco smoke (E)	Coke production (F)	combustion of (E)
Tobacco smoking (E)	Engine Exhaust, diesel (F)	Second-hand tobacco smoke (E)
Bis(chloromethyl)ether; chloromethyl methyl ether		Tobacco smoking (E)
(technical-grade) (F)		Benzene (F)
Coal gasification (F)		1,3-Butadiene (F)
Coal-tar pitch (F)		Coke production (F)
Coke production (F)		Vinyl Chloride (F)
Soot (as found in occupational exposure of chimney		Engine Exhaust, diesel (F*)
sweeps) (F)		2,3,7,8-Tetrachlorodibenzo-para-dioxin (F*)
Engine Exhaust, diesel (F)		Trichloroethylene (F*)
	Mesothelium (100.0% overlap)	
Asbestos (all forms, including actinolite, amosite,	Asbestos (all forms, including actinolite, amosite,	Asbestos (all forms, including actinolite,
anthophyllite, chrysotile, crocidolite, tremolite) (C)	anthophyllite, chrysotile, crocidolite, tremolite) (C)	amosite, anthophyllite, chrysotile, crocidolite,
Erionite (C)	Erionite (C)	tremolite) (C)
		Erionite (C)
	Digestive Tract (20.0% overlap)	•
Helicobacter pylori (infection with) (B)	Helicobacter pylori (infection with) (B)	Aristolochic acid, plants containing (A)
X- and Gamma radiation (D)	Betel quid without tobacco (E)	Helicobacter pylori (infection with) (B)
Radioiodines including I-131(D)		Chromium (VI) compounds (C)
Alcoholic beverages (E)		Betel quid without tobacco (E)
Betel quid without tobacco (E)		Benzene (F)
Salted fish, chinese style (E)		1,3-Butadiene (F)
Tobacco smoking (E)		

Tobacco, smokeless (E)		
	Digestive Organs (22.2% overlap)	·
Estrogen-progestogen oral contraceptives (combined)	Arsenic and inorganic arsenic compounds (C)	Tamoxifen (A)
(A)	Pu-239 (D)	Arsenic and inorganic arsenic compounds (C)
Arsenic and inorganic arsenic compounds (C)	Th-232 (as Thorotrast) (D)	Th-232 (as Thorotrast) (D)
Th-232 (as Thorotrast) (D)	X-and Gamma radiation (D)	Pu-239 (D)
Pu-239 (D)	Aflatoxins (F)	X- and Gamma radiation (D)
X-and Gamma radiation (D)	Vinyl chloride (F)	Aflatoxins (F)
Alcoholic beverages (E)	Trichloroethylene (F*)	4-Aminobiphenyl (F)
Betel quid without tobacco (E)		Benzidine (F)
Tobacco smoking (E)		1,3-Butadiene (F)
Tobacco, smokeless (E)		2-Naphthylamine (F)
Aflatoxins (F)		2,3,7,8-Tetrachlorodibenzo-para-dioxin (F)
Vinyl chloride (F)		Vinyl chloride (F)
Trichloroethylene (F*)		Trichloroethylene (F*)
		Polychlorinated biphenyls (F)
	Nervous System and Eye (N/A)	·
UV-emitting tanning devices (D)		
X- and Gamma radiation (D)		
Solar radiation (D)		
	Endocrine System (66.7% overlap)	·
Radioiodines, including I-131 (D)	Radioiodines, including I-131 (D)	Nickel compounds (C)
X- and Gamma radiation (D)	X- and Gamma radiation (D)	Radioiodines, including I-131 (D)
		X- and Gamma radiation (D)
	Kidney (33.3% overlap)	
Arsenic and inorganic arsenic (C)	X- and Gamma radiation (D)	Diethylstilbestrol (A)
Cadmium and cadmium compounds (C)	Trichloroethylene (F*)	Estrogen-only menopausal therapy (A)
X- and Gamma radiation (D)		Phenacetin (A)
Tobacco smoking (E)		X- and Gamma radiation (D)

Trichloroethylene (F*)	Trichloroethylene (F*)			
Urothelium (70.0% overlap)				
Aristolochic acid, plants containing (A)	Aristolochic acid, plants containing (A)	Aristolochic acid, plants containing (A)		
Cyclophosphamide (A)	Cyclophosphamide(A)	Cyclophosphamide(A)		
Phenacetin (A)	Phenacetin (A)	Phenacetin (A)		
Arsenic and inorganic arsenic compounds (C)	Arsenic and inorganic arsenic compounds (C)	Arsenic and inorganic arsenic compounds (C)		
X- and Gamma radiation (D)	4-Aminobiphenyl (F)	2-Naphthylamine (F)		
Tobacco smoking (E)	2-Naphthylamine (F)	4-Aminobiphenyl (F)		
Coal-tar pitch (F)	ortho-Toluidine (F)	ortho-Toluidine (F)		
Soot (as found in occupational exposure of chimney				
sweeps) (F)				
4-Aminobiphenyl (F)				
Benzidine (F)				
2-Naphthylamine (F)				
ortho-Toluidine (F)				
Engine Exhaust, diesel (F*)				
	Lymphoid and Haematopoietic Tissues (46.7% overl	ap)		
Azathioprine (A)	Azathioprine (A)	Azathioprine (A)		
Chlorambucil(A)	Chlorambucil(A)	Chlorambucil (A)		
Cyclophosphamide (A)	Cyclophosphamide(A)	Cyclophosphamide(A)		
Thiotepa (A)	Thiotepa (A)	Estrogen-only menopausal therapy (A)		
Helicobacter pylori (infection with) (B)	X- and Gamma radiation (D)	Thiotepa (A)		
Fission products including Sr-90 (D)	Benzene (F)	Silica dust, crystalline, in the form of quartz or		
Th-232 (as Thorotrast) (D)	1,3-Butadiene (F)	cristobalite (C)		
X- and Gamma radiation (D)		X- and Gamma radiation (D)		
Radioiodines including I-131(D)		Ethylene oxide (F)		
Rn-222 and its decay products (D)		Benzene (F)		
Tobacco smoking (E)		1,3-Butadiene (F)		
Ethylene oxide (F)				
Benzene (F)				

L,3-Butadiene (F)		
Formaldehyde(F)		
richloroethylene (F*)		
Polychlorinated biphenyls (F*)		
	Skin (35.0% overlap)	
Azathioprine(A)	Methoxsalen in combination with UVA (A)	Methoxsalen in combination with UVA (A)
Methoxsalen in combination with UVA (A)	Solar radiation (D)	Solar radiation (D)
Arsenic and inorganic arsenic compounds (C)	UV-emitting tanning devices (D)	UV-emitting tanning devices (D)
Solar radiation (D)	Coal-tar distillation (F)	Coal, indoor emissions from household
UV-emitting tanning devices (D)	Mineral oils, untreated or mildly treated (F)	combustion of (E)
X- and Gamma radiation (D)	Shale oils (F)	Tobacco smoking (E)
Coal-tar distillation (F)	Soot (as found in occupational exposure of chimney	Benzene (F)
Mineral oils, untreated or mildly treated (F) Shale oils (F)	sweeps) (F)	Bis(chloromethyl)ether;chloromethylmethyl ether (technical-grade) (F)
Soot (as found in occupational exposure of chimney		Coal gasification (F)
sweeps) (F)		Coal-tar distillation (F)
Polychlorinated biphenyls (F*)		Coal-tar pitch (F)
		Coke production (F)
		Mineral oils, untreated or mildly treated (F)
		Shale oils (F)
		Soot (as found in occupational exposure of
		chimney sweeps) (F)
		2,3,7,8-Tetrachlorodibenzo-para-dioxin (F)
		ortho-Toluidine (F)
	Connective Tissues (42.9% overlap)	1
Pu-239 (D)	Pu-239 (D)	Cadmium and cadmium compounds (C)
Ra-224 and its decay products (D)	Ra-224 and its decay products (D)	Chromium (VI) compounds (C)
Ra-226 and its decay products (D)	Ra-226 and its decay products (D)	Nickel compounds (C)
Ra-228 and its decay products (D)	Ra-228 and its decay products (D)	Fission products including Sr-90 (D)
X- and Gamma radiation (D)	X- and Gamma radiation (D)	Pu-239 (D)

Radioiodines including I-131(D)	Vinyl chloride (F)	Ra-224 and its decay products (D)
Vinyl chloride (F)		Ra-226 and its decay products (D)
		Ra-228 and its decay products (D)
		X- and Gamma radiation (D)
		4-Aminobiphenyl(F)
		Bis(chloromethyl)ether;chloromethyl methyl
		ether (technical-grade) (F)
		1,3-Butadiene (F)
		ortho-Toluidine (F)
		Vinyl chloride (F)
Female Breast, F	emale Reproductive Organs and Reproductive Tract (30.	8% overlap)
Diethylstilbestrol (A)	Diethylstilbestrol (A)	Cyclophosphamide(A)
Estrogen-only menopausal therapy (A)	Estrogen-only menopausal therapy (A)	Diethylstilbestrol (A)
Estrogen-progestogen oral contraceptives (combined)	Estrogen-progestogen oral contraceptives (combined) (A)	Estrogen-only menopausal therapy (A)
(A)	X- and Gamma radiation (D)	Estrogen-progestogen oral contraceptives
Tamoxifen (A)		(combined) (A)
Asbestos (all forms, including actinolite, amosite,		X- and Gamma radiation (D)
anthophyllite, chrysotile, crocidolite, tremolite) (C)		Benzene (F)
X- and Gamma radiation (D)		Benzidine (F)
Alcoholic beverages (E)		1,3-Butadiene (F)
Tobacco smoking (E)		Vinyl chloride (F)
Ethylene oxide (F)		
Polychlorinated biphenyls (F*)		
Male Reproduc	tive Organs Including Prostate and Testicular Tumours (N	NA overlap)
Diethylstilbestrol (A)		
Arsenic and inorganic arsenic compounds (C)		
Cadmium and cadmium compounds (C)		
Th-232 (as Thorotrast) D		
X-and Gamma radiation (D)		
	All Cancers Combined	

2,3,7,8-Tetrachlorodibenzo-para-dioxin (F)

¹Organ and tissue systems in the anatomically based tumour nomenclature system (see Supplemental Table 1. 'Animal and Human Tumour site for 111 Group 1 identified through Volume 108 of the *IARC Monographs'*). Data inputs for human and animal data with *sufficient evidence* of carcinogenicity are from Supplemental Table 2 'Database of Animal and Human Tumour Sites for 111 Distinct Group-1 Agents Through Volume 109 of the *IARC Monographs*.' Agents lacking sufficient evidence in both humans and animals are not shown with the exception of limited additional data inputs for limited evidence of human sites are from Monographs 100A-F, Monograph 107, and Monograph109 (in italics) and included data for ethylene oxide estrogens and progestogen oral contraceptives, diethylstilbestrol. Data for male reproductive organs are also included in although not part of the concordance analyses. 2,3,7,8-Tetrachlorodibenzo-para-dioxin is included to but its designation of all cancers combined for human data precludes specific site analyses between species.

²Agents with *sufficient evidence* in humans, animals, and both humans and animals.

³Number of agents with *sufficient evidence* in both humans and animals, as a percentage of the total number agents expressing tumours in either humans or animals (or both) in the specified organ and tissue system (see Table X).

⁴Volume A, B, C, D, E or F in Volume 100 of the Monographs in which the agent is included. F* denotes chemical and related occupations identified as Group-1 agents after Volume 100.

N/A denotes organ/tissue systems when overlap is not possible (positive data is available in either humans or animals, but not both).

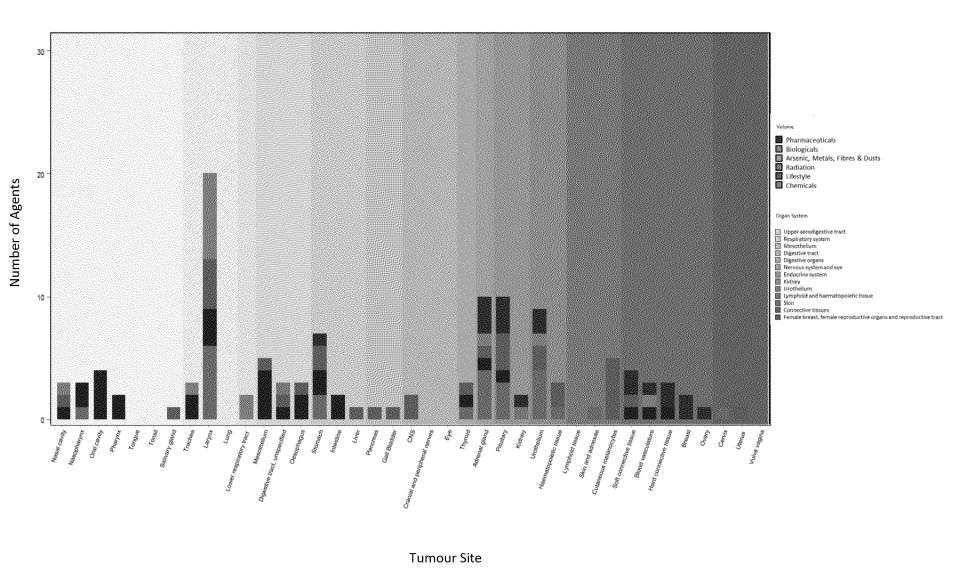


Figure 1. Number of Agents Inducing Tumours in Humans in Each of 39 Tumour sites by Type of Agent

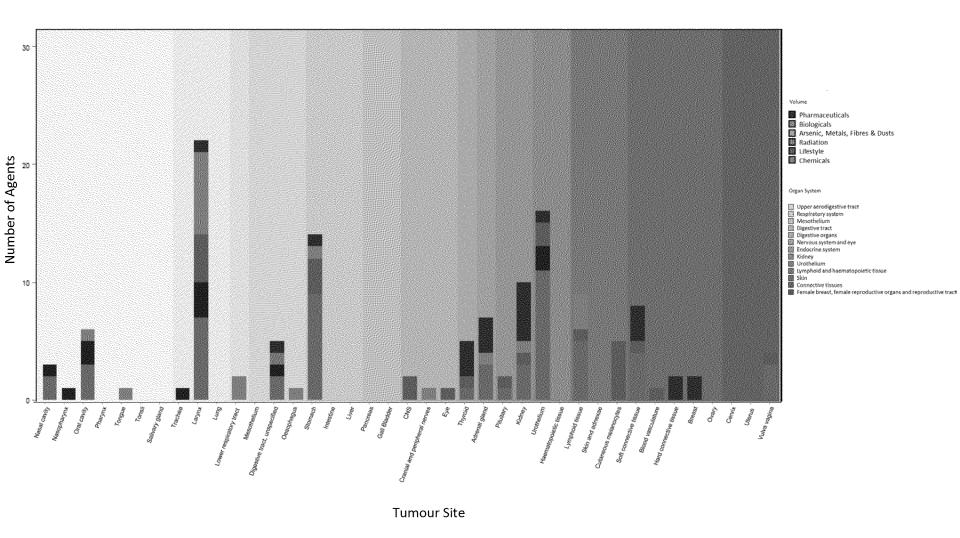


Figure 2. Number of Agents Inducing Tumours in Animals in Each of 39 Tumour sites by Type of Agent

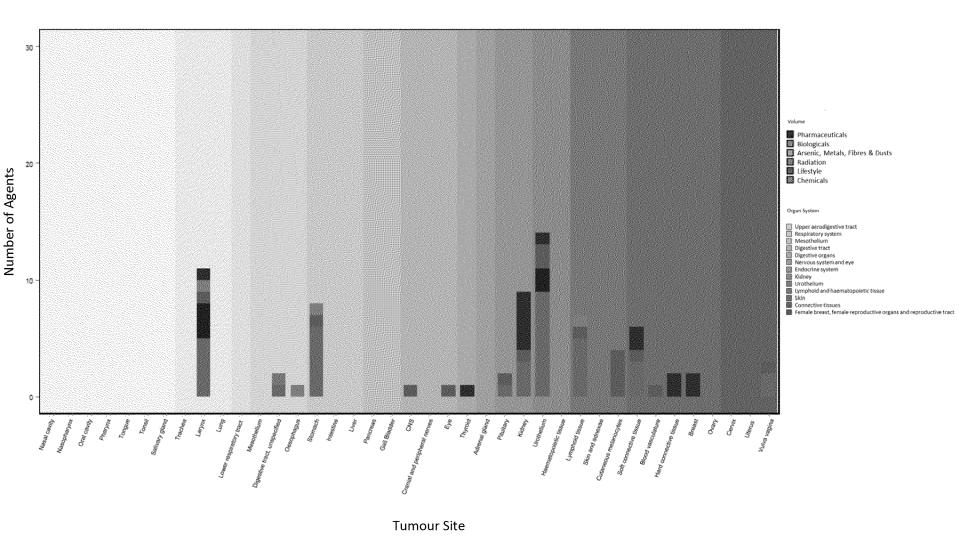
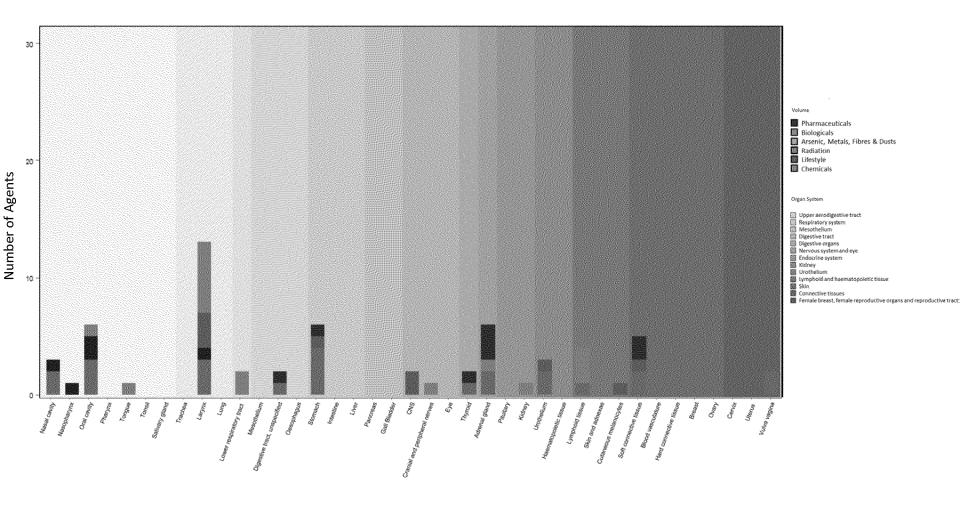


Figure 3. Number of Agents Inducing Tumours in Mice in Each of 39 Tumour sites by Type of Agent



Tumour Site

Figure 4. Number of Agents Inducing Tumours in Rats in Each of 39 Tumour sites by Type of Agent

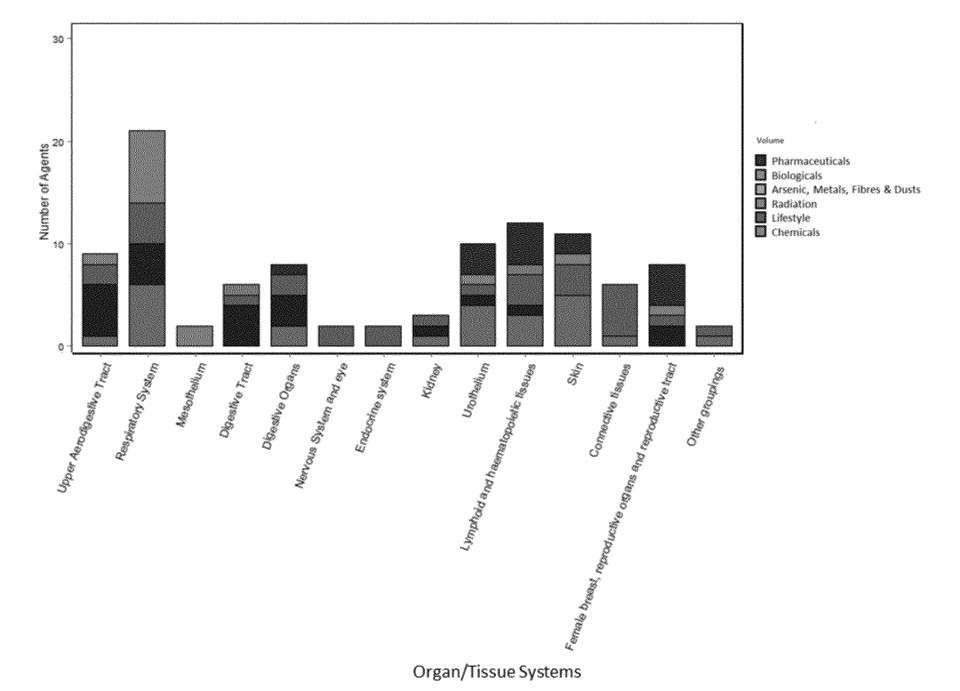


Figure 5. Number of Agents Inducing Tumours in Humans in Each of 15 Organ/Tissue Systems by Type of Agent EPAHQ_0000338

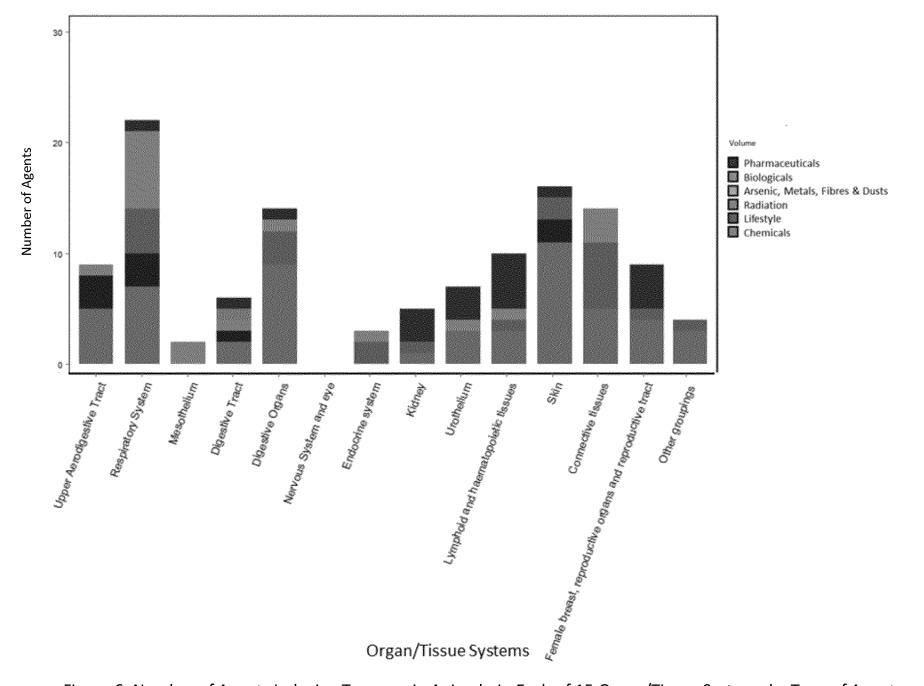


Figure 6. Number of Agents Inducing Tumours in Animals in Each of 15 Organ/Tissue Systems by Type of Agent

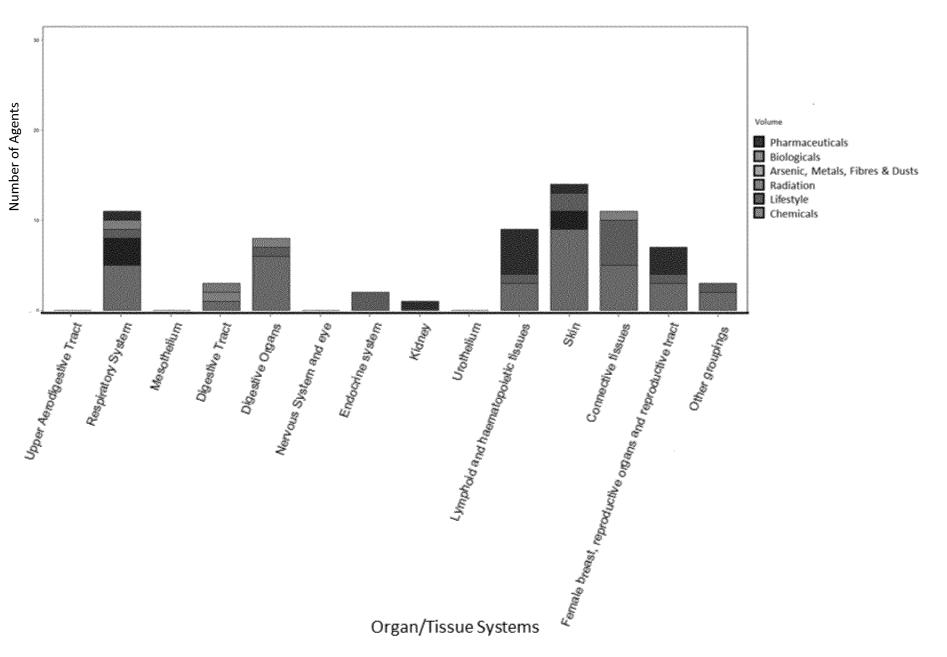


Figure 7. Number of Agents Inducing Tumours in Mice in Each of 15 Organ/Tissue Systems by Type of Agent

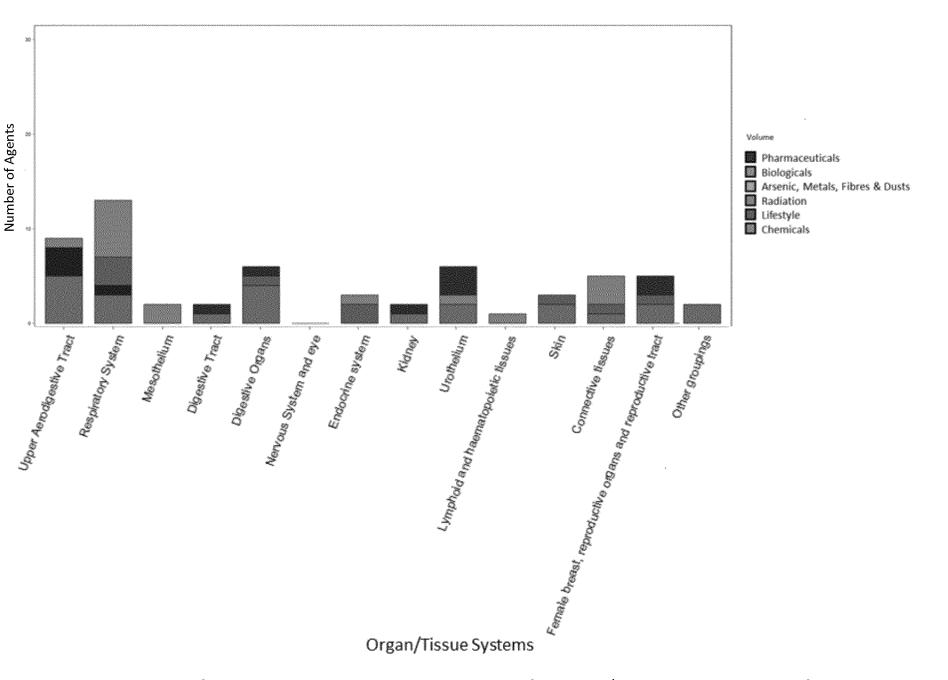
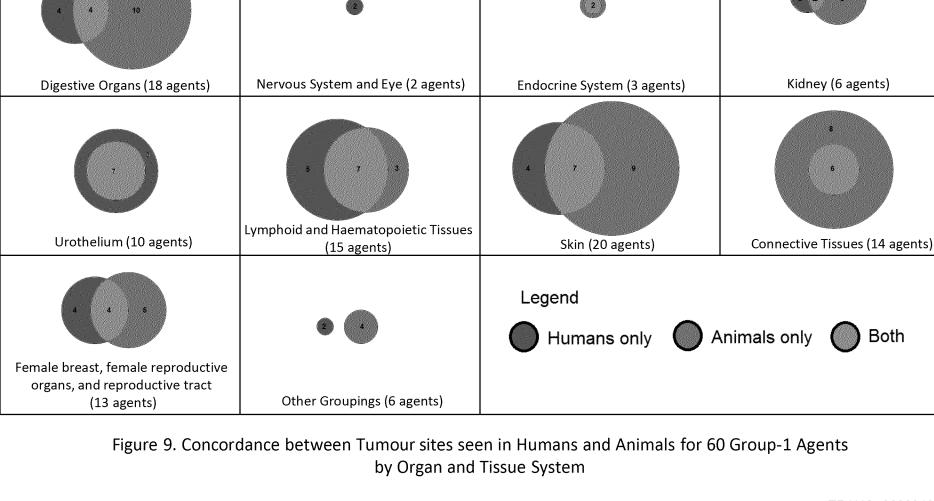


Figure 8. Number of Agents Inducing Tumours in Rats in Each of 15 Organ/Tissue Systems by Type of Agent



Mesothelium (2 agents)

Respiratory System (27 agents)

Upper Aerodigestive Tract (14 agents)

Digestive Tract (10 agents)

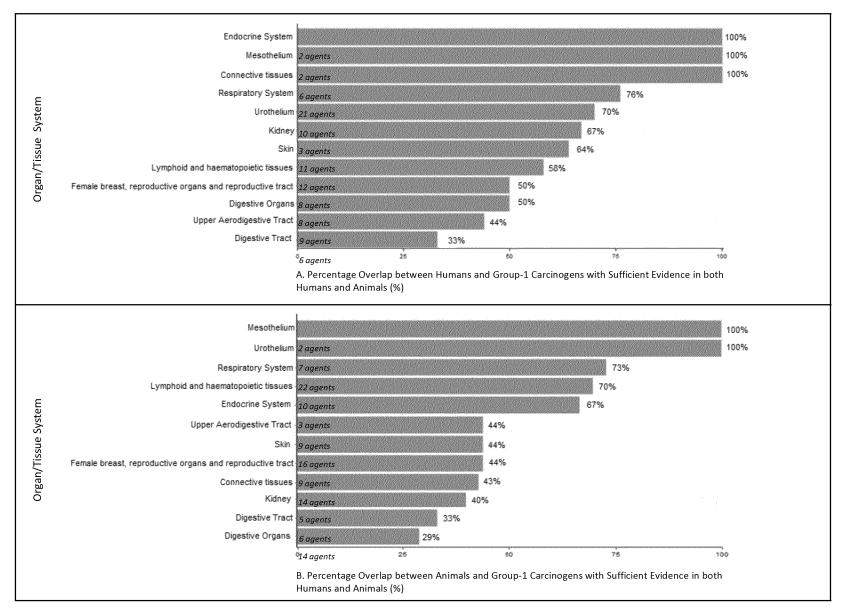


Figure 10. Overlap between Group-1 Agents with Sufficient Evidence of Carcinogenicity in Humans and Animals Expressing Tumours in Specific Organ and Tissue Systems. (A. Overlap between animals and humans; B. Overlap between humans and animals. Number of Group-1 agents expressing tumours in specific organ/tissue systems shown in Panel A; number of animal Group-1 agents expressing tumours in specific organ/tissue systems shown in Panel B.)

Concordance between Animal and Human Tumours:
An Analysis of 111 Agents Known to Cause Cancer in Humans

Supplemental Material I: Database of Anatomically-based Tumour Sites in Animals and Humans

Daniel Krewski^{1,2,3}, Jerry Rice⁴, Michael Bird^{1,2}, Brittany Milton², Brian Collins², Pascale Lajoie^{1,5}, Mélissa Billard ^{1,}, Yann Grosse⁶, Robert Baan⁶, Vincent Cogliano⁷, Kurt Straif⁶, Jane Caldwell⁸, Ivan Rusyn⁹, Christopher Portier⁶, Julian Little³ & Jan M. Zielinski^{1,10} on behalf of the IARC Working Group on 'Tumour-site Concordance and Mechanisms of Carcinogenesis' which convened in Lyon April/November 2012

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Krewski et al. (2016) conducted a comprehensive analysis of the concordance between tumours seen in animals and humans for 111 distinct Group-1 agents identified in the IARC Monographs programme through Volume 109, based on information abstracted from the IARC Monographs by Grosse et al. (2016). The format of data abstracted from the Monographs by Grosse et al. (2016) is illustrated in Table 3 of Krewski et al. (2016), which includes histological information on animal and human tumours associated with these 111 agents, as well as information on the route of exposure and the gender and species of experimental animal models used.

Because there currently exists no common tumour nomenclature for animal and human tumours, Krewski et al. (2016, Table 2) developed an anatomically-based tumour nomenclature system that permits comparison of tumours seen in animals and humans on a site-specific basis, as well as on the basis of organ and tissue systems comprised of anatomically-related tumour sites. This system was developed by first identifying the anatomical tumour sites seen in both animals and humans for the 111 Group-1 agents based on the data abstracted from the Monographs by Grosse et al. (2016), as summarized in Supplemental Table 1. This was done by recording the individual tumour sites seen in humans and animals in columns 3 and 4 in Supplemental Table 1, respectively, organized by the organ and tissue systems in column 1; column 2 provides the common anatomically-based tumour site used for both animal and human tumours occurring at this site. It should be noted that although *sufficient evidence* for sites in italics in Supplementary Table 1 was not available in either animals or humans for any of the 111 Group-1 agents, these sites are included to record that they were considered, but not observed for various reasons noted in the footnotes to Supplementary Table 1, including the possibility that only *limited*

evidence of carcinogenicity was available. This analysis formed the basis for the harmonized, anatomically-based tumour nomenclature system used by Krewski et al. (2016) as the basis for evaluating concordance between animal and human tumours.

The IARC tumour site concordance database based on this anatomically-based tumour nomenclature system (Supplemental Table 2). A data dictionary describing the elements of Supplemental Table 2 is provided in Supplemental Table 3. Supplemental Table 4 provides the numerical codes assigned to the 47 individual tumour sites and 13 organ and tissue systems included in the database.

Distributions of tumours expressed by across the tumour sites listed in Supplemental Table 4 for humans, (all) animals, mice, and rats are shown in Supplemental Figures 1-4, respectively, by type of agent. [Although there are 47 tumour sites listed in Supplemental Table 4, the 111 Group-1 agents considered here demonstrated animal and/or human tumours at only 39 of these 47 sites.] Similar results for the 15 organ and tissue systems are shown in Supplemental Figures 5-8.

The 60 Group-1 agents included in the analysis of concordance between animal and human tumours reported by Krewski et al. (2016) are summarized in Supplemental Table 5. Concordance analysis was necessarily restricted to these 60 agents because of the requirement of sufficient evidence of at least one tumour site in animals and sufficient evidence of at least one tumour site in humans.

References

Gross et al. (2016). Database of Animal and Human Tumours Based on 111 Group-1 Distinct Agents Known to Cause Cancer in Humans. [This volume.]

Krewski et al. (2016). Concordance between Animal and Human Tumours: An Analysis of 111 Agents Known to Cause Cancer in Humans. [This volume.]

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Supplemental Table 1. Animal and Human Tumour Sites for 111 Group-1 Agents Identified through Volume 109 of the IARC Monographs¹

Organ and Tissue System	Tumour Site	Sites with Sufficient Evidence for Cancer in Humans	Sites with Sufficient Evidence for Cancer in Experimental Animals
Upper aerodigestive tract	Nasal cavity and paranasal sinuses Nasopharynx Oral cavity Pharynx Tongue Tonsil Salivary gland	Nasal cavity and paranasal sinuses Nasopharynx Oral cavity Pharynx (incl. oropharynx & hypopharynx) Tonsil Salivary gland	Nasal cavity Oral cavity Lip (inner) ii Tongue
Respiratory system	Trachea ⁱⁱⁱ Larynx Lung Lower respiratory tract	Trachea Larynx Lung	Trachea Larynx Lung Lower respiratory tract (larynx, trachea, and lung)
Mesothelium	Mesothelium	Mesothelium	Pleural mesothelium Peritoneal mesothelium Peritesticular mesothelium
Digestive tract	Digestive tract (unspecified) Oesophagus Stomach Intestine, including colon and rectum	Digestive tract (unspecified) Oesophagus Stomach Colon and rectum	Oesophagus Forestomach Glandular stomach Small and/or large intestine
Digestive organs	Liver parenchyma and bile ducts Pancreas NOS Gall bladder	Liver (parenchyma) and bile ducts Gall bladder Pancreas NOS	Liver parenchyma Bile ducts Gall bladder iv Pancreas, exocrine
Nervous system and eye	Brain and spinal cord (CNS) Cranial and peripheral nerves Eye	Brain and spinal cord (CNS) Cranial and peripheral nerves Eye (melanoma)	Brain and spinal cord (CNS) Cranial and spinal nerves
Endocrine system	Thyroid, follicular epithelium	Thyroid	Thyroid, follicular epithelium

	Adrenal gland (medulla, cortex, NOS) Pituitary		Adrenal gland (medulla, cortex, NOS) Pituitary
Kidney	Kidney (renal cell carcinoma)	Kidney, unspecified	Kidney, unspecified
Urothelium	Urothelium (renal pelvis, ureter, urinary bladder)	Renal pelvis Ureter Urinary bladder	Renal pelvis Ureter Urinary bladder
Lymphoid and haematopoietic tissues	Haematopoietic tissue Lymphoid tissue	Haematopoietic tissue (AML, ANLL) vi Leukaemia, unspecified Lymphoid tissue (lymphoid leukaemia/lymphoma)	Haematopoietic tissue (granulocytic leukaemia) Lymphoid tissue including thymus (leukaemia/ lymphoma)
Skin	Skin and adnexae Cutaneous melanocytes	Skin and adnexae (general body surface including scrotum, penis, anus and conjunctivae) Lip (outer) ^{vii} Cutaneous melanocytes (malignant melanoma)	Skin and cutaneous sebaceous glands
Connective tissues	Soft connective tissue Blood vasculature (endothelium) Hard connective tissue (bone, cartilage)	Soft connective tissue Blood vasculature (endothelium) Angiosarcoma of the liver Hard connective tissue (bone, cartilage)	Soft connective tissue (incl. haemangiosarcoma) Hard connective tissue (bone, cartilage)
Female breast, female reproductive organs and reproductive tract	Breast Ovary Uterus Uterine cervix Vulva/vagina	Breast Ovary Uterus NOS Endometrium Uterine cervix Vulva/vagina	Mammary gland Ovary Uterus NOS
Male reproductive system viii	Testis, germ cells Testis, specialized gonadal stroma	Testis, germ cells Testis, specialized gonadal stroma	Testis, specialized gonadal stroma (Leydig cells)

	Prostate	Prostate	Prostate
Other groupings (not included in the concordance analysis)	All cancers combined All solid cancers Solid cancers, aside from lung Multiple or unspecified sites Exocrine glands NOS	All cancers combined All solid cancers Solid cancers aside from lung Multiple or unspecified sites Exocrine glands NOS	Non-digestive exocrine glands (including Harderian gland, Zymbal gland [ear duct], preputial gland)

¹ Although sites in italics were not in the concordance developed by Grosse et al. (2015), they are included in the anatomically-based tumour taxonomy system for completeness.

[&]quot;The monographs do not distinguish between inner and outer lip; this was inferred to be lip inner because of the Group-1 agent it relates to 'smokeless tobacco'

Trachea was not found as a distinct site in the concordance database.

iv The rat has no gall bladder

^v Cranial and peripheral nerves were not found as a distinct site in the current database.

vi AML: Acute myeloid leukemia; ANLL: Acute non-lymphocytic leukemia.

vii Lip (outer) provided only *limited evidence* in humans for solar radiation.

viii The male reproductive system provided on *limited evidence* in humans (in all three listed tumour sites).

				tal Table 2. Database of Anima	and Human Tumour Si	tes for 111 Distinct Grou	p-1 Agents thro		C Monographs				
Volume	Agent Number	Agent Name	Species	Site	Anatomical Site	Anatomical Site Label	Anatomical Site Number	Organ System	Organ System Number	Animal Tumour Site Specified	Reason for Lack of Animal Data*	Mechanistic Upgrade	Human Tumour Site Specified
A A	1	Aristolochic acid Aristolochic acid	Rat Rat	Forestomach Renal pelvis	Stomach Urothelium (renal pelvis,	Stomach Urothelium	15 27	Digestive tract Urothelium	4 9	1		1	0
A	1	Aristolochic acid	Human	Not specified	ureter, urinary bladder)					1		1	0
A	2	Aristolochic acid, plants containing	Rat	Forestomach	Stomach	Stomach	15	Digestive tract	4	1		0	1
А	2	Aristolochic acid, plants containing	Human	Renal pelvis	Urothelium (renal pelvis, ureter, urinary bladder)	Urothelium	27	Urothelium	9	1		0	1
А	2	Aristolochic acid, plants containing	Rat	Renal pelvis	Urothelium (renal pelvis, ureter, urinary bladder)	Urothelium	27	Urothelium	9	1		0	1
A	2	Aristolochic acid, plants containing	Human	Ureter	Urothelium (renal pelvis, ureter, urinary bladder)	Urothelium	27	Urothelium	9	1		0	1
A	3	Azathioprine	Mouse	Lymphoid tissue	Lymphoid tissue	Lymphoid tissue	29	Lymphoid and	10	1		0	1
A	3	Azathioprine	Human	Non-Hodgkin lymphoma	Lymphoid tissue	Lymphoid tissue	29	haematopoietic tissues Lymphoid and	10	1		0	1
A	3	Azathioprine	Mouse	Thymus	Lymphoid tissue	Lymphoid tissue	29	haematopoietic tissues Lymphoid and	10	1		0	1
Α	3	Azathioprine	Human	Skin (squamous cell carcinoma)	Skin and adnexae	Skin and adnexae	30	haematopoietic tissues Skin	11	1		0	1
A	4	Busulfan	Human	Acute myeloid leukaemia	Haematopoietic tissue	Haematopoietic tissue	28	Lymphoid and	10	0	6	0	1
Α	5	Chlorambucil	Human	Acute myeloid leukaemia	Haematopoietic tissue	Haematopoietic tissue	28	haematopoietic tissues Lymphoid and	10	1		0	1
A	5	Chlorambucil	Mouse	Lymphoid tissue	Lymphoid tissue	Lymphoid tissue	29	haematopoietic tissues Lymphoid and	10	1		0	1
Α	6	Chlomaphazine	Human	Bladder	Urothelium (renal pelvis, ureter, urinary bladder)	Urothelium	27	haematopoietic fissues Urothelium	9	0	6	0	1
Α	7	Cyclophosphamide	Mouse	Lung	Lung	Lung	10	Respiratory system	2	1		0	1
Α	7	Cyclophosphamide	Human	Bladder	Urothelium (renal pelvis, ureter, urinary bladder)	Urothelium	27	Urothelium	9	1		0	1
A	7	Cyclophosphamide	Ret	Urinary bladder	Urothelium (renal pelvis, ureter, urinary bladder)	Urothelium	27	Urothelium	9	1		0	1
Α	7	Cyclophosphamide	Human	Acute myeloid leukaemia	Haematopoietic tissue	Haematopoietic tissue	28	Lymphoid and haematopoietic tissues	10	1		0	1
A	7	Cyclophosphamide	Mouse	Lymphoid tissue	Lymphoid tissue	Lymphoid fissue	29	Lymphoid and haematopoietic tissues	10	1		0	1
Α	7	Cyclophosphamide	Mouse	Mammary gland	Breast	Breast	35	Female breast, female reproductive organs and reproductive tract	13	1		0	1
Α	8	Ciclosporine	Human	Non-Hodgkin lymphoma	Lymphoid tissue	Lymphoid tissue	29	Lymphoid and	10	0	6	0	1
A	8	Ciclosporine	Human	Squamous cell carcinoma	Skin and adnexae	Skin and adnexae	30	haematopoietic tissues Skin	11	0	6	0	1
A	9	Diethylstilbestrol Diethylstilbestrol	Hamster Human	Kidney Breast (exposure while pregnant)	Kidney Breast	Kidney Breast	26 35	Kidney Female breast, female reproductive organs and	13	1		0	1
Α	9	Diethylstifbestrol	Human	Cervix (clear cell adenocarcinoma, exposure in	Uterine cervix	Cervix	37	reproductive tract Female breast, female reproductive organs and	13	1		0	1
A	9	Diethylstilbestrol	Mouse	utero) Uterine cervix	Uterine cervix	Cervix	37	reproductive tract Female breast, female reproductive organs and	13	1		0	1
A	9	Diethylstifbestrol	Mouse	Uterus	Uterus	Uterus	38	reproductive tract Female breast, female	13	1		0	1
A	9	Diethylstilbestrol	Human	Vagina (clear cell	Vulva/vagina	Vulva/vagina	39	reproductive organs and reproductive tract Female breast, female	13	1		0	1
A	10	Estrogen-only menopausal	Hamster	adenocarcinoma, exposure in utero) Kidney	Kidney	Kidney	26	reproductive organs and reproductive tract Kidney	8	1		0	1
A	10	therapy Estrogen-only menopausal	Mouse	Lymphoid tissue	Lymphoid tissue	Lymphoid tissue	29	Lymphoid and	10	1		0	1
A	10	therapy Estrogen-only menopausal	Mouse	Mammary gland	Breast	Breast	35	haematopoietic tissues Female breast, female	13	1		0	1
A	10	therapy Estrogen-only menopausal	Rat	Mammary gland	Breast	Breast	35	reproductive organs and reproductive tract Female breast, female	13	1		0	1
		therapy						reproductive organs and reproductive tract					·
A	10	Estrogen-only menopausal therapy	Human	Overy	Overy	Ovary	36	Female breast, female reproductive organs and reproductive tract	13	1		0	1
А	10	Estrogen-only menopausal therapy	Mouse	Uterine cervix	Uterine cervix	Cervix	37	Female breast, female reproductive organs and reproductive tract	13	1		0	1
Α	10	Estrogen-only menopausal therapy	Human	Endometrium	Uterus	Uterus	38	Female breast, female reproductive organs and reproductive tract	13	1		0	1
A	10	Estrogen-only menopausal therapy	Mouse	Uterus	Uterus	Uterus	38	Female breast, female reproductive organs and	13	1		0	1
Α	11	Estrogen-progestogen menopausal therapy (combined)	Human	Breast	Breast	Breast	35	reproductive tract Female breast, female reproductive organs and	13	0	6	0	1
A	11	Estrogen-progestogen menopausal therapy (combined)	Human	Endometrium (increased risk for estrogen-induced endometria) cancer decreases with the number of days per month that progestogens are used)	Uterus	Uterus	38	reproductive tract Fernale breast, female reproductive organs and reproductive tract	13	0	6	0	1
A	12	Estrogen-progestogen oral	Human	Liver	Liver parenchyma and	Liver	17	Digestive organs	5	1		0	1
A	12	contraceptives (combined) Estrogen-progestogen oral contraceptives (combined)	Human	Breast	bile ducts Breast	Breast	35	Female breast, female reproductive organs and	13	1		0	1
A	12	Estrogen-progestogen oral contraceptives (combined)	Human	Cervix	Uterine cervix	Cervix	37	reproductive tract Female breast, female reproductive organs and	13	1		0	1
A	12	Estrogen-progestogen oral contraceptives (combined)	Ret	Mammary gland	Breast	Breast	35	reproductive tract Female breast, female reproductive organs and	13	1		0	1
A	13	Etoposide	Human	Not specified				reproductive tract		0	4	1	0
Α	14	Etoposide in combination with cisplatin and bleomycin	Human	Acute myeloid leukaemia	Haematopoietic tissue	Haematopoietic tissue	28	Lymphoid and haematopoietic tissues	10	0	2	0	1
A	15 16	Melphalan Methoxsalen in combination with	Human Mouse	Acute myeloid leukaemia Skin	Haematopoietic tissue Skin and adnexae	Haematopoietic tissue Skin and adnexae	28 30	Lymphoid and haematopoietic tissues Skin	10	0	7	0	1
A	16	UVA Methoxsalen in combination with	Human	Skin (squamous cell carcinoma)	Skin and adnexae	Skin and adnexae	30	Skin	11	1		0	1
		UVA		<u> </u>									

			Suplemer	ntal Table 2. Database of Anima	l and Human Tumour Si	tes for 111 Distinct Grou	p-1 Agents thro	ough Volume 109 of the IAR	C Monographs				
Volume	Agent Number	Agent Name	Species	Site	Anatomical Site	Anatomical Site Label	Anatomical Site Number	Organ System	Organ System Number	Animal Turnour Site Specified	Reason for Lack of Animal Data*	Mechanistic Upgrade	Human Tumour Site Specified
А	17	MOPP and other combined chemotherapy including alkylating agents	Human	Lung	Lung	Lung	10	Respiratory system	2	0	2	0	1
А	17	MOPP and other combined chemotherapy including alkylating agents	Human	Acute myeloid leukaemia	Haematopoietic tissue	Haematopoietic tissue	28	Lymphoid and haematopoietic tissues	10	0	2	0	1
Α	18	Phenacetin	Mouse	Kidney	Kidney	Kidney	26	Kidney	8	1		1	1
A	18 18	Phenacetin Phenacetin	Rat Human	Kidney Renal pelvis	Kidney Urothelium (renal pelvis,	Kidney Urothelium	26 27	Kidney Urothelium	8	1		1	1
					ureter, urinary bladder)								
А	18	Phenacetin	Rat	Renal pelvis	Urothelium (renal pelvis, ureter, urinary bladder)	Urothelium	27	Urothelium	9	1		1	1
А	18	Phenacetin	Human	Ureter	Urothelium (renal pelvis, ureter, urinary bladder)	Urothelium	27	Urothelium	9	1		1	1
A	19	Phenacetin, analgesic mixtures containing	Human	Renal pelvis	Urothelium (renal pelvis, ureter, urinary bladder)	Urothelium	27	Urothelium	9	0	6	0	1
А	19	Phenacetin, analgesic mixtures containing	Human	Ureter	Urothelium (renal pelvis, ureter, urinary bladder)	Urothelium	27	Urothelium	9	0	6	0	1
А	20	1-(2-Chloroethyl)-3-(4- methylcyclohexyl)- 1-nitrosourea (Methyl-CCNU)	Human	Acute myeloid leukaemia	Haematopoietic tissue	Haematopoietic tissue	28	Lymphoid and haematopoietic tissues	10	0	6	0	1
Α	21	Tamoxifen	Rat	Liver	Liver parenchyma and bile ducts	Liver	17	Digestive organs	5	1		0	1
Α	21	Tamoxifen	Human	Endometrium	Uterus	Uterus	38	Female breast, female reproductive organs and	13	1		0	1
Α	22	Thiotepa	Human	Leukaemia	Haematopoietic tissue	Haematopoietic tissue	28	reproductive tract Lymphoid and	10	1		0	1
A	22	Thiotepa	Mouse	Lymphoid tissue	Lymphoid tissue	Lymphoid tissue	29	haematopoietic fissues Lymphoid and	10	1		0	1
Α	23	Treosulfan	Human	Acute myeloid leukaemia	Haematopoietic tissue	Haematopoietic tissue	28	haematopoietic tissues Lymphoid and	10	0	5	0	1
В	24	Clonorchis sinensis (infection	Human	Cholangiocarcinoma	Liver parenchyma and	Liver	17	haematopoietic tissues Digestive organs	5	0	6	0	1
8	25	with) Epstein-Barrvirus	Human	Nasopharyngeal carcinoma	bile ducts Nasopharynx	Nasopharynx	2	Upper aerodigestive tract	1	0	3	0	1
В	25	Epstein-Barrvirus	Human	Hodgkin lymphoma	Lymphoid tissue	Lymphoid tissue	29	Lymphoid and haematopoietic tissues	10	0	3	0	1
B B	25	Epstein-Barrvirus	Human	Immune-suppression-related non-Hodgkin lymphoma	Lymphoid tissue	Lymphoid fissue	29	Lymphoid and haematopoietic tissues	10	0	3	0	1
	25	Epstein-Barrvirus	Human	Burkitt lymphoma	Lymphoid tissue	-,,		Lymphoid and haematopoietic fissues	10	0		0	1
8	25 26	Epstein-Barrvirus	Human	Estranodal NK/T-cell lymphoma (nasal type)	Lymphoid tissue	Lymphoid tissue Stomach	29 15	Lymphoid and haematopoietic fissues	10	0	3	0	1
В		Helicobacter pylori (infection with) Helicobacter pylori (infection with)	Human	Glandular stomach Non-cardiac gastric carcinoma	Stomach Stomach	Stomach	15	Digestive tract Digestive tract	4	1		0	1
В	26	Helicobacter pylori (infection with)	Human	Low-grade B-cell MALT gastric	Lymphoid tissue	Lymphoid tissue	29	Lymphoid and	10	1		0	1
В	27	Hepatitis B virus	Human	lymphoma Hepatocellular carcinoma	Liver parenchyma and	Liver	17	haematopoietic tissues Digestive organs	5	0	3	0	1
В	28	Hepatitis C virus	Human	Hepatocellular carcinoma	bile ducts Liver parenchyma and	Liver	17	Digestive organs	5	0	3	0	1
В	28	Hepatitis C virus	Human	Non-Hodgkin lymphoma	bile ducts Lymphoid tissue	Lymphoid tissue	29	Lymphoid and	10	0	3	0	1
В	29	Human immunodeficiencyvirus	Human	Hodgkin lymphoma	Lymphoid tissue	Lymphoid tissue	29	haematopoietic tissues Lymphoid and	10	0	3	0	1
В	29	type 1 Human immunodeficiencyvirus	Human	Non-Hodgkin lymphoma	Lymphoid tissue	Lymphoid tissue	29	haematopoietic tissues Lymphoid and	10	0	3	0	1
В	29	type 1 Human immunodeficiencyvirus	Human	Anus	Skin and adnexae	Skin and adnexae	30	haematopoietic fissues Skin	11	0	3	0	1
В	29	type 1 Human immunodeficiencyvirus	Human	Conjuctiva	Skin and adnexae	Skin and adnexae	30	Skin	11	0	3	0	1
В	29	type 1 Human immunodeficiencyvirus type 1	Human	Kaposi sarcoma	Soft connective tissue	Soft connective tissue	32	Connective tissues	12	0	3	0	1
В	29	Human immunodeficiencyvirus type 1	Human	Cervix	Uterine cervix	Cervix	37	Female breast, female reproductive organs and reproductive tract	13	0	3	0	1
В	30	Human papillomavirus type 16	Human	Oral cavity	Oral cavity	Oral cavity	3	Upper aerodigestive tract	1	0	3	0	1
8	30 30	Human papillomavirus type 16 Human papillomavirus type 16	Human Human	Oropharynx Tonsii	Pharynx Tonsil	Pharynx Tonsil	6	Upper aerodigestive tract Upper aerodigestive tract	1	0	3	0	1
8 B	30 30	Human papillomavirus type 16 Human papillomavirus type 16	Human Human	Anus Penis	Skin and adnexae Skin and adnexae	Skin and adnexae Skin and adnexae	30 30	Skin Skin	11	0	3	0	1 1
В	30	Human papillomavirus type 16	Human	Cervix	Uterine cervix	Cervix	37	Female breast, female reproductive organs and	13	0	3	0	1
В	30	Human papillomavirus type 18	Human	Cervix	Uterine cervix	Cervix	37	reproductive tract Female breast, female reproductive organs and	13	0	3	0	1
В	30	Human papillomavirus type 31	Human	Cervix	Uterine cervix	Cervix	37	reproductive tract Female breast, female reproductive organs and	13	0	3	0	1
В	30	Human papilfomavirus type 33	Human	Cervix	Uterine cervix	Cervix	37	reproductive tract Female breast, female reproductive organs and	13	0	3	0	1
В	30	Human papillomavirus type 35	Human	Cervix	Uterine cervix	Cervix	37	reproductive tract Female breast, female reproductive organs and	13	0	3	0	1
В	30	Human papillomavirus type 39	Human	Cervix	Uterine cervix	Cervix	37	reproductive tract Female breast, female reproductive organs and	13	0	3	0	1
В	30	Human papilfomavirus type 45	Human	Cervix	Uterine cervix	Cervix	37	reproductive tract Female breast, female reproductive organs and	13	0	3	0	1
В	30	Human papillomavirus type 51	Human	Cervix	Uterine cervix	Cervix	37	reproductive tract Female breast, female reproductive organs and	13	0	3	0	1
В	30	Human papillomavirus type 52	Human	Cervix	Uterine cervix	Cervix	37	reproductive tract Female breast, female reproductive organs and	13	0	3	0	1
В	30	Human papillomavirus type 56	Human	Cervix	Uterine cervix	Cervix	37	reproductive tract Female breast, female reproductive organs and	13	0	3	0	1
В	30	Human papillomavirus type 58	Human	Cervix	Uterine cervix	Cervix	37	reproductive tract Female breast, female reproductive organs and	13	0	3	0	1
В	30	Human papillomavirus type 59	Human	Cervix	Uterine cervix	Cervix	37	reproductive tract Female breast, female	13	0	3	0	1
В	30	Human papillomavirus type 16	Human	Vagina	Vulva/vagina	Vulva/vagina	39	reproductive organs and reproductive tract Female breast, female	13	0	3	0	1
	- •	5 - 5 - 10		3110	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		reproductive organs and reproductive tract					·

CONTRACTOR OF THE CO			Suplemen	tal Table 2. Database of Anima	Land Human Tumour Si	tes for 111 Distinct Grou	p-1 Agents thr	ough Volume 109 of the IAR	C Monographs	0.5100.000.000			
	Agent Number	Agent Name	Species	Site	Anatomical Site	Anatomical Site Labet	Anatomical Site Number	Organ System	Organ System Number	Animal Tumour Site Specified	Reason for Lack of Animal Data*	Mechanistic Upgrade	Human Tumour Site Specified
В	30	Human papillomavirus type 16	Human	Vulva	Vulva/vagina	Vulva/vagina	39	Female breast, female reproductive organs and	13	0	3	0	1
В	31	Human T-cell lymphotropic virus	Human	Adult T-cell	Lymphoid tissue	Lymphoid tissue	29	reproductive tract Lymphoid and	10	0	3	0	1
В	32	type 1 Kaposi sarcoma herpesvirus	Human	leukaemia/lymphoma Primary effusion lymphoma	Lymphoid tissue	Lymphoid tissue	29	haematopoietic tissues Lymphoid and	10	0	3	0	1
								haematopoietic tissues	12				1
B B	32 33	Kaposi sarcoma herpesvirus Oposthorchis viverrini (infection	Human Human	Kaposi sarcoma Cholangiocarcinoma	Soft connective tissue Liver parenchyma and	Liver	32 17	Connective tissues Digestive organs	5	0	3 6	0	1
В	34	with) Schistosoma haematobium (infection with)	Human	Urinary bladder	bile ducts Urothelium (renal pelvis, ureter, urinary bladder)	Urothelium	27	Urothelium	9	0	6	0	1
С	35	Arsenic and inorganic arsenic	Human	Lung	Lung	Lung	10	Respiratory system	2	1		0	1
С	35	compounds Arsenic and inorganic arsenic	Mouse	Lung	Lung	Lung	10	Respiratory system	2	1		0	1
		compounds	Mouse		-	Liver	17		5	1		0	1
С	35 35	Arsenic and inorganic arsenic compounds Arsenic and inorganic arsenic	Human	Liver Urinary bladder	Liver parenchyma and bile ducts Urothelium (renal pelvis,	Urothelium	27	Digestive organs Urothelium	9	1		0	1
		compounds	riunui	Onitally obdates	ureter, urinary bladder)	Oroleonam	2,	Oromonam				Ů	'
С	35	Arsenic and inorganic arsenic compounds	Rat	Urinary bladder	Urothelium (renal pelvis, ureter, urinary bladder)	Urothelium	27	Urothelium	9	1		0	1
С	35	Arsenic and inorganic arsenic compounds	Human	Skin	Skin and adnexae	Skin and adnexae	30	Skin	11	1		0	1
С	36	Asbestos (all forms, including actinolite, amosite, anthophyllite, chrysotile, crocidolite, tremolite)	Human	Larynx	Larynx	Larynx	9	Respiratory system	2	1		0	1
С	36	Asbestos (all forms, including actinolite, amosite, anthophylite, chrysotile, crocidolite, tremolite)	Human	Lung	Lung	Lung	10	Respiratory system	2	1		0	1
С	36	Asbestos (all forms, including actinolite, amosite, anthophylite, chrysofile, crocidolite, tremolite)	Rat	Lung	Lung	Lung	10	Respiratory system	2	1		0	1
С	36	Asbestos (all forms, including actinolite, amosite, anthophylite, chrysofile, crocidolite, tremolite)	Human	Mesothelioma	Mesothelium	Mesothelium	12	Mesothelium	3	1		0	1
С	36	Asbestos (all forms, including actinolite, amosite, anthophylite, chrysofile, crocidolite, tremolite)	Baboon	Mesothelium	Mesothelium	Mesothelium	12	Mesothelium	3	1		0	1
С	36	Asbestos (all forms, including actinolite, amosite, anthophylite, chrysotile, crocidolite, tremolite)	Hamster	Mesothelium	Mesothelium	Mesothelium	12	Mesothelium	3	1		0	1
С	36	Asbestos (all forms, including actinolite, amosite, anthophylite, chrysotile, crocidolite, tremolite)	Ret	Mesothelium	Mesothelium	Mesothelium	12	Mesothelium	3	1		0	1
С	36	Asbestos (all forms, including actinolite, amosite, anthophyllite, chrysotile, crocidolite, tremolite)	Human	Ovary	Overy	Overy	36	Female breast, female reproductive organs and reproductive tract	13	1		0	1
С	37	Beryllium and beryllium	Human	Lung	Lung	Lung	10	Respiratory system	2	1		0	1
С	37	compounds Beryflium and beryflium	Rat	Lung	Lung	Lung	10	Respiratory system	2	1		0	1
С	38	compounds Cadmium and cadmium	Human	Lung	Lung	Lung	10	Respiratory system	2	1		0	1
С	38	compounds Cadmium and cadmium	Rat	Lung	Lung	Lung	10	Respiratory system	2	1		0	1
С	38	compounds Cadmium and cadmium	Rat	Soft tissue	Soft connective tissue	Soft connective tissue	32	Connective tissues	12	1		0	1
		compounds								· ·			·
C	39 39	Chromium (VI) compounds Chromium (VI) compounds	Rat Rat	Oral cavity Tongue	Oral cavity Tongue	Oral cavity Tongue	3 5	Upper aerodigestive tract Upper aerodigestive tract	1	1		0	1
C	39 39	Chromium (VI) compounds Chromium (VI) compounds	Human Rat	Lung Lung	Lung Lung	Lung Lung	10 10	Respiratory system Respiratory system	2 2	1 1		0	1
С	39	Chromium (VI) compounds	Mouse	lleum	Intestine, including colon and rectum		16	Digestive tract	4	1		0	1
С	39	Chromium (VI) compounds	Mouse	Jejunum	Intestine, including colon and rectum	Intestine	16	Digestive tract	4	1		0	1
С	39	Chromium (VI) compounds	Mouse	Small intestine	Intestine, including colon	Intestine	16	Digestive tract	4	1		0	1
С	39	Chromium (VI) compounds	Mouse	Duodenum	and rectum Intestine, including colon and rectum	Intestine	16	Digestive tract	4	1		0	1
С	39	Chromium (VI) compounds	Rat	Soft tissue	Soft connective tissue	Soft connective tissue	32	Connective tissues	12	1		0	1
C	40 40	Erionite Erionite	Human Rat	Mesothelioma Mesothelium	Mesothelium Mesothelium	Mesothelium Mesothelium	12 12	Mesothelium Mesothelium	3	1		0	1
C	41	Leather dust	Human	Nasal sinus	Nasal cavity and paranasal sinuses	Nasal cavity	1	Upper aerodigestive tract	1	0	5	0	1
С	42	Nickel compounds	Human	Nesal cavity and paranesal sinuses	Nasal cavity and paranasal sinuses	Nasal cavity	1	Upper aerodigestive tract	1	1		0	1
С	42	Nickel compounds	Human	Lung	Lung	Lung	10	Respiratory system	2	1		0	1
C	42 42	Nickel compounds Nickel compounds	Rat Rat	Lung Adrenal medulia	Lung Adrenal gland	Lung Adrenal gland	10 24	Respiratory system Endocrine system	7	1		0	1
С	42	Nickel compounds	Hamster	Soft tissue	Soft connective tissue	Soft connective tissue	32	Connective tissues	12 12	1 1		0	1
C C	42 42	Nickel compounds Nickel compounds	Mouse Rat	Soft tissue Soft tissue	Soft connective tissue Soft connective tissue	Soft connective tissue Soft connective tissue	32 32	Connective tissues Connective tissues	12	1		0	1
С		Silica dust, crystalline, in the form of quartz or cristobalite	Human	Lung	Lung	Lung	10	Respiratory system	2	1		0	1
С		Silica dust, crystalline, in the form of quartz or cristobalite	Rat	Lung	Lung	Lung	10	Respiratory system	2	1		0	1
С		Silica dust, crystalline, in the form of quartz or cristobalite	Rat	Lymphoid tissue	Lymphoid tissue	Lymphoid fissue	29	Lymphoid and haematopoietic tissues	10	1		0	1
С	44	Wood dust	Human	Nesel sinus	Nasal cavity and paranasal sinuses	Nasal cavity	1	Upper aerodigestive tract	1	0	4	0	1
C D	44 45	Wood dust Fission products including Sr-90	Human Human	Nasopharynx Leukaemia	Nasopharynx Haematopoietic tissue	Nasopharynx Haematopoietic tissue	2 28	Upper aerodigestive tract Lymphoid and	1 10	0	4	0	1
D		Fission products including Sr-90	Dog	Bone	Hard connective tissue	Hard connective tissue	34	haematopoietic fissues Connective tissues	12	1		0	1
D	45	Fission products including Sr-90	Mouse	Bone	(bone, cartilage) Hard connective tissue	Hard connective tissue	34	Connective tissues	12	1		0	1
D	45	Fission products including Sr-90	Human	Solid cancers	(bone, cartilage) All solid cancers	All solid cancers	44	Other groupings	15	1		0	1
D	46	Haematite mining with exposure	Human	Lung	Lung	Lung	10	Respiratory system	2	1		0	1
D	46	to radon (underground) Haematite mining with exposure to radon (underground)	Rat	Lung	Lung	Lung	10	Respiratory system	2	1		0	1
D	47	lonizing radiation (all types)	Human	Not specified						1		0	0

			Suntaman	tal Table 2: Database of Anima	il and Urman Trimour Si	tar for 1111 Dietinos Con	in 1 Aments the	ough Volume 100 of the ISP	C Honographs				
Volume	Agent Number	Agent Name	Species Species	Site	Anatomical Site	Anatomical Site Label	Anatomical Site Number	Organ System	Organ System Number	Animal Tumour Site Specified	Reason for Lack of Animal Data*	Mechanistic Upgrade	Human Tumour Site Specified
D D	48 48	Neutron radiation Neutron radiation	Mouse Rat	Lung Lung	Lung Lung	Lung Lung	10 10	Respiratory system Respiratory system	2 2	1 1		1 1	1 1
D	48	Neutron radiation	Mouse	Liver	Liver parenchyma and	Liver	17	Digestive organs	5	1		1	1
D	48	Neutron radiation	Mouse	Adrenal gland	bile ducts Adrenal gland	Adrenal gland	24	Endocrine system	7	1		1	1
D D	48 48	Neutron radiation Neutron radiation	Mouse Monkey (Rhesus)	Pituitery gland Kidney	Pitultary Kidney	Pituitary Kidney	25 26	Endocrine system Kidney	7 8	1		1	1
												1	1
D	48	Neutron radiation	Mouse	Haematopoietic tissue	Haematopoietic tissue	Haematopoietic tissue	28	Lymphoid and haematopoietic tissues	10	1		1	
D	48	Neutron radiation	Mouse	Lymphoid tissue	Lymphoid tissue	Lymphoid fissue	29	Lymphoid and haematopoietic fissues	10	1		1	1
D	48	Neutron radiation	Mouse	Thymus	Lymphoid tissue	Lymphoid tissue	29	Lymphoid and haematopoietic tissues	10	1		1	1
D	48	Neutron radiation	Mouse	Mammary gland	Breast	Breast	35	Female breast, female	13	1		1	1
								reproductive organs and reproductive tract					
D	48	Neutron radiation	Rat	Memmery gland	Breast	Breast	35	Female breast, female reproductive organs and	13	1		1	1
				_	_			reproductive tract					
D	48	Neutron radiation	Mouse	Ovary	Overy	Ovary	36	Female breast, female reproductive organs and	13	1		1	1
D	48	Neutron radiation	Mouse	Harderian gland	Exocrine glands NOS	Exocrine glands NOS	47	reproductive tract Other groupings	15	1		1	0
D D	48 49	Neutron radiation P-32, as phosphate	Human Human	Not specified Leukaemia	Haematopoietic tissue	Haematopoietic tissue	28	Lymphoid and	10	1 0	7	1 0	0
								haematopoietic tissues			,		
D D	50 50	Pu-239 Pu-239	Dog Human	Lung Lung	Lung Lung	Lung Lung	10 10	Respiratory system Respiratory system	2	1 1		0	1 1
D D	50 50	Pu-239 Pu-239	Rat Dog	Lung Liver	Lung Liver parenchyma and	Lung Liver	10 17	Respiratory system Digestive organs	2 5	1		0	1
					bile ducts				_	· ·			
D	50	Pu-239	Human	Liver	Liver parenchyma and bile ducts	Liver	17	Digestive organs	5	1		0	1
D	50	Pu-239	Human	Bone	Hard connective tissue (bone, cartilage)	Hard connective tissue	34	Connective tissues	12	1		0	1
D	50	Pu-239	Dog	Skeletal system	Hard connective tissue	Hard connective tissue	34	Connective tissues	12	1		0	1
D	50	Pu-239	Mouse	Skeletal system	(bone, cartilage) Hard connective tissue	Hard connective tissue	34	Connective tissues	12	1		0	1
D	50	Pu-239	Rat	Skeletal system	(bone, cartilage) Hard connective tissue	Hard connective tissue	34	Connective tissues	12	1		0	1
					(bone, cartilage)								, i
D D	51 51	Radiolodines, including 1-131 Radiolodines, including 1-131	Human Mouse	Thyroid Thyroid	Thyroid Thyroid	Thyroid Thyroid	23 23	Endocrine system Endocrine system	7	1		0	1
D D	51 52	Radiolodines, including 1-131	Rat Human	Thyroid Not specified	Thyroid	Thyroid	23	Endocrine system	7	1		0	1 0
		emit alpha particles								· ·			
D	52	Internatized radionuclides that emit alpha particles	Dog	Lung	Lung	Lung	10	Respiratory system	2	1		0	0
D	52	Internalized radionuclides that emit alpha particles	Hamster	Lung	Lung	Lung	10	Respiratory system	2	1		0	0
D	52	Internatized radionuclides that	Rat	Lung	Lung	Lung	10	Respiratory system	2	1		0	0
D	52	emit alpha particles Internalized radionucides that	Dog	Skeletal system	Hard connective tissue	Hard connective tissue	34	Connective tissues	12	1		0	0
D	52	emit alpha particles Internalized radionucides that	Mouse	Skeletal system	(bone, cartilage) Hard connective tissue	Hard connective tissue	34	Connective tissues	12	1		0	0
		emit alpha particles			(bone, cartilage)								-
D	52	Internatized radionuclides that emit alpha particles	Rat	Skeletal system	Hard connective tissue (bone, cartilage)	Hard connective tissue	34	Connective tissues	12	1		0	0
D	53	Internatized radionuclides that emit beta particles	Human	Not specified						1		0	0
D	53	Internalized radionuclides that	Mouse	Lung	Lung	Lung	10	Respiratory system	2	1		0	0
D	53	emit beta particles Internalized radionuclides that	Rat	Lung	Lung	Lung	10	Respiratory system	2	1		0	0
D	53	emit beta particles Internalized radionuclides that	Mouse	Thymus	Lymphoid tissue	Lymphoid tissue	29	Lymphoid and	10	1		0	0
		emit beta particles						haematopoietic tissues					
D	53	Internalized radionuclides that emit beta particles	Dog	Soft tissue	Soft connective tissue	Soft connective tissue	32	Connective tissues	12	1		0	0
D	53	Internalized radionuclides that emit beta particles	Ret	Soft tissue	Soft connective tissue	Soft connective tissue	32	Connective tissues	12	1		0	0
D	53	Internalized radionuclides that emit beta particles	Dog	Skeletal system	Hard connective tissue (bone, cartilage)	Hard connective tissue	34	Connective tissues	12	1		0	0
D	53	Internatized radionuclides that	Mouse	Skeletal system	Hard connective tissue	Hard connective tissue	34	Connective tissues	12	1		0	0
D	53	emit beta particles Internalized radionuclides that	Rat	Skeletal system	(bone, cartilage) Hard connective tissue	Hard connective tissue	34	Connective tissues	12	1		0	0
D	53	emit beta particles Internalized radionuclides that	Rat	Mammary gland	(bone, cartilage) Breast	Breast	35	Female breast, female	13	1		0	0
"	33	emit beta particles	rvat	mannary gland	Died St	Litedax	35	reproductive organs and	1.5	l '			ů l
D	54	Ra-224 and its decay products	Human	Bone	Hard connective tissue	Hard connective tissue	34	reproductive tract Connective tissues	12	1		0	1
D	54	Ra-224 and its decay products	Dog	Skeletal system	(bone, cartilage) Hard connective tissue	Hard connective tissue	34	Connective tissues	12	1		0	1
					(bone, cartilage)								
D	54	Re-224 and its decay products	Mouse	Skeletal system	Hard connective tissue (bone, cartilage)	Hard connective tissue	34	Connective tissues	12	1		0	1
D	55	Re-226 and its decay products	Human	Paranasal sinus	Nasal cavity and paranasal sinuses	Nasal cavity	1	Upper aerodigestive tract	1	1		0	1
D	55	Ra-226 and its decay products	Human	Bone	Hard connective tissue	Hard connective tissue	34	Connective tissues	12	1		0	1
D	55	Ra-226 and its decay products	Human	Mastoid process	(bone, cartilage) Hard connective tissue	Hard connective tissue	34	Connective tissues	12	1		0	1
D	55	Ra-226 and its decay products	Dog	Skeletal system	(bone, cartilage) Hard connective tissue	Hard connective tissue	34	Connective tissues	12	1		0	1
D		Ra-226 and its decay products		Skeletal system	(bone, cartilage)		34	Connective tissues	12	1		0	1
	55		Mouse		Hard connective tissue (bone, cartilage)	Hard connective tissue							
D	56	Ra-228 and its decay products	Human	Bone	(bone, cartilage)	Hard connective tissue	34	Connective tissues	12	1		0	1
D	56	Ra-228 and its decay products	Dog	Skeletal system	Hard connective tissue (bone, cartilage)	Hard connective tissue	34	Connective tissues	12	1		0	1
D	57	Rn-222 and its decay products	Human	Lung	Lung	Lung	10	Respiratory system	2	1		0	1
D D	57 58	Rn-222 and its decay products Solar radiation	Rat Mouse	Lung Skin	Lung Skin and adnexae	Lung Skin and adnexae	10 30	Respiratory system Skin	2 11	1		0	1 1
D D	58 58	Solar radiation Solar radiation	Rat Human	Skin Skin (basal cell carcinoma,	Skin and adnexae Skin and adnexae	Skin and adnexae Skin and adnexae	30 30	Skin Skin	11	1 1		0	1 1
				squamous cell carcinoma)									
D	58	Solar radiation	Human	Skin (malignant melanoma)	Cutaneous melanocytes		31	Skin	11	1		0	1
D	59	Th-232 (as Thorotrast)	Human	Extrahepatic bile ducts	Liver parenchyma and bile ducts	Liver	17	Digestive organs	5	1		0	1
D	59	Th-232 (as Thorotrast)	Hamster	Liver	Liver parenchyma and	Liver	17	Digestive organs	5	1		0	1
D	59	Th-232 (as Thorotrast)	Human	Liver	bile ducts Liver parenchyma and	Liver	17	Digestive organs	5	1		0	1
D	59	Th-232 (as Thorotrast)	Rat	Liver	bile ducts Liver parenchyma and	Liver	17	Digestive organs	5	1		0	1
0	59	Th-232 (as Thorotrast)	Human	Gall bladder	bile ducts Gall bladder	Gall bladder	19	Digestive organs	5	1		0	1
υ	- 59	TH-ZOZ (#5 TROTOTIAST)	numan	Gait nt80001	T CON DISCOUNT	1 0000010 100	19	Digestive organs	5	1		ı v	1

			Suplemen	ital Table 2 Database of Anima	i and Human Tumour Si	tes for 111 Distinct Grou	p-1 Agents thre	ough Volume 109 of the IAR	C Monographs				
Volume	Agent Number	Agent Name	Species	Site	Anatomical Site	Anatomical Site Label	Anatomical Site Number	Organ System	Organ System Number	Animal Tumour Site Specified	Reason for Lack of Animal Data*	Mechanistic Upgrade	Human Tumour Site Specified
D	59	Th-232 (as Thorotrast)	Human	Leukaemia (excluding chronic lymphocytic leukaemia)	Haematopoietic tissue	Haematopoietic tissue	28	Lymphoid and haematopoietic tissues	10	1		0	1
Đ	60	UV radiation (bandwidth 100-400 nm, encompassing UVC, UVB	Human	Not specified						1		0	0
D	60	and UVA) UV rediction (bandwidth100-400 nm. encompassing UVC, UVB	Mouse	Skin	Skin and adnexae	Skin and adnexae	30	Skin	11	1		0	0
Đ	60	and UVA) UV radiation (bandwidth100-400 nm, encompassing UVC, UVB	Rat	Skin	Skin and adnexae	Skin and adnexae	30	Skin	11	1		0	0
		and UVA)			_	_			_			_	
D D	61 61	UV-emitting tanning devices UV-emitting tanning devices	Human Mouse	Eye (melanoma) Skin	Eye Skin and adnexae	Eye Skin and adnexae	22 30	Nervous system and eye Skin	6 11	1		0	1
D	61	UV-emitting tanning devices	Human	Skin (melanoma)	Cutaneous melanocytes	·	31	Skin	11	1		0	1
D D	62 62	X- and Gamma radiation X- and Gamma radiation	Human Human	Sativary gland Lung	Salivary gland Lung	Salivary gland Lung	7	Upper aerodigestive tract Respiratory system	2	1		0	1
D D	62 62	X- and Gamma radiation X- and Gamma radiation	Mouse Human	Lung Oesophagus	Lung Oesophagus	Lung Oesophagus	10 14	Respiratory system Digestive tract	2 4	1 1		0	1
D D	62 62	X- and Gamma radiation X- and Gamma radiation	Human Human	Stomach Colon	Stomach Intestine, including colon	Stomach Intestine	15 16	Digestive tract Digestive tract	4 4	1 1		0	1 1
D	62	X- and Gamma radiation	Mouse	Liver	and rectum Liver parenchyma and	Liver	17	Digestive tract Digestive organs	5	1		0	1
D	62	X- and Gamma radiation	Human	Brain and CNS	bile ducts Brain and spinal cord	CNS	20	Nervous system and eye	6	1		0	1
D	62	X- and Gamma radiation	Human	Thyroid	(CNS) Thyroid	Thyroid	23	Endocrine system	7	1		0	1
D D	62	X- and Gamma radiation X- and Gamma radiation	Rat Mouse	Thyroid Pituitary gland	Thyroid Pituitary	Thyroid Pitutary	23 25	Endocrine system Endocrine system	7	1 1		0	1
D	62	X- and Gamma radiation	Human	Kidney	Kidney	Kidney	26	Kidney	8	1		0	1
D D	62	X- and Gamma radiation X- and Gamma radiation	Monkey (Rhesus) Human	Kidney Urinary bladder	Kidney Urothelium (renal pelvis,	Kidney Urothelium	26 27	Kidney Urothelium	8	1		0	1
Đ	62	X- and Gamma radiation	Mouse	Haematopoietic tissue	ureter, urinary bladder) Haematopoletic tissue	Haematopoletic tissue	28	Lymphoid and	10	1		0	1
D	62	X- and Gamma radiation X- and Gamma radiation	Human	Leukaemia (excl. chronic	Haematopoietic tissue	Haematopoietic tissue	28	haematopoietic tissues	10	1		0	1
				lymphocytic leukaemia)	,	Lymphoid fissue		haematopoietic tissues					
D	62	X- and Gamma radiation	Mouse	Lymphoid tissue	Lymphoid tissue	-,,	29	Lymphoid and haematopoietic fissues	10	1		0	1
D	62	X- and Gamma radiation	Mouse	Thymus	Lymphoid tissue	Lymphoid fissue	29	Lymphoid and haematopoietic tissues	10	1		0	1
D D	62 62	X- and Gamma radiation X- and Gamma radiation	Human Mouse	Basal cell of the skin Soft tissue	Skin and adnexae Soft connective tissue	Skin and adnexae Soft connective tissue	30 32	Skin Connective tissues	11 12	1 1		0	1 1
D D	62	X- and Gamma radiation X- and Gamma radiation	Human	Bbone Female breast	Hard connective tissue (bone, cartilage) Breast	Hard connective tissue Breast	34 35	Connective tissues Female breast, female	12	1		0	1
								reproductive organs and reproductive tract		·			·
Đ	62	X- and Gamma radiation	Mouse	Mammary gland	Breast	Breast	35	Female breast, female reproductive organs and reproductive tract	13	1		0	1
D	62	X- and Gamma radiation	Rat	Mammary gland	Breast	Breast	35	Female breast, female reproductive organs and reproductive tract	13	1		0	1
D	62	X- and Gamma radiation	Mouse	Ovary	Ovary	Ovary	36	Female breast, female reproductive organs and	13	1		0	1
D	62	X- and Gamma radiation	Mouse	Harderian gland	Exocrine glands NOS	Exocrine glands NOS	47	reproductive tract Other groupings	15	1		0	1
E	63	Acetaldehyde associated with consumption of alcoholic beverages	Human	Oral cavity	Oral cavity	Oral cavity	3	Upper aerodigestive tract	1	0	7	0	1
Ε	63	Acetaldehyde associated with consumption of alcoholic beverages	Human	Pharynx	Pharynx	Pherynx	4	Upper aerodigestive tract	1	0	7	0	1
Ε	63	Acetaldehyde associated with consumption of alcoholic	Human	Larynx	Larynx	Larynx	9	Respiratory system	2	0	7	0	1
Ε	63	beverages Acetaldehyde associated with consumption of alcoholic	Human	Oesophagus	Oesophagus	Oesophagus	14	Digestive tract	4	0	7	0	1
Ε	64	beverages Alcoholic beverages	Human	Oral cavity	Oral cavity	Oral cavity	3	Upper aerodigestive tract	1	1		0	1
E	64 64	Alcoholic beverages Alcoholic beverages	Rat Human	Oral cavity Pharvnx	Oral cavity Pharynx	Oral cavity Pharvnx	3	Upper aerodigestive tract Upper aerodigestive tract	1	1		0	1 1
E	64	Alcoholic beverages Alcoholic beverages	Human Human	Larynx Oesophagus	Larynx Oesophagus	Larynx Oesophagus	9	Respiratory system Digestive tract	2 4	1 1		0	1 1
Ε	64	Alcoholic beverages	Human	Colorectum	Intestine, including colon and rectum	Intestine	16	Digestive tract	4	1		0	1
E	64	Alcoholic beverages	Human	Hepatocellular carcinoma	Liver parenchyma and bite ducts	Liver	17	Digestive organs	5	1		0	1
ш	64	Alcoholic beverages	Human	breast	Breast	Breast	35	Female breast, female reproductive organs and reproductive tract	13	1		0	1
E	65 65	Areca nut Areca nut	Human Hamster	Not specified Oral cavity	Oral cavity	Oral cavity	3	Upper aerodigestive tract	1	1 1		0	0
Ε	65	Areca nut	Mouse	Soft tissue	Soft connective tissue	Soft connective tissue	32	Connective tissues	12	1		0	1
E	66 66	Betel quid with tobacco Betel quid with tobacco	Human Human	Oral cavity Pharyn x	Oral cavity Pharynx	Oral cavity Pharynx	3 4	Upper aerodigestive tract Upper aerodigestive tract	1	0	7	0	1
E	66 67	Betel quid with tobacco Betel quid without tobacco	Human Human	Oesophagus Oral cavity	Oesophagus Oral cavity	Oesophagus Oral cavity	14	Digestive tract Upper aerodigestive tract	4 1	0	7	0	1 1
Ε	67	Betel quid without tobacco	Human	Oesophagus	Oesophagus	Oesophagus	14	Digestive tract	4	1		0	1
E	67 68	Betel quid without tobacco Coel, indoor emissions from household combusion of	Hamster Human	Forestomach Lung	Stomach Lung	Stomach Lung	15 10	Digestive tract Respiratory system	2	1		0	1
E	68 68	Coat, indoor emissions from household combusion of Coat, indoor emissions from	Mouse Mouse	Lung Skin	Lung Skin and adnexae	Lung Skin and adnexae	10 30	Respiratory system Skin	2	1		0	1
E	69	household combusion of Ethanol in alcoholic beverages	Human	Not specified			-			1		0	0
E	69	Ethanol in alcoholic beverages	Rat Hamster	Oral cavity	Oral cavity	Oral cavity	3	Upper aerodigestive tract	1 1	1 1		0	0
	70	N'-Nitrosonomicotine (NNN) and 4-(N-Nitrosomethylemino)-1-(3- pyridyl)-1-butanon (NNK)		Nasal cavity	Nasal cavity and paranasal sinuses	Nasal cavity	1	Upper aerodigestive tract	·				0
E	70	N'-Nitrosonomicotine (NNN) and 4-(N-Nitrosomethylamino)-1-(3- pyridyl)-1-butanon (NNK)	Hamster	Lung	Lung	Lung	10	Respiratory system	2	1		1	0
E	70	N'-Nitrosonomicotine (NNN) and 4-(N-Nitrosomethylamino)-1-(3- pyridyl)-1-butanon (NNK)	Rat	Lung	Lung	Lung	10	Respiratory system	2	1		1	0
E	70	N'-Nitrosonomicotine (NNN) and 4-(N-Nitrosomethylamino)-1-(3- pyridyl)-1-butanon (NNK)	Rat	Oesophagus	Oesophagus	Oesophagus	14	Digestive tract	4	1		1	0
E	70	N'-Nitrosonomicotine (NNN) and 4-(N-Nitrosomethylamino)-1-(3-	Rat	Liver	Liver parenchyma and bile ducts	Liver	17	Digestive organs	5	1		1	0
		pyridyl)-1-butanon (NNK)							l	1			

GEOMESIA MATERIA	SOURCEGUASC						MANUS DO CONTROL SONO FOR SONO			CONTRACTOR AND A STATE OF THE S	************	***************************************	***************************************
Volume	Agent	Agent Name	Suplemen Species	ital Table 2. Database of Anima Site	Anatomical Site	Anatomical Site Labet	Anatomical Site	Organ System Organ System	Organ System	Animal	Reason for	Mechanistic	Human
	Number						Number		Number	Fumour Site Specified	Lack of Animal Data*	Upgrade	Tumour Site Specified
Ε	70	N'-Nitrosonomicotine (NNN) and	Human	Not specified						1		1	0
		4-(N-Nitrosomethylamino)-1-(3- pyridyl)-1-butanon (NNK)											
Ε	71	Salted fish, chinese style	Rat	Nasal cavity	Nasal cavity and paranasal sinuses	Nasal cavity	1	Upper aerodigestive tract	1	1		0	1
Ε	71	Salted fish, chinese style	Rat	Paranasal sinus	Nasal cavity and	Nasal cavity	1	Upper aerodigestive tract	1	1		0	1
Ε	71	Salted fish, chinese style	Rat	Nasopharynx	paranasal sinuses Nasopharynx	Nasopharynx	2	Upper aerodigestive tract	1	1		0	1
E	71 72	Salted fish, chinese style Second-hand tobacco smoke	Human Human	Nasopharynx Lung	Nasopharynx Lung	Nasopharynx Lung	10	Upper aerodigestive tract Respiratory system	2	1 1		0	1 1
E	72	Second-hand tobacco smoke	Mouse Human	Lung Nasal cavity	Lung	Lung Nasal cavity	10	Respiratory system	2	1		0	1 1
	73	Tobacco smoking			Nasal cavity and paranasal sinuses		1	Upper aerodigestive tract					1
Ε	73	Tobacco smoking	Human	Paranasat sinus	Nasal cavity and paranasal sinuses	Nasal cavity	1	Upper aerodigestive tract	1	1		0	1
Ε	73	Tobacco smoking	Human	Nasopharynx	Nasopharynx	Nasopharynx	2	Upper aerodigestive tract	1 1	1 1		0	1 1
E	73 73	Tobacco smoking Tobacco smoking	Human Human	Oral cavity pharynx (incl. oropharynx &	Oral cavity Pharynx	Oral cavity Pharynx	3 4	Upper aerodigestive tract Upper aerodigestive tract	1	1		0	1
E	73	Tobacco smoking	Human	hypopharynx) Larynx	Larvnx	Larvnx	9	Respiratory system	2	1		0	1
Ε	73	Tobacco smoking	Human	Lung	Lung	Lung	10	Respiratory system	2	1		0	1
E	73 73	Tobacco smoking Tobacco smoking	Hamster Mouse	Larynx Lung	Larynx Lung	Larynx Lung	9 10	Respiratory system Respiratory system	2	1		0	1 1
E	73 73	Tobacco smoking Tobacco smoking	Rat Human	Lung Oesophagus	Lung Oesophagus	Lung Oesophagus	10 14	Respiratory system Digestive tract	2 4	1		0	1
Ε	73	Tobacco smoking	Human	Stomach	Stomach	Stomach	15	Digestive tract	4	1		0	1
Ε	73	Tobacco smoking	Human	Colorectum	Intestine, including colon and rectum	Intestine	16	Digestive tract	4	1		0	1
Ε	73	Tobacco smoking	Human	Liver	Liver parenchyma and bile ducts	Liver	17	Digestive organs	5	1		0	1
Ε	73	Tobacco smoking	Human	Hepatoblastoma in children	Liver parenchyma and	Liver	17	Digestive organs	5	1		0	1
Ε	73	Tobacco smoking	Human	(parental smoking) Pancreas	bile ducts Pancreas NOS	Pancreas	18	Digestive organs	5	1		0	1
E	73 73	Tobacco smoking Tobacco smoking	Human Human	Kidney Ureter	Kidney Urothelium (renal nelvis	Kidney Urothelium	26 27	Kidney Urothelium	8	1 1		0	1 1
١	,,,	, codoco anolizig	, rus rell	Oleter	ureter, urinary bladder)	Stouresdill	21	Journal	"	Ι ΄			'
E	73	Tobacco smoking	Human	Urinary bladder	Urothelium (renal pelvis,	Urothelium	27	Urothelium	9	1		0	1
-	-			,	ureter, urinary bladder)					'		,	
Ε	73	Tobacco smoking	Human	Myeloid leukaemia	Haematopoietic tissue	Haematopoietic tissue	28	Lymphoid and	10	1		0	1
E	73	Tobacco smoking	Mouse	Skin	Skin and adnexae	Skin and adnexae	30	haematopoietic tissues Skin	11	1		0	1
Ē	73	Tobacco smoking	Human	overy	Ovary	Ovary	36	Female breast, female	13	1		0	1
								reproductive organs and reproductive tract					
Ε	73	Tobacco smoking	Human	Uterine cervix	Uterine cervix	Cervix	37	Female breast, female reproductive organs and	13	1		0	1
								reproductive tract					
E	74 74	Tobacco, smokeless Tobacco, smokeless	Rat Human	Lip Oral cavity	Oral cavity Oral cavity	Oral cavity Oral cavity	3	Upper aerodigestive tract Upper aerodigestive tract	1	1		0	1
E	74	Tobacco, smokeless	Rat	Oral cavity	Oral cavity	Oral cavity	3 14	Upper aerodigestive tract	1 4	1		0	1
E	74 74	Tobacco, smokeless Tobacco, smokeless	Human Human	Oesophagus Pancreas	Oesophagus Pancreas NOS	Oesophagus Pancreas	18	Digestive tract Digestive organs	5	1		0	1
F	75 76	Acid mists, strong inorganic Aflatoxins	Human Human	Larynx Hepatocellular carcinoma	Larynx Liver parenchyma and	Larynx Liver	9 17	Respiratory system Digestive organs	5	0	1	0	1
·					bile ducts								· ·
F	76	Aflatoxins	Rat	Liver	Liver parenchyma and bile ducts	Liver	17	Digestive organs	5	1		0	1
F	77 77	Aluminum production Aluminum production	Human Human	Lung Urinary bladder	Lung Urothelium (renal pelvis,	Lung Urothelium	10 27	Respiratory system Urothelium	2 9	0	7	0	1
Ι΄	,,	Administra production	Human	Officially bladder	ureter, urinary bladder)	Ologiesani	21	Oronamani	,	"	· '	·	·
F	78	4-Aminobiphenyl	Mouse	Liver	Liver parenchyma and	Liver	17	Digestive organs	5	1		0	1
F	78	4-Aminobiphenyl	Dog	Urinary bladder	bile ducts Urothelium (renal petvis,	Urothelium	27	Urothelium	9	1		0	1
'	10	ч-живоокраену	Dog	Officery bladder	ureter, urinary bladder)	Orosiessum	21	Oromelium	9	'			'
F	78	4-Aminobiphenyl	Human	Urinary bladder	Urothelium (renal pelvis,	Urothelium	27	Urothelium	9	1		0	1
		, ,		,	ureter, urinary bladder)								
F	78	4-Aminobiphenyl	Mouse	Soft tissue	Soft connective tissue		32	Connective tissues	12	1		0	1
F	79	Auramine production	Human	Urinary bladder	Urothelium (renat pelvis, ureter, urinary bladder)	Urothelium	27	Urothelium	9	0	1	0	1
L_	2.0												
F	80 80	Benzene Benzene	Rat Mouse	Oral cavity Lung	Oral cavity Lung	Oral cavity Lung	3 10	Upper aerodigestive tract Respiratory system	2	1		0	1
F	80 80	Benzene Benzene	Rat Human	Forestomach Acute myeloid leukaemia/acute	Stomach Haematopoietic tissue	Stomach Haematopoietic tissue	15 28	Digestive tract Lymphoid and	4 10	1 1		0	1
l [']				non-lymphocytic leukaemia				haematopoietic tissues	"	1		-	
F	80	Benzene	Mouse	Haematopoietic tissue	Haematopoietic tissue	Haematopoietic tissue	28	Lymphoid and	10	1		0	1
F	80	Benzene	Mouse	Lymphoid tissue	Lymphoid tissue	Lymphoid tissue	29	haematopoietic tissues Lymphoid and	10	1		0	1
								haematopoietic tissues					
F	80	Benzene	Mouse	Thymus	Lymphoid tissue	Lymphoid tissue	29	Lymphoid and haematopoietic tissues	10	1		0	1
F	80 80	Benzene Benzene	Rat Mouse	Skin Memmery glend	Skin and adnexae Breast	Skin and adnexae Breast	30 35	Skin Female breast, female	11 13	1 1		0	1
Ι΄	00	naixana	wouse	morningsy glatic	Picasi	Dipast	33	reproductive organs and		Ι ΄		٥	'
F	80	Benzene	Mouse	Preputial gland	Exocrine glands NOS	Exocrine glands NOS	47	reproductive tract Other groupings	15	1		0	1
F	80 80	Benzene Benzene	Mouse Rat	Zymbal gland Zymbal gland	Exocrine glands NOS Exocrine glands NOS	Exocrine glands NOS Exocrine glands NOS	47 47	Other groupings Other groupings	15 15	1		0	1
F	81	Benzidine	Mouse	Zymbai giand Liver	Liver parenchyma and	Liver	17	Digestive organs	5	1		0	1
F	81	Benzidine	Human	Urinary bladder	bile ducts Urothelium (renal pelvis,	Urothelium	27	Urothelium	9	1		0	1
					ureter, urinary bladder)		-			1		-	
F	81	Benzidine	Rat	Mammary gland	Breast	Breast	35	Female breast, female	13	1		0	1
								reproductive organs and reproductive tract	1	1			
F	82	Benzidine, dyes metabolized to	Mouse	Liver	Liver parenchyma and	Liver	17	Digestive organs	5	1		1	0
F	82	Benzidine, dyes metabolized to	Rat	Liver	bile ducts Liver parenchyma and	Liver	17	Digestive organs	5	1		1	0
<u> </u>	82	Benzidine, dyes metabolized to	Human	Not specified	bile ducts			- 9	-	1		1	0
F	83	Benzo(a pyrene	Hamster	Lung	Lung	Lung	10	Respiratory system	2	1		1	0
F	83 83	Benzo[a jpyrene Benzo[a jpyrene	Mouse Rat	Lung Lung	Lung Lung	Lung Lung	10 10	Respiratory system Respiratory system	2	1 1		1	0
F	83	Benzo[a]pyrene	Hamster	Lower respiratory tract (larynx, trachea, lung)	Lower respiratory tract	Lower respiratory tract	11	Respiratory system	2	1		1	0
F	83	Benzofa (pyrene	Hamster	Forestomach	Stomach	Stomach	15	Digestive tract	4	1		1	0
F	83 83	Benzo(a)pyrene Benzo(a)pyrene	Mouse Mouse	Forestomach Liver	Stomach Liver parenchyma and	Stomach Liver	15 17	Digestive tract Digestive organs	5	1 1		1 1	0
					bile ducts								
F	83	Benzo(a jpyrene	Mouse	Lymphoid tissue	Lymphoid tissue	Lymphoid tissue	29	Lymphoid and haematopoietic fissues	10	1		1	0
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				tal Table 2. Database of Anima				ough Volume 109 of the IAR					
Volume	Agent Number	Agent Name	Species	Site	Angtomical Site	Anatomical Site Labet	Anatomical Site Number	Organ System	Organ System Number	Animal Tumour Site	Reason for Lack of	Mechanistic Upgrade	Human Tumour Site
F	83	Benzo(a)pyrene	Hamster	Skin	Skin and adnexae	Skin and adnexae	30	Skin	11	Specified 1	Animal Data*	1	Specified 0
F	83	Benzo[a]pyrene	Mouse	Skin	Skin and adnexae	Skin and adnexae	30	Skin	11	1		1	0
F	83	Benzo(a jpyrene Benzo(a jpyrene	Rat Rat	Skin Mammary gland	Skin and adnexae Breast	Skin and adnexae Breast	30 35	Skin Female breast, female reproductive organs and reproductive tract	11 13	1		1	0
F	83 84	Benzo[a jpyrene Bis(chloromethyl)ether; chloromethyl methyl ether	Human Rat	Not specified Nasal cavity	Nasal cavity and paranasal sinuses	Nasal cavity	1	Upper aerodigestive tract	1	1		0	1
F	84	(technical-grade) Bis(chloromethyl)ether; chloromethyl methyl ether	Human	Lung	Lung	Lung	10	Respiratory system	2	1		0	1
F	84	(technical-grade) Bis(chloromethyl)ether; chloromethyl methyl ether	Mouse	Skin	Skin and adnexae	Skin and adnexae	30	Skin	11	1		0	1
F	84	(technical-grade) Bis(chloromethyl)ether; chloromethyl methyl ether (technical-grade)	Mouse	Soft tissue	Soft connective tissue	Soft connective tissue	32	Connective tissues	12	1		0	1
F	85 85	1,3-Butadiene 1.3-Butadiene	Mouse Mouse	Lung Forestomach	Lung Stomach	Lung Stomach	10 15	Respiratory system Digestive tract	2 4	1 1		0	1
F	85	1,3-Butadiene	Mouse	Liver	Liver parenchyma and	Liver	17	Digestive organs	5	1		0	1
F	85	1,3-Butadiene	Human	Haematolymphatic organs	bile ducts Haematopoietic tissue	Haematopoietic tissue	28	Lymphoid and	10	1		0	1
F	85	1,3-Butadiene	Mouse	Lymphoid tissue	Lymphoid tissue	Lymphoid tissue	29	haematopoietic tissues Lymphoid and haematopoietic tissues	10	1		0	1
F	85 85	1,3-Butadiene 1,3-Butadiene	Mouse Mouse	Soft tissue Mammary gland	Soft connective tissue Breast	Soft connective tissue Breast	32 35	Connective tissues Female breast, female reproductive organs and	12 13	1		0	1
F	85	1,3-Butadiene	Mouse	Harderian gland	Exocrine glands NOS	Exocrine glands NOS	47	reproductive tract Other groupings	15	1		0	1
F	85	1,3-Butadiene	Mouse	Preputial gland	Exocrine glands NOS	Exocrine glands NOS	47	Other groupings	15	1		0	1
F	86 86	Coal gasification Coal gasification	Human Mouse	Lung Skin	Lung Skin and adnexae	Lung Skin and adnexae	10 30	Respiratory system Skin	2 11	1 1		0	1
F	87 87	Coal-tar distillation Coal-tar distillation	Human Mouse	Skin Skin	Skin and adnexae Skin and adnexae	Skin and adnexae Skin and adnexae	30 30	Skin Skin	11	1 1		0	1
F	88	Coal-tar pitch	Human	Lung	Lung	Lung	10	Respiratory system	2	1		0	1
F	88 89	Coal-tar pitch Coke production	Mouse Human	Skin Lung	Skin and adnexae Lung	Skin and adnexae Lung	30 10	Skin Respiratory system	11 2	1 1		0	1 1
F	89	Coke production	Mouse	Lung	Lung	Lung	10	Respiratory system	2	1		0	1
F	89 89	Coke production Coke production	Rat Mouse	Lung Skin	Lung Skin and adnexae	Lung Skin and adnexae	10 30	Respiratory system Skin	2	1		0	1
F	90 90	Ethylene oxide Ethylene oxide	Mouse Rat	Lung Peritoneum	Lung Mesothelium	Lung Mesothelium	10 12	Respiratory system Mesothelium	2	1 1		1	0
F	90	Ethylene oxide	Rat	Brain	Brain and spinal cord (CNS)	CNS	20	Nervous system and eye	6	1		1	0
F	90	Ethylene oxide Ethylene oxide	Rat Human	Lymphoid tissue Not specified	Lymphoid tissue	Lymphoid tissue	29	Lymphoid and haematopoietic tissues	10	1		1	0
F	91	Formaldehyde Formaldehyde	Rat Human	Nasal cavity Nasopharynx	Nasal cavity and paranasal sinuses Nasopharynx	Nasal cavity Nasopharynx	2	Upper aerodigestive tract Upper aerodigestive tract	1	1		0	1
F	91	Formeldehyde fron and steel founding	Human Human	Leukaemia Lung	Haematopoietic tissue Lung	Haematopoietic tissue Lung	28 10	Lymphoid and haematopoietic tissues Respiratory system	10	0	1	0	1
F	93	(occupational exposure during) Isopropyl alcohol manufacture	Human	Nasal cavity	Nasal cavity and	Nasal cavity	1	Upper aerodigestive tract	1	0	1	0	1
F	94	using strong acids Magenta production	Human	Urinary bladder	paranasal sinuses Urothelium (renal pelvis, ureter, urinary bladder)	Urothelium	27	Urothelium	9	0	1	0	1
F	95	4,4'-Methylenebis(2-	Rat	Lung	Lung	Lung	10	Respiratory system	2	1		1	0
F	95	chloroaniline) (MOCA) 4,4'-Methylenebis(2- chloroaniline) (MOCA)	Rat	Liver	Liver parenchyma and bile ducts	Liver	17	Digestive organs	5	1		1	0
F	95	4,4'-Methylenebis(2- chloroaniine) (MOCA)	Rat	Mammary gland	Breast	Breast	35	Female breast, female reproductive organs and reproductive tract	13	1		1	0
F	95	4,4'-Methylenebis(2- chloroanline) (MOCA)	Human	Not specified						1		1	0
F	96	Mineral oils, untreated or mildly treated	Human	Skin	Skin and adnexae	Skin and adnexae	30	Skin	11	1		0	1
F	96	Mineral oils, untreated or mildly treated	Mouse	Skin	Skin and adnexae	Skin and adnexae	30	Skin	11	1		0	1
F	97	2-Naphthylamine	Mouse	Liver	Liver parenchyma and bile ducts	Liver	17	Digestive organs	5	1		0	1
F	97	2-Naphthylamine	Dog	Urinary bladder	Urothelium (renal pelvis, ureter, urinary bladder)	Urothelium	27	Urothelium	9	1		0	1
F	97	2-Naphthylamine	Hamster	Urinary bladder	Urothelium (renal pelvis, ureter, urinary bladder)	Urothelium	27	Urothelium	9	1		0	1
F	97	2-Naphthylamine	Human	Urinary bladder	Urothelium (renal pelvis, ureter, urinary bladder)	Urothelium	27	Urothelium	9	1		0	1
F	97	2-Naphthylamine	Monkey	Urinary bladder	Urothelium (renal pelvis, ureter, urinary bladder)	Urothelium	27	Urothelium	9	1		0	1
F	97	2-Naphthylamine	Rat	Urinary bladder	Urothelium (renal pelvis, ureter, urinary bladder)	Urothelium	27	Urothelium	9	1		0	1
F	98	ortho-Toluidine	Human	Urinary bladder	Urothelium (renal pelvis, ureter, urinary bladder)	Urothelium	27	Urothelium	9	1		0	1
F	98	ortho-Toluidine	Rat	Urinary bladder	Urothelium (renal pelvis, ureter, urinary bladder)	Urothelium	27	Urothelium	9	1		0	1
F	98 98	ortho-Taluidine ortho-Taluidine	Rat Mouse	Skin Soft tissue	Skin and adnexae Soft connective tissue	Skin and adnexae Soft connective tissue	30 32	Skin Connective tissues	11 12	1 1		0	1
F	99 99	Painter, occupational exposure Painter, occupational exposure	Human Human	Lung Mesothelioma	Lung Mesothelium	Lung Mesothelium	10	Respiratory system Mesothelium	2	0	1	0	1
F	99	Painter, occupational exposure Painter, occupational exposure	Human	Urinary bladder	Urothelium (renal pelvis, ureter, urinary bladder)	Urothelium	27	Wesothelium Urothelium	9	0	1	0	1
F	100	2,3,4,7,8- Pentachlorodibenzofuran Rubber manufacturing industry	Human	Not specified	Luna	Luna	10	Respiratory system	2	0	7	1	0
F	101 101 101	Rubber manufacturing industry Rubber manufacturing industry Rubber manufacturing industry	Human Human Human	Lung Stomach Urinary bladder	Stomach Urothelium (renal pelvis, ureter, urinary bladder)	Lung Stomach Urothelium	10 15 27	Digestive tract Urothelium	2 4 9	0 0	1 1	0	1
F	101	Rubber manufacturing industry	Human	Leukaemia	Haematopoietic tissue	Haematopoietic tissue	28	Lymphoid and	10	0	1	0	1
F	101	Rubber manufacturing industry	Human	Lymphoma	Lymphoid tissue	Lymphoid tissue	29	haematopoietic tissues Lymphoid and	10	0	1	0	1
F	102	Shale oils	Human	Skin	Skin and adnexae	Skin and adnexae	30	haematopoietic tissues Skin	11	1		0	1
F	102	Shale oils	Mouse	Skin	Skin and adnexae	Skin and adnexae	30	Skin	11	1		0	1

V 2/6				tal Table 2. Database of Anima									
lume	Agent Number	Agent Name	Species	Sile	Anatomical Site	Anatomical Site Label	Anatomical Site Number	Organ System	Organ System Number	Animal Furnour Sile Specified	Reason for Lack of Animal Data*	Mechanistic Upgrade	Humar Tumour 5 Specifie
F	103	Soot (as found in occupational exposure of chimney sweeps)	Human	Lung	Lung	Lung	10	Respiratory system	2	1		0	1
F	103	Soot (as found in occupational exposure of chimney sweeps)	Human	Skin	Skin and adnexae	Skin and adnexae	30	Skin	11	1		0	1
F	103	Soot (as found in occupational exposure of chimney sweeps)	Mouse	Skin	Skin and adnexae	Skin and adnexae	30	Skin	11	1		0	1
F	104	Sulfur mustard	Human	Lung	Lung	Lung	10	Respiratory system	2	0	6	0	1
F	105	2,3,7,8-Tetrachlorodibenzo-para- dioxin	Rat	Oral cavity	Oral cavity	Oral cavity	3	Upper aerodigestive tract	1	1		0	1
F	105	2,3,7,8-Tetrachlorodibenzo-para- dioxin	Rat	Lung	Lung	Lung	10	Respiratory system	2	1		0	1
F	105	2,3,7,8-Tetrachlorodibenzo-para- dioxin	Mouse	Liver	Liver parenchyma and bile ducts	Liver	17	Digestive organs	5	1		0	1
F	105	2,3,7,8-Tetrachlorodibenzo-para- dioxin	Rat	Liver	Liver parenchyma and bile ducts	Liver	17	Digestive organs	5	1		0	1
F	105	2,3,7,8-Tetrachlorodibenzo-para- dioxin	Mouse	Lymphoid tissue	Lymphoid tissue	Lymphoid tissue	29	Lymphoid and haematopoietic tissues	10	1		0	1
F	105	2,3,7,8-Tetrachlorodibenzo-para- dioxin	Mouse	Thymus	Lymphoid tissue	Lymphoid tissue	29	Lymphoid and haematopoietic fissues	10	1		0	1
F	105	2,3,7,8-Tetrachlorodibenzo-para- dioxin	Mouse	Skin	Skin and adnexae	Skin and adnexae	30	Skin	11	1		0	1
F	105	2,3,7,8-Tetrachlorodibenzo-para- dioxin	Human	All cancers combined	All cancers combined	All cancers combined	43	Other groupings	15	1		0	1
F	106	Vinyl chloride	Mouse	Lung	Lung	Lung	10	Respiratory system	2	1		0	1
F	106	Vinyl chloride	Human	Hepatocellular carcinoma	Liver parenchyma and bile ducts	Liver	17	Digestive organs	5	1		0	1
F	106	Vinyl chloride	Rat	Liver	Liver parenchyma and bile ducts	Liver	17	Digestive organs	5	1		0	1
F	106	Vinyl chloride	Mouse	Soft tissue	Soft connective tissue	Soft connective tissue	32	Connective tissues	12	1		0	1
F	106	Vinyl chloride	Rat	Soft tissue	Soft connective tissue	Soft connective tissue	32	Connective tissues	12	1		0	1
F	106	Vinyl chloride	Human	Angiosarcoma of the liver	Blood vasculature (endothelium)	Blood vasculature	33	Connective tissues	12	1		0	1
F	106	Vinyl chloride	Mouse	Mammary gland	Breast	Breast	35	Female breast, female reproductive organs and reproductive tract	13	1		0	1
F	106	Vinyl chloride	Rat	Mammary gland	Breast	Breast	35	Female breast, female reproductive organs and reproductive tract	13	1		0	1
F	106	Vinyl chloride	Rat	Zymbal gland	Exocrine glands NOS	Exocrine glands NOS	47	Other groupings	15	1		0	1
105	107	Engine Exhaust, diesel	Human	Lung	Lung	Lung	10	Respiratory system	2	1		0	1
105	107	Engine Exhaust, diesel	Rat	Lung	Lung	Lung	10	Respiratory system	2	1		0	1
106	108	Trichloroethylene	Mouse	Lung	Lung	Lung	10	Respiratory system	2	1		0	1
106	108	Trichloroethylene	Mouse	Liver	Liver parenchyma and bile ducts	Liver	17	Digestive organs	5	1		0	1
106	108	Trichloroethylene	Human	Kidney	Kidney	Kidney	26	Kidney	8	1		0	1
106	108	Trichloroethylene	Rat	Kidney	Kidney	Kidney	26	Kidney	8	1		0	1
107	109	Polychlorinated biphenyls	Rat	Oral cavity	Oral cavity	Oral cavity	3	Upper aerodigestive tract	1	1		0	1
107	109	Polychlorinated biphenyls	Rat	Liver	Liver parenchyma and bije ducts	Liver	17	Digestive organs	5	1		0	1
107	109	Polychlorinated biphenyls	Human	Skin (melanoma)	Cutaneous melanocytes	Cutaneous melanocytes	31	Skin	11	1		0	1
109	110	Outdoor air pollution	Human	Lung	Lung	Lung	10	Respiratory system	2	0	7	0	1
109	111	Particulate matter in outdoor air	Human	Lung	Lung	Lung	10	Respiratory system	2	0	7	0	1

Supplemental Table 3. Data Dictionary for the Anatomically-based Tumour Site Concordance Database

Data Element	Description	Coding
Volume	IARC Monographs Volume from which the data were abstracted	100A, 100B, 100C, 100D, 100E, 100F, 105, 106, 107, 109
Agent Number	Number assigned to agents listed in alphabetical order (see Table 1)	1, 2,,111
Agent Name	Name of the agent as listed in the IARC Monographs	
Species	Species from which the data were derived	Human, Rat, Mouse, Hamster, Dog, Monkey, Baboon
Site	The tumour site, as abstracted from the IARC Monographs (see Table 1)	
Anatomical Site	Coding of the tumour site into an anatomical site based on The Organ and Tumour Site Nomenclature Table	See Table 3
Anatomical Site Number	Number assigned to anatomical tumour site	1, 2,, 47(see Table 4)
Organ System	Organ and tissue system to which the anatomical tumour site belongs	See Table 3
Organ System Number	Number assigned to the organ and tissue system	1, 2,,15 (see Table 4)
Animal Data Available	Indicator variable indicating the availability of	0- No animal data available 1- Animal data available
Reason for Lack of Animal Data	Reason for lack of sufficient evidence of carcinogenicity in animals	1-Occupational exposures are complex and likely could not be reliably replicated in the laboratory 2- Used in combination; no data available on mixture 3- Animal tests were conducted by are considered inadequate

		4-The use of animal models is problematic due to species-specificity and other limitations 5- No animal data available
Mechanistic Upgrade	Indicator variable to identify agents assigned to Group-1 on the basis of a mechanistic upgrade	0- No mechanistic upgrade 1- Mechanistic upgrade
Tumour Site Specified	Indicator variable to confirm the determination of a specific tumour site by the WG	0- No tumour site specified 1- Tumour site(s) specified

Supplemental Table 4. Numerical Coding of Anatomically-based Tumour Sites and Organ and Tissue Systems

Anatomical Site	Anatomical Site Number
Upper Aerodigestive Tract (1)	
Nasal cavity and paranasal sinuses	1
Nasopharynx	2
Oral cavity	3
Pharynx	4
Tongue	5
Tonsil	6
Salivary gland	7
Respiratory System (2)	
Trachea	8
Larynx	9
Lung	10
Lower respiratory tract	11
Mesothelium (3)	
Mesothelium	12
Digestive Tract (4)	
Digestive tract, unspecified	13
Oesophagus	14
Stomach	15
Intestine (including colon and rectum)	16
Digestive Organs (5)	
Liver parenchyma and bile ducts	17
Pancreas NOS	18
Gall bladder	19
Nervous System and Eye (6)	l

Brain and spinal cord (CNS)	20					
Cranial and peripheral nerves	21					
Eye	22					
Endocrine System (7)						
Thyroid, follicular epithelium	23					
Adrenal gland (medulla, cortex, NOS)	24					
Pituitary	25					
Kidney (8)	1					
Kidney (renal cortex, renal medulla, kidney NOS)	26					
Urothelium (9)	<u>'</u>					
Urothelium (renal pelvis or ureter or urinary bladder)	27					
Lymphoid and Haematopoietic Tissu	ues (10)					
Haematopoietic tissue	28					
Lymphoid tissue	29					
Skin (11)	<u>'</u>					
Skin and adnexae	30					
Cutaneous melanocytes	31					
Connective Tissues (12)	,					
Soft connective tissue	32					
Blood vasculature (endothelium)	33					
Hard connective tissue (bone, cartilage)	34					
Female Breast, Female Reproductive Organs and R	eproductive Tract (13)					
Breast	35					
Ovary	36					
Uterine cervix	37					
Uterus	38					
Vulva/vagina	39					
Male Reproductive System (14	4)					

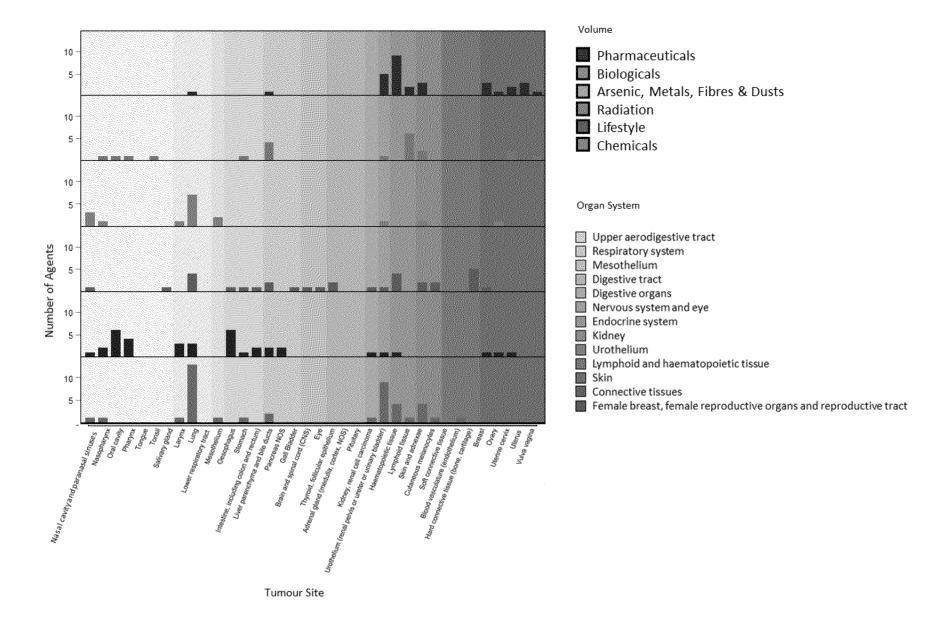
Testis, germ cells	40			
Testis, specialized gonadal stroma	41			
Prostate	42			
Other Groupings (15)				
All cancers combined	43			
All solid cancers	44			
Solid cancers, aside from lung	45			
Multiple or unspecified sites	46			
Exocrine glands NOS	47			

37.	Supplemental Table 5. Group-1 Agents With at	1000		
Volume A	Aristolochic acid, plants containing	Species Rat	Tissue Site Stomach	Organ and Tissue System Digestive tract
	Aristolochic acid, plants containing	Human	Urothelium	Urothelium
Α	Aristolochic acid, plants containing	Rat	Urothelium	Urothelium
	Aristolochic acid, plants containing	Human		Urothelium
	Azathioprine	Mouse	Lymphoid tissue	Lymphoid and haematopoietic tissues
	Azathioprine Azathioprine	Human Mouse	Lymphoid tissue Lymphoid tissue	Lymphoid and haematopoietic tissues Lymphoid and haematopoietic tissues
	Azathioprine	Human	Skin and adnexae	Skin
	Chlorambucil	Human	Haematopoietic tissue	Lymphoid and haematopoietic tissues
	Chlorambucil	Mouse	Lymphoid tissue	Lymphoid and haematopoietic tissues
Α	Cyclophosphamide	Mouse	Lung	Respiratory system
	Cyclophosphamide	Human	Urothelium	Urothelium
	Cyclophosphamide	Rat	Urothelium	Urothelium
	Cyclophosphamide	Human	Haematopoietic tissue	Lymphoid and haematopoietic tissues
	Cyclophosphamide Cyclophosphamide	Mouse Mouse	Lymphoid tissue Breast	Lymphoid and haematopoietic tissues Female breast, female reproductive organs and reproductive tract
	Diethylstilbestrol	Hamster	Kidney	Kidney
	Diethylstilbestrol	Human	Breast	Female breast, female reproductive organs and reproductive tract
Α	Diethylstilbestrol	Human	Cervix	Female breast, female reproductive organs and reproductive tract
Α	Diethylstilbestrol	Mouse	Cervix	Female breast, female reproductive organs and reproductive tract
	Diethylstilbestrol	Mouse	Uterus	Female breast, female reproductive organs and reproductive tract
	Diethylstilbestrol	Human	Vulva/vagina	Female breast, female reproductive organs and reproductive tract
	Estrogen-only menopausal therapy Estrogen-only menopausal therapy	Hamster Mouse	Kidney Lymphoid tissue	Kidney Lymphoid and haematopoietic tissues
	Estrogen-only menopausal therapy	Mouse	Breast	Female breast, female reproductive organs and reproductive tract
	Estrogen-only menopausal therapy	Rat	Breast	Female breast, female reproductive organs and reproductive tract
	Estrogen-only menopausal therapy	Human	Ovary	Female breast, female reproductive organs and reproductive tract
Α	Estrogen-only menopausal therapy	Mouse	Cervix	Female breast, female reproductive organs and reproductive tract
	Estrogen-only menopausal therapy	Human	Uterus	Female breast, female reproductive organs and reproductive tract
	Estrogen-only menopausal therapy	Mouse		Female breast, female reproductive organs and reproductive tract
	Estrogen-progestogen oral contraceptives (combined)	Human		Digestive organs
	Estrogen-progestogen oral contraceptives (combined) Estrogen-progestogen oral contraceptives (combined)	Human Human	Breast Cervix	Female breast, female reproductive organs and reproductive tract Female breast, female reproductive organs and reproductive tract
	Estrogen-progestogen oral contraceptives (combined)	Rat		Female breast, female reproductive organs and reproductive tract
	Methoxsalen in combination with UVA	Mouse		Skin
Α	Methoxsalen in combination with UVA	Human	Skin and adnexae	Skin
Α	Phenacetin	Mouse	Kidney	Kidney
	Phenacetin	Rat	Kidney	Kidney
	Phenacetin	Human	Urothelium	Urothelium
	Phenacetin	Rat	Urothelium	Urothelium
A A	Phenacetin Tamoxifen	Human Rat	Urothelium Liver	Urothelium Digestive organs
	Tamoxifen	Human	Uterus	Female breast, female reproductive organs and reproductive tract
A	Thiotepa	Human	Haematopoietic tissue	Lymphoid and haematopoietic tissues
Α	Thiotepa	Mouse	Lymphoid tissue	Lymphoid and haematopoietic tissues
	Helicobacter pylori (infection with)	Mouse	Stomach	Digestive tract
	Helicobacter pylori (infection with)	Human	Stomach	Digestive tract
	Helicobacter pylori (infection with)	Human	Lymphoid tissue	Lymphoid and haematopoietic tissues
	Arsenic and inorganic arsenic compounds	Human	Lung Lung	Respiratory system Respiratory system
	Arsenic and inorganic arsenic compounds Arsenic and inorganic arsenic compounds	Mouse Mouse	Liver	Digestive organs
	Arsenic and inorganic arsenic compounds	Human	Urothelium	Urothelium
	Arsenic and inorganic arsenic compounds	Rat	Urothelium	Urothelium
	Arsenic and inorganic arsenic compounds	Human		Skin
	Asbestos (all forms)	Human	Larynx	Respiratory system
	Asbestos (all forms)	Human	Lung	Respiratory system
	Asbestos (all forms)	Rat	Lung	Respiratory system
	Asbestos (all forms) Asbestos (all forms)	Human Baboon	Mesothelium Mesothelium	Mesothelium Mesothelium
	Asbestos (all forms)	Hamster	Mesothelium	Mesothelium
	Asbestos (all forms)	Rat	Mesothelium	Mesothelium
	Asbestos (all forms)	Human	Ovary	Female breast, female reproductive organs and reproductive tract
	Beryllium and beryllium compounds	Human	Lung	Respiratory system
	Beryllium and beryllium compounds	Rat	Lung	Respiratory system
	Cadmium and cadmium compounds	Human	Lung	Respiratory system
	Cadmium and cadmium compounds	Rat	Lung Soft connective tissue	Respiratory system Connective tiesues
	Cadmium and cadmium compounds Chromium (VI) compounds	Rat Rat	Oral cavity	Connective tissues Upper aerodigestive tract
	Chromium (VI) compounds	Rat	Tongue	Upper aerodigestive tract
	Chromium (VI) compounds	Human	Lung	Respiratory system
	Chromium (VI) compounds	Rat	Lung	Respiratory system
С	Chromium (VI) compounds	Mouse	Intestine	Digestive tract
	Chromium (VI) compounds	Mouse	Intestine	Digestive tract
С			Intestine	Digestive tract
C C	Chromium (VI) compounds	Mouse		
0	Chromium (VI) compounds Chromium (VI) compounds	Mouse	Intestine	Digestive tract
C C C	Chromium (VI) compounds Chromium (VI) compounds Chromium (VI) compounds	Mouse Rat	Intestine Soft connective tissue	Digestive tract Connective tissues
C C C C	Chromium (VI) compounds Chromium (VI) compounds Chromium (VI) compounds Erionite	Mouse Rat Human	Intestine Soft connective tissue Mesothelium	Digestive tract Connective tissues Mesothelium
C C C C C	Chromium (VI) compounds Chromium (VI) compounds Chromium (VI) compounds	Mouse Rat	Intestine Soft connective tissue	Digestive tract Connective tissues
C C C C C	Chromium (VI) compounds Chromium (VI) compounds Chromium (VI) compounds Erionite Erionite	Mouse Rat Human Rat	Intestine Soft connective tissue Mesothelium Mesothelium	Digestive tract Connective tissues Mesothelium Mesothelium

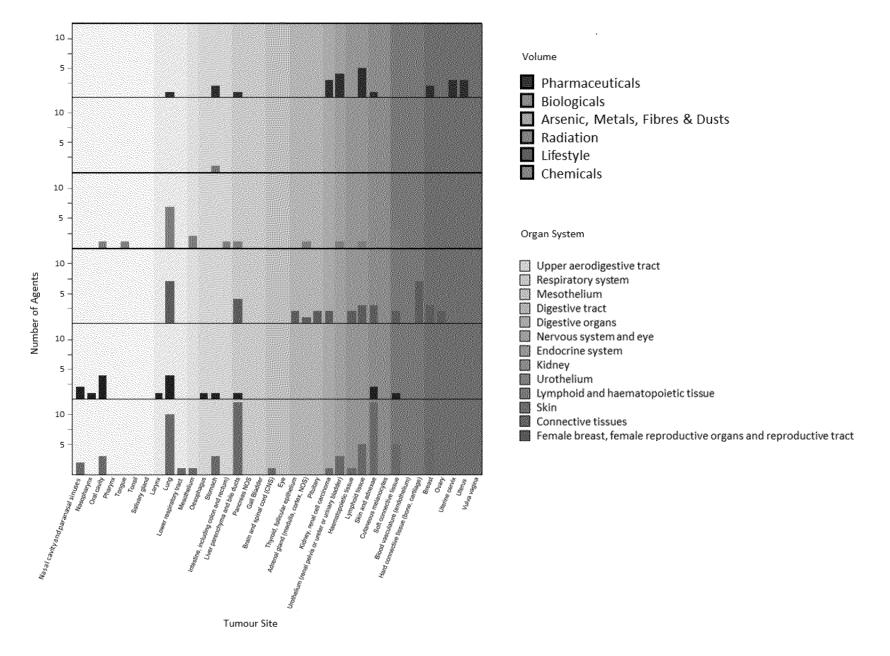
	Supplemental Table 5. Group-1 Agents With at	Least On	a Tumaur Site Specified i	n Humans and in Animals (60 agents)
Volume		Species		Organ and Tissue System
	Nickel compounds	Rat	Adrenal gland	Endocrine system
	Nickel compounds	Hamster	Soft connective tissue	Connective tissues
С	Nickel compounds	Mouse	Soft connective tissue	Connective tissues
С	Nickel compounds	Rat	Soft connective tissue	Connective tissues
С	Silica dust, crystalline, in the form of quartz or cristobalite	Human	Lung	Respiratory system
С	Silica dust, crystalline, in the form of quartz or cristobalite	Rat	Lung	Respiratory system
С	Silica dust, crystalline, in the form of quartz or cristobalite	Rat	Lymphoid tissue	Lymphoid and haematopoietic tissues
	Fission products including Sr-90	Human	Haematopoietic tissue	Lymphoid and haematopoietic tissues
	Fission products including Sr-90	Dog	Hard connective tissue	Connective tissues
	Fission products including Sr-90	Mouse	Hard connective tissue	Connective tissues
D D	Fission products including Sr-90 Haematite mining with exposure to radon (underground)	Human Human		Other groupings
D	Haematite mining with exposure to radon (underground)	Rat	Lung Lung	Respiratory system Respiratory system
D	Pu-239	Dog	Lung	Respiratory system
	Pu-239	Human	-	Respiratory system
D	Pu-239	Rat	Lung	Respiratory system
D	Pu-239	Dog	Liver	Digestive organs
D	Pu-239	Human	Liver	Digestive organs
D	Pu-239	Human	Hard connective tissue	Connective tissues
	Pu-239	Dog	Hard connective tissue	Connective tissues
	Pu-239	Mouse	Hard connective tissue	Connective tissues
	Pu-239	Rat	Hard connective tissue	Connective tissues
	Radioiodines, including I-131	Human	Thyroid	Endocrine system
D	Radioiodines, including I-131	Mouse	Thyroid	Endocrine system
	Radioiodines, including I-131	Rat	Thyroid	Endocrine system Connective tissues
	Ra-224 and its decay products Ra-224 and its decay products	Human Dog	Hard connective tissue Hard connective tissue	Connective tissues Connective tissues
	Ra-224 and its decay products	Mouse	Hard connective tissue	Connective tissues Connective tissues
	Ra-226 and its decay products	Human	Nasal cavity	Upper aerodigestive tract
	Ra-226 and its decay products	Human	Hard connective tissue	Connective tissues
	Ra-226 and its decay products	Human	Hard connective tissue	Connective tissues
D	Ra-226 and its decay products	Dog	Hard connective tissue	Connective tissues
D	Ra-226 and its decay products	Mouse	Hard connective tissue	Connective tissues
D	Ra-228 and its decay products	Human	Hard connective tissue	Connective tissues
D	Ra-228 and its decay products	Dog	Hard connective tissue	Connective tissues
	Rn-222 and its decay products	Human	Lung	Respiratory system
	Rn-222 and its decay products	Rat	Lung	Respiratory system
D	Solar radiation	Mouse	Skin and adnexae	Skin
D	Solar radiation	Rat	Skin and adnexae	Skin
D D	Solar radiation	Human	Skin and adnexae	Skin
D	Solar radiation Th-232 (as Thorotrast)	Human Human	Cutaneous melanocytes Liver	Skin Digestive organs
D	Th-232 (as Thorotrast)	Hamster	Liver	Digestive organs
D	Th-232 (as Thorotrast)	Human	Liver	Digestive organs
D	Th-232 (as Thorotrast)	Rat	Liver	Digestive organs
D	Th-232 (as Thorotrast)	Human	Gall bladder	Digestive organs
D	Th-232 (as Thorotrast)	Human	Haematopoietic tissue	Lymphoid and haematopoietic tissues
D	UV-emitting tanning devices	Human	Eye	Nervous system and eye
D	UV-emitting tanning devices	Mouse	Skin and adnexae	Skin
D	UV-emitting tanning devices	Human	Cutaneous melanocytes	Skin
D	X- and Gamma radiation	Human	Salivary gland	
D	X- and Gamma radiation	Discourse	1	Upper aerodigestive tract
		Human	Lung	Respiratory system
D	X- and Gamma radiation	Mouse	Lung	Respiratory system Respiratory system
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D D	X- and Gamma radiation	Mouse Human Human	Lung Oesophagus Stomach	Respiratory system Respiratory system Digestive tract Digestive tract
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D D D D D D D D D	X- and Gamma radiation	Mouse Human Human Human Mouse Human	Lung Oesophagus Stomach Intestine Liver CNS Thyroid Thyroid	Respiratory system Respiratory system Digestive tract Digestive tract Digestive tract Digestive organs Nervous system and eye
D D D D D D D D D D D D D D	X- and Gamma radiation	Mouse Human Human Mouse Human Human Rat Mouse	Lung Oesophagus Stomach Intestine Liver CNS Thyroid Thyroid Pituitary	Respiratory system Respiratory system Digestive tract Digestive tract Digestive tract Digestive organs Nervous system and eye Endocrine system Endocrine system Endocrine system
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D D D D D D D D D D D D D D D D D D D	X- and Gamma radiation	Mouse Human Human Mouse Human Human Mouse Human Human Rat Mouse Human Monkey	Lung Oesophagus Stomach Intestine Liver CNS Thyroid Thyroid Pituitary Kidney	Respiratory system Respiratory system Digestive tract Digestive tract Digestive tract Digestive organs Nervous system and eye Endocrine system Endocrine system Kidney Kidney
D D D D D D D D D D D D D D D D D D D	X- and Gamma radiation	Mouse Human Human Mouse Human Human Rat Mouse Human Rat Mouse Human Monkey Human	Lung Oesophagus Stomach Intestine Liver CNS Thyroid Thyroid Pituitary Kidney Kidney Urothelium	Respiratory system Respiratory system Digestive tract Digestive tract Digestive organs Nervous system and eye Endocrine system Endocrine system Endocrine system Kidney Kidney Urothelium
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D D D D D D D D D D D D D D D D D D D	X- and Gamma radiation	Mouse Human Human Human Human Human Human Rat Mouse Human Monkey Human Monkey Human Mouse Human	Lung Oesophagus Stomach Intestine Liver CNS Thyroid Thyroid Pituitary Kidney Kidney Urothelium Haematopoietic tissue Haematopoietic tissue	Respiratory system Respiratory system Digestive tract Digestive tract Digestive tract Digestive tract Digestive organs Nervous system and eye Endocrine system Endocrine system Endocrine system Kidney Kidney Urothelium Lymphoid and haematopoietic tissues Lymphoid and haematopoietic tissues
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D D D D D D D D D D D D D D D D D D D	X- and Gamma radiation	Mouse Human Human Mouse Human Human Rat Mouse Human Monkey Human Mouse Human	Lung Oesophagus Stomach Intestine Liver CNS Thyroid Thyroid Pituitary Kidney Kidney Urothelium Haematopoietic tissue Haematopoietic tissue Lymphoid tissue Lymphoid tissue Skin and adnexae Soft connective tissue Hard connective tissue	Respiratory system Respiratory system Digestive tract Digestive tract Digestive tract Digestive tract Digestive organs Nervous system and eye Endocrine system Endocrine system Endocrine system Endocrine system Urothelium Lymphoid and haematopoietic tissues Lymphoid system Connective tissues Connective tissues
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D D D D D D D D D D D D D D D D D D D	X- and Gamma radiation Acondic beverages Alcoholic beverages	Mouse Human Human Mouse Human Human Mouse Human Mouse Human Mouse Human Monkey Human Mouse Human Mouse Human Mouse Human Mouse Human Mouse Human Mouse Human Human Human Human Human Human Human Mouse Rat Mouse Human Mouse	Lung Oesophagus Stomach Intestine Liver CNS Thyroid Thyroid Thyroid Pituitary Kidney Kidney Urothelium Haematopoietic tissue Lymphoid tissue Lymphoid tissue Lymphoid tissue Skin and adnexae Soft connective tissue Breast Breast Breast Breast Ovary Exocrine glands NOS Oral cavity Oral cavity	Respiratory system Respiratory system Digestive tract Digestive tract Digestive tract Digestive tract Digestive organs Nervous system and eye Endocrine system Endocrine system Endocrine system Unothelium Lymphoid and haematopoietic tissues Lymphoid and paematopoietic tissues Lympho

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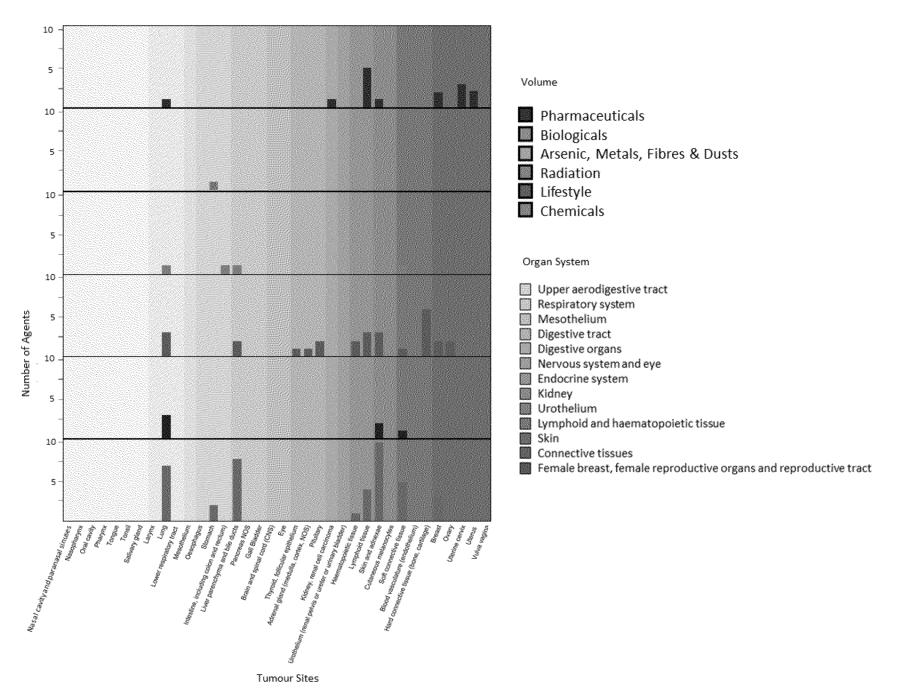
	Supplemental Table 5. Group-1 Agents With at	Least On	e Tumour Site Specified i	n Humans and in Animals (60 agents)
Volume		Species	Tissue Site	Organ and Tissue System
F	Coal-tar pitch	Human	Lung	Respiratory system
F	Coal-tar pitch	Mouse	Skin and adnexae	Skin
F	Coke production	Human	Lung	Respiratory system
F	Coke production	Mouse	Lung	Respiratory system
F	Coke production	Rat	Lung	Respiratory system
F	Coke production	Mouse	Skin and adnexae	Skin
F	Formaldehyde	Rat	Nasal cavity	Upper aerodigestive tract
	Formaldehyde	Human	Nasopharynx	Upper aerodigestive tract
F	Formaldehyde	Human	Haematopoietic tissue	Lymphoid and haematopoietic tissues
	Mineral oils, untreated or mildly treated	Human	Skin and adnexae	Skin
	Mineral oils, untreated or mildly treated	Mouse	Skin and adnexae	Skin
	2-Naphthylamine	Mouse	Liver	Digestive organs
	2-Naphthylamine	Dog	Urothelium	Urothelium
	2-Naphthylamine	Hamster	Urothelium	Urothelium
	2-Naphthylamine	Human	Urothelium	Urothelium
	2-Naphthylamine	Monkey	Urothelium	Urothelium
	2-Naphthylamine	Rat	Urothelium	Urothelium
	ortho-Toluidine	Human	Urothelium	Urothelium
F	ortho-Toluidine	Rat	Urothelium	Urothelium
F	ortho-Toluidine	Rat	Skin and adnexae	Skin
F	ortho-Toluidine	Mouse	Soft connective tissue	Connective tissues
	Shale oils	Human	Skin and adnexae	Skin
	Shale oils	Mouse	Skin and adnexae	Skin
		Human		
	Soot (as found in occupational exposure of chimney sweeps)		Lung	Respiratory system
	Soot (as found in occupational exposure of chimney sweeps)	Human	Skin and adnexae	Skin
	Soot (as found in occupational exposure of chimney sweeps)	Mouse	Skin and adnexae	Skin
	2,3,7,8-Tetrachlorodibenzo-para-dioxin	Rat Rat	Oral cavity	Upper aerodigestive tract
	2,3,7,8-Tetrachlorodibenzo-para-dioxin		Lung	Respiratory system
	2,3,7,8-Tetrachlorodibenzo-para-dioxin	Mouse	Liver	Digestive organs
	2,3,7,8-Tetrachlorodibenzo-para-dioxin	Rat	Liver	Digestive organs
	2,3,7,8-Tetrachlorodibenzo-para-dioxin	Mouse	Lymphoid tissue	Lymphoid and haematopoietic tissues
	2,3,7,8-Tetrachlorodibenzo-para-dioxin	Mouse	Lymphoid tissue	Lymphoid and haematopoietic tissues
	2,3,7,8-Tetrachlorodibenzo-para-dioxin	Mouse	Skin and adnexae	Skin
	2,3,7,8-Tetrachlorodibenzo-para-dioxin	Human	All cancers combined	Other groupings
	Vinyl chloride	Mouse	Lung	Respiratory system
F	Vinyl chloride	Human	Liver	Digestive organs
	Vinyl chloride	Rat	Liver	Digestive organs
F	Vinyl chloride	Mouse	Soft connective tissue	Connective tissues
F	Vinyl chloride	Rat	Soft connective tissue	Connective tissues
F	Vinyl chloride	Human	Blood vasculature	Connective tissues
F	Vinyl chloride	Mouse	Breast	Female breast, female reproductive organs and reproductive tract
F	Vinyl chloride	Rat	Breast	Female breast, female reproductive organs and reproductive tract
F	Vinyl chloride	Rat	Exocrine glands NOS	Other groupings
	Engine Exhaust, diesel	Human	Lung	Respiratory system
	Engine Exhaust, diesel	Rat	Lung	Respiratory system
	Trichloroethylene	Mouse	Lung	Respiratory system
	Trichloroethylene	Mouse	Liver	Digestive organs
	Trichloroethylene	Human	Kidney	Kidney
F	Trichloroethylene	Rat	Kidney	Kidney
F	Polychlorinated biphenyls	Rat	Oral cavity	Upper aerodigestive tract
F	Polychlorinated biphenyls	Rat	Liver	Digestive organs
F	Polychlorinated biphenyls	Human	Cutaneous melanocytes	Skin



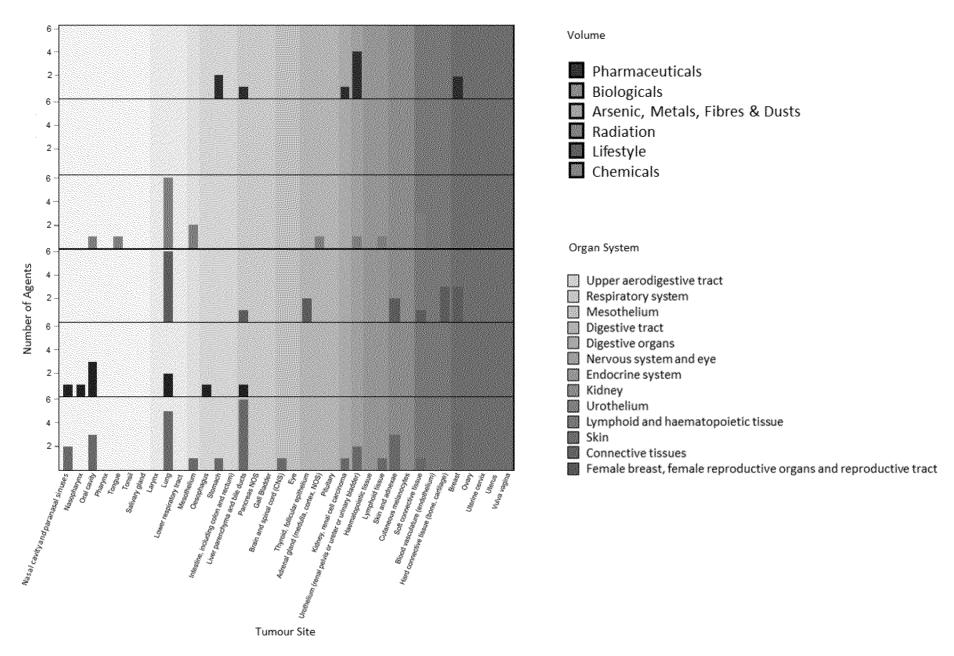
Supplemental Figure 1: Number of Agents Inducing Tumours in Humans in Each of 39 Tumour Sites by Type of Agent



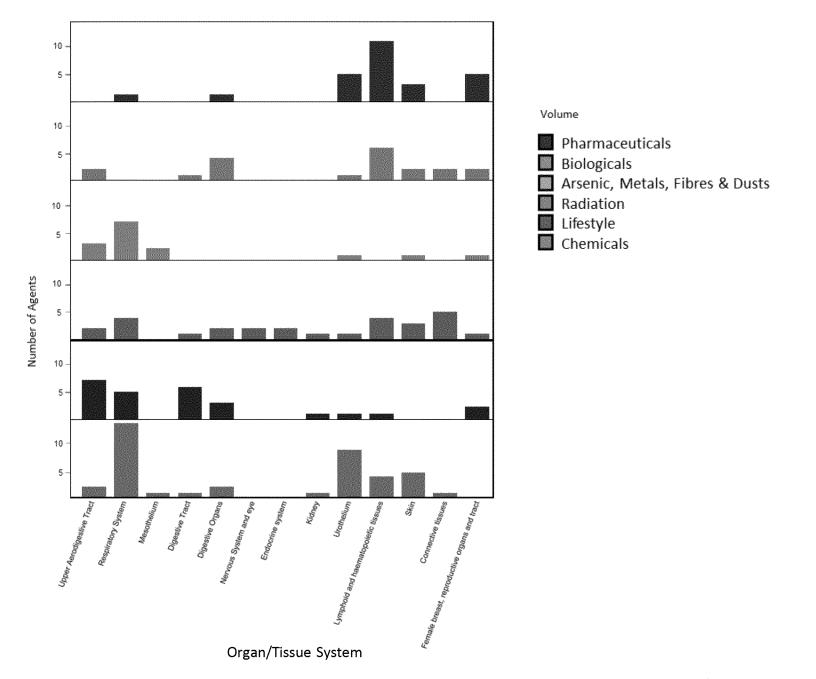
Supplemental Figure 2: Number of Agents Inducing Tumours in Animals in Each of 39 Tumour Sites by Type of Agent



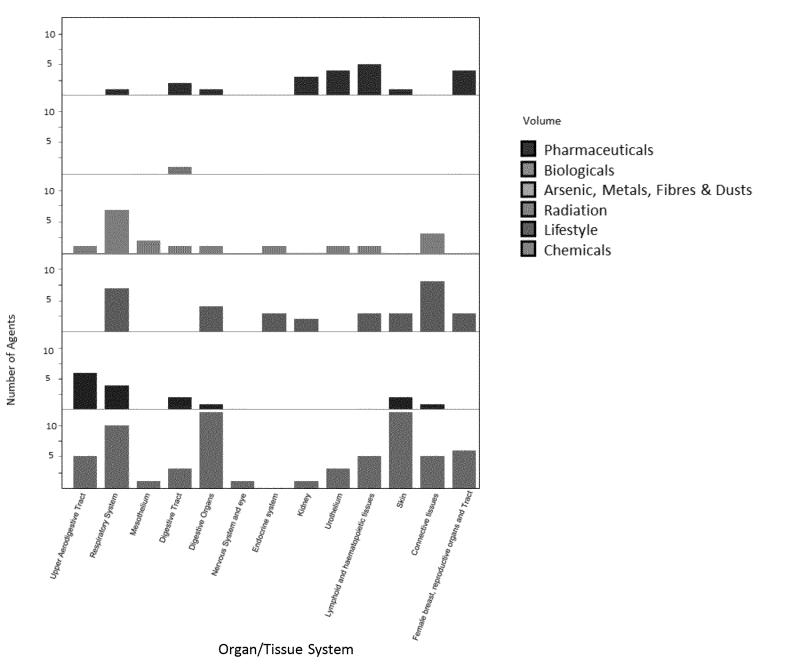
Supplemental Figure 3: Number of Agents Inducing Tumours in Mice in Each of 39 Tumour Sites by Type of Agent



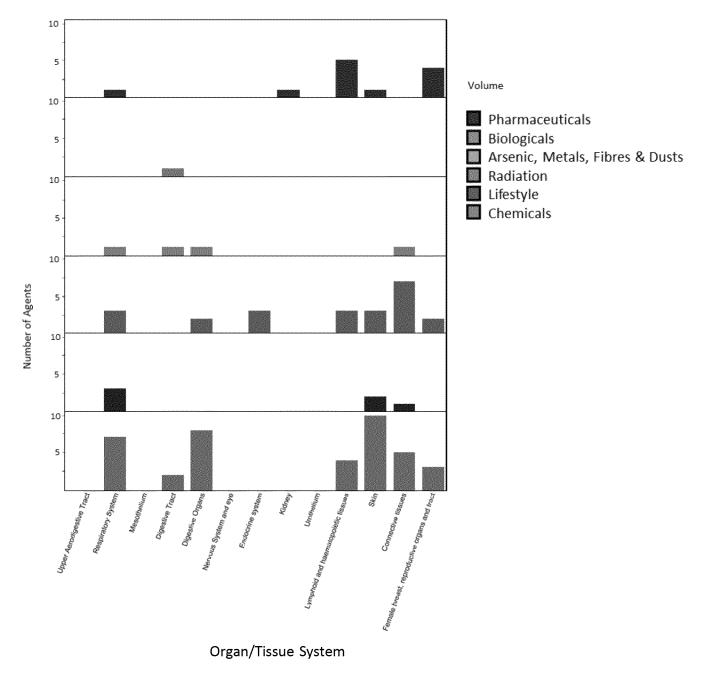
Supplemental Figure 4: Number of Agents Inducing Tumours in Rats in Each of 39 Tumour Sites by Type of Agent



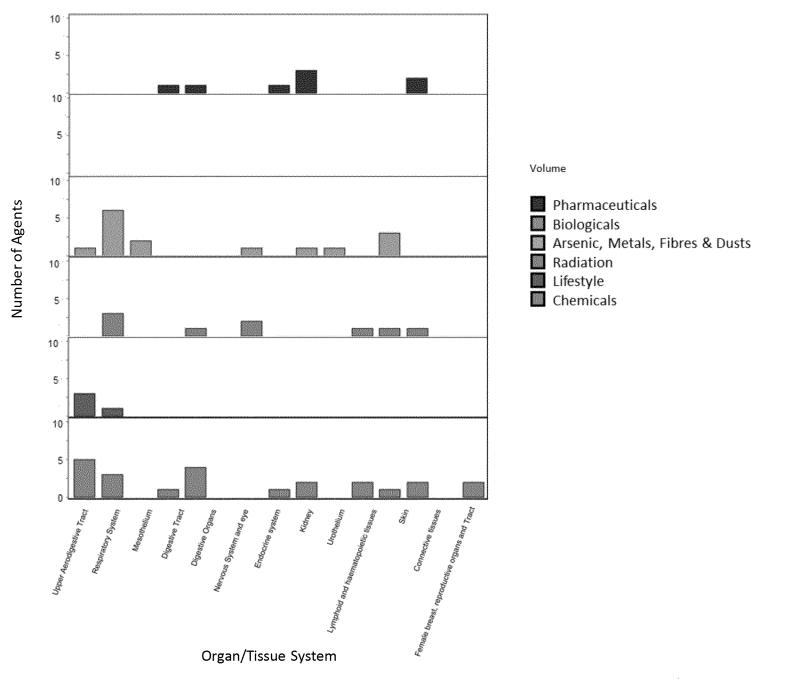
Supplemental Figure 5: Number of Agents Inducing Tumours in Humans in Each of 15 Organ/Tissue Systems by Type of Agent



Supplemental Figure 6: Number of Agents Inducing Tumours in Animals in Each of 15 Organ/Tissue Systems by Type of Agent



Supplemental Figure 7: Number of Agents Inducing Tumours in Mice in Each of 15 Organ/Tissue Systems by Type of Agent



Supplemental Figure 8: Number of Agents Inducing Tumours in Rats in Each of 15 Organ/Tissue Systems by Type of Agent

Concordance between Animal and Human Tumours:
An Analysis of 111 Agents Known to Cause Cancer in Humans

Supplemental Material I: Statistical Measures of Concordance between Animal and Human Tumours

Daniel Krewski^{1,2,3}, Jerry Rice⁴, Michael Bird^{1,2}, Brittany Milton², Brian Collins², Pascale Lajoie^{1,5}, Mélissa Billard ^{1,}, Yann Grosse⁶, Robert Baan⁶, Vincent Cogliano⁷, Kurt Straif⁶, Jane Caldwell⁸, Ivan Rusyn⁹, Christopher Portier⁶, Julian Little³ & Jan M. Zielinski^{1,10} on behalf of the IARC Working Group on 'Tumour-site Concordance and Mechanisms of Carcinogenesis' which convened in Lyon April/November 2012

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 ⁵Department of Epidemiology, Queens University, Kingston, Canada
 ⁶IARC Monographs Programme, International Agency for Research on Cancer, Lyon, France
 ⁷Integrated Risk Information System, US Environmental Protection Agency, Washington, D.C., USA
 ⁸National Center for Environmental Assessment, US Environmental Protection Agency, Washington, D.C., USA
 ⁹College of Veterinary Medicine, Texas A&M University, College Station, USA

 ¹⁰Healthy Environments and Consumer Safety Branch, Health Canada, Ottawa, Canada

Krewski et al. (2016) conducted a comprehensive analysis of the concordance between tumours seen in animals and humans for 111 distinct Group-1 agents identified in the IARC Monographs programme through Volume 109, based on information abstracted from the IARC Monographs by Grosse et al. (2016). Concordance analysis was based on the 60 agents with sufficient evidence of carcinogenicity both in humans and in animals, with at least one tumour site specified for humans and at least one tumour site specified for animals. For simplicity of presentation, analysis of concordance were based on the overlap between tumour sites expressed in animals and humans (Krewski et al., 2016, Table 7, Figure 9).

Concordance between animal and human tumour sites is based on the overlap between animal and human tumour sites, as shown in Supplemental Table 6 (all animals) and Supplemental Table 7 (mice and rats). Let N_h , N_a , and N_b denote the number of agents demonstrating a particular tumour site in humans, animals, or both humans and animals, respectively. The total number of agents demonstrating tumours at this site is then $N_t=N_h+N_a-N_b$. Concordance is measured by the percentage overlap, calculated as $(N_b/N_t)x100\%$. These results are shown in the column headed 'overlap' in Supplemental Tables 6 and 7. [The 'overlap' results in Supplemental Table 6 are the basis of the evaluation of concordance in Table 7 of Krewski et al. (2016)]

The WG was also interested in the overlap between agents demonstrating tumours in animals at a particular site with agents demonstrating tumours in humans at that site, calculated as $(N_b/N_h)x100\%$. These results are shown in the column headed 'animal/human overlap' in Supplemental Tables 6 and 7, and reflect the percentage of agents demonstrating tumours at the site of interest in humans that have also been seen to cause tumours at that site in animals. [The 'animal/human overlap' results in

Supplemental Table 6 are the basis of the analysis of overlap between animal and human tumours in Panel A of Figure 9 in Krewski et al. (2016).]

Conversely, the 'human/animal overlap' column in Supplementary Tables 6 and 7, calculated as $(N_b/N_a)x100\%$, reflects the percentage of agents demonstrating tumours at the site of interest in animals that have also been seen to cause tumours at that site in humans. [The 'human/animal overlap' results in Supplemental Table 6 are the basis of the analysis of overlap between human and animal tumours in Panel B of Figure 9 in Krewski et al. (2016).]

More formal statistical analyses of concordance may be based on a comparison of animal and human tumours summarized in the form of the following 2x2 table.

	Humans				
Animals	Positive	Negative	Total		
Positive	N ₁₁	N ₁₂	N _{1.}		
Negative	N ₂₁	N ₂₂	N ₂ .		
Total	N _{.1}	N _{.1}	N _t		

Here, N_{11} denotes the number of agents for which the tumour site of interest was observed in both animals and humans, N_{22} denotes the number of agents for which the tumour site was seen in neither animals nor humans, N_{21} denotes the number of agents positive in humans and negative in animals, and N_{12} denotes the number of agents positive in animals and negative in humans. The total number of agents is given by $N_t = N_{11} + N_{22} + N_{12} + N_{21}$.

A simple, intuitive measure of overall concordance used by Gold et al. (1989) is the proportion positive in both species, (N_{11}/N_t) , plus the proportion negative in both species, (N_{22}/N_t) , defined by

$$\rho = ((N_{11}+N_{22})/N_t).$$

The value of ρ ranges from 0 to 1, where ρ =0 and ρ =1 reflect perfect discordance and perfect concordance, respectively. Concordance can also be measured using the kappa (κ) statistic discussed by Viera & Garrett (2005), defined by

$$\kappa = (N_o - N_e)/(N_t - N_e),$$

where N_o and N_e denote the observed and expected total counts along the diagonal of the 2 x 2 matrix, with $N_o = N_{11} + N_{22}$ and $N_e = (N_1.N_{.1}/N_t) + (N_2.N_{.2}/N_t)$. This statistic measures concordance as slight (0.01-0.20), fair (0.21-0.40), moderate (0.41-0.60), substantial (0.61-0.80), and almost perfect (0.81-0.99). Values of $\kappa < 0$ correspond to less than chance agreement (Viera & Garrett, 2005). Since these two concordance measures are related by the formula

$$\kappa = (N_t \rho - N_e)/(N_t - N_e),$$

they provide equivalent information on concordance, albeit on a different scale of measurement.

Although the above statistical measures of concordance were considered by the Working Group (WG), the simpler measures of concordance in Supplemental Table 6 (all animals) and Supplemental Table 7 (mice and rats) were used as the basis for evaluating concordance between animal and human tumour sin the present analysis.

References

- Gold, L.S., Bernstein, L., Magaw, R., & Slone, T.H. (1989) Interspecies extrapolation in carcinogenesis: prediction between rats and mice. *Environ.Health Perspect.*, **81**, 211-219.
- Krewski et al. (2016). Concordance between Animal and Human Tumours: An Analysis of 111 Agents Known to Cause Cancer in Humans. [This volume.]
- Viera, A.J. & Garrett, J.M. (2005). Understanding interobserver agreement: the Kappa statistic. *Family Medicine* 37: 360-363.

List of Tables

- Supplemental Table 6. Concordance between Tumours seen in Humans and Animals for 60 Group-1 Agents by Organ and Tissue System/Tumour Site
- Supplemental Table 7. Concordance between Tumours seen in Humans and Rodents (Mice and Rats) for 60 Group-1 Agents by Organ and Tissue System/Tumour Site

Supplemental Table 6. Concordance between Tumours seen in Humans and Animals for 60 Group-1 Agents by Organ and Tissue System/Tumour Site

Organ and Tissue System (Organ System No.) ¹ Tissue Site (Anatomical Site No.) ¹	Humans	Animals ²	Both	Overlap (%) ³	Animal/Human Overlap (%) ⁴	Human/Animal Overlap (%) ⁵
Upper Aerodigestive Tract (1)	9	9	4	28.6	44.4	44.4
Nasal cavity and paranasal sinuses (1)	3	3	0	0.0	0.0	0.0
Nasopharynx (2)	3	1	1	33.3	33.3	100.0
Oral cavity (3)	4	6	2	25.0	50.0	33.3
Pharynx (4)	2	0	0	N/A	N/A	N/A
Tongue (5)	0	1	0	N/A	N/A	N/A
Salivary gland (7)	1	0	0	N/A	N/A	N/A
Respiratory System (2)	21	22	16	59.3	76.2	72.7
Larynx (9)	3	1	1	33.3	33.3	100.0
Lung (10)	20	22	16	61.5	80.0	72.7
Mesothelium (3)	2	2	2	100.0	100.0	100.0
Mesothelium (12)	2	2	2	100.0	100.0	100.0
Digestive Tract (4)	6	- 6	2	20.0	33.3	33.3
Oesophagus (14)	5	0	0	N/A	N/A	N/A
Stomach (15)	3	5	1	14.3	33.3	20.0
Intestine (including colon and rectum) (16)	3	1	0	0.0	0.0	0.0
Digestive Organs (5)	8	14	4	22.2	50.0	28.6
	7			23.5	57.1	28.6
Liver parenchyma and bile ducts (17)		14	4	23.3 N/A	N/A	28.6 N/A
Pancreas NOS (18)	2	0	0	.		<u> </u>
Gall bladder (19)	1	0	0	N/A	N/A	N/A
Nervous System and Eye (6)	2	0	0	N/A	N/A	N/A
Brain and spinal cord (CNS) (20)	1	0	0	N/A	N/A	N/A
Eye (22)	1	0	0	N/A	N/A	N/A
Endocrine System (7)	2	3	2	66.7	100.0	66.7
Thyroid, follicular epithelium (23)	2	2	2	100.0	100.0	100.0
Adrenal gland (medulla, cortex, NOS) (24)	0	1	0	N/A	N/A	N/A
Pituitary (25)	0	1	0	N/A	N/A	N/A
Kidney (8)	3	5	2	33.3	66.7	40.0
Kidney (renal cortex, renal medulla, kidney NOS) (26)	3	5	2	33.3	66.7	40.0
Urothelium (9)	10	7	7	70.0	70.0	100.0
Urothelium (renal pelvis or ureter or urinary bladder) (27)	10	7	7	70.0	70.0	100.0
Lymphoid and Haematopoietic Tissues (10)	12	10	7	46.7	58.3	70.0
Haematopoietic tissue (28)	10	2	2	20.0	20.0	100.0
Lymphoid tissue (29)	2	10	1	9.1	50.0	10.0
Skin (11)	11	16	7	35.0	63.6	43.8
Skin and adnexae (30)	9	16	6	31.6	66.7	37.5
Cutaneous melanocytes (31)	3	0	0	N/A	N/A	N/A
Connective Tissues (12)	6	14	6	42.9	100.0	42.9
Soft connective tissue (32)	0	9	0	N/A	N/A	N/A
Blood vasculature (endothelium) (33)	1	0	0	N/A	N/A	N/A
Hard connective tissue (bone, cartilage) (34)	5	5	4	66.7	80.0	80.0
Female Breast, Female Reproductive Organs and Reproductive Tract (13)	8	9	4	30.8	50.0	44.4
Breast (35)	4	7	1	10.0	25.0	14.3
Ovary (36)	3	1	0	0.0	0.0	0.0
Uterine cervix (37)	3	3	2	50.0	66.7	66.7
Uterus (38)	2	3	1	25.0	50.0	33.3
Vulva/vagina (39)	1	0	0	N/A	N/A	N/A
Other Groupings (15)	2	4	0	0.0	0.0	0.0
All cancers combined (43)	1	0	0	N/A	N/A	N/A
All solid cancers (44)	1	0	0	N/A	N/A	N/A
Exocrine glands NOS (47)	0	4	0	N/A	N/A	N/A
1 Systems/sites in the anatomcially based tumour nomenclature system (see						

¹ Systems/sites in the anatomcially based tumour nomenclature system (see Supplemental Tables 1 and 4) lacking sufficient evidence in both humans and animals not shown. (For example, there was insufficient evidence of tumours of the male reportuctive tract in both humans and animals.)

 $^{^{\}rm 2}$ 'Animals' includes mice, rats, monkeys, dogs, and hamsters

 $^{^3}$ Percentage overlap calculated as $(N_b/(N_h+N_a-N_b))$ x100%, where N_h , N_a , and N_b denote the number of agents with sufficient evidence in humans, animals, or both humans and animals, respectively.

⁴ Percentage overlap calculated as (N_t/N_h)x100%.

 $^{^{5}}$ Percentage overlap calculated as (N $_{\rm b}/\rm N_{\rm a})x100\%$.

N/A: Calculation of overlap not possible when no agents demonstrate the tumour site of interest in either humans or animals (or both).

Supplemental Table 7. Concordance between Tumours seen in Humans and Rodents for 60 Group-1 Agents by Organ and Tissue System/Tumour Site

Organ and Tissue System (Organ System No.) ¹ Tissue Site (Anatomical Site No.) ¹	Humans	Rodents ²	Both	Overlap (%) ³	Animal/Human Overlap (%) ⁴	Human/Animal Overlap (%) ⁵
	2	,		0.0	0.0	0.0
Nasal cavity and paranasal sinuses (1)	3	3	0	0.0		
Nasopharynx (2)	3	1	1	33.3	33.3	100.0
Oral cavity (3)	4	6	2	25.0	50.0	33.3
Pharynx (4)	2	0	0	N/A	N/A	N/A
Tongue (5)	0	1	0	N/A	N/A	N/A
Salivary gland (7)	1	0	0	N/A	N/A	N/A
Respiratory System (2)	21	22	16	59.3	76.2	72.7
Larynx (9)	3	0	0	0.0	0.0	N/A
Lung (10)	20	22	16	61.5	80.0	72.7
Mesothelium (3)	2	2	2	100.0	100.0	100,0
Mesothelium (12)	2	2	2	100.0	100.0	100.0
Digestive Tract (4)	6	5	1	10.0	16.7	20.0
Oesophagus (14)	5	0	0	N/A	N/A	N/A
Stomach (15)	3	4	1	16.7	33.3	25.0
Intestine (including colon and rectum) (16)	3	1	0	0.0	0.0	0.0
Digestive Organs (5)	8	13	3	16.7	37.5	23.1
Liver parenchyma and bile ducts (17)	7	13	3	17.6	42.9	23.1
Pancreas NOS (18)	2	0	0	N/A	N/A	N/A
Gall bladder (19)	1	0	0	N/A	N/A	N/A
Nervous System and Eye (6)	2	0	0	N/A	N/A	N/A
Brain and spinal cord (CNS) (20)	1	0	0	N/A	N/A	N/A
Eye (22)	1	0	0	N/A	N/A	N/A
Endocrine System (7)	2	3	2	66.7	100.0	66.7
Thyroid, follicular epithelium (23)	2	2	2	100.0	100.0	100.0
Adrenal gland (medulla, cortex, NOS) (24)	0	1	0	N/A	N/A	N/A
	0	1	0	N/A	N/A	N/A
Pituitary (25)				70/A 25.0		70/A 50.0
Kidney (8)	3	2	1	25.0	33,3 33.3	50.0
Kidney (renal cortex, renal medulla, kidney NOS) (26)	3	2	1			
Urothelium (9)	10	6	6	60.0	60.0	100.0
Urothelium (renal pelvis or ureter or urinary bladder) (27)	10	6	6	60.0	60.0	100.0
Lymphoid and Haematopoietic Tissues (10)	12	10	7	46.7	58.3	70.0
Haematopoietic tissue (28)	10	2	2	20.0	20.0	100.0
Lymphoid tissue (29)	2	10	1	9.1	50.0	10.0
Skin (11)	11	16	7	35.0	63.6	43.8
Skin and adnexae (30)	9	16	6	31.6	66.7	37.5
Cutaneous melanocytes (31)	3	0	0	N/A	N/A	N/A
Connective Tissues (12)	6	13	5	35.7	83.3	38.5
Soft connective tissue (32)	0	9	0	N/A	N/A	N/A
Blood vasculature (endothelium) (33)	1	0	0	N/A	N/A	N/A
Hard connective tissue (bone, cartilage) (34)	5	4	3	50.0	60.0	75.0
Female Breast, Female Reproductive Organs and Reproductive Tract (13)	8	9	4	30.8	50.0	44.4
Breast (35)	4	8	2	20.0	50.0	25.0
Ovary (36)	3	1	0	0.0	0.0	0.0
Uterine cervix (37)	3	2	1	25.0	33.3	50.0
Uterus (38)	2	2	1	33.3	50.0	50.0
Vulva/vagina (39)	1	0	0	N/A	N/A	N/A
Other Groupings (15)	2	- 4	0	0.0	0.0	0.0
All cancers combined (43)	1	0	0	N/A	N/A	N/A
All solid cancers (44)	1	0	0	N/A	N/A	N/A
All Solia cancers (44)						

Systems/sites in the anatomcially based tumour nomenclature system (see Supplemental Tables 1 and 4) lacking sufficient evidence in both humans and animals not shown.

⁽For example, there was insufficient evidence of tumours of the male reportuctive tract in both humans and animals.)

 $^{^{\}rm 2}$ 'Rodents' includes mice and rats.

³ Percentage overlap calculated as (N_b/(N_h+N_a-N_b))x100%, where N_h, N_a, and N_b denote the number of agents with sufficient evidence in humans, animals, or both humans and animals, respectively.

 $^{^4}$ Percentage overlap calculated as $(N_b/N_h)x100\%$.

 $^{^5}$ Percentage overlap calculated as (N $_{\rm b}/{\rm N}_{\rm a})x100\%$.

N/A: Calculation of overlap not possible when no agents demonstrate the tumour site of interest in either humans or animals (or both).

To: Kurt Straif[StraifK@iarc.fr]; Robert Baan[BaanR@visitors.iarc.fr]; Vincent Cogliano[cogliano.vincent@gmail.com] Cogliano, Vincent[cogliano.vincent@epa.gov]; dkrewski@uottawa.ca[dkrewski@uottawa.ca] Cc: From: **Bernard Stewart** Sent: Tue 7/12/2016 4:30:52 AM Subject: RE: Consensus statement Vol100WS Dear all. I am completely happy to have no change made concerning designation of the group engaged in Mechanism and Concordance deliberations. Rather than reflecting in any way on this particular group, I thought I was making a simple technical correction. I had the impression that groups convened to make evaluations in the context of a particular volume of Monographs were 'Working Groups'. I had the impression, based on Advisory Groups in relation to Priorities for 2015-19 and Quantitative risk characterization, that groups convened for purposes other than making Monograph evaluations were designated as Advisory Groups. Beyond those considerations, I was not seeking to reflect on the authority or character of the present Group. So, no problem with leaving terminology as proposed. Regards Bernard. **From:** Kurt Straif [mailto:StraifK@iarc.fr] Sent: Tuesday, 12 July 2016 2:23 AM To: Robert Baan <BaanR@visitors.iarc.fr>; Bernard Stewart <Bernard.Stewart@health.nsw.gov.au>; Vincent Cogliano <cogliano.vincent@gmail.com> Cc: Vincent Cogliano <cogliano.vincent@epa.gov>; Daniel Krewski <dkrewski@uottawa.ca> Subject: RE: Consensus statement Vol100WS

Dear all,

I am not in favour of post-hoc calling this an AG, I support Roberts approach,

Kurt

From: Robert Baan Sent: 11 July 2016 15:43

To: Bernard Stewart <Bernard.Stewart@health.nsw.gov.au>; Vincent Cogliano

<cogliano.vincent@gmail.com>; Kurt Straif < StraifK@iarc.fr>

Cc: Vincent Cogliano <cogliano.vincent@epa.gov>; Daniel Krewski <dkrewski@uottawa.ca>

Subject: Consensus statement Vol100WS

Dear all,

Here are a few suggestions for the Consensus Statement.

I was not sure about the term 'Advisory Group' in this context. Initially, the participants in the two Vol100+ Workshops were not formally considered an Advisory Group, but we can of course adopt this name now.

I myself have been using the term 'Workshop participants'. Please advice.

I also drafted some text by way of Introduction to the consensus document.

I value comments,

Robert

From: Bernard Stewart <Bernard.Stewart@health.nsw.gov.au>

Sent: Monday, July 11, 2016 10:32 AM

To: Vincent Cogliano; Kurt Straif; Robert Baan

Cc: Vincent Cogliano

Subject: RE: Consensus statement Vol100WS

Greetings to all from 'down under' with Sydney gripped by winter; at 6am it was 7°C.

I take this opportunity to join others and offer my own congratulations to you, Vincent, in creating a meaningful statement.

It seemed prudent to delay my own input till other matters had been addressed. In the attached, I adopted all previous track changes in order to have a manageable text into which I have inserted a few suggestions. Obviously adopt, modify or discard as thought best.

There is one other matter I should raise in relation to the Consensus statement. If this statement is to have any impact at all, I believe it must be citable as a distinct entity (book chapter, if you will) rather than citing the whole book. In formal terms, the authorship should be all members of the Advisory Group, either as listed 'up front' or by reference to the listing elsewhere in the volume. I seek to avoid the scenario of the 'Consensus Report' included in IARC Sci Publ 116 which cannot be cited to the extent that the document has no specified authorship. Again, if this all seems wide of the mark, I'm happy to the matter to have at least been aired.

And Portugal did it in extra time.

Warmest regards

Bernard.

From: Vincent Cogliano [mailto:cogliano.vincent@gmail.com]

Sent: Sunday, 10 July 2016 6:35 AM

To: Kurt Straif < StraifK@iarc.fr>; BaanR@visitors.iarc.fr; Bernard Stewart

<Bernard.Stewart@health.nsw.gov.au>

Cc: Vincent Cogliano < cogliano.vincent@epa.gov > **Subject:** Re: Consensus statement Vol100WS

Hello everyone--I agree with Robert's plan. Yes/No, then Go! Attached are some more edits based on the additional comments sent last week by Kurt. I'm OK with all comments and changes, so you can convert the attached redline to a clean copy, then send to the Working Group. It might be best for it to come from Robert. He'll get better compliance than if it came from anyone else.

ALLEZ LES BLEUS!!!

Vincent

Begin forwarded message:

From: Kurt Straif < StraifK@iarc.fr > Date: July 8, 2016 at 10:15:10 EDT

To: Robert Baan < <u>BaanR@visitors.iarc.fr</u>>, "Cogliano, Vincent"

<cogliano.vincent@epa.gov>

Cc: Bernard Stewart < Bernard.Stewart@SESIAHS.HEALTH.NSW.GOV.AU >

Subject: RE: Consensus statement Vol100WS

Fine with me,

Kurt

PS As always, I'm for the underdogs, Portugal!

From: Robert Baan Sent: 08 July 2016 16:06

To: Kurt Straif < StraifK@iarc.fr >; Cogliano, Vincent < cogliano.vincent@epa.gov > Cc: Bernard Stewart < SESIAHS.HEALTH.NSW.GOV.AU >

Subject: Consensus statement Vol100WS

Dear Kurt, Bernard, Vincent,

Dan Krewski has kept the 30-June deadline for submitting the final version of his chapters.

I will do my best to send the Concordance and Mechanistic Analyses, Yann's Concordance Data Set, and the Consensus Statement to all the participants this weekend, asking their approval. As we cannot engage in lengthy discussions about comments from 30+ participants, I propose that we ask for a Yes/No answer.

May I assume that you generally agree with this plan.

Bon weekend!

Robert

ALLEZ LES BLEUS!!

(there is a chance that France will win the European Soccer Championship this coming Sunday!)

From: Kurt Straif

Sent: Wednesday, July 6, 2016 10:04 AM

To: Cogliano, Vincent

Cc: Bernard Stewart; Robert Baan

Subject: RE: Consensus statement Vol100WS

Dear Vincent,

Thank you for swift turn-around of the revised summary conclusions.

Please see some additional edits and comments – I think we are zeroing in on a clean draft to be shared with the v100+ WG.

Perhaps this should best come from Robert?

Kurt

From: Cogliano, Vincent [mailto:cogliano.vincent@epa.gov]

Sent: 05 July 2016 15:49

To: Robert Baan < Baan R@visitors.iarc.fr >

Cc: Kurt Straif < StraifK@iarc.fr>; Bernard Stewart

<Bernard.Stewart@SESIAHS.HEALTH.NSW.GOV.AU>; dkrewski@uottawa.ca

Subject: RE: Consensus statement Vol100WS

Dear Robert et al—Attached is a revised set of possible consensus statements. Several have been revised, and there are three new statements.

I stayed away from factual descriptive statements that are covered well in Dan's papers (for

example, lung cancer is the most common site and genotoxicity by far the most common key characteristic). Dan's papers cover these points well, and it saves the consensus statement for overarching principles and insights from the Advisory Group.

There are also responses to Kurt's queries in comments on his comments.

Thanks again, everyone, and I hope we can wrap this up soon in a couple of calls.

Vincent

From: Robert Baan [mailto:BaanR@visitors.iarc.fr]

Sent: Thursday, June 23, 2016 10:00 AM

To: Cogliano, Vincent < cogliano.vincent@epa.gov >; Cogliano, Vincent

<cogliano.vincent@epa.gov>

Cc: Kurt Straif < StraifK@iarc.fr>; Bernard Stewart

<Bernard.Stewart@SESIAHS.HEALTH.NSW.GOV.AU>; dkrewski@uottawa.ca

Subject: Consensus statement Vol100WS

Dear Vincent,

Some time ago you made a start drafting a 'consensus statement' that summarized the main points on which general agreement among the Workshop participants (Vol100WS) could be reasonably expected. An earlier email message of yours, and a first-draft statement with Kurt's annotations, are attached. Also attached are the two key papers from Dan Krewski and his team on the analysis of the 'concordance' and 'mechanisms' data sets. The outcome of these analyses should be mentioned/summarized in the consensus document. May I ask you to prepare a second draft of the consensus statement on the basis of this material.

We received just recently the two chapters attached, and they are being edited right now. As soon as possible we will send these documents to the Workshop participants for their final approval. It would be nice to send your consensus document at the same time.

I hope you can give this priority on your 'to-do' list.
Best wishes,
Robert
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To: Robert Baan[BaanR@visitors.iarc.fr]; Bernard Stewart[Bernard.Stewart@health.nsw.gov.au];

Vincent Cogliano[cogliano.vincent@gmail.com]

Cc: Cogliano, Vincent[cogliano.vincent@epa.gov]; dkrewski@uottawa.ca[dkrewski@uottawa.ca]

From: Kurt Straif

Sent: Mon 7/11/2016 4:23:21 PM

Subject: RE: Consensus statement Vol100WS

Dear all,

I am not in favour of post-hoc calling this an AG, I support Roberts approach,

Kurt

From: Robert Baan Sent: 11 July 2016 15:43

To: Bernard Stewart <Bernard.Stewart@health.nsw.gov.au>; Vincent Cogliano

<cogliano.vincent@gmail.com>; Kurt Straif <StraifK@iarc.fr>

Cc: Vincent Cogliano <cogliano.vincent@epa.gov>; Daniel Krewski <dkrewski@uottawa.ca>

Subject: Consensus statement Vol100WS

Dear all,

Here are a few suggestions for the Consensus Statement.

I was not sure about the term 'Advisory Group' in this context. Initially, the participants in the two Vol100+ Workshops were not formally considered an Advisory Group, but we can of course adopt this name now.

I myself have been using the term 'Workshop participants'. Please advice.

I also drafted some text by way of Introduction to the consensus document.

I value comments,

Robert

From: Bernard Stewart <Bernard.Stewart@health.nsw.gov.au>

Sent: Monday, July 11, 2016 10:32 AM

To: Vincent Cogliano; Kurt Straif; Robert Baan

Cc: Vincent Cogliano

Subject: RE: Consensus statement Vol100WS

Greetings to all from 'down under' with Sydney gripped by winter; at 6am it was 7°C.

I take this opportunity to join others and offer my own congratulations to you, Vincent, in creating a meaningful statement.

It seemed prudent to delay my own input till other matters had been addressed. In the attached, I adopted all previous track changes in order to have a manageable text into which I have inserted a few suggestions. Obviously adopt, modify or discard as thought best.

There is one other matter I should raise in relation to the Consensus statement. If this statement is to have any impact at all, I believe it must be citable as a distinct entity (book chapter, if you will) rather than citing the whole book. In formal terms, the authorship should be all members of the Advisory Group, either as listed 'up front' or by reference to the listing elsewhere in the volume. I seek to avoid the scenario of the 'Consensus Report' included in IARC Sci Publ 116 which cannot be cited to the extent that the document has no specified authorship. Again, if this all seems wide of the mark, I'm happy to the matter to have at least been aired.

And Portugal did it in extra time.

Warmest regards

Bernard.

From: Vincent Cogliano [mailto:cogliano.vincent@gmail.com]

Sent: Sunday, 10 July 2016 6:35 AM

To: Kurt Straif < StraifK@iarc.fr>; BaanR@visitors.iarc.fr; Bernard Stewart

<Bernard.Stewart@health.nsw.gov.au>

Cc: Vincent Cogliano < cogliano.vincent@epa.gov > **Subject:** Re: Consensus statement Vol100WS

Hello everyone--I agree with Robert's plan. Yes/No, then Go! Attached are some more edits based on the additional comments sent last week by Kurt. I'm OK with all comments and changes, so you can convert the attached redline to a clean copy, then send to the Working

Group. It might be best for it to come from Robert. He'll get better compliance than if it came from anyone else.

ALLEZ LES BLEUS!!!

Vincent

Begin forwarded message:

From: Kurt Straif < StraifK@iarc.fr > Date: July 8, 2016 at 10:15:10 EDT

To: Robert Baan < <u>BaanR@visitors.iarc.fr</u>>, "Cogliano, Vincent"

< cogliano.vincent@epa.gov>

Cc: Bernard Stewart < Bernard.Stewart@SESIAHS.HEALTH.NSW.GOV.AU >

Subject: RE: Consensus statement Vol100WS

Fine with me,

Kurt

PS As always, I'm for the underdogs, Portugal!

From: Robert Baan Sent: 08 July 2016 16:06

To: Kurt Straif < StraifK@iarc.fr >; Cogliano, Vincent < cogliano.vincent@epa.gov > Cc: Bernard Stewart < SESIAHS.HEALTH.NSW.GOV.AU >

Subject: Consensus statement Vol100WS

Dear Kurt, Bernard, Vincent,

Dan Krewski has kept the 30-June deadline for submitting the final version of his chapters.

I will do my best to send the Concordance and Mechanistic Analyses, Yann's Concordance Data Set, and the Consensus Statement to all the participants this

weekend, asking their approval. As we cannot engage in lengthy discussions about comments from 30+ participants, I propose that we ask for a Yes/No answer.

May I assume that you generally agree with this plan.

Bon weekend!

Robert

ALLEZ LES BLEUS!!

(there is a chance that France will win the European Soccer Championship this coming Sunday!)

From: Kurt Straif

Sent: Wednesday, July 6, 2016 10:04 AM

To: Cogliano, Vincent

Cc: Bernard Stewart; Robert Baan

Subject: RE: Consensus statement Vol100WS

Dear Vincent,

Thank you for swift turn-around of the revised summary conclusions.

Please see some additional edits and comments – I think we are zeroing in on a clean draft to be shared with the v100+ WG.

Perhaps this should best come from Robert?

Kurt

From: Cogliano, Vincent [mailto:cogliano.vincent@epa.gov]

Sent: 05 July 2016 15:49

To: Robert Baan < Baan R@visitors.iarc.fr>

Cc: Kurt Straif <StraifK@iarc.fr>; Bernard Stewart

<Bernard.Stewart@SESIAHS.HEALTH.NSW.GOV.AU>; dkrewski@uottawa.ca

Subject: RE: Consensus statement Vol100WS

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There are also responses to Kurt's queries in comments on his comments.

Thanks again, everyone, and I hope we can wrap this up soon in a couple of calls.

Vincent

From: Robert Baan [mailto:BaanR@visitors.iarc.fr]

Sent: Thursday, June 23, 2016 10:00 AM

To: Cogliano, Vincent <cogliano.vincent@epa.gov>; Cogliano, Vincent

<cogliano.vincent@epa.gov>

Cc: Kurt Straif <StraifK@iarc.fr>; Bernard Stewart

<Bernard.Stewart@SESIAHS.HEALTH.NSW.GOV.AU>; dkrewski@uottawa.ca

Subject: Consensus statement Vol100WS

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Robert
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To: Cogliano, Vincent[cogliano.vincent@epa.gov]; Robert Baan[BaanR@visitors.iarc.fr]

Cc: Kurt Straif[StraifK@iarc.fr]; Bernard

Stewart[Bernard.Stewart@SESIAHS.HEALTH.NSW.GOV.AU]

From: Daniel Krewski

Sent: Sun 7/10/2016 5:55:21 PM

Subject: RE: Consensus statement Vol100WS

Vincent, I've read through the draft consensus statement, and very much like the way you've kept the draft consensus at a sufficiently high level, that should serve to promote endorsement by the WG, but also sufficiently detailed so as to provide useful guidance to future Monograph Working Groups on enhanced reporting of their findings.

I also like the examples you have included in the draft, such as noting the absence of malignant melanoma in rats and mice in support of (dis)concordance between animal and human tumour sites.

The endorsement of the anatomically based tumour site concordance system to permit future comparisons between animal and human tumour sites will be welcomed by those who worked with Jerry Rice though multiple iterations of this system to achieve consensus.

Only one minor editorial suggestion on Consensus Statement 3: suggest change 'in 15 organ systems' to 'in 15 organ and tissue systems', as not all of the systems are strictly speaking organ systems.

I'm in Lyon all this week, and would be happy to participate in further discussion on this excellent draft consensus statement if that would be helpful . . .

Dan K.

From: Cogliano, Vincent [mailto:cogliano.vincent@epa.gov]

Sent: July-05-16 9:49 AM

To: Robert Baan < Baan R@visitors.iarc.fr>

Cc: Kurt Straif <StraifK@iarc.fr>; Bernard Stewart

<Bernard.Stewart@SESIAHS.HEALTH.NSW.GOV.AU>; Daniel Krewski

<dkrewski@uottawa.ca>

Subject: RE: Consensus statement Vol100WS

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Sent: Thursday, June 23, 2016 10:00 AM

To: Cogliano, Vincent <cogliano.vincent@epa.gov>; Cogliano, Vincent

<cogliano.vincent@epa.gov>

Cc: Kurt Straif < StraifK@iarc.fr>; Bernard Stewart

<Bernard.Stewart@SESIAHS.HEALTH.NSW.GOV.AU>; dkrewski@uottawa.ca

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Best wishes,
Robert

To: Vincent Cogliano[cogliano.vincent@gmail.com]; Robert Baan[BaanR@visitors.iarc.fr]; Bernard.Stewart@sesiahs.health.nsw.gov.au Stewart[Bernard.Stewart@sesiahs.health.nsw.gov.au]

Cc: Cogliano, Vincent[cogliano.vincent@epa.gov]

From: Kurt Straif

Sent: Sat 7/9/2016 8:54:00 PM

Subject: RE: Consensus statement Vol100WS

Thank you, Vincent!

Allez les Portugais,

Kurt

From: Vincent Cogliano [mailto:cogliano.vincent@gmail.com]

Sent: 09 July 2016 22:35

To: Kurt Straif < StraifK@iarc.fr>; Robert Baan < BaanR@visitors.iarc.fr>;

Bernard.Stewart@sesiahs.health.nsw.gov.au Stewart <Bernard.Stewart@sesiahs.health.nsw.gov.au>
Cc: Vincent Cogliano <cogliano.vincent@epa.gov>

Subject: Re: Consensus statement Vol100WS

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To: Robert Baan[BaanR@visitors.iarc.fr]; Cogliano, Vincent[cogliano.vincent@epa.gov]

Cc: Bernard Stewart[Bernard.Stewart@SESIAHS.HEALTH.NSW.GOV.AU]

From: Kurt Straif

Sent: Fri 7/8/2016 2:15:10 PM

Subject: RE: Consensus statement Vol100WS

Fine with me.

Kurt

PS As always, I'm for the underdogs, Portugal!

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Thanks again, everyone, and I hope we can wrap this up soon in a couple of calls. Vincent From: Robert Baan [mailto:BaanR@visitors.iarc.fr] Sent: Thursday, June 23, 2016 10:00 AM To: Cogliano, Vincent <cogliano.vincent@epa.gov>; Cogliano, Vincent <cogliano.vincent@epa.gov> **Cc:** Kurt Straif < StraifK@iarc.fr>; Bernard Stewart <Bernard.Stewart@SESIAHS.HEALTH.NSW.GOV.AU>; dkrewski@uottawa.ca Subject: Consensus statement Vol100WS Dear Vincent, Some time ago you made a start drafting a 'consensus statement' that summarized the main points on which general agreement among the Workshop participants (Vol100WS) could be reasonably expected. An earlier email message of yours, and a first-draft statement with Kurt's annotations, are attached. Also attached are the two key papers from Dan Krewski and his team on the analysis of the 'concordance' and 'mechanisms' data sets. The outcome of these analyses should be mentioned/summarized in the consensus document. May I ask you to prepare a second draft of the consensus statement on the basis of this material We received just recently the two chapters attached, and they are being edited right now. As soon as possible we will send these documents to the Workshop participants for their final approval. It would be nice to send your consensus document at the same time. I hope you can give this priority on your 'to-do' list. Best wishes. Robert

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Sent: Thursday, June 23, 2016 10:00 AM

To: Cogliano, Vincent < cogliano.vincent@epa.gov >; Cogliano, Vincent

<cogliano.vincent@epa.gov>

Cc: Kurt Straif <StraifK@iarc.fr>; Bernard Stewart

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To: Kurt Straif[StraifK@iarc.fr]

Cc: pinfante@starpower.net[pinfante@starpower.net]; Cogliano,

Vincent[cogliano.vincent@epa.gov]

From: Goldstein, Bernard D

Sent: Mon 6/6/2016 1:19:59 PM

Subject: RE: Is there a forthcoming IARC meeting on benzene??

In that case I'm back to the original argument which is made in our poster. The overreliance on epidemiology mirrors IARC's initial delay in designating benzene as Group 1 based on the AML evidence, and does not conform to the newer IARC approach to increase reliance on mechanistic information.

Eager to talk to you about this and hope you have some time in the next few days. If I am awake after the long plane trip I hope to get to the reception tomorrow night

Bernie

From: Kurt Straif [mailto:StraifK@iarc.fr] Sent: Monday, June 6, 2016 8:30 AM

To: Goldstein, Bernard D <bdgold@pitt.edu>

Cc: pinfante@starpower.net; Cogliano, Vincent <cogliano.vincent@epa.gov>

Subject: RE: Is there a forthcoming IARC meeting on benzene??

This evidence can be considered and in fact has been considered in Vol 100F, but it does not elevate the cancer-site specific evidence for NHL, in your scenario this would stay at "limited" with the overall evaluation upgraded to Group 1 based on mechanistic grounds, see ethylene oxide for a similar example,

Kurt

From: Goldstein, Bernard D [mailto:bdgold@pitt.edu]

Sent: 06 June 2016 14:22

To: Kurt Straif < Straif K@iarc.fr>

Cc: pinfante@starpower.net; Cogliano, Vincent < cogliano.vincent@epa.gov>

Subject: RE: Is there a forthcoming IARC meeting on benzene??

Hi Kurt

I understand. So let me be direct.

- 1. Assume there were no evidence about AML,
- 2. Assume benzene was to be evaluated by IARC for the first time solely on whether it caused NHL,
- 3. In coming to its decision IARC would be able to consider the 7 studies showing lymphoma in benzene-exposed lab animals and the evidence from many studies of a genotoxic mechanism affecting circulating lymphocytes in exposed humans
- 4. But because benzene is already accorded Group 1 status due to its known causation of AML, this evidence cannot be considered even though benzene's known ability to cause AML through a genotoxic mechanism affecting the common precursor to both myelocytes and lymphocytes strengthens the evidence that it causes NHL

This sounds more like a legalistic argument than one which represents the mission of IARC which you have done so much to further

Bernie

From: Kurt Straif [mailto:StraifK@iarc.fr]
Sent: Monday, June 6, 2016 3:43 AM

To: Goldstein, Bernard D < bdgold@pitt.edu >

Subject: RE: Is there a forthcoming IARC meeting on benzene??

Hi Bernard,

It is important to distinguish between a mechanistic up- (or down-)grade and a change in evaluation that may come with a re-evaluation.

Mechanistic upgrades are for overall evaluations – not separately for each cancer site (keep in mind that IARC Monographs are for hazard identification). Further, the current benzene classification in group 1 is also supported by strong mechanistic evidence (in addition to the sufficient evidence from cancer epidemiology and cancer bioassays). Therefore, what would be needed to raise NHL (or subsets) is sufficient evidence from cancer epidemiology, and Jelle Vlaanderen et al concluded in their meta-analysis "the evidence for an association with NHL is less clear".

Kurt

From: Goldstein, Bernard D [mailto:bdgold@pitt.edu]

Sent: 06 June 2016 01:03

To: Kurt Straif < Straif K@iarc.fr>

Cc: pinfante@starpower.net; Cogliano, Vincent <cogliano.vincent@epa.gov>

Subject: RE: Is there a forthcoming IARC meeting on benzene??

Hi Kurt

Thanks for the helpful reply. If I understand you correctly, if a chemical that had never been previously considered had exactly the same findings as benzene/NHL, then IARC could include the very strong mechanistic and animal data in deliberations related to assigning the compound to Group 1; but as IARC has already assigned benzene to Group 1, the mechanistic and animal data cannot be considered when IARC deliberates about benzene and NHL??

I see the basic issue as related to the theme of the conference, which is the role of IARC in cancer prevention. Perhaps it is an EU/US difference, but in the US, and elsewhere, there is a greater reliance on post-hoc litigation as a means to put industry in a preventive mode. IARC's apparent failure to use the totality of evidence related to benzene and NHL makes it harder for plaintiffs to successfully sue industry. Similarly, government priority setting for control of industry emissions is often dependent on risk assessment, which for benzene would now include estimates of its impact on ANLL but probably not NHL.

While I greatly admire European precautionary approaches to known carcinogens, the US style of adversary regulation also has merits. A recent study from England comparing EU and US success in controlling refinery benzene emissions showed not only that the US did much better, but that Germany, which arguably has the most adversarial US-style regulatory approach did best among EU countries and the UK, considered to be the epitome of EU consensus-based approaches, did the worst

http://www.academia.edu/12066779/Environmental_leadership_Comparing_regulatory_outcomes_and_industria

I hope I have misinterpreted your note. But if I have this right, there is a hole that IARC needs to close if it is to fulfill its mission of providing cancer hazard identification information on which prevention is based

Looking forward to seeing you in Lyon

Bernie

Bernard D. Goldstein, MD

Professor Emeritus and Dean Emeritus

University of Pittsburgh Graduate School of Public Health

130 Desoto St; Rm A-710

Pittsburgh PA 15261

Office: 412 648 9994

Cell: 412 417 9611

From: Kurt Straif [mailto:StraifK@iarc.fr]
Sent: Sunday, June 5, 2016 5:52 PM

To: Goldstein, Bernard D < bdgold@pitt.edu>

Cc: pinfante@starpower.net; Cogliano, Vincent < cogliano.vincent@epa.gov>

Subject: RE: Is there a forthcoming IARC meeting on benzene??

Hi Bernie,

Immediately after the 8-days and nights Monographs meeting I left for duty travel and have now tried to re-organize myself regarding all the other priorities.

Please see my comments inserted below.

Looking forward to welcome you to the conference,

Kurt

From: Goldstein, Bernard D [mailto:bdgold@pitt.edu]

Sent: 27 May 2016 17:59

To: Kurt Straif < Straif K@iarc.fr >; straif@iarc.fr

Cc: pinfante@starpower.net; Cogliano, Vincent < cogliano.vincent@epa.gov>; Hudak, Juliann

Marie < jmh206@pitt.edu>

Subject: RE: Is there a forthcoming IARC meeting on benzene??

Hi Kurt

I've attached our planned poster. The key points we make supplement the valuable exchange that Peter and you and your colleagues made in print. Our basic argument is that irrespective of whether the epidemiological evidence raises to the level of sufficiency, benzene should be considered to be a known cause of NHL. Our major points are:

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Mechanistic upgrades are for the overall evaluation (eg Group 1), not on a cancer-site specific level which is based on the cancer epidemiology.

(similarly, Tobacco smoking is not a group 1 for some specified 20 cancer sites and a group 4 for cancers of the endometrium).

- 2. The outcome of the 2009 IARC deliberations on benzene and NHL is hauntingly similar to the 1974 IARC review of benzene and AML in its overdependence on cohort-based epidemiology.
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- 4. Most disappointing is that the modification of the IARC process to include mechanistic information, on which you and Vincent (whom I have copied) and your colleagues worked so hard and so eloquently, has apparently failed in this case.

I do strongly suggest that benzene and NHL be subject to an IARC review. And I know that Peter feels strongly, as I do, in suggesting a review of workers exposed to gasoline. This is an important global issue, particularly in view of the large number of exposed workers and because it brings up some of the knotty mixture issues in relation to a known human carcinogen.

Gasoline had not been nominated for the 2014 AG on Future Priorities. I would suggest that you submit a nomination (now open at any given time, see bottom of page at http://monographs.iarc.fr/ENG/Meetings/index.php) in making your case why this needs to be reevaluated. Looking forward to seeing you in Lyon Bernie From: Kurt Straif [mailto:StraifK@iarc.fr] **Sent:** Monday, May 2, 2016 5:51 AM To: Goldstein, Bernard D <bdgold@pitt.edu>; straif@iarc.fr Cc: pinfante@starpower.net Subject: RE: Is there a forthcoming IARC meeting on benzene?? Dear Bernie, I look forward to welcoming you to the IARC conference – we all expect this will be a great meeting with lots of new science that impacts on public health and a great opportunity to welcome many friends to Lyon. I am curious to read and discuss your poster. A new benzene Monograph has not yet been firmly scheduled. Best wishes. Kurt From: Goldstein, Bernard D [mailto:bdgold@pitt.edu]

Sent: 30 April 2016 19:17

To: straif@iarc.fr Cc: pinfante@starpower.net **Subject:** Is there a forthcoming IARC meeting on benzene?? Hi Kurt Hope all is well with you and your colleagues. As you probably know, Peter Infante and I have a poster presentation at the 50th Anniversary meeting on benzene and NHL in June. We argue that the delay in the recognition of benzene as a known cause of NHL mirrors the initial delay in the recognition of benzene as a known cause of ANLL, and fails to take into account the mechanistic evidence. I recall there was talk of a future IARC meeting in which benzene would again be reviewed with a focus on NHL and other non-ANLL cancers. I could not find any mention of such a meeting on the IARC website. I am preparing the poster now, and if such a meeting is being scheduled by IARC I would welcome including such a statement within the poster material Best personal regards – and I look forward to seeing you in June Bernie Bernard D. Goldstein, MD **Emeritus Professor and Emeritus Dean** Graduate School of Public Health

University of Pittsburgh

Rm A710 Crabtree Hall

Pittsburgh, PA 15261

130 De Soto St

Phone	41	12	648	999	4
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To: Goldstein, Bernard D[bdgold@pitt.edu]

Cc: pinfante@starpower.net[pinfante@starpower.net]; Cogliano,

Vincent[cogliano.vincent@epa.gov]

From: Kurt Straif

Sent: Sun 6/5/2016 9:52:22 PM

Subject: RE: Is there a forthcoming IARC meeting on benzene??

Hi Bernie.

Immediately after the 8-days and nights Monographs meeting I left for duty travel and have now tried to re-organize myself regarding all the other priorities.

Please see my comments inserted below.

Looking forward to welcome you to the conference,

Kurt

From: Goldstein, Bernard D [mailto:bdgold@pitt.edu]

Sent: 27 May 2016 17:59

To: Kurt Straif < Straif K@iarc.fr >; straif@iarc.fr

Cc: pinfante@starpower.net; Cogliano, Vincent <cogliano.vincent@epa.gov>; Hudak, Juliann

Marie <jmh206@pitt.edu>

Subject: RE: Is there a forthcoming IARC meeting on benzene??

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EPAHQ_0000419

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formally approved use.

To: Cogliano, Vincent[cogliano.vincent@epa.gov]; Gaudin Nicolas[gaudin@iarc.fr]

From: Kurt Straif

Sent: Thur 6/2/2016 3:46:25 PM Subject: RE: Lancet Oncology editorial

We had the same bad surprise, we'll inquire

Kurt

From mobile

----- Original message -----

From: "Cogliano, Vincent"

Date:02/06/2016 15:38 (GMT+01:00)

To: Kurt Straif, Gaudin Nicolas

Subject: Fwd: Lancet Oncology editorial

Hi Kurt and Nicolas—How did this happen with TLO? ... Leaving today for Paris and looking forward to talking with you all after arriving in Lyon on Tuesday ... Warm regards, Vincent

Begin forwarded message:

From: "Flowers, Lynn" < Flowers.Lynn@epa.gov>

Date: June 2, 2016 at 08:00:20 EDT

To: "Ross, Mary" < Ross. Mary@epa.gov >, "Vogel, Dana" < Vogel. Dana@epa.gov >, "Lowit, Anna" < Lowit. Anna@epa.gov >, "Vandenberg, John" < Vandenberg. John@epa.gov >, "Cogliano, Vincent" < Cogliano.vincent@epa.gov >, "McQueen, Jacqueline"

, "Fegley, Robert" < Fegley.Robert@epa.gov">, "Hauchman, Fred" < hauchman.fred@epa.gov">, "Kavlock, Robert" < Kavlock.Robert@epa.gov">, "Gwinn, Maureen" < gwinn.maureen@epa.gov">, "Deener, Kathleen" < Deener.Kathleen@epa.gov">, "Burke, Thomas" < Burke.Thomas@epa.gov">, "Bahadori, Tina" < Bahadori.Tina@epa.gov">, "Housenger, Jack" < Housenger.Jack@epa.gov">>, "Bahadori, Tina" < Bahadori.Tina@epa.gov">, "Housenger.Jack@epa.gov">, "Housenger.Jack@epa.gov">, "Bahadori, Tina" < Bahadori.Tina@epa.gov">, "Housenger.Jack@epa.gov">, "Housenger.Jack@epa.gov">, "Housenger.Jack@epa.gov">, "Bahadori, Tina" < Bahadori.Tina@epa.gov">, "Housenger.Jack@epa.gov">, "Housenger.Jack@epa.gov">

Subject: Lancet Oncology editorial - When is a carcinogen not a carcinogen (talc and glyphosate)

Just came out today. Interesting read.

Lynn Flowers, PhD, DABT

Senior Science Advisor

Office of Science Policy

US EPA

Washington, DC

202-564-6293

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To: Cogliano, Vincent[cogliano.vincent@epa.gov]

From: Fritz, Jason

Sent: Thur 6/2/2016 2:44:35 PM

Subject: RE: Official Invitation: IARC Monographs Vol. 118, IARC, Lyon, 21-28 March 2017

That sounds great, thanks Vince!

She's got friends from language school in Germany, Poland and Ibiza as well, so we'll have to see how to arrange visiting at least some of them, or they may track us down.

jf

From: Cogliano, Vincent

Sent: Thursday, June 02, 2016 10:38 AM **To:** Fritz, Jason <Fritz.Jason@epa.gov>

Subject: Re: Official Invitation: IARC Monographs Vol. 118, IARC, Lyon, 21-28 March 2017

But we can't afford to lose you until I retire ... Seriously, though, they'll keep you busy, but you'll have late dinners and Sunday free. As she's comfortable getting around, she'll have no trouble finding interesting things to do while you work, and the train makes day trips, even to Paris, possible.

On Jun 2, 2016, at 10:30, Fritz, Jason < Fritz. Jason@epa.gov > wrote:

Thanks Vince!

And too late for my wife falling in love with Lyon, I think...she's fluent in French and German, and loves pretty much all of central and Northern Europe... ©

jf

From: Cogliano, Vincent

Sent: Thursday, June 02, 2016 10:28 AM

To: Hotchkiss, Andrew < Hotchkiss. Andrew@epa.gov>

Cc: Fritz, Jason <Fritz, Jason@epa.gov>; D'Amico, Louis <DAmico.Louis@epa.gov>; Perovich,

Gina < Perovich.Gina@epa.gov">Perovich.Gina@epa.gov>; Subramaniam, Ravi < Subramaniam.Ravi@epa.gov>> Subject: Re: Official Invitation: IARC Monographs Vol. 118, IARC, Lyon, 21-28 March 2017

Yes, congratulations! If you bring your wife, don't let her fall in love with Lyon.

On Jun 2, 2016, at 09:46, Hotchkiss, Andrew < Hotchkiss. Andrew@epa.gov > wrote: Congrats Jason! Well deserved! Best regards, Andrew From: Fritz, Jason Sent: Thursday, June 02, 2016 9:15 AM To: D'Amico, Louis < DAmico.Louis@epa.gov >; Cogliano, Vincent < cogliano.vincent@epa.gov >; Perovich, Gina < Perovich. Gina@epa.gov> **Cc:** Hotchkiss, Andrew < Hotchkiss. Andrew@epa.gov >; Subramaniam, Ravi <Subramaniam.Ravi@epa.gov> Subject: FW: Official Invitation: IARC Monographs Vol. 118, IARC, Lyon, 21-28 March 2017 My official invitation to participate on the IARC monograph vol118 next year, FYI. Thanks. Jason

From: IARC Monograph 118 [mailto:monograph118@iarc.fr]

Sent: Thursday, June 02, 2016 8:12 AM **To:** Fritz, Jason < Fritz.Jason@epa.gov>

Subject: Official Invitation: IARC Monographs Vol. 118, IARC, Lyon, 21-28 March 2017

Official Invitation

IARC Monographs on the Evaluation of Carcinogenic Risks to HumansVolume 118 – 'Welding, Welding Fumes and Some Related Chemicals'21-28 March 2017

Lyon, France

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The Agency will provide you with a prepaid ticket for your travel by the most direct route (cheapest economy airfare available) through our travel agent. In addition, you will receive a daily allowance (per diem) and travel allowance as follows:

- Per diem: 170 € per night during the authorized travel period (reduced to 50% during overnight flights);
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Yours sincerely,

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Responsible Officer for the meeting

Kurt Straif, MD, PhD

Head, IARC Monographs Section

International Agency for Research on Cancer/Centre International de Recherche sur le Cancer

150, cours Albert Thomas

F-69372 Lyon Cedex 08

France

Tel: 33-4-72.73.83.67

Fax: 33-4-72.73.83.19

monograph118@iarc.fr

http://monographs.iarc.fr/

Except for insurance coverage provided for accidents and loss of, or damage to, baggage and personal effects during travel, WHO will not be responsible for any loss, accident, damage or injury suffered by an expert, or any person claiming under such expert, arising in or out of his/her participation in this activity. WHO will not be responsible for any claims which are not covered, or which exceed the coverage provided, under WHO's insurance coverage. Experts serve in their individual capacities as scientists and not as representatives of their government or any organization with which they are affiliated. It is understood that the execution of this work does not create any employer-employee relationship between yourself and the World Health Organization, of which IARC is a part. Furthermore, experts are required to disclose all circumstances that could give rise to a potential conflict of interest as a result of their membership in the expert committee, advisory group or other activity, in accordance with the procedures established by the Director-General for that purpose.

To: Cogliano, Vincent[cogliano.vincent@epa.gov]

From: Fritz, Jason

Sent: Thur 6/2/2016 2:30:32 PM

Subject: RE: Official Invitation: IARC Monographs Vol. 118, IARC, Lyon, 21-28 March 2017

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Cc: Fritz, Jason <Fritz.Jason@epa.gov>; D'Amico, Louis <DAmico.Louis@epa.gov>; Perovich,

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Volume 118 – 'Welding, Welding Fumes and Some Related Chemicals'

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Dear Dr Fritz,

Following our prior correspondence by e-mail, we are pleased to officially invite you to participate in the *IARC Monographs* Working Group for volume 118. The Working Group will meet at the International Agency for Research on Cancer (IARC) in Lyon, France, from Tuesday 21 March 2017 9am through Tuesday 28 March 2017 6pm (Saturday included). **Your participation for the full duration of the meeting is required.**

You will receive a writing assignment shortly. Experience has shown that on-time completion of writing assignments and pre-meeting peer-reviews are key to the efficiency of the meeting and the ultimate quality of the *Monographs*. Accordingly, we expect all participants to comply with the following schedule:

01.11.2016 Preliminary drafts and references due to IARC

22.11.2016 Peer-reviews due to IARC

14.02.2017 Revised drafts and references due to IARC

During the 8-day *Monograph* meeting, you will be expected to take an active part in peer-reviewing and revising all drafts, and discussing and finalizing the evaluations. The entire volume is the joint product of the Working Group and there are no individually authored sections.

Please note that much of the work during the meeting is done electronically, so it is most helpful if you bring a computer. If this is not possible, please let us know.

We thank you for completing IARC's Declaration of Interests, which we will ask you to update at the *Monograph* meeting. As a condition of your participation, description of any pertinent interests will be disclosed at the meeting and in the published Volume 118.

IARC will publish a summary of the meeting in *The Lancet Oncology* on behalf of the Working Group. You will be requested to complete the conflict-of-interest form used by *The Lancet Oncology*, and their editor will disclose conflicting interests alongside IARC's summary of the meeting.

Attached please find a Code of Conduct for IARC Experts document as well as a Confidentiality Undertaking form. Please sign and return the Confidentiality Undertaking document to monograph118@iarc.fr as soon as possible.

In the spirit of transparency, IARC will post the names of participants on the *Monographs* programme website in advance of the meeting. It is important that there be **no interference from interested parties**

with the Working Group, before or during the meeting. Accordingly, we ask you not to discuss the subject matter with anyone with a conflicting interest and to let us know if anyone attempts to lobby you, send you written materials, or make any offer that may be linked to your participation.

The Agency will provide you with a prepaid ticket for your travel by the most direct route (cheapest economy airfare available) through our travel agent. In addition, you will receive a daily allowance (per diem) and travel allowance as follows:

- Per diem: 170 € per night during the authorized travel period (reduced to 50% during overnight flights);
- Travel allowance: 45 € for each arrival and departure to and from Lyon St Exupéry airport and 25 € to and from other airports on the approved official itinerary.

These allowances are intended to cover your hotel expenses, meals, and other incidental expenses including transfers to and from airport. They will be paid to you on the first day of the meeting upon your submission of an expense claim form and complete supporting documents including incoming boarding passes. We kindly ask you to ensure that all hotel bills are paid directly to the hotel prior to the departure. (U.S. Government employees should note that no U.S. Government funds will be used for their expenses and no honorarium will be paid.) Travel and hotel information is attached, including a hotel and travel form which we kindly request you to return by 9 December 2016 at the latest.

We look forward to working with you and welcoming you to Lyon.

Yours sincerely,

Neela Guha, PhD

Responsible Officer for the meeting

Kurt Straif, MD, PhD

Head, IARC Monographs Section

International Agency for Research on Cancer/Centre International de Recherche sur le Cancer

150, cours Albert Thomas

F-69372 Lyon Cedex 08

France

Tel: 33-4-72.73.83.67

Fax: 33-4-72.73.83.19

monograph118@iarc.fr

http://monographs.iarc.fr/

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To: Fritz, Jason[Fritz.Jason@epa.gov]; Salazar, Keith[Salazar.Keith@epa.gov]

Cc: Hotchkiss, Andrew[Hotchkiss.Andrew@epa.gov]; Shams, Dahnish[Shams.Dahnish@epa.gov]; Cogliano, Vincent[cogliano.vincent@epa.gov]; Jones, Samantha[Jones.Samantha@epa.gov]; Perovich,

Gina[Perovich.Gina@epa.gov]

From: Soto, Vicki

Sent: Wed 6/1/2016 7:42:45 PM

Subject: RE: PLEASE REVIEW ASAP - NAS meeting today

Sorry – being systematic and starting at the beginning and working through[©] Thanks Andrew!

From: Fritz, Jason

Sent: Wednesday, June 01, 2016 3:42 PM

To: Soto, Vicki <Soto.Vicki@epa.gov>; Salazar, Keith <Salazar.Keith@epa.gov>

Cc: Hotchkiss, Andrew < Hotchkiss. Andrew @epa.gov >; Shams, Dahnish

<Shams.Dahnish@epa.gov>; Cogliano, Vincent <cogliano.vincent@epa.gov>; Jones, Samantha

<Jones.Samantha@epa.gov>; Perovich, Gina <Perovich.Gina@epa.gov>

Subject: RE: PLEASE REVIEW ASAP - NAS meeting today

Yes- Andrew already caught that, please see the most recent email in the chain ©

if

From: Soto, Vicki

Sent: Wednesday, June 01, 2016 3:41 PM

To: Fritz, Jason < Fritz. Jason@epa.gov >; Salazar, Keith < Salazar. Keith@epa.gov >

Cc: Hotchkiss, Andrew < Hotchkiss. Andrew@epa.gov >; Shams, Dahnish

<Shams.Dahnish@epa.gov>; Cogliano, Vincent <cogliano.vincent@epa.gov>; Jones, Samantha

<<u>Jones.Samantha@epa.gov</u>>; Perovich, Gina <<u>Perovich.Gina@epa.gov</u>>

Subject: RE: PLEASE REVIEW ASAP - NAS meeting today

Jason sorry, I'm just getting to this. Shouldn't it be ... a decreased rate of acetaldehyde...?

From: Fritz, Jason

Sent: Wednesday, June 01, 2016 1:03 PM **To:** Salazar, Keith Salazar.Keith@epa.gov

Cc: Hotchkiss, Andrew < Hotchkiss. Andrew@epa.gov>; Shams, Dahnish

<<u>Shams.Dahnish@epa.gov</u>>; Soto, Vicki <<u>Soto.Vicki@epa.gov</u>>; Cogliano, Vincent <<u>cogliano.vincent@epa.gov</u>>; Jones, Samantha <<u>Jones.Samantha@epa.gov</u>>; Perovich, Gina <Perovich.Gina@epa.gov>

Subject: RE: PLEASE REVIEW ASAP - NAS meeting today

In response to some of the comments from Ray, for the title of science topic 2, I would suggest something like:

"The potential for increased susceptibility to toxic effects resulting from a decreased rate acetaldehyde clearance in the liver"

Happy to hear any other thoughts/comments/suggestions.

if

From: Soto, Vicki

Sent: Wednesday, June 01, 2016 9:41 AM

To: Fritz, Jason < Fritz. Jason@epa.gov >; Cogliano, Vincent < cogliano.vincent@epa.gov >; Perovich, Gina < Perovich. Gina@epa.gov >; Jones, Samantha < Jones. Samantha@epa.gov >

Cc: Hotchkiss, Andrew < Hotchkiss. Andrew@epa.gov >; Salazar, Keith <<u>Salazar.Keith@epa.gov</u>>; Shams, Dahnish <<u>Shams.Dahnish@epa.gov</u>>

Subject: RE: PLEASE REVIEW ASAP - NAS meeting today

All – here is the table updated with Jason's edits. Any other changes? I'd like to send this to NAS ASAP.

Science Topic 1	Science Topic 2	Science Topic 3
Liver tumor modes of	Susceptibility associated with	Use of 2-stage carcinogenicity
action	slow clearance of acetaldehyde in	bioassays
	the liver	
Need familiarity with	Familiarity with animal data, with a	a Familiarity with animal data.
animal data. Need expertise	focus on direct translational	Expertise in 2-stage initiation-
in liver carcinogenesis with	relevance. Must have knowledge in	promotion carcinogenicity
knowledge of nuclear	chemicals that are metabolized to	assays in rodents, specifically
receptor-mediated (e.g.,	acetaldehyde in or rapidly delivered	dincluding liver tumorigenesis in
PPAR, PXR, CAR) -cancer	to the liver(e.g., ethanol, ETBE).	rats (knowledge of thyroid,

mechanisms or modes of action, and acetaldehyde-MOA hypothesis as it relates to human relevance of rodent liver cancer (i.e., Klaunig vs. Guyton).

Need familiarity with increased susceptibility of acetaldehyde due mediated genotoxicity. For to polymorphisms in acetaldehyde this topic should have both metabolic enzymes in human sides representing the PPAR populations (e.g., familiarity with epidemiological data). Need expertise in toxicity of chemicals that are metabolized to acetaldehyde in the liver in animals and humans with reduced metabolism due to genotypic variation.

colon, forestomach and kidney tumorigenesis desirable, but secondary) and how it pertains to determining human cancer hazards or risk.

From: Fritz, Jason

Sent: Wednesday, June 01, 2016 9:28 AM

To: Soto, Vicki <Soto. Vicki@epa.gov>; Cogliano, Vincent <cogliano.vincent@epa.gov>; Perovich, Gina < Perovich. Gina@epa.gov >; Jones, Samantha < Jones. Samantha@epa.gov >

Cc: Hotchkiss, Andrew < Hotchkiss. Andrew@epa.gov >; Salazar, Keith <Salazar.Keith@epa.gov>; Shams, Dahnish <Shams.Dahnish@epa.gov>

Subject: RE: PLEASE REVIEW ASAP - NAS meeting today

I'd say for ALL science topics, familiarity with animal data is a perquisite (although if it is clearer to say so for each topic, that seems fine too). Topic 2, more than any, would also benefit from a cogent discussion of what is known about this topic the human population.

Science experts as contact suggestions (by no means complete, this is just as far as I've gotten):

- o Kathryn Guyton (IARC, Lyon, France)
- Jim Klaunig (Indiana University)
- Udayan Apte (University of Kansas Medical Center)
- o Dennis Petersen (University of Colorado Anzchutz Medical Campus)
- James Roede (University of Colorado Anzchutz Medical Campus)

- o Vasilis Vasiliou (Yale)
- o Kris Fritz (University of Colorado Anzchutz Medical Campus)
- o Colin Shearn (University of Colorado Anzchutz Medical Campus)
- o Richard Dietrich (?)
- o Shibutani, M. (Tokyo University of Agriculture and Technology)
- o Mitsumari, K. (Tokyo University of Agriculture and Technology)
- o Gary Stoner (Emeritus, Ohio State University)
- o Mark Miller (NCI, Division of Cancer Prevention)

Also, I would make the current topic 3 "2-stage bioassays..." as topic #2, and move the current topic 2 "Susceptibility" to be the new topic 3, since it will focus more on differences resulting from metabolism, and will not necessarily be focused on cancer.

jf

From: Soto, Vicki

Sent: Wednesday, June 01, 2016 7:37 AM

To: Cogliano, Vincent < cogliano.vincent@epa.gov >; Perovich, Gina

<Perovich.Gina@epa.gov>; Jones, Samantha <Jones.Samantha@epa.gov>

Cc: Hotchkiss, Andrew < Hotchkiss. Andrew@epa.gov >; Salazar, Keith

<<u>Salazar.Keith@epa.gov</u>>; Fritz, Jason <<u>Fritz.Jason@epa.gov</u>>; Shams, Dahnish

<Shams.Dahnish@epa.gov>

Subject: PLEASE REVIEW ASAP - NAS meeting today

Good morning,

I'd like to forward this to NAS in advance of our meeting today. It combines the information that Keith provided to me about the science topics and expertise needed. Please review and let me

know if there are any "stoppers" to me sending this. We can always update this later if necessary, I just want NAS to have some initial information. Right now all they know is that it is ETBE.

Thanks

Vicki

Science Topic 1 Liver tumor modes of action

Need familiarity with animal data. Generalnuclear hormone receptormediated carcinogenesis MOAs. Expert must have are metabolized to acetaldehyde (e.g., ethanol, to genotypic variation ETBE). Need familiarity Need expertise in liver carcinogenesis with knowledge of nuclear receptor-mediated (e.g., mechanisms or modes of action, and acetaldehydemediated genotoxicity. For variation. this topic should have both sides representing the PPAR MOA hypothesis as it relates to human relevance of rodent liver cancer (i.e., Klaunig vs. Guyton).

Science Topic 2 Susceptibility associated with slow clearance of acetaldehyde in bioassays the liver

focus on direct translational knowledge is sufficient for relevance. Must have knowledge in EPA cancer guidelines. chemicals that are metabolized to acetaldehyde in or rapidly delivered promotion carcinogenicity to the liver(e.g., ethanol, ETBE). knowledge in chemicals that Need familiarity with increased susceptibility of acetaldehyde due polymorphisms in acetaldehyde with EPA cancer guidelines. metabolic enzymes in human populations (e.g., familiarity with epidemiological data). Need expertise in genotoxicity of chemicals that are metabolized to PPAR, PXR, CAR) –cancer acetaldehyde in the liver in animals and humans with reduced metabolism due to genotypic

Science Topic 3 Use of 2-stage carcinogenicity

Familiarity with animal data, with a Familiarity with animal data. Experts need familiarity with-Expertise in 2-stage initiationassays in rodents, specifically including liver tumorigenesis in rats (knowledge of thyroid, colon, forestomach and kidney tumorigenesis desirable, but secondary) and how it pertains to determining human cancer hazards or risk cancer weight of evidence descriptor.

To: David Forman[FormanD@visitors.iarc.fr]

Cc: Cogliano, Vincent[cogliano.vincent@epa.gov]; Kurt Straif[StraifK@iarc.fr];

pinfante@starpower.net[pinfante@starpower.net]; Hudak, Juliann Marie[jmh206@pitt.edu]; Carruth,

Russellyn[carruth@pitt.edu]

From: Goldstein, Bernard D

Sent: Wed 6/1/2016 10:46:01 AM

Subject: RE: Not available for poster presentation on Friday

Dear Dr Forman

Many thanks for this clarification

Bernard D. Goldstein, MD

Professor Emeritus and Dean Emeritus

University of Pittsburgh Graduate School of Public Health

130 Desoto St; Rm A-710

Pittsburgh PA 15261

Office: 412 648 9994

Cell: 412 417 9611

From: David Forman [mailto:FormanD@visitors.iarc.fr]

Sent: Wednesday, June 1, 2016 5:57 AM **To:** Goldstein, Bernard D

Sbdgold@pitt.edu>

Cc: Iarc Conference 2016 <iarc-conference 2016@iarc.fr>; Aurelie Viotto < Viotto A@iarc.fr>

Subject: RE: Not available for poster presentation on Friday

Dear Dr Goldstein

Apologies firstly for the difficulties you have experienced in communication with our Secretariat regarding the timing of your poster presentation. I am, however, pleased to say your poster (and all those in the category "Mechanisms in Carcinogen Evaluation") will be presented in the Thursday lunch break as originally notified. That it was listed in the online program for Friday presentation was due to a mistake in the construction of the program which has now been rectified. So apologies for this as well. Had you not identified this problem to us, we would not have been aware of the error in the program so I am extremely grateful for you bringing it to our attention.

We look forward to seeing you in Lyon next week.

With best wishes

David Forman

Dr David Forman

Chair, Local Organising Committee, 50th Anniversary Conference & Senior Visiting Scientist

International Agency for Research on Cancer

150, cours Albert Thomas

F-69372 Lyon Cedex 08 France

Tel.: (+33) (0)6 33 38 2576

E-mail: formand@visitors.iarc.fr



www.iarc.fr/conference2016

From: Goldstein, Bernard D [mailto:bdgold@pitt.edu]

Sent: 01 June 2016 03:01

To: Iarc Conference 2016 < <u>iarc-conference2016@iarc.fr</u>> **Subject:** Not available for poster presentation on Friday

Dear IARC

The original IARC meeting agenda showed posters on Thursday but not on Friday. I am leaving Friday midday to meet my wife who is flying to Britain. BUT the agenda that finally was transmitted to me lists my poster as being on Friday afternoon. My attempts to get information by phone from the Secretariat have been unsuccessful beyond being told, if I understand it correctly, that there were so many posters that they needed to add a Friday session. But they have been unable to give me the name of anyone to speak to about switching my poster to Thursday

Please let me know as soon as possible whether I can give my poster on Thursday rather than Friday

Thank you

Bernard D. Goldstein, MD

Professor Emeritus and Dean Emeritus

University of Pittsburgh Graduate School of Public Health

130 Desoto St; Rm A-710

Pittsburgh PA 15261

Office: 412 648 9994

Cell: 412 417 9611

To: Kurt Straif[StraifK@iarc.fr]

Cc: pinfante@starpower.net[pinfante@starpower.net]; Cogliano, Vincent[cogliano.vincent@epa.gov]; Hudak, Juliann Marie[jmh206@pitt.edu]

From: Goldstein, Bernard D
Sent: Tue 5/31/2016 3:49:35 PM

Subject: Help needed asap

Hi Kurt

Sorry to bother you when you are busy. But I have an immediate problem and cannot get the information needed from the Secretariat of the IARC meeting.

The original IARC meeting agenda showed posters on Thursday but not on Friday. I am leaving Friday midday to meet my wife who is flying to Britain. BUT the agenda that finally was transmitted to me lists my poster as being on Friday afternoon. My attempts to get information by phone from the Secretariat have been unsuccessful beyond being told, if I understand it correctly, that there were so many posters that they needed to add a Friday session. But they have been unable to give me the name of anyone to speak to about switching my poster to Thursday

Can you please give me the name of someone I can speak to about getting my poster switched to Thursday?

Thanks

Bernie

From: Kurt Straif [mailto:StraifK@iarc.fr] Sent: Friday, May 27, 2016 2:37 PM

To: Goldstein, Bernard D <bdgold@pitt.edu>

Cc: pinfante@starpower.net; Cogliano, Vincent <cogliano.vincent@epa.gov>; Hudak, Juliann

Marie <jmh206@pitt.edu>

Subject: RE: Is there a forthcoming IARC meeting on benzene??

We are in the midst of the hot phase of a Monographs meeting, will respond asap

Kurt

From: Goldstein, Bernard D [mailto:bdgold@pitt.edu]

Sent: 27 May 2016 17:59

To: Kurt Straif < Straif K@iarc.fr >; straif@iarc.fr

Cc: pinfante@starpower.net; Cogliano, Vincent < cogliano.vincent@epa.gov>; Hudak, Juliann

Marie < jmh206@pitt.edu>

Subject: RE: Is there a forthcoming IARC meeting on benzene??

Hi Kurt

I've attached our planned poster. The key points we make supplement the valuable exchange that Peter and you and your colleagues made in print. Our basic argument is that irrespective of whether the epidemiological evidence raises to the level of sufficiency, benzene should be considered to be a known cause of NHL. Our major points are:

- 1. Benzene should be considered a known cause of NHL based on current IARC rules which state: IARC now considers a chemical to be a Group 1 carcinogen when there is less than sufficient evidence in humans but sufficient evidence in animals and "strong evidence in exposed humans that the agent acts through a relevant mechanism of carcinogenicity" (my emphasis). While we can argue about whether the epi data is "sufficient" there can be no question about lymphoma in animals (I count seven studies and Peter counts ten). Further, with a superabundance of laboratory data on genotoxicity, and with lymphocyte chromosomal abnormalities routinely reported in the circulating lymphocytes of exposed workers there can be no question about the presence of a genotoxic mechanism relevant to humans
- 2. The outcome of the 2009 IARC deliberations on benzene and NHL is hauntingly similar to the 1974 IARC review of benzene and AML in its overdependence on cohort-based epidemiology.

- 3. In 1974 there was a legitimate scientific argument about whether lymphocytic and myelocytic cells arose from the same stem cell. That argument has been settled in favor of a single precursor cell which is clearly affected by benzene in causing AML. Further, benzene has a promiscuous effect in causing multiple chromosomal abnormalities, again consistent with a causal role in NHL
- 4. Most disappointing is that the modification of the IARC process to include mechanistic information, on which you and Vincent (whom I have copied) and your colleagues worked so hard and so eloquently, has apparently failed in this case.

I do strongly suggest that benzene and NHL be subject to an IARC review. And I know that Peter feels strongly, as I do, in suggesting a review of workers exposed to gasoline. This is an important global issue, particularly in view of the large number of exposed workers and because it brings up some of the knotty mixture issues in relation to a known human carcinogen.

Looking forward to seeing you in Lyon

Bernie

From: Kurt Straif [mailto:StraifK@iarc.fr]
Sent: Monday, May 2, 2016 5:51 AM

To: Goldstein, Bernard D < bdgold@pitt.edu >; straif@iarc.fr

Cc: pinfante@starpower.net

Subject: RE: Is there a forthcoming IARC meeting on benzene??

Dear Bernie,

I look forward to welcoming you to the IARC conference – we all expect this will be a great meeting with lots of new science that impacts on public health and a great opportunity to welcome many friends to Lyon.

I am curious to read and discuss your poster. A new benzene Monograph has not yet been firmly scheduled.
Best wishes,
Kurt
From: Goldstein, Bernard D [mailto:bdgold@pitt.edu] Sent: 30 April 2016 19:17 To: straif@iarc.fr Cc: pinfante@starpower.net Subject: Is there a forthcoming IARC meeting on benzene??
Hi Kurt
Hope all is well with you and your colleagues. As you probably know, Peter Infante and I have a poster presentation at the 50 th Anniversary meeting on benzene and NHL in June. We argue that the delay in the recognition of benzene as a known cause of NHL mirrors the initial delay in the recognition of benzene as a known cause of ANLL, and fails to take into account the mechanistic evidence.
I recall there was talk of a future IARC meeting in which benzene would again be reviewed with a focus on NHL and other non-ANLL cancers. I could not find any mention of such a meeting on the IARC website. I am preparing the poster now, and if such a meeting is being scheduled by IARC I would welcome including such a statement within the poster material
Best personal regards – and I look forward to seeing you in June
Bernie

Bernard D. Goldstein, MD

Emeritus Professor and Emeritus Dean

Graduate School of Public Health

University of Pittsburgh

Rm A710 Crabtree Hall

130 De Soto St

Pittsburgh, PA 15261

Phone 412 648 9994

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