Thank you Donna. Nice to see the FFES seems to be well accepted. Certainly, seeing exposures by applicators are such a low percentage of ADI should help a reasonable person interpret the case control studies. I reread DeRoos response to our EHP letter. Two parts of the response stood out:

"The dose thresholds Farmer et al. cite as relevant for carcinogenicity are from mouse and rat models in which the active ingredient, glyphosate, was tested in feeding studies (Williams et al. 2000). Lower relevant doses may apply for Roundup and other formulated products containing glyphosate, or for glyphosate products used in combination with other active ingredients. In addition, epidemiology can provide direct information on the question of what happens in humans from more relevant routes of exposure." [viz. the issue of the human findings representing relevant routes of exposure (whatever that means) and being interpretable in and of themselves. Perhaps Tom should be prepared regarding the other ingredients in Roundup formulations being relevant for judging glyphosate.]

and

"The most reliable approach will be to reanalyze the data after more cases accumulate, both to assess whether the association with myeloma persists and to further evaluate confounding and selection bias using a larger case group to support analyses. Following up initial observations with more comprehensive epidemiologic data from the AHS has been our plan since the inception of the study." [Of course, this has not yet been made available. Unfortunate, I'm sure the number of MM cases has tripled or quadrupled or more]

Regards,

John