To:
Jason Chaffetz
Chairman, Committee on Oversight and Government Reform

Dear Mr Chaffetz,

On behalf of the International Society for Environmental Epidemiology, which is the leading academic society for scientists studying health effects of environmental factors on population health, I would like to comment on your public letter to Dr Francis S. Collins, Director of National Institutes of Health, sent on September 28, 2016, which contains statements concerning the quality and scientific reliability of the assessments prepared and published by the International Agency for Cancer Research (IARC).

In our view, your assessment of IARC's work does not reflect the overwhelming consensus of the scientific and public health community. For over 40 years IARC has developed and applied a thorough and rigorous approach to the assessment of evidence on the carcinogenicity of a wide range of agents to which humans are exposed. This has resulted in highly respected, authoritative cancer hazard assessments published in 117 volumes of the IARC Monographs, which have addressed the cancer risks from diesel exhaust, ionizing radiation, arsenic and tobacco smoking to name just a few. The assessments entail careful, detailed analysis and evaluation of accumulated scientific evidence from epidemiology, toxicology and clinical sciences, and are conducted by world renowned scientists, specialists in relevant disciplines. Many of these scientists are from US academic and research institutions and all have documented and confirmed their independence and lack of any potential conflicts of interests related to the evaluation. The IARC assessments provide a cornerstone in improving and maintaining health and safety of global populations, including people of the United States of America.

IARC evaluates agents that are suspected, on basis of credible evidence, of being carcinogenic and categorizes them along a scale of probability of causing cancer. IARC sets a high bar for that evidence; indeed out of 998 agents evaluated, 506 were assessed as "*Not classifiable as to its carcinogenicity to humans"* or „*Probably not carcinogenic to humans"*. But IARC doesn't close the book on the evidence once a Monograph on a particular agent is published but rather revisits the evidence periodically to assess whether new evidence might warrant a change in the current classification. Some of the controversy you note is due to additional research evidence having accumulated between evaluations. But also such controversy may result from misinterpretation of the role of IARC reviews in risk assessment and standard setting. As the preamble[1] to each of the IARC Monographs clearly explains, the monographs only provide an assessment of the hazard of an agent. This is just part, albeit a critical part, of risk assessment and public health decision making. The separation of hazard identification from other aspects of risk assessment has been standard practice for decades, and derives in part from a U.S. National Academy of Sciences recommendation. Hence IARC gives no recommendations with regard to regulation or legislation, which are and remain the responsibility of individual governments or other international organizations.

The long-standing financial support given to IARC by US NIH, as well as by national funding agencies of other countries, is a well-justified investment in health and safety of global populations, including

[1] http://monographs.iarc.fr/ENG/Preamble/currenta2objective0706.php

the US population. Using international resources and expertise, IARC is able to provide state of the art assessment, based on a top worldwide expertise at a minimal cost, distributed to several donor countries. We trust that your evaluation of NIH sponsoring of IARC projects will confirm our assessment and will result in further support of its pivotal work by the United States. Thank you for your attention. We would be pleased to discuss further with you any questions you may have about our views on US support for IARC.

Sincerely

Manolis Kogevinas, MD, PhD
ISEE President
Copies to: NIH, NIEHS, EPA, CDC, WHO, IARC