



**PAN Germany:
Comments on ECHA's CLH-Report
regarding Carcinogenicity**

PAN Germany



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The conclusion that no hazard classification for carcinogenicity is warranted (Section 4.9.6., page 98 of the Dossier) is contrary to the evidence provided in the Dossier itself and its supporting documents (the RAR and its Addendum). Addressing the errors and distortions described below will necessarily lead to a revision of the conclusions drawn in Section 4.9.4 (Summary and Discussion of Carcinogenicity, Dossier p.93) and Section 4.9.6 (Conclusions on classification and labelling, Dossier p.98) resulting in a Category 1B classification.

Most importantly, males of all five mouse carcinogenicity studies considered by the authorities of acceptable quality show a statistically significant increase in the incidence of one or several tumour types. Notably, three of these five mouse studies exhibited a significant increase in the same type of cancer (malignant lymphoma), underscoring the reproducibility of this finding in studies performed in different laboratories and at different times. This clearly exceeds the criteria for classification as a carcinogen as given in CLP Regulation, documented on page 95 of the Dossier. Also, the fourth study which reported incidences of malignant lymphoma, but was lacking statistical significance is invalid in this regard, because of severe deficiencies in the histopathological assessment of type of tumour (see Attachment 1). Importantly, the finding of an increased incidence of malignant lymphoma is further supported by the results of epidemiological studies indicating an association between glyphosate exposure and Non-Hodgkin lymphoma (see Attachment 2) and by mechanistic evidence, in particular genotoxicity and oxidative stress (Attachment 3). It is important to note, that the Dossier Submitter (DS) used incorrect data and false arguments in an attempt to invalidate the findings of the mouse carcinogenicity studies (Attachment 1).

Proper evaluation of the evidence provided in CLH Report, the RAR and its Addendum inevitably leads to the conclusion that glyphosate is carcinogenic in experimental animals, warranting a Category 1B carcinogenicity labelling of glyphosate.

ATTACHMENTS to PAN Germany's Comment on Carcinogenicity

Attachement 1

Evidence why the increase in malignant lymphoma is NOT "equivocal"

All five guideline compliant mouse carcinogenicity studies exhibited a statistically significant increase in tumour incidences. Here, we concentrate on malignant lymphoma, because

- (a) there was a statistically significant increase in this tumour type in three of the five studies while studies with non-significant findings are invalid (4th study) or questionable (5th study);
- (b) this finding was supported by "limited evidence in humans", i.e. non-Hodgkin lymphoma;
- (c) in general, the findings were supported by mechanistic evidence (oxidative stress, genotoxicity).

Nonetheless, the evidence for glyphosate-induced malignant lymphoma was characterized as "equivocal" (Dossier p. 73), allegedly because of:

1. partly contradictory study outcomes, depending on the statistical method applied;
2. inconsistent dose response in the individual studies;
3. a highly variable tumour incidence as suggested by historical control data;
4. a possible role of oncogenic viruses that should not be ignored;
5. doubts about human relevance, if occurring only as a high-dose phenomenon.

Before addressing these five items it is important to take note of an important error committed by the Dossier's authors with regard to the use of the data on malignant lymphoma of the Atkinson et al. (1993) study. They missed or ignored the fact that the incidences reported for the Atkinson study were limited to the "histological examination of lymph nodes with macroscopic changes" (see footnote in Table 31, page 68). Therefore it is misleading and totally inappropriate to use these data. This is particularly important, because it is one of the two studies not showing a significantly increased incidence in malignant lymphoma, compared to a significant increase in male mice of three other studies. It cannot be excluded that, using a proper histopathological assessment, the Atkinson et al. (1993) study too would show a dose-dependent, statistically significant increase of malignant lymphoma.

Item 1:

The statement "contradictory study outcomes" is wrong and misleading for several reasons.

First, the incidence of malignant lymphoma was higher in glyphosate treated groups of all five studies. In addition, in Table 31 the findings for the 1993 study by Atkinson et al. carry the footnote "based on histological examination of lymph nodes with macroscopic changes". Such an incomplete histopathological assessment is unacceptable and **renders the Atkinson et al. (1993) study as non-compliant with applicable guidelines as far as malignant lymphoma are concerned**. Therefore, it is wrong to refer to the Atkinson et al. (1993) study at all and it is futile to claim: "In the study by Atkinson et al. (1993, TOX9552382), in contrast, there was no dose response and the incidence in the control

group was similar to that at the top dose level” (Dossier, p. 68). Besides the incomplete assessment (because of limiting histopathology to macroscopic findings) the data presentation is wrong, i.e. when only lymph nodes with macroscopic changes have been assessed, the ones with histopathologically identified lymphoma should not be put into relation to the 50 animals per group, but to the number of animals with macroscopic changes in lymph nodes. Also, it should be noticed that Table 30 (page 67) contains the remark “Equivocal evidence of enlarged/firm thymus” for the Atkinson et al. (1993) study. No comment is given for the histopathology of this macroscopic finding which is another indication of incomplete histopathological assessment which would render this study as unacceptable.

The other study with no significant increase in malignant lymphoma (Knezevich and Hogan 1983) should be scrutinized concerning the histopathological terminology to clarify whether “lymphoblastic lymphosarcoma” with or without leukemia (Dossier, p. 68, Table 32) are equivalent to “malignant lymphoma” or not. An evaluation based on “assumptions” (cf. Dossier, p. 71) should not be accepted. While according to modern terminology tumours of lymph nodes, spleen and thymus are subsumed under the term “lymphoma”, such tumours were e.g. separated into “lymphoma” and “thymoma” in the past. Because it is not clear to which organs the “lymphoblastic lymphosarcoma” and whether a distinction between “lymphoma” and “thymoma” was made, the summary data of this study cannot be used unless it can be clarified from the descriptions in the original report and its raw data.

Finally, the statement “partly contradictory study outcomes, depending on the statistical method applied” is misleading and appears to be a “constructed” contradiction. This statement refers to the use of trend tests as compared to pairwise comparisons (all studies) and the use of the Z-test as compared to Fisher’s exact test for the studies by Kumar (2001) and by Wood et al. (2009). In the Dossier itself, in a different paragraph (p. 71), it is explained that “significance in either kind of test (i.e., trend test or pair-wise comparison) was sufficient to reject the hypothesis of a chance event”, citing from OECD Guidance 116 (OECD 2012). Therefore, the malignant lymphomas that were found statistically significant by the trend tests in the three studies must not be considered as “chance events”. Moreover, the trend test is more suitable when one expects a dose-response relationship. In the case of the Kumar study (2001) the incidence of malignant lymphoma of male mice was assessed with three different statistical methods: (a) the Z-test which yielded a significant increase of $p = 0.002$ for the high-dose, (b) the “more usual” Fisher’s exact test which yielded $p = 0.077$, and (c) the Cochran-Armitage trend test across all groups which had a p of 0.065. According to Table 34 of the Dossier, the Wood et al. (2009)-study was assessed using the Chi-square-test ($p = 0.067$), Fisher’s exact test ($p = 0.056$), three different versions of the Z-test ($p = 0.0220$, $p = 0.0219$, $p = 0.067$) and the Cochran-Armitage trend test ($p = 0.0037$). Formally, some calculations reached statistical significance and others not. Nevertheless, when a $p = 0.05$ was applied as the criterion in these two studies, the p -values were close to significance. However, this presumed contradiction in the statistical analyses disappears completely, when the recommendation described in paragraph 384 of OECD Guidance 116 (OECD 2012) is taken into consideration, where it says: “In a carcinogenicity study, ... a one-sided test may be considered more appropriate, ...”. Using one-sided tests, all three methods (Z-test, Fisher’s exact test and Cochran-Armitage trend test) yield statistical significance. Moreover, when discussing statistical relevance vs. biological significance, it is often forgotten that this applies in both directions. As paragraph 292 of OECD guidance 116

lymphoma were “occurring only as a high-dose phenomenon” (Dossier, p. 73) is false and is not supported by evidence.

References

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